Name Benchmarks for What They Measure

Adjudicated Rate Index | Payment-benchmark transparency and construct separation

A benchmark can be central to a legal process without being empirically interchangeable with the outcome of that process.

THE ISSUE

In brief. Healthcare-payment debates often place unlike dollar constructs side by side: billed charge, contracted rate, Medicare payment, Qualifying Payment Amount (QPA), party offer, agreed amount, and selected IDR payment. They may be related, but they arise from different methods and answer different questions. Calling each one a “rate” or “market value” creates false equivalence.

WHY IT MATTERS

- The No Surprises Act gives QPA a defined legal role; an out-of-network payment can arise through agreement or IDR.
- Policy analysis becomes unstable when one construct silently borrows the meaning of another.
- Public-use data are valuable only when cohort, version, missingness, selection, and distribution are visible.

POLICY DIRECTION

- Label every payment construct explicitly and disclose numerator, denominator, unit, cohort, geography, period, exclusions, and data version.
- Report distributions, sample size, subgroup results, correction history, and known missingness—not only a headline multiple.
- Preserve the statutory role of QPA and prohibit use of ARI as an individual payment formula or substitute benchmark.
- Replicate across procedures, specialties, regions, payers, years, and data sources before generalizing.

WHAT THE ARTICLE OR FRAMEWORK CONTRIBUTES

Contribution. ARI is the cohort median of case-level selected-payment-to-reported-QPA multiples. In CMS federal IDR data for complex repair codes (2023 Q1–2025 Q2), the median was 22.41× among analytic cases and 28.73× in provider/facility-prevailing cases; plan-prevailing disputes clustered near QPA parity. The study supports descriptive separation within that domain.

EVIDENTIARY BOUNDARY

Do not overread it. ARI does not prove that QPA was wrong, that a selected payment was correct, that either multiple should be paid elsewhere, or that the findings generalize beyond the studied code family and dataset. It does not predict an individual IDR outcome.

BOTTOM LINE Before comparing healthcare-payment numbers, require each measure to identify exactly what it is—and what it cannot establish.

Source foundation: Benchmark-Outcome Separation in Federal Independent Dispute Resolution (Cureus, 2026) | PMID 42306020 | doi:10.7759/cureus.110912