



MHBE

Consumer Decision Support Workgroup

August 27, 2024

12:30PM – 1:45PM

Via Google Meets

Members:

Lisa Barrows
Cara Chang
Steven Doman
Shelly Eldridge
Robyn Elliott, Co-Chair
Erika Halsey
Thomas Hamel
Diana-Lynne Hsu
Stephanie Klopfer
Carmen Ortiz Larsen
Allison Mangiaracino
Seth Sevenski-Popma
Lisa Skipper, Co-Chair

MHBE Staff

Maggie Church
Michele Eberle
Nicole Edge
Kimberly Edwards
Dinesh Ganesan
Anthony Guzman
Makeda Hailegeberel
Becca Lane
Amelia Marcus
Elvina Moras
Betsy Plunkett
Pooja Singh

Members of the Public

Rochelle Briscoe
Tylia Gregory
Parker James
Chris Ray

Welcome and Approval of August 14 Minutes

Amelia Marcus, Maryland Health Benefit Exchange (MHBE) Health Policy Analyst, opened the meeting by stating she will make sure to update future calendar invitations with the correct information and send reminders prior to the meeting to avoid confusion about the date and time. Ms. Marcus noted that a few members were unable to attend. Co-Chair Lisa Skipper welcomed attendees to the meeting and requested that new members introduce themselves. Rochelle Briscoe, Maximus Account Manager, and Tylia Gregory, Maximus Live Chat Team Supervisor for Maryland Health Connection (MHC), introduced themselves. Ms. Skipper asked for any corrections to the minutes for the Workgroup's August 14 meeting, but there were none. Lisa Barrows moved to approve the minutes as presented. Cara Chang seconded the motion. The minutes were unanimously approved.

Consumer Assistance Panel Discussion

Ms. Marcus hosted an informal panel discussion to collect feedback from MHC assisters on the functionality of the current MHC decision support tool, perspectives on the consumer experience, and areas for improvement. The panel members included Rochelle Briscoe and Tylia Gregory, representatives from the MHC Call Center services who have expertise on the MHC consumer experience. Ms. Briscoe is the account manager and liaison between Maximus and the MHBE for all contractual matters and matters dealing with the call center. Ms. Gregory has been with Maximus since 2019 and is the supervisor of both the live chat function and the self-service “Flora” chat bot for the call center.

Ms. Marcus asked what consumers tend to need the most help with when reaching out for in-person assistance when comparing or choosing plans. Ms. Briscoe noted that consumers often ask for help with verification of documents or, for customers who have a language barrier or are less technologically savvy, for someone to sit with them and help them complete their application. Ms. Gregory noted that consumers like to have in-person assistance when selecting a plan that best meets their medical needs. Ms. Marcus asked for elaboration on consumers with specific health care needs, such as whether they need a certain drug covered, or have a more general chronic condition with specific services they want to ensure are covered. Ms. Briscoe responded that call center agents do not go too in-depth into medical conditions, so some consumers will want in-person help, such as those who have specialists as their primary source of care.

Ms. Marcus asked if there are patterns in what types of assistance people of different ages request or prefer. Ms. Briscoe said that attitudes toward technology are the most important trends, such as those that prefer paper applications or have difficulty logging in to the site. These consumers often choose in-person assistance.

Diana Hsu asked about health literacy, noting that one of the biggest complaints she has heard is that consumers have difficulty understanding what level of health insurance is needed. She inquired as to whether people ask about the difference between plans, such as Bronze and Silver, in terms of coverage and health care needs. Ms. Briscoe noted that this is indeed a concern, especially among those transitioning from Medicaid to a qualified health plan (QHP). Some people are not familiar with the options and may be making these decisions for the first time.

Ms. Skipper noted that, in Garrett County, there are concerns about out-of-network services. She asked if this comes up with consumer assistance requests. Ms. Briscoe responded that, while she has not heard these concerns, they would be referred to brokers, who can provide the most accurate information.

Ms. Marcus asked if there are other groups, in addition to former Medicaid participants, with similar patterns of requesting assistance. Ms. Gregory noted that adult children aging out of their current employer-sponsored coverage want to know what kinds of plans would match their parent’s coverage. Ms. Marcus restated that consumers new to

QHPs seem to include two major groups: previous Medicaid enrollees and young adults.

Ms. Hsu asked about the age of consumers requesting help and whether there were differences in communication approaches. She also noted that consumers who are new to QHPs often work irregular hours, which may not align with navigators' business hours. Ms. Briscoe noted that most people either need a lot of assistance or very little, and there are few consumers that fall in-between. The older population tends to prefer in-person assistance. Some people like to use several modes of communication to check whether they receive the same information between the in-person assistance, call center, and chat. For younger people who need in-person assistance, it is most often for document verification rather than choosing a plan.

Thomas Hamel asked Ms. Briscoe and Ms. Gregory about what they perceive as the three most important benefits according to the average consumer choosing a plan. Ms. Briscoe responded that the top benefits are provider location, preference for a specialty, and cost. Ms. Gregory agreed.

Steven Doman asked if consumers tend to know what metal level they want. Ms. Briscoe responded that consumers who are new to QHPs often do not know about the metal level. Consumers who have had QHP plans previously usually want to stay on their same plan and want to know whether the price has changed. Ms. Gregory noted that consumers who use the chat function usually know what metal level they want but ask about costs. In both situations, they often connect consumers to brokers. Mr. Doman noted the variety of options within a metal level and asked if the premium was the biggest factor for selecting between multiple plans within a single metal level. Ms. Gregory responded that the deductible is also a large consideration. Ms. Hsu noted that, metal level can be confusing for consumers self-selecting a plan who are not sure about the distinctions within and between each metal level.

Ms. Skipper asked if assisters discuss features of prescription coverage with consumers, noting that brand names may have a deductible and that costs can range widely. Ms. Briscoe and Ms. Gregory responded that those types of questions are referred to a broker.

Mr. Hamel asked if patients ask about chronic disease management plans. Ms. Briscoe noted that consumers don't ask for those plans per se, but some patients do call with a specific focus on their chronic conditions, such as diabetes or HIV. These consumers are referred to brokers if the questions are specific to medical issues.

Ms. Marcus asked how consumers perceive the plan shopping tool experience. Ms. Briscoe said that consumers will call in with information from the doctor's office that might be helpful about their condition and what kind of coverage they need. Consumers who have had employer-sponsored insurance generally have more information than other consumers. Ms. Briscoe noted that call center professionals must be mindful of

the consumer's knowledge and what kind of plan they may or may not have had previously.

Mr. Doman asked for more information about the handoff of consumer assistance to the broker. Ms. Gregory noted that the MHC website asks for a current zip code, and the consumer can adjust the geographic radius for brokers in their area. Once a consumer selects their desired broker, the tool will automatically send the consumer's information to the broker and the broker's contact information to the consumer, after which the broker will reach out to connect. This is the process outside of open enrollment. During open enrollment, there is an additional "warm transfer" process, where consumers calling in for assistance are connected to a live broker before the call ends. Ms. Briscoe added that this is called the Broker Assistance Transfer (BAT) Phone initiative. Up to fifty brokers can be housed on the phone system during open enrollment for these warm transfers. Mr. Doman asked if a broker is the first option as opposed to a local navigator. Ms. Briscoe responded that, during open enrollment for QHPs, yes, connecting to a broker is the first option. Outside of QHPs, the website may suggest other alternatives, including navigators and application counselors.

Mr. Hamel noted that, at the last meeting, the group discussed making the site more robust, such as adding tools to help consumers make better decisions. He asked whether consumer assisters use the average diabetes costs shown for each plan to compare plans. He also asked if consumers use the low, medium, and high utilization page to help pick their plan. Ms. Briscoe noted that many skip the low, medium, and high utilization question, or they choose one and end up having a different utilization level in reality. Agents still ask the utilization question, but the consumer often doesn't know. It is most important for the consumer or agent to get to the list of plans. Once consumers are on the page with the list of plans, their deliberation often becomes more focused on any conditions they have.

Mr. Hamel asked if a disclaimer or warning about the differences between plans, such as Bronze and Silver, would be helpful. Ms. Briscoe noted that it would be helpful, but people's needs change over the course of the year. She expressed uncertainty regarding to what extent this would influence people's decisions.

Ms. Marcus asked what information would be helpful to add to the website, or to improve the way it is displayed if the information is already present, in order to help consumers understand the health insurance landscape. Ms. Briscoe responded that sufficient information is already on the website, but navigation could perhaps be improved. Before a consumer chats with an agent, the site presents a great deal of information, as well as showing many questions and answers through "Flora." Ms. Gregory noted that people want to chat with a live person to confirm their decisions and ask specific questions to their situation. Ms. Briscoe added that, while the chat function can assist with certain application-related questions, such as what a consumer is eligible for, it does not complete the application for consumers.

Betsy Plunkett asked if there are any areas where consumers could use more clarity for navigation. Ms. Briscoe noted that consumers sometimes need to hunt for information. She provided an example where it took a few minutes to find the list of documents needed for identity verification on the site but noted that the “Get an Estimate” tool is very helpful and easy to find. Ms. Gregory agreed.

Discussion – First Part of Plan Shopping Tool

Ms. Marcus provided an overview of major themes from past discussions. Ms. Marcus reminded the group that, while this group is focused on private plan shopping, the first page of the plan shopping tool also does check whether a consumer is eligible for Medicaid. This is something to keep in mind as it relates to how the initial page of the tool is designed and what consumer questions are asked, such as the pregnancy question.

Ms. Marcus reviewed the July 31 meeting discussion. The group discussed tools that ask questions about what’s most important to consumers, such as premium, network, and specific service considerations, online training or tutorials for consumers, as well as the way immigrant consumers access information. At the August 14 meeting, the group discussed educating consumers about dental coverage, the “income sources” sidebar, chat bot functionality and display, incorporating illustrative examples of consumer needs and health coverage choices, and video tutorials. The group also talked about the display of estimated financial assistance and the health care utilization question. There were a few additional recommendations from the Hilltop literature review, including displaying information front-and-center, tools that help educate consumers on health insurance concepts, and narratives about health insurance situations and plan decisions.

Ms. Marcus showed relevant examples from other state-based marketplaces. The Minnesota plan shopping tool shows a “How to Choose the Right Plan” page with various links to information about selecting plans. Maryland does not have this kind of landing page. Rhode Island asks consumers if they would like to view a video tutorial that explains how to use the tool and best practices for plan shopping. Connecticut has a “hover-over” option description box of why consumers are being asked about pregnancy. Colorado and Massachusetts include information about determining household size, as well as reminders about various forms of free assistance. Colorado includes a display of estimated financial assistance with further explanation of tax credits and cost-sharing reductions and hyperlinks that explain key terms. Connecticut allows consumers to separately select their anticipated use of doctor visits, laboratory services and imaging, surgeries, nights in the hospital, and prescription drugs. They also include a disclaimer about costs and utilization. Washington, DC includes a drop-down list of common procedures consumers can select. Nevada’s site includes a disclaimer about pediatric dental coverage.

Robyn Elliott asked if there should be a disclaimer that not all QHPs include dental coverage and that coverage may need to be purchased separately. Ms. Marcus noted that this proposed change will be added to the items for consideration.

Ms. Marcus continued describing steps implemented in other states' marketplaces. California and New Mexico ask consumers about their cost preferences in balancing monthly premiums and plan generosity (cost-sharing vs. premiums). New Mexico provides plan scenarios with a description of monthly costs and total estimated costs in high and low utilization scenarios, under different plans. California and Colorado provide notices about provider directories and disclaimers that consumers should check with their provider whether they participate in a given plan.

Dinesh Ganesan asked if there are any other state examples of consumer assistance chat boxes or other tools. Ms. Marcus noted that many of the above examples were pulled from last year and that she will investigate recent updates.

Ms. Marcus showed the "Get an Estimate" tool webpage and asked for further input from the group. Ms. Hsu asked about gig workers who may be unsure about their annual wages, salaries, and tips. Ms. Marcus noted there is an income calculator that most people navigate to as they go through the application. The "Learn more here" button in the income sources box links to a calculator tool and more information.

Ms. Marcus showed the second page consumers see, on which MHC estimates the financial assistance for which they are eligible. The "hover-over" information boxes provide more information about cost sharing reductions, premium tax credits, and state premium assistance. Ms. Hsu asked if the young adult subsidy is included. Ms. Marcus replied in the affirmative, noting that it is included in state premium assistance.

Ms. Hsu asked if more information could be provided about the differences between a subsidy and a tax credit. Ms. Marcus responded that she will look into other state examples.

Ms. Skipper noted that some people are under the assumption that they must pay the tax credit back when they file their taxes. Ms. Marcus agreed that there is confusion about how the tax credits work and noted this as a topic for discussion at a future meeting.

Ms. Marcus noted that the group will discuss the healthcare utilization webpage at the next meeting and that she will send the slides from today's meeting to the group, with links to the state examples of plan shopping tools.

The next meeting will be on Wednesday, September 18, 12:30 – 1:45 PM.

Adjournment

The meeting adjourned at 1:47 PM.

Chat record:

00:13:06

Dia Lyn: Thank you! Very helpful to understand the population that is particularly affected!

00:25:10

Makeda Hailegeberel -MHBE-: For the person who asked about employer-sponsored coverage via Maryland Health Connection for Small Business, we're developing a new enrollment portal. This will handle COBRA/State Continuation eligible employees and dependents, including those aging out of parental plans, and will include a disclaimer about potentially more affordable options with or without subsidies available through MHC for Individuals, including a direct link to the site. We also refer them to the group's broker on record.

01:14:19

Cara Chang: Thank you!

01:14:22

Pooja Singh -MHBE-: Thank you