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Sample report

Practice, provider and peer-group names, NPIs, tax IDs and the state in this document have been changed or withheld, and the practice's private contract terms and vaccine acquisition costs removed. Every rate, volume, peer statistic and dollar figure is exactly as computed for a real practice from the payers' published price-transparency files and the practice's own billing data.

Payer Rate Benchmark & Negotiation Plan

Acme Pediatrics

Aetna | BCBS | Cigna | UnitedHealthcare - local metro region and statewide peer benchmarks

Prepared for Acme Pediatrics (sample report)
Prepared by Pediatric Management Institute (PMI)

In one paragraph

Measured against the rate the largest number of independent pediatric groups in the local metro region carry, Acme Peds is below the market with Cigna (-18.4%) and UnitedHealthcare (-13.8%), slightly above it with BCBS (+3.9%) and, on Aetna's rule schedule, well above it (+46.5%). Moving every below-target code to the metro 75th percentile is worth about $527,481 a year on the four commercial payers' volume, $557,281 with Aetna at the low end of its published range. Most of it is Cigna and UHC E/M, well visits and vaccine administration, and BCBS vaccine administration; BCBS reaches $258,237 if claims pay on its lower published schedule.

This is a sample of the report PMI prepares for an individual practice. Payer rates are the amounts the payers themselves publish in their federally required price-transparency files; PMI does not share, compare or coordinate contracted rates between practices.

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Statement of assumptions and limiting conditions

We confirm that, to the best of our knowledge and belief:

1. The analyses, comparisons and recommendations presented are based solely on the stated data sources, assumptions and conditions. They reflect our professional and unbiased evaluation, unaffected by personal bias or favoritism.
2. Negotiated-rate data are the amounts the payers themselves publish in their federally required machine-readable price-transparency files (PayerIntel state extracts, 2026 Q3 ingest). PMI has not audited, reviewed or verified those publications against the payers' contracts or fee schedules and makes no representation that a published rate equals the amount a payer will pay on any claim; actual payment depends on the member's product, place of service, modifiers, benefit design and the contract terms in force on the date of service.
3. Practice volume, provider roster and payment information were taken from Acme Pediatrics' PCC export transaction exports and from the payers' published rosters as provided, and have been accepted as accurate and complete without independent verification except where this report says otherwise.
4. Annual lift, margin and similar figures are estimates that apply published rate differences to historical volume. They are not forecasts of what any payer will agree to or of what the practice will collect. Realized results depend on negotiation outcomes, payer behavior, volume and mix, contract effective dates and the actions, plans and assumptions of management, and may differ materially from the figures shown.
5. Peer identification relies on the taxonomy codes, credentials, names and addresses in the payer files and on the NPPES registry as of the ingest date. Where a payer lists a practice only at the organization level, the organization row stands in for the physicians and the practice's physician count could not be verified; where a group was named from provider overlap, addresses or an NPI lookup, the roster says so. Reasonable alternative rules produce somewhat different peer sets and percentiles; the sensitivity shown in Appendix A is illustrative, not exhaustive.
6. This is a sample report. The practice, its physicians and its peer groups carry invented names and identifiers, and locating details are removed; the rates and statistics are unchanged.
7. Every payer is benchmarked from the rates published in the 2026 Q3 PayerIntel state extract and the practice's PCC export. The report carries no contract terms, renewal dates, negotiated figures or correspondence from any other source. Where a payer publishes more than one rate for the same physician, plan and setting (Aetna, BCBS), the report shows both and does not say which one is paid; only remittances can.
8. The approaches and methodologies employed do not constitute an audit, review, compilation or examination under any professional standard, and PMI expresses no assurance on any financial or operational information provided to it. Our procedures are limited to those described in this report. We assume the accuracy and completeness of the information provided to us and have relied on it for our calculations.
9. This report is not legal, antitrust or accounting advice. All market information comes from the payers' public publications and from the practice's own data. The practice should not share, compare or coordinate its contracted rates with other practices and should obtain legal advice before any joint negotiating activity.
10. This report was prepared solely for Acme Pediatrics and Dr. Jordan Hartwell for use in the practice's payer contracting. It should not be relied upon by any other party or for any other purpose, and should not be distributed outside the practice and its advisors without PMI's consent. Published rates change with each quarterly ingest; the practice should confirm current fee schedules and contract terms with each payer before acting on any figure in this report, and all interested parties should conduct their own due diligence before entering into any agreement.
11. CPT® codes and descriptors are copyright American Medical Association; all rights reserved.

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At a glance: how the analysis was built

The path from the payers' published files and your own PCC export data to the asks in this report. Section 2 explains each step; Appendix D defines the terms. Independent peers set the target; hospital- and system-employed pediatric groups are carried as a separate reference line.

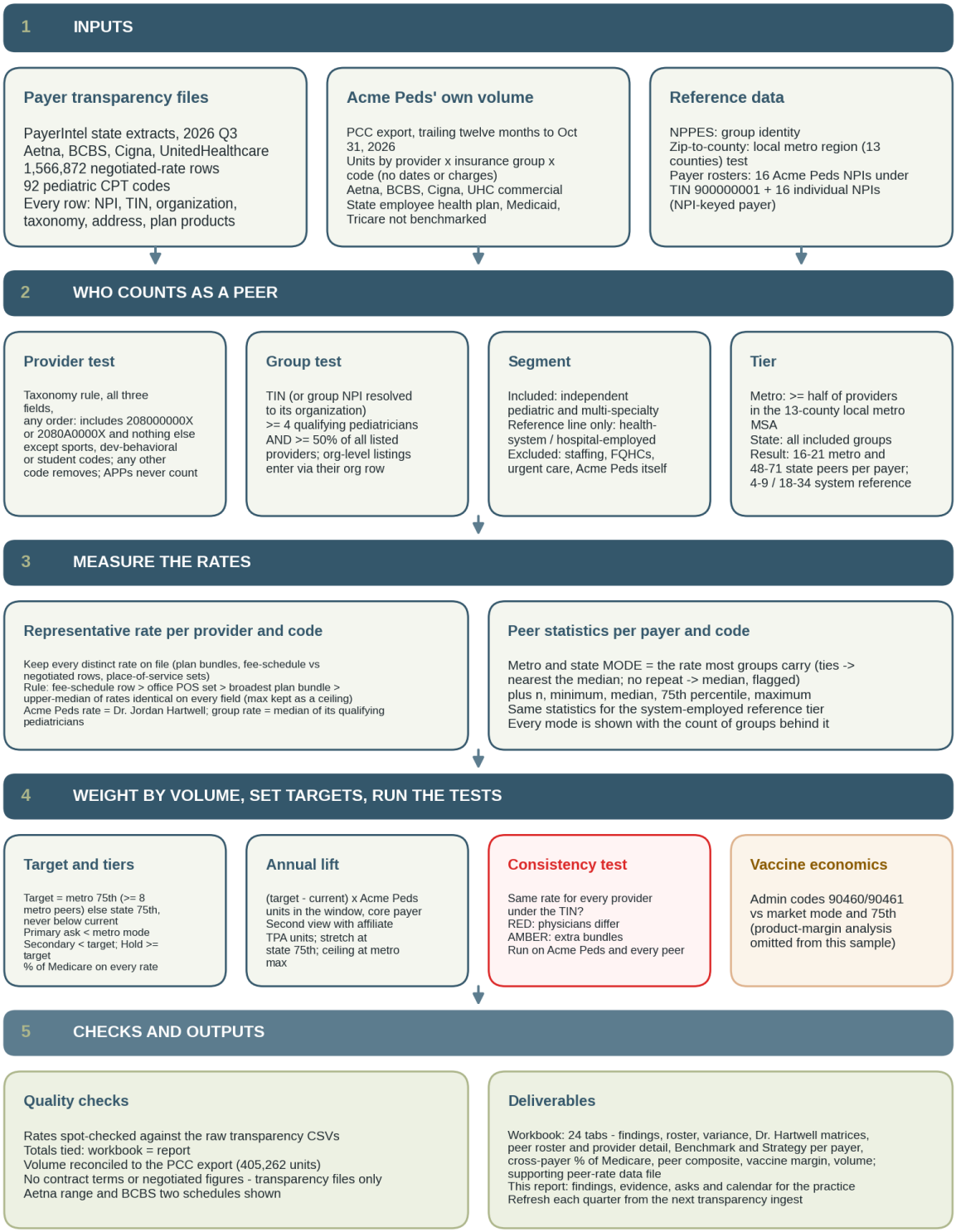


Figure A. Analysis workflow. Red and sand boxes are the two tests run alongside the benchmark: rate consistency (Section 9) and vaccine economics (Section 10).

1 | EXECUTIVE SUMMARY

what we found, what it is worth, and what to ask for

$527,481 Annual lift if every below-target code reaches the local metro region 75th percentile (core payer volume)	**$527,481** Same, including affiliate-TPA volume	**$248,222** Stretch: lift at the statewide 75th percentile	**74 / 246** Metro / statewide independent general-pediatric peer groups across the four payers

Where the practice stands

Weighted by Acme Peds' own volume, its rates sit -18.4% (Cigna), -13.8% (UnitedHealthcare), +3.9% (BCBS) and +46.5% (Aetna, rule schedule) against the local metro region mode, the rate the largest number of independent general-pediatric groups carry (against the median: -18.4%, -13.8%, +3.9% and +51.1%). The UHC gap between mode and median is the split market described in Section 6; the Aetna figure is the high end of a published range (Sections 8 and 9).

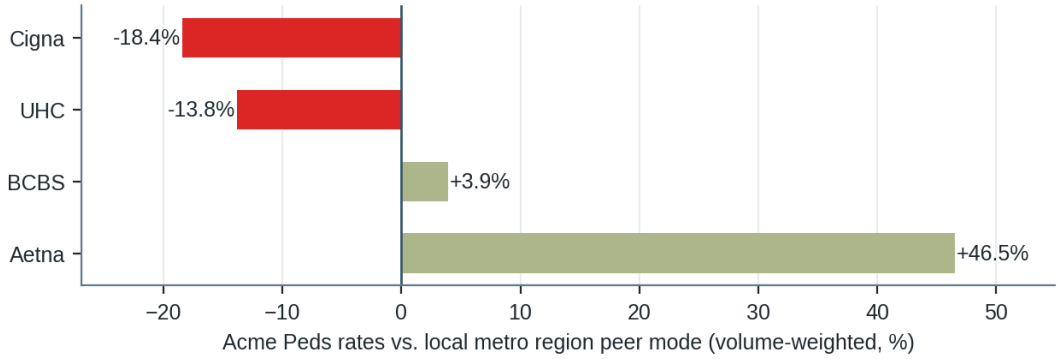


Figure 1. Acme Peds negotiated rates vs. the local metro region peer mode (the most common peer-group rate), weighted by Acme Peds volume on the 92 benchmarked codes.

Headline findings

- **Cigna is the largest gap, and it is on everything.** Acme Peds is below the metro mode on 57 of the benchmarked Cigna codes: 99213 $126.96 vs $141.72, the well-visit block about 29% under (99392 $145.00 vs $204.80), 90460 $25.29 vs $44.00. Lift at target $228,489 a year, all of it on primary-ask codes.
- **UnitedHealthcare: below a metro-core cluster, above the local market.** Eleven of twenty metro groups carry $142.96 on 99213; the metro median is $142.96 and the home-region peers sit lower still. Acme Peds pays $127.13. Lift to the cluster's schedule $150,189 a year.
- **BCBS publishes two schedules for most Acme Peds physicians.** The two are identical on every plan and place-of-service field and 5.9% apart (99213 $163.51 / $154.43); the lower one is what the home-region BCBS peers and the statewide mode carry. E/M is above the metro mode either way; the BCBS gap is vaccine administration (90460 $33.20 vs $46.60). Lift $145,968 on the upper schedule, $258,237 on the lower.
- **Aetna is a range, not a point.** Every physician carries four published rates per code. On the bundle the representative rule selects Acme Peds is the best-paid group in the metro (99213 $155.66; lift $2,835); on the alternate bundle it sits at about the mode (99213 $88.29 vs $90.05; lift $32,635).
- **Rate consistency: two physicians to check at BCBS.** Cigna and UHC load every physician identically. With BCBS, Dr. Brockman matches Dr. Hartwell's schedule on 35 of 81 codes and Dr. Marchetti on 24 of 81; the four satellite-office physicians also differ but bill nothing in PCC.
- **Three quarters of the volume is not benchmarked.** 75% of the 405,262 PCC units are Medicaid, Tricare, self-pay, other plans with no commercial schedule in the files, or the state employee health plan (19,939 units, three times Aetna commercial, with no state employee health plan network in the Aetna file). The lift is computed on the 100,843 commercial units.
- **The local tier had to be widened.** The eight home counties hold 79 pediatricians and only three independent groups of four or more besides Acme Peds, so by ruling the local tier adds the metro core. That is why the metro targets with UHC, Cigna and

BCBS are largely one metro-core schedule (Section 2).

Scorecard

Payer	Metro peers	State peers	Acme Peds vs metro mode	Acme Peds % of Medicare	Primary codes (below mode)	Secondary codes (mode to 75th)	Hold codes	Primary-ask lift	Total lift to target (metro 75th)	incl. affiliate TPAs	Stretch (state 75th)
Cigna	21	71	-18.4%	130%	57	0	20	$228,489	$228,489	$228,489	$173,972
UHC	20	65	-13.8%	134%	67	0	23	$150,189	$150,189	$150,189	$56,047
BCBS	16	48	+3.9%	165%	26	0	66	$145,968	$145,968	$145,968	$18,053
Aetna	17	62	+46.5%	162%	6	4	53	$150	$2,835	$2,835	$150
Total								**$524,796**	**$527,481**	**$527,481**	**$248,222**

Table 1. Scorecard by payer. Mode = the rate the largest number of peer groups carry; target = metro 75th percentile; % of Medicare = volume-weighted on codes with a Medicare fee-schedule amount; primary ask = codes below the metro mode. Aetna is shown at the rule end of its range (low end $32,635, +15.6% vs the mode); BCBS on its upper schedule (lower schedule $258,237).

The six asks, in order

1. BCBS and Aetna, now: find out which published rate pays. Ask BCBS which of its two schedules each Acme Peds NPI is loaded on (starting with Drs. Brockman and Marchetti) and ask Aetna which of its four published rates applies to office E/M; pull one month of remittances for Dr. Hartwell, Dr. Brockman and Dr. Marchetti on 99213, 99214, 99392 and 90460 to confirm. Every BCBS and Aetna figure in this report depends on the answer.

2. Cigna: E/M, well visits and vaccine administration to the metro 75th. Opening numbers: 99213 $141.72, 99214 $207.93, 99392 $204.80, 90460 $44.00, 90461 $23.50; $228,489 a year. Independent Peer Group 100, in the home region, already carries that schedule.

3. UnitedHealthcare: the step to the metro-core schedule. E/M, well visits and 90461 to the metro 75th (99213 $142.96, 99392 $206.59, 90461 $24.58); $150,189 a year. Expect UHC to cite the lower local market.

4. BCBS: vaccine administration, not E/M. 90460 to $46.60, 90461 to $23.56 and 90471 to the metro 75th; $145,968 a year on the upper schedule, $258,237 if claims pay on the lower. Keep E/M out of the trade.

5. Aetna: depends on the bundle. If office E/M pays at $155.66, protect it and ask 90461 and 99173 ($2,835). If it pays at $88.29, ask E/M to the metro 75th ($112.81 on 99213; $32,635).

6. Vaccines at the practice's own cost. Replace the purchasing-group reference cost with Acme Peds' invoice cost per dose before product margins are used in any conversation; present administration and product rates together with Cigna and BCBS.

2 | HOW THE ANALYSIS WAS DONE

sources, peer selection, and the rules behind every number

Sources

- **Payer price-transparency files.** Since 2022 every commercial payer must publish its negotiated in-network rates by provider and code. PMI used the PayerIntel state extracts of the Aetna, BCBS, Cigna and UnitedHealthcare files (2026 Q3 ingest): 1,566,872 rate rows across 92 pediatric CPT codes, every row carrying the provider NPI, tax ID, organization name, taxonomy, practice address, negotiated rate and the plan products it applies to.
- **Your own volume.** Acme Peds' PCC export, Trailing twelve months to October 31, 2026 (units by provider, insurance group and procedure code as exported from PCC; the export carries no dates or charges; modifiers folded into the base code). The 92 benchmarked codes cover 60-65% of your units with these payers. Core payer names drive the headline figures.
- **NPPES** for provider and group identification; a zip-to-county lookup for the local metro region test.

Who counts as a peer

The benchmark is built from practices like yours, not from everyone who bills a pediatric code. Two tests, applied to every organization in each payer file, plus a rule for practices a payer lists only at the organization level:

- **Provider test (taxonomy rule).** A physician counts as a general pediatrician when the set of taxonomy codes across all three taxonomy fields in the payer file, in any order, includes General Pediatrics (208000000X) or Pediatric Adolescent Medicine (2080A0000X) and includes nothing outside that pair plus Pediatric Sports Medicine (2080S0010X), Developmental-Behavioral Pediatrics (2080P0006X) and the student/resident code (390200000X). Any other code in any field removes the provider: the other 2080-series subspecialties, 208M hospitalist, 207x family, internal and emergency medicine or allergy, 282N hospital. NPs, PAs and PNPs, by credential or by a 363/364S taxonomy, are APPs: listed, never counted as pediatricians and never in a peer group's rate. Across the files 7,200 of 11,182 individual listings count as general pediatricians; 3,856 physicians are removed, the large majority hospital and subspecialty physicians who carry 208000000X as a secondary code. Inside the included peer groups the rule removed 92 physicians and admitted 151 adolescent-medicine physicians.
- **Group test:** a tax ID (or a group NPI resolved to its organization, for payers that key on group NPIs) qualifies when it has at least four qualifying general pediatricians *and* they are at least half of all the individual providers it lists (APPs and removed physicians stay in the denominator). In the home region it keeps Independent Peer Group 92, Independent Peer Group 100 and Independent Peer Group 48 in, keeps the regional health system and the other hospital-employed groups in the system-employed reference tier, and in the metro core keeps Independent Peer Group 24, Independent Peer Group 94, Independent Peer Group 81, Independent Peer Group 134 and the other independent groups in. The local tier is the local metro region by ruling: the eight home counties (county list withheld in the sample) hold 79 pediatricians and only three independent groups of four or more besides Acme Peds (Independent Peer Group 92 10, Independent Peer Group 100 6, Independent Peer Group 48 4), too few for a metro statistic, so the metro core (county list withheld in the sample) was added. The statewide tier is unchanged. BCBS keys its file on individual NPIs rather than tax IDs; unnamed BCBS pediatricians were tied to their TIN group by matching the same NPI in the other payers' files (122 of 136; 14 remain single-NPI listings).
- **Organization-level listings:** some payers list a practice only as an organization (a practice-level contract with no individual providers). 117 such groups exist across the files; 31 are included because the organization's own taxonomy set is general-pediatric primary care, it prices at least 50 of the 92 codes, and it is not a solo, hospital, subspecialty or consulting entity (Multi-Specialty Peer Group 03, Independent Peer Group 61 and Independent Peer Group 77 with Aetna; Independent Peer Group 103, Independent Peer Group 12 and Independent Peer Group 69 with Cigna; Independent Peer Group 13, Independent Peer Group 19 and Independent Peer Group 46 with UnitedHealthcare). Their organization-row rate stands in for the physician median; in groups that list both, the organization row equals the physicians' median 88% of the time. Their physician count cannot be verified in the file, and the workbook flags them.
- **Segments:** independent pediatric groups and independent multi-specialty groups are included in the percentiles and set the target. Health-system and hospital-employed pediatric groups that pass the same pediatrician test (the health-system and hospital-employed groups in the state) form a separate **system-employed reference** line, shown beside the independent figures in every payer section; it never moves the target, because a payer will treat system contracts as non-comparable. Hospital-based staffing companies, safety-net clinics and urgent-care models (hospital-based and telehealth staffing entities, community health centers, urgent-care models, and TINs that resolve to scattered physicians rather than a practice) are excluded from every tier. Acme Peds itself is excluded from its own peer set.

- **Tiers:** Metro = at least half of a group's providers (or, for an organization-level listing, its listed locations) are in the thirteen-county local metro region (13 counties); State = every included group in the state.

Payer	Metro peer groups	Other statewide peer groups	Total included	of which organization-level (metro / all)	System-employed reference groups (metro / all)
Cigna	21	50	71	1 / 6	9 / 31
UHC	20	45	65	6 / 17	8 / 34
BCBS	16	32	48	0 / 0	4 / 18
Aetna	17	45	62	0 / 8	6 / 24

Table 2. Included peer groups by payer, with the organization-level listings among them and the system-employed reference groups shown alongside. The full lists, with segment tags, flags and exclusion reasons, are in Appendix B.

How a rate was measured

- **Several rates per cell.** A provider's transparency rows often carry more than one rate for the same code: plan-bundle tiers, "fee schedule" versus "negotiated" rows, and different place-of-service sets. Every distinct rate was kept and is visible in the workbook. The **representative rate** used for benchmarking follows a fixed rule: prefer fee-schedule rows, then the office place-of-service set, then the broadest plan bundle; when several rates remain that are identical on every field the upper-median is used and the highest is kept as a ceiling view (Appendix A).
- **Your rate** for each code is Dr. Jordan Hartwell's representative rate. A **peer group's rate** is the median of its qualifying general pediatricians' representative rates, so a group with an APP differential or a non-pediatric physician is not pulled by it; an organization-level listing contributes its organization row. Percentiles across groups use linear interpolation.
- **Peer statistic: the mode.** The central statistic across peer groups is the **mode**, the rate the largest number of groups carry (to the cent). When two rates tie, the tied value nearest the median is used; when no two groups share a rate, the median stands in and the workbook flags the cell. The median and the 75th percentile are shown beside the mode throughout, and every mode is reported with the number of groups behind it. The mode is a strong statistic where a payer runs a standard schedule (Cigna, UnitedHealthcare, BCBS and Aetna: several groups at the mode on a typical code).
- **Target and tiers.** Target = the metro 75th percentile when at least eight metro peers price the code (otherwise the statewide 75th, marked * in the tables), never below your current rate. **Primary ask** = below the metro mode, i.e. below the market's center; **Secondary** = between the mode and the target, trailing only the better-paid tier; **Hold** = at or above the target. Annual lift = (target - current) x your units in the volume window for the core payer name, reported in total and split into primary and secondary.
- **Percent of Medicare.** Every rate is also shown as a percentage of the 2026 Medicare Physician Fee Schedule non-facility amount for the code (national RVUs x the $33.4009 conversion factor, no geographic adjustment). It is the one yardstick a payer cannot call non-comparable: Section 4 puts your payers side by side on it, and each payer section scores every peer group on your own mix of services with it. Vaccine products and in-office labs have no Medicare amount and are left out of those figures.
- **Consistency test.** For every payer and code we asked whether every provider under your TIN carries the same rate; the same test was run on every peer group so you can see how common the problem is.

Why this is price-checking, not rate coordination

The Soft Ask quick reference draws a hard line: never share, compare or agree on rates with other practices. Everything in this report comes from the payers' own federally mandated publications and from your own data. Reading a payer's published rates is price-checking; it is exactly what the transparency rule was written to allow, and it is the "market benchmark" component of the six-part data package the reference describes.

Dr. Jordan Hartwell (NPI 1000000001) - all distinct rates on file, code x payer (excerpt)

Code	Description	Aetna - all rates	BCBS - all rates	Cigna - all rates	UHC - all rates	Aetna - primary	BCBS - primary	Cigna - primary	UHC - primary
99213	Office o/p est low 20 min	$155.66 / $88.29 / $75.04 /	$163.51 / $154.43	$126.96	$127.13	$155.66	$163.51	$126.96	$127.13
99214	Office o/p est mod 30 min	$219.94 / $124.76 / $106.04	$232.99 / $220.05	$178.87	$179.62	$219.94	$232.99	$178.87	$179.62
99212	Office o/p est sf 10 min	$96.48 / $57.32 / $54.78 / $	$101.61 / $95.97	$78.26	$78.79	$96.48	$101.61	$78.26	$78.79
99215	Office o/p est hi 40 min	$309.69 / $176.06 / $149.65	$330.66 / $312.29	$251.36	$252.91	$309.69	$330.66	$251.36	$252.91
99391	Per pm reeval est pat infant	$167.93 / $96.12	$176.31 / $166.52	$136.12	$137.15	$167.93	$176.31	$136.12	$137.15
99392	Prev visit est age 1-4	$178.90 / $102.23	$187.49 / $177.07	$145.00	$146.10	$178.90	$187.49	$145.00	$146.10
99393	Prev visit est age 5-11	$178.34 / $101.90	$186.93 / $176.55	$145.00	$145.65	$178.34	$186.93	$145.00	$145.65
99394	Prev visit est age 12-17	$195.17 / $111.68	$205.16 / $193.77	$158.50	$159.39	$195.17	$205.16	$158.50	$159.39
99395	Prev visit est age 18-39	$199.67 / $114.06	$209.29 / $197.66	$162.91	$163.07	$199.67	$209.29	$162.91	$163.07
90460	Im admin 1st/only component	$39.04 / $10.00	$33.20 / $25.45	$25.29	$31.88	$39.04	$33.20	$25.29	$31.88
90461	Im admin each addl component	$15.06 / $5.00	$12.62 / $9.67	$9.76	$12.30	$15.06	$12.62	$9.76	$12.30
90471	Immunization admin	$34.99 / $10.00	$31.28 / $23.98	$22.67	$28.58	$34.99	$31.28	$22.67	$28.58
90707	MMR - M-M-R II / Priorix (Merck / GSK)	$150.21 / $93.43	$106.26	$109.75	$116.08	$150.21	$106.26	$109.75	$116.08
90716	Varicella (chickenpox) - Varivax (Merck)	$279.80 / $163.06	$211.33	$215.17	$230.10	$279.80	$211.33	$215.17	$230.10
90744	HepB (peds/adolescent, 3-dose) - Engerix	$55.38 / $47.51 / $31.05	$47.94	$32.78	$35.18	$47.51	$47.94	$32.78	$35.18
87880	Strep a assay w/optic	$29.75 / $13.22	$12.40		$9.92	$29.75	$12.40		$9.92

Figure 2. Workbook excerpt - Dr. Jordan Hartwell's rate matrix on sixteen high-volume codes: every distinct negotiated rate on file by payer (red = more than one rate on file). The full 92-code matrix and the representative rates are in the workbook.

3 | YOUR PRACTICE IN THE DATA

who the payers list under your TIN, and who is missing

The four payer files list 16 pediatricians under Acme Pediatrics' TIN 900000001 (with BCBS, under their individual NPIs) and no APPs: 11 at the main office; Dr. Dunleavy at a separate address; and four at a satellite office (Drs. Northam, Jardine, Ainsley and Lindqvist). The satellite-office four also appear under Affiliated group A's TIN 900000002 and bill nothing in the PCC export; by ruling they stay in the roster. Fifteen are priced by all four payers; Dr. Marchetti is listed by Aetna and BCBS only. The practice rates in this report are Dr. Jordan Hartwell's.

NPI	Provider	Role	Primary taxonomy	Aetna	BCBS	Cigna	UHC	In all four files?
1000000001	Jordan Hartwell MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000002	Morgan Ainsley	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000003	Taylor Brockman MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000004	Riley Corliss MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000005	Casey Dunleavy MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000006	Quinn Eastwick MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000007	Reese Fenmore MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000008	Logan Galloway Iv MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000009	Parker Holloway MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000010	Skyler Inwood MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000011	Emerson Jardine MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000012	Hayden Kessler MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000013	Kendall Lindqvist MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000014	Blake Marchetti MD	Physician	208000000X	Yes	Yes	-	-	NO - missing: Cigna, UHC
1000000015	Drew Northam MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes
1000000016	Elliot Ostrander MD	Physician	208000000X	Yes	Yes	Yes	Yes	Yes

Table 3. Providers listed under Acme Peds in each payer's transparency file.

What the roster means for the numbers

The PCC export bills 100,843 units with the four payers. APPs bill 47% of them and no APP is listed under the TIN in any payer file; physicians bill 47%; nurse, behavioral-health and walk-in lines the rest. The lift assumes all of it pays on Dr. Hartwell's schedule.

Drs. Finley Pemberton and Harper Quarles bill 6,874 of those units and appear in no 2026 Q3 file. Drs. Jamie Rosendale and Dana Sheffield are child and adolescent psychiatrists: their volume counts, their rates are outside the pediatrician set. Drs. Tremont and L. Ulrich are listed under their own TINs and are not part of the practice.

BCBS lists Dr. Dunleavy inside Multi-specialty group B's NPI set and the satellite-office four inside Affiliated group A's. Their rates still count as Acme Peds'; the side effect is that those two groups are not in the BCBS peer set (Appendix A).

Ask each payer for its current roster for the TIN and confirm how APP services are billed before any rate conversation.

4 | WHERE ACME PEDS STANDS ACROSS PAYERS

the shape of the opportunity before the payer detail

Figure 3 asks where the lift is by payer at three reference points (metro mode, target = metro 75th, stretch = statewide 75th); Figure 4 asks which code families carry the gap.

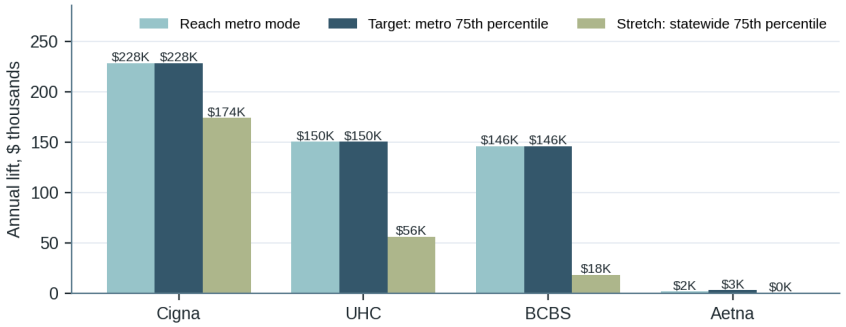


Figure 3. Annual lift by payer on Acme Peds' commercial volume. Aetna is shown at the rule end of its published range and BCBS on its upper published schedule (both alternates in Section 9).

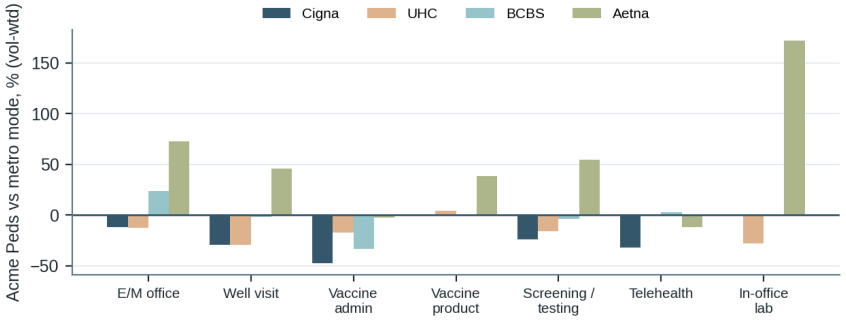


Figure 4. Acme Peds vs. the local metro region mode by code family, volume-weighted. The Aetna bars are the rule bundle; at the alternate bundle Aetna E/M sits at about the mode.

Reading the two figures together

- **Cigna and UHC carry $378,678 of the $527,481.** Both are E/M, well visits and vaccine administration below a schedule that a cluster of metro-core groups carries.
- **BCBS is a vaccine-administration ask.** E/M is above the metro mode; 90460, 90461 and 90471 trail it. $145,968 on the upper published schedule, $258,237 on the lower.
- **Aetna is a range.** $2,835 at the rule bundle, $32,635 at the alternate; Aetna commercial is only 6,630 units.
- **The metro statistic is a metro-core statistic.** With UHC the metro median on 99213 is $142.96 against a mode of $142.96: the home-region peers are paid well below the cluster. Expect payers to cite the local market.
- **As a percentage of Medicare** on Acme Peds' own mix: Cigna and UHC pay the least of the four, BCBS and Aetna (rule) the most (Figure 5).
- **Hospital-employed groups** sit -26.3% (UHC), -15.7% (BCBS), +3.4% (Cigna) and +11.2% (Aetna) against the independent metro mode on your mix: context, not the target.

Payer	Independent metro peers	System-employed groups (metro / all)	Independent metro mode, 99213	System-employed metro mode, 99213	System vs independent mode (vol-wtd)	Acme Peds vs system mode (vol-wtd)
Cigna	21	9 / 31	$141.72	$157.65	+3.4%	-21.1%
UHC	20	8 / 34	$142.96	$100.42	-26.3%	+16.9%
BCBS	16	4 / 18	$130.18	$99.60	-15.7%	+23.3%
Aetna	17	6 / 24	$90.05	$121.93	+11.2%	+31.8%

Table 2a. System-employed reference tier by payer, volume-weighted on Acme Peds' mix; safety-net clinics and staffing companies are excluded from every tier.

Rates as a percentage of Medicare

A payer will argue that another payer's rates are not comparable; the Medicare fee schedule removes that argument. Figure 5 and Table 2b express Acme Peds' rate with each payer as a percentage of the 2026 Medicare Physician Fee Schedule non-facility amount for the same code, and weight every payer on the same basket: Acme Peds' own units across all payers, so each column answers the same question - what would this payer pay for a year of Acme Peds' work? Vaccine products and in-office labs carry no Medicare fee-schedule amount and are left out (their economics are judged against acquisition cost in the vaccine section). On that common basket Acme Peds is paid Cigna 130%, UnitedHealthcare 134%, BCBS 165%, Aetna 163%: Cigna pays the least for the same work and BCBS the most, a spread of 35 points of Medicare. The Medicare amounts are national (RVUs x the conversion factor, no geographic adjustment), so a contract written as a percentage of a locality schedule will read a point or two differently; the comparison between payers is unaffected.

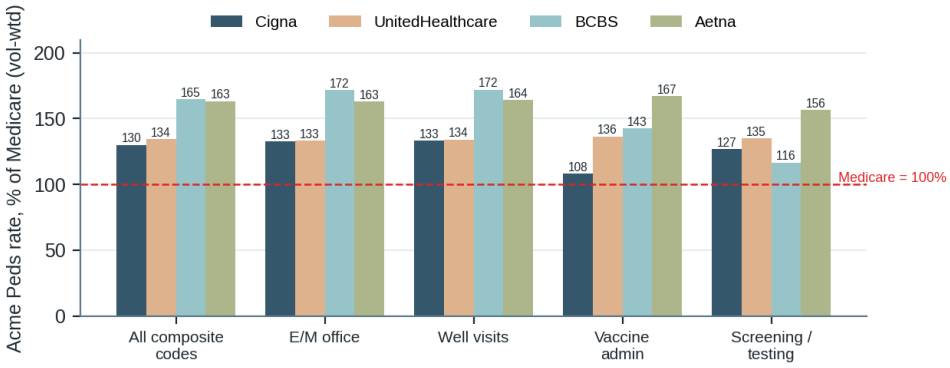


Figure 5. Composite % of Medicare by payer and code family on one common basket (Acme Peds' all-payer units). Medicare = 100%.

Code	Description	Acme Peds units	Medicare	Cigna	UHC	BCBS	Aetna	Lowest
90460	Im admin 1st/only component	9,349	$23.38	108%	136%	142%	167%	Cigna
99213	Office o/p est low 20 min	8,193	$95.19	133%	134%	172%	164%	Cigna
90461	Im admin each addl component	6,651	$8.68	112%	142%	145%	174%	Cigna
96127	Brief emotional/behav assmt	3,994	$5.01	123%	135%	119%	152%	BCBS
96110	Developmental screen w/score	3,501	$12.36	126%	139%	116%	156%	BCBS
99173	Visual acuity screen	3,310	$3.34	131%	132%	108%	162%	BCBS
99214	Office o/p est mod 30 min	3,060	$135.61	132%	132%	172%	162%	Cigna
99392	Prev visit est age 1-4	2,216	$108.89	133%	134%	172%	164%	Cigna
99393	Prev visit est age 5-11	1,918	$108.55	134%	134%	172%	164%	Cigna
99391	Per pm reeval est pat infant	1,745	$102.54	133%	134%	172%	164%	Cigna
99177	Ocular instrumnt screen bil	1,672	$5.34	124%	106%	110%	153%	UHC
90471	Immunization admin	1,588	$22.04	103%	130%	142%	159%	Cigna
99394	Prev visit est age 12-17	1,369	$119.24	133%	134%	172%	164%	Cigna
96161	Caregiver health risk assmt	1,014	$3.34	121%	133%	117%	149%	BCBS
99188	App topical fluoride varnish	847	$12.02	136%	149%	130%	168%	BCBS
90837	Psytx w pt 60 minutes	683	$167.00	136%	142%	128%	160%	BCBS
Composite				**130%**	**134%**	**165%**	**163%**	

Table 2b. Acme Peds' rate as a percentage of Medicare with each payer, highest-volume codes first (weights = Acme Peds units across all payers). Red = the lowest-paying payer on the code, green = the highest. Blank = no rate on file. Full table: workbook, Cross-Payer % Medicare tab.

5 | CIGNA

21 local metro region and 71 statewide independent peer groups; 9 / 31 system-employed reference groups

-18.4%	130%	$228,489	$228,489	$228,489	57/0/20
Acme Peds vs metro mode, volume-weighted	Acme Peds rates as % of Medicare (metro mode 171%)	Annual lift at target (metro 75th)	of which primary ask (codes below the metro mode)	Total including affiliate-TPA volume	Codes Primary / Secondary / Hold

Cigna pays Acme Peds below the local metro region mode on 57 benchmarked codes. The mode and the 75th coincide: thirteen of twenty-one metro groups carry 99213 $141.72, the metro-core groups plus Independent Peer Group 100 in the home region. Acme Peds pays $126.96 on 99213, $178.87 on 99214, $145.00 on 99392 (mode $204.80) and $25.29 on 90460 (mode $44.00).

The lift is $228,489 a year, every dollar on primary-ask codes. As a percentage of Medicare on Acme Peds' mix Cigna pays the least of the four payers; Acme Peds ranks #14 of 21 metro groups on the Cigna composite.

The Medicare yardstick. On 90460, the largest Cigna gap, Cigna pays Acme Peds 108% of Medicare; your other payers pay 136% (UnitedHealthcare) to 167% (Aetna) for the identical service. Across the whole basket Cigna pays 130% of Medicare, the lowest of your four payers (Section 4).

Hospital-employed reference. The 9 system-employed metro groups are paid +3.4% against the independent metro mode on your mix (99213 $157.65 vs. $141.72); Acme Peds sits -21.1% against them. Context for how much room Cigna has, not the ask.

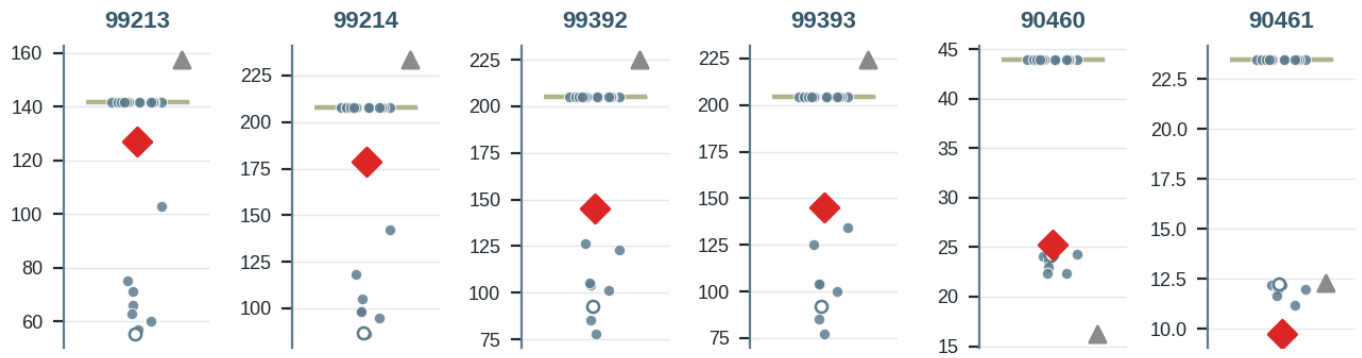


Figure 6. Where Acme Peds sits among the included local metro region peer groups on six high-volume codes. Each dot is one independent peer group (the median of its qualifying pediatricians' rates; hollow dots are organization-level listings); the red diamond is Acme Peds; the solid line is the metro mode (the most common group rate) and the dashed line the metro 75th percentile; the grey triangle is the system-employed metro mode.

Every peer on your mix. Figure 7 scores each independent local metro region peer group on Acme Peds' own basket of services (E/M, well visits, vaccine administration and screens, weighted by Acme Peds' Cigna units) as a composite percentage of Medicare, so the groups are compared on one practice's mix rather than on their own. Acme Peds is paid 130% of Medicare on that basket, #14 of the twenty-one ranked metro groups (the best paid, Independent Peer Group 24, is at 171%); the metro mode works out to 171% and the metro 75th to 171% on the same basket.

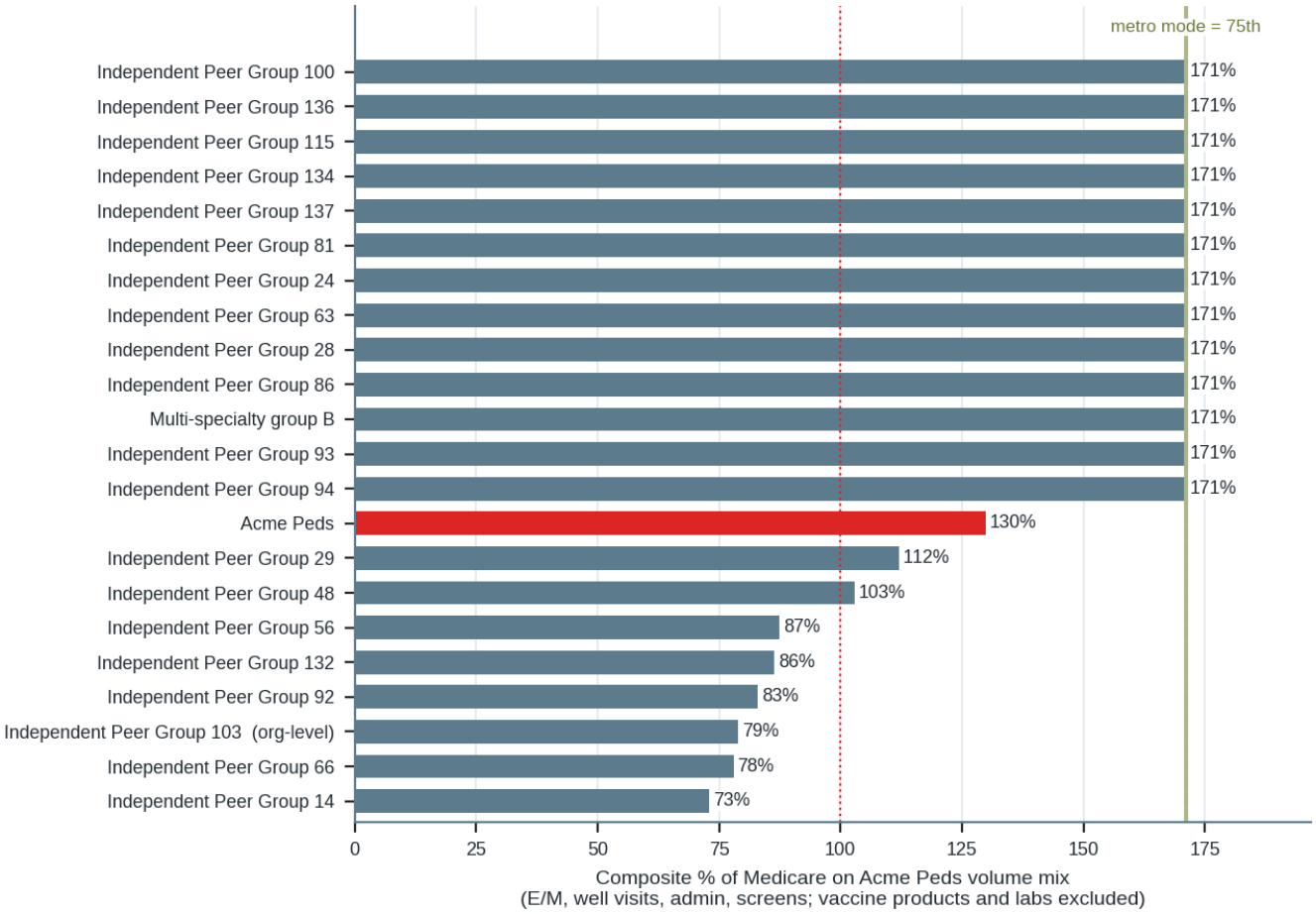


Figure 7. Independent local metro region peer groups ranked by composite % of Medicare on Acme Peds' Cigna volume mix; Acme Peds in red; solid line = metro mode, dashed = metro 75th on the same basket; grey = groups pricing less than 80% of Acme Peds' weighted units (listed, not ranked). Vaccine products and in-office labs excluded.

Top codes by annual lift

#	Code	Description	Units	Acme Peds now	Acme Peds % Medicare	Metro mode	Metro 75th	Target	Target % Medicare	% increase	Annual lift	Tier
1	90460	Im admin 1st/only component	1,948	$25.29	108%	$44.00	$44.00	$44.00	188%	+74.0%	$36,447	Primary
2	99392	Prev visit est age 1-4	451	$145.00	133%	$204.80	$204.80	$204.80	188%	+41.2%	$26,970	Primary
3	99213	Office o/p est low 20 min	1,599	$126.96	133%	$141.72	$141.72	$141.72	149%	+11.6%	$23,601	Primary
4	99393	Prev visit est age 5-11	396	$145.00	134%	$204.13	$204.13	$204.13	188%	+40.8%	$23,415	Primary
5	99391	Per pm reeval est pat infant	397	$136.12	133%	$191.77	$191.77	$191.77	187%	+40.9%	$22,093	Primary
6	90461	Im admin each addl component	1,430	$9.76	112%	$23.50	$23.50	$23.50	271%	+140.8%	$19,648	Primary
7	99394	Prev visit est age 12-17	292	$158.50	133%	$224.12	$224.12	$224.12	188%	+41.4%	$19,161	Primary
8	99214	Office o/p est mod 30 min	546	$178.87	132%	$207.93	$207.93	$207.93	153%	+16.2%	$15,867	Primary
9	90837	Psytx w pt 60 minutes	213	$226.33	136%	$264.03	$264.03	$264.03	158%	+16.7%	$8,030	Primary
10	90471	Immunization admin	354	$22.67	103%	$44.00	$44.00	$44.00	200%	+94.1%	$7,551	Primary

Table 4. Codes ranked by annual lift at target. Target = metro 75th percentile where at least eight metro peers price the code (= statewide 75th used, fewer metro peers). % Medicare = rate as a percentage of the 2026 Medicare non-facility amount; blank where none exists. Of the $228,489 Cigna lift, $228,489 (100%) is the primary ask (codes below the metro mode) and $0 is secondary (codes between the mode and the 75th).*

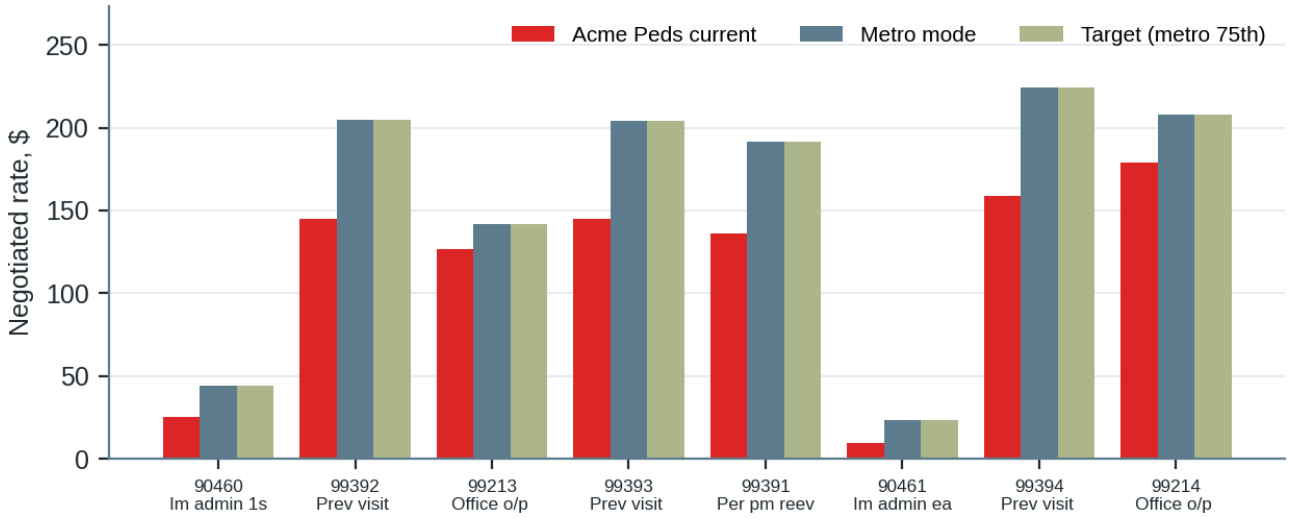


Figure 8. Acme Peds current rate vs. metro mode and target on the top codes by lift.

Peer groups paid above Acme Peds on E/M and well visits

Group	Tier	Codes compared	Avg % vs metro mode	Avg % vs Acme Peds
Independent Peer Group 98	Non-metro	18	+14.0%	+51.0%
Independent Peer Group 05	Non-metro	18	+7.1%	+42.7%
Independent Peer Group 12	Non-metro	18	+7.1%	+42.7%
Independent Peer Group 30	Non-metro	18	+7.1%	+42.7%
Independent Peer Group 91	Non-metro	18	+7.1%	+42.7%
Independent Peer Group 104	Non-metro	18	+7.1%	+42.7%

Table 5. Average across the E/M and well-visit codes; these are the names that show the market will pay more than Acme Peds' current schedule.

The ask - Cigna

Opening number. 99213 $141.72, 99214 $207.93, the well-visit block to the metro 75th (99392 $204.80), 90460 $44.00, 90461 $23.50.

Evidence. The metro groups on that schedule, Independent Peer Group 100 among them, and Cigna's place as the lowest of the four payers on Acme Peds' mix as a percentage of Medicare.

Likely settlement. E/M and vaccine administration first; the well-visit gap is the largest in percentage terms.

Floor. The current schedule.

PMI recommendations

- Acme Peds is below the metro mode on 57 of 77 codes; the mode and the 75th coincide ($141.72 on 99213, 13 of 21 metro groups), so every below-mode code is a primary ask.
- Lead with E/M (99213 $126.96 to $141.72, 99214 $178.87 to $207.93) and the well-visit block (99392 $145.00 to $204.80); then vaccine administration (90460 $25.29 to $44.00, 90461 $9.76 to $23.50).
- Evidence: the metro-core groups on the common schedule and Independent Peer Group 100 (home region) at $141.72 on 99213; Acme Peds ranks #14 of 21 on the Cigna composite.
- Floor: the current schedule; protect the 20 Hold codes.

6 | UNITEDHEALTHCARE

20 local metro region and 65 statewide independent peer groups; 8 / 34 system-employed reference groups

-13.8%	134%	$150,189	$150,189	$150,189	67/0/23
Acme Peds vs metro mode, volume-weighted	Acme Peds rates as % of Medicare (metro mode 166%)	Annual lift at target (metro 75th)	of which primary ask (codes below the metro mode)	Total including affiliate-TPA volume	Codes Primary / Secondary / Hold

UnitedHealthcare's local metro region market is split. Eleven of twenty metro groups, all metro-core groups, carry 99213 $142.96; most of the rest are paid far less (metro median $142.96), the home-region peers among them. Acme Peds pays $127.13: -13.8% against the mode, -13.8% against the median.

The $150,189 target lift is the step to the cluster's schedule on E/M (99214 $179.62 vs $209.74), well visits (99392 $146.10 vs $206.59) and 90461 ($12.30 vs $24.58). 90460 is already at the mode.

The Medicare yardstick. On 99392, the largest UnitedHealthcare gap, UnitedHealthcare pays Acme Peds 134% of Medicare; your other payers pay 133% (Cigna) to 172% (BCBS) for the identical service. Across the whole basket UnitedHealthcare pays 134% of Medicare, #3 of your four payers (Section 4).

Hospital-employed reference. The 8 system-employed metro groups are paid -26.3% against the independent metro mode on your mix (99213 $100.42 vs. $142.96); Acme Peds sits +16.9% against them. Context for how much room UnitedHealthcare has, not the ask.

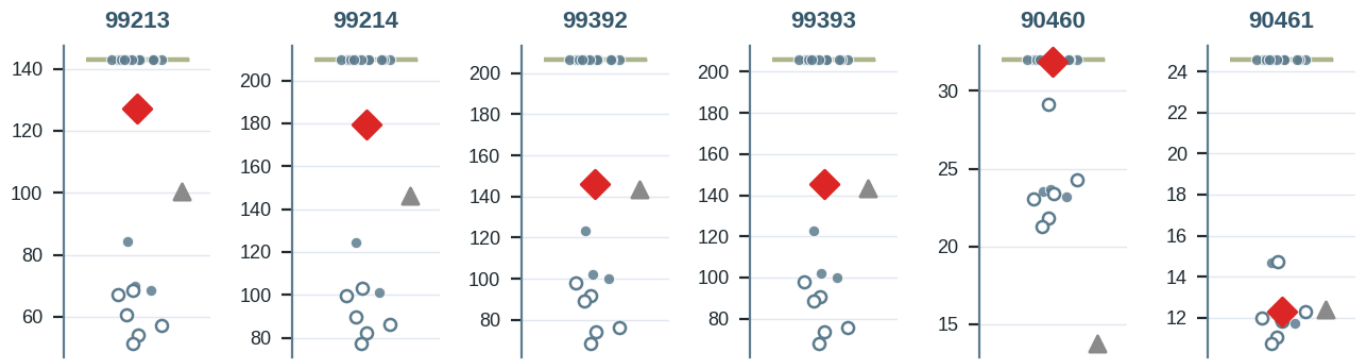


Figure 9. Where Acme Peds sits among the included local metro region peer groups on six high-volume codes. Each dot is one independent peer group (the median of its qualifying pediatricians' rates; hollow dots are organization-level listings); the red diamond is Acme Peds; the solid line is the metro mode (the most common group rate) and the dashed line the metro 75th percentile; the grey triangle is the system-employed metro mode.

Every peer on your mix. Figure 10 scores each independent local metro region peer group on Acme Peds' own basket of services (E/M, well visits, vaccine administration and screens, weighted by Acme Peds' UnitedHealthcare units) as a composite percentage of Medicare, so the groups are compared on one practice's mix rather than on their own. Acme Peds is paid 134% of Medicare on that basket, #12 of the twenty ranked metro groups (the best paid, Independent Peer Group 24, is at 166%); the metro mode works out to 166% and the metro 75th to 166% on the same basket.

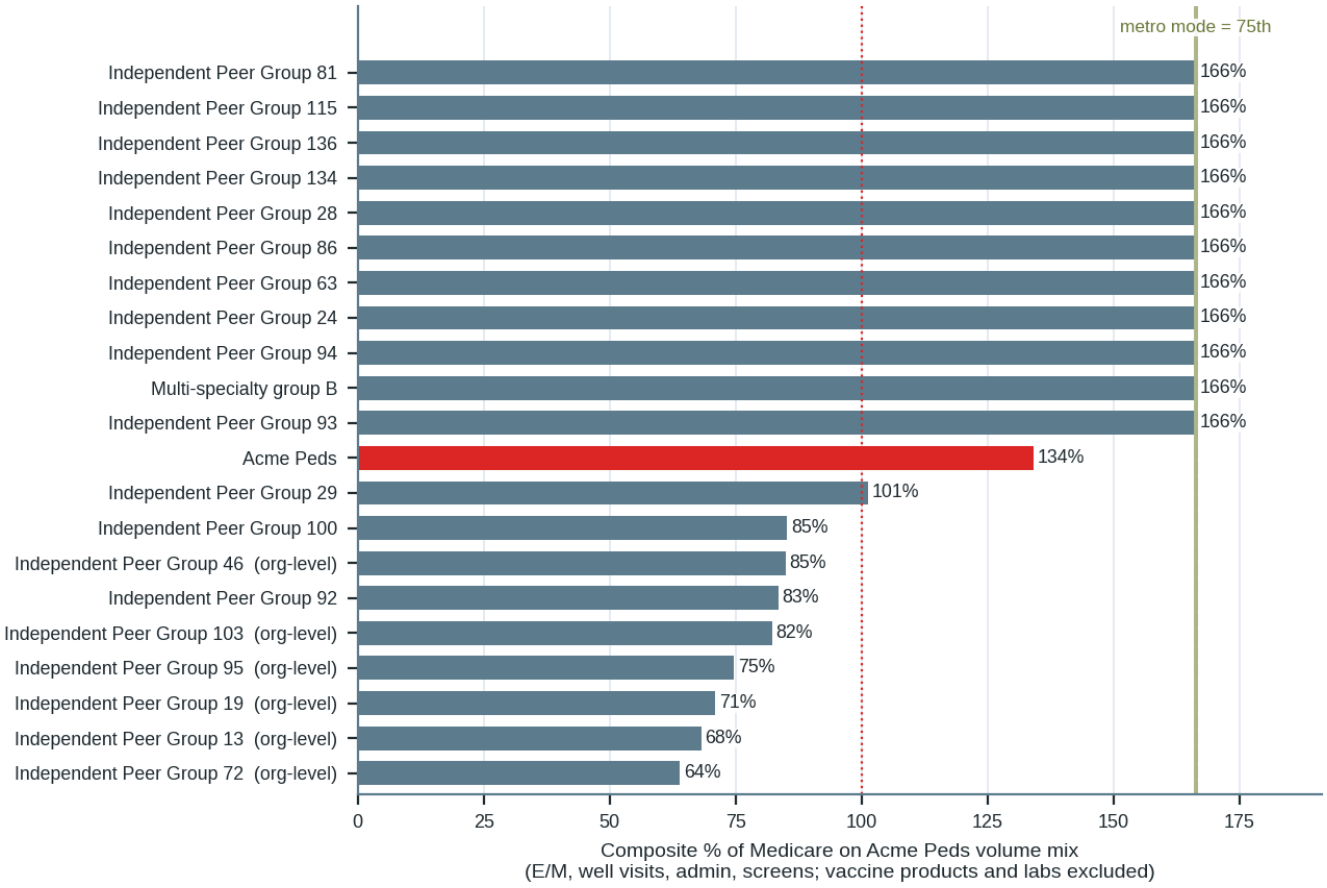


Figure 10. Independent local metro region peer groups ranked by composite % of Medicare on Acme Peds' UnitedHealthcare volume mix; Acme Peds in red; solid line = metro mode, dashed = metro 75th on the same basket; grey = groups pricing less than 80% of Acme Peds' weighted units (listed, not ranked). Vaccine products and in-office labs excluded.

Top codes by annual lift

#	Code	Description	Units	Acme Peds now	Acme Peds % Medicare	Metro mode	Metro 75th	Target	Target % Medicare	% increase	Annual lift	Tier
1	99392	Prev visit est age 1-4	425	$146.10	134%	$206.59	$206.59	$206.59	190%	+41.4%	$25,708	Primary
2	99213	Office o/p est low 20 min	1,455	$127.13	134%	$142.96	$142.96	$142.96	150%	+12.5%	$23,033	Primary
3	99393	Prev visit est age 5-11	346	$145.65	134%	$205.91	$205.91	$205.91	190%	+41.4%	$20,850	Primary
4	99214	Office o/p est mod 30 min	520	$179.62	132%	$209.74	$209.74	$209.74	155%	+16.8%	$15,662	Primary
5	99391	Per pm reeval est pat infant	278	$137.15	134%	$193.43	$193.43	$193.43	189%	+41.0%	$15,646	Primary
6	90461	Im admin each addl component	1,180	$12.30	142%	$24.58	$24.58	$24.58	283%	+99.8%	$14,490	Primary
7	99394	Prev visit est age 12-17	194	$159.39	134%	$226.06	$226.06	$226.06	190%	+41.8%	$12,934	Primary
8	87502	Influenza dna amp probe	185	$40.24		$57.48	$57.48	$57.48		+42.8%	$3,189	Primary
9	99395	Prev visit est age 18-39	45	$163.07	134%	$230.99	$230.99	$230.99	190%	+41.7%	$3,056	Primary
10	99381	Init pm e/m new pat infant	38	$152.45	134%	$214.57	$214.57	$214.57	189%	+40.7%	$2,361	Primary

Table 6. Codes ranked by annual lift at target. Target = metro 75th percentile where at least eight metro peers price the code (= statewide 75th used, fewer metro peers). % Medicare = rate as a percentage of the 2026 Medicare non-facility amount; blank where none exists. Of the $150,189 UnitedHealthcare lift, $150,189 (100%) is the primary ask (codes below the metro mode) and $0 is secondary (codes between the mode and the 75th).*

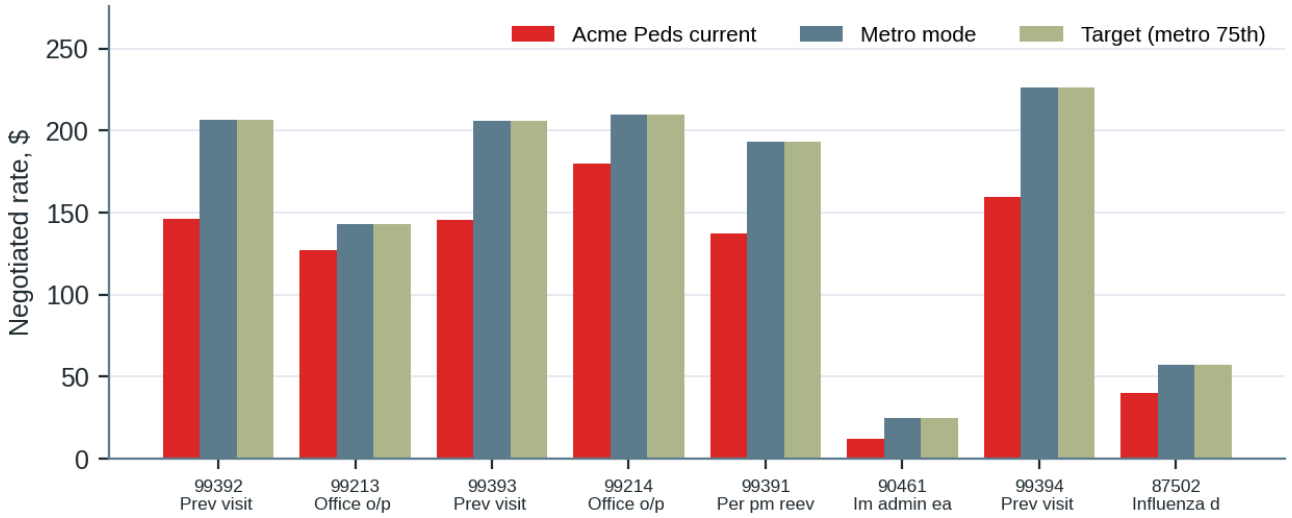


Figure 11. Acme Peds current rate vs. metro mode and target on the top codes by lift.

Peer groups paid above Acme Peds on E/M and well visits

Group	Tier	Codes compared	Avg % vs metro mode	Avg % vs Acme Peds
Independent Peer Group 104	Non-metro	18	+41.0%	+88.7%
Multi-Specialty Peer Group 07	Non-metro	18	+17.2%	+57.2%
Independent Peer Group 117	Non-metro	18	+0.2%	+34.1%
Independent Peer Group 24	Metro	18	+0.0%	+33.8%
Independent Peer Group 28	Metro	18	+0.0%	+33.8%
Independent Peer Group 63	Metro	18	+0.0%	+33.8%

Table 7. Average across the E/M and well-visit codes; these are the names that show the market will pay more than Acme Peds' current schedule.

The ask - UnitedHealthcare

Opening number. 99213 $142.96, 99214 $209.74, 99392 $206.59, 90461 $24.58.

Expect. UHC to cite the local market (median $142.96); the answer is Acme Peds' size and the metro-core groups on the schedule.

Likely settlement. Part of the step on E/M and well visits.

Floor. The current schedule; leave 90460 out of the trade.

PMI recommendations

- UHC's metro market is split: 11 of 20 metro groups (the metro-core cluster) at $142.96 on 99213 and the rest far lower (median $142.96). Acme Peds at $127.13 sits between the two.
- Ask: E/M, well visits and 90461 to the metro 75th ($142.96 on 99213, $209.74 on 99214, $206.59 on 99392, $24.58 on 90461); $150,189/yr.
- Likely settlement: part of the step; the home-region peers are paid below Acme Peds, which UHC will cite.
- 90460 is at the mode; keep it out of the trade.

7 | BCBS

16 local metro region and 48 statewide independent peer groups; 4 / 18 system-employed reference groups

+3.9%	165%	$145,968	$145,968	$145,968	26/0/66
Acme Peds vs metro mode, volume-weighted	Acme Peds rates as % of Medicare (metro mode 156%)	Annual lift at target (metro 75th)	of which primary ask (codes below the metro mode)	Total including affiliate-TPA volume	Codes Primary / Secondary / Hold

BCBS pays Acme Peds above the local metro region mode on E/M: 99213 $163.51 against $130.18, which eleven of sixteen metro groups carry (metro-core groups), while the home-region peers and the statewide mode sit at $154.43. The gap is vaccine administration and screening: 90460 $33.20 vs $46.60, 90461 $12.62 vs $23.56, which is most of the $145,968 lift.

BCBS also publishes a second, lower schedule for most Acme Peds physicians on the same plans and settings (99213 $154.43, 90460 $25.45). The report uses the upper one by rule; if claims pay on the lower one the lift is $258,237 (Section 9).

The Medicare yardstick. On 90460, the largest BCBS gap, BCBS pays Acme Peds 142% of Medicare; your other payers pay 108% (Cigna) to 167% (Aetna) for the identical service. Across the whole basket BCBS pays 165% of Medicare, the highest of your four payers (Section 4).

Hospital-employed reference. The 4 system-employed metro groups are paid -15.7% against the independent metro mode on your mix (99213 $99.60 vs. $130.18); Acme Peds sits +23.3% against them. Context for how much room BCBS has, not the ask.

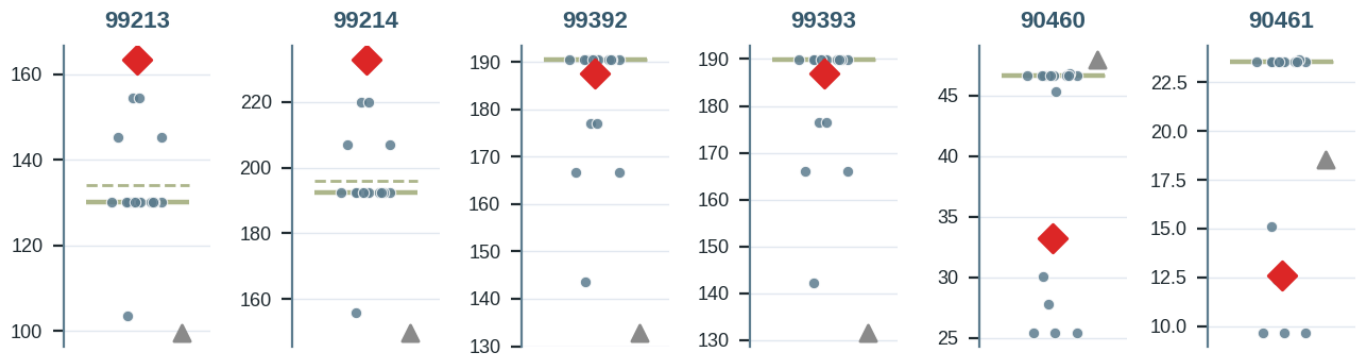


Figure 12. Where Acme Peds sits among the included local metro region peer groups on six high-volume codes. Each dot is one independent peer group (the median of its qualifying pediatricians' rates; hollow dots are organization-level listings); the red diamond is Acme Peds; the solid line is the metro mode (the most common group rate) and the dashed line the metro 75th percentile; the grey triangle is the system-employed metro mode.

Every peer on your mix. Figure 13 scores each independent local metro region peer group on Acme Peds' own basket of services (E/M, well visits, vaccine administration and screens, weighted by Acme Peds' BCBS units) as a composite percentage of Medicare, so the groups are compared on one practice's mix rather than on their own. Acme Peds is paid 165% of Medicare on that basket, the best paid of the sixteen ranked metro groups; the metro mode works out to 156% and the metro 75th to 158% on the same basket.

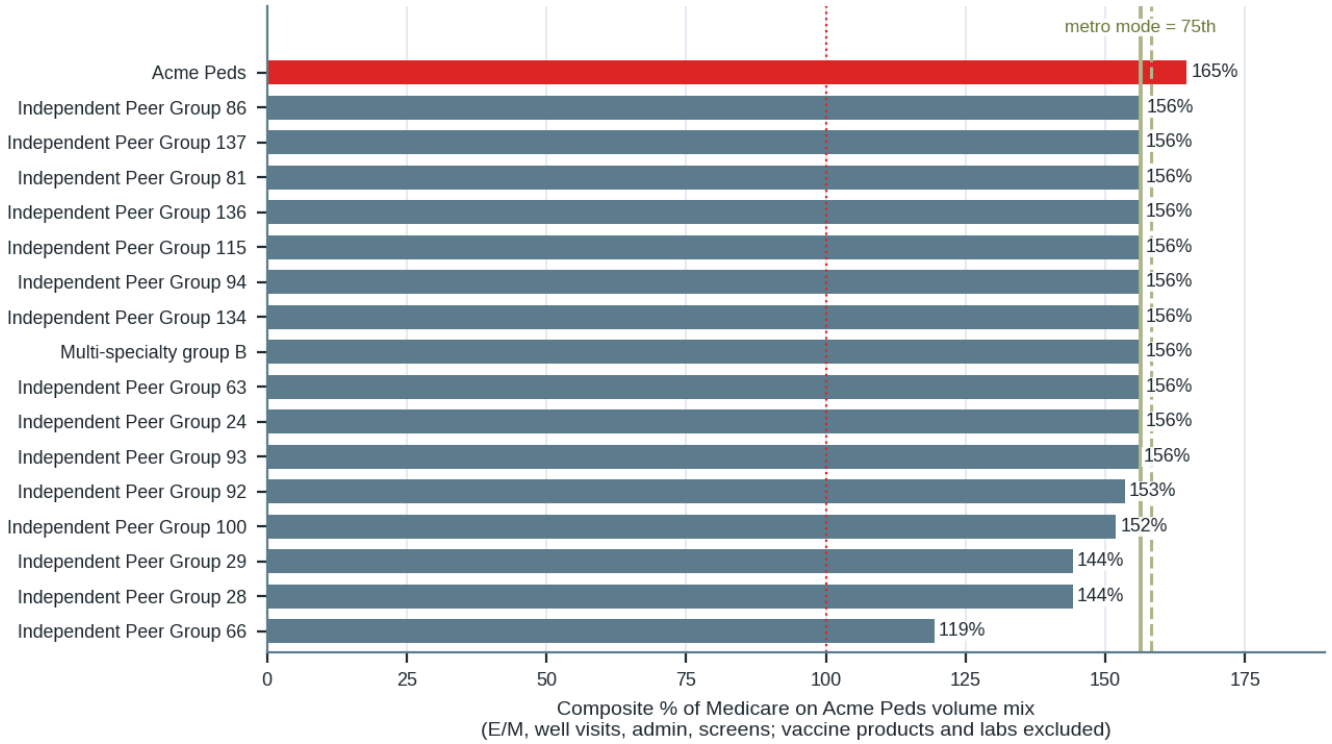


Figure 13. Independent local metro region peer groups ranked by composite % of Medicare on Acme Peds' BCBS volume mix; Acme Peds in red; solid line = metro mode, dashed = metro 75th on the same basket; grey = groups pricing less than 80% of Acme Peds' weighted units (listed, not ranked). Vaccine products and in-office labs excluded.

Top codes by annual lift

#	Code	Description	Units	Acme Peds now	Acme Peds % Medicare	Metro mode	Metro 75th	Target	Target % Medicare	% increase	Annual lift	Tier
1	90460	Im admin 1st/only component	5,172	$33.20	142%	$46.60	$46.60	$46.60	199%	+40.4%	$69,305	Primary
2	90461	Im admin each addl component	3,663	$12.62	145%	$23.56	$23.56	$23.56	271%	+86.7%	$40,073	Primary
3	90471	Immunization admin	842	$31.28	142%	$46.60	$46.60	$46.60	211%	+49.0%	$12,899	Primary
4	99392	Prev visit est age 1-4	1,193	$187.49	172%	$190.60	$190.60	$190.60	175%	+1.7%	$3,710	Primary
5	99188	App topical fluoride varnish	483	$15.62	130%	$22.29	$22.29	$22.29	185%	+42.7%	$3,222	Primary
6	99393	Prev visit est age 5-11	1,042	$186.93	172%	$189.98	$189.98	$189.98	175%	+1.6%	$3,178	Primary
7	99394	Prev visit est age 12-17	815	$205.16	172%	$208.30	$208.30	$208.30	175%	+1.5%	$2,559	Primary
8	96161	Caregiver health risk assmt	589	$3.90	117%	$8.09	$8.09	$8.09	242%	+107.4%	$2,468	Primary
9	99177	Ocular instrumnt screen bil	904	$5.87	110%	$8.59	$8.59	$8.59	161%	+46.3%	$2,459	Primary
10	99173	Visual acuity screen	1,868	$3.62	108%	$4.83	$4.83	$4.83	145%	+33.4%	$2,260	Primary

Table 8. Codes ranked by annual lift at target. Target = metro 75th percentile where at least eight metro peers price the code (= statewide 75th used, fewer metro peers). % Medicare = rate as a percentage of the 2026 Medicare non-facility amount; blank where none exists. Of the $145,968 BCBS lift, $145,968 (100%) is the primary ask (codes below the metro mode) and $0 is secondary (codes between the mode and the 75th).*

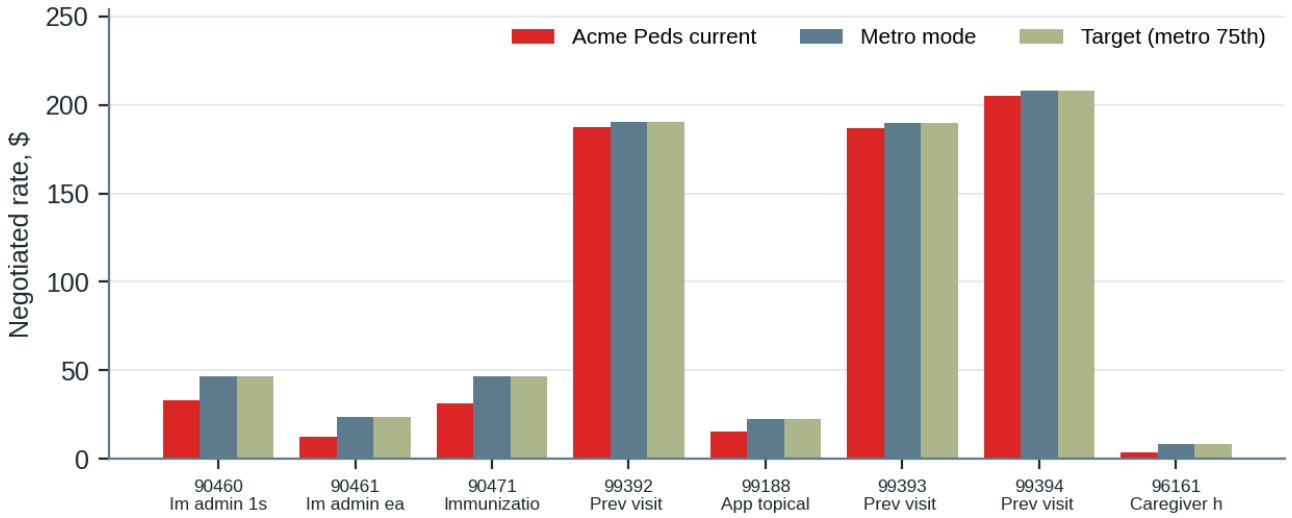


Figure 14. Acme Peds current rate vs. metro mode and target on the top codes by lift.

The ask - BCBS

Opening number. 90460 to $46.60, 90461 to $23.56, 90471 to $46.60, and the screening codes below the mode.

Worth. $145,968 a year on the upper schedule; $258,237 if claims pay on the lower one.

Before the ask. Confirm which schedule each NPI pays on (Drs. Brockman and Marchetti first).

Floor. The current schedule; E/M is above the metro mode and stays out of the trade.

PMI recommendations

- Two published schedules per physician (99213 $163.51 / $154.43); confirm which one pays before the ask (Alt Schedules).
- Ask: vaccine administration and screening to the metro 75th (90460 $33.20 to $46.60, 90461 $12.62 to $23.56); $145,968/yr on the upper schedule, $258,237 on the lower.
- E/M is above the local metro region mode ($130.18) on both schedules; well visits trail it slightly (99392 $187.49 vs $190.60).
- Loading: Drs. Brockman and Marchetti and the four satellite-office physicians carry different BCBS primary rates (Rate Variance tab).

8 | AETNA

17 local metro region and 62 statewide independent peer groups; 6 / 24 system-employed reference groups

+46.5%	162%	$2,835	$150	$2,835	6/4/53
Acme Peds vs metro mode, volume-weighted	Acme Peds rates as % of Medicare (metro mode 111%)	Annual lift at target (metro 75th)	of which primary ask (codes below the metro mode)	Total including affiliate-TPA volume	Codes Primary / Secondary / Hold

Aetna publishes four rates per code for every Acme Peds physician. The representative rule finds no fee-schedule rows and no office-only place-of-service set, so it takes the narrowest one: 33 places of service (the full set without telehealth, hospital, emergency and other facility settings), carrying 18 plans. On that bundle Acme Peds pays 99213 $155.66 and 99214 $219.94, above every metro peer (the metro mode is $90.05, the best-paid group $120.85), and ranks #1 of 8 on the composite. The lift is $2,835 a year, almost all 90461 and 99173.

The same 17 group plans also carry three lower rates on all 52 places of service, and the individual BRONZE 60241 plan carries them on 49 (99213 $88.29 / $75.04 / $66.21). Taking the highest of those as the low end of a range, Acme Peds sits at about the metro mode on E/M (99213 $88.29 vs $90.05; 99214 $124.76 vs $127.25), +15.6% overall, and the lift rises to $32,635. Peers are measured by the same rule, and a separate 33-place-of-service bundle is common across the Aetna file, so the rule end compares like with like. The file does not say which bundle office claims pay on; remittances do. Aetna commercial is 6,630 units; the state employee health plan volume (19,939 units) has no network in the file and is not benchmarked.

The Medicare yardstick. On 90461, the largest Aetna gap, Aetna pays Acme Peds 174% of Medicare; your other payers pay 112% (Cigna) to 145% (BCBS) for the identical service. Across the whole basket Aetna pays 163% of Medicare, #2 of your four payers (Section 4).

Hospital-employed reference. The 6 system-employed metro groups are paid +11.2% against the independent metro mode on your mix (99213 $121.93 vs. $90.05); Acme Peds sits +31.8% against them. Context for how much room Aetna has, not the ask.

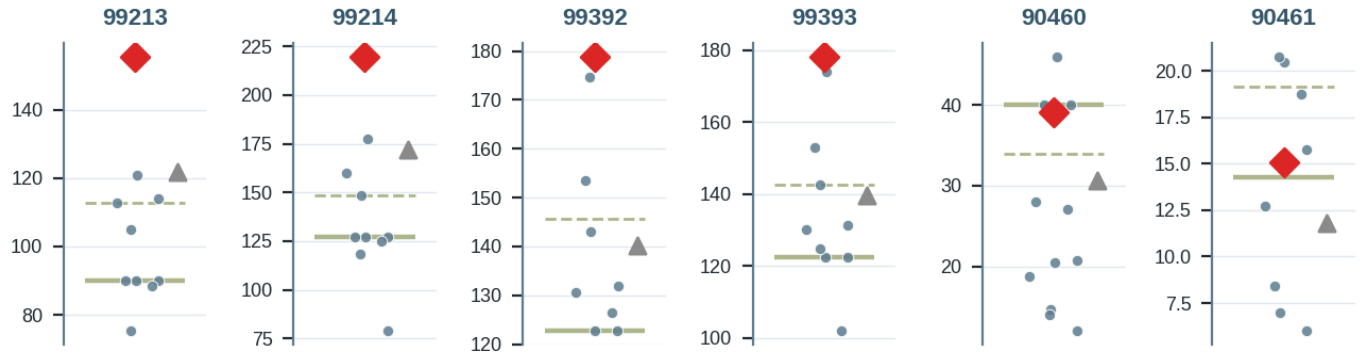


Figure 15. Where Acme Peds sits among the included local metro region peer groups on six high-volume codes. Each dot is one independent peer group (the median of its qualifying pediatricians' rates; hollow dots are organization-level listings); the red diamond is Acme Peds; the solid line is the metro mode (the most common group rate) and the dashed line the metro 75th percentile; the grey triangle is the system-employed metro mode.

Every peer on your mix. Figure 16 scores each independent local metro region peer group on Acme Peds' own basket of services (E/M, well visits, vaccine administration and screens, weighted by Acme Peds' Aetna units) as a composite percentage of Medicare, so the groups are compared on one practice's mix rather than on their own. Acme Peds is paid 162% of Medicare on that basket, the best paid of the eight ranked metro groups; the metro mode works out to 111% and the metro 75th to 129% on the same basket. Four metro groups price too few of Acme Peds' codes to be ranked and are shown in grey.

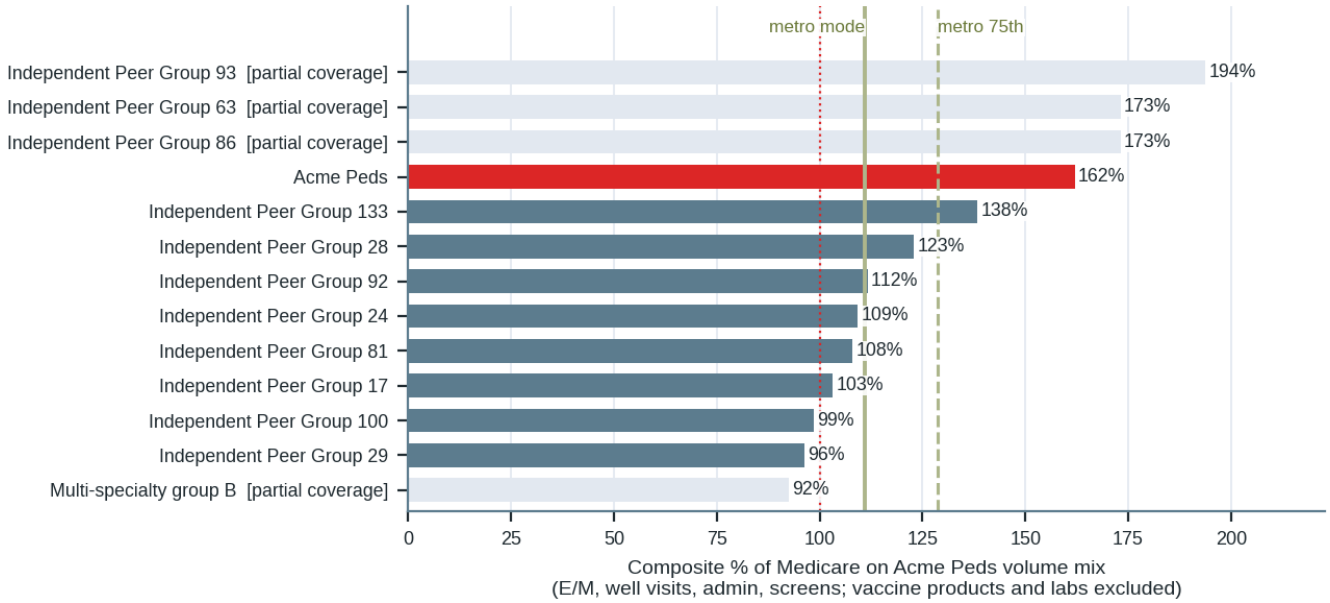


Figure 16. Independent local metro region peer groups ranked by composite % of Medicare on Acme Peds' Aetna volume mix; Acme Peds in red; solid line = metro mode, dashed = metro 75th on the same basket; grey = groups pricing less than 80% of Acme Peds' weighted units (listed, not ranked). Vaccine products and in-office labs excluded.

Top codes by annual lift

#	Code	Description	Units	Acme Peds now	Acme Peds % Medicare	Metro mode	Metro 75th	Target	Target % Medicare	% increase	Annual lift	Tier
1	90461	Im admin each addl component	378	$15.06	174%	$14.26	$19.18	$19.18	221%	+27.3%	$1,555	Secondary
2	99173	Visual acuity screen	199	$5.40	162%	$3.41	$10.98	$10.98	329%	+103.3%	$1,110	Secondary
3	98005*	Synch audio-video est low 20	17	$64.81	91%	$77.78	$77.78	$69.03	97%	+6.5%	$72	Primary
4	98006*	Synch audio-video est mod 30	17	$95.45	90%	$105.00	$141.03	$99.59	94%	+4.3%	$70	Primary
5	96160	Pt-focused hlth risk assmt	13	$4.98	165%	$3.08	$6.44	$6.44	214%	+29.4%	$19	Secondary
6	98007*	Synch audio-video est hi 40	3	$126.78	91%	$139.46	$187.28	$129.45	92%	+2.1%	$8	Primary

Table 9. Codes ranked by annual lift at target. Target = metro 75th percentile where at least eight metro peers price the code (= statewide 75th used, fewer metro peers). % Medicare = rate as a percentage of the 2026 Medicare non-facility amount; blank where none exists. Of the $2,835 Aetna lift, $150 (5%) is the primary ask (codes below the metro mode) and $2,685 is secondary (codes between the mode and the 75th).*

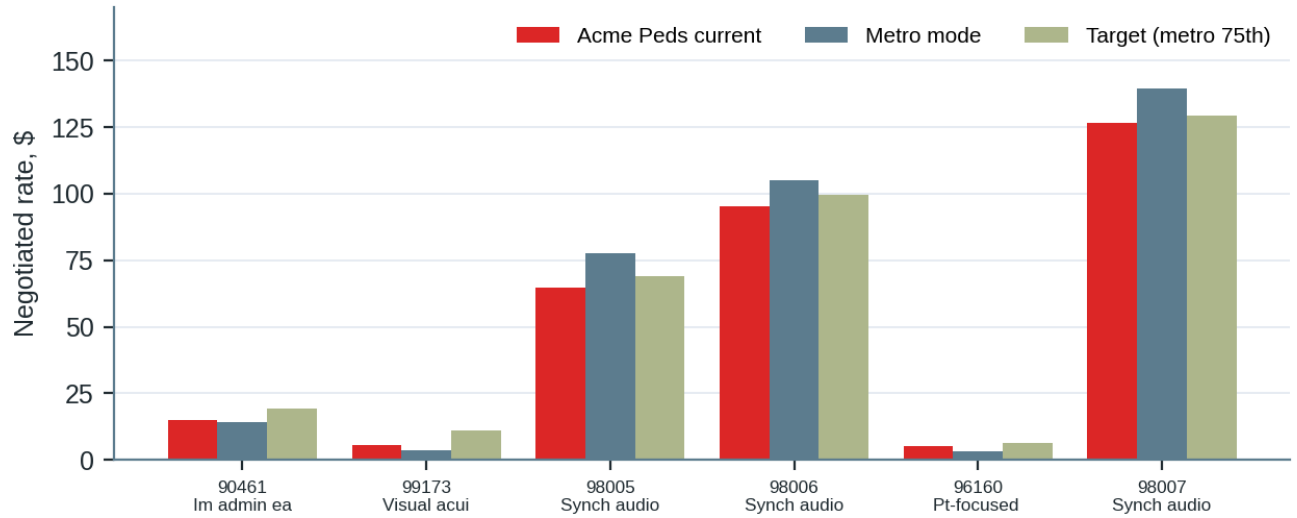


Figure 17. Acme Peds current rate vs. metro mode and target on the top codes by lift.

Peer groups paid above Acme Peds on E/M and well visits

Group	Tier	Codes compared	Avg % vs metro mode	Avg % vs Acme Peds
Multi-Specialty Peer Group 16	Non-metro	18	+68.3%	+8.9%

Table 10. Average across the E/M and well-visit codes; these are the names that show the market will pay more than Acme Peds' current schedule.

The ask - Aetna

First. One month of Aetna remittances on 99213, 99214 and 99392 to see which published rate pays office visits.

If the rule bundle pays. Protect it; ask 90461 to $19.18 and 99173 to the metro 75th ($2,835 a year).

If the alternate pays. E/M to the metro 75th ($112.81 on 99213, $148.46 on 99214), $32,635 a year.

Floor. The rate that pays today.

PMI recommendations

- Range: rule bundle 99213 $155.66 (top of the Aetna metro market; lift $2,835/yr) vs the alternate $88.29 (about the mode, $90.05; lift $32,635/yr).
- First step: one month of Aetna remittances on 99213 / 99214 / 99392 to see which published rate pays office visits.
- If the rule bundle pays: protect it; ask 90461 ($15.06 to $19.18) and 99173. If the alternate pays: E/M to the metro 75th ($112.81 on 99213, $148.46 on 99214).
- Aetna commercial is 6,630 units; the state employee health plan (19,939 units) is not in the file and not benchmarked.

9 | RATE CONSISTENCY INSIDE THE PRACTICE

does every provider under your TIN carry the same rate?

A payer loads a fee schedule for each provider it credentials under your TIN. Those schedules should be identical; when they are not, someone is being paid on the wrong schedule and nobody sees it on an EOB. For every payer and code we compared the rate each Acme Peds provider carries. RED = physicians under the same TIN carry different primary rates (this should not happen). AMBER = the primary rate matches but some providers carry extra plan-bundle rates that others do not. APP rows are judged separately because a licensure differential is the one legitimate reason for a difference.

Payer	RED - physicians differ	AMBER - extra bundles for some	Consistent
Cigna	0	0	80
UHC	0	0	91
BCBS	57	21	14
Aetna	17	3	43

Table 11. Payer x code cells by result. Cigna and UnitedHealthcare load every physician identically. The BCBS RED cells are the four satellite-office physicians, Dr. Brockman and Dr. Marchetti carrying different primary rates; the BCBS AMBER cells are the second published schedule some physicians carry. The Aetna RED cells are the satellite-office physicians, Dr. Dunleavy and Dr. Marchetti on a different set of codes.

BCBS: two published schedules

For 12 of the 16 Acme Peds physicians BCBS publishes two rates on 53 codes, and the two rows are identical on every field the file carries: the same plan list, the same place-of-service set, the same negotiated type. On 99213 they are $163.51 and $154.43, 5.9% apart. The lower schedule is the one the home-region BCBS peers (Independent Peer Group 92, Independent Peer Group 100) carry on E/M and the statewide mode ($154.43). Where rates are identical on every field, the representative rule takes the upper-median, which with two rates is the higher one, so every BCBS figure in Section 7 is the upper schedule.

Code	Description	Units	Upper schedule	Lower schedule	Lower vs upper	Metro mode	Tier (upper)	Tier (lower)	Lift (upper)	Lift (lower)
90460	Im admin 1st/only component	5,172	$33.20	$25.45	-23.3%	$46.60	Primary	Primary	$69,305	$109,388
99213	Office o/p est low 20 min	4,588	$163.51	$154.43	-5.6%	$130.18	Hold	Hold	$0	$0
90461	Im admin each addl component	3,663	$12.62	$9.67	-23.4%	$23.56	Primary	Primary	$40,073	$50,879
96127	Brief emotional/behav assmt	2,288	$5.95	$4.58	-23.0%	$4.58	Hold	Secondary	$0	$132
96110	Developmental screen w/score	1,898	$14.29	$9.14	-36.0%	$11.43	Hold	Primary	$0	$5,703
99214	Office o/p est mod 30 min	1,821	$232.99	$220.05	-5.6%	$192.46	Hold	Hold	$0	$0
99392	Prev visit est age 1-4	1,193	$187.49	$177.07	-5.6%	$190.60	Primary	Primary	$3,710	$16,141
99393	Prev visit est age 5-11	1,042	$186.93	$176.55	-5.6%	$189.98	Primary	Primary	$3,178	$13,994
99391	Per pm reeval est pat infant	985	$176.31	$166.52	-5.6%	$178.34	Primary	Primary	$2,000	$11,643
90471	Immunization admin	842	$31.28	$23.98	-23.3%	$46.60	Primary	Primary	$12,899	$19,046
99394	Prev visit est age 12-17	815	$205.16	$193.77	-5.6%	$208.30	Primary	Primary	$2,559	$11,842
96161	Caregiver health risk assmt	589	$3.90	$2.50	-35.9%	$8.09	Primary	Primary	$2,468	$3,293

Table 12. BCBS codes where the two published schedules differ, highest Acme Peds volume first. Lift on all codes: $145,968 on the upper schedule, $258,237 on the lower. Full list on the workbook's Alt Schedules tab.

What the BCBS file shows, and what it cannot

Shows. Two published schedules for most of the group on identical plan and setting fields. Separately, the variance test finds physicians on different *primary* rates: the four satellite-office physicians (Dr. Northam matches Dr. Hartwell on 42 of 92 BCBS codes; BCBS lists them inside Affiliated group A's NPI set), Dr. Brockman (35 of 81) and Dr. Marchetti (24 of 81).

Cannot show. Which of the two schedules BCBS applies to a given claim, or why two are published. The report does not speculate beyond the fact that two schedules are published.

How to find out. One month of BCBS remittances for Dr. Hartwell, Dr. Brockman and Dr. Marchetti on 99213, 99214, 99392 and 90460: the allowed amounts will match one schedule or the other.

Aetna: four published rates, presented as a range

Aetna publishes four rates per code for every Acme Peds physician. The rule's bundle is 18 plans (17 group plans plus BRONZE 60241 (IND)) on 33 places of service: the full 52-place set without telehealth (02), hospital inpatient and outpatient (21, 22), emergency (23) and the other facility and residential settings. The same 17 group plans carry three lower rates on all 52 places of service, and BRONZE 60241 (IND) alone carries them on 49. The high end of the range is the rule bundle; the low end is the

highest of the other rates. On four vaccine-product codes the order reverses (the rule picks the one-plan BRONZE row and the group bundle pays more); they are Hold at both ends.

Code	Description	Units	High (rule)	Low (alternate)	Metro mode	Metro 75th	Tier (high)	Tier (low)	Lift (high)	Lift (low)
99213	Office o/p est low 20 min	551	$155.66	$88.29	$90.05	$112.81	Hold	Primary	$0	$13,511
99214	Office o/p est mod 30 min	173	$219.94	$124.76	$127.25	$148.46	Hold	Primary	$0	$4,100
90633	HepA (peds/adolescent) - Havrix / Vaqta (GSK / Merck)	49	$60.63	$36.25	$44.46	$44.46	Hold	Primary	$0	$402
90700	DTaP - Daptacel / Infanrix (Sanofi / GSK)	46	$46.80	$29.53	$34.32	$34.32	Hold	Primary	$0	$220
90698	DTaP-Hib-IPV (pentavalent) - Pentacel (Sanofi)	44	$191.33	$115.54	$140.31	$140.31	Hold	Primary	$0	$1,090
90707	MMR - M-M-R II / Priorix (Merck / GSK)	42	$150.21	$93.43	$110.15	$110.15	Hold	Primary	$0	$702
90619	MenACWY-TT (conjugate) - MenQuadfi (Sanofi)	41	$262.92	$159.09	$159.09	$198.65	Hold	Secondary	$0	$1,622
90680	Rotavirus (pentavalent, 3-dose) - RotaTeq (Merck)	41	$151.01	$92.18	$110.74	$110.74	Hold	Primary	$0	$761
90716	Varicella (chickenpox) - Varivax (Merck)	41	$279.80	$163.06	$205.18	$205.18	Hold	Primary	$0	$1,727

Table 13. Aetna codes where the low end is below the rule rate, highest Acme Peds volume first. Range of lift on all codes: $2,835 (high end) to $32,635 (low end); volume-weighted position +46.5% to +15.6% against the metro mode.

Reading the Aetna range

High end. Acme Peds is the best-paid group in the metro on E/M (99213 $155.66, metro best $120.85); the ask is 90461 and 99173 only.

Low end. E/M at about the metro mode (99213 $88.29 vs $90.05); the ask becomes E/M to the metro 75th ($112.81).

Like for like. Peers are measured by the same rule, and a separate 33-place bundle is common in the Aetna file, so the high end is the comparable figure; the low end is a one-sided sensitivity. Remittances settle which one pays.

How common is this in the market?

The same test was run on every included peer group. Between-physician rate differences inside a group are common: 31 of 65 Cigna groups, 12 of 48 UnitedHealthcare groups, 32 of 48 BCBS groups, 30 of 54 Aetna groups show it on at least one code.

10 | VACCINE ECONOMICS

administration fees, by payer

Admin codes: the most consistent gap

Code	Description	Cigna Acme Peds	Cigna metro mode	Cigna %	UHC Acme Peds	UHC metro mode	UHC %	BCBS Acme Peds	BCBS metro mode	BCBS %	Aetna Acme Peds	Aetna metro mode	Aetna %
90460	Im admin 1st/only component	$25.29	$44.00	-42.5%	$31.88	$32.01	-0.4%	$33.20	$46.60	-28.8%	$39.04	$40.00	-2.4%
90461	Im admin each addl component	$9.76	$23.50	-58.5%	$12.30	$24.58	-50.0%	$12.62	$23.56	-46.4%	$15.06	$14.26	+5.6%
90471	Immunization admin	$22.67	$44.00	-48.5%	$28.58	$32.01	-10.7%	$31.28	$46.60	-32.9%	$34.99	$40.00	-12.5%
90472	Immunization admin each add	$16.14	$44.00	-63.3%	$20.36	$24.58	-17.2%	$22.80	$23.56	-3.2%	$24.92	$15.76	+58.1%

Table 14. Vaccine-administration rates vs. the metro mode (most common peer-group rate). 90460 and 90461 are among the practice's highest-volume codes with every payer (9,349 90460 units a year across the four), so small per-unit gaps compound.

The product-margin analysis (negotiated vaccine rates against the practice's acquisition cost per dose, by brand and payer) is part of the full report but is omitted from this sample because the cost data are confidential to the practice.

11 | ACTION PLAN AND CALENDAR

owner, priority, and the order of contact

#	Recommendation	Owner	Priority
1	Schedule confirmation with BCBS and Aetna first: ask each which schedule every Acme Peds NPI is loaded on under TIN 900000001 (BCBS by individual NPI), starting with Drs. Brockman and Marchetti (different BCBS primary rates on most codes) and the two published BCBS schedules for the rest of the group; ask Aetna which of its four published rates applies to office E/M. Pull one month of BCBS and Aetna remittances for Dr. Hartwell, Dr. Brockman and Dr. Marchetti on 99213 / 99214 / 99392 / 90460 to see which rate pays.	Acme Peds billing + PMI	High
2	Cigna: the largest and cleanest ask ($228,489/yr): E/M to the metro 75th ($141.72 on 99213, $207.93 on 99214), the well-visit block ($204.80 on 99392) and vaccine administration (90460 $44.00, 90461 $23.50). Cite the 13 metro groups on that schedule, Independent Peer Group 100 in the home region among them.	PMI	High
3	UnitedHealthcare: E/M, well visits and 90461 to the metro 75th ($142.96 on 99213, $206.59 on 99392, $24.58 on 90461), $150,189/yr. Expect UHC to point to the split market (metro median $142.96): the home-region peers are paid below Acme Peds, so the argument is the metro-core schedule plus Acme Peds' size, not the local market.	PMI	High
4	BCBS: vaccine administration and screening are the ask (90460 $46.60, 90461 $23.56, 90471 to the metro 75th; $145,968/yr on the upper schedule, $258,237 if claims pay on the lower one). E/M is above the local metro region mode on either schedule; do not trade it.	PMI	High
5	Aetna: settle which bundle pays before any ask. If office E/M pays at the rule bundle ($155.66 on 99213), protect it and ask only 90461 / 99173 ($2,835/yr). If it pays at the alternate ($88.29), the ask is E/M to the metro 75th ($112.81 on 99213), $32,635/yr. Aetna commercial is small (6,630 units); the state employee health plan volume is not benchmarked.	PMI	Medium
6	Roster hygiene: confirm with every payer how APP services are billed (APPs bill about 47% of the benchmarked units and none is listed under the TIN) and whether Drs. Pemberton and Quarles are loaded; decide with the practice whether the satellite-office physicians listed under Affiliated group A belong in the Acme Peds roster with each payer.	Acme Peds credentialing + PMI	Medium
7	Vaccines: replace the purchasing-group reference cost with Acme Peds' invoice cost per dose (Vaccine Margin tab) before presenting product margins; present administration and product rates as one block in the Cigna and BCBS conversations.	Acme Peds administrator + PMI	Medium
8	Keep this workbook as the Acme Peds rate-monitoring template: refresh from each PayerIntel quarterly ingest and the PCC export, and re-run the variance and Alt Schedules tests each time.	PMI	Low

Table 15. Recommendations with owner and priority.

Sequencing, per the Soft Ask reference

When	Action	Who
Now	BCBS: which of the two published schedules each NPI pays on (Drs. Brockman and Marchetti first); Aetna: which of the four published rates pays office E/M; one month of remittances for Dr. Hartwell, Dr. Brockman and Dr. Marchetti	Acme Peds billing + PMI
Now	Roster reconciliation with all four payers: APP billing, Drs. Pemberton and Quarles, the satellite-office physicians listed under Affiliated group A	Acme Peds credentialing + PMI
Once the schedules are confirmed	Cigna soft ask: E/M, well visits and vaccine administration to the metro 75th; one page through provider relations; response window 10 working days	PMI drafts, practice sends
+3 weeks	UHC soft ask: E/M, well visits and 90461 to the metro 75th, with the metro-core schedule evidence; follow up Cigna	PMI
+6 weeks	BCBS: vaccine administration and screening to the metro 75th, sized on the schedule that actually pays	PMI
After remittances	Aetna: protect the rule bundle, or E/M to the metro 75th if claims pay at the alternate	PMI
Each new provider	Confirm with every payer that the new NPI is loaded on the practice schedule before the first claims	Acme Peds credentialing
Quarterly	Refresh from the next PayerIntel ingest and PCC export; re-run the variance and Alt Schedules tests; refresh vaccine cost when the grids change	PMI

Table 16. Calendar. The Soft Ask reference's rule applies: a negotiated rate is money only once it is loaded into expected-pay tables and the first 90 days of remittances are audited.

What PMI needs from the practice

One month of BCBS and Aetna remittances (allowed amounts) for Dr. Hartwell, Dr. Brockman and Dr. Marchetti on 99213, 99214, 99392 and 90460.

Each payer's current provider roster for TIN 900000001 and how APP services are billed with each payer.

Whether the satellite-office physicians (Drs. Northam, Jardine, Ainsley and Lindqvist) are part of the practice's contracts, and the status of Drs. Pemberton and Quarles with each payer.

Invoice cost per dose by vaccine product, to replace the purchasing-group reference cost.

A | APPENDIX A - METHOD SENSITIVITY

how the representative-rate rule changes the Aetna picture

Aetna peers often carry several rates per code for the same plan list. This report takes the upper-median of the selected bundle as a group's rate; taking the highest instead (the 'max rule') is shown below for the twelve highest-volume Aetna codes. Acme Peds' own Aetna range is in Section 9.

Code	Description	Acme Peds now	Metro mode (upper-median rule)	Metro 75th (upper-median rule)	Metro mode (max rule)	Metro 75th (max rule)	Acme Peds vs mode (upper-median rule)
90460	Im admin 1st/only component	$39.04	$40.00	$33.98	$40.00	$33.98	-2.4%
99213	Office o/p est low 20 min	$155.66	$90.05	$112.81	$105.94	$113.89	+72.9%
90461	Im admin each addl component	$15.06	$14.26	$19.18	$14.26	$19.18	+5.6%
96127	Brief emotional/behav assmt	$7.61	$5.35	$6.47	$5.35	$6.47	+42.2%
96110	Developmental screen w/score	$19.25	$11.90	$12.98	$11.90	$12.98	+61.8%
99173	Visual acuity screen	$5.40	$3.41	$10.98	$3.41	$10.98	+58.4%
99214	Office o/p est mod 30 min	$219.94	$127.25	$148.46	$149.71	$160.94	+72.8%
90471	Immunization admin	$34.99	$40.00	$33.53	$40.00	$33.53	-12.5%
99392	Prev visit est age 1-4	$178.90	$122.68	$145.72	$122.68	$145.72	+45.8%
99393	Prev visit est age 5-11	$178.34	$122.29	$142.67	$122.29	$142.67	+45.8%
99177	Ocular instrumnt screen bil	$8.17	$5.35	$6.47	$5.35	$6.47	+52.7%
87651	Strep a dna amp probe	$63.16	$24.56	$24.56	$24.56	$24.56	+157.2%

Table 17. Aetna, twelve highest-volume codes: peer statistics under the two rules. Both views are in the workbook (Benchmark - Aetna, right-hand columns).

Peer-definition sensitivity

- **Local tier.** The eight home counties alone held too few independent peer groups for a metro statistic (three besides Acme Peds), so the local tier adds the metro core (county list withheld in the sample). With UHC, Cigna and BCBS the metro mode is largely one schedule shared by a cluster of metro-core groups; the home-region peers are paid differently, mostly lower. The statewide tier is unchanged.
- **NPI-keyed BCBS file.** BCBS keys its file on individual NPIs. Unnamed BCBS pediatricians were tied to their TIN group by cross-payer NPI match (122 of 136; 14 remain single-NPI listings). Because the practice is keyed on its 16 NPIs with BCBS, Multi-specialty group B (which lists Dr. Dunleavy) and Affiliated group A (the satellite-office four) drop out of the BCBS peer set; adding Multi-specialty group B back moves the BCBS 75th on five low-volume codes and lowers the BCBS lift by about $1,900.
- **Aetna range.** Rule bundle $2,835 vs alternate $32,635; the headline uses the rule.
- **BCBS two schedules.** Upper $145,968 vs lower $258,237; the headline uses the upper (the representative rule's upper-median).
- **Volume basis.** The PCC export carries units with no dates or charges; the window is the trailing twelve months to October 31, 2026 as stated by PMI, and modifiers were folded into the base code. State employee health plan, Medicaid, Tricare and self-pay volume is not benchmarked.

B | APPENDIX B - PEER GROUPS BY PAYER

the independent general-pediatric groups behind every percentile

Groups included in the percentiles, by payer. "Peds" is the number of qualifying general pediatricians under the taxonomy rule (Section 2); "providers" is all individual providers listed; "Org" = Yes marks a practice the payer lists only at the organization level, whose organization row supplies its rate and whose physician count cannot be verified. Names come from the organization row in the payer file, from NPPES for group NPIs, or (where marked in the workbook) were inferred from provider overlap or addresses. The workbook's Peer Provider Detail tab lists every provider with the three taxonomy fields and the rule's classification.

Cigna: 71 included groups (21 metro; 6 organization-level)

Group	Segment	Tier	Peds	Providers	Org	Counties
Independent Peer Group 63	Independent pediatric	Metro	29	29		(withheld)
Independent Peer Group 24	Independent pediatric	Metro	15	15		(withheld)
Multi-specialty group B	Independent multi-specialty	Metro	15	19		(withheld)
Independent Peer Group 94	Independent pediatric	Metro	13	13		(withheld)
Independent Peer Group 81	Independent pediatric	Metro	11	11		(withheld)
Independent Peer Group 92	Independent pediatric	Metro	10	10		(withheld)
Independent Peer Group 29	Independent pediatric	Metro	8	8		(withheld)
Independent Peer Group 28	Independent pediatric	Metro	7	7		(withheld)
Independent Peer Group 134	Independent pediatric	Metro	7	7		(withheld)
Independent Peer Group 14	Independent pediatric	Metro	6	6		(withheld)
Independent Peer Group 93	Independent pediatric	Metro	6	6		(withheld)
Independent Peer Group 100	Independent pediatric	Metro	6	6		(withheld)
Independent Peer Group 115	Independent pediatric	Metro	6	6		(withheld)
Independent Peer Group 132	Independent pediatric	Metro	6	6		(withheld)
Independent Peer Group 136	Independent pediatric	Metro	6	6		(withheld)
Independent Peer Group 137	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 48	Independent pediatric	Metro	4	4		(withheld)
Independent Peer Group 56	Independent pediatric	Metro	4	4		(withheld)
Independent Peer Group 66	Independent pediatric	Metro	4	4		(withheld)
Independent Peer Group 86	Independent pediatric	Metro	4	4		(withheld)
Independent Peer Group 103	Independent pediatric	Metro			Yes	(withheld)
Independent Peer Group 68	Independent pediatric	Non-metro	34	38		(withheld)
Independent Peer Group 30	Independent pediatric	Non-metro	23	25		(withheld)
Independent Peer Group 117	Independent pediatric	Non-metro	16	16		(withheld)
Independent Peer Group 52	Independent pediatric	Non-metro	14	14		(withheld)
Independent Peer Group 91	Independent pediatric	Non-metro	14	14		(withheld)
Independent Peer Group 113	Independent pediatric	Non-metro	14	15		(withheld)
Independent Peer Group 05	Independent pediatric	Non-metro	13	13		(withheld)
Independent Peer Group 122	Independent pediatric	Non-metro	12	13		(withheld)
Independent Peer Group 124	Independent pediatric	Non-metro	11	11		(withheld)
Independent Peer Group 32	Independent pediatric	Non-metro	10	12		(withheld)
Independent Peer Group 36	Independent pediatric	Non-metro	10	10		(withheld)
Independent Peer Group 104	Independent pediatric	Non-metro	10	10		(withheld)
Independent Peer Group 11	Independent pediatric	Non-metro	9	9		(withheld)
Independent Peer Group 62	Independent pediatric	Non-metro	9	13		(withheld)
Independent Peer Group 01	Independent pediatric	Non-metro	8	8		(withheld)
Independent Peer Group 54	Independent pediatric	Non-metro	8	8		(withheld)
Multi-Specialty Peer Group 16	Independent multi-specialty	Non-metro	8	11		(withheld)
Independent Peer Group 121	Independent pediatric	Non-metro	7	12		(withheld)
Independent Peer Group 08	Independent pediatric	Non-metro	7	7		(withheld)
Multi-Specialty Peer Group 02	Independent multi-specialty	Non-metro	7	7		(withheld)
Independent Peer Group 26	Independent pediatric	Non-metro	7	7		(withheld)
Independent Peer Group 49	Independent pediatric	Non-metro	7	7		(withheld)
Independent Peer Group 75	Independent pediatric	Non-metro	7	7		(withheld)

Group	Segment	Tier	Peds	Providers	Org	Counties
Multi-Specialty Peer Group 12	Independent multi-specialty	Non-metro	7	8		(withheld)
Independent Peer Group 99	Independent pediatric	Non-metro	7	8		(withheld)
Independent Peer Group 07	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 21	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 55	Independent pediatric	Non-metro	6	7		(withheld)
Affiliated Group A	Independent pediatric	Non-metro	6	7		(withheld)
Independent Peer Group 85	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 114	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 127	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 25	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 33	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 60	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 70	Independent pediatric	Non-metro	5	6		(withheld)
Independent Peer Group 71	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 78	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 125	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 23	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 40	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 59	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 110	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 116	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 135	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 12	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 69	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 96	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 98	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 109	Independent pediatric	Non-metro			Yes	(withheld)

UnitedHealthcare: 65 included groups (20 metro; 17 organization-level)

Group	Segment	Tier	Peds	Providers	Org	Counties
Independent Peer Group 63	Independent pediatric	Metro	30	30		(withheld)
Multi-specialty group B	Independent multi-specialty	Metro	15	19		(withheld)
Independent Peer Group 24	Independent pediatric	Metro	14	14		(withheld)
Independent Peer Group 94	Independent pediatric	Metro	13	13		(withheld)
Independent Peer Group 81	Independent pediatric	Metro	11	11		(withheld)
Independent Peer Group 29	Independent pediatric	Metro	7	7		(withheld)
Independent Peer Group 134	Independent pediatric	Metro	7	7		(withheld)
Independent Peer Group 28	Independent pediatric	Metro	6	6		(withheld)
Independent Peer Group 92	Independent pediatric	Metro	6	7		(withheld)
Independent Peer Group 93	Independent pediatric	Metro	6	6		(withheld)
Independent Peer Group 100	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 115	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 136	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 86	Independent pediatric	Metro	4	4		(withheld)
Independent Peer Group 13	Independent pediatric	Metro			Yes	(withheld)
Independent Peer Group 19	Independent pediatric	Metro			Yes	(withheld)
Independent Peer Group 46	Independent pediatric	Metro			Yes	(withheld)
Independent Peer Group 72	Independent pediatric	Metro			Yes	(withheld)
Independent Peer Group 95	Independent pediatric	Metro			Yes	(withheld)
Independent Peer Group 103	Independent pediatric	Metro			Yes	(withheld)
Independent Peer Group 117	Independent pediatric	Non-metro	30	30		(withheld)
Independent Peer Group 68	Independent pediatric	Non-metro	27	30		(withheld)
Independent Peer Group 122	Independent pediatric	Non-metro	13	13		(withheld)

Group	Segment	Tier	Peds	Providers	Org	Counties
Independent Peer Group 52	Independent pediatric	Non-metro	13	13		(withheld)
Independent Peer Group 113	Independent pediatric	Non-metro	13	15		(withheld)
Independent Peer Group 124	Independent pediatric	Non-metro	10	10		(withheld)
Independent Peer Group 11	Independent pediatric	Non-metro	9	9		(withheld)
Independent Peer Group 01	Independent pediatric	Non-metro	8	8		(withheld)
Independent Peer Group 62	Independent pediatric	Non-metro	7	11		(withheld)
Independent Peer Group 75	Independent pediatric	Non-metro	7	7		(withheld)
Multi-Specialty Peer Group 12	Independent multi-specialty	Non-metro	7	8		(withheld)
Independent Peer Group 99	Independent pediatric	Non-metro	7	8		(withheld)
Multi-Specialty Peer Group 16	Independent multi-specialty	Non-metro	7	10		(withheld)
Independent Peer Group 07	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 08	Independent pediatric	Non-metro	6	6		(withheld)
Multi-Specialty Peer Group 02	Independent multi-specialty	Non-metro	6	7		(withheld)
Independent Peer Group 32	Independent pediatric	Non-metro	6	7		(withheld)
Independent Peer Group 54	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 55	Independent pediatric	Non-metro	6	7		(withheld)
Independent Peer Group 127	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 33	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 70	Independent pediatric	Non-metro	5	6		(withheld)
Independent Peer Group 110	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 114	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 116	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 06	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 20	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 23	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 25	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 26	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 49	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 59	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 78	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 88	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 02	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 15	Independent pediatric	Non-metro			Yes	(withheld)
Multi-Specialty Peer Group 07	Independent multi-specialty	Non-metro			Yes	(withheld)
Independent Peer Group 58	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 61	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 74	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 77	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 82	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 102	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 104	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 106	Independent pediatric	Non-metro			Yes	(withheld)

BCBS: 48 included groups (16 metro; 0 organization-level)

Group	Segment	Tier	Peds	Providers	Org	Counties
Independent Peer Group 63	Independent pediatric	Metro	29	30		(withheld)
Multi-specialty group B	Independent multi-specialty	Metro	15	19		(withheld)
Independent Peer Group 24	Independent pediatric	Metro	14	14		(withheld)
Independent Peer Group 94	Independent pediatric	Metro	12	12		(withheld)
Independent Peer Group 81	Independent pediatric	Metro	11	11		(withheld)
Independent Peer Group 92	Independent pediatric	Metro	8	8		(withheld)
Independent Peer Group 28	Independent pediatric	Metro	7	7		(withheld)
Independent Peer Group 29	Independent pediatric	Metro	7	7		(withheld)

Group	Segment	Tier	Peds	Providers	Org	Counties
Independent Peer Group 134	Independent pediatric	Metro	7	7		(withheld)
Independent Peer Group 93	Independent pediatric	Metro	6	6		(withheld)
Independent Peer Group 86	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 100	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 115	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 136	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 137	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 66	Independent pediatric	Metro	4	4		(withheld)
Independent Peer Group 68	Independent pediatric	Non-metro	25	28		(withheld)
Independent Peer Group 122	Independent pediatric	Non-metro	13	13		(withheld)
Independent Peer Group 113	Independent pediatric	Non-metro	13	15		(withheld)
Independent Peer Group 52	Independent pediatric	Non-metro	12	12		(withheld)
Independent Peer Group 124	Independent pediatric	Non-metro	10	10		(withheld)
Independent Peer Group 36	Independent pediatric	Non-metro	10	10		(withheld)
Independent Peer Group 01	Independent pediatric	Non-metro	9	10		(withheld)
Independent Peer Group 54	Independent pediatric	Non-metro	9	9		(withheld)
Independent Peer Group 55	Independent pediatric	Non-metro	9	10		(withheld)
Independent Peer Group 11	Independent pediatric	Non-metro	8	8		(withheld)
Independent Peer Group 08	Independent pediatric	Non-metro	7	7		(withheld)
Independent Peer Group 75	Independent pediatric	Non-metro	7	7		(withheld)
Multi-Specialty Peer Group 12	Independent multi-specialty	Non-metro	7	8		(withheld)
Independent Peer Group 99	Independent pediatric	Non-metro	7	8		(withheld)
Multi-Specialty Peer Group 16	Independent multi-specialty	Non-metro	7	10		(withheld)
Independent Peer Group 07	Independent pediatric	Non-metro	6	6		(withheld)
Multi-Specialty Peer Group 02	Independent multi-specialty	Non-metro	6	7		(withheld)
Independent Peer Group 26	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 62	Independent pediatric	Non-metro	6	11		(withheld)
Independent Peer Group 20	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 25	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 59	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 60	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 70	Independent pediatric	Non-metro	5	6		(withheld)
Independent Peer Group 127	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 06	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 23	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 49	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 110	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 114	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 116	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 135	Independent pediatric	Non-metro	4	4		(withheld)

Aetna: 62 included groups (17 metro; 8 organization-level)

Group	Segment	Tier	Peds	Providers	Org	Counties
Independent Peer Group 63	Independent pediatric	Metro	31	32		(withheld)
Multi-specialty group B	Independent multi-specialty	Metro	18	22		(withheld)
Independent Peer Group 24	Independent pediatric	Metro	14	14		(withheld)
Independent Peer Group 94	Independent pediatric	Metro	13	13		(withheld)
Independent Peer Group 81	Independent pediatric	Metro	11	11		(withheld)
Independent Peer Group 28	Independent pediatric	Metro	9	9		(withheld)
Independent Peer Group 29	Independent pediatric	Metro	8	8		(withheld)
Independent Peer Group 92	Independent pediatric	Metro	8	8		(withheld)
Independent Peer Group 93	Independent pediatric	Metro	8	8		(withheld)
Independent Peer Group 134	Independent pediatric	Metro	7	7		(withheld)

Group	Segment	Tier	Peds	Providers	Org	Counties
Independent Peer Group 100	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 115	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 133	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 136	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 137	Independent pediatric	Metro	5	5		(withheld)
Independent Peer Group 17	Independent pediatric	Metro	4	5		(withheld)
Independent Peer Group 86	Independent pediatric	Metro	4	4		(withheld)
Independent Peer Group 68	Independent pediatric	Non-metro	27	31		(withheld)
Independent Peer Group 122	Independent pediatric	Non-metro	16	16		(withheld)
Independent Peer Group 05	Independent pediatric	Non-metro	16	16		(withheld)
Independent Peer Group 30	Independent pediatric	Non-metro	16	17		(withheld)
Independent Peer Group 117	Independent pediatric	Non-metro	16	17		(withheld)
Independent Peer Group 52	Independent pediatric	Non-metro	13	13		(withheld)
Independent Peer Group 36	Independent pediatric	Non-metro	11	11		(withheld)
Independent Peer Group 55	Independent pediatric	Non-metro	11	12		(withheld)
Independent Peer Group 54	Independent pediatric	Non-metro	10	10		(withheld)
Independent Peer Group 124	Independent pediatric	Non-metro	9	9		(withheld)
Independent Peer Group 01	Independent pediatric	Non-metro	9	10		(withheld)
Independent Peer Group 62	Independent pediatric	Non-metro	9	15		(withheld)
Multi-Specialty Peer Group 02	Independent multi-specialty	Non-metro	8	9		(withheld)
Independent Peer Group 11	Independent pediatric	Non-metro	8	8		(withheld)
Independent Peer Group 08	Independent pediatric	Non-metro	7	7		(withheld)
Independent Peer Group 75	Independent pediatric	Non-metro	7	7		(withheld)
Multi-Specialty Peer Group 12	Independent multi-specialty	Non-metro	7	8		(withheld)
Independent Peer Group 99	Independent pediatric	Non-metro	7	8		(withheld)
Multi-Specialty Peer Group 16	Independent multi-specialty	Non-metro	7	9		(withheld)
Independent Peer Group 121	Independent pediatric	Non-metro	6	11		(withheld)
Independent Peer Group 07	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 21	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 26	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 33	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 114	Independent pediatric	Non-metro	6	6		(withheld)
Independent Peer Group 127	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 06	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 59	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 60	Independent pediatric	Non-metro	5	5		(withheld)
Affiliated Group A	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 70	Independent pediatric	Non-metro	5	6		(withheld)
Independent Peer Group 78	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 88	Independent pediatric	Non-metro	5	7		(withheld)
Independent Peer Group 135	Independent pediatric	Non-metro	5	5		(withheld)
Independent Peer Group 23	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 25	Independent pediatric	Non-metro	4	4		(withheld)
Independent Peer Group 49	Independent pediatric	Non-metro	4	4		(withheld)
Multi-Specialty Peer Group 03	Independent multi-specialty	Non-metro			Yes	(withheld)
Independent Peer Group 61	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 77	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 82	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 83	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 96	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 102	Independent pediatric	Non-metro			Yes	(withheld)
Independent Peer Group 111	Independent pediatric	Non-metro			Yes	(withheld)

System-employed reference groups (107 payer listings)

Health-system and hospital-employed pediatric groups that pass the same pediatrician test. Their modes, medians and 75th percentiles appear as the reference columns in each Benchmark tab and the reference line in each payer section; they never enter the target.

Payer	Group	Tier	Peds	Providers	Counties
Aetna	Health-System Group 31	Metro	81	141	(withheld)
Aetna	Health-System Group 32	Metro	40	52	(withheld)
Aetna	Health-System Group 61	Metro	20	27	(withheld)
Aetna	Health-System Group 27	Metro	10	16	(withheld)
Aetna	Health-System Group 15	Metro	6	6	(withheld)
Aetna	Health-System Group 50	Metro	5	8	(withheld)
Aetna	Health-System Group 46	Non-metro	158	206	(withheld)
Aetna	Health-System Group 20	Non-metro	148	235	(withheld)
Aetna	Health-System Group 60	Non-metro	63	108	(withheld)
Aetna	Health-System Group 47	Non-metro	29	32	(withheld)
Aetna	Health-System Group 59	Non-metro	28	30	(withheld)
Aetna	Health-System Group 26	Non-metro	24	26	(withheld)
Aetna	Health-System Group 21	Non-metro	11	13	(withheld)
Aetna	Health-System Group 01	Non-metro	10	13	(withheld)
Aetna	Health-System Group 17	Non-metro	10	10	(withheld)
Aetna	Health-System Group 03	Non-metro	8	16	(withheld)
Aetna	Health-System Group 06	Non-metro	7	8	(withheld)
Aetna	Health-System Group 41	Non-metro	7	13	(withheld)
Aetna	Health-System Group 49	Non-metro	7	11	(withheld)
Aetna	Health-System Group 02	Non-metro	5	6	(withheld)
Aetna	Health-System Group 10	Non-metro	5	5	(withheld)
Aetna	Health-System Group 30	Non-metro	5	7	(withheld)
Aetna	Health-System Group 37	Non-metro	5	8	(withheld)
Aetna	Health-System Group 45	Non-metro	5	6	(withheld)
BCBS	Health-System Group 31	Metro	77	134	(withheld)
BCBS	Health-System Group 32	Metro	38	50	(withheld)
BCBS	Health-System Group 15	Metro	5	5	(withheld)
BCBS	Health-System Group 27	Metro	4	8	(withheld)
BCBS	Health-System Group 46	Non-metro	168	214	(withheld)
BCBS	Health-System Group 20	Non-metro	110	136	(withheld)
BCBS	Health-System Group 60	Non-metro	53	96	(withheld)
BCBS	Health-System Group 41	Non-metro	27	35	(withheld)
BCBS	Health-System Group 59	Non-metro	19	21	(withheld)
BCBS	Health-System Group 17	Non-metro	10	10	(withheld)
BCBS	Health-System Group 01	Non-metro	9	10	(withheld)
BCBS	Health-System Group 21	Non-metro	9	10	(withheld)
BCBS	Health-System Group 28	Non-metro	6	12	(withheld)
BCBS	Health-System Group 30	Non-metro	5	7	(withheld)
BCBS	Health-System Group 02	Non-metro	4	4	(withheld)
BCBS	Health-System Group 29	Non-metro	4	5	(withheld)
BCBS	Health-System Group 43	Non-metro	4	4	(withheld)
BCBS	Health-System Group 49	Non-metro	4	4	(withheld)
Cigna	Health-System Group 32	Metro	120	196	(withheld)
Cigna	Health-System Group 55	Metro	108	215	(withheld)
Cigna	Health-System Group 31	Metro	80	135	(withheld)
Cigna	Health-System Group 53	Metro	12	20	(withheld)
Cigna	Health-System Group 15	Metro	9	10	(withheld)
Cigna	Health-System Group 27	Metro	8	16	(withheld)
Cigna	Health-System Group 57	Metro	8	12	(withheld)
Cigna	Health-System Group 48	Metro	6	6	(withheld)

Payer	Group	Tier	Peds	Providers	Counties
Cigna	Health-System Group 36	Metro	5	7	(withheld)
Cigna	Health-System Group 46	Non-metro	174	226	(withheld)
Cigna	Health-System Group 20	Non-metro	152	243	(withheld)
Cigna	Health-System Group 60	Non-metro	56	101	(withheld)
Cigna	Health-System Group 41	Non-metro	34	51	(withheld)
Cigna	Health-System Group 47	Non-metro	30	32	(withheld)
Cigna	Health-System Group 59	Non-metro	30	33	(withheld)
Cigna	Health-System Group 28	Non-metro	15	26	(withheld)
Cigna	Health-System Group 21	Non-metro	12	15	(withheld)
Cigna	Health-System Group 17	Non-metro	11	11	(withheld)
Cigna	Health-System Group 42	Non-metro	10	15	(withheld)
Cigna	Health-System Group 49	Non-metro	10	19	(withheld)
Cigna	Health-System Group 01	Non-metro	9	11	(withheld)
Cigna	Health-System Group 25	Non-metro	9	12	(withheld)
Cigna	Health-System Group 03	Non-metro	8	15	(withheld)
Cigna	Health-System Group 06	Non-metro	7	8	(withheld)
Cigna	Health-System Group 37	Non-metro	7	9	(withheld)
Cigna	Health-System Group 29	Non-metro	6	7	(withheld)
Cigna	Health-System Group 43	Non-metro	6	6	(withheld)
Cigna	Health-System Group 26	Non-metro	5	6	(withheld)
Cigna	Health-System Group 50	Non-metro	5	8	(withheld)
Cigna	Health-System Group 63	Non-metro	5	7	(withheld)
Cigna	Health-System Group 04	Non-metro	4	8	(withheld)
UHC	Health-System Group 31	Metro	79	134	(withheld)
UHC	Health-System Group 55	Metro	51	95	(withheld)
UHC	Health-System Group 32	Metro	37	48	(withheld)
UHC	Health-System Group 61	Metro	20	24	(withheld)
UHC	Health-System Group 58	Metro	19	24	(withheld)
UHC	Health-System Group 27	Metro	12	19	(withheld)
UHC	Health-System Group 15	Metro	6	6	(withheld)
UHC	Health-System Group 16	Metro	5	5	(withheld)
UHC	Health-System Group 46	Non-metro	180	235	(withheld)
UHC	Health-System Group 20	Non-metro	162	253	(withheld)
UHC	Health-System Group 60	Non-metro	54	93	(withheld)
UHC	Health-System Group 47	Non-metro	31	34	(withheld)
UHC	Health-System Group 59	Non-metro	29	30	(withheld)
UHC	Health-System Group 52	Non-metro	28	42	(withheld)
UHC	Health-System Group 19	Non-metro	19	19	(withheld)
UHC	Health-System Group 49	Non-metro	11	19	(withheld)
UHC	Health-System Group 17	Non-metro	10	10	(withheld)
UHC	Health-System Group 28	Non-metro	10	18	(withheld)
UHC	Health-System Group 41	Non-metro	10	15	(withheld)
UHC	Health-System Group 01	Non-metro	9	11	(withheld)
UHC	Health-System Group 04	Non-metro	9	13	(withheld)
UHC	Health-System Group 42	Non-metro	9	16	(withheld)
UHC	Health-System Group 21	Non-metro	8	9	(withheld)
UHC	Health-System Group 06	Non-metro	7	8	(withheld)
UHC	Health-System Group 10	Non-metro	6	7	(withheld)
UHC	Health-System Group 02	Non-metro	5	6	(withheld)
UHC	Health-System Group 14	Non-metro	5	5	(withheld)
UHC	Health-System Group 24	Non-metro	5	5	(withheld)
UHC	Health-System Group 30	Non-metro	5	9	(withheld)
UHC	Health-System Group 08	Non-metro	4	7	(withheld)

Payer	Group	Tier	Peds	Providers	Counties
UHC	Health-System Group 09	Non-metro	4	7	(withheld)
UHC	Health-System Group 22	Non-metro	4	5	(withheld)
UHC	Health-System Group 37	Non-metro	4	6	(withheld)
UHC	Health-System Group 43	Non-metro	4	4	(withheld)

Table 22. System-employed reference groups by payer. BCBS counts exclude Multi-specialty group B and Affiliated group A, whose BCBS NPI sets include Acme Peds physicians (Appendix A).

Other groups excluded from the percentiles, by reason

Payer	Fails general-pediatric group test	Organization-only listing	Safety-net / FQHC	Target practice (Acme Peds)	Unresolved / not a practice	Urgent care model
Cigna	45	10	3	1	2	1
UHC	35	22	3	1	3	0
BCBS	27	0	1	1	0	1
Aetna	44	19	3	1	2	1

Table 23. Groups listed on the workbook's Peer Roster that enter neither the percentiles nor the reference tier: hospital-based staffing companies, safety-net clinics, urgent-care models, groups that fail the pediatrician test, and organization-level listings that fail the inclusion test.

C | APPENDIX C - FULL CODE TABLES

every benchmarked code with Acme Peds volume, one payer per page (all 92 codes are in the workbook)

Appendix C.1 - Cigna - 56 codes with Acme Peds volume

Code	Description	Units	Acme Peds now	Acme Peds % Mcr	Metro n	Metro mode	Mode % Mcr	Metro 75th	Metro max	State n	State 75th	vs metro mode	Target	Target % Mcr	Annual lift	Tier
90460	Im admin 1st/only componen	1,948	$25.29	108%	21	$44.00	188%	$44.00	$44.00	70	$25.99	-42.5%	$44.00	188%	$36,447	Primary
99213	Office o/p est low 20 min	1,599	$126.96	133%	21	$141.72	149%	$141.72	$141.72	71	$141.72	-10.4%	$141.72	149%	$23,601	Primary
90461	Im admin each addl compone	1,430	$9.76	112%	21	$23.50	271%	$23.50	$23.50	70	$12.40	-58.5%	$23.50	271%	$19,648	Primary
96127	Brief emotional/behav assm	830	$6.16	123%	21	$9.75	195%	$9.75	$9.75	70	$9.75	-36.8%	$9.75	195%	$2,980	Primary
96110	Developmental screen w/sco	718	$15.60	126%	21	$18.34	148%	$18.34	$18.34	71	$18.34	-14.9%	$18.34	148%	$1,967	Primary
99173	Visual acuity screen	686	$4.37	131%	21	$5.12	153%	$5.12	$16.99	71	$12.12	-14.6%	$5.12	153%	$514	Primary
99214	Office o/p est mod 30 min	546	$178.87	132%	21	$207.93	153%	$207.93	$207.93	71	$207.93	-14.0%	$207.93	153%	$15,867	Primary
99392	Prev visit est age 1-4	451	$145.00	133%	21	$204.80	188%	$204.80	$204.80	71	$204.80	-29.2%	$204.80	188%	$26,970	Primary
99391	Per pm reeval est pat infa	397	$136.12	133%	21	$191.77	187%	$191.77	$191.77	71	$191.77	-29.0%	$191.77	187%	$22,093	Primary
99393	Prev visit est age 5-11	396	$145.00	134%	21	$204.13	188%	$204.13	$204.13	71	$204.13	-29.0%	$204.13	188%	$23,415	Primary
90471	Immunization admin	354	$22.67	103%	21	$44.00	200%	$44.00	$44.00	71	$24.41	-48.5%	$44.00	200%	$7,551	Primary
99177	Ocular instrumnt screen bi	338	$6.61	124%	14	$8.43	158%	$8.43	$8.43	34	$8.43	-21.6%	$8.43	158%	$615	Primary
99394	Prev visit est age 12-17	292	$158.50	133%	21	$224.12	188%	$224.12	$224.12	71	$224.12	-29.3%	$224.12	188%	$19,161	Primary
90677	PCV20 (20-valent conjugate	265	$335.16		21	$335.16		$335.16	$335.16	71	$335.16	+0.0%	$335.16		$0	Hold
87651	Strep a dna amp probe	252			0					2	$35.57				$0	Hold
96161	Caregiver health risk assm	228	$4.04	121%	21	$5.95	178%	$5.95	$6.80	70	$6.01	-32.1%	$5.95	178%	$435	Primary
90837	Psytx w pt 60 minutes	213	$226.33	136%	21	$264.03	158%	$264.03	$264.03	70	$264.03	-14.3%	$264.03	158%	$8,030	Primary
90698	DTaP-Hib-IPV (pentavalent)	193	$146.19		21	$146.19		$146.19	$146.19	71	$146.19	+0.0%	$146.19		$0	Hold
90680	Rotavirus (pentavalent, 3-	185	$115.07		21	$115.07		$115.07	$115.07	71	$115.07	+0.0%	$115.07		$0	Hold
87502	Influenza dna amp probe	173			0					0					$0	Hold
90707	MMR - M-M-R II / Priorix (	153	$109.75		21	$109.75		$109.75	$109.75	71	$109.75	+0.0%	$109.75		$0	Hold
99188	App topical fluoride varni	152	$16.32	136%	14	$23.95	199%	$23.95	$23.95	34	$23.95	-31.9%	$23.95	199%	$1,160	Primary
90700	DTaP - Daptacel / Infanrix	148			21	$34.37		$34.37	$34.37	70	$34.37				$0	Hold
90716	Varicella (chickenpox) - V	144	$215.17		21	$215.17		$215.17	$215.17	71	$215.17	+0.0%	$215.17		$0	Hold
90744	HepB (peds/adolescent, 3-d	134	$32.78		21	$32.78		$32.78	$32.78	71	$32.78	+0.0%	$32.78		$0	Hold
90619	MenACWY-TT (conjugate) - M	134	$198.36		21	$198.36		$198.36	$198.36	71	$198.36	+0.0%	$198.36		$0	Hold
90633	HepA (peds/adolescent) - H	129	$44.79		21	$44.79		$44.79	$44.79	71	$44.79	+0.0%	$44.79		$0	Hold
90651	HPV 9-valent - Gardasil 9	118	$368.58		21	$368.58		$368.58	$368.58	71	$368.58	+0.0%	$368.58		$0	Hold
90713	IPV (inactivated polio) -	80	$53.55		21	$53.55		$53.55	$53.55	71	$53.55	+0.0%	$53.55		$0	Hold
90715	Tdap - Adacel / Boostrix (	74			21	$56.16		$56.16	$56.16	71	$56.16				$0	Hold
99381	Init pm e/m new pat infant	71	$151.74	134%	21	$212.73	187%	$212.73	$212.73	71	$212.73	-28.7%	$212.73	187%	$4,330	Primary
90648	Hib (PRP-T) - ActHIB / Hib	67	$15.16		21	$15.16		$15.16	$15.16	69	$15.16	+0.0%	$15.16		$0	Hold
99215	Office o/p est hi 40 min	57	$251.36	131%	21	$278.83	145%	$278.83	$278.83	71	$278.83	-9.9%	$278.83	145%	$1,566	Primary
90472	Immunization admin each ad	52	$16.14	101%	21	$44.00	274%	$44.00	$44.00	71	$12.92	-63.3%	$44.00	274%	$1,449	Primary
99395	Prev visit est age 18-39	51	$162.91	134%	21	$228.99	188%	$228.99	$228.99	71	$228.99	-28.9%	$228.99	188%	$3,370	Primary
98006	Synch audio-video est mod	41	$143.18	136%	21	$210.15	199%	$210.15	$210.15	70	$210.15	-31.9%	$210.15	199%	$2,746	Primary
98005	Synch audio-video est low	40	$97.23	136%	21	$142.68	200%	$142.68	$142.68	70	$142.68	-31.9%	$142.68	200%	$1,818	Primary
96160	Pt-focused hlth risk assmt	39	$4.04	134%	21	$5.95	198%	$5.95	$6.80	70	$6.01	-32.1%	$5.95	198%	$74	Primary
87634	Rsv dna/rna amp probe	29			0					1	$50.50				$0	Hold
90380	RSV monoclonal antibody, 0	26	$666.47		21	$666.47		$666.47	$666.47	71	$666.47	+0.0%	$666.47		$0	Hold
99212	Office o/p est sf 10 min	25	$78.26	132%	21	$85.63	144%	$85.63	$85.63	71	$85.63	-8.6%	$85.63	144%	$184	Primary
90853	Group psychotherapy	14	$41.17	135%	21	$52.79	174%	$52.79	$52.79	71	$52.79	-22.0%	$52.79	174%	$163	Primary
99383	Prev visit new age 5-11	12	$165.23	133%	21	$232.05	187%	$232.05	$232.05	71	$232.05	-28.8%	$232.05	187%	$802	Primary
99382	Init pm e/m new pat 1-4 yr	6	$159.04	134%	21	$222.96	188%	$222.96	$222.96	71	$222.96	-28.7%	$222.96	188%	$384	Primary
99384	Prev visit new age 12-17	5	$185.70	134%	21	$262.27	189%	$262.27	$262.27	71	$262.27	-29.2%	$262.27	189%	$383	Primary
99203	Office o/p new low 30 min	5	$155.13	132%	21	$206.21	175%	$206.21	$206.21	71	$206.21	-24.8%	$206.21	175%	$255	Primary
90621	MenB-FHbp (serogroup B, 2-	3	$253.02		21	$253.02		$253.02	$253.02	71	$253.02	+0.0%	$253.02		$0	Hold
98004	Synch audio-video est sf 1	3	$55.47	135%	21	$81.42	198%	$81.42	$81.42	70	$81.42	-31.9%	$81.42	198%	$78	Primary
99204	Office o/p new mod 45 min	2	$233.19	131%	21	$314.42	177%	$314.42	$314.42	71	$314.42	-25.8%	$314.42	177%	$162	Primary
90620	MenB-4C (serogroup B) - Be	2	$281.47		21	$281.47		$281.47	$281.47	71	$281.47	+0.0%	$281.47		$0	Hold
87807	Rsv assay w/optic	1			0					0					$0	Hold
90847	Family psytx w/pt 50 min	1	$151.95	139%	21	$220.93	202%	$220.93	$220.93	71	$220.93	-31.2%	$220.93	202%	$69	Primary
98016	Brief comunicaj tech-bsd s	1	$22.84	131%	21	$33.52	193%	$33.52	$33.52	70	$33.52	-31.9%	$33.52	193%	$11	Primary
98014	Synch audio-only est mod 3	1	$129.67	136%	21	$190.32	199%	$190.32	$190.32	70	$190.32	-31.9%	$190.32	199%	$61	Primary
98013	Synch audio-only est low 2	1	$88.91	135%	21	$130.46	198%	$130.46	$130.46	70	$130.46	-31.8%	$130.46	198%	$42	Primary
99205	Office o/p new hi 60 min	1	$307.94	130%	21	$395.70	167%	$395.70	$395.70	71	$395.70	-22.2%	$395.70	167%	$88	Primary

*Table 24. Cigna: codes with Acme Peds volume in the window, sorted by volume. % Mcr = percent of the Medicare non-facility amount (blank where none exists). * = target uses the statewide 75th (fewer than eight metro peers). Tier: red = Primary ask (below metro mode), amber = Secondary (mode to target), green = Hold (at or above target).*

Appendix C.2 - UnitedHealthcare - 48 codes with Acme Peds volume

Code	Description	Units	Acme Peds now	Acme Peds % Mcr	Metro n	Metro mode	Mode % Mcr	Metro 75th	Metro max	State n	State 75th	vs metro mode	Target	Target % Mcr	Annual lift	Tier
90460	Im admin 1st/only componen	1,651	$31.88	136%	20	$32.01	137%	$32.01	$32.01	65	$30.30	-0.4%	$32.01	137%	$215	Primary
99213	Office o/p est low 20 min	1,455	$127.13	134%	20	$142.96	150%	$142.96	$142.96	65	$123.46	-11.1%	$142.96	150%	$23,033	Primary
90461	Im admin each addl compone	1,180	$12.30	142%	20	$24.58	283%	$24.58	$24.58	65	$18.05	-50.0%	$24.58	283%	$14,490	Primary
96110	Developmental screen w/sco	655	$17.12	139%	20	$17.78	144%	$17.78	$17.78	65	$17.55	-3.7%	$17.78	144%	$432	Primary
96127	Brief emotional/behav assm	644	$6.77	135%	20	$9.45	189%	$9.45	$9.45	65	$7.52	-28.4%	$9.45	189%	$1,726	Primary
99173	Visual acuity screen	557	$4.41	132%	20	$5.17	155%	$5.17	$5.17	65	$4.54	-14.7%	$5.17	155%	$423	Primary
99214	Office o/p est mod 30 min	520	$179.62	132%	20	$209.74	155%	$209.74	$209.74	65	$175.18	-14.4%	$209.74	155%	$15,662	Primary
99392	Prev visit est age 1-4	425	$146.10	134%	20	$206.59	190%	$206.59	$206.59	65	$172.29	-29.3%	$206.59	190%	$25,708	Primary
99393	Prev visit est age 5-11	346	$145.65	134%	20	$205.91	190%	$205.91	$205.91	65	$171.72	-29.3%	$205.91	190%	$20,850	Primary
99177	Ocular instrumnt screen bi	312	$5.68	106%	20	$8.17	153%	$8.17	$8.17	65	$5.49	-30.5%	$8.17	153%	$777	Primary
99391	Per pm reeval est pat infa	278	$137.15	134%	20	$193.43	189%	$193.43	$193.43	65	$161.94	-29.1%	$193.43	189%	$15,646	Primary
90471	Immunization admin	242	$28.58	130%	20	$32.01	145%	$32.01	$32.01	65	$27.16	-10.7%	$32.01	145%	$830	Primary
87651	Strep a dna amp probe	236	$21.05		20	$27.29		$27.29	$30.33	65	$27.29	-22.9%	$27.29		$1,473	Primary
90677	PCV20 (20-valent conjugate	206	$359.10		20	$344.14		$344.14	$385.47	65	$385.47	+4.3%	$359.10		$0	Hold
99394	Prev visit est age 12-17	194	$159.39	134%	20	$226.06	190%	$226.06	$226.06	65	$188.88	-29.5%	$226.06	190%	$12,934	Primary
87502	Influenza dna amp probe	185	$40.24		20	$57.48		$57.48	$57.48	64	$57.48	-30.0%	$57.48		$3,189	Primary
99188	App topical fluoride varni	155	$17.90	149%	20	$23.23	193%	$23.23	$23.23	65	$19.65	-22.9%	$23.23	193%	$826	Primary
96161	Caregiver health risk assm	150	$4.43	133%	20	$5.77	173%	$5.77	$5.77	65	$5.62	-23.2%	$5.77	173%	$201	Primary
90707	MMR - M-M-R II / Priorix (	147	$116.08		20	$111.24		$111.24	$117.14	65	$117.14	+4.4%	$116.08		$0	Hold
90716	Varicella (chickenpox) - V	145	$230.10		20	$220.51		$220.51	$230.39	65	$230.39	+4.3%	$230.10		$0	Hold
90700	DTaP - Daptacel / Infanrix	144	$37.33		20	$35.78		$35.78	$37.04	65	$37.04	+4.3%	$37.33		$0	Hold
90633	HepA (peds/adolescent) - H	136	$47.71		20	$45.72		$45.72	$45.72	65	$45.72	+4.4%	$47.71		$0	Hold
90698	DTaP-Hib-IPV (pentavalent)	129	$156.64		20	$150.11		$150.11	$150.11	65	$150.11	+4.4%	$156.64		$0	Hold
90680	Rotavirus (pentavalent, 3-	128	$122.39		20	$117.29		$117.29	$123.14	65	$123.14	+4.3%	$122.39		$0	Hold
90619	MenACWY-TT (conjugate) - M	104	$212.53		20	$203.68		$203.68	$212.38	65	$212.38	+4.3%	$212.53		$0	Hold
90744	HepB (peds/adolescent, 3-d	94	$35.18		20	$33.72		$33.72	$35.98	65	$35.98	+4.3%	$35.18		$0	Hold
90651	HPV 9-valent - Gardasil 9	85	$394.40		20	$377.97		$377.97	$394.76	64	$394.76	+4.3%	$394.40		$0	Hold
90648	Hib (PRP-T) - ActHIB / Hib	74	$16.48		20	$15.79		$15.79	$16.32	65	$16.32	+4.4%	$16.48		$0	Hold
90713	IPV (inactivated polio) -	69	$55.52		20	$53.21		$53.21	$57.22	65	$57.22	+4.3%	$55.52		$0	Hold
90715	Tdap - Adacel / Boostrix (	68	$59.60		20	$57.12		$57.12	$59.40	65	$59.40	+4.3%	$59.60		$0	Hold
90472	Immunization admin each ad	52	$20.36	127%	20	$24.58	153%	$24.58	$24.58	65	$19.35	-17.2%	$24.58	153%	$219	Primary
90837	Psytx w pt 60 minutes	45	$237.81	142%	20	$255.98	153%	$255.98	$255.98	65	$243.75	-7.1%	$255.98	153%	$818	Primary
99395	Prev visit est age 18-39	45	$163.07	134%	20	$230.99	190%	$230.99	$230.99	65	$193.47	-29.4%	$230.99	190%	$3,056	Primary
99215	Office o/p est hi 40 min	39	$252.91	131%	20	$281.26	146%	$281.26	$281.26	65	$241.50	-10.1%	$281.26	146%	$1,106	Primary
99381	Init pm e/m new pat infant	38	$152.45	134%	20	$214.57	189%	$214.57	$214.57	65	$179.16	-29.0%	$214.57	189%	$2,361	Primary
96160	Pt-focused hlth risk assmt	32	$4.43	147%	20	$5.77	192%	$5.77	$5.77	65	$5.62	-23.2%	$5.77	192%	$43	Primary
87634	Rsv dna/rna amp probe	28	$29.48		20	$46.79		$46.79	$46.79	65	$44.23	-37.0%	$46.79		$485	Primary
90380	RSV monoclonal antibody, 0	17	$735.49		20	$704.85		$704.85	$714.07	65	$714.07	+4.3%	$735.49		$0	Hold
99383	Prev visit new age 5-11	16	$165.73	134%	20	$234.07	189%	$234.07	$234.07	65	$195.73	-29.2%	$234.07	189%	$1,093	Primary
99382	Init pm e/m new pat 1-4 yr	16	$159.48	135%	20	$224.91	190%	$224.91	$224.91	65	$187.73	-29.1%	$224.91	190%	$1,047	Primary
99212	Office o/p est sf 10 min	16	$78.79	133%	20	$86.36	145%	$86.36	$86.36	65	$74.41	-8.8%	$86.36	145%	$121	Primary
99384	Prev visit new age 12-17	10	$186.04	134%	20	$264.55	191%	$264.55	$264.55	65	$221.47	-29.7%	$264.55	191%	$785	Primary
99203	Office o/p new low 30 min	8	$155.54	132%	20	$208.02	177%	$208.02	$208.02	65	$175.64	-25.2%	$208.02	177%	$420	Primary
90621	MenB-FHbp (serogroup B, 2-	3	$271.09		20	$259.80		$259.80	$270.94	65	$270.94	+4.3%	$271.09		$0	Hold
90620	MenB-4C (serogroup B) - Be	1	$293.06		20	$280.85		$280.85	$301.42	65	$301.42	+4.3%	$293.06		$0	Hold
99202	Office o/p new sf 15 min	1	$100.67	134%	20	$146.59	195%	$146.59	$146.59	65	$115.57	-31.3%	$146.59	195%	$46	Primary
99204	Office o/p new mod 45 min	1	$233.82	132%	20	$317.15	179%	$317.15	$317.15	65	$253.38	-26.3%	$317.15	179%	$83	Primary
99205	Office o/p new hi 60 min	1	$308.42	130%	20	$399.14	169%	$399.14	$399.14	65	$318.91	-22.7%	$399.14	169%	$91	Primary

*Table 25. UnitedHealthcare: codes with Acme Peds volume in the window, sorted by volume. % Mcr = percent of the Medicare non-facility amount (blank where none exists). * = target uses the statewide 75th (fewer than eight metro peers). Tier: red = Primary ask (below metro mode), amber = Secondary (mode to target), green = Hold (at or above target).*

Appendix C.3 - BCBS - 53 codes with Acme Peds volume

Code	Description	Units	Acme Peds now	Acme Peds % Mcr	Metro n	Metro mode	Mode % Mcr	Metro 75th	Metro max	State n	State 75th	vs metro mode	Target	Target % Mcr	Annual lift	Tier
90460	Im admin 1st/only componen	5,172	$33.20	142%	16	$46.60	199%	$46.60	$46.85	48	$30.64	-28.8%	$46.60	199%	$69,305	Primary
99213	Office o/p est low 20 min	4,588	$163.51	172%	16	$130.18	137%	$133.97	$154.43	48	$154.43	+25.6%	$163.51		$0	Hold
90461	Im admin each addl compone	3,663	$12.62	145%	16	$23.56	271%	$23.56	$23.68	48	$15.12	-46.4%	$23.56	271%	$40,073	Primary
96127	Brief emotional/behav assm	2,288	$5.95	119%	16	$4.58	91%	$4.64	$4.81	48	$4.81	+29.9%	$5.95		$0	Hold
96110	Developmental screen w/sco	1,898	$14.29	116%	16	$11.43	92%	$12.14	$14.29	48	$14.29	+25.0%	$14.29		$0	Hold
99173	Visual acuity screen	1,868	$3.62	108%	16	$4.83	145%	$4.83	$4.83	48	$4.53	-25.1%	$4.83	145%	$2,260	Primary
99214	Office o/p est mod 30 min	1,821	$232.99	172%	16	$192.46	142%	$196.12	$220.05	48	$220.05	+21.1%	$232.99		$0	Hold
99392	Prev visit est age 1-4	1,193	$187.49	172%	16	$190.60	175%	$190.60	$190.60	48	$177.07	-1.6%	$190.60	175%	$3,710	Primary
99393	Prev visit est age 5-11	1,042	$186.93	172%	16	$189.98	175%	$189.98	$189.98	48	$176.55	-1.6%	$189.98	175%	$3,178	Primary
99391	Per pm reeval est pat infa	985	$176.31	172%	16	$178.34	174%	$178.34	$178.34	48	$166.52	-1.1%	$178.34	174%	$2,000	Primary
99177	Ocular instrumnt screen bi	904	$5.87	110%	16	$8.59	161%	$8.59	$8.59	48	$7.17	-31.7%	$8.59	161%	$2,459	Primary
90471	Immunization admin	842	$31.28	142%	16	$46.60	211%	$46.60	$46.85	48	$26.77	-32.9%	$46.60	211%	$12,899	Primary
99394	Prev visit est age 12-17	815	$205.16	172%	16	$208.30	175%	$208.30	$208.30	48	$193.77	-1.5%	$208.30	175%	$2,559	Primary
87651	Strep a dna amp probe	774	$26.32		6	$26.32		$32.81	$34.97	36	$26.32	+0.0%	$26.32		$0	Hold
90677	PCV20 (20-valent conjugate	686	$329.18		16	$329.18		$329.18	$329.18	48	$329.18	+0.0%	$329.18		$0	Hold
96161	Caregiver health risk assm	589	$3.90	117%	16	$8.09	242%	$8.09	$8.09	48	$7.92	-51.8%	$8.09	242%	$2,468	Primary
87502	Influenza dna amp probe	581	$71.85		4	$71.85		$71.85	$71.85	33	$71.85	+0.0%	$71.85		$0	Hold
99188	App topical fluoride varni	483	$15.62	130%	16	$22.29	185%	$22.29	$22.29	48	$22.29	-29.9%	$22.29	185%	$3,222	Primary
90698	DTaP-Hib-IPV (pentavalent)	483	$143.58		16	$143.58		$143.58	$143.58	48	$143.58	+0.0%	$143.58		$0	Hold
90680	Rotavirus (pentavalent, 3-	474	$113.01		16	$113.01		$113.01	$113.01	48	$113.01	+0.0%	$113.01		$0	Hold
90700	DTaP - Daptacel / Infanrix	404	$33.62		16	$33.62		$33.62	$33.62	48	$33.62	+0.0%	$33.62		$0	Hold
90837	Psytx w pt 60 minutes	401	$213.30	128%	16	$164.08	98%	$166.13	$172.28	48	$172.28	+30.0%	$213.30		$0	Hold
90707	MMR - M-M-R II / Priorix (	399	$106.26		16	$106.26		$106.26	$106.26	48	$106.26	+0.0%	$106.26		$0	Hold
90716	Varicella (chickenpox) - V	374	$211.33		16	$211.33		$211.33	$211.33	48	$211.33	+0.0%	$211.33		$0	Hold
90633	HepA (peds/adolescent) - H	362	$59.71		16	$59.71		$59.71	$59.71	48	$59.71	+0.0%	$59.71		$0	Hold
90619	MenACWY-TT (conjugate) - M	355	$194.82		16	$194.82		$194.82	$194.82	48	$194.82	+0.0%	$194.82		$0	Hold
90744	HepB (peds/adolescent, 3-d	354	$47.94		16	$47.94		$47.94	$47.94	48	$47.94	+0.0%	$47.94		$0	Hold
90651	HPV 9-valent - Gardasil 9	277	$362.00		16	$362.00		$362.00	$362.00	48	$362.00	+0.0%	$362.00		$0	Hold
90713	IPV (inactivated polio) -	225	$50.90		16	$50.90		$50.90	$50.90	48	$50.90	+0.0%	$50.90		$0	Hold
99215	Office o/p est hi 40 min	193	$330.66	172%	16	$258.23	134%	$267.15	$312.29	48	$312.29	+28.0%	$330.66		$0	Hold
90648	Hib (PRP-T) - ActHIB / Hib	189	$14.89		16	$14.89		$14.89	$14.89	48	$14.89	+0.0%	$14.89		$0	Hold
90715	Tdap - Adacel / Boostrix (	174	$54.64		16	$54.64		$54.64	$54.64	48	$54.64	+0.0%	$54.64		$0	Hold
90472	Immunization admin each ad	152	$22.80	142%	16	$23.56	147%	$23.56	$23.68	48	$20.18	-3.2%	$23.56	147%	$116	Primary
99381	Init pm e/m new pat infant	150	$195.35	172%	16	$198.05	174%	$198.05	$198.05	48	$187.89	-1.4%	$198.05	174%	$405	Primary
99395	Prev visit est age 18-39	138	$209.29	172%	16	$212.87	175%	$212.87	$212.87	48	$197.66	-1.7%	$212.87	175%	$494	Primary
87634	Rsv dna/rna amp probe	108	$49.14		6	$49.14		$54.53	$56.33	37	$49.14	+0.0%	$49.14		$0	Hold
96160	Pt-focused hlth risk assmt	101	$3.50	116%	16	$8.09	269%	$8.09	$8.09	48	$7.92	-56.7%	$8.09	269%	$464	Primary
90380	RSV monoclonal antibody, 0	66	$614.10		16	$614.10		$614.10	$614.10	48	$614.10	+0.0%	$614.10		$0	Hold
99212	Office o/p est sf 10 min	50	$101.61	171%	16	$77.41	130%	$80.64	$95.97	48	$95.97	+31.3%	$101.61		$0	Hold
99382	Init pm e/m new pat 1-4 yr	38	$203.99	172%	16	$206.72	174%	$206.72	$206.72	48	$198.37	-1.3%	$206.72	174%	$104	Primary
99383	Prev visit new age 5-11	36	$213.01	172%	16	$215.74	174%	$215.74	$215.74	48	$204.82	-1.3%	$215.74	174%	$98	Primary
99203	Office o/p new low 30 min	30	$201.06	171%	16	$192.31	164%	$192.31	$192.31	48	$190.50	+4.5%	$201.06		$0	Hold
99384	Prev visit new age 12-17	26	$238.72	172%	16	$244.17	176%	$244.17	$244.17	48	$229.78	-2.2%	$244.17	176%	$142	Primary
99204	Office o/p new mod 45 min	11	$304.09	171%	16	$296.37	167%	$296.37	$296.37	48	$289.49	+2.6%	$304.09		$0	Hold
90621	MenB-FHbp (serogroup B, 2-	7	$248.50		16	$248.50		$248.50	$248.50	48	$248.50	+0.0%	$248.50		$0	Hold
90620	MenB-4C (serogroup B) - Be	6	$260.84		16	$260.84		$260.84	$260.84	48	$260.84	+0.0%	$260.84		$0	Hold
90853	Group psychotherapy	6	$38.69	127%	16	$29.76	98%	$30.13	$31.25	48	$31.25	+30.0%	$38.69		$0	Hold
99202	Office o/p new sf 15 min	2	$128.72	171%	16	$132.48	176%	$132.48	$132.48	48	$126.67	-2.8%	$132.48	176%	$8	Primary
87880	Strep a assay w/optic	1	$12.40		4	$12.40		$12.40	$12.40	34	$12.40	+0.0%	$12.40		$0	Hold
87807	Rsv assay w/optic	1	$9.83		4	$9.83		$9.83	$9.83	34	$9.83	+0.0%	$9.83		$0	Hold
98012	Synch audio-only est sf 10	1	$65.30	173%	16	$63.12	167%	$63.12	$63.12	48	$62.04	+3.5%	$65.30		$0	Hold
98006	Synch audio-video est mod	1	$182.86	173%	16	$177.87	169%	$177.87	$177.87	48	$174.04	+2.8%	$182.86		$0	Hold
99385	Prev visit new age 18-39	1	$231.68	172%	16	$236.98	176%	$236.98	$236.98	48	$223.08	-2.2%	$236.98	176%	$5	Primary

*Table 26. BCBS: codes with Acme Peds volume in the window, sorted by volume. % Mcr = percent of the Medicare non-facility amount (blank where none exists). * = target uses the statewide 75th (fewer than eight metro peers). Tier: red = Primary ask (below metro mode), amber = Secondary (mode to target), green = Hold (at or above target).*

Appendix C.4 - Aetna - 50 codes with Acme Peds volume

Code	Description	Units	Acme Peds now	Acme Peds % Mcr	Metro n	Metro mode	Mode % Mcr	Metro 75th	Metro max	State n	State 75th	vs metro mode	Target	Target % Mcr	Annual lift	Tier
90460	Im admin 1st/only componen	578	$39.04	167%	11	$40.00	171%	$33.98	$46.00	55	$26.54	-2.4%	$39.04		$0	Hold
99213	Office o/p est low 20 min	551	$155.66	164%	9	$90.05	95%	$112.81	$120.85	53	$116.74	+72.9%	$155.66		$0	Hold
90461	Im admin each addl compone	378	$15.06	174%	8	$14.26	164%	$19.18	$20.78	52	$13.39	+5.6%	$19.18	221%	$1,555	Secondary
96127	Brief emotional/behav assm	232	$7.61	152%	8	$5.35	107%	$6.47	$8.31	52	$6.24	+42.2%	$7.61		$0	Hold
96110	Developmental screen w/sco	230	$19.25	156%	9	$11.90	96%	$12.98	$15.48	53	$13.88	+61.8%	$19.25		$0	Hold
99173	Visual acuity screen	199	$5.40	162%	9	$3.41	102%	$10.98	$16.46	54	$4.57	+58.4%	$10.98	329%	$1,110	Secondary
99214	Office o/p est mod 30 min	173	$219.94	162%	9	$127.25	94%	$148.46	$177.32	53	$164.68	+72.8%	$219.94		$0	Hold
90471	Immunization admin	150	$34.99	159%	11	$40.00	181%	$33.53	$40.00	54	$25.75	-12.5%	$34.99		$0	Hold
99392	Prev visit est age 1-4	147	$178.90	164%	8	$122.68	113%	$145.72	$174.65	52	$143.13	+45.8%	$178.90		$0	Hold
99393	Prev visit est age 5-11	134	$178.34	164%	9	$122.29	113%	$142.67	$174.08	53	$142.67	+45.8%	$178.34		$0	Hold
99177	Ocular instrumnt screen bi	118	$8.17	153%	7	$5.35	100%	$6.47	$7.19	39	$6.24	+52.7%	$8.17		$0	Hold
87651	Strep a dna amp probe	93	$63.16		17	$24.56		$24.56	$39.29	51	$39.29	+157.2%	$63.16		$0	Hold
99391	Per pm reeval est pat infa	85	$167.93	164%	9	$115.35	112%	$134.58	$163.53	53	$134.58	+45.6%	$167.93		$0	Hold
90677	PCV20 (20-valent conjugate	69	$469.35		17	$344.19		$344.19	$375.26	59	$344.19	+36.4%	$469.35		$0	Hold
99394	Prev visit est age 12-17	68	$195.17	164%	9	$134.02	112%	$156.36	$191.11	53	$156.36	+45.6%	$195.17		$0	Hold
99188	App topical fluoride varni	57	$20.14	168%	7	$13.99	116%	$20.35	$30.42	49	$17.90	+44.0%	$20.14		$0	Hold
87502	Influenza dna amp probe	50	$172.43		17	$60.35		$60.35	$107.29	41	$91.96	+185.7%	$172.43		$0	Hold
90633	HepA (peds/adolescent) - H	49	$60.63		17	$44.46		$44.46	$47.13	61	$44.46	+36.4%	$60.63		$0	Hold
96161	Caregiver health risk assm	47	$4.98	149%	9	$3.08	92%	$3.59	$22.50	50	$3.62	+61.7%	$4.98		$0	Hold
90700	DTaP - Daptacel / Infanrix	46	$46.80		17	$34.32		$34.32	$38.39	60	$34.32	+36.4%	$46.80		$0	Hold
90698	DTaP-Hib-IPV (pentavalent)	44	$191.33		15	$140.31		$140.31	$150.20	55	$140.31	+36.4%	$191.33		$0	Hold
90707	MMR - M-M-R II / Priorix (	42	$150.21		17	$110.15		$110.15	$121.46	59	$110.15	+36.4%	$150.21		$0	Hold
90680	Rotavirus (pentavalent, 3-	41	$151.01		17	$110.74		$110.74	$119.83	59	$110.74	+36.4%	$151.01		$0	Hold
90716	Varicella (chickenpox) - V	41	$279.80		17	$205.18		$205.18	$211.98	60	$205.18	+36.4%	$279.80		$0	Hold
90619	MenACWY-TT (conjugate) - M	41	$262.92		7	$159.09		$255.49	$432.38	40	$198.65	+65.3%	$262.92		$0	Hold
90651	HPV 9-valent - Gardasil 9	38	$470.45		17	$344.99		$344.99	$356.23	61	$344.99	+36.4%	$470.45		$0	Hold
90744	HepB (peds/adolescent, 3-d	33	$47.51		17	$34.84		$34.84	$40.37	60	$35.52	+36.4%	$47.51		$0	Hold
90715	Tdap - Adacel / Boostrix (	26	$59.57		17	$43.68		$43.68	$48.92	62	$43.68	+36.4%	$59.57		$0	Hold
90648	Hib (PRP-T) - ActHIB / Hib	25	$21.08		15	$15.46		$15.46	$17.32	51	$15.46	+36.4%	$21.08		$0	Hold
90713	IPV (inactivated polio) -	24	$71.46		17	$52.40		$52.40	$53.74	60	$52.40	+36.4%	$71.46		$0	Hold
90837	Psytx w pt 60 minutes	24	$267.53	160%	3	$225.15	135%	$285.76	$346.37	30	$215.10	+18.8%	$267.53		$0	Hold
90472	Immunization admin each ad	18	$24.92	155%	9	$15.76	98%	$18.75	$20.78	51	$17.77	+58.1%	$24.92		$0	Hold
98005*	Synch audio-video est low	17	$64.81	91%	5	$77.78	109%	$77.78	$149.86	31	$69.03	-16.7%	$69.03	97%	$72	Primary
98006*	Synch audio-video est mod	17	$95.45	90%	4	$105.00	99%	$141.03	$220.52	30	$99.59	-9.1%	$99.59	94%	$70	Primary
99381	Init pm e/m new pat infant	15	$186.67	164%	9	$127.69	112%	$148.97	$181.40	52	$149.20	+46.2%	$186.67		$0	Hold
99395	Prev visit est age 18-39	13	$199.67	164%	8	$136.87	113%	$162.58	$195.28	50	$159.68	+45.9%	$199.67		$0	Hold
96160	Pt-focused hlth risk assmt	13	$4.98	165%	8	$3.08	102%	$6.44	$22.50	43	$3.82	+61.7%	$6.44	214%	$19	Secondary
87634	Rsv dna/rna amp probe	12	$126.36		16	$49.13		$49.13	$78.62	40	$67.39	+157.2%	$126.36		$0	Hold
99215	Office o/p est hi 40 min	11	$309.69	161%	9	$179.59	93%	$209.52	$237.78	53	$224.22	+72.4%	$309.69		$0	Hold
99212	Office o/p est sf 10 min	10	$96.48	162%	8	$65.74	111%	$71.25	$76.70	52	$76.24	+46.8%	$96.48		$0	Hold
90380	RSV monoclonal antibody, 0	9	$850.89		17	$623.99		$623.99	$656.37	59	$623.99	+36.4%	$850.89		$0	Hold
99384	Prev visit new age 12-17	8	$227.80	164%	8	$157.77	114%	$187.41	$223.65	52	$184.07	+44.4%	$227.80		$0	Hold
99382	Init pm e/m new pat 1-4 yr	5	$195.28	165%	8	$133.34	112%	$161.46	$190.14	52	$157.90	+46.5%	$195.28		$0	Hold
99383	Prev visit new age 5-11	5	$202.93	164%	8	$138.64	112%	$164.68	$197.88	52	$161.75	+46.4%	$202.93		$0	Hold
99203	Office o/p new low 30 min	4	$190.45	162%	8	$111.18	95%	$132.22	$175.86	51	$138.00	+71.3%	$190.45		$0	Hold
98007*	Synch audio-video est hi 4	3	$126.78	91%	4	$139.46	100%	$187.28	$292.72	25	$129.45	-9.1%	$129.45	92%	$8	Primary
99204	Office o/p new mod 45 min	2	$286.30	161%	8	$195.51	110%	$213.19	$268.12	50	$228.10	+46.4%	$286.30		$0	Hold
90620	MenB-4C (serogroup B) - Be	2	$362.61		17	$265.91		$265.91	$280.05	58	$265.91	+36.4%	$362.61		$0	Hold
90621	MenB-FHbp (serogroup B, 2-	1	$317.01		15	$232.47		$232.47	$238.12	53	$232.47	+36.4%	$317.01		$0	Hold
98001	Synch audio-video new low	1			2	$86.97	100%	$90.92	$94.88	22	$79.07				$0	Hold

*Table 27. Aetna: codes with Acme Peds volume in the window, sorted by volume. % Mcr = percent of the Medicare non-facility amount (blank where none exists). * = target uses the statewide 75th (fewer than eight metro peers). Tier: red = Primary ask (below metro mode), amber = Secondary (mode to target), green = Hold (at or above target).*

D | APPENDIX D - DEFINITIONS AND CAVEATS

- **Negotiated rate.** The in-network allowed amount a payer publishes for a provider and code in its machine-readable transparency file (2026 Q3 ingest). It is the contract rate, not what was paid on any one claim; actual payment also depends on the product, modifiers and patient cost-sharing.
- **Representative rate.** When a provider shows several rates for one code: fee-schedule rows over negotiated rows, then the office place-of-service set, then the broadest plan bundle; among rates identical on every field, the upper-median (highest kept as a ceiling view, Appendix A).
- **General pediatrician (taxonomy rule).** A physician whose set of taxonomy codes across all three fields includes 208000000X or 2080A0000X and nothing outside {208000000X, 2080A0000X, 2080S0010X, 2080P0006X, 390200000X}; NPs/PAs/PNPs by credential or 363/364S taxonomy are APPs and never count. **Group test.** At least four qualifying general pediatricians and at least half of all listed providers. **Organization-level listing.** A practice a payer lists only as an organization; included when the organization taxonomy set is general-pediatric primary care, at least 50 codes are priced and it is not a solo, hospital, subspecialty or consulting entity; its organization row supplies the rate. **System-employed reference.** Health-system or hospital-employed pediatric groups passing the same pediatrician test; shown beside the independent figures, never in the target.
- **Mode.** The central peer statistic: the rate the largest number of included peer groups carry for a code, rounded to the cent. Ties are resolved to the tied value nearest the median; where no two groups share a rate, the median stands in and the workbook flags the cell. Reported with the number of groups behind it. The median and the 75th percentile are shown alongside.
- **Tiers.** Primary ask = the practice is below the metro mode (below the market's center); Secondary = between the mode and the target (trailing only the better-paid tier); Hold = at or above the target. The lift is reported in total and split into primary and secondary.
- **Percent of Medicare.** Rate / the 2026 Medicare Physician Fee Schedule non-facility amount for the code from PMI's CPT reference (national RVUs x the $33.4009 conversion factor; no geographic adjustment, so a locality-based contract reads a point or two differently). Codes without an MPFS amount (vaccine products, most in-office labs) carry no percentage. **Composite % of Medicare** = sum(rate x Acme Peds units) / sum(Medicare amount x Acme Peds units) over the codes with an MPFS amount, vaccine products and in-office labs excluded; the cross-payer version weights every payer with Acme Peds' all-payer units (one common basket), the peer version scores every peer group on Acme Peds' units with that payer and lists, without ranking, groups that price less than 80% of Acme Peds' weighted units.
- **Peer group rate.** The median of a group's qualifying general pediatricians' representative rates (the organization row for an organization-level listing). Percentiles across groups use linear interpolation. Metro = at least half the group's providers in the metro-tier counties (list withheld in the sample).
- **Target and lift.** Target = metro 75th percentile where at least eight metro peers price the code (state 75th otherwise), never below the current rate. Annual lift = (target - current) x Acme Peds units for the core payer name, Trailing twelve months to October 31, 2026 (units by provider, insurance group and procedure code as exported from PCC; the export carries no dates or charges; modifiers folded into the base code).
- **Reference cost (vaccines).** purchasing-group member pricing per dose (base tier, with discounts, rebate and tax), used as a stand-in for the practice's acquisition cost.
- **Range (Aetna) / alternate schedule (BCBS).** Where a payer publishes more than one rate for the same physician and code, the representative rule picks one; the alternate is the highest of the remaining rates (Aetna) or the lower of two rates identical on every field (BCBS). Both ends are shown; the file does not say which one a claim pays on.
- **Local metro region.** The local tier: the eight home counties plus the metro core (13 counties).
- **Peer counts.** Sixteen to twenty-one independent metro groups per payer (none to six of them organization-level listings), so a 75th percentile rests on a handful of groups; the statewide view (48-71 groups) and the system-employed reference tier (4-9 metro, 18-34 state) are shown alongside. A few groups were named from provider overlap, addresses or an NPPES lookup rather than an organization row (marked in the workbook).
- **Plan bundles.** The transparency files list the plan products a rate applies to as one concatenated string; where a provider shows two rates for the same products the file does not say which products pay which. Multi-rate cells are flagged, not collapsed.
- **PCC export volume.** The most recent dates of service in the window may be slightly under-counted because of posting lag. APP services billing under physician NPIs are counted under the billing provider.
- **Not legal or antitrust advice.** The analysis uses publicly published payer rates and the practice's own data; the practice should not share, compare or coordinate its contracted rates with other practices.
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