

A healthcare worker in blue scrubs, with a stethoscope around their neck, is holding a patient's hand. The patient's arm is extended from the right side of the frame. The background is a bright, out-of-focus hospital room.

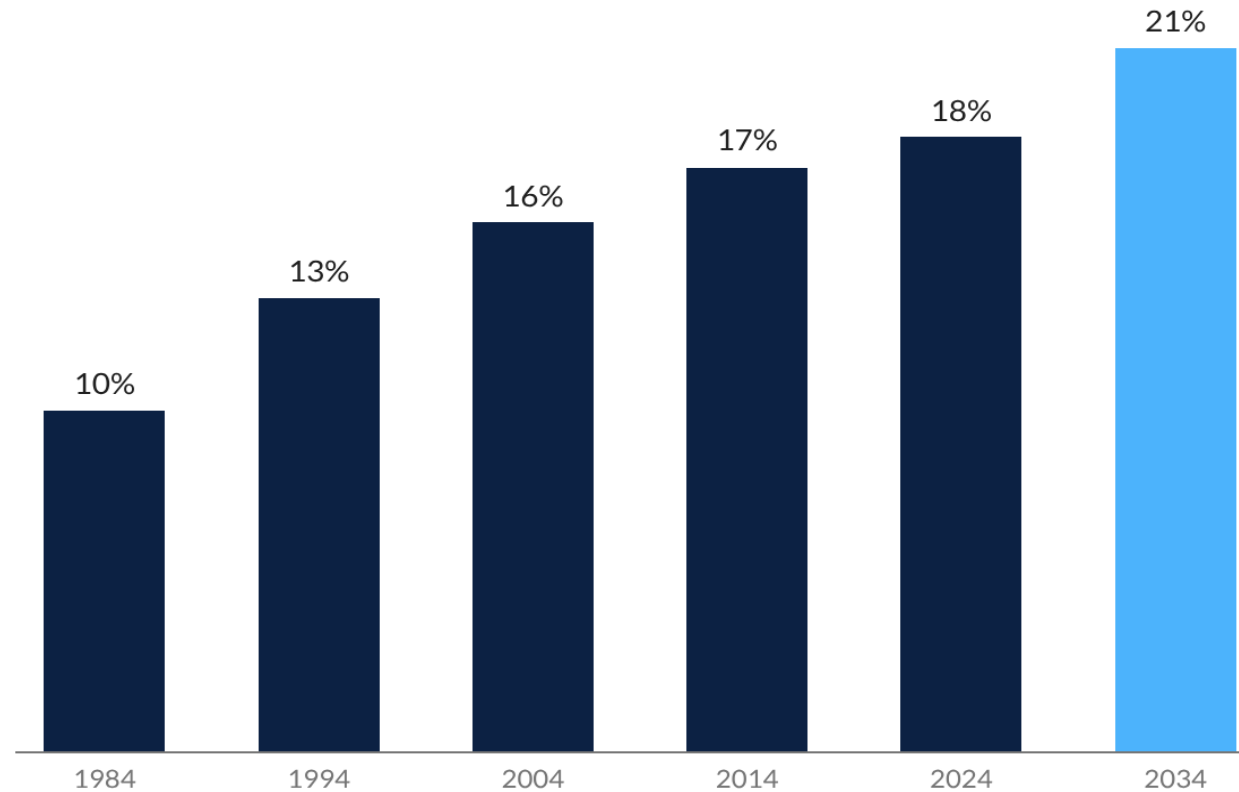
Community Hospital Data and Other States' Reforms

Brian Whitlock
President & CEO
October 14, 2026



Total U.S. health spending (public and private) is projected to reach one-fifth of the economy by 2034

National Health Expenditures (% of GDP)



Source: Centers for Medicare and Medicaid Services

DATA CHALLENGES

Data collected and tracked by multiple entities in silos creates a fragmented view that fails to capture the full picture of healthcare.



HYVE HEALTH – HEALTHCARE TRANSPARENCY SOLUTIONS

Hyve's Vitality Index Payer Scorecard benchmarks payer performance. Hospitals upload billing files and payment receipts sent from insurers into the system to create aggregated performance data.

- 25+ state hospital associations participate in Hyve nationally.
- 25 Idaho hospitals are enrolled and accounts for 50% of all hospital claims in the state.
- Three Idaho hospitals are in the process of onboarding.



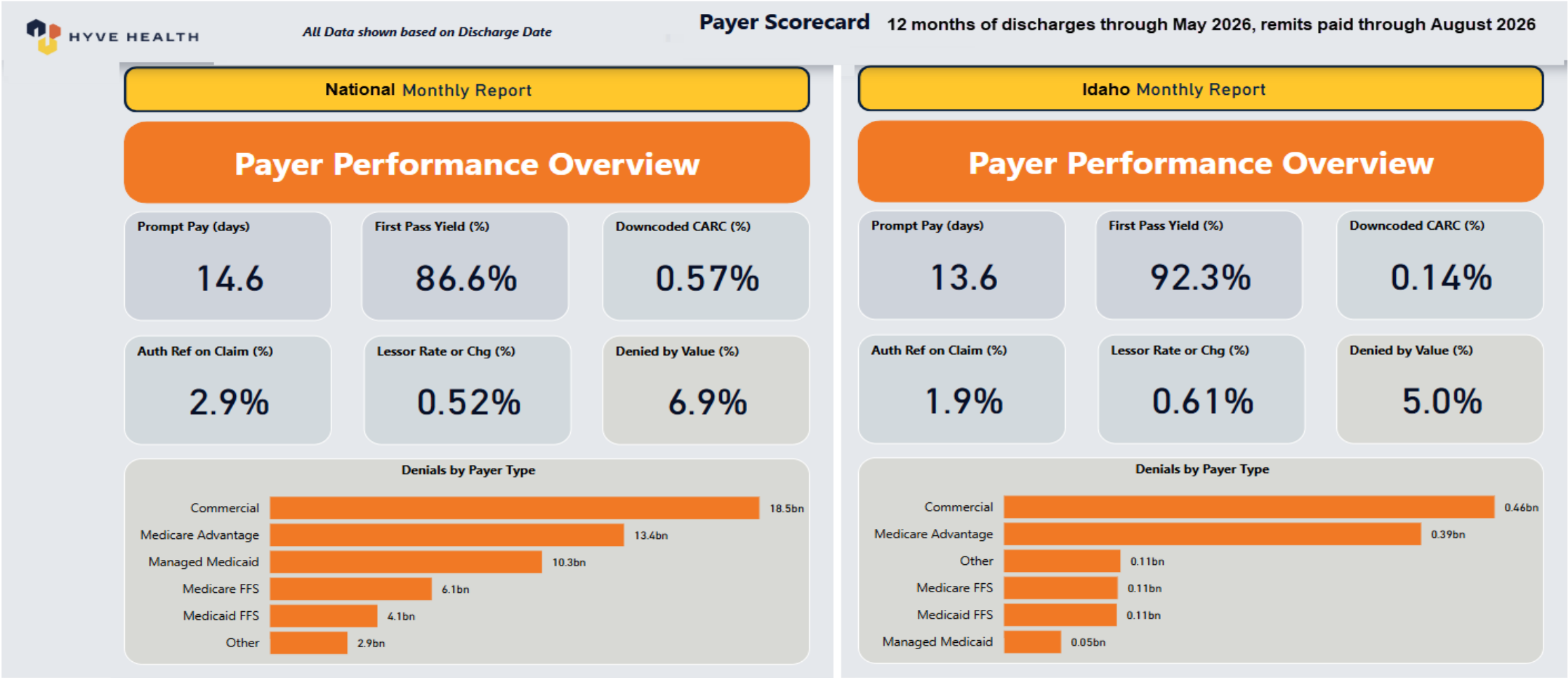
IDAHO HOSPITAL CLAIMS DATA

For clean claims paid more than 30 days after submission, **rural hospitals average 60 days** and **urban hospitals average 54 days** for payment.

Of claims initially denied in full, **40%** are eventually paid in full while others are only partially paid; 48% of rural dollars and 39% of urban dollars remain entirely unpaid.

Rural claims are initially denied at a **40% higher rate** and wait **3+ days longer** for notification of denial versus urban claims.

NATIONAL PAYER PERFORMANCE VS. IDAHO



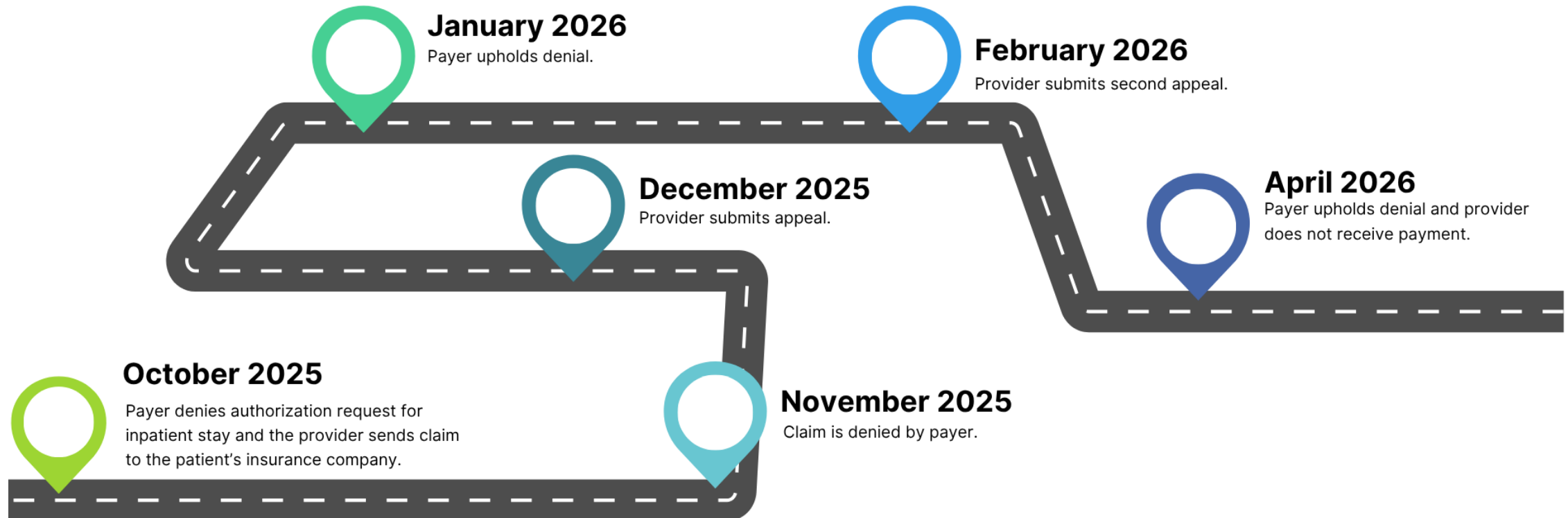
CASE STUDY

GASTROINTESTINAL HEMORRHAGE WITH A MAJOR COMPLICATION OR COMORBIDITY

Billing code: MS-DRG 377



CASE STUDY - GASTROINTESTINAL HEMORRHAGE WITH A MAJOR COMPLICATION OR COMORBIDITY CLAIM TIMELINE



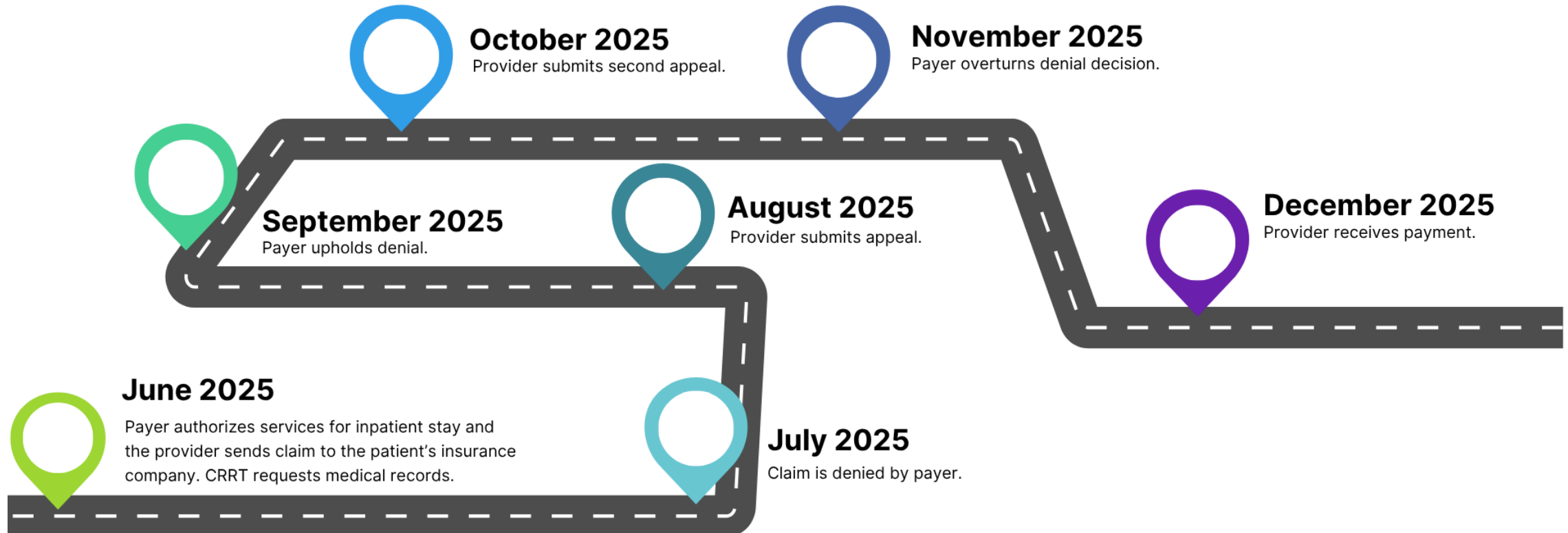
CASE STUDY

BONE DISEASES AND ARTHROPATHIES WITHOUT MAJOR COMPLICATION OR COMORBIDITY

Billing code: MS-DRG 554



CASE STUDY – BONE DISEASES AND ARTHROPATHIES WITHOUT MAJOR COMPLICATION OR COMORBIDITY CLAIM TIMELINE



CASE STUDY CONCLUSIONS



Resolution and payments can sometimes be delayed six months to a year.



Cash strapped hospitals are struggling to make payroll while claims are being adjudicated.



Hospitals can't afford to keep giving insurance companies interest-free loans.

CLEAN CLAIM PAYMENT

Create a standard definition
for all carriers.



DELAWARE REQUIREMENTS

A carrier must take one of the following actions within 30 days of receiving a clean claim from a provider:

1. Pay the total amount of the claim
2. Pay the allowable portion of a claim and notify the provider of the remaining unpaid portion and why.
3. Notify the provider why a claim will not be paid.
4. Request necessary documentation to determine payment of a claim.

UNIFORM PROVIDER CREDENTIALING



PRIOR AUTHORIZATION STANDARDS



Utah – Timeline



Texas – Gold Card



Washington – AI

PRIOR AUTHORIZATION STANDARDS – RECOMMENDATIONS

★ Gold carding program for providers.

🕒 Timely decision requirements.

👤 Continuity of care provisions.

📄 Public reporting from payers.

🏠 Alternate Level of Care reimbursement approval.

👤 Human review of AI.

ALL-PAYER CLAIMS DATABASE (APCD)



REFERENCE BASED PRICING



RECIPROCAL CLAIMS PROCESSING STANDARD



PREMIUM TAX

A **premium tax** is a state-level tax imposed on insurance companies based on the gross premiums they collect from policyholders within that jurisdiction and is basically a cost for the privilege of doing business in that state.

National Average Rate – 6.64%
Idaho Rate – 1.5%

QUESTIONS

