

# **Vitality Index Payer Scorecard FAQs**

# Overview

## **Q: What is the Vitality Index Payer Scorecard?**

A: The Vitality Index Payer Scorecard is a cloud-hosted reporting tool from Hyve Health that aggregates de-identified claims and remittance data from participating hospitals. It uses normalized metrics across hospitals to help you benchmark payer performance (e.g., prompt pay, denial rates, reimbursement efficiency) and compare against state and national peers — without exposing PHI, PII or sensitive patient data.

## **Q: What kinds of insights or metrics are available?**

A: Among the key metrics and reports:

- Prompt payment and payer turnaround times
- Denial rates, by payer, specialty and patient type
- Reimbursement rates and “lesser-of-charge” analyses
- Denials and payment behavior across payer types (commercial, managed care, Medicaid, etc.)
- Benchmarking your organization’s performance against de-identified peer hospitals, statewide and nationally

## **Q: What is required to get started?**

A: Implementation steps typically include:

1. Submit the form with the hospital or health system CEO’s signature to HIDI.
2. Complete the Payer Performance Technical Survey.
3. Schedule and attend the Payer Performance Kickoff meeting.
4. Submit 835/837 test files to HIDI via the SFTP server. (For awareness, the hospital sends PHI. The scrubber that HIDI sets up will de-identify that data before sending to Hyve.)
5. Collect two years of historical 835/837 data to be ready for submission.
6. Set up automated daily file submission to HIDI via the SFTP.

## **Q: Will I be able to look at a specific claim, remit, denial code, DRG or CPT?**

A: No. The Vitality Index Payer Scorecard is a compass, not a GPS. HIDI’s PHI Scrubber uses a hashing process to de-identify information, such as claim number or patient number, for example. Additionally, HIDI does not load your payer reimbursement contracts. The Vitality Index Payer Scorecard is not a tool for forensic accounting of your claim arrangement information. Payer information will be directionally correct as HIDI is not trying to tie any of this information to your financials. The Vitality Index Payer Scorecard is meant to highlight areas within your business where there are payer behavior patterns or anomalies. The information available in the Vitality Index Payer Scorecard is a starting point for your organization to dive deeper to resolve internal issues and identify individual or systemic payer behavior.



**Q: How can I find out which hospitals I am being compared to?**

A: You cannot find out which hospitals you are being compared to. All peers are de-identified. HIDI is dedicated to keeping your data as well as your peers' data confidential. You will be able to compare your hospital-specific data to your state's average.

**Q: How do I find definitions for every metric in the Vitality Index Payer Scorecard?**

A: You can download the full list of definitions from The Buzz. Just click on "Knowledge Base," then select "Definitions" and choose "Vitality Index Payer Scorecard Definitions."

**Q: Can I change the time frame which I am pulling from?**

A: No. The Vitality Payer Scorecard is always set for the past 12 months. This time frame will be updated every month. You can use the monthly bar graphs located within the Prompt Pay, Reimbursement and Denials tabs to highlight specific months or quarters within the past 12 months. To select multiple months, hold the Ctrl key for Windows or Command key for MacOS as you select the months.

**Q: If I am not seeing data or payers I am expecting to see, who should I reach out to?**

A: Feel free to reach out to the implementation team members, [Josette Bax](#) and [Tanya Lueckenotto](#). We can always go back to the data that was sent to us and investigate.

## Implementation & Onboarding

**Q: How long does implementation typically take?**

A: On average, implementations take anywhere from eight to 12 weeks. However, some organizations have gone live in as little as four weeks.

**Q: How many users of the Vitality Index Payer Scorecard can I have?**

A: You can have as many users as you would like. Traditionally, users of the scorecard are the CEO, CFO, revenue cycle managers and managed care managers.

**Q: Who has access to the Vitality Index Payer Scorecard?**

A: HFMA and state hospital associations that have partnered with Hyve as well as hospitals and health systems that contribute data have access. No third parties and no payers have access.

**Q: Do I need a Business Associate Agreement (BAA) with Hyve Health?**

A: No. Access to the Vitality Index Payer Scorecard is covered through your Master Services Agreement with HIDI.



# Data Handling & Management

## **Q: What kind of data files are accepted?**

A: Standard claims (837) and remittance (835) files are accepted. No custom report extracts are required. You submit the standard transactions.

## **Q: How is reporting handled? Does the scorecard directly expose raw data?**

A: No. The scorecard provides aggregated and normalized statistical reports derived from the de-identified data. Users view operational insights (e.g., payer performance, denial rates), not raw claims-level data.

## **Q: Does HIDI prefer daily or weekly 837/835 file transfers?**

A: Daily. HIDI begins data aggregation on the first business day of the month in preparation for the monthly data refresh in the Vitality Index Payer Scorecard, which occurs on the fourth Tuesday of every month. To have your most recent data available to view, it is important to adhere to daily data delivery.

## **Q: What if I can't get two years of historical data?**

A: One year is the minimum amount of data needed for the Vitality Index Payer Scorecard. If you are unable to collect one year's worth of data, please speak with your HIDI project manager.

## **Q: Where is the source of the data for the Vitality Index Payer Scorecard?**

A: Hospitals directly submit two years of de-identified 837 claims and 835 remits. There is no third party or survey data from unknown sources.

## **Q: How is the data de-identified?**

A: Hyve utilizes a PHI Scrubber that removes PHI. The PHI Scrubber has been installed by HIDI. Your 837/835 data will be submitted directly to HIDI, who will process the data through the PHI Scrubber. The scrubbed files are delivered directly to Hyve Health. Through expert determination, the de-identification is equivalent to Safe Harbor. No BAA is required.

## **Q: How often is the data updated in the scorecard?**

A: Monthly. The data refresh happens on the evening of the fourth Tuesday of every month.

## **Q: Who owns the data?**

A: Hospitals retain ownership of the data. Hyve does NOT own the data.

## **Q: Can Hyve sell the data?**

A: No. Hyve is a steward of the data to help hospitals and does not retain any rights to sell the data to third parties or payers.



## Why It Matters

- **Transparency & Benchmarking:** The scorecard provides objective, data-driven insight into how payers are behaving (payment delays, denials, reimbursement patterns) related to peer hospitals. This can strengthen negotiating leverage.
- **Revenue Cycle Optimization:** The scorecard helps identify root causes for payment inefficiencies or denied claims to improve internal processes and reduce denials.
- **Advocacy & Accountability:** When aggregated across many hospitals, data can support statewide/national advocacy for fair payer behavior.
- **Low Risk, High Security:** Because identifiable data is scrubbed before transmission and because of strong encryption and access controls, security risk is minimized while the needed analytics remain accessible.

## Contact Us

If you still have outstanding questions that need to be addressed, please reach out to [hidi@mohospitals.org](mailto:hidi@mohospitals.org) and a member of the team will be able to assist you.

