Executive Summary: Anthem

The brief provides purchasers with an evaluation of the consumer medical care and provider online shopping services that are offered by their health plan to help members:

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

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

Highlights: Anthem Strengths and Weaknesses

**Overall Rating**

Compared to other health plans, Anthem shopping services rated **MEDIUM**.

**Strengths**

- Medical services costs are organized into care bundles or episodes, and are personalized to user’s benefits and local fee schedule; user can organize information using alphabetical, distance, or cost sorting.
- Location, quality distinctions, typical high and low costs presented in easily navigable format
- Providers who will not allow Anthem to disclose pricing are identified and listed last in search

**Weaknesses**

- As the tool organized the search by bundles of care, conditions and types of care are limited to 19 categories with five to 20 procedures or visit types within them; comparative costs not available for individual providers.
- Hospital quality information is limited to Blue Distinction awards on cost estimator tool; other quality ratings available on separate white-labeled tool not integrated with cost information.
- No shopping support to compare services in alternative settings or alternative treatments.

Table 1. Summary of Anthem 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>HIGH: User accesses a set of bundles of care to view the allowed fee for in-network (costs are presented as regional high and low averages.) Out-of-pocket estimates are customized to local fee schedules and user’s coverage.</td>
</tr>
<tr>
<td>Compare allowed physician fees</td>
<td>Not available: No physician-specific cost information.</td>
</tr>
<tr>
<td>Compare allowed inpatient fees</td>
<td>HIGH: User can compare allowed fees across hospitals for a wide set of inpatient procedures, and the out-of-pocket estimate is customized to the user’s benefits.</td>
</tr>
<tr>
<td>Compare allowed procedure fees across settings</td>
<td>LOW: For the limited set of procedures, the cost varies according to setting where that procedure is provided, but selection is limited to the available procedures.</td>
</tr>
<tr>
<td>Compare allowed fees for treatment or setting alternatives</td>
<td>Not available: Alternative treatments or settings are not included in the cost comparison tool.</td>
</tr>
<tr>
<td>Shop for medications</td>
<td>Not available: No medication cost information is available (with the exception of vaccines).</td>
</tr>
</tbody>
</table>

1 All pharmacy benefits are managed by Express Scripts, and any inquiry takes the user off Anthem’s website to Express Scripts, beyond the scope of this analysis.
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.
Anthem Shopping Services

Shop/Budget for Medical Services

Anthem allows search for 168 of the most common visit types and procedures. Anthem’s tool offers 19 categories of care, ranging from “Office Visits” to “Surgery – Cancer” and then a range of five to 20 procedures or visit types within each category. Visit types are presented as bundles of care, and vary between well child visits (Category: Mothers & Babies) to group therapy (Category: Behavioral); procedures vary from knee surgery – cartilage repair (Category: Orthopedic) to Back – MRI Spine (Category: Radiology.) Some procedure types function as “catch-alls,” such as “office visit: existing patient.”

The user selects among visit types, procedures, medications, or tests within that category. On this initial page, users can choose to display only hospitals with the BlueCross BlueShield Blue Distinction (where applicable.) Users are warned that the cost estimator does not include out-of-network services and users who receive out-of-network services may be subject to balance billing.

Users can search within an expandable geographic range and for any dependents individually.²

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² Presumably, this selection tool exists so that the cost estimator will present the out-of-pocket amount adjusted for differentials in benefits between primary insured and dependent (whether the user is searching for a cost estimate for self or family member); due to testing methodology constraints we could not prove whether customization exists or is accurate.
Health Plan Shopping Services Evaluation

Compare Physician Costs

The tool does not include cost comparisons among individual physicians; rather the tool lists estimated out-of-pocket and average allowed fees among types of visits.

Costs for individual physicians are not available. However, on a separate area of the Anthem member portal, users may search for a provider. Cost information is not included, but quality information includes Zagat patient ratings of doctor.

However, sample Zagat reviews were not available for the doctors listed in a sample of the first five providers who appeared for each of the test scenarios used in the analysis (using geographical location of 10 miles from center of San Francisco.)
Compare Hospital Costs

Hospital costs are presented by total average allowed fee in the user’s area. High and low typical cost estimates are formulated using PPO contracted facility cost rates with a geographic overlay. On the left-hand side, out-of-pocket cost estimates are presented that are customized to the user’s benefits. The user can compare out-of-pocket estimates across facilities where available.

If costs are not available, either due to gag clauses or lack of data, “Not Available” is shown and the tool explicitly says that it might be due to provider non-disclosure. Undisclosed prices fall to the bottom of the cost sort.
The out-of-pocket estimate is presented as a total and the underlying components (co-pay, deductible, etc.) are not presented.

Inside the cost estimator tool, quality information is limited to Blue Distinction awards, which are the BlueCross BlueShield centers of excellence program using external measures. No other external quality sources are presented in this section of the tool.
The separate quality tool, a hospital comparison tool from Healthcare Services Group displays "quality only" comparisons among procedures; but cost information is not integrated. Inside this separate tool, navigable by following a separate link, quality comparisons are available by pre-selecting hospitals to compare and hospitals are ranked according to the user selected criteria.

Defaults are set to prioritize the hospital quality indicators.

A report is then generated comparing quality, safety, and patient experience across standard national reporting mechanisms (complication index, mortality, Joint Commission measures, CMS measures, Leapfrog, and H-CAHPS.)

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Computerized Physician Order Entry</th>
<th>ICU Physician Staffing</th>
<th>Leapfrog Safe Practices Score</th>
<th>Never Events</th>
<th>Hospital Acquired Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marin General Hospital</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★</td>
<td>Central Line Associated Blood Stream Infections</td>
</tr>
<tr>
<td>California Pacific Medical Center-Pacific</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★</td>
<td>Central Line Associated Blood Stream Infections</td>
</tr>
<tr>
<td>St. Mary’s Medical Center-San Francisco</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★</td>
<td>Central Line Associated Blood Stream Infections</td>
</tr>
<tr>
<td>UCSF Medical Center</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★</td>
<td>Central Line Associated Blood Stream Infections</td>
</tr>
<tr>
<td>San Francisco General Hospital</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★</td>
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</tr>
<tr>
<td>Kaiser Permanente</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
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<td>Stanford Hospital</td>
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<td>★ ★ ★ ★</td>
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<tr>
<td>UC San Diego Health System</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
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</table>

About the quality and safety standards:

Computer Physician Order Entry: This refers to a computerized order entry system that is used by physicians to enter prescriptions to interrupt entry when they most commonly occur - all the time medications are ordered.
Compare Costs of Alternative Treatments and Settings

Anthem’s tool offers rudimentary information on how costs vary by facility, by presenting the out-of-pocket cost and the average high and low prices across facilities that perform the same procedure. For example, for outpatient surgery, the costs differ widely for the procedure when it is performed in a surgical center versus a hospital (the full cost of the hospital is nearly twice as much, although the differential in estimated out of pocket is less than $100).

However, Anthem’s tool does not allow for direct comparisons of costs between alternative treatments, or suggest alternatives to any specific procedure or treatment. Although the least costly option for each procedure is presented, a user would have to run the process for two separate procedures to compare costs; thus the responsibility is on the user to determine if treatment options exist and to pursue potential options (e.g., needle biopsy with and without imaging are entirely separate searches and are presented as independent procedures.) The tool provides limited explanations of procedures and treatments and does not present alternatives.
Anthem’s tool does not include medications. However, vaccines are included in the cost calculator, although without guidance as to schedule or use.