

AHA Vitality Index™

Comparative financial and operational data
straight from hospitals for better decision making

in collaboration with



Today's Speakers



DOUG SHAW

Senior Vice President
**American Hospital
Association**



MOLLY SMITH

Group Vice President,
Public Policy
**American Hospital
Association**



RICH RASMUSSEN

President/CEO
**Montana Hospital
Association**



TAMIE YOUNG, FHFMA

Assistant Administrator
**Revenue Cycle and
Physician Practice
Management,
Stillwater Medical**



TRAVIS GENTRY

*Co-Chief Executive
Officer*
ATEX Financial



AGENDA

- AHA efforts to address unfair commercial health insurance practices.
- How AHA Vitality Index tracks payer-specific revenue cycle measures using de-identified claims data.
- See AHA Vitality Index live as a panelist demonstrates how it can help identify opportunities to reduce operational challenges.



Why AHA Vitality Index is Needed

- 1. Need national data strategy (need to remove barriers to data and reduce data silos)**
- 2. Brand new solution, never has been done in industry**
- 3. Current data from hospitals for hospitals, not antiquated cost report information or data from unknown sources**



**Hospitals are facing an increasingly
challenging reimbursement
environment and unprecedented cost
containment pressures**



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

Jay Hancock Kaiser Health News
Published 5:07 a.m. ET Oct. 5, 2021 | Updated 1:40 p.m. ET Oct. 5, 2021



700,000 COVID-19 deaths in US, only Civil War has killed more Americans
Experts say the coronavirus may never be eradicated, but humans may have to become more resistant to it. [See all stories.](#)
STAFF VIDEO, USA TODAY

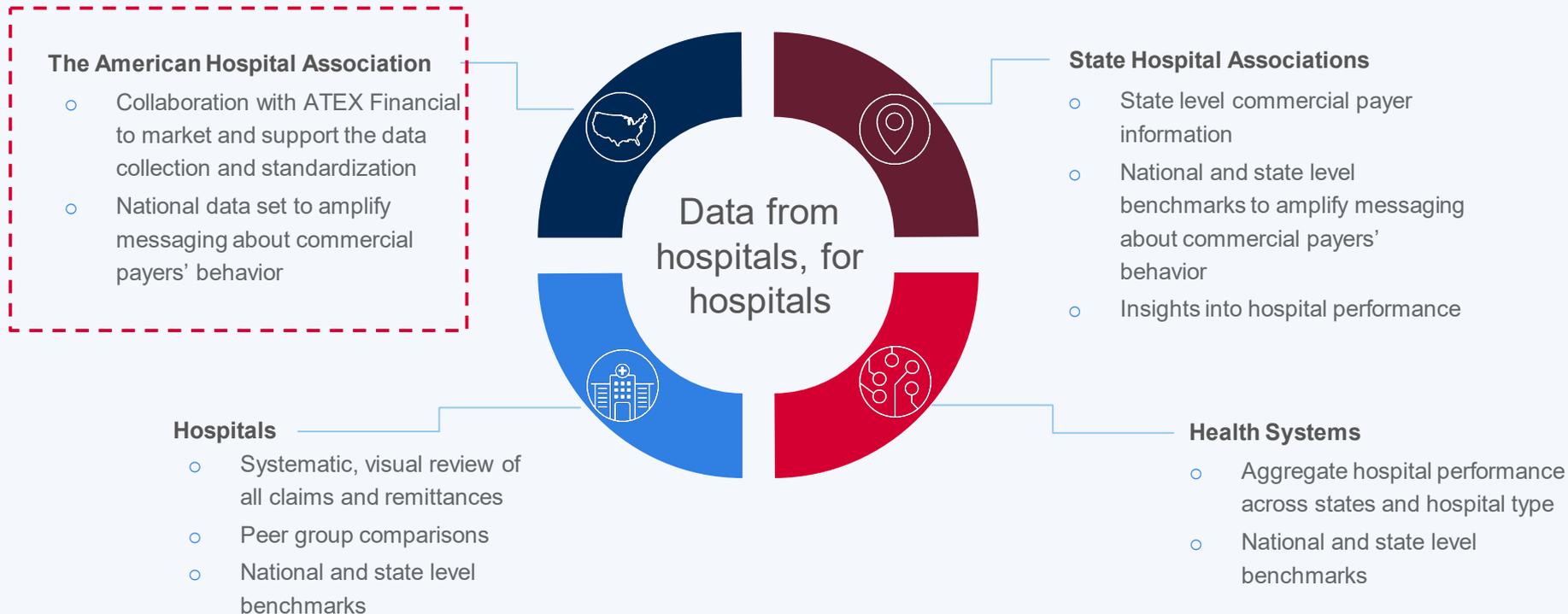
Corrections & clarifications: This article has been revised by Kaiser Health News to correct an inaccuracy. Anthem has not created its own network of facilities.

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 onerous new reimbursement rules, computer problems and mishandled claims, say hospital officials in multiple states.

Commercial Payer Practices are receiving more attention

Recognition of the negative impact of these practices is mounting

An ecosystem of data to support all AHA member constituencies



Validity Index will supply us with powerful, quantitative evidence to support our work against these anticompetitive practices

Holding commercial insurers accountable: Priority issues to address

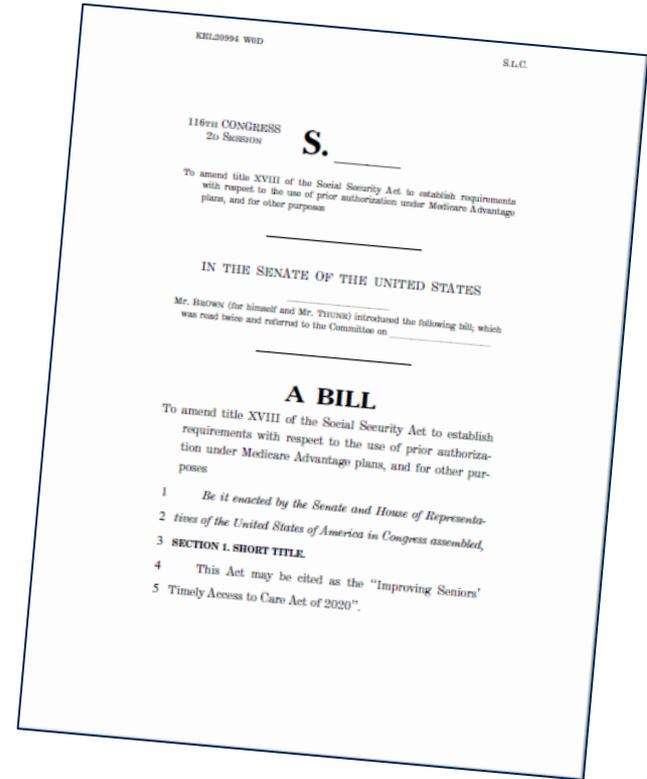
1. Health plan utilization management and other business practices leading to:
 - Delayed or denied patient access to medically appropriate care
 - Clinician burn out
 - Excessive administrative cost and burden in the health care system
2. Lopsided access to financial resources and data that enables commercial health plans to reshape the health care landscape through vertical integration at the expense of patient care.

AHA Strategy

1. Change law and regulations to improve how coverage works and increase oversight of health plans
2. Tell the story to policymakers and the public of how health plans are increasing patient and provider burden, frustration, and cost
3. Support legal efforts to establish precedent and challenge anticompetitive activity

Example successes to-date

- Halted a recent change in ED coverage by United; delayed its lab registry policy
- Helped stop mergers of large insurance companies
- Obtained >250 co-sponsors on legislation to streamline Medicare Advantage prior authorization requirements
- Successfully advocated CMS to issue regulations to streamline prior authorization in Medicaid, CHIP, and Marketplace plans



AHA Approach



An ecosystem of data to support all AHA member constituencies

The American Hospital Association

- Collaboration with ATEX Financial to market and support the data collection and standardization
- National data set to amplify messaging about commercial payers' behavior



State Hospital Associations

- State level commercial payer information
- National and state level benchmarks to amplify messaging about commercial payers' behavior
- Insights into hospital performance

Hospitals

- Systematic, visual review of all claims and remittances
- Peer group comparisons
- National and state level benchmarks

Health Systems

- Aggregate hospital performance across states and hospital type
- National and state level benchmarks

American Hospital Association + Allied Hospital Associations

- The AHA is strategically partnering with allied hospital associations to create a national database of de-identified claims data from hospitals across the country
- Allied associations and their member hospitals can gain access to benchmarks, insights, and patterns not available anywhere else in the industry

A CLOSER LOOK AT THE RAND HOSPITAL PRICE TRANSPARENCY STUDY

PRICES TOO HIGH?

In September 2020, RAND published its nationwide analysis of prices paid by commercial insurers for hospital services. Based on available data, RAND concluded average national prices are 247% of Medicare payment rates – implying hospitals are being paid too much for their services.

Using a limited and flawed data set, RAND concluded average hospital prices in Montana were 261% of Medicare payment rates, making Montana #18 in terms of average price. And the study's focus on unit price – rather than cost and utilization – fails to recognize the value Montana hospitals deliver.



MAJOR DATA LIMITATIONS

Sample Size:
Less than 3% of Montana hospitals' commercial revenue analyzed

Included Hospitals:
Sample underrepresents smaller hospitals that are paid lower rates

Included Claims:
RAND does not disclose if sample includes larger payers who typically pay lower rates

For Montana, RAND analyzed only ~ \$10M in hospital payments, less than 3% of total commercial hospital payments (using \$100 PMPM estimates for hospital costs). RAND does not claim its sample is statistically significant.



Montana Average Percentage of Medicare Rate – Adjusted for PPS/CAH Mix



COST

Medicare Spending per Enrollee by State per Most Recent Data



25% LESS THAN THE NATIONAL AVERAGE
TOTAL MEDICARE SPEND PER BENEFICIARY

The cost and utilization of healthcare are indicators of value (not just price, as in RAND Study).

A hospital with a higher average cost per episode of care but lower than average readmission rates can be judged, incorrectly, as being a "higher cost" provider.

UTILIZATION

Medicare Acute Stays per 1,000 Enrollees (2017)



Medicare Outpatient Services per 1,000 Enrollees (2017)



The trend among Montanans is the use of less expensive hospital outpatient settings over the more expensive options.

Montana – Home of the Reference-based Pricing Approach

Is it Price Fixing?

CONCLUSION

The RAND Report, based on a limited data set and over-emphasizing the importance of price in measuring healthcare value, is a misguided comparison resulting in misleading conclusions. In fact, Montana hospitals are delivering real value for healthcare consumers.

The Importance of Using Data to Empower Your Messaging

An ecosystem of data to support all AHA member constituencies

The American Hospital Association

- Collaboration with ATEX Financial to market and support the data collection and standardization
- National data set to amplify messaging about commercial payers' behavior



State Hospital Associations

- State level commercial payer information
- National and state level benchmarks to amplify messaging about commercial payers' behavior
- Insights into hospital performance

Hospitals

- Systematic, visual review of all claims and remittances
- Peer group comparisons
- National and state level benchmarks

Health Systems

- Aggregate hospital performance across states and hospital type
- National and state level benchmarks



**What if we could
see the whole picture
to address commercial payer
issues and help your organization
better navigate this environment?**



The solution is the creation of a national, de-identified, normalized database of hospital claims and remittances

Hospitals lack critical data to help address the challenges caused by commercial payer issues

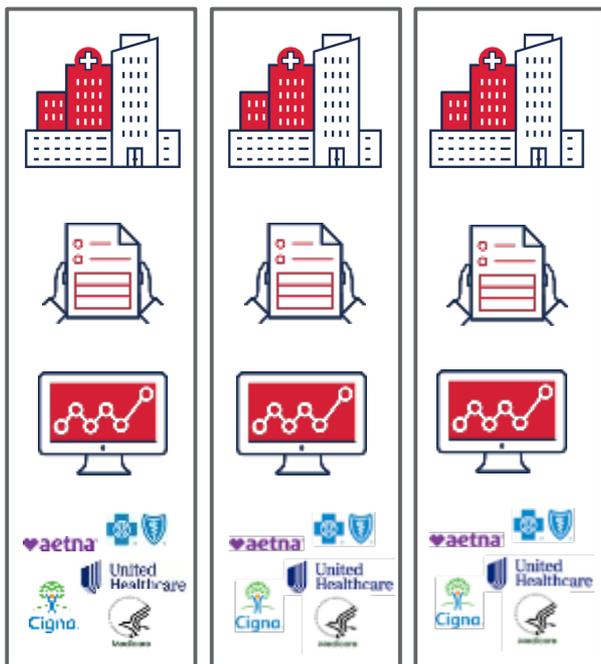
There are no unbiased industry standards or measurements that can help hospitals analyze the operational and financial efficiency of their hospital compared to the rest of the field

Until now...

True transparency

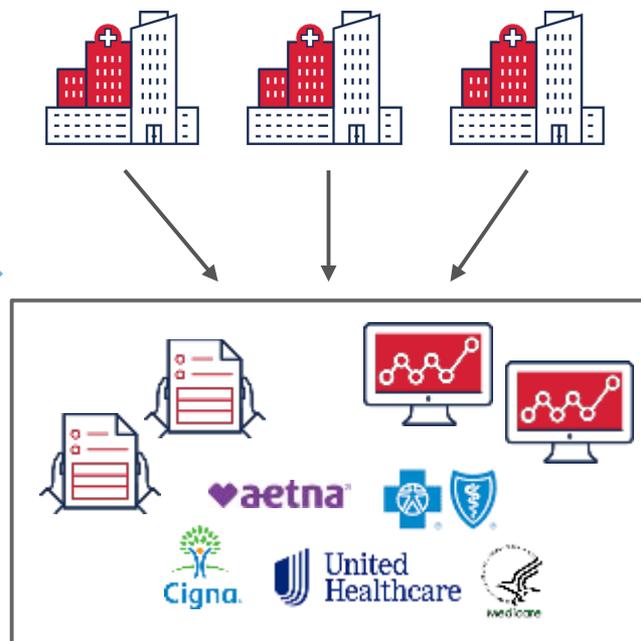
Backed by data directly from hospitals, for hospitals

Hospitals are currently operating in their own data silos



It's time for hospitals to use their data wisely to see the whole picture

AHA Vitality Index is backed by aggregated, de-identified claims data



Answer questions that were once unanswerable

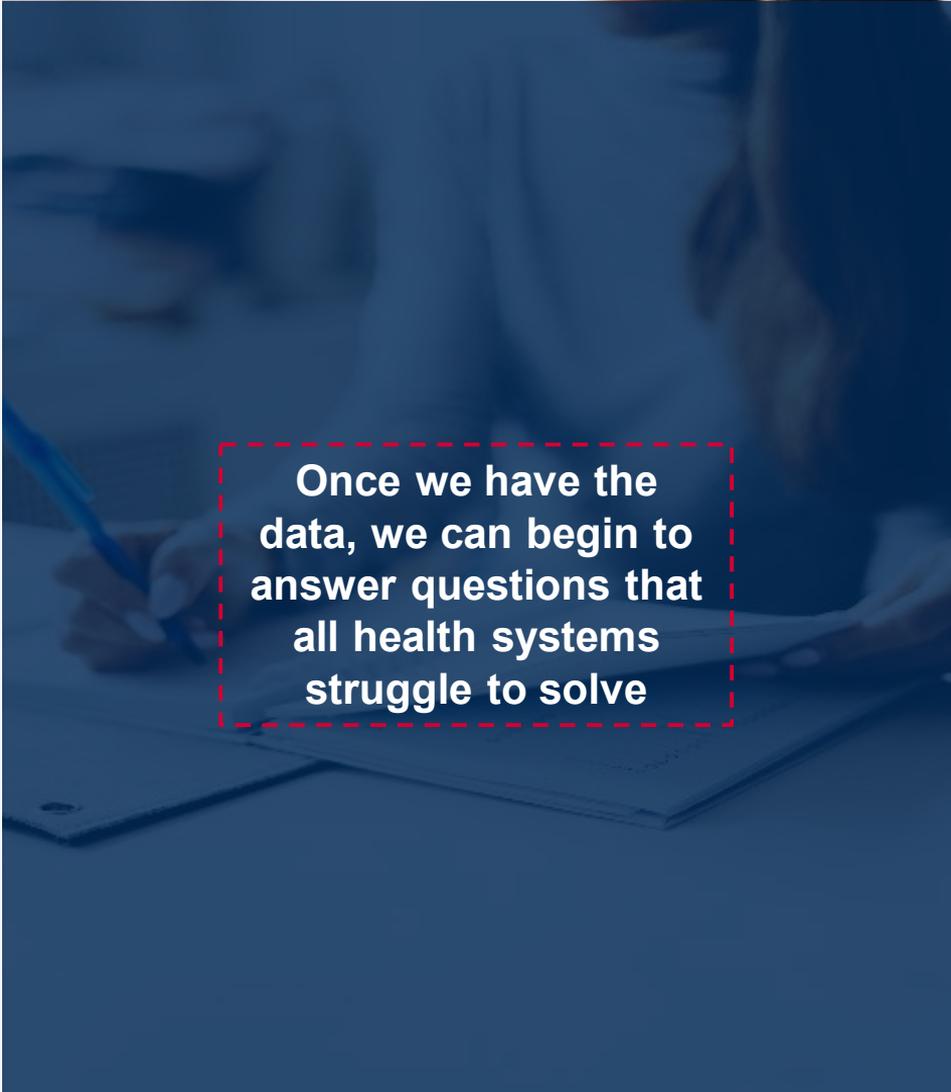
- What hospitals have claim processing challenges and which are efficient?
- What payers have prompt payment timing issues?
- What hospitals have denial issues where others do not?
- What payers have denial issues across specific states (national and state payers)?
- How much are managed care reimbursements across states and from what providers (percentiles not dollars)?

This helps hospitals

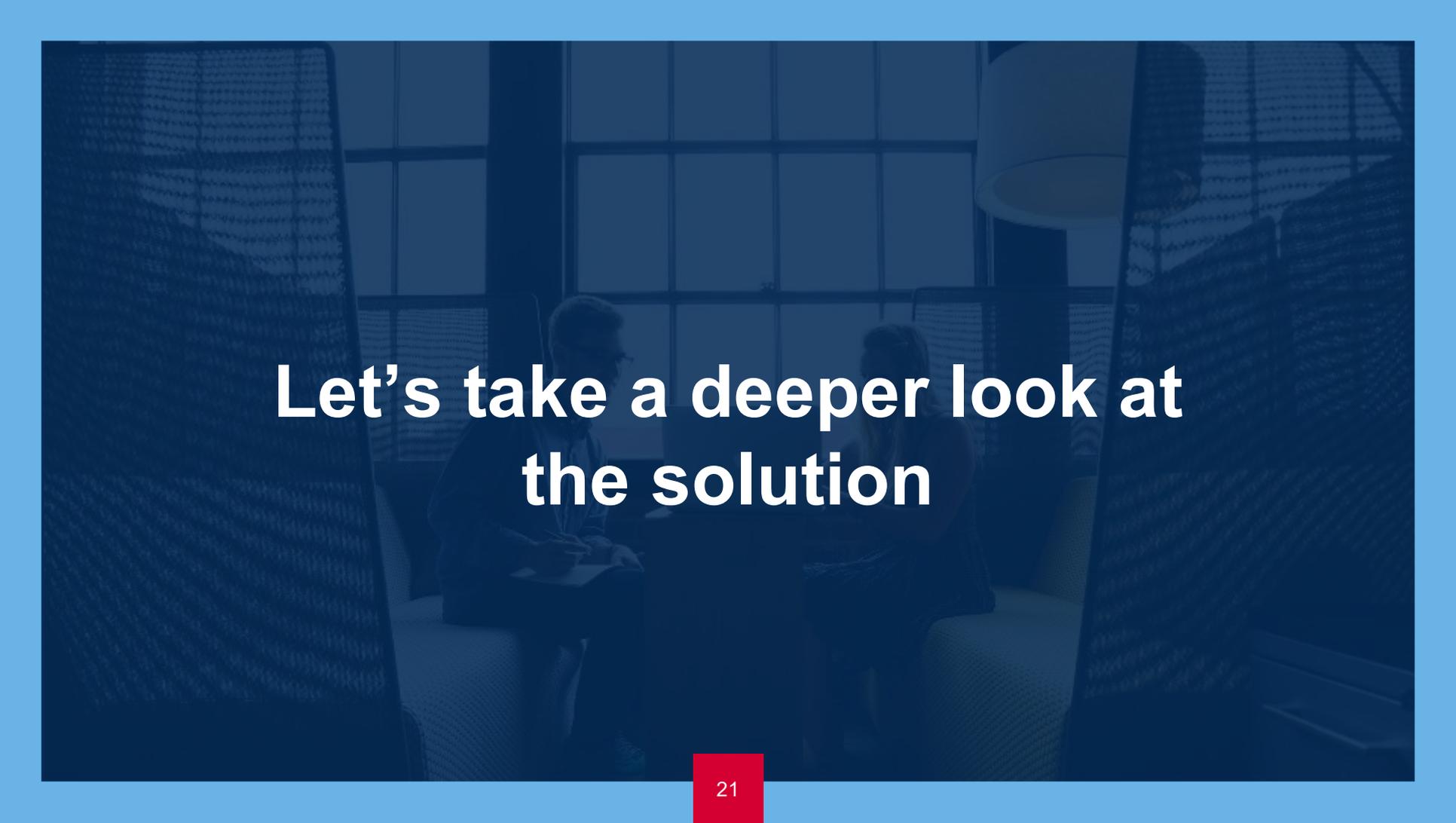
- ✓ **Better assist in payer performance by understanding who is thriving and who needs help**
- ✓ **Understand which payers are good or bad actors to aid in any policy/advocacy issues**

Solve issues that were once unsolvable

- “Prompt Pay” legislation and accountability
- No Surprise Billing Act and the Qualified Payment Amount (QPA)
- For years, hospitals, health systems and state associations have been trying to collaborate with each other, but lacked a unified data strategy



Once we have the data, we can begin to answer questions that all health systems struggle to solve



**Let's take a deeper look at
the solution**

Operational metrics, focused on revenue flow

Divided into four quadrants



Velocity

measures the speed related to claims, remits and cash



Variety

reviews what type of reimbursement is expected



Volatility

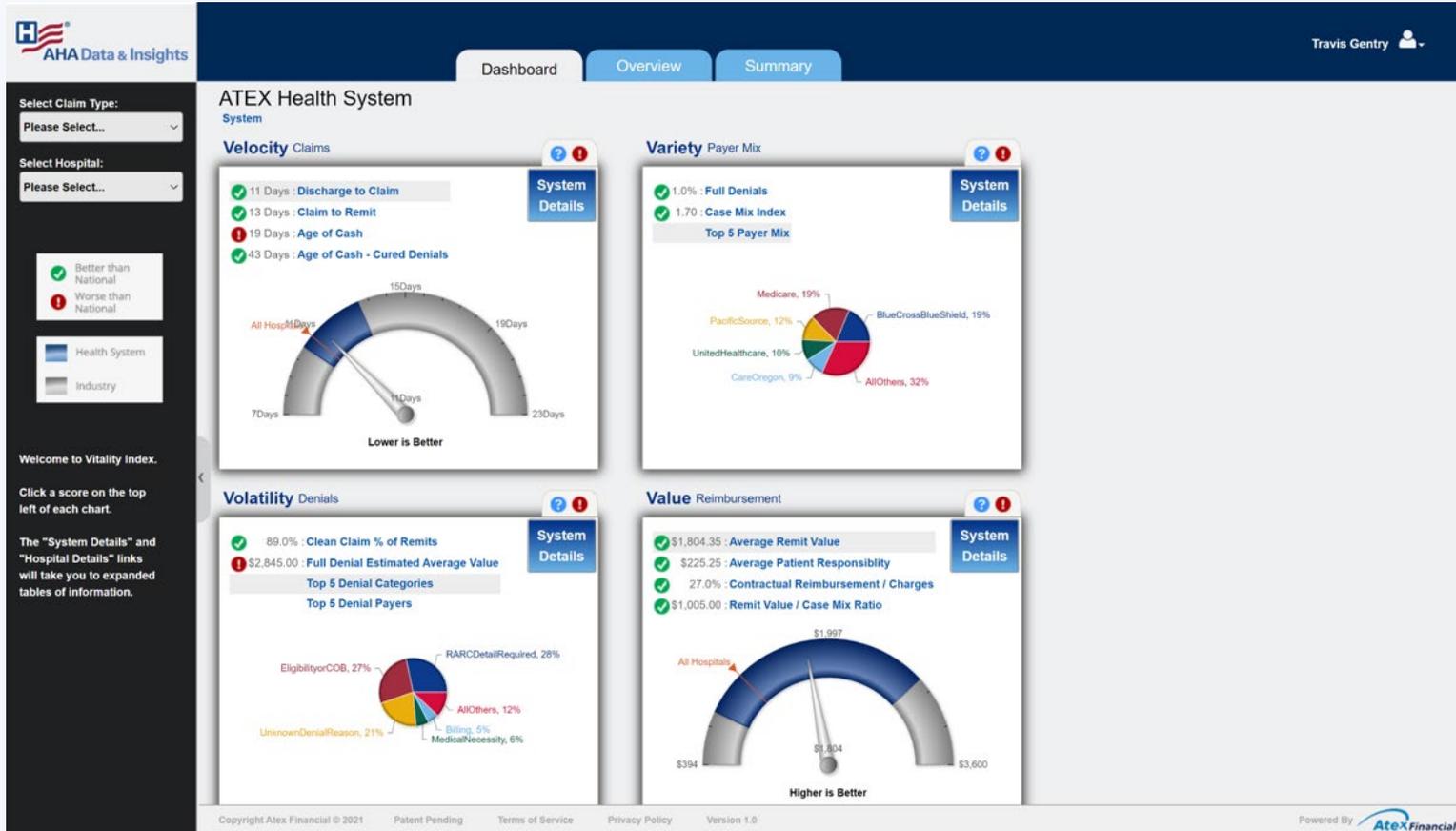
looks at the risk that could impact the speed and amount of cash



Value

evaluates the amount collected by payer, patient type, specialty and denials

Get a complete picture of what's happening



See all of your hospitals at a glance



Dashboard
Overview
Summary

Travis Gentry 

Select Claim Type:
Please Select...

Select Hospital:
Please Select...

✔ Better than National
❌ Worse than National

Overview

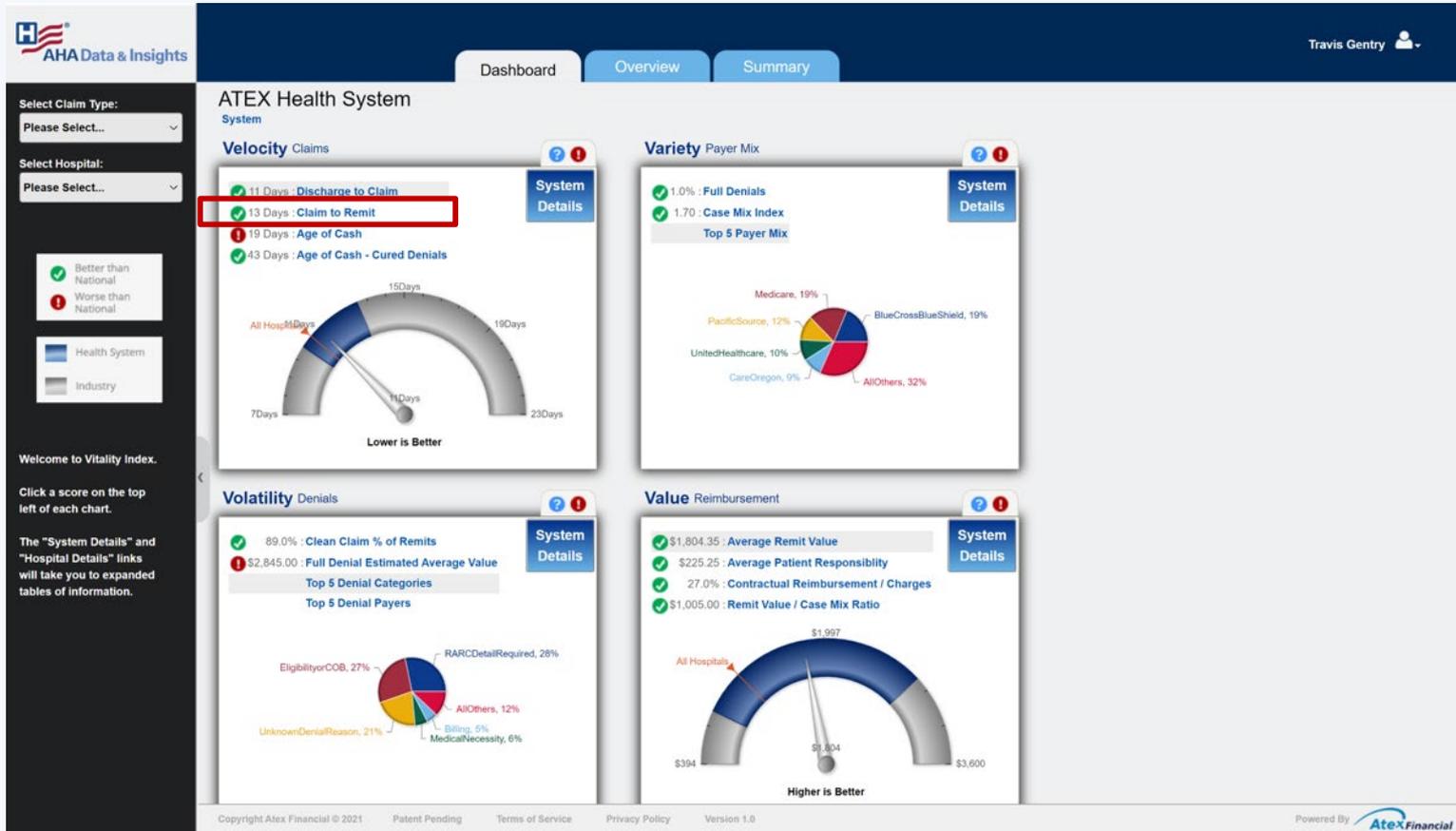
Dashboard / ATEX Health System

Sorted: WORST to BEST

	VELOCITY		VARIETY		VOLATILITY		VALUE					
	Discharge to Claim	Claim to Remit	Age of Cash	Age of Cash - Covered Denials	Full Denials	Case Mix Index	Clean Claim % of Remits	Full Denial Estimated Average Value	Average Remit Value	Average Patient Responsibility	Contractual Reimbursement / Charges	Remit Value / Case Mix Ratio
ATEX Health System	✔	✔	❌	✔	✔	✔	✔	✔	✔	✔	✔	✔
Alexander Regional Hospital	✔	✔	✔	✔	✔	❌	✔	✔	❌	❌	✔	❌
Michael Memorial Hospital	❌	❌	❌	✔	✔	✔	✔	✔	✔	✔	✔	✔
Waldron Community Hospital	❌	✔	❌	✔	✔	✔	✔	✔	✔	✔	✔	❌
Ariel Children's Hospital	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	❌
Estes Medical Center	✔	✔	❌	✔	✔	✔	✔	✔	✔	✔	✔	✔
Gentry General Hospital	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔

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Measure how fast payers respond with remits



Remit response by payer by hospital

AHA Data & Insights Travis Gentry

Reset

Select Claim Type: Please Select...
 Select Score: Claim to Remit
 Group By: Payer

Additional Filters
 Select up to 2

Patient Type: Please Select...
 Payer Type: Please Select...
 Specialty: Please Select...

Claim to Remit By Payer (Days)

Dashboard / ATEX Health System

Show 10 entries Previous 1 Next Search:

Showing 1 to 6 of 6 entries

	Overall Average	Aetna	Blue Cross/Blue Shield	Medicaid	Medicare	United Healthca
National Average	14	13	10	16	15	18
ATEX Health System	13	11	18	10	15	17
Alexander Regional Hospital	11	12	18	11	15	16
Ariel Children's Hospital	13	11	18	7	15	16
Estes Medical Center	14	10	18	8	15	17
Gentry General Hospital	12	12	18	9	15	16
Michael Memorial Hospital	17	13	22	13	16	22
Waldron Community Hospital	14	11	18	11	15	17

means there is no data for that item. **Filter Columns**

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Remit response by payer by hospital compared to your peers


Travis Gentry 

Claim to Remit By Payer (Days) Top Performers Top 10 [?](#)

Dashboard / ATEX Health System / Michael Memorial Hospital [1](#)

Show 10 entries

Previous 1 Next

Search:

Showing 1 to 10 of 10 entries

	Overall Average	Aetna	Blue Cross/Blue Shield	Medicaid	Medicare	United Health
National Average	14	13	10	16	15	18
Peer Group Average	11	12	13	16	14	18
ATEX Health System	13	11	18	10	15	17
Michael Memorial Hospital	17	13	22	13	16	22
Peer 1	10	10	12	6	9	39
Peer 2	10	13	21	12	16	19
Alexander Regional Hospital	11	12	18	11	15	16
Peer 3	11	9	7	15	15	14
Peer 4	11	13	6	14	15	15
Peer 5	11	9	7	27	14	18
Peer 6	12	16	17	40	15	11
Gentry General Hospital	12	12	18	9	15	16
Peer 7	12	13	11	13	15	14
Peer 8	12	12	10	15	15	14

Additional Filters Select up to 2

Patient Type: Please Select...

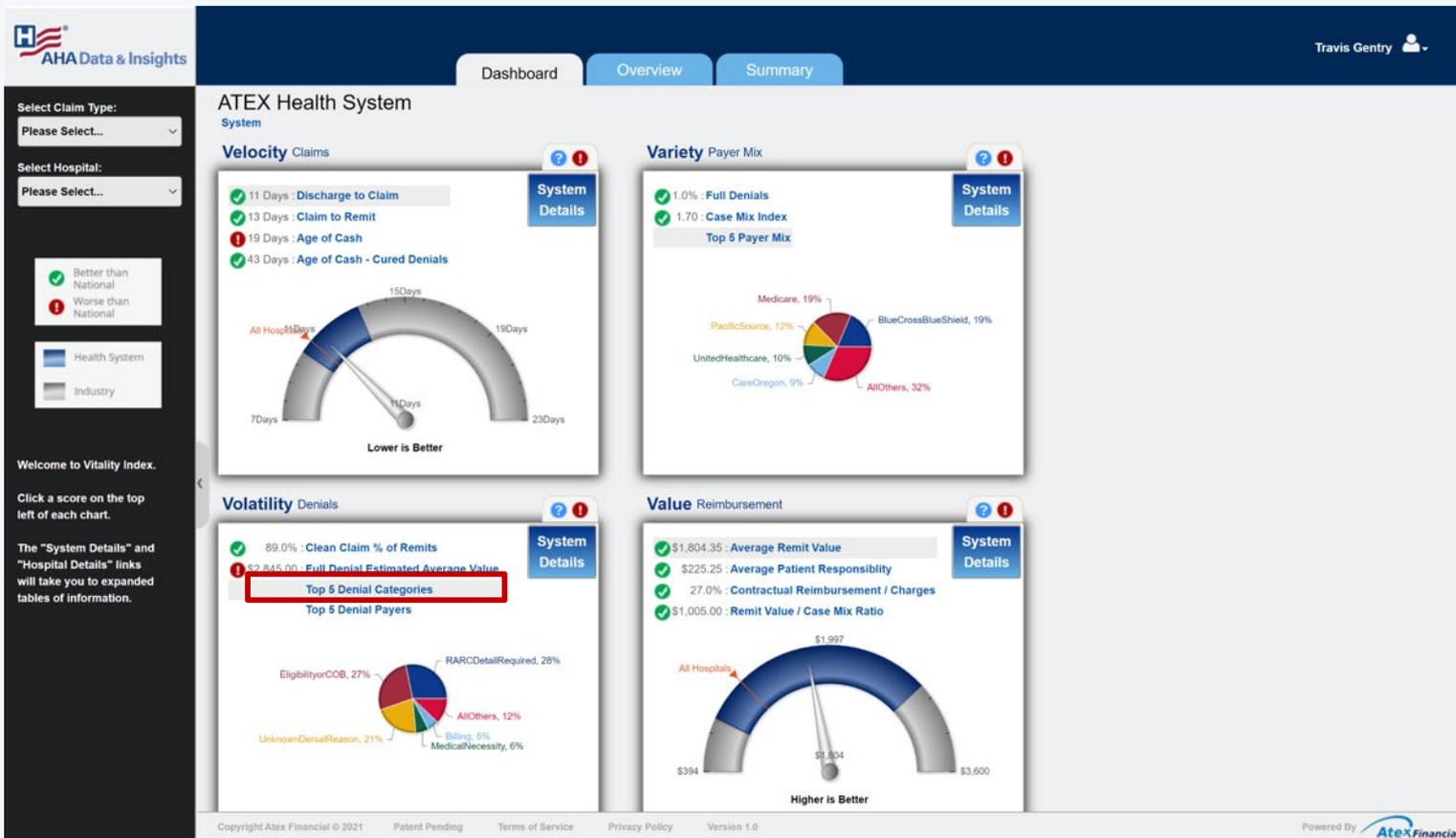
Payer Type: Please Select...

Specialty: Please Select...

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Denials by category



Denials by category by hospital

AHA Data & Insights Travis Gentry

Reset

Select Claim Type: **Please Select...**

Select Score: **Full Denials - Percentag...**

Group By: **Denial Category**

Additional Filters
Select up to 2

Patient Type: **Please Select...**

Payer: **Please Select...**

Payer Type: **Please Select...**

Specialty: **Please Select...**

Full Denials - Percentage of Denials by Count By Denial Category ?

Dashboard / ATEX Health System

Show **10** entries Previous **1** Next Search:

Showing 1 to 6 of 6 entries

	Overall Average	Authorization	Coding	Eligibility or COB	Medical Necessity	RARC Detail Required
National Average	100.0%	4.8%	2.2%	23.7%	4.3%	32.6%
ATEX Health System	100.0%	3.1%	2.3%	27.8%	6.3%	29.1%
Alexander Regional Hospital	100.0%	1.1%	1.8%	33.2%	10.4%	25.0%
Ariel Children's Hospital	100.0%	1.8%	1.4%	37.6%	5.5%	24.1%
Estes Medical Center	100.0%	2.6%	3.4%	25.7%	6.3%	31.0%
Gentry General Hospital	100.0%	2.9%	1.5%	28.4%	7.5%	27.1%
Michael Memorial Hospital	100.0%	4.4%	1.2%	28.6%	2.8%	26.1%
Waldron Community Hospital	100.0%	4.3%	3.2%	22.2%	6.3%	34.9%

means there is no data for that item.

Filter Columns

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Denials by category by hospital compared to your peers

AHA Data & Insights Travis Gentry

Reset

Select Claim Type:
Please Select...

Select Hospital:
Alexander Regional Hos...

Select Score:
Full Denials - Percentag...

Peer Group Type:
Bed Size

Peer Group Segments:
< 100

Group By:
Denial Category

Additional Filters
Select up to 2

Patient Type:
Please Select...

Payer:
Please Select...

Payer Type:
Please Select...

Specialty:
Please Select...

Full Denials - Percentage of Denials by Count By Denial Category Bed Size < 100

Dashboard / ATEX Health System / Alexander Regional Hospital

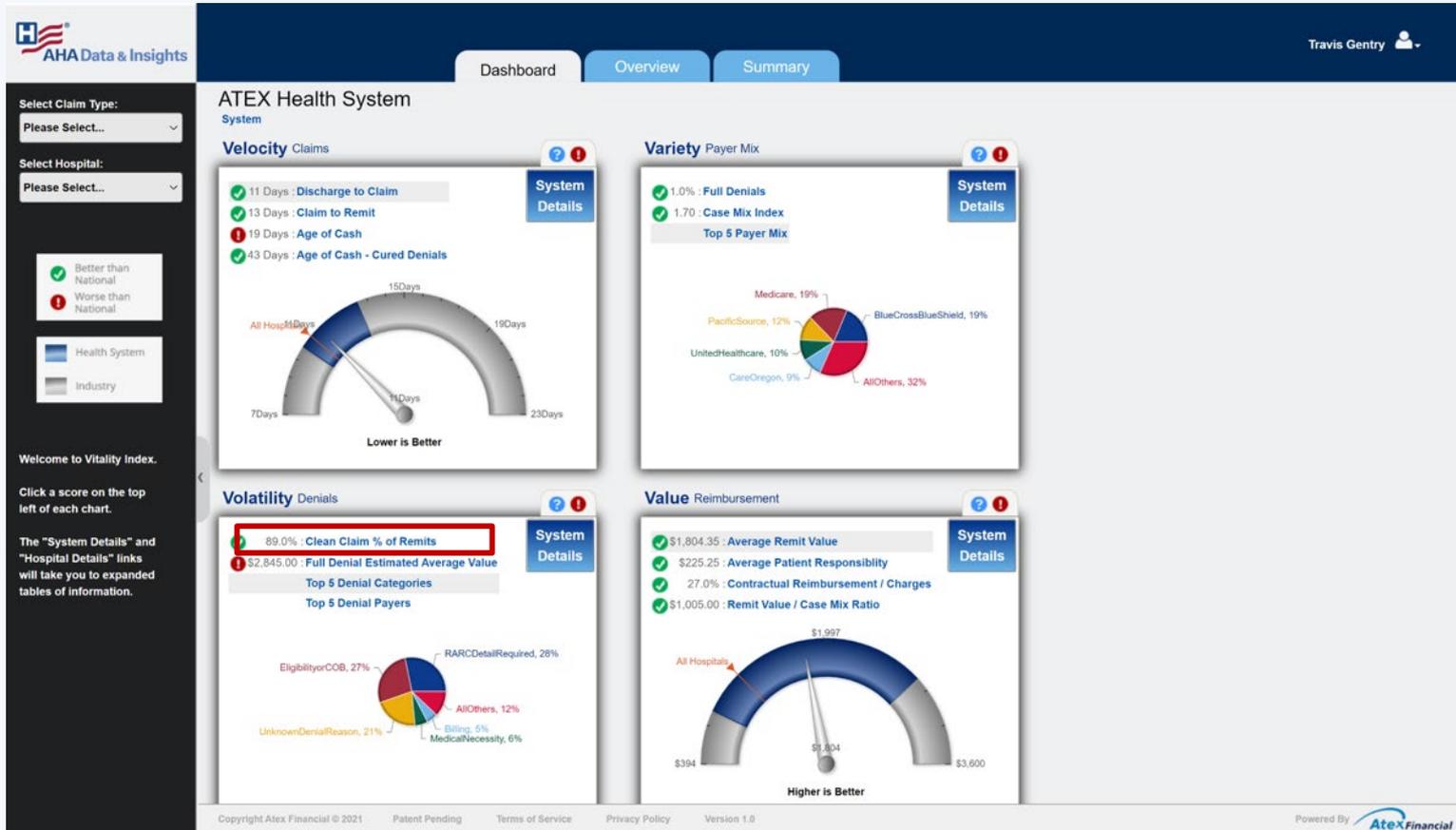
Show 10 entries Previous 1 2 Next Search:

Showing 1 to 10 of 17 entries

	Overall Average	Authorization	Coding	Eligibility or COB	Medical Necessity	RARC Detail Required
National Average	100.0%	4.8%	2.2%	23.7%	4.3%	32.6%
Peer Group Average	100.0%	4.1%	4.6%	24.1%	6.6%	29.2%
ATEX Health System	100.0%	3.1%	2.3%	27.8%	6.3%	29.1%
Alexander Regional Hospital	100.0%	1.1%	1.8%	33.2%	10.4%	25.0%
Ariel Children's Hospital	100.0%	1.8%	1.4%	37.6%	5.5%	24.1%
Peer 1	100.0%	1.9%	15.5%	22.3%	1.9%	39.4%
Peer 2	100.0%	1.1%	0%	6.5%	4.8%	18.0%
Peer 3	100.0%	0.6%	1.1%	19.9%	11.1%	4.4%
Peer 4	100.0%	7.2%	8.6%	17.9%	6.0%	32.6%
Peer 5	100.0%	10.6%	13.3%	22.1%	3.4%	23.7%
Peer 6	100.0%	3.5%	2.1%	5.9%	4.8%	66.8%
Peer 7	100.0%	2.1%	2.1%	15.6%	10.4%	6.8%
Peer 8	100.0%	2.4%	2.1%	31.4%	3.5%	29.3%
Peer 9	100.0%	2.8%	4.4%	23.9%	4.5%	36.4%

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Clean Claims %



Compare Clean Claims


Travis Gentry 

Select Claim Type:
Please Select... ▼

Select Score:
Clean Claim % of Remits ▼

Group By:
Please Select... ▼

✔ Better than National
❗ Worse than National

Clean Claim % of Remits ?

Dashboard / ATEX Health System

Show entries
Search:

Showing 1 to 6 of 6 entries

Hospital	Value	National
National Average	85.0%	
ATEX Health System	89.0%	✔
Alexander Regional Hospital	92.0%	✔
Ariel Children's Hospital	90.0%	✔
Estes Medical Center	88.0%	✔
Gentry General Hospital	87.0%	✔
Michael Memorial Hospital	88.0%	✔
Waldron Community Hospital	91.0%	✔

ⓘ means there is no statistically significant data for that item.

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Compare Clean Claims by Payer


Travis Gentry 

Clean Claim % of Remits By Payer ?

[Dashboard](#) / [ATEX Health System](#)

Show 10 entries Search:

Showing 1 to 6 of 6 entries

	Overall Average	Blue Cross/Blue Shield	Medicare	United Healthcare	PacificSource
National Average	85.0%	89.0%	85.0%	88.0%	94.0%
ATEX Health System	89.0%	94.0%	82.0%	93.0%	94.0%
Alexander Regional Hospital	92.0%	97.0%	78.0%	95.0%	95.0%
Ariel Children's Hospital	90.0%	95.0%	82.0%	94.0%	96.0%
Estes Medical Center	88.0%	93.0%	81.0%	93.0%	94.0%
Gentry General Hospital	87.0%	94.0%	80.0%	93.0%	96.0%
Michael Memorial Hospital	88.0%	93.0%	80.0%	89.0%	93.0%
Waldron Community Hospital	91.0%	96.0%	88.0%	95.0%	94.0%

ⓘ means there is no statistically significant data for that item.

[Filter Columns](#)

Reset

Select Claim Type:
Please Select...

Select Score:
Clean Claim % of Remits

Group By:
Payer

Additional Filters
Select up to 2

Patient Type:
Please Select...

Payer Type:
Please Select...

Specialty:
Please Select...

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Compare Clean Claims by Specialty


Travis Gentry 

Clean Claim % of Remits By Specialty ?

[Dashboard](#) / [ATEX Health System](#)

Show 10 entries Search:

Showing 1 to 6 of 6 entries

	Overall Average	Medicine	Musculoskeletal	Cardiovascular	OB/GYN
National Average	85.0%	83.0%	81.0%	88.0%	86.0%
ATEX Health System	89.0%	84.0%	74.0%	90.0%	91.0%
Alexander Regional Hospital	92.0%	87.0%	77.0%	93.0%	88.0%
Ariel Children's Hospital	90.0%	86.0%	76.0%	93.0%	92.0%
Estes Medical Center	88.0%	82.0%	79.0%	89.0%	94.0%
Gentry General Hospital	87.0%	83.0%	67.0%	90.0%	92.0%
Michael Memorial Hospital	88.0%	84.0%	77.0%	86.0%	89.0%
Waldron Community Hospital	91.0%	83.0%	73.0%	92.0%	95.0%

ⓘ means there is no statistically significant data for that item.

[Filter Columns](#)

Reset

Select Claim Type:
Please Select...

Select Score:
Clean Claim % of Remits

Group By:
Specialty

Additional Filters
Select up to 2

Patient Type:
Please Select...

Payer:
Please Select...

Payer Type:
Please Select...

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Compare Clean Claims by Payer and Specialty


Travis Gentry 

Reset

Select Claim Type:
Please Select... 

Select Score:
Clean Claim % of Remits 

Group By:
Payer 

Additional Filters
Select up to 2

Patient Type:
Please Select... 

Payer Type:
Please Select... 

Specialty:
Musculoskeletal 

Clean Claim % of Remits By Payer For Musculoskeletal

Dashboard / ATEX Health System

Show entries Search:

Showing 1 to 6 of 6 entries

	Overall Average	Blue Cross/Blue Shield	Medicare	United Healthcare	PacificSource
National Average	81.0%	88.0%	79.0%	4.0%	85.0%
ATEX Health System	74.0%	81.0%	72.0%	1.0%	85.0%
Alexander Regional Hospital	77.0%	67.0%	78.0%	5.0%	85.0%
Ariel Children's Hospital	76.0%	82.0%	63.0%	7.0%	87.0%
Estes Medical Center	79.0%	85.0%	74.0%	0.0%	92.0%
Gentry General Hospital	67.0%	82.0%	54.0%	0.0%	84.0%
Michael Memorial Hospital	77.0%	86.0%	89.0%	0.0%	79.0%
Waldron Community Hospital	73.0%	74.0%	71.0%	9.0%	89.0%

 means there is no statistically significant data for that item.

Filter Columns

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Compare Clean Claims by Payer, Specialty, and Patient Type


Travis Gentry 

Clean Claim % of Remits By Payer For Outpatient, Musculoskeletal ?

[Dashboard](#) / [ATEX Health System](#)

Reset

Select Claim Type:
Please Select... v

Select Score:
Clean Claim % of Remits v

Group By:
Payer v

Additional Filters
Select up to 2

Patient Type:
Outpatient v

Payer Type:
Please Select... v

Specialty:
Musculoskeletal v

Show 10 entries
Search:

Showing 1 to 6 of 6 entries

	Overall Average	Blue Cross/Blue Shield	Medicare	United Healthcare	PacificSource
National Average	76.0%	85.0%	71.0%	3.0%	83.0%
ATEX Health System	68.0%	75.0%	49.0%	6.0%	83.0%
Alexander Regional Hospital	76.0%	66.0%	73.0%	4.0%	84.0%
Ariel Children's Hospital	72.0%	80.0%	36.0%	5.0%	86.0%
Estes Medical Center	72.0%	82.0%	37.0%	4.0%	91.0%
Gentry General Hospital	52.0%	73.0%	11.0%	8.0%	82.0%
Michael Memorial Hospital	73.0%	80.0%	84.0%	9.0%	75.0%
Waldron Community Hospital	63.0%	69.0%	43.0%	3.0%	87.0%

ⓘ means there is no statistically significant data for that item.

[Filter Columns](#)

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Compare Clean Claims by Payer, Specialty, and Patient Type


Travis Gentry 

Clean Claim % of Remits By Payer For Outpatient, Musculoskeletal Bed Size 101 - 200 [?](#)

[Dashboard](#) / [ATEX Health System](#) / [Gentry General Hospital](#) [i](#)

Set

Type:

Please Select... 

Select Hospital:

Gentry General Hospital 

Select Score:

Clean Claim % of Remits 

Peer Group Type:

Bed Size 

Peer Group Segments:

"101 - 200" 

Group By:

Payer 

Additional Filters
Select up to 2

Patient Type:

Outpatient 

Payer Type:

Please Select... 

Specialty:

Musculoskeletal 

Show entries Previous Next Search:

Showing 1 to 10 of 17 entries

	Overall Average	Blue Cross/Blue Shield	Medicare	Kaiser	United Healthcare
National Average	76.0%	85.0%	71.0%	2.0%	73.0%
Peer Group Average	69.8%	79.9%	51.1%	8.0%	67.6%
ATEX Health System	68.0%	75.0%	49.0%	1.0%	66.0%
Gentry General Hospital	52.0%	73.0%	11.0%	5.0%	58.0%
Peer 1	95.0%	98.0%	70.0%		73.0%
Peer 2	88.0%	94.0%	92.0%		75.0%
Peer 3	87.0%	92.0%	85.0%		83.0%
Peer 4	85.0%	87.0%	81.0%		76.0%
Peer 5	85.0%	96.0%	29.0%		65.0%
Peer 6	84.0%	92.0%	68.0%		81.0%
Peer 7	78.0%	95.0%	22.0%		51.0%

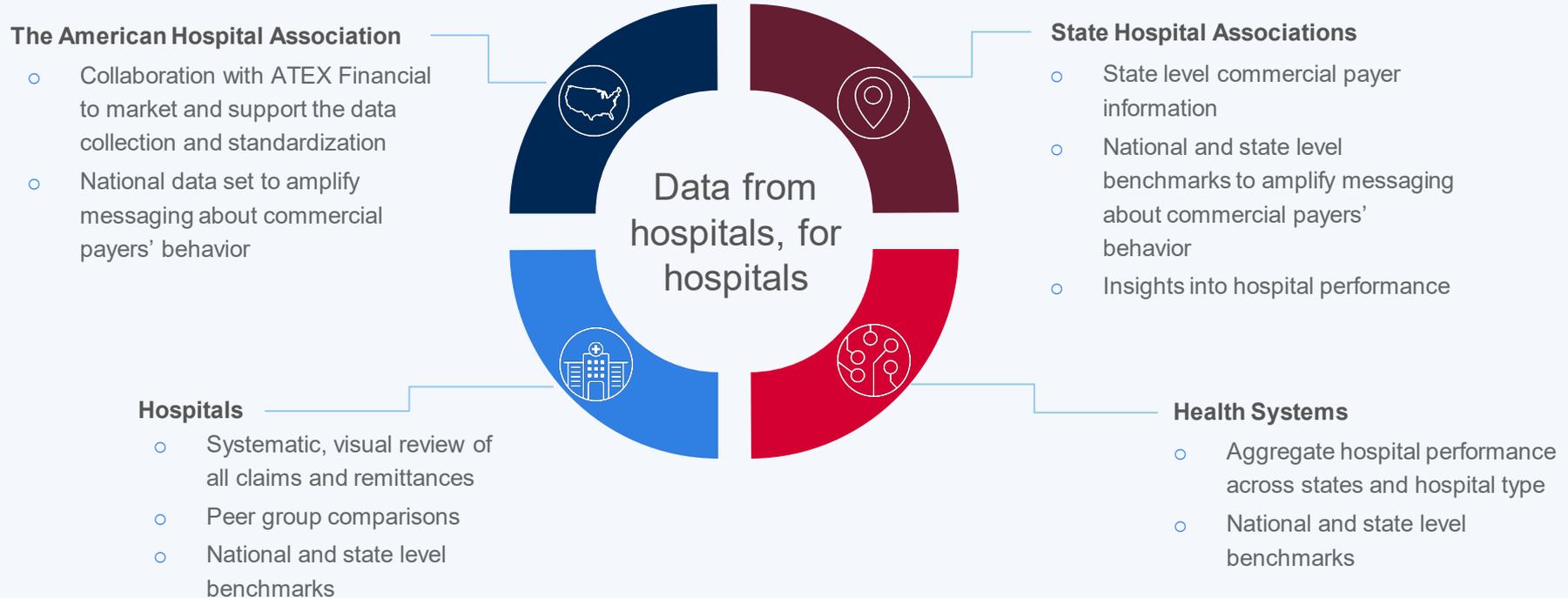
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