



MHBE

Consumer Decision Support Workgroup

October 16, 2024

12:30PM – 1:45PM

Via Google Meets

Members:

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

MHBE Staff

Nicole Edge
Becca Lane
Amelia Marcus
Johanna Fabian-Marks
Makeda Hailegeberel
Betsy Plunkett
Maggie Church
Elvina Moras

Welcome and Approval of October 2 Minutes

Lisa Skipper, Co-Chair, welcomed members to the meeting before asking for a motion to approve the minutes from the Workgroup's October 2 meeting. Allison Mangiaracino moved to approve the minutes from the October 2 Workgroup meeting as presented. Steve Doman seconded. The Workgroup voted unanimously to approve the minutes.

Final Workgroup Discussion - Plan Recommendations

After reviewing the agenda for the meeting, Amelia Marcus, Health Policy Analyst at the Maryland Health Benefit Exchange (MHBE), presented on the possibility of providing plan recommendations to consumers to help tailor the choices made available to them. Detailed slides are available in the presentation for this meeting. She described the two main approaches for this type of decision aid: one approach, which is used by California's exchange, is to automatically filter to a subset of plans by default based on consumers' input while still offering users the option to view all plans. California's exchange asks consumers about price sensitivity for premiums vs. out-of-pocket costs, medical and prescription drug utilization, and providers that they would like in-network. Based on these inputs filters are automatically applied to show a subset of plans on the plan shopping page.

The second approach is used by Washington state: Washington provides three plan recommendations labeled “Smart Choice” that are listed first in the plan shopping page, with all other plans listed below. Smart Choice plans are chosen through calculations based on premium cost, subsidy eligibility, the extent to which provider and pharmacy networks include the providers and pharmacies that consumers input, and estimated out-of-pocket costs. The tool heavily weighs estimated out-of-pocket costs in its calculations.

Ms. Marcus described the consumer feedback that a representative from Washington’s exchange shared at a previous Workgroup meeting regarding Washington’s Smart Choice plans, including: feedback around the accuracy of the provider directory (which is an industry-wide issue that is not unique to the Washington Exchange); and a desire for transparency on how the plan recommendations were chosen, with the example given that consumers get confused as to why they are recommended plans that do not cover the providers they input when asked for preferred providers. Additionally, the Washington Exchange suggested incorporating a question to gauge consumers’ preferences between lower premiums and higher out-of-pocket costs or vice versa, using the question as a tool for educating consumers about balancing health care costs.

Ms. Marcus opened the floor for discussion on the California and Washington approaches.

Ms. Mangiaracino commented that the Washington model would be the better option. She noted that, unlike Maryland Health Connection (MHC), California’s exchange has only standardized plans, meaning benefits are largely the same across the board, making the prospect of limiting the plan shopping view to a smaller subset more realistic for California. She stated that any model for choosing recommended plans will never be perfect and expressed concern that some consumers may not notice an auto-filter is applied and may fail to realize there are options available besides the ones shown.

Ms. Marcus agreed with the need for transparency but noted that California’s exchange notifies consumers that auto-filters were applied based on the consumer’s selections, along with a prominent disclaimer for where to click to view all available plans. Ms. Mangiaracino replied that, while the disclaimer is helpful, automatically hiding plans still risks consumers missing what other plans are available, making the Washington approach a better option.

Carmen Larsen explained that she originally supported the California approach because the Washington approach provides a narrower set of options with its three Smart Choice plans. She also inquired about what happens when consumers select, “No, I’ll shop on my own” on the Washington exchange. She expressed interest in a hybrid of the two approaches. Ms. Marcus clarified that California does not label any plans as recommended, but instead simply auto-filters based on consumer inputs and sorting based on which plans best fit the consumer’s needs. She noted that Washington also has a hierarchy for sorting plans based on consumer inputs, but places the three Smart Choice plans first.

Ms. Larsen asked for confirmation that the California and Washington approaches both show all plans by default. Ms. Marcus replied that only the Washington exchange does so, with the three Smart Choice plans highlighted prominently at the top of the page. In response, Ms. Larsen expressed agreement with Ms. Mangiaracino's preference for Washington's approach.

Shelly Eldridge agreed that a hybrid approach could work and cautioned against assuming that consumers would be overwhelmed by viewing all plans. She suggested a design wherein consumers opt in to plan shopping assistance and answer the questions used for plan recommendations, after which they view all plans by default. On this page, consumers could check near the top of the page to refine the search to some recommended options if they would like more assistance choosing a plan. She expressed that, were she a consumer shopping for a plan, she would want to see the full list of available plans and choose for herself without her options narrowed based on assumptions. She stated that the design must allow consumers to shop quickly but make informed decisions.

Ms. Marcus asked for confirmation that Ms. Eldridge means the option to opt in to recommended plans should be given on the plan shopping page itself. Ms. Eldridge replied in the affirmative, noting that she recommends refraining from showing that option until the consumer reaches the plan tile display page showing all plans, noting that this allows consumers to see all options but also to receive assistance if they so choose.

Shlomo Rosenstein acknowledged that it is worthwhile to consider how to avoid limiting consumers' options but argued that most consumers are likely less prepared than the Workgroup's members would be to compare numerous health insurance plans unaided, with consumers' plan shopping inexperience likely to lead them toward a low-cost bronze plan with a high deductible, whereas a plan at a higher metal level may serve them better. He stated that plan recommendations identifying the best plans based on the consumer's needs increase their likelihood of finding the type of plan they need.

Ms. Marcus noted that there must be a balance between making too many assumptions about what a consumer needs, while still providing the support consumers have stated they need.

Cara Chang stated that, if she were plan shopping, she would want a curated list of plans so she would not need to navigate the full list. She noted that, at a previous meeting, the Workgroup reviewed MHC user satisfaction survey results indicating that consumers felt overwhelmed when plan shopping through the site. She explained that since consumers have indicated being overwhelmed by plan shopping, providing fewer options upfront but giving them the option to view the full list would be beneficial.

Ms. Eldridge agreed with Ms. Chang's suggestion, noting that it would allow consumers the option to see every available plan while still presenting recommended plans.

Ms. Marcus observed that there seems to be a consensus that auto-filtering by default and requiring consumers to opt in to see the full list of available plans is not the Workgroup's preferred direction.

Mr. Rosenstein agreed that a hybrid model would be best but explained that the low-priced catastrophic or bronze plans are misleading for those with high medical needs, and that these consumers may be best served by having those plans excluded from their list of available plans by default. Ms. Marcus stated that this could also be addressed by setting up a default sort, so those plans are shown last for this type of consumer.

Mr. Rosenstein inquired about a way to divide plan selections between family members while allowing them to remain enrolled together. Johanna Fabian-Marks, Director of Policy and Plan Management at the MHBE, replied that family members enrolled in different plans would have separate deductibles and annual out-of-pocket maximums, with no way to combine them across plans, making it financially disadvantageous for a family to choose this approach. Additionally, the MHBE's administration of advance premium tax credits to a family across multiple plans would be infeasible.

Ms. Eldridge asked about Ms. Marcus's understanding of the consensus among the Workgroup on the issue of how to provide plan recommendations. Ms. Marcus responded that there is interest in a hybrid approach that shows plan recommendations according to the consumer's inputs first, then applies a default sort to the rest of the plans shown. She noted the hesitancy towards hiding some plans by showing only a subset of plans chosen by a default filter.

Ms. Eldridge agreed with the consensus overall but clarified that the plan shopping page should be filtered based on consumer input by default but should have an option allowing consumers to see all plans. Ms. Marcus noted that this is California's approach. In response, Ms. Eldridge expressed a preference for California's approach of showing a subset of plans that match the consumer's needs, with an option to see all plans.

Ms. Mangiaracino expressed concern over the risk of many consumers not seeing that there are other options available by failing to notice the button to see all plans. She expressed a preference for making the recommended plans stand out through eye-catching graphic design but then listing all other plans below. She suggested user experience testing to gauge what helps consumers best understand the information shown.

Ms. Marcus agreed and explained that plan recommendations are a major consideration for the support tool and thus would require more deliberation than just this initial discussion, as well user experience testing.

Mr. Doman encouraged the MHBE to examine the approaches taken by private health insurance vendors in addition to state marketplaces, as private companies have spent

millions running the type of user testing that may be helpful and have different experiences from the state marketplaces. Ms. Marcus replied that the MHBE has done some research into private insurance vendors and the federal exchange but has focused mainly on state marketplaces, and agreed that looking further private insurance vendors' strategies for plan shopping support would serve future discussions on this topic well.

Ms. Marcus stated that the Workgroup may revisit this item at its last meeting and noted that she will include takeaways from this meeting's discussion in the updated draft Workgroup recommendations.

Review of Draft Workgroup Recommendations

Ms. Marcus then moved on to reviewing the Workgroup's draft recommendations, navigating through each page of the plan shopping experience as they discussed the corresponding recommendations.

The first recommendation is to provide additional tutorials for consumers to learn about how to use the MHC Get an Estimate tool when first opening it, perhaps including an introduction to relevant insurance concepts. The Workgroup also recommends illustrative video examples describing other consumers' health and financial needs and showing their plan selection process. Feedback further indicated that any such video should be as accessible as possible and should be offered in multiple languages.

Another recommendation is to include more information on why "No coverage" is an option under "Select the coverage you need."

The next recommendation is to provide disclaimers that all plans must include pediatric dental coverage in Maryland, but that adult dental is not required to be covered under all plans, so consumers must check for dental coverage and consider enrolling in a separate dental plan if necessary.

Robyn Elliot thanked Ms. Marcus for the inclusion of this recommendation, remarking on the widespread confusion regarding dental coverage. She noted that with the addition of adult dental coverage under Medicaid comes the complication of enrollees churned between Medicaid and private health plans. Ms. Marcus agreed that updates to dental coverage requirements under both Medicaid and private plans in the last few years may necessitate additional disclaimers.

Ms. Marcus explained that another of the recommendations is to briefly communicate why consumers are asked about whether each member of their household is pregnant, noting that pregnancy status affects Medicaid eligibility.

Ms. Marcus then moved on to the page explaining the financial assistance for which the consumer is likely to be eligible. She noted that she has condensed the content of the Workgroup's discussions on this page to a single recommendation: simplify how the information on the page is displayed, using plain language rather than technical policy

terms like “premium tax credit” and “cost sharing reductions.” She gave the terms “premium assistance” and “lower out-of-pocket costs” as possible substitutes for each, respectively.

On the page that asks consumers to estimate their health care usage, one of the Workgroup’s main recommendations is to improve the explanation given as to why consumers are asked to do so, including explaining how their responses will help provide calculations for their total estimated costs for each plan. Additionally, the Workgroup recommends encouraging consumers to consider health care services they may need to use unexpectedly, like for example a broken bone, as well as asking about consumers’ price sensitivity, such as whether they would prefer a plan with a lower premium and higher out-of-pocket costs, or vice versa.

The first Workgroup recommendation on the plan shopping page itself is to use more plain language to describe the meaning of each metal level with regard to plan generosity, with an emphasis on making the information digestible for those shopping for a private plan for the first time. Another recommendation is for MHC to better communicate the value of silver cost-sharing reduction plans to those eligible for these plans. A third recommendation suggests additional disclaimers indicating the free assistance available to consumers in the plan shopping process, such as through navigators or brokers.

Ms. Mangiaracino commented that it may be helpful to expand the recommendation for simplicity and fewer words in the plan tiles, to the plan shopping page more generally. She noted that the metal tier descriptions may be overly wordy, explaining that the Virginia marketplace has simplified that description and embedded it within their filter tools. Ms. Marcus agreed that simplifying the metal level descriptions would be helpful, noting that the amount of text could be reduced, and that symbols and colors could be incorporated more to convey information.

Ms. Marcus then moved on to the plan tile display, on which there are numerous recommendations. Among these are recommendations that the MHBE simplify the plan tile display and structure the information in the tile more uniformly, such as by showing telehealth copay information in the same way that in-person copay information is shown; make the “Details” button on the lower right side much more prominent; and make the main characteristics of the plan like the premium and deductible more visually prominent.

Ms. Skipper noted that many plans have a separate prescription deductible and suggested including a disclaimer communicating this information, as the presence of just one deductible may mislead consumers into believing the same deductible applies to prescription drugs under a given plan. Ms. Marcus replied this is indeed one of the draft recommendations.

Ms. Marcus continued, describing the recommendation that colors and symbols be used more often, for example indicating a high-price plan with three red dollar symbols, and a

low-price plan with one green dollar symbol to signify relative costs. She noted that evidence shows colors and symbols are generally easier for consumers to digest than strictly numerical information. Another recommendation is to provide disclaimers that the copay and coinsurance information shown on the plan tiles are in-network costs and that consumers must select “Details” to view out-of-network cost-sharing information.

Regarding the total yearly cost estimate, Ms. Marcus noted a general recommendation from the Workgroup’s discussions: that MHC give more transparency on how the estimate is calculated, supplementing the existing “hover-over” explanation on the plan tiles. The Workgroup also recommends making the estimate more visually prominent. One additional recommendation is that total cost estimates should also include cost estimates for scenarios when health care utilization is higher or lower than expected in a given year, to facilitate consumers’ consideration of their potential costs under different plans.

Mr. Doman inquired about MHC’s translation capabilities. Ms. Fabian-Marks replied that the entire site is transliterated into Spanish and is auto-translated into many other languages, so there is an option to switch the site to any of these languages. Mr. Doman asked to see the option to toggle to another language. Ms. Marcus stated that she will send information on its location after the meeting.

Ms. Marcus concluded her presentation of the Workgroup recommendations but explained that there are some additional items in the draft document. The document also contains points regarding consideration of auto-filtering plans or providing plan recommendations, which will be updated to reflect today’s discussion. Finally, she noted that the Workgroup recommends embedding more links to helpful consumer information that are already on other parts of the MHC website, directly into the plan shopping tool.

Ms. Mangiaracino explained that her organization has two additional recommendations: first, to assess the current sorting methodology, ensuring plans appear in the intended order. She stated that her organization has noted irregularities in the order in which plans appear after sorting by annual deductible. The organization’s second recommendation is to involve quality ratings in the takeaways from the Workgroup so that they continue to be emphasized as a variable in plan shopping, giving the examples of ensuring the quality ratings maintain their prominence within the plan tile display and involving quality ratings in any video tutorials describing the plan shopping process. She emphasized the way in which quality ratings keep carriers accountable and praised MHBE’s efforts regarding quality ratings overall.

Next Steps

Ms. Marcus stated that the final meeting date has been rescheduled to Wednesday, November 13, at 12:30 PM. She noted that this will give the MHBE more time to handle the next steps, which will include sending out the updated draft recommendations and a survey to Workgroup members. The MHBE will then compile a formal Workgroup report that includes the draft recommendations document, as well as the input provided on the survey. The MHBE will send out a draft of the Workgroup report within the next couple

weeks. At the final meeting, the Workgroup will review the draft report together and vote on finalizing the report of recommendations. The following day, the Workgroup's recommendations will be presented to the MHBE Standing Advisory Committee.

Adjournment

The meeting adjourned at 1:50 PM.

Chat record:

00:20:40

Cara Chang: I'm the opposite--I'd want a curated list up front with a button to "See all plans" if I want to look at more.

00:21:13

Cara Chang: Since I think users have previously expressed that they are overwhelmed in the user surveys, right?

00:22:45

Shelly Eldridge: Good point! Shlomo

00:22:56

Shelly Eldridge: Maybe a hybrid could work....

00:23:49

Shelly Eldridge: Good point Cara!

00:24:59

Cara Chang: Yes, we don't want to force their choices! Agreed!

00:25:56

Shlomo Rosenstein: But if someone has high medical needs the cheap catastrophic bronze plans are completely misleading....

00:26:15

Carmen Larsen: Apologies, I have to step out. Washington model is preferable.

00:27:14

Carmen Larsen: Hybrid is a good idea.

00:43:03

Robyn Elliott: Thank you for capturing that issue, Amelia!

00:47:58

Cara Chang: Love the recommendation for plain language!

01:07:05

Betsy Plunkett -MHBE-: Yes, it's on the landing page.

01:07:32

Maggie Church -MHBE-: transcreated Sp. page

01:07:32

Maggie Church -MHBE-: <https://www.marylandhealthconnection.gov/es/>

01:08:08

Maggie Church -MHBE-: get an estimate in Sp.:

01:08:09

Maggie Church -MHBE-:

https://app.marylandhealthconnection.gov/hixui/public/home.html#/getEstimate?lang=es_US&firstTime=1

01:11:14

Steve: The landing page is in Spanish for me, but when I click the CTA "Obtenga un presupuesto" I get taken to the English browse plans view. Cleared all caches/cookies so may be worth taking a look. Thanks for sharing!

01:11:49

Steve: ?lang=es_US&firstTime=1 (confirming parameter in URL)

01:13:23

Maggie Church -MHBE-: Hmm, interesting, the Spanish get an estimate page is working for me

01:13:42

Johanna Fabian-Marks -MHBE-: Thanks for raising that. The browse plans page is coming up in Spanish for me but we will flag your experience for our IT team.

01:15:17

Steve: It looks like the browser is holding onto my previous English browse plans session, despite closing the tab

01:15:43

Steve: closing the entire browser, seems to reset it (Chrome incognito)

01:17:19

Cara Chang: Thank you!