

Provider cost and quality information: Pregnancy care and delivery

The table below contains cost and quality information on primary care clinics and obstetricians/gynecologists who provide pregnancy care and delivery. Cost information was calculated based on Medica claims data. Quality information was determined by a clinic's cesarean section rate. See the footnote at the end of this document for further details.

Please note, only those clinics that had quality ratings and sufficient patient volume are included in the chart. Additional cost information is available in Main Street Medica's [Clinic section](#). To look for providers in your plan's network, visit Medica's [Find A Doctor](#).

Key:		
(-) = Information not available		
Cost information:		
Lower Cost	Medium Cost	Higher Cost

Pregnancy care & delivery			
Clinic name	Cesarean section rate	Median (middle) value	Most cases cost between this range
Southdale Obstetric & Gynecologic Consultants, PA	10%	\$11,028	\$6,826 - \$15,840
University of Minnesota Physicians	12%	\$11,028	\$6,680 - \$22,717
HFA/HCMC Clinics	16%	\$10,694	\$7,531 - \$17,698
Hutchinson Medical Center, P.A.	17%	\$10,248	\$6,470 - \$16,910
North Clinics	18%	\$10,359	\$7,413 - \$15,315
Obstetrics & Gynecology Specialists, PA	19%	\$10,025	\$6,068 - \$16,590
Paul Larson Obstetrics & Gynecology Clinic	20%	\$9,357	\$6,557 - \$13,862
Diamond Women's Center, P.A.	30%	\$10,582	\$6,789 - \$19,899

About clinics' cesarean section rates

Clinics self-reported their cesarean section (c-section) rates during a survey in summer 2009. The World Health Organization recommends c-section rates of 15% or lower. The national average for c-sections in 2007 was 31.8 percent, according to the Centers for Disease Control and Prevention.

How costs were calculated

This information shows a clinic's total cost for pregnancy care and delivery. The average cost range and median listed reflect the fees associated with the facility, the physician, office visits, ancillary services and medications for one year. The conditions are categorized by Episode Treatment Groups (ETGs). Medica's commercial claims data was used, excluding the Minnesota Comprehensive Health Association (MCHA), as the basis of this analysis. The analysis included episodes that started, ended or "spanned" January 2007 through December 2008. To help ensure comparability of the findings, only complete, non-outlier, episodes were included in the analysis.

The episodes were assigned to a provider at a tax identification number (TIN) level using an attribution methodology. The methodology assigned the entire episode to any and all providers that accounted for at least 30 percent of the professional fees associated with that episode. The analysis included primary care clinics and obstetricians/gynecologists who provide pregnancy care and delivery.

In order for a clinic to be listed for a given condition, they must have 30 or more episodes for that condition. A clinic's average cost is the case-mix adjusted mean.

The clinics were then ordered by median cost and segmented by cost category. Cost categories were defined as follows: Low Cost - at or below the 25th percentile; Medium cost - above the 25th percentile to at or below the 75th percentile; and High cost - above the 75th percentile.

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