



Price Transparency Through the Lens of a Member

Leverage Price Transparency to Enhance the Member Experience

New federal price transparency regulations are designed to protect consumers from surprise care costs and equip them to make fully informed healthcare decisions.



The Price Transparency “No Surprises Act,” signed into law in December 2020, requires healthcare payers in 2022 to disclose detailed pricing and cost-sharing information in “machine readable files” including accurate in-network provider negotiated rates, out-of-network allowed amounts, and drug pricing. In following years, payers must provide an online shopping tool that shows members out-of-pocket cost information for shoppable medical items and services.

The Federal Government has yet to release final guidance, and the details on how to administer the law and their effective dates are forthcoming.

As payers begin to prepare for the federal price transparency rules to go into effect, the most discerning organizations will consider not only how to abide by the rules but also how to create an exceptional, engaging member experience.

Today's health plan members are savvy consumers who demand transparency and control over their healthcare decisions. They also expect a modern, user-friendly online and mobile experience that is personalized, accurate, and easy to navigate. A recent study conducted for America's Health Insurance Plans (AHIP) found that 8 of 10 members prefer focused and easily digestible communication over thorough but complicated information.

The Time Is Now to Rethink Your Digital Experience

By creating an exceptional, delightful, and consumer-centric healthcare experience that exceeds member expectations, payers can increase member engagement, build trust and loyalty, and gain a competitive advantage.

In this Orange Paper, we will demonstrate how payers can use design thinking, an approach to innovation that starts with the lens of the member, to meet mandate requirements and create a consumer-centric digital experience that prioritizes what members want and need to live healthier.

What Is Design Thinking?

Design thinking is a human-centered approach that integrates the needs of people, the possibilities of technology, and the requirements for business success. Understanding what members need from their healthcare experience, while empathizing with their goals, pain points, and behaviors, allows us to create cost-effective and meaningful solutions that improve member satisfaction and make good business sense.



Putting human needs in the center of everything we do...

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solving the problem through empathy and collaboration...

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to develop solutions that are successful and meaningful.

Design thinking tools, including member personas and journey mapping, allow teams to empathize and define the challenges members may face in understanding healthcare costs. When challenges are defined and validated, we establish a foundation to ideate on digital offerings that deliver relevant and personalized content where, when, and how members want and need it in their healthcare journey.

5 Steps to Use Design Thinking to Create a Price-Transparent Member Experience

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Define your current-state member experience with cost-related touchpoints.

Many payers have already developed and socialized member journey maps that show both digital and non-digital touchpoints for prospective and current members, from shopping for a plan to preventive care to engaging in complex care management programs.

To gain insight around the member's price transparency experience, start by developing a "big picture" of the member healthcare cost journey focused on key actions members may go through as they evaluate their care needs, including:

- ✓ Planning for treatment
- ✓ Connecting their costs with care
- ✓ Completing the health event lifecycle by confirming their out-of-pocket payment and coverage

Document these key experiences as touchpoints along journey phases, so that you can begin to understand where and when the upcoming regulations will impact the member. Also note which digital solutions the payer currently offers, such as a treatment cost-estimation tool, a plan-shopping guide, and a prescription drug cost tool.

Healthcare Journey Stages	Assess Need for Care	Evaluate Options	Plan for Treatment	Get Care	Manage Post-Care	Connect Cost with Care
Member Goals	<ul style="list-style-type: none"> Help me understand my benefits and how best to use them. Help me understand whether I'm on track with my health. Help me assess the severity of my situation so I feel confident about my care decision 	<ul style="list-style-type: none"> Help me understand my treatment options so I can make an informed decision Help me find the right provider based on my needs 	<ul style="list-style-type: none"> Help me understand what is covered and how much I will owe at point of service Help me get the most out of my benefits, and avoid common pitfalls 	<ul style="list-style-type: none"> Help me get to and in touch with my provider with ease Help me understand what is covered and how much I will owe at point of service 	<ul style="list-style-type: none"> Help me save money after getting care Help me understand my treatment plan and how it may impact my cost 	<ul style="list-style-type: none"> Help me file and track my health insurance claim Help me always know what I owe and how to pay in a clear way, at the right time so there are no surprises Help me feel reassured that my benefits fits my health needs
Member Actions	<ul style="list-style-type: none"> Review and manage benefits info Assess health conditions Review health history 	<ul style="list-style-type: none"> Research treatment cost Research provider Weigh value of treatment options, provider selection and costs 	<ul style="list-style-type: none"> Make decision on treatment plan Schedule appointment Prepare documentation 	<ul style="list-style-type: none"> Visit provider Pay provider at point of service 	<ul style="list-style-type: none"> Fill or refill Rx Follow post-treatment plan Follow-up visits 	<ul style="list-style-type: none"> Submit claim Get EOB Review deductible balance Review benefit statements
Price Transparency Related Touchpoints	<ul style="list-style-type: none"> Member ID Card w/ Deductibles Digital Benefits Guide Call Center Support 	<ul style="list-style-type: none"> Member ID Card w/ Deductibles Digital Benefits Guide Procedure Price Comparison Tool Rx Price Comparison Tool Provider Directory Call Center Support 	<ul style="list-style-type: none"> Procedure Price Comparison Tool Rx Price Comparison Tool Provider Directory Connected EMR Advanced EOBs Call Center Support 	<ul style="list-style-type: none"> Provider Directory Connected EMR Advanced EOBs Call Center Support 	<ul style="list-style-type: none"> Procedure Price Comparison Tool Rx Price Comparison Tool Provider Directory Connected EMR Call Center Support 	<ul style="list-style-type: none"> Health Plan Selection Tool Connected EMR Claims & EOBs IDR Process Call Center Support

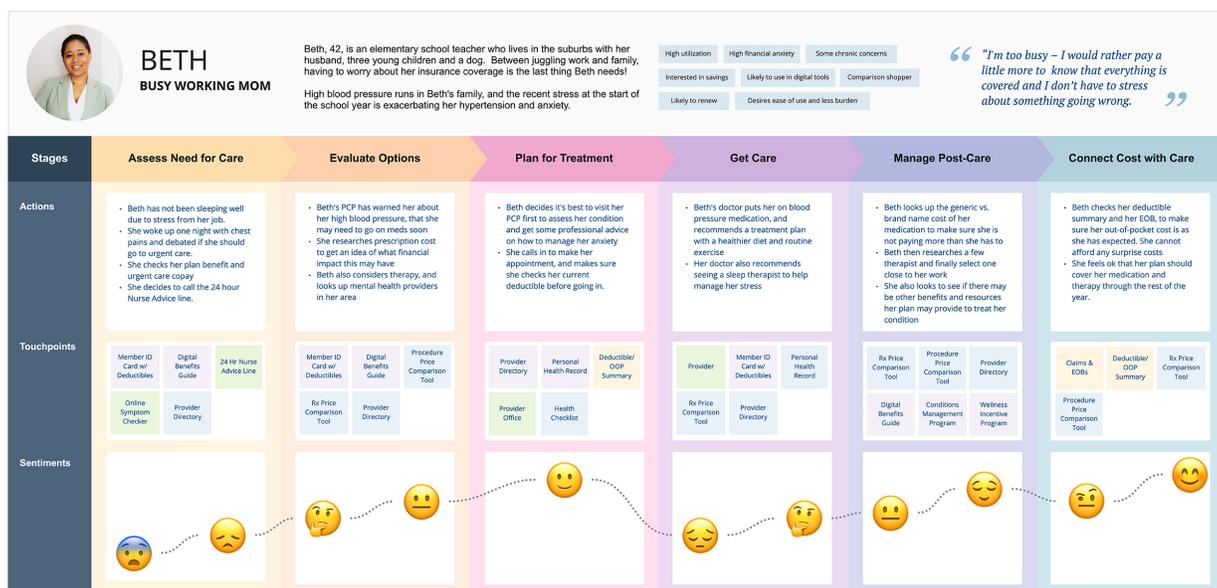


Define your member personas and map their experiences using current cost-related tools along their respective healthcare journeys.

Now that you have developed a member journey map specific to cost-related touchpoints, examine member behavior, thoughts, and emotions along these touchpoints with personas.

Personas are archetypical users who represent a member segment with a shared set of values, goals, challenges, behaviors, and attitudes. Your organization may also have developed personas based on user research, data collection, or surveys.

Personas foster empathy for members as real people, which helps you understand the “Why” behind their behaviors and builds consensus within your organization around the customer base you are targeting and serving. Examine how your member personas may interact with each cost-related touchpoint. Identify their key actions, experiences, sentiment, and potential pain points along their healthcare journey.



Consider each of your personas and how similar or different their experiences may be. For example, a “Chronically Ill” persona may be a high utilizer who is juggling multiple chronic conditions and has high financial anxiety about the cost of upcoming procedures. Their journey using cost-related touchpoints will look quite different from a “Young Invincible” persona in excellent health, who may only come across a healthcare cost experience in an unexpected health event such as an injury.





Ideate on opportunities to improve your current-state member experience using cost-related touchpoints.

Empathizing with your members' needs, wants, and frustrations using your plan's existing cost-related touchpoints gives you valuable insights to ideate and develop new and improved products, tools, and services for increased member access and engagement.

Consider these questions, and leverage the collective intelligence of influencing teams across business areas and products to ideate on potential solutions:

How Might We
help members learn
which cost tools are
available?

How Might We
help members
access these cost
tools in their
healthcare journey?

How Might We
help members get
from one tool to
another that can
help them?

How Might We
make cost tools
more intuitive to use
and best provide
information?

This can be a fantastic opportunity to link together existing or planned digital tools, so they are surfaced to members at the right time to support a seamless healthcare journey.

Example solutions:

CONNECTED COST INFORMATION

While a member is searching for the out-of-pocket cost for a procedure, include estimates to related costs such as anesthesiology or post-op therapy, and link the prescription cost tool to show drug pricing for commonly prescribed post-procedure medications.

CUSTOMIZABLE RESEARCH

When choosing the right service or provider, members may have other considerations besides price. Put your member in the driver's seat by providing a range of options to personalize their research experience. For example, some members may prioritize quality of service, prefer a particular hospital affiliation, or require providers who are bilingual.

BOOST ENGAGEMENT

Leverage transparency mandates to increase uptake of your services while helping members feel supported. Consider engagement strategies to increase awareness of your web and mobile tools that can help members save money. For example, provide a QR code in the new member welcome kit to download the mobile app to obtain their digital ID card, and enjoy other features including benefit and cost information.





Identify opportunities to innovate on new ways to provide a delightful and memorable customer experience (CX).

Expand beyond your ideas to improve members' knowledge, access, and engagement with existing products and services. Now, explore new and innovative ways to deliver an exceptional experience for members to understand their healthcare costs and feel empowered in choosing their care.

Think Big.

Now is the time to “zoom out” and consider all possibilities to address the largest gaps, pain points and opportunities in your members' experiences. This could mean investing in new or different product offerings, streamlining processes, leveraging innovative technologies such as Artificial Intelligence (AI), and improving data interoperability.

Example innovations for an enhanced cost experience:

CUSTOMER SUPPORT

Provide multi-channel call center support and a digital ID card that lists deductible levels, out-of-pocket copays, and coinsurance rates. A QR code on the ID card can automatically connect the member to the payer's mobile app. Based on the clinical severity of their situation and associated insurance coverage impact, a member can make better use of their provider directory tool to choose a care path.

PANORAMIC VIEW

Equip members to share clinical data relevant to their diagnosis with the health insurer to better personalize and guide their use of the cost comparison tools and, if needed, the 3-day advance Explanation of Benefits (EOB). In the same way, equip members with user-friendly tools that guide them along their treatment plans, and connect their major costs of care to maintain an end-to-end view on how, how much, and when they will pay from inpatient to outpatient. Members will feel informed and much less likely to face a surprise bill.

MONITORING CARE

Care does not stop at the treatment level. Implement devoted post-operative care path check-ins and regular updates via an easily navigable connection to the provider's Electronic Medical Record (EMR) system. This also allows the payer to control healthcare costs by helping the member fully recover and seek proper services if their health deteriorates.



Finally, deliver a panoramic view and comprehensive recap of the member's health event and its impact on their overall healthcare finances, such as their deductible and out-of-pocket maximum. Support the member by communicating any associated Internal Dispute Resolution (IDR) process status and outcome regularly and accurately. The data harvested and any digital tool built by payers and providers to support this touchpoint has the double bonus of undergirding Value-Based Care (VBC) programs and shared-risk contracts.

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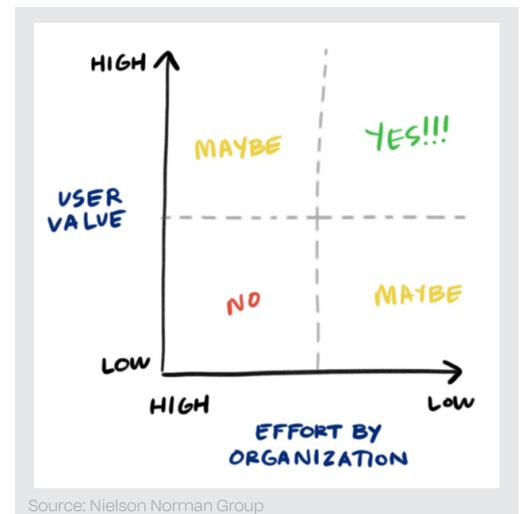


Prioritize opportunities for development, so you can build out your CX strategy and product roadmap.

Now that you have identified a list of opportunities and ideated on potential solutions to improve the member experience, take a lean prioritization approach to determine how to incorporate these ideas into your product vision and roadmap.

A 2-by-2 priority matrix is a simple yet highly efficient framework to inform decisions around where to focus efforts now versus later, depending on risks and/or value.

1. Set up your 2x2 matrix, with "Effort" graphed as the horizontal axis and "Impact" as the vertical axis, to create four quadrants based on these two criteria.
2. For each feature idea, define the impact based on the value it will bring your business and/or members. Then define the level of effort to implement each idea, which may be due to complexity, cost, or business challenges. Plot each idea on the chart based on this assessment.



3. Discuss the results and brainstorm or negotiate ways to increase impact and/or decrease complexity to make features or capabilities more manageable. Modify mapping as needed to build consensus among key stakeholders.
4. Align features or capabilities to your product roadmap to define short-term, mid-term, and long-term goals.



Bringing It All Together

Use design thinking to reimagine a digital experience that empowers members to make well-informed, value-based healthcare decisions, improves engagement, and builds member trust:

Internally, optimize development and operations for digital solutions. Anticipate member needs and preferences by proactively collecting, analyzing, and leveraging data to better understand members.

Externally, simplify the member experience and create a competitive advantage. Provide connected, cross-referenced, and easy-to-navigate applications across digital channels that address common member cost challenges. Empower members to investigate and make their healthcare cost-related decisions using your tools – not those of your competitors.

Build digital capabilities from within your company or enlist outside help to create a seamless digital journey that aligns with members' cost questions, data requests, and engagement in healthcare services. The time is now to transform Price Transparency mandate compliance into a delightful member experience.

Meet the Authors



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As an experienced healthcare leader and innovator, Mike has helped businesses grow, while transforming, for more than 30 years. He delivers profitable growth by leveraging best practices, market innovations, vendor relationships and technologies. Mike can bring perspectives and advancements that span the health ecosystem, from government programs, to managed care, pharmacy and pharmacy benefits. His focus and experience on compliance-based products, member experience and operational excellence builds businesses that grow revenue and margin.

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