

# Payer Contract Strategy — Q1 2026 Baseline

Prepared by: Insurance Contracting | May 17, 2026

## Executive Summary

**Recommendation:** Concentrate renegotiation effort on three commercial contracts — **Aetna, Cigna, and United Healthcare** — over the next two quarters. These three account for ~14% of Q1 payments but represent *the entire defensible upside in the commercial book*. Two of them (Aetna, Cigna) currently pay below Medicare; the third (UHC) sits well below the BCBS/UMR ceiling already established in our own book. Estimated annualized rate-lift upside if targets are achieved: **\$200K–\$250K** without any change in volume mix.

Government and government-priced payers (Medicare Part B, Medicare Advantage, Medicaid Managed Care) make up roughly 62% of payments. These are not commercially negotiable on rate; the lever there is operational — eligibility hygiene, denial workflow, and quality-bonus participation.

## Q1 2026 at a glance

<b>Billed charges</b>	\$4.67M	<b>Patients</b>	10,874
<b>Payments collected</b>	\$1.84M	<b>Visits</b>	18,519
<b>Collection ratio</b>	39.3%	<b>Active providers</b>	32
<b>Distinct payers</b>	127	<b>Carriers in fee schedule</b>	12

## Where the leverage actually is

Across 41 CPT codes in the 2026 fee schedule, each commercial carrier's average contracted rate as a percentage of Medicare Part B (the natural anchor for pulmonology benchmarking) is:

Carrier	Avg % of Medicare	Q1 Payments	Posture
UMR	133%	\$33,564	Top peer - defend (lock multi-year)
BCBS	129%	\$320,116	Anchor commercial - push to ~140%
MEDICAL MUTUAL	113%	\$39,765	Push toward BCBS parity
UNITED HEALTH CARE	108%	\$220,994	Largest dollar opportunity - push to 130%
MEDIGOLD (MA)	102%	\$29,432	Limited room (Medicare-priced)
AETNA	<b>92%</b>	\$15,581*	Below Medicare — Tier 1 ask
CIGNA HEALTH CARE	<b>91%</b>	\$26,153	Below Medicare — Tier 1 ask
TRICARE EAST-2025	90%	\$13,608	Federally set — limited room
UHC – COMMUNITY PLAN	87%	\$37,553	Medicaid MC — limited
HUMANA HEALTH PLAN	<b>80%</b>	\$6,264	Below Medicare — small book

Two facts to internalize from this table:

- **First fact:** two contracted commercial payers (Aetna, Cigna) are paying us below Medicare. That is unusual for a specialty practice in pulmonology and is the easiest defensible ask on the table — "please at least pay us what the government pays."
- **Second fact:** we have an existing 133% benchmark in our own book (UMR, which is owned by UnitedHealth Group). That benchmark is the single most useful number to carry into any commercial negotiation, including with UHC itself.

## Recommended renegotiation sequence

### Tier 1 — Open immediately (Q3 2026)

- **AETNA Life & Casualty (commercial):** Currently averaging ~92% of Medicare. Ask: 130% of Medicare floor across the fee schedule, with annual CPI escalator. Combined Q1 payments \$15.6K (annualized ~\$62K). Estimated lift at target: ~\$25K/yr. Leverage talking point: BCBS at 129%, UMR at 133% — Aetna is the outlier in our own book.
- **CIGNA Health Care:** Currently averaging ~91% of Medicare. Same 130% ask. Q1 payments \$26K (annualized ~\$105K). Estimated lift at target: ~\$45K/yr.
- **UNITED HEALTH CARE (commercial):** Currently averaging ~108% of Medicare. Ask: 130% of Medicare floor. Q1 payments \$221K (annualized ~\$884K) — this is the single biggest dollar opportunity. Estimated lift at target: ~\$180K/yr. Internal comp: UMR (same parent company) is already paying us 133%.

### Tier 2 — Renew with uplift (Q4 2026 – Q1 2027)

- **BCBS:** Already strong at 129%. Ask: 140% of Medicare with multi-year term. This is our largest commercial contract (\$320K Q1, ~\$1.28M annualized); even a 5–8% bump materially moves the topline (~\$60K–100K).
- **MEDICAL MUTUAL:** Push from 113% to ~130% of Medicare. Smaller book (\$40K Q1) but high pulmonology subspecialty leverage in the southwest market.
- **HUMANA HEALTH PLAN (commercial):** Currently 80% of Medicare. Highest % uplift opportunity in absolute terms, but very small dollar book (~\$6K Q1). Worth opening alongside the Humana Medicare relationship.

### Tier 3 — Defensive holds

- **UMR:** Already top of market at 133%. Goal: lock in 3-year term with CPI escalator (3–4%). Avoid being downwardly repriced when UHC renegotiates.
- **MEDIGOLD, UHC Community Plan, all Medicare Advantage plans:** Rates are tethered to Medicare/Medicaid base schedules. Focus on quality bonus participation, MA carve-outs, and prompt-pay incentives rather than the base rate.

### Tier 4 — Operational only (no contract negotiation)

- **Medicare Part B, Medicaid, Medicaid Managed Care plans, Tricare, VA:** Rates are set by CMS / state / federal payers. Levers here are MIPS/quality scoring, denial workflow, and eligibility hygiene — not contracting.

## Reasonable expectations: what each ask should look like

Pulmonology is a specialty with limited substitutes in most metro markets, which supports commercial benchmarks of roughly 130–150% of Medicare. The realistic asks below are calibrated to (a) what our own book already proves is achievable, and (b) typical pulmonology commercial benchmarks in the region.

Carrier	Current	Reasonable ask	Stretch ask	Concession we can offer
<b>AETNA</b>	92%	125% Medicare	135%	3-year term, exclusivity on commercial sleep program
<b>CIGNA</b>	91%	125% Medicare	135%	3-year term, value-based quality reporting
<b>UNITED HEALTH CARE</b>	108%	130% Medicare	140%	5-year term, ACO/quality program participation
<b>BCBS</b>	129%	138% Medicare	145%	Lock multi-year + COPD readmission program
<b>MEDICAL MUTUAL</b>	113%	128% Medicare	138%	Pulmonology subspecialty access agreement
<b>HUMANA HEALTH PLAN</b>	80%	115% Medicare	125%	Bundled with Humana Medicare quality scores
<b>UMR (defensive)</b>	133%	Maintain + CPI	Maintain + CPI+1%	Multi-year lock, prompt-pay reciprocal

**Note:** Target % of Medicare values reflect typical commercial benchmarks for pulmonology specialty practices. Final asks should be calibrated to local **Shelton** market conditions, contract term length, exclusivity offerings, and our quality scores. The accompanying Excel workbook lets you adjust the multiplier per carrier and see CPT-level dollar impact instantly.

## Negotiation talking points (use in every meeting)

- **Volume credibility:** 18,519 visits / 10,874 patients in a single quarter (~74K visits annualized) across 32 providers — among the largest dedicated pulmonology footprints in southwest.
- **Specialty scarcity:** Pulmonology subspecialists (sleep medicine, interventional bronch, critical care) have limited substitutes; network adequacy without UMG is hard to defend.
- **Procedural mix anchor:** EBUS, bronchoscopy, sleep studies — high-complexity, high-cost-to-deliver codes where pricing flat to Medicare is not sustainable.
- **Internal benchmark, when challenged:** UMR (UnitedHealth-owned) already contracts with us at 133% of Medicare. BCBS at 129%. The 'market' that the carrier is offering does not match the market we already participate in.

- **Quality story:** 32 providers, established critical care and inpatient consult coverage at Shelton-area hospitals — high-leverage for MA plans seeking star-rating preservation.
- Always frame the ask in % of Medicare, not in raw dollars — it sidesteps line-by-line CPT haggling and resets the conversation at the policy level.

## Risks, caveats, and what to watch

- **Volume assumption:** Annualized dollar impacts assume Q1 mix and volume persist. Pulmonology typically sees seasonal lift in Q1 (RSV/flu season); a 5–8% downward annual adjustment is prudent.
- **Rate average method:** Carrier '% of Medicare' figures are simple averages across overlapping CPTs in the fee schedule, not weighted by actual CPT volume. With CPT-volume data, the most-billed codes (typically 99213, 99214, 94060, 94727) should be weighted higher. We should obtain a true CPT-level volume report before final ask presentations.
- File 03 (CPT Profile Report) appears to duplicate the Carrier Profile data — recommend regenerating with code-level breakouts.
- \$199K in 'UNREGSELF' charges produced \$0 in collections (~4% of total charges). This is an operational leakage issue — likely eligibility/verification at intake — not a contract problem, but it materially understates our reported collection ratio.
- **Carrier consolidation risk:** Pushing too aggressively on UHC could put UMR (UHC-owned) at downward repricing risk. Sequence Aetna and Cigna first to build leverage and reference points before opening UHC.
- **Walk-away leverage:** For carriers below Medicare specifically (Aetna, Cigna), UMG has a credible 'terminate or convert to out-of-network' threat. Build that walk-away analysis (alternative payer revenue from referred patients) before the first meeting.

## Next steps (next 30 days)

1. Pull true CPT-volume by carrier from billing system (the file shared as #03 was a duplicate).
2. Build a walk-away revenue model for Aetna and Cigna — what portion of those patients could be retained out-of-network or shifted to other in-network carriers.
3. Confirm renewal dates and notice-of-termination windows for all Tier-1 and Tier-2 contracts; sequence opens to land in renewal periods, not mid-term.
4. Draft the carrier-specific rate proposals using the target multipliers in the accompanying workbook (Sheet 6: CPT Target Rates).
5. Pre-brief leadership on the \$200K–\$250K Tier-1 upside and the BCBS/UMR comp benchmarks before opening any negotiation.
6. Address the \$199K UNREGSELF leakage as a parallel operational workstream (front-desk eligibility/coverage workflow).

**Companion file:** UMG\_Payer\_Contract\_Strategy.xlsx — 7-tab workbook with the underlying carrier mix, per-CPT rate vs Medicare grid, best-peer benchmark, prioritization scoreboard, editable target-rate worksheet, and methodology notes.

## Payer Contract Strategy

Renegotiation Prioritization Analysis | Q1 2026 baseline (Jan 1 – Mar 31)

Prepared: May 17, 2026

### Q1 2026 At-a-Glance

Total billed charges (Q1)	\$4,666,227
Total payments collected (Q1)	\$1,835,985
Annualized payments run-rate	\$7,343,939
Overall collection ratio (pmt / chg)	39.3%
Patient volume — Q1	10,874
Visit volume — Q1	18,519
Annualized visits run-rate	74,076
Active providers	32
Distinct payers (Q1)	127
Carriers in 2026 fee schedule	12

### Headline Findings

1. Two contracted commercial payers — AETNA and CIGNA — pay rates BELOW Medicare on average. Easiest, most defensible wins.
2. BCBS is by far the highest-leverage contract: 17% of payments, already at 129% of Medicare. Best peer in the book; push higher to set the ceiling.
3. UNITED HEALTH CARE = 12% of payments, only at 108% of Medicare. Largest dollar opportunity to lift toward BCBS parity (130%+).
4. Government / government-priced lines (Medicare Part B, MA plans, Medicaid) make up ~62% of payments — no commercial-style negotiation lever; focus on quality program participation, MA carve-outs, and Medicaid managed-care kick-payments instead.
5. UMR is the best-paying peer overall at 133% of Medicare — use as the public benchmark in negotiations with Aetna, Cigna, and UHC.
6. \$199K in 'UNREG SELF' charges with \$0 collected — front-desk eligibility/coverage workflow needs attention; not a contract problem but a leakage problem.

## Carrier Mix — Q1 2026 (sorted by payments)

Source: 02-Carrier Profile Report.xls (date of posting 01/01/2026 – 03/31/2026)

#	Insurance Name	Charges	% of Charges	Payments	% of Payments	Collection %	Non-Allowed	Insurance Pmt	Patient Pmt	Type
1	MEDICARE PART B	\$919,480	19.7%	\$408,198	22.2%	44.4%	\$329,633	\$388,119	\$20,079	Medicare FFS
2	BLUE CROSS BLUE SHIELD	\$641,531	13.7%	\$320,116	17.4%	49.9%	\$232,295	\$245,280	\$74,837	Commercial
3	UNITED HEALTH CARE	\$579,508	12.4%	\$220,994	12.0%	38.1%	\$176,198	\$183,421	\$37,573	Commercial
4	ANTHEM MEDICARE	\$263,326	5.6%	\$129,874	7.1%	49.3%	\$136,682	\$110,817	\$19,057	Medicare Advantage
5	AETNA MEDICARE	\$250,390	5.4%	\$116,759	6.4%	46.6%	\$103,918	\$105,141	\$11,617	Medicare Advantage
6	CARESOURCE MEDICAID	\$355,364	7.6%	\$99,763	5.4%	28.1%	\$156,422	\$99,763	-	Medicaid / Managed Medicaid
7	HUMANA MEDICARE	\$187,327	4.0%	\$85,469	4.7%	45.6%	\$71,235	\$79,621	\$5,848	Medicare Advantage
8	MEDICAL MUTUAL	\$72,168	1.5%	\$39,765	2.2%	55.1%	\$24,834	\$30,657	\$9,108	Commercial
9	UHC - COMMUNITY PLAN	\$63,376	1.4%	\$37,553	2.0%	59.3%	\$26,993	\$36,498	\$1,056	Medicaid / Managed Medicaid
10	UMR	\$62,510	1.3%	\$33,564	1.8%	53.7%	\$19,136	\$27,119	\$6,445	Commercial
11	MEDIGOLD	\$64,335	1.4%	\$29,432	1.6%	45.7%	\$21,407	\$25,482	\$3,950	Medicare Advantage
12	ANTHEM FEDERAL EMPLOYEE PROGRAM	\$56,985	1.2%	\$28,446	1.5%	49.9%	\$20,677	\$20,995	\$7,451	Commercial
13	MEDICAID	\$118,095	2.5%	\$27,060	1.5%	22.9%	\$43,950	\$26,910	\$150	Medicaid / Managed Medicaid
14	CIGNA HEALTH CARE	\$64,637	1.4%	\$26,153	1.4%	40.5%	\$20,579	\$17,466	\$8,687	Commercial
15	MCDOH MY CARE - ANTHEM BCBS	\$87,045	1.9%	\$25,231	1.4%	29.0%	\$38,364	\$24,537	\$693	Medicaid / Managed Medicaid
16	MCDOH MY CARE - MOLINA	\$43,276	0.9%	\$14,855	0.8%	34.3%	\$14,231	\$14,855	-	Medicaid / Managed Medicaid
17	CIGNA HEALTHSPRING	\$41,409	0.9%	\$13,759	0.7%	33.2%	\$10,940	\$11,886	\$1,873	Medicare Advantage
18	TRICARE EAST REGION-2025	\$32,858	0.7%	\$13,608	0.7%	41.4%	\$14,490	\$10,984	\$2,624	Federal (VA/Tricare)
19	AETNA LIFE & CASUALTY COMPANY	\$34,798	0.7%	\$13,027	0.7%	37.4%	\$22,855	\$8,632	\$4,395	Commercial
20	UHC MEDICARE COMPLETE GROUP	\$36,445	0.8%	\$12,093	0.7%	33.2%	\$15,619	\$11,012	\$1,081	Medicare Advantage
21	SUREST	\$17,628	0.4%	\$9,361	0.5%	53.1%	\$3,327	\$7,019	\$2,342	Commercial
22	HUMANA MEDICAID	\$40,131	0.9%	\$8,999	0.5%	22.4%	\$10,655	\$8,999	-	Medicaid / Managed Medicaid
23	BUCKEYE MEDICAID	\$48,940	1.0%	\$8,744	0.5%	17.9%	\$22,302	\$8,744	-	Medicaid / Managed Medicaid
24	AMERIHEALTH MEDICAID	\$31,789	0.7%	\$8,595	0.5%	27.0%	\$16,450	\$8,545	\$50	Medicaid / Managed Medicaid
25	MOLINA MEDICAID	\$38,667	0.8%	\$7,929	0.4%	20.5%	\$19,616	\$7,929	-	Medicaid / Managed Medicaid
26	ANTHEM BCBS MEDICAID	\$25,391	0.5%	\$7,074	0.4%	27.9%	\$16,990	\$7,074	-	Medicaid / Managed Medicaid
27	UNITED HEALTHCARE MEDICAID	\$31,140	0.7%	\$6,831	0.4%	21.9%	\$16,596	\$6,831	-	Medicaid / Managed Medicaid
28	HUMANA HEALTH PLAN	\$12,133	0.3%	\$6,264	0.3%	51.6%	\$7,088	\$5,827	\$437	Commercial
29	VETERANS ADMINISTRATION	\$42,771	0.9%	\$6,171	0.3%	14.4%	\$10,083	\$6,171	-	Federal (VA/Tricare)
30	MCDOH MY CARE - BUCKEYE	\$39,905	0.9%	\$6,141	0.3%	15.4%	\$8,821	\$6,141	-	Medicaid / Managed Medicaid
31	MCDOH MY CARE - CARESOURCE	\$15,891	0.3%	\$4,782	0.3%	30.1%	\$6,009	\$4,782	-	Medicaid / Managed Medicaid
32	GEHA	\$7,751	0.2%	\$4,462	0.2%	57.6%	\$2,102	\$2,286	\$2,176	Commercial
33	DEVOTED HEALTH PLANS	\$12,509	0.3%	\$4,451	0.2%	35.6%	\$6,235	\$3,938	\$513	Medicare Advantage

## Carrier Mix — Q1 2026 (sorted by payments)

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#	Insurance Name	Charges	% of Charges	Payments	% of Payments	Collection %	Non-Allowed	Insurance Pmt	Patient Pmt	Type
34	OPTUM AARP MEDICARE ADVANTAGE	\$5,475	0.1%	\$4,209	0.2%	76.9%	\$2,136	\$4,003	\$206	Medicare Advantage
35	ALLWELL MEDICARE ADVANTAGE	\$6,929	0.1%	\$3,925	0.2%	56.6%	\$3,282	\$3,840	\$85	Medicare Advantage
36	CUSTOM DESIGHN BENEFITS	\$3,015	0.1%	\$3,392	0.2%	112.5%	\$250	\$2,592	\$800	Commercial
37	MOLINA HEALTH CARE	\$2,338	0.1%	\$3,157	0.2%	135.0%	\$2,492	\$3,067	\$90	Medicaid / Managed Medicaid
38	CARE SOURCE HEALTH PLAN	\$3,236	0.1%	\$3,071	0.2%	94.9%	\$2,357	\$2,196	\$874	Commercial
39	AMBETTER BUCKEYE HEALTH PLAN	\$13,875	0.3%	\$2,764	0.2%	19.9%	\$2,570	\$1,878	\$886	Medicaid / Managed Medicaid
40	AETNA	\$8,510	0.2%	\$2,554	0.1%	30.0%	\$3,256	\$2,107	\$447	Commercial
41	BUCKEYE MEDICARE ADVANTAGE	\$917	0.0%	\$2,303	0.1%	251.2%	\$3,464	\$2,303	-	Medicare Advantage
42	OSCAR HEALTH	\$10,883	0.2%	\$2,182	0.1%	20.0%	\$584	\$2,102	\$80	Commercial
43	MERITAIN HEALTH	\$4,817	0.1%	\$2,102	0.1%	43.6%	\$2,535	\$1,692	\$410	Commercial
44	TRUSTMARK HEALTH BENEFITS	\$480	0.0%	\$1,452	0.1%	302.6%	\$248	\$1,412	\$40	Commercial
45	PRIORITY HEALTH	\$1,412	0.0%	\$1,417	0.1%	100.4%	\$1,093	\$1,417	-	Commercial
46	RAILROAD MEDICARE	\$3,201	0.1%	\$1,320	0.1%	41.2%	\$1,193	\$1,320	-	Medicare FFS
47	BUCKEYE HEALTH PLAN	\$2,325	0.0%	\$1,209	0.1%	52.0%	\$2,440	\$1,099	\$110	Medicaid / Managed Medicaid
48	AMERIBEN/ IEC GROUP	\$3,196	0.1%	\$1,101	0.1%	34.4%	\$2,336	\$1,078	\$23	Commercial
49	SELF PAY	\$4,969	0.1%	\$1,100	0.1%	22.1%	\$4,177	-	\$1,100	Self-Pay / Unreg
50	PERENNIAL ADVANTAGE	\$3,923	0.1%	\$1,100	0.1%	28.0%	\$710	\$1,090	\$10	Medicare Advantage
51	AETNA BETTER HEALTH	\$699	0.0%	\$902	0.0%	129.0%	\$1,381	\$902	-	Commercial
52	VALOR HEALTH PLAN	\$1,660	0.0%	\$747	0.0%	45.0%	\$764	\$747	-	Commercial
53	GMR HEALTHCARE	-	0.0%	\$693	0.0%	0.0%	\$663	\$693	-	Commercial
54	IMAGINE 360	\$930	0.0%	\$599	0.0%	64.4%	\$239	\$413	\$186	Commercial
55	PPO CONNECT	-	0.0%	\$554	0.0%	0.0%	\$288	\$554	-	Commercial
56	BUCKEYE COMMUNITY HEALTH PLAN	\$1,350	0.0%	\$501	0.0%	37.1%	\$981	\$501	-	Medicaid / Managed Medicaid
57	CIGNA MEDICARE ACCESS	\$850	0.0%	\$478	0.0%	56.3%	\$402	\$448	\$30	Medicare Advantage
58	AETNA MEDICAID	\$1,000	0.0%	\$460	0.0%	46.0%	\$290	\$460	-	Medicaid / Managed Medicaid
59	SUPERMED	\$830	0.0%	\$444	0.0%	53.4%	\$140	\$96	\$348	Commercial
60	LUMINARE HEALTH	\$400	0.0%	\$430	0.0%	107.5%	\$490	\$220	\$210	Commercial
61	VA MEDICAL CENTER	\$3,295	0.1%	\$417	0.0%	12.7%	\$388	\$417	-	Federal (VA/Tricare)
62	AARP - NEW	\$700	0.0%	\$398	0.0%	56.9%	\$302	\$398	-	Medicare Advantage
63	GPA	\$547	0.0%	\$390	0.0%	71.2%	\$285	\$222	\$168	Commercial
64	MT CARMEL HEALTH	\$570	0.0%	\$374	0.0%	65.6%	\$196	\$314	\$60	Commercial
65	AMERICAN PLAN ADMINISTRATORS	\$160	0.0%	\$368	0.0%	230.0%	\$112	\$328	\$40	Commercial
66	FRONTPATH REPRICING	\$150	0.0%	\$322	0.0%	214.8%	\$412	\$330	(\$7)	Commercial

## Carrier Mix — Q1 2026 (sorted by payments)

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#	Insurance Name	Charges	% of Charges	Payments	% of Payments	Collection %	Non-Allowed	Insurance Pmt	Patient Pmt	Type
67	CONSOCIATE HEALTH	\$600	0.0%	\$315	0.0%	52.5%	\$285	\$176	\$139	Commercial
68	SANA BENEFITS	-	0.0%	\$308	0.0%	0.0%	\$229	\$308	-	Commercial
69	AITHER HEALTH	\$517	0.0%	\$298	0.0%	57.7%	\$117	\$248	\$50	Commercial
70	HIGHMARK BCBS	\$590	0.0%	\$293	0.0%	49.6%	\$173	\$231	\$62	Commercial
71	ALLIED BENEFIT SYSTEMS INC	\$580	0.0%	\$278	0.0%	48.0%	\$62	-	\$278	Commercial
72	MOUNT CARMEL INSURANCE COMPANY, INC	\$1,024	0.0%	\$186	0.0%	18.1%	\$161	\$156	\$30	Commercial
73	ANTIDOTEHEALTH	\$1,085	0.0%	\$155	0.0%	14.3%	-	-	\$155	Commercial
74	NIPPON LIFE INSURANCE CO OF AMERICA	\$110	0.0%	\$137	0.0%	123.9%	\$94	\$137	-	Commercial
75	CENTENE EXCHANGE	\$710	0.0%	\$130	0.0%	18.3%	\$664	\$130	-	Commercial
76	HEALTHYZ INC	\$550	0.0%	\$130	0.0%	23.6%	\$272	-	\$130	Commercial
77	COMMUNICARE ADVANTAGE	-	0.0%	\$123	0.0%	0.0%	\$134	\$123	-	Medicare Advantage
78	WELLCARE HEALTH PLANS	\$240	0.0%	\$120	0.0%	49.9%	\$85	\$120	-	Commercial
79	BENEFIT ADMINISTRATION SERVICES	-	0.0%	\$115	0.0%	0.0%	\$310	\$85	\$30	Commercial
80	OPTUM SERVE	\$113	0.0%	\$114	0.0%	100.3%	-	\$114	-	Medicare Advantage
81	PARAMOUNT HEALTH CARE	-	0.0%	\$113	0.0%	0.0%	\$67	\$93	\$20	Commercial
82	DETEGO HEALTH	\$300	0.0%	\$111	0.0%	36.9%	-	-	\$111	Commercial
83	HEALTH PLAN	-	0.0%	\$106	0.0%	0.0%	-	-	\$106	Commercial
84	GLOBALCARE/PHCS	-	0.0%	\$105	0.0%	0.0%	-	-	\$105	Commercial
85	UMWA HEALTH & RETIREMENT FUNDS	-	0.0%	\$98	0.0%	0.0%	\$42	\$98	-	Commercial
86	BIND BENEFITS INC	-	0.0%	\$88	0.0%	0.0%	\$17	\$48	\$40	Commercial
87	THE LOOMIS COMPANY	\$1,445	0.0%	\$83	0.0%	5.8%	\$670	\$83	-	Commercial
88	UNIFIED GROUP SERVICE INC	\$500	0.0%	\$80	0.0%	16.0%	-	-	\$80	Commercial
89	PRAIRIE STATE ENTERPRISES INS	-	0.0%	\$74	0.0%	0.0%	\$177	\$74	-	Commercial
90	GRAVIE ADMINISTRATIVE SERVICES	\$150	0.0%	\$70	0.0%	46.7%	\$115	\$70	-	Commercial
91	VA CCN CLAIMS	\$560	0.0%	\$60	0.0%	10.7%	-	-	\$60	Federal (VA/Tricare)
92	BUREA WORKERS COMPENSATION	\$2,557	0.1%	\$50	0.0%	2.0%	-	-	\$50	Workers Comp
93	WORKERS COMP	\$1,032	0.0%	\$50	0.0%	4.8%	-	-	\$50	Workers Comp
94	HEALTHSCOPE BENEFITS-HSB	\$310	0.0%	\$50	0.0%	16.1%	-	-	\$50	Commercial
95	CARESOURCE-MY CARE	-	0.0%	\$50	0.0%	0.0%	\$130	-	\$50	Medicaid / Managed Medicaid
96	MEDBEN	\$250	0.0%	\$48	0.0%	19.4%	\$15	\$48	-	Commercial
97	PHCS	\$240	0.0%	\$40	0.0%	16.7%	-	-	\$40	Commercial
98	EXCELLUS BLUE CROSS BLUE SHIELD PPO	\$390	0.0%	\$25	0.0%	6.4%	\$103	-	\$25	Commercial
99	WEB.TPA	-	0.0%	\$24	0.0%	0.0%	\$327	\$24	-	Commercial

## Carrier Mix — Q1 2026 (sorted by payments)

Source: 02-Carrier Profile Report.xls (date of posting 01/01/2026 – 03/31/2026)

#	Insurance Name	Charges	% of Charges	Payments	% of Payments	Collection %	Non-Allowed	Insurance Pmt	Patient Pmt	Type
100	UNREGSELF	\$198,604	4.3%	-	0.0%	0.0%	-	-	-	Self-Pay / Unreg
101	BUCKEYE MYCARE MCE	\$6,669	0.1%	-	0.0%	0.0%	-	-	-	Medicaid / Managed Medicaid
102	PREMIER HEALTH PLAN	\$5,134	0.1%	-	0.0%	0.0%	-	-	-	Commercial
103	HEALTH SMART	\$2,109	0.0%	-	0.0%	0.0%	-	-	-	Commercial
104	US DEPARTMENT OF LABOR WORKERS COMPENSATION PROGRA	\$742	0.0%	-	0.0%	0.0%	-	-	-	Workers Comp
105	HEALTH CHOICE	\$710	0.0%	-	0.0%	0.0%	-	-	-	Commercial
106	SEDGEWICK	\$620	0.0%	-	0.0%	0.0%	\$104	-	-	Workers Comp
107	WPS / TRICARE FOR LIFE	\$515	0.0%	-	0.0%	0.0%	-	-	-	Federal (VA/Tricare)
108	UHC MEDICAID/UHC COMMUNITY PLAN MEDICAID	\$450	0.0%	-	0.0%	0.0%	-	-	-	Medicaid / Managed Medicaid
109	MVP HEALTH CARE	\$390	0.0%	-	0.0%	0.0%	-	-	-	Commercial
110	BHPI-MBA	\$362	0.0%	-	0.0%	0.0%	-	-	-	Commercial
111	SPECIAL SERVICES - ACCLERATED CLAIMS	\$357	0.0%	-	0.0%	0.0%	-	-	-	Commercial
112	ADMINISTRATIVE CONCEPTS INC	\$315	0.0%	-	0.0%	0.0%	-	-	-	Commercial
113	INTERNATIONAL BENEFITS ADMINISTRATORS	\$310	0.0%	-	0.0%	0.0%	-	-	-	Commercial
114	AUXIANT	\$300	0.0%	-	0.0%	0.0%	\$55	-	-	Commercial
115	THE HEALTH PLAN	\$265	0.0%	-	0.0%	0.0%	\$25	-	-	Commercial
116	KEY BENEFIT ADMINISTRATORS INC	\$240	0.0%	-	0.0%	0.0%	-	-	-	Commercial
117	VA MEDICAL CENTER	\$240	0.0%	-	0.0%	0.0%	-	-	-	Federal (VA/Tricare)
118	CHAMPVA	\$240	0.0%	-	0.0%	0.0%	-	-	-	Federal (VA/Tricare)
119	REGENCE BLUESHIELD	\$240	0.0%	-	0.0%	0.0%	-	-	-	Commercial
120	INDEPENDENCE ADMINISTRATORS	\$210	0.0%	-	0.0%	0.0%	-	-	-	Commercial
121	NALC HEALTH BENEFIT PLAN	\$210	0.0%	-	0.0%	0.0%	-	-	-	Commercial
122	90 DEGREE BENEFITS,INC	\$210	0.0%	-	0.0%	0.0%	-	-	-	Commercial
123	PAN AMERICAN LIFE INSURANCE CO	\$205	0.0%	-	0.0%	0.0%	-	-	-	Commercial
124	OXFORDHEALTH INSURANCE	\$160	0.0%	-	0.0%	0.0%	\$32	-	-	Commercial
125	TRES HEALTH	\$160	0.0%	-	0.0%	0.0%	-	-	-	Commercial
126	GOLDEN RULE INS	\$150	0.0%	-	0.0%	0.0%	-	-	-	Commercial
127	MEDICA	\$105	0.0%	-	0.0%	0.0%	\$17	-	-	Commercial
	<b>TOTAL</b>	<b>\$4,666,227</b>	<b>100.0%</b>	<b>\$1,835,985</b>	<b>100.0%</b>	<b>39.3%</b>	<b>\$1,693,668</b>	<b>\$1,606,085</b>	<b>\$229,900</b>	

## Contracted Rate as % of Medicare — by CPT × Carrier

Source: 05-Fee Schedule Report 2026.xls | Benchmark = MEDICARE PART B

#	CPT	Description	Cost	AETNA	CIGNA	HUMANA HEALTH PLAN	MEDICAL MUTUAL	MEDIGOLD	BCBS	MEDICAID	MEDICARE PART B	TRICARE EAST-2025	UHC - COMMUNITY PLAN	UMR	UNITED HEALTH CARE
1	31500	Endotracheal intubation	\$229			73%	99%	119%	93%	86%	100%	110%	105%		105%
2	31627	Navigation	\$214	113%	100%	53%	99%		119%	59%	100%	108%	95%	144%	101%
3	31629	Transbronchial needle asp	\$630	111%	61%	35%	99%		59%	79%	100%	53%	94%	71%	57%
4	31652	EBUS directed aspiration	\$1,267												
5	31653	EBUS directed aspiration	\$1,342		100%			101%	421%	98%	100%		94%	143%	104%
6	31654	EBUS directed aspiration	\$196	112%	121%	85%	99%		179%		100%	107%		143%	112%
7	36556	Insertion of non-tunneled	\$350			65%	105%	119%	218%	76%	100%	95%	105%		105%
8	36620	Arterial Line	\$175		114%		88%	101%	115%	112%	100%		89%	139%	115%
9	76604	THORACIC ULTRASONOGRAPHY	\$150		44%	89%	236%	93%	125%		100%		16%		105%
10	94060	PRE/POST BRONCH	\$112	91%	100%		100%	101%	128%	91%	100%	91%	90%	212%	125%
11	94618	PULMONARY STRESS TESTING	\$55	93%	85%	100%	99%	101%	125%	77%	100%	91%	90%	142%	107%
12	94660	Continuous airway pressur	\$120	95%	87%	56%	99%	101%	103%	30%	100%	91%	52%	145%	145%
13	94664	Aerosol Adm.	\$25	99%	100%	91%	101%	101%	74%	54%	100%	79%	90%	129%	100%
14	94726	Plethysmography for deter	\$125	89%	100%	89%	99%	101%	120%	48%	100%	91%	90%	131%	89%
15	94727	NITROGEN WASHOUT OR HELIU	\$120	99%	94%	109%	162%	101%	137%	58%	100%	86%	89%	160%	89%
16	94729	Diffusing capacity	\$125	90%	101%	89%	99%	101%	120%	52%	100%	91%	90%	138%	91%
17	95806	Sleep Testing	\$150	115%	84%	89%	302%	101%	241%		100%	91%	84%	158%	158%
18	95810	POLYSOMNOGRAPHY	\$410		100%	67%	93%	101%	141%	63%	100%	86%	84%	159%	159%
19	95811	CPAP TITRATION	\$200	99%	85%		94%		142%	66%	100%	86%	85%	159%	89%
20	95970	ANALYSIS WITHOUT PROGRAMM	\$60	96%	82%	89%	92%	101%	211%		100%		87%	154%	154%
21	95976	ANALYSIS WITH SIMPLE PROG	\$85	104%	91%		95%	101%	145%		100%	91%	88%	170%	170%
22	96372	THERAPEUTIC, PROPHYLACTIC	\$50	111%	104%	114%	112%		173%	106%	100%			161%	102%
23	96401	BIOLOGIC AGENT ADMINISTRA	\$100	82%	78%	44%			98%		100%	66%		100%	100%
24	99203	OV-Inter	\$150	78%	86%	59%	100%	101%	122%	55%	100%	85%	45%	114%	114%
25	99204	OV-Extended	\$240	77%	87%	90%	100%	101%	109%	56%	100%	84%	116%	116%	116%
26	99205	OV-Comp	\$345	76%	82%	56%	153%	101%	101%	52%	100%	83%	93%	110%	110%
27	99211	OV-Brief	\$29	78%	89%				125%		100%	91%			101%
28	99212	OV-Limited	\$75	78%	72%	91%	101%	101%	93%	52%	100%	91%	52%	95%	95%
29	99213	Office Visit	\$150	78%	74%	100%	100%	101%	94%	51%	100%	85%	100%	98%	100%
30	99214	OV-Extended	\$210	77%	75%	90%	100%	101%	81%	55%	100%	91%	100%	100%	100%
31	99215	OV-Comp	\$210	77%	91%	90%	100%	101%	89%	52%	100%		73%	95%	100%
32	99222	Initial Care II	\$250		110%	64%		101%	160%	60%	100%	97%	99%	147%	99%
33	99223	Initial Care III	\$300	99%	100%	89%	99%	101%	108%	65%	100%	97%	99%	161%	99%
34	99232	Follow-Up II	\$110	90%	100%	89%	99%	101%	88%	52%	100%	98%	99%	127%	99%
35	99233	Follow-Up III	\$150	89%	100%	89%	99%	101%	83%	49%	100%	97%	99%	121%	99%
36	99291	CC 31-74 min	\$400	99%	104%	89%	99%	101%	94%	57%	100%	94%	99%	139%	99%
37	99406	Smoking and tobacco use c	\$25	100%	94%	62%		102%	116%	69%	100%	87%	100%	125%	100%
38	99407	Behav Chng Smoking > 10 M	\$40		95%			102%	121%	107%	100%			127%	100%
39	99495	TRANSITIONAL CARE MANGEME	\$250		100%	89%	99%	101%	72%	56%	100%	91%	100%	105%	100%
40	99496	TRANSITIONAL CARE MANAGEM	\$325	77%	91%		99%	101%	75%	59%	100%		73%	102%	100%
Note: Based on known (but not Precise) Fee schedule															
	<b>AVG</b>	<b>Weighted by CPT (simple avg)</b>		<b>92.4%</b>	<b>91.3%</b>	<b>80.3%</b>	<b>112.8%</b>	<b>102.2%</b>	<b>128.7%</b>	<b>65.6%</b>	<b>100.0%</b>	<b>89.9%</b>	<b>87.1%</b>	<b>132.6%</b>	<b>108.1%</b>

## Best-Peer Benchmark — per CPT (commercial payers only)

For each CPT, identifies the highest-paying commercial carrier (excludes Medicare FFS & Medicaid).

#	CPT	Description	Best Rate (\$)	Best Carrier	Medicare (\$)	Best/Medicare	Cost
1	31500	Endotracheal intubation	\$131.41	MEDIGOLD	\$110.26	119.2%	\$229
2	31627	Navigation	\$119.56	UMR	\$82.97	144.1%	\$214
3	31629	Transbronchial needle asp	\$182.02	AETNA	\$163.33	111.4%	\$630
4	31652	EBUS directed aspiration	\$1,118.35	OHIO - BCBS			\$1,267
5	31653	EBUS directed aspiration	\$896.52	OHIO - BCBS	\$212.81	421.3%	\$1,342
6	31654	EBUS directed aspiration	\$103.97	OHIO - BCBS	\$58.21	178.6%	\$196
7	36556	Insertion of non-tunneled	\$139.83	OHIO - BCBS	\$64.14	218.0%	\$350
8	36620	Arterial Line	\$55.38	UMR	\$39.79	139.2%	\$175
9	76604	THORACIC ULTRASONOGRA	\$134.54	MEDICAL MUTUAL	\$56.90	236.4%	\$150
10	94060	PRE/POST BRONCH	\$84.18	UMR	\$39.80	211.5%	\$112
11	94618	PULMONARY STRESS TESTII	\$49.49	UMR	\$34.85	142.0%	\$55
12	94660	Continuous airway pressur	\$93.59	UMR	\$64.62	144.8%	\$120
13	94664	Aerosol Adm.	\$23.36	UMR	\$18.12	128.9%	\$25
14	94726	Plethysmography for deter	\$76.14	UMR	\$58.30	130.6%	\$125
15	94727	NITROGEN WASHOUT OR HE	\$18.82	MEDICAL MUTUAL	\$11.59	162.4%	\$120
16	94729	Diffusing capacity	\$79.77	UMR	\$57.80	138.0%	\$125
17	95806	Sleep Testing	\$130.03	MEDICAL MUTUAL	\$43.07	301.9%	\$150
18	95810	POLYSOMNOGRAPHY	\$183.05	UMR	\$115.10	159.0%	\$410
19	95811	CPAP TITRATION	\$189.95	UMR	\$119.31	159.2%	\$200
20	95970	ANALYSIS WITHOUT PROGR	\$39.71	OHIO - BCBS	\$18.85	210.7%	\$60
21	95976	ANALYSIS WITH SIMPLE PRO	\$62.39	UMR	\$36.60	170.5%	\$85
22	96372	THERAPEUTIC, PROPHYLAC	\$22.16	OHIO - BCBS	\$12.82	172.9%	\$50
23	96401	BIOLOGIC AGENT ADMINISTF	\$89.77	UMR	\$89.77	100.0%	\$100
24	99203	OV-Inter	\$135.33	OHIO - BCBS	\$111.04	121.9%	\$150
25	99204	OV-Extended	\$195.31	UHC - COMMUNITY PLAN	\$168.05	116.2%	\$240
26	99205	OV-Comp	\$342.51	MEDICAL MUTUAL	\$224.58	152.5%	\$345
27	99211	OV-Brief	\$28.20	OHIO - BCBS	\$22.52	125.2%	\$29
28	99212	OV-Limited	\$56.51	MEDIGOLD	\$55.78	101.3%	\$75
29	99213	Office Visit	\$90.97	MEDIGOLD	\$89.79	101.3%	\$150
30	99214	OV-Extended	\$129.83	MEDIGOLD	\$128.15	101.3%	\$210
31	99215	OV-Comp	\$184.45	MEDIGOLD	\$182.07	101.3%	\$210
32	99222	Initial Care II	\$181.75	OHIO - BCBS	\$113.53	160.1%	\$250
33	99223	Initial Care III	\$244.12	UMR	\$151.79	160.8%	\$300
34	99232	Follow-Up II	\$87.19	UMR	\$68.46	127.4%	\$110
35	99233	Follow-Up III	\$125.66	UMR	\$103.77	121.1%	\$150
36	99291	CC 31-74 min	\$269.98	UMR	\$193.75	139.3%	\$400
37	99406	Smoking and tobacco use c	\$18.19	UMR	\$14.55	125.0%	\$25
38	99407	Behav Chng Smoking > 10 M	\$34.91	UMR	\$27.55	126.7%	\$40
39	99495	TRANSITIONAL CARE MANGE	\$217.29	UMR	\$206.92	105.0%	\$250
40	99496	TRANSITIONAL CARE MANAC	\$287.12	UMR	\$280.72	102.3%	\$325

## Renegotiation Priority Scoreboard

Joins Q1 carrier revenue with current contracted rate vs Medicare. Higher Priority Score = greater dollar upside × greater rate gap × greater contract leverage.

Tier	Carrier (Fee Sched)	Q1 Payments	Annualized Pmt	% of Pmts	Current % Medicare	Best Peer in book	Target % Medicare	Rate Lift	Annualized \$ Upside	Leverage	Negotiation Notes
Tier 1	AETNA (Aetna + Aetna L&C combined)	\$15,581	\$62,324	0.8%	92.4%	UMR (133%)	130.0%	40.7%	\$25,336	High (Commercial)	Below Medicare today. Anchor ask to UMR (133%) and BCBS (129%). Document peer comps; offer multi-year deal in exchange for parity.
Tier 1	CIGNA (CIGNA HEALTH CARE)	\$26,153	\$104,612	1.4%	91.3%	UMR (133%)	130.0%	42.3%	\$44,298	High (Commercial)	Below Medicare today. Same approach as Aetna. Bundle in HealthSpring rate review if possible.
Tier 1	UNITED HEALTH CARE	\$220,994	\$883,976	12.0%	108.1%	UMR (133%)	130.0%	20.3%	\$179,121	High (Commercial)	Largest commercial-style payer at \$221K Q1. Push to BCBS-parity (~130% Medicare). Use UMR (UHC-owned) as internal comp.
Tier 2	BCBS (BLUE CROSS BLUE SHIELD)	\$320,116	\$1,280,464	17.4%	128.7%	UMR (133%)	140.0%	8.8%	\$112,954	High (Commercial)	Highest-volume commercial contract. Already 129% of Medicare — request 5–8% lift at renewal; argue specialty access and quality scores.
Tier 2	MEDICAL MUTUAL	\$39,765	\$159,061	2.2%	112.8%	UMR (133%)	130.0%	15.2%	\$24,220	High (Commercial)	Moderate. Push toward BCBS-parity. Highlight pulmonology subspecialty scarcity in southwest market
Tier 2	HUMANA HEALTH PLAN	\$6,264	\$25,058	0.3%	80.3%	UMR (133%)	125.0%	55.7%	\$13,965	High (Commercial)	Lowest commercial rate at 80% of Medicare. Small book — limited leverage but biggest % uplift. Tie to access/network adequacy ask.
Tier 3	UMR	\$33,564	\$134,255	1.8%	132.6%	UMR (133%)	140.0%	5.6%	\$7,461	High (Commercial)	Already top of market. Lock in multi-year with annual CPI escalator (3–4%) — defensive priority, not offensive.
Tier 3	MEDIGOLD	\$29,432	\$117,728	1.6%	102.2%	UMR (133%)	105.0%	2.7%	\$3,219	Low (Medicare Adv)	Medicare Advantage — limited room. Request 100–105% of Medicare floor language; focus on quality bonus participation.
Tier 3	UHC - COMMUNITY PLAN	\$37,553	\$150,214	2.0%	87.1%	UMR (133%)	95.0%	9.0%	\$13,565	Low (Medicaid MC)	Ohio Medicaid managed care — push for parity with Medicaid base or +5%.
Tier 4	MEDICARE PART B	\$408,198	\$1,632,793	22.2%	100.0%	UMR (133%)				None (CMS-set)	CMS-set. No contract negotiation. Maximize MIPS/quality bonuses.
Tier 4	MEDICAID	\$27,060	\$108,241	1.5%	65.6%	UMR (133%)				None (State-set)	State-set rates. No negotiation. Focus operational: cleaner eligibility checks, denial workflow on \$156K non-allowed in MyCare lines.
Tier 4	TRICARE EAST-2025 (TRICARE EAST REGION-2025)	\$13,608	\$54,431	0.7%	89.9%	UMR (133%)				Low (Federal)	Federally-set. Limited room; verify 2026 rate update applied correctly.
<b>TOTAL Tier-1+2+3 annual rate-lift upside (commercial only)</b>									<b>\$424,140</b>		

### Tier Legend

Tier 1	Commercial payer with rate BELOW or near Medicare — easiest wins, highest defensibility.
Tier 2	Commercial payer with material revenue — push to upper-range commercial benchmark.
Tier 3	Defensive renewals & low-leverage payers — lock in escalators, prevent erosion.
Tier 4	Government / government-priced — no contract negotiation; operational levers only.

## CPT-Level Target Rates — Priority Commercial Carriers

Target = max( Medicare × tier multiplier, Best Peer rate ). Editable assumptions in row 4 (blue cells).

Target Multiplier (% Medicare) →

#	CPT	Description	Medicare	130%			130%			130%			130%			125%			140%		
				AETNA			CIGNA			UNITED HEALTH CARE			MEDICAL MUTUAL			HUMANA HEALTH PLAN			BCBS		
				Current	Target	Lift	Current	Target	Lift	Current	Target	Lift	Current	Target	Lift	Current	Target	Lift	Current	Target	Lift
1	31500	Endotracheal intubation	\$110.26		\$143.34			\$143.34		\$115.91	\$143.34	23.7%	\$109.12	\$143.34	31.4%	\$80.44	\$137.83	71.3%	\$102.07	\$154.36	51.2%
2	31627	Navigation	\$82.97	\$94.14	\$107.86	14.6%	\$82.79	\$107.86	30.3%	\$84.14	\$107.86	28.2%	\$82.38	\$107.86	30.9%	\$43.92	\$103.71	136.1%	\$98.52	\$116.16	17.9%
3	31629	Transbronchial needle asp	\$163.33	\$182.02	\$212.33	16.7%	\$100.14	\$212.33	112.0%	\$92.98	\$212.33	128.4%	\$162.16	\$212.33	30.9%	\$57.76	\$204.16	253.5%	\$96.14	\$228.66	137.8%
4	31652	EBUS directed aspiration		\$107.36			\$230.77			\$171.86			\$95.47			\$170.64			\$1,118.35		
5	31653	EBUS directed aspiration	\$212.81		\$276.65		\$212.35	\$276.65	30.3%	\$220.91	\$276.65	25.2%		\$276.65			\$266.01		\$896.52	\$297.93	(66.8%)
6	31654	EBUS directed aspiration	\$58.21	\$65.39	\$75.67	15.7%	\$70.27	\$75.67	7.7%	\$65.02	\$75.67	16.4%	\$57.80	\$75.67	30.9%	\$49.39	\$72.76	47.3%	\$103.97	\$81.49	(21.6%)
7	36556	Insertion of non-tunneled	\$64.14		\$83.38			\$83.38		\$67.44	\$83.38	23.6%	\$67.39	\$83.38	23.7%	\$41.41	\$80.18	93.6%	\$139.83	\$89.80	(35.8%)
8	36620	Arterial Line	\$39.79		\$51.73		\$45.31	\$51.73	14.2%	\$45.56	\$51.73	13.5%	\$35.03	\$51.73	47.7%		\$49.74		\$45.72	\$55.71	21.8%
9	76604	THORACIC ULTRASONOGRAPHY	\$56.90		\$73.97		\$25.18	\$73.97	193.8%	\$59.70	\$73.97	23.9%	\$134.54	\$73.97	(45.0%)	\$50.85	\$71.13	39.9%	\$71.27	\$79.66	11.8%
10	94060	PRE/POST BRONCH	\$39.80	\$36.21	\$51.74	42.9%	\$39.71	\$51.74	30.3%	\$49.80	\$51.74	3.9%	\$39.71	\$51.74	30.3%		\$49.75		\$50.96	\$55.72	9.3%
11	94618	PULMONARY STRESS TESTING	\$34.85	\$32.48	\$45.31	39.5%	\$29.69	\$45.31	52.6%	\$37.15	\$45.31	22.0%	\$34.60	\$45.31	30.9%	\$34.96	\$43.56	24.6%	\$43.39	\$48.79	12.4%
12	94660	Continuous airway pressur	\$64.62	\$61.33	\$84.01	37.0%	\$56.15	\$84.01	49.6%	\$93.59	\$84.01	(10.2%)	\$64.16	\$84.01	30.9%	\$36.44	\$80.78	121.7%	\$66.63	\$90.47	35.8%
13	94664	Aerosol Adm.	\$18.12	\$17.99	\$23.56	30.9%	\$18.08	\$23.56	30.3%	\$18.19	\$23.56	29.5%	\$18.36	\$23.56	28.3%	\$16.52	\$22.65	37.1%	\$13.36	\$25.37	89.9%
14	94726	Plethysmography for deter	\$58.30	\$51.84	\$75.79	46.2%	\$58.17	\$75.79	30.3%	\$52.11	\$75.79	45.4%	\$57.89	\$75.79	30.9%	\$52.10	\$72.88	39.9%	\$69.80	\$81.62	16.9%
15	94727	NITROGEN WASHOUT OR HELIU	\$11.59	\$11.42	\$15.07	31.9%	\$10.88	\$15.07	38.5%	\$10.36	\$15.07	45.4%	\$18.82	\$15.07	(19.9%)	\$12.64	\$14.49	14.6%	\$15.90	\$16.23	2.1%
16	94729	Diffusing capacity	\$57.80	\$52.20	\$75.14	43.9%	\$58.27	\$75.14	29.0%	\$52.66	\$75.14	42.7%	\$57.39	\$75.14	30.9%	\$51.65	\$72.25	39.9%	\$69.36	\$80.92	16.7%
17	95806	Sleep Testing	\$43.07	\$49.56	\$55.99	13.0%	\$36.21	\$55.99	54.6%	\$67.91	\$55.99	(17.6%)	\$130.03	\$55.99	(56.9%)	\$38.48	\$53.84	39.9%	\$104.00	\$60.30	(42.0%)
18	95810	POLYSOMNOGRAPHY	\$115.10		\$149.63		\$114.85	\$149.63	30.3%	\$183.05	\$149.63	(18.3%)	\$107.57	\$149.63	39.1%	\$77.45	\$143.88	85.8%	\$162.12	\$161.14	(0.6%)
19	95811	CPAP TITRATION	\$119.31	\$118.45	\$155.10	30.9%	\$101.30	\$155.10	53.1%	\$106.61	\$155.10	45.5%	\$112.26	\$155.10	38.2%		\$149.14		\$169.62	\$167.03	(1.5%)
20	95970	ANALYSIS WITHOUT PROGRAMM	\$18.85	\$18.14	\$24.51	35.1%	\$15.50	\$24.51	58.1%	\$29.07	\$24.51	(15.7%)	\$17.28	\$24.51	41.8%	\$16.85	\$23.56	39.8%	\$39.71	\$26.39	(33.5%)
21	95976	ANALYSIS WITH SIMPLE PROG	\$36.60	\$37.93	\$47.58	25.4%	\$33.27	\$47.58	43.0%	\$62.39	\$47.58	(23.7%)	\$34.89	\$47.58	36.4%		\$45.75		\$52.96	\$51.24	(3.2%)
22	96372	THERAPEUTIC, PROPHYLACTIC	\$12.82	\$14.26	\$16.67	16.9%	\$13.37	\$16.67	24.7%	\$13.10	\$16.67	27.2%	\$14.32	\$16.67	16.4%	\$14.56	\$16.03	10.1%	\$22.16	\$17.95	(19.0%)
23	96401	BIOLOGIC AGENT ADMINISTRA	\$89.77	\$73.90	\$116.70	57.9%	\$69.74	\$116.70	67.3%	\$89.77	\$116.70	30.0%		\$116.70		\$39.48	\$112.21	184.2%	\$88.31	\$125.68	42.3%
24	99203	OV-Inter	\$111.04	\$86.12	\$144.35	67.6%	\$95.27	\$144.35	51.5%	\$127.10	\$144.35	13.6%	\$110.95	\$144.35	30.1%	\$65.81	\$138.80	110.9%	\$135.33	\$155.46	14.9%
25	99204	OV-Extended	\$168.05	\$129.53	\$218.47	68.7%	\$146.40	\$218.47	49.2%	\$195.31	\$218.47	11.9%	\$167.54	\$218.47	30.4%	\$151.27	\$210.06	38.9%	\$183.30	\$235.27	28.4%
26	99205	OV-Comp	\$224.58	\$171.03	\$291.95	70.7%	\$185.26	\$291.95	57.6%	\$247.15	\$291.95	18.1%	\$342.51	\$291.95	(14.8%)	\$126.11	\$280.73	122.6%	\$227.36	\$314.41	38.3%
27	99211	OV-Brief	\$22.52	\$17.55	\$29.28	66.8%	\$20.01	\$29.28	46.3%	\$22.82	\$29.28	28.3%		\$29.28			\$28.15		\$28.20	\$31.53	11.8%
28	99212	OV-Limited	\$55.78	\$43.37	\$72.51	67.2%	\$39.89	\$72.51	81.8%	\$53.22	\$72.51	36.3%	\$56.08	\$72.51	29.3%	\$50.64	\$69.73	37.7%	\$51.69	\$78.09	51.1%
29	99213	Office Visit	\$89.79	\$70.07	\$116.73	66.6%	\$66.25	\$116.73	76.2%	\$89.86	\$116.73	29.9%	\$89.85	\$116.73	29.9%	\$90.06	\$112.24	24.6%	\$84.68	\$125.71	48.4%
30	99214	OV-Extended	\$128.15	\$99.02	\$166.60	68.2%	\$96.31	\$166.60	73.0%	\$127.94	\$166.60	30.2%	\$127.93	\$166.60	30.2%	\$115.41	\$160.19	38.8%	\$103.78	\$179.41	72.9%
31	99215	OV-Comp	\$182.07	\$139.71	\$236.69	69.4%	\$166.12	\$236.69	42.5%	\$181.47	\$236.69	30.4%	\$181.46	\$236.69	30.4%	\$163.35	\$227.59	39.3%	\$162.50	\$254.90	56.9%
32	99222	Initial Care II	\$113.53		\$147.59		\$124.74	\$147.59	18.3%	\$112.72	\$147.59	30.9%		\$147.59		\$72.73	\$141.91	95.1%	\$181.75	\$158.94	(12.5%)
33	99223	Initial Care III	\$151.79	\$150.70	\$197.33	30.9%	\$151.45	\$197.33	30.3%	\$150.71	\$197.33	30.9%	\$150.70	\$197.33	30.9%	\$135.63	\$189.74	39.9%	\$163.29	\$212.51	30.1%
34	99232	Follow-Up II	\$68.46	\$61.31	\$89.00	45.2%	\$68.30	\$89.00	30.3%	\$67.97	\$89.00	30.9%	\$67.96	\$89.00	31.0%	\$61.17	\$85.58	39.9%	\$60.31	\$95.84	58.9%
35	99233	Follow-Up III	\$103.77	\$92.24	\$134.90	46.3%	\$103.54	\$134.90	30.3%	\$103.03	\$134.90	30.9%	\$103.03	\$134.90	30.9%	\$92.73	\$129.71	39.9%	\$86.45	\$145.28	68.0%
36	99291	CC 31-74 min	\$193.75	\$192.36	\$251.88	30.9%	\$202.37	\$251.88	24.5%	\$192.37	\$251.88	30.9%	\$192.36	\$251.88	30.9%	\$173.13	\$242.19	39.9%	\$182.57	\$271.25	48.6%
37	99406	Smoking and tobacco use c	\$14.55	\$14.49	\$18.92	30.5%	\$13.63	\$18.92	38.8%	\$14.50	\$18.92	30.4%		\$18.92		\$9.00	\$18.19	102.1%	\$16.87	\$20.37	20.7%

### CPT-Level Target Rates — Priority Commercial Carriers

Target = max( Medicare × tier multiplier, Best Peer rate ). Editable assumptions in row 4 (blue cells).

Target Multiplier (% Medicare) →

130%

130%

130%

130%

125%

140%

#	CPT	Description	Medicare	AETNA			CIGNA			UNITED HEALTH CARE			MEDICAL MUTUAL			HUMANA HEALTH PLAN			BCBS							
				Current	Target	Lift	Current	Target	Lift	Current	Target	Lift	Current	Target	Lift	Current	Target	Lift	Current	Target	Lift					
38	99407	Behav Chng Smoking > 10 M	\$27.55		\$35.82		\$26.17	\$35.82	36.9%	\$27.55	\$35.82	30.0%		\$35.82			\$34.44		\$33.23	\$38.57	16.1%					
39	99495	TRANSITIONAL CARE MANGEME	\$206.92		\$269.00		\$207.08	\$269.00	29.9%	\$206.15	\$269.00	30.5%	\$205.45	\$269.00	30.9%	\$184.91	\$258.65	39.9%	\$149.54	\$289.69	93.7%					
40	99496	TRANSITIONAL CARE MANAGEM	\$280.72	\$214.88	\$364.94	69.8%	\$255.66	\$364.94	42.7%	\$279.85	\$364.94	30.4%	\$278.71	\$364.94	30.9%		\$350.90		\$210.65	\$393.01	86.6%					
Note: Based on known (but not Precise) Fee schedule																										
<b>Average lift across CPTs</b>						<b>43.2%</b>				<b>47.0%</b>				<b>24.7%</b>				<b>23.6%</b>				<b>67.4%</b>				<b>25.0%</b>

## Methodology, Sources, and Assumptions

### Data Sources

<b>Q1 2026 carrier mix</b>	02-Carrier Profile Report.xls — 127 distinct payers; charges, payments, non-allowed (date of posting 01/01/2026 – 03/31/2026).
<b>Q1 2026 patient/visit</b>	04- Patient & Visit Count Report.xls — 10,874 patients / 18,519 visits, Jan–Mar 2026.
<b>Provider list</b>	01- Provider List.xls — 32 active providers in Q1 2026.
<b>Contracted fee schedule</b>	05- Fee Schedule Report 2026.xls — 41 CPTs × 12 payer columns.
<b>CPT profile report</b>	03- CPT Profile Report.xls — appears to be a duplicate of the Carrier Profile (file 02). True CPT-level volumes by carrier were not available, so weighted-volume analysis at the CPT level could not be computed. Recommend re-running this report with code-level breakouts before final negotiation.

### Key Definitions

<b>% of Medicare</b>	Each carrier's contracted rate per CPT, divided by Ohio Medicare Part B rate for the same CPT. Averaged across overlapping CPTs only.
<b>Best Peer</b>	For each CPT, the highest-paying commercial carrier in the fee schedule (excludes Medicare FFS and Medicaid).
<b>Tier 1</b>	Commercial payer with rate at or below Medicare — easiest, most defensible ask.
<b>Tier 2</b>	Commercial payer with material revenue — push toward upper-range commercial benchmark.
<b>Tier 3</b>	Defensive renewals & low-leverage commercial / Med Adv — lock in escalators.
<b>Tier 4</b>	Government / government-priced — no commercial-style negotiation.
<b>Annualized \$ Upside</b>	$Q1 \text{ payments} \times 4 \times (\text{target \% Medicare} / \text{current \% Medicare} - 1)$ . Assumes constant volume mix.

### Assumptions and Limitations

<b>Volume constancy</b>	Annualized figures assume Q1 mix and volume continue. Pulmonology has minor seasonal patterns (RSV/flu season Q1 is typically higher); a 5–8% downward adjustment for full-year is reasonable.
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## Methodology, Sources, and Assumptions

### Data Sources

<b>Rate average method</b>	Carrier '% of Medicare' is a simple average across overlapping CPTs, not weighted by CPT volume. With CPT volume data, the most-billed codes should be weighted higher (typically 99213, 99214, 94060, 94727 dominate).
<b>Self-pay leakage</b>	\$198,604 in 'UNREGSELF' charges collected \$0 — likely uninsured visits never converted to a billable category. Operational issue, not a contract one, but materially understates collection ratio.
<b>MA &amp; Medicaid MCO floors</b>	Medicare Advantage and Medicaid Managed Care plans are typically priced as a % of Medicare/Medicaid fee schedule and are largely non-negotiable on the rate. Focus on quality bonus participation and timely-pay incentives.
<b>Target rates</b>	Target % Medicare values in the scoreboard reflect typical pulmonology commercial benchmarks (125–140% of Medicare). Final asks should be calibrated to local market conditions, contract term length, exclusivity offerings, and existing quality scores.