Health Care Reform in New York State

What's New and What's Next?

New York Academy of Medicine

Paul Francis, Deputy Secretary for Health and Human Services, New York State

April 18, 2016
## What is the Problem We are Trying to Solve?

### Delivering the Triple Aim – Healthier people, better care and individual experience, smarter spending

<table>
<thead>
<tr>
<th>Pillars</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve access to care for all New Yorkers, without disparity</td>
<td>Make the cost and quality of care transparent to empower decision making</td>
</tr>
<tr>
<td>Elimination of financial, geographic, cultural, and operational barriers to access appropriate care in a timely way</td>
<td>Pay for health care value, not volume</td>
</tr>
<tr>
<td>Integrate care to address patient needs seamlessly</td>
<td>Promote population health</td>
</tr>
<tr>
<td>Integration of primary care, behavioral health, acute and post-acute care; and supportive care for those that require it</td>
<td></td>
</tr>
</tbody>
</table>

### Enablers

<table>
<thead>
<tr>
<th>Workforce strategy</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matching the capacity and skills of our health care workforce to the evolving needs of our communities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health information technology</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health data, connectivity, analytics, and reporting capabilities to support clinical integration, transparency, new payment models, and continuous innovation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance measurement &amp; evaluation</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard approach to measuring the Plan’s impact on health system transformation and Triple Aim targets, including self-evaluation and independent evaluation</td>
<td></td>
</tr>
</tbody>
</table>
New York State Health Initiatives

**PREVENTION AGENDA**

**Priority Areas:**
- Prevent chronic diseases
- Promote a healthy and safe environment
- Promote healthy women, infants, and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections

**MEDICAID DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM**

**Key Themes:**
- Integrate delivery – create Performing Provider Systems
- Performance-based payments
- Statewide performance matters
- Regulatory relief and capital funding
- Long-term transformation & health system sustainability
- Promote population health

**HEALTH INFORMATION TECHNOLOGY (HIT)**

**Key Initiatives:**
- State Health Information Network (SHIN-NY)
- Support and advance the Prevention Agenda
- Support and advance the SHIP
- All Payer Database

**STATE HEALTH INNOVATION PLAN (SHIP)**

**Pillars and Enablers:**
- Improve access to care for all New Yorkers
- Integrate care to address patient needs seamlessly
- Make the cost and quality of care transparent
- Pay for healthcare value, not volume
- Promote population health
- Develop workforce strategy

**ALIGNMENT:**
Improve Population Health
Transform Health Care Delivery
Eliminate Health Disparities
**Health Impact Pyramid**

**Education**
- Breast Cancer Awareness and Prevention: Governor Cuomo has committed to launch a $15 Million Public-Private outreach and Public Education Campaign for Cancer

**Clinical Interventions**
- Integrated clinical approaches to prevention through SHIP/SIM.
- All Payer Database to support targeted clinical interventions across the State.

**Long-Lasting Protective Interventions**
- The state will work with the Regional Economic Development Councils to invest in local food distribution hubs that will improve access to fresh and healthy food for residents and promote local products to restaurants and institutional buyers.

**Changing the context to make individuals default to healthy decisions**
- Increasing the Minimum Wage to $15/hour
- $20 Billion dollar affordable and supportive housing plan
- Expanding SNAP to 750,000 Households

**Socio-Economic Factors**

Leveraging Grants and Thought Leadership
DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP)
DSRIP Key Goals

• Promote collaboration.

• Transform the healthcare safety net and improve public health measures at both the system and state level.

• Reduce avoidable hospital use by 25% by 2020.

• Ensure that delivery system transformation continues beyond the five year waiver period through value based payment reform.
Moving from Planning to Implementation

PPS’s have transitioned from planning to implementing projects

Domain 2: System Transformation P4P*
Performance Measures begin

Domain 3: Clinical Improvement P4P*
Performance Measures begin

* P4P = pay for performance

• Submission/Approval of Project Plan
• PPS Project Plan Valuation
• PPS first DSRIP Payment
• PPS Submission and approval of Implementation Plan
• PPS Submission of First Quarterly Report

2014
DY0

2015
DY1

2016
DY2

2017
DY3

2018
DY4

2019
DY5

Q1|Q2|Q3|Q4
Q1|Q2|Q3|Q4
Q1|Q2|Q3|Q4
Q1|Q2|Q3|Q4
Q1|Q2|Q3|Q4
Care Coordination: Identifying Super Utilizers

The Medicaid Accelerated eXchange (MAX) Series

Total Population
The scale of the challenge...

73,605 Treat and Release ED Visits
87,773 Total ED visits

Total Super Utilizer Population

14,128 IP Admissions

The population is characterized by...
- Chronic behavioral and medical conditions
- Substance abuse
- Homelessness

MAX Series Target Patient Cohort
represents...

2,536 ED Visits
50 Unique Individuals
183 IP Admissions

Avg. ED Visits: 1.63
Avg. ED Visits SU: 4.42
Avg. ED Visits MAX: >50
One of our patients is a 21-year-old male with a medical history of mental illness and a metabolic disorder. He has been homeless for approximately three years. In 2015 this patient had 82 ED visits; these visits accounted for $68K.

We recently cared for a known Super Utilizer (over 22 hospitalizations since January 2014) who was admitted to our hospital. The patient was in denial of their HIV diagnosis.

The [X] CBO organization was contacted and a [X] bed was assigned for this individual. A housing application has been started, Health Home enrollment has been initiated, and his medications have been filled. He has not been back to the ED since.

The patient is now connected to a Health Home Care Coordinator in the community and will be followed up with in the community, this includes transportation to follow up care if needed. This service will address anything the patient needs including HIV care, mental health, housing, financial support etc.
DSRIP as a Transformation Tool for VBP

Current State

- Providers are paid on a Fee-for-Service basis; care delivery incentivizes volume over value.
- Avoidable readmissions are rewarded more than a successful transition to integrated home care.
- Prevention, coordination or integration lack strong incentives.

Future State

- MCOs employ non fee-for-service payment systems that reward value over volume for at least 90% of their provider payments.
- Value-destroying care patterns (e.g. avoidable admissions, ED visits, etc.) have not returned.
- Transformations in the delivery systems are sustainable.

By incentivizing care collaboration and paying for performance, DSRIP is the catalyst for NYS Healthcare to transition to VBP

2015 2020
## Value-Based Payment Roadmap

Pilots must enter into one (or more) of these arrangements, as defined by the NYS Roadmap (no off-menu arrangements)

<table>
<thead>
<tr>
<th>Total Cost for General Population</th>
<th>Integrated Primary Care (IPC) and Chronic Bundle*</th>
<th>Episodic Bundle</th>
<th>Total Cost of Care for Sub-populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,000 Members</td>
<td>10,000 Members</td>
<td>1,000 Members</td>
<td>HARP – 1,000 Members</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HIV/AIDs – 3,000 Members</td>
</tr>
<tr>
<td>TCGP</td>
<td>Integrated Primary Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preventive Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sick Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upper Respiratory Infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Allergic Rhinitis / Chronic Sinusitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tonsillectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic Bundle</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pulmonary: Asthma, COPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic Heart: Hypertension, Chronic Heart Failure (CHF), Coronary Artery Disease (CAD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Behavioral Health: Bipolar Disorder, Depression &amp; Anxiety, Trauma &amp; Stressor, SUD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lower Back Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Osteoarthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternity Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaginal delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C-Section</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Newborn</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HARP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The Integrated Primary Care and Chronic Bundle will be contracted together

**Each arrangement has a volume target to guide the size of Pilot Participants
SHIP/SIM AND PRIMARY CARE TRANSFORMATION

Key Initiatives of the State Health Innovation Program (SHIP/SIM)
One Common Goal:

Transform primary care practices to effectively provide team-based care that:

1) Improves the delivery of preventive health services and the management of complex patients;
2) Makes maximal use of electronic health information;
3) Successfully participates in value based payment arrangements which support this model of care.
## Advanced Primary Care Capabilities: Consensus Components

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-centered care</td>
<td>▪ Engage patients as active, informed participants in their own care, and organize structures and workflows to meet the needs of the patient population</td>
</tr>
<tr>
<td>Population Health</td>
<td>▪ Actively promote the health of both patient panels and communities through screening, prevention, chronic disease management, and promotion of a healthy and safe environment</td>
</tr>
<tr>
<td>Care management/coordination</td>
<td>▪ Manage and coordinate care across multiple providers and settings by actively tracking the sickest patients, collaborating with providers across the care continuum and broader medical neighborhood including behavioral health, and tracking and optimizing transitions of care</td>
</tr>
<tr>
<td>Access to care</td>
<td>▪ Promote access as defined by affordability, availability, accessibility, and acceptability of care across all patient populations</td>
</tr>
<tr>
<td>HIT</td>
<td>▪ Use health information technology to deliver better care that is evidence-based, coordinated, and efficient</td>
</tr>
<tr>
<td>Payment model</td>
<td>▪ Participate in outcomes-based payment models, based on quality and cost performance, for over 60% of the practice’s patient panel</td>
</tr>
<tr>
<td>Quality and performance</td>
<td>▪ Measure and actively improve quality, experience, and cost outcomes as described by the APC core measures in the primary care panel</td>
</tr>
</tbody>
</table>
Progress and Challenges

How many practices are already ‘transformed’?

• ~ 19,000 primary care providers
• ~ 6,700 providers (representing ~ 1300 practices) are currently NCQA PCMH recognized
• BUT PCMH does not by itself result in practice transformation
• Commercial plan efforts
• Need for alignment
HEALTH INFORMATION TECHNOLOGY

Milestones and Updates
SHIN-NY

• The health information backbone supporting DSRIP, APC and care integration.

• SHIN-NY provides support via:

• To date, roughly 7.7 MM New Yorkers have provided patient consent.

• 88% of hospitals and 87% of federally qualified health clinics (FQHC’s) are participating in the SHIN-NY, Only 20% of rural clinics practices are enrolled.
All Payer Database (APD)

- New York State’s APD is envisioned as the repository for a wide variety of health care data that can be integrated to support the evolving information and analytical requirements of stakeholders involved in the management, evaluation, and analysis of the NYS health care system.

- The APD will serve as a key resource for supporting finance policy, quality measurement and improvement, and population health and health care system comparisons and improvements.
DISRUPTIVE TRENDS IN HEALTHCARE
Notes: Weighting based on state population as percentage of total sample size population; discharges exclude normal newborns.
Consolidation

**Hospitals**

Since January 2011:

- 16 hospitals have closed
- 7 hospitals have been acquired by other NYS hospital systems
- 45 have entered into active parent governance relationships with other hospitals systems

**Health Plans**

- The number of health plans in New York’s has been shrinking for decades.
- Proposed mergers involving four of the nation’s five largest health insurers—Anthem and Cigna, and Aetna and Humana—are pending.
Pharmaceutical Drug Costs

Specialty Drugs — Specialty drugs represent 1% of prescriptions, but 31% of the total cost of prescription drugs.

Generic Drugs — In 222 generic drug groups, prices increased by 100% or more between 2013 and 2014.

FY16-17 Budget Proposals — Blockbuster drug and generic drug maximum price increases.
Transparency is an increasingly important topic across healthcare and raises important questions for states.

**Key Questions**

- What do we really mean by transparency?
  - Who are the key users of data?
  - What are their ‘use cases’?
- What are the most important transparency use cases to support the Triple Aim?
- Which use cases should be priority for the state specifically to address?
- What levers does the state have to shift the needle on transparency in priority cases?
How are other states approaching Transparency?

Example: California Healthcare Compare

 Uses CMS Measures for Hospital Quality

Uses Health Plan Quality Information

## Detailed estimates for Insured Procedure

**Procedure:** X-Ray - Shoulder (outpatient)

**Procedure Description:** X-ray exam of the shoulder with a minimum of two views.

**Procedure Code:** 73030

**Insurance Plan:** Harvard Pilgrim HC - Health Maintenance Organization (HMO)

**Within:** 50 Miles of Concord, NH (03301)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LAKES REGION RADIOLOGY PA</td>
<td>$24</td>
<td>$0</td>
<td>$24</td>
<td>VERY LOW</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>[603.524.2534]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NH NEUROSPINE INSTITUTE</td>
<td>$62</td>
<td>$0</td>
<td>$62</td>
<td>VERY LOW</td>
<td>HIGH</td>
</tr>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DARTMOUTH-HITCHCOCK (MANCHESTER)</td>
<td>$75</td>
<td>$0</td>
<td>$75</td>
<td>LOW</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>[603.695.2500]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DERRY IMAGING CENTER</td>
<td>$98</td>
<td>$0</td>
<td>$98</td>
<td>VERY LOW</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>[603.537.1363]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTHERN NEW HAMPSHIRE RADIOL. CONSULTANTS PC</td>
<td>$100</td>
<td>$12</td>
<td>$112</td>
<td>VERY LOW</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>[603.627.1661]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST. JOSEPH HOSPITAL</td>
<td>$100</td>
<td>$30</td>
<td>$130</td>
<td>MEDIUM</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>[603.882.3000]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DARTMOUTH-HITCHCOCK (NASHUA)</td>
<td>$100</td>
<td>$35</td>
<td>$135</td>
<td>LOW</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>[603.577.4000]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARKLAND MEDICAL CENTER</td>
<td>$100</td>
<td>$49</td>
<td>$149</td>
<td>LOW</td>
<td>MEDIUM</td>
</tr>
<tr>
<td>[603.432.1500]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: www.nhhealthcost.com
Example: Colorado Medical Price website

**Search Criteria**
Vaginal Birth; Denver (80201); Private Insurance

**Vaginal Birth**
Note that Saint Joseph Hospital and Good Samaritan prices for private insurance are lower in part due to a high percentage of Kaiser patients which only reflect hospital payments. Additional bills for the provider and other services are not included. To view non-Kaiser prices at these hospitals, see... Show More

**Search Results**

<table>
<thead>
<tr>
<th>Type</th>
<th>Provider</th>
<th>Distance</th>
<th>Estimated Price</th>
<th>Patient Complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>Denver Health</td>
<td>1 mi.</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Facility</td>
<td>Exempla Saint Joseph Hospital</td>
<td>1 mi.</td>
<td>$5,186</td>
<td>Medium</td>
</tr>
<tr>
<td>Facility</td>
<td>Presbyterian/St. Luke's Medical Center</td>
<td>1 mi.</td>
<td>$7,212</td>
<td>Medium</td>
</tr>
<tr>
<td>Facility</td>
<td>Rose Medical Center</td>
<td>3 mi.</td>
<td>$8,919</td>
<td>Medium</td>
</tr>
<tr>
<td>Facility</td>
<td>Porter Adventist Hospital</td>
<td>5 mi.</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Facility</td>
<td>Exempla Lutheran Medical Center</td>
<td>6 mi.</td>
<td>$9,190</td>
<td>Medium</td>
</tr>
<tr>
<td>Facility</td>
<td>Swedish Medical Center</td>
<td>6 mi.</td>
<td>$8,047</td>
<td>Medium</td>
</tr>
<tr>
<td>Facility</td>
<td>University of Colorado Hospital</td>
<td>8 mi.</td>
<td>$8,603</td>
<td>Medium</td>
</tr>
<tr>
<td>Facility</td>
<td>St. Anthony Hospital</td>
<td>8 mi.</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Facility</td>
<td>St. Anthony North Hospital</td>
<td>8 mi.</td>
<td>$9,157</td>
<td>Medium</td>
</tr>
</tbody>
</table>

CO provides this information for 4 encounter types: Maternity care (vaginal birth, Cesarean) and for Surgical (Hip joint replacement, knee joint replacement)

Source: https://www.comedprice.org/
CompareMaine | Health Costs & Quality

By Procedure

Price

Quality Measures: Patient Safety, Complications, Infections

Source: CompareMaine @ http://www.comparemaine.org/?page=home&from=logo
~85% of commercially-insured New Yorkers covered by a top ten payer have access to a cost calculator, but features and usefulness varies

<table>
<thead>
<tr>
<th>Top 10 Payers in NY commercially-insured segment</th>
<th># CI Lives ('000s)</th>
<th>% CI Lives</th>
<th>Out-of-pocket cost and quality (side-by-side)</th>
<th>Out-of-pocket cost calculator</th>
<th>Other cost estimator (features tbc)</th>
<th>Services covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>EmblemHealth</td>
<td>1,023</td>
<td>17%</td>
<td></td>
<td>Rx only</td>
<td></td>
<td>..</td>
</tr>
<tr>
<td>Empire BCBS</td>
<td>1,048</td>
<td>11%</td>
<td></td>
<td>✓</td>
<td></td>
<td>..</td>
</tr>
<tr>
<td>UnitedHealth Group</td>
<td>779</td>
<td>8%</td>
<td>✓</td>
<td></td>
<td>636 common services</td>
<td>365 care paths</td>
</tr>
<tr>
<td>Excellus BCBS</td>
<td>652</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
<td>..</td>
</tr>
<tr>
<td>Aetna</td>
<td>433</td>
<td>4%</td>
<td>✓</td>
<td></td>
<td>~190 specialties (e.g., pediatrics)</td>
<td></td>
</tr>
<tr>
<td>CDPHP</td>
<td>238</td>
<td>2%</td>
<td></td>
<td></td>
<td>..</td>
<td></td>
</tr>
<tr>
<td>MVP Health Care</td>
<td>198</td>
<td>2%</td>
<td>✓</td>
<td></td>
<td>~330 common services</td>
<td>8 chronic conditions</td>
</tr>
<tr>
<td>Cigna</td>
<td>149</td>
<td>2%</td>
<td>✓</td>
<td></td>
<td>200+ common procedures</td>
<td></td>
</tr>
<tr>
<td>Independent Health</td>
<td>148</td>
<td>2%</td>
<td>✓</td>
<td></td>
<td>Various</td>
<td></td>
</tr>
</tbody>
</table>

- ~85% of New Yorkers covered by a top ten commercial insurer have access to a cost calculator (of some kind) via their plan
- ~45% appear to have access to a tool that offers out-of-pocket cost estimates
- Only ~20% can access a tool giving quality/safety information alongside out-of-pocket cost (quality metrics often not clear)
- Scope of services covered varies by payer and is unclear in several cases

1 It is assumed that unless stated otherwise payer tools are accessible by 100% of payer members
Aetna estimates deflated to account for stated access covering somewhat less than full 100% of members

Source: Interstudy data on payer lives (January 2015), payer websites for details of cost/quality tools
Examples in the Commercial Market?

CIGNA’s cost-of-care estimator

<table>
<thead>
<tr>
<th>John Q Public</th>
<th>Customer Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIGNA Identification Number 123456789</td>
<td>Call the toll-free number on the back of your CIGNA ID card</td>
</tr>
</tbody>
</table>

**Health Care Professional or Facility:** BLACKWOOD DONALD J MD  
**Benefit Category:** Hospital Inpatient – Related to an Illness  
**Include Anesthesiology:** No  
**Service Date:** 02/01/2011  
**Service Description:** S9214/OFFICE/MODERATE/COMPLETE  
**In Network:** No  
**Plan Name:** Point of Service-Choice Fund HSA Open Access Plus

**Explanation of Estimate:**  
This estimate shows what you should expect to pay for the specific health care service(s) indicated above. This is only an estimate - it is not a guarantee of coverage for charges made by your health care professional or facility. The final amount you owe may change from this estimate for several reasons: (1) your benefit change; (2) your coverage ends; (3) you have other claims processed before you receive these services; (4) you receive fewer, more or different services; (5) you reach your plan’s out-of-pocket maximum; or (6) the amount in your health account changes (if applicable).

**Estimated total cost of service (before CIGNA payment):**  
$76.96  
This is the total estimated amount as of February 1, 2011, for the service(s) noted above, based on CIGNA’s discount. This includes the amount CIGNA will pay and the amount that will be your responsibility.

**Your deductible responsibility:** $76.96  
This amount you owe is calculated based on your yearly maximum deductible of $400.00 and your paid-to-date amount of $0.00 (as of the date of this estimate).

**Your coinsurance responsibility:** $0.00  
This amount is determined by subtracting the amount remaining from the estimate after your deductible is met.

**Your copay responsibility:** $0.00  
Your copay for this health care professional or facility, based on your plan design.

**Estimate of your total responsibility (after CIGNA payment):** $76.96  
The anticipated amount you will owe after your plan benefits are applied to the estimated cost. This includes any deductible, coinsurance or copay. This amount might be lower if you’ve reached your out of pocket maximum.

**Anticipated payment from your health account (for account-based plans only):** $50.00  
Based on the money available in your health account(s) as of February 1, 2011, this is the amount that is anticipated to be paid directly to your health care professional or facility.

**Estimate of what you owe:** $26.96  
This is the estimate of what you’ll owe after any health account payment.

Printable “Explanation of Estimate” to educate users on how their CIGNA medical benefits influence what they owe.

Personalized estimates that reflect an individual’s health plan benefits.

Source: CIGNA website
UnitedHealthcare’s myHealthcare Cost Estimator

Costs provided in “care paths” (episodes of care)

Compare costs and quality for different health care providers

Personalized estimates that reflect an individual’s health plan benefits

Source: UnitedHealthcare website
THANK YOU