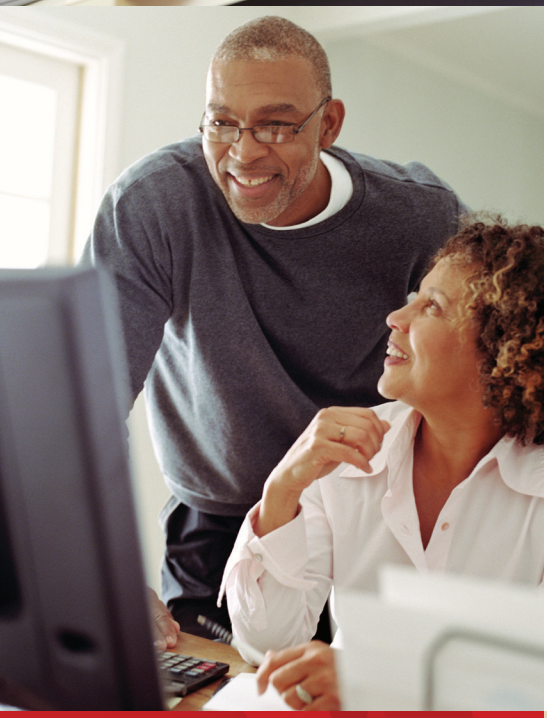

State Health Insurance Marketplace Websites:

An Update on Providing Consumers Information about Quality and Performance

September 2013

Report by Carol Cronin, Executive Director
Informed Patient Institute

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INTRODUCTION

Health insurance marketplaces (previously called exchanges) opened on October 1, 2013. A key part of health reform, marketplace websites are where consumers seeking health insurance go to determine if they are eligible for financial help, evaluate health plan options, and enroll in a plan that becomes effective on January 1, 2014. Marketplaces are available in every state and are one of three types:

- State-sponsored marketplaces are maintained and operated by a state.
- Partnership, or hybrid, marketplaces are maintained and operated by both a state and the federal government.
- Federally facilitated marketplaces are maintained and operated by the federal government.

The public face of health reform is the new marketplace websites. While the development of marketplaces has involved complex decisions about insurance regulation and health plan management, the ease and usability of the websites will be key to their success in the eyes of the consumers.

PURPOSE

This paper is designed to assist state consumer advocates as they monitor the rollout of marketplace websites and continued updates in the coming years. It offers a blueprint to use to evaluate both the content of the websites and whether they include consumer-friendly attributes.

This work builds on a report[1] published by AARP in July 2011 by the Informed Patient Institute (IPI), a non-profit organization dedicated to providing consumer access to credible online information about quality and patient safety.

Based on a review of 70 managed care and health maintenance organization (HMO) report cards, the 2011 report established principles and recommendations to guide the development of consumer-friendly marketplace websites. The four principles were:

- Information provided by marketplaces should be easy to understand and use.
- The quality of health plans offered through the marketplace should be measured and publicly reported based on accepted national standards.
- Decision-support tools and "plain language" educational materials should be available to assist consumers.
- Consumers should be involved in all aspects of marketplace website design—including testing performance report formats, and website navigation to assure accessibility and understanding.

IPI has updated and expanded the recommendations included in the 2011 report in this report. One additional recommendation was added on the need for marketplaces to continually evaluate and improve their operations.

[1] Informed Patient Institute, *State Health Insurance Exchange Websites: A Review, Discussion and Recommendations for Providing Consumers Information about Quality and Performance* (Washington, DC: AARP, July 2011), www.aarp.org/content/dam/aarp/health/medicare_insurance/2011-07/2011-cronin-report-final.pdf

METHODOLOGY

This report summarizes selected new activities and research relevant to the marketplace website recommendations conducted since the 2011 report. The focus of this report is on health plan choice and educational aspects of marketplace websites, especially health plan quality and performance information. The website's eligibility and enrollment functions are equally important, but beyond the scope of this report.

Additionally, in June and July 2013, IPI reviewed the websites of the District of Columbia and the 15 states[2] with a state-sponsored marketplace to learn about their design and implementation approaches. Information found relevant to these recommendations is summarized below.

It is important to note that this report is based on preliminary information primarily gleaned from publicly available online documents. Many marketplace websites were still in development or testing phases during the time this report was being developed. Additionally, this is not an exhaustive report of all relevant research and activities, but is intended to be a sampling of important materials.

REPORT OVERVIEW

This report is organized around the following five recommendations:

Recommendation I. Provide easy consumer access to a range of marketplace health plan performance information to help consumers make health plan decisions.

Recommendation II. Convey information about marketplace health plan performance in a format that is easily understood.

Recommendation III. Provide online education and decision support to assist consumers in choosing a health plan.

Recommendation IV. Ensure that marketplace information about doctors, hospitals and other health providers is easily accessible and accurate.

Recommendation V. Continue to monitor and improve marketplace health plan performance information and usability of the marketplace websites. (New Recommendation)

Each recommendation is followed by detailed implementation guidance, a brief update on how the recommendations were implemented to date by the state-sponsored marketplaces, and other relevant research and activities. Website links to all of the marketplaces are available in Appendix A.

FINDINGS

Recommendation I. Provide easy consumer access to a range of marketplace health plan performance information to help consumers make health plan decisions.

[2] The 15 state-sponsored marketplace states are California, Colorado, Connecticut, Hawaii, Idaho, Kentucky, Maryland, Massachusetts, Minnesota, Nevada, New York, Oregon, Rhode Island, Vermont and Washington.

1) Include the following types of comparative information in online health insurance report cards:

- Information on enrollee satisfaction from the newly developed "Qualified Health Plan Survey", which is a standardized health plan enrollee survey that measures enrollees' experiences on a range of topics such as access to care, provider communication, and plan administration. The survey is part of the Consumer Assessment of Health Providers and Systems (CAHPS) family of surveys, which was developed and tested by the federal government.
- Information on quality of care is based on the Healthcare Effectiveness Data and Information Set (HEDIS), which is a set of standardized measures that capture information about how well a plan does in clinical areas such as diabetes care, preventive care or heart care.
    - Ideally use a composite measure(s) that aggregate(s) performance across categories. For example, the Medicare health plan "Overall Plan Rating" includes 36 different topics in five categories (staying healthy, managing chronic conditions, health plan responsiveness and care, health plan member complaints and appeals, health plan telephone customer service).
    - Allow for drill-down for those consumers who want more information.
- Information that reflects other aspects of enrollee plan experience such as:
    - Results of utilization review (a plan's process for evaluating and approving or denying a service or procedure)
    - Claims denials
    - External appeals results (when an enrollee has exhausted the internal health plan complaint process and the case is reviewed by an independent external organization)
    - Complaints about the plan to the marketplace
    - Disenrollment rates
- When possible, use a composite measure to convey these types of information with the option to drill down for information that is more specific.

2) Display health plan quality information clearly and close to cost information to help dispel consumer beliefs that higher prices always mean higher quality.

3) Make the following types of information publicly available—ideally in a comparative format such as a report or chart on the marketplace website – or from the plan itself. If a consumer must request it from the health plan, make it clear that this information is available and include instructions on how to obtain it.

- Medical loss ratios (a ratio measuring the amount of premium dollars spent by a health plan on medical care and other activities to improve care vs. administrative expenses such as marketing, profits and salaries)
- Information on premium rate increase justifications
- Accreditation status (name of accreditor, level of accreditation attained)
- Other types of information of interest to consumers (physician turnover, descriptions of plan patient safety activities)

4) Allow states flexibility to include additional performance measures that are of state interest to the state and/or consumers.

Update on Research and Activities

Development of Quality Reporting/Quality Rating Systems

A key activity relating to marketplace health plan quality will be the performance information resulting from the quality rating system currently under development by the federal Centers for Medicare and Medicaid Services (CMS). CMS has indicated a phased approach to the development of the quality rating system, with reporting of performance information not required until the 2016 open enrollment period.[3]

Prior to 2016, federally facilitated marketplaces will display three existing CAHPS results for plans when historical data are available for the same plan type.[4] The three CAHPS measures are: an overall health plan rating,[5] quality of care received from the health plan,[6] and how easy it was to get care, tests or needed treatment.[7] In addition, the development of a new CAHPs survey to measure enrollee health plan satisfaction in English and Spanish is underway, with draft surveys of the new instrument published in the Federal Register in July 2013.[8]

With specific reference to the types of clinical quality indicators that may be first be used by marketplaces, the National Committee for Quality Assurance (NCQA) examined the potential availability of a "starter set" of HEDIS measures.[9] After estimating enrollment in marketplace plans, NCQA concluded that they should be able to collect 13 HEDIS measures from plans starting in 2015. An additional measure, breast cancer screening, can be reported in 2016.

- HEDIS Quality Measures
  - Adult BMI assessment
  - Monitoring patients on persistent medications
  - Breast cancer screening
  - Cervical cancer screening
  - Chlamydia screening for women
  - Controlling high blood pressure
  - Flu shot for adults aged 50-64
  - Medical assistance with smoking cessation
  - Plan all-cause readmission

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[3] CMS, *General Guidance on Federally Facilitated Exchanges*, May 16, 2012. http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/ffe-guidance-05-16-2012.pdf.

[4] CMS, *Memorandum on Affordable Exchange Guidance*, (Baltimore, MD: CMS, April 5, 2013). http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2014_letter_to_issuers_04052013.pdf.

[5] Using any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

[6] Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care (excluding dental and hospital) in the last 12 months?

[7] In the last 12 months, how often was it easy to get the care, tests, or treatment you needed? [Never/Sometimes/Usually/Always]

[8] CMS, *Details for CMS Form Number CMS-10488, Enrollee Satisfaction Survey System*, (Baltimore, MD: CMS, July 3, 2013) http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10488.html.

[9] L. Tabor, P. Torda, S. Thomas and J. Zutz. "Measuring Quality in the Early Years of Health Insurance Exchanges," AJMC.com, March 14, 2013. http://www.ajmc.com/publications/issue/2013/2013-1-vol19-n3/Measuring-Quality-in-the-Early-Years-of-Health-Insurance-Exchanges/.

- Comprehensive diabetes care: LDL-C screening
- Comprehensive diabetes care: A1C testing

- Non-HEDIS/CAHPS Measures
  - PQI 08: Congestive heart failure
  - PQI 01: Diabetes, short-term complications admissions rate
  - Care transition: transition record transmitted to healthcare professional

Quality Reporting in States Developing Their Own Marketplace

A recent report by the Georgetown University Health Policy Institute found that nine states are planning to display quality information about the plans offered by the marketplace earlier than required.[10] California, Colorado, Connecticut, Maryland, Massachusetts, Minnesota, New York, Oregon and Rhode Island are expected to display quality information on the marketplaces beginning this fall. Since the release of the report, California has subsequently decided not to publish quality information this fall. In their decision to reverse their plan to publish quality data this fall, California officials noted the problem with publishing historical data is that it may not reflect the actual plan products offered by the marketplace.

Most of these states plan to provide historical health plan data, such as HEDIS and CAHPs, though some are also looking at eValu8 measures. eValu8 measures are a set of measures maintained by the National Business Coalition on Health that looks at health plan activities related to consumer engagement, provider measurement, prescription drug management, prevention activites, chronic disease management and behavioral health.[11]

In addition, the Georgetown University Health Policy Institute report noted that 10 states (California, Connecticut, Maryland, Minnesota, New York, Oregon, Rhode Island, Utah, Vermont and Washington) are developing state-specific quality rating systems ahead of the 2016 open enrollment period.

State Activities

An IPI review of state websites also found the following:

California: In a March, 2013 presentation titled *Covered California Quality Rating System Development*, the rationale for using quality ratings this fall included the opportunity to inform consumers about quality when selecting a plan and showing that cost-quality relationships vary.[12] There was also discussion about a quality rating system that would include four summary ratings: obtaining the right care, access to care, staying healthy/prevention, and plan service. In an August 2013 memo, however, California decided not to proceed with historic plan quality information on their marketplace website this fall.[13] They note that plan

[10] S. Dash, K. Lucia, K. Keith and C.Monahan. "Implementing the Affordable Care Act: Key Design Decisions for State-Based Exchanges," (Washington, DC: Georgetown University Health Policy Institute, July 2013). http://www.commonwealthfund.org/Publications/Fund-Reports/2013/Jul/Design-Decisions-for-Exchanges.aspx

[11] Covered California, *Memorandum on Health Plan Quality Rating System (QRS) for 2013*, (Sacramento, CA: Covered California, August 2, 2013). http://www.healthexchange.ca.gov/Documents/Choosing%20Wisely%20Press%20Release%2006-19-13_ss.pdf

[12] Covered California, *Covered California Quality Rating System Development – Executive Director's Report* (Sacramento,CA: Covered California, March 21, 2013).

[13] Covered California, August 2, 2013, op.cit.

quality information is from 2011 and that the new marketplace health plan products are different from those that have historic performance information. They also conclude that the historic plan performance ratings would be for populations whose health status is potentially very different from those expected to enroll in the marketplace plans.

Colorado: In a memo to the board of directors for the Colorado marketplace, staff recommended using the CAHPS "Overall Rating of Health Plan" result this fall.[14] In addition, there was discussion of including a link for each plan to a quality page that would include plan accreditation, HEDIS measures, and a consumer complaint index.

Maryland: An April 2013 presentation, titled: *Plan Quality Program: Update on Proposed Quality Methodology* noted that the state has been collecting quality data on health plans for 15 years and therefore is familiar with data collection procedures and protocols.[15] An overall plan quality rating for each marketplace plan will be based on a compilation of over 100 measures from HEDIS, CAHPS, the Maryland Behavioral Health Assessment, the Maryland Health Plan Quality Profile, and Maryland Race/Ethnicty, Language, Interpreters and Cultural Competency (RELICC). In addition, the consumer portal will include a link to each plan's Quality Report, which will include more detailed information on quality and performance on specific measures.

Massachusetts: Massachusetts has been providing quality information for consumers on its Health Connector Portal for the last several years. The quality information, however, does not appear on the first results page where cost information about all plans is displayed, which does not allow consumers to compare cost and quality. NCQA's overall rating for each plan does appear prominently after the consumer has chosen plans to compare. Consumers can also click on "View Insurers Report Card" and get more NCQA information on the plans performance in the following areas: Access and Service, Qualified Providers, Staying Healthy, Getting Better, and Living With Illness. The website will be re-launched in October, so it is unknown how much this website design will change with the new marketplace.

Minnesota: Minnesota has created a Measurement and Reporting Committee that has been providing technical assistance and information on options for reporting cost, quality and satisfaction information. Working with a consultant (Consumers Checkbook), the Committee has looked at a range of options for developing and displaying quality information including HEDIS, CAHPs and eValu8 measures.

The Minnesota marketplace recently released a Consumer Checkbook report, which involved interviewing 20 individuals about their understanding of quality and quality ratings systems, their reaction to an overall plan rating, and to six headings for grouping quality information.[16] Respondents were asked to comment on a variety of HEDIS, CAHPS and eValu8 measures, and on different ways of describing missing data. Interviewees were very positive about CAHPS measure of members' overall plan rating and plan customer service. When data was missing, interviewees thought less of the plan, with the exception when "Plan is new; information is not available yet" language was used.

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[14] Colorado Health Benefit (COHBE), *Quality Display and Data Collection, Memo to COHBE Board from COHBE Staff*, (Denver, CO: Colorado Health Benefit Exhange, March 11, 2013), http://www.connectforhealthco.com/?wpfb_dl=465.

[15] Maryland Health Connection, *Plan Quality Program: Update on Proposed Quality Methodology* (Baltimore, MD: Maryland Health Connection, April 9, 2013).

[16] Consumers Checkbook, *Consumer Feedback on Using Quality Information to Help Choose a Health Plan: Report on Findings from Interviews*, (Washington, DC: Consumer Checkbook, June 2013), http://www.mn.gov/hix/images/MR-CC-ConsumertestingreportfinalJune2013.pdf.

New York: Similar to Maryland, the New York State Department of Health has been collecting, analyzing and publicly reporting health plan information since 1994. Building on this experience, staff proposed developing a quality rating system that includes five domains: satisfaction, children's health, pregnancy care, adult health, and health conditions.[17]

Oregon: The Oregon marketplace has been working with the non-profit Oregon Health Care Quality Corporation (QCorp) to develop a set of quality measures and examine quality rating methodologies, including those used by CMS in their five star quality rating system, NCQA rankings and eValu8 methodologies.[18] The marketplace proposed to use 13 measures in a roll-up, including four preventive care measures, five complex care measures and four patient experience of care measures. In response to state legislation, the marketplace recently created a Health Plan Quality Metric Workgroup to recommend health plan quality measures for use by the Oregon marketplace and other state entities. Recommendations are due by May 31, 2014.

Vermont: A 2012 report by consultants from the University of Massachusetts Medical School provided the Vermont marketplace with a review of quality rating systems for assessing health plans, including a literature review and recommendations.[19] The marketplace also received a report on the types of consumer complaints received from the Office of Health Care Ombudsman, which is a special project of Vermont Legal Aid, Inc.[20]

Washington: The Washington marketplace considered aspects of a consumer rating system in a September 2012 presentation that focused on using HEDIS and CAHPs.[21] The three goals of displaying the comparative information included: 1) Make it easy to identify and understand patterns; 2) Help consumers focus on factors of interest; and 3) Reduce the amount of information for consumers.

Other Activities

An important activity many of the recommendations in this report regarding creating consumer friendly marketplace websites, is the work of Enroll UX 2014. Enroll UX 2014 is a prototype design for the marketplace website application form that was developed by a global design and innovation company called IDEO.[22] With support from several foundations, 11 states and the federal government, the project involved background research and synthesis, design iterations, rapid prototyping, consumer feedback, design specifications, and a functional prototype.

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[17] New York State Health Benefit Exchange, *Developing a Quality and Satisfaction Ratings Proposal - DRAFT* (Albany, NY: New York State Health Benefit, September 2012), http://www.healthcarereform.ny.gov/health_insurance_exchange/docs/hbe_quality_satisfaction_ratings_proposal.pdf.

[18] Cover Oregon, *Cover Oregon Quality Measures,* (Durham, OR: Cover Oregon, November 2, 2012), https://www.statereforum.org/sites/default/files/11_2_12_cac_documents.pdf

[19] P. Kirby and A. Lawthers, *Analysis of Quality Rating Systems for QHPS: Options and Recommendations,* (Worcester, MA: University of Massachusetts Medical School, August 17, 2012), http://healthconnect.vermont.gov/sites/hcexchange/files/Planning_Research_Documents/quality-rating-systems-report.pdf

[20] Vermont Legal Aid, *Consumer Complaints Report, Prepared for Vermont's Health Benefits Implementation,* (Burlington, VT: Vermont Legal Aid, August 2012), http://healthconnect.vermont.gov/sites/hcexchange/files/Planning_Research_Documents/vermont-consumer-report.pdf

[21] Washington Health Benefit Exchange, *Consumer Rating System* (Olympia, WA: Washington Health Benefit, September 19, 2012), http://www.wahbexchange.org/files/3413/6503/0398/HBE_EB_120919_Presentation_CRS.pdf

[22] Enroll UX 2014, *Design Reference Prototype,* http://www.ux2014.org/rp/. Note: To review prototype, you may have to register and view in certain browsers.

While much of the Enroll UX 2014 prototype deals with the application for health insurance enrollment, there is a "Find a Plan" section that includes "Quality Rating" information on the first page of the plan results. The four ratings in the prototype (Customer Service, Doctors and Hospitals, Preventive Care, Special Care) appear close in proximity to the anticipated plan costs, addressing the recommendation of clearly conveying quality and cost information together to counter consumer beliefs that higher prices always mean higher quality.

Recommendation II: Convey information about marketplace health plan performance in a format that is easily understood

5) Consider the burden of decision making for consumers in deciding how many plans to offer through the marketplace.

6) Ensure that plan quality information can be interpreted "at-a-glance". For example, use symbols (e.g., stars) or words (e.g., excellent, better, worse) to convey plan information quickly.

- Include the option for consumers to dig deeper in areas of interest.
- Use an organizing framework to categorize more detailed performance information by disease (e.g. diabetes), demographic category (e.g. women's health), or broad health category (e.g. preventive health).

7) Include tools and resources to assist consumers in narrowing health plan choices.

8) Minimize consumer confusion by considering how to standardize and name health plan benefit package options. For example, by the name of the company, metal level and annual deductible - Tufts Bronze 1000.

9) Consider using stretch benchmarks (e.g., best performing plan or top 10%) or other approaches when creating quality scores that both motivate health plan improvement and show variation among plans.

10) Measure plan performance at the level closest to reflecting the actual plan that consumers enroll in that is both feasible and captures differences among plans.

11) Include consumers in the design testing of the marketplace websites to ensure its usefulness and navigability to consumers.

Update on Research and Activities

Number of Health Plan Choices

More than half of the states in the Georgetown University report noted above selectively contracted with managed care plans offered on the marketplace websites, as opposed to offering all plans that meet criteria.[23] California, Massachusetts, Rhode Island and Vermont chose the managed care plans they selectively contracted with by evaluating plans based on factors that advanced their overall marketplace goals, such as affordability, access to quality care and reducing health disparities. Connecticut, Kentucky, Maryland, Nevada, New York and Oregon are operating their marketplaces as "market organizers" in that they have additional requirements that limit the number and type of plans that an insurer can offer. The

[23] S. Dash et al, op.cit.

remaining states and the District of Columbia will operate as clearinghouses, certifying all health plans that meet minimum criteria to participate in the marketplace.

Tools and Resources

Many of the marketplace websites reviewed for this report incorporated a tool that allows consumers to calculate their potential insurance costs in 2014 even before the actual plans and rates were available. For example, the California calculator gave an estimate of the monthly premium for a sample plan both with the federal subsidy and without it after entering information about the number of people in the household, annual income, age, and number of children. Similar calculators were also available on the Connecticut, Colorado, Minnesota, Nevada, Oregon, Vermont and Washington websites. The Kentucky website links to a resource at the Kaiser Family Foundation.

The Massachusetts Connector website has a "Plan Helper" feature that helps consumers refine their choices by answering three simple questions:

- Do you have a provider you want to keep using?
- How do you feel about an annual deductible?
- Would you like to see plans that have co-insurance or cost sharing?

Answers to these questions help organize the way plan information is presented.

In addition, several of the state marketplaces have been previewing prototypes of their websites for their boards and committees. In reviewing these presentations, many of them will have features that allow consumers to customize their shopping experience by using tools, filters, sorts and other decision support approaches. It must be noted that prototypes are still being altered and changes are likely.

Conveying Quality Information "At-a-Glance"

Another feature of the marketplace website prototypes is the use of at-a-glance methods to convey quality information about health plans. Most of the states appear to be using a star rating system (up to four or five stars) to convey quality.

State Activities

When viewing the timelines for development of the marketplace websites, many of the reviewed states included several rounds of website testing with consumers, or user acceptance testing, in their timelines. While reports on findings from this work were difficult to locate, there were some available.

California has conducted a number of activities related to the usability of their website including a readability review, usability testing and re-testing. The state contracted with National Opinion Research Center (NORC) at the University of Chicago to do key word testing.[24] This research first identified ideas

[24] NORC, *Effective Communication about Important Insurance Concepts: Results of Key Word Research* (San Francisco, CA: NORC, May 2013), http://www.healthexchange.ca.gov/BoardMeetings/Documents/June%2020,%202013/NORC%20Keyword%20Final%20Report.pdf

that were most challenging to consumers as they navigated the California marketplace website, and then developed and tested possible solutions. Working with 13 focus groups, which included both consumers and small business, the researchers tested language to describe a range of topics including "What is Covered California?" (Covered California is the name of the marketplace website), "What insurance is offered?", "Are these high quality plans?", and "What determines the cost of health care?". The research resulted in a series of specific recommendations for words or concepts that seemed to work better for Spanish and English consumers.

The **Massachusetts** Health Connector has an entire section of their website that shares lessons learned about their experience in establishing their health insurance marketplace including how to build an effective consumer website.

Given the tight timelines on developing the websites, many states appear to be using an iterative process to design, test, re-design and re-test marketplace websites.

Consumer Tools and Resources

There have been a number of reports that looked at the importance of marketplace tools and resources to assist consumers in narrowing choices:

- The Pacific Business Group on Health (PBGH), a California non-profit business coalition focused on health care, has examined ways to support consumer decisions in the marketplace websites. PBGH reviewed the evidence on what helps consumers make good health insurance decisions, and conducted a series of experiments with consumers who roughly matched the demographics of potential marketplace consumers.[25] The work resulted in a series of nine issue briefs, including one on cost calculators[26] and one on the use of filters and sorts.[27]

- Kleiman Communication Group and Consumers Union completed a study on how website display (choice architecture) affected consumers' shopping experience and decision-making.[28] They found that what consumers see first frames their understanding of the rest of the information, in effect creating a mental model for them.

- The Enroll UX 2014 prototype includes a number of tools that allow consumers to search for plans.[29] One tool asks consumers to rank the relative importance of the quality of a health plan, access to doctors without a referral, access to a particular doctor or prescription medication, and cost-sharing. A consumer's answers to these questions impacts how the plans the consumer

[25] Pacific Business Group on Health, *Consumer Choice of Health Plan – Decision Support Rules for Health Exchanges, Installments I,II and III* (San Francisco, CA: Pacific Business Group on Health, November 30, 2012), http://www.pbgh.org/storage/documents/pbgh_planchoicerules01-03_120312.pdf

[26] Pacific Business Group on Health, *Cost At Time of Care Calculator (Issue Brief#2)* (San Francisco, CA: Pacific Business Group on Health, 2013), http://www.pbgh.org/storage/documents/PBGH_PlanChoiceBrief02_CostCalc_013113.pdf

[27] Pacific Business Group on Health , *Organizing Plans Using Filters and Sorts (Issue Brief#3)* (San Francisco, CA: Pacific Business Group on Health, 2013), http://www.pbgh.org/storage/documents/PBGH_PlanChoiceBrief03_FiltersSorts_032713.pdf

[28] Kleiman Communication Group and Consumers Union, *Choice Architecture: Design Decisions that Affect Consumers' Health Plan Choices,* (Rockville, MD: Kleiman Communication Group, July 9, 2012), http://consumersunion.org/wp-content/uploads/2013/02/Choice_Architecture_Report.pdf

[29] Enroll UX2014, op.cit.

may purchase are displayed in the results. Consumers can also sort the results by cost or quality.

Number of Health Plan Choices

Consumers Union also studied whether consumers are better or worse off when provided with as many health insurance choices as possible.[30] They reviewed the literature and affirmed that more options increase stress for consumers, making it more difficult for them to decide on a health plan.

Conveying Information "At-a-Glance"

The Robert Wood Johnson Foundation's Aligning Forces for Quality project has published a number of useful briefs and reports addressing the broader issues of well-designed websites that convey quality information including *Improving Public Reporting Websites for Consumers,* which provides tips on homepage construction, use of visual elements, the importance of consistent frameworks when providing quality data, and summary scores.[31]

Recommendation III: Provide online education and decision support to assist marketplace consumers in choosing a health plan.

12) Assume no audience knowledge of health insurance and low health literacy levels in the design and writing of materials about health insurance options to maximize accessibility and understanding for all consumers. Utilize resources such as www.usability.gov, CMS's Toolkit for Making Written Material Clear and Effective, and the Office of Disease Prevention and Health Promotion's Health Literacy Online.

13) Explore multiple decision support approaches to maximize the opportunity to match a tool with a consumer's learning style, including shortcuts and other techniques to facilitate navigation.

14) Ensure that information about health plan options is culturally appropriate (respectful of and responsive to the values, beliefs, and customs of different racial, ethnic, religious or other groups), is available in languages other than English as appropriate, and is accessible to disabled consumers.

15) Include new media options to reach consumers who utilize those options, but also have a process to help consumers who do not have access to the Internet.

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[30] Consumers Union, *The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making,* (Yonkers, NY: Consumers Union, November 2012), http://consumersunion.org/wp-content/uploads/2012/11/Too_Much_Choice_Nov_2012.pdf

[31] Aligning Forces for Quality, *Improving Public Reporting Websites for Consumers: Lessons Learned From Consumer Testing of Aligning Forces for Quality Websites,* (Princeton, NJ: Robert Wood Johnson Foundation, April 2012), http://www.rwjf.org/en/research-publications/find-rwjf-research/2012/04/improving-public-reporting-websites-for-consumers.html

Update on Research and Activities

Health Insurance Literacy

Almost all of the state-sponsored marketplace websites have glossaries describing health insurance terms. Most also have a frequently asked questions (FAQ) section that covers topics such as who can use the marketplace, eligibility issues, timelines, and current resources for the uninsured.

A few have other approaches to health insurance education. For example:

- Connecticut has a "Myth vs. Fact" quiz.
- Colorado has a section of their website called Insurance 101:
- Massachusetts has a series of video tutorials that explain terms such as provider networks, co-insurance, and annual deductibles.
- Washington State included a Health Insurance 101 webinar as part of their webinar series.

Colorado, Hawaii, Massachusetts, Minnesota and Oregon are using stories from consumers and small business owners to personalize the importance of health insurance and the marketplace.

Work by Consumers Union looking at health insurance literacy confirmed consumers' lack of understanding of key health insurance concepts such co-insurance, annual benefit level, allowed amount, and out-of-pocket limit.[32] In addition, medical service terms can also be confusing, such as primary versus preventive care, or diagnostic testing versus screening.

As part of their work on supporting consumers' decisions in the marketplaces, PBGH noted the importance of, and offered suggestions on, using multiple approaches to communicating the difficult concepts of health insurance.[33]

- Use in-line definitions that pop-up when the consumer hovers over a word, an easy-to-access glossary, and/or FAQs.
- Simplify and clearly explain plan rules for seeing a doctor.
- Avoid focusing consumer attention on product types like HMO's or preferred provider organizations (PPO's). Instead, highlight how plans compare on dimensions, such as rules to see a doctor, covered benefits, or costs.

The federal government's re-launch of Healthcare.gov continues to include a glossary of health insurance terms. The website also includes access to information in a variety of other languages including Spanish, Chinese, French, French Creole, Vietnamese, Tagalog and Russian, and the option to live chat with a health insurance marketplace representative.

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[32] Consumers Union, *What's Behind the Door: Consumers' Difficulties Selecting Health Plans,* (Yonkers, NY: Consumers Union, January 2012), http://consumersunion.org/pub/pdf/Consumer%20Difficulties%20Selecting%20Health%20Plans%20Jan%202012.pdf

[33] Pacific Business Group on Health, *Communicating Difficult Concepts (Issue Brief#8),* (San Francisco, CA: Pacific Business Group on Health, 2013), http://www.pbgh.org/storage/documents/PBGH_PlanChoiceBrief08_DifficultConcepts_021213.pdf

Language/Disability Access

Many of the websites indicate that they are available in multiple languages, with Spanish being the most frequently cited. Some, such as Connecticut and Oregon, have a select language drop box that translates the website into dozens of languages. Healthcare.gov includes access to information in a variety of other languages including Spanish, Chinese, French, French Creole, Vietnamese, Tagalog and Russian, and the option to live chat with a health insurance marketplace representative.

While most marketplace websites will comply with federal and state policies regarding access for persons with disabilities, a few websites included specific links to their accessibility policies.

- Connecticut included a link giving information about the state's accessibility policy for state websites, as well as resource links.

- In the "About this Site" section of the Minnesota website, it is noted that consumers with disabilities can request documents in alternative formats such as large print, braille or audio. Oregon includes similar information in their "Contact Us" section.

Use of New Media

Almost all of the marketplace websites are using social media. Most are on Facebook and Twitter, and some are using LinkedIn, Google Plus, Tumblr and Flicker. Maryland allows consumers to sign-up to receive text message updates about the marketplace.

Several of the websites have created YouTube channels.

- Connecticut: http://www.youtube.com/user/AccessHealthCT
- Colorado: http://www.youtube.com/user/ConnectForHealthCOKentucky: http://www.youtube.com/kynectkyMinnesota: http://www.youtube.com/mnsureNevada: http://www.youtube.com/user/nv?feature=mhee

Other Activities

PBGH also looked at the topic of shortcuts and noted that marketplaces should allow consumers the flexibility to spend more or less time and effort on plan choice.[34] Those consumers choosing a quick choice approach should only have to enter a few pieces of information about their preferences such as coverage level (self or family), geographic area, and expected health care needs.

Recommendation IV: Ensure that marketplace information about doctors, hospitals and other health providers is easily accessible and accurate.

16) Capitalize on the teachable moment of health plan enrollment or re-enrollment to encourage consideration of the quality and efficiency of the health providers, such as doctors and hospitals, which participate with each health plan.

[34] Pacific Business Group on Health, *QuickChoice (Issue Brief#5)*, (San Francisco, CA: Pacific Business Group on Health, 2013), http://www.pbgh.org/storage/documents/PBGH_PlanChoiceBrief05_QuickChoice_032713.pdf

17) Ensure the accuracy of the information provided about physicians and hospitals, particularly with regard to their continued affiliation with the plan.

18) Make access to information about the availability and quality of physicians and other health providers easy to find and use.

Update on Research and Activities

Doctor Directories

In a report released earlier this year, Families USA discussed the importance of accurate up-to-date marketplace information about the plans health providers accept, and if the providers are accepting new patients.[35] The report highlighted some examples of activities around provider directories in states such as Connecticut, where plans must update their provider directory every 15 days, and Washington, where insurers must submit monthly electronic reporting of participating providers.

The IPI review of states indicated that doctor directories in Maryland must be updated every 15 days.[36] The state is working with the Chesapeake Regional Information System for our Patients (CRISP), the state's non-profit health information exchange, to develop a directory that will show if a preferred provider is in the network of a particular plan.

Research by PBGH confirmed that doctor plan participation and the rules to see a plan's doctors continue to be important to consumers.[37] PBGH also recommended a consolidated, all-plan directory with centralized provider data so that a single search entry returns results about a doctor's participation in each of the available plans.[38]

PBGH also discussed the benefits of including information that helps consumers find a doctor or clinic that scores best on those quality dimensions that are important to them.[39] Ratings may come from a multi-payer database program or other statewide quality collaboratives. The research also suggests that marketplaces could collect and report real-time consumer ratings of plans and doctors.

The Enroll UX 2014 prototype includes a tool that allows consumers to identify certain health providers. The results page shows the plans affiliated with the selected provider. The tool can also query how many providers affiliated with a selected plan are within 10, 25 and 50 miles of a zip code.

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[35] Families USA, *Consumer Friendly Standards for Qualified Health Plans in the Exchanges: Examples from States,* (Washington, DC: Families USA, January 2013), http://familiesusa2.org/assets/pdfs/health-reform/Consumer-Friendly-Standards-in-Exchange-Plans.pdf

[36] *Maryland Health Benefit Announces Insurance Companies Authorized to Sell Qualified Health Plans to Residents and Small Employers through Maryland Health Connection,* Maryland Health Connection press release, May 28, 2013. http://marylandhbe.com/wp-content/uploads/2013/05/CarrierAnnouncementRelease.pdf

[37] Pacific Business Group on Health, *Important Dimensions of Plan Choice* (San Francisco, CA: Pacific Business Group on Health, 2013), http://www.pbgh.org/storage/documents/PBGH_PlanChoiceBrief04_ImportantDimensions_013113.pdf

[38] Pacific Business Group on Health, *Searching for Doctor in Plan & Rules to see a Doctor (Issue Brief#6),* (San Francisco, CA: Pacific Business Group on Health, 2013), http://www.pbgh.org/storage/documents/PBGH_PlanChoiceBrief06_DoctorSearch_021213.pdf

[39] Pacific Business Group on Health, *Plan and Provider Quality Ratings* (San Francisco, CA: Pacific Business Group on Health, 2013), http://www.pbgh.org/storage/documents/PBGH_PlanChoiceBrief07_QualityRatings_032713.pdf

Partnerships

A June 2013 press release from the California marketplace announced a partnership with the "Choosing Wisely" campaign, which is a partnership of the American Board of Internal Medicine Foundation, Consumer Reports and leading national medical societies.[40] The program encourages discussion between patients and their physicians about unnecessary procedures and treatments.

Recommendation V: Continue to monitor and improve marketplace performance information and usability of consumer websites.

19) Move to align information across payers by standardizing data collection and reporting approaches to ensure that the information can be reliably used for comparisons.

20) Conduct ongoing evaluation of the marketplace website to see how it is actually working and commit to improve the website based on findings.

21) Create a plan to periodically evaluate and refresh quality and performance measures to assure they are not topped out (only show consistently high performance) and continue to represent state-of-the-art measurement.

22) Continue to conduct usability testing of the marketplace website.

Update on Research and Activities

As previously mentioned, the health reform law requires the development of an enrollee satisfaction survey compatible with the widely used CAHPs family of surveys. Another survey will focus on a consumer's satisfaction with the marketplace itself. A draft of the marketplace survey was released in July 2013.[41] The survey includes questions addressing:

- How easy the marketplace application is to understand and complete.
- Consumers' experience with finding information on the marketplace website, on the phone, or in-person.
- Consumers' ability to compare health plan costs and quality, and enroll in a health plan.

The Massachusetts Health Connector has conducted periodic member surveys that have addressed satisfaction with the insurance programs including premium costs, ability to understand health plan benefits and access issues.[42] The survey also asked about consumers' experience with the application and enrollment process, customer service, and use of the website portal.

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[40] *Covered California Joins Partnership Aimed at Reducing Unnecessary Medical Care*, Covered California press release, June 19, 2013. http://www.healthexchange.ca.gov/Documents/Choosing%20Wisely%20Press%20Release%2006-19-13_ss.pdf

[41] CMS, July 3, 2013, op.cit.

[42] Massachusetts Health Connector, *Fiscal Year 2011 Commonwealth Care Member Survey*, (Boston, MA: Massachusetts Health Connector) https://www.mahealthconnector.org/portal/binary/com.epicentric.contentmanagement.servlet.ContentDeliveryServlet/About%2520Us/Publications%2520and%2520Reports/2011/2011-3-10/CommCare_Member%2520Survey.pdf

In their most recent member survey presented at their April 2013 Massachusetts Health Connector Board meeting[43], staff outlined the results of their third member survey that found:

- 85% of members were extremely satisfied or satisfied with the program.
- 83% rated the choice of available providers as excellent, very good or good.
- 88% rated the quality of care under their plan as excellent, very good, or good.
- 79% thought the application process was very or somewhat easy, with top challenges being too much paperwork, too many forms, asks too many questions, cannot read or trouble reading the forms, and need help in filling out the forms).

CONCLUSION

A successful marketplace website will be one that, to the extent possible, simplifies the difficult task of understanding and selecting health insurance plans by providing consumers with the information they need to make the right choice for themselves. Not every marketplace website will meet the mark in the beginning, but through the application of ongoing research findings, and advocacy and regulatory oversight, consumers can have access to marketplace websites that are user-friendly and that emphasize quality and affordability. We urge advocates and policymakers to use this report to facilitate this goal.

[43] Massachusetts Health Connector, *Commonwealth Care Member Survey* (Boston, MA: Massachusetts Health Connector, April 11, 2013), https://www.mahealthconnector.org/portal/binary/com.epicentric.contentmanagement.servlet.ContentDeliveryServlet/About%2520Us/Publications%2520and%2520Reports/2013/2013-04-11/CommCareMemberSurveyContractRenewals.pdf

Appendix A

List of Marketplace Website Names and Links to Consumer Marketplace and Policy Websites

California
Consumer Marketplace Website Name: Covered California
Consumer Marketplace Website Link: http://www.coveredca.com/
Policy Website: http://www.healthexchange.ca.gov/Pages/Default.aspx

Connecticut
Consumer Website Name: Access Health CT
Consumer Website Link: http://www.accesshealthct.com/
Policy Website: http://www.ct.gov/hix/site/default.asp

Colorado
Consumer Website Name: Connect for Health Colorado
Consumer Website Link: http://www.connectforhealthco.com/
Policy Website: (Same as above)

District of Columbia
Consumer Website Name: DC Health Link
Consumer Website Link: N/A
Policy Website: http://hbx.dc.gov/

Hawaii
Consumer Website Name: Hawaii Health Connector
Consumer Website Link: http://www.hawaiihealthconnector.com/
Policy Website: (Same as above)

Idaho
Consumer Website Name: N/A
Consumer Website Link: N/A
Policy Website: http://gov.idaho.gov/priorities/Exchange.html

Kentucky
Consumer Website Name: Kynect
Consumer Website Link: http://kynect.ky.gov/
Policy Website: http://healthbenefitexchange.ky.gov/Pages/home.aspx

Maryland
Consumer Website Name: Maryland Health Connection
Consumer Website Link: http://www.marylandhealthconnection.gov/
Policy Website: http://marylandhbe.com/

Massachusetts
Consumer Website Name: Health Connector
Consumer Website Link: https://www.mahealthconnector.org/portal/site/connector
Expected new Consumer website: http://bettermahealthconnector.org/
Policy Website: (Same as above)

Minnesota
Consumer Website Name: MNsure
Consumer Website Link: http://www.mn.gov/hix/
Policy Website: (Same as above)

Nevada
Consumer Website Name: Nevada Health Link
Consumer Website Link: http://www.nevadahealthlink.com/
Policy Website: http://exchange.nv.gov/

New York
Consumer Website Name: New York State of Health
Consumer Website Link: http://www.nystateofhealth.ny.gov/
Policy Website: http://www.healthcarereform.ny.gov/health_insurance_exchange/

Oregon
Consumer Website Name: Cover Oregon
Consumer Website Link: http://coveroregon.com/
Policy Website: (Same as above)

Rhode Island
Consumer Website Name: HealthSource RI
Consumer Website Link: http://www.healthsourceri.com/
Policy Website: (Same as above)

Vermont
Consumer Website Name: Vermont Health Connect
Consumer Website Link: http://healthconnect.vermont.gov/
Policy Website: (Same as above)

Washington
Consumer Website Name: Washington Healthplanfinder
Consumer Website Link: http://www.wahealthplanfinder.org/
Policy Website: http://www.wahbexchange.org/

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