Supporting Informed Decision-Making in the Health Insurance Marketplace: A Progress Report for 2017

APRIL 2017

national partnership
for women & families

Contents

About the National Partnership for Women & Families

At the National Partnership for Women & Families, we believe that actions speak louder than words, and for 45 years we have fought for every major policy advance that has helped women and families.

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

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

Supporting Informed Decision-Making in the Health Insurance Marketplace: A Progress Report for 2017

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Executive Summary

The National Partnership for Women & Families has been actively tracking the progress of the health care marketplaces established by the Affordable Care Act (ACA) since the first open enrollment period began in 2013. Beginning in 2015, we have released an analysis of each annual open enrollment period entitled *Supporting Informed Decision-Making in the Health Insurance Marketplace: A Progress Report*. In these reports, we examine how the federal and state-based marketplaces are equipping consumers with the tools and information they need to choose and enroll in health insurance. This year's report assesses marketplace support during open enrollment for the 2017 coverage year (November 1, 2016 through January 31, 2017).

For the 2017 open enrollment period, we assessed the marketplaces on metrics that are important to consumers, such as the availability of transparent, accessible information on cost, quality ratings and the inclusion of providers and prescription drugs in specific plans. In this report, we describe common marketplace website features and highlight best practices for the federally facilitated marketplace (FFM, also called HealthCare.gov) and for the 12 state-based marketplaces (SBMs).

Overall, we found that the marketplaces continue to improve and are becoming more adept at meeting consumers' needs. Below, we summarize our recommendations for how administrators can continue to support informed decision-making in the health insurance marketplace.

Recommendations

Supporting Enrollment and Website Navigation: Consumer Outreach and Assistance

RECOMMENDATION 1: OFFER MOBILE APPS.

▸ Marketplaces should offer and promote mobile apps. Mobile apps are a great tool to educate and encourage enrollment, particularly among younger consumers.

▸ Mobile apps also may allow consumers to more easily locate information that requires more searching on the full site. This includes the submission of verification information, FAQs and definitions, and broker or other live consumer assistance resources.

RECOMMENDATION 2: INCLUDE MORE KEY TERMS OFFERED AS HOVER DEFINITIONS AND IN THE GLOSSARY.

▸ The hover definition feature helps consumers easily access definitions of key terms and should be an option for these terms.

▸ All terms that have a hover definition feature should also be defined in the glossary because the glossary provides quick access, usually one click from the homepage. To access definitions via the hover feature, consumers must either be logged in to a marketplace account or use the anonymous browsing feature.

RECOMMENDATION 3: INCORPORATE A LIVE CHAT FEATURE.

▸ Marketplaces should incorporate a live chat feature into their websites. Live chat allows tech savvy consumers to access help efficiently.

▸ This feature also allows call centers to focus on more complicated consumer assistance, while the chat operators can focus on easier-to-resolve quick fixes, such as forgotten or lost passwords.

Helping Consumers Differentiate Among Plan Choices: Plan Display and Sort and Filter Options

RECOMMENDATION 1: HELP CONSUMERS EASILY FIND THE MOST BENEFICIAL PLAN OPTIONS.

▸ Websites should clearly explain potential cost-sharing reduction (CSR) eligibility and display silver plans first for individuals potentially eligible for CSRs to ensure that consumers consider their CSR plan options. However, websites should make it clear how a consumer can view all plan options.

▸ Marketplace websites should display distinctly marked standardized plan options and offer clear explanations of what they are and how they can help consumers more easily compare non-obvious plan features.

- All marketplaces should have a consumer-friendly provider and formulary search tool built into the plan shopping portal. The shopping process would be easier and more transparent if consumers could avoid comparing across many issuer webpages and instead, sort and filter plans based on network or formulary inclusion. At the very least, to limit confusion, a marketplace should include the link to the exact formulary search page specific to the plan a consumer is exploring.

- Marketplaces should use indicators to show which providers and drugs are covered by each plan, rather than using a filter that removes plans not meeting the criteria. An indicator can provide similar transparency but will not prevent consumers from seeing plans that also may fit their needs.

- As marketplace plans move toward more tightly managed networks, marketplace websites should continue to build and display measures of network breadth, and clearly explain what these measures mean.

RECOMMENDATION 2: ALLOW CONSUMERS TO SORT PLAN OPTIONS.

- Marketplace websites should clearly explain sorting options and how activating a specific type of sort will affect the plans that appear on the plan selection page.

- All marketplaces should, if possible, display an estimated total annual cost with personalized information for each plan. This feature helps consumers understand the potential impact of cost sharing on access and ultimate plan affordability. This is especially important given the high number of consumers who select plans based on the premiums, but whose access or affordability may be diminished by choosing a lower level, cheaper plan. However, it is important that all plans also display monthly premium and deductible information separately on the initial page to mitigate perceived unaffordability.

- Marketplaces should provide the option to sort by many different features, including by both cost and non-cost features such as quality rating or network breadth.

RECOMMENDATION 3: ENHANCE FILTERING OPTIONS WHILE ALLOWING CONSUMERS TO COMPARE ALL PLANS.

- Marketplaces should offer filtering tools that allow more customization; for example, sliding scales, currently utilized in the FFM, which provide more personalized results.

- Marketplaces should provide the option to filter by many features, including by both cost and non-cost features such as quality rating, issuer, standardized plan option or network breadth.

- Marketplaces should make clear that not all plans are being shown when a filter is engaged and should provide a clear and easy way for consumers to remove the filter to see all plans.

Making Key Plan Information Accessible: Marketplace Transparency

RECOMMENDATION 1: AT A MINIMUM, PLACE PRIMARY CARE PROVIDER, SPECIALIST AND ALL PRESCRIPTION DRUG TIERS' COST-SHARING INFORMATION ON INITIAL DISPLAY PAGES, IN ADDITION TO PREMIUM AND DEDUCTIBLE COSTS.

‣ Cost-sharing amounts for common services are crucial information for consumers to consider when choosing a health plan. Requiring consumers to click to details pages can increase confusion and may give the impression that these details are not important to consider in selecting a plan.

‣ When details are displayed on the initial page, marketplaces should clearly note where benefits are subject to a combined or separate drug deductible. Consumer confusion can result when that information appears only on the details pages.

RECOMMENDATION 2: EMBED BOTH THE SUMMARY OF BENEFITS AND COVERAGE (SBC) AND SCHEDULE OF BENEFITS (SOB) INTO MARKETPLACE WEBSITES TO ENSURE THESE DOCUMENTS ARE EASILY ACCESSIBLE.

‣ Consumers need information on covered services and the associated cost sharing for each service. This information is essential to making informed decisions when selecting health coverage. Embedding the SBC and SOB, both important consumer materials, would ensure this information is accessible.

RECOMMENDATION 3: EMBED PROVIDER AND DRUG SEARCH TOOLS IN MARKETPLACE WEBSITES.

‣ Consumers may prefer receiving care from particular providers or need coverage of specific medications. All marketplace websites should have embedded provider and drug search tools, and existing tools should be enhanced, so consumers can more easily select plans that include their preferred providers and/or medications.

RECOMMENDATION 4: INCREASE THE ACCURACY OF OUT-OF-POCKET (OOP) COST CALCULATORS AND MAKE THE RESULTS EASY TO UNDERSTAND.

‣ OOP cost calculators are important tools for consumers that give a personal context to the many coverage and cost-sharing details. However, OOP cost calculators vary widely in their precision.

‣ Marketplaces should improve the accuracy of these tools by offering additional inputs and using more personalized data in the calculation, such as specific medications a patient takes and the corresponding cost sharing, in order to deliver results that are as meaningful as possible to consumers.

Introduction

The Affordable Care Act (ACA) marketplaces have played a pivotal role in providing health care to millions of people across the country. Indeed, by connecting more people with health insurance sold on the individual market, marketplaces have helped drive the national uninsured rate to a record low of 8.8 percent in 2016.[1]

The National Partnership for Women & Families has been actively tracking the progress of the health care marketplaces established by the ACA since the first open enrollment period began in 2013. Beginning in 2015, we have released an analysis of each annual open enrollment period entitled *Supporting Informed Decision-Making in the Health Insurance Marketplace: A Progress Report.* In these reports, we examine how well the federal and state-based marketplaces are equipping consumers with the tools and information they need to choose and enroll in health insurance. Prior to the ACA, there was no clear or easy way to compare health care plans sold in the individual market. Over the past four open enrollment periods, the marketplaces have changed that, allowing consumers to shop and compare health plans and to find the best plan for themselves and their families. Marketplace administrators have rapidly increased the websites' capabilities and tools to serve consumers.

This year's report assesses marketplace support during open enrollment for the 2017 coverage year, which ran from November 1, 2016 to January 31, 2017. For the fourth open enrollment period, we assessed the marketplaces on metrics that are important to consumers, such as the availability of transparent, accessible information on cost, quality ratings and the inclusion of providers and prescription drugs in specific plans. In this report, we describe common marketplace website features and highlight best practices for the federally facilitated marketplace (FFM, also called HealthCare.gov) and for the 12 state-based marketplaces (SBMs). Despite recent uncertainty surrounding the future of the marketplaces, the lessons learned from the ACA's health insurance online marketplaces can inform future efforts to help consumers shop for health insurance in online settings.

We found that during the open enrollment period for plan year 2017, the marketplaces continued to improve, offering increased transparency and an even better consumer experience than in years past. Both the federal platform, HealthCare.gov, and the websites developed by specific SBMs have all continued to expand and improve tools that help consumers sort through many plan choices. Marketplace websites showed increased transparency, meaning it has become easier for consumers to compare plans across a number of features. We also found that administrators have stepped up public outreach and engagement to educate and attract enrollees, such as by partnering with civic and community health centers and directly with potential and current enrollees.[2]

We did find that some marketplaces provide better experiences than others, suggesting an opportunity for administrators to learn from one another as they continue to improve tools and services. A comprehensive set of recommendations is included in the report that follows.

Methodology

To develop this report, the National Partnership partnered with Avalere to assess the FFM and each SBM. Avalere conducted a review of historical marketplace improvements and a baseline review to highlight where marketplaces differed in approach and content. Three topical areas – consumer outreach, plan display and sort and filter functions, and transparency of information on the marketplace – were identified as elements that significantly affect the consumer enrollment experience. Marketplace websites were then evaluated for their performance on these three core metrics. Table 2 on the next page lists the marketplace websites reviewed as part of this analysis.

To assess what information is available on marketplace websites, Avalere simulated a real consumer. Table 1 details the two profiles Avalere used to shop on each marketplace's window-shopping platform.

Avalere used the ZIP code from the most populous city in each state. For HealthCare.gov, Avalere chose the most populous ZIP codes for Texas and Virginia, as they each take part in a HealthCare.gov pilot – network breadth and plan quality indicators, respectively. The reviewers of each marketplace website only looked at information and plan options that are available to the general public through the site's window-shopping feature. Avalere catalogued important details that were or were not available as part of each marketplace website's window-shopping feature to assess the robustness of available decision-making support tools. The National Partnership maintained editorial control over the content of this report.

Table 1: Consumer Profiles

Demographic Variable	Profile 1	Profile 2
Age	28	28
Sex	Female	Female
Annual Income	$30,000	$100,000
Household Size	1	3

Table 2: Marketplace Websites Included in Review

State	Marketplace Name	Marketplace Website	Shopping Tool Website
Federally Facilitated Marketplace	HealthCare.gov/FFM	HealthCare.gov	https://www.healthcare.gov/see-plans/#/buying
California	Covered California	http://www.coveredca.com/	https://apply.coveredca.com/apspahbx/ahbxanonym.portal?_nfpb=true&_st=&_nfls=false&_pageLabel=previewPlanPage#1
Colorado[3]	Connect for Health CO	http://connectforhealthco.com/	http://planfinder.connectforhealthco.com/ and https://prd.connectforhealthco.com/individual
Connecticut	Access Health CT	https://www.accesshealthct.com/AHCT/LandingPageCTHIX	https://www.accesshealthct.com/AHCT/IndividualInformation.action
District of Columbia	DC Health Link	https://www.dchealthlink.com/	https://dc.checkbookhealth.org/hie/dc/2017/
Idaho	Your Health Idaho	https://www.yourhealthidaho.org/	https://idahohix.yourhealthidaho.org/hix/preeligibility#/
Maryland	Maryland Health Connection	https://www.marylandhealthconnection.gov/	https://secure.marylandhealthconnection.gov/AHCT/FamilyInformation.action
Massachusetts	Massachusetts Health Connector	https://www.mahealthconnector.org	https://mahealthconnector.optum.com/individual/
Minnesota	MNsure	https://www.mnsure.org/	https://mn.checkbookhealth.org/hie/MN/2017/index.cfm?data=eyJGT1JNIjp7fSwiVVJMIjp7IkNPVkVSQUdFIjoiSW5kaXZpZHVhbCIsIkxBTkciOiJFTiJ9fQ%3D%3D
New York State	NY State of Health	https://nystateofhealth.ny.gov/	https://nystateofhealth.ny.gov/individual/searchAnonymousPlan/search
Rhode Island[4]	Health Source RI	http://healthsourceri.com/	https://healthyrhode.ri.gov/HIXWebI3/DisplayGetStarted.action and http://healthsourceri.com/calculator/
Vermont	Vermont Health Connect	https://portal.healthconnect.vermont.gov/VTHBELand/welcome.action	https://vt.checkbookhealth.org/hie/vt/2017/index.cfm?data=eyJGT1JNIjp7fSwiVVJMIjp7IkNPVkVSQUdFIjoiSW5kaXZpZHVhbCJ9fQ%3D%3D
Washington	Washington Healthplanfinder	https://www.wahealthplanfinder.org/_content/Homepage.html	https://www.wahealthplanfinder.org/HBEWeb/Annon_ViewIndividualPlans?request_locale=en

Supporting Enrollment and Website Navigation: Consumer Outreach and Assistance

A core mission of the FFM and SBMs is to educate consumers about coverage choices and encourage enrollment through consumer outreach and assistance. Marketplaces help consumers stay informed about important dates and events, such as open enrollment deadlines. Social media and advertising have allowed marketplaces to reach a wider, often younger, population. Other outreach includes phone calls, in-person enrollment events and live online support.

Social Media and Outreach Events

FFM and SBM administrators have recognized that social media is effective to promote and convey important health coverage and enrollment information. It has a broad reach and requires relatively low set-up and maintenance efforts. Table 3 and Figure 1 illustrate how marketplaces have used social media.

Table 3: Social Media Followers (as of January 2017)

Marketplace	Facebook Likes	Twitter Followers
HealthCare.gov	527,251	272,000
California	229,887	50,100
Colorado	7,468	2,342
Connecticut	40,234	3,503
District of Columbia	500	2,387
Idaho	2,871	495
Massachusetts	20,924	4,371
Maryland	6,663	5,232
Minnesota	4,372	3,508
New York	21,293	9,194
Rhode Island	5,306	2,092
Vermont	2,536	2,259
Washington	17,935	3,231

Figure 1: Tweet from the Federally Facilitated Marketplace on January 25, 2017

All marketplaces have an extensive Facebook and Twitter presence, but some use additional social media platforms like YouTube, LinkedIn and Instagram (see Table 4). These social media platforms provide valuable outlets for marketplaces to promote events, share information about important dates and convey helpful information about how people can access coverage and care.

Table 4: Additional Social Media Platforms Used by Each Marketplace

Marketplace	YouTube	LinkedIn	Instagram
HealthCare.gov	✔		
California	✔		✔
Colorado	✔	✔	✔
Connecticut	✔	✔	✔
District of Columbia	✔		✔
Idaho	✔		
Massachusetts	✔		✔
Maryland	✔		✔
Minnesota	✔		
New York	✔		✔
Rhode Island	✔	✔	
Vermont	✔		
Washington	✔		

Because more and more consumers use mobile devices (including phones and tablets) for shopping and everyday activities, Connecticut, D.C. and Maryland developed mobile applications ("apps") for their SBMs (see Figure 2). Apps provide information about the marketplace and a mechanism to stay engaged with it. Some also allow consumers to take and upload photos of enrollment eligibility verification materials.

Marketplaces with similar platforms could partner to co-develop and implement mobile platforms to make the enrollment process easier. This approach could ease the eligibility verification process, which causes considerable issues and backlog, by supplementing the existing process by which consumers submit verification information. Allowing consumers to submit information via the cameras on their phones may lead to greater compliance, as compared to requiring consumers to print out and mail in such information. It also makes it significantly easier to process the information received by eliminating the sorting and scanning requirements of paper submissions. SBMs and the FFM should consider integrating a mobile app into future consumer outreach.

Figure 2: Maryland Health Connection App Screen Shot
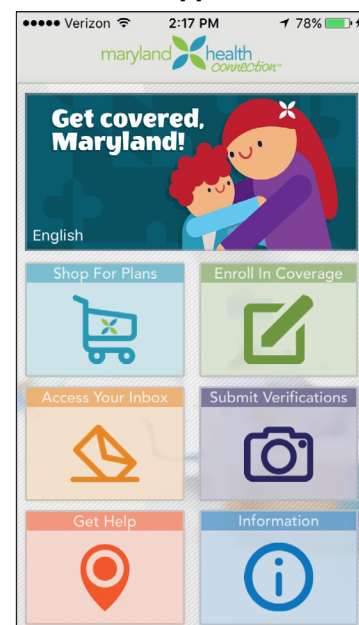
Most marketplaces (Calif., Colo., Conn., D.C., Mass., Md., Minn., N.Y., R.I.) also offer outreach events, such as those noted in Figure 3. HealthCare.gov, on the other hand, works with consumer outreach partners – such as navigators and in-person assisters – to sponsor and facilitate such outreach. HealthCare.gov has a search feature to identify partners that offer assistance.
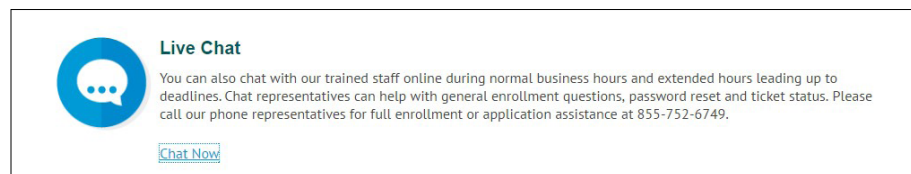
Figure 3: Outreach Events

California	Massachusetts	New York
The Clinica Sierra Vista Open Enrollment Event located at a community health center helped consumers determine whether they qualified for Medi-Cal or financial assistance.	The MA Community Action Committee of Cape Cod & Islands hosted navigators and insurance counselors at an open enrollment event. The event offered answers to questions and application and enrollment assistance to the uninsured and to those who needed to shop for plans or renew marketplace or Medicaid plans.	The Buffalo Employment and Training Center held a Career Center Marketplace Information Session at which marketplace representatives answered questions about enrollment in the marketplace.

Live Chat Feature

Select marketplace websites have non-traditional enrollment aids, including a live chat function. While HealthCare.gov does not include this feature, California, Colorado and New York do (see Figure 4). Live chat features appeal to consumers who prefer to receive help online rather than in person or by phone. Live chats also provide immediate assistance, often with minimal wait times. However, it may be harder for consumers and chat administrators to discuss more complex topics and challenges in this digital setting than via phone or in person.

Figure 4: Colorado Live Chat Feature

Live Chat

You can also chat with our trained staff online during normal business hours and extended hours leading up to deadlines. Chat representatives can help with general enrollment questions, password reset and ticket status. Please call our phone representatives for full enrollment or application assistance at 855-752-6749.

Chat Now

Consumer Education and Marketplace Glossary

For some consumers, the marketplace shopping experience means confronting unfamiliar vocabulary. Marketplaces have tried to increase consumer health insurance literacy by defining terminology through web features. In fact, all of the marketplaces offer definitions of important or potentially confusing insurance terms using a "hover" functionality (definitions appear when the consumer holds a mouse over the word). Additionally, all marketplaces offer a glossary of terms. However, the terms featured in glossaries – and how comprehensive the definitions for those terms are – vary. Unfortunately, some terms are not defined in both the glossary and a hover box.

Table 5 reviews how marketplace glossaries define five key terms: deductible, maximum out-of-pocket (MOOP)/out-of-pocket (OOP) limit, quality/quality rating, cost-sharing reductions (CSRs) and special enrollment period (SEP). It illustrates the inconsistency of definitions.

Table 5: Availability of Definitions for Five Key Terms

Marketplace	CSRs	Deductible	MOOP	Quality or Quality Rating	SEP
HealthCare.gov	✔	✔	✔	✔	✔
California		✔	✔		✔
Colorado		✔	✔		✔
Connecticut	✔	✔	✔		✔
District of Columbia	✔	✔	✔		✔
Idaho	✔	✔	✔		✔
Massachusetts	✔	✔	✔		✔
Maryland	✔	✔	✔		✔
Minnesota	✔	✔	✔		
New York	✔	✔	✔	✔	✔
Rhode Island		✔	✔	✔	✔
Vermont	✔	✔	✔		
Washington	✔	✔	✔		✔

Marketplace websites must provide assistance in other languages and include "taglines" in at least the top 15 languages in a state on their websites and any document "that is critical for obtaining health insurance coverage or access to health care services through a QHP [qualified health plan] for qualified individuals, applicants, qualified employers, qualified employees, or enrollees."[5] Further, call centers must provide interpretation in at least 150 languages.[6] Figure 5 shows how consumers can select to navigate HealthCare.gov in Spanish or English.

Figure 5: HealthCare.gov English and Spanish Language Option Button on Homepage

Recommendations to Support Enrollment and Website Navigation

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Helping Consumers Differentiate Among Plan Choices: Plan Display and Sort and Filter Options

A marketplace website's plan shopping page is likely the most important element of a consumer's marketplace experience. The structure and functions of this page – such as the organization of information and the available filtering and sorting options – can substantially affect a consumer's ability to find the plan that best meets her or his needs.

For most consumers, the plan shopping page displays dozens of plan options across different coverage levels – bronze, silver, gold and platinum. Additionally, plans typically have unique networks, prescription drug formularies, covered benefits, coverage limitations, cost sharing and coverage of out-of-network providers. While diverse options often make it possible for consumers to find a plan that meets their particular needs, the wide variety of choices mean consumers need tools that help them quickly and easily distinguish among plans.

This chapter reviews some of the tools and many display options that marketplaces are using to help consumers identify the plans that best match their needs.

Default Plan Display

NUMBER OF PLANS

Limiting the number of options presented to the consumer can help make the process more manageable, but it also can influence the consumer's ultimate choice. Some marketplaces only display a limited set of plans on the initial window-shopping page, while other marketplaces include all available plans. While the number of available plans per marketplace varies, more than two-thirds of marketplaces do not display all available plans on that initial selection page (see Figure 6).

Figure 6: Number of Plans Initially Displayed on Each Marketplace's Window-Shopping Page
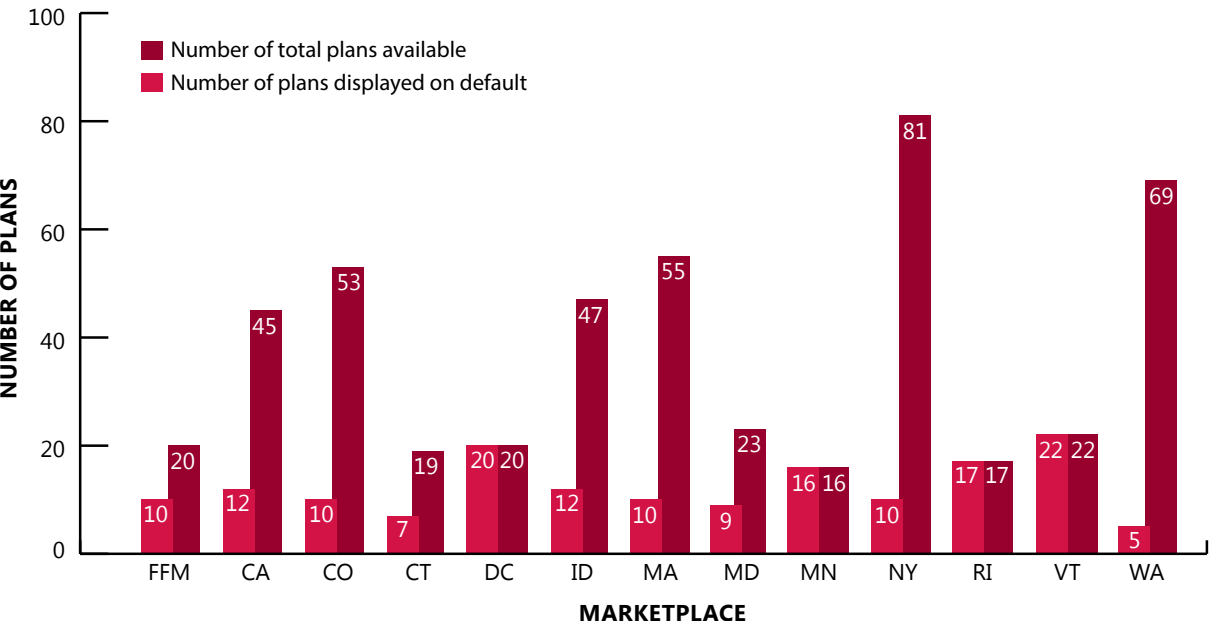
DEFAULT SORT ORDER

The order in which plans are sorted on the plan window-shopping page can influence consumer decision-making. Studies have shown that order affects choice and that consumers may rely on the default sort order, particularly when making complex decisions such as selecting a plan from a marketplace.[7] In fact, an article regarding the behavioral economics at play in the insurance marketplaces noted that people "often settle for options at the top of a menu, regardless of whether that choice is best for them," explaining that the order of plans may be influencing consumers' decisions.[8] For this reason, the default plan sort order is an influential aspect of the shopping experience.

The default sort order on window-shopping pages has evolved. At first, all marketplaces, including the FFM, sorted plans from lowest monthly premium to highest. The following year, all but one marketplace sorted this way. In the third open enrollment period, five of the 13 SBMs (Calif., D.C., Ky., Minn. and Vt.) switched to sorting plans by total estimated costs, including premiums and cost sharing. For the 2017 open enrollment period, five SBMs used a feature other than the monthly premium as the default sort order; the rest, including the FFM, default sorted by premium (see Table 6).

Table 6: Marketplace Portal Default Sort Order, 2017

Marketplace	Default Plan Sort Order
HealthCare.gov	Premium
California	Yearly cost estimate
Colorado	Premium
Connecticut	Premium
District of Columbia	Yearly cost estimate
Idaho	Premium
Maryland	Premium
Massachusetts	Premium
Minnesota	Yearly cost estimate
New York	Premium
Rhode Island[9]	Premium, metal level
Vermont	Yearly cost estimate
Washington	Premium

Sorting plans based on an estimate of annual health care costs may provide a helpful glimpse of the possible total costs associated with choosing a particular plan. This is important given that many consumers may not be fully aware of the role that premiums and cost sharing may play in the total cost of health care. Health plan costs, particularly OOP spending, can be confusing for consumers and difficult to estimate.[10] It is important to note, however, that using a yearly cost estimate as the default sort may lead to concerns about affordability. Consumers may be used to thinking about the cost of health care in terms of monthly premiums, and since yearly cost estimates show higher costs than monthly premiums alone (as they include both the premiums and projected cost sharing for the full plan year), consumers may be deterred from buying coverage when they see such high costs. To address this, marketplaces could also display premiums separately. Indeed, all four SBMs with a yearly cost default sort order also separately display premiums on the initial page. Informed consumers can therefore separate out the premium versus the expected utilization costs and decide if these estimates are likely to be accurate for them.

Figure 7: Comparison of Plans Using Default Sort and Sort by Premium for DC Health Link

Default Sort by Yearly Cost Estimate

Plan ⑦ Select the plan name for DETAILS. Select checkboxes to compare plans.	Yearly Cost Estimate ⑦	Cost in a Bad Year ⑦ (3% chance)	Doctors ⑦
☐ KP DC STANDARD Bronze 5000/50/Dental/Ped Dental ♡ Kaiser - HMO - ● Bronze MONTHLY PREMIUM: **$111** after $72 subsidy ANNUAL PREMIUM: **$1,332** after $864 subsidy DEDUCTIBLE: Medical: **$5,000** / Drug: **$300**	$2,962	$8,482	
☐ KP DC Bronze 6400/55/Dental/Ped Dental ♡ Kaiser - HMO - ● Bronze MONTHLY PREMIUM: **$97** after $72 subsidy ANNUAL PREMIUM: **$1,164** after $864 subsidy DEDUCTIBLE: Medical: **$6,400** / Drug: **$750**	$2,994	$8,314	
☐ BlueChoice HMO Standard Bronze $5,000 ♡ CareFirst - HMO - ● Bronze MONTHLY PREMIUM: **$115** after $72 subsidy ANNUAL PREMIUM: **$1,380** after $864 subsidy DEDUCTIBLE: Medical: **$5,000** / Drug: **$300**	$3,010	$8,530	
☐ KP DC Silver 1700/20%/CSR/HDHP/Dental/Ped Dental ♡ Kaiser - HMO - ● Silver MONTHLY PREMIUM: **$139** after $72 subsidy ANNUAL PREMIUM: **$1,668** after $864 subsidy DEDUCTIBLE: **$1,700**	$3,048	$6,668	
☐ BlueChoice HMO Standard Silver $2,000 A ♡ CareFirst - HMO - ● Silver MONTHLY PREMIUM: **$156** after $72 subsidy ANNUAL PREMIUM: **$1,872** after $864 subsidy DEDUCTIBLE: Medical: **$1,300** / Drug: **$250**	$3,052	$7,572	
☐ KP DC Bronze 6200/20%/HSA/Dental/Ped Dental ♡ Kaiser - HMO - ● Bronze MONTHLY PREMIUM: **$101** after $72 subsidy ANNUAL PREMIUM: **$1,212** after $864 subsidy DEDUCTIBLE: **$6,200**	$3,112	$7,762	

Optional Sort by Premium

Plan ⑦ Select the plan name for DETAILS. Select checkboxes to compare plans.	Yearly Cost Estimate ⑦	Cost in a Bad Year ⑦ (3% chance)	Doctors ⑦
☐ KP DC STANDARD Bronze 5000/50/Dental/Ped Dental ♡ Kaiser - HMO - ● Bronze MONTHLY PREMIUM: **$111** after $72 subsidy ANNUAL PREMIUM: **$1,332** after $864 subsidy DEDUCTIBLE: Medical: **$5,000** / Drug: **$300**	$2,962	$8,482	
☐ KP DC Bronze 6400/55/Dental/Ped Dental ♡ Kaiser - HMO - ● Bronze MONTHLY PREMIUM: **$97** after $72 subsidy ANNUAL PREMIUM: **$1,164** after $864 subsidy DEDUCTIBLE: Medical: **$6,400** / Drug: **$750**	$2,994	$8,314	
☐ BlueChoice HMO Standard Bronze $5,000 ♡ CareFirst - HMO - ● Bronze MONTHLY PREMIUM: **$115** after $72 subsidy ANNUAL PREMIUM: **$1,380** after $864 subsidy DEDUCTIBLE: Medical: **$5,000** / Drug: **$300**	$3,010	$8,530	
☐ KP DC Silver 1700/20%/CSR/HDHP/Dental/Ped Dental ♡ Kaiser - HMO - ● Silver MONTHLY PREMIUM: **$139** after $72 subsidy ANNUAL PREMIUM: **$1,668** after $864 subsidy DEDUCTIBLE: **$1,700**	$3,048	$6,668	
☐ BlueChoice HMO Standard Silver $2,000 A ♡ CareFirst - HMO - ● Silver MONTHLY PREMIUM: **$156** after $72 subsidy ANNUAL PREMIUM: **$1,872** after $864 subsidy DEDUCTIBLE: Medical: **$1,300** / Drug: **$250**	$3,052	$7,572	
☐ KP DC Bronze 6200/20%/HSA/Dental/Ped Dental ♡ Kaiser - HMO - ● Bronze MONTHLY PREMIUM: **$101** after $72 subsidy ANNUAL PREMIUM: **$1,212** after $864 subsidy	$3,112	$7,762	

PLANS FOR CSR-ELIGIBLE CONSUMERS

For many, CSRs are critical to preserving coverage affordability. To take advantage of the benefits of CSRs, however, eligible consumers must have household incomes between 100 and 250 percent of the Federal Poverty Level (FPL) and enroll in a silver plan – the only plan metal level for which consumers can receive CSRs.

Despite consumer interest in easily being able to discern plans for which CSRs may be applied, many marketplaces continue to sort plans by premium, causing consumers to see bronze plans first. This may tempt CSR-eligible consumers to choose a bronze plan (with the lowest premium) even though a silver plan would, in fact, provide more robust health coverage and better match their health care needs and financial circumstances. A CSR plan – with its lower cost sharing – may offer more coverage at a lower yearly cost than a bronze plan (even accounting for premiums that are often higher for silver plans than for bronze plans).

To help eligible consumers consider CSR options, some marketplaces (Conn., Md., R.I. and Wash.) list CSR plans first on the default plan window-shopping page. Unfortunately, the FFM does not highlight CSR plans in this way. While many consumers are enrolled in CSR plans (60 percent via HealthCare.gov and 58 percent across all marketplaces[11]), states that promote CSRs in the default sort have more eligible enrollees in CSR plans. Data from Connecticut's 2016 open enrollment period shows that only 12.5 percent of CSR-eligible enrollees chose a bronze or catastrophic plan, while 82 percent enrolled in a CSR plan.[12] By contrast, a 2015 Avalere Health assessment found that, across all marketplaces, only about 70 percent of CSR-eligible consumers actually enrolled in a silver plan in 2015.[13]

STANDARDIZED PLANS

Standardized plans require the same cost sharing for each service and have the same deductibles and OOP maximums for a particular metal level in a state. Some marketplaces require issuers to offer standardized plans to participate in the state's marketplace, while others allow it as an option.

Currently, the marketplaces in seven SBMs (Calif., Conn., D.C., Mass., N.Y., Ore. and Vt.) and the FFM have standard benefit designs. In California, issuers are only allowed to offer the marketplace-created standardized plans.[14] For the FFM, the Centers for Medicare & Medicaid Services (CMS) first established optional standardized benefit designs – known as "Simple Choice" – for the 2017 plan year.[15]

Marketplaces with standardized plans identify these plans through window-shopping in different ways. Of the SBMs, only Connecticut and Massachusetts require special naming conventions – they both require the word "Standard" in the plan name. The FFM uses a banner (see Figure 8) to introduce the Simple Choice plan options, with a description of the features of standardized plans. However, for the FFM, these plans are only highlighted with a blue box in the top left corner of the plan on the plan window-shopping page, as shown in Figure 9 below.

Figure 8: Federally Facilitated Marketplace Simple Choice Banner
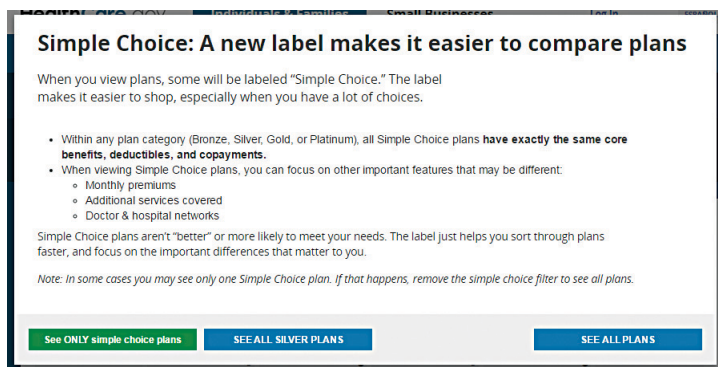
Figure 9: Federally Facilitated Marketplace Simple Choice Label
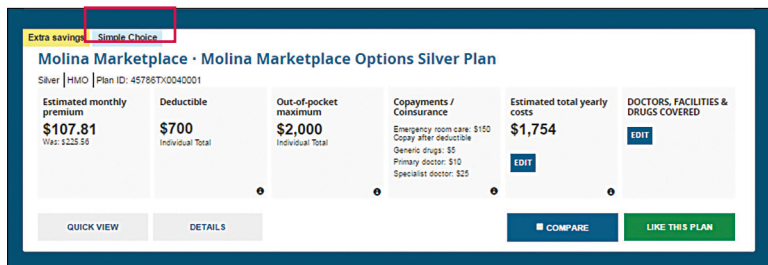
Consumer-Driven Sort and Filter Options

Marketplaces provide two important tools – sorting and filtering – to help consumers choose plans based on the factors that are most important to them. Consumer-driven sorting allows consumers to determine the order of plan display. For example, if a consumer chooses to sort plans by premium, they will see the plan options with the lowest premiums listed first, followed by plans with higher premiums. All marketplace websites offer sort options of various types, but sorting by premium is the only feature offered on all marketplaces. The only other commonly offered sort option in window-shopping is by deductible (low to high), which is offered by nine SBMs (Calif., Colo., Conn., Idaho, Md., Mass., N.Y., R.I. and Wash.) and the FFM.

Consumer-driven filtering, on the other hand, allows consumers to limit the plan choices shown in window-shopping by focusing filter results only on the plan options that meet one or more criteria. This option can be helpful for consumers looking for a specific feature. Currently, the only filtering option offered by all marketplaces is insurance issuer. Filtering by premium (offered in Calif., Colo., Conn.,

D.C., Md., Mass., Minn., R.I., Vt., Wash. and the FFM), metal level (offered in Calif., Colo., Conn., D.C., Idaho, Mass., Minn., N.Y., R.I., Vt., Wash. and the FFM) and deductible (offered in Calif., Colo., Conn., D.C., Idaho, Mass., Md., Minn., R.I., Vt., Wash. and the FFM) are the other most commonly offered options. Filtering by plan type is also frequently offered, appearing in California, D.C., Idaho, Maryland, Minnesota, Rhode Island, Vermont, Washington and the FFM. Sliding scales, offered by some marketplaces, are particularly effective filtering tools; they allow consumers to identify plans with premiums, deductibles and/or maximum OOP costs that fall within a specific range. See Table 7 for a summary of the filtering and sorting options available in each marketplace.
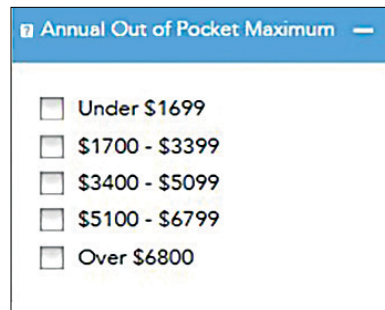
One drawback of filtering, however, is that it may prevent consumers from effectively comparing all their plan options. For example, consumers may filter to see only bronze plans, thinking they are the most affordable options, when a silver CSR plan may actually be a more cost-effective option.

SELECT SORT AND FILTER OPTIONS

Out-of-Pocket Maximum. For some consumers with greater health care needs, sorting or filtering by OOP maximum can be useful. (The OOP maximum represents the maximum amount of cost sharing that a consumer can spend for covered health care services during a plan year.) Sorting by OOP maximum shows plans in order from lowest to highest OOP maximum. Filtering by OOP maximum allows consumers to see only plans that have OOP maximums that fall within a spending range.

Currently, only the Maryland, Massachusetts and Washington marketplaces have a window-shopping tool to filter by the OOP maximum (see Figure 10), while the Idaho, Maryland and Washington marketplaces include a similar sorting option.

Figure 10: Maryland's Out-of-Pocket Maximum Filter

Health Savings Account (HSA) Eligibility. HSA window-shopping filtering tools are becoming more common as more issuers offer HSAs. These medical savings accounts allow consumers to use tax-advantaged income deferrals to help pay for certain approved medical expenses, such as cost sharing. For the 2017 plan year, the FFM and the California, Idaho and Washington marketplaces offered an HSA filtering function.

Quality Rating. Another emerging trend is use of issuer quality ratings. For 2017, the FFM piloted the display of quality ratings in two states – Virginia and Wisconsin (see Figure 11).[16] Some SBMs display quality ratings, and some even allow consumers to filter in window-shopping for the quality rating they are seeking (Calif., Conn., Md., N.Y. and Wash.). By hovering their mouse over the star rating next to each plan, consumers can read more about the quality ratings, as shown in Figure 12.

Table 7: Marketplace Portal Sorting and Filtering Functions by Feature

Marketplace	Premium	Deductible	Yearly Cost Estimate	Expense Estimate Ranking*	Metal Level	Insurance Issuer	Cost in a Bad Year	Medical Management Program	Maximum OOP Limit
HealthCare.gov	F, S	F, S	F		F	F		F	
California	F, S	F, S		S	F	F			
Colorado	F, S	F, S	S		F	F			
Connecticut	F, S	F, S			F, S	F, S			
District of Columbia	F, S	F	F, S		F	F	F, S		
Idaho	S	F, S		S	F	F			S
Maryland	F, S	F, S			S	F, S			F, S
Massachusetts	F, S	F, S			F	F			F
Minnesota	F, S	F	F, S		F	F	F, S		
New York	S				F	F			
Rhode Island	F, S	F, S			F, S	F			F
Vermont	F, S	F	F, S		F	F	S		
Washington	F, S	F, S			F	F			F, S

Table 7 (continued)

Marketplace	Plan Type	Quality Rating	Consumer Specified Provider	Consumer Specified Prescription Drug	HSA Eligible	Plan ID or Plan Name	Has Separate Drug Deductible
HealthCare.gov	F		F	F	F	F	
California	F	F			F		
Colorado			F	F			
Connecticut		F, S					
District of Columbia	F		F	F		S	F
Idaho	F				F		
Maryland	F	F, S					
Massachusetts			F				
Minnesota	F					S	
New York		F				F	
Rhode Island	F	S	F				
Vermont	F					S	
Washington	F	F, S	F		F		

F = Filtering functionality, **S** = Sorting functionality
* Expense Estimate Ranking offers a descriptor of expenses, such as high, medium or low, rather than a numerical estimate.

Figure 11: Federally Facilitated Marketplace Quality Rating Display

Figure 12: California Quality Rating Display and Explanation
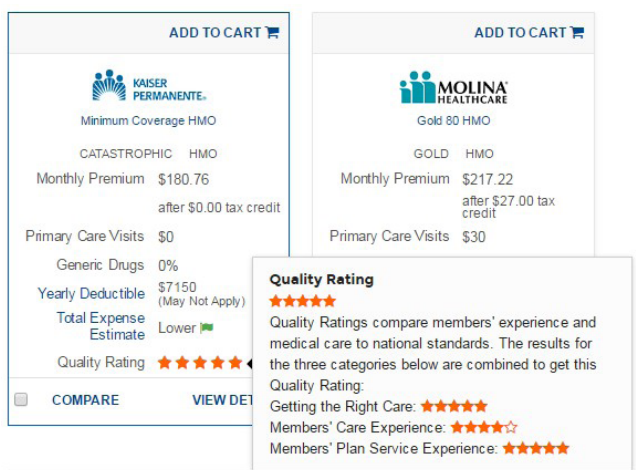
NETWORK AND FORMULARY INCLUSION

Some consumers prefer to use specific physicians and hospitals when seeking care and/or require certain prescription drugs. Marketplaces have created tools to help consumers identify plans that include preferred providers in their networks and that include specific prescription drugs in their formularies. Currently, only the FFM and the Colorado, D.C., Massachusetts and Washington marketplaces allow consumers to filter plans based on whether specific physicians are in-network (see Figures 13 and 14). The FFM and marketplaces in Colorado and D.C. also allow consumers to filter plans based on whether specific prescription drugs are covered by the plan (see Figures 13 and 14). The emergence of machine-readable drug formularies and provider networks should help more marketplaces provide sorting and filtering for medications and providers, and marketplaces should leverage these tools to give consumers the most complete and accurate information possible.

Figure 13: Doctor and Drug Preferences Option for DC Health Link

Figure 14: Doctor and Drug Preferences on Default Display Page for DC Health Link

NETWORK BREADTH

In 2017, CMS piloted a network breadth tool in Maine, Ohio, Tennessee and Texas[17] that helps consumers understand how broad a plan's provider network is compared with other plans offered in the same coverage area (see Figure 15). Across the SBMs, only the D.C. (see Figure 16) and Rhode Island marketplaces have filter options that allow consumers to select only from plans with a national network. Given concerns about plans' network breadth, more marketplaces should offer these tools in window-shopping.

Figure 15: Federally Facilitated Marketplace Network Breadth Indicator for a Houston, Texas Insurance Plan

Figure 16: National Network Indicator for DC Health Link

Figure 17: Plan Type Filter Option for California

PLAN TYPE

The FFM and eight SBMs (Calif., D.C., Idaho, Md., Minn., R.I., Vt. and Wash.) allow consumers to filter their searches by specific plan type (e.g., HMO or PPO) in window-shopping (see Figure 17). Plan types are indicative of the network design of the plan, with PPO plans having the broadest networks and HMOs often having the most limited ones.

Recommendations to Help Consumers Differentiate Among Plan Choices

RECOMMENDATION 1: HELP CONSUMERS EASILY FIND THE MOST BENEFICIAL PLAN OPTIONS.

▶ Websites should clearly explain potential CSR eligibility and display silver plans first for individuals potentially eligible for CSRs to ensure that consumers consider their CSR plan options. However, websites should make it clear how a consumer can view all plan options.

▶ Marketplace websites should display distinctly marked standardized plan options and offer clear explanations of what they are and how they can help consumers more easily compare non-obvious plan features.

▶ All marketplaces should have a consumer-friendly provider and formulary search tool built into the plan shopping portal. The shopping process would be easier and more transparent if consumers could avoid comparing across many issuer webpages and instead, sort and filter plans based on network or formulary inclusion. At the very least, to limit confusion, a marketplace should include the link to the exact formulary search page specific to the plan a consumer is exploring.

▶ Marketplaces should use indicators to show which providers and drugs are covered by each plan, rather than using a filter that removes plans not meeting the criteria. An indicator can provide similar transparency but will not prevent consumers from seeing plans that also may fit their needs.

▶ As marketplace plans move toward more tightly managed networks, marketplace websites should continue to build and display measures of network breadth, and clearly explain what these measures mean.

RECOMMENDATION 2: ALLOW CONSUMERS TO SORT PLAN OPTIONS.

▶ Marketplace websites should clearly explain sorting options and how activating a specific type of sort will affect the plans that appear on the plan selection page.

▶ All marketplaces should, if possible, display an estimated total annual cost with personalized information for each plan. This feature allows consumers to understand more clearly the possible impact of cost sharing on access and ultimate plan affordability. This is especially important given the high numbers of consumers who select plans based on the premiums, but whose access or affordability may be diminished by choosing a lower level, cheaper plan. However, it is important that all plans also display monthly premium and deductible information separately on the initial page to mitigate perceived unaffordability.

▶ Marketplaces should provide the option to sort by many different features, including by both cost and non-cost features such as quality rating or network breadth.

RECOMMENDATION 3: ENHANCE FILTERING OPTIONS WHILE ALLOWING CONSUMERS TO COMPARE ALL PLANS.

▶ Marketplaces should offer filtering tools that allow more customization; for example, sliding scales, currently utilized in the FFM, which provide more personalized results.

▶ Marketplaces should provide the option to filter by many features, including by both cost and non-cost features such as quality rating, issuer, standardized plan option or network breadth.

▶ Marketplaces should make clear that not all plans are being shown when a filter is engaged and should provide a clear and easy way for consumers to remove the filter to see all plans.

Making Key Plan Information Accessible: Marketplace Transparency

Consumers must be able to easily and quickly find information that helps them compare plans. Marketplace administrators should keep working to reduce the amount of time and number of clicks consumers must use to gather the most important plan details. Consumers will face fewer surprises related to coverage and cost if information on access, quality and benefits is readily available. Further, marketplaces can improve the shopping experience for consumers by including information directly on the marketplace website, rather than requiring consumers to click through to each insurer's separate website.

Consumers often look for information on premiums, deductibles, cost sharing, provider networks and formularies when making decisions about coverage. Marketplaces that make this information easy to find and easy to understand give consumers the best chance to enroll in a plan that meets their needs. This chapter reviews how and where marketplace websites display key coverage and cost-sharing information.

Location of Key Plan Details

Marketplaces primarily display coverage information in two locations: the initial plan display page (the first page of plan information provided after the consumer enters personal information and receives an eligibility decision) and the "more details" or "compare plan" pages that are accessed by clicking from the initial display page. The plan details that appear on the initial page, the details page, or both vary greatly among the marketplaces, as shown in Figures 18–20. When important plan information is hidden on the plan details page, it is more difficult for consumers to find and use this data. And, while it is not possible to include all details on an initial page, marketplaces could more clearly indicate that more detailed information is available.

For the 2017 open enrollment period, all SBMs and the FFM showed premiums on the initial window-shopping page. Only the New York marketplace did not show deductibles on the initial page. The FFM is particularly strong at including key plan details on its initial plan display page, offering details on premiums, deductibles, maximum out-of-pocket costs and cost sharing associated with primary care, specialist, emergency room and in-patient hospital visits and cost sharing associated with accessing generic prescription drugs.

Figure 18: Sample Initial Plan Display for Idaho

Figure 19: Sample Plan Details Page for Idaho

States also commonly show MOOP and estimated OOP cost (sometimes referred to as "estimated total yearly costs") on the initial page. Both of these amounts are important for consumers to understand since they may more accurately represent the potential full cost of coverage than premium alone, especially for consumers with significant health needs.

Other important cost-sharing information is commonly displayed only on the details page, including cost sharing for a primary care physician (PCP) visit, specialist visit and an emergency room (ER) visit. Hospital cost sharing does not appear on the initial page of any marketplace portal, though it does appear on the details page for all.

Figure 20: Sample Initial Plan Display for California

Access to prescription drugs is an important coverage feature for many consumers, but drug cost-sharing information mostly appears only on details pages. Only the FFM and the California, Idaho and Rhode Island marketplaces display any drug tier cost sharing information on the initial page (see Figure 21), and only Rhode Island shows cost-sharing information for all drug tiers. (The other three show generic tier cost-sharing information only.) All other marketplaces feature drug cost-sharing information only on the details pages. However, even when generic tier cost-sharing information is

displayed on the initial page, most marketplaces do not indicate whether the plan requires an enrollee to meet a deductible before accessing such benefits. In addition, a number of plans apply separate drug and pharmaceutical deductibles. Only eight SBMs (Calif., D.C., Idaho, Md., Mass., R.I., Vt. and Wash.) show separate medical and pharmaceutical deductibles when applicable. Consumers need to know whether drug spending is subject to a plan's deductible. Table 8 shows if and where consumers can find this information on initial pages, detail pages, or both for each SBM and the FFM.

Table 8: Location of Key Plan Details on Marketplace Websites

Marketplace	Premium	Deductible	MOOP	Estimated OOP	PCP Visit (in network)	Specialist Visit (in network)	ER Visit (in network)
HealthCare.gov	Yes	Yes	Yes	Yes	Yes	Yes	Yes
California	Yes	Yes	D	Yes	Yes	D	D
Colorado	Yes	Yes	Yes	Yes	D	D	D
Connecticut	Yes	Yes	Yes	No	Yes	D	Yes
District of Columbia	Yes	I	D	Yes	D	D	D
Idaho	Yes	Yes	Yes	No	D	D	D
Maryland	Yes	Yes	Yes	No	Yes	D	Yes
Massachusetts	Yes	Yes	No	Yes	No	No	D
Minnesota	Yes	Yes	D	Yes	D	D	D
New York	Yes	D	D	No	D	D	D
Rhode Island	Yes	Yes	Yes	I	Yes	D	D
Vermont	Yes	Yes	I	Yes	D	D	D
Washington	Yes	Yes	Yes	No	Yes	D	Yes

Table 8 (continued)

Marketplace	Inpatient Hospital	Preventive Care (in network)	Generic Drug Tier (Tier 1)	Brand Drug Tiers (Tiers 2-4)
HealthCare.gov	D	No	Yes	D
California	D	D	Yes	D
Colorado	D	D	D	D
Connecticut	D	D	D	D
District of Columbia	D	No	D	D
Idaho	D	D	Yes	D
Maryland	D	D	D	D
Massachusetts	D	D	D	D
Minnesota	D	D	D	D
New York	D	D	D	D
Rhode Island	D	D	Yes	Yes
Vermont	D	D	D	D
Washington	D	Yes	D	D

Yes = The information appears on both the initial page and the details page
I = The information only appears on the initial page
D = The information only appears on the details page
No = The information appears on neither the initial page nor the details page

Figure 21: Plan Details Included on the Federally Facilitated Marketplace's Initial Plan Display Page

Accessibility of Key Documents

Issuer-generated coverage documents such as the Summary of Benefits and Coverage (SBC) and the Schedule of Benefits (SOB) can offer a more comprehensive picture of coverage than the details offered on marketplace websites.

The SBC is a standardized template summarizing the services a plan covers and associated cost sharing for each service. SBCs also include coverage examples that show the potential cost sharing a consumer could pay if she or he suffers from a certain condition or requires a certain treatment. The SOB provides much more detailed coverage and cost-sharing information than the SBC, outlining each covered service and any utilization management, provider or coverage restrictions. While some consumers may not regularly need the level of detail offered in a plan's SOB, it is an invaluable tool for individuals with specific health care needs.

Marketplace websites either embed these documents or provide links to them on issuers' websites, as detailed in Table 9. While all but one marketplace offers access to the SBC in window-shopping, only Connecticut, New York and Rhode Island provide direct access to the SOB.

Table 9: Access to SBC and SOB Documents for Each Marketplace

Marketplace	SBC Embedded or Linked	SOB Embedded or Linked
HealthCare.gov	Linked	N/A
California	Embedded	N/A
Colorado	N/A	N/A
Connecticut	Embedded	Embedded
District of Columbia	Embedded	N/A
Idaho	Linked	N/A
Maryland	Embedded and Linked	N/A
Massachusetts	Linked	N/A
Minnesota	Embedded	N/A
New York	Embedded and Linked	Embedded
Rhode Island	Linked	Linked
Vermont	Embedded	N/A
Washington	Embedded	N/A

Generally, embedding the SOB and SBC on the marketplace page offers easier access to information and allows the consumer to stay within the same webpage. Linking to another website can disrupt the enrollment process when the document opens in the same window rather than a new tab or window.

Provider and Drug Formulary Search Tools

Search tools are an important feature for consumers to ensure their providers or medications are covered by the plan they purchase. Marketplaces can embed these search tools within their websites or link to issuer search tools. Currently, the majority of marketplace websites link to issuer search tools, as shown in Table 10.

Table 10: Marketplace Access to Provider and Drug Search Tools

Marketplace	Provider Search	Drug Search
HealthCare.gov	E	E
California	L	N/A
Colorado*	E	E
Connecticut	L	E
District of Columbia	E	E
Idaho†	L	L / E
Maryland	E	L
Massachusetts	E	L
Minnesota	L	L
New York	L	L
Rhode Island‡	E	L
Vermont	L	L
Washington	E	N/A

E = Search tool is embedded into the marketplace infrastructure and consumers are able to search for provider or formulary inclusion on the shopping page

E = Search tool is embedded into the marketplace, but separate from the plan shopping page

E = Information is available as a PDF or discrete document on marketplace site, but not via a search tool

L = Search tool is linked to a specific page on issuer/external website that contains a provider or formulary search function

L = Search tool is linked to non-specific page on issuer website that requires the consumer to search the site to locate the provider/formulary search function

N/A = No search is embedded or linked to

* Colorado has two anonymous browsing portals. While we have elected to show one representation of provider/drug search for Colorado, the **E** is associated with the portal assessed at http://planfinder.connectforhealthco.com/. However, interested customers are not able to enroll in coverage through this link. The portal accessed at https://prd.connectforhealthco.com/individual would receive a **L** rating, but does allow for customers to continue to enroll in coverage.

† For some plans, such as those offered by Blue Cross of Idaho, clicking on "drug list" takes the consumer to a PDF of the drug list. However, for all other issuers, clicking on "drug list" only links the consumer to the issuer's formulary search page.

‡ Rhode Island has two anonymous browsing portals. While we have elected to show one representation of provider/drug search for Rhode Island, the **E** and **L** is associated with the portal assessed at https://healthyrhode.ri.gov/HIXWebI3/DisplayGetStarted. action. However, such portal is only accessible by clicking on "enroll in coverage," agreeing to be redirected, not creating an account but navigating to the home page, and then selecting "anonymous browsing." The anonymous shopping portal available

The search options vary by marketplace. In the provider search option, consumers may be presented with the option to search for a provider by location, specialty or issuer. In the FFM and the Colorado marketplace, consumers can search for multiple providers at once. The Washington marketplace only has the option to search for providers by distance. Consumers in the Massachusetts marketplace can search by ZIP code, specialty and issuer.

Currently, the only available formulary search function uses a drug's name. This option is provided to consumers in the FFM and the Colorado and D.C. marketplaces. In addition, the FFM and the D.C. marketplace allow consumers to search for coverage of multiple drugs at once. As drug names can be hard for some consumers to spell correctly, Colorado and D.C. help consumers by auto-populating prescription drug options once the consumer inputs the first few letters of the drug's name. The FFM, however, requires the consumer to spell out the whole name and spell it correctly; a single letter off will yield no results. When an embedded search is not offered, marketplaces can provide direct links to the formulary information specific to the plans consumers are comparing to improve transparency. With the exception of Vermont, all marketplaces without an embedded search function provide direct links to such formulary information.

For the 2017 open enrollment period, D.C. introduced a feature that helps consumers determine specific prescription drug costs and health coverage information, shown in Figures 22 and 23. Consumers can enter up to 10 prescription drugs, see which plans cover each drug, and view the cost sharing and tier placement of those drugs.[18] Consumers also can see whether the drugs they entered require step therapy (trying lower priced medications first) or prior authorization (permission from the insurance company to qualify for coverage).[19]

Figure 22: DC Health Link Shopping Page

Plan ⓘ Select the plan name for DETAILS. Select checkboxes to compare plans.	Yearly Cost Estimate ⓘ	Cost in a Bad Year ⓘ (3% chance)	Doctors ⓘ
☐ BlueChoice HMO Standard Silver $2,000 ♡ CareFirst - HMO - ◯ Silver MONTHLY PREMIUM: **$438** ANNUAL PREMIUM: **$5,256** DEDUCTIBLE: Medical: **$2,000** / Drug: **$250** YOUR DRUGS: **2 out of 3** are in-plan **(See List)**	$6,656	$11,506	NONE FOUND

Figure 23: DC Health Link Prescription Drug Coverage Tool

POWERED BY CONSUMERS' CHECKBOOK		BlueChoice HMO Standard Bronze $5,000 Yearly Cost Estimate: **$3,739** Cost in a Bad Year: **$9,559**
◀ Back to Plan List	🖨 Print	**CHOOSE PLAN**

Your Prescription Drug Coverage ⊖	
Total prescription drugs found in-plan	**2 out of 3**
In-Network Deductible ⑦ (Note: Unless excepted in the plan's benefit description, you must pay all the costs up to the deductible amount before the plan begins to pay for covered services you use.)	$5,000
Separate Deductible for Drugs ⑦	$300
SOVALDI (Oral Pill) - Oral Tablet - 400 mg	
1 Month In-Network Retail Pharmacy	Copay: Not Applicable Coinsurance: 50.00% Coinsurance after deductible
Prior Authorization Required ⑦	Yes
Step Therapy Required ⑦	No
ULTIVA (Injectable) - Injection - 1 mg	
1 Month In-Network Retail Pharmacy	Not Covered
Prior Authorization Required ⑦	Not Covered
Step Therapy Required ⑦	Not Covered
ZYDELIG (Oral Pill) - Oral Tablet - 100 mg	
1 Month In-Network Retail Pharmacy	Copay: $0.00 Coinsurance: 0.00%
Prior Authorization Required ⑦	Yes
Step Therapy Required ⑦	No

Out-of-Pocket Cost Calculators

Marketplaces first introduced OOP cost calculators in the second open enrollment period. These tools translate information entered by a consumer into estimates of the OOP costs that can be expected during a plan year. To estimate OOP costs, these calculators ask consumers to input demographic and health information. The amount of information used to estimate costs varies by website, as shown in Table 11.

Cost-sharing information alone rarely delivers an accurate estimate of projected spending without application to a person's specific health care needs. Though most marketplaces have some type of OOP cost calculator, the data driving the calculations varies significantly, so some OOP cost calculators are more useful than others. However, these remain important tools, as research shows that consumers view cost exposure as the most important factor when selecting a plan.[20]

Some OOP cost calculators are separate from the plan shopping pages, though all marketplace websites integrate the results of the calculators into the shopping experience of their consumers. For instance, while Connecticut has a separate calculator that is accessible both through the plan shopping page and through a separate link on its marketplace homepage, consumers can elect to pull their calculator results into the plan shopping page.

Table 11: Inputs for Out-of-Pocket Cost Calculators

Marketplace	Age	Sex	Overall Health Status	List of Conditions	Number of Prescriptions Expected	Number of Physician Visits Expected	Number of Surgeries Expected
HealthCare.gov			✔	✔			
California					✔	✔	
Colorado			✔				
Connecticut	✔	✔	✔	✔			✔
District of Columbia			✔	✔			
Idaho					✔	✔	
Maryland							
Massachusetts	✔	✔					
Minnesota			✔	✔			
New York							
Rhode Island			✔	✔			
Vermont[21]			✔	✔			
Washington							

Marketplace OOP cost calculators also vary in the outputs delivered. The majority of marketplace websites display yearly cost estimates, but some provide more detailed cost breakdowns, such as projections of costs of care in particularly bad or good years. Table 12 details the variety of available outputs across marketplaces.

Table 12: Outputs Available from Out-of-Pocket Cost Calculators

Marketplace	Estimates of Costs in Bad/ Good Year	Yearly Cost Estimate (Including Premium)	Costs with Insurance vs. without Insurance	OOP Costs by Metal Level	Information Underlying Cost Calculator Data
HealthCare.gov		✔			✔
California					
Colorado		✔			
Connecticut		✔	✔	✔	✔
District of Columbia		✔			
Idaho					
Maryland					
Massachusetts					
Minnesota	✔	✔			
New York					
Rhode Island		✔			
Vermont	✔	✔			
Washington					

Of note, Connecticut's marketplace offers an assessment of what an individual's estimated annual OOP costs would be if that person had insurance as compared to what those costs would be if the individual was uninsured (see Figure 24). The Connecticut marketplace also offers a feature that displays estimated annual total costs of coverage ranges within each plan metal level (see Figure 25).

Figure 24: Connecticut's Out-of-Pocket Cost Calculator Output for Consumer with Insurance and without Insurance

WITH INSURANCE	WITHOUT INSURANCE
Total medical costs that would be shared by the health plan and you: **$122,680.00**	Total medical costs that you would be responsible for: **$272,625.00**

Note: The projected medical costs are annual.

Figure 25: Connecticut's Out-of-Pocket Cost Calculator Output for Costs by Metal Level

Metal Level ❷	Total Cost Range ❷
⬤ Bronze	$637.06 - $737.29
◎ Silver	$681.22 - $847.26
⬤ Gold	$579.16 - $710.19
⬤ Catastrophic	$805.04 - $823.69

Recommendations to Make Key Plan Information Accessible

RECOMMENDATION 1: AT A MINIMUM, PLACE PRIMARY CARE PROVIDER, SPECIALIST AND ALL PRESCRIPTION DRUG TIERS' COST-SHARING INFORMATION ON INITIAL DISPLAY PAGES, IN ADDITION TO PREMIUM AND DEDUCTIBLE COSTS.

▶ Cost-sharing amounts for common services are crucial information for consumers to consider when choosing a health plan. Requiring consumers to click to details pages can increase confusion and may give the impression that these details are not important to consider in selecting a plan.

▶ When details are displayed on the initial page, marketplaces should clearly note where benefits are subject to a combined or separate drug deductible. Consumer confusion can result when that information appears only on the details pages.

RECOMMENDATION 2: EMBED BOTH THE SBC AND SOB INTO MARKETPLACE WEBSITES TO ENSURE THESE DOCUMENTS ARE EASILY ACCESSIBLE.

▶ Consumers need information on covered services and the associated cost sharing for each service. This information is essential to making informed decisions when selecting health coverage. Embedding the SBC and SOB, both important consumer materials, would ensure this information is accessible.

RECOMMENDATION 3: EMBED PROVIDER AND DRUG SEARCH TOOLS IN MARKETPLACE WEBSITES.

▶ Consumers may prefer receiving care from particular providers or need coverage of specific medications. All marketplace websites should have embedded provider and drug search tools, and existing tools should be enhanced, so consumers can more easily select plans that include their preferred providers and/or medications.

RECOMMENDATION 4: INCREASE THE ACCURACY OF OOP COST CALCULATORS AND MAKE THE RESULTS EASY TO UNDERSTAND.

▶ OOP cost calculators are important tools for consumers that give a personal context to the many coverage and cost-sharing details. However, OOP cost calculators vary widely in their precision.

▶ Marketplaces should improve the accuracy of these tools by offering additional inputs and using more personalized data in the calculation, such as specific medications a patient takes and the corresponding cost sharing, in order to deliver results that are as meaningful as possible to consumers.

Conclusion

The health care marketplaces continue to help consumers more easily compare and assess their health care coverage options. The FFM and SBMs have continued to evolve and change over four open enrollment periods, becoming stronger, more efficient and more easily navigable. From offering improved sorting and filtering options to better integrating provider and prescription drug tools, marketplace administrators continue to find new and innovative ways to connect consumers with the plans that best meet their health care and financial needs. We are confident that health insurance marketplace administrators can use the recommendations in this report to help even more consumers purchase the health insurance plans that are right for them in the future.

Endnotes

1   Michael E. Martinez, M.E., Zammitti, E.P., & Cohen, R.A. (2017, February). *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–September 2016.* National Center for Health Statistics Publication. Retrieved 1 March 2017, from https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201702.pdf

2   See Centers for Medicare & Medicaid Services. (2016, September 6). *CMS awards consumer assistance funding to support 2017 Health Insurance Marketplace enrollment* [Press release]. Retrieved 12 April 2017, from https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-09-06.html

3   Colorado has two anonymous browsing portals. While we have elected to show one representation of exchange features for Colorado, the inclusion of a certain feature or tool may only exist on one of the two shopping platforms. It should be noted that interested customers are not able to enroll in coverage through http://planfinder.connectforhealthco.com/. The portal accessed at https://prd.connectforhealthco.com/individual does allow customers to continue to enroll in coverage.

4   Rhode Island has two anonymous browsing portals. While we have elected to show one representation of exchange features for Rhode Island, the inclusion of a certain feature or tool may only exist on one of the two shopping platforms. The portal accessed at https://healthyrhode.ri.gov/HIXWebI3/DisplayGetStarted.action has a more inclusive and comprehensive shopping tool. However, such portal is only accessible by clicking on "enroll in coverage," agreeing to be redirected, not creating an account but navigating to the home page, and then selecting "anonymous browsing." The other anonymous shopping portal is available at http://healthsourceri.com/calculator/ through the marketplace homepage.

5   45 C.F.R. 155.205(c)(2)(iii)(A).

6   45 C.F.R. 155.205(c)(2)(i)(A).

7   See Taylor, E.A., Carman, K.G., Lopez, A., Muchow, A.N., Roshan, P., & Eibner, C. (2016). *Consumer Decisionmaking in the Health Care Marketplace.* Rand Corporation Publication. Retrieved 1 March 2017, from http://www.rand.org/content/dam/rand/pubs/research_reports/RR1500/RR1567/RAND_RR1567.pdf

8   Ubel, P. A., Comerford, D. A., & Johnson, E. (2015). Healthcare.gov 3.0 – Behavioral Economics and Insurance Exchanges. *The New England Journal of Medicine, 372* (8), 695–98.

9   See note 4. The portal accessed at http://healthsourceri.com/calculator/ sorts by premium, and the portal accessed at https://healthyrhode.ri/HIXWebI3/DisplayGetStarted.action sorts by metal level.

10 Giovannelli, J. & Curran, E. (2017, February). *Efforts to Support Consumer Enrollment Decisions Using Total Cost Estimators: Lessons from the Affordable Care Act's Marketplaces.* The Commonwealth Fund Publication. Retrieved 17 April 2017, from http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2017/feb/1929_giovannelli_total_cost_estimators_rb.pdf

11 Centers for Medicare & Medicaid Services. (2017, March 15). *Health Insurance Marketplaces 2017 Open Enrollment Period Final Enrollment Report: November 1, 2016–January 31, 2017.* Retrieved 14 April 2017, from https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-03-15.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending

12 Percentages do not equal 100 percent because 5.17 percent enrolled in a gold plan and 0.5 percent enrolled in a platinum plan. See Access Health CT. (2016, March 17). *Board of Directors Meeting* [PowerPoint slides]. Retrieved 17 April 2017, from http://agency.accesshealthct.com/wp-content/uploads/2016/10/BOD-March-17-2016-Presentation.pdf

13 See Carpenter, E. (2015, August 19). *More than 2 Million Marketplace Enrollees Forgo Cost-Sharing Assistance* [Press release]. Retrieved 1 March 2017, from http://avalere.com/expertise/managed-care/insights/more-than-2-million-marketplace-enrollees-forgo-cost-sharing-assistance

14 Appleby, J. (2013, February 13). California Sets Standard Deductibles, Copays For Insurance Plans. *Kaiser Health News.* Retrieved 3 April 2017, from http://khn.org/news/california-sets-standard-deductibles-copays-for-insurance-plans/

15 Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017, 81 Fed. Reg. 12204

(March 8, 2016) (to be codified at 45 C.F.R. pts. 144, 147, 153, 154, 155, 156, and 158). *Available at* https://www.federalregister.gov/documents/2016/03/08/2016-04439/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2017

16 Centers for Medicare & Medicaid Services. (2016, September 30). *UPDATE: Quality Rating Information Bulletin.* Retrieved 1 March 2017, from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/UPDATE-Quality-Rating-Information-Bulletin.pdf

17 Centers for Medicare & Medicaid Services. (2016, September 30). *Updated CMS Bulletin on Network Breadth Information for Qualified Health Plans on HealthCare.gov.* Retrieved 1 March 2017, from https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/NA-Pilot-Final-Guidance-Clean-093016.pdf

18 DC Health Link. (2016, August 18). *DC Health Link Launches New Prescription Drug Tool* [Press release]. Retrieved 1 March 2017, from https://dchealthlink.com/node/2825

19 Ibid.

20 The Commonwealth Fund. (2015, September). *To Enroll or Not to Enroll? Why Many Americans Have Gained Insurance Under the Affordable Care Act While Others Have Not.* Retrieved 1 March 2017, from http://www.commonwealthfund.org/publications/issue-briefs/2015/sep/to-enroll-or-not-to-enroll

21 When recently reviewing this information, Vermont marketplace officials indicated that the age inputs in the initial page of the shopping experience are used by the OOP cost calculator and as such, the inclusion of this input should be accounted for in our analysis. However, in creating this chart, we only accounted for those inputs that were specific to the OOP cost calculators. Any element that was primarily gathered to inform the plan shopping experience is not indicated here because it is not specific to the OOP cost calculator.