Executive Summary: HealthNet

This report evaluates HealthNet 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.

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

Highlights: HealthNet Strengths and Weaknesses

Overall Rating

Compared to other health plans, HealthNet shopping services rated LOW.

Strengths

- Regional average allowed fee information is available for a wide range of procedures, treatments, and conditions.
- Out-of-pocket allowed fee estimates for procedures include information for episode of care components.
- WebMD functionality displays patient educational material and allows user to search for facilities by self-selected safety, quality, and cost preferences.

Weaknesses

- Users must follow three navigational paths for information on plan benefits, allowed fees, and providers. Users must track and combine this information independently.
- Out-of-pocket allowed fee estimates are not available for different providers and only for selected conditions, treatments, and procedures.
- It is unclear whether out-of-pocket allowed fee estimates are user-customized or represent an average for the plan type.

Table 1. Summary of HealthNet 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>LOW: Users must follow three navigational paths for information on plan benefits, costs, and providers. Out-of-pocket allowed fee estimates are available only for individual conditions.</td>
</tr>
<tr>
<td>Compare allowed physician fees</td>
<td>LOW: Users cannot compare allowed fees across different providers but are able to view allowed fees for episode of care components.</td>
</tr>
<tr>
<td>Compare allowed inpatient fees</td>
<td>LOW: Users can compare allowed fees across hospitals, but the information is not coverage-specific. Users can view estimated out-of-pocket allowed fees for an inpatient stay vs. other episode of care components.</td>
</tr>
<tr>
<td>Compare allowed procedure fees across settings</td>
<td>Not available</td>
</tr>
<tr>
<td>Compare allowed fees for treatment or setting alternatives</td>
<td>Not available</td>
</tr>
<tr>
<td>Shop for medications</td>
<td>LOW: Users can only view average costs for generic medication.</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.
HealthNet Shopping Services

Shop/Budget for Medical Services

Users must follow three navigational paths to obtain information on allowed fees, providers, and coverage. Users must track and combine this information independently.

Users must register with both HealthNet and WebMD, which provides the Treatment Cost Advisor. It presents out-of-pocket cost estimates, but users cannot compare these across providers.

The Cost Advisor and Hospital Advisor/Provider Search display cost data. Users first select one of 26 categories, triggering a drop-down menu of procedures.

Not all procedures are available across categories; for instance, colonoscopy displays in the Men’s Health category, but not in Women’s Health. Selecting the “All” category allows users to search for any of more than 200 available procedures. Additional information is available on a range of procedures.
For selected conditions, users can view estimated allowed fees for episode of care components: outpatient or inpatient services, specialist visit, diagnostic and lab costs, and medications.

To obtain information on allowed fees, users must enter age, gender, and zip code. Cost estimates represent "reasonable and customary" charges by region. High, low, and average in-network and out-of-network total costs display.
It is unclear if average out-of-pocket allowed fees are coverage-customized; the basis for calculating average cost is not demonstrated.

Costs are displayed for in-network and out-of-network providers, along with a recommendation that users manage costs by staying in-network.
Users can search for providers by location, but results do not display provider network status. Results can be sorted by distance, name, or specialty. Provider information is not linked to allowed fee estimates or benefits. Quality information is based on certification and HEDIS performance.

Hospitals are identified by network status. Out-of-network hospitals are identified but cannot be compared.

Users can search for a hospital by condition, first choosing an area of the body and then a specific health issue.
Users can sort hospitals by costs and location (zip code is pre-populated). Quality and centers of excellence information is displayed.

Out-of-network facilities are identified and appear last in search.

Users sort search results based on personal preferences. To obtain cost information, users must indicate that cost is an important preference. The default preference setting is "not at all important."
Results are displayed by preference. Cost information displays as charges relative to the area average; no coverage-specific or out-of-pocket allowed fee estimates display. Quality is based on H-CAHPS performance.
Users can obtain limited information on alternative treatments and settings but cannot compare costs across them. Some patient education includes options for preventive screening and diagnostic tests, but no cost information is provided. Patient decision-making tools also omit cost information.

Users must navigate to another area on the site, Coverage Advisor, to view benefits information (which was dated when the site was evaluated for this report). Users are asked to enter annual salary, location, tax filing status, and household income for reasons that are unclear.
Shop for Medications

Users cannot obtain comparative cost information or learn about medication alternatives.