

# MHBE 2024 Consumer Decision Support (CDS) Workgroup

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Meeting 1 – July 31, 2024

# Agenda

12:30 - 12:50 | Welcome and Introductions

*Amelia Marcus, MHBE Health Policy Analyst*

12:50 - 1:10 | Background and Overview of Workgroup

*Amelia Marcus*

1:10 – 1:30 | Literature Review of Marketplace Plan Shopping

*Nic Nemec and Dolapo Fakeye, The Hilltop Institute*

1:30 - 1:45 | Discussion

1:45 | Adjournment



# Welcome & Introductions

# Members

Member	Affiliation
Lisa Barrows	CareFirst BlueCross BlueShield
Cara Chang	Optum/Dartmouth
Steven Doman	UnitedHealthcare
Shelly Eldridge	Shelly The Confidence Coach
Robyn Elliott *	Maryland Dental Action Coalition
Ruth Getachew	Maryland Insurance Administration
Erika Halsey **	Kaiser Permanente
Thomas Hamel	Aetna
Stephanie Klapper	Maryland Citizens' Health Initiative
Carmen Larsen	Hispanic Chamber of Commerce Montgomery County

Member	Affiliation
Allison Mangiaracino	Kaiser Permanente
Arianna Meehan **	Aetna
Joan Painter	Seedco
Shlomo Rosenstein *	Premier Financial
Seth Sevenski-Popma **	UnitedHealthcare
Lisa Skipper	Mountain Laurel Medical Center

# Overview of MHBE

# MHBE 101 – Overview

- **MHBE is a state-based health insurance marketplace/exchange launched in 2014**
  - Operates the **Maryland Health Connection (MHC)** enrollment platform (website, app, call center)
  - Serves most **Medicaid** enrollees (1.25M) and enrollees in the **individual market** (215,000 - no affordable employer coverage, ineligible for Medicaid/Medicare)
  - Only source of **financial assistance** for people in the individual market: federal subsidies (APTC/CSR) to cap premiums at 0%-8.5% of income and reduce cost-sharing for low-income individuals, state premium assistance for young adults (young adult subsidy)
- **MHBE authority/scope includes:**
  - Conducting **outreach and enrollment** activities, overseeing the Navigator program
  - **Enhancing MHC** to improve the enrollment experience
  - **Setting plan certification standards** for individual market plans sold through MHC. Plan certification standards encompass features such as plan design and information provided to consumers
  - Administering affordability programs ([reinsurance](#) and **young adult subsidy**)

# MHBE 101 - Purposes of the Exchange

**(c) Purpose.** The purposes of the Exchange are to:

- (1) reduce the number of uninsured** in the State;
- (2) facilitate the purchase and sale of qualified health plans in the individual market** in the State by providing a transparent marketplace;
- (3) assist qualified employers in the State in facilitating the enrollment of their employees in qualified health plans in the small group market in the State and in accessing small business tax credits;**
- (4) assist individuals in accessing public programs,** premium tax credits, and cost-sharing reductions; and
- (5) supplement the individual and small group insurance markets outside of the Exchange.**

Insurance Article 31-102 Annotated Code of Maryland, *Maryland Health Benefit Exchange*

# Overview of 2024 MHC Plan Offerings

- **Four** MHC carriers. More carriers than any year since 2016. In 2024 Aetna joined CareFirst, Kaiser Permanente and United Healthcare.
- **44** individual market Qualified Health Plans (QHPs) offered in 2024, up from 33 in 2022 and 35 in 2023.

	Carrier	2022	2023	2024
Cat.	CareFirst - HMO	1	1	1
	CareFirst - PPO	-	-	-
	Kaiser Permanente	1	1	1
	United	-	-	-
	Aetna			-
Bronze	CareFirst - HMO	3	3	3
	CareFirst - PPO	1	1	1
	Kaiser Permanente	2	3	3
	United	3	4	4
	Aetna			3
Silver	CareFirst - HMO	1	1	1
	CareFirst - PPO	1	1	1
	Kaiser Permanente	4	4	4
	United	4	4	4
	Aetna			4
Gold	CareFirst - HMO	2	2	2
	CareFirst - PPO	1	1	1
	Kaiser Permanente	4	4	4
	United	4	4	4
	Aetna			2
Platinum	CareFirst - HMO	-	-	-
	CareFirst - PPO	-	-	-
	Kaiser Permanente	1	1	1
	United	-	-	-
	Aetna			-
Total		33	35	44



# Overview of MHC Plans Offerings - Value Plans

- Plans with standardized cost-sharing determined by MHBE
  - Plans designed to make commonly used services feasible for consumers to access
  - Apples-to-apples plan comparison with standardized plan designs, simplifies plan shopping
- Carriers must offer one Value Plan at each of the Bronze, Silver, and Gold metal levels
- More about Value Plans [here](#)

The background of the slide features a solid teal color with a pattern of overlapping, semi-transparent circles in a slightly lighter shade of teal, creating a floral or sunburst-like effect.

# Overview of Workgroup, Scope, and Expected Outcomes

# Background

- Many Marketplace consumers struggle to choose a plan that best fits their health and financial needs
  - Gaps in health literacy and understanding of insurance concepts, choice overload, etc.
- 2023 MHBE Market Research: 1 in 5 young adults listed “Too difficult or confusing” as at least one of the reasons why they previously did not get coverage

# Background Cont'd

- May 2023 MHBE enrollment data showed around **9,600** people were eligible for higher-value, free or nearly-free Silver CSR plans, but were enrolled in another metal level (bronze or gold) or catastrophic plan
  - **16,500** people with incomes between 150-200% FPL who were enrolled in Catastrophic, Bronze, or Gold plans could pay slightly higher premiums for a higher-value Silver CSR plan

FED POVERTY LEVEL	BRONZE	CATASTROPHIC	GOLD	PLATINUM	SILVER	TOTAL
<100%	1,094	14	3,804	148	12,919	17,979
>=100 & <138	382	3	1,467	55	5,325	7,232
>=138 & <150	603	8	2,258	88	5,273	8,230
>=150 & <200	3,836	24	12,666	536	14,858	31,920
>=200 & <250	5,243	43	14,213	555	2,835	22,889
>=250 & <300	5,303	74	9,633	351	1,178	16,539
>=300 & <350	4,334	57	6,417	222	579	11,609
>=350 & <400	2,978	100	4,265	143	299	7,785
>=400	5,643	196	8,656	319	517	15,331
Unknown	9,757	1,276	17,153	786	2,035	31,007

**See if you can enroll now.**

You may be eligible for a [special enrollment](#).

OUNT

GET AN ESTIMATE

### Get an Estimate



#### Tell us about yourself

ZIP Code\*

County\*

Select County ▾

Coverage Year\*

2024 ▾



#### Build your household

##### Primary Applicant

Age\*

Is this person pregnant?\*

☒ No

Select the coverage you need\*

Health ▾

Add Spouse

Add Dependent



#### See if you qualify for financial help!

What do you estimate your yearly income will be in 2024? This is the total income for anyone listed on your tax return. Enter your best guess.

Annual Household Income \*

## Workgroup Purpose

- Discuss areas to improve consumer decision support during the plan shopping experience in the **“Get an Estimate” plan shopping tool** and within the MHC application
- Develop a set of recommendations for more effective decision-making support on MHC to better assist consumers with health plan selections that best fit their health and financial conditions
- Discussions and recommendations will focus specifically on health insurance plan shopping in the individual market

# Expected Outcomes

- Recommendations for:
  - Identifying areas in plan shopping experience where consumer may benefit from more information or guidance

Be sure to include these people, even if they don't need coverage:

- Yourself
- Your spouse if you're married
- Anyone you'll claim as a tax dependent this year

[Learn more here](#) about who to include when you apply for coverage.




Depending on your income, you may qualify for extra financial assistance if you enroll in a silver plan. If so, a silver plan may offer you lower out-of-pocket costs than a gold plan. If this is the case for you, silver plans may be listed first in your search results.



# Expected Outcomes

- Recommendations for:
  - Improving plan information display on the plan list page, and the side-by-side plan comparison layout

### Compare and Select a Plan

CareFirst BlueChoice - HMO/POS BlueChoice HMO Value Silver \$4,500 VisionPlus	Kaiser Permanente KP MD Silver 6000/40/Vision	Aetna Health Silver Value: Aetna Network + \$0 MinuteClinic + \$0 CVS Health Virtual Care
		
<a href="#">Apply</a>	<a href="#">Apply</a>	<a href="#">Apply</a>
<a href="#">Remove from comparison</a>	<a href="#">Remove from comparison</a>	<a href="#">Remove from comparison</a>

Plan Overview

Cost Sharing Overview : Member Pays

Coverage Examples


Physician Services : Member Pays

Prescription Drugs - 1 Month Supply from a Participating Retail Pharmacy : Member Pays

Urgent and Emergency Care : Member Pays

Hospital Services : Member Pays

Outpatient Services : Member Pays

**UHC Silver Virtual Access (Unlimited \$0 Virtual)**  
2024-72375MD0070030-01

METAL LEVEL: **SILVER**

QUALITY RATING: ★★★★★

[Details](#)

ESTIMATED MONTHLY PREMIUM ⓘ	ANNUAL DEDUCTIBLE ⓘ	ANNUAL OUT-OF-POCKET MAX ⓘ	PRIMARY CARE ⓘ	URGENT CARE CENTER ⓘ	GENERIC DRUG
<b>\$324.95</b> Price after estimated \$0.00 tax credit	<b>\$3850 per person</b> <b>\$7700 per group</b>	<b>\$9450 per person</b> <b>\$18900 per group</b>	<b>No Charge</b>	<b>\$100.00 Copay</b>	<b>\$3.00 Copay</b>

**H.S.A. Qualified : No**      **Telehealth:** Primary Care: No Charge | Urgent Care: \$100 Copay | Mental health outpatient: 40% after deductible

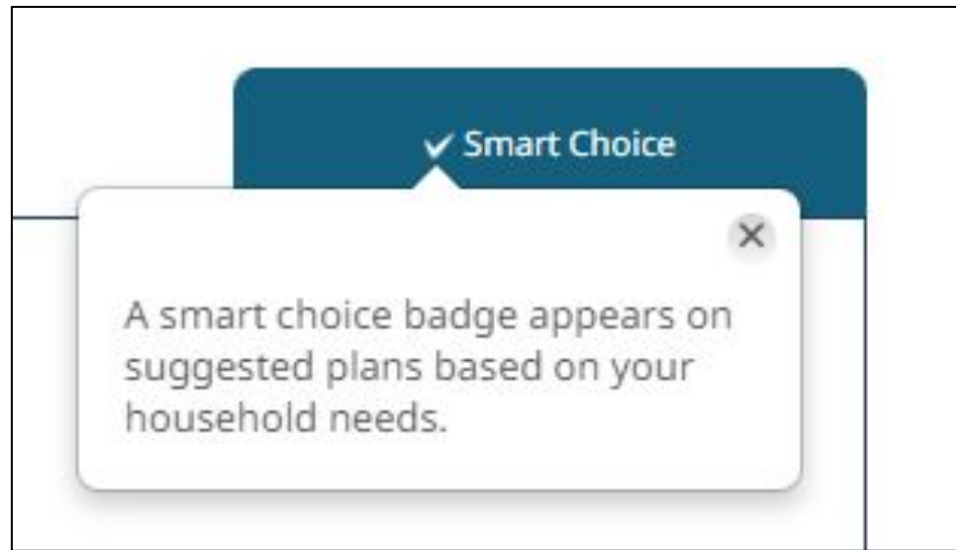
[Find a Health Care Provider](#)    [Important Plan Information](#)    [Plan Costs & Benefits](#)    [Drug Search](#)

[Email Quote](#)    [Add to Compare](#)    [APPLY](#)



# Expected Outcomes

- Recommendations for:
  - Providing tailored plan recommendations to consumers



Washington HealthPlanFinder



# Plan Shopping Literature Review Findings

Nic Nemec, Dolapo Fakeye, Jennifer Park, and Christopher  
Yeiser



The Hilltop Institute  
UMBC

# Literature Review Overview

- Returned 40 relevant sources, mainly peer-reviewed journal articles
- Some articles surveyed the decision aids in use by state, federal, and private health insurance marketplace sites
- Many sources were experiments demonstrating the efficacy of certain decision aids

# Findings

- Consumers face several major difficulties in choosing plans that will minimize costs to them
  - Gaps in enrollees' numeracy and understanding of insurance concepts
  - Difficulty making a selection among large sets of choices
  - Bias toward inaction or choosing the default
- Impacts on plan shopping experience:
  - Consumers perform at near-chance levels without decision support interventions
  - They report anxiety about making the wrong choice and insurance plan shopping in general
  - Many consumers doubt the value of purchasing a plan

# Findings (Continued)

- Certain types of consumers face unique challenges, underscoring the need for decision aids tailored to their situations
  - Groups more likely to face shopping challenges:
    - Prior Medicaid enrollees
    - Unenrolled individuals
    - Individuals with low health insurance literacy
  - For some consumers, such as those on expensive cancer treatments, metal tier and stated out-of-pocket max can be unreliable indicators of financial protection

## Findings (Continued)

- Evidence for the efficacy of specific types of decision aids:
  - “Smart default” & plan recommendations based on expected health care costs
    - Consumer-oriented orgs recommend filling the first page with best-fit plans
    - Experimental evidence for smart default and plan recommendations
    - Some state marketplaces use plan recommendations or show only recommended plans based on user-provided info about themselves

# Findings (Continued)

- Assessment and use of consumer preferences in sorting and filtering plans
  - Consumer-oriented orgs recommend highlighting the attributes evidence shows consumers tend to care about:
    - Cost
    - In-network status of certain physicians
  - Suggestion that the consumer's personal preferences regarding desirable plan characteristics could be gathered and used for recommendations
  - Some marketplace sites use flags labeling plans with indicators like “Best Match” or “Cheap Plans”
    - Allows consumers to make choices based on what they value in a plan

## Findings (Continued)

- Plan partitioning: highlighting certain plans by visually separating them from others
  - The plans partitioned off must be the optimal ones
  - Otherwise, can discourage consumers from searching, limiting their discovery of the best options
- Innovations in the provision of network information
  - Sorting & filtering based on coverage of providers
  - Network size indicators
  - Maps of in-network providers for a plan

# Findings (Continued)

- Decision support tools: digital information tools to facilitate shopping experience
- Education
  - Graphical depictions of probability, risk, and total cost estimates
  - Tools instructing consumers about how plan pricing works
  - Need for more prominent information on:
    - Requirement that preventive primary care be covered at no additional cost
    - Adult dental insurance marketplace
    - ACA coverage mandate
    - Affordability provisions available for qualifying consumers, such as cost-sharing reductions



# Findings (Continued)

- Additional recommendations/strategies
  - Use of symbols rather than numbers to represent price and quality
  - Out-of-pocket cost calculations representing several possible outcomes
    - E.g., typical & worst-case
  - Nudges reminding consumers to use all information and tools at their disposal
  - Use of personal narratives/vignettes on how other consumers made health insurance decisions

# Findings (Continued)

- Decision aids currently in use by MHC and supported by evidence reviewed:
  - Quality ratings
  - Sorting & filtering tools
  - Side-by-side comparison of plans
  - Auto-applying subsidies to premium & CSR estimates
  - Rollover definitions
  - Drug and provider directories
  - Plan standardization
  - Filtering low-income consumers to Silver plans
  - Providing (& sorting by) total estimated cost
    - Observed confusion when OOP cost estimate given without explanation of the factors that contributed to it

# Questions?



# Discussion

# Discussion

- What are your perspectives on consumer plan shopping challenges in the Marketplace?
- Are there any other areas or issues you think the workgroup should discuss?
- Additional questions?



# Next Steps

# Next Steps

- Vote on co-chairs & workgroup charter via online survey
- **Next meeting: Wednesday, August 14, 12:30 - 1:45 PM**
  - Tentative Agenda:
    - Walk-thru of MHC 'Get an Estimate' tool
    - Overview of 2023 MHC consumer user testing
    - Panel discussion with MHBE consumer assistance team
    - Workgroup discussion session #1
- July - October: Seven regular meetings
  - 6<sup>th</sup> meeting: draft report of workgroup recommendations for review and discussion
  - 7<sup>th</sup> and final meeting: Vote to finalize workgroup recommendations
- November 14<sup>th</sup>: MHBE staff present workgroup recommendations to MHBE Standing Advisory Committee



# Public Comment



# Appendix



# References - Hilltop Literature Review

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