

# Hospital sticker shock

A report on hospital sticker price variation in Washington state

## Executive Letter

Dear community member,

I am pleased to present our first report on hospital “sticker price” variation in Washington state, our first *public* report on health care prices in Washington. Last year we reported on variation in commercial prices for a handful of popular treatments, but due to Department of Justice guidelines and agreements with our data suppliers, we were able to share that report only with our members. This new report is an important next step to increasing public health price transparency in our state.

The results of this report confirm what the Alliance and others in the health care community have always suspected: just as there is with quality, there is significant variation in pricing among hospitals. However, the magnitude of price variation is much larger—an eye-popping 300 to 700 percent for the 100 most common inpatient treatments.

It is important to emphasize that higher price of care does not *necessarily* mean higher quality care. This report, paired with reports on quality like you can find on our Community Checkup website, are important information for health plans, employers, providers and consumers.

Reducing the cost of health care is a top priority of our organization. But as a community, we cannot reduce costs if we don’t know them. As we will explain in this report, the prices revealed by the release of Medicare claims data can be used as proxy for health care “sticker prices,” but they don’t provide a complete picture. We need to continue to work together to support true price transparency via an all-payer claims database, private-public partnerships and market-based solutions. We look forward to working with you to drive this work forward.

Nancy A. Giunto

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## Background

In April 2014, the Center for Medicare and Medicaid Services (CMS) for the first time made public hospitals' billed "sticker prices" on Medicare claims, including those made by hospitals in Washington state. The Washington Health Alliance is one of many organizations and individuals who are taking a closer look at these price data in order to shine a light on local health care costs. Transparency of price and quality data can help both businesses and consumers reward higher-quality, more cost-effective care.

Medicare enrollees account for less than 20 percent of our state's population,<sup>1</sup> which raises an important question: How varied are the *privately* negotiated prices for commonly delivered health care services? Until we have true price transparency in Washington state, we can't answer this question.

## Summary

Certain patterns emerge in this report:

- Huge variation exists among hospital sticker prices. For acute care hospitals in Washington state, the average sticker price for almost all of the 100 most common inpatient treatments varies from 300% to 700%. In this report, we examine 12 of those treatments.<sup>2</sup>
- What Medicare pays hospitals is uncorrelated with what hospitals bill to Medicare.

<sup>1</sup> State of the Uninsured. Washington State Office of the Insurance Commissioner. Accessed March 31, 2014. <http://www.insurance.wa.gov/about-oic/commissioner-reports/2009-present/documents/state-of-the-uninsured.pdf>

<sup>2</sup> See Data sources and selection criteria section of this report.

### PRICE ≠ QUALITY

The billing and payment data in this report are not indicators of clinical quality. The information released by Medicare does not indicate how patients fared during or after their hospitalizations.

*When selecting a provider, don't look at price without also looking at quality.*

- High hospital sticker prices can pose financial risk to both uninsured and commercially insured consumers. To reduce the risk, consumers need to understand the details of their insurance plan or the financial aid programs of the hospitals they visit.
- There is little variation among what Medicare reimburses hospitals, which means Medicare enrollees don't face the same level of risk as the insured and uninsured, who may be responsible for a portion of or full sticker price.

### Two hospitals, two very different prices

In 2012, Olympic Medical Center in Port Angeles, Wash. treated and released 33 Medicare patients admitted following a stroke without complications. Medicare data show the hospital submitted bills averaging \$10,835 per discharged patient. In Seattle, Northwest Hospital treated a similar number of patients with this ailment, but submitted bills averaging \$27,791, about 250 percent higher. Why is the price difference so large?

The amount Medicare ultimately pays hospitals for this and other treatments does not consider what hospitals actually bill. Rather, payment comes from a pre-arranged formula that accounts for several considerations that influence the costs borne by the hospital. Medicare paid both hospitals in our example almost identically, at \$4,119 and \$4,117 per patient, respectively. This means the two hospitals had a similar burden of labor costs, low-income or disabled patient populations, teaching obligations for medical residents, capital and technology costs and extreme cases with very high costs.

In short, Medicare adjusts what it pays a hospital to recognize drivers of operating costs that can vary between hospitals. With this knowledge of how Medicare adjusts its payments, we can revise our question: *Why do the average billed amounts from these two hospitals vary by more than 250 percent, while the average amount paid by Medicare varies by only a fraction of one percent?*

### A pattern repeated across the state

We use the example above not to single out these two hospitals, but to illustrate the pattern of extraordinary variation between what hospitals bill compared to what they receive as payment from Medicare. In fact, the 250 percent difference in billed amounts in this example is modest compared to what emerges when examining prices across all hospitals in our state:

- For uncomplicated stroke care at 35 hospitals statewide, a hospital's average bill was as low as \$10,835 and as high as \$37,066, a 342 percent fluctuation. Medicare's average payment to these hospitals, however, shows a much narrower range: \$3,703 to \$7,583 per discharged patient, a divergence of 205 percent.
- Moreover, across hospitals, there is little or no correspondence between prevailing Medicare payment levels and billed charge hospitals typically submit. For example, among these 35 hospitals providing stroke care, the hospital with the third highest average billed charge received one of the lowest average payments from Medicare.
- Patterns similar to these recur within the one hundred admission categories, called DRGs (Diagnosis Related Groups), for which CMS has released data on hospitals in our state.

### Hospital billed amounts a proxy for “sticker prices”

Hospitals billings, also known as retail fees, facility fees, list prices or “sticker prices,” are analogous to the price appearing in the window of a new car in the sales lot. Unlike a new car, however, the health care consumer won't see the price until after the hospital treatment.

This report seeks to illuminate hospital sticker price variation by examining the average amounts billed by hospitals for twelve common, uncomplicated inpatient procedures upon conclusion of the hospital stay. This report addresses only the hospital facility fee, or the price for using the hospital premises. It does not include professional services fees, which cover the services of doctors, surgeons, anesthesiologists or other practitioners, or other downstream costs—such as further

## FACILITY FEES ≠ TOTAL COST OF CARE

Professional services fees as well as other downstream costs associated with an initial hospital stay can increase the total cost of care exponentially.

testing, follow-up care and possible readmissions—associated with the initial hospital stay. These costs represent the *total cost of care*, and are not addressed in this report.

Even though Medicare pays hospitals according to a separate, pre-arranged formula, the sticker price is where hospitals may begin their negotiations with private payers, such as commercial insurance companies. Sticker prices also serve as a starting point when people in need of financial assistance negotiate with hospitals. Because more out-of-pocket costs are being shifted to consumers and because unpaid medical bills have become the leading reason for personal bankruptcy,<sup>3</sup> it's important for health consumers to understand the financial risks they might face as patients—whether they have insurance or not.

Billed amounts are indeed real prices that are potentially payable by certain patients in particular circumstances. Setting aside the many reasons why sticker prices can be so different between hospitals, we should recognize as consumers that sticker price levels could have significant financial implications.

### **Sticker prices can lead to financial risk for both insured and uninsured**

Depending on the design of their health insurance plan, or if they are uninsured, consumers may be hit with large, unexpected medical bills after receiving treatment in a hospital. Understanding hospital sticker prices in advance of a hospital stay can help both insured and uninsured patients reduce sticker shock.

#### ***Narrow networks can lead to unexpected medical bills***

Perhaps the greatest financial risk for people with insurance is receiving care at a hospital that is not in your plan's network. If receiving care at a hospital outside your network, you could be obliged to pay the full sticker price. It is essential, therefore, to know precisely which hospitals are in and out of your plan's network. This is especially important to do if you obtained your plan from

<sup>3</sup> Medical Bankruptcy in the United States, 2007: Results of a National Study. Accessed September 30. <http://www.ncbi.nlm.nih.gov/pubmed/19501347>

## **KNOW YOUR FINANCIAL RISK**

Out-of-pocket health care costs are on the rise, and unpaid medical bills have become a leading reason for personal bankruptcy.

Patients face financial risks—even if they have health insurance.

our state's health plan exchange. A recent national study of Silver Tier plans available for purchase on state health exchanges revealed that 70% feature *narrow networks*, meaning the plan does not cover all hospitals in a region.<sup>4</sup>

As the accompanying exhibits in this report suggest, owing the full sticker price for a single hospitalization could result in severe financial distress for an individual or household. The impact can be tens of thousands of dollars for common treatments. For example, in our state the average sticker price for uncomplicated spine fusion surgery ranges from \$61,000 to \$193,000, depending on the hospital. These figures should motivate everyone with insurance to contact their insurer and learn which area hospitals are, in fact, out of their network.

### *Higher sticker prices could mean higher out-of-pocket costs for people with cost-sharing plans*

Cost-sharing refers either to the deductibles you owe to a provider before insurance pays, or to the co-insurance obligations in your plan. An example of co-insurance is splitting the cost of a hospital stay 20/80—you pay 20 percent of the bill and your insurer pays 80 percent. Bronze Tier plans purchased on a health exchange can have a co-insurance as high as 40 percent.<sup>5,6</sup>

What consumers pay out-of-pocket depends on the unseen competitive dynamics between each insurer and hospital negotiating private contract prices. Historically in our state, these private prices are not disclosed. Increasingly, though, insurers will help their enrollees estimate the likely out-of-pocket cost of certain services performed by different providers under contract, and many insurers offer online cost calculators.

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<sup>4</sup> Hospital networks: Configurations on the exchanges and their impact on premiums, McKinsey Center for U.S. Health System Reform. Accessed September 24, 2014.

[http://healthcare.mckinsey.com/sites/default/files/Hospital\\_Networks\\_Configurations\\_on\\_the\\_Exchanges\\_and\\_Their\\_Impact\\_on\\_Premiums.pdf](http://healthcare.mckinsey.com/sites/default/files/Hospital_Networks_Configurations_on_the_Exchanges_and_Their_Impact_on_Premiums.pdf)

<sup>5</sup> Marketplace insurance categories. Healthcare.gov. Accessed September 24, 2014. <https://www.healthcare.gov/how-do-i-choose-marketplace-insurance/plans-categories/>

<sup>6</sup> The maximum out-of-pocket cost limit for any individual Marketplace plan for 2014 can be no more than \$6,350 for an individual plan and \$12,700 for a family plan. This only applies to *in-network* providers. Accessed September 29, 2014. <https://www.healthcare.gov/glossary/out-of-pocket-maximum-limit/>

For non-urgent, schedulable services, consumers should contact their insurer in advance to anticipate their out-of-pocket costs, including how these vary between providers.

When emergencies arise, there is no time to anticipate out-of-pocket costs. If you have a high deductible health plan, your family may be responsible for a significant outlay before insurance will pay.

*Sticker prices can be starting point for financial assistance negotiations*

As mentioned above, sticker prices can serve as a starting point for negotiations between hospitals and people seeking financial assistance.

All else being equal, a hospital with very high sticker prices would need to offer commensurately more generous aid than a hospital with low sticker prices. It is up to the prospective patient to research the similarities and differences of financial assistance programs, which vary by hospital.

The exhibits in this report reveal large differences in the average sticker prices between Washington hospitals for similar treatments. In the accompanying exhibits, we feature twelve kinds of hospitalizations and find average differences ranging from about \$18,000 to over \$130,000 per hospitalization, depending on the treatment.

*Medicare*

In general, hospitals that participate in the Medicare program have agreed to accept Medicare's negotiated rate as payment in full. While this doesn't mean a Medicare enrollee won't have out-of-pocket costs, they aren't subject to sticker prices that the insured and uninsured might face. Those who are covered by Medicare and wondering about their out-of-pocket expenses should visit the Medicare.gov website for answers.

## Sticker prices put *some* consumers at financial risk

### INSURED, WITH NARROW NETWORKS

If receiving care at a hospital outside your network, you could be obliged to pay the full sticker price. It is essential to know which hospitals are in and out of your plan's network, especially if you obtained your plan from our state's health plan exchange.

Owing the full sticker price for a single hospitalization could result in severe financial distress. The impact can be tens of thousands of dollars for common treatments.

#### CONSUMER TIP

Contact your insurer for a complete, up-to-date list of hospitals in and out of your plan's network.

### INSURED, WITH HIGH COST-SHARING

Cost-sharing refers either to the deductibles you owe to a provider before insurance pays, or to the co-insurance obligations in your plan.

For non-urgent care, insurers will often help you estimate out-of-pocket costs, and many insurers offer online cost calculators.

When emergencies arise, there is no time to anticipate out-of-pocket costs.

#### CONSUMER TIP

Know the amount of your deductible and for non-urgent, schedulable services, contact your insurer in advance to anticipate out-of-pocket costs.

### UNINSURED

Sticker prices are often a starting point for negotiations between hospitals and patients seeking financial assistance.

All else being equal, a hospital with very high sticker prices would need to offer commensurately more generous aid than a hospital with low sticker prices. It is up to the prospective patient to research the similarities and differences of financial assistance programs, which vary by hospital.

#### CONSUMER TIP

If you have a preferred hospital, learn in advance about its financial assistance program.

### MEDICARE

In general, hospitals that participate in the Medicare program have agreed to accept Medicare's negotiated rates as payment in full.

While this doesn't mean Medicare enrollees won't have out-of-pocket costs, they aren't subject to sticker prices that the insured and uninsured might face. Their financial risk is *lower* than commercially insured and uninsured patients.

#### CONSUMER TIP

Visit the Medicare.gov website to learn more about your individual coverage and what out-of-pocket expenses you may have to pay after a hospital stay.

## Exhibits: Price data for 12 widely treated, common inpatient treatments

The following exhibits include the average amount billed to Medicare by each hospital, the average amount paid by Medicare to each hospital, the number of patients discharged from each hospital, as well as some demographic information about each facility. The exhibits also include a brief explanation of each inpatient treatment and a high-level summary of each finding.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. **Across all hospitals, there is little or no correspondence between what Medicare paid hospitals and what hospitals billed.**

Similar inpatient treatments are grouped together into categories known as Medicare Severity Diagnosis Related Groups, or DRGs for short. DRGs are a standard tool for organizing health care information. We clustered the 12 DRGs into three classes:

- Hospital stays that are *typically urgent*: stroke, pneumonia, heart failure and chest pain.
- Hospital stays that are *potentially avoidable* with good ambulatory care: chronic breathing difficulty, dehydration and nutrition disorders, urinary tract infection and anemia and related disorders.
- Hospital stays that often are not urgent, and for which *other treatment options might exist*: unblocking a heart artery, fusion of back vertebrae, back surgery without fusion and hip or knee replacement.

## Stroke

(MS-DRG 066 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC)

A stroke occurs if the flow of oxygen-rich blood to a portion of the brain is blocked. Without oxygen, brain cells start to die after a few minutes. Sudden bleeding in the brain also can cause a stroke if it damages brain cells. Examples of stroke symptoms include sudden weakness; paralysis or numbness of the face, arms, or legs; trouble speaking or understanding speech; and trouble seeing.

A stroke is a serious medical condition that requires emergency care. A stroke can cause lasting brain damage, long-term disability or even death. If you have a stroke, prompt treatment can reduce damage to your brain and help you avoid lasting disabilities.

This exhibit includes patients who had a stroke, but without complicating or co-existing conditions. As mentioned, this is typically an urgent treatment, meaning patients and families are usually not able to choose the admitting hospital.

During fiscal year 2012, the traditional Medicare program covered 60,050 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$351 million.

Hospitals in Washington state billed on average between \$10,835 and \$37,066 per discharged patient. Compared to the low end of this range, the highest average billed amount was 342 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 205 percent greater.

For underinsured patients, or insured patients with significant cost-sharing obligations, the average billed dollar difference of \$26,231 between the highest and lowest hospitals is worth noting.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR STROKE:**

**3x** OR **\$26,231**

Average Amount Billed by Hospitals for Stroke:

Average Amount Paid by Medicare for Stroke:

STATEWIDE

\$23,049

\$4,419

\$24,336

\$4,477

NATIONAL

**Price Variation for Stroke (DRG 066)**

CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1 TACOMA	P TACOMA GENERAL ALLENMORE HOSPITAL	31	\$37,066	\$5,001
2 TACOMA	C ST JOSEPH MEDICAL CENTER	58	\$33,948	\$4,227
3 PUYALLUP	P MULTICARE GOOD SAMARITAN HOSPITAL	20	\$33,581	\$3,703
4 LAKEWOOD	C ST CLARE HOSPITAL	12	\$30,818	\$4,208
5 FEDERAL WAY	C ST FRANCIS COMMUNITY HOSPITAL	23	\$29,446	\$4,695
6 GIG HARBOR	C ST ANTHONY HOSPITAL	20	\$28,646	\$3,733
7 SEATTLE	O NORTHWEST HOSPITAL	31	\$27,791	\$4,117
8 SPOKANE	C PROVIDENCE SACRED HEART MEDICAL CENTER	49	\$26,741	\$5,013
9 SEATTLE	L HARBORVIEW MEDICAL CENTER	20	\$26,533	\$6,242
10 VANCOUVER	P PEACEHEALTH SOUTHWEST MEDICAL CENTER	25	\$25,341	\$4,314
11 AUBURN	P MULTICARE AUBURN MEDICAL CENTER	15	\$24,489	\$4,596
12 SEATTLE	C SWEDISH MEDICAL CENTER - CHERRY HILL	56	\$24,072	\$4,203
13 EVERETT	C PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	60	\$24,048	\$4,177
14 OLYMPIA	C PROVIDENCE ST PETER HOSPITAL	55	\$23,952	\$4,480
15 BELLEVUE	O OVERLAKE HOSPITAL MEDICAL CENTER	37	\$23,861	\$3,782
16 EDMONDS	P SWEDISH EDMONDS HOSPITAL	22	\$23,845	\$4,084
17 CENTRALIA	O PROVIDENCE CENTRALIA HOSPITAL	19	\$23,027	\$4,963
18 RENTON	H VALLEY MEDICAL CENTER	46	\$22,944	\$5,173
19 MOUNT VERNON	H SKAGIT VALLEY HOSPITAL	26	\$22,610	\$4,813
20 KIRKLAND	H EVERGREEN HOSPITAL MEDICAL CENTER	28	\$22,390	\$4,030
21 BREMERTON	P HARRISON MEDICAL CENTER	48	\$21,344	\$4,026
22 RICHLAND	P KADLEC REGIONAL MEDICAL CENTER	46	\$21,268	\$4,254
23 BURIEN	P HIGHLINE MEDICAL CENTER	17	\$21,111	\$3,985
24 SPOKANE	P DEACONESS HOSPITAL	20	\$20,954	\$4,725
25 SEATTLE	S UNIVERSITY OF WASHINGTON MEDICAL CTR	11	\$19,777	\$7,583
26 VANCOUVER	P LEGACY SALMON CREEK MEDICAL CENTER	16	\$19,383	\$4,668
27 LONGVIEW	C PEACEHEALTH ST JOHN MEDICAL CENTER	14	\$19,244	\$4,605
28 BELLINGHAM	O PEACEHEALTH ST JOSEPH MEDICAL CENTER	34	\$18,706	\$4,057
29 ABERDEEN	P GRAYS HARBOR COMMUNITY HOSPITAL	27	\$18,402	\$4,339
30 SPOKANE	C PROVIDENCE HOLY FAMILY HOSPITAL	25	\$18,318	\$4,083
31 YAKIMA	P YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	14	\$17,433	\$4,267
32 SEATTLE	P VIRGINIA MASON MEDICAL CENTER	12	\$16,965	\$5,563
33 WENATCHEE	O CENTRAL WASHINGTON HOSPITAL	39	\$13,811	\$4,404
34 YAKIMA	P YAKIMA VALLEY MEMORIAL HOSPITAL	22	\$12,946	\$4,778
35 PORT ANGELES	L OLYMPIC MEDICAL CENTER	33	\$10,835	\$4,119

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012. Important: these billing and payment data are not indicators of clinical quality and should not be viewed as such.

**HOSPITAL OWNERSHIP:**

- H Govt. - Hospital District or Authority
- S Govt. - State
- L Govt. - Local
- P Proprietary
- P Voluntary nonprofit - Private
- C Voluntary nonprofit - Church
- O Voluntary nonprofit - Other

## Pneumonia

(MS-DRG 195 - SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC)

Pneumonia cases can be caused by viruses (like flu) and bacteria (like pneumococcus). In the cases featured here, pneumonia is the patient's primary problem.

Patients who are hospitalized with pneumonia receive intravenous (IV) antibiotics, often for five to eight days. In uncomplicated cases, patients may only need IV antibiotics for two or three days, followed by oral antibiotics and outpatient follow-up. By the time hospitalization is necessary, this is often an urgent situation, meaning patients and families are usually not able to choose the admitting hospital.

During fiscal year 2012, the traditional Medicare program covered 73,764 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$358 million.

Hospitals in Washington state billed on average between \$8,331 and \$27,859 per discharged patient. Compared to the low end of this range, the highest average billed amount was 334 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 136 percent greater.

For underinsured patients, or insured patients with significant cost-sharing obligations, the average billed dollar difference of \$19,528 between the highest and lowest hospitals is worth noting.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

## Price Variation for Pneumonia (DRG 195)

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR PNEUMONIA:**

**3x** OR **\$19,528**

Average Amount Billed by Hospitals for Pneumonia:

Average Amount Paid by Medicare for Pneumonia:

STATEWIDE

\$16,989

\$3,696

\$18,825

\$3,713

NATIONAL

	CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1	TACOMA	C ST JOSEPH MEDICAL CENTER	26	\$27,859	\$4,109
2	LAKEWOOD	C ST CLARE HOSPITAL	27	\$26,798	\$3,838
3	YAKIMA	P YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	19	\$24,781	\$3,540
4	FEDERAL WAY	C ST FRANCIS COMMUNITY HOSPITAL	16	\$24,554	\$3,839
5	PUYALLUP	P MULTICARE GOOD SAMARITAN HOSPITAL	33	\$23,537	\$3,523
6	GIG HARBOR	C ST ANTHONY HOSPITAL	29	\$21,911	\$3,267
7	TACOMA	P TACOMA GENERAL ALLENMORE HOSPITAL	21	\$21,700	\$4,073
8	BREMERTON	P HARRISON MEDICAL CENTER	18	\$20,676	\$3,836
9	BURIEN	P HIGHLINE MEDICAL CENTER	22	\$20,356	\$3,541
10	VANCOUVER	P PEACEHEALTH SOUTHWEST MEDICAL CENTER	17	\$18,498	\$3,493
11	OLYMPIA	C PROVIDENCE ST PETER HOSPITAL	19	\$18,488	\$3,959
12	AUBURN	P MULTICARE AUBURN MEDICAL CENTER	21	\$18,317	\$3,945
13	SEATTLE	P SWEDISH MEDICAL CENTER	13	\$17,999	\$4,144
14	KENNEWICK	H KENNEWICK GENERAL HOSPITAL	16	\$17,822	\$3,758
15	SPOKANE	P VALLEY HOSPITAL	34	\$17,390	\$3,242
16	LONGVIEW	C PEACEHEALTH ST JOHN MEDICAL CENTER	11	\$16,875	\$3,844
17	MOUNT VERNON	H SKAGIT VALLEY HOSPITAL	33	\$16,849	\$3,688
18	VANCOUVER	P LEGACY SALMON CREEK MEDICAL CENTER	18	\$16,560	\$4,381
19	SPOKANE	P DEACONESS HOSPITAL	23	\$16,223	\$3,452
20	KIRKLAND	H EVERGREEN HOSPITAL MEDICAL CENTER	12	\$15,094	\$3,335
21	ABERDEEN	P GRAYS HARBOR COMMUNITY HOSPITAL	17	\$14,956	\$3,403
22	OLYMPIA	P CAPITAL MEDICAL CENTER	18	\$14,723	\$3,492
23	EVERETT	C PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	25	\$13,899	\$3,656
24	RENTON	H VALLEY MEDICAL CENTER	24	\$13,877	\$4,157
25	BELLINGHAM	C PEACEHEALTH ST JOSEPH MEDICAL CENTER	42	\$13,775	\$3,547
26	SPOKANE	C PROVIDENCE HOLY FAMILY HOSPITAL	16	\$13,318	\$3,451
27	BELLEVUE	C OVERLAKE HOSPITAL MEDICAL CENTER	26	\$13,271	\$3,223
28	RICHLAND	P KADLEC REGIONAL MEDICAL CENTER	25	\$13,095	\$3,513
29	YAKIMA	P YAKIMA VALLEY MEMORIAL HOSPITAL	23	\$10,433	\$3,807
30	PORT ANGELES	L OLYMPIC MEDICAL CENTER	39	\$9,899	\$3,491
31	ANACORTES	H ISLAND HOSPITAL	12	\$8,331	\$3,275

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012

Important: these billing and payment data are not indicators of clinical quality and should not be viewed as such.

**HOSPITAL OWNERSHIP:**

- H Govt. - Hospital District or Authority
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- L Govt. - Local
- P Proprietary
- P Voluntary nonprofit - Private
- C Voluntary nonprofit - Church
- O Voluntary nonprofit - Other

## Heart Failure

(MS-DRG 293 - HEART FAILURE & SHOCK W/O CC/MCC)

Heart failure is a serious condition in which the heart can't pump enough blood to meet the body's needs. In some cases, the heart can't fill with enough blood. In other cases, the heart can't pump blood to the rest of the body with enough force. Some people have both problems. The leading causes of heart failure are diseases that damage the heart. Examples include coronary heart disease, high blood pressure, and diabetes. Heart failure is a very common condition. About 5.1 million people in the United States have heart failure. Currently, heart failure has no cure. However, treatments—such as medicines and lifestyle changes—can help people who have the condition live longer and more active lives.

This exhibit includes patients with heart failure, but without complicating or co-existing conditions. By the time hospitalization is necessary, this is often an urgent situation, meaning patients and families are usually not able to choose the admitting hospital.

During fiscal year 2012, the traditional Medicare program covered 80,189 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$378 million.

Hospitals in Washington state billed on average between \$7,991 and \$28,289 per discharged patient. Compared to the low end of this range, the highest average billed amount was 354 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 159 percent greater.

For underinsured patients, or insured patients with significant cost-sharing obligations, the average billed dollar difference of \$20,298 between the highest and lowest hospitals is worth noting.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR HEART FAILURE:**

**4x** OR **\$20,298**

Average Amount Billed by Hospitals for Heart Failure:

Average Amount Paid by Medicare for Heart Failure:

STATEWIDE

**\$16,896**

**\$3,791**

NATIONAL

**\$18,095**

**\$3,849**

**Price Variation for Heart Failure (DRG 293)**

CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1 OLYMPIA	P CAPITAL MEDICAL CENTER	16	\$28,289	\$3,594
2 LAKEWOOD	C ST CLARE HOSPITAL	21	\$25,398	\$3,830
3 MOUNT VERNON	H SKAGIT VALLEY HOSPITAL	27	\$24,833	\$3,921
4 PUYALLUP	P MULTICARE GOOD SAMARITAN HOSPITAL	41	\$23,259	\$3,563
5 SEATTLE	P SWEDISH MEDICAL CENTER	12	\$22,304	\$3,990
6 TACOMA	P TACOMA GENERAL ALLENMORE HOSPITAL	32	\$21,927	\$4,384
7 FEDERAL WAY	C ST FRANCIS COMMUNITY HOSPITAL	26	\$21,523	\$4,016
8 EDMONDS	P SWEDISH EDMONDS HOSPITAL	11	\$21,197	\$3,686
9 SEATTLE	O NORTHWEST HOSPITAL	28	\$21,033	\$3,544
10 EVERETT	C PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	27	\$21,030	\$3,627
11 SEATTLE	C SWEDISH MEDICAL CENTER - CHERRY HILL	32	\$20,960	\$3,744
12 GIG HARBOR	C ST ANTHONY HOSPITAL	25	\$20,423	\$3,426
13 OLYMPIA	C PROVIDENCE ST PETER HOSPITAL	27	\$20,208	\$3,557
14 TACOMA	C ST JOSEPH MEDICAL CENTER	33	\$19,691	\$3,722
15 SPOKANE	P VALLEY HOSPITAL	14	\$18,949	\$3,270
16 VANCOUVER	P LEGACY SALMON CREEK MEDICAL CENTER	26	\$18,642	\$4,280
17 VANCOUVER	P PEACEHEALTH SOUTHWEST MEDICAL CENTER	32	\$18,248	\$3,738
18 BREMERTON	P HARRISON MEDICAL CENTER	27	\$17,872	\$3,546
19 BELLEVUE	O OVERLAKE HOSPITAL MEDICAL CENTER	38	\$17,721	\$3,003
20 KIRKLAND	H EVERGREEN HOSPITAL MEDICAL CENTER	21	\$17,073	\$3,493
21 AUBURN	P MULTICARE AUBURN MEDICAL CENTER	16	\$16,563	\$4,058
22 RENTON	H VALLEY MEDICAL CENTER	40	\$15,722	\$4,380
23 SPOKANE	P DEACONESS HOSPITAL	34	\$14,402	\$3,946
24 RICHLAND	P KADLEC REGIONAL MEDICAL CENTER	30	\$14,379	\$3,828
25 KENNEWICK	H KENNEWICK GENERAL HOSPITAL	24	\$14,092	\$3,369
26 SPOKANE	C PROVIDENCE SACRED HEART MEDICAL CENTER	22	\$14,091	\$4,286
27 BURIEN	P HIGHLINE MEDICAL CENTER	16	\$13,929	\$3,617
28 SPOKANE	C PROVIDENCE HOLY FAMILY HOSPITAL	17	\$12,549	\$3,554
29 YAKIMA	P YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	38	\$12,412	\$3,631
30 SEATTLE	P VIRGINIA MASON MEDICAL CENTER	20	\$11,826	\$4,789
31 BELLINGHAM	O PEACEHEALTH ST JOSEPH MEDICAL CENTER	23	\$11,201	\$3,955
32 WENATCHEE	O CENTRAL WASHINGTON HOSPITAL	20	\$11,117	\$3,442
33 ABERDEEN	P GRAYS HARBOR COMMUNITY HOSPITAL	33	\$11,065	\$3,462
34 YAKIMA	P YAKIMA VALLEY MEMORIAL HOSPITAL	51	\$8,661	\$3,864
35 PORT ANGELES	L OLYMPIC MEDICAL CENTER	24	\$7,991	\$3,372

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012 Important: these billing and payment data are not indicators of clinical quality and should not be viewed as such.

**HOSPITAL OWNERSHIP:**

- H Govt. - Hospital District or Authority
- S Govt. - State
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- O Voluntary nonprofit - Other

## Chest Pain

(MS-DRG 313 - CHEST PAIN)

This group of hospitalizations is for chest pain in which the underlying cause is not clear. While frightening to the patient, chest pain that is unspecified in nature or transient is often usually not a cause for serious alarm, especially in younger adults or those without cardiac risk factors. Frequently, the underlying issue is some kind of gastrointestinal distress. Once that is resolved, the chest pain goes away.

Unspecified chest pain is a common cause of patients seeking care at hospital emergency departments. Patients may subsequently be admitted for observation to ensure that more serious problems are not involved.

This exhibit includes patients hospitalized for chest pain, but without complicating or co-existing conditions. This is typically an urgent treatment, meaning patients and families are usually not able to choose the admitting hospital.

During fiscal year 2012, the traditional Medicare program covered 107,224 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$429 million.

Hospitals in Washington state billed on average between \$7,703 and \$28,509 per discharged patient. Compared to the low end of this range, the highest average billed amount was 370 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 173 percent greater.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR CHEST PAIN:**

**4x** OR **\$20,806**

Average Amount Billed by Hospitals for Chest Pain:

Average Amount Paid by Medicare for Chest Pain:

STATEWIDE

**\$19,238**

**\$2,770**

**\$18,505**

**\$2,951**

NATIONAL

**Price Variation for Chest Pain (DRG 313)**

	CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1	PUYALLUP	P MULTICARE GOOD SAMARITAN HOSPITAL	215	\$28,509	\$2,562
2	GIG HARBOR	C ST ANTHONY HOSPITAL	25	\$27,303	\$2,269
3	AUBURN	P MULTICARE AUBURN MEDICAL CENTER	25	\$24,456	\$3,069
4	TACOMA	C ST JOSEPH MEDICAL CENTER	115	\$24,429	\$3,004
5	LAKEWOOD	C ST CLARE HOSPITAL	86	\$22,794	\$2,846
6	SEATTLE	C SWEDISH MEDICAL CENTER - CHERRY HILL	94	\$21,683	\$2,686
7	BREMERTON	P HARRISON MEDICAL CENTER	35	\$21,460	\$2,501
8	TACOMA	P TACOMA GENERAL ALLENMORE HOSPITAL	59	\$20,302	\$3,164
9	FEDERAL WAY	C ST FRANCIS COMMUNITY HOSPITAL	80	\$20,185	\$2,845
10	CENTRALIA	C PROVIDENCE CENTRALIA HOSPITAL	11	\$19,598	\$2,953
11	MOUNT VERNON	H SKAGIT VALLEY HOSPITAL	48	\$19,211	\$2,785
12	SPOKANE	C PROVIDENCE SACRED HEART MEDICAL CENTER	18	\$18,874	\$3,135
13	SPOKANE	P VALLEY HOSPITAL	14	\$18,783	\$2,367
14	OLYMPIA	C PROVIDENCE ST PETER HOSPITAL	57	\$18,399	\$2,753
15	SPOKANE	P DEACONESS HOSPITAL	39	\$18,124	\$2,796
16	VANCOUVER	P LEGACY SALMON CREEK MEDICAL CENTER	26	\$17,393	\$3,051
17	ISSAQUAH	P SWEDISH - ISSAQUAH	25	\$17,143	\$1,832
18	VANCOUVER	P PEACEHEALTH SOUTHWEST MEDICAL CENTER	74	\$16,856	\$2,913
19	RICHLAND	P KADLEC REGIONAL MEDICAL CENTER	21	\$16,168	\$2,510
20	EVERETT	C PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	46	\$16,040	\$2,937
21	EDMONDS	P SWEDISH EDMONDS HOSPITAL	21	\$15,875	\$2,682
22	OLYMPIA	P CAPITAL MEDICAL CENTER	15	\$14,898	\$2,527
23	BURIEN	P HIGHLINE MEDICAL CENTER	20	\$13,842	\$2,512
24	KIRKLAND	H EVERGREEN HOSPITAL MEDICAL CENTER	16	\$12,611	\$2,550
25	RENTON	H VALLEY MEDICAL CENTER	23	\$12,161	\$3,090
26	TOPPENISH	P TOPPENISH COMMUNITY HOSPITAL	11	\$11,459	\$2,666
27	WENATCHEE	C CENTRAL WASHINGTON HOSPITAL	39	\$11,255	\$2,621
28	YAKIMA	P YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	73	\$10,334	\$2,571
29	SEATTLE	P VIRGINIA MASON MEDICAL CENTER	14	\$9,213	\$2,649
30	YAKIMA	P YAKIMA VALLEY MEMORIAL HOSPITAL	76	\$7,703	\$2,887

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012 Important: these billing and payment data are not indicators of clinical quality and should not be viewed as such.

**HOSPITAL OWNERSHIP:**

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## Chronic Breathing Difficulty

(MS-DRG 192 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC)

This group of hospitalizations involves chronic obstructive pulmonary disease (COPD), a disease that makes it hard to breathe, and gets worse over time. COPD can cause coughing that produces large amounts of mucus, wheezing, shortness of breath, chest tightness and other symptoms. COPD includes both emphysema and chronic bronchitis.

COPD is a major cause of disability, and it's the third leading cause of death in the United States. Currently, millions of people are diagnosed with COPD. Many more people may have the disease and not even know it.

This exhibit includes patients who suffer from COPD, but without complicating or co-existing conditions. Hospital admissions to treat this condition are potentially avoidable with highly coordinated care delivered by medical providers in office or outpatient settings.

During fiscal year 2012, the traditional Medicare program covered 99,863 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$490 million.

Hospitals in Washington State billed on average between \$8,911 and \$29,875 per discharged patient. Compared to the low end of this range, the highest average billed amount was 335 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 144 percent greater.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR CHRONIC BREATHING DIFFICULTY:**

**3x** OR **\$20,964**

Average Amount Billed by Hospitals for Chronic Breathing Difficulty:

Average Amount Paid by Medicare for Chronic Breathing Difficulty:

STATEWIDE

\$17,952

\$3,896

\$19,026

\$3,834

NATIONAL

**Price Variation for Chronic Breathing Difficulty (DRG 192)**

	CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1	TACOMA	C ST JOSEPH MEDICAL CENTER	32	\$29,875	\$4,241
2	FEDERAL WAY	C ST FRANCIS COMMUNITY HOSPITAL	26	\$24,388	\$3,693
3	LAKEWOOD	C ST CLARE HOSPITAL	46	\$23,629	\$4,022
4	GIG HARBOR	C ST ANTHONY HOSPITAL	22	\$23,264	\$3,322
5	PUYALLUP	P MULTICARE GOOD SAMARITAN HOSPITAL	28	\$22,808	\$3,462
6	KIRKLAND	H EVERGREEN HOSPITAL MEDICAL CENTER	12	\$22,347	\$3,593
7	YAKIMA	P YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	47	\$21,477	\$3,526
8	OLYMPIA	C PROVIDENCE ST PETER HOSPITAL	15	\$21,166	\$3,912
9	MOUNT VERNON	H SKAGIT VALLEY HOSPITAL	26	\$20,373	\$3,758
10	TACOMA	P TACOMA GENERAL ALLENMORE HOSPITAL	32	\$20,159	\$4,421
11	AUBURN	P MULTICARE AUBURN MEDICAL CENTER	20	\$19,812	\$3,895
12	SEATTLE	P SWEDISH MEDICAL CENTER	23	\$19,374	\$4,559
13	SPOKANE	P VALLEY HOSPITAL	22	\$18,800	\$3,588
14	CENTRALIA	O PROVIDENCE CENTRALIA HOSPITAL	11	\$18,634	\$4,137
15	VANCOUVER	P PEACEHEALTH SOUTHWEST MEDICAL CENTER	23	\$17,745	\$3,990
16	EVERETT	C PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	14	\$17,599	\$3,475
17	KENNEWICK	H KENNEWICK GENERAL HOSPITAL	28	\$16,864	\$3,570
18	VANCOUVER	P LEGACY SALMON CREEK MEDICAL CENTER	12	\$16,635	\$4,224
19	RICHLAND	P KADLEC REGIONAL MEDICAL CENTER	22	\$16,456	\$3,468
20	SEATTLE	O NORTHWEST HOSPITAL	11	\$16,298	\$3,669
21	BURIEN	P HIGHLINE MEDICAL CENTER	15	\$15,965	\$3,696
22	BELLEVUE	O OVERLAKE HOSPITAL MEDICAL CENTER	22	\$15,273	\$3,156
23	BELLINGHAM	O PEACEHEALTH ST JOSEPH MEDICAL CENTER	38	\$14,857	\$3,945
24	LONGVIEW	C PEACEHEALTH ST JOHN MEDICAL CENTER	19	\$14,438	\$4,086
25	OLYMPIA	P CAPITAL MEDICAL CENTER	17	\$14,221	\$3,724
26	SPOKANE	C PROVIDENCE HOLY FAMILY HOSPITAL	15	\$14,209	\$3,729
27	SPOKANE	P DEACONESS HOSPITAL	32	\$14,092	\$3,980
28	BREMERTON	P HARRISON MEDICAL CENTER	12	\$14,023	\$3,831
29	RENTON	H VALLEY MEDICAL CENTER	22	\$13,897	\$4,532
30	PORT ANGELES	L OLYMPIC MEDICAL CENTER	16	\$13,482	\$3,485
31	YAKIMA	P YAKIMA VALLEY MEMORIAL HOSPITAL	42	\$9,103	\$4,024
32	ABERDEEN	P GRAYS HARBOR COMMUNITY HOSPITAL	13	\$8,911	\$3,472

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012 Important: these billing and payment data are not indicators of clinical quality and should not be viewed as such.

**HOSPITAL OWNERSHIP:**

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## Dehydration and Nutrition Disorders

(MS-DRG 641 - MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC)

This group of hospitalizations includes dehydration, a condition that occurs if the body loses more water than it takes in. You may become dehydrated if you don't drink enough fluids or if you sweat a lot during physical activity. Fever, vomiting, and severe diarrhea also can cause dehydration.

Also included are imbalances of key nutritional elements and chemicals called electrolytes that help to sustain proper neurological function.

This exhibit includes patients hospitalized with fluid and nutritional imbalances, but without complicating or co-existing conditions. Hospital admissions to treat this condition are potentially avoidable with highly coordinated care delivered by medical providers in office or outpatient settings.

During fiscal year 2012, the traditional Medicare program covered 135,709 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$681 million.

Hospitals in Washington state billed on average between \$8,487 and \$26,239 per discharged patient. Compared to the low end of this range, the highest average billed amount was 309 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 247 percent greater.

For underinsured patients, or insured patients with significant cost-sharing obligations, the average billed dollar difference of \$17,752 between the highest and lowest hospitals is worth noting.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR DEHYDRATION & NUTRITION DISORDERS:**

**3x** OR **\$17,752**

Average Amount Billed by Hospitals for Dehydration and Nutrition Disorders:

Average Amount Paid by Medicare for Dehydration and Nutrition Disorders:

STATEWIDE



NATIONAL



**HOSPITAL OWNERSHIP:**

- H** Govt. - Hospital District or Authority
- S** Govt. - State
- L** Govt. - Local
- P** Proprietary
- V** Voluntary nonprofit - Private
- C** Voluntary nonprofit - Church
- O** Voluntary nonprofit - Other

**Price Variation for Dehydration and Nutrition Disorders (DRG 641)**

	CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1	TACOMA	C ST JOSEPH MEDICAL CENTER	60	\$26,239	\$3,966
2	PUYALLUP	P MULTICARE GOOD SAMARITAN HOSPITAL	90	\$25,988	\$3,631
3	FEDERAL WAY	C ST FRANCIS COMMUNITY HOSPITAL	50	\$25,052	\$3,994
4	LAKEWOOD	C ST CLARE HOSPITAL	61	\$24,114	\$3,756
5	TACOMA	P TACOMA GENERAL ALLENMORE HOSPITAL	49	\$23,997	\$4,214
6	SEATTLE	O NORTHWEST HOSPITAL	16	\$22,062	\$3,116
7	GIG HARBOR	C ST ANTHONY HOSPITAL	40	\$22,061	\$3,202
8	OLYMPIA	C PROVIDENCE ST PETER HOSPITAL	51	\$21,534	\$3,994
9	CENTRALIA	O PROVIDENCE CENTRALIA HOSPITAL	21	\$20,997	\$4,110
10	MOUNT VERNON	H SKAGIT VALLEY HOSPITAL	31	\$20,732	\$3,907
11	OLYMPIA	P CAPITAL MEDICAL CENTER	21	\$20,378	\$3,833
12	EVERETT	C PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	51	\$20,138	\$3,851
13	KIRKLAND	H EVERGREEN HOSPITAL MEDICAL CENTER	44	\$19,726	\$3,654
14	BREMERTON	P HARRISON MEDICAL CENTER	55	\$19,601	\$3,708
15	EDMONDS	P SWEDISH EDMONDS HOSPITAL	24	\$18,196	\$4,168
16	YAKIMA	P YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	29	\$18,061	\$3,769
17	AUBURN	P MULTICARE AUBURN MEDICAL CENTER	38	\$17,905	\$3,941
18	SEATTLE	L HARBORVIEW MEDICAL CENTER	20	\$17,877	\$6,300
19	SEATTLE	P SWEDISH MEDICAL CENTER	82	\$17,588	\$4,018
20	KENNEWICK	H KENNEWICK GENERAL HOSPITAL	34	\$17,463	\$3,924
21	BELLEVUE	O OVERLAKE HOSPITAL MEDICAL CENTER	45	\$16,942	\$3,234
22	SPOKANE	C PROVIDENCE SACRED HEART MEDICAL CENTER	32	\$16,542	\$4,460
23	SPOKANE	P DEACONESS HOSPITAL	39	\$16,506	\$4,377
24	ISSAQUAH	P SWEDISH - ISSAQUAH	18	\$16,454	\$2,937
25	VANCOUVER	P LEGACY SALMON CREEK MEDICAL CENTER	37	\$16,399	\$3,878
26	WALLA WALLA	P PROVIDENCE ST MARY MEDICAL CENTER	12	\$16,125	\$3,292
27	VANCOUVER	P PEACEHEALTH SOUTHWEST MEDICAL CENTER	62	\$15,852	\$3,755
28	SPOKANE	P VALLEY HOSPITAL	35	\$15,783	\$3,046
29	RICHLAND	P KADLEC REGIONAL MEDICAL CENTER	57	\$15,719	\$3,602
30	BELLINGHAM	O PEACEHEALTH ST JOSEPH MEDICAL CENTER	22	\$15,596	\$4,052
31	BURIEN	P HIGHLINE MEDICAL CENTER	17	\$15,246	\$3,753
32	SEATTLE	S UNIVERSITY OF WASHINGTON MEDICAL CTR	32	\$14,824	\$7,246
33	ABERDEEN	P GRAYS HARBOR COMMUNITY HOSPITAL	23	\$14,730	\$3,632
34	RENTON	H VALLEY MEDICAL CENTER	60	\$14,013	\$4,147
35	SPOKANE	C PROVIDENCE HOLY FAMILY HOSPITAL	19	\$13,259	\$3,659
36	SEATTLE	P VIRGINIA MASON MEDICAL CENTER	56	\$12,567	\$4,863
37	MOSES LAKE	H SAMARITAN HOSPITAL	18	\$11,952	\$3,716
38	LONGVIEW	C PEACEHEALTH ST JOHN MEDICAL CENTER	15	\$10,701	\$3,953
39	YAKIMA	P YAKIMA VALLEY MEMORIAL HOSPITAL	62	\$10,614	\$3,967
40	WENATCHEE	O CENTRAL WASHINGTON HOSPITAL	38	\$10,031	\$3,782
41	ANACORTES	H ISLAND HOSPITAL	16	\$9,097	\$3,343
42	PORT ANGELES	L OLYMPIC MEDICAL CENTER	48	\$8,487	\$3,640

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012 Important: these billing and payment data are not indicators of clinical quality and should not be viewed as such.

### Urinary Tract Infection

(MS-DRG 690 - KIDNEY & URINARY TRACT INFECTIONS W/O MCC)

Urinary tract infections (UTIs) are infections in any part of the urinary system: the kidneys, the bladder, the ureters and the urethra. UTIs are the second most common infection in the body and account for 8.1 million visits to health care providers in the U.S. annually.

The accompanying table includes patients who were hospitalized for urinary tract infections, but without complicating or co-existing conditions. Hospital admissions to treat this condition are potentially avoidable with highly coordinated care delivered by medical providers in office or outpatient settings. The volume of UTI infection is reflected in the number of hospitals for which there are reported results.

During fiscal year 2012, the traditional Medicare program covered 197,146 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$1.084 billion. Medicare has since eliminated payment for a subset of UTI hospitalizations, in patients whose infection is related to having a catheter.

Hospitals in Washington state billed on average between \$8,615 and \$31,525 per discharged patient. Compared to the low end of this range, the highest average billed amount was 366 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 209 percent greater.

The average billed dollar difference between the highest and lowest hospitals is of \$22,910, which is a figure worth noting for patients who are uninsured or underinsured.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR URINARY TRACT INFECTION:**

**4x** OR **\$22,910**

Average Amount Billed by Hospitals for Urinary Tract Infection:

Average Amount Paid by Medicare for Urinary Tract Infection:

STATEWIDE



NATIONAL



**HOSPITAL OWNERSHIP:**

- H** Govt. - Hospital District or Authority
- S** Govt. - State
- L** Govt. - Local
- P** Proprietary
- P** Voluntary nonprofit - Private
- C** Voluntary nonprofit - Church
- O** Voluntary nonprofit - Other

**Price Variation for Urinary Tract Infection (DRG 690)**

	CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1	TACOMA	C ST JOSEPH MEDICAL CENTER	95	\$31,525	\$4,367
2	LAKEWOOD	C ST CLARE HOSPITAL	90	\$28,906	\$4,564
3	FEDERAL WAY	C ST FRANCIS COMMUNITY HOSPITAL	81	\$26,835	\$4,469
4	GIG HARBOR	C ST ANTHONY HOSPITAL	78	\$26,789	\$3,912
5	PUYALLUP	P MULTICARE GOOD SAMARITAN HOSPITAL	84	\$25,567	\$4,312
6	EDMONDS	P SWEDISH EDMONDS HOSPITAL	50	\$24,976	\$4,776
7	AUBURN	P MULTICARE AUBURN MEDICAL CENTER	63	\$23,651	\$4,698
8	MOUNT VERNON	H SKAGIT VALLEY HOSPITAL	56	\$23,033	\$4,584
9	BREMERTON	P HARRISON MEDICAL CENTER	42	\$22,757	\$3,836
10	CENTRALIA	O PROVIDENCE CENTRALIA HOSPITAL	22	\$22,747	\$4,476
11	TACOMA	P TACOMA GENERAL ALLENMORE HOSPITAL	83	\$21,081	\$5,189
12	SEATTLE	P SWEDISH MEDICAL CENTER	78	\$20,486	\$4,933
13	BURIEN	P HIGHLINE MEDICAL CENTER	42	\$20,130	\$4,451
14	EVERETT	C PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	57	\$19,898	\$4,305
15	SEATTLE	O NORTHWEST HOSPITAL	29	\$19,765	\$4,201
16	RENTON	H VALLEY MEDICAL CENTER	93	\$19,204	\$5,189
17	OLYMPIA	C PROVIDENCE ST PETER HOSPITAL	47	\$19,077	\$4,405
18	KIRKLAND	H EVERGREEN HOSPITAL MEDICAL CENTER	78	\$19,000	\$4,150
19	YAKIMA	P YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	48	\$18,951	\$4,356
20	VANCOUVER	P PEACEHEALTH SOUTHWEST MEDICAL CENTER	71	\$18,889	\$4,437
21	SEATTLE	L HARBORVIEW MEDICAL CENTER	21	\$18,761	\$7,002
22	OLYMPIA	P CAPITAL MEDICAL CENTER	23	\$18,656	\$3,990
23	SPOKANE	C PROVIDENCE HOLY FAMILY HOSPITAL	21	\$18,520	\$3,947
24	LONGVIEW	C PEACEHEALTH ST JOHN MEDICAL CENTER	30	\$17,964	\$4,495
25	VANCOUVER	P LEGACY SALMON CREEK MEDICAL CENTER	64	\$17,938	\$4,881
26	SPOKANE	P DEACONESS HOSPITAL	59	\$17,307	\$4,496
27	RICHLAND	P KADLEC REGIONAL MEDICAL CENTER	85	\$17,103	\$4,304
28	KENNEWICK	H KENNEWICK GENERAL HOSPITAL	51	\$16,933	\$4,398
29	TOPPENISH	P TOPPENISH COMMUNITY HOSPITAL	11	\$16,860	\$5,171
30	SPOKANE	P VALLEY HOSPITAL	68	\$16,067	\$3,835
31	BELLEVUE	O OVERLAKE HOSPITAL MEDICAL CENTER	141	\$15,762	\$3,780
32	ABERDEEN	P GRAYS HARBOR COMMUNITY HOSPITAL	41	\$15,183	\$4,501
33	SEATTLE	S UNIVERSITY OF WASHINGTON MEDICAL CTR	23	\$14,748	\$7,795
34	SPOKANE	C PROVIDENCE SACRED HEART MEDICAL CENTER	22	\$14,314	\$5,103
35	BELLINGHAM	O PEACEHEALTH ST JOSEPH MEDICAL CENTER	52	\$14,193	\$4,469
36	SEATTLE	P VIRGINIA MASON MEDICAL CENTER	47	\$13,052	\$5,686
37	WALLA WALLA	P PROVIDENCE ST MARY MEDICAL CENTER	12	\$12,679	\$3,737
38	ARLINGTON	H CASCADE VALLEY HOSPITAL	27	\$12,436	\$5,177
39	MONROE	H VALLEY GENERAL HOSPITAL	13	\$12,413	\$5,236
40	YAKIMA	P YAKIMA VALLEY MEMORIAL HOSPITAL	77	\$11,208	\$4,626
41	ANACORTES	H ISLAND HOSPITAL	15	\$10,695	\$4,107
42	WENATCHEE	O CENTRAL WASHINGTON HOSPITAL	28	\$10,414	\$4,364
43	PORT ANGELES	L OLYMPIC MEDICAL CENTER	56	\$8,615	\$4,175

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012 Important: these billing and payment data are not indicators of clinical quality and should not be viewed as such.

## Anemia and Related Disorders

(MS-DRG 812 - RED BLOOD CELL DISORDERS W/O MCC)

Anemia is a condition in which your blood has a lower than normal number of red blood cells. Anemia also can occur if your red blood cells don't contain enough hemoglobin, an iron-rich protein that gives blood its red color. This protein helps red blood cells carry oxygen from the lungs to the rest of the body.

Many types of anemia can be mild, short term, and easily treated. You can even prevent some types with a healthy diet. Other types can be treated with dietary supplements. However, certain types of anemia can be severe, long-lasting, and even life-threatening if not diagnosed and treated. Treatment will depend on the cause of the anemia and how severe it is.

This exhibit includes patients hospitalized for anemia and other disorders involving red blood cells, but without complicating or co-existing conditions. Hospital admissions to treat this condition are potentially avoidable with highly coordinated care delivered by medical providers in office or outpatient settings.

Hospitals in Washington state billed on average between \$8,184 and \$29,859 per discharged patient. Compared to the low end of this range, the highest average billed amount was 365 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 201 percent greater.

For underinsured patients, or insured patients with significant cost-sharing obligations, the average billed dollar difference of \$21,676 between the highest and lowest hospitals is worth noting.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR ANEMIA AND RELATED DISORDERS:**

**4x** OR **\$21,676**

Average Amount Billed by Hospitals for Anemia and Related Disorders:

Average Amount Paid by Medicare for Anemia and Related Disorders:

STATEWIDE



NATIONAL



**Price Variation for Anemia and Related Disorders (DRG 812)**

CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1 LAKEWOOD	C ST CLARE HOSPITAL	36	\$29,859	\$4,296
2 TACOMA	C ST JOSEPH MEDICAL CENTER	33	\$28,605	\$4,775
3 PUYALLUP	P MULTICARE GOOD SAMARITAN HOSPITAL	38	\$26,563	\$4,445
4 EDMONDS	P SWEDISH EDMONDS HOSPITAL	16	\$26,409	\$4,163
5 GIG HARBOR	C ST ANTHONY HOSPITAL	14	\$26,390	\$3,919
6 FEDERAL WAY	C ST FRANCIS COMMUNITY HOSPITAL	24	\$25,046	\$4,739
7 SEATTLE	P SWEDISH MEDICAL CENTER	52	\$24,514	\$5,228
8 CENTRALIA	O PROVIDENCE CENTRALIA HOSPITAL	15	\$24,150	\$4,757
9 KIRKLAND	H EVERGREEN HOSPITAL MEDICAL CENTER	27	\$23,722	\$5,392
10 OLYMPIA	C PROVIDENCE ST PETER HOSPITAL	35	\$23,680	\$4,565
11 AUBURN	P MULTICARE AUBURN MEDICAL CENTER	19	\$22,763	\$4,773
12 SEATTLE	O NORTHWEST HOSPITAL	22	\$22,613	\$3,988
13 VANCOUVER	P PEACEHEALTH SOUTHWEST MEDICAL CENTER	27	\$21,283	\$4,711
14 SEATTLE	S UNIVERSITY OF WASHINGTON MEDICAL CTR	21	\$21,158	\$7,854
15 MOUNT VERNON	H SKAGIT VALLEY HOSPITAL	16	\$20,922	\$4,650
16 TACOMA	P TACOMA GENERAL ALLENMORE HOSPITAL	33	\$20,493	\$5,075
17 BREMERTON	P HARRISON MEDICAL CENTER	33	\$20,460	\$4,198
18 YAKIMA	P YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	18	\$19,111	\$4,158
19 RICHLAND	P KADLEC REGIONAL MEDICAL CENTER	26	\$18,605	\$4,201
20 SPOKANE	C PROVIDENCE SACRED HEART MEDICAL CENTER	21	\$18,595	\$5,164
21 VANCOUVER	P LEGACY SALMON CREEK MEDICAL CENTER	24	\$17,433	\$4,975
22 LONGVIEW	C PEACEHEALTH ST JOHN MEDICAL CENTER	20	\$16,452	\$4,714
23 EVERETT	C PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	32	\$16,302	\$4,377
24 SPOKANE	P VALLEY HOSPITAL	14	\$15,627	\$3,907
25 RENTON	H VALLEY MEDICAL CENTER	29	\$15,338	\$5,283
26 SPOKANE	P DEACONESS HOSPITAL	32	\$15,316	\$4,917
27 BELLINGHAM	O PEACEHEALTH ST JOSEPH MEDICAL CENTER	35	\$14,804	\$4,395
28 SPOKANE	C PROVIDENCE HOLY FAMILY HOSPITAL	21	\$14,676	\$4,182
29 BURien	P HIGHLINE MEDICAL CENTER	37	\$14,499	\$4,536
30 KENNEWICK	H KENNEWICK GENERAL HOSPITAL	16	\$14,215	\$4,497
31 ABERDEEN	P GRAYS HARBOR COMMUNITY HOSPITAL	40	\$13,968	\$4,396
32 BELLEVUE	O OVERLAKE HOSPITAL MEDICAL CENTER	39	\$13,118	\$4,031
33 SEATTLE	P VIRGINIA MASON MEDICAL CENTER	34	\$12,811	\$5,289
34 YAKIMA	P YAKIMA VALLEY MEMORIAL HOSPITAL	31	\$11,967	\$4,989
35 WENATCHEE	O CENTRAL WASHINGTON HOSPITAL	14	\$11,403	\$4,541
36 PORT ANGELES	L OLYMPIC MEDICAL CENTER	24	\$8,184	\$4,419

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012

Important: these billing and payment data are not indicators of clinical quality and should not be viewed as such.

**HOSPITAL OWNERSHIP:**

- H Govt. - Hospital District or Authority
- S Govt. - State
- L Govt. - Local
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- C Voluntary nonprofit - Church
- O Voluntary nonprofit - Other

### Unblock Heart Artery

(MS-DRG 247 - PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC)

This treatment, called a percutaneous cardiovascular procedure, is also known as angioplasty. It is used to increase blood flow in the heart's arteries where the artery has narrowed or become blocked over time.

The accompanying table includes patients with a heart artery blockage corrected by inserting a drug-coated stent, a small mesh tube used to treat narrow or weak arteries, into the artery itself. The cases included here are those without complicating or co-existing conditions. This treatment is often a schedulable procedure; in addition, it involves an underlying condition for which there may be other treatment options less invasive than a surgical procedure.

During fiscal year 2012, the traditional Medicare program covered 102,282 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$1.490 billion.

Hospitals in Washington state billed on average between \$43,086 and \$103,931 per discharged patient. Compared to the low end of this range, the highest average billed amount was 241 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 220 percent greater.

For underinsured patients, or insured patients with significant cost-sharing obligations, the average billed dollar difference of \$60,845 between the highest and lowest hospitals is worth noting.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR UNBLOCK HEART ARTERY:**

**2x** OR **\$60,845**

Average Amount Billed by Hospitals for Unblock Heart Artery:

Average Amount Paid by Medicare for Unblock Heart Artery:

STATEWIDE

**\$71,453**

**\$12,119**

NATIONAL

**\$66,021**

**\$12,017**

**Price Variation for Unblock Heart Artery (DRG 247)**

CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1 YAKIMA	<b>P</b> YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	80	\$103,931	\$11,949
2 OLYMPIA	<b>C</b> PROVIDENCE ST PETER HOSPITAL	138	\$96,042	\$12,258
3 PUYALLUP	<b>P</b> MULTICARE GOOD SAMARITAN HOSPITAL	44	\$89,991	\$11,165
4 SEATTLE	<b>C</b> SWEDISH MEDICAL CENTER - CHERRY HILL	103	\$89,567	\$12,349
5 TACOMA	<b>C</b> ST JOSEPH MEDICAL CENTER	58	\$78,881	\$12,049
6 BURIEEN	<b>P</b> HIGHLINE MEDICAL CENTER	24	\$77,097	\$11,564
7 BREMERTON	<b>P</b> HARRISON MEDICAL CENTER	101	\$76,049	\$11,705
8 TACOMA	<b>P</b> TACOMA GENERAL ALLENMORE HOSPITAL	117	\$75,509	\$13,812
9 EDMONDS	<b>P</b> SWEDISH EDMONDS HOSPITAL	25	\$74,338	\$12,002
10 EVERETT	<b>C</b> PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	67	\$73,604	\$11,442
11 SEATTLE	<b>C</b> NORTHWEST HOSPITAL	17	\$72,497	\$11,201
12 OLYMPIA	<b>P</b> CAPITAL MEDICAL CENTER	15	\$70,587	\$8,655
13 SPOKANE	<b>C</b> PROVIDENCE SACRED HEART MEDICAL CENTER	154	\$70,384	\$12,872
14 FEDERAL WAY	<b>C</b> ST FRANCIS COMMUNITY HOSPITAL	14	\$70,126	\$12,971
15 AUBURN	<b>P</b> MULTICARE AUBURN MEDICAL CENTER	15	\$66,695	\$11,425
16 VANCOUVER	<b>P</b> PEACEHEALTH SOUTHWEST MEDICAL CENTER	63	\$65,552	\$11,184
17 MOUNT VERNON	<b>H</b> SKAGIT VALLEY HOSPITAL	34	\$62,178	\$11,541
18 SPOKANE	<b>P</b> DEACONESS HOSPITAL	55	\$61,815	\$12,524
19 RENTON	<b>H</b> VALLEY MEDICAL CENTER	30	\$61,363	\$12,075
20 SEATTLE	<b>S</b> UNIVERSITY OF WASHINGTON MEDICAL CTR	19	\$57,348	\$19,084
21 RICHLAND	<b>P</b> KADLEC REGIONAL MEDICAL CENTER	87	\$55,457	\$11,466
22 KIRKLAND	<b>H</b> EVERGREEN HOSPITAL MEDICAL CENTER	42	\$55,390	\$11,169
23 BELLEVUE	<b>C</b> OVERLAKE HOSPITAL MEDICAL CENTER	43	\$53,647	\$10,072
24 YAKIMA	<b>P</b> YAKIMA VALLEY MEMORIAL HOSPITAL	49	\$51,230	\$12,304
25 SEATTLE	<b>P</b> VIRGINIA MASON MEDICAL CENTER	29	\$49,548	\$11,399
26 WENATCHEE	<b>C</b> CENTRAL WASHINGTON HOSPITAL	50	\$45,022	\$11,295
27 BELLINGHAM	<b>C</b> PEACEHEALTH ST JOSEPH MEDICAL CENTER	90	\$43,086	\$11,945

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012 **Important:** these billing and payment data are not indicators of clinical quality and should not be viewed as such.

**HOSPITAL OWNERSHIP:**

- H** Govt. - Hospital District or Authority
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- C** Voluntary nonprofit - Other

## Back Surgeries

(MS-DRG 460 and MS-DRG 491)

The following two exhibits feature two kinds of back surgeries: those with and without a procedure to fuse together bones in the spine. These surgeries are typically performed to address back pain.

Back pain is extremely common and often severe, and patients understandably want to find relief. Approximately 600,000 Americans undergo back surgery annually, at a cost estimated to be upwards of \$80 billion. For some patients in long-term pain or who are at risk of losing neurological function, surgery is a potential option. However, for the relief of short-term pain, surgery can have significant drawbacks.

Many patients see their back pain subside within six weeks even if they do not have surgery. Resuming normal activity as soon as possible seems to work as well as more aggressive treatment options, with lower risk of side effects, less lost productivity and far lower cost to the patient.

Using MRIs or CT scans to help decide who should have surgery and who shouldn't is not always helpful. Many patients without back pain have exhibited the same type of spine changes that patients with severe pain have. So, with a few exceptions for serious abnormalities, these imaging tests cannot always reliably predict who will benefit from surgery. Imaging may be important to find serious abnormalities but it is generally discouraged in the first six weeks of a back pain episode unless certain well-known warning signs suggest a serious and treatable cause, such as spinal cord compression.

Finally, some back surgeries may change the patient's back anatomy so that areas that were not a problem before a surgery may begin having problems—or scar tissue from the surgery may leave patients with pain, even after surgery. Depending on the type of problem being treated, the chance of pain relief from surgery is uncertain, with the potential for repeat back surgeries. There is a growing body of evidence that back surgery should be reserved for a limited set of circumstances.

## Fusion of Back Vertebrae

(MS-DRG 460 - SPINAL FUSION EXCEPT CERVICAL W/O MCC)

This exhibit includes patients undergoing surgery to join bones in their spines together, usually to alleviate pain. The cases included here are those without complicating or co-existing conditions. This treatment is often a schedulable procedure; in addition, it involves an underlying condition for which there may be other treatment options less invasive than a surgical procedure.

During fiscal year 2012, the traditional Medicare program covered 71,385 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$1.983 billion.

Hospitals in Washington state billed on average between \$61,712 and \$193,323 per discharged patient. Compared to the low end of this range, the highest average billed amount was 313 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 180 percent greater.

For underinsured patients, or insured patients with significant cost-sharing obligations, the average billed dollar difference of \$131,611 between the highest and lowest hospitals is worth noting.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR FUSION OF BACK VERTEBRAE:**

**3x** OR **\$131,611**

Average Amount Billed by Hospitals for Fusion of Back Vertebrae:

Average Amount Paid by Medicare for Fusion of Back Vertebrae:

STATEWIDE



NATIONAL



**Price Variation for Fusion of Back Vertebrae (DRG 460)**

	CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1	OLYMPIA	C PROVIDENCE ST PETER HOSPITAL	53	\$193,323	\$26,983
2	PUYALLUP	P MULTICARE GOOD SAMARITAN HOSPITAL	26	\$180,648	\$26,747
3	FEDERAL WAY	C ST FRANCIS COMMUNITY HOSPITAL	28	\$176,157	\$25,188
4	SEATTLE	P SWEDISH MEDICAL CENTER	85	\$162,862	\$28,544
5	SPOKANE	P DEACONESS HOSPITAL	36	\$157,437	\$32,627
6	TACOMA	P TACOMA GENERAL ALLENMORE HOSPITAL	52	\$151,508	\$27,645
7	YAKIMA	P YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	75	\$150,296	\$25,107
8	BREMERTON	P HARRISON MEDICAL CENTER	30	\$131,617	\$25,086
9	EVERETT	C PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	22	\$129,568	\$24,920
10	SEATTLE	L HARBORVIEW MEDICAL CENTER	50	\$126,358	\$37,878
11	SPOKANE	C PROVIDENCE HOLY FAMILY HOSPITAL	25	\$125,850	\$27,469
12	OLYMPIA	P CAPITAL MEDICAL CENTER	107	\$118,476	\$23,869
13	TACOMA	C ST JOSEPH MEDICAL CENTER	120	\$117,837	\$24,302
14	SEATTLE	C SWEDISH MEDICAL CENTER - CHERRY HILL	78	\$103,681	\$24,983
15	SPOKANE	C PROVIDENCE SACRED HEART MEDICAL CENTER	61	\$103,608	\$23,407
16	RENTON	H VALLEY MEDICAL CENTER	108	\$103,360	\$25,605
17	BELLEVUE	O OVERLAKE HOSPITAL MEDICAL CENTER	46	\$102,266	\$22,170
18	SEATTLE	P VIRGINIA MASON MEDICAL CENTER	27	\$100,376	\$28,014
19	SEATTLE	O NORTHWEST HOSPITAL	28	\$91,325	\$21,243
20	MOUNT VERNON	H SKAGIT VALLEY HOSPITAL	18	\$88,436	\$26,187
21	KIRKLAND	H EVERGREEN HOSPITAL MEDICAL CENTER	16	\$86,422	\$23,921
22	RICHLAND	P KADLEC REGIONAL MEDICAL CENTER	45	\$85,390	\$23,407
23	WALLA WALLA	P PROVIDENCE ST MARY MEDICAL CENTER	43	\$85,083	\$23,041
24	SEATTLE	S UNIVERSITY OF WASHINGTON MEDICAL CTR	45	\$84,376	\$37,452
25	BELLINGHAM	O PEACEHEALTH ST JOSEPH MEDICAL CENTER	53	\$83,218	\$24,700
26	WENATCHEE	O CENTRAL WASHINGTON HOSPITAL	38	\$83,008	\$25,957
27	VANCOUVER	P PEACEHEALTH SOUTHWEST MEDICAL CENTER	23	\$69,654	\$24,603
28	ANACORTES	H ISLAND HOSPITAL	21	\$61,889	\$21,007
29	YAKIMA	P YAKIMA VALLEY MEMORIAL HOSPITAL	21	\$61,712	\$22,650

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012. Important: these billing and payment data are not indicators of clinical quality and should not be viewed as such.

**HOSPITAL OWNERSHIP:**

- H Govt. - Hospital District or Authority
- S Govt. - State
- L Govt. - Local
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- P Voluntary nonprofit - Private
- C Voluntary nonprofit - Church
- O Voluntary nonprofit - Other

## Back Surgery without Fusion

(MS-DRG 491 - BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC)

This exhibit includes patients undergoing back surgery, usually to alleviate pain, but excluding procedures to join vertebrae together. The cases included here are those without complicating or co-existing conditions. This treatment is often a schedulable procedure; in addition, it involves an underlying condition for which there may be other treatment options less invasive than a surgical procedure.

During fiscal year 2012, the traditional Medicare program covered 31,968 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$239 million.

Hospitals in Washington state billed on average between \$13,939 and \$46,031 per discharged patient. Compared to the low end of this range, the highest average billed amount was 330 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 266 percent greater.

For underinsured patients, or insured patients with significant cost-sharing obligations, the average billed dollar difference of \$32,092 between the highest and lowest hospitals is worth noting.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR BACK SURGERY WITHOUT FUSION:**

**3x** OR **\$32,092**

Average Amount Billed by Hospitals for Back Surgery Without Fusion:

Average Amount Paid by Medicare for Back Surgery Without Fusion:

STATEWIDE

**\$29,851**

**\$5,761**

NATIONAL

**\$32,834**

**\$5,648**

**Price Variation for Back Surgery Without Fusion (DRG 491)**

	CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1	YAKIMA	P YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	22	\$46,031	\$5,846
2	OLYMPIA	C PROVIDENCE ST PETER HOSPITAL	61	\$42,554	\$5,496
3	TACOMA	P TACOMA GENERAL ALLENMORE HOSPITAL	66	\$40,733	\$6,573
4	TACOMA	C ST JOSEPH MEDICAL CENTER	103	\$40,056	\$5,718
5	SPOKANE	P DEACONESS HOSPITAL	47	\$39,808	\$6,109
6	SEATTLE	C SWEDISH MEDICAL CENTER - CHERRY HILL	43	\$39,295	\$5,279
7	SEATTLE	L HARBORVIEW MEDICAL CENTER	21	\$38,992	\$8,751
8	RENTON	H VALLEY MEDICAL CENTER	83	\$37,464	\$6,178
9	FEDERAL WAY	C ST FRANCIS COMMUNITY HOSPITAL	11	\$37,257	\$6,022
10	SEATTLE	P SWEDISH MEDICAL CENTER	46	\$37,249	\$6,130
11	OLYMPIA	P CAPITAL MEDICAL CENTER	16	\$36,044	\$4,722
12	MOUNT VERNON	H SKAGIT VALLEY HOSPITAL	14	\$33,018	\$5,798
13	EVERETT	C PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	62	\$32,852	\$5,360
14	BURIEN	P HIGHLINE MEDICAL CENTER	13	\$28,206	\$5,206
15	SPOKANE	C PROVIDENCE HOLY FAMILY HOSPITAL	27	\$27,027	\$5,350
16	BREMERTON	P HARRISON MEDICAL CENTER	17	\$26,897	\$5,333
17	SEATTLE	S UNIVERSITY OF WASHINGTON MEDICAL CTR	13	\$26,346	\$9,476
18	SEATTLE	O NORTHWEST HOSPITAL	43	\$25,532	\$4,434
19	VANCOUVER	P PEACEHEALTH SOUTHWEST MEDICAL CENTER	41	\$24,131	\$5,732
20	BELLINGHAM	O PEACEHEALTH ST JOSEPH MEDICAL CENTER	110	\$23,644	\$5,594
21	BELLEVUE	O OVERLAKE HOSPITAL MEDICAL CENTER	17	\$23,120	\$3,846
22	ANACORTES	H ISLAND HOSPITAL	14	\$22,609	\$5,122
23	RICHLAND	P KADLEC REGIONAL MEDICAL CENTER	47	\$21,883	\$5,454
24	KIRKLAND	H EVERGREEN HOSPITAL MEDICAL CENTER	43	\$21,593	\$5,606
25	VANCOUVER	P LEGACY SALMON CREEK MEDICAL CENTER	29	\$21,058	\$6,052
26	YAKIMA	P YAKIMA VALLEY MEMORIAL HOSPITAL	13	\$19,235	\$5,593
27	SPOKANE	C PROVIDENCE SACRED HEART MEDICAL CENTER	143	\$18,105	\$6,182
28	WENATCHEE	P WENATCHEE VALLEY HOSPITAL	12	\$16,794	\$4,269
29	WENATCHEE	O CENTRAL WASHINGTON HOSPITAL	64	\$14,285	\$5,647
30	SEATTLE	P VIRGINIA MASON MEDICAL CENTER	11	\$13,939	\$3,557

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012 Important: these billing and payment data are not indicators of clinical quality and should not be viewed as such.

**HOSPITAL OWNERSHIP:**

- H Govt. - Hospital District or Authority
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- O Voluntary nonprofit - Other

## Hip or Knee Replacement

(MS-DRG 470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC)

There are an estimated 719,000 knee replacements and 332,000 hip replacements performed annually in the U.S., making them among the most common surgical procedures. Successful surgery can dramatically improve a patient's mobility and quality of life. However, as with all surgery, joint replacement carries with it risk of significant side effects, including pain, infection, dislocation and implant failure. Because other, less aggressive treatments are available, they can be tried first to see if surgery is necessary.

This exhibit includes patients having a joint replacement of the hip or knee. The cases included here are those without complicating or co-existing conditions. This treatment is often a schedulable procedure; as mentioned above, it involves an underlying condition for which there may be other treatment options less invasive than a surgical procedure.

During fiscal year 2012, the traditional Medicare program covered 432,007 of these admissions across the nation. Total payments, including any costs shared with patients, exceeded \$6.251 billion.

Hospitals in Washington state billed on average between \$22,751 and \$92,226 per discharged patient. Compared to the low end of this range, the highest average billed amount was 405 percent greater. But the difference between what Medicare paid different hospitals, from highest to lowest reimbursement amounts, was only 219 percent greater.

For underinsured patients, or insured patients with significant cost-sharing obligations, the average billed dollar difference of \$69,475 between the highest and lowest hospitals is worth noting.

We sorted hospitals by average billed charges, highest first, shown in the color-shaded column. Note that across hospitals there is little or no correspondence between payment levels and billed charge levels.

**DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR HIP OR KNEE REPLACEMENT:**

**4x** OR **\$69,475**

Average Amount Billed by Hospitals for Hip or Knee Replacement:

Average Amount Paid by Medicare for Hip or Knee Replacement:

STATEWIDE

**\$56,488**

**\$12,505**

NATIONAL

**\$52,249**

**\$12,059**

**HOSPITAL OWNERSHIP:**

- H** Govt. - Hospital District or Authority
- S** Govt. - State
- L** Govt. - Local
- P** Proprietary
- V** Voluntary nonprofit - Private
- C** Voluntary nonprofit - Church
- O** Voluntary nonprofit - Other

**Price Variation for Hip or Knee Replacement (DRG 470)**

CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1 PUYALLUP	<b>P</b> MULTICARE GOOD SAMARITAN HOSPITAL	174	\$92,226	\$12,363
2 TACOMA	<b>P</b> TACOMA GENERAL ALLENMORE HOSPITAL	210	\$90,393	\$14,410
3 SPOKANE	<b>P</b> DEACONESS HOSPITAL	142	\$84,583	\$13,388
4 FEDERAL WAY	<b>C</b> ST FRANCIS COMMUNITY HOSPITAL	93	\$81,592	\$12,228
5 ABERDEEN	<b>P</b> GRAYS HARBOR COMMUNITY HOSPITAL	74	\$81,295	\$12,541
6 YAKIMA	<b>P</b> YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	76	\$81,267	\$12,279
7 LAKEWOOD	<b>C</b> SAINT CLARE HOSPITAL	205	\$78,027	\$12,511
8 SEATTLE	<b>L</b> HARBORVIEW MEDICAL CENTER	44	\$76,130	\$17,376
9 TACOMA	<b>C</b> ST JOSEPH MEDICAL CENTER	238	\$75,728	\$11,822
10 SPOKANE	<b>P</b> VALLEY HOSPITAL	173	\$74,798	\$11,220
11 GIG HARBOR	<b>C</b> ST ANTHONY HOSPITAL	229	\$72,747	\$10,913
12 CENTRALIA	<b>O</b> PROVIDENCE CENTRALIA HOSPITAL	111	\$72,437	\$13,597
13 OLYMPIA	<b>C</b> PROVIDENCE ST PETER HOSPITAL	429	\$67,282	\$11,906
14 RENTON	<b>H</b> VALLEY MEDICAL CENTER	363	\$66,673	\$14,018
15 BREMERTON	<b>P</b> HARRISON MEDICAL CENTER	351	\$66,045	\$12,259
16 AUBURN	<b>P</b> MULTICARE AUBURN MEDICAL CENTER	63	\$65,697	\$12,602
17 SEATTLE	<b>P</b> SWEDISH MEDICAL CENTER	924	\$63,706	\$13,161
18 OLYMPIA	<b>P</b> CAPITAL MEDICAL CENTER	160	\$63,344	\$11,796
19 ISSAQUAH	<b>P</b> SWEDISH ISSAQUAH	40	\$61,732	\$10,030
20 SEATTLE	<b>O</b> NORTHWEST HOSPITAL	318	\$59,304	\$11,630
21 EDMONDS	<b>P</b> SWEDISH EDMONDS HOSPITAL	89	\$57,238	\$12,246
22 BURIEN	<b>P</b> HIGHLINE MEDICAL CENTER	77	\$56,472	\$12,656
23 EVERETT	<b>C</b> PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	257	\$54,309	\$11,179
24 SPOKANE	<b>C</b> PROVIDENCE SACRED HEART MEDICAL CENTER	524	\$50,785	\$13,085
25 SPOKANE	<b>C</b> PROVIDENCE HOLY FAMILY HOSPITAL	236	\$50,691	\$11,962
26 VANCOUVER	<b>P</b> PEACEHEALTH SOUTHWEST MEDICAL CENTER	221	\$50,479	\$12,717
27 MOUNT VERNON	<b>H</b> SKAGIT VALLEY HOSPITAL	163	\$49,141	\$12,724
28 BELLEVUE	<b>O</b> OVERLAKE HOSPITAL MEDICAL CENTER	387	\$48,016	\$10,435
29 KIRKLAND	<b>H</b> EVERGREEN HOSPITAL MEDICAL CENTER	234	\$47,741	\$10,490
30 WALLA WALLA	<b>P</b> PROVIDENCE ST MARY MEDICAL CENTER	173	\$46,916	\$11,731
31 WENATCHEE	<b>O</b> CENTRAL WASHINGTON HOSPITAL	338	\$42,557	\$12,781
32 BELLINGHAM	<b>O</b> PEACEHEALTH ST JOSEPH MEDICAL CENTER	278	\$41,438	\$12,540
33 KENNEWICK	<b>H</b> KENNEWICK GENERAL HOSPITAL	81	\$40,975	\$11,620
34 RICHLAND	<b>P</b> KADLEC REGIONAL MEDICAL CENTER	149	\$40,967	\$11,937
35 ARLINGTON	<b>H</b> CASCADE VALLEY HOSPITAL	35	\$40,159	\$14,913
36 SEATTLE	<b>S</b> UNIVERSITY OF WASHINGTON MEDICAL CTR	77	\$40,123	\$20,332
37 SEATTLE	<b>P</b> VIRGINIA MASON MEDICAL CENTER	348	\$39,515	\$13,758
38 WALLA WALLA	<b>C</b> WALLA WALLA GENERAL HOSPITAL	27	\$39,121	\$11,973
39 MONROE	<b>H</b> VALLEY GENERAL HOSPITAL	17	\$39,065	\$15,414
40 MOSES LAKE	<b>H</b> SAMARITAN HOSPITAL	63	\$38,777	\$12,892
41 YAKIMA	<b>P</b> YAKIMA VALLEY MEMORIAL HOSPITAL	308	\$34,698	\$12,664
42 VANCOUVER	<b>P</b> LEGACY SALMON CREEK MEDICAL CENTER	250	\$33,442	\$13,250
43 ANACORTES	<b>H</b> ISLAND HOSPITAL	145	\$31,524	\$11,479
44 LONGVIEW	<b>C</b> PEACEHEALTH ST JOHN MEDICAL CENTER	154	\$30,792	\$13,205
45 PORT ANGELES	<b>L</b> OLYMPIC MEDICAL CENTER	172	\$25,670	\$12,027
46 WENATCHEE	<b>P</b> WENATCHEE VALLEY HOSPITAL	37	\$22,751	\$9,290

## Data sources and selection criteria

The primary data source for billing, payment, volume and hospital name and location information is the second release of Medicare claims data by the Center for Medicare and Medicaid Services (CMS), covering the service period October 1, 2011 to September 30, 2012. CMS calculated all state and national averages used in this report. Download data at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Inpatient.html>.

A secondary data source provided information about the ownership categories of individual hospitals. These data are contained in the HospitalCompare database. Access database at: <https://data.medicare.gov/data/hospital-compare>.

The CMS release featured price and volume data for the 100 most common inpatient treatments, known as DRGs (Diagnosis Related Groups). There were several criteria for our selection of the twelve DRGs featured in this report:

1. The DRG excludes cases with complications or other concurrent disorders (comorbidities).
2. The DRG is among the higher-volume treatments statewide.
3. The DRG is a treatment occurring at many hospitals.
4. The DRG features a sufficient number of hospitals with regular experience with the treatment (at least 24 discharges per year).
5. The DRG represent a condition or symptom that can be described using simple language.
6. Each selected DRG arguably falls into one of three admission categories:
  - a. Urgent (where the patient is often taken to the nearest hospital).
  - b. Potentially avoidable (admissions that might not have occurred with comprehensive, coordinated community outpatient care).

- c. Associated with preference-sensitive conditions (non-urgent admissions for surgical procedures to treat conditions that might have other treatment options, often non-surgical in nature).
- 7. Collectively, the twelve DRGs span a number of hospital service lines (e.g., cardiology, orthopedics, respiratory, etc.).

Note: CMS withheld releasing average prices for any hospital with ten or fewer discharges within a DRG during the year.

# Summary tables

## Billed price variation for common inpatient treatments in western Washington

We sorted hospitals by average sticker prices, and color-shaded results to show three hospital groupings, each treating about one-third of all patients.

- Hospitals with higher average sticker prices
- Hospitals with lower average sticker prices
- Hospitals in the remaining third

\* CMS withheld releasing average prices for any hospital with ten or fewer discharges within a DRG during the year

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	Hospital stays that are typically URGENT				Hospital stays that can be POTENTIALLY AVOIDABLE with good ambulatory care				Hospital stays that often aren't urgent, and for which OTHER TREATMENT OPTIONS MAY EXIST			
	Stroke	Pneumonia	Heart Failure	Chest Pain	Chronic Breathing Difficulty	Dehydration and Nutrition Disorders	Urinary Tract Infection	Anemia and Related Disorders	Unblock Heart Artery	Fusion of Back Vertebrae	Back Surgery without Fusion	Hip or Knee Replacement
<b>Statewide averages</b>	<b>\$23,049</b>	<b>\$16,989</b>	<b>\$16,896</b>	<b>\$19,238</b>	<b>\$17,952</b>	<b>\$17,854</b>	<b>\$19,583</b>	<b>\$18,826</b>	<b>\$71,453</b>	<b>\$117,430</b>	<b>\$29,851</b>	<b>\$56,488</b>
<b>Everett Market</b>												
CASCADE VALLEY HOSPITAL	*	*	*	*	*	*	\$12,436	*	*	*	*	\$40,159
ISLAND HOSPITAL	*	\$8,331	*	*	*	\$9,097	\$10,695	*	*	\$61,889	\$22,609	\$31,524
PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	\$24,048	\$13,899	\$21,030	\$16,040	\$17,599	\$20,138	\$19,898	\$16,302	\$73,604	\$129,568	\$32,852	\$54,309
SKAGIT VALLEY HOSPITAL	\$22,610	\$16,849	\$24,833	\$19,211	\$20,373	\$20,732	\$23,033	\$20,922	\$62,178	\$88,436	\$33,018	\$49,141
VALLEY GENERAL HOSPITAL	*	*	*	*	*	*	\$12,413	*	*	*	*	\$39,065
<b>Olympia Market</b>												
CAPITAL MEDICAL CENTER	*	\$14,723	\$28,289	\$14,898	\$14,221	\$20,378	\$18,656	*	\$70,587	\$118,476	\$36,044	\$63,344
PROVIDENCE CENTRALIA HOSPITAL	\$23,027	*	*	\$19,598	\$18,634	\$20,997	\$22,747	\$24,150	*	*	*	\$72,437
PROVIDENCE ST PETER HOSPITAL	\$23,952	\$18,488	\$20,208	\$18,399	\$21,166	\$21,534	\$19,077	\$23,680	\$96,042	\$193,323	\$42,554	\$67,282
<b>Seattle Market</b>												
EVERGREEN HOSPITAL MEDICAL CENTER	\$22,390	\$15,094	\$17,073	\$12,611	\$22,347	\$19,726	\$19,000	\$23,722	\$55,390	\$86,422	\$21,593	\$47,741
GRAYS HARBOR COMMUNITY HOSPITAL	\$18,402	\$14,956	\$11,065	*	\$8,911	\$14,730	\$15,183	\$13,968	*	*	*	\$81,295
HARBORVIEW MEDICAL CENTER	\$26,533	*	*	*	*	\$17,877	\$18,761	*	*	\$126,358	\$38,992	\$76,130
HARRISON MEDICAL CENTER	\$21,344	\$20,676	\$17,872	\$21,460	\$14,023	\$19,601	\$22,757	\$20,460	\$76,049	\$131,617	\$26,897	\$66,045

	Hospital stays that are typically URGENT				Hospital stays that can be POTENTIALLY AVOIDABLE with good ambulatory care				Hospital stays that often aren't urgent, and for which OTHER TREATMENT OPTIONS MAY EXIST			
	Stroke	Pneumonia	Heart Failure	Chest Pain	Chronic Breathing Difficulty	Dehydration and Nutrition Disorders	Urinary Tract Infection	Anemia and Related Disorders	Unblock Heart Artery	Fusion of Back Vertebrae	Back Surgery without Fusion	Hip or Knee Replacement
<b>Statewide averages</b>	<b>\$23,049</b>	<b>\$16,989</b>	<b>\$16,896</b>	<b>\$19,238</b>	<b>\$17,952</b>	<b>\$17,854</b>	<b>\$19,583</b>	<b>\$18,826</b>	<b>\$71,453</b>	<b>\$117,430</b>	<b>\$29,851</b>	<b>\$56,488</b>
<b>Seattle Market, cont'd</b>												
HIGHLINE MEDICAL CENTER	\$21,111	\$20,356	\$13,929	\$13,842	\$15,965	\$15,246	\$20,130	\$14,499	\$77,097	*	\$28,206	\$56,472
MULTICARE AUBURN MEDICAL CENTER	\$24,489	\$18,317	\$16,563	\$24,456	\$19,812	\$17,905	\$23,651	\$22,763	\$66,695	*	*	\$65,697
NORTHWEST HOSPITAL	\$27,791		\$21,033	*	\$16,298	\$22,062	\$19,765	\$22,613	\$72,497	\$91,325	\$25,532	\$59,304
OLYMPIC MEDICAL CENTER	\$10,835	\$9,899	\$7,991	*	\$13,482	\$8,487	\$8,615	\$8,184	*	*	*	\$25,670
OVERLAKE HOSPITAL MEDICAL CENTER	\$23,861	\$13,271	\$17,721	*	\$15,273	\$16,942	\$15,762	\$13,118	\$53,647	\$102,266	\$23,120	\$48,016
PEACEHEALTH ST JOSEPH MEDICAL CENTER	\$18,706	\$13,775	\$11,201		\$14,857	\$15,596	\$14,193	\$14,804	\$43,086	\$83,218	\$23,644	\$41,438
ST FRANCIS COMMUNITY HOSPITAL	\$29,446	\$24,554	\$21,523	\$20,185	\$24,388	\$25,052	\$26,835	\$25,046	\$70,126	\$176,157	\$37,257	\$81,592
SWEDISH EDMONDS HOSPITAL	\$23,845	*	\$21,197	\$15,875	*	\$18,196	\$24,976	\$26,409	\$74,338	*	*	\$57,238
SWEDISH ISSAQUAH	*	*	*	\$17,143	*	\$16,454	*	*	*	*	*	\$61,732
SWEDISH MEDICAL CENTER	*	\$17,999	\$22,304	*	\$19,374	\$17,588	\$20,486	\$24,514	*	\$162,862	\$37,249	\$63,706
SWEDISH MEDICAL CENTER/CHERRY HILL	\$24,072	*	\$20,960	\$21,683	*	*	*	*	\$89,567	\$103,681	\$39,295	*
UNIVERSITY OF WASHINGTON MEDICAL CTR	\$19,777	*	*	*	*	\$14,824	\$14,748	\$21,158	\$57,348	\$84,376	\$26,346	\$40,123
VALLEY MEDICAL CENTER	\$22,944	\$13,877	\$15,722	\$12,161	\$13,897	\$14,013	\$19,204	\$15,338	\$61,363	\$103,360	\$37,464	\$66,673
VIRGINIA MASON MEDICAL CENTER	\$16,965	*	\$11,826	\$9,213	*	\$12,567	\$13,052	\$12,811	\$49,548	\$100,376	\$13,939	\$39,515
<b>Tacoma Market</b>												
MULTICARE GOOD SAMARITAN HOSPITAL	\$33,581	\$23,537	\$23,259	\$28,509	\$22,808	\$25,988	\$25,567	\$26,563	\$89,991	\$180,648	*	\$92,226
SAINT CLARE HOSPITAL	\$30,818	\$26,798	\$25,398	\$22,794	\$23,629	\$24,114	\$28,906	\$29,859	*	*	*	\$78,027
ST ANTHONY HOSPITAL	\$28,646	\$21,911	\$20,423	\$27,303	\$23,264	\$22,061	\$26,789	\$26,390	*	*	*	\$72,747
ST JOSEPH MEDICAL CENTER	\$33,948	\$27,859	\$19,691	\$24,429	\$29,875	\$26,239	\$31,525	\$28,605	\$78,881	\$117,837	\$40,056	\$75,728
TACOMA GENERAL ALLENMORE HOSPITAL	\$37,066	\$21,700	\$21,927	\$20,302	\$20,159	\$23,997	\$21,081	\$20,493	\$75,509	\$151,508	\$40,733	\$90,393

### Billed price variation for common inpatient treatments in eastern Washington

We sorted hospitals by average sticker prices, and color-shaded results to show three hospital groupings, each treating about one-third of all patients.

- Hospitals with higher average sticker prices
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<b>Spokane Market</b>												
CENTRAL WASHINGTON HOSPITAL	\$13,811	*	\$11,117	\$11,255	*	\$10,031	\$10,414	\$11,403	\$45,022	\$83,008	\$14,285	\$42,557
DEACONESS HOSPITAL	\$20,954	\$16,223	\$14,402	\$18,124	\$14,092	\$16,506	\$17,307	\$15,316	\$61,815	\$157,437	\$39,808	\$84,583
KADLEC REGIONAL MEDICAL CENTER	\$21,268	\$13,095	\$14,379	\$16,168	\$16,456	\$15,719	\$17,103	\$18,605	\$55,457	\$85,390	\$21,883	\$40,967
KENNEWICK GENERAL HOSPITAL	*	\$17,822	\$14,092	*	\$16,864	\$17,463	\$16,933	\$14,215	*	*	*	\$40,975
PROVIDENCE HOLY FAMILY HOSPITAL	\$18,318	\$13,318	\$12,549	*	\$14,209	\$13,259	\$18,520	\$14,676	*	\$125,850	\$27,027	\$50,691
PROVIDENCE SACRED HEART MEDICAL CENTER	\$26,741	*	\$14,091	\$18,874	*	\$16,542	\$14,314	\$18,595	\$70,384	\$103,608	\$18,105	\$50,785
PROVIDENCE ST MARY MEDICAL CENTER	*	*	*	*	*	\$16,125	\$12,679	*	*	\$85,083	*	\$46,916
SAMARITAN HOSPITAL	*	*	*	*	*	\$11,952	*	*	*	*	*	\$38,777
VALLEY HOSPITAL		\$17,390	\$18,949	\$18,783	\$18,800	\$15,783	\$16,067	\$15,627	*	*	*	\$74,798
WALLA WALLA GENERAL HOSPITAL	*	*	*	*	*	*	*	*	*	*	*	\$39,121
WENATCHEE VALLEY HOSPITAL	*	*	*	*	*	*	*	*	*	*	\$16,794	\$22,751
<b>Yakima Market</b>												
TOPPENISH COMMUNITY HOSPITAL	*	*	*	\$11,459	*	*	\$16,860	*	*	*	*	*
YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	\$17,433	\$24,781	\$12,412	\$10,334	\$21,477	\$18,061	\$18,951	\$19,111	\$103,931	\$150,296	\$46,031	\$81,267
YAKIMA VALLEY MEMORIAL HOSPITAL	\$12,946	\$10,433	\$8,661	\$7,703	\$9,103	\$10,614	\$11,208	\$11,967	\$51,230	\$61,712	\$19,235	\$34,698

**Billed price variation for common inpatient treatments in southwest Washington/Portland**

We sorted hospitals by average sticker prices, and color-shaded results to show three hospital groupings, each treating about one-third of all patients.

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<b>Portland Market</b>												
LEGACY SALMON CREEK MEDICAL CENTER	\$19,383	\$16,560	\$18,642	\$17,393	\$16,635	\$16,399	\$17,938	\$17,433	*	*	\$21,058	\$33,442
PEACEHEALTH SOUTHWEST MEDICAL CENTER	\$25,341	\$18,498	\$18,248	\$16,856	\$17,745	\$15,852	\$18,889	\$21,283	\$65,552	\$69,654	\$24,131	\$50,479
PEACEHEALTH ST JOHN MEDICAL CENTER	\$19,244	\$16,875	*	*	\$14,438	\$10,701	\$17,964	\$16,452	*	*	*	\$30,792

## More information

- [Washington Health Alliance reports](#)  
Other reports from the Washington Health Alliance as well as accompanying materials for this report.
- [Washington Health Alliance Community Checkup website](#)  
Website maintained by the Washington Health Alliance to share trustworthy information about the quality of health care in the Puget Sound region. It includes hospital quality information for the entire state of Washington.
- [Guide to Health Care Quality: How to know it when you see it](#)  
Booklet developed by the Agency for Healthcare Research to help consumers use science-based health care quality measures.
- [Washington State MONAHRQ](#)  
An information system of inpatient care utilization, quality and potentially avoidable stays in Washington state's community hospitals.

## Acknowledgements

We'd like to acknowledge the Office of Financial Management, Forecast Division staff for their valuable insight during the development of this report.



## ABOUT THE ALLIANCE

The Washington Health Alliance brings together those who give, get and pay for health care to create a high-quality, affordable system for the people of Washington state. The Alliance is a nonprofit, nonpartisan organization that shares the most reliable data on health care quality and value in the state to help providers, patients, employers and union trusts make better decisions about health care. Through innovative strategies and initiatives, we help the entire health care system—from exam room to board room—focus on improving quality and value. We are committed to being the catalyst for change for the health care system in Washington. The Alliance is one of 16 organizations that are part of the Robert Wood Johnson Foundation’s Aligning Forces for Quality (AF4Q) initiative.

## ABOUT THE REPORT

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