Executive Summary: United Healthcare

This report evaluates United Healthcare (UHC) 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.

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

Highlights: UHC Strengths and Weaknesses

Overall Rating

Compared to other health plans, United Healthcare shopping services rated HIGH.

Strengths

↑ Allowed fee estimates are customized to user coverage and providers. User can track deductible, HSA, HRA, or FSA balances.

↑ User can view allowed fees for an entire episode of care and for each component.

↑ Consumer shopping is enabled by displaying treatment and setting alternatives and identifying higher-cost providers.

Weaknesses

↓ Users can obtain allowed fee information for only 100 medical services, which exclude inpatient procedures, surgeries, and medications.

↓ Free text search only enabled for visit types and tests; conditions, symptoms, or drug names are not included in free text search auto-complete suggestions.

Table 1. Summary of UHC 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-HIGH: Allowed fees are customized to coverage. Users can view costs that accumulate to deductible and are covered through HSA or FSA funds. Care is bundled into episodes with allowed fees for each component. Allowed fees are available for a limited number of procedures.</td>
</tr>
<tr>
<td>Compare allowed physician fees</td>
<td>HIGH: Users can compare Individual provider coverage-specific allowed fees, with UHC’s regional average cost as a benchmark. Physician cost outliers are highlighted.</td>
</tr>
<tr>
<td>Compare allowed inpatient fees</td>
<td>HIGH: Users can compare individual hospital coverage–specific allowed fees, with UHC’s regional average cost as a benchmark.</td>
</tr>
<tr>
<td>Compare allowed procedure fees across settings</td>
<td>HIGH: Users can compare allowed procedure fees across settings.</td>
</tr>
<tr>
<td>Compare allowed fees for treatment or setting alternatives</td>
<td>HIGH: Users receive suggestions for alternative treatments and settings and alerts that no or minimal care may be appropriate.</td>
</tr>
<tr>
<td>Shop for medications</td>
<td>Not available.</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.
UHC Shopping Services

UHC’s “MyHealthCost Estimator” (MyHCE) provides comprehensive shopping services, customized to user coverage and integrated with personal health accounts, including health savings accounts (HSA), health reimbursement accounts (HRA) and flexible spending accounts (FSA). Coverage-specific allowed fees are available for more than 100 lab, radiology/imaging, physician and outpatient services; however, allowed fee information is not available for conditions, inpatient procedures, or outpatient surgeries.

The landing page features information specific to the user’s coverage and current status and displays the deductible and out-of-pocket maximum.

Users can view real-time updated reports on HRA and FSA balances and progress towards deductible and out-of-pocket maximum amounts. Users can readily export this information to Quicken Health Expense Tracker (external to the UHC site).
After selecting “Estimate Health Care Costs,” users enter a zip code. MyHCE launched on March 31, 2012, replacing UHC’s earlier cost estimator tool, and is only available in certain areas.

Users can enter free text, which prompts drop-down menus for visit types and tests. Entering conditions, symptoms, or medications does not prompt drop down menus. For example, entering “headache”, “cancer,” and “zocor” (also “omeprazole”) yielded no results.

Users can also browse more than 100 visit types, diagnostic tests, and procedures. A “Quick Info” button displays a brief description of each. Inpatient procedures (such as surgery and labor and delivery) and conditions (such as cancer) are not included. The 200 most common procedures are not all included.
Selecting a procedure displays options for lower-cost alternatives; average in-network costs and coverage-specific out-of-pocket estimates also display. Users choose a “care path,” or bundle.

Care path selection displays a total cost estimate, coverage-specific out-of-pocket allowed fee estimates, and regional averages for in-network total costs. Allowed fees for components of the care episode also display.

The final step is an estimate of coverage-specific allowed fees and easy access to customized funding options.
Users can select "Why Cost May Vary" to view options for minimizing out-of-pocket allowed fees.

An interactive slider bar indicates out-of-pocket allowed fees that would accumulate to a deductible.

Providers and facilities are color-coded according to allowed fees, relative to regional averages.
For included procedures, users view coverage-specific out-of-pocket allowed fee estimates for physician services. The range of average allowed fees displays; physicians are ranked by UHC premium designation (based on an internal methodology), then in ascending order of allowed fees. Unless users complete a different search, out-of-network providers do not display.

Users then view a side-by-side comparison of allowed procedure fees by providers. “Number of Services/Yr” is based on processed UHC claims; messaging explains that this is not a proxy for quality.
Tool displays progress towards deductible and out-of-pocket maximum in accumulator bar format, with cost comparison to regional averages.

Quality information is limited to professional certification and education. Additional information includes the physician's patient volume (expressed as claims per year), languages spoken, and availability to new patients.
Users can compare allowed fees for each component of an episode of care; in the limited set of procedures, hospital allowed fees display when hospital care is part of the episode.

Across settings, users can compare the local average, the facility allowed fee, and the coverage-specific out-of-pocket allowed fee estimate. Facilities with fees exceeding the local average display in red, regardless of the coverage-specific allowed fee.

Facilities that do not disclose contracted fees display with a message that insufficient claims data exist to provide an estimate. Users cannot determine if fees are missing due to provider gag clauses.
By selecting the 'more information about this facility' tab, users can view quality and efficiency information from the UHC Premium Designation methodology. The Premium Designation is applied to facilities providing cardiac, total joint and spine, neonatology, congenital heart disease, surgical spine and/or infertility programs. Users can also compare specialty centers on national quality of care benchmarks; facility quality scores are represented by stars. In addition, facilities are identified as higher, average, or lower efficiency on the basis of cost.

Leapfrog scores are also displayed; however, users cannot compare scores across different hospitals.
Users can view alternative treatments and settings for the majority of included procedures. Alternatives include types of providers (e.g., primary care provider vs. chiropractor) and interventions (e.g., physical therapy vs. medication). For each option, users can view coverage-specific allowed fees and typical treatment duration, as well as messaging about the likely effectiveness of interventions and when to seek additional care.

Across settings, users can compare the local average, the facility allowed fee, and the coverage-specific out-of-pocket estimate. Facilities with fees exceeding the local average display in red, regardless of the coverage-specific allowed fee.

Shop for Medications

Users cannot view medication cost information.