

WASHINGTON, DC | THE MARRIOTT WARDMAN PARK HOTEL



# WHCC18

— HEALTH VALUE DAY  
MISSION STATEMENT

A word cloud shaped like a heart, featuring terms related to healthcare and medicine. The words are arranged in a way that they form the outline of a heart. The words include: HEALTH, DOCTOR, COSTS, LIFE, FIT, INSURANCE, LIFESTYLE, SPORT, PREVENTION, HEALTHCARE, CARE, WELLBEING, HOSPITAL, TREATMENT, PHARMACEUTICAL, SURGERY, HEALTHY, PATIENT, REFORM, DEPARTMENT, and LIFE. The words are in various colors (green, blue, purple, red) and sizes, with 'HEALTH' and 'WELLBEING' being the largest.

—DR. WILLIAM J. MAYO, MAYO CLINIC

—DR. DEVI PRASAD SHETTY,

NARAYANA HRUDAYALAYA HOSPITALS (INDIA)

— DR. JOHN WENNBURG, THE DARTMOUTH INSTITUTE

—JOHN MACKEY, WHOLE FOODS

—DR. G. VENKATASWAMY, ARAVIND EYE HOSPITALS

# WHCC18 AAAG FOR SUNDAY, APRIL 29, 2018

WORKSHOP REG. OPEN 8:00-9:00 AM / 11:30AM-12:30PM • MAIN CONGRESS REG. OPEN 3:30PM-6:35PM

**9:00am-12:00 pm • PRE-CONFERENCE MORNING WORKSHOPS •** NETWORKING AND REFRESHMENT BREAK FROM 10:45-11:15 am

- |    |   |
|----|---|
| 1. | The Promise of High-Performance Health Care |
| 2. | Take Control of Your PBM Contracting        |
| 3. | High-Performance Risk Management Platforms  |

PLEASE VISIT  
WWW.WORLDHEALTHCARECONGRESS.COM  
FOR A FULL LIST OF SPEAKERS  
AND WORKSHOP DETAILS

**11:30am – 12:30 pm •** Afternoon Workshop Registration

**12:30-3:30 pm • PRE-CONFERENCE AFTERNOON WORKSHOPS •** NETWORKING AND REFRESHMENT BREAK FROM 2:00-2:15 pm

- |   |   |
|---|---|
| A | Leadership MasterClass: Launch, Lead, and Realize Value from Change Initiatives ■ <b>SPACE IS LIMITED</b>  |
| B | Health System Sustainability: Create Pioneering Innovation Opportunities  |
| C | Employer-led Direct Contracting: High-Value Care at Lower Costs   |
| D | Break Through the Status Quo: Become a Next Generation Benefits Firm  |
| E | Mitigate Social Determinants of Health: Explore Active Industry-Community Efforts and Results   |
| F | Getting to the Real Bottom Line: Measuring Wellness Program Results   |
| G | IMTJ Masterclass: Medical Travel – Opportunities for Employers, Funders and Providers   |
| H | Health Innovation Startup Pitch Competition   |

## SUNDAY KEYNOTE AGENDA

Don't Miss Tonight's  
Networking Reception,  
followed by the Fireside  
Chat and Q&A  
with Dr. Devi Shetty!

<b>KEYNOTE</b> 3:55 – 4:00 pm	<b>Congress Welcome</b>		
	<b>IAN MORRISON</b> Author, Consultant, and Futurist		
<b>KEYNOTE</b> 4:00 – 4:40 pm	<b>Health Over Health Care: Evolution of a Population-Based Program that Dramatically Cuts Costs</b>		
	<b>JOHN MACKEY</b> Co-Founder and Chief Executive Officer, <b>Whole Foods Market</b> Author, <b>The Whole Foods Diet: The Lifesaving Plan for Health and Longevity</b> Founder, <b>Whole Planet Foundation</b>		
<b>KEYNOTE</b> 4:40 – 5:00 pm	<b>Narayana Health: Path to High-Performance Care Delivery</b>		
	<b>DEVI PRASAD SHETTY, MD</b> Founder and Chairman <b>Narayana Hrudayalaya Hospitals (India)</b>		
<b>KEYNOTE</b> 5:00 – 5:20 pm	<b>Posting Surgical Pricing Online: A Disruptive and Revealing Experience</b>		
	<b>G. KEITH SMITH, MD</b> Co-founder <b>The Surgery Center of Oklahoma</b>		
<b>KEYNOTE</b> 5:20 – 5:35 pm	<b>Rosencare's Value-Based Approach and Success: The Prescription for America's Ailing Health Care System</b>		
	<b>KENNETH ALDRIDGE JR.</b> Director, Health Services <b>Rosen Hotels &amp; Resorts</b>	 <b>ASHLEY BACOT</b> President, <b>Provinsure Inc.</b> Director, Risk Management <b>Rosen Hotels &amp; Resorts</b>	 <b>HARRIS ROSEN</b> Founder and President <b>Rosen Hotels &amp; Resorts</b>
<b>5:35 – 6:35 pm • Awards Ceremony</b> visit <a href="http://www.healthvalueawards.com">www.healthvalueawards.com</a> for details		<b>6:35 – 7:35 pm • Networking Reception</b>	<b>8:45 – 9:15 pm • Fireside Chat and Q&amp;A</b>
	 Master of Ceremonies: <b>IAN MORRISON</b> Author, Consultant, and Futurist	Please join us for a reception and live interaction with the Winners and Finalists.	 <b>DEVI PRASAD SHETTY, MD</b> Founder and Chairman <b>Narayana Hrudayalaya Hospitals (India)</b>



This live activity is eligible for **3.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity and 3.0 contact hours through the Florida Board of Nursing, Provider # 50-94.



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## **HONORARY CATEGORIES:**

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- **David Berg, MD, Redirect Health, Phoenix, AZ**
- **Todd Bisping, Caterpillar, Inc., Peoria, IL**
- **David Hoke, Walmart, Bentonville, AK**
- **Adam Russo, The Phia Group, LLC, Boston, MA**

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- **Heidi Cottle, NFP Corporate Services, Boulder, CO**
- **Nelson Griswold, Agency Growth Mastermind Partnership/ASCEND Summit, Nashville, TN**
- **Scott Haas, USI Insurance Services, Portland, OR**
- **Don Reiman & Doug Hetherington, Echelon Group, Boise, ID**
- **Michael Rodgers, Axial Benefits Group, Boston, MA**
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- **Richard Sutton, RE Sutton & Associates, a Brown & Brown Company, Carmel, IN**

### **LIFETIME ACHIEVEMENT – CLINICAL CARE ..... 35**

- **John Wennberg, MD, Dartmouth Atlas —**  
*For Work Since 1973 on Unwarranted Cost and Quality Variation Throughout the US*
- **Dr. Devi Shetty, Narayana Health/Health City Cayman Islands —**  
*For Pioneering Access Through High Efficiency, Quality Care*
- **John Noseworthy, MD, Mayo Clinic —**  
*For High Diagnostic Accuracy And Treatment Based On Participation And Results  
In Its Centers Of Excellence Programs*



## LIFETIME ACHIEVEMENT – HEALTH BENEFIT INNOVATION ... 36

- **Barbara Barrett, Langdale Industries —**

*For Benefit Innovation: Reference-Based Pricing, High Performance Design, Employer Mobilization*

- **Larry Merlo, CVS Drug Stores —**

*For Health Promotion: Eliminating all Tobacco Products from their Stores*

- **Tom Emerick, formerly of Walmart and now at Edison Health —**

*For Benefit Design Innovation: Centers of Excellence*

- **John Mackey, Whole Foods Market —**

*For Reducing Health Care Cost and Delivering Quality Care:*

*The rare large company CEO willing to talk and act clearly about health care cost and quality, including the importance of nutrition and their healthy diet immersion program for employees with chronic conditions, onsite clinics, and more*

- **Harris Rosen, Rosen Hotels & Resorts —**

*For Benefit Design Innovation: Streamlined health-convenience and affordability resulting in improved outcomes and high employee retention rates using some of the savings to fund college scholarships for the employees' children*

- **David Hoke, Walmart —**

*For Low-Cost Generic Pharmaceutical Pricing:*

*Low cost (\$4.00 per month), transparent generic drugs program, Centers of Excellence programs that enabled lower income patients to fill their prescriptions*





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- **Warren Buffett, Berkshire Hathaway —**

*For publicly pointing out that a significant portion of US health care spending, equal to 5% of GDP, delivers little to no value, threatening the US economy while delivering below average health outcomes*

- **Atul Gawande, MD,**

**Brigham & Women's Hospital, Harvard Chan School of Public Health —**

*For describing and offering solutions to a wide range of important health care problems, from managing high-cost chronic patients to using checklists to manage quality and safety, and more compassionate end-of-life care*

- **Harris Rosen, Rosen Hotels & Resorts —**

*For encouraging employers regionally and at the State level to share his benefit design*

- **Dr. Devi Shetty, Narayana Health/Health City Cayman Islands —**

*For pioneering the lowest cost and highest quality hospital care through high efficiency, quality care, and committing to a further 50% cost reduction target in 5 years*

- **Leah Binder, The Leapfrog Group (DC) —**

*For establishing a credible methodology and tool for consumers to evaluate hospital inpatient quality and performance, medical safety, maternal care, infection and injuries — holding health systems accountable*

## 2019 HEALTH VALUE AWARDS CATEGORIES ..... 40

# HELP US IMPROVE AND GROW THE HEALTH VALUE AWARDS

We ask you to help us continue to improve and grow the Health Value Awards program and pursue the following goals. First, we want to give health care providers, vendors, consumers, purchasers and employee health plan benefits managers of all types a platform to demonstrate who delivers tangible, meaningful value, which really means better health outcomes and/or lower cost than conventional approaches. Second, while many health care awards are based on intangible measures that amount to skin deep beauty contests, we wanted to give health care purchasers and individual patients clear and understandable guidance on how to find, evaluate and select organizations that truly deliver value.

These evaluations recognize that health care management is often an overly complicated and opaque enterprise. We're intent on recognizing improvements in clinical care, but there's also plenty of opportunity to improve or greatly simplify financial and administrative processes by restructuring reimbursement to align incentives more effectively, by putting together a better medical claims review process, or by better managing drug spend or allowing more consumer choice and engagement.

HVA finalist Jack Wennberg describes one key step forward as "shared decision-making — the active involvement of the patient in choosing."

Here are some specifics that we looked for:



**1) Quantitative Demonstrations of Value.** We want to see longitudinal data clearly demonstrating that adding what you do results in better health outcomes and/or lower cost. Of course, we also like to see the calculations you used to arrive at your performance numbers. That's why we've partnered with the Validation Institute, which provides objective, 3rd party expertise on performance monitoring. We strongly encourage all applicants - and have worked out very favorable pricing - to go through their validation process, and we've made validation a requirement for all HVA competition provider finalists.



**4) Durability.** Is your process "sticky," continuing to deliver results over time?



**5) Performance Guarantees.**

A willingness to go at financial risk for your performance claims shows confidence in your capabilities, which few vendors in mainstream US health care do.



**6) How Big An Impact?**

An approach that yields a bigger positive result over a larger population is more desirable than one that produces a modest impact.



**7) How Innovative?** A subjective measure, but there's something to be said for approaches so creative and elegant that we're thrilled the first time we see it.



**2) Testimonials.** We welcome statements from customers who will publicly sing your praises.



**3) Scalability.** Can you do what you do in other markets, and consistently deliver the same result? Can you work with different sized groups?

**Our goal is to help employers, consumers and providers to reduce their all in health care spend**

Program	Niche As A %age of Total Health Care Spend	Savings Within Niche	Savings From Total Health Care Spend**	PEPY Savings***
Primary Care	100.00%	15%	15.00%	\$1,723
Reference-Based Reimbursement	36.00%	35%	12.60%	\$1,447
Musculoskeletal Disorder Mgmt	15.00%	25%	3.80%	\$431
Imaging	12.50%	30%	3.80%	\$431
Oncology Mgmt	12.00%	20%	2.40%	\$276
Rx Pricing Optimization	15.40%	15%	2.30%	\$265
Rx Formulary Optimization	15.40%	15%	2.30%	\$265
Specialty Rx Mgmt	6.60%	35%	2.30%	\$265
<b>Across Offerings</b>			<b>44.40%</b>	<b>\$5,103</b>

\*Includes Savings Net of Services Fees  
 \*\*Savings May Interact and May Not Be Strictly Cumulative  
 \*\*\*Assumes \$11,484 Per Employee Per Year (PEPY) Health Plan Costs in 2016 per Aon  
 Aon Press Release: <http://aon.mediaroom.com/2015-11-12-2015-Records-Lowest-U-S-Health-Care-Cost-Increases-in-Nearly-20-years>



## THANK YOU TO OUR JUDGES



**Steven Blumberg** is Chief Planning and Business Development Officer at The University of Miami Health System. In a previous role, he led AtlantiCare's Accountable Care Organization in Atlantic City, NJ, and developed a reputation for leading edge risk management and quality.



**Jessica Brooks** is the Chief Executive Officer and Executive Director of the Pittsburgh Business Group on Health, where she leads the effort to redefine the discussion around health care value for nearly two million people.



**Tom Emerick** is a consultant and speaker on health care economics. Previously, he led benefits for Walmart, British Petroleum and Burger King. In 2009, Healthspottr placed Tom as a top 100 US health care innovator for his work on medical ethics. A 2013 Forbes article named Tom one of 13 "Unsung Heroes Changing Health Care Forever."



**Fred Goldstein** is a nationally prominent population health management expert with wide-ranging experience. His consulting firm, Accountable Health, helps health care organizations develop and implement the broad service capabilities required for population health management success. In previous roles, he served as Chairman of the Board of the Population Health Alliance and CEO of Specialty Disease Management.

**"The first client that fully went in this direction experienced 47.6% below prior year in claims cost, and on renewal, received a 20% reduction in stop loss premiums and 25% reduction in stop loss premiums. In addition, we expanded the already comprehensive list of services covered in full to the employees."**

— DAVID CONTORNO,  
LAKE NORMAN BENEFITS

**"Fees for the surgeon, anesthesiologist and facility are all included in one low price. There are no hidden costs, charges or surprises."**

— FROM THE SURGERY CENTER  
OF OKLAHOMA WEBSITE

**"....From the top down, consumerism is the key to our success. Including the employee, the consumer in the process, as well as in the successes creates ownership to the plan and drives down overall costs as well as better health in our community. Communication and education is key."**

— RICHARD SUTTON,  
RE SUTTON AND ASSOCIATES

## THANK YOU TO OUR JUDGES



**Lee Lewis** runs A. J. Gallagher's Innovation Lab practice, a mission-driven group devoted to improving the cost, quality and design of American healthcare, while improving the engagement and longevity of employees and their families. Lee's practice partners with large employers to solve important health care problems, and were among the first consultants to bring employers sophisticated health plan audits and direct purchase specialty drug procurement.



**Angela Mitchell** is Intel's Manager of US Healthcare Delivery Service, Global Health and Wellness. She currently oversees Intel's Connected Care ACO relationships with 6 different healthcare systems, covering over 36K lives.



**Patricia Salber, MD, MBA** is a health care serial entrepreneur and commentator. She is editor of the popular expert health care blog "The Doctor Weighs In." In previous roles, she has been Chief Medical Officer of Universal American Medicare Advantage Plans, Medical Director for Blue Shield of California's CalPERS Business Unit, and Medical Director for General Motors.



**Jane Sarasohn-Kahn** is a health economist, advisor and commentator supporting organizations at the intersection of health, technology and people. Jane's clients are all health care stakeholders in technology, bio/life sciences, providers, plans, retail, financial services, food and consumer goods. She founded her blog, Health Populi, in 2007.



**Bruce Sherman, MD, FCCP, FACOEM** is Medical Director, Population Health Management for the RightOpt private exchange offering for Conduent HR Services, providing strategic client support for development, implementation and ongoing management of integrated, value-based health management strategies. Previously, he was the consulting corporate medical director for Wal-Mart Stores, Inc.



**Dexter Shurney, MD, MBA, MPH** is the Chief Medical Officer and Senior Vice President of Clinical Affairs for Zipongo, a San Francisco-based digital health and wellness company focused on enabling healthy eating - "Healthy Eating, Made Simple". Dr. Shurney is Cummins' former Chief Medical Director / Executive Director for Global Health Benefits and Corporate Wellness



**Pamela Stanford** is Director of Integrated Wellness at Humana, currently working to integrate wellness offerings within clinical programs. Pam has developed wellness programming in hospitals, home care services organizations, fortune 500 companies and health care organizations.



**Thomas Wilson, PhD, DrPH** is an independent pragmatic epidemiologist specializing in the design, evaluation, and science-based improvement of population health programs. He is especially interested in mental health and behavioral issues, health equity, evidence-based decision making, and the relationship between psychosocial stress and health outcomes.

## VALIDATED CATEGORIES

### THIRD PARTY ADMINISTRATORS (TPA'S)

- **Continental Benefits**

Continental Benefits, based in Tampa, is a young TPA that quickly developed a reputation for results by manually scrutinizing claims, by promoting reference-based pricing, and by aggressively pursuing a variety of medical management techniques.

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- **Group and Pension Administrators (GPA)**

Group and Pension Administrators (GPA), headquartered in Dallas, is the largest privately owned TPA in the Southwest, with more than 200 privately-held and publicly-traded clients. A consistent innovator and high performer, GPA has been named one of the Top 100 Healthiest Companies in North Texas and one of the Top 100 Places to Work by the Dallas Morning News.

### DIRECT CARE PROVIDERS

- **Aravind Eye Hospital**

Aravind Eye Hospital was founded in 1976 by Dr. G. Venkataswamy ("Dr. V."), who declared that the hospital's mission was "to eliminate needless blindness." Dr. V studied the way McDonald's delivered affordable and consistent quality food all over the world and then developed mass marketing service to those who could not afford eye care and surgical processes to deal with the estimated 12 million blind people of India, 80 percent of whom suffered from cataracts.

Dr. V started Aravind at age 58 after he was forced to retire from a government position because of his age. He started his first hospital in a home after banks refused to lend him money, citing his age and the eccentric business model he was pursuing. One third of his patients paid for the services and the remaining two thirds, who could not afford to pay, received free care, including



*Intelligence and capability are not enough. There must also be the joy of doing something beautiful. Being of service to God and humanity means going well beyond the sophistication of the best technology, to the humble demonstration of courtesy and compassion to each patient.*

**Dr. G. Venkataswamy**  
**(Founder, ARAVIND EYE CARE)**

the week long post-operative study, which was the norm then.

Dr. V wanted to emulate the service efficiency of McDonald's fast food and sought to adapt it to the eye care system to cope with increasing the numbers of patients treated. As Aravind and Dr. V gained fame, world leaders and health care professionals found Dr V wanted to talk about the scale and efficiency of McDonald's and his experience as one of the few outsiders to attend the McDonald's Hamburger University in the US.

Aravind established an outreach program through which doctors conducted eye camps in remote villages, sponsored by various organizations like Sathya Sai Organization, Lions Clubs International and Rotary International. Sponsors covered the costs relating to the organization of the camps, such as publicity, organizing the place for the camp and local hospitality, while Aravind transported the patients to hospital and performed the surgery free of cost.

The efficiencies in this approach allowed Aravind to perform a large number of surgeries.

Last year Aravind, through its network of facilities and outreach, handled over 4.1 million outpatient visits and performed over 460,000 surgeries, laser procedures and intraocular injections.

Now it is estimated to conduct the largest volume of these procedures in the world, performed by a single institution. In 1992 Aravind established Aurolab, its own manufacturing facility to bring in the latest technologies at costs relevant and affordable in developing economies. Aurolabs IOLs, Sutures, Pharmaceuticals and other products are now used in over 120 countries.

Aravind rotates its doctors and staff between free and paid wards, concentrating uniformly on quality, efficiency and hygiene, thus eliminating differences between the surgeries done for paid and non-paid patients. The rate of infection in Aravind is about two per ten thousand surgeries which is significantly lower than the international norm of six to eight per ten thousand surgeries.

Aravind is a mission driven, not-for-profit open source organization that will share its model in detail with others.

### • **Bonati Spine Institute**

Disruption of the spine surgery industry started in the 1980s when Dr. Bonati opened Bonati Spine Institute in Tampa, the first Ambulatory Surgery Center in the United States dedicated to advanced treatment of the spine, eliminating the need for costly and lengthy hospital stays (6.9 days on average). His procedures also removed additional costs associated with unnecessary medical devices, pain management, prescription opioids and other post-surgical expenses.

The spine surgery literature shows that more than 65% of fusions - i.e., conventional care - fail



within 2 years. The Bonati procedures deliver predictable outcomes with lower infection rates (less than .00012%) and reduction of re-surgery (less than 4% in 10 years). Bonati procedures return the patient back-to-work (and life) quicker than any other known spine surgery as they minimize overall trauma to the surgical area. Most important, Dr. Bonati claims a 98.75% patient satisfaction rate. Others advertise a ‘surgical success’ rate defined by the spine surgeon or device company while the patient remains in pain.

### • **Narayana Health System, Health City Cayman Islands (HCCI)**

A satellite of the highly regarded Bangalore, India-based Narayana Health System, Health City Cayman Islands (HCCI) was developed to bring high value quaternary and tertiary care North America and the Caribbean basin. State of the art and with a highly experienced, first rate medical team, HCCI now provides advanced care in cardiology, orthopedics and a range of other specialties, all with attention and a patient-centered focus that has delighted US patients. After attending HCCI Grand Opening ceremony and tour, *Permanente Medical Group CEO Robert Pearl said in a Forbes article, “Based on everything I saw in the Cayman Islands that day, the operational approaches in Dr. Shetty’s hospital are about 10 years ahead of those used in the typical U.S. hospital.”*

Patients typically pay a bundled price for services, which is one-half to one-sixth US pricing for exceptional quality. (See also founder Dr. Devi Shetty under Lifetime Achievement – Public leadership.)

### • **Integrated Musculoskeletal Care (IMC)**

Musculoskeletal disorders (MSDs) typically represent 20% of group health spending and 60% of occupational health spending. Integrated Musculoskeletal Care (IMC), based in Tallahassee, has developed treatment pathways that can reduce knee and hip surgeries by 50% and lower back surgery by 80% with lower pain and better range of motion after 12 months. After more than 250,000 patient encounters with commercial populations, the data show that, compared to conventional orthopedic care, IMC’s clinicians obtain dramatically better pain reduction, enhanced range of motion and improved Activities of Daily Living. Recovery time and costs are cut in half. Three-quarter of surgeries are eliminated, imaging drops by half and injections are reduced by more than one-third. The organization is so confident in its capabilities that it will financially guarantee a 25% reduction in MSD costs. This usually translates to at least a 4-5% savings in total healthcare spend. True savings are generally higher.

*One IMC goal is to train as many consumers as possible to self-diagnose and self-treat for most musculoskeletal pain with an easy to use App with video instructions.*

- **Redirect Health**

Redirect Health (Phoenix) provides self-funded employers and individuals with a range of health plan management approaches that optimize care, and remove unnecessary administration and waste. The organization has one goal: delivering the best care to the most people in the most efficient way, and it has cultivated success by piloting its methods on its own employee population. This has created a hugely positive change that has allowed Redirect to grow exponentially and now offer their services in all 50 states. By pushing back on the traditional healthcare system, they have put the focus back on people and away from billing codes, unnecessary copays and expensive care.

Self-funding gave Redirect the freedom to build a plan and system for themselves, learning to manage their healthcare spend, tailoring the benefits to our workforce, and creating a very attractive health plan to solve our immediate business problem. By offering free health care to their own employees, they were able, within months, to recruit and retain the best talent. By managing their health care expense, last year they drastically reduced the second biggest cost item on their Profit & Loss from \$2.2M to \$586K, which went directly to their EBITDA and bottom line – adding \$1.6M to their bottom line this past year. Realizing their passion for helping businesses and sharing their strategy with others, Dave Berg created Redirect Health in 2013 with a mission to make healthcare easy and truly affordable for everyone in small and medium-sized businesses.

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- **Surgery Center of Oklahoma**

On its website, Surgery Center of Oklahoma posts bundled rates for more than 200 outpatient surgical procedures, everything from plastic surgery to a hip replacement, dramatically underpricing health systems' quotes for the same care.

***“Fees for the surgeon, anesthesiologist and facility are all included in one low price. There are no hidden costs, charges or surprises.”*** — *From the Surgery Center of Oklahoma website*

The site also discloses information about its infection rates, and relies heavily on reviews. “Our reputation is everything,” co-founder Keith Smith says. Surgery Center has had people fly in from as far away as Turkey and Ethiopia for procedures.

Surgery Center's prices are so much lower than what patients are typically quoted by hospitals that they often ask their doctors why they accept the lower price. The physicians will admit frankly that the lower rate is still very profitable for them. When a surgeon is paid through insurance, the payment might be one-fifth what it is when he or she is paid directly by the patient. When excessive costs aren't loaded in, it's a win-win for patient and physician. Keith Smith allows competitors to post their prices and has inspired similar practices in other parts of the US.



- **Wellness for Life (WFL)**

Wellness for Life (WFL), based in Terra Haute, Inc., has developed 27 onsite and near site primary care clinics in three states. They establish comprehensive primary care medical homes that manage full continuum risk by driving appropriate care and disrupting inappropriate care throughout the health system. With advanced analytics, telemedicine, 2nd opinion, imaging, a no co-pay dispensary, free office visits, same day appointments and many more approaches, the WFL design redefines health care management and encourages a patient-clinic partnership for the most effective health possible.

WFL's relationship with Vigo County School Corporation, representing 2400 employees and almost 5,000 lives, is a case in point. Within 2.5 years of the clinic's implementation, their near site clinic produced a \$3 million net savings, dropping total health spending by 18%. Hospitalizations dropped 15% and emergency room visits dropped 22%. Insurance-paid office visits dropped 56% and insurance-paid labs dropped 48%. Brand name drug utilization dropped 27%.

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- **Vera Whole Health**

Based in Seattle, Vera Whole Health's home page makes two bold declarations about their onsite/nearsite primary care clinics: 1) They'll put 100% of their fees at risk against performance targets, and 2) Some employers have experienced as much as a 25% reduction in total spend in Year 1.

Vera claims that their clinics and processes are investments in people, including advanced health engagement across entire populations and comprehensive care coordination with guidance to optimal service providers. "Not only will we save you money and give you a return on your investment, we'll simplify your benefits and occupational health plan and make the whole program easier to manage."

## PRODUCT/PROGRAM PROVIDERS

- **Access Health Net (AHN)**

Headquartered in Milwaukee, Access Health Net (AHN) connects self-funded purchasers with health care providers offering value-oriented services in the form of flat-rates and bundles. They provide tools to effectively control costs and educate patients on value, affording employers and others that administer self-funded plans the opportunity to take control of costs.

AHN's approach strikes a balance between all stakeholders' interests: Payers get predictable value, providers get full-pay patients, and patients get the high-value services they need at little or no cost to them. In AHN's world, value is a function of quality, service and price. They work with quality providers that offer easy to understand, transparent prices. Best of all, members chose when to use AHN's approach. Choice is the best value of all.

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- **Advanced Medical Pricing Solutions (AMPS)**

Advanced Medical Pricing Solutions (AMPS), in Atlanta, provides healthcare cost containment services for self-funded health care purchasers and their health plan administrators. Their mission is to help clients materially reduce healthcare costs while keeping their members satisfied with quality healthcare benefits.

AMPS partners with clients on a three-step strategic plan over 2-4 years to gradually reduce health care costs while assuring quality care and minimizing employee disruption, using 4 core services: 1) Out of Network Solutions, 2) Medical Bill Review, 3) Reference-Based Reimbursement and 4) Direct Provider Contracting. The savings can be very significant.

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- **Allergy Choices**

Allergy Choices, (La Crosse, WI) — Millions of people across the globe suffer from allergies, asthma, and other related immunologic diseases. Though clinical practice of sublingual immunotherapy (SLIT) in the U.S. dates back nearly 100 years, in the past few decades research on this approach has validated what has been learned clinically. Sublingual immunotherapy is an alternative way to treat allergies without injections. An allergist gives a patient small doses of an allergen under the tongue to boost tolerance to the substance and reduce symptoms.

Allergy Choices pioneered the development of tools that enable physicians to provide SLIT and give allergy sufferers information and access to practices offering sublingual immunotherapy. These practices base their treatment on the La Crosse Method™ Practice Protocol. Allergy

Choices' patients typically experience dramatic disease-altering improvements, at about half the cost of conventional allergy care.

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- **The Phia Group, LLC**

The Phia Group, LLC (Boston) is focused on efficient employer health plan management, controlling health plan costs and protecting plan assets through comprehensive cost containment consulting services, legal expertise, plan document drafting, subrogation and overpayment recovery, reference-based repricing, claim negotiation and plan defense.

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- **Quantum Health**

Quantum Health is a technology focused consumer care navigation service that personally guides its members' care through the health system, making health care simpler and more affordable, cutting through the complexity that causes confusion and drives up cost. As the single point of contact for members and their providers, Quantum is uniquely positioned in the direct flow of their healthcare journey, with the ability to evaluate information in real time for opportunities to provide consumers with guidance during their care, and positively impact the behaviors that drive up cost.

Quantum's business model is based on consumer behavior and emotional patterns experienced during the healthcare journey. Quantum Health has different applications of its model under incubation to ensure continued delivery of this model in a variety of settings, including partnering with Accountable Care Organizations (ACOs), through exchanges, and direct to consumers. They continue to evolve the model to incorporate new tools and services that are available to support consumers during their unchosen healthcare journey.

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- **The Zero Card**

The Zero Card (Tulsa) is a new kind of benefit, a supplemental program that empowers employee health plan members by providing more choice and dramatically lowering costs. The Zero Card contracts directly with local providers that offer 100% transparent, bundled case-rates so patients always know the cost and how much they can save.

By building a marketplace that offers employers and employees the best combination of cost, quality and convenience in a simple, easy-to-use format, The Zero Card has broken down barriers between buyers and sellers and allowed market-driven prices to thrive. Their 95 Net Promoter Score suggests a world-class user experience.

## NON-VALIDATED CATEGORIES

### SMALL EMPLOYER GROUPS

- **Palmer Johnson Power Systems (PJPS)**

Palmer Johnson Power Systems (PJPS) in Kansas City, MO is committed to providing employees with the information, opportunity and support needed to help them maintain a healthy lifestyle. The Palmer Johnson Wellness Program rewards employees for participation in activities focused on exercise, stress relief, proper nutrition and financial wellness. Whatever the activity, their goal is for employees to have fun and feel better.

Starting in 2015 PJPS began to take their wellness program to a new level, introducing a Standards Based Wellness Program where a participant's share of the health insurance premium is based on their Biometric Screening health score. The biometric score is based on a 100-point scale which means the higher the score, the better. PJPS believes the Standards Based Wellness Program appropriately rewards employees who have maintained a healthy lifestyle or who have not yet met their desired wellness goals, but are actively working towards them. Ultimately in either situation, the program focuses the commitment to healthy behaviors which yields better results for all.

Every 1-point health improvement in the company's average HRA score yields 1.8% of claims cost. These are typically the strokes, cancers and heart attacks that never happened. PJPS has saved ~ \$2,500 per participant (a.k.a. belly buttons) on the health plan each of the last 4 years in claims avoidance by our population becoming healthier.

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- **Redirect Health**

While Redirect Health (Phoenix) has evolved into a business that helps other businesses manage their health plans' care and cost, it developed those capabilities by learning to more effectively manage health care for its own employees and their families. The organization is focused on delivering the best care to the most people in the most efficient way.

Self-funding gave Redirect the freedom to build a plan and system for themselves, tailoring the benefit design to their workforce and creating an attractive health plan to solve their immediate business problem of high health care costs. By offering "free" health care to their employees and families, within months they were able to recruit and retain the best talent. Last year they drastically reduced the second biggest line item on their Profit & Loss from \$2.2M down to

## NON-VALIDATED CATEGORIES

\$586K, which went directly to their EBITDA and bottom line – adding \$1.6M to their bottom line this past year by managing their healthcare expense.

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- **The Phia Group, LLC**

The Phia Group, LLC (Boston) is focused on efficient employer health plan management, controlling health plan costs and protecting plan assets through comprehensive cost containment consulting services, legal expertise, plan document drafting, subrogation and overpayment recovery, reference-based repricing, claim negotiation and plan defense.

*The Phia Group applies the approaches it sells to its own approximately 200 employees, and shares the savings with them. As a result, it spends 50% less on health care than its peers.*

## MID-SIZED EMPLOYER GROUPS

- **CHG Healthcare**

CHG Healthcare (Salt Lake City) established a partnership with Vivio Health's Specialty Rx solution. Vivio delivered on their dual promise of savings and happier members, while helping CHG change the status quo. VIVIO Health's customer service was exemplary, medications consistently arrived on time to provider's offices and employees never had to worry about the cost or the delivery model. CHG came to feel confident in offering this program to our people at CHG from both a cost-savings perspective and service effectiveness.

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- **The City of Chelmsford, MA**

The City of Chelmsford, MA has built a true culture of health, and enhanced the quality of life for hundreds of its employees and their family members. A partnership with the Massachusetts Interlocal Insurance Association's (MIIA) WellPower program made it possible. This is a robust, multi-year wellness program with extensive leadership involvement; healthy culture and climate; health literacy; connection to community; social networks, happiness, and job satisfaction.

In 2014, Chelmsford was awarded the MIIA "Excellence in Creating a Culture of Health" Wellness Award, chosen from over 100 municipal entities. Since then, their participation rates in health and wellness programs have increased, and they have Quizzify's premier mobile health literacy tool, with the highest participation rate (and among the highest scores!) of any group with incentives at their level or lower.

This survey was done after only 7 months, so many people would not have had a chance to even consider a healthcare purchase, but even so: 1) 11% (25 of 232) had already obtained healthcare they would not have obtained before being educated and 2) 18% (42 of 232) had already decided to pass on healthcare they otherwise would have obtained, thanks to the education. The first is likely to improve health but costs money in the short term. Given the price of healthcare interventions and hence the total likely cost of healthcare interventions avoided, the second represents an intuitively very strong ROI on an offering that costs about \$4 PEPLY. The second also represents only a small dent in the large volume of unnecessary care performed in the US, and suggests that the 18% will increase over time.

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- **The City of Kirkland, WA**

The City of Kirkland, WA's PEPM (per employee per month) rates for Medical and Rx claims have dropped each year since the Consumer Directed Health Plan was implemented in April 2015. In 2014, the PEPM on the fully insured standard PPO Medical and RX plan was \$1379, in 2015 it was \$1498, and in 2016 it increased to \$1509. In April of 2015, the City launched the new CDMH Plan for 2 bargaining units plus Management and Confidential. The PEPM for the new CDMH plan including clinic fees and VEBA funding was \$1303 in 2015, \$1397 in 2016, and \$1355 in 2017.

The City's Vera Whole Health near site clinic provides free primary care, convenient to employees and qualified dependents, allowing employees to conserve their Health Reimbursement Arrangement (HRA)/Voluntary Employee Benefit Account (VEBA) balances. The clinic provides preventative and same day acute care (immunizations, check-ups, limited prescriptions, etc.) along with behavioral and lifestyle health coaching, all at no cost to the employee. The clinic's health professionals provide top notch care that includes coaching and education, so employees are able to schedule appointments for a variety of preventive and acute services, as well as wellness and nutritional consultations. In its second year of operation, the Vera clinic saw 2,927 patients and received a patient satisfaction rating of 4.63 out of 5.00. 95.76% of the patients seen would recommend Vera to a coworker. By the end of the second year, the clinic provided the City an ROI of 26.6% and employees had an average balance of \$2,594 in their VEBA account.



- **Globaltranz Enterprises, Inc.**

Globaltranz Enterprises, Inc. (Scottsdale) continuously strives to provide better benefits for its employees. Globaltranz vetted and subsequently offered a High Deductible Health Plan (HSA) alongside a co-pay plan. It also introduced a boutique Pharmacy Benefit Manager that provides white glove service and controls cost through multiple tiers of care forward savings vehicles, providing for choice while controlling costs for medical insurance. Globaltranz also implemented a Health Reimbursement Account (HRA) coupled with a high deductible, which provided lower premiums, access to first dollar benefit for prescriptions and the first several hundred dollars of health care at no cost to the member, filling gaps in coverage. This option supported a young population with little or no healthcare costs and no capacity to invest in a long term savings plan as provided in the HSA. The benefit packages continually evolve and GlobalTranz now offers 3 medical plans that allow our diversified group to choose the plan that is right for their current situation.

In addition to medical, dental and vision coverage, GlobalTranz offers an on-site medical clinic, on-site gym, online doctors, 401k, Dependent Care FSA, Employee Assistance Program, Health Advocate, voluntary life, STD and LTD. The on-site gym has been a huge hit with employees and has impressed anyone who has visited. The gym offers state of the art equipment, amazing locker rooms, basketball court, and live classes that fill up quickly!

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- **Mayfield City Schools**

Mayfield City Schools (Mayfield Heights, Ohio) partnered with Cleveland Clinic on an onsite clinic, The Wildcat Health & Wellness Center, for the schools' 700 employees. The goal was to provide medical care to employees that would reduce employee absenteeism, educate the employee on chronic health drivers, and establish a nurturing environment for ongoing health engagement. The results were greater engagement in healthy lifestyles, improved participation (>90% in 2017) in the School's biometric screening effort, and reduced total spending, with health plan inflation growing only 2.9 percent since 2009.

## LARGE EMPLOYER GROUPS

- **The City of Houston**

The City of Houston Benefits Division implemented a Generic Drug Utilization and Promotion program in partnership with its Third-Party Administrator, Cigna, in 2011. Since that time, we have seen an increase in Generic Drug Utilization from 80% to 90% and a sizeable cost savings of over \$17 million for our Benefits plan. When the Generic Drug Utilization and Promotion program began in 2011, the City of Houston did not have a sizeable Claims reserve. Medical plan cost savings from the Generic Drug Program have allowed the City of Houston to build a Catastrophic Claims Reserve of over \$15 million and a General Claims Reserve of over \$27 million, totaling over \$42 million in reserves. These reserves are vital to the City of Houston to ensure appropriate funds are available in case of an unexpected catastrophic claim event or in case of other unforeseen medical expenses arising.

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- **Glaxo Smith Kline (GSK)**

Partnership for Prevention (P4P) is a Glaxo Smith Kline (GSK) global program that provides preventive healthcare services to all GSK benefits-eligible employees and dependents. The program currently covers 100 countries and 119,000 lives and has delivered over 97,000 services since 2012. This is a significant increase over the past year, as GSK rolled out comprehensive services in the entire Asia-Pacific region, and is preparing to launch in much of Europe. In 2017, they launched services in more than 20 new countries and expanded services to over 25,000 new lives. Since the program began, there has been a consistent and significant increase in coverage and utilization of preventive services for benefits-eligible employees and dependents. In the past year, there has been a doubling of service utilization to over 100,000 total services. This includes newly launched countries but is also driven by improved efforts to promote utilization in existing countries. On-site activities have been extremely popular in certain countries. For example, in India we had 5,000 services used in the first year and over 25,000 used in the past year alone due to increased outreach to our geographically dispersed manufacturing and sales population.

Analyses by Willis Towers Watson (WTW) and the RAND Corporation also show positive ROI for many P4P services. WTW analysis performed in 2017 found that the P4P program can have a positive impact on business costs from a variety of sources, including absenteeism, presenteeism, health and disability plan costs, death benefits, and engagement. Specific service models estimate a ROI of between \$1.30 and \$4.00 for every \$1 invested for hepatitis A vaccination, and an average ROI of \$5.00 for every \$1 invested for influenza vaccination. In addition, analysis and publication by the RAND Corporation in 2016-17 developed specific return on investment (ROI) metrics for the

P4P program. This publication included a P4P South Africa case study which demonstrated overall additional ROI to GSK of between \$0.26 to \$2.12 per \$1 invested (with \$0 indicating full repayment of each \$1), demonstrating a positive net return. Adult immunizations and smoking cessation yielded the highest returns among interventions. Furthermore, these numbers likely underestimate the actual return due to use of conservative modeling and generation of benefits not included in the model.

[https://www.rand.org/pubs/research\\_reports/RR1787.html](https://www.rand.org/pubs/research_reports/RR1787.html)

P4P continues to gather additional country-level evidence of success. For example, Indonesia performed an analysis of their top medical claims for 2016 vs 2017, and showed a year-on-year projected cost reduction of 14% overall, with individual reductions in typhoid cases of 14% and pneumonia cases by 35%. This was linked to utilization of P4P over the first 6 months of the year, and is another example of cost reduction.

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- **Intel**

Like many U.S. employers, Intel (Portland, OR) had been working to contain rising health care costs for over a decade using the usual levers to improve its employees' health and contain rising healthcare costs. Realizing they were not able to influence improvements to alter how health care was delivered, Intel decided to work more directly on transforming the payment and health care delivery systems. Intel partnered with local community and selected Delivery Service Providers, or health care systems, to establish an employer-sponsored Accountable Care Organization (ACO). Built upon on a patient-centered medical home model, the goal is to give Intel employees more personalized, evidence-based, coordinated, and efficient care. This program, called Connected Care, moves beyond fee-for-service models to effectively incent desired behaviors and results with an upside/downside risk arrangement based on performance and outcomes. Connected Care is now offered at each of Intel's 5 major US sites: Portland, OR, Rio Rancho, NM, Chandler, AZ, Folsom, CA and Santa Clara, CA. Using risk algorithms to adjust for age, gender, and health status, Intel has been able to demonstrate how Connected Care is delivering better value than its national health plan counterparts.

Proprietary health risk scores were leveraged to calculate overall program cost efficiency. Intel has demonstrated an annual cost avoidance of \$23M. Connected Care avoids costs for all members regardless of health status: cost efficiency scores range from 0.77 for "In Crisis" members, to 0.92 for "Struggling" members. Overall, Connected operates at 0.85 cost efficiency (compared to Intel's national health plan members), indicating a 15% savings based on the expected spends, after adjusting for age, gender and health status.

- **Metro Nashville Public Schools**

In 2009, Metro Nashville Public Schools (MNPS) launched 5 onsite patient center primary care clinics across Davidson County to improve population health and resultant cost, by reinstalling the primary care provider at the center of health care services. Located 15 minutes from any worksite with wait times of less than 15 minutes, members could get the full range of primary care services at no charge. Practitioners were charged with addressing the patient holistically, and with looking beyond the presenting symptoms to the overall health of the member. Paired with primary care was a value based design that provided drugs for key chronic disease medicines at no charge, and targeted disease management programs for diabetes, asthma/COPD, and cardiovascular disease. Undergirding the program is a robust data warehouse that encompasses medical, pharmacy, dental, vision and hearing claims along with lab values, elements from clinic electronic medical records, health risk assessments, employee performance evaluation, salaries, absenteeism, worker's compensation plus time and attendance. Data from this system has provided the clinicians actionable data to be used in patient care; utilization and program data for management and the ability to gauge success and cost effectiveness of our efforts.

Comparing the cost trends in the 5 years prior to post implementation, MNPS has reduced overall annual trend 2% (total cost numbers including clinic construction and operations). Aside from the financial impacts, with the shortage of primary care becoming more pronounced, the ability to get to your provider when you need her, with non-rushed, holistic care creates a profound appreciation with MNPS members.

- **Rosen Hotels & Resorts**

The health care program Rosen Hotels & Resorts (Orlando) created 26 years ago for its employees and their families, has positively impacted the health of the Rosen population. But it also made a positive economic impact by providing additional value - of approximately \$315 million dollars, based upon savings we have created since the program's inception - to the company.

The Rosen program has received much national acclaim in the media, from local and federal governments and from private sector organizations. Many have indicated that it is a model worth replicating.

Rosen's premature maternity rate, at 7.0% for 2017, is spectacular considering its high risk population and that the Orlando average is 10.5%. About 25-30% of their hospital admissions are related to pregnancy and over 56% of pregnancies are considered high risk. Their high risk are in relation to advanced maternal age, HIV, hypertension etc. That rate does include high risk mothers that had previous premature babies prior to coming to Rosen and its program. For example, Rosen had a mother that had a preemie at 24 weeks. The program brought the new baby into the world at 35 weeks, technically still premature but with significantly improved health and savings to the program.

With their medication compliance program, they focus on cardiovascular and diabetes patients. Their improved medication compliance rate has resulted in better hypertension control and diabetes compliance rates. For example, our hypertension control rate is 85% which is substantial, especially with our demographic mix.

The RosenCare model has:

- Improved the health and wellness of its associates and dependents.
- Improved Rosen's turnover rate, helping the company achieve the lowest turnover rate in its industry.
- Lowered the cost of care to Rosen's associates and dependents. For example, plan members have a \$0 co-pay on all generic drugs, all insulin products and some high cost specialty medications, while many other firms continue to cost shift back to their employees.
- Saved the Rosen enterprise more than \$315 million dollars over the last 26 years.
- Continues to demonstrate to other employers that this model can be replicated.

## OUTSTANDING BENEFITS PROFESSIONAL 2017

### • **David Berg, MD, Redirect Health**

David Berg, MD has been the chief architect of Redirect Health's (Phoenix) medical management design, which has been a game changer for the organization. Redirect has reduced its health care spend, with obvious advantages to its bottom line and EBITDA. Redirect paid less for health care in 2017 than it did in 2002, with better outcomes. This predictability and transparency has let them better anticipate their healthcare spend and manage cash flow. They have also been able to increase their stop loss limits with confidence because they better understand their populations and potential spending trends.

Redirect's health management strategy has also had significant impacts on other areas of its business. By reducing costs, they were able to offer easy and truly affordable health care FREE to all their employees and their families, a significant recruiting and talent retaining advantage, critical for their service driven business. By reducing turnover and attracting the best talent, they have been able to increase their margins as well as reduce employee turnover costs.

### • **Todd Bisping, Caterpillar**

Todd Bisping has developed a national reputation for his guidance of Caterpillar's (Peoria, IL) Rx management program. Caterpillar decided to be proactive in managing its Rx costs by removing strategic decisions from the supply chain and bringing them in house. Key areas include:

- Managing its own formulary.
- Direct contracting with pharmacies to build its Rx network.
- Developing pricing methodologies other than AWP.

This approach was implemented across Caterpillar's entire North America business, including retirees and unions.

The program, principles, and processes have demonstrated long term sustained success. Between 2005-2015 Caterpillar had a negative trend, spending less on prescription drugs in 2015 than in 2005 without a change in employee cost sharing. This has continued with 2017 estimated trend (pending final numbers) at 1%. The approach has been replicated by a handful of other companies and they are working to create a more turnkey approach to allow others to do the same.



- **David Hoke, Walmart**

David Hoke at Walmart (Bentonville, AK) is piloting digital apps that are based on an alternative understanding of the dynamics of engagement, and has obtained potentially powerful results. They began with two questions:

- Is holistic well-being important to our associates and the business?
- Can Walmart improve our associates' well-being?

The engagement gap has been a continuing issue for almost every health care initiative. Walmart's work has begun to close that gap by approaching the problem from a different angle. They have begun the conversation in the sub-clinical area, the area where life happens outside of a clinic. They believe that this area has the potential to have the greatest impact on health, vitality and the ability to adhere/comply with medical care.

They have initiated a new program, based on a commercial app called ZP Challenge, a friendly competition where individuals make better choices in one of four areas, fitness, food, family and money and that is built on 4 design principles:

- Build a movement rather than offering a program.
- People follow people.
- Simple
- Trust + Authentic + Relevant = Results

Walmart's approach with ZP has now allowed them to reach individuals at scale. To date, they have had over 850,000 Walmart associates participate in ZP Challenges.

Stores that participated in the ZP Challenge had statistically significant higher business performance. This finding has been heartening, affirmatively answering both questions: Yes, associate well-being matters for the associate and for Walmart. They believe that they can positively impact associate well-being through carefully designed and implemented programs. In addition, we have shown that this impact is related to significant improvements in business performance.

***“From dancing with grandchildren as a form of fitness to switching to water instead of soda, small changes yield big results. The important part is that the tips are from peers, not experts, and as a result are more authentic and relevant across the enterprise. Our ability to share these examples across associate populations fosters a sense of community and provides real life examples for others to follow.” -David Hoke, Walmart***

- **Adam Russo, The Phia Group, LLC**

Adam Russo is the lead architect of The Phia Group, LLC's (Boston, MA) medical management strategy. The Phia Group provides management consulting services and cost containment services to self-funded health plans, but it pilots the approaches it sells on its own employees first.

The Phia Group's own health plan spent 48.78% of the medical expenses of comparable self-funded plans in the same geographic area, administered by the same third party administrator.

It accomplished these savings by utilizing the services it provides to other health benefit plans as well, including plan document drafting, subrogation, claim negotiation and signoff.

The average number of subrogation cases identified by traditional subrogation service providers is 1 for every 500 lives; The Phia Group identifies 1 for every 150 lives. Between this, and case handling, it recover \$25 per life, compared to an industry average of \$5 per life.

## OUTSTANDING BENEFITS BROKER OR CONSULTANT LEADERSHIP

- **David Contorno, Lake Norman Benefits**

David Contorno, who leads Lake Norman Benefits, (Mooresville, NC) is a benefits advisor catering to small and mid-sized employers. Over the past couple years, though, he has fully embraced the tenets of value-based health care - transparency, aligned incentives, seeking low cost and high quality care, making the right care as affordable as possible and the wrong care as expensive as possible - and transitioned his practice from one that adhered to conventional rules to one that is next generation and fully accountable. He achieves significant results for his clients. Here's his comment on the first client he moved to the new approach:

With the first client we fully took in this direction, our claims costs were 47.6% below the prior year and, on renewal, the client received a 25% reduction in stop loss premiums.

In addition, we expanded the already comprehensive list of services covered in full to the employees. That list now includes maintenance meds, outpatient surgeries, radiology and more.

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- **Heidi Cottle, NFP Corporate Services**

Heidi Cottle leads Innovation for NFP Corporate Services, (Boulder, CO) and oversees a range of market-based innovation pilots. Here are her thoughts on why this matters.

*Industry Rhetoric. There are a lot of individuals speaking about the need to change. However, outside a select few of jumbo employers (own risk pool) and small pockets in the country, few industry professionals are actively implementing an integrated "Innovative Quality/Cost Benefit Strategy."*

*NFP Corporate Services (CO) Innovation Strategy. To be an Innovator requires an Investment in personal time, resources and determination to re-engineer a new pathway for employers. Recognizing your personal (unintentional) contribution to the dysfunction in the current industry is humbling. However, taking personal accountability to see a change in the dysfunction of health care is required. Industry thought leaders can be the most valuable contributors toward a positive change. The thought is, "you have to understand the problem, before you can change it."*

*The industry's dysfunction is magnified by the siloed nature of the stakeholders. In our approach, we brought all stakeholders to the table to discuss:*

- *Industry failures and root cause of the failures;*

## NON-VALIDATED CATEGORIES

- *Solutions to address the root causes identified;*
- *The ability of the stakeholders to impact change; and*
- *What actions, commitments and deliverables it would take to make the change.*
- *The result of the round table discussions, analysis and constructive framework development was the first generation of the Innovation Strategy.*

*Early in the discovery phase of the business case, there was a realization. It would be necessary to develop an operational practitioner level, employer adoption and integration protocol. Developing and establishing the necessary employer tools to effectively create a replicable, scalable and sustainable process for deployment into multiple locations in the U.S. is vital. Health care is delivered locally, and must be adaptable for regional market differences. Our initiative provides practitioner level support to better ensure employer success.*

*The greatest challenge we identified was education of the client/consumer on the new health care delivery model. Implementing a realistic and practical transition plan for clients/plan participants improved our adoption rate. Through an ongoing educational process, we were able to meet the client where they were at, minimize disruption and improve adoption of plan participants. A win-win-win strategy.*

*We live and breathe this daily. Re-engineering health care communication strategies and improving understandings toward a new way of accessing care, is imperative to long term success.*

*The health care access, quality and cost challenges are larger than the influence of one individual person. However, through the power of one, a collaborative strategy can be developed, monitored and managed by a group of individuals. This is a scalable and sustainable approach. The need for ongoing collaboration of industry thought leaders is imperative to successfully navigate our way through the health care crisis we are facing.*

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- **Nelson Griswold,**  
**Agency Growth Mastermind Partnership/ASCEND Summit**

Nelson Griswold advises health benefits advisers, and leads the Agency Growth Mastermind Partnership/ASCEND Summit (Nashville), noting that adviser clients recognize that they can no longer be just a middleman in the transaction between an insurance company and an employer wanting health insurance. To be successful, they must proactively help the CEO and CFO take back control of their health plan and actually lower costs by realigning incentives in the health care delivery system.

## NON-VALIDATED CATEGORIES

Advisers in the Agency Growth Mastermind Partnership and the ASCEND conference attendees are lowering health care costs by managing the health care supply chain using strategies including:

- Medical management
- Transparent & fiduciary PBMs
- Transparent & bundled surgery centers
- Specialty drug cost-mitigation programs
- Direct contracting & provider-sponsored health plans
- Health care cost transparency tools
- Healthcare Abroad & domestic medical tourism
- Reference-based pricing/reimbursement
- Direct Primary Care
- Predictive analytics

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- **Scott Haas, USI Insurance Services**

Scott Haas leads USI Insurance Services (Portland, OR), and specializes in PBM management. USI claims to be among the very few PBM consulting practices to employ a procurement discipline in which they control all pricing internal to their practice. In other words, they do not release a client's data to the marketplace for PBMs to reprice and provide their answer to the exercise. PBMs are required to respond to an RFP process in which all fiscal metrics are provided on a fixed and measurable metric versus variable and unverifiable metrics.

They do not accept funding or revenue from PBMs or sources other than their clients. Not many brokers/consultants can make this statement.

Their consulting practice has in excess of 100 clients that include health plans at risk for Medicaid, Medicare and Commercial health insurance risk as well as self-insured plan sponsors. All clients have experienced cost reduction.

In calculations presented for an exemplar client, the cost reduction achieved by engaging a PBM with superior pricing (and other PBM components), achieved a reduction of drug costs of \$10.03 per claim on claim cost and yielded \$1.07 per claim from rebates, after offsetting administrative fees. This amounted to over \$500,000 in reduced drug costs for the health plans, employees, and dependents enrolled in the health plan.

- **Don Reiman / Doug Hetherington, Echelon Group**

Don Reiman and Doug Hetherington lead Echelon Group (Boise), a benefits consultancy. They comment:

*The current uncontrolled cost increases for health insurance benefits has forced the question: When is insurance no longer insurance? The trend of passing insurance costs on to employees by raising premiums, deductibles, and out of pocket maximum levels, narrow networks, and excessive out-of-network expenses, no longer protects insureds from financial hardship. Annual medical expense exposures of 20% to 35% of pre-tax family income means the benefits can no longer be considered insurance. It is unrealistic to expect families to maintain financial stability at that level of exposure. Not only in a single year, but every year that they experience serious health issues.*

Bingham Direct has developed a comprehensive integrated solution to the difficult issues for health care for employees and their dependents through strategic partnerships, transparency, creative solutions, and commitment. Bingham Direct eliminates the barriers to health care that include access, affordability, and accountability.

The components of Bingham Direct include the integration of the following:

- Direct contracts for services between hospital and employer
- Direct contracts for services between outpatient clinics and employer
- Direct contracts for services between physicians and employer
- Primary Care benefits that include dental and behavioral factors
- Reference-Based Pricing agreements with re-pricing firms
- Transparent Pharmacy Benefit Managers with full pass-through pricing
- Specialty pharmacy arrangements
- Mail order pharmacy arrangements
- Medical tourism
- Bundled care arrangements
- Centers of excellence
- Independent TPAs
- Cooperative stop-loss providers
- Concierge services for insured employees and dependents
- Captive exclusive for plans using Reference-Based Pricing
- Data Analytics



## NON-VALIDATED CATEGORIES

- Elimination of traditional PPO arrangements
- Full-disclosure of consultant services and compensation.
- Semi-annual partner meetings with employers and all partners. providing services
- Communication with employees

### • Michael Rodgers, Axial Benefits Group

Michael Rodgers leads Axial Benefits Group, (Boston), which aggregates risk across many employers, allowing them to access the same pricing, bulk buying techniques and discounts while making their pools' experience more stable and predictable than on their own, without the benefit of aggregation. They return any unused premium to pool members.

Axial's healthcare purchasing coalitions (HPC) provide individualized benefits plans based on organizations' benefit usage data and offers more robust benefits packages overall, yielding zero premium increases year-over-year. In many cases, they can return unused assets to coalition members in proportion to their investment at the end of the underwriting year. This unplanned profit provides additional financial value above and beyond the improved benefits.

In a case study that Axial calls typical, costs dropped by 23% over a 3 year timeframe from 1/1/2015 to 12/31/17. There were no major benefits changes during this period.

### • Edward Smith, HealthTree Benefits

Edward Smith leads health benefits consulting at HealthTree Benefits (LaGrange, GA) and has a strong regional reputation for innovation.

Healthtree provides a case study with a 1 year 40% savings that they acknowledge offers stunning outcomes. That said, typical results will be less impressive. They also admit that the approach on this account isn't particularly earth-shattering: Reference Based Pricing, Direct Contracts, & Customizing the PBM contract). They speculate that some, probably less than 25% of the result was due to resolving acute cases. And it's notable that this city is located in one of the highest health care cost regions in the country, Southwest Georgia.

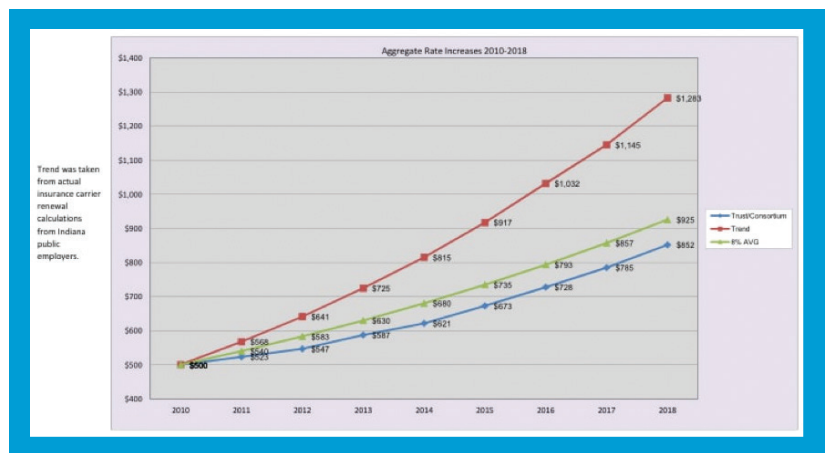
healthtree  
CASE STUDY - 158 EMPLOYEES  
YEAR TO YEAR PLAN FINANCIAL SUMMARY COMPARISON

	PRIOR YEAR	CURRENT YEAR
Fixed Costs	\$399,497	\$309,923
Medical Claims	\$2,094,954	\$1,240,219
Rx Claims	\$523,472	\$272,651
Dental Claims	\$88,664	\$65,583
Less Spec Reimbursement	-\$249,151	-\$77,361
TOTAL SPEND	\$2,857,436	\$1,811,015
YEAR OVER YEAR SAVINGS		\$1,046,421

- **Richard Sutton, RE Sutton & Associates, a Brown & Brown Company**

Richard Sutton leads RE Sutton & Associates, a Brown & Brown Company, (Carmel, IN). RE Sutton & Associates is an Indiana-based health benefits consultancy that, with 187 school districts as clients, is primarily focused on governmental employer health benefits. He has been particularly progressive, with significant efforts in onsite/near site clinics, and a wide array of risk management approaches.

Combining High Deductible Health Plans (HDHPs) with clinics and transparency tools is a health care combination needed for many years. It combines several different health care programs, and creates access where in Indiana there was none. Now there are 70+ new access points in clinics with their clients alone. This approach saves money for both employers and employees, and engages every consumer in his/her own health care needs, financially, physically and personally.



Sutton comments: *From the top down, consumerism is the key to our success. Including the employee, the consumer in the process, as well as in the successes creates ownership to the plan and drives down overall costs as well as better health in our community. Communication and education is key.*

*Plan on Meeting Here Again Next Year*



HEALTH  
VALUE  
AWARDS  
2019

## LIFETIME ACHIEVEMENT — CLINICAL CARE

- **John Wennberg, MD, Dartmouth Atlas**

John Wennberg, MD at the Dartmouth Atlas, (Dartmouth, NH) did pioneering work since 1973 describing unwarranted cost and quality variation throughout the US. Unwarranted variation (or geographic variation) in health care service delivery refers to differences that cannot be explained by illness, medical need, or the dictates of evidence-based medicine. Coined by Wennberg, the term refers to shortfalls in three areas:

- Effective care and patient safety, which includes services of proven clinical effectiveness, such as using lipid-lowering agents in patients with coronary artery disease.
- Preference-sensitive treatments, treatment for conditions that have trade-offs in terms of risks and benefits for the patient, though the choice of care should be driven by the patient's preferences.
- Supply-sensitive care, which is strongly correlated with healthcare system resource capacity and generally provided in the absence of medical evidence and clinical theory.

- **Devi Shetty, MD, Narayana Health/Health City Cayman Islands**

For groundbreaking low cost and high quality care with low infection rates through a relentless and ongoing attention to detail at every level.

- **John Noseworthy, MD, Mayo Clinic**

John Noseworthy has been with the Mayo Clinic (Rochester, MN, Scottsdale, AZ & Jacksonville, FL) for 28 years, serving the past nine as President and CEO. Mayo Clinic has succeeded by putting patients' needs first in its core values, institutional cultures and professionalism covenant. It backs up this statement with most of a highly ethical provider's key policy components. Its Centers Of Excellence programs are renowned for diagnostic accuracy and treatment and consistently high performance results. Physicians are salaried with no incentives to over treat. Surgical recommendation are made by a team, not any one single surgeon. Mayo is not the least expensive provider, but because it will not do unnecessary surgery, it is more cost effective than many lower cost providers and it remains a leader in many high value networks.

More than 100 years after its founding, Mayo Clinic remain the most successful multi-specialty clinic system, a nationally recognized leader in clinical care and a model of excellence. Former Walmart VP HR Tom Emerick refers to them also as an "ethical provider," an important distinction in an era when US health care is often characterized by overtreatment and egregious unit pricing.

## LIFETIME ACHIEVEMENT — HEALTH BENEFIT INNOVATION

- **Barbara Barrett, Langdale Industries**

Based in Valdosta, a small, Southern Georgia rural community, Barbara Barrett at Langdale Industries has developed a longstanding national reputation as an peerless innovator and a ferocious fiduciary of the mid-sized company's health plan she administers. She was the first client of ELAP, one of the very first reference-based pricing firms. Early on, she pursued employee incentive programs to reward behaviors that would benefit patients. She was an early adopter of legal compliance claims reviews, telehealth outreach programs, and 2nd opinions. She pioneered direct contracts with high performance providers within high value niches, as an alternative to the excessive practices of regional health systems.

She also has been a positive influence throughout the benefits community, spearheading the founding of a Georgia business health coalition and making herself available to others interested in pursuing innovative benefits solutions.

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- **CVS Health**

In 2014, CVS Health announced that it had committed to removing all tobacco products from their stores. Tobacco, its CEO Mr. Merlo said in a video, only worsens the acute and chronic medical conditions that they are focused on managing. They were the first national drug store chain to take this important step in favor of health promotion.




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- **Tom Emerick, Edison Health**

By remaining fiercely principled, pragmatic, independently minded and a prolific commentator, Tom Emerick, now of Edison Health (Bentonville, AK), has been hugely influential in American health benefits for several decades. Leading benefits management at Burger King, British Petroleum and then Walmart, he instituted a range programs that improved health outcomes, reduced employee and employer cost, and set the standard for industry innovation. While at Walmart, his transplant Center of Excellence program sent employees (and spouses/partners) needing transplants to Mayo Clinic at no charge, and he found that a significant percentage were returned without surgery because Mayo determined that a transplant was not justified. After retiring from Walmart, Tom founded Edison Health which helps employers direct contract for services from high value, ethical providers.

- **John Mackey, Whole Foods Market**

John Mackey of Whole Foods Market (Austin) has been the rare large company CEO willing to talk and act clearly about health care cost and quality, including the importance of nutrition, pro-active lifestyle management of chronic conditions and better health care delivery models. Most importantly, he's developed benefits for his own 100,000 employees and their families that reflect a lifestyle philosophy grounded in evidence.

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- **Harris Rosen, Rosen Hotels & Resorts**

Harris Rosen founded and leads the largest independently owned hotel and resort chain in Florida, Rosen Hotels & Resorts, with about 5,000 employees, many of them Haitian immigrants. Years ago, he decided that the only rational way to manage his company's health care was with a hands-on approach that favored good health outcomes, convenience, affordability, employee retention rates, and value.

In addition to a robust health plan, an attractive onsite primary care clinic is available for employees and their families. An arrangement with Walmart provides for low cost access to drugs. The benefit design takes advantage of a range of high performance providers, and encourages employees to be smart shoppers.

Employees return the favor with very high retention rates and devotion. Mr. Rosen uses a portion of the health plan savings to fund college scholarships for children of his employees.

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- **Walmart**

Over the past 15 years, Walmart has pioneered a series of health benefit innovations that have made health care more affordable to low income individuals and that have transformed the ways health care works in the US. Two programs particularly, are noteworthy. First was Walmart's introduction in 2006 of \$4.00 generic prescriptions. This had a dramatic impact particularly for patients with chronic diseases. Diabetics, for example, saw a monthly drug treatment regimen drop from more than \$100 to about \$20.

Walmart's pursuit and embrace of national/regional Centers of Excellence program. The company identified and contracted with high value national or regional providers in key areas - e.g., heart surgery, transplantation - and paid for employees and their spouses/partners to have their procedures there. This program is still in place at Walmart, and has been emulated by major companies like McKesson, JetBlue and Lowes.

## LIFETIME ACHIEVEMENT — PUBLIC LEADERSHIP

- **Warren Buffet, Berkshire Hathaway**

One of the most significant barriers to meaningful health care reform has been industry's unwillingness to clearly address the problem. Warren Buffett of Berkshire Hathaway (Omaha), among the most widely respected and wealthiest business people in the country, in 2010 called "out of control" health care costs a "tapeworm," limiting growth in a recovering economy. He invoked that descriptor again in announcing a joint effort between Amazon, Berkshire Hathaway and JP Morgan to rationalize the US health care system.

Buffett's voice on this all-but-intractable topic matters. He has diverted the attention of the otherwise unfocused business community to it. For that critical public leadership, we believe he deserves recognition.

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- **Atul Gawande, MD, Brigham & Women's Hospital, Harvard Chan School of Public Health**

Atul Gawande, MD at Brigham & Women's Hospital (Boston) is a prominent physician, journalist and public intellectual who has worked to develop solutions to complex medical problems - e.g., medical errors, surgical efficiency - while in his writing and speeches providing in-depth explorations of difficult medical issues - e.g., patient and clinician attitudes toward end-of-life care, resistance to health care systemization. Candid and eloquent, his straightforward, thoughtful analyses have captured imaginations both in the clinical and lay communities, and made it easier to address important problems that affect us all.

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- **Harris Rosen, Rosen Hotels & Resorts**

Harris Rosen of Rosen Hotels & Resorts (Orlando) (*see bio under Lifetime Achievement - Health Benefit Innovation*) has a strong desire to see other employer groups benefit from what he has learned. He has approached other regional employers through the local business health care coalition, and has presented his approach to state officials and politicians. For these publicly-minded efforts to improve health outcomes at much lower cost, we believe Mr. Rosen deserves public recognition.



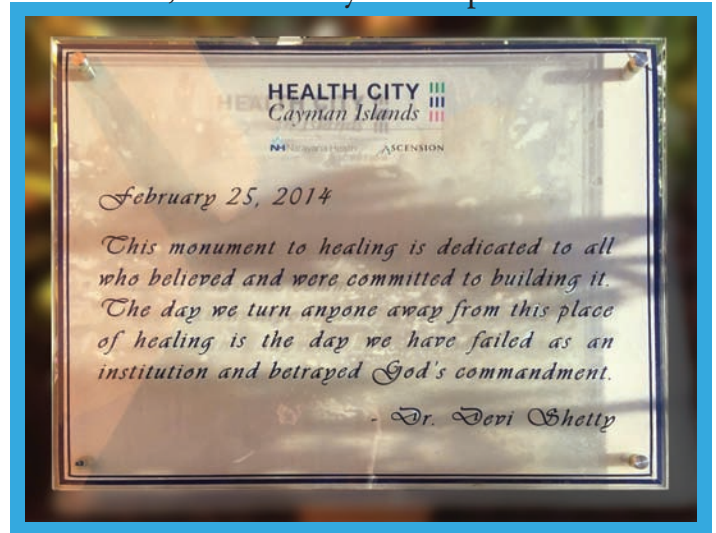
- **Devi Shetty, MD, Narayana Health System**

Devi Shetty, MD founded and is Chairman of the 24 hospital Narayana Health System, located throughout India and in the Cayman Islands — For pioneering broad societal access to high efficiency, quality care, and for establishing a high value baseline against which US health systems could be compared. Narayana offers coronary artery bypass graft surgery for \$1,800 all-in in India, and for \$32,000 all-in in Cayman - It is typically \$150,000 in the US - and has committed to reducing the cost in both locations by 50% within 5 years. Robert Pearl, MD, CEO of the 19,000 physician Permanente Medical Group, commented in Forbes that, based on his observations, Health City Cayman islands, Narayana's outpost, is “ten years ahead of any typical American hospital,” with un-surpassing quality and pricing that is 1/2 to 1/6 US pricing.

In addition to running a publicly-listed 24 hospital provider network that is the most cost effective in the world, Dr. Shetty is working to develop the Global Medical University <https://globalmedicaluniversity.org/>: a concept for using a combination of blended education, largely online, with some classroom training for the science and content education and then hospital apprenticeships for the practical training for general practitioners and specialists in a way that will reduce the time and money to train doctors and specialists by 60% or more.

- **Narayana Health System in Bangalore, India and Health City Cayman Islands in Cayman** meet their patients where they are, with terms they can understand and afford. The average Indian laborer makes \$2,000-\$4,000 a year, so Narayana has developed bundled bypass surgery for \$1,800 cost to the patient in India, partly paid by a low cost insurance policy and the remainder paid by low cost loans. Higher income patients pay more amenities like a private air-conditioned room, but everyone gets very high quality treatment with outcomes and infection rates equal to or better than the leading hospitals in the West. Bypass surgery costs about \$30,000 in higher cost Cayman, and the bundled price covers any hospital induced complications. Already the lowest cost providers in the world, all 24 Narayana hospitals have been instructed by their CEO Dr. Devi Shetty to reduce their costs to the consumer by 50% in the next 5 years. Narayan is a for-profit publicly listed Hospital but it is able to provide a large number of pro bono surgeries to the indigent because its basic costs are so low. A sign outside of the entrance to HCCI reads a quote from Dr. Shetty:

*“The day we turn anyone away from this place of healing is the day we have failed as an institution and betrayed God’s commandment.”*



## NON-VALIDATED CATEGORIES

- **The Leapfrog Group (DC)**

The Leapfrog Group (DC) brings employers and purchasers together, using their leverage to obtain critical quality and safety data available publicly from no other source. This allows payors to negotiate for real value and consumers to compare performance in a number of important areas, including inpatient outcomes, medical safety, maternal care, infection and injuries. Leapfrog has saved lives by creating an unprecedented level of hospital accountability and consumerism, galvanized improvements long thought impossible, and significantly raised the bar for safer health care in the US.

# MARK YOUR CALENDAR

W H E R E   I N D U S T R Y   M E E T S   I N D U S T R Y

# WHCC19

ESTABLISH PARTNERSHIPS  
CATALYZE CHANGE  
TRANSFORM HEALTH CARE

APRIL 28 - MAY 1, 2019 | WASHINGTON, DC | THE MARRIOTT WARDMAN PARK HOTEL

TO INQUIRE ABOUT SPONSORSHIP AND EXECUTIVE NETWORKING OPPORTUNITIES PLEASE CONTACT:

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### CONNECT



### LEARN



### ENGAGE



Plan on Meeting Here  
Again Next Year!



HEALTH  
VALUE  
AWARDS

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PATIENTS  
REFORM  
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HEALTH  
WELLBEING  
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SURGERY  
HEALTHY

HEALTH  
VALUE  
DAY

APRIL 28, 2019 | WASHINGTON, DC  
THE MARRIOTT WARDMAN PARK HOTEL

# JOIN US AT HVA 2019

Here are the categories currently being planned for 2019, but we want to hear from you.

Please send your recommendations and suggestions to:  
[HVA@worldcongress.com](mailto:HVA@worldcongress.com)

## VALIDATED

1. Reinsurers
2. Commercial Insurers
3. Third Party Administrators
4. Direct Care Providers
5. Product/Program Providers
6. Reference-Based/Bundled Pricers
7. Captive Insurance Pools
8. Pharmacy Benefit Managers
9. Drug Management Consultants
10. Health Care Analytics Platforms
11. Medical Claims Reviewers
12. Case/Utilization Managers
13. Care Navigation Managers
14. 2nd Opinion Managers
15. Telehealth Providers

## NON-VALIDATED

16. Small Groups  
(<250 employees)
17. Mid-Sized Groups  
(250-4,999 employees)
18. Large Groups  
(>4,999 employees)

## HONORARY

19. Outstanding Benefits Professional 2019  
(Purchaser)
20. Outstanding Benefits Broker/Consultant
21. Lifetime Achievement - Clinical Care
22. Lifetime Achievement - Health Benefit Innovation
23. Lifetime Achievement - Public Leadership

# SURGERY CENTERS OF OKLAHOMA PRICING

<b>SAMPLE SURGERY</b>	<b>*COST</b>
Achilles Repair	\$5,730
Arthroscopic Trochanteric Bursectomy	\$4,950
Bilateral Knee Arthroscopy	\$5,300
Elbow	\$3,740
Knee	\$3,740
Shoulder	\$5,720
Cardiovascular - Primary Dialysis Arteriovenous Fistula (without graft material)	\$5,850
Cataract Surgery (One Side)	\$4,000
Bilateral Bunionectomy	\$6,000
Fracture – Closed Reduction and Casting	\$1,925
Complex Fracture (Includes Rodding Humerus / Tibia / Femur)	\$6,375
Arthroscopic Reconstruction of Hip Labrum	\$23,000
Hip Arthroplasty (hip replacement)	\$15,499
Anterior Cruciate Ligament Repair	\$6,790
Total Knee Arthroplasty (Knee Replacement)	\$15,499
C-section (3 day stay)	\$13,883

Visit <https://surgerycenterok.com/> for more details.

## \*Pricing Disclaimer

NOTE: If you are scheduled for surgery at our facility and we are filing insurance for you, the prices listed on this website do not apply to you.

The prices for the procedures listed on this website include the facility fee, the surgeon's fee and the anesthesiologist's fee. The initial consultation with the surgeon is also included, as is uncomplicated follow-up care. The duration of postoperative care is different for each surgical procedure. Therefore, your surgeon will inform you at the initial consultation the amount of postoperative care covered by the price. The \$200 initial consultation fee is applied to the total cost of the procedure should surgery be indicated. If surgery is not indicated the \$200 will be retained by us. Our goal is for the price to be as transparent as possible.

A list of what is NOT included in the fee is as follows:

Any diagnostic studies necessary prior to the surgery such as lab, MRI, X-rays, consultations with specialists to determine medical risk/management, physical therapy and rehabilitation.

Any hardware or implants necessary for completion of the procedure (plates and screws, e.g. for orthopedic procedures). This price information will be provided prior to surgery but subsequent to the surgical consultation. Our experienced surgical staff knows with almost certainty what will be needed to complete your surgery and this hardware or implants will be provided to you at invoice cost without any markup whatsoever. Copies of the invoices will be provided to you.

Any overnight stay at our facility can be arranged on a case-by-case basis for an additional charge. Lodging and travel expenses are not included in the price of the procedures.

Expenses or fees resulting from complications subsequent to the completion of the surgery and discharge from the facility are also not included.

The list of procedures on the website is a partial list of procedures available in this pricing model. If the procedure you believe you require is not listed on this website, feel free to call our contact number to inquire about availability and pricing. The prices listed are not negotiable and are available only to those who pay the entire amount in advance. We are able to offer these prices due to the lack of expense in processing the claims and the absence of risk for non-payment. Alternative payment arrangements can be made with human resource departments or divisions of self-insured entities if necessary. Once again, if you are scheduled for surgery at our facility and insurance is to be filed by us, these prices listed on our website do not apply to you.





# Journey To Destination Healthcare You Can Trust

**MEET  
HCCI AT  
HEALTH  
VALUE DAY  
ON  
APRIL 29**

## Pay one flat fee at competitive rates

If your healthcare provider, insurance representative, or benefits advisor cannot deliver competitive all-in bundled charges comparative to Health City Cayman Islands (HCCI), invite them to join you at HCCI at Health Value Day on April 29 during the World Health Care Congress (WHCC18) in Washington, DC on April 29-May 2, 2018. For more information visit [www.worldhealthcarecongress.com](http://www.worldhealthcarecongress.com).

To receive a free report on how HCCI is able to produce better outcomes at simple bundled prices, or to register for the Congress, call 800-767-9499 or email us at [wcreg@worldcongress.com](mailto:wcreg@worldcongress.com)

PROCEDURE	HCCI ALL-IN BUNDLED RATES (US\$)*	US\$ COMPARABLE CHARGES <sup>1</sup>	
		AVERAGE	CHARGE RANGE
CABG	31,680	151k	70 - 448k
Valve Replacement	30,960	174k	90 - 220k
Angioplasty	16,560	38k	25 - 80k
Hip Replacement	15,840	50k	25 - 85k
Knee Replacement	15,840	60k	22 - 72k
ACL Reconstruction	14,400	30k	25 - 60k
Shoulder Arthroscopy	15,840	25k	20 - 40k
PCL Reconstruction	15,840	29k	15 - 40k
Gastric Bypass	17,640	28k	20 - 40k
Sleeve Gastrectomy	16,200	24k	19 - 46k
Lumbar Discectomy	13,680	30k	25 - 75k
Cervical Discectomy	13,320	24k	22 - 129k

\*HCCI charges as of March 2016. HCCI will cover charges for hospital caused readmissions for a 30 day period. <sup>1</sup>US comparable charges have been adjusted to include all related charges including charges for procedure caused complications or readmissions within 30 days of the procedure. Estimate completed by World Congress Research.



**HEALTH CITY**  
*Cayman Islands*

 Narayana Health

 ASCENSION

T. 1 (345) 640-4040 | E. [info@healthcity.ky](mailto:info@healthcity.ky) | [healthcitycaymanislands.com](http://healthcitycaymanislands.com)

