

American Hospital Association Vitality Index

Washington state hospitals face challenges securing timely reimbursement from commercial payers and lack the ability to compare their performance on key reimbursement metrics to that of their peers. The American Hospital Association (AHA) Vitality Index is a newly created data platform intended to bring transparency into hospitals' reimbursement-related performance, help identify who the problem payers are, and provide data to convince policymakers of the need to address the poor reimbursement practices of health plans and insurers.

What Is the AHA Vitality Index?

The AHA Vitality Index is a new effort from the American Hospital Association, in collaboration with Hyve Health, to collect and disseminate data on the reimbursement performance of hospitals and their commercial payers while protecting the confidentiality of patient health and hospital financial information.

Participating hospitals would gain access to dashboards that allow them to benchmark their performance on reimbursement metrics such as:

- Frequency of claim denials.
- Average time between claim submission and remittance.
- Average remittance value (normalized to protect negotiated payment rates).
- Timeliness of payments.

In addition, the Washington State Hospital Association (WSHA) would gain access to statewide Payer Scorecard on hospital and payer performance for use in our advocacy before the Legislature and administrative agencies. (The AHA could access the same information nationally.) For example, the dashboards would arm WSHA with data on who the problem payers are, helping us ensure proper enforcement of existing reimbursement policies and advocate for needed policy changes before state policymakers.

Major Terms and Conditions

To participate, hospitals and systems must sign an agreement with AHA and Hyve Health upload their claims and remittance data on at least a monthly basis to the Index platform (along with two years of historical, baseline data). For the first year, the first 15% of WSHA that agree to participate are FREE and then pay a per-facility licensing fee of \$1,000 per month for acute and \$500 per month for Critical Access Hospitals in subsequent years (the remaining 85% of WSHA Hospitals receive a 50% discount) for up to the first 12 months of participation. There is a 30 day out for convenience without penalty. Uploaded data is immediately scrubbed to remove all PHI Hospitals are anonymous to each other and data is aggregated and normalized (converted to percentiles, for example) to protect data confidentiality.

Current Status of the Effort

The digital infrastructure for the Index has already been developed. Current efforts are focused on getting hospitals to sign up to participate and to onboard hospitals that have signed on. To market the Index, AHA is asking state hospital associations to reach out to their members to encourage participation. Sixteen state associations so far have agreed to partner with the AHA to market the Index to their members. Two large health systems with a Washington presence have stated an intent to join the platform.

