



INTRODUCTION

With health care costs continuing to rise, consumers and their families are responsible for a larger proportion of the cost of their care than in recent history. Seeking to help them manage these costs, large employers and other health care purchasers recognize the need to provide consumers with information on health care prices and quality, along with incentives to use the information to seek high-value care. While quality information has become more available in recent years, there is still room to improve the level of quality and price transparency in the market, as well as consumer understanding of what constitutes value in health care services. The good news is that health plans and independent vendors are rapidly developing and enhancing transparency tools to meet some or all of these needs.

Starting in 2013, Catalyst for Payment Reform (CPR) began offering a standard list of specifications for purchasers to reference when assessing the relative strengths of different transparency tools for their member populations. Given the evolution of transparency tools, CPR has updated its specifications regularly to ensure they reflect the latest capabilities of these tools, as compared to consumer and purchaser expectations. The **2016 Comprehensive Specifications for the Evaluation of Price Transparency Tools** follow below.

While the term “tool” typically refers to a web-based interface, it is important to note that a number of vendors in the transparency space today provide high-touch contact with consumers, namely telephonic outreach and support. However, since the vast majority of offerings have a web-based component, this document uses the term “tool” to refer to web-based tools only. Therefore, these specifications are intended for use when reviewing web-based tools.

INSTRUCTIONS

Recognizing that it is unlikely a single tool will contain all of the features listed below, CPR designed these specifications to help employers and other purchasers identify the most critical features, as well as areas where a given tool might need to improve to meet the needs of their populations. The CPR “Core Specifications” identify the features we believe are the top priorities for each category, while the “Bonus Specifications” represent features that bring additional substantial benefits to the user of a tool.

1. Scope

While tools are constantly evolving to meet the demands of purchasers and consumers, there are some features and types of information that all tools should possess.

Core Specifications

- Tool includes most non-emergent shoppable services (>50% of services and/or >25% of health care costs).
- Tool includes information on hospital visits, office visits, labs, imaging, and medication.
- Tool includes a provider directory and related information including network physicians, clinics, and hospitals, as well as behavioral health, vision, and dental providers, pharmacies, retail clinics, onsite/worksites clinics, telehealth, and urgent care.
- Tool includes detailed provider information including whether or not the provider is accepting new patients, as well as provider contact information, hours of operation, credentials, languages spoken, and physician-hospital relationships.
- Tool includes information on procedures including total joint replacement, screening colonoscopy, maternity care, and back and spine procedures.
- Tool includes information on grouped services (episodes, bundles, etc.) and the individual services that are part of the group.
- Tool displays consumer financial liability in real time (refreshed at least every 30 days) including deductible, copayments, out-of-pocket maximum, health savings account balance (HSA, HRA, or FSA), etc.
- Tool accommodates a variety of benefit and network designs including tiered or narrow networks, reference pricing, centers of excellence (COE), and value-based insurance design (V-BID).
- Tool provides for all levels of data security, including encryption and regulatory compliance.

Bonus Specifications

- Tool is available to consumers in most markets (>80%).
- Tool is available for most (>80%) types of insurance products such as HMO, PPO, or HDHP.

2. Quality

Given that price often does not reflect the quality of care delivered, consumers must be able to view quality information at the same time, and on the same page, as they view price information. Quality metrics and quality scores should be grounded in recognized measures.

Core Specifications

- Tool displays or incorporates measures specified in the [CPR Employer-Purchaser Priority Measure Set](#) (table 2).

- Tool shows quality information on the same display as price estimates.
- Tool combines quality and price into an overall value rating.

Bonus Specifications

- Tool shows patient-generated reviews (e.g. reviews of providers posted on the site as comments or stars).
- Tool identifies providers with special recognition by health plans and, for consumers enrolled in tiered or narrow network products, whether the provider is in-network or in a particular tier.
- Tool helps consumers identify potentially unneeded care (e.g. Choosing Wisely campaign).
- Tool educates consumers about what care is recommended based on their health status and conditions (e.g. recommended diabetes care) or care that could potentially be underused for specific conditions.
- Tool displays the average wait times for consumers between scheduling an appointment for care and having the appointment.

3. Price Accuracy

Health plan and vendor transparency tools should provide accurate price information to consumers. Tools with features that educate consumers about health care prices, provide total costs of episodes of care, and display accurate price estimates help ensure consumers get price information that actually resembles what they end up paying.

Core Specifications

- Tool is customized to show the consumer's share of the cost of his or her care (including deductible, copayment, coinsurance, account balance, etc.).
- Tool shows the total amount paid to the provider, through a combination of the amount paid by the consumer and the payer.
- Tool educates the consumer that higher prices for care may not indicate higher quality, and that lower prices may not indicate lack of quality.
- Tool includes a "confidence interval" with the price estimate, explaining the range of possible prices in consumer friendly terms.
- To display price estimates, tool requires more than 30 data points (claims from a particular provider delivering a specific procedure and or care episode) in a 12-month time period.
- Tool shows prices for episodes of care, which accurately predict the consumer's actual cost for entire episodes of care.
- Episodes of care, for which the principal site of service is the hospital, use ICD10 procedure codes.
- Tool alerts consumers to potential additional costs that may be associated with follow up care for narrowly defined episodes or episodes with tight time frames.
- Tool shows prices that reflect the most recent negotiated fees.

Bonus Specifications

- 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.
- Tool discloses to consumers which providers' price information cannot be displayed due to contractual restrictions known as "gag clauses."

4. Usability

Each tool is designed uniquely, based on the research, culture, and customer-base of the health plan/vendor. Despite the unique nature of the tools available, tools that consumers are likely to perceive as highly usable will be easy to understand, have search functionality, and access to customer service.

Core Specifications

- Tool has an easy to locate search function that allows consumers to search for and find desired services, procedures, physicians, and facilities.
- It is easy to find information on both price and the quality of care offered by different providers/at different locations/facilities.
- Information in the tool is easy for consumers to interpret and understand (e.g. the information is actionable and there isn't use of complex health care language, technical terms, and/or jargon).
- The language/text in the tool is at or below an eighth grade reading level to enable a basic understanding by consumers.
- Consumers can contact customer service if needed.

Bonus Specifications

- Consumers are easily able to indicate personal preferences in a search for services (such as location, quality, price, etc.).
- In trying to select a provider, consumers are easily able to input preferences so that their search results are tailored to their needs (such as male/female, preferred languages, etc.).
- Tool has alerts that notify consumers when complications or other unexpected care needs could add costs on top of the price listed.
- Tool makes it easy for consumers to identify the best care option for specific conditions, given their preferences.
- Tool provides consumers with easy to find information on choices of treatments for their particular conditions.
- Tool provides consumers with important questions to ask providers about procedures or conditions, as well as other relevant information.
- Consumers are able to find patient reviews of providers.
- Tool offers consumers the opportunity to provide feedback about the tool.

5. Engagement

There are varying degrees of support a health plan or vendor can provide to purchasers when introducing, maintaining, and encouraging use of the transparency tool. All tools should be easily accessible (e.g. by computer, mobile device, etc.) by consumers. Measuring consumer engagement and whether tools meet their engagement goals, ultimately changing consumer behavior, is also a key aspect of any overall engagement strategy.

Core Specifications

- Health plan/vendor offers strong communication support (template or customized ongoing communications) to employers and purchasers to encourage their member populations to use the tool.
- Health plan/vendor provides additional types of support to encourage consumers to use the tool, including online classes, gamification strategies, rewards/gift certificates, and/or onsite trainings (e.g. lunch and learn), etc.
- Measurement of consumer utilization of the tool relies on robust methodologies including tracking registration, repeat users, comparing information viewed against subsequent claims, etc.
- Health plan/vendor works with clients to improve consumer use of and interaction with the tool.
- Tool can be accessed both through the web and mobile devices.
- Tool can be accessed from the employer's website or intranet home page.

Bonus Specifications

- Health plan/vendor encourages health care providers to use the tool with their patients.
- Health plan/vendor tracks changes in where consumers seek care, or what services they are seeking or receiving, in order to validate its engagement strategy.
- Health plan/vendor shares results about changes in consumer behavior resulting from use of the tool.
- Health plan/vendor offers performance guarantees on the percent of consumers that will use the tool (promised utilization rate).