# MHBE

## Consumer Decision Support Workgroup

September 18, 2024
12:30PM – 1:45PM
Via Google Meets

**Members:**
Lisa Barrows
Cara Chang
Steve Doman
Robyn Elliott, Co-Chair
Ruth Getachew
Erika Halsey
Thomas Hamel
Carmen Ortiz Larsen
Allison Mangiaracino
Arianna Meehan
Joan Painter
Shlomo Rosenstein
Seth Sevenski-Popma
Lisa Skipper, Co-Chair

**MHBE Staff**
Maggie Church
Michele Eberle
Nicole Edge
Becca Lane
Amelia Marcus
Elvina Moras
Betsy Plunkett
Kimberly Edwards

**Members of the Public**
Kristin Villas

**Welcome and Approval of August 27 Minutes**
Lisa Skipper, Co-Chair, welcomed members to the meeting before moving on to the approval of the minutes from the Workgroup's August 27 meeting. Carmen Larsen moved to approve the minutes from the August 27 Workgroup meeting as presented. Allison Mangiaracino 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. She introduced Kristin Villas, a senior policy analyst at the Washington Health Benefit Exchange (WHBE) joining to give a presentation on the Washington exchange's consumer decision support tool (CDST)

**Washington Consumer Decision Support Tool Presentation**
Ms. Villas presented on the CDST used by WHBE on its state exchange, Washington HealthPlanFinder. Detailed slides are available in the presentation for this meeting. She gave the general definition of a CDST: a software that recommends plans for

consumers based on premium, subsidies, provider network, pharmacy coverage, and estimated out-of-pocket costs based on user-provided information on expected utilization.

Ms. Villas continued by giving background on WHBE's process of procuring the CDST in 2017: their goals were to seamlessly integrate into Washington HealthPlanFinder a tool to assist consumers in finding plans that match their health needs and budget in a way that communicates total cost of care under a plan, provider network information, and prescription drug coverage. Their CDST is owned by an external vendor, integrates provider network information, and considers a consumer's eligibility for subsidies and cost-sharing reductions (CSRs). In 2021, WHBE changed the CDST from opt-in to opt-out to increase consumers' utilization of the tool, as well as changing the default display order to first show the CDST's recommended plans, then show Washington's standard plans. WHBE is currently in the process of re-procuring their CDST.

Ms. Villas explained that the CDST in place on Washington HealthPlanFinder heavily weights estimated out-of-pocket costs in its recommendations. A state premium subsidy on silver and gold standard plans makes those some of the most-recommended plans.

Next, Ms. Villas described the 2024 findings of an annual open enrollment analysis WHBE conducts on the frequencies with which each plan is recommended and is selected. Consumers with incomes at or below 250% of the federal poverty level (FPL), which makes them eligible for a state subsidy and for CSRs available through Silver plans, were frequently recommended Silver standard plans. These findings represent a shift from prior to the implementation of the state subsidy, when non-standard Bronze plans were recommended more often.

Ms. Villas explained that the CDST is available for anonymous browsing, in which case the tool remains opt-in, and for use by consumers logged into their account, for whom it gives them recommendations by default. She showed the CDST page into which consumers input their information, including up to five providers or facilities and up to five prescriptions for which they want to check for coverage and estimates regarding their medical utilization. The tool then displays its recommendations, applying a badge labeled "Smart Choice" and showing whether each of the providers, facilities, and prescriptions entered is covered under each plan. The plan's estimated net premium after subsidies and CSRs and its annual deductible feature prominently, along with an estimated total yearly cost that incorporates the premium and the estimated utilization information the consumer entered.

For consumers using the CDST, its recommended plans, of which there may be up to three, are listed first, whereas consumers who opt out see plans ranked in order of premium. For those using the CDST, the plans listed next depend on the consumer's CSR tier, which is based on their income. Those with incomes below 250% FPL first see the standard Silver plans, followed by non-standard Silver plans, then standard plans of other metal levels, followed by non-standard plans of other metal levels, with each grouping of plans sorted from lowest to highest premium.

Ms. Villas then described the information the CDST uses to generate its recommendations: it assigns each plan a score, the majority of which come from the total expense estimate. The algorithm has points available to score a plan for coverage of any prescriptions, doctors, or facilities entered but adjusts accordingly if none of these are entered. WHBE provides the CDST vendor with the plan and benefit templates and rates filed by carriers. The CDST connects these data with the utilization profile estimating costs based on the consumer's estimated utilization selections to determine an estimated annual cost for each plan. It also accesses each carrier's formulary filing to determine if each drug is covered and data from Washington's provider directory vendor to determine coverage of providers and facilities.

Ms. Villas noted that the algorithm for plan recommendations favors standard plan designs because, for those with low levels of expected utilization, premiums have a major impact on the score a plan is given and because standard plan premiums are lowered by the state subsidy, but she stated that other aspects of plan design factor more prominently into a plan's score for a consumer with higher expected utilization, making standard plans less likely to win out for those consumers.

Ms. Villas closed by walking through data on open enrollment utilization trends for the CDST between 2022 and 2024 among people who made an account and enrolled in coverage. Utilization of the tool has increased each year alongside enrollment. About 40% of enrollees using the CDST selected a recommended plan, with new enrollees more likely to use the tool and to select a recommended plan.

Ms. Skipper asked with what frequency the network information used by the CDST is updated. Ms. Villas replied that updates occur at least monthly.

Ms. Skipper asked whether the CDST indicates if the prescriptions a consumer enters are brand-name and shows the associated copay. Ms. Villas replied that the CDST shows whether a drug is brand-name but does not list the cost sharing. She added that the CDST's out-of-pocket cost estimate does not incorporate drug costs for specific plans.

Ms. Larsen asked about how a consumer is informed that they have access to the CDST. Ms. Villas responded that a consumer browsing anonymously starts on a screen asking for their age, whether they use tobacco, whether they are pregnant, and a personal income estimate. Then, a pop-up appears asking if they want help shopping for a plan, an affirmative response to which directs the consumer to the CDST page. Consumers who are logged in are automatically taken to the CDST page after completing their subsidy eligibility determinations and must opt out if they do not wish to use it.

Ms. Larsen asked for details on how to find the exchange. Ms. Villas confirmed that its name is Washington HealthPlanFinder.

Steve Doman asked whether the data shown on utilization trends during open enrollment include brokers or navigators. Ms. Villas replied that the dataset used consists of everyone who enrolled in a plan and includes a variable indicating whether each consumer was paired with a broker or navigator.

Shlomo Rosenstein asked about the relevance of the question asking whether a given consumer uses tobacco. Ms. Villas replied that the exchange asks each consumer this question because all but one of the carriers operating on-exchange has a separate set of premiums for tobacco users, a practice that is allowed under the Affordable Care Act (ACA) and is not specific to Washington.

Ms. Marcus asked for any feedback WHBE has collected on the CDST, especially from consumers who chose a recommended plan. Ms. Villas responded that feedback has pointed to challenges with the provider directory being out-of-date and including multiple entries for the same provider, which she noted is an industry-wide problem. She stated that the major concern they have heard is that consumers have been recommended plans that the CDST stated cover a certain provider or facility but actually do not. She acknowledged that, while this has less to do with the CDST itself than provider directory challenges more generally, it reflects on the CDST because consumers do not understand from where the CDST pulls its information.

Ms. Marcus expressed familiarity with similar challenges and asked if the CDST includes any disclaimers as a result, such as a reminder for consumers to check with their carrier directly. Ms. Villas replied in the affirmative, stating that they encourage consumers to check with their provider, but noted that even the provider may not have up-to-date information on which plans cover their services.

Ms. Villas stated that the other major piece of feedback WHBE has received is that consumers are sometimes recommended plans that do not cover the provider or facility that they entered when asked. This happens because whether a provider or facility is covered is only a small part of the score a plan is given, but this is not explained, leaving consumers confused at being specifically asked to list these providers or facilities, only to be recommended plans that were seemingly chosen without taking into account whether they are covered.

Ms. Marcus observed that much of the feedback they received seems to center around provider directories. Ms. Villas agreed.

Joan Painter asked if the CDST uses hospital affiliation. Ms. Villas replied that this is not specifically used in the tool’s recommendations but that consumers may search for whether a given hospital is covered by plans.

Ms. Marcus asked whether the CDST allows consumers to search for a hospital system. Ms. Villas answered in the negative, clarifying that consumers may only search for individual hospitals.

Ms. Marcus asked for any CDST best practices or overarching considerations that Ms. Villas would recommend the MHBE think about based on WHBE's experience implementing and improving its own. Ms. Villas recommended that the MHBE plan for a tool that gives recommendations for different plans that will best serve different types of customers and avoids undermining the affordability structures set up by the ACA; she gave the cautionary example of the way, prior to the implementation of the state subsidy, Washington's CDST recommended Bronze plans to lower-income low utilizers, whereas Silver CSR plans would likely serve those consumers better. She also suggested that the MHBE consider subsidy structure and stressed the importance of being transparent with consumers regarding why particular plans are being recommended. Finally, she noted that the limit of five providers and five prescriptions Washington's CDST allows a consumer to enter may not be enough for someone with complex health conditions, so it is worth considering how to allow consumers to get all of the provider and prescription coverage information they need without having to use the tool multiple times.

Ms. Marcus asked if there is a reason for limiting the prescriptions a user may input to five. Ms. Villas replied that the CDST was procured before she joined the organization but noted that WHBE bought it as a base product from the vendor, without making customizations. She noted that this approach has pros and cons and that it is worth determining what level of customization is most appropriate for Maryland.

Mr. Rosenstein commented that the number of medications a consumer inputs into the CDST may offer an idea of their expected utilization, which could suggest the metal level most appropriate for them.

Ms. Marcus asked how prescription drugs factor into the scores the CDST gives to each plan, giving the example of someone who indicated low expected utilization but entered three prescription drugs. Ms. Villas answered that the CDST uses utilization profiles for both medical usage and prescription drugs but expressed uncertainty regarding the specifics for how it weighs both together. She also clarified that it has no metal level preference, instead comparing total costs.

Ms. Villas further identified risk preference as an important aspect to incorporate into a CDST, suggesting an item that assesses whether a consumer would prefer a lower premium and the possibility of higher out-of-pocket costs for care or vice versa. She explained that the tool can be used to educate consumers on how that trade-off works so that they can make the most informed decision possible.

**Group Discussion of MHC "Get an Estimate" Tool**

After a review of major themes from the discussions at the Workgroup's previous meetings, on which a slide is included in the presentation for this meeting, Ms. Marcus moved onto a discussion of several aspects of the plan shopping experience on Maryland Health Connection (MHC). Throughout this portion of the meeting, she walked the group through the pages she was discussing directly by screen-sharing her screen as she navigated MHC.

Ms. Marcus began with the second half of the “Get an Estimate” tool, where the Workgroup had left off previously. She noted that the Workgroup previously voiced feedback on the page showing the financial assistance for which the consumer qualifies, especially regarding the consumer-friendliness of the language regarding the premium tax credit, and opened the floor for anyone with thoughts to share.

Allison Mangiaracino described concerns that the page relies on policy terms that the average consumer is unlikely to understand, such as “cost-sharing reductions” and “premium tax credit,” and suggested the use of plain language terms instead.

Ms. Larsen expressed uncertainty about how to make the term “federal tax credits per month” more consumer-friendly and suggested an option consumers can select to receive more details.

Ms. Marcus demonstrated the current functionality allowing consumers to “hover over” each type of financial assistance with their mouse cursor to receive a more in-depth explanation and asked for feedback on the language shown when the “hover-over” option is used. Ms. Larsen commented that the language could use improvement but that she would need to look at it more closely to make specific recommendations, inquiring about the possibility of sending recommendations over email. Ms. Marcus stated that she can coordinate additional follow-up regarding more appropriate language.

Ms. Larsen asked if the “hover-over” text is visible on the slides for the meeting. Ms. Marcus replied in the negative, encouraging Workgroup members to walk through the “Get an Estimate” tool themselves to access the details not being covered together during the meetings.

Mr. Doman asked whether the MHBE uses Adobe Target or AB testing to gauge how consumers interact with particular wording, expressing curiosity over whether particular data led to the choice of the wording “premium tax credit” or “premium tax subsidy.” Ms. Marcus replied that the intent was likely to denote the fact that consumers are liable for the tax credit at tax time, whereas a subsidy is generally given without the potential that it may yield returns at a later time.

Ms. Mangiaracino agreed with the need to indicate that the funds are a tax credit, noting that using that exact term at some point is necessary to make it clear that consumers will reconcile the funds on their taxes, even if the details need not be given in full.

Ms. Marcus further emphasized the implications of receiving a tax credit and the need to clearly explain them, and she stated that there is more information in the actual application about correctly inputting one’s income as it relates to tax credits, when consumers get to that point.

Mr. Doman noted that this information is on the enrollment form and that the timeline, which works out so that the decisions consumers make may not have tax implications until over a year later, is likely confusing to them.

Ms. Marcus stated that the application form is another context in which information is communicated on the requirements for consumers to update their MHC application if their income changes, which would update their tax credits accordingly. She noted that it is worth considering how much information about the tax credit should be included in the plan shopping tool versus on the application form, which consumers access afterward.

Cara Chang stated that the “hover-over” text may be presenting too much information at once by informing consumers of the options for when to use the tax credit, thus introducing a new choice to make that they were not aware of when, instead, they are likely most interested in shopping for plans at the moment. Ms. Marcus agreed that this is an important consideration throughout the MHC site and that some contexts are likely better served by linking to a separate resource for those who want additional detail while keeping the plan shopping page itself simple.

Mr. Rosenstein noted that, after selecting a plan, consumers have the option to select how much of the tax credit they wish to accept, which may be an opportunity for consumers to go over the details of the tax credit. Ms. Marcus agreed that a more detailed breakdown is available in the application form, which is an important consideration regarding the language on the financial assistance page.

In the event that the MHBE builds a separate page to lay out this information in greater detail, Lisa Barrows suggested that example scenarios be used to show possible outcomes depending on when the consumer decides to use their tax credit so that they may choose proactively.

Ms. Marcus then moved through the estimated health care utilization selection and onto the plan shopping page. She pointed out the disclaimer with which consumers are presented each time they enter the page, which encourages checking that desired providers are covered under a given plan and gives a general explanation of the differences between metal levels. She also noted that, by default, plans are sorted by net premiums, which incorporate tax credits and state premium assistance. Several additional sorting options are available. She also showed the available filters.

Next, Ms. Marcus showed the components of MHC plan tile displays, which give the same pieces of information about each plan. She asked for general feedback, especially regarding consumer-friendliness.

Ms. Skipper stated that, in her experience as a navigator, her main concerns are the “Find a Health Care Provider” and “Drug Search” buttons. She encouraged consideration of using an external vendor for the databases from which these features pull if that would allow for more current information, noting that they sometimes return

incorrect information on whether a provider is with a given practice. Ms. Marcus replied that she thinks the MHBE's provider directories are updated biweekly or bimonthly and that, because the frequency is not fully in the MHBE's control, it is important to give consumers notice that other checks may be necessary to ensure the information's accuracy. Nicole Edge, Manager of Plan Management at the MHBE, added that the intent is to convey to consumers that they should always call their provider's office to check and acknowledged that MHC should call more attention to that. She confirmed that provider directories are updated every 14 days and noted that even carriers have some delay in the availability of provider directory information, as real-time updates are difficult. She also stated that the MHBE is considering ways to make the information more real-time.

Tom Hamel inquired as to why the costs shown for primary care, urgent care, and mental health outpatient care received through telehealth under the plan on the slide, a Bronze-level HSA-eligible plan, read as "50% Coinsurance," without specifying "after deductible." Ms. Edge responded that, rather than appearing that way due to space limitations, what is shown represents the actual benefits for the plans shown, while plans for which that coverage does require the payment of the deductible first will say as much in their plan tile display. She explained that the telehealth section was added because some plans charge different coinsurance amounts for telehealth versus in-office visits.

Mr. Hamel asked how the information would be presented if the provider chosen for telehealth was different than the one for in-person visits. Ms. Edge replied that it would depend on the particular specialties involved but that, in general, the costs listed are specific to the service, not the provider.

Noting that they go over some of the same information, Ms. Barrows inquired about the possibility of condensing the "Plan Costs and Benefits" and "Details" links down into a single link, from which a link within the linked page could lead to another page containing more in-depth information. Ms. Edge responded that the "Plan Costs and Benefit" link leads directly to the Summary of Benefits and Coverage document the carrier provides for each plan and that this link must be prominent.

Mr. Doman asked about how the MHBE cleans its provider lists, noting the issue on the marketplace where carriers submit names for the same provider spelled in slightly different ways. Ms. Marcus responded that the MHBE has had internal discussions on this subject and that she can provide more detail on the content of those discussions when they resume this conversation at the Workgroup's next meeting.

**Next Steps**

Ms. Marcus closed the meeting by going over next steps. She stated that the Workgroup will continue discussions on the plan tile display at its next meeting in two weeks, on Wednesday, October 2. She explained that she will share the slides from today's meeting, which include details on how other states display plans and the sorting

and filtering options they offer, and will follow up regarding members' thoughts on improvements to the language explaining tax credits on the financial assistance page

Ms. Marcus also noted that the Workgroup has few meetings left, so she will begin working on draft recommendations from the Workgroup, which she hopes to present to the Workgroup at its next meeting.

**Adjournment**
The meeting adjourned at 1:45 PM.

**Chat record:**
00:24:00
Amelia Marcus -MHBE-: Here is Washington State's Marketplace Consumer site: https://www.wahealthplanfinder.org/us/en/home-page.html