

2017 Comprehensive Specifications for the Evaluation of Transparency Tools

Catalyst for Payment Reform is pleased to announce the release of our 2017 Comprehensive Specifications for the Evaluation of Price Transparency Tools (the Specs). The Specs retain the same format as previous versions, including the five categories of Scope, Quality, Price Accuracy, Usability, and Engagement and further division of the features in each category as core or bonus specifications. There are also some other changes this year worth noting. The list below captures the major and substantive changes to the specs.

First, due to the evolution of tools in recent years, CPR has been able to sunset certain core specifications because the tools offered by most major health plans and vendors meet them and they have become widely implemented as standard. As such, while these specifications remain integral to a comprehensive user experience, we no longer feel we need to highlight them as a method of differentiating between tools. Retired specifications include:

- ☐ SCOPE Core: Tool includes information on procedures including total joint replacement, screening colonoscopy, maternity care, and back and spine procedures.
- ☐ SCOPE Core: Tool provides for all levels of data security, including encryption and regulatory compliance.

Second, CPR has made some specific changes to existing specs worth noting.

Summary of Changes 2017

SCOPE

New Specification	Rationale for Change
Core	
Tool is available to consumers in all markets (100%).	Due to widespread availability by market, we are now pushing for tools to be available in all markets (100%), not most (80%). This is also a new core spec.
Tool is available for most (>95%) types of insurance products such as HMO, PPO, or HDHP.	Due to widespread availability by insurance product, we are now pushing for tools to be available for 95% of types of insurance products, not 80%. This is also a new core spec.
Tool includes most non-emergent shoppable services (>60% of services).	Due to greater inclusion of shoppable services in tools, we are now pushing for tools to include 60% of non-emergent shoppable services, not 50%.
Tool accommodates a variety of benefit and network designs including tiered or narrow networks, high-deductible health plans (HDHP), reference pricing, centers of excellence (COE), value-based insurance design (V-BID), and alternative sites of care.	Due to the increasing prevalence of high-deductible health plans (HDHPs) and alternative sites of care, we have added these to the list of benefit and network designs that tools should accommodate.
Bonus	
Tool displays the average wait times for consumers between scheduling an appointment for care and having the appointment.	Due to feedback from vendors and health plans, and the recognition that this particular aspect is difficult to capture accurately or in a meaningful way in a tool, we have decided to move this feature to the bonus section of Scope.
Tool displays consumer rewards and cash bonuses.	Due to use of rewards and cash bonuses in benefit designs, we have added this new feature to the bonus section of Scope.

QUALITY

New Specification	Rationale for Change
Core	
Tool shows patient-generated reviews (e.g. reviews of providers posted on the site as comments or stars).	To reflect the growing importance of including patient-generated reviews in transparency tools, we have moved this feature to the

Summary of Changes 2017

	core section of Quality.
Tool identifies providers with special recognition by health plans.	Due to the importance of consumers seeking care from high-value providers, we have moved this feature to the core section of Quality.
Tool identifies whether the provider is in-network or in a particular tier, for consumers enrolled in tiered or narrow network products.	Due to the importance of consumers being able to manage their health care costs, we have moved this feature to the core section of Quality and made it a standalone spec.
Tool educates consumer about the criteria used to provide a special designation for the provider in order to help the user understand how premium providers were selected.	While some tools include quality criteria in provider designations, others only incorporate cost. This new core feature will give consumers insight into how special designations are assigned to providers.

PRICE ACCURACY

New Specification	Rationale for Change
Core	
Tool is customized to show the consumer's complete cost-sharing profile, including their deductible, copayment, coinsurance, out-of-pocket maximum, account balance, etc. on the same display.	The majority of tools today display some component of the consumer's share of the cost of care. Thus, we are now pushing for tools to display all of these aspects on the same display to provide a complete cost-sharing profile.
Tool educates consumers not only that higher prices for care may not indicate higher quality, and that lower prices may not indicate lack of quality, but that prices can vary by provider as well.	Due to recent research by Public Agenda on how consumers find and use price information, we have added the requirement that tools educate consumers on how prices can vary by provider to this feature. (https://www.publicagenda.org/pages/still-searching)
<p>New complementary specs:</p> <p>To display price estimates, tool requires at least 20 data points (claims from a particular provider delivering a specific procedure and or care episode) in a 12-month time period.</p> <p>If tool does not have enough claims to meet the minimum threshold of 20 data points, then the tool should inform</p>	<p>For sake of greater clarity and consumer-friendliness, we have combined the following two specs into the new complementary specs:</p> <ol style="list-style-type: none"> 1) Tool includes a "confidence interval" with the price estimate, explaining the range of possible prices in consumer friendly terms. 2) To display price estimates, tool requires more than 30 data points (claims from a particular provider delivering a specific

Summary of Changes 2017

consumers of the likelihood that their actual cost of care will align with the price estimate provided (i.e. this estimate is accurate for 75% of consumers) and provide the number of claims the estimate is based on (i.e. this estimate was compiled based on 20 claims).	<p>procedure and or care episode) in a 12-month time period.</p> <p>Note that the number of data points has also been reduced from 30 to 20.</p> <p>Due to the changes above, we have also retired the following spec:</p> <p>Tool shows prices for episodes of care, which accurately predict the consumer's actual cost for entire episodes of care.</p>
Tool alerts consumers to potential additional costs that may be associated with complications, other unexpected care needs, and follow up care for narrowly defined episodes or episodes with tight time frames that could add costs on top of the price listed.	We have clarified and specified what types of additional costs tools should be alerting consumers to when they shop for care.
Tool provides information on the range of prices in the market (from the lowest available price to the highest available price) and an average market price (the mean of the available prices) for the particular procedure or episode of care sought.	Due to the importance of helping consumers to see the level of provider price variation in the market, we have moved this feature to the core section of Price Accuracy.
Tool discloses to consumers which providers' price information cannot be displayed due to contractual restrictions known as "gag clauses."	Gag clauses continue to be barriers to effective price transparency. Consequently, we have moved this feature to the core section of Price Accuracy so that consumers can be made more aware of this issue.
Bonus	
Tool integrates potential additional costs into the price listed that may be associated with complications, other unexpected care needs, and follow up care for narrowly defined episodes or episodes with tight time frames and specifies these costs.	As tools evolve to show prices for bundles and episodes of care, we have added this new spec to the bonus section of Price Accuracy that focuses on making these prices ever more comprehensive.

USABILITY

New Specification	Rationale for Change
-------------------	----------------------

Summary of Changes 2017

Core	
Consumers are easily able to indicate personal preferences in searches for services and providers (such as location, quality, price, etc.).	Due to the importance of tools being able to filter and customize search results according to consumer preferences, we have moved this feature to the core section of Usability.
Tool offers consumers the opportunity to provide feedback about the tool.	As consumer tools continue to evolve rapidly, providing users the opportunity to deliver feedback and contact user support is now a core specification.

ENGAGEMENT

New Specification	Rationale for Change
Core	
Health plan/vendor works with clients to improve consumer use of and interaction with the tool (i.e. health plan sets metrics with client to set goals for and improve consumer use of the tool).	We have clarified and specified what health plans and vendors should be doing to improve consumer engagement with tools.
Measurement of consumer utilization of the tool relies on robust methodologies including tracking registration, unique and repeat users, utilization by employer, product, and region, downloads and link clicks, estimates generated, comparing information viewed against subsequent claims, etc.	We have clarified and strengthened what health plans and vendors should be measuring in terms of consumer utilization of tools.
Bonus	
Health plan/vendor tracks changes in consumer behavior, such as changes in where consumers seek care or what services they are seeking or receiving, and is willing to share results about changes in consumer behavior resulting from use of the tool.	We have clarified and strengthened the expectations of what health plans and vendors should be tracking and sharing with their clients.
Health plan/vendor offers performance targets on the percent of consumers that will use the tool (i.e. proposed utilization rate).	Due to feedback from vendors and health plans, and the recognition that this particular feature is highly dependent on factors outside of health plan and vendors' control, we have decided to change this spec to focus on performance targets rather than guarantees.