



National **Healthcare** **Price Transparency** Conference **2024**

May 13, 2024 | 9:00 am – 5:00 pm EDT

Livestreamed from JW Marriott, 10 S. West Street, Indianapolis, IN 46204

Hosted by Employers' Forum of Indiana

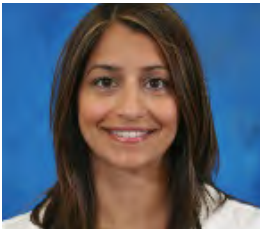
A free market approach to healthcare only works **when purchasers have a choice.**

For purchasers to have a choice, they need access to clear, comprehensive information about the quality and price of healthcare services, as well as provider options. This enables them to compare options based on value, striking a balance between quality and price. Through initiatives like the Employer Price Transparency Studies, national conferences, and tools like Sage Transparency, we can equip purchasers with the knowledge they need to negotiate and make well-informed decisions.



Network: JWMarriott_CONFERENCE
Passcode: nhptc2024

Welcome from the Forum President & CEO



Gloria Sachdev, PharmD

President & CEO,
Employers' Forum of
Indiana

Thank you for joining us for the 2024 National Healthcare Price Transparency Conference!

On behalf of the Employers' Forum of Indiana, I am thrilled to welcome you all to our fourth National Healthcare Price Transparency Conference! Today, we are joined by a diverse group of professionals, including employers, physicians, insurers, benefit consultants, researchers, and legislators. I encourage each of you to actively participate in discussions, share your insights, and make the most of this networking opportunity. We are all united by a common goal to enhance healthcare affordability and promote price transparency, and your active engagement is crucial to our success.

Today you'll be among the first to hear the results of the highly anticipated fifth round of the Employer Price Transparency Study (PT5), conducted by RAND. This pivotal study provides in-depth analysis of claims paid by commercial health plans to more than 4,000 hospitals and more than 4,000 ambulatory surgery centers (ASCs) from 2020 through 2022. The scope of this year's study was also broadened to incorporate pricing data for physician-administered medications at 300 health systems and at the state level, offering us a more comprehensive view of the current healthcare pricing landscape. We are excited to share these findings with you and delve into their implications for employers, legislators, and the healthcare industry as a whole.

Additionally, today marks the debut of significant updates to Sage Transparency, our free, public-facing digital tool that offers an unbiased view of healthcare pricing, quality, and cost data. Over the past two years we have worked diligently to gather user feedback and implement a series of exciting enhancements. This includes integrating new data sources such as medication data from PT5 and legislator data from January Advisors, and features designed to refine and improve the user experience, such as new interactive charts and trend data. We are eager to demonstrate these improvements and showcase the platform's enhanced capabilities today.

Finally, I would like to express my sincere gratitude to all the presenters, moderators, panelists, our dedicated Forum team, and our generous sponsors. Each of you has played a unique and invaluable role in bringing this conference to fruition. Your collective efforts, dedication, and support have been instrumental in making this event a success. This conference is a testament to what we can achieve together as a community committed to transforming healthcare. Thank you for your contributions and for joining us in this important endeavor.

Enjoy the conference!



Explore the conference website
nhptc.org

Agenda

Visit the conference website at nhptc.org for a recording of today's conference.

8:30 am – 9:00 am	DOORS OPEN, GRAB & GO BREAKFAST
9:00 am – 9:15 am	WELCOME Gloria Sachdev President & CEO, Employers' Forum of Indiana Christan Royer Director of Benefits, Indiana University; Board Member, Employers' Forum of Indiana
9:15 am – 9:45 am	KEYNOTE Cynthia Fisher Founder and Chairman of PatientRightsAdvocate.org
9:45 am – 10:15 am	KEYNOTE Mark Cuban Entrepreneur, Venture Capitalist, and Co-Founder of Mark Cuban Cost Plus Drug Company
10:15 am – 11:00 am	EMPLOYER PRICE TRANSPARENCY STUDY (RAND 5.0) Chris Whaley Brown University School of Public Health
11:00 am – 11:45 am	NASHP HOSPITAL COST TOOL Marilyn Bartlett National Academy for State Health Policy
11:45 am – 12:30 pm	SAGE TRANSPARENCY 2.0 UPDATE Gloria Sachdev Employers' Forum of Indiana
12:30 pm – 1:45 pm	LUNCH BREAK
1:45 pm – 2:15 pm	SPECIAL GUEST
2:15 pm – 3:30 pm	POLICY STRATEGIES: WHAT'S NEXT? Moderated by Marilyn Bartlett National Academy for State Health Policy <ul style="list-style-type: none"> • Shawn Gremminger National Alliance of Healthcare Purchaser Coalitions • Hunter Kellett Arnold Ventures • Donna Schaibley Indiana House of Representatives • Chris Skisak Texas Employers for Affordable Healthcare • Chris Whaley Brown University School of Public Health
3:30 pm – 4:45 pm	HOW EMPLOYERS ARE USING DATA TO MAKE INFORMED DECISIONS Moderated by Christan Royer Indiana University; Employers' Forum of Indiana <ul style="list-style-type: none"> • Chris Deacon VerSan Consulting • Melina Kambitsi The Alliance • Cora Opsahl 32BJ Health Fund • Chad Phillips Bartholomew Consolidated School Corporation • Candace Shaffer Purdue University
4:45 pm – 5:00 pm	CONCLUSION Gloria Sachdev Employers' Forum of Indiana Christan Royer Indiana University; Employers' Forum of Indiana
5:00 pm – 6:00 pm	NETWORKING & COCKTAILS



Network: JWMarriott_CONFERENCE
Passcode: nhptc2024

Employer Price Transparency Studies

Study highlights and demographics

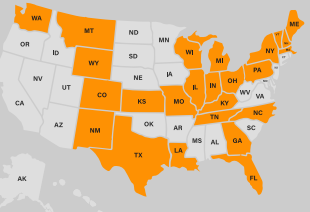
Despite federal regulations surrounding price transparency in healthcare, pricing data is still not easily accessible or available in a format that facilitates straightforward comparison. To provide transparency and a better understanding for this process, Employers’ Forum of Indiana and RAND Corporation have collaborated since 2017 to compile claims data to compare prices across the United States. Subsequent studies were completed in 2019, 2020, 2022, and most recently, in 2024.



ROUND 1

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

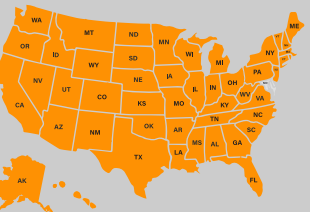
120 hospitals in **Indiana**
 Claims data from **2013 – 2016**
 Claims data from **12** self funded employers
\$695 million in total paid claims analyzed



ROUND 2

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

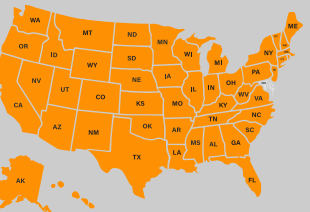
1,598 hospitals in **25 states**
 Claims data from **2015 – 2017**
 Claims data from self funded employers, **2** state based all payer claims databases (APCDs), and health plans
\$13 billion in total paid claims analyzed



ROUND 3

Nationwide Evaluation of Health Care Prices Paid by Private Health Plans: Findings from Round 4 Employer-Led Transparency Initiative

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



ROUND 4

Prices Paid to Hospitals by Private Health Plans: Findings from Round 5 of an Employer-Led Transparency Initiative

4,102 hospitals and more than **4,091** ASCs in **49 states**
 Claims data from **2018 – 2020**
 Claims data from self funded employers, **11** state based all payer claims databases (APCDs), and health plans
\$78.8 billion in total paid claims analyzed

Don't miss Chris Whaley's presentation at 10:15 to learn more about Round 5 of the Employer Price Transparency Study and hear the results!

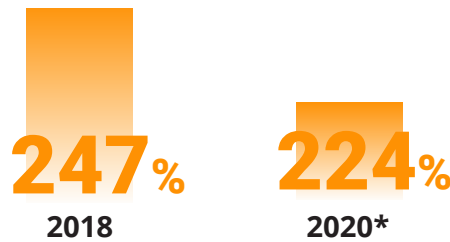
ROUND 5

What we've learned from the Employer Price Transparency Studies

KEY TAKEAWAYS

National relative prices continue to surpass Medicare prices for the same services.

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



Don't miss Chris Whaley's presentation at 10:15 to hear the results!

2022

**This reduction from the previous study is owed to a substantial increase in the volume of claims from states with prices below the previous mean price.*

Hospital prices continue to vary widely across systems and states.

In the Round 4 study, overall relative prices of hospital care varied widely across systems and states, from around 150% of Medicare at the low end to over 400% of Medicare at the high end.

Arkansas, Hawaii, and Washington

<175%
of Medicare

Florida, West Virginia, and South Carolina

>310%
of Medicare

WHAT'S THE BOTTOM LINE?

In order to have a functional market, healthcare purchasers must demand price and quality transparency. Reliable, actionable data allows purchasers to:

- 1 **Make informed decisions** & hold the entire supply chain accountable.
- 2 **Design benefits with** incentives for covered lives to go to high value care.
- 3 **Implement payment models** which align with high value.
- 4 **Support legislative policy** that advocates for transparency and lowering healthcare prices.



Explore the studies at
employerptp.org

Sage Transparency™ 2.0

A first-of-its-kind, free, web-based tool that brings together public and proprietary pricing, cost, and quality data for thousands of healthcare facilities across the United States.

Today, you'll be among the first to see the new and improved Sage Transparency!

The Forum team has been working diligently over the past two years to continue to improve Sage Transparency. Here's a summary of what's new:

- Inclusion of data from Round 5 of the Employer Price Transparency Study (PT5), conducted by RAND.
- A new **"Medications" dashboard** that compares aggregate commercial pricing data for physician-administered medications (also known as "Medicare Part B infusion medications") at 300 health systems and at the state level.
- A new **"Legislator" dashboard** that identifies state and federal legislators and the hospitals in their districts. This enhancement helps users reach out to the appropriate legislators about hospital issues and provides policymakers with key information on hospital pricing and quality in their district.
- A new **"ASC" dashboard** that compares commercial pricing data for over 2,000 ambulatory surgical centers in the U.S.
- Inclusion of CMS Hospital Readmission Reduction Program (HRRP) penalty metrics.
- Inclusion of **trend data** for hospital quality ratings.
- ...and more!

Coming soon, users will have the ability to purchase custom reports and extracts of the data behind Sage Transparency. Visit employerptp.org to sign up for updates.



Explore Sage Transparency at
sagemtransparency.org



Sage Transparency's value proposition

Sage Transparency was designed to aid employers, policymakers, insurers, and other stakeholders in making informed evidence-based decisions about their healthcare expenditures.



Enhanced Decision Making: Sage Transparency provides a comprehensive and unbiased view of hospital prices, costs, and quality data. This information is critical for employers and insurers to make informed decisions about benefit plans that maximize healthcare value for their beneficiaries.



Negotiation Leverage: By offering detailed insights into the price and quality of care at various hospitals and ambulatory ASCs, Sage Transparency empowers employers and insurers with the data needed to negotiate better rates with providers.



Policy Development and Reform: Policymakers can use the data from Sage Transparency to understand healthcare pricing and quality outcomes across their district. This visibility supports the creation of targeted healthcare policies that aim to improve quality while reducing unnecessary costs, fostering a more efficient healthcare system.



Public Awareness and Accountability: Sage Transparency highlights the variability in healthcare pricing and quality, thus increasing transparency. This not only educates consumers but also holds healthcare providers accountable for their pricing and service quality, potentially driving improvements in healthcare delivery.

Why percent of Medicare? Pricing data in Sage Transparency is represented as a percent of Medicare (or "Relative Price"), meaning the ratio of what commercial (private) insurers paid versus what Medicare paid for the exact same service, at the same hospital, during the same time period. **By benchmarking against publicly available Medicare prices, which are structured to allow hospitals to achieve modest profits, we can better compare commercial prices across services and hospitals.**

Understanding Sage Transparency's data sources

Sage Transparency is powered by public and proprietary data from the below sources, which will be updated on a quarterly basis:

- 1. Employer Price Transparency Study Round 5 (PT5), conducted by RAND – Hospital, ASC, and Medication Prices:** This study analyzes claims paid by commercial health plans for over 4,000 U.S. hospitals and 2,000 ASCs from 2020 through 2022. This year's study also includes aggregate commercial pricing data for approximately 50 physician-administered medications (also known as Medicare Part B infusion medications) at the hospital system and state level.
- 2. National Academy for State Health Policy (NASHP) – Commercial Breakeven, Payer Mix, and Operating Profit Margin:** The publicly available NASHP Hospital Cost Tool data is sourced from Medicare Cost Reports, which are submitted by hospital executives to CMS annually and available in the public Healthcare Cost Report Information System (HCRIS) database. The data included in Sage Transparency includes breakeven prices, payer mix, and operating profit margin per payer type for over 4,000 U.S. hospitals in 2022.
- 3. Quantros – Hospital Quality Reliability Score:** Quantros, owned by Healthcare Bluebook, is a proprietary solution licensed by the Employers' Forum of Indiana for use on Sage Transparency. Quality scores are calculated using a variety of clinical indicators from federal and commercial claims databases and aggregated by Healthcare Bluebook.
- 4. CMS – Hospital Quality Star Rating, Hospital Patient Experience Star Rating, and Hospital Readmission Reduction Program (HRRP) Penalty:** The publicly available overall hospital quality star ratings and patient experience star ratings are updated quarterly, and HRRP is updated annually. Three-year trend information for overall star and patient experience ratings are included to help users visualize changes in quality over time.
- 5. January Advisors – Hospitals by Legislator:** Sage Transparency now features licensed data that identifies state and federal legislators and the hospitals in their districts. This enhancement helps users reach out to the appropriate legislators about hospital issues and provides policymakers with key information on pricing and quality in their district.

Meet the Speakers

Our diverse group of expert speakers and panelists will offer detailed insights and practical tools, demonstrating how price transparency can be leveraged to enhance the value that employers and patients derive from their healthcare expenditures.

Speakers listed by order of appearance.



Gloria Sachdev, PharmD

President & CEO, Employers' Forum of Indiana

Gloria Sachdev serves as President & CEO 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.

By background, she received her BS and Doctor of Pharmacy degrees from the University of Oklahoma and completed a primary residency at the VA in Madison, Wisconsin. Thereafter, she practiced in primary care physician offices managing patients with chronic diseases for 12 years, followed by consulting in the space of incorporating clinical pharmacists into team-based care for 6 years. She retired from Purdue College of Pharmacy after 15 years, but still teaches a few classes for fun. She enjoys taking her dog on long walks and playing board games with her 3 children & husband.



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.



Cynthia Fisher

Founder & Chairman, 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.



Mark Cuban

Mark Cuban Cost Plus Drug Company

Mark Cuban has been a natural businessman since age 12, when he sold garbage bags door to door. He went on to found MicroSolutions right out of college, selling it to H&R Block.

From there he became an active stock trader, building a track record, starting a hedge fund and selling it a year later.

In 1995, he and Todd Wagner started the first commercial streaming company, AudioNet, which became Broadcast.com. They later sold the company in 2000 for 5.7B dollars.

Mark acquired the Dallas Mavericks in 2000. The Mavs competed in their first NBA Finals in 2006, won their first League title in 2011. Mark sold majority ownership in 2023, but still retains a significant stake.

During his time as majority owner, the Mavs had the second best record in the NBA.

Among his other accomplishments:

- His company HDNet, was the first all High Definition TV network. He later sold the company in 2019.
- His film Enron The Smartest Guys on the Room was nominated for an academy award. As was the 2929 Production movie Good Night and Good Luck.
- He is the holder of multiple patents.



Christopher M. Whaley, PhD

Associate Professor, Department of Health Services, Policy, & Practice, Brown University School of Public Health

Chris Whaley is an Associate Professor in the Department of Health Services, Policy, and Practice at the Brown University School of Public Health. He received his PhD in Health Economics from the University of California, Berkeley.

Chris' research focuses on health care price transparency and market structure. His research has been published in leading clinical, health policy, and economics journals and has been covered in the New York Times, the Wall Street Journal, Forbes, and CNN.

Chris has presented results to state and federal policy makers, including the US Congress, California State Assembly, Texas House Select Committee on Health Care Reform, Executive Office of the President, Congressional Budget Office, and the Federal Trade Commission.



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.



Shawn Gremminger

President & CEO, National Alliance of Healthcare Purchaser Coalitions

Known for his wide-ranging policy expertise, and government relations experience, Shawn Gremminger brings to the National Alliance a successful record of working with coalitions, employers and other healthcare purchasers, policymakers, and industry stakeholders toward the mission of achieving high-quality, affordable, equitable healthcare.

Shawn was most recently senior vice president at Reservoir Communications Group where he led communications and public affairs strategy and execution on a range of relevant issues, including 340B and the drug supply chain, employer-sponsored insurance regulations, and Medicare

payment. He has a strong history of healthcare advocacy and public affairs with employers, plans, hospitals, and consumer organizations. Shawn was previously director of health policy for the Purchaser Business Group on Health, a member of the National Alliance, where he ran efforts to improve quality and affordability for consumers and healthcare purchasers through federal policy. He has held senior leadership roles at Families USA, and America's Essential Hospitals. Shawn began his career as a lobbyist for the Children's Hospital Association. He achieved a Master of Public Policy from George Washington University in Washington and a Bachelor of Arts from the University of Mary Washington in Fredericksburg, VA.



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.



Donna Schaibley

State Representative, Indiana

State Representative Donna Schaibley has served in the Indiana General Assembly since 2015. She currently is vice chairman of the Public Health Committee, and is a member of the Insurance Committee, the Statutory Committee on Ethics, the All Payer Claims Database Board, the Health Care Cost Oversight Task Force and the Interim Study Committee on Public Health, Behavioral Health and Human Services at the Indiana General Assembly. Donna has authored and sponsored numerous bills which she successfully helped enact into law. Her recent accomplishments include legislation establishing the All Payer Claims Database in Indiana, HB 1004 a comprehensive health care reform bill enacted in 2023 and SB 9 which addresses health care mergers and acquisitions which passed in 2024. Much of her focus at the statehouse has been to address issues driving the high cost of health care in Indiana.

Donna and her husband John have two children and three grandchildren and have lived in Carmel for 30 years.



Chris Skisak, PhD

Executive Director, Texas Employers for Affordable Healthcare

Chris Skisak, PhD is the Executive Director of the Houston Business Coalition on Health, a multi-stakeholder but employer-centric organization focused on improving the cost, quality, and consumer experience in healthcare delivery. He is also the executive Director of Texas Employers for Affordable Healthcare, a legislative advocacy organization focused on creating a competitive healthcare delivery ecosystem.

Dr. Skisak also serves on the Boards of the National Alliance of Healthcare Purchasing Coalitions and Texas Business Group on Health. He serves on the leadership councils for Houston Health Equity Collaborative, Center for Houston's Future, and Texas Primary Care Consortium. He had previously worked 25 years with Houston Fortune 50 energy companies in a variety of healthcare management positions. He is originally from Chicago and attended the University of Illinois. He received his M.S. and PhD from the University of Texas School of Public Health.



Chris Deacon

Principal Owner, VerSan Consulting

Chris Deacon is a distinguished consultant and legal expert in employer-sponsored healthcare, advocating for cost-effective strategies that benefit both employers and employees. As a seasoned national speaker and a reliable source for industry publications, she stands out for her integrity and impactful content in healthcare discussions. Her leadership at VerSan Consulting, LLC is marked by innovative solutions that have significantly reduced healthcare expenditures.

Deacon's tenure at the New Jersey Department of Treasury was notable for implementing cost-saving measures exceeding \$3 billion, reflecting her commitment to fiscal responsibility and healthcare quality. Her comprehensive legal and regulatory expertise was honed in her roles as Deputy Attorney General and as Special Counsel to Governor Christie. Deacon is a Rutgers Law School graduate with a BA in International Affairs from The George Washington University. She currently resides in Moorestown New Jersey with her three children, Coleman, Emer, and Collins, partner Stephen, and Twitch, the family dog.



Melina Kambitsi, PhD

Senior Vice President, Business Development & Strategic Marketing, The Alliance

Melina Kambitsi, PhD joined The Alliance in 2017 and leads the teams responsible for business development, client development, and strategic marketing. Dr. Kambitsi came from Network Health in Milwaukee and Menasha, Wis. where she was chief sales and strategy officer. In this role, she was responsible for sales and underwriting, strategic planning, product development and risk-based contract analytics. Earlier she was senior vice president of sales at Blue Cross Blue Shield in Honolulu, Hawaii and the vice president of sales, marketing, and product development at Blue Cross of Northeastern Pennsylvania.

Dr. Kambitsi currently serves on National CooperativeRx's Board of Directors.



Cora Opsahl

Health Fund Director, 32BJ Health Fund

As Director of the 32BJ Health Fund, a self-funded plan that provides affordable, comprehensive, and innovative health coverage to 200,000 union members and their families, Cora Opsahl has implemented multiple benefit changes that saved more than \$35 million in 2022: removing NewYork-Presbyterian hospital system and physicians from the network; transitioning to a new pharmacy vendor and pharmacy group purchasing coalition; and establishing an expanded Centers of Excellence program administered by Mount Sinai Solutions. Currently, she is leading a comprehensive medical RFP.

Prior to joining the 32BJ Health Fund, Ms. Opsahl spent 12 years at Express Scripts, a pharmacy benefit manager, where she held a variety of roles, including with Medicare Part D, strategy and acquisitions, operations, and account management. She holds an MBA from Saint Louis University.



Chad Phillips

CFO & Assistant Superintendent, Bartholomew Consolidated School Corporation

Chad serves at the CFO and Assistant Superintendent for Bartholomew Consolidated School Corporation in Columbus, Indiana. He has also been a high school teacher, middle school assistant principal, elementary school principal. He served briefly in the US Marine Corps before earning his Bachelor's from Purdue and graduate degrees from Indiana University. In his 20th year with BCSC, he manages the district's self-funded health plan and has been a member of the Employer's Forum of Indiana since 2019.

He is most proud of his relationship with his wife Nichole and their four children, while least proud of his golf swing.



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.

Who We Are



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

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 board and executive committee are only comprised of employers.

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.

The Forum welcomes organizations who are eager to actively engage and collaborate. We offer three levels of membership: Employer Membership for companies who employ Hoosiers, Stakeholder Membership for local healthcare players, and Affiliate Membership for interested parties without a primary healthcare stake in Indiana.

Interested in joining the Forum? Contact sara@employersforumindiana.org.

Thank You to Our Sponsors

GOLD SPONSOR



AffirmedRx is on a mission to improve health care outcomes by bringing clarity, integrity and trust to pharmacy benefit management (PBM).

Their approach allows them to put members and their clients first, which directly supports the goals of their clients and the consultants and brokers searching for the best solution. Their differentiators below outline how they believe they are fundamentally different:

- **AffirmedRx, a Public Benefit Corporation or PBC:** created to benefit the public and serve its members. They are committed to a social mission and community considerations.
- **Personalized care and compassionate navigation:** Health care is local and personal and AffirmedRx understands the complexities of the pharmaceutical industry. Members receive individual support for all their needs to mitigate script abandonment and decrease medical/emergency care costs due to non-compliance/non-adherence. AffirmedRx will bring this care model to your community and work from within that community.
 - **A model that matters:** Patients over Profits – AffirmedRx is a company that delivers true cost control measures and reimbursement not predicated on shell games or bait and switch tactics – no hidden charges or financial withholds. They do not retain rebates or retain spread, and complexities of they do not retain or bill any extra fees. They are a PBM you can trust. Care remains at the forefront of everything complexities of they do and in addition to translating to greater health and well-being, this approach mitigates medical costs resulting from denied medications in the traditional PBM model.
 - **Alignment:** AffirmedRx is aligned with its clients and is committed to delivering on its mission to operate in the best interest of its members and customers. Their charter as a PBC provides AffirmedRx with the legal framework to do what is right by those who rely on them for care, rather than obligate ourselves to focus on profit for shareholders, which often occurs to the detriment of clients and the members they serve. Their executive leaders have personal accountability to do what is right as demonstrated through their compensation structure being contingent upon decision-making that benefits members—overseen by the board of directors.
 - **Intuitive, hyperflexible technology and an intelligent, care-driven platform:** AffirmedRx is delivering the best of the best in its platforms – doing things differently and cultivating partnerships with technological disruptors that simplify the administrative infrastructure and processes so 90% of the effort can be flexible, nimble, and focused on members and clients — where it really matters.

Thank You to Our Sponsors

GOLD SPONSOR



Helping make every life stage healthier

Health is a life event. Each act. And every stage. We're proud to sponsor the National Healthcare Price Transparency Conference.

It's another way we're there for what matters in the communities we serve.

Visit [uhc.com](https://www.uhc.com)

**United
Healthcare**

There for what matters

© 2024 United HealthCare Services, Inc. All rights reserved. E1243169254

Thank You to Our Sponsors

SILVER SPONSOR



 carrumhealth.com

Carrum Health is a value-based healthcare platform delivering higher quality care while helping employers and members reduce their surgical and cancer care spend. Utilizing a Centers of Excellence network with an all-inclusive pricing model and care warranty, members receive comprehensive digital care coordination, treatment at little-to-no cost, and better health outcomes. Carrum built the industry's first digital Centers of Excellence platform to transform the way we deliver and pay for care to improve the experience for everyone involved. Our award-winning platform has grown rapidly to become a premier surgical and cancer care solution.

SILVER SPONSOR

Genentech
A Member of the Roche Group

 gene.com

Genentech pioneered the biotech industry and revolutionized how we treat some of the world's most complex health problems. Today, as a member of the Roche Group, we remain dedicated to pursuing breakthrough research, developing life-changing medicines, unlocking advances in data and technology, and partnering across society to take on systemic issues that stand in the way of better healthcare for all.

We lead change in our industry and advance science for the greater good. We embrace diversity and inclusion to drive innovation, improve outcomes, and create more equitable healthcare access. And every day, we lean into the biggest challenges in science, medicine, technology, and beyond to deliver patient-centered healthcare that improves life for every person.

Thank You to Our Sponsors

SILVER SPONSOR

MORE INSIGHT, MORE SOLUTIONS,
MORE THAN JUST INSURANCE.

It's time to change the way you think about risk management and employee benefits—and raise your expectations about what your business partners should do for you.

We are here to help **YOU** be a better, smarter, and more efficient organization. Embrace a fresh perspective with **The MJ Companies**—the one partner you need for risk management, employee benefits, retirement, compensation, and total rewards consulting.



WWW.THEMJCOS.COM

SILVER SPONSOR



 marathon-health.com

Marathon Health is a leader in providing advanced primary care in the U.S. to 2.5 million eligible patients across a combined base of approximately 630 employer and union-sponsored clients. We deliver direct primary care, mental health, occupational health, musculoskeletal, and pharmacy services through a footprint of over 680 health centers in 41 states, in addition to 50 state access to virtual care services. Marathon is transforming healthcare delivery through a patient-first approach, providing more convenient access to in-person and virtual care, leading to better health outcomes for patients and meaningful cost-of-care savings. Emphasizing a culture of inclusivity and collaboration, Marathon focuses on nurturing a positive work environment and recruiting exceptional talent. This commitment ensures Marathon Health leads with expertise and compassion in healthcare. Marathon is a five-time Modern Healthcare Best Places to Work and Best in KLAS award winner for employer sponsored healthcare services for six consecutive years including 2024. For more information on how we can partner with you, please contact Kisha Berland kberland@marathon-health.com or Cole Williams nicole.williams@eversidehealth.com.

Thank You to Our Sponsors

SILVER SPONSOR



Payerset simplifies Price Transparency data, offering direct access to contracted rates for over 60 carriers across every provider organization in the United States. Our Rate Explorer platform makes navigating these large data volumes straightforward and intuitive, enabling you to find the rates you're looking for in seconds.

Discover how Payerset can empower your organization with Price Transparency data at www.payerset.com.

Rate Explorer > Analysis > Major Hip & Knee Chicago Hospital Rates

Billing Code: 470 | Billing Code Modifier: None | Place of Service: Inpatient Hospital | Billing Class: Institutional

Billing Code DRG 470 - Major hip and knee joint replacement	Payers		
	Aetna	BCBS of Illinois	UnitedHealthcare
In-Network Negotiated Reimbursement Rates			
MOUNT SINAI HOSPITAL	\$24,033.10	\$21,853.78	\$18,353.00
NORTHWESTERN MEMORIAL HEALTHCARE	\$26,626.10	\$25,868.09	\$31,298.32
CATHOLIC HEALTH PARTNERS - SAINT ANTHONY HOSPITAL	\$14,182.20	Rate Expired	\$21,955.00
THOREK MEMORIAL HOSPITAL	\$17,876.20	\$16,012.47	\$24,036.00

*Rates sourced from payer's machine readable files published on February 2024

*BCBS of Illinois negotiated rate for St. Anthony Hospital expired on 12/31/2023

Warm thanks to Brown & Brown and Northwest Radiology for sponsoring our Grab & Go Breakfast!



Sincere thanks to Friend of the Forum, Renalogic, for their support!



Thank You for Attending

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