

Analysis of \$426 million in employer health spending identified \$54 million in potential savings

Simple Healthcare Roadmap shows self-insured employers where healthcare dollars go today, what opportunities exist to lower them, and what each one is worth.

ORLANDO, FL, UNITED STATES, August 20, 2026 /EINPresswire.com/ -- Simple Healthcare today made Simple Healthcare Roadmap generally available. Roadmap is a tool that shows a self-insured employer where its healthcare dollars are going today, what specific opportunities exist to lower them, and what each of those opportunities is worth in real dollars. In beta, Roadmap analyzed \$426 million of employer plan spend and identified \$54 million in potential savings — an average of 13% of plan spend. Employers in the beta ranged from small to large, and Roadmap found opportunity at every one of them.



How it works:

Roadmap starts with the employer's own de-identified claims and prices them against payer and hospital price transparency data, enriched with hundreds of additional data sources. Simple Healthcare calls this applied price transparency: published prices put to real-world use on a specific employer's actual care, rather than left as raw files.

That produces three answers. Where the money is going today. What can be done about it. And what each change is actually worth. The opportunities Roadmap prices include switching carriers, renegotiating rates with specific providers, direct contracting, reference-based pricing, and moving care to lower-cost settings.

The first answer has value even if an employer never acts on the rest. Most employers cannot

see where their money goes or how much of it reaches high-cost providers. Roadmap gives them that baseline against their own market, then the ranked list of specific opportunities and a recommendation for how to work each one.

"We found money in every plan we looked at. These aren't careless employers. They've never had a way to see what the rest of the market pays for the same care. That data has been sitting in public files for a few years now, in a form almost nobody could use. Making it usable is the whole job." - David Muhlestein · Founder & CEO, Simple Healthcare.

Carrier switching was one lever among many. The highest savings rate in the beta — up to 21.6% of plan spend — required no carrier switch at all, coming instead from repricing, site-of-service and reference pricing. Nothing in the platform forces a network change or member disruption. Prices are assembled as a total episode of care — every billable component of a medical event, including follow up care — rather than one billing code at a time. Cost is paired with quality, so plan decisions weigh both.

Why now:

Medical cost inflation is running above 7%, the highest in more than a decade. At the same time, a wave of litigation against plan fiduciaries — including cases involving Johnson & Johnson, Wells Fargo, Kraft Heinz, Aramark, and Ford — has raised the bar for documenting how plan decisions get made.

"A plan fiduciary is expected to show their work now. That's hard to do when your only view of the market comes from the company you're negotiating against." - David Muhlestein · Founder & CEO, Simple Healthcare

Where the numbers come from:

Roadmap combines the employer's de-identified claims with public sources: federal Transparency in Coverage files from roughly 200 insurers, machine-readable files from roughly 6,000 U.S. hospitals, Medicare fee schedules, No Surprises Act out-of-network rate data, facility quality data, proprietary provider affiliation data, and hundreds of additional data sources. The methodology is peer-reviewed. All claims data is de-identified and encrypted at rest and in transit. Simple Healthcare does not receive protected health information and does not require a HIPAA business associate agreement. Simple Healthcare is not owned by an insurer or a healthcare provider. Independent by design and by structure.

Availability:

Simple Healthcare Roadmap is generally available now, directly to self-insured employers and through their advisors. Where an advisor is already in place, Simple Healthcare recommends running the engagement through them — not because access requires it, but because finding an opportunity and executing on it are different jobs. The advisor runs the renewal, the negotiation and the vendor relationships, so the analysis lands where the work gets done. The advisory relationship and the client stay with the firm: Simple Healthcare does the analysis, the advisor

does the advising. Employers who prefer to engage directly do so on the same terms. Details at simplehc.com.

About Simple Healthcare:

Simple Healthcare is an independent product company that helps employers, advisors and individuals find real healthcare cost savings. The mission predates the federal transparency rules: founder David Muhlestein has been researching healthcare price and quality transparency since 2012 and publishing peer-reviewed work since 2013 — a decade before the rules made the raw data available. His first study, published in JMIR in 2013, surveyed 474 hospital websites and found only 1.3% advertised price. The rules produced the data; Simple Healthcare does the work of applying it. The company was founded in 2023.

About David Muhlestein:

David Muhlestein, PhD, JD, is Founder & CEO of Simple Healthcare. He was previously Chief Research Officer and Chief Strategy Officer at Leavitt Partners, and Chief Research & Innovation Officer at Health Management Associates (HMA). He founded Torch Insight, a healthcare market data and analytics platform acquired by Milliman MedInsight in 2020, has been a Visiting Policy Fellow at the Duke Margolis Institute for Health Policy since 2017, and was formerly an adjunct assistant professor at the Dartmouth Institute. Muhlestein interviews, methodology briefings, and product walkthroughs available on request.

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