MRF EXPLORER TUTORIAL – STATE OF WASHINGTON KAISER PERMANENTE NETWORK

Introduction

In this tutorial we will walk through the process for checking the contract (negotiated) rates for a common radiology procedure as delivered by the Kaiser Permanente network in the State of Washington ("Kaiser Washington"), specifically in the Spokane area. Note that Kaiser in Washington is essentially a network of providers, quite unlike Kaiser Permanente in California with salaried physicians.

Preparing for the Search

We assume you have billing codes in mind. To search within an MRF, you additionally need to provide relevant EIN or NPIs or both. This section of the tutorial shows one approach for collecting these.

We start with Kaiser Washington's friendly physician (and specialty) search tool provided at https://wa-doctors.kaiserpermanente.org/

Enter "radiology" and we're given a list of facilities and physicians in the network.
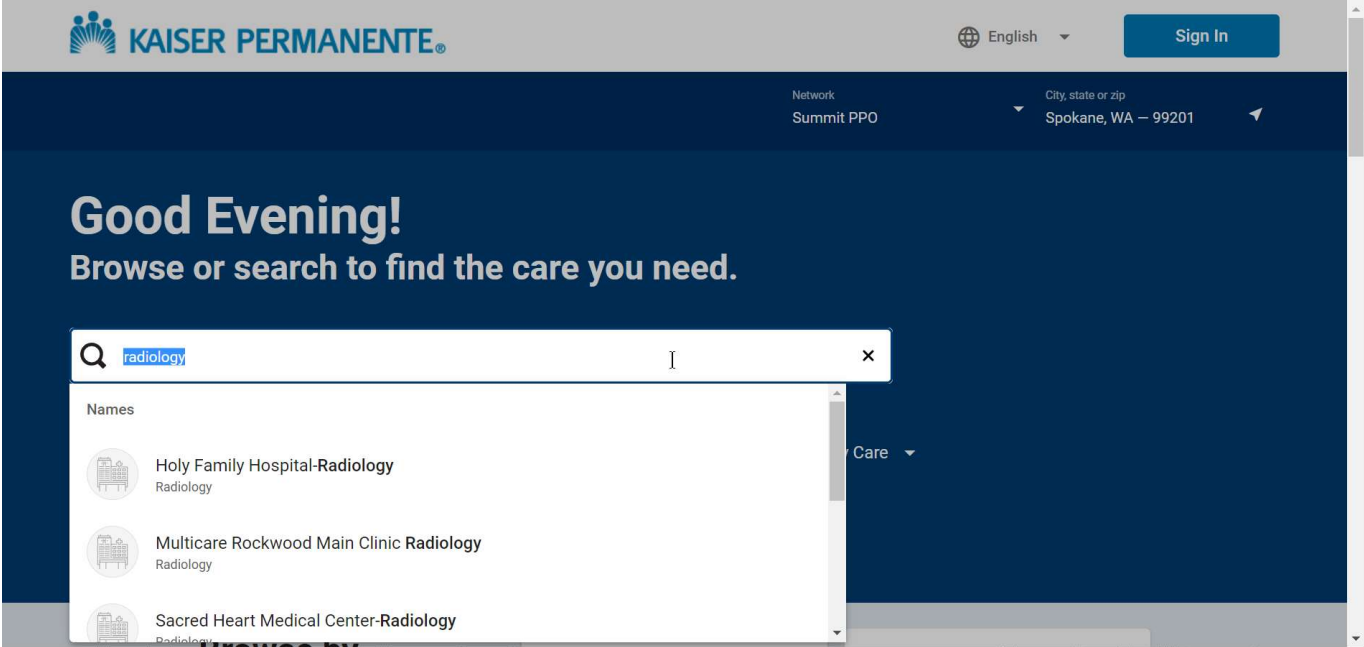
Scrolling past the facilities we see individual radiologists, and randomly pick the 2nd one. The choice doesn't really matter, as presumably all specialists in the same location have contracted with the same negotiated rate schedule:

Jayson S Brower, MD

Vascular & Interventional Radiology

LOCATION

Inland Imaging - Holy Family Imaging Center

5715 N Lidgerwood St, Spokane, WA 99208

Get directions (est. 2.8 miles away)

CONTACT INFORMATION

Phone: 509-455-4455

✓ Accepting New Patients

In a single query, MRF Explorer will look up rates for a set of radiologists and other providers. If you wish to check whether Kaiser rates vary by geographic location, then select radiologists from additional locales such as Seattle and Tacoma.

The MRF Explorer requires NPIs to do this look up. You can either use MRF Explorer's built-in lookup form or the CMS provided form at https://npiregistry.cms.hhs.gov/search

MRF Explorer uses the CMS data source, and behaves in the same fashion, but has been simplified for ease-of-use. In the example below we lookup Jayson Brower, MD so we can cut-and-paste his NPI number into the NPIs input field of MRF Explorer.

Search NPI Records

NPI Number

NPI Type
Any

Taxonomy Description

for individuals

First Name
Jayson

Last Name
Brower

for organizations

Organization Name (LBN, DBA, Former LBN or Other Name)

City

State
Any

Country
Any

Postal Code

Address Type
Any

☐ Check this box to search for Exact Matches only ⚠

** This search page is by default set to return similar and close results to your search keywords. You can check the box above if you only want the exact matches for your keywords to be returned in the search results.

Clear   Search

The NPI search results shows the primary location and taxonomy, confirming we have looked up the correct NPI.

NPPES NPI Registry

JAYSON S BROWER MD

Gender: Male

NPI: 1346298361

Last Updated: 2009-07-17
Certification Date:

Details

Name	Value
NPI	1346298361
Enumeration Date	2006-05-04
NPI Type	NPI-1 Individual
Sole Proprietor	NO
Status	Active
Mailing Address	801 S STEVENS ST SPOKANE, WA 99204-2654 United States Phone: 509-747-4455 | Fax:509-363-7064 View Map
Primary Practice Address	801 S STEVENS ST SPOKANE, WA 99204-2654 United States Phone: 509-747-4455 | Fax:509-363-7064 View Map

Running MRF Explorer

For this example, we populate the MRF Explorer form with Dr Brower's NPI: 1346298361

You can specify any number of billing codes, but to start off simple, this example features a single billing code of 74176, which is among the top 3 radiology procedures, a non-contrast abdomen and pelvis CAT scan:

ABOUT **EIN: W**HILE **K**AISER DOES HAVE AN **EIN,** IT IS NOT NECESSARY TO SPECIFY IT, AS THE **NPI** IS MORE SPECIFIC. **S**PECIFYING AN **EIN,** WITHOUT THE FURTHER RESTRICTION OF AN **NPI,** WOULD RESULT IN BRINGING BACK LIKELY IDENTICAL DATA, AND FOR POTENTIALLY THOUSANDS OF PROVIDERS IN THE CASE OF A NETWORK SUCH AS **K**AISER.

Click the Process button to begin the query. Depending on your browser settings, the MRF Explorer will automatically create a file **report.csv** in your browser's download folder, or you will be prompted (as shown below for Google Chrome) to accept or change the suggested filename:

The MRF Explorer will then show progress in the form of internal metrics. Until the download is finished, you'll see a spinner as data is written to **report.csv**, as shown below for Chrome:

report.csv
171 B

When finished:

report.csv

Caution: When opening a report.csv file in Excel, should a billing_code value begin with a zero, Excel will display the following dialogue.

Microsoft Excel

By default, Excel will perform the following data conversions in this file:

• Remove leading zeros

Do you want to permanently keep these conversions?

☐ Don't notify me about default conversions in .csv or similar files.

[Convert] [Don't Convert] [Help]
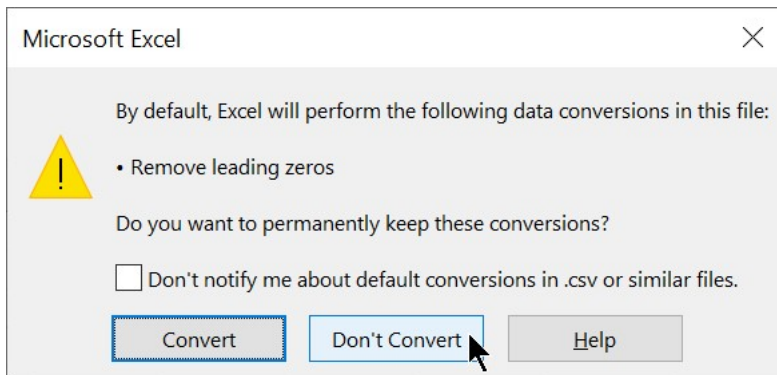
Select **Don't Convert**

Interpreting the Results

Opening the CSV file in Excel you see a set of columns, who names reflect the CMS fields in the MRF:

MRF Field Name	Explanation/Typical Values
BILLING_CODE_TYPE	Choose among CPT / HCPCS / MS-DRG and other popular code systems supported by the MRF specification
BILLING_CODE	Alphanumeric value. Make certain to include any leading zeros
NEGOTIATION_ARRANGEMENT	Typically *ffs* which means fee-for-service reimbursement but potentially *bundle* or *capitation*
DESCRIPTION	Payer's abbreviated description for the billing code.
NEGOTIATED_TYPE	This explains how to interpret the negotiated_rate value. There are five allowable values: "negotiated",

	"derived", "fee schedule", "percentage", and "per diem".
BILLING_CLASS	Either *professional* or *institutional*, but sometimes omitted.
BILLING_CODE_MODIFIER	Varies according to the billing class. For this Kaiser example, we often see *TC* for technical component (equivalent to billing_class *professional)* and *26* for the facility fee (equivalent to billing_class *institutional*)
NEGOTIATED_RATE	Either integer value (for percentages) or decimal value (for dollar amounts). See negotiated_type for an explanation.
EIN	Employer Identification Number (EIN) which is basically equivalent to a TIN issued by the IRS. Every business unit, from a single specialist LLC to a 10,000-specialist hospital network, is issued an EIN. See the FAQ for more background.
NPI	National Provider Identifier (NPI) which is a unique, lifetime identifier for every provider who needs to be reimbursed for their service.

A precise definition of these are provided in the CMS price transparency guide schema specification.

The screenshots below explain the report.csv data. You may be surprised that many rows appear for a single billing code and physician! In fact, Kaiser of Washington provides much better price transparency than is typical for payers. Most payers only show a single rate which _should be_ a maximum rate. Once you understand this example, you will be well equipped to understand MRFs from other payer organizations including their data limitations.

E2			fx	percentage					
	A	B	C	D	E	F	G	H	I	J
1	BILLING	BILLING_CODE	NEGO	DESCRIPTION	NEGOTIATED_	BILLING_CLASS	BILLING_CODE_	NEGOTIATED_	EIN	NPI
2	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	percentage	professional		70	911855796	1346298361
3	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	percentage	institutional		70	911855796	1346298361
4	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	professional	26	170.71	911939739	1346298361
5	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	institutional	26	170.71	911939739	1346298361
6	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	professional	TC	222.27	911939739	1346298361
7	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	institutional	TC	222.27	911939739	1346298361
8	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	professional		392.99	911939739	1346298361
9	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	institutional		392.99	911939739	1346298361

We now examine the results in more detail.

BILLING CODE MODIFIER, BILLING CODE, EIN, NPI

Note that columns A, B, I and J reflect the values specified in the MRF Form. If not specified, MRF Explorer, as it finds matches in the MRF file, will automatically populate these.

NEGOTIATED_TYPE

Column E Is populated from the MRF. Rows 2 and 3 have a negotiated_type of *percentage*, and consequently the value *70* in the negotiated_rate column H should be interpreted as 70%. In the case of Kaiser Washington, this appears to mean that the out-patient fee is 70% of the in-patient fee. Rows 4 through 9 have a negotiated_type of *fee schedule*, and consequently the decimal values in the negotiated_rate column H should be understood as the fixed dollar amount for the CAT scan.

Caution: When comparing MRF negotiated_rates, one needs to be careful to compare apples vs. apples. For this Kaiser MRF, the negotiated_type is "fee schedule", which is the participant's, beneficiary's, or enrollee's cost-sharing liability for the item or service. In contrast, a negotiated_type of "negotiated" is presenting the dollar amount that the plan or issuer has contractually agreed to pay an in-network provider. Further, the dollar amount shown for "negotiated" is the base (minimum) amount should the actual fee vary according to individual characteristics.

	A	B	C	D	E	F	G	H	I	J
					NEGOTIATED_TYPE					
1	BILLING	BILLING_CODE	NEGC	DESCRIPTION	NEGOTIATED_	BILLING_CLASS	BILLING_(	NEGOTIATED_	EIN	NPI
2	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	percentage	professional		70	911855796	1346298361
3	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	percentage	institutional		70	911855796	1346298361
4	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	professional	26	170.71	911939739	1346298361
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6	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	professional	TC	222.27	911939739	1346298361
7	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	institutional	TC	222.27	911939739	1346298361
8	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	professional		392.99	911939739	1346298361
9	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONT	fee schedule	institutional		392.99	911939739	1346298361

BILLING_CLASS

The Kaiser MRF presents pairs of rows which are identical except for the billing_class alternating between "professional" and "institutional". The "professional" label usually refers to the provider (physician) billing for the medical service, while the "institutional" fee refers to the facility component, which may include nursing, supplies and other ancillary charges. For this Kaiser MRF, the billing_class column can be ignored, as that information is provided by column G (billing_code_modifier), which will be explained in the next section.

	A	B	C	D	E	F	G	H	I	J
						BILLING_CLASS				
1	BILLING	BILLING_CODE	NEGC	DESCRIPTION	NEGOTIATED_	BILLING_CLASS	BILLING_(	NEGOTIATED_	EIN	NPI
2	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	percentage	professional		70	911855796	1346298361
3	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	percentage	institutional		70	911855796	1346298361
4	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	fee schedule	professional	26	170.71	911939739	1346298361
5	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	fee schedule	institutional	26	170.71	911939739	1346298361
6	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	fee schedule	professional	TC	222.27	911939739	1346298361
7	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	fee schedule	institutional	TC	222.27	911939739	1346298361
8	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	fee schedule	professional		392.99	911939739	1346298361
9	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	fee schedule	institutional		392.99	911939739	1346298361

BILLING_CODE_MODIFIER and NEGOTIATED_RATE

The next screenshot hides the unnecessary row duplication, and billing_class column, giving a better view of the data.

	A	B	C	D	E	G	H	I	J
1	BILLING	BILLING_CODE	NEGC	DESCRIPTION	NEGOTIATED_	BILLING_	NEGOTIATED_	EIN	NPI
2	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	percentage		70	911855796	1346298361
4	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	fee schedule	26	170.71	911939739	1346298361
6	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	fee schedule	TC	222.27	911939739	1346298361
8	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTF	fee schedule		392.99	911939739	1346298361

What's important to note is that for CPT/HCPCS billing codes the billing_code_modifier (column G) is the true indicator for whether the charge is professional vs institutional:

- TC indicates the professional (provider) charge
- 26 indicates the institution (hospital/clinic/facility) charge

Doing the math, you can see that $170.71 + $222.27 totals $392.99. So row 8, which lacks a billing_code_modifier, provides the total rate for an in-patient CAT Scan. And presumably the out-patient charge will be 70% of $392.99.

NOTE: FOR OTHER BILLING CODE SYSTEMS THERE MAY BE A DIFFERENT VALUE, OR WHERE A BILLING_CODE_MODIFIER MAY BE MISSING, THE MRF CREATOR WILL NEED TO UTILIZE THE BILLING_CLASS COLUMN TO DIFFERENTIATE BETWEEN THE PROFESSIONAL AND INSTITUTIONAL COMPONENTS.

DESCRIPTION

What isn't shown in the screenshots above but is visible in Excel (as shown below) is that Column D, the Description contains far more information than just a succinct "CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL".
For clarity the Excel Advance Data feature has been used to hide all rows and columns except those which present the summary (where billing_code_modifier cell is blank) rate for each variant of 74176.

Kaiser is unusual in using the Description field to explain why there are *multiple rates* for the same billing code. In the screenshot below note how Kaiser's Description field includes:
- Succinct Description typical for a CPT/HCPCS
- List of providers and their unique (Kaiser presumably) ID
- Facility locations
- Some other metrics that look to be resource-based relative value scale (RBRVS) related

D38 | *fx* | CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL,ATTENDING PRACTITIONER:INCL:002036,JOHNSON, 005111,RAHN, 005720,FLEISCHHAUER, 005783,BLACKMON, 005884,TINKER, 005916,CLEMEN, 006376,HERMAN, 006426,KRIEG, 007846,CORLEY, 011028,CROMWELL, 011494,BERNI, 012421,ARMENI, 013003,WILLERFORD, 014666,TEDFORD, 019189,KING, 020130,KLIPPER, 020954,WINTER, 023590,CHERNEKOFF, 024777,DROZ, 029010,MATTY, 029012,CHYMIY, 029219,MORRISON-HOOGSTEDE, 029579,PULUKURTHY, 029674,CAMPBELL, 030586,MORRIS, 031213,SY, 031875,EAGAN, 032066,VOORSANGER, 032473,DOMINGUIANO, 033528,ROMASCAN, 033598,GARRITY, 033855,DOUGAN, 034656,SEGERSON, 035773,ADRIAN, 036420,HARDY, 037700,TOMADA, 037829,GUTHRIE, 037946,STEWART, 038016,SINGHAL, 038053,MEEKS, 038187,REED, 039495,STONESTREET, 039503,WECKWERTH, 041039,WEI, 041336,BEACHY, 041732,TIWANA, 042089,WALKOWSKI, 042422,REYES, 043593,ENGSTROM, 043597,HANSEN, 044106,JAIN, 044613,JAIN, 045002,MAY, 045852,MATHEW, 046389,HUBBARD, 046700,TERRY, 047315,MILLER, 047491,CARR, 047619,VANDECAR, 048202,GONSOULIN, 048677,WU, 048727,LIAN, 048837,PHILLIPS, 048844,WALKER, 048875,KALMANEK, 049937,TORREGOSA, 052852,FORESMAN, 052866,PLUEGER, 053998,DECAMP, 054130,COLLETTO, 054164,SAULITIS, 054166,FORESMAN, 054392,ROSENBLUM, 054630,KANITHANON, 054985,KLEIN, 055702,MCCORMICK, 055738,HERMESSHANTZ, 056500,OHLIN, 057483,LEDELL-HONG, 058865,ABRAHAM, 059102,VOGELSANG, 059183,DARROCH, 059250,CHALK, 059642,PENN, 059724,BERNI, 059748,TANG, 059999,ARSLAN, 060324,PHASOUK, 060407,MADERA, 060411,GILL, 060992,SOETAERT, 061204,TOOFANINEJAD, 061273,YAN, 061638,NEWMΛN, 062196,HOWΛRD, 062826,TRΛUGOTT, 063269,WΛLDMΛN, 063663,GΛSOW, 064043,SIDHU, 064149,TRUESDΛLE, 064882,ELLESTΛD, 065887,KΡEISHMΛN, 066120,ROBERTS, 066440,DAVIS, 066845,BRADSHAW, 067325,PACINI, 068921,STANDAERT, 069049,CELIS, 069188,OBBEHAT, 070062,MILBURN, 071168,BOYER, 071645,JALALI, 071809,DAVIS, 071853,MENDOZA, 071855,SAGER, 071858,SMITH,SOI=F,B: OTHER EXCEPT C,UNIT=1.0,FACILIT,POS=03,04,06,07,08,10,12,14,26,34,CNV FCT= 055.70,UNT=005.64,CDE=ECRI:9716SCHD:2985PAY RUL:RVU

	A	B	C	D	H	K	L
1	BILLI	BILLING_COI	NE	DESCRIPTION	NEGOTIATE	RATE	
8	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL,CONSUMER'S AGE:INCL:FROM:000YEARS-TO:150YEARS,SOI=C OR B,UNI	392.99		
14	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL,CONSUMER'S AGE:INCL:FROM:000YEARS-TO:150YEARS,SOI=F,B: OTHER	392.99		
20	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL,,SOI=C OR B,UNIT=1.0,NON-FACILITY,POS EXLCUDING03,04,06,07,08,10,1	500.54		
26	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL,,SOI=F,B: OTHER EXCEPT C,UNIT=1.0,FACILIT,POS=03,04,06,07,08,10,12,1	500.54		
32	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL,ATTENDING PRACTITIONER:INCL:002036,JOHNSON, 005111,RAHN, 0057	314.14		
38	CPT	74176	ffs	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL,ATTENDING PRACTITIONER:INCL:002036,JOHNSON, 005111,RAHN, 0057	314.14		
40							

MRFs from other payers often provide multiple negotiated_rate, and generally without an explanation. The CMS specification guides MRF creators to use the following fields to handle this situation:

- additional_information, a free text field
- service_code which is an array of two digit place of service codes (Kaiser obviously chose to not use this)

Neither of these fields are consistently populated in In-Network rate MRFs, so Keyark has chosen to not (yet) provide these in the MRF Explorer. This information is available in a custom, more comprehensive MRF Report available from Keyark.

Conclusion

So, what can be concluded about the contract (negotiated rate) for 74176, a non-contrast pelvic and abdominal CAT scan?

It is safe to conclude that a 74176 in Kaiser's Spokane area has an in-patient charge in the range of $314.14 to $500.54. Given that the MRF data includes a 70% rate as well, most likely the out-patient rate is 70% of the in-patient rate. With a little more work, we can find out if this rate varies substantially across the entire State of Washington Kaiser network.

SOURCE MRF

This tutorial utilized a beta version of the MRF Explorer to search the 2022-11-01_KFHP_WA-SF-COMMERCIAL-2_in-network-rates.json MRF file. You can navigate to the latest version of this MRF by visiting https://healthy.kaiserpermanente.org/washington/front-door/machine-readable.

At the time of the analysis, similar negotiated rates were evident for the -2, -3, -4 and -5 Kaiser Washington MRFs. The smaller -1 MRF, which appears to have less detail, was not assessed.

Last updated: 2023-02-05