FROM THE KITCHEN OF HIGH STAKES HEALTHCARE

Cost-Effective, Quality Healthcare

Prep time: 90 days · Serves: every employee · Cost: about 30% less than whatever you're paying now

INGREDIENTS

- 1 plan document you've actually read
- 1 wide-awake fiduciary (that's you)
- 1 flat-fee TPA that doesn't outsource claims (no substitutions)
- 1 generous cup of Direct Primary Care — a doctor when they need one, not an app
- Reference-based pricing, measured strictly in % of Medicare
  (never % of billed charges — spoils the whole dish)
- 2–3 transparent surgical centers with prices actually posted
- 1 independently bid stop-loss policy
- 1 independent review of every vendor contract — PBM first
  (the Rx money hides in the definitions: rebates, spread, and "discounts")
- Fresh claims data, delivered monthly, yours
- 1 spine (do not substitute)
- 0 carrier-paid brokers
- 0 PPO "discounts" (artificial flavoring)

INSTRUCTIONS

1. Preheat by reading your plan document cover to cover.
2. Drain and discard all hidden compensation. If your broker can't disclose it in writing, discard the broker too.
3. Fold in Direct Primary Care first, so care is handled before things get expensive.
4. Price every service as a percentage of Medicare. If anyone offers a "discount," ask what number it's a discount from — then throw it out.
5. Deny facility fees on office visits — they're included in the global visit.
6. Pay clean claims promptly. Never prepay anything.
7. Put every step in writing and let simmer 90 days.
8. Serve with waived cost-sharing for employees who choose honest providers. Watch them ask for seconds.

Chef's Note:
If any vendor offers to take a percentage of the savings, remove the vendor — not the savings.
Replaces: your renewal increase.
Yield: Lower costs. Better care. Less drama.