

STATEMENT BY CPR PURCHASERS ON PRICE AND QUALITY TRANSPARENCY IN HEALTH CARE

Information about the price and quality of health care services should be broadly available to those who use and pay for care

1. Consumers must have access to meaningful, comprehensive information about the price and quality of services to make informed health care decisions.

- Consumers are being asked to pay more for their health care as costs rise and insurance benefits change; they have the right to know the price and quality of their health care choices.
- Such information should be readily available and accessible in a [comprehensive format](#) that is relevant and user-friendly, including:
 - ✓ Integrated price, quality (especially outcomes data), and patient experience information for specific services that is customized to the consumer's benefit design (e.g., real-time deductible, coinsurance, and co-pay information, etc.), by illustrating the total cost of care and the amount for which the consumer is responsible.
 - ✓ Provider background, including education and medical training, services offered, business hours, location and online appointment scheduling; and
 - ✓ An easy-to-use and convenient platform or portal including web and mobile applications, paired with support from physicians, nurses, coaches or other trained customer service representatives to help patients use the tools to maximize their health.

2. Providers and health plans must make such information available.

- Health plans have made strides and should continue to innovate with the tools they have created to share quality and price information with consumers.
- Some providers continue to resist releasing price and quality information. To develop comprehensive transparency tools, providers must make such data available, and provide it at a level which is meaningful to consumers (e.g. at the individual hospital or physician level rather than at a health system level).
- Many health plans have agreed that self-insured purchasers should be able to use their own claims data, including price information, as needed, though some prohibit purchasers from giving it to a third-party vendor to develop consumer transparency tools or to assist with interpretation. Health plans must eliminate these restrictions to maximize the options for transparency tools in the marketplace.

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- CPR Purchasers expect providers to remove any restrictions on health plans from making price and quality information available for use in transparency tools.
- CPR Purchasers expect health plans to allow self-insured customers full use of their own claims data including giving it to a third-party vendor to develop transparency tools.

3. Self-insured purchasers have the right to use their claims data to develop benefit designs and tools that meet their needs.

- Self-insured purchasers have an interest in sharing price and quality information with their consumers to encourage them to use high-quality, cost-effective care, which may help to drive down health care spending and health care prices by encouraging providers to compete on quality and affordability.
- Access to the most complete price and quality information also helps purchasers develop innovative and integrated benefit design and payment reform strategies.
- Self-insured purchasers should seek health plan partners with tools that meet their needs or that allow them to use their own claims data in a manner that meets their needs, such as having the flexibility to contract with other vendors to analyze and display their data.

4. Current anti-trust laws should be adhered to and enforced to ensure that providers and health plans do not use price information in an anti-competitive manner.

- There could be unintended negative consequences to greater transparency on price and quality information, such as providers using it to raise their prices. To address this, appropriate parties must monitor such transparency with suitable oversight mechanisms.
- Price and quality information released for use by consumers can be presented in such a way that targets it to consumers' expected share of the costs due to their specific health plan benefit design.