

**DCBS Cycle III Grant  
Consumer Testing Project  
March 2015**



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## **EXECUTIVE SUMMARY**

### **Overview**

The Department of Consumer and Business Services (DCBS) has contracted with the Oregon Health Care Quality Corporation (Q Corp) for products and services that will advance efforts to improve the transparency of the rate review process, and to improve consumer engagement with the process. As part of this work, Q Corp will be developing information for the DCBS rate review website for consumers. To ensure the information developed for consumers is useful and valuable, Q Corp conducted testing during January and February 2015.

### **Methods**

Q Corp conducted one-on-one interviews with 12 consumers, representing a range of demographics, who were recruited through an online survey. The interviews focused on a mockup of a web data page that allows consumers to make comparisons of health insurer performance on quality, member experience, and cost. The main data page consists of the following elements:

- Page title
- Introductory paragraph
- Data table, with three labeled columns with scores for quality, member experience, and cost
- Learn more links with explanations of the underlying data for the three labeled columns
- Graphic icons representing scores for health insurers
- Description of the graphic icons

The protocol focused on testing different versions of cost and quality measure labels, different ways of displaying the information, and explanations that are intended to contextualize the data. For the data column labels, feedback was received in a first round of six participants. Testing focused on how well the information was understood and the degree to which it was valued and trusted. The data labels were adjusted after the result of the first six respondents, followed by a second round of testing with six additional participants. The protocol included a mix of qualitative and quantitative questions. Interviews were recorded and quantitative results were tracked on paper.

### **Findings**

The protocol was structured to test the main elements of the data page:

- First impressions of the page
- Data column labels
- Explanations of the information
- Data displays

Overall, feedback was positive about the simple and clean design of the page. The majority of participants understood the labels and felt they were important. For each column of data, participants were asked to describe, in their own words, the meaning of the labels before viewing any explanations

of the data. This provided a first impression of the clarity and tone of the labels. Participants were also asked to review explanations of the labels and select the label that best described the data presented in the column. For both the qualitative and quantitative exercises, the following labels ranked the highest for the two rounds of testing:

Data Column	Round One	Round Two
Quality	Doctors provide high quality care	Provides high quality care
Member Experience	Survey results from members	Survey results from members about care experiences
Cost	Uses premium dollars wisely	Uses insurance dollars wisely

Participants were asked to make a choice of a health plan, based on a display of comparative data. The process was designed to determine which report design made it easy for respondents to understand and use the information. Participants felt the explanations were easy to understand and provided clarification about the data. Three data displays were also tested for ease of use in comparing health plans, with the following findings when participants were asked to select which of the displays was easiest to understand and use for choosing a health plan:

Display Type	Number of Participants Selected Display Type Based on Ease of Use to Compare Health Plans (N)
Word icons for quality, member experience, and costs	7
Word icons for quality, member experience; check marks for costs	2
Stars for quality, member experience, and costs	3

## Recommendations

Based on the quantitative and qualitative results, Q Corp recommends the following data column labels:

- Quality: Provides high quality care
- Member Experience: Survey results from members about care experiences
- Cost: Uses insurance dollars wisely

We recommend that the data display should include the introductory contextual information that explains the connection between health plans and the quality, member experience and cost of care. It is also recommended to use the data display that includes only word icons for the quality, member experience and cost data, if DCBS wants those columns weighted equally. If DCBS wants special emphasis on the cost data, check marks is an alternative because consumers tended to put more value on a check mark than a word icon.

## OVERVIEW

In 2013, the Department of Consumer and Business Services (DCBS) received funding under the Health & Human Services Rate Review program, Cycle III to help “expand existing processes and enhance health care pricing data collected, analyzed, and displayed as part of rate review.” DCBS has contracted with the Oregon Health Care Quality Corporation (Q Corp) for products and services that will advance their efforts to improve the transparency of the rate review process, and to improve consumer engagement with the process. As part of this work, Q Corp will be developing information for the DCBS rate review website for consumers.

Public reports that include cost and quality information seek to help consumers make more informed choices and receive a higher quality of care. In addition, by making information comparative, they also seek to stimulate the market to improve performance and constrain costs. These goals are only met when consumers find the information understandable, actionable, and valuable.

To ensure the information developed for consumers is understandable, useful, and valuable, Q Corp conducted testing during January and February 2015. The main goals of the testing include the following:

- Ensure text used to describe the information is clearly understood and accurately describes the underlying measurements;
- Ensure the graphics facilitate using the data for choice and encourage the use of all relevant data elements in choice.
- Ensure the information is perceived as valuable and does not mislead consumers.

## METHODS

The testing materials focused on the main data page that allows consumers to make comparisons of health insurer performance on quality, member experience, and cost (see Appendix A). The materials were developed by Q Corp staff, in partnership with consumer health engagement expert, Judith Hibbard, DrPh, and the web development team at Squishy Media. The main data page consists of the following elements:

- Page title
- Introductory paragraph
- Data table, with three labeled columns with scores for quality, member experience, and cost
- Learn more links with explanations of the underlying data for the three labeled columns
- Graphic icons representing scores for health insurers
- Description of the graphic icons

The testing protocol, developed by Dr. Hibbard in coordination with Q Corp staff, focused on testing the data page elements, with a particular emphasis on the data column labels (see Appendix B). For the data column labels, results from the first round of six participants was used to adjust the labels and test with the second round involving six more participants. The protocol called for asking participants to make a

choice when viewing comparative data and to make a second choice. They were asked to explain their choices and to “think out loud” about their choice process. The protocol included a mix of qualitative (i.e. tell me what you think that means) and quantitative (i.e. choose the label that best describes the information) questions. Consumers were asked these questions in one-on-one interviews conducted by Q Corp staff member, Katrina Kahl. Interviews were approximately 45-60 minutes in length. Interviews were recorded and quantitative questions were tracked on paper by Ms. Kahl.

**Recruitment.** An online survey was developed to recruit a mix of consumers (see Appendix C). The survey link was distributed via Q Corp’s newsletter and Facebook page, as well as posted on craigslist.org and reddit. The survey generated responses from 57 people; 24 people were initially eliminated because of current or past work experience in health care or because they had an advanced degree or because they had prior experience with Q Corp. Of the remaining 33 candidates, priority was given to individuals that represented a range of demographics (gender, age, and educational background). Seventeen people responded to calls to set up interviews; six candidates did not show up for the interviews. To bring the total number of participants to 12, a final candidate was recruited through Q Corp staff outreach.

After twelve interviews, very little new information was generated. Thus, the process was terminated after the twelfth interview.

Interview participants included the following range of demographics:

- Five female participants, seven male participants
- Age range from 22-68 years of age, with seven participants under the age of 35
- Education range from high school diploma to college degree, with two participants having a high school diploma, seven participants having a high school diploma and some college, and three participants having a college degree

## **FINDINGS**

The protocol was structured to ask participants about their understanding and perceived value of the following:

- Purpose of the page, and first impressions
- Data column labels
- Explanations of the information
- Data displays

### **First Impressions**

Overall, feedback was positive about the simple and clean design of the page. The majority of the participants first noticed the data display on the page. The title of the page, “Comparing Health Insurer Quality and Cost” was also easily interpreted by the participants. A couple of participants did find, initially, that the page contained too much information to know where to focus.

## Data Column Labels

### Quality

#### Overview of Findings

To test the understanding of the quality labels, each participant was asked to describe in their own words the meaning of the different labels for the data. Participants were also asked how they thought the information was gathered and what it had to do with health insurers. After going through each of the testing labels, participants were asked to give their personal opinion of how important the quality data would be to them in choosing a health insurer. Finally, at the end of the testing protocol, participants were given an explanation of the underlying data and asked to select the label that described the explanation the best.

Overall, participants understood the concept of healthcare quality as getting needed care, particularly preventive treatments, and felt that this would be important in choosing a health plan. One participant did note that it would be more important to him to know that the health insurer covered his doctor. Although participants generally understood that the quality scores could come from information about the actual treatments received by patients, some participants also noted that reviews from members and complaints could be included. Participants also had a difficult time explaining the role of the health insurer in providing high quality healthcare. The relationship between health insurers and providers was difficult for some participants to describe. However, the introductory text and learn more explanation clarified this information for participants. Therefore it is important for the introductory text to stand out on the page.

#### Specific Findings

In the first round of six participants, the following labels were tested for understanding:

- Doctors provide high quality care
- Doctors provide the right care at the right time
- Doctors provide treatments proven to work

The following are the results from asking participants to select the label that best describes the explanation of the data provided in the “learn more” link:

- 3 selected “doctors provide high quality care”
- 3 selected “doctors provide treatments proven to work”
- 0 selected “doctors provide the right care at the right time”

In addition to the quantitative results, there was confusion among some participants about the meaning of the right care at the right time. One participant suggested that this would be really difficult for a provider. Another participant believed the right care at the right time suggested weekend and evening hours for patients. For this reason, that label was taken out of the second round of testing. Additionally, it was generally understood that the doctor provides the quality of care. However, the addition of the

word “doctor” confused a few participants who were unsure if the ratings were about the doctor or the health insurer. For this reason, the labels were slightly modified in the second round to try to clarify the role of the health insurer.

*“The right care at the right time requires the doctor to guess exactly where you are along your medical issue or illness so it’s a weird category. I would be left with a lot of questions.”*

*“That could be appealing if you can’t get to a doctor except for on the weekends. Timing is different for everyone – people have different schedules. I have a flexible schedule so I can go to the doctor during normal times.”*

In the second round of six participants, the following labels were tested:

- Provides high quality care
- Doctors provide treatments proven to work
- Network doctors provide high quality care

The following are the results from asking participants to select the label that best describes the explanation of the data provided in the “learn more” link:

- 3 selected “provides high quality care”
- 1 selected “doctors provide treatments proven to work”
- 2 selected “network doctors provide high quality care”

In the second round of testing, many participants felt that it was implied that a doctor was providing the care, even though the data shown in the table is for health insurers. Some participants noted that providers other than doctors are also responsible for the quality of care. Though a couple of participants liked the clarification of “network doctors,” some could not define a network doctor. Additionally, some participants were uncomfortable with using the word “proven” in the context of quality healthcare. Some participants noted that “treatments proven to work” implies that doctors do not have the flexibility to do what they think is best for the patient.

*“I guess it’s about being able to think outside of the box a little bit. There’s too much individualism in a lot of cases. What’s proven to work for a lot of people won’t work for everybody. So if you go with stuff that’s only proven then you end up not being able to provide care to someone who is not a typical case.”*

## Member Experience

### Overview of Findings

To test the understanding of the member experience labels, each participant was asked to describe in their own words the meaning of the different labels for the data. Participants were also asked how they thought the information was gathered, what was included in care experiences, and how a health insurer could improve its scores. After going through each of the testing labels, participants were asked to give their personal opinion of how important the member experience data would be to them in choosing a

health insurer. Finally, at the end of the testing protocol, participants were given an explanation of the underlying data and asked to select the label that best described the explanation.

Overall, compared to the quality and cost columns, the member experience information was the most easily understood concept. Most participants were familiar with surveys from health insurers and providers about their care experiences and stated that this could include communications with a doctor, customer experience with the health plan, and getting needed care without a heavy administrative burden. Participants also noted that knowing how other people felt about their experience with a health insurer was very important in choosing a health plan. There was some confusion about whether the information was gathered through surveys or through member reviews. However, as described below, the label that includes “survey results from members” was clearly understood by participants to be a survey method for gathering the information.

### Specific Findings

In the first round of six participants, the following labels were tested:

- Members report good care experiences
- Survey results from members

The following are the results from asking participants to select the label that best describes the explanation of the data provided in the “learn more” link:

- 1 selected “members report good care experiences”
- 5 selected “survey results from members”

The quantitative results above reflect confusion by some participants regarding “good” care experiences. Some participants also wanted to know about “bad” care experiences and felt that using the word “good” sounded biased. Additionally, most participants felt that “survey results” was a more accurate description of the underlying data and were familiar with the surveys that are sent out to member about their experiences. On the other hand, participants felt that “members report good care experiences” implies reviews similar to those found on Yelp and Amazon, which of course would be misleading. Finally, some participants added that “survey results from members” could be improved by incorporating text about care experiences.

In the second round of six participants, the following labels were tested:

- Members report on care experiences
- Survey results from members about care experiences

The following are the results from asking participants to select the label that best describes the explanation of the data provided in the “learn more” link:

- 2 selected “members report on care experiences”
- 4 selected “survey results from members about care experiences”



Similar to the findings from the first round of testing, participants felt that “survey results” was a more accurate description of the data collection method. They also noted that this information would be important to them in choosing a health insurer.

## Cost

### Overview of Findings

To test the understanding of the cost labels, each participant was asked to describe in their own words the meaning of the different labels for the data. Participants were also asked how they thought the information was gathered, what costs the labels referred to and how health insurers could keep costs down. After going through each of the testing labels, participants were asked to give their personal opinion of how important the cost information would be to them in choosing a health insurer. Finally, at the end of the testing protocol, participants were given an explanation of the underlying data and asked to select the label that described the explanation the best.

In the first round of testing, there was some confusion about whether the data described out of pocket costs or total healthcare costs. Most participants noted that out of pocket costs would be more important to them in choosing a health insurer. This concept was also described by some participants who stated that the most important information for them in choosing a health insurer would be the cost of the premiums. However, after some explanation of the underlying data, many participants felt that total healthcare costs are important and that health insurers should play a role in keeping costs down. For importance in choosing a health insurer, however, total healthcare costs were often rated below quality and member experience.

### Specific Findings

In the first round of six participants, the following labels were tested:

- Careful with your healthcare dollars
- Uses premium dollars wisely
- Keeps your costs down

The following are the results from asking participants to select the label that best describes the explanation of the data provided in the “learn more” link:

- 1 selected “careful with your healthcare dollars”
- 3 selected “uses premium dollars wisely”
- 2 selected “keeps your costs down”

Though most participants selected “uses premium dollars wisely” some participants were unable to define “premium.” Also, many participants inaccurately described “keeps your costs down” and “careful with your healthcare dollars” as information that describes out of pocket costs (keeping costs down for consumers) rather than total healthcare costs. For this reason, the labels were modified in the second round to clarify that the costs refer to total healthcare costs.

*“I don’t know. Obviously this has something to do with finances. The title isn’t clear for me. What’s a premium dollar?”*

*“Keeping your costs down, as far as your copays, or your prescription costs, or whatever costs you could have.”*

In the second round of six participants, the following labels were tested:

- Keeps healthcare costs down
- Uses insurance dollars wisely
- Careful with healthcare dollars

The following are the results from asking participants to select the label that best describes the explanation of the data provided in the “learn more” link:

- 1 selected “keeps healthcare costs down”
- 3 selected “uses insurance dollars wisely”
- 2 selected “careful with healthcare dollars”

The text changes in the second round of testing helped clarify that the data is describing total healthcare costs and not out of pocket costs. Additionally, most participants felt that “wisely” implied that patients would receive the tests they need, but not unnecessary tests and treatments. For the other two labels – “keeps healthcare costs down” and “careful with healthcare dollars” – some participants stated that those labels indicated that they would be denied care, even if it was needed.

*“Using money wisely doesn’t necessarily mean spending as little as possible. It suggests more to me that you try to use money in the most best and useful way possible.”*

*“I don’t know what careful with healthcare dollars means. It makes it sound stingy.”*

### **Explanations of the Information**

Participants were asked to read and interpret the following text:

- Introductory paragraph on the main data page
- Learn more text describing the quality, member experience, and cost data

#### Introductory Paragraph

Participants were able to accurately interpret the text in the introductory paragraph. Though many were unaware that health insurers help doctors provide high quality care, they felt the information was believable, helped to describe the relationship between doctors and health insurers, and was something that insurers should be doing for their members. The information helped them better understand the quality information and how it might be different for different health plans. A few participants noted that they would not read the introductory paragraph and/or found the information too simplistic.

However, the majority of participants said they would read the information and it would help them interpret the data.

#### Learn More: Quality

Participants were able to accurately interpret the text describing the data for the quality column. Some participants noted that they liked the emphasis on prevention; all participants said that they would find this information important for choosing a health insurer after reading the explanation. In general, participants felt that the information describing quality was what they expected to find when they clicked the “learn more” link.

#### Learn More: Member Experience

Participants were able to accurately interpret the text describing the data for the member experience column. Though participants stated the information was basically what they expected to find, most found the clarification that the information comes from surveys rather than consumer reviews useful for interpreting the data. Additionally, participants were familiar with the surveys and believed the information would be important for choosing a health insurer.

#### Learn More: Cost

For the explanation of cost, participants were able to accurately interpret the information. Participants were also asked to provide additional feedback on the use of “bargaining for better prices” and “reducing wasteful spending” as means for controlling healthcare costs. For both of these phrases, participants felt that it was important for health insurers to do this work. Participants were also able to accurately describe, “bargaining for better prices” and believed this was an important benefit of being a member of a health plan. For wasteful spending, participants did understand the connection between unnecessary tests and treatments and healthcare costs. Though some participants felt that this was an issue for health insurers, some felt that the decisions about tests and treatments should be left to doctors. Additionally, some participants added that monitoring administrative costs was important for reducing wasteful spending. Though participants felt that this information was important for choosing a health plan, many indicated that quality and member experience would be more valuable information.

### **Data Displays**

Participants were asked to respond to three different displays of the data:

- Word icons for all data columns (better, average, below)
- Word icons for quality and member experience, check marks for cost
- Four stars for all data columns

Participants were asked to select their first and second choice of a health insurer using the displays. For the all word icon display, participants selected a first and second choice, and described that the choice was based on their personal opinion about the importance of the data (i.e. participants described their selection based on quality being more important than cost to them, which was an accurate

interpretation of the data). For the word icons with check marks, some participants chose a health insurer based whether they had a check mark in the cost column, regardless of whether they had indicated that quality or member experience was more important to them. Some participants also noted that it would scare them to choose a health insurer without a check mark, because it implies that the health insurer is not able to manage money. The check mark implied an “either or” choice that was uncomfortable for many participants. For the stars display, many participants were able to accurately select a first and second choice based on the importance of the different data columns to them. However, some participants noted the difficulty of counting the stars and interpreting two and three stars as below average, average, or above average.

*“The stars are familiar, but visually it’s just a sea of stars. The icons, it’s just easier to get a yes, maybe, no versus all of these stars.”*

Participants were then asked to select the easiest to use data display. The following are the findings from that exercise:

- 7 selected all word icons
- 2 selected word icons with check marks
- 3 selected stars

Participants favored the all word icons display, noting the easy interpretation of better, average, and below, and the ability to easily distinguish between the icons because of their color. The participants that selected the check marks liked that it helped to break up the data display. The participants that selected the stars inaccurately interpreted the data, noting that it implied that the ratings were based on user reviews, like Amazon, which they preferred.

## **RECOMMENDATIONS**

The recommendations in this section weigh both the quantitative and qualitative feedback gathered from participants, with a particular focus on accurate interpretation of the information. The recommendations focus on the data column labels, explanations of the information, and data displays. Most participants said that they liked the clean and simple design of the page, but it should be noted that the design is based on the web templates available to DCBS.

### **Data Column Labels**

Based on the information from participants, the following are recommendations for the labels for the data columns:

- Quality: Provides high quality care
- Member Experience: Survey results from members about care experiences
- Cost: Uses insurance dollars wisely

The recommendations above come directly from the selections of the participants. For the recommendations above, participants were able to accurately describe the information and chose the

labels as the best fit for the explanations available in the “learn more” link. For quality in particular, some participants had a difficult time understanding the connection between health insurers and care quality when shown the label without explanation. However, the addition of the introductory text and learn more text helped to clarify a health insurers role in health care quality. For member experience, “survey results” provides a more accurate description of the data collection method and helps to clarify that the information does not come from user reviews. For cost, deleting references to “your costs” and “premium dollars” helps participants understand that this information is not based on out of pocket costs. Additionally, “wisely” was identified as the best way of describing the fine line of getting needed care but not unnecessary care.

### **Explanations of the Information**

The recommendation for the explanations of the information is to use them without any changes to the text. Participants found them easy to understand and thought the information helped to clarify the data. In addition, participants believed the information was important and that health insurers should be working to improve health care quality, member experience, and costs in the ways identified in the explanations.

### **Data Displays**

Based on the information from participants, the recommendation is to use the word icons to visually show the data for quality, member experience, and costs. The majority of participants chose the word icons as the display that was easiest to use and understand. For the check marks and stars displays, participants had the following additional comments about their use:

- Some participants felt uncomfortable about choosing a health insurer without a check mark, regardless of whether they felt the information about costs was less important than the other columns;
- Some participants felt that stars implied that the underlying data was based on user reviews similar to those found on Yelp and Amazon.

For the first bullet above, DCBS might consider whether emphasizing costs over the other data columns is an objective. If so, check marks could be an alternative because consumers tended to put more value on a check mark than a word icon.

The wireframes showing the recommendations for the main data page and learn more pages can be found in Appendix D. Any questions or concerns can be directed to Katrina Kahl, Director of Communications, at [katrina.kahl@q-corp.org](mailto:katrina.kahl@q-corp.org) or 503.972.0865.

**APPENDIX A**  
**Consumer Testing Materials**  
**Round 1 Testing Materials**



## Comparing Health Insurer Quality and Cost

[LANDING PAGE](#)
[PREVENTIVE SCORES](#)
[COMPLEX SCORES](#)
[MEMBER EXPERIENCE SCORES](#)
[USES PREMIUM DOLLARS WISELY SCORES](#)
[COSTS DRIVERS](#)
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Health insurers can make a difference in the quality of healthcare their members get. For example, they can include only high quality doctors in their network, and they can provide training and resources to help their doctors to do a better job. The information on this page can help you decide which health insurer is best for you.

	Doctors provide treatments proven to work <a href="#">Learn More</a>	Members report good care experiences <a href="#">Learn More</a>	Uses premium dollars wisely <a href="#">Learn More</a>
<a href="#">Health Cover</a>	Better	Better	Better
<a href="#">Wise Choice</a>	Average	Better	Better
<a href="#">Opal Health</a>	Average	Average	Average
<a href="#">Life Care</a>	Below	Average	Below

### What do these scores mean?

We collect data from health insurers that shows whether they are providing recommended care at a reasonable cost. We also collect results from satisfaction surveys that measure the experience of members with their health insurer.

**Better**

Scored well above the average for insurance carriers in the state.

**Average**

Scored in the middle among insurance carriers in the state.

**Below**

Scored well below the average for insurance carriers in the state.

[Learn more about scoring details](#)

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<a href="#">Health Cover</a>	Better	Better	Better
<a href="#">Wise Choice</a>	Average	Better	Better
<a href="#">Opal Health</a>	Average	Average	Average
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Scored in the middle among insurance carriers in the state.

**Below**

Scored well below the average for insurance carriers in the state.

[Learn more about scoring details](#)

## Comparing Health Insurer Quality and Cost

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[PREVENTIVE SCORES](#)
[COMPLEX SCORES](#)
[MEMBER EXPERIENCE SCORES](#)
[USES PREMIUM DOLLARS  
WISELY SCORES](#)
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Health insurers can make a difference in the quality of healthcare their members get. For example, they can include only high quality doctors in their network, and they can provide training and resources to help their doctors to do a better job. The information on this page can help you decide which health insurer is best for you.

	Doctors provide treatments proven to work <a href="#">Learn More</a>	Members report good care experiences <a href="#">Learn More</a>	Careful with your healthcare dollars <a href="#">Learn More</a>
<a href="#">Health Cover</a>	Better	Better	Better
<a href="#">Wise Choice</a>	Average	Better	Better
<a href="#">Opal Health</a>	Average	Average	Average
<a href="#">Life Care</a>	Below	Average	Below

### What do these scores mean?

We collect data from health insurers that shows whether they are providing recommended care at a reasonable cost. We also collect results from satisfaction surveys that measure the experience of members with their health insurer.

**Better**

Scored well above the average for insurance carriers in the state.

**Average**

Scored in the middle among insurance carriers in the state.

**Below**

Scored well below the average for insurance carriers in the state.

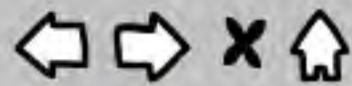
[Learn more about scoring details](#)

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<a href="#">Health Cover</a>	Better	Better	✓
<a href="#">Wise Choice</a>	Average	Better	
<a href="#">Opal Health</a>	Average	Average	✓
<a href="#">Life Care</a>	Below	Average	



## Comparing Health Insurer Quality and Cost

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<a href="#">Wise Choice</a>	★ ★ ☆ ☆	★ ☆ ☆ ☆	★ ☆ ☆ ☆
<a href="#">Opal Health</a>	★ ★ ★ ★	★ ★ ★ ★	★ ★ ☆ ☆
<a href="#">Life Care</a>	★ ★ ★ ★	★ ★ ★ ★	★ ★ ★ ★

**APPENDIX A**  
**Consumer Testing Materials**  
**Round 2 Testing Materials**



## Comparing Health Insurer Quality and Cost

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	Provides high quality care <a href="#">Learn More</a>	Members report on care experiences <a href="#">Learn More</a>	Keeps healthcare costs down <a href="#">Learn More</a>
<a href="#">Health Cover</a>	Better	Better	Better
<a href="#">Wise Choice</a>	Average	Better	Better
<a href="#">Opal Health</a>	Average	Average	Average
<a href="#">Life Care</a>	Below	Average	Below

### What do these scores mean?

We collect data from health insurers that shows whether they are providing recommended care at a reasonable cost. We also collect results from satisfaction surveys that measure the experience of members with their health insurer.

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Scored well above the average for insurance carriers in the state.

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[Learn more about scoring details](#)



## Comparing Health Insurer Quality and Cost

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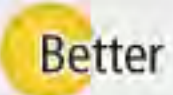
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<a href="#">Health Cover</a>	Better	Better	Better
<a href="#">Wise Choice</a>	Average	Better	Better
<a href="#">Opal Health</a>	Average	Average	Average
<a href="#">Life Care</a>	Below	Average	Below

### What do these scores mean?

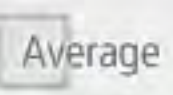
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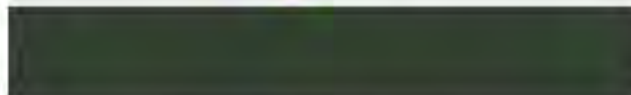
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<a href="#">Health Cover</a>	Better	Better	Better
<a href="#">Wise Choice</a>	Average	Better	Better
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### What do these scores mean?

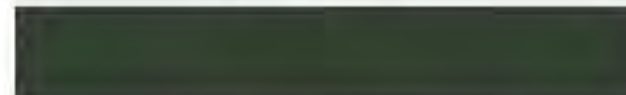
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**Better**



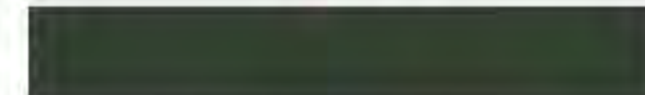
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**Below**



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## Comparing Health Insurer Quality and Cost

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<a href="#">Health Cover</a>	Better	Better	Better
<a href="#">Wise Choice</a>	Average	Better	Better
<a href="#">Opal Health</a>	Average	Average	Average
<a href="#">Life Care</a>	Below	Average	Below

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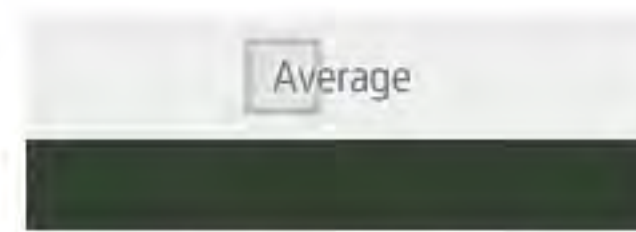
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**Better**



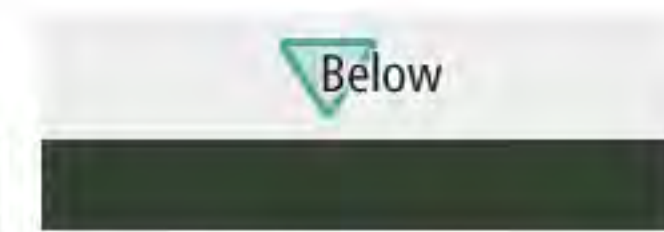
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**Average**



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**Below**



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	<b>Network doctors provide high quality care</b> <a href="#">Learn More</a>	<b>Members report on care experiences</b> <a href="#">Learn More</a>	<b>Careful with healthcare dollars</b> <a href="#">Learn More</a>
<a href="#">Health Cover</a>	Better	Better	Better
<a href="#">Wise Choice</a>	Average	Better	Better
<a href="#">Opal Health</a>	Average	Average	Average
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### What do these scores mean?

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	Provides high quality care <a href="#">Learn More</a>	Members report on care experiences <a href="#">Learn More</a>	Keeps healthcare costs down <a href="#">Learn More</a>
<a href="#">Health Cover</a>	Average	Better	Better
<a href="#">Wise Choice</a>	Below	Average	Average
<a href="#">Opal Health</a>	Better	Better	Average
<a href="#">Life Care</a>	Better	Better	Better

### What do these scores mean?

We collect data from health insurers that shows whether they are providing recommended care at a reasonable cost. We also collect results from satisfaction surveys that measure the experience of members with their health insurer.

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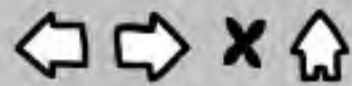
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## Comparing Health Insurer Quality and Cost

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[PREVENTIVE SCORES](#)

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[MEMBER EXPERIENCE SCORES](#)

[USES PREMIUM DOLLARS WISELY SCORES](#)

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<a href="#">Health Cover</a>	★ ★ ☆ ☆	★ ★ ★ ★	★ ★ ★ ★
<a href="#">Wise Choice</a>	★ ★ ☆ ☆	★ ★ ★ ☆	★ ★ ☆ ☆
<a href="#">Opal Health</a>	★ ★ ★ ★	★ ★ ★ ★	★ ★ ☆ ☆
<a href="#">Life Care</a>	★ ★ ★ ★	★ ★ ★ ★	★ ★ ★ ★

**APPENDIX B**  
**Consumer Testing Protocol**  
**Round 1 Testing Protocol**





## Testing goals

Testing will use the mock up, shown to interviewees at the start of the interview. Interviewer will ask participants to accomplish various tasks that focus on specific points or sections to assess:

- **Understanding and usefulness of the Report Cards** – Do the users understand what the information means? How would viewers use the information? HOW VALUABLE THEY VIEW IT TO THEIR OWN DECISION PROCESSES
- **Which labels work best (most understood and valued)**
- **Which display works best (check mark or all word icons)**

## Key interview questions and probes

*Think aloud reminders:*

- Remember to tell me your thoughts and reactions as you're looking at the handout.
- Can you tell me what you're thinking about now?

*Track where and what participants are looking at:*

- What do you see first?
- Can you show me which part you were looking at when you got that reaction?
- Where are your eyes going? What are you looking at?
- What are you looking at now? What are your thoughts?

*To elicit further information:*

- And you say that because...
- How so?
- In what way?
- Tell me more about that.

## Background

### **OBTAIN INFORMED CONSENT,**

- Thank you for agreeing to do this interview. My name is **Katrina** and I'll be talking with you today.
- I work for a non-profit organization called the **Q Corp**.
- Our discussion today is part of a project sponsored by the **DCBS**, a state department created to help consumers.

- Today we'll be talking about DCBS's report on health insurer quality and how well they manage their resources. The purpose of the report cards are to help consumers compare and make informed decisions when selecting a health insurer and in getting better of quality and more affordable care.
- I will guide you through the session, and ask you about your thoughts in looking at information. We would like to know what's clear and what's unclear, as well as what you like and don't like.
- I did not develop the information, so please don't worry about offending me. Please just be as honest as possible so that I can tell them about areas that may need to be changed.
- We want you to try your best to find the information we give you today, but please keep in mind that we are testing the information, and not you.

## Ground Rules

- We'll be speaking for about **40-60 minutes** today.
- Everything you tell me will be **confidential**. To protect your privacy, we won't connect your name with anything that you say.
- I would like to **record our discussion** today so that I can make sure I capture all of your feedback. As I mentioned before, your name or identity will not be connected to your comments.
- Because we're recording, please try to **speak in a voice at least as loud as the one I'm using now** so that we can make sure the tape is picking up our voices.
- We have a lot to talk about today, so there may be times when I need to move the discussion along. Please understand that **when I ask that we move to a new topic, I don't mean to be rude**.
- Any **questions**?

## Introduction

1. What do you think about this page? What were your first impressions of this page?
  - a. What stands out to you?
  - b. What if anything you find confusing or unclear or may be confusing to someone else?
  - c. Have you seen information on health insurers that compares them in this way before?

Read the title of the page, what to expect to see here, given that title?

Let's look at this first column heading: "Doctors provide treatments proven to work". In your own words-- what do you think this means? What is it telling you about?

PROBE: what, if anything, does this have to do with health insurers?

PROBE: how important would this be to you if you were choosing a health insurer?

Ask them if the heading were instead: "Doctors provide high quality care"—what do they think that means. (ask same probes as above)

If the heading were: "doctors provide the right care at the right time"—what do they think that means? (ask same probes as above)

-----

How about the column heading, "members report good care experiences." What is it telling you about?

PROBE: What do you think they are referring to--good experiences with what? Do you think this is about customer service? Or members' experiences in getting care? Or something else?

PROBE: How do you think this information is gathered? Members' comments? Surveys?

PROBE: what if anything does this tell you about the health insurer?

PROBE: what can health insurers do to improve member care experiences?

PROBE: how important would this be to you if you were choosing a health insurer?

Ask them if the heading were instead: survey results from members—what do they think that means. (ask same probes as above)

---

Let's look at the third column heading: "Uses premium dollars wisely". In your own words what, do you think this means? **What is it telling you about?** (Can you define what a premium is?)

PROBE: Who is using the premium dollars wisely?

PROBE: What if anything does this tell you about the health insurer?

PROBE: What do you think a health insurer can do to use their dollars wisely? Anything else?

PROBE: How important would this be to you if you were choosing a health insurer? How might this affect you—a potential health insurance member?

If the heading were: "makes your premium dollars go further"—what do they think that means? (ask same probes as above)

If the heading were: "keeps your costs down"—what do they think that means? (ask same probes as above)

If the heading were: "careful with your healthcare dollars" — what does this mean?

Now let's look at the Icons in the table. What do you think the "better" is telling you? How about the Icon that says "below" what is that saying? Now let's look at this one that says "average". What is that telling you about the health insurer?

At the top of the page --it says, "Health insurers can make a difference in the quality of healthcare their members get. For example, they can include only high quality doctors in their network, and they can provide training and resources to help their doctors to do a better job. The information on this page can help you decide which health insurer is best for you."

Can you say in your own words, what you think is the point of this introductory statement? Probe: Do you think this is true?

Let's pretend you recently received a notice that you need to select a new health insurer, and you got this information by going online to compare your options.

Look at the report and tell me if there anything on this report that is confusing or you don't understand? What is it?

Is there information here that you think is not relevant to making a choice of a health insurer? What is it? What do you think the check marks are telling you?

Now, I'd like to know which health insurer would you choose? Why?

What would be your second choice? Why?

	Doctors Provide treatments proven to work	Members report good experiences	Insurer uses premium dollars wisely
Plan a	Average	Better	<input type="checkbox"/>
Plan b	Below	Average	
Plan c	Better	better	<input type="checkbox"/>
Plan d	Better	Better	

Now I want you to look at another report

	Provides treatments proven to work	Members report good experiences	Uses premium dollars wisely
Plan a	better	Better	below
Plan b	Below	Average	average
Plan c	Better	better	average
Plan d	Better	Better	Better

Which insurer would you choose? Why?

What would be your second choice? Why?

Now I want you to look at another report (show stars chart)

Which insurer would you choose? Why?

What would be your second choice? Why?

Which of these displays did you find easier to use? Which one helped you find your best option easiest and quickest?

---

Test the language on the drill down.

**HIGH QUALITY HEALTH CARE DOES NOT HAVE TO COST MORE.** The most important factors in shaping health care costs are: the price of services and the number and type of services. Higher costs may reflect both higher prices and the use of unnecessary tests and treatments. Health insurers can make your dollars go further if they are able to bargain for better prices for their members and they if they cut out wasteful spending.

The scores for “uses premium dollars wisely” are calculated by measuring the prices and use of tests and treatments for the members of the health insurer.

**In your own words, what do you think this first paragraph is saying? Who is bargaining for a better price? Who are they bargaining with? How can the health insurer cutting out wasteful spending? What do you think wasteful spending includes? Are these things health insurer should be doing?**

Show respondent a card with the definition above and the three potential labels. Ask them to choose the label that best describes what the paragraph says.

## **CARD WITH**

Definition: High quality healthcare does not have to cost more. The most important factors in shaping health care costs are: the price of services and the number and type of services. Higher costs may reflect both higher prices and the use of unnecessary tests and treatments. Health insurers can make your dollars go further if they are able to bargain for better prices for their members and they if they cut out wasteful spending. The scores for “uses premium dollars wisely” are calculated by measuring the prices and use of tests and treatments for the members of the health insurer.

### **Careful with your healthcare dollars**

#### **Uses premium dollars wisely**

#### **Keeps your costs down**

## **CARD WITH**

Definition: High quality care is when patients get tests and treatments that result in improved health and functioning. This includes tests and treatments that help prevent illness, manage chronic conditions, and keep you out of the hospital. The scores reflect how often this happens.

### **Doctors provide high quality care**

#### **Doctors provide the right care at the right time**

#### **Doctors provide treatments proven to work**

## **CARD WITH**

Definition: Health insurers regularly survey their members to ask them about their healthcare experiences. These surveys include questions about the ease of getting needed medical care and the courtesy and respect of customer service staff. These surveys also ask members to rate the overall healthcare quality provided by their health insurer. The scores are based on the answers that members provide on these surveys.

### **Survey results from members**

#### **Members report good experiences**

---

**A few questions about you.**

**Age** \_\_\_\_\_

**Gender** \_\_\_\_\_

**Highest year in school completed** \_\_\_\_\_

**Health Insurance: yes** \_\_\_ **no** \_\_\_

**Employed:**

**Full time** \_\_\_\_\_

**Part time** \_\_\_\_\_

**Unemployed** \_\_\_\_\_

**Retired** \_\_\_\_\_



**APPENDIX B**  
**Consumer Testing Protocol**  
**Round 2 Testing Protocol**



## Testing goals

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- I work for a non-profit organization called the **Q Corp**.
- Our discussion today is part of a project sponsored by the **DCBS**, a state department created to help consumers.

- Today we'll be talking about DCBS's report on health insurer quality and how well they manage their resources. The purpose of the report cards are to help consumers compare and make informed decisions when selecting a health insurer and in getting better of quality and more affordable care.
- I will guide you through the session, and ask you about your thoughts in looking at information. We would like to know what's clear and what's unclear, as well as what you like and don't like.
- I did not develop the information, so please don't worry about offending me. Please just be as honest as possible so that I can tell them about areas that may need to be changed.
- We want you to try your best to find the information we give you today, but please keep in mind that we are testing the information, and not you.

## Ground Rules

- We'll be speaking for about **40-60 minutes** today.
- Everything you tell me will be **confidential**. To protect your privacy, we won't connect your name with anything that you say.
- I would like to **record our discussion** today so that I can make sure I capture all of your feedback. As I mentioned before, your name or identity will not be connected to your comments.
- Because we're recording, please try to **speak in a voice at least as loud as the one I'm using now** so that we can make sure the tape is picking up our voices.
- We have a lot to talk about today, so there may be times when I need to move the discussion along. Please understand that **when I ask that we move to a new topic, I don't mean to be rude**.
- Any **questions**?

## Introduction

1. What do you think about this page? What were your first impressions of this page?
  - a. What stands out to you?
  - b. What if anything you find confusing or unclear or may be confusing to someone else?
  - c. Have you seen information on health insurers that compares them in this way before?

Read the title of the page, what to expect to see here, given that title?

Let's look at this first column heading: "Provides high quality care". In your own words-- what do you think this means? What is it telling you about?

PROBE: what, if anything, does this have to do with health insurers?

PROBE: who is providing high quality care?

PROBE: How do you think this information is gathered?

PROBE: what can health insurers do to make sure members get high quality care?

PROBE: how important would this be to you if you were choosing a health insurer?

Ask them if the heading were--instead: "Doctors provide treatments proven to work"— what do they think that means. (ask same probes as above)

PROBE: what can health insurers do to make sure doctors provide treatments proven to work?

Ask them if the heading were--instead: "Network doctors provide high quality care"—what do they think that means. (ask same probes as above)

-----

How about the column heading, "members report on care experiences". What is it telling you about?

PROBE: what do you think they are referring to--experiences with what? Do you think this is about customer service? Or members' experiences in getting care? Or something else?

PROBE: How do you think this information is gathered? Members' comments? Surveys?

PROBE: what if anything does this tell you about the health insurer?

PROBE: what can health insurers do to improve member care experiences?

PROBE: how important would this be to you if you were choosing a health insurer?

Ask them if the heading were--instead: survey results from members about care experiences —what do they think that means. (ask same probes as above)

---

Let's look at the third column heading: "Keeps healthcare costs down". In your own words what, do you think this means? **What is it telling you about?** (Can you define what a premium is?)

PROBE: Who is keeping healthcare costs down?

PROBE: What if anything does this tell you about the health insurer?

PROBE: What do you think a health insurer can do to keep healthcare costs down? Anything else?

PROBE: How important would this be to you if you were choosing a health insurer? How might this affect you—a potential health insurance member?

If the heading were: "uses insurance dollars wisely"—what do they think that means? (ask same probes as above)

If the heading were: "careful with healthcare dollars" -- what does this mean?

Now let's look at the Icons in the table. What do you think the "better" is telling you? How about the Icon that says "below" what is that saying? Now let's look at this one that says "average". What is that telling you about the health insurer?

At the top of the page --it says, "Health insurers can make a difference in the quality of healthcare their members get. For example, they can include only high quality doctors in their network, and they can provide training and resources to help their doctors to do a better job. The information on this page can help you decide which health insurer is best for you."

Can you say in your own words, what you think is the point of this introductory statement? Probe: Do you think this is true?

Let's pretend you recently received a notice that you need to select a new health insurer, and you got this information by going online to compare your options.

Look at the report and tell me if there anything on this report that is confusing or you don't understand? What is it?

Is there information here that you think is not relevant to making a choice of a health insurer? What is it? What do you think the check marks are telling you?

Now, I'd like to know which health insurer would you choose? Why?

What would be your second choice? Why?

	Doctors Provide treatments proven to work	Members report good experiences	Insurer uses premium dollars wisely
Plan a	Average	Better	<input type="checkbox"/>
Plan b	Below	Average	
Plan c	Better	better	<input type="checkbox"/>
Plan d	Better	Better	

Now I want you to look at another report

	Provides treatments proven to work	Members report good experiences	Uses premium dollars wisely
Plan a	better	Better	below
Plan b	Below	Average	average
Plan c	Better	better	average
Plan d	Better	Better	Better

Which insurer would you choose? Why?

What would be your second choice? Why?

Now I want you to look at another report (show stars chart)

Which insurer would you choose? Why?

What would be your second choice? Why?

Which of these displays did you find easier to use? Which one helped you find your best option easiest and quickest?

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Test the language on the drill down.

**HIGH QUALITY HEALTH CARE DOES NOT HAVE TO COST MORE.** The most important factors in shaping health care costs are: the price of services and the number and type of services. Higher costs may reflect both higher prices and the use of unnecessary tests and treatments. Health insurers can make your dollars go further if they are able to bargain for better prices for their members and they if they cut out wasteful spending. The scores for “uses insurance dollars wisely” are calculated by measuring the prices and use of tests and treatments for the members of the health insurer.

**In your own words, what do you think this first paragraph is saying? Who is bargaining for a better price? Who are they bargaining with? How can the health insurer cutting out wasteful spending? What do you think wasteful spending includes? Are these things health insurer should be doing?**

**Show respondent a card with the definition above and the three potential labels. Ask them to choose the label that best describes what the paragraph says.**

## **CARD WITH**

Definition: High quality healthcare does not have to cost more. The most important factors in shaping health care costs are: the price of services and the number and type of services. Higher costs may reflect both higher prices and the use of unnecessary tests and treatments. Health insurers can make your dollars go further if they are able to bargain for better prices for their members and they if they cut out wasteful spending. The scores for “uses premium dollars wisely” are calculated by measuring the prices and use of tests and treatments for the members of the health insurer.

**Keeps healthcare costs down**

**Uses insurance dollars wisely**

**Careful with healthcare dollars**

## **CARD WITH**

Definition: High quality care is when patients get tests and treatments that result in improved health and functioning. This includes tests and treatments that help prevent illness, manage chronic conditions, and keep you out of the hospital. The scores reflect how often this happens.

**Provides high quality care**

**Doctors provide treatments proven to work**

**Network doctors provide high quality care**

## **CARD WITH**

Definition: Health insurers regularly survey their members to ask them about their healthcare experiences. These surveys include questions about the ease of getting needed medical care and the courtesy and respect of customer service staff. These surveys also ask members to rate the overall healthcare quality provided by their health insurer. The scores are based on the answers that members provide on these surveys.

**Survey results from members about care experiences**

**Members report on care experiences**

---



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**A few questions about you.**

**Age** \_\_\_\_\_

**Gender** \_\_\_\_\_

**Highest year in school completed** \_\_\_\_\_

**Health Insurance: yes** \_\_\_ **no** \_\_\_

**Employed:**

**Full time** \_\_\_\_\_

**Part time** \_\_\_\_\_

**Unemployed** \_\_\_\_\_

**Retired** \_\_\_\_\_

**APPENDIX C**  
**Consumer Testing Recruitment**  
**Online Recruitment Survey**



# Market Research Recruitment

## Comparative Ratings of Health Insurers

As part of a project to develop information for consumers that compares the quality of care in different health insurance plans, the nonprofit Oregon Health Care Quality Corporation will hold some market research interviews. We are holding these interviews at our office in downtown Portland. The interviews will last 90 minutes, and we will pay participants \$50 plus parking or public transportation reimbursement.

If you complete the online survey, we will get back to you no later than Wednesday, January 14.

**\*1. Please tell us some basic information about yourself. Your information will only be used to help us recruit a mix of participants for the interviews and to contact you if you're selected.**

**Name:**

**Address:**

**Address 2:**

**City/Town:**

**State:**

**ZIP:**

**Email Address:**

**Phone Number:**

**\*2. What is your date of birth? (MM/DD/YY)**

**\*3. What is your gender?**

- Female
- Male

**\*4. Please tell us about your education level.**

- Some High School
- High School Diploma
- Some College
- College Degree
- Advance College Degree

**\*5. Are you currently employed?**

- Yes
- No

## Market Research Recruitment

**\*6. Do you currently have health insurance?**

Yes

No

**\*7. Do you currently work in the health care field?**

Yes

No

**\*8. Have you ever worked in the health care field?**

Yes

No

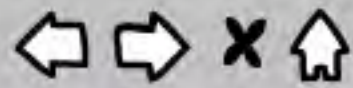
## Market Research Recruitment

**\*9. Please tell us about your availability for an interview at our downtown office. You can select multiple days and times from the options below.**

- Tuesday, January 20, 9-10:30am
- Tuesday, January 20, 10:30am-12pm
- Tuesday, January 20, 3-4:30pm
- Tuesday, January 20, 5:30-7pm
- Wednesday, January 21, 9-10:30am
- Wednesday, January 21, 12-1:30pm
- Wednesday, January 21, 2-3:30pm
- Wednesday, January 21, 3:30-5pm
- Wednesday, January 21, 5:30-7pm
- Thursday, January 22, 9-10:30am
- Thursday, January 22, 10:30am-12pm
- Thursday, January 22, 1-2:30pm
- Thursday, January 22, 5:30-7pm
- Monday, January 26, 9-10:30am
- Monday, January 26, 11am-12:30pm
- Monday, January 26, 2-3:30pm
- Monday, January 26, 5:30-7pm
- Tuesday, January 27, 9-10:30am
- Tuesday, January 27, 11am-12:30pm
- Tuesday, January 27, 3-4:30pm
- Tuesday, January 27, 5-6:30pm
- Wednesday, January 28, 9-10:30am
- Wednesday, January 28, 11:30am-1pm
- Wednesday, January 28, 2-3:30pm
- Wednesday, January 28, 5-6:30pm
- Thursday, January 29, 9-10:30am
- Thursday, January 29, 11am-12:30pm
- Thursday, January 29, 1:30-3pm
- Thursday, January 29, 5-6:30pm

**APPENDIX D**  
**Consumer Testing**  
**Final Recommendations**





All elements including containers and font sizes are based on the following existing templates:

http://staging.apps.oregon.gov/sitetemplate/demos/Pages/default.aspx  
http://staging.apps.oregon.gov/sitetemplate/demos/Pages/table.aspx

# Comparing Health Insurer Quality and Cost

[LANDING PAGE](#)

[PREVENTIVE SCORES](#)

[COMPLEX SCORES](#)

[MEMBER EXPERIENCE SCORES](#)

[USES PREMIUM DOLLARS WISELY SCORES](#)

[COSTS DRIVERS](#)

[LEARN MORE ABOUT SCORES](#)

Health insurers can make a difference in the quality of healthcare their members get. For example, they can include only high quality doctors in their network, and they can provide training and resources to help their doctors to do a better job. The information on this page can help you decide which health insurer is best for you.

	Provides high quality care <a href="#">Learn More</a>	Survey results from members about care experiences <a href="#">Learn More</a>	Uses insurance dollars wisely <a href="#">Learn More</a>
<a href="#">Health Cover</a>	Better	Better	Better
<a href="#">Wise Choice</a>	Average	Better	Better
<a href="#">Opal Health</a>	Average	Average	Average
<a href="#">Life Care</a>	Below	Average	Below

## What do these scores mean?

We collect data from health insurers that shows whether they are providing recommended care at a reasonable cost. We also collect results from satisfaction surveys that measure the experience of members with their health insurer.

**Better**

Scored well above the average for insurance carriers in the state.

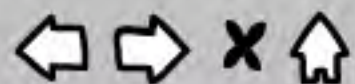
**Average**

Scored in the middle among insurance carriers in the state.

**Below**

Scored well below the average for insurance carriers in the state.

[Learn more about scoring details](#)



## Comparing Health Insurer Quality and Cost

### [LANDING PAGE](#)

[PREVENTIVE SCORES](#)

[COMPLEX SCORES](#)

[MEMBER EXPERIENCE SCORES](#)

[USES PREMIUM DOLLARS](#)

[WISELY SCORES](#)

[COSTS DRIVERS](#)

[LEARN MORE ABOUT SCORES](#)

### Learn More: Provides High Quality Care

High quality care is when patients get tests and treatments that result in improved health and functioning. This includes tests and treatments that help prevent illness, manage chronic conditions, and keep you out of the hospital. The scores reflect how often this happens.

What's included in the scores for providing high quality care?

### Learn More: Survey Results from Members about Care Experiences

Health insurers regularly survey their members to ask them about their healthcare experiences. These surveys include questions about the ease of getting needed medical care and the courtesy and respect of customer service staff. These surveys also ask members to rate the overall healthcare quality provided by their health insurer. The scores are based on the answers that members provide on these surveys.

What's included in the scores for survey results from members?

What other information is included in member experience surveys?

### Learn More: Uses Insurance Dollars Wisely

High quality healthcare does not have to cost more. The most important factors in shaping healthcare costs are: the price of services and the number and type of services. Higher costs may reflect both higher prices and the use of unnecessary tests and treatments. Health insurers can make your dollars go further if they are able to bargain for better prices for their members and they if they cut out wasteful spending. The scores for "uses insurance dollars wisely" are calculated by measuring the prices and use of tests and treatments for the members of the health insurer.

What's included in the scores for uses insurance dollars wisely?