

ReSource Pro

**SUMMIT26**

**Capture the Shift**

# Session objectives

1

Explore the foundational impact the provider network has on employer cost, risk assessment, and ESL pricing.

2

Discuss Deerhold's approach to utilizing price transparency data across the market.

3

Illustrate the evolution of network evaluation and pricing through PRIZM Networks and PRIZM Impact.

# Health Cost Transparency

PATIENT SERVICES		INSURANCE INFORMATION	
	\$ 564.00	<b>Primary</b>	
Therapy Services	\$ 654.00	<b>Secondary</b>	
Pharmacy	\$ 185.00		
<b>TOTAL CHARGE</b>	<b>\$ 1,403.00</b>		

MEDICAL CENTER may also pursue payment from a third party if permitted by State Law. If we do, adjustments may no longer be applicable. We expect you to pay when allowed by State and Federal law and equity.

Service Date	Description	Code	Amount
8-14-16	Admission charge	851000095	87.00
8-14-16	Med/Surg Private room	172001525	174.00
8-14-16	Chest X-Ray	225647700	37.60
8-14-16	Pharmacy	751004102	9.00



# Price transparency

2019

Hospital Data



**Initially just chargemaster but expanded to:**

Gross Charges, Payer Negotiated Rate,  
Min/Max Negotiated and Cash Price

IP and OP Hospital Only

All Payers, including Caid/Care

**Updated Annually**

Format: - JSON or CSV, <20 MB

Schema v3.0 required (April 2025)



# Price transparency



2019

Hospital Data

The size of a dataset from a single payer can be massive due to the volume of data

2021

Payer Data

**Initially just chargemaster but expanded to:**

Gross Charges, Payer Negotiated Rate,  
Min/Max Negotiated and Cash Price  
IP and OP Hospital Only  
All Payers, including Caid/Care

**Updated Annually**

Format: - JSON or CSV, <20 MB  
Schema v3.0 required (April 2025)

**Key Driver - Provide data to allow consumers to shop for healthcare services; Includes:**

Negotiated rates for all in-network providers at the network level  
Prof and Institutional - all services  
Commercial Only

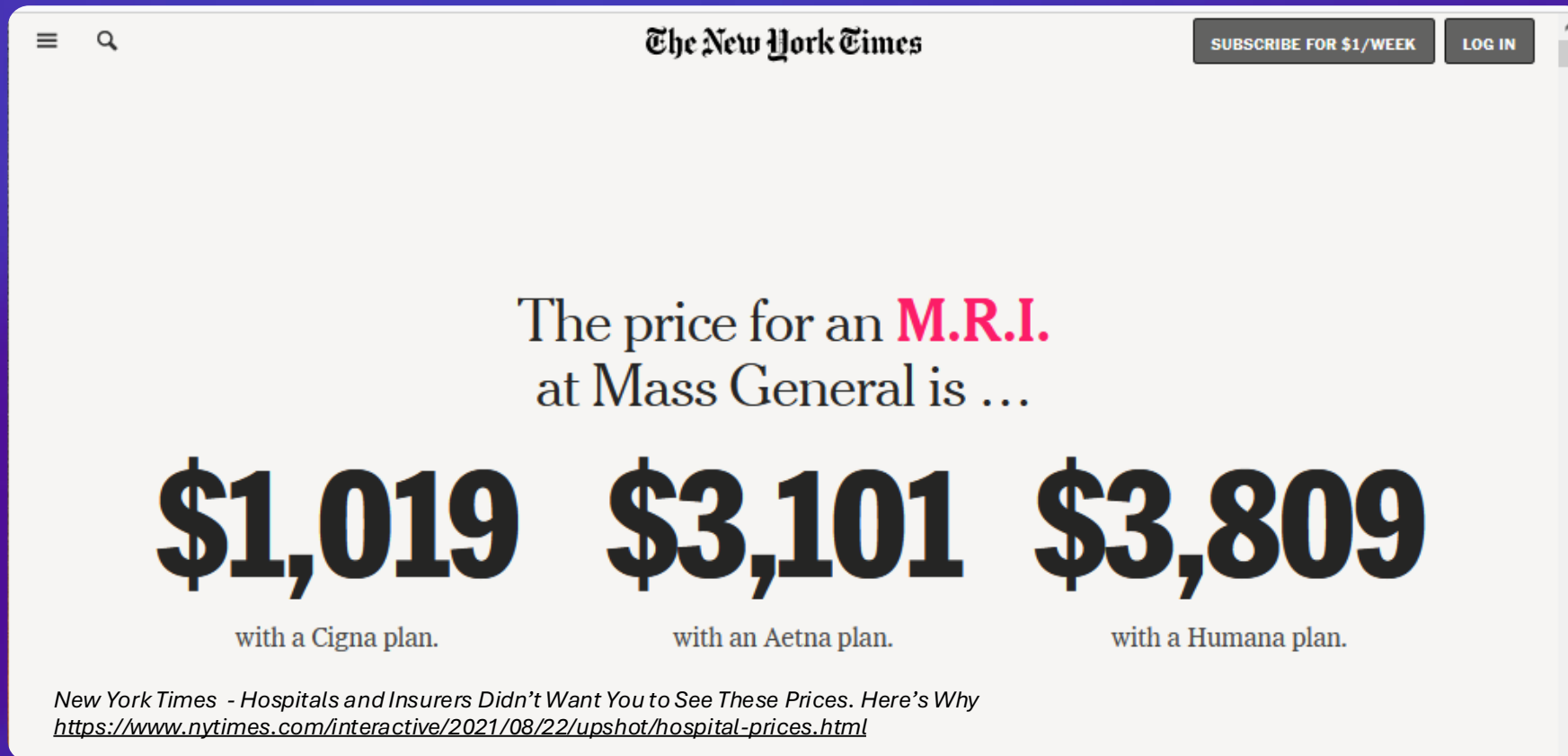
**Updated Monthly**

Format: - JSON, >5 GB  
Schema v2.0 required (Feb. 2026)



# Cost transparency

Differences between different **payers**



The screenshot shows the top of a New York Times article. The header includes the New York Times logo, a search icon, and buttons for 'SUBSCRIBE FOR \$1/WEEK' and 'LOG IN'. The main text reads: 'The price for an **M.R.I.** at Mass General is ...'. Below this, three large price figures are displayed: '\$1,019', '\$3,101', and '\$3,809'. Under each price is the corresponding insurance plan: 'with a Cigna plan.', 'with an Aetna plan.', and 'with a Humana plan.'. At the bottom, there is a small text block with the article title and URL.

Insurance Plan	Price
with a Cigna plan.	\$1,019
with an Aetna plan.	\$3,101
with a Humana plan.	\$3,809

New York Times - Hospitals and Insurers Didn't Want You to See These Prices. Here's Why  
<https://www.nytimes.com/interactive/2021/08/22/upshot/hospital-prices.html>



# Cost transparency

## Difference between Insurance & Medicare

At Memorial Regional Hospital, in Florida, an **M.R.I.** costs ...

**\$1,827**

with a Cigna plan.

**\$2,148**

with a Humana plan.

**\$2,455**

with a Blue Cross plan.

**\$262**

with a Medicare plan.

*New York Times - Hospitals and Insurers Didn't Want You to See These Prices.  
Here's Why <https://www.nytimes.com/interactive/2021/08/22/upshot/hospital-prices.html>*



# Cost transparency

Differences between different **Networks at the Same Payer!**

At Aurora St. Luke's in Milwaukee,  
an **M.R.I.** costs United enrollees ...

**\$1,093**

if they have United's HMO plan.

**\$4,029**

if they have United's PPO plan.

*New York Times - Hospitals and Insurers Didn't Want You to See These Prices.*

*Here's Why <https://www.nytimes.com/interactive/2021/08/22/upshot/hospital-prices.html>*





# Poll:

## Who has ...

- ➔ Shopped for a service?
- ➔ Attempted to download a hospital price transparency file?
- ➔ Attempted to download a payer price transparency file?

Who is using price transparency data today?



# Health plan variability

Procedure Code: 70551 - MRI Brain without Contracts

MSA: Philadelphia - Wilmington - Atlantic City

Billing Class: Professional

POWERED BY PRICE TRANSPARENCY DATA

Carrier	Median	Coefficient of Variation	Average Medicare Price	Count
Aetna	\$425.00	0.75	\$160.32	<u>355</u>
Cigna	\$408.04	0.94	\$172.29	<u>25</u>
UHC	\$280.56	0.90	\$163.21	<u>276</u>
BCBS	\$227.25	1.10	\$171.32	<u>647</u>



# Provider variability

Procedure Code: 70551 - MRI Brain without Contracts

MSA: Philadelphia - Wilmington - Atlantic City

Billing Class: Professional

POWERED BY PRICE TRANSPARENCY DATA

Provider Name	Median	Coefficient of Variation	Average Medicare Price	Count
1558759571 - UNIVERSITY OF PENN-MEDICAL GROUP	\$419.98	0.68	\$140.95	<u>30</u>
1841438728 - ATLANTIC RADIOLOGISTS PROFESSIONAL ASSOCIATION LLC	\$202.24	0.78	\$146.38	<u>29</u>
1669056248 - UNIVERSITY RADIOLOGY AT COOPER, LLC	\$374.31	0.60	\$162.12	<u>26</u>
1720561186 - TEMPLE FACULTY PRACTICE PLAN, INC	\$205.73	0.64	\$136.20	<u>24</u>



# Health plan variability

DRG: 871 - Septicemia

MSA: Philadelphia - Wilmington - Atlantic City

Billing Class: Institutional

POWERED BY PRICE TRANSPARENCY DATA

Carrier	Median	Coefficient of Variation	Average Medicare Price	Count
Aetna	\$38,381.00	0.26	\$15,566.21	<u>81</u>
BCBS	\$37,941.10	0.38	\$17,305.05	<u>69</u>
Cigna	\$36,375.26	0.24	\$15,692.30	<u>148</u>
UHC	\$25,967.34	0.48	\$15,237.55	<u>101</u>



# Hospital variability

DRG: 871 - Septicemia

MSA: Philadelphia - Wilmington - Atlantic City

Billing Class: Institutional

POWERED BY PRICE TRANSPARENCY DATA

Provider Name	Median	Coefficient of Variation	Average Medicare Price	Count
1013919315 - ATLANTICARE REGIONAL MEDICAL CENTER	\$51,367.00	0.31	\$17,829.38	<u>7</u>
1245207521 - PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH S	\$37,670.90	0.25	\$20,143.72	<u>7</u>
1053316844 - VIRTUA WILLINGBORO HOSPITAL INC	\$43,199.54	0.08	\$16,754.60	<u>6</u>
1053382697 - CAPE REGIONAL MEDICAL CENTER, INC	\$24,162.10	0.13	\$15,924.31	<u>6</u>



# Today's use cases

## Broker / Advisor

Model Network Performance using  
Group Demographics & Utilization

Market Reports

RBP, Network Tiering, Disruption Analysis

Sales Operations/Enablement

Direct Contracting

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## Health Plan / TPA

Network Contracting  
Stop-Loss Underwriting  
Sales Operations/Enablement  
Payment Integrity  
Consumer Shopping Tool  
NSA Support

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## Stop-loss / MGU

Network Factors for Underwriting  
Model Network Performance using Group  
Demographics & Utilization  
Case Management/Claim Audit



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RBP, Network Tiering, Disruption Analysis  
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## Health Plan / TPA

Network Contracting  
Stop-Loss Underwriting  
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## Stop-loss / MGU

Network Factors for Underwriting  
Model Network Performance using Group  
Demographics & Utilization  
Case Management/Claim Audit

## Hospital / Provider

Payer Contracting  
Competitive Intelligence  
Peer Reviews  
Mergers & Acquisitions  
Access to Hospital Price Transparency Data



# Current tools

## Network evaluation

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### Uniform Discount and Data Specification (UDS)

Plans, Brokers, Advisors

- 1 Payers optimize data selection
- 2 Aged claims data
- 3 Lack of granularity



# Current tools

## Network evaluation

### Uniform Discount and Data Specification (UDS)

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- 1 Payers optimize data selection
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### 3rd Party Network Rating Tools

Stop-Loss Carriers

- 1 Excludes BUCA discounts
- 2 Aged updates
- 3 Limited to no network-level detail



# Current tools

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### Uniform Discount and Data Specification (UDS)

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### 3rd Party Network Rating Tools

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Both illustrated as “Discount Off Billed Charges”



# Medicare as the baseline

A consistent, objective, and geographically adjusted benchmark for network comparisons

- Publicly available and standardized fee schedules
- Geographically adjusted (wage + cost index)
- Covers major service categories with defined payment rules
- Widely used and accepted in rate benchmarking
- Enables apples-to-apples comparison

Preferred alternative to “Discount Off Billed Charges”



3

# Applying price transparency-enabled comparisons to risk assessment models

# Evaluation output

At carrier, product (ppo/hmo/pos) and network level

### Networks

Pete Titas

Carrier Product **Network**

Upload Claims Load

#### Home Network

Carrier: BCBS

Additional Network(s)

Carrier: UHC X

Geographic Filters

MSA: MSA

Select MSA

+ Add MSA

Upload Census

Weight

Clear

#### Network

Select Network

- Horizon BCBS NJ Advantage Omnia EPO
- Horizon BCBS NJ Direct Access Omnia
- Horizon BCBS NJ EPO
- Horizon BCBS NJ PPO
- IBC PA Independence Assurance Company
- Premera BC AK Heritage
- Premera BC Heritage Prime Local

Member Count	1000	Average Age	38.34
% Male	49.37	Allowed PMPM	474.43



# Group-specific evaluation

POWERED BY PRICE TRANSPARENCY DATA

Evaluation specific to group demographics (zip codes, age, M/F)

Weight across multiple MSAs

Filter for specific MSA, 3 or 5-digit zips

### Upload Census File

Drag and Drop Files to upload  
or

Limit of 10,000 5-Digits and 200 3-Digits unique ZIP records

Member Census	Census Summary
One row per member, supports age and gender	One row per ZIP code with summarized enrollment

### Networks

Pete Titas

Carrier Product Network

Home Network

Carrier: BCBS Network: Blue Card PPO

Additional Network(s)

Carrier: Aetna X +2 more Network: Aetna Open Access Aetna Select X +2 more

Geographic Filters   Group Information

MSA

MSA	Weight	
5360 - Nashville TN MSA	54	<input type="button" value="Trash"/>
7800 - South Bend IN MSA	28	<input type="button" value="Trash"/>
1602 - Chicago-Gary-Kenosha IL-IN-WI CMSA	20	<input type="button" value="Trash"/>
3480 - Indianapolis IN MSA	18	<input type="button" value="Trash"/>

Member Count: 164 Average Age: 38.34  
% Male: 49.37 Allowed PMPM: 474.43



# Evaluation output

As a percent of medicare

Type Of Service	Blue Card PPO	Aetna Open Access Aetna Select	Cigna National OAP	UHC Choice Plus POS
Inpatient	<u>207.99%</u>	<u>247.22%</u>	<u>246.53%</u>	<u>210.80%</u>
Outpatient	<u>203.73%</u>	<u>185.18%</u>	<u>112.89%</u>	<u>191.30%</u>
Professional	<u>112.21%</u>	<u>122.41%</u>	<u>118.46%</u>	<u>110.36%</u>
<b>Total</b>	<b><u>150.30%</u></b>	<b><u>161.94%</u></b>	<b><u>141.65%</u></b>	<b><u>147.75%</u></b>

POWERED BY PRICE TRANSPARENCY DATA



# Evaluation output

As a percent of medicare

Table view Confidence Key Driver Copy

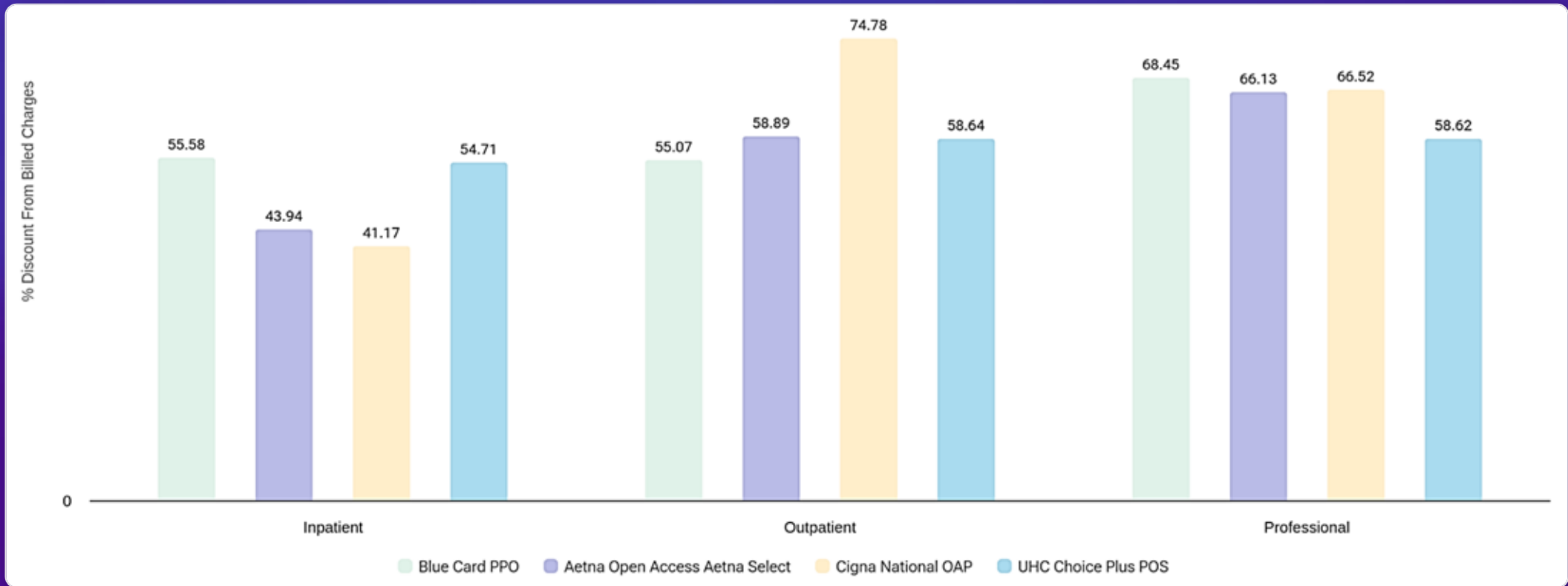
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POWERED BY PRICE TRANSPARENCY DATA



# Underlying data overview

As “discount off billed charges”



POWERED BY PRICE TRANSPARENCY DATA



# Underlying data overview

Incorporating ancillary data and tagging to procedure code-level price transparency record provides the ability to aggregate at multiple levels/categories.

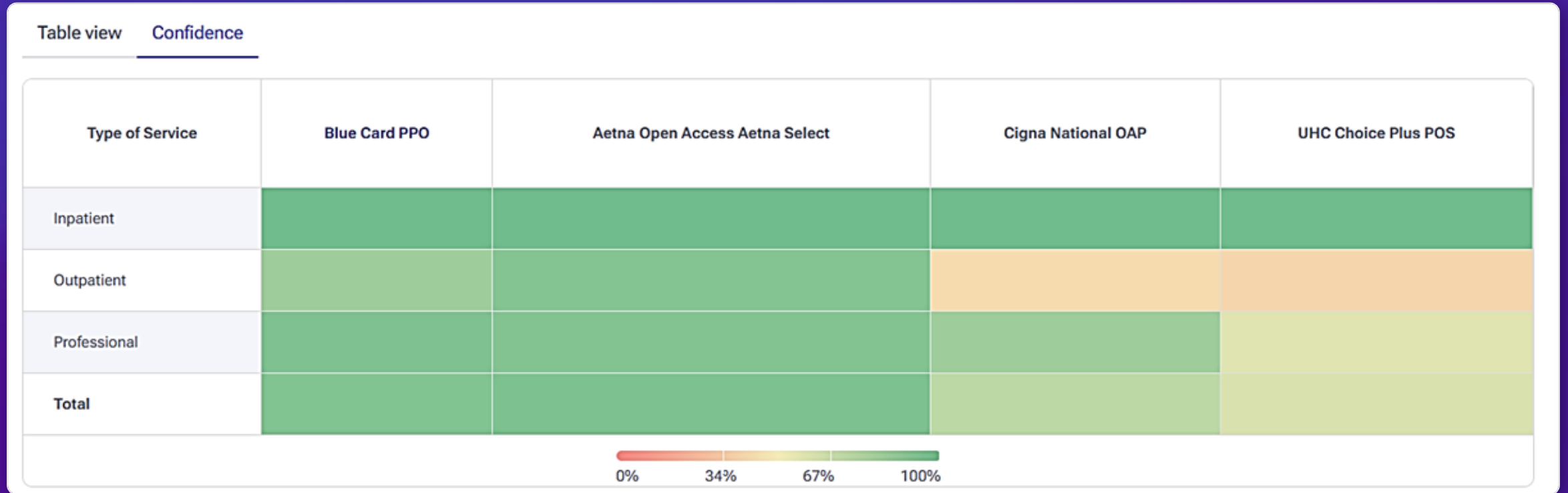
Medicare Payment Methodology	Billing Code	Negotiated Rates	Medicare Price	Medicare %	Billing Code Weight	Provider Weight	Imputed Allowed Amount	B/A Ratio	Carrier	Provider Name
OPPS	93798	\$171.82	\$120.04	143.14%	5.49	1377.05	N/A	2.95	BCBS	DOYLESTOWN HOSPITAL
OPPS	0707T	35.78%	\$3,338.05	258.33%	0.4	1303.32	\$8,623.24	7.22	BCBS	TEMPLE UNIVERSITY HOSPI...
OPPS	J2562	35.78%	\$26.06	258.33%	4.34	1303.32	\$67.32	7.22	BCBS	TEMPLE UNIVERSITY HOSPI...
OPPS	77072	\$288.80	\$106.93	270.08%	0.8	968.2	N/A	2.36	BCBS	RIDDLE MEMORIAL HOSPITAL
OPPS	J9035	35.78%	\$75.31	258.33%	7.13	1303.32	\$194.55	7.22	BCBS	TEMPLE UNIVERSITY HOSPI...
OPPS	72133	35.78%	\$183.15	258.33%	0.2	1303.32	\$473.13	7.22	BCBS	TEMPLE UNIVERSITY HOSPI...
OPPS	31259	\$7,515.48	\$7,121.84	105.53%	3.28	1303.32	N/A	7.22	BCBS	TEMPLE UNIVERSITY HOSPI...

POWERED BY PRICE TRANSPARENCY DATA



# Data completeness

confidence factors are critical to evaluations.



# Key cost driver comparison

Identify network impact on high-utilization categories.

Ability to drill into known high-cost drivers and compare those categories across multiple networks. Delivers visibility in to cost effectiveness of networks.

MPM	Category	Sub Category	Blue Card PPO	Aetna Open Access Aetna Select	Cigna National OAP	UHC Choice Plus POS
IPPS	Diseases and Disorders of the Circulatory System	Diseases and Disorders of the Circulatory System	222.40%	241.41%	237.20%	212.89%
IPPS	Diseases and Disorders of the Digestive System	Diseases and Disorders of the Digestive System	195.78%	215.57%	235.54%	214.46%
IPPS	Diseases and Disorders of the Musculoskeletal System and Connective Tissue	Diseases and Disorders of the Musculoskeletal System and Connective Tissue	226.18%	235.65%	237.37%	209.69%
IPPS	Diseases and Disorders of the Nervous System	Diseases and Disorders of the Nervous System	207.88%	236.35%	236.59%	214.75%
IPPS	Diseases and Disorders of the Respiratory System	Diseases and Disorders of the Respiratory System	213.43%	237.47%	235.32%	213.98%
IPPS	Endocrine, Nutritional and Metabolic Diseases and Disorders	Endocrine, Nutritional and Metabolic Diseases and Disorders	184.93%	211.74%	234.36%	211.41%

POWERED BY PRICE TRANSPARENCY DATA



# Provider disruption

## BCBS vs. Aetna provider comparison



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Validate provider coverage within comparable networks.

View overall network or by provider specialty.

Analyze plan designs that include tiered networks.



# Hospital network comparison

## Philadelphia-specific hospital evaluation

Filter Name: TIN

Code	Weight
232810852-PRESBYTERIAN MEDICAL CENTER OF THE UNIVERSITY OF PENNSYLVANIA HEALTH	1

### Network Comparison: % of Medicare

Types of Service	Blue Card PPO	Aetna Open Access Aetna Select	Cigna National OAP	UHC Choice Plus POS
Inpatient (IPPS)	112.87%	175.85%	194.36%	181.82%
Outpatient (OPPS)	237.84%	221.77%	168.40%	172.31%
<b>Total</b>	<b>141.99%</b>	<b>191.31%</b>	<b>183.33%</b>	<b>177.99%</b>

### Network Comparison: % Discount From Billed Charges

Types of Service	Blue Card PPO	Aetna Open Access Aetna Select	Cigna National OAP	UHC Choice Plus POS
Inpatient (IPPS)	81.46%	71.11%	68.06%	70.14%
Outpatient (OPPS)	59.03%	62.04%	71.08%	70.33%
<b>Total</b>	<b>70.94%</b>	<b>67.27%</b>	<b>69.21%</b>	<b>70.21%</b>

POWERED BY PRICE TRANSPARENCY DATA



# Center of Excellence (CoE) Evaluation

## Cardiac CoE Example – Large Cleveland Health System

Large Northeast Ohio Health System										
			Median Rates across all Commercial products							
NEO Hosp 1 COE Rates			UHC				BCBS			
MS DRG	Standard Episode of Care (SEoC)	Provider Case Rate	NEO Hosp 1 Rate	COE %	NEO Hosp 2 Rate	COE %	NEO Hosp 1 Rate	COE %	NEO Hosp 2 Rate	COE %
280	11	\$44,500	\$31,719	140.29%	\$33,869	131.39%	\$23,428	189.94%	\$25,225	176.41%
291	11	\$38,300	\$29,742	128.77%	\$27,409	139.74%	\$21,657	176.85%	\$20,097	190.58%
309	5	\$20,000	\$17,251	115.94%	\$15,898	125.80%	\$10,757	185.93%	\$11,583	172.67%
267	9	\$127,700	\$97,570	130.88%	\$104,183	122.57%	\$92,695	137.76%	\$81,037	157.58%
314	11	\$48,200	\$36,969	130.38%	\$44,692	107.85%	\$35,242	136.77%	\$32,703	147.39%
270	17	\$123,500	\$101,103	122.15%	\$107,955	114.40%	\$91,833	134.48%	\$80,283	153.83%
266	15	\$139,000	\$124,878	111.31%	\$133,342	104.24%	\$118,562	117.24%	\$103,651	134.10%
251	4	\$39,100	\$36,761	106.36%	\$33,887	115.38%	\$26,301	148.66%	\$26,018	150.28%
219	13	\$156,600	\$154,170	101.58%	\$164,619	95.13%	\$139,156	112.54%	\$127,639	122.69%
220	8	\$104,800	\$104,855	99.95%	\$111,962	93.60%	\$93,049	112.63%	\$85,347	122.79%
221	6	\$91,900	\$92,939	98.88%	\$99,238	92.61%	\$81,005	113.45%	\$74,300	123.69%

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