



## **Leveraging Health Care Price Transparency**

Making Transparency Data Actionable for  
Employers and Public Purchasers

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Purchaser Business  
Group on Health

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A purchaser-driven analysis combining hospital and payer pricing data with purchaser claims data and quality metrics reveals the promise of current transparency regulations for health care purchasers and the areas of opportunity for policymakers.

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# 1. Introduction

The Purchaser Business Group on Health’s (“PBGH”) Health Care Data Demonstration Project is the first large-scale, purchaser-driven effort to open the black box of U.S. health care spending using transparent price data. By aggregating and analyzing millions of claims, transparency data, and quality data across markets, this initiative provides an unprecedented, independent view into how prices, utilization, and outcomes vary; and where purchasers and patients are paying more without getting more. This project is uniquely designed to hold the players in our health care system accountable and give purchasers the evidence they need to identify inefficiencies, challenge market power, and advocate for policy reforms that deliver real value for patients and purchasers alike.

Federal price transparency rules implemented in 2021<sup>1</sup> and 2022<sup>2</sup> promised to illuminate a \$4.9 trillion industry where prices are hidden until after care is delivered. The Hospital Price Transparency (“HPT”) rule requires hospitals to publish standard charges (such as gross charges and payer-specific negotiated rates) for services, while the Transparency in Coverage (“TiC”) rule mandates that group health plans and insurers disclose negotiated rates through machine-readable files (“MRFs”).<sup>\*</sup> However, despite these regulatory requirements, purchasers had previously found the data to be unusable to improve their health care purchasing practices and reduce their costs – the ultimate intent of the price transparency rules. Prior to this demonstration project, no employer or purchaser-driven organization had completed the complex analytical work necessary to transform the raw data from the MRFs into actionable health care purchasing insights. The project demonstrated that creating actionable information for employers using the transparency data was both technically feasible and valued by employers.

When the Consolidated Appropriations Act (“CAA”) of 2021 clarified and refined ERISA fiduciary standards for self-insured employers, the imperative for informed purchasing was reinforced. Accompanying that policy change was the requirement to make health care prices transparent. Informed decision making requires information that had previously been unavailable. Transparency rules for hospitals and health insurers were designed to enable effective purchasing and fiduciary responsibilities.

In the years since these policy changes, there has been progress on public reporting and compliance, but limited uptake or use of the data by self-insured employers. The transparency files released by hospitals and payers, while containing valuable pricing information, remain challenging to use. The files are often published in formats and volumes that few organizations can effectively download, synthesize, and analyze. Large, self-insured purchasers<sup>\*\*</sup> tasked with managing health plans that provide coverage for thousands to

Transparency is necessary but insufficient: it’s how it is used that matters. Some are using this same data to raise prices. Employers and PBGH are using it to achieve affordability for US workers. It’s the same data used for a different purpose and – based on CAA – this is arguably its intended purpose.

— Elizabeth Mitchell, President & CEO, PBGH

\* MRFs are defined under [45 CFR §180.20](#) to be a “digital representation of data or information in a file that can be imported or read into a computer system for further processing,” such as .XML, .JSON, and .CSV formats.

\*\* Throughout this white paper, “purchasers” will be used to refer collectively to public and private employers as well as non-employer purchasers of health care (e.g., Taft-Hartly benefit funds, state health plans, city health plans).

hundreds of thousands of employees and families across diverse geographic markets need granular insights to ensure they are paying fair prices for high-quality services. The price transparency data holds the promise of providing clear prices across providers, but to be maximally reliable and useful for those using it to purchase care, it must be analyzed alongside purchaser-specific claims and demographic information as well as independent, credible measures of health care quality and safety.

PBGH, a 35-year-old nonprofit organization representing large self-insured purchasers, launched the Health Care Data Demonstration Project in August 2024 to assess the utility of TiC and HPT transparency data and provide purchaser-specific insights on the price and quality of care by combining TiC and HPT data with purchaser claims data and quality metrics from established third-party organizations.

This analysis – which reflects the views of PBGH alone, and not those of the data partners who contributed to the Health Care Data Demonstration Project – represents the first systematic attempt to integrate federal transparency files with quality data and purchaser-specific utilization data to inform actual purchasing decisions by self-insured purchasers. The methodology and findings of this project offer important lessons for both health care purchasers and policymakers about the current state of transparency data utility and the (considerable) analytical infrastructure required to realize its potential value.

The PBGH Health Care Data Demonstration Project was supported by funding and valued thought partnership from the Peterson Center on Healthcare (“the Center”). PBGH is grateful to the Center for supporting the project’s design, development, and implementation as well as the dissemination of its results and analysis of the implications for health care policymakers.



## 2. Summary of Key Findings

The analysis conducted through PBGH's Health Care Data Demonstration project reveals structural problems in the U.S. health care system that purchasers and policymakers cannot ignore. The data confirms wide and often unjustified variation in prices and commercial market dynamics that defy rationality and are not reflective of a competitive market. More importantly, it reveals that it is not always clear where health care dollars that purchasers and patients spend are going; pricing discrepancies invite yet-unanswered questions about if and how intermediaries are profiting in health care transactions, which is a promising and needed area for future investigations and phases of work. What is clear is that purchasers and policymakers alike face a system where spending grows without accountability and affordability of health care is increasingly out of reach.

Simultaneously, the data project reveals the limitations of current federal price transparency efforts. Files required under the TiC and HPT rules are frequently so large, inconsistent, or error-ridden that they cannot be used to draw meaningful conclusions. Only by aggregating and validating claims data directly from purchasers has PBGH been able to overcome these barriers. However, this step is only possible for purchasers who have access to their own claims data. By crosswalking claims and price transparency data, it is possible to validate price and identify gaps between published price and paid claims. But employers don't make health care purchasing decisions based solely on price. They are equally—and often more—concerned about the quality and safety of care. Only once quality data is integrated, can purchasers and policymakers finally judge whether high prices are even justified by better outcomes.

A central finding of this analysis is the diverse and increasingly strategic ways in which purchasers are applying price transparency data to inform health care procurement and network design. For instance, purchasers expressed

a clear readiness to apply price and quality data to health care purchasing practices to lower costs and increase affordability and quality, like using rates and relative value in medical carrier requests for proposal (“RFPs”), applying quality and physician safety ratings to validate direct contracts and designate Centers of Excellence, and leveraging data project insights for steerage and network design. Looking ahead, purchasers plan to expand these applications to ensure payment integrity, health care claims audits and repricing, and identify overpayments by comparing prices reported in transparency files with their paid claims. The individualized employer reports generated through this project equipped each participating purchaser with actionable insights to identify high-performing provider partners, which will ultimately lead to higher quality care and lower costs.

### Key findings on Transparency-in-Coverage, Hospital Price Transparency and Purchasers' Claims Data:

- **TiC and HPT data usability varies dramatically.** Usability of the price transparency files ranged from excellent in some regional markets (Seattle) to largely unusable in others (Oregon, California). Hospital price transparency data posed greater analytical challenges and was generally inferior to payer submissions. However, the combination of HPT and TiC datasets with purchaser-specific claims data improved data completeness where gaps exist, and created a usable data set.
- **Claims data access barriers persist.** Despite clear legal rights for purchaser data access under Section 201 of the CAA, 2021, service providers, such as third-party administrators (“TPAs”) and health insurance carriers, frequently challenged purchasers' access to their own claims data, citing proprietary concerns or provider contract restrictions.\*

\* Throughout this paper, “service providers” will be used to refer at once to both TPAs (for self-insured purchasers) and health insurance carriers (in a context where a purchaser who is primarily self-insured may also offer some fully insured plans in certain regional markets, for a portion of their workforce).

- **Analytical infrastructure is essential.** The conversion of publicly available price transparency files into reliable and actionable information necessitates advanced analytic capacity and significant resource investment that most purchasers currently lack. The files are frequently voluminous, inconsistent, and error-ridden, rendering them impractical for purchasers to use on their own. To ensure validity and utility, price transparency data must be integrated with purchaser-specific claims data and subjected to actuarial methods that can confirm the accuracy of results. Absent such infrastructure, most purchasers lack the technical and financial capacity to independently operationalize these datasets.
- **Meaningful cost comparisons are otherwise unavailable.** Participating purchasers reported having no other source of independent, usable price data from service providers or consultants/advisors. The prevailing method of relying on “discount analyses” of proprietary carrier data is flawed since actual prices are kept hidden and thus cannot be verified.

#### Key Market Findings:

- **Price variation defies economic logic.** Pricing varied within and between regional markets, and among and across different payers in the same facilities. For example, median reported negotiated facility rates for a cesarean section without complication or other concurrent procedures ranged from \$11,547 (Chicago) to \$27,199 (Northern California). There were also variations of price within the same facility. At one hospital, the negotiated rate for the same medication varied by 49% between two plans. This variation exemplifies why purchasers need visibility into real prices to ensure they are meeting fiduciary obligations and not overpaying for health care products and services.
- **Price and quality are not correlated.** Analysis revealed that higher-priced providers frequently performed worse on standardized quality measures, while lower-priced providers often demonstrated superior safety and

clinical outcomes. Notably, provider reputation or brand was not a reliable indicator of quality, underscoring the disconnect between the market and actual performance.

- **Site-of-service savings are market-specific.** Potential cost savings from shifting care from hospital outpatient settings to ambulatory surgical centers (“ASC”) varied dramatically across regional markets. Pricing differences ranged from minimal in some regions to as much as \$32,000 per knee replacement procedure in others. These wide variations underscore the importance of localized and provider-specific data and regionally tailored purchasing strategies, rather than a one-size-fits-all approach.
- **Insurer or service provider market share does not always predict competitive pricing.** Some service providers with limited market penetration achieved superior negotiated rates compared to dominant market players. This finding raises questions beyond the scope of this initial analysis about the degree to which empirical data on negotiated rates suggests that service providers’ business interests are aligned (or not) with the interests of purchasers and patients. Future analyses will be able to shed more light on this issue.
- **Price transparency enables meaningful commercial benchmarking and comparisons.** Transparency data makes it possible for purchasers to systematically compare commercial prices across services and markets. This allows purchasers to evaluate whether their service providers have negotiated competitive rates, establish reference points for what constitutes a fair price, and identify instances of overpayment. Price comparison also provides a foundation for accountability, enabling purchasers to press service providers for more reasonable rates, or to circumvent intermediaries by engaging in direct contracting with high-value providers.\* Overall, access to actual price data equips purchasers with the information needed to assess price competitiveness and advance value-based purchasing strategies.

\* Purchasers can – and in fact have – demonstrated that direct contracting with high-quality providers can result in significant cost savings. Jumbo purchasers like Lowe’s, Walmart, McKesson and JetBlue Airways have had notable success when they set provider terms and rates directly with providers. PBGH facilitated this work through the Employers Center of Excellence Network (“ECEN”), and the participating employers saved \$19.4 million (54% of medical costs across the program) with their employees having lower costs, better outcomes, and better experiences.

### 3. Methods and Data Sources

PBGH worked directly with members and leveraged its three-and-a-half decades of experience working with large, self-insured purchasers to design analytical approaches focused on high-priority decision-making needs identified by participating purchasers. Our data partners who supported the project also leveraged their deep actuarial and provider contracting subject matter expertise.

PBGH engaged five large, self-insured purchasers across 10 U.S. regional markets, who provided their de-identified health care claims data to enable analysis of their specific utilization patterns and spending.<sup>3</sup> The participating organizations collectively employ more than 650,000 people and represent diverse industry sectors and geographic footprints (See [Appendix 1](#) for a detailed list of the 10 regional markets and the hospitals, provider groups, and payers whose data was assessed).

The analytical framework incorporated four primary data sources:

- **Price Transparency Data.** The foundational dataset with HPT and TiC files was cleaned and licensed from Turquoise Health, and was then enriched and enhanced by Milliman to overcome data quality challenges inherent in current transparency file submissions.\* Milliman's approach includes validation algorithms, standardization procedures, and usability scoring mechanisms that are essential for reliable analysis.
- **Provider Quality Data.** Provider-level quality metrics were obtained from Embold Health, which aggregate clinical outcome and provider performance measures.
- **Hospital Safety Data.** Spring 2025 Hospital Safety Grades were sourced from the Leapfrog Group, which maintains comprehensive safety ratings based on infection rates, safety practices, and harm prevention measures.
- **Claims and Demographic Data.** Participating purchaser provided 36 months of historical claims data to enable analysis of their specific utilization and payments, which allowed for purchaser-specific insights rather than generalized market assessments. Claims data was used primarily to understand patterns of health care utilization for each purchaser's population, including location and frequency of different services. This ensured purchaser-specific recommendations were appropriate and tailored to the patient population and service area. In addition, claims data was used to ensure we were referencing the correct transparency files, since each service provider often has multiple plans, which can have varying negotiated rates.

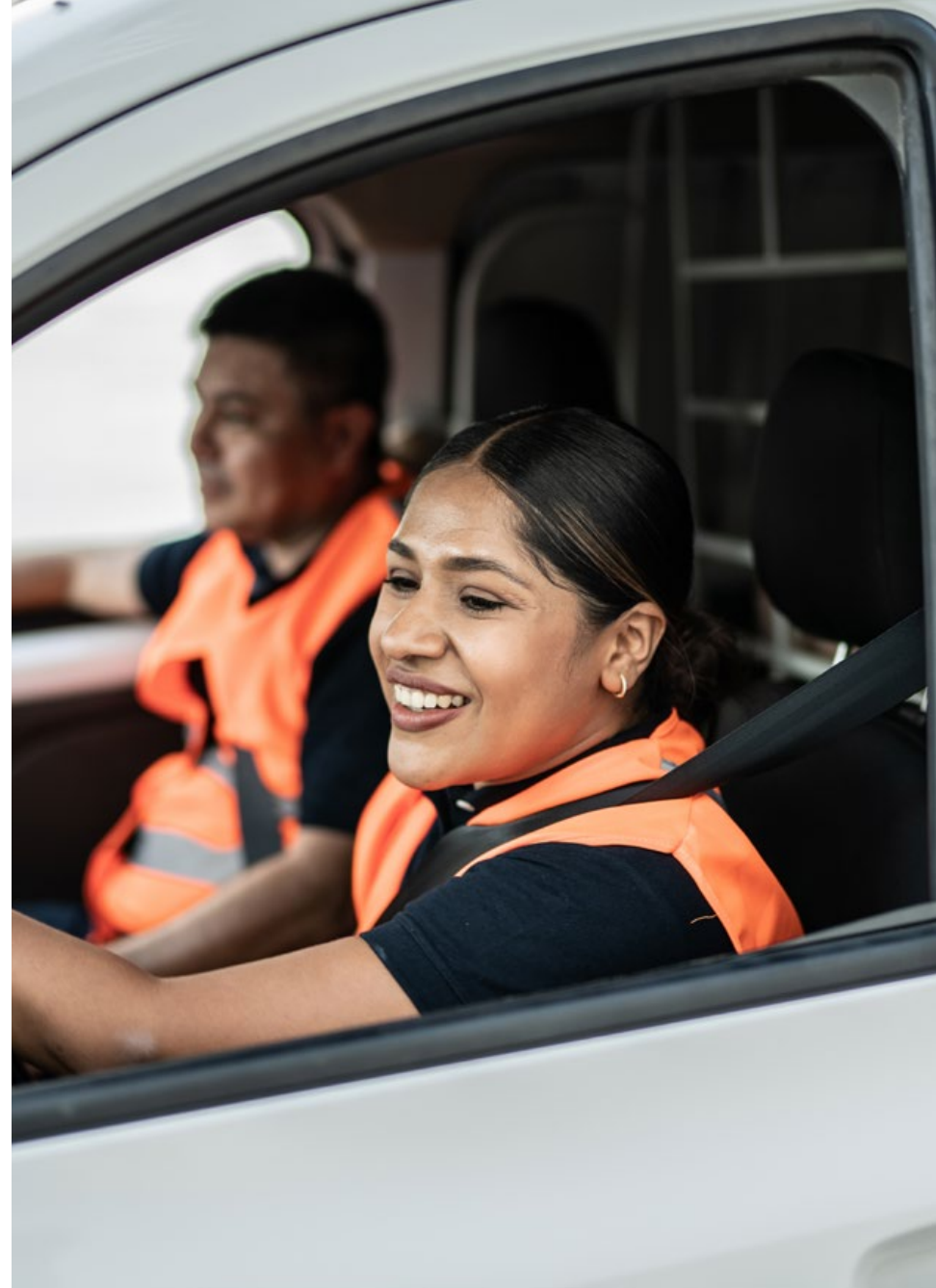
\* For an explanation of the enhancements Milliman applied to the data to overcome limitations with it, see PBGH's first whitepaper, "[Creating a Data Framework](#)" beginning on p. 10.

## Data Usability Assessment Methodology

A critical component of the analysis involved assessing the completeness and usability of the HPT and TiC MRFs for purchasing decisions. The analysis identified multiple gaps in reporting and significant variability across regional markets and plans.

To quantify the usability of the posted HPT and TiC data, we deployed a “Percent of Expected” metric that focuses on the analytical utility rather than regulatory compliance, as MRFs can technically satisfy legal requirements under the HPT and TiC Rules while remaining practically unusable for comparative analysis. The metric measures the total Global Relative Value Units (“GRVUs”)\* associated with transparency data where negotiated rates are available (or can be derived) and deemed reasonable, expressed as a percentage of the total RVUs we would expect for the given provider type and line of business (“LOB”) if all negotiated rates were available.\*\*

For example, a Percent of Expected value of 90% indicates that the posted data reflects 90% of the total volume of services one would expect to be present, which represents a comprehensive data point. Percent of Expected values between 50 – 75% are considered generally usable, 25 – 50% are moderately usable and additional investigation is recommended, and less than 25% implies the need for code-level data investigation. These categories provide purchasers with clear guidance about the reliability of analytical conclusions that can be drawn from available transparency data in specific regional markets.



\* GRVUs are a set of Relative Value Units (“RVUs”) that cover the entire range of healthcare services. GRVUs can be thought of as an all-payer version of Medicare reimbursement rates as it overcomes common limitations of contract comparisons that use Medicare fee schedules. In particular, GRVUs include adjustments to better account for service categories that are common in commercial populations but are not captured adequately by an age 65+/disabled Medicare population, (e.g., maternity, neonatal intensive care unit, pediatrics). The GRVU Medicare value for many high-volume codes will match Medicare, but some services will vary significantly.

\*\* A more detailed explanation of the “Percent of Expected” metric – and other aspects of the data usability methodology – can be found in Appendix 2.

## 4. Results

### 1. Data Usability Varies Dramatically Across Regional Markets and Between HPT and TiC MRFs, With Implications for Purchasers

PBGH's Health Care Data Demonstration Project showed that hospital and payer compliance has increased in form, but not in function. Although submissions technically meet regulatory requirements, the HPT and TiC files are plagued by formatting inconsistencies, omissions and usability barriers that renders much of the data unusable for purchasers, policymakers, researchers, and consumers. Regardless of intent, these shortcomings obscure the value of the data and prevent purchasers and consumers from leveraging it to lower health care costs.

The data project identified several reoccurring issues; lack of standardized file structures, missing or inaccurate data, inapplicable entries, and the absence of indexing information needed to make the files searchable and comparable. These findings confirm and extend the work of other policy researchers who have conducted meta-analyses and highlighted and documented a wide spectrum of technical flaws in the transparency submissions. These problems create a troubling – but addressable – gap between current regulatory compliance standards and the federal government's goal of producing data that is actionable for purchasers and consumers and lowering health care costs through a more transparent and competitive market.

For example, one service provider's submission included all negotiated rates across all contracts for each procedure, but failed to link those rates to specific plans or networks. While technically compliant, the file was functionally useless. In some cases, the inconsistencies were so severe that the entire MRF had to be excluded from analysis. For example, over 60% of the MRFs in Oregon were generally not reliable.

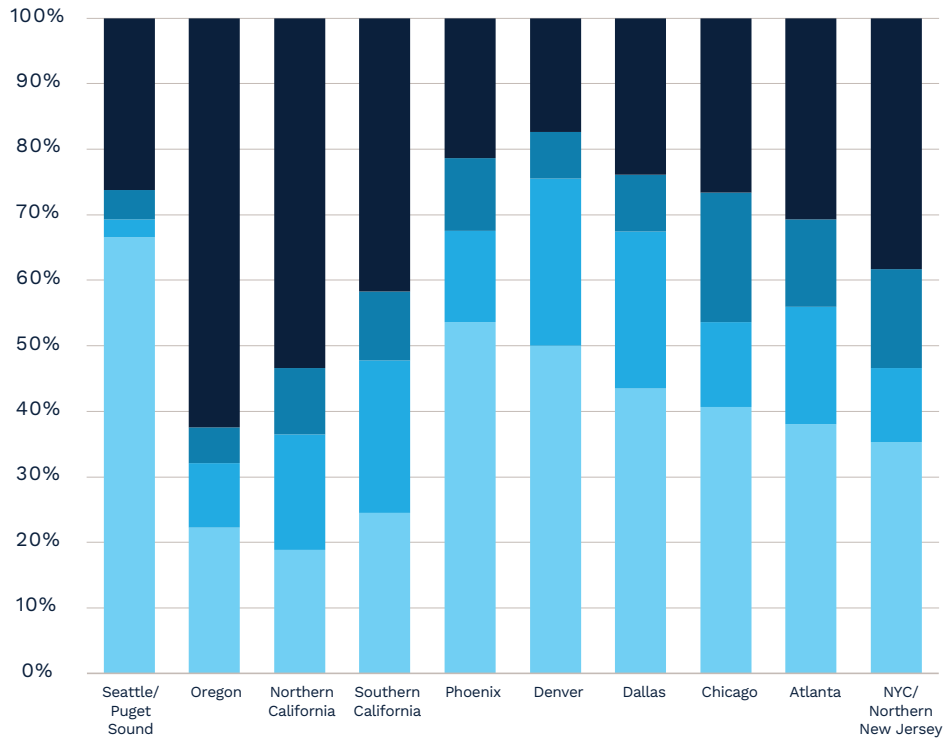
The implications of MRF data usability challenges are particularly significant for self-insured purchasers who bear fiduciary responsibilities for managing health care dollars on behalf of their workforces. These shortcomings greatly undermine their ability to fulfill their fiduciary duties on two fronts:

1. **Regulatory compliance.** Federal rules state that “it is ultimately the responsibility of the plan or issuer to provide the information required by the final rules.”<sup>4</sup> Self-insured purchasers must therefore implement processes to assess the usability of submitted data and hold their service providers accountable for addressing any identified data flaws or deficiencies in the files.
2. **Fiduciary prudence.** Purchasers must make fiscally prudent decisions about employees' health care benefits. When the underlying price transparency data is unreliable or unusable, purchasers face significant legal risks as fiduciaries.<sup>5</sup>

Nationally, the project's analysis (Figure 1) shows wide variation in the usability of the TiC data. In the Seattle/Puget Sound region, approximately two-thirds of payer data achieved the highest usability ratings, with especially usable hospital inpatient data (Figure 2). Across most markets, inpatient data was more reliable than outpatient data. However, data posted for Oregon and California exhibited substantially lower usability, with large portions of the submissions rated unusable. Notably, Kaiser's submissions were universally unusable in all regional markets that were analyzed, and therefore were excluded from all analyses (detailed examples showing the usability of TiC data by regional market is in [Appendix 3](#)).

**Figure 1. Overall Data Usability Varies Between Regional Markets**

Summary of Usability of Negotiated Facility Rate Files Submitted by Payers (TiC Files)



- Generally unusable (Percent of Expected less than 25%)
- Moderately usable (Percent of Expected between 25-50%)
- Generally usable (Percent of Expected between 50-75%)
- Highly usable (Percent of Expected >75%)



Figure 2. Data Usability in TiC files is Inconsistent Even Within the Same Service Provider

Data usability (“Percent of Expected”) ratings for TiC files in Seattle/Puget Sound regional market.

Seattle — Puget Sound											
Payer Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		Premera Blue Cross Heritage		Regence BCBS Regence Preferred		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Cascade Valley Hospital	D	●	○	●	●	●	●	●	●	●	●
Evergreenhealth Medical Center	A	●	●	●	●	●	●	●	●	●	●
Evergreenhealth Monroe	N/A	●	●	●	●	●	●	●	●	●	○
Fred Hutchinson Cancer Center	N/A	●	○	●	○	●	○	●	●	●	●
Harborview Medical Center	C	●	○	●	○	●	●	●	●	●	●
Kaiser Permanente Central Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Multicare Auburn Medical Center	B	●	●	●	●	●	●	●	○	●	●
Multicare Covington Medical Center	A	●	●	●	●	●	●	●	○	●	●
Multicare Good Samaritan Hospital	C	●	●	●	●	●	●	●	○	●	●
MultiCare Mary Bridge Children’s Hospital	N/A	●	●	●	●	●	●	●	●	●	●
MultiCare Tacoma General Hospital	B	●	●	●	●	●	●	●	○	●	●
Overlake Hospital Medical Center	B	●	●	●	●	●	●	●	●	●	●
Providence Regional Medical Center Everett	C	●	●	●	●	●	●	●	●	●	●
Seattle Children’s Hospital	N/A	●	○	●	○	●	●	●	●	●	●
Snoqualmie Valley Hospital	N/A	●	○	●	○	●	○	●	●	●	●
St. Anne Hospital	A	●	○	●	●	●	●	●	●	●	●
St. Anthony Hospital	A	●	●	●	●	●	●	●	●	●	●
St. Clare Hospital	A	●	●	●	●	●	●	●	●	●	●
St. Elizabeth Hospital	N/A	●	○	●	●	●	●	●	●	●	●
St. Francis Hospital	B	●	●	●	●	●	●	●	●	●	●
St. Joseph Medical Center	A	●	●	●	●	●	●	●	●	●	●
Swedish Cherry Hill Campus	C	●	●	●	●	●	●	●	●	●	●
Swedish Edmonds Hospital	B	●	●	●	●	●	●	●	●	●	●
Swedish Issaquah	B	●	○	●	●	●	●	●	●	●	●
Swedish Medical Center	A	●	●	●	●	●	●	●	●	●	●
University of Washington Medical Center — Montlake	C	●	●	●	●	●	●	●	●	●	●
UW Medicine/Northwest Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Valley Medical Center	D	●	●	●	●	●	●	●	○	●	●
Virginia Mason Medical Center	A	●	●	●	●	●	●	●	○	●	●

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

In Figure 3, we offer a national overview of the usability of the HPT data, and in Figure 4, we offer specific examples of HPT data from the Seattle/Puget Sound regional market (detailed examples showing the usability of HPT data by regional market are in [Appendix 4](#)).

**Figure 3. HPT Files Tend to be Less Usable Than TiC Files**

Summary of Usability of Negotiated Facility Rate Files Submitted by Hospitals (HPT Files)

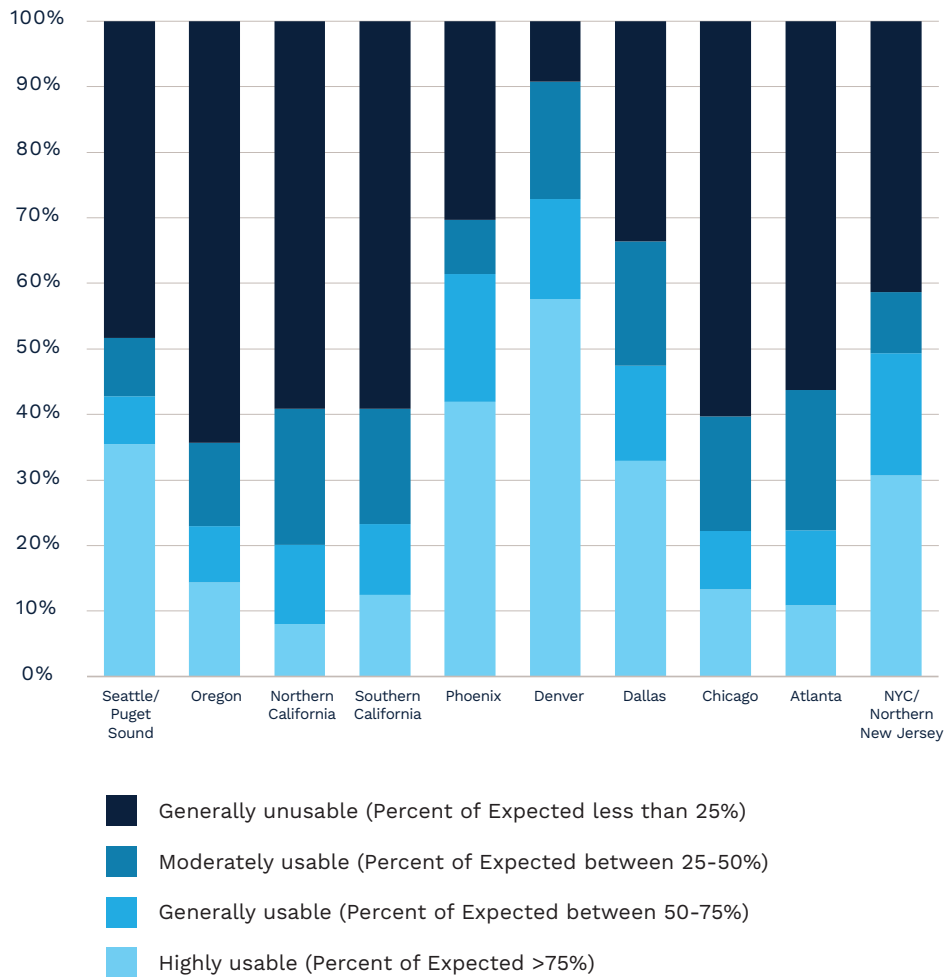


Figure 4. Specific Hospitals and Health Systems Did Not Consistently Submit Usable HPT Files

Data usability (“Percent of Expected”) ratings for HPT files in Seattle/Puget Sound regional market.

Seattle — Puget Sound Hospital Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Premiera Blue Cross Heritage		Regence BCBS Regence Preferred		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Cascade Valley Hospital	D		●	○	○	○	○	○	●	○	○	○
Evergreenhealth Medical Center	A		●	●	●	●	●	○	●	○	●	●
Evergreenhealth Monroe	N/A		●	●	●	○	●	●	●	○	●	○
Fred Hutchinson Cancer Center	N/A		●	●	●	●	●	●	●	●	●	●
Harborview Medical Center	C		●	●	●	●	●	●	●	●	●	●
Kaiser Permanente Central Hospital	N/A		●	●	●	●	●	●	●	●	●	●
Multicare Auburn Medical Center	B		●	●	●	●	●	●	●	●	●	○
Multicare Covington Medical Center	A		●	●	●	●	●	●	●	●	●	○
Multicare Good Samaritan Hospital	C		●	●	●	●	●	●	●	●	●	○
MultiCare Mary Bridge Children’s Hospital	N/A		○	○	●	●	●	●	●	○	●	○
MultiCare Tacoma General Hospital	B		●	●	●	●	●	●	●	●	●	○
Overlake Hospital Medical Center	B		●	●	●	●	●	●	●	●	●	●
Providence Regional Medical Center Everett	C		●	●	●	●	●	●	●	●	●	●
Seattle Children’s Hospital	N/A		●	○	●	○	●	○	●	○	●	○
Snoqualmie Valley Hospital	N/A		○	○	○	○	●	○	○	○	○	○
St. Anne Hospital	A		●	●	●	●	●	●	●	○	●	●
St. Anthony Hospital	A		●	●	●	●	●	●	●	○	●	●
St. Clare Hospital	A		●	●	●	●	●	●	●	○	●	●
St. Elizabeth Hospital	N/A		○	●	●	●	●	●	●	●	●	●
St. Francis Hospital	B		●	●	●	●	●	●	●	○	●	●
St. Joseph Medical Center	A		●	●	●	●	●	●	●	○	●	●
Swedish Cherry Hill Campus	C		●	●	●	●	●	●	●	●	●	●
Swedish Edmonds Hospital	B		●	●	●	●	●	●	●	●	●	●
Swedish Issaquah	B		●	●	●	●	●	●	●	●	●	●
Swedish Medical Center	A		●	●	●	●	●	●	●	●	●	●
University of Washington Medical Center — Montlake	C		●	●	●	●	●	●	●	●	●	●
UW Medicine/Northwest Hospital	N/A		●	●	●	●	●	●	●	●	●	●
Valley Medical Center	D		○	●	●	●	○	●	●	○	●	●
Virginia Mason Medical Center	A		●	○	●	●	●	●	●	●	●	●

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

Hospital-submitted data generally presented greater analytical challenges than payer-submitted data. In Seattle, slightly more than one-third of hospital data sets were assessed with the highest usability ratings, while nearly half were rated as generally unreliable. Denver was a notable exception, where HPT data in that market actually was more usable than payer TiC data – this may be attributed to the Colorado Department of Health Care Policy & Financing’s actions to use and report on HPT data. This suggests that state oversight and purchaser attention can positively influence the usability of the data files.

Overall, there are several recurring issues that limit transparency file utility:

- **Custom billing codes.** Hospitals and Payers frequently reported custom billing codes that lack industry-standard definitions, making external interpretation impractical without providing a crosswalk to valid code sets.
- **“Percentage of Charge” submissions.** Submissions often provided only percentage-of-charge rates without accompanying billed charge information clarifying which services the percentages applied to.
- **Schema inconsistencies.** Hospitals and payers interpreted the federal schema in divergent ways, which prevented automated processing and comparative analysis across institutions.
- **Duplicate or conflicting rates.** Some files included duplicate or contradictory rates for the same service/provider/network combinations without explanatory context.

## 2. Price Variation Defies Economic Logic

When usable pricing data was successfully extracted and analyzed, it revealed patterns that challenge fundamental economic assumptions about how markets operate. Unlike Medicare reimbursement rates, which incorporate systematic adjustments for regional cost differences through wage indexes and other factors,<sup>6</sup> commercial negotiated rates vary arbitrarily and drastically between and within regional markets.

Our analysis documented cases where the commercial rate for identical medical procedures varied by more than 100% between regional markets. For example, median negotiated rates for a Cesarean section without complications ranged from \$11,547 in Chicago to \$27,199 in Northern California. This level of variation far exceeds plausible differences in local labor costs, facility expenses, or other measurable economic factors (see Figure 5 for additional variability in negotiated rates across service categories).

Another critical finding is that purchasers now have the ability to benchmark and compare actual prices in geographic regions for various services. Prior to the availability of the price transparency files, negotiated rates were considered proprietary and not shared when evaluating service providers and networks. Service providers would present negotiated rates to purchasers not as actual dollar amounts, but instead as average regional discounts off providers’ billed charges (e.g., a “discount analysis”). Figure 5 shows the range of actual median market prices by service. Despite relying on median prices for just 10 regional markets, the data from Figure 5 allows purchasers to understand the range of prices for certain services, which gives purchasers increased negotiating capabilities.\* We ultimately believe that when commercial price transparency is used effectively by self-insured purchasers, it will lead to price competition and rationalization of commercial prices and ultimately lower costs.

\* Prevailing price ranges, informed by independent sources of market data from the price transparency files, are also precisely what will enable purchasers to be effective fiduciaries. This information will allow purchasers to demonstrate they have satisfied the [duty of prudence](#) under ERISA § 404(a)(1)(B) to make health care purchasing decisions using the knowledge available to them “under the [prevailing] circumstances.”

**Figure 5. Range of Median Negotiated Rates Across 10 Regional Markets for Subsets of Billing Codes**

Code	Description	Range of Median Negotiated Rates (by Site of Care)	
<b>Pregnancy, Childbirth &amp; the Puerperium Diagnosis Related Group Codes</b>		<b>Facility</b>	
786	Cesarean section w/o sterilization w Mcc	\$19,420 - \$45,984	
787	Cesarean section w/o sterilization w Cc	\$13,513 - \$45,632	
788	Cesarean section w/o sterilization w/o Cc/Mcc	\$11,547 - \$27,199	
806	Vaginal delivery w/o sterilization/ D&C w Cc	\$9,235 - \$26,460	
807	Vaginal delivery w/o sterilization/ D&C w/o Cc/Mcc	\$8,134 - \$18,368	
<b>Gastroenterology Endoscopic Codes</b>		<b>Outpatient</b>	<b>Ambulatory Surgical Center</b>
43239	Egd biopsy single/multiple	\$2,309 - \$4,209	\$712 - \$1,499
45378	Diagnostic colonoscopy	\$2,309 - \$4,241	\$725 - \$1,500
45380	Colonoscopy and biopsy	\$2,607 - \$4,696	\$800 - \$1,613
45385	Colonoscopy w/lesion removal	\$2,639 - \$4,696	\$800 - \$1,602

Code	Description	Range of Median Negotiated Rates (by Site of Care)	
<b>Orthopedic Joint Replacement Codes</b>		<b>Outpatient</b>	<b>Ambulatory Surgical Center</b>
27130	Total hip arthroplasty	\$16,000 - \$50,321	\$10,506 - \$20,500
27447	Total knee arthroplasty	\$16,000 - \$50,321	\$10,835 - \$18,460
<b>Emergency Department Visit Evaluation and Management Codes</b>		<b>Facility</b>	
99283	Low level of medical decision making	\$807 - \$2,098	
99284	Moderate level of medical decision making	\$1,311 - \$3,242	
99285	High level of medical decision making	\$1,536 - \$4,674	

[Continued on next page](#)

Figure 5. (continued)

Code	Description	Range of Median Negotiated Rates (by Site of Care)	
<b>Outpatient Office Visit Evaluation and Management Codes</b>		<b>Outpatient</b>	<b>Non-Facility</b>
99212	Established patient visit, straight forward medical decision making, 10-19 minutes	\$152 - \$431	\$67 - \$79
99213	Established patient visit, low level medical decision making, 20-29 minutes	\$178 - \$281	\$108 - \$127
99214	Established patient visit, moderate medical decision making, 30-39 minutes	\$189 - \$381	\$154 - \$185
99215	Established patient visit, complex medical decision making, 40-54 minutes	\$216* - \$548	\$218 - \$270
<b>Drugs and Biological Codes</b>		<b>Outpatient</b>	
J2350	Injection, ocrelizumab	\$59 - \$122	
J3380	Injection, vedolizumab	\$22 - \$48	
J9271	Injection pembrolizumab	\$58 - \$104	

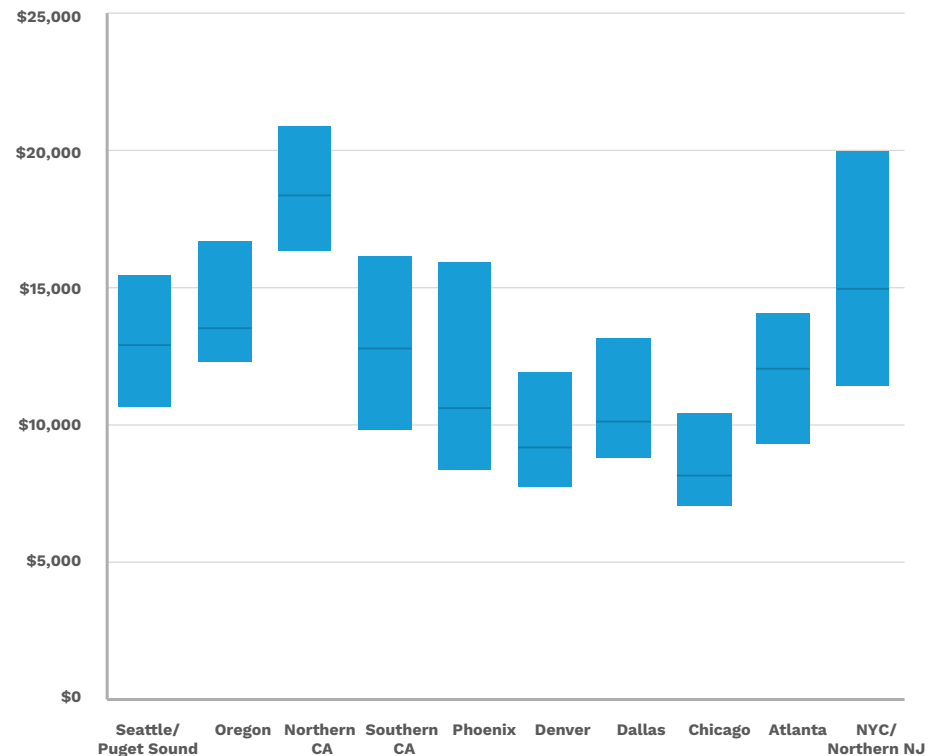
\* Median price of Denver regional market was excluded from this range due to reporting anomalies from number of submitted records. See [Appendix 5](#) for details of regional prices for specific codes. **Note:** "Record counts" (e.g., frequency of services) vary between different services, so sample sizes differ.

Significant pricing variation emerged within individual facilities depending on the negotiating insurer. One particularly striking example involved ocrelizumab (J2350), a specialty medication for multiple sclerosis treatment, where a single hospital had negotiated rates across health plans ranging from \$75 to \$112 per milligram – a 49% price disparity that translates to a difference of approximately \$22,000 per typical 600mg treatment course.

Regional pricing patterns also failed to follow consistent economic logic across service categories. For example, Northern California showed the highest rates for maternity services (Figure 6), Oregon emerged as the price outlier for orthopedic procedures (Figure 7), and Northern California and Denver showed the highest median emergency department visit rates (Figure 8). This inconsistency in which regional market consistently had higher rates suggests that commercial pricing is influenced by dynamics other than or in addition to by underlying cost structures.

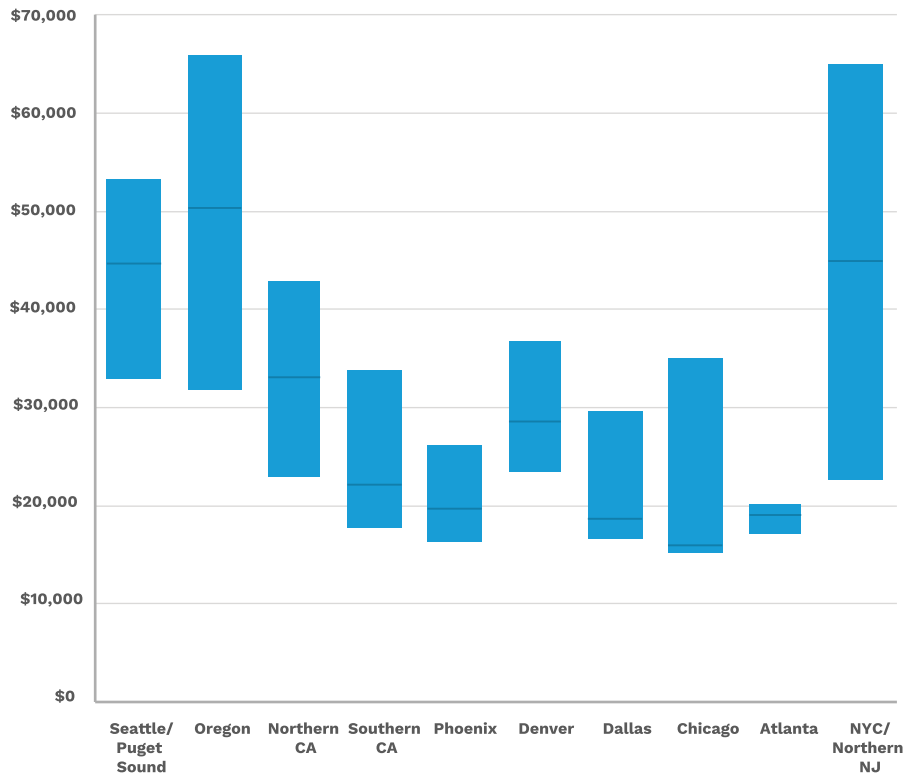
Figure 6. Payer Submitted TiC Files Show Higher Median Rates in Northern California for Vaginal Delivery without Complication (DRG 807)

Negotiated Facility Rates (25th-75th percentile) for Vaginal Delivery without Complication (DRG 807) by Regional Market



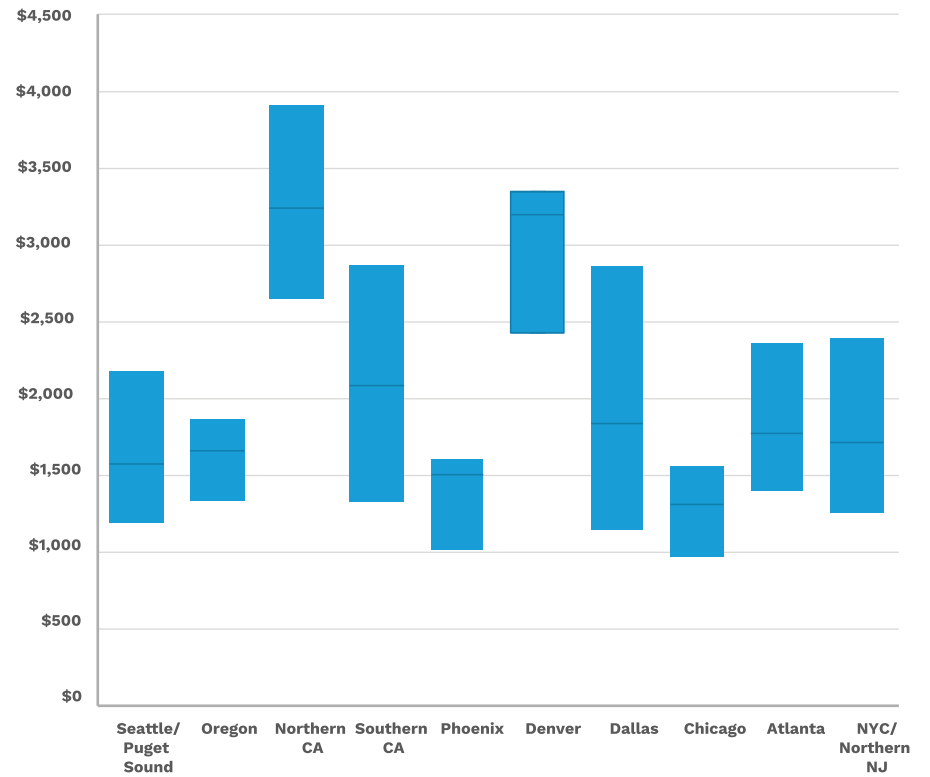
**Figure 7. Payer Submitted TiC Files Show Higher Median Rates in Oregon for Total Hip Replacements (27130)**

Outpatient Negotiated Facility Rates (25th-75th percentile) for Total Hip Arthroplasty (27130) by Regional Market



**Figure 8. Payer Submitted TiC Files Show Higher Median Rates in Northern California and Denver for Emergency Room Visits (99284)**

Negotiated Facility Rates (25th-75th percentile) for Emergency Room Visit (99284) by Regional Market



### 3. Price Does Not Correlate with Quality

Integration of health care quality metrics with pricing data confirmed longstanding analyses of health care market dysfunction: higher-priced providers do not reliably deliver higher-quality care, and in some cases the lowest-cost provider had higher quality scores.<sup>7</sup> Across multiple regions and service categories, the analysis found little to no correlation between negotiated rates and standardized quality measures.

Higher-priced providers did not consistently outperform their lower-priced peers on standardized quality metrics. As demonstrated in Figure 9, lower-priced providers sometimes achieved superior performance on Embold Health’s clinical outcome measures. Likewise, some of the most expensive hospitals received a “Poor” safety rating from the Leapfrog Group (see Figure 14). These findings suggest that commercial pricing reflects factors such as provider market power,<sup>8</sup> brand loyalty, and market positioning, rather than clinical excellence or patient outcomes.

The absence of a price-quality correlation carries significant implications for purchasing strategies. Traditional approaches assuming higher prices indicate superior care are not supported by empirical evidence. Instead, the data indicates that strategic network design based on value – explicitly integrating both price and quality – can improve patient outcomes while reducing spending.

Importantly, the data project was able to identify providers and facilities that combine high-quality performance with lower prices. However, further analysis revealed that existing service provider networks, including those labeled as “high-value networks,” showed little alignment with either price or quality data. In contrast, directly negotiated and contracted purchaser arrangements with hospitals and delivery systems were associated with lower negotiated rates and higher value. These results raise critical questions about health plan network design and underscore the potential for purchaser-led contracting strategies to drive better outcomes and value.

Figure 9. Relationship Between Price and Quality\*



\* Some of the rates at the lower end are sufficiently low so as likely to be irrational and/or misreported. Additionally, the differences in color of dots merely indicate different providers. Figure 9 conveys that there is not a correlation between price and Embold quality scores.

#### 4. Site-of-Service Analysis Reveals Substantial Savings Opportunities

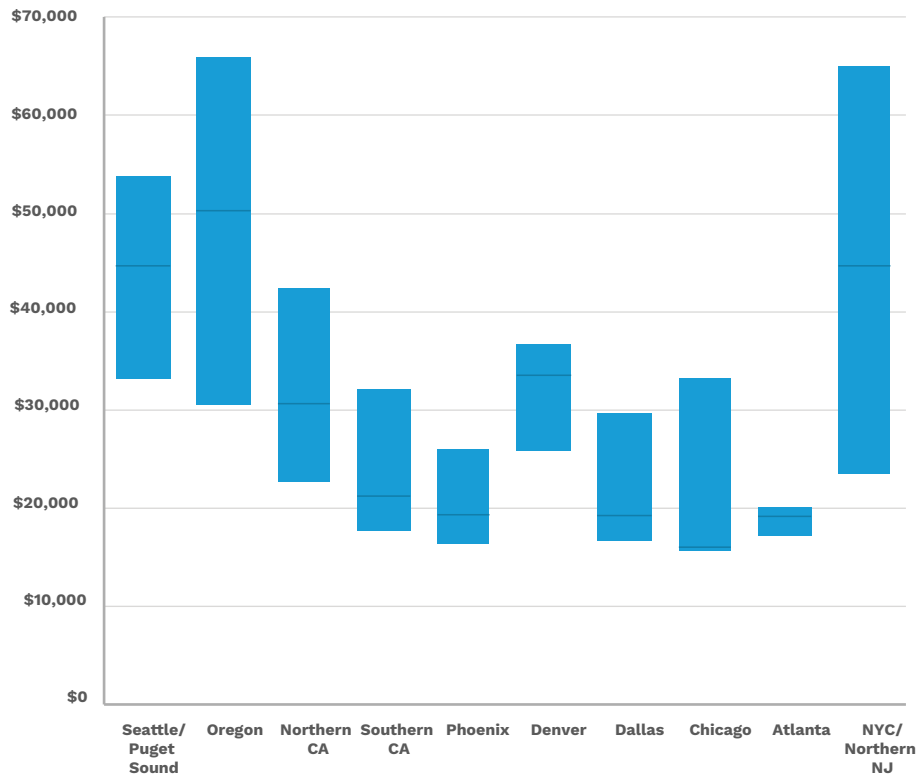
The price transparency data enabled detailed examination of price variation across different sites of care, highlighting significant opportunities for purchasers to redirect beneficiaries to lower-cost providers or settings when clinically appropriate. These opportunities, however, were highly market-specific, underscoring the need for regional rather than national steerage strategies.

For example, analysis of total knee replacement procedures revealed dramatic differences across the regional markets. In Seattle, the median negotiated facility rate at an ambulatory surgical center (“ASC”) was nearly \$32,000 lower than at hospital outpatient departments, which presents significant savings potential for appropriate candidates. However, in Chicago, both ASC and hospital outpatient department negotiated facility rates both clustered around \$16,000. This may indicate either a lack of site-of-service differentiation in TiC files or genuinely limited financial incentive for steerage in that regional market (Figures 10 and 11).



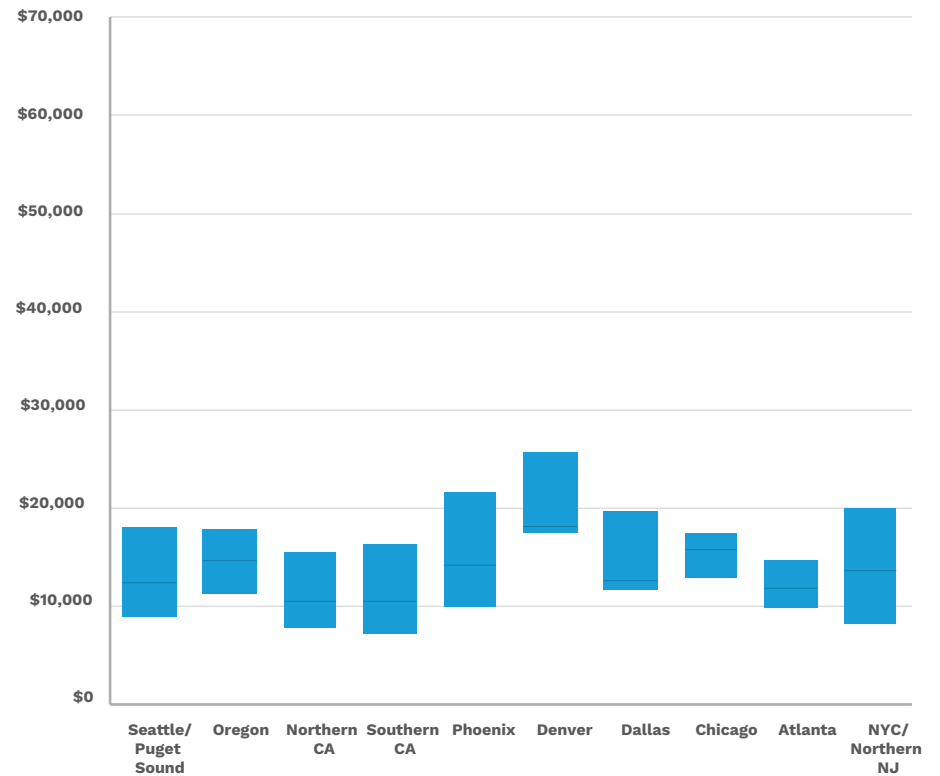
**Figure 10. Negotiated Facility Rates for The Same Procedure Can Vary Significantly by Site of Service**

Outpatient Negotiated Facility Rates (25th-75th percentile) for Total Knee Arthroscopy (27447) by Regional Market



**Figure 11. Site-of-Service Matters for Price of Care – Ambulatory Surgical Center Negotiated Facility Rates Lower Than for Outpatient Facility Rates**

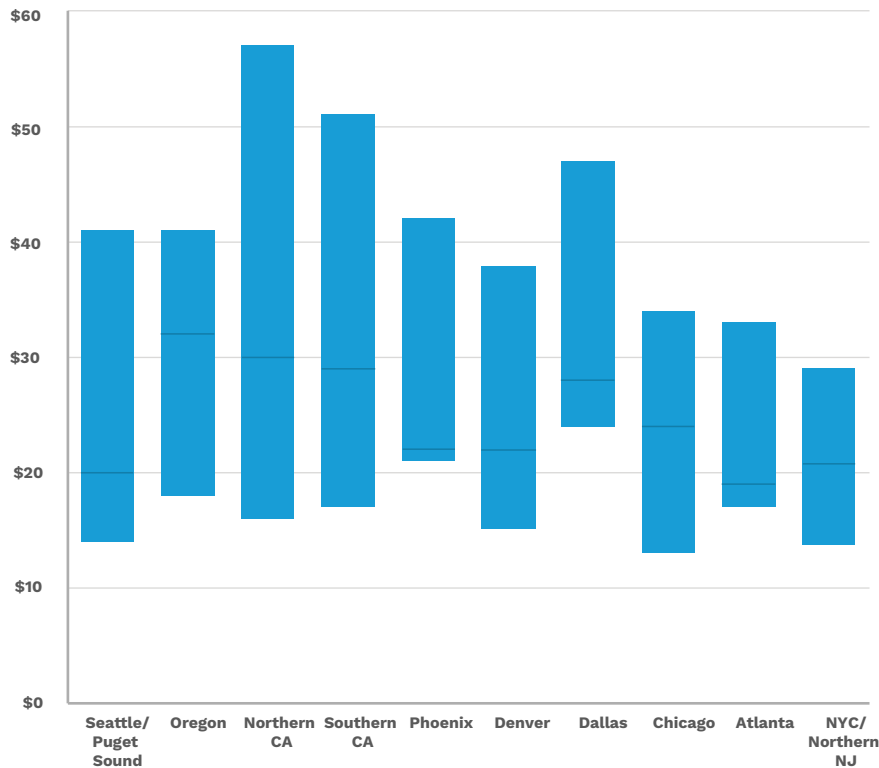
Ambulatory Surgical Center Negotiated Facility Rates (25th-75th percentile) for Total Knee Arthroscopy (27447) by Regional Market



Wide variation was observed for high-volume, lower-cost services such as laboratory testing. In states like Oregon and California, hospital outpatient laboratory prices were approximately double those at non-facility settings for identical tests (See Figures 12 and 13).

**Figure 12. Lab Test Rates Differ by Site-of-Service - Outpatient Lab Test Rates Significantly Higher Than Non-Facility Lab Test Rates**

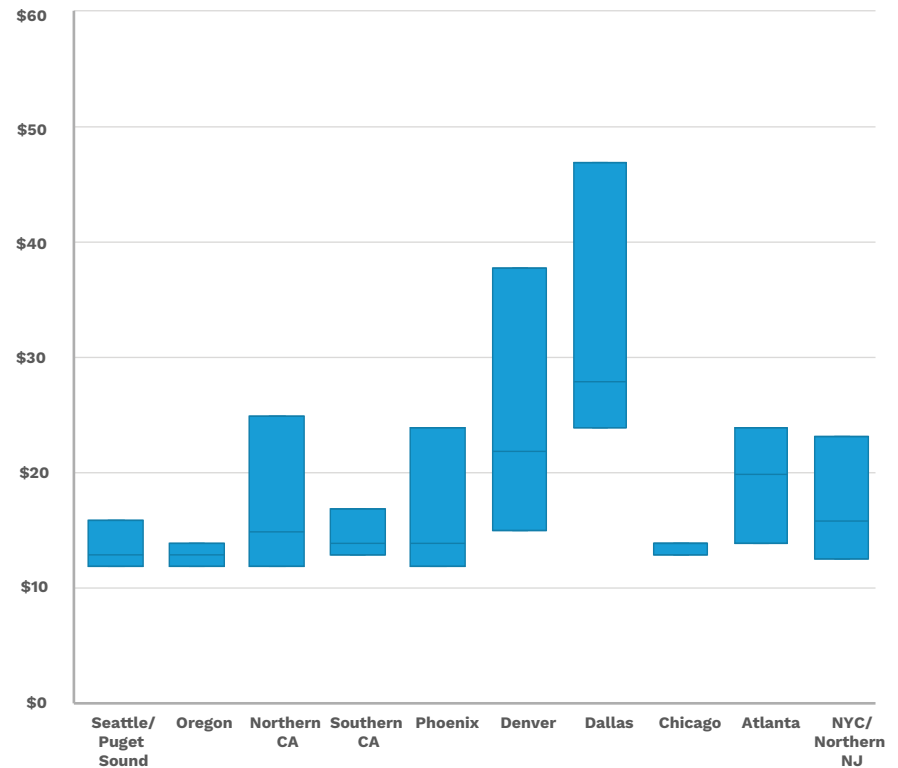
Outpatient Lab Negotiated Rates (25th-75th percentile) for Comprehensive Metabolic Panel (80053) by Regional Market



Redirecting even half of laboratory utilization from hospital outpatient departments to independent labs could generate savings exceeding \$1 million annually for a large purchaser, based on conservative estimation.\* Savings would also accrue to employees both in reduced cost sharing as well as potentially lower premiums.

**Figure 13. Non-Facility Lab Test Rates Significantly Lower Than Outpatient Lab Test Rates**

Non-Facility Lab Negotiated Rates (25th-75th percentile) for Comprehensive Metabolic Panel (80053) by Regional Market



\* Assuming a plan sponsor with an estimated total health care spend of around \$500 million in regional markets where this opportunity is present, and current spend on Facility Lab services is around 1% of total spend

## 5. Competing Plans Pay Substantially Different Rates — Even in the Same Markets

Self-insured purchasers most often rely on their TPA or service providers to negotiate on their behalf with providers in their given markets. Our analysis of TiC, HPT, and purchaser claims data often found wide variations in the health care provider prices across major health plans in the same markets.<sup>9</sup>

For example, in the Seattle/Puget Sound regional market, we analyzed the TiC data for five health plans offered by leading carrier/service providers – Aetna, Cigna, Premera Blue Cross, Regence BCBS, and UnitedHealthcare – and compared negotiated inpatient facility rates at EvergreenHealth Medical Center, Swedish Medical Center, and Providence Regional Medical Center Everett (See Figure 14).

Although data usability issues prevented full comparisons in some cases, sufficient data usability allowed for meaningful analysis in others. Key findings included:

- **Service Provider variation.** Negotiated rates varied widely by service provider, even within the same hospital. Regence BCBS generally had the highest rates, while Premera secured lower negotiated rates despite having similar market share. Cigna negotiated the lowest rates at EvergreenHealth, despite having a lower local market share than other health plans.<sup>10</sup>
- **Hospital variation.** Regence BCBS negotiated inpatient rates for Swedish Medical Center were nearly 50% higher than Premera Blue Cross' rates.

- **Quality misalignment.** Price differences bore little relationship to quality performance. For example, EvergreenHealth Medical Center, which received the highest Leapfrog Safety Grade (A), had the lowest negotiated rates across plans, while other hospitals with lower safety scores commanded higher prices.
- **Consistency across markets.** Similar pricing disparities were observed across hospital systems in each of the 10 regional markets.

**Figure 14. Carrier/Service Provider Pricing Variance Using % of GRVU Medicare Rates\***

Provider Name	Inpatient Negotiated Facility Rates					
	Leapfrog Safety Grade (Spring 2025)	Aetna Choice POS II	Premera Blue Cross Heritage	Regence BCBS Regence Preferred	Cigna OAP	United Healthcare UHC Choice Plus
EvergreenHealth Medical Center	A	225%	239%	239%	195%	235%
Providence Regional Medical Center Everett	C	Poor data usability	350%	387%	467%	367%
Swedish Medical Center	B	Poor data usability	342%	507%	425%	424%

\* Percentages refer to the percent difference between the prices charged to insurers and prices charged to a national Medicare benchmark, using Milliman's Global Relative Value Units ("GRVUs") calculation methodology, which is outlined in more detail in the companion whitepaper "[Creating a Data Framework](#)." Milliman leverages the GRVUs to calculate nationwide Medicare benchmarks that overcome common limitations of contract comparisons that use Medicare fee schedules.

The Leapfrog Hospital Safety Grade Program grades hospitals on their overall performance in keeping patients safe from preventable harm and medical errors. For more information visit [www.hospitalsafetygrade.org](http://www.hospitalsafetygrade.org).

These findings raise fundamental questions about the value that self-insured plan sponsors derive from TPAs, service providers, or carriers who negotiate on their behalf. Purchasers rely on these entities and the industry consultants who help select them, to secure competitive rates. Yet the evidence further shows that rates differ substantially by carrier/TPA/service provider, often without correlation to quality. Participating purchasers indicated that no similar source to compare TPA negotiated rates was available.

The ability to make these types of apples-to-apples pricing comparisons across service providers is precisely what federal transparency regulations were intended to achieve. Both the Trump Administration's price transparency rules and Congress' prohibition of claims data access barriers in the CAA sought to provide purchasers with the tools to evaluate service provider performance, costs, and fulfill their fiduciary duty.

We encouraged our employees to enroll in a high-deductible health plan. And, what we've realized [with this data] is that, it's probably not a great plan. It was the thing to do, a decade ago, but, it is time for us to modernize our healthcare...

— Jumbo Employer



## 5. Purchaser Applications and Strategic Implications

### Fiduciary Compliance, Risk Management, Network Design, and Value-Based Strategies

The availability of price transparency data creates both opportunities and obligations under ERISA for self-insured purchasers and, in some cases, their service providers when they act as functional fiduciaries.<sup>11</sup> PBGH launched this project to address purchasers' unmet analytic needs, bringing together all relevant data sets to test the practical utility of newly available transparency files. For the first time, participating purchasers were able to evaluate their spending, assess their service provider's compliance with transparency reporting obligations, and reduce risk by demonstrating prudent oversight of plan performance.

Purchasers can now integrate price and quality data into their strategies across four key areas:

1. Compliance monitoring
2. Value-based purchasing
3. Direct contracting
4. Vendor procurement

Findings challenged conventional assumptions about the relationship between carrier/service provider market share and the rates they have negotiated. In several markets, for instance, carriers and service providers with limited market penetration achieved superior negotiated rates compared to dominant market players, contradicting the rationale for ongoing consolidation. This evidence suggests that, as with health systems, carrier and service provider consolidation and scale do not consistently yield better rates for purchasers, with significant implications for policymakers evaluating statements and claims of health insurers in merger and acquisition proposals.\*

Integration of price, quality, claims, and demographic data enables purchasers to design sophisticated network strategies that were previously impossible. PBGH helped purchasers in the project identify high-value providers, including those that may be more expensive but with consistently better outcomes, and are now exploring strategies to steer plan members towards these providers. The analysis also revealed that "high-performance networks" offered by service providers did not consistently align with objective quality or value measures, underscoring the potential for purchasers to construct their own high-value networks and end arrangements with high-cost, low-quality providers.\*\*

\* For further analysis of the problematic nature of consolidation in health care markets (including in health insurance markets), see PBGH's [2024 RFI Response](#) to DOJ, HHS, and FTC and our [2025 Comments](#) on DOJ's Anticompetitive Regulations Task Force.

\*\* Eliminating low-value health care coverage options (or low-value providers for that matter) from a group health plan may be a duty for plan fiduciaries comparable to the "continuing duty to monitor [plan options] and remove imprudent ones under trust law," [enumerated](#) in the 2015 Supreme Court case *Tibble v. Edison International*. However, this is an unexplored and unresolved issue in the health benefits context.

## Case Study: Qualcomm Inc. Incorporated Use of Transparency Data

Qualcomm Inc., a San Diego-based global communications technology company with more than 15,000 U.S. employees (a majority of whom live near company headquarters) applied the PBGH data project analysis across four strategic domains:

- 1. Compliance Monitoring.** While federal rules clearly state that self-insured purchasers are not necessarily responsible for generating transparency files, they are ultimately responsible for the accurate and timely publication of MRFs associated with the health plan coverage they offer to employees.<sup>12</sup> Working alongside PBGH staff, Qualcomm Inc. determined that its TPA-submitted files were incomplete or unusable. With PBGH's analysis, Qualcomm Inc. approached its TPA with targeted questions about file completeness and usability, enabling proactive compliance management rather than reactive risk assessment.
- 2. Value-Based Purchasing.** Qualcomm Inc. used PBGH's price comparison analysis to identify provider price variation for medications and high-volume services, and to view those differences in the context of safety and quality performance. This positioned the company to negotiate more strategically and to steer patients toward higher-value providers.
- 3. Direct Contracting Validation.** With most employees located in San Diego, Qualcomm Inc. had already pursued direct contracting with a local health system. However, it lacked independent data and knowledge to determine whether its rates were favorable. PBGH's data analysis enabled Qualcomm Inc. to validate its contracting strategy against prevailing market rates.

... it actually is helping us meet our responsibilities as the plan sponsor and also it's enabling us to question our carriers, and hold them accountable for data accuracy and addressing any gaps.

— Sabina Mahoney, Qualcomm

- 4. Procurement Enhancement.** Self-insured purchasers often rely on consultants to support carrier or TPA request-for-proposal (“RFP”) evaluations. These firms use a range of methods to determine the prices that various carriers or TPAs pay for health care services in the purchaser's market. Qualcomm Inc. leveraged PBGH's market pricing data as a key additional input, allowing a more rigorous evaluation of carriers and TPAs and strengthening its procurement process.

While Qualcomm Inc.'s experience is illustrative, other large purchasers,\* such as Costco Wholesale Corporation, The Boeing Company, and the City and County of Denver, were able to identify specific market opportunities for their populations. As this work expands in future iterations, purchasers can explore additional use cases to design benefits strategies that more effectively balance affordability, quality, and value.

\* In the first phase of the PBGH Health Care Data Demonstration project, this specifically includes Costco Wholesale Corporation, the City and County of Denver, and other large self-funded employers.

## 6. Policy Implications and Regulatory Recommendations

### Critical Data Access Barriers

As discussed, barriers to access and utility of the transparency data persist. In many cases, both hospitals and health plans need to refine their reporting systems and address current limitations to meet the intent of federal rules. This should also be done with the customer in mind to ensure that transparency files meet customer needs. Stronger federal enforcement combined with customer demand is likely to drive improved utility.

But transparency data was not the only data access challenge. Despite clear federal statutory mandates under ERISA and the Public Health Service Act,<sup>13</sup> as well as subregulatory guidance from the Administration,<sup>14</sup> purchasers continue to face significant barriers to accessing their own health care claims data. One purchaser participating in the data project spent more than 10 months resolving access disputes over their own health care claims data, delaying analysis and undermining the goals of the federal transparency initiatives.

Service providers frequently challenged purchasers' rights to access their own data. Some argued that once data entered their systems, it became proprietary. Others pointed to provider contracts that included explicit prohibitions on data sharing, such as barring purchasers from comparing carrier/service provider performance or using data for plan management. These positions directly conflict with the intent of the transparency regulations, the statutory prohibition on "gag clauses" in the CAA,<sup>\*</sup> and may even be inconsistent with the Health Insurance Portability and Accountability Act ("HIPAA").<sup>\*\*</sup>

Direct engagement with carrier/TPA/service provider legal counsel revealed resistance to changing business practices, with fundamental disagreements about statutory interpretation. Even when access was eventually granted, it

was sometimes accompanied by restrictive disclosure requirements, lengthy delays, and significant legal costs for purchasers. These obstacles can reduce the data's utility for strategic decision-making and may increase fiduciary risks for purchasers.

### Regulatory Enhancement Recommendations

Based on our analysis, several regulatory enhancements would significantly improve the effectiveness and enforceability of the federal price transparency rules:

**Data Standardization.** Current regulations permit service providers to publish MRFs that technically comply with disclosure requirements but are analytically unusable. Stronger requirements for data formatting, indexing, and accessibility would significantly improve utility without imposing undue burden on reporting entities.

**Custom Code Restrictions.** Hospitals and service providers frequently publish proprietary or custom billing codes rendering external interpretation impossible. Regulators should require the use of standard code sets whenever available, and strictly define how custom codes must be reported when no standard exists.

**Prescription Drug Integration.** Physician-administered drugs appear inconsistently in HPT files, and comprehensive pharmaceutical pricing data remains absent from the TiC files. Fully implementing transparency requirements to include prescription drug pricing is essential for purchasers to manage a major driver of health care costs.<sup>\*\*\*</sup>

\* [CAA § 201](#) at pgs. 2890 - 2894.

\*\* 45 CFR § 164.506 of the HIPAA Privacy Rule permits an employer, as a covered entity, to use their claims data for several reasons related to "health care operations," which are set forth in § 164.506(c).

\*\*\* PBGH understands that prescription drug pricing information in MRFs under TiC are forthcoming in 2026. We [responded](#) to the Administration's RFI on the implementation of this portion of TiC in July 2025.

**Enhanced Enforcement Mechanisms.** The wide variation in data usability across regional markets reflects insufficient compliance monitoring. Stronger enforcement and meaningful penalties for inadequate submissions would improve the reliability of transparency data.\*

**Billed Charge Disclosure.** Service provider submitted “percent of charge” data without underlying billed charges is misleading. Hospitals are required to post chargemasters, but payers are not. Mandating payers to post billed charge information would enable purchasers to accurately assess the value of negotiated discounts.

**Claims Data Access.** The statutory language of the CAA clearly entitles purchasers to have (1) complete, unrestricted access to their deidentified claims data, including billed and allowed amounts as well as any provider contract terms affecting payment, and (2) unrestricted rights to share data with HIPAA business associates for of their choosing for analysis, interpretation, validation, and any other purposes they deem important.<sup>15</sup> Despite this – and despite the Administration’s clarification in FAQ 69 that the gag clause prohibition applies to agreements downstream of the Administrative Service Agreement (“ASA”)<sup>16</sup> – some carriers and service providers continue to obstruct purchasers’ access to their data. CMS should take stronger enforcement action to ensure compliance.

**Provider Network Agreement Access.** Purchasers are bound by the provider network agreements negotiated by their carriers and TPAs, yet they are not parties to these contracts and typically cannot review them.\*\* This opacity prevents purchasers from understanding how claims are adjudicated and why payer-reported prices in the TiC files may diverge from hospital reported prices in the HPT files. Contract language within provider network agreements may explain some of these discrepancies. Access to these agreements is critical for true financial transparency and fiduciary oversight.



\* PBGH provided detailed recommendations for more effective penalties and enforcement in our [response](#) to the Administration’s RFI on hospital price transparency enforcement and our [comments](#) to CMS’s CY 2026 OPSS Proposed Rule.

\*\* Section 201 of the CAA contains a significant limitation, in that it only allows a purchaser to access a narrow sliver of the provider network agreements that a carrier, TPA, or PBM has in-place with providers. Namely, Section 201 of the CAA [only entitles](#) purchasers access to “claim-related financial obligations included in the provider contract.”

## 7. Limitations and Future Research Directions

This analysis represents an initial exploration of the potential of health care transparency data, rather than a comprehensive assessment of all its possible applications. Several limitations should guide the interpretation of findings and inform priorities for future research:

- **Sample limitations.** While participating purchasers represented diverse industries and geographies, they constituted a relatively small group of sophisticated and forward-thinking purchasers that might not fully represent the broader purchaser population. Similarly, the regional focus on 10 markets provided analytical depth, but limited generalizability to other geographic areas with different market dynamics.
- **Directional utility.** Notwithstanding the aforementioned data limitations, the findings and underlying analysis provide directionally useful insights to inform purchasing strategies and tactics. PBGH continues to build on the dataset developed in this phase of research, and will share additional findings as the project expands.
- **Data usability evolution.** Reporting practices may improve over time as payers and hospitals improve their adherence to transparency requirements, and as enforcement becomes more consistent. This study's analytical framework is comprehensive. However, it represents just one of many possible approaches for integrating transparency and quality data.
- **Future research priority.** Additional work should expand analysis to a broader set of purchasers and geographic markets, test alternative analytical methodologies, and track longitudinal improvements in both data usability and market responses to increased transparency. Such studies will be essential to assess whether transparency regulations are achieving their intended policy objectives.



## 8. Conclusions and Implications for Health Care Markets

Our analysis demonstrates that federal health care price transparency regulations have created valuable data resources that, when effectively analyzed, can support more sophisticated and value-based purchasing strategies. Historically, self-insured purchasers lacked the information needed to determine whether they were paying fair prices for high-quality services. Despite spending billions of dollars annually on health care and health benefit consultants, the opacity of actual prices and quality performance has constrained informed decision-making. While some industry actors may seek to use price transparency to raise prices,<sup>17</sup> self-insured purchasers have strong incentives to use the data to select high-value partners and drive affordability in health care.

The findings reveal both the promise and the limitations of current transparency requirements. On one hand, usable pricing data now exists in many markets, offering a foundation for more competitive markets. On the other hand, realizing this potential requires significant analytical infrastructure to transform raw machine-readable files into usable insights. The lack of correlation between price and quality, combined with wide and seemingly arbitrary price variation, underscores that health care markets do not function according to conventional economic logic. Transparency requirements provide a pathway to correct this dysfunction, but only if barriers, such as data access restrictions imposed by carriers and TPAs, are addressed.

For self-insured purchasers, the PBGH data project offers a roadmap for using transparency data to meet fiduciary obligations, strengthening oversight, and identifying cost reduction opportunities without compromising quality. However, the technical complexity of analyzing transparency files means most purchasers will need either to build internal analytical capacity or partner with specialized firms. To date, few, if any, firms serving self-insured

employers have developed these capabilities. Industry practices will need to evolve towards models that emphasize actual prices and outcomes and move away from TPA discount analyses that do not show relative pricing.

Regulatory enhancements are essential to maximize the impact of transparency initiatives. Most carriers and service providers are technically compliant with existing rules, but compliance is oriented towards meeting the bare minimum rather than practical utility for purchasers and patients. Aligning federal regulations more closely with purchaser information needs, through stronger data standardization, improved access rights, and robust enforcement, would dramatically improve the effectiveness of the current transparency framework, without fundamentally altering the regulatory framework.

Most importantly, this project proves that rational health care purchasing decisions become possible when comprehensive price and quality data are properly integrated and analyzed. Like in other industries, competition can drive efficiency once information asymmetries\* are reduced. Overcoming entrenched opacity and “black box” pricing practices could allow health care markets to function more like other economic sectors, delivering affordability and value. For America’s working families, who ultimately bear the costs of inefficiency through reduced wages and higher out-of-pocket costs,<sup>18</sup> the stakes of realizing this potential could not be higher.

\* For example, one of the most foundational and widely cited economic papers of all time by Kenneth Arrow, “Uncertainty and the Welfare Economics of Medical Care” (1963), is entirely premised on the view that health care markets are so fundamentally different than other markets that health care is a classic case of market failure and, as a result, cannot be expected to obey normal economic laws. The prevailing wisdom among academics (the paper is taught in Economics 101) has largely followed this presumption to a fault – depriving health care markets of a real chance of being functional, competitive, transparent, and responsive to the needs of purchasers and consumers.

## 9. Endnotes

- 1 CMS (N.D.) “Hospital Price Transparency” *Initiatives* [\[Link\]](#) (Last modified 5/22/2025)
- 2 CMS (N.D.) “Transparency in Coverage” *Initiatives* [\[Link\]](#) (Last modified 8/14/2025)
- 3 PBGH and our data project partners adhered to strict data privacy standards throughout the project, ensuring that patient and data privacy were prioritized and protected at all times. PBGH did not receive personal health information (“PHI”) at any point during the project.
- 4 Tri-Agencies (Nov. 12, 2020) “Transparency in Coverage Final Rule” *Federal Register*, Vol. 85, No. 219 [\[Link\]](#) at p. **72208**
- 5 For an overview of the legal risk that fiduciaries face, see PBGH’s March 2025 [policy issue brief](#) generally and, more specifically, the four class action lawsuits that purchasers are facing over (allegedly) paying excessive health care fees: (1) [Lewandowski v. Johnson & Johnson](#) (1/24/24), [S.M.O. v. Mayo Clinic](#) (4/2/2024), [Navarro et al. v. Wells Fargo](#) (7/30/24), and [Stern et al. v. JPMorgan Chase & Co](#) (3/13/2025).
- 6 U.S. CMS (Apr. 11, 2025) “Wage Index” [\[Link\]](#) (“Section 1886(d)(3)(E) of the Social Security Act requires that, as part of the methodology for determining prospective payments to hospitals, the Secretary must adjust the standardized amounts “for area differences in hospital wage levels by a factor (established by the Secretary) reflecting the relative hospital wage level in the geographic area of the hospital compared to the national average hospital wage level.”)
- 7 See e.g., Gaynor (2018) “Examining the Impact of Health Care Consolidation” *House Energy and Commerce Committee Testimony* [\[Link\]](#) (“Extensive research evidence shows that consolidation between close competitors leads to substantial price increases for hospitals, insurers, and physicians, without offsetting gains in improved quality or enhanced efficiency”); Goldsmith et al. (Feb. 2015) “Integrated Delivery Networks: In Search of Benefits and Market Effects” *National Academy of Social Insurance* [\[Link\]](#) (Finding that there is “no difference in clinical quality or safety scores” between Integrated Delivery Networks and their in-market competitors); and Burke and Ryan (Feb. 2014) “The Complex Relationship Between Cost and Quality in US Health Care” *AMA Journal of Ethics*, Vol. 16, No. 2 [\[Link\]](#)
- 8 See e.g., Schwartz et al. (Sep. 2020) “What We Know About Provider Consolidation” *KFF* [\[Link\]](#) and Liu et al. (Sep. 2022) “Environmental Scan on Consolidation Trends and Impacts in Health Care Markets” *RAND* [\[Link\]](#) (Finding “strong evidence that hospital horizontal consolidation is associated with higher prices paid to providers and some evidence of the same for vertical consolidation of hospitals and physician practices. Health care spending is likely to increase in tandem with these price increases.”)
- 9 Guardado and Kane (Nov. 2024) “Competition in Health Insurance: A Comprehensive Study of U.S. Markets (2024 update)” *American Medical Association, 23<sup>rd</sup> Edition* [\[Link\]](#)
- 10 *Ibid.*
- 11 Specifically, the [obligation](#) under ERISA is for employers to purchase and provide high-quality benefits “solely in the interest” of plan participants at “only reasonable expense.” While public entities are not subject to ERISA, similar fiduciary standards [frequently apply](#) to trustees of public sector benefit plans – so the need to manage health care costs prudently exists for all purchasers.
- 12 Tri-Agencies (Nov. 12, 2020) “Transparency in Coverage Final Rule” *Federal Register*, Vol. 85, No. 219 [\[Link\]](#) at p. **72208**
- 13 The CAA’s gag clause prohibition under CAA § 201, modifying PHSA § 2799A-9 and ERISA § 724 [\[Link\]](#) at pgs. 2890 - 2894.
- 14 For the Administration’s FAQ guidance on gag clause prohibition implementation, see the tri-agencies’ FAQ 57 [\[Link\]](#) and, more recently, FAQ 69 [\[Link\]](#)
- 15 CAA § 201 [\[Link\]](#) at **pgs. 2890 and 2891.**
- 16 U.S. CMS, DOL, and the Treasury (Jan. 14, 2025) “FAQs about Consolidated Appropriations Act, 2021 Implementation Part 69” [\[Link\]](#)

- 17 See, e.g., Trek Health (N.D.) “Unlocking Better Reimbursements: How Providers Can Use Payer Transparency Data” [\[Link\]](#) (“Providers should thoroughly evaluate their rates against prevailing industry standards to identify areas where their services may be undervalued. For instance, a hospital specializing in diabetes treatment may find through transparency data that their regional rates are lower than those of competitors. By presenting this insight during negotiations, the provider could substantiate a request for higher reimbursement rates”); Long Delzio (Apr. 29, 2025) “Payer Price Transparency: Use it to Increase Rates & Revenue” *MD Clarity, Revenue Cycle Management* [\[Link\]](#); and Daly (Jul. 7, 2025) “Providers Urged to Leverage Data and Strategy for Successful Payer Negotiations” *HFMA* [\[Link\]](#)
- 18 See e.g., Hager et al. (January 2024) “Employer-Sponsored Health Insurance Premium Cost Growth and its Association with Earnings Inequality Among U.S. Families,” *JAMA Network Open*, Vol. 7, No. 1 [\[Link\]](#) and Arnold and Whaley (Jul. 2020) “Who Pays for Health Care Costs? The Effects of Health Care Prices on Wages” *RAND* [\[Link\]](#)

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## About the Purchaser Business Group on Health (PBGH)

[Purchaser Business Group on Health \(PBGH\)](#) is a nonprofit coalition representing 40 private employers and public entities across the U.S. that collectively spend \$350 billion annually purchasing health care services for more than 21 million Americans and their families. PBGH has a 35-year track record of incubating new, innovative operational programs in partnership with large employers and other health care purchasers. Our initiatives are designed to test innovative methods and scale successful approaches that lower health care costs and increase quality across the U.S.

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# 11. Appendices

## Appendix 1: List of Metropolitan Statistical Areas, Hospitals, And Payer Networks in Each Regional Market

This appendix lists some of considerations for the inclusion and exclusion for each of the 10 regional markets, including the Metropolitan Statistical Areas (MSAs), major hospitals/health systems, and the large carriers, sometimes referred to as group payers or third-party administrators (TPAs).

Many of the carriers offer multiple networks in the regional markets, including both PPOs and HMOs. Some of these organizations may have narrow or high-performance networks, which are not considered in this analysis.

### Regional Market 1 – Seattle/Puget Sound

This regional market includes price transparency data for two MSAs in Washington (WA) — Seattle-Bellevue-Kent, WA and Tacoma-Lakewood, WA. Major hospitals and health systems in the region include:

- CommonSpirit Health
- MultiCare Health System
- Providence
- Seattle Children’s
- University of Washington Medicine

There are also a number of public hospital district facilities in this region, including EvergreenHealth facilities, Snoqualmie Valley Hospital, and Valley Medical Center.

The major large group payers/TPAs, and their broadest group network that the analysis was focused on were:

<b>Group Payer/TPA</b>	<b>Network Used for Analysis</b>
Aetna	Aetna Choice POS II
Premera Blue Cross	Premera Heritage
Regency Blue Shield	Regence Preferred
Cigna	Cigna OAP
Kaiser	Excluded due to lack of sufficient transparency data
UnitedHealthcare (UHC)	UHC Choice Plus

## Regional Market 2 – Oregon

This regional market includes price transparency data for the entire state of Oregon. Major hospitals and health systems in the region include:

- Adventist Health Portland
- Asante
- Kaiser Permanente
- Legacy Health
- Oregon Health & Science University
- PeaceHealth
- Providence
- Salem Health
- St. Charles Health System, Inc.

The major large group payers/TPAs, and their broadest group network that the analysis was focused on were:

Group Payer/TPA	Network Used for Analysis
Aetna	Aetna Choice POS II
Asuris	Excluded given they submitted the same MRFs as Regence Blue Cross Blue Shield and both are operated by Cambia Health
Cigna	Cigna OAP
Kaiser	Excluded due to lack of sufficient transparency data
Moda	Moda Connexus
Providence	Providence Choice
Regence Blue Cross Blue Shield	Regence Preferred
UnitedHealthcare (UHC)	UHC Choice Plus

## Regional Market 3 – Northern California

This regional market includes price transparency data for a number of MSAs in Northern California. This paper covers the entire state of California with MSAs categorized into Northern or Southern regions. Please note this split is an approximation and is not based on any official definition, and all MSAs are included in one of the two regions. For purposes of the analysis, the California Non-MSA Area was placed with Northern California results. The Northern California regional market includes the following MSAs:

- Chico, CA
- Fresno, CA
- Merced, CA
- Modesto, CA
- Napa, CA
- Non-MSA Area, CA
- Oakland-Berkeley-Livermore, CA
- Redding, CA
- Sacramento-Roseville-Folsom, CA
- Salinas, CA
- San Francisco-San Mateo-Redwood City, CA
- San Jose-Sunnyvale-Santa Clara, CA
- San Rafael, CA
- Santa Cruz-Watsonville, CA
- Santa Rosa-Petaluma, CA
- Stockton, CA
- Vallejo, CA
- Yuba City, CA

Major hospitals and health systems in the region include:

- Adventist Health
- CommonSpirit Health (includes Dignity Health facilities)
- John Muir Health
- Kaiser Permanente
- Stanford Health Care (includes Lucile Packard Children’s Hospital)
- Sutter Health
- University Of California (UC) Davis
- UC San Francisco

The major large group payers/TPAs, and their broadest group network that the analysis was focused on were:

<b>Group Payer/TPA</b>	<b>Network Used for Analysis</b>
Aetna	Aetna Choice POS II
Anthem	Anthem PPO
Blue Shield of CA	Blue Shield of CA Full PPO
Cigna	Cigna OAP
Kaiser	Excluded due to lack of sufficient transparency data and insufficient Kaiser hospital data for its PPO networks
UnitedHealthcare (UHC)	UHC Choice Plus

The Anthem product included in the study varies from region to region. Please note that the analysis in California focuses on the Anthem PPO given it seems to be the primary group network based on the number of employers associated with the PPO MRFs for California.

## Regional Market 4 – Southern California

This regional market includes price transparency data for a number of MSAs in Southern California. This paper covers the entire state of California with MSAs categorized into Northern or Southern regions. Please note this split is an approximation and is not based on any official definition, and all MSAs are included in one of the two regions. For purposes of the analysis, the California Non-MSA Area was placed with Northern California results. The Southern California regional market includes the following MSAs:

- Anaheim-Santa Ana-Irvine, CA
- Bakersfield, CA
- El Centro, CA
- Hanford-Corcoran, CA
- Los Angeles-Long Beach-Glendale, CA
- Oxnard-Thousand Oaks-Ventura, CA
- Riverside-San Bernardino-Ontario, CA
- San Diego-Chula Vista-Carlsbad, CA
- San Luis Obispo-Paso Robles, CA
- Santa Maria-Santa Barbara, CA
- Visalia, CA

Major hospitals and health systems in the region include:

- Adventist Health
- Cedars-Sinai Health System
- CommonSpirit Health (includes Dignity Health facilities)
- Keck Medicine of USC (University of Southern California)
- Loma Linda University Health
- Providence
- Scripps Health
- Sharp HealthCare
- UC San Diego
- UC Los Angeles (UCLA) Health

The major large group payers/TPAs, and their broadest group network that the analysis was focused on were:

<b>Group Payer/TPA</b>	<b>Network Used for Analysis</b>
Aetna	Aetna Choice POS II
Anthem	Anthem PPO
Blue Shield of CA	Blue Shield of CA Full PPO
Cigna	Cigna OAP
Kaiser	Excluded due to lack of sufficient transparency data and insufficient Kaiser hospital data for its PPO networks
UnitedHealthcare (UHC)	UHC Choice Plus

The Anthem product included in the study varies from region to region. Please note that the analysis in California focuses on the Anthem PPO product given it seems to be the primary group network based on the number of employers associated with the PPO MRFs for California.

## Regional Market 5 – Phoenix

This regional market includes price transparency data for the Phoenix-Mesa-Chandler, Arizona (AZ) MSA. Major hospitals and health systems in this regional market include:

- Banner Health
- CommonSpirit Health (includes Dignity facilities, Chandler Regional Medical Center, Mercy Gilbert Medical Center, St. Joseph’s Hospital and Medical Center)
- HonorHealth
- Mayo Clinic Phoenix
- Phoenix Children’s Hospital
- Tenet Healthcare Corporation (includes Abrazo facilities)

The major large group payers/TPAs, and their broadest group network that the analysis was focused on were:

<b>Group Payer/TPA</b>	<b>Network Used for Analysis</b>
Aetna (including Banner/Aetna joint venture)	Aetna Choice POS II
Blue Cross and Blue Shield of Arizona (BCBS AZ)	BCBS AZ Satewide PPO
Cigna	Cigna OAP
UnitedHealthcare (UHC)	UHC Choice Plus

## Regional Market 6 – Denver

This regional market includes price transparency data for the Denver-Aurora-Lakewood, Colorado (Denver) MSA. Major hospitals and health systems in the regional market include:

- AdventHealth
- Children’s Hospital Colorado
- CommonSpirit Health
- Denver Health and Hospital Authority
- HCA HealthONE (includes Presbyterian St. Luke’s Medical Center, Swedish Medical Center, Sky Ridge Medical Center, The Medical Center of Aurora)
- Intermountain Healthcare
- UCHealth

The major large group payers/TPAs, and their broadest group network that the analysis was focused on were:

Group Payer/TPA	Network Used for Analysis
Aetna	Aetna Choice POS II
Anthem	Anthem PPO
Cigna	Cigna PPO
Kaiser	Excluded due to lack of sufficient transparency data
UnitedHealthcare (UHC)	UHC Choice Plus

The Anthem product included in the study varies from region to region. Please note that the analysis in Denver focuses on the Anthem PPO product given it seems to be the primary group network based on the number of employers associated with the PPO MRFs for Colorado. Cigna PPO network was used in this regional market instead of Cigna OAP as the OAP files included very limited data in Denver. Across the country, the Cigna PPO and OAP networks tend to have the same rates at most facilities.

## Regional Market 7 – Dallas

This regional market includes price transparency data for the Dallas-Plano-Irving, Texas (Dallas) MSA. Major hospitals and health systems in the region include:

- Baylor Scott & White Health
- Children’s Health
- HCA Healthcare (includes Medical City facilities)
- Methodist Health System
- Parkland Health
- Southwestern Health Resources

The major large group payers/TPAs, and their broadest group network that the analysis was focused on were:

Group Payer/TPA	Network Used for Analysis
Aetna	Aetna Choice POS II
Baylor Scott & White Health Plan	Excluded due to lack of sufficient transparency data
Blue Cross and Blue Shield of Texas (BCBS TX)	BCBS TX Blue Choice PPO
Cigna	Cigna OAP
UnitedHealthcare (UHC)	UHC Choice Plus

## Regional Market 8 – Chicago

This regional market includes price transparency data for the Chicago-Naperville-Evanston, Illinois (Chicago) MSA. Major hospitals and health systems in the region include:

- Advocate Health
- Ann & Robert H. Lurie Children’s Hospital of Chicago
- Ascension Illinois
- Cook County Health
- Endeavor Health
- Northwestern Medicine
- Rush University System for Health
- Trinity Health
- UChicago Medicine AdventHealth

Other important facilities include University of Illinois Hospital and Clinics, Swedish Hospital, and Silver Cross Hospital and Medical Centers.

The major large group payers/TPAs, and their broadest group network that the analysis was focused on were:

Group Payer/TPA	Network Used for Analysis
Aetna	Aetna Choice POS II
Blue Cross and Blue Shield of Illinois (BCBS IL)	BCBS IL Participating Provider Options
Cigna	Cigna OAP
UnitedHealthcare (UHC)	UHC Choice Plus

## Regional Market 9 – Atlanta

This regional market includes price transparency data for the Atlanta-Sandy Springs-Alpharetta, Georgia (GA) MSA. Major hospitals and health systems in the region include:

- Emory Healthcare
- Grady Health System (includes Children’s Healthcare of Atlanta)
- Northside Hospital System
- Piedmont Healthcare
- Tanner Health System
- Wellstar Health System

The major large group payers/TPAs, and their broadest group network that the analysis was focused on were:

Group Payer/TPA	Network Used for Analysis
Aetna	Aetna Choice POS II
Anthem	Anthem POS
Cigna	Cigna OAP
Kaiser	Excluded due to lack of sufficient transparency data
UnitedHealthcare (UHC)	UHC Choice Plus

The Anthem product included in the study varies from region to region. Please note that the analysis in Atlanta focuses on the Anthem POS product given it seems to be the primary group network based on the number of employers associated with the POS MRFs compared to other products such as the PPO. In other regional markets, the PPO or EPO products appear to have the largest group enrollment.

## Regional Market 10 – New York City/Northern New Jersey

This regional market includes price transparency data for the New York-Jersey City-White Plains, NY-NJ (New York City) MSA. Major hospitals and health systems in the region include:

- Hackensack Meridian Health
- Montefiore Health System
- Mount Sinai Health System
- New York City Health and Hospitals Corporation
- NewYork-Presbyterian
- Northwell Health
- NYU Langone Health System
- RWJBarnabas Health

The major large group payers/TPAs, and their broadest group network that the analysis was focused on were:

<b>Group Payer/TPA</b>	<b>Network Used for Analysis</b>
Aetna	Aetna Choice POS II
Anthem (includes legacy Empire BCBS plans)	Anthem PPO (same as Empire PPO)
Cigna	Cigna OAP
EmblemHealth	EmblemHealth National / Bridge
Horizon BCBS NJ	Horizon BCBS NJ Managed Care
UnitedHealthcare (UHC)	UHC Choice Plus

The Anthem product included in our study varies from region to region. Please note that the analysis in New York City/Northern New Jersey focuses on the Anthem PPO product given it seems to be the primary group network based on the number of employers associated with the PPO MRFs compared to other products. Empire was acquired by Anthem as of January 1, 2024, but many of the Empire networks are still available under the Anthem brand. There appeared to be three main Anthem networks for large employers in New York City. They are listed below from most narrow to most broad:

- Connection
- Blue Access
- EPO / PPO

## Appendix 2: More Details on Data Usability Methodology

The Percent of Expected, the primary metric used in the Data Demonstration Project to measure data completeness and usability, is critical when analyzing results, however, it is not intended to be a measure for assessing compliance with the HPT and TiC requirements. The Percent of Expected reflects how readily usable the transparency data is for the purpose of PBGH's Data Demonstration Project.

We found varied levels of data completeness and usability across regional markets, carriers, networks, providers, places of services, procedures and diagnostic conditions. We also found that sometimes the HPT and TiC data was reported for compliance purposes and lacked usability from purchaser's perspectives. For these reasons, it is imperative to cross-check data from different sources and against expert knowledge in health care contracting. There are gaps and opportunities for further improvement in how data is reported as well as for policy makers to update regulations and/or provide more clarity and rigor in data and reporting requirements.

### Section A – Review of Scenarios of Data Usability or The Lack of

#### I. When Percent of Expected or Expected Data Usability Is High

Instances have been observed where the posted transparency data is relatively complete, but the data may not be accurate or reliable for various reasons, for example, multiple rates were posted for the same provider under the same network for the same procedure. Even when the Percent of Expected value is high, it is still important to evaluate the reasonableness of the results.

#### II. When Percent of Expected or Expected Data Usability Is Low or Zero

There still could be meaningful, compliant data in the posted transparency files, the Machine Readable Files ("MRFs"). For example:

##### 1. Percent of Charge Contracts – Generally Not Usable to Derive Allowable Amount / Negotiated Rate Unless Billed Charge Amount Is Reported or Available in Other Data Sources, But Might Still Have Other Utility.

In the TiC data, payers are allowed to report a percent of charge as their method to determine negotiated rates (e.g., the negotiated rate is 50% of billed charges). However, unless there is a known billed charge amount – which is not a required element in the TiC data – it is not possible to calculate a negotiated rate and, therefore, not a usable data point for comparing contracted rates unless other payers have also posted percent of charge values. In this instance, other data sources are evaluated to fill the gap.

- a. The HPT data does require billed charges, which may be used, where available, to derive an allowed amount / negotiated rate. For this study, the derived value is included in the estimation of Percent GRVU Medicare, hence the Percent of Expected or data usability increases.
- b. When the HPT data is also missing the billed charges, the negotiated rate cannot be estimated, hence the Percent of Expected or data usability could be low even when there is compliant data available in the MRFs.
- c. However, such data may still be usable for ad hoc analysis, for instance, for comparisons when multiple payers have a percent-of-charge contract with a provider, and vice versa.

## 2. Non-Standard Codes for Contract Negotiation – Usability Varies and Dependent on Validation from Other Sources

There are many different types or sets of codes that may be utilized in payer / provider contracts. These analyses accounted for many of these standard code types (e.g., Revenue Code, HCPCS, MS-DRGs, APR-DRGs, APCs). However, the posted transparency data includes, in some cases, other non-standard code types, for example:

- a. **Valid code types.** Valid codes include, but are not limited to, EAPGs, NDCs, ICD-10s, and CDTs. When supporting rate information for these code types is absent, they are excluded from the aggregated relativities and Percent of Expected metrics for this study.
- b. **Custom codes.** Payers also report custom codes in the transparency files data across the country. The use of custom codes is permitted under both HPT and TiC schemas if there is not a standard code available to describe a particular service. Additionally, in the TiC data, payers are also permitted to use a code type value of CSTM-ALL with a billing code of CSTM00 if every service is reimbursed at the same rate (such as a uniform percent-of-charge contract), rather than listing out the same value for all possible codes. Since there is often no standard definition of the services included in custom codes, and payers sometimes post multiple rates under CSTM00 for the same provider, it can be difficult to derive a negotiated rate for specific procedures. Therefore, the usability of this data is often limited.

## 3. Non-Standard Data Format Reported in The HPT Data Limits Data Usability

In some cases, hospitals post data in an unusable format under the current HPT schema. For example, the current HPT schema assumes all negotiated rates fall under one of three categories:

- a. Dollar Amount
- b. Percentage Rate
- c. Standard Algorithm

Under the regulations, hospitals should report an estimated allowed amount for rates reimbursed as a percentage or algorithm to provide some comparable cost information in dollars. The estimated allowed amount should reflect the average reimbursement amount in dollars based on historical claims for services reimbursed as a percentage rate or algorithm.

Several hospitals only provided data for the estimated allowed amount field and did not report any dollar or percentage rates. When this occurs, it is not always clear if (i) the reported data / value is reimbursed based on a particular algorithm, (ii) the actual negotiated rates are reported in the estimated allowed field, or (iii) the information is missing altogether. As a result, the data is not usable to be included in the estimations of GRVU Medicare or Percent of Expected metrics.

However, due to the frequency of this issue, updates to the transparency data processing logic to utilize the estimated amounts in absence of negotiated rates are being evaluated. This could improve the usability of some of the HPT data, assuming these estimated amounts are a reasonable proxy for negotiated rates.

Additionally, CMS has noted that this structure might be a barrier to transparency data analytics in the CY 2026 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center Proposed Rule. CMS is currently seeking comments regarding how to address this issue.

## 4. Missing or Imprecisely Categorized Data.

In some cases, payers or hospitals fail to include, in their transparency files, some key information (e.g., provider information) or imprecisely report certain data (e.g., labeling facility rates as professional, not including the Severity of Illness (SOI) value for APR-DRGs). In these instances, some otherwise usable data may be excluded in the aggregated relativities and estimation of Percent of Expected or data usability.

## Section B – Illustration of Data Usability Challenges

This section illustrates few examples of data usability challenges commonly encountered in this study, including payer data posted by four major carriers as well as hospital-posted data.

### I. Payer Data – Banner – University Medical Center Phoenix As An Example

To illustrate the above points in more detail, let's deep dive into TiC data for Banner - University Medical Center Phoenix to highlight how the different ways the data is posted impact the data usability.

The Percent of Expected results are very strong for all four payers (Aetna, BCBS AZ, Cigna and UnitedHealthcare (“UHC”)) for facility inpatient (“FIP”) services and well above 75%. As a result, the inpatient data appears to be usable for aggregated cost comparisons.

On the other hand, on a Percent of Expected basis, the facility outpatient (“FOP”) results are mixed indicating the data is potentially less usable. However, upon a closer look at the code level data, one can gain additional insight into the categories with a lower Percent of Expected value. The table below summarizes the number of codes by payer network for the three most common code types that both have a negotiated rate within a reasonable range and are included in the high-level summary comparisons (including aggregated Percent of GRVU Medicare metrics and estimation of the Percent of Expected).

	MSDRG	HCPCS	Revenue Code
<b>FIP</b>			
Aetna Choice POS II	743		4
Cigna OAP	708		17
BCBS AZ Statewide PPO	743		
UHC Choice Plus	742		23
<b>FOP</b>			
Aetna Choice POS II		6,019	1
Cigna OAP		<b>2,136</b>	1
BCBS AZ Statewide PPO		7,081	
UHC Choice Plus		<b>3,724</b>	

The table above shows that the FIP data is consistently reported with a nearly full set of MS-DRG codes available for comparison from all four payers.

There is much more variability on the FOP side, as Cigna and UHC have fewer HCPCS codes that are considered usable. It is not clear from the code counts if the data is excluded by the rate reasonability algorithm or posted in some other format that does not permit aggregating such as the use of custom codes as described above.

Furthermore, to better understand the posted data, we also need to review the data that is excluded for each payer network to determine if there is usable information, as there is often usable information at the code level even when the Percent of Expected metric is low.

## Aetna Choice POS II

Based on the volume of codes present in the data, Aetna appears to have posted a full fee schedule of services including many services that are not considered common procedures at this type of facility and can be referred to as “ghost rates.”

More interestingly, Aetna appears to have a high proportion of rates that are excluded from the calculations because more than one negotiated rate was submitted for the same provider / network / code / place of service (POS) / modifier combination.

Below is an example for a single colonoscopy code:

Payer	Network Name	Category	Code Type	Code	Negotiated Type	Amount
Aetna	Choice POS II	FOP Surgery	HCPCS	45380	Negotiated Fee	<b>\$1,267.00</b>
Aetna	Choice POS II	FOP Surgery	HCPCS	45380	Negotiated Fee	<b>\$4,521.00</b>
Aetna	Choice POS II	FOP Surgery	HCPCS	45380	Negotiated Fee	<b>\$6,483.00</b>
BCBS AZ	Statewide PPO	FOP Surgery	HCPCS	45380	Negotiated Fee	\$4,357.45
United Healthcare	UHC Choice Plus	FOP Surgery	HCPCS	45380	Negotiated Fee	\$5,105.00

In this example, Aetna posted three different negotiated rates for the same code, while BCBS AZ and UnitedHealthcare have only one rate (as expected). From the data, it is not clear why there are three different Aetna rates nor is it clear which rate is the most appropriate to use.

## BCBS AZ Statewide PPO

Similar to Aetna, BCBS AZ appears to have posted a robust fee schedule for this facility and also has many “ghost rates,” which are excluded in the aggregations of data. This highlights the importance of utilization values that can more appropriately filter and weight codes that represent likely services for a given provider type.

## Cigna OAP

Cigna appears to have reported limited information for outpatient procedures, including surgery and other categories. Only about 2,100 HCPCS were included in the high-level summary analysis. The excluded data showed additional HCPCS as well as two custom codes (CSTM00) with two different percentages of billed charge reimbursement rates of 50% and 69%. In the raw posted TiC data, Cigna denoted the following for the CSTM00 codes:

Billing code	Billing Code Type	Negotiated Type	Negotiated Rate	Additional Information
CSTM00	CSTM-ALL	percentage	50	Inpatient services not otherwise priced
CSTM00	CSTM-ALL	percentage	50	Outpatient services not otherwise priced
CSTM00	CSTM-ALL	percentage	69	Outpatient services not otherwise priced

The inpatient data was well-populated with MS-DRGs, so it is likely the 50% rate would not apply in many circumstances. However, the outpatient percent of charge data has limited usability given there are multiple rates, and it is not clear when each rate applies.

## UHC Choice Plus

UHC reported limited information for all outpatient categories, except surgery. Only about 3,700 HCPCS were included in the high-level summary analysis.

The excluded data revealed that UHC posted 46 custom codes with different reimbursement rates. Based on the values provided (sample shown below), there are certain cases where standard codes possibly could have been used in place of the custom information. For example, non-standard codes, such as “PTH”, “CHM”, and “RAD” with corresponding descriptions such as “PHYSICAL THERAPY,” “CHEMOTHERAPY,” and “RADIATION THERAPY” could potentially have been mapped to a known outpatient code. Since no code sets are published for these descriptions – and some of these descriptions appear to overlap (e.g., EMR vs EMR3) – the data is not widely usable for purchasers.

Code Type	Code	Rate Methodology	Amount	Percent Rate
Custom	CHM	Negotiated Fee	\$825.00	
Custom	EMG	Percent of Charge		53.40%
Custom	EMR	Negotiated Fee	\$1,887.00	
Custom	MHCD	Percent of Charge		100.00%
Custom	MISC	Percent of Charge		53.40%
Custom	PTH	Negotiated Fee	\$265.00	
Custom	RAD	Negotiated Fee	\$2,420.00	
Custom	TRAU	Negotiated Fee	\$7,439.00	
Custom	TRMT	Percent of Charge		53.40%

## In Summary

The variety of information provided by each payer highlights some of the challenges of using this data for analytics. Even if all of the data posted above were compliant with the regulations (which is not the intent of this project or publication to validate data compliance), it is harder to interpret and utilize some information than others for purchasers and other stakeholders. The TiC and HPT datasets contain a trove of negotiated rate information, but proper scrutiny and diligence are required to identify data suitable for comparisons.

Since Aetna, Cigna, and UHC are national carriers, there are similar themes in their data across all 10 regional markets. Each Blues plan posted their own files, so data usability varies across the 10 regional markets.

## II. Hospital Data – No Clear Mapping to Payer and Health Plan Network/Name

The data enrichment process includes an in-depth review of TiC data to identify the specific networks for each payer. However, unlike the TiC data, there is generally not a clean mapping of the required payer and plan names to specific networks in the HPT data.

For example, instead of being able to identify the Aetna Choice POS II network, a hospital may indicate the negotiated rate is attributed to “AETNA COMMERCIAL” or “AETNA ALL PRODUCTS.” To compare the HPT data to the TiC data, the HPT plan names that appear most consistent with a broad PPO network are selected for the analytics, which may be imperfect but a logical method.

### Example – Emory University Hospital

The following table demonstrates the varied health plan names for each of the four commercial payers that Emory University Hospital reported in their transparency files. The analytics of this project focus on broad, commercial PPO plans and include the Plan Names of “PPO” for each carrier. It is also assumed that “BCBS” represents Anthem at this facility. This is a relatively straightforward example of the work that needs to be performed to map networks in the hospital data. In many cases, the actual mapping is far more complex than what this example illustrates.

Payer Name	Plan Name
AETNA	EXCHANGE
AETNA	HMO/POS
AETNA	MEDICARE MANAGED CARE PLAN
AETNA	PPO
AETNA	WHOLE HEALTH HPN
BCBS	BLUE VALUE SECURE MEDICARE MANAGED CARE PLAN
BCBS	HMO
BCBS	HPN OTHER COMMERCIAL PLAN
BCBS	PATHWAYS OTHER COMMERCIAL PLAN
BCBS	PPO
CIGNA	HEALTHSPRING MEDICARE MANAGED CARE PLAN
CIGNA	HMO/POS
CIGNA	PPO
UNITEDHEALTHCARE	CORE/CHARTER/NEXUS OTHER COMMERCIAL PLAN
UNITEDHEALTHCARE	HMO
UNITEDHEALTHCARE	MEDICARE MANAGED CARE PLAN
UNITEDHEALTHCARE	PPO

### III. Hospital Data – Commonly Posted “Estimated Allowed Amount” without the “Negotiated Rate or Percentage”, Resulting in More Data Usability Challenges

This is another common challenge in hospital data usability seen across all ten (10) regional markets in this study. To use the posted estimated allowed amounts for analysis, one would need to assume they are accurate representation of negotiated rates. Under this assumption, the Percent of Expected or data usability would likely appear much higher. However, it is difficult to understand the negotiated rates with the information provided. It is also unclear whether the posted estimated allowed amounts are truly an accurate representation of negotiated rates.

#### Example 1 – Emory University Hospital

Emory did not post a negotiated rate or negotiated percentage for any codes for the Aetna and UHC PPOs. Instead, they populated the estimated allowed, minimum/maximum standard charge fields, and included the description “Conditional payment logic at the claim level including numerous contracting methods, hierarchical applications, and service utilization requirements” as the negotiated algorithm for every code. Without more information about how these estimated allowed values were generated, it would be difficult to use this data in analysis unless one were to rely solely on the estimated allowed amounts.

For the Cigna PPO, Emory posted all rates as reimbursed at 72.00% of billed charges.

For BCBS PPO, the FIP rates were posted as reimbursed at 83.72% of billed charges while the FOP rates only included the estimated allowed and minimum/maximum standard charge fields. However, billed charges for any of the FIP codes appeared absent. Therefore, it was not possible to derive negotiated rates for the FIP values.

#### Example 2 – Tanner Medical Center – Carrollton

Tanner Medical Center – Carrollton reported majority of rates being reimbursed as a percentage of billed charges for all four payers. However, no percentage rates or negotiated rates were included for any contracts while the estimated allowed and minimum/maximum standard charge fields were available.

#### Example 3 – Wellstar Kennestone Regional Medical Center

Wellstar Kennestone Regional Medical Center did not report percentage rates or negotiated rates for the four payers included in this study. Like others in this region, Wellstar included the estimated allowed and minimum/maximum standard charge fields and the following comment for every rate in the “additional\_generic\_notes” field:

“Contracting method is an algorithm described in the ‘standard\_charges|algorithm’ field. The estimated allowed amount provided accounts for the structural rates, conditions, and utilization elements inherent in the payers algorithm.”

It is assumed that the ‘standard\_charges|algorithm’ field represents the ‘negotiated algorithm’ field, which has the following value for each record:

“Conditional payment logic at the claim level including numerous contracting methods, hierarchical applications, and service utilization requirements.”

#### Conclusion

Having access to price transparency data is a great starting point. However, to ensure beneficial utility for health care purchasers, it requires more thoughtful planning, rigorous data aggregation and analysis, integration with other data sources such as quality data, expert advisory guidance, data reporting from purchaser’s perspectives and not just checking the compliance box, as well as more clarification from policy makers on data and reporting requirements. PBGH’s Data Demonstration Project demonstrated that it is possible, yet there is a lot more to be done.

### Appendix 3: Usability of TiC Files by Regional Market

A high-level summary of data usability by hospital for the TiC data submitted by payers based on the Percent of Expected metrics are summarized below. Please note these tables only reflect facility inpatient and facility outpatient data. There was far more variation in the usability of negotiated facility rates than professional fees within the MRFs, so figures corresponding to this section focus on the former.

Seattle/Puget Sound's tables were used in the body of the report as examples and not included again in the appendix. All payer (TiC) data used for these illustrations was from the time period of March 2025 to June 2025. The posted price transparency data is being updated continuously, and it is possible that some of the figures in this report will not match more recently posted information.

Each of the tables also includes the Leapfrog Hospital Safety Grade as of Spring 2025. The Leapfrog Hospital Safety Grade Program grades hospitals on their overall performance in keeping patients safe from preventable harm and medical errors. For more information visit [www.hospitalsafetygrade.org](http://www.hospitalsafetygrade.org).\*

\* The Leapfrog Group data used in this display undergoes rigorous verification and quality control processes (see the Leapfrog Hospital Survey, Leapfrog ASC Survey, and the Hospital Safety Grade) and stands behind its methodology; however, as with any data source, The Leapfrog Group cannot warrant or endorse the methodology used by Licensee, End Users, and/or Third Party Vendors incorporating Leapfrog data in their own displays. Therefore, Leapfrog does not warrant or endorse the accuracy, reliability, completeness, currentness or timeliness of any data in this display and therefore shall not be held liable for any losses or damages caused by reliance on this display.

## Oregon — Lower Data Usability Than Other Regional Markets

The data usability in Oregon is lower than other regional markets included in this analysis based on the Percent of Expected metric. Regence has the most facilities that meet the highest threshold (>75%) based on the Percent of Expected metric, but there are many facilities where meaningful comparisons with the data may be more challenging. However, the usability does appear to be stronger at the larger facilities in Oregon, such as Adventist Health Portland, Legacy Emanuel Medical Center, OHSU Hospital and Clinics, Providence Portland Medical Center, etc.

Oregon Payer Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Cigna Cigna OAP		Moda Connexus		Providence Health Plan Choice		Regence BCBS Regence Preferred		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Adventist Health Portland	C	●	●	○	●	●	●	●	●	○	●	●	●	●
AdventistHealth Tillamook	N/A	●	○	●	●	●	●	●	●	○	●	●	●	●
Asante Ashland Community Hospital	N/A	●	○	●	●	●	●	●	●	●	●	●	●	●
Asante Rogue Regional Medical Center	C	●	○	●	●	●	●	●	●	●	●	●	●	●
Asante Three Rivers Medical Center	A	●	○	●	●	●	●	●	●	●	●	●	●	●
Bay Area Hospital	D	●	○	●	●	●	●	●	●	●	●	●	●	●
Blue Mountain Hospital	N/A	●	○	●	●	●	●	●	●	●	●	●	●	●
CHI St. Anthony Hospital	N/A	●	○	●	●	●	●	●	●	○	●	○	●	●
Columbia Memorial Hospital	F	●	●	●	●	●	●	●	●	●	○	●	●	●
Coquille Valley Hospital	N/A	●	○	●	●	●	●	●	●	○	○	●	●	●
Curry General Hospital	N/A	●	○	●	●	●	●	●	●	○	●	●	●	●
Good Samaritan Regional Medical Center	C	●	○	●	●	●	●	●	●	○	●	●	●	●
Good Shepherd Health Care System	N/A	●	○	●	●	●	●	●	●	○	●	○	●	●
Grande Ronde Hospital	N/A	●	○	●	●	●	●	●	●	○	●	○	●	●
Harney District Hospital	N/A	●	○	●	●	●	●	●	●	○	●	○	●	●
Hillsboro Medical Center	D	●	●	●	●	●	●	●	●	○	●	●	●	○
Lake District Hospital	N/A	●	○	●	●	●	●	●	●	○	○	●	●	●

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Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Oregon

## Payer Transparency Data

Leapfrog  
Hospital  
Safety  
Score

Aetna  
Choice POS II

Cigna  
Cigna OAP

Moda  
Connexus

Providence  
Health Plan  
Choice

Regence BCBS  
Regence Preferred

UnitedHealthcare  
UHC Choice Plus

		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Legacy Emanuel Medical Center	D	●	●	○	●	●	●	●	●	●	●	●	○
Legacy Good Samaritan Medical Center	C	●	●	○	●	●	●	●	●	●	●	●	○
Legacy Meridian Park Medical Center	D	●	●	○	●	●	●	●	●	●	●	●	○
Legacy Mount Hood Medical Center	D	●	●	○	●	●	●	●	●	●	●	●	○
Legacy Salmon Creek Medical Center	C	●	●	○	●	●	●	●	○	●	●	●	○
Legacy Silverton Medical Center	C	●	○	●	●	●	●	●	○	●	●	●	○
Lower Umpqua Hospital District	N/A	●	○	●	●	●	●	●	○	○	○	●	●
Mckenzie-Willamette Medical Center	B	●	●	●	●	●	●	●	○	●	●	●	○
Mercy Medical Center	A	●	○	●	●	○	●	●	○	●	●	●	●
Mid-Columbia Medical Center	N/A	●	○	●	●	●	●	●	○	●	●	●	●
Ohsu Hospital and Clinics	D	●	●	●	●	●	●	●	●	●	●	●	○
Peace Harbor Medical Center	N/A	●	●	●	●	●	●	●	○	●	●	●	●
PeaceHealth — Sacred Heart Medical Center University District	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Peacehealth Cottage Grove Community Medical Center	N/A	●	○	●	●	●	●	●	○	●	●	●	●
PeaceHealth Sacred Heart Medical Center at RiverBend	A	●	○	●	●	●	●	●	●	●	●	●	●
PeaceHealth Southwest Medical Center	A	●	●	●	●	●	●	●	●	●	●	●	●
Pioneer Memorial Hospital	N/A	●	○	●	●	●	●	●	○	●	●	●	●
Providence Hood River Memorial Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Providence Medford Medical Center	B	●	●	●	●	●	●	●	○	●	●	●	●
Providence Milwaukie Hospital	C	●	●	●	●	●	●	●	○	●	●	●	○
Providence Newberg Medical Center	B	●	●	●	●	●	●	●	○	●	●	●	●
Providence Portland Medical Center	A	●	●	●	●	●	●	●	○	●	●	●	○
Providence Seaside Hospital	N/A	●	●	●	●	●	●	●	○	●	●	●	●
Providence St. Mary Medical Center	C	●	●	●	●	●	●	●	●	●	●	●	●
Providence St. Vincent Medical Center	A	●	●	●	●	●	●	●	○	●	●	●	○
Providence Willamette Falls Medical Center	B	●	●	●	●	●	●	●	○	●	●	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Oregon

## Payer Transparency Data

Leapfrog  
Hospital  
Safety  
Score

Aetna  
Choice POS II

Cigna  
Cigna OAP

Moda  
Connexus

Providence  
Health Plan  
Choice

Regence BCBS  
Regence Preferred

UnitedHealthcare  
UHC Choice Plus

		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Saint Alphonsus Medical Center — Baker City, Inc	N/A	●	○	●	●	●	●	●	○	●	○	●	●
Saint Alphonsus Medical Center — Ontario, Inc	N/A	●	○	●	●	●	●	●	○	●	●	●	●
Salem Health West Valley Hospital	N/A	●	○	●	●	●	●	●	○	●	●	●	●
Salem Hospital	D	●	○	●	●	●	●	●	○	●	●	●	●
Samaritan Albany General Hospital	D	●	○	●	●	●	●	●	○	●	●	●	●
Samaritan Lebanon Community Hospital	N/A	●	○	●	●	●	●	●	○	●	●	●	●
Samaritan North Lincoln Hospital	N/A	●	○	●	●	●	●	●	○	●	●	●	●
Samaritan Pacific Community Hospital	N/A	●	○	●	●	●	●	●	○	●	●	●	●
Santiam Hospital	C	●	○	●	●	●	●	●	○	●	●	●	●
Shriners Hospital For Children — Portland	N/A	●	●	●	●	●	●	●	○	●	●	●	●
Sky Lakes Medical Center	C	●	○	●	●	●	●	●	○	●	●	●	●
Southern Coos Hospital & Health Center	N/A	●	○	●	●	●	●	●	○	○	○	●	●
St Charles Redmond	C	●	○	●	●	●	●	●	○	●	●	●	●
St. Charles Bend Campus	C	●	○	●	●	●	●	●	○	●	●	●	●
St. Charles Madras	N/A	●	○	●	●	●	●	●	○	●	●	●	●
St. Charles Prineville	N/A	●	○	●	●	●	●	●	○	●	●	●	●
Wallowa Memorial Hospital	N/A	●	○	●	●	●	●	●	○	●	●	●	●
Willamette Valley Medical Center	A	●	○	●	●	●	●	●	○	●	●	●	●

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Northern California — Wide Range of Data Usability

The Northern California regional market shows a broad range of data usability. There are some examples where multiple carriers have comparable data such as the Sutter facilities, but much of the regional market has a relatively low Percent of Expected compared to other regional markets in this analysis. This may indicate that there may be more variability in contracts than in other regional markets (e.g, capitation, custom codes, ICD codes, etc). Blue Shield of California appears to post the most data that meets the highest threshold (>75%) based on the Percent of Expected metric.

Northern California											
Payer Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Adventist Health and Rideout	B	●	●	●	○	●	●	●	●	●	●
Adventist Health Clear Lake	N/A	●	○	●	○	●	●	●	●	●	●
Adventist Health Feather River	N/A	○	●	●	○	●	●	●	●	●	●
Adventist Health Howard Memorial	N/A	●	○	●	○	●	●	●	●	●	●
Adventist Health Lodi Memorial	C	○	●	○	●	●	●	○	●	●	●
Adventist Health Mendocino Coast	N/A	●	○	●	○	●	○	●	●	●	●
Adventist Health Reedley	N/A	○	●	●	○	●	●	●	●	○	○
Adventist Health Sonora	A	○	●	○	○	●	○	●	●	●	●
Adventist Health St. Helena	C	○	●	●	●	○	●	●	●	●	●
Adventist Health Ukiah Valley	A	○	●	○	○	○	●	●	●	●	●
AHMC Seton Medical Center	B	○	○	●	●	●	●	○	●	○	○
Alameda Hospital	B	●	●	○	●	●	●	○	●	●	●
Alta Bates Summit Medical Center	A	○	●	○	●	●	○	●	●	○	●
Alta Bates Summit Medical Center — Alta Bates Campus	B	○	●	○	●	●	○	○	●	○	●
Banner Lassen Medical Center	N/A	●	○	●	●	●	●	●	●	●	●
Barton Memorial Hospital	B	●	○	●	○	●	●	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Northern California

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
California Pacific Medical Center — Davies Campus	A	●	●	●	●	●	●	●	●	●	●
California Pacific Medical Center — Mission Bernal Campus & Orthopedic Institute	A	●	●	●	●	●	●	●	●	●	●
California Pacific Medical Center — Van Ness Campus	A	●	●	●	●	●	●	●	●	●	●
Chinese Hospital	C	●	●	●	●	●	●	●	●	●	●
Clovis Community Medical Center	C	●	●	●	●	●	●	●	●	●	●
Coalinga Regional Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Colusa Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Community Hospital of the Monterey Peninsula	B	●	●	●	●	●	●	●	●	●	●
Community Regional Medical Center	C	●	●	●	●	●	●	●	●	●	●
Concord Medical Center	C	●	●	●	●	●	●	●	●	●	●
Dameron Hospital	Not Graded	●	●	●	●	●	●	●	●	●	●
Dignity Health St. Joseph's Medical Center of Stockton	A	●	●	●	●	●	●	●	●	●	●
Doctors Hospital of Manteca	D	●	●	●	●	●	●	●	●	●	●
Doctors Medical Center — Modesto	D	●	●	●	●	●	●	●	●	●	●
Dominican Hospital	A	●	●	●	●	●	●	●	●	●	●
Eastern Plumas Hospital — Portola Campus	N/A	●	●	●	●	●	●	●	●	●	●
Eden Medical Center	A	●	●	●	●	●	●	●	●	●	●
El Camino Health — Mountain View Hospital	A	●	●	●	●	●	●	●	●	●	●
Emanuel Medical Center	C	●	●	●	●	●	●	●	●	●	●
Enloe Medical Center	A	●	●	●	●	●	●	●	●	●	●
Fairchild Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Fresno Heart & Surgical Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Fresno Surgical Hospital	N/A	●	●	●	●	●	●	●	●	●	●
George L. Mee Memorial Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Glenn Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Good Samaritan Hospital	C	●	●	●	●	●	●	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

● 26–50% Moderately usable  
Recommend additional investigation

● 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Northern California

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Hazel Hawkins Memorial Hospital	N/A	●	●	●	○	●	●	●	●	●	●
Hazel Hawkins Memorial Hospital	N/A	●	●	●	○	●	●	●	●	●	●
Healdsburg Hospital	N/A	●	●	●	○	●	○	○	●	●	○
Highland Hospital	C	●	●	●	●	●	●	●	●	●	●
Jerold Phelps Community Hospital	N/A	●	●	●	●	●	●	●	●	●	●
John C Fremont Healthcare District	N/A	●	○	●	●	●	●	●	●	●	●
John Muir Health — Walnut Creek Medical Center	C	●	●	●	●	●	○	●	●	●	○
Lucile Packard Children's Hospital Stanford	N/A	○	○	○	○	●	●	○	●	○	○
Mad River Community Hospital	C	●	○	○	●	●	●	●	●	●	●
Mammoth Hospital	N/A	●	○	●	●	●	●	●	●	●	●
Marinhealth Medical Center	B	●	●	○	○	●	●	●	●	●	●
Mark Twain Medical Center	N/A	●	○	●	○	●	●	●	●	●	●
Marshall Medical Center	A	●	○	○	●	●	●	●	●	●	●
Memorial Hospital Los Banos	A	●	●	●	●	●	●	○	●	●	●
Memorial Medical Center	B	○	○	○	●	●	○	○	●	○	●
Mercy General Hospital	A	○	●	○	○	●	●	○	●	○	○
Mercy Hospital of Folsom	B	○	●	○	○	●	○	○	●	○	○
Mercy Medical Center	A	○	●	○	○	●	●	●	●	○	○
Mercy Medical Center Mt. Shasta	N/A	●	○	●	○	●	●	●	●	●	●
Mercy Medical Center Redding	B	○	●	○	○	●	○	●	●	○	○
Mercy San Juan Medical Center	A	○	●	○	○	●	●	○	●	○	○
Methodist Hospital of Sacramento	A	○	●	○	○	●	○	○	●	○	○
Mills-Peninsula Medical Center	A	○	●	○	●	●	○	●	●	○	●
Modoc Medical Center	N/A	●	○	●	●	●	●	●	●	●	●
Napa Surgery Center, LLC	N/A	●	●	●	●	●	●	●	●	●	○
Natividad Hospital	A	●	●	●	○	●	●	●	●	●	●
Northbay Medical Center	B	●	○	●	○	●	●	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Northern California

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Northbay Vacavalley Hospital	B	●	●	●	○	●	●	●	●	●	●
Northern Inyo Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Novato Community Hospital	A	○	●	●	●	●	○	○	●	○	●
Oak Valley Hospital District	N/A	●	●	●	○	●	●	●	●	●	●
O'Connor Hospital	B	○	●	●	○	●	●	●	●	●	○
Orchard Hospital	N/A	●	●	●	○	●	●	●	○	●	●
Oroville Hospital	D	●	○	○	●	●	○	●	●	●	●
Patients' Hospital of Redding	N/A	●	●	●	○	●	●	●	●	●	●
Petaluma Valley Hospital	C	●	●	○	○	●	○	○	●	●	○
Plumas District Hospital	N/A	●	○	●	○	●	●	●	●	●	●
Providence Queen of the Valley Medical Center	A	●	●	○	○	●	○	○	●	●	○
Providence Redwood Memorial Hospital	N/A	●	○	○	○	●	○	○	●	●	●
Providence Santa Rosa Memorial Hospital	B	●	●	○	○	●	○	○	●	●	○
Providence St. Joseph Hospital Eureka	B	●	○	○	○	●	○	○	●	●	○
Regional Medical Center of San Jose	B	○	●	○	●	○	●	●	●	○	○
Saint Agnes Medical Center	C	○	●	○	●	●	●	●	●	●	○
Saint Francis Memorial Hospital	B	○	●	○	○	●	○	○	●	○	○
Salinas Valley Health	B	●	●	●	●	●	●	●	●	●	●
San Joaquin General Hospital	C	●	●	●	●	●	●	●	●	○	○
San Leandro Hospital	C	●	●	●	●	●	●	●	●	●	●
San Leandro Hospital	C	●	●	●	●	●	●	●	●	●	●
San Ramon Regional Medical Center	C	○	●	○	●	●	○	●	●	●	○
Santa Clara Valley Medical Center	C	○	●	○	○	○	●	○	○	●	○
Seneca District Hospital	N/A	●	○	●	●	●	●	●	●	●	●
Sequoia Hospital	A	●	○	○	○	●	●	○	●	○	○
Seton Medical Center Coastside	N/A	●	●	●	●	●	●	●	●	●	●
Shasta Regional Medical Center	A	○	●	●	●	●	●	●	●	○	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Northern California

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Shasta Regional Medical Center	A	●	●	●	●	●	●	●	●	●	●
Shriners Hospitals for Children — Northern California	N/A	●	●	●	●	●	●	●	●	●	●
Sierra Nevada Memorial Hospital	A	●	●	●	●	●	●	●	●	●	●
Sonoma Specialty Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Sonoma Valley Hospital	C	●	●	●	●	●	●	●	●	●	●
Southern Inyo Hospital	N/A	●	●	●	●	●	●	●	●	●	●
St Louise Regional Hospital	C	●	●	●	●	●	●	●	●	●	●
St. Elizabeth Community Hospital	A	●	●	●	●	●	●	●	●	●	●
St. Mary's Medical Center — San Francisco	A	●	●	●	●	●	●	●	●	●	●
St. Rose Hospital	D	●	●	●	●	●	●	●	●	●	●
Stanford Health Care	A	●	●	●	●	●	●	●	●	●	●
Stanford Health Care — Tri-Valley	B	●	●	●	●	●	●	●	●	●	●
Stanislaus Surgical Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Surprise Valley Community Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Sutter Amador Hospital	A	●	●	●	●	●	●	●	●	●	●
Sutter Auburn Faith Hospital	A	●	●	●	●	●	●	●	●	●	●
Sutter Coast Hospital	C	●	●	●	●	●	●	●	●	●	●
Sutter Davis Hospital	A	●	●	●	●	●	●	●	●	●	●
Sutter Delta Medical Center	B	●	●	●	●	●	●	●	●	●	●
Sutter Lakeside Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Sutter Maternity & Surgery Center of Santa Cruz	N/A	●	●	●	●	●	●	●	●	●	●
Sutter Medical Center, Sacramento	A	●	●	●	●	●	●	●	●	●	●
Sutter Roseville Medical Center	A	●	●	●	●	●	●	●	●	●	●
Sutter Santa Rosa Regional Hospital	A	●	●	●	●	●	●	●	●	●	●
Sutter Solano Medical Center	A	●	●	●	●	●	●	●	●	●	●
Sutter Surgical Hospital — North Valley	N/A	●	●	●	●	●	●	●	●	●	●
Sutter Tracy Community Hospital	A	●	●	●	●	●	●	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

● 26–50% Moderately usable  
Recommend additional investigation

● 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Northern California

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Tahoe Forest Hospital	N/A	●	○	●	○	●	●	●	●	●	●
Trinity Hospital	N/A	●	●	●	○	●	●	●	●	●	●
UCSF Benioff Children’s Hospital — Oakland	N/A	○	○	○	○	●	●	○	●	●	○
UCSF Medical Center	A	○	○	○	○	○	○	○	●	○	●
University of California Davis Medical Center	D	●	○	○	○	●	○	○	●	●	●
Valley Children’s Hospital	N/A	●	●	○	○	●	○	●	●	○	○
Washington Hospital Healthcare System	B	○	●	○	●	●	●	○	●	○	●
Watsonville Community Hospital	B	●	●	○	○	●	●	○	●	●	○
Woodland Memorial Hospital	A	○	●	○	○	●	○	●	●	○	○

Percent of Expected:

● **0–25%** Generally unusable  
Recommend code-level investigation

○ **26–50%** Moderately usable  
Recommend additional investigation

○ **51–75%** Generally usable  
consider additional investigation

● **76–100%** Highly usable

## Southern California — Wide Range of Data Usability

Similar to the observations from the Northern California regional market, Southern California shows a broad range of data usability and Blue Shield of California appears to have the most data that meets the highest threshold (>75%) based on the Percent of Expected metric.

Southern California											
Payer Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Adventist Health Bakersfield	B	●	●	●	●	●	●	●	●	●	●
Adventist Health Delano	B	●	●	●	●	●	●	●	●	●	●
Adventist Health Glendale	A	●	●	●	●	●	●	●	●	●	●
Adventist Health Hanford	A	●	●	●	●	●	●	●	●	●	●
Adventist Health Simi Valley	C	●	●	●	●	●	●	●	●	●	●
Adventist Health Tehachapi Valley	N/A	●	●	●	●	●	●	●	●	●	●
Adventist Health Tulare	N/A	●	●	●	●	●	●	●	●	●	●
Adventist Health White Memorial	B	●	●	●	●	●	●	●	●	●	●
Adventist Health White Memorial Montebello	D	●	●	●	●	●	●	●	●	●	●
Adventist Medical Center — Central Valley	N/A	●	●	●	●	●	●	●	●	●	●
Ahmc Anaheim Regional Medical Center	B	●	●	●	●	●	●	●	●	●	●
Alhambra Hospital Medical Center	A	●	●	●	●	●	●	●	●	●	●
Alliance Surgery Center Inc.	N/A	●	●	●	●	●	●	●	●	●	●
Anaheim Community Hospital, LLC	N/A	●	●	●	●	●	●	●	●	●	●
Anaheim Global Medical Center	C	●	●	●	●	●	●	●	●	●	●
Antelope Valley Medical Center	C	●	●	●	●	●	●	●	●	●	●
Arrowhead Regional Medical Center	B	●	●	●	●	●	●	●	●	●	●
Bakersfield Heart Hospital	D	●	●	●	●	●	●	●	●	●	●
Bakersfield Memorial Hospital	A	●	●	●	●	●	●	●	●	●	●

Continued on next page

Percent of Expected:

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Recommend code-level investigation

● 26–50% Moderately usable  
Recommend additional investigation

● 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Southern California

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Barstow Community Hospital	C	●	○	●	●	●	●	●	●	●	●
Bear Valley Community Hospital	N/A	●	●	●	○	●	●	●	●	●	●
Beverly Hills Doctors Surgery Center	N/A	●	●	●	●	●	○	●	●	●	●
Casa Colina Hospital	N/A	●	○	○	●	●	○	●	○	○	○
Catalina Island Health	N/A	●	○	●	●	●	●	●	●	●	●
Cedars-Sinai Marina del Rey Hospital	B	●	○	○	○	●	○	●	○	●	○
Cedars-Sinai Medical Center	C	○	○	○	○	●	●	●	○	○	○
Centinela Hospital Medical Center	B	●	●	●	●	●	●	●	●	○	●
Chapman Global Medical Center	C	●	●	○	●	●	●	●	●	○	○
Children's Hospital Los Angeles	N/A	●	○	○	○	●	○	○	○	○	○
Children's Hospital of Orange County	N/A	●	○	○	○	○	●	○	●	○	●
CHOC at Mission Hospital	N/A	●	○	○	○	○	●	○	●	○	●
City of Hope — Helford Clinical Research Hospital	N/A	●	○	○	●	●	○	●	●	●	●
Coast Plaza Hospital	C	●	●	○	●	●	●	●	○	●	●
Coastal Surgery Center Partner	N/A	●	●	●	●	●	●	●	●	●	●
College Hospital Costa Mesa	N/A	●	●	●	●	●	●	●	●	●	●
College Medical Center	D	●	○	○	●	●	●	●	●	○	○
Colorado River Medical Center	N/A	●	○	●	○	●	●	●	●	○	●
Community Hospital Long Beach	N/A	●	●	●	●	●	●	●	●	○	○
Community Hospital of Huntington Park	C	●	●	○	●	●	●	●	○	●	●
Community Hospital of San Bernardino	A	●	○	○	○	●	○	○	●	○	●
Community Memorial Hospital — Ojai	N/A	●	●	●	●	●	●	●	●	●	○
Community Memorial Hospital — San Buenaventura	C	●	●	●	●	●	●	●	●	●	○
Corona Regional Medical Center	A	○	●	○	○	●	●	●	●	○	○
Desert Regional Medical Center	B	○	●	○	●	●	○	●	●	●	○
Desert Valley Hospital	A	○	○	○	○	●	●	●	●	○	●

Continued on next page

Percent of Expected:



0–25% Generally unusable  
Recommend code-level investigation



26–50% Moderately usable  
Recommend additional investigation



51–75% Generally usable  
consider additional investigation



76–100% Highly usable

# Southern California

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Dignity Health — California Hospital Medical Center	C	○	●	○	○	●	○	○	●	○	○
Dignity Health — Glendale Memorial Hospital and Health Center	B	○	●	○	○	●	●	○	●	○	○
Dignity Health — Mercy Hospital Downtown — Bakersfield	B	○	●	○	○	●	○	○	●	○	○
Dignity Health — Northridge Hospital Medical Center	A	○	●	○	○	●	○	○	●	○	○
Dignity Health — St. John's Regional Medical Center	B	○	●	○	○	●	○	○	●	○	○
Dignity Health — French Hospital Medical Center	A	○	●	○	○	●	○	○	●	○	○
DLV Vision ASC	N/A	●	●	●	●	●	●	●	○	●	●
Docs Surgical Hospital	N/A	●	●	●	●	●	○	●	●	●	●
East Los Angeles Doctors Hospital	C	●	●	●	●	●	●	●	○	●	●
Eisenhower Health	A	○	●	○	●	●	●	○	●	○	○
El Centro Regional Medical Center	D	●	●	○	○	●	●	●	●	○	●
Emanate Health Foothill Presbyterian Hospital	B	●	○	●	●	●	○	●	●	●	○
Emanate Health Inter — Community Hospital	C	●	○	●	●	●	○	●	●	●	○
Encino Hospital Medical Center	C	●	●	●	●	●	●	●	●	●	●
Encino — Tarzana Reg Med Center — Tarzana Campus	N/A	●	●	●	●	●	●	●	●	●	●
Foothill Regional Medical Center	N/A	○	●	●	●	●	○	●	●	○	○
Fountain Valley Regional Hospital & Medical Center	C	○	●	○	●	●	○	●	●	●	○
Garden Grove Hospital & Medical Center	B	●	●	●	●	●	●	●	●	●	●
Garfield Medical Center	C	●	○	○	●	●	●	○	●	○	○
Glendora Oaks Behavioral Health Hospital	N/A	●	●	●	●	●	●	●	●	○	●
Goleta Valley Cottage Hospital	A	●	○	●	○	●	●	●	●	●	●
Good Samaritan Hospital	N/A	●	●	●	○	●	○	●	●	●	●
Greater El Monte Community Hospital	A	●	●	●	●	●	●	○	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Southern California

## Payer Transparency Data

Leapfrog  
Hospital  
Safety Score

Aetna  
Choice POS II

Anthem  
Anthem PPO

Blue Shield of CA  
Full PPO

Cigna  
Cigna OAP

UnitedHealthcare  
UHC Choice Plus

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
HealthBridge Children's Hospital — Orange	N/A	●	●	●	●	●	●	●	●	●	●
Hemet Global Medical Center	C	●	●	●	●	●	●	●	●	●	●
Henry Mayo Newhall Hospital	D	●	●	●	●	●	●	●	●	●	●
Hi-Desert Medical Center	B	●	●	●	●	●	●	●	●	●	●
Hoag Memorial Hospital Presbyterian	A	●	●	●	●	●	●	●	●	●	●
Hoag Orthopedic Institute	N/A	●	●	●	●	●	●	●	●	●	●
Hollywood Community Hospital at Brotman Medical Center	D	●	●	●	●	●	●	●	●	●	●
Hollywood Presbyterian Medical Center	A	●	●	●	●	●	●	●	●	●	●
Huntington Hospital	C	●	●	●	●	●	●	●	●	●	●
Irvine Regional Hospital & Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
John F Kennedy Memorial Hospital	B	●	●	●	●	●	●	●	●	●	●
Kaweah Health Medical Center	B	●	●	●	●	●	●	●	●	●	●
Keck Hospital of USC	A	●	●	●	●	●	●	●	●	●	●
Kern Valley Healthcare District — Kern Valley Hospital	N/A	●	●	●	●	●	●	●	●	●	●
L.A. Downtown Medical Center — Downtown Campus	N/A	●	●	●	●	●	●	●	●	●	●
Lakewood Regional Medical Center	C	●	●	●	●	●	●	●	●	●	●
Loma Linda University Children's Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Loma Linda University Medical Center	A	●	●	●	●	●	●	●	●	●	●
Loma Linda University Medical Center — Murrieta	A	●	●	●	●	●	●	●	●	●	●
Lompoc Valley Medical Center	B	●	●	●	●	●	●	●	●	●	●
Los Alamitos Medical Center	D	●	●	●	●	●	●	●	●	●	●
Los Angeles Community Hospital	D	●	●	●	●	●	●	●	●	●	●
Los Robles Regional Medical Center	B	●	●	●	●	●	●	●	●	●	●
Marian Regional Medical Center	A	●	●	●	●	●	●	●	●	●	●
Marian Regional Medical Center — Arroyo Grande	N/A	●	●	●	●	●	●	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

● 26–50% Moderately usable  
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● 76–100% Highly usable

# Southern California

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Martin Luther King, Jr. Community Hospital	A	●	●	●	●	●	●	●	●	●	●
MD Surgical Solutions, LLC	N/A	●	●	●	●	●	●	●	●	●	●
Memorial Hospital of Gardena	C	●	●	●	●	●	●	●	●	●	●
MemorialCare Long Beach Medical Center	C	●	●	●	●	●	●	●	●	●	●
MemorialCare Miller Children's & Women's Hospital Long Beach	N/A	●	●	●	●	●	●	●	●	●	●
MemorialCare Orange Coast Medical Center	B	●	●	●	●	●	●	●	●	●	●
MemorialCare Saddleback Medical Center	A	●	●	●	●	●	●	●	●	●	●
Menifee Global Medical Center	C	●	●	●	●	●	●	●	●	●	●
Miraclemile Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Mission Community Hospital	C	●	●	●	●	●	●	●	●	●	●
Monterey Park Hospital	C	●	●	●	●	●	●	●	●	●	●
Motion Picture & Television Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Mountains Community Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Oaks Surgical Center LLC	N/A	●	●	●	●	●	●	●	●	●	●
Olympia Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Orange County Global Medical Center	C	●	●	●	●	●	●	●	●	●	●
Pacifica Hospital of the Valley	F	●	●	●	●	●	●	●	●	●	●
Palmdale Regional Medical Center	A	●	●	●	●	●	●	●	●	●	●
Palo Verde Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Palomar Health Downtown Campus	A	●	●	●	●	●	●	●	●	●	●
Palomar Medical Center Poway	A	●	●	●	●	●	●	●	●	●	●
Paradise Valley Hospital	A	●	●	●	●	●	●	●	●	●	●
Parkview Community Hospital Medical Center	A	●	●	●	●	●	●	●	●	●	●
PIH Health Downey Hospital	C	●	●	●	●	●	●	●	●	●	●
PIH Health Good Samaritan Hospital	D	●	●	●	●	●	●	●	●	●	●
PIH Health Whittier Hospital	D	●	●	●	●	●	●	●	●	●	●
Pioneers Memorial Healthcare District	C	●	●	●	●	●	●	●	●	●	●

Continued on next page

Percent of Expected:

● 0-25% Generally unusable  
Recommend code-level investigation

● 26-50% Moderately usable  
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# Southern California

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Placentia-Linda Hospital	B	●	●	●	●	●	●	●	●	●	●
Pomona Valley Hospital Medical Center	A	●	●	●	●	●	●	●	●	●	●
Providence Cedars — Sinai Tarzana Medical Center	C	●	●	●	●	●	●	●	●	●	●
Providence Holy Cross Medical Center	B	●	●	●	●	●	●	●	●	●	●
Providence Little Company of Mary Medical Center San Pedro	B	●	●	●	●	●	●	●	●	●	●
Providence Little Company of Mary Medical Center Torrance	A	●	●	●	●	●	●	●	●	●	●
Providence Mission Hospital Mission Viejo	A	●	●	●	●	●	●	●	●	●	●
Providence Saint John's Health Center	B	●	●	●	●	●	●	●	●	●	●
Providence Saint Joseph Medical Center	B	●	●	●	●	●	●	●	●	●	●
Providence St. Joseph Hospital Orange	C	●	●	●	●	●	●	●	●	●	●
Providence St. Jude Medical Center	A	●	●	●	●	●	●	●	●	●	●
Providence St. Mary Medical Center	C	●	●	●	●	●	●	●	●	●	●
Rady Children's Hospital — San Diego	N/A	●	●	●	●	●	●	●	●	●	●
Redlands Community Hospital	C	●	●	●	●	●	●	●	●	●	●
Ridgecrest Regional Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Riverside Community Hospital	B	●	●	●	●	●	●	●	●	●	●
Ronald Reagan UCLA Medical Center	A	●	●	●	●	●	●	●	●	●	●
Saint Francis Medical Center	A	●	●	●	●	●	●	●	●	●	●
San Antonio Regional Hospital	C	●	●	●	●	●	●	●	●	●	●
San Dimas Community Hospital	A	●	●	●	●	●	●	●	●	●	●
San Gabriel Valley Medical Center	C	●	●	●	●	●	●	●	●	●	●
San Geronio Memorial Hospital	B	●	●	●	●	●	●	●	●	●	●
Santa Barbara Cottage Hospital	A	●	●	●	●	●	●	●	●	●	●
Santa Monica UCLA Medical Center & Orthopedic Hospital	C	●	●	●	●	●	●	●	●	●	●
Santa Ynez Valley Cottage Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Scripps Green Hospital	A	●	●	●	●	●	●	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

● 26–50% Moderately usable  
Recommend additional investigation

● 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Southern California

## Payer Transparency Data

Leapfrog  
Hospital  
Safety Score

Aetna  
Choice POS II

Anthem  
Anthem PPO

Blue Shield of CA  
Full PPO

Cigna  
Cigna OAP

UnitedHealthcare  
UHC Choice Plus

		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Scripps Memorial Hospital Encinitas	A	●	○	●	●	●	●	●	●	●	●
Scripps Memorial Hospital La Jolla	C	●	○	●	●	●	●	●	●	●	●
Scripps Mercy Hospital San Diego	A	●	○	●	●	●	●	●	●	●	●
Sharp Chula Vista Medical Center	B	○	○	●	○	●	●	○	●	●	●
Sharp Coronado Hospital	B	○	○	●	○	●	●	○	●	●	●
Sharp Grossmont Hospital	A	○	○	●	○	●	●	○	●	●	●
Sharp Memorial Hospital	B	○	○	●	○	●	●	○	●	●	●
Shriners Hospitals For Children	N/A	●	○	●	●	●	●	●	●	●	●
Sierra View Medical Center	B	●	●	●	●	●	●	●	●	●	●
Sierra Vista Regional Medical Center	C	○	●	○	●	●	○	●	●	●	○
South Coast Global Medical Center	C	●	●	○	●	●	●	●	●	○	○
Southern California Hospital At Hollywood	D	○	●	●	●	●	○	●	●	○	○
Southwest Healthcare Rancho Springs Hospital	B	○	●	○	●	●	●	●	●	○	○
St. Bernardine Medical Center	B	○	●	○	○	●	●	○	●	○	○
St. John's Hospital Camarillo	A	●	●	○	○	●	○	○	●	●	●
St. Mary Medical Center	A	○	●	○	○	●	○	○	●	○	○
Temecula Valley Hospital	B	○	●	○	○	●	●	●	●	○	○
Tenet Health Central Coast — Twin Cities Community Hospital	D	○	●	○	●	●	○	●	●	●	○
Thousand Oaks Surgical Hosp A Campus of Los Robles	N/A	○	●	●	●	●	●	●	●	●	●
Torrance Memorial Medical Center	B	○	●	○	●	●	●	○	○	○	○
Tri-City Medical Center	C	●	○	○	○	●	●	○	●	○	●
Tulare Regional Medical Center	N/A	○	●	●	○	●	●	●	●	●	●
UC San Diego Health East Campus Medical Center	C	○	○	●	●	●	●	●	●	●	●
UC San Diego Medical Center	A	●	○	●	●	○	○	○	●	○	●
University of California Irvine Medical Center	A	●	○	●	○	●	●	●	●	●	●
USC Arcadia Hospital	C	○	●	●	●	●	●	●	●	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Southern California

### Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
USC Norris Cancer Hospital	N/A	●	●	●	●	●	●	●	●	●	●
USC Verdugo Hills Hospital	B	●	●	●	○	●	●	●	●	●	○
Valley Presbyterian Hospital	B	○	○	○	●	●	○	○	●	○	○
Ventura County Medical Center	C	●	○	○	●	●	○	●	●	○	○
Victor Valley Global Medical Center	C	●	○	○	●	●	●	●	●	○	○
Visalia Ambulatory Surgical Center, LLC	N/A	●	●	●	●	●	●	●	●	●	●
West Covina Medical Center, Inc.	N/A	●	●	●	○	●	○	●	●	●	●
West Hills Hospital & Medical Center	D	○	○	○	●	●	●	●	●	○	○
Whittier Hospital Medical Center	A	●	○	○	●	●	●	○	●	○	○

Percent of Expected:

● **0-25%** Generally unusable  
Recommend code-level investigation

○ **26-50%** Moderately usable  
Recommend additional investigation

○ **51-75%** Generally usable  
consider additional investigation

● **76-100%** Highly usable

## Phoenix — Generally Highly Usable Data

The data usability is reasonably good for many facilities in this regional market and meets the highest threshold (>75%) based on the Percent of Expected metric.

Phoenix		Leapfrog Hospital Safety Score		Aetna Choice POS II		BCBS AZ BCBS AZ		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
Payer Transparency Data				In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Abrazo Arrowhead Campus	D	○	●	●	●	●	●	●	●	●	○
Abrazo Central Campus	D	○	○	●	●	●	●	●	●	●	○
Abrazo Scottsdale Campus	D	○	○	●	●	●	●	●	●	●	○
Abrazo West Campus	D	○	○	●	●	●	●	●	●	●	○
Arizona Heart Hospital	N/A	○	○	●	●	●	●	●	●	●	●
Arizona Spine and Joint Hospital	N/A	○	○	●	●	●	●	●	●	●	○
Banner — University Medical Center Phoenix	C	●	●	●	●	●	●	●	○	●	●
Banner Baywood Medical Center	B	●	●	●	●	●	●	●	○	●	○
Banner Boswell Medical Center	C	●	●	●	●	●	●	●	○	●	○
Banner Casa Grande Medical Center	C	●	●	●	●	●	●	●	○	●	○
Banner Del E Webb Medical Center	B	●	●	●	●	●	●	●	○	●	○
Banner Desert Medical Center	C	●	●	●	●	●	●	●	○	●	○
Banner Estrella Medical Center	C	●	●	●	●	●	●	●	○	●	○
Banner Gateway Medical Center	C	●	●	●	●	●	●	●	○	●	○
Banner Goldfield Medical Center	N/A	●	●	●	●	●	●	●	○	●	○
Banner Heart Hospital	N/A	●	●	●	●	●	●	●	○	●	○
Banner Ironwood Medical Center	A	●	●	●	●	●	●	●	○	●	○
Banner Ocotillo Medical Center	B	●	●	●	●	●	●	●	○	●	○
Banner Thunderbird Medical Center	C	●	●	●	●	●	●	●	○	●	○
Chandler Regional Medical Center	A	●	●	●	●	●	●	●	●	●	○
Dignity Health — Arizona General Hospital Laveen	N/A	●	●	●	●	●	●	●	●	●	○
Dignity Health — Arizona General Hospital Mesa	C	●	●	●	●	●	●	●	●	●	○
Dignity Health Arizona Specialty Hospital	N/A	○	○	●	●	●	●	●	●	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Phoenix

## Payer Transparency Data

Leapfrog  
Hospital  
Safety Score

Aetna  
Choice POS II

BCBS AZ  
BCBS AZ

Cigna  
Cigna OAP

UnitedHealthcare  
UHC Choice Plus

		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Heart and Vascular Surgical Center, LLC	N/A	●	●	●	●	●	●	●	○
Heart Health Center LLC	N/A	●	●	●	○	●	●	●	○
Honorhealth Deer Valley Medical Center	B	●	●	●	●	●	○	●	○
Honorhealth John C. Lincoln Medical Center	B	●	●	●	●	●	○	●	○
Honorhealth Scottsdale Osborn Medical Center	A	●	●	●	●	●	○	●	○
Honorhealth Scottsdale Shea Medical Center	A	●	●	●	●	●	○	●	○
HonorHealth Scottsdale Thompson Peak Medical Center	A	●	●	●	●	●	○	●	○
Honorhealth Sonoran Crossing Medical Center	A	●	●	●	●	●	○	●	○
Hu Hu Kam Memorial Hospital	N/A	●	●	●	○	●	●	●	●
Mayo Clinic Hospital — Phoenix	A	●	○	●	●	●	●	●	●
Mercy Gilbert Medical Center	A	●	●	●	●	●	●	●	○
Mountain Vista Medical Center, LP	A	●	●	●	○	●	○	●	●
Peak Surgery Center of Avondale	N/A	●	●	●	○	●	○	●	○
Phoenix Children's Hospital	N/A	●	○	●	●	●	●	●	○
Ski Ambulatory Surgical Center LLC	N/A	●	●	●	○	●	○	●	●
Ski Ambulatory Surgical Centers, LLC	N/A	●	●	●	○	●	○	●	●
St. Joseph's Hospital and Medical Center	C	●	●	●	●	●	○	●	○
Tempe St. Luke's Hospital	B	●	●	●	○	●	○	●	○
The Core Institute Specialty Hospital	N/A	●	○	●	○	●	●	●	○
Valleywise Health Medical Center	B	●	●	●	○	●	●	●	○
Western Regional Medical Center	N/A	●	○	●	○	●	●	●	○
Wickenburg Community Hospital	N/A	●	○	●	●	●	●	●	●

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Denver — Generally Highly Usable Data

The data usability is strong for Aetna, Anthem, and Cigna (FIP) in this regional market. The Aetna and Anthem data meets the highest threshold (>75%) based on the Percent of Expected metric for many facilities, which is not the case in all markets. The UHC FIP data in this market is less usable than others. Similar to other markets, Cigna and UHC have lower data usability for FOP services driven by the use of custom codes and percent of charge information as described earlier in the report.

Anthem notably does not have PPO rates at University of Colorado Hospital Authority, though it is unknown if these two entities have a PPO contract in place. They do, however, have robust results under the Anthem High Performance network that meets our highest threshold (>75%) based on the Percent of Expected metric. The Anthem High Performance network is a narrow network product that tends to have lower rates than the Anthem broad networks.

Denver		Payer Transparency Data							
	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Cigna Cigna PPO		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Adventhealth Castle Rock	A	●	●	○	○	○	●	○	○
Adventhealth Littleton	A	●	●	●	○	○	●	○	○
Adventhealth Parker	B	●	●	○	○	○	●	○	○
AdventHealth Porter	A	●	●	●	○	●	●	○	○
Children's Hospital Colorado — Anschutz Medical Campus, Aurora	N/A	●	○	●	●	●	●	○	●
CommonSpirit — St. Anthony Hospital	B	●	●	●	●	○	●	○	○
CommonSpirit — St. Anthony North Hospital	A	●	●	●	●	○	●	○	○
Denver Health Medical Center	B	●	●	○	●	●	●	○	○
Intermountain Health Platte Valley Hospital	A	●	○	●	●	●	●	●	○
Intermountain Health Saint Joseph Hospital	A	●	●	●	●	●	○	●	○
Lutheran Medical Center	A	●	●	●	●	●	●	●	○
National Jewish Health	N/A	●	○	●	●	●	●	●	●
North Suburban Medical Center	C	●	●	●	●	●	●	○	○
OrthoColorado Hospital at St. Anthony Medical Campus	N/A	●	●	●	●	○	○	●	○
Presbyterian St. Luke's Medical Center	C	●	●	●	●	●	●	○	○
Rose Medical Center	A	●	●	●	●	●	●	○	○
SCL Health Community Hospital — Northglenn	N/A	●	●	●	●	●	●	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Denver

## Payer Transparency Data

Leapfrog  
Hospital  
Safety Score

Aetna  
Choice POS II

Anthem  
Anthem PPO

Cigna  
Cigna PPO

UnitedHealthcare  
UHC Choice Plus

		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Sky Ridge Medical Center	C	●	●	●	●	●	●	○	○
Swedish Medical Center	A	●	●	●	●	●	●	○	○
The Medical Center of Aurora	C	●	●	●	●	●	●	○	○
UCHealth Broomfield Hospital	N/A	●	●	●	●	●	●	●	○
UCHealth Highlands Ranch Hospital	C	●	●	●	●	●	●	●	○
University of Colorado Hospital Authority	D	●	●	●	●	●	○	●	○

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Dallas — Mixed Data Usability

The data usability in this regional market is mixed. There is quite a bit of variability across the different payers and health systems. BCBS TX has the strongest usability with many facilities that meet the highest threshold (>75%) based on the Percent of Expected metric.

Dallas		Payer Transparency Data							
	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS TX Blue Choice PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Baylor Emergency Medical Center	N/A	●	●	●	●	●	●	●	●
Baylor Scott & White Emergency Hospital — Keller	N/A	●	●	●	●	○	●	○	○
Baylor Scott & White Heart and Vascular Hospital — Dallas	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Centennial	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Frisco	N/A	●	○	●	●	○	●	○	○
Baylor Scott & White Medical Center — Irving	B	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Lake Pointe	C	●	●	●	●	○	●	○	○
Baylor Scott & White Medical Center — McKinney	N/A	●	●	●	●	●	○	●	○
Baylor Scott & White Medical Center — Plano	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Sunnyvale	D	●	○	●	●	●	●	○	○
Baylor Scott & White Medical Center — Trophy Club	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Uptown	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Waxahachie	A	●	●	●	●	●	○	○	○
Baylor Scott & White Surgical Hospital — Las Colinas	N/A	●	○	●	●	○	●	○	○
Baylor Scott & White The Heart Hospital — Denton	N/A	●	○	●	●	○	●	○	○
Baylor Scott & White The Heart Hospital — Plano	N/A	●	●	●	●	●	○	●	○
Baylor University Medical Center	C	●	○	●	○	●	●	○	●
Carrollton Regional Medical Center	C	●	○	●	●	●	●	●	○
Children's Medical Center of Dallas	N/A	●	○	●	○	●	●	●	●
Children's Medical Center Plano	N/A	●	○	●	○	●	●	●	●
Cook Childrens Medical Center	N/A	●	○	●	○	●	●	●	●
Cook Children's Medical Center — Prosper	N/A	●	●	●	○	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Dallas

## Payer Transparency Data

Leapfrog  
Hospital  
Safety Score

Aetna  
Choice POS II

BCBS TX  
Blue Choice PPO

Cigna  
Cigna OAP

UnitedHealthcare  
UHC Choice Plus

		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Crescent Medical Center Lancaster	N/A	●	○	●	●	●	●	○	○
Dallas Medical Center	B	○	○	●	●	●	●	●	○
Dallas Regional Medical Center	C	○	○	●	●	●	●	●	○
Ennis Regional Medical Center	N/A	●	○	●	○	●	●	○	○
Hunt Regional Medical Center	C	●	●	●	●	●	●	○	○
Legent Orthopedic Hospital — Carrollton	N/A	○	●	●	●	●	●	●	●
Mayhill Hospital	N/A	●	●	●	●	●	●	●	●
Medical City Dallas	C	○	○	●	●	●	●	○	○
Medical City Denton	A	●	○	●	●	●	●	○	○
Medical City Las Colinas	C	○	○	●	●	●	●	○	○
Medical City Lewisville	B	●	○	●	●	●	●	○	○
Medical City Mckinney	B	○	○	●	●	●	●	○	○
Medical City Plano	C	○	○	●	●	●	●	○	○
Medical City Sachse	N/A	●	●	●	●	●	●	●	●
Methodist Charlton Medical Center	B	●	●	●	●	○	●	○	●
Methodist Dallas Medical Center	A	●	●	●	●	○	●	○	●
Methodist Hospital For Surgery	N/A	●	●	●	●	○	●	○	●
Methodist Mckinney Hospital	N/A	●	●	●	●	○	●	○	●
Methodist Midlothian Medical Center	A	●	●	●	●	○	●	○	●
Methodist Richardson Medical Center	A	●	●	●	●	○	●	○	●
North Central Surgical Center LLP	N/A	●	○	●	●	○	●	○	○
Parkland Health	D	●	○	○	○	●	●	●	●
Scottish Rite Hospital for Children	N/A	●	●	●	●	●	●	●	●
Texas Health Center for Diagnostics & Surgery — Plano	N/A	●	○	●	●	○	●	●	○
Texas Health Hospital Frisco	C	●	○	●	●	○	●	●	○
Texas Health Hospital Rockwall	C	●	○	●	●	○	●	●	○
Texas Health Presbyterian Hospital Allen	C	●	○	●	●	○	●	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Dallas

## Payer Transparency Data

Leapfrog  
Hospital  
Safety Score

Aetna  
Choice POS II

BCBS TX  
Blue Choice PPO

Cigna  
Cigna OAP

UnitedHealthcare  
UHC Choice Plus

		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Texas Health Presbyterian Hospital Dallas	D	●	○	●	●	○	●	●	○
Texas Health Presbyterian Hospital Denton	C	●	○	●	●	○	●	●	○
Texas Health Presbyterian Hospital Flower Mound	C	●	○	●	●	○	●	●	○
Texas Health Presbyterian Hospital Kaufman	B	●	○	●	●	○	●	●	○
Texas Health Presbyterian Hospital Plano	C	●	○	●	●	○	●	●	○
Texas Institute for Surgery at Texas Health Presbyterian Dallas	N/A	●	●	●	●	○	●	●	○
UT Southwestern University Hospital	A	●	○	●	●	●	●	●	○
UT Southwestern University Hospital — Zale Lipshy	A	●	○	●	●	●	●	●	●
White Rock Medical Center	D	●	●	●	●	●	●	●	○

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Chicago — Reasonably Usable Inpatient Data with Mixed Outpatient Data Usability

Similar to other regional markets, Chicago has reasonably strong FIP data across all four payers. However, the FOP data is mixed with very few facilities that meet the highest threshold (>75%).

Chicago		Leapfrog Hospital Safety Score		Aetna Choice POS II		BCBS IL Participating Provider Options		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
Payer Transparency Data				In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Advocate Christ Medical Center	C	●	○	●	○	●	○	●	●	●	○
Advocate Good Samaritan Hospital	C	●	○	●	○	●	○	●	●	●	○
Advocate Illinois Masonic Medical Center	B	●	○	●	○	●	○	●	○	●	○
Advocate Lutheran General Hospital	B	●	○	●	○	●	○	●	●	●	○
Advocate South Suburban Hospital	B	●	○	●	○	●	○	●	●	●	○
Advocate Trinity Hospital	C	●	○	●	○	●	○	●	●	●	○
Ann & Robert H. Lurie Children’s Hospital of Chicago	N/A	○	○	●	●	●	●	●	●	○	●
Ascension Alexian Brothers Medical Center	C	●	●	●	○	●	○	●	○	●	○
Ascension Resurrection	B	●	○	●	○	●	○	●	○	●	○
Ascension Saint Alexius	B	●	●	●	○	●	○	●	○	●	○
Ascension Saint Francis	A	●	○	●	○	●	○	●	○	●	○
Ascension Saint Joseph — Joliet	C	○	●	●	○	●	○	●	○	●	○
Ascension Saint Joseph Hospital — Chicago	C	●	○	●	○	●	○	●	○	●	○
Ascension Saint Mary — Chicago	B	●	○	●	○	●	○	●	○	●	○
Centegra Health System — Woodstock Hospital	N/A	●	●	●	●	●	●	●	●	●	○
Community First Medical Center	D	●	○	●	○	●	○	●	●	●	○
Edward Hospital	A	●	○	●	○	●	○	●	●	●	○
Elmhurst Hospital	A	●	○	●	○	●	○	●	●	●	○
Franciscan Health Olympia Fields	C	○	○	●	●	●	●	●	●	●	●
Holy Cross Hospital	C	●	○	●	○	●	○	●	●	○	○
Humboldt Park Health	C	●	○	●	●	●	●	●	●	○	○
Insight Hospital and Medical Center Chicago	N/A	●	○	●	●	●	●	●	●	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Chicago

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS IL Participating Provider Options		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Jackson Park Hospital	Not Graded	●	○	●	●	●	●	○	●
John H. Stroger, Jr. Hospital of Cook County	B	●	○	●	●	●	●	○	●
La Rabida Children’s Hospital	N/A	●	○	●	●	●	●	●	○
Loretto Hospital	A	○	○	●	●	●	●	●	●
Louis A. Weiss Memorial Hospital	D	○	●	●	○	●	●	●	○
Loyola Gottlieb Memorial Hospital	B	●	●	●	●	●	●	●	○
Loyola University Medical Center	C	●	●	●	●	●	●	●	○
MacNeal Hospital	A	●	●	●	●	●	●	●	○
Mercyhealth Hospital and Medical Center — Harvard	N/A	●	○	●	●	●	●	●	●
Morris Hospital & Healthcare Centers	A	●	○	●	●	○	●	○	●
Mount Sinai Hospital	C	●	●	●	○	●	●	○	○
NorthShore University HealthSystem Evanston Hospital	A	●	○	●	○	●	●	●	○
Northwest Community Hospital	A	●	○	●	○	●	●	●	○
Northwestern Medicine Central Dupage Hospital	A	●	○	●	●	●	○	●	○
Northwestern Medicine Mchenry Hospital	A	●	○	●	●	●	○	●	○
Northwestern Medicine Palos Hospital	C	●	○	●	●	●	○	●	○
Northwestern Memorial Hospital	A	●	○	●	●	●	○	●	○
Oak Forest Hospital	N/A	●	●	●	●	●	●	●	●
OSF Little Company of Mary Medical Center	B	○	○	●	●	○	●	●	○
Provident Hospital of Cook County	N/A	●	○	●	●	●	●	○	●
Roseland Community Hospital	D	●	○	○	●	●	●	○	●
Rush Oak Park Hospital	B	●	○	●	●	●	●	●	●
Rush University Medical Center	A	●	○	●	●	●	●	●	●
Sacred Heart Hospital	N/A	●	●	●	●	●	●	●	●
Saint Anthony Hospital	C	●	○	●	●	●	●	○	○
Shriners Hospitals For Children	N/A	●	●	●	○	●	●	●	●
Silver Cross Hospital and Medical Centers	A	●	●	●	○	●	○	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Chicago

## Payer Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS IL Participating Provider Options		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
South Shore Hospital	A	●	○	●	●	●	●	●	●
Saint Mary's and Elizabeth Medical Center — Claremont Campus	N/A	●	●	●	○	●	●	●	○
St. Bernard Hospital and Health Care Center	A	●	○	●	●	○	●	●	●
Swedish Hospital	C	●	○	●	●	●	●	●	○
The University of Chicago Medical Center	A	●	○	●	●	●	○	●	○
Thorek Memorial Hospital	C	●	○	●	○	●	●	●	○
Thorek Memorial Hospital Andersonville	N/A	●	○	●	○	●	○	●	○
UChicago Medicine Adventhealth Bolingbrook	A	●	●	●	○	●	●	○	○
UChicago Medicine Adventhealth Glenoaks	C	●	●	●	○	●	●	○	○
UChicago Medicine Adventhealth Hinsdale	A	●	●	●	○	●	●	○	○
UChicago Medicine Adventhealth La Grange	A	●	●	●	○	●	●	○	○
UChicago Medicine Ingalls Memorial Hospital	C	●	○	●	●	●	●	●	○
University of Illinois Hospital and Clinics	C	○	○	●	●	○	●	○	●
West Suburban Medical Center	D	○	●	●	○	●	●	●	○

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Atlanta — Relatively Lower Data Usability with Pockets of Usable Data

The data usability for many facilities in this regional market is lower than some of the other markets such as Seattle, Phoenix, and Denver. However, there are many facilities and health systems that meet the highest threshold (>75%) based on the Percent of Expected metric.

Atlanta		Leapfrog Hospital Safety Score		Aetna Choice POS II		Anthem Anthem POS		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
Payer Transparency Data			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	
Atlanta Medical Center — South Campus	N/A	●	●	○	○	●	●	●	●	●	●
Children's Healthcare of Atlanta at Egleston Hospital	N/A	●	○	●	●	●	●	●	●	●	●
Children's Healthcare of Atlanta at Scottish Rite Hospital	N/A	●	○	●	●	●	●	●	●	●	●
Emory Decatur Hospital	C	●	●	●	○	●	●	●	●	○	○
Emory Hillandale Hospital	B	●	●	●	○	●	●	●	●	○	○
Emory Saint Joseph's Hospital of Atlanta, Inc.	C	●	●	●	○	●	●	●	●	○	○
Emory University Hospital	C	●	●	●	○	●	●	●	●	○	○
Emory University Hospital Midtown	C	●	○	●	○	●	●	●	●	○	○
Grady Memorial Hospital	C	○	○	○	○	●	○	●	○	○	○
Higgins General Hospital	N/A	●	○	●	●	●	●	●	●	●	●
Jasper Memorial Hospital	N/A	●	○	○	○	●	●	●	●	●	●
Midtown Urology Surgical Center	N/A	●	●	●	●	●	●	●	●	○	○
Morgan Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Northeast Atlanta Vascular Care LLC	N/A	●	●	●	●	●	○	●	●	○	○
Northeast Georgia Medical Center Barrow	Not Graded	●	○	●	○	●	●	●	●	●	●
Northside Hospital	C	●	●	○	●	○	●	○	●	○	○
Northside Hospital Cherokee	C	●	●	○	●	○	●	○	○	○	○
Northside Hospital Duluth	C	●	○	○	●	○	●	○	○	○	○
Northside Hospital Forsyth	C	○	●	○	○	○	●	○	○	○	○
Northside Hospital Gwinnett	C	●	○	○	●	○	●	○	○	○	○
Northwest Atlanta Vascular Care LLC	N/A	●	●	●	●	●	○	●	●	○	○
Piedmont Atlanta Hospital	A	●	●	●	●	●	○	●	○	○	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Atlanta

## Payer Transparency Data

Leapfrog  
Hospital  
Safety Score

Aetna  
Choice POS II

Anthem  
Anthem POS

Cigna  
Cigna OAP

UnitedHealthcare  
UHC Choice Plus

		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Atlanta Medical Center — South Campus	N/A	●	●	○	○	●	●	●	●
Piedmont Cartersville Medical Center	B	●	●	●	●	●	○	●	○
Piedmont Eastside Medical Center	B	●	●	●	●	●	○	●	○
Piedmont Fayette Hospital	A	●	●	●	●	●	○	●	○
Piedmont Henry Hospital	A	●	●	●	●	●	○	●	○
Piedmont Mountainside Hospital, Inc.	B	●	○	●	○	●	●	●	○
Piedmont Newnan Hospital, Inc	B	●	●	●	●	●	○	●	○
Piedmont Newton Hospital	A	●	●	●	●	●	○	●	○
Piedmont Rockdale Hospital	B	●	○	●	●	●	○	●	○
Piedmont Walton Hospital, Inc	B	●	○	●	○	●	●	●	○
Southeast Atlanta Vascular Care, LLC	N/A	●	●	●	●	●	○	●	○
Southeastern Regional Medical Center, Inc.	N/A	●	●	●	○	●	●	●	○
Southern Regional Medical Center	C	●	○	●	○	●	●	●	●
Southwest Atlanta Vascular Care	N/A	●	●	●	●	●	○	●	○
Tanner Medical Center — Carrollton	C	●	○	●	●	●	●	●	●
Tanner Medical Center — Villa Rica	A	●	○	●	●	●	●	●	●
Warm Springs Medical Center	N/A	●	○	●	○	●	●	●	●
Wellstar Cobb Medical Center	B	●	●	○	○	●	○	●	○
Wellstar Douglas Medical Center	B	●	●	○	●	●	○	●	○
Wellstar Kennestone Regional Medical Center	B	●	●	○	●	●	○	●	○
Wellstar North Fulton Medical Center	C	●	●	○	●	●	○	●	○
Wellstar Paulding Hospital	A	●	●	○	●	●	○	●	○
Wellstar Spalding Medical Center	B	●	●	○	●	●	○	●	○
Wellstar Sylvan Grove Medical Center	N/A	●	●	●	●	●	○	●	○
Wesley Woods Geriatric Hospital	N/A	●	○	●	●	●	●	●	○

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## New York City/Northern New Jersey — Reasonably Good Inpatient Facility Data

The data usability is reasonably good for many facilities in this regional market and meets the highest threshold (>75%) based on the Percent of Expected metric, especially for FIP services. Horizon BCBS NJ has less credible data, which is expected based on its service area (focused on facilities located in New Jersey versus New York). Since this MSA includes both states, it is included here for comparison purposes.

NYC/Northern New Jersey Payer Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Cigna Cigna OAP		EmblemHealth National / Bridge		Horizon BCBS NJ Managed Care		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Bergen New Bridge Medical Center	N/A		●	○	●	●	●	●	●	●	○	○	●	●
Blythedale Children's Hospital	N/A		○	●	○	●	●	●	●	●	●	●	●	●
BronxCare Health System	C		●	○	●	●	●	●	●	○	●	●	○	●
Brookdale Hospital Medical Center	D		●	○	●	○	●	●	●	●	●	●	●	●
Brooklyn Hospital Center — Downtown Campus	B		●	●	●	●	●	○	●	●	●	●	○	○
Carepoint Health — Bayonne Medical Center	C		●	●	●	●	●	●	●	●	○	○	○	○
CarePoint Health — Christ Hospital	Not Graded		●	●	●	●	●	●	●	●	○	●	○	○
CarePoint Health — Hoboken University Medical Center	C		●	●	●	●	●	●	●	●	○	○	○	○
Community Hospital At Dobbs Ferry	N/A		○	○	●	●	●	●	●	●	●	●	●	●
Englewood Hospital and Medical Center	A		●	●	●	●	●	○	●	●	●	●	●	○
Flushing Hospital Medical Center	C		●	●	●	○	●	●	●	○	●	●	●	○
Forest Hills Hospital	N/A		●	●	●	●	●	○	●	●	●	●	●	○
Good Samaritan Hospital of Suffern	D		●	●	●	○	●	●	●	○	●	●	●	○
Hackensack Meridian Health Pascack Valley Medical Center	A		●	●	●	●	●	●	●	●	●	●	●	○
Hackensack University Medical Center	A		●	●	●	●	●	●	●	●	●	●	○	○
Helen Hayes Hospital	N/A		○	●	○	●	●	●	●	○	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# NYC/Northern New Jersey

## Payer Transparency Data

Leapfrog  
Hospital  
Safety  
Score

**Aetna**  
Choice POS II

**Anthem**  
Anthem PPO

**Cigna**  
Cigna OAP

**EmblemHealth**  
National / Bridge

**Horizon BCBS NJ**  
Managed Care

**UnitedHealthcare**  
UHC Choice Plus

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Cigna Cigna OAP		EmblemHealth National / Bridge		Horizon BCBS NJ Managed Care		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Holy Name Medical Center	A	●	○	●	●	●	●	●	●	●	○	●	○
Hospital For Special Surgery	N/A	○	○	●	○	●	●	●	●	●	●	●	○
Hudson Regional Hospital	C	●	●	●	●	●	○	●	●	○	○	○	○
Interfaith Medical Center	N/A	●	○	●	○	●	○	●	●	●	●	●	○
Jacobi Medical Center	D	●	○	●	○	●	○	●	○	●	●	●	○
Jamaica Hospital Medical Center	C	●	●	●	○	●	●	●	○	●	●	●	○
Jersey City Medical Center	B	●	●	●	●	●	●	●	●	●	●	○	○
Kings County Hospital Center	D	●	●	●	○	●	○	●	○	●	●	●	○
Kingsbrook Jewish Medical Center	N/A	●	●	●	○	●	○	●	●	●	●	●	●
Lenox Hill Hospital	A	●	●	●	○	●	○	●	○	●	●	●	○
Long Island Jewish Medical Center	A	●	○	●	○	●	●	●	●	●	●	●	○
Lutheran Medical Center	A	●	●	●	●	●	○	●	●	●	●	●	○
Maimonides Medical Center	C	●	●	●	○	●	○	●	●	●	●	●	○
Maimonides Midwood Community Hospital	D	○	○	●	●	●	○	●	●	●	●	●	○
Memorial Sloan Kettering Cancer Center	N/A	●	●	●	●	●	○	○	●	●	●	●	●
Montefiore Medical Center	C	●	●	●	○	●	●	●	●	●	●	●	○
Montefiore Mount Vernon Hospital	N/A	●	●	●	○	●	○	●	●	●	●	●	○
Montefiore New Rochelle Hospital	C	●	●	●	○	●	●	●	●	●	●	●	○
Montifiore Nyack Hospital	C	●	●	●	○	●	○	●	●	●	●	●	○
Mount Sinai Beth Israel	C	●	○	●	○	●	○	●	●	○	●	●	○
Mount Sinai Hospital	B	●	●	●	○	●	○	●	●	○	●	●	○
Mount Sinai West	B	●	○	●	○	●	○	●	●	○	●	●	○
New York Downtown Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	○
New York Eye and Ear Infirmary	N/A	●	●	●	○	●	○	●	●	●	●	●	○
New York-Presbyterian Hospital — Weill Cornell Medical Center	A	●	●	●	○	●	●	●	●	●	●	●	○
New York-Presbyterian Hospital — Lawrence	N/A	●	●	●	●	●	●	●	●	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# NYC/Northern New Jersey

## Payer Transparency Data

Leapfrog  
Hospital  
Safety  
Score

**Aetna**  
Choice POS II

**Anthem**  
Anthem PPO

**Cigna**  
Cigna OAP

**EmblemHealth**  
National / Bridge

**Horizon BCBS NJ**  
Managed Care

**UnitedHealthcare**  
UHC Choice Plus

		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
NewYork-Presbyterian Brooklyn Methodist Hospital	A	●	●	●	●	●	●	●	●	●	●	●	●
NewYork-Presbyterian Hudson Valley Hospital	B	○	●	●	○	●	●	●	●	●	●	●	○
NewYork-Presbyterian — Queens	A	●	●	●	○	●	●	●	●	●	●	●	○
North Central Bronx Hospital	C	●	●	●	●	●	○	●	●	●	●	●	●
Northern Westchester Hospital	A	●	●	●	○	●	●	●	○	●	●	●	○
NYC Health + Hospitals — Elmhurst	C	●	○	●	○	●	○	●	○	●	●	●	○
NYC Health + Hospitals — Harlem	C	●	○	●	○	●	○	●	○	●	●	●	○
NYC Health + Hospitals — Lincoln	C	●	○	●	○	●	○	●	○	●	●	●	○
NYC Health + Hospitals — Metropolitan	B	●	●	●	○	●	○	●	○	●	●	●	○
NYC Health + Hospitals — South Brooklyn Health	C	●	●	●	○	●	○	●	○	●	●	●	○
NYC Health + Hospitals — Bellevue	C	●	○	●	○	●	○	●	○	●	●	●	○
NYU Langone Hospitals	A	●	●	●	○	●	○	●	●	●	●	●	○
Palisades Medical Center	B	●	○	●	●	●	●	●	●	●	○	●	○
Phelps Hospital	A	●	○	●	○	●	●	●	○	●	●	●	○
Putnam Hospital Center	A	●	○	●	○	●	●	●	●	●	●	●	○
Queens Hospital Center	A	●	●	●	○	●	○	●	○	●	●	●	○
Richmond University Medical Center	C	●	●	●	○	●	○	●	●	●	●	●	○
Saint Joseph's Medical Center	C	●	○	●	●	●	●	○	●	●	●	○	●
St John's Episcopal Hospital At South Shore	D	●	○	●	○	●	○	●	●	●	●	●	○
St Joseph's University Medical Center	A	●	●	●	●	●	●	●	●	●	○	○	○
St. Barnabas Hospital	D	●	○	●	●	●	●	●	○	●	●	○	●
St. John's Riverside Hospital	C	○	○	○	○	○	○	●	●	●	●	○	○
St. Mary's General Hospital	A	●	○	●	●	●	●	●	●	○	○	●	○
Staten Island University Hospital	C	●	○	●	○	●	●	●	●	●	●	●	○
University Hospital of Brooklyn	C	●	●	●	●	●	●	●	○	●	●	●	○
Valley Hospital	B	●	●	●	●	○	●	●	●	●	●	○	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# NYC/Northern New Jersey

## Payer Transparency Data

Leapfrog  
Hospital  
Safety  
Score

**Aetna**  
Choice POS II

**Anthem**  
Anthem PPO

**Cigna**  
Cigna OAP

**EmblemHealth**  
National / Bridge

**Horizon BCBS NJ**  
Managed Care

**UnitedHealthcare**  
UHC Choice Plus

		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Westchester Medical Center	C	●	○	●	○	●	●	●	○	●	●	●	○
White Plains Hospital Center	A	●	●	●	○	●	○	●	●	●	●	●	○
Woodhull Medical & Mental Health Center	D	●	●	●	○	●	○	●	○	●	●	●	○
Wyckoff Heights Medical Center	C	●	○	●	●	●	●	●	●	●	●	○	○

Percent of Expected:

● **0-25%** Generally unusable  
Recommend code-level investigation

○ **26-50%** Moderately usable  
Recommend additional investigation

○ **51-75%** Generally usable  
consider additional investigation

● **76-100%** Highly usable

## Appendix 4: Usability of HPT Files by Regional Market

A high-level summary of data usability by hospital for the HPT data submitted by hospitals based on the Percent of Expected metric is summarized below. Please note these tables only reflect facility inpatient and facility outpatient data. As noted in the previous appendix, there was far more variation in the usability of negotiated facility rates than professional fees within the MRFs, so figures corresponding to this section focus on the former.

Seattle/Puget Sound's tables are used in the body of the report as examples and are not included again in the appendix. All hospital (HPT) data used for this analysis reflected the most recent available data as of May 1, 2025. Since HPT data is only required to be updated once per year, hospitals are updating their files on a varied cadences across the country. The posted price transparency data is being updated continuously, and it is possible that some of the figures in this report will not match more recently posted information.

Each of the tables also includes the Leapfrog Hospital Safety Grade as of Spring 2025. The Leapfrog Hospital Safety Grade Program grades hospitals on their overall performance in keeping patients safe from preventable harm and medical errors. For more information visit [www.hospitalsafetygrade.org](http://www.hospitalsafetygrade.org).\*

\* The Leapfrog Group data used in this display undergoes rigorous verification and quality control processes (see the Leapfrog Hospital Survey, Leapfrog ASC Survey, and the Hospital Safety Grade) and stands behind its methodology; however, as with any data source, The Leapfrog Group cannot warrant or endorse the methodology used by Licensee, End Users, and/or Third Party Vendors incorporating Leapfrog data in their own displays. Therefore, Leapfrog does not warrant or endorse the accuracy, reliability, completeness, currentness or timeliness of any data in this display and therefore shall not be held liable for any losses or damages caused by reliance on this display.

## Oregon — Limited Data Usability

Similar to the TiC data in this regional market, the data usability at a number of health systems is limited. For example, the Providence and Legacy facilities did not post a single negotiated rate or negotiated percentage for any codes for the payers included in this analysis. Instead, they populated the estimated allowed and minimum/maximum standard charge fields and included comments similar to some hospitals in the Atlanta market (summarized in [Appendix 2](#)).

Oregon Hospital Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Cigna Cigna OAP		Moda Connexus		Providence Health Plan Choice		Regence BCBS Regence Preferred		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Adventist Health Portland	C	●	○	●	○	●	○	●	○	●	○	●	○	
AdventistHealth Tillamook	N/A	●	○	●	○	○	○	●	○	●	○	●	○	
Asante Ashland Community Hospital	N/A	●	●	●	●	●	○	●	○	●	●	●	●	
Asante Rogue Regional Medical Center	C	●	●	●	●	●	○	●	○	●	●	●	●	
Asante Ashland Community Hospital	A	●	●	●	●	●	○	●	○	●	●	●	●	
Asante Rogue Regional Medical Center	D	○	○	○	○	○	○	○	○	○	○	○	○	
Blue Mountain Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●	
CHI St. Anthony Hospital	N/A	○	○	○	○	○	○	○	○	○	○	○	○	
Columbia Memorial Hospital	F	●	○	●	●	●	●	●	○	●	○	●	●	
Coquille Valley Hospital	N/A	●	●	○	○	●	●	●	●	●	●	○	○	
Curry General Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●	
Good Samaritan Regional Medical Center	C	●	○	●	○	●	○	●	○	●	○	●	●	
Good Shepherd Health Care System	N/A	●	○	●	●	●	●	●	●	●	●	●	●	
Grande Ronde Hospital	N/A	●	●	○	○	○	○	●	●	●	●	●	●	
Harney District Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●	
Hillsboro Medical Center	D	○	●	●	●	●	●	●	●	○	●	○	●	
Lake District Hospital	N/A	○	○	○	○	○	○	●	●	○	○	●	●	

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

Oregon Hospital Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		Cigna Cigna OAP		Moda Connexus		Providence Health Plan Choice		Regence BCBS Regence Preferred		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Legacy Emanuel Medical Center	D	●	●	●	●	●	●	●	●	●	●	●	●
Legacy Good Samaritan Medical Center	C	●	●	●	●	●	●	●	●	●	●	●	●
Legacy Meridian Park Medical Center	D	●	●	●	●	●	●	●	●	●	●	●	●
Legacy Mount Hood Medical Center	D	●	●	●	●	●	●	●	●	●	●	●	●
Legacy Salmon Creek Medical Center	C	●	●	●	●	●	●	●	●	●	●	●	●
Legacy Silverton Medical Center	C	●	●	●	●	●	●	●	●	●	●	●	●
Lower Umpqua Hospital District	N/A	●	●	○	○	●	●	●	●	○	○	○	○
Mckenzie—Willamette Medical Center	B	●	○	●	○	●	●	●	○	●	○	○	○
Mercy Medical Center	A	○	○	○	○	●	○	○	○	●	●	○	○
Mid-Columbia Medical Center	N/A	○	○	○	○	○	○	●	●	●	●	●	●
Ohsu Hospital and Clinics	D	●	●	●	●	●	○	●	●	●	●	●	●
Peace Harbor Medical Center	N/A	●	●	●	●	●	●	●	●	●	●	●	●
PeaceHealth — Sacred Heart Medical Center University District	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Peacehealth Cottage Grove Community Medical Center	N/A	●	●	●	●	●	●	●	●	●	●	●	●
PeaceHealth Sacred Heart Medical Center at RiverBend	A	●	●	●	●	●	●	●	●	●	●	●	●
PeaceHealth Southwest Medical Center	A	●	●	●	●	●	●	●	●	●	●	●	●
Pioneer Memorial Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Providence Hood River Memorial Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Providence Medford Medical Center	B	●	●	●	●	●	●	●	●	●	●	●	●
Providence Milwaukie Hospital	C	●	●	●	●	●	●	●	●	●	●	●	●
Providence Newberg Medical Center	B	●	●	●	●	●	●	●	●	●	●	●	●
Providence Portland Medical Center	A	●	●	●	●	●	●	●	●	●	●	●	●
Providence Seaside Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Providence St. Mary Medical Center	C	●	●	●	●	●	●	●	●	●	●	●	●
Providence St. Vincent Medical Center	A	●	●	●	●	●	●	●	●	●	●	●	●
Providence Willamette Falls Medical Center	B	●	●	●	●	●	●	●	●	●	●	●	●

Continued on next page

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● 76–100% Highly usable

Oregon Hospital Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		Cigna Cigna OAP		Moda Connexus		Providence Health Plan Choice		Regence BCBS Regence Preferred		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
		Saint Alphonsus Medical Center — Baker City, Inc	N/A	○	○	○	○	○	○	○	○	●	●
Saint Alphonsus Medical Center — Ontario, Inc	N/A	○	○	○	○	○	○	○	○	●	●	○	○
Salem Health West Valley Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Salem Hospital	D	●	●	●	●	●	●	●	●	●	●	●	●
Samaritan Albany General Hospital	D	●	○	●	○	●	○	●	○	●	○	●	●
Samaritan Lebanon Community Hospital	N/A	●	○	●	○	●	○	●	●	●	●	●	●
Samaritan North Lincoln Hospital	N/A	●	○	●	○	●	○	●	●	●	●	●	●
Samaritan Pacific Community Hospital	N/A	●	○	●	○	●	○	●	●	●	●	●	●
Santiam Hospital	C	●	●	●	●	●	●	●	●	●	●	●	●
Shriners Hospital For Children — Portland	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Sky Lakes Medical Center	C	○	○	○	○	○	○	○	○	○	○	○	○
Southern Coos Hospital & Health Center	N/A	●	○	●	●	●	●	●	○	●	○	●	●
St Charles Redmond	C	●	○	●	●	●	●	●	○	●	○	●	●
St. Charles Bend Campus	C	●	○	●	●	●	●	●	○	●	○	●	●
St. Charles Madras	N/A	●	○	●	●	●	●	●	○	●	○	●	●
St. Charles Prineville	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Wallowa Memorial Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Willamette Valley Medical Center	A	●	●	●	●	●	●	●	●	●	●	●	●

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Recommend code-level investigation

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Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Northern California — Wide Range of Data Usability

The Northern California regional market shows a broad range of data usability. There are some examples where multiple carriers posted comparable data such as for the Sutter facilities, but there is relatively low data usability in this regional market compared to other regional markets in this analysis. This may indicate that there is more variability in contracts than other regional markets (e.g., capitation, custom codes, ICD codes, etc.). Blue Shield of California appears to post the most data that meets the highest threshold (>75%) based on the Percent of Expected metric.

Northern California Hospital Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Adventist Health and Rideout	B	●	●	●	●	●	●	●	●	●	●	●
Adventist Health Clear Lake	N/A	○	○	●	●	○	○	○	○	○	○	○
Adventist Health Feather River	N/A	●	●	●	●	●	●	●	●	●	●	●
Adventist Health Howard Memorial	N/A	○	○	●	○	○	○	○	○	○	○	○
Adventist Health Lodi Memorial	C	●	●	●	●	●	●	●	●	●	●	●
Adventist Health Mendocino Coast	N/A	●	●	●	●	●	○	○	○	○	○	○
Adventist Health Reedley	N/A	●	○	●	●	○	○	○	○	○	○	●
Adventist Health Sonora	A	○	●	●	●	○	○	○	○	○	○	○
Adventist Health St. Helena	C	●	○	●	●	●	●	●	●	○	○	○
Adventist Health Ukiah Valley	A	●	●	●	●	●	○	○	○	○	○	○
AHMC Seton Medical Center	B	●	○	●	○	●	○	●	○	●	○	●
Alameda Hospital	B	●	●	●	●	●	●	●	○	●	●	●
Alta Bates Summit Medical Center	A	●	●	●	●	●	●	●	●	●	●	●
Alta Bates Summit Medical Center — Alta Bates Campus	B	○	○	○	○	○	○	○	○	○	○	○
Banner Lassen Medical Center	N/A	●	○	●	●	●	●	●	●	●	●	●
Barton Memorial Hospital	B	●	○	●	○	●	○	●	○	●	○	○

Continued on next page

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Recommend code-level investigation

○ 26–50% Moderately usable  
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● 76–100% Highly usable

## Northern California

### Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
		California Pacific Medical Center — Davies Campus	A	●	●	●	●	●	●	●	●
California Pacific Medical Center — Mission Bernal Campus & Orthopedic Institute	A	●	●	●	●	●	●	●	●	●	●
California Pacific Medical Center — Van Ness Campus	A	●	●	●	●	●	●	●	●	●	●
Chinese Hospital	C	●	○	○	○	○	●	●	○	●	●
Clovis Community Medical Center	C	●	○	●	○	●	○	●	●	●	●
Coalinga Regional Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Colusa Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Community Hospital of the Monterey Peninsula	B	●	○	●	○	●	○	●	○	●	○
Community Regional Medical Center	C	●	○	●	○	●	○	●	○	●	○
Concord Medical Center	C	●	○	●	●	●	○	●	○	●	○
Dameron Hospital	Not Graded	●	●	●	●	●	●	●	●	●	●
Dignity Health St. Joseph's Medical Center of Stockton	A	●	●	●	●	●	●	●	●	●	●
Doctors Hospital of Manteca	D	●	●	●	●	●	●	●	●	●	●
Doctors Medical Center — Modesto	D	●	○	●	●	●	○	●	●	●	○
Dominican Hospital	A	●	○	○	○	○	○	●	○	●	○
Eastern Plumas Hospital — Portola Campus	N/A	●	●	●	○	●	○	●	●	●	●
Eden Medical Center	A	●	●	●	●	●	●	●	●	●	●
El Camino Health — Mountain View Hospital	A	●	●	●	●	●	●	●	●	●	●
Emanuel Medical Center	C	●	○	●	●	●	○	●	○	●	○
Enloe Medical Center	A	●	●	●	●	●	●	●	○	●	●
Fairchild Medical Center	N/A	●	●	●	○	●	○	●	●	●	●
Fresno Heart & Surgical Hospital	N/A	●	●	●	○	●	○	●	●	●	○
Fresno Surgical Hospital	N/A	●	●	●	●	●	●	●	●	●	●
George L. Mee Memorial Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Glenn Medical Center	N/A	○	○	○	○	○	○	○	○	○	○
Good Samaritan Hospital	C	●	○	○	○	○	●	●	○	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
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○ 51–75% Generally usable  
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● 76–100% Highly usable

Northern California Hospital Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Hazel Hawkins Memorial Hospital	N/A	●	●	●	●	●	●	●	●	●	●	
Hazel Hawkins Memorial Hospital	N/A	●	●	●	●	●	●	●	●	●	●	
Healdsburg Hospital	N/A	●	●	●	●	●	●	●	●	●	●	
Highland Hospital	C	●	●	●	●	●	●	●	●	●	●	
Jerold Phelps Community Hospital	N/A	●	●	●	●	●	●	●	●	●	●	
John C Fremont Healthcare District	N/A	●	●	●	●	●	●	●	●	●	●	
John Muir Health — Walnut Creek Medical Center	C	●	●	●	●	●	●	●	●	●	●	
Lucile Packard Children's Hospital Stanford	N/A	●	●	●	●	●	●	●	●	●	●	
Mad River Community Hospital	C	●	●	●	●	●	●	●	●	●	●	
Mammoth Hospital	N/A	●	●	●	●	●	●	●	●	●	●	
Marinhealth Medical Center	B	●	●	●	●	●	●	●	●	●	●	
Mark Twain Medical Center	N/A	●	●	●	●	●	●	●	●	●	●	
Marshall Medical Center	A	●	●	●	●	●	●	●	●	●	●	
Memorial Hospital Los Banos	A	●	●	●	●	●	●	●	●	●	●	
Memorial Medical Center	B	●	●	●	●	●	●	●	●	●	●	
Mercy General Hospital	A	●	●	●	●	●	●	●	●	●	●	
Mercy Hospital of Folsom	B	●	●	●	●	●	●	●	●	●	●	
Mercy Medical Center	A	●	●	●	●	●	●	●	●	●	●	
Mercy Medical Center Mt. Shasta	N/A	●	●	●	●	●	●	●	●	●	●	
Mercy Medical Center Redding	B	●	●	●	●	●	●	●	●	●	●	
Mercy San Juan Medical Center	A	●	●	●	●	●	●	●	●	●	●	
Methodist Hospital of Sacramento	A	●	●	●	●	●	●	●	●	●	●	
Mills-Peninsula Medical Center	A	●	●	●	●	●	●	●	●	●	●	
Modoc Medical Center	N/A	●	●	●	●	●	●	●	●	●	●	
Napa Surgery Center, LLC	N/A	●	●	●	●	●	●	●	●	●	●	
Natividad Hospital	A	●	●	●	●	●	●	●	●	●	●	
Northbay Medical Center	B	●	●	●	●	●	●	●	●	●	●	

Continued on next page

Percent of Expected:

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Recommend code-level investigation

● 26–50% Moderately usable  
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● 76–100% Highly usable

Northern California Hospital Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Northbay Vacavalley Hospital	B	●	●	●	●	●	●	●	●	●	●	
Northern Inyo Hospital	N/A	●	●	●	●	●	●	●	●	●	●	
Novato Community Hospital	A	○	○	○	○	○	○	○	○	○	○	
Oak Valley Hospital District	N/A	●	●	●	●	●	●	●	●	●	●	
O'Connor Hospital	B	●	●	●	○	○	○	○	○	○	○	
Orchard Hospital	N/A	●	○	●	○	●	○	●	○	●	●	
Oroville Hospital	D	●	●	●	○	●	○	●	●	●	●	
Patients' Hospital of Redding	N/A	●	●	●	●	●	●	●	●	●	●	
Petaluma Valley Hospital	C	●	●	●	●	●	●	●	●	●	●	
Plumas District Hospital	N/A	●	●	○	○	○	○	●	●	○	○	
Providence Queen of the Valley Medical Center	A	●	●	●	●	●	●	●	●	●	●	
Providence Redwood Memorial Hospital	N/A	●	●	●	●	●	●	●	●	●	●	
Providence Santa Rosa Memorial Hospital	B	●	●	●	●	●	●	●	●	●	●	
Providence St. Joseph Hospital Eureka	B	●	●	●	●	●	●	●	●	●	●	
Regional Medical Center of San Jose	B	●	●	●	○	○	○	○	○	○	○	
Saint Agnes Medical Center	C	●	●	●	●	●	●	●	○	●	●	
Saint Francis Memorial Hospital	B	●	●	○	○	○	○	●	○	●	○	
Salinas Valley Health	B	●	●	●	●	●	●	●	●	●	●	
San Joaquin General Hospital	C	●	●	●	●	●	●	●	●	●	●	
San Leandro Hospital	C	●	●	●	●	●	●	●	○	●	●	
San Leandro Hospital	C	●	●	●	●	●	●	●	○	●	●	
San Ramon Regional Medical Center	C	○	○	●	●	●	○	●	●	●	○	
Santa Clara Valley Medical Center	C	○	○	●	○	○	○	○	○	○	○	
Seneca District Hospital	N/A	○	○	○	○	○	○	○	○	○	○	
Sequoia Hospital	A	●	●	○	○	○	○	●	○	●	○	
Seton Medical Center Coastside	N/A	●	●	●	●	●	●	●	●	●	●	
Shasta Regional Medical Center	A	●	○	●	○	●	○	●	○	●	○	

Continued on next page

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# Northern California

## Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
		Shasta Regional Medical Center	A	●	○	●	○	●	○	●	○
Shriners Hospitals for Children — Northern California	N/A	●	●	●	●	●	●	●	●	●	●
Sierra Nevada Memorial Hospital	A	●	●	○	○	○	●	○	○	●	○
Sonoma Specialty Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Sonoma Valley Hospital	C	●	●	●	●	●	●	●	●	●	●
Southern Inyo Hospital	N/A	●	●	●	●	●	●	●	●	●	●
St. Louise Regional Hospital	C	●	●	●	○	○	○	○	●	○	●
St. Elizabeth Community Hospital	A	○	○	○	○	○	○	○	○	○	○
St. Mary's Medical Center — San Francisco	A	●	○	○	○	○	●	●	○	●	○
St. Rose Hospital	D	●	○	●	○	●	○	●	○	○	○
Stanford Health Care	A	●	●	●	●	●	●	●	●	●	●
Stanford Health Care — Tri-Valley	B	●	●	●	●	●	●	●	●	●	●
Stanislaus Surgical Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Surprise Valley Community Hospital	N/A	●	○	●	○	●	○	●	○	●	○
Sutter Amador Hospital	A	●	○	●	○	●	○	●	○	●	○
Sutter Auburn Faith Hospital	A	●	●	●	●	●	●	●	●	●	●
Sutter Coast Hospital	C	●	○	●	○	●	○	●	○	●	○
Sutter Davis Hospital	A	○	○	○	○	○	○	○	○	○	○
Sutter Delta Medical Center	B	○	○	○	○	○	○	○	○	○	○
Sutter Lakeside Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Sutter Maternity & Surgery Center of Santa Cruz	N/A	●	●	●	●	●	●	●	●	●	●
Sutter Medical Center, Sacramento	A	○	○	○	○	○	○	○	○	○	○
Sutter Roseville Medical Center	A	●	●	●	●	●	●	●	●	●	●
Sutter Santa Rosa Regional Hospital	A	●	●	●	●	●	●	●	●	●	●
Sutter Solano Medical Center	A	●	●	●	●	●	●	●	●	●	●
Sutter Surgical Hospital — North Valley	N/A	●	●	●	●	●	●	●	●	●	●
Sutter Tracy Community Hospital	A	●	●	●	●	●	●	●	●	●	●

Continued on next page

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## Northern California

### Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
		Tahoe Forest Hospital	N/A	●	○	●	○	●	○	●	○
Trinity Hospital	N/A	●	●	●	○	●	○	●	○	●	○
UCSF Benioff Children's Hospital — Oakland	N/A	●	●	●	●	●	●	●	●	●	●
UCSF Medical Center	A	●	●	●	●	●	●	●	●	●	●
University of California Davis Medical Center	D	●	●	●	●	●	●	●	●	●	●
Valley Children's Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Washington Hospital Healthcare System	B	●	●	●	●	○	○	○	○	●	●
Watsonville Community Hospital	B	○	○	○	○	●	○	○	○	●	○
Woodland Memorial Hospital	A	●	●	○	○	○	●	○	○	●	○

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○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Southern California — Wide Range of Data Usability

Similar to the observations from the Northern California regional market, Southern California shows a broad range of data usability, and Blue Shield of California appears to have the posted data that meets the highest threshold (>75%) based on the Percent of Expected metric.

Southern California Hospital Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
			Adventist Health Bakersfield	B	●	○	●	●	●	○	○	○
Adventist Health Delano	B	●	○	○	○	○	○	○	○	○	○	○
Adventist Health Glendale	A	●	○	●	●	●	○	○	○	○	●	○
Adventist Health Hanford	A	●	○	○	●	●	○	○	●	○	●	●
Adventist Health Simi Valley	C	○	○	●	●	○	○	○	○	○	●	○
Adventist Health Tehachapi Valley	N/A	●	○	○	○	○	○	○	○	○	○	○
Adventist Health Tulare	N/A	●	●	●	●	●	●	●	●	●	●	●
Adventist Health White Memorial	B	○	○	●	●	○	○	○	○	○	●	○
Adventist Health White Memorial Montebello	D	○	○	●	●	○	○	○	○	○	●	○
Adventist Medical Center — Central Valley	N/A	●	●	●	●	●	●	●	●	●	●	●
Ahmc Anaheim Regional Medical Center	B	●	○	●	○	●	●	●	○	○	●	○
Alhambra Hospital Medical Center	A	●	●	●	●	●	●	●	●	●	●	●
Alliance Surgery Center Inc.	N/A	●	●	●	●	●	●	●	●	●	●	●
Anaheim Community Hospital, LLC	N/A	●	●	●	●	●	●	●	●	●	●	●
Anaheim Global Medical Center	C	●	●	●	●	●	●	●	●	●	●	●
Antelope Valley Medical Center	C	●	●	●	●	●	●	●	○	○	●	○
Arrowhead Regional Medical Center	B	●	●	○	○	●	○	○	○	○	●	●
Bakersfield Heart Hospital	D	○	○	●	●	○	○	○	○	○	●	○
Bakersfield Memorial Hospital	A	●	●	●	○	○	●	●	○	○	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

**Southern California**  
**Hospital** Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
		Barstow Community Hospital	C	●	●	●	●	●	●	●	●
Bear Valley Community Hospital	N/A	●	●	●	○	●	○	●	●	●	○
Beverly Hills Doctors Surgery Center	N/A	●	●	●	●	●	●	●	●	●	●
Casa Colina Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Catalina Island Health	N/A	●	●	●	●	●	●	●	●	●	○
Cedars-Sinai Marina del Rey Hospital	B	●	●	●	●	●	●	●	○	●	○
Cedars-Sinai Medical Center	C	●	●	●	○	●	●	●	○	●	○
Centinela Hospital Medical Center	B	●	○	●	○	●	●	●	●	●	○
Chapman Global Medical Center	C	●	●	●	●	●	●	●	●	●	●
Children's Hospital Los Angeles	N/A	●	○	●	○	●	○	●	○	●	○
Children's Hospital of Orange County	N/A	●	○	●	○	○	○	●	○	○	○
CHOC at Mission Hospital	N/A	○	○	●	○	●	●	●	○	○	○
City of Hope — Helford Clinical Research Hospital	N/A	○	○	○	○	○	●	○	○	○	●
Coast Plaza Hospital	C	●	●	●	○	●	●	●	○	●	●
Coastal Surgery Center Partner	N/A	●	●	●	●	●	●	●	●	●	●
College Hospital Costa Mesa	N/A	●	●	●	●	●	●	●	●	●	●
College Medical Center	D	○	○	●	●	○	○	○	○	●	●
Colorado River Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Community Hospital Long Beach	N/A	●	●	●	●	●	●	●	●	●	●
Community Hospital of Huntington Park	C	●	●	●	●	●	●	●	●	●	●
Community Hospital of San Bernardino	A	●	○	●	○	●	●	●	●	●	○
Community Memorial Hospital — Ojai	N/A	●	●	●	○	●	○	●	●	●	○
Community Memorial Hospital — San Buenaventura	C	●	●	●	●	●	●	●	●	●	●
Corona Regional Medical Center	A	●	○	○	○	○	○	●	○	●	○
Desert Regional Medical Center	B	●	●	●	●	●	○	●	●	●	○
Desert Valley Hospital	A	●	○	●	○	●	○	●	●	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Southern California

### Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Dignity Health — California Hospital Medical Center	C	●	○	○	○	●	●	●	○	●	○
Dignity Health — Glendale Memorial Hospital and Health Center	B	●	○	○	○	○	●	●	●	●	●
Dignity Health — Mercy Hospital Downtown — Bakersfield	B	●	●	○	○	○	●	●	○	●	○
Dignity Health — Northridge Hospital Medical Center	A	●	○	○	○	○	●	●	●	●	○
Dignity Health — St. John's Regional Medical Center	B	●	●	●	○	○	●	●	●	●	●
Dignity Health — French Hospital Medical Center	A	●	○	○	○	○	●	●	○	●	○
DLV Vision ASC	N/A	●	●	●	●	●	●	●	●	●	●
Docs Surgical Hospital	N/A	●	●	●	●	●	●	●	●	●	●
East Los Angeles Doctors Hospital	C	●	●	●	●	●	●	●	●	●	●
Eisenhower Health	A	○	●	●	●	●	●	●	●	●	○
El Centro Regional Medical Center	D	○	○	●	●	●	○	○	●	●	●
Emanate Health Foothill Presbyterian Hospital	B	●	●	●	●	●	●	●	●	●	●
Emanate Health Inter — Community Hospital	C	●	●	●	●	●	●	●	●	●	●
Encino Hospital Medical Center	C	●	○	●	○	●	●	●	●	●	●
Encino — Tarzana Reg Med Center — Tarzana Campus	N/A	●	●	●	●	●	●	●	●	●	●
Foothill Regional Medical Center	N/A	○	○	●	●	●	○	●	○	●	●
Fountain Valley Regional Hospital & Medical Center	C	●	○	●	●	●	○	●	○	●	●
Garden Grove Hospital & Medical Center	B	●	○	●	○	●	●	●	●	●	○
Garfield Medical Center	C	●	○	●	○	●	●	●	○	○	○
Glendora Oaks Behavioral Health Hospital	N/A	○	○	○	○	○	○	○	○	●	●
Goleta Valley Cottage Hospital	A	○	○	○	○	○	○	○	○	○	○
Good Samaritan Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Greater El Monte Community Hospital	A	●	●	●	○	●	●	●	○	○	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Southern California

### Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
HealthBridge Children's Hospital — Orange	N/A	●	●	●	●	●	●	●	●	●	●
Hemet Global Medical Center	C	●	●	●	●	●	●	●	●	●	●
Henry Mayo Newhall Hospital	D	●	●	○	○	●	●	●	○	●	●
Hi-Desert Medical Center	B	●	○	●	●	●	○	●	●	●	●
Hoag Memorial Hospital Presbyterian	A	●	●	●	●	●	●	●	●	●	●
Hoag Orthopedic Institute	N/A	●	●	●	●	●	●	●	●	●	●
Hollywood Community Hospital at Brotman Medical Center	D	○	○	●	●	●	●	●	○	●	●
Hollywood Presbyterian Medical Center	A	●	●	●	●	●	●	●	●	●	●
Huntington Hospital	C	●	●	●	●	●	●	●	○	●	○
Irvine Regional Hospital & Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
John F Kennedy Memorial Hospital	B	●	○	●	●	●	○	●	○	●	○
Kaweah Health Medical Center	B	●	○	●	○	●	○	●	○	●	○
Keck Hospital of Usc	A	●	●	●	●	●	●	●	●	●	●
Kern Valley Healthcare District — Kern Valley Hospital	N/A	●	○	●	○	●	○	●	○	●	○
L.A. Downtown Medical Center — Downtown Campus	N/A	●	●	●	●	●	●	●	●	●	●
Lakewood Regional Medical Center	C	●	○	●	●	●	○	●	○	●	●
Loma Linda University Children's Hospital	N/A	●	○	○	○	○	○	●	○	●	○
Loma Linda University Medical Center	A	●	○	●	○	○	○	●	○	●	○
Loma Linda University Medical Center — Murrieta	A	●	○	○	●	●	○	●	○	●	○
Lompoc Valley Medical Center	B	●	○	○	○	○	○	●	●	●	○
Los Alamitos Medical Center	D	●	○	●	●	●	○	●	●	●	○
Los Angeles Community Hospital	D	○	○	●	●	●	●	●	●	●	●
Los Robles Regional Medical Center	B	●	○	●	○	○	○	●	●	●	●
Marian Regional Medical Center	A	●	●	●	○	○	●	●	○	●	○
Marian Regional Medical Center — Arroyo Grande	N/A	●	○	●	○	○	●	●	○	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

**Southern California**  
**Hospital** Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
		Martin Luther King, Jr. Community Hospital	A	●	●	●	●	●	●	●	●
MD Surgical Solutions, LLC	N/A	●	●	●	●	●	●	●	●	●	●
Memorial Hospital of Gardena	C	●	●	●	●	●	●	●	●	●	●
Memorialcare Long Beach Medical Center	C	●	●	●	●	●	●	●	●	●	●
MemorialCare Miller Children's & Women's Hospital Long Beach	N/A	●	●	●	●	●	●	●	●	●	●
Memorialcare Orange Coast Medical Center	B	●	●	●	●	●	●	●	●	●	●
Memorialcare Saddleback Medical Center	A	●	●	●	●	●	●	●	●	●	●
Menifee Global Medical Center	C	●	●	●	●	●	●	●	●	●	●
Miraclemile Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Mission Community Hospital	C	●	●	●	●	●	●	●	●	●	●
Monterey Park Hospital	C	●	○	●	○	●	●	●	●	●	○
Motion Picture & Television Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Mountains Community Hospital	N/A	○	○	○	●	○	●	○	○	●	●
Oaks Surgical Center LLC	N/A	●	●	●	●	●	●	●	●	●	●
Olympia Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
Orange County Global Medical Center	C	●	●	●	●	●	●	●	●	●	●
Pacifica Hospital of the Valley	F	○	●	●	●	●	●	●	●	●	●
Palmdale Regional Medical Center	A	●	○	●	○	○	○	●	○	●	○
Palo Verde Hospital	N/A	●	●	●	●	●	●	●	●	●	●
Palomar Health Downtown Campus	A	●	●	●	●	●	●	●	○	●	○
Palomar Medical Center Poway	A	●	●	●	●	●	●	●	●	●	○
Paradise Valley Hospital	A	●	○	●	○	●	○	●	●	●	○
Parkview Community Hospital Medical Center	A	●	○	●	●	●	●	●	○	●	○
Pih Health Downey Hospital	C	●	●	●	○	●	○	●	●	●	○
Pih Health Good Samaritan Hospital	D	●	●	●	○	●	○	●	●	●	○
PIH Health Whittier Hospital	D	●	○	●	○	●	○	●	●	●	○
Pioneers Memorial Healthcare District	C	●	○	●	○	●	○	●	○	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Southern California

### Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
		Placentia-Linda Hospital	B	●	○	●	●	●	○	●	●
Pomona Valley Hospital Medical Center	A	●	○	●	○	○	○	●	○	○	○
Providence Cedars - Sinai Tarzana Medical Center	C	●	●	●	●	●	●	●	●	●	●
Providence Holy Cross Medical Center	B	●	●	●	●	●	●	●	●	●	●
Providence Little Company of Mary Medical Center San Pedro	B	●	●	●	●	●	●	●	●	●	●
Providence Little Company of Mary Medical Center Torrance	A	●	●	●	●	●	●	●	●	●	●
Providence Mission Hospital Mission Viejo	A	●	●	●	●	●	●	●	●	●	●
Providence Saint John's Health Center	B	●	●	●	●	●	●	●	●	●	●
Providence Saint Joseph Medical Center	B	●	●	●	●	●	●	●	●	●	●
Providence St. Joseph Hospital Orange	C	●	●	●	●	●	●	●	●	●	●
Providence St. Jude Medical Center	A	●	●	●	●	●	●	●	●	●	●
Providence St. Mary Medical Center	C	●	●	●	●	●	●	●	●	●	●
Rady Children's Hospital - San Diego	N/A	●	●	●	●	●	●	●	●	●	●
Redlands Community Hospital	C	○	○	○	○	○	○	○	○	○	○
Ridgecrest Regional Hospital	N/A	●	○	●	○	●	○	●	●	●	○
Riverside Community Hospital	B	●	○	●	○	○	○	●	○	●	●
Ronald Reagan UCLA Medical Center	A	●	●	○	●	○	○	●	●	○	●
Saint Francis Medical Center	A	●	●	●	○	●	○	●	●	●	○
San Antonio Regional Hospital	C	●	●	●	●	●	●	○	●	○	●
San Dimas Community Hospital	A	●	●	●	○	●	○	●	○	●	○
San Gabriel Valley Medical Center	C	●	○	●	●	●	●	●	●	●	○
San Geronio Memorial Hospital	B	●	○	●	●	●	○	●	○	●	○
Santa Barbara Cottage Hospital	A	○	○	○	○	○	○	○	○	○	○
Santa Monica UCLA Medical Center & Orthopedic Hospital	C	●	●	○	●	○	○	○	●	●	●
Santa Ynez Valley Cottage Hospital	N/A	○	○	○	○	○	○	○	○	○	○
Scripps Green Hospital	A	○	●	○	●	○	●	○	●	○	●

Continued on next page

Percent of Expected:

● 0-25% Generally unusable  
Recommend code-level investigation

○ 26-50% Moderately usable  
Recommend additional investigation

○ 51-75% Generally usable  
consider additional investigation

● 76-100% Highly usable

## Southern California

### Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Scripps Memorial Hospital Encinitas	A	●	●	●	●	●	●	●	●	●	●
Scripps Memorial Hospital La Jolla	C	●	●	●	●	●	●	●	●	●	●
Scripps Mercy Hospital San Diego	A	●	●	●	●	●	●	●	●	●	●
Sharp Chula Vista Medical Center	B	●	●	●	●	●	●	●	●	●	●
Sharp Coronado Hospital	B	●	●	●	●	●	●	●	●	●	●
Sharp Grossmont Hospital	A	●	●	●	●	●	●	●	●	●	●
Sharp Memorial Hospital	B	●	●	●	●	●	●	●	●	●	●
Shriners Hospitals For Children	N/A	●	●	●	●	●	●	●	●	●	●
Sierra View Medical Center	B	●	●	●	●	●	●	●	●	●	●
Sierra Vista Regional Medical Center	C	●	●	●	●	●	●	●	●	●	●
South Coast Global Medical Center	C	●	●	●	●	●	●	●	●	●	●
Southern California Hospital At Hollywood	D	●	●	●	●	●	●	●	●	●	●
Southwest Healthcare Rancho Springs Hospital	B	●	●	●	●	●	●	●	●	●	●
St. Bernardine Medical Center	B	●	●	●	●	●	●	●	●	●	●
St. John's Hospital Camarillo	A	●	●	●	●	●	●	●	●	●	●
St. Mary Medical Center	A	●	●	●	●	●	●	●	●	●	●
Temecula Valley Hospital	B	●	●	●	●	●	●	●	●	●	●
Tenet Health Central Coast — Twin Cities Community Hospital	D	●	●	●	●	●	●	●	●	●	●
Thousand Oaks Surgical Hosp A Campus of Los Robles	N/A	●	●	●	●	●	●	●	●	●	●
Torrance Memorial Medical Center	B	●	●	●	●	●	●	●	●	●	●
Tri-City Medical Center	C	●	●	●	●	●	●	●	●	●	●
Tulare Regional Medical Center	N/A	●	●	●	●	●	●	●	●	●	●
UC San Diego Health East Campus Medical Center	C	●	●	●	●	●	●	●	●	●	●
UC San Diego Medical Center	A	●	●	●	●	●	●	●	●	●	●
University of California Irvine Medical Center	A	●	●	●	●	●	●	●	●	●	●
USC Arcadia Hospital	C	●	●	●	●	●	●	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

● 26–50% Moderately usable  
Recommend additional investigation

● 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

Southern California Hospital Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Blue Shield of CA Full PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
USC Norris Cancer Hospital		N/A	●	●	●	●	●	●	●	●	●	●
USC Verdugo Hills Hospital		B	●	●	●	●	●	●	●	●	●	●
Valley Presbyterian Hospital		B	●	○	●	○	●	○	●	○	●	●
Ventura County Medical Center		C	●	○	●	○	○	○	○	○	○	○
Victor Valley Global Medical Center		C	○	○	○	○	○	○	○	○	○	○
Visalia Ambulatory Surgical Center, LLC		N/A	●	●	●	●	●	●	●	●	●	●
West Covina Medical Center, Inc.		N/A	●	●	●	●	●	●	●	●	●	●
West Hills Hospital & Medical Center		D	●	●	●	●	●	●	●	●	●	●
Whittier Hospital Medical Center		A	●	○	●	○	●	○	●	○	●	○

Percent of Expected:

● 0-25% Generally unusable  
Recommend code-level investigation

○ 26-50% Moderately usable  
Recommend additional investigation

○ 51-75% Generally usable  
consider additional investigation

● 76-100% Highly usable

## Phoenix — Relatively More Robust Data Usability

The HPT data in Phoenix appears to be more robust than other regional markets as rates were able to be identified for most large facilities, and majority have Percent of Expected above 75% for FIP and above 50% for FOP.

Phoenix Hospital Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS AZ BCBS AZ		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Abrazo Arrowhead Campus	D	○	●	●	●	○	●	○	●
Abrazo Central Campus	D	●	○	●	○	●	○	●	●
Abrazo Scottsdale Campus	D	○	●	●	●	○	●	○	○
Abrazo West Campus	D	●	○	●	○	●	○	●	●
Arizona Heart Hospital	N/A	●	○	●	○	●	○	●	●
Arizona Spine and Joint Hospital	N/A	●	●	●	●	●	●	●	●
Banner — University Medical Center Phoenix	C	●	●	●	●	●	●	●	●
Banner Baywood Medical Center	B	●	●	●	○	●	○	●	●
Banner Boswell Medical Center	C	●	●	●	○	●	○	●	●
Banner Casa Grande Medical Center	C	●	○	●	○	●	○	●	○
Banner Del E Webb Medical Center	B	●	●	●	○	●	○	●	●
Banner Desert Medical Center	C	●	●	●	●	●	●	●	●
Banner Estrella Medical Center	C	●	●	●	○	●	○	●	●
Banner Gateway Medical Center	C	●	○	●	○	●	○	●	○
Banner Goldfield Medical Center	N/A	●	○	●	○	●	○	●	○
Banner Heart Hospital	N/A	●	○	●	○	●	●	●	○
Banner Ironwood Medical Center	A	●	○	●	○	●	○	●	○
Banner Ocotillo Medical Center	B	●	○	●	○	●	○	●	○
Banner Thunderbird Medical Center	C	●	●	●	●	●	●	●	●
Chandler Regional Medical Center	A	●	○	●	●	●	○	●	○
Dignity Health — Arizona General Hospital Laveen	N/A	●	○	●	○	●	○	●	○
Dignity Health — Arizona General Hospital Mesa	C	●	●	●	○	●	○	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Phoenix

## Hospital Transparency Data

	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS AZ BCBS AZ		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
		Dignity Health Arizona Specialty Hospital	N/A	●	○	●	●	●	●
Heart and Vascular Surgical Center, LLC	N/A	●	●	●	●	●	●	●	●
Heart Health Center LLC	N/A	●	●	●	●	●	●	●	●
Honorhealth Deer Valley Medical Center	B	●	○	●	○	●	○	●	○
Honorhealth John C. Lincoln Medical Center	B	●	●	●	●	●	●	●	●
Honorhealth Scottsdale Osborn Medical Center	A	●	○	●	○	●	○	●	○
Honorhealth Scottsdale Shea Medical Center	A	●	○	●	○	●	○	●	○
HonorHealth Scottsdale Thompson Peak Medical Center	A	●	○	●	○	●	○	●	○
Honorhealth Sonoran Crossing Medical Center	A	●	○	●	○	●	○	●	○
Hu Hu Kam Memorial Hospital	N/A	●	●	●	●	●	●	●	●
Mayo Clinic Hospital — Phoenix	A	●	○	●	○	●	○	●	○
Mercy Gilbert Medical Center	A	●	○	●	●	●	○	●	○
Mountain Vista Medical Center, LP	A	●	○	●	○	●	○	●	○
Peak Surgery Center of Avondale	N/A	●	●	●	●	●	●	●	●
Phoenix Children’s Hospital	N/A	●	○	●	○	●	○	●	○
Ski Ambulatory Surgical Center LLC	N/A	●	●	●	●	●	●	●	●
Ski Ambulatory Surgical Centers, LLC	N/A	●	●	●	●	●	●	●	●
St. Joseph’s Hospital and Medical Center	C	●	●	●	●	●	●	●	●
Tempe St. Luke’s Hospital	B	●	○	●	○	●	○	●	○
The Core Institute Specialty Hospital	N/A	●	●	●	●	●	●	●	●
Valleywise Health Medical Center	B	●	○	●	●	●	○	●	●
Western Regional Medical Center	N/A	●	●	●	●	●	●	●	●
Wickenburg Community Hospital	N/A	●	○	●	●	●	●	●	●

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Denver — Greater Data Usability

The HPT data in this region appears to have far more usable data than many other regional markets included in this analysis, particularly for FIP. Very few facilities have our lowest threshold (<25%) based on Percent of Expected metric.

Denver Hospital Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Cigna Cigna PPO		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Adventhealth Castle Rock	A	●	●	●	●	●	●	●	●
Adventhealth Littleton	A	●	○	●	○	●	○	●	○
Adventhealth Parker	B	●	●	●	●	●	●	●	○
AdventHealth Porter	A	●	●	●	○	●	●	●	○
Children's Hospital Colorado — Anschutz Medical Campus, Aurora	N/A	●	○	●	●	●	●	●	●
CommonSpirit — St. Anthony Hospital	B	●	●	●	●	●	●	●	●
CommonSpirit — St. Anthony North Hospital	A	●	●	●	●	●	●	●	●
Denver Health Medical Center	B	●	●	●	●	●	●	●	●
Intermountain Health Platte Valley Hospital	A	●	●	●	●	○	○	●	●
Intermountain Health Saint Joseph Hospital	A	●	○	●	●	●	●	●	●
Lutheran Medical Center	A	●	●	●	●	●	●	●	●
National Jewish Health	N/A	●	●	●	●	●	●	●	●
North Suburban Medical Center	C	●	○	●	○	●	●	●	●
OrthoColorado Hospital at St. Anthony Medical Campus	N/A	●	●	●	●	●	●	●	●
Presbyterian St. Luke's Medical Center	C	●	○	●	○	●	●	●	●
Rose Medical Center	A	●	○	●	○	●	●	●	●
SCL Health Community Hospital — Northglenn	N/A	●	●	●	●	●	●	●	●
Sky Ridge Medical Center	C	●	○	●	○	●	●	●	●
Swedish Medical Center	A	●	○	●	○	●	●	●	●
The Medical Center of Aurora	C	●	○	●	○	●	●	●	●
UCHealth Broomfield Hospital	N/A	●	●	●	●	●	○	●	●
UCHealth Highlands Ranch Hospital	C	●	●	●	●	●	○	●	●
University of Colorado Hospital Authority	D	●	●	●	○	●	●	●	●

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Dallas — Generally High Data Usability With Some Gaps

The HPT data in Dallas is stronger than some of the other regional markets, though gaps still exist.

Dallas Hospital Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS TX Blue Choice PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Baylor Emergency Medical Center	N/A	●	●	●	●	●	●	●	●
Baylor Scott & White Emergency Hospital — Keller	N/A	●	●	●	●	○	●	○	○
Baylor Scott & White Heart and Vascular Hospital — Dallas	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Centennial	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Frisco	C	●	●	●	●	○	●	○	○
Baylor Scott & White Medical Center — Irving	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Lake Pointe	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — McKinney	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Plano	A	●	●	●	●	●	○	○	○
Baylor Scott & White Medical Center — Sunnyvale	D	●	○	●	●	●	●	○	○
Baylor Scott & White Medical Center — Trophy Club	N/A	●	○	●	●	○	●	○	○
Baylor Scott & White Medical Center — Uptown	N/A	●	○	●	●	○	●	○	○
Baylor Scott & White Medical Center — Waxahachie	B	●	●	●	●	●	○	○	○
Baylor Scott & White Surgical Hospital — Las Colinas	N/A	●	○	●	●	○	●	○	○
Baylor Scott & White The Heart Hospital — Denton	N/A	●	●	●	●	●	○	●	○
Baylor Scott & White The Heart Hospital — Plano	N/A	●	●	●	●	●	○	●	○
Baylor University Medical Center	C	●	○	●	○	●	●	○	○
Carrollton Regional Medical Center	C	●	○	●	○	●	○	●	○
Children’s Medical Center of Dallas	N/A	○	○	○	○	○	○	○	○
Children’s Medical Center Plano	N/A	○	○	○	○	○	○	○	○
Cook Childrens Medical Center	N/A	○	○	○	○	○	○	○	○
Cook Children’s Medical Center — Prosper	N/A	○	○	○	○	○	○	○	○
Crescent Medical Center Lancaster	N/A	●	●	●	●	●	●	●	●

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Dallas

## Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS TX Blue Choice PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Dallas Medical Center	B	●	○	●	○	●	●	●	○
Dallas Regional Medical Center	C	●	○	●	○	●	●	●	○
Ennis Regional Medical Center	N/A	●	●	●	●	●	●	●	●
Hunt Regional Medical Center	C	●	●	●	●	●	●	●	●
Legent Orthopedic Hospital — Carrollton	N/A	●	●	●	●	●	●	●	●
Mayhill Hospital	N/A	●	●	●	●	●	●	●	●
Medical City Dallas	C	●	○	●	●	●	○	●	●
Medical City Denton	A	●	○	●	●	●	○	●	●
Medical City Las Colinas	C	●	○	●	●	●	○	●	●
Medical City Lewisville	B	●	○	●	●	●	○	●	●
Medical City Mckinney	B	●	○	●	●	●	○	●	●
Medical City Plano	C	●	●	●	●	●	○	●	●
Medical City Sachse	N/A	●	●	●	●	●	●	●	●
Methodist Charlton Medical Center	B	●	●	●	●	●	●	●	●
Methodist Dallas Medical Center	A	●	●	●	●	●	●	●	●
Methodist Hospital For Surgery	N/A	●	●	●	●	●	●	●	●
Methodist Mckinney Hospital	N/A	●	●	●	○	●	●	●	●
Methodist Midlothian Medical Center	A	●	●	●	●	●	●	●	●
Methodist Richardson Medical Center	A	●	●	●	●	●	●	●	●
North Central Surgical Center LLP	N/A	●	●	●	○	●	○	●	○
Parkland Health	D	○	○	○	○	○	○	○	○
Scottish Rite Hospital for Children	N/A	●	●	●	●	●	●	●	●
Texas Health Center for Diagnostics & Surgery — Plano	N/A	●	○	●	○	●	○	●	○
Texas Health Hospital Frisco	C	●	○	●	○	●	○	●	○
Texas Health Hospital Rockwall	C	●	○	●	○	●	○	●	○
Texas Health Presbyterian Hospital Allen	C	●	○	●	○	●	○	●	○
Texas Health Presbyterian Hospital Dallas	D	●	○	●	○	●	○	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Dallas

## Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS TX Blue Choice PPO		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Texas Health Presbyterian Hospital Denton	C	●	○	●	○	●	○	●	○
Texas Health Presbyterian Hospital Flower Mound	C	●	○	●	○	●	○	●	○
Texas Health Presbyterian Hospital Kaufman	B	●	○	●	○	●	○	●	○
Texas Health Presbyterian Hospital Plano	C	●	○	●	○	●	○	●	○
Texas Institute for Surgery at Texas Health Presbyterian Dallas	N/A	●	●	●	●	●	●	●	●
UT Southwestern University Hospital	A	●	○	●	●	●	○	●	●
UT Southwestern University Hospital — Zale Lipshy	A	●	○	●	●	●	○	●	●
White Rock Medical Center	D	●	○	●	○	●	○	●	●

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Chicago — Mostly Sparse Data Usability

The HPT data in Chicago appears to be the most sparsely populated across all 10 regional markets evaluated. There are, however, some pockets of usable data at Advocate, Loyola, and Northwestern.

Chicago Hospital Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS IL Participating Provider Options		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Advocate Christ Medical Center	C	●	○	●	○	●	○	●	●
Advocate Good Samaritan Hospital	C	●	○	●	○	●	○	●	●
Advocate Illinois Masonic Medical Center	B	●	○	●	○	●	○	●	●
Advocate Lutheran General Hospital	B	●	○	●	○	●	○	●	●
Advocate South Suburban Hospital	B	●	○	●	○	●	○	●	●
Advocate Trinity Hospital	C	●	○	●	○	●	○	●	●
Ann & Robert H. Lurie Children’s Hospital of Chicago	N/A	●	○	○	○	●	○	●	○
Ascension Alexian Brothers Medical Center	C	●	●	●	○	●	○	●	●
Ascension Resurrection	B	●	●	●	●	●	●	●	●
Ascension Saint Alexius	B	●	●	○	●	●	○	●	●
Ascension Saint Francis	A	●	●	●	●	●	●	●	○
Ascension Saint Joseph — Joliet	C	○	●	●	○	●	○	●	●
Ascension Saint Joseph Hospital — Chicago	C	●	●	●	●	●	●	●	●
Ascension Saint Mary — Chicago	B	●	●	●	●	●	●	●	●
Centegra Health System — Woodstock Hospital	N/A	●	●	●	●	●	●	●	●
Community First Medical Center	D	○	○	○	○	○	○	○	○
Edward Hospital	A	●	○	●	○	●	○	●	○
Elmhurst Hospital	A	●	○	●	○	●	○	●	○
Franciscan Health Olympia Fields	C	○	○	●	○	○	○	○	○
Holy Cross Hospital	C	●	●	●	●	●	●	●	●
Humboldt Park Health	C	●	●	●	●	●	●	●	●
Insight Hospital and Medical Center Chicago	N/A	○	●	○	●	○	○	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Chicago

## Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS IL Participating Provider Options		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Jackson Park Hospital	Not Graded	●	●	●	●	●	●	●	●
John H. Stroger, Jr. Hospital of Cook County	B	○	○	○	○	○	●	○	○
La Rabida Children's Hospital	N/A	●	●	●	●	●	●	●	●
Loretto Hospital	A	●	○	●	○	●	○	●	●
Louis A. Weiss Memorial Hospital	D	●	●	●	●	●	●	●	●
Loyola Gottlieb Memorial Hospital	B	●	○	●	○	●	●	●	○
Loyola University Medical Center	C	●	●	●	●	●	○	●	●
MacNeal Hospital	A	●	○	●	●	●	●	●	○
Mercyhealth Hospital and Medical Center — Harvard	N/A	●	●	●	●	●	●	●	●
Morris Hospital & Healthcare Centers	A	○	○	●	○	○	○	○	○
Mount Sinai Hospital	C	●	●	●	●	●	●	●	●
NorthShore University HealthSystem Evanston Hospital	A	●	○	●	○	●	○	●	○
Northwest Community Hospital	A	●	○	●	○	●	○	●	○
Northwestern Medicine Central Dupage Hospital	A	●	●	●	●	○	●	●	●
Northwestern Medicine Mchenry Hospital	A	●	●	●	●	●	●	●	○
Northwestern Medicine Palos Hospital	C	●	●	●	●	●	●	●	○
Northwestern Memorial Hospital	A	●	●	●	●	○	●	●	○
Oak Forest Hospital	N/A	●	●	●	●	●	●	●	●
OSF Little Company of Mary Medical Center	B	●	●	●	○	●	●	●	●
Provident Hospital of Cook County	N/A	○	○	○	○	○	●	○	○
Roseland Community Hospital	D	●	●	●	○	●	●	●	●
Rush Oak Park Hospital	B	●	○	●	○	●	○	●	○
Rush University Medical Center	A	●	●	●	●	●	●	●	●
Sacred Heart Hospital	N/A	●	●	●	●	●	●	●	●
Saint Anthony Hospital	C	●	●	●	●	●	●	●	●
Shriners Hospitals For Children	N/A	●	●	●	●	●	●	●	●
Silver Cross Hospital and Medical Centers	A	●	○	●	○	●	○	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Chicago

## Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		BCBS IL Participating Provider Options		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
South Shore Hospital	A	●	●	○	○	○	○	●	●
Saint Mary's and Elizabeth Medical Center — Claremont Campus	N/A	●	●	●	○	●	●	●	●
St. Bernard Hospital and Health Care Center	A	●	●	●	●	●	●	●	●
Swedish Hospital	C	●	○	●	○	●	○	●	○
The University of Chicago Medical Center	A	●	●	●	●	●	●	●	●
Thorek Memorial Hospital	C	○	○	○	●	○	●	○	●
Thorek Memorial Hospital Andersonville	N/A	○	○	○	●	○	●	○	●
UChicago Medicine Adventhealth Bolingbrook	A	●	●	●	●	●	●	●	●
UChicago Medicine Adventhealth Glenoaks	C	●	●	●	●	●	●	●	●
UChicago Medicine Adventhealth Hinsdale	A	●	●	●	●	●	●	●	●
UChicago Medicine Adventhealth La Grange	A	●	●	●	●	●	●	●	●
UChicago Medicine Ingalls Memorial Hospital	C	●	●	●	●	●	●	●	●
University of Illinois Hospital and Clinics	C	●	○	●	●	●	●	●	●
West Suburban Medical Center	D	●	●	●	●	●	●	●	●

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Atlanta — Lower Data Usability Than Other Regional Markets

The HPT data in Atlanta has an overall lower Percent of Expected than other regional markets in this report. Analysis of hospital submitted data resulted in a Percent of Expected below 25%. In [Appendix 2](#), there was a deeper look at three of the larger facilities in this market (Emory University Hospital, Tanner Medical Center – Carrollton, and Wellstar Kennestone Medical Center) and identified a number of reasons for the lower Percent of Expected ratings. In particular, many of the hospitals did not post actual negotiated rates or percentage rates that are easily usable for comparison.

Atlanta Hospital Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem POS		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
		Atlanta Medical Center — South Campus	N/A	●	●	●	●	●	●
Children’s Healthcare of Atlanta at Egleston Hospital	N/A	●	●	●	●	●	●	●	●
Children’s Healthcare of Atlanta at Scottish Rite Hospital	N/A	●	●	●	●	●	●	●	●
Emory Decatur Hospital	C	●	●	●	●	●	●	●	●
Emory Hillandale Hospital	B	●	●	●	●	●	●	●	●
Emory Saint Joseph’s Hospital of Atlanta, Inc.	C	●	●	●	●	●	●	●	●
Emory University Hospital	C	●	●	●	●	●	●	●	●
Emory University Hospital Midtown	C	●	●	●	●	●	●	●	●
Grady Memorial Hospital	C	●	●	○	○	●	●	○	○
Higgins General Hospital	N/A	●	●	●	●	●	●	●	●
Jasper Memorial Hospital	N/A	●	○	●	○	●	○	●	○
Midtown Urology Surgical Center	N/A	●	●	●	●	●	●	●	●
Morgan Medical Center	N/A	●	○	●	○	●	○	●	○
Northeast Atlanta Vascular Care LLC	N/A	●	●	●	●	●	●	●	●
Northeast Georgia Medical Center Barrow	Not Graded	●	●	●	●	●	●	●	●
Northside Hospital	C	●	●	●	●	●	●	●	●
Northside Hospital Cherokee	C	●	●	●	●	●	●	●	●
Northside Hospital Duluth	C	●	●	●	●	●	●	●	●
Northside Hospital Forsyth	C	●	○	●	○	●	○	●	○
Northside Hospital Gwinnett	C	●	●	●	●	●	●	●	○

Continued on next page

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

# Atlanta

## Hospital Transparency Data

Hospital	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem POS		Cigna Cigna OAP		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Northwest Atlanta Vascular Care LLC	N/A	●	●	●	●	●	●	●	●
Piedmont Atlanta Hospital	A	○	○	●	○	○	○	●	○
Piedmont Cartersville Medical Center	B	○	○	●	○	○	○	●	○
Piedmont Eastside Medical Center	B	●	○	●	○	●	○	●	○
Piedmont Fayette Hospital	A	○	○	●	○	○	○	●	○
Piedmont Henry Hospital	A	○	○	●	○	○	○	●	○
Piedmont Mountainside Hospital, Inc.	B	○	●	○	●	○	●	○	○
Piedmont Newnan Hospital, Inc	B	○	○	○	○	○	○	○	○
Piedmont Newton Hospital	A	○	○	○	○	○	○	○	○
Piedmont Rockdale Hospital	B	○	○	○	○	○	○	○	○
Piedmont Walton Hospital, Inc	B	○	●	●	●	○	●	●	○
Southeast Atlanta Vascular Care, LLC	N/A	●	●	●	●	●	●	●	●
Southeastern Regional Medical Center, Inc.	N/A	○	●	○	●	○	●	○	●
Southern Regional Medical Center	C	●	○	●	○	●	○	●	○
Southwest Atlanta Vascular Care	N/A	●	●	●	●	●	●	●	●
Tanner Medical Center — Carrollton	C	●	●	●	●	●	●	●	●
Tanner Medical Center — Villa Rica	A	●	●	●	●	●	●	●	●
Warm Springs Medical Center	N/A	●	●	●	●	●	●	●	●
Wellstar Cobb Medical Center	B	○	○	○	○	●	○	○	○
Wellstar Douglas Medical Center	B	○	○	○	○	●	○	●	○
Wellstar Kennestone Regional Medical Center	B	○	○	○	○	●	○	○	○
Wellstar North Fulton Medical Center	C	○	○	●	●	●	○	○	○
Wellstar Paulding Hospital	A	●	○	●	○	●	●	●	○
Wellstar Spalding Medical Center	B	●	○	○	○	●	●	○	○
Wellstar Sylvan Grove Medical Center	N/A	●	○	●	○	●	●	●	○
Wesley Woods Geriatric Hospital	N/A	●	●	●	●	●	●	●	●

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## New York City/Northern New Jersey — Reasonably Good Data Usability for Many Facilities

Similar to the TiC data in this market, the HPT data usability is reasonably good for many facilities in this regional market. Most of the observed gaps (>25%) based on Percent of Expected are based on service area differences since this MSA includes two different states.

NYC/Northern New Jersey Hospital Transparency Data	Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Cigna Cigna OAP		EmblemHealth National / Bridge		Horizon BCBS NJ Managed Care		UnitedHealthcare UHC Choice Plus	
		In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
		Bergen New Bridge Medical Center	N/A	●	○	●	●	●	●	●	●	●	●
Blythedale Children's Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●
BronxCare Health System	C	○	○	○	○	○	○	○	○	●	●	○	○
Brookdale Hospital Medical Center	D	●	○	●	○	●	●	●	○	●	●	●	○
Brooklyn Hospital Center — Downtown Campus	B	●	○	●	○	●	○	●	○	●	●	●	●
Carepoint Health — Bayonne Medical Center	C	●	○	●	●	●	○	●	●	●	●	●	●
CarePoint Health — Christ Hospital	Not Graded	●	○	●	●	●	○	●	●	●	○	●	●
CarePoint Health — Hoboken University Medical Center	C	●	○	●	●	●	○	●	●	●	○	●	●
Community Hospital At Dobbs Ferry	N/A	●	○	●	○	●	○	●	○	●	●	●	●
Englewood Hospital and Medical Center	A	●	●	●	●	●	○	●	●	●	●	●	○
Flushing Hospital Medical Center	C	●	○	○	●	●	○	●	○	●	●	●	○
Forest Hills Hospital	N/A	●	○	●	●	●	○	●	○	●	●	●	○
Good Samaritan Hospital of Suffern	D	●	●	○	○	●	○	●	○	●	●	●	○
Hackensack Meridian Health Pascack Valley Medical Center	A	●	○	●	●	○	○	○	○	○	○	●	○
Hackensack University Medical Center	A	●	○	●	●	●	●	●	●	●	●	●	●
Helen Hayes Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●
Holy Name Medical Center	A	●	●	●	●	●	○	●	●	●	○	●	○
Hospital For Special Surgery	N/A	●	●	●	●	●	●	●	●	●	●	●	●

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Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

NYC/Northern New Jersey Hospital Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Cigna Cigna OAP		EmblemHealth National / Bridge		Horizon BCBS NJ Managed Care		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
Hudson Regional Hospital	C	●	●	●	●	●	●	●	●	●	●	●	●	●
Interfaith Medical Center	N/A	●	●	●	●	●	●	●	●	●	●	●	●	●
Jacobi Medical Center	D	●	●	●	●	●	●	●	●	●	●	●	●	●
Jamaica Hospital Medical Center	C	●	●	●	●	●	●	●	●	●	●	●	●	●
Jersey City Medical Center	B	●	●	●	●	●	●	●	●	●	●	●	●	●
Kings County Hospital Center	D	●	●	●	●	●	●	●	●	●	●	●	●	●
Kingsbrook Jewish Medical Center	N/A	●	●	●	●	●	●	●	●	●	●	●	●	●
Lenox Hill Hospital	A	●	●	●	●	●	●	●	●	●	●	●	●	●
Long Island Jewish Medical Center	A	●	●	●	●	●	●	●	●	●	●	●	●	●
Lutheran Medical Center	A	●	●	●	●	●	●	●	●	●	●	●	●	●
Maimonides Medical Center	C	●	●	●	●	●	●	●	●	●	●	●	●	●
Maimonides Midwood Community Hospital	D	●	●	●	●	●	●	●	●	●	●	●	●	●
Memorial Sloan Kettering Cancer Center	N/A	●	●	●	●	●	●	●	●	●	●	●	●	●
Montefiore Medical Center	C	●	●	●	●	●	●	●	●	●	●	●	●	●
Montefiore Mount Vernon Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●	●
Montefiore New Rochelle Hospital	C	●	●	●	●	●	●	●	●	●	●	●	●	●
Montifiore Nyack Hospital	C	●	●	●	●	●	●	●	●	●	●	●	●	●
Mount Sinai Beth Israel	C	●	●	●	●	●	●	●	●	●	●	●	●	●
Mount Sinai Hospital	B	●	●	●	●	●	●	●	●	●	●	●	●	●
Mount Sinai West	B	●	●	●	●	●	●	●	●	●	●	●	●	●
New York Downtown Hospital	N/A	●	●	●	●	●	●	●	●	●	●	●	●	●
New York Eye and Ear Infirmary	N/A	●	●	●	●	●	●	●	●	●	●	●	●	●
New York-Presbyterian Hospital — Weill Cornell Medical Center	A	●	●	●	●	●	●	●	●	●	●	●	●	●
New York-Presbyterian Hospital — Lawrence	N/A	●	●	●	●	●	●	●	●	●	●	●	●	●
NewYork-Presbyterian Brooklyn Methodist Hospital	A	●	●	●	●	●	●	●	●	●	●	●	●	●
NewYork-Presbyterian Hudson Valley Hospital	B	●	●	●	●	●	●	●	●	●	●	●	●	●
NewYork-Presbyterian — Queens	A	●	●	●	●	●	●	●	●	●	●	●	●	●

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Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

● 26–50% Moderately usable  
Recommend additional investigation

● 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

NYC/Northern New Jersey Hospital Transparency Data		Leapfrog Hospital Safety Score	Aetna Choice POS II		Anthem Anthem PPO		Cigna Cigna OAP		EmblemHealth National / Bridge		Horizon BCBS NJ Managed Care		UnitedHealthcare UHC Choice Plus	
			In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
North Central Bronx Hospital	C	●	○	●	●	●	○	●	●	●	●	●	●	●
Northern Westchester Hospital	A	●	○	●	○	●	○	●	○	●	●	●	●	○
NYC Health + Hospitals — Elmhurst	C	●	○	●	●	●	○	●	●	●	●	●	●	○
NYC Health + Hospitals — Harlem	C	●	○	●	●	●	○	●	●	●	●	●	●	○
NYC Health + Hospitals — Lincoln	C	●	○	●	●	●	○	●	●	●	●	●	●	○
NYC Health + Hospitals — Metropolitan	B	●	○	●	●	●	○	●	●	●	●	●	●	○
NYC Health + Hospitals — South Brooklyn Health	C	●	○	●	●	●	○	●	●	●	●	●	●	○
NYC Health + Hospitals — Bellevue	C	●	○	●	●	●	○	●	●	●	●	●	●	○
NYU Langone Hospitals	A	●	●	●	●	●	●	●	●	●	●	●	●	●
Palisades Medical Center	B	●	●	●	●	●	●	●	●	●	○	●	●	●
Phelps Hospital	A	●	○	●	○	●	○	●	○	●	●	●	●	○
Putnam Hospital Center	A	○	●	○	●	○	○	●	○	●	●	○	○	○
Queens Hospital Center	A	●	○	●	●	●	○	●	●	●	●	●	●	○
Richmond University Medical Center	C	●	○	●	○	●	○	●	○	●	●	●	●	○
Saint Joseph's Medical Center	C	●	○	●	○	●	●	●	○	●	●	●	●	○
St John's Episcopal Hospital At South Shore	D	●	●	●	●	●	●	●	●	●	●	●	●	●
St Joseph's University Medical Center	A	●	○	●	●	●	○	●	●	●	○	●	○	○
St. Barnabas Hospital	D	●	●	●	●	●	○	●	○	●	●	●	●	○
St. John's Riverside Hospital	C	●	○	●	○	●	○	●	○	●	●	●	●	●
St. Mary's General Hospital	A	●	○	●	●	●	○	●	●	●	○	●	○	○
Staten Island University Hospital	C	●	○	●	○	●	○	●	○	●	●	●	●	○
University Hospital of Brooklyn	C	●	●	○	○	●	○	●	●	●	●	●	●	●
Valley Hospital	B	●	●	●	●	○	○	●	●	●	○	●	●	●
Westchester Medical Center	C	●	○	●	○	●	○	●	○	●	●	●	●	○
White Plains Hospital Center	A	●	●	●	●	●	●	●	●	●	●	●	●	●
Woodhull Medical & Mental Health Center	D	●	○	●	●	●	○	●	●	●	●	●	●	○
Wyckoff Heights Medical Center	C	●	○	○	●	●	○	●	●	●	●	●	●	○

Percent of Expected:

● 0–25% Generally unusable  
Recommend code-level investigation

○ 26–50% Moderately usable  
Recommend additional investigation

○ 51–75% Generally usable  
consider additional investigation

● 76–100% Highly usable

## Appendix 5: Tables of Regional Prices for Specific Codes

The tables in this Appendix contain payment rate benchmarks based on code level information from the TiC and HPT files. For these comparative price benchmarks, a sample of billing codes that were prevalent in employer claims data and generally found with a robust sample of data points from the TiC and HPT files were selected for these benchmarks. However, there are some instances where there is not a robust amount of data, and, in these cases, the benchmarks are less credible, represented by number of records.

These benchmarks are intended to provide a summary of the range of negotiated rates for each code. Since the data is often imperfect, it is suggested that readers focus on the data ranging between the 25th and 75th percentiles when assessing reasonableness of costs rather than the minimum and maximum, which may represent outlier data points.

The information in the following tables is limited to the group plans outlined earlier in the report. Data supporting these tables reflects all rates that exist for specific billing codes in the specific region for the primary group networks analyzed, with some adjustments as described below. Below outlines key information about the data underlying the benchmark prices:

- The reported benchmark prices represent data posted at a point in time. TiC data is updated monthly, and HPT data is updated at least annually. The reported prices can change as newer files are posted by payers and hospitals.
- For HPT and TiC facility data, values were excluded if they were less than 100% of CMS Medicare or above 1000% of CMS Medicare for each code to mitigate the impact of data that may be inaccurately reported. We did not apply this limitation to Ambulatory Surgical Center (ASC) data.
- There was not always a rate provided for each provider, network, and code combination. When specific payer/provider data is missing, from either the TiC or HPT data, there can be some distortion in benchmark prices. For example:

- In cases where payers are reporting a percent of charge or a custom code where a negotiated rate cannot be derived, the benchmarks will not represent negotiated rates for those payers in the TiC data, even though those same payers might be represented in the HPT data. Conversely, there will be instances where payers are reporting negotiated rates at a specific facility in the TiC files, but the facility might not post negotiated rates for those payers in the HPT files. As a result, the benchmark range for TiC data and HPT data for the same code may not align because the underlying data for each is different.
- Conversely, there were instances when more than one rate in the files was observed for the same provider, network, and code combination. In these cases, all rates that met the criteria above (between 100% and 1,000% of Medicare) are included in the following tables. No filtering occurred due to multiple rates.
- In some regional markets (e.g., Phoenix), there are a small number of large health systems with multiple facilities that could make up a sizable percentage of the benchmark data, while other regional markets (e.g., Northern California) include a vast number of facilities with incredibly different characteristics. The market-specific differences have an impact on the range of rates being reported.
- Number of records of underlying the data in the table are included as a column, so readers can understand the number of unique providers, networks, and code combinations available from each dataset to help assess the credibility of the range of prices. When the number of records are low, more caution should be applied to interpretation of the data.

Note that some of the values reported are based on a very small sample of data points that may not be reflective of the true range of costs for those services. Please exercise caution when reviewing these benchmarks.

Tables in this section represent negotiated payment rates that were provided as a dollar rate with a rate methodology of ‘case rate’ or ‘negotiated fee’. If a payer or hospital posted a percent of charge value, we only included the data point if a negotiated rate could be derived by matching to a billed charge amount from the HPT files.

These tables do not include per diem rates, capitated rates, or bundled payment rates. Children’s Hospitals are also excluded from these tables since negotiated rates for pediatric and adult codes are different. Critical Access Hospitals were also excluded from the benchmarks due to the variation in cost at these hospitals.

Readers should consider all of the above factors when evaluating the data.

## Seattle/Puget Sound

**Figure 1a. Comparison of Inpatient Maternity Rates for Payer and Hospital Data**

Market Benchmarks - Inpatient Maternity Rates							
MS-DRG	Description	Payer Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	121	\$14,560	\$26,155	\$34,302	\$39,857	\$66,947
787	Cesarean section w/o sterilization w Cc	126	\$11,427	\$17,423	\$22,034	\$25,628	\$43,990
788	Cesarean section w/o sterilization w/o Cc/Mcc	126	\$8,650	\$15,568	\$18,251	\$22,219	\$37,482
806	Vaginal delivery w/o sterilization/d&c w Cc	127	\$7,256	\$11,081	\$14,460	\$17,430	\$28,820
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	126	\$6,859	\$10,637	\$12,893	\$15,447	\$25,382
MS-DRG	Description	Hospital Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	46	\$18,828	\$30,249	\$31,880	\$37,507	\$44,647
787	Cesarean section w/o sterilization w Cc	54	\$11,070	\$16,417	\$20,244	\$22,682	\$26,824
788	Cesarean section w/o sterilization w/o Cc/Mcc	54	\$8,650	\$14,095	\$16,467	\$18,910	\$21,820
806	Vaginal delivery w/o sterilization/d&c w Cc	49	\$7,083	\$12,041	\$14,216	\$15,961	\$19,056
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	53	\$6,510	\$10,683	\$12,430	\$13,687	\$16,698

Seattle/Puget Sound (continued)

Figure 1b. Comparison of Orthopedic Surgery Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Orthopedics							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	62	\$15,774	\$32,926	\$44,674	\$53,385	\$73,395
27447	Total knee arthroplasty	62	\$15,774	\$33,111	\$44,674	\$53,746	\$73,395
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	28	\$16,827	\$25,690	\$40,932	\$55,309	\$61,206
27447	Total knee arthroplasty	28	\$16,827	\$25,690	\$40,932	\$55,309	\$61,206
		Payer Transparency Data - Ambulatory Surgical Center					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	162	\$6,459	\$9,556	\$13,418	\$18,386	\$23,162
27447	Total knee arthroplasty	182	\$6,119	\$9,213	\$12,714	\$18,386	\$23,692

Seattle/Puget Sound (continued)

Figure 1c. Comparison of Endoscopy Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Endoscopy							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	72	\$919	\$2,041	\$2,698	\$3,662	\$8,846
45378	Diagnostic colonoscopy	73	\$944	\$2,240	\$2,742	\$3,354	\$8,846
45380	Colonoscopy and biopsy	67	\$1,201	\$2,652	\$3,221	\$4,252	\$8,846
45385	Colonoscopy w/lesion removal	68	\$1,356	\$2,609	\$3,268	\$4,271	\$8,846
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	57	\$941	\$2,686	\$3,592	\$4,271	\$8,242
45378	Diagnostic colonoscopy	61	\$949	\$2,634	\$3,343	\$4,271	\$8,242
45380	Colonoscopy and biopsy	52	\$1,225	\$3,356	\$4,271	\$5,377	\$8,242
45385	Colonoscopy w/lesion removal	54	\$1,225	\$3,055	\$4,271	\$5,303	\$8,242
Payer Transparency Data - Ambulatory Surgical Center							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	245	\$415	\$578	\$712	\$1,000	\$4,217
45378	Diagnostic colonoscopy	259	\$432	\$583	\$749	\$1,050	\$4,217
45380	Colonoscopy and biopsy	259	\$524	\$696	\$834	\$1,173	\$4,217
45385	Colonoscopy w/lesion removal	259	\$524	\$675	\$813	\$1,147	\$4,217

Seattle/Puget Sound (continued)

Figure 1d. Comparison of Outpatient Medical Pharmacy Rates

Market Benchmarks - Outpatient Medical Pharmacy							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	51	\$56	\$59	\$60	\$112	\$185
J3380	Injection, vedolizumab	52	\$21	\$22	\$22	\$36	\$64
J9271	Inj pembrolizumab	52	\$49	\$55	\$58	\$67	\$170

		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	36	\$59	\$60	\$71	\$147	\$288
J3380	Injection, vedolizumab	36	\$21	\$24	\$30	\$53	\$106
J9271	Inj pembrolizumab	36	\$52	\$52	\$61	\$86	\$257

Seattle/Puget Sound (continued)

Figure 1e. Comparison of Outpatient Laboratory Rates

Market Benchmarks - Outpatient Lab							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	110	\$11	\$14	\$20	\$41	\$105
80061	Lipid panel	118	\$14	\$17	\$26	\$46	\$134
85025	Complete cbc w/auto diff wbc	110	\$8	\$10	\$14	\$20	\$78
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	64	\$11	\$14	\$19	\$45	\$99
80061	Lipid panel	61	\$14	\$17	\$24	\$53	\$122
85025	Complete cbc w/auto diff wbc	57	\$8	\$10	\$14	\$27	\$74
Payer Transparency Data - Outpatient Non-Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	402	\$11	\$12	\$13	\$16	\$68
80061	Lipid panel	397	\$13	\$15	\$17	\$24	\$86
85025	Complete cbc w/auto diff wbc	411	\$8	\$9	\$9	\$12	\$50

Seattle/Puget Sound (continued)

Figure 1f. Comparison of Select Emergency Room Rates

Market Benchmarks - Emergency Room							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	68	\$218	\$778	\$968	\$1,354	\$2,370
99284	Emergency dept visit	69	\$371	\$1,194	\$1,575	\$2,178	\$3,873
99285	Emergency dept visit	68	\$915	\$1,752	\$2,315	\$3,822	\$5,276
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	67	\$296	\$794	\$1,083	\$1,370	\$2,240
99284	Emergency dept visit	68	\$460	\$1,291	\$1,671	\$2,268	\$3,873
99285	Emergency dept visit	68	\$667	\$1,914	\$2,571	\$3,759	\$5,592

Seattle/Puget Sound (continued)

Figure 1g. Comparison of Office Visits Rates

Market Benchmarks - Office Visits							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	5	\$143	\$148	\$152	\$176	\$186
99213	Office O/P Est Low 20-29 Min	17	\$148	\$153	\$178	\$185	\$298
99214	Office O/P Est Mod 30-39 Min	32	\$132	\$163	\$189	\$252	\$417
99215	Office O/P Est Hi 40-54 Min	44	\$137	\$179	\$237	\$297	\$584
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	2	\$156	\$157	\$157	\$158	\$159
99213	Office O/P Est Low 20-29 Min	5	\$196	\$200	\$261	\$294	\$306
99214	Office O/P Est Mod 30-39 Min	13	\$153	\$153	\$197	\$230	\$476
99215	Office O/P Est Hi 40-54 Min	13	\$175	\$175	\$197	\$287	\$669
Payer Transparency Data - Professional							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	8,975	\$38	\$65	\$74	\$83	\$255
99213	Office O/P Est Low 20-29 Min	10,537	\$66	\$103	\$118	\$134	\$409
99214	Office O/P Est Mod 30-39 Min	10,703	\$99	\$146	\$167	\$191	\$577
99215	Office O/P Est Hi 40-54 Min	9,631	\$144	\$204	\$235	\$278	\$812

Oregon

Figure 2a. Comparison of Inpatient Maternity Rates

Market Benchmarks - Inpatient Maternity Rates

		Payer Transparency Data - Outpatient Facility					
MS-DRG	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	102	\$15,871	\$30,189	\$35,105	\$43,811	\$64,636
787	Cesarean section w/o sterilization w Cc	109	\$10,947	\$20,087	\$22,419	\$30,527	\$42,472
788	Cesarean section w/o sterilization w/o Cc/Mcc	108	\$10,947	\$16,926	\$19,790	\$26,171	\$36,188
806	Vaginal delivery w/o sterilization/d&c w Cc	105	\$7,746	\$13,523	\$15,109	\$18,691	\$28,944
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	104	\$7,746	\$12,312	\$13,523	\$16,672	\$25,492

		Hospital Transparency Data - Outpatient Facility					
MS-DRG	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	97	\$17,750	\$32,404	\$38,060	\$40,898	\$53,710
787	Cesarean section w/o sterilization w Cc	97	\$10,860	\$21,702	\$26,456	\$30,755	\$46,093
788	Cesarean section w/o sterilization w/o Cc/Mcc	96	\$10,860	\$17,974	\$22,763	\$25,017	\$37,148
806	Vaginal delivery w/o sterilization/d&c w Cc	99	\$7,448	\$15,079	\$18,843	\$20,394	\$23,328
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	100	\$7,448	\$13,344	\$16,476	\$17,955	\$20,782

Oregon (continued)

Figure 2b. Comparison of Orthopedic Surgery Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Orthopedics							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	70	\$14,614	\$31,792	\$50,321	\$66,004	\$83,988
27447	Total knee arthroplasty	70	\$14,614	\$30,543	\$50,321	\$66,004	\$83,988
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	10	\$14,638	\$15,196	\$17,048	\$23,311	\$47,817
27447	Total knee arthroplasty	6	\$15,988	\$18,273	\$36,185	\$47,351	\$47,817
		Payer Transparency Data - Ambulatory Surgical Center					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	252	\$6,267	\$11,885	\$15,073	\$18,478	\$44,245
27447	Total knee arthroplasty	256	\$6,080	\$11,653	\$14,954	\$18,195	\$38,915

Oregon (continued)

Figure 2c. Comparison of Endoscopy Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Endoscopy							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	81	\$971	\$2,245	\$3,201	\$5,517	\$7,355
45378	Diagnostic colonoscopy	71	\$1,202	\$2,384	\$3,256	\$5,188	\$7,283
45380	Colonoscopy and biopsy	67	\$1,475	\$2,925	\$4,165	\$4,997	\$10,074
45385	Colonoscopy w/lesion removal	71	\$1,475	\$2,823	\$3,836	\$4,997	\$10,074
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	64	\$961	\$1,982	\$2,713	\$4,000	\$8,500
45378	Diagnostic colonoscopy	61	\$1,129	\$2,185	\$2,972	\$4,027	\$6,536
45380	Colonoscopy and biopsy	32	\$1,477	\$2,376	\$3,083	\$3,718	\$8,258
45385	Colonoscopy w/lesion removal	39	\$1,477	\$2,336	\$2,955	\$3,830	\$8,382
Payer Transparency Data - Ambulatory Surgical Center							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	341	\$413	\$685	\$838	\$1,064	\$3,356
45378	Diagnostic colonoscopy	345	\$436	\$683	\$842	\$1,097	\$3,356
45380	Colonoscopy and biopsy	338	\$515	\$791	\$1,000	\$1,255	\$3,356
45385	Colonoscopy w/lesion removal	339	\$540	\$802	\$1,004	\$1,263	\$3,356

Oregon (continued)

Figure 2d. Comparison of Outpatient Medical Pharmacy Rates

Market Benchmarks - Outpatient Medical Pharmacy							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	35	\$55	\$60	\$65	\$79	\$177
J3380	Injection, vedolizumab	36	\$21	\$22	\$25	\$29	\$66
J9271	Inj pembrolizumab	36	\$43	\$54	\$62	\$77	\$172

		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	22	\$60	\$85	\$129	\$239	\$373
J3380	Injection, vedolizumab	27	\$22	\$31	\$44	\$86	\$162
J9271	Inj pembrolizumab	15	\$64	\$101	\$127	\$151	\$271

Oregon (continued)

Figure 2e. Comparison of Outpatient Laboratory Rates

Market Benchmarks - Outpatient Lab							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	87	\$12	\$18	\$32	\$41	\$105
80061	Lipid panel	90	\$15	\$23	\$40	\$51	\$123
85025	Complete cbc w/auto diff wbc	80	\$9	\$13	\$23	\$29	\$71
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	138	\$13	\$36	\$44	\$76	\$105
80061	Lipid panel	171	\$14	\$40	\$48	\$63	\$137
85025	Complete cbc w/auto diff wbc	134	\$9	\$18	\$29	\$50	\$73
		Payer Transparency Data - Outpatient Non-Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	2,862	\$11	\$12	\$13	\$14	\$68
80061	Lipid panel	2,623	\$13	\$15	\$16	\$18	\$86
85025	Complete cbc w/auto diff wbc	2,721	\$8	\$9	\$9	\$11	\$50

Oregon (continued)

Figure 2f. Comparison of Select Emergency Room Rates

Market Benchmarks - Emergency Room							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	73	\$520	\$853	\$1,036	\$1,330	\$2,165
99284	Emergency dept visit	68	\$817	\$1,334	\$1,663	\$1,862	\$3,663
99285	Emergency dept visit	67	\$1,173	\$1,925	\$2,529	\$2,824	\$5,929
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	113	\$487	\$864	\$1,069	\$1,182	\$2,353
99284	Emergency dept visit	114	\$735	\$1,397	\$1,734	\$1,849	\$3,731
99285	Emergency dept visit	123	\$1,253	\$1,873	\$2,551	\$2,656	\$6,199

Oregon (continued)

Figure 2g. Comparison of Office Visits Rates

Market Benchmarks - Office Visits							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	26	\$143	\$237	\$324	\$363	\$424
99213	Office O/P Est Low 20-29 Min	47	\$134	\$178	\$230	\$364	\$602
99214	Office O/P Est Mod 30-39 Min	65	\$131	\$184	\$240	\$325	\$1,149
99215	Office O/P Est Hi 40-54 Min	69	\$159	\$208	\$323	\$440	\$1,133
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	169	\$125	\$217	\$340	\$424	\$824
99213	Office O/P Est Low 20-29 Min	177	\$125	\$226	\$344	\$485	\$1,017
99214	Office O/P Est Mod 30-39 Min	147	\$125	\$283	\$445	\$536	\$1,149
99215	Office O/P Est Hi 40-54 Min	142	\$125	\$296	\$483	\$529	\$1,185
Payer Transparency Data - Professional							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	15,638	\$35	\$63	\$77	\$98	\$509
99213	Office O/P Est Low 20-29 Min	18,404	\$65	\$109	\$126	\$166	\$509
99214	Office O/P Est Mod 30-39 Min	17,697	\$96	\$154	\$185	\$243	\$509
99215	Office O/P Est Hi 40-54 Min	16,027	\$141	\$212	\$266	\$352	\$702

Northern California

Figure 3a. Comparison of Inpatient Maternity Rates

Market Benchmarks - Inpatient Maternity Rates							
MS-DRG	Description	Payer Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	165	\$8,046	\$37,516	\$45,984	\$51,313	\$78,413
787	Cesarean section w/o sterilization w Cc	189	\$8,046	\$23,763	\$43,632	\$48,728	\$59,249
788	Cesarean section w/o sterilization w/o Cc/Mcc	193	\$8,046	\$21,422	\$27,199	\$31,764	\$58,688
806	Vaginal delivery w/o sterilization/d&c w Cc	189	\$8,046	\$17,603	\$26,460	\$31,062	\$36,848
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	193	\$7,881	\$16,352	\$18,368	\$20,903	\$36,848
MS-DRG	Description	Hospital Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	43	\$11,189	\$22,447	\$25,264	\$43,074	\$91,039
787	Cesarean section w/o sterilization w Cc	58	\$11,189	\$15,996	\$18,934	\$25,522	\$87,987
788	Cesarean section w/o sterilization w/o Cc/Mcc	60	\$10,850	\$15,480	\$18,789	\$25,273	\$74,399
806	Vaginal delivery w/o sterilization/d&c w Cc	58	\$9,190	\$11,726	\$14,121	\$20,926	\$35,641
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	61	\$7,150	\$11,076	\$13,267	\$18,683	\$33,430

Northern California (continued)

Figure 3b. Comparison of Orthopedic Surgery Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Orthopedics							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	67	\$15,877	\$22,881	\$33,161	\$42,931	\$148,993
27447	Total knee arthroplasty	82	\$15,877	\$22,636	\$30,632	\$42,338	\$120,597
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	76	\$15,284	\$23,851	\$36,161	\$47,527	\$148,993
27447	Total knee arthroplasty	84	\$15,284	\$23,851	\$35,855	\$45,970	\$120,597
		Payer Transparency Data - Ambulatory Surgical Center					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	207	\$6,365	\$8,149	\$10,506	\$18,000	\$36,870
27447	Total knee arthroplasty	252	\$6,200	\$8,087	\$10,835	\$15,822	\$37,203

Northern California (continued)

Figure 3c. Comparison of Endoscopy Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Endoscopy							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	225	\$1,126	\$2,497	\$4,209	\$7,112	\$11,400
45378	Diagnostic colonoscopy	224	\$1,239	\$2,699	\$4,241	\$6,643	\$12,301
45380	Colonoscopy and biopsy	241	\$1,713	\$2,759	\$4,696	\$7,795	\$16,320
45385	Colonoscopy w/lesion removal	239	\$1,341	\$2,797	\$4,696	\$7,802	\$16,320
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	185	\$1,268	\$2,532	\$3,759	\$6,433	\$10,817
45378	Diagnostic colonoscopy	180	\$1,541	\$2,671	\$3,594	\$5,451	\$12,290
45380	Colonoscopy and biopsy	194	\$1,729	\$3,018	\$4,580	\$7,013	\$15,538
45385	Colonoscopy w/lesion removal	188	\$1,845	\$3,012	\$4,717	\$7,096	\$15,538
Payer Transparency Data - Ambulatory Surgical Center							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	570	\$414	\$775	\$1,092	\$1,788	\$8,765
45378	Diagnostic colonoscopy	578	\$430	\$805	\$1,150	\$1,851	\$8,765
45380	Colonoscopy and biopsy	554	\$505	\$854	\$1,198	\$1,908	\$8,765
45385	Colonoscopy w/lesion removal	546	\$525	\$889	\$1,228	\$1,916	\$8,765

Northern California (continued)

Figure 3d. Comparison of Outpatient Medical Pharmacy Rates

Market Benchmarks - Outpatient Medical Pharmacy							
		Payer Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	140	\$59	\$75	\$96	\$120	\$330
J3380	Injection, vedolizumab	141	\$22	\$32	\$39	\$47	\$150
J9271	Inj pembrolizumab	155	\$43	\$66	\$89	\$100	\$335

		Hospital Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	78	\$61	\$84	\$99	\$153	\$325
J3380	Injection, vedolizumab	104	\$17	\$35	\$41	\$50	\$120
J9271	Inj pembrolizumab	91	\$46	\$74	\$89	\$134	\$327

Northern California (continued)

Figure 3e. Comparison of Outpatient Laboratory Rates

Market Benchmarks - Outpatient Lab							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	168	\$11	\$16	\$30	\$57	\$107
80061	Lipid panel	184	\$14	\$21	\$43	\$71	\$135
85025	Complete cbc w/auto diff wbc	173	\$8	\$11	\$23	\$42	\$79
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	108	\$11	\$15	\$32	\$55	\$104
80061	Lipid panel	266	\$13	\$17	\$37	\$71	\$135
85025	Complete cbc w/auto diff wbc	120	\$8	\$12	\$24	\$40	\$80
Payer Transparency Data - Outpatient Non-Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	4,069	\$11	\$12	\$15	\$25	\$96
80061	Lipid panel	3,769	\$13	\$16	\$20	\$36	\$115
85025	Complete cbc w/auto diff wbc	4,007	\$8	\$9	\$11	\$17	\$63

Northern California (continued)

Figure 3f. Comparison of Select Emergency Room Rates

Market Benchmarks - Emergency Room							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	111	\$507	\$1,795	\$2,098	\$2,692	\$3,563
99284	Emergency dept visit	94	\$780	\$2,653	\$3,242	\$3,914	\$5,726
99285	Emergency dept visit	106	\$1,065	\$3,256	\$4,674	\$5,823	\$8,311
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	195	\$323	\$1,346	\$1,876	\$2,090	\$3,253
99284	Emergency dept visit	198	\$444	\$2,207	\$3,010	\$3,530	\$4,077
99285	Emergency dept visit	218	\$727	\$3,084	\$4,563	\$5,328	\$7,043

Northern California (continued)

Figure 3g. Comparison of Office Visits Rates

Market Benchmarks - Office Visits							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	40	\$151	\$184	\$214	\$319	\$1,018
99213	Office O/P Est Low 20-29 Min	58	\$144	\$191	\$255	\$307	\$1,124
99214	Office O/P Est Mod 30-39 Min	84	\$147	\$208	\$273	\$428	\$1,324
99215	Office O/P Est Hi 40-54 Min	96	\$154	\$209	\$281	\$418	\$918
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	176	\$143	\$225	\$288	\$399	\$1,724
99213	Office O/P Est Low 20-29 Min	218	\$155	\$219	\$285	\$411	\$1,552
99214	Office O/P Est Mod 30-39 Min	209	\$155	\$239	\$340	\$477	\$1,697
99215	Office O/P Est Hi 40-54 Min	197	\$151	\$258	\$401	\$571	\$1,729
Payer Transparency Data - Professional							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	10,079	\$36	\$67	\$79	\$113	\$282
99213	Office O/P Est Low 20-29 Min	11,183	\$67	\$101	\$127	\$184	\$457
99214	Office O/P Est Mod 30-39 Min	11,516	\$100	\$148	\$183	\$265	\$660
99215	Office O/P Est Hi 40-54 Min	10,114	\$147	\$218	\$248	\$409	\$881

Southern California

Figure 4a. Comparison of Inpatient Maternity Rates

Market Benchmarks - Inpatient Maternity Rates							
MS-DRG	Description	Payer Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	203	\$5,184	\$19,525	\$26,541	\$37,358	\$84,903
787	Cesarean section w/o sterilization w Cc	252	\$5,184	\$14,507	\$18,791	\$24,285	\$55,789
788	Cesarean section w/o sterilization w/o Cc/Mcc	280	\$5,184	\$12,087	\$16,700	\$21,481	\$47,535
806	Vaginal delivery w/o sterilization/d&c w Cc	270	\$5,184	\$10,218	\$13,847	\$17,199	\$38,019
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	274	\$5,184	\$9,845	\$12,797	\$16,136	\$66,312
MS-DRG	Description	Hospital Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	113	\$7,978	\$18,494	\$23,728	\$44,609	\$67,835
787	Cesarean section w/o sterilization w Cc	162	\$7,978	\$13,821	\$16,680	\$25,330	\$56,331
788	Cesarean section w/o sterilization w/o Cc/Mcc	188	\$7,978	\$11,444	\$14,810	\$21,656	\$85,658
806	Vaginal delivery w/o sterilization/d&c w Cc	170	\$6,609	\$9,651	\$11,647	\$18,388	\$48,730
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	185	\$6,609	\$9,124	\$10,967	\$16,311	\$45,076

Southern California (continued)

Figure 4b. Comparison of Orthopedic Surgery Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Orthopedics							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	111	\$7,694	\$17,843	\$22,179	\$33,943	\$67,509
27447	Total knee arthroplasty	128	\$9,528	\$17,688	\$21,190	\$32,022	\$67,509
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	45	\$15,839	\$19,733	\$24,666	\$34,526	\$86,019
27447	Total knee arthroplasty	62	\$15,353	\$19,667	\$22,179	\$31,524	\$71,707
		Payer Transparency Data - Ambulatory Surgical Center					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	416	\$6,261	\$7,852	\$12,543	\$17,224	\$37,511
27447	Total knee arthroplasty	447	\$6,075	\$7,500	\$10,835	\$16,628	\$36,743

Southern California (continued)

Figure 4c. Comparison of Endoscopy Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Endoscopy							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	394	\$985	\$2,757	\$4,044	\$5,693	\$9,674
45378	Diagnostic colonoscopy	395	\$1,008	\$2,750	\$3,926	\$5,478	\$9,674
45380	Colonoscopy and biopsy	419	\$1,256	\$2,878	\$4,153	\$5,968	\$13,280
45385	Colonoscopy w/lesion removal	420	\$1,256	\$2,872	\$4,153	\$5,957	\$13,280
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	258	\$1,210	\$2,536	\$3,715	\$5,269	\$9,980
45378	Diagnostic colonoscopy	279	\$991	\$2,669	\$3,743	\$5,058	\$9,980
45380	Colonoscopy and biopsy	255	\$1,300	\$2,827	\$3,858	\$5,108	\$13,280
45385	Colonoscopy w/lesion removal	264	\$1,299	\$2,862	\$3,839	\$5,139	\$13,280
Payer Transparency Data - Ambulatory Surgical Center							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	1,212	\$412	\$653	\$858	\$1,275	\$9,682
45378	Diagnostic colonoscopy	1,217	\$427	\$675	\$887	\$1,339	\$9,682
45380	Colonoscopy and biopsy	1,122	\$503	\$729	\$949	\$1,417	\$9,682
45385	Colonoscopy w/lesion removal	1,110	\$525	\$750	\$997	\$1,447	\$9,682

Southern California (continued)

Figure 4d. Comparison of Outpatient Medical Pharmacy Rates

Market Benchmarks - Outpatient Medical Pharmacy							
		Payer Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	247	\$48	\$63	\$73	\$118	\$626
J3380	Injection, vedolizumab	247	\$17	\$23	\$32	\$44	\$231
J9271	Inj pembrolizumab	265	\$31	\$59	\$66	\$95	\$613

		Hospital Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	81	\$44	\$61	\$101	\$148	\$376
J3380	Injection, vedolizumab	94	\$18	\$25	\$35	\$53	\$139
J9271	Inj pembrolizumab	116	\$31	\$58	\$92	\$129	\$389

Southern California (continued)

Figure 4e. Comparison of Outpatient Laboratory Rates

Market Benchmarks - Outpatient Lab							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	311	\$9	\$17	\$29	\$51	\$105
80061	Lipid panel	329	\$11	\$22	\$36	\$64	\$133
85025	Complete cbc w/auto diff wbc	315	\$6	\$12	\$21	\$38	\$77
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	254	\$11	\$16	\$27	\$54	\$103
80061	Lipid panel	405	\$14	\$20	\$37	\$76	\$133
85025	Complete cbc w/auto diff wbc	269	\$8	\$12	\$21	\$42	\$76
		Payer Transparency Data - Outpatient Non-Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	5,900	\$11	\$13	\$14	\$17	\$68
80061	Lipid panel	6,081	\$13	\$16	\$18	\$26	\$115
85025	Complete cbc w/auto diff wbc	5,510	\$8	\$9	\$10	\$13	\$50

Southern California (continued)

Figure 4f. Comparison of Select Emergency Room Rates

Market Benchmarks - Emergency Room							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	233	\$160	\$997	\$1,501	\$2,080	\$3,092
99284	Emergency dept visit	202	\$302	\$1,331	\$2,085	\$2,867	\$4,384
99285	Emergency dept visit	245	\$405	\$2,090	\$3,073	\$4,397	\$6,693
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	319	\$307	\$892	\$1,323	\$1,618	\$2,630
99284	Emergency dept visit	320	\$485	\$1,344	\$1,972	\$2,466	\$4,124
99285	Emergency dept visit	381	\$866	\$1,990	\$2,841	\$4,081	\$7,236

Southern California (continued)

Figure 4g. Comparison of Office Visits Rates

Market Benchmarks - Office Visits							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	50	\$32	\$159	\$171	\$228	\$752
99213	Office O/P Est Low 20-29 Min	60	\$62	\$186	\$203	\$283	\$832
99214	Office O/P Est Mod 30-39 Min	72	\$81	\$192	\$236	\$383	\$1,344
99215	Office O/P Est Hi 40-54 Min	76	\$108	\$167	\$216	\$352	\$1,211
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	249	\$140	\$187	\$228	\$301	\$1,347
99213	Office O/P Est Low 20-29 Min	300	\$142	\$206	\$265	\$365	\$1,254
99214	Office O/P Est Mod 30-39 Min	319	\$142	\$218	\$310	\$444	\$1,493
99215	Office O/P Est Hi 40-54 Min	304	\$144	\$249	\$364	\$553	\$1,168
Payer Transparency Data - Professional							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	12,191	\$36	\$65	\$75	\$92	\$278
99213	Office O/P Est Low 20-29 Min	12,738	\$67	\$104	\$121	\$149	\$457
99214	Office O/P Est Mod 30-39 Min	12,884	\$99	\$150	\$175	\$211	\$663
99215	Office O/P Est Hi 40-54 Min	11,632	\$148	\$214	\$237	\$290	\$889

Phoenix

Figure 5a. Comparison of Inpatient Maternity Rates

Market Benchmarks - Inpatient Maternity Rates							
MS-DRG	Description	Payer Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	142	\$12,789	\$20,393	\$27,084	\$40,949	\$53,055
787	Cesarean section w/o sterilization w Cc	167	\$9,081	\$13,947	\$19,510	\$25,687	\$34,862
788	Cesarean section w/o sterilization w/o Cc/Mcc	167	\$8,208	\$12,647	\$16,935	\$22,448	\$29,704
806	Vaginal delivery w/o sterilization/d&c w Cc	163	\$6,481	\$8,475	\$11,830	\$17,413	\$23,758
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	161	\$5,782	\$8,335	\$10,608	\$15,890	\$20,924
MS-DRG	Description	Hospital Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	62	\$13,151	\$18,914	\$19,996	\$25,419	\$48,685
787	Cesarean section w/o sterilization w Cc	69	\$11,201	\$13,896	\$16,765	\$19,177	\$29,250
788	Cesarean section w/o sterilization w/o Cc/Mcc	69	\$8,903	\$12,313	\$14,474	\$16,947	\$24,359
806	Vaginal delivery w/o sterilization/d&c w Cc	69	\$6,596	\$7,950	\$8,917	\$10,601	\$20,779
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	67	\$5,927	\$7,409	\$8,470	\$10,482	\$18,208

Phoenix (continued)

Figure 5b. Comparison of Orthopedic Surgery Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Orthopedics							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	64	\$13,693	\$16,326	\$19,661	\$26,170	\$27,567
27447	Total knee arthroplasty	65	\$13,693	\$16,326	\$19,339	\$25,959	\$28,708
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	53	\$13,562	\$15,612	\$18,239	\$25,038	\$73,326
27447	Total knee arthroplasty	60	\$13,562	\$15,314	\$18,108	\$20,563	\$73,326
		Payer Transparency Data - Ambulatory Surgical Center					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	117	\$6,674	\$10,534	\$15,493	\$21,449	\$27,300
27447	Total knee arthroplasty	123	\$6,674	\$10,210	\$14,500	\$21,912	\$28,429

Phoenix (continued)

Figure 5c. Comparison of Endoscopy Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Endoscopy							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	156	\$864	\$1,814	\$2,897	\$4,521	\$8,104
45378	Diagnostic colonoscopy	157	\$864	\$1,783	\$2,897	\$4,521	\$8,104
45380	Colonoscopy and biopsy	155	\$1,149	\$1,826	\$2,897	\$4,521	\$8,104
45385	Colonoscopy w/lesion removal	155	\$1,267	\$1,826	\$2,897	\$4,521	\$8,104
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	132	\$903	\$1,358	\$2,550	\$3,039	\$7,685
45378	Diagnostic colonoscopy	127	\$903	\$1,596	\$2,550	\$3,039	\$7,685
45380	Colonoscopy and biopsy	137	\$1,169	\$1,508	\$2,550	\$3,039	\$7,685
45385	Colonoscopy w/lesion removal	133	\$1,131	\$1,714	\$2,628	\$3,398	\$7,685
Payer Transparency Data - Ambulatory Surgical Center							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	247	\$420	\$569	\$850	\$1,288	\$4,573
45378	Diagnostic colonoscopy	248	\$423	\$571	\$850	\$1,282	\$4,573
45380	Colonoscopy and biopsy	232	\$509	\$677	\$966	\$1,342	\$4,573
45385	Colonoscopy w/lesion removal	233	\$529	\$677	\$966	\$1,335	\$4,573

Phoenix (continued)

Figure 5d. Comparison of Outpatient Medical Pharmacy Rates

Market Benchmarks - Outpatient Medical Pharmacy							
		Payer Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	95	\$55	\$59	\$116	\$230	\$401
J3380	Injection, vedolizumab	97	\$21	\$22	\$42	\$85	\$148
J9271	Inj pembrolizumab	98	\$45	\$57	\$89	\$225	\$393

		Hospital Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	79	\$59	\$89	\$106	\$194	\$331
J3380	Injection, vedolizumab	85	\$21	\$34	\$39	\$80	\$122
J9271	Inj pembrolizumab	77	\$52	\$83	\$95	\$169	\$233

Phoenix (continued)

Figure 5e. Comparison of Outpatient Laboratory Rates

Market Benchmarks - Outpatient Lab							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	114	\$11	\$21	\$22	\$42	\$54
80061	Lipid panel	115	\$13	\$27	\$29	\$53	\$75
85025	Complete cbc w/auto diff wbc	115	\$8	\$16	\$17	\$31	\$39
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	105	\$12	\$18	\$26	\$38	\$54
80061	Lipid panel	108	\$15	\$23	\$35	\$53	\$90
85025	Complete cbc w/auto diff wbc	107	\$8	\$14	\$20	\$28	\$59
Payer Transparency Data - Outpatient Non-Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	319	\$11	\$12	\$14	\$24	\$82
80061	Lipid panel	371	\$13	\$15	\$18	\$28	\$131
85025	Complete cbc w/auto diff wbc	360	\$8	\$9	\$10	\$16	\$56

Phoenix (continued)

Figure 5f. Comparison of Select Emergency Room Rates

Market Benchmarks - Emergency Room							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	47	\$634	\$780	\$1,207	\$1,605	\$2,456
99284	Emergency dept visit	46	\$417	\$1,016	\$1,505	\$1,605	\$3,061
99285	Emergency dept visit	45	\$1,017	\$1,280	\$1,536	\$1,605	\$3,273
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	85	\$382	\$892	\$1,552	\$1,983	\$2,388
99284	Emergency dept visit	92	\$467	\$1,499	\$1,772	\$2,173	\$3,505
99285	Emergency dept visit	91	\$564	\$1,505	\$1,772	\$2,214	\$5,593

Phoenix (continued)

Figure 5g. Comparison of Office Visits Rates

Market Benchmarks - Office Visits							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	17	\$125	\$158	\$431	\$431	\$445
99213	Office O/P Est Low 20-29 Min	35	\$127	\$155	\$188	\$587	\$890
99214	Office O/P Est Mod 30-39 Min	33	\$135	\$188	\$250	\$266	\$368
99215	Office O/P Est Hi 40-54 Min	15	\$134	\$173	\$286	\$313	\$520
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	39	\$157	\$390	\$421	\$702	\$1,161
99213	Office O/P Est Low 20-29 Min	33	\$124	\$248	\$501	\$863	\$1,161
99214	Office O/P Est Mod 30-39 Min	26	\$157	\$228	\$421	\$1,161	\$1,162
99215	Office O/P Est Hi 40-54 Min	25	\$157	\$255	\$421	\$1,161	\$1,161
Payer Transparency Data - Professional							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	3,866	\$35	\$58	\$71	\$82	\$232
99213	Office O/P Est Low 20-29 Min	3,696	\$65	\$100	\$117	\$135	\$368
99214	Office O/P Est Mod 30-39 Min	3,803	\$96	\$146	\$167	\$192	\$519
99215	Office O/P Est Hi 40-54 Min	3,381	\$142	\$204	\$226	\$272	\$729

Denver

Figure 6a. Comparison of Inpatient Maternity Rates

Market Benchmarks - Inpatient Maternity Rates							
MS-DRG	Description	Payer Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	77	\$13,770	\$16,000	\$19,420	\$25,854	\$48,466
787	Cesarean section w/o sterilization w Cc	78	\$10,023	\$15,592	\$16,732	\$21,345	\$31,847
788	Cesarean section w/o sterilization w/o Cc/Mcc	79	\$8,266	\$14,162	\$16,617	\$19,420	\$27,135
806	Vaginal delivery w/o sterilization/d&c w Cc	79	\$6,213	\$7,735	\$9,291	\$12,013	\$21,703
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	79	\$6,016	\$7,735	\$9,187	\$11,922	\$19,115
MS-DRG	Description	Hospital Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	34	\$14,068	\$15,771	\$17,247	\$20,071	\$48,466
787	Cesarean section w/o sterilization w Cc	35	\$11,053	\$15,311	\$16,042	\$18,687	\$31,847
788	Cesarean section w/o sterilization w/o Cc/Mcc	35	\$11,053	\$15,311	\$15,771	\$18,282	\$27,135
806	Vaginal delivery w/o sterilization/d&c w Cc	35	\$6,213	\$7,341	\$8,355	\$9,118	\$21,703
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	36	\$6,064	\$7,341	\$8,202	\$8,805	\$19,115

Denver (continued)

Figure 6b. Comparison of Orthopedic Surgery Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Orthopedics							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	54	\$13,516	\$23,428	\$28,602	\$36,690	\$42,369
27447	Total knee arthroplasty	54	\$13,516	\$25,838	\$33,478	\$36,690	\$42,369
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	32	\$13,516	\$15,736	\$20,520	\$25,449	\$40,181
27447	Total knee arthroplasty	36	\$13,516	\$15,736	\$23,529	\$31,155	\$40,181
		Payer Transparency Data - Ambulatory Surgical Center					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	85	\$7,000	\$18,070	\$20,500	\$25,981	\$33,746
27447	Total knee arthroplasty	89	\$6,366	\$17,778	\$18,460	\$25,981	\$33,746

Denver (continued)

Figure 6c. Comparison of Endoscopy Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Endoscopy							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	73	\$1,532	\$1,854	\$3,699	\$4,955	\$7,655
45378	Diagnostic colonoscopy	73	\$1,532	\$1,918	\$3,699	\$4,955	\$7,655
45380	Colonoscopy and biopsy	79	\$1,532	\$3,027	\$4,524	\$5,997	\$10,651
45385	Colonoscopy w/lesion removal	79	\$1,532	\$3,027	\$4,524	\$5,997	\$10,651
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	85	\$930	\$1,910	\$2,778	\$4,955	\$7,921
45378	Diagnostic colonoscopy	61	\$937	\$2,401	\$3,886	\$5,069	\$7,921
45380	Colonoscopy and biopsy	61	\$1,210	\$2,503	\$4,524	\$5,200	\$7,986
45385	Colonoscopy w/lesion removal	61	\$1,210	\$2,645	\$4,524	\$5,200	\$7,986
Payer Transparency Data - Ambulatory Surgical Center							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	137	\$438	\$940	\$1,499	\$1,886	\$4,573
45378	Diagnostic colonoscopy	138	\$438	\$921	\$1,450	\$1,886	\$4,573
45380	Colonoscopy and biopsy	138	\$521	\$938	\$1,450	\$1,886	\$4,573
45385	Colonoscopy w/lesion removal	135	\$555	\$957	\$1,528	\$1,886	\$4,573

Denver (continued)

Figure 6d. Comparison of Outpatient Medical Pharmacy Rates

Market Benchmarks - Outpatient Medical Pharmacy							
		Payer Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	45	\$55	\$55	\$68	\$118	\$144
J3380	Injection, vedolizumab	46	\$20	\$21	\$26	\$43	\$53
J9271	Inj pembrolizumab	47	\$56	\$59	\$80	\$90	\$119

		Hospital Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	54	\$63	\$99	\$121	\$140	\$181
J3380	Injection, vedolizumab	52	\$22	\$37	\$45	\$53	\$69
J9271	Inj pembrolizumab	52	\$56	\$92	\$113	\$133	\$170

Denver (continued)

Figure 6e. Comparison of Outpatient Laboratory Rates

Market Benchmarks - Outpatient Lab							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	44	\$11	\$15	\$22	\$38	\$71
80061	Lipid panel	45	\$14	\$19	\$28	\$50	\$109
85025	Complete cbc w/auto diff wbc	46	\$8	\$11	\$16	\$28	\$75
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	55	\$11	\$16	\$23	\$47	\$93
80061	Lipid panel	58	\$14	\$21	\$36	\$61	\$109
85025	Complete cbc w/auto diff wbc	64	\$8	\$9	\$16	\$35	\$75
Payer Transparency Data - Outpatient Non-Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	112	\$11	\$13	\$18	\$23	\$68
80061	Lipid panel	137	\$13	\$16	\$22	\$29	\$86
85025	Complete cbc w/auto diff wbc	135	\$8	\$9	\$11	\$17	\$50

Denver (continued)

Figure 6f. Comparison of Select Emergency Room Rates

Market Benchmarks - Emergency Room							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	34	\$1,670	\$1,868	\$2,087	\$2,263	\$2,408
99284	Emergency dept visit	23	\$2,263	\$2,430	\$3,197	\$3,350	\$3,755
99285	Emergency dept visit	19	\$2,840	\$3,560	\$3,560	\$4,620	\$5,334
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	52	\$1,579	\$1,853	\$2,019	\$2,315	\$2,408
99284	Emergency dept visit	48	\$454	\$2,939	\$3,412	\$3,662	\$4,074
99285	Emergency dept visit	34	\$2,840	\$3,467	\$4,523	\$5,670	\$6,697

Denver (continued)

Figure 6g. Comparison of Office Visits Rates

Market Benchmarks - Office Visits							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	11	\$172	\$172	\$184	\$293	\$900
99213	Office O/P Est Low 20-29 Min	11	\$184	\$196	\$204	\$339	\$900
99214	Office O/P Est Mod 30-39 Min	12	\$136	\$219	\$221	\$279	\$1,099
99215	Office O/P Est Hi 40-54 Min	36	\$122	\$129	\$138	\$163	\$900
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	32	\$151	\$175	\$176	\$242	\$367
99213	Office O/P Est Low 20-29 Min	36	\$125	\$200	\$202	\$314	\$704
99214	Office O/P Est Mod 30-39 Min	37	\$128	\$205	\$225	\$351	\$1,168
99215	Office O/P Est Hi 40-54 Min	38	\$127	\$179	\$250	\$401	\$1,112
Payer Transparency Data - Professional							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	3,384	\$36	\$51	\$67	\$81	\$203
99213	Office O/P Est Low 20-29 Min	3,876	\$66	\$93	\$108	\$132	\$321
99214	Office O/P Est Mod 30-39 Min	4,038	\$98	\$132	\$154	\$187	\$453
99215	Office O/P Est Hi 40-54 Min	3,669	\$144	\$192	\$222	\$261	\$705

Dallas

Figure 7a. Comparison of Inpatient Maternity Rates

Market Benchmarks - Inpatient Maternity Rates							
MS-DRG	Description	Payer Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	154	\$5,761	\$14,881	\$22,927	\$35,259	\$48,041
787	Cesarean section w/o sterilization w Cc	189	\$5,761	\$12,196	\$14,705	\$21,907	\$31,567
788	Cesarean section w/o sterilization w/o Cc/Mcc	191	\$4,813	\$11,783	\$12,761	\$18,666	\$26,897
806	Vaginal delivery w/o sterilization/d&c w Cc	189	\$3,850	\$9,424	\$10,764	\$14,929	\$21,513
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	196	\$3,483	\$8,825	\$10,109	\$13,149	\$18,947
MS-DRG	Description	Hospital Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	98	\$10,050	\$13,576	\$19,000	\$23,296	\$57,761
787	Cesarean section w/o sterilization w Cc	126	\$8,500	\$12,114	\$13,996	\$18,199	\$25,699
788	Cesarean section w/o sterilization w/o Cc/Mcc	135	\$7,751	\$11,675	\$12,761	\$15,623	\$23,621
806	Vaginal delivery w/o sterilization/d&c w Cc	124	\$7,054	\$9,392	\$10,564	\$12,639	\$18,257
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	125	\$6,618	\$9,105	\$9,514	\$11,590	\$15,998

Dallas (continued)

Figure 7b. Comparison of Orthopedic Surgery Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Orthopedics							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	126	\$13,042	\$16,679	\$18,641	\$29,633	\$82,234
27447	Total knee arthroplasty	129	\$13,042	\$16,679	\$19,247	\$29,633	\$82,234
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	58	\$13,145	\$18,096	\$25,289	\$39,192	\$47,290
27447	Total knee arthroplasty	59	\$13,145	\$18,096	\$22,907	\$35,566	\$43,592
		Payer Transparency Data - Ambulatory Surgical Center					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	122	\$6,800	\$12,245	\$13,006	\$20,370	\$35,027
27447	Total knee arthroplasty	119	\$6,800	\$11,960	\$12,935	\$20,010	\$33,558

Dallas (continued)

Figure 7c. Comparison of Endoscopy Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Endoscopy							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	146	\$841	\$1,885	\$2,574	\$3,357	\$6,769
45378	Diagnostic colonoscopy	163	\$892	\$1,743	\$2,492	\$2,960	\$6,769
45380	Colonoscopy and biopsy	143	\$1,127	\$2,408	\$2,661	\$3,515	\$8,246
45385	Colonoscopy w/lesion removal	142	\$1,127	\$2,408	\$2,693	\$3,515	\$8,878
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	122	\$827	\$1,880	\$2,426	\$3,515	\$6,170
45378	Diagnostic colonoscopy	128	\$871	\$1,832	\$2,225	\$3,168	\$5,161
45380	Colonoscopy and biopsy	99	\$1,389	\$2,408	\$2,761	\$3,692	\$7,250
45385	Colonoscopy w/lesion removal	94	\$1,304	\$2,316	\$2,761	\$3,608	\$8,878
Payer Transparency Data - Ambulatory Surgical Center							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	196	\$412	\$711	\$1,071	\$1,933	\$6,850
45378	Diagnostic colonoscopy	192	\$422	\$711	\$1,067	\$1,959	\$5,594
45380	Colonoscopy and biopsy	188	\$552	\$808	\$1,343	\$2,143	\$5,594
45385	Colonoscopy w/lesion removal	190	\$552	\$808	\$1,341	\$2,143	\$5,594

Dallas (continued)

Figure 7d. Comparison of Outpatient Medical Pharmacy Rates

Market Benchmarks - Outpatient Medical Pharmacy							
		Payer Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	48	\$44	\$59	\$122	\$187	\$300
J3380	Injection, vedolizumab	48	\$16	\$22	\$48	\$74	\$118
J9271	Inj pembrolizumab	50	\$43	\$57	\$104	\$145	\$266
		Hospital Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	16	\$99	\$99	\$140	\$298	\$350
J3380	Injection, vedolizumab	38	\$21	\$43	\$44	\$58	\$138
J9271	Inj pembrolizumab	37	\$48	\$97	\$108	\$145	\$311

Dallas (continued)

Figure 7e. Comparison of Outpatient Laboratory Rates

Market Benchmarks - Outpatient Lab							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	109	\$11	\$24	\$28	\$47	\$96
80061	Lipid panel	120	\$14	\$30	\$35	\$60	\$119
85025	Complete cbc w/auto diff wbc	109	\$8	\$17	\$21	\$35	\$77
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	95	\$11	\$23	\$38	\$47	\$102
80061	Lipid panel	98	\$14	\$29	\$52	\$65	\$119
85025	Complete cbc w/auto diff wbc	113	\$8	\$13	\$24	\$35	\$77
Payer Transparency Data - Outpatient Non-Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	677	\$11	\$13	\$15	\$17	\$68
80061	Lipid panel	645	\$13	\$17	\$20	\$23	\$130
85025	Complete cbc w/auto diff wbc	769	\$8	\$9	\$11	\$12	\$51

Dallas (continued)

Figure 7f. Comparison of Select Emergency Room Rates

Market Benchmarks - Emergency Room							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	78	\$421	\$774	\$1,038	\$1,449	\$2,226
99284	Emergency dept visit	70	\$648	\$1,142	\$1,835	\$2,860	\$3,640
99285	Emergency dept visit	98	\$854	\$1,530	\$2,297	\$3,989	\$5,247

		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	119	\$481	\$656	\$899	\$1,172	\$2,440
99284	Emergency dept visit	130	\$707	\$1,086	\$1,394	\$2,488	\$3,954
99285	Emergency dept visit	140	\$707	\$1,850	\$2,417	\$4,295	\$5,700

Dallas (continued)

Figure 7g. Comparison of Office Visits Rates

Market Benchmarks - Office Visits							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	42	\$31	\$141	\$159	\$255	\$996
99213	Office O/P Est Low 20-29 Min	61	\$62	\$160	\$263	\$302	\$996
99214	Office O/P Est Mod 30-39 Min	62	\$96	\$243	\$336	\$446	\$996
99215	Office O/P Est Hi 40-54 Min	66	\$118	\$338	\$397	\$585	\$1,047
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	48	\$123	\$175	\$217	\$292	\$1,029
99213	Office O/P Est Low 20-29 Min	62	\$120	\$211	\$262	\$314	\$1,029
99214	Office O/P Est Mod 30-39 Min	68	\$124	\$227	\$287	\$400	\$1,029
99215	Office O/P Est Hi 40-54 Min	67	\$139	\$274	\$344	\$434	\$1,047
Payer Transparency Data - Professional							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	4,641	\$35	\$58	\$71	\$83	\$213
99213	Office O/P Est Low 20-29 Min	5,327	\$65	\$94	\$112	\$136	\$351
99214	Office O/P Est Mod 30-39 Min	5,898	\$95	\$134	\$156	\$192	\$517
99215	Office O/P Est Hi 40-54 Min	5,030	\$142	\$191	\$218	\$274	\$696

Chicago

Figure 8a. Comparison of Inpatient Maternity Rates

Market Benchmarks - Inpatient Maternity Rates							
MS-DRG	Description	Payer Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	154	\$13,574	\$17,759	\$20,624	\$26,365	\$45,155
787	Cesarean section w/o sterilization w Cc	176	\$8,971	\$11,529	\$13,513	\$17,067	\$29,671
788	Cesarean section w/o sterilization w/o Cc/Mcc	186	\$7,599	\$9,943	\$11,547	\$14,361	\$25,281
806	Vaginal delivery w/o sterilization/d&c w Cc	173	\$6,375	\$7,952	\$9,235	\$11,806	\$20,220
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	177	\$5,860	\$7,042	\$8,134	\$10,398	\$17,809
MS-DRG	Description	Hospital Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	50	\$12,028	\$17,871	\$24,690	\$29,573	\$48,888
787	Cesarean section w/o sterilization w Cc	61	\$9,051	\$12,028	\$14,794	\$18,797	\$29,372
788	Cesarean section w/o sterilization w/o Cc/Mcc	63	\$7,950	\$10,358	\$12,098	\$16,016	\$23,892
806	Vaginal delivery w/o sterilization/d&c w Cc	62	\$6,501	\$8,615	\$9,957	\$12,810	\$20,866
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	61	\$5,883	\$7,922	\$9,209	\$11,282	\$18,284

Chicago (continued)

Figure 8b. Comparison of Orthopedic Surgery Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Orthopedics							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	29	\$13,605	\$15,219	\$16,000	\$35,085	\$47,462
27447	Total knee arthroplasty	30	\$13,686	\$15,596	\$16,000	\$33,149	\$47,462
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	17	\$18,910	\$35,929	\$40,236	\$46,531	\$46,531
27447	Total knee arthroplasty	19	\$15,663	\$28,400	\$38,326	\$46,531	\$46,531
		Payer Transparency Data - Ambulatory Surgical Center					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	102	\$6,500	\$13,500	\$16,000	\$17,855	\$30,653
27447	Total knee arthroplasty	107	\$6,500	\$13,165	\$16,084	\$17,750	\$30,025

Chicago (continued)

Figure 8c. Comparison of Endoscopy Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Endoscopy							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	109	\$923	\$1,609	\$2,309	\$3,217	\$7,407
45378	Diagnostic colonoscopy	109	\$923	\$1,630	\$2,309	\$3,217	\$7,407
45380	Colonoscopy and biopsy	103	\$1,146	\$1,921	\$2,607	\$3,217	\$9,691
45385	Colonoscopy w/lesion removal	104	\$1,129	\$1,869	\$2,639	\$3,270	\$9,691
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	69	\$875	\$1,356	\$1,895	\$3,220	\$6,596
45378	Diagnostic colonoscopy	81	\$850	\$1,315	\$1,789	\$2,500	\$5,587
45380	Colonoscopy and biopsy	63	\$1,113	\$1,765	\$2,501	\$4,371	\$6,806
45385	Colonoscopy w/lesion removal	62	\$1,139	\$1,789	\$2,500	\$3,741	\$7,203
Payer Transparency Data - Ambulatory Surgical Center							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	156	\$460	\$797	\$956	\$1,123	\$5,027
45378	Diagnostic colonoscopy	157	\$460	\$791	\$950	\$1,137	\$5,027
45380	Colonoscopy and biopsy	156	\$592	\$942	\$1,100	\$1,276	\$5,027
45385	Colonoscopy w/lesion removal	158	\$592	\$924	\$1,063	\$1,270	\$5,027

Chicago (continued)

Figure 8d. Comparison of Outpatient Medical Pharmacy Rates

Market Benchmarks - Outpatient Medical Pharmacy							
		Payer Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	65	\$59	\$59	\$96	\$111	\$751
J3380	Injection, vedolizumab	68	\$22	\$22	\$36	\$44	\$251
J9271	Inj pembrolizumab	74	\$43	\$57	\$75	\$97	\$640
		Hospital Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	18	\$110	\$121	\$144	\$202	\$202
J3380	Injection, vedolizumab	22	\$45	\$52	\$74	\$75	\$114
J9271	Inj pembrolizumab	26	\$68	\$113	\$132	\$188	\$201

Chicago (continued)

Figure 8e. Comparison of Outpatient Laboratory Rates

Market Benchmarks - Outpatient Lab							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	109	\$11	\$13	\$24	\$34	\$91
80061	Lipid panel	123	\$14	\$17	\$36	\$63	\$124
85025	Complete cbc w/auto diff wbc	121	\$8	\$10	\$18	\$37	\$74
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	120	\$12	\$25	\$39	\$62	\$104
80061	Lipid panel	134	\$15	\$29	\$49	\$70	\$131
85025	Complete cbc w/auto diff wbc	129	\$8	\$13	\$28	\$39	\$77
Payer Transparency Data - Outpatient Non-Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	1,010	\$11	\$13	\$14	\$14	\$53
80061	Lipid panel	941	\$13	\$17	\$20	\$27	\$53
85025	Complete cbc w/auto diff wbc	962	\$8	\$10	\$10	\$10	\$38

Chicago (continued)

Figure 8f. Comparison of Select Emergency Room Rates

Market Benchmarks - Emergency Room							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	78	\$263	\$588	\$807	\$996	\$1,948
99284	Emergency dept visit	75	\$396	\$975	\$1,311	\$1,561	\$3,263
99285	Emergency dept visit	80	\$568	\$1,280	\$1,750	\$2,225	\$2,827
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	137	\$273	\$459	\$618	\$909	\$2,294
99284	Emergency dept visit	133	\$359	\$858	\$1,071	\$1,576	\$3,672
99285	Emergency dept visit	130	\$568	\$1,258	\$1,549	\$2,306	\$6,348

Chicago (continued)

Figure 8g. Comparison of Office Visits Rates

Market Benchmarks - Office Visits							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	34	\$124	\$132	\$157	\$205	\$282
99213	Office O/P Est Low 20-29 Min	56	\$125	\$163	\$179	\$222	\$532
99214	Office O/P Est Mod 30-39 Min	64	\$124	\$184	\$248	\$285	\$814
99215	Office O/P Est Hi 40-54 Min	66	\$124	\$192	\$353	\$405	\$1,174
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	55	\$124	\$130	\$164	\$227	\$583
99213	Office O/P Est Low 20-29 Min	84	\$128	\$155	\$171	\$212	\$723
99214	Office O/P Est Mod 30-39 Min	116	\$125	\$158	\$197	\$241	\$894
99215	Office O/P Est Hi 40-54 Min	133	\$129	\$171	\$221	\$300	\$1,092
Payer Transparency Data - Professional							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	6,763	\$36	\$57	\$72	\$83	\$184
99213	Office O/P Est Low 20-29 Min	7,120	\$66	\$98	\$116	\$133	\$297
99214	Office O/P Est Mod 30-39 Min	7,385	\$97	\$142	\$164	\$187	\$428
99215	Office O/P Est Hi 40-54 Min	6,972	\$142	\$206	\$228	\$261	\$572

Atlanta

Figure 9a. Comparison of Inpatient Maternity Rates

Market Benchmarks - Inpatient Maternity Rates							
MS-DRG	Description	Payer Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	132	\$12,261	\$17,241	\$24,235	\$32,318	\$46,706
787	Cesarean section w/o sterilization w Cc	141	\$9,000	\$13,279	\$18,072	\$22,713	\$33,179
788	Cesarean section w/o sterilization w/o Cc/Mcc	147	\$7,974	\$12,958	\$17,092	\$19,545	\$28,082
806	Vaginal delivery w/o sterilization/d&c w Cc	148	\$6,103	\$9,412	\$12,821	\$14,639	\$20,915
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	149	\$6,103	\$9,289	\$12,040	\$14,043	\$22,487
MS-DRG	Description	Hospital Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	42	\$11,971	\$13,940	\$16,332	\$20,323	\$57,211
787	Cesarean section w/o sterilization w Cc	48	\$10,891	\$12,766	\$14,581	\$17,717	\$37,396
788	Cesarean section w/o sterilization w/o Cc/Mcc	46	\$9,933	\$12,752	\$15,482	\$20,323	\$38,889
806	Vaginal delivery w/o sterilization/d&c w Cc	51	\$6,893	\$8,733	\$9,803	\$14,602	\$26,320
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	54	\$7,007	\$8,675	\$9,803	\$14,451	\$24,004

Atlanta (continued)

Figure 9b. Comparison of Orthopedic Surgery Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Orthopedics							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	36	\$11,008	\$17,192	\$19,117	\$20,087	\$50,726
27447	Total knee arthroplasty	36	\$11,008	\$17,192	\$19,117	\$20,087	\$60,577
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	25	\$13,428	\$17,897	\$19,728	\$22,811	\$44,144
27447	Total knee arthroplasty	23	\$12,637	\$17,897	\$19,728	\$24,680	\$51,863
		Payer Transparency Data - Ambulatory Surgical Center					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	156	\$6,500	\$10,044	\$12,604	\$16,155	\$29,659
27447	Total knee arthroplasty	164	\$6,500	\$10,167	\$12,159	\$15,000	\$29,659

Atlanta (continued)

Figure 9c. Comparison of Endoscopy Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Endoscopy							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	102	\$847	\$2,950	\$3,761	\$5,021	\$6,915
45378	Diagnostic colonoscopy	93	\$1,240	\$3,073	\$4,184	\$5,063	\$6,915
45380	Colonoscopy and biopsy	105	\$1,240	\$3,161	\$4,184	\$5,063	\$9,036
45385	Colonoscopy w/lesion removal	105	\$1,240	\$3,227	\$4,184	\$5,063	\$9,036
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	78	\$1,529	\$2,891	\$4,079	\$4,927	\$7,820
45378	Diagnostic colonoscopy	34	\$1,499	\$2,859	\$4,519	\$6,676	\$7,586
45380	Colonoscopy and biopsy	69	\$1,353	\$2,859	\$4,101	\$4,962	\$9,939
45385	Colonoscopy w/lesion removal	70	\$1,552	\$3,166	\$4,101	\$4,962	\$9,939
Payer Transparency Data - Ambulatory Surgical Center							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	461	\$420	\$583	\$725	\$905	\$4,573
45378	Diagnostic colonoscopy	465	\$420	\$582	\$725	\$875	\$4,573
45380	Colonoscopy and biopsy	423	\$505	\$670	\$800	\$935	\$4,573
45385	Colonoscopy w/lesion removal	428	\$524	\$673	\$800	\$935	\$4,573

Atlanta (continued)

Figure 9d. Comparison of Outpatient Medical Pharmacy Rates

Market Benchmarks - Outpatient Medical Pharmacy							
		Payer Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	40	\$55	\$55	\$59	\$114	\$225
J3380	Injection, vedolizumab	39	\$21	\$21	\$22	\$56	\$80
J9271	Inj pembrolizumab	46	\$54	\$54	\$76	\$107	\$215
		Hospital Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	11	\$44	\$44	\$166	\$211	\$231
J3380	Injection, vedolizumab	9	\$63	\$74	\$87	\$102	\$110
J9271	Inj pembrolizumab	11	\$43	\$43	\$156	\$177	\$199

Atlanta (continued)

Figure 9e. Comparison of Outpatient Laboratory Rates

Market Benchmarks - Outpatient Lab							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	45	\$12	\$17	\$19	\$33	\$56
80061	Lipid panel	61	\$15	\$19	\$31	\$62	\$131
85025	Complete cbc w/auto diff wbc	54	\$9	\$12	\$13	\$25	\$67
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	42	\$13	\$13	\$28	\$32	\$105
80061	Lipid panel	50	\$16	\$17	\$36	\$55	\$129
85025	Complete cbc w/auto diff wbc	44	\$8	\$10	\$21	\$23	\$75
Payer Transparency Data - Outpatient Non-Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	1,662	\$11	\$14	\$20	\$24	\$69
80061	Lipid panel	1,742	\$14	\$18	\$22	\$31	\$88
85025	Complete cbc w/auto diff wbc	1,982	\$8	\$10	\$13	\$17	\$51

Atlanta (continued)

Figure 9f. Comparison of Select Emergency Room Rates

Market Benchmarks - Emergency Room							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	41	\$540	\$916	\$1,050	\$1,394	\$1,977
99284	Emergency dept visit	53	\$834	\$1,400	\$1,774	\$2,365	\$3,618
99285	Emergency dept visit	54	\$1,244	\$1,750	\$2,365	\$2,567	\$4,738
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	57	\$518	\$1,355	\$1,654	\$1,909	\$2,274
99284	Emergency dept visit	60	\$698	\$1,549	\$1,670	\$2,248	\$3,813
99285	Emergency dept visit	59	\$717	\$1,607	\$1,800	\$2,428	\$5,142

Atlanta (continued)

Figure 9g. Comparison of Office Visits Rates

Market Benchmarks - Office Visits							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	23	\$167	\$216	\$220	\$272	\$306
99213	Office O/P Est Low 20-29 Min	24	\$179	\$243	\$243	\$328	\$368
99214	Office O/P Est Mod 30-39 Min	18	\$207	\$260	\$381	\$381	\$413
99215	Office O/P Est Hi 40-54 Min	22	\$122	\$276	\$548	\$548	\$1,087
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	9	\$125	\$265	\$276	\$306	\$311
99213	Office O/P Est Low 20-29 Min	13	\$125	\$259	\$319	\$367	\$596
99214	Office O/P Est Mod 30-39 Min	12	\$125	\$251	\$366	\$420	\$596
99215	Office O/P Est Hi 40-54 Min	4	\$125	\$265	\$326	\$438	\$733
Payer Transparency Data - Professional							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	9,288	\$36	\$60	\$74	\$95	\$350
99213	Office O/P Est Low 20-29 Min	9,703	\$65	\$109	\$125	\$156	\$350
99214	Office O/P Est Mod 30-39 Min	9,796	\$97	\$164	\$182	\$226	\$497
99215	Office O/P Est Hi 40-54 Min	9,279	\$139	\$223	\$270	\$317	\$676

New York City/Northern New Jersey

Figure 10a. Comparison of Inpatient Maternity Rates

Market Benchmarks - Inpatient Maternity Rates							
MS-DRG	Description	Payer Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	310	\$15,351	\$25,207	\$31,865	\$44,290	\$97,416
787	Cesarean section w/o sterilization w Cc	328	\$10,542	\$18,835	\$22,834	\$29,712	\$64,012
788	Cesarean section w/o sterilization w/o Cc/Mcc	331	\$8,982	\$16,039	\$20,515	\$26,575	\$54,541
806	Vaginal delivery w/o sterilization/d&c w Cc	330	\$7,595	\$13,565	\$15,392	\$19,914	\$43,623
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	325	\$7,065	\$11,944	\$14,654	\$18,428	\$38,420
MS-DRG	Description	Hospital Transparency Data					
		Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
786	Cesarean section w/o sterilization w Mcc	190	\$11,529	\$22,440	\$31,501	\$48,774	\$106,819
787	Cesarean section w/o sterilization w Cc	198	\$7,940	\$16,900	\$22,552	\$32,291	\$65,517
788	Cesarean section w/o sterilization w/o Cc/Mcc	203	\$6,459	\$15,184	\$21,600	\$28,007	\$57,678
806	Vaginal delivery w/o sterilization/d&c w Cc	198	\$5,641	\$12,285	\$15,567	\$22,858	\$45,591
807	Vaginal delivery w/o sterilization/d&c w/o Cc/Mcc	198	\$4,943	\$11,451	\$14,972	\$19,987	\$39,950

New York City/Northern New Jersey (continued)

Figure 10b. Comparison of Orthopedic Surgery Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Orthopedics							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	82	\$15,751	\$22,651	\$45,015	\$65,002	\$78,022
27447	Total knee arthroplasty	84	\$15,751	\$23,426	\$44,694	\$65,002	\$78,022
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	88	\$16,136	\$22,567	\$42,910	\$58,840	\$94,136
27447	Total knee arthroplasty	90	\$16,575	\$21,967	\$41,632	\$56,780	\$94,136
		Payer Transparency Data - Ambulatory Surgical Center					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
27130	Total hip arthroplasty	69	\$6,344	\$8,160	\$13,372	\$20,157	\$55,111
27447	Total knee arthroplasty	79	\$6,078	\$8,509	\$13,957	\$20,278	\$55,111

New York City/Northern New Jersey (continued)

Figure 10c. Comparison of Endoscopy Rates in the Outpatient Facility and Ambulatory Surgical Center

Market Benchmarks - Surgical Rates OP vs. ASC - Endoscopy							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	220	\$1,000	\$2,489	\$3,469	\$5,256	\$9,714
45378	Diagnostic colonoscopy	215	\$1,000	\$2,489	\$3,480	\$5,285	\$10,170
45380	Colonoscopy and biopsy	221	\$1,491	\$2,736	\$4,150	\$6,660	\$13,188
45385	Colonoscopy w/lesion removal	226	\$1,491	\$2,793	\$4,258	\$6,759	\$13,188
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	294	\$1,041	\$1,600	\$3,119	\$4,636	\$9,473
45378	Diagnostic colonoscopy	282	\$1,046	\$2,000	\$3,363	\$4,700	\$9,473
45380	Colonoscopy and biopsy	306	\$1,309	\$2,141	\$3,373	\$5,361	\$12,804
45385	Colonoscopy w/lesion removal	284	\$1,365	\$2,254	\$3,674	\$5,520	\$12,804
Payer Transparency Data - Ambulatory Surgical Center							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
43239	Egd biopsy single/multiple	268	\$468	\$1,142	\$1,498	\$1,910	\$10,339
45378	Diagnostic colonoscopy	264	\$468	\$1,160	\$1,500	\$1,911	\$10,339
45380	Colonoscopy and biopsy	259	\$508	\$1,330	\$1,613	\$1,981	\$10,339
45385	Colonoscopy w/lesion removal	263	\$582	\$1,327	\$1,602	\$1,972	\$10,339

New York City/Northern New Jersey (continued)

Figure 10d. Comparison of Outpatient Medical Pharmacy Rates

Market Benchmarks - Outpatient Medical Pharmacy							
		Payer Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	76	\$55	\$56	\$79	\$116	\$610
J3380	Injection, vedolizumab	77	\$19	\$21	\$29	\$40	\$474
J9271	Inj pembrolizumab	80	\$46	\$54	\$75	\$116	\$850

		Hospital Transparency Data					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
J2350	Injection, ocrelizumab, 1 mg	121	\$39	\$64	\$88	\$108	\$289
J3380	Injection, vedolizumab	132	\$15	\$22	\$28	\$39	\$107
J9271	Inj pembrolizumab	142	\$50	\$57	\$72	\$103	\$270

New York City/Northern New Jersey (continued)

Figure 10e. Comparison of Outpatient Laboratory Rates

Market Benchmarks - Outpatient Lab							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	93	\$11	\$14	\$21	\$29	\$104
80061	Lipid panel	95	\$14	\$17	\$29	\$41	\$111
85025	Complete cbc w/auto diff wbc	113	\$8	\$9	\$12	\$19	\$67
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	184	\$12	\$19	\$23	\$34	\$104
80061	Lipid panel	212	\$14	\$26	\$35	\$58	\$133
85025	Complete cbc w/auto diff wbc	222	\$8	\$11	\$17	\$24	\$78
Payer Transparency Data - Outpatient Non-Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
80053	Comprehen metabolic panel	2,353	\$11	\$13	\$16	\$23	\$85
80061	Lipid panel	2,134	\$13	\$18	\$22	\$33	\$110
85025	Complete cbc w/auto diff wbc	3,444	\$8	\$9	\$10	\$14	\$62

New York City/Northern New Jersey (continued)

Figure 10f. Comparison of Select Emergency Room Rates

Market Benchmarks - Emergency Room							
		Payer Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	124	\$299	\$531	\$996	\$1,799	\$2,943
99284	Emergency dept visit	113	\$474	\$1,256	\$1,712	\$2,396	\$4,620
99285	Emergency dept visit	105	\$660	\$1,385	\$2,047	\$3,157	\$6,524
		Hospital Transparency Data - Outpatient Facility					
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99283	Emergency dept visit	220	\$324	\$939	\$1,366	\$1,914	\$2,534
99284	Emergency dept visit	259	\$371	\$1,045	\$1,879	\$2,468	\$3,992
99285	Emergency dept visit	263	\$515	\$1,283	\$2,001	\$2,823	\$6,355

New York City/Northern New Jersey (continued)

Figure 10g. Comparison of Office Visits Rates

Market Benchmarks - Office Visits							
Payer Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	126	\$147	\$192	\$284	\$346	\$1,089
99213	Office O/P Est Low 20-29 Min	153	\$146	\$207	\$281	\$357	\$1,089
99214	Office O/P Est Mod 30-39 Min	196	\$145	\$189	\$265	\$368	\$1,089
99215	Office O/P Est Hi 40-54 Min	209	\$147	\$207	\$307	\$458	\$1,424
Hospital Transparency Data - Outpatient Facility							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	218	\$150	\$201	\$274	\$427	\$962
99213	Office O/P Est Low 20-29 Min	280	\$150	\$214	\$300	\$480	\$962
99214	Office O/P Est Mod 30-39 Min	287	\$150	\$230	\$322	\$493	\$962
99215	Office O/P Est Hi 40-54 Min	295	\$150	\$257	\$480	\$616	\$1,109
Payer Transparency Data - Professional							
HCPCS	Description	Record Count	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
99212	Office O/P Est Sf 10-19 Min	14,682	\$39	\$64	\$76	\$92	\$247
99213	Office O/P Est Low 20-29 Min	14,409	\$71	\$109	\$126	\$153	\$403
99214	Office O/P Est Mod 30-39 Min	14,814	\$106	\$156	\$183	\$219	\$582
99215	Office O/P Est Hi 40-54 Min	13,891	\$156	\$218	\$247	\$304	\$780

