

EmClaim

Claims-to-Medicare Benchmark Report

Brightpath Logistics

Service dates: Jan 1, 2025 – Dec 28, 2025

Generated June 28, 2026

Executive Summary

TOTAL ALLOWED ANALYZED \$30,751,250	TOTAL MEDICARE BENCHMARK \$13,522,500	PLAN PAID (BLENDED) 227% of Medicare
TOTAL OVER-BENCHMARK \$17,228,750	MODELED CARVE-OUT SAVINGS @ 150% \$12,100,000	

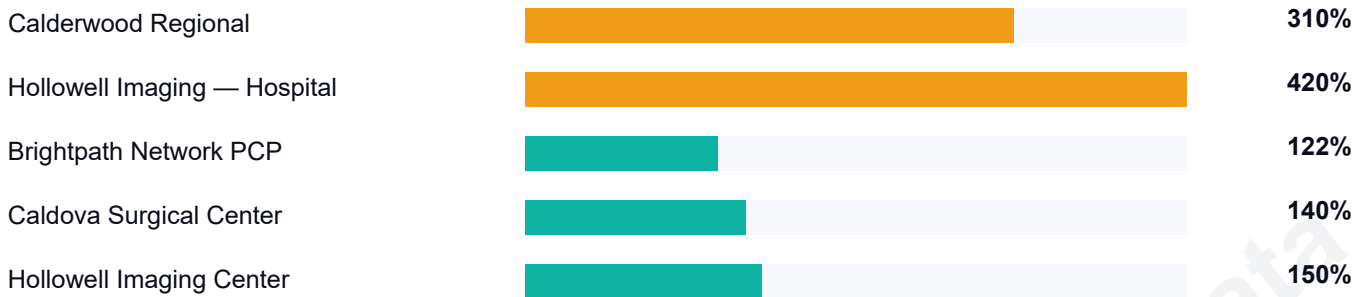
55,730 of 55,730 claim lines benchmarked against the CY2025 Medicare allowed amount (0 unbenchmarkable). The plan paid a blended 227% of Medicare across benchmarked lines.

Top findings

- \$7,888,000 — Calderwood Regional: 430 lines at a blended 310% of Medicare, \$10,353,000 over benchmark.
- \$5,945,500 — 230 CPT 27447 cases ran at hospital outpatient; steering to an ASC at 150% of Medicare models ~\$5,945,500.
- \$5,640,000 — 200 CPT 27130 cases ran at hospital outpatient; steering to an ASC at 150% of Medicare models ~\$5,640,000.

Facility Analysis

Blended allowed-to-Medicare by facility. Bars over 200% are flagged.



FACILITY	LINES	ALLOWED	MEDICARE	% MEDICARE	OVER-BENCH.
Calderwood Regional	430	\$15,283,000	\$4,930,000	310%	\$10,353,000
Hollowell Imaging — Hospital	1,500	\$6,552,000	\$1,560,000	420%	\$4,992,000
Brightpath Network PCP	53,000	\$6,868,500	\$5,610,000	122%	\$1,258,500
Caldova Surgical Center	150	\$1,204,000	\$860,000	140%	\$344,000
Hollowell Imaging Center	650	\$843,750	\$562,500	150%	\$281,250

Procedure Analysis

Top 20 CPTs by total dollars paid above the Medicare benchmark.

CPT	LINES	ALLOWED	MEDICARE	% MEDICARE	OVER-BENCHMARK
27447	310	\$8,459,000	\$2,970,000	285%	\$5,489,000
27130	270	\$8,028,000	\$2,820,000	285%	\$5,208,000
70553	1,000	\$3,978,000	\$1,140,000	349%	\$2,838,000
74177	1,150	\$3,417,750	\$982,500	348%	\$2,435,250
99214	21,000	\$3,412,500	\$2,730,000	125%	\$682,500
99213	32,000	\$3,456,000	\$2,880,000	120%	\$576,000

Carve-Out Opportunities

Ranked targets with modeled savings if repriced to 150% of Medicare.

TYPE	CPT	FACILITY	LINES	EST. SAVINGS
Site-of-care carve-out	27447	—	230	\$5,945,500
Site-of-care carve-out	27130	—	200	\$5,640,000
Carve-out candidate	27447	Calderwood Regional	230	\$4,048,000
Carve-out candidate	27130	Calderwood Regional	200	\$3,840,000
Carve-out candidate	70553	Hollowell Imaging — Hospital	700	\$2,268,000
Carve-out candidate	74177	Hollowell Imaging — Hospital	800	\$1,944,000

Methodology

Benchmark. Each claim line's allowed amount is compared to the corresponding Medicare allowed amount for CY2025, expressed as a percent of Medicare. Lines are routed to the Physician Fee Schedule (professional/office), OPPS (hospital outpatient), or ASC (free-standing surgery) based on claim type and place of service.

Geographic adjustment. Professional services are locality-adjusted via the CMS GPCIs; facility services are wage-index-adjusted by CBSA (metropolitan division where applicable, statewide rural otherwise).

Carve-out model. Modeled savings reprice each line to the target multiple (150% of Medicare). Site-of-care opportunities compare a hospital-outpatient procedure to its ambulatory-surgical-center benchmark.

Scope. The benchmark is the Medicare allowed amount — not a contracted rate, a payment guarantee, or a legal or actuarial opinion. Figures are modeled from de-identified claims and public CMS rates; no patient-identifying information is used.