



# Supporting Informed Decision-Making in the Health Insurance Marketplace: A Progress Report for 2016

MAY 2016



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## **About the National Partnership for Women & Families**

At the National Partnership for Women & Families, we believe that actions speak louder than words, and for more than four decades we have fought for every major policy advance that has helped women and families.

Today, we promote fairness in the workplace, reproductive health and rights, access to quality, affordable health care, and policies that help women and men meet the dual demands of their jobs and families. Our goal is to create a society that is fair and just, where nobody has to experience discrimination, all workplaces are family friendly, and no family is without quality, affordable health care and real economic security.

Founded in 1971 as the Women's Legal Defense Fund, the National Partnership for Women & Families is a nonprofit, nonpartisan 501(c)3 organization located in Washington, D.C.

# Supporting Informed Decision-Making in the Health Insurance Marketplace: A Progress Report for 2016

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## Executive Summary

A major goal of the Affordable Care Act (ACA) is to create an insurance marketplace in which consumers can compare options and identify the plan that best meets their needs. To address whether consumers have the tools they need to select the right plan for themselves and their families, this report provides an update on the degree to which marketplaces supported informed decision-making during the third open enrollment period. It is based on a review of HealthCare.gov, which is used by consumers in 38 states, and each of the 13 state-based marketplace websites.<sup>1</sup> The review was conducted from January 5 to January 31 of 2016 and was supplemented by focus groups in five states with consumers who had first-hand experiences with marketplace websites.

## Key Findings

Overall, marketplace websites made significant strides during the third open enrollment period in offering more consumer-friendly shopping tools within window shopping. Most notably, HealthCare.gov added new tools to support informed consumer decision-making, including a customized cost estimator, an integrated provider directory and a simple, but useful, prescription drug directory. A number of state-based marketplace websites took similar steps, providing tools that allow consumers to provide information on their financial and/or health circumstances and receive tailored cost estimates and/or plan listings. However, the marketplace is still young and there is considerable room to improve its support for informed consumer decision-making.

**COST TRANSPARENCY:** Marketplace websites increasingly offer tools to help consumers estimate their total out-of-pocket costs, but these tools are relatively new. A clear majority of marketplace websites – HealthCare.gov and seven out of 13 state-based marketplace websites – now offer tools that allow consumers to see how much they are likely to spend in total, through premiums and cost-sharing, given their expected health care utilization. Although valuable in helping consumers look beyond premiums alone, these new customized cost estimators offer only very rough estimates of total out-of-pocket costs, failing to take into account specific medications or treatments that consumers know they will need.

**ACCESSIBLE PROVIDER AND PRESCRIPTION DRUG INFORMATION:** Integrated provider and prescription drug directories are becoming more common and are offered by HealthCare.gov, but are not standard practice among state-based marketplace websites. Currently, HealthCare.gov and five out of 13 state-based marketplace websites offer integrated provider directories, making it easier for

consumers to identify plans that include their providers. HealthCare.gov and only two state-based marketplace websites offer integrated prescription drug directories that show which plans cover various medications. The new directories are relatively simple, generally identifying only whether a provider is in-network or a medication is covered, and not the level of cost-sharing consumers will face if they use the provider or medication.

**USEFUL INFORMATION ABOUT QUALITY OF PLANS:** At present, only four state-based marketplace websites provide information on the quality of plans; HealthCare.gov and nine state-based marketplace websites do not display quality information. However, more quality ratings will begin to appear on marketplace websites through a pilot program during the fourth open enrollment period for the 2017 coverage year, with all marketplaces scheduled to include quality ratings for the fifth open enrollment period. Quality ratings can help inform consumer decision-making and marketplace websites can do more to display this information in prominent ways and explain the basis for the ratings.

**EFFECTIVE SMART CHOICE ARCHITECTURE:** Some marketplace websites are beginning to use “smart choice” architecture to help consumers take all costs into account when selecting a health plan. The order in which marketplace websites present plan options and other website architecture decisions can have a powerful impact on consumer choice. Several marketplace websites still default to sorting plans by premium, but five state-based marketplace websites instead sort based on estimated out-of-pocket costs. Of particular note, four state-based marketplace websites now help consumers eligible for cost-sharing reductions see savings by preferentially displaying Silver plans.

**INTEGRATED ASSISTANCE:** Marketplace websites consistently offer assistance to customers in a variety of ways as they shop for plans online. Recognizing that some customers want in-person assistance or help over the phone, marketplace websites universally inform consumers about how they can contact a Navigator or other in-person assister. HealthCare.gov and 10 out of 13 state-based marketplace websites utilize “hover” technology to define terms and assist consumers as they shop. The Colorado, California and Washington marketplace websites also offer assistance via live chat, a feature that may be particularly appealing to young customers or others who are more technologically savvy.

**USABILITY AND RELIABILITY OF INFORMATION:** Marketplace websites continue to improve on language accessibility and general usability, but may not always ensure the accuracy of the information they provide. HealthCare.gov and all but two state-based marketplace websites now offer their entire websites in Spanish at a click, and California and Massachusetts are among the state marketplaces that have gone well beyond, offering their websites and related materials in a wide array of languages. Although it was beyond the scope of this analysis to conduct a systematic review, the reviewers noted marked improvements in the look, feel and flow of the sites, including HealthCare.gov’s design, which now makes it much easier for consumers to determine where they are in the window shopping process at any given time. However, problems remain with the accuracy of information; a review of 36 plans from 12 marketplaces that provided links to the Summary of Benefits and Coverage (SBC) uncovered seven instances in which information on a plan’s cost differed between the marketplace website and the plan’s SBC.

The progress in supporting informed consumer decision-making in window shopping in the marketplace is striking, and HealthCare.gov and state-based marketplace website administrators deserve to be commended. In the months ahead, it will be critical to build on this work by continuing to improve the tools available to help consumers assess plan options; integrate quality ratings into the shopping experience; improve the accuracy and reliability of information; and, perhaps most importantly, continue to evaluate and assess, from a consumer perspective, how marketplace websites can strengthen informed consumer decision-making.

# In Their Own Words: Consumers Speak

**“They said that the plans were cheaper and more affordable than any other insurance out there and when I did my search on the internet, everything was a bit more affordable. I was able to find the plan that was best for me and that is how I signed up.”**

– Janey, Houston

**“It made me discover how little I understand about health insurance and how it works ... I really had to figure out on my own what deductible means, etc., and then I got confused and never quite understood about the out-of-pocket costs versus what they’re paying ... I wasn’t sure if they were trying to say that’s what they’ll pay or that’s what I’ll pay.”**

– Cynthia, Denver

**“I can’t take the generic and I couldn’t distinguish on the information that I got whether it was a level one, level two, level three – whether it was going to be covered or whether there would be a \$50 deductible or a 50 percent [copay]. So if it’s a \$700-a-month prescription, I can’t afford 50 percent of it. I needed to know that it was going to be \$50 for that prescription, for that brand name prescription. So I had to call somebody at the insurance company.”**

– Mark, Richmond

**“The way this site was set up made it pretty easy to compare the very, very basic stuff of the plan. Basically, you got all these plans and they gave you very rudimentary information and that was easy to compare. But the moment you want to find out anything more detailed, that’s when it got crazy ... To try to compare the detailed information was much harder.”**

– George, New York City

# Introduction

A major goal of the ACA is to create an insurance marketplace in which consumers can compare options and identify the plan that best meets their families' health care needs and financial circumstances. The insurance marketplace – which officially launched in October 2013 for its first open enrollment period – is now composed of the federally facilitated marketplace (HealthCare.gov) and 13 state-based marketplaces with their own individual websites.<sup>2</sup>

As of February 2016, 12.7 million individuals had enrolled in plans through the marketplace during the third open enrollment period, with millions more enrolled through Medicaid since the first open enrollment period.<sup>3</sup> Due in large part to the ACA, the uninsurance rate in the United States is at a historic low of 9.1 percent.<sup>4</sup> While these achievements are to be celebrated, concerns remain about several aspects of plan design – for example the affordability of plans and strength of their provider networks – making it critically important that the marketplace provides easy access to reliable information about plan options and supports consumers in making informed decisions.

The National Partnership for Women & Families is tracking the marketplace's progress from the perspective of consumers. In February 2015, we released an analysis of the second open enrollment period (November 2014 – February 2015), *Supporting Informed Decision-Making in the Health Insurance Marketplace: A Progress Report*, in which we examined whether the marketplace provided consumers with the tools they needed to support informed choice of health plans. That analysis concluded that while HealthCare.gov and the state-based marketplace websites had begun to adopt helpful features to support informed decision-making and transparency, it remained challenging for consumers to quickly and easily find the best plan for them. We highlighted a set of promising practices seen on marketplace websites at that time, including enhanced anonymous browsing, integrated provider and prescription drug directories, tools that tailor options according to individuals' needs and features to improve consumers' understanding of key health insurance terms and concepts.

In June 2015, we published a companion report, *Lessons from the Frontlines: Strategies for Supporting Informed Consumer Decision-Making in the Health Insurance Marketplace*. It focused on the experiences of consumer assistance experts and Navigators. These frontline experts highlighted the importance of health insurance literacy support, website designs that simplify and streamline plan comparison and selection, and ensuring the accuracy and reliability of the health plan information displayed.

This report continues our 2015 work, as we assess the progress of the marketplace over time. In this analysis, we examine whether and how the marketplace's third open enrollment period (November 2015 – January 2016) brought improvements in marketplace websites' window shopping features. To reach our conclusions and recommendations, we conducted a new, in-depth analysis of HealthCare.gov and all 13 state-based marketplace websites, reviewed literature on marketplace functionality and plan choice, interviewed experts and examined relevant policy proposals. For the first time, we also commissioned consumer focus groups – six groups across five states – during which we heard the views of 48 consumers who had enrolled, renewed or shopped for health coverage using marketplace websites during the third open enrollment period.

This report finds that marketplace websites made significant strides during the third open enrollment period in offering more consumer-friendly shopping tools in window shopping. Most notably, HealthCare.gov added new tools to support informed consumer decision-making, including a customized cost estimator; an integrated provider directory; and a simple, but useful, prescription drug directory. A number of state-based marketplace websites took similar steps, incorporating tools that allow consumers to provide information on their financial and/or health circumstances and receive tailored cost estimates and/or plan listings. However, the marketplace is relatively new and there is still considerable room to improve its support for informed consumer decision-making. As the marketplace continues to evolve, we urge marketplace administrators to continue testing new and better approaches to supporting decision-making, and to routinely seek feedback from consumers. A comprehensive set of recommendations is included in the report that follows.

# Methodology-In-Brief

## Marketplace website reviews

Each marketplace website was reviewed in detail by Manatt Health for the National Partnership for Women & Families between January 5 and January 31 of 2016. As in our analysis of the second open enrollment period, Manatt restricted its review to the anonymous browsing (“window shopping”) experience on each marketplace website. The 13 state-based marketplace websites operational during the third open enrollment period were: (1) Covered California, (2) Connect for Health Colorado, (3) Access Health Connecticut, (4) DC Health Link, (5) Your Health Idaho, (6) Kynect (Kentucky), (7) Maryland Health Connection, (8) Massachusetts Health Connector, (9) MNSure (Minnesota), (10) New York State of Health, (11) Healthsource Rhode Island, (12) Vermont Health Connection and (13) Washington Healthplanfinder.<sup>5</sup> Manatt also reviewed HealthCare.gov twice, using zip codes in Florida and Illinois. Within each website review, Manatt assessed the reliability with which consumers could directly access detailed information by evaluating plan-level data for three plans. The full review tool, which was informed by our previous review of the second open enrollment period as well as new expert interviews, is included as Appendix A. Experts newly interviewed by Manatt for this report are listed in Appendix B.

## Focus groups

The public opinion research firm PerryUndem conducted a total of six focus groups between January 19 and February 3 of 2016, in Los Angeles, California; Denver, Colorado; New York, New York; Houston, Texas; and Richmond, Virginia. One focus group was conducted in English in each market and in Houston, a second focus group also was conducted in Spanish.

A total of 48 consumers who had enrolled, renewed or shopped for health coverage during the third open enrollment period participated: 41 were insured and seven were uninsured; 23 had used HealthCare.gov and 25 had used the applicable state-based marketplace website in California, Colorado or New York. PerryUndem specifically recruited some individuals with chronic health conditions. Most consumers in the study had enrolled during previous enrollment periods and were renewing their coverage or shopping for another plan. A smaller number were first-time enrollees and a few remained uninsured after shopping for coverage. All participants were asked to complete “homework” prior to their focus group, which involved going back to the applicable marketplace website and seeking specific information (including searching for doctors, medications, hospitals, cost-sharing information and a glossary of terms) and writing down their experiences.

The purpose of this public opinion research was to add some first-hand perspectives to this report. The number of focus groups was small and the findings from them cannot be generalized to the population of all consumers shopping for insurance on the marketplace websites. To protect the privacy of focus group participants, pseudonyms are used for individuals’ quotes throughout the report.

# Key Elements of Consumer-Friendly Marketplace Design

Building on earlier research, as well as new analysis conducted for this update, authors identified six elements of an effective marketplace website that are especially important to informed consumer decision-making: (1) cost transparency; (2) accessible provider and prescription drug information; (3) useful information about quality of plans; (4) effective smart choice architecture; (5) integrated assistance; and (6) usability and reliability of information.<sup>6</sup> In the sections below, we explain the importance of each element, review marketplace performance and discuss the implications and make recommendations for improvements.





# 1. COST TRANSPARENCY

When choosing health insurance, the vast majority of consumers are most concerned with the cost of a plan.<sup>7</sup> The cost of a health plan, however, is much more difficult to determine than the cost of most consumer products because it depends on a plan's premium, cost-sharing structure and the consumer's use of health care services. While some consumers may be able to accurately predict their need for specific medicines or types of health care services, others may be surprised by medical bills they did not anticipate.

Over time, marketplace websites have been improving cost transparency in window shopping by (1) allowing consumers to quickly and easily see if they are likely to qualify for financial assistance; (2) adding tools that produce customized cost estimates; and (3) improving the display of plan cost-sharing features such as deductibles, prescription drug charges, out-of-network charges and metal tiers.

## Likely eligibility for financial assistance

The ACA provides two types of financial assistance – premium tax credits (PTCs) and cost-sharing reductions (CSRs) – to consumers with lower household incomes who enroll in marketplace plans.<sup>8</sup> Learning that they may be eligible for financial assistance can encourage consumers to enroll in health plans.<sup>9</sup> Since more than 80 percent of marketplace consumers qualify for tax credits,<sup>10</sup> it is crucial that marketplace websites feature this information clearly. Within window shopping, marketplace websites should allow consumers to provide basic information about their income and other circumstances, and then quickly and easily see whether they are likely to be eligible for PTCs and CSRs. If they are likely to be eligible for financial assistance, the window shopping experience should then provide a list of plans and how much those plans will cost *after* taking into account the savings the consumer is likely to receive from PTCs and CSRs (i.e., consumers should receive an “integrated cost estimate”).

The third open enrollment period saw notable progress in making it easier for consumers to see within window shopping whether they are likely to qualify for financial assistance and how this will affect the cost of various plan options. Now, HealthCare.gov and 12 out of 13 state-based marketplace websites<sup>11</sup> allow consumers to enter income information within window shopping and see whether they are likely to qualify for assistance. Moreover, in all but three of the 13 window shopping experiences that allow consumers to enter income information, plan costs are displayed *net of* estimated reductions.<sup>12</sup> That reflects significant progress. Unfortunately, in the three window shopping experiences that still do not include this feature, consumers see higher costs than they will likely have to pay and must deduct financial assistance from the cost of the plan themselves.

This progress is encouraging. In future open enrollment periods, use of tools that assess eligibility for financial assistance and integrate likely cost reductions into cost estimates for plans should become universal.



## Promising Practice: Vermont

### Offering Consumers a Financial Assistance Estimate

Vermont allows consumers the option to enter their income and receive a financial assistance estimate for premium tax credits and cost-sharing reductions early in the window shopping process. The site generates a premium dollar amount and integrates cost-sharing reductions into costs displayed.

2 - Would you like to find out if you can get help paying for coverage?  Yes  No

2.1 - How many people are in your household?

2.2 - Is employer coverage available to everyone in your household?  Yes  No

2.3 - What is your household expected income in 2019?  [Click here to see your estimated help paying for coverage](#)

**Financial help for paying an insurance plan premium on Vermont Health Connect**

Your estimate of the premium you'll pay for your household may be eligible for:

**\$347 per month**

For coverage for the following categories you listed:

- **Member 1 (Age 21)**

Your estimate shows that you may not be eligible for a cost-sharing reduction. Member 1's child found this amount you pay for out-of-pocket costs like copayments, deductibles, and coinsurance. This cost-sharing reduction only applies to Silver plans. An additional premium will be charged for members in the gold and platinum metal categories.

This is our estimate. To get an official coverage determination, you can discuss an application program for health benefit.

When you compare plans, we'll use our estimate for your savings.

Source: Vermont Health Connect

## Customized cost estimators

The premium for a health plan is relatively easy for consumers to understand and tends to be displayed prominently on marketplace websites (see discussion in “smart choice architecture” section). However, if consumers only consider premiums when selecting plans, they may find themselves exposed to significant “hidden” costs in the form of high deductibles and cost-sharing, especially if cost-sharing is higher than anticipated or if unforeseen medical problems arise. For this reason, it is important that marketplace websites display plan costs in a way that raises consumers’ awareness of the total cost beyond premium.

One way to do so is through the use of customized cost estimator tools, which are still fairly new but becoming more prevalent. These tools typically give consumers the option to answer a set of questions about expected health care use, health status, or both, and then display customized cost estimates for each plan based on that information and the plan’s premium and cost-sharing structure. The third open enrollment period saw appreciable growth in adoption of these customized cost estimators, with HealthCare.gov and seven out of 13 state-based marketplace websites<sup>13</sup> now incorporating them within window shopping, compared with just three state-based marketplace websites that did so during the second open enrollment period.

**“Cost has got to be number one.”**

– John, Richmond

**Table 1: Customized Cost Estimators within Window Shopping Experiences**

Marketplace	Customized Cost Estimator		Worst-Case Scenario Cost Estimator <sup>3</sup>	Inputs Requested by Customized Cost Estimator				
	Second Open Enrollment Period (2014-2015)	Third Open Enrollment Period (2015-2016) <sup>1,2</sup>	Third Open Enrollment Period (2015-2016)	Third Open Enrollment Period (2015-2016)				
				Expected number of doctor visits	Expected number of prescription drugs	Expected procedures	Health conditions	Overall health status
California	✓	✓		✓	✓			
Colorado								
Connecticut		✓	✓			✓	✓	
District of Columbia		✓	✓			✓		✓
Idaho	✓	✓ <sup>4</sup>		✓	✓			
Kentucky		✓			✓	✓	✓	✓
Maryland								
Massachusetts								
Minnesota		✓	✓			✓		✓
New York								
Rhode Island <sup>5</sup>								
Vermont		✓	✓			✓		✓
Washington								
HealthCare.gov (federally facilitated marketplace)		✓						✓
<b>Total</b>	<b>2</b>	<b>8</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>5</b>

<sup>1</sup> **Customized Cost Estimator.** For the third open enrollment period (2015-2016), a “✓” indicates that the marketplace website’s window shopping feature provides consumers with an estimate of how much they are likely to spend in total for each plan, through premiums and cost-sharing features such as deductibles, copayments and coinsurance, given their expected health care utilization. Please note: Due to the changing nature of marketplace websites, it is not always possible to make a direct comparison between tools offered during the second open enrollment period (2014-2015) and the third open enrollment period (2015-2016).

<sup>2</sup> Washington, Minnesota and Vermont operate on a common information technology platform.

<sup>3</sup> **Worst-Case Scenario Cost Estimator.** For the third open enrollment period (2015-2016), a “✓” indicates that the marketplace website’s window shopping feature provides consumers with an estimate of how much they are likely to spend in total for each plan, through premiums and cost-sharing features such as deductibles, copayments and coinsurance, in a year with very high health care needs.

<sup>4</sup> The Idaho marketplace gives a “low/average/high” total customized cost estimate rather than dollar amount.

<sup>5</sup> When recently reviewing this information, Rhode Island marketplace officials indicated that the marketplace website did not include a customized cost estimator during the second open enrollment period (2014-2015), as last year’s analysis had reflected.



## Promising Practice: Healthcare.gov

### Offering Consumers a Customized Cost Estimate

HealthCare.gov unveiled a customized cost estimator for the third open enrollment period. The tool prompts consumers to indicate whether they expect to have low, medium or high use of health care services. Although the tool does not allow consumers to personalize the cost estimate further by adding details on specific prescriptions and procedures, it represents a notable step forward.



Source: HealthCare.gov

Overall, customized cost estimators can be a useful way to raise consumers' awareness of costs beyond premiums, and it is encouraging that several marketplace websites adopted this tool in the third open enrollment period. However, significant work is needed to improve the accuracy and usefulness of customized cost estimators. In particular, these estimators will be more helpful to consumers if they can produce more personalized estimates. For example, if a consumer uses a specific prescription drug, the cost-sharing amount for that drug in a given plan should be factored into the total cost estimate that is displayed. Currently, even the three state-based marketplace website tools that solicit specific information about the expected number of prescription drugs use rough, general assumptions about their cost.<sup>14</sup>

It is also important that the tools not become too complex or weigh down the plan shopping experience. This balance could be achieved by allowing consumers to decide how much information they want to enter. Finally, given the many significant assumptions that drive the estimates these tools generate, marketplace websites should do more to make their functionality transparent to consumers who wish to understand more about how they work.

### Display of key cost features by plan

In order to make accurate comparisons across plans, consumers need to be able to view and analyze cost information. Key cost features should be provided in a standardized format. Unlike the results of the customized cost estimators described above, key cost features (deductibles, copays and coinsurance) are fixed components of each plan. It is important that the “plan details” sections of marketplace websites clearly show the dollar amount (or percent of cost) for each key cost-sharing feature of every plan, and provide an explanation of what that amount represents. Additionally, in the case of preventive services, the absence of cost-sharing should be displayed in a uniform and equally clear way.

In addition to finding cost information on the website itself, consumers can use the SBC as an additional way to check and understand key plan features. In the third open enrollment period, all marketplace websites summarized copays, coinsurance and deductibles for each plan within window shopping, allowing for comparison shopping across these features. HealthCare.gov and all but one of the 13 state-based marketplace websites also featured direct links to SBCs within window shopping, but links were often difficult for consumers to locate. In some cases, critical details were also omitted from the cost features that were displayed on marketplace websites. For example, information about out-of-network charges varied widely within window shopping, with six state-based marketplace websites<sup>15</sup> featuring information about these charges but all others (including HealthCare.gov) omitting it. A lack of information regarding out-of-network charges could lead to surprise charges for consumers.

## Summary of Benefits and Coverage

### Providing Direct Links to Health Plans' Summary of Benefits and Coverage (SBC) within Window Shopping

The SBC presents plan details in a standardized format. While most marketplace websites provide direct links to health plan SBCs within window shopping, they can do more to clearly indicate their location.

Source: GroupHealth

The third open enrollment period brought significant progress in terms of labeling coverage of preventive services, with all marketplace websites now indicating that preventive services are covered without cost-sharing.<sup>16</sup> However, there is still room for improvement in how prominently this important information is displayed. In particular, many marketplace websites indicate that the cost-sharing is zero for preventive services, but the consumer can only discover that information after clicking into the detail of the plan listings. Marketplace administrators may want to consider the model adopted by Washington, which places a prominent notice stating there is no cost-sharing for preventive services at the top of the screen when displaying cost features by plan.



## Promising Practice: Washington

### Prominently Displaying that Preventive Services are Covered at No Cost

Washington makes clear that preventive services are not subject to any cost-sharing.



Source: Washington Healthplanfinder

Overall, marketplace websites continue to improve the clarity of how costs are displayed by plan, although some gaps remain. It is encouraging that the federal government will introduce a new standardized set of plans on HealthCare.gov for the fourth open enrollment period. There will be six standardized plan designs by metal tier, although issuers will still be able to offer non-standardized plans.<sup>17</sup> This change to HealthCare.gov could allow for easier comparisons for consumers trying to assess their plan options.

**“You can basically see, you know, whatever your specific situation: I see a specialist, I see primary care, if you need mental help or your wife’s having a baby or something then you can get a good, quick summary of basic benefits ... It’s just a good general kind of quick overview that really explains all the payments ... what the deductible is and your coinsurance. So you can get a pretty good idea of what your cost might be.”**

— Harold, Denver

## COST TRANSPARENCY: FINDINGS AND RECOMMENDATIONS

### FINDINGS:

- ▶ **Marketplace websites have made notable progress in clearly and consistently providing consumers with information on the cost of their plan options.**
  - ▶ By entering basic information on their income and household circumstances, consumers can find their likely eligibility for financial assistance within window shopping on HealthCare.gov and 12 out of 13 state-based marketplace websites.
  - ▶ On HealthCare.gov and seven out of 13 state-based marketplace websites, consumers see cost information on plans that reflects premium and cost-sharing amounts after taking into account potential eligibility for premium tax credits and cost-sharing reductions (i.e., “integrated cost estimates”).
- ▶ **Most marketplaces now offer tools to provide consumers with customized estimates of total out-of-pocket costs given expected health care utilization, but the tools are still very basic.**
  - ▶ HealthCare.gov and seven out of 13 state-based marketplace websites now offer customized cost estimators.
  - ▶ None of the estimators currently takes a consumer’s specific medications into account when generating total out-of-pocket estimates.
  - ▶ None of the websites offering a customized cost estimator provides a comprehensive explanation of how the estimates are reached.
- ▶ **Marketplaces universally provide basic information on key cost features of plans, but some do not provide critical details within window shopping and could make links to SBCs easier to find.**
  - ▶ Only six state-based marketplace websites provide consumers with information on out-of-network costs within window shopping – an issue that is relevant to many consumers.
  - ▶ HealthCare.gov and all but one of the 13 state-based marketplace websites featured direct links to SBCs within window shopping, but links were often difficult to locate.

### RECOMMENDATIONS:

- ▶ **Make eligibility for premium tax credits and cost-sharing reductions easy to discover within window shopping, and integrate results into the plan costs that are shown.**
- ▶ **Continue to refine cost estimator tools by incorporating information on consumers’ own expected use of health care – such as prescription drugs – and assessing how well such tools work for consumers.**
- ▶ **Provide more comprehensive information about how cost estimator tools work for those who seek out such information.**
- ▶ **Ensure that comparative information on all key cost features of plans is available within window shopping via both the marketplace website itself and through direct links to SBCs that are easy to locate.**



## 2. ACCESSIBLE PROVIDER AND PRESCRIPTION DRUG INFORMATION

Some consumers have specific health care providers and medications they know they want covered by whatever plan they choose. It is important that these consumers are able to see which plans cover the particular providers and/or medications they know they will need. Marketplace websites have begun to respond to these consumers' needs by integrating network and drug formulary information across plans and offering look-up tools that allow consumers to easily identify which plans cover their providers and/or medications. The third open enrollment period saw welcome growth in the availability of these tools within window shopping.

**Table 2: Integrated Directories within Window Shopping Experiences**

Marketplace	Integrated Provider Directory		Integrated Prescription Drug Directory	
	Second Open Enrollment Period (2014-2015)	Third Open Enrollment Period (2015-2016) <sup>1</sup>	Second Open Enrollment Period (2014-2015)	Third Open Enrollment Period (2015-2016) <sup>2</sup>
California				
Colorado	✓	✓	✓	✓
Connecticut				
District of Columbia		✓		
Idaho				
Kentucky	✓	✓		✓
Maryland	✓	*		
Massachusetts <sup>3</sup>		*		
Minnesota				
New York	**	**		
Rhode Island	✓ <sup>4</sup>	✓		
Vermont				
Washington	✓	✓		
HealthCare.gov (federally facilitated marketplace)		✓		✓
<b>Total</b>	<b>5</b>	<b>6</b>	<b>1</b>	<b>3</b>

<sup>1</sup> **Integrated Provider Directory.** For the third open enrollment period (2015-2016), a “✓” indicates that the marketplace website’s window shopping feature allows consumers to enter the name of one or more health care providers into a search tool, which then generates and displays the available marketplace plans or carriers that include those providers in-network. Please note: Due to the changing nature of marketplace websites, it is not always possible to make a direct comparison between tools offered during the second open enrollment period (2014-2015) and the third open enrollment period (2015-2016).

<sup>2</sup> **Integrated Prescription Drug Directory.** For the third open enrollment period (2015-2016), a “✓” indicates that the marketplace website’s window shopping feature allows consumers to enter the name of one or more prescription medications into a search tool, which then generates and displays the available marketplace plans that cover those medications. Please note: Due to the changing nature of marketplace websites, it is not always possible to make a direct comparison between tools offered during the second open enrollment period (2014-2015) and the third open enrollment period (2015-2016).

<sup>3</sup> Though Massachusetts offered a provider directory for the second open enrollment period (2014-2015), it was not functioning during the period in which the analysis was conducted between November 15 and December 23 of 2014.

<sup>4</sup> When recently reviewing this information, Rhode Island marketplace officials indicated that the marketplace website included an integrated provider directory during the second open enrollment period (2014-2015).

\* Maryland and Massachusetts do offer provider directories that allow consumers to see a list of carriers and plans that include their provider in-network, but this information is not fully integrated into the window shopping experience. Consumers must take the list provided by the tools and do their own cross walk with the plans listed in the website’s window shopping experience.

\*\* When recently reviewing this information, New York marketplace officials indicated that for both the second open enrollment period (2014-2015) and the third open enrollment period (2015-2016), New York’s marketplace website has made an integrated provider directory available to consumers who create marketplace accounts, although this tool is not available as part of the website’s window shopping feature.

## Integrated provider and facility directories

The third open enrollment period saw modest expansion in the number of new provider and facility directories within window shopping, but since HealthCare.gov was among the websites adding these directories, they are now available to consumers in the majority of states. Including HealthCare.gov, there are now six integrated provider directories, of which five also include health care facilities such as hospitals, urgent care centers and pharmacies.<sup>18</sup> These tools are time-saving and helpful for consumers with specific health care needs, although there is still room for improvement. For example, all provider directories could do more to indicate exactly which types of providers are included and how recently the provider and facility information on the marketplace website was updated. Consumers would also benefit if they could input multiple providers to create a “profile” and if the websites clarified the maximum number of providers shoppers can enter.



### Promising Practice: Washington

#### Offering Easy Ways to Search Health Plans by Provider and Facility

Washington offers an integrated provider directory, which enables consumers to search marketplace plans by health care provider or facility. The tool clearly labels plans that cover the consumer's preferred providers or facilities in their network, while still allowing consumers to view all plans.



Source: Washington Healthplanfinder

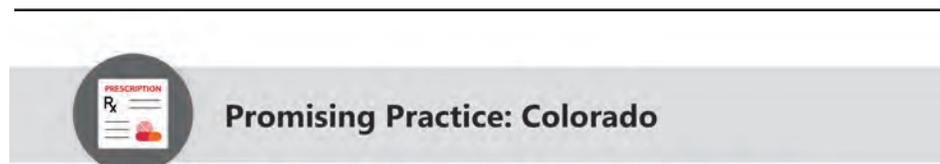
**“Does my doctor accept the insurance? That is very important. If my doctor does not take the insurance, I most probably won’t get it and will get something else that might be a bit more expensive.”**

– Elizabeth, Houston

## Integrated prescription drug directories

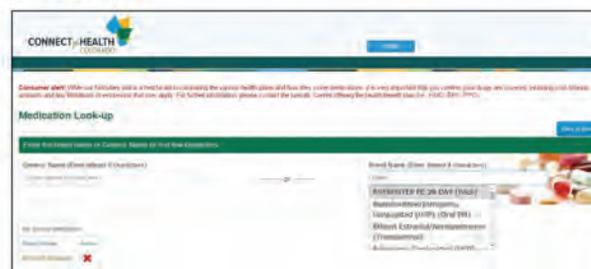
Since the first open enrollment period, when consumers reported finding it particularly difficult to access formulary information,<sup>19</sup> consumer advocacy groups and patient organizations have been vocal about the need for consumers to be able to quickly and easily assess whether their medications are covered by various plan options. Additionally, overall utilization of prescription drugs by exchange plan enrollees increased from 2014 to 2015,<sup>20</sup> rendering it more important than ever for drug coverage information to be readily accessible to consumers.

In the second open enrollment period, Colorado was the only marketplace to feature an integrated prescription drug directory within window shopping.<sup>21</sup> In the third open enrollment period, HealthCare.gov and Kentucky did so as well, although Kentucky's website is due to be dismantled before the fourth open enrollment period. Both Colorado's and Kentucky's prescription drug directories auto-populate possible results after the consumer begins typing a drug name, though the consumer must enter the first letters correctly for the system to work. Colorado's directory recognizes either generic or brand names – a helpful feature given that many consumers find the distinction between the two to be confusing. Kentucky's directory also provides an estimate of the cost to the consumer of buying the selected prescription drug(s) under each plan option.



### Offering Expanded Ways to Search Health Plans by Prescription Drug

Colorado allows consumers to search for their medications by generic or brand name and auto-populates possible results after consumers begin entering a drug name.



Source: Connect for Health Colorado

Overall, integrated prescription drug directories are still in their infancy but are an important addition to marketplace websites. Over time, they are likely to increase in the sophistication with which they recognize important details, such as variations of a single medication. Since cost-sharing may vary greatly by tier, tier placement can be a very important differentiating factor between plan options for consumers who need to take a specific drug. Therefore, it is especially important that future iterations of prescription drug directories allow consumers to see tier placement and cost-sharing by plan for the medications they enter.

## Easy access to plan-level network and prescription drug information

Even with the addition of integrated provider, facility and prescription drug directories, it remains important that consumers are able to access detailed coverage information at the plan level so they can fully research any plan they may want to purchase. Marketplace websites should provide qualified health plans' provider directories and formulary drug lists.

While marketplace websites should feature a direct link to each plan's formulary drug list within window shopping, in our review direct links were often not available. In fact, only HealthCare.gov and six of the 13 state-based marketplace websites<sup>22</sup> offered links to formularies within window shopping. Further, a review of a sample of 21 plans (three plans for each of the seven marketplaces that provided links to formularies within window shopping) uncovered 14 examples in which the link was not direct, although this review of the third open enrollment period did not systematically examine the accuracy of the underlying information.

In addition, even though it is now relatively easy for consumers to access insurers' websites via links from window shopping, for about nine out of every 10 marketplace plans reviewed, the consumer was required to make at least one further selection on the insurer's website (for example, region or type of plan) before provider network and formulary information specific to the particular plan became available.<sup>23</sup>

Marketplace website administrators should consider conducting occasional checks of whether links to detailed plan information on insurers' websites are functional and easy to navigate, as well as giving consumers a way to alert the marketplace if they cannot readily find the plan information they need.

## Helping consumers mitigate the risks of inaccurate information

The provider network and prescription drug information is only as useful as the accuracy of the underlying data. Since network and formulary information changes frequently, it is critically important that marketplace websites keep information up to date and alert consumers to the possibility of changes over time and the importance of verifying information important to them.

**"I received a letter from the doctor stating that he was not on the plan – but on the website, it states that he is ... If you select the doctor and then at the end he does not take the insurance, that is a problem."**

– Dionne, Houston

HealthCare.gov and the majority of state-based marketplace websites with provider directories advise consumers to directly call preferred providers to confirm coverage before enrolling in a plan. However, a few state-based marketplace websites either do not display such advice clearly or omit it altogether. Currently, no marketplace website labels directory information with the date the underlying data was last confirmed.

Consumers will benefit if future open enrollment periods bring further improvements and identify additional best practices for maintaining the accuracy of directory information. At a minimum, marketplace websites should identify when information was last updated and how often it will be refreshed. Ideally, marketplace websites should also provide a straightforward way for consumers to alert the marketplace if they see inaccurate information in the directories.

## ACCESSIBLE PROVIDER AND PRESCRIPTION DRUG INFORMATION: FINDINGS AND RECOMMENDATIONS

### FINDINGS:

- ▶ **Marketplace websites are increasingly offering integrated provider, facility and prescription drug directories so consumers can determine whether various plans cover the health care services and prescription drugs they need, but there is room to improve these directories.**
  - ▶ HealthCare.gov and five out of 13 state-based marketplace websites offer integrated provider directories. HealthCare.gov and four of the five integrated provider directories on state-based marketplace websites also include facilities, such as hospitals, urgent care centers and pharmacies.
  - ▶ HealthCare.gov and two state-based marketplace websites offer integrated prescription drug directories.
  - ▶ No directory currently indicates when its information was last updated.
- ▶ **While marketplaces generally provide direct links to insurers' websites, it can be challenging for consumers to find plan-specific information.**
  - ▶ For nine out of every 10 plans reviewed across marketplace websites, it took more than one click to navigate from the marketplace website to the specific plan-level information sought.
  - ▶ Direct links to plan formulary drug lists often were not available within window shopping. In fact, only HealthCare.gov and six of the 13 state-based marketplace websites offered links to formularies within window shopping and almost half of these links were not direct.

### RECOMMENDATIONS:

- ▶ **Provide integrated directories for providers, facilities and prescription drugs within window shopping.**
- ▶ **To maximize the effectiveness of provider and facility directories, allow consumers to create a "profile" with multiple providers and medications. Clarify exactly which types of providers and facilities are included.**
- ▶ **To maximize the effectiveness of prescription drug directories, offer suggestions via auto-fill for the names of medications, recognize both generic and brand-name drugs and incorporate tier placement and cost-sharing into results.**
- ▶ **Ensure that consumers have easy access to plan-level network and prescription drug information via direct links. Seek feedback from consumers about whether they were able to find plan-level information.**
- ▶ **Keep plan information as updated as possible. Identify for consumers when information was last updated; if still working to ensure accurate and up-to-date information, alert consumers to the possibility that it may be wise to verify information important to them. In addition, establish a mechanism for consumers to alert the marketplace if they find that provider or prescription drug information is incorrect or outdated.**
- ▶ **Add information on cost-sharing and tier placement to formulary search tool results.**



### 3. USEFUL INFORMATION ABOUT QUALITY OF PLANS

Consumers have grown to expect instant access to reviews and ratings when shopping for goods and services; almost every type of online shopping now incorporates some form of rating system. With health insurance products, simple star rating systems can help consumers better compare their plan choices. When shopping in the marketplace, consumers may be looking for information that indicates the quality of a plan's overall network and the quality of individual in-network providers and facilities, how high the plan is rated by other consumers and/or how an insurer performs with respect to customer service. Ideally, these components will be encapsulated into a single quality rating system. Effective quality rating systems have already been implemented for Medicare Advantage and Medicare Part D plans.

The ACA requires implementation of a Quality Rating System (QRS) within both the federally facilitated and state-based marketplaces. The QRS is intended to provide consumers with useful information on quality, based on a variety of measures. This system will begin to be implemented through a pilot program during the fourth open enrollment period for the 2017 coverage year. Five states that use HealthCare.gov will be included in this pilot, and state-based marketplace websites may choose to also display quality ratings, or not. Full implementation in all marketplaces is scheduled for the fifth open enrollment period.<sup>24</sup>

In the third open enrollment period, HealthCare.gov did not include quality ratings for its plans as part of window shopping, and only four out of 13 state-based marketplace websites provided quality rating information within window shopping. For now, the few marketplace websites that offer quality ratings share different types of information regarding the basis for these ratings (see Table 3). Marketplace websites could do more to clearly explain what is meant by quality and to help consumers find quality ratings and understand the basis for them.

**“I was very happy to see that they had the star system or the quality rating ... I did like that and that wasn't there the first year.”**

– Antonia, Los Angeles

**Table 3: Quality Star Ratings in Third Open Enrollment Period within Window Shopping Experiences**

Marketplace	Displays Quality Star Ratings	Website's Description of Basis for Quality Star Ratings
Third Open Enrollment Period (2015-2016) <sup>1</sup>		
California	✓	<p>Hover mechanism: "Health plan ratings range from 1 to 4 stars. Quality ratings are based on 10 measures of access, doctors and care, and plan service as rated by existing members of this plan."</p> <p>Additional information is provided on a "Quality Information" tab at the bottom of the page: "The Covered California Quality rating sums up members' experience with their health plan in these areas:</p> <ul style="list-style-type: none"> <li>• Getting doctor's appointments and care like tests and treatments</li> <li>• Medical care, including the doctors that belong to the plan</li> <li>• Health plan customer service</li> </ul> <p>To assign the star rating, each health plan's results are compared to health plans in this region of the U.S. The California plans are compared to the regional results for PPO health plans because these PPO plans best match the types of plans offered through Covered California. The most recent available member surveys are used for most plans, this includes health plan experiences that occurred in 2011 (before Covered CA opened). Member ratings may differ once results are reported by Covered California enrollees. In future years, all ratings will be based on members enrolled through Covered California."</p>
Colorado	*	
Connecticut	✓	<p>Hover mechanism: "An overall rating from The National Committee for Quality Assurance (NCQA) that measures whether health plans are providing good care and services to their members. For example, NCQA would measure how well a plan helps members manage their diabetes. QHP quality rating is a conversion of NCQA statuses into a star system, which ranges from zero to four stars, with four stars being the highest possible rating: Excellent = 4 stars (4 stars colored in); Commendable = 3 stars (3 of 4 stars colored in); Accredited = 2 stars (2 of 4 stars colored in); Provisional = 1 star (1 of 4 stars colored in); Not yet rated, new carrier = no star symbol is displayed, instead display "Not yet rated – new carrier."</p>
District of Columbia		
Idaho		
Kentucky		
Maryland	✓	<p>Hover mechanism: "0.5 – 1 stars – Performs against the national average benchmark at a Satisfactory level. 1.5 – 2 stars – Performs against the national average benchmark at an Above Satisfactory level. 2.5 – 3 stars – Performs against the national average benchmark at a Good level. 3.5 – 4 stars – Performs against the national average benchmark at a Very Good level. 4.5 – 5 stars – Performs against the national average benchmark at an Excellent level."</p>
Massachusetts		
Minnesota		
New York	✓	<p>Hover mechanism: "This is a measure of the quality of health care services provided by the plan, including provider network, child and adolescent health, women's health, adults living with illness, behavioral health, and satisfaction with care. The higher the number of stars the higher the quality score."</p>
Rhode Island		
Vermont		
Washington		
HealthCare.gov (federally facilitated marketplace)		
<b>Total</b>	<b>4</b>	

<sup>1</sup> **Quality Star Ratings.** For the third open enrollment period (2015-2016), a "✓" indicates that the marketplace website's window shopping feature displays star ratings for each plan as a measure of the quality of the plan.

\*When recently reviewing this information, Colorado marketplace officials indicated that the marketplace's alternative window shopping experience ("Browse Plans"), designed to allow consumers to see plan costs as quickly as possible, does include star ratings. However, Colorado's "Plan Finder" website, which is the window shopping experience reviewed for Colorado in this report, does not include star ratings.

As HealthCare.gov and state-based marketplace websites prepare to post quality ratings for qualified health plans, use of the following principles will help consumers navigate information on health plan quality in a meaningful way.

First, marketplace website administrators should place quality information in a prominent position and use simple, straightforward language to explain it. Administrators should partner with consumers to continuously evaluate the terminology and rigorously test and refine it. Collaborating with consumers on the display of quality information will help administrators determine what information is important to consumers and how to display it in ways that are most useful to them.

Second, marketplace websites should fully explain how the quality scores were determined, so that the star ratings are meaningful to consumers and a helpful measure of quality. Consumers should have the ability to compare plan quality ratings at varying levels of detail and, if desired, be able to drill down into the QRS' score components: summary indicators, domains, composites and standardized measures. Each of these components should be clearly labeled and explained so that consumers can easily understand what they mean and how to use the scores reported.

Third, quality information should be displayed alongside cost information. While quality and cost data should be collected and calculated separately, this information should be displayed together. When quality data is reported next to premium data, consumers have a fuller picture of the overall value of a plan, which is critical to selecting the best possible plan to meet the consumer's needs.

## PLAN QUALITY RATINGS: FINDINGS AND RECOMMENDATIONS

### FINDINGS:

- ▶ **Some state-based marketplace websites display quality ratings by plan in window shopping, but universal quality ratings across the marketplaces have yet to be implemented.**
  - ▶ At present, HealthCare.gov does not include quality ratings and only four state-based marketplace websites do so in window shopping.
  - ▶ The four state-based marketplace websites that offer quality ratings could do more to provide a comprehensive explanation of what the ratings are based on.

### RECOMMENDATIONS:

- ▶ **As HealthCare.gov and state-based marketplace websites work on developing quality rating systems, they should:**
  - ▶ Place quality information in a prominent location on the website.
  - ▶ Use simple, straightforward language to explain the ratings.
  - ▶ Partner with consumers on an ongoing basis to test and evaluate how they understand and use the quality ratings.
  - ▶ Fully explain the basis and measures used to arrive at quality ratings and incorporate functions that allow interested consumers to drill down to the details of each rating.
  - ▶ Display quality and cost information together so that consumers get a fuller picture of the value of a plan.



It is not yet fully understood how choice architecture affects decision-making in the context of health insurance marketplaces, so marketplace administrators should test different approaches to plan sorting. Regardless of whether a marketplace website sorts based on premium or a different factor, prominent labeling of the default sorting principle as well as a clear, easy way to re-sort plans as the consumer chooses is essential.

## Priority display of Silver plans for CSR-eligible consumers

Consumers eligible for cost-sharing reductions – which are available to qualifying lower-income marketplace enrollees and potentially reduce their out-of-pocket maximum by thousands of dollars – must choose a certified Silver plan in order to benefit from the reductions.<sup>27</sup> Given this, marketplace websites should display Silver plans preferentially for consumers who appear to be eligible for CSRs and help these consumers understand the cost savings associated with choosing a Silver plan.

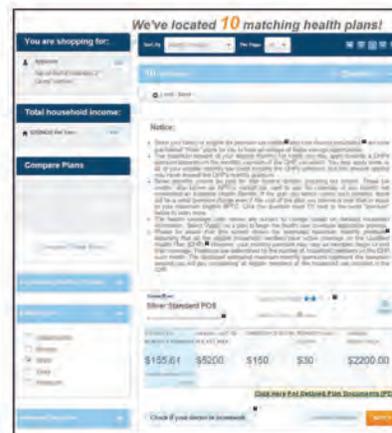
There has not been significant change in this area since the second open enrollment period: HealthCare.gov does not prioritize the display of Silver plans for CSR-eligible consumers within window shopping, and only four of the 13 state-based marketplace websites default sort by Silver plans for these consumers.<sup>28</sup>



### Promising Practice: Connecticut

#### Featuring Silver Plans for Individuals Who Appear to be Eligible for Cost-Sharing Reductions

In recognition that individuals eligible for cost-sharing reductions must choose a certified Silver plan in order to receive these reductions, Connecticut advises consumers of this up front and shows the Silver plans first to consumers who appear eligible for cost-sharing reductions.



Source: Access Health Connecticut

Priority display of Silver plans for consumers potentially eligible for CSRs is a website design element that HealthCare.gov and all state-based marketplace websites should adopt.

## SMART CHOICE ARCHITECTURE: FINDINGS AND RECOMMENDATIONS

### FINDINGS:

- ▶ **Marketplace websites can use the power of plan sorting to help consumers look beyond premiums when selecting plans, but so far relatively few have done so.**
  - ▶ Premium remains the default sorting mechanism on HealthCare.gov and eight out of 13 state-based marketplace websites.
  - ▶ The third open enrollment period saw five state-based marketplace websites change the default sort order from premium to total estimated costs, taking into account premiums and cost-sharing.
  
- ▶ **Marketplace websites can help consumers who are likely eligible for CSRs take advantage of these savings by preferentially displaying Silver plans, but most have not done so.**
  - ▶ Four state-based marketplace websites preferentially display Silver plans for likely CSR-eligible consumers.
  - ▶ HealthCare.gov and the other nine state-based marketplace websites do not display Silver plans preferentially for CSR-eligible consumers within window shopping.

### RECOMMENDATIONS:

- ▶ **Test different approaches to plan sorting. Make sure the default sorting principle is prominently labeled and there is a clear, easy way for consumers to re-sort plans if desired.**
- ▶ **Adopt designs that preferentially display Silver plans for consumers potentially eligible for CSRs to help them take advantage of these savings.**



## 5. INTEGRATED ASSISTANCE

Health insurance terminology is new to some consumers, particularly younger individuals or those who were previously uninsured. Although it can be helpful to present stand-alone guides, videos and booklets to help educate consumers on key terms, Navigators have reported that many consumers are unlikely to use them.<sup>29</sup> If, however, information is provided to consumers “along the way” – as they shop for a plan – they are much more likely to use it. Fortunately, the way marketplace websites have been integrating consumer assistance into their window shopping experiences has been improving over time.

### Integrated user support

No matter how clear or comprehensive the material, it can be frustrating for consumers to have to visit several different pages of a marketplace website in order to view explanations or receive other support. Rather, website administrators should work to make the experience easier by explaining key health insurance terms and concepts along the way.

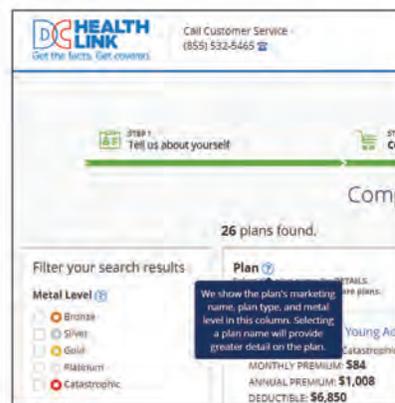
All marketplace websites currently include explanations, fact sheets, glossaries, videos and other explanatory tools in varying combinations. However, window shopping experiences differ in the degree to which such supports are integrated into the shopping experience. One way to build in integrated support is to implement “hover” mechanisms – explanations and definitions that pop up within window shopping when the user hovers over them. It is encouraging that in the third open enrollment period, HealthCare.gov and 10 out of 13 state-based marketplace websites<sup>30</sup> employed this technique.



### Promising Practice: District of Columbia

#### Sharing Definitions and Content with Consumers When They Want It

The District of Columbia makes use of hover mechanisms – information that appears when users hover over a term with their cursors – allowing consumers to get more information and keeping screens free from an overload of content.



Source: DC Health Link

**“I remember the first time that I signed up, my problem was I didn’t understand enough about what deductible meant versus coinsurance and just some of the terminology.”**

– Jim, Los Angeles

## Connecting with help beyond the website

Even if the best design features are in place on marketplace websites, it is important to offer consumers the ability to connect with other forms of assistance. For some consumers, quick outreach to marketplace staff via a call center can be enough to answer questions. Other consumers may want more time-intensive support than marketplace staff can provide, or want to discuss their situation with a person face-to-face. For these consumers, Navigators and other dedicated assisters who can help individuals understand and weigh their plan options are essential.

HealthCare.gov and all of the state-based marketplace websites offer dedicated toll-free numbers for assistance. Three state-based marketplace websites – California, Colorado and Washington – also offer online support via a chat box (with screen sharing available in Washington state), providing consumers with a different way to reach marketplace staff. It is encouraging that HealthCare.gov and all state-based marketplace websites provide information about how to connect with a Navigator or other assister, usually in such a way that the opportunity is advertised throughout the shopping experience (e.g., a toll-free number or chat function option that remains permanently at the bottom of the screen).



### Promising Practice: Washington

#### Offering Easily Accessible Assistance Throughout Plan Browsing

For questions that arise during the shopping process, Washington offers consumers the option to communicate with agents via chat box and screen sharing.



Source: Washington Healthplanfinder

Marketplace administrators should continue asking consumers what kinds of assistance works for them and the best way to connect them to it. Given the diversity of people shopping in the marketplace, setting up multiple options for assistance is important to meeting consumers' needs.

**“Explain the deductibles a bit more. Even if you read and read, you will get confused. It needs to be explained a bit more clearly. Maybe with a calculator. This is what you have to pay on a monthly basis and this is what it is on a yearly basis. I like to see numbers.”**

– Thomas, Houston

## **INTEGRATED ASSISTANCE: FINDINGS AND RECOMMENDATIONS**

### **FINDINGS:**

- ▶ **Increasingly, marketplace websites are providing help to consumers as they shop for plans, integrating assistance into the consumer experience.**
  - ▶ HealthCare.gov and 10 out of 13 state-based marketplace websites use “hover over” technology to provide information and more detailed instructions to consumers.
- ▶ **Marketplace websites universally offer telephone assistance, and some are beginning to offer alternative ways for consumers to reach help.**
  - ▶ Three out of 13 state-based marketplace websites now offer assistance by live chat along with telephone and other forms of assistance.
- ▶ **All marketplace websites offer information about how to connect with a Navigator or other assister.**

### **RECOMMENDATIONS:**

- ▶ **Integrate definitions, explanations and other forms of support into the consumer shopping experience.**
- ▶ **Ensure that consumers can quickly and easily reach marketplace staff and offer a broad array of ways to receive help (e.g., live online chat).**
- ▶ **Continue to prominently display how to reach a Navigator, and other assister options, for consumers who may want more in-depth assistance or in-person help.**



## 6. USABILITY AND RELIABILITY OF INFORMATION

For the marketplace to be successful, consumers must be able to understand the information presented, be able to navigate the websites easily and trust the information they find there. Overall, marketplace websites have improved significantly in these respects since the first open enrollment period. However, marketplaces still could do more to foster and integrate consumer feedback on usability and reliability.

### Language accessibility

Marketplace websites have been improving over time in terms of offering information in languages other than English in window shopping. HealthCare.gov and 11 of the 13 state-based marketplace websites now offer their entire window shopping experience in Spanish at a click.<sup>31</sup> Massachusetts and California offer the most comprehensive language accessibility, with translations of their entire websites into a variety of languages. HealthCare.gov stops short of translating the whole website into other languages besides Spanish, but offers fact sheets in 13 languages other than English. Several state-based marketplace websites take similar approaches. These fact sheets explain basic insurance concepts and help consumers connect with third-party assistance.

Marketplace administrators should continue to consider how to simplify and improve the plan shopping experience for limited English proficient consumers by making it easy to receive information in languages other than English.



### Promising Practice: Massachusetts

#### Using Taglines to Assist Non-English-Speaking Consumers

By clicking on “taglines” – text in other languages – consumers may translate Massachusetts’ entire site into a different language, including Spanish, Chinese, French and more than 10 others.



Source: Massachusetts Health Connector

## Easy website navigation

Since Americans are accustomed to smooth online shopping for a variety of goods and services, they expect the same level of service from the marketplace. It is essential that marketplace websites function with adequate speed (using any internet browser), even at their busiest times of year. It is equally important that they be easy to navigate: for example, “back” buttons should be easy to find and pop-up windows kept to a minimum.

Marketplace websites have improved significantly in terms of their general navigability. In particular, HealthCare.gov’s design has become more streamlined and logical, allowing consumers to better understand where they are in the window shopping process at any given time. A number of state-based marketplace websites also offer well-considered design features that help consumers make their way through the process. For example, Kentucky’s marketplace website was effective in the third open enrollment period in presenting plan information, using a collapsible format to allow consumers to click in and see details while preventing the screen from becoming overloaded with information.

There are still some areas in which the marketplace can improve general navigability. For example, although the home pages for HealthCare.gov and most state-based marketplace websites are easy to find using a basic internet search, it is not clear on all state-based marketplace websites where to enter the window shopping experience. In fact, three state-based marketplace websites – California, Colorado and Rhode Island – have implemented more than one window shopping experience, in each case adding a lighter, quicker window shopping experience. These alternative versions of the window shopping experience are designed to allow consumers to see plan costs as quickly as possible. However, more could be done to clarify for consumers the different ways to enter the window shopping experience in order to avoid confusion. For example, a marketplace website with two or more shopping experiences could establish a common landing page that allows consumers to choose among the pathways depending on their preference for speed versus customization.

**“It gives you like a lot of filtering options ... You can click little boxes or say, ‘I want a Gold plan.’ I thought that was nice. And if you don’t select anything, it lists them from low premium to high premium in the list, so in that sense you can get a really quick idea of what the deductible is, what the premium is and then, if it looks like it’s a good plan, you can click on it for a whole bunch more information. You can click little tabs, so it’s fairly easy to use.”**

– Richard, Denver



## Promising Practice: Rhode Island

### Using Page Tabs to Show Consumers their Position in the Health Plan Shopping Experience

Rhode Island keeps consumers oriented to their progress in the shopping process with a stationary header that breaks down the steps and shows consumers' current status.



Source: Healthsource Rhode Island

## Reliability of information

Consumers must be able to rely on the information they see on marketplace websites. Information should be kept up to date, and should be labeled with the date it was last refreshed. When marketplaces are contending with information that changes frequently (e.g., the provider lists and drug formularies discussed above), it is important to give consumers clear advice on how to verify information.

Although this review of the third open enrollment period did not systematically examine the accuracy of information, a review of the cost information – premiums, deductibles and coinsurance/copayments – provided on a sample of 36 plans (three plans for each of 12 marketplaces that provided links to SBCs<sup>32</sup>) uncovered seven examples in window shopping in which cost information on a plan differed between the SBC document and the marketplace website's plan description.

One way for marketplaces to minimize inaccuracies on cost information would be to establish procedures under which consumers can report issues, prompting a review by the marketplace of potential inaccuracies. In this way, marketplaces could make real-time adjustments that would improve the accuracy of information displayed. As noted earlier, consumers could also play an important role in flagging when provider directory or prescription drug information is outdated.

## USABILITY AND RELIABILITY: FINDINGS AND RECOMMENDATIONS

### FINDINGS:

- ▶ **Marketplace websites have been improving over time in the degree to which they offer information in languages other than English in window shopping.**
  - ▶ HealthCare.gov and all but two state-based marketplace websites now offer their entire websites in Spanish at a click.
  - ▶ HealthCare.gov offers fact sheets in 13 languages other than English and many state-based marketplace websites take a similar approach.
- ▶ **Marketplace websites have significantly improved in terms of their general navigability, but some design features could still be enhanced.**
  - ▶ The “entrance” to window shopping is not always discoverable through a basic internet search.
  - ▶ Three state-based marketplace websites have more than one window shopping experience but do not offer a consumer-friendly explanation of the different experiences.
- ▶ **Plan-level information on marketplace websites occasionally contains inconsistencies.**
  - ▶ Our review of a sample of 36 plans (three plans for each of 12 marketplaces that provided links to SBCs) uncovered seven examples in window shopping in which plan costs listed in the SBCs were inconsistent with plan costs listed on the marketplace websites for the same plans.

### RECOMMENDATIONS:

- ▶ **Provide features to help people who are limited English proficient become aware of how to access non-English resources.**
- ▶ **Help consumers navigate marketplace websites by arranging information in a more streamlined and logical fashion, allowing consumers to better understand where they are in the window shopping process at any given time.**

# Findings from Focus Groups with Consumers Who Used the Marketplace During the Third Open Enrollment Period

**“It works like it’s supposed to, for the most part. I mean, I don’t think it’s necessarily super intuitive – but I got enrolled.”**

– Vince, Denver

To further inform this report, the National Partnership for Women & Families hired PerryUndem to conduct six focus groups in five states in early 2016. The focus groups included consumers who had enrolled, renewed or shopped for health coverage during the third open enrollment period. Some consumers in the focus groups had used HealthCare.gov and others had used the state-based marketplace websites in California, Colorado or New York. See Appendix C for more detail.

## Attitudes toward health insurance

Consumers in the focus groups said they wanted health insurance for financial security and to guard against large, unexpected health bills. Some said family members encouraged them to purchase insurance, and some noted that they were getting older and becoming more likely to develop health problems. There was considerable awareness that they could be fined for not having health insurance, although few had correct information about the amount of the potential fine; several said they preferred to use their money to purchase health insurance than to pay a penalty to the government.

**“It’s just like having car insurance. It’s just something that you have to have.”**

– Francine, Los Angeles

Cost was, by far, the top consideration for consumers purchasing health insurance in the marketplace. When asked to define what they meant by the cost, all focus group participants cited the monthly premiums and most also cited deductibles, copays and “other” items as part of the cost. Most consumers reported that they were able to understand the costs associated with the plans they were considering as they shopped on marketplace websites. After costs, consumers mentioned maintaining access to their physicians and specialists and to their prescriptions as the most important considerations in choosing their health insurance plans. Other considerations many focus group participants mentioned were the benefits offered, the metal level associated with a plan, and whether a plan would cover care at specific hospitals.

Nearly all consumers who did not purchase health insurance after visiting a marketplace website pointed to cost as the reason, concluding that even the most inexpensive plans were unaffordable for them. Some said they could not understand the tax credit that would be available to help them pay their premiums. A few reported giving up after experiencing problems navigating a marketplace website. Many consumers in the focus groups – those who purchased health insurance and those who did not – said they wished lower-cost plans were available.

**“For me, it’s about the costs.”**

– Allan, Denver

## Experiences on the marketplace websites

A majority of focus group participants gave the marketplace websites high marks overall (an average of 6 or 7 on a scale of 1 to 10). Those who had tried to purchase health insurance when these websites first opened universally applauded the progress since the early days. Many said they had low expectations because of the complications inherent with health insurance, so they anticipated some confusion and struggles – and, indeed, found that. Still, a majority of consumers said they were able to purchase health insurance, in most cases in less than one hour, and most said that they felt they had chosen the right health insurance plan for themselves or their families.

The challenges consumers articulated most often about the marketplace websites were: trouble finding information; having to open too many windows, in some cases causing their computers or tablets to crash; trouble keeping track of and comparing detailed information about different plans; having to leave a marketplace website and go to an insurer’s website (or make a phone call) to learn if a physician and/or medication was covered by a specific plan; and trouble understanding the information presented.

The majority of shoppers did not utilize a cost calculator. Most received a tax credit and many, but not all, knew the amount. Almost all focus group participants said they were able to find the monthly premium associated with various plans easily, and were able to find deductibles, copay amounts and other cost-sharing information on the SBC. Some were unclear about how deductibles work and many were unsure what they would have to pay if they went to a provider who was out-of-network with various plans. Several consumers reported finding seemingly identical plans, but at different costs, which was confounding to them.

Many focus group participants searched to see if their primary care doctors participated in the plans they were considering purchasing. Some also searched for specialists. On HealthCare.gov, some consumers said they could not find the provider search tool or did not trust that the information they found there was accurate; they would eventually leave HealthCare.gov to go directly to the insurer’s site to learn if their doctor was covered. They said once on an insurer’s site, they could search for their provider by name or zip code. However, some consumers still called their doctors to confirm that the information they found was correct. Others also did this to find a hospital. Consumers were clear that they did not like having to go to the insurer’s site and dig for this information, which they considered an unnecessary step.

On state marketplaces like Connect for Health Colorado, they appreciated what they considered a simpler process, as many said they could search by physician name or zip code. Even so, many consumers reported being nervous that the provider lists were out of date and some took the extra step of calling their physicians' offices to verify whether they participated in a particular plan. Several reported a bad experience during an earlier enrollment period, having chosen a plan that they believed covered their provider only to learn later that it did not, so they felt the extra verification was important.

Shoppers reported similar challenges in determining if the health insurance plans they were considering purchasing covered their prescription medication – they found the search process difficult, had to go to the insurer's website to see the plan's formulary and check if their medication was covered, and then were unable to determine if an insurance plan covered only a generic version of a drug or the brand name version as well. Consumers at Connect for Health Colorado, however, reported being able to filter plans by prescription easily on that state-based marketplace website.

**“I couldn't tell whether they were going to pay for just the generic or whether they'd actually pay for the brand name.”**

– Wendy, Richmond

Comparing plans was easier now than it had been in the past, but still challenging for most consumers. Many said they found the metal levels useful in their initial filtering, and liked being able to sort plans by premium costs. Covered California allows for plan sorting based on different health scenarios, which consumers appreciated. Most said they could compare three or four plans side-by-side on one screen, which met their need. Focus group participants who were interested in comparing more than three or four plans (often those with complex medical conditions) reported more frustration. Many said the meta-level plan comparisons did not provide enough detail, which forced them to examine one plan at a time; that made comparisons time-consuming and difficult, if not impossible.

Many shoppers said the terminology on the marketplace websites was confusing and that they would have liked a glossary that was accessible from every screen. In particular, younger consumers reported being unfamiliar with terms such as “coinsurance,” which made shopping for plans difficult. Several reported reaching out to their parents for help.

Quality ratings for health insurance plans are popular with consumers, although several missed them on their state-based marketplace websites, suggesting they need to be displayed more prominently. Consumers were clear, however, that they want information on who rated the plans and the basis for the ratings.

## Improvements needed

Focus group participants had many suggestions to further improve the marketplace websites. They include:

- ▶ Making search tools more prominent, perhaps by featuring them at the top of every screen, to make it easy for shoppers to search for their health care providers, hospitals and medications;
- ▶ Putting information on which plans cover individual providers, hospitals and medications on the marketplace website itself (rather than sending the shopper to an insurer's website) and ensuring that this information is current;
- ▶ Making the glossary of terms more visible and easier to find from all pages;
- ▶ Reconfiguring meta-level plan comparisons to include more details on various plans; and
- ▶ Doing a better job of promoting star ratings for plans on the marketplace websites and clearly explaining the criteria for those ratings.

**“Take the whole website and just put it in laymen’s terms. Like health insurance 101, if you had to tell this to a 15-year-old.”**

– Suzette, New York City

Many consumers also struggled with complicated sign-in, password and security questions and expressed the wish for a simpler process.

Nearly all consumers in the focus groups said that an online chat function would have been useful in getting questions answered, most wanted a callback option on the helplines to avoid being put on hold for long periods of time and some wanted to be prompted to consider reaching out to a local Navigator who could help them enroll in a plan. Some shoppers expressed a wish to have their plan from the previous year show up when they began shopping so they could more easily compare it to new plan options. Some consumers asked to be able to sort plan options by age, lifestyle and/or health condition (i.e., a healthy women in her 20s might want to look at these plans, or a 50-year-old with diabetes might want to look at these).

Many consumers in the focus groups, across states, said that without lower-cost health insurance plans, they simply would not be able to afford health insurance. Even some who purchased plans on the marketplace websites were unsure whether they would be able to afford them in the future, and asked for lower-priced plans (or, in some cases, catastrophic options which they believed would be more affordable).

*NOTE: The number of focus groups in this study was small and findings from them cannot be generalized to the population of consumers shopping for insurance on the marketplaces.*

# Conclusion

For the third open enrollment period, running from November 2015 through January 2016, this review showed notable improvements in the way HealthCare.gov and the state-based marketplace websites support consumer decision-making within the window shopping experience.

Of particular importance, marketplace websites are doing more to make the cost of plans beyond premiums transparent and easier to evaluate. More marketplaces are also developing integrated provider and prescription drug directories that allow consumers to more easily identify plans that match their specific health care needs. In general, marketplace websites are becoming more consumer friendly, with better labeling, design and speed. However, more can be done to meet the needs of the diverse Americans who use the marketplace each year to buy health insurance by improving the sophistication of customized cost estimator tools; strengthening the availability, reliability and sophistication of integrated directories and formularies; developing and highlighting quality ratings; and enhancing the design of websites through choice architecture, integrated assistance and stronger usability features. As further improvements roll out in coming years, consumers will benefit from an even more transparent and user-friendly window shopping experience.

The marketplace is still relatively new and marketplace administrators are to be commended for the work they are doing to support informed consumer decision-making, as demonstrated by the improvements in HealthCare.gov and state-based marketplace websites in the third open enrollment period – but further improvements are needed. As marketplace administrators continue their work, it is critical that consumers remain at the center of efforts to improve these websites. In the months and years ahead, advocates and policymakers should continue to share information about best practices so accessibility and usability become the hallmarks of health insurance marketplaces across the United States. These efforts will help the marketplace deliver on one of its core missions: helping consumers compare coverage options and identify the plan that best meets their and their families' needs.

## Recommendations

### COST TRANSPARENCY

- ▶ Make eligibility for premium tax credits and cost-sharing reductions easy to discover within window shopping, and integrate results into the plan costs that are shown.
- ▶ Continue to refine cost estimator tools by incorporating information on consumers' own expected use of health care – such as prescription drugs – and assessing how well such tools work for consumers.
- ▶ Provide more comprehensive information about how cost estimator tools work for those who seek out such information.
- ▶ Ensure that comparative information on all key cost features of plans is available within window shopping via both the marketplace website itself and through direct links to SBCs that are easy to locate.

## ACCESSIBLE PROVIDER AND PRESCRIPTION DRUG INFORMATION

- ▶ Provide integrated directories for providers, facilities and prescription drugs within window shopping.
- ▶ To maximize the effectiveness of provider and facility directories, allow consumers to create a “profile” with multiple providers and medications. Clarify exactly which types of providers and facilities are included.
- ▶ To maximize the effectiveness of prescription drug directories, offer suggestions via auto-fill for the names of medications, recognize both generic and brand-name drugs and incorporate tier placement and cost-sharing into results.
- ▶ Ensure that consumers have easy access to plan-level network and prescription drug information via direct links. Seek feedback from consumers about whether they were able to find plan-level information.
- ▶ Keep plan information as updated as possible. Identify for consumers when information was last updated; if still working to ensure accurate and up-to-date information, alert consumers to the possibility that it may be wise to verify information important to them. In addition, establish a mechanism for consumers to alert the marketplace if they find that provider or prescription drug information is incorrect or outdated.
- ▶ Add information on cost-sharing and tier placement to formulary search tool results.

## USEFUL INFORMATION ABOUT QUALITY OF PLANS

- ▶ As HealthCare.gov and state-based marketplace websites work on developing quality rating systems, they should:
  - ▶ Place quality information in a prominent location on the website.
  - ▶ Use simple, straightforward language to explain the ratings.
  - ▶ Partner with consumers on an ongoing basis to test and evaluate how they understand and use the quality ratings.
  - ▶ Fully explain the basis and measures used to arrive at quality ratings and incorporate functions that allow interested consumers to drill down to the details of each rating.
  - ▶ Display quality and cost information together so that consumers get a fuller picture of the value of a plan.

## EFFECTIVE SMART CHOICE ARCHITECTURE

- ▶ Test different approaches to plan sorting. Make sure the default sorting principle is prominently labeled and there is a clear, easy way for consumers to re-sort plans if desired.
- ▶ Adopt designs that preferentially display Silver plans for consumers potentially eligible for CSRs, to help them take advantage of these savings.

## **INTEGRATED ASSISTANCE**

- ▶ Integrate definitions, explanations and other forms of support into the consumer shopping experience.
- ▶ Ensure that consumers can quickly and easily reach marketplace staff and offer a broad array of ways to receive help (e.g., live online chat).
- ▶ Continue to prominently display how to reach a Navigator, and other assister options, for consumers who may want more in-depth assistance or in-person help.

## **USABILITY AND RELIABILITY OF INFORMATION**

- ▶ Provide features to help people who are limited English proficient become aware of how to access non-English resources.
- ▶ Help consumers navigate marketplace websites by arranging information in a more streamlined and logical fashion, allowing consumers to better understand where they are in the window shopping process at any given time.

# Appendix A – Marketplace Website Review Methodology

## General approach

Manatt Health reviewed all marketplace websites between January 5 and January 31 of 2016 using the assessment tool below. The purpose of the review was to understand each website's features and tools through simulation of the anonymous browsing experience ("window shopping"). For consistency, two individuals separately reviewed each marketplace website. In the event of discrepancies, websites were re-reviewed. For each state-based marketplace website, Manatt entered the most populous zip code in that state. Manatt reviewed the federally facilitated marketplace (HealthCare.gov) twice: once for Illinois and once for Florida. For each review, Manatt adopted the hypothetical profile of a single 27-year-old woman with income at 220 percent of the 2015 federal poverty level (FPL) and modest overall health care needs. This profile was the same as that adopted during Manatt's 2014-15 review. This year, as a way of testing the available prescription drug directories, reviewers also entered two commonly prescribed medications: the asthma drug Advair Diskus (250/50) and the oral contraceptive Estrostep. To test whether the directories would recognize misspelled prescription drugs, reviewers also deliberately misspelled these medications as "Avair Discus" and "Etrostep," respectively. Manatt conducted the reviews using Internet Explorer.

## Caveats

The findings of this paper that rely on Manatt Health's marketplace website reviews should be considered with the following caveats:

- ▶ Manatt considered only the data, features and tools that websites present within the anonymous browsing experience (window shopping). As a result, this paper does not address any additional data, features and tools available on the marketplace websites once a consumer has created an account.
- ▶ Manatt did not verify the underlying validity of data displayed by the marketplaces, such as the accuracy of provider directories, prescription drug lists or cost-sharing information.
- ▶ Reviewers generally did not return to the websites to examine whether data, features or tools changed over time within the open enrollment period. In fact, it is not uncommon for marketplace websites to make improvements after open enrollment begins, or to discontinue features as a result of technical problems.

## Assessment tool

### I. WINDOW SHOPPING

- ▶ Does the marketplace offer a window shopping tool?
- ▶ Does the window shopping experience allow consumers to enter basic data on their financial circumstances, including income and/or household size, in order to get an estimate of costs?

- ▶ If yes, do the results reflect eligibility for premium tax credits?
- ▶ If yes, do the results reflect eligibility for cost-sharing reductions?
- ▶ What data, if any, must a consumer enter to access the window shopping tool?
- ▶ In addition, what data fields may a consumer enter to further customize his/her search?
- ▶ Does the window shopping experience make it clear that the window shopping experience is distinct from plan selection?
- ▶ Does the window shopping experience make it clear that consumers must create an account with the marketplace to enroll in coverage?

## II. PROVIDER AND FACILITY NETWORK

- ▶ Does the window shopping experience provide an integrated provider directory?<sup>33</sup>
- ▶ If yes:
  - ▶ Does the window shopping experience allow consumers to enter several providers into one search function and view which plans cover all or a subset of those providers?
  - ▶ Does the window shopping experience explain what type of providers and/or facilities are covered by the directory?
- ▶ When plan options are presented in the window shopping experience, are consumers provided with direct links to plans' provider directories?<sup>34</sup> How many clicks are required to access non-direct links?
- ▶ Does the window shopping experience provide an integrated facilities directory?
- ▶ If yes:
  - ▶ Is the facilities directory included with, or separate from, the provider directory?
  - ▶ If the facilities directory is separate from the provider directory, when plan options are presented in the window shopping feature, are consumers provided with a direct link to a plan's facilities directory? How many clicks are required to access non-direct links?
- ▶ Are there direct links to plans' provider directories on the SBCs? How many clicks are required to access non-direct links?<sup>35</sup>
- ▶ Are there direct links to plans' facilities directories on the SBCs? How many clicks are required to access non-direct links?<sup>36</sup>
- ▶ Does the marketplace provide any measure or indication of the robustness of networks included on the site? If yes, what is the measure based on? Is it clear what the measure is based on?
- ▶ Is the importance/implication of provider and facility network plan affiliation explained in an accessible way to consumers? Is there a disclaimer that explains the role of directories?
- ▶ Does the window shopping experience explain that providers/facilities participating in plans may change over time?

- ▶ Does the window shopping experience offer any advice for verifying whether a provider participates in a plan (e.g., by indicating that consumers should call the issuer and/or provider directly)?
- ▶ Is there a toll-free phone number or an email address that consumers may use to report inaccuracies with the directories?
- ▶ If there are tiers of providers (different levels of cost-sharing by tier) in any of the plans seen, is this arrangement explained clearly?

### III. PRESCRIPTION DRUGS

- ▶ Does the window shopping experience include an integrated prescription drug directory?<sup>37</sup>
- ▶ If yes:
  - ▶ What information does the tool provide? Does it simply indicate whether the drug is covered, or is drug tier and/or cost-sharing included?
  - ▶ Does the tool allow consumers to enter several prescription drugs into one search function and view which plans cover all or a subset of those drugs?
  - ▶ Does the drug name auto-populate as you type or do you have to spell the drug correctly for it to be found?
- ▶ When plan options are presented in the window shopping experience, are consumers provided with a direct link to a plan's list of covered drugs/tool? How many clicks are required to access non-direct links?<sup>38</sup>
- ▶ Is there a direct link to a plan's list of covered drugs/tool that allows a consumer to identify if a medication he/she needs is covered on the SBC? How many clicks are required to access non-direct links?<sup>39</sup>
- ▶ Does the window shopping experience provide clear information on cost-sharing responsibilities for prescription drugs by plan?
- ▶ Does the window shopping experience provide information on the cost-sharing charges associated with each tier of prescription drugs, separate from the SBC?

### IV. COST AND BENEFIT INFORMATION

- ▶ Does the window shopping experience have a plan details page that presents cost-sharing and benefit information, separate from the SBC?
- ▶ Is information consistent on the plan details page and on the plan's SBC for both a) the deductible and b) the prescription drug deductible?<sup>40</sup>
- ▶ Does the window shopping experience alert consumers that preventive services are not subject to cost-sharing?
- ▶ Does the window shopping experience provide information on cost-sharing responsibilities for medical services by plan?

- ▶ Does the window shopping experience include information on the deductible and what counts toward/is exempt from the deductible?
- ▶ Does the window shopping experience make it clear how drugs count toward the deductible?
- ▶ Does the window shopping experience include information on the maximum out-of-pocket cost?
- ▶ Does the window shopping experience provide information on the cost-sharing charges associated with each tier of prescription drugs?
- ▶ Does the window shopping experience provide cost-sharing information for out-of-network services?

## V. PLAN SORTING

- ▶ Is the default plan sorting option clearly displayed?
- ▶ What is the default plan sorting option?
- ▶ What are other plan sorting options, if any?
- ▶ What are filtering options, if any?
- ▶ Do websites provide information on metal tier labeling? Is the implication of metal tier labeling made clear?
- ▶ Do websites default to Silver plan options for consumers eligible for CSRs?
- ▶ If not, do websites highlight the importance of Silver plan options for consumers eligible for CSRs?

## VI. "SMART" TOOLS

- ▶ Do the window shopping experiences provide estimated information on the total out-of-pocket costs that a consumer would face?
- ▶ If the window shopping experience provides total out-of-pocket cost estimates, what inputs are they based on (examples: consumer estimates high/medium/low utilization; diagnoses; age)? Or is it unclear what they are based on?
- ▶ If the window shopping experience provides total out-of-pocket cost estimates, what does the "total" take into account (premiums, deductibles, copayments, coinsurance)? Or is it unclear which of these are included?
- ▶ Does the window shopping experience make it clear that the tool is providing an estimate of out-of-pocket costs, with actual expenditures dependent upon health care usage over the course of the plan year?
- ▶ Does the window shopping experience outline best and and/or worst cast scenarios by plan regarding total out-of-pocket costs?
- ▶ Does the site indicate the overall optimal plan option for the consumer? If so, what is that recommendation based on (cost and/or other factors) (e.g., optimal plans for diabetics)?

## VII. PLAN QUALITY

- ▶ Does the site provide plan-specific quality information?
- ▶ If yes, what type of information on quality is provided?
- ▶ Does the site clearly explain the type of quality information that is provided?
- ▶ Are consumers able to access information that addresses the quality of providers or hospitals?

## VIII. TERM AND LANGUAGE ASSISTANCE

- ▶ Are key term definitions integrated throughout plan selection (e.g., via a “hover” mechanism)?
- ▶ Are key term definitions explained in a standalone glossary?
- ▶ Is the site translated into other languages? If so, which languages are available? How many clicks are required to change the site’s language?
- ▶ Does the site provide information via “taglines,” information in different languages directing consumers to Navigators or assisters who offer assistance in a different language? If so, what languages?

## IX. OTHER

- ▶ Does the site share materials or tools to improve consumer health literacy?
- ▶ Does the marketplace include a list of factors to consider when selecting a plan, guidance on how to use a provider directory and review a prescription drug formulary, information on differences between plan products and provider network models, or direction on how to use health care coverage?
- ▶ Does the marketplace provide consumers with a checklist of information they should have on hand prior to shopping for a plan?
- ▶ Does the site offer to provide information for a local Navigator to assist with plan selection and/or enrollment?
- ▶ Does the site include other useful information, tools or resources to help consumers compare appropriate plans?
- ▶ Does the site offer consumers the opportunity to provide feedback on their experience using the site?
- ▶ Does the marketplace allow consumers to flag any inaccuracies or issues with plan data, provider directories, prescription drug directories or any other content on the site?

# Appendix B – Subject Matter Interviewees

Manatt conducted interviews with plan selection experts during the winter of 2015. Experts were asked to provide insight into the type of information that is most useful to consumers when analyzing and comparing health plans, strategies for presenting that information effectively, and promising marketplace practices for promoting transparency and providing consumers with plan-selection tools. The following is a list of the interviewees.

- ▶ Sophie Stern, deputy director, Best Practices Institute at Enroll America, December 18, 2015
- ▶ Dania Palanker, senior counsel, National Women’s Law Center, December 23, 2015
- ▶ Stephanie Mohl, senior government relations advisor, American Heart Association, December 26, 2015

# Appendix C – Focus Group Methodology

PerryUndem conducted a total of six focus groups between January 19 and February 3 of 2016 in Los Angeles, California; Denver, Colorado; New York, New York; Houston, Texas; and Richmond, Virginia. One focus group was conducted in English in each market and in Houston, a second focus group also was conducted in Spanish.

A total of 48 consumers who had enrolled, renewed or shopped for health coverage during the third open enrollment period participated: 41 were insured and seven were uninsured; 23 had used HealthCare.gov and 25 had used a state-based marketplace website in California, Colorado or New York. PerryUndem specifically recruited some individuals with chronic health conditions.

Most consumers in the study had enrolled during previous enrollment periods and were renewing their coverage or shopping for another plan. A smaller number were first-time enrollees and a few remained uninsured after shopping for coverage. All participants were asked to complete “homework” prior to their focus group. This involved going back to the marketplace and seeking specific information (i.e., searching for doctors, medications, hospitals, cost-sharing information and a glossary of terms) and writing down their experiences.

The purpose of this public opinion research was to add some first-hand perspectives to this report. The number of focus groups was small and the findings from them cannot be generalized to the population of consumers shopping for insurance on the marketplaces. To protect the privacy of focus group participants, pseudonyms are used for individuals’ quotes throughout the report.

## Endnotes

<sup>1</sup> For the purposes of this study and report, the District of Columbia is treated as a state.

<sup>2</sup> For the third open enrollment period, four states offered federally supported state-based marketplaces (i.e., relied on the federally facilitated marketplace information technology platform but performed all other marketplace functions); seven states offered state-partnership marketplaces (i.e., relied on the U.S. Department of Health & Human Services [HHS] to perform all marketplace functions but could administer in-person consumer assistance); and 27 states offered federally facilitated marketplaces (i.e., relied on HHS to perform all marketplace functions.) Kaiser Family Foundation. (2016). *State Health Insurance Marketplace Types, 2016*. Retrieved 20 April 2016, from <http://kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types/>

<sup>3</sup> Burwell, S.M. (2016, February 4). *Success By the Numbers: 2016 Open Enrollment*. Retrieved 20 April 2016, from <http://www.hhs.gov/about/leadership/secretary/speeches/2016/success-by-the-numbers-2016-open-enrollment.html#>; Centers for Medicare & Medicaid Services. (2016, February 29). *Medicaid & CHIP: December 2015 Monthly Applications, Eligibility Determinations and Enrollment Report*. Retrieved 20 April 2016, from <https://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/december-2015-enrollment-report.pdf>

<sup>4</sup> Martinez, M.M., Cohen, R.A., & Zammiti, E.P. (2016, February). *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–September 2015*. Retrieved 20 April 2016, from <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201602.pdf> (This number represents the most recent uninsured rate available from the National Center for Health Statistics at the time of publication.)

<sup>5</sup> For the third open enrollment period, three state-based marketplace websites – California, Colorado and Rhode Island – implemented more than one window shopping experience, in each case adding an alternative window shopping experience designed to allow consumers to see plan costs as quickly as possible. However, this report does not review the alternative window shopping experiences, and is confined to the following: “Preview Plans” for California; “Plan Finder” for Colorado; and “HealthyRhode” for Rhode Island.

<sup>6</sup> In our February 2015 report, we suggested four dimensions of consumer-friendly marketplace design: 1) enhanced anonymous browsing; 2) direct access to key plan features; 3) useful plan display and availability of consumer tools; and 4) easy website navigation and links for assistance. The updates in this report reflect the evolution of the marketplace websites as well as additional analysis, research and interviews with experts, including the findings from our report *Lessons from the Frontlines: Strategies for Supporting Informed Consumer Decision-Making in the Health Insurance Marketplace*, issued in June 2015. One notable area of progress since the second open enrollment

period is that all marketplace websites now offer anonymous browsing of plan options, meaning consumers no longer have to go through the often-cumbersome process of setting up an account before they can look at their plan options. In the second open enrollment period, the Vermont and District of Columbia marketplace websites did not offer this feature.

<sup>7</sup> Collins, S., Gunja, M., Doty, M., & Beutel, S. (2015, September). *To Enroll or Not to Enroll? Why Many Americans have Gained Insurance Under the Affordable Care Act While Others Have Not*. The Commonwealth Fund. Retrieved 20 April 2016, from [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2015/sep/1837\\_collins\\_to\\_enroll\\_not\\_enroll\\_tb.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2015/sep/1837_collins_to_enroll_not_enroll_tb.pdf).

<sup>8</sup> Under the Affordable Care Act, consumers with household incomes between 100 and 400 percent of the Federal Poverty Level (FPL) for family size are potentially eligible for premium tax credits that, if taken in advance, reduce the cost of monthly premiums. Those with household incomes between 100 and 250 percent of FPL are additionally eligible for cost-sharing reductions if they choose a Silver plan.

<sup>9</sup> Enroll America. (2015, February). *State of Enrollment: Helping America Get Covered and Stay Covered, 2014–2015*. Retrieved 20 April 2016, from [https://s3.amazonaws.com/assets.getcoveredamerica.org/SONationalReport\\_2014-15\\_0219151r.pdf](https://s3.amazonaws.com/assets.getcoveredamerica.org/SONationalReport_2014-15_0219151r.pdf)

<sup>10</sup> U.S. Department of Health & Human Services. (2016, March 11). *Nationwide the Health Insurance Marketplaces signed up 4.9 million new people during the third Open Enrollment period* [Press release]. Retrieved 20 April 2016, from <http://www.hhs.gov/about/news/2016/03/11/nationwide-health-insurance-marketplaces-signed-49-million-new-people-during-third-open-enrollment.html>

<sup>11</sup> In the second open enrollment period, Colorado, Minnesota and Massachusetts’ websites did not allow input of financial information within window shopping. In the third open enrollment period, only Massachusetts’ website did not.

<sup>12</sup> Colorado, New York and Washington’s websites do not take estimated reductions into account when displaying plan costs.

<sup>13</sup> California, Connecticut, District of Columbia, Idaho, Kentucky, Minnesota and Vermont.

<sup>14</sup> One existing model for marketplace administrators to look at is the [Medicare Plan Finder](#) tool. This tool includes personalized plan search functionality that factors in both the premium and cost-sharing a consumer would pay in each plan for the specific medicines a consumer enters into the calculator tool.

<sup>15</sup> Colorado, Connecticut, Kentucky, Maryland, Massachusetts and Washington.

<sup>16</sup> In our 2015 analysis of the second open enrollment period, we noted that while Washington state’s and Colorado’s websites highlight that preventive services are not subject to the plan’s deductible, many other websites omitted this important information at that time.

<sup>17</sup> U.S. Department of Health & Human Services. (2016, March 8). *Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017, Final Rule, Federal Register 81, no. 45*. Retrieved 20 April 2016, from <https://www.federalregister.gov/articles/2016/03/08/2016-04439/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2017>

<sup>18</sup> The District of Columbia does not include facilities in the lookup tool, but does include a hospital list.

<sup>19</sup> Pearson, C.F. (2014, April 25). *Avalere Analysis: Exchange Consumer Experience Analysis*. Retrieved 20 April 2016, from <http://avalere.com/expertise/managed-care/insights/avalere-analysis-exchange-consumer-experience>

<sup>20</sup> The Express Scripts Lab (2016, March). *Express Scripts 2015 Drug Trend Report Health Insurance Exchange*. Retrieved 20 April 2016, from <http://lab.express-scripts.com/lab/drug-trend-report>

<sup>21</sup> National Partnership for Women & Families. (2015, February). *Supporting Informed Decision-Making in the Health Insurance Marketplace: A Progress Report*. Retrieved 20 April 2016, from <http://www.nationalpartnership.org/research-library/health-care/supporting-informed-decision-making-in-the-health-insurance-marketplace.pdf>

<sup>22</sup> Connecticut, District of Columbia, Kentucky, Maryland, Massachusetts and Minnesota.

<sup>23</sup> Each reviewer sampled three plans per marketplace website.

<sup>24</sup> Centers for Medicare & Medicaid Services. (2016, January). *Health Insurance Marketplace: Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2016, Version 2.0*. Retrieved 20 April 2016, from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/QRS-and-QHP-Enrollee-Experience-Survey-Technical-Guidance-for-2016-V20.pdf>; Centers for Medicare & Medicaid Services. (2016, April 29). *Quality Rating Information Bulletin*. Retrieved 4 May 2016, from <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/QRS-Bulletin-4-29-2016.pdf>

<sup>25</sup> For example see Thaler, R. & Sunstein, C. (2008). *Nudge: Improving Decisions about Health, Wealth, and Happiness*. Penguin Books: New York.

<sup>26</sup> See note 21.

<sup>27</sup> Calxton, G. & Panchal, N. (2015, February 11). *Cost-Sharing Subsidies in Federal Marketplace Plans*. Kaiser Family Foundation. Retrieved 20 April 2016, from <http://kff.org/health-costs/issue-brief/cost-sharing-subsidies-in-federal-marketplace-plans/>

<sup>28</sup> Connecticut, Maryland, Rhode Island and Washington.

<sup>29</sup> National Partnership for Women & Families. (2015, June). *Lessons From the Frontlines: Strategies for Supporting Informed Consumer Decision-Making in the Health Insurance Marketplace*. Retrieved 20 April 2016, from [http://www.nationalpartnership.org/research-library/health-care/lessons\\_from\\_the\\_frontlines\\_strategies\\_for\\_supporting\\_informed\\_consumer\\_decisionmaking\\_in\\_the\\_health\\_insurance\\_marketplace\\_june2015.pdf](http://www.nationalpartnership.org/research-library/health-care/lessons_from_the_frontlines_strategies_for_supporting_informed_consumer_decisionmaking_in_the_health_insurance_marketplace_june2015.pdf)

<sup>30</sup> Those that did not were California, Colorado and Idaho. However, Colorado's website features an avatar that can be "consulted" at any time during window shopping.

<sup>31</sup> The state-based marketplace websites that do not offer full translation into Spanish are Minnesota and Vermont.

<sup>32</sup> While there were 13 marketplace websites that included direct links to summaries of benefits and coverage (SBCs) during the third open enrollment period, this sample of 36 plans from 12 marketplace websites did not include an analysis of any plans from California's marketplace website.

<sup>33</sup> An integrated provider directory allows consumers to enter the name of a health care provider or facility into a search tool, which then generates and displays the available marketplace plans or carriers that include those providers in-network.

<sup>34</sup> For this metric, the reviewer explored three plans, aiming for the first, middle and last plan shown on the screen, each from a different issuer, if possible. The metric was not met if

one or more of the issuer websites brought the reviewer to a site that required them to identify the plan they were exploring.

<sup>35</sup> See note 34.

<sup>36</sup> See note 34.

<sup>37</sup> An integrated prescription drug directory allows consumers to enter the name of prescription medications into a search tool, which then generates and displays the available marketplace plans that cover those medications.

<sup>38</sup> See note 34.

<sup>39</sup> See note 34.

<sup>40</sup> See note 34.



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