### **Price Transparency**







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South Bend Clinic
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&
Integrative Care Partners

**Executive Director** 

Chris Finelli

Clariti Health VP, Business Development

September 17, 2021



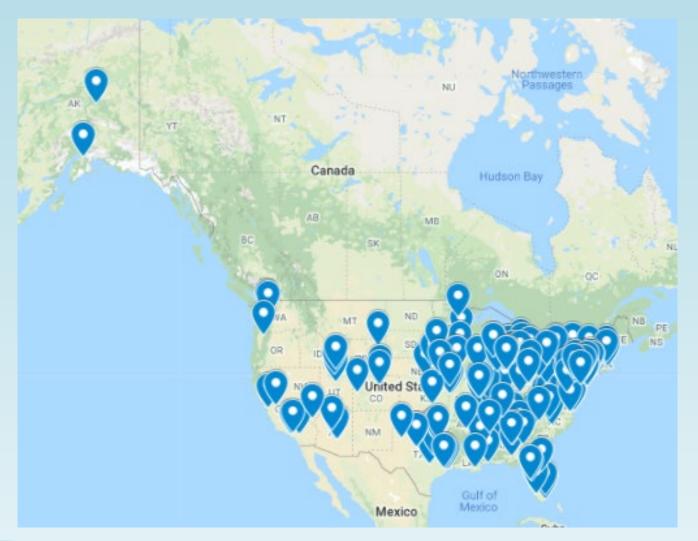
- Established in 1916
  - 10 Campuses
  - 150 Providers
- Patient-Centered, Physician-Led Healthcare
  - High quality; Low cost
  - Largest physician-owned, multi-specialty group in Indiana
  - Integrated and Coordinated Patient Care



- Established in 2016
- Tech company laser-focused on cost estimation and price transparency
- Growth Investment by Bain Capital June 2021
  - Now part of the HST Pathways family

# Where Are Clariti Customers Located?

- 500 Clariti clients in The US today
  - 9 in Indiana
  - Mostly allocated along East Coast
  - 3000+ customers in US when including HST Pathways



### **Clariti Partners**



























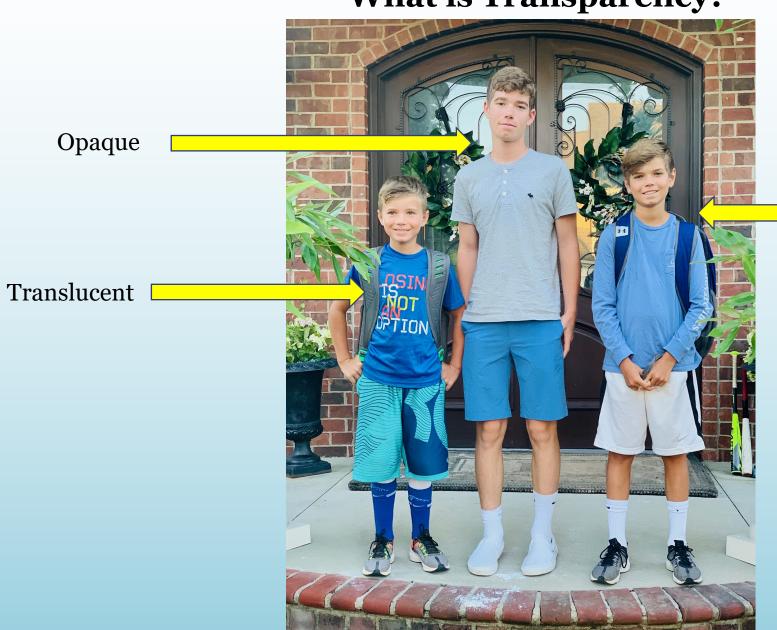


### Patient Financial Responsibility: A look at Clariti numbers, 2018 - 2020

Total Billed Charges	\$11,823,931,207.00
Total Allowable	\$3,368,407,331.00
Total Patient Responsibility	\$729,439,671.00
Average Allowable	\$1,883.00
Average Patient Responsibility	\$407.00
Average Patient Responsibility	21.61%

- All Cases (nearly 2MM) over 3 years
- All Types (facility, professional, anesthesia, diagnostic imaging)
- All Specialties
- All Payors

### What is Transparency?



Transparent

# Transparency in the Eyes of CMS

- Hospitals only
- Effective date of 1/1/2021
- Must be made available in Machine-Readable Format
- In Plain Sight via Hospital Website

Standard Charges

Contractual Rates / Allowable Amounts

Shoppable Services 70 + 230 = 300 Minimum



Discounted Cash Rate

De-Identified Maximum Negotiated Rate De-Identified Minimum Negotiated Rate



Part of the larger "Consolidated Appropriations Act"

Request ins coverage info from patients

Provide GFE to patients (self-pay, OON, INN), using INN benefits

Poised to become law and effective Jan 1, 2022

Provide notice to payors of scheduled patients (so AEOB can be sent to patients)

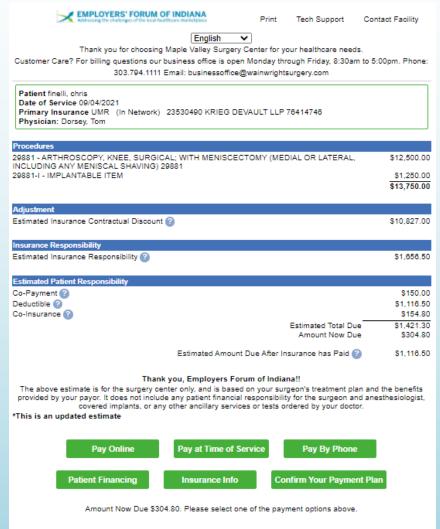
Disclose any OON providers

Refund overpayments in a timely manner

Require written consent for OON cases to allow balance billing

### Healthcare Transparency in Indiana





HB 1447

Good Faith Estimate

### How Does Clariti Define Transparency?

Applying your chargemaster, payor-specific rates, the patient's insurance plan and current benefits, and other business rules you provide to:

- ✓ Support surgeons with on-demand quotes for patients considering a procedure.
- ✓ Provide all scheduled patients with highly accurate estimates.
- ✓ Enable prospective patients who are shopping with self-service tools.
- ✓ Gain compliance with CMS / HHS and state-appointed fair billing and disclosure laws.
- ✓ Do the right thing!

### If we believe

- > Consumerism in healthcare is directly correlated to High Deductible Health Plans (HDHPs)
- > Patients are no longer passive recipients of healthcare but active participants (quality & cost)
- > Negative impact on patient experience if patient is not made aware of financial responsibility
- > Transparency can influence patient decision on place of service

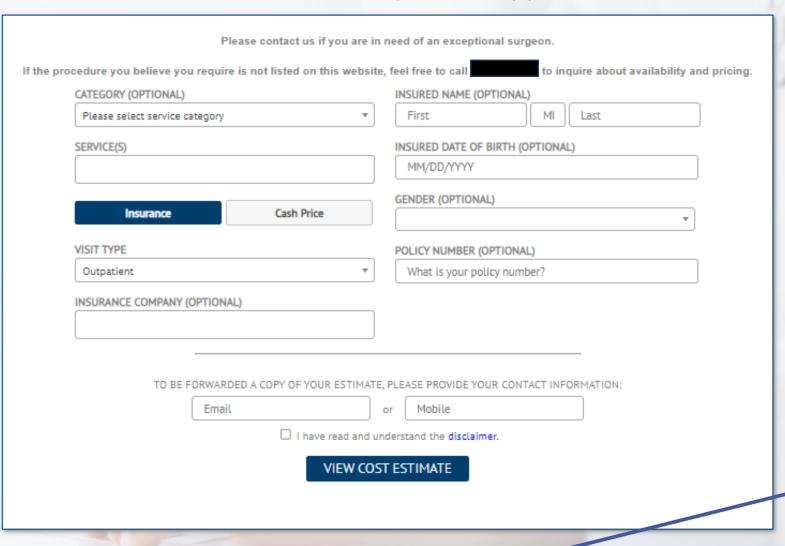
Why not proactively communicate our Value???

10% of estimates completed online convert to scheduled cases at the facility

## Consumer Facing Estimator (Catalyst)

### How much will my service(s) cost?

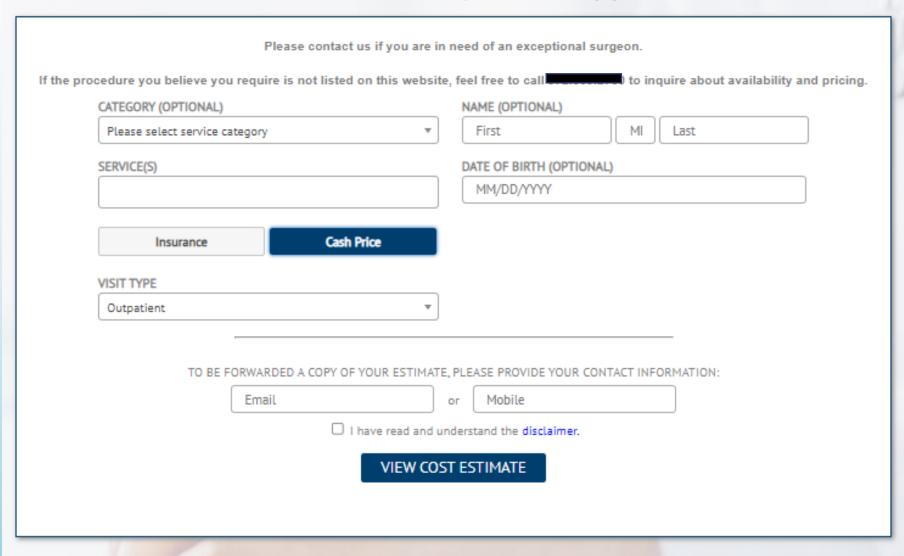
- ✓ Consumerism on the rise in healthcare
- ✓ Catalyst is open 24/7/365
- ✓ ~10% of
  estimates created
  in Catalyst
  translate to a
  scheduled
  procedure within
  60 days



Compliance

### Consumer Facing Estimator (Catalyst)

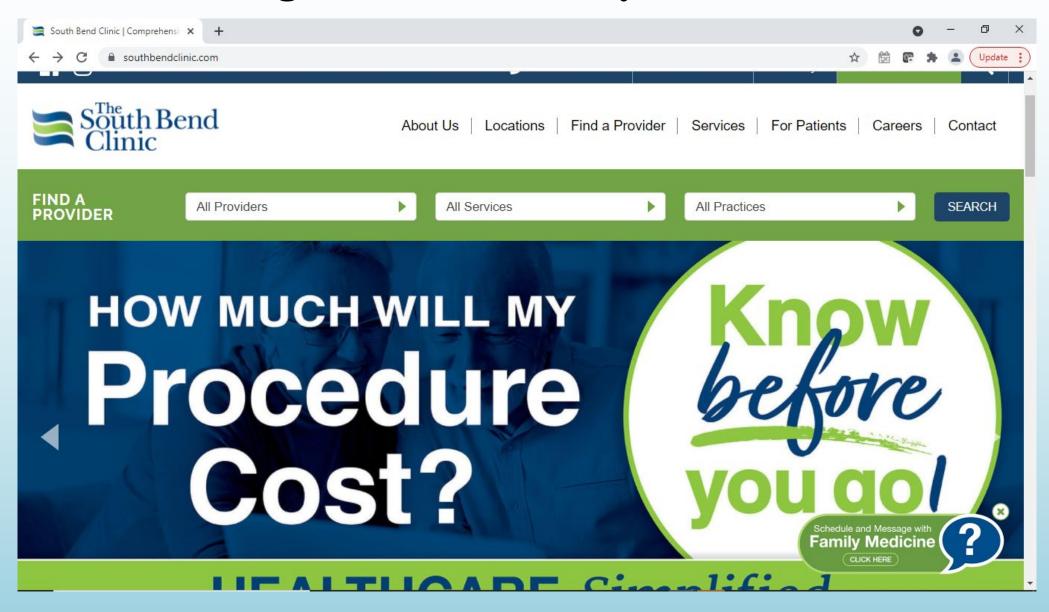
### How much will my service(s) cost?



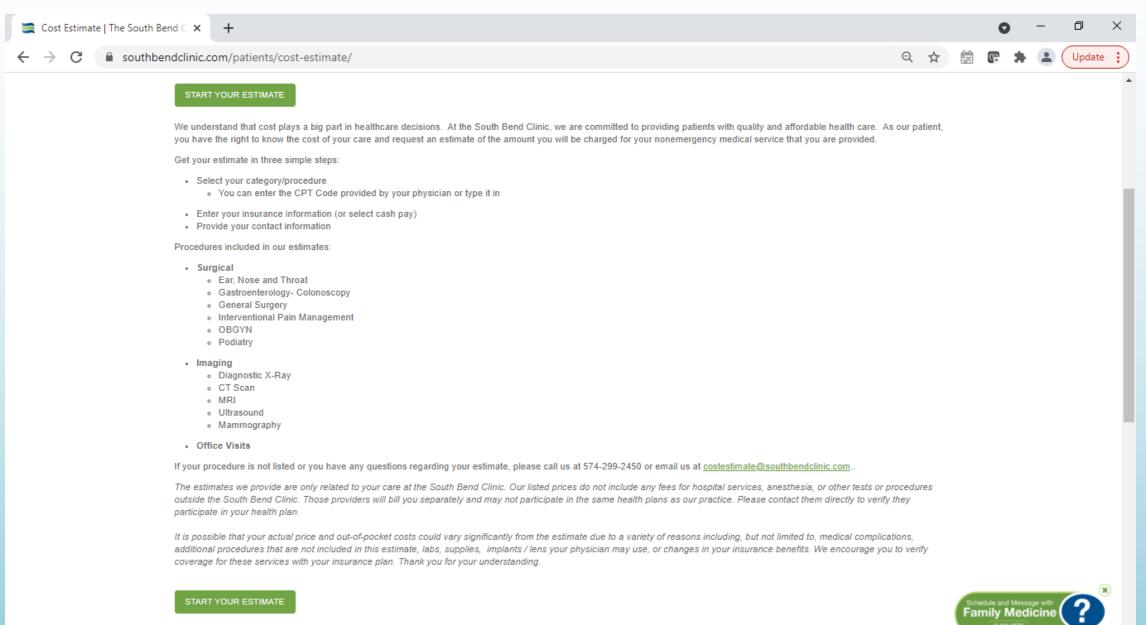
 Reduced input fields needed for Self Pay / Cash Price

DOWNLOAD STANDARD CHARGES

### Consumer Facing Estimator (Catalyst) at South Bend Clinic



# Consumer Facing Estimator (Catalyst) at South Bend Clinic



### Consumer Facing Estimator (Catalyst) at South Bend Clinic

In the first 10 Days of running Know Before You Go and launching Catalyst

### •61 quotes have been submitted

- 1- AARP Medicare Advantage
- 3- AETNA
- 3- AETNA CHA
- 7- Anthem Ameriben
- 9- Anthem BCBS
- 1- BCBS
- 1- Encore
- 1- Humana Medicare Supplement
- 1- Medicare Part B Claims
- 24- Self Pay
- 2- UMR
- 8- United Healthcare

Since running the campaign the cost estimate page on our website has increased in traffic 286% from the previous period prior to the campaign.

Pay Online

Patient Financing

rint Tech Support

Contact Facility

English 🗸

Good Faith Cost Estimates (Impact)

Thank you for choosing Maple Valley Surgery Center for your healthcare needs.

Customer Care? For billing questions our business office is open Monday through Friday, 8:30am to 5:00pm. Phone: 303.794.1111 Email: businessoffice@wainwrightsurgery.com

Patient finelli, chris

Date of Service 09/04/2021

Primary Insurance UMR (In Network) 23530490 KRIEG DEVAULT LLP 78414746

#### Physician: Dorsey, Tom Procedures 29881 - ARTHROSCOPY, KNEE, SURGICAL: WITH MENISCECTOMY (MEDIAL OR LATERAL. \$12,500.00 INCLUDING ANY MENISCAL SHAVING) 29881 29881-I - IMPLANTABLE ITEM \$1,250.00 \$13,750.00 Estimated Insurance Contractual Discount (2) \$10,827.00 Insurance Responsibility Estimated Insurance Responsibility (2) \$1,656,50 Estimated Patient Responsibility Co-Payment (2) \$150.00 Deductible 🕝 \$1,116,50 Co-Insurance \$154.80 \$1,421,30 Estimated Total Due Amount Now Due \$304.80 Estimated Amount Due After Insurance has Paid (2) \$1,116,50 Thank you, Employers Forum of Indiana!! The above estimate is for the surgery center only, and is based on your surgeon's treatment plan and the benefits provided by your payor. It does not include any patient financial responsibility for the surgeon and anesthesiologist, covered implants, or any other ancillary services or tests ordered by your doctor. \*This is an updated estimate

Pay at Time of Service

Amount Now Due \$304.80. Please select one of the payment options above.

Insurance Info

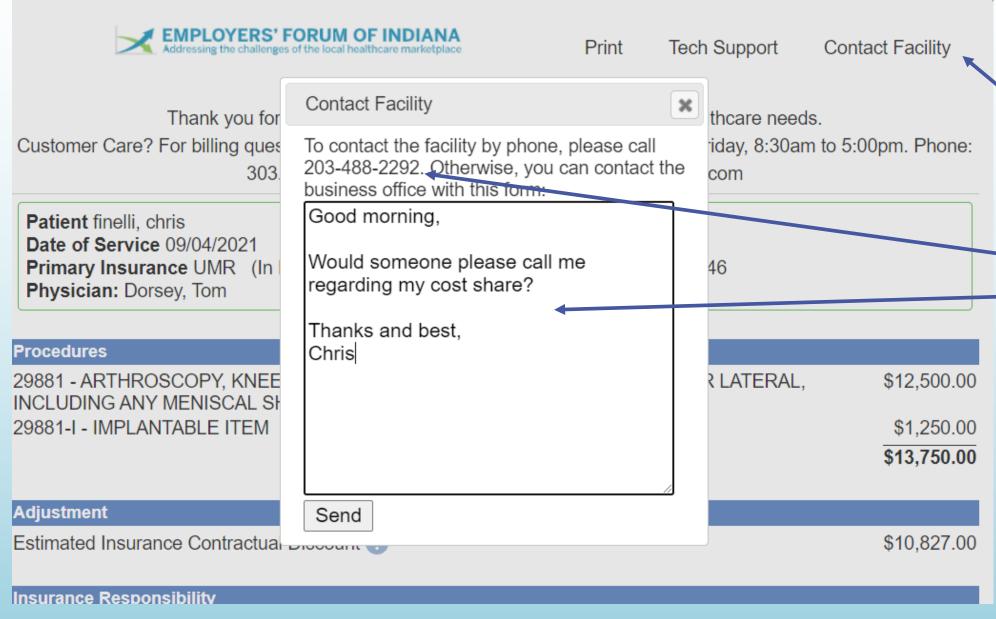
Pay By Phone

Confirm Your Payment Plan

- ➤ "Automagically" created at the time case/visit is scheduled
  - Can be updated at any time prior to DOS
    - Verification rerun, automatically, 2 days prior to the DOS
- ➤ Integrates with facility/practice IMS/EMR
  - > HL7
  - > API
  - > Batch file upload
  - > Etc
- > Sent via Text / Email
  - > HIPAA Compliant
    - > DOB must be used to open
  - ➤ 80% of patients can be reached by SMS
  - ➤ Avg time to open text is < 3 minutes
- > 95% + Accuracy



- Translations available in nearly 200 languages
- 78.2% of
  Americans
  report English
  as primary
  language
- 21.8% of
  Americans
  speak a
  language other
  than English at
  home



Ability for the patient to communicate
via phone or messaging with office/facility staff

#### Insurance Responsibility

Estimated Insurance Responsibility ? \$1,656.50

#### Estimated Patient Responsibility

Co-Payment ?
Deductible ?
Co-Insurance ?

A co-insurance is a predetermined ratio of healthcare expenses for which the patient is responsible.

\$1,116.50 \$154.80 Estimated Total Due \$1,421.30 Amount Now Due \$304.80

\$150.00

Estimated Amount Due After Insurance has Paid ? \$1,116.50

### Thank you, Employers Forum of Indiana!!

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#### \*This is an updated estimate

Pay Online

Pay at Time of Service

Pay By Phone

**Patient Financing** 

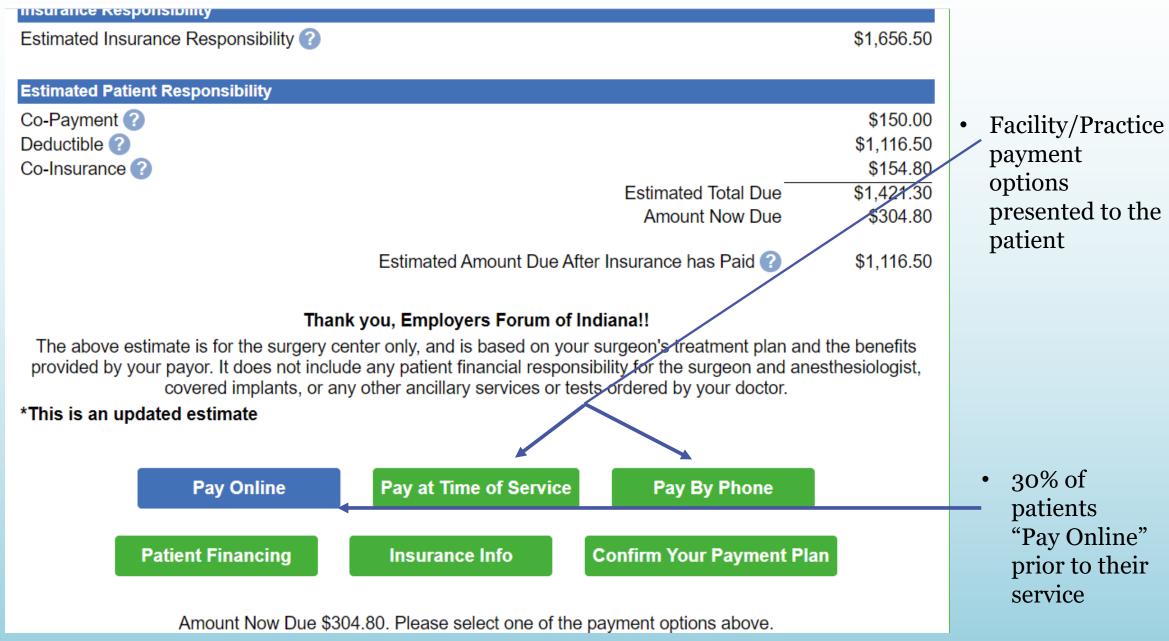
**Insurance Info** 

**Confirm Your Payment Plan** 

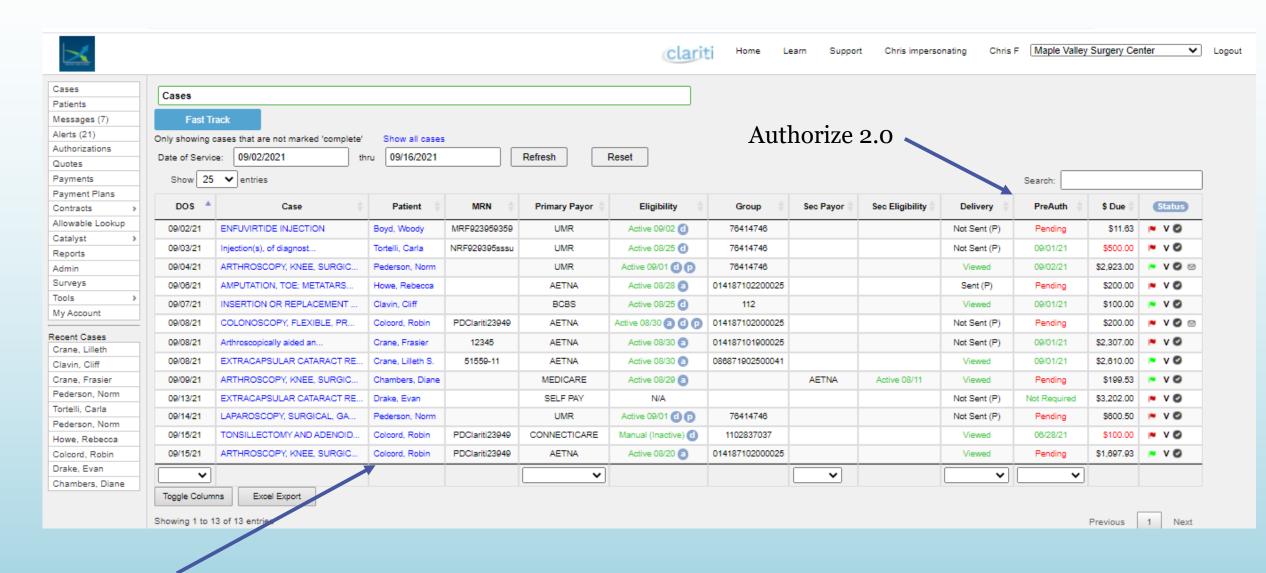
Amount Now Due \$304.80. Please select one of the payment options above.

 Healthcare literacy tools built in

Custom note

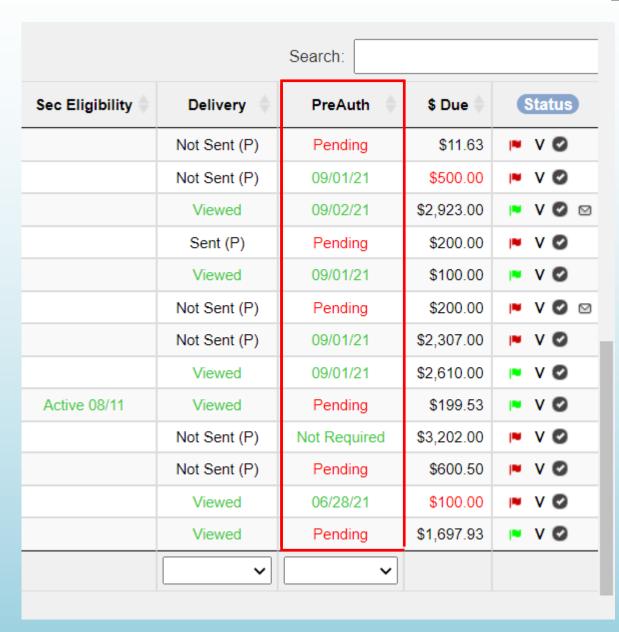


## How Clariti Defines Transparency (Authorize 2.0)



Cheers cast (not real patients)

### How Clariti Defines Transparency (Authorize 2.0)



Authorize 2.0 Answers 2 Basic Questions:

- 1) Is an Authorization required for this procedure with this payor?
- 2) Is an Authorization already on file for the scheduled procedure with this patient?

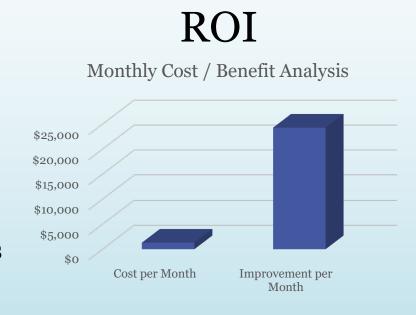
Some payors will be able to electronically respond and provide that Authorization back to Clariti

- Clariti does not initiate the Authorization –
  physician practices still do that. Auth 2.0 tells us
  if the authorization is required and if there is one
  on file.
- Not all payors comply with our electronic requests (thank you, United and Anthem for participating!!)

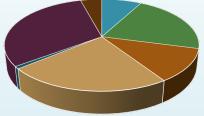
## Pricing

- > Implementation fees waived with Term Agreement
- ➤ Low Monthly Subscription and Utilization Fees

- > Improved Efficiency
- > Accelerated Cash Flow
- > Elevated Revenue
- ➤ Advanced Patient Experience
- > Increased Volume
- Decreased Cancelled Cases
- ➤ Minimized Bad Debt and Write-Offs
- Diminished denials







- Annual Financial Impact of Clariti
- Efficiency
- Precollections
- Post Service Collections
- Decreased DOS Cancellations
- Insurance Coverage / Cases Noncompensated due to Lack of Coverage
- Patient Satisfaction
- Quoting Time Savings
- Quoting Improved Volume
- Turnover in Business Office
- Total Upfront Monthly Time Investment with Clariti

### **Customer Quote**

"Don't get me wrong, I love Impact. Our patients really appreciate our proactive approach to sending them estimates, and it has a major impact on our business, BUT we are performing an extra 8 TJR cases per month because of Catalyst. The ROI with Catalyst is the first day of every year." ASC Administrator

### **Contact Information**

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Thank you