



RAND 3.0 National Hospital Price Transparency Study: Aligning Payment with Value

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About the Employers' Forum of Indiana



Employer-led Healthcare Coalition formed in 2001

Executive Committee comprised of non-provider employers

Not for profit

Aim: To improve the value employers and patients receive for their healthcare expenditures.

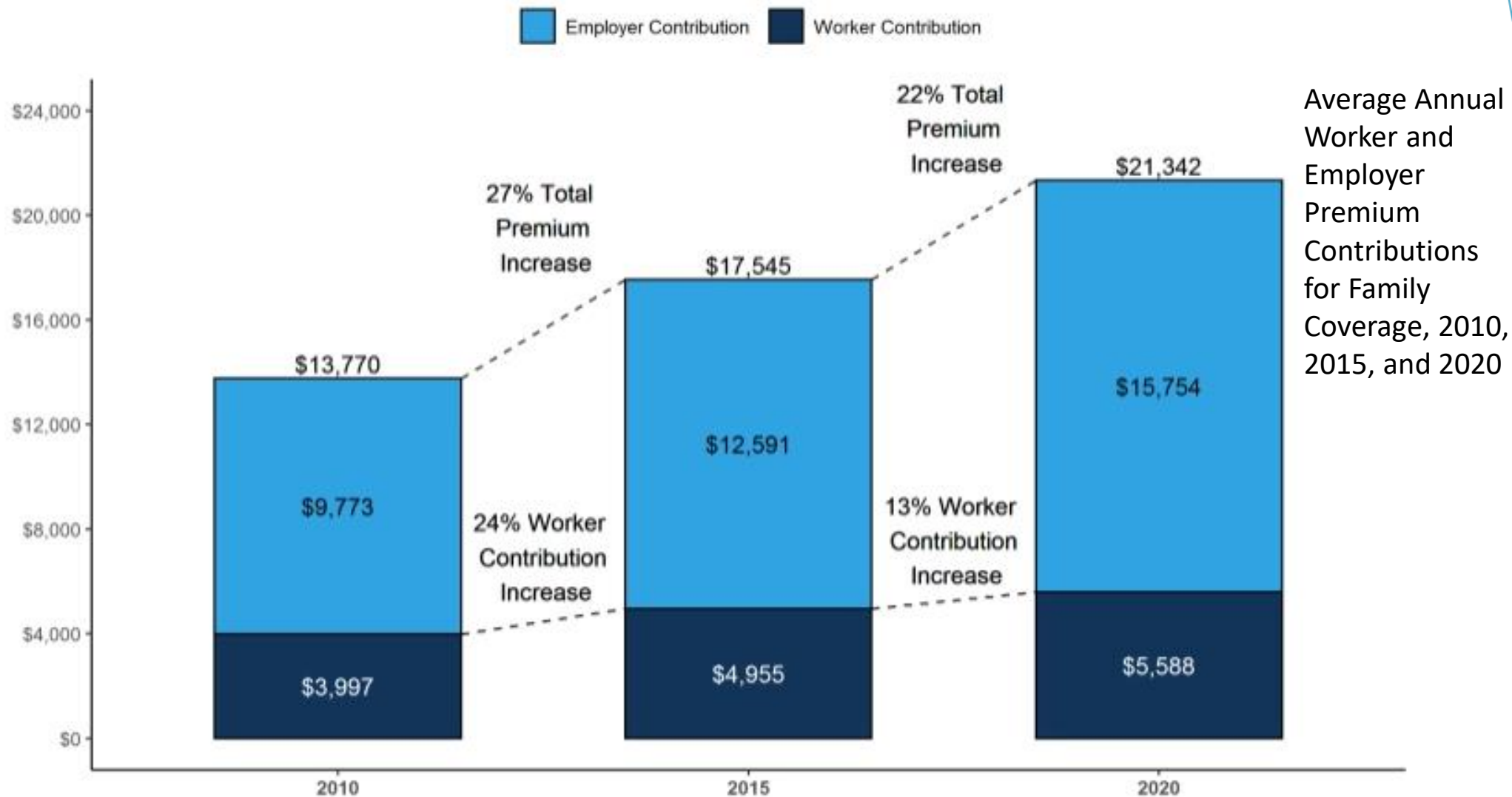
<https://employersforumindiana.org/>

Employers' Forum of Indiana Members

- **Allison Transmission**
- American Health Network
- Anthem BCBS
- Aon
- **Ashley Industrial Molding**
- Assured Partners
- **Barnes & Thornburg**
- **Bartholomew Consolidated School Corp**
- Carrum Health (affiliate)
- Castlight Health
- **Citizens Energy Group**
- Columbus Regional Hospital
- **Cummins Inc.**
- Deaconess Hospital
- Delta Dental of Indiana (affiliate)
- **Eli Lilly and Co.**
- Encore Health Network
- Eskenazi Health
- Express Scripts
- **Fiat Chrysler Automobiles**
- FirstPerson
- **Fort Wayne Community School Corp**
- Fort Wayne Medical Oncology & Hematology
- Franciscan Alliance Health
- Gregory & Appel Insurance
- **Haynes International**
- **Healthcare Options**
- Hylant
- **Indiana Farm Bureau Insurance**
- Indiana Health Information Exchange
- Indiana Manufactures Association
- Indiana Rural Health Association
- **Indiana State Teachers Association**
- **Indiana University**
- Indiana University Health
- **Ivy Tech**
- JA Benefits
- LHD Benefit Advisors
- Mercer
- Merck (affiliate)
- **Monarch Beverage**
- Northwest Radiology
- **OneBridge**
- Ortho Indy
- OurHealth
- Preventia (affiliate)
- **Purdue University**
- Qsource
- RE Sutton and Associates
- **Genentech-Roche**
- **Roman Catholic Archdiocese of Indianapolis**
- Sandoz (affiliate)
- **Schweitzer Engineering Laboratories**
- SIHO
- **South Central Indiana School Trust**
- St. Vincents Health
- Suburban Health Organization
- The Alliance
- TrueRx
- UnitedHealthcare
- **University of Notre Dame**
- Young at Heart Pharmacy

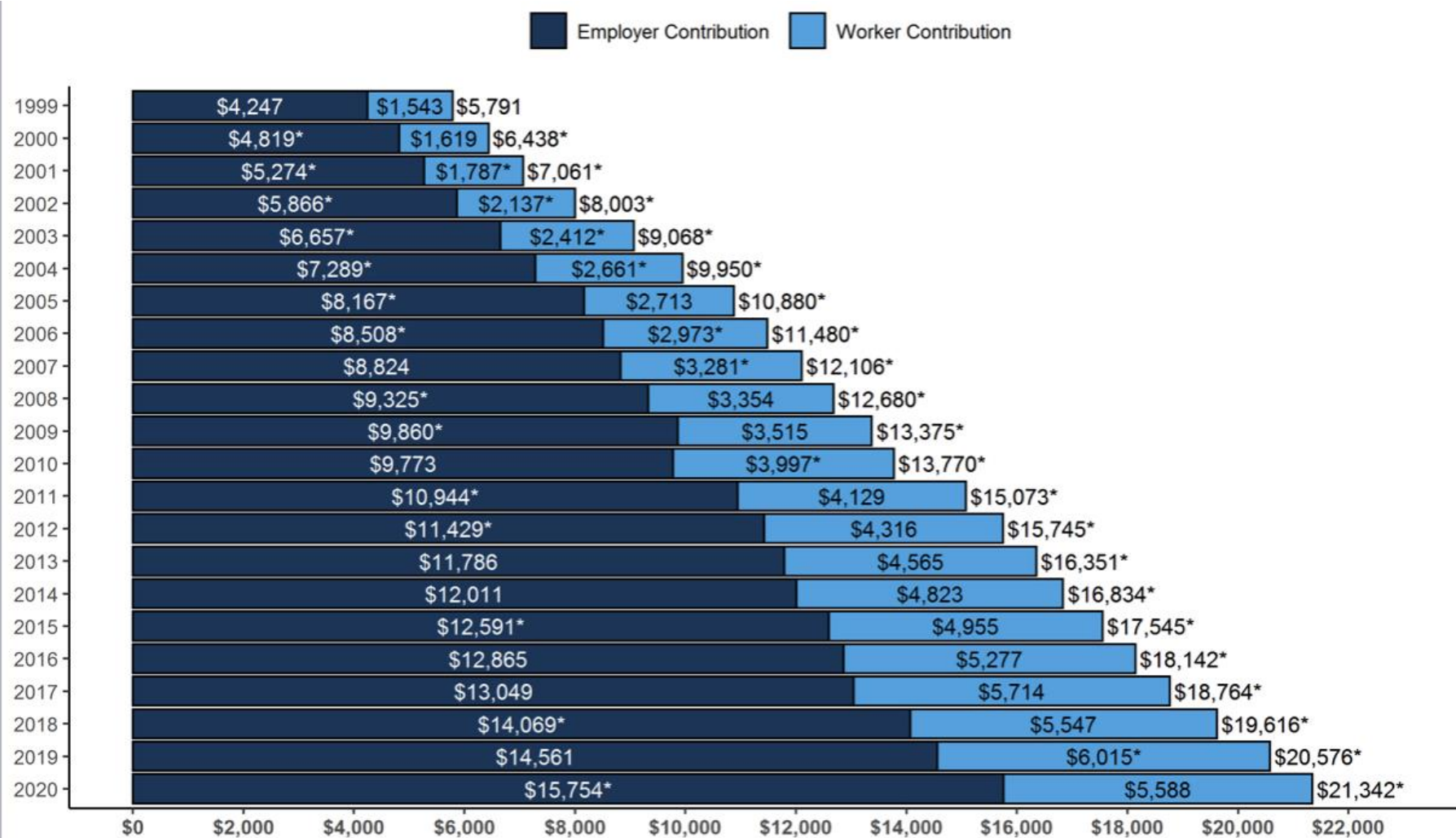
The Problem: Health Costs Are NOT Sustainable

Problem: Annual Worker & Employer Premium Contributions are Increasing



Source: KFF Employer Health Benefits Survey, 2020; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2010 and 2015
<https://www.kff.org/health-costs/report/2020-employer-health-benefits-survey/>

Problem: Average Annual Employer and Worker Contributions to Premiums for Family Coverage, 1999-2020

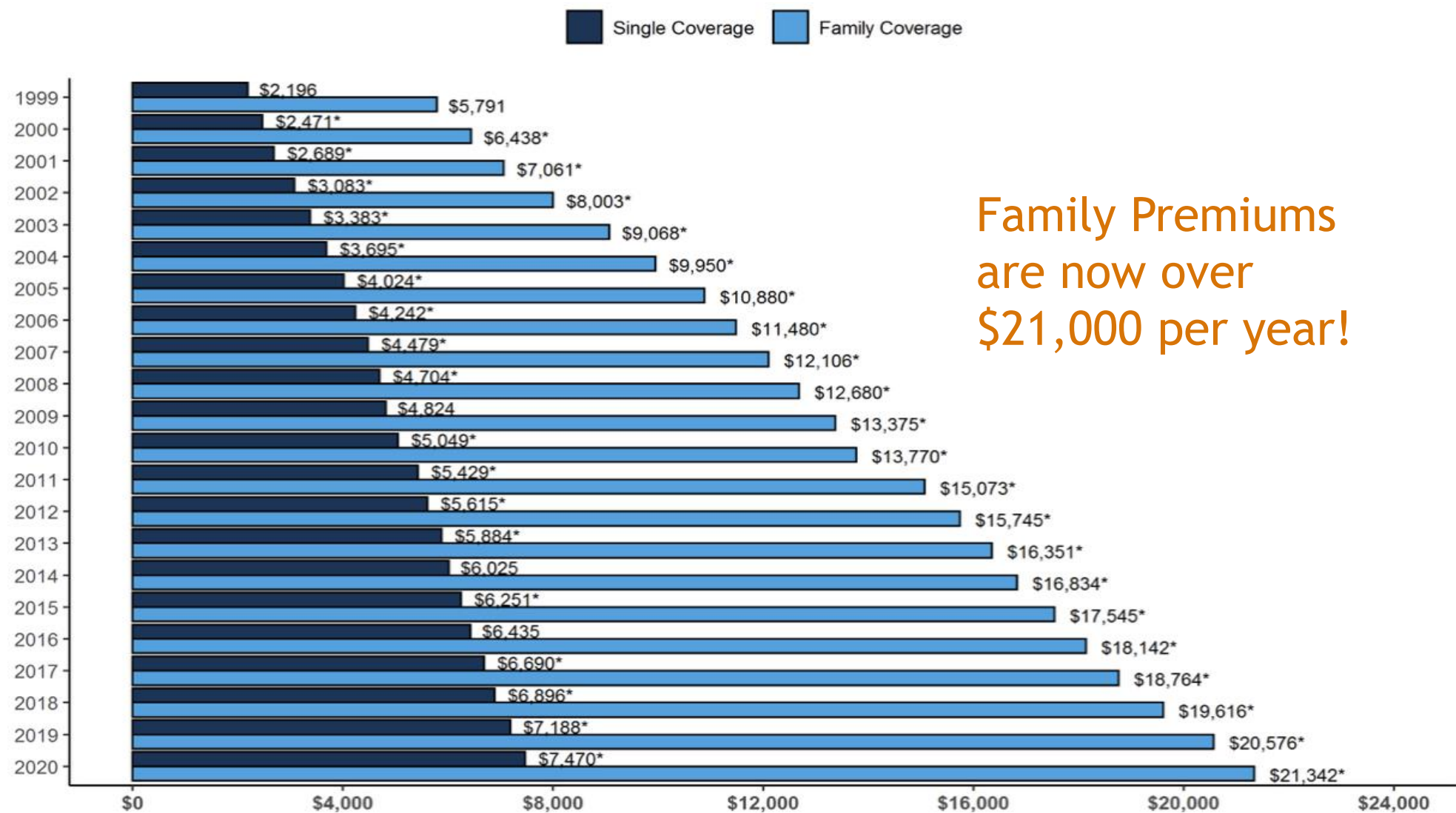


* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

SOURCE: KFF Employer Health Benefits Survey, 2018-2020; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

KFF

Problem: Average Annual Premium for Single and Family Coverage, 1999-2020

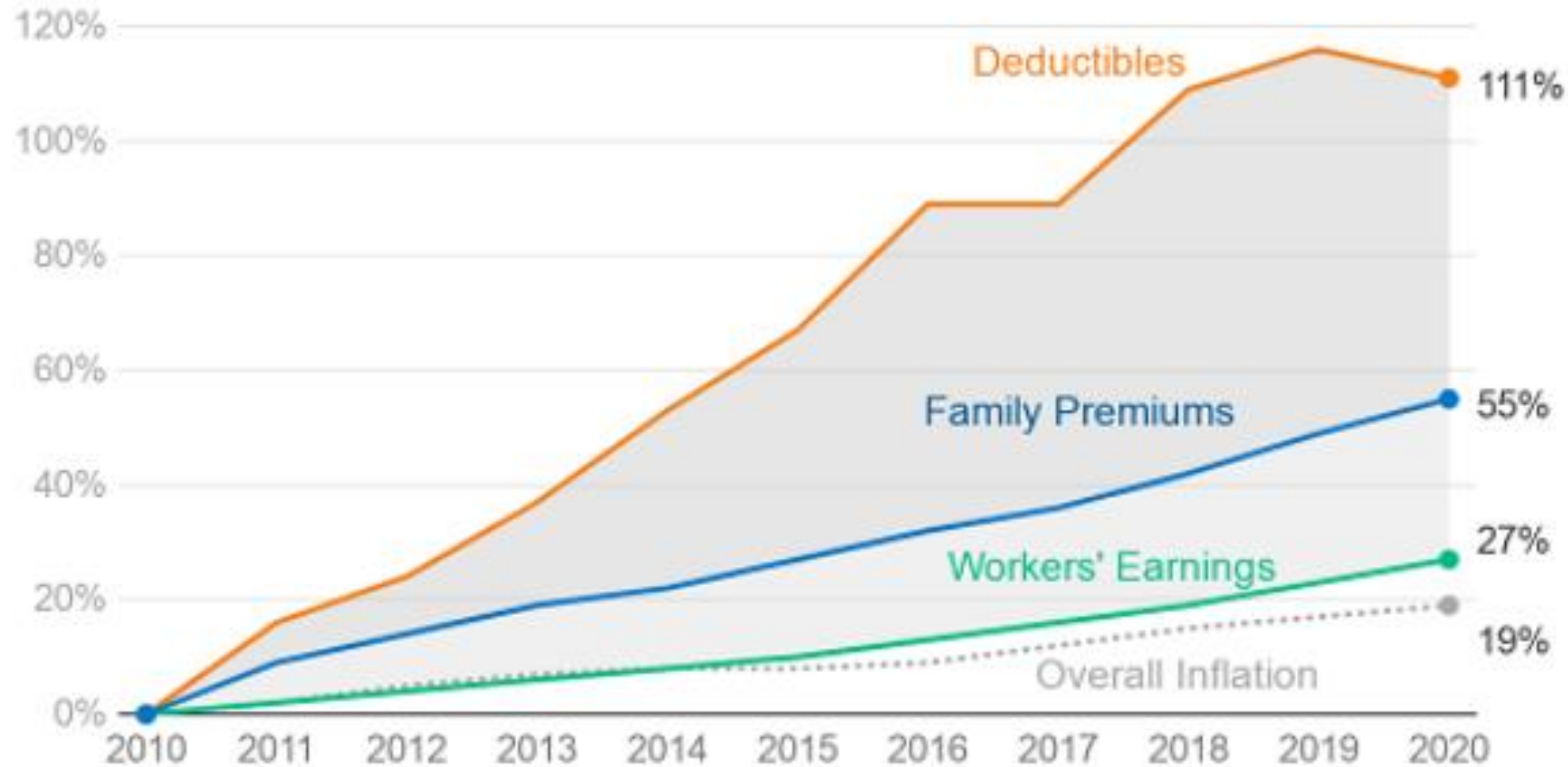


Family Premiums
are now over
\$21,000 per year!

* Estimate is statistically different from estimate for the previous year shown (p < .05).

SOURCE: KFF Employer Health Benefits Survey, 2018-2020; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Problem: Employee Premiums and Deductibles Have Risen Much Faster than Wages since 2010

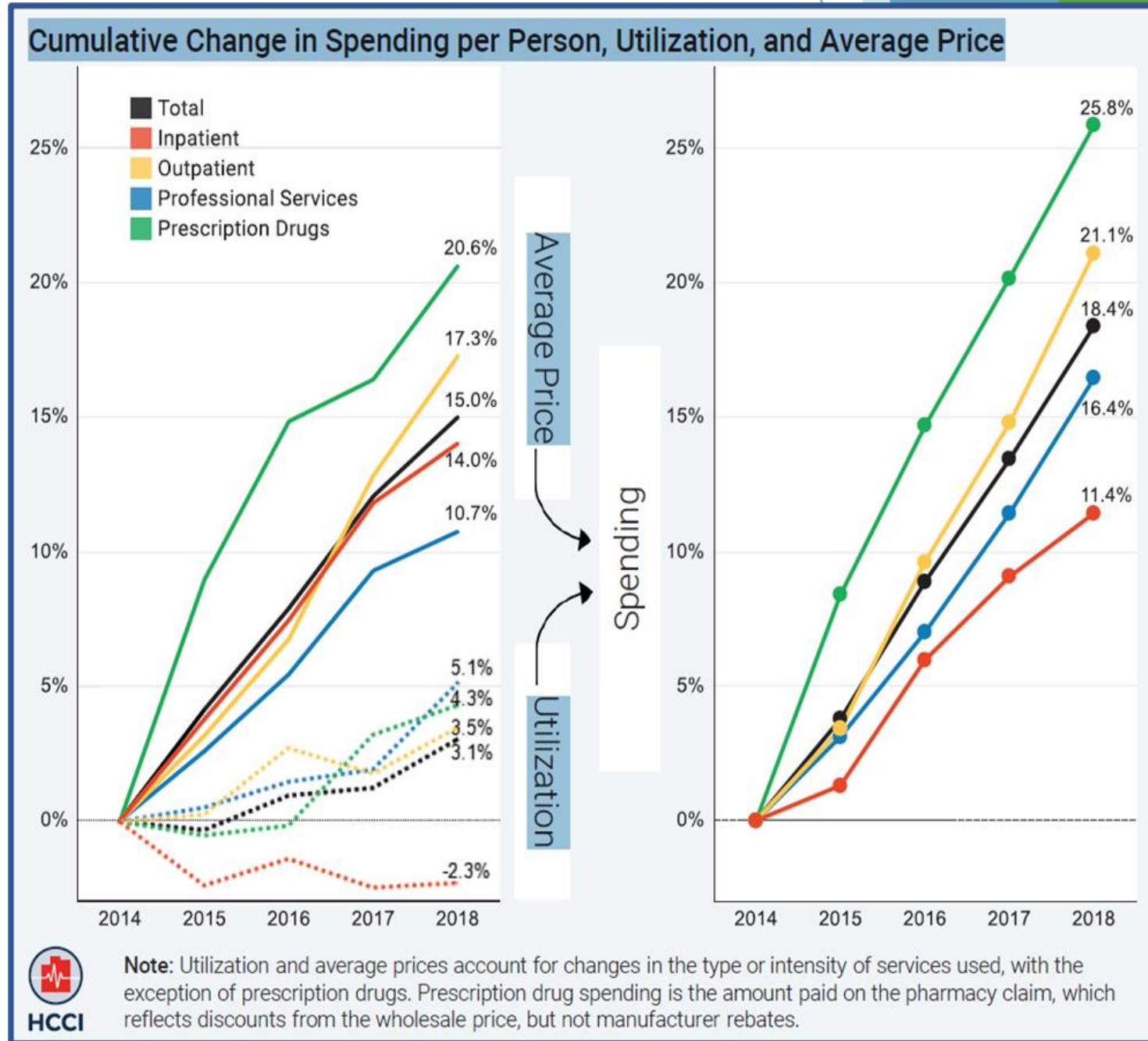


NOTE: Average general annual deductibles are for single coverage. Workers in plans without a general annual deductible for in-network services are assigned a value of zero. Source: KFF Employer Health Benefits Survey, 2020; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2010 and 2015: <https://www.kff.org/health-costs/report/2020-employer-health-benefits-survey/>

Hospital Price is the Problem, not Utilization

- RAND Analysis
- Total annual spending per person increased 18.4%
- Inpatient costs increased 14%, while utilization decreased 2.3%
- Outpatient costs increased 17.3% with utilization increasing 3.5%
- Utilization of medical services rose by 3.1%

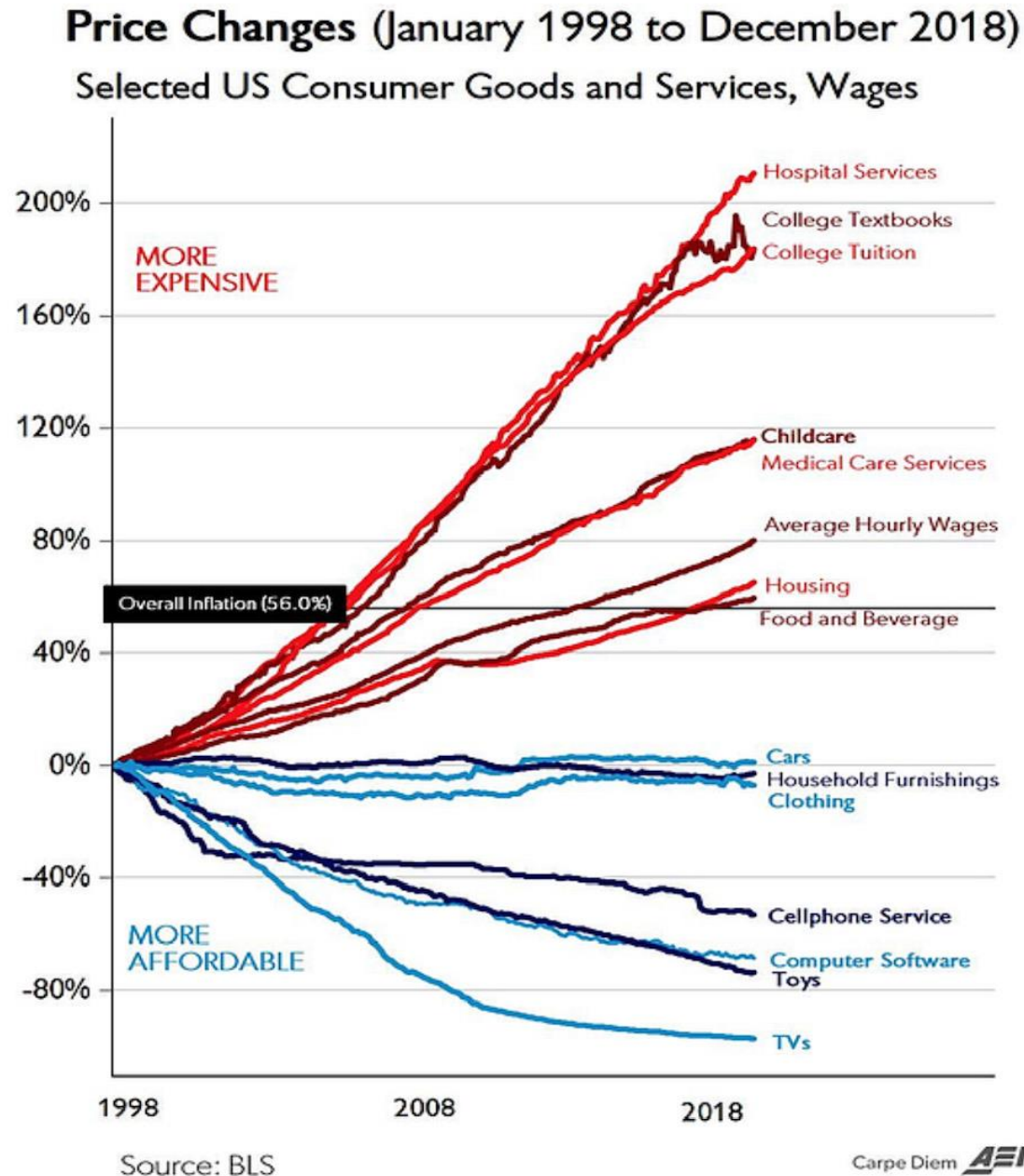
Health Care Cost Institute: 2.5 billion medical claims - approximately 160 million people with employer-sponsored insurance



Hospital services increasing consistently over time

per the Bureau of Labor and
Statistics

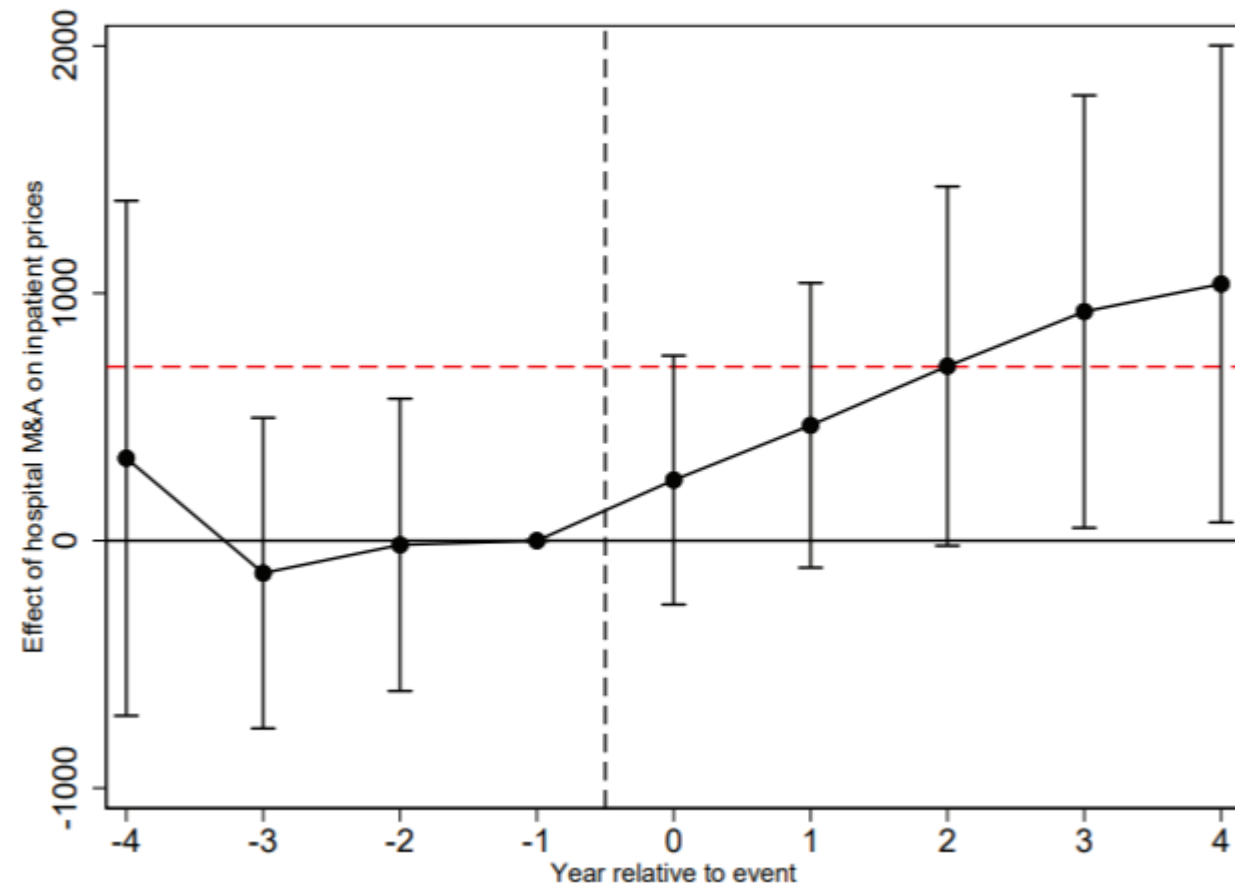
<https://www.right-mind.us/price-changes-jan-1998-dec-2018/>



Hospital Mergers & Acquisitions leads to Price Increasing

Within-Market Mergers

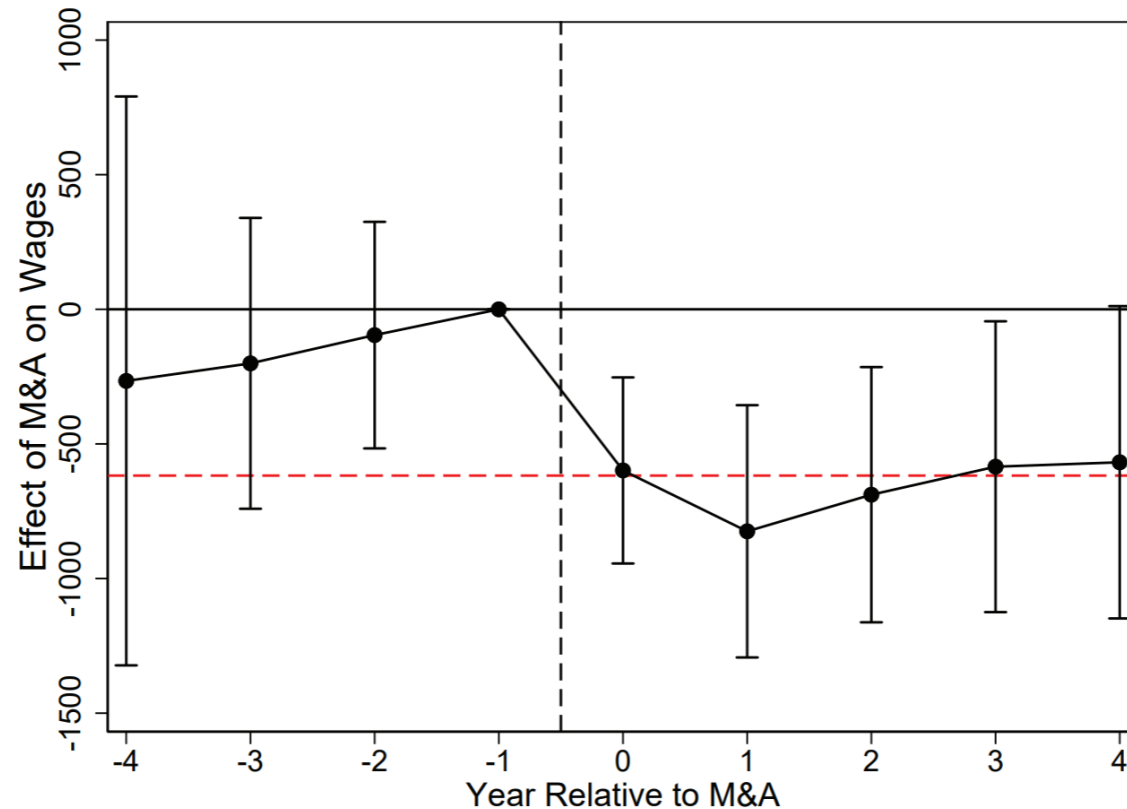
- Per July 2020 RAND study “Overall, our results show how **rising health care costs caused by provider concentration** are passed to workers in the form of lower wages and less generous benefits.”
- Graph: Merger happens at point zero and **prices** go up each year afterwards



High Hospital Prices & Mergers Lower Employee Wages

Figure 7: Association Between Hospital M&A Lags/Leads and Wages

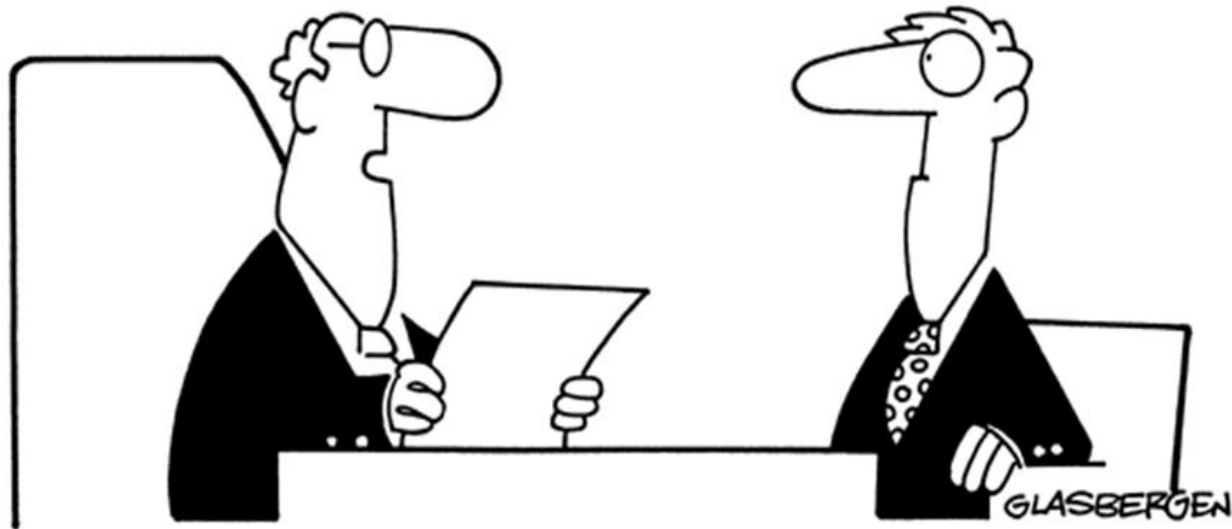
- Per July 2020 RAND study “Overall, our results show **how rising health care costs** caused by provider concentration **are passed to workers in the form of lower wages** and less generous benefits.”
- Graph: Merger happens at point zero and **employee wages** go down



https://www.rand.org/pubs/working_papers/WRA621-2.html

Have Benefits?

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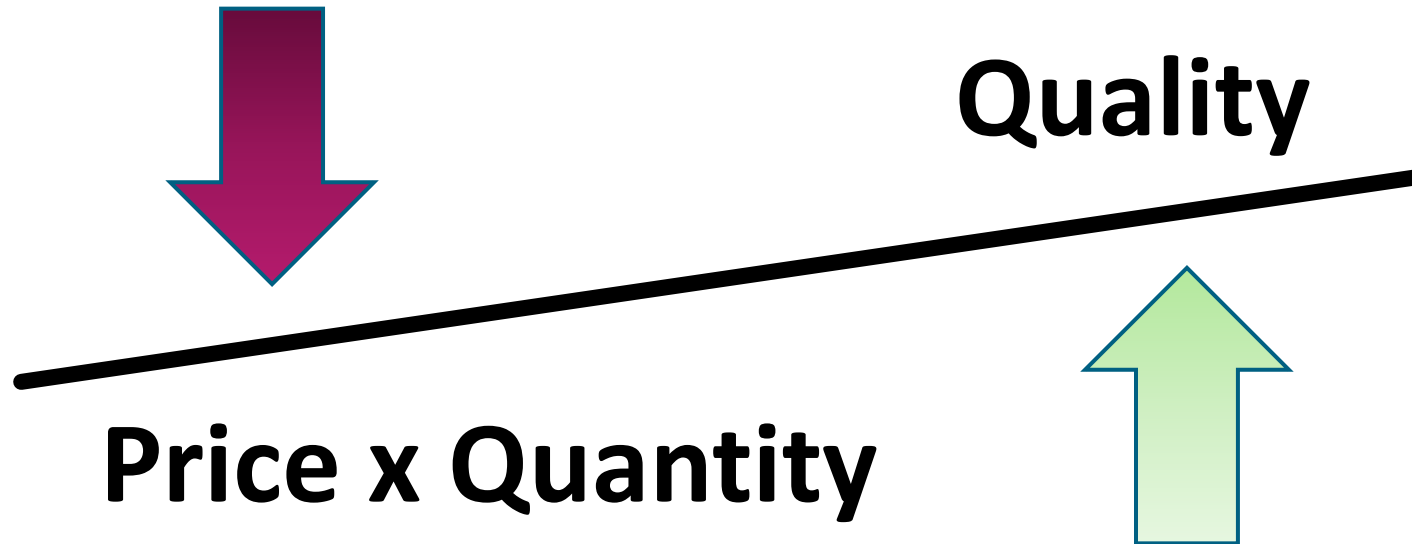
“Of course we have benefits. Our next one is Saturday night. We hope to raise enough money to pay our group insurance premium.”

Goal = Align Payment with the Value of Services Provided

What is the definition of Value?



VALUE for Purchasers = $\text{Quality} \div (\text{Price} \times \text{Quantity})$



Comparing Hospital Prices

AIM:
To develop a fair method to compare hospital prices for public reporting

- The best method the Forum believed was to convert allowable payments made by employers to what Medicare would have paid for the exact service, thus report relative prices
- For Example: the report shows that employers paid Hospital “A” 200% or 2X on average what Medicare would have paid and Hospital “B” was paid 350% or 3.5X on average what Medicare would have paid

Why is Comparing Commercial Prices to Medicare Prices the Best Method for Benchmarking Available?

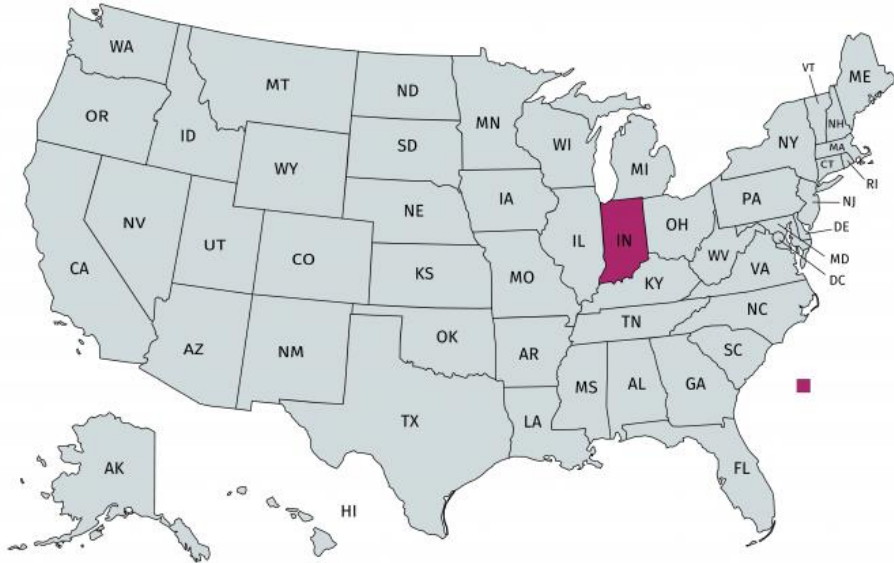
- Medicare
 - Is the Largest purchaser of health care in the world
 - Sets payor industry standards
 - Prices and methods are empirically based and transparent/freely publicly available
 - Intends to pay hospitals fairly
- Medicare determines base payment for each service and then to this customizes payment to EACH hospital by making price increase adjustment based on several factors, including each hospital's factors:
 - Patient Acuity = how sick a patient is by looking at comorbidities
 - Wages = geographical cost of living
 - DSH = disproportionate share, meaning number of uninsured and Medicaid patients seen
 - IME = indirect medical education, meaning number of medical residents in training per hospital beds

RAND National Price Transparency Study

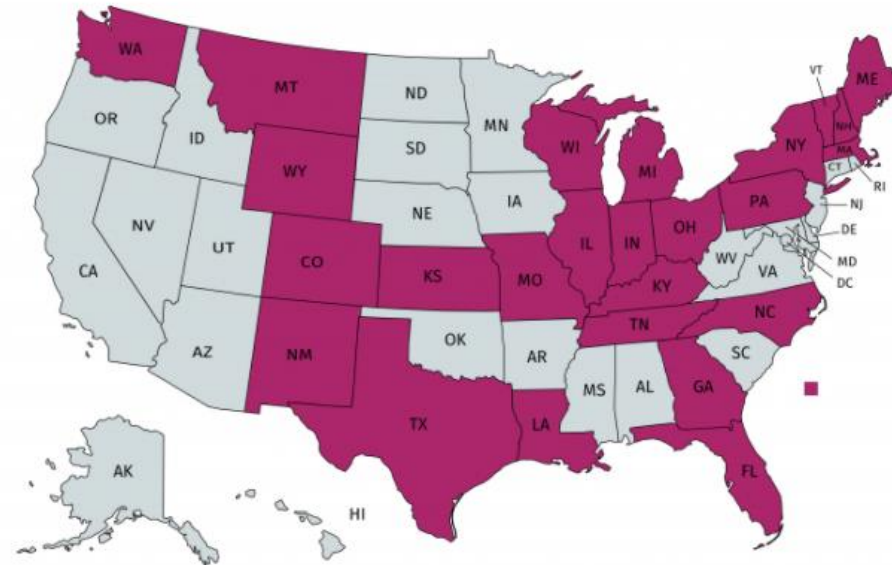
RAND 1.0 and RAND 2.0 Studies

Conducted by RAND Corp, commissioned by the Employers' Forum of Indiana

RAND 1.0



RAND 2.0



Overview of RAND 1.0 and 2.0 Studies

Conducted by RAND Corp, commissioned by the Employers' Forum of Indiana

	RAND 1.0 Study	RAND 2.0 Study
Services	Hospital Inpatient and Outpatient	Hospital Inpatient and Outpatient
States	IN	CO, FL, GA, IL, IN, KS, KY, LA, MA, ME, MI, MO, MT, NH, NC, NM, NY, OH, PA, TN, TX, VT, WA, WI, WY
Years	July 2013-June 2016	January 2015 – December 2017
Hospitals	120 community hospitals	1598 short-stay general medical/ surgical
Claims	14,000 inpatient hospital facility stays 275,000 hospital outpatient facility services	330,000 claims inpatient facility stays 14.2 million outpatient facility services
Covered Lives	225,000	4 million
Allowed Amount	\$695,000 million total: \$336 million inpatient \$359 million outpatient	\$12.9 billion total: \$6.3 billion inpatient \$6.6 billion outpatient
Data Sources	Participating self-funded employers	Self-funded employers, 2 all payer claims databases, and health plans
Published	September 2017	May 2019
Funders	Fully funded by the Robert Wood Johnson Foundation (RWJF)	RWJF, NIHCR, THFI, optional for self-funded employers who wanted a private report (not health plans or hospitals)

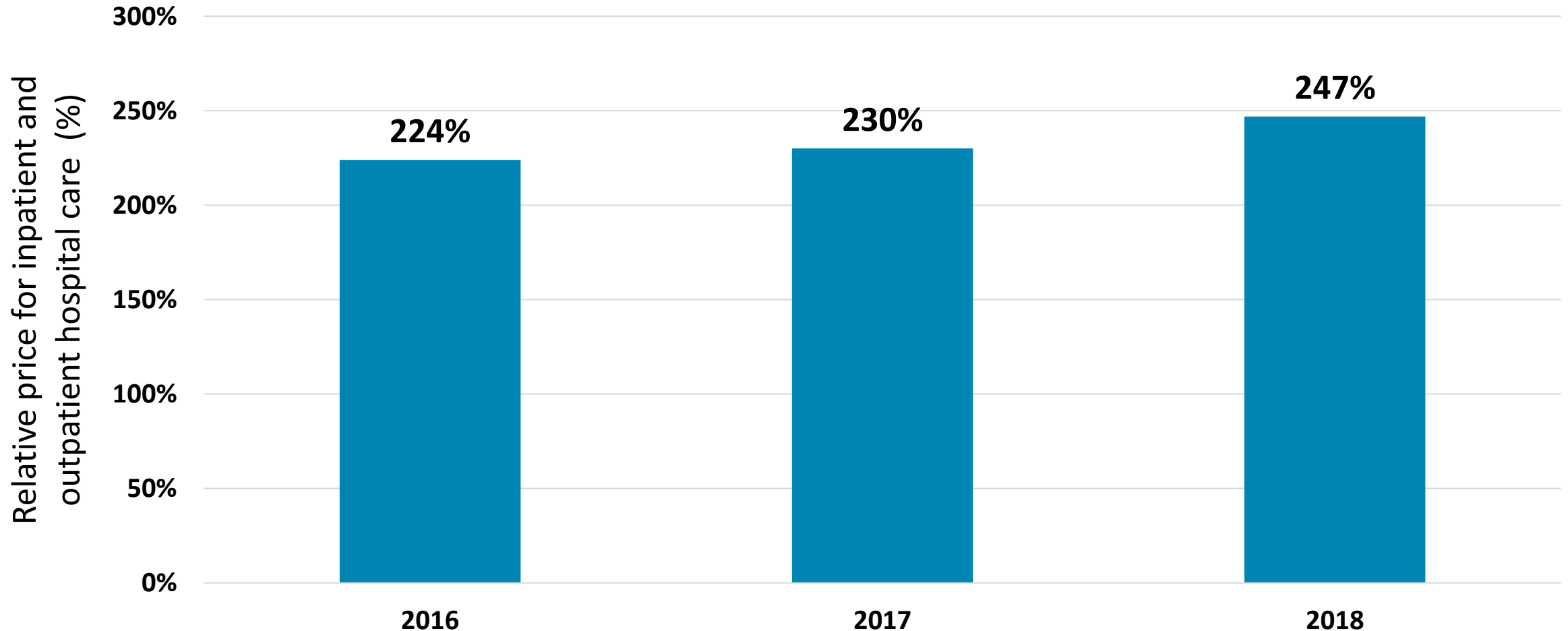
RAND 3.0 Study

Conducted by RAND Corp, commissioned by the Employers' Forum of Indiana

	RAND 3.0
Services	Hospital Inpatient and Outpatient Fees Professional Inpatient and Outpatient Fees
States	49 states and the District of Columbia (excludes Maryland)
Years	January 2016 – December 2018
Hospitals	3,112
Claims	750,000 for inpatient hospital facility stays (and professional fees) 40.2 million claims for outpatient services (and professional fees)
Allowed Amount	\$33.8 billion total: \$15.7 billion inpatient \$14.8 billion outpatient \$3.3 billion professional
Data Sources	Self-insured employers, 6 state all-payer claims databases, & health plans across the US
Published	September 18, 2020
Funders	Robert Wood Johnson Foundation & optional for self-funded employers if they wanted a private report

RAND 3.0: Trends in Relative Prices in U.S.

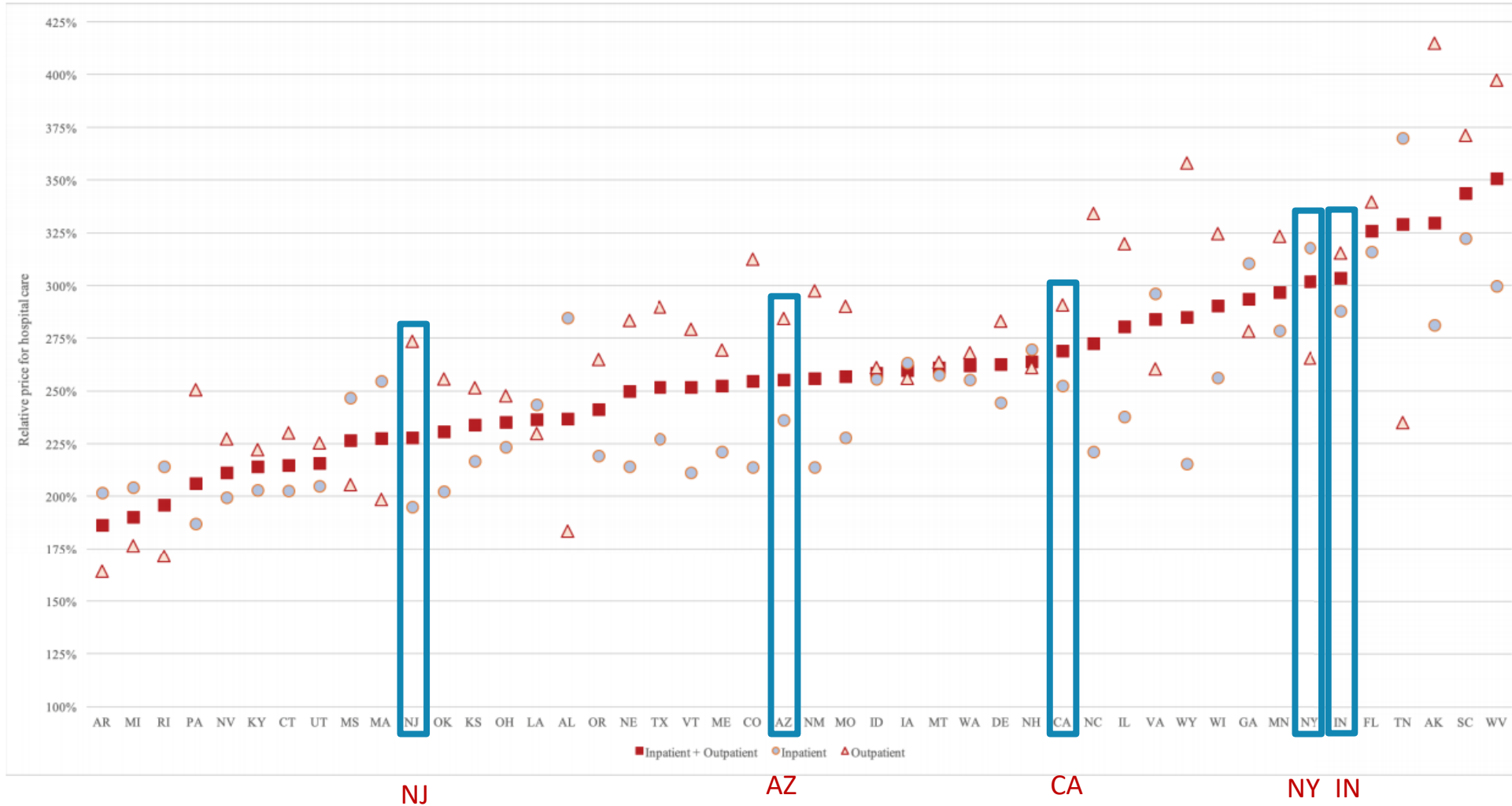
Total inpatient and outpatient services to include facility and professional prices



NOTE: Relative prices equal the ratio of the amounts actually paid divided by the amounts that would have been paid—for the same services provided by the same hospitals—using Medicare’s price-setting formulas. Prices include prices for inpatient and outpatient services and group facility and professional fees.

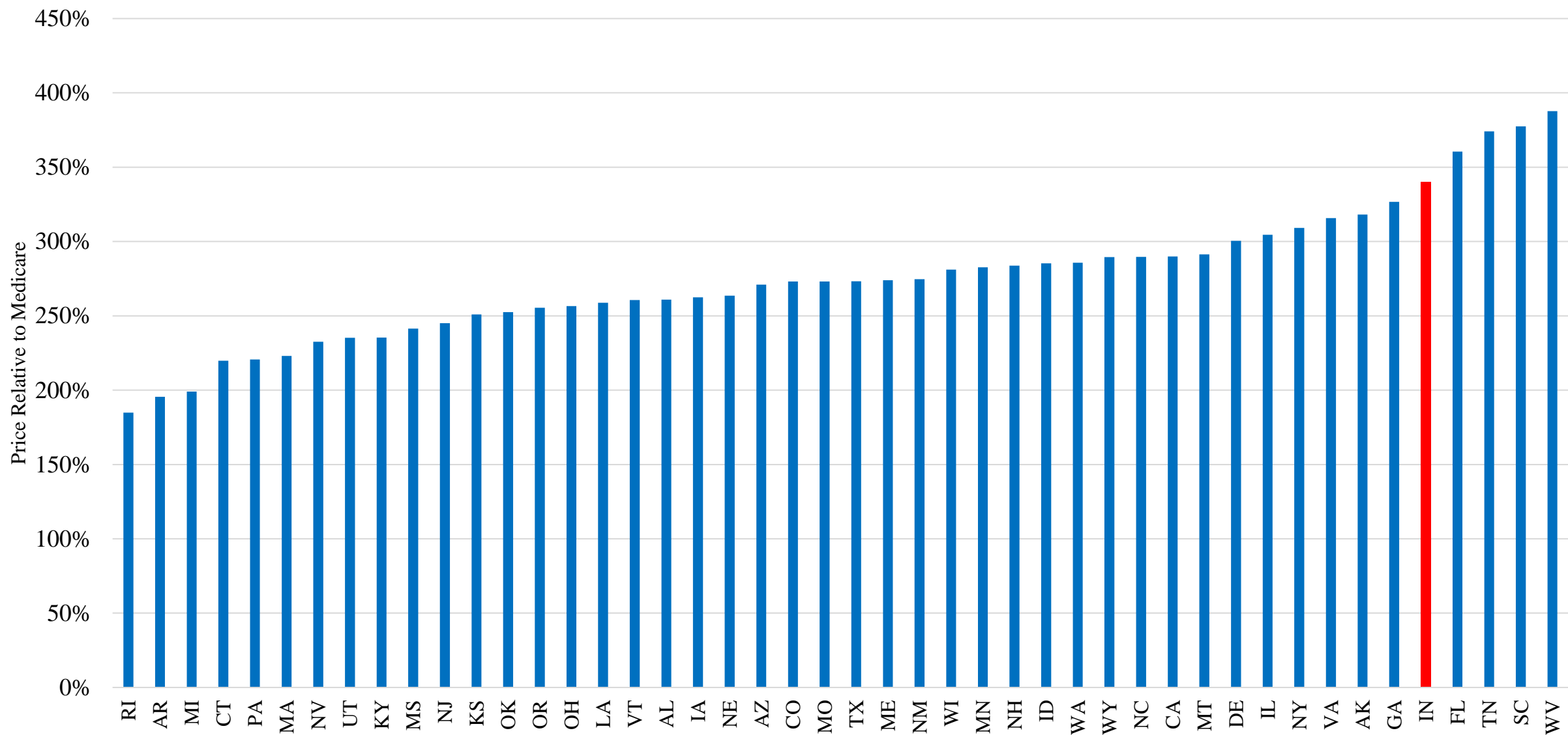
Hospital Prices Relative to Medicare by State, 2018

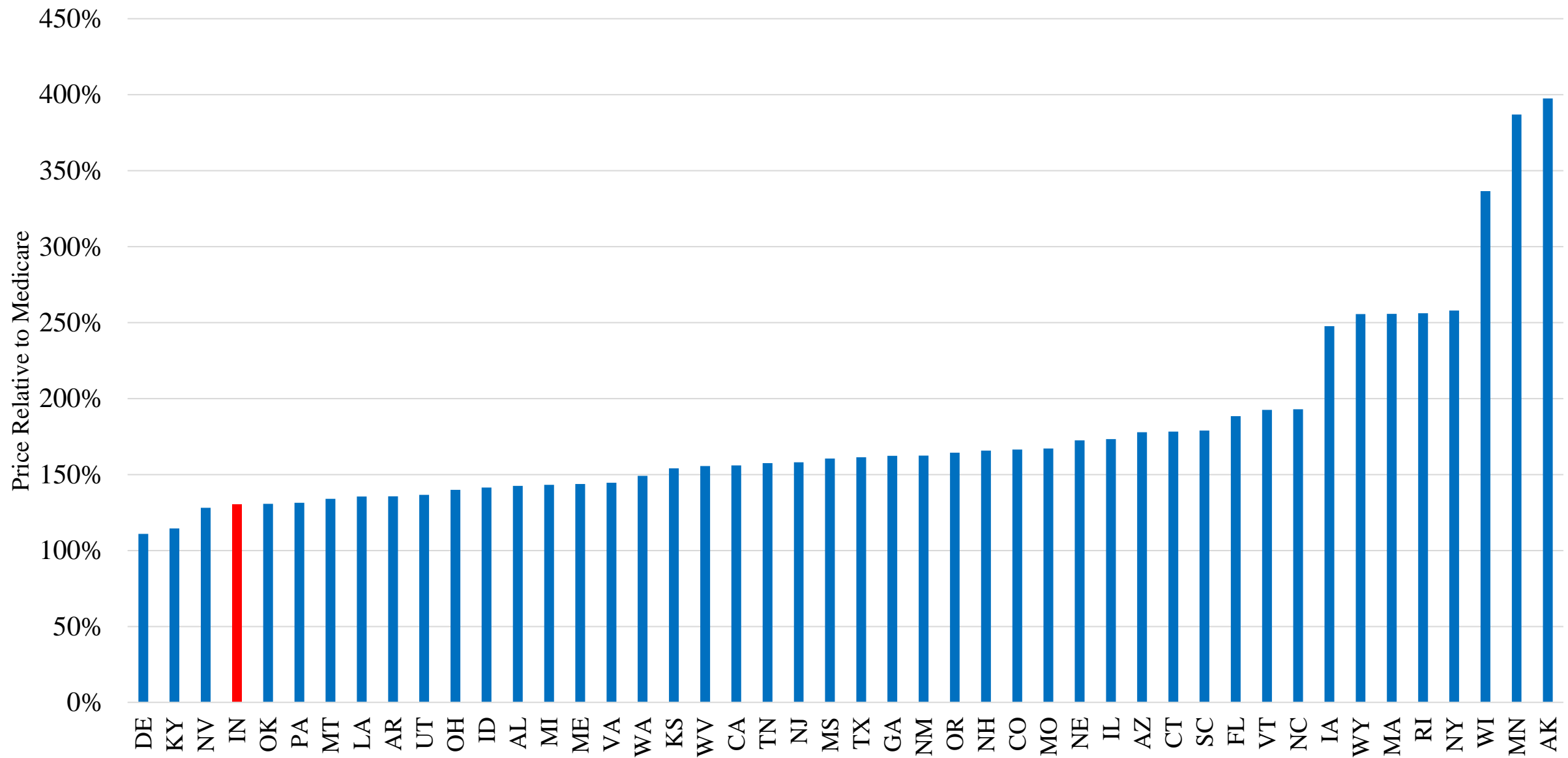
Total, Inpatient and Outpatient services to include facility and professional prices



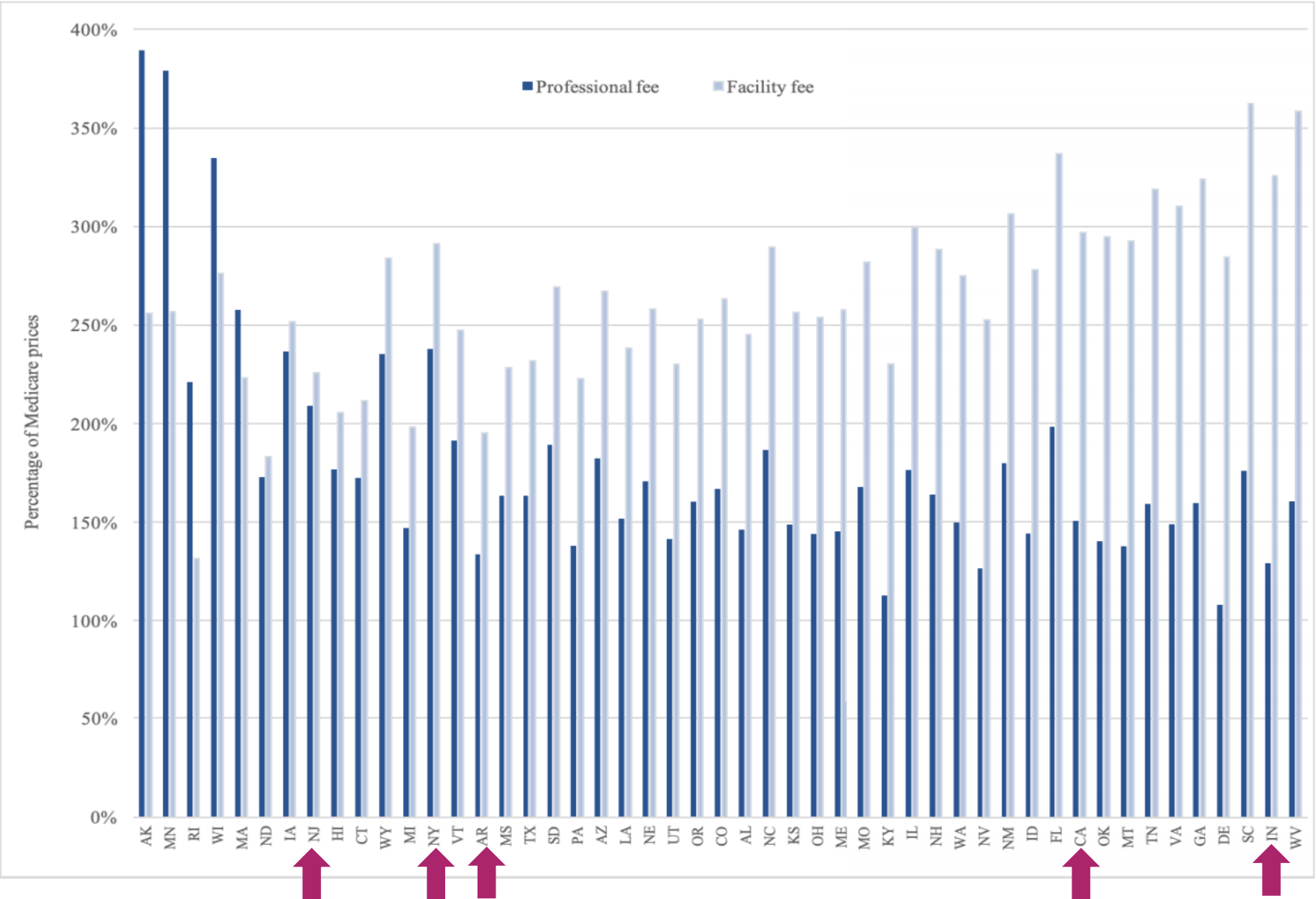
- Indiana is the 6th highest state paying 304% of Medicare when looking at facility (hospital) payment combined with professional (physician) payment.
- Separating hospital and physician payment, we find:
- Indiana hospitals are 4th highest paid in the country at 340% of Medicare
- and 4th lowest for physician payment at 131% of Medicare.

NOTE: Relative prices equal the ratio of the amounts actually paid divided by the amounts that would have been paid—for the same services provided by the same hospitals—using Medicare's price-setting formulas. Prices include prices for inpatient and outpatient services and group facility and professional fees.





Relative Facility and Professional Prices by State, 2016-2018



Note: Relative prices equal the ratio of the amounts actually paid divided by the amounts that would have been paid—for the same services provided by the same hospitals—using Medicare’s price-setting formulas.

For each state, this figure denotes relative prices for facility and professional payments. States are sorted by the percentage point difference between facility and professional relative prices.

HARVARD Study Published in May 2020

Corroborates RAND 3.0 Findings

- Includes 48 states (excluding MD and SC)
- Provides state-level comparison of hospital inpatient prices, hospital outpatient prices and professional fees.
- Data source is 2017 IBM MarketScan data, representing 14 million commercial employees
- Report amount commercial paid relative to Medicare payment at the state level.
- **INDIANA'S RANKING in the U.S.:**
 - **Outpatient Hospital: #2 highest**
(NM #1, thus the only state higher priced than Indiana)
 - **Inpatient Hospital: #3 highest**
(OR #1, MT #2, thus the only states higher priced than Indiana)
 - **Professional fees: #46 highest**
(DE #47, KY #48, meaning the only states that paid practitioners less than IN)



The screenshot shows the top portion of a Health Affairs research article. The Health Affairs logo is in a red box at the top left. Below it is a dark navigation bar with links for TOPICS, JOURNAL, BLOG, and BRIEFS. A red banner below the navigation bar reads 'RESEARCH ARTICLE' and 'CONSIDERING HEALTH SPENDING'. The article title is 'Wide State-Level Variation In Commercial Health Care Prices Suggests Uneven Impact Of Price Regulation'. The authors are Michael E. Chernew, Andrew L. Hicks, and Shivani A. Shah. Below the authors is a dropdown for 'AFFILIATIONS'. At the bottom, it says 'PUBLISHED: MAY 2020' and 'No Access'. There are two DOI links: 'https://doi.org/10.1377/hlthaff.2019.01377' and 'https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.01377'.

HealthAffairs

TOPICS JOURNAL BLOG BRIEFS

RESEARCH ARTICLE CONSIDERING HEALTH SPENDING

HEALTH AFFAIRS > VOL. 39, NO. 5: SUBSTANCE USE, SURPRISE BILLING & MORE

Wide State-Level Variation In Commercial Health Care Prices Suggests Uneven Impact Of Price Regulation

Michael E. Chernew, Andrew L. Hicks, and Shivani A. Shah

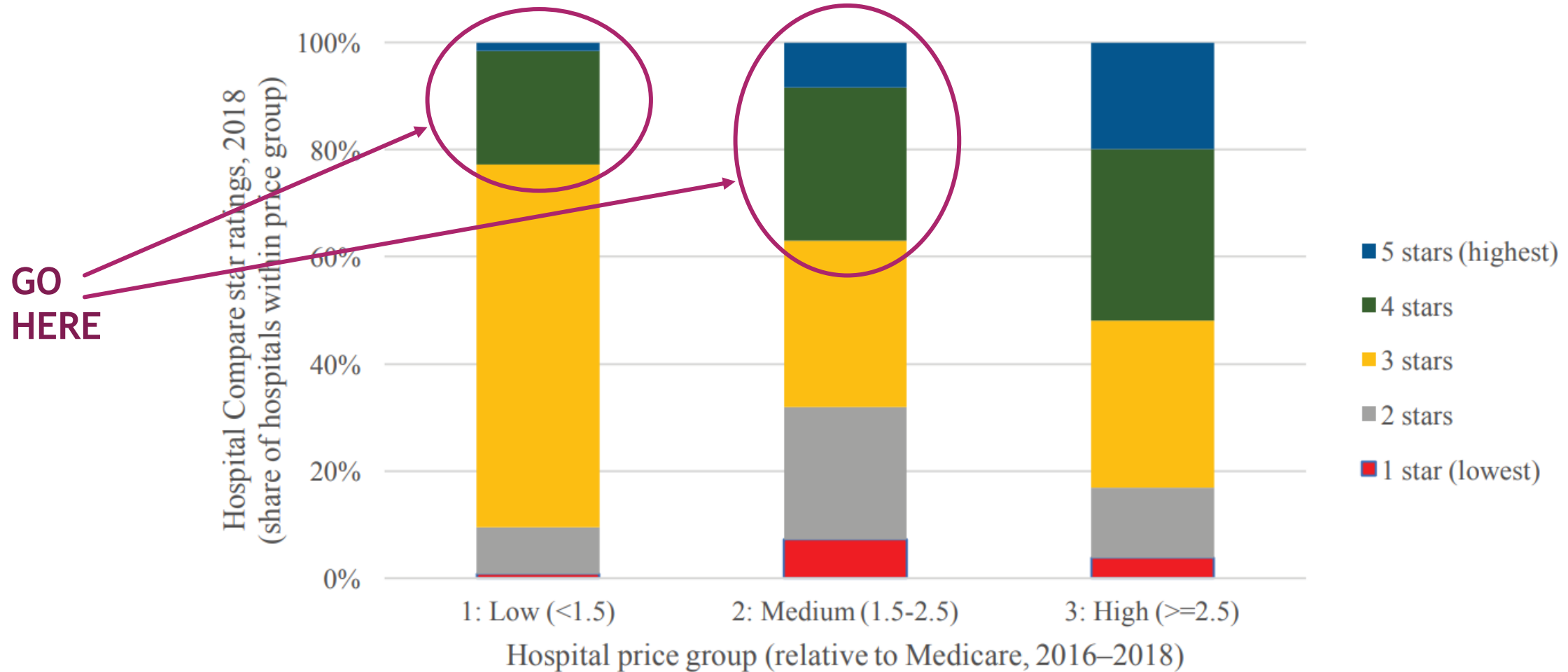
AFFILIATIONS ▾

PUBLISHED: MAY 2020 No Access

<https://doi.org/10.1377/hlthaff.2019.01377>

<https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.01377>

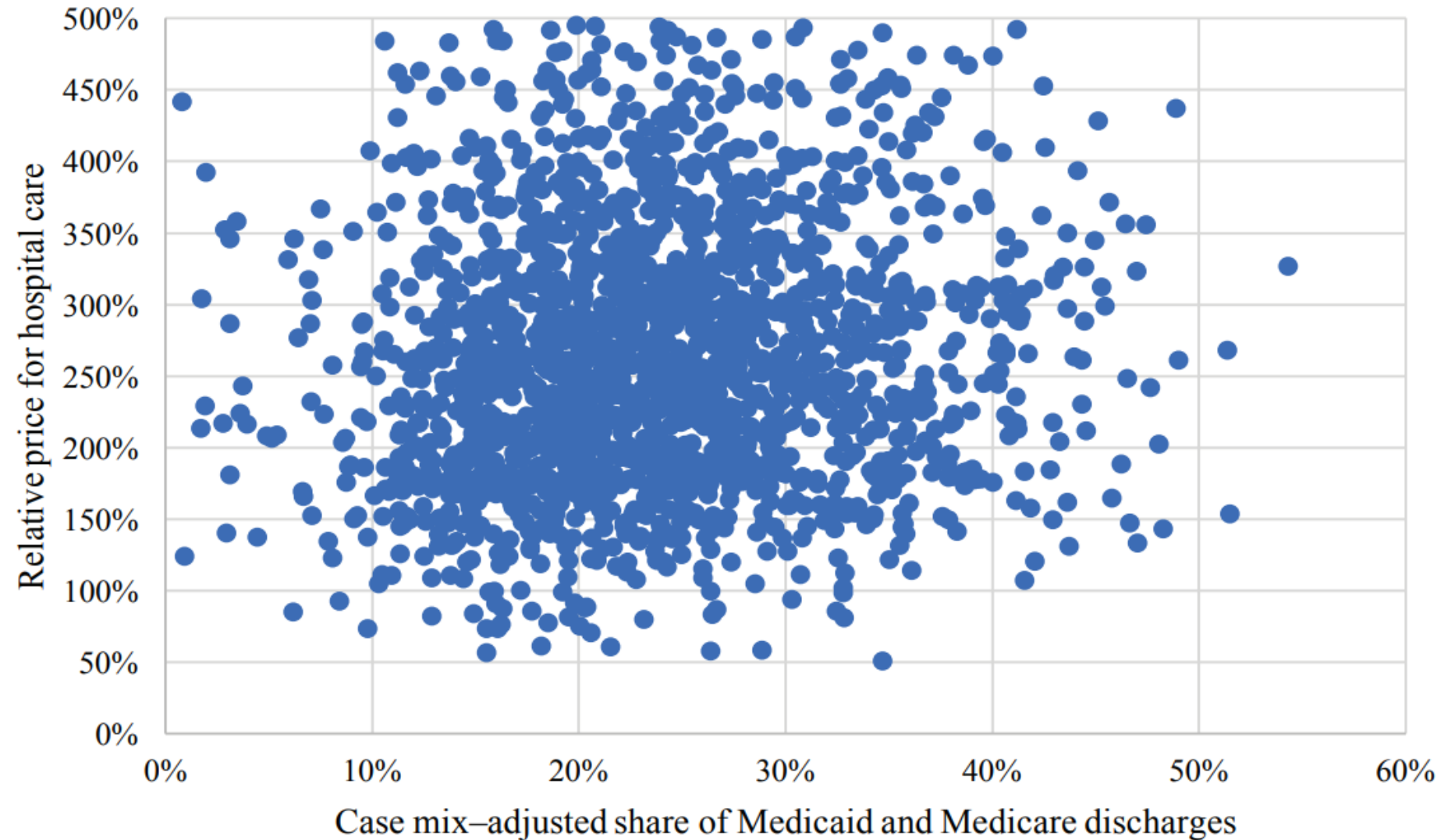
RAND 3.0 U.S. Hospitals CMS Hospital Quality Star Ratings



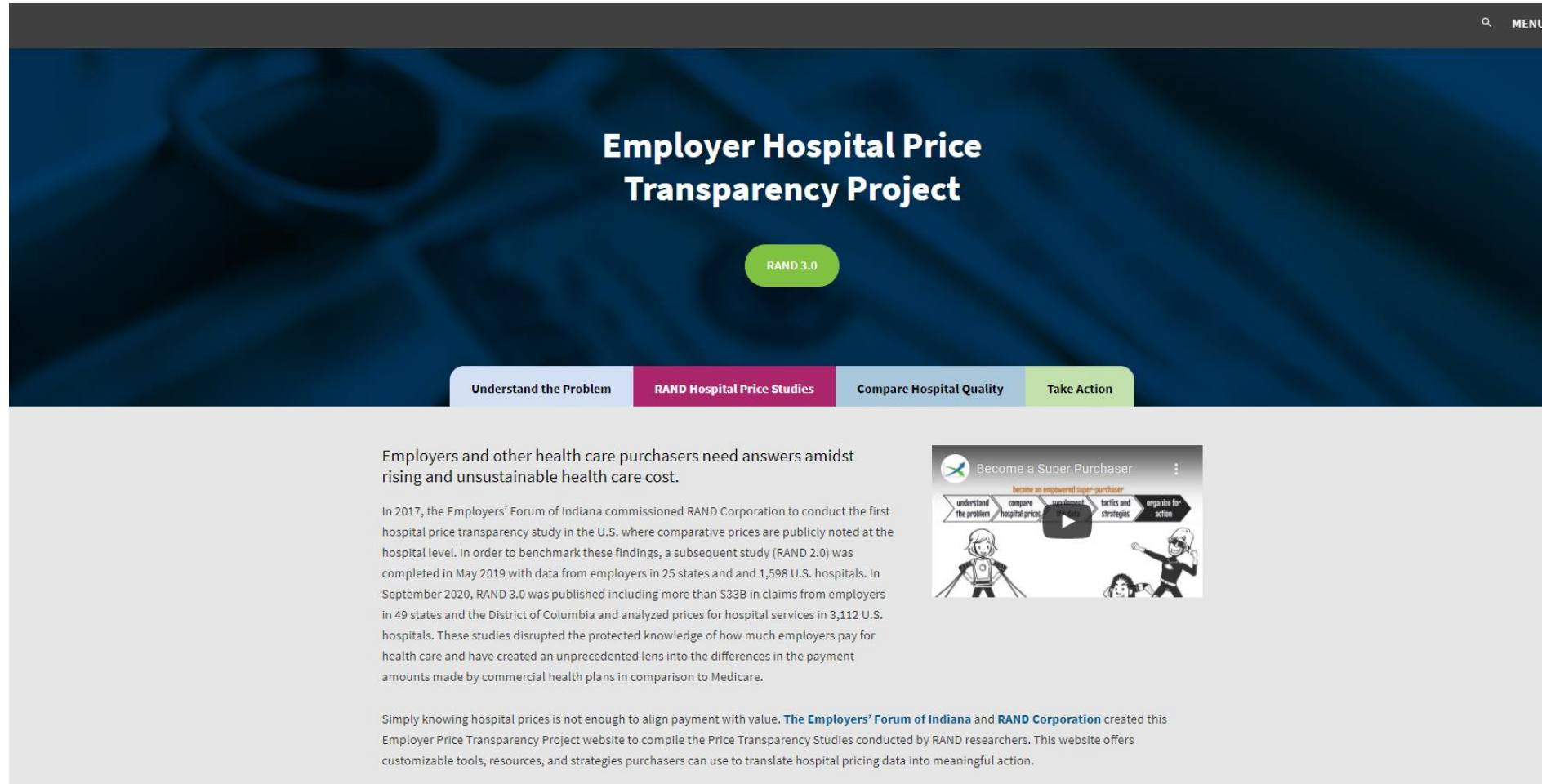
NOTE: Relative prices equal the ratio of the amounts actually paid divided by the amounts that would have been paid—for the same services provided by the same hospitals—using Medicare’s price-setting formulas. Hospitals are categorized as those with prices below 1.5 times Medicare rates, between 1.5- and 2.5-times Medicare rates, and 2.5 times or above Medicare rates. Prices include facility and professional payments. Each price category contains the share of hospitals in that category with each CMS Hospital Compare star category.

U.S. Hospitals Total Relative Prices and Case-Mix-Adjusted Share of Discharges Attributed to Medicaid & Medicare Patients

This scatter plot of 3,112 hospitals shows that there is NO Correlation between prices paid and how many Medicaid and Medicare patients are seen by a hospital



Employer Hospital Price Transparency Project Website



The screenshot shows the homepage of the Employer Hospital Price Transparency Project website. The header is dark blue with a search icon and the word 'MENU' in the top right corner. The main title 'Employer Hospital Price Transparency Project' is centered in white text. Below the title is a green button labeled 'RAND 3.0'. A navigation bar contains four tabs: 'Understand the Problem' (light blue), 'RAND Hospital Price Studies' (pink), 'Compare Hospital Quality' (light blue), and 'Take Action' (green). The main content area has a light gray background. On the left, there is a text block about the need for answers amidst rising health care costs, followed by a detailed paragraph about the RAND 2.0 and 3.0 studies. On the right, there is a video player titled 'Become a Super Purchaser' with a play button icon. Below the video player is a diagram showing a process flow: 'understand the problem' -> 'compare hospital prices' -> 'benchmark' -> 'develop tactics and strategies' -> 'organize for action'. The diagram also includes illustrations of people working together.

Employers and other health care purchasers need answers amidst rising and unsustainable health care cost.

In 2017, the Employers' Forum of Indiana commissioned RAND Corporation to conduct the first hospital price transparency study in the U.S. where comparative prices are publicly noted at the hospital level. In order to benchmark these findings, a subsequent study (RAND 2.0) was completed in May 2019 with data from employers in 25 states and and 1,598 U.S. hospitals. In September 2020, RAND 3.0 was published including more than \$33B in claims from employers in 49 states and the District of Columbia and analyzed prices for hospital services in 3,112 U.S. hospitals. These studies disrupted the protected knowledge of how much employers pay for health care and have created an unprecedented lens into the differences in the payment amounts made by commercial health plans in comparison to Medicare.

Simply knowing hospital prices is not enough to align payment with value. **The Employers' Forum of Indiana** and **RAND Corporation** created this Employer Price Transparency Project website to compile the Price Transparency Studies conducted by RAND researchers. This website offers customizable tools, resources, and strategies purchasers can use to translate hospital pricing data into meaningful action.

Become a Super Purchaser

understand the problem compare hospital prices benchmark develop tactics and strategies organize for action

<https://employerptp.org/>

RAND 3.0 Study

<https://employerptp.org/rand-hospital-price-studies/>

Download Supplement

-Hospitals Tab: 3112 hospitals

-Each State has a Tab noting health-system level data



PRESS RELEASE (9/18/20)



INTERACTIVE MAP



READ RAND 3.0 REPORT



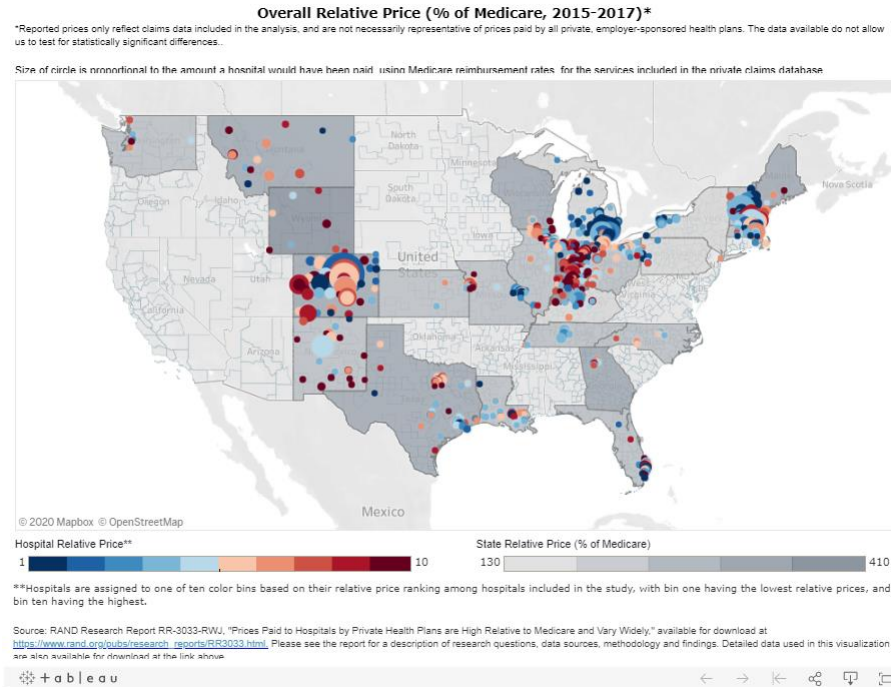
DOWNLOAD SUPPLEMENT



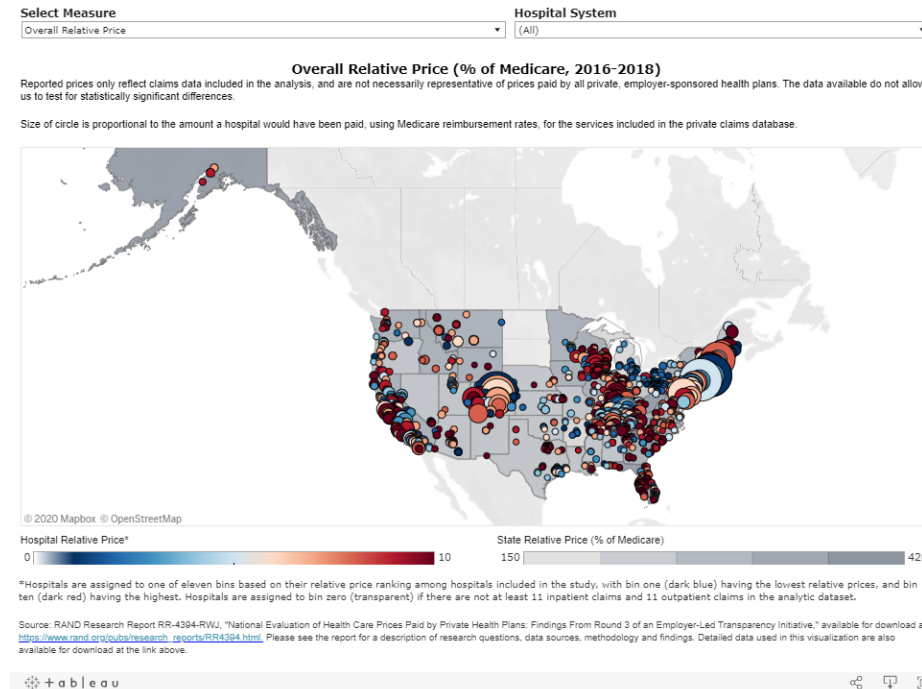
2020 CONFERENCE PRESENTATIONS

Interactive Tableau Map

RAND 2.0



RAND 3.0



<https://employerptp.org/>

Downloadable Supplemental Excel Spreadsheet

AutoSave Off RAND-3.0-Supplemental-Excel-Spreadsheet-9-18-20 - Excel Search Sara Otte

File Home Insert Draw Page Layout Formulas Data Review View Developer Help

Clipboard Font Alignment Number Styles Cells Editing Ideas Sensitivity

Table 1. Hospital Names, Addresses, and Prices Paid by Private Employer-Sponsored Health Plans, 2016-2018

NOTE: Prices are calculated based on allowed amounts, including amounts paid by the health plan and the patient.

Relative prices represent the allowed amount paid by the private plan as a percentage of what Medicare would have paid to the same hospital for the same services.

Standardized prices represent the allowed amount paid by the private health plan per service, standardized using Medicare's case mix grouping and relative weights.

Hospitals are sorted by Medicare provider number.

For a description of the data sources, methods, and results, see the full report (https://www.rand.org/pubs/research_reports/RR4394.html).

Reported prices only reflect claims data included in the analysis, and are not necessarily representative of prices paid by all private employer-sponsored health plans. Differences in prices among hospitals have not been tested for statistical significance.

The number of outpatient services represents the number of line items that are separately payable under Medicare's hospital outpatient prospective payment system.

Medicare provider number	Hospital name	Street address	City	State	Zip code	Hospital system or, if independent, IPFS/CAH	Is hospital a critical access hospital (Y/N)?	Hospital Compare 5-star rating (October 2018, NA=Not Available)	Number of outpatient services	Total private Medicare allowed amount for outpatient services (\$ millions)	Simulated Medicare allowed amount for outpatient services (\$ millions)	Relative price for outpatient services	Standardized price per outpatient service	Number of inpatient stays	Total private Medicare allowed amount for inpatient services (\$ millions)	Simulated Medicare allowed amount for inpatient services (\$ millions)	Relative price for inpatient services	Standardized price per inpatient stay	Total private Medicare allowed amount for outpatient and inpatient services (\$ millions)	Simulated Medicare allowed amount for outpatient and inpatient services (\$ millions)	Relative price for professional inpatient and outpatient services	Relative price for facility inpatient services	Relative price for outpatient services	Relative price for inpatient and outpatient services	Total private Medicare allowed amount for facility inpatient and outpatient services (\$ millions)	Simulated Medicare allowed amount for facility inpatient and outpatient services (\$ millions)	Total private Medicare allowed amount for professional inpatient and outpatient services (\$ millions)	Simulated Medicare allowed amount for professional inpatient and outpatient services (\$ millions)
010001	Southwest Alabama Medical Center	1106 Ross Clark Circle	Dothan	AL	36301	Southwest Health	N	2	54	.11	.09	122%	\$32.34									110%						
010005	Marshall Medical Center - South	2505 U S Highway 431 North	Boaz	AL	35957	Marshall Health System	N	1	43	.04	.02	216%	\$192.11									238%						
010006	Eliza Coffee Memorial Hospital	205 Monrope Street	Florence	AL	35631	Lifepoint Health	N	3	118	.09	.04	194%	\$143.93	42	.52	.21	251%	\$18,265	.61	.25	137%	237%	205%	241%	.51	.18	.09	.07
010011	St. Vincent East	50 Medical Park East Drive	Birmingham	AL	35235	Ascension Health	N	2	30	.06	.04	168%	\$130.33									148%						
010012	Dekalb Regional Medical Center	200 Med Center Drive	Fort Payne	AL	35968	Givorum Health	N	2	18	.03	.02	114%	\$34.36									108%						
010019	Helen Keller Hospital	1300 South Montgomery Avenue	Sheffield	AL	35660	Huntsville Hospital Health System	N	3	53	.10	.08	117%	\$84.47									106%						
010023	Baptist Medical Center South	2105 East South Boulevard	Montgomery	AL	36116	Baptist Health	N	2	67	.06	.04	143%	\$119.25									142%						
010024	Jackson Hospital And Clinic Inc	1725 Pine Street	Montgomery	AL	36106	Independent (IPFS)	N	2	32	.03	.03	103%	\$33.38									103%						
010029	East Alabama Medical Center	2000 Popperell Parkway	Opalika	AL	36801	East Alabama Medical Center	N	4	603	.36	.61	160%	\$131.19	37	.56	.27	203%	\$13,368	1.54	.89	157%	214%	160%	174%	1.23	.73	.25	.16
010033	University Of Alabama Hospital	619 South 19th Street	Birmingham	AL	35233	UAB Health System	N	2	345	.93	.32	231%	\$254.63	46	2.40	.72	336%	\$36,760	3.33	1.04	214%	358%	311%	322%	2.94	.65	.39	.18
010034	Community Hospital Inc.	805 Friendship Road	Tallapoosa	AL	36078	Independent (IPFS)	N	3	28	.02	.01	123%	\$105.83									113%						
010035	Cullman Regional	1912 Alabama Highway 157	Cullman	AL	35058	Independent (IPFS)	N	2	44	.07	.03	193%	\$170.34									197%						
010039	Huntsville Hospital	101 Sivley Rd	Huntsville	AL	35801	Huntsville Hospital Health System	N	2	1091	1.14	1.12	156%	\$134.60	190	4.77	1.54	303%	\$28,536	6.51	2.66	126%	376%	158%	245%	5.71	2.02	.80	.63
010040	Gadsden Regional Medical Center	1007 Goodyear Avenue	Gadsden	AL	35903	Community Health Systems	N	2	13	.09	.01	663%	\$586.48									873%						
010043	Medical Center Enterprises	400 N Edwards Street	Enterprise	AL	35894	Community Health Systems	N	3	13	.07	.01	348%	\$807.81									1244%						
010055	Flowers Hospital	4370 West Main Street	Dothan	AL	36305	Community Health Systems	N	3	53	.06	.05	103%	\$85.03									112%						
010056	St. Vincent Birmingham	810 St Vincent's Drive	Birmingham	AL	35205	Ascension Health	N	4	107	.28	.18	157%	\$133.34	14	.23	.12	201%	\$16,039	.51	.29	128%	235%	162%	174%	.42	.22	.09	.07
010065	Piedmont Medical Center	5316 Highway 280	Alexander City	AL	35010	Independent (IPFS)	N	3	16	.01	.01	115%	\$32.32									103%						
010078	NorthEast Alabama Regional Med Ctr	400 East 10th Street	Anniston	AL	36207	Regional Medical Center	N	2	23	.05	.03	160%	\$133.47									167%						
010079	Arkham Limestone	700 West Market Street	Arkham	AL	35611	Huntsville Hospital Health System	N	4	54	.08	.04	183%	\$154.01									186%						
010083	South Baldwin Regional Medical Center	1610 North McKenna Street	Foley	AL	36535	Community Health Systems	N	3	177	.33	.14	237%	\$187.14	10	.14	.08	173%	\$11,144	.48	.22	165%	187%	254%	216%	.41	.18	.07	.04
010088	Decatur Morgan - Decatur		Decatur	AL		Huntsville Hospital																						

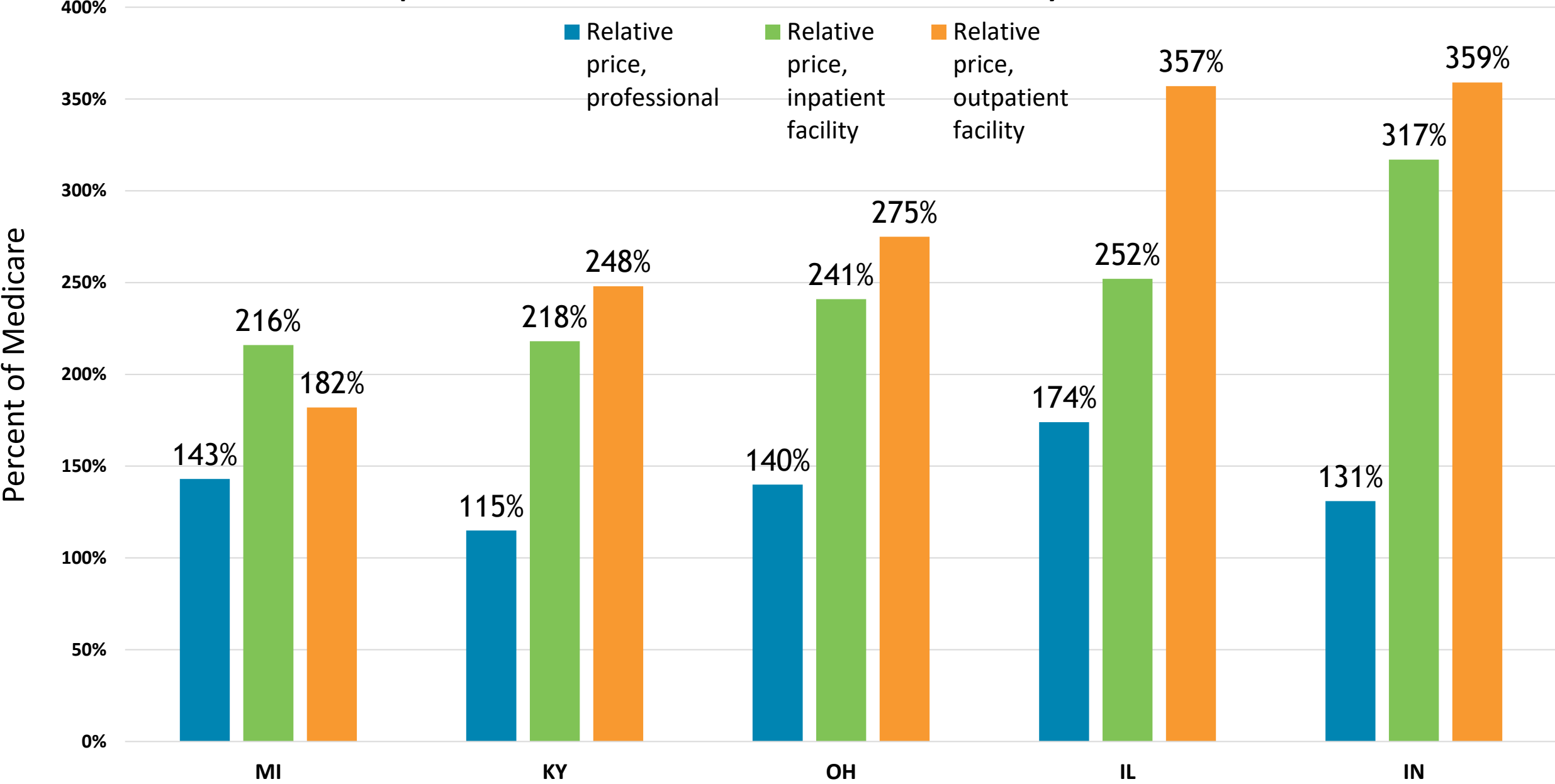
Notes and Background Table 1. PF Hospitals Table 2. PF States Table 3. PF Systems Table 4. PF Outpatient Servi Table 5. PF Inpatient Servi ...

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<https://employerptp.org/>

RAND 3.0 Study Findings: Indiana

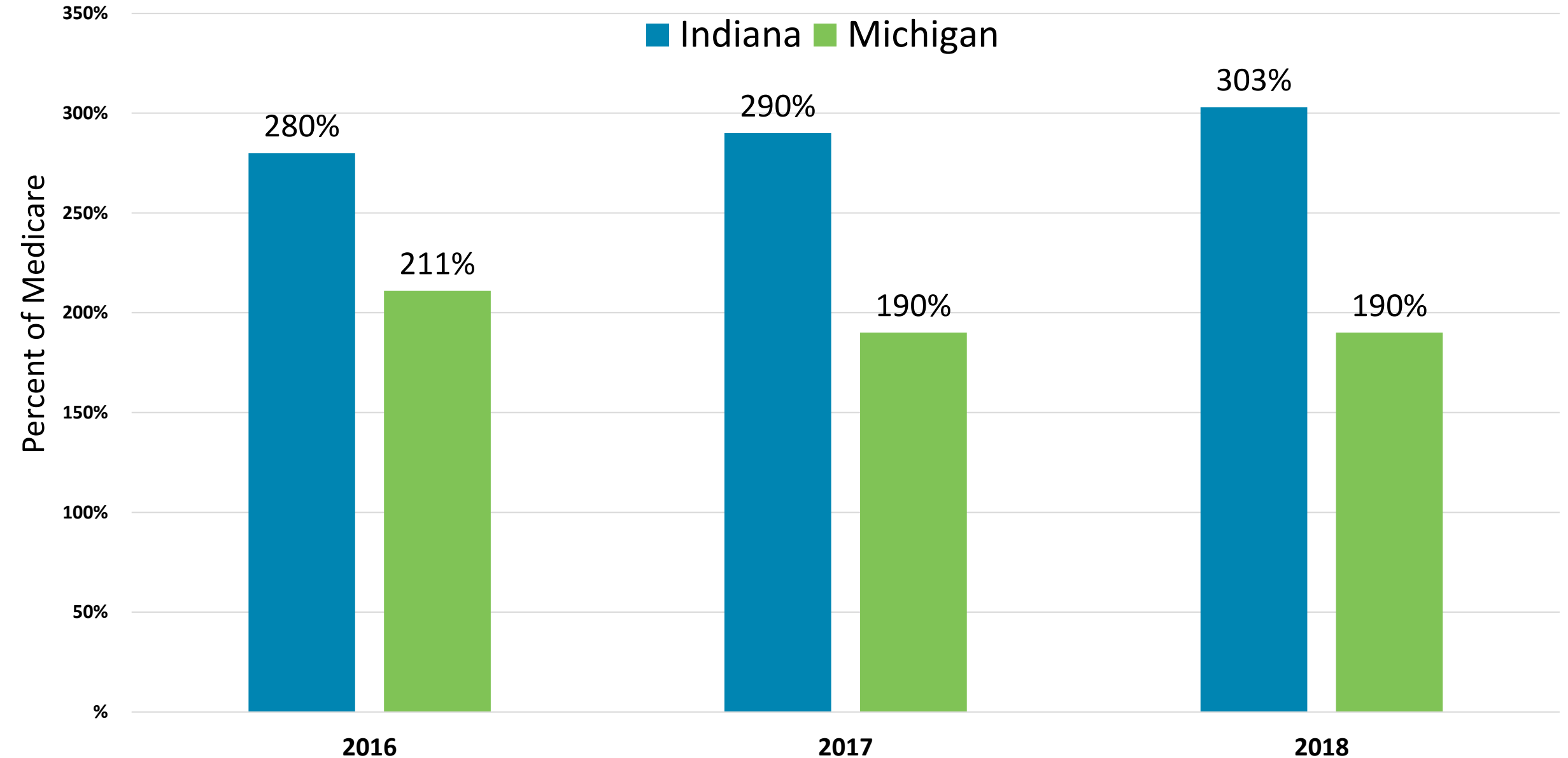
Hospital Prices Relative to Medicare by State, 2018



Source: Whaley, 2020, Nationwide Evaluation of Health Care Prices Paid by Private Health Plans findings from Round 3 of an Employer-Led Transparency Initiative

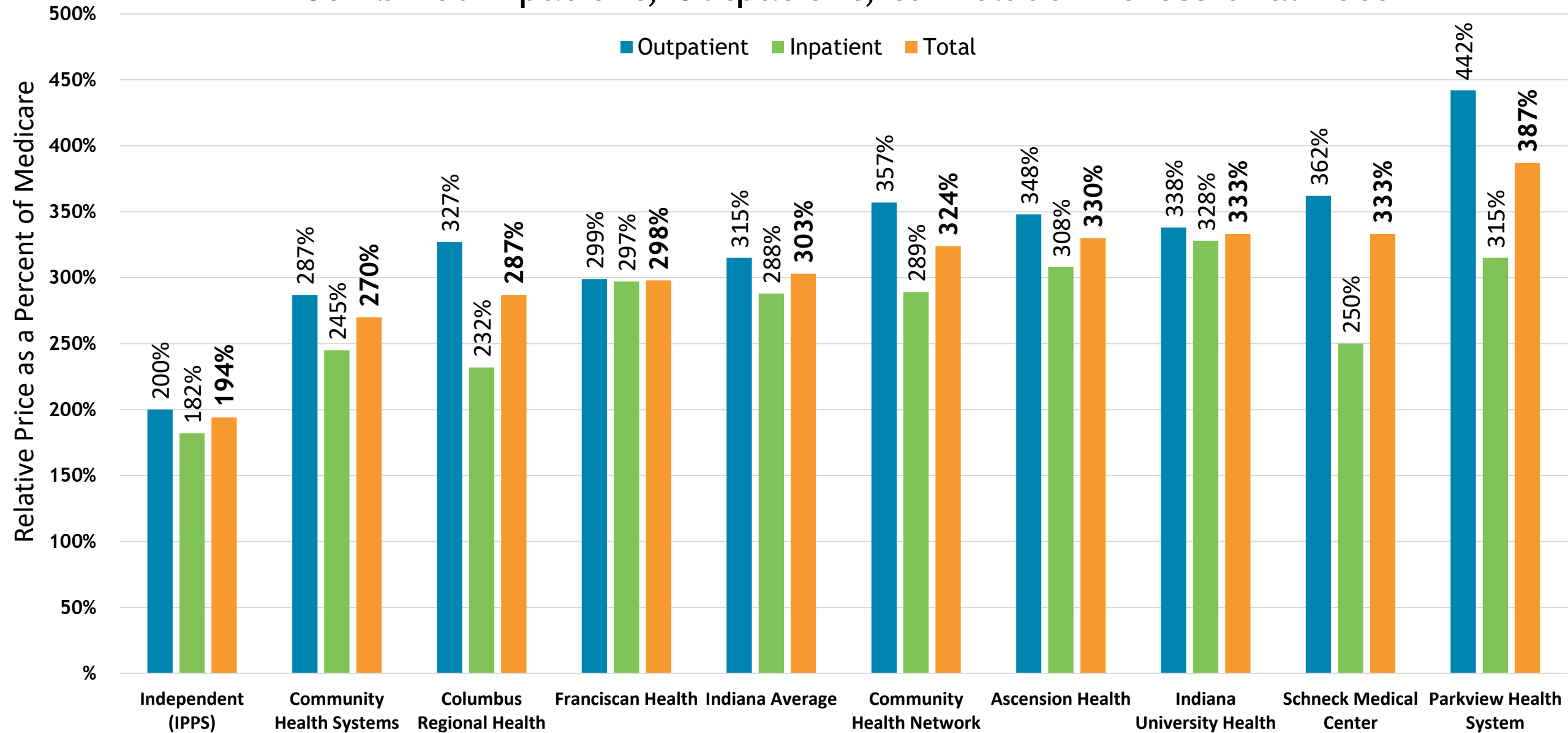
Hospital Prices Relative to Medicare

Includes Inpatient and Outpatient Facility & Associated **Professional** Price



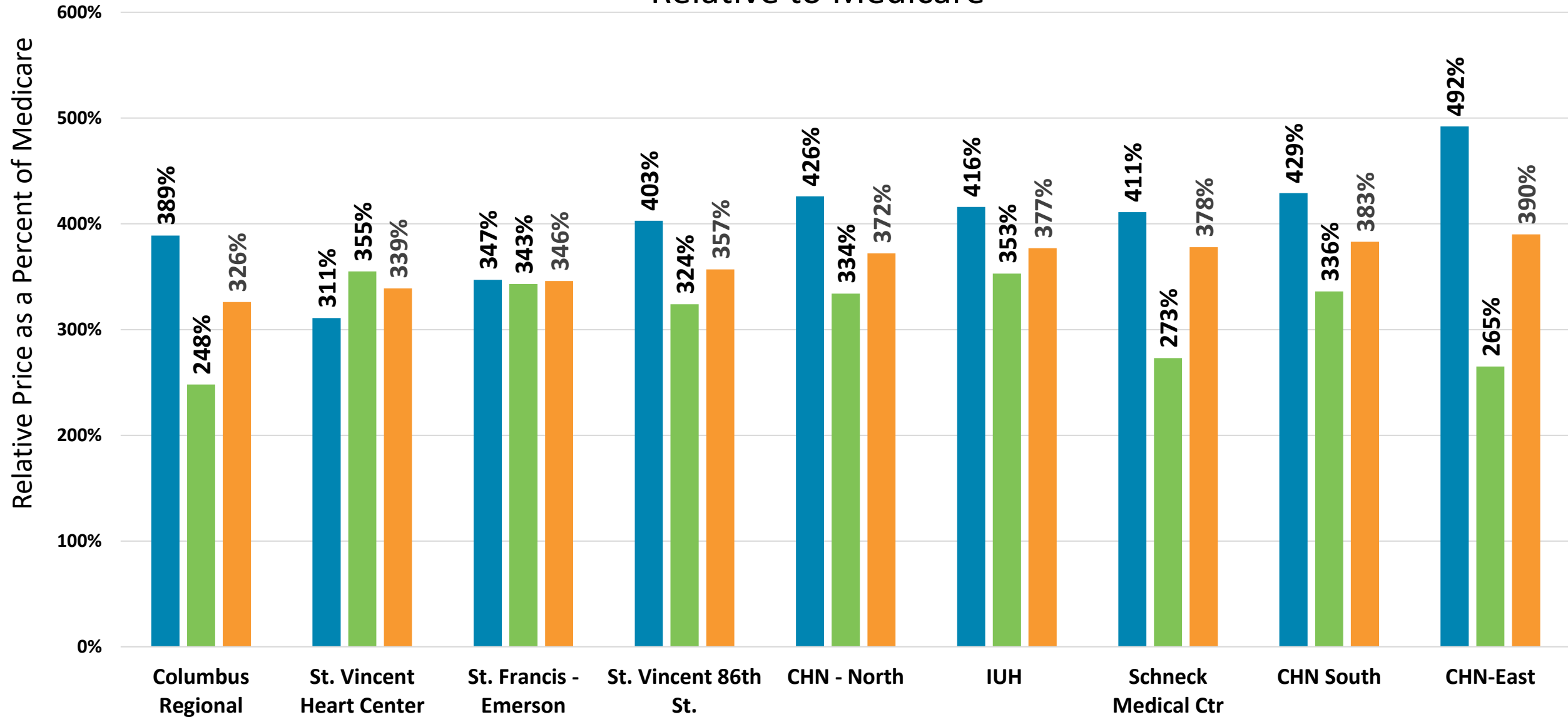
INDIANA Hospital Prices Relative to Medicare, 2018

Combined Inpatient, Outpatient, to include Professional Fees



Central Indiana 2016-2018 Facility Only Prices Relative to Medicare

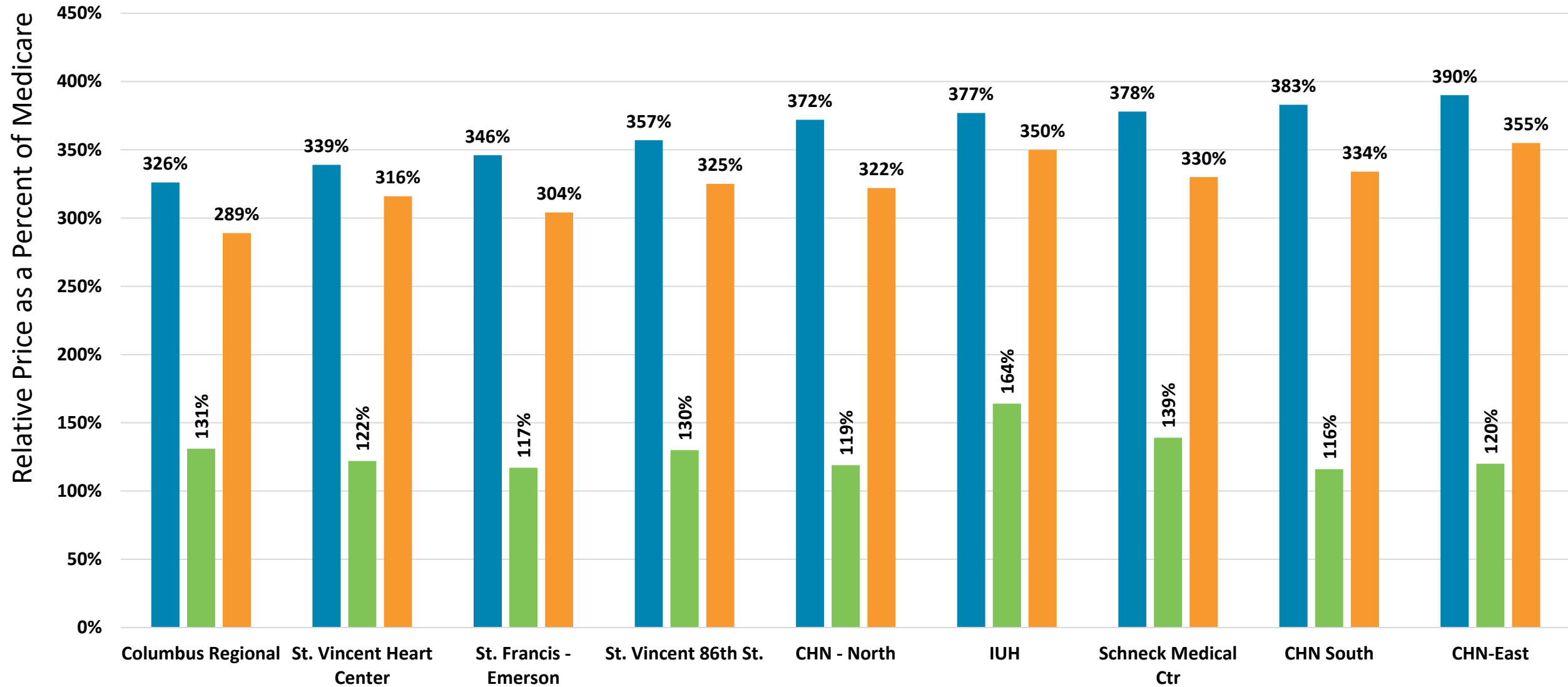
■ Outpt Hosp ■ Inpt Hosp ■ Total



Facility Professional Total w/ Prof

Central Indiana

2016-2018 Facility VS Professional Prices Relative to Medicare

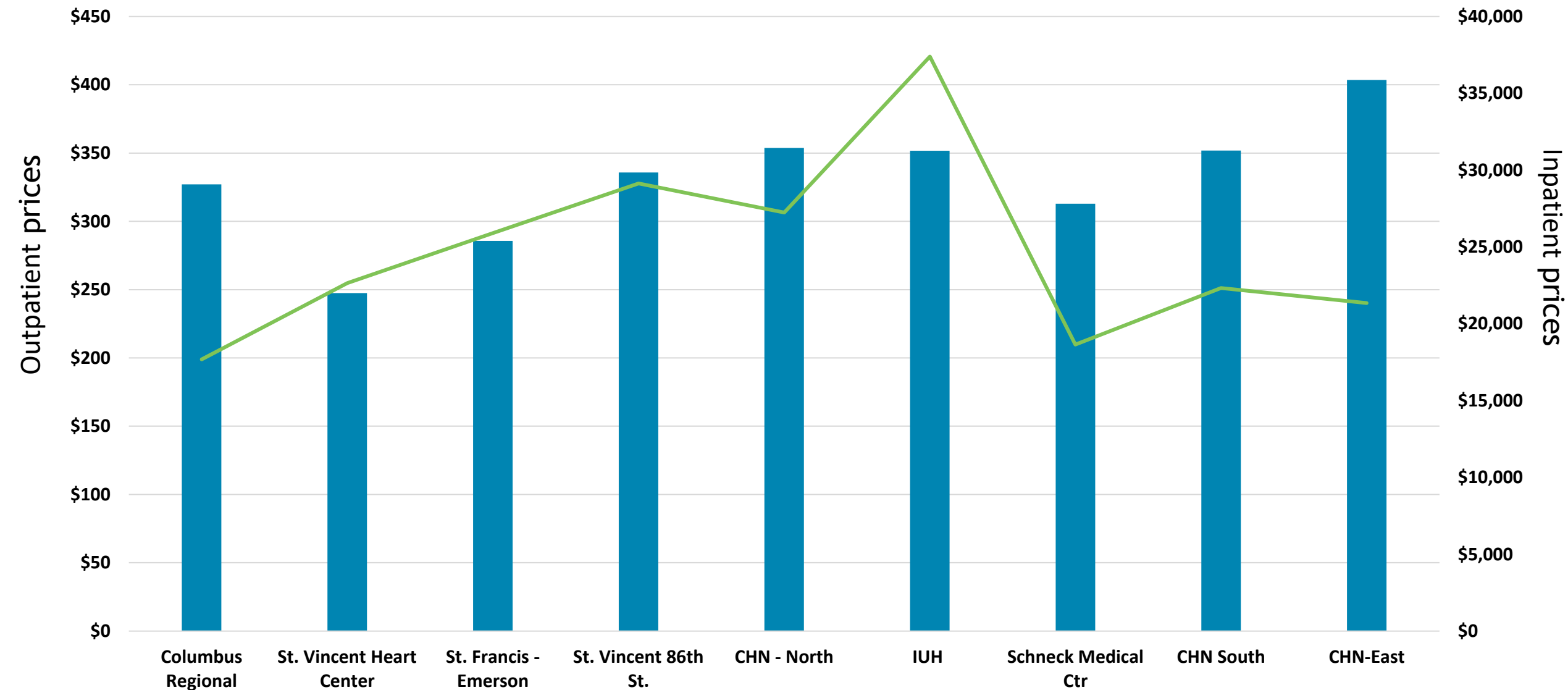


Central Indiana

2016-2018 Standardized Prices

Ordered by Relative Medicare Prices

Outpatient Inpatient



Employers Want High Value =
High **Quality** at a Fair Price

Hospital Quality Scores Freely Available by CMS









- Goal is to pay for high value = best quality at a fair price
- Quality is NOT all the same
- Recommend everyone SPEND a lot of time with CMS
Hospital Star Ratings, last updated January 2020
 - [Find Healthcare Providers: Compare Care Near You | Medicare](#)
 - CMS Hospital Compare downloadable datasets for over 4000 hospitals in U.S. <https://data.medicare.gov/data/hospital-compare>

QUALITY: CMS Hospital Compare Star Ratings

MY LOCATION PROVIDER TYPE NAME OF FACILITY (optional)

ZIP code or city Hospitals Facility name Search

Or, select a provider type to learn more:

 Doctors & clinicians	 Hospitals	 Nursing homes including rehab services	 Home health services
 Hospice care	 Inpatient rehabilitation facilities	 Long-term care hospitals	 Dialysis facilities

Looking for medical supplies and equipment? [Visit the Supplier Directory.](#)

CMS Hospital Quality MEASURES

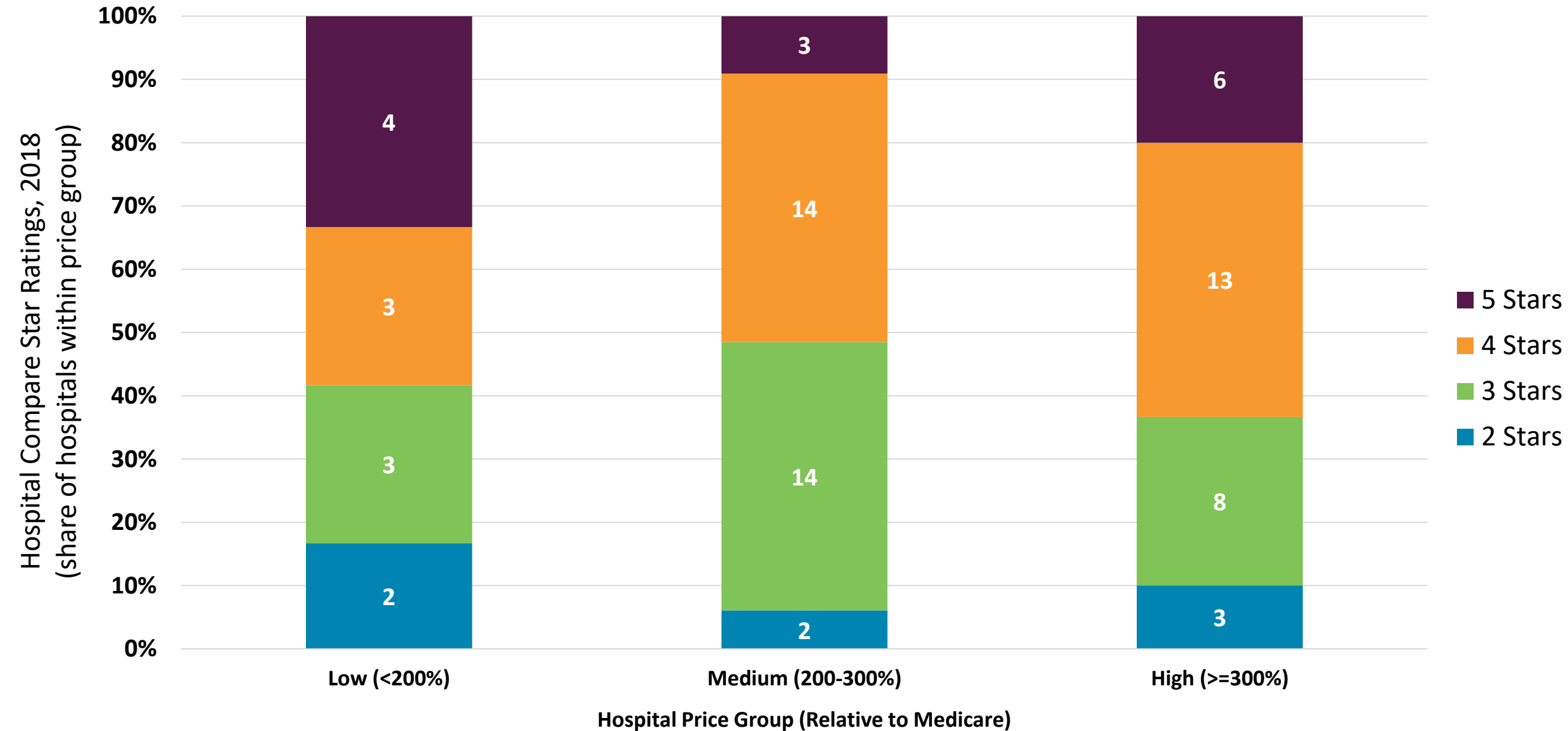
The Hospital Compare has 51 quality measures bucketed into 7 domains:

- 1.) Mortality
- 2.) Safety of Care
- 3.) Readmission
- 4.) Patient Experience
- 5.) Effectiveness of Care
- 6.) Timeliness of Care
- 7.) Efficient Use of Medical Imaging

Medicare.gov. Hospital <https://data.cms.gov/provider-data/topics/hospitals/overall-hospital-quality-star-rating>

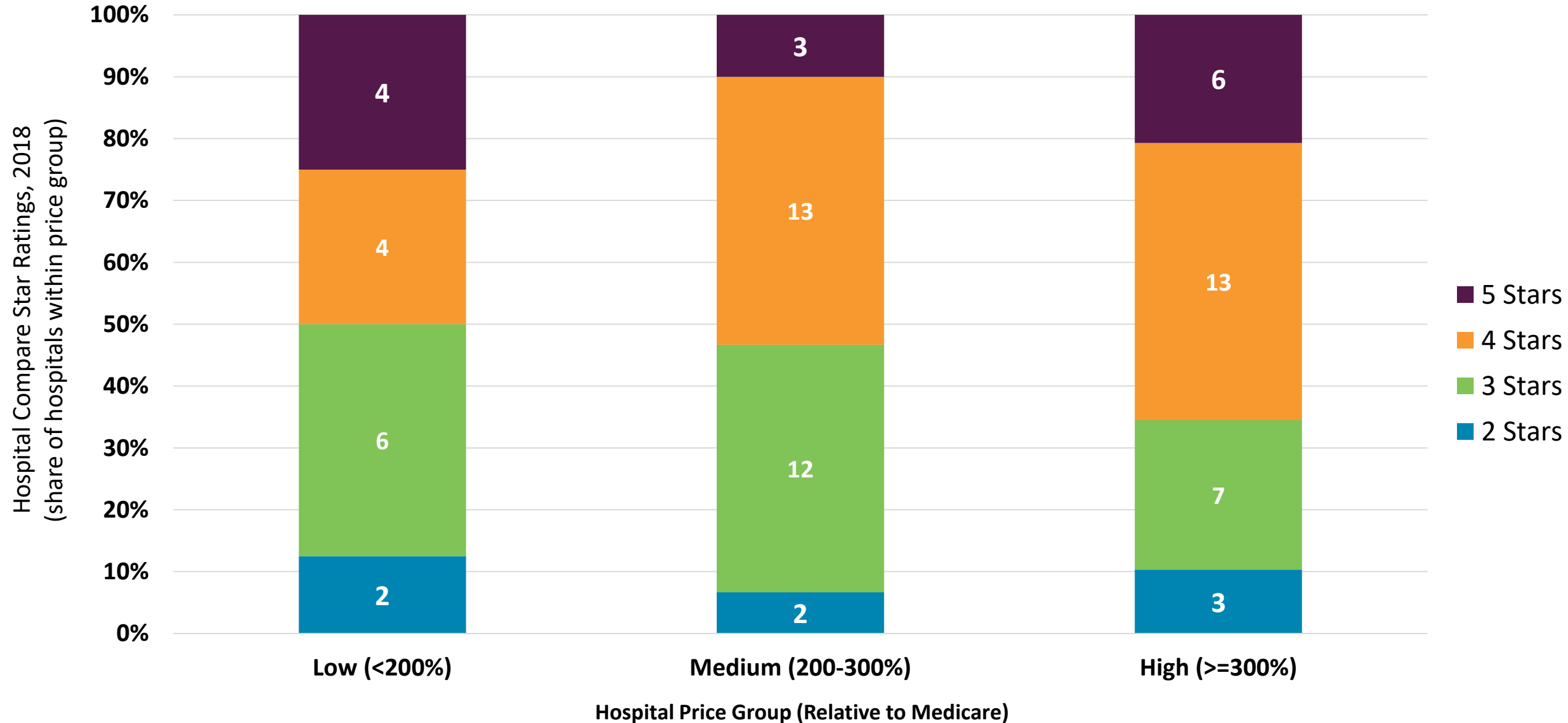
RAND 3.0 Indiana Hospitals: Relative Price by CMS Quality Star Rating

Includes **Inpatient and Outpatient** Facility & Associated **Professional** Price (N=75)



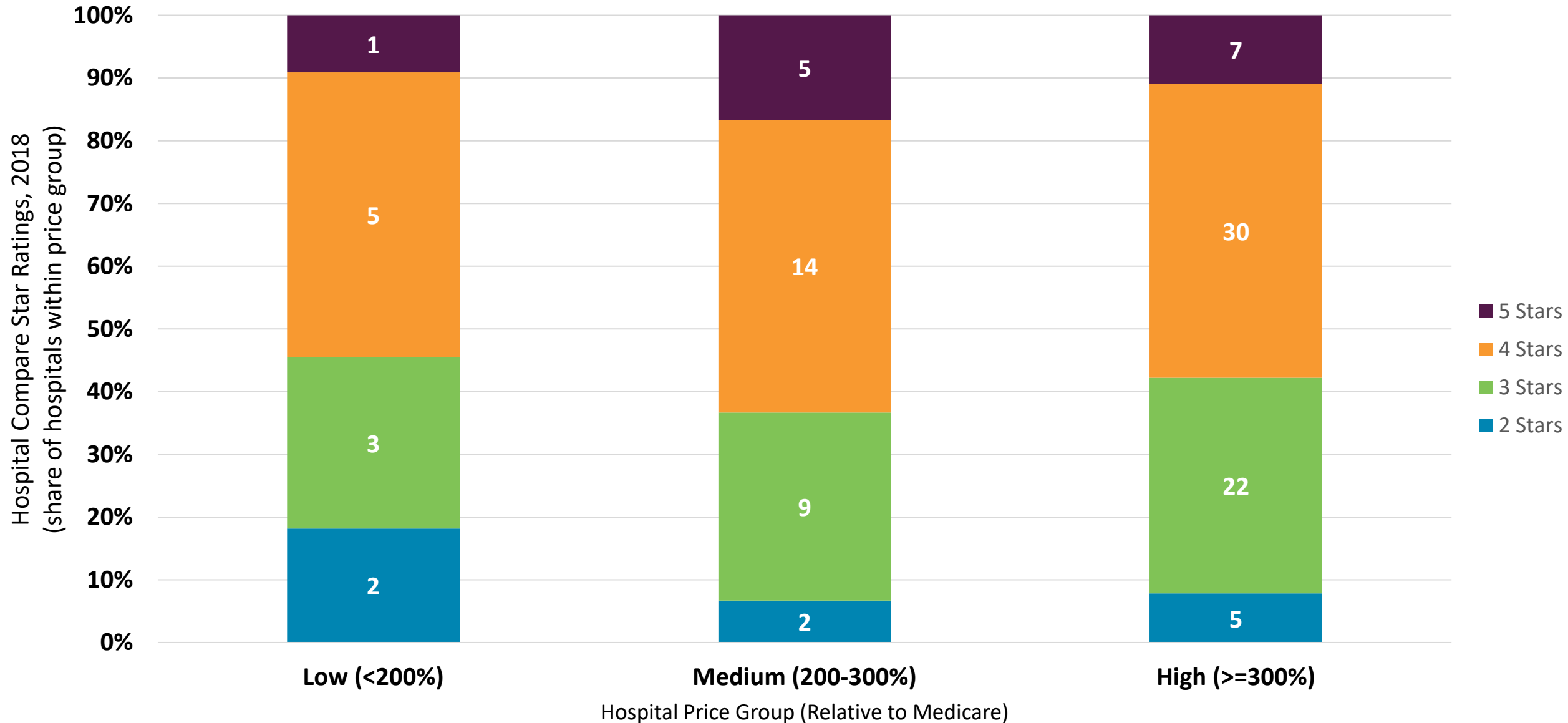
RAND 3.0 Indiana: Hospitals Relative Price by CMS Quality Star Rating

Reflects **Inpatient Facility** Price Only (N=75)



RAND 3.0 Indiana: Hospitals Relative Price by CMS Quality Star Rating

Reflects **Outpatient Facility** Price Only (N=105)



Indiana Health-System: Price and Quality

Payments Relative to Medicare

St. Vincent* 2016 to 2018	Medicare Provider	Inpatient Facility	Outpatient Facility	Facility Only Total	Professional Only	Facility Plus Professional	Medicare Star Rating
St. Vincent Anderson	150088	338%	403%	384%	124%	334%	***
St. Vincent Carmel Hospital	150157	308%	447%	369%	107%	309%	****
St. Vincent Evansville	150100	372%	461%	423%	142%	370%	***
St. Vincent Fishers Hospital	150181	307%	440%	398%	145%	341%	***
St. Vincent Hospital & HCC Indianapolis	150084	324%	403%	357%	130%	325%	***
St. Vincent Heart Center	150153	355%	311%	339%	124%	318%	*****
St. Joseph Hospital & Health Center	150010	289%	406%	361%	121%	308%	****

* only hospitals with full reporting are shown above

Indiana Health-System: Price and Quality

Payments Relative to Medicare

IU Health* 2016 to 2018	Medicare Provider	Inpatient Facility	Outpatient Facility	Facility Only Total	Professional Only	Facility Plus Professional	Medicare Star Rating
IU Health West Hospital	150158	331%	374%	361%	142%	322%	*****
IU Health Bloomington Hospital	150051	337%	464%	410%	117%	357%	****
IU Health North Hospital	150161	320%	372%	343%	133%	302%	*****
IU Health Indianapolis	150056	353%	416%	377%	164%	350%	****
IU Health Arnett Hospital	150173	336%	292%	309%	142%	279%	***
IU Health Ball Memorial Hospital	150089	298%	339%	317%	124%	286%	***

* only hospitals with full reporting are shown above

Indiana Health-System: Price and Quality

Payments Relative to Medicare

Community Health Network 2016 to 2018	Medicare Provider	Inpatient Facility	Outpatient Facility	Facility Only Total	Professional Only	Facility Plus Professional	Medicare Star Rating
Communiy Hospital Anderson	150113	295%	354%	332%	117%	295%	***
Community Health - East	150074	265%	492%	390%	121%	355%	****
Community Health - South	150128	336%	429%	383%	116%	334%	****
Community Health - North	150169	334%	426%	372%	119%	322%	***
Community Howard	150007	283%	413%	355%	119%	317%	****

* only hospitals with full reporting are shown above

Indiana Health-System: Price and Quality

Payments Relative to Medicare

Franciscan Health 2016 to 2018	Medicare Provider	Inpatient Facility	Outpatient Facility	Facility Only Total	Professional Only	Facility Plus Professional	Medicare Star Rating
St. Francis Carmel	150182	303%	243%	280%	85%	236%	*****
Franciscan Health Crown Point	150126	244%	305%	282%	153%	260%	****
Franciscan Health - Dyer	150090	208%	366%	311%	125%	278%	***
Franciscan Health Hammond	150004	147%	301%	235%	125%	214%	***
St. Francis Hospital Indianapolis	150162	343%	347%	346%	117%	304%	**
Franciscan Health Lafayette	150109	330%	302%	315%	132%	282%	****
Franciscan Health Michigan City	150015	308%	304%	305%	118%	267%	****
St. Francis Health - Mooresville	150057	311%	371%	346%	117%	300%	*****

* only hospitals with full reporting are shown above

Indiana Health-System: Price and Quality

Payments Relative to Medicare

Parkview Health 2016 to 2018	Medicare Provider	Inpatient Facility	Outpatient Facility	Facility Only Total	Professional Only	Facility Plus Professional	Medicare Star Rating
Whitley Memorial Hospital	150101	259%	592%	469%	150%	416%	****
Parkview Hospital	150021	335%	558%	452%	125%	394%	****
Parkview Orthopedic Hospital	150167	463%	553%	504%	80%	386%	N/A
Huntington Memorial Hospital	150091	351%	569%	488%	125%	403%	****

* only hospitals with full reporting are shown above

Indiana Health-System: Price and Quality

Payments Relative to Medicare

	Medicare Provider	Inpatient Facility	Outpatient Facility	Facility Only Total	Professional Only	Facility Plus Professional	Medicare Star Ratings
Columbus Regional Hospital	150112	248%	389%	326%	131%	289%	****
Schneck Medical Center	150065	273%	411%	378%	138%	330%	*****

Example: Quantros - Major Joints Composite Quality (search by location, Indianapolis MSA)

Score	MSA	# Cases (n) at Risk
99.1	Indianapolis IN MSA	2212
99.1	Indianapolis IN MSA	2625
94.8	Indianapolis IN MSA	873
89.9	Indianapolis IN MSA	532
85.3	Indianapolis IN MSA	293
83.5	Indianapolis IN MSA	784
77.4	Indianapolis IN MSA	48
70.0	Indianapolis IN MSA	188
57.9	Indianapolis IN MSA	581
52.0	Indianapolis IN MSA	938
48.2	Indianapolis IN MSA	202
47.0	Indianapolis IN MSA	479
47.0	Indianapolis IN MSA	271
46.2	Indianapolis IN MSA	1018
40.5	Indianapolis IN MSA	85
36.4	Indianapolis IN MSA	388
30.7	Indianapolis IN MSA	137
30.4	Indianapolis IN MSA	682
27.5	Indianapolis IN MSA	1735
19.3	Indianapolis IN MSA	370
11.7	Indianapolis IN MSA	752
4.4	Indianapolis IN MSA	247

Example: Quantros Major Joints Composite Quality by Physician Name

Score	NPI	Primary Specialty	# Cases (n) at Risk
99.1	1720032527	Orthopaedic Surgery	242
98.7	1831323427	Orthopaedic Surgery	279
98.4	1922050988	Orthopaedic Surgery	543
96.5	1841244951	Orthopaedic Surgery	107
95.9	1952352882	Orthopaedic Surgery	284
95.4	1073565628	Orthopaedic Surgery	59
95.1	1104844919	Orthopaedic Surgery	63
94.8	1598022121	Orthopaedic Surgery	44
94.1	1184675084	Orthopaedic Surgery	259
85.6	1013968288	Orthopaedic Surgery	21
84.3	1699728709	Orthopaedic Surgery	18
77.0	1114245503	Orthopaedic Surgery	13
19.7	1043495823	Orthopaedic Surgery	42
19.5	1649447145	Orthopaedic Surgery	42
17.4	1982656138	Orthopaedic Surgery	20
16.4	1669424891	Orthopaedic Surgery	196
15.2	1063465433	Orthopaedic Surgery	238
14.6	1295943678	Orthopaedic Surgery	38
14.0	1740224153	Orthopaedic Surgery	33
7.7	1073567830	Orthopaedic Surgery	32

Quality Measure Tools Example: Quantros Central Indiana

Physician-Level Information Cardiac Care

Score	Physician Name	Hospital Name
99.8	CHEN, HUEI-SHENG VINCENT	Eskenazi Health
99.8	KEATING, VINCENT P	Community Hospital South
99.7	STEINBERG, LEONARD ALAN	St Vincent Heart Center of Indiana, LLC
99.6	MOORE, JOHN WILLIAM	Franciscan Health Indianapolis
99.5	BANTHIA, SMRITI	Franciscan Health Indianapolis
99.5	MALINENI, KRISHNA C	Community Hospital East
99.5	SHAIKH, SAEED R	Franciscan Health Indianapolis
99.3	CARY, NORMAN S	IU Health West Hospital
99.3	PADANILAM, BENZY JAMES	St Vincent Hospital & Health Services
99.2	ROUCH, CARL L	Franciscan Health Indianapolis
99.2	SZWED, JOSEPH M	St Vincent Heart Center of Indiana, LLC
99.2	NAVARRETE CASAS, ANTONIO J	Indiana University Health North Hospital
99.1	KINN, ROBERT MARK	Franciscan Health Indianapolis
99.1	HERMILLER, JAMES B	St Vincent Heart Center of Indiana, LLC
98.9	JOSHI, SANDEEP A	St Vincent Hospital & Health Services
98.6	KREUTZ, ROLF	Eskenazi Health
98.5	CAVE, MELISSA D	St Vincent Hospital & Health Services
98.5	HUFFER, CHRISTOPHER JAMES	Witham Health Services
98.4	PUROHIT, ANIL	Community Hospital South
98.3	BONHOMME, CHAD E	Community Hospital East
98.3	SCHUTZMAN, JOHN J	St Vincent Hospital & Health Services
98.2	HEALY, CHRISTOPHER ALAN	Community Hospital East
98.1	STEINBERG, LEONARD ALAN	St Vincent Hospital & Health Services
98.1	IQTIDAR, ALI FAROOQ	Indiana University Health

Score	Physician Name	Hospital Name
10.1	MELDAHL, RAYMOND VICTOR	Community Hospital South
8.7	NAIR, GIRISH V	St Vincent Hospital & Health Services
8.7	HILL, STEVEN D	Indiana University Health
8.5	LIU, HONGWEI	Community Hospital East
8.4	SHAWA, IMAD	Franciscan Health Indianapolis
8.2	WERNE, ADAM M	St Vincent Heart Center of Indiana, LLC
8.2	COWGER, JENNIFER ANN	St Vincent Hospital & Health Services
8.0	BALFOUR, MIGUEL R	Franciscan Health Indianapolis
8.0	MILLER, MICHELLE D	Community Hospital North
7.9	KIRLIN, PHILIP C	St Vincent Hospital & Health Services
7.7	FARMER, JEFFREY L	IU Health West Hospital
7.4	SCHLEETER, THOMAS P	St Vincent Hospital & Health Services
7.0	SCHIER, JOHN J	St Vincent Hospital & Health Services
7.0	SNYDER, MICHAEL JAMES	Franciscan Health Indianapolis
7.0	BLAKLEY, TYLER D.	Johnson Memorial Hospital
6.6	FAHMY, USAMA LOTFY	St Vincent Hospital & Health Services
6.2	ABBOTT, TROY A	Community Hospital of Anderson and Ma
6.1	PANNABECKER, ANDREW	St Vincent Hospital & Health Services
5.8	MALIK, NAEEM ZAFAR	Community Hospital of Anderson and Ma
5.8	PARK, MICHAEL	Indiana University Health
5.6	KREUTZ, ROLF	Indiana University Health
5.5	REED, GORDON	Hendricks Regional Health
5.2	BOURDILLON, PATRICK D	Indiana University Health
5.0	HADI, AZAM	Indiana University Health

Value Report by Colorado Business Group on Health: RAND Prices & Quantros Quality

QUANTROS®

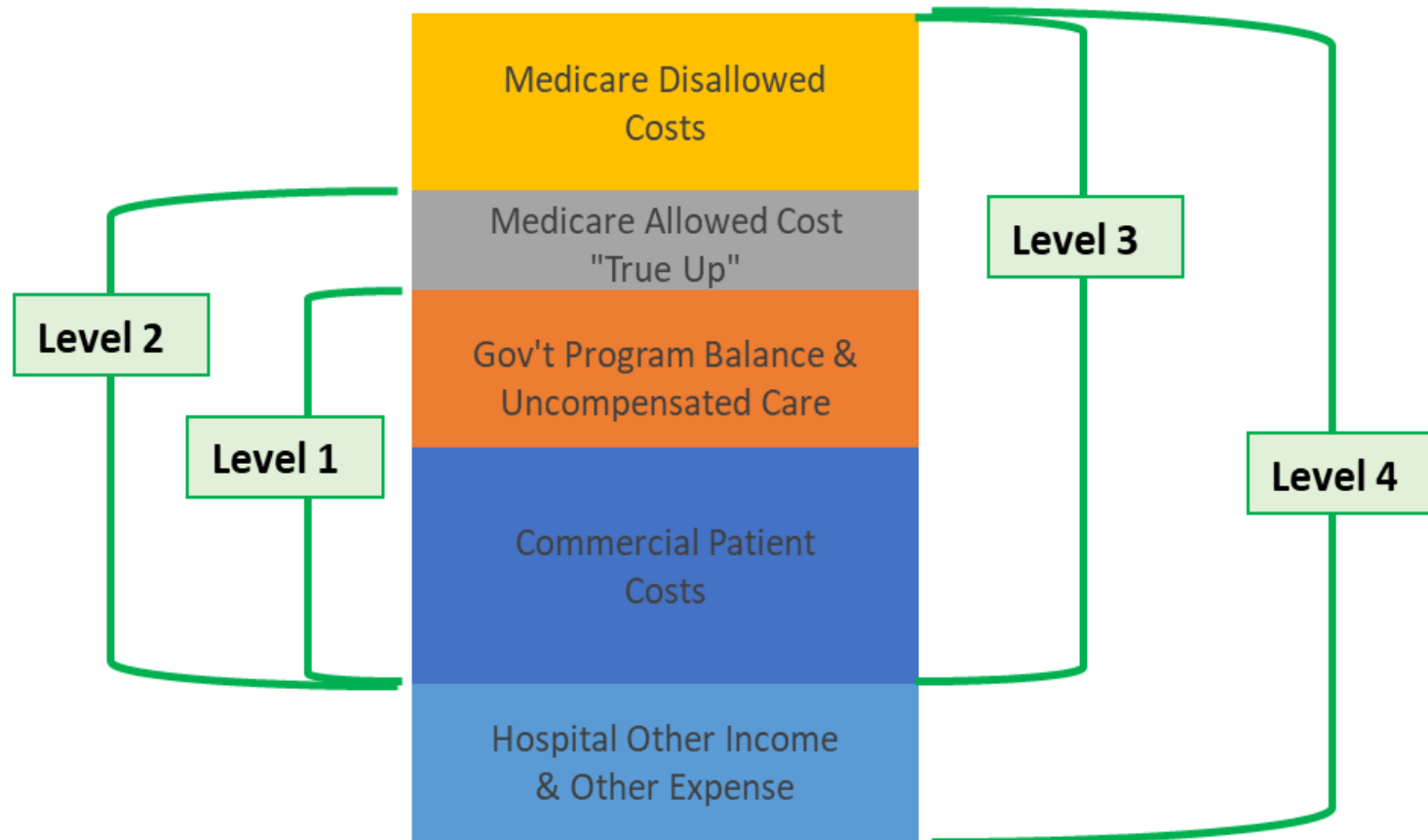
RAND CORPORATION HOSPITAL PRICING AS A PERCENT OF MEDICARE				QUANTROS CLINICAL QUALITY SCORES (CQS)					
HOSPITAL NAME	CITY	RELATIVE PRICE FOR OUTPATIENT SERVICES	RELATIVE PRICE FOR INPATIENT SERVICES	OVERALL HOSPITAL CARE NATIONAL COMPOSITE QUALITY SCORE	OVERALL HOSPITAL CARE MORTALITY	OVERALL HOSPITAL CARE COMPLICATIONS	OVERALL HOSPITAL CARE READMISSIONS	HIGHEST PERFORMING CLINICAL CATEGORY	LOWEST PERFORMING CLINICAL CATEGORY
San Luis Valley Health Conejos County Hospital	La Jara	141%	68%	79.3 ✓+	55.9	51.2	62.2	Pneumonia Care 71.1	Pulmonary Care 67.5
Keefe Memorial Hospital	Cheyenne Wells	333%	76%	31.7 ✓	27.8	47.3	41.6	Pulmonary Care 41.8	Pneumonia Care 30.4
Pagosa Springs Medical Center	Pagosa Springs	187%	93%	54.3 ✓	69.1	55.5	29.7	Cardiac Care 80.6	Chronic Obstructive Pulmonary Disease 9.3
Aspen Valley Hospital	Aspen	123%	96%	72.1 ✓	70.8	66.4	40.2	Overall Surgical Care 81.8	Hip Fracture Care 27.9
Prowers Medical Center	Lamar	217%	116%	26.3 ✓	37.8	13.8	14.0	Chronic Obstructive Pulmonary Disease 51.1	Pneumonia Care 19.1
Rose Medical Center	Denver	381%	212%	79.8 ✓+	74.9	68.5	70.4	Pulmonary Care 94.0	Cardiac Care 25.1

Employers Should Negotiate Up from a known Floor Not down from the Sky based on Arbitrary “Charges”

1. The Floor: What hospitals report as their actual own costs are provided on the Medicare Cost Reports that hospital executives sign and submit to CMS.
2. The National Academy of State Health Policy (NASHP) developed a Hospital Cost Tool in the Fall of 2020 using this financial data
<https://www.nashp.org/how-to-complete-nashps-hospital-cost-tool/>
 - a. Makes it clear the amount of charity care provided per hospital as a percent of revenue and as a percent of payer mix.
 - b. Provides what the breakeven amount is for commercial payment to cover all hospital Medicaid and Medicare losses (if applicable), all charity care and all other hospital costs and notes this as a percent of Medicare. Then this can be compared to RAND 3.0 prices.
 - c. It aims to provide a fair and complete understanding of hospital costs.

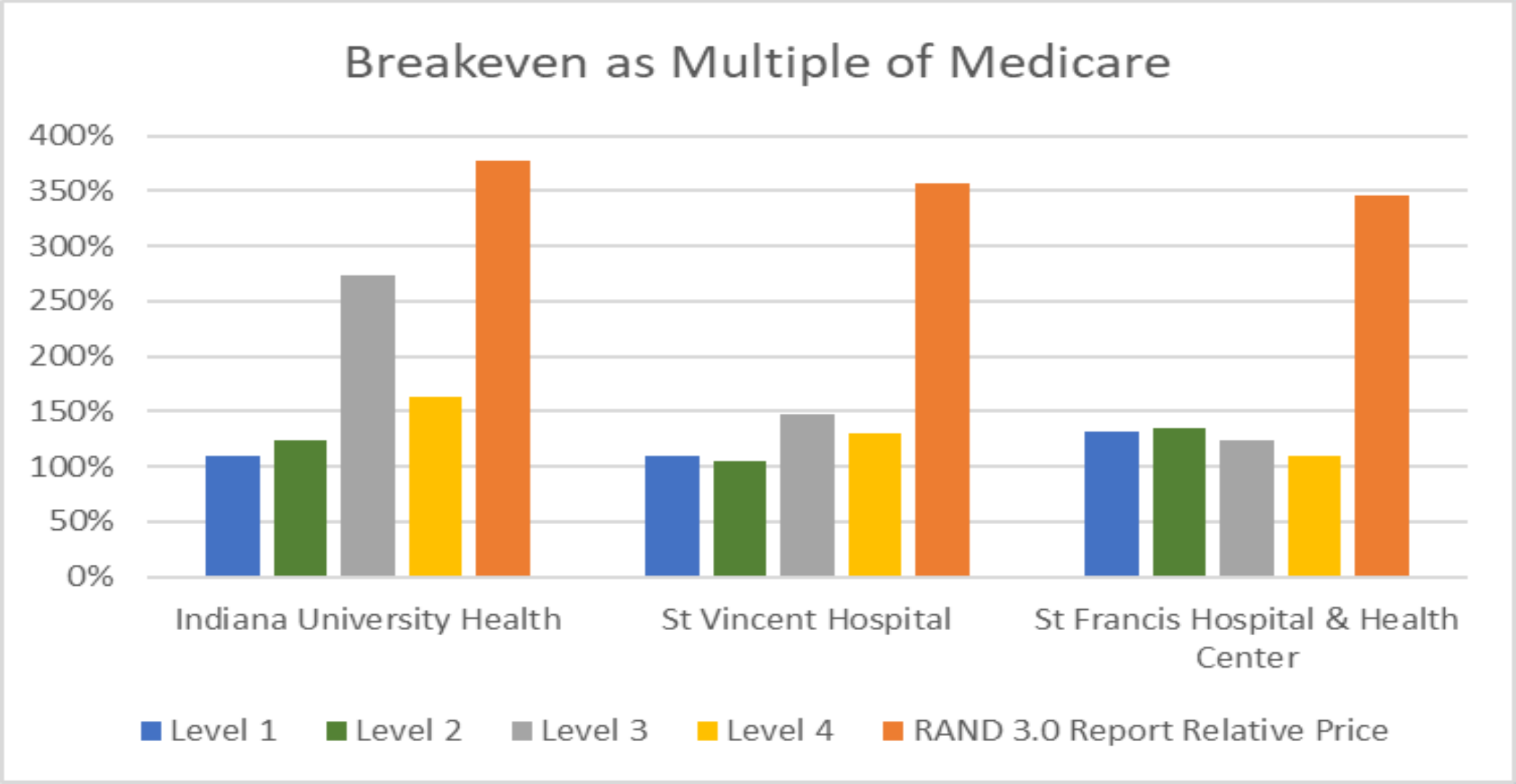


Four Levels of Hospital Breakeven



- Points where Revenue = Expense
- What should Commercial Payers Cover?
- Negotiations - Where do we start?

Comparison to RAND 3.0 (2018)

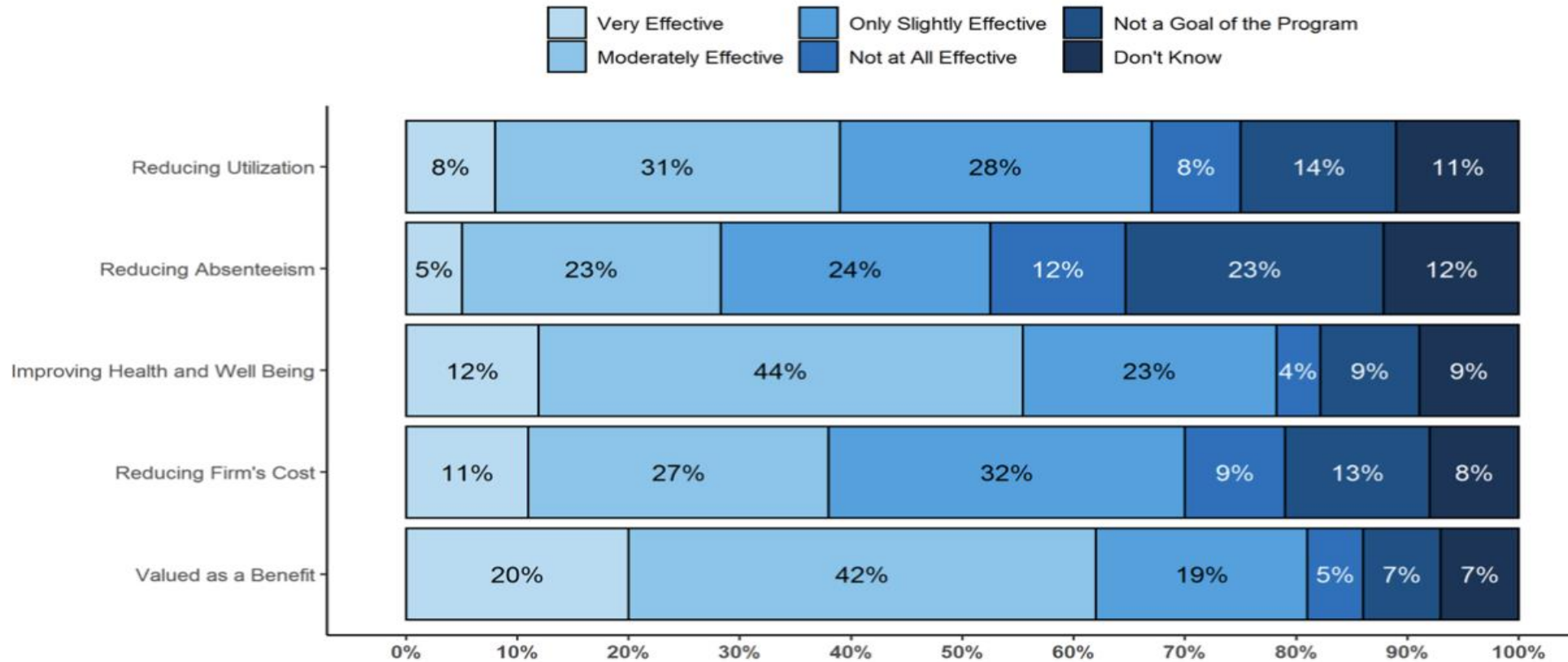


Reproduced with permission from Marilyn Bartlett, Fellow of NASHP

What are Employers Doing with Price Transparency Information?

EMPLOYERS KNOW ITS TIME FOR CHANGE

Among Large Firms Offering Health Benefits and a Wellness or Health Screening Programs, Firms Opinion of How Effective Programs are at Meeting Various Goals, 2020



NOTE: Health screenings include health risk assessments and biometric screening programs. Wellness programs include programs to help employees lose weight, lifestyle or behavioral coaching or tobacco cessation programs. Among large firms offering health benefits, 85% offer any of these programs and 46% offer an incentive to complete at least one of these health promotion programs. Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2020

Change is Possible!

In order to have a functional market, healthcare purchasers must demand Price and Quality Transparency

Reliable, actionable data to make informed decisions & hold the entire supply chain accountable

Benefit design with incentives for covered lives to go to high value

Payment models which are aligned with high value

Enact legislative policy to allow for fair practices


Stimulate Provider Competition around High Quality at Best Price

Employers Must: **OWN** Their Data

Employers must review their carrier and data warehouse contracts carefully to assert ownership of all financial and clinical data

- Data analysis must be conducted by unbiased, knowledgeable, and reputable partners so that the results can be trusted.
- Financial resources currently provided to vendors for analysis should be reallocated to a neutral partner of the employers' choice as vendor analyses of themselves are inherently biased and can not be trusted.
- Auditing privileges are not an effective substitution for due diligence.

Employers Must: **UNDERSTAND** Their Data



Adequately resource your own health benefits department with staff that have strong clinical, financial, and data analytic credentials.

Ideally, bring management of ALL aspects of health services analyses under one's own roof as this will assure healthcare dollars spent align with the value of services provided.

Employers Must: **ALIGN** Partner Incentives with data

Ensure that ALL third-parties whom you partner with have performance guarantees so that financial incentives align with improvement with employee quality & reduction in employer costs.
NO more PEPM, PMPM, PMPY without performance guarantees!

- Performance Guarantees based on achieving improvement in actual clinical measures & economic measures, NOT process measures.
- Insist on 100% transparency: all partners must disclose financial relationships with any service or vendor they recommend. Bribes are the norm and termed “sales fees”, “service fees”, etc.

Employers Must: Pay Based on **Data**

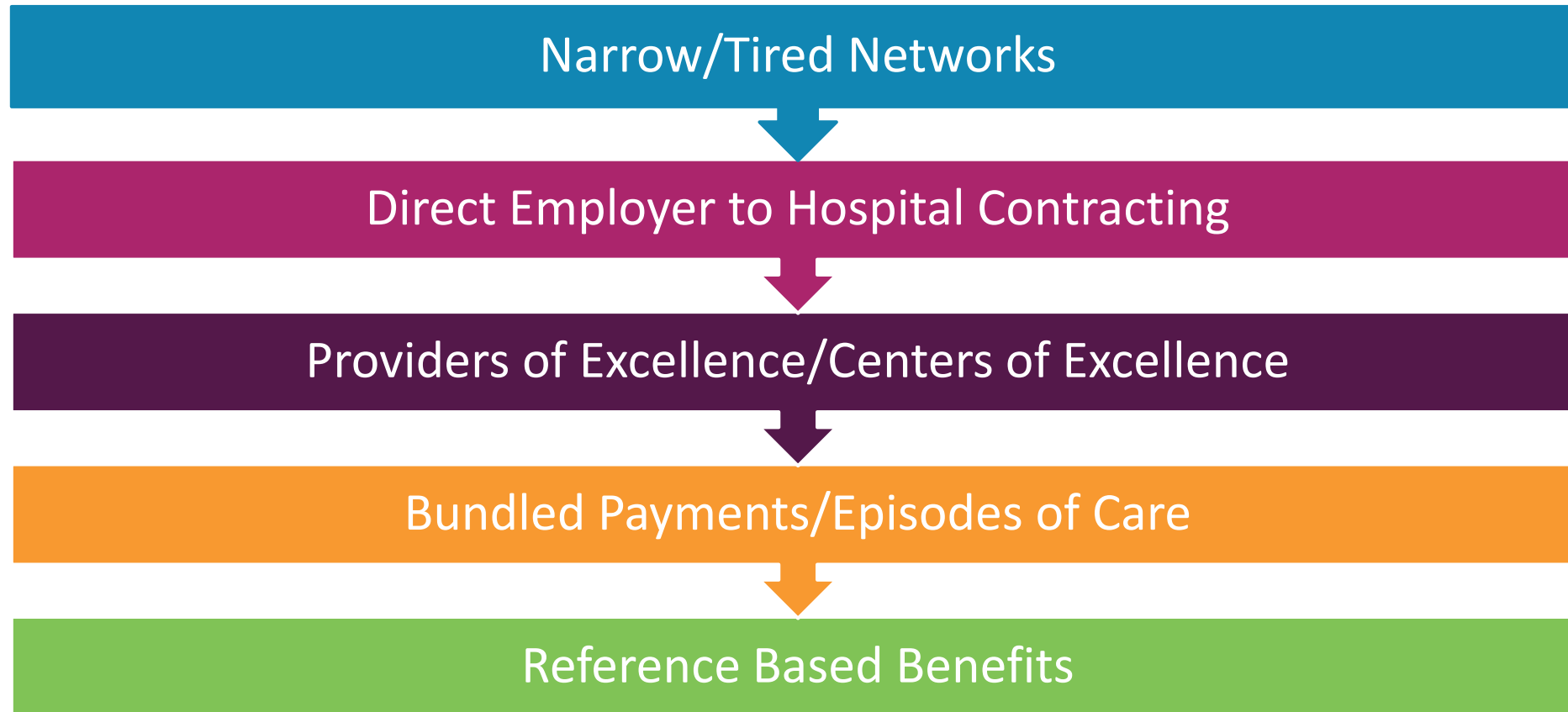


Employers have fiduciary responsibility to assure funds are being spent responsibly.

- To help interpret results, employers can benchmark the prices paid and the quality obtained to Medicare price and quality (which is freely and publicly available).
- Payment as a Percent of Medicare should be considered as it is evidence-based and simple to execute versus other highly complex payment models.
- Many insurers avoid providing price and quality information, but instead report “value” or “total cost of care”. This is fine but employers must know the actual negotiated prices and specific quality metrics used to ensure that the prices paid do in fact represent high value.

Look at Benefits Design Levers based on Value

...consider contracting all the below as a multiple of Medicare



Employer Direct to Provider Agreements: Purdue University

On Campus
Labs

Imaging

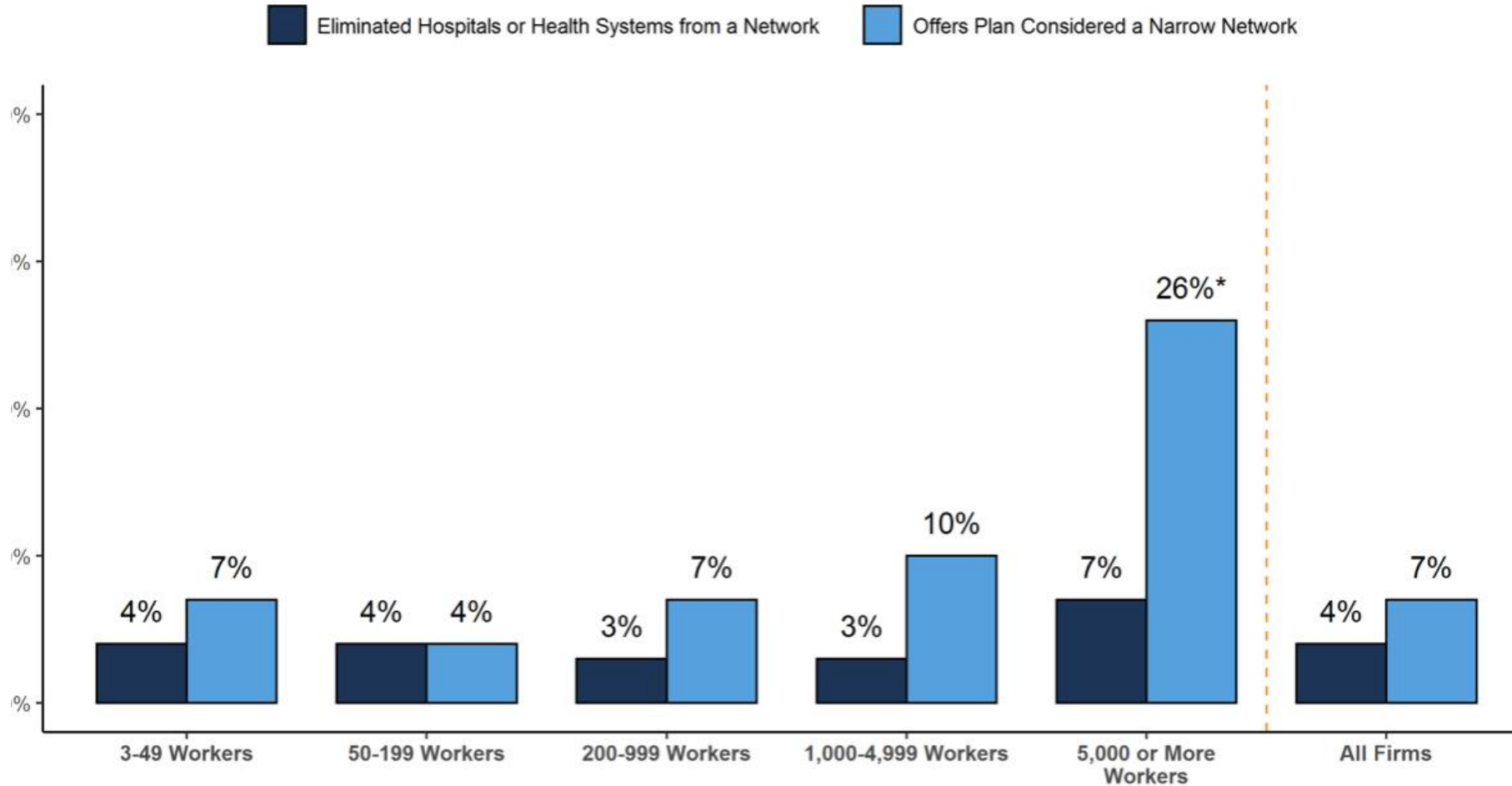
Total Hip
Total Knee

Specialty Rx
- Medical

Specialty Rx
-
Prescription

Physical
Therapy

Among Firms Offering Health Benefits, % of Firms that Eliminated Hospitals from any of their Networks in the Past Year to Reduce Cost or Offer a Narrow Network Plan



Estimate is statistically different from estimate for all other firms not in the indicated size category ($p < .05$).

NOTE: Narrow network plans limit the number of providers that can participate in order to reduce costs and generally are more restrictive than standard HMO networks.

SOURCE: KFF Employer Health Benefits Survey, 2020

Payment Reform

Price transparency facilitates honest conversations

- Example: Anthem Indiana was negotiating outpatient services based on discount of charges, which is terrible!
 - Beginning January 2020, Anthem began contracting using percent of Medicare corporate wide for outpatient services.
- Public and employer support to create pressure for high priced hospitals to lower prices, even with of COVID-19.
 - Case: Anthem Indiana and Parkview Health in Fort Wayne came to agreement on a contract on 7-30-20 with substantially reduced in-network payment rates.
 - Search web for numerous articles sharing perspectives from all sides.

Legislative Policy Pursued in Indiana, 2020

House Enrolled Act 1004

- Good Faith Estimate – providers must provide GFE within 5 days of patient request 7-1-20, & provide without patient request beginning 2021 **LAW**
- Surprise Billing – Prohibits in-network providers or practitioners from charging patients more than in network rate cost of care according to the patient's network plan unless at least 5 days before the health care services are scheduled to be provided, the covered individual is provided a statement that of GFE and patient signs consent to be charged for out of network rate. **LAW**
- Site of Care Forms - Specifies health care billing forms to be used in certain health care settings. **DIED**

Read the latest version [here](#)

Legislative Policy Pursued in Indiana, 2020

Senate Enrolled Act 5

- Prohibit Gag Clauses - Prohibits non-disclosure clauses in health provider contracts so purchasers can request the negotiated rate from insurers and providers. **LAW**
- Price Transparency - Requires hospitals, ambulatory surgical centers, and urgent care facilities to post certain health care services pricing information on their Internet web sites. **LAW**
- Benefit Consultant Disclosure - Requires an insurance producer to disclose commission information to client.....**LAW** (but we wanted benefit consultants to disclose any funds they receive from an organization they recommend).
- All-Payer-Claims-Database (APCD) - Requires the department of insurance to submit a request for information, a request for proposals, and contract concerning the establishment and implementation of an APCD. **LAW**

Read the latest version [here](#)

Anticompetitive Language Lawsuit

- Sutter Health in California was sued by their Attorney General and employers/unions for these same anticompetitive practices in 2020 resulting in \$575 million settlement
- 60 Minutes segment aired on CBS 12-13-20 covering the Sutter Health story for 13 minute
 - video and text by anchor, Leslie Stahl:
<https://www.cbsnews.com/news/california-sutter-health-hospital-chain-high-prices-lawsuit-60-minutes-2020-12-13/>
- The Source on Price and Competition is a great resource to see what other state statutes are in this space <https://sourceonhealthcare.org/>
- Indiana has a significant problem with anticompetitive language in hospital-provider contracts, including all-or-none language

3 Key Employer Take-Aways

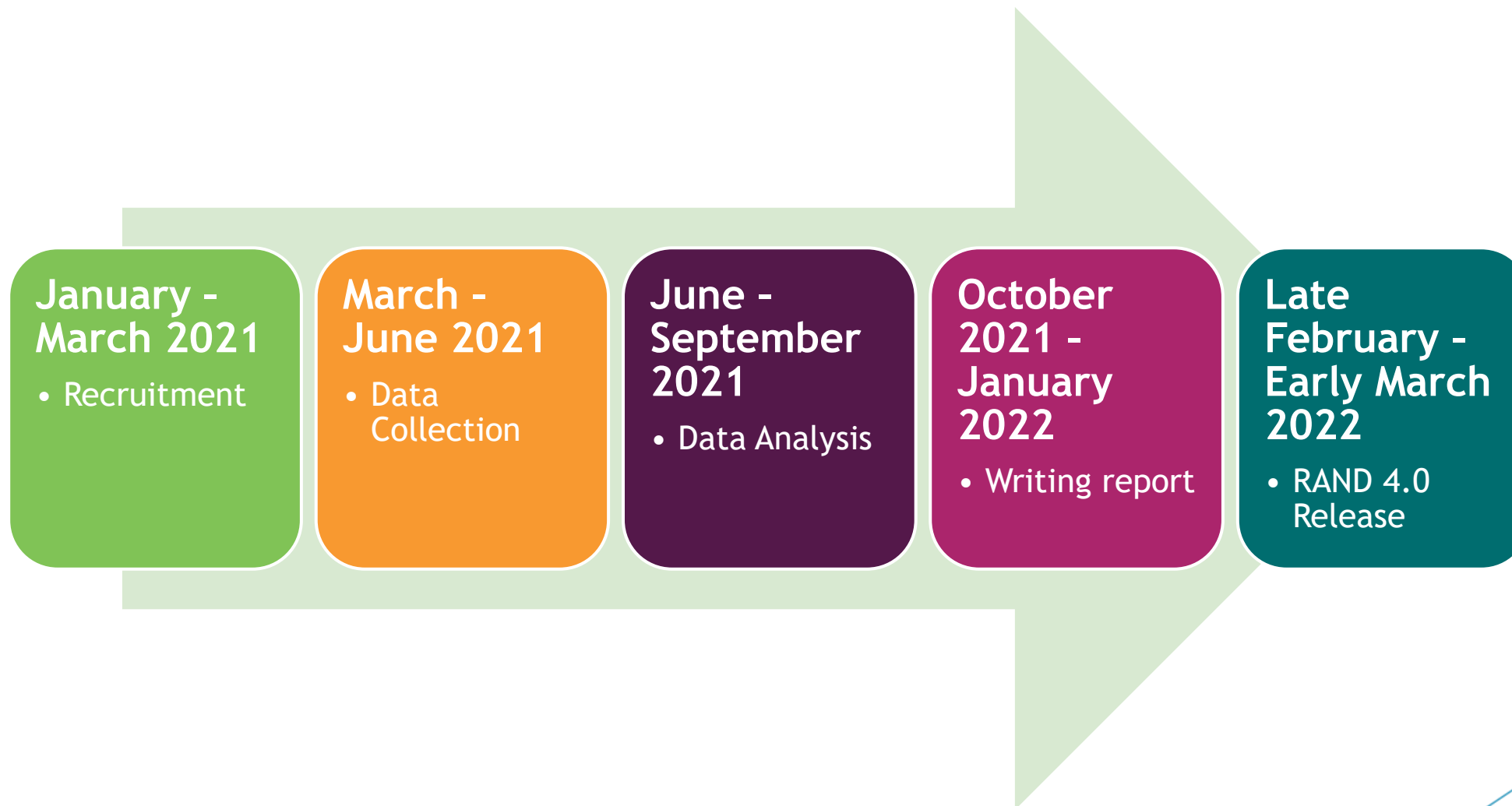
Insist on
ACCOUNTABILITY
through the
ENTIRE supply
chain.

Be **EVIDENCE
BASED** in your
decision
making

Get comfortable
with **QUALITY**
because it is
NOT all the
same.

RAND 4.0 Study is coming

RAND 4.0 Timeline



RAND 4.0 Additional Ideas Under Consideration

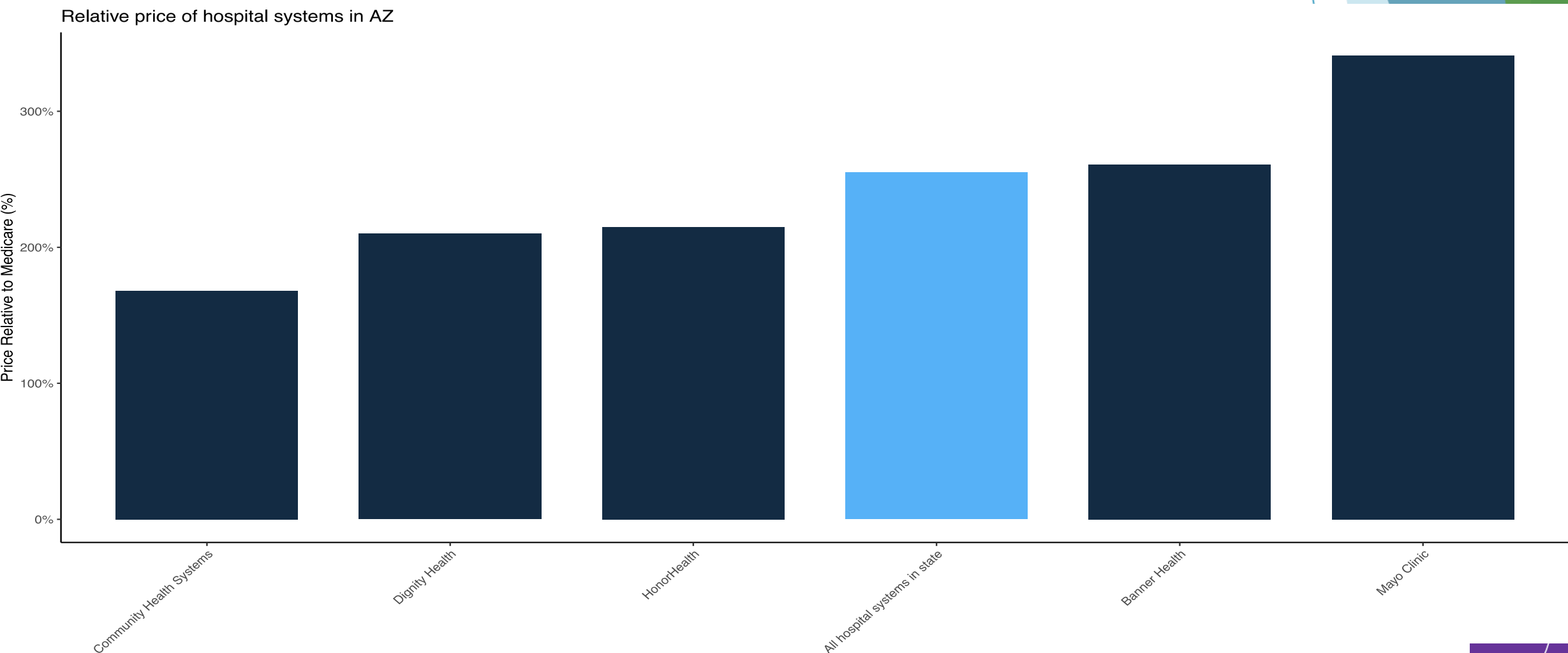
- Dollars saved per employer if relative prices decreased
- How prices changed during COVID-19 in 2020
- Identify uncompensated care per hospital (charity care)
- Identify independent vs. hospital owned services for:
 - Ambulatory Surgical Care Services
 - Imaging Services
 - Laboratory Services
 - Medication Infusion Services
- Professional Fees:
 - Specialty Provider vs. Primary Care Providers
- Other ideas welcome.....

Thank You

Supplement Slides of Other States

RAND 3.0 Study Findings: Arizona

Arizona Hospital System Prices: Inpatient + Outpatient



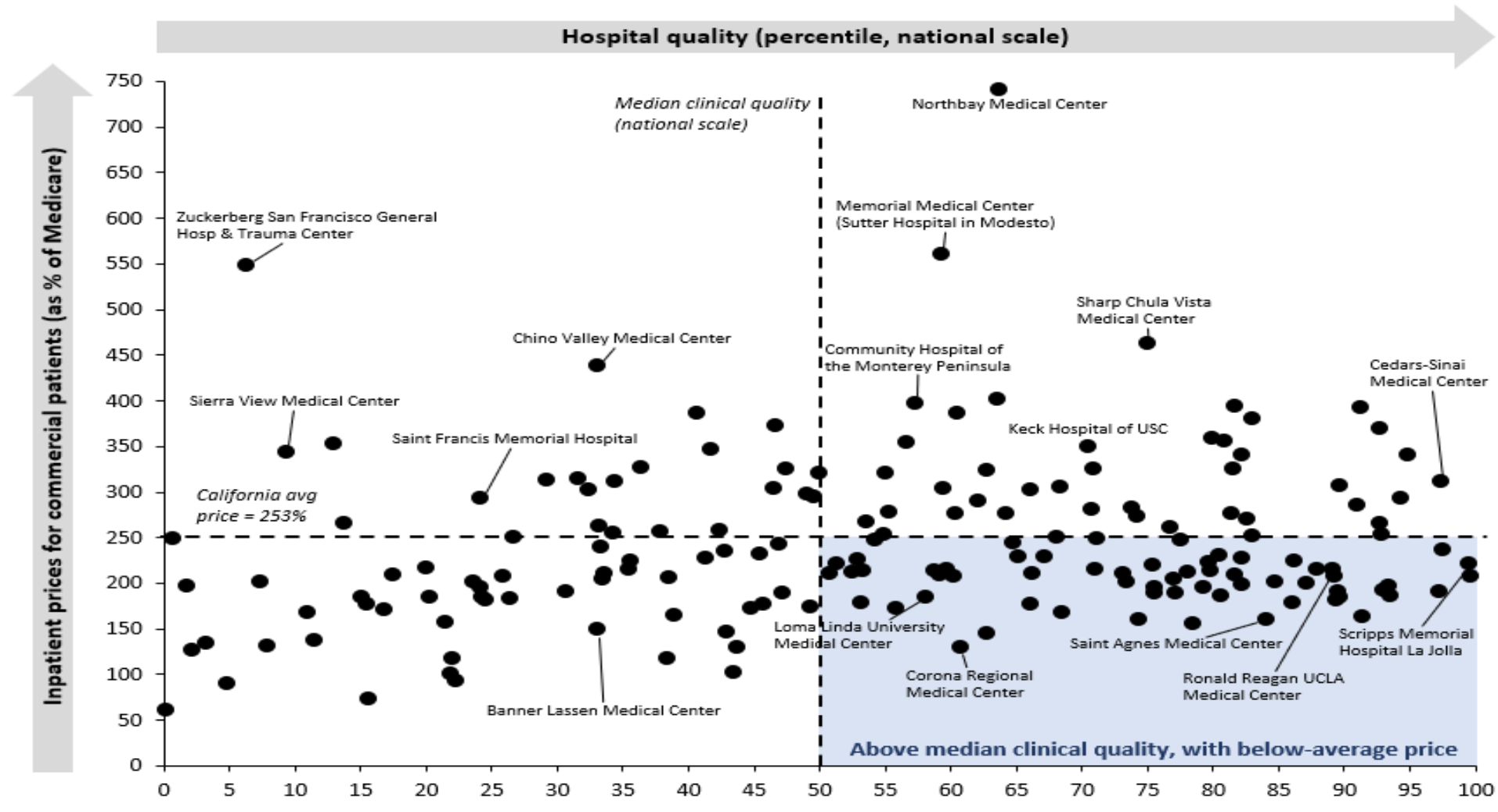
Source: Whaley, 2020, Nationwide Evaluation of Health Care Prices Paid by Private Health Plans findings from Round 3 of an Employer-Led Transparency Initiative



RAND 3.0 Study Findings: California

California: Continuum of Hospital RELATIVE Price and Quality

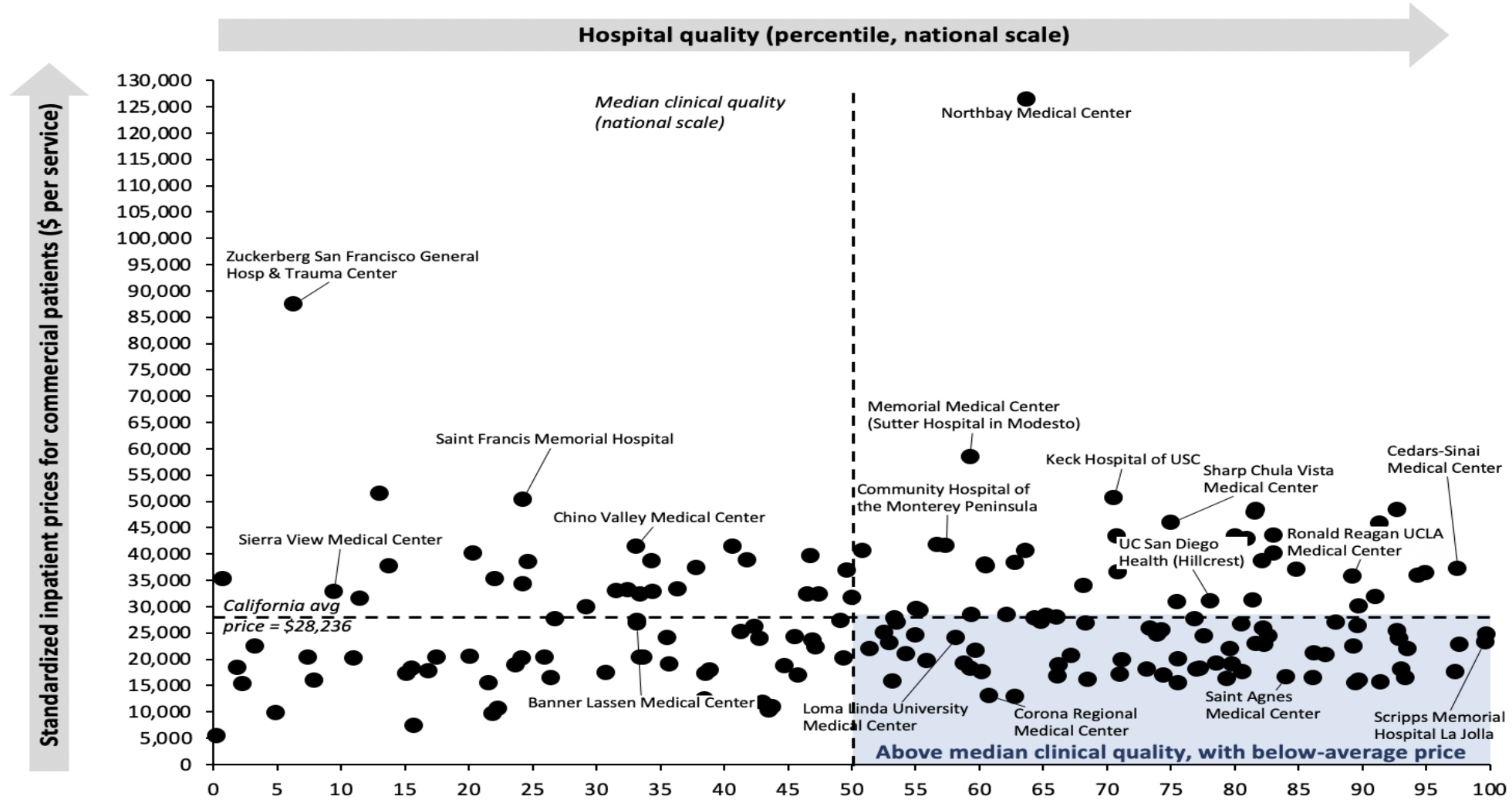
Hospital clinical quality & inpatient service prices for privately-insured patients in California



Source: Data from RAND Corporation & Lown Institute

California: Continuum of Hospital STANDARDIZED Price and Quality

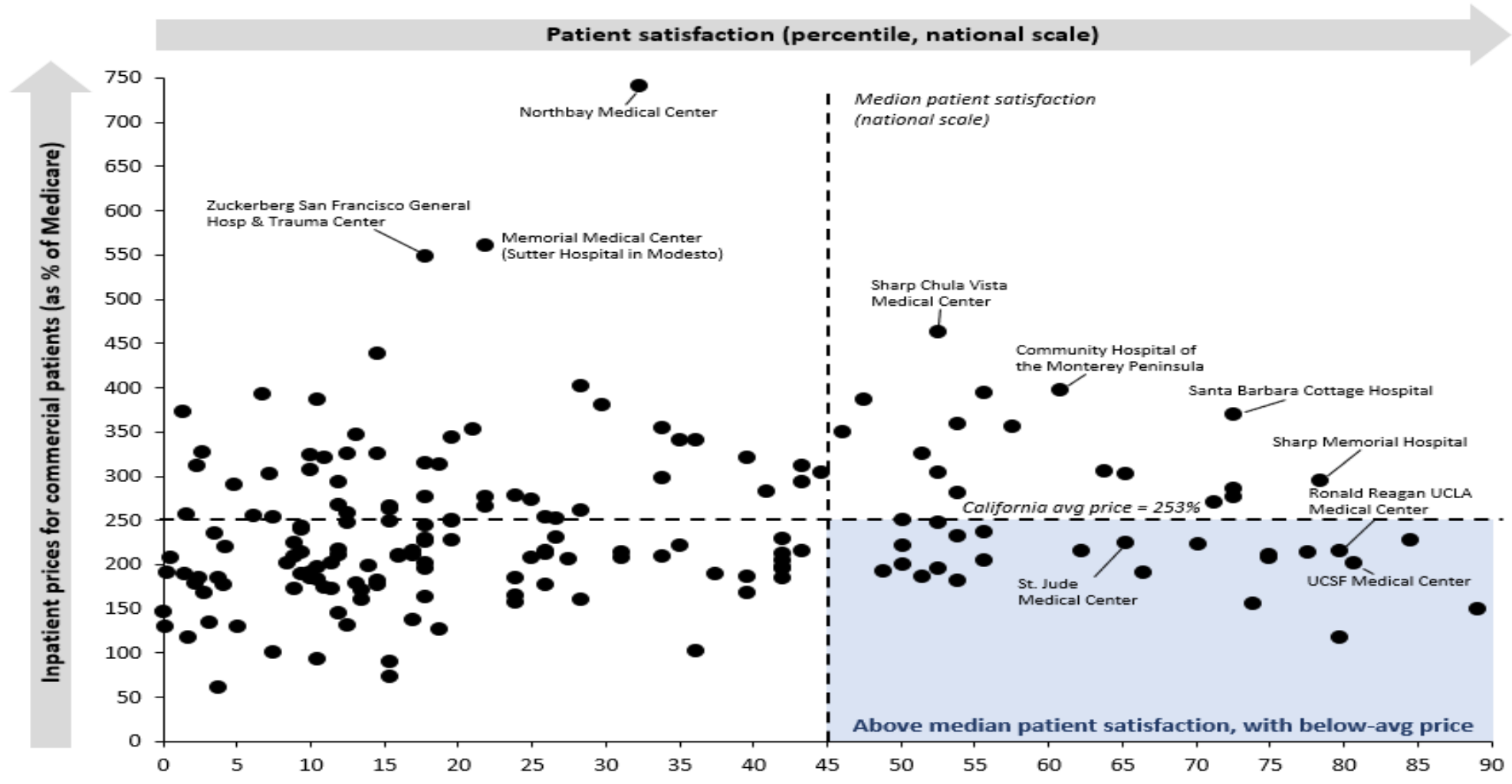
Hospital clinical quality & inpatient service prices for privately-insured patients in California



Source: Dan O'Neill, with data from the RAND Corporation and the Lown Institute

California: Continuum of Hospital RELATIVE Price and Patient Satisfaction

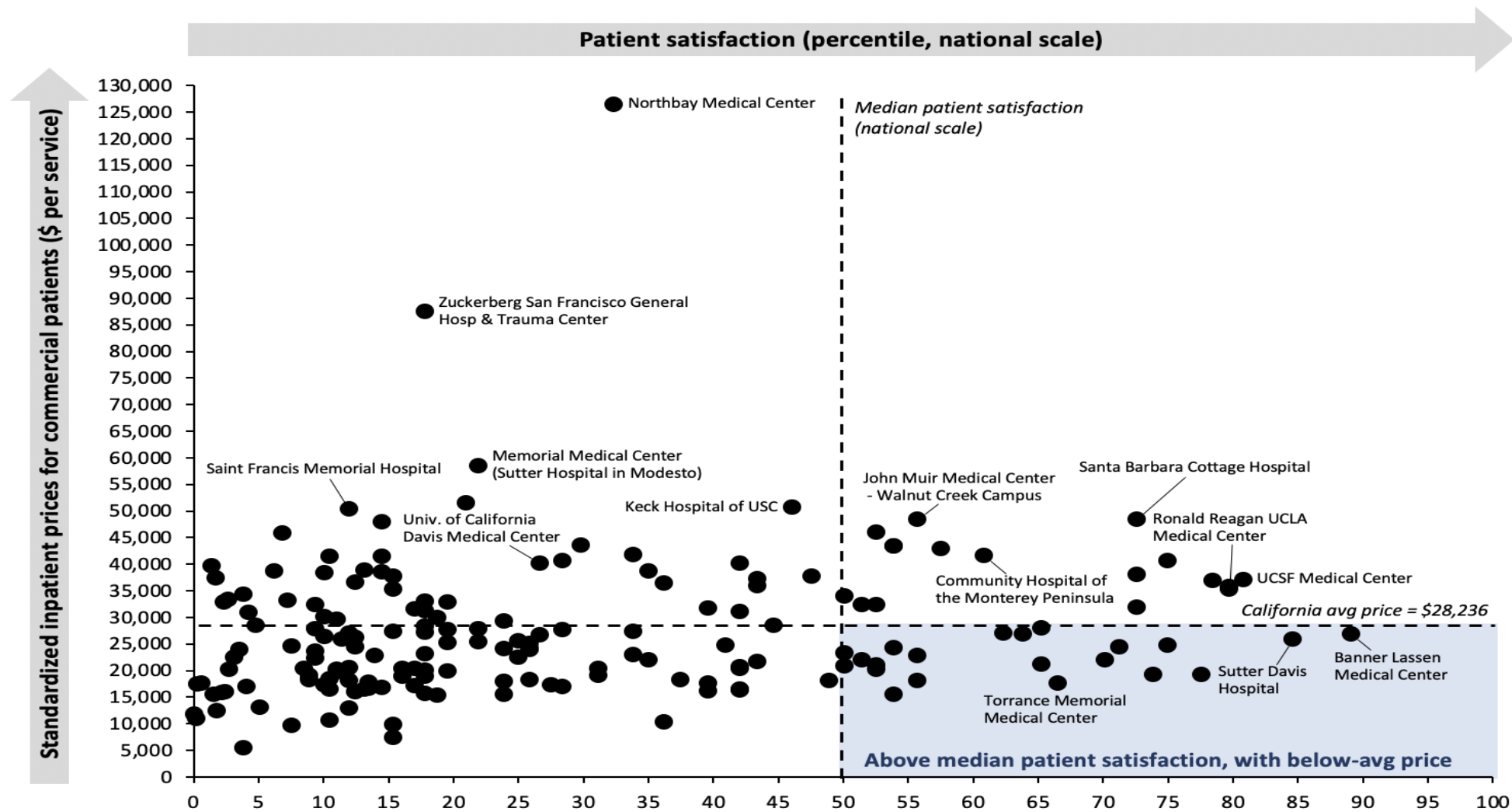
Patient satisfaction and inpatient service prices for privately-insured patients in California



Source: Data from RAND Corporation & Lown Institute

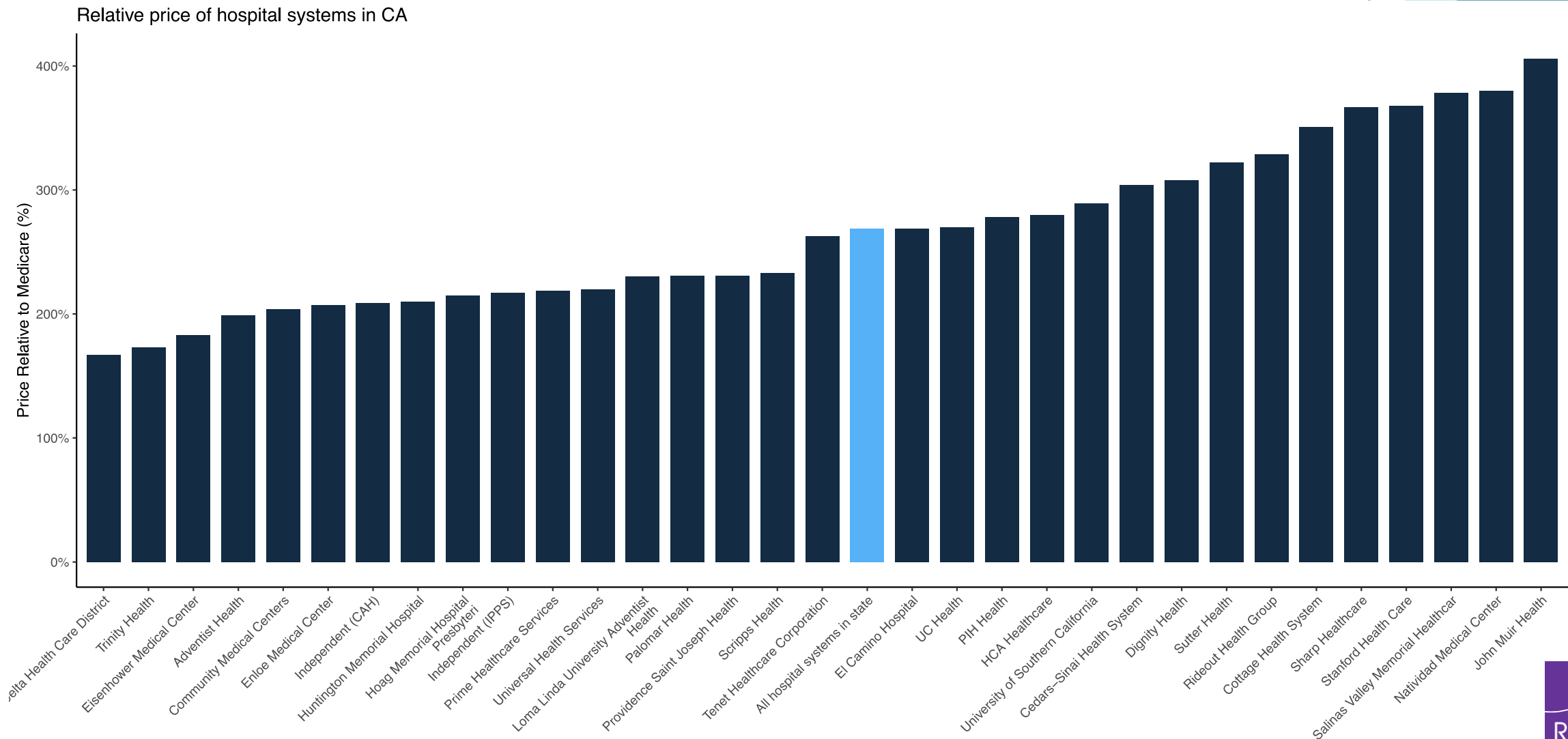
California: Continuum of Hospital STANDARDIZED Price and Satisfaction

Patient satisfaction and inpatient service prices for privately-insured patients in California



Source: Dan O'Neill, with data from the RAND Corporation and the Lown Institute

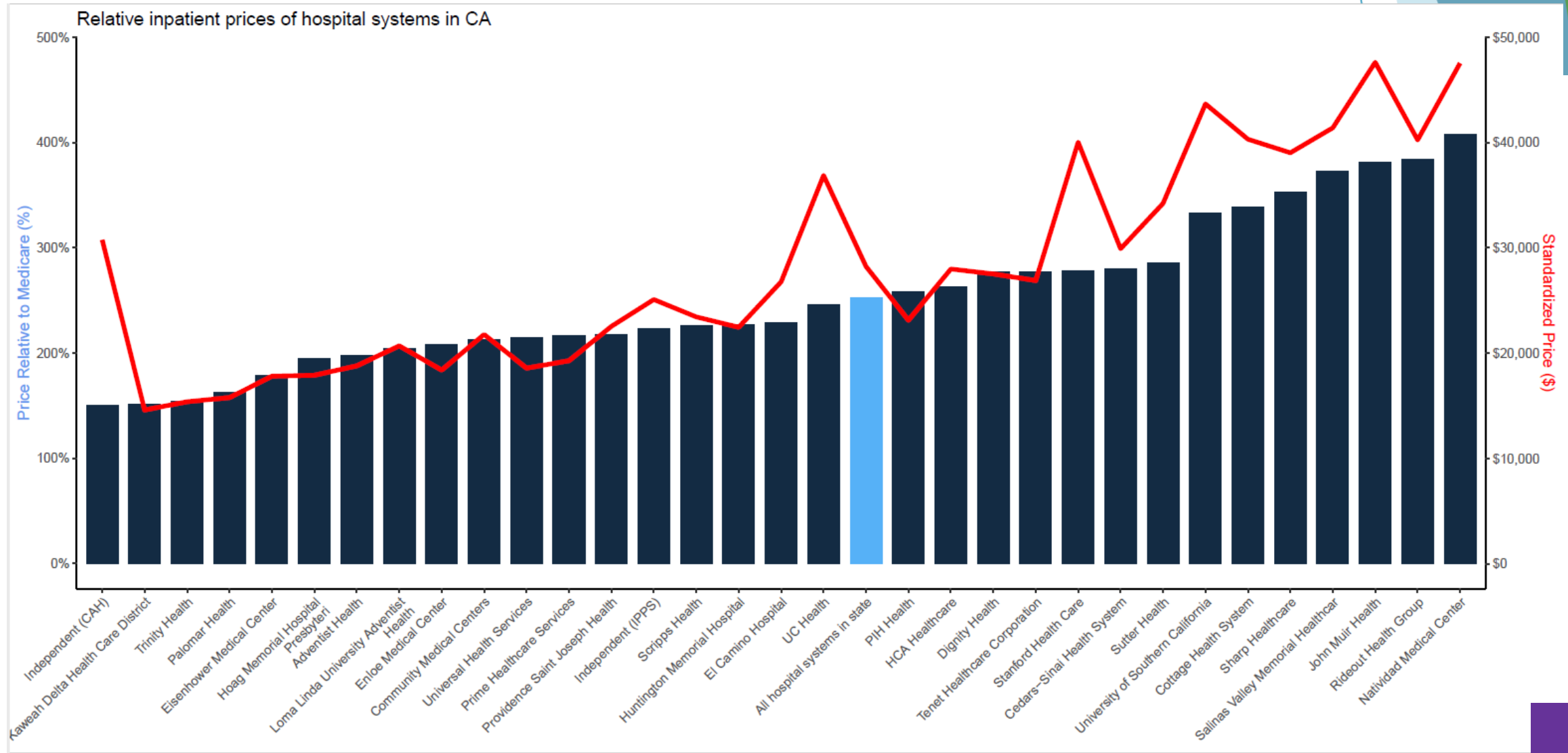
California Hospital System Prices: Inpatient + Outpatient



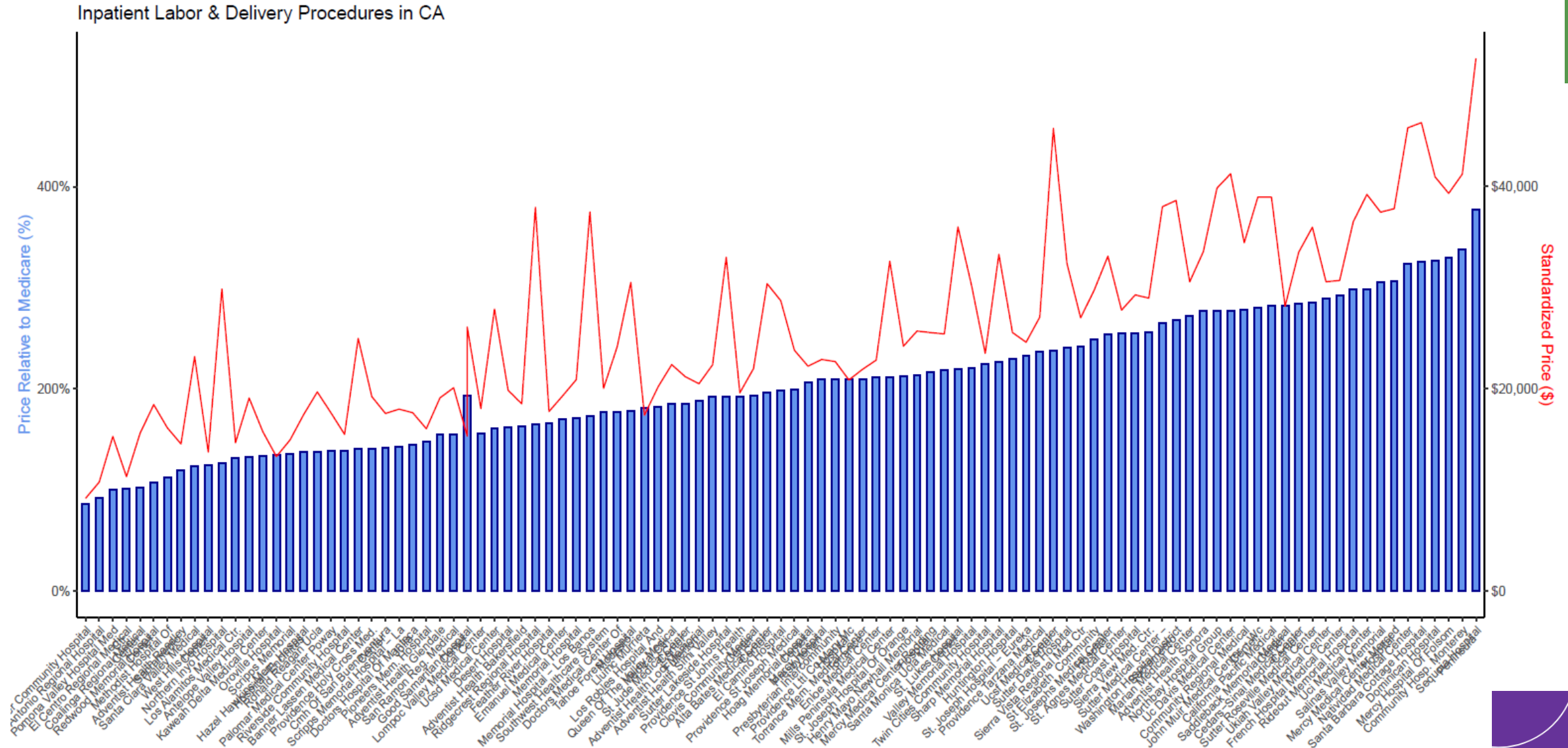
Source: Whaley, 2020, Nationwide Evaluation of Health Care Prices Paid by Private Health Plans findings from Round 3 of an Employer-Led Transparency Initiative



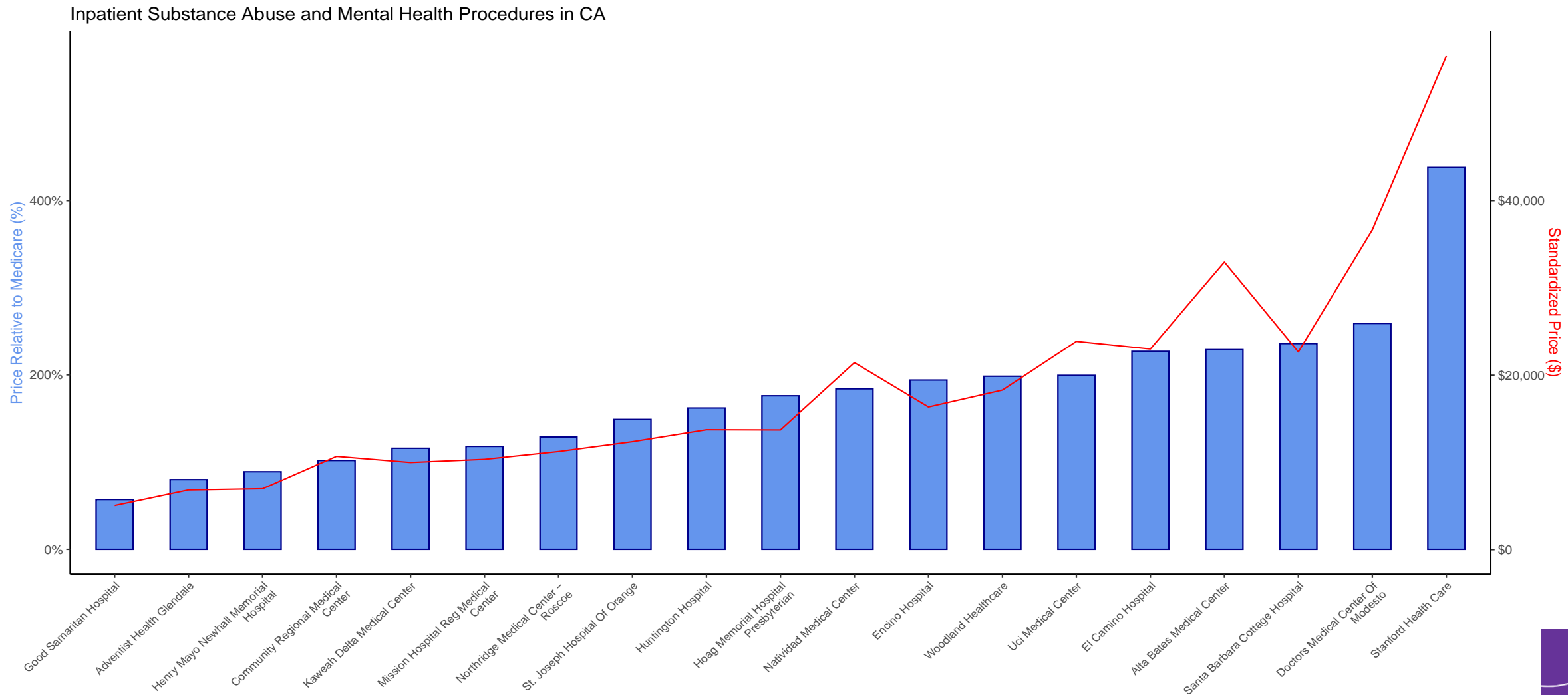
California Hospital Prices: Inpatient Orthopedic



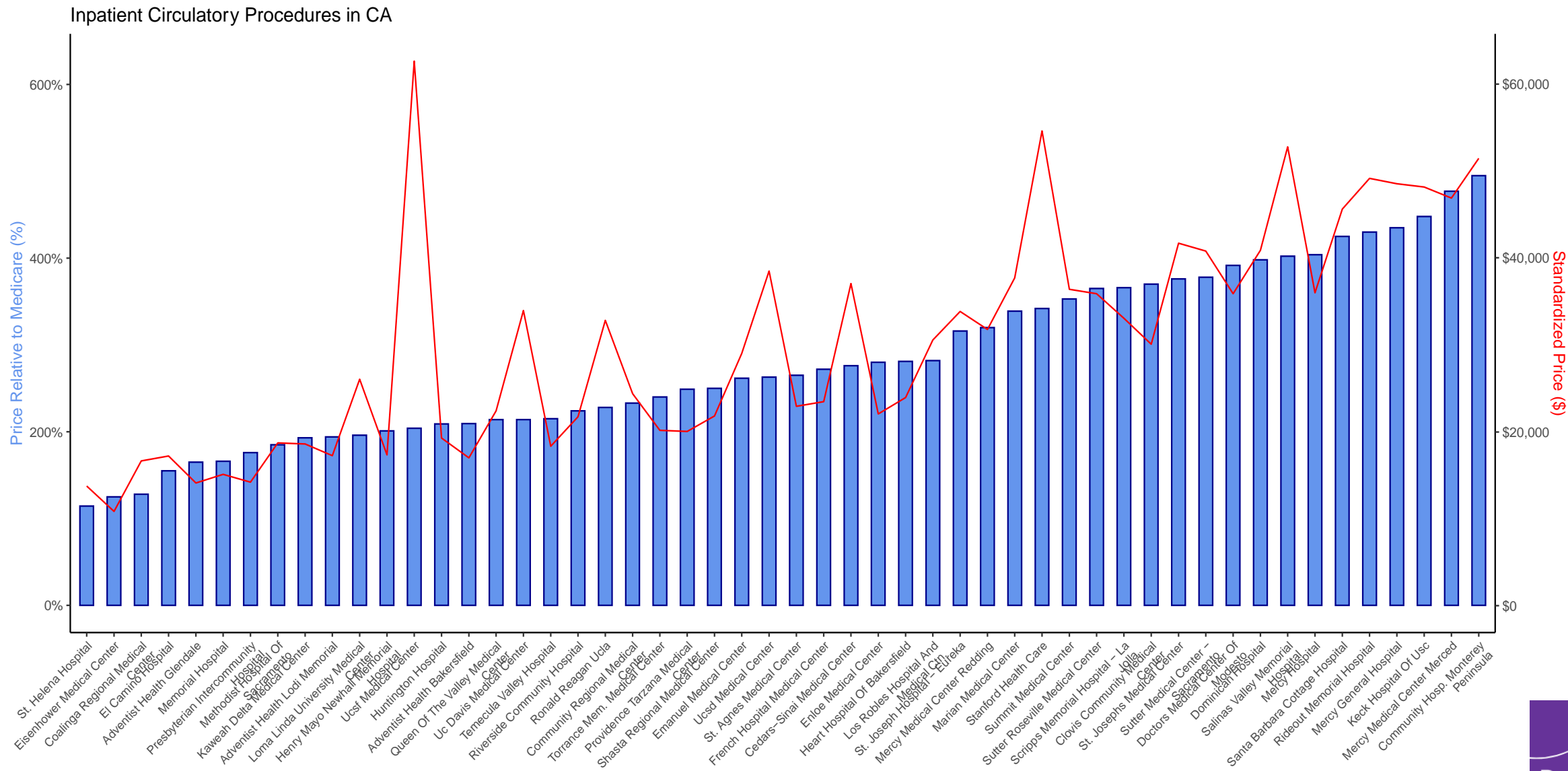
California Hospital Prices: Labor and Delivery



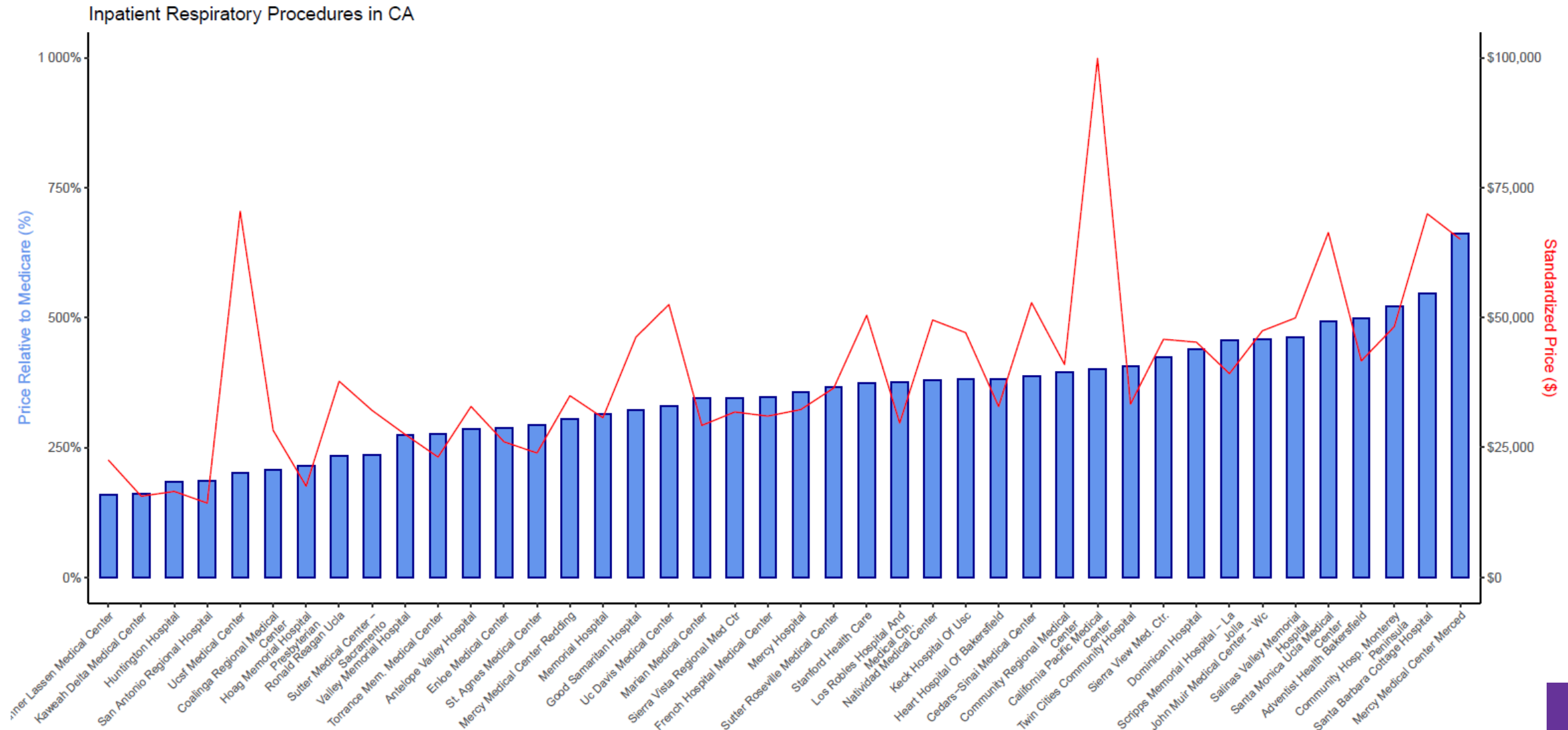
California Hospital Prices: Substance Abuse and Behavioral Health Treatment



California Hospital Prices: Circulatory Conditions

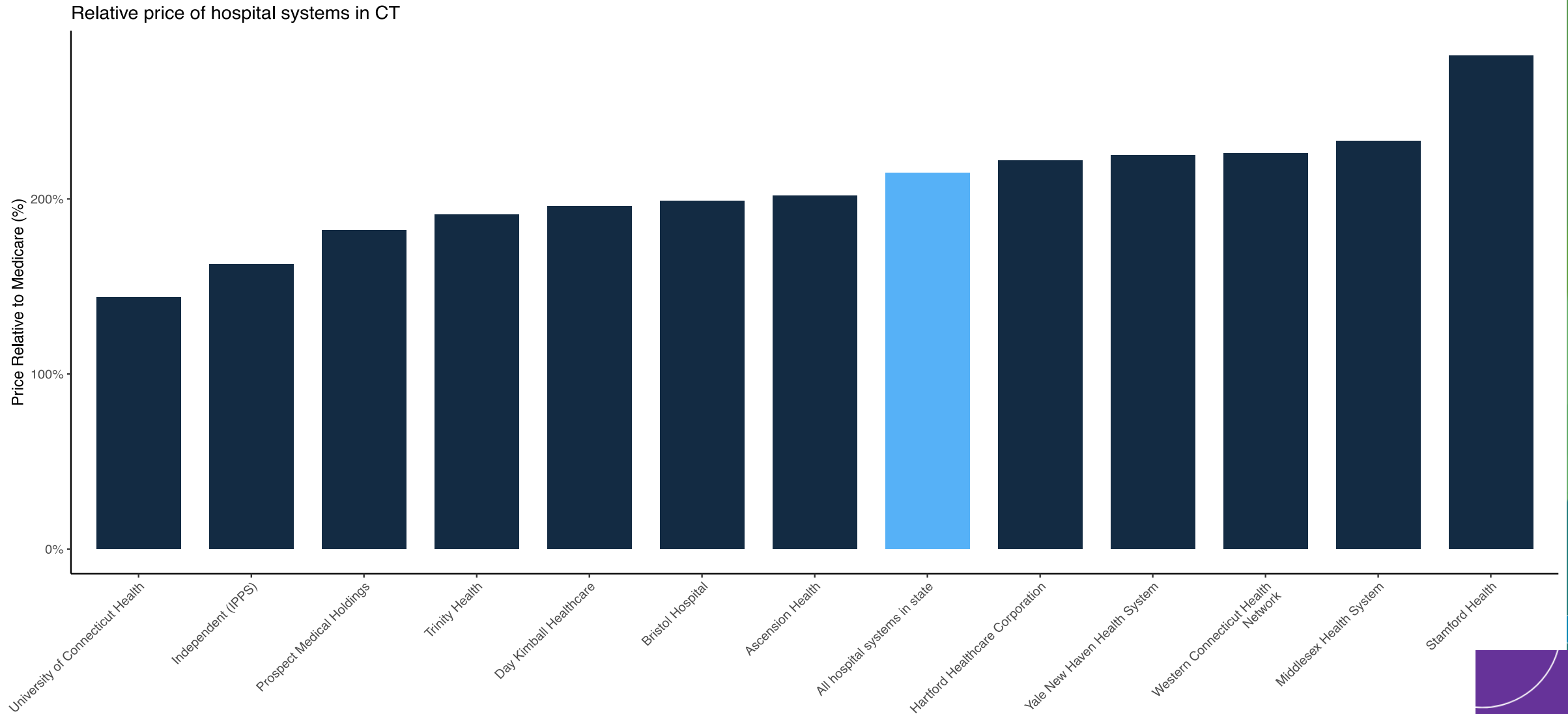


California Hospital Prices: Respiratory Conditions

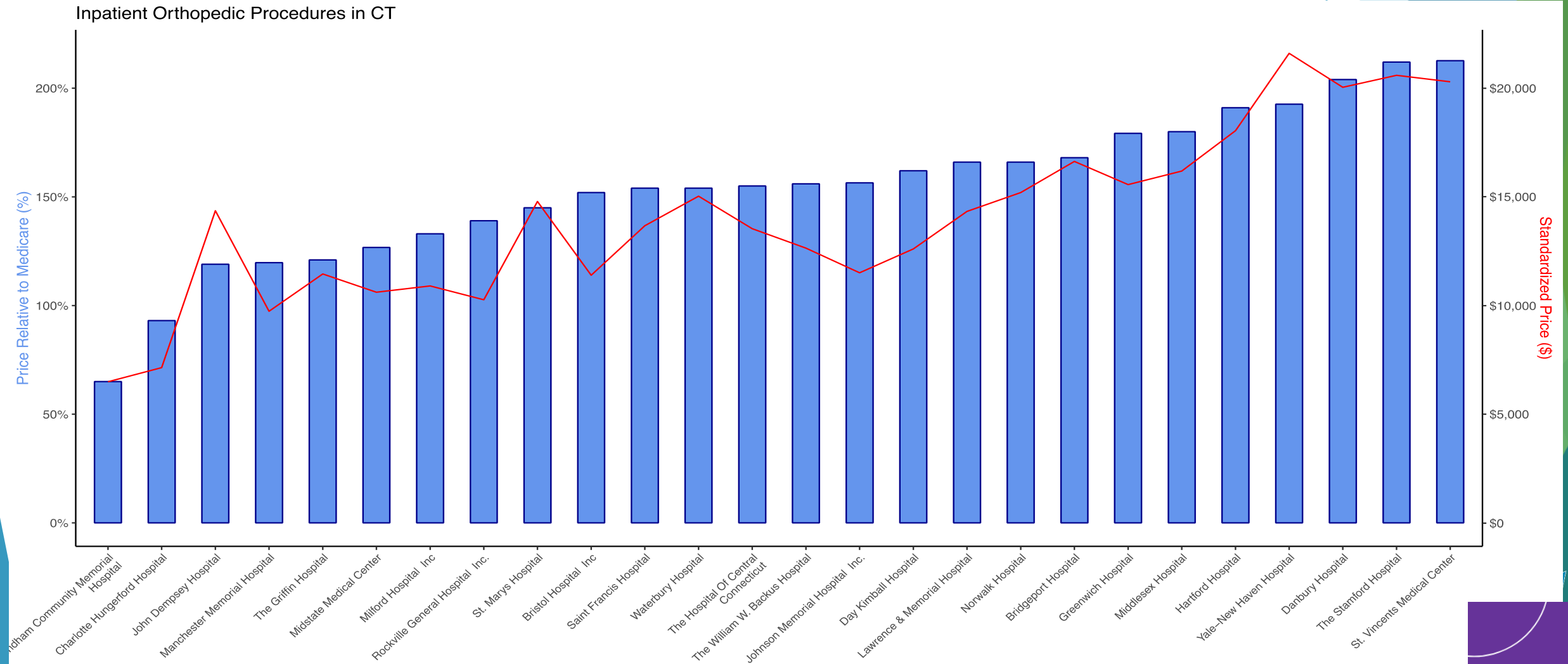


RAND 3.0 Study Findings: Connecticut

Connecticut Health System Prices

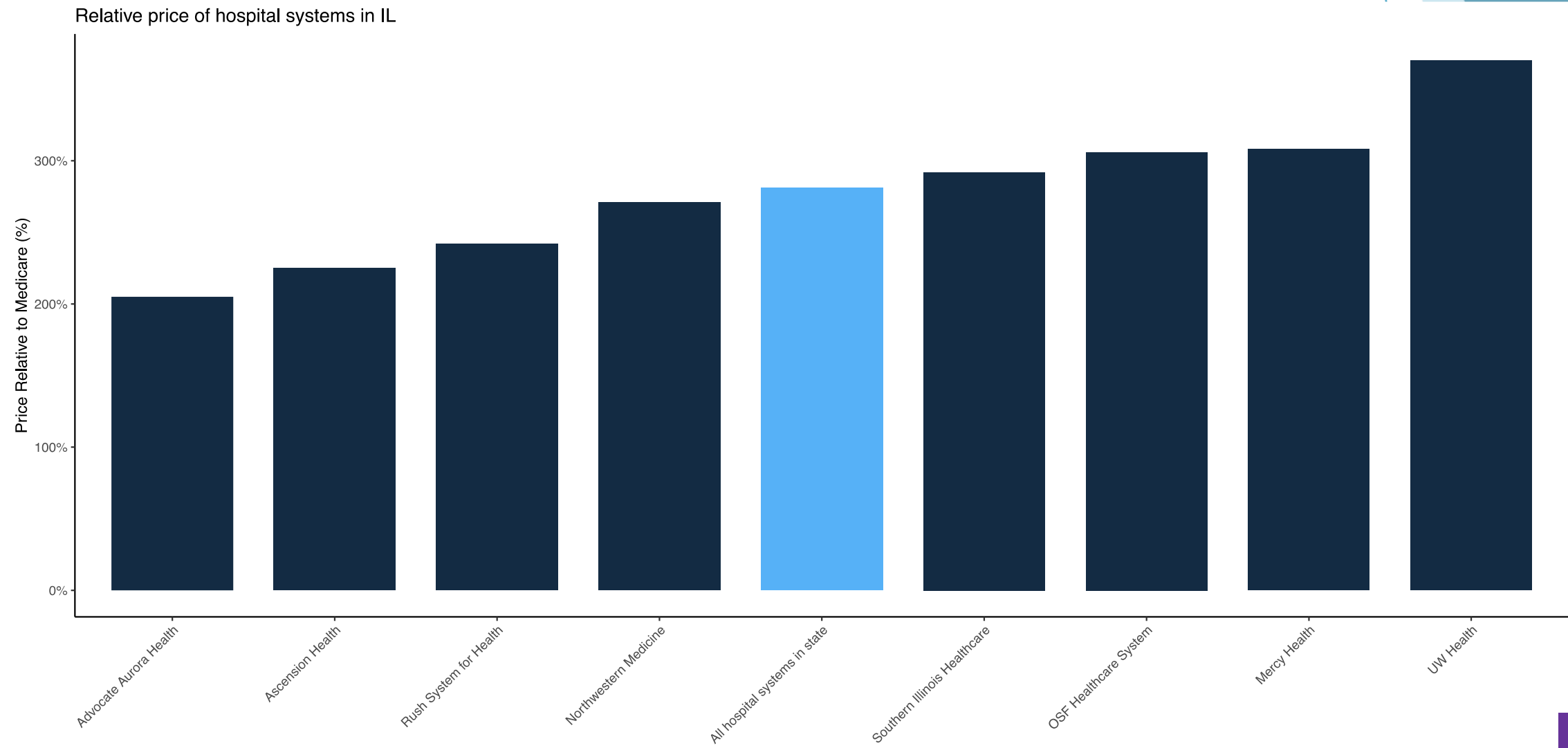


Connecticut Inpatient Orthopedic Prices



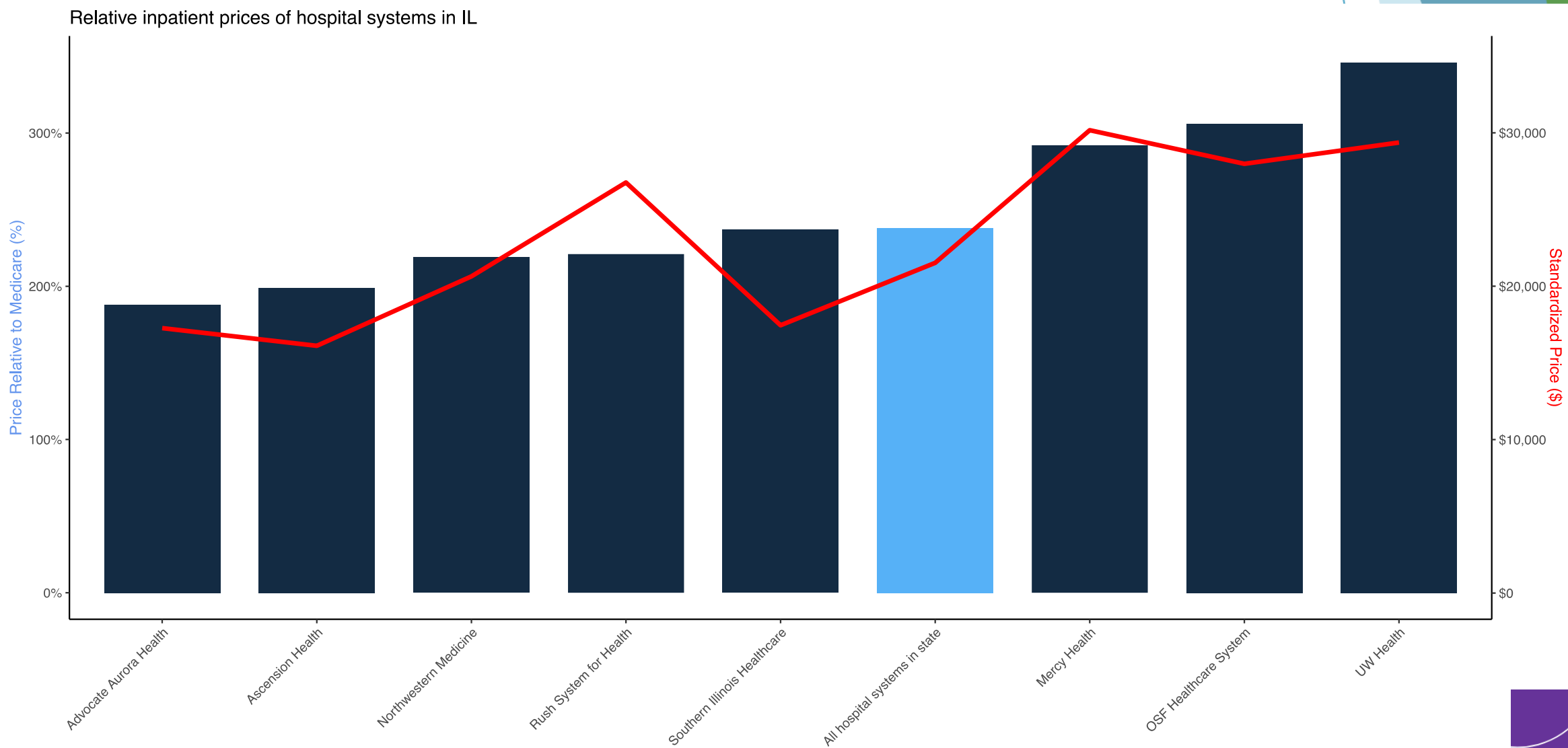
RAND 3.0 Study Findings: Illinois

Illinois Hospital System Prices: Inpatient + Outpatient



Source: Whaley, 2020, Nationwide Evaluation of Health Care Prices Paid by Private Health Plans findings from Round 3 of an Employer-Led Transparency Initiative

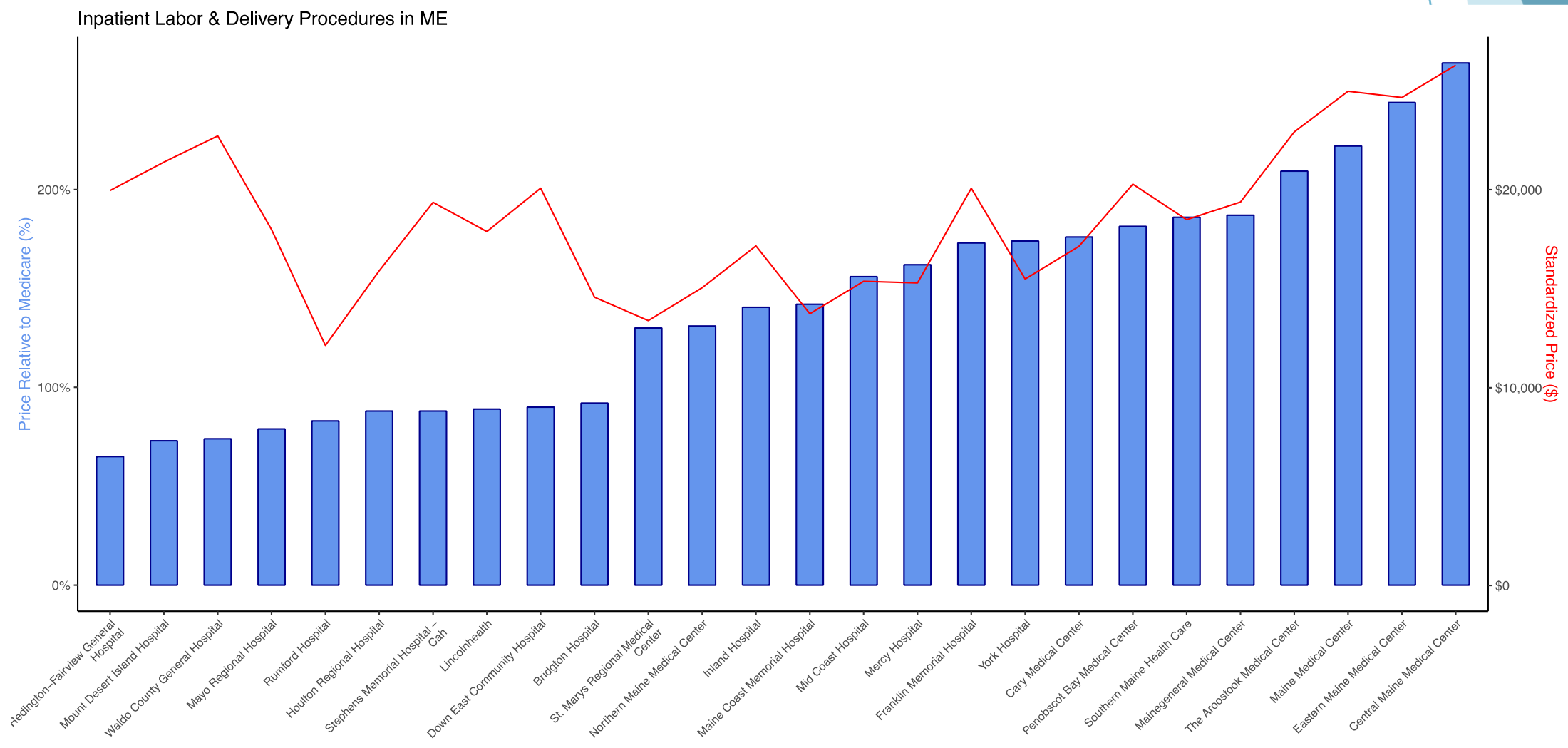
Illinois Hospital System Prices: Inpatient



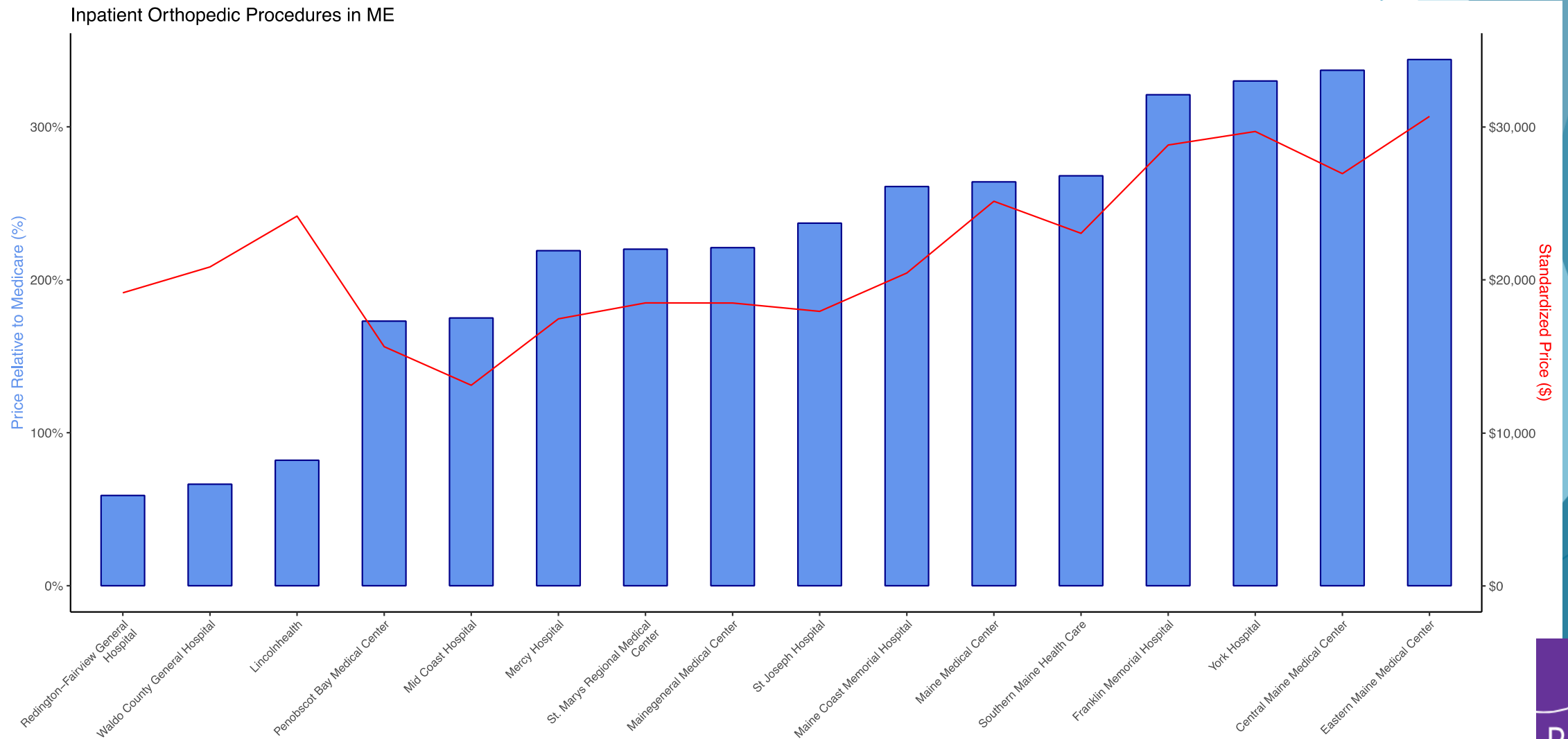
Source: Whaley, 2020, Nationwide Evaluation of Health Care Prices Paid by Private Health Plans findings from Round 3 of an Employer-Led Transparency Initiative

RAND 3.0 Study Findings: Maine

Maine Labor and Delivery Prices

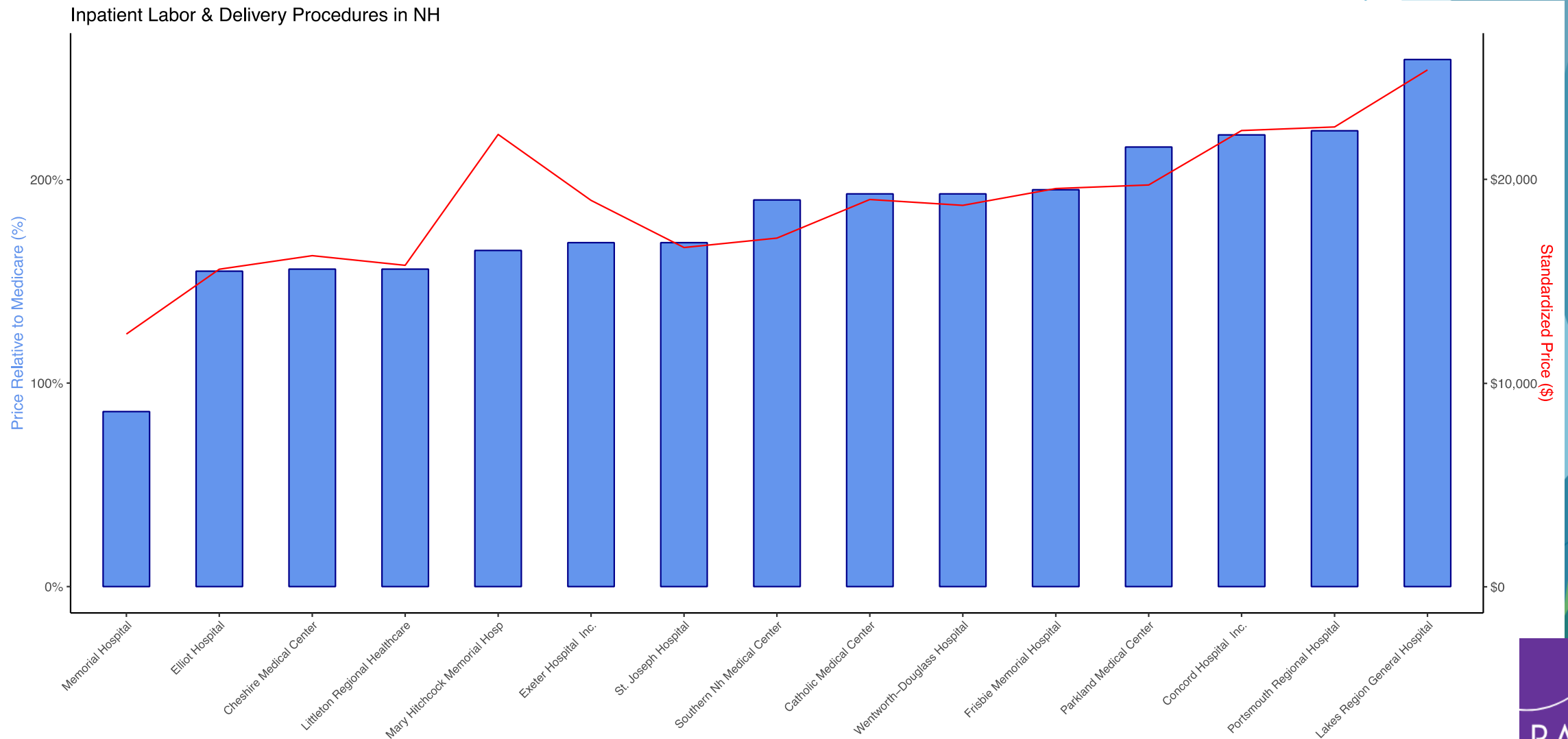


Maine Orthopedic Surgery Prices



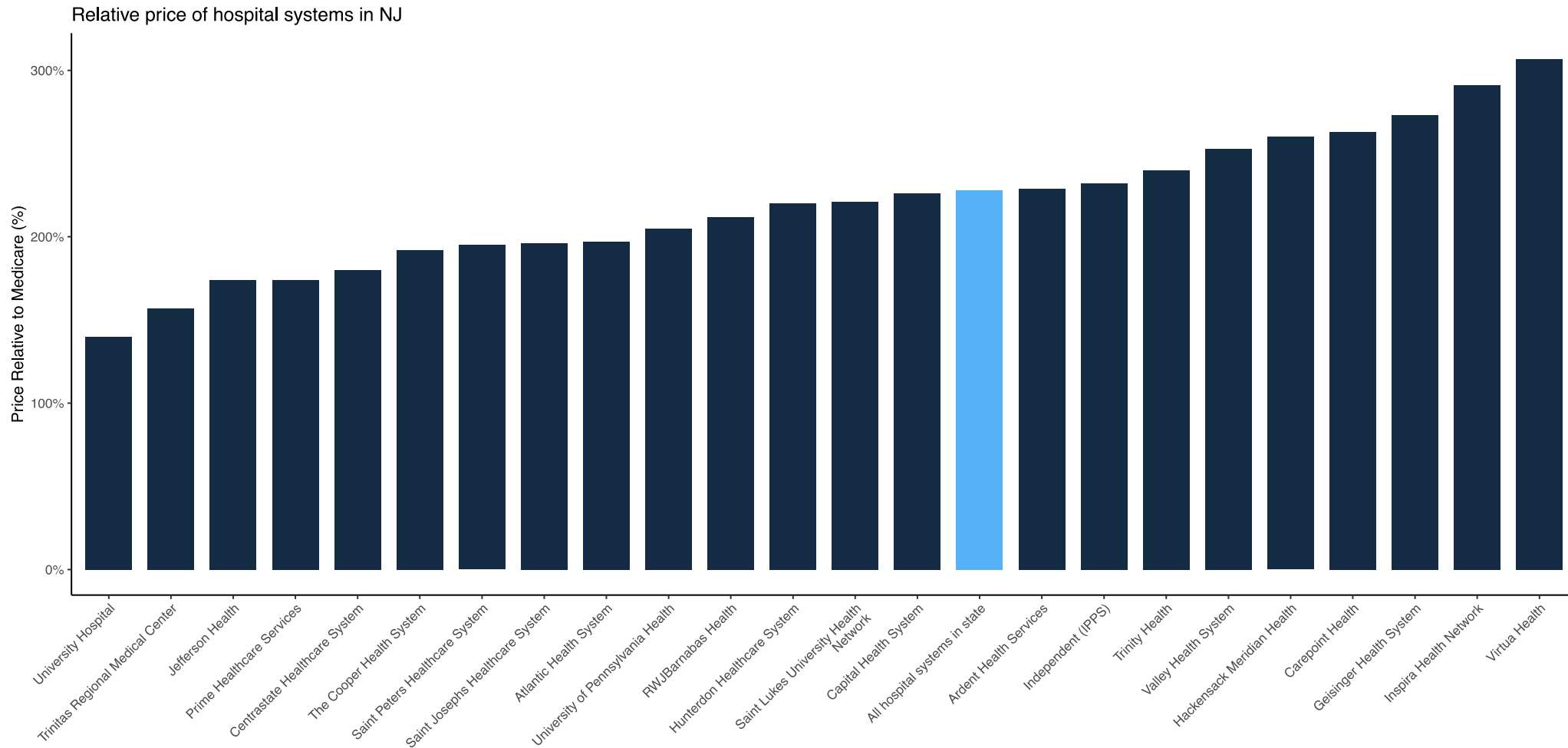
RAND 3.0 Study Findings: New Hampshire

New Hampshire Labor and Delivery Prices



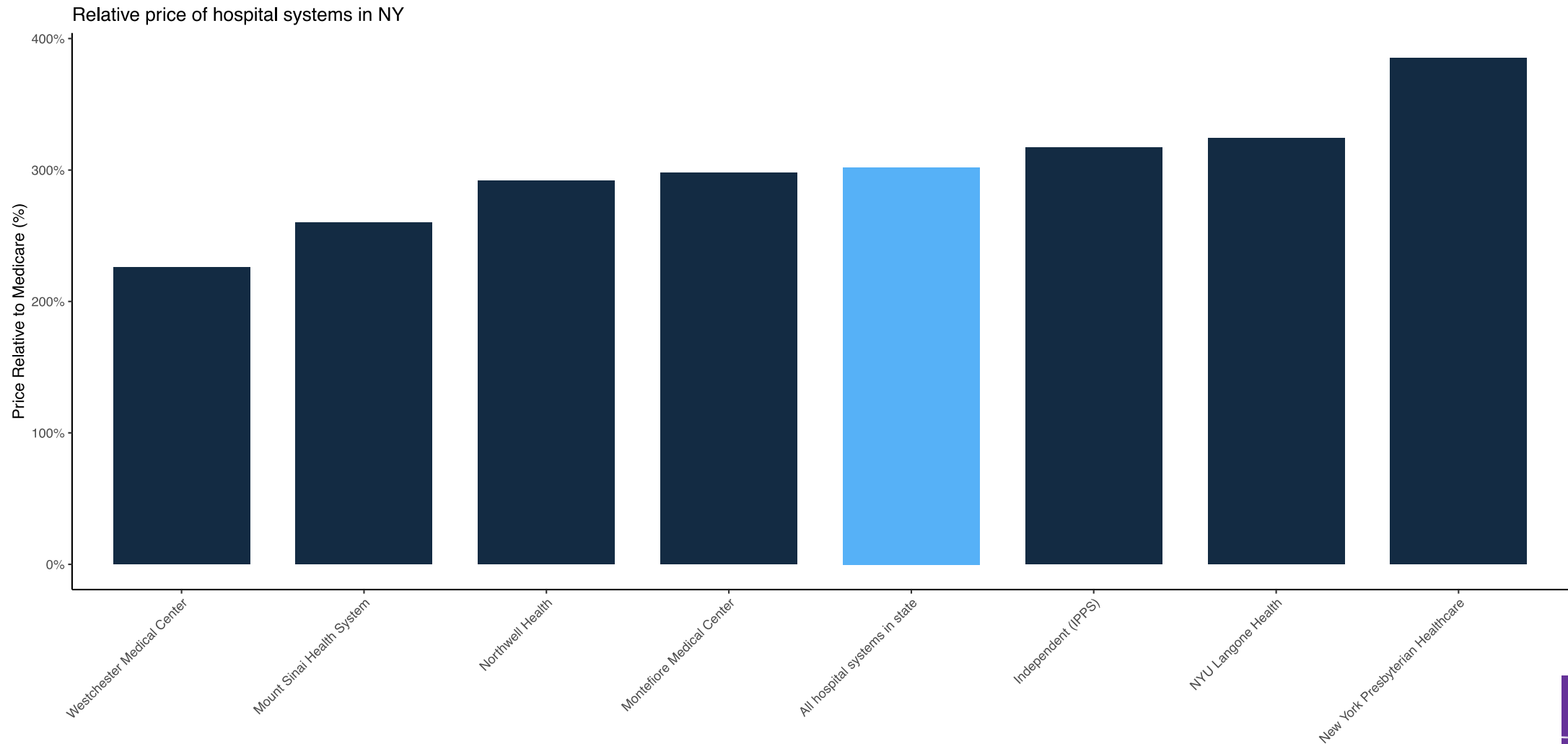
RAND 3.0 Study Findings: New Jersey

New Jersey Hospital System Prices: Inpatient + Outpatient



RAND 3.0 Study Findings: New York

New York Hospital System Prices: Inpatient + Outpatient

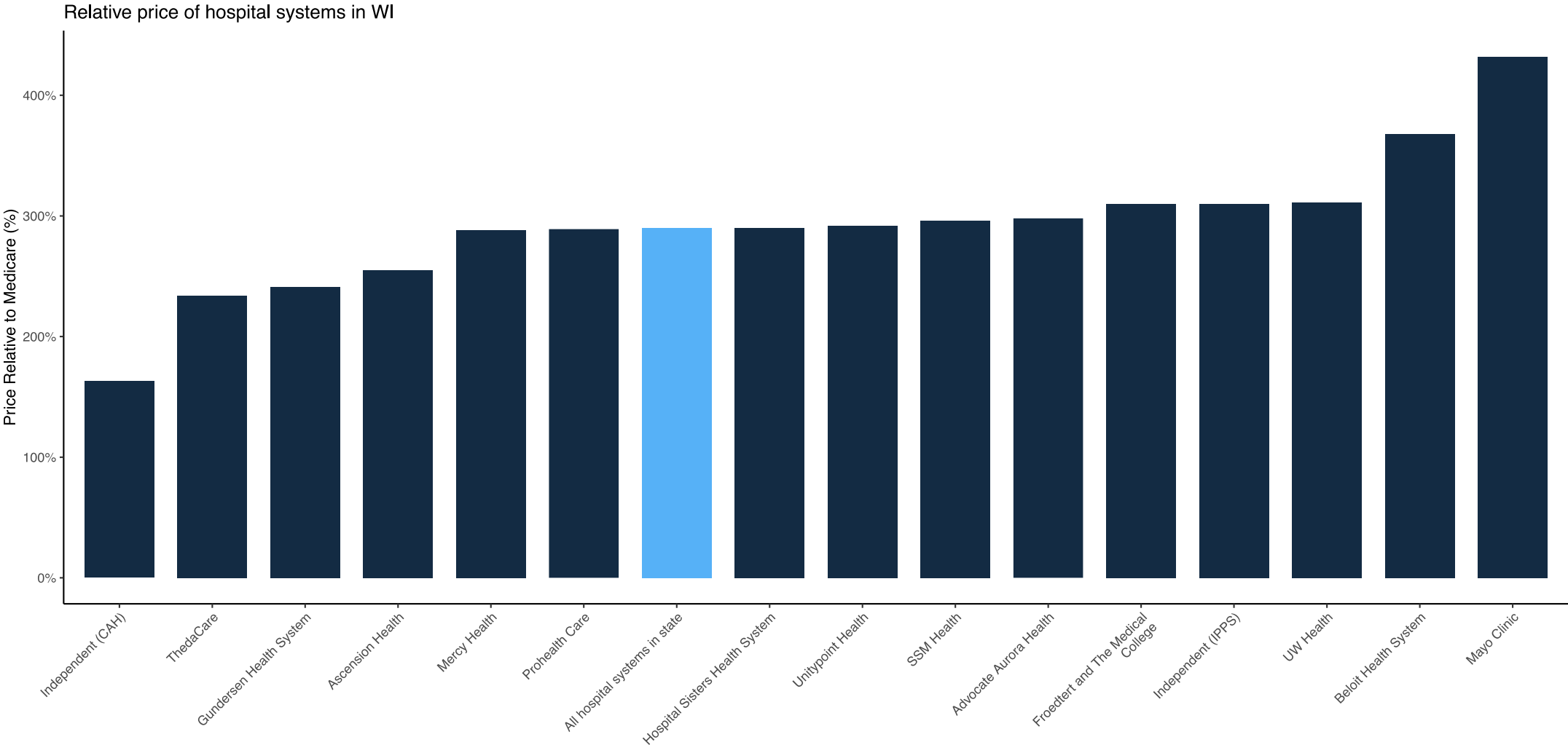


Source: Whaley, 2020, Nationwide Evaluation of Health Care Prices Paid by Private Health Plans findings from Round 3 of an Employer-Led Transparency Initiative



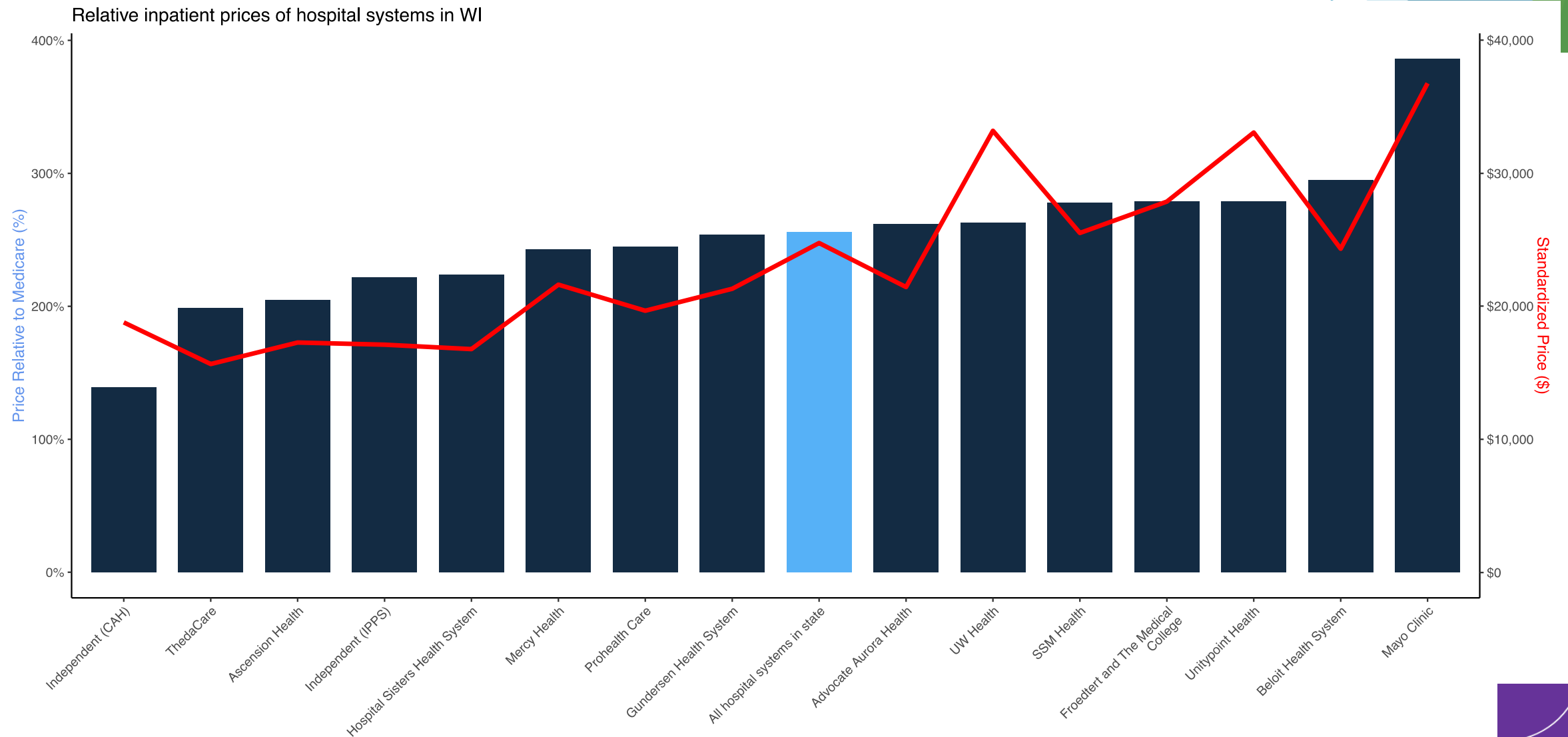
RAND 3.0 Study Findings: Wisconsin

Wisconsin Hospital System Prices: Inpatient + Outpatient



Source: Whaley, 2020, Nationwide Evaluation of Health Care Prices Paid by Private Health Plans findings from Round 3 of an Employer-Led Transparency Initiative

Wisconsin Hospital System Prices: Inpatient



Wisconsin Hospital Prices: Inpatient Orthopedic

