PAYMENT REFORM CASE STUDY FROM INDIANA

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Disclaimer: Data samples in content may have been altered and are intended for presentation purposes only.
A NATURAL PARTNERSHIP
THE KEY TO SUCCESS

TRANSPARENCY IN THE COST OF CARE
Drilldown into one Family’s Spend
Patient Journey
oncology treatment
at hospital system

CT Scan, hospital system = $463
Hospital owned oncology office visit (new pt) = $1,096
Biopsy, hospital = $14,800
Chemo & Rituxan, hospital = $20,154
Neulasta, hospital = $11,685
Blood draw, hospital = $605

5 total rounds

$292,576
Total Cost of Treatment for 5 rounds
Patient Journey

oncology treatment at independent provider

30 total rounds

Blood draw, ind provider = $85

CT Scan, ind provider = $1,006

Neulasta, ind provider = $3,501

Chemo, ind provider = $2,945

CT Scan, ind provider = $938

Office Visit, ind provider = $140

$290,813 Total Cost of Treatment for 30 rounds
Patient Journey

financial impact of patient choice

$1,464,643
TOTAL SAVINGS resulting from patient choosing a community oncology provider
# Average Procedure Cost by Location

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Cost at Provider A (Hospital)</th>
<th>Cost at Provider B (Independent Clinic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keytruda</td>
<td>$38,850</td>
<td>$9,714</td>
</tr>
<tr>
<td>Neulasta</td>
<td>$19,519</td>
<td>$4,442</td>
</tr>
<tr>
<td>Neupogen</td>
<td>$2,856</td>
<td>$480</td>
</tr>
<tr>
<td>Chemotherapy Infusion 1 hr</td>
<td>$491</td>
<td>$440</td>
</tr>
<tr>
<td>Extremity Scan</td>
<td>$490</td>
<td>$264</td>
</tr>
</tbody>
</table>
### MECHANICS OF COST TRANSPARENCY FOR PLAN DESIGN

#### Procedure Details

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Count of Members</th>
<th>Total Paid</th>
<th>Paid per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider A</td>
<td>427</td>
<td>$157,436.64</td>
<td>$453.71</td>
</tr>
<tr>
<td>Provider B</td>
<td>20</td>
<td>$3,353.96</td>
<td>$167.69</td>
</tr>
</tbody>
</table>

**Total Paid if All 447 Patients move to Provider A:** $139,015.72

**Total Savings if All 447 Patients move to Provider B:** $63,791.71

### Lowest Cost Provider

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Paid per Unit</th>
<th>% of Total Patients</th>
<th>All Patient Count</th>
<th>Total Savings All Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider E</td>
<td>$290.00</td>
<td>18.44%</td>
<td>629</td>
<td>$29,595.97</td>
</tr>
</tbody>
</table>

### Percentage by Patient Volume

- Provider E: 19%
- Provider B: 3%
- Provider A: 68%

### Paid per Unit by Provider

- Provider E: $290.00
- Provider D: $454.47
- Provider A: $453.71
- Provider C: $400.02
- Provider B: $311.00
- Provider D: $290.00
UNDERSTAND THE FINANCIAL CONTEXT OF PATIENT TREATMENT OPTIONS TO HELP INFORM CLINICAL DECISIONS BY FACTORING IN COST AND REIMBURSEMENT
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