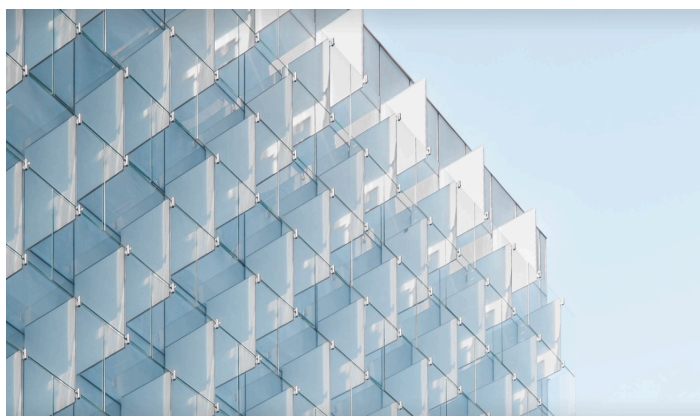




Evaluation Framework

2017 Comprehensive Specifications for the Evaluation of Transparency Tools

A Resource for Promoting Improvements in Price
and Quality Transparency



"Without adequate price and quality transparency tools both consumers and purchasers lack key insight into the health care market."

INTRODUCTION

Today, given the prevalence of high-deductible health plans, consumers and their families are responsible for a larger proportion of the cost of their care. Seeking to help them manage these costs, large employers and other health care purchasers recognize the need to provide consumers with usable information on health care prices and quality, along with incentives to use this information to seek high-value care. While this 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. As such, health plans and independent vendors continue to develop and enhance 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 updates its specifications regularly to ensure they reflect the latest capabilities of these tools, as compared to consumer and purchaser expectations. The 2017 Comprehensive Specifications for the Evaluation of Price Transparency Tools follow below.

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.

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.

But our work isn't done yet. We encourage health plans and vendors to keep making progress on the evolution of price and quality transparency tools.

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.

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 is available to consumers in all markets (100%).
- ☐ Tool is available for most (>95%) types of insurance products such as HMO, PPO, or HDHP.
- ☐ Tool includes most non-emergent shoppable services (>60% of services).
- ☐ Tool includes a provider directory and related information including network physicians, clinics, and hospitals; behavioral health, vision, and dental providers; pharmacies; retail clinics; onsite/worksite clinics; telehealth; and urgent care.
- ☐ Tool includes detailed provider information including provider contact information, hours of operation/access hours, whether or not the provider is accepting new patients, credentials, languages spoken, and physician-hospital relationships.
- ☐ 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.
- ☐ Tool displays consumer's 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 includes information on medications, in addition to hospital visits, office visits, labs, imaging.
- ☐ Tool includes information on individual services that are part of a group, in addition to grouped services (episodes, bundles, etc.).

Bonus Specifications

- ☐ Tool displays the average wait times for consumers between scheduling an appointment for care and having the appointment.
- ☐ Tool displays consumer rewards and cash bonuses.

QUALITY

Consumers must be able to view quality and price information at the same time, and on the same page. 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](#).
- ☐ Tool shows quality information on the same display as price estimates.
- ☐ Tool combines quality and price into an overall value rating.
- ☐ Tool identifies providers with special recognition by health plans.
- ☐ 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.
- ☐ Tool identifies whether the provider is in-network or in a particular tier, for consumers enrolled in tiered or narrow network products.
- ☐ Tool shows patient-generated reviews (e.g. reviews of providers posted on the site as comments or stars).

Bonus Specifications

- ☐ Tool educates consumers about what care is recommended based on their health status and conditions (e.g. recommended diabetes care).
- ☐ Tool educates consumers about care that could potentially be underused for specific conditions.
- ☐ Tool helps consumers identify potentially unneeded care (e.g. Choosing Wisely campaign).

PRICE ACCURACY

Tools that provide total costs for 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 complete cost-sharing profile, including their deductible, copayment, coinsurance, out-of-pocket maximum, account balance, etc. on the same display.
- ☐ Tool shows prices that reflect the most recent negotiated fees.
- ☐ Episodes of care, for which the principal site of service is the hospital, use ICD10 procedure codes.
- ☐ 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.
- ☐ If tool does not have enough claims to meet the minimum threshold of 20 data points, then the tool should inform 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).
- ☐ 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.
- ☐ Tool shows the total amount paid to the provider, through a combination of the amount paid by both the consumer and the payer.
- ☐ 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 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.

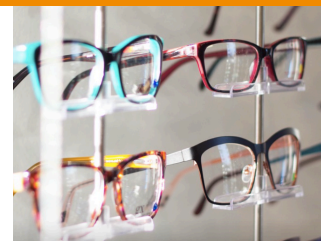
- ☐ Tool discloses to consumers which providers' price information cannot be displayed due to contractual restrictions known as "gag clauses."

Bonus Specifications

- ☐ 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.

USABILITY

Tools uniquely designed based on the culture and customers of the health plan/vendor. Highly usable tools will be easy to understand, have search functionality, and 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.
- ☐ Consumers are easily able to indicate personal preferences in searches for services and providers (such as location, quality, price, etc.).
- ☐ 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 a seventh grade reading level to enable a basic understanding by consumers.
- ☐ Consumers can contact customer service if needed.
- ☐ Tool offers consumers the opportunity to provide feedback about the tool.

Bonus Specifications

- ☐ Tool provides consumers with easy to find information on choices of treatments for their particular conditions.
- ☐ Tool makes it easy for consumers to identify the best care option for specific conditions, given their preferences.
- ☐ Tool provides consumers with important questions to ask providers about procedures or conditions, as well as other relevant information.

ENGAGEMENT

All tools should be easily accessible by consumers. Measuring consumer engagement and whether tools ultimately change consumer behavior is key for any engagement strategy.



Core Specifications

- ☐ Tool can be accessed both through the web and mobile devices.
- ☐ Tool can be accessed from the employer's website or intranet home page, either directly or through a login function.
- ☐ Health plan/vendor offers strong communication support, including template, customized, and/or 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.
- ☐ 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).
- ☐ 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.

Bonus Specifications

- ☐ Health plan/vendor encourages health care providers to use the tool with their patients.
- ☐ 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.
- ☐ Health plan/vendor offers performance targets on the percent of consumers that will use the tool (i.e. proposed utilization rate).