MHBE

Consumer Decision Support Workgroup

August 14, 2024
12:30PM – 1:45PM
Via Google Meets

Members:

Lisa Barrows	**MHBE Staff**
Cara Chang	Maggie Church
Steven Doman	Michele Eberle
Shelly Eldridge	Nicole Edge
Robyn Elliott, Co-Chair	Kimberly Edwards
Ruth Getachew	Anthony Guzman
Erika Halsey	Makeda Hailegeberel
Thomas Hamel	Becca Lane
Diana-Lynn Hsu	Amelia Marcus
Stephanie Klapper	Elvina Moras
Carmen Ortiz Larsen	Betsy Plunkett
Lisa O'Boyle (proxy for Lisa Barrows)	Pooja Singh
Joan Painter	
Allison Mangiaracino	**Members of the Public**
Arianna Meehan	Parker James
Shlomo Rosenstein	Chris Ray
Seth Sevenski-Popma	
Lisa Skipper, Co-Chair	

Welcome and Introductions

Amelia Marcus, Maryland Health Benefit Exchange (MHBE) Health Policy Analyst, noted that there was a change in co-chair nominations since the last meeting. Co-chair nominations included Robyn Elliott, Policy and Governmental Affairs Consultant at the Maryland Dental Action Coalition, and Lisa Skipper, Navigator at Mountain Laurel Medical Center. Ms. Marcus invited new members to introduce themselves and then provided an overview of the agenda.

Vote on Charter, Co-Chairs, and July 31 Minutes.

Ms. Marcus noted that there was one small change from the draft minutes for the Workgroup's July 31 meeting: a correction to the title of the meeting. Ms. Marcus motioned to approve the minutes. Ms. Skipper seconded. The Workgroup voted unanimously to approve the minutes from its July 31 meeting. Ms. Marcus motioned to approve the workgroup charter. Ms. Elliott seconded. The Workgroup voted unanimously to approve the charter. Ms. Marcus motioned to approve Ms. Elliott and

Ms. Skipper as the co-chairs. Stephanie Klapper seconded the motion. The Workgroup voted unanimously to approve Ms. Elliott and Ms. Skipper as the co-chairs of the group.

Ms. Marcus then provided a brief content review. Detailed slides are included in the presentation for this meeting. In 2024, there were four on-exchange carriers and 44 individual market qualified health plans (QHPs). All marketplace plans are required to include essential health benefits (EHB), which include ten major service categories. The Affordable Care Act also requires that all private plans must cover a range of recommended preventive services, on which they may not impose cost-sharing. A link to the full list of preventive services is included in the slides. Ms. Marcus noted that this information can inform approaches to consumer education.

Ms. Marcus showed a graph displaying private plan enrollments by type of consumer assister. According to a monthly enrollment report from January 2024, the majority of consumers reenrolling in the same plan do so independently on the website. For new enrollments, many more consumers use in-person assistance, such as brokers and navigators. The most common form of assistance for consumers changing their existing plan was through brokers. Ms. Marcus also highlighted how the majority of consumers for both 2023 and 2024 open enrollment are accessing the website via a desktop computer, although a considerable amount are using a mobile device. These data only show how many consumers are visiting the site, not how many are plan shopping, but still may be of interest.

Ms. Marcus shared that the workgroup is designed to help improve consumer decision support during the plan shopping experience. The group should ensure that consumers fully understand plans and financial assistance options, such as cost-sharing reductions. Ms. Marcus noted that there are consumers not taking advantage of silver plan cost-sharing reductions and shared the definition of underinsurance, which is a particular focus for the group. Recommendations include identifying areas where consumers may benefit from more information or guidance during shopping, improving the display on the plan list page and comparison layout, and providing tailored plan recommendations to consumers.

Walkthrough of MHC Plan Shopping Tool
Ms. Marcus provided a demonstration of the Maryland Health Connection (MHC) Get an Estimate Plan Shopping Tool. The landing site asks for zip code, county, coverage year, age, what kind of coverage the consumer needs, household information for spouses/dependents, and annual household income. Annual household income is a required field because this information is necessary to determine eligibility for financial assistance. There is guidance about how to calculate household income.

Ms. Elliott asked about the dental option under the needed coverage question: would this be for adult dental or pediatric, and is this clear to the consumer? Ms. Marcus explained that adult dental is not required to be covered, but pediatric coverage is required. Adults would be filling out the application. Ms. Marcus noted that this may be an opportunity to educate consumers.

Shelly Eldridge asked about the dropdown options for coverage. They are "Health," "Dental," "Health and Dental," and "No Coverage." Ms. Marcus noted that, at the next workgroup meeting, this landing page will be the focus.

Ms. Elliott asked about the pregnancy question, inquiring as to whether consumers understand why this question is asked. Nicole Edge noted that the asterisk is there because it is a required field. At future meetings, the group could discuss how this information might be perceived. Ms. Skipper noted that, when someone is pregnant, it changes their income status: depending on where their income falls, they may become eligible for different plans.

Joan Painter asked about the financial help section and why it does not include "gross" income, stating that people may not be entering accurate information. Ms. Marcus noted that this will be added for review.

Cara Chang asked about the purpose of the "No Coverage" option, inquiring whether that provides value to MHC users. Ms. Marcus noted the question for review at the next meeting. Becca Lane added that this option is there because, although all household members must be included for the purposes of the cost estimate, some may not need coverage; she gave the example of a household with four members, one of whom gets coverage through their employer, explaining that the person with employer-sponsored coverage would have a response of "No Coverage [needed]," while the other three would have responses of "Health" or "Health and Dental."

After the initial landing page, the consumer clicks "Browse Plans" to view the health plans. The next page provides an explanation of financial assistance. Consumers can enter their expected healthcare utilization or skip this question. When the consumer clicks "Browse Plans," the financial assistance is factored in to show net costs.

Diana Hsu noted that the page where consumers enter their expected healthcare utilization is very important, as this might be a critical component of health literacy. If consumers can skip this page, they may be missing important information.

Shlomo Rosenstein noted that the healthcare usage page is very confusing, especially for younger and healthier consumers. Consumers choosing low-usage plans may not understand the potential costs of certain plans if their utilization increases.

Ms. Elliott noted that more information may be needed in the explanation page to explain tax credits and financial help. She asked if there is a way to convey this information verbally, such as having someone give an example, as another tool for consumers and commented that the information may be too dense to understand.

Seth Sevenski noted that HeathSherpa provides examples of utilization based on variables such as age, with examples provided including such counts as number of

visits, prescriptions, and labs. He commented that illustrative examples can help consumers make appropriate decisions.

Ms. Painter noted that the terminology on the page is difficult for consumers. If text cannot be added, she suggested a link could be included with a clear, simpler description.

Ms. Marcus noted the symbol next to the terminology provides an explanation. Ms. Painter noted that people may not click on the information buttons and that her experience shows people self-select plans but may not pick the right choice.

Thomas Hamel noted that there could be an option to include an unexpected medical event, such as appendicitis or a broken leg. The tool could estimate the out-of-pocket difference between the plans in case of unexpected medical expenses.

Ms. Marcus showed an example of the "plan tiles" view on the plan shopping page. This will be the second focus area of the discussion at the next meeting. The page shows a standard set of information for each plan, including metal level; quality rating; estimated monthly premium; annual deductible; annual out-of-pocket maximum; primary care, urgent care, and generic drug co-payments; and other information. There are filter options that consumers can use to narrow results. Consumers can sort results by deductible, premium, and other factors. The group will review the plan comparison page, in which consumers can pick up to three plans to compare side by side, at a later date.

Ms. Chang asked about the default sort on the page.

Mr. Rosenstein suggested that the plan view page offer a breakdown of costs for hospitalization in the same way costs are shown for primary care providers, urgent care, and generic drugs, noting that full cost transparency for unexpected hospital visits would be helpful.

Ms. Hsu asked if there was a way for the consumer to see which plans their current provider participates in. Ms. Marcus responded that participation by a certain provider is one of the available search criteria.

Mr. Hamel noted that the "Generic Rx" line should list out all generic tier costs if applicable and not just the lowest.

Ms. Skipper noted that provider search is not always accurate: when the consumer contacts their doctor, there are sometimes discrepancies. Ms. Marcus noted that inaccurate provider directories are a common concern and that more disclaimers may be needed about the accuracy of the provider information.

Ms. Marcus shared that, as requested by a Workgroup member, the MHBE has put together a list of decision aids found through The Hilltop Institute's literature review that are not in use on MHC. Additional information is included in the slides for this meeting.

Overview of 2023 MHC User Experience Testing – Key Findings
Maggie Church, MHBE Deputy Director of Marketing, presented on the findings of 2023 MHC Consumer User Experience testing, which MHBE conducts every other year that consists of consumers sharing their screen while they plan shop, and enroll or reenroll. Participants include a variety of new and current enrollees who are diverse in age, education level, family composition, county of residence, race/ethnicity, and gender. Participants include both English and Spanish speakers and both those accessing the tool via the mobile app and those using desktop. Consumers spent between 90 minutes and two hours going through the enrollment process.

Several improvements have been made in the last four or five years since consumer testing began, such as adding filters, the comparison tool, and the drug and provider tool, which have all resonated with users. Areas for improvement were identified, including clarifying how the yearly cost estimate is calculated, improving the visibility of filter tools, and clarifying information in the "Plan Benefits" and "Costs and Details" buttons. For some users, it was hard to see the "Sort," "Filter," and "Estimated Tax Credit" buttons, and filters were not always working as they should.

The Spanish shopping experience was identified as an area for improvement. One suggestion was that a video could be included to assist the shopping experience, highlighting features such as filters and improving navigation. Ms. Church closed by noting that she will attend future Workgroup meetings to remain involved in the group's discussions.

Discussion – Final Priority Setting
Ms. Marcus opened the meeting up for discussion.

Mr. Rosenstein noted that many consumers assume brokers charge them extra money and do not understand that there is free assistance available to them, commenting that MHC should indicate this clearly if it does not already. Lisa O'Boyle agreed. Ms. Lane stated that the MHC website does explain that insurance broker assistance is provided at no cost.

Mr. Hamel noted that 16,500 members could have qualified for a Silver CSR plan and elected a different plan and asked if the MHBE has more information about these consumers and what happened to them throughout the year. Ms. Marcus responded that they have not conducted this analysis, expressing uncertainty over whether the MHBE has access to data on how these members enrolled (self-select or with assistance).

Ms. Painter expressed curiosity regarding whether the majority of the 16,500 members self-selected. She stated that, on the healthcare utilization page, it may be better to ask about anticipated healthcare usage in the next year rather than current usage.

Ms. Elliott asked if there is a chat bot or tool consumers may use when stuck. Ms. Marcus responded that there is a chat bot. She noted that there have been recent updates to the bot and that a representative from the MHBE's information technology department can be present at future meetings to provide more details. Ms. Church noted there is a separate chat bot within the MHBE application that can help consumers with questions related specifically to enrollment.

Steven Doman asked about Maryland's preferred consumer enrollment channel, whether online, with a broker, or using a chat bot. Ms. Marcus noted that the presentation from this meeting includes a slide on enrollment by types of consumer assister.

Mr. Doman expressed interest in exploring chat bot functionality in English and Spanish and in better understanding Maryland's enrollment strategy for this Open Enrollment Period (OEP) for how consumers are being funneled to different enrollment methods. Ms. Marcus responded that more information will be provided at the next meeting.

Ms. Hsu asked about possibilities for changing the website, suggesting the addition of checkboxes for certain conditions on the healthcare utilization page and inquiring about the technological limitations of MHC. Ms. Marcus responded that she and other staff from the MHBE can help assess feasibility and organize proposed changes into short-term and long-term recommendations.

Ms. Marcus noted that the next meeting will be on Tuesday, August 27th, from 12:30 – 1:45 PM.

Adjournment
The meeting adjourned at 1:47 PM.

Chat record:
00:00:14
Becca Lane -MHBE-: FYI, we are recording the meeting!

00:22:32
Shelly Eldridge: Amelia can you show the dropdown options again please?

00:24:27
Pooja Singh -MHBE-: I think so too

00:28:56
Cara Chang: Curious to know the purpose of the "no coverage option"--does that provide value to users?

00:32:51
Dia Lyn: Sorry, what is the protocol for guests to the meeting to provide input? Should we save comments for the public comment period at the end?

00:33:59
Becca Lane -MHBE-: Cara-- I believe that option is there because although all household members must be included for the purposes of the cost estimate, some of them may not need coverage. For example, there are four household members, but one of them gets coverage through their employer so for that one person would have "no coverage needed" and the three others would have "health" or "health and dental" etc. Does that address your question?

00:34:34
Cara Chang: Yes, thank you, Becca!

00:35:07
Dia Lyn: Thank you for letting me cut in! Greatly appreciated.

00:46:01
Cara Chang: I like the high/medium/low usage page, but it's a really great point that unexpected emergency room visits/hospitalizations/etc. are hard for consumers to anticipate and plan ahead for financially, especially if they are young (and have not experienced a large, unexpected medical issue yet) and/or low income. I like Tom's idea of adding what-ifs for accidents, etc.

00:49:07
Shlomo Rosenstein: Perhaps on the actual plan page it can offer a break down of hospitalization. It clearly shows how much a PCP, Urgent Care, and generic drugs.. Maybe full transparency for the "accidental" or unexpected hospital visit would go along way...

00:49:08
Cara Chang: What's the default sort on this page?

00:50:24
Tom Hamel: Generic Rx should list out all generic tier costs if applicable and not just the lowest

00:54:28
Stephanie Klapper: Thanks for these slides, Amelia

00:54:35
Stephanie Klapper: Appreciate the breakdown

00:55:47

Robyn Elliott: Totally agree!   Amelia, you did a fantastic job

01:03:59
Shlomo Rosenstein: Another point that just came to mind. As a broker, many consumers assume that brokers charge them extra money... They don't understand that there is a lot of "free" assistance available to them. I am not sure if it says anywhere clearly on the website.

01:06:48
Cara Chang: I wondered if some of those users were selecting those plans because either 1) it was towards the top of the list of plans or 2) they selected a plan that they knew their provider(s) accepted.

01:07:55
Lisa O'Boyle: agree with Shlomo...it should be clear that brokers can assist and does not cost them anything for their guidance

01:09:22
Shlomo Rosenstein: Great point Cara- very curious how the enrolment plans would be if the gold plans were the default and on the top and the bronze plans were at the bottom...

01:09:33
Becca Lane -MHBE-: On the "find help" page of MHC website it says "Insurance brokers can help you enroll in the best private health plan to meet the needs of you and your family at no cost to you."

01:09:42
Becca Lane -MHBE-: (@Shlomo and LIsa)

01:11:38
Tom Hamel: for these consumers that would qualify for a silver CSR but select a bronze or gold plan or catastrophic could there be a stop sign before they finalize there selection to make them aware of the Silver CSR option. That they acknowledge that they are selecting a plan with a high MOOP and or Deductible and there maybe other options.

01:13:30
Robyn Elliott: I am sorry - I have a 1:45 meeting. See everyone next time

01:13:40
Shlomo Rosenstein: @Becca many people feel like they can do it themself and don't care to hit the find help option. Perhaps on the actual plan page there can be an option to just confirm you are selecting the best option- Free of charge.

01:14:51

Becca Lane -MHBE-: Good thought, thanks!

01:15:01
Shlomo Rosenstein: there was a slide that showed over 21k people are self-serve on the website and only 10k are utilizing assistance/ navigators.

01:15:02
Lisa O'Boyle: Thank you!

01:15:12
Joan Painter: Thank you

01:15:30
Lisa Skipper: Great discussion. Thanks!!

01:16:28
Shlomo Rosenstein: Thank you so much!

01:16:35
Pooja Singh -MHBE-: Thank you!