

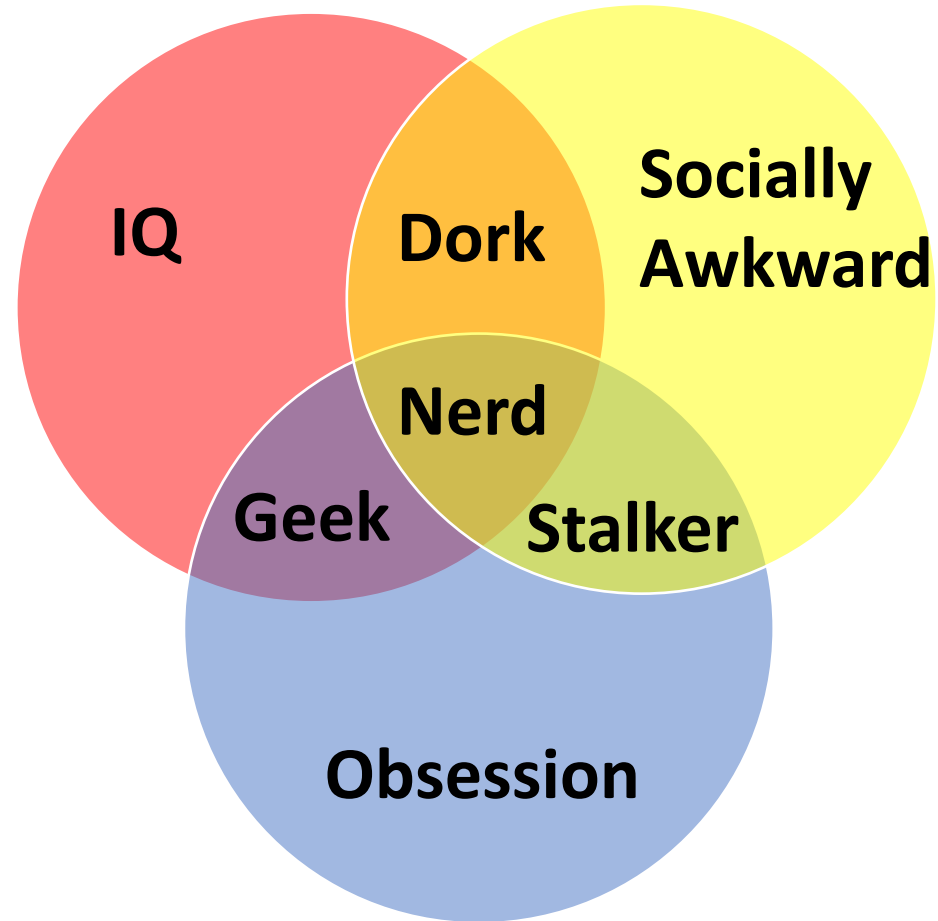


HYVE HEALTH

Payer Scorecard

**Holding Payers Accountable
with Data**

Nerd vs Geek by Don McMillan



Statistics can be misleading by Don McMillan



Statistics shows that teenage pregnancy drops dramatically after 20





HYVE HEALTH

Current Environment

The Current Narrative: Providers on the Defense



Anthem, UnitedHealthcare, other major insurers are running billions behind in payments to hospitals, doctors

Jay Hanover, Kaiser Health News
Published 11 a.m. ET Oct. 9, 2021 | Updated 7:46 p.m. ET Oct. 9, 2021



700,000 COVID-19 deaths in US, only Civil War has killed more Americans
Lacking the resources they need to maintain, but hospitals may have to become more reliant on it. See analysis. [SHARE VIDEO, USA TODAY](#)

Corrections & clarifications: This article has been revised by Kaiser Health News to correct an inaccuracy. Anthem has not created its own network of facilities.

Anthem Blue Cross, the country's second-biggest health insurance company, is behind on billions of dollars in payments owed to hospitals and doctors because of



USA TODAY NEWS TO YOUR INBOX Start the day smarter

PASSAGES Notable deaths in 2022 RESOURCE GUIDE Navigating COVID-19 CORONAVIRUS NUMBERS Virus numbers by state

News Sports Entertainment Life Money Tech Travel Opinion 89°F

HEALTH

'Almost useless': Patients, advocates critical of federal pace to unlock hospital prices

A new federal law is supposed to prevent surprise charges by hospitals. But consumer groups say lax enforcement by Medicare means hospitals can afford to ignore it.

KFF Filling the need for trusted information on national health issues

Health Costs

Home // Health Costs // Americans' Challenges with Health Care Costs

Americans' Challenges with Health Care Costs

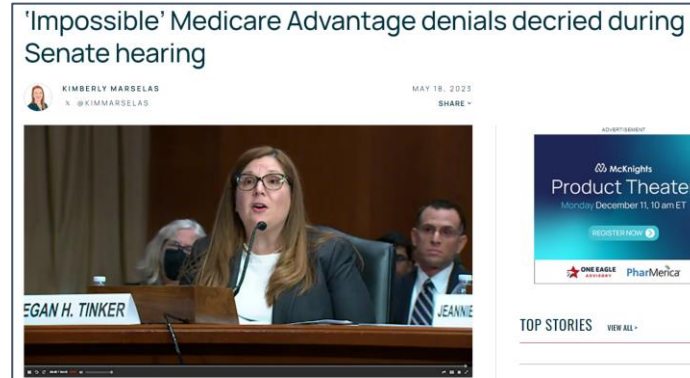
Alex Montero, Audrey Kearney, Liz Hamel, and Moliyann Brodie

Published: Jul 14, 2022

For many years, KFF polling has found that the high cost of health care is a burden on U.S. families, and that health care costs factor into decisions about insurance coverage and care seeking. These costs also rank as a top financial worry. This data note summarizes recent KFF polling on the public's experiences with health care costs. Main takeaways include:

- **About half of U.S. adults say they have difficulty affording health care costs.** About four in ten U.S. adults say they have delayed or gone without medical care in the last year due to cost, with dental services being the most common type of care adults report putting off due to cost.

Opportunities are Presenting Themselves and We Need to be Ready



POLITICS

Senators probing largest Medicare Advantage plans over how algorithms factor in care denials

DIVE BRIEF

Congressional Democrats open investigation into Medicaid MCOs over claims denials

Sen. Ron Wyden, D-Ore., and Rep. Frank Pallone, D-N.J., sent letters requesting information on coverage denials to insurers including Aetna and UnitedHealthcare.

Published Sept. 29, 2023

UNITED STATES SENATE
COMMITTEE ON FINANCE ABOUT

OCTOBER 03, 2023

Wyden, Pallone Launch Investigation into Medicaid Managed Care Plan Prior Authorization Practices



HYVE HEALTH

How do you know?

How do we stay healthy?

- Patient Health

- Exercise
- Eat well
- Well rested
- Get a physical
 - Cardiology
 - Pulmonology
 - Pathology

- Hospital Health

- Good processes and technology
- Hire good, smart people
- Breakeven/Profitable
- Monitor performance
 - Expenses/Revenue
 - Services
 - KPIs/Industry Benchmarks

How do we know we are sick?

- Patient Health

- Don't feel well
- Not eating well
- Tired
- Go to the doctor
 - Cardiology
 - Pulmonology
 - Pathology

- Sometimes we know something is wrong, but we are afraid to find out. We ignore the signs.

- Hospital Health

- Processes or technology failing
- People are quitting
- Losing money
- Compare our performance
 - Revenues/Expenses
 - Services
 - KPIs/Industry Benchmarks

- Sometimes we know something is wrong, but we are afraid to find out. We ignore the signs.

How do we know...?

- ...what are “normal” denials?
- ...that the payer is denying your hospital more than others?
- ...how fast should you get paid?
- ...that the payer is paying you slower than others?
- ...what should a payer pay for a service or procedure?
- ...what are you getting paid compared to your peers?

- ...Do we really want to know??



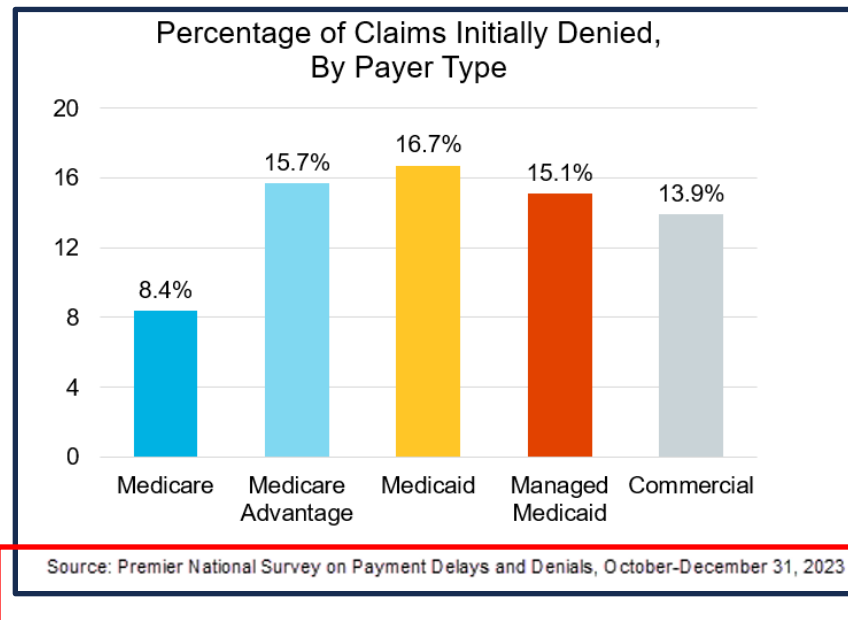
HYVE HEALTH

**What is the bar in
the industry?**

March 21, 2024

Trend Alert: Private Payers Retain Profits by Refusing or Delaying Legitimate Medical Claims

<https://premierinc.com/newsroom/blog/trend-alert-private-payers-retain-profits-by-refusing-or-delaying-legitimate-medical-claims>

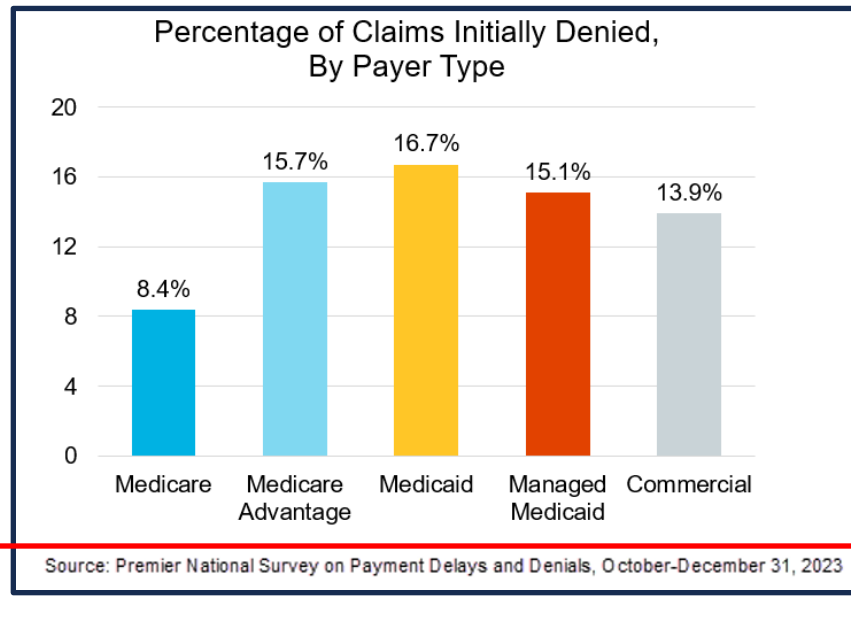


Trend Alert: Private Payers Retain Profits by Refusing or Delaying Legitimate Medical Claims

<https://premierinc.com/newsroom/blog/trend-alert-private-payers-retain-profits-by-refusing-or-delaying-legitimate-medical-claims>

Methodology

Premier conducted a voluntary, national survey of member hospitals and health systems from October 10-December 31, 2023. Respondents represented 516 hospitals across 36 states, accounting for 52,123 acute care beds. Respondents were asked to consider all claims from **January 1, 2022 to December 31, 2022**. Findings are presented as averages, weighted by acute bed capacity of the respondent. Respondents ranged from a small 12-bed critical access hospital to large, multi-state health systems. A copy of the survey questions can be found [here](#).



Premier is collecting data to inform our advocacy on behalf of members experiencing payment denials and delays by health plans. We are interested in learning more about and administrative burdens that providers face when appealing or pursuing denials/delays in payment. Understanding the severity of the issue amongst our members will help us develop a data-driven advocacy strategy in Washington DC.

For the purposes of the survey, please consider the time period from January 1, 2022 to December 31, 2022.

Please answer the following questions, to the best of your knowledge, by November 15, 2022. Upon completion, please email the completed PDF document to Mason.Ingram@premierinc.com. Should your organizational policies require that you provide information in a different format, or via protected means, please contact Mason and we will work with you to meet your organization's needs.

Ideally, the survey should be completed by the Finance or Revenue Cycle Manager. Responses to the survey will be aggregated and anonymized.

Should you have any questions regarding the survey, please contact Mason.Ingram@premierinc.com.

1. During the period from January 1, 2022 to December 31, 2022, what volume of your organization's claims were subject to pre-service approvals (e.g., prior authorization) by health plans? Please enter a percentage (0-100) in the text boxes for each insurance type.

Insurance Product	% of Claims Requiring Prior Auth
Medicare	
Managed Medicare	
Medicaid	
Managed Medicaid	
Managed Care and Other Commercial	
Marketplace Exchanges	

2. During the period from January 1, 2022 to December 31, 2022, what percentage of initial claims submitted to payers were denied? Please enter a percentage (0-100) in the text boxes for each insurance type.

Insurance Product	Initial Claim Denial %
Medicare	
Managed Medicare	
Medicaid	
Managed Medicaid	
Managed Care and Other Commercial	
Marketplace Exchanges	

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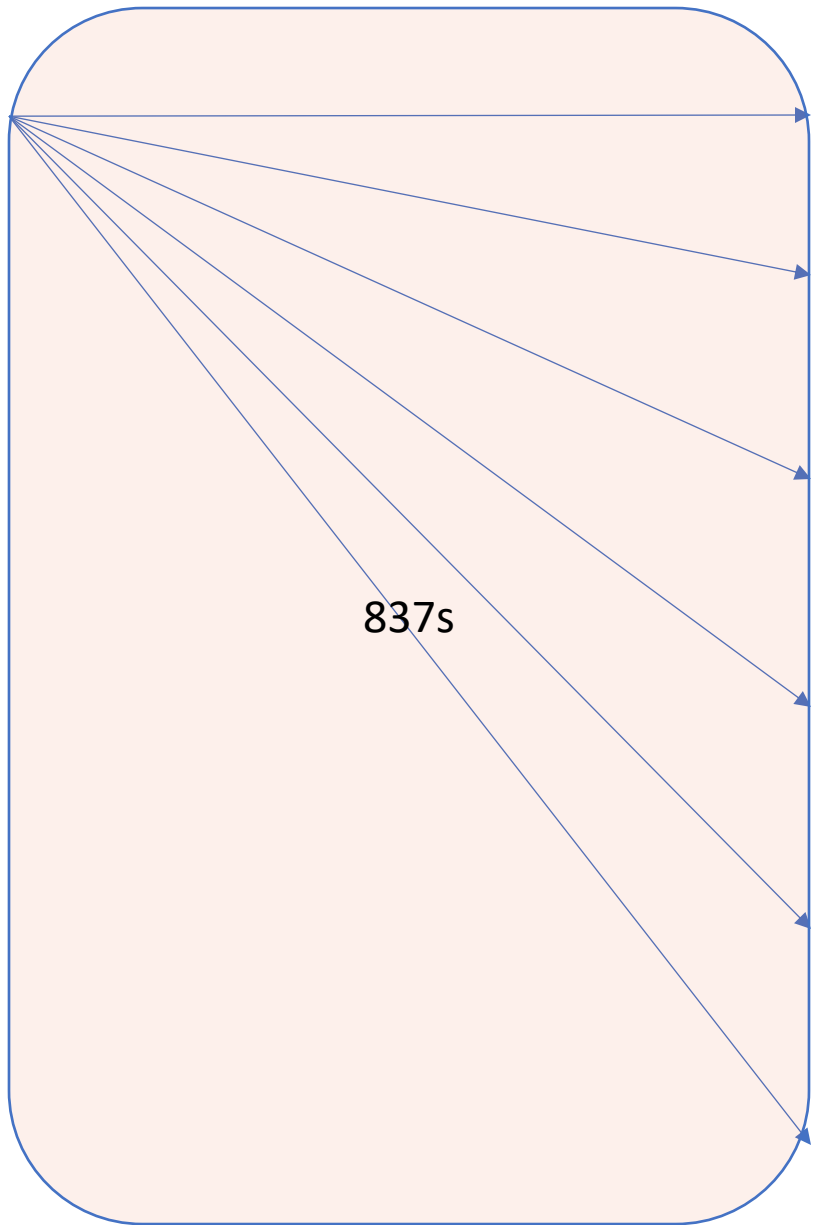
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HYVE HEALTH

Providers' Perspective



837s

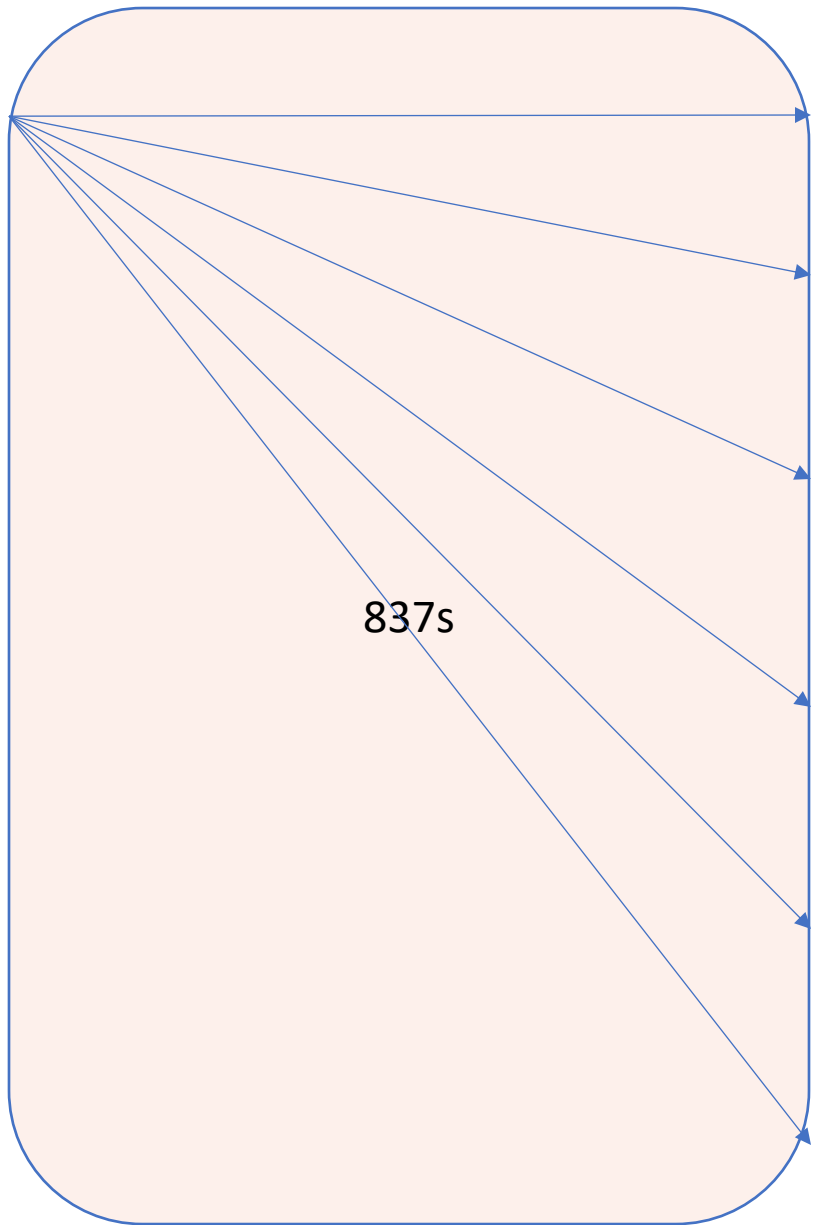
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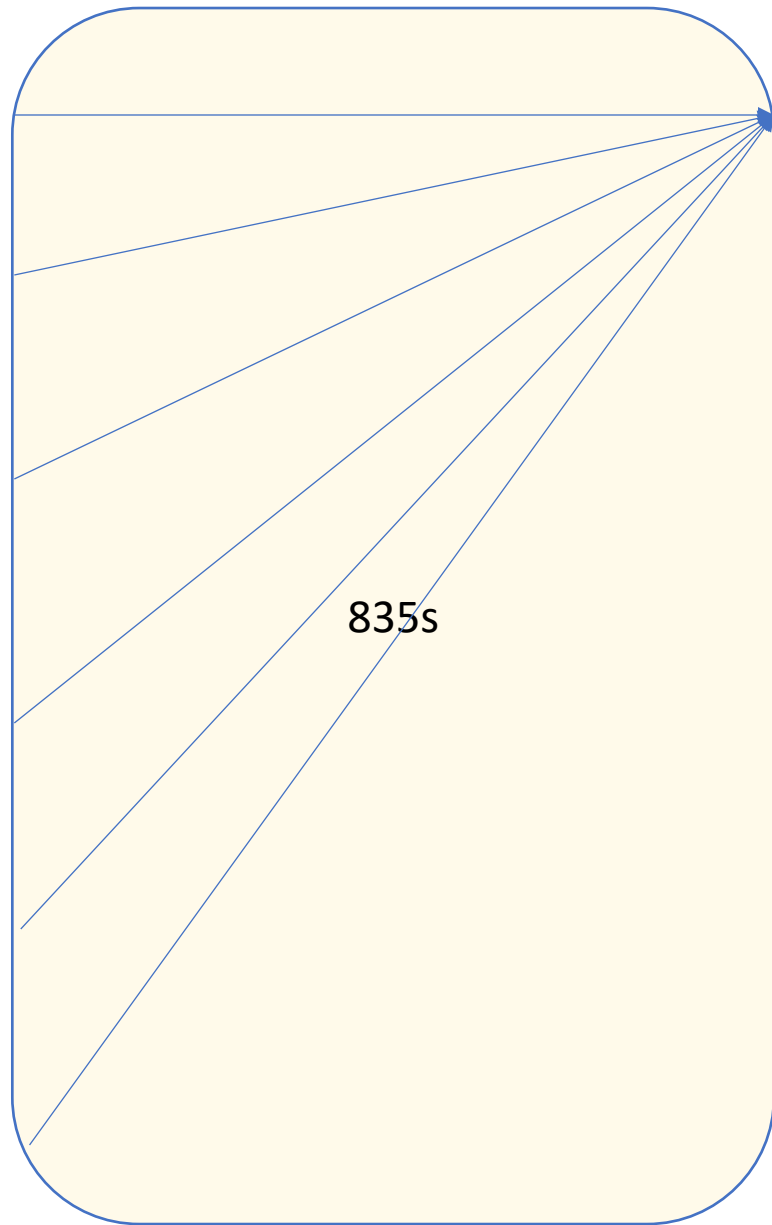


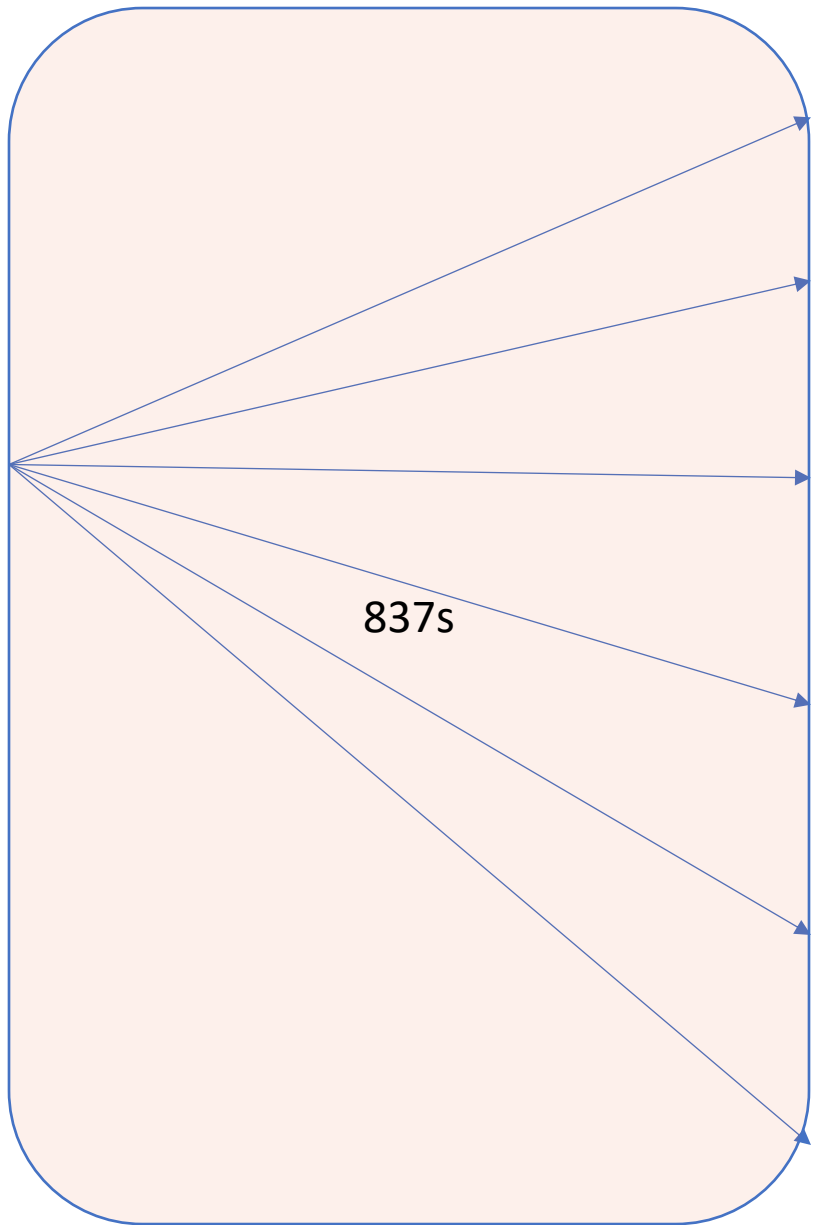
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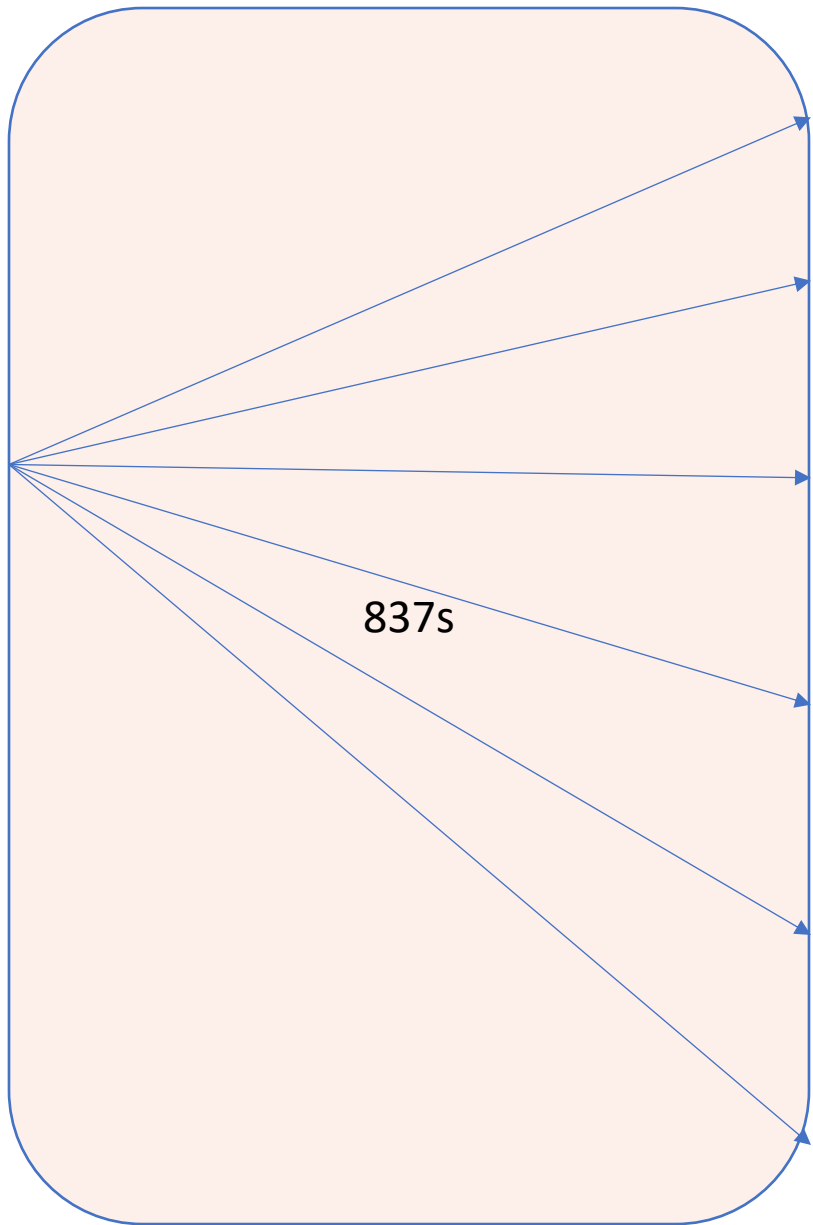
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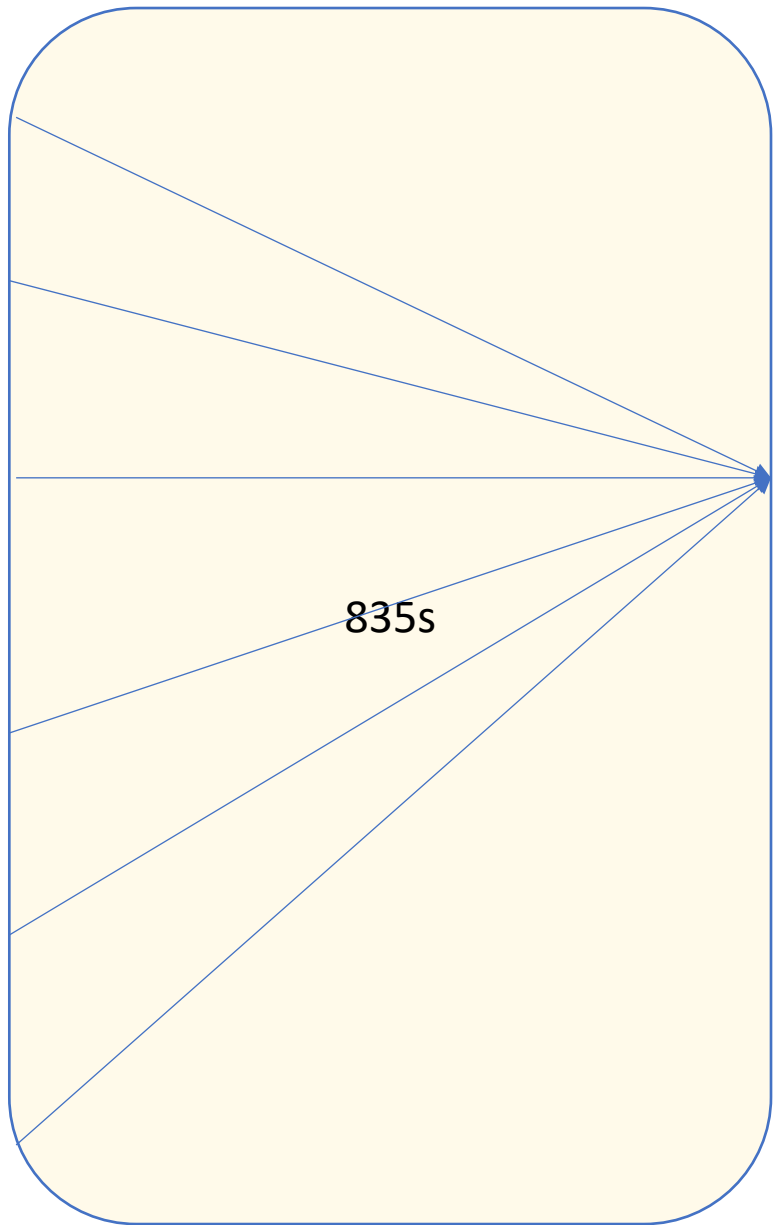
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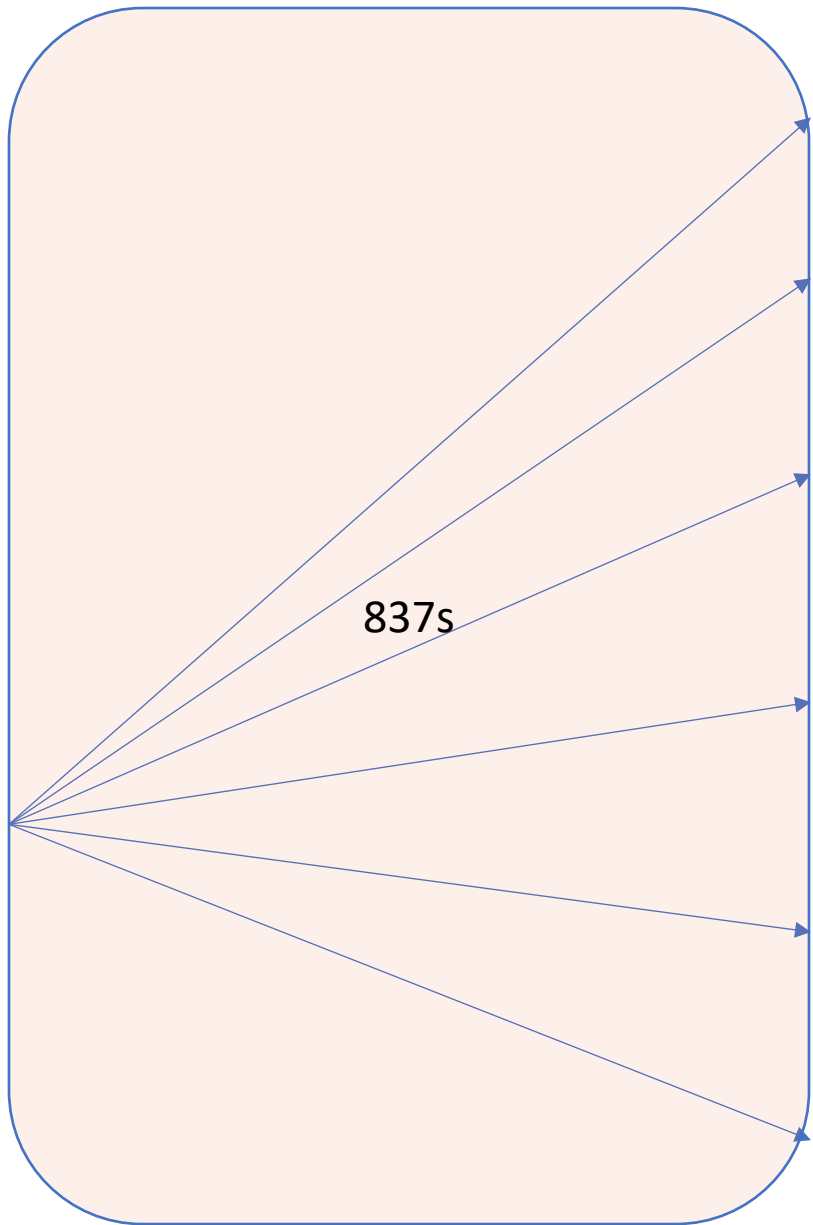
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835s





837s

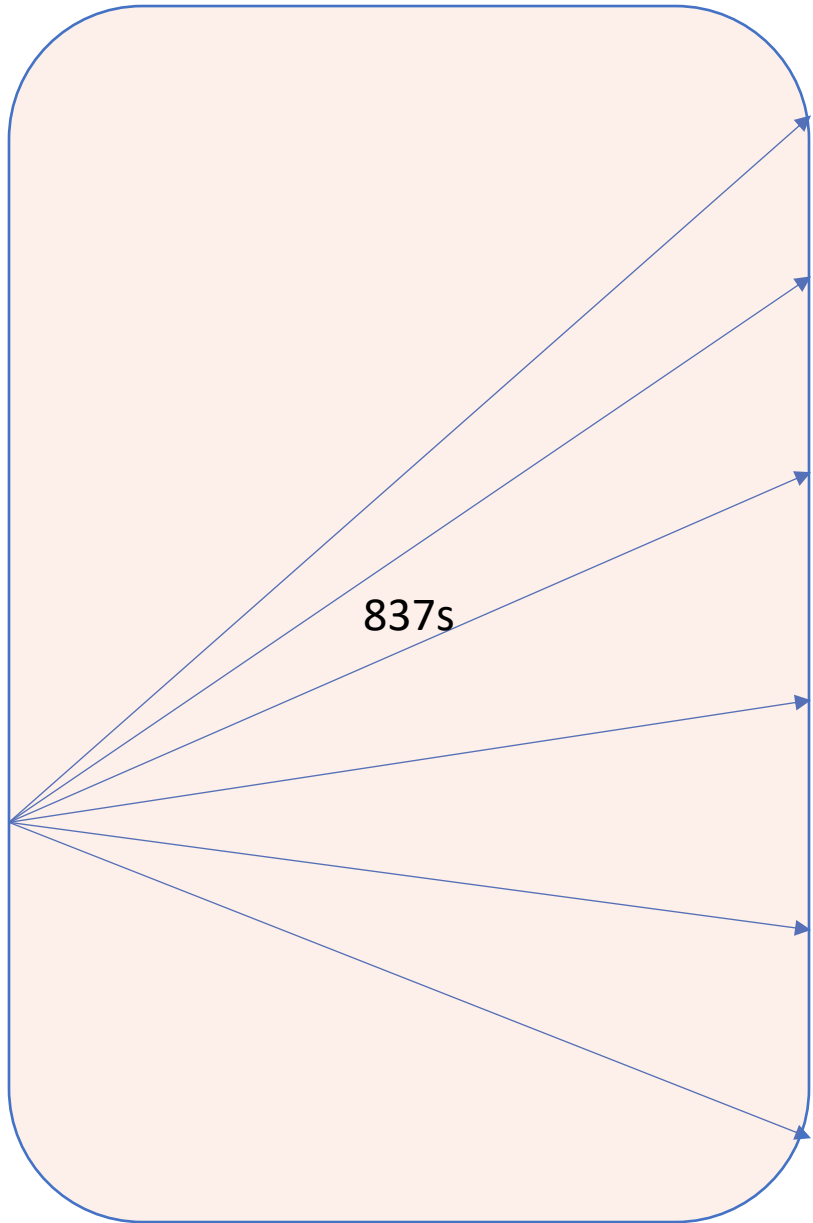
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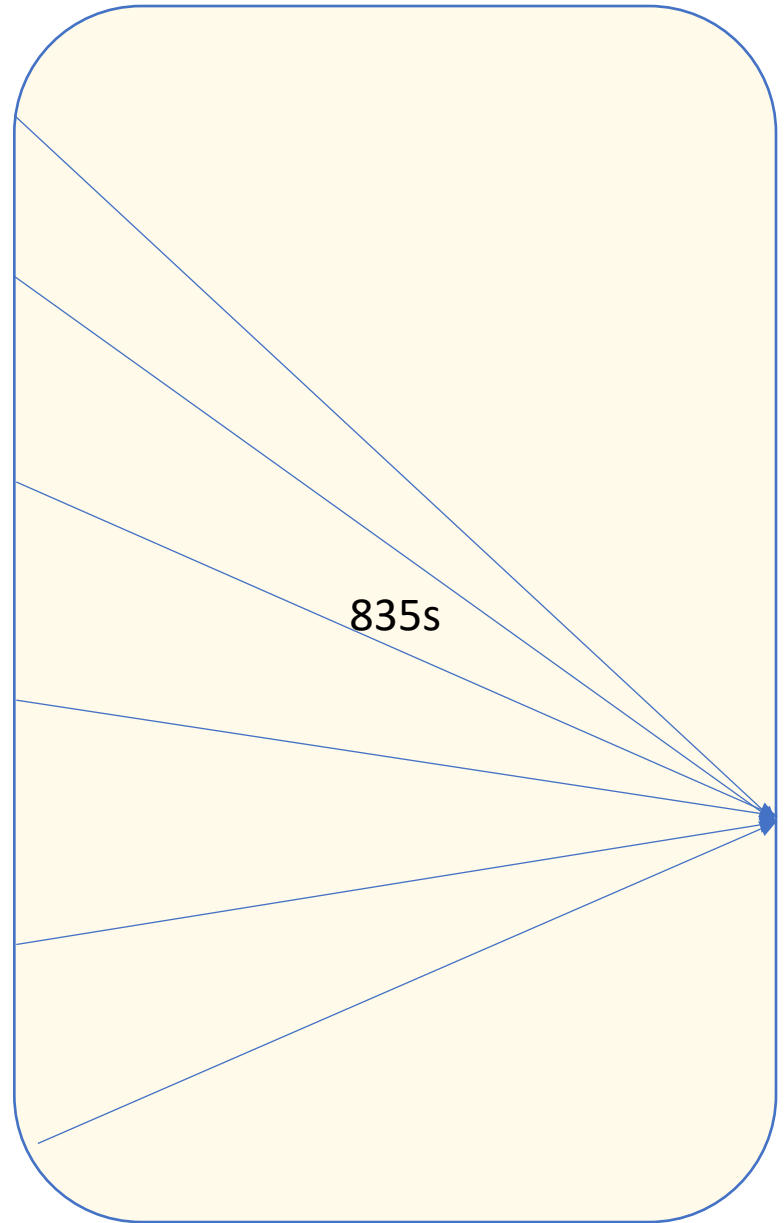
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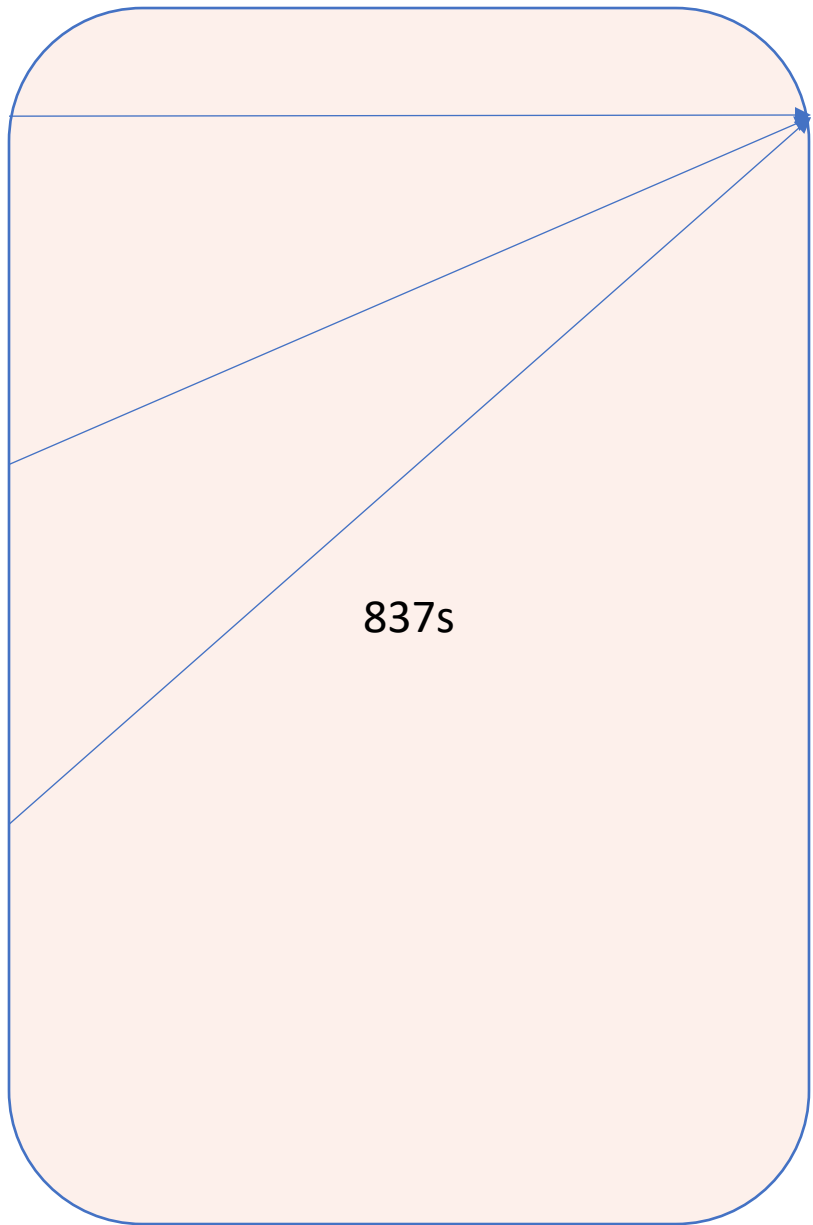
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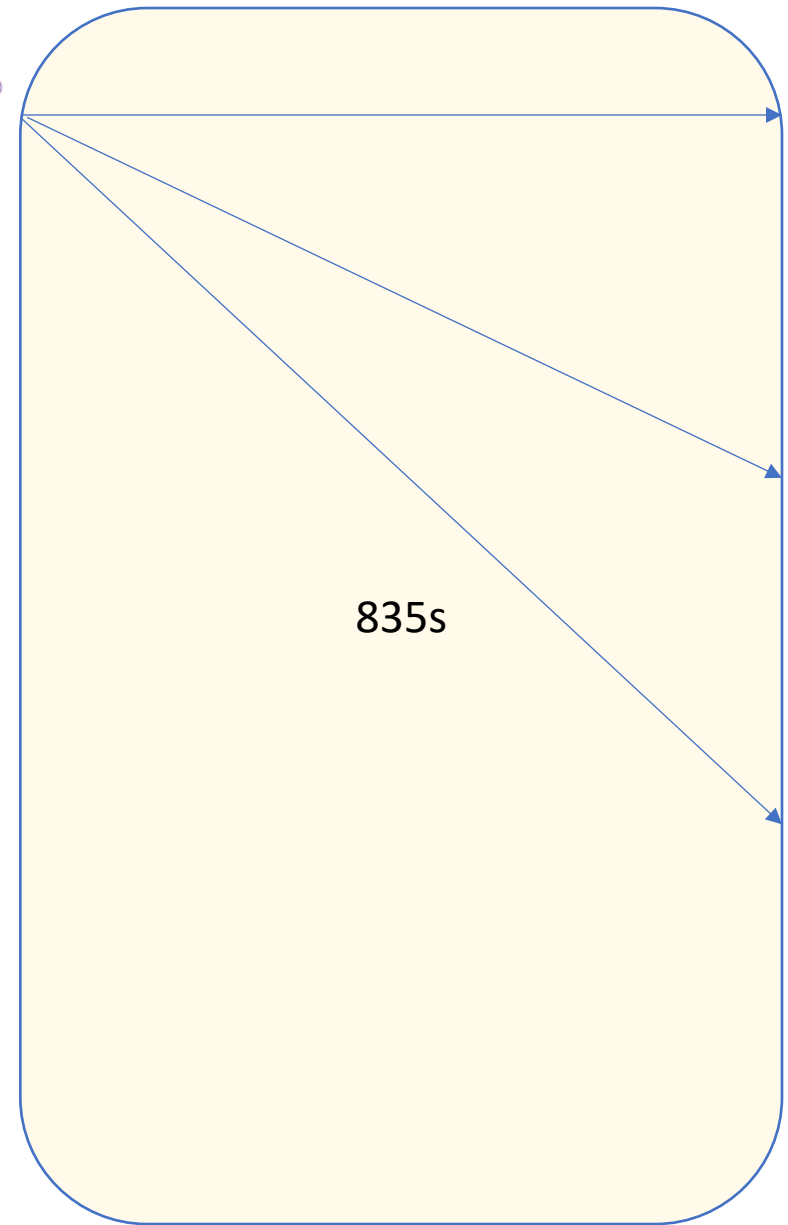


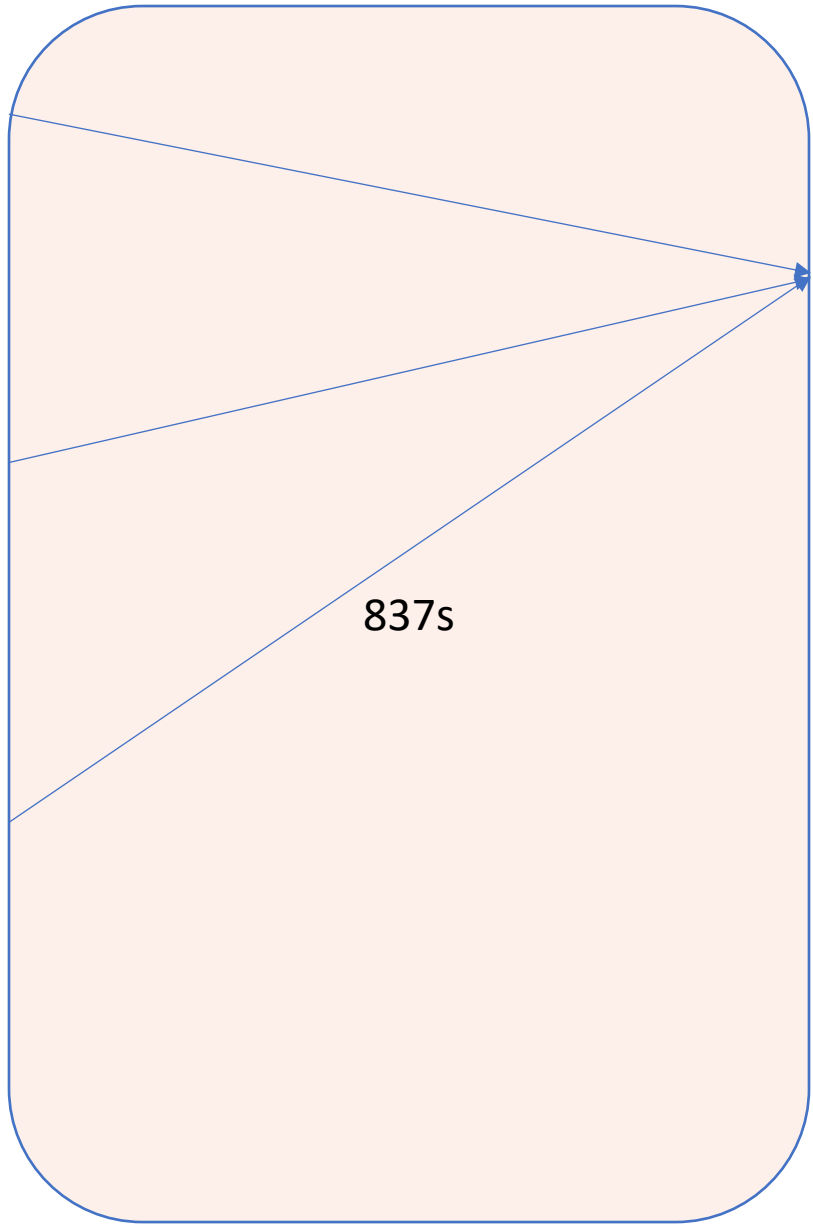
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Payers' Perspective

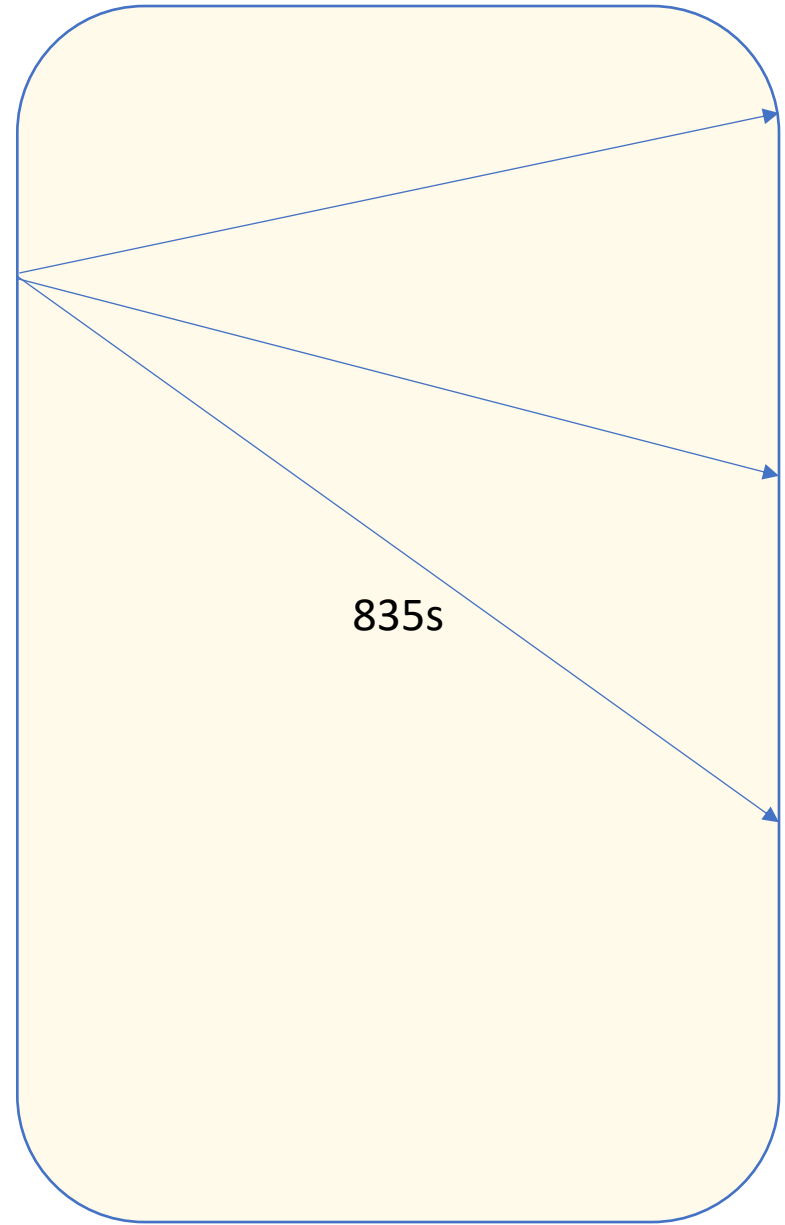


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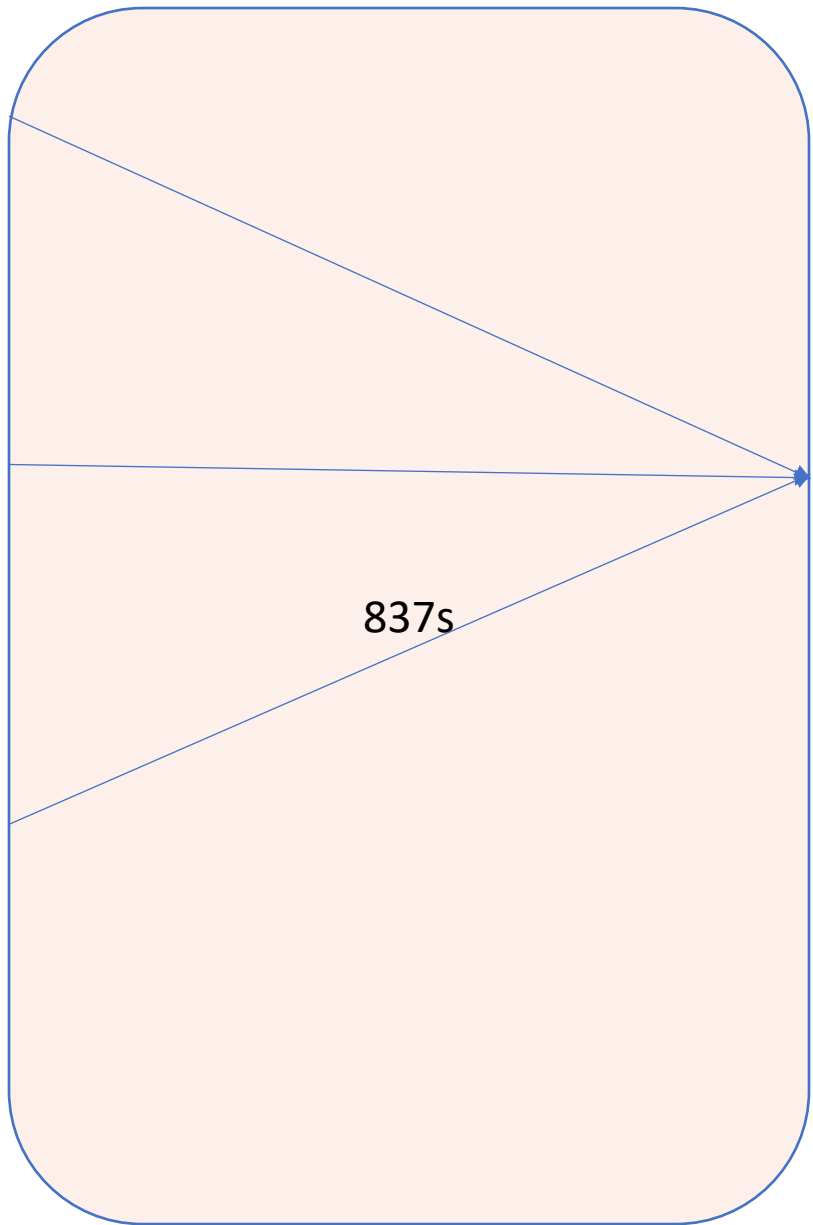


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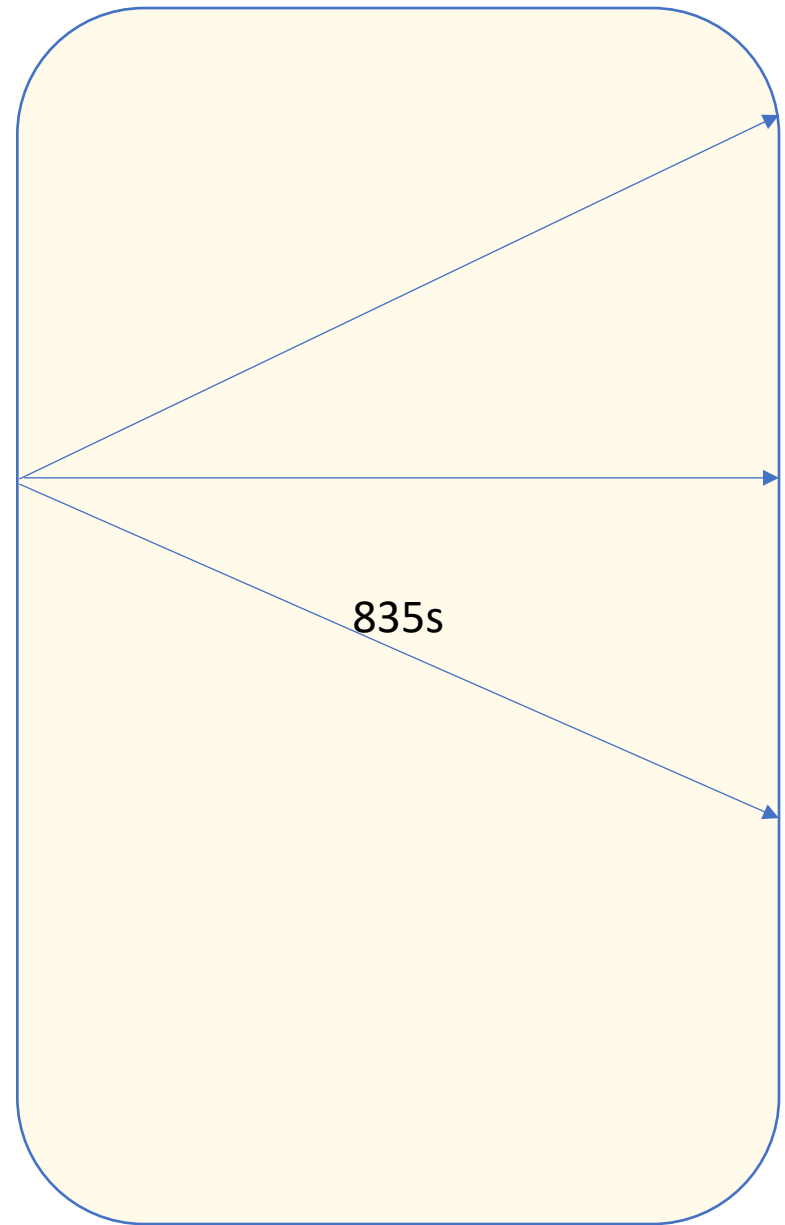
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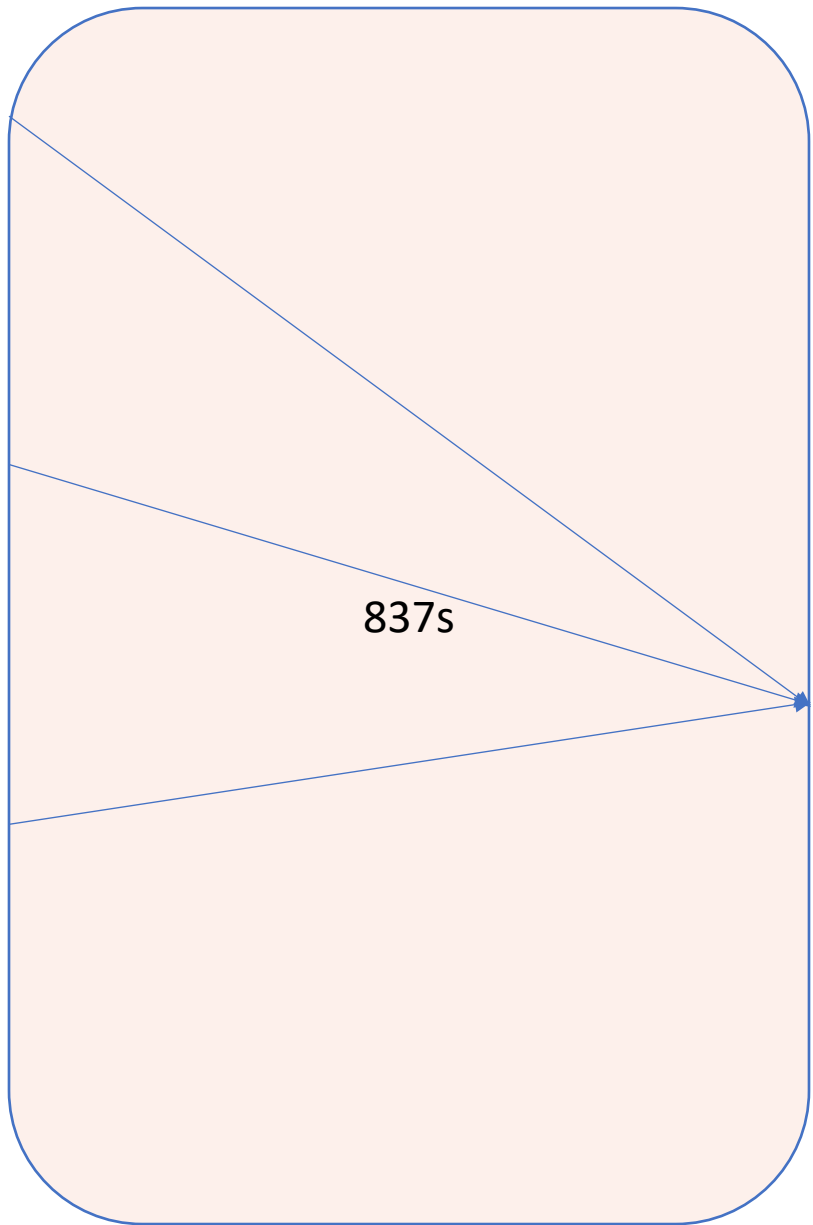
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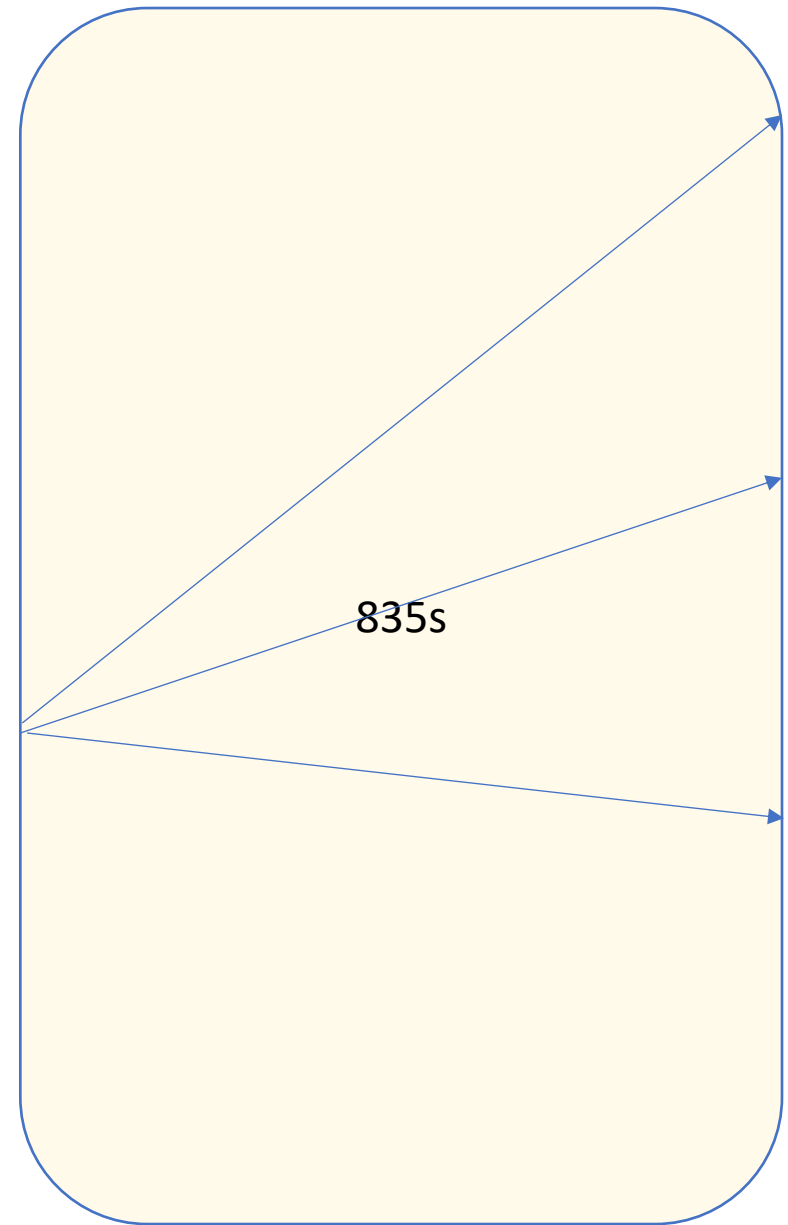
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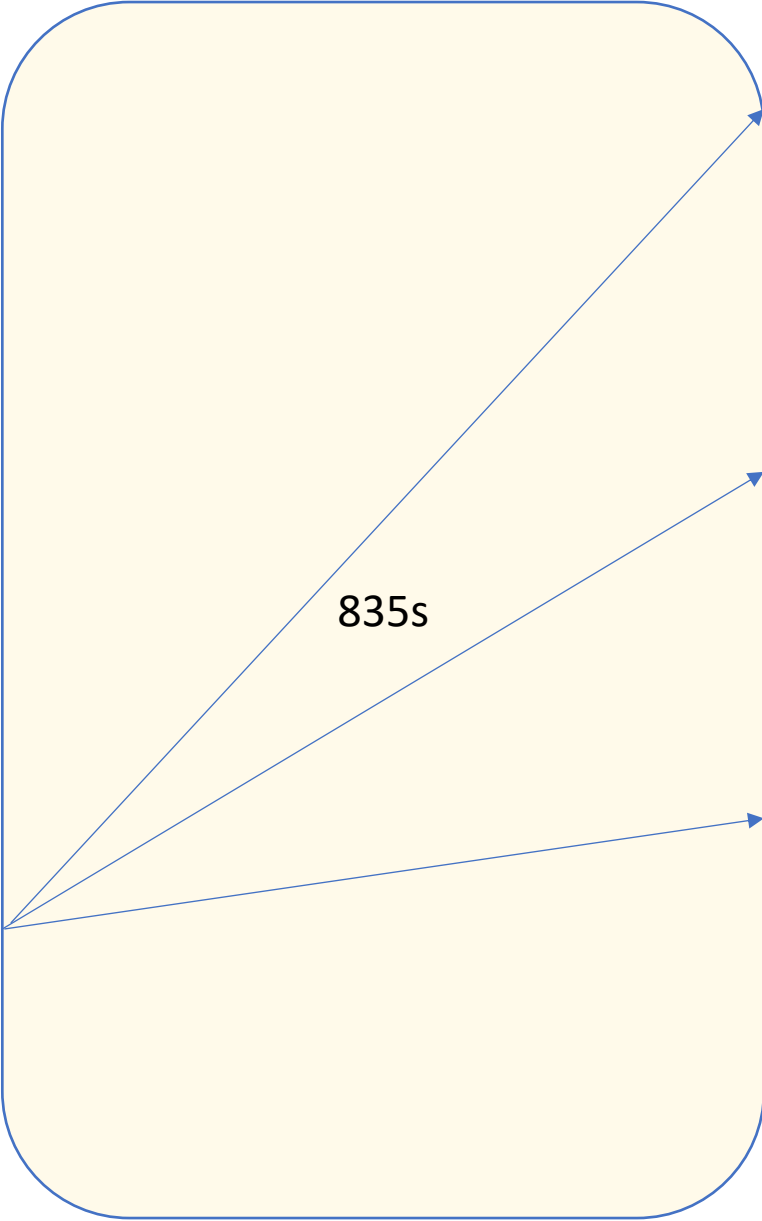
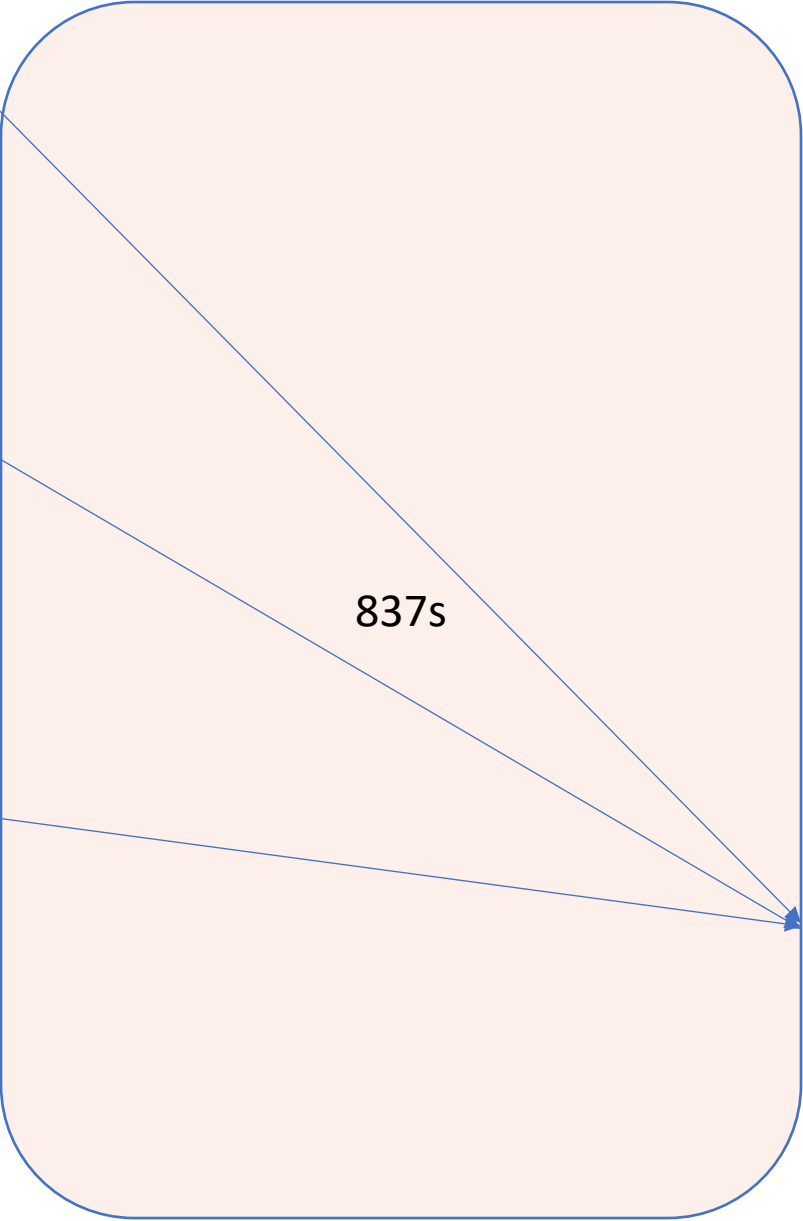
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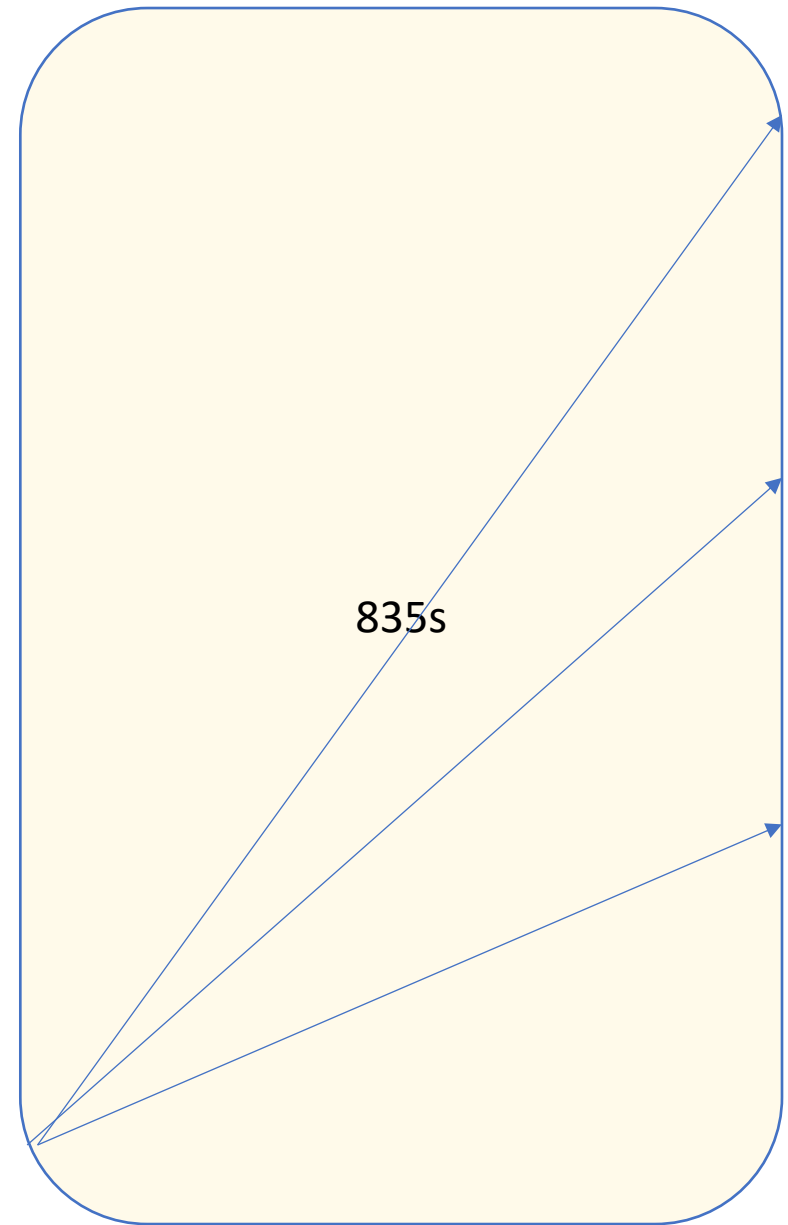
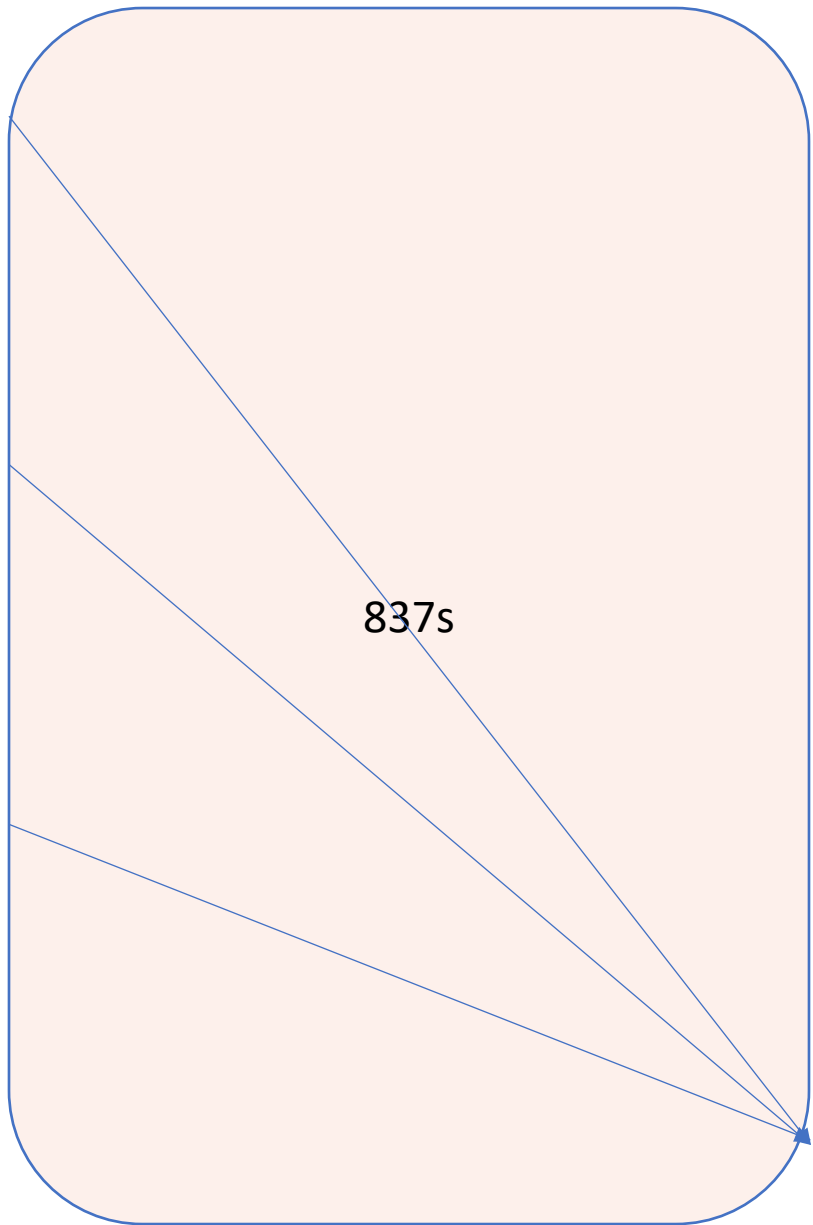
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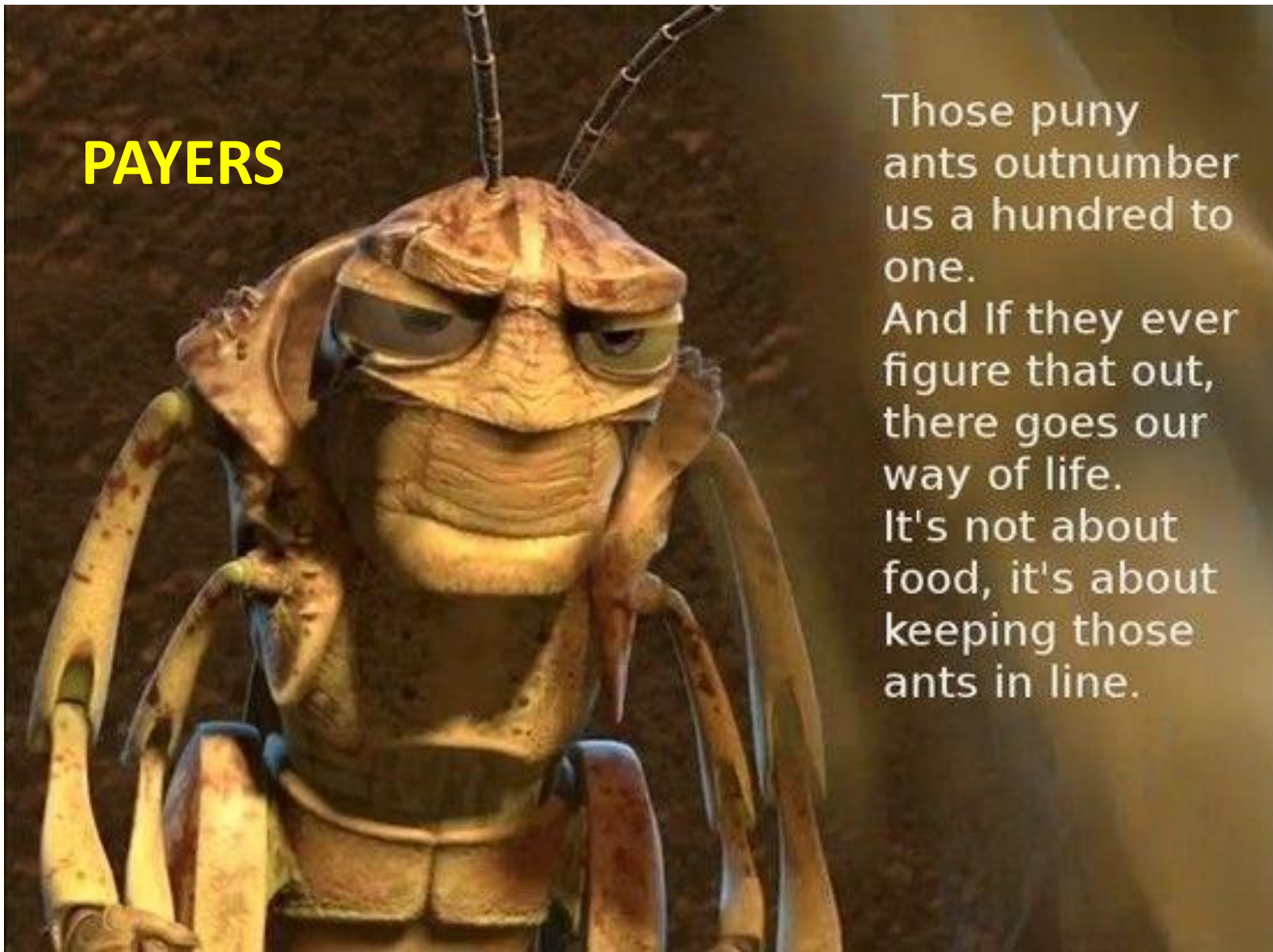
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PAYERS



Those puny ants outnumber us a hundred to one.

And If they ever figure that out, there goes our way of life.

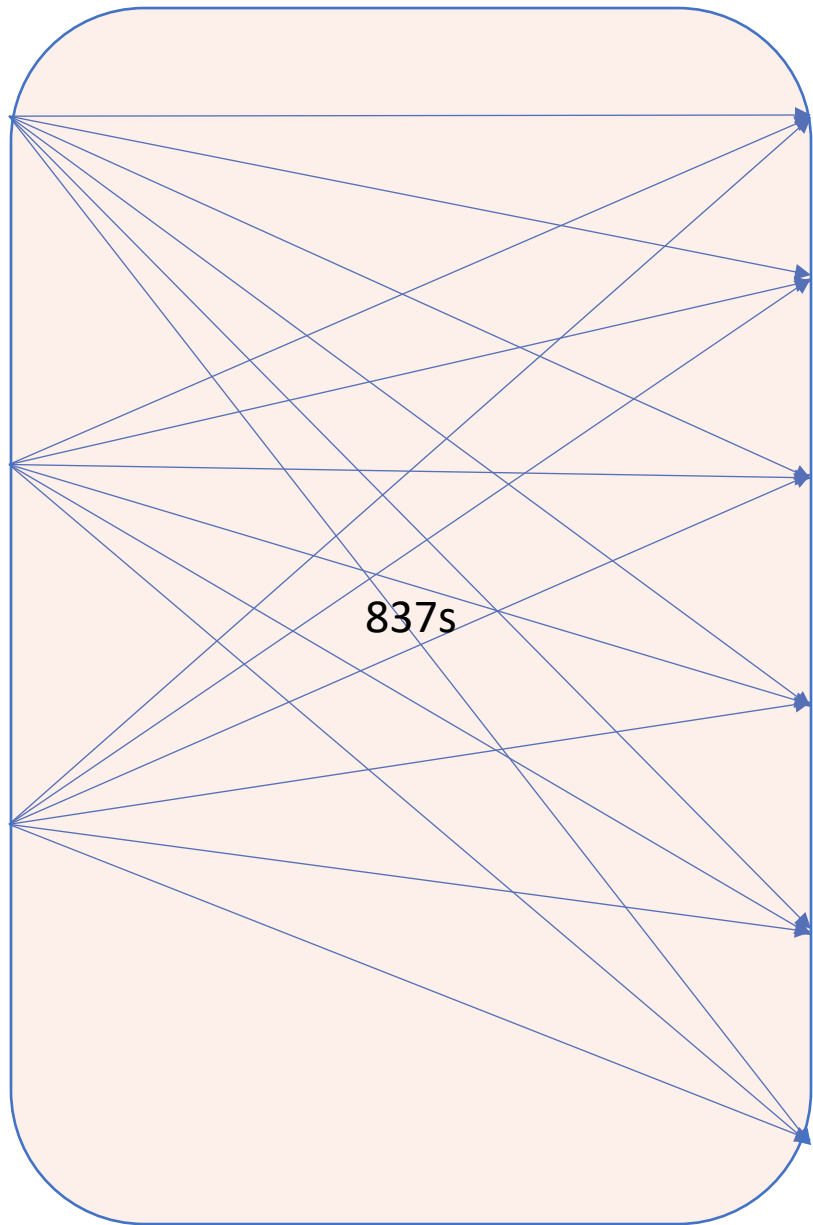
It's not about food, it's about keeping those ants in line.



HYVE HEALTH

Hyve's Perspective





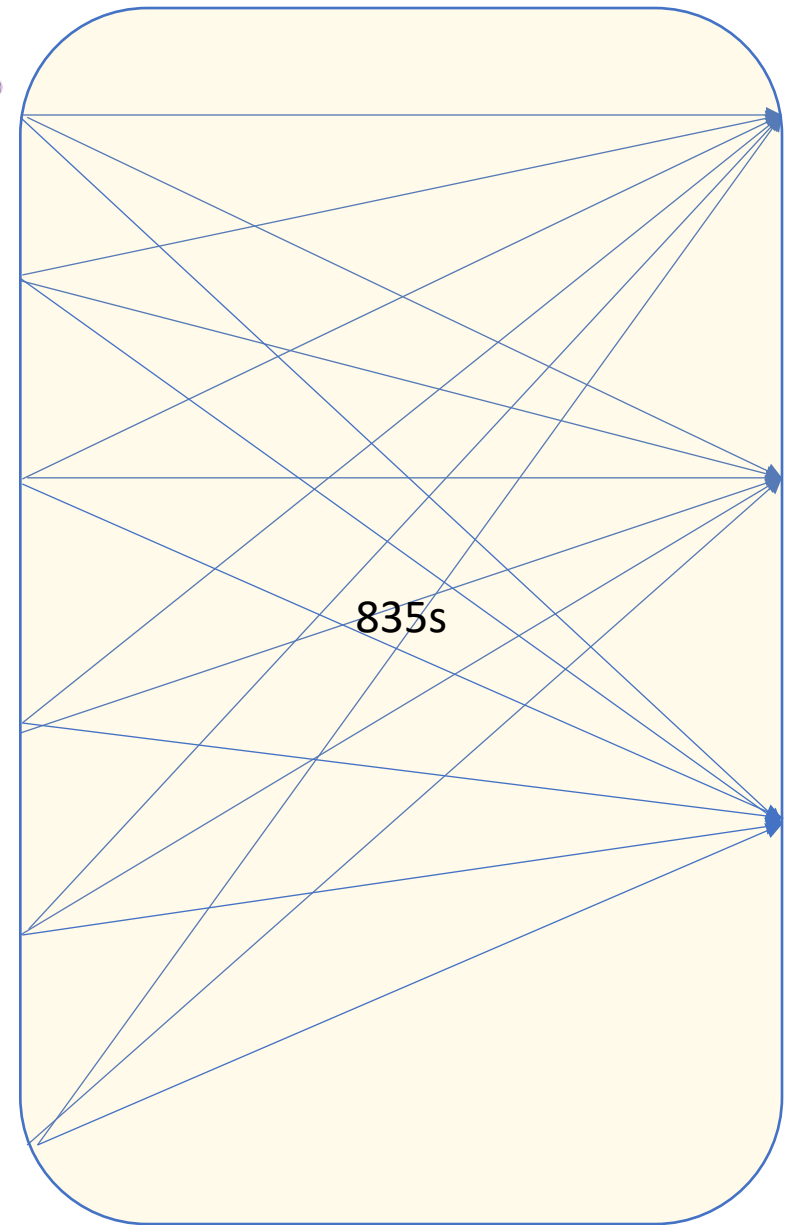
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Now is the time to change the narrative

- Data is the primary difference between why payers are winning and providers are losing.
- Payers have been leveraging aggregated provider data against them for years. Providers only have their data, their experience to refute.
- Providers need normalized, national, and state data to go on the offense against payers.
- Peter Drucker: “You can’t manage what do you can’t measure.”
- **The time has come for hospitals to unite and hold payers accountable with their collective data.**

Solution: Aggregated, Democratized Data

- **Create the most CREDIBLE data set**

- Harvest raw 837/835 data from the source.
- Hospitals are the source.

- **Create the TIMELIEST data set**

- Timely data is needed to influence change.
- 6-18 month old data is not effective for advocacy.

- **Create the most SECURE data set**

- PHI from 837/835s is removed at the source.
- No BAA needed.

- **Create the SAFEST data set**

- Hospitals cannot see each other's data.
- Anonymous.

Why 837/835? What data to harvest?

- **837/Claim**

- Service Date
- Diagnosis Codes
- Procedures
- Charges
- Claim Date
- Claim Filing Indicator

- NO PHI

- **835/Remit**

- Remit Date
- Payer Paid
- Patient Portion
- Denial CARCs/RARCs

- NO PHI



HYVE HEALTH

**Glimpse into the
possible**

What is a good Clean Claim Rate? Prompt Pay?

Hospital	Remits (#)	Paid (\$)	Discharge to Claim (days)	Clean Claim (%)	Prompt Pay (days)	Paid Clean (\$)	Prompt Pay Cured Denials (days)
	334,404	573,357,727	17.1	85.6%	16.3	445,425,964	82.8
	230,474	445,775,783	14.9	78.2%	16.3	322,810,206	88.8
	179,407	210,028,833	10.7	76.8%	15.6	156,747,765	87.7
	168,369	236,513,317	14.5	77.7%	15.7	171,469,272	81.9
	159,920	300,346,243	13.9	78.1%	15.2	225,006,669	84.4
	153,638	264,720,051	13.1	77.4%	14.9	187,774,500	79.5
	106,864	166,160,185	13.0	73.6%	15.5	129,811,435	89.5
	106,178	131,123,795	9.0	83.0%	15.1	102,209,460	67.2
	99,012	183,159,457	10.7	74.6%	13.0	110,492,514	86.8
	88,124	113,853,636	9.1	80.2%	15.1	83,702,199	67.4
	57,451	114,201,760	10.1	66.3%	15.1	73,327,424	86.6
	42,437	61,243,129	14.0	72.3%	14.2	43,640,738	84.7
	37,683	26,235,438	7.7	79.0%	14.2	18,541,781	60.5
	35,944	27,013,616	8.7	79.6%	12.8	18,506,539	85.1

What is a good Clean Claim Rate? Prompt Pay?

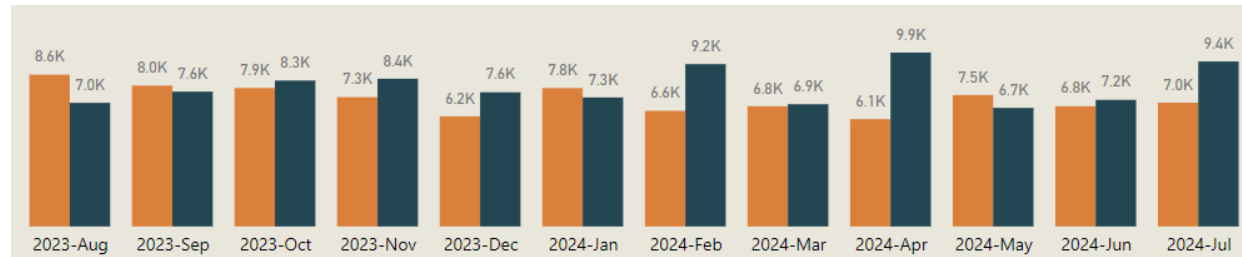
Payer Type	Remits (#)	Paid (\$)	Discharge to Claim (days)	Clean Claim (%)	Prompt Pay (days)	Paid Clean (\$)	Prompt Pay Cured Denials (days)
⊕ Medicare FFS	544,475	823,517,302	12.3	88.7%	15.5	758,695,983	59.1
⊕ Commercial	492,386	1,282,212,913	11.0	69.2%	15.1	750,681,310	83.6
⊕ Managed Medicaid	483,133	382,354,410	11.6	67.1%	13.9	249,025,427	81.7
⊖ Medicare Advantage							
	167,867	160,678,088	16.0	91.0%	11.1	131,122,292	85.1
	132,907	147,586,125	11.5	94.2%	25.2 ▲	134,959,988	103.1
	56,232	77,702,352	13.2	82.4%	13.2	66,755,786	92.5
	20,282	20,826,580	11.5	85.5%	10.3	17,924,743	104.9
	13,135	14,268,598	11.4	80.8%	15.2	10,002,388	91.0
	267	289,929	8.8	96.6%	24.1	288,081	37.3
	48	76,894	14.2	47.9%	26.4	49,717	131.0
	2	23,472	13.0				16.0
	1	16,463	3.0	100.0%		16,463	
⊕ Other	23,654	45,043,544	10.0	84.2%	19.5	39,071,499	85.2

What is a good reimbursement across the state?

Payer	Avg Remit Value by Payer by Specialty											
	Anesthesia	Auditory	Cancer	Cardiovascular	Dermatology	Digestive	Endocrine	Lymphatic	Medicine	Musculoskeletal	Nervous	OB/GYN
	1,433	3,191	10,830	4,804	3,074	4,352	4,326	6,501	1,971	6,113	4,054	4,619
	1,318	5,895	21,990	6,744	4,818	6,017	7,068	8,856	2,612	10,506	5,914	4,846
	1,660	6,403	28,815	7,920	7,057	7,644	9,145	11,323	2,837	15,954	7,183	6,288
	2,794	8,205	26,052	8,834	9,948	8,859	12,069	8,148	3,170	16,033	10,094	6,729
	643	2,013	8,469	3,860	4,562	4,225	4,639	5,429	2,222	7,467	5,248	10,501
	425	1,450	24,838	3,927	1,781	3,827	2,802	5,400	914	4,096	4,370	3,958
	715	3,318	14,811	3,384	4,049	3,789	5,102	6,130	1,834	7,147	4,559	3,669
	990	1,632		3,945	2,398	2,973	2,558	4,423	998	4,061	3,378	3,231
	638	2,122	22,991	4,340	3,006	3,181	2,941	6,958	1,425	4,826	3,128	3,074
	1,141	5,992		5,003	3,136	4,339	5,702	6,623	2,230	10,931	3,232	5,636
	1,438	3,388		17,054	7,994	10,314	7,479	7,892	7,442	18,649	9,250	7,214
		6,561		183		7,316	13,538		1,196		1,048	
	418	1,294		6,505	4,981	4,783	5,494	6,956	3,519	10,204	5,600	2,260
	1,333	3,492	21,025	6,467	4,989	5,611	6,363	8,259	3,023	9,380	6,039	5,826
		2,405	20,419	4,535	8,323	3,905	9,824	6,589	1,685	7,856	4,655	3,557
											25,747	
Total	1,194	3,874	17,657	5,511	4,294	5,012	5,438	7,387	2,209	8,290	5,154	4,754

Do you have a Lessor Rate or Charge Issue?

Specialty	Remits (#)	Charges (\$)	Payer Paid (\$)	Patient Responsibility (\$)	Clean Claim (%)	Prompt Pay (days)	Full Denial (%)	Avg Payer Paid (\$)	Avg Patient Resp (\$)	Avg Remit Value (\$)	Avg Remit Value NonLRC (\$)	Avg Remit Value LRC (\$)	Lessor Rate of Charge (%)
Auditory	232	6,305,911	1,891,568	311,006	63.8%	14.6	13.8%	7,807	1,224	9,032	8,855	9,951	18.97%
Respiratory	4,068	188,093,134	51,503,542	7,144,431	63.3%	16.9	16.8%	10,529	1,504	12,033	11,624	15,380	13.86%
Reproductive	1,644	63,862,688	20,740,775	2,074,403	67.9%	16.4	13.6%	10,315	1,121	11,436	11,934	8,625	11.44%
Ocular	78	2,214,874	703,707	69,214	66.7%	19.4	17.9%	8,703	909	9,612	9,610	9,628	10.26%
Lymphatic	66	6,439,183	2,032,669	61,074	72.7%	19.8	15.2%	32,161	1,034	33,195	32,662	37,373	9.09%
OB/GYN	18,722	334,351,265	132,600,157	22,469,926	80.6%	19.8	8.2%	6,023	1,088	7,111	6,919	8,038	8.86%
Endocrine	1,634	58,649,622	17,634,045	2,231,194	72.9%	17.3	13.5%	9,187	1,315	10,503	10,242	12,675	8.81%
Dermatology	958	56,676,071	18,418,752	1,320,798	69.7%	17.8	13.2%	16,447	1,336	17,783	18,075	15,230	8.77%
Urinary	1,880	87,524,707	26,220,375	2,882,745	69.4%	16.9	16.8%	11,613	1,546	13,159	12,746	16,665	8.09%
Cancer	150	10,703,039	3,724,050	134,332	69.3%	15.1	20.0%	23,553	972	24,525	23,358	37,122	6.67%
Pathology	6,508	374,973,609	119,184,220	9,332,101	73.4%	17.8	12.4%	18,131	1,839	19,971	19,074	29,764	5.72%
Nervous	5,712	253,483,772	82,081,424	8,285,045	66.5%	16.0	15.5%	10,644	1,120	11,763	11,534	14,783	5.64%
Digestive	3,870	231,238,904	76,048,647	4,858,975	74.1%	17.7	13.9%	14,306	1,085	15,390	14,806	21,983	5.06%
Transplants	80	48,340,189	11,996,177	51,903	45.0%	25.4	42.5%	147,719	595	148,314	133,267	415,392	5.00%



What is a good Clean Claim Rate? Prompt Pay? (IP MA Plans)

Specialty	Remits (#)	Paid (\$)	Discharge to Claim (days)	Clean Claim (%)	Prompt Pay (days)		Paid Clean (\$)	Prompt Pay Cured Denials (days)
Pathology	11,012	82,471,480	11.7	86.3%	18.7	▲	75,421,762	98.9
Cardiovascular	8,078	85,350,417	17.5	81.2%	17.9	▲	76,524,905	102.2
Radiology	7,888	5,008,237	36.6	84.9%	13.1		3,931,519	107.2
Medicine	7,206	15,759,766	23.4	82.6%	15.8		12,973,150	96.4
Respiratory	5,028	39,244,056	12.2	79.1%	19.5	▲	35,116,586	84.1
Nervous	4,478	38,014,964	12.9	75.3%	20.3		33,581,567	92.8
Musculoskeletal	3,332	47,474,616	14.3	81.9%	18.3	▲	43,282,846	102.6
Digestive	3,110	27,309,871	12.8	80.8%	17.4	▲	24,973,130	85.3
Urinary	2,808	20,139,516	11.6	76.5%	18.4	▲	18,160,821	87.4
Endocrine	1,648	9,791,016	10.4	75.7%	18.8	▲	9,049,346	105.8
Thoracic	1,262	12,444,207	10.7	80.3%	18.4	▲	10,782,033	105.3
Dermatology	662	6,733,884	12.4	76.1%	18.6	▲	5,975,246	80.5
Reproductive	186	1,311,884	15.0	78.5%	20.3	▲	1,222,770	58.5
Cancer	154	1,988,965	14.7	81.8%	16.9		1,715,557	92.3

What is a good Denials Rate?

Hospital	Charges (\$)	Full Denial (\$)	Cured Denial (\$)	Total Remits (#)	Remits by Selected Denial (#)	Full Denial Remits (#)	Full Denial Vol (%)	.	Full Denial Value (%)
	2,831,458,837	126,670,273	57,882,111	334,404	334,404	12,270	3.7%		4.5%
	2,602,877,384	254,162,844	101,925,030	230,474	230,474	15,727	6.8%	▲	9.8%
	2,515,357,470	341,281,204	85,285,428	106,864	106,864	9,333	8.7%	▲	13.6%
	1,830,682,143	164,677,421	58,065,474	159,920	159,920	11,152	7.0%	▲	9.0%
	1,395,689,399	131,863,868	40,341,815	168,369	168,369	11,773	7.0%	▲	9.4%
	1,255,497,284	122,148,405	40,756,556	179,407	179,407	12,830	7.2%	▲	9.7%
	1,146,843,565	73,613,706	33,340,274	99,012	99,012	6,334	6.4%	▲	6.4%
	1,100,850,214	38,044,377	17,600,010	153,638	153,638	6,040	3.9%		3.5%
	769,211,810	40,741,708	16,715,894	106,178	106,178	5,364	5.1%		5.3%
	683,060,046	35,533,055	19,673,288	88,124	88,124	4,213	4.8%		5.2%
	666,700,652	53,629,061	14,130,082	57,451	57,451	4,191	7.3%	▲	8.0%
	321,767,127	10,673,602	4,297,067	42,437	42,437	1,457	3.4%		3.3%
	241,328,620	24,306,908	5,377,195	22,084	22,084	1,734	7.9%	▲	10.1%

What is a good Denials Rate?

Payer Type	Charges (\$)	Full Denial (\$)	Cured Denial (\$)	Total Remits (#)	Remits by Selected Denial (#)	Full Denial Remits (#)	Full Denial Vol (%)	Full Denial Value (%)
⊕ Medicare FFS	6,202,226,297	147,867,961	107,344,509	544,475	544,475	12,651	2.3%	2.4%
⊕ Commercial	4,704,035,040	574,380,964	153,195,332	492,386	492,386	50,271	10.2%	12.2%
⊖ Medicare Advantage								
	1,572,501,221	136,266,318	99,631,488	167,867	167,867	4,378	2.6%	8.7%
	1,080,735,281	57,826,654	17,951,516	132,907	132,907	3,241	2.4%	5.4%
	668,253,140	97,060,437	24,638,244	56,232	56,232	7,121	12.7%	14.5%
	178,416,556	12,658,980	2,817,232	20,282	20,282	925	4.6%	7.1%
	130,136,408	16,887,987	1,919,926	13,135	13,135	919	7.0%	13.0%
	1,848,307	44,492	2,917	267	267	5	1.9%	2.4%
	632,040	296,119	43,745	48	48	17	35.4%	46.9%
	26,268	42	26,226	2	2	1	50.0%	0.2%
	15,539			1	1			
⊕ Managed Medicaid	3,236,729,177	341,834,935	80,742,611	483,133	483,133	29,064	6.0%	10.6%

What is a good Denials Rate (MA Plans)?

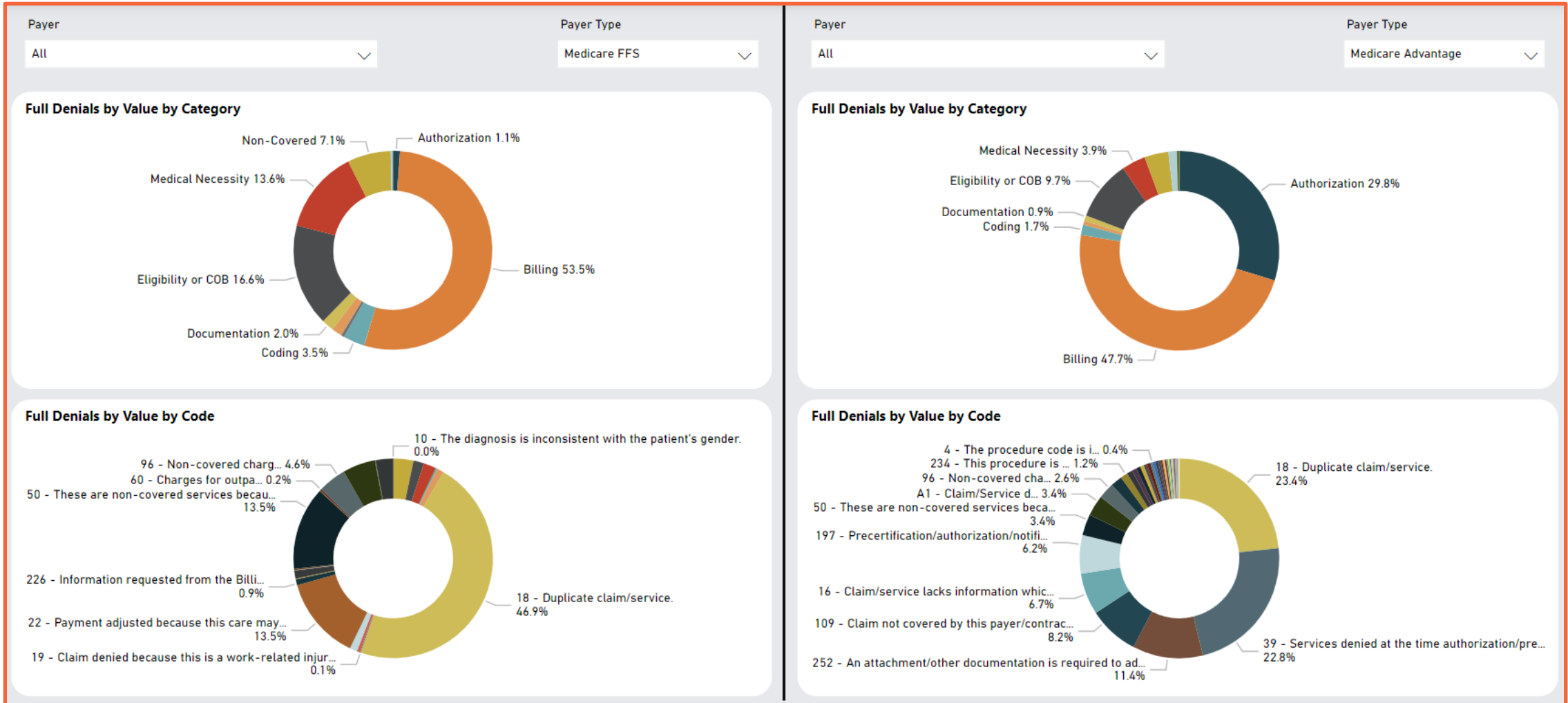
All Patient Types

Specialty	Charges (\$)	Full Denial (\$)	Cured Denial (\$)	Total Remits (#)	Remits by Selected Denial (#)	Full Denial Remits (#)	Full Denial Vol (%)	Full Denial Value (%)
Medicine	2,347,571,547	151,390,637	76,980,576	330,392	330,392	12,654	3.8%	6.4%
Radiology	1,108,164,093	43,897,511	16,115,269	200,384	200,384	6,760	3.4%	4.0%
Pathology	609,011,095	61,376,779	39,705,500	132,770	132,770	4,052	3.1%	10.1%
Cardiovascular	1,058,743,090	110,045,256	53,429,679	47,646	47,646	3,070	6.4%	10.4%
Digestive	380,680,015	37,165,057	14,649,917	16,698	16,698	950	5.7%	9.8%
Nervous	289,934,568	45,934,438	16,649,177	12,294	12,294	1,448	11.8%	15.8%
Musculoskeletal	457,310,350	49,194,398	22,548,351	10,608	10,608	956	9.0%	10.8%

InPatient Types

Specialty	Charges (\$)	Full Denial (\$)	Cured Denial (\$)	Total Remits (#)	Remits by Selected Denial (#)	Full Denial Remits (#)	Full Denial Vol (%)	Full Denial Value (%)
Pathology	526,540,475	58,737,560	39,271,870	11,012	11,012	914	8.3%	11.2%
Cardiovascular	659,381,441	92,927,212	46,248,208	8,078	8,078	1,306	16.2%	14.1%
Radiology	41,935,603	1,840,663	561,295	7,888	7,888	208	2.6%	4.4%
Medicine	112,891,260	22,743,314	9,903,259	7,206	7,206	460	6.4%	20.1%
Respiratory	257,877,403	42,144,250	20,067,972	5,028	5,028	954	19.0%	16.3%
Nervous	235,015,766	42,289,273	14,367,180	4,478	4,478	1,022	22.8%	18.0%
Musculoskeletal	348,808,075	42,282,270	20,307,290	3,332	3,332	554	16.6%	12.1%

Medicare vs Medicare Advantage



What's coming?

- **Pre-Authorizations**

- In reviewing 837s, ??% of the claims provided an authorization
- What percent of claims with authorization still get denied for No Auth?

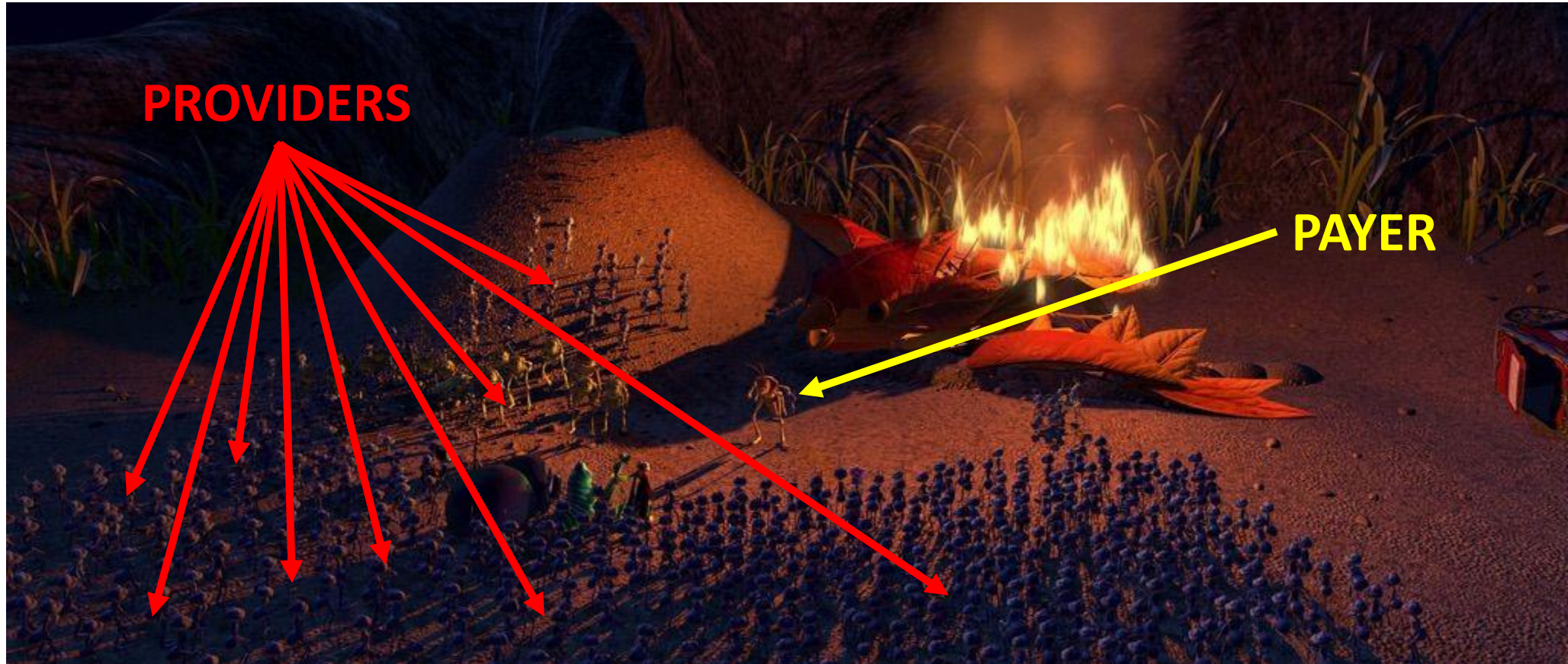
- **Downcoding**

- What percent of claims are being downcoded with:
 - B10 – Allowed amount has been reduced....
 - 186 – Level of Care Adjustment
 - 150 – Payer deems the information submitted does not support this level of service
- What percent of claims are being downcoded without being told?

SO WHAT? WHAT DO I DO WITH THIS?

- Peter Drucker: “You can’t manage what do you can’t measure.”
- National and State Associations need your data for ADVOCACY to help fight the battles. No more “Little Johnny – the payer is being mean”
- Organizational Health
- Reputation
- Providers need to know what is good vs better. Stop managing based on your data.
- Providers need to know, “is this just me or is everyone?”
- We don’t have the bandwidth...so, are you willing to tell the board that you know there is a problem, but you don’t have the resources to fix it?

This is the opportunity for providers to unite





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