MHBE

Consumer Decision Support Workgroup

July 31, 2024
12:30PM – 1:45PM
Via Google Meets

Members:
Lisa Barrows
Cara Chang
Steven Doman
Robyn Elliott
Ruth Getachew
Stephanie Klapper
Carmen Ortiz Larsen
Allison Mangiaracino
Arianna Meehan
Shlomo Rosenstein
Lisa Skipper
Michele Eberle
Nicole Edge
Johanna Fabian-Marks
Anthony Guzman
Dinesh Ganesan
Amelia Marcus
Elvina Moras
Betsy Plunkett

MHBE Staff
Maggie Church

Members of the Public
Dolapo Fakeye
Diana-Lynne Hsu
Nic Nemec
Jennifer Park
Timothy Williams

Welcome and Introductions
Amelia Marcus, Maryland Health Benefit Exchange (MHBE) Health Policy Analyst, reviewed the agenda and provided background information on the workgroup. Ms. Marcus explained that this workgroup started because the MHBE is continuously working to improve how support is provided to consumers during plan shopping. Consumer user experience is tested every couple of years and user surveys are constantly conducted. Ms. Marcus stated that, in addition to the current work being done, the MHBE is interested in convening a larger workgroup to provide a broader, more diverse perspective on best practice and strategies to implement in Maryland to help advance the needs of consumers who use the Maryland Health Connection (MHC) platform to enroll in health plans.

Ms. Marcus then asked the present workgroup members and MHBE staff to introduce themselves.

Overview of MHBE

Ms. Marcus started with an overview of the MHBE, Maryland's private health insurance Marketplace launched in 2014 in accordance with the Affordable Care Act (ACA). MHBE operates the MHC enrollment platform, where residents can shop for and enroll in health plans, compare rates, and determine eligibility for public assistance all in one place. The MHC consists of the consumer website, the mobile app, and a consumer assistance call center. MHC has an integrated eligibility and enrollment system with the state's Medicaid Program, so MHC processes both private marketplace private plan enrollment as well as the majority of Medicaid eligibility and enrollment. As of June 2024 there are over 215,000 individuals enrolled in private Marketplace plans through MHC, which is the highest enrollment to date, and over 1.2 million individuals enrolled in Medicaid, amounting to almost a quarter of Maryland residents served through MHC. In addition, MHC is the only source of financial assistance for individuals enrolling in private plans. Federal subsidies available to consumers include advanced premium tax credits (APTCs), which reduce monthly premiums to no more than 8.5% of annual income, and cost-sharing reductions (CSRs), which are additional subsidies that reduce out-of-pocket costs. Consumers up to 250% of the federal poverty level (FPL) are eligible for CSRs in addition to APTC, but they must enroll in a silver plan to receive CSRs. Maryland also has the young adult subsidies program, which is a four-year pilot program that provides state-funded premium assistance in addition to federal APTCs. The additional state subsidy further reduces premiums for qualifying young adults on a sliding scale with the youngest and the lowest income receiving more generous subsidies. The Exchange sets the parameters for this program annually, and the current eligibility parameters are adults aged 18 to 37 years and up to 400% FPL.

Ms. Marcus continued with discussing MHBE authority and scope. MHBE oversees the Navigator program, which is a statewide network of partner organizations who deliver outreach, education, and support to consumers statewide. MHBE sets plan certification standards to ensure established features are included in all plans sold on the exchange or certain information is available to consumers for all plans. MHBE administers affordability programs, which includes the young adult subsidy program and reinsurance program. MHBE also enhances the MHC enrollment platform to simplify the enrollment process for applicants, and this is the focus of the workgroup discussions.

Ms. Marcus discussed the statutory purposes of the Exchange: reduce the number of uninsured in the State; facilitate the purchase and sale of qualified health plans (QHPs) in the individual market in the State by providing a transparent marketplace; assist qualified employers in the State in facilitating the enrollment of their employees in QHPs in the small group market in the State and in accessing small business tax credits; assist individuals in accessing public programs, APTCs, and CSRs; and supplement the individual and small group insurance markets outside of the Exchange.

Ms. Marcus then gave an overview of the 2024 MHC plan offerings. There are currently four MHC carriers in the individual Market. In 2024, there are 44 individual market QHPs. Not every plan is offered in every county, however all consumers have a minimum of 30 plans available to them. Ms. Marcus then reviewed a table that breaks

down the plan offerings by carrier and metal level. Ms. Marcus then discussed the Value Plan offerings. The MHBE requires all carriers to offer value plans which have standardized cost sharing determined by MHBE, meaning that for any given metal level, the same service under a value plan must have the same copay across all carriers. The overarching goals of value plans are to improve healthcare access, improve affordability for consumers, promote insurer competition, and simplify the plan shopping experience. Carriers must offer one value plan at each of the bronze, silver and gold medal levels.

Robyn Elliott asked if the MHBE has metrics or a method of tracking the consumer experience using the website, for example how many times a consumer starts and stops the process of plan shopping, or where they spend the most time. Ms. Marcus responded that this data does exist within other departments in MHBE and will be incorporated into future workgroup meetings.

Shlomo Rosenstein asked about managed care organizations (MCOs), specifically CareFirst, providing outside of Maryland coverage and if this is a requirement or a case-by-case decision. Michele Eberle noted this may be better for a different discussion. Ms. Marcus stated that follow-up information can be provided offline. Carmen Ortiz Larsen added a follow-up question of whether any of these plans are able to cover someone who gets sick someplace else, such as a different state. Arianna Meehan noted from a carrier perspective, Aetna plans cover emergency services out of state. This is standard with all individual and family plans. Ms. Marcus commented that this could be tabled for a later workgroup discussion as information that may be important to display to consumers when educating about MHC plans and coverage. Carmen Ortiz Larsen also commented that in the Hispanic community, people go to their home country and they do not have insurance there so these questions always come up.

Overview of Workgroup, Scope, and Expected Outcomes

Ms. Marcus gave an overview of the workgroup and expected outcomes. The MHBE is focused on initiatives to further reduce the uninsured rate in Maryland and to address the adequacy of coverage under health plans that consumers choose. Many Marketplace consumers struggle to choose a plan that best fits their health and financial needs. There are varying gaps in health literacy, and there is also choice overload with the number of plans that are available to consumers. Market research was conducted last year by MHBE with survey responses reporting that one in five young adults surveyed listed, “Too difficult or confusing” as at least one of the reasons why they previously had not received coverage or enrolled in coverage.

Ms. Marcus then further explained the issue using enrollment data. MHBE enrollment data showed that a significant number of consumers are likely not enrolled in the best value plan that they might be eligible for when considering all of the federal and state subsidies available to them. May 2023 enrollment data showed that around 9,600 individuals were eligible for a higher value, nearly free Silver CSR plan, but they were enrolled in another metal level, such as Bronze, Gold, or even Catastrophic plans. The enrollment data also showed that 16,500 consumers with incomes between 150 and

200% of the FPL were enrolled in Catastrophic, Bronze, or Gold plans, but could pay slightly higher premiums for a higher value Silver CSR plan.

Ms. Marcus then discussed the workgroup purpose. There is a lot of research available on consumer decision support, and while the MHC platform already incorporates many of these best practices, there is a need for further discussion on the subject. This group of stakeholders was convened to discuss areas to improve consumer decision support during the plan shopping experience in the MHC "get an estimate" plan shopping tool and within the MHC application. The workgroup will develop a set of recommendations for more effective decision-making support for consumers to better assist them with health plan selections that best fit their health and financial conditions. The scope of the workgroup discussions will be focused on health insurance plan shopping in the individual market.

Ms. Marcus continued with discussing the expected outcomes of the workgroup, including recommendations for identifying areas in the plan shopping experience where the consumer may benefit from more information or guidance; improving plan information display on the plan list page and the side-by-side plan comparison layout; and providing tailored plan recommendations to consumers. The workgroup will be incorporating available literature reviews on best practices in consumer decision support.

Literature Review of Marketplace Plan Shopping

Nic Nemec, Senior Policy Specialist at The Hilltop Institute, started with an overview of the key findings of their literature review of decision aids in Marketplace plan shopping. Some of the sources were surveys of the decision aids that different state, federal, and private health insurance marketplace sites are using. Many sources were experiments showing evidence for the effectiveness of certain types of decision aids.

Mr. Nemec discussed the findings of the review. The first major theme among the sources was that many characterized, and presented evidence for, different sources of difficulty that consumers face when choosing the plan that will serve them best financially. There were several sources that identified issues with consumers' numeracy and with their understandings of insurance concepts. There was also evidence of "choice overload," and consumers felt they choose poorly or felt unable to make a choice at all. Making no choice at all was a trend that some researchers observed more generally across previous studies. Similarly, there was a bias toward choosing the default option. Sources also highlighted that certain groups face unique challenges when shopping for insurance plans, and these needs are important to consider when making choices when developing plan shopping architecture. Prior Medicaid enrollees, those with low levels of health insurance literacy, and uninsured individuals were most likely to face shopping challenges, and one study found that facing multiple shopping challenges was associated with difficulties finding a doctor, understanding coverage, and getting assistance. Another study found that, for a cancer patient on expensive therapy, metal tier and stated annual out-of-pocket maximums were unreliable

indicators of financial protection. This underscores the need for decision aids that can adapt to a variety of consumer needs rather than offering a one-size-fits-all approach.

Mr. Nemec continued discussing the findings of the review. Many of the sources provided evidence for the efficacy of certain types of decision aids. Several sources studied the effectiveness of providing consumers with a “smart default” plan, or multiple plan recommendations, based on the consumer’s expected health care costs. One source noted that consumer-oriented organizations have recommended filling the first page of plans that an enrollee views with exclusively plans that are the best fit for that enrollee. Two sources presented experiments demonstrating the effectiveness of smart defaults and plan recommendations for increasing the chances a consumer will choose a plan that maximizes coverage and minimizes cost. A 2018 review of state marketplace websites found that some state marketplaces use plan recommendations based on the information a user provides about themselves.

Mr. Nemec reported that a related category of decision aids has to do with the assessment and use of a given consumer’s personal preferences for what they look for in a plan. One of the sources describes this as another recommendation area from consumer-oriented organizations, that exchanges highlight the plan attributes that evidence shows consumers tend to care about most, which include cost and whether certain physicians are in-network. A recommendation noted in multiple sources is that exchanges could gather consumers’ personal preferences for what they want from their insurance plan. This information should be gathered through easy-to-answer questions and could be used to tailor the plan choices that are displayed. Another source found that some private insurance marketplaces use a different strategy: they label plans with flags such as “Best Match” or “Cheap Plans,” which allow consumers to make choices based on what they value in a plan.

Mr. Nemec discussed plan partitioning, which highlights certain plans by separating them from other plans visually, as another feature supported by the evidence. This was highlighted as one of the unique features available on some marketplace sites. One experiment demonstrated that plan partitioning can improve plan choice by focusing consumers’ attention on higher-quality options. But the plans that are listed first and partitioned off must be the optimal plans or partitioning can limit the amount of searching consumers undertake and limit their discovery of the best options for them. The marketplace website reviews also identified potential innovations for how marketplaces communicate information on health plan networks. One opportunity for innovation is to communicate network information for each plan directly inside of the marketplace rather than linking to a health plan’s external website. Some marketplace sites allow enrollees to sort and filter plans based on whether plans cover a specific physician or hospital. A couple of other unique features used by some marketplace sites include a visible metric, indicating network size for a given plan, and a map showing the in-network providers for a plan.

Mr. Nemec then discussed how digital decision support tools were another category of decision aid featured in the literature. Studies tested a few specific decision support

tools, and outcomes included better health insurance knowledge and confidence in choosing a plan. One tool simulates likely usage and costs under a range of outcomes using demographic data, user responses regarding expected medical expenses, and analysis of public government data and corporate data. Another major category of changes that were recommended and/or tested centered around consumer education. One source found evidence across previous studies that displaying graphical depictions of probability, risk, and total estimated cost may help fill gaps in consumers' understanding of these concepts. Tools to help consumers understand plan pricing were also recommended. There were several recommendations for certain information that should be made front and center to ensure enrollees understand. These areas included: the fact that preventive primary care must be covered at no additional cost under all plans; the penalties and exemptions under the Affordable Care Act coverage mandate; an explanation of the adult dental insurance marketplace; and a clear explanation of the affordability provisions that are available for consumers who qualify.

Mr. Nemec also reported on other evidence-backed strategies. One review of past studies found evidence that using symbols rather than numbers to represent price and quality ratings aided consumers in their interpretation of these metrics. The review also recommended providing out-of-pocket cost estimates for several possible outcomes, such as a typical usage scenario and a worst-case scenario, rather than for just one. Two studies found improvements in plan choices when prompts, also known as "nudges," were used to remind consumers to use all decision support tools at their disposal and to consider total estimated costs.

Mr. Nemec concluded that the literature review also found evidence of many decision-aid features that MHC already has in place, that are effective at increasing consumers' likelihood of choosing the best plan for them and improving plan satisfaction. There was evidence for the effectiveness of providing plan quality ratings, giving consumers tools to sort and filter plans, allowing for side-by-side comparison of plans, automatically applying any subsidies for which the consumer is eligible to their premium and CSR estimates, providing definitions of health insurance terms that appear when consumers mouse over the terms, incorporating provider and drug directories, standardizing the plans that are offered, filtering low-income consumers to silver plans to guide them toward CSRs, and providing total out-of-pocket cost estimates, as well as making it the default that plans are sorted by total cost. There was an experiment where participants were confused when given out-of-pocket cost estimates without an explanation of the factors contributing to the estimates, so that is an important element for consideration when maximizing the utility of this feature for consumers.

Carmen Ortiz Larsen asked about the time frame for the source documents. Mr. Nemec answered that there was one outlier from 2009, but most sources were from 2015 on with latest sources from 2024. Carmen Ortiz Larsen asked if most of the sources were pre-COVID and Mr. Nemec said he would follow-up after reviewing the sources.

Steven Doman asked about the desired channel of enrollment for residents of Maryland. Interest in the metrics of what enrollment flows are online enrollments versus the call

center versus Navigator resources vs authorized insurance brokers. Ms. Marcus answered that MHBE publishes monthly enrollment data reports, so will follow-up more on this after reviewing available data.

Allison Mangiaracino commented on an interest to have a future meeting focus on the "smart default" method, and seeing what other marketplaces are doing. In addition, thinking about expected healthcare costs and wondering if there are smart default options where the upfront questions ask what is most important to the shopper, rather than just their expected healthcare usage. Someone might not be able to estimate what they expect to spend, but they could answer questions that asks what's most important to them, like their monthly premium, network availability, or the cost of certain services for example. Ms. Marcus commented that this would be a great topic of discussion.

Steven Doman asked about the recommendation on symbols versus pricing. Mr. Nemec said he will follow-up on this. Allison Mangiaracino commented that in Colorado they have their quality ratings with fractions rather than graphical depictions of the stars. With numeracy it's been shown that using numbers instead of symbols can be more confusing to consumers.

Stephanie Klapper asked if it was possible to get a slide of decision aids that are not currently used by MHC. Mr. Nemec stated this can be a follow-up deliverable.

Discussion
Ms. Marcus opened the meeting up for further discussion.

Carmen Ortiz Larsen asked if there are any online tutorials or trainings to help consumers with the plan shopping process. Are they accessible and offered in different languages? Ms. Marcus stated that there are a lot of video tutorials, and this may be good to discuss if they are accessible and whether the information is helpful for plan shopping. MHC videos are always available in both English and Spanish.

Robyn Elliott commented on an interest in immigrant coverage and how they are able to access consumer information, as well as how we are communicating about the security of the information that these consumers provide when plan shopping.

Shlomo Rosenstein commented that there is a tremendous amount of support when it comes to Navigators, the help lines, and broker assistance portals. The consumer website can be a bit confusing, making it difficult for clients and consumers to navigate on their own. Identifying the specific errors that clients and consumers face can really help with the confusion.

Lisa Barrows asked if there are any metrics on what devices individuals are using to purchase the plans to see if there are any challenges/restrictions.

Allison Mangiaracino commented in the chat for future discussion: communicating the value of CSR and Gold plans for shoppers that may select Bronze; looking at ways to

simplify the plan tile; and discussing if it is confusing to consumers, perhaps too much information?

Ms. Marcus then went over next steps. Shlomo Rosenstein and Robyn Elliott have nominated themselves for co-chair. If anyone else is interested, they may follow up with Ms. Marcus. A survey will be sent out after the meeting to vote for the co-chairs and approve the workgroup charter. The charter, slides, and Hilltop's literature review will all be shared with the group. The members were asked to please fil out the survey by the next workgroup meeting which will be on August 14th at 12:30PM. There will be a total of seven meetings for this workgroup, generally on Wednesdays at 12:30PM.

Adjournment
The meeting adjourned at 1:50PM.

Chat record:
00:02:26
Dinesh Ganesan -MHBE-: Hello Amelia, I have a hard stop at 1. 00 pm to participate in another stakeholders meeting.

00:05:07
Cara Chang: I apologize, but I need to step away for a moment

00:13:52
Cara Chang: I'm sorry, but I'm dealing with a family emergency and need to drop. I will rejoin if/when I can.

00:14:01
Stephanie Klapper: Good luck Cara

00:18:30
Robyn Elliott: So cute! We need to think about our youngest consumers :)

00:19:04
Dia Lyn: My first advice to all new parents is: "make sure you tell your insurance that your baby was born!" :)

00:19:23
Carmen Ortiz Larsen: Hi, Dinesh. Glad you are here. Carmen Larsen at AQUAS, Inc. we might have met...

00:24:39
Dinesh Ganesan -MHBE-: Sure! Carmen. Looking forward to collaborate with you all in this initiative.

00:30:34
Carmen Ortiz Larsen: Good overview thanks

00:40:14
Allison Mangiaracino: Regarding the earlier question about care outside MD, KP has more information here: https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/get-care/traveling

00:44:51
Carmen Ortiz Larsen: thanks Allison

00:54:18
Robyn Elliott: Would it be possible to get the research studies that included looking at adult dental?

00:56:09
Amelia Marcus -MHBE-: Hi Robyn, I can share Hilltop's full literature review with this group after the meeting!

00:56:33
Robyn Elliott: Thanks so much, Amelia!

01:11:33
Stephanie Klapper: Great point, Robyn

01:11:56
Allison Mangiaracino: For future discussion: 1) Communicating the value of CSR and Gold plans for shoppers that may select Bronze, 2) Should we look at ways to simplify the plan tile? Is it confusing to consumers, perhaps includes too much information?