![Maryland Health Benefit Exchange logo]

MHBE

Consumer Decision Support Workgroup

October 2, 2024
12:30PM – 1:45PM
Via Google Meets

Members:	**MHBE Staff**
Lisa Barrows	Michele Eberle
Steve Doman	Nicole Edge
Robyn Elliott, Co-Chair	Becca Lane
Ruth Getachew	Amelia Marcus
Erika Halsey	Johanna Fabian-Marks
Thomas Hamel	Pooja Singh
Carmen Ortiz Larsen	
Allison Mangiaracino	
Joan Painter	
Shlomo Rosenstein	
Seth Sevenski-Popma	
Lisa Skipper, Co-Chair	

Welcome and Approval of September 18 Minutes
Lisa Skipper, Co-Chair, welcomed members to the meeting before moving on to the approval of the minutes from the Workgroup's September 18 meeting. Carmen Larsen moved to approve the minutes from the September 18 Workgroup meeting as presented. The motion was seconded. The Workgroup voted unanimously to approve the minutes.

Agenda
Amelia Marcus, Health Policy Analyst at the Maryland Health Benefit Exchange (MHBE), went over the agenda for the meeting, which is included in full in the presentation for this meeting. The focus of the meeting is a content review and discussion regarding the second part of the Plan Shopping Tool.

Ms. Marcus explained that the Workgroup will be focusing on the second half of the "Get an Estimate" plan shopping tool: specifically, the plan tile display, sort/filter settings, and consumer plan recommendations.

Follow-Up from Previous Meeting
Ms. Marcus first provided follow-up regarding the provider directory discussion during the last meeting. Workgroup members had commented that the provider directory incorporated in the shopping tool is not up-to-date and that variations in how carriers

send provider information, such as in the spelling of names, can cause errors when consumers attempt to search for providers using the directory. Ms. Marcus asked Nicole Edge, Plan Management Program Manager with the MHBE, to provide an overview of provider directory issues and the MHBE's efforts to address the issue.

Ms. Edge reported that the MHBE is aware of the provider directory search functionality challenges and noted that it is a pain point industry-wide. The MHBE is trying to align the information provided by carriers with the provider directory search so that the search results are accurate. She noted that the MHBE is actively working on improving issues affecting their accuracy, including variations in the spelling or punctuation of provider names between carriers and the tendency for some carriers to list only the name of a group practice rather than listing each provider in that group. Ms. Edge explained that carriers give the MHBE a provider file, which is then uploaded into the provider directory, so the directory is only as good as the information provided by the carriers. The MHBE is discussing how to collect the provider data in a more standardized way to prevent variation among carriers. However, improving the process requires carrier involvement, and the carriers must be able to report data in the required format.

Group Discussion of MHC "Get an Estimate" Tool
Ms. Marcus provided a review of the themes of the discussions that took place in the prior meeting. Workgroup members recommended simplifying the plan tile so the appropriate amount of information for each plan is displayed and is easy to understand for the average consumer. Also, members recommended improving how the MHBE educates consumers on the value of silver cost sharing reduction (CSR) plans and gold plans compared to bronze plans. Another discussion centered around whether the shopping tool should present plan recommendations or smart defaults, meaning sorting or filtering according to preferences.

Before opening the group discussion, Ms. Marcus went through slides providing examples from other state-based marketplaces (SBMs) that the Workgroup did not review during the last meeting. She began with an example of Colorado's display of estimated financial assistance, which includes a more in-depth explanation of tax credits and CSRs. Maine's plan tile display includes annual total cost estimates in different scenarios: low, average, and high utilization. Pennsylvania uses color and symbols to highlight the total cost estimates of a plan and prominently displays sort and filer options to consumers on the plan list page. New Mexico's plan display includes a prominent explanation of total cost estimates. New Jersey's filter option includes explanations of metal-level costs. California auto-filters plans based on consumer inputs and default-sorts by lowest estimated yearly cost. Washington's plan shopping tool provides tailored plan recommendations based on net premium, estimated out of pocket costs, provider network, and pharmacy coverage depending on consumer input. Please see presentation slides for more details.

Ms. Marcus showed the plan shopping page that is displayed after consumers have input their information. The full list of recommended plans is provided, along with estimates of financial assistance, tax credits, and state premium assistance for young

adults. Ms. Marcus asked the Workgroup for feedback on the plan tile display, specifically regarding what plan information consumers value most.

Lisa Skipper commented that, when she is assisting consumers with plan selection as a navigator, consumers, especially those with chronic conditions, want to know what a plan is going to cover. For example, consumers with diabetes want to know if the plan they enroll in will cover the cost of their prescriptions and the cost of seeing specialists. Ms. Marcus responded that there have been discussions regarding subpopulations and making sure that subgroups such as consumers with chronic conditions or high levels of health needs are given tailored information that meets their needs.

Thomas Hamel agreed that the costs of specialists is important information for consumers since most consumers will use specialists but may place less importance on information regarding emergency department services, which they are less likely to use. He suggested that consumers often want information regarding the cost sharing for preferred and non-preferred drugs and asked about the meaning of the total yearly cost estimate displayed on the plan tile. Ms. Marcus responded that the total yearly cost estimate uses the premium, deductible, and cost sharing of a plan combined with the consumer's selections regarding expected health care utilization to calculate expected cost for the household.

Joan Painter commented that, as a navigator, she receives many questions from consumers regarding prescription copays and whether the copay applies before or after the deductible. She noted that some plans have a $2,000 prescription deductible that enrollees must meet before the plan covers prescription costs. Ms. Edge responded that the prescription deductible is not included in the plan tile but is listed on the details page, which also includes a breakdown on the four prescription tiers.

Mr. Hamel suggested that the prescription deductible should be included on the plan tile under annual deductible to prevent confusion. He noted that the federal marketplace displays the prescription deductible separately. Ms. Marcus noted that she will look into how the federal marketplace displays the deductibles and will report back to the Workgroup.

Mr. Hamel asked whether, if the copay or coinsurance was subject to the deductible, the plan tile would include that disclaimer. Ms. Edge responded in the affirmative. Mr. Hamel commented that the Summary of Benefits and Coverage document contains a disclaimer that the cost sharing applies after the deductible is met, which can be confusing for consumers.

Allison Mangiaracino commented that the plan tile has 13 fields, which could be overwhelming for consumers. She asked if there is any user testing on the ideal number of fields before a consumer feels overwhelmed. She suggested that the plan tile display should be simplified, and the details button made more prominent so consumers can more easily navigate to additional information. She noted that the links on the bottom of the tile could be moved to the details page to streamline the tile display. Ms. Painter

agreed that the plan tile is likely overwhelming for consumers and that she would prefer a vertical display with key fields and an explanation on the left.

Steve Doman recommended that the data in the plan tile should be displayed more consistently because he noted that some of the displayed costs have commas, and some don't. Mr. Hamel responded that the inconsistencies could be due to how the carriers file the information.

Mr. Hamel commented that consumers will only look at the fields they are interested in and may only look at the plan tile display without going to the details page, so the plan tile needs to display important information for consumers. Ms. Marcus responded that there is a balance of presenting enough important information for consumers to make a plan selection without overwhelming them.

Mr. Hamel suggested that the telehealth field could be moved or removed because it may be less important. Ms. Marcus responded that there is a reason for each field that is displayed on the plan tile and that telehealth is a displayed field because it was important during the COVID-19 pandemic. Ms. Edge added that there is a variation in commas in the cost fields because the MHBE directly uploads the information provided by carriers, which can vary. She explained that, during the COVID pandemic, consumer assistance workers shared concerns that consumers were selecting virtual-forward plans without realizing the plans had different copays for virtual visits compared to in-person visits because it was not clearly displayed, so the MHBE added the telehealth fields to the plan tile to address these concerns.

Ms. Painter commented that the plan tile visual is overwhelming and assumes that the consumer has a certain reading level. She suggested that, if the information on the lower half of the tile were in their own tiles, and/or if there was a large vertical tile with additional tiles on the left, then it would be easier to read. She noted that telehealth would be easier to understand if it had its own tile rather than how it is currently displayed. Ms. Marcus responded that there may be a better way to display the telehealth information on the plan tile to prevent confusion.

Ms. Skipper suggested the use of tabs to display different information for each plan. She reported that she has worked with consumers who received urgent care services from an out-of-network provider and were responsible for the entire cost of the service instead of a copay. She asked if the plan tile or details page informs consumers that they may incur the full cost of an urgent care visit at an out-of-network provider. Ms. Edge responded that the plan tile does not clearly state that the listed cost sharing is for in-network providers only, but the details page does include a breakdown of cost sharing for in- and out-of-network services, including urgent care.

Mr. Hamel asked if a disclosure could be added to the plan tile to indicate that the cost sharing is for in-network services only. Ms. Marcus agreed it is a good suggestion.

Ms. Marcus summarized that the Workgroup members have expressed concern that the plan tile is too dense and overwhelming and could be simplified by prioritizing what information should be displayed and be better organized. She asked for feedback on how the cost sharing and other important plan information is displayed in the plan tile and suggestions for improvement. She showed the plan tile example from Maine, which uses colors and symbols to display cost estimates prominently.

Robyn Elliott, Co-Chair, commented that she finds the Maine plan tile cluttered and that the separate annual cost estimates for a bad year, a good year, and a balanced year could be confusing to consumers. She stated that the New Mexico plan tile appears simpler and easier to ready but that its estimated total cost does not capture the range of costs based on utilization. Ms. Marcus agreed that the New Mexico plan tile is very simple and that consumers would have to go to the details page for more information.

Ms. Marcus asked for feedback on whether the total yearly cost estimate displayed on the Maryland plan tile is clear and well-explained. Ms. Marcus showed the example from Pennsylvania to demonstrate how other states organize their plan tiles in a simpler, more vertical format.

Mr. Hamel expressed a favorable opinion toward the annual cost estimates displayed on the Maine plan tile because they may help consumers understand that a bronze plan could have higher out-of-pocket costs if a consumer has high health care utilization. Ms. Marcus responded that, when the MHBE discussed the consumer health care utilization input, there was concern that a consumer may input their expected utilization without considering unexpected health issues that could impact utilization. She noted that providing annual costs based on three types of utilization helps address that concern.

Ms. Elliott commented that, instead of providing exact estimated costs such as the Maine plan tile, there could be a disclaimer that higher utilization could lead to higher costs. She expressed that some consumers might appreciate a simpler approach. Ms. Marcus responded that this disclaimer may be helpful to consumers, and it could be incorporated on a different page such as the shopping tool.

Ms. Skipper expressed appreciation for the simpler New Mexico plan tile with the prominent plan details button. The plan tile only displays the premium, deductible, and estimated annual cost and drives consumers to the plan details page to get more information. She noted that, in the example of the Maryland plan tile, a consumer would not know that the plan has a prescription deductible unless they went to the plan details page because the plan tile stated that there was no medical deductible. Ms. Marcus agreed that is important to consider how much information should be displayed on the plan tile and whether too many fields are confusing for consumers.

Ms. Marcus showed the example of Maryland plan tiles and asked for feedback regarding Maryland's plan tile in comparison to the examples from other states.

Ms. Mangiaracino asked in terms of changing the plan tiles in response to Workgroup recommendations whether the MHBE is planning on using the same structure for the plan tiles with revisions or is open to completely changing the plan tile structure. Ms. Marcus responded that the MHBE does not want to put limits on recommendations, but more expansive changes would take longer than two years to implement.

Ms. Marcus asked for any other feedback regarding the plan tile display and improvements.

Ms. Elliott commented that the estimated monthly premium should be more prominent. Ms. Marcus agreed that the monthly premium could be highlighted better to draw consumers' eyes.

Ms. Marcus asked for input on the display of the total yearly cost estimate on the plan tile.

Ms. Elliott stated that the New Mexico plan tile more clearly displays the components of the total yearly cost and how it is calculated, and the yearly cost gets lost in the Maryland format.

Ms. Marcus asked the Workgroup if consumers value the total yearly cost estimate and want a clear explanation with more prominent placement on the plan tile. Ms. Elliott responded that the MHBE can either provide details on the estimated yearly cost calculation or a range of estimated costs based on health care utilization, but it is difficult to display both because the plan tile would be crowded. Ms. Marcus agreed that the plan tile has limited real estate, and it is a balance of what information should be displayed on the plan tile and what should be included in the plan details page.

Ms. Painter suggested adding a link to a simple worksheet for an individual to estimate their yearly cost to help consumers understand the cost calculation better. Ms. Marcus responded that the shopping tool currently uses a consumer's selections regarding expected utilization to calculate a cost estimate, but it is a broader cost estimate. She noted that Ms. Painter's suggestion could build on that to provide a tool to allow consumers to calculate a more tailored cost estimate.

Ms. Marcus asked Ms. Painter for more detail on what she envisions for the worksheet. Ms. Painter responded that she has seen worksheets that estimate a monthly cost based on the consumer's expected utilization of primary care visits, specialist visits, and prescriptions. Ms. Marcus noted that she cannot speak to the feasibility of this suggestion will present it to the MHBE.

Ms. Mangiaracino expressed agreement with the suggestion of a more tailored cost calculation for consumers and asked Ms. Painter if she envisions the worksheet as a permanent field on the plan tile or if it could be an optional field that consumers could select. Ms. Painter responded that there could be a small link or button connecting a consumer to a worksheet to calculate their personal costs.

Ms. Edge added that the total yearly cost estimate is only populated on the plan tile if the consumer inputs their expected health care utilization.

Next Steps
Ms. Marcus closed the meeting by going over next steps. She explained that she will share the slides from today's meeting, which include links to the other states' plan shopping tools. She stated that the Workgroup has two more meetings. The next meeting is on October 16 and will consist of the final workgroup discussion, as well as reviewing and discussing draft workgroup recommendations. During the final meeting on October 29, the Workgroup will review and finalize the recommendations. On November 14, MHBE staff will present the Workgroup's recommendations to the Standing Advisory Committee.

Adjournment
The meeting adjourned at 1:45 PM.

Chat record:
01:16:02
Joan Painter: Thank you for the resource links to other plan descriptions in many states!