



# STATE OF INDIANA

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MIKE BRAUN, GOVERNOR

**Indiana Department of Insurance**

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January 21, 2026

The Honorable Michael K. Braun  
Office of the Governor  
200 W. Washington Street  
Room 206  
Indianapolis, IN 46204

Re: Response to Executive Order 25-21 Increasing Freedom and Opportunity for Hoosiers by Improving Price Transparency in Healthcare

Dear Governor Braun:

This document serves as the formal response of the Indiana Department of Insurance and Secretary of Health and Family Services to the directives set forth in Executive Order 25-21 issued on January 21, 2025. Executive Order 25-21 states, in relevant part:

The Indiana Department of Insurance (“IDOI”) and the Family and Social Services Administration (“FSSA”), in consultation with the Secretary of Health and Family Services (“HFS”), shall conduct an assessment and provide recommendations to ensure that healthcare coverage providers and insurance companies comply with federal and state healthcare price transparency statutes and other relevant state rules, regulations and policies. The review shall be completed by October 31, 2025, with a written report provided to the Governor and the Legislative Council by November 30, 2025.

IDOI, FSSA, and the Secretary of HFS shall develop recommendations for penalties for healthcare coverage providers found to be non-compliant with health care price transparency statutes, state rules, regulations and policies. These recommendations shall be included in the written report provided to the Governor and the Legislative Council by November 30, 2025.

The IDOI, in consultation with the Secretary of HFS, has conducted a thorough review, and the attached document details our findings and recommendations to meet the objectives of Executive Order 25-21.

Sincerely,

A blue ink signature of Gloria Sachdev, Secretary of Health and Family Services.

Secretary Gloria Sachdev  
Health and Family Services

A blue ink signature of Holly W. Lambert, Commissioner of the Indiana Department of Insurance.

Commissioner Holly W. Lambert  
Indiana Department of Insurance

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STATE HEALTH INSURANCE PROGRAM  
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On January 21, 2025, Governor Braun signed Executive Order 25-21, titled Increasing Freedom and Opportunity for Hoosiers by Increasing Price Transparency in Healthcare. Executive Order 25-21 states, in relevant part:

The Indiana Department of Insurance ("IDOI") and the Family and Social Services Administration ("FSSA"), in consultation with the Secretary of Health and Family Services ("HFS"), shall conduct an assessment and provide recommendations to ensure that healthcare coverage providers and insurance companies comply with federal and state healthcare price transparency statutes and other relevant state rules, regulations and policies. The review shall be completed by October 31, 2025, with a written report provided to the Governor and the Legislative Council by November 30, 2025.

IDOI, FSSA, and the Secretary of HFS shall develop recommendations for penalties for healthcare coverage providers found to be non-compliant with health care price transparency statutes, state rules, regulations and policies. These recommendations shall be included in the written report provided to the Governor and the Legislative Council by November 30, 2025.

## Executive Summary

In furtherance of the requirements detailed in Executive Order 25-21, the IDOI engaged the Seattle office of Milliman, Inc. ("Milliman Seattle") to support this order, including performing an analysis assessing the current quality of payer published Transparency in Coverage Machine readable Files ("TiC data") within Indiana. Milliman Seattle deployed a multidisciplinary team of actuaries, data scientists, and analysts to perform a comprehensive review and analysis to support the Secretary of HFS and the IDOI's

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ability to make recommendations. Some key results of Milliman Seattle's three part review are outlined below:

1. Review of TiC enforcement policies from other states and federal regulators:
  - a. Most states have not implemented any significant payer price transparency policies.
    - i. Texas has enacted federal requirements into state law but has no history of penalizing payers.
    - ii. Colorado has implemented requirements that payers must submit TiC data directly to the state web portal twice a year; however, there is no penalty framework or history of penalizing payers.
    - iii. Michigan requires confirmation of posted TiC data within regulatory filings but has no history of penalizing payers.
    - iv. Washington state requires an attestation regarding TiC data compliance through a separate channel but has no history of penalizing payers.
2. Review of Indiana TiC data and identification of areas where data can be improved:
  - a. This analysis reviewed \$4.6 billion in commercial claims from the Indiana All Payer Claims Database (APCD) and in that analysis, \$964 million of claims (approximately 21% by allowed amount) matched exactly with the TiC file rates.
  - b. TiC file schema 2.0 was finalized by the Centers for Medicare and Medicaid Services (CMS) on October 1, 2025, with an enforcement date of February 2, 2026. This new schema will significantly improve the quality of the TiC data.
  - c. The lack of identification of networks was a significant hurdle in this assessment. It is vital that networks are clearly and consistently identified in the TiC data, APCD data, and to consumers.
3. Policy development support, scenario modeling and penalty phases:
  - a. One of the primary goals of this analysis is to identify areas where payers need to improve their TiC data so it can be used to help Hoosiers effectively shop for healthcare. There are two framework options for the penalty phase for payers:
    - i. *Framework A: Rubric Approach with Data Review.* Allows the state to target specific data issues that payers must correct by attaching higher penalties to key issues.
    - ii. *Framework B: APCD Rate Matching Review.* Focus entirely on whether or not the TiC data adequately explains the historical APCD claims data, without considering other data issues.

The following analysis explores ways to empower Hoosiers through price transparency and to assist them in making informed healthcare decisions. The report reviews current practices and provides recommendations for future actions that can help Hoosiers better estimate and manage their healthcare expenses.

The Federal Transparency in Coverage Final Rule (“TiC Rule”) requires insurance companies (“payers”) to post their in-network prices for “all covered items and services” in a machine-readable file. While there are several other files payers are required to post under the TiC Rule, the in-network file of the TiC data is the most important and was the focus of the assessment. In theory, this TiC data would be a complete, clear, and definitive list of all prices for in-network care and could be used to help consumers shop for healthcare. However, this assessment shows that the TiC data currently posted is unfit for this purpose because it is far too incomplete and ambiguous.

This review shows that all payers need to make improvements to the quality and completeness of their in-network TiC files. The primary result is that only 21% or \$964 million of the claims (by allowed amount) exactly matched the posted rates. Easing the standard to approximate matches within +/- 5%, payers still only achieved match rates from 12.1% to 37%. These match rates will need to be much higher before the TiC data is useful to consumers.

This assessment also identifies issues within the TiC files themselves, apart from any comparison with claims data. Examples include a high prevalence of unnecessary duplication, multiple rate schedules for the same provider, multiple rates for the same services, missing or incorrect data, and invalid/non-standard codes. These issues introduce ambiguity and must be addressed before the TiC data is complete and reliable enough to be utilized.

In addition, Milliman Seattle’s report shows that enforcement of healthcare price transparency in the state of Indiana is possible. Establishing and enforcing penalties while requiring complete and accurate data are prerequisites before Hoosiers can benefit from this data and meaningfully shop for healthcare. With appropriate regulation and enforced financial accountability, the goal of true price transparency is within reach.

The Secretary of HFS and the IDOI recommends a 3-phased approach to enforcing transparency.

*Phase 1: Focused In-Depth Review of Special Contracting Provisions, Drafting of Standard Provisions, and APCD Enhancements*

Consistent with existing Indiana law and the Affordable Care Act-conformity provisions in IC 27-8-5 and IC 27-8-15, the IDOI can incorporate TiC requirements into targeted market conduct examinations, when appropriate, and require corrective action plans contemplate TiC requirements for fully insured issuers. This enforcement would proceed parallel with the longer-term analytical and legislative work described below<sup>1</sup>.

With only 21% of paid claims (by allowed amount) having matching rates in the TiC data, there is a large gap between the price lists in the TiC files and the actual prices being paid on claims. Some of these differences are due to incomplete or improper completion of the TiC files and hence are eligible for federal penalties. Other differences come from cases where payment logic is required for correct application of the TiC rates. There is a need for clarity regarding the pricing adjustments that apply in these more complicated situations. However, regulatory review cannot happen at scale without standardization.

Prior to proposed state penalties being issued, the Secretary of HFS and the IDOI recommends a focused and in-depth study to:

1. Work with stakeholders to understand how often claims and TiC rates do not match due to improper completion of the TiC files versus how often the mismatch is due to legitimate and standard adjustments that the TiC files cannot adequately capture.
2. Create a Standard Provisions document that would include a limited set of standard options for common reimbursement logic such as inpatient outliers, inlier and transfers, carveouts and new technologies. It would also include a list of all rules that result in a change in the code-specific rate when a service is performed with other services. This document could also include interaction rules and coding edit rules.
3. Review the data collected by the APCD for the purpose of identifying any additional fields or improvements required to make full use of the claims data.

This study will help the IDOI identify the limits of the TiC schema help us to set and adjust compliance standards. Standardizing special provisions greatly simplifies the contracting, billing, and regulatory review process by handling special cases in a predictable way. Finally, reviewing the APCD for improvements helps to ensure that the data is actionable.

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<sup>1</sup> This paragraph was added by the Secretary of Health and Family Services, with the consent of the Indiana Department of Insurance, after the required publication date of November 30, 2025.

*Phase 2: Codify Standard Provisions, Begin Enforcement, Issue Penalties, and Develop Review Systems*

The Secretary of HFS and the IDOI recommends that the Indiana General Assembly consider new legislation that requires the drafted Standard Provisions document in Phase 1 to be in all payer-provider contracts. This would allow for enforcement through financial penalties when the paid claims are not calculated according to the expected standard logic. Without this legislation, it would be much more challenging to distinguish between contract specific provisions and non-compliance.

Hoosiers can only shop for care if they are able to identify the prices that apply to their plan's network. The new TiC schema 2.0 has added "network name" as a required field and efforts are currently underway to do the same in the APCD. To better support Hoosiers and price transparency, the IDOI recommends new legislation to require health insurance cards to exhibit and clearly label the plan's network name as "Network Name: [plan's network name]".

Two distinct penalty frameworks are discussed in Milliman Seattle's report. Framework A is useful in assessing how close a submission is to being fully compliant. Framework B is useful in assessing how often the data reflected the prices that were charged. When developing the penalty framework to be used, the IDOI may also consider the difference between a claim's allowed amount, and the TiC files negotiated rate after any adjustments in the Standard Provisions document that are applicable.

Informed by the study conducted in Phase 1, the Secretary of HFS and the IDOI also recommends legislation that allows the IDOI to impose an initial State Selected Error Penalty Unit Fee between \$25,000 - \$250,000, develop and post a penalty framework, conduct an assessment, and issue fines in a manner consistent to one or more of the penalty frameworks described in Milliman Seattle's report. The IDOI may increase or decrease the State Selected Error Penalty Unit Fee for a given assessment period so long as the same unit fee applies to all payers. Penalties assessed shall be used to fund the review program and price transparency, including the development of a data submission portal, automated review systems, and APCD enhancements. Assessments shall be conducted, and any applicable penalties issued at least every 6 months.

*Phase 3: State Specific TiC Files, Monthly Assessments, and Use of Data*

Following Phase 2 and drawing from Colorado's continued efforts in price transparency, Indiana should require filtered and state specific TiC files for group and individual fully insured commercial plans to be submitted directly to the IDOI utilizing a portal designed for that purpose. Files would be submitted by network. The portal would perform basic validations before accepting a submission. Accepted data would then undergo automated reviews that compare the allowed amount for fully insured commercial claims to the calculated negotiated rate from the TiC file submission and under the logic specified in the Standard Provisions document. To ensure the usefulness of the state specific TiC file data for consumer shopping, all negotiated rates would need to be expressed as a dollar amount even when they were originally negotiated as a percentage of billed charges. The framework developed in Phase 2 would then be applied and the corresponding penalties would be issued.

Once the understandability, completeness, and accuracy of the State Specific TiC data improve sufficiently, it can be used on the Consumer Facing APCD website as real-time pricing information. Since the rates submitted in the TiC files can only be validated after claims have both occurred and been submitted to the APCD, there will be a period of time between when prices are posted and when they can be verified against claims data. Since consumers will be making financial decisions based on this data before it can be validated, the penalty framework needs to be flexible enough to ensure the rates posted are reliable.

The enclosed report and all exhibits referenced therein are hereby submitted in their entirety.

# Report on Executive Order 25-21 Improving Price Transparency

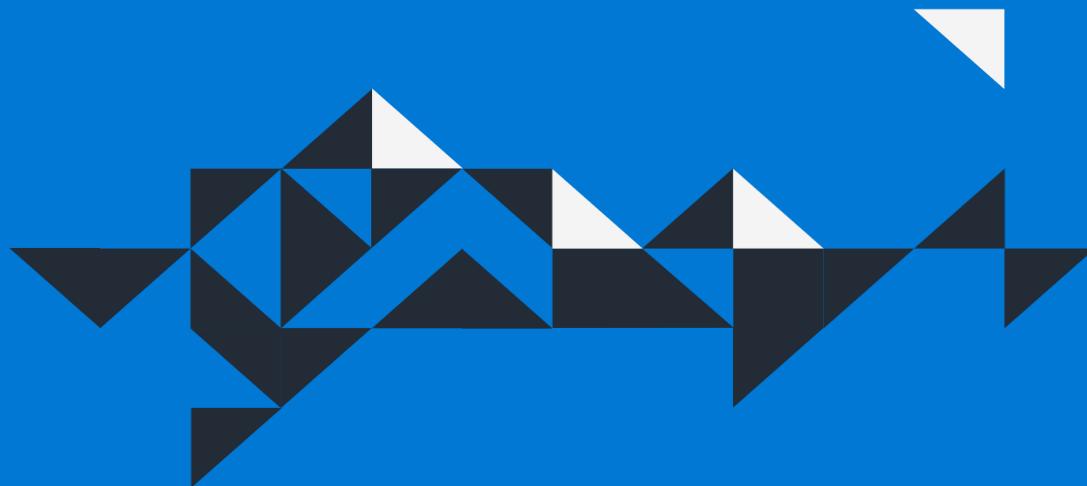
October 2025

Prepared for State of Indiana Department of Insurance

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## 1. Executive Summary

### BACKGROUND AND PURPOSE

On January 21, 2025, Indiana Governor Mike Braun issued Executive Order 25-21 (EO 25-21) “Increasing Freedom and Opportunity for Hoosiers by Improving Price Transparency In Healthcare”.<sup>1</sup> Items #4 and #5 of this order require the Indiana Department of Insurance (IDOI), and the Family and Social Services Administration (FSSA), in consultation with the Secretary of Health and Family Services (HFS), to assess healthcare coverage providers’ and insurance companies’ (payers’) compliance with federal and state laws concerning healthcare price transparency and to provide recommendations for improving price transparency and penalizing non-compliant payers.

The IDOI engaged Milliman to support this order, including performing an assessment of the current quality of payer published Transparency in Coverage Machine-Readable Files (TiC data) covering Indiana consumers. Milliman joined regular meetings with an EO 25-21 workgroup consisting of representatives of the agencies listed in EO 25-21 items #4 and #5 to share preliminary findings from our analysis and collect input on the direction of the analysis and policies to assess for this report.

An initial review must be completed by October 31, 2025, and written reports submitted to the Governor and Legislative Council by November 30, 2025. Milliman prepared this report on behalf of the IDOI to inform the development of the final report required by EO 25-21. However, the final report required by EO 25-21 will not be authored by Milliman. The penalty frameworks explored in this report are demonstrations of concepts explored by the workgroup. **Milliman is not recommending, endorsing, or advocating for the use of financial penalties or any specific design, methodology, or amount of financial penalties. All decisions regarding the design, methodology, or amount of financial penalties are the responsibility of State of Indiana policymakers and regulatory agencies.**

**Additionally, this review is strictly limited to assessing the utility of TiC data in supporting consumer price shopping. It does not evaluate, nor should it be used to infer, the utility of the TiC data for any other purposes, including but not limited to assessing, benchmarking, or otherwise comparing commercial payer prices across healthcare providers. Any use of the findings of this report should be considered within the context of the report’s stated purpose.**

### RESULTS OF INDIANA PAYER TRANSPARENCY ASSESSMENT

Milliman’s analysis was divided into three phases supporting aspects of the EO 25-21 requirements. The results and overall findings are described in this section at a high level, and the remainder of the report elaborates on each finding individually.

*Review of TiC enforcement and policies from other state and federal regulators*

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<sup>1</sup> <https://www.in.gov/gov/files/EO-25-21.pdf>

- Most states have not implemented significant payer price transparency enforcement policies. Several states, such as Texas, have enacted federal requirements into state law, although we did not find evidence of states penalizing payers under these requirements.
- Colorado implemented a requirement for payers to submit TiC data directly to a state web portal twice each year, starting in August 2025. The data submission is filtered to only plans issued in Colorado, only providers with a Colorado zip code, and only negotiated rates for procedures with a history of 20 or more services performed in the last year.
- Colorado granted broad authority to their state Division of Insurance to penalize non-compliant payers; however, a specific penalty framework was not detailed.
- Michigan requires confirmation of posted TiC data, including a link to the data, within payer regulatory filings. The State of Washington requires an attestation regarding TiC data compliance through a separate channel.
- Federal regulation provides for a penalty of \$100 per impacted member per day. If enforced, this could lead to penalties of millions of dollars per day; however, we found no evidence of any payers receiving penalties under this provision.

*Review of Indiana TiC data and identification of areas where data should be improved*

TiC data was collected and parsed by Milliman's data vendor Turquoise Health with posted dates in January 2025 for Anthem and in March 2025 for other payers. Milliman evaluated data quality using two methods.

First, the TiC data was reviewed in isolation for data schema compliance and usability for evaluating the prices of healthcare services. The following issues were identified in the data:

1. CareSource and IU Health plan TiC data was not consistently published in the appropriate TiC schema with all required elements and could not be processed for further evaluation. TiC data accessed in the first quarter of 2025 was used to attempt processing.
2. For all payers, multiple rates were reported for the same service and could not be distinguished. While this was observed for all payers, it was most common for facility services in Aetna's TiC data submission.
3. Unnecessary duplication of rates occurred in Anthem's submissions but generally was not an issue in other submissions.
4. Networks were not clearly identified in the TiC data for many payers.
5. Some billing service codes listed were invalid, or custom codes were used incorrectly. All payers had some invalid codes observed in their data submissions. United used custom codes for some services that could not be interpreted.

Second, the Indiana All-Payer Claims Database (IN APCD) for service dates spanning January 2024 through March 2025 was used to perform a cross-source validation where the prices for historical healthcare claims were compared to the prices in the TiC data for a similar period. This form of analysis with the IN APCD has not been attempted previously, so the review was dual purpose: to identify cases where the TiC data is missing or inconsistent with actual experience, and to identify considerations for potential future audits of the TiC data using the APCD.

For APCD service dates in 2024, alternative TiC data posted in 2024 was used for the comparison. This alternative TiC data was collected and parsed in October 2024 for United and Aetna and in November 2024 for Anthem, Centene, and Cigna.

The APCD was successfully linked to the TiC data for a portion of claims for all payers assessed for both hospital and physician claims. However, significant gaps were identified in the completeness of TiC data for all payers analyzed, where services that occurred in the APCD could not be successfully linked to TiC rates due to missing or inconsistent providers, networks, or billing service codes. For each of the payers assessed, less than 50% of the allowed amounts within the APCD could be exactly matched to TiC prices. Results varied significantly by payer with more of the data successfully matched for Anthem than for the other payers evaluated.

We also identified challenges and recommended enhancements for future analysis, including the following:

1. Differences between TiC schedule collection dates and APCD service dates resulted in the inability to distinguish inaccurate TiC rates from changes in prices due to payer contract renegotiations.
  - a. *Future Enhancement:* Assess TiC data every month and identify when rates change for each payer, network, and provider to ensure APCD rates are compared to TiC rates for the same payer contract effective period.
2. Cases where payment logic is required for correct application of the TiC rates are only contained in free form notes fields, and not in structured data fields. This resulted in the inability to fully model some payer contracts.
  - a. An example of this is outlier payment provisions for inpatient facility services, which can result in higher final payments relative to case rates reported in the TiC data for high-cost or other high-acuity cases that qualify for outlier payments.
  - b. *Future Enhancement:* Review the additional notes fields within the In-Network Rates TiC data and adjust rate matching logic to reflect additional payment logic not captured in the reported rates. This would be most feasible if auditing a selected sample of providers and networks. It could be a significant undertaking for all providers and networks.
3. Due to the lack of a consistent payer network identifier in the TiC data and APCD to support linking of these data sources, payer network *estimation* to support the linking of these data sources required substantial effort.
  - a. *Future Enhancement:* Use the *network\_name* field to identify payer networks in the TiC data once this field is added in TiC schema 2.0. Collect *network\_name* within future APCD data submissions and require consistency in the values reported by payers in these *network\_name* fields for the TiC data and APCD.
4. Multiple fee schedules posted for the same provider group, service setting, and other features introduce uncertainty in which fee schedule contains the correct rates for services performed by the group.
  - a. *Future Enhancement:* Review the additional notes fields within the In-Network Rates TiC data and identify if free form text better indicates fee schedule

assignment. For this analysis, notes were reviewed for a sample of cases with multiple fee schedules and were not found to clarify schedule assignment. Under TiC Schema 2.0, provider\_group\_id and business\_name could be used by payers to clearly identify and map the provider group to a set of rates. If there are different fees by type of provider within a negotiating group, a unique provider\_group\_id could be used, and the business name could identify the sub-group.

5. Multiple different rates posted for the same billing service code within the same fee schedule made it uncertain which rate was applicable or correct.
  - a. *Future Enhancement:* Review the additional notes fields within the In-Network Rates TiC data and identify if free form text better indicates fee schedule assignment.
6. Identifying when a hospital rate applies only for inpatient hospital services, only for outpatient hospital services, or in either setting.
  - a. *Future Enhancement:* Use the *setting* field within the In-Network Rates TiC data when added in TiC schema 2.0 to identify the applicable setting for each rate.

Future analysis focused on auditing specific providers for each payer could take each of these items into consideration.

#### *Policy Development Support & Scenario Modeling*

Two potential frameworks for calculating penalties for payer non-compliance with the TiC data requirements were explored by the EO 25-21 workgroup. These are presented along with illustrative calculations based on the TiC Data review in the final section of this report.

## 2. Review of State and Federal TiC Regulation and Enforcement

The CMS TiC 9915-F Final Rules indicate that states will primarily lead enforcement for the fully insured market.<sup>2</sup> A challenge for states is that, despite a generally high rate of compliance by payers in publishing TiC data files, the posted files are often massive, technically complex, have some fundamental issues, and are difficult to interpret. Auditing these files to identify defects is resource intensive and requires specialized skills. Additional state policy and enforcement rules may be necessary to further specify requirements and ensure files are standardized and manageable.

While many states have taken preliminary steps regarding regulation and enforcement, some have taken a more proactive approach. Indiana may learn from the early experiences of those states to improve the quality of published data. Some key themes and examples include:

1. Texas and other states codified federal price transparency rules into state law. As described below, while some payers have been noncompliant with federal rules, this has not resulted in federal penalties.

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<sup>2</sup> <https://www.cms.gov/cciio/resources/regulations-and-guidance/downloads/cms-transparency-in-coverage-9915f.pdf>  
(pg 355)

2. Colorado enacted a “Submit, Validate, and Publish” model, where payers are required to submit state-specific TiC data directly to the Division of Insurance.
3. Michigan requires an attestation within payer rate filings that organizations are compliant with TiC reporting requirements, including requiring provision of a link to the published files.

Indiana could consider similar policies, either individually or in combination. For example, Indiana could consider adopting a model that includes the direct-submission approach enacted by Colorado while also codifying the federal penalties into state law.

## **FEDERAL OVERSIGHT AND ENFORCEMENT DELEGATION TO STATES**

The enforcement framework for the TiC rule is bifurcated, with responsibilities divided between federal and state authorities. The federal government's authority to enforce the rule stems from the Public Health Service (PHS) Act as modified by the Affordable Care Act. The penalty structure established under this authority is significant, creating the potential for large fines for non-compliant plans. The penalty can be up to \$100 per day, per affected enrollee or error, adjusted annually for inflation.<sup>3</sup> For a large plan, this could translate into millions of dollars in daily fines.

While the federal government—through the Departments of Labor and the Treasury—retains enforcement authority over self-funded plans governed by the Employee Retirement Income Security Act (ERISA), the TiC final rule delegates primary enforcement authority over fully insured health insurance issuers to the states.<sup>3</sup> This delegation means that without active state-level enforcement policies, a significant portion of the health insurance market could have limited oversight regarding TiC compliance.

The federal government has demonstrated a willingness to use its enforcement power in regards to the *hospital* transparency rule, where CMS has levied millions of dollars in fines against non-compliant hospitals.<sup>4</sup> However, we did not identify any publicly communicated instances of federal enforcement action fining payers for non-compliance with TiC requirements. More recently, the political environment has shifted toward more active regulation. Executive Order 14221, issued in February 2025, directed federal agencies to ensure that disclosed prices constitute "actual prices" rather than estimates and to update their enforcement policies accordingly.<sup>5</sup>

As directed by Executive Order 14221, the Departments of Treasury, Labor, and Health and Human Services issued further guidance for payers regarding requirements for TiC Machine-Readable Files (MRFs).<sup>6</sup> These requirements included:

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<sup>3</sup> <https://www.cms.gov/priorities/healthplan-price-transparency/overview/plans-and-issuers>

<sup>4</sup> <https://www.cms.gov/priorities/key-initiatives/hospital-price-transparency/enforcement-actions>

<sup>5</sup> <https://www.federalregister.gov/documents/2025/02/28/2025-03440/making-america-healthy-again-by-empowering-patients-with-clear-accurate-and-actionable-healthcare>

<sup>6</sup> <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-70>

- A new file schema version 2.0, which was finalized October 1, 2025. Payers are required to implement schema 2.0 by February 2, 2026.
- Technical requirement changes to reduce duplicate data.
- Requiring clear disclosure of the applicable provider network information.

The combination of a complex federal mandate and delegation of enforcement to the states creates a challenging dynamic. States that stop at codifying the federal rule into their own laws without developing frameworks for validation will find it difficult to evaluate compliance. They could be limited to basic steps of verifying the presence of published data but unable to evaluate whether the data is usable to meet transparency goals. To avoid this outcome, states can design and implement frameworks to assess data usability and close the gap between a payer's technical compliance and the production of a usable data resource.

## **STATE REGULATION AND ENFORCEMENT**

This section provides an overview of legislative and enforcement action for key states that are representative of different approaches to regulating TiC compliance. Additional state specific information is provided in Appendix F.

### **Indiana**

Indiana has not codified the federal TiC payer requirements or enacted rules specifically focused on review or enforcement of payer TiC MRF submission, data usability, or quality.

### **Colorado**

Colorado recently passed state regulations to directly collect payer transparency data and enforce quality standards. With Senate Bill 24-080 (SB 24-080) in 2024 and the adoption of the detailed Division of Insurance (DOI) Regulation 4-2-103, which became effective in April 2025, Colorado has established a new model that increases the level of evaluation of transparency data.<sup>7,8</sup>

Regulation 4-2-103 requires all carriers to submit their TiC MRFs biannually and their prescription drug data collection (RxDC) reports annually directly to the DOI through a secure upload effective August 2025. This mandatory submission is designed to streamline Colorado's collection and processing of public postings. The regulation imposes data filtering requirements, and carriers need to limit their submissions to include only plans issued in Colorado, only providers with a Colorado zip code, and only negotiated rates for procedures with a history of 20 or more services performed in the prior year. This was intended to ensure the DOI receives a dataset that is manageable in size and directly relevant to the Colorado market.

The penalty structure established by Colorado law is outlined in Section 11 of Regulation 4-2-103. This provision grants the Insurance Commissioner regulatory authority and states that non-compliance may result in "any of the sanctions made available in the Colorado statutes pertaining to the business of insurance". This includes civil monetary penalties along with power to issue cease and desist orders and even to suspend or revoke a carrier's license to operate in

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<sup>7</sup> <https://leg.colorado.gov/bills/sb24-080>

<sup>8</sup> <https://doi.colorado.gov/sites/doi/files/documents/Regulation%204-2-103%20TiC%20Reporting%20Requirements.pdf>

the state. The flexibility in penalty structure allows state regulators to adjust enforcement practices as needed to facilitate compliance. In addition to providing more advanced oversight of data quality, Colorado's process is intended to create a data source that can be used by third-party developers to build consumer tools.

Colorado has also created a state-sponsored web tool to make hospital price transparency data accessible to the public. This reflects enhancements to the hospital transparency data required by SB 23-252.<sup>9</sup>

### **Texas**

Texas has pursued a strategy focused on ensuring the broad applicability of transparency rules across its entire insurance market. The cornerstone of this approach is House Bill 2090 (HB 2090),<sup>10</sup> passed in 2021, which added Chapter 1662 to the Texas Insurance Code. This legislation largely mirrors the requirements of the federal TiC rule, mandating the publication of MRFs and the provision of a consumer cost-estimator tool, and codifies them into state statute.

A motivation for this model appears to be to close potential regulatory gaps. The state law ensures that health plans that might not be subject to the federal rule, like some state-regulated non-ERISA plans, are still captured under an equivalent state-level transparency mandate. To implement this requirement, the law directs the Texas Department of Insurance (TDI) to prescribe the form of the files. TDI has adopted rules and published data schemas that are designed to align closely with the federal guidance provided by CMS, creating state and federal rules that are largely consistent.

The validation mechanism in the Texas model is less active than Colorado's. While HB 2090 subjects non-compliant issuers to an "enforcement action," it does not establish a state-led validation process, state specific file submission, or systematic audits by the state. Enforcement appears to rely on the general regulatory authority of the TDI, possibly triggered by complaints or other indications of non-compliance. Similarly, the penalty structure is not concretely defined within the transparency statute itself; instead, penalties would be imposed under TDI's existing authority.

By codifying the federal rules, Texas has created state-level requirements that are independent of federal requirements. However, this approach is limited in that it does not define a process for validation of the data or establish specific data quality standards.

### **Michigan**

Michigan integrates TiC compliance into its rate filing approval process.<sup>11</sup> Plans that do not provide the TiC documentation or fail to maintain the required public files risk having filings disapproved or delayed. Michigan can also use general enforcement (e.g. issue orders or fines under state insurance law) if an insurer is found to willfully violate transparency posting rules. However, similar to Texas, Michigan does not define a process for validation of the data or establish specific data quality standards.

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<sup>9</sup> <https://leg.colorado.gov/bills/sb23-252>

<sup>10</sup> <https://hcpf.colorado.gov/hospital-price-transparency>

<sup>11</sup> [https://www.michigan.gov/difs/-/media/Project/Websites/difs/Bulletins/2025/Bulletin\\_2025-08-INS.pdf?rev=bb6aabd8d1f04dbeb7d7fe5a8b3f1814](https://www.michigan.gov/difs/-/media/Project/Websites/difs/Bulletins/2025/Bulletin_2025-08-INS.pdf?rev=bb6aabd8d1f04dbeb7d7fe5a8b3f1814)

## **Washington**

The State of Washington requires a similar insurer attestation to Michigan, although it is a separate form not linked to insurer rate filings. Washington also requires an attestation that the insurer has provided consumers with price transparency comparison tools required by law under RCW 48.43.007.<sup>12</sup>

Separately, Washington's Senate Bill 5493 (SB 5493)<sup>13</sup> relates to Hospital price transparency regulation but has parallels with payer price transparency enforcement. In addition to potential civil fines by the Department of Health, SB 5493 ties price-transparency compliance to patient protection. Hospitals found not "materially compliant" at the time of service are barred from pursuing collection action against patients such as lawsuits or credit reporting. If a patient sues and proves non-compliance, courts may require the hospital to refund all paid charges, impose an equal-amount penalty, dismiss debt claims with prejudice, cover attorney fees, and remove negative credit entries.

A parallel structure enforcing payer price transparency might similarly limit an insured consumer's out of pocket costs in cases where the payer's price transparency data was inaccurate or incomplete for the service that the member received.

## **Florida**

Florida has adopted a requirement for payers to publish TiC MRFs within state law under HB 7089<sup>14</sup>, consistent with the federal requirement. Additionally, HB 7089 links advanced explanation-of-benefits (AEOB) delivery to insurer MRF compliance by adding this No Surprises Act linked requirement to the same state bill. When a patient schedules facility-based services, health plans must send AEOBs to the patient within 1 day (<10-day schedule) or 3 days (≥10-day schedule), once a facility's estimate is received. The Florida AEOB requirement will go into effect when the relevant federal government departments collectively issue an enforcement date for AEOBs.

### **3. TiC MRF Data Quality Review**

Milliman reviewed TiC data published by large payers in Indiana with more than \$100 million in commercial fee-for-service allowed payments to healthcare providers in 2024 within the data contributed to the IN APCD.<sup>15</sup> The TiC data was evaluated for compliance with federal TiC data requirements. A new schema 2.0 was finalized by CMS on October 1, 2025, and payers will be required to follow this schema beginning in February 2026. This section discusses the following:

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<sup>12</sup> <https://www.insurance.wa.gov/insurers-regulated-entities/market-conduct-and-oversight/attestation-health-care-transparency>

<sup>13</sup> <https://lawfilesext.leg.wa.gov/biennium/2025-26/Pdf/Bills/Session%20Laws/Senate/5493-S.SL.pdf?q=20250716000913/>

<sup>14</sup> <https://www.flsenate.gov/Session/Bill/2024/7089/>

<sup>15</sup> Southern Indiana Health Organization (SIHO) submitted over \$100M in allowed claims volume, but was excluded from this analysis because MRF data was not available from Milliman's data partner.

1. The TiC data review structure that Milliman developed to assess published TiC data standard compliance,
2. The TiC data review results, including where compliance is currently strong and where gaps exist in quality for the large Indiana payers, and
3. Challenges and considerations for future collection and assessment of the quality of TiC data

## **DATA REVIEW STRUCTURE**

To effectively use the TiC data to support consumer price shopping, the TiC data must contain the correct in-network rates for shoppable healthcare services, and these rates must be linked to the consumer's specific health insurance product and network. The data review framework below provides a set of criteria to assess the quality and usability of each payer's TiC MRF for the purpose of supporting consumer price shopping. MRFs not meeting the following criteria have limitations that lower their utility for supporting consumer price shopping.

1. TiC data is published online and follows the CMS TiC schema.
2. Payer networks are clearly identified in the Description or Network Name (Schema 2.0) field of each In-Network Machine-Readable File.
3. Each professional provider group is linked to a single professional fee schedule.
4. A maximum of one rate is posted for each provider group, billing service code, modifier, and place of service combination. In the rare cases where a second rate is valid (e.g. maternity case rate and per diem that applies after 4 days) there must be a payer note describing the rate methodology.
5. Custom billing service code use follows the TiC schema requirements and is only used when a valid code is not available or appropriate. There should also be a Payer Note if the code alone is not sufficient to determine how a listed rate should be applied.
6. Standard billing service codes are recognized and valid.
7. All in-network providers and their covered services are posted within the TiC data.
8. Rates posted for in-network providers are consistent with allowed rates negotiated with providers per current contracts.

These elements can be combined in a data review packet as a rubric for the usability and compliance of each payer's TiC data submission. An illustrative example of applying this data review packet approach to develop a combined quality score for each carrier is described in Framework A of the Penalty Framework and Financial Scenario Modeling section later in this report.

## **TIC DATA REVIEW RESULTS**

Each component of the data review elements was assessed for large Indiana payers and findings are described below. The TiC data analyzed in this section is from January 2025 for Anthem and from March 2025 for other payers:

## **1. TiC data is published online and follows the CMS TiC schema**

- a. Evaluation method: Confirm TiC Data MRFs are posted online, can be downloaded, and can be parsed according to the CMS required TiC schema.
- b. Results: All payers posted TiC data, and with the exception of CareSource, all payer TiC data followed the appropriate schema. Milliman's data vendor, Turquoise Health, has not been able to process in-network rate files for CareSource due to the invalid schema present in the files, and CareSource was excluded from the remainder of this analysis.

Indiana University (IU) Health Plans data was similarly not processable until May 2025 and file usability has varied by month. IU Health Plans' website includes In-Network Rates files for First Health Network (files created by Aetna) which provides wrap network coverage. IU Health Plans' TiC files were not available in the TiC data prepared for this report and were excluded from this analysis.

## **2. Payer networks are clearly identified**

- a. Evaluation method: All payer data submissions were reviewed, and rates were categorized into networks based on available information, including file names, description fields and cross-reference with other sources. The methodology subsection below titled 'Network Identification - Payer Transparency Data' contains detail on Milliman's TiC network review and assignment.
- b. Results: Key networks were identified for all processable payers, but determining network for some payers required substantial detailed review and manual effort by Milliman. Appendix A contains detailed notes on network identification by payer.
- c. Additional notes: TiC Schema 2.0 contains a new *network\_name* field which is expected to make network identification easier beginning in February 2026. To enable cross-source validation between the TiC and APCD datasets, it would be useful to collect the same *network\_name* information in APCD data submissions. It is expected that this field will make assignment of meaningful payer networks easier. However, without more guidance on how this field should be used, it may result in manual work to determine which negotiated rates correspond to each network.

## **3. Each professional provider is linked to a single professional fee schedule**

- a. Background and Evaluation Method: Provider groups were reviewed, and the number of associated fee schedules were calculated to identify how many fee schedules per group are present in the TiC data. Situations with multiple fee schedules linked to an individual provider require evaluation to determine the appropriate rate, which introduces uncertainty. The method used for fee schedule selection in this report is discussed further in the Methodology section below.

- b. Results: All payer networks reviewed have an average of between 1.6 and 3.6 fee schedules per provider group with an overall average of 2.4. Because these values are above 1 fee schedule per group, this indicates that for every payer network, certain provider groups require the selection of one of multiple professional fee schedules to determine rates. Appendix B shows the number of professional groups and fee schedules observed in the TiC data for each payer and network.
- c. Additional notes: Further review could be performed on the individual fee schedules posted for specific provider groups in an audit scenario. This review would assess whether additional free-form notes or other markers exist in the TiC data to indicate how fee schedules can be paired with the providers within these groups. This provider group level review was out of scope for this broad analysis.

**4. A maximum of one rate is posted for each provider, billing service code, modifier, and place of service combination per payer network**

- a. Background and Evaluation Method: Rates were collected for each payer network at the full expected granularity and cases where multiple rates were present for the same service were counted. The additional rates were further separated between true duplicates, where the same rate is repeated in each instance, versus cases where multiple distinct rates are present. For data usability in price shopping, the true duplicates are of lesser concern because there is no ambiguity in the price for the service. The cases with multiple distinct rates are problematic because the service price is not clearly defined by the data.
- b. Results: All payers and networks show instances with multiple rates posted for the same codes. Except for Aetna and Anthem, the incidence of multiple rates for the same codes is low. For Aetna's institutional services, more than 20% of the total number of rates are cases with multiple rates with different rate values. Anthem shows that more than 33% of the total number of rates are exact duplicates with the same rates. Appendix C shows the detailed results of this analysis by payer network.
- c. Additional notes: Further review could be performed on the individual fee schedules posted for specific provider groups in an audit scenario. The additional review would consider the Payer Notes field to determine if there are other legitimate exceptions that should be considered. This provider group level review was out of scope for this broad analysis.

**5. Custom billing service code use follows the TiC schema requirements**

- a. Background and Evaluation Method: The current TiC Schema 1.0 allows use of a single non-standard billing code. This code is allowed in cases where the same rate applies to all possible billing codes of the listed billing code type. Some payers deviate from this custom code limitation and instead list rates with custom billing codes based on internal company definitions of narrow service categories.

In these cases, rates are challenging to apply because the custom billing codes are not defined in the TiC files to link the custom billing code to the standard billing codes that appear on a claim. To evaluate custom codes, all custom codes provided in the TiC data were compared to the TiC schema and non-compliant codes were noted.

- b. Results: Cigna and United used custom codes. As shown in Appendix D, Cigna uses the “CSTM00” custom billing code, which is allowed in the TiC data specifications.

United uses 120 custom billing codes in Indiana that are not defined in the TiC schema, such as “ALRG” for Allergy Testing, “CRRH” for Cardiac Rehab, and “EMR1”- “EMR5” for Emergency Department levels 1 through 5. The specific standard billing codes that define these custom codes are not provided. United should use standard Revenue Codes and/or HCPCS to define these categories.

Other Indiana payers do not use custom codes in their published TiC files. While not classified within the TiC schema as custom codes, Aetna has listed rates for 8,535 billing service codes with “Local” billing code type. These codes are not all standard HCPCS or CPT codes, which creates challenges linking rates to specific services. Standard Revenue Code or HCPCS should be used to define services where feasible.

## **6. Standard billing service codes are recognized and valid**

- a. Background and Evaluation Method: Confirm that billing codes in TiC MRFs are recognized standard codes (unless they are specifically identified as TiC Custom Codes). Each code present in the TiC data is cross referenced to a table of all standard codes of the listed billing code type. Invalid or non-standard codes are counted by billing code type.
- b. Results: HCPCS, Revenue Codes, and DRGs are the most common code types used for contract term rate assignment. The five payers analyzed have the following code validity percentages for the distinct set of billing codes listed in the TiC data: above 93% for Anthem, above 97% for Aetna, Cigna, and United, and 100% valid for Centene. Where codes were invalid, we observed instances where the bill type was mislabeled (for example “U0004” classified as an MS-DRG, when it is a HCPCS), and cases where the code is unknown (for example, “02A” classified as an MS-DRG, but is not a valid MS-DRG code). Appendix D shows detailed code validity rates for each network and billing code type.

## **7. All in-network providers and their covered services are posted within the TiC data**

- a. Background and Evaluation method: To evaluate whether the expected providers and services have prices included in the TiC data, each TiC submission was compared to the corresponding in-network historical claims experience for fully insured members in the APCD. Each provider and billing code rate appearing in

- the APCD was compared to the TiC data to verify that a price was posted for the service that was performed.
- b. Results: Discussed in Cross-source Validation of the TiC MRF Data with the IN APCD.

#### **8. Rates posted for in-network providers are consistent with actual contracted allowed amounts reported in the Indiana APCD**

- a. Background and Evaluation Method: Posted prices were compared to the actual price for each claim and service line to determine whether these rates match.
- b. Results: Discussed in Cross-source Validation of the TiC MRF Data with the IN APCD.

### **TIC DATA COLLECTION AND PREPARATION**

The TiC data used for this review was collected by Milliman's data partner (Turquoise Health) and cleaned and prepared by Milliman for use in the Milliman Transparent product. TiC data was parsed in January 2025 for Anthem and in March 2025 for other payers for the evaluation in this section. For the payer-submitted data, Milliman's processing assigns a network name, LOB, and product to each rate in the data based on information provided in each payer's Table of Contents (TOC) or In-Network-Rates file. A more detailed description of the TiC data preparation methodology is provided in Appendix E.

The implementation of TiC Schema 2.0 in February 2026 will simplify several TiC data preparation steps. The addition of the *network\_name* element will provide a network assignment without the complex process described in Appendix E. The added fields *business\_name* and *issuer\_name* will clarify provider group and plan sponsor information, and the *setting* field will clarify when reported rates apply.

### **4. Cross-source Validation of the TiC MRF Data with the IN APCD**

Milliman relied on data sourced from the IN APCD to compare actual allowed prices in historical claims experience to the healthcare price information published in Indiana payers' TiC MRF files. Because the allowed amounts reported in historical claims represent actual final prices for healthcare services at Indiana providers, the TiC prices were generally expected to match the reported allowed amounts in the IN APCD.

Because an analysis comparing the IN APCD to the TiC prices has not been attempted previously, a goal of this analysis included performing a broad assessment of the TiC data to identify gaps across many TiC data submissions and service types. Potential improvements were also identified that could be made to the APCD to support this type of analysis in the future, along with challenges and recommendations to consider in future analysis.

This evaluation included two complementary analyses that address questions related to studying commercial in-network rates:

1. **Rate Completeness Study:** Do the providers, networks, and service codes that appear in the APCD also appear in the corresponding TiC files?
2. **Rate Comparison Study:** For APCD claims where the TiC files contain a rate for the service(s) performed, how closely do the TiC rates match the APCD allowed amounts, and how often do they match exactly?

This section summarizes the findings and results, methodology, and considerations for validation of TiC data using the APCD.

## APCD DATA ENHANCEMENT

As discussed previously, determining the network that a member is a part of is an important step for understanding which price will be applied to the member's healthcare services. The APCD currently collects the broad commercial product that a member is insured under (such as PPO, EPO, HMO, POS), but not the specific network, so the data was enhanced with an estimated network assignment before performing the two rate studies.

To assign network, Milliman first reviewed whether the payer maintains multiple networks for each product category:

- If only a single network is offered for the payer and product type, that network was assigned to matching APCD claims.
- If multiple networks are offered for the payer and product type, the APCD professional rate information for the matching claims was compared to the TiC prices for every network that best match the allowed rates. For this evaluation, anesthesia claims were excluded, and rates were compared based on payer, product, provider, HCPCS, modifier, and Place of Service (POS). The difference between the APCD rate and the posted TiC rate for each network was calculated and the network with the minimum aggregate difference was assigned to all APCD claims for the employer group or Health Insurance Oversight System (HIOS) plan ID.

A single network was selected for each product and employer group or HIOS plan. Because this assignment is an estimate and does not support groups with multiple networks, future analysis would benefit from collecting consistent network information in the TiC data and APCD.

## RATE COMPLETENESS STUDY

Table 1 shows the percentage of total included APCD allowed dollars where TiC provider and network information were successfully linked.

**Table 1**  
APCD Allowed Matched to Provider and Network in TiC Data  
As a % of Included Allowed

Service Type	Anthem	United	Centene	Aetna	Cigna
Professional	71%	56%	44%	61%	54%
Inpatient Facility	89%	84%	89%	83%	71%
Outpatient Facility	92%	87%	95%	75%	77%

As Table 1 shows, professional provider completeness is lower than inpatient and outpatient facility services for each payer analyzed. There is also substantial variation in results by payer. For professional services, Centene shows the lowest percentage of APCD allowed that could be linked to the TiC data, while Anthem has the highest. For inpatient facility services, Cigna has the lowest percentage of APCD allowed that could be linked to the TiC data, while Anthem and Centene have the highest. For outpatient facility Services, Aetna has the lowest percentage of APCD allowed that could be linked to the TiC data, while Centene has the highest. These differences show that a material portion of the APCD claims data could not be successfully linked to a provider due to missing provider data or provider identifiers in the TiC data.

The included APCD data was limited to commercial, in-network APCD claims with service dates between January 1, 2024, and March 31, 2025. The data was further limited to claims that were reimbursed as the primary payer and to exclude claims indicating that capitation or global payments applied. Additionally, claims for providers outside of Indiana, claims priced at the provider's billed charges, and zero-dollar payment claims—or reversed claims—were excluded. Anesthesia services were also excluded from this analysis to reduce differences due to time unit counting discrepancies and other contract-specific considerations for anesthesia pricing that could not be broadly determined from the TiC data within the scope of this analysis.

Exhibits 1a and 1b show the detailed exclusion levels by payer for professional and institutional claims, along with the underlying calculations supporting Table 1 and Table 2 (discussed below).

Table 2, below, begins with the APCD allowed claims that were successfully linked to TiC providers and networks, and shows the percentage of these claims that could also be linked to commercial payment rates for the specific healthcare service billing codes that are present on the claim or service line. This table does not consider whether the observed prices in the APCD are consistent with the linked rate in the TiC data, but rather only whether a rate could be found.

**Table 2**  
APCD Allowed with a Matched Billing Code in TiC Data  
As a % of Allowed that was Matched to Provider and Network

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Service Type	Anthem	United	Centene	Aetna	Cigna
Professional	89%	86%	87%	81%	84%
Inpatient Facility	93%	62%	51%	37%	54%
Outpatient Facility	48%	20%	77%	69%	17%

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As Table 2 shows above, rates are most often present for professional claims with fewer rates present for facility services. For most payers, outpatient facility rate linking is particularly low at levels below 50% for Anthem, United, and Cigna. Aetna is a low outlier for inpatient facility claim rate linking, significantly below the other payers. Exhibits 2a through 2c show results of the rate completion assessment by payer, network, and provider.

## RATE COMPARISON STUDY

Next, the rates for each linked service were compared between the APCD and the TiC sources. Table 3, below, begins with the claims that have linked rates from the completeness study and calculates the percentage of these claims where the APCD allowed amounts match prices reported in the TiC data exactly. For 2025 APCD service dates, the comparison was made to January 2025 TiC files for Anthem and to March 2025 TiC files for the other payers. For 2024 APCD service dates, the comparison was to October 2024 TiC information for United and Aetna and November 2024 for Anthem, Centene, and Cigna.

**Table 3**  
APCD Allowed with Rates Matching Exactly the TiC Data  
As a % of Allowed that was Matched to a Billing Code

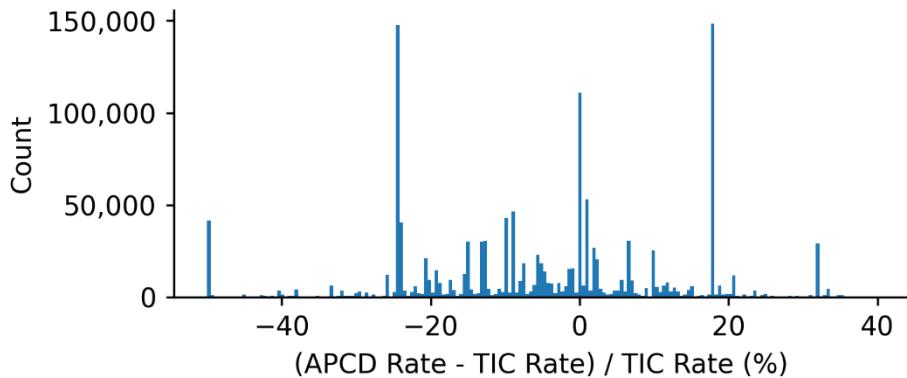
Service Type	Anthem	United	Centene	Aetna	Cigna
Professional	68%	51%	54%	25%	50%
Inpatient Facility	25%	17%	54%	45%	18%
Outpatient Facility	47%	54%	4%	50%	47%

Rate matching results differ significantly by payer and by type of service. For most payers, professional and outpatient rates match for a larger portion of aggregate allowed than inpatient. No service categories show high exact match rates, with a maximum of 68% for Anthem professional services. Inpatient match rates show the lowest match rates. Centene outpatient facility services are an outlier with only 4% of allowed volume matching rates exactly. The differences did not follow a consistent pattern, with some rates above and others below the APCD payment rates. Exhibit 3 shows detailed match information by payer and network.

Next, the distribution of rate differences by type of service was reviewed for cases where rates did not match exactly. Anthem's broad PPO network has the highest membership of all networks in Indiana. Charts 1 through 3, below, show distributions of rate differences for Anthem's broad PPO network for professional, inpatient facility, and outpatient facility services respectively. Exhibits 4a through 4c show similar distributions for other payers and key networks. Exhibit 4b shows the distribution of differences for inpatient hospital services for all networks combined for each payer. This higher level of aggregation is shown for inpatient because of the lower claims volume – inpatient rate difference distributions are most informative for the smaller Indiana payers with all networks combined.

**Chart 1: Professional Rate Percentage Differences by Service Line Count**

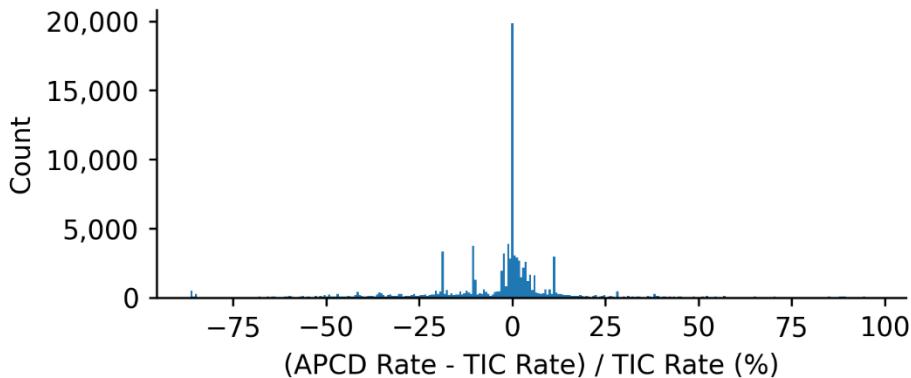
**Anthem – AnthemPPO**  
 1,530,982 rate differences  
 153,044 rate difference outliers excluded  
 3,290,438 exact rate matches (not shown)



The professional distribution of differences is symmetric, with larger numbers of claims that have TiC rates reported 25% below and 15 to 20% above the APCD rates. This comparison considers specialty adjustments and modifier specific adjustments, where there are common fee schedule adjustments at these levels; however, these remaining differences indicate that there may be common adjustments that are not aligned between the two sources.

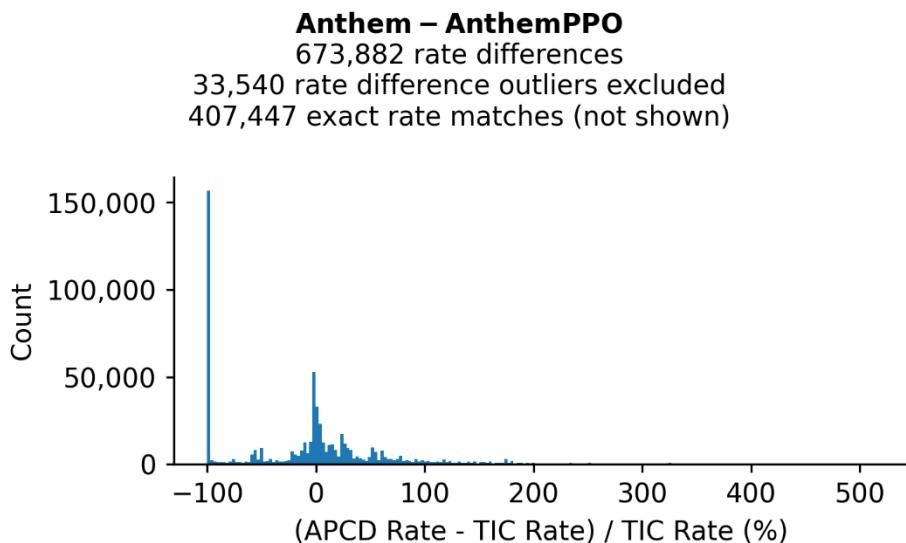
**Chart 2: Inpatient Facility Rate Matching**

**Anthem – AnthemPPO**  
 113,313 rate differences  
 11,042 rate difference outliers excluded  
 57,319 exact rate matches (not shown)



Inpatient facility rate differences are centered around zero with a large number of admissions with less than 10% rate differences. Much higher and lower rate differences also exist in both directions. While some of these are likely to be true rate differences, others may represent outlier payment provisions reflected in the APCD that are not captured in the TiC data on the high side, and short stay or hospital transfer payment provisions reflected in the APCD that are not captured in the TiC data on the low side.

**Chart 3: Outpatient Facility Rate Matching**



Outpatient facility rate differences show a similar distribution centered at zero. There is a concentration of claims with zero-dollar allowed amounts in the APCD but rates represented in the TiC file. These are claims where bundling appears to have been applied to the rates, but no service with a case rate was identified on the claim.

Each of these distributions has a local maximum near zero, indicating that many of the rates that are different between the APCD and TiC were not substantially different. Inpatient facility rates in particular show many cases with minor differences.

There are three possible reasons for rate differences:

1. Rates are not correctly reported in the TiC data.
2. Rates are correctly reported in the TiC but additional contract-specific information is necessary to determine the appropriate rate.
  - a. Examples of this include:
    - i. Outlier, short stay, transfer, and other claim-specific payment provisions for inpatient facility services, which produce a larger (outlier) or lower (short stay or transfer) payment than the standard contractual rate.
    - ii. Outpatient hospital case rate service hierarchy – for example, in cases that include both an emergency department visit and a surgery, does the emergency department rate or the surgical rate apply?
    - iii. Outpatient hospital rates are reported by HCPCS, but written notes indicate that claims are adjudicated based on Medicare reimbursement rules, such that Medicare Ambulatory Payment Classification logic (e.g., conditionally bundled and composite rates) would need to be applied to compare rates.

- iv. For some services, like hospital rates defined by Revenue Code, it can be unclear whether the rate applies only for inpatient hospital services, only for outpatient hospital services, or in either setting. This setting information is not currently encoded in the TiC data, but a new setting field is added in TiC Schema 2.0.
- b. Payers sometimes include written descriptions of these details within the notes fields of the TiC data
- 3. Rates are correctly reported in the TiC but different timing of the TiC data (which represents the active rates at a point in time) and the APCD data (which shows claim payments over a historical time period) produces a difference. This can occur if a payer renegotiates their contract with the provider in between these dates.

The differences caused by the second and third items above could be mostly resolved in a focused audit where rates in the TiC files are reviewed by month to identify contract renegotiation changes, and notes for additional rates are reviewed and considered. Even under a detailed audit analysis, it is expected that some claims would differ because of special circumstances.

Exhibit 5 shows an overall summary of the APCD cross-validation, beginning with the included APCD claims volume and tracking the portion of the allowed dollars meeting each subsequent requirement through the TiC completeness and rate matching analysis. Exhibit 6 summarizes results from both the TiC MRF data quality review described in the previous section and the cross-source validation in this section to illustrate one approach for summarizing and organizing data quality results. While Exhibit 6 shows sample payer data quality results, this analysis did not include a detailed audit and was performed using broad assumptions to meet the goals of this analysis. Given these limitations, the results shown in Exhibit 6 may not be appropriate for use in developing financial penalties.

## **METHODOLOGY AND ASSUMPTIONS**

The Indiana APCD incurred from January 2024 through March 2025 was processed using Milliman's HCG Grouper software to assign claim type and link continuous inpatient stay claims into full admissions. For the TiC data matching, published TiC data from the end of 2024 was matched to the calendar year 2024 APCD claims experience, and TiC data from mid-2025 was matched to APCD claims experience with service dates in 2025.

The APCD data was filtered to exclude claims that are out of scope or that could not be assessed in the completeness study, such as:

- Non-commercial lines of business such as Medicare and Medicaid,
- Out-of-network providers,
- Providers located outside of Indiana,
- Providers not found in the TiC data,
- Denied, unpaid, or reversed claims,

- Capitation and global payments,
- Claims paid at 100% of billed charges,
- Anesthesia services,
- Claims with no network assigned.

After the above exclusions, the claims included were matched to the rates in the TiC data based on the payer, network, product type, provider, and service billing codes. The provider information and the service billing codes used vary by the type of service which is split up into professional, inpatient facility, and outpatient facility. Each TiC rate belongs to one of the following categories: per-unit rate, percent-of-charge rate, flat dollar amount, and per-diem rate. The rate comparison between the TiC data and APCD varies for each category: per-unit rates are compared to the allowed amount divided by the units; percent-of-charge rates are compared to the ratio between the allowed and charged amounts; flat dollar amounts are compared to the total allowed amount; and per-diem rates are compared to the allowed amount divided by the length-of-stay. In cases where multiple rates were matched due to duplication in the TiC data, the rate that produces the closest match to the actual allowed amount was chosen. Custom and Local TiC data billing codes were not evaluated for this analysis.

For professional claims, each claim line was matched to the rates in the TiC data file based on the provider group, HCPCS code, modifier, and place of service. The rate comparison varies by the rate methodology of the matched rate, which can either be a per-unit rate or a percent-of-charge rate. For each claim, the rendering provider's specialty was mapped based on the primary taxonomy code present in the provider's NPPES record. The matched TiC rates are then adjusted for the specialty (e.g. Physician Assistants are paid at 85% of Physicians) consistent with Medicare RBRVS payment rules before comparison to the APCD rates.

For inpatient facility claims, we utilized Milliman's Health Cost Guidelines Grouper to combine interim bills for continuous stays for the same member at the same hospital into complete admissions for rate matching and analysis. The matching process falls broadly into two types: admission-level rates and line-level rates. Most matched rates are admission-level rates which were matched based on facility ID and the admission's assigned DRG. The admission-level rates fall into one of the following: flat dollar amounts, per-diem rates, or percent-of-charge rates. In addition to the admission-level rates, all lines coded with revenue codes 0274 - 0279 (implants and devices), 0636 (drugs requiring detailed coding), and 0680 - 0689 (trauma response) that match to percent-of-charge rates are assumed to be separate payments. These lines were carved out and the matched percent-of-charge rates were added on top of the admission-level rates. The remaining inpatient facility claims were matched to the line-level rates based on facility ID and revenue code. The line-level rates are either percent-of-charge rates or in a small number of instances, per-unit rates. In cases where a claim matched to both a case-level rate and one or more line-level rate, the rate which results in the closest total payment at the claim-level to the actual total allowed amount was used. This analysis did not model complex cases where both case and per diem rates apply to the same inpatient

admission. For example, some maternity contracts apply a case rate covering a fixed number of days and utilize a per diem rate for any additional days.

The matching process for outpatient facility claims is similar to inpatient claims in that all claims were matched to either case-level rates or line-level rates. The case-level rates were matched based on facility ID and either the HCPCS or revenue code. The case-level rates are either flat dollar amounts or percent-of-charge rates. Similar to the inpatient claims, all lines coded with revenue codes 0274 - 0279 (implants and devices), 0636 (drugs requiring detailed coding), and 0680 - 0689 (trauma response) that match to percent-of-charge rates were carved out and added to the case-level rates as separate payments. The remaining outpatient facility claims were matched to the line-level rates based on facility CCN and either the revenue or HCPCS code (which are either per-unit or percent-of-charge rates). In cases where multiple billing service codes on the claim trigger distinct case rates, the case rate with the closest match to the APCD allowed amount was used for the comparison.

## 5. Penalty Framework and Financial Scenario Modeling

One of the IDOI's primary goals of this analysis is to identify areas where payers could improve their TiC data to support consumers being able to more effectively shop for healthcare services. This feedback will be provided to payers, and may also be part of the basis for the development of a penalty framework. However, Milliman is not recommending, endorsing, or advocating for the use of financial penalties or any specific design, methodology, or amount of financial penalties. All decisions regarding the design, methodology, or amount of financial penalties are the responsibility of State of Indiana policymakers and regulatory agencies.

One option the IDOI has considered for penalizing payers for non-compliance with TiC data is adopting the federal penalty structure, assessing a fine of up to \$100 per day for each violation and for each individual affected by the violation. The IDOI is also considering alternative frameworks, which are summarized in this section.

When considering potential penalty frameworks, the IDOI's guidance was to prioritize the services and provider types with significant utilization. As such, the penalty frameworks considered in this report are designed to link larger penalties to cases where the TiC data was insufficient to determine the cost of care for the most common services and records in the APCD.

The EO 25-21 workgroup discussed two general approaches to a penalty framework, which are discussed below:

### **FRAMEWORK A: RUBRIC APPROACH WITH DATA REVIEW PACKETS**

This is the more flexible of the two frameworks and would allow the State to target specific data issues to correct by attaching higher penalties to key issues. The framework is illustrated in Exhibits 7a through 7e and is outlined below:

1. Select a set of priority data issues and assign a severity level, reflecting the relative importance of eliminating the data issue to the utility of TiC data to support consumer healthcare shopping.
2. Table 4 below shows a list of sample data issues and severity levels reflecting the TiC data issues identified in this report:

**Table 4**

Illustrative Penalty Framework Data Issue Selection and Severity Weights

Data Issue	Data Issue Severity	Data Issue Penalty Weight
Valid TiC Data Posted	Critical	Reflected in other scores
Unnecessary duplication of rates	Low	5
Multiple rates are reported for the same service and cannot be distinguished	Medium	15
Providers or Networks are missing from the data submission that are present in APCD	High	30
Rates missing from the TiC data submission that are present in APCD	High	30
Rates in the APCD do not match the rates reported in the TiC data file	High	30
Networks are not clearly identified in the TiC data	Medium	15
Custom codes are used incorrectly	Low	5

3. Quantify the data issues.
  - a. Perform a detailed audit of each payer's TiC data quality for each of the data issues. Review could be performed on a selected sample of providers to allow high precision and detailed review of contract specific notes and elements.
  - b. By linking the APCD data to the TiC data, the volume of the APCD data associated with specific issues can be used as a measure to quantify the severity of each issue. The services with the most consumer utilization and spending are weighted highly within the penalty calculation under this approach. Since TiC data only contains fee schedules and reimbursement amounts (i.e., no utilization is available), the APCD data can supply that utilization to prioritize these services.
4. Summarize the occurrence scores by issue and payer into a single grid.
  - a. Exhibit 7a shows an illustrative summary of the TiC data issue scores by payer.
5. Normalize the scores to a uniform scale based upon the following elements:
  - a. The severity of that individual issue. For example, a TiC rate being within 5% of the amount in the APCD could be considered less severe than there not being a record in the TiC data for that payer/service at all.
  - b. How often it occurred in the data.
  - c. Exhibit 7b illustrates normalizing each data issue measure to a standard scale from 0 (lowest error level) to 5 (highest error level)
6. Determine the total penalty for each payer.

- a. The framework tabulates the normalized data issue scores by payer weighted by the data issue severity weights.
- b. Calculate the final penalty as the total penalty score, multiplied by the commercial membership. This member-weighted score is then multiplied by the unit penalty selected by the State to calculate the final financial penalty for each payer.
- c. This calculation is illustrated in exhibits 7c through 7e under assumed state selected penalty assumptions.

Multiple scenarios are provided to illustrate different approaches the IDOI may take in setting the financial penalty. For example, a total penalty could be set for all payers combined, and that penalty distributed across the tabulation grid to see the amount by payer and issue (shown for different target levels in Exhibits 7c and 7d).

If a unit penalty is selected in advance based on a total penalty, improvements made across payers to TiC data quality would then result in lower total penalties (shown in Exhibit 7e).

Key policy assumptions and inputs for this framework include:

1. The list of data issues to evaluate
2. The assigned severity for each issue
3. The method for quantifying and normalizing each issue during scoring
4. The unit penalty selection, which scales the final financial penalty calculated

## **FRAMEWORK B: APCD RATE MATCHING REVIEW**

Framework B was considered as a simplification of Framework A that focuses entirely on the validation of the TiC data's ability to match to the historical APCD claims data, without considering other data issues. The following measures could be used for penalty development:

1. The number of instances within the APCD where the allowed rate could not be calculated from the TiC data, and
2. The total APCD allowed payments for these services.

The same audit and evaluation methodology as Framework A is applied to validate that the TiC data can be used to calculate the APCD allowed rates and identify instances where it cannot.

The assumptions and inputs to this framework are:

1. A per-service penalty that is multiplied by the number of evaluated APCD services that could not be priced with the TiC data, and
2. A percentage of the allowed amount for these services is applied as a penalty to weight the penalty based on the total spending for services that could not be matched.

## Limitations and Considerations

Milliman prepared this report for the Indiana Department of Insurance (IDOI) to support the assessment required under EO 25-21. We understand that this report is considered a public document and, as such, may be subject to disclosure to third parties. However, we do not intend to benefit, and assume no liability to, any third party who receives the report in this fashion. This document should be reviewed in its entirety.

Results presented here represent best estimates. Results of a comprehensive audit of TiC data will vary from our estimates for many reasons, potentially including provider and network specific investigation of the raw TiC MRFs, detailed claim review of the APCD experience data, differences resolved through direct communication with payers, or other factors.

Milliman is not advocating for, recommending, or endorsing the application of penalties, any specific penalty methodology, or any penalty amounts related to federal or state price transparency data requirements. All decisions regarding the design, methodologies, parameters, assumptions, and other aspects of any state TiC data review and enforcement activities are the responsibility of State of Indiana policymakers and regulatory agencies.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Brian Allen is a member of the American Academy of Actuaries, and he meets the qualification standards for performing the analyses in this report.

Models used in the preparation of our analysis were applied consistently with their intended use. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models, including all input, calculations, and output may not be appropriate for any other purpose.

In preparing this information, we relied on EO 25-21, the Indiana APCD, Transparency in Coverage data provided by Turquoise Health and other data sources, as well as information and guidance provided by IDOI and coordinating state government agencies. We accepted this data and information without audit but reviewed for general reasonableness. If the data or information relied upon is inaccurate or incomplete, the information in this material will be likewise inaccurate or incomplete.

## Exhibits and Appendices

The following exhibits and appendices are included:

- **Exhibit 1a-1b:** TiC Data Validation of Completeness by Payer Using IN APCD
- **Exhibit 2a-2c:** TiC Data Validation of Completeness by Network + Provider Using IN APCD
- **Exhibit 3:** TiC Data Validation of Rate Matching Using IN APCD
- **Exhibit 4a-4c:** TiC Data Validation IN APCD Rate Difference Distributions
- **Exhibit 5:** TiC Data Validation IN APCD Rate Difference Distributions
- **Exhibit 6:** Sample Summary of TiC Data Quality by Payer
- **Exhibit 7a-7e:** Penalty Framework and Financial Scenario Modeling
- **Appendix A:** Review of Network Identification Characteristics in TiC Datasets by Payer
- **Appendix B:** Review of Provider Groups with Multiple Fee Schedules Posted
- **Appendix C:** Prevalence of Codes with Duplicate Rates
- **Appendix D:** Review of Billing Code Validity
- **Appendix E:** TiC Data Preparation Methodology
- **Appendix F:** State-Specific Regulation Review

**Exhibit 1a**

**Indiana Department of Insurance**

**Transparency in Coverage Cross-Source Validation Analysis**

**TiC Completeness Study**

**TiC Data Validation of Completeness by Payer Using IN APCD - Professional Claim Type**

**APCD Claims Experience with Date of Service in 2024Q1 through 2025Q1**

	A	APCD Allowed Dollars (\$1,000s)					Total
		Anthem		UnitedHealthcare Insurance Company	Centene	Aetna Life Insurance Company	
		Ant	Health	United	Cent	Aetna	Cigna
<b>Total Professional Claims<sup>(1)</sup></b>	<b>A</b>	<b>\$1,096,217</b>	<b>\$291,867</b>	<b>\$367,908</b>	<b>\$55,192</b>	<b>\$99,674</b>	<b>\$1,910,858</b>
Exclude Providers Outside of Indiana		(294,176)	(87,934)	(66,277)	(21,150)	(35,988)	(505,525)
Exclude Claims Capped at Billed Charges		(37,165)	(7,310)	(21,859)	(540)	(3,002)	(69,877)
Exclude \$0 Payments and Reversals		(348)	(5)	(10)	(341)	(50)	(754)
Exclude Anesthesia		(35,423)	(8,953)	(5,309)	296	(3,135)	(54,115)
<b>Remaining after Claim Exclusions</b>	<b>B</b>	<b>729,105</b>	<b>187,665</b>	<b>274,454</b>	<b>31,865</b>	<b>57,498</b>	<b>1,280,586</b>
Exclude Claims where Provider Group not found in TiC MRF		75,164	(56,400)	52,639	(7,808)	7,621	(409,632)
Exclude where Payer Network not identified in TiC MRF and/or APCD		(34,020)	(25,727)	-	(4,583)	(8,786)	(73,117)
<b>Claims with Provider and Network Matched to TiC File</b>	<b>C</b>	<b>519,921</b>	<b>105,537</b>	<b>121,815</b>	<b>19,474</b>	<b>31,090</b>	<b>797,837</b>
Services with no matching HCPCS found in TiC MRF		(54,756)	4,494	5,676	(3,677)	(5,072)	(93,676)
<b>Claims with Provider and Billing Code Matched to TiC File</b>	<b>D</b>	<b>465,165</b>	<b>91,043</b>	<b>106,139</b>	<b>15,796</b>	<b>26,018</b>	<b>704,161</b>
<b>% of APCD Allowed Matched to Provider and Network in TiC File (C / B)</b>		<b>71.3%</b>	<b>56.2%</b>	<b>44.4%</b>	<b>61.1%</b>	<b>54.1%</b>	<b>62.3%</b>
<b>% of Professional APCD Allowed with Billing Code Match in TiC File</b>							
% of Claims with Provider and Networked Match (D / C)		<b>89.5%</b>	<b>86.3%</b>	<b>87.1%</b>	<b>81.1%</b>	<b>83.7%</b>	<b>88.3%</b>
% of Total Remaining after Claim Exclusions (D / B)		<b>63.8%</b>	<b>48.5%</b>	<b>38.7%</b>	<b>49.6%</b>	<b>45.3%</b>	<b>55.0%</b>

(1) Limited to commercial, in-network APCD claims that were reimbursed as the primary payer, and excluding capitation and global payments.

**Exhibit 1b**

**Indiana Department of Insurance**

**Transparency in Coverage Cross-Source Validation Analysis**

**TiC Completeness Study**

**TiC Data Validation of Completeness by Payer Using IN APCD - Institutional Claim Type**

APCD Claims Experience with Date of Service in 2024Q1 through 2025Q1

APCD Allowed Dollars (\$1,000s)						
	Anthem	UnitedHealthcare Insurance Company	Centene	Aetna Life Insurance Company	Cigna Health and Life Insurance Company	Total
<b>Total Institutional Claims<sup>(1)</sup></b>	<b>A</b>	<b>\$2,387,319</b>	<b>\$641,221</b>	<b>\$430,707</b>	<b>\$137,484</b>	<b>\$257,124</b>
Exclude Providers Outside of Indiana		(203,742)	(63,490)	(23,546)	(23,173)	(28,832)
Exclude Claims Paid at Billed Charges		(94,798)	(33,044)	333	852	(6,659)
Exclude \$0 Payments and Reversals		620	(27)	(516)	(3,813)	133
<b>Remaining after Claim Exclusions</b>	<b>B</b>	<b>2,087,160</b>	<b>544,660</b>	<b>396,312</b>	<b>108,645</b>	<b>220,501</b>
Exclude claims not linked by CMS Certification Number (CCN)		(70,780)	3,442	(31,323)	(7,448)	5,279
Exclude where Payer Network not identified in TiC MRF and/or APCD		13,690	(61,452)	-	7,263	(38,629)
<b>Claims with Provider and Network Matched to TiC File</b>	<b>C</b>	<b>1,902,690</b>	<b>469,767</b>	<b>364,989</b>	<b>83,934</b>	<b>166,594</b>
<b>% of APCD Allowed Matched to Provider and Network in TiC File (C / B)</b>		<b>91.2%</b>	<b>86.2%</b>	<b>92.1%</b>	<b>77.3%</b>	<b>75.6%</b>
						<b>89.0%</b>
<b>Inpatient Remaining after Claim Exclusions</b>	<b>D</b>	<b>\$511,235</b>	<b>\$132,432</b>	<b>\$170,819</b>	<b>\$26,696</b>	<b>\$63,571</b>
<b>Inpatient Claims with Provider and Network Matched to TiC File</b>	<b>E</b>	<b>455,041</b>	<b>111,768</b>	<b>151,536</b>	<b>22,207</b>	<b>45,188</b>
Exclude claims without matching billing code in TiC File		(30,670)	(42,235)	(74,217)	3,965	(20,991)
<b>Inpatient Claims with Provider and Billing Code Matched to TiC File</b>	<b>F</b>	<b>424,370</b>	<b>69,533</b>	<b>77,318</b>	<b>8,242</b>	<b>24,197</b>
<b>% of Inpatient APCD Allowed with Billing Code Match in TiC File</b>						
% of Claims with Provider and Networked Match (F / E)		<b>93.3%</b>	<b>62.2%</b>	<b>51.0%</b>	<b>37.1%</b>	<b>53.5%</b>
% of Total Remaining after Claim Exclusions (F / D)		<b>83.0%</b>	<b>52.5%</b>	<b>45.3%</b>	<b>30.9%</b>	<b>38.1%</b>
						<b>76.8%</b>
						<b>66.7%</b>
<b>Outpatient Remaining after Claim Exclusions</b>	<b>G</b>	<b>\$1,575,926</b>	<b>\$412,228</b>	<b>\$225,493</b>	<b>\$81,950</b>	<b>\$156,931</b>
<b>Outpatient Claims with Provider and Network Matched to TiC File</b>	<b>H</b>	<b>1,447,649</b>	<b>357,999</b>	<b>213,453</b>	<b>61,727</b>	<b>121,406</b>
Exclude claims without matching billing code in TiC File		(750,642)	(286,780)	(49,346)	9,406	722
<b>Outpatient Claims with Provider and Billing Code Matched to TiC File</b>	<b>I</b>	<b>697,007</b>	<b>71,219</b>	<b>164,107</b>	<b>42,321</b>	<b>20,684</b>
<b>% of Outpatient APCD Allowed with Billing Code Match in TiC File</b>						
% of Claims with Provider and Networked Match (I / H)		<b>48.1%</b>	<b>19.9%</b>	<b>76.9%</b>	<b>68.6%</b>	<b>17.0%</b>
% of Total Remaining after Claim Exclusions (I / G)		<b>44.2%</b>	<b>17.3%</b>	<b>72.8%</b>	<b>51.6%</b>	<b>13.2%</b>
						<b>45.2%</b>
						<b>40.6%</b>

(1) Limited to commercial, in-network APCD claims that were reimbursed as the primary payer, and excluding capitation and global payments.

**Exhibit 2a**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Professional Claim Type

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	498,306,488	16,711,644	4,596,668	238,181	65,216	1,922
TIC Completeness: % Matching HCPCS Rates in TIC File	90%	90%	7%	92%	0%	100%
<b>Anthem</b>						
Provider (Top 100)	Total Allowed					
Community Physicians of Indiana Inc	\$57,662,918	89.29%	91.15%	74.65%	n/a	n/a
Franciscan Physician Network	\$43,047,651	92.19%	92.67%	100.00%	n/a	0.00%
Indiana University Health Southern Indiana Physicians Inc	\$29,764,710	87.56%	94.24%	0.00%	n/a	n/a
Arnett Clinic LLC	\$29,589,150	93.12%	94.84%	0.00%	n/a	0.00%
Indiana University Health Inc	\$27,872,750	48.70%	31.85%	0.00%	n/a	0.00%
Parkview Health System Inc	\$20,052,484	92.88%	94.80%	0.00%	n/a	0.00%
Beacon Medical Group Inc	\$16,237,571	92.67%	94.33%	n/a	n/a	n/a
University Family Physicians Inc	\$16,143,648	84.98%	89.71%	0.00%	n/a	0.00%
The South Bend Clinic Llc	\$15,696,972	91.75%	98.20%	n/a	n/a	n/a
University Pediatric Associates Inc	\$14,269,586	95.65%	98.39%	0.00%	n/a	0.00%
Josephson-Wallack-Munshower Neurology PC	\$13,556,244	95.38%	90.40%	n/a	n/a	n/a
Indiana University Radiology Associates Inc	\$11,542,189	97.96%	95.26%	0.00%	n/a	0.00%
Orthopaedics-Indianapolis Inc	\$10,861,730	94.83%	96.46%	n/a	100.00%	n/a
Hendricks County Hospital	\$10,316,907	89.90%	94.58%	83.47%	n/a	n/a
Community Care Network Inc	\$10,192,958	94.64%	94.84%	n/a	n/a	n/a
Deaconess Clinic Inc	\$8,782,980	91.81%	90.73%	n/a	92.61%	n/a
Central Indiana Orthopedics PC	\$8,332,677	95.71%	96.66%	n/a	n/a	n/a
Urology Of Indiana LLC	\$7,702,841	92.32%	94.23%	87.03%	n/a	n/a
Radiology Of Indiana Pc	\$7,693,402	97.88%	96.55%	n/a	n/a	n/a
American Health Network Of Indiana LLC	\$7,165,096	87.98%	82.02%	97.87%	n/a	0.00%
Deaconess Hospital Inc	\$6,798,732	62.44%	90.67%	42.83%	92.42%	n/a
Riverview Hospital	\$6,528,758	95.33%	98.27%	100.00%	n/a	n/a
Northwest Cancer Centers PC	\$6,343,858	93.35%	97.96%	n/a	n/a	n/a
Reid Physician Associates Inc	\$5,899,577	94.71%	97.83%	n/a	n/a	n/a
St Marys Medical Group LLC	\$5,852,981	90.25%	90.59%	n/a	87.26%	n/a
Unity Healthcare LLC	\$5,851,777	97.69%	96.16%	0.00%	n/a	0.00%
Union Associated Physicians Clinic LLC	\$5,673,519	92.42%	94.59%	n/a	100.00%	n/a
The Health And Hospital Corporation Of Marion County	\$5,549,416	28.33%	44.20%	7.08%	n/a	n/a
Lutheran Medical Group LLC	\$5,472,882	95.89%	97.10%	95.25%	n/a	0.00%
Thomas A Brady Sports Medicine Ctr	\$5,349,723	93.34%	93.71%	n/a	n/a	100.00%
Goshen Health System Inc	\$5,211,112	93.43%	86.55%	n/a	n/a	n/a
Northwest Radiology Network Pc	\$5,103,336	81.65%	86.33%	98.77%	n/a	n/a
Advanced Physical Therapy LLC	\$4,767,050	98.78%	99.16%	99.81%	n/a	0.00%
Fort Wayne Medical Oncology And Hematology Inc	\$4,739,716	99.15%	100.00%	n/a	n/a	n/a
Imaging Associates Of Indiana PC	\$4,529,309	98.67%	99.40%	n/a	n/a	0.00%
Elkhart Clinic Llc	\$4,446,645	98.49%	99.64%	n/a	n/a	n/a
Lakeshore Bone & Joint Institute Pc	\$4,402,696	93.97%	94.63%	n/a	n/a	n/a
Indiana Spine Group PC	\$4,102,385	98.59%	99.99%	n/a	n/a	n/a
Indianapolis Neurosurgical Group PC	\$4,078,319	98.81%	99.71%	n/a	n/a	n/a
Indianapolis Gastroenterology Llc	\$3,903,460	96.33%	100.00%	n/a	n/a	n/a
Columbus Regional Health Physicians LLC	\$3,742,269	91.88%	98.62%	n/a	n/a	0.00%
Michigan Hematology-Oncology Pc	\$3,662,673	97.47%	99.00%	n/a	n/a	n/a
Indiana Clinic-Neurology LLC	\$3,660,696	98.53%	97.77%	0.00%	n/a	0.00%
St Vincent Pediatric Subspecialties	\$3,594,773	97.85%	98.72%	n/a	100.00%	n/a
Hancock Physician Network LLC	\$3,382,166	85.21%	95.88%	89.93%	n/a	n/a
Midwest Behavioral Health LLC	\$3,358,157	99.93%	100.00%	100.00%	n/a	100.00%
Tri-State Orthopaedic Surgeons Inc	\$3,099,924	95.45%	95.74%	n/a	97.79%	n/a
Ameripath Indianapolis PC	\$3,086,350	99.95%	100.00%	n/a	n/a	n/a
Centerstone Of Indiana Inc	\$2,974,665	99.91%	100.00%	n/a	n/a	n/a
Jackson County Schneek Memorial Hospital	\$2,945,216	78.85%	98.42%	78.19%	n/a	n/a

**Exhibit 2a**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Professional Claim Type

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included	Allowed <sup>(1)</sup> by Network	16,711,644	4,596,668	238,181	65,216	1,922
TIC Completeness: % Matching HCPCS Rates in TIC File		90%	90%	7%	92%	0%
Anthem						
Provider (Top 100)	Total Allowed					
Dawes Fretzin Dermatology Group LLC	\$2,940,160	99.70%	99.82%	100.00%	n/a	n/a
University Surgeons Inc	\$2,885,720	92.85%	85.90%	0.00%	n/a	n/a
St Vincent Physician Services Hospital And Health Care Center	\$2,865,832	95.59%	97.03%	n/a	n/a	n/a
Fort Wayne Orthopaedics LLC	\$2,752,486	93.95%	86.56%	n/a	n/a	n/a
St Vincent Medical Group Inc	\$2,746,224	90.83%	85.95%	100.00%	n/a	n/a
Orthopaedics Northeast PC	\$2,730,010	95.39%	93.68%	100.00%	n/a	n/a
Community Health Network Inc	\$2,719,276	99.69%	100.00%	100.00%	n/a	n/a
Medical Associates	\$2,715,505	99.93%	100.00%	n/a	n/a	n/a
Saint Joseph Regional Medical Center Inc	\$2,704,955	90.04%	93.66%	n/a	n/a	n/a
Associated Surgeons And Physicians LLC	\$2,676,717	92.85%	98.42%	n/a	n/a	n/a
Witham Memorial Hospital	\$2,662,696	88.39%	93.08%	54.85%	n/a	n/a
University Obstetricians-Gynecologists Inc	\$2,638,293	95.79%	97.87%	0.00%	n/a	n/a
Dermatology Inc	\$2,629,021	99.96%	99.98%	100.00%	n/a	n/a
Cardiothoracic Surgeons Inc	\$2,606,089	86.37%	74.61%	0.00%	n/a	n/a
Little Star Center Inc	\$2,603,913	0.05%	0.07%	0.00%	n/a	0.00%
Indiana University Health Bloomington Inc	\$2,559,131	64.62%	39.40%	0.00%	n/a	n/a
St Francis Medical Group LLC	\$2,516,805	98.83%	96.83%	n/a	n/a	100.00%
Little Company Of Mary Hospital Of Indiana Inc	\$2,513,417	97.01%	95.92%	n/a	n/a	n/a
Rheumatology Associates PC	\$2,496,688	97.94%	98.59%	n/a	n/a	n/a
Women's Health Care PC	\$2,472,559	88.21%	85.96%	n/a	90.06%	n/a
Associated Vitreoretinal And Uveitis Consultants Inc	\$2,440,180	82.32%	92.66%	0.00%	n/a	n/a
Shadeland Anesthesia & Pain Associates Inc	\$2,437,980	36.36%	40.97%	n/a	100.00%	n/a
Professional Emergency Physicians PC	\$2,389,935	99.88%	99.90%	n/a	n/a	n/a
Otolaryngology Associates LLC	\$2,343,366	98.51%	94.46%	100.00%	n/a	n/a
Sira Imaging Center LLC	\$2,339,265	92.17%	100.00%	0.00%	n/a	n/a
Indiana Hemophilia & Thrombosis Center Inc	\$2,314,318	70.06%	100.00%	n/a	n/a	n/a
Porter Physician Services LLC	\$2,288,257	98.41%	99.69%	87.97%	n/a	n/a
Digestive Care Of Evansville PC	\$2,257,173	88.04%	99.83%	n/a	100.00%	n/a
University Urologists Inc PC	\$2,122,865	93.54%	74.27%	0.00%	n/a	n/a
Academy Allergy Asthma & Sinus PC	\$2,101,133	99.38%	100.00%	100.00%	n/a	n/a
Orthopedic And Sports Medicine Center Of Northern Indiana Inc	\$2,022,857	96.96%	93.90%	n/a	n/a	n/a
Radiology Inc	\$1,919,182	93.77%	94.73%	n/a	n/a	n/a
Johnson Memorial Health Physician Network Llc	\$1,900,692	86.67%	88.37%	n/a	n/a	n/a
The Otis R Bowen Center For Human Services Inc	\$1,895,667	99.52%	100.00%	n/a	n/a	n/a
Kosciusko Medical Group LLC	\$1,875,176	92.51%	89.54%	n/a	n/a	n/a
Indiana Clinic Critical Care LLC	\$1,869,170	98.53%	100.00%	0.00%	n/a	n/a
Oaklawn Psychiatric Center Inc	\$1,804,965	100.00%	100.00%	n/a	n/a	n/a
Professional Clinical Laboratories Llc	\$1,791,645	98.20%	91.63%	n/a	26.84%	100.00%
La Porte Clinic Company LLC	\$1,789,921	90.77%	94.95%	n/a	n/a	n/a
Northshore Health Centers Inc	\$1,777,504	91.86%	94.31%	n/a	n/a	n/a
University Otolaryngology Associates Inc	\$1,747,000	92.12%	78.66%	n/a	n/a	n/a
Eye Surgeons Of Indiana PC	\$1,743,474	95.62%	99.40%	97.78%	n/a	0.00%
Memorial Hospital	\$1,736,722	94.24%	98.29%	n/a	n/a	n/a
Dermatology Center Of Southern Indiana PC	\$1,733,892	99.04%	99.92%	99.99%	n/a	n/a
Hand Surgery Associates Of Indiana Inc	\$1,717,251	86.68%	91.13%	83.65%	n/a	n/a
Fort Wayne Radiology Associates LLC	\$1,711,399	97.05%	95.18%	n/a	n/a	n/a
The Methodist Hospitals Inc	\$1,662,596	97.63%	98.71%	n/a	n/a	n/a
Gastroenterology Health Partners PLLC	\$1,607,848	90.87%	0.00%	n/a	n/a	n/a
Summit Radiology PC	\$1,600,709	92.62%	93.80%	n/a	n/a	n/a
Elite Emergency Physicians Inc	\$1,542,141	99.80%	100.00%	n/a	n/a	n/a

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provider and Network Matched to TIC File from Exhibit 1a. Specific requirements include:

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude anesthesia professional services
- Exclude claims without network and provider found in TIC Data

**Exhibit 2a**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Profes

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	481	121,815,239	54,575,030	41,608,945	6,477,813	1,340,671	
TIC Completeness: % Matching HCPCS Rates in TIC File	100%	87%	87%	86%	87%	89%	
<b>Centene</b>							
Provider (Top 100)	Total Allowed	Pathway X - IN	Ambetter IN	UHC NexusACO	UHC Core	UHC Choice Plus	UHC Options
Community Physicians Of Indiana Inc	\$57,662,918	n/a	92.34%	91.19%	90.44%	89.12%	90.34%
Franciscan Physician Network	\$43,047,651	n/a	95.29%	91.00%	91.49%	92.35%	95.52%
Indiana University Health Southern Indiana Physicians Inc	\$29,764,710	n/a	90.97%	87.92%	89.66%	88.31%	87.72%
Arnett Clinic LLC	\$29,589,150	n/a	86.07%	93.68%	92.31%	96.47%	90.53%
Indiana University Health Inc	\$27,872,750	n/a	27.28%	51.87%	49.95%	7.01%	94.14%
Parkview Health System Inc	\$20,052,484	100.00%	93.45%	87.34%	91.59%	92.74%	96.30%
Beacon Medical Group Inc	\$16,237,571	n/a	93.56%	92.20%	91.95%	88.76%	95.10%
University Family Physicians Inc	\$16,143,648	n/a	86.70%	90.35%	64.12%	88.16%	81.98%
The South Bend Clinic Llc	\$15,696,972	n/a	94.68%	92.18%	93.58%	91.30%	88.08%
University Pediatric Associates Inc	\$14,269,586	n/a	93.11%	96.55%	97.46%	92.21%	100.00%
Josephson-Wallack-Munshower Neurology PC	\$13,558,244	n/a	99.53%	94.36%	92.94%	94.44%	100.00%
Indiana University Radiology Associates Inc	\$11,542,189	100.00%	93.92%	96.96%	95.52%	93.78%	93.44%
Orthopaedics-Indianapolis Inc	\$10,861,730	n/a	92.35%	94.69%	94.91%	92.79%	99.36%
Hendricks County Hospital	\$10,316,907	n/a	89.60%	87.65%	88.78%	87.01%	82.19%
Community Care Network Inc	\$10,192,958	n/a	94.37%	93.69%	93.65%	94.77%	95.85%
Deaconess Clinic Inc	\$8,762,980	n/a	93.90%	89.16%	90.93%	89.54%	92.76%
Central Indiana Orthopedics PC	\$8,332,677	n/a	92.06%	96.20%	96.11%	96.95%	93.91%
Urology Of Indiana LLC	\$7,702,841	n/a	89.89%	96.16%	91.05%	90.75%	96.80%
Radiology Of Indiana Pc	\$7,693,402	n/a	95.14%	97.52%	96.70%	98.15%	98.89%
American Health Network Of Indiana LLC	\$7,165,096	n/a	94.17%	94.28%	94.08%	89.94%	96.60%
Deaconess Hospital Inc	\$6,798,732	n/a	80.74%	84.07%	86.55%	89.32%	96.45%
Riverview Hospital	\$6,528,758	n/a	93.90%	94.48%	94.35%	94.20%	99.08%
Northwest Cancer Centers PC	\$6,343,858	n/a	69.12%	96.68%	76.98%	96.32%	69.62%
Reid Physician Associates Inc	\$5,899,577	n/a	79.56%	91.26%	93.84%	90.66%	97.86%
St Marys Medical Group LLC	\$5,852,981	n/a	95.06%	87.97%	92.10%	90.58%	91.47%
Unity Healthcare LLC	\$5,851,777	n/a	n/a	98.05%	94.80%	99.91%	100.00%
Union Associated Physicians Clinic LLC	\$5,673,519	n/a	91.70%	87.80%	86.31%	92.12%	54.37%
The Health And Hospital Corporation Of Marion County	\$5,549,416	n/a	22.03%	20.21%	22.13%	23.97%	38.56%
Lutheran Medical Group LLC	\$5,472,882	n/a	96.03%	94.40%	95.82%	93.69%	97.92%
Thomas A Brady Sports Medicine Ctr	\$5,349,723	n/a	98.75%	94.86%	95.80%	94.95%	97.14%
Goshen Health System Inc	\$5,211,112	n/a	93.17%	94.14%	95.88%	97.29%	92.63%
Northwest Radiology Network Pc	\$5,103,336	n/a	78.70%	91.93%	83.24%	92.20%	96.67%
Advanced Physical Therapy LLC	\$4,767,050	n/a	99.72%	0.00%	0.00%	0.00%	0.00%
Fort Wayne Medical Oncology And Hematology Inc	\$4,739,716	n/a	95.93%	95.14%	93.95%	100.00%	n/a
Imaging Associates Of Indiana PC	\$4,529,309	n/a	89.52%	n/a	n/a	n/a	n/a
Elkhart Clinic Llc	\$4,446,645	n/a	84.17%	98.93%	98.10%	97.33%	95.23%
Lakeshore Bone & Joint Institute Pc	\$4,402,696	n/a	92.91%	94.16%	94.38%	97.49%	93.37%
Indiana Spine Group PC	\$4,102,385	n/a	91.32%	98.53%	99.14%	96.56%	100.00%
Indianapolis Neurosurgical Group PC	\$4,078,319	n/a	85.62%	98.32%	99.62%	98.65%	99.95%
Indianapolis Gastroenterology Llc	\$3,903,460	n/a	91.40%	90.03%	90.43%	100.00%	98.23%
Columbus Regional Health Physicians LLC	\$3,742,269	n/a	94.93%	90.90%	90.42%	92.37%	90.42%
Michiana Hematology-Oncology Pc	\$3,662,673	n/a	84.43%	89.12%	97.97%	99.28%	53.05%
Indiana Clinic-Neurology LLC	\$3,660,696	n/a	94.24%	96.03%	94.16%	94.96%	99.74%
St Vincent Pediatric Subspecialties	\$3,594,773	n/a	n/a	n/a	n/a	n/a	n/a
Hancock Physician Network LLC	\$3,382,166	n/a	87.13%	83.70%	81.46%	67.21%	81.01%
Midwest Behavioral Health LLC	\$3,358,157	n/a	n/a	0.00%	0.00%	0.00%	0.00%
Tri-State Orthopaedic Surgeons Inc	\$3,099,924	n/a	91.21%	96.49%	95.77%	97.35%	96.49%
Ameripath Indianapolis PC	\$3,086,350	n/a	99.21%	n/a	n/a	n/a	n/a
Jacksonstone Of Indiana Inc	\$2,974,665	n/a	62.18%	0.00%	0.00%	0.00%	0.00%
Jackson County Schneck Memorial Hospital	\$2,945,216	n/a	95.27%	72.85%	77.81%	99.85%	97.04%

**Exhibit 2a**

**Indiana Department of Insurance**

**Transparency in Coverage Cross-Source Validation Analysis**

**TIC Completeness Study**

**TIC Data Validation of Completeness by Network + Provider Using IN APCD - Profes**

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	481	121,815,239	54,575,030	41,608,945	6,477,813	1,340,671	
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<b>Centene</b>							
Provider (Top 100)	Total Allowed	Pathway X - IN	Ambetter IN	UHC NexusACO	UHC Core	UHC Choice Plus	UHC Options
Dawes Fretzin Dermatology Group LLC	\$2,940,160	n/a	98.94%	99.74%	99.64%	99.92%	100.00%
University Surgeons Inc	\$2,885,720	n/a	55.60%	85.19%	88.96%	96.73%	100.00%
St Vincent Physician Services Hospital And Health Care Center	\$2,865,832	n/a	93.95%	97.59%	99.04%	98.75%	78.61%
Fort Wayne Orthopaedics LLC	\$2,752,486	n/a	90.49%	94.48%	94.93%	93.92%	89.58%
St Vincent Medical Group Inc	\$2,746,224	n/a	96.82%	95.08%	76.31%	96.50%	100.00%
Orthopaedics Northeast PC	\$2,730,010	n/a	91.09%	97.97%	98.11%	97.87%	99.64%
Community Health Network Inc	\$2,719,276	n/a	98.29%	99.89%	99.82%	99.11%	100.00%
Medical Associates	\$2,715,505	n/a	99.81%	99.57%	99.71%	99.36%	100.00%
Saint Joseph Regional Medical Center Inc	\$2,704,955	n/a	87.12%	92.14%	89.62%	92.82%	100.00%
Associated Surgeons And Physicians LLC	\$2,676,717	n/a	94.39%	90.52%	94.41%	90.76%	100.00%
Witham Memorial Hospital	\$2,662,696	n/a	91.31%	83.02%	80.59%	86.32%	84.79%
University Obstetricians-Gynecologists Inc	\$2,638,293	n/a	91.02%	89.96%	95.50%	97.05%	67.17%
Dermatology Inc	\$2,629,021	n/a	77.92%	99.22%	99.97%	99.98%	100.00%
Cardiothoracic Surgeons Inc	\$2,606,089	n/a	66.24%	76.42%	90.48%	70.08%	100.00%
Little Star Center Inc	\$2,603,913	n/a	n/a	0.00%	0.00%	n/a	n/a
Indiana University Health Bloomington Inc	\$2,559,131	n/a	83.19%	97.15%	96.02%	97.87%	0.00%
St Francis Medical Group LLC	\$2,516,805	n/a	96.26%	96.69%	98.97%	98.81%	98.97%
Little Company Of Mary Hospital Of Indiana Inc	\$2,513,417	n/a	97.59%	95.46%	98.66%	98.01%	100.00%
Rheumatology Associates PC	\$2,496,688	n/a	n/a	n/a	n/a	n/a	n/a
Women'S Health Care PC	\$2,472,559	n/a	85.85%	89.84%	88.26%	91.94%	90.72%
Associated Vitreoretinal And Uveitis Consultants Inc	\$2,440,180	n/a	n/a	93.16%	84.00%	100.00%	100.00%
Shadeland Anesthesia & Pain Associates Inc	\$2,437,980	n/a	68.70%	39.50%	47.12%	84.37%	89.05%
Professional Emergency Physicians PC	\$2,389,935	n/a	98.70%	99.61%	99.57%	100.00%	100.00%
Otolaryngology Associates LLC	\$2,343,366	n/a	91.50%	88.72%	90.72%	88.38%	98.81%
Sira Imaging Center LLC	\$2,339,265	n/a	89.47%	95.81%	92.51%	99.19%	100.00%
Indiana Hemophilia & Thrombosis Center Inc	\$2,314,318	n/a	99.29%	96.10%	100.00%	100.00%	100.00%
Porter Physician Services LLC	\$2,288,257	n/a	97.46%	96.57%	97.39%	97.48%	100.00%
Digestive Care Of Evansville PC	\$2,257,173	n/a	97.17%	98.76%	99.41%	100.00%	84.78%
University Urologists Inc PC	\$2,122,865	n/a	38.12%	93.31%	94.77%	90.70%	100.00%
Academy Allergy Asthma & Sinus Pc	\$2,101,133	n/a	96.95%	99.89%	99.87%	100.00%	100.00%
Orthopedic And Sports Medicine Center Of Northern Indiana Inc	\$2,022,857	n/a	93.56%	95.99%	97.66%	97.85%	97.72%
Radiology Inc	\$1,919,182	n/a	n/a	n/a	n/a	n/a	n/a
Johnson Memorial Health Physician Network Llc	\$1,900,692	n/a	90.56%	79.79%	86.03%	79.00%	100.00%
The Otis R Bowen Center For Human Services Inc	\$1,895,667	n/a	68.77%	100.00%	100.00%	100.00%	n/a
Kosciusko Medical Group LLC	\$1,875,178	n/a	96.95%	85.29%	87.91%	90.64%	100.00%
Indiana Clinic Critical Care LLC	\$1,869,170	n/a	98.83%	98.24%	95.22%	98.78%	100.00%
Oaklawn Psychiatric Center Inc	\$1,804,965	n/a	99.65%	0.00%	0.00%	0.00%	0.00%
Professional Clinical Laboratories Llc	\$1,791,645	n/a	88.12%	98.05%	97.46%	98.78%	93.38%
La Porte Clinic Company LLC	\$1,789,921	n/a	95.68%	92.84%	89.84%	95.37%	100.00%
Northshore Health Centers Inc	\$1,777,504	n/a	97.95%	95.19%	94.83%	87.31%	100.00%
University Otolaryngology Associates Inc	\$1,747,000	n/a	63.42%	91.22%	96.19%	92.94%	100.00%
Eye Surgeons Of Indiana PC	\$1,743,474	n/a	97.03%	96.04%	94.81%	96.65%	100.00%
Memorial Hospital	\$1,736,722	n/a	94.75%	95.49%	94.94%	99.57%	100.00%
Dermatology Center Of Southern Indiana PC	\$1,733,892	n/a	99.94%	99.72%	99.99%	100.00%	100.00%
Hand Surgery Associates Of Indiana Inc	\$1,717,251	n/a	76.51%	86.44%	87.30%	85.56%	100.00%
Fort Wayne Radiology Associates LLC	\$1,711,399	n/a	87.17%	92.59%	94.20%	96.03%	95.21%
The Methodist Hospitals Inc	\$1,662,596	n/a	91.76%	94.00%	92.20%	96.54%	98.52%
Gastroenterology Health Partners PLLC	\$1,607,848	n/a	99.37%	97.87%	61.40%	100.00%	100.00%
Summit Radiology PC	\$1,600,709	n/a	90.10%	90.37%	94.21%	96.94%	92.69%
Elite Emergency Physicians Inc	\$1,542,141	n/a	99.94%	99.28%	98.69%	99.29%	94.57%

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provide

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude anesthesia professional services
- Exclude claims without network and provider found in TIC Data

**Exhibit 2a**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Profes

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	681,906	261,172	258,075	171,886	161,469	15,883,199
TIC Completeness: % Matching HCPCS Rates in TIC File	41%	86%	22%	87%	94%	83%

Healthcare Insurance Company							Cigna H
Provider (Top 100)	Total Allowed	UHC Individual Exchange Benefit Plans	Qualcomm POS-00	Optum Behavioral Health	Qualcomm PS1-50	Qualcomm PPO-00	Cigna PPO
Community Physicians Of Indiana Inc	\$57,662,918	84.86%	94.39%	51.82%	94.81%	97.68%	83.08%
Franciscan Physician Network	\$43,047,651	50.81%	98.97%	64.30%	84.47%	98.78%	90.05%
Indiana University Health Southern Indiana Physicians Inc	\$29,764,710	n/a	100.00%	97.69%	96.64%	100.00%	83.68%
Arnett Clinic LLC	\$29,589,150	74.36%	100.00%	0.00%	100.00%	100.00%	76.15%
Indiana University Health Inc	\$27,872,750	1.83%	0.00%	0.00%	2.51%	0.00%	27.48%
Parkview Health System Inc	\$20,052,484	38.51%	73.94%	55.69%	91.75%	99.53%	90.65%
Beacon Medical Group Inc	\$16,237,571	38.63%	94.37%	55.07%	99.88%	93.56%	91.97%
University Family Physicians Inc	\$16,143,648	92.08%	71.81%	0.00%	31.41%	99.18%	85.84%
The South Bend Clinic Llc	\$15,696,972	0.00%	95.48%	0.00%	95.81%	91.29%	n/a
University Pediatric Associates Inc	\$14,269,586	100.00%	10.29%	20.90%	100.00%	100.00%	n/a
Josephson-Wallack-Munshower Neurology PC	\$13,558,244	0.00%	100.00%	0.00%	100.00%	100.00%	99.11%
Indiana University Radiology Associates Inc	\$11,542,189	93.17%	100.00%	0.00%	100.00%	94.51%	95.50%
Orthopaedics-Indianapolis Inc	\$10,861,730	0.00%	100.00%	n/a	100.00%	100.00%	81.60%
Hendricks County Hospital	\$10,316,907	71.92%	76.36%	0.00%	87.53%	84.67%	90.03%
Community Care Network Inc	\$10,192,958	48.56%	90.80%	n/a	93.07%	100.00%	93.32%
Deaconess Clinic Inc	\$8,762,980	66.77%	100.00%	0.00%	64.71%	41.72%	86.21%
Central Indiana Orthopedics PC	\$8,332,677	0.00%	100.00%	n/a	100.00%	100.00%	92.97%
Urology Of Indiana LLC	\$7,702,841	0.00%	85.33%	0.00%	99.66%	100.00%	92.87%
Radiology Of Indiana Pc	\$7,693,402	0.00%	100.00%	0.00%	100.00%	98.78%	n/a
American Health Network Of Indiana LLC	\$7,165,096	91.28%	100.00%	74.43%	88.36%	100.00%	92.13%
Deaconess Hospital Inc	\$6,798,732	0.00%	94.16%	0.00%	73.01%	n/a	56.76%
Riverview Hospital	\$6,528,758	93.21%	100.00%	24.54%	98.88%	100.00%	96.58%
Northwest Cancer Centers PC	\$6,343,858	0.00%	n/a	n/a	n/a	92.89%	97.61%
Reid Physician Associates Inc	\$5,899,577	n/a	95.86%	36.96%	93.15%	98.63%	41.35%
St Marys Medical Group LLC	\$5,852,981	85.91%	88.52%	n/a	96.63%	96.41%	90.33%
Unity Healthcare LLC	\$5,851,777	0.00%	100.00%	n/a	100.00%	98.08%	62.04%
Union Associated Physicians Clinic LLC	\$5,673,519	100.00%	100.00%	2.47%	99.69%	n/a	93.17%
The Health And Hospital Corporation Of Marion County	\$5,549,416	7.57%	n/a	15.39%	8.66%	100.00%	17.52%
Lutheran Medical Group LLC	\$5,472,882	67.67%	82.24%	20.09%	88.67%	100.00%	91.94%
Thomas A Brady Sports Medicine Ctr	\$5,349,723	0.00%	100.00%	0.00%	100.00%	100.00%	83.74%
Goshen Health System Inc	\$5,211,112	0.00%	100.00%	n/a	100.00%	100.00%	n/a
Northwest Radiology Network Pc	\$5,103,336	97.90%	100.00%	0.00%	100.00%	85.72%	84.14%
Advanced Physical Therapy LLC	\$4,767,050	0.00%	0.00%	0.00%	0.00%	n/a	99.25%
Fort Wayne Medical Oncology And Hematology Inc	\$4,739,716	0.00%	n/a	n/a	n/a	n/a	n/a
Imaging Associates Of Indiana PC	\$4,529,309	n/a	n/a	n/a	n/a	n/a	97.52%
Elkhart Clinic Llc	\$4,446,645	n/a	100.00%	n/a	90.10%	100.00%	n/a
Lakeshore Bone & Joint Institute Pc	\$4,402,696	18.31%	n/a	n/a	92.81%	94.95%	91.04%
Indiana Spine Group PC	\$4,102,385	0.00%	100.00%	0.00%	100.00%	100.00%	99.04%
Indianapolis Neurosurgical Group PC	\$4,078,319	n/a	68.96%	0.00%	100.00%	100.00%	84.15%
Indianapolis Gastroenterology Llc	\$3,903,460	0.00%	100.00%	0.00%	n/a	100.00%	99.93%
Columbus Regional Health Physicians LLC	\$3,742,269	44.44%	n/a	52.72%	77.94%	100.00%	87.13%
Michiana Hematology-Oncology Pc	\$3,662,673	0.00%	100.00%	n/a	n/a	100.00%	n/a
Indiana Clinic-Neurology LLC	\$3,660,696	9.45%	100.00%	0.00%	91.09%	97.36%	78.55%
St Vincent Pediatric Subspecialties	\$3,594,773	n/a	n/a	n/a	n/a	n/a	n/a
Hancock Physician Network LLC	\$3,382,166	100.00%	78.29%	100.00%	100.00%	81.78%	73.93%
Midwest Behavioral Health LLC	\$3,358,157	100.00%	0.00%	78.11%	0.00%	0.00%	60.30%
Tri-State Orthopaedic Surgeons Inc	\$3,099,924	n/a	n/a	n/a	n/a	n/a	n/a
Ameripath Indianapolis PC	\$3,086,350	n/a	n/a	n/a	n/a	n/a	96.24%
Centerstone Of Indiana Inc	\$2,974,665	100.00%	n/a	n/a	n/a	n/a	100.00%
Jackson County Schneck Memorial Hospital	\$2,945,216	n/a	100.00%	n/a	n/a	n/a	97.47%

**Exhibit 2a**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Profes

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	681,906	261,172	258,075	171,886	161,469	15,883,199
TIC Completeness: % Matching HCPCS Rates in TIC File	41%	86%	22%	87%	94%	83%

Healthcare Insurance Company							Cigna H
Provider (Top 100)	Total Allowed	UHC Individual Exchange Benefit Plans	Qualcomm POS-00	Optum Behavioral Health	Qualcomm PS1-50	Qualcomm PPO-00	Cigna PPO
Dawes Fretzin Dermatology Group LLC	\$2,940,160	0.00%	100.00%	0.00%	100.00%	100.00%	99.99%
University Surgeons Inc	\$2,885,720	n/a	100.00%	0.00%	n/a	n/a	91.67%
St Vincent Physician Services Hospital And Health Care Center	\$2,865,832	100.00%	100.00%	97.75%	100.00%	100.00%	95.74%
Fort Wayne Orthopaedics LLC	\$2,752,486	n/a	95.96%	0.00%	96.43%	100.00%	95.18%
St Vincent Medical Group Inc	\$2,746,224	62.14%	99.36%	100.00%	n/a	96.73%	82.48%
Orthopaedics Northeast PC	\$2,730,010	0.00%	100.00%	0.00%	99.48%	n/a	89.80%
Community Health Network Inc	\$2,719,276	100.00%	100.00%	n/a	n/a	n/a	22.90%
Medical Associates	\$2,715,505	0.00%	n/a	n/a	100.00%	100.00%	99.83%
Saint Joseph Regional Medical Center Inc	\$2,704,955	100.00%	97.19%	0.00%	100.00%	100.00%	40.45%
Associated Surgeons And Physicians LLC	\$2,676,717	0.00%	56.63%	0.00%	94.22%	76.73%	89.97%
Whitman Memorial Hospital	\$2,662,696	78.04%	100.00%	52.03%	100.00%	n/a	81.69%
University Obstetricians-Gynecologists Inc	\$2,638,293	n/a	n/a	0.00%	n/a	100.00%	83.61%
Dermatology Inc	\$2,629,021	0.00%	100.00%	0.00%	100.00%	100.00%	99.72%
Cardiothoracic Surgeons Inc	\$2,606,089	0.00%	n/a	n/a	n/a	n/a	32.01%
Little Star Center Inc	\$2,603,913	n/a	n/a	n/a	n/a	n/a	n/a
Indiana University Health Bloomington Inc	\$2,559,131	n/a	n/a	n/a	n/a	n/a	87.91%
St Francis Medical Group LLC	\$2,516,805	0.00%	n/a	0.00%	100.00%	100.00%	99.00%
Little Company Of Mary Hospital Of Indiana Inc	\$2,513,417	0.00%	n/a	n/a	96.13%	n/a	98.43%
Rheumatology Associates PC	\$2,496,688	n/a	n/a	n/a	n/a	n/a	99.25%
Women'S Health Care PC	\$2,472,559	n/a	100.00%	0.00%	n/a	n/a	91.77%
Associated Vitreoretinal And Uveitis Consultants Inc	\$2,440,180	n/a	100.00%	0.00%	n/a	n/a	99.91%
Shadeland Anesthesia & Pain Associates Inc	\$2,437,980	91.45%	n/a	0.00%	100.00%	100.00%	58.06%
Professional Emergency Physicians PC	\$2,389,935	n/a	100.00%	0.00%	100.00%	n/a	99.97%
Otolaryngology Associates LLC	\$2,343,366	0.00%	100.00%	0.00%	100.00%	100.00%	99.76%
Sira Imaging Center LLC	\$2,339,265	0.00%	100.00%	n/a	94.59%	n/a	95.47%
Indiana Hemophilia & Thrombosis Center Inc	\$2,314,318	n/a	n/a	n/a	n/a	n/a	100.00%
Porter Physician Services LLC	\$2,288,257	0.00%	100.00%	0.00%	100.00%	82.82%	98.58%
Digestive Care Of Evansville PC	\$2,257,173	0.00%	n/a	n/a	n/a	n/a	n/a
University Urologists Inc PC	\$2,122,865	100.00%	n/a	0.00%	100.00%	n/a	80.51%
Academy Allergy Asthma & Sinus Pc	\$2,101,133	41.58%	n/a	n/a	n/a	n/a	100.00%
Orthopedic And Sports Medicine Center Of Northern Indiana Inc	\$2,022,857	n/a	100.00%	n/a	n/a	n/a	n/a
Radiology Inc	\$1,919,182	n/a	n/a	n/a	n/a	n/a	n/a
Johnson Memorial Health Physician Network Llc	\$1,900,692	35.81%	92.00%	0.00%	100.00%	n/a	88.94%
The Otis R Bowen Center For Human Services Inc	\$1,895,667	n/a	n/a	100.00%	n/a	n/a	100.00%
Kosciusko Medical Group LLC	\$1,875,178	0.00%	89.10%	0.00%	91.33%	100.00%	89.78%
Indiana Clinic Critical Care LLC	\$1,869,170	n/a	100.00%	n/a	100.00%	n/a	97.63%
Oaklawn Psychiatric Center Inc	\$1,804,965	n/a	0.00%	n/a	0.00%	n/a	100.00%
Professional Clinical Laboratories Llc	\$1,791,645	0.00%	100.00%	0.00%	96.96%	100.00%	83.41%
La Porte Clinic Company LLC	\$1,789,921	0.00%	n/a	n/a	100.00%	100.00%	88.05%
Northshore Health Centers Inc	\$1,777,504	53.35%	99.44%	n/a	100.00%	100.00%	89.19%
University Otolaryngology Associates Inc	\$1,747,000	100.00%	n/a	0.00%	n/a	n/a	89.23%
Eye Surgeons Of Indiana PC	\$1,743,474	n/a	n/a	0.00%	n/a	100.00%	87.98%
Memorial Hospital	\$1,736,722	87.50%	100.00%	0.00%	n/a	n/a	96.59%
Dermatology Center Of Southern Indiana PC	\$1,733,892	0.00%	n/a	n/a	100.00%	100.00%	100.00%
Hand Surgery Associates Of Indiana Inc	\$1,717,251	n/a	n/a	n/a	100.00%	n/a	84.06%
Fort Wayne Radiology Associates LLC	\$1,711,399	0.00%	85.66%	0.00%	100.00%	100.00%	96.60%
The Methodist Hospitals Inc	\$1,662,596	0.00%	n/a	n/a	100.00%	100.00%	97.18%
Gastroenterology Health Partners PLLC	\$1,607,848	0.00%	n/a	0.00%	n/a	n/a	79.72%
Summit Radiology PC	\$1,600,709	0.00%	100.00%	n/a	98.74%	100.00%	79.59%
Elite Emergency Physicians Inc	\$1,542,141	0.00%	100.00%	n/a	n/a	100.00%	99.15%

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provide

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude anesthesia professional services
- Exclude claims without network and provider found in TIC Data

**Exhibit 2a**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Profes

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	9,917,350	5,289,713	15,482,556	2,178,298	1,799,900	12,796
TIC Completeness: % Matching HCPCS Rates in TIC File	84%	86%	87%	65%	46%	93%

Provider (Top 100)	Total Allowed	Health and Life Insurance Company				Aetna Life Insurance Company	
		Cigna Local Plus	Cigna OAP	Choice POS II	Individual HMO / EPO	Individual PPO	Aetna HMO - Intel
Community Physicians Of Indiana Inc	\$57,662,918	82.07%	81.33%	83.53%	99.33%	83.26%	87.66%
Franciscan Physician Network	\$43,047,651	88.77%	90.16%	92.47%	94.40%	92.22%	99.96%
Indiana University Health Southern Indiana Physicians Inc	\$29,764,710	86.34%	88.94%	85.83%	99.57%	0.00%	100.00%
Arnett Clinic LLC	\$29,589,150	84.55%	85.38%	94.25%	99.07%	0.00%	n/a
Indiana University Health Inc	\$27,872,750	47.88%	17.09%	61.14%	6.39%	0.00%	n/a
Parkview Health System Inc	\$20,052,484	91.97%	91.46%	92.94%	86.28%	0.00%	n/a
Beacon Medical Group Inc	\$16,237,571	92.32%	96.85%	92.14%	92.49%	86.91%	99.56%
University Family Physicians Inc	\$16,143,648	79.57%	84.52%	73.69%	46.23%	0.00%	n/a
The South Bend Clinic Llc	\$15,696,972	n/a	n/a	92.17%	100.00%	92.68%	n/a
University Pediatric Associates Inc	\$14,269,586	n/a	n/a	83.75%	100.00%	0.00%	n/a
Josephson-Wallack-Munshower Neurology PC	\$13,558,244	98.31%	99.55%	99.35%	100.00%	0.00%	n/a
Indiana University Radiology Associates Inc	\$11,542,189	92.89%	94.47%	95.66%	92.54%	0.00%	100.00%
Orthopaedics-Indianapolis Inc	\$10,861,730	82.54%	71.80%	91.65%	0.33%	0.00%	n/a
Hendricks County Hospital	\$10,316,907	89.10%	93.83%	87.46%	100.00%	0.00%	n/a
Community Care Network Inc	\$10,192,958	94.96%	95.63%	93.09%	94.11%	89.56%	88.72%
Deaconess Clinic Inc	\$8,762,980	83.47%	92.03%	84.98%	93.88%	0.00%	100.00%
Central Indiana Orthopedics PC	\$8,332,677	81.37%	84.64%	94.42%	100.00%	95.41%	n/a
Urology Of Indiana LLC	\$7,702,841	94.30%	98.24%	99.21%	99.81%	0.00%	n/a
Radiology Of Indiana Pc	\$7,693,402	n/a	n/a	95.28%	93.86%	0.00%	100.00%
American Health Network Of Indiana LLC	\$7,165,096	90.22%	91.78%	92.25%	90.92%	0.00%	n/a
Deaconess Hospital Inc	\$6,798,732	74.20%	71.83%	86.62%	n/a	0.00%	n/a
Riverview Hospital	\$6,528,758	94.49%	94.25%	58.81%	0.00%	0.00%	100.00%
Northwest Cancer Centers PC	\$6,343,858	98.20%	96.07%	73.29%	99.47%	84.08%	92.25%
Reid Physician Associates Inc	\$5,899,577	35.90%	29.42%	90.07%	100.00%	0.00%	n/a
St Marys Medical Group LLC	\$5,852,981	91.55%	89.80%	86.41%	63.78%	0.00%	n/a
Unity Healthcare LLC	\$5,851,777	90.65%	89.13%	n/a	0.00%	n/a	n/a
Union Associated Physicians Clinic LLC	\$5,673,519	90.87%	96.22%	90.35%	n/a	0.00%	n/a
The Health And Hospital Corporation Of Marion County	\$5,549,416	29.43%	11.31%	19.23%	2.01%	21.87%	n/a
Lutheran Medical Group LLC	\$5,472,882	93.93%	96.41%	92.32%	100.00%	0.00%	n/a
Thomas A Brady Sports Medicine Ctr	\$5,349,723	88.16%	85.29%	94.55%	94.46%	0.00%	n/a
Goshen Health System Inc	\$5,211,112	n/a	n/a	93.22%	n/a	0.00%	n/a
Northwest Radiology Network Pc	\$5,103,336	87.92%	82.97%	62.68%	57.69%	0.00%	n/a
Advanced Physical Therapy LLC	\$4,767,050	98.63%	99.75%	99.11%	98.13%	100.00%	n/a
Fort Wayne Medical Oncology And Hematology Inc	\$4,739,716	n/a	n/a	100.00%	n/a	n/a	n/a
Imaging Associates Of Indiana PC	\$4,529,309	97.39%	97.51%	100.00%	0.00%	100.00%	n/a
Elkhart Clinic Llc	\$4,446,645	n/a	n/a	99.43%	n/a	0.00%	n/a
Lakeshore Bone & Joint Institute Pc	\$4,402,696	92.88%	95.98%	92.52%	97.32%	94.84%	100.00%
Indiana Spine Group PC	\$4,102,385	99.01%	99.86%	99.96%	100.00%	n/a	n/a
Indianapolis Neurosurgical Group PC	\$4,078,319	91.79%	84.30%	99.78%	98.49%	0.00%	n/a
Indianapolis Gastroenterology Llc	\$3,903,460	18.72%	99.65%	99.96%	99.94%	0.00%	n/a
Columbus Regional Health Physicians LLC	\$3,742,269	83.23%	86.63%	92.84%	74.16%	0.00%	n/a
Michiana Hematology-Oncology Pc	\$3,662,673	n/a	n/a	99.99%	83.63%	98.48%	n/a
Indiana Clinic-Neurology LLC	\$3,660,696	85.25%	87.35%	98.49%	95.63%	0.00%	n/a
St Vincent Pediatric Subspecialties	\$3,594,773	n/a	n/a	n/a	n/a	n/a	n/a
Hancock Physician Network LLC	\$3,382,166	70.86%	68.19%	78.02%	100.00%	0.00%	n/a
Midwest Behavioral Health LLC	\$3,358,157	63.95%	55.88%	100.00%	100.00%	0.00%	n/a
Tri-State Orthopaedic Surgeons Inc	\$3,099,924	n/a	n/a	96.42%	0.00%	0.00%	n/a
Ameripath Indianapolis PC	\$3,086,350	93.54%	97.53%	100.00%	100.00%	100.00%	n/a
Centerstone Of Indiana Inc	\$2,974,665	100.00%	100.00%	100.00%	n/a	n/a	n/a
Jackson County Schneck Memorial Hospital	\$2,945,216	81.34%	100.00%	96.72%	n/a	n/a	n/a

**Exhibit 2a**

**Indiana Department of Insurance**

**Transparency in Coverage Cross-Source Validation Analysis**

**TIC Completeness Study**

**TIC Data Validation of Completeness by Network + Provider Using IN APCD - Profes**

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	9,917,350	5,289,713	15,482,556	2,178,298	1,799,900	12,796
TIC Completeness: % Matching HCPCS Rates in TIC File	84%	86%	87%	65%	46%	93%

Provider (Top 100)	Total Allowed	Health and Life Insurance Company				Aetna Life Insurance Company	
		Cigna Local Plus	Cigna OAP	Choice POS II	Individual HMO / EPO	Individual PPO	Aetna HMO - Intel
Dawes Fretzin Dermatology Group LLC	\$2,940,160	100.00%	99.98%	100.00%	100.00%	0.00%	n/a
University Surgeons Inc	\$2,885,720	84.67%	85.04%	98.23%	85.89%	0.00%	n/a
St Vincent Physician Services Hospital And Health Care Center	\$2,865,832	94.20%	95.20%	97.20%	99.37%	0.00%	n/a
Fort Wayne Orthopaedics LLC	\$2,752,486	93.89%	95.13%	51.17%	n/a	0.00%	n/a
St Vincent Medical Group Inc	\$2,746,224	60.30%	86.36%	92.93%	69.18%	0.00%	n/a
Orthopaedics Northeast PC	\$2,730,010	67.62%	94.46%	97.94%	0.00%	0.00%	n/a
Community Health Network Inc	\$2,719,276	20.56%	26.50%	99.80%	100.00%	100.00%	n/a
Medical Associates	\$2,715,505	99.87%	99.63%	99.25%	0.00%	0.00%	n/a
Saint Joseph Regional Medical Center Inc	\$2,704,955	93.95%	92.04%	92.45%	100.00%	0.00%	n/a
Associated Surgeons And Physicians LLC	\$2,676,717	98.18%	94.63%	94.66%	n/a	0.00%	n/a
Whitman Memorial Hospital	\$2,662,696	85.68%	91.17%	88.79%	98.76%	0.00%	n/a
University Obstetricians-Gynecologists Inc	\$2,638,293	98.20%	96.54%	99.24%	0.00%	0.00%	n/a
Dermatology Inc	\$2,629,021	100.00%	99.99%	100.00%	n/a	0.00%	n/a
Cardiothoracic Surgeons Inc	\$2,606,089	71.07%	74.45%	91.38%	81.16%	0.00%	n/a
Little Star Center Inc	\$2,603,913	n/a	n/a	n/a	n/a	n/a	n/a
Indiana University Health Bloomington Inc	\$2,559,131	53.11%	31.91%	100.00%	n/a	0.00%	n/a
St Francis Medical Group LLC	\$2,516,805	100.00%	94.22%	99.96%	99.53%	0.00%	n/a
Little Company Of Mary Hospital Of Indiana Inc	\$2,513,417	100.00%	95.94%	96.73%	n/a	0.00%	n/a
Rheumatology Associates PC	\$2,496,688	87.55%	93.17%	99.17%	0.00%	0.00%	n/a
Women'S Health Care PC	\$2,472,559	81.64%	88.64%	91.46%	n/a	0.00%	87.16%
Associated Vitreoretinal And Uveitis Consultants Inc	\$2,440,180	100.00%	100.00%	92.48%	n/a	0.00%	n/a
Shadeland Anesthesia & Pain Associates Inc	\$2,437,980	68.46%	60.01%	30.67%	72.38%	0.00%	n/a
Professional Emergency Physicians PC	\$2,389,935	100.00%	99.75%	99.53%	0.00%	0.00%	n/a
Otolaryngology Associates LLC	\$2,343,366	92.26%	95.04%	99.14%	96.30%	0.00%	n/a
Sira Imaging Center LLC	\$2,339,265	96.39%	97.53%	n/a	n/a	n/a	n/a
Indiana Hemophilia & Thrombosis Center Inc	\$2,314,318	100.00%	100.00%	99.82%	97.93%	100.00%	n/a
Porter Physician Services LLC	\$2,288,257	96.50%	97.45%	99.23%	98.98%	98.09%	n/a
Digestive Care Of Evansville PC	\$2,257,173	n/a	n/a	99.67%	n/a	0.00%	n/a
University Urologists Inc PC	\$2,122,865	41.74%	72.72%	98.50%	0.00%	0.00%	n/a
Academy Allergy Asthma & Sinus Pc	\$2,101,133	100.00%	100.00%	n/a	n/a	n/a	n/a
Orthopedic And Sports Medicine Center Of Northern Indiana Inc	\$2,022,857	n/a	n/a	98.32%	n/a	0.00%	n/a
Radiology Inc	\$1,919,182	n/a	n/a	n/a	n/a	n/a	n/a
Johnson Memorial Health Physician Network Llc	\$1,900,692	86.57%	77.87%	77.89%	n/a	0.00%	n/a
The Otis R Bowen Center For Human Services Inc	\$1,895,667	100.00%	100.00%	97.17%	n/a	n/a	n/a
Kosciusko Medical Group LLC	\$1,875,178	82.83%	83.78%	84.59%	n/a	0.00%	n/a
Indiana Clinic Critical Care LLC	\$1,869,170	100.00%	98.16%	99.33%	98.71%	0.00%	n/a
Oaklawn Psychiatric Center Inc	\$1,804,965	100.00%	100.00%	100.00%	n/a	n/a	n/a
Professional Clinical Laboratories Llc	\$1,791,645	86.46%	82.57%	89.71%	89.74%	89.99%	100.00%
La Porte Clinic Company LLC	\$1,789,921	85.63%	89.10%	88.92%	100.00%	80.70%	100.00%
Northshore Health Centers Inc	\$1,777,504	88.20%	92.98%	96.89%	97.96%	85.39%	100.00%
University Otolaryngology Associates Inc	\$1,747,000	79.12%	100.00%	99.41%	n/a	0.00%	n/a
Eye Surgeons Of Indiana PC	\$1,743,474	98.27%	76.94%	99.37%	91.79%	0.00%	n/a
Memorial Hospital	\$1,736,722	100.00%	100.00%	93.54%	100.00%	100.00%	100.00%
Dermatology Center Of Southern Indiana PC	\$1,733,892	100.00%	100.00%	100.00%	n/a	0.00%	n/a
Hand Surgery Associates Of Indiana Inc	\$1,717,251	81.20%	85.61%	76.57%	n/a	0.00%	n/a
Fort Wayne Radiology Associates LLC	\$1,711,399	97.94%	92.55%	95.04%	100.00%	0.00%	n/a
The Methodist Hospitals Inc	\$1,662,596	97.82%	97.89%	96.40%	67.48%	92.52%	100.00%
Gastroenterology Health Partners PLLC	\$1,607,848	98.29%	20.03%	n/a	n/a	n/a	n/a
Summit Radiology PC	\$1,600,709	94.84%	95.98%	93.95%	0.00%	0.00%	n/a
Elite Emergency Physicians Inc	\$1,542,141	0.00%	98.21%	100.00%	100.00%	0.00%	n/a

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provide

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude anesthesia professional services
- Exclude claims without network and provider found in TIC Data

Exhibit 2b

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Inpatient Claim Type

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	441,544,616	12,968,216	324,723	159,128	44,140	0
TIC Completeness: % Matching MS-DRG or Revenue Code Rates in TIC File	93%	93%	0%	21%	0%	n/a
<b>Anthem</b>						
Facility (Top 100)	Total Allowed					
Indiana University Health	\$163,680,161	96.77%	96.12%	0.00%	n/a	0.00%
Ascension St. Vincent Hospital - Indianapolis	\$52,862,443	94.10%	100.00%	n/a	n/a	n/a
Franciscan Health Indianapolis	\$40,770,303	92.61%	86.62%	n/a	n/a	n/a
Parkview Regional Medical Center	\$38,306,973	93.49%	83.39%	n/a	n/a	n/a
Community Hospital North	\$37,117,198	96.35%	68.12%	n/a	n/a	n/a
Community Hospital East	\$25,946,521	89.67%	78.03%	n/a	n/a	n/a
IU Health North Hospital	\$20,199,574	94.29%	100.00%	0.00%	n/a	n/a
Memorial Hospital Of South Bend	\$19,600,308	94.56%	98.32%	n/a	n/a	n/a
Franciscan Health Lafayette East	\$18,558,375	91.36%	100.00%	n/a	0.00%	n/a
Iu Health Bloomington Hospital	\$17,631,331	94.81%	80.01%	0.00%	n/a	n/a
Indiana University Health Arnett Hospital	\$16,437,235	90.98%	93.84%	0.00%	n/a	0.00%
Ascension St. Vincent Carmel	\$14,432,301	96.00%	100.00%	n/a	n/a	n/a
Lutheran Hospital	\$14,425,921	87.85%	100.00%	n/a	n/a	n/a
Eskenazi Health	\$13,311,725	97.43%	100.00%	0.00%	n/a	n/a
Community Hospital	\$13,139,178	98.83%	n/a	n/a	n/a	n/a
IU Health Ball Memorial Hospital	\$12,820,169	96.40%	90.65%	0.00%	n/a	n/a
Deaconess Midtown Hospital	\$12,152,556	85.86%	94.04%	n/a	100.00%	n/a
Ascension St. Vincent Heart Center	\$11,292,479	86.42%	100.00%	n/a	n/a	n/a
Community Hospital South	\$10,911,480	92.19%	100.00%	n/a	n/a	n/a
Union Hospital, Inc.	\$10,516,221	91.73%	100.00%	n/a	n/a	n/a
Franciscan Health Crown Point	\$9,873,414	94.69%	68.76%	n/a	n/a	n/a
Iu Health West Hospital	\$8,971,140	90.20%	100.00%	0.00%	n/a	n/a
Northwest Health - Porter	\$8,444,670	93.51%	100.00%	n/a	n/a	n/a
Elkhart General Hospital	\$8,363,905	86.06%	89.06%	n/a	n/a	n/a
Hendricks Regional Health	\$7,985,364	95.34%	67.26%	n/a	n/a	n/a
Baptist Health Floyd	\$7,133,931	87.41%	100.00%	n/a	n/a	n/a
Dupont Hospital Llc	\$6,936,610	91.39%	100.00%	n/a	n/a	n/a
Ascension St. Vincent Evansville	\$6,857,939	80.89%	88.18%	n/a	0.00%	n/a
Franciscan Health Michigan City	\$6,799,302	95.09%	100.00%	n/a	n/a	n/a
St. Mary Medical Center Inc	\$6,380,894	92.44%	100.00%	n/a	n/a	n/a
Columbus Regional Hospital	\$6,145,444	86.04%	78.64%	n/a	n/a	n/a
Saint Joseph Regional Medical Center	\$5,461,929	92.58%	100.00%	n/a	n/a	n/a
Methodist Hospitals, Inc.	\$4,979,331	94.23%	96.40%	n/a	n/a	n/a
Riverview Health	\$4,705,583	90.76%	100.00%	n/a	n/a	n/a
Hendricks Behavioral Hospital	\$4,666,023	100.00%	100.00%	0.00%	n/a	n/a
Community Hospital Anderson	\$4,415,660	79.87%	n/a	n/a	n/a	n/a
OrthoIndy Hospital	\$4,120,475	76.57%	100.00%	n/a	n/a	n/a
Rehabilitation Hospital of Indiana, Inc.	\$3,671,717	99.58%	99.43%	n/a	n/a	n/a
Bloomington Meadows Hospital	\$3,552,974	97.23%	97.07%	n/a	n/a	n/a
Franciscan Health Dyer	\$3,525,167	94.92%	n/a	n/a	n/a	n/a
Northwest Health - La Porte	\$3,434,738	88.66%	100.00%	n/a	n/a	n/a
The Women's Hospital	\$3,395,864	96.85%	100.00%	n/a	n/a	n/a
Harsha Behavioral Center, Inc	\$3,303,749	100.00%	100.00%	n/a	n/a	n/a
Goshen Hospital	\$3,301,170	94.66%	100.00%	n/a	n/a	n/a
Reid Health	\$3,219,246	100.00%	100.00%	n/a	n/a	n/a
Wellstone Regional Hospital	\$3,138,154	98.41%	n/a	n/a	n/a	n/a
Ascension St. Vincent Kokomo	\$3,005,339	96.20%	100.00%	n/a	n/a	n/a
Franciscan Health Mooresville	\$2,645,448	98.24%	100.00%	n/a	n/a	n/a
Ascension St. Vincent Fishers	\$2,590,230	92.31%	100.00%	n/a	n/a	n/a
Community Howard Regional Health Inc.	\$2,588,919	81.85%	100.00%	n/a	n/a	n/a

## Exhibit 2b

Indiana Department of Insurance

Indiana Department of Insurance  
Transparency in Coverage Cross-Source Validation Analysis

## TiC Completeness Study

TiC Data Validation of Completeness by Network + Provider Using IN APCD - Inpatient Claim Type

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included	441,544,616	Allowed <sup>(1)</sup> by Network	12,968,216	324,723	159,128	44,140	0
TIC Completeness: % Matching MS-DRG or Revenue Code Rates in TIC File	93%		93%	0%	21%	0%	n/a

Facility (Top 100)	Total Allowed	Anthem					
		Anthem PPO	Anthem POS	Anthem High Performance	Pathway Essentials - IN	Preferred POS - WI	Pathway HMO/POS -
Norton Clark Hospital	\$2,471,417	94.47%	100.00%	n/a	n/a	n/a	n/a
Ascension St. Vincent Anderson	\$2,443,859	100.00%	100.00%	n/a	n/a	n/a	n/a
Hancock Regional Hospital	\$2,278,213	n/a	0.00%	n/a	n/a	n/a	n/a
Orthopedic Hospital at Parkview North LLC	\$2,111,290	66.43%	n/a	n/a	n/a	n/a	n/a
The Orthopedic Hospital of Lutheran Health Network	\$2,069,604	68.84%	n/a	n/a	n/a	n/a	n/a
Lutheran Kosciusko Hospital	\$2,055,488	96.76%	100.00%	n/a	n/a	n/a	n/a
Franciscan Health Munster	\$2,033,999	88.91%	n/a	n/a	n/a	n/a	n/a
Sycamore Springs Hospital Lic	\$1,858,577	100.00%	100.00%	0.00%	n/a	n/a	n/a
MHP Major Hospital	\$1,769,866	99.96%	100.00%	n/a	n/a	n/a	n/a
Terre Haute Regional Hospital	\$1,760,967	92.17%	100.00%	n/a	n/a	n/a	n/a
Norton King's Daughters' Health	\$1,712,795	90.08%	100.00%	n/a	n/a	n/a	n/a
Marion Health	\$1,699,095	95.23%	100.00%	n/a	n/a	n/a	n/a
Ascension St. Vincent - Seton Specialty Hospital	\$1,690,469	99.96%	n/a	n/a	n/a	n/a	n/a
St. Elizabeth Dearborn Hospital	\$1,592,252	100.00%	n/a	n/a	n/a	n/a	n/a
Good Samaritan Hospital	\$1,530,020	100.00%	100.00%	n/a	n/a	n/a	n/a
Community Fairbanks Recovery Center	\$1,474,449	n/a	n/a	n/a	n/a	n/a	n/a
Witham Health Services	\$1,424,979	88.07%	n/a	n/a	n/a	n/a	n/a
Memorial Hospital And Health Care Center	\$1,405,653	79.74%	n/a	n/a	n/a	n/a	n/a
Henry County Memorial Hospital	\$1,345,479	98.89%	n/a	n/a	n/a	n/a	n/a
Johnson Memorial Health	\$1,260,455	97.90%	100.00%	n/a	n/a	n/a	n/a
Schneck Medical Center	\$1,236,154	96.27%	n/a	n/a	n/a	n/a	n/a
St. Catherine Hospital, Inc	\$1,155,389	93.13%	n/a	n/a	n/a	n/a	n/a
Pinnacle Hospital	\$1,078,670	97.45%	n/a	n/a	n/a	n/a	n/a
Michiana Behavioral Health	\$1,000,628	100.00%	100.00%	n/a	n/a	n/a	n/a
Margaret Mary Health	\$962,833	99.94%	n/a	n/a	n/a	n/a	n/a
Community Rehabilitation Hospital North	\$960,091	64.61%	52.35%	n/a	n/a	n/a	n/a
Parkview Huntington Hospital	\$939,455	100.00%	100.00%	n/a	n/a	n/a	n/a
Parkview Whitley Hospital	\$884,695	88.20%	n/a	n/a	n/a	n/a	n/a
Brentwood Springs	\$865,785	100.00%	100.00%	n/a	n/a	n/a	n/a
Medical Behavioral Hospital - Mishawaka	\$860,575	40.00%	n/a	n/a	n/a	n/a	n/a
Logansport Memorial Hospital	\$770,334	93.34%	72.88%	n/a	n/a	n/a	n/a
Franciscan Health Orthopedic Hospital Carmel	\$742,218	84.92%	n/a	n/a	n/a	n/a	n/a
Unity Physicians Hospital	\$727,211	71.51%	n/a	n/a	n/a	n/a	n/a
Oaklawn Psychiatric Center, Inc.	\$703,194	52.63%	n/a	n/a	n/a	n/a	n/a
Neuropsychiatric Hospital Of Indianapolis, Llc	\$697,473	100.00%	n/a	n/a	n/a	n/a	n/a
Monroe Hospital	\$656,266	100.00%	n/a	n/a	n/a	n/a	n/a
Lutheran Downtown Hospital	\$603,403	100.00%	n/a	n/a	n/a	n/a	n/a
Park Center, Inc.	\$602,478	98.40%	96.48%	n/a	n/a	n/a	n/a
Parkview Noble Hospital	\$597,146	95.79%	0.00%	n/a	n/a	n/a	n/a
Kindred Hospital Indianapolis North	\$496,517	66.90%	88.61%	n/a	n/a	n/a	n/a
River Bend Hospital	\$493,170	100.00%	n/a	n/a	n/a	n/a	n/a
Valle Vista Health System	\$443,742	100.00%	n/a	0.00%	n/a	n/a	n/a
Community Stroke and Rehabilitation Center, Inc.	\$441,697	100.00%	n/a	n/a	n/a	n/a	n/a
Doctors Neuropsychiatric Hospital	\$416,123	n/a	n/a	n/a	n/a	n/a	n/a
Options Behavioral Health System	\$413,281	100.00%	100.00%	n/a	n/a	n/a	n/a
Woodlawn Hospital	\$412,938	97.94%	96.46%	n/a	n/a	n/a	n/a
Indianapolis Rehabilitation Hospital, Llc	\$410,508	100.00%	100.00%	n/a	n/a	n/a	n/a
Incompass Healthcare	\$406,553	100.00%	n/a	n/a	n/a	n/a	n/a
Community Health Network Rehabilitation Hospital South	\$402,303	53.68%	n/a	n/a	n/a	n/a	n/a
Regency Hospital Of Northwest Indiana	\$375,744	27.14%	n/a	n/a	n/a	n/a	n/a

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provider and Network Matched to TiC File from Exhibit 1b. Specific requirements include:

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim/payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude claims without network and provider found in TIC Data

**Exhibit 2b**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Inpatient

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	0	151,535,704	59,594,550	40,472,410	9,162,477	843,514	
TIC Completeness: % Matching MS-DRG or Revenue Code Rates in TIC File	n/a	51%	65%	63%	47%	50%	
Centene				United			
Facility (Top 100)	Total Allowed	Pathway X - IN	Ambetter IN	UHC NexusACO	UHC Core	UHC Choice Plus	UHC Options
Indiana University Health	\$163,680,161	n/a	25.05%	57.17%	49.20%	19.15%	0.00%
Ascension St. Vincent Hospital - Indianapolis	\$52,862,443	n/a	42.24%	98.44%	82.20%	90.31%	100.00%
Franciscan Health Indianapolis	\$40,770,303	n/a	69.34%	98.41%	92.24%	99.72%	n/a
Parkview Regional Medical Center	\$38,306,973	n/a	30.03%	85.94%	99.44%	100.00%	100.00%
Community Hospital North	\$37,117,198	n/a	70.41%	84.36%	97.59%	97.70%	100.00%
Community Hospital East	\$25,946,521	n/a	78.98%	64.21%	43.93%	74.70%	100.00%
IU Health North Hospital	\$20,199,574	n/a	43.32%	45.93%	47.05%	20.33%	n/a
Memorial Hospital Of South Bend	\$19,600,308	n/a	47.77%	0.55%	2.08%	3.58%	0.00%
Franciscan Health Lafayette East	\$18,558,375	n/a	64.15%	0.00%	0.00%	0.00%	n/a
Iu Health Bloomington Hospital	\$17,631,331	n/a	57.72%	99.72%	100.00%	100.00%	n/a
Indiana University Health Arnett Hospital	\$16,437,235	n/a	51.56%	58.62%	39.79%	n/a	n/a
Ascension St. Vincent Carmel	\$14,432,301	n/a	57.96%	100.00%	97.79%	100.00%	100.00%
Lutheran Hospital	\$14,425,921	n/a	49.30%	100.00%	98.26%	100.00%	100.00%
Eskenazi Health	\$13,311,725	n/a	46.57%	30.07%	22.62%	15.87%	n/a
Community Hospital	\$13,139,178	n/a	70.84%	93.90%	96.03%	99.99%	n/a
IU Health Ball Memorial Hospital	\$12,820,169	n/a	34.15%	47.30%	39.02%	4.77%	0.00%
Deaconess Midtown Hospital	\$12,152,556	n/a	65.17%	46.80%	23.18%	0.00%	0.00%
Ascension St. Vincent Heart Center	\$11,292,479	n/a	0.00%	83.18%	75.59%	100.00%	100.00%
Community Hospital South	\$10,911,480	n/a	73.84%	90.50%	100.00%	100.00%	100.00%
Union Hospital, Inc	\$10,516,221	n/a	56.13%	35.67%	11.05%	0.00%	n/a
Franciscan Health Crown Point	\$9,873,414	n/a	74.33%	29.12%	39.22%	56.60%	n/a
Iu Health West Hospital	\$8,971,140	n/a	72.28%	41.32%	63.12%	13.63%	0.00%
Northwest Health - Porter	\$8,444,670	n/a	41.24%	88.83%	96.55%	97.64%	100.00%
Elkhart General Hospital	\$8,363,905	n/a	35.04%	25.93%	28.88%	0.00%	n/a
Hendricks Regional Health	\$7,985,364	n/a	34.58%	99.59%	97.35%	98.77%	100.00%
Baptist Health Floyd	\$7,133,931	n/a	74.73%	52.32%	32.90%	40.40%	0.00%
Dupont Hospital Llc	\$6,936,610	n/a	70.93%	100.00%	100.00%	100.00%	100.00%
Ascension St. Vincent Evansville	\$6,857,939	n/a	25.56%	45.82%	28.20%	0.00%	0.00%
Franciscan Health Michigan City	\$6,799,302	n/a	47.38%	39.21%	26.41%	n/a	n/a
St. Mary Medical Center Inc.	\$6,380,894	n/a	66.73%	99.69%	96.36%	98.48%	n/a
Columbus Regional Hospital	\$6,145,444	n/a	31.78%	4.85%	3.13%	n/a	0.00%
Saint Joseph Regional Medical Center	\$5,461,929	n/a	n/a	20.10%	28.49%	0.00%	n/a
Methodist Hospitals, Inc.	\$4,979,331	n/a	33.92%	100.00%	95.55%	100.00%	100.00%
Riverview Health	\$4,705,583	n/a	41.99%	95.94%	100.00%	100.00%	n/a
Hendricks Behavioral Hospital	\$4,666,023	n/a	100.00%	0.00%	0.00%	0.00%	0.00%
Community Hospital Anderson	\$4,415,660	n/a	57.25%	100.00%	82.54%	100.00%	n/a
OrthoIndy Hospital	\$4,120,475	n/a	0.00%	50.01%	70.10%	0.00%	n/a
Rehabilitation Hospital of Indiana, Inc.	\$3,671,717	n/a	0.00%	77.86%	100.00%	100.00%	n/a
Bloomington Meadows Hospital	\$3,552,974	n/a	96.56%	0.00%	0.00%	n/a	n/a
Franciscan Health Dyer	\$3,525,167	n/a	24.75%	20.64%	46.72%	33.33%	n/a
Northwest Health - La Porte	\$3,434,738	n/a	33.97%	90.65%	92.13%	100.00%	100.00%
The Women's Hospital	\$3,395,864	n/a	100.00%	15.18%	37.09%	42.36%	13.02%
Harsha Behavioral Center, Inc	\$3,303,749	n/a	100.00%	0.00%	0.00%	0.00%	n/a
Goshen Hospital	\$3,301,170	n/a	33.64%	0.00%	0.00%	0.00%	n/a
Reid Health	\$3,219,246	n/a	n/a	78.14%	76.09%	14.50%	n/a
Wellstone Regional Hospital	\$3,138,154	n/a	97.29%	0.00%	0.00%	n/a	n/a
Ascension St. Vincent Kokomo	\$3,005,339	n/a	68.29%	0.00%	0.00%	0.00%	n/a
Franciscan Health Mooresville	\$2,645,448	n/a	91.55%	81.24%	100.00%	n/a	n/a
Ascension St. Vincent Fishers	\$2,590,230	n/a	78.11%	100.00%	100.00%	100.00%	n/a
Community Howard Regional Health Inc.	\$2,588,919	n/a	91.33%	100.00%	100.00%	100.00%	n/a

**Exhibit 2b**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Inpatient

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	0	151,535,704	59,594,550	40,472,410	9,162,477	843,514	
TIC Completeness: % Matching MS-DRG or Revenue Code Rates in TIC File	n/a	51%	65%	63%	47%	50%	
Centene				United			
Facility (Top 100)	Total Allowed	Pathway X - IN	Ambetter IN	UHC NexusACO	UHC Core	UHC Choice Plus	UHC Options
Norton Clark Hospital	\$2,471,417	n/a	32.89%	99.36%	58.80%	42.59%	n/a
Ascension St. Vincent Anderson	\$2,443,859	n/a	55.78%	12.63%	15.00%	n/a	n/a
Hancock Regional Hospital	\$2,278,213	n/a	51.11%	0.00%	0.00%	0.00%	n/a
Orthopedic Hospital at Parkview North LLC	\$2,111,290	n/a	0.00%	100.00%	n/a	n/a	n/a
The Orthopedic Hospital of Lutheran Health Network	\$2,069,604	n/a	47.04%	100.00%	100.00%	n/a	n/a
Lutheran Kosciusko Hospital	\$2,055,488	n/a	64.07%	60.40%	76.22%	100.00%	n/a
Franciscan Health Munster	\$2,033,999	n/a	57.32%	61.60%	59.85%	94.66%	n/a
Sycamore Springs Hospital Llc	\$1,858,577	n/a	100.00%	0.00%	0.00%	0.00%	n/a
MHP Major Hospital	\$1,769,886	n/a	19.51%	0.00%	0.00%	n/a	n/a
Terre Haute Regional Hospital	\$1,760,967	n/a	n/a	85.76%	69.28%	n/a	n/a
Norton King's Daughters' Health	\$1,712,795	n/a	66.48%	44.55%	100.00%	n/a	n/a
Marion Health	\$1,699,095	n/a	67.34%	0.00%	0.00%	0.00%	0.00%
Ascension St. Vincent - Seton Specialty Hospital	\$1,690,469	n/a	n/a	0.00%	0.00%	n/a	n/a
St. Elizabeth Dearborn Hospital	\$1,592,252	n/a	46.50%	100.00%	100.00%	100.00%	n/a
Good Samaritan Hospital	\$1,530,020	n/a	54.19%	0.00%	0.00%	n/a	n/a
Community Fairbanks Recovery Center	\$1,474,449	n/a	99.18%	0.00%	0.00%	n/a	n/a
Witham Health Services	\$1,424,979	n/a	32.73%	100.00%	100.00%	100.00%	n/a
Memorial Hospital And Health Care Center	\$1,405,653	n/a	76.45%	6.11%	0.00%	0.00%	n/a
Henry County Memorial Hospital	\$1,345,479	n/a	5.14%	0.00%	0.00%	0.00%	n/a
Johnson Memorial Health	\$1,260,455	n/a	32.75%	35.24%	13.71%	0.00%	n/a
Schneck Medical Center	\$1,236,154	n/a	77.14%	88.64%	n/a	n/a	n/a
St. Catherine Hospital, Inc	\$1,155,389	n/a	15.03%	100.00%	100.00%	n/a	n/a
Pinnacle Hospital	\$1,078,670	n/a	0.00%	100.00%	91.06%	n/a	n/a
Michiana Behavioral Health	\$1,000,628	n/a	n/a	0.00%	0.00%	0.00%	n/a
Margaret Mary Health	\$962,833	n/a	0.00%	0.00%	n/a	0.00%	n/a
Community Rehabilitation Hospital North	\$960,091	n/a	n/a	100.00%	n/a	n/a	n/a
Parkview Huntington Hospital	\$939,455	n/a	100.00%	96.24%	94.82%	n/a	n/a
Parkview Whitley Hospital	\$884,695	n/a	66.41%	61.97%	56.28%	n/a	n/a
Brentwood Springs	\$865,785	n/a	70.38%	0.00%	n/a	0.00%	n/a
Medical Behavioral Hospital - Mishawaka	\$860,575	n/a	100.00%	0.00%	n/a	n/a	n/a
Logansport Memorial Hospital	\$770,334	n/a	30.94%	0.00%	14.37%	0.00%	n/a
Franciscan Health Orthopedic Hospital Carmel	\$742,218	n/a	n/a	100.00%	n/a	n/a	n/a
Unity Physicians Hospital	\$727,211	n/a	n/a	0.00%	100.00%	n/a	n/a
Oaklawn Psychiatric Center, Inc.	\$703,194	n/a	0.00%	0.00%	n/a	0.00%	n/a
Neuropsychiatric Hospital Of Indianapolis, Llc	\$697,473	n/a	100.00%	0.00%	0.00%	n/a	n/a
Monroe Hospital	\$656,266	n/a	n/a	56.42%	100.00%	0.00%	n/a
Lutheran Downtown Hospital	\$603,403	n/a	56.18%	100.00%	n/a	n/a	n/a
Park Center, Inc.	\$602,478	n/a	91.28%	0.00%	0.00%	n/a	n/a
Parkview Noble Hospital	\$597,146	n/a	81.31%	83.04%	95.97%	n/a	n/a
Kindred Hospital Indianapolis North	\$496,517	n/a	n/a	100.00%	n/a	n/a	n/a
River Bend Hospital	\$493,170	n/a	100.00%	n/a	0.00%	n/a	n/a
Valle Vista Health System	\$443,742	n/a	n/a	n/a	n/a	n/a	n/a
Community Stroke and Rehabilitation Center, Inc.	\$441,697	n/a	0.00%	n/a	100.00%	n/a	n/a
Doctors Neuropsychiatric Hospital	\$416,123	n/a	100.00%	n/a	n/a	n/a	n/a
Options Behavioral Health System	\$413,281	n/a	n/a	0.00%	0.00%	n/a	n/a
Woodlawn Hospital	\$412,938	n/a	0.00%	0.00%	0.00%	n/a	n/a
Indianapolis Rehabilitation Hospital, Llc	\$410,508	n/a	n/a	100.00%	100.00%	n/a	n/a
Incompass Healthcare	\$406,553	n/a	100.00%	n/a	0.00%	n/a	n/a
Community Health Network Rehabilitation Hospital South	\$402,303	n/a	n/a	100.00%	100.00%	n/a	n/a
Regency Hospital Of Northwest Indiana	\$375,744	n/a	n/a	n/a	91.74%	n/a	n/a

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provide

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude claims without network and provider found in TIC Data

**Exhibit 2b**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Inpatient

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	388,880	63,665	445,163	101,300	696,172	24,570,556
TIC Completeness: % Matching MS-DRG or Revenue Code Rates in TIC File	4%	61%	0%	59%	23%	57%

Healthcare Insurance Company							Cigna H
Facility (Top 100)	Total Allowed	UHC Individual Exchange Benefit Plans	Qualcomm POS-00	Optum Behavioral Health	Qualcomm PS1-50	Qualcomm PPO-00	Cigna PPO
Indiana University Health	\$163,680,161	n/a	n/a	0.00%	n/a	15.41%	96.57%
Ascension St. Vincent Hospital - Indianapolis	\$52,862,443	n/a	100.00%	n/a	n/a	n/a	9.44%
Franciscan Health Indianapolis	\$40,770,303	0.00%	n/a	n/a	n/a	n/a	0.00%
Parkview Regional Medical Center	\$38,306,973	0.00%	n/a	n/a	n/a	n/a	0.28%
Community Hospital North	\$37,117,198	30.96%	n/a	n/a	n/a	n/a	90.01%
Community Hospital East	\$25,946,521	n/a	n/a	0.00%	n/a	n/a	99.03%
IU Health North Hospital	\$20,199,574	n/a	n/a	n/a	n/a	n/a	92.66%
Memorial Hospital Of South Bend	\$19,600,308	n/a	0.00%	n/a	n/a	n/a	4.31%
Franciscan Health Lafayette East	\$18,558,375	n/a	n/a	n/a	n/a	n/a	55.45%
IU Health Bloomington Hospital	\$17,631,331	n/a	n/a	n/a	n/a	100.00%	1.80%
Indiana University Health Arnett Hospital	\$16,437,235	n/a	n/a	n/a	n/a	n/a	96.88%
Ascension St. Vincent Carmel	\$14,432,301	n/a	100.00%	n/a	n/a	n/a	0.20%
Lutheran Hospital	\$14,425,921	n/a	n/a	0.00%	n/a	n/a	0.00%
Eskenazi Health	\$13,311,725	n/a	n/a	n/a	100.00%	n/a	99.33%
Community Hospital	\$13,139,178	0.00%	n/a	n/a	n/a	n/a	87.49%
IU Health Ball Memorial Hospital	\$12,820,169	n/a	n/a	0.00%	n/a	n/a	71.37%
Deaconess Midtown Hospital	\$12,152,556	n/a	n/a	n/a	0.00%	n/a	0.00%
Ascension St. Vincent Heart Center	\$11,292,479	n/a	n/a	n/a	n/a	n/a	n/a
Community Hospital South	\$10,911,480	0.00%	n/a	n/a	n/a	n/a	83.93%
Union Hospital, Inc.	\$10,516,221	n/a	n/a	n/a	n/a	n/a	0.00%
Franciscan Health Crown Point	\$9,873,414	n/a	n/a	n/a	n/a	n/a	85.31%
IU Health West Hospital	\$8,971,140	0.00%	n/a	0.00%	n/a	n/a	72.60%
Northwest Health - Porter	\$8,444,670	0.00%	n/a	n/a	n/a	100.00%	0.00%
Elkhart General Hospital	\$8,363,905	n/a	n/a	n/a	n/a	n/a	n/a
Hendricks Regional Health	\$7,985,364	n/a	n/a	n/a	100.00%	n/a	100.00%
Baptist Health Floyd	\$7,133,931	0.00%	n/a	n/a	n/a	n/a	77.90%
Dupont Hospital Llc	\$6,936,610	n/a	n/a	n/a	n/a	n/a	0.00%
Ascension St. Vincent Evansville	\$6,857,939	n/a	n/a	n/a	n/a	n/a	0.00%
Franciscan Health Michigan City	\$6,799,302	0.00%	n/a	n/a	n/a	n/a	28.44%
St. Mary Medical Center Inc.	\$6,380,894	0.00%	n/a	n/a	n/a	n/a	96.72%
Columbus Regional Hospital	\$6,145,444	n/a	n/a	n/a	n/a	n/a	0.00%
Saint Joseph Regional Medical Center	\$5,461,929	n/a	n/a	n/a	n/a	n/a	n/a
Methodist Hospitals, Inc.	\$4,979,331	n/a	n/a	n/a	n/a	n/a	0.00%
Riverview Health	\$4,705,583	n/a	n/a	n/a	n/a	n/a	100.00%
Hendricks Behavioral Hospital	\$4,666,023	n/a	n/a	n/a	n/a	n/a	100.00%
Community Hospital Anderson	\$4,415,660	n/a	n/a	n/a	n/a	100.00%	34.47%
OrthoIndy Hospital	\$4,120,475	n/a	n/a	n/a	n/a	n/a	100.00%
Rehabilitation Hospital of Indiana, Inc.	\$3,671,717	n/a	n/a	n/a	n/a	n/a	96.79%
Bloomington Meadows Hospital	\$3,552,974	n/a	n/a	n/a	n/a	n/a	98.12%
Franciscan Health Dyer	\$3,525,167	0.00%	n/a	n/a	n/a	n/a	54.86%
Northwest Health - La Porte	\$3,434,738	n/a	n/a	n/a	n/a	100.00%	0.00%
The Women's Hospital	\$3,395,864	n/a	n/a	n/a	n/a	n/a	n/a
Harsha Behavioral Center, Inc	\$3,303,749	n/a	n/a	n/a	n/a	n/a	100.00%
Goshen Hospital	\$3,301,170	n/a	n/a	n/a	n/a	n/a	n/a
Reid Health	\$3,219,246	n/a	n/a	0.00%	n/a	n/a	n/a
Wellstone Regional Hospital	\$3,138,154	0.00%	n/a	n/a	n/a	n/a	100.00%
Ascension St. Vincent Kokomo	\$3,005,339	n/a	n/a	n/a	0.00%	n/a	n/a
Franciscan Health Mooresville	\$2,645,448	n/a	n/a	0.00%	n/a	n/a	0.00%
Ascension St. Vincent Fishers	\$2,590,230	n/a	n/a	n/a	n/a	n/a	3.39%
Community Howard Regional Health Inc.	\$2,588,919	n/a	n/a	n/a	n/a	n/a	n/a

**Exhibit 2b**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Inpatient

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	388,880	63,665	445,163	101,300	696,172	24,570,556
TIC Completeness: % Matching MS-DRG or Revenue Code Rates in TIC File	4%	61%	0%	59%	23%	57%

Healthcare Insurance Company							Cigna H
Facility (Top 100)	Total Allowed	UHC Individual Exchange Benefit Plans	Qualcomm POS-00	Optum Behavioral Health	Qualcomm PS1-50	Qualcomm PPO-00	Cigna PPO
Norton Clark Hospital	\$2,471,417	0.00%	n/a	n/a	n/a	n/a	80.54%
Ascension St. Vincent Anderson	\$2,443,859	n/a	n/a	n/a	n/a	n/a	21.56%
Hancock Regional Hospital	\$2,278,213	n/a	n/a	n/a	n/a	n/a	0.00%
Orthopedic Hospital at Parkview North LLC	\$2,111,290	n/a	n/a	n/a	n/a	n/a	n/a
The Orthopedic Hospital of Lutheran Health Network	\$2,069,604	n/a	n/a	n/a	n/a	n/a	0.00%
Lutheran Kosciusko Hospital	\$2,055,488	n/a	n/a	n/a	n/a	n/a	0.00%
Franciscan Health Munster	\$2,033,999	n/a	n/a	n/a	n/a	n/a	100.00%
Sycamore Springs Hospital Llc	\$1,858,577	n/a	n/a	n/a	n/a	n/a	100.00%
MHP Major Hospital	\$1,769,886	n/a	n/a	n/a	n/a	n/a	0.00%
Terre Haute Regional Hospital	\$1,760,967	n/a	n/a	0.00%	n/a	n/a	100.00%
Norton King's Daughters' Health	\$1,712,795	n/a	n/a	n/a	n/a	n/a	n/a
Marion Health	\$1,699,095	n/a	n/a	n/a	n/a	n/a	0.00%
Ascension St. Vincent - Seton Specialty Hospital	\$1,690,469	n/a	n/a	n/a	n/a	n/a	0.00%
St. Elizabeth Dearborn Hospital	\$1,592,252	n/a	n/a	n/a	n/a	n/a	n/a
Good Samaritan Hospital	\$1,530,020	n/a	n/a	n/a	n/a	n/a	n/a
Community Fairbanks Recovery Center	\$1,474,449	n/a	n/a	n/a	n/a	n/a	94.34%
Witham Health Services	\$1,424,979	n/a	n/a	n/a	n/a	n/a	0.00%
Memorial Hospital And Health Care Center	\$1,405,653	n/a	n/a	n/a	n/a	n/a	n/a
Henry County Memorial Hospital	\$1,345,479	n/a	n/a	n/a	n/a	n/a	0.00%
Johnson Memorial Health	\$1,260,455	0.00%	n/a	n/a	n/a	n/a	6.92%
Schneck Medical Center	\$1,236,154	n/a	n/a	n/a	n/a	n/a	0.00%
St. Catherine Hospital, Inc	\$1,155,389	n/a	n/a	n/a	n/a	n/a	100.00%
Pinnacle Hospital	\$1,078,670	n/a	n/a	n/a	n/a	n/a	100.00%
Michiana Behavioral Health	\$1,000,628	n/a	n/a	n/a	n/a	n/a	100.00%
Margaret Mary Health	\$962,833	n/a	n/a	n/a	n/a	n/a	n/a
Community Rehabilitation Hospital North	\$960,091	n/a	n/a	n/a	n/a	n/a	53.80%
Parkview Huntington Hospital	\$939,455	n/a	n/a	n/a	n/a	n/a	n/a
Parkview Whitley Hospital	\$884,695	0.00%	n/a	0.00%	n/a	n/a	n/a
Brentwood Springs	\$865,785	n/a	n/a	n/a	n/a	n/a	n/a
Medical Behavioral Hospital - Mishawaka	\$860,575	n/a	n/a	n/a	n/a	n/a	n/a
Logansport Memorial Hospital	\$770,334	n/a	n/a	n/a	n/a	n/a	0.00%
Franciscan Health Orthopedic Hospital Carmel	\$742,218	n/a	n/a	n/a	n/a	n/a	0.00%
Unity Physicians Hospital	\$727,211	n/a	n/a	n/a	n/a	n/a	n/a
Oaklawn Psychiatric Center, Inc.	\$703,194	n/a	n/a	n/a	n/a	n/a	n/a
Neuropsychiatric Hospital Of Indianapolis, Llc	\$697,473	n/a	n/a	n/a	n/a	n/a	n/a
Monroe Hospital	\$656,266	n/a	n/a	n/a	n/a	n/a	n/a
Lutheran Downtown Hospital	\$603,403	n/a	n/a	n/a	n/a	n/a	n/a
Park Center, Inc.	\$602,478	n/a	n/a	n/a	n/a	n/a	n/a
Parkview Noble Hospital	\$597,146	n/a	n/a	n/a	n/a	n/a	0.00%
Kindred Hospital Indianapolis North	\$496,517	n/a	n/a	n/a	n/a	n/a	n/a
River Bend Hospital	\$493,170	n/a	n/a	n/a	n/a	n/a	n/a
Valle Vista Health System	\$443,742	n/a	n/a	n/a	n/a	n/a	100.00%
Community Stroke and Rehabilitation Center, Inc.	\$441,697	n/a	n/a	n/a	n/a	n/a	n/a
Doctors Neuropsychiatric Hospital	\$416,123	n/a	n/a	n/a	n/a	n/a	n/a
Options Behavioral Health System	\$413,281	n/a	n/a	n/a	n/a	n/a	100.00%
Woodlawn Hospital	\$412,938	n/a	n/a	n/a	n/a	n/a	n/a
Indianapolis Rehabilitation Hospital, Llc	\$410,508	n/a	n/a	n/a	n/a	n/a	100.00%
Incompass Healthcare	\$406,553	n/a	n/a	n/a	n/a	n/a	n/a
Community Health Network Rehabilitation Hospital South	\$402,303	n/a	n/a	n/a	n/a	n/a	66.05%
Regency Hospital Of Northwest Indiana	\$375,744	n/a	n/a	n/a	n/a	n/a	n/a

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provide

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude claims without network and provider found in TIC Data

**Exhibit 2b**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Inpatient

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	13,961,059	6,656,198	16,078,615	4,982,339	1,146,201	0
TIC Completeness: % Matching MS-DRG or Revenue Code Rates in TIC File	44%	59%	48%	6%	26%	n/a

Facility (Top 100)	Total Allowed	Health and Life Insurance Company				Aetna Life Insurance Company	
		Cigna Local Plus	Cigna OAP	Choice POS II	Individual HMO / EPO	Individual PPO	Aetna HMO - Intel
Indiana University Health	\$163,680,161	86.97%	100.00%	19.77%	0.00%	0.00%	n/a
Ascension St. Vincent Hospital - Indianapolis	\$52,862,443	57.20%	80.55%	33.65%	0.00%	0.00%	n/a
Franciscan Health Indianapolis	\$40,770,303	0.00%	0.00%	100.00%	11.47%	n/a	n/a
Parkview Regional Medical Center	\$38,306,973	0.63%	0.00%	100.00%	0.00%	n/a	n/a
Community Hospital North	\$37,117,198	78.12%	88.95%	100.00%	0.00%	n/a	n/a
Community Hospital East	\$25,946,521	75.71%	99.05%	68.16%	0.00%	n/a	n/a
IU Health North Hospital	\$20,199,574	71.56%	82.63%	50.63%	n/a	n/a	n/a
Memorial Hospital Of South Bend	\$19,600,308	0.00%	5.56%	19.39%	98.13%	0.00%	n/a
Franciscan Health Lafayette East	\$18,558,375	100.00%	n/a	100.00%	7.29%	0.00%	n/a
IU Health Bloomington Hospital	\$17,631,331	0.00%	21.44%	22.83%	n/a	n/a	n/a
Indiana University Health Arnett Hospital	\$16,437,235	100.00%	100.00%	35.01%	0.00%	n/a	n/a
Ascension St. Vincent Carmel	\$14,432,301	86.21%	60.91%	29.96%	0.00%	0.00%	n/a
Lutheran Hospital	\$14,425,921	0.00%	0.00%	11.95%	n/a	n/a	n/a
Eskenazi Health	\$13,311,725	n/a	26.56%	2.04%	94.18%	n/a	n/a
Community Hospital	\$13,139,178	0.00%	87.09%	90.82%	0.00%	100.00%	n/a
IU Health Ball Memorial Hospital	\$12,820,169	64.72%	91.59%	33.91%	n/a	n/a	n/a
Deaconess Midtown Hospital	\$12,152,556	0.00%	0.00%	100.00%	n/a	n/a	n/a
Ascension St. Vincent Heart Center	\$11,292,479	n/a	n/a	25.16%	n/a	n/a	n/a
Community Hospital South	\$10,911,480	96.38%	0.00%	72.80%	0.00%	0.00%	n/a
Union Hospital, Inc.	\$10,516,221	0.00%	n/a	42.57%	n/a	n/a	n/a
Franciscan Health Crown Point	\$9,873,414	100.00%	57.66%	92.22%	5.41%	100.00%	n/a
IU Health West Hospital	\$8,971,140	100.00%	100.00%	40.16%	0.00%	0.00%	n/a
Northwest Health - Porter	\$8,444,670	0.00%	0.00%	33.62%	0.00%	0.00%	n/a
Elkhart General Hospital	\$8,363,905	n/a	n/a	31.36%	n/a	0.00%	n/a
Hendricks Regional Health	\$7,985,364	0.00%	0.00%	18.24%	n/a	n/a	n/a
Baptist Health Floyd	\$7,133,931	57.43%	100.00%	17.20%	0.00%	n/a	n/a
Dupont Hospital Llc	\$6,936,610	0.00%	0.00%	9.91%	n/a	0.00%	n/a
Ascension St. Vincent Evansville	\$6,857,939	0.00%	n/a	100.00%	n/a	n/a	n/a
Franciscan Health Michigan City	\$6,799,302	100.00%	0.00%	100.00%	11.30%	n/a	n/a
St. Mary Medical Center Inc.	\$6,380,894	0.00%	97.59%	0.00%	0.00%	0.00%	n/a
Columbus Regional Hospital	\$6,145,444	0.00%	n/a	35.85%	n/a	n/a	n/a
Saint Joseph Regional Medical Center	\$5,461,929	n/a	n/a	79.21%	n/a	n/a	n/a
Methodist Hospitals, Inc.	\$4,979,331	0.00%	0.00%	100.00%	0.00%	0.00%	n/a
Riverview Health	\$4,705,583	100.00%	97.23%	19.44%	0.00%	n/a	n/a
Hendricks Behavioral Hospital	\$4,666,023	100.00%	100.00%	n/a	0.00%	n/a	n/a
Community Hospital Anderson	\$4,415,660	100.00%	93.66%	n/a	n/a	n/a	n/a
OrthoIndy Hospital	\$4,120,475	n/a	n/a	n/a	n/a	n/a	n/a
Rehabilitation Hospital of Indiana, Inc.	\$3,671,717	81.25%	n/a	46.04%	n/a	n/a	n/a
Bloomington Meadows Hospital	\$3,552,974	n/a	98.31%	n/a	n/a	n/a	n/a
Franciscan Health Dyer	\$3,525,167	96.90%	100.00%	100.00%	20.38%	100.00%	n/a
Northwest Health - La Porte	\$3,434,738	0.00%	0.00%	33.34%	0.00%	n/a	n/a
The Women's Hospital	\$3,395,864	n/a	n/a	93.63%	n/a	n/a	n/a
Harsha Behavioral Center, Inc	\$3,303,749	100.00%	n/a	n/a	n/a	n/a	n/a
Goshen Hospital	\$3,301,170	n/a	n/a	n/a	n/a	n/a	n/a
Reid Health	\$3,219,246	n/a	n/a	n/a	n/a	n/a	n/a
Wellstone Regional Hospital	\$3,138,154	100.00%	n/a	n/a	n/a	n/a	n/a
Ascension St. Vincent Kokomo	\$3,005,339	8.35%	n/a	14.20%	n/a	n/a	n/a
Franciscan Health Mooresville	\$2,645,448	0.00%	0.00%	100.00%	0.00%	n/a	n/a
Ascension St. Vincent Fishers	\$2,590,230	64.84%	0.00%	29.54%	n/a	n/a	n/a
Community Howard Regional Health Inc.	\$2,588,919	n/a	76.05%	100.00%	n/a	n/a	n/a

**Exhibit 2b**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Inpatient

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	13,961,059	6,656,198	16,078,615	4,982,339	1,146,201	0
TIC Completeness: % Matching MS-DRG or Revenue Code Rates in TIC File	44%	59%	48%	6%	26%	n/a

Facility (Top 100)	Total Allowed	Health and Life Insurance Company				Aetna Life Insurance Company
		Cigna Local Plus	Cigna OAP	Choice POS II	Individual HMO / EPO	
Norton Clark Hospital	\$2,471,417	72.46%	n/a	n/a	n/a	n/a
Ascension St. Vincent Anderson	\$2,443,859	14.15%	n/a	33.69%	n/a	n/a
Hancock Regional Hospital	\$2,278,213	0.00%	0.00%	n/a	n/a	n/a
Orthopedic Hospital at Parkview North LLC	\$2,111,290	n/a	n/a	n/a	n/a	n/a
The Orthopedic Hospital of Lutheran Health Network	\$2,069,604	n/a	0.00%	1.84%	n/a	n/a
Lutheran Kosciusko Hospital	\$2,055,488	0.00%	n/a	22.48%	n/a	n/a
Franciscan Health Munster	\$2,033,999	100.00%	100.00%	100.00%	8.78%	100.00%
Sycamore Springs Hospital Llc	\$1,858,577	100.00%	n/a	n/a	100.00%	n/a
MHP Major Hospital	\$1,769,886	n/a	0.00%	18.14%	n/a	n/a
Terre Haute Regional Hospital	\$1,760,967	0.00%	100.00%	n/a	n/a	n/a
Norton King's Daughters' Health	\$1,712,795	n/a	n/a	n/a	n/a	n/a
Marion Health	\$1,699,095	0.00%	n/a	37.58%	n/a	n/a
Ascension St. Vincent - Seton Specialty Hospital	\$1,690,469	n/a	n/a	n/a	n/a	n/a
St. Elizabeth Dearborn Hospital	\$1,592,252	n/a	100.00%	100.00%	n/a	n/a
Good Samaritan Hospital	\$1,530,020	n/a	n/a	n/a	n/a	n/a
Community Fairbanks Recovery Center	\$1,474,449	91.85%	100.00%	n/a	100.00%	n/a
Witham Health Services	\$1,424,979	n/a	n/a	16.73%	n/a	n/a
Memorial Hospital And Health Care Center	\$1,405,653	n/a	n/a	n/a	n/a	n/a
Henry County Memorial Hospital	\$1,345,479	0.00%	n/a	n/a	n/a	0.00%
Johnson Memorial Health	\$1,260,455	n/a	18.62%	0.00%	n/a	n/a
Schneck Medical Center	\$1,236,154	0.00%	n/a	13.46%	n/a	n/a
St. Catherine Hospital, Inc	\$1,155,389	13.65%	88.89%	100.00%	0.00%	100.00%
Pinnacle Hospital	\$1,078,670	0.00%	n/a	100.00%	n/a	n/a
Michiana Behavioral Health	\$1,000,628	100.00%	100.00%	n/a	n/a	n/a
Margaret Mary Health	\$962,833	n/a	n/a	n/a	n/a	n/a
Community Rehabilitation Hospital North	\$960,091	100.00%	n/a	n/a	n/a	n/a
Parkview Huntington Hospital	\$939,455	0.00%	n/a	29.41%	n/a	n/a
Parkview Whitley Hospital	\$884,695	0.00%	n/a	n/a	n/a	n/a
Brentwood Springs	\$865,785	n/a	n/a	n/a	n/a	n/a
Medical Behavioral Hospital - Mishawaka	\$860,575	n/a	n/a	n/a	n/a	n/a
Logansport Memorial Hospital	\$770,334	n/a	n/a	74.66%	n/a	n/a
Franciscan Health Orthopedic Hospital Carmel	\$742,218	n/a	n/a	n/a	n/a	n/a
Unity Physicians Hospital	\$727,211	n/a	n/a	n/a	n/a	n/a
Oaklawn Psychiatric Center, Inc.	\$703,194	n/a	n/a	n/a	n/a	n/a
Neuropsychiatric Hospital Of Indianapolis, Llc	\$697,473	n/a	n/a	n/a	100.00%	n/a
Monroe Hospital	\$656,266	n/a	n/a	n/a	n/a	n/a
Lutheran Downtown Hospital	\$603,403	n/a	n/a	100.00%	n/a	n/a
Park Center, Inc.	\$602,478	n/a	n/a	n/a	n/a	n/a
Parkview Noble Hospital	\$597,146	n/a	n/a	n/a	n/a	n/a
Kindred Hospital Indianapolis North	\$496,517	n/a	100.00%	n/a	n/a	n/a
River Bend Hospital	\$493,170	n/a	n/a	n/a	n/a	n/a
Valle Vista Health System	\$443,742	100.00%	100.00%	n/a	100.00%	n/a
Community Stroke and Rehabilitation Center, Inc.	\$441,697	0.00%	100.00%	n/a	n/a	n/a
Doctors Neuropsychiatric Hospital	\$416,123	n/a	n/a	n/a	n/a	n/a
Options Behavioral Health System	\$413,281	n/a	100.00%	n/a	n/a	n/a
Woodlawn Hospital	\$412,938	n/a	n/a	n/a	n/a	n/a
Indianapolis Rehabilitation Hospital, Llc	\$410,508	n/a	100.00%	n/a	n/a	n/a
Incompass Healthcare	\$406,553	n/a	n/a	0.00%	n/a	n/a
Community Health Network Rehabilitation Hospital South	\$402,303	44.08%	43.34%	n/a	n/a	n/a
Regency Hospital Of Northwest Indiana	\$375,744	55.06%	n/a	n/a	n/a	n/a

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provider

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude claims without network and provider found in TIC Data

Exhibit 2c

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Outpatient Claim Type

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	1,401,074,460	38,059,831	8,113,760	372,389	23,911	3,749
TIC Completeness: % Matching HCPCS or Revenue Code Rates in TIC File	48%	52%	1%	14%	0%	100%
<b>Anthem</b>						
Facility (Top 100)	Total Allowed					
Indiana University Health	\$200,702,323	99.65%	100.00%	n/a	n/a	n/a
Community Hospital East	\$129,758,185	99.97%	6.60%	n/a	n/a	n/a
Franciscan Health Indianapolis	\$104,128,452	94.41%	n/a	n/a	n/a	n/a
Ascension St. Vincent Hospital - Indianapolis	\$79,691,770	98.85%	100.00%	n/a	n/a	n/a
Iu Health Bloomington Hospital	\$70,655,184	98.84%	100.00%	n/a	n/a	n/a
Parkview Regional Medical Center	\$70,307,207	30.56%	100.00%	n/a	n/a	n/a
IU Health North Hospital	\$63,333,827	99.59%	96.03%	n/a	n/a	n/a
Indiana University Health Arnett Hospital	\$50,951,780	62.91%	90.46%	0.00%	n/a	n/a
Franciscan Health Lafayette East	\$48,117,067	58.13%	n/a	n/a	n/a	n/a
Hendricks Regional Health	\$42,065,358	71.46%	12.19%	n/a	n/a	n/a
Union Hospital, Inc	\$42,034,410	99.88%	100.00%	n/a	n/a	n/a
Deaconess Midtown Hospital	\$39,484,585	37.12%	100.00%	n/a	n/a	n/a
Community Hospital North	\$38,398,686	98.99%	100.00%	n/a	n/a	n/a
Iu Health West Hospital	\$38,374,911	99.98%	0.00%	n/a	n/a	n/a
Ascension St. Vincent Evansville	\$36,345,723	98.86%	100.00%	0.00%	n/a	n/a
Community Hospital	\$36,141,628	98.18%	100.00%	n/a	n/a	n/a
Franciscan Health Michigan City	\$33,895,159	73.33%	100.00%	n/a	n/a	n/a
OrthoIndy Hospital	\$31,823,322	91.27%	n/a	n/a	n/a	n/a
IU Health Ball Memorial Hospital	\$29,416,040	93.85%	n/a	n/a	n/a	n/a
Community Hospital South	\$28,144,953	100.00%	89.43%	0.00%	n/a	n/a
Riverview Health	\$26,694,547	56.77%	42.78%	n/a	n/a	n/a
St. Mary Medical Center Inc	\$26,977,449	41.61%	99.17%	n/a	n/a	n/a
Memorial Hospital Of South Bend	\$26,838,157	4.68%	53.30%	n/a	n/a	0.00%
Franciscan Health Crown Point	\$23,302,856	93.19%	100.00%	n/a	n/a	n/a
Ascension St. Vincent Carmel	\$23,017,010	68.68%	100.00%	n/a	n/a	n/a
Columbus Regional Hospital	\$21,355,527	94.70%	100.00%	n/a	n/a	n/a
Eskenazi Health	\$20,887,820	92.27%	100.00%	n/a	n/a	n/a
Franciscan Health Mooresville	\$18,666,751	99.85%	17.32%	n/a	n/a	n/a
North Meridian Surgery Center	\$18,472,790	100.00%	n/a	n/a	n/a	n/a
Northwest Health - Porter	\$17,850,795	99.64%	100.00%	n/a	n/a	n/a
Baptist Health Floyd	\$17,244,092	97.10%	54.48%	n/a	n/a	n/a
Witham Health Services	\$17,068,067	71.18%	100.00%	n/a	n/a	n/a
Community Howard Regional Health Inc.	\$16,955,316	99.10%	100.00%	n/a	n/a	n/a
Elkhart General Hospital	\$16,540,537	100.00%	100.00%	n/a	n/a	n/a
Hancock Regional Hospital	\$15,925,602	1.10%	n/a	n/a	0.00%	n/a
Community Hospital Anderson	\$15,671,929	91.34%	100.00%	n/a	n/a	n/a
Reid Health	\$15,222,852	100.00%	100.00%	n/a	n/a	n/a
Saint Joseph Regional Medical Center	\$14,628,855	99.24%	100.00%	n/a	n/a	n/a
The Orthopedic Hospital of Lutheran Health Network	\$14,236,350	99.88%	n/a	n/a	n/a	n/a
Methodist Hospitals, Inc.	\$13,979,737	98.26%	100.00%	n/a	n/a	n/a
Ascension St. Vincent Fishers	\$13,435,933	49.50%	100.00%	n/a	n/a	n/a
Memorial Hospital And Health Care Center	\$13,003,499	99.96%	100.00%	n/a	n/a	n/a
Dupont Hospital Llc	\$12,908,413	14.23%	100.00%	n/a	n/a	n/a
Lutheran Hospital	\$12,578,221	80.00%	100.00%	n/a	n/a	n/a
Ascension St. Vincent Anderson	\$12,074,012	99.36%	100.00%	n/a	n/a	n/a
MHP Major Hospital	\$12,071,029	91.53%	n/a	0.00%	n/a	n/a
Franciscan Health Munster	\$11,861,992	97.02%	100.00%	n/a	n/a	n/a
Goshen Hospital	\$11,848,380	37.24%	91.55%	n/a	n/a	n/a
Johnson Memorial Health	\$11,794,296	6.92%	100.00%	n/a	n/a	n/a
Community Surgery Center North	\$11,672,592	70.82%	n/a	n/a	n/a	n/a

Exhibit 2c

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Outpatient Claim Type

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	1,401,074,460	38,059,831	8,113,760	372,389	23,911	3,749
TIC Completeness: % Matching HCPCS or Revenue Code Rates in TIC File	48%	52%	1%	14%	0%	100%
<b>Anthem</b>						
Facility (Top 100)	Total Allowed					
BELTWAY SURGERY CENTER SPRINGMILL	\$11,581,924	96.58%	n/a	n/a	n/a	n/a
Ascension St. Vincent Kokomo	\$11,344,548	99.91%	100.00%	n/a	n/a	n/a
Orthopedic Hospital at Parkview North LLC	\$10,965,847	100.00%	100.00%	n/a	n/a	n/a
Henry County Memorial Hospital	\$10,832,626	92.67%	100.00%	n/a	n/a	n/a
Schneck Medical Center	\$10,490,704	85.51%	100.00%	n/a	n/a	0.00%
Northwest Health - La Porte	\$10,341,225	95.81%	100.00%	n/a	n/a	n/a
Community Surgery Center South	\$10,297,201	97.13%	n/a	n/a	n/a	n/a
Naab Road Surgery Center Llc	\$10,246,671	98.66%	n/a	n/a	n/a	n/a
Marion Health	\$10,147,609	96.75%	96.73%	0.00%	100.00%	n/a
Margaret Mary Health	\$9,268,949	99.69%	100.00%	n/a	n/a	n/a
Indianapolis Endoscopy Center, LLP	\$9,183,679	100.00%	n/a	n/a	n/a	n/a
Good Samaritan Hospital	\$9,158,368	27.56%	100.00%	n/a	n/a	n/a
Lutheran Kosciusko Hospital	\$9,046,689	94.76%	100.00%	n/a	n/a	n/a
Franciscan Health Dyer	\$7,563,647	84.59%	100.00%	n/a	n/a	n/a
IU Health Bedford Hospital	\$7,522,820	31.25%	98.75%	n/a	n/a	n/a
The Carmel Ambulatory Surgery Center LLC	\$7,454,576	82.63%	100.00%	n/a	n/a	n/a
Unity Physicians Hospital	\$7,399,179	100.00%	100.00%	n/a	n/a	n/a
BELTWAY SURGERY CENTERS LLC	\$7,105,536	100.00%	n/a	n/a	n/a	n/a
Norton King's Daughters' Health	\$6,934,982	100.00%	n/a	n/a	n/a	n/a
Logansport Memorial Hospital	\$6,418,664	99.02%	49.66%	n/a	n/a	n/a
Ascension St. Vincent Heart Center	\$6,016,740	100.00%	51.35%	n/a	n/a	n/a
Northwest Health Lakeshore Surgicare	\$5,985,223	99.92%	n/a	n/a	n/a	n/a
Parkview Whitley Hospital	\$5,861,812	52.58%	n/a	n/a	n/a	n/a
Community Surgery Center East	\$5,775,572	56.84%	n/a	n/a	n/a	n/a
St. Catherine Hospital, Inc	\$5,618,461	87.36%	n/a	n/a	n/a	n/a
Norton Clark Hospital	\$5,555,491	93.98%	83.12%	n/a	n/a	n/a
St. Elizabeth Dearborn Hospital	\$5,510,666	100.00%	100.00%	n/a	n/a	n/a
Terre Haute Regional Hospital	\$5,492,116	33.63%	100.00%	0.00%	n/a	n/a
Franciscan Health - Crawfordsville	\$5,481,816	93.75%	6.98%	n/a	n/a	n/a
BELTWAY SURGERY CENTERS, L.L.C.	\$5,468,932	53.12%	n/a	n/a	n/a	n/a
Community Surgery Center Hamilton	\$4,961,731	100.00%	n/a	n/a	n/a	n/a
Cameron Memorial Community Hospital, Inc.	\$4,921,739	98.71%	n/a	n/a	n/a	n/a
Indiana University Health White Memorial Hospital	\$4,769,928	2.58%	100.00%	n/a	n/a	n/a
Endoscopy Center Llc	\$4,576,458	99.67%	n/a	n/a	n/a	n/a
The Women's Hospital	\$4,514,263	86.27%	n/a	n/a	n/a	n/a
Woodlawn Hospital	\$4,460,096	98.73%	100.00%	n/a	n/a	n/a
Allied Physicians Surgery Center Llc	\$4,322,331	83.41%	100.00%	0.00%	n/a	n/a
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	\$4,224,351	100.00%	n/a	n/a	n/a	n/a
Rush Memorial Hospital	\$3,968,747	100.00%	99.88%	n/a	n/a	n/a
St Vincent Neighborhood Hospital	\$3,916,751	90.28%	100.00%	n/a	n/a	n/a
Sullivan County Community Hospital	\$3,905,754	94.56%	100.00%	n/a	n/a	n/a
Indiana University Health Tipton Hospital Inc.	\$3,758,201	96.61%	100.00%	n/a	n/a	n/a
Plymouth Medical Center	\$3,652,762	96.88%	100.00%	n/a	n/a	n/a
EAGLE HIGHLANDS SURGERY CENTER	\$3,608,565	100.00%	n/a	n/a	n/a	n/a
CLARIAN HEALTH PARTNERS INC MBR	\$3,575,544	94.95%	n/a	n/a	n/a	n/a
RILEY OUTPATIENT SURGERY CENTER	\$3,531,235	51.19%	n/a	n/a	n/a	n/a
Parkview Wabash Hospital, Inc	\$3,389,303	24.23%	100.00%	n/a	n/a	n/a
Greene County General Hospital	\$3,384,420	98.50%	0.00%	n/a	n/a	n/a
Parkview Dekalb Hospital	\$3,284,899	82.87%	n/a	n/a	n/a	n/a
Decatur County Memorial Hospital	\$3,188,569	92.98%	97.22%	0.00%	n/a	n/a

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provider and Network Matched to TIC File from Exhibit 1b. Specific requirements include:

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude claims without network and provider found in TIC Data

**Exhibit 2c**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Output

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	813	213,453,275	186,672,092	137,997,953	24,324,198	4,390,953	
TIC Completeness: % Matching HCPCS or Revenue Code Rates in TIC File	0%	77%	20%	19%	22%	22%	
<b>Centene</b>						<b>United</b>	
Facility (Top 100)	Total Allowed	Pathway X - IN	Ambetter IN	UHC NexusACO	UHC Core	UHC Choice Plus	UHC Options
Indiana University Health	\$200,702,323	n/a	0.00%	71.56%	0.00%	97.84%	n/a
Community Hospital East	\$129,758,185	n/a	99.59%	8.89%	100.00%	0.00%	n/a
Franciscan Health Indianapolis	\$104,128,452	n/a	25.37%	100.00%	0.00%	0.00%	n/a
Ascension St. Vincent Hospital - Indianapolis	\$79,691,770	n/a	43.95%	85.40%	73.48%	n/a	n/a
IU Health Bloomington Hospital	\$70,855,184	n/a	60.23%	16.27%	0.00%	n/a	n/a
Parkview Regional Medical Center	\$70,307,207	n/a	0.00%	0.00%	100.00%	0.00%	n/a
IU Health North Hospital	\$63,333,827	n/a	99.57%	75.21%	n/a	100.00%	100.00%
Indiana University Health Arnett Hospital	\$50,951,780	n/a	0.00%	100.00%	100.00%	0.00%	100.00%
Franciscan Health Lafayette East	\$48,117,067	n/a	0.00%	100.00%	99.00%	100.00%	n/a
Hendricks Regional Health	\$42,065,358	n/a	100.00%	98.74%	100.00%	0.00%	n/a
Union Hospital, Inc	\$42,034,410	n/a	n/a	100.00%	100.00%	0.00%	n/a
Deaconess Midtown Hospital	\$39,484,585	n/a	3.33%	100.00%	100.00%	96.34%	n/a
Community Hospital North	\$38,398,686	n/a	92.42%	85.91%	100.00%	n/a	n/a
IU Health West Hospital	\$38,374,911	n/a	99.26%	94.68%	0.00%	n/a	n/a
Ascension St. Vincent Evansville	\$36,345,723	n/a	0.00%	50.12%	0.00%	25.39%	n/a
Community Hospital	\$36,141,628	n/a	100.00%	85.29%	0.00%	97.23%	n/a
Franciscan Health Michigan City	\$33,895,159	n/a	0.00%	14.49%	36.83%	100.00%	n/a
OrthoIndy Hospital	\$31,823,322	n/a	0.00%	15.63%	1.09%	81.52%	n/a
IU Health Ball Memorial Hospital	\$29,416,040	n/a	0.00%	4.83%	100.00%	n/a	0.00%
Community Hospital South	\$28,144,953	n/a	0.00%	38.91%	n/a	100.00%	0.00%
Riverview Health	\$26,994,547	n/a	92.04%	46.38%	9.30%	0.00%	n/a
St. Mary Medical Center Inc	\$26,977,449	n/a	94.34%	0.00%	100.00%	100.00%	0.00%
Memorial Hospital Of South Bend	\$26,838,157	n/a	100.00%	0.58%	100.00%	n/a	n/a
Franciscan Health Crown Point	\$23,302,856	n/a	56.72%	86.73%	100.00%	n/a	100.00%
Ascension St. Vincent Carmel	\$23,017,010	n/a	100.00%	64.54%	100.00%	n/a	n/a
Columbus Regional Hospital	\$21,355,527	n/a	0.00%	69.53%	100.00%	0.00%	n/a
Eskensz Health	\$20,887,820	n/a	0.00%	100.00%	23.26%	n/a	100.00%
Franciscan Health Mooresville	\$18,666,751	n/a	0.00%	22.68%	42.70%	100.00%	n/a
North Meridian Surgery Center	\$18,472,790	n/a	0.00%	n/a	n/a	0.00%	n/a
Northwest Health - Porter	\$17,850,795	n/a	0.00%	16.48%	0.00%	0.00%	0.00%
Baptist Health Floyd	\$17,244,092	n/a	100.00%	70.40%	100.00%	0.00%	n/a
Witham Health Services	\$17,068,067	n/a	24.79%	100.00%	0.00%	n/a	n/a
Community Howard Regional Health Inc.	\$16,955,316	n/a	9.81%	28.12%	100.00%	100.00%	n/a
Elkhart General Hospital	\$16,540,537	n/a	3.48%	29.71%	100.00%	n/a	n/a
Hancock Regional Hospital	\$15,925,602	n/a	73.40%	0.00%	100.00%	100.00%	n/a
Community Hospital Anderson	\$15,871,929	n/a	23.79%	2.40%	100.00%	100.00%	n/a
Reid Health	\$15,222,852	n/a	67.04%	n/a	n/a	100.00%	n/a
Saint Joseph Regional Medical Center	\$14,628,855	n/a	100.00%	n/a	n/a	n/a	n/a
The Orthopedic Hospital of Lutheran Health Network	\$14,236,350	n/a	100.00%	14.43%	0.00%	100.00%	n/a
Methodist Hospitals, Inc.	\$13,979,737	n/a	100.00%	100.00%	100.00%	100.00%	n/a
Ascension St. Vincent Fishers	\$13,435,933	n/a	0.00%	99.96%	43.67%	n/a	n/a
Memorial Hospital And Health Care Center	\$13,003,499	n/a	100.00%	76.43%	n/a	60.34%	n/a
Dupont Hospital Llc	\$12,908,413	n/a	94.02%	32.49%	100.00%	100.00%	0.00%
Lutheran Hospital	\$12,578,221	n/a	0.00%	41.74%	0.00%	100.00%	n/a
Ascension St. Vincent Anderson	\$12,074,012	n/a	99.73%	8.95%	35.72%	n/a	n/a
MHP Major Hospital	\$12,071,029	n/a	100.00%	100.00%	0.00%	n/a	n/a
Franciscan Health Munster	\$11,861,992	n/a	n/a	62.30%	60.48%	n/a	n/a
Goshen Hospital	\$11,848,380	n/a	100.00%	0.00%	100.00%	100.00%	n/a
Johnson Memorial Health	\$11,794,296	n/a	7.29%	0.00%	0.00%	n/a	16.68%
Community Surgery Center North	\$11,672,592	n/a	0.00%	100.00%	100.00%	100.00%	n/a

**Exhibit 2c**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Output

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	813	213,453,275	186,672,092	137,997,953	24,324,198	4,390,953	
TIC Completeness: % Matching HCPCS or Revenue Code Rates in TIC File	0%	77%	20%	19%	22%	22%	
<b>Centene</b>						<b>United</b>	
Facility (Top 100)	Total Allowed	Pathway X - IN	Ambetter IN	UHC NexusACO	UHC Core	UHC Choice Plus	UHC Options
BELTWAY SURGERY CENTER SPRINGMILL	\$11,581,924	n/a	n/a	100.00%	0.00%	n/a	n/a
Ascension St. Vincent Kokomo	\$11,344,548	n/a	97.94%	4.09%	26.96%	100.00%	n/a
Orthopedic Hospital at Parkview North LLC	\$10,965,847	n/a	0.00%	96.36%	86.92%	n/a	n/a
Henry County Memorial Hospital	\$10,832,626	n/a	100.00%	98.15%	100.00%	100.00%	100.00%
Schneck Medical Center	\$10,490,704	n/a	0.00%	100.00%	100.00%	n/a	n/a
Northwest Health - La Porte	\$10,341,225	n/a	100.00%	33.91%	n/a	100.00%	n/a
Community Surgery Center South	\$10,297,201	n/a	100.00%	100.00%	100.00%	n/a	n/a
Naab Road Surgery Center Llc	\$10,246,671	n/a	0.00%	0.00%	100.00%	n/a	n/a
Marion Health	\$10,147,609	n/a	n/a	18.69%	0.00%	0.00%	n/a
Margaret Mary Health	\$9,268,949	n/a	0.00%	57.12%	100.00%	100.00%	n/a
Indianapolis Endoscopy Center, LLP	\$9,183,679	n/a	0.00%	100.00%	100.00%	100.00%	100.00%
Good Samaritan Hospital	\$9,158,368	n/a	0.00%	100.00%	99.60%	n/a	n/a
Lutheran Kosciusko Hospital	\$9,046,689	n/a	n/a	19.24%	100.00%	100.00%	n/a
Franciscan Health Dyer	\$7,563,647	n/a	0.00%	100.00%	0.17%	100.00%	100.00%
IU Health Bedford Hospital	\$7,522,820	n/a	0.08%	100.00%	100.00%	n/a	100.00%
The Carmel Ambulatory Surgery Center LLC	\$7,454,576	n/a	0.00%	27.05%	100.00%	70.62%	n/a
Unity Physicians Hospital	\$7,399,179	n/a	100.00%	n/a	n/a	1.28%	n/a
BELTWAY SURGERY CENTERS LLC	\$7,105,536	n/a	74.35%	0.31%	100.00%	n/a	n/a
Norton King's Daughters' Health	\$6,934,982	n/a	n/a	92.81%	100.00%	n/a	n/a
Logansport Memorial Hospital	\$6,418,664	n/a	0.00%	100.00%	25.47%	0.00%	n/a
Ascension St. Vincent Heart Center	\$6,016,740	n/a	95.02%	63.65%	n/a	100.00%	n/a
Northwest Health Lakeshore Surgicare	\$5,985,223	n/a	0.00%	0.00%	n/a	100.00%	n/a
Parkview Whitley Hospital	\$5,861,812	n/a	0.00%	100.00%	35.96%	n/a	0.00%
Community Surgery Center East	\$5,775,572	n/a	0.00%	100.00%	100.00%	100.00%	n/a
St. Catherine Hospital, Inc	\$5,618,461	n/a	54.01%	0.94%	0.00%	n/a	n/a
Norton Clark Hospital	\$5,555,491	n/a	67.63%	29.08%	100.00%	100.00%	100.00%
St. Elizabeth Dearborn Hospital	\$5,510,666	n/a	0.99%	100.00%	100.00%	100.00%	n/a
Terre Haute Regional Hospital	\$5,492,116	n/a	100.00%	n/a	n/a	0.00%	n/a
Franciscan Health - Crawfordsville	\$5,481,816	n/a	91.95%	100.00%	100.00%	100.00%	0.00%
BELTWAY SURGERY CENTERS, L.L.C.	\$5,468,932	n/a	67.87%	0.00%	100.00%	n/a	n/a
Community Surgery Center Hamilton	\$4,961,731	n/a	0.00%	39.64%	100.00%	n/a	0.00%
Cameron Memorial Community Hospital, Inc.	\$4,921,739	n/a	57.92%	81.87%	0.00%	100.00%	n/a
Indiana University Health White Memorial Hospital	\$4,769,928	n/a	0.00%	100.00%	17.52%	0.00%	n/a
Endoscopy Center Llc	\$4,576,458	n/a	n/a	100.00%	0.00%	n/a	n/a
The Women's Hospital	\$4,514,263	n/a	100.00%	0.00%	100.00%	98.49%	n/a
Woodlawn Hospital	\$4,460,096	n/a	100.00%	0.00%	0.00%	0.00%	100.00%
Allied Physicians Surgery Center Llc	\$4,322,331	n/a	100.00%	n/a	n/a	n/a	n/a
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	\$4,224,351	n/a	0.00%	0.00%	0.00%	n/a	n/a
Rush Memorial Hospital	\$3,968,747	n/a	0.00%	100.00%	100.00%	n/a	100.00%
St Vincent Neighborhood Hospital	\$3,916,751	n/a	100.00%	n/a	n/a	100.00%	n/a
Sullivan County Community Hospital	\$3,905,754	n/a	0.00%	100.00%	0.00%	n/a	n/a
Indiana University Health Tipton Hospital Inc.	\$3,758,201	n/a	21.08%	59.83%	50.13%	100.00%	n/a
Plymouth Medical Center	\$3,652,762	n/a	n/a	n/a	n/a	n/a	n/a
EAGLE HIGHLANDS SURGERY CENTER	\$3,608,565	n/a	0.00%	0.00%	98.62%	n/a	n/a
CLARIAN HEALTH PARTNERS INC MBR	\$3,575,544	n/a	100.00%	100.00%	100.00%	n/a	n/a
RILEY OUTPATIENT SURGERY CENTER	\$3,531,235	n/a	0.00%	0.00%	100.00%	n/a	n/a
Parkview Wabash Hospital, Inc	\$3,369,303	n/a	n/a	100.00%	100.00%	100.00%	0.00%
Greene County General Hospital	\$3,384,420	n/a	97.02%	100.00%	70.97%	0.88%	n/a
Parkview Dekalb Hospital	\$3,284,899	n/a	0.00%	99.45%	0.00%	n/a	n/a
Decatur County Memorial Hospital	\$3,188,569	n/a	75.04%	100.00%	17.73%	n/a	n/a

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provide

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude claims without network and provider found in TIC Data

**Exhibit 2c**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Output

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	2,180,060	685,624	890,227	489,407	368,123	59,694,959
TIC Completeness: % Matching HCPCS or Revenue Code Rates in TIC File	11%	12%	0%	15%	18%	18%

Healthcare Insurance Company							Cigna H
Facility (Top 100)	Total Allowed	UHC Individual Exchange Benefit Plans	Qualcomm POS-00	Optum Behavioral Health	Qualcomm PS1-50	Qualcomm PPO-00	Cigna PPO
Indiana University Health	\$200,702,323	n/a	n/a	n/a	n/a	n/a	0.00%
Community Hospital East	\$129,758,185	n/a	n/a	n/a	n/a	n/a	100.00%
Franciscan Health Indianapolis	\$104,128,452	n/a	n/a	n/a	n/a	n/a	0.00%
Ascension St. Vincent Hospital - Indianapolis	\$79,691,770	n/a	100.00%	n/a	n/a	n/a	42.40%
Iu Health Bloomington Hospital	\$70,855,184	n/a	n/a	n/a	n/a	n/a	100.00%
Parkview Regional Medical Center	\$70,307,207	n/a	n/a	n/a	n/a	n/a	n/a
IU Health North Hospital	\$63,333,827	0.00%	n/a	n/a	n/a	n/a	6.74%
Indiana University Health Arnett Hospital	\$50,951,780	n/a	n/a	n/a	n/a	n/a	10.69%
Franciscan Health Lafayette East	\$48,117,067	n/a	n/a	n/a	n/a	n/a	0.00%
Hendricks Regional Health	\$42,065,358	n/a	n/a	n/a	n/a	n/a	100.00%
Union Hospital, Inc	\$42,034,410	n/a	n/a	n/a	n/a	n/a	26.78%
Deaconess Midtown Hospital	\$39,484,585	n/a	n/a	n/a	n/a	n/a	100.00%
Community Hospital North	\$38,398,686	n/a	n/a	n/a	n/a	n/a	0.00%
Iu Health West Hospital	\$38,374,911	n/a	n/a	n/a	n/a	n/a	0.00%
Ascension St. Vincent Evansville	\$36,345,723	n/a	n/a	n/a	n/a	n/a	n/a
Community Hospital	\$36,141,628	n/a	n/a	n/a	n/a	n/a	n/a
Franciscan Health Michigan City	\$33,895,159	n/a	n/a	n/a	n/a	n/a	95.07%
OrthoIndy Hospital	\$31,823,322	n/a	n/a	n/a	n/a	n/a	100.00%
IU Health Ball Memorial Hospital	\$29,416,040	n/a	n/a	n/a	n/a	n/a	0.00%
Community Hospital South	\$28,144,953	n/a	n/a	n/a	n/a	n/a	3.40%
Riverview Health	\$26,994,547	n/a	n/a	n/a	n/a	n/a	27.37%
St. Mary Medical Center Inc	\$26,977,449	n/a	n/a	n/a	n/a	n/a	100.00%
Memorial Hospital Of South Bend	\$26,838,157	n/a	n/a	n/a	n/a	n/a	11.15%
Franciscan Health Crown Point	\$23,302,856	n/a	n/a	n/a	n/a	n/a	100.00%
Ascension St. Vincent Carmel	\$23,017,010	n/a	n/a	n/a	n/a	n/a	3.20%
Columbus Regional Hospital	\$21,355,527	n/a	n/a	0.00%	n/a	n/a	100.00%
Eskensz Health	\$20,887,820	n/a	n/a	n/a	n/a	n/a	0.00%
Franciscan Health Mooresville	\$18,666,751	n/a	n/a	n/a	n/a	n/a	96.24%
North Meridian Surgery Center	\$18,472,790	n/a	n/a	n/a	n/a	n/a	100.00%
Northwest Health - Porter	\$17,850,795	n/a	n/a	n/a	n/a	n/a	100.00%
Baptist Health Floyd	\$17,244,092	n/a	n/a	n/a	n/a	n/a	n/a
Witham Health Services	\$17,068,067	n/a	n/a	n/a	n/a	n/a	n/a
Community Howard Regional Health Inc.	\$16,955,316	n/a	n/a	n/a	n/a	n/a	0.00%
Elkhart General Hospital	\$16,540,537	n/a	n/a	n/a	n/a	n/a	100.00%
Hancock Regional Hospital	\$15,925,602	0.00%	n/a	n/a	n/a	n/a	0.00%
Community Hospital Anderson	\$15,871,929	n/a	n/a	n/a	n/a	n/a	19.30%
Reid Health	\$15,222,852	n/a	n/a	n/a	n/a	n/a	100.00%
Saint Joseph Regional Medical Center	\$14,628,855	n/a	n/a	n/a	n/a	100.00%	n/a
The Orthopedic Hospital of Lutheran Health Network	\$14,236,350	0.00%	n/a	n/a	n/a	n/a	n/a
Methodist Hospitals, Inc.	\$13,979,737	n/a	n/a	n/a	n/a	n/a	29.86%
Ascension St. Vincent Fishers	\$13,435,933	n/a	n/a	n/a	n/a	n/a	3.24%
Memorial Hospital And Health Care Center	\$13,003,499	n/a	n/a	n/a	n/a	n/a	n/a
Dupont Hospital Llc	\$12,908,413	n/a	n/a	n/a	n/a	n/a	0.00%
Lutheran Hospital	\$12,578,221	n/a	n/a	n/a	n/a	n/a	n/a
Ascension St. Vincent Anderson	\$12,074,012	n/a	n/a	n/a	n/a	n/a	100.00%
MHP Major Hospital	\$12,071,029	n/a	n/a	n/a	n/a	n/a	100.00%
Franciscan Health Munster	\$11,861,992	n/a	n/a	n/a	n/a	100.00%	n/a
Goshen Hospital	\$11,848,380	n/a	n/a	n/a	n/a	n/a	95.59%
Johnson Memorial Health	\$11,794,296	n/a	n/a	n/a	n/a	n/a	2.93%
Community Surgery Center North	\$11,672,592	n/a	n/a	n/a	n/a	n/a	100.00%

Exhibit 2c

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Output

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	2,180,060	685,624	890,227	489,407	368,123	59,694,959
TIC Completeness: % Matching HCPCS or Revenue Code Rates in TIC File	11%	12%	0%	15%	18%	18%

Healthcare Insurance Company							Cigna H
Facility (Top 100)	Total Allowed	UHC Individual Exchange Benefit Plans	Qualcomm POS-00	Optum Behavioral Health	Qualcomm PS1-50	Qualcomm PPO-00	Cigna PPO
BELTWAY SURGERY CENTER SPRINGMILL	\$11,581,924	n/a	n/a	n/a	n/a	n/a	n/a
Ascension St. Vincent Kokomo	\$11,344,548	n/a	n/a	n/a	n/a	n/a	0.00%
Orthopedic Hospital at Parkview North LLC	\$10,965,847	n/a	n/a	n/a	n/a	n/a	n/a
Henry County Memorial Hospital	\$10,832,626	n/a	n/a	n/a	100.00%	n/a	100.00%
Schneck Medical Center	\$10,490,704	n/a	n/a	n/a	n/a	n/a	100.00%
Northwest Health - La Porte	\$10,341,225	n/a	n/a	n/a	n/a	n/a	0.00%
Community Surgery Center South	\$10,297,201	n/a	n/a	0.00%	n/a	n/a	100.00%
Naab Road Surgery Center Llc	\$10,246,671	0.00%	n/a	n/a	n/a	n/a	100.00%
Marion Health	\$10,147,609	n/a	n/a	n/a	n/a	n/a	24.31%
Margaret Mary Health	\$9,268,949	n/a	n/a	n/a	0.00%	n/a	n/a
Indianapolis Endoscopy Center, LLP	\$9,183,679	n/a	n/a	n/a	n/a	n/a	n/a
Good Samaritan Hospital	\$9,158,368	n/a	n/a	n/a	n/a	1.16%	n/a
Lutheran Kosciusko Hospital	\$9,046,689	n/a	n/a	n/a	n/a	n/a	n/a
Franciscan Health Dyer	\$7,563,647	n/a	n/a	n/a	n/a	n/a	0.00%
IU Health Bedford Hospital	\$7,522,820	0.00%	n/a	n/a	n/a	n/a	100.00%
The Carmel Ambulatory Surgery Center LLC	\$7,454,576	n/a	n/a	n/a	0.00%	n/a	100.00%
Unity Physicians Hospital	\$7,399,179	n/a	n/a	n/a	n/a	n/a	n/a
BELTWAY SURGERY CENTERS LLC	\$7,105,536	n/a	n/a	n/a	n/a	n/a	n/a
Norton King's Daughters' Health	\$6,934,982	n/a	n/a	n/a	n/a	n/a	18.23%
Logansport Memorial Hospital	\$6,418,664	n/a	n/a	n/a	n/a	n/a	n/a
Ascension St. Vincent Heart Center	\$6,016,740	n/a	n/a	n/a	n/a	n/a	0.00%
Northwest Health Lakeshore Surgicare	\$5,985,223	n/a	n/a	n/a	n/a	n/a	100.00%
Parkview Whitley Hospital	\$5,861,812	n/a	n/a	n/a	n/a	n/a	100.00%
Community Surgery Center East	\$5,775,572	0.00%	n/a	n/a	n/a	n/a	100.00%
St. Catherine Hospital, Inc	\$5,618,461	n/a	n/a	n/a	n/a	n/a	96.23%
Norton Clark Hospital	\$5,555,491	n/a	n/a	n/a	n/a	n/a	n/a
St. Elizabeth Dearborn Hospital	\$5,510,666	n/a	n/a	n/a	n/a	n/a	100.00%
Terre Haute Regional Hospital	\$5,492,116	n/a	n/a	n/a	n/a	n/a	n/a
Franciscan Health - Crawfordsville	\$5,481,816	n/a	n/a	n/a	n/a	n/a	0.00%
BELTWAY SURGERY CENTERS, L.L.C.	\$5,468,932	n/a	n/a	n/a	n/a	n/a	n/a
Community Surgery Center Hamilton	\$4,961,731	n/a	n/a	n/a	n/a	n/a	0.00%
Cameron Memorial Community Hospital, Inc.	\$4,921,739	n/a	n/a	n/a	n/a	n/a	n/a
Indiana University Health White Memorial Hospital	\$4,769,928	n/a	n/a	n/a	n/a	n/a	0.00%
Endoscopy Center Llc	\$4,576,458	n/a	n/a	n/a	n/a	n/a	0.70%
The Women's Hospital	\$4,514,263	n/a	n/a	0.00%	n/a	n/a	n/a
Woodlawn Hospital	\$4,460,096	n/a	n/a	n/a	n/a	n/a	100.00%
Allied Physicians Surgery Center Llc	\$4,322,331	n/a	n/a	n/a	n/a	n/a	0.00%
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	\$4,224,351	n/a	n/a	n/a	n/a	n/a	100.00%
Rush Memorial Hospital	\$3,968,747	0.00%	n/a	n/a	n/a	n/a	n/a
St Vincent Neighborhood Hospital	\$3,916,751	n/a	n/a	n/a	n/a	n/a	100.00%
Sullivan County Community Hospital	\$3,905,754	n/a	n/a	n/a	n/a	n/a	98.45%
Indiana University Health Tipton Hospital Inc.	\$3,758,201	n/a	n/a	n/a	n/a	n/a	100.00%
Plymouth Medical Center	\$3,652,762	n/a	n/a	n/a	n/a	n/a	0.00%
EAGLE HIGHLANDS SURGERY CENTER	\$3,608,565	n/a	n/a	n/a	n/a	n/a	100.00%
CLARIAN HEALTH PARTNERS INC MBR	\$3,575,544	n/a	n/a	0.00%	n/a	n/a	100.00%
RILEY OUTPATIENT SURGERY CENTER	\$3,531,235	n/a	n/a	n/a	n/a	n/a	86.70%
Parkview Wabash Hospital, Inc	\$3,369,303	n/a	n/a	n/a	n/a	n/a	n/a
Greene County General Hospital	\$3,384,420	n/a	n/a	n/a	n/a	n/a	n/a
Parkview Dekalb Hospital	\$3,284,899	n/a	n/a	n/a	n/a	n/a	0.00%
Decatur County Memorial Hospital	\$3,188,569	n/a	n/a	n/a	n/a	n/a	100.00%

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provide

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude claims without network and provider found in TIC Data

**Exhibit 2c**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Output

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	40,202,820	21,508,089	50,401,147	6,567,655	4,729,653	28,741
TIC Completeness: % Matching HCPCS or Revenue Code Rates in TIC File	14%	19%	76%	31%	46%	60%

Facility (Top 100)	Total Allowed	Health and Life Insurance Company				Aetna Life Insurance Company	
		Cigna Local Plus	Cigna OAP	Choice POS II	Individual HMO / EPO	Individual PPO	Aetna HMO - Intel
Indiana University Health	\$200,702,323	0.00%	n/a	0.00%	0.00%	n/a	n/a
Community Hospital East	\$129,758,185	n/a	0.00%	24.47%	n/a	n/a	n/a
Franciscan Health Indianapolis	\$104,128,452	20.68%	0.00%	100.00%	n/a	0.00%	n/a
Ascension St. Vincent Hospital - Indianapolis	\$79,691,770	100.00%	n/a	0.00%	100.00%	n/a	n/a
IU Health Bloomington Hospital	\$70,855,184	n/a	37.14%	88.80%	n/a	n/a	n/a
Parkview Regional Medical Center	\$70,307,207	n/a	22.59%	0.00%	n/a	n/a	n/a
IU Health North Hospital	\$63,333,827	n/a	100.00%	0.00%	n/a	0.00%	n/a
Indiana University Health Arnett Hospital	\$50,951,780	0.00%	100.00%	100.00%	0.00%	n/a	n/a
Franciscan Health Lafayette East	\$48,117,067	0.00%	100.00%	100.00%	0.00%	n/a	n/a
Hendricks Regional Health	\$42,065,358	n/a	100.00%	0.00%	0.00%	n/a	n/a
Union Hospital, Inc	\$42,034,410	100.00%	0.00%	100.00%	0.00%	n/a	n/a
Deaconess Midtown Hospital	\$39,484,585	0.00%	n/a	0.00%	0.00%	n/a	n/a
Community Hospital North	\$38,398,686	n/a	100.00%	38.53%	0.00%	n/a	n/a
IU Health West Hospital	\$38,374,911	0.00%	7.03%	89.50%	n/a	0.00%	n/a
Ascension St. Vincent Evansville	\$36,345,723	100.00%	0.00%	100.00%	0.00%	n/a	n/a
Community Hospital	\$36,141,628	0.00%	100.00%	83.44%	n/a	100.00%	n/a
Franciscan Health Michigan City	\$33,895,159	n/a	n/a	0.00%	n/a	n/a	n/a
OrthoIndy Hospital	\$31,823,322	n/a	100.00%	37.33%	n/a	n/a	n/a
IU Health Ball Memorial Hospital	\$29,416,040	100.00%	100.00%	15.85%	n/a	100.00%	n/a
Community Hospital South	\$28,144,953	100.00%	n/a	n/a	0.00%	n/a	n/a
Riverview Health	\$26,994,547	62.04%	n/a	100.00%	n/a	n/a	n/a
St. Mary Medical Center Inc	\$26,977,449	n/a	n/a	0.00%	n/a	0.00%	n/a
Memorial Hospital Of South Bend	\$26,838,157	n/a	n/a	100.00%	n/a	n/a	n/a
Franciscan Health Crown Point	\$23,302,856	n/a	15.60%	0.00%	n/a	0.00%	n/a
Ascension St. Vincent Carmel	\$23,017,010	0.00%	n/a	n/a	0.00%	n/a	n/a
Columbus Regional Hospital	\$21,355,527	n/a	n/a	100.00%	n/a	n/a	n/a
Eskensz Health	\$20,887,820	n/a	0.00%	0.00%	0.00%	n/a	n/a
Franciscan Health Mooresville	\$18,666,751	n/a	0.00%	0.00%	100.00%	0.00%	n/a
North Meridian Surgery Center	\$18,472,790	n/a	n/a	n/a	n/a	n/a	n/a
Northwest Health - Porter	\$17,850,795	100.00%	n/a	100.00%	0.00%	n/a	n/a
Baptist Health Floyd	\$17,244,092	0.00%	100.00%	4.52%	n/a	n/a	n/a
Witham Health Services	\$17,068,067	0.00%	12.11%	100.00%	n/a	n/a	n/a
Community Howard Regional Health Inc.	\$16,955,316	100.00%	n/a	n/a	0.00%	n/a	n/a
Elkhart General Hospital	\$16,540,537	n/a	100.00%	100.00%	n/a	n/a	n/a
Hancock Regional Hospital	\$15,925,602	100.00%	0.00%	n/a	n/a	n/a	n/a
Community Hospital Anderson	\$15,871,929	100.00%	n/a	86.21%	n/a	n/a	n/a
Reid Health	\$15,222,852	n/a	n/a	0.00%	n/a	n/a	n/a
Saint Joseph Regional Medical Center	\$14,628,855	0.00%	100.00%	73.27%	n/a	n/a	n/a
The Orthopedic Hospital of Lutheran Health Network	\$14,236,350	100.00%	n/a	100.00%	n/a	n/a	n/a
Methodist Hospitals, Inc.	\$13,979,737	100.00%	n/a	87.08%	n/a	n/a	n/a
Ascension St. Vincent Fishers	\$13,435,933	30.42%	n/a	100.00%	0.00%	n/a	n/a
Memorial Hospital And Health Care Center	\$13,003,499	n/a	n/a	n/a	45.66%	n/a	n/a
Dupont Hospital Llc	\$12,908,413	n/a	n/a	100.00%	n/a	n/a	n/a
Lutheran Hospital	\$12,578,221	n/a	0.00%	100.00%	n/a	n/a	n/a
Ascension St. Vincent Anderson	\$12,074,012	0.00%	0.00%	100.00%	n/a	n/a	n/a
MHP Major Hospital	\$12,071,029	0.00%	100.00%	100.00%	n/a	n/a	n/a
Franciscan Health Munster	\$11,861,992	n/a	66.13%	90.25%	n/a	n/a	n/a
Goshen Hospital	\$11,848,380	0.00%	0.00%	0.00%	n/a	n/a	n/a
Johnson Memorial Health	\$11,794,296	n/a	n/a	n/a	n/a	n/a	n/a
Community Surgery Center North	\$11,672,592	n/a	n/a	n/a	n/a	n/a	n/a

**Exhibit 2c**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

TIC Completeness Study

TIC Data Validation of Completeness by Network + Provider Using IN APCD - Output

APCD Data with Date of Service in 2024Q1 through 2025Q1

Total APCD Included Allowed <sup>(1)</sup> by Network	40,202,820	21,508,089	50,401,147	6,567,655	4,729,653	28,741
TIC Completeness: % Matching HCPCS or Revenue Code Rates in TIC File	14%	19%	76%	31%	46%	60%

Facility (Top 100)	Total Allowed	Health and Life Insurance Company				Aetna Life Insurance Company	
		Cigna Local Plus	Cigna OAP	Choice POS II	Individual HMO / EPO	Individual PPO	Aetna HMO - Intel
BELTWAY SURGERY CENTER SPRINGMILL	\$11,581,924	0.00%	100.00%	n/a	n/a	n/a	n/a
Ascension St. Vincent Kokomo	\$11,344,548	100.00%	n/a	100.00%	n/a	0.00%	n/a
Orthopedic Hospital at Parkview North LLC	\$10,965,847	100.00%	3.24%	n/a	0.00%	n/a	n/a
Henry County Memorial Hospital	\$10,832,626	n/a	0.00%	52.00%	0.00%	n/a	n/a
Schneck Medical Center	\$10,490,704	100.00%	100.00%	100.00%	100.00%	n/a	n/a
Northwest Health - La Porte	\$10,341,225	n/a	n/a	100.00%	n/a	n/a	n/a
Community Surgery Center South	\$10,297,201	n/a	n/a	n/a	n/a	n/a	n/a
Naab Road Surgery Center Llc	\$10,246,671	n/a	0.00%	100.00%	n/a	n/a	n/a
Marion Health	\$10,147,609	0.00%	n/a	n/a	100.00%	n/a	n/a
Margaret Mary Health	\$9,268,949	0.00%	n/a	0.00%	n/a	n/a	n/a
Indianapolis Endoscopy Center, LLP	\$9,183,679	100.00%	n/a	n/a	n/a	n/a	n/a
Good Samaritan Hospital	\$9,158,368	0.00%	n/a	0.00%	n/a	n/a	n/a
Lutheran Kosciusko Hospital	\$9,046,689	n/a	n/a	0.00%	n/a	100.00%	n/a
Franciscan Health Dyer	\$7,563,647	0.00%	36.41%	100.00%	n/a	n/a	n/a
IU Health Bedford Hospital	\$7,522,820	100.00%	40.29%	n/a	100.00%	100.00%	n/a
The Carmel Ambulatory Surgery Center LLC	\$7,454,576	100.00%	n/a	n/a	0.00%	n/a	n/a
Unity Physicians Hospital	\$7,399,179	n/a	n/a	n/a	n/a	n/a	n/a
BELTWAY SURGERY CENTERS LLC	\$7,105,536	n/a	0.00%	n/a	n/a	n/a	n/a
Norton King's Daughters' Health	\$6,934,982	n/a	0.00%	100.00%	0.00%	n/a	n/a
Logansport Memorial Hospital	\$6,418,664	n/a	0.00%	n/a	n/a	n/a	n/a
Ascension St. Vincent Heart Center	\$6,016,740	n/a	100.00%	0.00%	100.00%	n/a	n/a
Northwest Health Lakeshore Surgicare	\$5,985,223	100.00%	0.00%	n/a	n/a	n/a	n/a
Parkview Whitley Hospital	\$5,861,812	n/a	100.00%	40.37%	n/a	100.00%	n/a
Community Surgery Center East	\$5,775,572	100.00%	n/a	n/a	n/a	n/a	n/a
St. Catherine Hospital, Inc	\$5,618,461	100.00%	0.00%	55.52%	n/a	n/a	n/a
Norton Clark Hospital	\$5,555,491	100.00%	100.00%	42.04%	n/a	n/a	n/a
St. Elizabeth Dearborn Hospital	\$5,510,666	98.48%	0.00%	31.17%	n/a	n/a	n/a
Terre Haute Regional Hospital	\$5,492,116	58.93%	0.00%	100.00%	n/a	n/a	n/a
Franciscan Health - Crawfordsville	\$5,481,816	0.00%	n/a	n/a	n/a	n/a	n/a
BELTWAY SURGERY CENTERS, L.L.C.	\$5,468,932	0.00%	0.00%	n/a	n/a	n/a	n/a
Community Surgery Center Hamilton	\$4,961,731	n/a	n/a	n/a	n/a	n/a	n/a
Cameron Memorial Community Hospital, Inc.	\$4,921,739	100.00%	100.00%	100.00%	n/a	n/a	n/a
Indiana University Health White Memorial Hospital	\$4,769,928	100.00%	n/a	0.00%	n/a	n/a	n/a
Endoscopy Center Llc	\$4,576,458	n/a	n/a	100.00%	n/a	n/a	n/a
The Women's Hospital	\$4,514,263	n/a	100.00%	0.00%	0.00%	n/a	n/a
Woodlawn Hospital	\$4,460,096	0.00%	n/a	n/a	0.00%	n/a	n/a
Allied Physicians Surgery Center Llc	\$4,322,331	0.00%	n/a	100.00%	n/a	n/a	n/a
INDIANA HAND TO SHOULDER BELTWAY SURGERY CENTER	\$4,224,351	n/a	n/a	n/a	n/a	n/a	n/a
Rush Memorial Hospital	\$3,968,747	0.00%	0.00%	n/a	n/a	n/a	n/a
St Vincent Neighborhood Hospital	\$3,916,751	n/a	n/a	100.00%	n/a	n/a	n/a
Sullivan County Community Hospital	\$3,905,754	n/a	n/a	n/a	100.00%	n/a	n/a
Indiana University Health Tipton Hospital Inc.	\$3,758,201	100.00%	0.00%	100.00%	n/a	n/a	n/a
Plymouth Medical Center	\$3,652,762	0.00%	100.00%	n/a	n/a	n/a	n/a
EAGLE HIGHLANDS SURGERY CENTER	\$3,608,565	n/a	n/a	n/a	n/a	n/a	n/a
CLARIAN HEALTH PARTNERS INC MBR	\$3,575,544	n/a	n/a	n/a	n/a	n/a	n/a
RILEY OUTPATIENT SURGERY CENTER	\$3,531,235	n/a	n/a	n/a	n/a	n/a	n/a
Parkview Wabash Hospital, Inc	\$3,369,303	n/a	100.00%	0.00%	0.00%	n/a	n/a
Greene County General Hospital	\$3,384,420	100.00%	n/a	0.00%	n/a	n/a	n/a
Parkview Dekalb Hospital	\$3,284,899	n/a	100.00%	100.00%	n/a	n/a	n/a
Decatur County Memorial Hospital	\$3,188,569	100.00%	0.00%	100.00%	n/a	n/a	n/a

(1) APCD Data Inclusion for this calculation is consistent with Claims with Provide

- Date of service between 1/1/2024 to 3/31/2025
- Selected payers with available TIC data
- Commercial plans
- In-network providers
- Exclude denied claims
- Primary claim payer status
- Exclude capitation/global payments
- Exclude \$0 allowed claims and reversals
- Exclude claims without network and provider found in TIC Data

**Exhibit 3**

**Indiana Department of Insurance**

**Transparency in Coverage Cross-Source Validation Analysis**

**Transparency in Coverage Data Correlation Analysis**

**TiC Data Validation of Rate Matching Using IN APCD**

<b>Payer</b>	<b>Network</b>	<b>Included Claims</b>			<b>Rates Found in TiC Data</b>			<b>Exact Rate Match</b>		
		<b>Professional</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>Professional</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>Professional</b>	<b>Inpatient</b>	<b>Outpatient</b>
Anthem	Anthem PPO	498,306,488	441,544,616	1,401,074,460	442,091,984	401,702,754	672,414,444	303,642,068	100,570,866	320,568,885
Anthem	Anthem POS	16,711,644	12,968,216	38,059,831	14,762,289	10,689,233	19,850,264	8,770,008	2,893,542	8,034,650
Anthem	Anthem High Performance	4,596,668	324,723	8,113,760	340,417	0	62,772	229,808	0	0
Anthem	Pathway Essentials - IN	238,181	159,128	372,389	214,093	33,699	52,657	80,730	0	2,344
Anthem	Preferred POS - WI	65,216	44,140	23,911	110	0	0	110	0	0
Anthem	Pathway HMO/POS - IN	1,922	0	3,749	1,922	0	3,749	1,184	0	0
Anthem	Pathway X - IN	481	0	813	481	0	0	454	0	0
<b>Anthem Total</b>		<b>519,920,601</b>	<b>455,040,823</b>	<b>1,447,648,912</b>	<b>457,411,296</b>	<b>412,425,685</b>	<b>692,383,887</b>	<b>312,724,361</b>	<b>103,464,408</b>	<b>328,605,879</b>
United	UHC NexusACO	54,575,030	59,594,550	186,672,092	42,488,775	38,483,905	36,558,855	21,249,549	7,066,138	18,933,529
United	UHC Core	41,608,945	40,472,410	137,997,953	32,322,498	24,821,982	24,920,001	16,309,724	4,260,641	13,737,936
United	UHC Choice Plus	6,477,813	9,162,477	24,324,198	5,141,575	4,227,951	5,358,257	2,954,279	547,810	3,552,043
United	UHC Options	1,340,671	843,514	4,390,953	1,104,714	401,439	953,678	571,318	8,971	658,216
United	UHC Individual Exchange Benefit Plans	681,906	388,880	2,180,060	22,851	0	16,845	2,228	0	43
United	Qualcomm POS-00	261,172	63,665	685,624	211,481	25,006	80,360	121,843	0	17,385
United	Optum Behavioral Health	258,075	445,163	890,227	53,247	0	0	12,445	0	0
United	Qualcomm PS1-50	171,886	101,300	489,407	138,569	59,547	75,261	63,949	0	7,387
United	Qualcomm PPO-00	161,469	696,172	368,123	144,792	158,813	65,626	57,047	15,673	17,677
<b>United Total</b>		<b>105,536,967</b>	<b>111,768,131</b>	<b>357,998,636</b>	<b>81,628,500</b>	<b>68,178,643</b>	<b>68,028,884</b>	<b>41,342,381</b>	<b>11,899,233</b>	<b>36,924,216</b>
Cigna	Cigna PPO	15,883,199	24,570,556	59,694,959	12,437,168	13,739,211	9,902,144	6,486,970	2,118,192	4,869,778
Cigna	Cigna Local Plus	9,917,350	13,961,059	40,202,820	7,936,040	6,166,762	5,548,285	3,634,187	1,154,318	2,146,362
Cigna	Cigna OAP	5,289,713	6,656,198	21,508,089	4,313,863	4,010,344	3,816,801	2,235,865	1,004,469	2,120,288
<b>Cigna Total</b>		<b>31,090,262</b>	<b>45,187,813</b>	<b>121,405,868</b>	<b>24,687,071</b>	<b>23,916,318</b>	<b>19,267,230</b>	<b>12,357,021</b>	<b>4,276,978</b>	<b>9,136,428</b>
Aetna	Choice POS II	15,482,556	16,078,615	50,401,147	11,495,353	7,237,477	18,520,572	3,038,042	3,353,912	9,905,607
Aetna	Individual HMO / EPO	2,178,298	4,982,339	6,567,655	1,079,389	286,874	60,431	151,702	16,120	45,743
Aetna	Individual PPO	1,799,900	1,146,201	4,729,653	716,514	257,198	1,978,125	118,575	115,220	409,154
Aetna	Aetna HMO - Intel	12,796	0	28,741	11,851	0	17,155	4,045	0	9,833
<b>Aetna Total</b>		<b>19,473,550</b>	<b>22,207,154</b>	<b>61,727,196</b>	<b>13,303,108</b>	<b>7,781,549</b>	<b>20,576,284</b>	<b>3,312,364</b>	<b>3,485,252</b>	<b>10,370,337</b>
Centene	Ambetter IN	121,815,239	151,535,704	213,453,275	104,928,151	44,348,690	152,105,479	56,551,022	23,839,611	6,023,514

**Exhibit 3**

Indiana Department of Insurance  
 Transparency in Coverage Cross-Source Validation  
 Transparency in Coverage Data Correlation Analy  
 TiC Data Validation of Rate Matching Using IN AP

<b>Payer</b>	<b>Network</b>	% of Allowed with Rates Found in TiC Data			% of Included Allowed with Exact Rate Match			% of Found Allowed with Exact Rate Match		
		Professional	Inpatient	Outpatient	Professional	Inpatient	Outpatient	Professional	Inpatient	Outpatient
Anthem	Anthem PPO	89%	91%	48%	61%	23%	23%	69%	25%	48%
Anthem	Anthem POS	88%	82%	52%	52%	22%	21%	59%	27%	40%
Anthem	Anthem High Performance	7%	0%	1%	5%	0%	0%	68%	n/a	0%
Anthem	Pathway Essentials - IN	90%	21%	14%	34%	0%	1%	38%	0%	4%
Anthem	Preferred POS - WI	0%	0%	0%	0%	0%	0%	100%	n/a	n/a
Anthem	Pathway HMO/POS - IN	100%	n/a	100%	62%	n/a	0%	62%	n/a	0%
Anthem	Pathway X - IN	100%	n/a	0%	94%	n/a	0%	94%	n/a	n/a
<b>Anthem Total</b>		<b>88%</b>	<b>91%</b>	<b>48%</b>	<b>60%</b>	<b>23%</b>	<b>23%</b>	<b>68%</b>	<b>25%</b>	<b>47%</b>
United	UHC NexusACO	78%	65%	20%	39%	12%	10%	50%	18%	52%
United	UHC Core	78%	61%	18%	39%	11%	10%	50%	17%	55%
United	UHC Choice Plus	79%	46%	22%	46%	6%	15%	57%	13%	66%
United	UHC Options	82%	48%	22%	43%	1%	15%	52%	2%	69%
United	UHC Individual Exchange Benefit Plans	3%	0%	1%	0%	0%	0%	10%	n/a	0%
United	Qualcomm POS-00	81%	39%	12%	47%	0%	3%	58%	0%	22%
United	Optum Behavioral Health	21%	0%	0%	5%	0%	0%	23%	n/a	n/a
United	Qualcomm PS1-50	81%	59%	15%	37%	0%	2%	46%	0%	10%
United	Qualcomm PPO-00	90%	23%	18%	35%	2%	5%	39%	10%	27%
<b>United Total</b>		<b>77%</b>	<b>61%</b>	<b>19%</b>	<b>39%</b>	<b>11%</b>	<b>10%</b>	<b>51%</b>	<b>17%</b>	<b>54%</b>
Cigna	Cigna PPO	78%	56%	17%	41%	9%	8%	52%	15%	49%
Cigna	Cigna Local Plus	80%	44%	14%	37%	8%	5%	46%	19%	39%
Cigna	Cigna OAP	82%	60%	18%	42%	15%	10%	52%	25%	56%
<b>Cigna Total</b>		<b>79%</b>	<b>53%</b>	<b>16%</b>	<b>40%</b>	<b>9%</b>	<b>8%</b>	<b>50%</b>	<b>18%</b>	<b>47%</b>
Aetna	Choice POS II	74%	45%	37%	20%	21%	20%	26%	46%	53%
Aetna	Individual HMO / EPO	50%	6%	1%	7%	0%	1%	14%	6%	76%
Aetna	Individual PPO	40%	22%	42%	7%	10%	9%	17%	45%	21%
Aetna	Aetna HMO - Intel	93%	n/a	60%	32%	n/a	34%	34%	n/a	57%
<b>Aetna Total</b>		<b>68%</b>	<b>35%</b>	<b>33%</b>	<b>17%</b>	<b>16%</b>	<b>17%</b>	<b>25%</b>	<b>45%</b>	<b>50%</b>
Centene	Ambetter IN	86%	29%	71%	46%	16%	3%	54%	54%	4%

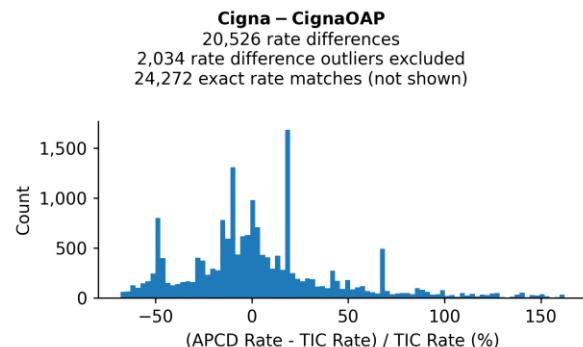
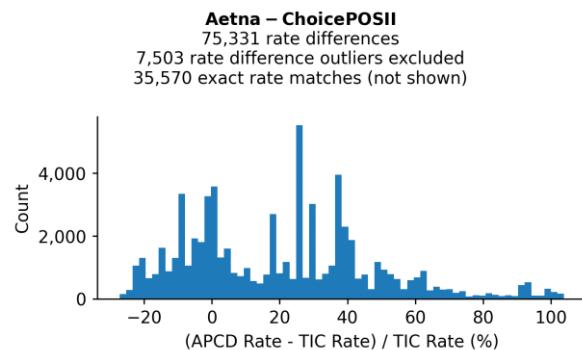
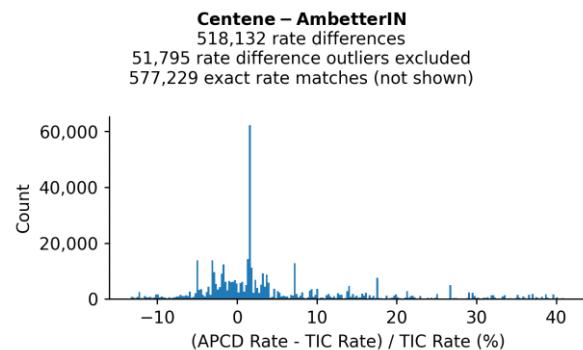
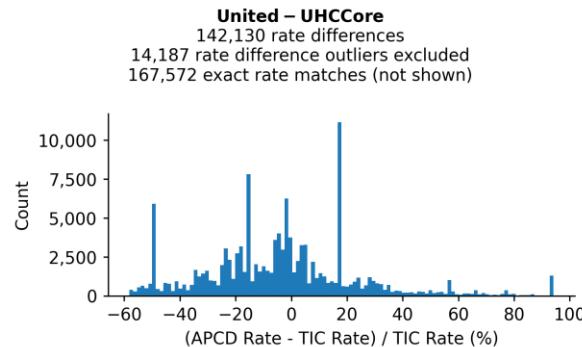
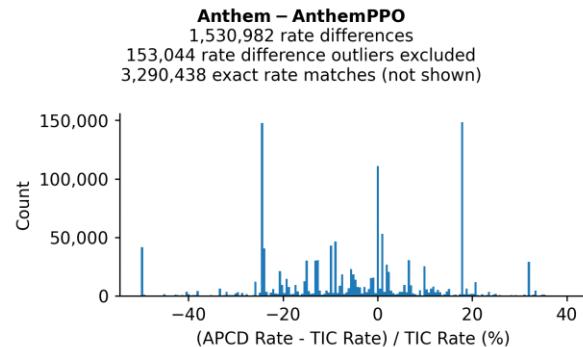
**Exhibit 4a**

Indiana Department of Insurance

Transparency in Coverage Cross-Source Validation Analysis

Transparency in Coverage Data Correlation Analysis

TiC Data Validation IN APCD Rate Difference Distributions - Professional Claim Type



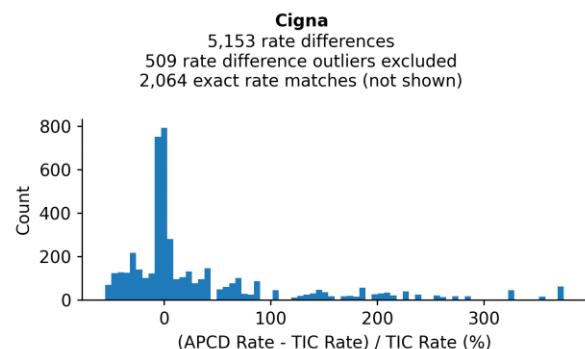
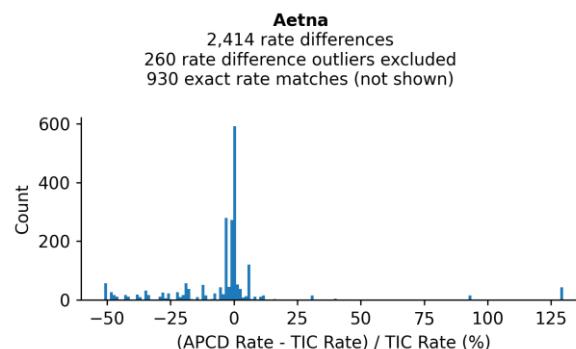
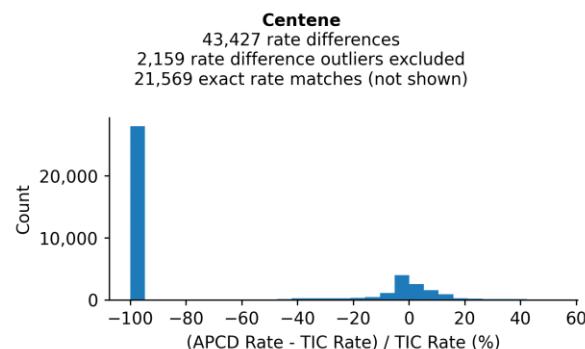
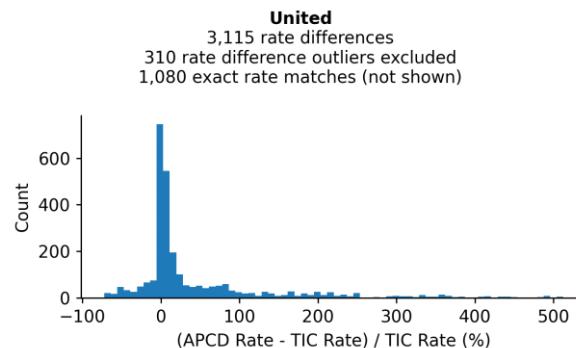
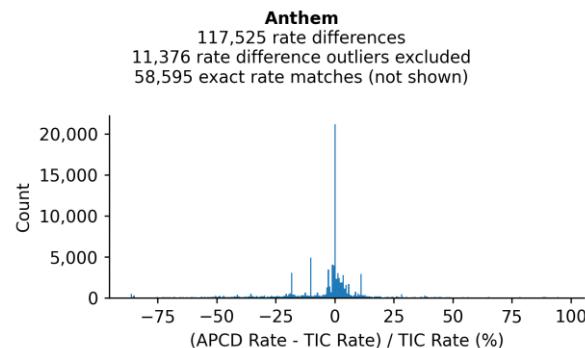
**Exhibit 4b**

Indiana Department of Insurance

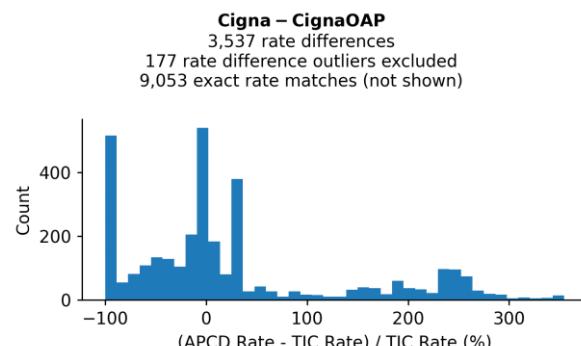
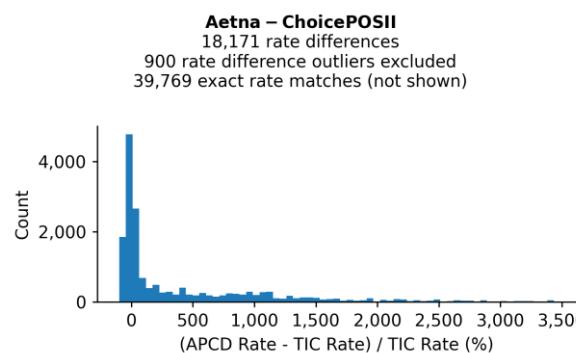
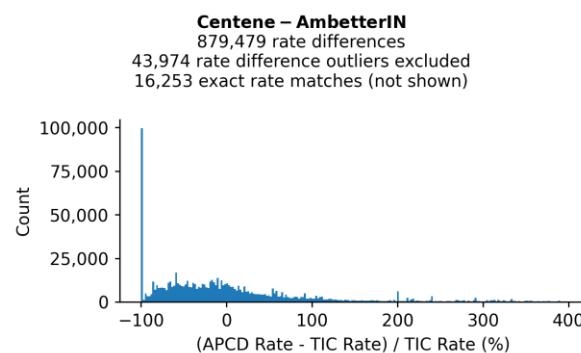
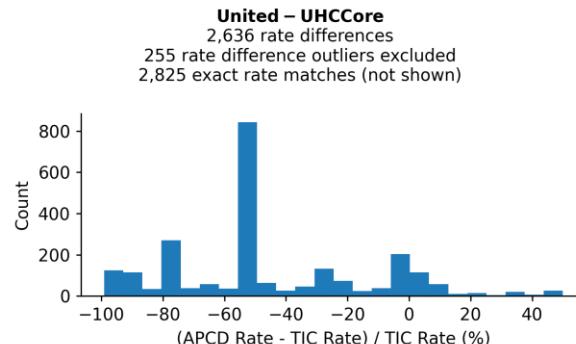
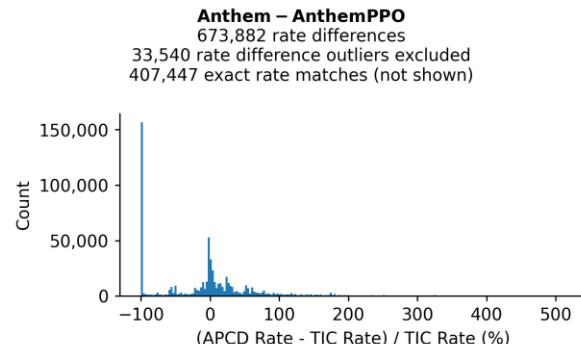
Transparency in Coverage Cross-Source Validation Analysis

Transparency in Coverage Data Correlation Analysis

TiC Data Validation IN APCD Rate Difference Distributions - Inpatient Claim Type



**Exhibit 4c**  
**Indiana Department of Insurance**  
**Transparency in Coverage Cross-Source Validation Analysis**  
**Transparency in Coverage Data Correlation Analysis**  
**TiC Data Validation IN APCD Rate Difference Distributions - Outpatient Claim Type**



**Exhibit 5**

**Indiana Department of Insurance**

**Transparency in Coverage Cross-Source Validation Analysis**

**TIC Data Inclusion and Match Rate Summary by Payer**

**APCD Data with Date of Service in 2024Q1 through 2025Q1**

	APCD Allowed Dollars (\$1,000s)				
Starting APCD(1)	\$8,161,789	\$4,450,487	\$2,208,392	\$902,657	\$380,051
APCD Commercial Claims (2)	\$3,483,537	\$933,087	\$798,615	\$192,675	\$356,798
APCD Commercial Claims After Claim Exclusions(3)	\$2,816,265	\$732,325	\$670,766	\$140,511	\$277,999
% of APCD Allowed Remaining after Claim Exclusions					
Data Inclusion Category	Anthem	UnitedHealthcare Insurance Company	Centene	Aetna Life Insurance Company	Cigna Health and Life Insurance Company
Claims with Provider Found in TIC MRF	91.3%	90.5%	72.6%	89.1%	88.2%
Claims with Payer Network Identified in TIC MRF and APCD	86.0%	78.6%	72.6%	73.6%	71.1%
Claims with Matching Billing Code Found in TIC MRF	56.3%	31.7%	51.8%	47.2%	25.5%
Claims with Rates Found in TIC MRF	55.5%	29.7%	44.9%	29.6%	24.4%
Claims with Rate Match within +/- 5%	37.0%	15.5%	19.5%	15.6%	12.1%
Claims with Exact Rate Match	26.4%	12.3%	12.9%	12.2%	9.3%
Final Allowed Amount with Exact Rate Match	\$744,795	\$90,166	\$86,414	\$17,168	\$25,770

(1) Limited to dates of service in 2024Q1 through 2025Q1.

(2) Limited to commercial line of business, in-network providers, and claims processed as primary. Excludes capitation and global payments.

(3) Excludes providers outside of Indiana, claims capped at billed charges, \$0 payments, reversals, and anesthesia claims.

**Exhibit 6**  
**Indiana Department of Insurance**  
**Summary of TIC Data Quality by Payer**

**Sample Results Based on Limited Broad Analysis**  
**Quality Evaluation Should be Based on Detailed Audit**

Data Issue	Evaluation Measure	Evaluation Score of Issue by Payer						
		Anthem	United	Centene	Aetna	Cigna	CareSource	IU Health Plan
Valid TIC Data Posted	Data cannot be downloaded and parsed for analysis	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	TRUE
Unnecessary duplication of rates	Percentage of rates that are duplicates (same rates)	33%	0%	0%	0%	0%	N/A	N/A
Multiple rates are reported for the same service and cannot be distinguished	Percentage of rates that are duplicates (different rates)	1%	2%	1%	7%	1%	N/A	N/A
Providers or Networks are missing from the data submission that are present in APCD	Percentage of APCD Allowed Volume where provider and network cannot be matched to TIC	14%	21%	27%	26%	29%	N/A	N/A
Rates missing from the TIC data submission that are present in APCD	Percentage of APCD Allowed Volume cannot linked to a TIC rate, of volume without provider/network match failures	35%	60%	29%	36%	64%	N/A	N/A
Rates in the APCD do not match the rates reported in the TIC data file	Percentage of APCD Allowed Volume where rates do not match, of volume without provider/network and TIC rate match failures	53%	61%	75%	74%	64%	N/A	N/A
Networks are not clearly identified in the TIC data	0: Description or Network Name (Schema 2.0) field of each In Network Machine Readable File 2: Network name can be determined through additional detailed review 5: Network name cannot be determined	2	2	0	2	0	5	5
Custom codes are used incorrectly	Presence of invalid custom codes	FALSE	TRUE	FALSE	FALSE	FALSE	FALSE	FALSE

**Exhibit 7a**

Indiana Department of Insurance

Penalty Framework and Financial Scenario Modeling

Framework A - Illustrative Data Issue Raw Scoring by Payer

Sample Based on Hypothetical Results to Illustrate Framework Structure

Data Issue	Evaluation Measure	Evaluation Score of Issue by Payer			
		Payer 1	Payer 2	Payer 3	Payer 4
Valid TIC Data Posted	Data cannot be downloaded and parsed for analysis	FALSE	FALSE	TRUE	FALSE
Unnecessary duplication of rates	Percentage of rates that are duplicates (same rates)	0%	0%	N/A	50%
Multiple rates are reported for the same service and cannot be distinguished	Percentage of rates that are duplicates (different rates)	0%	20%	N/A	0%
Providers or Networks are missing from the data submission that are present in APCD	Percentage of APCD Allowed Volume where provider and network cannot be matched to TIC	10%	25%	N/A	12%
Rates missing from the TIC data submission that are present in APCD	Percentage of APCD Allowed Volume cannot linked to a TIC rate, of volume without provider/network match failures	43%	30%	N/A	50%
Rates in the APCD do not match the rates reported in the TIC data file	Percentage of APCD Allowed Volume where rates do not match, of volume without provider/network and TIC rate match failures	20%	30%	N/A	45%
Networks are not clearly identified in the TIC data	0: Description or Network Name (Schema 2.0) field of each In Network Machine Readable File 2: Network name can be determined through additional detailed review 5: Network name cannot be determined	0	2	5	2
Custom codes are used incorrectly	Presence of invalid custom codes	FALSE	FALSE	TRUE	TRUE

**Exhibit 7b**

Indiana Department of Insurance

Penalty Framework and Financial Scenario Modeling

Framework A - Illustrative Data Raw Score Normalization by Payer

Sample Based on Hypothetical Results to Illustrate Framework Structure

Data Issue	Illustrative Normalization Method - Scores from 0 to 5	Raw Score				Normalized Score			
		Payer 1	Payer 2	Payer 3	Payer 4	Payer 1	Payer 2	Payer 3	Payer 4
Valid TiC Data Posted	Score 0: Data can be downloaded and parsed 5: If cannot, and if so score 5 for all other data issue categories	FALSE	FALSE	TRUE	FALSE	0	0	5	0
Unnecessary duplication of rates	Score 0: 0% 1: 1% - 10% 2: 10% - 20% 3: 20% - 30% 4: 30% - 40% 5: 40% - 100%	0%	0%	N/A	50%	0	0	5	5
Multiple rates are reported for the same service and cannot be distinguished	Score 0: 0% 1: 0% - 3% 2: 3% - 5% 3: 5% - 8% 4: 8% - 10% 5: 10% - 100%	0%	20%	N/A	0%	0	5	5	0
Providers or Networks are missing from the data submission that are present in APCD	Score 0: 0% 1: 5% - 10% 2: 10% - 15% 3: 15% - 20% 4: 20% - 30% 5: 30% - 100%	10%	25%	N/A	12%	1	4	5	2
Rates missing from the TiC data submission that are present in APCD	Score 0: 0% 1: 10% - 20% 2: 20% - 30% 3: 30% - 40% 4: 40% - 50% 5: 50% - 100%	43%	30%	N/A	50%	4	2	5	4
Rates in the APCD do not match the rates reported in the TiC data file	Score 0: 0% 1: 10% - 20% 2: 20% - 35% 3: 35% - 50% 4: 50% - 65% 5: 65% - 100%	20%	30%	N/A	45%	1	2	5	3
Networks are not clearly identified in the TiC data	Normalized score is equal to raw score	0	2	5	2	0	2	5	2
Custom codes are used incorrectly	Score 0: No custom code misuse 5: Custom code misuse	FALSE	FALSE	TRUE	TRUE	0	0	5	5

**Exhibit 7c**

Indiana Department of Insurance

Penalty Framework and Financial Scenario Modeling

Framework A - Illustrative Data Raw Score Normalization by Payer

Sample Based on Hypothetical Results to Illustrate Framework Structure

**Scenario 1: Assigning a Penalty Unit Fee to Yield a Total Penalty**

Normalized Score - 0 (Lowest error level) to 5 (Highest error level)

Data Issue	Data Issue Severity	Data Issue Penalty Weight	Normalized Score - 0 (Lowest error level) to 5 (Highest error level)				Payers Combined
			Payer 1	Payer 2	Payer 3	Payer 4	
Valid TiC Data Posted	High	0	0	0	5	0	
Unnecessary duplication of rates	Low	5	0	0	5	5	
Multiple rates are reported for the same service and cannot be distinguished	Medium	15	0	5	5	0	
Providers or Networks are missing from the data submission that are present in APCD	High	30	1	4	5	2	
Rates missing from the TiC data submission that are present in APCD	High	30	4	2	5	4	
Rates in the APCD do not match the rates reported in the TiC data file	High	30	1	2	5	3	
Networks are not clearly identified in the TiC data	Medium	15	0	2	5	2	
Custom codes are used incorrectly	Low	5	0	0	5	5	
Error Weight (Score x Weight)			180	345	650	350	
Payer Commercial Membership Distribution			x 50%	25%	15%	10%	
Member Weighted Error (Error Wt. x Membership Distribution)			90	86	98	35	309
State Selected Error Penalty Unit Fee			x \$161,943	\$161,943	\$161,943	\$161,943	\$161,943
Aggregate Penalty (Member Weighted Error x Fee)			\$14,574,899	\$13,967,611	\$15,789,474	\$5,668,016	<b>\$50,000,000</b>

Exhibit 7d

Indiana Department of Insurance

Penalty Framework and Financial Scenario Modeling

Framework A - Illustrative Data Raw Score Normalization by Payer

Sample Based on Hypothetical Results to Illustrate Framework Structure

Scenario 2: Assigning a Penalty Unit Fee to Yield an Alternative Total Penalty

Normalized Score - 0 (Lowest error level) to 5 (Highest error level)

Data Issue	Data Issue Severity	Data Issue Penalty Weight	Normalized Score - 0 (Lowest error level) to 5 (Highest error level)				Payers Combined
			Payer 1	Payer 2	Payer 3	Payer 4	
Valid TiC Data Posted	High	0	0	0	5	0	
Unnecessary duplication of rates	Low	5	0	0	5	5	
Multiple rates are reported for the same service and cannot be distinguished	Medium	15	0	5	5	0	
Providers or Networks are missing from the data submission that are present in APCD	High	30	1	4	5	2	
Rates missing from the TiC data submission that are present in APCD	High	30	4	2	5	4	
Rates in the APCD do not match the rates reported in the TiC data file	High	30	1	2	5	3	
Networks are not clearly identified in the TiC data	Medium	15	0	2	5	2	
Custom codes are used incorrectly	Low	5	0	0	5	5	
Error Weight (Score x Weight)			180	345	650	350	
Payer Commercial Membership Distribution			x 50%	25%	15%	10%	
Member Weighted Error (Error Wt. x Membership Distribution)			90	86	98	35	309
State Selected Error Penalty Unit Fee			x \$97,166	\$97,166	\$97,166	\$97,166	\$97,166
Aggregate Penalty (Member Weighted Error x Fee)			\$8,744,939	\$8,380,567	\$9,473,684	\$3,400,810	<b>\$30,000,000</b>

**Exhibit 7e**

Indiana Department of Insurance

Penalty Framework and Financial Scenario Modeling

Framework A - Illustrative Data Raw Score Normalization by Payer

Sample Based on Hypothetical Results to Illustrate Framework Structure

**Scenario 3: Impact on Penalty by Payer and in Aggregate of Simulated Data Quality Improvements**

Normalized Score - 0 (Lowest error level) to 5 (Highest error level)

Data Issue	Data Issue Severity	Data Issue Penalty Weight	Normalized Score - 0 (Lowest error level) to 5 (Highest error level)				Payers Combined
			Payer 1	Payer 2	Payer 3	Payer 4	
Valid TiC Data Posted	High	0	0	0	0	0	0
Unnecessary duplication of rates	Low	5	0	0	0	0	0
Multiple rates are reported for the same service and cannot be distinguished	Medium	15	0	4	0	1	1
Providers or Networks are missing from the data submission that are present in APCD	High	30	0	3	1	2	2
Rates missing from the TiC data submission that are present in APCD	High	30	3	1	3	0	0
Rates in the APCD do not match the rates reported in the TiC data file	High	30	1	1	4	2	2
Networks are not clearly identified in the TiC data	Medium	15	0	1	1	1	1
Custom codes are used incorrectly	Low	5	0	0	4	4	4
Error Weight (Score x Weight)			120	225	275	170	
Payer Commercial Membership Distribution			x 50%	25%	15%	10%	
Member Weighted Error (Error Wt. x Membership Distribution)			60	56	41	17	175
State Selected Error Penalty Unit Fee			x \$161,943	\$161,943	\$161,943	\$161,943	\$161,943
Aggregate Penalty (Member Weighted Error x Fee)			\$9,716,599	\$9,109,312	\$6,680,162	\$2,753,036	<b>\$28,259,109</b>

Appendix A

Indiana Department of Insurance

Transparency in Coverage Data Review Detail

Review of Network Identification Characteristics in TiC Datasets by Payer

Payer	Network Name included in File Description?	Network Name included in File Name?	Consistent File Naming Convention Month over Month?	Useful Plan Name Information?	Useful Plan IDs (EIN or HIOS) Information?	Processing Comments	General Comments
CareSource	No	No	No	No	No	Milliman's data vendor, Turquoise Health, has not been able to process in network rate files for CareSource due to invalid schema present in the files.	CareSource appears to have valid table of contents and allowed amount files but has never had an network rates files that can be processed.
IU Health Plans	Yes	Yes	Yes	Yes	Yes	Milliman has successfully processed data for IU Health Plans. However, the file usability has varied over time and the files specific to IU Health Plan have not always been usable. We were not able to successfully process the data until May 2025 files. IU Health Plans' website includes in network rates files for First Health Network (files created by Aetna) which provides wrap network coverage.	Networks were easy to identify using the file description field populated by IU Health Plans. However, the availability of processable files has varied month to month.
Centene	No	Yes	Yes	Yes	Yes	We are able to determine the key networks for Centene and successfully process data on a regular schedule.	Centene publishes one MRF per state that they do business in. The MRF name includes the state abbreviation so they are easy to identify. HIOS ID information in the files allows us to assess product types (e.g., HMO, PPO, EPO) easily. If Centene has more than one valid set of rates per state (e.g., different products or networks) they are all combined together and not possible to separate based on the file structure.
Aetna	No	No	No	Yes	Yes	We are able to determine the key networks for Aetna and successfully process data on a regular schedule.	Aetna does not provide clear network information in the file description or MRF file names. The MRF names contain a string of characters that change each month so Milliman has to re-review the selection criteria each month. For example, 'mrf_healthspqrq_com_aetnacvcs_egress_nophi_kyruushsq_com_prd_mrf_aetna_cvs_i_alicunder100_2025_07_05_innetworkrates_2025_07_05_pl_4ve_tr25_aetna_life_insurance_company_json_gz'. For Aetna, we identify key networks in two ways: 1) For group plans, we look at the plan names that correspond to the MRFs that have the most EINs associated with them to identify key networks. 2) For individual plans, we rely on HIOS information to determine which files to select and map to meaningful networks and products.
Anthem	No	No	Yes	Yes	Yes	We are able to determine many (but not all) key networks for Anthem and successfully process data on a regular schedule.	Each Blue plan typically publishes their own MRFs but they also supply data to the BCBSA which creates files for the BlueCard wrap network and distributes to all Blues plans. In this document, we are only discussing the files created by Anthem (MRF name begins with 'antm'). Anthem publishes around 600 MRFs per month and there are separate files for each of the 14 Anthem states. The MRF names contain state abbreviations, so we can analyze them together and separately by state. However, additional logic and review is needed to create network selections. Each MRF contains an alphanumeric string that tends to stay consistent across months but does not have a clear definition. For example, 'antm_pt_prod_dataz_nogbd_nophi_us_east1_s3_amazonaws_com_anthem_in_cepfmed0000_01_02_json_gz', contains the string 'cepfmed0000' and the state abbreviation for Indiana 'in'. For Anthem, we review the plan names that correspond to the MRFs that have the most EINs associated with them to identify key product types. However, we cannot always make detailed network assessments as there are many cases where there are multiple plan names and HIOS IDs pointing to the same file so we have difficulty making a clear network name determination. For example, in Indiana, we see names such as ANTHEM BLUE ACCESS PPO, ANTHEM BLUE ACCESS PPO HSA, BLUE ACCESS, BLUE ACCESS PPO, IN BLUE ACCESS, ESS PPO, PPO EPO, IN PPO NATIONAL, all pointing at one file. We can determine this file likely represents the largest PPO in Indiana but the most precise network name is difficult to assess.
Cigna	No	Yes	Yes	Yes	Yes	We are able to determine the key networks for Cigna and successfully process data on a regular schedule.	The MRF names contain the corresponding network name and product type, and file names tend to stay consistent month over month.
United	Yes but only for some ancillary files like the Optum Cancer and Transplant networks	No	Yes	Yes	Yes	We are able to determine the key networks for United and successfully process data on a regular schedule.	United generally publishes over 6,000 files per month, which contain duplicates. We use the MRF provider makeup (e.g., number of hospitals by state) as well as the plan names associated with each MRF to identify key networks. Each MRF name contains an alphanumeric string that tends to stay consistent across months such as 'ps1_50_c2' or 'gil_15_s8'. These alphanumeric strings do not necessarily provide any clear network identification information but since they do not change, it is easy to map identified networks again in a future month.

**Appendix B**  
**Indiana Department of Insurance**  
**Transparency in Coverage Data Review Detail**  
**Review of Provider Groups with Multiple Fee Schedules Posted**

Payer	Network	Professional Provider Groups	Professional Fee Schedules	Fee Schedules per Group
Aetna	Choice POS II	1,090	3,114	2.86
Aetna	Individual HMO / EPO	430	800	1.86
Aetna	Individual PPO	242	414	1.71
Anthem	Anthem High Performance	734	1,947	2.65
Anthem	Anthem POS	1,267	3,589	2.83
Anthem	Anthem PPO	1,319	3,851	2.92
Anthem	Pathway Essentials - IN	383	1,384	3.61
Anthem	Pathway HMO/POS - IN	1,158	3,159	2.73
Anthem	Pathway X - IN	1,194	3,282	2.75
Anthem	Preferred POS - WI	18	29	1.61
Centene	Ambetter IN	175	470	2.69
Cigna	Cigna Local Plus	846	2,060	2.43
Cigna	Cigna OAP	871	2,180	2.50
Cigna	Cigna PPO	875	2,190	2.50
United Healthcare	Optum Behavioral Health	175	460	2.63
United Healthcare	UHC Choice Plus	1,001	1,996	1.99
United Healthcare	UHC Core	930	1,901	2.04
United Healthcare	UHC Individual Exchange Benefit Plans	350	630	1.80
United Healthcare	UHC NexusACO	936	1,926	2.06
United Healthcare	UHC Options	936	2,020	2.16

**Appendix C**  
**Indiana Department of Insurance**  
**Transparency in Coverage Data Review Detail**  
**Prevalence of Codes with Duplicate Rates**

Payer	Network	Service Category	Total Rates	Duplicate Rates with Same Rate Value	Duplicates with Rate Variance	% Pure Duplicates	% With Rate Varian
Aetna	Choice POS II	Institutional	2,163,838	-	487,202	0.00%	22.52%
Aetna	Choice POS II	Professional	4,872,740	4,367	22,088	0.09%	0.45%
Aetna	Individual HMO / EPO	Institutional	689,514	-	127,336	0.00%	18.47%
Aetna	Individual HMO / EPO	Professional	1,541,280	-	24,449	0.00%	1.59%
Aetna	Individual PPO	Institutional	425,482	-	100,285	0.00%	23.57%
Aetna	Individual PPO	Professional	904,032	-	13,908	0.00%	1.54%
Anthem	Anthem High Performance	Institutional	1,165,359	386,119	1,786	33.13%	0.15%
Anthem	Anthem High Performance	Professional	5,899,419	1,965,888	43,339	33.32%	0.73%
Anthem	Anthem POS	Institutional	3,173,399	1,055,197	27,024	33.25%	0.85%
Anthem	Anthem POS	Professional	10,298,559	3,432,290	43,259	33.33%	0.42%
Anthem	Anthem PPO	Institutional	2,986,091	993,961	27,054	33.29%	0.91%
Anthem	Anthem PPO	Professional	10,664,493	3,554,250	43,319	33.33%	0.41%
Anthem	Pathway Essentials - IN	Institutional	402,407	134,127	3,008	33.33%	0.75%
Anthem	Pathway Essentials - IN	Professional	2,474,207	824,220	26,571	33.31%	1.07%
Anthem	Pathway HMO/POS - IN	Institutional	2,096,392	697,616	20,674	33.28%	0.99%
Anthem	Pathway HMO/POS - IN	Professional	5,056,539	1,684,968	23,837	33.32%	0.47%
Anthem	Pathway X - IN	Institutional	2,069,388	688,386	22,188	33.27%	1.07%
Anthem	Pathway X - IN	Professional	5,218,896	1,739,087	23,849	33.32%	0.46%
Anthem	Preferred POS - WI	Professional	4,363	1,454	192	33.33%	4.40%
Centene	Ambetter IN	Institutional	199,434	2,337	134	1.17%	0.07%
Centene	Ambetter IN	Professional	850,276	-	8,671	0.00%	1.02%
Cigna	Cigna Local Plus	Institutional	580,286	-	3,542	0.00%	0.61%
Cigna	Cigna Local Plus	Professional	2,755,053	-	41,905	0.00%	1.52%
Cigna	Cigna OAP	Institutional	674,682	-	3,718	0.00%	0.55%
Cigna	Cigna OAP	Professional	2,830,595	-	41,901	0.00%	1.48%
Cigna	Cigna PPO	Institutional	631,500	-	1,272	0.00%	0.20%
Cigna	Cigna PPO	Professional	2,829,581	-	41,911	0.00%	1.48%
United	Optum Behavioral Health	Institutional	205	-	5	0.00%	2.44%
United	Optum Behavioral Health	Professional	32,239	-	1,059	0.00%	3.28%
United	UHC Choice Plus	Institutional	1,278,477	-	37,689	0.00%	2.95%
United	UHC Choice Plus	Professional	1,444,054	-	19,099	0.00%	1.32%
United	UHC Core	Institutional	1,271,948	-	37,685	0.00%	2.96%
United	UHC Core	Professional	1,440,656	-	19,099	0.00%	1.33%
United	UHC Individual Exchange Benefit Plans	Institutional	389,340	-	10,523	0.00%	2.70%
United	UHC Individual Exchange Benefit Plans	Professional	339,298	-	11,622	0.00%	3.43%
United	UHC NexusACO	Institutional	1,278,719	-	37,696	0.00%	2.95%
United	UHC NexusACO	Professional	1,444,053	-	19,099	0.00%	1.32%
United	UHC Options	Institutional	1,271,433	-	37,657	0.00%	2.96%
United	UHC Options	Professional	1,444,970	-	19,099	0.00%	1.32%

**Appendix D**  
**Indiana Department of Insurance**  
**Transparency in Coverage Data Review Detail**  
**Review of Billing Code Validity**

Payer	Network	Code Type	Reported Codes	Valid Codes	% Valid
Aetna	Choice POS II	REV	284	282	99.30%
Aetna	Choice POS II	MSDRG	773	773	100.00%
Aetna	Choice POS II	CDT	823	822	99.88%
Aetna	Choice POS II	HIPPS	233	233	100.00%
Aetna	Choice POS II	HCPGS	18,507	18,045	97.50%
Aetna	Individual PPO	HIPPS	14	14	100.00%
Aetna	Individual PPO	REV	209	209	100.00%
Aetna	Individual PPO	MSDRG	772	772	100.00%
Aetna	Individual PPO	CDT	781	781	100.00%
Aetna	Individual PPO	HCPGS	17,558	17,276	98.39%
Aetna	Individual HMO / EPO	REV	220	220	100.00%
Aetna	Individual HMO / EPO	HIPPS	19	19	100.00%
Aetna	Individual HMO / EPO	MSDRG	772	772	100.00%
Aetna	Individual HMO / EPO	CDT	823	822	99.88%
Aetna	Individual HMO / EPO	HCPGS	18,477	18,016	97.51%
Anthem	Anthem PPO	MSDRG	744	744	100.00%
Anthem	Anthem PPO	HCPGS	18,693	17,526	93.76%
Anthem	Anthem PPO	REV	408	408	100.00%
Anthem	Anthem POS	REV	342	342	100.00%
Anthem	Anthem POS	MSDRG	744	744	100.00%
Anthem	Anthem POS	HCPGS	18,678	17,511	93.75%
Anthem	Anthem High Performance	REV	222	222	100.00%
Anthem	Anthem High Performance	MSDRG	744	744	100.00%
Anthem	Anthem High Performance	HCPGS	18,476	17,309	93.68%
Anthem	Pathway HMO/POS - IN	REV	311	311	100.00%
Anthem	Pathway HMO/POS - IN	MSDRG	744	744	100.00%
Anthem	Pathway HMO/POS - IN	HCPGS	18,678	17,511	93.75%
Anthem	Pathway Essentials - IN	REV	178	178	100.00%
Anthem	Pathway Essentials - IN	MSDRG	744	744	100.00%
Anthem	Pathway Essentials - IN	HCPGS	17,047	16,765	98.35%
Anthem	Pathway X - IN	REV	299	299	100.00%
Anthem	Pathway X - IN	MSDRG	744	744	100.00%
Anthem	Pathway X - IN	HCPGS	18,678	17,511	93.75%
Anthem	Preferred POS - WI	HCPGS	18,202	17,037	93.60%

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Payer	Network	Code Type	Reported Codes	Valid Codes	% Valid
Centene	Ambetter IN	REV	140	140	100.00%
Centene	Ambetter IN	HCPGS	3,765	3,765	100.00%
Centene	Ambetter IN	MSDRG	253	253	100.00%
Cigna	Cigna OAP	REV	247	247	100.00%
Cigna	Cigna OAP	APC	183	183	100.00%
Cigna	Cigna OAP	Custom	1	1	100.00%
Cigna	Cigna OAP	MSDRG	756	756	100.00%
Cigna	Cigna OAP	HCPGS	17,872	17,656	98.79%
Cigna	Cigna PPO	Custom	1	1	100.00%
Cigna	Cigna PPO	REV	247	247	100.00%
Cigna	Cigna PPO	MSDRG	756	756	100.00%
Cigna	Cigna PPO	HCPGS	17,872	17,656	98.79%
Cigna	Cigna PPO	APC	183	183	100.00%
Cigna	Cigna Local Plus	APC	183	183	100.00%
Cigna	Cigna Local Plus	REV	232	232	100.00%
Cigna	Cigna Local Plus	MSDRG	756	756	100.00%
Cigna	Cigna Local Plus	Custom	1	1	100.00%
Cigna	Cigna Local Plus	HCPGS	17,872	17,656	98.79%
United Healthcare	Optum Behavioral Health	Custom	21	-	0.00%
United Healthcare	Optum Behavioral Health	HCPGS	449	449	100.00%
United Healthcare	Optum Behavioral Health	REV	22	22	100.00%
United Healthcare	UHC Choice Plus	Custom	120	-	0.00%
United Healthcare	UHC Choice Plus	REV	122	122	100.00%
United Healthcare	UHC Choice Plus	MSDRG	776	776	100.00%
United Healthcare	UHC Choice Plus	HCPGS	15,365	15,154	98.63%
United Healthcare	UHC Core	Custom	120	-	0.00%
United Healthcare	UHC Core	REV	122	122	100.00%
United Healthcare	UHC Core	MSDRG	776	776	100.00%
United Healthcare	UHC Core	HCPGS	15,336	15,125	98.62%
United Healthcare	UHC Individual Exchange E	MSDRG	793	793	100.00%
United Healthcare	UHC Individual Exchange E	HCPGS	18,715	18,591	99.34%
United Healthcare	UHC Individual Exchange E	REV	408	399	97.79%
United Healthcare	UHC NexusACO	Custom	120	-	0.00%
United Healthcare	UHC NexusACO	REV	122	122	100.00%

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**Transparency in Coverage Data Review Detail**  
**Review of Billing Code Validity**

<b>Payer</b>	<b>Network</b>	<b>Code Type</b>	<b>Reported Codes</b>	<b>Valid Codes</b>	<b>% Valid</b>
United Healthcare	UHC NexusACO	MSDRG	776	776	100.00%
United Healthcare	UHC NexusACO	HCPCS	15,367	15,156	98.63%
United Healthcare	UHC Options	Custom	120	-	0.00%
United Healthcare	UHC Options	MSDRG	776	776	100.00%
United Healthcare	UHC Options	REV	121	121	100.00%
United Healthcare	UHC Options	HCPCS	15,353	15,142	98.63%

## Appendix E: TiC Data Preparation Methodology

### Network Identification – Payer Transparency Data

One of the most challenging aspects of interpreting the payer-submitted transparency data is determining the provider network, LOB, and product for each rate posted in the data. Each Indiana payer in this analysis administers one or more networks of providers with a unique set of contracts and negotiated rates. When an individual enrolls in a payer's health plan or when an employer purchases fully insured group coverage or contracts with a third-party administrator (TPA), these entities are selecting a health plan which corresponds to a specific network and product type offered by a payer. For example, in marketing materials for mid-market group plans for Blue Cross Blue Shield of Illinois (BCBS IL), both the BluePrint PPO and BlueEdge HSA health plans utilize BCBS IL's Participating Provider Options network. The fact that these plans use this specific network may not be evident based on plan name alone. Mapping the price transparency data to meaningful networks and product types that align with each payer's suite of health plans is a critical step for reliable analytics and business intelligence.

To determine the network name, Line of Business (LOB), and product for each rate, Milliman relies on the Table of Contents (TOC file) or a portion of the In-Network Rates file published by each payer. These files provide insight into plan IDs (HIOS and Employer Identification Numbers [EINs]) that map to distinct networks defined by the payers and the MRFs that correspond to each network. However, this mapping is often complex and additional research is necessary to interpret the postings.

Milliman manually reviews the information in the TOC files to determine the final network naming and LOB and product mapping decisions. This includes (but is not limited to) review of the mapping of EINs / HIOS IDs and plan names to network groups and individual MRFs. We also look at individual MRF size, MRF provider makeup (e.g. number of hospitals by state), MRF names, and MRF descriptions to inform our final determinations.

To assist with these reviews, we leverage publicly available data from the CMS plan finder datasets and Rate and Benefits Information System (RBIS) to identify plan-specific information for each HIOS ID including the network ID, HIOS product name, HIOS product type (EPO, HMO, PPO, POS) and HIOS market type (group, individual). We also review Unified Rate Review Template (URRT) enrollment and network public use files (PUFs) to best identify meaningful networks for the small group and individual markets. For employers or large market plans without HIOS information, we map the available EINs to IRS Form 5500 data and rely on data sources such as Uniform Discount and Data Specifications (UDS), internal Milliman research, Turquoise Health research, and feedback from clients to inform our mappings to meaningful network names.

- This process allows Milliman to intelligently distill the duplicative files published by each payer into unique sets of payment rates for each network product. This drastically reduces the redundancies in the data and reduces the data into more

meaningful datasets and a manageable size. Occasionally, we are not able to make a confident selection based on the information provided and therefore may decline to process the data into our database.

### **Professional provider grouping and fee schedule assignment**

The CMS schema outlines how rates for billing codes are associated with providers. The providers are represented as an array of provider objects, each made up of a single identification number (ID) that is either an employer identification number (EIN) or a national provider identifier (NPI). An array of NPIs is attached to the ID of each provider object. For professional data, the first step in provider grouping and fee schedule assignment is to filter the provider groups reported in the payer MRF using a Milliman professional provider group database of TIN / NPI associations and a Milliman utilization profiles database. Note that we use TIN (Tax Identification Number) interchangeably with EIN.

Each CMS provider object is mapped to a Milliman provider group by either a TIN or organizational NPI. Valid Milliman provider groups used to map CMS provider objects must meet these criteria:

1. At least one TIN or organizational NPI is associated with the provider group.
2. Count of distinct individual NPIs for each valid provider group is greater than or equal to 2 or the provider group's primary specialty is laboratory or radiology.
3. Each individual NPI maps to a valid provider type that exists in our utilization profiles database.

At this stage, there exists multiple reported provider groups that are mapped to the same Milliman provider group. The next step is to determine if the payer has posted full fee schedules for the mapped initial provider groups. We have found that for some machine-readable files (MRFs), the payer associates small groups of individual NPIs with small sets of billing codes, while other MRFs report larger initial groups with more comprehensive sets of billing codes. Depending on the method used by the payer, Milliman employs differing logic to build final groups and fee schedules. To determine the payer's posting method, we compare the percent of relevant codes (combinations of HCPCS, modifier, place of service (POS)) reported for the initial provider groups to the relevant codes present across the entire MRF. The percent of relevant codes reported is calculated as the ratio of distinct counts compared to our provider specialty specific utilization profiles database. If the average percent of relevant codes of the initial provider groups is above 50% of the MRF's percent, we determine that the posting method is full fee schedule. Otherwise, we determine that the posting method is limited fee schedule. Both sets of logic are outlined below.

#### **Initial provider group – full fee schedule**

For this method, we have observed that some payers post multiple fee schedules for a single provider group. Additional logic is used to select the most appropriate fee schedule for each provider group. The first step is to merge initial provider groups based on common fee schedules. For example, if two reported groups map to the same Milliman provider group and fee schedule but differ in reported NPIs, we will combine these two initial groups into a single group with all distinct NPIs, as shown in Figures 1 and 2.

From this new combined group, we now select which fee schedule most accurately represents the Milliman provider group. This selection is performed by ranking each fee schedule based on:

1. Whether the percent of relevant codes in this fee schedule is greater than 50% of the entire MRF's percent of relevant codes.
2. The count of individual NPIs that exist in both the MRF and the professional provider group database. We now have a fee schedule selected for each Milliman provider group, and the last step in building our final provider groups is to merge all distinct NPIs across all groups that belong to the same Milliman provider group. Looking at Figure 2 and using the selection logic above, the highlighted fee schedule would be chosen for Jane Doe's Medical Group.

**FIGURE 1: PROVIDER GROUP EXAMPLE BEFORE INITIAL MERGE**

PROVIDER GROUP NUMBER	MILLIMAN PROVIDER GROUP	NPI COUNT	FEESCHEDULE ID	PERCENT OF RELEVANT CODES REPORTED
1	Jane Doe's Medical Group	21	1	35%
2	Jane Doe's Medical Group	33	1	35%
3	Jane Doe's Medical Group	12	2	98%
4	Jane Doe's Medical Group	1	2	98%
5	Jane Doe's Medical Group	20	3	95%

**FIGURE 2: PROVIDER GROUP EXAMPLE AFTER INITIAL MERGE**

PROVIDER GROUP NUMBER	MILLIMAN PROVIDER GROUP	NPI COUNT*	FEESCHEDULE ID	PERCENT OF RELEVANT CODES REPORTED
1, 2	Jane Doe's Medical Group	50	1	35%
3, 4	Jane Doe's Medical Group	13	2	98%
5	Jane Doe's Medical Group	20	3	95%

\*The NPI count of provider group numbers 1 and 2 do not equal the sum of the NPI count from Figure 1 due to having 4 NPIs in common across both groups.

### Initial provider group – limited fee schedule

For this method, we combine all codes and all distinct NPIs of each provider group mapped to the same Milliman provider group. We then have more comprehensive fee schedules for each Milliman provider group and final provider groups with all NPIs. An example of a limited fee schedule before combining is shown in Figure 3.

**FIGURE 3: PROVIDER GROUP EXAMPLE FOR LIMITED FEE SCHEDULE**

PROVIDER GROUP NUMBER	PROVIDER GROUP NAME	NPI COUNT	FEESCHEDULE ID	PERCENT OF RELEVANT CODES REPORTED
6	John Doe's Medical Group	1	1	8%
7	John Doe's Medical Group	2	2	5%
8	John Doe's Medical Group	2	3	5%
9	John Doe's Medical Group	5	4	3%
10	John Doe's Medical Group	1	5	7%
11	John Doe's Medical Group	2	6	10%
12	John Doe's Medical Group	3	7	2%
13	John Doe's Medical Group	7	8	1%

Not all negotiated rates in the transparency data are reported on a consistent reimbursement basis. For example, some rates may be reported on a per unit, per admission, per bundle, or per hour basis (and many more). While the transparency data distinguishes some payment bases (e.g., per diem identified separately), some of the data does not clearly identify the payment basis.

### **Methodology Assignment Logic**

The TiC data contains a field that is used to help distinguish the reimbursement basis. The Source Methodology values shown below are the payment bases allowed in the CMS schema:

#### *Percent of Charge*

All records are assigned to “Percent of Charge” if they have a valid percentage or if the Source Methodology is either “percentage” or “percent of total billed charges”.

#### *Inpatient*

Inpatient rates are often paid by MS-DRG or APR-DRG, as a per case rate or a per diem rate. DRGs are defaulted to “Per Case” except if Source Methodology is “per diem”. Revenue codes are defaulted to per diem regardless of Source methodology except for maternity where if the Source Methodology is case rate, that will be used.

*Outpatient*

For outpatient rates we assign them to a rate per procedure / service (i.e., “Negotiated Fee”). We give special treatment here to emergency (ER) services:

When ER services are associated with a HCPCS code (e.g., 99284), the default is per procedure unless Source Methodology is “case rate”.

*Professional*

Professional services are typically paid with HCPCS-based contracts that assume one unit per allowed amount except for Anesthesia which assumes one time unit plus the base units for each HCPCS.

## Appendix F: State-Specific Regulation Review

State	Statutes/Legislation/Policy Summary	Validation Mechanism	Penalty Structure	Links
Colorado	<p>Colorado has implemented legislation and regulations requiring health insurance carriers to comply with federal price transparency laws. This includes Senate Bill 24-080 (SB 24-080), "Transparency in Health-Care Coverage" (approved June 5, 2024), which mandates real-time self-service tools for cost-sharing and submission of federal pharmacy benefit and drug cost reporting to the Commissioner. Colorado Regulation 4-2-103, effective April 14, 2025, specifies the format and submission requirements for machine-readable files (MRFs) and prescription drug data collection files (RxDC reports) from carriers and PBMs. House Bill 22-1285 (HB 22-1285) prohibits collection actions if a hospital is not in material compliance with federal price transparency laws.</p>	<p>The Colorado Division of Insurance (DOI) utilizes consumer complaints and market conduct examinations to assess compliance. SB 24-080 and Regulation 4-2-103 establish reporting expectations, with DOI monitoring of compliance with these requirements.</p>	<p>Penalties for non-compliance are established under general violations of Colorado's insurance code, which include fines. SB 24-080 and Regulation 4-2-103 authorize the Commissioner to enforce these requirements, with potential administrative penalties, cease-and-desist orders, and license suspensions or revocations. HB 22-1285 (for hospitals) allows action for patients impacted by transparency violations, including refunds and penalties.</p>	<p>Colorado SB 24-080: <a href="https://leg.colorado.gov/bills/sb24-080">https://leg.colorado.gov/bills/sb24-080</a>;  Colorado HB 22-1285: <a href="https://leg.colorado.gov/bills/hb22-1285">https://leg.colorado.gov/bills/hb22-1285</a>;  Colorado Regulation 4-2-103: <a href="https://doi.colorado.gov/sites/doi/files/documents/Regulation%204-2-103%20TIC%20Reporting%20Requirements.pdf">https://doi.colorado.gov/sites/doi/files/documents/Regulation%204-2-103%20TIC%20Reporting%20Requirements.pdf</a></p>

State	Statutes/Legislation/Policy Summary	Validation Mechanism	Penalty Structure	Links
Texas	<p>Texas's approach to payer transparency is established in Texas House Bill 2090 (HB 2090), which incorporates federal price transparency rules into Texas law for health plans, particularly those not directly subject to the federal TIC rule oversight. This bill requires subject health benefit plan issuers and third-party administrators to disclose health care costs to enrollees upon request and publicly via machine-readable files (MRFs), updated monthly. It also established the Texas All-Payor Claims Database (TX-APCD).</p>	<p>TDI conducts investigations of consumer complaints and market conduct examinations to assess compliance with HB 2090's MRF and enrollee disclosure requirements. The TX-APCD facilitates data collection for analysis.</p>	<p>Penalties for non-compliance fall under the general enforcement powers of the Texas Insurance Code, which include administrative penalties. HB 2090 specifically authorizes enforcement action against a plan issuer or administrator for failure to provide required disclosures.</p>	<p>Texas HB 2090 (Engrossed): <a href="https://legiscan.com/TX/text/HB2090/id/3079503/Texas-2025-HB2090-Introduced.html">https://legiscan.com/TX/text/HB2090/id/3079503/Texas-2025-HB2090-Introduced.html</a>;</p> <p>Texas Department of Insurance (TDI) Information on Implementation of HB 2090: <a href="https://www.tdi.texas.gov/health/hb2090.html">https://www.tdi.texas.gov/health/hb2090.html</a>;</p> <p>Texas Mandated Health Benefits (references TIC): <a href="https://www.tdi.texas.gov/hmo/documents/manhealthben.pdf">https://www.tdi.texas.gov/hmo/documents/manhealthben.pdf</a></p>
Michigan	<p>Michigan relies on the federal TIC rule and the general oversight of the Michigan Department of Insurance and Financial Services (DIFS). The Michigan Insurance Code establishes the regulatory framework for health insurers.</p>	<p>DIFS responds to consumer complaints related to health insurance price transparency. They review issuer websites for the presence and basic compliance of MRFs and consumer tools during reviews or in response to specific issues.</p>	<p>Michigan's general insurance laws authorize DIFS to impose administrative penalties, fines, and other enforcement actions for violations of the insurance code.</p>	<p>Michigan SB 95 (Engrossed): <a href="https://legislature.mi.gov/documents/2025-2026/billengrossed/Senate/pdf/2025-SEBS-0095.pdf">https://legislature.mi.gov/documents/2025-2026/billengrossed/Senate/pdf/2025-SEBS-0095.pdf</a></p>

State	Statutes/Legislation/Policy Summary	Validation Mechanism	Penalty Structure	Links
<b>Washington</b>	<p>Washington has enacted multiple transparency laws. RCW 48.43.007: "Availability of price and quality information— Transparency tools for members" mandates health insurance carriers to offer member transparency tools with cost and quality information and to attest to the Office of the Insurance Commissioner (OIC) regarding these tools. This statute aligns with the intent of TiC.</p> <p>Additionally, Senate Bill 5493 (SB 5493) primarily focuses on strengthening hospital price transparency and imposes penalties on hospitals for non-compliance, particularly if it leads to collection actions against patients.</p>	<p>The Washington OIC reviews carrier attestations and consumer complaints. They evaluate the availability and information provided by transparency tools and may assess MRFs for accessibility and format. The OIC also utilizes data from the state's All-Payer Claims Database. Enforcement related to SB 5493 for hospitals is handled by the Department of Health.</p>	<p>The OIC possesses broad authority to enforce violations of the state's insurance code, including fines, cease-and-desist orders, and other administrative actions against carriers violating RCW 48.43.007. SB 5493 imposes civil penalties on hospitals for non-compliance, including refunding payments and paying penalties to patients in certain scenarios.</p>	<p>Washington RCW 48.43.007: <a href="https://app.leg.wa.gov/rcw/default.aspx?cite=48.43.007">https://app.leg.wa.gov/rcw/default.aspx?cite=48.43.007</a>;</p> <p>Washington SB 5493 (Chaptered): <a href="https://lawfilesextract.leg.wa.gov/biennium/2025-26/Pdf/Bills/Session%20Laws/Senate/5493-S.SL.pdf?q=20250716000913/">https://lawfilesextract.leg.wa.gov/biennium/2025-26/Pdf/Bills/Session%20Laws/Senate/5493-S.SL.pdf?q=20250716000913/</a></p>
<b>Florida</b>	<p>Florida mostly follows the federal TiC rule. The Florida Office of Insurance Regulation (OIR) is the state agency responsible for the regulation, compliance, and enforcement of the Florida Insurance Code. House Bill 7089 (HB 7089), while focusing on hospital price transparency and medical debt collection, includes provisions that mandates health insurers to provide insured individuals with an advanced explanation of benefits (AEOB) after receiving a patient estimate from a facility for scheduled services.</p>	<p>The Florida OIR investigates consumer complaints regarding insurance transparency and reviews issuer compliance with federal mandates and relevant state laws.</p>	<p>The Florida Insurance Code grants the OIR authority to impose fines and other administrative sanctions. While penalties for direct insurer non-compliance with the AEOB requirement are within the OIR's general enforcement powers, the bill's primary specific penalties are aimed at hospitals.</p>	<p>House of Representatives Staff Final Bill Analysis for HB 7089 (PCB HHS 24-02), titled "Transparency in Health and Human Services": <a href="https://www.flsenate.gov/Session/Bill/2024/7089/Analyses/h7089z1.HHS.PDF">https://www.flsenate.gov/Session/Bill/2024/7089/Analyses/h7089z1.HHS.PDF</a></p>

State	Statutes/Legislation/Policy Summary	Validation Mechanism	Penalty Structure	Links
<b>Other States</b>	<p>Many states do not have specific, separate legislation that significantly expands upon or re-codifies the federal Transparency in Coverage (TiC) rule for health plans. Instead, their oversight of payer transparency is typically conducted under their general authority to regulate insurance, as outlined in their state insurance codes.</p>	<p>State Departments of Insurance generally rely on consumer complaints, market conduct examinations, and routine regulatory reviews to validate compliance with both federal mandates (where they have enforcement authority) and any existing state-specific transparency requirements. This may include verifying the public availability of machine-readable files and the functionality of consumer price transparency tools.</p>	<p>Penalties for non-compliance typically fall under the state's existing insurance code. In states where CMS holds direct enforcement authority or enters into collaborative agreements, federal penalties may be applied.</p>	



Milliman is among the world's largest providers of actuarial, risk management, and technology solutions. Our consulting and advanced analytics capabilities encompass healthcare, property & casualty insurance, life insurance and financial services, and employee benefits. Founded in 1947, Milliman is an independent firm with offices in major cities around the globe.

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