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PatientRightsAdvocate.org Transparency in Coverage Report

October 2022



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Missing Hospital Prices Appearing in Transparency in Coverage Data Show Hospitals Flouting Price Transparency Rule

October 5, 2022

Prices revealed in newly released health insurance company data files show some major American hospitals are omitting prices from their required price disclosures in violation of the federal hospital price transparency rule.

Two separate federal regulations enacted recently require disclosure of healthcare prices:

- a) The Hospital Price Transparency Rule (effective Jan. 1, 2021): Hospitals are required to make public data files that include all negotiated prices with health insurers and discounted cash prices.
- b) The Transparency in Coverage ("TiC") Rule (effective Jul. 1, 2022): Health insurers are required to make public pricing files that include the rates they negotiate to pay to all healthcare providers, including hospitals.

By cross-referencing 20 price disclosures made by hospitals and health insurers in accordance with these two rules, PatientRightsAdvocate.org (PRA) discovered several instances in which prices were omitted from the hospital files but appeared in the insurance company files. The discrepancies indicate that some large hospitals are not posting their complete price lists as required by the hospital price transparency rule. The examples of missing hospital pricing data uncovered by PRA include prices negotiated with insurers such as Blue Cross Blue Shield (BCBS), United Healthcare, and Cigna.

The hospitals whose data disclosures were found to omit prices include some of those owned by HCA Healthcare (HCA) and Ascension, two of the largest hospital systems in the country. For example, some of the prices that are found in insurance company price files appear with an "N/A" or are blank in the corresponding hospital price lists. This concrete evidence from the insurance files demonstrates that real prices exist and hospitals are flouting the hospital price transparency rule.

By hiding prices, hospitals block consumers from being able to compare prices, shop for

the best quality at the lowest cost, and reap significant savings on their healthcare. Robust and timely enforcement of the Hospital Price Transparency Rule by the Department of Health and Human Services (HHS) is urgently needed to compel hospitals to post their complete, actual prices and unleash a competitive healthcare marketplace for consumers.

Our preliminary findings appear below. Screenshots of pricing files are in Appendix A, and links to the files reviewed are in Appendix B.

SUMMARY OF FINDINGS

Ascension Seton Medical Center - Austin, TX

We identified actual prices in the Transparency in Coverage (TiC) Files for 16 rates negotiated with United Healthcare by plan and 12 with BCBS by plan that were shown as 'N/A' in the Hospital Standard Charges File (SCF).

Ascension St. Vincent's Clay County - Middleburg, FL

The hospital's SCF did not contain negotiated rates for any services identified with Current Procedural Terminology (CPT) codes. However, a United Healthcare TiC File for Florida did show negotiated rates for all (69) CPT codes contained in the list of CMS-required shoppable codes.

HCA Florida Northside - St. Petersburg, FL

A portion of this SCF displayed a range of more than 300 codes, yet it showed one single negotiated rate for all codes within the range. The range we examined was CPT 36555 through CPT 36861. For these codes, the hospital file showed one negotiated charge of \$16,069 for a Preferred Provider Organization (PPO) plan. The TiC File data showed many different rates corresponding to 300+ codes in the range indicated in the SCF, strongly indicating that the SCF failed to disclose complete pricing data as required.

HCA Houston Healthcare Clear Lake - Webster, TX

In the SCF, there were only seven distinct prices for a set of 68 Medicare Severity Diagnosis

Related Groups (MS-DRG) codes for BCBS HMO plan with codes appearing as ranges and in groups (see file excerpt in the Appendix). The TiC insurance file showed 719 distinct prices for MS-DRG codes.

HCA Medical City Dallas – Dallas, TX

In a portion of its SCF showing rates for a Blue Cross and Blue Shield of Texas Blue Premier plan, there were several instances in which codes appear in groups (including ranges), wherein only a single rate corresponded to all codes within each group. For example, code MS-DRG 807 appearing in line 42898 of the SCF in Figure 9 below showed one rate, but the TiC File (Figure 10) showed a different rate for the same code. In addition, the TiC File for the Blue Cross and Blue Shield of Texas Blue Premier plan shows 11 distinct negotiated rates for the MS-DRG codes appearing in line 42898, whereas the SCF showed only one single rate for the same group of codes.

HCA Medical City Fort Worth – Fort Worth, TX

In the SCF, there was only one distinct dollar price for all 62 MS-DRG codes that appeared as a group in the portion of the file showing rates for a Blue Cross and Blue Shield of Texas Blue Premier plan (see line 65453 in Figure 11 below). In contrast, the TiC File for a Blue Cross and Blue Shield of Texas Blue Premier plan showed 58 distinct negotiated rates for the 62 MS-DRG codes in that group (see Table 4).

HCA Florida Raulerson Hospital – Okeechobee, FL

In the SCF, there are only one distinct price for all six MS-DRG codes that appeared as a range in the portion of the file showing rates for Cigna (see line 9633 in Figure 14). In contrast, a TiC file for Cigna Health Life Insurance Company showed six distinct negotiated rates, each corresponding to one of the MS-DRG codes in that range.

METHODOLOGY

The analysis performed by PatientRightsAdvocate.org was based on SCF data obtained from machine readable price data files made publicly available by the hospitals in PRA's Third Semi-Annual Hospital Price Transparency Compliance Report and TiC File data supplied by the healthcare price data firm, [Visible Charges, LLC](#).

Ascension.

Many of the Ascension hospitals reported thousands of prices as 'not applicable' ("N/A") in their SCFs. Most hospitals that place 'N/A's into the data fields intended for actual prices claim that they have not established a standard charge (as required under the rule) for the item or service in question. A common explanation is that the charge depends on various factors and is therefore 'variable,' necessitating a notation such as 'N/A.'

For the two Ascension hospitals we examined, we compared the payer-specific prices in the SCFs with the prices shown in TiC Files from two large health insurance companies. We found many actual prices present in the TiC Files for which the corresponding 'prices' in the Ascension files had been indicated as 'N/A.' This finding is a clear indication of non-compliance on the part of Ascension, given that the TiC files identified actual, specific prices where the SCFs simply indicated 'N/A.'

HCA - Hospital Corporation of America.

HCA's SCFs typically included entries in which a set of multiple billing codes all corresponded to one single price. Often included within the set of codes was an indication of a range of codes (for example, more than 300 codes are contained in the range, "CPT/ Healthcare Common Procedure Coding (HCPC) 36555-36861" that appeared in one of the HCA SCFs). When we made the comparison between the set of codes (all with a single price) in the HCA SCF and the corresponding codes in the TiC File, we found that the hospital failed to list prices that were available in the TiC File. This omission indicates non-compliance by the hospital.

In addition, we note that the approach HCA uses in its SCFs whereby it identifies just one description and one price that ostensibly apply to multiple items or services is in itself non-compliant with the hospital price transparency rule. The rule requires that the hospital disclose the "Description of each item or service..." and the "Payer-specific negotiated charge that applies to each item or service...". The intent of the rule is clear that a one-to-one identification of each service item, its description, and its price, must be furnished in the SCF. HCA fails to meet this requirement as well.

APPENDIX A

RESULTS AND DETAILS

Ascension Seton Medical Center - Austin, TX

Results:

We identified actual prices in the TiC files for negotiated charges for items that were 'N/A' in the hospital SCF. All codes and prices compared were part of the set of CMS mandated shoppable codes. For a United Healthcare plan, sixteen codes had actual negotiated rates in the TiC file that did not appear in the SCF. For a Blue Cross Blue Shield of Texas plan, twelve codes had actual negotiated rates in the TiC file that did not appear in the SCF.

Analysis Details:

Two groups of plans from the SCF were examined -- "Blue Cross" (8 plans) and "United" (8 plans). Of the CMS mandated codes, 37 listed the price as 'N/A' for all of the Blue Cross plans. Similarly, 66 listed the price as 'N/A' for all of the United plans. We then looked in the Texas TiC Files for Blue Cross Blue Shield of Texas and United Health Care and compared rates for the codes that had N/A's in the SCF. To be conservative, we filtered out the prices (for BCBS) in the TiC files that were marked "per diem". We filtered these out since it is unclear how these per diem prices should be shared in the hospital file. The details are on the file named: non_na_in_tic.xlsx in the directory for this hospital.

ASCENSION SETON MEDICAL CENTER STANDARD CHARGE FILE DATA

Hospital: Ascension Seton Medical EIN: 74-1109643 Last Updated: September 30, 2021 This standard charges worksheet displays services or service packages that are "N/A." If a payer does not have a ne			Blue_Cross	United_He	United_He	United_He	United_He	United_He	United_He	United_He	Humana_P	Humana_E	Blue_Cross	Blue_Cross	United_He	Commerci
Facility_BU	Code_Type	Code	Blue_Cross	United_He	United_He	United_He	United_He	United_He	United_He	United_He	Humana_P	Humana_E	Blue_Cross	Blue_Cross	United_He	Commerci
			eld_E02_B	alth_Care_	alth_Care_	alth_Care_	alth_Care_	alth_Care_	alth_Care_	alth_Care_	46_HUMA	NA_EXCHA	eld_X44_B	Blue_Cross	alth_Care_	P59_SMA
			P27_UNTD	P26_UNITE	P17_UHC	UNITE	J60_UNITE	UNITE	UNITE	UNITE	46_HUMA	NA_EXCHA	eld_X44_B	Blue_Cross	alth_Care_	P59_SMA
			NTAGE_H	HLTH_PP	D_HLTH_H	STUDENT	N21_TX_M	DHEALTHO	alth_Care_	46_HUMA	NA_EXCHA	eld_X44_B	Blue_Cross	alth_Care_	P59_SMA	
			MO_E02_1	O_P27_18	MO_P26_	RESOUCE_	UNICIPAL_	NE_J60_18	E62_UMR_	NA_HMO_	NGE_E04_	X44_151	US_BCBS_	MO_P32_	CITY_PPO_	RTHEALTH
			516	09	1809	P17_1809	N21_1809	09	E62_1809	P46_1816	387	9	OOS_1519	1518	E55_786	_Y21_420
30002	2-CPT	80048	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80051	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80053	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80061	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80069	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80074	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80076	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80081	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80145	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80150	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80155	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80156	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80157	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80158	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80159	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80162	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80163	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80164	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Figure 1. A code search for CPT 80061 on Ascension Seton Medical Center's SCF indicated 'N/A' results across all United Healthcare plans.

UNITED HEALTHCARE OF TEXAS TRANSPARENCY IN COVERAGE FILE DATA (CODE SEARCH)

```

{
  "reporting_entity_name": "UnitedHealthcare of Texas, Inc.",
  "reporting_entity_type": "Insurer",
  "last_updated_on": "2022-08-01",
  "version": "1.0.0",
  "provider_references": [
    ...
    {
      "provider_groups": [
        {
          "npi": [
            1164526786
          ],
          "tin": {
            "type": "ein",
            "value": "741109643"
          }
        }
      ],
      "provider_group_id": 7892
    },
    ...
  ],
  "in_network": [
    {
      "negotiation_arrangement": "ffs",
      "name": "LIPID PANEL",
      "billing_code_type": "CPT",
      "billing_code_type_version": "2022",
      "billing_code": "80061",
      "description": "Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)",
      "negotiated_rates": [
        ...
        {
          "provider_references": [
            7892
          ],
          "negotiated_prices": [
            {
              "negotiated_rate": 5.09,
              "service_code": [
                "11"
              ],
              "negotiated_type": "negotiated",
              "expiration_date": "9999-12-31",
              "billing_class": "professional",
              "billing_code_modifier": [],
              "additional_information": ""
            }
          ]
        }
      ]
    },
    ...
  ]
}

```

Figure 2. A code search for CPT 80061 on United Healthcare of Texas (NPI 1164526786) TiC file showed a negotiated rate of \$5.09.

Ascension St. Vincent’s Clay County – Middleburg, FL

Results:

The hospital SCF did not contain any negotiated rates for services identified with CPT codes (only CDM and DRG codes). However, a United Healthcare TiC File for Florida did show negotiated rates for all of the (69) CPT codes contained in the list of CMS-required shoppable codes.

Analysis Details:

The TiC File showed United Healthcare plans' rates for the mandated CMS specified shoppable codes' (69 CPTs and 5 DRGs) fee-for-service (FFS) negotiated rates, so they should be in the hospital SCF. All 69 CPTs listed a negotiated rate for a United Healthcare plan in Florida, yet rates for these do not appear in the SCF.

HCA Florida Northside - St. Petersburg, FL

Results:

This hospital SCF displayed ranges of codes for categories of items and services and showed one negotiated charge for all codes within the category. The range we examined was CPT 36555 through CPT 36861. For this range of codes, the SCF showed one negotiated charge of \$16,069 for a United Healthcare PPO plan.

Analysis Details:

The results showed that for the plans compared, the TiC file data had many different rates, each corresponding to one of the codes indicated in the hospital file. In contrast, the SCF, as noted, showed only one rate for the range specified, strongly indicating that the hospital file failed to disclose complete pricing data as required.

HCA FLORIDA NORTHSIDE HOSPITALS STANDARD CHARGE FILE DATA

	A	B	C
62080	United PPO		
62081	Service Description	Coding	Rate
62310	Other Vascular	CPT/HCPC 37236-37239	\$35,603.00
62311	Other Vascular	CPT/HCPC 36555-36861, 36904-36906, 37211-37214, 37241-37244, 61650-61651	\$16,069.00
62312	Pacemaker	CPT/HCPC 33206-33208, 33212-33214, 33221, 33224-33225, 33227-33229	\$41,765.00
62313	Pacemaker		\$95,652.00
62314	Pathology FS #20951		100% of FS
62315	Peripheral Vascular Lab		\$3,514.00
62316	PET		100% of FS
62317	Physical Therapy		\$240.00
62318	Pulmonary Function		\$1,064.00
62319	Radiation Therapy	CPT/HCPC 61796-61800, 63620-63621, 77371, 77372, 77373	\$2,730.00
62320	Radiology		100% of FS
62321	Rehab	MS-DRG 945, 946	\$2,649.00
62322	Respiratory Services		\$640.00
62323	Skin/Plastic Surgery	CPT/HCPC 19296-19298, 31643, 55860, 55862, 55865, 55875, 52250, 57155	\$27,535.00
62324	Sleep Studies	CPT/HCPC 95782-95783, 95800-95801, 95805-95811	\$2,005.00
62325	Speech Therapy		\$240.00
62326	Table 5		36.6% of BC
62327	Telemetry		\$580.00
62328	Transplant	MS-DRG 001; ICD 9/10 02HA0QZ, 02HA0RZ, 02HA3QZ, 02HA4QZ, 02PA0RZ, 02PA3RZ, 02P	\$512,300.00
62329	Transplant	MS-DRG 002; ICD 9/10 02HA0QZ, 02HA0RZ, 02HA3QZ, 02HA4QZ, 02PA0RZ, 02PA3RZ, 02P	\$503,383.00
62330	Treatment Room		\$2,069.00
62331	Ultrasound		100% of FS

Figure 5. A portion of HCA Florida Northside's SCF showed a United Healthcare PPO plan with one price (\$16,069) for service labeled 'Other Vascular' for 20 different CPT/HCPC codes including 36555.

UNITED HEALTHCARE OF FLORIDA TRANSPARENCY IN COVERAGE FILE DATA (CODE SEARCH)

```

{
  "reporting_entity_name": "UnitedHealthcare of Florida, Inc.",
  "reporting_entity_type": "Insurer",
  "last_updated_on": "2022-08-01",
  "version": "1.0.0",
  "provider_references": [
    {
      "provider_groups": [
        ...{
          "npi": [
            1710929211,
            1205880945
          ],
          "tin": {
            "type": "ein",
            "value": "200603734"
          }
        }
      ],
      "provider_group_id": 30207
    },
    ...
  ],
  "in_network": [
    ...
    {
      "negotiation_arrangement": "ffs",
      "name": "INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y",
      "billing_code_type": "CPT",
      "billing_code_type_version": "2022",
      "billing_code": "36555",
      "description": "Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age",
      "negotiated_rates": [
        {
          "provider_references": [
            30207
          ],
          "negotiated_prices": [
            {
              "negotiated_rate": 293.38,
              "service_code": [
                "11"
              ],
              "negotiated_type": "negotiated",
              "expiration_date": "9999-12-31",
              "billing_class": "professional",
              "billing_code_modifier": [],
              "additional_information": ""
            }
          ]
        }
      ]
    },
    ...
  ]
}

```

Figure 6. A code search for CPT 36555 on United Healthcare of Florida (NPI: 1205880945) TIC files showed a negotiated rate of \$293.38, a \$15,775.62 pricing difference for the same code, with the same provider, and the same insurer.

UNITED HEALTHCARE OF FLORIDA TRANSPARENCY IN COVERAGE FILE DATA

NPI	NAME	DBA	BILLINCODE	NEGOTIATED_RATE	NEGOTIATED_TYPE
1205880945	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	HCA FLORIDA NORTHSIDE HOSPITAL	36555	\$293.38	NEGOTIATED
1205880945	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	HCA FLORIDA NORTHSIDE HOSPITAL	36556	\$270.47	NEGOTIATED
1205880945	INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	HCA FLORIDA NORTHSIDE HOSPITAL	36557	\$935.80	NEGOTIATED
1205880945	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	HCA FLORIDA NORTHSIDE HOSPITAL	36558	\$917.85	NEGOTIATED
1205880945	INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	HCA FLORIDA NORTHSIDE HOSPITAL	36560	\$1,267.83	NEGOTIATED
1205880945	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	HCA FLORIDA NORTHSIDE HOSPITAL	36561	\$1,275.49	NEGOTIATED
1205880945	INSJ TUNNELED CTR VAD W/SUBQ PUMP	HCA FLORIDA NORTHSIDE HOSPITAL	36563	\$1,260.62	NEGOTIATED
1205880945	INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	HCA FLORIDA NORTHSIDE HOSPITAL	36565	\$1,086.28	NEGOTIATED
1205880945	INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	HCA FLORIDA NORTHSIDE HOSPITAL	36566	\$2,973.71	NEGOTIATED
1205880945	INSERTION PICC W/O IMG GDN < 5 YR	HCA FLORIDA NORTHSIDE HOSPITAL	36568	\$340.68	NEGOTIATED
1205880945	INSERTION PICC W/O IMG GDN 5 YR/>	HCA FLORIDA NORTHSIDE HOSPITAL	36569	\$310.89	NEGOTIATED
1205880945	INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	HCA FLORIDA NORTHSIDE HOSPITAL	36570	\$1,300.61	NEGOTIATED
1205880945	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	HCA FLORIDA NORTHSIDE HOSPITAL	36571	\$1,366.13	NEGOTIATED
1205880945	INSERTION PICC W/RS&I < 5 YR	HCA FLORIDA NORTHSIDE HOSPITAL	36572	\$475.65	NEGOTIATED
1205880945	INSERTION PICC W/RS&I 5 YR/>	HCA FLORIDA NORTHSIDE HOSPITAL	36573	\$448.32	NEGOTIATED
1205880945	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	HCA FLORIDA NORTHSIDE HOSPITAL	36575	\$181.65	NEGOTIATED
1205880945	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	HCA FLORIDA NORTHSIDE HOSPITAL	36576	\$382.83	NEGOTIATED
1205880945	RPLCMT CATH CTR VAD SUBQ PORT/PMP	HCA FLORIDA NORTHSIDE HOSPITAL	36578	\$540.16	NEGOTIATED
1205880945	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	HCA FLORIDA NORTHSIDE HOSPITAL	36580	\$273.98	NEGOTIATED
1205880945	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	HCA FLORIDA NORTHSIDE HOSPITAL	36581	\$826.60	NEGOTIATED
1205880945	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	HCA FLORIDA NORTHSIDE HOSPITAL	36582	\$1,138.06	NEGOTIATED
1205880945	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	HCA FLORIDA NORTHSIDE HOSPITAL	36583	\$1,140.91	NEGOTIATED
1205880945	COMPLETE REPLACEMENT PICC RS&I	HCA FLORIDA NORTHSIDE HOSPITAL	36584	\$271.00	NEGOTIATED
1205880945	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	HCA FLORIDA NORTHSIDE HOSPITAL	36585	\$1,178.75	NEGOTIATED
1205880945	RMVL TUN CVC W/O SUBQ PORT/PMP	HCA FLORIDA NORTHSIDE HOSPITAL	36589	\$179.23	NEGOTIATED
1205880945	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	HCA FLORIDA NORTHSIDE HOSPITAL	36590	\$287.18	NEGOTIATED
1205880945	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	HCA FLORIDA NORTHSIDE HOSPITAL	36591	\$21.82	NEGOTIATED
1205880945	COLLECT BLOOD FROM CATHETER VENOUS NOS	HCA FLORIDA NORTHSIDE HOSPITAL	36592	\$26.93	NEGOTIATED
1205880945	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	HCA FLORIDA NORTHSIDE HOSPITAL	36593	\$46.64	NEGOTIATED
1205880945	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	HCA FLORIDA NORTHSIDE HOSPITAL	36595	\$697.04	NEGOTIATED

Table 1. Here is a portion of the actual TiC data represented as a table for HCA Florida Northside Hospital for the code range 36555 through 36861, examined. For the United Healthcare PPO plan, the TiC data had many different rates for the range of codes examined and not the single price of \$16,069 as indicated in Northside's SCF.

HCA Houston Healthcare Clear Lake - Webster, TX

Results:

In the hospital SCF, there were seven distinct dollar prices for 68 MS-DRG codes for a BCBS HMO plan with codes appearing as ranges and in groups and ranges (see lines 50835, 50836, 50841, 50861, 50862, 50863, 50864 in Figure 7 below). In contrast, the TiC insurance file for a Blue Cross Blue Shield HMO plan showed 719 distinct negotiated rates for MS-DRG codes.

Analysis Details:

In a TiC File showing the Blue Cross Blue Shield HMO plan, there were 719 distinct negotiated rates for MS-DRG codes. The hospital SCF, as noted, showed only one rate for each group or range of codes, strongly indicating that the SCF failed to disclose complete pricing data and omitted numerous MS-DRG codes.

HCA HOUSTON HEALTHCARE CLEAR LAKE HOSPITAL STANDARD CHARGE FILE DATA

	A	B	C
50832	BCBS HMO		
50833	Service Description	Coding	Rate
50834	All Other Neonate		\$1,015.00
50835	Behavioral Health	MS-DRG 876, 880-887	\$1,002.00
50836	Behavioral Health	MS-DRG 894-897	\$1,002.00
50837	Behavioral Health Intensive Outpatient Program		\$931.00
50838	Behavioral Health Partial Hospitalization Program		\$506.00
50839	Burn	MS-DRG 927-929, 933-935	33.1% of BC
50840	Cardiac Cath		329% of FS
50841	Cardiovascular Surgery	MS-DRG 216-228, 231, 232, 242-249, 258-262, 268-272	\$13,166.00
50842	Chemical Dependency Intensive Outpatient Program		\$931.00
50843	Chemical Dependency Partial Hospitalization Program		\$506.00
50844	Dialysis		\$574.00
50845	DME		155% of FS
50846	Drug Fee Schedule		245% of FS
50847	Electrophysiology Procedures	CPT/HCPC 93600, 93602, 93603, 93610, 93612, 93615, 93616, 93618, 93619, 93626	263% of FS
50848	EP Study	CPT/HCPC 93600, 93602, 93603, 93610, 93612, 93615, 93616, 93618, 93619, 93626	263% of FS
50849	ER	CPT/HCPC 99281, G0380, 99282, G0381, 99283, G0382, 99284, G0383, 99285, G0386	\$2,007.60
50850	ER Critical Care	CPT/HCPC 99291, 99292	\$4,480.00
50851	Gamma Knife	CPT/HCPC 61796-61799, 63620, 63621	\$23,018.00
50852	General Surgery		\$7,974.00
50853	High Tech Radiology		403% of FS
50854	Hyperbaric Oxygen		\$453.00
50855	Lab/Path/Transfusions		307% of FS
50856	Low Tech Radiology		283% of FS
50857	Medicine		\$8,319.00
50858	NICU Level 1		\$1,207.00
50859	NICU Level 2-4		\$2,270.00
50860	Observation		\$3,045.00
50861	Obstetrics	MS-DRG 768, 783-788, 795-798, 805-807	\$7,041.00
50862	Orthopedics	MS-DRG 460, 462, 467	\$13,308.00
50863	Orthopedics	MS-DRG 468, 470, 522	\$15,108.00
50864	Orthopedics	MS-DRG 481, 482	\$10,612.00
50865	Other (Base Schedule)		256% of FS
50866	Other Outpatient		33.1% of BC
50867	Outpatient Surgery APC Grouped		143% of FS
50868	Outpatient Surgery APC Non Grouped		143% of FS
50869	Outpatient Surgery Office Based Procedures		143% of FS
50870	Pediatric		\$8,331.00
50871	Radiation Therapy		403% of FS
50872	Rehab		\$1,330.00
50873	Transplant	MS-DRG 001, 002, 005-008, 010, 014, 016, 017, 019, 650-652	26.9% of BC
50874	Trauma		\$2,745.00

Figure 7. A portion of HCA Houston Healthcare Clear Lake's SCF showing multiple groups and ranges of 68 different MS-DRG codes for the BCBS HMO plan across seven prices (line items). Each, group or range of codes (matching one service description or category of services) corresponded to a single price. Specifically, in line 50861, code MS-DRG 788 showed a price of \$7,041.00.

**BLUE CROSS BLUE BLUE SHIELD OF TEXAS
TRANSPARENCY IN COVERAGE FILE DATA (CODE SEARCH)**

```
{
  "reporting_entity_name": "Blue Cross and Blue Shield of Texas",
  "reporting_entity_type": "health insurance issuer",
  "last_updated_on": "2022-07-16",
  "version": "1.0.0",
  "provider_references": [
    ...,
    {
      "provider_group_id": 400.378559,
      "provider_groups": [
        {
          "npi": [
            1063466035,
            1154378255,
            1881648855
          ],
          "tin": {
            "type": "ein",
            "value": "62-1801360"
          }
        }
      ]
    },
    ...
  ],
  "in_network": [
    ...,
    {
      "negotiation_arrangement": "ffs",
      "name": "CESAREAN SECTION W O STERILIZATION W O CC MCC",
      "billing_code": "788",
      "billing_code_type": "MS-DRG",
      "billing_code_type_version": "38 ",
      "description": "CESAREAN SECTION W O STERILIZATION W O CC MCC",
      "negotiated_rates": [
        {
          ...,
          "negotiated_prices": [
            {
              "negotiated_type": "negotiated",
              "negotiated_rate": 6246.07,
              "expiration_date": "2999-12-31",
              "billing_class": "institutional"
            }
          ],
          "provider_references": [
            400.378559
          ],
          ...,
        }
      ]
    },
    ...
  ]
}
```

Figure 8. A code search for MS-DRG 788 on Blue Cross Blue Shield of Texas (NPI: 1063466035, 1972557940) TiC files showed a negotiated rate of \$6,246.07.

BLUE CROSS BLUE SHIELD HMO TRANSPARENCY IN COVERAGE FILE DATA

NPI	NAME	DBA	BILLING_CODE_TYPE	BILLING_CODE	NEGOTIATED_RATE	NEGOTIATED_TYPE
1063466035	CARDIAC VALVE OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	216	\$137322.7	negotiated
1063466035	CARDIAC VALVE OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	217	\$85484.2	negotiated
1063466035	CARDIAC VALVE OTH MAJ CARDIOTHORACIC PROC W CARD CATH W O CC MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	218	\$67715.37	negotiated
1063466035	CARDIAC VALVE OTH MAJ CARDIOTHORACIC PROC W O CARD CATH W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	219	\$106053.45	negotiated
1063466035	CARDIAC VALVE OTH MAJ CARDIOTHORACIC PROC W O CARD CATH W CC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	220	\$71095.08	negotiated
1063466035	CARDIAC VALVE OTH MAJ CARDIOTHORACIC PROC W O CARD CATH W O CC MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	221	\$59935.58	negotiated
1063466035	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION W AMI HF OR SHOCK W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	222	\$110872.2	negotiated
1063466035	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION W AMI HF OR SHOCK W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	223	\$81788.51	negotiated
1063466035	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION W O AMI HF OR SHOCK W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	224	\$96930.73	negotiated
1063466035	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION W O AMI HF OR SHOCK W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	225	\$74082.45	negotiated
1063466035	CARDIAC DEFIBRILLATOR IMPLANT W O CARDIAC CATH W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	226	\$87050.96	negotiated
1063466035	CARDIAC DEFIBRILLATOR IMPLANT W O CARDIAC CATH W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	227	\$69146.52	negotiated
1063466035	OTHER CARDIOTHORACIC PROCEDURES W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	228	\$81830.64	negotiated
1063466035	OTHER CARDIOTHORACIC PROCEDURES W CC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	229	\$31800.31	negotiated
1063466035	CORONARY BYPASS W PTCA W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	231	\$111781.97	negotiated
1063466035	CORONARY BYPASS W PTCA W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	232	\$77657.02	negotiated
1063466035	CORONARY BYPASS W CARDIAC CATH W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	233	\$62138.99	negotiated
1063466035	CORONARY BYPASS W CARDIAC CATH W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	234	\$42400.95	negotiated
1063466035	CORONARY BYPASS W O CARDIAC CATH W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	235	\$48084.81	negotiated
1063466035	CORONARY BYPASS W O CARDIAC CATH W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	236	\$32540.3	negotiated
1063466035	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB TOE W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	239	\$38344.57	negotiated
1063466035	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB TOE W CC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	240	\$22247.46	negotiated
1063466035	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB TOE W O CC MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	241	\$12689.82	negotiated
1063466035	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	242	\$49010.44	negotiated
1063466035	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	243	\$33344.21	negotiated
1063466035	PERMANENT CARDIAC PACEMAKER IMPLANT W O CC MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	244	\$27197.01	negotiated
1063466035	Aicd Generator Procedures	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	245	\$71280.72	negotiated
1063466035	PERC CARDIOVASC PROC W DRUG ELUTING STENT W MCC OR 4 VESSELS STENTS	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	246	\$41152.97	negotiated
1063466035	PERC CARDIOVASC PROC W DRUG ELUTING STENT W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	247	\$26176.64	negotiated
1063466035	PERC CARDIOVASC PROC W NON DRUG ELUTING STENT W MCC OR 4 VES STENTS	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	248	\$41787.57	negotiated
1063466035	PERC CARDIOVASC PROC W NON DRUG ELUTING STENT W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	249	\$24742.86	negotiated
1063466035	PERC CARDIOVASC PROC W O CORONARY ARTERY STENT W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	250	\$20116.81	negotiated
1063466035	PERC CARDIOVASC PROC W O CORONARY ARTERY STENT W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	251	\$13235.25	negotiated
1063466035	OTHER VASCULAR PROCEDURES W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	252	\$26479.26	negotiated
1063466035	OTHER VASCULAR PROCEDURES W CC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	253	\$21160.6	negotiated
1063466035	OTHER VASCULAR PROCEDURES W O CC MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	254	\$14428.95	negotiated
1063466035	UPPER LIMB TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	255	\$20277.88	negotiated
1063466035	UPPER LIMB TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	256	\$13102.08	negotiated
1063466035	UPPER LIMB TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W O CC MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	257	\$9257.81	negotiated
1063466035	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	258	\$42148.32	negotiated
1063466035	CARDIAC PACEMAKER DEVICE REPLACEMENT W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	259	\$27914.55	negotiated
1063466035	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	260	\$47189.58	negotiated
1063466035	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	261	\$26217.46	negotiated
1063466035	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W O CC MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	262	\$22488.84	negotiated
1063466035	VEIN LIGATION STRIPPING	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	263	\$18382.46	negotiated
1063466035	Other Circulatory System O R Procedures	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	264	\$25897.96	negotiated
1063466035	Aicd Lead Procedures	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	265	\$26814.17	negotiated
1063466035	ENDOVASCULAR CARDIAC VALVE REPLACEMENT SUPPLEMENT PROCEDURES W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	266	\$56593.07	negotiated
1063466035	ENDOVASCULAR CARDIAC VALVE REPLACEMENT SUPPLEMENT PROCEDURES W O MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	267	\$44661.58	negotiated
1063466035	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	HCA HOUSTON HEALTHCARE CLEAR LAKE	MS-DRG	268	\$91564.26	negotiated

Table 2. Here is a sample of the actual TiC data represented as a table for HCA Houston Healthcare Clear Lake for a portion of the 68 MS-DRG codes examined for a Blue Cross Blue Shield HMO plan. There were many distinct rates, while the hospital file only contained seven distinct rates for the entire set of 68 codes.

HCA Medical City Dallas – Dallas, TX

Results:

In the hospital SCF, there was only one distinct dollar price for 14 MS-DRG codes for a Blue Cross and Blue Shield of Texas Blue Premier plan with codes appearing as ranges and in groups (see line 42898 in Figure 9 below). In contrast, the TiC insurance file for a Blue Cross and Blue Shield of Texas Blue Premier plan showed 11 distinct negotiated rates for the same set of 14 MS-DRG codes.

Analysis Details:

In a TiC file showing the Blue Cross and Blue Shield of Texas Blue Premier plan, there were 11 distinct negotiated rates for 14 MS-DRG codes examines. In contrast, the SCF, as noted, showed only one rate for the group of codes shown on line 42898, strongly indicating that the hospital file failed to disclose complete pricing data as required. In addition, the price for a single code (e.g. MS-DRG 807), was inconsistent between the two files.

HCA MEDICAL CITY DALLAS HOSPITALS STANDARD CHARGE FILE DATA

	A	B	C
42869	BCBS TX Blue Premier		
42870	Service Description	Coding	Rate
42871	Low Tech Imaging		111% of FS
42872	Behavioral Health	MS-DRG 894-897	\$1,096.00
42873	Behavioral Health	MS-DRG 876, 880-887	\$1,096.00
42874	Behavioral Health Intensive Outpatient Program		\$556.00
42875	Behavioral Health Partial Hospitalization Program		\$1,246.00
42876	Cardiac Cath		252% of FS
42877	Cardiovascular Surgery	MS-DRG 216-228, 231, 232, 242-249, 258-262, 268-272	\$10,903.00
42878	Chemical Dependency Intensive Outpatient Program		\$556.00
42879	Chemical Dependency Partial Hospitalization Program		\$1,246.00
42880	Critical Care	CPT/HCPC 99291, 99292	\$4,064.00
42881	Dialysis		\$387.00
42882	DME		100% of FS
42883	Drug Fee Schedule		236% of FS
42884	Electrophysiology Procedures	CPT/HCPC 93600, 93602, 93603, 93610, 93612, 93615, 93616, 93618, 93619, 93620, 93624, 93642, 93650, 93653, 93654, 93656, 93660	219% of FS
42885	EP Study	CPT/HCPC 93600, 93602, 93603, 93610, 93612, 93615, 93616, 93618, 93619, 93620, 93624, 93642, 93650, 93653, 93654, 93656, 93660	219% of FS
42886	ER	CPT/HCPC 99281, G0380, 99282, G0381, 99283, G0382, 99284, G0383, 99285, G0384	\$1,430.40
42887	Gamma Knife	CPT/HCPC 61796-61799, 63620, 63621	\$19,664.00
42888	General Surgery	MS-DRG 927-929, 933-935	39.8% of BC
42889	General Surgery		\$6,959.00
42890	High Tech Imaging		102% of FS
42891	Hyperbaric Oxygen		\$309.00
42892	Lab/Path/Transfusions		129% of FS
42893	Medicine		\$7,468.00
42894	Neonate		\$2,758.00
42895	NICU Level 1	MS-DRG 789-794	\$1,083.00
42896	NICU Level 2-4	MS-DRG 789-794	\$2,758.00
42897	Observation		\$3,557.00
42898	Obstetrics	MS-DRG 768, 783-788, 795-798, 805-807	\$8,320.00
42899	Oncology	MS-DRG 054, 055, 146-148, 180-182, 332-334, 374-376, 435-437, 582, 583, 597-599, 656-658, 686-688, 715, 716, 722-724, 754, 755, 82	\$7,030.00
42900	Orthopedics	MS-DRG 462, 467	\$15,569.00

Figure 9. A portion of HCA Medical City Dallas SCF (line 42898) showing a group of 14 different MS-DRG codes for the Blue Cross and Blue Shield of Texas Blue Premier plan with one single price corresponding to all codes in that group. In line 42898, code MS-DRG 807 showed a price of \$8,320, differing significantly from the rate shown for that code in the TiC File in Figure 10 below.

BLUE CROSS BLUE SHIELD OF TEXAS BLUE PREMIER PLAN TRANSPARENCY IN COVERAGE DATA FILE (CODE SEARCH)

```

{
  "reporting_entity_name": "Blue Cross and Blue Shield of Texas",
  "reporting_entity_type": "health insurance issuer",
  "last_updated_on": "2022-07-16",
  "version": "1.0.0",
  "provider_references": [
    {
      "provider_group_id": 400.140089,
      "provider_groups": [
        ...,
        {
          "npi": [
            1487606596,
            1689628984
          ],
          "tin": {
            "type": "ein",
            "value": "62-1682198"
          }
        },
        ...
      ]
    },
    ...
  ],
  "in_network": [
    ...,
    {
      "negotiation_arrangement": "ffs",
      "name": "VAGINAL DELIVERY W O STERILIZATION D C W O CC MCC",
      "billing_code": "807",
      "billing_code_type": "MS-DRG",
      "billing_code_type_version": "38 ",
      "description": "VAGINAL DELIVERY W O STERILIZATION D C W O CC MCC",
      "negotiated_rates": [
        {
          "negotiated_prices": [
            {
              "negotiated_type": "negotiated",
              "negotiated_rate": 6187.26,
              "expiration_date": "2999-12-31",
              "billing_class": "institutional"
            }
          ],
          "provider_references": [
            400.140089
          ]
        }
      ]
    },
    ...
  ]
}

```

Figure 10. A code search for MS-DRG 807 on Blue Cross and Blue Shield of Texas Blue Premier plan (NPI:1689628984) TIC file showed a negotiated rate of \$6,187.26.

BLUE CROSS BLUE SHIELD OF TEXAS BLUE PREMIER PLAN TRANSPARENCY IN COVERAGE FILE DATA

NPI	NAME	DBA	BILLING_CODE_TYPE	BILLING_CODE	NEGOTIATED_RATE	NEGOTIATED_TYPE
1689628984	VAGINAL DELIVERY W O R PROC EXCEPT STERIL OR D C	MEDICAL CITY DALLAS	MS-DRG	768	\$11299.39	negotiated
1689628984	CESAREAN SECTION W STERILIZATION W MCC	MEDICAL CITY DALLAS	MS-DRG	783	\$18073.43	negotiated
1689628984	CESAREAN SECTION W STERILIZATION W CC	MEDICAL CITY DALLAS	MS-DRG	784	\$10566.88	negotiated
1689628984	CESAREAN SECTION W STERILIZATION W O CC MCC	MEDICAL CITY DALLAS	MS-DRG	785	\$8833.56	negotiated
1689628984	CESAREAN SECTION W O STERILIZATION W MCC	MEDICAL CITY DALLAS	MS-DRG	786	\$15355.71	negotiated
1689628984	VAGINAL DELIVERY W STERILIZATION D C W MCC	MEDICAL CITY DALLAS	MS-DRG	796	\$10306.3	negotiated
1689628984	VAGINAL DELIVERY W STERILIZATION D C W CC	MEDICAL CITY DALLAS	MS-DRG	797	\$8877.95	negotiated
1689628984	VAGINAL DELIVERY W STERILIZATION D C W O CC MCC	MEDICAL CITY DALLAS	MS-DRG	798	\$7984.27	negotiated
1689628984	VAGINAL DELIVERY W O STERILIZATION D C W MCC	MEDICAL CITY DALLAS	MS-DRG	805	\$9909.65	negotiated
1689628984	VAGINAL DELIVERY W O STERILIZATION D C W CC	MEDICAL CITY DALLAS	MS-DRG	806	\$7082.87	negotiated
1689628984	VAGINAL DELIVERY W O STERILIZATION D C W O CC MCC	MEDICAL CITY DALLAS	MS-DRG	807	\$6187.26	negotiated

Table 3. Here is a sample of the actual TiC data represented as a table for HCA Medical City Dallas for the 11 MS-DRG codes examined for a Blue Cross and Blue Shield of Texas Blue Premier plan. There were many distinct rates, while the hospital SCF only contained one distinct rate for the entire set of codes.

HCA Medical City Fort Worth – Fort Worth, TX

Results:

In the hospital SCF, there was only one distinct dollar price for a group of 62 MS-DRG codes for a Blue Cross and Blue Shield of Texas Blue Premier plan (see line 65453 in Figure 11 below). In contrast, the TiC insurance file for a Blue Cross and Blue Shield of Texas Blue Premier plan showed 58 distinct negotiated rates for MS-DRG codes in that group.

Analysis Details:

In a TiC file showing the Blue Cross and Blue Shield of Texas Blue Premier plan, there are 58 distinct negotiated rates for a given group of MS-DRG codes. In contrast, the SCF, as noted, showed only one rate for the same group of codes, strongly indicating that the hospital file failed to disclose complete pricing data as required.

HCA MEDICAL CITY FORT WORTH STANDARD CHARGE FILE DATA

A	B	C
55423	BCBS TX Blue Premier	
55424	Service Description	Coding
55425	Low Tech Imaging	100% of FS
55426	Behavioral Health	MS-DRG 876, 880-887
55427	Behavioral Health	MS-DRG 894-897
55428	Behavioral Health Intensive Outpatient Program	\$490.00
55429	Behavioral Health Partial Hospitalization Program	\$1,101.00
55430	Cardiac Cath	347% of FS
55431	Cardiovascular Surgery	MS-DRG 216-228, 231, 232, 242-249, 258-262, 268-272
55432	Chemical Dependency Intensive Outpatient Program	\$490.00
55433	Chemical Dependency Partial Hospitalization Program	\$1,101.00
55434	Critical Care	CPT/HCPC 99291, 99292
55435	Dialysis	\$387.00
55436	DME	100% of FS
55437	Drug Fee Schedule	527% of FS
55438	Electrophysiology Procedures	CPT/HCPC 93600, 93602, 93603, 93610, 93612, 93615, 93616, 93618, 93619, 93620, 93624, 93642, 93650, 93653, 93654, 93656, 93660
55439	EP Study	CPT/HCPC 93600, 93602, 93603, 93610, 93612, 93615, 93616, 93618, 93619, 93620, 93624, 93642, 93650, 93653, 93654, 93656, 93660
55440	ER	CPT/HCPC 99281, G0380, 99283, G0382, 99284, G0383, 99282, G0381, 99285, G0384
55441	Gamma Knife	CPT/HCPC 61796-61799, 63620, 63621
55442	General Surgery	MS-DRG 927-929, 933-935
55443	General Surgery	39.8% of BC
55444	High Tech Imaging	\$6,080.00
55445	Hyperbaric Oxygen	100% of FS
55446	Lab/Path/Transfusions	\$309.00
55447	Medicine	145% of FS
55448	Neonate	\$6,443.00
55449	NICU Level 1	\$889.00
55450	NICU Level 2-4	MS-DRG 789-794
55451	Observation	\$1,051.00
55452	Obstetrics	MS-DRG 789-794
55453	Oncology	MS-DRG 054, 055, 146-148, 180-182, 332-334, 374-376, 435-437, 582, 583, 597-599, 656-658, 686-688, 715, 716, 722-724, 754, 755, 820-830, 834-849
55454	Orthopedics	\$2,675.00
55455	Orthopedics	MS-DRG 462, 467
		\$3,557.00
		\$10,137.00
		\$7,842.00
		\$15,309.00
		\$13,000.00

Figure 11. Line 65435 of HCA Medical City Fort Worth SCF showed a group of 62 different MS-DRG codes for the Blue Cross and Blue Shield of Texas Blue Premier plan with only one corresponding price. Specifically, in line 65453, code MS-DRG 054 and MS-DRG 834 both show a price of \$7,842.

BLUE CROSS BLUE SHIELD OF TEXAS BLUE PREMIER PLAN TRANSPARENCY IN COVERAGE FILE DATA (CODE SEARCH 1)

```

{
  "reporting_entity_name": "Blue Cross and Blue Shield of Texas",
  "reporting_entity_type": "health insurance issuer",
  "last_updated_on": "2022-07-16",
  "version": "1.0.0",
  "provider_references": [
    ...,
    {
      "provider_group_id": 400.40391,
      "provider_groups": [
        {
          "npi": [
            1629015748,
            1659323772
          ],
          "tin": {
            "type": "ein",
            "value": "62-1682202"
          }
        }
      ]
    },
    ...
  ],
  "in_network": [
    ...
    {
      "negotiation_arrangement": "ffs",
      "name": "FFS - NOT AVAILABLE",
      "billing_code": "054",
      "billing_code_type": "MS-DRG",
      "billing_code_type_version": "38 ",
      "description": "FFS - NOT AVAILABLE",
      "negotiated_rates": [
        {
          "negotiated_prices": [
            {
              "negotiated_type": "negotiated",
              "negotiated_rate": 11299.26,
              "expiration_date": "2999-12-31",
              "billing_class": "institutional"
            }
          ],
          "provider_references": [
            400.40391
          ]
        }
      ]
    }
  ],
  ...
}

```

Figure 12. A code search for MS-DRG 054 on Blue Cross and Blue Shield of Texas Blue Premier plan (NPI:1659323772) TIC file showed a negotiated rate of \$11,299.26.

BLUE CROSS BLUE SHIELD OF TEXAS BLUE PREMIER PLAN TRANSPARENCY IN COVERAGE FILE DATA (CODE SEARCH 2)

```

{
  "reporting_entity_name": "Blue Cross and Blue Shield of Texas",
  "reporting_entity_type": "health insurance issuer",
  "last_updated_on": "2022-07-16",
  "version": "1.0.0",
  "provider_references": [
    ...,
    {
      "provider_group_id": 400.40391,
      "provider_groups": [
        {
          "npi": [
            1629015748,
            1659323772
          ],
          "tin": {
            "type": "ein",
            "value": "62-1682202"
          }
        }
      ]
    },
    ...
  ],
  "in_network": [
    ...,
    {
      "negotiation_arrangement": "ffs",
      "name": "ACUTE LEUKEMIA W O MAJOR O R PROCEDURE W MCC",
      "billing_code": "834",
      "billing_code_type": "MS-DRG",
      "billing_code_type_version": "38 ",
      "description": "ACUTE LEUKEMIA W O MAJOR O R PROCEDURE W MCC",
      "negotiated_rates": [
        {
          "negotiated_prices": [
            {
              "negotiated_type": "negotiated",
              "negotiated_rate": 50052.48,
              "expiration_date": "2999-12-31",
              "billing_class": "institutional"
            }
          ],
          "provider_references": [
            400.40391
          ]
        }
      ]
    },
    ...
  ]
}

```

Figure 13. A code search for MS-DRG 834 on Blue Cross and Blue Shield of Texas Blue Premier plan (NPI:1659323772) TiC file showed a negotiated rate of \$50,052.48.

BLUE CROSS BLUE SHIELD OF TEXAS PREMIER PLAN TRANSPARENCY IN COVERAGE FILE DATA

NPI	NAME	DBA	BILLING_CODE_TYPE	BILLING_CODE	NEGOTIATED_RATE	NEGOTIATED_TYPE
1659323772	FFS - NOT AVAILABLE	MEDICAL CITY FORT WORTH	MS-DRG	54	\$11,299.26	negotiated
1659323772	FFS - NOT AVAILABLE	MEDICAL CITY FORT WORTH	MS-DRG	55	\$8,632.05	negotiated
1659323772	EAR NOSE MOUTH THROAT MALIGNANCY W MCC	MEDICAL CITY FORT WORTH	MS-DRG	146	\$16,819.84	negotiated
1659323772	EAR NOSE MOUTH THROAT MALIGNANCY W CC	MEDICAL CITY FORT WORTH	MS-DRG	147	\$10,764	negotiated
1659323772	EAR NOSE MOUTH THROAT MALIGNANCY W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	148	\$6,505.06	negotiated
1659323772	RESPIRATORY NEOPLASMS W MCC	MEDICAL CITY FORT WORTH	MS-DRG	180	\$14,376.82	negotiated
1659323772	RESPIRATORY NEOPLASMS W CC	MEDICAL CITY FORT WORTH	MS-DRG	181	\$9,273.21	negotiated
1659323772	RESPIRATORY NEOPLASMS W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	182	\$6,514.99	negotiated
1659323772	RECTAL RESECTION W MCC	MEDICAL CITY FORT WORTH	MS-DRG	332	\$34,413.20	negotiated
1659323772	RECTAL RESECTION W CC	MEDICAL CITY FORT WORTH	MS-DRG	333	\$17,712.49	negotiated
1659323772	RECTAL RESECTION W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	334	\$13,312.91	negotiated
1659323772	DIGESTIVE MALIGNANCY W MCC	MEDICAL CITY FORT WORTH	MS-DRG	374	\$17,107.74	negotiated
1659323772	DIGESTIVE MALIGNANCY W CC	MEDICAL CITY FORT WORTH	MS-DRG	375	\$9,968.14	negotiated
1659323772	DIGESTIVE MALIGNANCY W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	376	\$7,405.99	negotiated
1659323772	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	MEDICAL CITY FORT WORTH	MS-DRG	435	\$14,500.91	negotiated
1659323772	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	MEDICAL CITY FORT WORTH	MS-DRG	436	\$9,267.41	negotiated
1659323772	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	437	\$7,400.20	negotiated
1659323772	MASTECTOMY FOR MALIGNANCY W CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	582	\$13,532.97	negotiated
1659323772	MASTECTOMY FOR MALIGNANCY W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	583	\$12,723.05	negotiated
1659323772	MALIGNANT BREAST DISORDERS W MCC	MEDICAL CITY FORT WORTH	MS-DRG	597	\$13,540.42	negotiated
1659323772	MALIGNANT BREAST DISORDERS W CC	MEDICAL CITY FORT WORTH	MS-DRG	598	\$9,192.96	negotiated
1659323772	MALIGNANT BREAST DISORDERS W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	599	\$5,552.84	negotiated
1659323772	KIDNEY URETER PROCEDURES FOR NEOPLASM W MCC	MEDICAL CITY FORT WORTH	MS-DRG	656	\$27,149.50	negotiated
1659323772	KIDNEY URETER PROCEDURES FOR NEOPLASM W CC	MEDICAL CITY FORT WORTH	MS-DRG	657	\$16,000.81	negotiated
1659323772	KIDNEY URINARY TRACT NEOPLASMS W CC	MEDICAL CITY FORT WORTH	MS-DRG	687	\$8,668.45	negotiated
1659323772	KIDNEY URINARY TRACT NEOPLASMS W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	688	\$5,669.49	negotiated
1659323772	OTHER MALE REPRODUCTIVE SYSTEM O R PROC FOR MALIGNANCY W CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	715	\$16,702.36	negotiated
1659323772	OTHER MALE REPRODUCTIVE SYSTEM O R PROC FOR MALIGNANCY W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	716	\$10,560.48	negotiated
1659323772	MALIGNANCY MALE REPRODUCTIVE SYSTEM W MCC	MEDICAL CITY FORT WORTH	MS-DRG	722	\$14,138.56	negotiated
1659323772	MALIGNANCY MALE REPRODUCTIVE SYSTEM W CC	MEDICAL CITY FORT WORTH	MS-DRG	723	\$9,010.12	negotiated
1659323772	MALIGNANCY MALE REPRODUCTIVE SYSTEM W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	724	\$5,372.49	negotiated
1659323772	MALIGNANCY FEMALE REPRODUCTIVE SYSTEM W MCC	MEDICAL CITY FORT WORTH	MS-DRG	754	\$15,065.13	negotiated
1659323772	LYMPHOMA LEUKEMIA W MAJOR O R PROCEDURE W CC	MEDICAL CITY FORT WORTH	MS-DRG	821	\$17,829.14	negotiated
1659323772	LYMPHOMA LEUKEMIA W MAJOR O R PROCEDURE W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	822	\$10,354.49	negotiated
1659323772	LYMPHOMA NON ACUTE LEUKEMIA W OTHER O R PROC W MCC	MEDICAL CITY FORT WORTH	MS-DRG	823	\$37,204.51	negotiated
1659323772	LYMPHOMA NON ACUTE LEUKEMIA W OTHER O R PROC W CC	MEDICAL CITY FORT WORTH	MS-DRG	824	\$19,546.62	negotiated
1659323772	LYMPHOMA NON ACUTE LEUKEMIA W OTHER O R PROC W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	825	\$11,587.99	negotiated
1659323772	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O R PROC W MCC	MEDICAL CITY FORT WORTH	MS-DRG	826	\$41,669.45	negotiated
1659323772	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O R PROC W CC	MEDICAL CITY FORT WORTH	MS-DRG	827	\$20,662.64	negotiated
1659323772	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O R PROC W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	828	\$13,879.61	negotiated
1659323772	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O R PROC W CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	829	\$26,520.76	negotiated
1659323772	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O R PROC W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	830	\$12,215.08	negotiated
1659323772	ACUTE LEUKEMIA W O MAJOR O R PROCEDURE W MCC	MEDICAL CITY FORT WORTH	MS-DRG	834	\$50,052.48	negotiated
1659323772	ACUTE LEUKEMIA W O MAJOR O R PROCEDURE W CC	MEDICAL CITY FORT WORTH	MS-DRG	835	\$17,486.64	negotiated
1659323772	ACUTE LEUKEMIA W O MAJOR O R PROCEDURE W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	836	\$9,676.10	negotiated
1659323772	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	MEDICAL CITY FORT WORTH	MS-DRG	837	\$47,149.48	negotiated
1659323772	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	MEDICAL CITY FORT WORTH	MS-DRG	838	\$18,687.05	negotiated
1659323772	CHEMO W ACUTE LEUKEMIA AS SDX W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	839	\$12,296.16	negotiated
1659323772	LYMPHOMA NON ACUTE LEUKEMIA W MCC	MEDICAL CITY FORT WORTH	MS-DRG	840	\$26,603.49	negotiated
1659323772	LYMPHOMA NON ACUTE LEUKEMIA W CC	MEDICAL CITY FORT WORTH	MS-DRG	841	\$13,408.88	negotiated
1659323772	LYMPHOMA NON ACUTE LEUKEMIA W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	842	\$9,061.42	negotiated
1659323772	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	MEDICAL CITY FORT WORTH	MS-DRG	843	\$15,742.69	negotiated
1659323772	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	MEDICAL CITY FORT WORTH	MS-DRG	844	\$9,766.28	negotiated
1659323772	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	845	\$7,010.54	negotiated
1659323772	CHEMOTHERAPY W O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	MEDICAL CITY FORT WORTH	MS-DRG	846	\$22,088.08	negotiated
1659323772	CHEMOTHERAPY W O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	MEDICAL CITY FORT WORTH	MS-DRG	847	\$11,046.11	negotiated
1659323772	CHEMOTHERAPY W O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W O CC MCC	MEDICAL CITY FORT WORTH	MS-DRG	848	\$8,512.92	negotiated
1659323772	Radiotherapy	MEDICAL CITY FORT WORTH	MS-DRG	849	\$20,579.09	negotiated

Table 4. Here is a sample of the actual TiC data represented as a table for HCA Medical City Fort Worth for a portion of the 62 MS-DRG codes examined for a Blue Cross and Blue Shield of Texas Blue Premier plan. There were many distinct rates, while the hospital SCF only contained one.

HCA Florida Raulerson Hospital – Okeechobee, FL

Results:

In the hospital SCF, there was only one distinct price for a group of six MS-DRG codes for Cigna (see line 9633 in Figure 14 below). In contrast, the TiC insurance file for Cigna showed six distinct negotiated rates the same MS-DRG codes in that range.

Analysis Details:

In a TiC file showing Cigna, there were six distinct negotiated rates for a given set of MS-DRG codes. In contrast, the SCF, as noted, showed only one rate for the range of codes, strongly indicating that the hospital file failed to disclose complete pricing data as required.

HCA FLORIDA RAULERSON HOSPITAL STANDARD CHARGE FILE DATA

	A	B	C	D
9585	Cigna			
9586	Service Description	Coding	Rate	
9587	Angioplasty	CPT/HCPC 35458, 35450-35476, 36555-36599, 36601-	\$50,272.00	
9588	Behavioral Health		\$4,359.00	
9589	Cardiac Cath	CPT/HCPC 93451-93453, 93456-93464, 93530-93533	\$33,159.33	
9590	Cardiology	MS-DRG 246	\$37,999.33	
9591	Cardiology	MS-DRG 247	\$39,374.00	
9592	Cardiology	MS-DRG 250, 251, 273, 274, 319, 320	\$32,347.33	
9593	Cardiology	MS-DRG 280-282	\$33,533.00	
9594	Cardiology	MS-DRG 286, 287	\$27,519.67	
9595	Cardiovascular Surgery	MS-DRG 216-218, 266, 267	\$72,000.33	
9596	Cardiovascular Surgery	MS-DRG 219-221	\$67,247.00	
9597	Cardiovascular Surgery	MS-DRG 233, 234	\$72,936.00	
9598	Cardiovascular Surgery	MS-DRG 235, 236	\$69,044.33	
9599	Cardiovascular Surgery	MS-DRG 268-272	\$60,350.67	
9600	Cardiovascular Surgery	MS-DRG 228-230	\$65,290.67	
9601	CT		\$2,793.33	
9602	CTA	CPT/HCPC 75571-75574	\$5,018.00	
9603	Digestive System	CPT/HCPC 47560-47579	\$22,699.67	
9604	Digestive System	CPT/HCPC 43265, 50080-50081, 50590, 50593, 52317-	\$19,143.00	
9605	ER	CPT/HCPC 99281-99285, 99291, G0380-G0384	\$6,354.67	
9606	Female Genital System	CPT/HCPC 58541-58544, 58548, 58550, 58552-58554,	\$22,699.67	
9607	Gamma Knife	CPT/HCPC 32701, 77371, 77372	\$22,334.33	
9608	Gamma Knife	CPT/HCPC 77373	\$10,931.00	
9609	General Surgery	MS-DRG 619-621	\$33,533.00	
9610	General Surgery		\$22,710.67	
9611	General Surgery	MS-DRG 417-419	\$29,938.67	
9612	Gynecology	MS-DRG 741-743	\$36,202.33	
9613	Lab		43.67% of BC	
9614	Lap Band	CPT/HCPC 43644, 43645, 43770-43774, 43843, 43845-	\$35,043.67	
9615	Medicine	MS-DRG 299-301	\$37,324.33	
9616	Medicine	MS-DRG 870-872	\$44,757.00	
9617	MRI		\$5,063.67	
9618	Neurology	MS-DRG 067-069	\$32,203.67	
9619	Neurology	MS-DRG 064-066	\$32,203.67	
9620	Neurosurgery	MS-DRG 025-027	\$48,845.67	
9621	Neurosurgery	MS-DRG 031-033	\$48,845.67	
9622	Neurosurgery	MS-DRG 459	\$51,584.33	
9623	Neurosurgery	MS-DRG 460	\$35,978.33	
9624	Neurosurgery	MS-DRG 471, 472	\$52,886.67	
9625	Neurosurgery	MS-DRG 473	\$43,566.00	
9626	Neurosurgery	MS-DRG 037-039	\$41,046.33	
9627	Neurosurgery	MS-DRG 040-042	\$40,446.00	
9628	Neurosurgery	MS-DRG 518-520	\$26,105.67	
9629	NICU 1 - Normal Newborn		\$566.00	
9630	NICU 2-3		\$7,438.67	
9631	Observation or Treatment Room - Cap		\$19,196.00	
9632	Observation/ Treatment Room - Percent		44.33% of BC	
9633	Obstetrics	MS-DRG 783-788	\$17,586.67	
9634	Obstetrics	MS-DRG 768, 796-798, 805-807	\$14,377.33	

Figure 14. A portion of HCA Florida Raulerson Hospital SCF showing a range of six different MS-DRG codes for Cigna corresponding to only one price. Specifically, in line 9633, code MS-DRG 788 showed a price of \$17,586.67.

CIGNA TRANSPARENCY IN COVERAGE FILE DATA (CODE SEARCH)

```
{
  "reporting_entity_name": "Cigna Health Life Insurance Company",
  "reporting_entity_type": "Health Insurance Issuer",
  "last_updated_on": "2022-09-01",
  "version": "1.0.0",
  "in_network": [
    {
      "negotiation_arrangement": "ffs",
      "name": "CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC",
      "billing_code_type": "MS-DRG",
      "billing_code_type_version": "39",
      "billing_code": "788",
      "description": "CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC",
      "negotiated_rates": [
        ...
        {
          "provider_groups": [
            ...
            {
              "tin": {
                "type": "ein",
                "value": "591833934"
              },
              "npi": [
                1215974134
              ]
            },
            ...
          ],
          "negotiated_prices": [
            {
              "negotiated_type": "fee schedule",
              "negotiated_rate": 25716.85,
              "expiration_date": "9999-12-31T00:00:00.000000000000",
              "billing_class": "institutional",
              "billing_code_modifier": [
                ""
              ],
              "additional_information": ""
            }
          ]
        },
        ...
      ]
    }
  ]
}
```

Figure 15. A code search for MS-DRG 788 on Cigna's (NPI:1215974134) TiC file showed a negotiated rate of \$25,716.85.

CIGNA TRANSPARENCY IN COVERAGE FILE DATE

NPI	NAME	DBA	BILLING_CODE_TYPE	BILLING_CODE	NEGOTIATED_RATE	NEGOTIATED_TYPE
1215974134	CESAREAN SECTION WITH STERILIZATION WITH MCC	HCA FLORIDA RAULERSON HOSPITAL	MS-DRG	783	\$54,334.60	FEE SCHEDULE
1215974134	CESAREAN SECTION WITH STERILIZATION WITH CC	HCA FLORIDA RAULERSON HOSPITAL	MS-DRG	784	\$31,759.18	FEE SCHEDULE
1215974134	CESAREAN SECTION WITH STERILIZATION WITHOUT CC/MCC	HCA FLORIDA RAULERSON HOSPITAL	MS-DRG	785	\$26,568.86	FEE SCHEDULE
1215974134	CESAREAN SECTION WITHOUT STERILIZATION WITH MCC	HCA FLORIDA RAULERSON HOSPITAL	MS-DRG	786	\$46,205.71	FEE SCHEDULE
1215974134	CESAREAN SECTION WITHOUT STERILIZATION WITH CC	HCA FLORIDA RAULERSON HOSPITAL	MS-DRG	787	\$30,846.31	FEE SCHEDULE
1215974134	CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	HCA FLORIDA RAULERSON HOSPITA	MS-DRG	788	\$25,716.85	FEE SCHEDULE

Table 5. Here is a sample of the actual TiC data represented as a table for HCA Florida Raulerson Hospital for the six MS-DRG codes examined for Cigna. There were distinct rates for each MS-DRG code, while the hospital SCF only contained one.

APPENDIX B

LINKS TO FILES REVIEWED

Ascension Seton Medical Center Austin, TX

Links:

Standard Charges File: https://healthcare.ascension.org/-/media/project/ascension/healthcare/price-transparency-files/tx/741109643_ascension-seton-medical-center-austin_standardcharges.xlsx

Transparency in Coverage File(s):

2022-07-01_UnitedHealthcare-of-Texas--Inc-_Insurer_HM1-00_S0_in-network-rates: https://uhc-tic-mrf.azureedge.net/public-mrf/2022-08-01/2022-08-01_UnitedHealthcare-of-Texas--Inc-_Insurer_HM1-00_S0_in-network-rates.json.gz

Ascension St. Vincent's Clay County, FL

Links:

Standard Charges File: https://healthcare.ascension.org/-/media/project/ascension/healthcare/price-transparency-files/fl/461523194_ascension-st-vincents-clay-county_standardcharges.xlsx

Transparency in Coverage File:

2022-08-01_UnitedHealthcare-of-Florida--Inc-_Insurer_HM6-50_C0_in-network-rates: https://uhc-tic-mrf.azureedge.net/public-mrf/2022-08-01/2022-08-01_UnitedHealthcare-of-Florida--Inc-_Insurer_HM6-50_C0_in-network-rates.json.gz

HCA Florida Northside - St. Petersburg, FL

Links:

Standard Charges File: https://core.secure.ehc.com/src/util/detail-price-list/610947837_northside-hospital_standardcharges.csv

Transparency in Coverage File:

2022-08-01_UnitedHealthcare-of-Florida--Inc-_Insurer_HMA-50_C0_in-network-rates.json.gz: https://uhc-tic-mrf.azureedge.net/public-mrf/2022-08-01/2022-08-01_UnitedHealthcare-of-Florida--Inc-_Insurer_HMA-50_C0_in-network-rates.json.gz

2022-08-01_UnitedHealthcare-of-Florida--Inc-_Insurer_HM8-50_C0_in-network-rates.json.gz: https://uhc-tic-mrf.azureedge.net/public-mrf/2022-08-01/2022-08-01_UnitedHealthcare-of-Florida--Inc-_Insurer_HM8-50_C0_in-network-rates.json.gz
[pital_standardcharges.csv](https://core.secure.ehc.com/src/util/detail-price-list/610947837_northside-hospital_standardcharges.csv)

HCA Houston Healthcare Clear Lake - Webster, TX

Links:

Standard Charges File: https://core.secure.ehc.com/src/util/detail-price-list/621801360_hca-houston-clear-lake_standardcharges.csv

Transparency in Coverage File(s):

2022-07-16_Blue-Cross-and-Blue-Shield-of-Texas_Blue-Essentials_in-network-rates.json: https://ap-p0004702110a5prdnc685.blob.core.windows.net/output/2022-07-16_Blue-Cross-and-Blue-Shield-of-Texas_Blue-Essentials_in-network-rates.json.gz

HCA Medical City Dallas – Dallas, TX

Links:

Standard Charges File: <https://medicalcityhealthcare.com/about/legal/pricing-transparency-cms-required-file-of-standard-charges.dot>

Transparency in Coverage File(s):

2022-07-16_Blue-Cross-and-Blue-Shield-of-Texas_Blue-Premier_in-network-rates.json.gz: https://ap-p0004702110a5prdnc685.blob.core.windows.net/output/2022-07-16_Blue-Cross-and-Blue-Shield-of-Texas_Blue-Premier_in-network-rates.json.gz

HCA Medical City Fort Worth – Fort Worth, TX

Links:

Standard Charges File: <https://medicalcityhealthcare.com/about/legal/pricing-transparency-cms-required-file-of-standard-charges.dot>

Transparency in Coverage File(s):

2022-07-16_Blue-Cross-and-Blue-Shield-of-Texas_Blue-Premier_in-network-rates.json.gz: https://ap-p0004702110a5prdnc685.blob.core.windows.net/output/2022-07-16_Blue-Cross-and-Blue-Shield-of-Texas_Blue-Premier_in-network-rates.json.gz

HCA Florida Raulerson Hospital – Okeechobee, FL

Links:

Standard Charges File: <https://www.hcafloridahealthcare.com/patient-resources/patient-financial-resources/pricing-transparency-cms-required-file-of-standard-charges>

Transparency in Coverage File(s):

2022-09-01_cigna-health-life-insurance-company_national-ppo_in-network-rates.json.gz: https://d25kgz5rikkq4n.cloudfront.net/cost_transparency/mrf/in-network-rates/reporting_month=2022-09/2022-09-01_cigna-health-life-insurance-company_national-ppo_in-network-rates.json.gz?Expires=1664526766&Signature=GBBMX1wHYeIU-lih5PVcYaHMPG58dw5y856QkIOgBmeb-D2aPq7FoCttt3KP1j00FmAPTuKIE6SjeMU6-qQjS3mRR4qpzQgWS-cSZf2lqxEbQK0ekB9Fmw-eLF-XS9zO9tCcxf~XX82sNXTqaDSIDuWfUAMYmCHjOSJXnOrlnHMB6SwEhWxR3G9RUGR-HNXnCm-hY0BSYkR2ZRFi5FPh2LIdSQ2siEN9pmgZt-0WxWQwMiVadc1X-FD4ftLltQW9wcj5Tbb-v79LQx-HYsti-kPlDp3BskosSuhGkGOWutqM0W4YUKjs4N4GMgxi7UHJAr99XOBdi5sKr8VXX6A5wWj-siQ_&Key-Pair-Id=K1NVBEPVH9LWJP

APPENDIX C

FINAL LIST OF CMS-SPECIFIED SHOPPABLE SERVICES

Evaluation & Management Services

Psychotherapy, 30 min: 90832
Psychotherapy, 45 min: 90834
Psychotherapy, 60 min: 90837
Family psychotherapy, not including patient, 50 min: 90846
Family psychotherapy, including patient, 50 min: 90847
Group psychotherapy: 90853
New patient office or other outpatient visit, typically 30 min: 99203
New patient office of other outpatient visit, typically 45 min: 99204
New patient office of other outpatient visit, typically 60 min: 99205
Patient office consultation, typically 40 min: 99243
Patient office consultation, typically 60 min: 99244
Initial new patient preventive medicine evaluation (18-39 years): 99385
Initial new patient preventive medicine evaluation (40-64 years): 99386

Laboratory & Pathology Services

Basic metabolic panel: 80048
Blood test, comprehensive group of blood chemicals: 80053
Obstetric blood test panel: 80055
Blood test, lipids (cholesterol and triglycerides): 80061
Kidney function panel test: 80069
Liver function blood test panel: 80076
Manual urinalysis test with examination using microscope: 81000 or 81001
Automated urinalysis test: 81002 or 81003
PSA (prostate specific antigen): 84153-84154
Blood test, thyroid stimulating hormone (TSH): 84443
Complete blood cell count, with differential white blood cells, automated: 85025
Complete blood count, automated: 85027
Blood test, clotting time: 85610
Coagulation assessment blood test: 85730

Radiology Services

CT scan, head or brain, without contrast: 70450
MRI scan of brain before and after contrast: 70553
X-Ray, lower back, minimum four views: 72110
MRI scan of lower spinal canal: 72148
CT scan, pelvis, with contrast: 72193
MRI scan of leg joint: 73721
CT scan of abdomen and pelvis with contrast: 74177
Ultrasound of abdomen: 76700
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus: 76805
Ultrasound pelvis through vagina: 76830
Mammography of one breast: 77065
Mammography of both breasts: 77066
Mammography, screening, bilateral: 77067

Medicine and Surgery Services

Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities: 216
Spinal fusion except cervical without major comorbid conditions or complications (MCC): 460
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC): 470
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC): 473
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC): 743
Removal of 1 or more breast growth, open procedure: 19120
Shaving of shoulder bone using an endoscope: 29826
Removal of one knee cartilage using an endoscope: 29881
Removal of tonsils and adenoid glands patient younger than age 12: 42820
Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope: 43235
Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope: 43239
Diagnostic examination of large bowel using an endoscope: 45378
Biopsy of large bowel using an endoscope: 45380
Removal of polyps or growths of large bowel using an endoscope: 45385
Ultrasound examination of lower large bowel using an endoscope: 45391
Removal of gallbladder using an endoscope: 47562
Repair of groin hernia patient age 5 years or older: 49505
Biopsy of prostate gland: 55700
Surgical removal of prostate and surrounding lymph nodes using an endoscope: 55866
Routine obstetric care for vaginal delivery, including pre-and postdelivery care: 59400
Routine obstetric care for cesarean delivery, including pre-and postdelivery care: 59510
Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care: 59610
Injection of substance into spinal canal of lower back or sacrum using imaging guidance: 62322-62323
Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance: 64483
Removal of recurring cataract in lens capsule using laser: 66821
Removal of cataract with insertion of lens: 66984
Electrocardiogram, routine, with interpretation and report: 93000
Insertion of catheter into left heart for diagnosis: 93452
Sleep study: 95810
Physical therapy, therapeutic exercise: 97110