

# Geographic Distribution and Financial Analysis of CommonSpirit Health Provider Network

*Comprehensive Analysis of Provider Distribution, Industry Payments, and Prescription Patterns Analysis Date: September 03, 2025*

## Executive Summary: Geographic Patterns in Healthcare Financial Relationships

Analysis of CommonSpirit Health’s 30,850 provider network reveals significant geographic variations in pharmaceutical industry engagement and prescribing patterns. The network received **\$282.4 million** in industry payments correlating with **\$27.2 billion** in prescription volumes, with an average return ratio of **139:1** across states.

### Industry Payment Distribution by State

#### Payment Concentration and Penetration

States demonstrating highest industry payment activity:

State	Total Payments	Providers w/ Payments	Payment Penetration	Avg per Provider	Top Categories
AZ	\$49.2M	1,339	54.7%	\$6,575	Consulting Fee (\$1.2M), Food and Beverage (800K), Travel(...
AR	\$39.0M	3,098	70.5%	\$9,011	Consulting Fee (\$1.2M), Food and Beverage (800K), Travel(...
TN	\$34.6M	1,741	48.9%	\$9,616	Consulting Fee (\$1.2M), Food and Beverage (800K), Travel(...

State	Total Payments	Providers w/ Payments	Payment Penetration	Avg per Provider	Top Categories
NE	\$32.0M	2,889	59.1%	\$5,978	Consulting Fee (\$1.2M), Food and Beverage (800K), Travel(...
TX	\$31.7M	4,949	57.0%	\$9,476	Consulting Fee (\$1.2M), Food and Beverage (800K), Travel(...

**Notable Finding:** 2 states show payment penetration exceeding 60%, indicating broad industry engagement with the provider network.

## State-Level Prescription Patterns

### Top Prescribed Medications by State

**OZEMPIC** concentration: - TN: \$14.2M (20.3% of state total) - CA: \$12.6M (18.5% of state total) - TX: \$10.9M (22.1% of state total)

**ELIQUIS** concentration: - CO: \$9.6M (13.5% of state total) - CA: \$9.4M (12.3% of state total) - FL: \$8.2M (16.3% of state total)

**HUMIRA** concentration: - OH: \$12.2M (13.1% of state total) - WA: \$9.7M (14.2% of state total) - CA: \$9.0M (8.7% of state total)

**JARDIANCE** concentration: - NE: \$6.3M (11.1% of state total) - UT: \$5.6M (9.1% of state total) - TN: \$5.4M (10.8% of state total)

## Geographic Prescription Anomalies

### Drugs with Unusual State Concentrations

Analysis of prescription patterns relative to national averages reveals expected variations consistent with population demographics and disease prevalence.

## Payment-Prescription Correlations by State

### Return on Investment Analysis

Analysis of the relationship between industry payments and prescription values reveals substantial state-level variations:

State	Payments	Prescription Value	ROI Ratio	Payment Coverage
<b>TN</b>	\$24.0M	\$4.37B	182:1	68.1%
<b>OH</b>	\$29.6M	\$5.33B	180:1	64.5%
<b>AR</b>	\$7.7M	\$1.39B	180:1	67.7%
<b>AZ</b>	\$13.3M	\$2.38B	179:1	59.1%
<b>NE</b>	\$26.1M	\$3.86B	148:1	48.7%

**Key Insight:** States demonstrate ROI ratios ranging from 66:1 to 182:1, suggesting varying degrees of correlation between payment activity and prescription volumes.

## Regional Influence Patterns

### Western Region Concentration

Western states receive 40.3% of total industry payments while housing 58.8% of providers, suggesting proportional payment distribution relative to provider concentration.

## Compliance and Monitoring Implications

### Risk-Based State Categorization

#### High Priority States for Compliance Monitoring:

- **AR:** Risk Score 88 (Payment penetration: 70.5%, ROI: 180:1)
- **OH:** Risk Score 82 (Payment penetration: 57.8%, ROI: 180:1)
- **AZ:** Risk Score 81 (Payment penetration: 54.7%, ROI: 179:1)
- **TN:** Risk Score 80 (Payment penetration: 48.9%, ROI: 182:1)
- **NE:** Risk Score 72 (Payment penetration: 59.1%, ROI: 148:1)

## Data-Driven Recommendations

### Immediate Actions

1. **Enhanced Monitoring:** Implement quarterly reviews for states with payment penetration >60% and ROI ratios >100:1
2. **Drug-Specific Analysis:** Investigate states showing 2x+ national average for high-cost medications
3. **Regional Coordination:** Establish western region task force for the 58.8% provider concentration

### Systematic Improvements

1. **State-Level Dashboards:** Deploy real-time monitoring for payment and prescription correlations

2. **Anomaly Detection:** Implement automated alerts for unusual state-drug combinations
3. **Comparative Benchmarking:** Establish state-specific thresholds based on regional patterns

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**Note:** This analysis presents observed statistical associations between geographic location, industry payments, and prescription patterns. These correlations do not establish causation and may reflect multiple factors including patient demographics, disease prevalence, specialty distribution, and regional practice variations. All findings should be interpreted within the context of legitimate medical practice and patient care needs.

**Data Sources:** CMS Open Payments 2020-2024, Medicare Part D Prescriber Data, CommonSpirit Provider Database **Analysis Method:** Geographic correlation analysis with risk stratification modeling