



SEPTEMBER 30, 2016

FINAL REPORT
NEW HAMPSHIRE INSURANCE DEPARTMENT
RFP-RRG313 EMPLOYER PORTAL
RECOMMENDATIONS

**OPPORTUNITIES FOR THE NEW HAMPSHIRE INSURANCE DEPARTMENT TO INCREASE
EMPLOYER ENGAGEMENT IN NEW HAMPSHIRE'S HEALTH INSURANCE MARKETPLACE**

Report Authors:
Patrick B. Miller, MPH
Heather Lavoie, MBA
Sarah M. Eck, PhD



Table of Contents

1.0 Executive Summary	4
1.1 Introduction	4
1.2 Methodology Summary	4
1.4 Top Line Comments	5
2.0 National and New Hampshire Landscapes	6
2.1 National Landscape	6
2.2 New Hampshire Landscape	9
3.0 Methodology	10
4.0 Findings	12
4.1 Need for a Sustained Marketing Campaign and Ongoing Dialogue to Promote the NH HealthCost and NHID Websites	12
4.2 Need for a Sustained Marketing Campaign and Ongoing Dialogue to Promote NHID as an Employer Resource and Conduct Education on Available Assets	14
4.3 Further NH HealthCost Transparency Improvements are Recommended	15
4.4 Provider Quality Data Transparency Is Limited in New Hampshire	17
4.5 Employer Sophistication Levels, Empowerment, and Needs Vary	18
4.6 Benefits Erosion Transparency is a Chief Stakeholder Concern	18
4.7 Opportunity for Broader Employer Engagement and Education to Advance Advocacy	19
5.0 Recommendations	20
5.1 NH HealthCost Website Enhancements	20
5.2 Further Align the NH HealthCost Website to Catalyst for Payment Reform (CPR) Specifications for Transparency Tool Evaluation	22
5.3 NHID Website Enhancements.....	23
5.4 Employer Advisory Group.....	25
5.5 NHID Marketing and Outreach Opportunities	26
5.6 Explore the Creation of a Shared Provider Quality Data “Clearinghouse” for New Hampshire	27



5.7 Consider Development of Carrier Website Transparency Requirements.....	27
6.0 Conclusions	29
7.0 Appendices.....	29
7.1 Stakeholder Interview Instrument.....	29
7.2 Producer Survey Instrument.....	29
7.3 Producer Survey Summary	29
7.4 CPR Guidelines: Catalyst for Payment Reform’s (CPR’s) 2016 Comprehensive Specifications for the Evaluation of Transparency Tools	29
7.5 Review of Provider Quality Resources.....	29
7.6 Recommendations Related to CPR Guidelines	29



1.0 Executive Summary

1.1 Introduction

The New Hampshire Insurance Department (NHID) contracted with Pero Consulting Group LLC under RFP-RRG313 to provide research and recommendations surrounding the creation of an employer portal on the NH HealthCost (<http://nhhealthcost.nh.gov>) website in an effort to better empower New Hampshire employers as purchasers of health care insurance and health care services.

The four primary goals listed in the RFP for this project were:

1. To assist the NHID by collecting information and making recommendations for the NHID to create an employer section on the NH HealthCost website;
2. To guide the creation of a web portal that allows employers to make informed decisions about health insurance and health care costs. The target audience is large self-funded employers as well as small and large employers purchasing fully insured products;
3. To identify ways by which the NH HealthCost website can serve as a neutral information source so that employers, patients, and other consumers can make use of the extensive data available through the NHID; and
4. To evaluate available data and trends, seek input from employers, and work with insurance brokers to identify potential information needs that could be met through a portal on NH HealthCost. In doing the outreach to various groups, employers should be informed about the value associated with the data collected by the NHID, including the data in the New Hampshire Comprehensive Health Information System (CHIS, <https://nhchis.com/>) and assist the NHID with educating large self-funded employers about the value of contributing data to the CHIS and supporting health care cost transparency efforts.

The perspectives of multiple stakeholders were solicited and synthesized, providing the results and recommendations within this report. The research was thorough, and the findings and recommendations addressed and expanded upon the outlined project goals.

1.2 Methodology Summary

As described in more detail in **Section 3.0**, the conclusions herein are based on the synthesis of data from many sources:

1. NHID staff interviews;

2. Audit of the NH HealthCost website using Catalyst for Payment Reform's (CPR's) 2016 Comprehensive Specifications for the Evaluation of Transparency Tools¹;
3. Literature review, including a review of individual states' insurance department websites and employer-oriented resources;
4. Review of prior NHID reports;
5. Review of existing data file layouts for the CHIS and insurance carrier Supplemental Reporting data requirements; and
6. Interview and survey outreach to stakeholders for input, including producers, benefit consultants, large employers, and carriers (**Appendices 7.1, 7.2, and 7.3**).

1.4 Top Line Comments

The outreach and research for this project yielded six high-level comments for consideration by the NHID:

- Whereas the findings do not explicitly call for the development of an “employer portal” per se, it is clear there are multiple opportunities and a strong rationale to engage New Hampshire employers through both existing and new methods that might appeal to and respond to their needs;
- There are opportunities to improve features of NH HealthCost and its marketing and engagement efforts to employers and producers;
- Employers, producers, and carriers view NHID positively as a “neutral source of truth” and, as such, NHID has accumulated goodwill across the report's stakeholders. Further, NHID has extensive historical data resources and report findings that can be further aggregated and released in a manner that resonates with employers;
- Should NHID decide to focus on employers as a specific constituency, it would lead the nation along with a small number of other state insurance departments (**Figure 1**);
- Engagement with data, an understanding of the role NHID plays, and the potential role for employers to serve as purchasers varied noticeably based on employer size and funding arrangement. Each of these aspects have an impact on the employer's degree of sophistication as purchasers, and data they require for decision making relative to health benefits and individual health care services accessed by employees. NHID should consider both employer size and funding arrangement differences as it develops future data products and outreach strategies; and
- There are large, unmet needs of employees in understanding the value equation of quality and cost as they move through the health care system as consumers, and many employers feel unable to address this educational need. Whereas the carriers offer

1

http://www.catalyzepaymentreform.org/images/documents/2016_Comprehensive_Specifications_for_Evaluation_of_Transparency.pdf, Specifications for the Evaluation of Health Care Transparency Tools, 2016.



tools and programs to assist in this regard, carrier-specific capabilities and their use by employees varies considerably.

2.0 National and New Hampshire Landscapes

2.1 National Landscape

On a national scale, rising costs, the interest in and ability to continue providing employer sponsored health insurance, and transparency fall at the top of the list of concerns of 25 Chief Human Resource Officers² interviewed by the American Health Policy Institute in late 2015 and early 2016. Leaders from Fortune 500 organizations such as Marriott, DuPont, International Paper, and Michelin North America openly admit they continue to struggle to provide comprehensive insurance benefits while facing too few options to mitigate the consistently rising cost of health care and absence of data to influence behavior: “Fundamentally, there is a lack of quality data and a lack of transparency on costs. This hampers the things we want to do: We want to send patients to the best providers, we want care to be well-coordinated, and we want to know the most efficient pricing. Without access to that data, which is nearly impossible to get, you can’t steer people and help them get the right care.”³

Yet even with access to comprehensive sources of data, an employee’s ability to leverage the information in a systematic manner is fundamentally hampered by overall complexity in the system. Riz Chand, Chief Human Resource Officer at BNSF Railway Company, speaks to this complexity: “We expect our employees to be engaged purchasers of health care services. Given the complexities of health care and the lack of consistent data, I am not sure how we expect employees and their families to decipher the system and use it well...unless they are a former Health and Human Services employee or HR [human resources] person.”⁴

This perspective is reinforced in another American Health Policy Institute Report from April 2015,⁵ which speaks to the need for education, technology, and ongoing support for any benefit to cost transparency to be realized, while also reflecting on promising trends in large employers to move exactly in this direction: “Cost transparency alone is not enough. It must be meaningful and actionable, and enterprises must have the tools—including technology and benefit design—to use this data to manage their health care spending. It is important to present cost data along with quality and patient experience information. Thus, one cannot

² http://www.americanhealthpolicy.org/Content/documents/resources/ESI_CHRO_Concerns_2016.pdf State of Employer-Sponsored Health Care Part 1: Top Concerns of CHROs and Their Teams By Tevi D. Troy and Kara L. Jones, June 2016

³ Ibid.

⁴ Ibid.

⁵ http://www.americanhealthpolicy.org/Content/documents/resources/AHPI_Transparency_Study_April_2015.pdf Knowing More, Managing Better: Transparency and the Emergence of Enterprise Healthcare Management, 2015 NHID-RRG313

judge if a higher price is justified or not. Some kind of operationalized transparency, in which companies and employees not only have access to data but also the ability to act on that data, and provide incentives for employees to make value based decision is needed. Increasingly, employers recognize this need and are adopting new approaches to understanding and managing health care costs. One of the primary focus areas for their health care strategy is to educate employees to be more informed consumers of health care (e.g., price transparency, quality care information, treatment decision support).⁶ In 2014, 46 percent of large employers reported offering price and quality transparency tools to employees, and 60 percent said they would be using them in 2015.⁷

In a report released by United Healthcare in September 2016 in a Survey of Consumer Sentiment⁸, 32% of respondents reported using the internet or mobile apps to comparison shop for health care services, a 230% increase in adoption since 2012, when just 14% reported using the internet or mobile apps to comparison shop for health care services during that years' survey. Of those reporting using the internet to shop for health care services, 47% were Millennials, higher than any other demographic. Yet despite this increased proclivity to turn to technology, survey respondents expressed a gap in understanding basic insurance concepts with only 7% demonstrating literacy with all four concepts queried: "health care premium", health plan deductible", "out-of-pocket maximum", and "co-insurance."

Through the research of experts such as Judith Hibbard, Professor Emerita, Faculty Fellow for Institute for Policy Research and Innovation, University of Oregon, we begin to understand that beyond mere data presentation and supportive research, the broader context and manner in which information is presented has direct bearing on its use and effectiveness. Further, she sees a direct role by the states, with strong opportunity for improvement: "How states present price information is also essential for making it accessible and usable for consumers." In a compendium of her research, Dr. Hibbard reports that it is important to point out best-value options for consumers when they are shopping for care. Her research has shown that consumers will select the lower-priced, higher-quality provider if that information is available. "Without quality information, however, price acts as a strong proxy signal of quality, and a higher price is therefore interpreted as better quality of care. There are critical features for transparency tools, and the lack of these features is one of the reasons why some research arrives at the premature and erroneous conclusion that pricing knowledge results in increased costs. Price information matters, but it needs to be presented the right way for consumers to

⁶ Towers Watson/National Business Group on Health, Employer Survey on Purchasing Value in Health Care, 2013, Figure 10. ⁹ Towers Watson/National Business Group on Health, Employer Survey on Purchasing Value in Health Care, 2014, Figure 31, pg. 22.

⁷ Ibid.

⁸ UnitedHealthcare Consumer Sentiment Survey 2016 Results Executive Summary, 2016, pg. 6, 12.

act on it; when it is, they do. The potential for transparency to empower consumers and shift costs down and quality up rests on the strength and comprehensiveness of each state's laws and their implementation. The efforts of most states are not robust or broad enough, but with a modest amount of effort close to half of all states in the union could provide consumers with the right type of quality and pricing information. That's a significant opportunity to quickly correct failing grades and to make up for failing American consumers."⁹

To better understand the manner in which state insurance departments were engaging directly with employers, and the means by which they shared data, and produced specialized reports, the authors of this report conducted a national review of state insurance department websites. **Table 1** is a reflection of this state-by-state review.

Table 1: Review of State Insurance Department Websites' Focus on Employers

	No Focus on Employers	Minimal Focus on Employers	High Level of Focus on Employers
State	AL; AK; AR; CA; CO; CT; GA; IN; IA; KY; MD; MI; MN; MS; NE; NH; NM; NV; OK; SD; TN; VA; WV; WY	AZ; HI; ID; IL; LA; MA; ME; MT; NC; ND; NY; OH; PA; RI; SC; UT; VT; WI	DE; FL; KS; MO; NJ; OR; TX; WA
Examples of Available Information for Employers	Majority allow anyone to look up a carrier or a producer via links to the NAIC website	SHOP marketplace information; health care tax credits; ACA reporting information; links to state marketplace; list of carriers offering small group product; questions to ask a carrier when shopping	Tab specific to small businesses; Links for small businesses; small group rate comparison tools; tax credit information; small business insurance options; NAIC's "Insure U for Small Business" links; plan performance reports; NCQA links; buyers guide
Active APCD Efforts (apcdouncil.org)	AR; CA; CO; CT; MD; MN; NH; TN; VA; WV	MA; ME; NY; RI; UT; VT	DE; KS; OR; WA
State Marketplace (kff.org)	CA; CO; CT; KY; MD; MN	ID; MA; NY; PA; RI; VT	WA

Twenty-four (48%) of the states reviewed were not considered to have any meaningful content or focus on employers, although the majority of these states did allow for the look up of a producer or carrier via links to the National Association of Insurance Commissioners (NAIC)

⁹ <http://healthaffairs.org/blog/2016/07/26/the-payment-reform-landscape-a-road-map-for-states-to-bring-their-transparency-a-game/>, Suzanne Delbanco, François de Brantes, and Judith Hibbard, The Payment Reform Landscape: A Road Map For States To Bring Their Transparency 'A' Game, July 26, 2016.

website. Eighteen (36%) states were deemed to have minimal content focusing on employers, often linking to state marketplaces, or offering information on small group products. The remaining eight (16%) states were deemed to have an employer presence and provide employer-focused information. **Table 1** also indicates which states have existing All-Payer Claims Database (APCD) efforts and State-run Marketplaces for comparison. There is limited correlation between those states offering employer-focused websites between their use of APCDs (four states), yet only Washington also has a State-run Marketplace.

2.2 New Hampshire Landscape

The NHID has more than a decade of history focusing on data collection, analysis, and health system transparency. In 2004 and 2005, NHID partnered with the University of New Hampshire (UNH) and local carriers on a voluntary basis to develop a precursor website to what would be released in partnership with UNH in 2006 as NH HealthCost. In 2003, in concert with the New Hampshire Department of Health and Human Services (NHDHHS), NHID began to collect claims, enrollment, and provider data from carriers under a mandatory collection effort,¹⁰ which resulted in the New Hampshire Comprehensive Health Information System¹¹ (CHIS), one of the nation's early APCDs.

In 2006, NHID hired its first statistician who began to create a series of groundbreaking reports¹² (e.g., *New Hampshire Acute Care Hospital Comparison* in 2008¹³) using a combination of claims data and over time, supplemental reporting data from carriers. This work has continued, and NHID annually creates a report on cost drivers and delivers policy-specific analyses on topics as diverse as substance use disorder pricing.¹⁴ In the past decade both the CHIS datasets and the carrier supplemental reporting datasets have expanded in scope, providing additional fields for analysis.

Specific to price transparency, NHID has led the nation with the NH HealthCost website. It has received praise from both local and national publications and won numerous awards, including an "A" rating in the most recent ranking by Catalyst for Payment Review's assessment of New Hampshire's transparency laws and tools.¹⁵ Nonetheless, in order to increase price

¹⁰ <http://www.gencourt.state.nh.us/rsa/html/XXXVII/420-G/420-G-11.htm>.

¹¹ <https://nhchis.com>, New Hampshire Comprehensive Health Information System, 2016.

¹² <https://www.nh.gov/insurance/reports/index.htm>, New Hampshire Insurance Department Reports, 2016.

¹³ https://www.nh.gov/insurance/consumers/documents/nh_ac_hosp_comp.pdf, Tyler Brannen, New Hampshire Acute Care Hospital Comparison A Commercial Insurance Relative Cost Comparison, August 27, 2008.

¹⁴ Ibid.

¹⁵

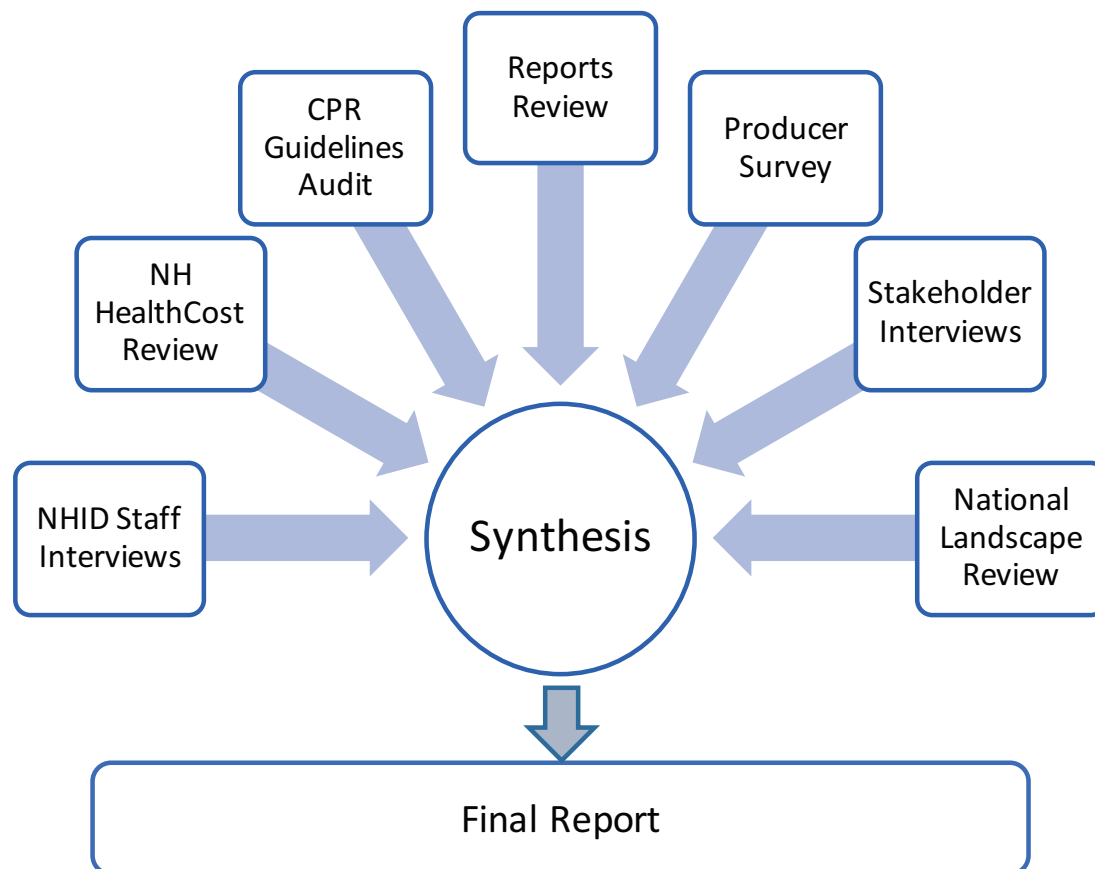
<http://www.catalyzepaymentreform.org/images/documents/2016%20Price%20Transparency%20Report%20Card.pdf>, François de Brantes, MS, MBA, Suzanne Delbanco, PhD, Report Card on State Transparency Laws – July 2016.

transparency and quality, secure, strong use by all health care stakeholders, and ultimately contain health care prices, continued efforts are necessary.

3.0 Methodology

This research project was designed to examine, analyze, and synthesize information from a wide variety of sources, and to be able to draw conclusions based up on the cross-validation of sources. To this end, a combination of qualitative and quantitative data was collected. These data were derived from interviews and discussion, surveys, and extensive research of the literature. **Figure 1** depicts the data sources used for this report that were synthesized in **Sections 4.0** and **5.0**.

Figure 1. NHID RRG313 Project Process





Each of the data sources included in this analysis are described below:

NHID Staff Interviews

The project commenced with a series of in-person and telephonic interviews with key NHID staff to ascertain the motivation behind the development of RFP-RRG313, how the RFP's work products are viewed as contributing to NHID's ongoing business strategy, and to gain NHID input into the required project research.

Reports Review

The report's authors reviewed multiple NHID reports to determine if there was any information to support the findings and recommendations of this report. Reports reviewed included the:

- *Final Report of the 2014 Medical Cost Drivers Based on Annual Hearing and Supplemental Report Data*;¹⁶
- *New Hampshire Insurance Department Strategic Plan for Data Collection Final Report*;¹⁷
- *Opportunities for Consumer Engagement Beyond New Hampshire's Rate Review Process*;¹⁸ and
- *Health Care Payment Reform: Options and Recommendations*.¹⁹

Additionally, the existing data file layouts for the CHIS, the 2016 Supplemental Reporting Bulletin Template^{20 21}, and the Microsoft Excel file for 2016 used by carriers to submit the supplemental report information to the NHID²².

NH HealthCost Website Review

The authors reviewed the NH HealthCost website and performed an audit using the Catalyst for Payment Reform's (CPR's) *Specifications for the Evaluation of Health Care Transparency Tools (Table 3)*. This was done to better understand the relative comprehensiveness of the NH

¹⁶ https://www.nh.gov/insurance/reports/documents/2015_annual_report_cost_drivers.pdf, Jennifer Smagula, Don Gorman, Gabriella Lockhart, Linda Kiene, Bela Gorman, New Hampshire Insurance Department Final Report of the 2014 Medical Cost Drivers Based on Annual Hearing and Supplemental Report Data, November 2015.

¹⁷ https://www.nh.gov/insurance/reports/documents/nhid_strat_pln_datacoll.pdf, Jennifer Smagula, Dan Gorman, Gabriella Lockhart, New Hampshire Insurance Department Strategic Plan for Data Collection Final Report, April 8, 2016.

¹⁸ https://www.nh.gov/insurance/reports/documents/rr_rpt_cons_eng.pdf, Patrick B. Miller, Jayme Simoes, Opportunities for Consumer Engagement Beyond New Hampshire's Rate Review Process, June 26, 2015.

¹⁹ https://www.nh.gov/insurance/reports/documents/compass_umass_pmt_rfm_rpt.pdf, James Highland, Julia Feldman, Katharine London, Carol Gyurina, Rachel Gershon, Health Care Payment Reform: Options and Recommendations, April 20, 2015.

²⁰ <https://www.nh.gov/insurance/lah/supplemental.htm>, Life Accident and Health Supplemental Reporting, 2016.

²¹ https://www.nh.gov/insurance/lah/documents/sdr_bulletin_2016.pdf, NHID Bulletin Docket No.: INS No. 16-010-AB, Supplemental Data Request Memo from Commissioner Sevigny, March 30, 2016.

²² Microsoft Excel templated provided by NHID June 16, 2016.



HealthCost website in relation to the CPR specifications, in order to provide more information for employers and consumers purchasing health care in New Hampshire.

State Insurance Department Website Investigation

A review of insurance department websites for each of the 50 United States was conducted to identify which states currently identify employers as a key stakeholder and provide health insurance-related resources and tools designed specifically for their needs (**Table 1**).

Producer Survey

On June 27, 2016, the NHID provided a list comprised of active, New Hampshire resident producers ($n=3,796$), such that they could be contacted for the electronic producer survey. Prior to administering the survey, the list was further qualified by removing producers with an out of state residence, and eliminating those with duplicate or bad email addresses, yielding 3,182 final records. The survey instrument can be found in **Appendix 7.2**, and information on the methodology and results of the producer survey is summarized in **Appendix 7.3**.

Stakeholder Interviews

To gain a deeper understanding of the interests and requirements of a broader constituency on the issues surrounding health care transparency, employee education, necessary tools and information and other matters, and begin what could be a long-term stakeholder dialogue, the authors conducted a series of face-to-face and phone interviews. Those interviewed included the following:

- 9 employers of varying sizes and insurance funding arrangements;
- 2 benefits consultants consisting of one regional and one national;
- 3 payers consisting of one national and two regional;
- State Agencies including representatives from the Department of Resources and Economic Development and New Hampshire Employment Security;
- The NH Purchasers Group on Health (NHPGH) consisting of the University of New Hampshire, State of New Hampshire, Health Trust and SchoolCare, all of which are large, public purchasers;
- National entities; and
- NHID Vendor Human Services Research Institute (HSRI).

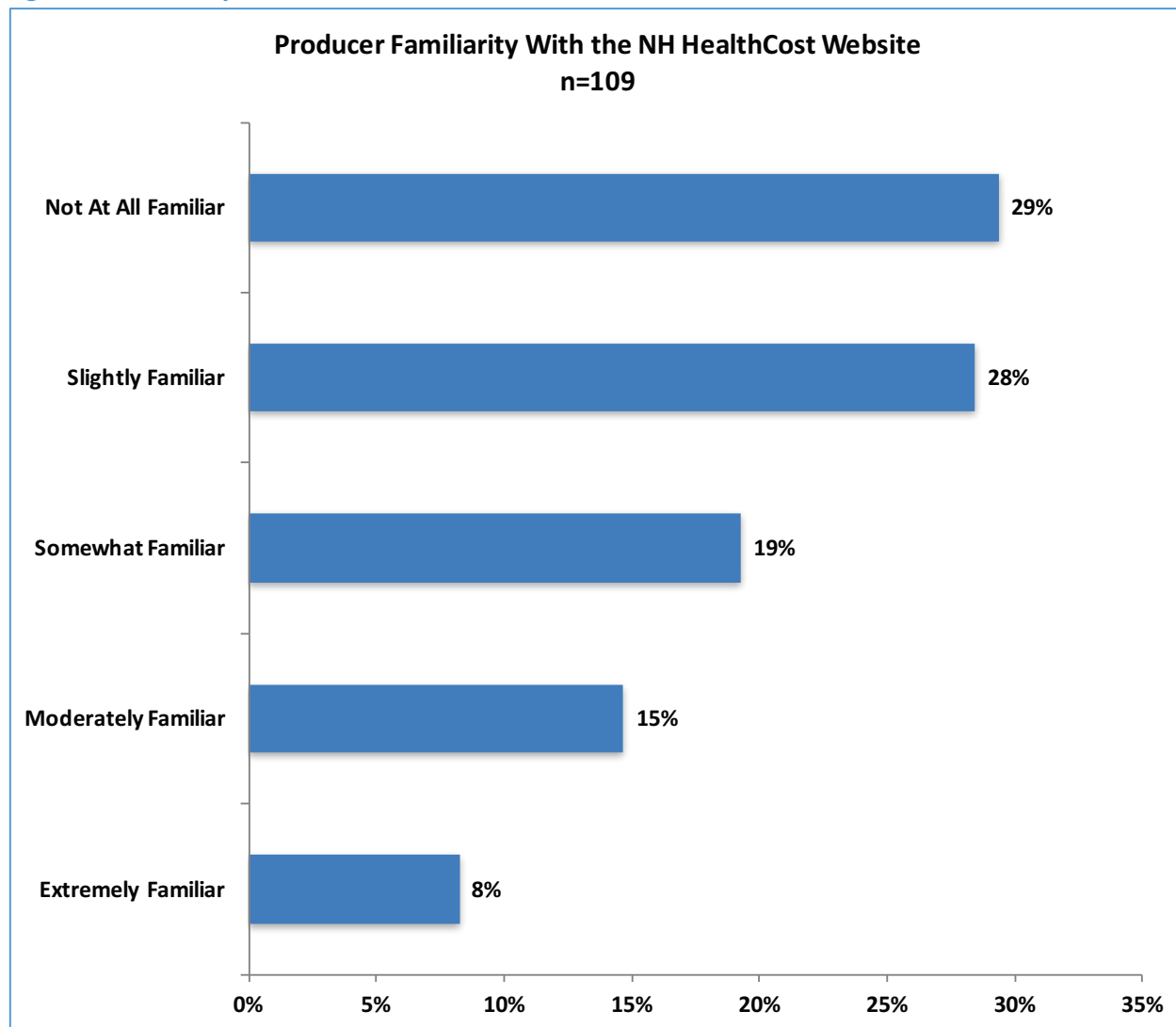
4.0 Findings

4.1 Need for a Sustained Marketing Campaign and Ongoing Dialogue to Promote the NH HealthCost and NHID Websites

Most producers (57%) and employers (80%) surveyed indicated that they were only “slightly familiar” or “not at all familiar” with the NH HealthCost website, suggesting there is great

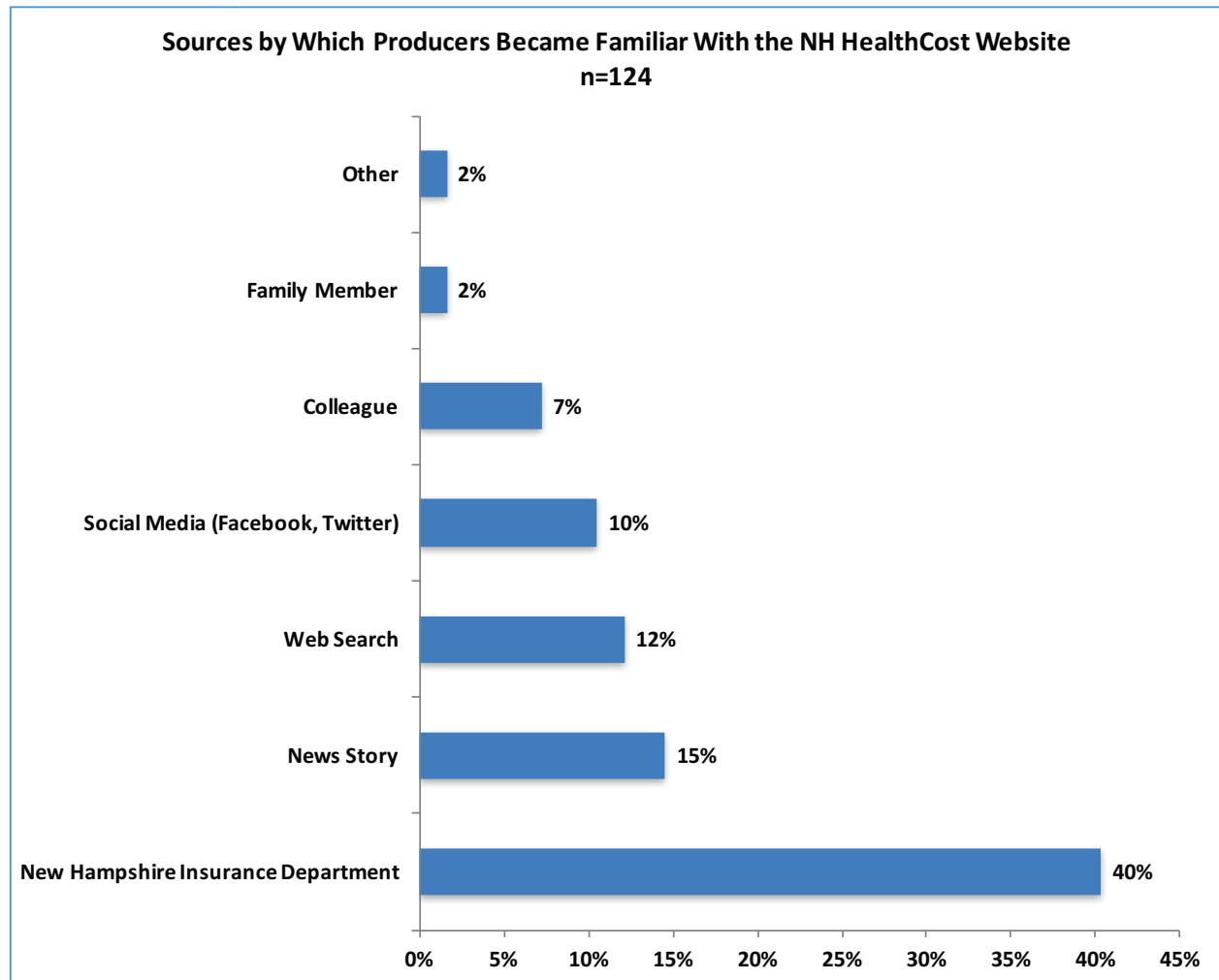
unrealized potential for marketing to these populations. **Figure 2** provides a detailed breakdown of the producer responses.

Figure 2: Familiarity of Producers with the NH HealthCost Website



Subsequently, **Figure 3** demonstrates that for those producers who became familiar with the NH HealthCost website, most (40%) did so from the NHID directly. This also indicates that the NHID is a solid source for building producer knowledge about NHID website products and services.

Figure 3: Sources by Which Producers Became Familiar With the NH HealthCost Website



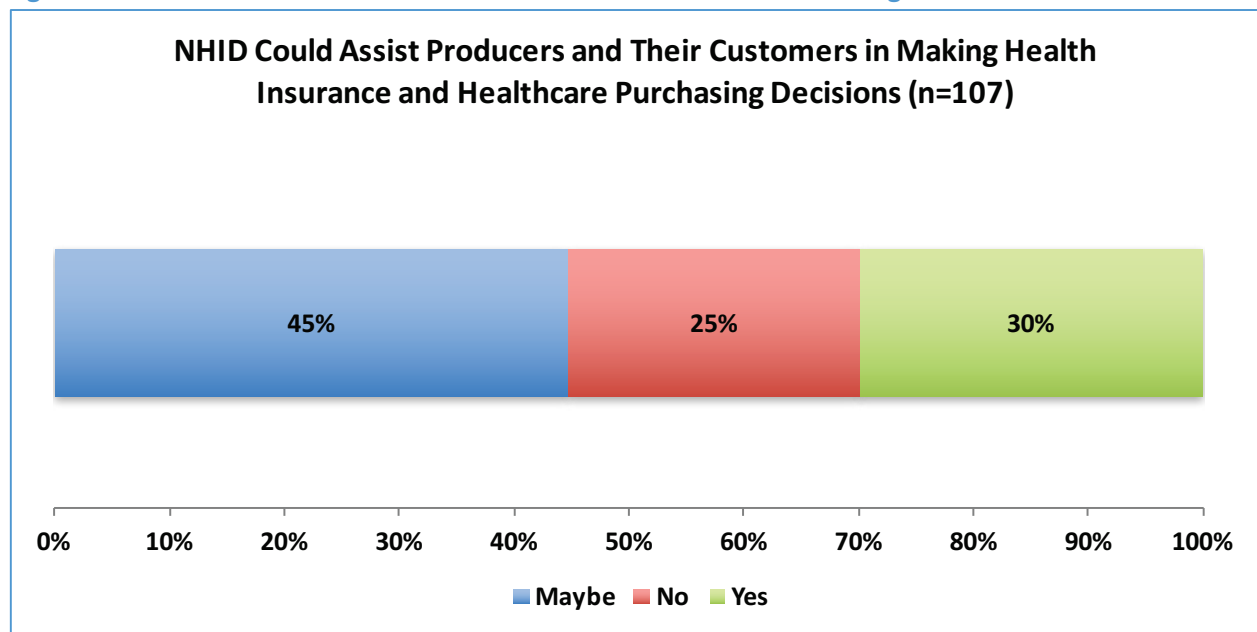
The NHID website was practically unknown by those interviewed or surveyed, yet once presented with the information available and pointed to the site, those interviewed indicated strong utility in the information, primarily the annual cost drivers report. Many interviewees commented that they would like to receive more information about these websites and NHID reports, and as follow-up, the requested links were sent by the report's authors.

4.2 Need for a Sustained Marketing Campaign and Ongoing Dialogue to Promote NHID as an Employer Resource and Conduct Education on Available Assets

Employers and producers acknowledged that the NHID might be able to better assist employers in the purchasing of health care insurance and benefits as NHID is viewed as a “neutral” party with respect to carrier oversight. One employer stated that the “Insurance Department can be

seen as an unbiased reference compared to carriers and brokers,” while a carrier commented, “The State can share the truth as a neutral party.” **Figure 4** demonstrates that 75% of producers surveyed believe that there is an opportunity for NHID to provide information and services to assist producers and their customers in making health insurance and health care purchasing decisions.

Figure 4: Whether NHID Could Assist Producers and Consumers in Making Decisions



There are opportunities for the NHID to facilitate data and information dissemination among employers and producers; however, although the existing NHID reports contain a significant amount of relevant information, much of it is housed deep within in the reports without easily accessible trend analysis. Further, the reports were produced to address the needs of specific constituencies and therefore, the language used, information presented, and recommendations made do not entirely align with the needs and requirements of an employer.

4.3 Further NH HealthCost Transparency Improvements are Recommended

While NH HealthCost is unable to comprehensively answer all consumer questions about procedures and services delivered in New Hampshire, and while consumers may need to contact their insurance carrier or provider for final pricing information reflective of accumulators, there are still recommended transparency improvements to NH HealthCost based upon stakeholder input.

Several stakeholders in the quantitative and qualitative studies conducted for this report stated a desire for increased price transparency at the point of service, and believe current data

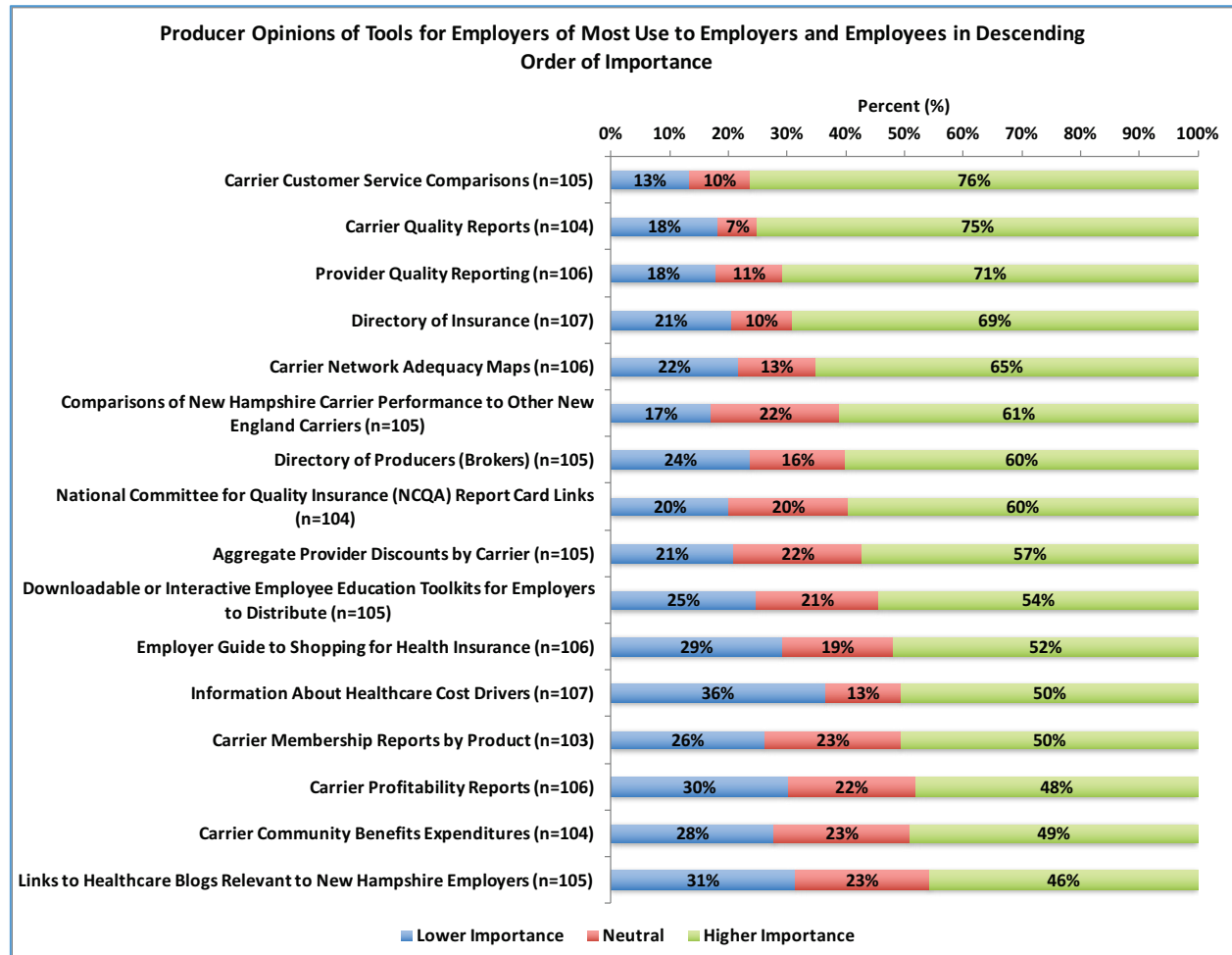
availability for consumers is inadequate. One benefits consultant stated, “Until we have full transparency on all costs associated with the procedure (bundled services with the procedure), it won’t be perfect.” Another stated that one role of the NHID was to “help the system get to full transparency.” One carrier stated, “Accurate data is a necessary reality and we are all consumers.”

Figure 5 is sorted in descending order of the tools employers deemed most useful for NHID to consider adding to either NH HealthCost or the NHID website. A detailed table of response counts and percentages on a seven-point scale for **Figure 5** may be found on pages 43-44 of **Appendix 7.3**. Two of the top three recommended tools include quality information, which is further discussed in **Section 4.4**.

NH HealthCost website user sentiments aligned with the CPR guidelines audit analysis (**Section 5.2**) performed by the report’s authors, which identified limitations with regard to cost transparency on the NH HealthCost website. Macro-cost trends were identified by employers and producers as being important for the NHID to share, as well as carrier adequacy maps.

[Remainder of Page Intentionally Left Blank]

Figure 5 Producer Opinions of Tools for Employers of Most Use to Employers and Employees in Descending Order of Importance



4.4 Provider Quality Data Transparency Is Limited in New Hampshire

Provider quality data transparency is limited, as determined by the CPR guidelines audit analysis of the NH HealthCost website, and presentation of available information can be easily misinterpreted as quality correlating with cost. Employers currently purchase health insurance based predominantly on price, but acknowledge that they would like to make value-based decisions when purchasing health care insurance if the information were accessible. Consumers are also increasingly looking for quality data, yet there is no state agency or non-governmental organization in New Hampshire currently serving as broad-base quality data clearinghouse accessible to carriers, employers, and consumers (**Appendix 7.5** contains a matrix of readily available quality resources for New Hampshire consumers). That said, employers and carriers alike indicated that they do not desire to create redundancy where quality reporting

might already exist – but rather more readily access vetted quality information in the context of health care decision-making.

4.5 Employer Sophistication Levels, Empowerment, and Needs Vary

Based on interviews with employers, an employer purchasing coalition, and several benefits consultants, employer size and funding arrangement were deemed to have an impact on their sophistication as purchasers, the data required for decision-making, and the need for assistance for the employee/consumer populations. The sample size of large employers interviewed for this report was too small to develop a definitive set of characteristics of employers of varying size and funding arrangements.

In April 2015, in a report to NHID by Compass Health Analytics, Inc. and the University of Massachusetts Medical School Center for Health Law and Economics the authors stated “[There is a] relative weakness in purchasing power of employers buying health insurance for their employees. New Hampshire’s healthcare market is characterized by highly concentrated provider markets, a concentrated insurance market with a dominant player, and a relatively disaggregated and disorganized employer purchaser market. In this market structure, it can be difficult to exert competitive pressure on providers, and relatively easy for insurers to mark up the cost of care and pass the bill along to employers.”²³

Information developed for employers by NHID will need to consider the broad spectrum of employer types and knowledge. For example, one large employer interviewed for this report demonstrated higher levels of empowerment than some of the smaller employers interviewed with regard to confidence when purchasing health care insurance, providing education and making recommendations to employees, and understanding the macro-environment including drivers of health care costs. Another employer stated, “Any information about cost drivers and competitor’s benefits as an employer is helpful,” whereas another, smaller employer, expressed concerns about not being able to have any impact due to their size.

4.6 Benefits Erosion Transparency is a Chief Stakeholder Concern

Employers, producers, and carriers identified benefits erosion as a critically important issue impacting employers and their employees, yet they were unable to identify a source in New Hampshire that was measuring the erosion and working to prevent the erosion. In a 2015 report for the NHID, Gorman Actuarial, Inc. stated “Low-cost provider benefit designs, or site of service benefit designs, continue to be a popular option for many employers.”²⁴ One employer

²³ https://www.nh.gov/insurance/reports/documents/compass_umass_pmt_rfm_rpt.pdf, James Highland, Julia Feldman, Katharine London, Carol Gyurina, Rachel Gershon, Health Care Payment Reform: Options and Recommendations, April 20, 2015.

²⁴ https://www.nh.gov/insurance/reports/documents/2015_annual_report_cost_drivers.pdf, Jennifer Smagula,

interviewed stated, “We struggle each year in trying to keep the plan affordable, but rates go up and benefits go down.”

Gorman Actuarial, Inc. discusses this concept of benefits erosion further and uses the term “benefit buy-down.”²⁵ The rationale for employers reducing benefits in order to keep premiums flat was clearly articulated by Gorman Actuarial, Inc. in 2015, when they stated, “Small Group members experienced benefit buy-down of 2% to 4% while Large Group experienced benefit buy-down of 1% to 3%. If employers did not change their 2013 plan designs, in 2014 the Small Group Market would have experienced average premium increases in the range of 3% to 6% and the Large Group Market would have experienced average premium increases in the range of 5% to 8% (benefit-adjusted premium trends).”²⁶ It is difficult for employers to stay competitive in the marketplace due to benefit erosion.

Another employer interviewed for this report annually surveys its perceived competitors to understand their benefit offerings in an attempt to stay competitive. There is a desire on the part of employers and producers to understand the “best-value options” that are available in terms of plan design, and also to create tools and education that allow employees to maximize those options. The NHID supplemental report and a prior New Hampshire Employment Security survey²⁷ are seen as possibilities for collecting and analyzing these benefits trends data. Those interviewed desired that the data be made available longitudinally by carrier and across employer industry and size. The NHID’s benefit richness index calculation comparing benefits offered to medical costs utilized would also be relevant to display as part of the benefits erosion transparency effort.

4.7 Opportunity for Broader Employer Engagement and Education to Advance Advocacy

In order for employers to be more engaged in the cost and quality transparency discussion, and then dialogue with their employee population relative to the need to seek out best value providers for services to counteract benefits erosion, a high degree of employer awareness and education must occur. One employer stated, “We want staff to be good consumers, but we don’t have effective tools to help them do this in a good way. None of the [health] plans or other services help them become good consumers.” Another stated, “Employees need a change in thought from insurance as post-injury coverage to preventive and wellness services.”

Don Gorman, Gabriella Lockhart, Linda Kiene, Bela Gorman, New Hampshire Insurance Department Final Report of the 2014 Medical Cost Drivers Based on Annual Hearing and Supplemental Report Data, November 2015

²⁵ Ibid.

²⁶ Ibid.

²⁷ <http://www.nhes.nh.gov/elmi/products/bensurv.htm>, New Hampshire Employment Security, 2011 New Hampshire Benefits by Size of Firm.

As these issues are complex, involving employers in a sustained discussion of drivers of health care costs, qualifying and providing contextual information with reports and ensuring that the information produced resonates with and will be used by employers, are critical for creating knowledgeable and empowered employees.

5.0 Recommendations

This section of the report is comprised of a set of recommendations for NHID's consideration. They are the result of a synthesis of information derived from the sources outlined in **Section 3**. One specific question this report set out to address was whether the NHID should create an employer portal, and if so, what would be the functions of the portal. Rather than creating an entirely new employer portal, the authors recommend that NHID consider creating additional content on the NH HealthCost website and creating a "For Employers" section on the NHID website. Both of these sites would continue to provide a "front door" for site visitors, but be able to leverage shared content. Implementing this recommendation is expected to improve employer knowledge and engagement, and ultimately increase employer empowerment when it comes to making health care insurance purchasing decisions for their employees. **Sections 5.1, 5.2, and 5.3** directly address the issue of an employer portal. The remaining recommendations support other opportunities before NHID.

It is important to note that many of the reports commissioned by the NHID in recent years²⁸ have significant amounts of information that would be useful to employers (e.g., benefits erosion, provider network adequacy, cost drivers, etc.), but it is not easily accessible and comprehensible, and often the data are "buried" in annual reports or slide presentations,²⁹ without multi-annual trend analysis. Therefore, the NHID might consider synthesizing and distilling the critical trends data and pertinent information on cost, quality, and provider networks from the NHID reports, such that it is understandable to layperson by summarizing issues and providing an explanation of relevance. There are multiple opportunities within recommendations **5.1** and **5.2** to provide multi-year trends using information from prior NHID reports.

5.1 NH HealthCost Website Enhancements

To augment price transparency, health literacy, and better engage NH employers, the NHID should consider expanding information relevant to both employers and employees on the NH HealthCost website. **Figure 5** and **Appendices 7.5** and **7.6** can serve as initial guides to NHID as it considers new website content. While the NH HealthCost website has garnered national

²⁸ <https://www.nh.gov/insurance/reports/index.htm>

²⁹ https://www.nh.gov/insurance/iah/documents/2017_na_pres_issuer_ntw.pdf, Network Adequacy Public Information Release Marketplace Issuer Networks for the 2017 Plan Year, September 13, 2016.

respect,³⁰ leveraging this platform further by expanding its content depth would better inform and engage employers in their health care insurance purchasing decision-making. It is the authors' understanding that HSRI has been hired by the NHID to examine the existing NH HealthCost methodology and to develop content recommendations regarding searchable procedures and quality in future website iterations. HSRI is currently developing websites with Maine and Colorado, and lessons learned from those states should be able to inform enhancements to NH HealthCost.

Specific to NH HealthCost, this report's authors recommend strengthening the procedure and services list by providing transparency to any and all service codes that might roll-up into a procedure bundle, and ensuring continuous evaluation and quality improvement on the bundles of services themselves. Presently on the NH HealthCost website, the listed price reflects several procedures being bundled together, however, it would be useful to the consumer if they had access to the price breakdown of all components typically associated with a given procedure (e.g. all codes related to an event). This recommendation was made after reviewing comments from employers and producers who stated that in order to obtain accurate pricing in conversations with providers and carriers, the employee needed to see the details associated with a specific procedure or service. One employer stated, "Until we have full transparency on all costs associated with the procedure (bundled services with the procedure), it won't be perfect."

Moreover, expansion of quality data elements was deemed as being meaningful and empowering for consumers from those interviewed and surveyed. Producers, carriers, and employers indicated that data such as procedure frequencies by provider, readmission rates, and infection rates would be useful to employees. It was pointed out during several interviews that New Hampshire does not currently have a centralized database of provider quality information for employers and employees to draw from while researching procedures. One carrier stated, "We do not have a State-level quality repository, and we need one. There is a need for more providers contributing and reporting data using nationally accepted standards from which carriers, employers, and [the] NHID can draw."

Another area cited as important to consumers is the relationship between price and quality and the concept of providing consumers with access to best-value providers, so that consumers do not make purchasing decisions solely based upon price. The impact of carrier product designs, such as site of service benefit options, on the cost estimations provided by NH HealthCost was seen as another area of opportunity for the website due to the variability in the patient liability based on site selected. Because NH HealthCost currently takes into consideration plan design,

30

<http://www.catalyzepaymentreform.org/images/documents/2016%20Price%20Transparency%20Report%20Card.pdf>, François de Brantes, MS, MBA, Suzanne Delbanco, PhD, Report Card on State Transparency Laws – July 2016.

but does not necessarily reflect the nuances within a plan (i.e., narrow network products) the cost information quoted has the potential of being incorrect. Whereas trust in the validity of the data is a precursor to use of data by consumers, employers, providers and producers, addressing areas of potential data discrepancy is critical for long-term viability and use of the NH HealthCost website.

As the carriers in New Hampshire continue to offer narrow network products, either alone or with provider partners, it is expected that these products may have different pricing than other carrier products, not dissimilar to existing Marketplace pricing differentials. It is recommended that NHID consider adding additional network choices for consumers to search pricing once there is sufficient data accumulated.

Finally, the NHID may consider leveraging the NH HealthCost website to include macro-data for employers. These data can be derived from existing NHID reports and include information on:

- Health care drivers;
- Benefit package analysis and benefit erosion trends (e.g. regional, payer, group size); and
- Provider quality metrics (**Appendix 7.5**) including the ability to look up providers and which metrics are associated with that provider in addition to the current method of viewing quality data linked to a HealthCost procedure search, a link to the NHPGH *NH Hospital Scorecard*,³¹ CMS metrics, and New Hampshire Department of Health and Human Services (NHDHHS) metrics.³²

This would be consistent with a 2016 report to the NHID by Gorman Actuarial, Inc. whose authors recommended the NHID “Investigate creating a public-facing query tool that interested parties can use to search and query the aggregated Supplemental Report.”³³

5.2 Further Align the NH HealthCost Website to Catalyst for Payment Reform (CPR) Specifications for Transparency Tool Evaluation

While the NH HealthCost website met several of the CPR guideline specifications (**Appendix 7.4**), and whereas not all of the specifications pertain to an independent site such as NH HealthCost as they are best and more aptly addressed by carriers, there still remains an opportunity for the NHID to further align with the CPR specifications across the five CPR-

³¹ <http://www.nhpghscorecard.org>, New Hampshire Hospital Scorecard, NH Purchasers Group on Health, 2016.

³² <https://medicaidquality.nh.gov>, NH Medicaid Quality, NH Department of Health and Human Services, 2016.

³³ https://www.nh.gov/insurance/reports/documents/nhid_strat_pln_datacoll.pdf, Jennifer Smagula, Dan Gorman, Gabriella Lockhart, New Hampshire Insurance Department Strategic Plan for Data Collection Final Report, April 8, 2016.

defined areas: scope, quality, price accuracy, usability and engagement. The authors recommend the following, with more detailed recommendations and alignment to specifications available in **Appendix 7.6**:

- That NH HealthCost is made more expansive to fully support information on the major categories of service including lab and imaging, as a more limited set of procedures is currently available;
- NHID might consider adding related information about network physicians, clinics, as well as behavioral health, vision, and dental providers, pharmacies, retail clinics, onsite/worksite clinics, telehealth, and urgent care. However, since networks vary across providers and products, NHID should also provide links to the carrier sites so participating providers can be determined;
- NHID should provide more readily accessible information about how the costs are estimated by provider and service, whether that be in a bundle or commonly billed set of services. NHID might also add disclaimers to indicate to user that there may be potential additional costs associated with a given procedure and service;
- NHID may want to consider additional consumer financial liability parameters (i.e. other plan types, copay, HSA, HRA, FSA) for calculations; and
- NHID may consider adding a value rating (or value index) that would consider both cost and quality components, or at a minimum, educate the user that higher costs do not necessarily correlate with better care. Since undertaking quality measurements at a provider and procedure level may be beyond the scope of what NHID can achieve, education and links for quality might be the best course of action.

5.3 NHID Website Enhancements

Currently the NHID website has focal points for carriers, consumers, and producers, which reflect content specific to these stakeholders. From a report issued to the NHID in 2016 by Gorman Actuarial, Inc., it was noted that “...external stakeholders reported referring others to NH HealthCost as a tool for consumer price transparency and decision-making....carriers reported using NH HealthCost data in a variety of ways, including checking the cost of common procedures across providers, cross-checking the data in their own system, or determining provider efficiency across payers in order to determine Accountable Care Organization (ACO) strategies and redirect care to certain providers.”³⁴

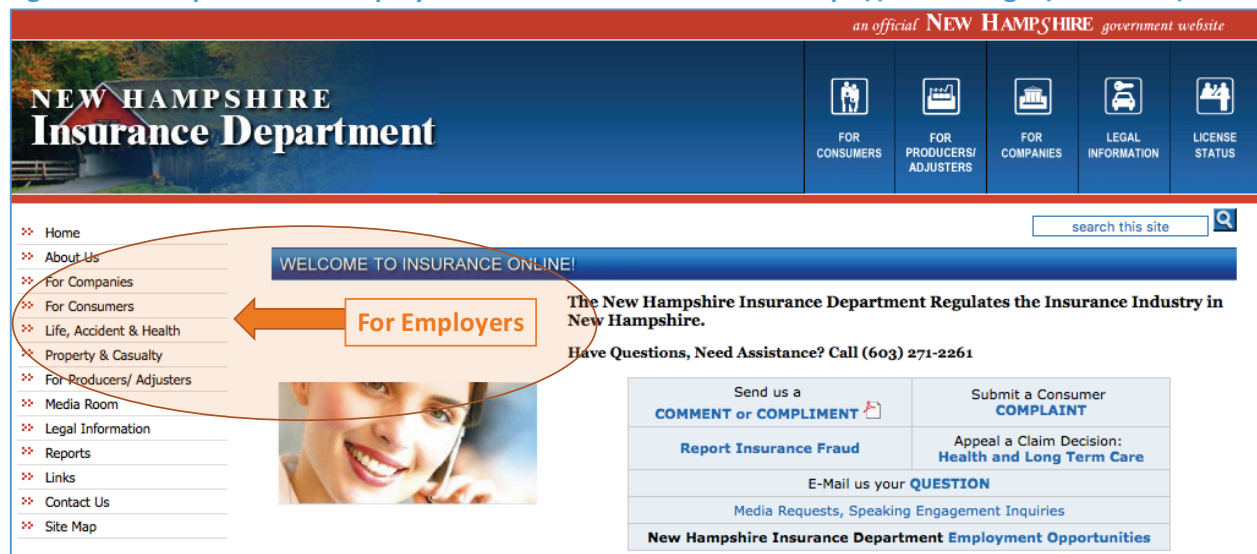
The research forming this report suggests that there is an opportunity for NHID to better inform New Hampshire employers and to promote greater engagement by adding an employer section

³⁴ https://www.nh.gov/insurance/reports/documents/nhid_strat_pln_datacoll.pdf, Jennifer Smagula, Dan Gorman, Gabriella Lockhart, New Hampshire Insurance Department Strategic Plan for Data Collection Final Report, April 8, 2016.

containing meaningful and actionable information to the existing NHID website. One employer stated that the “NHID site is difficult to navigate,” which was reiterated by this report’s authors review and through telephonic interviews with carrier, employer, and benefit consultant stakeholders.

As shown earlier in **Table 1**, very few state insurance departments nationally have a true focus on employers. Similar to those that do, it is recommended that the NHID website be expanded to include content tailored to employers. It is the understanding of the report’s authors that the NHID is currently developing a strategy to overhaul the existing website with a focus on usability and access to information. In keeping with this strategy, the orange arrow in **Figure 6** shows an example of where a NHID website user might find the “For Employers” content.

Figure 6: Concept of a “For Employers” Section as an Addition to <https://www.nh.gov/insurance/>



Within this new section of the NHID website, employers would benefit from access to the following types of information as gleaned from **Figure 5** and **Appendices 7.5** and **7.6**:

- Health insurance shopping guides, with content that includes information to compare carriers, to understand elements of the Patient Protection and Affordable Care Act (PPACA) related to open enrollment periods, tax penalties, and Healthcare.gov, to assist early retirees, and to access carrier complaint and appeals processes;
- Dynamically trended data from the synthesis of the NHID static reports such as the annual reports on medical cost drivers;
- A payer “report card” section to provide information on carrier solvency, quality, customer service, network designs and adequacy, and aggregate provider discounts;

- A provider report card comprised of NH HealthCost statistics, a link to the NHPGH hospital scorecard,³⁵ a link to The Leapfrog Group hospital quality statistics,³⁶ and provider quality measures (e.g., hospital acquired infections, readmission rates by procedure, total procedures performed by a provider, etc.) searchable by provider name (e.g., ABC Hospital, or XYZ Orthopedics); and
- An overview of the benefit packages being purchased by employer size, funding arrangement, geography, and industry, cross-referenced with NHID's benefit richness index to help employers assess product value.

Moreover, within the new employer section of the NHID website, the NHID may consider creating a virtual resource center whereby employers and producers can access links to tools and products on price and quality transparency, as well as carrier information, or links to relevant blogs, articles, or recent legislation. Information will need to be synthesized such that it is understandable to a layperson by thoroughly summarizing the issues and providing meaningful explanations of the trended data.

Finally, within the NHID employer website section, the authors suggest incorporating links to the proposed NHID Employer Advisory Group activities, which will be discussed in greater detail in **Section 5.4** of this report.

5.4 Employer Advisory Group

Formation of an Employer Advisory Group (EAG) is recommended as a venue for employers to share comments and feedback about the insurance market, and to help direct and provide feedback on the NHID research agenda. The authors recommend the group be composed of:

- small, mid- and large group employer representatives;
- representatives from local chambers of commerce;
- the Business and Industry Association's (BIA) Human Resources, Health Care and Workforce Development Committee;
- the New Hampshire Purchasers Group on Health (NHPGH); and
- a member from the Health Exchange Advisory Board.³⁷

Additionally, select producers could be considered for invitation to the EAG to represent the producer and small business perspective. As noted in the 2015 report³⁸ supporting the NHID

³⁵ <http://www.nhpghscorecard.org>, New Hampshire Hospital Scorecard, NH Purchasers Group on Health, 2016.

³⁶ <http://www.leapfroggroup.org>, The Leapfrog Group, 2016.

³⁷ https://www.nh.gov/insurance/consumers/nhid_health_ex_advbrd.htm

³⁸ https://www.nh.gov/insurance/reports/documents/rr_rpt_cons_eng.pdf, Patrick B. Miller, Jayme Simoes, Opportunities for Consumer Engagement Beyond New Hampshire's Rate Review Process, June 26, 2015.

RFP-RRG308, “The producers are very close to Healthcare.gov’s shortcomings and would provide a ‘business voice’ that could augment and/or be a proxy for the ‘consumer voice’.”

It is recommended that the EAG be staffed with a co-chair structure (e.g., the Insurance Commissioner and an employer) and have semi-annual or quarterly meetings. While there may be an ongoing need for the EAG, in order to provide focus, it is recommended that the EAG initially operate for a year, with a final report at the end to the Insurance Commissioner with recommendations about any future EAG activities.

The EAG would collaborate with the NHID on issues such as:

- Benefit erosion. Facilitate a dialogue on the challenge of benefits erosion and design measures for quantifying its prevalence, as well as develop strategies to mitigate its progression;
- Narrow network products. Provide feedback on macro- and micro- analyses of the impact of evolving provider network structures, such that the value of these networks may be understood;
- Employee education best practices. Consult on mechanisms, materials and venues for educating and engaging employees on the issues of health care costs, quality and use of services;
- Carrier and consumer websites. Aid in the design, language and information resources that are most informative for employers and consumers, and make recommendations regarding connectivity of existing resources; and
- Assist consumers between coverage. Design information, tools and support for employees between positions and evaluating COBRA options, at the point of early-retirement and choosing coverage before Medicare is effective, and evaluating employer-sponsored vs. individual products.

5.5 NHID Marketing and Outreach Opportunities

Consistently during the telephonic interviews, it became clear that there are opportunities to further market NHID and NH HealthCost to employers. A majority of the employers interviewed were unclear on when to engage with the NHID via its website, and most had not heard of the NH HealthCost website/tool. Most employers reported referring their employees to carrier websites for pricing and quality information, but there was a general sense that these employees were not regularly finding the information they needed. When considering how to reach employers through expanding marketing efforts, it will be necessary to clearly delineate the distinctions between the NH HealthCost and carrier tools, such that employers will access the appropriate site at the appropriate time. One large employer stated, “Overall we believe less than 5% of our employees use the [carrier] tools. The jury is out on whether employees are making good decisions or not.”

The future efficacy and accuracy of the NH HealthCost website tool will partially rely upon Employee Retirement Income Security Act (ERISA)-governed employers continuing to submit their claims data to the New Hampshire Comprehensive Health Information System (CHIS) after the 2015 Supreme Court ruling on *Gobeille v. Liberty Mutual Insurance Company*.³⁹ The NHID plans to conduct employer outreach on Gobeille for SB431, which presents a forthcoming opportunity to market resources to New Hampshire employers and promote the engagement of producers and employers in the role of consumer education of health insurance purchasing decisions.

5.6 Explore the Creation of a Shared Provider Quality Data “Clearinghouse” for New Hampshire

During the project interviews, confusion regarding how employers and employees could best access and utilize provider quality statistics when making health care purchasing decisions was frequently cited. Additionally, it was noted that there is no, single data repository of provider quality statistics housed by governmental or private entities that could serve as “clearinghouse” or “source of truth” for employers, carriers, and employees (**Appendix 7.5** contains a list of quality resources available to New Hampshire consumers). The authors see the potential in the collaboration of NHID with NH DHHS, the New Hampshire Hospital Association, the New Hampshire Medical Association, NHPGH, and carriers regarding the opportunity for developing Statewide “clearinghouse” of provider quality data to be leveraged by NH HealthCost and other stakeholder vehicles.

5.7 Consider Development of Carrier Website Transparency Requirements

While the majority (74%) of producers surveyed stated that they were familiar with pricing tools offered by carriers (**Figure 7**), the producers had the highest familiarity with tools offered by Anthem (68%) and Harvard Pilgrim (66%) as shown in **Figure 8**.

[Remainder of Page Intentionally Left Blank]

³⁹ <http://www.scotusblog.com/case-files/cases/gobeille-v-liberty-mutual-insurance-company/>

Figure 7: Familiarity of Producers with Carrier Health Care Pricing Tools

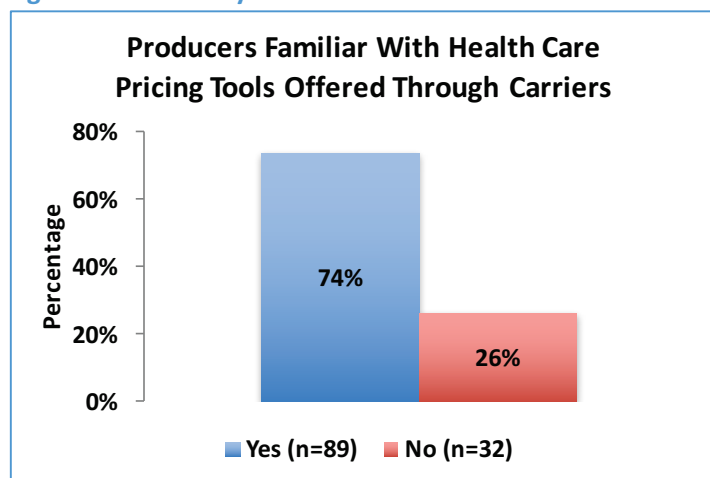
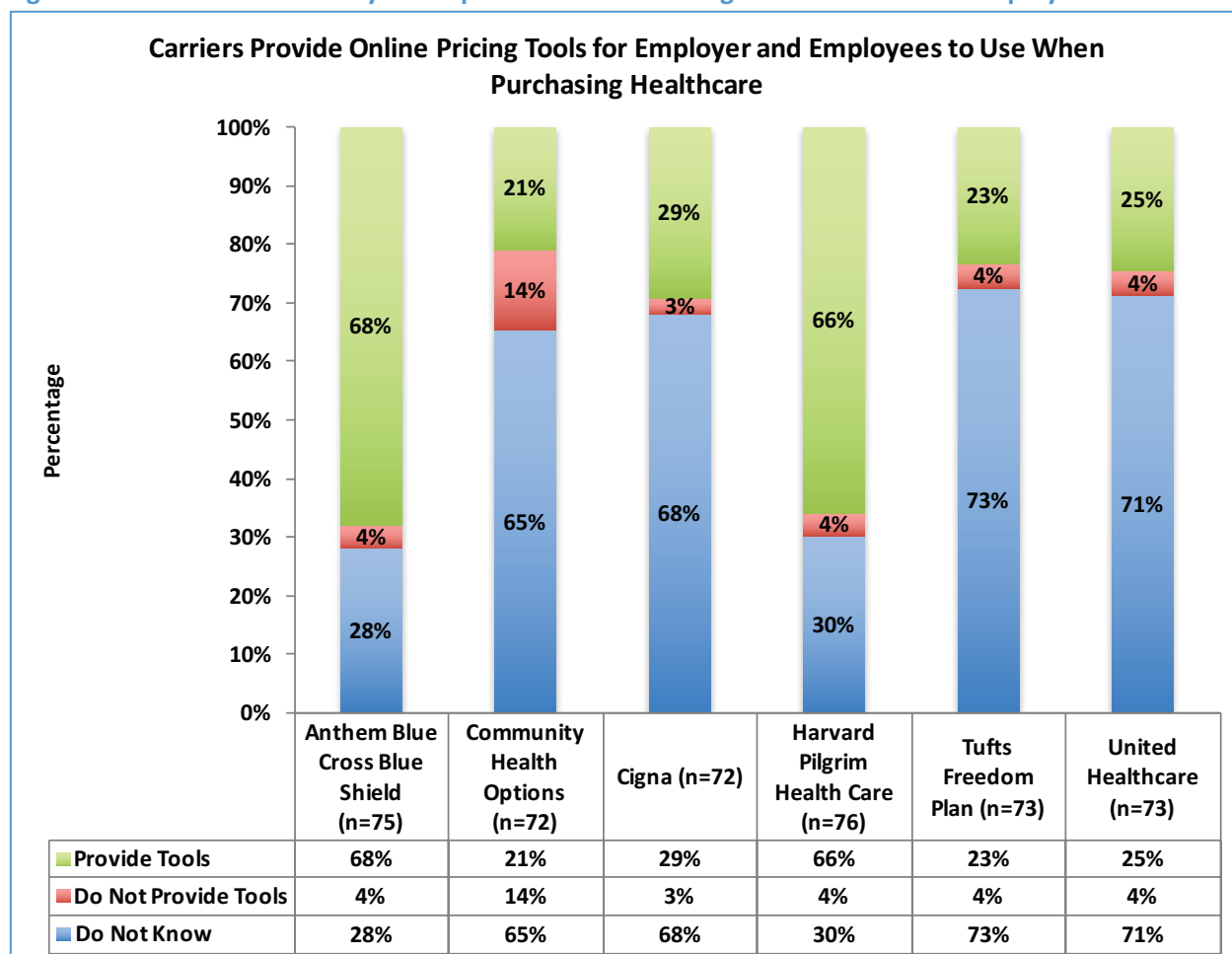


Figure 8: Producer's Familiarity with Specific Carriers' Pricing Tools Available for Employees



Multiple states⁴⁰ have developed requirements for carrier and provider health care price transparency or disclosure. New Hampshire does not have any such requirements. Massachusetts has regulation both for carriers (effective December 13, 2013⁴¹) and providers (effective January 1, 2014). New Hampshire has a long history of working in a voluntary, collaborative manner with the insurance industry, and this may present another opportunity to reduce employee confusion and raise employee satisfaction levels while ultimately creating better consumers. A suggested approach would be to work with the carriers and employers to analyze the CPR transparency criteria, and determine which criteria should be implemented by the carriers. The other option would be a regulatory approach requiring the carriers to meet a specific standard.

6.0 Conclusions

The NHID is nationally recognized for its leadership in terms of price transparency, rate review, and an innovative research agenda based upon claims and supplemental carrier data collection efforts. With diminishing carrier choices, a lack of provider competition, rural marketplaces, narrow provider network products, high deductible products, and ongoing benefits erosion, the NHID has an opportunity to help employers find a voice and to engage them with tools and strategies to assist them and their employees navigate the system. The findings and recommendations in this report are believed to provide an outline to which the NHID can refer as it develops its ongoing strategy.

7.0 Appendices

7.1 Stakeholder Interview Instrument

7.2 Producer Survey Instrument

7.3 Producer Survey Summary

7.4 CPR Guidelines: Catalyst for Payment Reform's (CPR's) 2016 Comprehensive Specifications for the Evaluation of Transparency Tools

7.5 Review of Provider Quality Resources

7.6 Recommendations Related to CPR Guidelines

⁴⁰ <http://www.ncsl.org/research/health/transparency-and-disclosure-health-costs.aspx>

⁴¹ <http://www.mass.gov/ocabr/insurance/providers-and-producers/doi-regulatory-info/doi-regulatory-bulletins/2013-doi-bulletins/bulletin-2013-10.html>



**Stakeholder Interview Guide
July 2016**

Introduction:

Thank you for taking the time to speak with me, and for your willingness to help the NH Insurance Department gain better insights into the needs of <carriers, employers, benefits consultants>. We expect the interview to take no more than 60 minutes, and although we have some structured questions to pose, we would like to also have an open discussion about how the NHID can best meet the needs of <carriers, employers, benefits consultants> such as yourself. All interviews are considered confidential and neither your name nor organization will be directly attributed in the final report.

Organization type <carrier, employer, benefits consultant>:

EMPLOYER

About You

1. Name of the organization:
2. Size of the organization in number of employees:
3. Your name, role, and time with the organization:

Employers

4. Do you offer health insurance benefit plans? If yes, continue. If no, skip to question #18.
5. Please describe the number and type of health insurance benefit plans you offer (high deductible, PPO, HSA)
6. Which employee populations are eligible for the health insurance benefit(s)?
7. What funding arrangement are you using for the plan: self-funding or fully insured?
8. How long have you used this funding arrangement?
9. Do you use a broker or advisor to help in the selection of carriers and benefit plans? If so, please describe the nature of the relationship and the services they provide (wellness, advisory, ancillary benefits, brokerage).
10. Please describe common challenges you face when making benefit decisions.
11. Please describe common challenges you face when educating your employees about health insurance benefits.
12. What information, resources or tools do you currently use when making benefit decisions?
13. What information, resources or tools would you like to access to assist in making benefit decisions and assisting employees?
14. How frequently do you discuss the cost of health insurance with employees? (Never, rarely, sometimes, often, always)



**Stakeholder Interview Guide
July 2016**

15. How frequently do you discuss the cost of individual health care services with employees? (Never, rarely, sometimes, often, always)
16. Do you get detailed and summary claims reports from your carrier?
17. Should employers be volunteering their claims data to the NH CHIS?

Carrier Pricing and Quality Tools

18. Are you familiar with pricing and quality tools available through the insurance carriers? If no, continue to #20.
19. If yes, which ones and have you promoted them with your employees?
20. Please indicate any feedback on their utility.

NHID Resources

21. Have you ever visited the NH Insurance Department Website or recommended that any of your employees visit the website? If yes, for what purpose?
22. NH HealthCost is a website developed and maintained by the NH Insurance Department that uses claims data submitted by the insurance carriers into the Comprehensive Health Information System, to enable consumers to find pricing and quality information for select medical and dental procedures and pharmaceuticals. What is your level of familiarity with NH Health Cost?
(Not at all familiar, slightly familiar, Somewhat familiar, Moderately familiar, Extremely familiar)
23. If familiar:
 - a. Where did you/your employees learn about the website?
 - b. How frequently have you/your employees used it?
 - c. Have you referred employees to it?
 - d. How do you feel about the website in terms of use, presentation, available information?
24. If not at all familiar, show screen shots or live site.
 - a. What are your impressions of NH Health Cost in term of use, presentation, available information?
 - b. Do you see yourself using this or referring employees to it?
25. Do you see a role for the NH Insurance Department to assist you in making health care purchasing and benefits decisions? If yes, what types of decisions?
26. I am going to name some resources that the NH Insurance Department could provide, leveraging existing reports and data from the Comprehensive Health Information System. Can you provide your perspective on how important would it be to have access to resources such as:
(Not at all, Low, Slightly, Neutral, Moderately, Very, Extremely)
 - a. Employer guide to shopping for health insurance



Stakeholder Interview Guide
July 2016

- b. Directory of insurance carriers
 - c. Directory of producers
 - d. Downloadable or interactive toolkits for employees on health care costs
 - e. Information on drivers of health care costs
 - f. Carrier network adequacy maps
 - g. Carrier membership reports by product type
 - h. Carrier profitability reports
 - i. Carrier quality reports
 - j. Carrier customer service comparisons
 - k. Contract discounts by carrier
 - l. Links to NCQA scorecards
 - m. Provider quality reporting
 - n. Aggregate provider costs (market basket)
 - o. Comparisons of NH carrier performance to other NE carriers
 - p. Claims trend data in health care costs
 - q. Most common benefit plan designs and deductible level trends
 - r. Best value plan designs
27. Is there any other feedback you would like to share with the NH Insurance Department?

CARRIER

About You

- 1. Name of the organization:
- 2. Size of the organization in number members served:
- 3. Your name, role, and time with the organization:

Carrier Price and Quality Tools

- 4. Please tell me about any price and quality tools that you offer, their frequency of use and utility?
- 5. To what extent do you educate producers, employers and members about the tools?

NH HealthCost

- 6. How familiar are you with the NH Health Cost site?
(Not at all familiar, slightly familiar, Somewhat familiar, Moderately familiar, Extremely familiar)
- 7. If familiar:



**Stakeholder Interview Guide
July 2016**

- a. Can you provide feedback on updated website released this year?
- b. Can you provide feedback consumer information "Guide to Health Insurance" and Quality sections released this year?

NHID Resources

8. Do you see a role for the NH Insurance Department to assist employers and their employees in making health care purchasing and benefits decisions? If yes, what types of decisions?
9. I am going to name some resources that the NH Insurance Department could provide to assist employers, leveraging existing reports and data largely from the Comprehensive Health Information System, Supplemental Reports, and other sources. Can you provide your perspective on how important would it be to have access to resources such as:
(Not at all, Low, Slightly, Neutral, Moderately, Very, Extremely)
 - a. Employer guide to shopping for health insurance
 - b. Directory of insurance carriers
 - c. Directory of producers
 - d. Downloadable or interactive toolkits for employees on health care costs
 - e. Information on drivers of health care costs
 - f. Carrier network adequacy maps
 - g. Carrier membership reports by product type
 - h. Carrier profitability reports
 - i. Carrier quality reports
 - j. Carrier customer service comparisons
 - k. Contract discounts by carrier
 - l. Links to NCQA scorecards
 - m. Provider quality reporting
 - n. Aggregate provider costs (market basket)
 - o. Comparisons of NH carrier performance to other NE carriers
 - p. Claims trend data in health care costs
 - q. Most common benefit plan designs and deductible level trends
 - r. Best value plan designs
10. Is there any other feedback you would like to share with the NH Insurance Department?

BENEFITS CONSULTANT



**Stakeholder Interview Guide
July 2016**

About You

1. Name of the organization:
2. Size of the organization in number of members or clients served:
3. Your name, role, and time with the organization:
4. What services do you provide to your clients (health insurance brokerage, ancillary products, benefits strategy, wellness programs, carrier negotiations, benchmark reporting, analytic tools, other)?

NH HealthCost

5. NH HealthCost is a website developed and maintained by the NH Insurance Department that uses claims data submitted by the insurance carriers into the Comprehensive Health Information System, to enable consumers to find pricing and quality information for select medical and dental procedures and pharmaceuticals. What is your level of familiarity with NH Health Cost?
6. (Not at all familiar, slightly familiar, Somewhat familiar, Moderately familiar, Extremely familiar)
7. If familiar:
 - a. Can you provide feedback on updated website released this year?
 - b. Can you provide feedback consumer information "Guide to Health Insurance" and Quality sections released this year?

OTHER

8. Can you please describe any national or regional instances or trends you see where state insurance departments are engaging employers?
9. Do you see a role for the NH Insurance Department to assist employers and their employees in making health care purchasing and benefits decisions? If yes, what types of decisions?
10. Should employers be volunteering their claims data to the NH CHIS?
11. I am going to name some resources that the NH Insurance Department could provide to assist employers, leveraging existing reports and data largely from the Comprehensive Health Information System, Supplemental Reports, and other sources. Can you provide your perspective on how important would it be to have access to resources such as:
(Not at all, Low, Slightly, Neutral, Moderately, Very, Extremely)
 - a. Employer guide to shopping for health insurance
 - b. Directory of insurance carriers



**Stakeholder Interview Guide
July 2016**

- c. Directory of producers
 - d. Downloadable or interactive toolkits for employees on health care costs
 - e. Information on drivers of health care costs
 - f. Carrier network adequacy maps
 - g. Carrier membership reports by product type
 - h. Carrier profitability reports
 - i. Carrier quality reports
 - j. Carrier customer service comparisons
 - k. Contract discounts by carrier
 - l. Links to NCQA scorecards
 - m. Provider quality reporting
 - n. Aggregate provider costs (market basket)
 - o. Comparisons of NH carrier performance to other NE carriers
 - p. Claims trend data in health care costs
 - q. Most common benefit plan designs and deductible level trends
 - r. Best value plan designs
12. Is there any other feedback you would like to share with the NH Insurance Department?



2016 NHID Producer Survey

Welcome and Survey Overview. The New Hampshire Insurance Department (NHID) has retained Pero Consulting Group LLC to conduct this survey. The survey is intended to assist the NHID with a better understanding of information that could be provided to producers, employers, and employees to make more informed healthcare purchasing decisions.

Thank you in advance for participating in this survey. It is expected to take 10-15 minutes to complete. Your individual responses will remain confidential, and the results of the survey will be aggregated and presented to the NHID in a report due September 30, 2016. Should you have any questions or comments, please email info@perogroup.com. Thank you!



2016 NHID Producer Survey

About You. This section of the survey will ask several questions about the type of producer you are the product lines you sell.

- * 1. Do you hold a current resident, producer license in the State of New Hampshire, and have you sold Accident & Health insurance products in the State of New Hampshire in the past six months?

☐ Yes

☐ No



2016 NHID Producer Survey

About You. This section of the survey will ask several questions about the type of producer you are the product lines you sell.

2. Which of the following best describes your role as a health insurance producer?

- ☐ An independent producer
- ☐ Part of a local or regional agency
- ☐ Part of a national agency
- ☐ I am not a producer

3. Please indicate how long have you been a licensed producer in New Hampshire?

- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 3-5 years
- ☐ 5+ years

4. What services do you provide to your clients? (Choose all that apply)

- ☐ Health insurance brokerage
- ☐ Ancillary insurance products (e.g. LTD, STD, life) brokerage
- ☐ Benefits strategy
- ☐ Wellness programs

Other (please specify)

Appendix 7.2 Producer Survey Instrument

5. What percentage of companies you serve have dedicated resources in Human Resources for benefits administration?

	0-25%	26-50%	51-75%	76-100%
Individuals or Sole Proprietors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Group (<100)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large Group Fully-Insured (100+)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large Group Self-Funded (100+)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please indicate the percentage (e.g. "50" equals 50%) of your health insurance portfolio that is comprised of the following four choices (all four will add up to 100):

Individuals or Sole Proprietors (%)

Small Group (<100) (%)

Large Group Fully-Insured (100+) (%)

Large Group Self-Funded (100+) (%)



2016 NHID Producer Survey

Educating Your Customers About Health Insurance Products. This survey section has three questions intended to understand what types of education your customers and their employees need during the selling process and once a health insurance product has been sold.

Appendix 7.2 Producer Survey Instrument

7. Please describe common challenges you face when educating your customers about purchasing health insurance products.

8. Please describe common challenges you face when educating the employees of your customers about purchasing health insurance products.

9. What information, resources, or tools do you currently use to assist in educating customers about purchasing health insurance products?

Appendix 7.2 Producer Survey Instrument

10. What information, resources, or tools would you like access to assist in educating customers about purchasing health insurance products?

11. How frequently do you discuss the cost of health insurance premiums with your customers?

	Never	Rarely	Sometimes	Often	Always
Frequency:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<div></div>				

12. How frequently do you discuss the cost of individual health care services (e.g., medical procedures or pharmaceuticals) with your customers?

	Never	Rarely	Sometimes	Often	Always
Frequency:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<div></div>				

13. Do you use health care claims data from carriers to provide reporting to your clients?

- ☐ Yes
- ☐ No
- ☐ Unsure



Educating Your Customers About Health Insurance Products. This survey section has three questions intended to understand what types of education your customers and their employees need during the selling process and once a health insurance product has been sold.

14. Which types of health care claims reporting are you providing?

- ☐ Utilization by service category
- ☐ Cost by service category
- ☐ Provider network performance
- ☐ HEDIS measures
- ☐ Population health measures
- ☐ Other (please specify)



2016 NHID Producer Survey

Carrier Pricing and Quality Tools. Many health insurance carriers are offering pricing and quality tools to consumers to help them navigate the healthcare system. The next two questions are intended to assess the current use of pricing and quality tools made available through the carriers.

15. Are you familiar with health care pricing tools offered through carriers?

- ☐ Yes
- ☐ No



2016 NHID Producer Survey

Carrier Pricing and Quality Tools. Many health insurance carriers are offering pricing and quality tools to consumers to help them navigate the healthcare system. The next two questions are intended to assess the current use of pricing and quality tools made available through the carriers.

16. Which carriers provide online PRICING tools for employees to use when making decisions about purchasing healthcare?

	Provide Tools	Do Not Provide Tools	Do Not Know
Anthem Blue Cross Blue Shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			
Community Health Options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			
Cigna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			
Harvard Pilgrim Health Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			
Tufts Freedom Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			
UnitedHealthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			

Appendix 7.2 Producer Survey Instrument

17. Which carriers provide online QUALITY tools for employees to use when making decisions about purchasing healthcare?

	Provide Tools	Do Not Provide Tools	Do Not Know
Anthem Blue Cross Blue Shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			
Community Health Options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			
Cigna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			
Harvard Pilgrim Health Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			
Tufts Freedom Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			
UnitedHealthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific Carrier Tool Feedback (if any): <input type="text"/>			



2016 NHID Producer Survey

NH HealthCost. NH HealthCost is a website developed and maintained by the NH Insurance Department to enable consumers to find pricing and quality information for select medical and dental procedures and pharmaceuticals. The three questions in this section are designed to gain

Appendix 7.2 Producer Survey Instrument

an understanding of your familiarity with the NH HealthCost website.

18. What is your level of familiarity with the NH HealthCost website (www.nhhealthcost.org):

	Not at all Familiar	Slightly Familiar	Somewhat Familiar	Moderately Familiar	Extremely Familiar
Familiarity Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Please indicate how you became familiar with the NH Health Cost website? (Choose all that apply)

- ☐ New Hampshire Insurance Department
- ☐ News story
- ☐ Web search
- ☐ Social media (e.g., Facebook, Twitter)
- ☐ Colleague
- ☐ Family member

Other (please specify)

20. How frequently do you refer customers or their employees to the NH Health Cost website?

	Never	Rarely	Sometimes	Often	Always
Frequency of Referral:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>				



2016 NHID Producer Survey

New Hampshire Insurance Department Role. The next few questions focus on how the New Hampshire Insurance Department can best help you, your customer, and your customer's employees.

Appendix 7.2 Producer Survey Instrument

21. Do you see a role for the NH Insurance Department to assist you and your customers in making health insurance and healthcare purchasing decisions?

☐ Yes

☐ Maybe

☐ No

Other (please specify)

22. How important is it for you and your customers to be able to find the following information and tools on the New Hampshire Insurance Department or NH HealthCost websites?

	Not at all Important	Low Importance	Slightly Important	Neutral	Moderately Important	Very Important	Extremely Important
Employer guide to shopping for health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Directory of insurance carriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Directory of producers (brokers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downloadable or interactive employee education toolkits for employers to distribute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about healthcare cost drivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrier network adequacy maps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrier membership reports by product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrier profitability reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrier quality reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrier customer service comparisons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggregate provider discounts by carrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrier community benefits expenditures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Committee for Quality Insurance (NCQA) report card links	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 7.2 Producer Survey Instrument

	Not at all Important	Low Importance	Slightly Important	Neutral	Moderately Important	Very Important	Extremely Important
Provider quality reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comparisons of New Hampshire carrier performance to other New England carriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Links to healthcare blogs relevant to New Hampshire employers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other suggestions (please specify)

23. Please provide any additional feedback you would like shared with the NH Insurance Department.



2016 NHID Producer Survey

Thank You. Thank you for the time you have taken to respond to this survey. Your individual feedback will be aggregated and provided to the New Hampshire Insurance Department as part of a report due on September 30, 2016. Should you have any questions, please contact info@perogroup.com.



NH Insurance Department RFP RRG-313 Producer Survey Results September 30, 2016

Patrick Miller, MPH

Sarah M. Eck, PhD

Heather Lavoie, MBA



Presentation Outline

1. Purpose
2. Methodology and Timeline
3. Results





1. Purpose



Survey Purpose

- To determine which resources producers are aware of and use to inform their clients about health insurance options in NH.
- To identify potential information needs for producers, employers, and employees in NH, such that these needs could be met through creation of a portal on the NH HealthCost website.
- To serve as the foundation upon which recommendations are made to increase the value associated with the data collected by the NHID.



2. Methodology



Methodology

1. Developed a survey to gain qualitative and quantitative producer input on the resources available for informing clients about health care insurance in NH, and identify potential needs that could be addressed by NHID.
2. NHID provided a complete list of NAIC-registered producers in NH
3. Administered survey (timeline next slide)
4. Prepared survey data for analysis
 - Removed all submissions that respond “no” to Q1
 - Removed producers who submitted “yes” for Q1, but later indicated in text responses that they do not provide health insurance to their clients
 - Removed responses from “retired” producers or those no longer selling health insurance
 - Excluded all submissions that were incomplete (defined by completing less than half the survey)
5. Performed analysis on survey data and created report



Timeline

- June 2016
 - Instrument developed: 06/23/2016 - 07/05/2016
 - Instrument approved by NHID: 07/01/2016
- July 2016
 - Initial list of NAIC-registered producers received from NHID on 06/27/2016
 - List of NAIC registered producers de-duplicated on 06/27/2016
 - Survey administered: 07/05/2016
 - First survey reminder: 07/11/2016
 - Second survey reminder: 07/20/2016
 - Survey closed: 07/22/2016
 - Draft analysis: 07/28/2016
- August 2016
 - Final analysis
 - Report and presentation

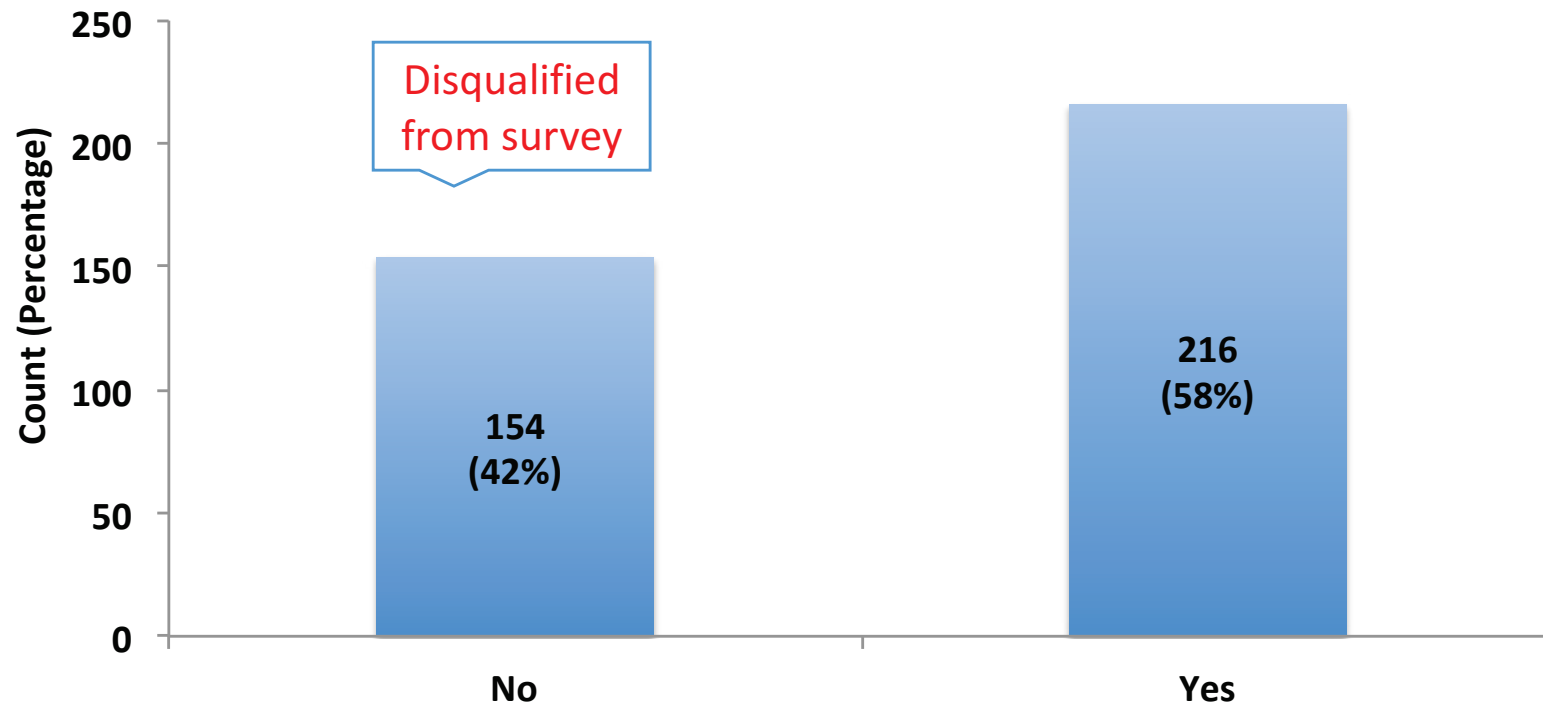


3. Results



Q1. Do you hold a current resident, producer license in the State of New Hampshire, and have you sold Accident & Health insurance products in the State of New Hampshire in the past six months? (n= 370)

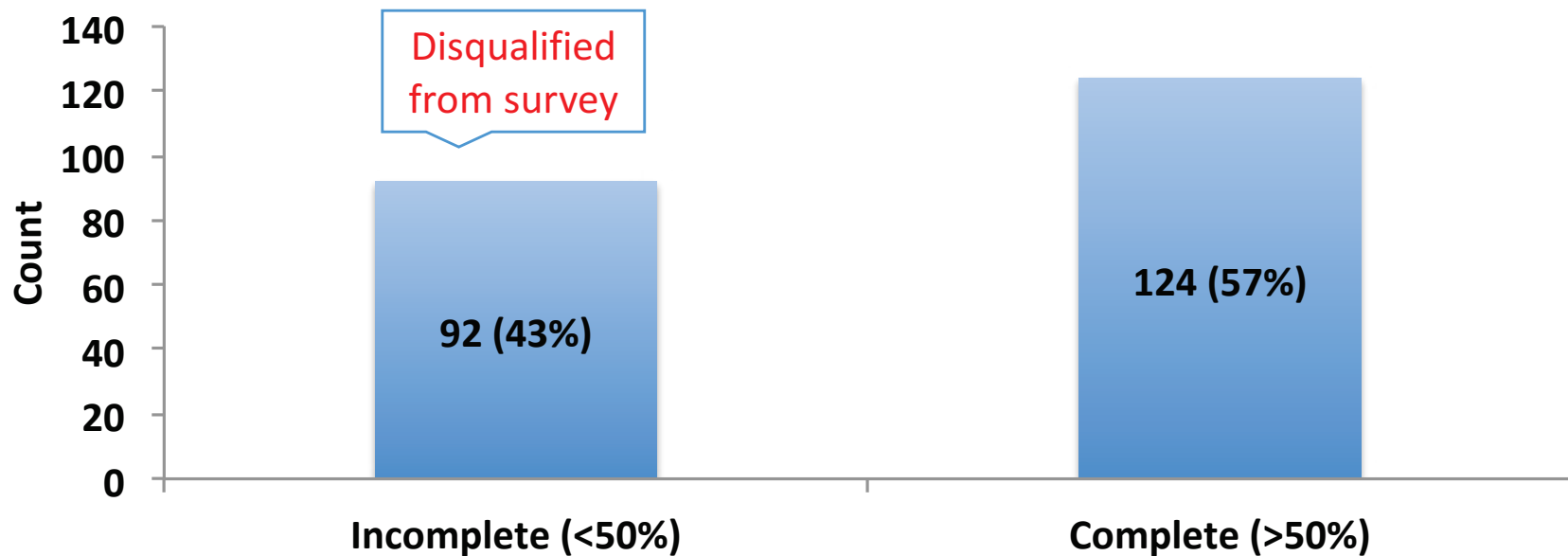
Producers That Hold a Current Producer License in NH *and* Who Have Sold Accident and Health Insurance in NH in the Past Six Months





Completion status of surveys submitted by producers who have sold accident and health insurance in New Hampshire in the past six months (n= 216)

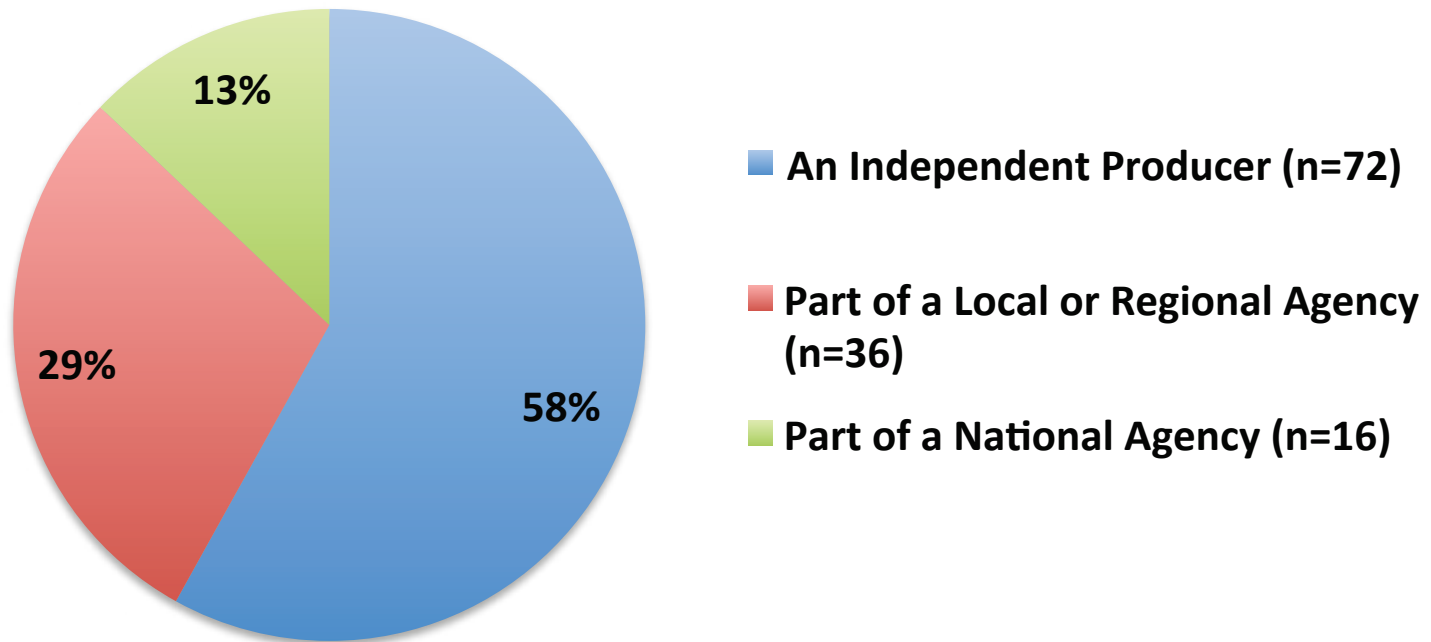
Completion Status of Surveys Submitted by Producers Who Have Sold Accident and Health Insurance in New Hampshire in the Past Six Months





Q2. Which of the following best describes your role as a health insurance producer? (n= 124)

Type of Health Insurance Producer





Q4. What services do you provide to your clients? (Choose all that apply) (n= 124)

Services Provided by Producer Type	Health Insurance Brokerage	Ancillary Insurance Products (LTD, STD, Life) Brokerage	Benefits Strategy	Wellness Programs	Other
Independent Producer (n=72)	67 (93%)	64 (89%)	32 (44%)	15 (21%)	6 (8%)
Part of a Local or Regional Agency (n=36)	32 (89%)	31 (86%)	22 (61%)	15 (42%)	6 (14%)
Part of a National Agency (n=16)	9 (56%)	14 (88%)	7 (44%)	15 (31%)	5 (6%)
Grand Total (n=124)	108 (87%)	109 (88%)	61 (49%)	5 (28%)	1 (10%)



Q4. What services do you provide to your clients? (Other)

(x) = number of
respondents
with same
answer

- Advanced planning (2)
- Aflac
- Annuities (2)
- Appeals assistance
- Auto insurance
- Business insurance
- Carrier navigation
- Commercial insurance
- Compliance solutions (2)
- Consumer Education
- Dental (2)
- Health, fully insured and self-insured (2)
- Health, individual (2)
- Health, group
- Home insurance (2)
- Hospital indemnity
- Life
- Life, individual
- Long term care (3)
- Medicare supplements (2)
- Non-group Medicare options
- Prescription plans
- Retirement planning & advisory services to sole proprietors
- Supplemental benefits
- Voluntary products



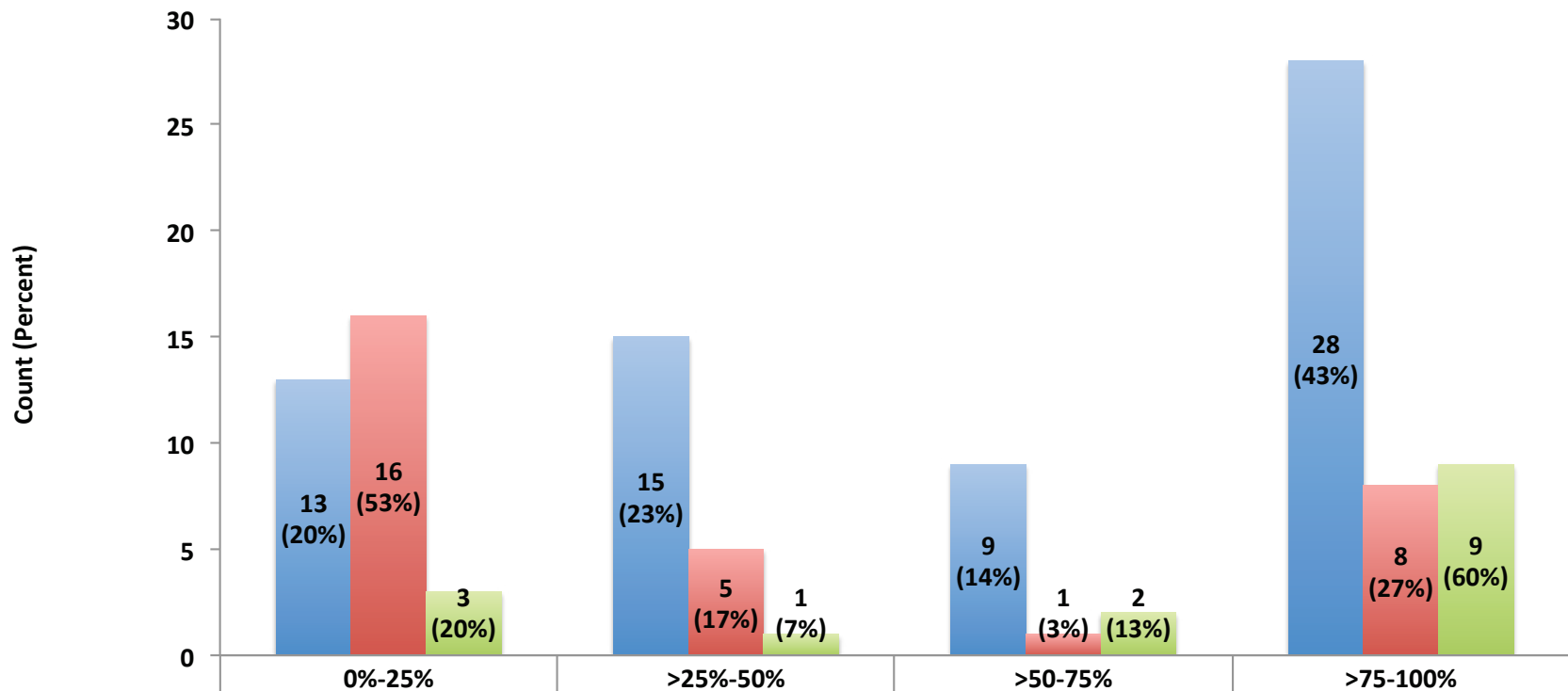
Q5. What percentage of companies you serve have dedicated resources in Human Resources for benefits administration? (n= 124)

Percent of Clients With HR Resources	Individual or Sole Proprietors (n=105)	Small Group (<100) (n=102)	Large Group - Fully Insured (100+) (n=74)	Large Group Self- Funded (100+) (n=70)
0-25%	76%	48%	35%	43%
26-50%	11%	36%	11%	4%
51-75%	3%	8%	15%	10%
76-100%	10%	8%	39%	43%



Q6. Please indicate the percentage of your health insurance portfolio that is comprised of individuals or sole proprietors (n= 110)

Percent of Health Insurance Portfolio That is Comprised of Individuals or Sole Proprietors, by Producer Type

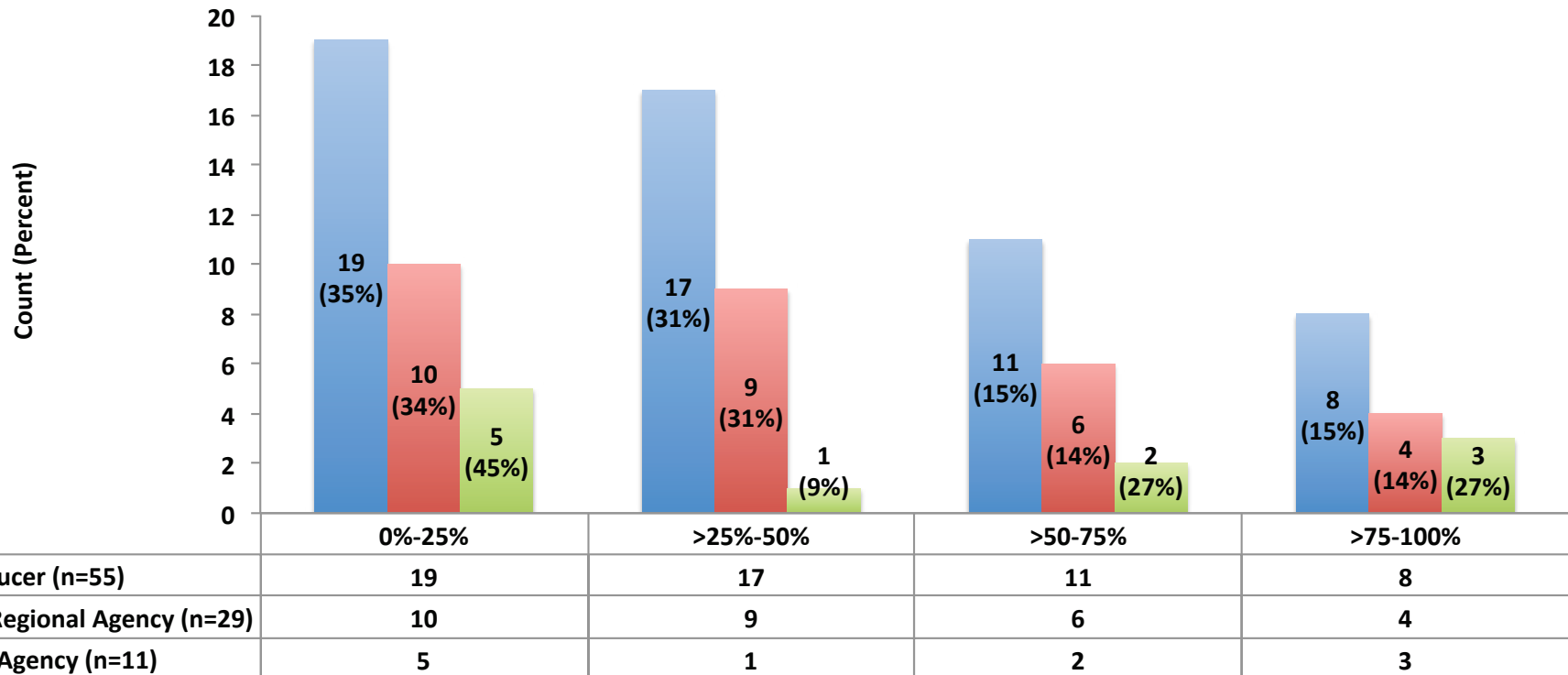


	0%-25%	>25%-50%	>50-75%	>75-100%
■ Independent Producer (n=65)	13	15	9	28
■ Part of a Local or Regional Agency (n=30)	16	5	1	8
■ Part of a National Agency (n=15)	3	1	2	9



Q6. Please indicate the percentage of your health insurance portfolio that is comprised of small group (<100%) (n= 95)

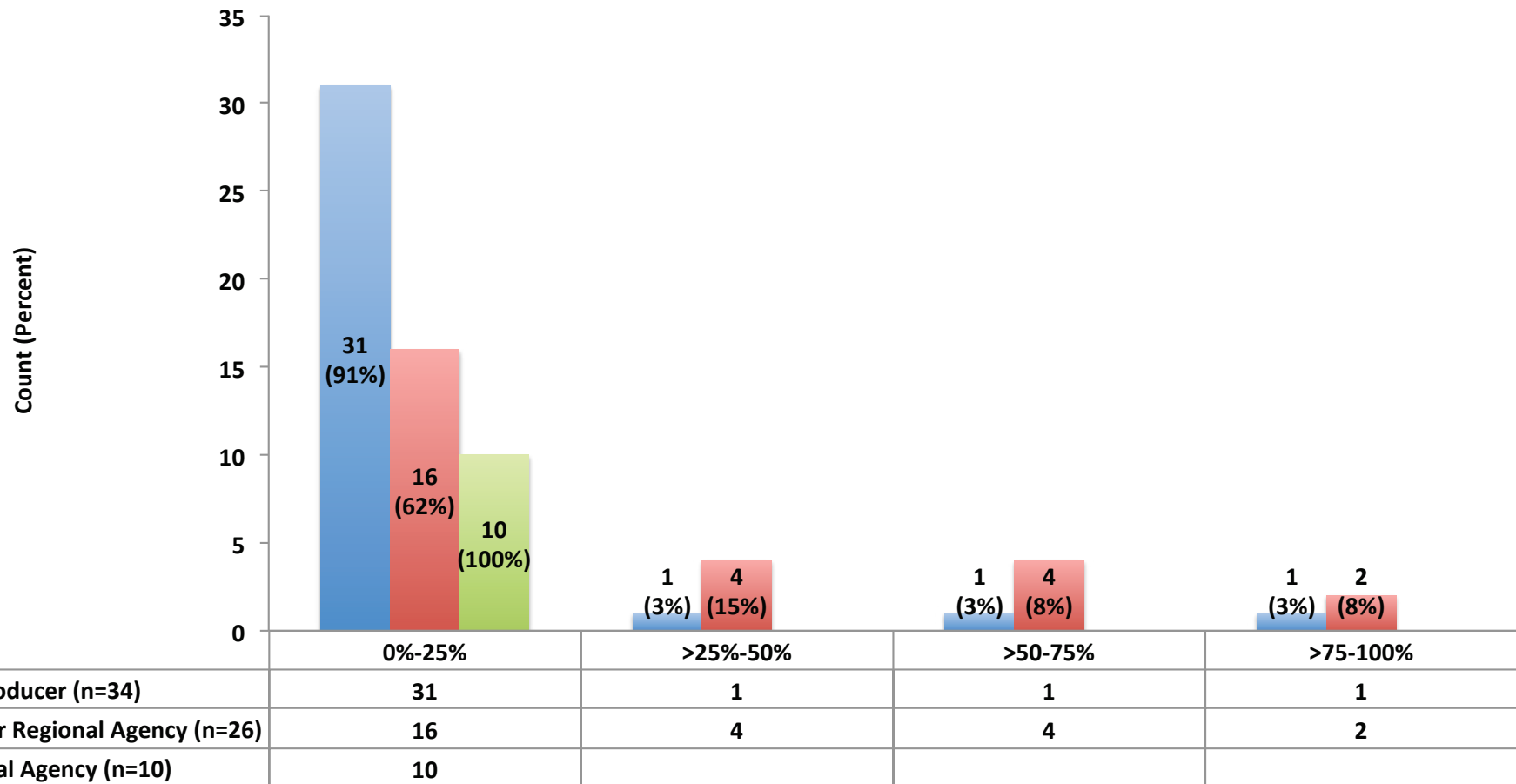
Percent of Health Insurance Portfolio That is Comprised of Small Group (<100), by Producer Type





Q6. Please indicate the percentage of your health insurance portfolio that is comprised of large group, fully insured (100+) (n=70)

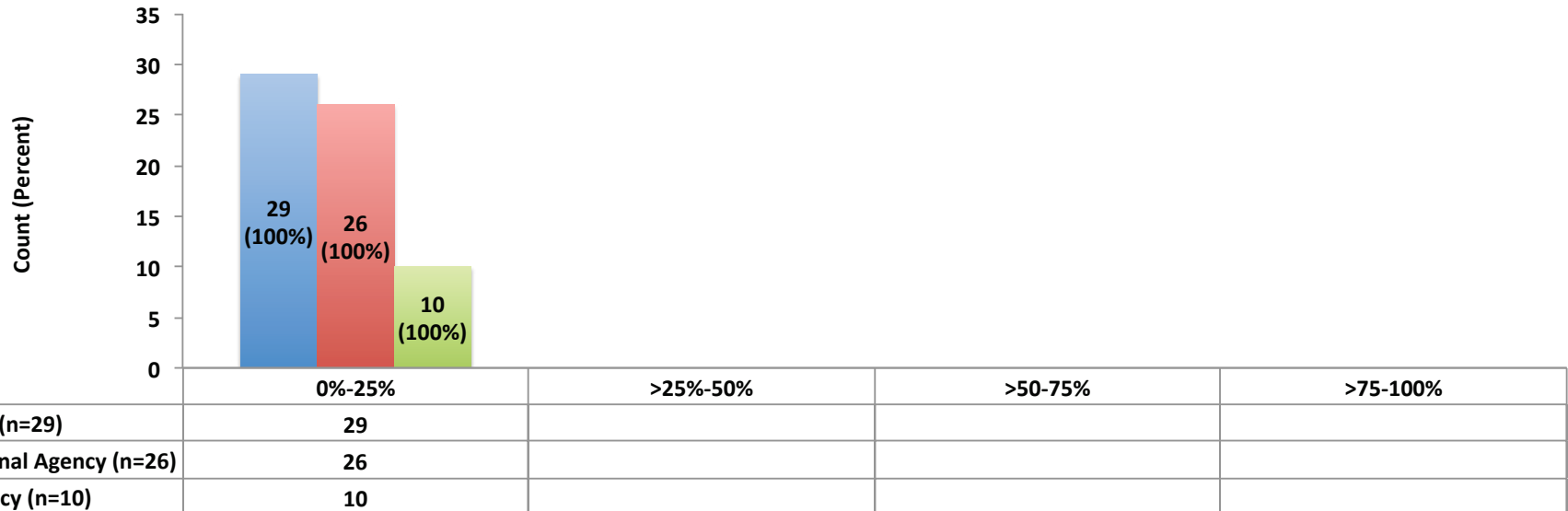
Percent of Health Insurance Portfolio That is Comprised of Large Group, Fully Insured, by Producer Type





Q6. Please indicate the percentage of your health insurance portfolio that is comprised of Large Group, Self-Funded (n= 65)

Percent of Health Insurance Portfolio That is Comprised of Large Group, Self-Funded by Producer Type





Q7. Please describe common challenges you face when educating your customers about purchasing health insurance products. (n= 100)

(x) = number of respondents with same answer

- Cost of care / rising medical trend (15)
- Cost of premium / deductibles /copays (14)
- Provider network differences and limitations (14)
- Employee education – plan requirements / benefit coverages / coinsurances, deductibles and co-pays (13)
- Benefit erosion / benefit choices reduced over time (9)
- ACA education – subsidies/Advanced Premium Tax Credit/ estimating income, reconciling when filing taxes, etc. (8)
- Complexity of products / lack of cross-carrier standardization / changing products (6)
- ACA compliance (5)
- ACA education – General (4)
- Employee education – need for health insurance prior to illness (4)
- Getting time to meet with the client and/or employees (4)
- ACA education – Exchange marketplace (3)
- ACA education – Enrollment periods / effective dates (3)
- ACA education – subsidy / penalty calculations (3)
- Medicare/Medicare Advantage education (3)
- Healthcare.gov broker assistance / ease of use / customer service (3)
- Employer understanding of insurance products / networks (3)
- Length of purchasing process/finding right plan (3)
- Formulary limitations / prescription drug programs (2)
- Education – role of the broker (2)
- Employee education – engage employees as partners to manage health costs / overuse of health care services (2)
- Employee education – correcting prior misinformation (2)
- Lack of competition in carrier market (2)
- Changing laws and regulations (2)
- Misinformation from advertisements, friends or family (2)
- Return on investment of carriers programs and utilization management (2)
- Contribution strategies (2)



Q8. Please describe common challenges you face when educating the employees of your customers about purchasing health insurance products. (n= 87)

(x) = number of respondents with same answer

- Benefits covered / plan definitions (14)
- Benefits complexity / plan design complexity (13)
- Provider networks / tiered networks / in-network charges vs. out-of-network providers (10)
- Benefits cost (9)
- Employee education / access to employer's staff (9)
- Employee understanding of cost-sharing / member responsibility (6)
- Complexity of healthcare system / need to understand it / confusion (6)
- High deductibles / OOP costs (5)
- Benefits erosion / product changes (4)
- Understanding relationship between price and quality (3)
- Adoption and use of technology based benefit administration systems (2)
- Consumers cannot find out what services cost (2)
- Employee naivety / lack of system knowledge (2)
- Employer-employee cost sharing determination / understanding (2)
- Ensuring right product for the customer / meeting needs (2)
- Healthcare.gov errors / poor execution (2)
- Impact that wellness programs and lifestyle can make on future claims / wellness program access (2)



Q9. What information, resources, or tools do you currently use to assist in educating customers about purchasing health insurance products? (n= XX)

- Carrier marketing materials/collateral (41)
 - Benefits
 - Brochures
 - Handbooks
 - Plan descriptions
- Websites – Government (23)
 - Healthcare.gov (16)
 - Medicare.gov (5)
 - NH HealthCost (2)
- Websites - Carrier (23)
 - Benefit coverage schedules
 - Compass Smartshopper (Vitals)
 - Certificate of coverage
 - Formularies
 - Medicare plans
 - Plan descriptions
 - Prices
 - Quotations
 - SaveOn from Harvard Pilgrim
 - Summary of Benefits and Coverage
- Websites – Vendor (13)
 - Bswift
 - Gohealth.com
 - Health Advocate
 - Health Sherpa website
 - Healthmarkets
 - HR360
 - ThinkHR
 - Value Penguin
 - Zywave
- Spreadsheets – homegrown comparisons (16)
- Face to face meetings / phone calls (10)
- Presentations/PowerPoint / webinars (8)
- Provider networks (6)
- Websites – Internal (4)
- Newsletters (3)
- CMS approved literature (3)
- Claims data (3)
- Phone calls to carriers (2)
- White papers/briefs (2)
- None / N/A (3)

(x) = number of respondents with same answer



Q10. What information, resources, or tools would you like access to assist in educating customers about purchasing health insurance products? (n= XX)

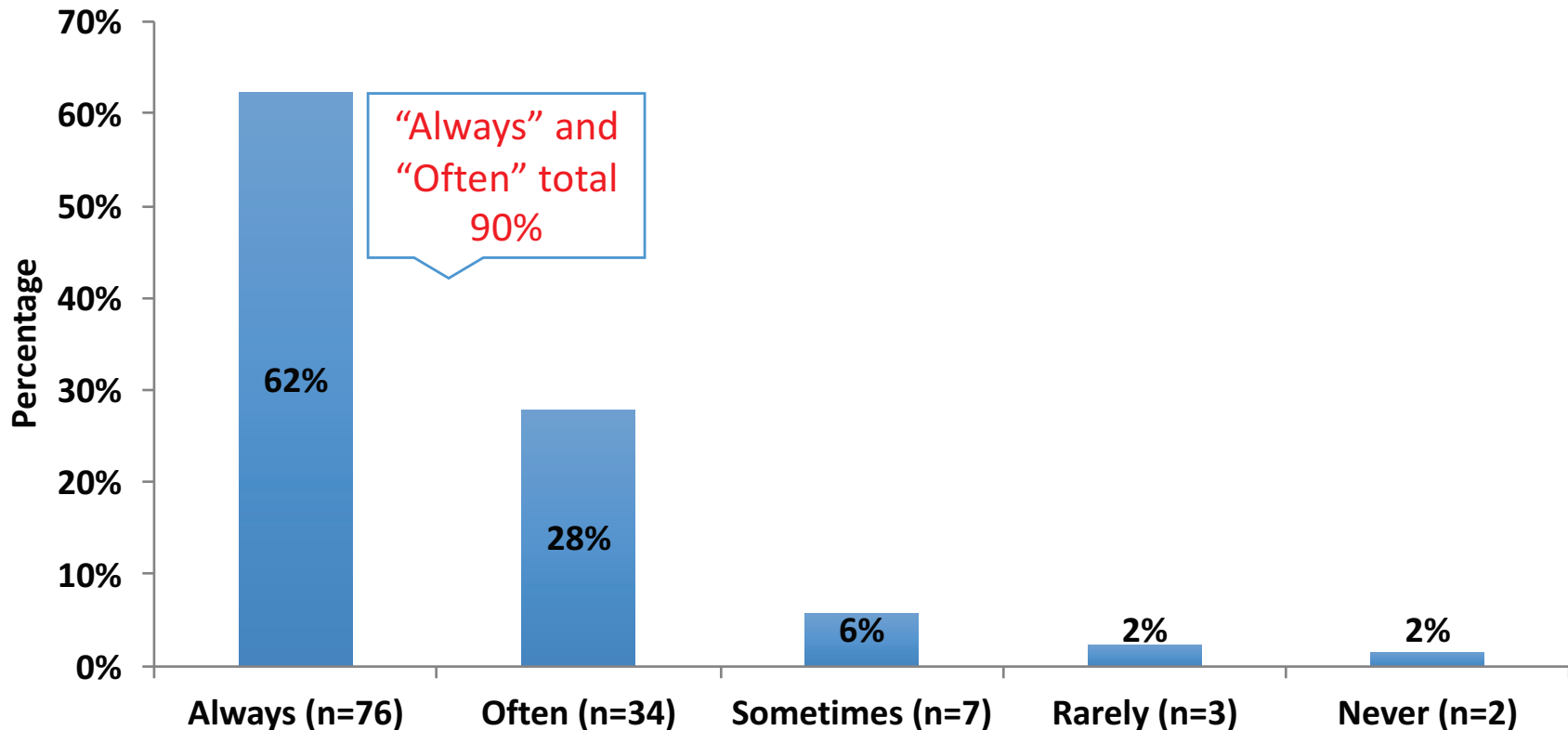
(x) = number of respondents with same answer

- No additional needs and n/a (24)
- Complete, accurate, easily navigable, and extensive pricing, quality, and outcomes transparency tools (16)
- Company fact sheets / brochures that describe the plans they offer (4)
- Health cost drivers and medical trend reporting (3)
- Charts to show typical out of pocket costs
- Health management program outcomes
- A table showing hospitals and other providers in each company's various networks (3)
- Healthcare.gov improvements in customer service, quoting and data (3)
- Policy servicing and access to policies (2)
- Easy to understand Healthcare.gov penalty information
- Carrier trend reports
- The release of National Provider Identifier (NPI) for each record of the CHIS Public Use Data Set
- The release of the Carrier Name for each record of the CHIS Public Use Data Set
- More time with the client
- NHID partnering with producers to show producer value
- Carrier customer service ratings
- We need plan overviews and summary of coverage
- Best practices database
- Better technology



Q11. How frequently do you discuss the cost of health insurance premiums with your customers? (n= 122)

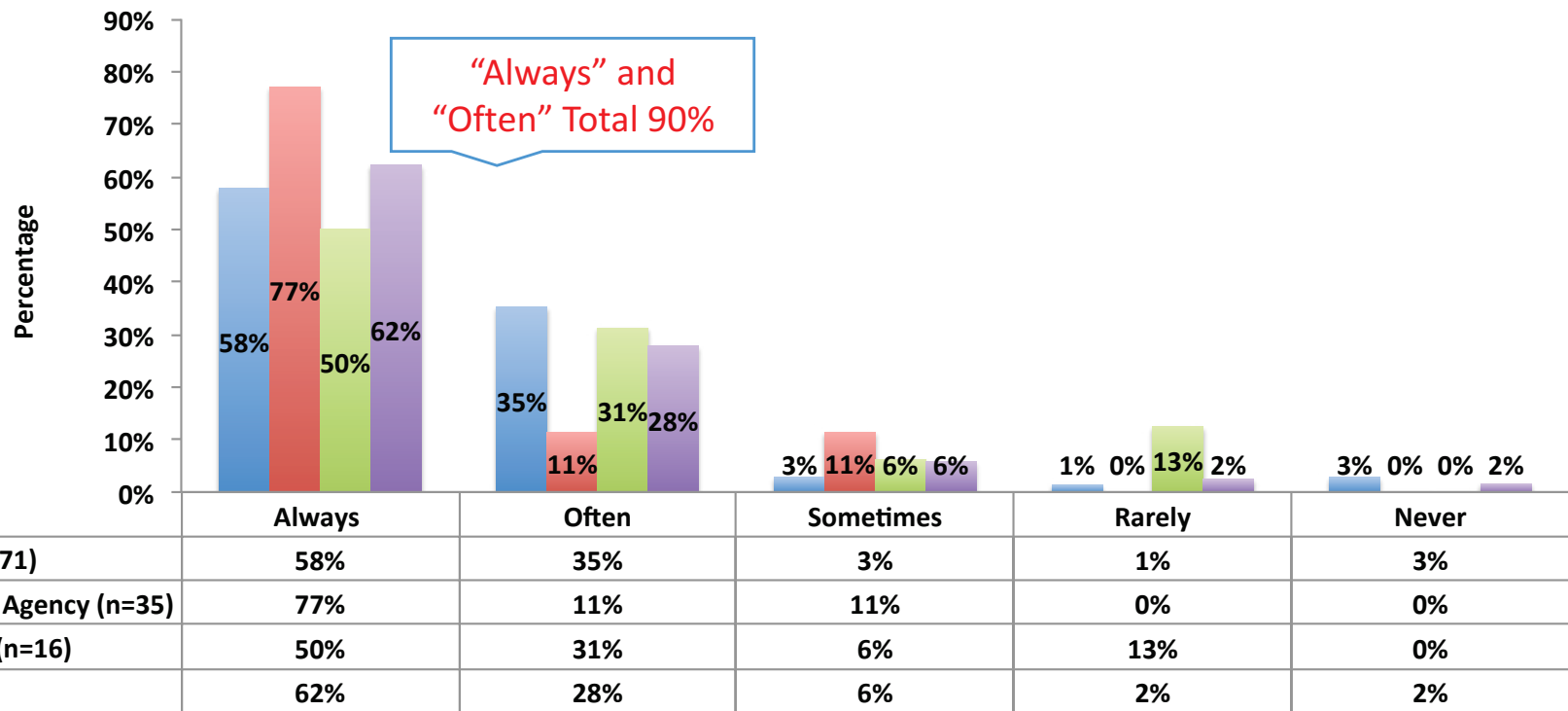
Frequency With Which Producers Discuss the Cost of Health Insurance Premiums With Clients





Q11. How frequently do you discuss the cost of health insurance premiums with your customers? (n= 122)

Frequency With Which Producers Discuss the Cost of Health Insurance Premiums With Clients





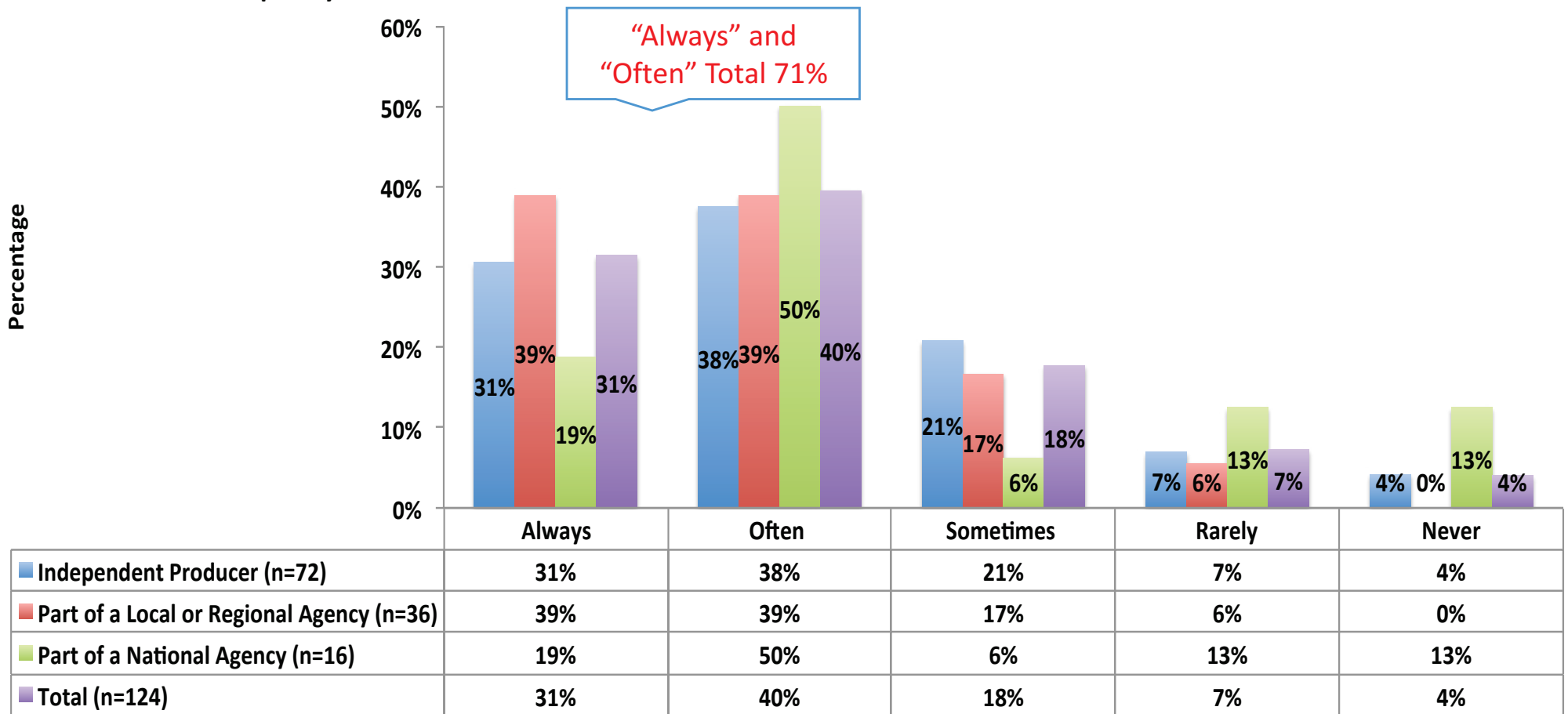
Q11. How frequently do you discuss the cost of health insurance premiums with your customers?
(n= 122)

- Only at renewal
- Always at renewals
- When new employees are enrolled in a group
- Meetings during enrollment
- It is not at the beginning of the discussion, but it always is part of the discussion
- The increase of costs due to larger deductibles and co-insurance and premiums



Q12. How frequently do you discuss the cost of individual health care services (e.g., medical procedures or pharmaceuticals) with your customers? (n= 124)

Frequency With Which Producers Discuss the Cost of Individual Health Care Services With Customers





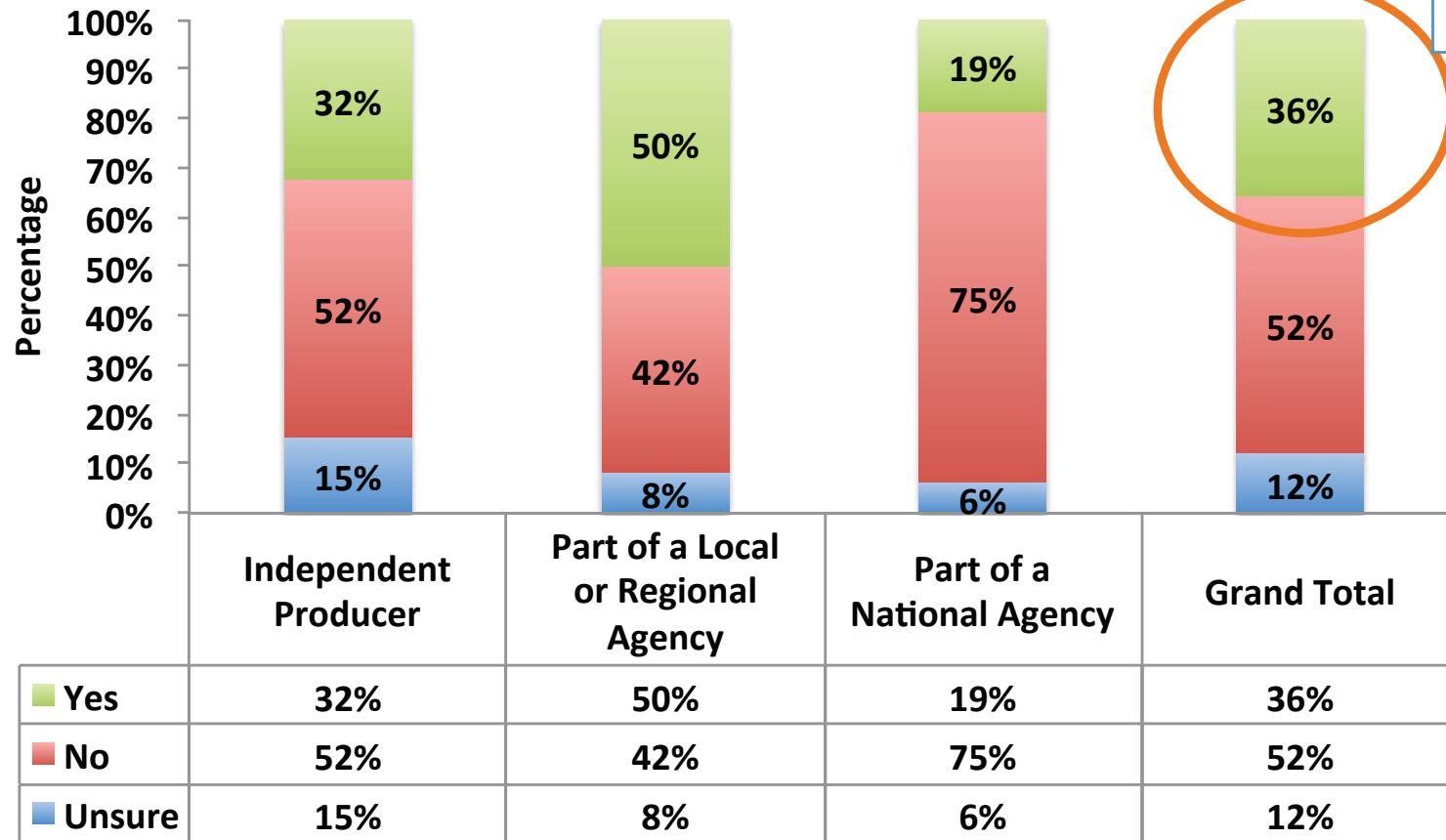
Q12. How frequently do you discuss the cost of individual health care services (e.g., medical procedures or pharmaceuticals) with your customers? (“other, please specify” n= 6)

- Although it is never exact because it is impossible to identify procedure and diagnostic costs.
- As brokers we don't always know the cost of services or RX.
- We do help look for low cost radiology facilities & surgical facilities.
- I don't quote medical procedures, but I often look up the cost of prescriptions for them by carrier. I also encourage them to use the programs their carrier have that enable them to save money on some procedures, like labs, MRI's etc.
- I mention the many new medical costs sites and apps that are being introduced.
- These topics are important to everyone.
- With large groups >100 and self funded we have more detail regarding the large claims, so we can discuss the actual claim amounts and percentages as well as the high cost of RX.



Q13. Do you use health care claims data from carriers to provide reporting to your clients? (n=123)

Producers Using Health Care Claims Data From Carriers to Provide Reporting to Clients





Q14. Which types of health care claims reporting are you providing? (n= 108)

Types of Claims Data Used by Producers for Reporting	Utilization by Service Category	Cost by Service Category	Provider Network Performance	HEDIS Measures	Population Health Measures	Other
Independent Producer (n=46)	10 (22%)	13 (28%)	11 (24%)	1 (2%)	9 (20%)	2 (4%)
Part of a Local or Regional Agency (n=53)	16 (30%)	15 (28%)	7 (13%)	1 (2%)	7 (13%)	7 (13%)
Part of a National Agency (n=9)	1 (11%)	3 (33%)	3 (33%)		2 (22%)	
Total (n=108)	27 (25%)	31 (29%)	21 (19%)	2 (2%)	18 (17%)	9 (8%)

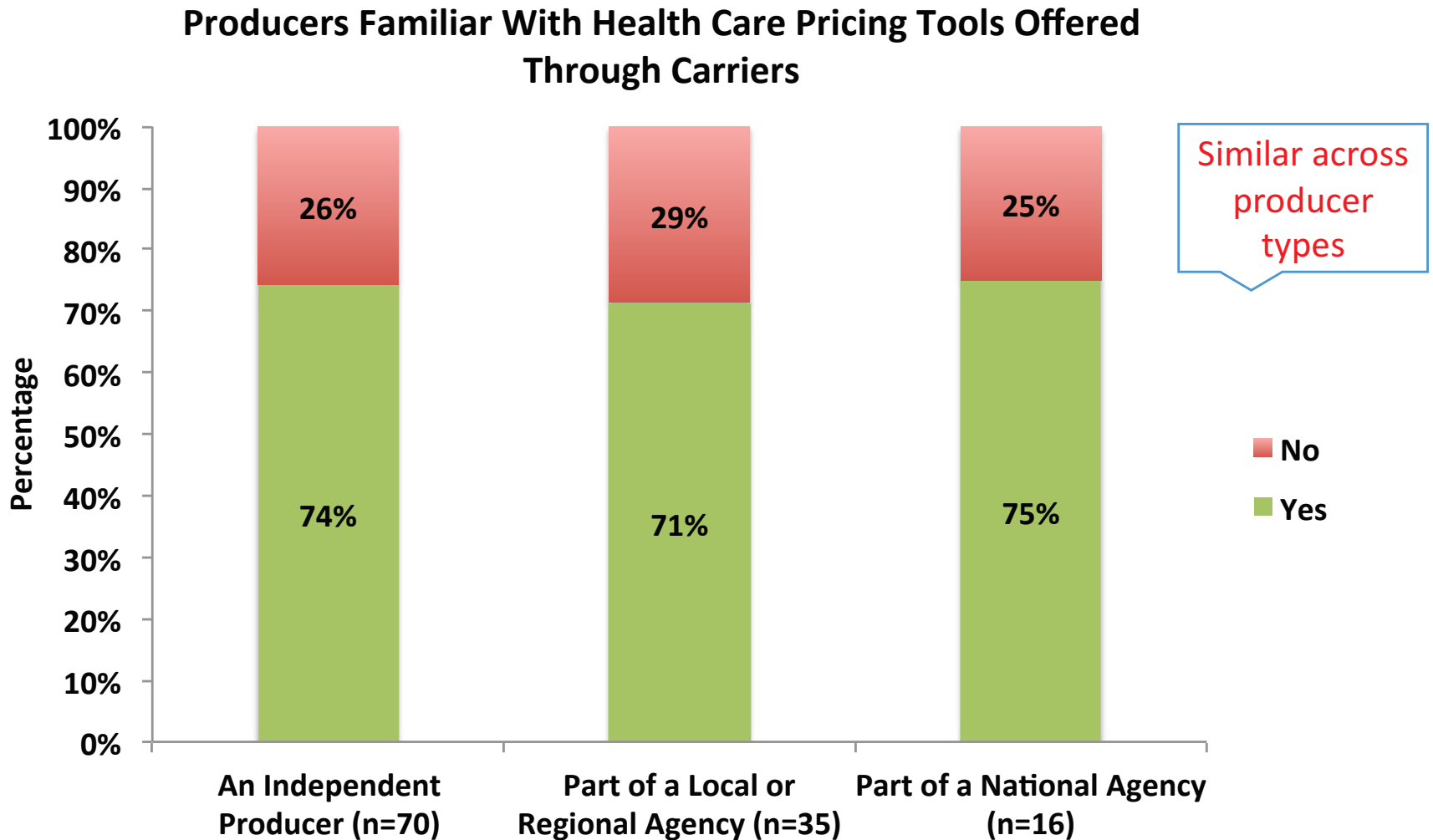


Q14. Which types of health care claims reporting are you providing? (“other,” n= 9)

- Claims month by month trend; large claims reporting.
- Comprehensive post-adjudicated bundled incident of care prices by facility and procedure.
- Experiences that my clients have had with different insurance companies.
- Loss ratio report, high cost claimant
- None for under 50, but company provided general information on a specific group for over 50.
- Rx data and drug tier utilization.
- This all depends on the reporting available based on group size and funding [method].
- This information is only provided if the group is a large group and the majority of your business is small group.
- We are providing these services on large group only and some of the data comes from carrier reports.



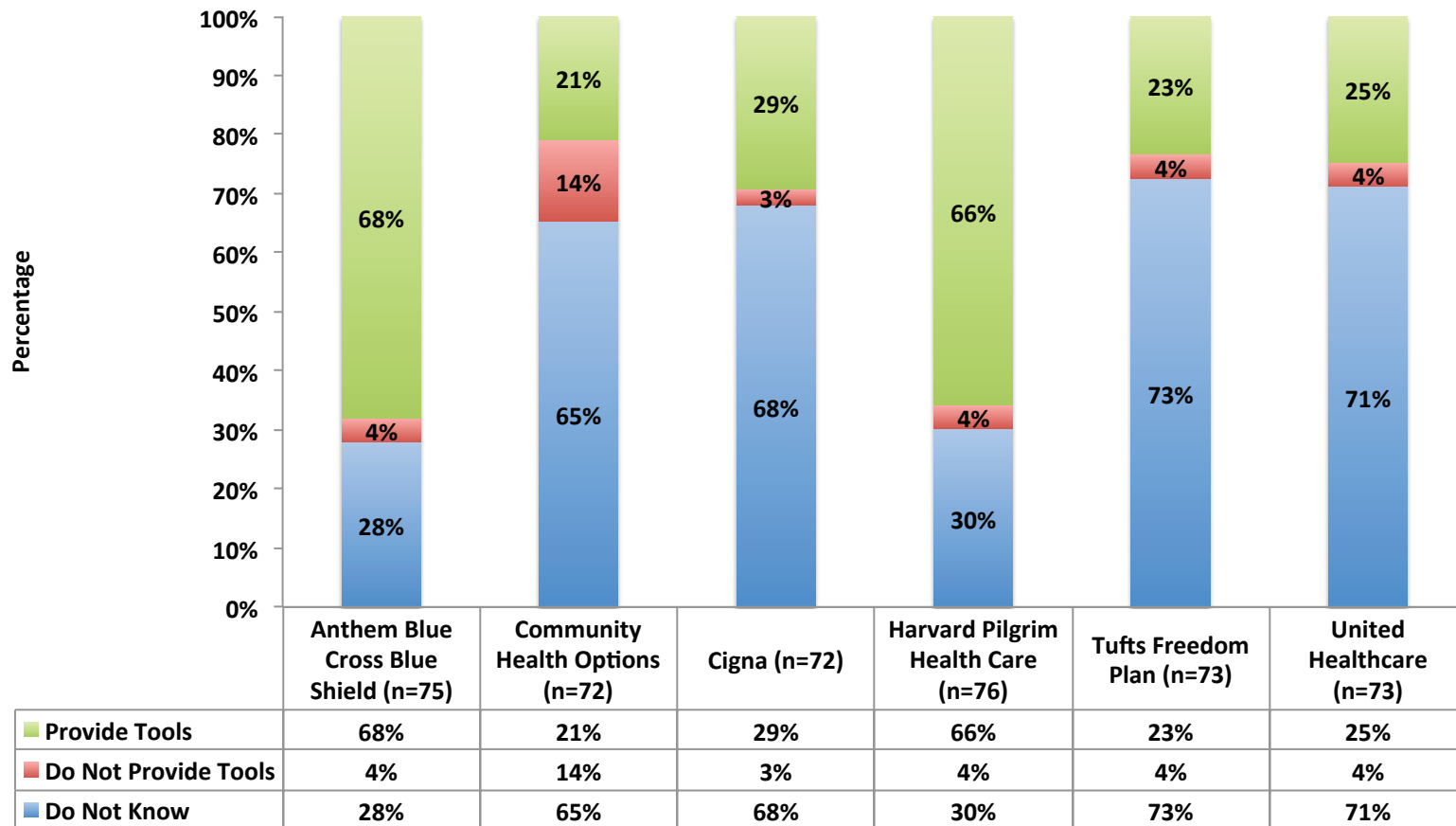
Q15. Are you familiar with health care pricing tools offered through carriers? (n= 121)





Q16. Which carriers provide online PRICING tools for employees to use when making decisions about purchasing healthcare? (n= 73)

Carriers Provide Online Pricing Tools for Employees to Use When Purchasing Healthcare



*Minuteman Health, Inc. does not have tools available



Q16. Which carriers provide online PRICING tools for employees to use when making decisions about purchasing healthcare? Tools described

- **Anthem Blue Cross Blue Shield**
 - Compass (2)
 - Compass SmartShopper with incentives; not heavily used
 - It's national not local even counties in NH vary by \$2000 on costs for MRI. I use actual known costs from clients in past year.
 - Quoting tool
 - Required to call in, and not available on all services
- **Community Health Options**
 - It's national not local even counties in NH vary by \$2000 on costs for MRI. I use actual known costs from clients in past year.
- **Cigna**
 - CIGNA is not a platform for a call center and simple admin for cost...offer some options on services for cost
 - Hear this is a good tool to utilize
 - It's national not local even counties in NH vary by \$2000 on costs for MRI. I use actual known costs from clients in past year.
 - Quote infrequently



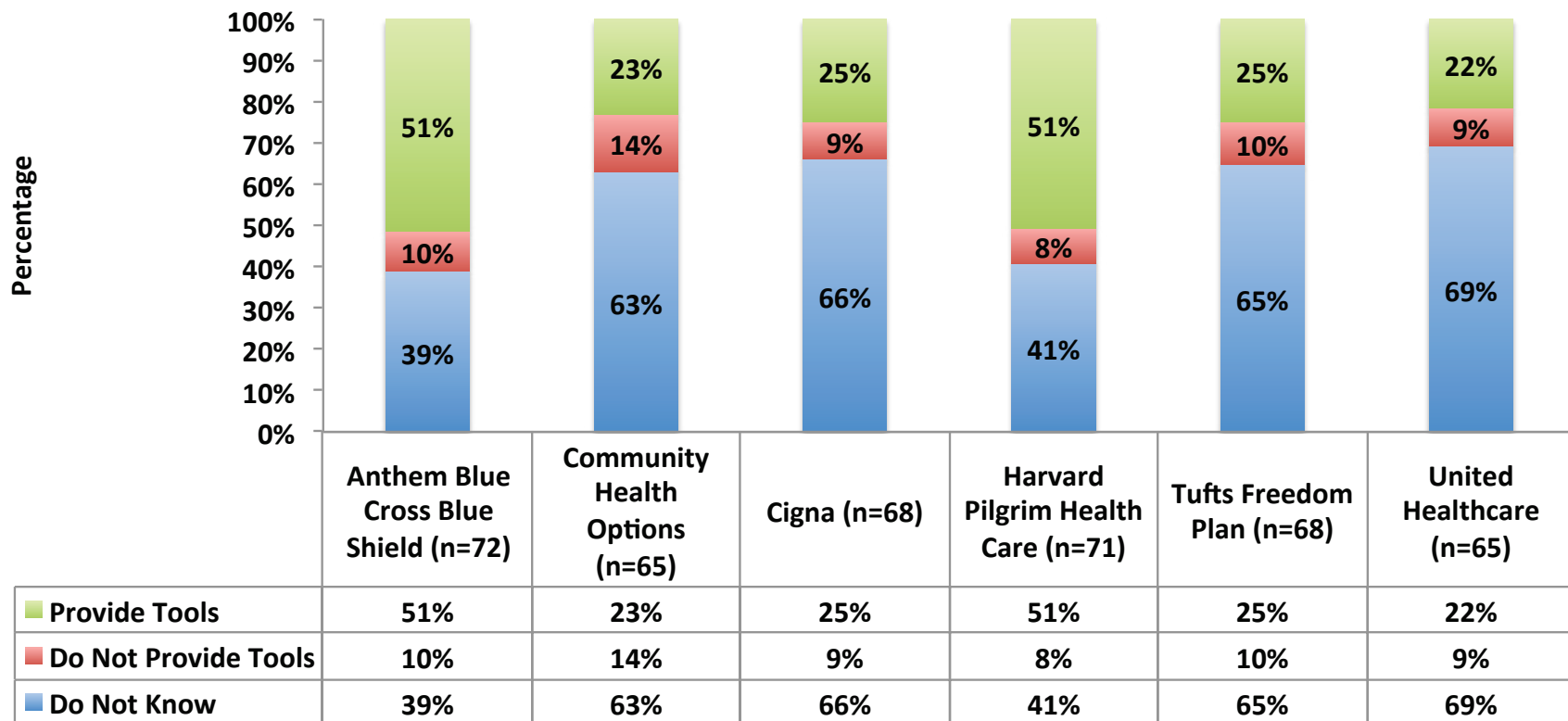
Q16. Which carriers provide online PRICING tools for employees to use when making decisions about purchasing healthcare? Tools described, continued

- **Harvard Pilgrim Health Care**
 - Individual and group quoting tools
 - It's national not local even counties in NH vary by \$2000 on costs for MRI. I use actual known costs from clients in past year
 - Now I know
 - Now iKnow - incomplete information and rarely used.
 - Save On
- **Tufts Freedom Plan**
 - It's national not local even counties in NH vary by \$2000 on costs for MRI. I use actual known costs from clients in past year.
- **United Healthcare**
 - I specialize in Medicare.
 - It's national not local even counties in NH vary by \$2000 on costs for MRI. I use actual known costs from clients in past year.
 - Quote very infrequently



Q17. Which carriers provide online QUALITY tools for employees to use when making decisions about purchasing healthcare? (n= 65)

Providers Provide Online Quality Tools for Employers to Use When Purchasing Healthcare



*Minuteman Health, Inc. does not have tools available

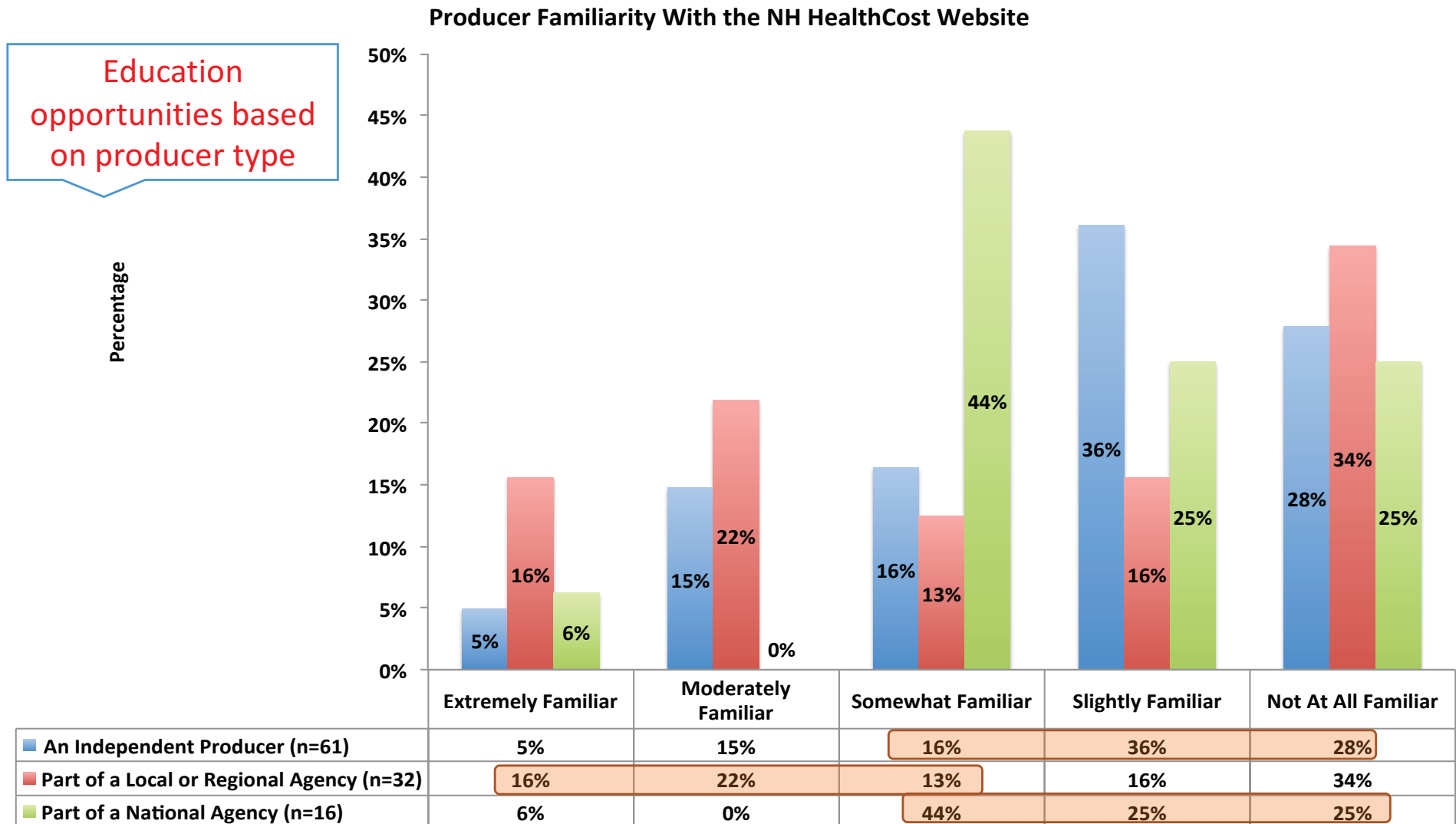


Q17. Which carriers provide online QUALITY tools for employees to use when making decisions about purchasing healthcare? (Tools described)

- **Anthem Blue Cross Blue Shield**
 - I have members call member services to discuss to comply with HIPPA
- **Community Health Options**
 - no comments
- **Cigna**
 - no comments
- **Harvard Pilgrim Health Care**
 - I have members call member services to discuss to comply with HIPAA
- **Tufts Freedom Plan**
 - no comments
- **United Healthcare**
 - no comments



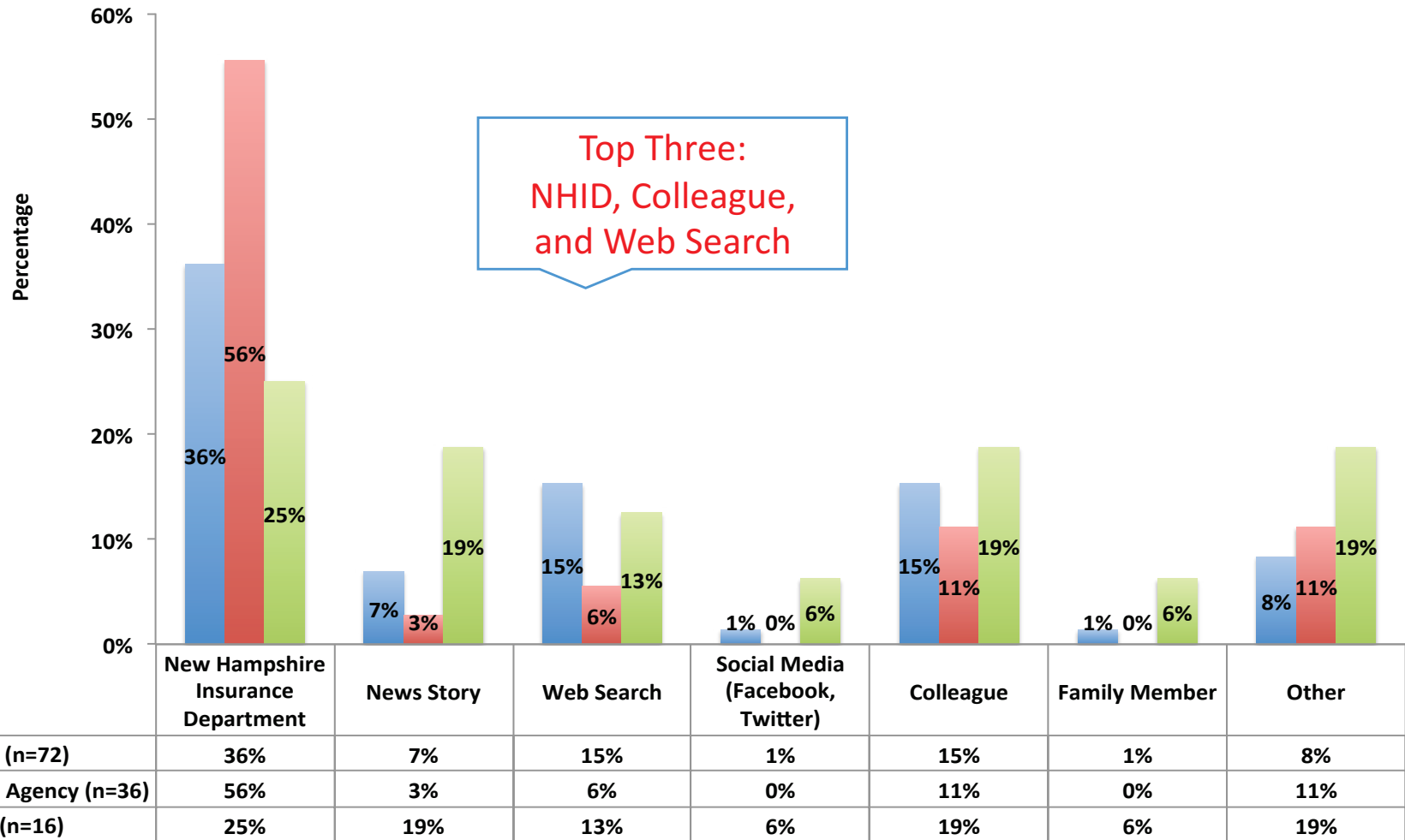
Q18. What is your level of familiarity with the NH HealthCost website (www.nhhealthcost.org)? (n=109)





Q19. Please indicate how you became familiar with the NH Health Cost website? (Choose all that apply) (n= 109)

Sources by Which Producers Became Familiar With the NH HealthCost Website





Q19. Please indicate how you became familiar with the NH Health Cost website? (Choose all that apply)
(other, n= 11)

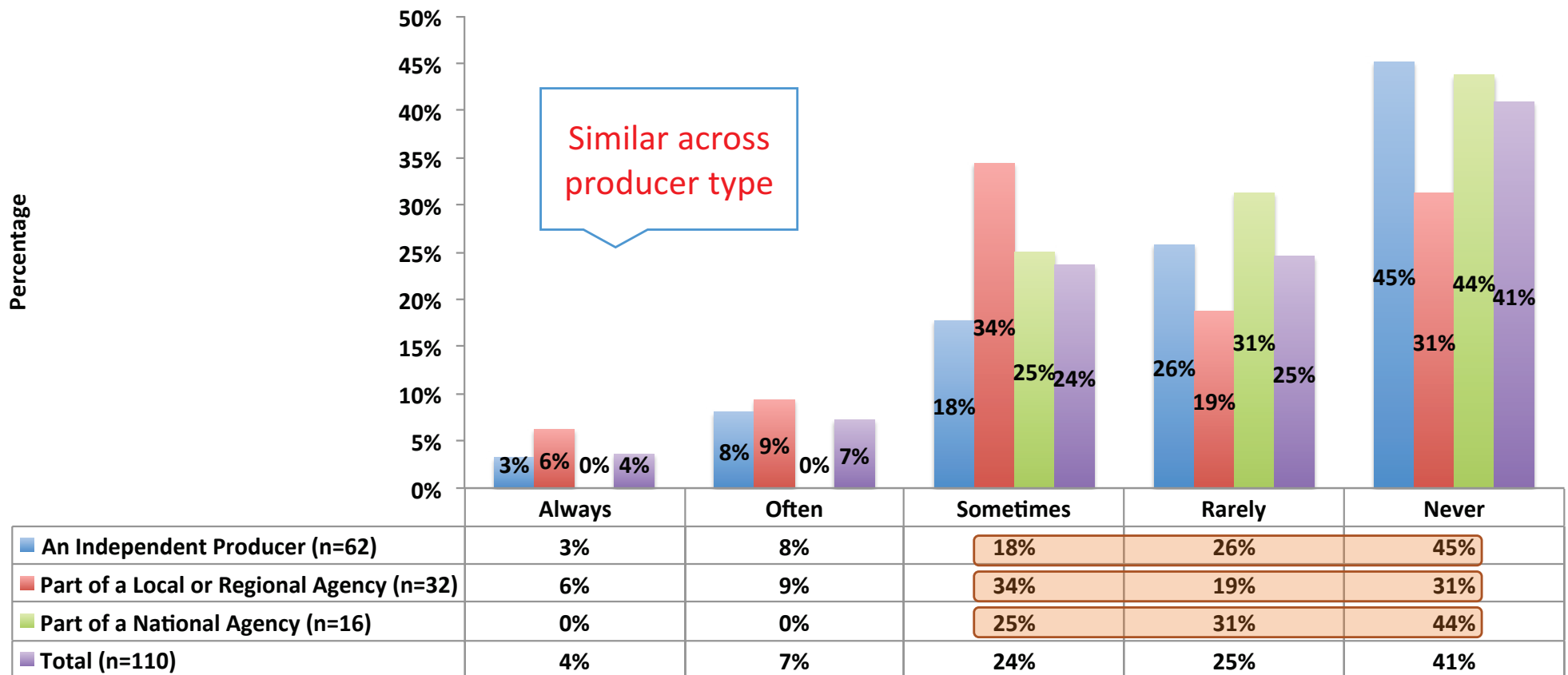
(x) = number of
respondents
with same
answer

- Agency
- Client brought in information on website they got in mail
- DNA [does not apply]
- Insurance broker meeting
- Just now / this survey (3)
- Looking for coverage for me and my spouse
- NHID staff member
- Not at all familiar
- Not sure, it was awhile ago -- nhhealthcost.org?



Q20. How frequently do you refer customers or their employees to the NH Health Cost website? (n= 110)

Frequency With Which Producers Refer Customers or Employees to the NH Health Cost Website

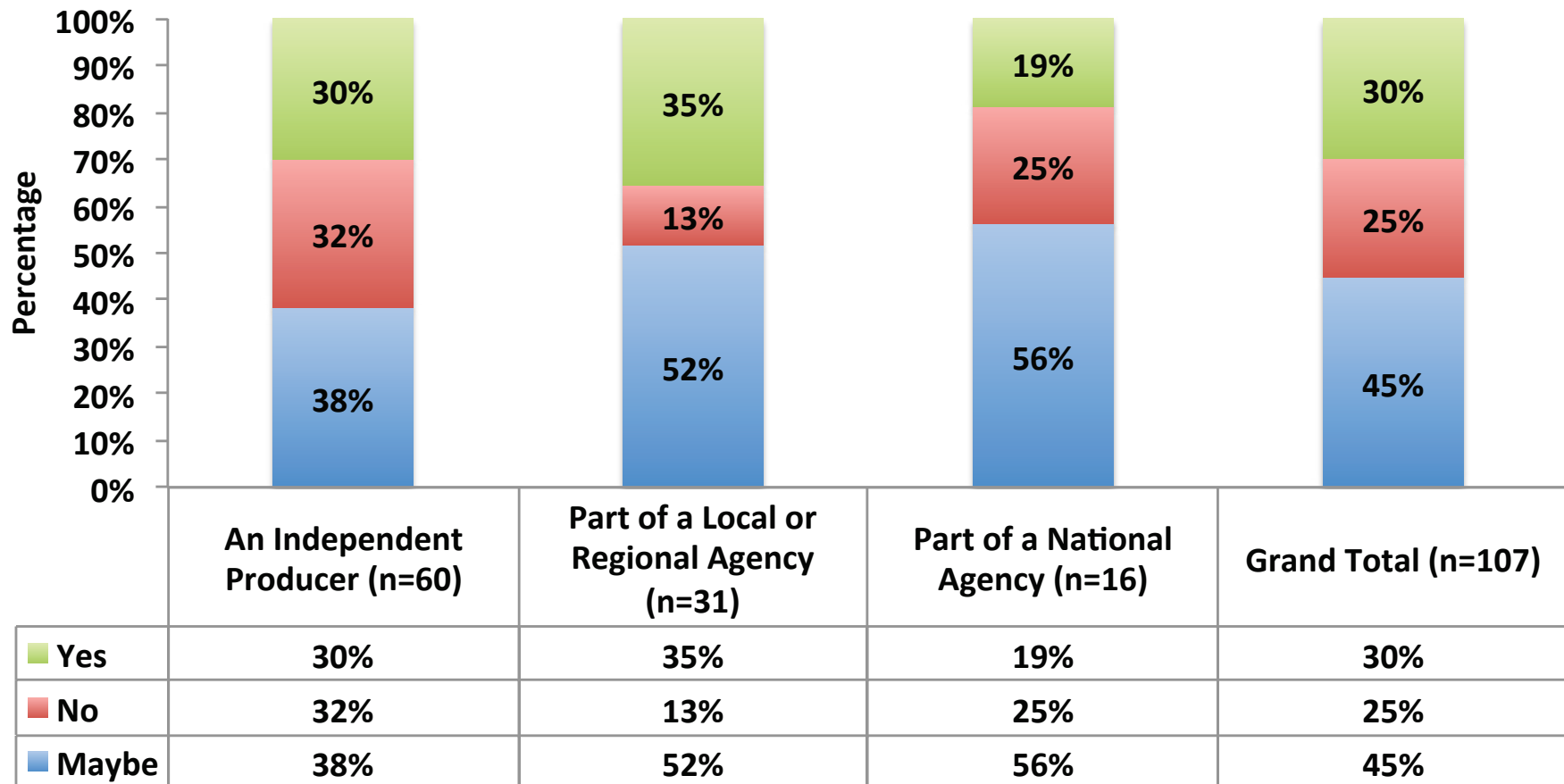




Q21. Do you see a role for the NH Insurance Department to assist you and your customers in making health insurance and healthcare purchasing decisions? (n= 107)

Similar across
producer
type; some
opportunity

NHID Could Assist Producers and Their Customers in Making Health Insurance and Healthcare Purchasing Decisions





Q21. Do you see a role for the NH Insurance Department to assist you and your customers in making health insurance and healthcare purchasing decisions? (other, n= 107)

- Continuing to provide aggregate data
- I see their only role as making sure the insurance companies abide by the laws
- I would rather see the NH DOI take control of the NH market so that we can distance our consumers from CMS' broken system. I understand this would require a costly new state-based marketplace and doubt that is feasible at this time, though.
- If it isn't politically motivated information.
- If they start to take the role of helping the consumers rather than the "Industry"
- It is not the state's job to make decisions for the customers. That's called communism.
- Just get out of the way
- Possibly information on what agents are available in NH to sell a certain company and its products
- That depends if commissions will be taken away which is a very big concern.
- Why add another third party; have the carriers you choose provide us with good info from our broker portal



Q22. How important is it for you and your customers to be able to find the following information and tools on the New Hampshire Insurance Department or NH HealthCost websites?

Tools for Employers	Not At All Important	Low Importance	Slightly Important	Neutral	Moderately Important	Very Important	Extremely Important
Carrier Customer Service Comparisons (n=105)	7 (7%)	4 (4%)	3 (3%)	11 (10%)	18 (17%)	41 (39%)	21 (20%)
Carrier Quality Reports (n=104)	8 (8%)	2 (2%)	9 (9%)	7 (7%)	27 (26%)	28 (27%)	23 (22%)
Provider Quality Reporting (n=106)	9 (8%)	8 (8%)	2 (2%)	12 (11%)	27 (25%)	27 (25%)	21 (20%)
Directory of Insurance (n=107)	9 (8%)	9 (8%)	4 (4%)	11 (10%)	25 (23%)	34 (32%)	15 (14%)
Carrier Network Adequacy Maps (n=106)	6 (6%)	3 (3%)	14 (13%)	14 (13%)	4 (4%)	32 (30%)	33 (31%)
Comparisons of New Hampshire Carrier Performance to Other New England Carriers (n=105)	9 (9%)	6 (6%)	3 (3%)	23 (22%)	26 (25%)	22 (21%)	16 (15%)
Directory of Producers (Brokers) (n=105)	11 (10%)	11 (10%)	3 (3%)	17 (16%)	20 (19%)	23 (22%)	20 (19%)
National Committee for Quality Insurance (NCQA) Report Card Links (n=104)	13 (13%)	7 (7%)	1 (1%)	21 (20%)	25 (24%)	21 (20%)	16 (15%)
Aggregate Provider Discounts by Carrier (n=105)	12 (11%)	4 (4%)	6 (6%)	23 (22%)	18 (17%)	28 (27%)	14 (13%)



Q22. How important is it for you and your customers to be able to find the following information and tools on the New Hampshire Insurance Department or NH HealthCost websites? (continued)

Tools for Employers	Not At All Important	Low Importance	Slightly Important	Neutral	Moderately Important	Very Important	Extremely Important
Downloadable or Interactive Employee Education Toolkits for Employers to Distribute (n=105)	11 (10%)	12 (11%)	3 (3%)	22 (21%)	23 (22%)	27 (26%)	7 (7%)
Employer Guide to Shopping for Health Insurance (n=106)	11 (10%)	13 (12%)	7 (7%)	20 (19%)	23 (22%)	24 (23%)	8 (8%)
Information About Health Care Cost Drivers (n=107)	7 (7%)	5 (5%)	27 (25%)	14 (13%)	4 (4%)	31 (29%)	19 (18%)
Carrier Membership Reports by Product (n=103)	13 (13%)	5 (5%)	9 (9%)	24 (23%)	26 (25%)	19 (18%)	7 (7%)
Carrier Profitability Reports (n=106)	14 (13%)	9 (8%)	9 (8%)	23 (22%)	18 (17%)	22 (21%)	11 (10%)
Carrier Community Benefits Expenditures (n=104)	15 (14%)	6 (6%)	8 (8%)	24 (23%)	24 (23%)	19 (18%)	8 (8%)
Links to Health Care Blogs Relevant to New Hampshire Employers (n=105)	13 (12%)	10 (10%)	10 (10%)	24 (23%)	21 (20%)	19 (18%)	8 (8%)



CATALYST
FOR
PAYMENT
REFORM

2016 Comprehensive Specifications for the Evaluation of Transparency Tools

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).

Resource	Provider Specific Quality Data for Consumer Consumption	Comments	Website
CMS	Yes, Publicly	<p>Hospital Compare allows user to determine and compare whether hospital provides emergency services, receives labs electronically, tracks patients' labs, test, referrals, uses outpatient safe surgery checklist and inpatient safe surgery checklist; readmissions.</p> <p>Physician Compare is another tool for determining exactly which provider one wants</p> <p>Physician Quality Reporting System (PQRS) Program</p>	<p>https://www.medicare.gov/physiciancompare/search.html</p> <p>https://www.medicare.gov/nursinghomecompare/search.html</p> <p>https://www.medicare.gov/hospitalcompare/search.html?</p> <p>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/pqri</p>
Dartmouth Atlas	Yes	Focus on readmissions data. The dartmouthatlas.org compares Hospital Care Intensity (HCI) Index; quantifies data in graphs, tables, etc.	http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf404178
Individual, New Hampshire hospitals	Varied	<p>EXAMPLES:</p> <p>DHMC - references data in a flyer, but URL inactive. Second URL has several, high level bullet points about quality directed to consumers.</p> <p>Memorial Hospital: shares quality measure scores.</p> <p>Concord Hospital: shares limited quality data.</p> <p>The NHPGH group scorecard may be the best place to find whether individual hospitals post quality data, as reported (see above)</p>	<p>http://www.dartmouth-hitchcock.org/medical-information/quality.html & http://www.dartmouth-hitchcock.org/about_dh/quality-safety.html</p> <p>http://www.memorialhospitalnh.org/docs/Our-Commitment-to-Quality_Update_04-26-16.pdf</p> <p>http://www.concordhospital.org/about/quality/</p> <p>http://www.nhpghscorecard.org/hospitalratings?sort_bef_combine=field_calculated_rating_value%20ASC</p>

Appendix 7.5 Review of Provider Quality Resources

Resource	Provider Specific Quality Data for Consumer Consumption	Comments	Website
NH Dental Society	No	Dental shortages identified	http://www.dhhs.nh.gov/dphs/bchs/oral/documents/oral-health-data-2015.pdf
New Hampshire Department of Health and Human Services	No	<p>Nursing Home Compare provides detailed information about the past performance of every Medicare and Medicaid certified nursing home in the United States. Nursing home ratings come from: Health inspections, Staffing, Quality measures</p> <p>Hospital Associated Infection Rates reported annually as required by the NH Health Care Quality Commission; reports contain statewide, overall infection ratios versus provider-specific ratios.</p>	<p>http://www.dhhs.nh.gov/dphs/cdcs/hai/</p> <p>https://www.cdc.gov/hai/pdfs/stateplans/factsheets/nh.pdf</p>
NH Health Care Quality Assurance Commission	Indirectly	<p>"The New Hampshire Health Care Quality Assurance Commission was established in August 2005 with the passage of HB-514 by the state legislature. It was reauthorized in 2010 (RSA 151-G). The charge of the Commission is to review and analyze quality of care and patient safety issues in hospitals and freestanding ambulatory surgery centers."</p> <p>Provides links to annual reports.</p>	<p>http://www.healthynh.com/index.php/fhc-initiatives/nh-health-care-quality-assurance-commission.html</p> <p>http://www.healthynh.com/index.php/commission-documents.html</p>
NH Hospital Association / Foundation for Healthy Communities	No	<p>Indirectly provides links to some reports and articles on quality care; Offers tools for hospitals to enter and maintain quality data aggregated by the NH Hospital Association.</p> <p>Maintains hospital-specific data at nhqualitycare.org, but site was unavailable to query.</p>	<p>http://www.nhha.org/index.php/search-results?q=quality</p> <p>http://nhqualitycare.org "This site is temporarily unavailable" as of September 24, 2016.</p>

Appendix 7.5 Review of Provider Quality Resources

Resource	Provider Specific Quality Data for Consumer Consumption	Comments	Website
NH Medical Society	Indirectly	Links to CMS' Physician Quality Reporting System (PQRS).	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/pqri
NH Purchasers Group on Health	Yes	Offers a scorecard publicly with hospital-specific quality metrics.	http://www.nhpghscorecard.org
Payers	Unclear, but likely yes, via member login	<p>Cigna's website states they offer a range of "award-winning resources to help people learn more about the quality and cost of the health care they choose, including physician and hospital cost and quality information for treating 400 conditions and real time pricing from some 60,000 pharmacies - all according to the individual's Cigna health plan."</p> <p>Harvard Pilgrim - unclear from public site what is available for the "Now iKnowsm" product. States "Quality ratings for doctors and hospitals based on national benchmarking data."</p> <p>Anthem - public facing website redirects user to BCBS to identify "Blue Distinction Centers" (COE for cardiac, knee and hip and bariatric surgery); have Quality Incentive Program for Primary Care Providers, but no public reporting of this information was found on the website.</p>	<p>http://www.cigna.com</p> <p>https://www.harvardpilgrim.org/portal/page?_pageid=213,3835992&_dad=portal&_schema=PORTAL</p> <p>https://www.anthem.com/health-insurance/home/overview</p>

Recommendations Related to CPR Audit Guidelines

(1) SCOPE		
CPR Audit Guideline	NH HealthCost Alignment with CPR Guideline	Recommendation
Tool includes most non-emergent shoppable services (>50% of services and/or >25% of health care costs).	Attained	Currently, the top-20 most common lab procedure pricing are available, but not a lab-specific level. Recommended that lab-specific level data be provided and review of the top-20 most common procedures and services be conducted to inform future website enhancements.
Tool includes information on hospital visits, office visits, labs, imaging, and medication.	Partially attained	Recommend that the tool is made more expansive to fully support information on the major categories of service, including laboratory
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.	Partially attained	Facilities can be looked up to obtain some cost and quality specifications, but the existing website does not readily provide a directory and search function for specific providers. NHID might consider adding related information about network physicians, clinics, as well as behavioral health, vision, and dental providers, pharmacies, retail clinics, onsite/worksites clinics, telehealth, and urgent care. Additionally, costs for preventative services should be included and readily accessible to user. However, since networks vary across providers and products, NHID should also provide links to the carrier sites so participating providers can be determined.
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.	Unattained	It is not necessary that the NH HealthCost website has this level of information, but NHID may consider requiring carriers to offer detailed provider information on their own sites, such that a consumer can determine whether a provider is accepting new

(1) SCOPE		
		patients and access hours of operation, languages spoken, and contact information.
Tool includes information on procedures including total joint replacement, screening colonoscopy, maternity care, and back and spine procedures.	Attained	No recommendation
Tool includes information on grouped services (episodes, bundles, etc.) and the individual services that are part of the group.	Partially attained	<p>Consider providing not only the bundled prices for given service, but also provide consumers with a list of commonly associated procedures and their respective costs and quality separately.</p> <p>Disclaimers are made to indicate to user that there may be potential additional costs associated with a given procedure and service; however, value may be added by providing consumers with a list of commonly associated procedures and services and their respective costs and quality separately.</p>
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.	Partially attained	NHID may want to consider additional consumer financial liability parameters (i.e. other plan types, copay, HSA, HRA, FSA) for calculations
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).	Partially attained	No recommendation
Tool provides for all levels of data security, including encryption and regulatory compliance.	Unknown	No recommendation

(2) QUALITY		
CPR Audit Guideline	NH HealthCost Alignment with CPR Guideline	Recommendation
Tool displays or incorporates measures specified in the CPR Employer-Purchaser Priority Measure Set (table 2).	Unattained	No recommendation
Tool shows quality information on the same display as price estimates. Tool combines quality and price into an overall value rating.	Unattained	While NH HealthCost currently provides some cost and quality measures for given procedures and services, the NHID may consider adding a value rating (or value index) that would consider both cost and quality, thus educating the user that higher costs do not necessarily correlate with better care. However, the authors understand the complexity in doing so without provider and service specific quality information.

(3) PRICE ACCURACY		
CPR Audit Guideline	NH HealthCost Alignment with CPR Guideline	Recommendation
Tool is customized to show the consumer's share of the cost of his or her care (including deductible, copayment, coinsurance, account balance, etc.).	Partially attained	NH HealthCost currently considers the consumer's deductible and coinsurance, but the NHID may examine the possibility of also incorporating copayment and account balance into the equation. The authors understand that this is increasingly more difficult given advanced plan designs including site of service. As such, flexibility in input parameters to allow the consumer to refine the plan design and attain a more accurate liability calculation should be considered.

(3) PRICE ACCURACY		
Tool shows the total amount paid to the provider, through a combination of the amount paid by the consumer and the payer.	Attained	No recommendation
Tool educates the consumer that higher prices for care may not indicate higher quality, and that lower prices may not indicate lack of quality.	Partially attained	This is not articulated in any particular place on the website, but should be made clear in conjunction with creation of a value rating (see under "Quality" above).
Tool includes a "confidence interval" with the price estimate, explaining the range of possible prices in consumer friendly terms.	Attained	No recommendation
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.	Partially attained	Recommend that measures are evaluated to be in compliance.
Episodes of care, for which the principal site of service is the hospital, use ICD10 procedure codes.	Unknown	Recommend that measures are evaluated to be in compliance.
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.	Partially attained	No recommendation
Tool shows prices that reflect the most recent negotiated fees.	Unattained	Since the NHID does not have direct access to fees as they are negotiated, the information on the site should be qualified.

(4) USABILITY		
CPR Audit Guideline	NH HealthCost Alignment with CPR Guideline	Recommendation
Tool has an easy to locate search function that allows consumers to search for and find desired services, procedures, physicians, and facilities.	Attained	No recommendation
It is easy to find information on both price and the quality of care offered by different providers/at different locations/facilities.	Partially attained	NHID may contemplate outlining price and quality concurrently for both a given procedure or service and also for individual providers.
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).	Partially attained	Enhance the amount of actionable information by considering several additional data variables when user signs-in: facility and / or individual provider value rating, various specific plan types, and co-payments.
The language/text in the tool is at or below an eighth grade reading level to enable a basic understanding by consumers.	Attained	No recommendation
Consumers can contact customer service if needed.	Attained	No recommendation

(5) ENGAGEMENT		
CPR Audit Guideline	NH HealthCost Alignment with CPR Guideline	Recommendation
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.	Unattained	Consider a subscribers list, allowing users to be updated when changes have been made on the NH HealthCost website

(5) ENGAGEMENT		
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.	Unattained	No recommendation
Measurement of consumer utilization of the tool relies on robust methodologies including tracking registration, repeat users, comparing information viewed against subsequent claims, etc.	Partially attained	No recommendation
Health plan/vendor works with clients to improve consumer use of and interaction with the tool.	Attained	No recommendation
Tool can be accessed both through the web and mobile devices.	Attained	No recommendation
Tool can be accessed from the employer's website or intranet home page.	Unknown	No recommendation as this is more appropriate for carriers.