Reaching data-driven decisions with reliable healthcare payment benchmarks

MarketScan® Reimbursement Benchmarks

The fragmented landscape of the U.S. healthcare system poses a significant barrier to accessing trustworthy payment information. With a lack of precise data, many strategic initiatives such as evaluating competitive markets, estimating contract worth, and assessing network strength can feel like a guessing game and open your organization to substantial risks.
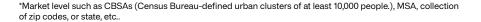
You need to conduct rigorous analyses, backed by high-quality data, and deliver recommendations that will advance your organization's understanding of the market and replace uncertain qualitative assessment with the clarity of data.

How MarketScan can help your team

As part of Truven's portfolio of payer solutions, Reimbursement Benchmarks is based on the MarketScan research-grade databases level of completeness and representativeness, along with actual healthcare cost and an extensive longitudinal patient view. With the strength of data sourced from large, self-insured employers, you can surface deep insights such as real healthcare payments, use, prevalence, outcome, and behaviors.

Make better decisions by finding out:

- How do my rates compare to those of others within a selected market?

- Are there any specific areas where my rates significantly deviate from the market norms?

- How can I mitigate risk and defend my pricing in contract negotiations?

- What are the expected reimbursements in a new line of business?

- How can I size and begin to address the costs of leakage to out-of-network providers?

- How do I know if the rates in the Machine-Readable Files I'm reviewing are reliable?

Local market data[*]

Don't make decisions with estimations, arm yourself with granular U.S. data.

Representative of the commercial payer market and with actual payments

Access a vast dataset of adjudicated closed claims from more than 350 large self-insured employers, including a broad variety of insurance firms and plans, and with accurate payment information.

Reimbursement Benchmarks for Qualifying Payment Amount (QPA)

Address balance billing protections in the federal No Surprises Act with our QPA solution, which identifies the basis for cost sharing based on an in-network median rate

*Market level such as CBSAs (Census Bureau-defined urban clusters of at least 10,000 people.), MSA, collection of zip codes, or state, etc..

With Reimbursement Benchmarks you gain highly specific reimbursement estimates that replace uncertain qualitative assessments with the clarity of data.

Combining the cost characteristics for a specific geographical area with service-specific nationwide cost information, Reimbursement Benchmarks provides estimates of reimbursement rates by CPT/HCPCS and MS_DRGs. These estimates are provided at the Core Based Statistical Area (CBSA), providing the most granular US data available.

Reimbursement Benchmarks delivers thousands of MS-DRG and CPT codes for your market of interest.

The following table is illustrating some of the metrics available when selecting a single Medicare Severity Diagnosis Related Groups (MS-DRGs): #881 (Depressive Neuroses) in the Chicago-Naperville-Elgin area for the current year.

	Metric	Average	Median	Multiple percentiles available	Low estimation @95% conf. interval	High estimation @95% conf. interval	Plus/Minus % charges
Professional Calculations per case	Net Payment	$696.99	$626.93	. . .	$547.82	$706.04	12.62%
	Allowable Payment	$955.25	$870.59	. . .	$782.87	$958.31	10.08%
	Eligible Charge	$1,936.59	$1,730.00	. . .	$1,562.08	$1,897.92	9.70%
Facility Calculations per case	Net Payment	$5,795.13	$4,911.00	. . .	$4,203.27	$5,618.73	14.41%
	Allowable Payment	$7,216.77	$6,228.00	. . .	$5,543.26	$6,912.74	10.99%
	Eligible Charge	$17,347.35	$14,565.76	. . .	$13,212.03	$15,919.49	9.29%

Example of additional standard report fields:

– Single year

– Range of years

– Report per case

– Report per day

– MS-DRG code

– MS-DRG description

The following table is illustrating some of the metrics available when selecting a single Current Procedural Terminology (CPT) code #100 (Anesthesia Salivary Gland with Biopsy) in the Chicago-Naperville-Elgin area for the current year.

	Metric	Average	Median	Multiple percentiles available	Low estimation @95% conf. interval	Multiple percentiles available	Plus/Minus % charges
Professional Calculations per case	Net Payment	$787.09	$770.00	. . .	$677.07	$862.93	12.07%
	Allowable Payment	$902.11	$868.00	. . .	$783.58	$952.42	9.73%
	Eligible Charge	$2,276.41	$2,100.00	. . .	$1,928.47	$2,271.53	8.17%
Facility Calculations per case	Net Payment	$424.97	$345.68	. . .	$281.84	$423.92	20.55%
	Allowable Payment	$1,653.29	$1,348.53	. . .	$1,100.68	$1,652.14	20.45%
	Eligible Charge	$3,249.82	$2,650.93	. . .	$2,162.61	$3,249.48	20.50%

Example of additional standard report fields:

– RB Type

– Multiple modifiers

– Site of service type

– Provider type

– In/out network

About Truven

Truven by Merative is a portfolio of healthcare data and analytics solutions, backed by 40 years of deep healthcare expertise. We provide trusted insights and proven expertise to help employers, health plans, life sciences organizations, and government agencies drive better health and financial outcomes. With market-leading solutions like Health Insights and MarketScan, Truven serves 7 of the top U.S. health plans, over 40% of the Fortune 500, and the top 20 global pharmaceutical companies.

Learn more at merative.com/truven

About Merative

Merative provides data, analytics, and software for healthcare and government social services. With focused innovation and deep expertise, Merative works with providers, employers, health plans, governments, and life sciences companies to drive real progress. Merative helps clients orient information and insights around the people they serve to improve decision-making and performance.

Learn more at merative.com