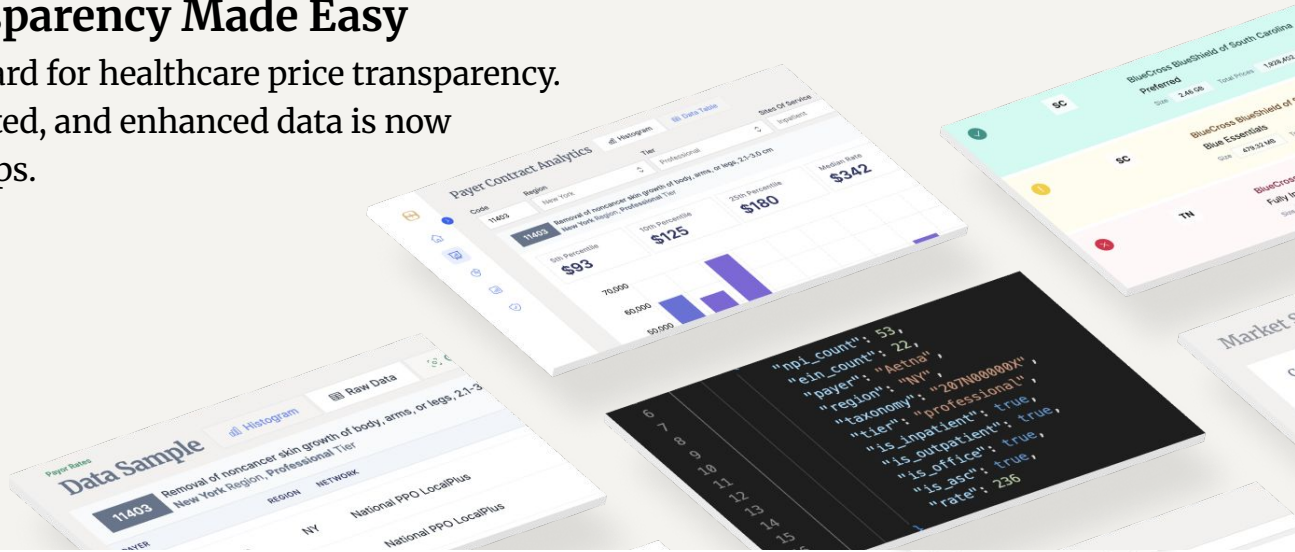


Price Transparency Made Easy

The gold standard for healthcare price transparency. Cleaned, validated, and enhanced data is now at your fingertips.



Healthcare Price Intelligence Data Products & APIs

- ✓ 275 billion+ contracted rates added monthly
 - ✓ Claims-backed
 - ✓ Accessible via web portal, reports, data license, and APIs
 - ✓ 300+ clients spanning payers, providers, TPAs, consultants, employers use Serif for:
 - ✓ Managed care contracting
 - ✓ Growth strategy (e.g., M&A prospecting, market expansion)
 - ✓ Cost and network analytics, management
- ... and much more

What's Inside

Our Data

Pg. 2-4

Comprehensive coverage across payer, hospital, and claims datasets enhanced by proprietary enrichment

Product Overview

Pg. 5-9

Flexible ways to access Serif data through Signal, APIs, bulk delivery, and custom reporting / dashboards

Case Studies

Pg. 10-14

How leading providers leverage Serif insights across their lifecycle to drive network expansion and strategic growth

Our Data

Our Comprehensive Library Covers...

230+ Commercial Payers	500+ Networks (incl. fully-insured PPOs, HMOs, self-insured ASOs, and exchange plans)
	4800+ Hospitals/Systems (incl. Medicare/Medicaid/Cash)

Augmented with nationwide **PBM, CMS, and commercial, Medicare, and Medicaid claims data**; enhanced, **updated monthly** using our unique process

Our Data Sources

- E Existing datasets available online through state agencies / CMS
- N New datasets mandated as part of price transparency
- C Closed claims procured by Serif Health

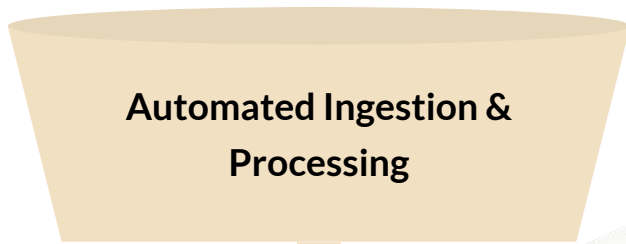
		Hospital Data	Payer Data	Claims Data	Practice Affiliations
Update Frequency		Annually	Monthly	Monthly	Monthly
Rate Types	Billed Charges	✓		✓	
	Allowed Amounts	✓	✓	✓	
	Professional Fees		✓	✓	
Payer Market Coverage	Public Medicaid	E	E	C	
	Managed Medicaid	N		C	
	Public Medicare	E	E	C	
	Medicare Advantage	N		C	
	Commercial Individual	N	N	C	N
	Commercial Group	N	N	C	N
	ACA Individual	N	N	C	N
	Cash Pay	N			

Our Data

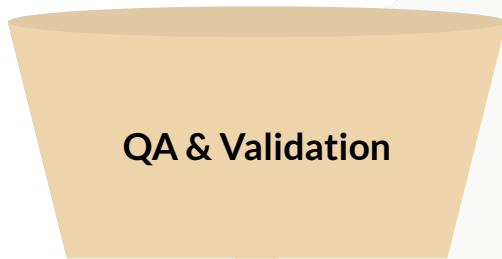
The Serif Difference

We embarked on building the highest quality-grade price transparency dataset available on the market. Our process includes:

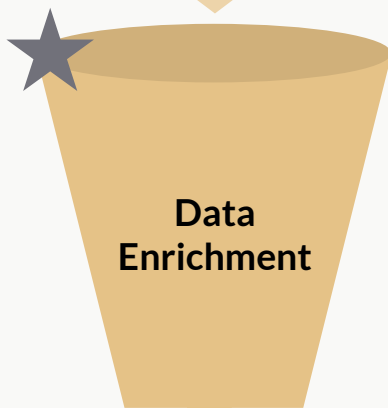
MRFs Containing Billions of Rate Records



- Scaled, automated MRF extraction each month across 500+ plans and 4800+ hospitals
- Optimized intake, reducing compute and storage costs 10x
- Normalization and shimming to capture files others cannot



- Metadata creation to flag gaps; benchmarked against historicals
- Claims-driven elimination of 'ghost' rates (e.g., non-utilized codes for each provider) to remove wasted data
- Accuracy feedback provided by 150+ payer, provider clients



Advanced Data Enrichment (The Serif Way):

- CMS baselining and rate normalization to express reimbursement as % of Medicare for apples-to-apples benchmarking
- Provider entity resolution, linking NPIs to organizations, locations, and service lines
- Procedure code harmonization, including CPT, HCPCS, revenue code, and custom/local payer code crosswalks (e.g., EMR3 → 99283)
- Specialized rate normalization (e.g., anesthesia base units & conversion factors) to standardize complex payment structures
- Billing class and market normalization for consistent benchmarking



Signal Market-ready intelligence at the touch of a button

Our Data

Serif vs. Leading Price Transparency Platforms

Comprehensive transparency data, deep data enrichment, nationwide analytics tools, and expert support to unlock the full value of pricing data

	Serif Health	Turquoise	Trek Health	Payerset	PayerPrice	PriceMedic
Data Sources	Payer MRFs	✓	✓	✓	✓	✓
	Hospital MRFs	✓	✓		✓	
	Commercial Claims	✓	✓		✓	✓
Data Enrichment	Zombie Rate Filtering	✓	✓		✓	
	Advanced Code Crosswalks*	✓	△		△	
	HPT <> Payer Validation	✓	✓			
	Anesthesia Normalization	✓				
	Billing Class Normalization	✓				
Access	Bulk Data	✓	✓	✓	✓	✓
	Nationwide Real-time Query API	✓			△	
Analytics Platform	Nationwide Provider Directory Search	✓	△			
	Full Fee Schedule Download	✓		✓	✓	✓
	Utilization- weighted Benchmarks	✓	✓		△	△
	QPA Reports	✓	△			
	Provider Network Analytics Dashboard	✓				
	Managed Medicare & Medicaid Claims Reports	✓				
	MMIT Market Share Data	✓				

△ indicates partial feature

Last Updated: March 2026



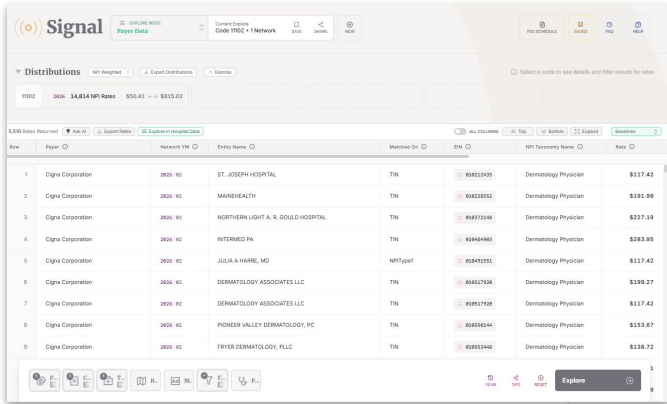
Dedicated support from healthcare data specialists with consulting backgrounds (e.g., Bain, PwC, Guidehouse)

* LOCAL/CSTM code crosswalks

Product Overview

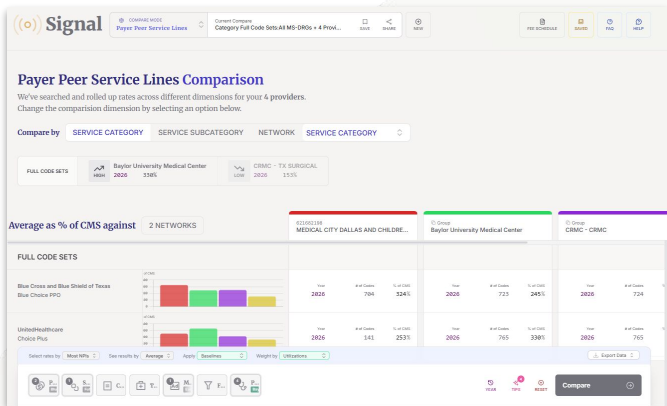
Market-leading Web Platform

Signal



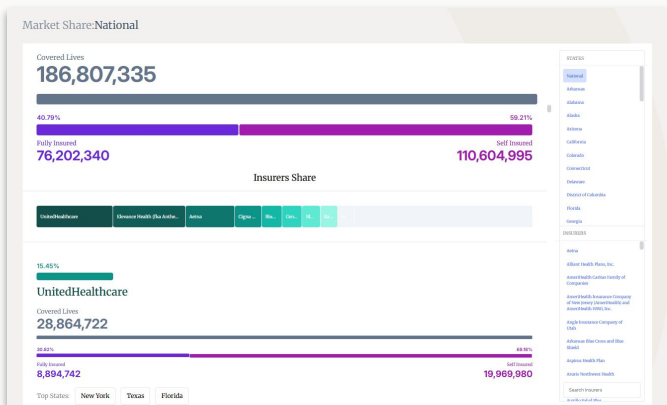
Explore Payer & Hospital Data

- The only tool capable of true nationwide price transparency search across billions of records from machine-readable files
- Analyze any payer, provider, code, or market in the U.S. — current or historical
- Create interactive reports, apply custom filters, and extract rate insights across the full dataset



Compare Peer Rates & Service Lines

- Benchmark reimbursement using utilization-weighted % of Medicare comparisons
- Analyze rate variation across payers, billing codes, and service lines
- Identify pricing differences across peer providers and markets



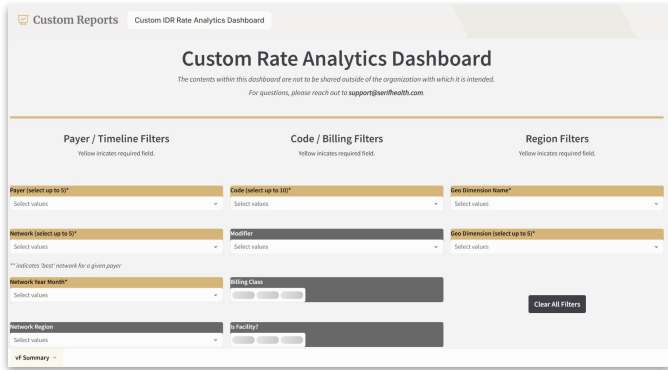
Market Intelligence Payer Market Share & Covered Lives

- Visualize payer coverage state by state
- Identify payer concentration and competitive positioning
- Understand how pricing aligns with payer market share

Product Overview

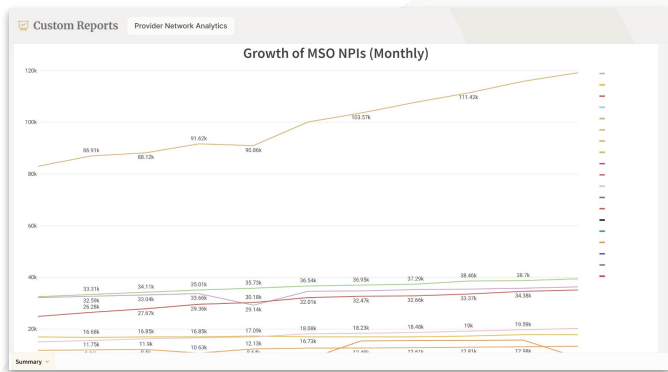
Custom Dashboard Add-ons

Available in Signal



Qualified Payment Amt. (QPA) Analysis Rate Benchmarking for IDR Preparation

- Estimate QPA benchmarks using median contracted rates from transparency data
- Compare rate distributions across raw, taxonomy-, and claims-filtered data
- Build customized reimbursement benchmarks by payer, procedure, and geography



Provider Network Analytics Practice Growth & Provider Recruitment

- Identify providers meeting custom criteria and surface contact details for targeted outreach
- Track provider network growth, additions, and churn over time
- Analyze network overlap across competing practices to identify recruitment opportunities

The screenshot shows the 'Serif Health Managed Medicare & Medicaid Claims Analytics Dashboard'. It features a table titled 'Managed Medicaid Billing Codes, 2024-2025'. The table has columns for Code, Primary Diagnosis Code Array, Claim Count, Provider State, Primary Payer Name, Payer Class, Organization/PA, Organization Name, and Organization. The table lists various medical codes and their corresponding claim counts and provider information.

Managed Medicare & Medicaid Claims Claims Data Exploration

- Access Managed Medicare and Medicaid claims data beyond TiC pricing files
- Filter by payer, organization, code, diagnosis, modifiers, and market
- Extract all available claims matching criteria

Curious? Visit <https://app.serifhealth.com/sample/data> to try out our web app

Product Overview

Price Transparency APIs

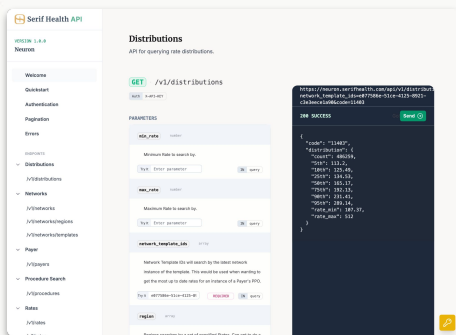
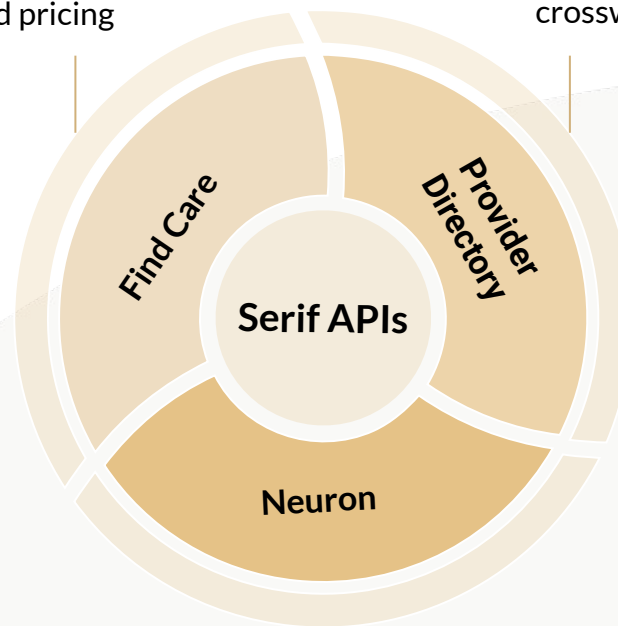
API Access

Find Care API

- Real-time provider and cost search APIs built on enriched TIC datasets
- Location-based in-network search for providers, procedures, and pricing

Provider Directory API

- Use MRF data to validate credentialed providers
- Check network status, eligibility, and crosswalk EIN / NPI relationships



Neuron API

- Programmatic access to **Serif's full transparency dataset**
- Query rich MRF data in milliseconds - contracts, rate distributions, provider relationships and network status

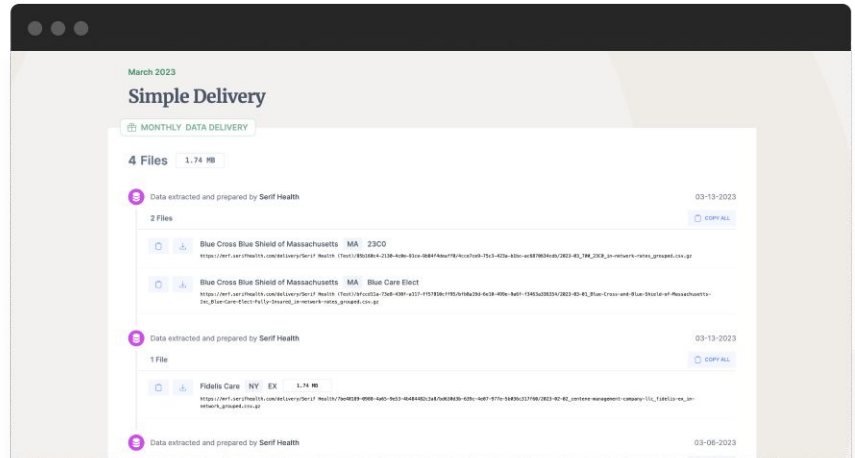
All APIs are also accessible through Serif's MCP server
 LLM-native endpoints for integrating Serif data into AI agents and internal tools (ChatGPT, Claude, etc.)

Product Overview

Data Licenses and Extracts

Custom Extracts

- Data exports tailored to the specifications you need across payers, codes, regions, providers, etc.
- Custom filters, secure URL download links, and flexible refresh cadence



Find us wherever you store data:



databricks



Bulk Data Licenses

- Receive nationwide data spanning our full library of 230+ payers, 500+ networks, and 4800+ hospitals updated monthly
- Features include: compressed .csv or parquet formats, direct delivery to your data storage warehouse (e.g., S3, Snowflake, Databricks), custom value-added filtering or upstream transforms

"Serif has been transformational for our organization. Their ability to understand the data and present it in a digestible, customized manner has vastly improved our ability to understand the market and our clients' needs. The best part is that they keep evolving and proactively bringing new tools our way."

— President, Radiology Group

Product Overview

Reporting and Analytics



Claims Audits and Repricing

Submit de-identified claims inputs into our platform and receive automated reporting comparing the claim down to the code level to a chosen set of price transparency MRF data. Customers utilize Serif Health's reports to **identify payment discrepancies** or **dynamically reprice out-of-network claims** compared to traditional reference-based pricing **with real visibility into a provider's broad set of accepted in-network rates**.



Network Competitiveness

Instantly **analyze the differences in cost structure and network coverage** among different fully-insured, self-insured, and ACA marketplace plans and networks. Serif Health's reporting lets you **compare the costs of specific plans across payers, plan types, specialties, procedures, and common providers**, along with **network disruption analysis**.



Benefit Design / Network Steerage

Collaborate with Serif Health to **build your own preferred provider networks** or **Center of Excellence model**. Our reports mine the price transparency MRF data and incorporate your custom logic, including price, access, and quality thresholds, to **isolate the best providers by specialty or service line for your organization**.



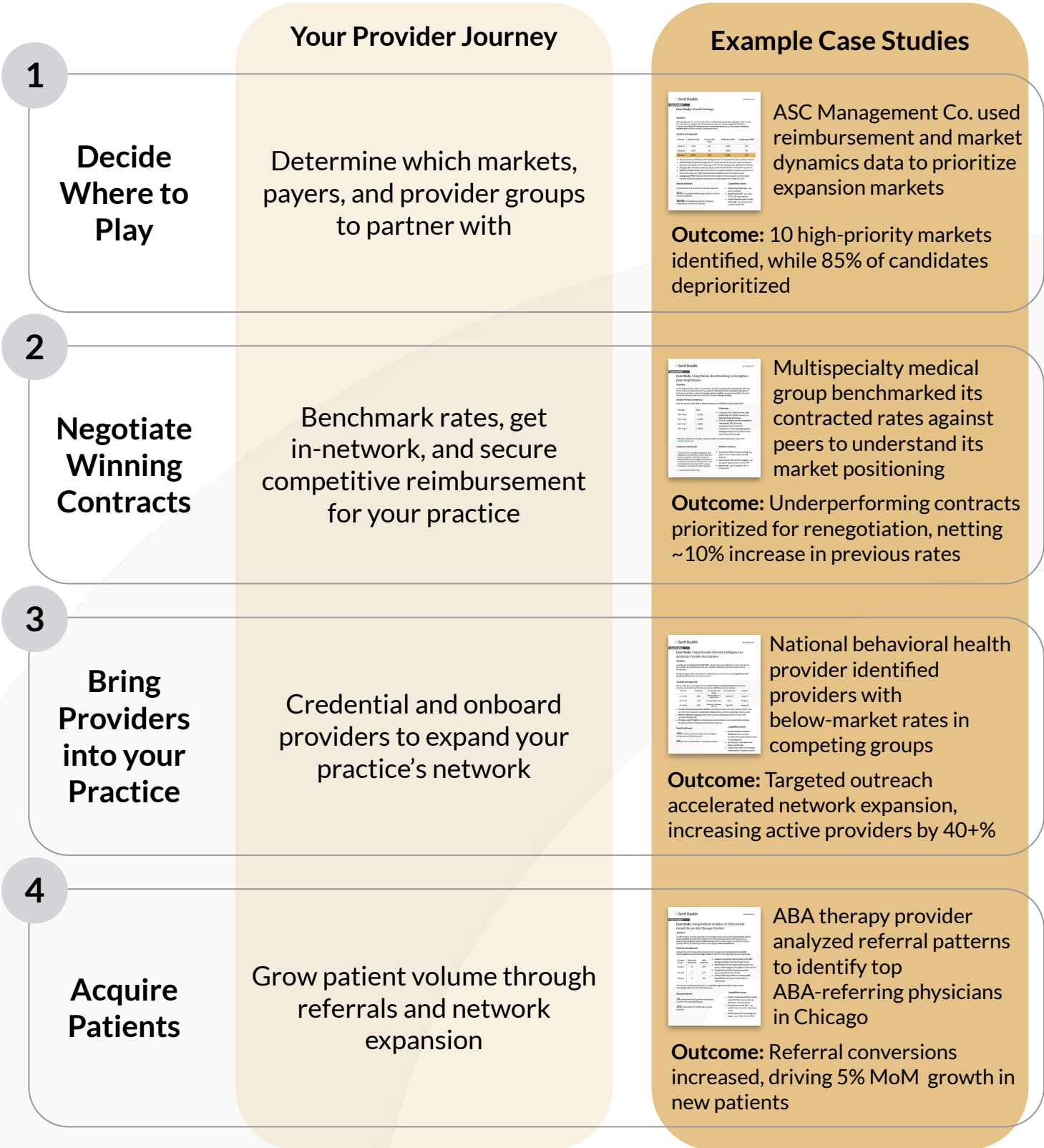
Cost Estimates / Compliant MRF Generation

Serif Health is **your compliance solution for the upcoming CMS price transparency requirements** taking effect July 1st 2024 and beyond. We work with leading facilities to **produce clean, compliant Machine Readable Files** so you do not have to worry about CMS fines and your risk exposure. Our highly capable team can **deliver MRFs within a few weeks** to ensure you meet your deadlines

Case Studies

Supporting the Provider Lifecycle

Providers use Serif's data to identify contracting opportunities, negotiate payer rates, expand their networks, and grow patient volume



Case Studies
1

Using Reimbursement and Market Dynamics to Prioritize Expansion Opportunities

Situation

ASC Management Co. was looking to deliver a **data-driven expansion roadmap** to their C-Suite for which priority markets they should open new centers. They leveraged Serif Health to integrate **prevailing ASC reimbursement, competitive dynamics, and incumbent outpatient hospital rates** into their strategic site expansion plan.

Analysis and approach

Markets	ASC % of CMS	Lives per ASC (100k)	HOPD % of CMS	Largest payer RMS
Market A	115%	127	469%	165
Market B	105%	68	348%	740
Market C	126%	156	528%	112

- The above shows what factors ASC Management Co. incorporated into their market scorecard:
- **ASC % of CMS:** Weighted-average ASC unit reimbursement for the top 5 major commercial payers across a basket of CPT codes (e.g., 27447 for joint replacement), baselined to Medicare
- **Lives per ASC:** Indicates competitive density in each market by # of commercial lives per ASC
- **HOPD % of CMS:** Same as ASC % of CMS but for hospital outpatient; indicates opportunity to shift volume away from high cost hospitals and establish network savings for payer
- **Largest payer RMS:** Relative market share for largest commercial payer in market; higher numbers indicate more payer concentration and less negotiation strength for ASCs

Results achieved

Prioritized set of 10 markets for near-term expansion

85%+ of candidate markets deprioritized for lack of economic feasibility

\$10M+ in potential savings from foregone investments in unattractive markets

Capabilities shown

- **Analysis by facility type** – e.g., ASC vs. Hospital
- **Baselining to CMS** – e.g., using OPPS, ASC fee schedules
- **Augmenting with payer market share data** – e.g., # commercial covered lives by ASC

Case Studies

2





Using Market Benchmarking to Strengthen Payer Negotiations

Situation

Austin Regional Clinic (ARC) is Central Texas' premier multispecialty medical group spanning 35 clinics and over 500 clinicians. They needed to benchmark their contracted rates against their peers and better understand current market conditions across their breadth of services. Serif data comprised a key input into ARC's broader strategic planning.

Sample market comparison

Rates presented as % of CMS for E&M procedures with BCBS Texas Blue Choice PPO

Provider	Rate
Peer Org. A	~125% 
Peer Org. B	~130% 
Peer Org. C	~115% 
Peer Org. D	~155% 

Outcomes

- Using Serif, ARC understood their **rate positioning** within BCBS' network and **potential points of leverage**
- With new **visibility into their competitive rate position**, ARC prioritized underperforming contracts for renegotiation—**informing ongoing payer strategy** and helping focus efforts where they had the most leverage.

Rate data is illustrative of broader analytics provided. For a customized analysis, reach out to hello@serifhealth.com.

Customer testimonial

"The Serif Team was **highly responsive and effective** at coordinating our data needs and analytics requests. They demonstrated a **differentiated level of insight and expertise** on the price transparency filings, and I would wholeheartedly recommend other groups interested in looking at this data use them."

— Chief Executive Officer, ARC

Platform features

- **Automated Medicare benchmarking** - e.g., against correct regional physician fee schedule
- **Advanced provider directory tagging** - e.g., can search 'Baylor Clinic' vs. EIN or NPI
- **Rate tiering** - e.g., for specialty MD vs. primary care

Case Studies

3 Using Provider Network Intelligence to Accelerate Provider Recruitment

Situation

A rapidly growing behavioral health MSO sought to expand its provider base across key markets.

To support continued growth, the team needed greater visibility into the **provider landscape across competing behavioral health organizations** to identify and prioritize high-value recruitment opportunities.

Analysis and approach

The provider group leveraged Serif’s **Provider Network Analytics Dashboard** to analyze provider affiliations and network relationships across behavioral health groups.

- **Provider directory and contact insights:** identified providers across competing behavioral health groups and independent providers, and surfaced contact details for targeted outreach
- **Provider growth tracking:** monitored provider rosters over time to identify recruitment, churn and retention trends across provider groups
- **Network affiliation mapping:** assessed provider overlap across competing provider groups

Behavioral Health Groups	Provider Network Overlap (%)				
	Group A	Group B	Group C	Group D	Group E
Group A		2.5%	0.5%	9.5%	17.3%
Group B			7.8%	3.2%	1.5%
Group C				4.9%	6.4%
Group D					2.1%
Group E					

Results achieved

43% increase in active providers across targeted markets over a 10-month period

11% growth in market share vs competing practices

Capabilities shown

- Analysis of **provider overlap** across competing behavioral health MSOs
- Identification of **provider recruitment opportunities**
- Tracking of provider **growth, retention, and churn**

Case Studies

4 Using Referral Analytics to Drive Patient Growth for an ABA Therapy Provider

Situation

An ABA therapy provider operating in the Chicago market was looking to **grow patient volume across its clinics** but had limited visibility into which physicians and provider groups were generating the **highest volume of ABA referrals**. Without clear insight into referral dynamics, outreach efforts to referring providers were largely **broad and inefficient**.

Analysis and approach

Using Serif’s claims-based referral analytics, the provider analyzed **physician-to-provider referral patterns across the Chicago market** to identify where ABA referrals were originating

Provider Group	Pediatrician A	Pediatrician B	Pediatrician C
ABA Group A	42%	28%	15%
ABA Group B	18%	37%	12%
ABA Group C	25%	14%	33%

Referring physicians performing autism diagnosis and pediatric E&M services were mapped to ABA providers **billing CPTs 97153–97158**. This analysis enabled the organization to **prioritize targeted outreach to high-volume referring providers** and their affiliated groups.

Results achieved

5%+ month-over-month growth in new patient volume within ideal patient panel

10%+ growth in share of referrals from top pediatric and autism-diagnosing providers

Capabilities shown

- **Custom claims-based referral report** to identify high-volume referring physicians / provider groups
- **Analysis by provider type** – e.g., pediatricians and autism-diagnosing clinics
- **Identification by CPT and diagnosis codes** – e.g., 97153, ICD-10 F84.0