Employer Health Plans Addressing Hospital Costs



Employer Strategic Planning Sessions

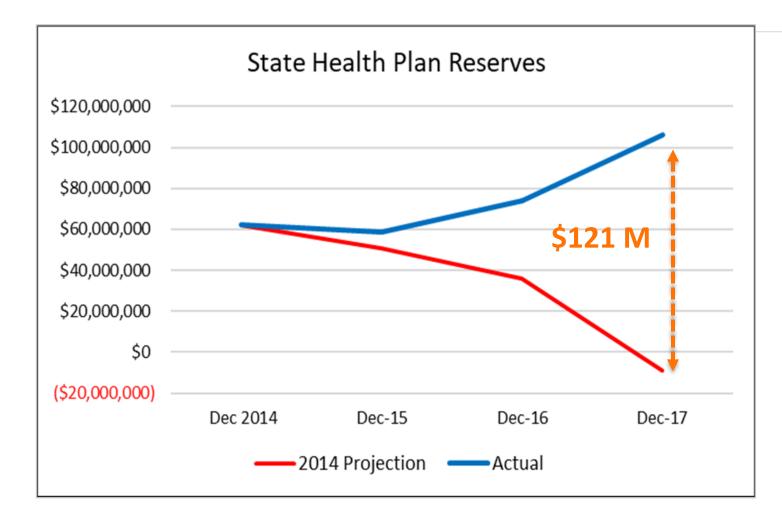
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It all started in 2015 - MT State Employee Health Plan



- Reference Based Pricing Contracts with all MT Hospitals
- Transparent, Pass Through RX Benefit.
 Eliminated High-Cost Pharmacy Chain
- On-site Primary Care Clinics
- New TPA, PBM, Consultant, Data
 Warehouse, Administration System
- No rate increases for 7 years (2017 -2023)
- State Employee Pay Raises
- Lowered Health Plan Reserves to increase State Budget:
 - \$25 million (2017)
 - \$27 million (2021)
- Enhanced Plan Benefits



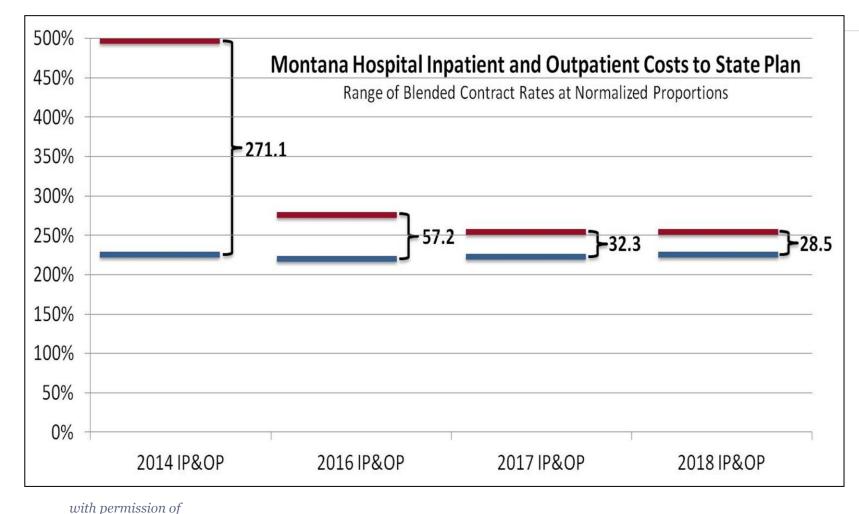
Why use Medicare rates as the reference?

Goal = Montana Hospital Reimbursement as Multiple of Medicare for ALL facility services

- Common reference to overcome variation in charge masters and differences in billing practices
- Largest healthcare payer in the world
- Medicare payments intended to be fair (DRG; APC)
- Payments adjusted for 'factors outside hospital control': wage rates, case-mix severity, outlier and transfer cases, teaching intensity, interest expense, low-income shares....
- 2023 Hospital Medicare margins projected to be -10%; Breakeven for efficient hospitals. <u>MedPAC March 2023</u> <u>Report to the Congress: Medicare Payment Policy</u>



Our Strategy – Reference Based Contracting

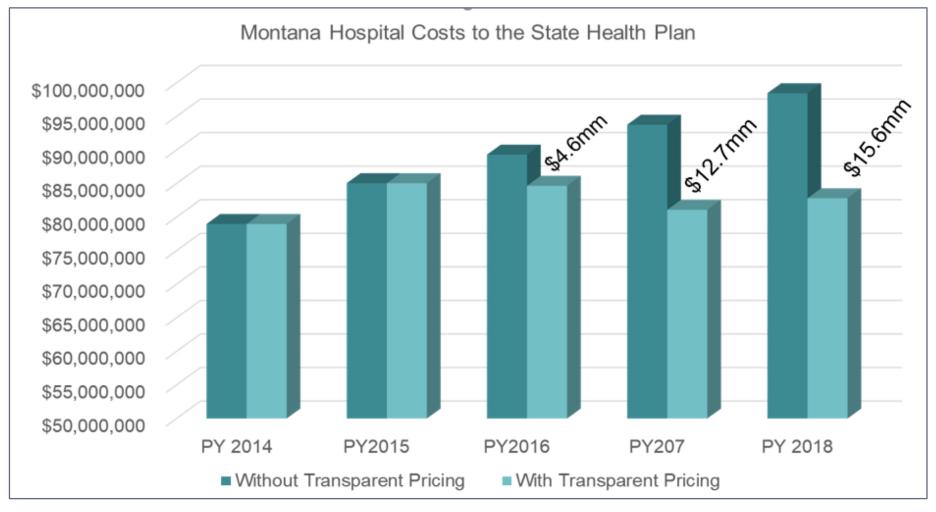


- Data Driven Strategy
- Analyzed claims payments compared to Medicare Rates
- Hospital Financial Analysis (Medicare Cost Reports)
- Breakeven Levels
- Contracts with 11 Acute Care and 47 CAH = No Balance Billing for members





Control over price trend



with permission of



NASHP Hospital Cost Tool (From Montana to National)

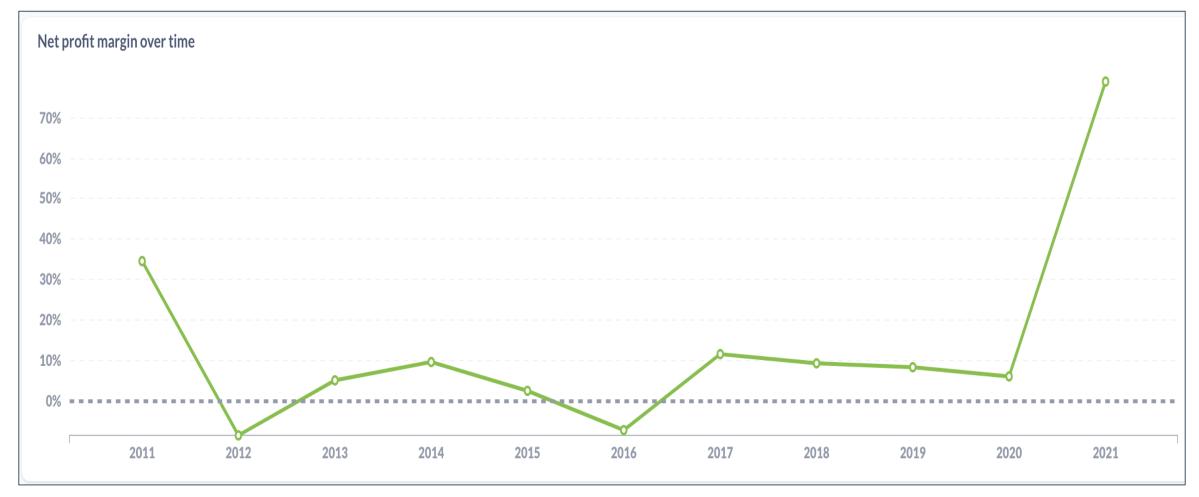
- Online tool health purchasers, including state officials, can use to better understand and address hospital costs and prices
- Identifies financial data and benchmarks using Medicare Cost Reports
 - Hospital specific
 - 11 years of data 4,600 hospitals (Acute Care and Critical Access). 2011-2021 reporting years. Version 3.0 in November 2023
 - MCRs provide hospital level data and are the only national, public source of hospital costs
 - HCRIS Data Base
- Developed by the National Academy for State Health Policy (NASHP) alongside Rice University, with support from Arnold Ventures. Dashboard by Mathematica.

A Louisiana Hospital – Operating Profit Margin



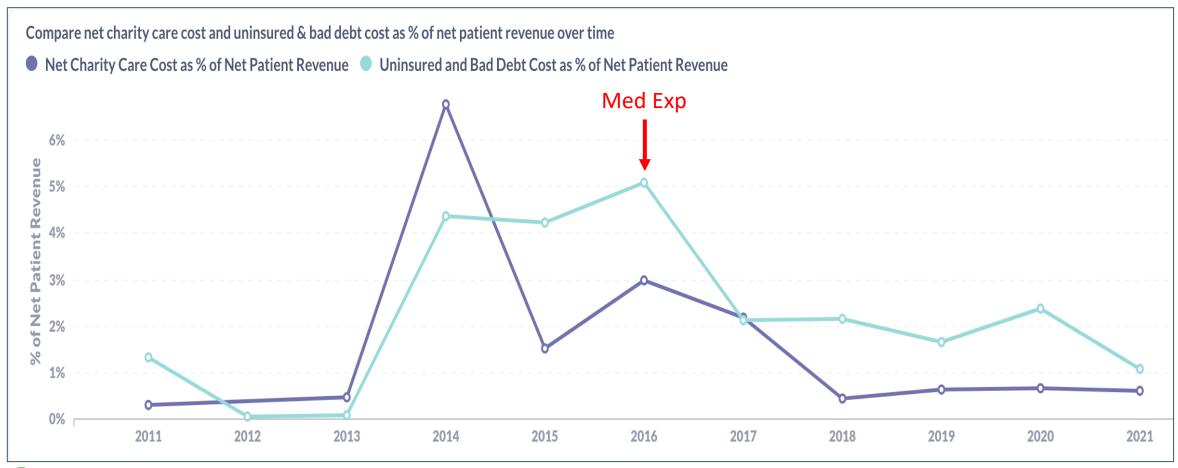


A Louisiana Hospital – Net Profit Margin



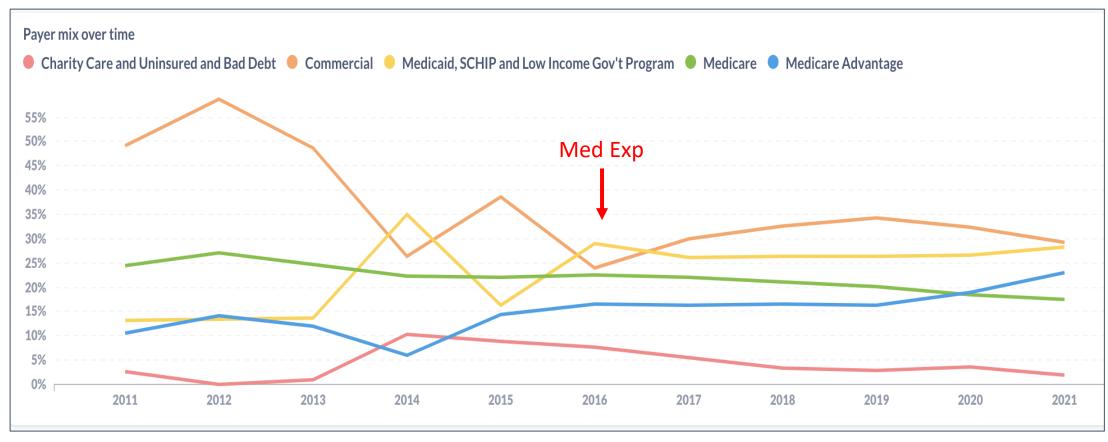


A Louisiana Hospital – Uncompensated Care





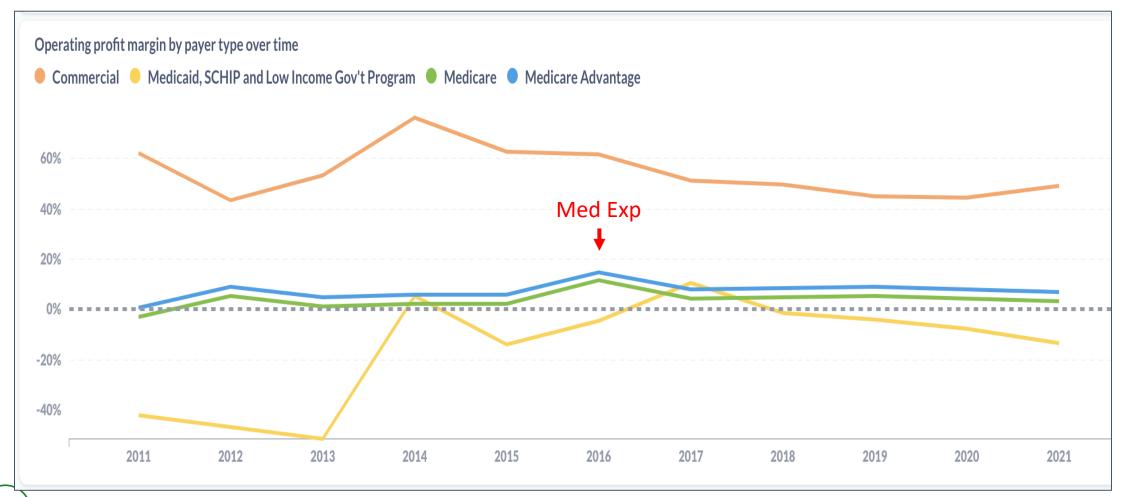
A Louisiana Hospital – Payer Mix





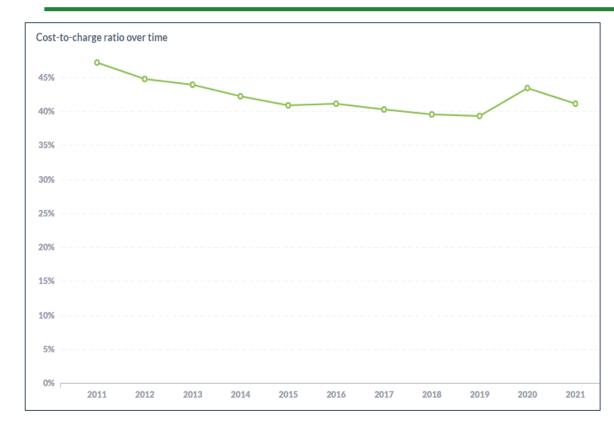
NASHP Hospital Cost Tool, https://tool.nashp.org/

A Louisiana Hospital – Operating Profit by Payer Type



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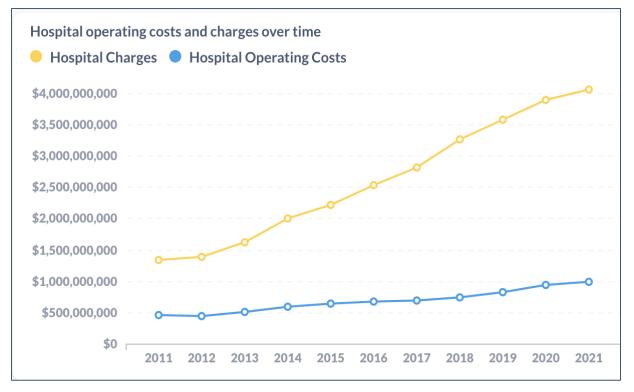
A Louisiana Hospital Hospital Costs & Charges



Why would you settle for discount off charges vs cost plus?



Costs = Avg Annual Increase 5.5% Charges = Tripled in 10 years



Breakeven Analysis

- NASHP's Hospital Cost Tool calculates a hospital's breakeven point: Revenue = Expenses
- NASHP Commercial Breakeven how much a hospital needs to be reimbursed by commercial payers in order to cover commercial patient hospital costs, losses from other payers, charity care, uninsured, all Medicare disallowed costs, and other income/other expense.
- Physician Direct Patient Services not included, Billed and Reimbursed through other methods.
- Breakeven and Price expressed as multiples of the individual hospital's <u>Medicare rates</u> for comparability purchases

https://nashp.org/commercial-breakeven/

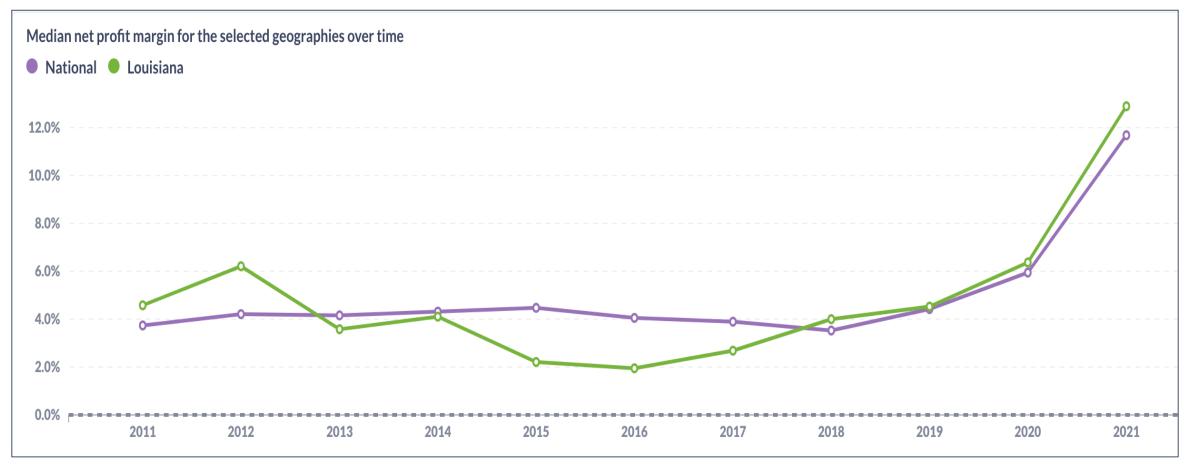


A Louisiana Hospital – Commercial Breakeven





Louisiana Hospitals – Median Net Profit Margin





Louisiana Hospitals – Median Commercial Breakeven





What is "Value" in Healthcare?

Quality

VALUE =

Price

Porter and Kaplan, Harvard Business Review



Thank you!

Hospital Cost Tool and Calculator

https://www.nashp.org/policy/health-system-costs

https://www.nashp.org/hospital-cost-tool/



