





CY 2015 Transparency Workgroup

Summary of CY 2015 Findings and Future Planning

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A Division of the Department of State Treasurer

Presentation Overview

- Review of CY 2014 Recommendations
- Key Accomplishments
- Future Targets and Strategy
- Next Steps

Summary of CY 2014 Recommendations

- To be meaningful, transparency tools should incorporate provider quality information and be presented in an accessible and understandable manner, in addition to including price information, to fully encompass true health care price transparency
- The goal for CY 2015 should be to better educate, communicate, and encourage members in using current transparency tools, and incent members to utilize the current transparency tools in place and to increase utilization
- In addition to providing transparency tools, the Workgroup recommends considering adding education materials for how to engage with providers on the cost of care

- Transparency information needs to be provided to members in a manner that is relatively straightforward and allows members to make informed choices about their health care utilization
- Where appropriate, transparency tools should eliminate or reduce barriers to care
- The Workgroup believes that adding an external tool in the short term will not improve transparency for Plan members because members do not access current tools
- Members should have more information and better communication about where they receive care, how much the care costs, and the quality of the care



- The Plan should consider incenting members to use transparency tools
- The Plan should work with vendors to provide direct linkages from the State Health Plan homepage to member transparency tools
- The Plan should consider engaging members on the type of information and data that they would most likely find helpful in a transparency tool



- The key areas where members need to have transparent price data include:
 - Services where there is a facility fee attached to the visit
 - Services for which members can be reasonably expected to shop (i.e., primary care providers and specialists versus emergency procedures)
 - Services where providers charge different rates based on the setting in which care is provided (for example, office visit versus facility)
 - Where possible, include information on services in which out-ofnetwork providers will be billing and/or providing care so that members understand the impact on their cost-sharing
 - Services where there are lower cost, higher quality alternatives
 - Highlight services where members can reduce costs through bundled or alternative payments



- The key areas where members need to have transparent quality data include:
 - All areas where price information is provided. Plan members need to understand that the lowest cost provider may not be the lowest quality and high cost providers may not be the highest quality.
 - Descriptions of any accreditations that providers or hospitals receive and when they received them and for what services
 - Opportunities to provide feedback on the member experience with providers
 - Volume of procedures performed annually by the provider (where applicable)
 - Providing members educational tools to understand quality information



Successes from CY 2015

- Significant growth in number of members utilizing provider portal and transparency tools
 - In CY 2014, less than 1% of members used the Blue Cross and Blue Shield of North Carolina (BCBSNC) provider portal
 - Through September 2015, almost 5% of members have utilized the portal
 - BCBSNC has a new HealthNav tool that has seen uptake in the two months it's been available
- Introduction of a Health Benefits Cost Estimator to help members understand the costs of care and their benefits
- All vendors have added quality components and increased searchability to their tools
- BCBSNC marketing campaign around transparency tools
- State Health Plan communicating tool to members



Challenges to Address Going Forward

- The Plan underwent two changes in Enrollment and Eligibility vendors that consumed significant staff resources
 - Limited ability to coordinate across multiple vendors
- Significant changes in Plan's communication and marketing capacity
 - Buck Consultants are in the process of being on-boarded and health care literacy will be a major focus
- Determining an effective way, with national partners, to communicate quality in a meaningful manner

Challenges for CY 2016 and Beyond

- Aligning and tracking incentives for use of transparency tools
- Including transparency into broader Health Education modules
- Members in copay driven plans have less incentive to use transparency tools due to fixed cost
 - Plan provides tiered copays to stress quality and PCP
 - Plan includes a PCMH module with Annual Enrollment



Next Steps for Workgroup

- Recommend areas to work on in CY 2016
- Submit CY 2015 report
- Work on CY 2016 initiatives

