



Supporting Informed Decision-Making in the Health Insurance Marketplace:

A Progress Report

FEBRUARY 2015



Contents

1	Executive Summary
4	Introduction
6	Methodology-In-Brief
7	Open Enrollment 2015: Consumer Access to Health Plan Information and Decision-Making Tools
	Enhanced Anonymous Browsing
	Direct Access to Key Plan Features
	Useful Plan Display and Availability of Consumer Tools
	Easy Website Navigation and Links for Assistance
17	Conclusion
19	Tables
21	Appendix A – Methodology
25	Appendix B – Subject Matter Expert Interviewees
26	Endnotes

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

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Executive Summary

A key goal of the Affordable Care Act (ACA) was to create an insurance market in which consumers would have the ability to compare coverage options across standardized criteria and identify the plan that best meets their families' health care needs.

As implementation of the ACA continues and the second open enrollment period comes to a close, the focus on consumer behavior and decision-making is growing. A key question for both advocates and policymakers is whether consumers have the tools they need to support informed choice with regard to health plan selection in the marketplace, since selecting the right plan – one that meets a family's health care needs and preferences and aligns with its financial reality – is key to consumer satisfaction. This report looks at how well the marketplace, composed of the Federally-facilitated marketplace (Healthcare.gov) and 14 state-run marketplaces, is providing consumers with key information about available health plans.¹ The report also assesses new tools and promising practices that marketplace websites are employing to enhance the consumer browsing experience and to support informed decision-making.

To assess progress, this report presents findings from a review of marketplace websites conducted between November 15th and December 23rd of 2014 by Manatt Health. To determine which aspects of marketplace websites are key to supporting informed consumer decision-making, reviewers interviewed academics, foundation staff, consumer advocates, and representatives of patient groups. From these interviews, four key elements of website design were identified: (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. Manatt Health then reviewed marketplace websites' anonymous browsing features to evaluate their performance across these four dimensions.

Manatt Health conducted two levels of review. To get an overall sense of the information and tools available to marketplace shoppers, Manatt first conducted a high-level review of all 15 marketplace websites: Healthcare.gov, which serves as the marketplace website for 37 states,² and the marketplace websites of 14 states.³ Manatt then followed the high-level review with a more in-depth analysis of six select marketplace websites: Healthcare.gov and the marketplace websites of California, Colorado, Connecticut, New York and Washington state. In reviewing these six websites, Manatt took a detailed look at the way they employ their anonymous browsing features to present information on plan choice and provide consumers with decision-making support tools.

Key Findings

For the 2015 open enrollment period, marketplace websites have adopted notable features that enhance transparency and support informed consumer decision-making. At the same time, however, consumers still face a wide array of plan choices and it can be challenging to quickly and easily find the information needed to select a plan. As the marketplace continues to evolve, it will remain important to identify promising practices on which they can build.

OPEN ENROLLMENT 2015

- ▶ **Nearly all marketplace websites now allow consumers to “window-shop” for plans.** In the early days of the first open enrollment period, consumers were disappointed to find that they could not see their plan options unless they first established a marketplace account. Now, however, consumer ability to “anonymously browse” or “window-shop” prior to creating a marketplace account appears to be emerging as a standard practice across marketplace websites. As shown in Table 1, 13 out of 15 marketplace websites, including Healthcare.gov, now allow consumers to review plan options through an anonymous browsing function.⁴
- ▶ **Some marketplace websites are creating new, easier ways for consumers to search for their providers and prescription drugs.** Most consumers want health plans that include preferred providers in-network and cover their prescription drugs. Four state-run marketplace websites⁵ – Colorado, Kentucky, Maryland and Washington – offer consumers a tool to help make it easier to find plans based on these preferences. These marketplace websites offer integrated provider directories as part of their anonymous browsing functions. These tools prompt the consumer to enter the name of a preferred provider and then generate a list of available plans that include that provider in their networks. Along with its integrated provider directory, the Colorado marketplace website also has established an integrated prescription drug directory that allows consumers to quickly and easily see which plans cover their medications.
- ▶ **More marketplace websites are offering consumers “smart tools” and interactive features.** As part of their anonymous browsing features, some marketplace websites are utilizing promising tools that are aimed at helping consumers quickly and easily personalize their plan selections.
 - **Washington’s** marketplace website has created a “plan wizard” that allows people to enter information about their plan preferences. The plan wizard then provides the consumer with customized plan options.
 - **Healthcare.gov** now gives individuals the flexibility to decide how much personal information they want to enter when anonymously browsing for plans. Consumers can elect to provide personal information if they wish to view more accurate premium estimates that take into account eligibility for financial assistance.
 - **Connecticut** and **Washington** highlight Silver-level plan options for consumers who, when anonymously browsing for plans, appear eligible for cost-sharing reductions. These marketplace websites reorder displayed plan options to show Silver-level plans first – an important feature since individuals who are eligible for cost-sharing reductions may only take advantage of them if they enroll in a Silver-level plan.⁶

LOOKING AHEAD

Across marketplace websites, there are strong features in place that support informed consumer decision-making. However, marketplace administrators should continue to look for ways to systematically review and improve how they help consumers analyze and select plans. Such efforts will help to ensure that the marketplace delivers on its intended purpose: helping consumers compare coverage options across standardized criteria and identify the plan that best meets their families' health care needs and financial circumstances.

There are a number of strategies that federal and state marketplace administrators should consider to improve consumers' plan selection experience. For example, marketplace websites should enable enhanced anonymous browsing that provides consumers with the option of a customized browsing experience that reflects eligibility for financial assistance. Browsing features should facilitate, through tools such as integrated directories, ready access to information on key plan features, including provider and facility networks and prescription drug formularies. Consumers should have direct access to comprehensive information on the total cost of plans: Information about deductibles, for instance, must be clear so that consumers understand their potential out-of-pocket costs. Finally, marketplace websites should display comprehensive information on quality ratings and enrollee satisfaction scores for each plan.

To help consumers navigate their plan options, marketplace websites should utilize multiple strategies and tools to facilitate informed consumer decision-making. Plans should be displayed in a priority order that takes into account multiple factors, including eligibility for financial assistance, total out-of-pocket costs, and consumer preferences with respect to in-network providers and covered benefits and prescription medications. Additionally, marketplace administrators should explore the use of "smart tools" that walk consumers through the steps involved with selecting a plan by soliciting key preferences and then displaying plan options that meet those preferences. Taking such steps will help to ensure that marketplace websites are facilitating transparency of information and supporting consumer decision-making. A comprehensive list of recommendations is included in the report that follows.

Introduction

A key goal of the Affordable Care Act (ACA) was to create an insurance market in which consumers would have the ability to compare coverage options across standardized criteria and identify the plan that best meets their families' health care needs.

In October 2013, the new health insurance marketplace, composed of the Federally-facilitated marketplace (Healthcare.gov) and 14 state-run marketplaces, officially launched.⁷ As the second annual open enrollment period nears its close, 9.5 million individuals have enrolled in plans through the marketplace and millions more are now covered by Medicaid.⁸ Due in large part to the ACA, the uninsurance rate in the United States is at an historic low of 11.3 percent.⁹

As implementation of the ACA moves forward and the marketplace continues to evolve, the focus on consumer behavior and decision-making is growing. A key question for both advocates and policymakers is whether consumers have the tools required to support informed choice with regard to health plan selection in the marketplace. Recognizing that selection of the right plan – one that meets a family's health care needs and preferences and aligns with its financial reality – is key to consumer satisfaction, there is increased interest in ensuring that consumers have easy access to reliable information about plan options and the tools that support informed decision-making.

This report looks at how well the marketplace is providing consumers with key information about available health plans. It also assesses new tools and promising practices that marketplace websites are employing to enhance the consumer browsing experience and to support informed decision-making.

Drawing on current literature, expert interviews, and primary research conducted in November and December of 2014 by Manatt Health, this report identifies key aspects of marketplace websites that support informed consumer decision-making with respect to selecting a plan: (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. (See Figure 1.) Using these factors,



Manatt Health evaluated marketplace websites to see how they are using their anonymous browsing features to guide consumers to the best plans for themselves and their families, to identify promising practices currently being implemented on marketplace websites, and to offer recommendations for how the marketplace can continue to improve the consumer experience.

As this report details, both Healthcare.gov, the website for the Federally-facilitated marketplace, and websites for state-run marketplaces are doing many things well with respect to helping support informed consumer decision-making. Nearly all marketplace websites allow for anonymous browsing and several sites' anonymous browsing features provide consumers with enhanced tools for identifying and comparing plans that fit their health care needs and financial circumstances. At the same time, however, there remains room for improvement: Consumers face a wide array of plan choices and several marketplace websites provide access only to limited information and offer few decision-making tools to help consumers make sense of their options as part of their anonymous browsing features.

Methodology-In-Brief

To identify key aspects of marketplace websites that support informed consumer decision-making, Manatt Health conducted expert interviews with academics, foundation staff, consumer advocates, and representatives of patient groups during the fall of 2014.

Experts were asked to provide insight into the type of information that is most useful to consumers who are 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. (See Appendix A for additional information.) Interviewee input was then used to identify key dimensions of plan browsing that best support informed consumer decision-making: (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.

To evaluate how marketplace websites are performing across these four dimensions, Manatt Health conducted two levels of review using marketplace websites' anonymous browsing features between November 15th and December 23rd of 2014. To get an overall sense of the information and tools available to marketplace shoppers, Manatt first conducted a high-level review of all 15 marketplace websites: Healthcare.gov, which serves as the marketplace website for 37 states,¹⁰ and the 14 marketplace websites run by states.¹¹ Manatt followed the high-level review with an in-depth analysis of six select marketplace websites: Healthcare.gov and the marketplace websites of California, Colorado, Connecticut, New York and Washington state. In reviewing these six websites, Manatt took a detailed look at the way they employ their anonymous browsing features to present information on plan choice and provide consumers with decision-making support tools.

Both reviews only looked at plan data and plan choice tools available to the general public as part of a website's anonymous browsing feature. As a result, this study does not assess the shopping experience of consumers after they create marketplace accounts. In some instances, consumers who create accounts then have access to additional tools and information that simplify their plan shopping experiences. For example, New York's marketplace website gives individuals who create accounts access to an integrated provider directory and highlights Silver-level plans for those who are eligible for cost-sharing reductions (CSRs).¹² Finally, it is important to note that this study did not verify the validity of the data displayed by marketplace websites, such as the accuracy of plans' provider directories. For more detailed information on the methodology used in this study, please see Appendix A.

Open Enrollment 2015: Consumer Access to Health Plan Information and Decision-Making Tools

Based on interviews with experts, researchers identified the following dimensions as key to informed consumer decision-making: (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 following section provides a progress report on how Healthcare.gov and state-run marketplace websites are delivering on these elements. In addition to highlighting recent innovations, the report identifies promising practices that should be considered by all marketplace websites.

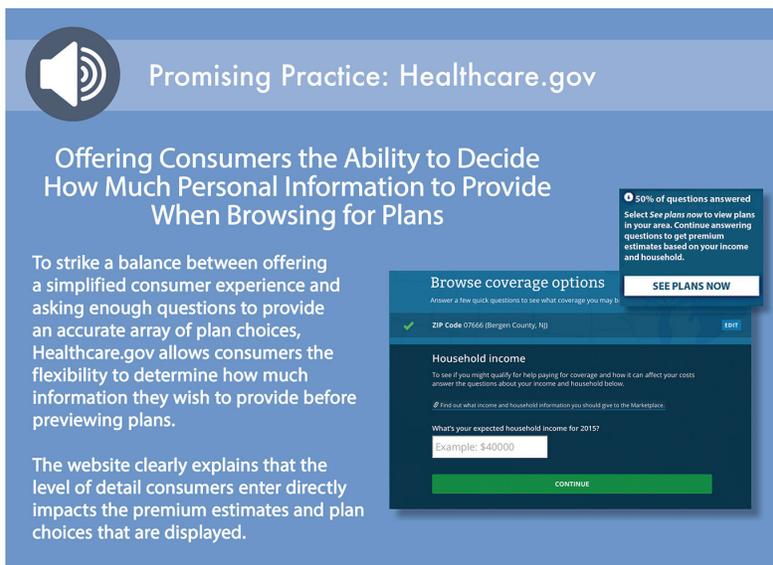
Enhanced Anonymous Browsing

In the early days of the first open enrollment period, consumers faced difficulty previewing plan options and prices before they created marketplace accounts. Many consumers expressed a strong preference for being able to browse marketplace plan options anonymously, *before* they were required to create accounts that required disclosure of personal information. Allowing consumers to anonymously browse or window-shop prior to creating marketplace accounts now appears to be emerging as a standard practice across marketplace websites.

Based on the review conducted in November and December of 2014, the majority of marketplace websites allow consumers to review plan options through an anonymous browsing function without first requiring the creation of a personal account. Healthcare.gov maintains an anonymous browsing feature, as do 12 of the 14 state-run marketplace websites. Vermont and the District of Columbia are the only two state-run marketplace websites that do not fully allow for anonymous browsing of 2015 plans. (See Table 1.) At one point, the Vermont marketplace website did offer an anonymous browsing feature but the state decided to remove this feature upon deciding that the tool was unnecessary given that only two issuers offered plans in its marketplace. Vermont administrators concluded that there were better ways to present consumers with their options. While the District of Columbia's marketplace website does not offer comprehensive anonymous browsing, it does have a tool that allows consumers to compare plans across key dimensions. This tool stops short of displaying premium data.¹³

While most marketplace websites offer an anonymous browsing experience, there is wide variation in how marketplace sites balance providing an accurate portrait of consumers' plan options (e.g., presenting premium or cost-sharing levels that take into account a consumer's financial circumstances) with allowing consumers to shop completely anonymously. For many marketplace websites, complete anonymity while window-shopping comes at the cost of customization. For example, the marketplace websites run by Colorado, Minnesota and Massachusetts do not ask consumers to input any financial information as part of their anonymous browsing features. As a result, consumers are only able to preview the full cost of plans; displayed plans are not adjusted to reflect the consumer's eligibility for premium tax credits or cost-sharing reductions (CSRs).

Conversely, Healthcare.gov and nine state-run marketplace websites do solicit voluntary information on individuals' circumstances as part of their anonymous browsing features and subsequently factor



that information in when presenting plan options.¹⁴ Healthcare.gov, for example, allows consumers utilizing its window-shopping tool to decide how much personal information they want to enter. It notifies consumers that they have the option of entering more detailed information at any point in the browsing experience and that doing so will generate a more personalized array of plan choices.

RECOMMENDATIONS:

- ▶ **Enable enhanced anonymous browsing.** All marketplace websites should offer an anonymous browsing feature that is as comprehensive as possible. The ability to browse plan options prior to creating a marketplace account is now a standard practice across nearly all marketplace websites.
- ▶ **Provide consumers with the option of a customized anonymous browsing experience.** Similar to what is available through Healthcare.gov, marketplace websites should provide consumers with the option to input personal information, such as household size and income, while window-shopping. Consumers should be informed that entering varying levels of personal information will enable the anonymous browsing tool to customize plan options to reflect the individual's eligibility for financial assistance.

Direct Access to Key Plan Features

During the first open enrollment period, many consumers found it difficult to access accurate information about marketplace plans' provider networks, prescription drug formularies, and cost-sharing structures. Absent ready access to information on key plan design features, consumers experienced barriers to comparing plans across multiple dimensions and making well-informed decisions about their health insurance. The Centers for Medicare and Medicaid Services (CMS) has sought to improve consumer access to information on plan features, including provider directories and prescription drug formularies, through federal regulation and guidance.¹⁵ In turn, marketplace websites have responded to changes in policy and consumer feedback in a number of ways for the 2015 open enrollment period. While consumer access to information on key plan features prior to creating a marketplace account has progressed, there remains room for improvement.

To evaluate transparency in the marketplace for the 2015 open enrollment period, this study first sought to identify the plan features that are most valuable to consumers when browsing and comparing plan options. Interviews with experts highlighted the following elements: (1) ability to identify whether preferred providers and health care facilities are in a plan’s network; (2) ability to determine if a plan covers their prescription drugs; (3) ability to assess the total cost of a plan, including cost-sharing for covered services; and (4) ability to view and comprehend a plan’s quality rating. This sub-section details how marketplace websites are performing with respect to these four elements.

ACCESSIBILITY OF INFORMATION ON PROVIDER AND FACILITY NETWORKS

As of December 2014, four state-run marketplace websites¹⁶ – Colorado, Kentucky, Maryland and Washington – offer consumers integrated provider directories as part of their anonymous browsing functions. (New York’s marketplace website does make an integrated provider directory available to consumers who create marketplace accounts, but this tool is not available as part of the website’s anonymous browsing feature.) Integrated directories allow consumers to enter the names of their health care providers and facilities into a search tool. The tool then generates and displays available marketplace plans that include those providers and/or facilities in their networks. Such tools, which give consumers ready access to information on provider networks, stand out as a promising practice that should be utilized across all marketplace websites.

Currently, however, Healthcare.gov and most state-run websites require consumers who are anonymously browsing to visit the online provider directory of each separate plan they are considering to determine if the plan includes their preferred providers. These window shoppers are not consistently provided with a direct link to each plan’s provider directory.¹⁷

Promising Practice: Colorado, Kentucky, Maryland & Washington

Offering Easy Ways to Search Health Plans by Provider

Colorado, Kentucky, Maryland and Washington offer integrated provider directories. This tool enables consumers to search for marketplace plans by health care provider or facility. The tool displays only plans or carriers that include the consumer's preferred provider or facility in their network, individualizing and simplifying consumer choice.

CONNECT4HEALTH COLOREDOS

Find a Health Care Provider

Find your health care provider by entering the information below and clicking the Search button.

Provider's First Name Hospital or Facility Name

Provider's Last Name (at least 3 characters) OR

Zip Code

Distance

Search

Either leave both (zip code and distance) blank, or fill both

ACCESSIBILITY OF INFORMATION ON PRESCRIPTION DRUG COVERAGE

In addition to being able to identify which plans include preferred providers in-network, consumers highly value being able to access information on whether a plan covers their medications. In the first open enrollment period, consumers found it difficult to determine what drugs were included in plans’ drug formularies and to understand cost-sharing responsibilities for covered prescriptions. Consumer advocacy groups and patient organizations have been vocal about the need to ensure that marketplace plans provide direct links to their drug formularies.

In evaluating how select marketplace websites have responded to consumer concerns and regulatory direction¹⁸ about access to prescription drug coverage, this study found that consumers are not consistently provided with direct links to drug formularies when window-shopping for plans. As with provider directories, consumers are sometimes able to link directly to a drug formulary when browsing a plan; in many cases, however, plan links direct window shoppers to a general website or instruct them to enter plan details in order to access formulary information. Inconsistent access to direct formulary links was observed across Healthcare.gov and four of the five state-run marketplace websites reviewed in-depth as part of this study.¹⁹

Colorado, however, has found a promising way to improve transparency of prescription drug coverage for consumers anonymously browsing plans on its state-run website. The Colorado marketplace website features an integrated prescription drug directory that allows consumers to enter the names of their medications into a search tool. The search tool then displays available plans that cover those specified medications.



ACCESSIBILITY OF INFORMATION ON COST-SHARING

To ensure selection of a plan that not only meets their health care needs but also aligns with their financial circumstances, consumers must be able to access and assess information on the total cost of a health plan, inclusive of both premium and cost-sharing responsibilities. Supporting consumer access to and comprehension of plan cost-sharing structures, such as copays, coinsurance and deductibles, is key to facilitating informed consumer decision-making in the marketplace. Indeed, marketplace websites are required to provide consumers with basic information about the cost-sharing structure of plans. While marketplace websites generally are displaying cost-sharing information as part of their anonymous browsing features, questions remain as to how well consumers are able to use this information without significant assistance.

As of December 2014, marketplace websites varied with regard to the level of detail they provided window shoppers. This study identified considerable variance with respect to available information on cost-sharing *by service*. For example, while Washington's and Colorado's marketplace websites highlight that preventive services are not subject to a plan's deductible, many other marketplace websites do not emphasize this important information. In addition, marketplace websites do not consistently clarify

whether a plan's deductible applies to other specific types of care, such as prescription medicines or provider office visits. In some cases, the information on deductibles displayed on the marketplace website was not consistent with the plan's Summary of Benefits and Coverage document.

The image is a screenshot of the Washington Healthplanfinder website. At the top, there is a blue header with a speaker icon and the text "Promising Practice: Colorado & Washington". Below this, the main heading reads "Highlighting that Preventive Services Are Covered with No Cost-Sharing". A sub-heading states: "Both Colorado and Washington clarify that preventive services are not subject to any cost-sharing, including a plan's deductible." Below the text is a screenshot of the website's navigation bar, which includes a "Back to Plan Results" button and a "Plan Summary" section. The "Plan Summary" section contains the text: "All plans include preventive care services at no-cost (including periodic health exams, OB-GYN exam, well baby visit, immunizations, etc.)". To the right of the navigation bar is a progress indicator with four steps: 1. Browse, 2. Apply, 3. Select, and 4. Finalize. Step 1 is highlighted with a green circle and a line connecting it to step 2.

ACCESSIBILITY OF INFORMATION ON PLAN QUALITY RATINGS AND OTHER PERFORMANCE METRICS

Finally, in addition to ready access to information on a plan's benefit and cost-sharing design, provider directory, and prescription drug coverage, the ability to assess how a plan performs on quality metrics also supports informed consumer decision-making. As consumers are confronted with plans offering narrower provider networks, being able to determine how a plan performs with respect to quality and consumer satisfaction is increasingly important.

For plan year 2017, marketplace websites will be required to provide consumers with comprehensive information about the quality of the health plans they offer by displaying both quality ratings and the results of enrollee satisfaction surveys. Some marketplace websites are already displaying alternative quality data.

Of the marketplace websites reviewed in-detail in this study, only one – California's – consistently provides information on plans' quality ratings. Connecticut's and Washington's marketplace websites offer limited information on plan quality, but do not display actual quality ratings or information on enrollee satisfaction. For example, the Connecticut marketplace website indicates whether plans are accredited by the National Committee for Quality Assurance (NCQA). The Washington marketplace website includes a description of each plan's quality improvement strategy. As the marketplace continues to evolve, consumer access to quality ratings and enrollee satisfaction survey results will play a greater role in supporting informed consumer decision-making.

RECOMMENDATIONS:

- ▶ **Facilitate consistent and direct consumer access to information on key plan features, including provider directories, prescription drug formularies, and deductibles as well as other cost-sharing information.** While promising practices are evident, consumers still face barriers to easily accessing plans' provider directories and drug formularies. Consumers must be easily able

to discern which directories and formularies correspond to specific health plans from a given issuer. Information about plan deductibles must also be clear so that consumers understand their potential out-of-pocket costs.

Given the critical importance of ensuring that consumers have access to reliable information on their plan options, **marketplaces should work with plans to ensure that they are providing direct links to provider directories and drug formularies. Marketplaces and plans also should work together to review underlying data for accuracy.**

- ▶ **Establish integrated provider and prescription drug directories.** Marketplaces across states should adopt a tool similar to the one provided by Colorado’s state-run marketplace website and offer consumers access to integrated provider and prescription drug directories as part of its window-shopping feature. Integrated search tools significantly enhance consumer ability to analyze and compare plans based on the key features of most value to them and support informed decision-making.
- ▶ **Display comprehensive information on quality ratings and enrollee satisfaction.** Though not obligated to do so before the 2017 open enrollment period, marketplaces across states should follow the lead of California in displaying information on quality sooner. Doing so provides valuable information to consumers and supports consumers’ ability to weigh alternative variables – other than cost – when browsing and comparing plan options.

Useful Plan Display and Availability of Consumer Tools

When faced with a complex and daunting array of plan choices, consumers routinely take cognitive shortcuts with respect to analyzing and comparing plans: For example, they may disproportionately focus on one plan feature, such as the monthly premium amount, without giving due consideration to other important features such as the plan’s deductible or its network. With this kind of information overload, consumers sometimes give unfounded weight to the first plans presented to them in a list and do not adequately evaluate all of the remaining plan options.

While cognitive shortcuts save consumers time, they can result in selection of a plan that is poorly suited to a consumer’s needs. Thus, how marketplace websites display plan options is critically important: The default order in which plan options are listed; the cost-sharing information provided for each displayed plan; and the tools provided to help with the plan selection process all affect consumer decision-making. The following sub-section evaluates how marketplace websites are prioritizing presentation of plan options and utilizing “smart tools” to help guide consumers.

PRIORITIZATION OF AVAILABLE PLAN OPTIONS

An important contributor to shaping consumer decision-making in the marketplace is the “default” order in which a marketplace website displays available plans. For example, displaying plans in order of the monthly premium cost – from lowest cost to highest cost – heightens the risk that consumers will ignore other important plan design factors, such as whether their preferred provider is included in network or how much enrollees must pay out-of-pocket when accessing health care services.

As of December 2014, the anonymous browsing feature in all but one of the state-run marketplace websites reviewed in-depth in this study defaults to displaying plans in order of premium costs.²⁰ On the marketplace sites reviewed in-depth in this study, consumers can change the order in which plans are displayed, but must first notice the functionality that allows them to reorder plans based on alternative criteria, such as by deductible.

Notably, while Connecticut’s and Washington’s marketplace websites default to sorting plans by premium costs, they automatically modify plan presentation for consumers who present as eligible for cost-sharing reductions (CSRs).²¹ For these consumers, the sites reorder displayed plan options to show Silver-level plans first – an important feature since individuals who are eligible for CSRs may only take advantage of them if they enroll in a Silver-level plan.²² (New York’s marketplace website also highlights Silver plans for account holders who are CSR eligible. However, this feature is not available as part of the site’s anonymous browsing feature.)

As noted above, in this study, California’s marketplace website was the one true exception to default sorting by premium. The California state-run site defaults to a “smart sort.” While the website does not provide a detailed explanation of the methodology behind “smart sorting,” it appears that it is based on a consumer’s estimated total out-of-pocket expenses across premiums and cost-sharing charges.

Promising Practice: Connecticut & Washington

Highlighting Silver Plans for Individuals Who Qualify for Cost-Sharing Reductions (CSRs)

In recognition that it is important for CSR-eligible consumers to select a Silver plan, states such as Connecticut and Washington show Silver plans first when presenting plan options.

We've located 11 matching health plans!

Sort By: Monthly Premium | Per Page: 12

11 of 38 plans | Clear All | -

Level - Silver

Notice:

- Since your family is eligible for premium tax credits²¹ and cost sharing reductions,²² we have pre-filtered "Silver" plans for you to take advantage of these savings opportunities.
- The maximum amount of your eligible monthly tax credit you may apply towards a plan's premium depends on the monthly premium of the plan you select. You may apply some or all of your eligible monthly tax credit towards the plan's premium, but the amount applied

Access Health CT

PROVIDING ESTIMATES OF TOTAL OUT-OF-POCKET COSTS

Experts agree that consumers often fail to consider adequately the *total* out-of-pocket costs of enrolling in and utilizing a health plan. Many consumers select plans based on premium cost alone, leaving themselves exposed to significant out-of-pocket costs through copays, coinsurance and deductibles. While the use of metal tiers in the marketplace categorizes plans by cost-sharing structure, many consumers do not fully comprehend the metal-tier system. As a result, consumer advocates have recommended that marketplace websites sort plans based on total estimated out-of-pocket cost and provide consumers with summary signals that estimate total out-of-pocket cost to highlight a consumer’s optimal plan option.

As of December 2014, only three of the state-run marketplace websites reviewed in-depth in this study – California, Rhode Island and Idaho – provide consumers with estimates of their total out-of-pocket costs by plan. (See Table 1.) As part of their window-shopping features, these three marketplace websites ask consumers to provide basic information about their expected use of health care (including estimated frequency of visits to a physician and number of prescription drugs). The sites then use this data to present a rough estimate of how much consumers would spend *in total* under each plan option.

USING “SMART TOOLS” TO FACILITATE PLAN COMPARISON AND SELECTION

As part of their window-shopping features, some marketplace websites are beginning to explore the use of tools that actively guide consumers through the experience of selecting a health plan. Experts agree that this is a step in the right direction and point to promising practices currently in use by other government programs and the private sector. For example, the Medicare Part D Plan Finder takes an active approach to walking consumers through key elements that could affect which plan will work best for them. The tool prompts consumers to enter detailed information on their current prescriptions and preferred pharmacies, and then uses this data to generate and display plan options that match the consumer’s needs and preferences. Similarly, for federal employees, Consumers’ Checkbook has built a plan selection tool that enables enrollees to evaluate their estimated *total* out-of-pocket spending under each plan available to them. Finally, a growing number of web brokers and private companies are building tools that allow consumers to quickly and easily personalize their plan selection, typically by relying on complex underlying algorithms that generate customized plan options.

While utilization of smart tools remains the exception rather than the rule in the marketplace, Washington’s state-run marketplace website does offer consumers significant support with regard to analyzing, comparing, and selecting a health plan. As part of its window-shopping feature, the Washington marketplace website has a Health Plan “Wizard” that asks consumers about their preferences and presents them with plan options based on their responses.

Promising Practice: Washington

Helping People Find Plans Tailored to Their Preferences Using a Wizard Tool

Washington’s marketplace website has a health plan tool that asks people about their preferences and then presents them with customized plan options. Specifically, the Health Plan Wizard solicits consumers’ cost-sharing and provider network preferences.

Health Plan Wizard

Note:
If you want to see whether your provider is in a plan’s network then return to the shopping screen and add your provider as a search criteria.

If you visit a doctor often, you may prefer a health plan which you pay LESS when you use medical services but MORE each month for your health insurance coverage. Are you interested in buying this type of plan?

YES
 NO
 NOT APPLICABLE

Do you prefer your primary care doctor to manage your health care or do you want to have more choices about which doctors you visit?

MY PRIMARY CARE DOCTOR MANAGES MY CARE

RECOMMENDATIONS:

- ▶ **Display plans in an order that takes into account multiple factors, including eligibility for CSRs, total out-of-pocket cost, and provider preferences.** Marketplaces across states should consider how to display plan options in an order that is based on multiple factors of importance to consumers. Routinely relying on premium costs as the default factor for presenting plans may encourage individuals to focus on premium cost alone – a shortcut that many not be best for all consumers.
- ▶ **Utilize “smart tools” that facilitate informed consumer decision-making.** Marketplaces across states should adopt tools already in use by the private sector and other federal programs that walk consumers through key steps in selecting health plans.

Easy Website Navigation and Links for Assistance

Another important factor in helping consumers make informed decisions is ensuring that they are easily able to navigate and understand resources and tools available to them. While this study did not systematically evaluate marketplace websites along this dimension, it was able to identify which of the six marketplace websites reviewed in-depth in this study are available in languages other than English and to highlight promising language accessibility tools currently in use.

LANGUAGE ACCESSIBILITY

As of December 2014, Healthcare.gov and the marketplace websites run by California, Colorado, New York and Washington all offer their respective anonymous browsing features in Spanish as well as English. Of particular note, California offers its website in 13 languages. The California marketplace website also uses “tag lines” text in 12 languages on the front page of the site to alert consumers that they can navigate the site in their preferred language. Of the marketplace websites reviewed in this study in-depth, Connecticut is the only state-run marketplace website that provides information only in English.

Promising Practice: California

Using Tag Lines to Alert Non-English-Speaking Consumers How to Get Help in Their Own Language

California offers its marketplace website in 13 languages. “Tag lines” – text in other languages – are presented in 12 languages other than English on the website’s front page. These tag lines alert consumers that they can navigate the marketplace website in their preferred language.

Other Languages

- العربية
- বাংলা
- 中文
- فارسی
- हिन्दी
- Khmer
- 한국어
- Lao
- русский
- Español
- Tagalog
- Tiếng Việt

Covered California is powered by both

- CALIFORNIA Health Benefit Exchange
- SHCS HealthCare Services

TOOLS TO ENHANCE USABILITY

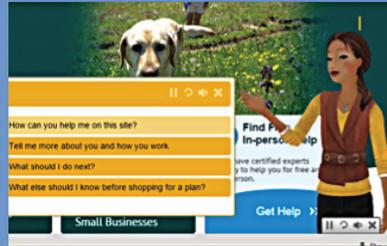
To enhance their usability, a number of marketplace websites reviewed in-depth in this study are using “hover” mechanisms to define key terms for consumers.²³ This function, available as part of the site’s anonymous browsing feature, allows consumers to place their cursor over a term for a pop-up definition to appear. Healthcare.gov offers consumers a link to “get more details” about premiums, coverage categories or plan types throughout the browsing experience. By clicking on these links, consumers are taken to separate web pages with comprehensive but consumer-friendly definitions and explanations of the applicable term. Additionally, marketplace websites now routinely signal the stage of the plan selection process that a consumer is in. Finally, a few sites are also taking advantage of new video and graphic options to engage consumers and provide them with tips. The marketplace websites for Connecticut and Colorado, for example, have an avatar available to help consumers navigate the sites.



Promising Practice: Connecticut & Colorado

Using an Avatar to Help Consumers Navigate Plan Options

Connecticut and Colorado have established avatar characters to walk people through their marketplace websites. These virtual assistants are present on every screen to explain the site and offer assistance, creating a more interactive experience. For consumers who do not like avatars, it is easy to turn them off.



"Kyla" Avatar, Connect for Health Colorado

CONNECTING CONSUMERS TO ASSISTERS

Experts continue to highlight the critical importance of consumer access to Navigators and other assisters who can help individuals understand and weigh their plan options. In a recent Kaiser Family Foundation study, for example, assisters reported that 83 percent of consumers surveyed sought help because they needed assistance in understanding plan choices.²⁴ Experts agree that it is particularly important that assisters are able to offer assistance over the phone or in-person, and that they are equipped to address consumers' individual situations.

Even as web-based information and tools improve, assisters remain a critical resource for many consumers, especially those who are new to insurance or face cultural or language barriers. To meet consumer demand for personalized assistance, some marketplaces set up "storefronts" for the initial open enrollment period in 2014 and, in light of their popularity, have expanded the number for the 2015 open enrollment period.

All the marketplace websites reviewed in this study have mechanisms for connecting consumers to assistance resources, such as brokers, Navigators and other assisters. The marketplace websites prominently display phone numbers that people can call if they need help and offer chat functions. For example, Washington's marketplace website provides consumers with access to a directory of assisters organized by language and locale, enabling individuals to find assisters who speak their language and live or work in their vicinity. Additionally, California provides consumers with information on when they should approach the marketplace website, versus an issuer, with questions, and provides contacts at the insurance companies that offer plans in the state's marketplace.

RECOMMENDATIONS:

- ▶ **Conduct regular usability analyses.** For all states, marketplace administrators should convene focus groups and conduct studies on the usability of their websites. As is common in the private sector, administrators should conduct sessions with consumers to directly observe how end-users access, utilize and comprehend plan data and decision-making tools.
- ▶ **Support robust consumer feedback loops.** The marketplace should solicit consumer experience and satisfaction with plan selection tools through surveys and other mechanisms, either online at the time of plan browsing or after a consumer has selected and/or enrolled in a plan.

Conclusion

For the 2015 open enrollment period, Healthcare.gov and marketplace websites across states have adopted notable features that enhance transparency and support informed consumer decision-making.

The ability to anonymously browse plan options in the marketplace is now standard practice. Many marketplace websites enable consumers to tailor their search for plans to align with their specific circumstances and preferences. Importantly, some marketplace websites, including Healthcare.gov, give people the flexibility to shape how much financial and health information they wish to share as part of the browsing experience.

At the same time, however, marketplace websites could do more to ensure that consumers have direct access to critical data about their health plan choices and to tools that help them make sense of this information. Marketplaces should follow the lead of Colorado, Kentucky, Maryland and Washington by implementing integrated provider and prescription drug directories that allow consumers to search plans by preferred provider and prescription medications.

Similarly, all marketplace websites should offer comprehensive tools that equip consumers to evaluate plans across multiple dimensions, not just on premium cost alone. California stands out for its emphasis on “smart sorting” and ensuring that plans are prioritized in a manner that matches the needs and preferences of the consumer. Connecticut and Washington also support informed consumer decision-making by guiding individuals who, when anonymously browsing for plans, appear to qualify for cost-sharing reductions toward Silver plan options. Additionally, all marketplace websites should offer smart tools that guide consumers through key steps in the plan selection process. Many of these tools are already in use in other federal health care programs and in the private sector.

In the months and years ahead, advocates and policymakers should continue to share information on promising practices being utilized in marketplace websites so that accessibility, usability and consumer comprehension are attributes of the marketplace across all states. Highlighting promising practices and sharing information will help to ensure that the marketplace delivers on its fundamental mission: helping individuals and families enroll in plans that meet their health care needs and fit their budgets.

RECOMMENDATIONS

Based on the four values articulated above, there are a number of specific substantive and procedural steps that marketplaces across states should consider to improve consumers’ plan selection experience, including by borrowing promising strategies that emerged in the 2015 open enrollment period and from private sector plan selection tools.

Enhanced Anonymous Browsing

- ▶ **Enable enhanced anonymous browsing.** All marketplace websites should offer an anonymous browsing feature that is as comprehensive as possible. The ability to browse plan options prior to creating a marketplace account is now a standard practice across nearly all marketplace websites.
- ▶ **Provide consumers with the option of a customized anonymous browsing experience.** Similar to what is available through Healthcare.gov, marketplace websites should provide consumers with the option to input personal information, such as household size and income, while window-shopping. Consumers should be informed that entering varying levels of personal information will

enable the anonymous browsing tool to customize plan options to reflect the individual's eligibility for financial assistance.

Direct Access to Key Plan Features

- ▶ **Facilitate consistent and direct consumer access to information on key plan features, including provider directories, prescription drug formularies, and deductibles as well as other cost-sharing information.** While promising practices are evident, consumers still face barriers to easily accessing plans' provider directories and drug formularies. Consumers must be easily able to discern which directories and formularies correspond to specific health plans from a given issuer. Information about plan deductibles must also be clear so that consumers understand their potential out-of-pocket costs.

Given the critical importance of ensuring that consumers have access to reliable information on their plan options, **marketplaces should work with plans to ensure that they are providing direct links to provider directories and drug formularies. Marketplaces and plans also should work together to review underlying data for accuracy.**

- ▶ **Establish integrated provider and prescription drug directories.** Marketplaces across states should adopt a tool similar to the one provided by Colorado's state-run marketplace website and offer consumers access to integrated provider and prescription drug directories as part of its window-shopping feature. Integrated search tools significantly enhance consumer ability to analyze and compare plans based on the key features of most value to them and support informed decision-making.
- ▶ **Display comprehensive information on quality ratings and enrollee satisfaction.** Though not obligated to do so before the 2017 open enrollment period, marketplaces across states should follow the lead of California in displaying information on quality sooner. Doing so provides valuable information to consumers and supports consumers' ability to weigh alternative variables – other than cost – when browsing and comparing plan options.

Useful Plan Display and Availability of Consumer Tools

- ▶ **Display plans in an order that takes into account multiple factors, including eligibility for CSRs, total out-of-pocket cost, and provider preferences.** Marketplaces across states should consider how to display plan options in an order that is based on multiple factors of importance to consumers. Routinely relying on premium costs as the default factor for presenting plans may encourage individuals to focus on premium cost alone – a shortcut that may not be best for all consumers.
- ▶ **Utilize "smart tools" that facilitate informed consumer decision-making.** Marketplaces across states should adopt tools already in use by the private sector and other federal programs that walk consumers through key steps in selecting health plans.

Easy Website Navigation and Links for Assistance

- ▶ **Conduct regular usability analyses.** For all states, marketplace administrators should convene focus groups and conduct studies on the usability of their websites. As is common in the private sector, administrators should conduct sessions with consumers to directly observe how end-users access, utilize and comprehend plan data and decision-making tools.
- ▶ **Support robust consumer feedback loops.** The marketplace should solicit consumer experience and satisfaction with plan selection tools through surveys and other mechanisms, either online at the time of plan browsing or after a consumer has selected and/or enrolled in a plan.

Tables

Table 1. Key Features of the Marketplace Browsing Experience

Analysis conducted between November 15, 2014 and December 23, 2014 using anonymous browsing tools.

Marketplace	Window-Shopping Feature ¹	Integrated Provider Directory ²	Integrated Prescription Drug Directory ³	Total Out-of-Pocket Costs Estimate ⁴
California	✓			✓
Colorado	✓	✓	✓	
Connecticut	✓			
District of Columbia				
Hawaii	✓			
Idaho	✓			✓
Kentucky	✓	✓		
Maryland	✓	✓		
Massachusetts	✓	*		
Minnesota	✓			
New York	✓			
Rhode Island	✓			✓
Vermont				
Washington	✓	✓		
Federally-Facilitated Marketplace	✓			

1 **Window-Shopping Feature.** A "✓" indicates that the marketplace website allows consumers to review plan options through an anonymous browsing feature without first being required to create a personal account.

2 **Integrated Provider Directory.** A "✓" indicates that the marketplace website's anonymous browsing feature 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.

3 **Integrated Prescription Drug Directory.** A "✓" indicates that the marketplace website's anonymous browsing feature 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.

4 **Total Out-of-Pocket Costs Estimate.** A "✓" indicates that the marketplace website provides consumers with an estimate of total out-of-pocket costs (premiums and cost-sharing features such as deductibles, copayments and coinsurance) in any capacity as part of its window-shopping feature, including through a filtering option or a voluntary smart plan choice tool.

*Though Massachusetts offers an integrated provider directory, it was not functioning during the period in which this analysis was conducted.

Table 2. Plan Display and Sorting Options Available to Anonymous Browsers

Analysis conducted between November 15, 2014 and December 23, 2014 using anonymous browsing tools.

Marketplace	Default Sorting Option	Displays Silver-Only Plans to Reflect CSR Eligibility ¹
California	"Smart Sort" [*]	
Colorado	Premium	
Connecticut	Premium	✓
New York	Premium	
Washington	Premium	✓
Healthcare.gov	Premium	

¹ **Displays Silver-Only Plans to Reflect CSR Eligibility.** A "✓" indicates that the marketplace website's anonymous browsing feature automatically highlights Silver-level plans for consumers who are likely eligible for cost-sharing reductions.

^{*}While the state does not provide an explanation of the "Smart Sort" methodology, it appears to refer to sorting based on a consumer's estimated total out-of-pocket expenses, including premiums and cost-sharing charges.

Appendix A – Methodology

Manatt Health conducted a review of marketplace websites during the late fall of 2014 (November 15, 2014 to December 23, 2014).

The purpose was to evaluate the information available to consumers anonymously browsing marketplace plans during the 2015 open enrollment period. The review also sought to identify promising practices in plan presentation. To identify the variables considered in the review, Manatt relied on background research on plan presentation as well as the observations and insights of a number of academic experts, consumer advocates and consultants (see Appendix B for a list of interview subjects).

General Approach

Manatt conducted both a high-level review of all marketplace websites and a more in-depth review of six select marketplace websites.

- ▶ **High-Level Review.** For a limited set of key variables, Manatt reviewed all marketplace websites currently in operation: Healthcare.gov, which serves as the marketplace website for 37 states,²⁵ and the 14 states with state-run marketplace websites.²⁶ The variables evaluated in this high-level review included whether the websites offer the option to browse plans without first establishing an account (“window-shopping”); if the anonymous browsing feature includes an integrated provider or prescription drug directory; and the availability of information on total out-of-pocket costs presented to consumers who are anonymously browsing for plans.
- ▶ **In-Depth Review.** To provide more in-depth information on promising practices and challenges with respect to supporting informed consumer decision-making, Manatt conducted a detailed review of six marketplaces: Healthcare.gov and the marketplace websites of California, Colorado, Connecticut, New York and Washington state. This in-depth review included a detailed assessment of features made available to consumers as part of a website’s anonymous browsing tool. These features included the availability of an integrated provider or prescription drug directory; information on the total cost of plans; plan sorting options; information on plan quality and consumer experience ratings; language accessibility; and availability of consumer assistance tools. Since a key purpose of this review was to identify promising practices, the marketplace websites selected for in-depth review were not intended to serve as a representative cross-section of marketplaces. Instead, they were identified in interviews or in preliminary research as being particularly strong with respect to supporting consumer decision-making and/or as having adopted innovative approaches to plan presentation.

To create consistency in reviews of marketplace websites, Manatt had two individuals separately review each marketplace website and, as needed, a third reviewer resolved discrepancies. The reviewers relied on a standardized assessment tool, which appears at the end of this Appendix, and on a standardized profile of a consumer utilizing a website’s anonymous browsing tool. The profile was based on a single 27-year-old woman with income at 220 percent of the federal poverty line (FPL) and modest health care needs. This income threshold was used to ensure that the hypothetical consumer would be eligible for advanced premium tax credits (APTCs) and cost-sharing reductions (CSRs). Initially, Manatt also evaluated each website using the more complicated case of a 57-year-old woman with extensive medical needs due to a cancer diagnosis. However, after finding that this scenario had no impact on the outcome of the analysis, Manatt discontinued its use.

Caveats

In conducting its evaluation, Manatt considered only the plan data and plan support tools that are available to consumers through a site’s anonymous browsing feature. As a result, an important caveat of the analysis is that it provides information on plan data and plan choice tools available to consumers who have not yet created marketplace accounts. It is possible that the plan shopping experience of consumers who establish such accounts may vary from what is presented in this analysis. In addition, Manatt did not verify the underlying validity of the data displayed by marketplaces, such as the accuracy of plan provider directories, prescription drug lists, or cost-sharing information.

Finally, it should be noted that marketplace websites change over time and, therefore, the results of this analysis could be different if conducted during a different time period. For instance, it is not uncommon for marketplace websites to make improvements after open enrollment has begun or, in some instances, to eliminate a tool or resource because of technical problems.

Standardized Assessment Tool

Manatt identified the following features of marketplace websites for review. The (*) symbol denotes a high-level review feature. Data was collected in a “yes/no” format for the following:

I. WINDOW-SHOPPING

- ▶ Is window-shopping an available feature?*
- ▶ If yes, does the window-shopping tool allow you to enter basic data on your financial circumstances in order to get an estimate of costs after advanced premium tax credits are taken into account?*
- ▶ If yes, do the results reflect eligibility for premium tax credits and cost-sharing reductions?*
- ▶ What data, if any, must a consumer enter to access the window-shopping tool?
- ▶ Is the importance/implication of window-shopping explained to consumers? (E.g., does the site explain that consumers must apply for coverage in order to have an accurate array of plan choices and the ability to actually purchase a plan?)

II. PROVIDER AND FACILITY NETWORK

Provider Network

- ▶ Is there an integrated provider directory?*
- ▶ When plan options are presented, are consumers provided with a direct link to a plan’s provider directory?
 - (“No” if the link brings you to a general plan website. Since this is a plan-level variable, the analyst will review the sites for the first, middle and last plans shown on the screen. If one or more of the plan sites does not have a direct link, this metric will not be met.)
- ▶ Is there a direct link to the plan’s provider directory on the Summary of Benefits and Coverage (SBC)?

- (“No” if the link brings the consumer to a general plan website. Since this is a plan-level variable, the analyst will review the sites for the first, middle and last plans shown on the screen. If one or more of the plan sites does not have a direct link, this metric will not be met.)

Facility Network (see above for criteria and definitions)

- ▶ Is there an integrated facilities directory?*
- ▶ When plan options are presented, are consumers provided with a direct link to a plan’s facility directory?
- ▶ Is there a direct link to the plan’s facility directory on the SBC?

Overall

- ▶ Is the importance/implication of provider and facility network plan affiliation explained to consumers?
- ▶ Is there an explanation that providers/facilities participating in plans may change over time?

III. PRESCRIPTION DRUGS (SEE ABOVE FOR CRITERIA AND DEFINITIONS)

- ▶ Is there an integrated prescription drug directory?*
- ▶ When plan options are presented, are consumers provided with a direct link to a plan’s list of covered drugs/tool that allows them to identify whether a medication is covered?
- ▶ Is there a direct link to a plan’s list of covered drugs/tool that allows the consumer to identify whether a medication is covered on the SBC?
- ▶ Does the site offer any information on how drugs count toward the deductible, separate from the SBC?*
- ▶ Does the site provide information on the cost-sharing charges associated with each tier of prescription drugs, separate from the SBC?
- ▶ Does the site make it clear how drugs count toward the deductible? (Reviewer to note if the marketplace provides information on whether the drug is embedded or separate from the deductible.)
- ▶ Is there consistent information on the prescription drug deductible between the website and the plan’s SBC?

IV. COST AND BENEFIT INFORMATION

- ▶ Does the site provide estimated information on the total out-of-pocket costs that a consumer would face across premiums and the cost-sharing features, including deductibles, copayments and coinsurance?*
- ▶ Does the site have a plan details webpage, which presents cost-sharing and benefit information, separate from the SBC?
- ▶ Does the site outline that preventative services are not subject to cost-sharing?
- ▶ Does the site provide information on cost-sharing responsibilities for medical services by plan?

- ▶ Does the site provide clear information on cost-sharing responsibilities for prescription drugs by plan?
- ▶ Does the site include information on the deductible and what counts toward/is exempt from it?

V. PLAN SORTING

- ▶ Is the default plan sorting option clearly displayed?
- ▶ What is the default plan sorting option?
- ▶ What are the plan sorting options?
- ▶ What are the filtering options, if any?
- ▶ Do sites provide information on metal tier labeling?
- ▶ Do sites highlight or default to Silver plan options for consumers eligible for cost-sharing reductions?

VI. DATA ON QUALITY AND CONSUMER EXPERIENCE

- ▶ Are consumers able to access information that addresses the quality of plans?
- ▶ If so, what type of information on quality is provided? Types of quality information to track include:
 - NCQA rating
 - Plan network adequacy
 - Formulary adequacy
 - Claims rejection rates
 - Consumer satisfaction survey data
 - Number of attributed stars (Tracker to note what data the star metric is based upon.)
 - Any additional quality markers

VII. TERM AND LANGUAGE ASSISTANCE

- ▶ Are key term definitions integrated throughout plan selection?
- ▶ Are key term definitions explained in a standalone glossary?
- ▶ Is the site as a whole/plan selection tool available in any language other than English?
- ▶ Does the site provide information via “tag lines,” and information in different languages that directs consumers to navigators or assisters who offer assistance in various languages?

VIII. OTHER

- ▶ Does the site include other useful information, tools or resources to help consumers select appropriate plans?
- ▶ Does the site offer to provide information for a local Navigator to assist with plan selection and/or enrollment?

Appendix B – Subject Matter Expert Interviewees

Since the formal literature on marketplace plan selection is limited, Manatt conducted a series of expert interviews with academics, foundation staff, consumer advocates and representatives of patient groups during the fall of 2014.

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.

- ▶ Lynn Quincy, Associate Director of Health Reform Policy, Consumers Union, October 14, 2014
- ▶ Cheryl Parcham, Private Insurance Program Director, Families USA, October 17, 2014
- ▶ Karen Pollitz, Senior Fellow, Kaiser Family Foundation, October 20, 2014
- ▶ Ted von Glahn, formerly with the Pacific Business Group on Health, now an independent consultant, October 20, 2014
- ▶ Tom Baker, William Maul Measey Professor of Law and Health Sciences at University of Pennsylvania Law School, November 4, 2014
- ▶ Kirsten Sloan, Senior Director of Policy Analysis and Legislative Support, and Anna Howard, Policy Principal, Access and Quality of Care, American Cancer Society Cancer Action Network, November 4, 2014

Endnotes

- 1 For purposes of this study and report, the District of Columbia is considered a state. The District of Columbia operates its own marketplace website: DC Health Link.
- 2 The websites that rely on Healthcare.gov are Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin and Wyoming.
- 3 California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont and Washington. Note that additional states, such as Oregon, are considered state-based marketplaces, but they rely on Healthcare.gov to carry out eligibility and enrollment functions on their behalf.
- 4 At one point, the Vermont marketplace website did offer an anonymous browsing feature. The state decided to remove this feature, however, upon deciding that the tool was unnecessary given that only two issuers offered plans in its marketplace. Vermont administrators felt there were better ways to present consumers with their options. While the District of Columbia's marketplace website does not offer comprehensive anonymous browsing, it does have a tool that allows consumers to compare plans across key dimensions. This tool stops short of displaying premium data.
- 5 Though Massachusetts offers an integrated provider directory, reviewers found it to be non-functioning after repeated efforts to filter by specific providers.
- 6 45 C.F.R. § 155.305(g) (2010).
- 7 For purposes of this study and report, the District of Columbia is considered a state. The District of Columbia operates its own marketplace website: DC Health Link.
- 8 Health Insurance Marketplace 2015 Open Enrollment Period: January Enrollment Report for the Period November 15, 2014 – January 16, 2015 available at http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Jan2015/ib_2015jan_enrollment.pdf. This number represents the most recent enrollment figure available at the time of publication.
- 9 National Center for Health Statistics (NCHS) National Health Interview Survey (December 2014) available at <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201412.pdf>. This number represents the most recent uninsurance rate available from the NCHS at the time of publication.
- 10 The websites that rely on Healthcare.gov are Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin and Wyoming.
- 11 California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont and Washington. Note that additional states, such as Oregon, are considered state-based marketplaces, but they rely on Healthcare.gov to carry out eligibility and enrollment functions on their behalf.
- 12 Cost-sharing reductions (CSRs) are additional federal subsidies that lower cost-sharing in Silver plans for those with incomes of less than 250 percent of the Federal Poverty Line (approximately \$60,625 for a family of four in 2015). In order to take advantage of CSRs, eligible individuals must enroll in Silver-level plans. 45 C.F.R. § 155.305(g) (2010).
- 13 D.C. marketplace officials note that they require consumers to create accounts to pursue a comprehensive shopping experience to prevent private companies from engaging in data mining. D.C. marketplace officials note that it is relatively simple to create marketplace accounts.
- 14 The state-run marketplace websites that solicit voluntary information on individuals' circumstances as part of their anonymous browsing feature are California, Connecticut, Hawaii, Idaho, Kentucky, Maryland, New York, Rhode Island and Washington.
- 15 See "2015 Letter to Issuers in the Federally-facilitated Marketplaces," Centers for Medicare and Medicaid Services (March 14, 2014). And, "Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016," *Federal Register* 79, no. 228 (November 26, 2014).
- 16 Though Massachusetts offers an integrated provider directory, reviewers found it to be non-functioning after repeated efforts to filter by specific providers.
- 17 This finding is based on the in-depth analysis of six marketplace websites, which found that plans in some instances provide a link that takes consumers directly to a provider directory. In other instances, however, plan links bring consumers to an insurer's general website or require consumers to enter additional information to locate a provider directory.
- 18 See "Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016," *Federal Register* 79, no. 228 (November 26, 2014). Currently, state-run marketplaces are not required by federal regulation to offer direct links to drug formularies but it is likely they will be expected to do so beginning with the 2016 open enrollment period. In its draft Notice of Benefit and Payment Parameters for 2016, CMS has proposed applying the requirement that plans offer direct links to their formularies and provider directories to all marketplace plans, not just those offered through Healthcare.gov.
- 19 Along with Healthcare.gov, plans displayed by California, Colorado, New York and Washington's anonymous-browsing features did not consistently offer consumers direct links to prescription drug information.
- 20 The marketplace websites reviewed in-depth that default sort in order of premium costs include Healthcare.gov, as well as the sites for Connecticut, Colorado, New York and Washington.
- 21 CSRs are additional federal subsidies that lower cost sharing in Silver plans for those under 250 percent of the Federal Poverty Line (approximately \$60,625 for a family of four in 2015).
- 22 45 C.F.R. § 155.305(g) (2010).
- 23 For example, the marketplace websites for Connecticut, New York and Washington employ a hover mechanism.
- 24 Kaiser Family Foundation, "Survey of Health Insurance Marketplace Assister Programs" (July 2014) available at <http://kff.org/report-section/survey-of-health-insurance-marketplace-assister-programs-section-4/>
- 25 The websites that rely on Healthcare.gov are Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin and Wyoming.
- 26 California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont and Washington. Note that additional states, such as Oregon, are considered state-based marketplaces, but they rely on Healthcare.gov to carry out eligibility and enrollment functions on their behalf.