

# Fast Facts

JULY COST & QUALITY SPECIAL EDITION 2023

News for Providers from HealthPartners  
Provider Relations & Network Management

## Cost & Quality

### 2024 Tiering Scorecard

HealthPartners' cost and quality information will be updated for members on the HealthPartners website in October 2023 for 2024 plan year.

This cost and quality information is displayed next to your location name in our *find a clinic or hospital* web tool.

The following instructions will take you to the posted results and methodology: You can find detailed information on the cost and quality assessment methodology by logging onto the provider portal at [healthpartners.com/provider](https://healthpartners.com/provider) and clicking on *Provider Measurements* under the *Quality* tab.

**New this year:** Due to impacts on care related to the COVID-19 pandemic, this is the first update of the cost and quality assessments since 2020. A few other notes:

- The primary care quality assessment measurement set has been modified to align closely with the MN Community Measurement quality measurement set and their published assessment of care systems.
- We are no longer tiering specialty providers, only primary care providers and hospitals.

HealthPartners also uses this cost and quality information to determine your tier placement for our Distinctions<sup>sm</sup> tiered benefit plan. Below are a few key points regarding the Distinctions<sup>sm</sup> benefit option.

- Hospitals and primary care providers are divided into two or three benefit level tiers, depending on the member's benefit offered by an employer group. In addition, a self-insured employer group may modify a provider's tier placement for their employees.
- To support the open enrollment process, the cost and quality information and the tier placements for 2024 will be updated for members on the HealthPartners website and directories in October 2023 and will be effective January 1, 2024.
- Your primary care or hospital information is available on the Provider Portal.
- You will have 45 days from the receipt of this Fast Facts to review the information that has been loaded onto the portal.

#### SPECIFICALLY FOR TIERED PROVIDERS

- A member's out-of-pocket costs are determined by the tier placement of the hospital or provider from which the member is receiving services.
- To be in the most favorable tier, providers and hospitals must perform well in both quality and cost.

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## SPECIFICALLY FOR NON-TIERED PROVIDERS

- Although we have quality and/or cost data for your group, your group was not included in the tiering process for 2024, and your group is assigned to the default tier.
- A member's out-of-pocket costs are determined by the tier placement of the hospital or provider from which the member is receiving services. Please note that the benefits of members who choose to access your clinic will not be impacted because you are not part of the tiering process for 2024.

As with all HealthPartners' benefits, the exact member out-of-pocket costs are outlined on the member's Explanation of Benefits and Provider Remittance Advice. Further information on eligibility and member benefits can be obtained through the HealthPartners Provider Portal at [healthpartners.com/provider](https://healthpartners.com/provider) or from the HealthPartners Member Services Department (952-883-5000 available M-F 7:30 a.m. to 6:00 p.m.).

## High Value Network procedure designation

HealthPartners' High Value Procedure Designation cost and quality result information is available on the Provider Portal and will be updated in October 2023 for the 2024 plans for members.

### BACKGROUND

Starting November 2014, HealthPartners traditional cost and quality data expanded to include High Value Procedure Designation transparency information around specific non-urgent services such as knee replacement surgery. This information is used to develop High Value Networks (HVN) in response to patient/member and employer requests to be able to choose facilities wisely on both cost and quality.

### WHY

Nearly half a million of us living in Minnesota have chosen a high-deductible policy as a way to keep medical benefits affordable. By having lower premiums, but higher out-of-pocket expenses, the High Value Procedure Designation will provide members and patients both cost and quality information on specific health care services to help make decisions aligned with their values.

### WHAT

The identification of HVN providers is similar to the process we currently use to determine Tier 1 providers for the HealthPartners Distinctions<sup>sm</sup> plan.

Your patients began seeing your cost and quality information for specific services on our website in November 2014. This information will be updated in October 2023 for the 2024 plans. Cost and quality information will be used to designate which facilities are included in the HVN. While the standard HVN will have facilities who meet quality requirements and have a cost score that is below the 13-county metro average, some employers may choose to narrow the network further. The HVN information displayed for your patients will include all of the quality and cost metrics.

The following instructions will take you to the posted results and methodology. You can find detailed information on the cost and quality assessment methodology by logging onto the provider portal at [healthpartners.com/provider](https://healthpartners.com/provider) and clicking on *Provider Measurements* under the *Quality* tab.

### FREQUENTLY ASKED QUESTIONS

*Will my Distinctions<sup>sm</sup> tier placement change as a result of this new network information?*

- No, your Distinctions<sup>sm</sup> tier placement is not impacted by this new network information. HVNs are different than the Distinctions<sup>sm</sup> network (tier placement).

*If my group or facility is a Tier 1 Distinctions<sup>sm</sup> provider, will members see me listed as a High Value Network?*

- Not necessarily. High Value Network information is for specific services, such as total hip replacement or cataract surgery.
  - Your facility may be a Tier 1 facility in our Distinctions<sup>sm</sup> network, but might not be in the HVN for a particular service.
  - Your facility might meet the criteria for some of the specific HVN services, but not all of them.
  - To be in the HVN, providers and hospitals must perform well in *both* quality and cost.

*How are High Value Networks used?*

- The quality and cost information is used to help members make choices that align with their values. This is not a closed network—members are not required to use HVN providers to receive benefits. The member will receive a better benefit when using a HVN provider, but the member can choose any network provider and receive in-network benefits.

*How do my patients know about High Value Networks and how are their benefits affected?*

- Some employers highlight this information to their employees. Member benefits may be modified by employers to incentivize the use of HVN providers. The amount a member could save by using a HVN provider is shared with members.
  - Employers can add any combination of HVNs in coordination with their Open Access plan to incentivize use of these providers.
  - A member's out-of-pocket costs are determined by which provider they choose—the member will have lower out-of-pocket costs when using a High Value Network provider.
  - To support the open enrollment process, the HVN information will be updated for members on the HealthPartners website and directories in October 2023, but will not be effective until January 1, 2024.
  - Members will only see high value procedure-specific information when both cost and quality measures exist for a facility.

*What does a N/A mean in the Procedure Total Cost Index (TCI) column mean?*

- A facility needs to have a minimum volume of procedures to have a calculated TCI. Facilities with a N/A didn't have enough volume to qualify for a TCI.

*What does a N/A mean in the High Quality Hospital column?*

- This measure is based on HealthPartners 2022 quality assessment/tiering results. Some facilities, such as surgery centers, did not have enough quality measures to be evaluated and results in this area are not available.

As with all HealthPartners' benefits, the exact member out-of-pocket costs are outlined on the member's Explanation of Benefits and Provider Remittance Advice. Further information on eligibility and member benefits can be obtained through the HealthPartners Provider Portal at [healthpartners.com/provider](https://healthpartners.com/provider) or from the HealthPartners Member Services Department (952-883-5000 available M-F 7:30 a.m. to 6:00 p.m.).

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call 952-883-5589 or toll-free at 888-638-6648. This newsletter is available online at [healthpartners.com/fastfacts](https://healthpartners.com/fastfacts).

**Fast Facts Editor:** Mary Jones