Executive Summary: Aetna

This report evaluates Aetna’s online medical care and provider shopping services that are intended to help consumers:

- use benefits wisely,
- save money, and
- find higher-value doctor and hospitals.

Aetna offerings are compared to third-party benchmarks and to comparable services from Anthem, Cigna, Kaiser Permanente, HealthNet, and United Healthcare.

Highlights: Aetna Strengths and Weaknesses

Overall Rating
Compared to other health plans, Aetna shopping services rated MEDIUM.

Strengths

- Allowed fees are customized to user’s coverage and include information on total cost of care, allowed amounts, out-of-pocket estimate, progress towards deductible, applicable co-pays, and co-insurance.
- Easy to navigate format integrates benefits information, out-of-pocket estimator, education about shopping for health care services, and incentives.
- Allowed fees are available for an array of office visit services, customized to user’s coverage and specific doctors.

Weaknesses

- Only 25 surgical and inpatient procedures are available, limiting hospital and acute care allowed fee comparisons. Similarly, the diagnostics services cost information is limited to fewer than 25 tests. These medical services are not organized by episodes of care; rather cost information is presented for individual units of service.
- Quality and allowed fee information presented separately.
- Lower cost alternatives to specific visit types, such as alternative treatment options, cannot be compared side-by-side with higher cost options.

Table 1. Summary of Aetna member shopping services

<table>
<thead>
<tr>
<th>SERVICE COMPONENT</th>
<th>VALUE PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shop and/or budget for medical service</td>
<td>MEDIUM: Allowed fees are customized to coverage and include information on total cost of care, allowed amounts, out-of-pocket estimate, progress towards deductible, applicable co-pays, and co-insurance. Limited number of included services.</td>
</tr>
<tr>
<td>Compare allowed physician fees</td>
<td>HIGH: Physician-specific allowed fees are customized to coverage for most in-network doctors. Users can compare up to 10 physicians concurrently for common office visit services.</td>
</tr>
<tr>
<td>Compare allowed inpatient fees</td>
<td>MEDIUM-LOW: Hospital allowed fee estimates are customized to coverage. Estimates limited to 25 procedures.</td>
</tr>
<tr>
<td>Compare allowed procedure fees across settings</td>
<td>HIGH: Compares allowed fees across settings for diagnostic services and surgical procedures. Limited number of services and procedures available.</td>
</tr>
<tr>
<td>Compare allowed fees for treatment or setting alternatives</td>
<td>LOW: Costs across settings are compared, but treatment alternatives are not available.</td>
</tr>
<tr>
<td>Shop for medications</td>
<td>HIGH: Compares drug costs by out-of-pocket estimates for mail order and retail pharmacy. No comparisons for suggested generic medications.</td>
</tr>
</tbody>
</table>
Purposes and Methods

The purpose of the shopping services evaluation is to help purchasers with their employee decision support planning by: a) helping the workforce use health plan shopping tools to search for and purchase provider and medical services, and b) advocating with contracted health plans to improve these services.

We assessed health plan decision support tools to help members:

- Shop and/or budget for medical care
- Compare physician fees for common medical services
- Compare hospital/facility fees for common medical services
- Compare fees for alternative treatments and settings, and
- Shop for medications

To compare plans, we developed nine Use Cases spanning a variety of health care needs. They assessed how the tools handled different queries, bundled episodes of care, provided patient education, and linked with other data, such as users' benefits, demographic information, and personalized risk assessments.

Benchmark performance for each Use Case was set by a third-party cost calculator.

Benchmarks for cost calculator tools

Use Case number 1: Alternative and equally effective treatments and services

Users can:

- Identify treatment and service options and supporting evidence.
- Learn about evidence-based care guidelines, such as recommended frequency of mammography.
- Compare coverage-specific allowed fees for alternative treatment and service settings (e.g., doctor's office, hospital, imaging facility).
- Compare options and allowed fees side-by-side.
- Identify medical services that comprise an episode of care.
- Learn about self-care options.

Use Case number 2: Diagnostic testing

Users can:

- Compare coverage-specific allowed fees for local providers' diagnostic services (e.g., independent lab vs. hospital-affiliated lab).
- View related coverage-specific allowed fees, such as radiology report.
- Identify in-network options with lowest allowed fees (e.g., instructions, sorting and search functions).
**Use Case number 3:** Elective or planned surgery requiring inpatient admission

**Users can:**
- Compare coverage-specific allowed fees for the surgical episode of care, including costs that span settings and providers.
- Identify the cost for each element in an episode of care (e.g., pre-admission testing and services, hospital admission, professional services, and follow-up care).
- View quality information for the hospital provider.
- Readily identify the option with highest quality and lowest allowed fees (e.g., instructions, sorting and search functions).

**Use Case number 4:** Services performed in alternative settings

**Users can:**
- Compare coverage-specific allowed fees across settings.
- Identify coverage-specific allowed fees by element for the entire episode of care, including doctor visits, surgical center, hospital, and follow-up care.
- Learn about options including in- and out-of-network providers and service settings (e.g., hospital vs. ambulatory surgical center).
- View quality information for providers and settings.
- Readily identify the option with highest quality and lowest allowed fees (e.g., instructions, sorting and search functions).

**Use Case number 5:** Cost comparisons across settings

**Users can:**
- Compare coverage-specific allowed fees for providers and services across settings (e.g., emergency department, urgent care, office visit).

**Use Case number 6:** Chronic care management

**Users can:**
- Identify coverage-specific allowed fees for annualized cost of care for a chronic condition.
- Identify savings opportunities such as mail-order pharmacy.

**Use Case number 7:** Personalized care recommendations and treatment alternatives

**Users can:**
- Receive age- and gender-customized preventive care and screening recommendations that are linked to self-management tools (e.g., personal health record, health risk appraisal).
- Compare screening options by coverage-specific allowed fees.
- Learn about screening, recommended frequency, and possible complications.
- Link to in-network providers to make appointments.
- View provider quality information.
Aetna Shopping Services

Aetna’s member shopping tool is called the “Member Payment Estimator,” and is located within the member portal, Aetna Navigator, which integrates multiple components in an easy-to-navigate format.

Users view an initial message encouraging them to shop for care that includes a link to an educational video on price differentials.

A hypothetical comparison of in-network and out-of-network allowed fees immediately displays.

A map displays the availability of regional allowed fee estimates.
Users can track incentives earned by participating in employer-selected Aetna health improvement programs.

Coverage-specific information, including accumulated deductible and coinsurance amounts, is readily available.
Aetna combines education about costs with coverage-customized total and out-of-pocket allowed fee estimates for the primary policyholder and dependents. Users first select a service type.

Diagnostic Tests and Procedures includes 22 diagnostic imaging procedures. Aetna focuses on high-volume, non-emergency procedures for which users are most likely to be searching. Although the range of procedures is narrow, Aetna plans to add procedures over time.

Selecting a procedure displays additional information.
Physician Office Services includes all primary and specialty care visit types. Users can obtain information for visit types but not for specific physicians (physician-specific fees are available under DocFind search.)

Surgical Procedures includes only 25 procedures.
Selecting a procedures display provider- and service-specific amounts customized to member’s coverage. The estimates provided are the member out of pocket costs (based on allowed fees, member’s plan, deductible status, coinsurance, plan limits, and other plan design features.)

Selecting “Cost Details” displays coverage-customized cost components, including amounts owed per the deductible, coinsurance, non-covered services, and other elements of plan design.

Procedure allowed fees include facility and professional components. Users must locate pre-procedure and follow-up services separately. As in the following example, the allowed fee for an office visit to an orthopedic surgeon is just one item in a knee surgery episode of care.
Compare Physician Costs

Users can view allowed fees by individual doctors, or compare coverage-specific estimates for up to ten physicians when the member selects “Show me a list…”.

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Estimate what you'll pay for health care

You selected: Office Consultation ONLY for new or established patients, no testing

Please choose a doctor or specialist. (You can compare up to 10 on the next page)

<table>
<thead>
<tr>
<th>In-Network Doctors and Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show me a list of doctors or specialists near me.</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>I know the name of a doctor or specialist I want to see.</td>
</tr>
<tr>
<td>LAST NAME (required)</td>
</tr>
<tr>
<td>FIRST NAME</td>
</tr>
<tr>
<td>FIND A DOCTOR</td>
</tr>
</tbody>
</table>

Is your doctor or specialist out of network?

You can receive care from doctors and specialists that are not in Astra network, but you could pay a lot more. To estimate out-of-network costs, we look at charges from doctors and specialists in your area. These are in a database from another company. Your estimate is based on an amount equal to or greater than 95% of these charges.

Get an out-of-network estimate

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Estimate what you'll pay for in-network care

You selected: New Patient Office Visit with EKG

Found: 250 doctors within 15 miles of zip code 94105

Don't see the physician you were looking for? Change the Zip Code or widen your area. Or search again.

<table>
<thead>
<tr>
<th>Physician</th>
<th>Specialty</th>
<th>Plan Info</th>
<th>Distance</th>
<th>Price Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>Internal Medicine</td>
<td>xxxx mi</td>
<td>GET ESTIMATE</td>
<td></td>
</tr>
<tr>
<td>Provider Name</td>
<td>Family Practice</td>
<td>xxxx mi</td>
<td>GET ESTIMATE</td>
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</tr>
</tbody>
</table>
Estimate what you'll pay for in-network care

Cost Details
This estimate is for: SUBSCRIBER
Date of Estimate: 05/15/2012 06:00 PM
Service: New Patient Office Visit with EKG

Includes an Office Visit for moderate to severe problems with a doctor you have NOT visited before and an EKG with at least 12 leads, tracing and interpretation.

\(<\) Back to Estimate

<table>
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<th>Physician</th>
<th>Specialty</th>
<th>Plan Info</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>Provider Address 1</td>
<td>Provider City, State Zip Phone: (999) 999-9999</td>
<td></td>
</tr>
<tr>
<td>Provider Name</td>
<td>Provider Address 2</td>
<td>Physician Details</td>
<td></td>
</tr>
<tr>
<td>Provider Name</td>
<td>Provider Address 2</td>
<td>Provider City, State Zip Phone: (999) 999-9999</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount</th>
<th>Your Plan Pays</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>$220.98</td>
<td>$110.98</td>
<td>$110.98</td>
</tr>
</tbody>
</table>

Your Aetna member rate \(\uparrow\)
Not paid (included by plan) \(\uparrow\)
Amount paid toward meeting your deductible \(\uparrow\)
Amount paid toward your remaining coinsurance \(\uparrow\)
Your copay amount \(\uparrow\)

Your Total Estimated Payment: $30.00

For quality information on providers, Aetna displays their quality designation, the Aexcel Blue Star indicator (with links to explanations.) The Aexcel providers are automatically sorted to the top of the provider selection screen to encourage user selection.

Compare Hospital Costs

Estimate what you'll pay for health care

Cost Estimate
This estimate is for: SUBSCRIBER
Date of Estimate: 05/15/2012 06:01 PM
Service: Fibroid Removal via Hysteroscopy

Fibroid Removal via Hysteroscopy includes uncomplicated surgery performed on an outpatient basis, including associated anesthesia for 120 minutes as well as the lab charge for the tissue exam.

Facilities Near 94105:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Facility Type</th>
<th>Distance</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>Provider Address 1</td>
<td>Provider City, State Zip Phone: (999) 999-9999</td>
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<tr>
<td>Provider Name</td>
<td>Provider Address 2</td>
<td>Physician Details</td>
<td></td>
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<td>Provider City, State Zip Phone: (999) 999-9999</td>
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Your Aetna member rate \(\uparrow\)
Not paid (included by plan) \(\uparrow\)
Amount paid toward meeting your deductible \(\uparrow\)
Amount paid toward your remaining coinsurance \(\uparrow\)
Your copay amount \(\uparrow\)

Your Total Estimated Payment: $30.00

Users can only compare hospital allowed fees by using a predetermined set of 25 surgical procedures. The estimates are the member out-of-pocket costs. The allowed fees are displayed on the estimate detail page.
Users can view differences in out-of-pocket amounts across settings when searching for a particular procedure or diagnostic test among the limited number available.
Users can view customized out-of-pocket estimates for alternative settings, such as walk-in clinics, but cannot compare them side-by-side with the comparable fees for a physician visit. No information is provided about the potential savings of using alternative settings.

Users can compare costs after searching for medications by name.
Users can compare coverage-specific out-of-pocket costs for retail pharmacy or mail order delivery. Aetna presents available generic alternatives without applicable costs. After selecting a generic medication, users view retail and mail-order costs but cannot compare them, side-by-side, with costs of brand-name brand drugs. Alternatives may include more expensive medications.

If the suggested generic is selected, comparisons between delivery methods are presented.