



2022

National Hospital Price Transparency Conference

Path to Affordability

May 5, 2022 | 8:30 am – 5:00 pm EDT

Livestreamed from Indiana Landmarks Center, 1201 Central Ave, Indianapolis, IN 46205

Hosted by Employers' Forum of Indiana

A free market approach to healthcare only works **when purchasers have a choice.**

We hope these RAND hospital price transparency studies, along with hospital quality and cost information, permit for more informed discussions between purchasers and all other healthcare stakeholders. Thank you to all who have been working to realign benefit design and payment based on the value of services provided.

SPECIAL THANK YOU TO



**Arnold
Ventures**

Thank you to Arnold Ventures for their generous support of this conference including complementary registration for all attendees. Arnold Ventures is a philanthropy dedicated to tackling some of the most pressing problems in the United States surrounding criminal justice, education, health, and public finance. Their work is guided by evidence-based policy, research, and advocacy. Learn more at arnoldventures.org.

Welcome from the Forum President & CEO



Gloria Sachdev, PharmD

**President, CEO, & Board Chair
Employers' Forum of Indiana**

Gloria Sachdev serves as President, CEO, and Board Chair of the Employers' Forum of Indiana. She also serves as Adjunct Associate Professor at Purdue College of Pharmacy. Forum initiatives focus on hospital price and quality transparency, value-based health benefit & payment strategies, and health policy. She serves as a member of the Board of Governors for the National Alliance of Healthcare Purchasers Coalition and as Board Vice Chair for Hoosiers for Affordable Healthcare.

Thank you for joining us for the 2022 National Hospital Price Transparency Conference!

On behalf of the Employers' Forum of Indiana, I am delighted to welcome you to our third National Hospital Price Transparency Conference. Highlights of this one-day event include the public release of the fourth hospital price transparency study which publicly notes commercial U.S. inpatient and outpatient hospital prices by hospital name as well as ambulatory surgical centers. This study, conducted by RAND Corporation, reports commercial hospital prices paid as a percent of Medicare payment for the same services, thus making these relative prices comparable across the country. This RAND 4.0 study will include analyses of 49 states, plus D.C.

As we all aim to achieve affordable, high-value healthcare, in addition to discussing hospital price transparency, we are excited to launch Sage Transparency, our new hospital value dashboard. The Forum has been developing this tool over the past year, which compiles five different hospital price and quality data sources: the NASHP Hospital Cost Tool, Turquoise Health posted hospital prices, Healthcare Bluebook/Quantros hospital quality data, CMS hospital star ratings, and RAND 4.0.

Many thanks to the presenters, moderators, panelists, the Forum team, and our sponsors for bringing you this conference, and a special thanks to Arnold Ventures for their generous support.

Enjoy the conference!



Gloria Sachdev, BS Pharm, PharmD, FASHP

President, CEO, & Board Chair, Employers' Forum of Indiana
Adjunct Associate Professor, Purdue College of Pharmacy
gloria@employersforumindiana.org

Explore the conference website

Agenda

Visit the conference website at nhptc.org for a recording of today's conference and downloadable presentation files.

8:00 am – 8:30 am	DOORS OPEN AND CONTINENTAL BREAKFAST
8:30 am – 8:45 am	WELCOME Gloria Sachdev President & CEO, Employers' Forum of Indiana Christan Royer Director of Benefits, Indiana University; Board Member, Employers' Forum of Indiana
8:45 am – 9:15 am	KEYNOTE Hunter Kellett Arnold Ventures
9:15 am – 9:45 am	HOSPITAL VALUE DASHBOARD: DATA TO INFORM HONEST CONVERSATIONS Gloria Sachdev President & CEO, Employers' Forum of Indiana
9:45 am – 10:30 am	RAND 4.0 HOSPITAL PRICE TRANSPARENCY STUDY: WHAT EMPLOYERS PAY Chris Whaley RAND Corporation
10:30 am – 10:45 am	BREAK
10:45 am – 11:10 am	HOSPITAL PRICE TRANSPARENCY: HOSPITAL POSTED PRICES Ge Bai Johns Hopkins University Chris Severn Turquoise Health
11:10 am – 11:30 am	HOSPITAL COST TOOL: EMPLOYER BREAK-EVEN PRICE AND MORE Marilyn Bartlett National Academy for State Health Policy
11:30 am – 11:45 am	HOSPITAL QUALITY: CMS HOSPITAL STAR RATINGS Melissa Mariñelarena CDQ Solutions
11:45 am – 12:00 pm	HOSPITAL QUALITY: QUANTROS Debi Heck Healthcare Bluebook
12:00 pm – 1:00 pm	LUNCH BREAK
1:00 pm – 1:45 pm	PANEL DISCUSSION WITH MORNING PRESENTERS Moderated by Dave Kelleher Board Member, Employers' Forum of Indiana
1:45 pm – 2:45 pm	BRAINSTORMING NEXT STEPS TO INTERVENE ON HOSPITAL PRICES & QUALITY Moderated by Michael Thompson National Alliance of Healthcare Purchaser Coalitions (NAHPC) <ul style="list-style-type: none"> Charles Cammack Fort Wayne Community School Corporation Mary Delaney Vital Incite Shelley Stewart Stewart Consulting
2:45 pm – 3:45 pm	PERSPECTIVES ON ACTIONABLE TACTICS TO DRIVE VALUE Moderated by Candace Shaffer Purdue University <ul style="list-style-type: none"> Lakshmi Aggarwal Fort Wayne Medical Oncology and Hematology Gary Everling Hendricks Regional Health Jim Jusko FireLight Health Kim Sonerholm UnitedHealthcare
3:45 pm – 4:00 pm	BREAK
4:00 pm – 4:50 pm	WHERE DO WE GO FROM HERE? Suzanne Delbanco Catalyst for Payment Reform Cynthia Fisher PatientRightsAdvocate.org
4:50 pm – 5:00 pm	CONCLUSION Gloria Sachdev President & CEO, Employers' Forum of Indiana Christan Royer Director of Benefits, Indiana University; Board Member, Employers' Forum of Indiana
5:00 pm – 6:30 pm	NETWORKING & COCKTAILS

Meet the Speakers

We believe that our diverse group of speakers and panelists will provide in-depth insight, as well as actionable/practical tools, and will share how price transparency can be utilized to improve the value received by employers and patients for their health care expenditures.

Speakers listed by order of appearance.



Gloria Sachdev, PharmD

President, CEO, & Board Chair, Employers' Forum of Indiana

Dr. Gloria Sachdev serves as President, CEO, and Board Chair of the Employers' Forum of Indiana. She also serves as an adjunct clinical associate professor at Purdue University College of Pharmacy. She also serves as a member of the Board of Governors for the National Alliance of Healthcare Purchasers Coalition and as Board Vice Chair for Hoosiers for Affordable Healthcare.

Prior to the Forum, Dr. Sachdev consulted for employers, health-systems, physician groups, health plans, universities, and other health care stakeholders locally and nationally to assist with strategic planning around various health care quality improvement initiatives. She also practiced for 12 years as a clinician in primary care physician offices at the VA in Madison, Wisconsin; at Scott & White Hospital and Clinics in Temple, Texas; and at Eskenazi Health in Indianapolis, Indiana.

Dr. Sachdev received her B.S. in Pharmacy and Pharm.D. degrees from the University of Oklahoma College of Pharmacy, and completed a primary care pharmacy residency at William S. Middleton Memorial Veterans Affairs Hospital in Madison, Wisconsin. She has published and presented nationally in the space of developing sustainable business models.



Christan Royer, M.Ed.

Director of Benefits, Indiana University and Board Member, Employers' Forum of Indiana

Christan Royer is the Director of Benefits at Indiana University where she manages employee benefit programs and helps lead university-wide human resource initiatives. Christan has also taught courses on health information management in the School of Informatics at IUPUI. She holds a M.Ed. with a focus on eLearning and a BS in Business Administration, both from the University of Illinois.



Hunter Kellett, MPA

Health Care Director, Payor Reform, Arnold Ventures

Hunter develops and oversees strategic investments to help lower health care spending. Before joining Arnold Ventures, he worked as a senior analyst on federal health care programs for the White House Office of Management and Budget. In this role, Hunter provided analysis and recommendations to senior policy officials on changes to Medicare payment policies, implementing the Medicaid expansion, and extending the Children's Health Insurance Program. Hunter also served as a legislative budget analyst for the Georgia State Senate on the health, human services, and criminal justice subcommittees.

Hunter holds a master's of public administration from Georgia State University and a bachelor's in public policy from the University of Southern California.



Christopher M. Whaley, PhD

Policy Researcher, RAND Corporation; Professor, Pardee RAND Graduate School

Christopher Whaley is a policy researcher at the RAND Corporation and professor at the Pardee RAND Graduate School. His research focuses on using large-scale medical claims data to examine how information and financial incentives influence patient's choice of providers,

how providers respond to changes in consumer incentives, and how employers and insurers can design insurance benefits to promote value.

His research has been published in a variety of clinical, health policy, and economics journals. He is the lead author of a JAMA paper that examines the effects of online price transparency information. This paper was a finalist for the 2015 National Institute for Health Care Management Foundation Annual Health Care Research Award. He also received the 2015 AHRQ Research Conference Director's Award for a paper published in JAMA Internal Medicine that examines the effect of reference pricing on consumer choice of providers for cancer screening services. Whaley received a B.A. in economics from the University of Chicago and a Ph.D. in health economics from the University of California, Berkeley.



Ge Bai, PhD, CPA

Professor, Johns Hopkins University

Ge Bai, PhD, CPA is a Professor of Accounting at the Johns Hopkins Carey Business School and Professor of Health Policy & Management at the Johns Hopkins Bloomberg School of Public Health. An expert on health care pricing, policy, and management, Dr. Bai has testified before House Ways and Means Committee, written for the Wall Street Journal, and published her studies in leading academic journals such as the New England Journal of Medicine, JAMA, JAMA Internal Medicine, Annals of Internal Medicine, and Health Affairs.

Her work has been widely featured in ABC, CBS, CNN, Fox News, Los Angeles Times, NBC, New York Times, NPR, USA Today, Wall Street Journal, Washington Post, and other media outlets and cited in government regulations and congressional testimonies. Dr. Bai has received the Johns Hopkins Alumni Association's Excellence in Teaching Award. She has also served as expert witness in court cases and provided consulting services to the investment community.



Chris Severn, BS

CEO and Cofounder, Turquoise Health

Chris leads Turquoise Health, a startup focused on simplifying healthcare reimbursement through price transparency. His background spans 10+ years modelling hospital managed care contracts at Cloudmed as a Product Manager and most recently heading machine learning projects for hospital payment integrity at Arcosta.

Turquoise Health builds software products for price transparency compliance, managed care benchmarking, and contract negotiation to providers, payers and employers. Since launching in 2020, Turquoise has aggregated 4,000+ hospitals' price transparency disclosure data in a central repository and made this new data actionable to industry for the first time in its Hospital Rates Database. The startup has recently been featured in the Wall Street Journal, Fierce Healthcare, and Business Insider.

Chris's goal is to cultivate basic economic forces in healthcare pricing while simplifying how care gets paid. He holds a BS in Business Administration from UC Berkeley. Outside of work, he writes, runs, teaches improv comedy, and is known to go on game shows from time to time.



Marilyn Bartlett, CPA

Senior Policy Fellow, National Academy for State Health Policy

As a CPA, Marilyn narrowed her focus to health care financial management, serving as Controller for a national health insurance carrier, CFO for a regional TPA, and health management positions within the Montana State Government.

Marilyn took the helm of the State of Montana Employee Benefit Plan in late 2014, moving the Plan from projected reserves of -\$9 million to \$112 million in less than 3 years. She disrupted the status quo by implementing reference-based contracting with all Montana hospitals; transparent, pass through pharmacy benefit; enhanced primary care on-site health clinics; and elimination of non-value added products and services.

For her work in the health care financial arena, Marilyn was selected as #13 of the World's 50 Greatest Leaders by Fortune Magazine.

Marilyn currently serves as a Senior Policy Fellow for the National Academy of State Policy (NASHP), where she supports the NASHP Hospital Cost Tool. Using Medicare Cost Report data, the tool calculates selected financial metrics for over 6,500 hospitals spanning 10 years. The tool provides states, employers, and other purchasers of hospital care critical data to support cost containment measures.



Melissa Mariñelarena, RN, MPA

Senior Director, Clinician-Driven Quality Solutions

Melissa Mariñelarena, RN, MPA, is the founding partner of Clinician-Driven Quality Solutions (CDQS). As the senior director/principal consultant at CDQS, Melissa provides subject matter expertise (SME) on the development, evaluation, and potential National Quality Forum (NQF)

endorsement of quality measures to various stakeholders.

Prior to CDQS, Melissa was a senior staff member of the quality measurement team at NQF responsible for the execution and oversight of the endorsement and selection of quality measures and pre-rulemaking activities. Melissa has also worked with the Centers for Medicare and Medicaid Services (CMS) on healthcare quality measurement projects at the national policy level. Prior to her work with CMS, Melissa was a senior clinical measurement analyst at Cedars-Sinai Medical Center where she was responsible for the hospital's internal and external data quality reporting.

Melissa received an associate degree in nursing from Northern Virginia Community College in Annandale, VA, a BSN from George Mason University in Fairfax, VA, and a Master's in Public Administration – Health Policy and Administration from George Mason University.



Debi Heck, MS

Vice President of Client Success, Healthcare Bluebook

In 2020, Debi Heck joined Healthcare Bluebook as Vice President of Client Success with more than 30 years of experience in strategic and tactical leadership in client management, retention, and satisfaction. Throughout her career Debi has served in a variety of client-facing roles, which created expertise in developing and maintaining meaningful client relationships and engagement – skills she now applies to a team of 20 client success and delivery professionals who are committed to serving the unique needs of Bluebook clients and members through personal interaction and enhanced product and service offerings.

"I have always been passionate about making connections with people that motivate and enable them to improve their overall well-being and have been fortunate to work for organizations that support those goals. Healthcare Bluebook's purpose is a natural complement to my personal and professional values with its focus on empowering healthcare consumers to make informed choices for their healthcare needs."

Previously, Debi was Senior Vice President, Client Success for Carrot Sense, a digital smoking cessation company and Senior Vice President, Program Solutions and Client Strategy for Healthyroads, a subsidiary of American Specialty Health.

A native of Iowa, Debi earned a master's degree in wellness management from Ball State University and her bachelor's degree in community health education at the University of Northern Iowa. Debi lives near Austin, TX in Marble Falls with David, her husband of 29 years, and dog, Rex.

She is the mother of two young men: Austin, a Realtor in Austin, TX and Adam, an electrical engineering student at Purdue University. Debi enjoys cooking, fine wine, hiking, traveling, and most of all spending quality time with family and friends.



Dave Kelleher, MS

Board Member, Employers' Forum of Indiana

Mr. Kelleher, MS Economics, was the founding CEO of the Employers' Forum of Indiana. He holds a Master of Science degree in Economics and has managed health care organizations since completing his military service in 1972. He was one of the founders of the first prepaid group practice in Indiana and served as its Executive Vice President from 1973 to 1986. He then founded HealthCare Options (HOI) and is its president. Since 1986 HOI has developed and managed health care organizations and provided consulting services to health plans, medical groups, hospitals, academic medical centers and employers in 38 states.

HealthCare Options managed the Employers' Forum from 2001 until 2015 and was one of the organizers of Quality Health First of Indiana. Quality Health First was a statewide, multi-payer, quality reporting and pay-for-performance program developed and managed by the Indiana Health Information Exchange. Mr. Kelleher was also the program manager of the Central Indiana Beacon Collaborative.



Michael Thompson, BS

President & CEO, National Alliance of Healthcare Purchaser Coalitions (NAHPC)

Michael Thompson is the president and CEO of the National Alliance of Healthcare Purchaser Coalitions (National Alliance), the only nonprofit, purchaser-led organization with a national and regional structure dedicated to driving health and healthcare value across the country.

Prior to joining the National Alliance, Mike was a Principal at PricewaterhouseCoopers (PwC) for 20 years. He is a nationally recognized thought leader for business health strategies and health system reform. Mike has worked with major employers and other stakeholders on sustainable cost reduction, integrated health, wellness and consumerism, retiree health, private health exchanges and health reform. Known for developing and promoting collaborative cross-sector health industry initiatives, Mike participated on the steering board of the World Economic Forum's "Working toward Wellness" initiative and co-founded the Private Exchange Evaluation Collaborative (PEEC). Prior to PwC, Mike served as an executive with diverse roles with Prudential Healthcare for over 17 years.

Mike is a Fellow of the Society of Actuaries, serving on the Health Practice Council, and chairs the Medicare Sub-Committee of the American Academy of Actuaries (AAA). He is also widely recognized as a leading national advocate for mental health and wellbeing and was past president of the New York City chapter of the National Alliance for Mental Illness (NAMI). Mike previously was an active member of the board of the Northeast Business Group on Health for 11 years.



Charles Cammack, Jr., MS

Fort Wayne Community School Corporation

Charles Cammack, Jr. was named Chief Operations Officer for Fort Wayne (Ind.) Community Schools in August of 2010. He joined FWCS in 2008 as Human Resources Director with 20 years of experience in the field, including 17 years with Knight Ridder, Inc.

At Knight Ridder, he served as the vice president for human resources at Philadelphia Newspapers, Inc., a position he earned after working for several years as director of human resources for the Post-Tribune in Gary, Ind., and manager of human resources at Fort Wayne Newspapers. From 1978-1987, he was a reporter and anchor for the former WKJG-TV 33 in Fort Wayne.

As the Chief Operations Officer, Mr. Cammack is responsible for Communications, Health & Wellness, Human Resources, Legal, Security and Transportation for one of the largest school districts in Indiana. In addition, he received a Labor Relations Collective Bargaining Studies Certificate from Cornell University; certification to conduct CCL 360 □ assessments from the Center for Creative Leadership; and is a certified Crucial Conversations Training through Vital Smarts.

Mr. Cammack received his bachelor's degree from Purdue University, West Lafayette, and his master's degree from the University of Wisconsin, Madison. He and his wife Michelle have two adult children and reside in Fort Wayne.



Mary Delaney, MS

Founder, Vital Incite

Mary is the thought leader and creator behind the Vital Incite program. She founded Vital Incite in October of 2013 and brought a fresh perspective to the world of employee benefits. Having spent 23 years on the provider side of the healthcare industry provides Mary with the unique ability to see the big picture in healthcare and develop outside-of-the-box strategies and solutions. She has particular expertise in wellness solutions, disease management, utilization management and clinic integration.

Prior to joining Vital Incite, Mary served as the Director of Employee Health for American Health Network. Mary is motivated by a genuine desire to make a lasting difference in the evolving world of healthcare. She partners with employers to analyze the health risk factors of employee populations alongside historical medical spend to identify areas of opportunity. Armed with better understanding of the health and financial challenges that a specific employer is facing, she develops integrated strategies that include wellness program design, health care benefit utilization and employee communication. These strategies are designed to help employers and employees better manage medical expense by improving employee health outcomes.

Mary has been married to her husband for 33 years and together they have 4 incredible children. She is a very active member of the community spending a significant amount of time on committees and boards that are working to help improve the health of Hoosiers. When she isn't leading the charge for a healthier Indiana, Mary enjoys exercise, gardening and water skiing.

Education: University of Michigan, Bachelor of Science degree in Biology; University Indianapolis, Master of Science degree in Physical Therapy

Associations & Involvement: Top 10 by 2025 Indiana Project, Indiana Employer Forum, National Wellness Institute, American Diabetes Association



Shelley Stewart, MS

Consultant, Stewart Consulting

Shelley has more than 20 years of experience in managing risks and creating successful business solutions with Cummins. Prior to joining the security team, Shelley was the Director of Benefits and reduced healthcare costs to the company while implementing disease management programs for the chronically ill.

Shelley has an M.S. in Industrial/Organizational Psychology from San Diego State University and previously served in leadership positions with Managed Health Services and MDWise, creating successful bids for state contracts, expanding program enrollment, and improving financial performance.



Candace Shaffer, MS

Senior Director of Benefits, Purdue University

Candace Shaffer earned both her bachelor's and master's degrees from Purdue. Now, she's the senior director of benefits in Human Resources, responsible for overseeing and planning the realm of benefits for Purdue employees. In this role, Shaffer manages the strategic planning and customer service of a strong benefits plan for the employees and their families. This includes medical and dental

benefits, as well as retirement, leave, worker compensation, families and the systems and processes in place to help employees engage in those programs.

With her education and previous work experience being child development and family studies, her first introduction to benefits from an employer's perspective was when she came to work at Purdue in 2014 as the worksite health and child care specialist. She was impressed to learn Purdue had developed a position within the benefits department that focused on family-friendly initiatives, such as on-site child care options, lactation support and family-friendly practices and guidelines. Once she joined the team, she got more involved in benefit projects. In mid-2016, she was offered the opportunity to serve as interim associate director, which opened more opportunities and ultimately to her position as senior director of benefits.

Awarded with Employee Benefits News 'Benefits Leadership in Healthcare' in 2018, Candace's focus on overall employee wellness – physical, mental, behavioral, financial – continues to bring new opportunities to the table, not only to the employee population but also the university.



Lakshmi Aggarwal, MD

Fort Wayne Medical Oncology & Hematology

Dr. Aggarwal is board certified in internal medicine, hematology and oncology with particular focus on breast and gynecological malignancies. Dr. Aggarwal served her residency at the Medical Center of Central Massachusetts and her fellowship at Brown University School of Medicine. She has been with Fort Wayne Medical Oncology for over 20 years. Dr. Aggarwal has been an influential leader in Fort Wayne Medical Oncology's value based care delivery by spearheading several of our efforts in our participation of the Oncology Care Model (OCM) with the Centers for Medicare and Medicaid. Her efforts have progressed our transformation of the practice in to a low cost high quality practice that allowed further expansion of several programs and community collaborations for enhanced patient care.

Currently she is serving on the Board of Directors for Community Oncology Alliance/COA and was past co-medical chair for Community Oncology Alliance Patient Advocacy Network/CPAN after being instrumental in the launch of Indiana's first CPAN chapter in 2018.



Gary Everling, MBA

Senior Vice President, Chief Strategy Officer of Hendricks Regional Health

As Senior Vice President and Chief Strategy Officer at Hendricks Regional Health (HRH), Gary is responsible for formalizing HRH's strategic-planning processes and establishing new mutually beneficial business relationships and synergies between HRH and employers in-and-out of the market it serves. Gary is also responsible for establishing greater transparency and accountability for those people carrying out the company's vision and strategy. HRH's vision is to be the indispensable healthcare partner in its markets with a strong commitment to remaining an independent health care system. Gary has been instrumental in creating numerous types of healthcare partnerships and joint venture arrangements and, since joining HRH in 2013, has provided leadership in adding over \$100 million in revenue resulting in becoming the dominant market share leader in west central Indiana.

Prior to joining Hendricks Regional Health, Gary spent 15 years at Ascension St. Vincent, based out of Indianapolis, with responsibility for marketing, business development and strategy. He was most recently the System Executive over Business Development for Indiana.

Gary received his B.S. degree at Greenville University and his MBA at the University of Indianapolis. He is also a frequent speaker and panelist at industry events on the topic of direct contracting and how to achieve strong results through collaborating with brokers and employers.

Gary and his wife, Jackie, have been married for 29 years and reside in Plainfield, Indiana.



Jim Jusko, JD

President and Founder, Firelight Health

Jim created FireLight Health in 2020 to foster a more functional marketplace in healthcare services. FireLight provides healthcare pricing data and analysis to help purchasers of healthcare control costs and improve value when selecting or contracting with networks and providers.

FireLight has provided validation services for two public reports assessing more than 1000 hospitals' compliance with federal price transparency rules. FireLight also recently performed an analysis of hospital immunotherapy pricing reported in Medscape that raised questions about market power and fair pricing in hospital settings.

Jim currently serves on a technical expert panel providing input to CMS regarding price transparency data file standards. He's an adjunct faculty member at UCLA and a former member of the university's medical Institutional Review Board overseeing patient safety in clinical trials. Jim is also a recipient of a UCLA Health Innovation Challenge Award. He is a former attorney and received a BS in Mathematics from UCLA and a law degree from UC Berkeley.



Kim Sonerholm

President and CEO, UnitedHealthcare for Indiana and Kentucky

Kim Sonerholm is President and Chief Executive Officer for UnitedHealthcare's commercial business for the Indiana & Kentucky health plan. She is responsible for business operations and strategic initiatives, including sales, account management, marketing, clinical programs, community relations, product management and finance for UnitedHealthcare's operations.

Kim joined the Indiana/Kentucky health plan in late 2019 relocating from Las Vegas, Nevada. During her time in Nevada, she held many roles while working to build and advance a clinically integrated health plan anchored by the largest multiple specialty practice in Southern Nevada. The health plan is now one of the most prominent health insurers in the state providing cost predictability and high satisfaction to consumers across commercial, Medicare and Medicaid offerings.

She has over 25 years' experience in the health care industry and has held many leadership roles across the health care continuum from network contracting to clinical operations.

In her role as CEO, she is focused on improving the health care system in both Indiana and Kentucky taking her learnings from outside the market while working in collaboration with our local providers, employers and health systems to improve health outcomes for all.



Susan Delbanco, PhD, MPH

Executive Director, Catalyst for Payment Reform

Suzanne F. Delbanco is the Executive Director of Catalyst for Payment Reform, an independent, non-profit corporation working to catalyze employers, public purchasers and others to implement strategies that produce higher-value health care and improve the functioning of the health care marketplace.

In addition to her duties at CPR, Suzanne serves on the advisory board of the Source on Healthcare Price and Competition at UC Hastings and the Blue Cross Blue Shield Institute. Previously, Suzanne was the founding CEO of The Leapfrog Group. Suzanne holds a Ph.D. in Public Policy from the Goldman School of Public Policy and a M.P.H. from the School of Public Health at the University of California, Berkeley.



Cynthia Fisher, MBA

Founder and Chairwoman, Patient Rights Advocate

Cynthia A. Fisher is Founder and Chairman of PatientRightsAdvocate.org, a nonprofit organization seeking healthcare price transparency, giving power to American consumers to know actual prices, competition, and lower costs of care and coverage through a functional marketplace and choice. Cynthia is best known for her pioneering work as Founder and CEO of ViaCord, Inc., a leading umbilical cord blood stem cell banking company which she started in 1993. In 2000, she co-founded and was president of the cellular medicines company, ViaCell, Inc. which went public in 2005.

Cynthia also serves on the public company boards of the Boston Beer Company, Inc. and Easterly Government Properties, Inc. She co-founded and is Chairman of Fitmoney.org which provides curriculum for K-12 financial literacy. She serves on the board of the National Park Foundation and previously served on the board of directors of Water.org.

Cynthia holds an MBA from Harvard Business School and a BS and honorary Doctorate of Science from Ursinus College.

**We understand that securing
high value, affordable healthcare
is essential for everyone.**

Who We Are



The Employers' Forum of Indiana is driving change for employers and patients by improving healthcare value through price and quality innovations.

The Employers' Forum of Indiana is an employer-led, non-partisan, non-profit 501(c)(3) health care coalition, founded in 2001, comprised of employers, physicians, hospitals, health plans, benefit consultants, and other interested parties.

The Forum is committed to providing quality, price, and cost transparency across the healthcare ecosystem; collaborating with healthcare stakeholders to align payment with high value medical and pharmacy services; and supporting public health initiatives. We accomplish this by providing education, conducting research, and engaging in policy. By empowering employers and people with evidenced-based data, it permits them to make more informed purchasing decisions.

PREMISE

Employers who work collaboratively with a unified voice can more effectively partner with providers, health plans, and other partners to address pressing healthcare issues.

- The Forum is a vehicle to provide collaborative opportunities as it is the largest employer-led multistakeholder coalition in Indiana.
- The intention of the Forum is to foster health care value improvement that is substantial and continuous.

GOAL

To improve the value received by employers and patients for their health care expenditures. Value considerations includes price, quality, employee satisfaction and utilization.

MEMBERSHIP VALUE

Forum members have the unique opportunity to work collaboratively across key stakeholders to:

- Identify and develop initiatives that support aligning payment with high value medical and pharmacy services
- Determine how best to fairly measure hospital, provider, and health plan performance
- Identify technologies, programs, and services that improve healthcare
- Network with colleagues
- Participate on Forum work groups when available
- Provide guidance on the future direction of Forum educational topics and initiatives

Forum members work collaboratively to improve the value received by employers and patients for their health care expenditures by addressing challenges in the marketplace and developing innovative solutions—ultimately driving the change that needs to occur.

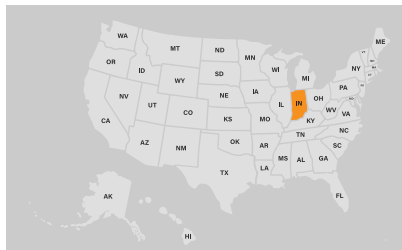
[Learn more about the Forum](#)

RAND Hospital Price Transparency Studies

2017 – 2020 Highlights

U.S. employers spend billions of dollars on health care services. However, a lack of information limits the ability of employers to monitor the prices negotiated on their behalf, to implement innovative insurance benefit designs, and to ensure insurers are negotiating favorable prices.

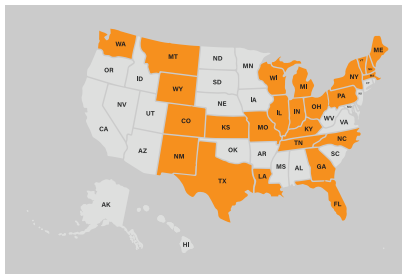
To provide transparency and a better understanding for this process, Employers' Forum of Indiana commissioned RAND Corporation in 2017 to conduct the first hospital price transparency study in the United States. Subsequent studies were completed in May 2019, September 2020, and most recently in May 2022.



RAND 1.0

Hospital Prices in Indiana: Findings from an Employer-Led Transparency Initiative

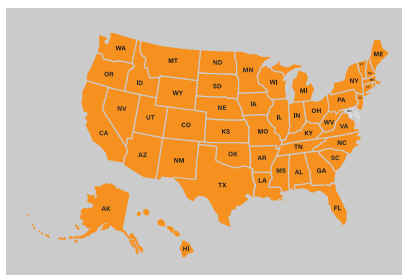
120 hospitals in **Indiana**
 Claims data from **2013 – 2016**
 Claims data from **12** self-funded employers
\$695 million in total paid claims analyzed



RAND 2.0

Prices Paid to Hospitals by Private Health Plans Are High Relative to Medicare and Vary Widely

1,598 hospitals in **25** states
 Claims data from **2015 – 2017**
 Claims data from **dozens** of self-funded employers, **2** state-based all payer claims databases (APCDs), and **several** health plans
\$13 billion in total paid claims analyzed



RAND 3.0

Nationwide Evaluation of Health Care Prices Paid by Private Health Plans

3,112 hospitals in **49** states
 Claims data from **2016 – 2018**
 Claims data from **dozens** of self-funded employers, **6** state-based all payer claims databases (APCDs), and **several** health plans
\$33.8 billion in total paid claims analyzed

Don't miss Chris Whaley's presentation at 9:45 a.m.
 to learn about RAND 4.0 and hear the results!

What we've learned from the RAND 3.0 Hospital Price Transparency Study

KEY TAKEAWAYS

National relative prices are trending up.

Employers and private insurers continue to pay more than Medicare would have paid for the same services at the same facilities.



Hospital prices vary widely across states.

The overall relative prices of hospital care vary widely among hospital systems, from around 150% of Medicare at the low end to 400% of Medicare at the high end.

Arkansas, Michigan, and Rhode Island

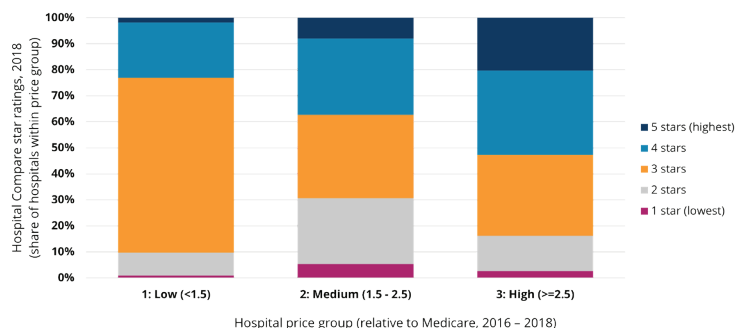
<200%
of Medicare

Florida, Tennessee, Alaska, West Virginia, and South Carolina

>325%
of Medicare

Shopping for value is fees-able.

Employers should steer patients to high quality, lower price hospitals.



WHAT'S THE BOTTOM LINE?

In order to have a functional market, healthcare purchasers must demand price and quality transparency.

- 1 Reliable, actionable data** to make informed decisions & hold the entire supply chain accountable.
- 2 Benefit design** with incentives for covered lives to go to high value care.
- 3 Payment models** which align with high value.
- 4 Enact legislative policy** to support transparency and lowering healthcare prices.

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Sage Transparency makes it easy to understand and compare hospital price, quality, and cost data.

Sage Transparency utilizes both public and proprietary data to compare hospital prices and quality. **Sage Transparency is comprised of five data sources:**

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- Centers for Medicare & Medicaid Services (CMS)
- Healthcare Bluebook
- National Academy for State Health Policy (NASHP)
- Turquoise Health

A key metric in Sage Transparency's reports is the price of healthcare as a percentage of the Medicare reimbursement rate. The Medicare rate is the amount

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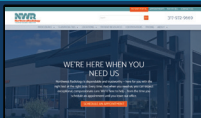
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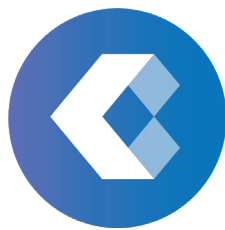
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