
Exchanges – Arraying Health Plan Choices with the Consumer in Mind

Lynn Quincy
September , 2012



How Can We Improve Consumers' Ability to Function in the Health Insurance Marketplace?

- Get better information about the challenges consumers face

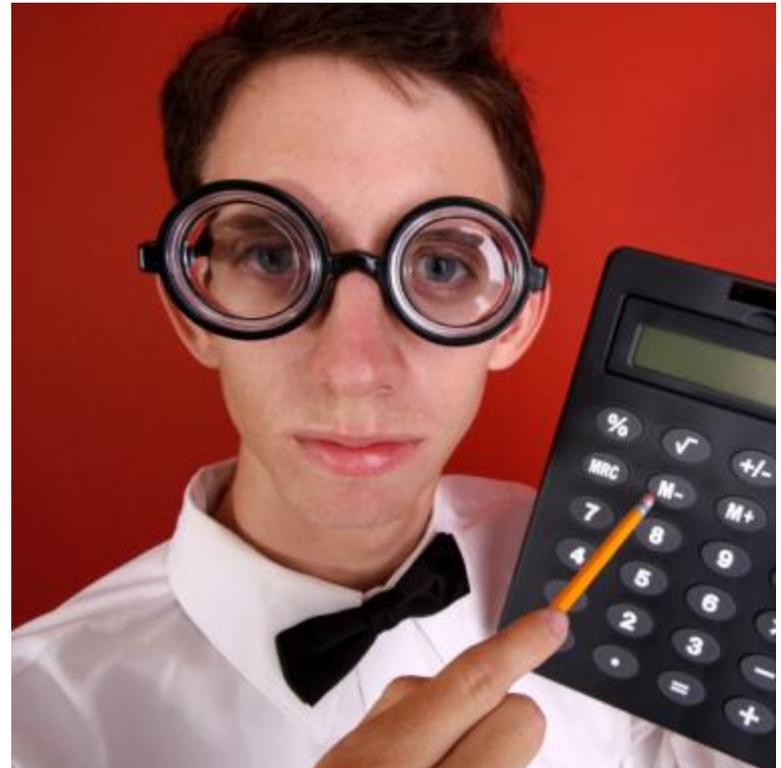
- Use this information to:
 - improve the underlying products,
 - improve the way products are communicated and
 - activate consumers.

Failure to Address Consumer Confusion has Grave Consequences

- ❑ Consumers find themselves underinsured, too often leading to medical bankruptcy
- ❑ Under-insured consumers act like uninsured consumers – they delay getting care
- ❑ Inability to effectively compare plans undermines the health plan marketplace
- ❑ Strains customer help lines
- ❑ Costs money

Don't Design for this person

Abandon the image of a careful shopper capable of weighing the myriad costs and benefits of their health insurance options



Three CU studies explored how consumers REALLY shop for health insurance

Study Examined:	When:	Locations: Mid-sized cities in...
Pages 1-4 of new health insurance disclosure	Sept-Oct 2010	IA, NH, CA, OH
"Coverage Facts Label" (pages 5-6)	May 2011	MO, NY
Actuarial Value Concepts	May 2011	CO, MD

Participants were evenly divided between men/women; uninsured/insured (non-group). A variety of education levels, ages (26-64), and race/ethnic background, and prior familiarity with health insurance.

Consumers Dread Shopping for Health Insurance

I think medical insurance is probably one of the hardest things for me that I shop for. And I think one of the hardest things is to figure out what's covered.

*-quote from report: **Early Consumer Testing of New Health Insurance Disclosure Forms***

Consumers Doubt the Value/ Purpose of Health Insurance

- ❑ Many view health insurance as pre-paid health care, rather than insurance.
- ❑ If they don't expect to use much health care next year, doesn't seem like a good value.

Note: this is different from the notion that "I'm young and invincible." Rests on a skewed notion of what insurance is.

Consumers want a good “value” but can’t calculate value

Consumers care about cost.

But they don’t want the lowest cost plan, they want the best value plan they can afford.

Notion of value is sophisticated:

- scope of services covered
 - share of the cost paid by plan
 - *sometimes* the quality of providers
-

Consumers are confused by cost-sharing terms

This is the greatest area of confusion.

They don't know the vocabulary: deductible, coinsurance, benefit maximum, allowed amount, out-of-pocket maximum

These complex concepts must THEN be used together to estimate patient's cost for services (do copays count towards the deductible? the out-of-pocket maximum?)

Which would you choose?

Health Plan A

Terms:

εκπεστέου είναι
\$4.000· η
μητρότητα δεν
είναι
καλύπτονται

or

Health Plan B

Terms:

εκπεστέου είναι
\$1,000 7
μητρότητα έχει
\$5.000 όφελος
όριο

Some medical coverage terms are also confusing

- What is the difference between primary and preventive care?
- What are specialty drugs?
- How does a diagnostic test differ from a screening?

Consumers need a “mental map” to navigate a complex topic like insurance

- If this “map” or framework is missing, decisions aids like glossaries or well-designed disclosures can do little to help consumers—there is nothing for them to attach the information to.
- If they have prior experience with health insurance, consumers view new information through that lens. *Example: Copays counted towards the deductible in my old plan so this plan probably works the same way.*

If they don't have prior experience with health insurance...

... they'll use other experiences – like car insurance.

Moderator: So let's say [you] had a really bad year and you had two illnesses... you think each time you're going to have to pay that deductible?

Participant: Yeah, because it's just like an accident in a car. If I crash my car 10 times I [would have to keep paying the deductible] ...it'll be a loss for the insurance company just having a one-time deductible.

Providing clarity is insufficient; information must also be trusted

- ❑ If consumers don't trust the information, they won't use it
- ❑ Trust levels are very low for health insurers*
- ❑ Even when consumers have a good grasp of the information in front of them, they often don't trust their analysis. They worry about the "fine print" because health insurers are "tricky."

That's a Lot of Challenges

Key Decisions for Exchange Designers

- How will we:
 - Assess the barriers facing our health plan shoppers on an on-going basis?
 - Define criteria for health plans that can sell in the exchange?
 - Establish benefit designs rules that go beyond the ACA (if any)?
 - Set up the “choice architecture” that consumers will use to compare plans?
 - Cultivate a reputation as a trusted source for information?
 - Interact with brokers, navigators and others who will help consumers?
 - Coordinate offerings with those available in the “outside” market?

Assess Barriers Facing Health Plan Shoppers

- ❑ Collect evidence (Lynn's reports and others)
- ❑ Conduct rigorous consumer testing:
 - Usability testing better than focus groups
- ❑ Once launched, have robust feedback mechanisms:
 - web analytics, test alternate designs in different geographic areas, aggregate feedback from consumer assistants
- ❑ Have a realistic model for how consumers shop for health insurance and continuously refine it.

Benefit Design Rules

The ACA includes some simplification of benefit design:

By Sept 23, 2012	By Jan 1, 2014
<ul style="list-style-type: none">▪ No lifetime limits▪ Some preventive services w/o cost-sharing	<ul style="list-style-type: none">▪ Upper-limit on Patient's Maximum OOP▪ No \$ annual limits▪ Individual and small group plans conform to actuarial value tiers and cover essential health benefits; priced using a limited set of rating factors▪ Plans sold in exchanges are "qualified"

...but health insurance is still pretty complex.

Massachusetts' consumer testing found that additional simplification was needed.

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BROWSE PLANS: 2 benefits packages (What's a benefits package?) ? [8 plans]

Sort plans by Benefits package

Show Plans. Then choose up to 3 to compare. Click **Continue** at bottom.

You've selected

Benefits package

- Bronze
- Silver
- Gold

Narrow by provider

Search for your doctor...
Only show plans that include your doctor, nurse practitioner, hospital or health center.

Narrow by monthly cost

- \$301 - \$400 (0)
- \$401 - \$500 (0)
- \$501 - \$600 (4)
- \$601 - \$700 (0)
- \$701 - \$800 (0)
- \$801 - \$900 (2)
- Greater than \$900 (2)

Narrow by insurance carrier

		\$ Monthly Cost	Annual Deductible	Annual Out of Pocket Max.	Doctor Visit	Generic Rx	Emergency Room	Hospital Stay
Silver Low Benefits Package 4 plans available		as low as \$508	STANDARD BENEFITS FOR ALL SILVER LOW PLANS					
<input checked="" type="checkbox"/> Hide Plans About Silver Low			\$1,000 (ind.) \$2,000 (fam.)	\$2,000 (ind.) \$4,000 (fam.)	\$20 copay	\$15 copay	annual deductible, then \$100 copay	annual deductible, then no copay
<input type="checkbox"/>	Neighborhood Health Plan	\$508.39	↑	↑	↑	↑	↑	↑
<input type="checkbox"/>	BOSTON MEDICAL CENTER HealthNet Plan Get more.	\$515.82	↑	↑	↑	↑	↑	↑
<input type="checkbox"/>	MASSACHUSETTS	\$834.71	↑	↑	↑	↑	↑	↑
<input type="checkbox"/>	Harvard Pilgrim Health Care	\$841.91	↑	↑	↑	↑	↑	↑
Silver High Benefits Package 4 plans available		as low as \$512	STANDARD BENEFITS FOR ALL SILVER HIGH PLANS					
<input checked="" type="checkbox"/> Show Plans About Silver High			None	\$2,000 (ind.) \$4,000 (fam.)	\$25 copay	\$15 copay	\$100 copay	\$500 copay

What Is Choice Architecture?

“Organizing the context in which people make decisions” or how your choices are structured

Results A:	Total Estimated Cost
Plan A	\$
Plan B	\$\$
Plan C	\$\$\$

Results B:	Plan A	Plan B	Plan C
Premium	\$	\$\$	\$\$
Deductible	\$\$	\$\$	\$\$\$

CU Study of Choice Architecture

- Examined six health plan chooser tools:
 - Consumers Checkbook/FEHBP
 - Massachusetts Connector
 - ehealthinsurance
 - PBGH/CalPERS
 - CMS Plan Finder
 - Enroll User Experience 2014 (UX 2014)

Choice Architecture: Design Decisions that Affect Consumers' Health Plan Choices

July 9, 2012



Kleimann Communication Group, Inc.
12800 St. James Rd
Rockville, MD 20850

And



Consumers Union
1101 17th Street NW
Washington, DC 20036

Carefully Consider the Structure of Initial Search Results

Why? Because consumers often look no further and use these initial results to make their decision.

- PBGH/CalPERS: 93% of the time the default display of information is accepted by users.
- Checkbook: More than 60% of users make their decisions without viewing any other information beyond the initial summary screen.

Key Choice Architecture Elements in Initial Search Results

- ❑ Are All Plans Displayed?
- ❑ Default Sort Order?
- ❑ Which Plan Attributes Are Displayed?
- ❑ Are there consumer tested “cognitive short-cuts”?

Cognitive Short-Cuts?

- Assume consumers will use cognitive short-cuts to “get through” the task of shopping for coverage.
- Consider developing short-cuts to help consumers to make an informed choice:
 - Actuarial Value Tiers
 - Measures of Network Adequacy
 - Coverage Examples

Example

- Showing what a plan would pay for a serious illness altered consumers' views – it conveyed the value and purpose of insurance in a compelling way.

About these coverage examples:

These examples show how this plan might cover medical care in these situations. Use these examples to see, in general, how much insurance protection you might get from different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby

(normal delivery)

- Amount owed to providers: \$10,000
- Plan pays \$0
- You pay \$10,000 (maternity is not covered, so you pay 100%)

Sample care costs:

First office visit	\$100
Radiology	\$300
Laboratory tests	\$200
Routine obstetric care	\$2,000
Hospital charges (mother)	\$4,100
Hospital charges (baby)	\$1,900
Anesthesia	\$1,000
Circumcision	\$200
Vaccines, other preventive	\$200
Total	\$10,000

You pay:

Deductibles	\$0
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$10,000
Total	\$10,000

Treating breast cancer

(lumpectomy, chemotherapy, radiation)

- Amount owed to providers: \$98,000
- Plan pays \$94,800
- You pay \$3,200

Sample care costs:

Office visits & procedures	\$4,000
Radiology	\$4,000
Laboratory tests	\$2,400
Hospital charges	\$3,300
Inpatient medical care	\$200
Outpatient surgery	\$3,400
Chemotherapy	\$64,000
Radiation therapy	\$13,000
Prostheses (wig)	\$500
Pharmacy	\$2,000
Mental health	\$1,200
Total	\$98,000

You pay:

Deductibles	\$2,500
Co-pays	\$200
Co-insurance	\$0
Limits or exclusions	\$500
Total	\$3,200

Managing diabetes

(routine maintenance of existing condition)

- Amount owed to providers: \$7,800
- Plan pays \$6,800
- You pay \$1,000

Sample care costs:

Office visits & procedures	\$960
Laboratory tests	\$300
Medical equipment & supplies	\$40
Pharmacy	\$6,500
Total	\$7,800

You pay:

Deductibles	\$300
Co-pays	\$260
Co-insurance	\$400
Limits or exclusions	\$40
Total	\$1,000

Chooser Tool	Within the customer's service area, are all plans displayed?	Plans at the top of the list have...
CMS	All Displayed	Lowest Total Estimated Cost
Checkbook	All Displayed	Lowest Total Estimated Cost
PBGH/ CaPERS	Default is to display 6 plans	Lowest Total Estimated Cost
Enroll UX 2014	User responses to questions determines the list of plans displayed, with 3 displayed at a time	Lowest Total Estimated Cost
MA Health Connector	Users select a coverage level (Bronze, Silver, etc) before seeing plans	Lowest Premiums
eHealth Insurance	Default shows only "Best Sellers" – most popular plans among those that contract with eHealthInsurance	Proprietary algorithm

Another cognitive short-cut: Total Estimated Costs

$$\begin{array}{ccc} \text{Total} & & \text{Premium cost +} \\ \text{Estimated} & = & \text{Expected out-of-pocket} \\ \text{Costs} & & \text{costs} \end{array}$$

Four Chooser Tools Use this Concept:

- Consumers Checkbook/FEHBP
- CMS Plan Chooser
- PBGH/CalPERS
- Enroll UX 2014



Available Plans - Ranked by Estimated Cost for Families Like Yours in an Average Year

You may select plans and compare their benefits, costs, and quality in detail by using the Compare Selected Plan Details option. Always consult official [Plan Brochures](#) before making your final plan decisions.

Ⓢ Point your mouse at this symbol should you need additional explanation. Click on for Video explanation. ⚡ Click on arrow up/down to sort the associated column. Use "Shift" key to sort multiple columns.

[Print Your Plan Comparison Report](#) | [Plan Brochures](#) | [Search Again](#)

HMO Overall Quality Score Estimated Out-of-Pocket Costs \$2000 - \$7210 Deductible \$0 - \$4000 Published Premium \$2410 - \$9130

CDHP / HDHP ★★★★★

PPO ★★★★★ ★★★ ★★ ★

- Summary
- Cost Comparison
- Cost Sharing
- Coverage Features
- Vision/Dental/Hearing
- Plan Flexibility
- Quality
- Advice & Feedback

Select to 	Plan Name 	Plan Code 	Plan Type 	Estimated Average Yearly Cost for Families Like Yours 	Most You Could Pay in a Year 	Published Premium 	Overall Quality Score - (Personalize Here) 	Doctor Result (Click each name for more info)
<input type="checkbox"/>	APWU CDHP	475	CDHP	\$2,000	\$9,340	\$2,410	★★★	Napolitano, Stephen
<input type="checkbox"/>	Mail Handlers-Value	415	PPO-FEE	\$4,800	\$27,880	\$2,450	★	Napolitano, Stephen
<input type="checkbox"/>	Aetna HealthFund HDHP	225	HDHP	\$2,490	\$8,150	\$2,470	★★	Napolitano, Stephen
<input type="checkbox"/>	Kaiser-Std	E35	HMO	\$3,000	\$10,570	\$2,480	★★★★★	Unknown
<input type="checkbox"/>	GEHA-Std	315	PPO-FEE	\$4,060	\$15,340	\$2,530	★★★★★	Napolitano, Stephen
<input type="checkbox"/>	GEHA HDHP	342	HDHP	\$2,600	\$10,930	\$2,740	★★★	Napolitano, Stephen
<input type="checkbox"/>	Mail Handlers HDHP	482	HDHP	\$3,080	\$10,450	\$3,140	★	Napolitano, Stephen
<input type="checkbox"/>	Blue Cross-Basic	112	PPO	\$3,920	\$7,280	\$3,430	★★★★★	Napolitano, Stephen
<input type="checkbox"/>	APWU-Hi	472	PPO-FEE	\$4,100	\$8,480	\$3,460	★★★★★	Napolitano, Stephen
<input type="checkbox"/>	CareFirst BlueChoice-Std	2G5	HMO-POS	\$3,890	\$7,820	\$3,480	★★	Napolitano, Stephen
<input type="checkbox"/>	Aetna Open Access-Basic	JN5	HMO	\$3,710	\$12,010	\$3,500	★★★	Napolitano, Stephen



▶ We found 45 plans starting as low as \$104.32 a month

Results based on **1 applicant** located in TALLAPOOSA County, effective 07/07/2012 ([Edit](#))

SPONSORED



UnitedHealthOne
New "Deductible Credit" feature - Reduce the amount you pay on your deductible "up to 50%!" Included on ALL PLANS! See brochure for details.

[VIEW PLANS](#)



Humana
New deductibles and plans include preventive care with no waiting periods & 100% coverage, no lifetime max and many plans are HSA qualified.

[VIEW PLANS](#)

Shop By

[Show All](#) **45** Plans Found

Company

- AARP-branded plans... (7)
- Celtic Ins. Co. (9)
- Humana (7)
- UnitedHealthOne (22)

Monthly Cost

- Under \$200 (11)
- \$200 to \$300 (14)
- \$300 to \$400 (14)
- \$400 to \$500 (5)
- \$500 to \$600 (1)
- \$600 & Above (1)

Deductible

- \$500 to \$1,000 (2)
- \$1,000 to \$2,500 (17)
- \$2,500 to \$5,000 (29)
- \$5,000 to \$10,000 (20)
- \$10,000 & Above (4)

Office Visit

Coinsurance

Plan Type

Additional Coverages

Additional Features

- Best Sellers
- [All Plans\(45\)](#)
- [Plans with Your Doctor](#)
- [Help Me Choose](#)

Showing 11 of 45 Plans | [Show All](#)

Sort by: Best Seller Price Deductible Ratings Company

[Bookmark](#) [Print](#)

Copay Select 70 - 5000

	Plan Type Network	Deductible \$5,000	Coinsurance 30%	Office Visit \$35
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AM Best Rating: [A](#)



[Find Doctor](#) [Plan Details](#)

Compare up to 4 plans

[Not Yet Rated](#)

\$204.67/mo*

[Apply](#)



Copay SelectSM Value - 10000

	Plan Type Network	Deductible \$10,000	Coinsurance 30%	Office Visit \$35
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AM Best Rating: [A](#)



[Find Doctor](#) [Plan Details](#)

Compare up to 4 plans

Rating: 3.5

\$131.47/mo*

[Apply](#)



Be a Trusted Source for Information

- Partner with trusted entities/use trusted messengers
- Manage consumer expectations – don't oversell
- Merit consumer trust:
 - vet health plans well,
 - strive for stability in offerings,
 - ensure that informational displays are accurate, timely and responsive to consumers' needs
 - invest in good communications,
 - test communications with consumers, and
 - engage in these activities over the long run

Thank you!

Please email
Lynn Quincy with
any questions:

lquincy "at" consumer.org

Reports can be downloaded
from:
www.consumersunion.org/health

ConsumersUnion[®]
POLICY & ACTION FROM CONSUMER REPORTS

HEALTH POLICY
BRIEF
JANUARY 2012

What's Behind the Door: Consumers' Difficulties Selecting Health Plans

SUMMARY

Consumer testing by Consumers Union confirms the widely held perception that people struggle to understand their health insurance policies. This information gap has grave consequences for consumers and for the success of most health reform approaches. Indeed, improving consumers' ability to shop in the health insurance marketplace is an area of great untapped potential. But realizing this potential will require a multi-layered policy approach. It will require greater standardization of products in the marketplace, along with better tools for communicating health plan features to consumers. Both strategies will require an in-depth understanding of how consumers shop for coverage and the barriers they face. Rigorous consumer testing provides the nuanced information that can lead to measurable improvements in consumer understanding. This brief highlights the findings from three consumer testing studies. These consolidated results provide a strong foundation for regulatory and legislative efforts to enact policies and provide tools that improve consumers' understanding of health insurance, as well as health plans' own efforts to improve customer communications.

Consumer testing by Consumers Union confirms the widely held perception that people struggle to understand their health insurance policies. These difficulties are so profound that the vast majority of consumers are essentially being asked to buy a very expensive product—critical to their health—while blindfolded. As in the game show "Let's Make a Deal," they must make a selection without knowing what's behind the door.¹ This information gap has grave consequences for consumers and for the success of most health reform approaches.

Why Engage In Consumer Testing?

If policymakers or regulators start with an incomplete or erroneous understanding of how consumers shop for health insurance, they will not design appropriate policies or regulations. However, these entities are hampered by a very limited amount of data on how consumers shop and the barriers they face. There is a general perception that shopping for and using health insurance is

1 – HEALTH POLICY BRIEF – JANUARY 2012 – WWW.CONSUMERSUNION.ORG

Besides CU reports, these might be of interest

- Determining Health Benefit Designs to be Offered on a State Health Insurance Exchange (Mass Experience, Nov 2011)

<http://bluecrossmafoundation.org/Health-Reform/Lessons/~ /media/Files/Health%20Reform/Lessons%20for%20National%20Reform%20from%20the%20Massachusetts%20Experience%20Benefit%20Designs%20Toolkit%20v2.pdf>

- Consumer Choice of Health Plan Decision Support Rules for Exchanges (PBGH, July 2012)

http://www.pbgh.org/storage/documents/Plan_Choice_Rules_Consumer_Decision_Support_Installments_I_and_II_071912.pdf