

27th Annual Revenue Cycle and Finance Conference
Building Beyond: Leading the Future of Revenue & Finance

PAYER SCORECARD
THERE IS POWER IN NUMBERS

Travis Gentry
January 15th 2026

STATISTICS CAN BE MISLEADING BY DON MCMILLAN



Statistics shows that teenage pregnancy drops dramatically after 20



STATISTICS CAN BE MISLEADING BY DON MCMILLAN



FACTS:

- There are 1.4 billion people in the China.
- There are 7 billion people on Earth
- Therefore, 1 in 5 people born on Earth are Chinese

CONCLUSION:

- If you have 4 children and expecting a 5th...

It will be Chinese

PAYER BEHAVIOR IS AT AN ALL TIME LOW AND PROVIDERS ARE DEMANDING FOR ACCOUNTABILITY.

Financial Management

'There's something wrong with the system': CommonSpirit CFO

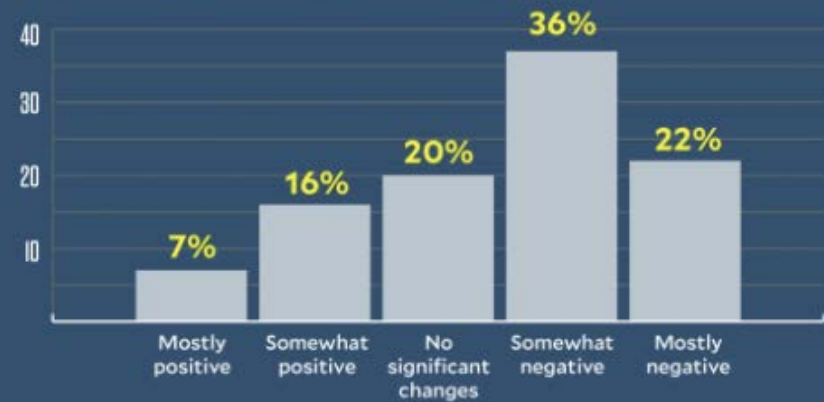
Alan Condon - Tuesday, January 21st, 2025

Mr. Morissette said healthcare has "never been more challenging" for health systems. While CommonSpirit does not issue forward-looking statements and continues to battle payers across multiple markets, he expects FY 2025 "to be better than" FY 2024.

Payer-provider relations have worsened

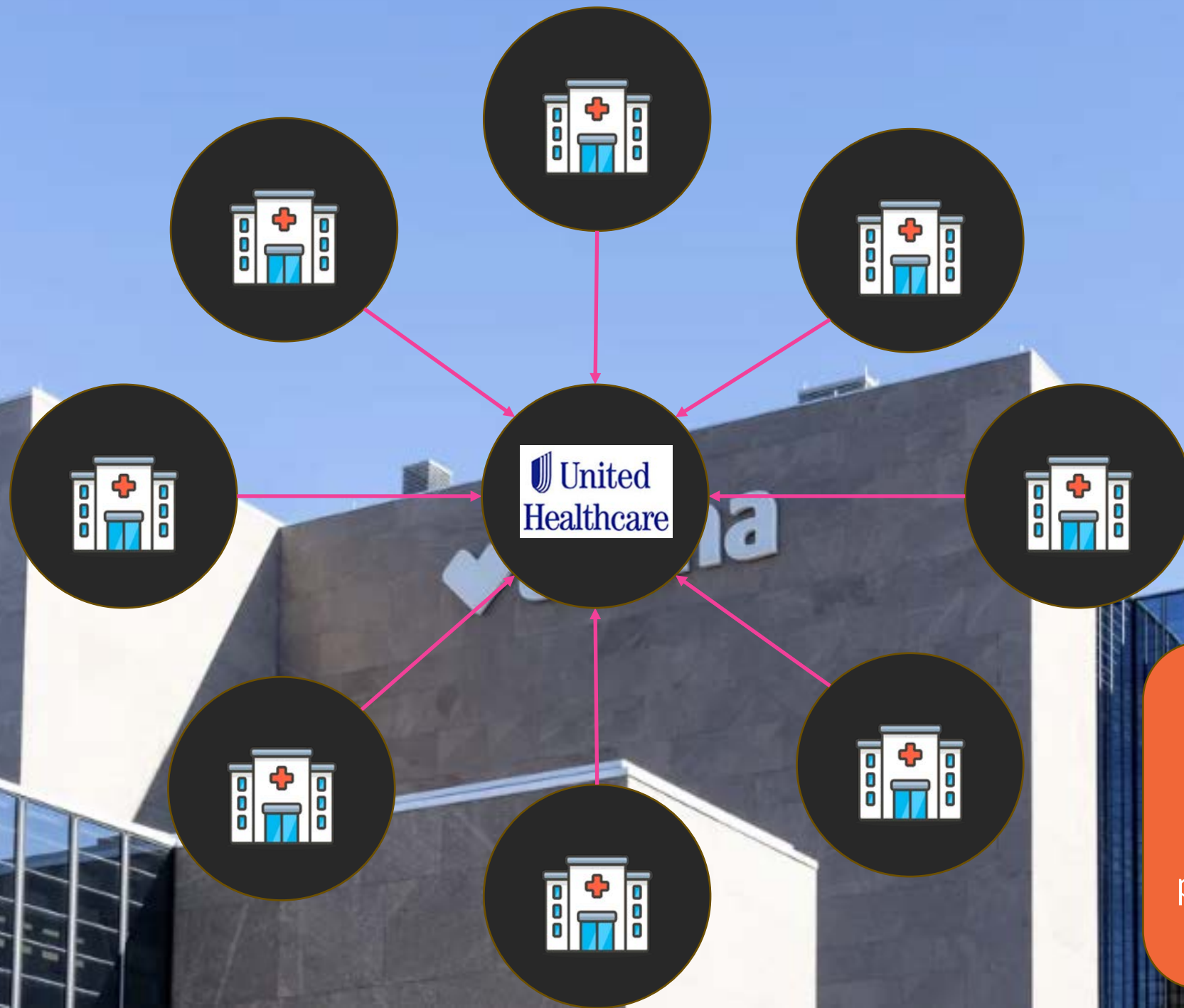


How would you characterize the changes in your organization's relationships with payers over the past three years?



Source: HFMA survey in August of 102 hospital CFOs, with 102 responding to this question.

PAYERS' PERSPECTIVE



Payers already have your data...they know your charges, payments, denials, etc.

"You let one ant stand up
and they all might stand
up.

Those puny ants
outnumbers us a hundred
to one.

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

It is not about food; it's
about keeping those ants
in line."

-Hopper



PAYER



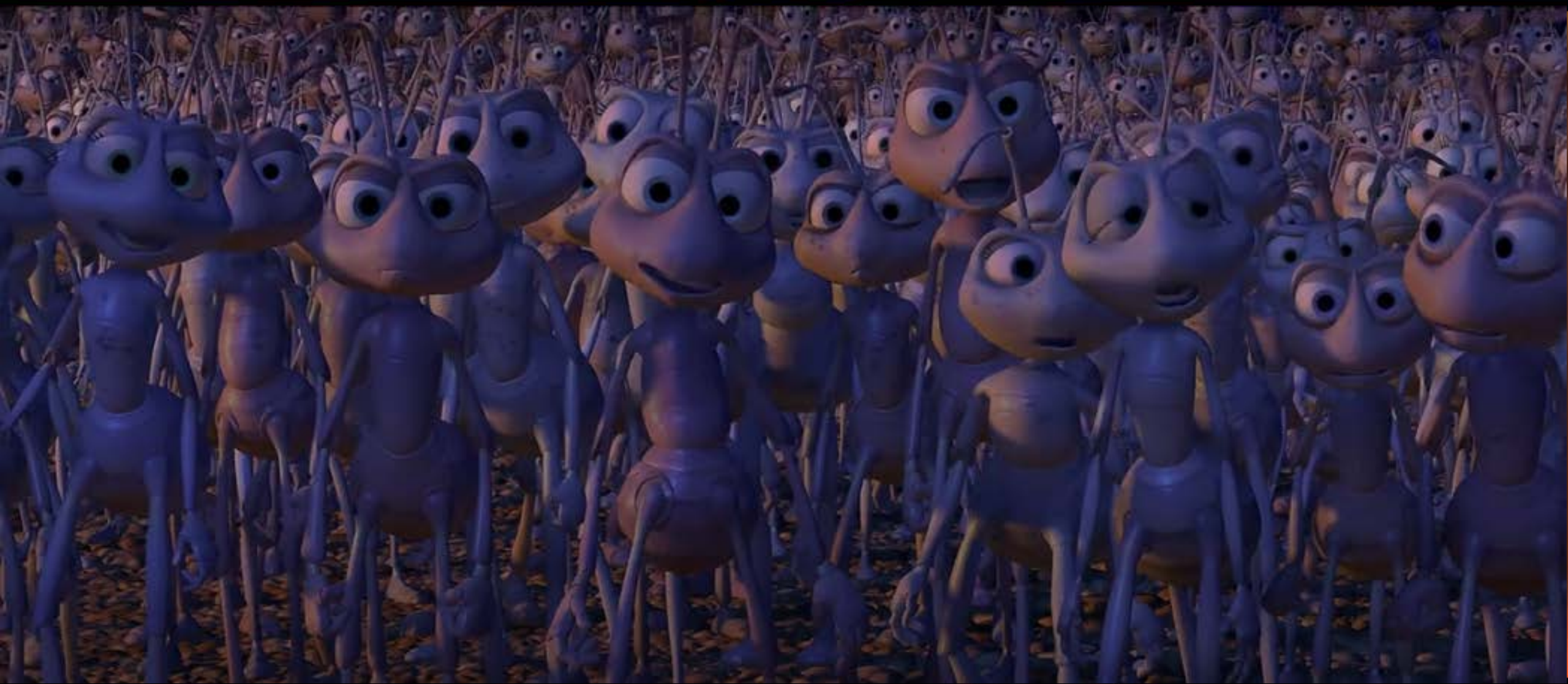
PROVIDERS' PERSPECTIVE



You only know
your experience
with each of the
payers.

HYVE'S PERSPECTIVE







**HOW DO PROVIDERS SOLVE THE
IMBALANCE OF DATA?**

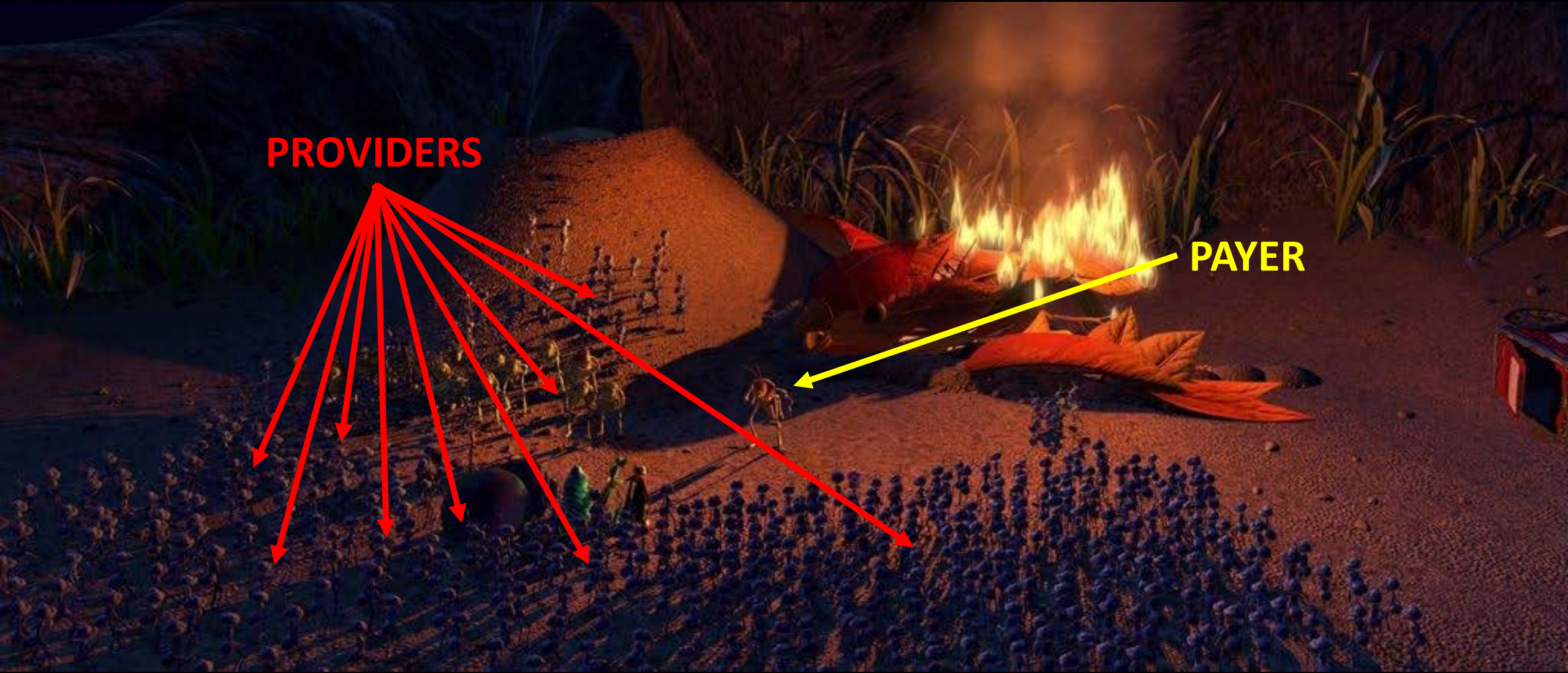
UNITING TOGETHER!





PROVIDERS

PAYER



Solution: Aggregated, Democratized Data

Create the most CREDIBLE data

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

Create the most TIMELY data

- Timely data is needed to influence change.
- 6-18 month old data

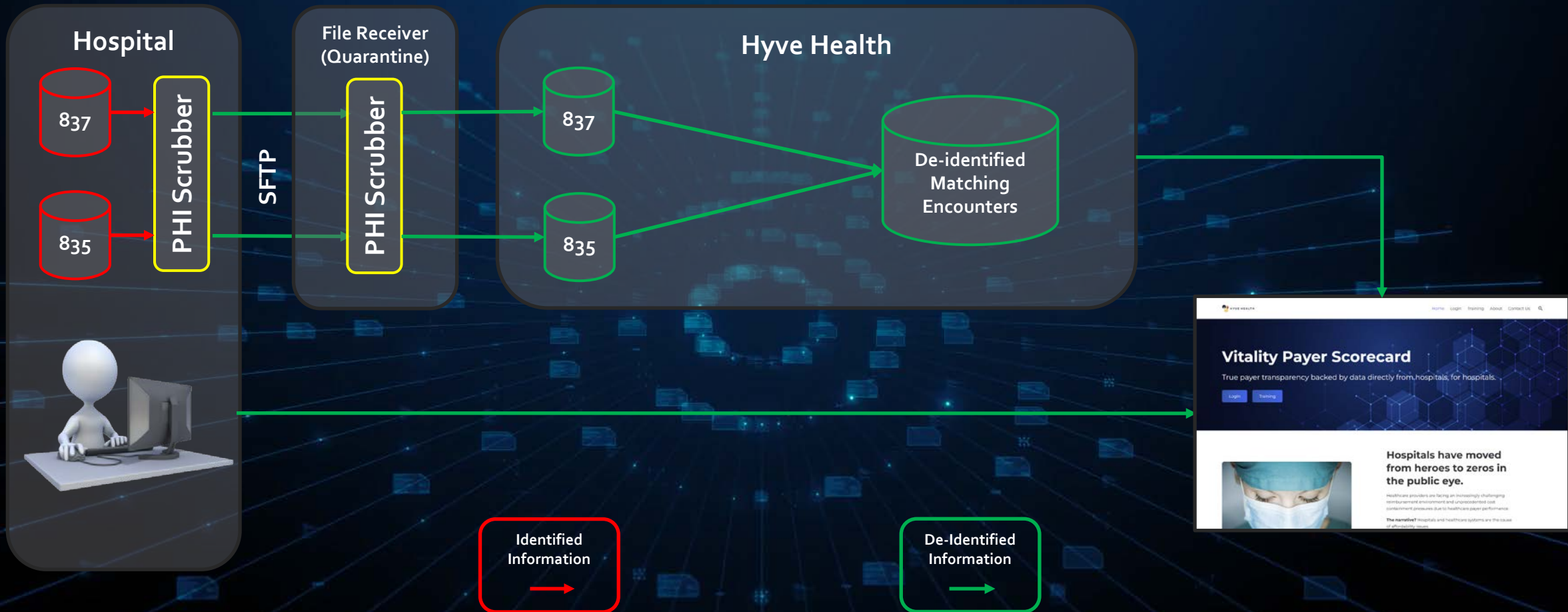
Create the most SECURE data

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

Create the SAFEST data

- Hospitals cannot see each other's data.
- Anonymity is crucial

PHI SCRUBBER AND DATA FLOW



WHAT CAN A PAYER SCORECARD TELL ME?

- How slow am I getting paid compared to my peers?
- What percent of my claims are paid first time?
- How fast do we get claims out to payers?
- How does my reimbursement compare?
- Am I being downcoded more than everyone else?
- Am I losing reimbursement because my charges are falling below contracts rates?
- Am I getting denied more than my peers?



Over 50 metrics

HOW CAN I COMPARE MYSELF TO OTHERS?

- Financial Class (Comm, Medicare, MA, Medicaid, Managed Medicaid)
- Payer (Aetna, BCBS, UHC, Cigna, Humana, etc)
- Specialty (OB, Cardiac, Ortho, etc)
- Patient Type (IP, OP, ED, OBS)
- IP, Orthopedic, UnitedHealthcare Medicare Advantage
- You vs the state
- You across states
- Not limit to your EHR, Clearinghouse, or other vendors.

Over 3600
combinations
per metric



If You Can't
Measure It,
You Can't
Improve It

(William Thomson, Lord Kelvin)



**“If you can’t
measure it,
you can’t
manage it”**

Peter Drucker

A group of diverse people are gathered in a bar, looking towards a bartender on the left. The scene is dimly lit with warm, hanging pendant lights. The bartender is a woman with blonde hair, partially visible in the foreground. The patrons include a man with a mustache in a blue sweater, a woman in a polka-dot top, a woman in a dark dress with a red scarf, and a young man in a blue jacket. They all appear to be watching something with interest.

Be Curious...

BE CURIOUS: WOULDN'T YOU LIKE TO KNOW IF...

- Your hospital had the lowest (best) denials in the state? In the country?!
 - How do you know this today?
- Your reimbursement was the lowest (worst) in your market? In your state?
 - How do you know this day
- For the first time, you and your peers could share payer data, resulting in the ability to hold insurance companies accountable for their out of control, unchecked behavior...denial, slow payments, downcoding, and low reimbursement.

LET'S BE CURIOUS...

BEST / WORST

- **Best**

- Denials = 3.2%
- Time to submit claim = 5.4 days
- Prompt Pay = 10.6 days
- First Pass Yield = 92.8 %

- **Worst**

- Denials = 20.4%
- Time to submit claim = 18.7 days
- Prompt Pay = 19.9 days
- First Pass Yield = 39.6%

STATE EXPERIENCE



Payer Scorecard

12 months ending 10/31/2025

travis.gentry@hyvehealth.com

The Buzz



Home

Prompt Pay

Reimbursement

Denials

Sandbox

State

Multiple selections

Claim Type

Institutional

Payer Type

All

Patient Type

All

Specialty

All



Prompt Pay (days)

15.0

First Pass Yield (%)

85.5%

Downcoded (%)

0.44%

Prior Auth (%)

2.8%

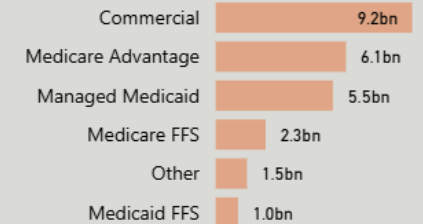
Lessor Rate or Chg (%)

0.78%

Denied by Value (%)

7.1%

Denials by Payer Type



- ☒ State
- ☒ Hospital
- ☐ Payer Type
- ☐ Payer
- ☐ Specialty
- ☐ Patient Type
- ☐ Claim Type
- ☐ Urban/Rural

State	Remits (#)	Prompt Pay (days)	Prompt Pay Cured Denials (days)	First Pass Yield (%)	Avg Payer Paid (\$)	Avg Patient Resp (\$)	Full Denial Vol (%)	Full Denial Val (%)	LRC (%)	Downcoded (%)	Obs Rate (%)	Short Stay IP (%)
AZ	2,303,927	14.7	81.1	78.0%	1,592	208	10.2%	10.4%	0.39%	0.79%	21.6%	9.6%
CA	8,509,350	14.6	70.3	78.1%	2,501	246	6.6%	7.8%	0.78%	0.49%	9.3%	13.4%
ID	4,903,227	14.3	96.0	90.8%	1,120	147	3.1%	4.9%	0.53%	0.09%	15.1%	2.7%
NV	883,632	15.4	69.8	73.0%	2,128	235	7.5%	12.8%	0.53%	1.08%	15.1%	5.0%
OR	5,169,085	15.8	83.9	89.2%	2,034	190	3.3%	5.5%	0.97%	0.25%	11.4%	4.2%
WA	16,942,514	15.1	69.9	88.1%	1,573	185	3.1%	5.5%	0.86%	0.49%	14.0%	6.5%

COMMERCIAL VS. MA

CA LRC w
Commercial
Payers

Payer Type	Remits (#)	Prompt Pay (days)	Prompt Pay Cured Denials (days)	First Pass Yield (%)	Avg Payer Paid (\$)	Avg Patient Resp (\$)	Full Denial Vol (%)	Full Denial Val (%)	LRC (%)	Downcoded (%)	Obs Rate (%)	Short Stay IP (%)
<input type="checkbox"/> Commercial												
AZ	662,237	14.6	87.8	83.0%	2,040	390	10.1%	16.0%	1.33%	0.19%	23.4%	4.5%
CA	2,653,435	13.2	72.7	79.1%	3,196	366	8.3%	11.1%	2.42%	0.34%	9.5%	11.6%
ID	1,480,595	14.0	89.1	89.1%	1,753	295	4.1%	7.0%	1.62%	0.09%	13.8%	3.5%
NV	213,647	19.1	93.6	80.2%	2,553	486	9.3%	17.2%	2.10%	1.01%	19.6%	3.9%
OR	1,661,686	15.2	85.1	91.8%	2,660	341	3.4%	7.5%	2.93%	0.31%	11.3%	8.2%
WA	5,580,536	16.0	88.8	91.2%	2,214	296	3.8%	8.7%	2.54%	0.56%	14.4%	4.5%
<input type="checkbox"/> Medicare Advantage												
AZ	489,197	15.4	81.0	81.3%	1,378	117	5.6%	10.5%	0.02%	0.81%	33.7%	8.0%
CA	908,101	14.5	65.0	80.9%	2,352	98	10.6%	15.0%	0.10%	1.69%	21.8%	5.3%
ID	1,443,764	14.6	135.9	92.3%	668	48	4.0%	7.0%	0.13%	0.12%	28.5%	2.9%
NV	107,748	12.5	64.3	79.2%	2,755	148	11.6%	20.5%	0.02%	0.90%	32.0%	6.8%
OR	1,185,642	17.9	94.0	91.8%	1,469	119	2.4%	4.6%	0.06%	0.41%	18.5%	2.2%
WA	3,318,478	15.3	70.7	88.1%	1,334	123	3.1%	5.7%	0.07%	1.19%	21.1%	3.3%

HOW SLOW AM I GETTING PAID?

On average,
26 days late

State	Paid Clean > 30d (\$)	Prompt Pay > 30d (days)	Remits Clean > 30d (%)	Discharge to Claim (days)	First Pass Yield (%)	Prompt Pay (days)
⊕ AZ	418,262,695	59.1	5.8%	9.6	78.0%	14.7
⊕ CA	1,714,493,093	56.1	5.8%	10.3	78.1%	14.6
⊕ ID	485,282,807	61.4	4.2%	9.3	90.8%	14.3
⊕ NV	199,922,883	52.1	7.5%	9.6	73.0%	15.4
⊕ OR	1,229,115,246	61.0	7.1%	9.1	89.2%	15.8
⊕ WA	2,664,004,151	55.6	4.1%	8.8	88.1%	15.1

\$1.7B at 10%
interest for 26
days =
\$12.2M

\$1.7B slow
paid

LESSOR RATE OR CHARGE (LRC)

Commercial
LRC
\$339M /
2.4%

State	Charges (\$)	Payer Paid (\$)	Charges LRC (\$)	LRC (%)	Paid Amount LRC (\$)	Short Stay IP (%)
AZ	21,923,694,613	3,668,341,560	49,074,479	0.39%	39,815,055	9.6%
CA						
Commercial	34,714,406,542	8,479,816,542	339,728,701	2.42%	235,977,004	11.6%
Managed Medicaid	19,520,364,980	1,685,560,940	4,502,425	0.04%	3,598,326	52.8%
Medicaid FFS	4,227,938,059	540,067,018	22,645	0.00%	17,817	6.5%
Medicare Advantage	19,520,174,962	2,135,584,450	1,519,869	0.10%	1,255,662	5.3%
Medicare FFS	66,920,993,194	7,801,801,470	1,444	0.00%	997	1.4%
Other	5,009,277,865	637,996,379	2,212,952	0.18%	1,716,761	13.2%
ID	17,933,413,693	5,493,396,095	130,107,286	0.53%	104,009,062	2.7%
NV	17,948,646,253	1,880,257,863	20,673,998	0.53%	13,600,540	5.0%
OR	33,947,685,000	10,514,843,149	295,690,413	0.97%	247,879,926	4.2%
WA	119,357,942,458	26,650,579,674	690,000,109	0.86%	598,787,137	6.5%

DOWNCODING

MA
Downcoding
\$355M

State	Charges (\$)	Payer Paid (\$)	Charges Downcoded (\$)	Downcoded (%)	Paid Amount Downcoded (\$)	Short Stay IP (%)
<input checked="" type="checkbox"/> WA	119,357,942,458	26,650,579,674	1,321,488,608	0.49%	348,467,287	6.5%
<input checked="" type="checkbox"/> CA						
Medicare Advantage	19,520,174,962	2,135,584,450	355,350,758	1.69%	32,073,306	5.3%
Commercial	34,714,406,542	8,479,816,542	352,080,759	0.34%	140,909,934	11.6%
Managed Medicaid	19,520,364,980	1,685,560,940	219,222,393	0.96%	16,479,691	52.8%
Medicare FFS	66,920,993,194	7,801,801,470	30,597,712	0.18%	15,029,709	1.4%
Other	5,009,277,865	637,996,379	9,872,928	0.03%	585,113	13.2%
Medicaid FFS	4,227,938,059	540,067,018	3,308,547	0.19%	116,172	6.5%
<input checked="" type="checkbox"/> NV	17,948,646,253	1,880,257,863	264,805,189	1.08%	15,988,926	5.0%
<input checked="" type="checkbox"/> OR	33,947,685,000	10,514,843,149	127,456,278	0.25%	29,089,479	4.2%
<input checked="" type="checkbox"/> AZ	21,923,694,613	3,668,341,560	95,719,747	0.79%	10,709,964	9.6%
<input checked="" type="checkbox"/> ID	17,933,413,693	5,493,396,095	53,317,193	0.09%	25,385,737	2.7%

CLAIMS WITH PRIOR AUTH

Payer Type	Charges (\$)	Remits (#)	Charges Full Denial (\$)	Full Denial Remits (#)	Full Denial Val (%)	Full Denial Vol (%)	Prior Auth (%)
<input type="checkbox"/> Commercial							
AZ	5,131,285,215	662,237	818,567,517	66,864	16.0%	10.1%	2.1%
CA	34,714,406,542	2,653,435	3,844,753,663	220,525	11.1%	8.3%	5.2%
ID	5,148,656,335	1,480,595	361,807,389	60,025	7.0%	4.1%	4.1%
NV	3,301,467,466	213,647	568,882,116	19,898	17.2%	9.3%	2.9%
OR	8,973,934,296	1,661,686	677,313,798	55,750	7.5%	3.4%	7.3%
WA	33,207,669,067	5,580,536	2,902,104,830	213,322	8.7%	3.8%	3.6%
<input type="checkbox"/> Medicare Advantage							
AZ	4,449,966,045	489,197	466,192,597	27,319	10.5%	5.6%	3.1%
CA	19,520,174,962	908,101	2,932,202,717	96,341	15.0%	10.6%	7.8%
ID	4,224,816,656	1,443,764	295,101,727	57,687	7.0%	4.0%	4.6%
NV	2,863,473,226	107,748	587,672,969	12,543	20.5%	11.6%	5.6%
OR	7,266,663,649	1,185,642	336,745,132	28,206	4.6%	2.4%	7.9%
WA	25,694,335,726	3,318,478	1,462,443,889	101,395	5.7%	3.1%	4.0%

EXIT 11



EAST

Medicare



Medicare
Advantage

"TAKE"

PRIVATE

ROAD

MA PROMPT PAYMENTS?

Payer Type	Remits (#)	Paid Clean > 30d (\$)	Prompt Pay > 30d (days)	Remits Clean > 30d (%)	Discharge to Claim (days)	First Pass Yield (%)	Prompt Pay (days)
<input type="checkbox"/> Medicare FFS							
<input checked="" type="checkbox"/> Medicare	10,635,563	531,615,402	63.3	2.2%	9.7	85.6%	15.3
<input type="checkbox"/> Medicare Advantage							
<input type="checkbox"/> United Healthcare							
WA	1,668,639	94,681,947	47.4	3.9%	8.1	89.4%	19.9
ID	479,553	15,345,423	40.1	5.5%	9.0	81.0%	23.9
OR	476,836	30,342,703	48.6	4.9%	8.2	90.6%	23.1
AZ	271,634	24,228,321	47.1	5.2%	9.4	81.2%	20.6
CA	169,513	19,342,487	47.2	4.1%	9.7	86.2%	21.0
NV	34,055	3,661,853	61.2	3.3%	10.5	80.5%	12.9

UHC MA vs
Medicare
FFS

CA – MEDICARE FFS VS MEDICARE ADVANTAGE

State, Health System, Hospital

CA

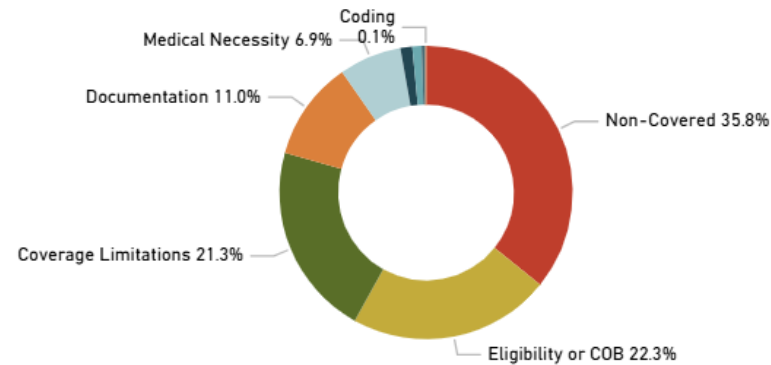
Payer

All

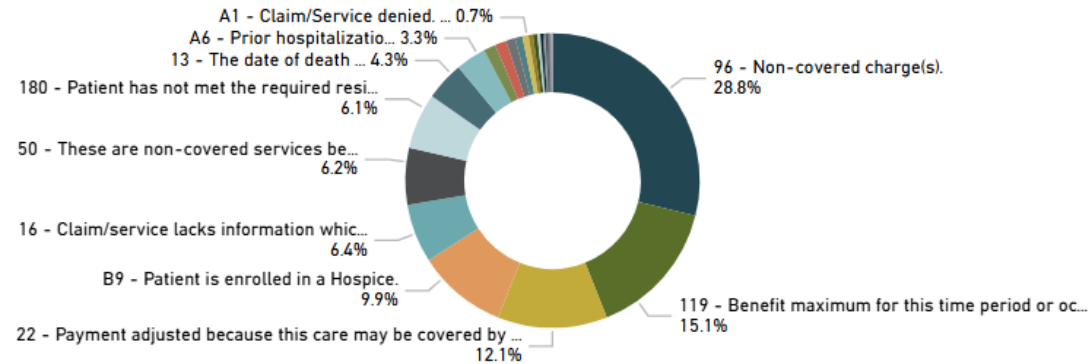
Payer Type

Medicare FFS

Full Denials by Value by Category



Full Denials by Value by Code



State, Health System, Hospital

CA

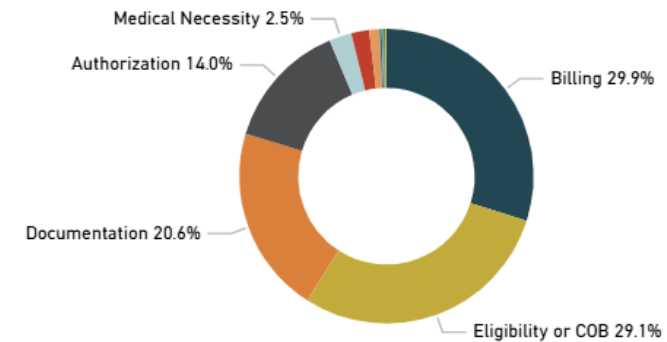
Payer

All

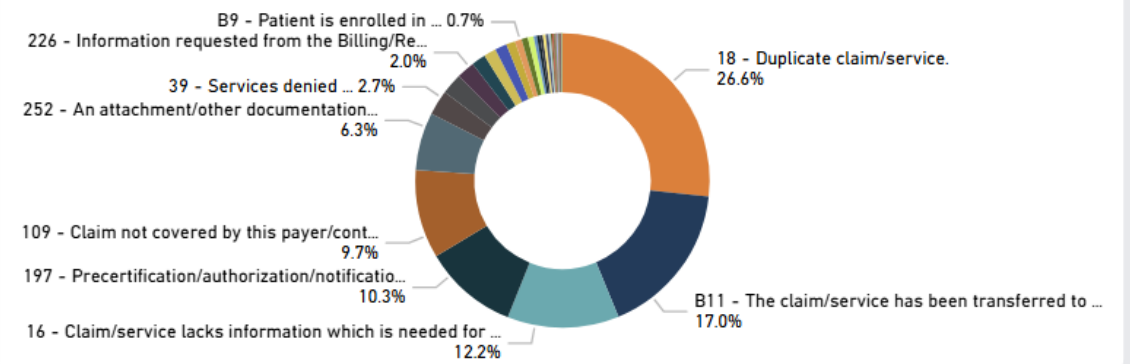
Payer Type

Medicare Advantage

Full Denials by Value by Category



Full Denials by Value by Code



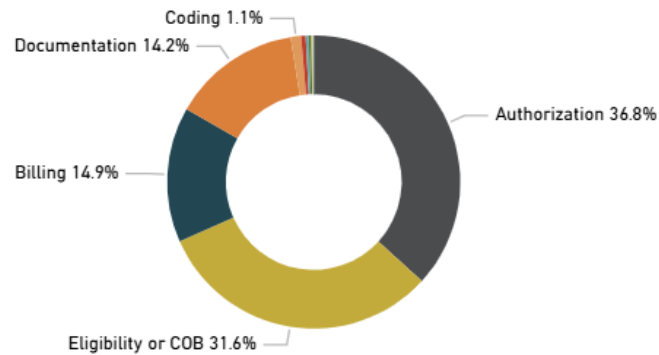
MA EXPERIENCE IS DIFFERENT THAN OTHERS

State, Health System, Hospital: CA

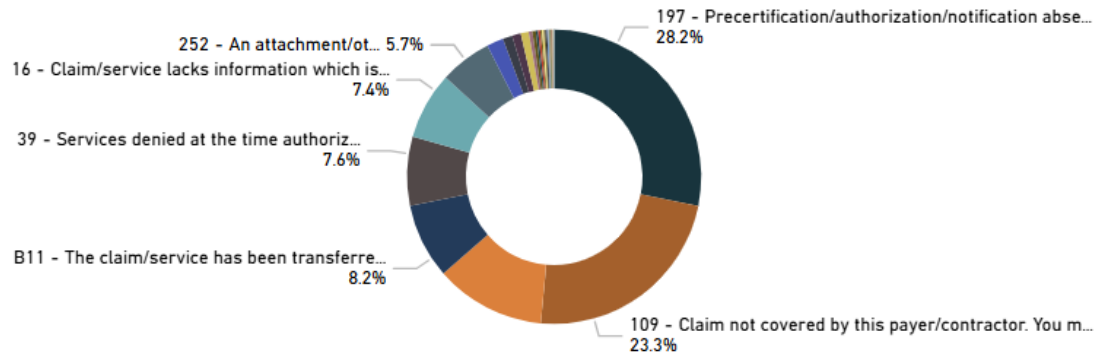
Payer: Blue Cross/Blue Shield

Payer Type: Medicare Advantage

Full Denials by Value by Category



Full Denials by Value by Code

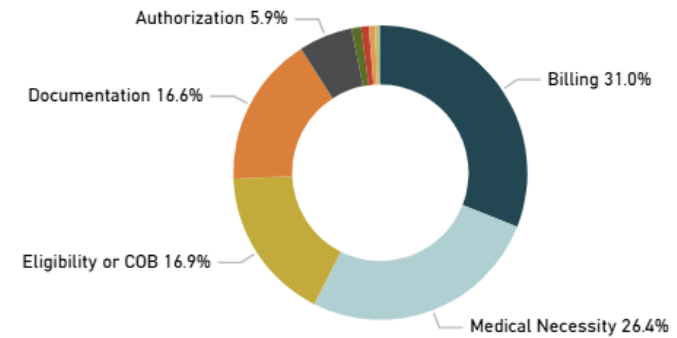


State, Health System, Hospital: CA

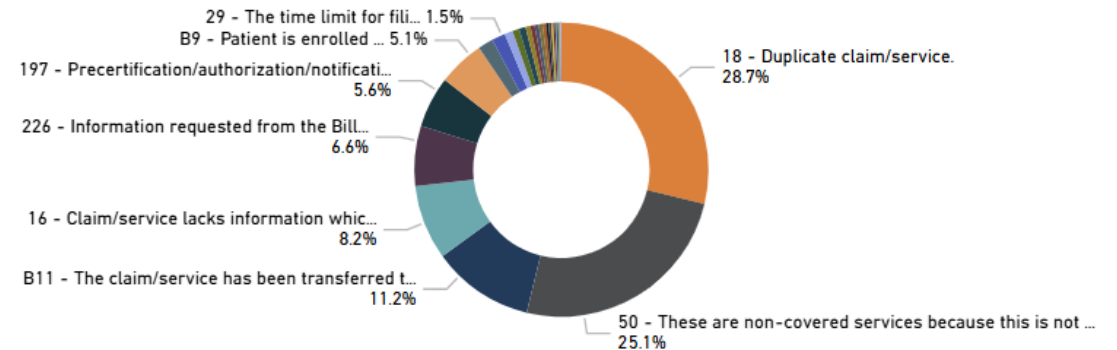
Payer: United Healthcare

Payer Type: Medicare Advantage

Full Denials by Value by Category



Full Denials by Value by Code



THE TIME HAS COME FOR HOSPITALS TO UNITE

- Data is the primary difference between why payers are winning and providers are losing.
- 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."

THANK YOU!

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