

Evaluation Criteria Checklist

ACCESS TO CARE COORDINATION

- ✓ Advanced primary care
- ✓ Concierge Member Services, navigation, and advocacy support
- ✓ Direct contracts and Centers of Excellence for complex care needs
- ✓ Health care visits on the clock
- ✓ Robust mental/behavioral health benefits
- ✓ Clinical justification for off-formulary drugs, fair appeals
- ✓ No mid-year formulary reductions; formulary additions allowed

AFFORDABILITY

MEMBER SPEND

- ✓ High-value care is free or near-free
- ✓ Apply cash or low-cost out-of-network prices against patient deductible
- ✓ Shared savings programs for choosing lower-cost, high-quality care
- ✓ No copay accumulators and similar programs
- ✓ 501(r) assistance for all eligible member OOP costs
- ✓ Price transparency tool
- ✓ Billing quality metrics adopted by plan providers
- ✓ No HDHP (unless significantly funded via HSA or reimbursed via HRA)
- ✓ Self- or level-funded explored and implemented where actuarially advantageous

TOTAL SPEND

For All Groups, Both Self-Funded & Fully-Insured

- ✓ Admin fees are fixed PEPM or per-transaction v. “estimated” or “adjustable”
- ✓ Full ownership of claims data (medical/Rx)
- ✓ Robust reports, including net PEPM cost
- ✓ Effective internal and external claims audits
- ✓ Reasonable capitation/value-based fees
- ✓ Member steerage to high-value care through benefit design
- ✓ 501(r) integration

For Self-Funded Or Partially Self-Funded Groups:

VENDOR CONTRACTS AND CONFLICTS OF INTEREST

- ✓ Carveouts permitted for PBM/stop-loss
- ✓ Direct contracting
- ✓ Predictable, meaningful fee structure in vendors
- ✓ Stop-loss rates account for cost-control plan design
- ✓ Stop-loss financial independence from other vendors
- ✓ Broker transparent comp disclosure
- ✓ Broker puts some or all of fee at risk for results

RX-SPECIFIC CONTRACTS AND CONFLICTS OF INTEREST

- ✓ No carrier/TPA conflicts with PBM (or disclosed and alternative PBM allowed)
- ✓ No PBM conflicts with specialty pharmacy or mail-order (or disclosed and alternative permitted)
- ✓ Rebates and other concessions disclosed and passed through
- ✓ Generics and biosimilars incentivized
- ✓ No pay-for-play formularies
- ✓ No spread pricing
- ✓ PEPM Rx spend = bottom line for evaluating financial performance
- ✓ Guaranteed AWP discounts and rebate minimums
- ✓ Reasonable PBM fee structure
- ✓ Formulary flexibility
- ✓ Alternate sourcing (outside PBM, international, direct contracts, etc)



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