



AMERICAN
BANKRUPTCY
INSTITUTE

2021 Health Care Program

Health Care Market Economics and Pricing

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Vanderbilt University Owen Graduate School of Management | Nashville, Tenn.

Economic Trends Facing Healthcare Delivery

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Disclaimer

- All comments, observations, and forecasts are my own and in no way reflect the views of Vanderbilt University or any firm with which I am associated as a director or officer.

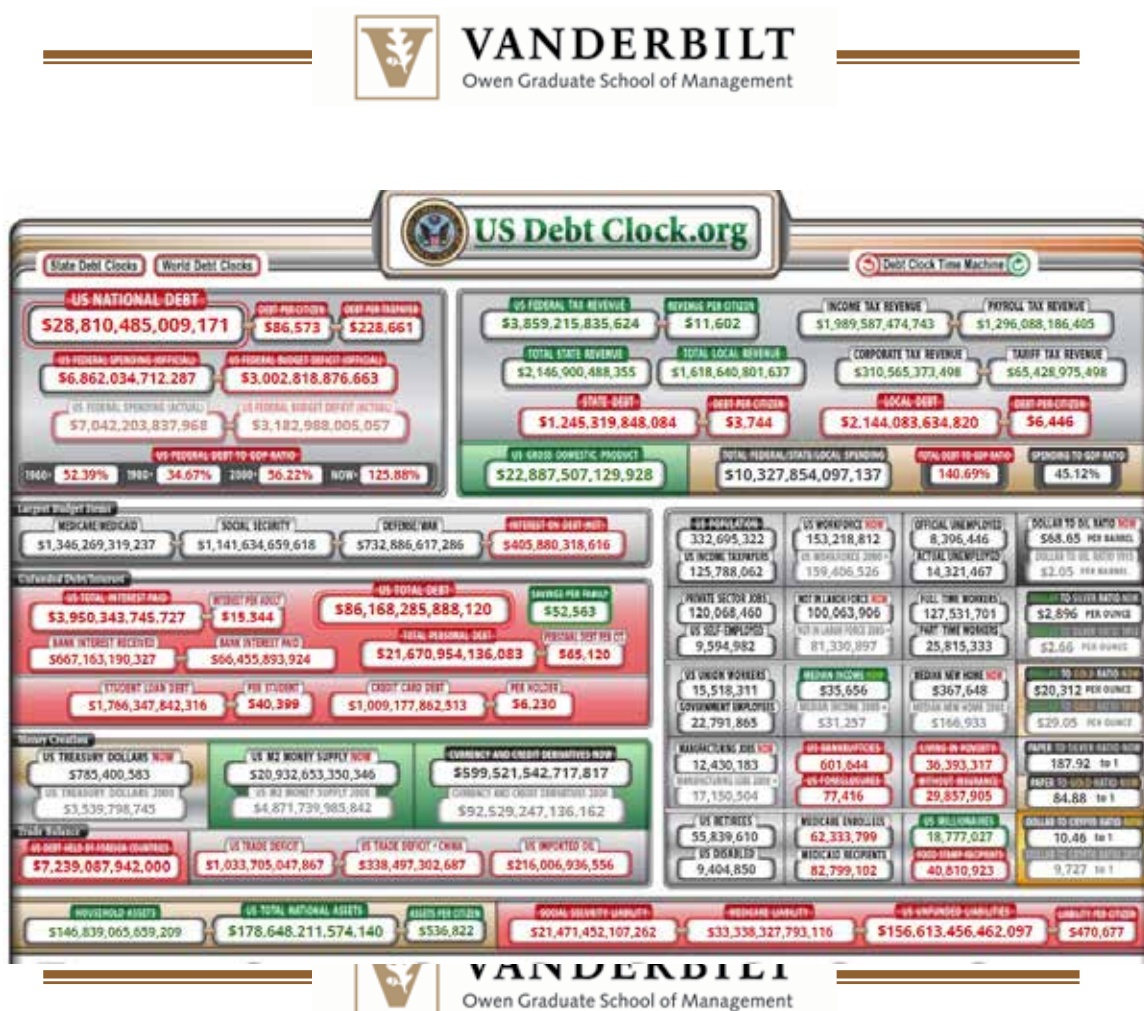


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Today's Rundown

- US Economic challenge and relationship to healthcare's future
- The move to consumerism in healthcare
- Future opportunities for consumers

My goal: Leave you with some framing and perspectives that will help you understand the economic realities facing the health care industry on a go forward



Medicare Financial Challenge

\$495.5 Billion	<u>Medicare's Annual Cash Shortfall in 2020</u> <ul style="list-style-type: none"> In 2020, Medicare spent \$925.8 billion on medical services for America's seniors but only collected \$430.3 billion in payroll taxes and monthly premiums. This cash shortfall represented almost 16 percent of the federal deficit in 2020.
\$5.95 Trillion	<u>Medicare's Cumulative Cash Shortfall Since 1965</u> <ul style="list-style-type: none"> Medicare has had a cash shortfall every year since its creation except two: 1966 and 1974. Medicare covers these cash shortfalls by "borrowing" unrelated tax revenues from other programs.
28.8 Percent	<u>Medicare's True Contribution to the National Debt</u> <ul style="list-style-type: none"> America's fiscal trajectory is unsustainable, and Medicare is the primary source of red ink. Medicare's cash shortfall is responsible for one-third of the federal debt.



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Options to balance Medicare

32.6 Percent Increase	<u>Annual Payroll-Tax Increase Needed to Balance Medicare Part A</u> <ul style="list-style-type: none"> In 2020, the Medicare Part A (hospitals) cash deficit was \$98.9 billion. To balance, payroll taxes would need to increase from 1.45 percent to 1.9 percent.
\$4,797 Increase	<u>Annual Premium Increase Needed to Balance Medicare Part B</u> <ul style="list-style-type: none"> In 2020, the Medicare Part B (physicians) cash deficit was \$307.4 billion. To balance, seniors' premiums for physicians would need to increase by 276 percent, meaning the typical annual physician premium cost to seniors would rise from \$1,782 to \$6,531.97 – an increase of \$4,796.77.
\$2,218 Increase	<u>Annual Premium Increase Needed to Balance Medicare Part D</u> <ul style="list-style-type: none"> In 2020, the Part D (prescription drugs) cash deficit was \$89.2 billion. To balance, seniors' premiums for prescription drugs would need to increase by 565 percent, meaning the annual drug premium cost to seniors would rise from \$392.88 to \$2,610.91 – an increase of \$2,218.03.



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CONSUMERISM & PRICE TRANSPARENCY



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High Level Perspective

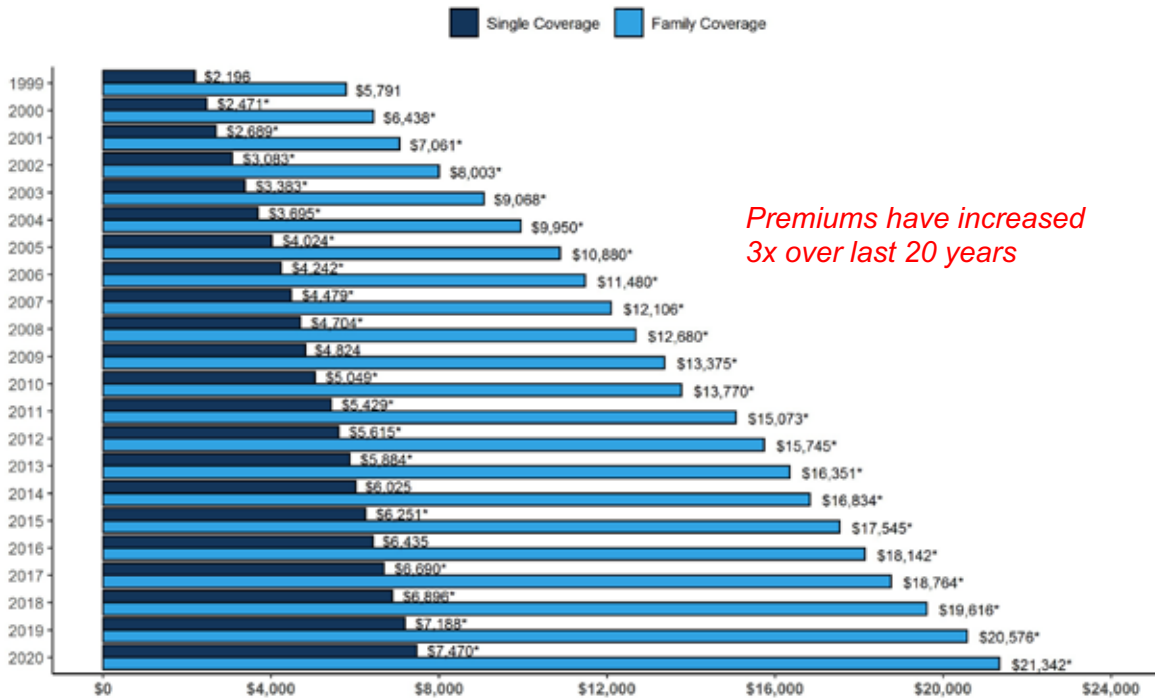
- Two factors are shaping private sector US health care delivery
 - Changing Structure of Insurance
 - Pricing of Health Care Services
- It has driven the supply side in ways that are not necessarily aligned with patient preferences.
- Patients are responding, changing how much, where and when they are consuming medical care today and likely in the future – the demand side



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Figure 9

Average Annual Premiums for Single and Family Coverage, 1999-2020



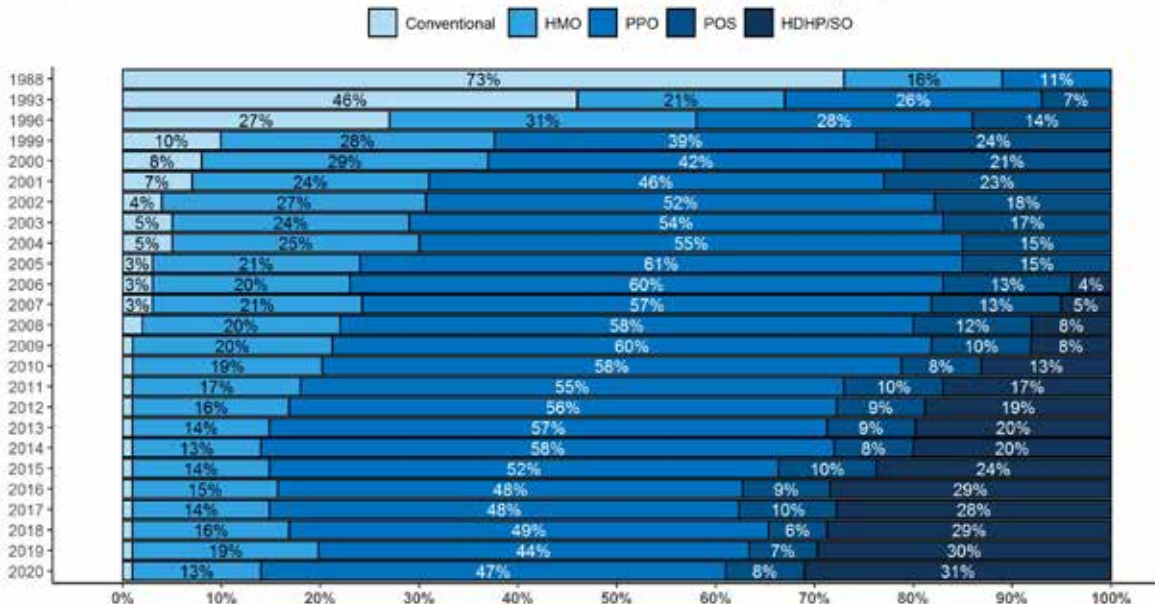
* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

SOURCE: KFF Employer Health Benefits Survey, 2018-2020; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

KFF

Figure 10

Distribution of Health Plan Enrollment for Covered Workers, by Plan Type, 1988-2020



NOTE: Information was not obtained for POS plans in 1988 or for HDHP/SO plans until 2006. A portion of the change in 2005 is likely attributable to incorporating more recent Census Bureau estimates of the number of state and local government workers and removing federal workers from the weights. See the Survey Design and Methods section from the 2005 Kaiser/HRET Survey of Employer-Sponsored Health Benefits.

SOURCE: KFF Employer Health Benefits Survey, 2018-2020; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017; KPMG Survey of Employer-Sponsored Health Benefits, 1993 and 1996; The Health Insurance Association of America (HIAA), 1988.

KFF

Economic Realities

1. Workers pay for all health insurance premiums through reduced wages
 1. The rapid growth of health insurance has reduced real wage growth for the last 40 years
2. Insurance is for high consequence, low probability events only.
 1. It is a very costly and inefficient way to finance expenditures if not for the above.
 2. The payment apparatus for health care costs more than \$400B year



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THE PROBLEM



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Where things stand

- Patient's are fearful of the financial consequences of getting health care and are searching for alternatives
- Providers lack the information on how their treatment decisions will impact their patients.
- Providers are frustrated and overwhelmed by dealing with the bureaucracy and complexity of getting paid.



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Larry's bill for care

Facility charges from Vanderbilt Hospital/Clinic							
Patient Name: Ray L Vanhorn				Statement Number: 32961707			
DATE	VISIT #	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE	
03/22/19	1002925335	LABORATORY-CHEMISTRY	\$771.00				
03/22/19	1002925335	LABORATORY-HEMATOLOGY	\$90.00				
03/27/19	1002925335	INSURANCE CONTRACTUAL - Aetn		- \$714.55			Net \$144
01/15/19	1002525258	RADIOLOGY-DIAGNOSTIC-CHEST	\$387.00				
02/06/19	1002525258	INSURANCE CONTRACTUAL - Aetn		- \$195.82			Net \$192
		PATIENT DUE				\$ 337.63	
Totals			\$ 1,248.00	- \$ 910.37	\$ 0.00	\$ 337.63	

Professional fees for Vanderbilt Medical Group and Retail Clinics							
Patient Name: Ray L Vanhorn				Statement Number: 32961707			
DATE	VISIT #	DESCRIPTION	PROVIDER	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
01/15/19	5009385531	RADIOLOGIC EXAM CHEST 2 VIEW	GUTTENTAG, ADAM	\$44.00			
02/06/19	5009385531	INSURANCE CONTRACTUAL - Aetn			- \$22.88		
01/15/19	5009659749	OFFICE OUTPATIENT VISIT 25 MINUT	HORTON, ANGELA M	\$260.00			
02/27/19	5009659749	INSURANCE CONTRACTUAL - Aetn			- \$65.31		
02/27/19	5009659749	INSURANCE PAYMENT - Aetna			- \$159.69		
		PATIENT DUE					\$ 56.12
Totals				\$ 304.00	- \$ 247.88	\$ 0.00	\$ 56.12



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2021 HEALTH CARE PROGRAM

ATLAS MD

Labs and Medication Pricing

PANELS PRICING	Atlas MD	Retail
CMP	4.50	52.00
BMP	3.40	40.00
Renal	4.00	47.00
Hep4 (Acute Hepatitis)	24.00	112.00
Liver	3.50	21.00
Lytes	3.00	25.00
Lipid	5.50	62.50
Obstetric Panel	20.00	180.00
ADD ONS WITH PANEL		
Amylase	2.00	25.00
CBC	2.00	30.00
CEA	7.00	80.00
Cholesterol	1.50	20.00
CPK	2.00	25.00
HDL	2.00	25.00
Hemoglobin A1C	6.00	45.00
Hepatitis Panel	19.50	112.00
LDH	1.50	20.00
Lipid Panel	3.00	62.50
Magnesium	3.00	40.00
Phosphorus	2.00	20.00
PSA	10.00	60.00
RPR	2.50	30.00
SGPT	2.00	25.00

Complimentary Services

PROCEDURES PRICING	Atlas MD	Retail
EKG	INCLUDED	19.17
Holter Monitor	INCLUDED	102.02
Spirometer	INCLUDED	31.31
Lesion Removal	INCLUDED	
Ear Wash	INCLUDED	45.38
Foreign Body Removal	INCLUDED	
Incision & Drainage	INCLUDED	120.73
Laceration Repair	INCLUDED	
Blood Sugar Testing	INCLUDED	
Toe nail removal	INCLUDED	
And much more...		

\$27

INJECTIONS PRICING	Atlas MD	Retail
Rocephin	INCLUDED	80.00
Toradol	INCLUDED	80.00
EQUIPMENT/DIAGNOSTIC TESTING PRICING		
DEXA Bone Scan - Osteoporosis	INCLUDED	300.00
Carotid Ultrasound Screenings	INCLUDED	200.00
Medical Ultrasound Screenings	INCLUDED	



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Cash price for a Chest Xray - Nashville

Log In / Sign Up

Search All Procedures ▾ How It Works ▾ Financing

Call (855) 900-4210 or Live Chat

Find Chest X-ray

Near Nashville, TN

40 Providers found

Sort By Distance ▾

Filter By Location

Nashville, TN

within 250 miles ▾

Premier Radiology
Imaging and Radiology Center

1800 Charlotte Avenue
Nashville, TN 37203
[View all locations](#)

1.3 miles

Offered by **Saint Thomas Health**

Chest X-ray
\$54.00

[LEARN MORE](#)

[ADD TO CART](#)



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May 2019 the first meeting



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Increasing cash pay

The Cash Advantage

Patients who pay cash upfront for medical services can sometimes make out better than they would by using their insurance, especially if they have high-deductible plans and pay the insured rate in full. Some examples:

PROCEDURE	FACILITY CITY	SELF-PAY RATE	INSURANCE RATE	INSURANCE COMPANY
MRI of the foot	Regional Medical Imaging Flint, Mich.	\$379	\$445	Aetna
Tonsillectomy	Banner Desert Medical Center Mesa, Ariz.	\$2,858*	\$5,442	Arizona Blue Cross Blue Shield
MRI of the knee	Boulder Community Hospital Boulder, Colo.	\$600	\$1,100	Arizona Blue Cross Blue Shield

Note: Insurers' rates may vary by plan. *Not including physicians' fees, typically \$1,000 to \$1,400.

Sources: the providers; insurers' cost-estimator tools

THE WALL STREET JOURNAL.



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Commercial Paid Amount Condition Analysis

Region	Place of Service	Service	min_cost	Average	max_cost	min Percent Of CMS	avg cms rate	max cms rate	variance
Midwest Region	Hospital	Colonoscopy Diagnostic with Biopsy	\$ 720	\$ 2,464	\$ 7,040	58%	197%	563%	877%
Northeast Region	Hospital	Colonoscopy Diagnostic with Biopsy	\$ 712	\$ 2,274	\$ 7,456	57%	182%	597%	948%
South Region	Hospital	Colonoscopy Diagnostic with Biopsy	\$ 886	\$ 2,045	\$ 5,105	71%	164%	409%	476%
West Region	Hospital	Colonoscopy Diagnostic with Biopsy	\$ 1,282	\$ 2,674	\$ 5,964	103%	214%	477%	365%
Midwest Region	Hospital	CT Angiography, Abdomen	\$ 549	\$ 1,159	\$ 2,005	186%	393%	680%	266%
Northeast Region	Hospital	CT Angiography, Abdomen	\$ 576	\$ 1,306	\$ 2,151	195%	443%	729%	274%
South Region	Hospital	CT Angiography, Abdomen	\$ 678	\$ 1,063	\$ 1,497	230%	360%	508%	121%
West Region	Hospital	CT Angiography, Abdomen	\$ 1,212	\$ 1,667	\$ 2,333	411%	565%	791%	92%
Midwest Region	Hospital	Mammogram of One Breast	\$ 85	\$ 244	\$ 509	69%	198%	412%	497%
Northeast Region	Hospital	Mammogram of One Breast	\$ 92	\$ 252	\$ 653	74%	204%	529%	612%
South Region	Hospital	Mammogram of One Breast	\$ 83	\$ 241	\$ 801	67%	195%	649%	869%
West Region	Hospital	Mammogram of One Breast	\$ 92	\$ 203	\$ 480	74%	165%	389%	423%
Midwest Region	Hospital	Mohs Surgery for Tumor Removal	\$ 2,360	\$ 2,711	\$ 3,622	270%	311%	415%	53%
Northeast Region	Hospital	Mohs Surgery for Tumor Removal	\$ 2,379	\$ 2,648	\$ 3,596	273%	303%	412%	51%
South Region	Hospital	Mohs Surgery for Tumor Removal	\$ 2,362	\$ 2,503	\$ 3,669	271%	287%	420%	55%
West Region	Hospital	Mohs Surgery for Tumor Removal	\$ 2,432	\$ 2,739	\$ 3,498	279%	314%	401%	44%



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Variation Matters!! - Variation is consumer risk exposure

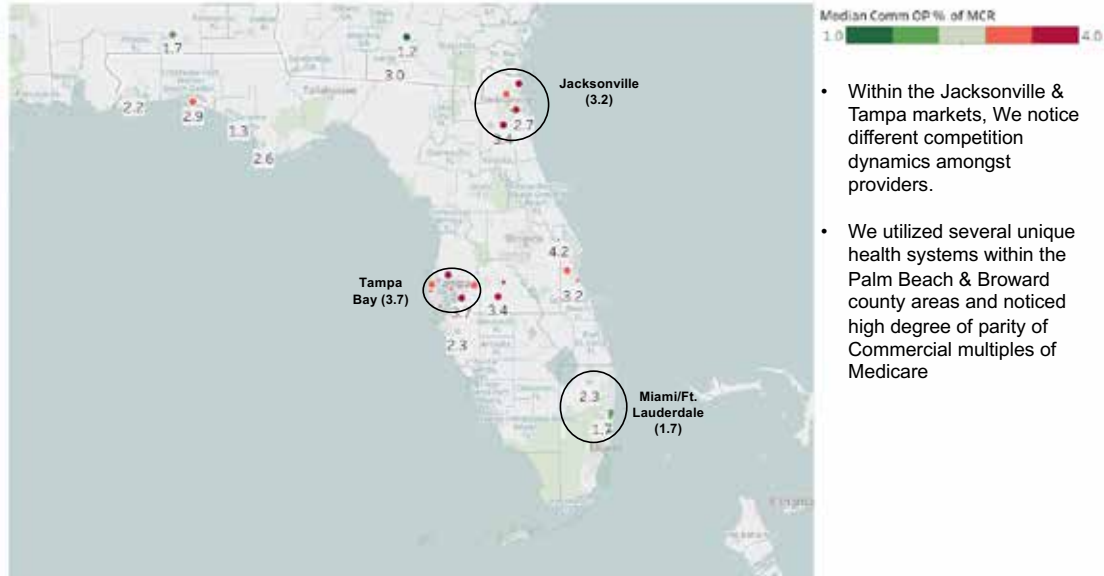
Insurance Bundle	Cash Prices			Insurance Paid			Cash (Q3 - Q1)/Q1	Ins (Q3 - Q1)/Q1	Spread over Spread
	Q1	Q3	Spread	Q1	Q3	Spread			
MRI of Head (Orbit/Face/Neck)	\$ 646	\$ 781	\$ 135	\$ 750	\$ 3,549	\$ 2,799	21%	373%	20.7
Echocardiogram - Trans-Thoracic	\$ 619	\$ 709	\$ 90	\$ 451	\$ 1,547	\$ 1,096	15%	243%	12.2
Chest X-Ray	\$ 94	\$ 111	\$ 17	\$ 37	\$ 126	\$ 89	18%	241%	5.2
CT Scan of Chest	\$ 424	\$ 504	\$ 80	\$ 462	\$ 1,317	\$ 855	19%	185%	10.7
Mammogram of Two Breasts	\$ 227	\$ 267	\$ 40	\$ 113	\$ 284	\$ 171	18%	151%	4.3
Comprehensive Metabolic Test	\$ 20	\$ 31	\$ 11	\$ 11	\$ 27	\$ 16	55%	145%	1.5
Colonoscopy Screening	\$ 1,968	\$ 2,310	\$ 342	\$ 969	\$ 2,176	\$ 1,207	17%	125%	3.5
ACL or MCL Repair	\$ 9,192	\$ 11,312	\$ 2,120	\$ 6,121	\$ 11,665	\$ 5,544	23%	91%	2.6
Vasectomy	\$ 573	\$ 636	\$ 63	\$ 1,538	\$ 2,898	\$ 1,360	11%	88%	21.6
Angioplasty for Vein Blockage				\$ 13,496	\$ 23,871	\$ 10,375		77%	
Laparoscopic Gall Bladder Removal	\$ 7,230	\$ 8,815	\$ 1,585	\$ 7,319	\$ 12,901	\$ 5,582	22%	76%	3.5
C-Section Delivery	\$ 8,177	\$ 9,462	\$ 1,285	\$ 9,454	\$ 15,792	\$ 6,338	16%	67%	4.9
Tonsillectomy and Adenoidectomy, Over Age 12	\$ 3,166	\$ 4,385	\$ 1,219	\$ 3,258	\$ 5,361	\$ 2,103	39%	65%	1.7
Repair of Ventral Hernia	\$ 5,079	\$ 5,903	\$ 824	\$ 3,810	\$ 5,948	\$ 2,138	16%	56%	2.6
Knee Replacement	\$ 21,568	\$ 25,166	\$ 3,598	\$ 22,822	\$ 35,019	\$ 12,197	17%	53%	3.4
Vaginal Delivery	\$ 6,739	\$ 8,053	\$ 1,314	\$ 6,784	\$ 10,121	\$ 3,337	19%	49%	2.5
Back Surgery - Laminectomy	\$ 29,838	\$ 32,722	\$ 2,884	\$ 44,848	\$ 59,843	\$ 14,995	10%	33%	5.2
						Mean	21%	125%	664%
						Median	18%	89%	428%

Point: Mean and Medians are meaningless in light of underlying price variation



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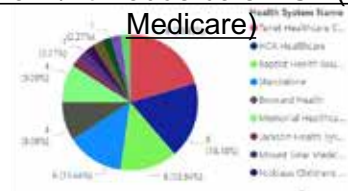
OP Commercial Allowance Multiples of Wage-Adjusted Medicare Florida Market



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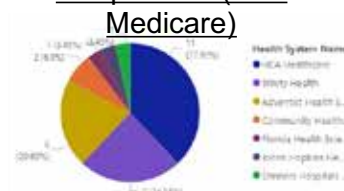
Jacksonville, Tampa Bay, & Miami/Ft. Lauderdale Market Assessment

Miami/Ft. Lauderdale MSA (1.7x Medicare)



70% of hospitals concentrated to **five** systems.

Tampa MSA (3.7x Medicare)



84% of hospitals concentrated to **three** systems. Please note, Trinity Health represents BayCare

Jacksonville MSA (3.2x Medicare)



67% of hospitals concentrated to **three** systems



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Findings

- Commercial paid amounts average **290% of Medicare**
 - This finding corroborates RAND study
- There is meaningful **price variation across region.**
- There is an average **446% price variation for like services.**
- A market basket of **cash prices are 39% cheaper** than a like basket of services paid for by third party payors.

The prices are all wrong



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Executive Order -June 24th 2019



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Why industry pushback?

- **Providers** are concerned that they will lose their ability to get **high rate** from the payers who don't have negotiating leverage
- **Payers** are concerned that they will lose their ability to get exclusive **low rate** where they have leverage

Rate negotiation should not be the primary source of value creation for consumers



The hospitals, including the American Hospital Association, [argued in a lawsuit](#) filed in United States District Court in Washington that the new rule “is unlawful, several times over.”

They argued that the administration exceeded its legal authority in [issuing the rule last month](#) as part of its efforts to make the health care system much more transparent to patients. The lawsuit contends the requirement to disclose their private negotiations with insurers violates their First Amendment rights.



June 25, 2020

Federal Court Rejects American Hospital Association Challenge to Trump Price Transparency Rule

- A federal judge [ruled against](#) the American Hospital Association on Tuesday in its lawsuit attempting to block an HHS rule pushing for price transparency. The judge ruled in favor of the department, which requires hospitals to reveal private, negotiated rates with insurers beginning Jan. 1.
- U.S. District Court Judge Carl Nichols, an appointee of President Donald Trump, was swayed neither by AHA's argument that forcing hospitals to publicly disclose rates violates their First Amendment rights by forcing them to reveal proprietary information nor by the claim that it would chill negotiations between providers and payers. The judge characterized the First Amendment argument as "half-hearted."
- Nichols seem convinced that the requirement will empower patients, noting in Tuesday's summary judgment in favor of the administration that "all of the information required to be published by the Final Rule can allow patients to make pricing comparisons between hospitals."
- The ruling is a blow for hospitals, which have been adamantly opposed to disclosing their privately negotiated rates since HHS first unveiled its proposal in July 2019. AHA did not immediately reply to a request for comment on whether it planned to appeal.



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NEWS

INSIGHTS

TRANSFORMATION

DATA/LISTS

OP-ED

AWARDS

EVENTS

LISTEN

February 26, 2021 01:43 PM

Most Tennessee hospitals struggle to comply with CMS price transparency rule, Vanderbilt study finds

Austin Triana, MD/MBA Candidate, Vanderbilt University

R. Lawrence Van Horn Ph.D., Executive Director for Health Affairs, Owen Graduate School of Management

Less than 20% of hospitals in Tennessee are fully compliant with the CMS price transparency rule that went into effect on January 1, 2021. The rule mandates hospitals to publicly list negotiated rates for 300 shoppable services online in a consumer-friendly format.



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BIPARTISAN E&C HEALTH LEADERS URGE HHS TO ENFORCE HOSPITAL TRANSPARENCY RULE

Apr 13, 2021 | Press Release

"Given the widespread non-compliance by hospitals, we urge HHS to revisit its enforcement tools, including the amount of the civil penalty, and to conduct regular audits of hospitals for compliance."

Energy and Commerce Committee Chairman Frank Pallone, Jr. (D-NJ), Full Committee Ranking Member Cathy McMorris Rodgers (R-WA), Health Subcommittee Chairwoman Anna G. Eshoo (D-CA), and Health Subcommittee Ranking Member Brett Guthrie (R-KY) wrote to Health and Human Services (HHS) Secretary Xavier Becerra today regarding implementation of the Hospital Price Transparency Final Rule, which went into effect on January 1, 2021, and the need to ensure that hospitals are complying with the new rule.

"We are concerned about troubling reports of some hospitals either acting slowly to comply with the requirements of the final rule, or not taking any action to date to comply," the bipartisan Committee leaders wrote. "We urge you to ensure that [HHS] conducts vigorous oversight and enforces full compliance with the final rule."



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THE WALL STREET JOURNAL

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Wall Street Journal Investigation Finds Computer Code on Hospitals' Websites That Prevents Prices from Being Shown by Internet Search Engines, Circumventing Federal Price Transparency Laws

April 14, 2021

BUSINESS | HEALTHCARE | HEALTH

Coding to Hide Health Prices from Web Searches Is Barred by Regulators

The guidance regarding insurers' required posting of healthcare prices came after The Wall Street Journal revealed hospitals used such coding on their price pages

May 7, 2021

POLITICS

Hospitals Draw Warning on Price Disclosure Rule Compliance

Centers for Medicare and Medicaid Services is expected to release names of hospitals if they are penalized



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NEWS INSIGHTS TRANSFORMATION DATA/LISTS OP-ED AWARDS EVENTS LISTEN

July 09, 2021 08:59 AM

Biden executive order calls for action on hospital consolidation, price transparency

JESSIE HELLMANN

TWEET SHARE SHARE EMAIL REPRINTS PRINT



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Thursday, August 26, 2021
Today's Paper

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Hospitals and Insurers Didn't Want You to See These Prices. Here's Why.

By Sarah Kliff and Josh Katz

Produced by Rumsey Taylor

Aug. 22, 2021

This secrecy has allowed hospitals to tell patients that they are getting “steep” discounts, while still charging them many times what a public program like Medicare is willing to pay.

And it has left insurers with little incentive to negotiate well.

The peculiar economics of health insurance also help keep prices high.



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The price for an **M.R.I.**
at Mass General is ...

\$1,019 **\$3,101** **\$3,809**

with a Cigna plan.

with an Aetna plan.

with a Humana plan.

The price for a **colonoscopy**
at Beaumont Hospital-Royal Oak is ...

\$728 **\$999** **\$1,801**

with a Blue Cross plan.

with a Cigna plan.

with a Humana plan.

The price for an **emergency-room foot X-ray**
at Baylor Medical Center, in Dallas, is ...

\$971 **\$1,727** **\$832**

with a United plan.

with a Blue Cross plan.

without insurance.

At the Hospital of the University
of Pennsylvania, a **pregnancy**
test costs ...

\$18

for Blue Cross patients in Pennsylvania.

\$58

for Blue Cross HMO patients
in New Jersey.

\$93

for Blue Cross PPO patients
in New Jersey.

\$10

with no insurance at all.

At Aurora St. Luke's in Milwaukee,
an **M.R.I.** costs United enrollees ...

\$1,093

if they have United's HMO plan.

\$4,029

if they have United's PPO plan.



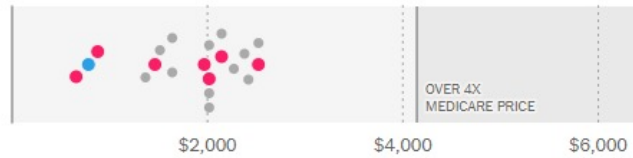
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Prices for a colonoscopy

● major insurers ● other insurers ● cash price

Univ. of Miss. Medical Center
Jackson, Miss.
\$650 to \$2,600



Memorial Regional
Hollywood, Fla.
\$550 to \$6,400



Riverside Methodist
Columbus, Ohio
\$1,300 to \$5,500



Charts include private insurers only.



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Observation

- This level of price variation for the same service in the same market is evidence of market failure.
- The price variation cannot be substantiated based on quality differences.



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SO where does this leave us

- Patient's and consumers are losing confidence in the delivery system – They are looking for alternatives
- They want financial certainty
- They don't want limitations on who they can see based on insurer contracts
- Insurance is a very inefficient way of funding anything.



Cross subsidies are not sustainable

- Providers use commercial to cross subsidize Medicare, Medicaid, Uninsured through high rate.
- Providers use surgical services to cross subsidize medical services.

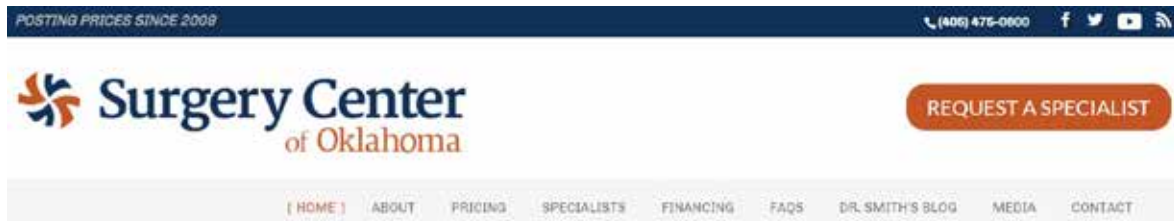
SUBSIDY GENERATORS HAVE AN INCENTIVE TO DEFECT!



INNOVATIVE SOLUTIONS ANCHORED IN TRANSPARENT PRICES



The first example of transparent pricing!



Choose procedure category
Knee

Choose Procedure or Surgery
Total Knee Arthroplasty (Knee Replacem

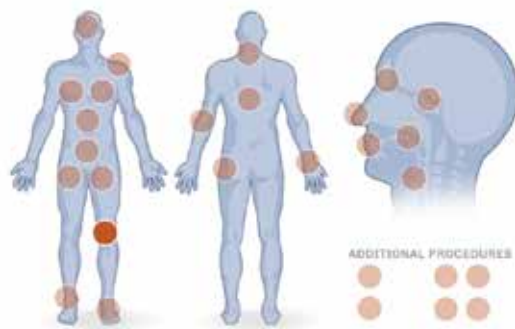
Learn More. Not finding what you need? Here is a complete list.

Price will be: **\$15,499***

[REQUEST A SPECIALIST](#)

[GET FINANCING](#)

*Read the pricing Disclaimer



Growth of Direct Primary Care – Cash Membership



MONTHLY MEMBERSHIP FEES

- Children 0-19 years old, \$10/month with at least one parent membership
- We can now offer routine pediatric vaccines through a service called www.vaxcare.com, and we may be able to bill your insurance so that you don't have additional out of pocket expense.
- Adults 20-44 years old, \$50/month
- Adults 45-64 years old, \$75/month
- Adults 65+ years old, \$100/month
- Employer groups with 5+ employees, \$50/mo/adult
- Nursing home and home-bound patients, call for details



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Labs and Medication Pricing

PANELS PRICING	Atlas MD	Retail
CMP	4.50	52.00
BMP	3.40	40.00
Renal	4.00	47.00
Hep4 (Acute Hepatitis)	24.00	112.00
Liver	3.50	21.00
Lytes	3.00	25.00
Lipid	5.50	62.50
Obstetric Panel	20.00	180.00
ADD ONS WITH PANEL		
Amylase	2.00	25.00
CBC	2.00	30.00
CEA	7.00	82.00
Cholesterol	1.50	20.00
CPK	2.00	25.00
HDL	2.00	25.00
Hemoglobin A1C	6.00	45.00
Hepatitis Panel	19.50	112.00
LDH	1.50	20.00
Lipid Panel	3.00	62.50
Magnesium	3.00	40.00
Phosphorus	2.00	20.00
PSA	10.00	60.00
RPR	2.50	30.00
SGPT	2.00	25.00
T-3 (Uptake)	3.00	32.00
T-4	3.00	25.00

Complimentary Services

PROCEDURES PRICING	Atlas MD	Retail
EKG	INCLUDED	19.17
Holter Monitor	INCLUDED	102.02
Spirometer	INCLUDED	31.31
Lesion Removal	INCLUDED	
Ear Wash	INCLUDED	45.38
Foreign Body Removal	INCLUDED	
Incision & Drainage	INCLUDED	120.73
Laceration Repair	INCLUDED	
Blood Sugar Testing	INCLUDED	
Toe nail removal	INCLUDED	

MEDICATION PRICING

Pill #	Generic	Brand	Atlas MD
100	Allopurinol 300 mg	Lopurin/Zyloprim	5.00
90	Amlodipine 10 mg	Norvasc	2.50
100	Amitriptyline HCL 10 mg	Elavil	7.00
100	Benzacort 20 mg	Loritenol	8.00
100	Sumatriptan 1 mg	Bumex	11.00
60	Bupropion 150 mg SR	Wellbutrin	20.00
30	Bupropion 150 mg XL	Wellbutrin	22.00
100	Bupropion HCL 10 mg	Bupar	5.00
100	Cetirizine 10 mg	Zyrtec	5.00
100	Citalopram 20 mg	Celecox	3.00
100	Clostrine 0.1 mg	Caraprin	3.00
100	Chlorzoxazone 500 mg	Panofon	8.00
100	Diclofenac Potassium	Cantram 50 mg	12.00
100	Dicyclanone 20 mg	Bentl	5.00
100	Diltiazem 90 mg	Cardizem	8.00
100	Estradiol 0.5 mg	Estrace	4.00
100	Fluoxetine 180 mg	Allegro	36.00

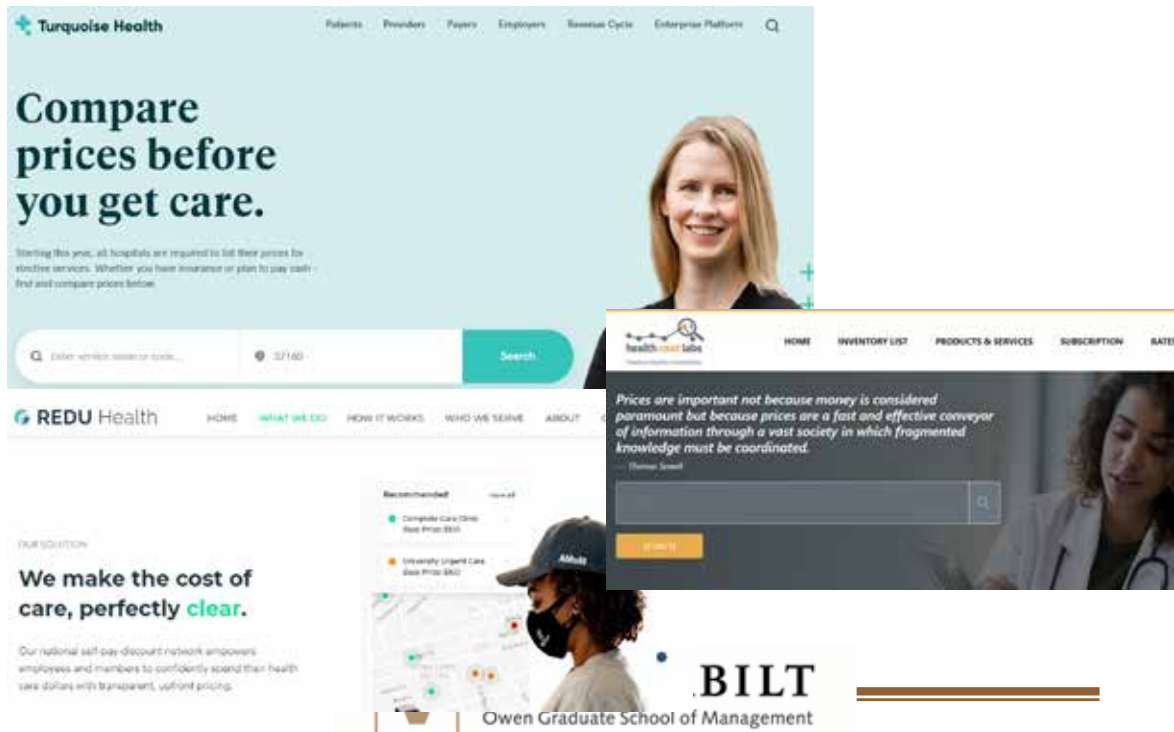
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2021 HEALTH CARE PROGRAM

Expedia for Healthcare.....



Cars.com for health care – price comparison tools



A new insurance model based on cash



Here's how it works

Ask your doctor for the discounted self-pay price.

Compare prices between doctors to find the best rate.

Pay with your Sidecar Health payment card when you see your doctor.

Upload a picture of an itemized bill and you're done!



The future path

- Care is migrating away from institutional settings to the home.
- Trends toward eliminating middlemen and insurance between patient and provider
- Cash is a frictionless form of exchange that makes patients and providers better off saving more than \$400B of non-value added costs.
- Access is improved thereby improving patient choice and provider frustrations.



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For more context and information.....



Faculty

Dr. Larry Van Horn, Ph.D., M.P.H., M.B.A. is an associate professor of economics & management at Vanderbilt University, executive director for Health Affairs at the Owen Graduate School of Management, associate professor of law at Vanderbilt Law School and associate professor of Health Policy at Vanderbilt School of Medicine in Nashville, Tenn. and is a leading expert and researcher on health care management and economics. His current research focus centers around the shift to consumer purchasing of health care and the impact it will have on new delivery models. Dr. Van Horn's research has appeared in such leading journals as the *Journal of Health Economics*, the *New England Journal of Medicine* and the *Harvard Business Review*. His commentary regarding health care economics appears frequently in mainstream media, including *USA Today* to *Fox Business*. Dr. Van Horn is responsible for the graduate health care programs at the Owen Graduate School of Management at Vanderbilt University, and he founded and directs its Center for Healthcare Market Innovation. He also holds courtesy appointments in both the medical and law schools. Dr. Van Horn has consulted with most of the largest hospital systems and insurers in the U.S. on data analysis and antitrust concerns, among other topics, and he co-created and has co-directed the Nashville Healthcare Council Fellows Program. Dr. Van Horn is the founder and CEO of Preverity Inc., founder and partner of LVH Economics LLC, and a senior professional with Berkeley Research Group. He also is on the board of directors for Community Health Care Realty Trust, Savida, Harrow and Preverity. He previously served on the boards of Quorum Health Corp. and Pierian BioSciences. Dr. Van Horn is a member of the CEO Council for Council Capital, and serves on the advisory boards for Harpeth Capital and the Mainsail Group. He received his B.A. in philosophy from the University of Rochester, his M.B.A. from the University of Rochester's William E. Simon Graduate School of Business, his M.P.H. from the University of Rochester's School of Medicine and his Ph.D. in Managerial Economics and Decision Sciences The Wharton School at the University of Pennsylvania.