

Most Regionally Ranked Hospitals Stay In-Network with Marketplace Plans, But Participation Declines

Analysis compares providers accessible through marketplace plans with those included on U.S. News & World Report's list of Best Regional Hospitals

Katherine Hempstead, PhD, MA, director and senior program officer, leads RWJF's work on health insurance coverage.

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Top Findings:

- More than 95 percent of regionally ranked hospitals were in-network with at least one Affordable Care Act marketplace plan in both 2015 and 2016.
- Network participation decreases significantly, however, as more than half of hospitals reduce the number of networks in which they participate between 2015 and 2016.
- The percent of hospitals in-network with only one marketplace plan increased from 7 percent in 2015 to 20 percent in 2016.
- Network participation declined more in metro areas.
- Customers loyal to a particular hospital can in most cases still find a marketplace plan that includes it, but choices are narrowed in 2016 relative to 2015; plans with these hospitals may be more expensive.

Introduction & Methodology

Much attention has been paid to changes in marketplace plans between 2015 and 2016. Some of the most significant changes relate to provider networks and access to out-of-network providers. A number of prior [reports](#) have noted a decline in the number of broad network plans, or PPOs (Preferred Provider Organizations) offered in the marketplace in 2016. It has also been [noted](#) that PPOs newly offered on the marketplace in 2016 provide less comprehensive coverage, and in particular offer less financial access to out-of-network providers.

A closely related issue is the extent to which access to particular providers may have changed for enrollees in marketplace plans between 2015 and 2016. An increased use of narrow and/or restricted provider networks is suggested by the shift in plan types already observed, but this change may also occur within existing plan types. While provider directories are available for customers choosing health plans using healthcare.gov and in some of the state-based marketplaces, there has not yet been a release of provider network data in a machine-readable form that would permit a more comprehensive analysis of whether or how provider networks are changing.

In the absence of comprehensive data, one way to gain insight is to measure changes in network participation in marketplace plans by a fixed cohort of providers between 2015 and 2016. We selected a group of hospitals that are highly rated by one widely used measure, the *U.S. News and World Report's* list of Best Regional Hospitals in 2015. The Best Regional Hospital category is limited to general medical-surgical hospitals that provide a wide range of services. Hospitals that are regionally ranked must be categorized as “high performing” in terms of the quality of their clinical care in at least two out of five common care categories. Some Best Regional Hospitals are also nationally ranked and appear on the *U.S. News and World Report's* much shorter “Best Hospitals” list. The regional rankings included states and all metropolitan areas with a population that exceeded 1 million. However, not all metropolitan areas had a regionally ranked hospital, and rankings were not published for metropolitan areas or states where there was only one regionally ranked hospital. More information about the specific methodology used by *U.S. News and World Reports* in selecting and ranking hospitals can be found [here](#).

We chose the two most highly ranked regional hospitals in each area for which *U.S. News and World Reports* published ratings, which created a group of 156 hospitals. To identify network participation for our cohort of hospitals, we worked with Vericred, a health care technology company focused on transparency solutions for the insurance industry. Vericred has developed a centralized database of health care providers and the health insurance plans in which they participate. We used this database to identify the network affiliations of regionally ranked hospitals in marketplace plans in 2015 and 2016. These estimates are based on plans available to residents of the counties in which the hospitals were located. These data provide us with a point-in-time estimate of network affiliation in 2015 and 2016. However, since network participation changes throughout the year, these measures underestimate changes that may have occurred earlier in 2015, and other changes in network participation will inevitably take place during 2016.

Results

Looking at [network participation by state](#), one of the most important results is that nearly all of the highly ranked hospitals were in-network with at least one marketplace plan in both 2015 and 2016. The percent participating stayed nearly the same at the very high rate of nearly 99 percent or over 98 percent in 2015 and 96 percent in 2016. The small number of hospitals that did not participate in marketplace networks changed between 2015 and 2016. In 2016, these hospitals were in-network with at least one plan, but two hospitals from Texas and one each from Arizona, Florida, New York, and North Carolina were no longer in marketplace networks.

While the percent of these hospitals that were in-network with at least one plan changed very little since last year, the number of networks in which these hospitals participated declined quite a bit. Looking at [changes in participation](#), only 43 percent of these hospitals maintained or increased the number of marketplace networks in which they participated, while 57 percent of hospitals participated in fewer networks in 2016. Nationally, the number of marketplace networks that included a regionally ranked hospital declined by 20 percent, from 597 to 476.

There was significant variation by state. Florida, for example, has 10 rated hospitals, and while all 10 continued to be in-network with at least one marketplace plan in 2016, the total number of networks in which these 10 hospitals participate fell by more than half. In Texas, as seen in [Table 1](#), two of the 10 ranked hospitals exited marketplace network participation altogether, and seven of the remaining eight reduced the number of networks in which they participated. Other states with big declines included Arizona, Illinois, Kansas, Maine, Massachusetts, Minnesota, North Carolina, Pennsylvania,

Utah, and Virginia. A number of states, including Arkansas, Iowa, Idaho, Oregon, and Rhode Island saw increases in the number of networks in which their ranked hospitals participated. The geographic pattern is mixed, although rural and smaller states tended to see fewer declines in network participation. Additionally, West Coast states—namely California, Washington, and Oregon all saw no change or increased participation.

Looking at [plan participation regionally](#), the overall distribution shifted notably, in that the proportion of hospitals that were in only one network nearly tripled, from 11 in 2015 to 31 in 2016. In 2016, 24 percent of hospitals participated in one or zero networks, as compared with 10 percent in 2015. Similarly, there were fewer hospitals participating in large numbers of networks. In 2015, 50 percent of hospitals participated in four or more networks, which was only the case for 34 percent of hospitals in 2016. The average number of networks per top-rated hospital declined from 3.8 in 2015 to 3.1 in 2016.

Looking at [changes in individual hospitals by state](#), it appears that exits from marketplace plans may be more likely in urbanized states and in more urban parts of states, although there are clearly many exceptions. Data on [individual hospitals in specific metro areas](#) shows where the overall reduction in network participation was higher, as nearly two-thirds of hospitals reduced the number of networks in which they participated in 2016.

Discussion

Changes in network participation can occur for a variety of reasons. One may be that a carrier exits the market, either because they become insolvent and fail, as did a number of the co-ops, or a carrier may choose not to sell marketplace plans in a particular state, such as Cigna's decision not to sell marketplace plans in Florida in 2016. Alternatively, carriers and providers may not be able to come to terms. Carriers creating narrow or tiered products may exclude certain providers, or may offer rates that providers are not willing to accept.

Recent [research](#) by Cooper, Gaynor, et al has provided an important new perspective on commercial prices paid to hospitals. Their results show there is significant variation both between and within hospital referral regions, and that among other factors, quality rating and market power are two significant determinants of negotiated hospital prices. Although based on an analysis of transaction prices in the group market, this research is clearly relevant. It may be the case that reductions in network participation in marketplace plans are more likely among top-rated hospitals that are relatively high priced for their market, and where carriers have other choices.

Carriers may not offer these hospitals rates that were sufficient to entice their participation, and the size of the non-group market may be small enough so that hospitals can afford to forgo this business, while carriers have opportunities with other hospitals. In less populated regions where there are fewer providers, hospitals may have more market power, and carriers may need to work harder to come to terms. There is also some research that suggests that patients loyal to highly rated hospitals may be more costly, and carriers are incentivized to exclude those hospitals to reduce their exposure to those patients (Shepard, 2015).

This reduction in network participation by top-rated hospitals is consistent with previously observed changes in plan types—i.e. movements away from broader network plans and the

shrinking of out-of-network benefits. Many consumers returning to the marketplace in 2016 may find that their choices have changed in ways that limit their access to certain providers. Yet it is still the case that almost all of these highly rated hospitals are in-network with at least one marketplace plan.

These changes are best seen as a series of adjustments being made by carriers to both limit their exposure to high costs and to present an affordable product to consumers. Consumers have repeatedly indicated that they are willing to trade access to providers in exchange for lower health insurance prices. It remains to be seen to what extent they are willing to accept the products currently being offered, which are in many ways quite different from those of the previous year.

Table 1. Participation in Marketplace Plan Networks by Regionally Ranked Hospitals, 2015 to 2016, U.S. and States

		In-Network with at Least One Marketplace Plan				
		2015		2016		
	Regionally Ranked Hospitals	Yes	No	Yes	No	% Change in Network Participation
United States (N)	156	154	2	150	6	-2%
(%)	100%	99%	1%	96%	4%	
Alabama (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Arizona (N)	3	3	0	2	1	-33%
(%)	100%	100%	0%	67%	33%	
Arkansas (N)	3	3	0	3	0	0%
(%)	100%	100%	0%	100%	0%	
California (N)	12	12	0	12	0	0%
(%)	100%	100%	0%	100%	0%	
Colorado (N)	4	4	0	4	0	0%
(%)	100%	100%	0%	100%	0%	
Connecticut (N)	7	7	0	7	0	0%
(%)	100%	100%	0%	100%	0%	
District of Columbia (N)	1	1	0	1	0	0%
(%)	100%	100%	0%	100%	0%	
Florida (N)	10	10	0	9	1	-10%
(%)	100%	100 %	0%	90%	10%	
Georgia (N)	3	3	0	3	0	0%
(%)	100%	100%	0%	100%	0%	
Hawaii (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Idaho (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Illinois (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Indiana (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Iowa (N)	1	1	0	1	0	0%
(%)	100%	100%	0%	100%	0%	
Kansas (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Kentucky (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Louisiana (N)	3	3	0	3	0	0%
(%)	100%	100%	0%	100%	0%	
Maine (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Maryland (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Massachusetts (N)	3	3	0	3	0	0%
(%)	100%	100%	0%	100%	0%	

Table 1 continued

		In-Network with at Least One Marketplace Plan				
		2015		2016		
	Regionally Ranked Hospitals	Yes	No	Yes	No	% Change in Network Participation
Michigan (N)	4	4	0	4	0	0%
(%)	100%	100%	0%	100%	0%	
Minnesota (N)	3	3	0	3	0	0%
(%)	100%	100%	0%	100%	0%	
Missouri (N)	3	3	0	3	0	0%
(%)	100%	100%	0%	100%	0%	
Nebraska (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
New York (N)	8	8	0	7	1	-13%
(%)	100%	100%	0%	88%	13%	
North Carolina (N)	7	7	0	6	1	-14%
(%)	100%	100%	0%	86%	14%	
Ohio (N)	15	15	0	15	0	0%
(%)	100%	100%	0%	100%	0%	
Oregon (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Pennsylvania (N)	10	10	0	10	0	0%
(%)	100%	100%	0%	100%	0%	
Rhode Island (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
South Carolina (N)	3	3	0	3	0	0%
(%)	100%	100%	0%	100%	0%	
Tennessee (N)	5	3	2	5	0	67%
(%)	100%	60%	40%	100%	0%	
Texas (N)	10	10	0	8	2	-20%
(%)	100%	100%	0%	80%	20%	
Utah (N)	3	3	0	3	0	0%
(%)	100%	100%	0%	100%	0%	
Virginia (N)	5	5	0	5	0	0%
(%)	100%	100%	0%	100%	0%	
Washington (N)	2	2	0	2	0	0%
(%)	100%	100%	0%	100%	0%	
Wisconsin (N)	4	4	0	4	0	0%
(%)	100%	100%	0%	100%	0%	
Total	156	154	2	150	6	

Table 2. Change in Marketplace Network Participation for Regionally Ranked Hospitals, 2015 to 2016, U.S. and States

	Hospitals	Marketplace Network Participation, 2016 v. 2015		Number of Networks		
		Same or More	Less	2015	2016	% Change
United States (n)	156	67	89	597	476	-20%
(%)	100%	43%	57%			
Alabama (N)	2	2	0	5	5	0%
(%)	100%	100%	0%			
Arizona (N)	3	0	3	8	3	-63%
(%)	100%	0%	100%			
Arkansas (N)	3	3	0	8	11	38%
(%)	100%	100%	0%			
California (N)	12	12	0	30	36	20%
(%)	100%	100%	0%			
Colorado (N)	4	0	4	25	20	-20%
(%)	100%	0%	100%			
Connecticut (N)	7	7	0	28	28	0%
(%)	100%	100%	0%			
District of Columbia (N)	1	1	0	2	2	0%
(%)	100%	100%	0%			
Florida (N)	10	0	10	44	21	-52%
(%)	100%	0%	100%			
Georgia (N)	3	3	0	11	13	18%
(%)	100%	100%	0%			
Hawaii (N)	2	2	0	3	3	0%
(%)	100%	100%	0%			
Idaho (N)	2	2	0	6	9	50%
(%)	100%	100%	0%			
Illinois (N)	2	0	2	8	3	-63%
(%)	100%	0%	100%			
Indiana (N)	2	1	1	10	9	-10%
(%)	100%	50%	50%			
Iowa (N)	1	1	0	1	2	100%
(%)	100%	100%	0%			
Kansas (N)	2	0	2	4	2	-50%
(%)	100%	0%	100%			
Kentucky (N)	2	1	1	6	6	0%
(%)	100%	50%	50%			
Louisiana (N)	3	3	0	11	11	0%
(%)	100%	100%	0%			
Maine (N)	2	0	2	6	4	-33%
(%)	100%	0%	100%			

Table 2 continued

		Marketplace Network Participation, 2016 v. 2015		Number of Networks		
	Hospitals	Same or More	Less	2015	2016	% Change
Maryland (N)	2	0	2	7	5	-29%
(%)	100%	0%	100%			
Massachusetts (N)	3	0	3	29	19	-34%
(%)	100%	0%	100%			
Michigan (N)	4	0	4	27	21	-22%
(%)	100%	0%	100%			
Minnesota (N)	3	0	3	12	6	-50%
(%)	100%	0%	100%			
Missouri (N)	3	3	0	8	9	13%
(%)	100%	100%	0%			
Nebraska (N)	2	2	0	4	4	0%
(%)	100%	100%	0%			
New York (N)	8	2	6	37	29	-22%
(%)	100%	25%	75%			
North Carolina (N)	7	0	7	23	12	-48%
(%)	100%	0%	100%			
Ohio (N)	15	7	8	90	82	-9%
(%)	100%	47%	53%			
Oregon (N)	2	2	0	6	8	33%
(%)	100%	100%	0%			
Pennsylvania (N)	10	1	9	49	30	-39%
(%)	100%	10%	90%			
Rhode Island (N)	2	2	0	4	6	50%
(%)	100%	100%	0%			
South Carolina (N)	3	3	0	4	5	25%
(%)	100%	100%	0%			
Tennessee (N)	5	3	2	6	6	0%
(%)	100%	60%	40%			
Texas (N)	10	1	9	37	18	-51%
(%)	100%	10%	90%			
Utah (N)	3	0	3	6	3	-50%
(%)	100%	0%	100%			
Virginia (N)	5	0	5	11	5	-55%
(%)	100%	0%	100%			
Washington (N)	2	2	0	13	13	0%
(%)	100%	100%	0%			
Wisconsin (N)	4	2	2	10	8	-20%
(%)	100%	50%	50%			
Totals	156	68	88	599	477	

Figure 1. Marketplace Plan Network Participation by Regionally Ranked Hospitals

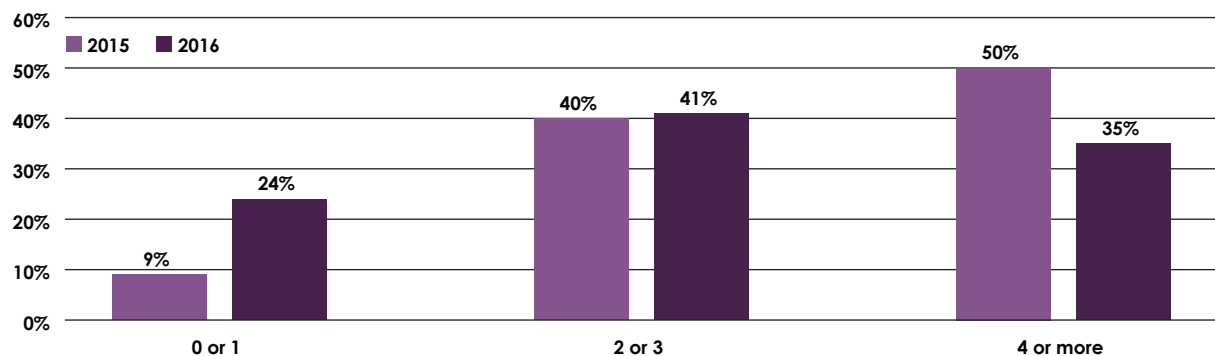


Table 3. Marketplace Plan Network Participation by Regionally Ranked Hospitals by State

	Number of Networks		Same or More	Less
	2015	2016		
Alabama				
Huntsville Hospital	3	3	1	
University of Alabama	2	2	1	
Arizona				
Banner Good Samaritan Phoenix	4	2		1
Mayo Phoenix	1	0		1
Banner-University Medical Center Tucson	3	1		1
Arkansas				
Arkansas Surgical Hospital	3	4	1	
CHI St. Vincent Infirmary	2	3	1	
Washington Regional Medical Center	3	4	1	
California				
El Camino Hospital	4	5	1	
Loma Linda University Medical Center	4	3		1
Scripps Mercy Hospital	3	4	1	
UC-Davis Medical Center	4	4	1	
UCSD Medical Center	3	4	1	
UCSF Medical Center	3	4	1	
Cedars-Sinai Medical Center	2	3	1	
KFH-Fontana	1	1	1	
KFH-South Sacramento	1	1	1	
LAC Olive View/UCLA Medical Center	1	2	1	
Stanford University Medical Center	1	1	1	
John Muir Medical Center	3	4	1	

Table 3 continued

	Number of Networks		Same or More	Less
	2015	2016		
Colorado				
Memorial Hospital	5	4		1
Penrose–St. Francis Health Services	8	7		1
Porter Adventist Hospital	7	6		1
University of Colorado Hospital	5	3		1
Connecticut				
Danbury Hospital	4	4	1	
Greenwich Hospital	4	4	1	
Hartford Hospital	4	4	1	
Middlesex Hospital	4	4	1	
Saint Francis Hospital and Medical Center	4	4	1	
Waterbury Hospital	4	4	1	
Yale-New Haven Hospital	4	4	1	
District of Columbia				
Washington Hospital Center	2	2	1	
Florida				
Baptist Hospital	4	2		1
Florida Hospital	5	2		1
Holy Cross Hospital	5	2		1
Holmes Regional Medical Center	6	3		1
Mayo Clinic Florida	3	1		1
Orlando Health	4	2		1
Sarasota Memorial Hospital	5	3		1
Tampa General Hospital	6	4		1
UF Hospital Jacksonville	2	0		1
Venice Regional Medical Center	4	2		1
Georgia				
Emory University Hospital	3	4	1	
Northside Hospital	5	6	1	
University Hospital	3	3	1	
Hawaii				
KFH Hawaii	1	1	1	
Queen's Medical Center	2	2	1	
Idaho				
Saint Alphonsus Regional Medical Center	3	4	1	
St. Luke's Regional Medical Center	3	5	1	
Illinois				
Northwestern Memorial Hospital	5	2		1
Rush University Medical Center	3	1		1

Table 3 continued

	Number of Networks		Same or More	Less
	2015	2016		
Indiana				
Indiana University Health	5	5	1	
St. Vincent Hospital and HCC	5	4		1
Iowa				
Iowa Lutheran Hospital	1	2	1	
Kansas				
Kansas Medical Center	2	1		1
University of Kansas Hospital	2	1		1
Kentucky				
Baptist Health Louisville	2	3	1	
Norton Hospital	4	3		1
Louisiana				
East Jefferson General Hospital	5	5	1	
Ochsner Baptist Medical Center	3	3	1	
Our Lady of the Lake	3	3	1	
Maine				
Maine Medical Center	3	2		1
Mid Coast Hospital	3	2		1
Maryland				
Johns Hopkins University Hospital	4	3		1
University of Maryland Medical System	3	2		1
Massachusetts				
Baystate Medical Center	9	5		1
Brigham and Women's	10	7		1
Massachusetts General Hospital	10	7		1
Michigan				
William Beaumont Hospitals–Royal Oak	12	10		1
Saint Mary's Health Care	5	3		1
University of Michigan Medical Center	6	5		1
Spectrum Health	4	3		1
Minnesota				
Abbott Northwestern Hospital	5	3		1
Mayo Clinic Methodist Hospital	2	1		1
University of Minnesota Medical Center	5	2		1
Missouri				
Barnes–Jewish Hospital	3	3	1	
Missouri Baptist Medical Center	2	3	1	
St. Luke's Hospital	3	3	1	

Table 3 continued

	Number of Networks		Same or More	Less
	2015	2016		
Nebraska				
CHI Health Immanuel	2	2	1	
CHI Creighton University	2	2	1	
New York				
Albany Medical Center Hospital	7	6		1
Ellis Hospital	6	6	1	
New York Presbyterian	3	2		1
Northern Dutchess Hospital	6	7	1	
New York University Langone Medical Center	3	0		1
Rochester General Hospital	5	3		1
St. Joseph's Hospital Health Center	3	2		1
Strong Memorial Hospital	4	3		1
North Carolina				
Carolinas Medical Center	3	2		1
Duke University Hospital	3	2		1
Moses H. Cone Memorial Hospital	4	3		1
Novant Health Matthews	4	3		1
Novant Health Presbyterian Medical Center	4	1		1
University of North Carolina Hospital	4	1		1
Wake Forest University Baptist Medical Center	1	0		1
Ohio				
Akron General Medical Center	6	5		1
Bethesda Hospital	8	7		1
Cleveland Clinic Hospital	5	3		1
Grandview Hospital	5	6	1	
Good Samaritan Hospital Cincinnati	8	7		1
Kettering Medical Center	5	5	1	
Promedica Toledo Hospital	1	1	1	
Riverside Methodist Hospital	3	3	1	
St. Elizabeth Boardman Health Center	9	8		1
St. Elizabeth Youngstown	9	8		1
Summa Akron City & St. Thomas Hospital	7	7	1	
The Christ Hospital	6	5		1
The Ohio State University Hospital	5	5	1	
UH Case Medical Center	6	6	1	
University of Toledo Medical Center	7	6		1
Oregon				
OHSU Hospital and Clinics	2	3	1	
Providence Portland Medical Center	4	5	1	

Table 3 continued

	Number of Networks			
	2015	2016	Same or More	Less
Pennsylvania				
Holy Spirit Hospital	7	5		1
Hospital of the University of Pennsylvania	4	1		1
Lancaster General Hospital	7	4		1
Lehigh Valley Hospital	8	5		1
Lehigh Valley Hospital Muhlenberg	7	5		1
The Milton S. Hershey Medical Center	5	2		1
Thomas Jefferson University	3	1		1
UPMC–Pittsburgh	2	3	1	
Western Pennsylvania Hospital	2	1		1
Wilkes-Barre General Hospital	4	3		1
Rhode Island				
Miriam Hospital	2	3	1	
Newport Hospital	2	3	1	
South Carolina				
Bon Secours St. Francis Downtown	1	1	1	
Medical University of South Carolina	1	1	1	
St. Francis Xavier Bon Secours	2	3	1	
Tennessee				
Memorial Health Care System	0	1	1	
Methodist Healthcare-Memphis	2	1		1
Saint Thomas Hospital	0	1	1	
University of Tennessee Memorial Hospital	2	2	1	
Vanderbilt University Hospitals	2	1		1
Texas				
Baylor University Medical Center	4	2		1
Doctors Hospital at Renaissance	6	4		1
Edinburg Regional Medical Center	2	2	1	
Houston Methodist Hospital	3	0		1
Methodist Stone Oak Hospital	4	2		1
Seton Medical Center	4	3		1
St. David's Medical Center	5	2		1
University Health System	4	1		1
UT Southwestern University Hospital	1	0		1
Memorial Herman	4	2		1
Utah				
Intermountain Medical Center	2	1		1
Utah Valley Regional Medical Center	2	1		1
University of Utah Hospitals and Clinic	2	1		1

Table 3 continued

	Number of Networks		Same or More	Less
	2015	2016		
Virginia				
Bon Secours St Mary's Hospital	2	1		1
Inova Fairfax Hospital	2	1		1
Sentara Norfolk General Hospital	2	1		1
Sentara Williamsburg Regional Medical Center	3	1		1
Virginia Commonwealth University Health System	2	1		1
Washington				
UW Medicine/Northwest Hospital	7	7	1	
Virginia Mason Medical Center	6	6	1	
Wisconsin				
Aurora Health Care Metro	3	2		1
Froedtert Hospital and the Medical College of Wisconsin	3	3	1	
Meriter Hospital	3	2		1
St. Mary's Hospital	1	1	1	
Total			67	89
			43%	57%

Table 4. Marketplace Plan Network Participation by Regionally Ranked Hospitals by Selected Metro Areas

	Number of Networks		Same or More	Less
	2015	2016		
New York City				
New York Presbyterian	3	2		1
New York University Langone Medical Center	3	0		1
Chicago				
Northwestern Memorial Hospital	5	2		1
Rush University Medical Center	3	1		1
Los Angeles				
Cedars–Sinai Medical Center	2	3	1	
LAC Olive View/UCLA Medical Center	1	2	1	
Dallas				
Baylor University Medical Center	4	2		1
UT Southwestern University Hospital	1	0		1
Houston				
Houston Methodist Hospital	3	0		1
Memorial Herman	4	2		1
Philadelphia				
Thomas Jefferson University	3	1		1
Hospital of the University of Pennsylvania	4	1		1
Washington DC/VA				
Inova Fairfax Hospital	2	1		1
Washington Hospital Center	2	2	1	
Miami				
Baptist Hospital	4	2		1
Atlanta				
Emory University Hospital	3	4	1	
Northside Hospital	5	6	1	
Boston				
Brigham and Women's	10	7		1
Massachusetts General Hospital	10	7		1
San Francisco				
UCSF Medical Center	3	4	1	
John Muir Medical Center	3	4	1	
Stanford University Medical Center	1	1	1	
Phoenix				
Banner Good Samaritan Phoenix	4	2		1
Mayo Phoenix	1	0		1
Riverside/San Bernardino				
Loma Linda University Medical Center	4	3		1

Table 4 continued

	Number of Networks		Same or More	Less
	2015	2016		
Detroit				
William Beaumont Hospitals–Royal Oak	12	10		1
Seattle				
UW Medicine/Northwest Hospital	7	7	1	
Virginia Mason Medical Center	6	6	1	
Minneapolis				
University of Minnesota Medical Center	5	2		1
Abbott Northwestern Hospital	5	3		1
San Diego				
Scripps Mercy Hospital	3	4	1	
UCSD Medical Center	3	4	1	
Tampa				
Tampa General Hospital	6	4		1
St. Louis				
Barnes-Jewish Hospital	3	3	1	
Missouri Baptist Medical Center	2	3	1	
Baltimore				
Johns Hopkins University Hospital	4	3		1
University of Maryland Medical System	3	2		1
Denver				
Porter Adventist Hospital	7	6		1
University of Colorado Hospital	5	3		1
Total			14	25
			36%	64%

About the Robert Wood Johnson Foundation

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://twitter.com/rwjf) or on Facebook at [www.rwjf.org/facebook](https://www.facebook.com/rwjf).