



Analysis of Transparency in Coverage (TiC) Data Reveals Discrepancies with CMS-Reviewed Hospital Pricing

Files from April 2021 – Oct. 2022



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Two recently enacted federal regulations require disclosure of upfront healthcare prices, intended to enable consumers – patients, employers, unions, and workers – to see the wide price variations, benefit from competition, and drive down the costs of care and coverage.

- 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.¹
- 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.²

PatientRightsAdvocate.org (PRA) cross referenced a sample of pricing data provided by hospitals with pricing provided by insurance companies in accordance with both rules, focusing on hospitals for which the Centers for Medicare and Medicaid Services (CMS) issued recently revealed notices of compliance. The prices revealed in the insurer files demonstrate that several prominent hospitals are omitting prices from their required price disclosures, in apparent violation of the federal hospital price transparency rule.

¹ Health and Human Services Department. Medicare and Medicaid Programs: CY 2020 hospital Outpatient PPS policy changes and payment rates and ambulatory surgical center payment system policy changes and payment rates. Price transparency requirements for hospitals to make standard charges public. November 27, 2019.

² Transparency in Coverage. November 12, 2020.

The Hospital Price Transparency Rule requires hospitals to post all prices online in the form of (1) a single machine-readable standard charges file for all items and services for all payers and all plans as well as all discounted cash prices, and (2) a standard charges display with actual prices or a price estimator tool for the 300 most common shoppable services.

Within the required machine-readable files (MRF), the required data posted includes: all associated codes for billing purposes, descriptions of each item or service, gross charges, discounted cash prices, de-identified negotiated minimum and maximum charges, and all payer-specific negotiated charges clearly associated with each third-party payer and plan.

Each individual standard charge is critical to enable all healthcare consumers to shop for, compare, and identify the highest quality care at the lowest price.

- **The gross charge** serves as the starting point for payment negotiation for specific insurers and plan types.
- **The discounted cash** price provides vital information for individuals without insurance and those with high deductible plans. On average, the discounted cash price is nearly 40% lower than the negotiated rates for the same procedure.³

³ Lawrence Van Horn, Arthur Laffer, Robert L. Metcalf. 2019. The Transformative Potential for Price Transparency in Healthcare: Benefits for Consumers and Providers. Health Management Policy and Innovation, Volume 4, Issue 3.

- **The de-identified minimum and maximum negotiated rates** represent the lowest and highest charge for an item or service that a hospital has negotiated with its third-party payers.
 - o Comparing the minimum negotiated rate to the maximum negotiated rate allows consumers to readily see where their plans falls within the range of prices paid and enables them to determine whether their plan offers the best value for their healthcare needs.
 - o For example, a quick comparison of the minimum and maximum prices for a Rituximab injection 100MG (CPT/HCPCS code J9310) in one hospital file revealed a ten-fold price difference within the same hospital, from a minimum price of \$899.33 and a maximum price of \$9,260.13.
- **The negotiated rates by payer and plan** are the agreed upon prices that a hospital has negotiated with third-party payers for an item or service. Prices vary for different plans within the same payer network, which is why is it necessary for specific plan names to be associated with each payer negotiated rate.

PRA reviewed a limited number of hospital price files and the corresponding insurance company files for hospitals for which CMS issued recently revealed compliance notices.⁴ Our

analysis uncovered specific instances in which CMS sent notices of compliance to hospitals for their machine-readable standard charges file (MRF), and yet, for these hospitals, PRA identified clear prices and multiple plans that were omitted from the hospital files but were present in the TiC insurer pricing files.

These discrepancies indicate that some hospitals, owned by some of the largest healthcare systems, do not appear to be posting their complete price lists as required by the hospital price transparency rule, and that CMS is not verifying the accuracy or completeness of the pricing data posted. These same hospitals with the discrepancies described above were investigated and deemed compliant by CMS.

For example, actual prices were found in insurance company price files, when the prices in the corresponding hospital files appeared as an “N/A,” were represented as algorithms, or were completely omitted. The insurance files indicate that real prices in dollars-and-cents exist, yet hospitals are failing to report those prices in their own disclosures, and CMS is deeming them compliant. By hiding prices, hospitals block consumers from being able to compare prices, shop for the best quality at the lowest price, and reap significant savings on their healthcare.

Our findings appear below.

⁴ Through a [Freedom of Information Act \(FOIA\)](#) request, [the Foundation for Government Accountability](#) (FGA) obtained a subset of the documents generated in connection with compliance enforcement, including warnings, corrective action plans, and subsequent notices of closure issued by CMS to hospitals failing to comply with the price transparency regulations.

1. New York Presbyterian Hospital – Weill Cornell Medical Center – New York, NY

CMS Actions:

- Received warning from CMS for noncompliance of its MRF on October 27, 2021.
- Received closure of inquiry from CMS due to rectification on October 25, 2022.

PRA Review and Verification of Noncompliance:

- PRA's Fourth Semi-Annual Hospital Transparency Report – February 2023 found that the hospital's machine-readable file (MRF) fails to adequately identify specific plans for all commercial payers.
- Review of data files from February 2023 available under the Transparency in Coverage (TiC) Rule, verified specific Aetna plans recognized for payment to this hospital.
- Review of the New York Presbyterian's website supports that the specific Aetna plans obtained from TiC data are also insurance plans accepted by the hospital.

PRA Summary of Findings:

TiC data files and the hospital's website reveal that plan names for Aetna exist and are not recorded in the hospital's MRF, demonstrating that the hospital file reviewed by CMS remains noncompliant, despite the hospital receiving a closure of inquiry from CMS.

Machine Readable File Excerpt:

Note that no plan names are associated with the payers, "Aetna" or "Aetna Medicare."

Code (CPT/DRG)	Description	Rev	Inpatient/Outpatient	Gross Charges	Minimum Negotiated Charge	Maximum Negotiated Charge	Discounted Cash Price	Aetna	Cigna	Empire Blue Cross Blue Shield	Emblem Health	United Health	Aetna Medicare	AgeWell Medicare	Empire Medicare	Fidelis Medicare
C2616	HC BRACHYTX SOURCE N-S YTTIRIUM-90 PER SOURCE	278	Inpatient/Outpatient	38932.0	14015.52	36558.8899	38932.0	14015.5	14015.5	14015.52	14016	14016	17763.2	22204.01	17763.2	17763.2
C2634	HC BRACHYTX SOURCE N-S HA IODINE-125 8.0-9.0MCI	278	Inpatient/Outpatient	690.0	148.09	3636.89019	690.0	248.4	248.4	248.4	Included	Included	151.2	189	151.2	151.2
C2638	HC BRACHYTX SOURCE STRANDED IODINE-125	278	Inpatient/Outpatient	79.0	28.44	2646.43644	79.0	28.44	28.44	28.44	Included	Included	38.19	47.7375	38.19	38.19
C2639	HC BRACHYTX SOURCE N-S IODINE-125 PER SOURCE	278	Inpatient/Outpatient	79.0	28.44	2646.43644	79.0	28.44	28.44	28.44	Included	Included	34.82	43.525	34.82	34.82
C2641	HC BRACHYTX SOURCE N-S PALLADIUM-103 PER SOURCE	278	Inpatient/Outpatient	135.0	48.6	3636.89019	135.0	48.6	48.6	48.6	Included	Included	70.95	88.6875	70.95	70.95
C2642	HC BRACHYTX SOURCE STRANDED CESIUM-131 PER SOURCE	278	Inpatient/Outpatient	146.0	52.56	3636.89019	146.0	52.56	52.56	52.56	Included	Included	73.37	91.7125	73.37	73.37
C2643	HC BRACHYTX SOURCE N-S CESIUM-131 PER SOURCE	278	Inpatient/Outpatient	171.0	61.56	3636.89019	171.0	61.56	61.56	61.56	Included	Included	82.03	102.5375	82.03	82.03
36415	HC LAB ROUTINE VENIPUNCTURE	300	Inpatient/Outpatient	34.0	3.0	25.194	34.0	25.194	15.232	24.14	11.552	3.6	3	3.75	3	3
36416	HC CAPILLARY BLOOD DRAW	300	Inpatient/Outpatient	48.0	3.44	280.98179	48.0	35.568	21.504	34.08	36.032	3.44	Not separ	Not separ	Not separ	Not separ
38207	HC LAB CRYOPRESERVATION PERIPHERAL STEM CELLS	300	Inpatient/Outpatient	8878.0	488.714072	7102.4	8878.0	6578.6	3977.34	8303.38	2429.5	7102.4	488.714	610.8926	488.714	488.714
38211	HC TRANSPLANT PREP PROGENITOR TUMOR CELL DEPLETION	300	Inpatient/Outpatient	26810.0	488.714072	21448.0	26810.0	19866.2	12010.9	19035.1	5370.4	21448.0	488.714	610.8926	488.714	488.714
38212	HC LAB STEM CELL RED BLOOD CELL REMOVAL	300	Inpatient/Outpatient	3441.0	488.714072	2752.8	3441.0	2549.78	1541.57	2443.11	1537.8	2752.8	488.714	610.8926	488.714	488.714
38214	HC LAB STEM CELL VOLUME REDUCTION	300	Inpatient/Outpatient	3750.0	488.714072	5350.37997	3750.0	2778.75	1680.0	2662.5	1588.5	3000	488.714	610.8926	488.714	488.714
81170	HC LAB BCRABL1 GENE ANALYSIS TYROSINE KINASE	300	Inpatient/Outpatient	2649.0	300.0	1880.79	2649.0	537	1188.75	1880.79	1032	395.41	300	375	300	300
81370	HC LAB HLA CLASS 1&2 TYPING LOW RESOLUTION	300	Inpatient/Outpatient	2536.0	402.12	1800.56	2536.0	719.795	1136.13	1800.56	1216.9	658.32	402.12	502.95	402.12	402.12
81372	HC LAB HLA CLASS 1 TYPING LOW RESOLUTION COMPLETE	300	Inpatient/Outpatient	462.0	208.976	879.71928	462.0	722.426	208.976	328.02	879.72	361.63	403.59	504.4875	403.59	403.59
81375	HC LAB HLA CLASS 2 TYPING LOW RES DRB1/3/4/5 AND DQB1	300	Inpatient/Outpatient	462.0	208.976	879.71928	462.0	722.426	208.976	328.02	879.72	361.63	403.59	504.4875	403.59	403.59
81376	HC LAB HLA CLASS 2 TYPING LOW RES ONE LOCUS EACH	300	Inpatient/Outpatient	462.0	122.22	328.02	462.0	218.774	208.976	328.02	319.23	200.09	122.22	152.775	122.22	122.22
81378	HC LAB HLA CLASS 1&2 TYPING HIGH RESOLUTION	300	Inpatient/Outpatient	3703.0	345.57	2629.13	3703.0	618.57	1658.94	2629.13	1295.7	565.73	345.57	431.9625	345.57	345.57
81380	HC LAB HLA CLASS 1 TYPING HIGH RES ONE LOCUS EACH	300	Inpatient/Outpatient	924.0	177.25	656.04	924.0	317.278	413.952	656.04	504.62	290.17	177.25	221.625	177.25	177.25
81381	HC LAB HLA CLASS 1 TYPING HIGH RES 1 ALLELE/ALLELE GROUP	300	Inpatient/Outpatient	557.0	154.84	429.7888	557.0	304.121	249.536	395.47	429.79	154.84	169.9	212.375	169.9	169.9
81382	HC LAB HLA CLASS 2 TYPING HIGH RES ONE LOCUS EACH	300	Inpatient/Outpatient	924.0	123.68	656.04	924.0	221.387	413.952	656.04	397.91	202.48	123.68	154.6	123.68	123.68
81539	HC ASSAY FOR PROSTATE CANCER SCREENING	300	Inpatient/Outpatient	2541.0	722.52	1930.644	2541.0	1360.4	1138.37	1804.11	1930.6	722.52	760	950	760	760
88720	HC LAB BILIRUBIN TOTAL TRANSCUTANEOUS	300	Inpatient/Outpatient	101.0	5.02	213.356092	101.0	8.9858	45.248	71.71	26.564	8.47	5.02	6.275	5.02	5.02
89050	HC LAB CELL COUNT BODY FLUIDS NOT BLOOD	300	Inpatient/Outpatient	76.0	4.72	289.041737	76.0	8.4488	34.048	53.96	21.866	7.98	4.72	5.9	4.72	4.72
89051	HC LAB CELL COUNT BODY FLUIDS NOT BLOOD W/DIFF	300	Inpatient/Outpatient	74.0	5.6	289.041737	74.0	10.024	33.152	52.54	23.291	9.3	5.6	7	5.6	5.6
89055	HC LAB LEUKOCYTE ASSESSMENT FECAL QUAL/SEMIQUANT	300	Inpatient/Outpatient	99.0	4.27	289.041737	99.0	7.6433	44.352	70.29	24.742	7.21	4.27	5.3375	4.27	4.27
89060	HC LAB EXAM SYNOVIAL FLUID CRYSTALS	300	Inpatient/Outpatient	100.0	7.33	289.041737	100.0	13.1207	44.8	71	31.001	12.07	7.33	9.1625	7.33	7.33
89230	HC LAB SWEAT COLLECTION IONTOPHORESIS	300	Inpatient/Outpatient	152.0	43.78	381.747282	152.0	112.632	68.096	107.92	148.81	43.78	61.1842	76.48025	61.1842	61.1842
89325	HC LAB SPERM ANTIBODIES	300	Inpatient/Outpatient	377.0	10.67	289.041737	377.0	19.0993	168.896	267.67	83.083	18.02	10.67	13.3375	10.67	10.67
99001	HC LAB STORAGE OF SERA PER SAMPLE	300	Inpatient/Outpatient	61.0	9.37	280.98179	61.0	45.201	27.328	43.31	45.204	9.37	Not separ	Not separ	Not separ	Not separ
80047	HC LAB BASIC METABOLIC PANEL W/IONIZED CALCIUM POC	301	Inpatient/Outpatient	77.0	13.73	256.118902	77.0	24.5767	34.496	54.67	39.978	14.29	13.73	17.1625	13.73	13.73
80048	HC LAB BASIC METABOLIC PANEL CALCIUM TOTAL	301	Inpatient/Outpatient	94.0	8.46	256.118902	94.0	15.1434	42.112	66.74	32.268	14.29	8.46	10.575	8.46	8.46
80051	HC LAB ELECTROLYTE PANEL	301	Inpatient/Outpatient	112.0	7.01	256.118902	112.0	12.5479	50.176	79.52	32.332	11.84	7.01	8.7625	7.01	7.01
80053	HC LAB COMPREHENSIVE METABOLIC PANEL	301	Inpatient/Outpatient	88.0	10.56	256.118902	88.0	18.9024	39.424	62.48	35.468	17.84	10.56	13.2	10.56	10.56
80061	HC LAB LIPID PANEL	301	Inpatient/Outpatient	163.0	13.39	256.118902	163.0	23.9681	73.024	115.73	53.405	22.62	13.39	16.7375	13.39	13.39
80069	HC LAB RENAL FUNCTION PANEL	301	Inpatient/Outpatient	73.0	8.68	256.118902	73.0	15.5372	32.704	51.83	29.263	14.66	8.68	10.85	8.68	8.68
80074	HC LAB ACUTE HEPATITIS PANEL	301	Inpatient/Outpatient	681.0	47.63	853.51	681.0	85.2577	305.088	483.51	206.56	80.41	47.63	59.5375	47.63	47.63
80076	HC LAB HEPATIC FUNCTION PANEL	301	Inpatient/Outpatient	110.0	8.17	256.118902	110.0	14.6243	49.28	78.1	34.315	13.79	8.17	10.2125	8.17	8.17
80150	HC LAB DRUG SCREEN QUANTITATIVE AMIKACIN	301	Inpatient/Outpatient	145.0	15.08	230.435822	145.0	26.9832	84.96	102.95	53.819	25.45	15.08	18.85	15.08	15.08
80155	HC LAB DRUG ASSAY CAFFEINE	301	Inpatient/Outpatient	164.0	23.16	230.435822	164.0	69.0403	73.472	116.44	103.73	13.76	38.57	48.2125	38.57	38.57
80156	HC LAB DRUG ASSAY CARBAMAZEPINE FREE	301	Inpatient/Outpatient	199.0	14.57	230.435822	199.0	26.0803	89.152	141.29	61.659	24.59	14.57	18.125	14.57	14.57
80157	HC LAB DRUG ASSAY CARBAMAZEPINE TOTAL	301	Inpatient/Outpatient	83.0	13.25	230.435822	83.0	23.7175	37.184	58.93	40.006	22.39	13.25	16.6625	13.25	13.25
80158	HC LAB DRUG ASSAY CYCLOSPORINE	301	Inpatient/Outpatient	468.0	18.05	332.28	468.0	32.3095	209.664	332.28	112.71	30.48	18.05	22.6625	18.05	18.05
80159	HC LAB DRUG ASSAY CLOZAPINE	301	Inpatient/Outpatient	289.0	20.15	230.435822	289.0	36.0685	129.472	205.19	87.535	30.28	20.15	25.1875	20.15	20.15
80162	HC LAB DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	301	Inpatient/Outpatient	118.0	13.28	230.435822	118.0	23.7712	51.968	82.36	45.478	22.43	13.28	16.6	13.28	13.28
80164	HC LAB DRUG ASSAY VALPROIC DIPROPYLEACETIC ACID TOTAL	301	Inpatient/Outpatient	132.0	13.54	230.435822	132.0	24.2366	59.136	93.72	48.62	22.87	13.54	16.925	13.54	13.54
80168	HC LAB DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	301	Inpatient/Outpatient	238.0	16.34	230.435822	238.0	29.2486	106.624	168.98	71.581	27.16	16.34	20.425	16.34	16.34
80169	HC LAB DRUG ASSAY EVEROLIMUS	301	Inpatient/Outpatient	650.0	13.73	461.5	650.0	24.5767	291.2	461.5	133.95	22.48	13.73	17.1625	13.73	13.73
80170	HC LAB DRUG SCREEN QUANTITATIVE GENTAMICIN	301	Inpatient/Outpatient	156.0	16.38	230.435822	156.0	29.3202	69.888	110.76	58.213	27.68	16.38	20.475	16.38	16.38
80171	HC LAB DRUG SCREEN QUANTITATIVE GABAPENTIN	301	Inpatient/Outpatient	337.0	21.67	239.27	337.0	38.7893	150.976	239.27	98.435	21.71	21.67	27.0875	21.67	21.67
80173	HC LAB DRUG SCREEN QUANTITATIVE HALOPERIDOL	301	Inpatient/Outpatient	297.0	15.78	230.435822	297.0	28.2462	133.056	210.87	80.142	24.59	15.78	19.725	15.78	15.78
80175	HC LAB DRUG SCREEN QUANTITATIVE LAMOTRIGINE	301	Inpatient/Outpatient	308.0	13.25	230.435822	308.0	23.7175	137.984	218.68	76.906	21.71	13.25	16.5625	13.25	13.25
80176	HC LAB DRUG SCREEN QUANTITATIVE LIDOCAINE	301	Inpatient/Outpatient	274.0	14.69	230.435822	274.0	26.2951	122.752	194.54	74.198	24.8	14.69	18.3625	14.69	14.69
80177	HC LAB DRUG SCREEN QUANTITATIVE LEVETIRACETAM	301	Inpatient/Outpatient	197.0	13.25	230.435822	197.0	23.7175	88.256	139.87	58.702	21.71	13.25	16.6625	13.25	13.25
80178	HC LAB DRUG SCREEN QUANTITATIVE LITHIUM	301	Inpatient/Outpatient	140.0	6.61	230.435822	140.0	11.8319	62.72	99.4	36.127	21.16	6.61	8.2625	6.61	6.61
80180	HC LAB DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	301	Inpatient/Outpatient	281.0	18.05	230.435822	281.0	32.3095	126.888	199.51	82.204	26.56	18.05	22.6625	18.05	18.05

Figure 1. NY Presbyterian Hospital – Weill Cornell Medical Center MRF downloaded on 1/14/2023.

TiC Data Files:

Aetna Plan Names found in Transparency in Coverage Files for New York Presbyterian Hospital – Weill Cornell Medical Center:

- Silver HNO
- Gold HMO
- Bronze MC
- Gold OAEPO
- Bronze PPO
- Gold PPO

New York Presbyterian Website:

Aetna plans listed on site and found in the TiC Data, but not reported in the MRF.

The screenshot shows the 'Hospital Participating Plans' page on the New York Presbyterian Hospital website. The page title is 'Hospital Participating Plans' and the sub-header is 'Accepted Plans at NewYork-Presbyterian Hospital'. A blue arrow points to the list of Aetna plan types.

Accepted Plans at NewYork-Presbyterian Hospital

Find accepted health plans listed below. While every effort is made to keep this list current, changes to insurance products do occur frequently. Always check with your insurance company to make sure that your care will be covered. If you don't see your insurance company on this list, please contact your insurance representative.

- 1199 National Benefit Fund
 - 1199 National Benefit Fund,Self-Insured
- Aetna
 - Aetna,HMO/POS
 - Aetna,Indemnity
 - Aetna,International Passport
 - Aetna,Medicare
 - Aetna,PPO
 - Aetna,Weill Cornell Employees
 - Aetna,Whole Health
- Affinity by Molina Healthcare
 - Affinity by Molina Healthcare, CHP
 - Affinity by Molina Healthcare, Essential Plan 1 and 2
 - Affinity by Molina Healthcare, Essential Plan 3 and 4
 - Affinity by Molina Healthcare, Medicaid and HARP
- Agewell
 - Agewell, Medicare
- Allied Benefit Systems
 - Allied Benefit Systems (Aetna Signature Administrators),Commercial
- AmeriBen
 - AmeriBen (Aetna Signature Administrators),Commercial
- American Postal Workers Union (Cigna)
 - American Postal Workers Union (Cigna), Commercial
- Amerigroup
 - Amerigroup,New Jersey
- Amida Care
 - Amida Care,Medicaid and HARP
- Anthem
 - Anthem,HMO
 - Anthem,Indemnity
 - Anthem,PPO
- Assurant Health
 - Assurant Health (Aetna Signature Administrators),Commercial
- Beech Street
 - Beech Street (Medichoice),PPO
- Blue Cross Blue Shield
 - Blue Cross Blue Shield, Blue Card Plans
- Boon-Chapman
 - Boon-Chapman (Aetna Signature Administrators),Commercial
- Chesterfield Resources
 - Chesterfield Resources (Aetna Signature Administrators),Commercial
- Christian Brothers
 - Christian Brothers (Aetna Signature Administrators),Commercial
- Cigna
 - Cigna,HMO
 - Cigna,Open Access Plus
 - Cigna,PPO

Figure 2. Screenshot of accepted insurance plans on NY Presbyterian Hospital's website.

2. Spartanburg Medical Center – Spartanburg, SC

CMS Actions:

- Received warning from CMS for noncompliance of its MRF on August 25, 2021.
- Received Corrective Action Plan from CMS on May 4, 2022.
- Received closure of inquiry from CMS due to rectification on October 18, 2022.

PRA Review and Verification of Noncompliance:


- PRA’s Fourth Semi-Annual Hospital Transparency Report – February 2023 found that the hospital’s machine-readable file (MRF) fails to provide an adequate amount of de-identified minimum and maximum rates (84% N/A) and negotiated rates (93% N/A).
- Review of data files from February 2023 available under the Transparency in Coverage (TiC) Rule, verified Cigna negotiated rates for DRG codes for payment to this hospital.

PRA Summary of Findings:

TiC data files reveal that Cigna negotiated rates (prices) for common DRG codes, including mandated CMS codes, exist for this hospital. These prices are recorded in the hospital’s MRF as “N/A,” demonstrating that the hospital file reviewed by CMS remains noncompliant, despite the hospital receiving a closure of inquiry from CMS.

Machine Readable File Excerpt:

Note that their MRF shows Cigna (blue arrow) and shows all price fields as “N/A.”



code	description	min	max	self pay op	self pay ip	self pay ip (children)	BCBS - Blue Preferred	BCBS - Blue Preferred Exchange	BCBS - STATE HEALTH PLAN - BASIC PLAN	Cigna	Medicaid Managed Care - ATC	Medicaid Managed Care - BlueChoice	Medicaid Managed Care - Molina	Medicaid Managed Care - Select Health	Medicare Managed Care - Aetna	Medicare Managed Care - Humana	Medicare Managed Care - UHC	Medicare Managed Care - All	Medicare Managed Care - CHS
MS-DRG 106	Coronary Bypass	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	N/A
MS-DRG 107	No Longer Valc	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	N/A
MS-DRG 108	Other Cardiotho	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	N/A
MS-DRG 109	No Longer Valc	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	N/A
MS-DRG 110	Major Cardiovas	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	N/A
MS-DRG 111	Major Cardiovas	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	N/A
MS-DRG 112	No Longer Valc	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	N/A
MS-DRG 113	Orbital Procedu	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	N/A
MS-DRG 114	Orbital Procedu	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	N/A
MS-DRG 115	Extracocular Pro	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	N/A
MS-DRG 116	Intraocular Proc	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	N/A
MS-DRG 117	Intraocular Proc	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	N/A
MS-DRG 118	Cardiac Pacemc	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	N/A
MS-DRG 119	Vein ligation & t	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	N/A
MS-DRG 120	Other circulator	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	N/A
MS-DRG 121	Acute Major Eye	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	N/A
MS-DRG 122	Acute Major Eye	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	N/A
MS-DRG 123	Neurological Ey	7091	21088				N/A	21088	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7091	N/A	N/A
MS-DRG 124	Other Disorders	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	N/A
MS-DRG 125	Other Disorders	7293	7293				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7293	N/A	N/A	N/A
MS-DRG 126	Acute & Subaci	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	N/A
MS-DRG 127	Heart Failure &	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	N/A
MS-DRG 128	Deep Vein Thro	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	N/A
MS-DRG 129	Major Head & N	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	N/A
MS-DRG 130	Major Head & N	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	N/A
MS-DRG 131	Cranial/Facial P	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	N/A
MS-DRG 132	Cranial/Facial P	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	N/A
MS-DRG 133	Other Ear, Nose	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	N/A
MS-DRG 134	Other Ear, Nose	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	N/A
MS-DRG 135	Sinus And Mast	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	N/A
MS-DRG 136	Sinus And Mast	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	N/A
MS-DRG 137	Mouth Procedu	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	N/A
MS-DRG 138	Mouth Procedu	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	N/A
MS-DRG 139	Salivary Gland f	25824	25824				N/A	25824	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MS-DRG 140	Major Head Anc	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	N/A
MS-DRG 141	Major Head Anc	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	N/A
MS-DRG 142	Major Head Anc	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	N/A
MS-DRG 143	Other Ear, Nose	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	N/A
MS-DRG 144	Other Ear, Nose	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	N/A
MS-DRG 145	Other Ear, Nose	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	N/A
MS-DRG 146	Ear, Nose, Mou	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	N/A
MS-DRG 147	Ear, Nose, Mou	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	N/A
MS-DRG 148	Ear, Nose, Mou	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	N/A
MS-DRG 149	Dysequilibrium	21908	21908				N/A	21908	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MS-DRG 150	Epileptia With N	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	N/A

Figure 3. Spartanburg Medical Center Standard Charges File downloaded on 1/14/2023.

TiC Data Files:

Table 1 below shows prices found in the Transparency in Coverage Files for the common code type, DRG, for Cigna. These prices are represented as "N/A" in Spartanburg Medical Center's MRF.

Table 1. Cigna DRG Prices in TiC Data Files represented as "N/A" in Spartanburg Medical Center's MRF.

CODE TYPE	CODE	CODE DESCRIPTION	PAYER	PRICE IN HOSPITAL FILE	PRICE IN TRANSPARENCY IN COVERAGE FILE
DRG	4	TRACHEOSTOMY WITH MV >96 HOURS OR PDX EXCEPT FACE, MOUTH AND NECK WITHOUT MAJOR O.R. PROCEDURE	Cigna	N/A	\$445,216.20
DRG	64	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH MAJOR COMPLICATION OR COMORBIDITY	Cigna	N/A	\$43,384
DRG	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	Cigna	N/A	\$23,881
DRG	208	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <=96 HOURS	Cigna	N/A	\$57,202.20
DRG	216*	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC	Cigna	N/A	\$214,321.80
DRG	219	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH MCC	Cigna	N/A	\$178,822.60
DRG	246	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITH MCC OR 4+ ARTERIES OR STENTS	Cigna	N/A	\$65,898.80
DRG	251	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT CORONARY ARTERY STENT WITHOUT MCC	Cigna	N/A	\$35,756.60
DRG	267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WITHOUT MCC	Cigna	N/A	\$113,533.20
DRG	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	Cigna	N/A	\$35,340.80
DRG	291	HEART FAILURE AND SHOCK WITH MCC	Cigna	N/A	\$28,155.60
DRG	329	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	Cigna	N/A	\$101,712.60
DRG	330	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	Cigna	N/A	\$54,018.80
DRG	378	GASTROINTESTINAL HEMORRHAGE WITH CC	Cigna	N/A	\$21,670
DRG	460*	SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC. OPERATING ROOM PROCEDURES	Cigna	N/A	\$82,852
DRG	470*	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	Cigna	N/A	\$42,061.80
DRG	473*	CERVICAL SPINAL FUSION WITHOUT CC/MCC	Cigna	N/A	\$55,772.20
DRG	481	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	Cigna	N/A	\$46,472.80
DRG	483	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	Cigna	N/A	\$51,867.20
DRG	520	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC/MCC	Cigna	N/A	\$32,555.60
DRG	682	RENAL FAILURE WITH CC	Cigna	N/A	\$32,705.20
DRG	743*	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT CC/MCC	Cigna	N/A	\$25,753.20
DRG	839	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SDX WITHOUT COMPLICATION OR COMORBIDITY (CC)/MAJOR COMPLICATION OR COMORBIDITY (MCC)	Cigna	N/A	\$30,243.40
DRG	853	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITH MCC	Cigna	N/A	\$107,822
DRG	870	SEPTICEMIA OR SEVERE SEPSIS WITH MV >96 HOURS	Cigna	N/A	\$149,399.80
DRG	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	Cigna	N/A	\$43,058.40
DRG	872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	Cigna	N/A	\$22,616

*Indicates this code is CMS mandated code.

3. Hendrick Medical Center – Abilene, TX

CMS Actions:

- Received warning from CMS for noncompliance of its MRF on April 19, 2021.
- Received Corrective Action Plan from CMS on September 30, 2021.
- Received closure of inquiry from CMS due to rectification on January 11, 2022.

PRA Review and Verification of Noncompliance:

- PRA’s Fourth Semi-Annual Hospital Transparency Report – February 2023 found that the hospital’s machine-readable file (MRF) fails to provide an adequate amount of negotiated rates (81% N/A).
- Review of data files from February 2023 available under the Transparency in Coverage (TiC) Rule, verified Cigna negotiated rates for DRG codes and United Healthcare negotiated rates for CPT codes for payment to this hospital.

PRA Summary of Findings:

TiC data files reveal that negotiated rates (prices) for common DRG codes under Cigna and for CPT codes under United Healthcare, including mandated CMS DRG and CPT codes, exist for this hospital. The found prices are recorded in the hospital’s MRF as “N/A”, demonstrating that the hospital file reviewed by CMS remains noncompliant, despite the hospital receiving a closure of inquiry from CMS.

Machine Readable File Excerpt:

Note "N/A" appear in the ‘Payer Allowed Amount’ field, where prices should be present.



Gross_Charge	Payer_Allowed_Amount	Cash_Discount_Pct	Deidentified_Min_Allowed	Deidentified_Max_Allowed	Associated_Codes	description	jobSelectio	payer
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	Aetna All Commercial
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	Aetna Medicare Advantage
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	BlueCross BlueShield of Texas All Commercial
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	BlueCross BlueShield of Texas Medicaid and CHIP
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	Cigna All Commercial
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	Health Select All Commercial
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	Humana All Commercial
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	Humana Medicare Advantage
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	Humana Military Healthcare Services Health Maintenance Organization
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	Scott and White Health Plan Health Maintenance Organization
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	Scott and White Health Plan Mutually Defined
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	Superior Health Plan Medicare Advantage
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	TMHP Texas Medicaid Healthcare Partnership Medicaid
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	United Healthcare Medicaid and CHIP
70614.5400	N/A	70614.5400	3850.6900	24312.5800	736-743	Removal Of Uterus, Ovaries And/Or Fallopian Tubes	Inpatient	United Healthcare Medicare Advantage
52372.0600	55993.9100	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Aetna All Commercial
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Aetna Medicare Advantage
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Amerigroup Medicaid and CHIP
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	BlueCross BlueShield of Texas All Commercial
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	BlueCross BlueShield of Texas Medicaid and CHIP
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Cigna All Commercial
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	First Care Medicaid and CHIP
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Health Select All Commercial
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Humana All Commercial
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Humana Medicare Advantage
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Humana Military Healthcare Services Health Maintenance Organization
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Scott and White Health Plan Health Maintenance Organization
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Scott and White Health Plan Mutually Defined
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Superior Health Plan Medicaid and CHIP
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	Superior Health Plan Medicare Advantage
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	TMHP Texas Medicaid Healthcare Partnership Medicaid
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	United Healthcare All Commercial
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	United Healthcare Medicaid and CHIP
52372.0600	N/A	52372.0600	55993.9100	55993.9100	492-494	Fusion Of Foot Or Ankle Joint	Inpatient	United Healthcare Medicare Advantage

Figure 4. Hendrick Medical Center's Standard Charges File downloaded on 12/17/2022.

TiC Data Files:

Tables 2 and 3 below show prices found in the Transparency in Coverage Files for the common code type, DRG, under Cigna and CPT codes under United Healthcare. These prices are represented as "N/A" in Hendrick Medical Center's MRF.

Table 2. Cigna DRG Prices in TiC Data Files represented as "N/A" in Hendrick Medical Center's MRF.

CODE TYPE	CODE	CODE DESCRIPTION	PAYER	PRICE IN HOSPITAL FILE	PRICE IN TRANSPARENCY IN COVERAGE FILE
DRG	3	ECMO OR TRACHEOSTOMY WITH MV >96 HOURS OR PDX EXCEPT FACE, MOUTH AND NECK WITH MAJOR O.R. PROCEDURE	Cigna	N/A	\$202,674.56
DRG	4	TRACHEOSTOMY WITH MV >96 HOURS OR PDX EXCEPT FACE, MOUTH AND NECK WITHOUT MAJOR O.R. PROCEDURE	Cigna	N/A	\$137,522.98
DRG	64	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH MAJOR COMPLICATION OR COMORBIDITY	Cigna	N/A	\$19,749.58
DRG	177	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	Cigna	N/A	\$17,825.70
DRG	189	PULMONARY EDEMA AND RESPIRATORY FAILURE	Cigna	N/A	\$12,088.11
DRG	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	Cigna	N/A	\$10,871.28
DRG	193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	Cigna	N/A	\$13,006.48
DRG	208	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <=96 HOURS	Cigna	N/A	\$26,040
DRG	216*	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC	Cigna	N/A	\$97,565.13
DRG	219	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH MCC	Cigna	N/A	\$81,404.92
DRG	246	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITH MCC OR 4+ ARTERIES OR STENTS	Cigna	N/A	\$29,998.93
DRG	247	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITHOUT MCC	Cigna	N/A	\$19,123.64
DRG	251	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT CORONARY ARTERY STENT WITHOUT MCC	Cigna	N/A	\$16,277.38
DRG	267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WITHOUT MCC	Cigna	N/A	\$51,683.41
DRG	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	Cigna	N/A	\$16,088.10
DRG	291	HEART FAILURE AND SHOCK WITH MCC	Cigna	N/A	\$12,817.20
DRG	378	GASTROINTESTINAL HEMORRHAGE WITH CC	Cigna	N/A	\$9,864.78
DRG	460*	SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC. OPERATING ROOM PROCEDURES	Cigna	N/A	\$37,716.49
DRG	473*	CERVICAL SPINAL FUSION WITHOUT CC/MCC	Cigna	N/A	\$25,389.03
DRG	481	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	Cigna	N/A	\$21,155.69
DRG	520	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC/MCC	Cigna	N/A	\$14,820.20
DRG	682	RENAL FAILURE WITH CC	Cigna	N/A	\$14,888.30
DRG	743*	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT CC/MCC	Cigna	N/A	\$11,723.56
DRG	839	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SDX WITHOUT COMPLICATION OR COMORBIDITY (CC)/MAJOR COMPLICATION OR COMORBIDITY (MCC)	Cigna	N/A	\$13,767.62
DRG	853	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITH MCC	Cigna	N/A	\$49,083.52
DRG	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	Cigna	N/A	\$19,601.36
DRG	872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	Cigna	N/A	\$10,295.42

*Indicates this code is CMS mandated code.

Table 3. United Healthcare CPT Prices in TiC Data Files represented as "N/A" in Hendrick Medical Center's MRF.

CODE TYPE	CODE	CODE DESCRIPTION	PAYER	PRICE IN HOSPITAL FILE	PRICE IN TRANSPARENCY IN COVERAGE FILE
CPT	59510*	Routine obstetric care for cesarean delivery, including pre-and postdelivery care	United Healthcare - All Commercial	N/A	\$1,500
CPT	90846*	Family psychotherapy, not including patient, 50 min	United Healthcare - All Commercial	N/A	\$55
CPT	90847*	Family psychotherapy, including patient, 50 min	United Healthcare - All Commercial	N/A	\$55
CPT	90853*	Group psychotherapy	United Healthcare - All Commercial	N/A	\$27.50
CPT	99205*	New patient office of other outpatient visit, typically 60 min	United Healthcare - All Commercial	N/A	\$170
CPT	99244*	Patient office consultation, typically 60 min	United Healthcare - All Commercial	N/A	\$100

*Indicates this code is CMS mandated code.

4. Sentara Norfolk General Hospital – Norfolk, VA

CMS Actions:

- Received warning from CMS for noncompliance of its MRF on July 20, 2021.
- Received Corrective Action Plan from CMS on January 12, 2022.
- Received closure of inquiry from CMS due to rectification on March 23, 2022.

PRA Review and Verification of Noncompliance:

- PRA's Fourth Semi-Annual Hospital Transparency Report – February 2023 found that the hospital's machine-readable file (MRF) fails to provide an adequate amount of de-identified minimum, maximum, and negotiated rates. These rates are listed only for DRG codes.
- Review of data files from February 2023 available under the Transparency in Coverage (TiC) Rule, verified Excellus Blue Cross Blue Shield PPO plan negotiated rates for CPT codes for payment to this hospital.

PRA Summary of Findings:

TiC data files reveal that Excellus Blue Cross Blue Shield PPO plan negotiated rates (prices) for CPT codes, including mandated CMS CPT codes, exist for this hospital. These prices are omitted in the hospital's MRF, which only lists prices for DRG codes. Excellus Blue Cross Blue Shield PPO is also not included as a payer in the hospital MRF. These findings demonstrate that the hospital file reviewed by CMS remains noncompliant, despite the hospital receiving a closure of inquiry from CMS.

Machine Readable File Excerpt:

Note that prices appear only for DRG codes.

MS-DRG	Description	Payer Specific Negotiated Charge
001	Heart Transplant Or Implant Of Heart Assist System With Mcc	1403605
003	Ecmo Or Tracheostomy With Mv >96 Hours Or Principal Diagnosis Except Face, Mouth And Neck With Major	376730
023	Craniotomy With Major Device Implant Or Acute Complex Ops Principal Diagnosis With Mcc Or Chemothera	103487
026	Craniotomy And Endovascular Intracranial Procedures With Cc	61935
027	Craniotomy And Endovascular Intracranial Procedures Without Cc/Mcc	50857
030	Spinal Procedures Without Cc/Mcc	47671
039	Extracranial Procedures Without Cc/Mcc	23041
064	Intracranial Hemorrhage Or Cerebral Infarction With Mcc	38814
066	Intracranial Hemorrhage Or Cerebral Infarction Without Cc/Mcc	14394
115	Extraocular Procedures Except Orbit	29463
121	Acute Major Eye Infections With Cc/Mcc	24082
177	Respiratory Infections And Inflammations With Mcc	33845
180	Respiratory Neoplasms With Mcc	35193
190	Chronic Obstructive Pulmonary Disease With Mcc	22757
115	Other Heart Assist System Implant	587546
116	Cardiac Valve And Other Major Cardiothoracic Procedures With Cardiac Catheterization With Mcc	251476
119	Cardiac Valve And Other Major Cardiothoracic Procedures Without Cardiac Catheterization With Mcc	194873
120	Cardiac Valve And Other Major Cardiothoracic Procedures Without Cardiac Catheterization With Cc	109333
121	Cardiac Valve And Other Major Cardiothoracic Procedures Without Cardiac Catheterization Without Cc/M	92638
126	Cardiac Defibrillator Implant Without Cardiac Catheterization With Mcc	241705
129	Other Cardiothoracic Procedures Without Mcc	59112
133	Coronary Bypass With Cardiac Catheterization Or Open Ablation With Mcc	160244
135	Coronary Bypass Without Cardiac Catheterization With Mcc	123468
136	Coronary Bypass Without Cardiac Catheterization Without Mcc	82870
147	Percutaneous Cardiovascular Procedures With Drug-Eluting Stent Without Mcc	39912
154	Other Vascular Procedures Without Cc/Mcc	36730
170	Other Major Cardiovascular Procedures With Mcc	104917
171	Other Major Cardiovascular Procedures With Cc	52444
172	Other Major Cardiovascular Procedures Without Cc/Mcc	54376
173	Percutaneous And Other Intracardiac Procedures With Mcc	77403
182	Acute Myocardial Infarction, Discharged Alive Without Cc/Mcc	14687
186	Circulatory Disorders Except Ami, With Cardiac Catheterization With Mcc	43211
192	Heart Failure And Shock With Cc	17466
199	Peripheral Vascular Disorders With Mcc	31000
110	Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc	11311
115	Other Circulatory System Diagnoses With Cc	19689
130	Major Small And Large Bowel Procedures With Cc	51565
177	Gastrointestinal Hemorrhage With Mcc	81739
186	Inflammatory Bowel Disease With Cc	20128
107	Pancreas, Liver And Shunt Procedures Without Cc/Mcc	42841
132	Cirrhosis And Alcoholic Hepatitis With Mcc	38043
136	Malignancy Of Hepatobiliary System Or Pancreas With Cc	22685
140	Disorders Of Pancreas Except Malignancy Without Cc/Mcc	12264
153	Combined Anterior And Posterior Spinal Fusion With Mcc	185846
154	Combined Anterior And Posterior Spinal Fusion With Cc	123245
160	Spinal Fusion Except Cervical Without Mcc	79506
172	Cervical Spinal Fusion With Cc	61782



Figure 5. Sentara Norfolk General Hospital's Standard Charges File downloaded 12/17/2022.

TiC Data Files:

Table 4 below shows prices found in the Transparency in Coverage Files for CPT codes under Excellus Blue Cross Blue Shield PPO plan that are omitted from Sentara Norfolk General Hospital's MRF.

Table 4. Excellus Blue Cross Blue Shield PPO Prices in TiC Data Files omitted from Sentara Norfolk General Hospital's MRF.

CODE TYPE	CODE	CODE DESCRIPTION	PRAYER IN TRANSPARENCY IN COVERAGE FILE	PLAN IN TRANSPARENCY IN COVERAGE FILE	PRICE IN TRANSPARENCY IN COVERAGE FILE
CPT	19120*	Removal of 1 or more breast growth, open procedure	Excellus BlueCross BlueShield	KEYCARE PPO	\$570.64
CPT	29826*	Shaving of shoulder bone using an endoscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$198.47
CPT	29881*	Removal of one knee cartilage using an endoscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$613.08
CPT	42820*	Removal of tonsils and adenoid glands patient younger than age 12	Excellus BlueCross BlueShield	KEYCARE PPO	\$324.62
CPT	43235*	Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$313.61
CPT	43239*	Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$417.76
CPT	45378*	Diagnostic examination of large bowel using an endoscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$370.21
CPT	45380*	Biopsy of large bowel using an endoscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$227.55
CPT	45385*	Removal of polyps or growths of large bowel using an endoscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$288.86
CPT	45391*	Ultrasound examination of lower large bowel using an endoscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$292
CPT	47562*	Removal of gallbladder using an endoscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$754.17
CPT	49505*	Repair of groin hernia patient age 5 years or older	Excellus BlueCross BlueShield	KEYCARE PPO	\$596.18
CPT	55700*	Biopsy of prostate gland	Excellus BlueCross BlueShield	KEYCARE PPO	\$278.64
CPT	55866*	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$1638.42
CPT	59400*	Routine obstetric care for vaginal delivery, including pre-and postdelivery care	Excellus BlueCross BlueShield	KEYCARE PPO	\$2418.13
CPT	59510*	Routine obstetric care for cesarean delivery, including pre-and postdelivery care:	Excellus BlueCross BlueShield	KEYCARE PPO	\$2681.83
CPT	59610*	Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care:	Excellus BlueCross BlueShield	KEYCARE PPO	\$2544.28
CPT	62332*	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Excellus BlueCross BlueShield	KEYCARE PPO	\$167.81
CPT	62323*	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Excellus BlueCross BlueShield	KEYCARE PPO	\$286.5
CPT	64483*	Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	Excellus BlueCross BlueShield	KEYCARE PPO	\$264.49
CPT	66821*	Removal of recurring cataract in lens capsule using laser	Excellus BlueCross BlueShield	KEYCARE PPO	\$369.42
CPT	66984*	Removal of cataract with insertion of lens	Excellus BlueCross BlueShield	KEYCARE PPO	\$607.19
CPT	70450*	CT scan, head or brain, without contrast	Excellus BlueCross BlueShield	KEYCARE PPO	\$76.63
CPT	70553*	MRI scan of brain before and after contrast	Excellus BlueCross BlueShield	KEYCARE PPO	\$242.16
CPT	72110*	X-Ray, lower back, minimum four views	Excellus BlueCross BlueShield	KEYCARE PPO	\$32.07
CPT	72148*	MRI scan of lower spinal canal	Excellus BlueCross BlueShield	KEYCARE PPO	\$144.31
CPT	72193*	CT scan, pelvis, with contrast	Excellus BlueCross BlueShield	KEYCARE PPO	\$160.57
CPT	73721*	MRI scan of leg joint	Excellus BlueCross BlueShield	KEYCARE PPO	\$151.85
CPT	74177*	CT scan of abdomen and pelvis with contrast	Excellus BlueCross BlueShield	KEYCARE PPO	\$217.17
CPT	76700*	Ultrasound of abdomen	Excellus BlueCross BlueShield	KEYCARE PPO	\$81.82
CPT	76805*	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	Excellus BlueCross BlueShield	KEYCARE PPO	\$93.14
CPT	76830*	Ultrasound pelvis through vagina	Excellus BlueCross BlueShield	KEYCARE PPO	\$81.82
CPT	77065*	Mammography of one breast	Excellus BlueCross BlueShield	KEYCARE PPO	\$148.55
CPT	77066*	Mammography of both breasts	Excellus BlueCross BlueShield	KEYCARE PPO	\$187.07
CPT	77067*	Mammography, screening, bilateral	Excellus BlueCross BlueShield	KEYCARE PPO	\$151.70
CPT	80048*	Basic metabolic panel	Excellus BlueCross BlueShield	KEYCARE PPO	\$3.75
CPT	80053*	Blood test, comprehensive group of blood chemicals	Excellus BlueCross BlueShield	KEYCARE PPO	\$3.59
CPT	80055*	Obstetric blood test panel	Excellus BlueCross BlueShield	KEYCARE PPO	\$14.16
CPT	80061*	Blood test, lipids (cholesterol and triglycerides)	Excellus BlueCross BlueShield	KEYCARE PPO	\$5.95
CPT	80069*	Kidney function panel test	Excellus BlueCross BlueShield	KEYCARE PPO	\$3.85
CPT	80076*	Liver function blood test panel	Excellus BlueCross BlueShield	KEYCARE PPO	\$2.42
CPT	81000*	Manual urinalysis test with examination using microscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$1.44
CPT	81001*	Manual urinalysis test with examination using microscope	Excellus BlueCross BlueShield	KEYCARE PPO	\$1.41
CPT	81002*	Automated urinalysis test	Excellus BlueCross BlueShield	KEYCARE PPO	\$1.25
CPT	81003*	Automated urinalysis test	Excellus BlueCross BlueShield	KEYCARE PPO	\$0.99
CPT	84153*	PSA (prostate specific antigen)	Excellus BlueCross BlueShield	KEYCARE PPO	\$6.25
CPT	84154*	PSA (prostate specific antigen)	Excellus BlueCross BlueShield	KEYCARE PPO	\$5.44
CPT	84443*	Blood test, thyroid stimulating hormone (TSH)	Excellus BlueCross BlueShield	KEYCARE PPO	\$7.47
CPT	85025*	Complete blood cell count, with differential white blood cells, automated	Excellus BlueCross BlueShield	KEYCARE PPO	\$3.45
CPT	85027*	Complete blood count, automated	Excellus BlueCross BlueShield	KEYCARE PPO	\$2.87
CPT	85610*	Blood test, clotting time	Excellus BlueCross BlueShield	KEYCARE PPO	\$1.74
CPT	85730*	Coagulation assessment blood test	Excellus BlueCross BlueShield	KEYCARE PPO	\$1.78

CPT	90832*	Psychotherapy, 30 min	Excellus BlueCross BlueShield	KEYCARE PPO	\$77.42
CPT	90834*	Psychotherapy, 45 min	Excellus BlueCross BlueShield	KEYCARE PPO	\$102.97
CPT	90837*	Psychotherapy, 60 min	Excellus BlueCross BlueShield	KEYCARE PPO	\$154.06
CPT	90846*	Family psychotherapy, not including patient, 50 min	Excellus BlueCross BlueShield	KEYCARE PPO	\$112.79
CPT	90847*	Family psychotherapy, including patient, 50 min	Excellus BlueCross BlueShield	KEYCARE PPO	\$116.72
CPT	90853*	Group psychotherapy	Excellus BlueCross BlueShield	KEYCARE PPO	\$30.65
CPT	93000*	Electrocardiogram, routine, with interpretation and report	Excellus BlueCross BlueShield	KEYCARE PPO	\$18.86
CPT	93452*	Insertion of catheter into left heart for diagnosis	Excellus BlueCross BlueShield	KEYCARE PPO	\$1018.26
CPT	95810*	Sleep study	Excellus BlueCross BlueShield	KEYCARE PPO	\$676.35
CPT	97110*	Physical therapy, therapeutic exercise	Excellus BlueCross BlueShield	KEYCARE PPO	\$19.90
CPT	99203*	New patient office or other outpatient visit, typically 30 min	Excellus BlueCross BlueShield	KEYCARE PPO	\$70.84
CPT	99204*	New patient office of other outpatient visit, typically 45 min	Excellus BlueCross BlueShield	KEYCARE PPO	\$108.57
CPT	99205*	New patient office of other outpatient visit, typically 60 min	Excellus BlueCross BlueShield	KEYCARE PPO	\$137.34
CPT	99243*	Patient office consultation, typically 40 min	Excellus BlueCross BlueShield	KEYCARE PPO	\$70.84
CPT	99244*	Patient office consultation, typically 60 min	Excellus BlueCross BlueShield	KEYCARE PPO	\$108.57
CPT	99385*	Initial new patient preventive medicine evaluation (18-39 years)	Excellus BlueCross BlueShield	KEYCARE PPO	\$147.38
CPT	99386*	Initial new patient preventive medicine evaluation (40-64 years)	Excellus BlueCross BlueShield	KEYCARE PPO	\$170.56

*Indicates this code is CMS mandated code.

5. Glendale Memorial Hospital & Health Center (CommonSpirit Health) – Glendale, CA

CMS Actions:

- Received warning from CMS for noncompliance of its MRF on July 20, 2021.
- Received Corrective Action Plan from CMS on January 12, 2022.
- Received closure of inquiry from CMS due to rectification on March 21, 2022.

PRA Review and Verification of Noncompliance:

- PRA's Fourth Semi-Annual Hospital Transparency Report – February 2023 found that the hospital's machine-readable file (MRF) fails to provide an adequate amount of negotiated rates.
- Review of data files from February 2023 available under the Transparency In Coverage (TiC) Rule, verified negotiated rates for CPT codes for payment to this hospital under United Healthcare Value Network, Signature Value Alliance, CA Veba Alliance HMO, Signature Value Harmony, Full OR HMO Network 2, Veba Perform HMO Network, Calpers SV Alliance, Memorial Care SV Harmony, Veba Perform HMO Network 1, and Veba Perform HMO Network 3.

PRA Summary of Findings:

TiC data files reveal that negotiated rates (prices) for CPT codes, including mandated CMS CPT codes, exist for this hospital under the payer plans listed below:

- United Healthcare Value Network
- Signature Value Alliance
- CA Veba Alliance HMO
- Signature Value Harmony
- Full OR HMO Network 2
- Veba Perform HMO Network
- Calpers SV Alliance
- Memorial Care SV Harmony
- Veba Perform HMO Network 1
- Veba Perform HMO Network 3

The found prices are recorded in the hospital's MRF as "N/A". Additionally, the TiC data revealed four CMS mandated CPT codes omitted from the hospital's MRF. These findings demonstrate that the hospital file reviewed by CMS remains noncompliant, despite the hospital receiving a closure of inquiry from CMS.

Machine Readable File Excerpt:

Note that prices appear with "N/A" for United Health Plans, indicated by the three blue arrows.

Code	Description	Code Type	Revenue Code (RC)	Gross Charge	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Commercial Aetna All Plans	Commercial Anthem MCS	Commercial Anthem Non-MCS	Commercial Blue Shield All Other Plans	Commercial Blue Shield Exchange	Commercial Cigna All Plans	Commercial HealthNet EPO	Commercial HealthNet LA Care Exchange	Commercial HealthNet Multiplan All Plans	Commercial United All Other Plans	Commercial United Navigate	Commercial United Options	
799	SPLNECTOM MS-DRG	No RC	**	**	48522.73	58227.28	IP	IP	IP	IP	IP	IP	IP	IP	IP	58227.28	IP	11414 Per Diem	11427 Per Diem	13727 Per Diem
8004	METABOL PAN CPT	301	524	366.8	9.4	419.2	35.03	241.28	173.5	N/A	N/A	N/A	33.12	N/A	N/A	33559.42	IP	16.48	419.2	N/A
80048	BASIC METABC CPT	301	443	310.1	8.46	354.4	35.03	93.52	67.25	N/A	N/A	N/A	22.69	N/A	N/A	16.48	439.2	N/A	N/A	N/A

Figure 6. Glendale Memorial Hospital & Health Center's Standard Charges File downloaded 12/17/2022.

TiC Data Files:

Table 5 below shows prices found in the Transparency in Coverage files for CPT codes under United Healthcare Value Network, Signature Value Alliance, CA Veba Alliance HMO, Signature Value Harmony, Full OR HMO Network 2, Veba Perform HMO Network, Calpers SV Alliance, Memorial Care SV Harmony, Veba Perform HMO Network 1, and Veba Perform HMO Network 3, that are listed as "N/A" in Glendale Memorial Hospital & Health Center's MRF.

Table 6 below shows prices for CMS mandated CPT codes omitted from the Glendale Memorial Hospital & Health Center's MRF, but found in the Transparency in Coverage files.

Table 5. CPT prices found in the Transparency in Coverage Files for CPT codes represented as "N/A" in Glendale Memorial Hospital & Health Center's MRF.

CODE TYPE	CODE	CODE DESCRIPTION	HOSPITAL FILE PRICE FOR: COMMERCIAL UNITED ALL OTHER PLANS	HOSPITAL FILE PRICE FOR: COMMERCIAL UNITED NAVIGATE	HOSPITAL FILE PRICE FOR: COMMERCIAL UNITED OPTIONS	TRANSPARENCY IN COVERAGE PRICE FOR ALL PLANS
CPT	59510*	Routine obstetric care for cesarean delivery, including pre-and postdelivery care	N/A	N/A	N/A	\$1,500.00
CPT	70553*	MRI scan of brain before and after contrast	N/A	N/A	N/A	\$792.20
CPT	80048*	Basic metabolic panel	N/A	N/A	N/A	\$2.87
CPT	80053*	Blood test, comprehensive group of blood chemicals	N/A	N/A	N/A	\$3.646
CPT	80061*	Blood test, lipids (cholesterol and triglycerides)	N/A	N/A	N/A	\$3.61
CPT	80076*	Liver function blood test panel	N/A	N/A	N/A	\$2.77
CPT	81001*	Manual urinalysis test with examination using microscope	N/A	N/A	N/A	\$1.13
CPT	85027*	Complete blood count, automated	N/A	N/A	N/A	\$2.15
CPT	99205*	New patient office of other outpatient visit, typically 60 min	N/A	N/A	N/A	\$170

*Indicates this code is CMS mandated code.

Table 6. Four CMS mandated codes omitted in Glendale Memorial Hospital & Health Center's MRF and found in the Transparency in Coverage data.

CODE TYPE	CODE	CODE DESCRIPTION	PRICE IN TRANSPARENCY IN COVERAGE FILE
CPT	90846*	Family psychotherapy, not including patient, 50 min	\$55
CPT	90847*	Family psychotherapy, including patient, 50 min	\$55
CPT	90853*	Group psychotherapy	\$3.64
CPT	99244*	Patient office consultation, typically 60 min	\$100

*Indicates this code is CMS mandated code.

6. HCA Mission Hospital – Asheville, NC

CMS Actions:

- Received warning from CMS for noncompliance of its MRF on July 20, 2021.
- Received closure of inquiry from CMS due to rectification on April 11, 2022.

PRA Review and Verification of Noncompliance:

- PRA's Fourth Semi-Annual Hospital Transparency Report – February 2023 found that the hospital's machine-readable file (MRF) fails to provide adequate pricing information for major payer negotiated rates as well as de-identified min/max charges; has non-searchable incomplete, overbroad or inapplicable descriptions; contains calculation instructions in place of numerical prices in negotiated rates, minimum and maximum fields, and non-searchable code ranges.
- Review of data files from April 2023 available under the Transparency In Coverage (TiC) Rule, verified negotiated rates for CPT codes for payment to this hospital under Cigna negotiated as a fee-for-service dollar-and-cents amount, not percent of billable gross charges as represented in the hospital file.

PRA Summary of Findings:

TiC data files reveal that negotiated rates in a dollar-and-cents amount for 74 CPT codes under Cigna exist for this hospital. The codes with prices in the TiC data would likely fall under the broad category listed for Cigna as 'Other Outpatient' with the price recorded as '61.9% of Billable Gross Charges,' or '46.9% of Billable Gross Charges, respectively. This demonstrates that the hospital file reviewed by CMS is missing codes that have negotiated rates and thus remains noncompliant, despite the hospital receiving a closure of inquiry from CMS.

Machine Readable File Excerpt:

Note incomplete coding and pricing information in the 'Code' and 'Rate' fields, where specific billing codes and dollar-and-cents prices should be present.

Cigna COMMExistingAccount		
Service Description	Coding	Rate
Other Inpatient		64.4% of Billable Gross Charges
Other Outpatient		61.9% of Billable Gross Charges
Cigna COMMNewAccount		
Service Description	Coding	Rate
Other Inpatient		53.4% of Billable Gross Charges
Other Outpatient		46.9% of Billable Gross Charges
Cigna HIX		
Service Description	Coding	Rate
Other Inpatient		53.4% of Billable Gross Charges
Other Outpatient		56.9% of Billable Gross Charges

Figure 7. A portion of HCA Mission Hospital's Standard Charges File downloaded 1/19/2023.

Table 7. Code Types, specific code/service descriptions and dollars-and-cents prices are omitted from Mission Hospital's MRF.

CODE TYPE	CODE	SERVICE DESCRIPTION	HOSPITAL FILE PRICE FOR: CIGNA COMM EXISTING ACCOUNT	HOSPITAL FILE PRICE FOR: CIGNA COMM NEW ACCOUNT	HOSPITAL FILE PRICE FOR: CIGNA HIX
N/A	N/A	Other Inpatient	64.4% of Billable Gross Charges	53.4% of Billable Gross Charges	53.4% of Billable Gross Charges
N/A	N/A	Other Outpatient	61.9% of Billable Gross Charges	46.9% of Billable Gross Charges	56.9% of Billable Gross Charges

TiC Data Files:

Table 8. Specific codes, descriptions, and dollars-and-cents prices are shown in the TiC data, represented as vague Inpatient and Outpatient service categories, blanks, and percent of charges in the hospital data prove obfuscation of billing identifiers and actual prices by Mission Hospital.

CODE TYPE IN TRANSPARENCY IN COVERAGE DATA	CODE IN TRANSPARENCY IN COVERAGE DATA	CODE DESCRIPTION IN TRANSPARENCY IN COVERAGE DATA	PRICE IN TRANSPARENCY IN COVERAGE DATA FOR A CIGNA COMMERCIAL PPO PLAN
CPT	86328	IA NFCT AB SARSCOV2 COVID19	\$45.23
CPT	86408	NEUTRLZG ANTB SARSCOV2 SCR	\$42.1
CPT	86409	NEUTRLZG ANTB SARSCOV2 TITER	\$105.33
CPT	86413	SARS-COV-2 ANTB QUANTITATIVE	\$51.43
CPT	86769	SARS-COV-2 COVID-19 ANTIBODY	\$42.13
CPT	87426	SARSCOV CORONAVIRUS AG IA	\$45.23
CPT	87428	SARSCOV & INF VIR A&B AG IA	\$73.49
CPT	87635	SARS-COV-2 COVID-19 AMP PRB	\$51.31
CPT	87636	SARSCOV2 & INF A&B AMP PRB	\$142.63
CPT	87637	SARSCOV2&INF A&B&RSV AMP PRB	\$90
CPT	87811	SARS-COV-2 COVID19 W/OPTIC	\$41.38

7. Emanate Health Queen of the Valley Hospital – West Covina, CA

CMS Actions:


- Received warning from CMS for noncompliance with their MRF on July 20, 2021.
- Received closure of inquiry from CMS due to rectification on April 11, 2022.

PRA Review and Verification of Noncompliance:

- PRA's Fourth Semi-Annual Hospital Transparency Report – February 2023 found that the hospital's machine-readable file (MRF) fails to provide an adequate amount of negotiated rates.
- Review of data files from April 2023 available under the Transparency In Coverage (TiC) Rule, verified negotiated rates for CPT and DRG codes for payment to this hospital under United Healthcare that are omitted from the hospital's MRF.

PRA Summary of Findings:

TiC data files reveal United Healthcare of California negotiated rates for CPT and DRG codes for HMO and PPO plans, including mandated CMS codes that are omitted from the hospital's MRF. These findings demonstrate that the hospital file reviewed by CMS remains noncompliant, despite the hospital receiving a closure of inquiry from CMS.



FileRowID	LINE TYPE	CHARGE CODE/PACKAGE	CHARGE DESCRIPTION	DRG	CPT	MODIFIERS	REV CODE	NDC	GROSS CHARGES	SELF PAY CASH PRICE	MIN NEGOTIATED RATE	MAX NEGOTIATED RATE	UHC HMO/Navigate/Select/Select Plus IP Rate	UHC HMO/Navigate/Select/Select Plus OP Rate	UHC PPO IP Rate	UHC PPO OP Rate
8	CDM	4020042139	CEMENT, 00-112-140-01	1988	C1713				431.25	431.25		1	211.31			
9	CDM	4020042198	K-WIRE		C1713				48.44	48.44		1	23.74			
10	CDM	4050009889	STAPLER RELD ECHOLON J&J		C1713				806.74	806.74		1	395.3			
11	CDM	4050001897	STAPLER ENDO GIA COVDN		2 C1713				1141.29	1141.29		1	559.23			
12	CDM	4050003868	STAPLER ENDO GIA COVDN		2 C1713				1208.08	1208.08		1	591.96			
13	CDM	4050003969	STAPLER ENDO GIA RLD		22 C1713				1121.19	1121.19		1	549.38			
14	CDM	4050004014	PINS-MAYFIELD SKULL PINS		A C1713				121.63	121.63		1	59.6			
15	CDM	4050009888	STAPLER RELD GREY 45 GIA2		C1713				409.55	409.55		1	200.68			
16	CDM	4050010596	SCREW 7X23 AR-1370C		218 C1713				1327.5	1327.5		1	650.48			
17	CDM	4050010731	NAIL SUPRA COND 12X200		22 C1713				11961.71	11961.71		1	5143.54	1794.26		1794.26
18	CDM	4050021514	BAR 11MMX400MM ZIMMER		2 C1713				1348	1348		1	660.52			
19	CDM	4050021598	SCREW CORT 55 ZIMMER		22 C1713				1127	1127		1	552.23			
20	CDM	4050021713	SCREW CORT 36MM ZIMMER		1 C1713				905.63	905.63		1	443.76			
21	CDM	4050022187	BUR HOLE PLATE OSTEO		22 C1713				2294	2294		1	1124.06			
22	CDM	4050022422	SCREW CORT 46MM ZIMMER		1 C1713				1048.34	1048.34		1	513.69			
23	CDM	4050022434	SCREW CORT 38MM ZIMMER		1 C1713				1207.5	1207.5		1	591.67			
24	CDM	4050022435	SCREW CORT 42MM ZIMMER		1 C1713				905.63	905.63		1	443.76			
25	CDM	4050023251	SUTURE LASSO 45DEG		23 C1713				920	920		1	450.8			
26	CDM	4050024132	NAIL FEM TROCH 10X32		2413 C1713				7487	7487		1	3219.41	1123.05		1123.05
27	CDM	4050032742	SCREW IMP MERCURY 40-50M		C1713				3465	3465		1	1697.85			
28	CDM	4050033247	ANCHOR SUTURE ARTHRX		2 C1713				1512.5	1512.5		1	741.13			
29	CDM	4050037233	SCREW ARTIC 3.5 ZIMMER		22 C1713				233.28	233.28		1	114.31			
30	CDM	4050037832	NAIL TIBIAL 11X315 STRY		224 C1713				8779.82	8779.82		1	3775.32	1316.97		1316.97
31	CDM	4050039012	SCREW BONE 2.7X18 STRY		2 C1713				511.75	511.75		1	250.76			
32	CDM	4050039018	SCREW 4.5 SELF TAPPING		ZII C1713				181.35	181.35		1	88.86			
33	CDM	4050040100	SCREW CANNULATED 7.3MM		1 C1713				1649	1649		1	808.01			
34	CDM	4050040352	WASHER, 3.5MM CUP		2161 C1713				287.53	287.53		1	140.89			
35	CDM	4050040420	SCREW CANG 12-105MM		C1713				1075.25	1075.25		1	526.87			
36	CDM	4050040501	PLATE, ST 20HOLE ADAPTION		C1713				1886.65	1886.65		1	924.46			
37	CDM	4050040502	PLATE, DBL-Y LONG		C1713				1770.25	1770.25		1	867.42			
38	CDM	4050040508	PLATE, SQUARE		C1713				1867.25	1867.25		1	914.95			
39	CDM	4050040514	SCREW BONE TIT 1.5X4.0		152 C1713				718.75	718.75		1	352.19			
40	CDM	4050040537	SCREW HOWMED/OST		C1713				342.13	342.13		1	167.64			
41	CDM	4050040560	K-WIRE W/TROCAR PT		114E C1713				586.5	586.5		1	287.38			
42	CDM	4050040604	WASHER SCREW		C1713				286.44	286.44		1	140.36			
43	CDM	4050040622	K-WIRE		223284 C1713				322.79	322.79		1	158.17			
44	CDM	4050040633	WASHER 4.0 STRYKER		224 C1713				703.8	703.8		1	344.86			
45	CDM	4050040642	PLATE, ST 4 HOLE		12125 C1713				1507.43	1507.43		1	738.64			
46	CDM	4050040648	SCREW CORTEX 1.5		2021 C1713				334.34	334.34		1	163.83			
47	CDM	4050040650	NAIL FEM ZIMMER		22 C1713				5447	5447		1	2296.24	767.55		767.55

Figure 8. A portion of Emanate Health Queen of the Valley Hospital's Standard Charges File downloaded 12/29/2022.

TiC Data Files:

Table 9. Prices for the below codes found in the TiC data for a United Healthcare HMO plan that are omitted from Emanate Health Queen of the Valley Hospital's MRF.

CODE TYPE	CODE	CODE DESCRIPTION	PAYER IN TRANSPARENCY IN COVERAGE FILE	PLAN IN TRANSPARENCY IN COVERAGE FILE	PRICE IN TRANSPARENCY IN COVERAGE FILE
DRG	216*	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC	United Healthcare	UHC CORE HMO/CORE ESSENTIAL HMO	\$175,529.55
DRG	219	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH MCC	United Healthcare	UHC CORE HMO/CORE ESSENTIAL HMO	\$146,455.71
DRG	267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMENT PROCEDURES WITHOUT MCC	United Healthcare	UHC CORE HMO/CORE ESSENTIAL HMO	\$92,983.69
DRG	839	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SDX WITHOUT COMPLICATION OR COMORBIDITY (CC)/MAJOR COMPLICATION OR COMORBIDITY (MCC)	United Healthcare	UHC CORE HMO/CORE ESSENTIAL HMO	\$24,769.34
CPT	29826*	Shaving of shoulder bone using an endoscope	United Healthcare	FULL OR HMO NETWORK	\$1800
CPT	59510*	Routine obstetric care for cesarean delivery, including pre-and postdelivery care	United Healthcare	FULL OR HMO NETWORK	\$1500
CPT	90846*	Family psychotherapy, not including patient, 50 min	United Healthcare	FULL OR HMO NETWORK	\$55
CPT	90847*	Family psychotherapy, including patient, 50 min	United Healthcare	FULL OR HMO NETWORK	\$55
CPT	90853*	Group psychotherapy	United Healthcare	FULL OR HMO NETWORK	\$27.5
CPT	99205*	New patient office of other outpatient visit, typically 60 min	United Healthcare	FULL OR HMO NETWORK	\$170
CPT	99244	Patient office consultation, typically 60 min	United Healthcare	FULL OR HMO NETWORK	\$100