## Matrix of Healthcare Regulation vs. Entrepreneurship



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# TO FIX A BROKEN HEALTH CARE SYSTEM, WE MUST WORK TOGETHER

To be effective innovators, we must first understand and overcome perceived limitations:

- Healthcare Regulations & Consumer Protection Laws
- Mechanics of ERISA\* Plans
- Market Forces





## Stark Law & IDTF (Independent Diagnostic Testing Facility) Rules

#### LIMITATION

Prohibit imaging center lease arrangements for CMS<sup>\*</sup> providers. Consultants (radiologists specifically named as such) are granted exception.

## **INNOVATION**

\*Centers for Medicare & Medicaid Services

Radiology practice that is not a CMS provider works with self pay patients and targets employer-sponsored health plans via direct contracting.



## HIPAA\* Omnibus Rule

#### LIMITATION

HIPAA protects the personal health information (PHI) for health care services covered under a qualifying health plan.

### **INNOVATION**

\*Health and Insurance Portability and Accountability Act

Take advantage of Omnibus Rule, under which patients may pay out of pocket in full and instruct providers to refrain from sharing information about their treatment with their health plan.



## **Qualified HDHP\*s**

LIMITATION \*High Deductible Health Plan

Non-screening exams are subject to member meeting deductible prior to any allowed employer contribution for care by an in-network provider.

#### **INNOVATION**

Fair market price for services means employees can afford them even before reaching out-of-pocket (OOP) max (using their HSA); employers see a dramatic reduction in healthcare spend with fewer employees reaching OOP



## **Fiduciary Duty**

#### LIMITATION

Employers are actively aware and engaged for savings and retirement plans; for healthcare, this responsibility is often errantly seen as belonging to the health plan itself.

## **INNOVATION**

Service models that truly act in the best interest of plan participants/beneficiaries—as well as plan sponsors — and keep expenses reasonable for both.





## Case Study



One of Florida's most financially challenged school districts.



									TIME PERIOD   January - December 2020								
	PROJECTED							REALIZED SAVINGS: 61%									
								AC	TUAL								
	CIGNA		GI		PER PROCEDURE SAVINGS		CIGNA		GI		PER PROCEDURE SAVINGS		# SCANS	TOTAL SAVINGS			
					%	\$						%	\$				
MRI	s	1,415	s	525	63%	s	890	s	1,415	s	467	67%	s	947	248	\$	234,960
СТ	\$			388	81%	\$1	,619	100	2,007	\$		79%		1,587	167	\$	264,972
US	\$	330	\$	250	24%	\$	80	\$	330	\$	213	35%	\$	117	574	\$	66,969
X-RAY	\$	199	\$	100	50%	\$	99	\$	199	\$	86	57%	\$	112	205	\$	23,022
Mammo	\$	300					0.00.00	\$	300	\$	227	24%	\$	73	328	\$	23,983
					20									8			·
TOTAL ANNUAL SAVINGS (Projected): \$1,322,86							TOTAL ANNUAL SAVINGS (Actual):*								\$1,523,294		
TOTAL					ICC A	100		1000	12/ 00/	*	¢ <b>a</b> ¢c						

TOTAL ANNUAL SAVINGS AUG 2020 - JULY 2021:

\$2.3 MM



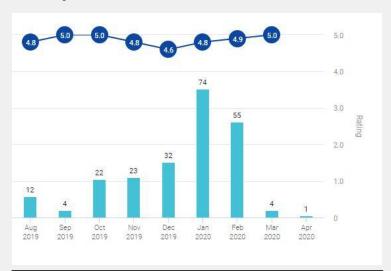
Green Imaging has been an invaluable partner—not only with a 60% average savings on major imaging but with top-notch customer service. Our employees rave about how easy it is to schedule their major imaging and the fact that it is at zero cost. With a 79% savings per CT scan, our self-insured trust-fund is reaping the rewards.

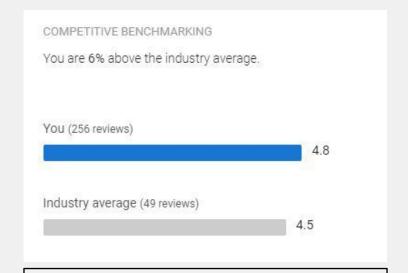
- Lauren Hadox, Risk Manager | SDOC



## **HOW DO WE STACK UP?**

## **BirdsEye Review Consolidator**







Review Rate: 5x industry average



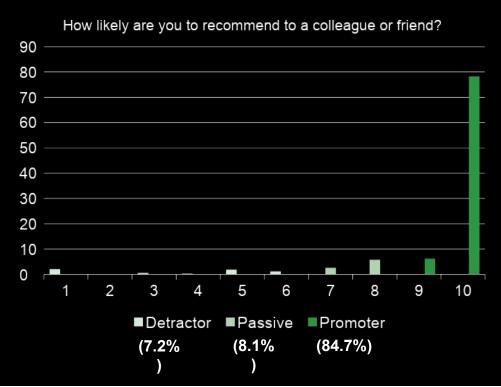
\* \* \* \* \* I called at 3:50pm after receiving an order for a CT scan and Leo was able to get me an appointment at 4:30 the same day! Everything was Nicole A. January 16, 2020 done electronically. I walked in the office and was in and out in 15 minutes! I am very pleased with the process as well as the fact that there was no copay.

## **HOW DO WE STACK UP?**

**BirdsEye Review Consolidator Net Promotor Score** 



NPS = 77.5



## **Market Forces**

#### LIMITATION

Emerging private equity-backed radiology 'supergroups' combine operations and bill under the most advantageous contracts, driving dramatic cost increases. Same merger and acquisition forces occurring in the outpatient imaging space.

#### **INNOVATION**

Direct contracting circumvents this trend with up front, fair market pricing with financial benefit for both plan sponsors and members.



## \$526,559

**PROFESSIONAL FEES:** 

\$405,523

GLOBAL FEES: \$942,063

## SUBSPECIALTY 'SUPERGROUPS' DRIVING UP COST

Professional fees for radiology have grown from 18-20% to over 43% of global fees.



## Reference-Based Pricing (RBP)

## **LIMITATION**

Is it meaningful?

#### **INNOVATION**

When comparing pricing against RBP, ask the following questions:

- Is it a valid reference?
- Is it market-based?
- Is it free-market?
- Which Medicare fee schedule?
- Is it adjustable for increased costs and inflation?
- Is it a reasonable starting point for a pricing discussion?



# MOST HEALTHCARE REFORM CALLS FOR BIG, BOLD ACTION.

What happens if, instead, we think small, tackle our individual components well, and make a really BIG impact?

\*Excerpt from "The Price We Pay" by Marty Makary, MD as interviewed on Freakonomics Radio ep. 456 "How to Fix the Hot Mess of Health Care"



When members, employers/plan sponsors, and doctors work together towards a common goal,

# everybody wins.

#### **EMPLOYERS/TPAs**

- Lower healthcare costs
- Improved employee satisfaction & health

DIRECT-CONTRACT DIAGNOSTIC IMAGING FACILITY

#### **PATIENTS**

- Easy to navigate
- Costs known up front
- Fraction of the price for diagnostic imaging—without sacrificing quality
- Better health

#### RADIOLOGY FACILITIES

- Fair reimbursement, less bureaucracy
- Access to employer contracting and aggregate purchasing power

