

Turquoise Health Data Description

This is supporting information for the 2023 Health Data for Action (HD4A) Call for Proposals. To apply, or for more information about the funding opportunity, please visit www.rwjf.org/cfp/hd4a4.

Under the HD4A CFP, Turquoise plans to share the “Core Rates” table, which was developed to empower users to quickly navigate the payer data without having to run complex queries. The Core Rates table is a monthly de-normalized dimensional table that contains both institutional & professional rates between institutional providers and the top payers in each state. Researchers can easily identify (and filter by) multiple data points including, but not limited to, the payer, provider, product, code, taxonomy, and geography.

For Core Rates, column labels include Payer name, Product network level, negotiation arrangement (fs, bundle or capitation), name of service, description, billing code, billing code type (see [here](#) for allowed types), the negotiated rate, professional or institutional designation, place of service codes, billing code modifiers, associated NPI or EIN, organization name, provider taxonomy, provider address, Turquoise payer ID and data source name. More information including simple queries and a data table can be found [here](#).

Within this specific dataset, there are 73,007 Distinct Provider Group IDs and 86,416 distinct provider NPIs covering the following sites of care:

Ambulatory Health Care Facilities:

- Clinic/Center (ASCs, Urgent Care, Physical Therapy, Imaging, Infusion, Primary Care)

Hospitals

- General Acute Care Hospital
- Military Hospital
- Special Hospital
- Religious Nonmedical Health Care Institution
- Long Term Care Hospital
- Rehabilitation Hospital
- Psychiatric Hospital
- Chronic Disease Hospital

Hospital Units:

- Psychiatric Unit
- Medicare Defined Swing Bed Unit
- Rehabilitation Unit
- Rehabilitation
- Substance Use Disorder Unit

Laboratories

- Military Clinical Medical Laboratory
- Dental Laboratory
- Physiological Laboratory
- Clinical Medical Laboratory

There are no exclusions in terms of billing codes, billing classes or negotiation arrangements. There is a mix of institutional and professional rates in this table, but all rates are associated with the provider types defined above. This means that there are professional fees, but they are tied to the specific providers listed above.

We have limited the payers included in the Core Rates table to those who have commercial market share in each individual state, as well as to large national payers. Specifically, for each state we include the rates for national payers: United Healthcare, Cigna & Aetna. We also include each state's BCBS affiliate (including Anthem when applicable), and the shared blues (BlueCard PPO) rates that apply to each state. NAIC market share data (cross-walked to our TQ internal payer IDs) to determine which payers are included in each state. So long as a payer has at least 0.25% market share in a given state for either Individual, Small Group, or Large Group lines of business, they are included.

The data is updated monthly, and thus will reflect the latest payer rates available that have been uploaded (approximately 1 month lag from current month).

We provide this data in multiple ways including platform and raw data access. Turquoise will be providing access through a cloud-based Trino instance that researchers can access using SQL.

For the purposes of HD4A, Turquoise will license data primarily to academic institutions. Researchers from other institutions will be considered on a case-by-case basis. Turquoise will allow linking to other datasets, but approval is required, and we do not allow linking to other Transparency data vendors. We recommend linking through NPI although CPT and other pathways are also possible.

Proposals could include many areas of healthcare price / reimbursement analysis. Some examples include comparative analysis for providers and payers at the CPT or DRG level, cost differential based on sites of care, measure whether in-network negotiated rates differ across competitive markets, evaluation of costs for an insured patient journey (e.g., Health Economics Outcome Research). For examples of research with the Transparency data, Ge Bai of Johns Hopkins has published research leveraging the Turquoise data as seen [here](#).

Data Dictionary: The data dictionary is available [here](#).