



2017 HEALTH INSURANCE EXCHANGES

The Good, the Bad, and the Ugly

EVALUATING THE ONLINE COMPARISON-SHOPPING EXPERIENCE

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JANUARY 31, 2017



CLEAR CHOICES
A MOVEMENT FOR INFORMED HEALTH CARE

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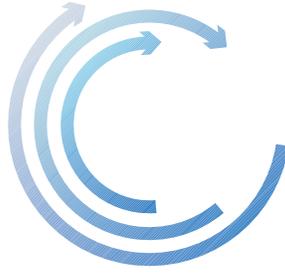
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CLEAR CHOICES
A MOVEMENT FOR INFORMED HEALTH CARE

ABOUT

The Clear Choices Campaign

The Clear Choices Campaign is a multi-stakeholder advocacy association, representing patients, providers, insurers, employers, and life science companies, that is dedicated to improving health care transparency. We advance solutions that empower consumers to make better health care choices, leading to a more robust, more competitive, and less costly health care system.

WE BELIEVE THERE SHOULD BE:

- Better tools for consumers and employers to make informed decisions;
- Better data in the hands of more experts to power consumer tools; and
- Better markets in which consumers can use these tools.

FOREWORD

The Clear Choices Campaign (CCC) is a broad-based, multi-stakeholder advocacy campaign, dedicated to the proposition that empowered consumers can stimulate system-wide improvements in the quality and cost of health care. We believe transparency offers many promising avenues of reform. According to Donald Berwick, former Administrator of the Centers for Medicare and Medicaid Services, the lack of transparency and uncompetitive pricing in health care was responsible for between \$84 billion and \$174 billion in wasteful spending in 2011. Improving the transparency of insurance markets, coupled with complementary reforms in other areas, will significantly reduce or eliminate much of this waste.

To this end, we are pleased to present our 2017 review of the consumer-facing features of the Affordable Care Act's (ACA) 12 state-based insurance exchanges and HealthCare.gov, the federal technology platform used in 39 states to enroll consumers in health plans. Since their rocky rollouts in fall 2013, the insurance exchanges have made considerable, if uneven, progress toward providing the information and tools that consumers need to maximize the value of their coverage dollars. In the current enrollment period, several exchanges—including HealthCare.gov—have shown dramatic improvements compared to their launch and to 2016, our first measurement year.

The best-in-class exchanges this year have addressed most of the shortcomings we cited in last year's review. Of particular note has been the adoption by three exchanges of both integrated provider and prescription drug directories. This progress contrasts sharply with a pattern of mediocrity in others.

In last year's review, we commented extensively on how, and why, the exchanges needed to improve to maximize the potential of consumer-driven markets. This year, the elephant in the room is the pending repeal and replacement of the ACA.

The election of President Donald J. Trump, combined with Republican control of both chambers of Congress, dramatically increases the likelihood that the ACA will be repealed and replaced. Public insurance exchanges and the monopoly they hold over consumer use of premium subsidies are unlikely to continue in their current form beyond 2018. Yet whatever comes next should build on the lessons learned from the three years of experience we have with the current system of health insurance exchanges—one that features, prominently, competition among insurers for consumer dollars. We direct our comments, accordingly, to lessons learned from the ACA's multi-billion dollar experiment in exchange technology.

A fundamental criticism of the public exchange model has been that, with monopolies in their respective markets, the exchanges would be chronically indifferent or desensitized to consumer needs. Comparative, independent reviews, such as ours, thus serve a valuable purpose by creating a measure of public accountability. Our further hope is that these findings may contribute to the ongoing debate over the future of federal health policy and the desirability of health insurance exchanges in a post-ACA environment.

Amit Rao and Paul Hewitt have done important work and spent numerous hours drafting the paper and working on its methodology. I also extend thanks to David Cohen for his assistance to our team in the research and testing of the insurance exchange websites.

Sincerely,
Joel C. White
President, Clear Choices Campaign



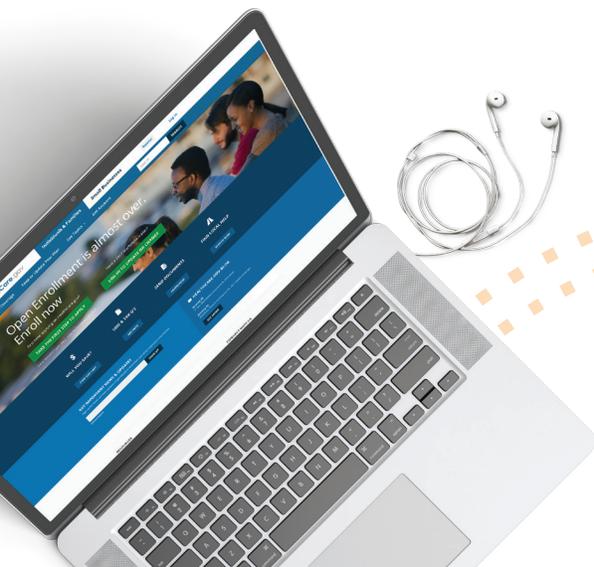
INTRODUCTION

This report is the second annual survey by CCC of the consumer-facing features of the 12 state-based insurance exchanges and the federal HealthCare.gov platform, which serves 39 states.¹ The survey was conducted anonymously between November 8 – December 19, 2016. All evaluations are based exclusively on the tools available via the window-shopping interface accessible from the homepage of the exchanges' websites.

Details on our methodology and changes from our 2016 report are presented in Appendix I and II, respectively. An individual, feature-by-feature review of the 13 exchange websites can be found in Appendix III of this report. Our core finding for the 2017 open enrollment period is that some exchanges are delivering a high-quality online comparison-shopping experience that allows consumers to evaluate key health plan details, such as provider networks and drug formularies. Improvements made by several exchanges, compared to 2016, have widened the quality gap between the best and worst performers. While HealthCare.gov has moved near the top of the class, most state-based exchanges still do not offer the three decision-support tools considered the gold standard of informed consumer choice—an out-of-pocket cost calculator, integrated provider directory, and integrated drug directory.

The highlights of this year's survey include:

- Three exchanges—**DC Health Link, Connect for Health Colorado and HealthCare.gov**—offer both integrated provider and prescription drug directories. These features enable consumers to search and filter for plans based on key areas of suitability, such as the inclusion of preferred providers or the coverage and cost sharing corresponding to their prescribed medications.
- Four exchanges—**Access Health CT, Washington Healthplanfinder, Maryland Health Connection, and Massachusetts Health Connector**—offer integrated provider directories, but not prescription drug directories.
- Eight exchanges—**DC Health Link, Connect for Health Colorado, HealthCare.gov, Covered California, MNSure, Vermont Health Connect, Access Health CT, and Your Health Idaho**—offer an out-of-pocket cost calculator, which provides consumers with a cost estimate of total annual out-of-pocket costs (premiums, deductibles, and cost sharing). However, the exchanges vary significantly in the factors considered for their cost estimates and the results provided to consumers. In the cost-calculator category, none of the exchanges received an “A” grade for optimal decision-support.
- The **DC Health Link’s** exchange ranked first overall, scoring 92 out of a possible 100 on our composite index. DC Health Link was best-in-class in six of the eight primary features reviewed. Although DC’s exchange website offers an out-of-pocket cost calculator, the calculator does not directly factor in consumers’ specific prescription drug utilization.
- **HealthCare.gov**, the federally-facilitated exchange that serves 39 states, ranked third on our index, scoring 81 out of a possible 100. The federal exchange had four best-in-class showings. Key minuses included a rudimentary cost calculator—one based on a low/medium/high projected utilization menu—and a default order that prioritizes premiums alone rather than more important indicators of consumer value, such as expected annual out-of-pocket costs. These deficiencies can present a misleading view of the expected costs and benefits of plans to consumers.
- The **average exchange website** scored 66 out of a possible 100, and had three best-in-class shows.
- In a pro-consumer, cross-exchange development from last year, HSA-eligible plans are now labeled and searchable by filter/sort on most exchanges, including **HealthCare.gov**.
- Nine insurance exchange websites—**DC Health Link, HealthCare.gov, Covered California, MNSure, Access Health CT, Washington Healthplanfinder, Maryland Health Connection, HealthSource RI and New York State of Health**—now offer complete website translation services into Spanish with one click, including for the window-shopping tool.
- All exchange websites now allow for anonymous browsing through a window-shopping tool, prior to requiring consumers to create an account or complete an application.



2017 INSURANCE EXCHANGE

Websites Scorecard

INSURANCE EXCHANGE WEBSITE	WINDOW-SHOPPING TOOL		SMART, COMPARATIVE PLAN DISPLAY PAGE			OUT-OF-POCKET COST CALCULATOR	INTEGRATED PROVIDER DIRECTORY	INTEGRATED DRUG DIRECTORY	NAVIGATION AND SUPPORT			INDEXED SCORE ²
	ANONYMOUS BROWSING	CUSTOMIZED PLAN INFO	DEFAULT ORDER	PLAN FINDER SUPPORT	HIGHLIGHTS CSR PLANS ³				LAYOUT	ACCESS HUMAN SUPPORT	LANGUAGE ACCESSIBILITY	
DC HEALTH LINK	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	N/A	B	A	A	A	YES	A	92
CONNECT FOR HEALTH COLORADO	YES	A	SMART SORT	WALKTHROUGH	YES	C	A	B	A	YES	B	87
HEALTHCARE.GOV	YES	A	PREMIUMS	WALKTHROUGH	YES	C	A	B	B	YES	A	81
ACCESS HEALTH CT	YES	A	PREMIUMS	WALKTHROUGH	YES	B	C	F	B	YES	A	69
MNSURE	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	N/A	B	F	F	A	YES	A	68
WASHINGTON HEALTHPLANFINDER	YES	A	PREMIUMS	DECISION-SUPPORT	YES	F	A	F	B	YES	A	68
COVERED CALIFORNIA	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	N/A	B	F	F	B	YES	A	66
VERMONT HEALTH CONNECT	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	N/A	B	F	F	A	YES	C	64
YOUR HEALTH IDAHO	YES	A	PREMIUMS	WALKTHROUGH	YES	B	F	F	B	YES	B	61
MARYLAND HEALTH CONNECTION	YES	A	PREMIUMS	WALKTHROUGH	YES	F	C	F	B	YES	A	60
HEALTHSOURCE RI	YES	A	SMART SORT	DECISION-SUPPORT	YES	F	F	F	C	YES	A	60
NEW YORK STATE OF HEALTH	YES	B	PREMIUMS	BASIC	YES	F	F	F	B	YES	A	49
MASSACHUSETTS HEALTH CONNECTOR	YES	C	PREMIUMS	BASIC	NO	F	C	F	C	YES	C	42

² Details on our methodology and changes from our 2016 report are presented in Appendix I and II, respectively. An individual, feature-by-feature review of the 13 exchange websites can be found in Appendix III.

³ Highlights CSR Plans: Criteria is not applicable if the plan display page sorts plans by Yearly Cost Estimate by default.

DISCUSSION

Insurance markets are the main mechanism by which competition for consumer dollars disciplines price and quality in the US health system. This is because providers—physician offices, hospitals, prescription drug manufacturers—rarely sell directly to consumers in retail markets. Instead, they sell to health plans (and government payers) at what amounts to volume discounts off their list prices—much as wholesalers negotiate among competing retail outlets. Under this system, providers' list prices are inflated, and the discounts given to plans are confidential. Typically, the only prices the consumer sees are the premiums and out-of-pocket cost sharing of insurance plans. Helping consumers understand and compare the value of competing insurance products—the essential task taken on by the ACA's health insurance exchanges—can indirectly improve health care quality and price, and ultimately patient outcomes, by rewarding best-value practices by insurers, such as the breadth of a plan's provider network or drug formulary coverage.

Suboptimal plan choice is widespread in the employer sector. The average private plan enrollee overpays by as much as 42 percent, according to a 2015 National Bureau of Economic Research paper. Many workers may prefer to over-insure relative to their medical risks. Yet the plans they choose often are uncompetitive at any level of coverage.ⁱ Some analysts have argued that advanced decision-support tools, designed to identify the least-expensive coverage options most closely tailored to the applicant's financial circumstances, medical needs, and provider preferences, can minimize such outcomes. More basic “nudge” techniques, such as website design and plan finder prioritization rules, also have been shown to better match preferences with plan offerings.ⁱⁱ All these lessons also apply to the public exchanges.

The ACA's public health exchanges serve 6.4 percent of the privately insured population, a small slice of a much larger market dominated by employer-sponsored group-health plans. According to the Centers for Medicare and Medicaid Services (CMS), 171 million workers and dependents were projected to receive coverage through their employers in 2016, while 25 million were projected to directly purchase insurance in the individual policy market.^{iv} CMS estimated that 10.4 million individuals had enrolled in exchange plans as of June 30, 2016, of whom 84 percent, or roughly 8.8 million, received premium tax credits and 56 percent, or roughly 5.9 million, received Cost-Sharing Reductions (CSRs).^v The Department of Health and Human Services (HHS) projects that 13.8 million will enroll in exchange plans by the end of open enrollment for 2017.^{vi}

The exchanges play a central role in disbursing means-tested premium tax credits and CSRs—which this year are expected to total \$56 billion.^{vii} These benefits are only available for plans marketed through the exchanges. CSRs, which are designed to offset beneficiaries' deductibles and other out-of-pocket costs, are only accessible through specified Silver plans. This exclusivity gives the exchanges monopoly power over benefit-eligible participants, as well as individuals with high medical risk, for whom other forms of individual coverage might not be viable.

A lack of competition in their respective markets may, in theory, insulate the public exchanges from market pressures to maximize consumer satisfaction. Yet some public exchanges are out-performing others. Differences in the types of plans being sold on the exchanges versus the employer sector may be attributable in part to a different comparison-shopping experience.

EXCHANGE PLANS DIFFER

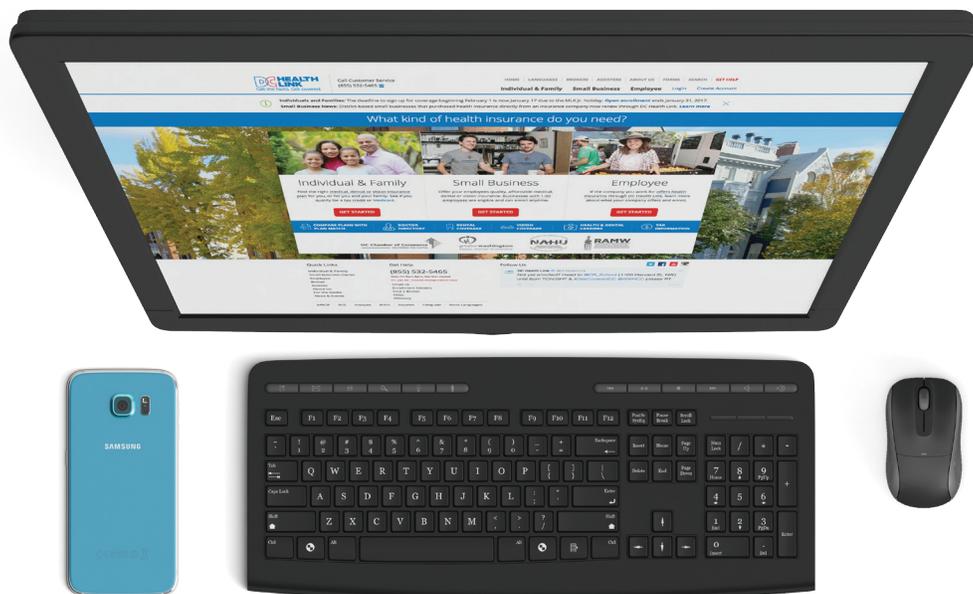
From Group Health Plans

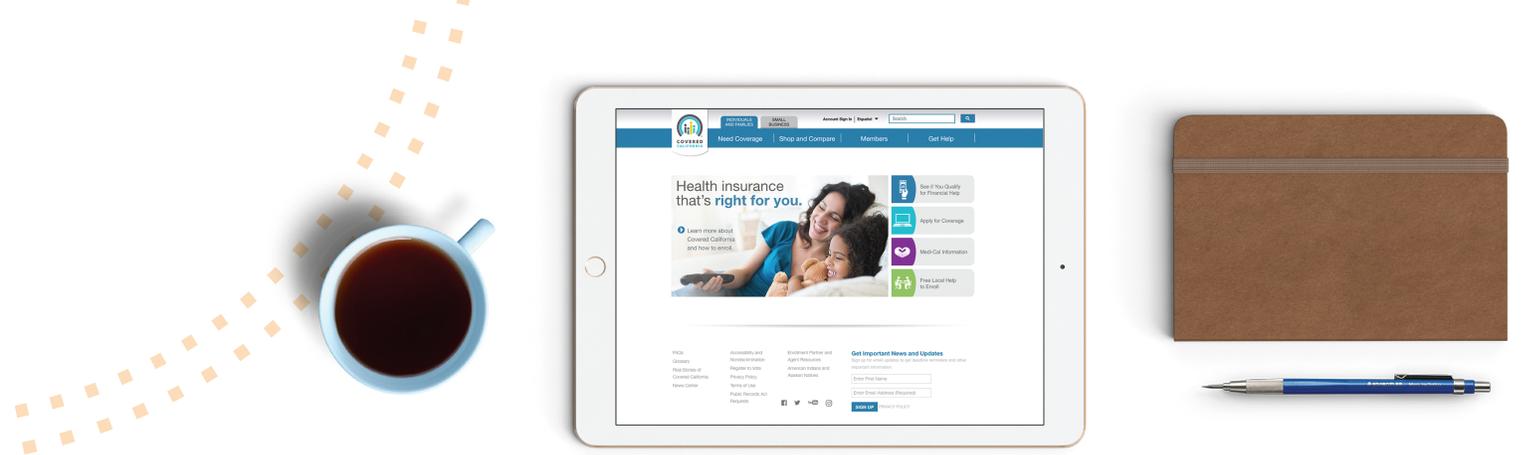
The plans purchased on the ACA exchanges tend to have lower premiums and higher deductibles than those sold in the employer market. Annual single coverage premiums in the employer market averaged \$6,435 in 2016;^{viii} premiums on the exchanges for a 30-year-old averaged \$3,744 for exchange Silver plans (reflecting ~70 percent actuarial value, or AV) and \$4,572 for Gold plans (~80 percent AV).^{ix} Premiums were lower despite the fact that medical costs were higher. A study by Blue Cross Blue Shield Association found that exchange participants in 2014 and 2015 were sicker and older than the employer plan population, and cost 19 percent more to insure.^x

Higher deductibles and cost sharing may be helping to offset the exchanges' low premiums. In 2016, deductibles averaged \$3,117 for Silver exchange plans and \$1,165 for Gold plans. Employer plans had an average deductible of \$2,069 for small groups and \$1,038 for large

groups.^{xi} Drug coverage on exchange plans tends to be less robust as well, relative to employer plans. Other forms of cost sharing, such as out-of-pocket maximums, may also be higher on the public exchanges.

This disparity has begun to shrink in recent years, in part because insurers cannot run their exchange businesses at a loss. Since 2015, the average premium for Silver plans has risen 29 percent, against a 14 percent increase in the medical cost trend. Three major insurers—United Healthcare, Aetna and Humana—have eliminated or curbed their offerings in the wake of reporting large financial losses, while several smaller insurers (including two-thirds of the publicly supported co-ops) have had to close. This attrition has given the surviving carriers greater pricing power. In 2017, 36 percent of exchange market rating areas are predicted to have only a single participating insurer, up from 4 percent in 2016.^{xii}





FEATURES THAT AFFECT Consumers Choice

Even when selecting among plan alternatives offered by a single insurer, the relative demand for different plan designs is influenced by their presentation. Some of the observed shift in demand in recent years may thus owe, in part, to changes in the way plans are presented and compared online.

Various studies have concluded that online enrollment choices are best supported in four key areas.^{xii, xiv} Consumers must be able to: (1) Easily view, compare, and understand their health plan options; (2) identify their expected total plan costs and determine eligibility for financial assistance; (3) confirm whether a plan covers their preferred doctors and/or prescribed medications; and (4) navigate the website smoothly and complete the enrollment process quickly. Accordingly, our survey was designed to assess the following key competencies:

1 CUSTOMIZED WINDOW-SHOPPING TOOL

Allow consumers to preview and compare customized plan choice information based on their personal circumstances prior to creating a user account.

2 SMART, COMPARATIVE PLAN DISPLAY PAGE

Display health plan choices optimized to the consumer's personal circumstances, considering factors such as the type of health plan, total out-of-pocket costs (premiums, deductibles, and cost sharing), eligibility for financial assistance and tax benefits, preferred providers, and prescribed medications.

3 ACCESS TO DETAILED PLAN INFORMATION

Provide direct links to plan summaries of benefits and coverage, in-depth information on plan deductibles and cost sharing for health care services, and direct links to plan provider networks and drug formularies that allow consumers to easily toggle back and forth without leaving the window-shopping experience.

4 OUT-OF-POCKET COST CALCULATOR

Include a tool that provides a cost estimate of total annual out-of-pocket costs (premiums, deductibles, and cost sharing) that factors in both the consumer's prescription drug utilization and overall health utilization (e.g., general health status, and/or anticipated health care procedures/usage).

5 INTEGRATED PROVIDER DIRECTORY AND DRUG DIRECTORY TOOLS

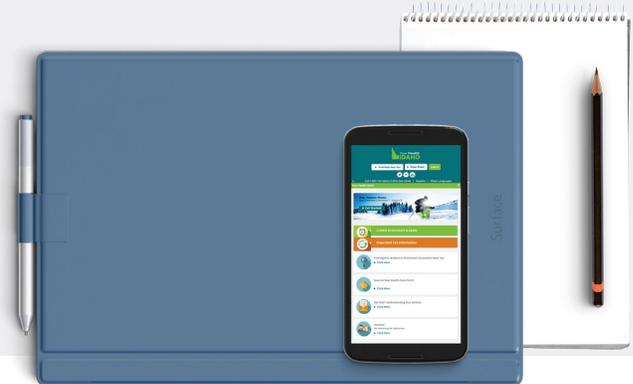
Utilize integrated provider and drug directories that allow consumers to easily determine which plans cover their preferred doctors and to assess the inclusiveness of plan formularies and cost sharing for their prescribed medications under each plan.

6 USER-FRIENDLY WEBSITE LANGUAGE AND NAVIGATION

Provide a user-friendly, intuitive website layout that employs clear language that is free of jargon, requires a small number of steps to access key information, and simplifies consumer decision-making.

7 ACCURATE PLAN INFORMATION

Provide accurate information on benefits, cost sharing, provider networks, and drug formularies. Information should be as accurate, current, and consistent as possible, and updated no less frequently than on a monthly basis.



We developed a set of eight primary features and three secondary features (11 total) corresponding to these competencies. While most features lent themselves to grading on a five-point letter scale (with “A” equal to 4 points and “F” equal to 0), in four cases, there were too few variants. Two features were graded as “categorical variables,” which translated to an “A,” “B,” or “C” basis (reflecting at least a basic level of competency), while two others were scored as “pass/fail” (“A” or “F”). The survey data was gathered through a series of online trials using the window-shopping interface accessible from the homepage of the exchanges’ websites. (See Appendixes I and II for a further discussion of our methods).

A potential shortcoming of our survey is that it focuses exclusively on e-commerce tools. Some exchanges may have followed strategies designed to optimize consumer choice using telephone and/or in-person assistance, similar to services traditionally provided by insurance brokers. This high-touch approach played a central role in fostering consumer acceptance during the early days of Medicare’s Part D prescription drug program. An assessment of the quality or effectiveness of person-to-person assistance, however, was beyond the scope of this study.

ANALYSIS

And Recommendations

In July 2015, presidential candidate Donald Trump observed that “The \$5 billion website for Obamacare ... never worked. Still doesn’t work.”^{xv} Actually, he understated the cost: Grants disbursed to state exchange development programs alone had totaled \$5 billion through the end of fiscal 2013 (with \$1.1 billion going to California), according to the Congressional Research Service.^{xvi} In September 2014, Bloomberg estimated that the federal exchange platform, HealthCare.gov, had cost an additional \$2.1 billion to develop.^{xvii} When all the costs are tallied, it is likely that taxpayers will have spent close to \$1,000 per enrollee to develop the public exchanges.

But, is it also true that, in 2017, the public exchanges still do not

work? Our research shows that the improvements made by some exchanges have added greatly to their functionality. Of particular value has been the integration of provider networks and prescription drug formularies into their plan comparison features. This type of data infrastructure is the developing trend for the next stage of health plan comparison-shopping.

Despite ample evidence of waste, the best-in-class exchanges reflect a meaningful return on a considerable taxpayer investment. As Congress and the President contemplate replacing the ACA, we recommend that these decisions be guided by the following considerations:

1 KEEP WHAT WORKS, AND BUILD ON IT

The choice architecture used in the best public exchanges requires that they systematically query participating plans for key details, which then can be used to clarify complex, individualized value tradeoffs between premiums, co-insurance, drug formularies and provider networks. An improving state of the art in health plan choice has implications that go beyond the exchanges; better plan selection in the employer sector could help to improve the quality and cost of health care nationally. Federal reformers should consider the lessons learned from the best public exchanges, and take care not to undo the processes that have made these advances in consumer-facing features possible. In addition, states should be allowed flexibility to retain their public exchanges, if they so choose.

2 CHALLENGE POORLY PERFORMING PUBLIC EXCHANGE MONOPOLIES BY MOVING TOWARD GREATER SUBSIDY PORTABILITY.

Some states’ health exchanges resemble failing public schools, which underserve those who need it most. Low income, uninsured individuals should not have to wade through dozens of health plan websites in order to determine which plans have their doctors in-network or carry their prescriptions in preferred payment tiers. In all states, qualified private exchanges and web-broker entities should be encouraged to work alongside, and supplant, the public alternatives—much as charter schools do in the educational system. Congress should also enable all beneficiaries to take their premium tax credits off the public exchanges, to also be used in private venues that provide high quality comparison-shopping tools. This will foster competition and drive down costs if the public exchanges continue in a post-ACA environment.

3 TO ALLOW FOR SUBSIDY PORTABILITY, MAINTAIN AND EXPAND ACCESS TO THE FEDERAL DATA HUB AND STRENGTHEN PROGRAM INTEGRITY.

Beyond their consumer-facing aspects, the public exchanges all interface with the federal data hub, which cross-indexes benefit applications and beneficiary rolls with data from state Medicaid programs and the Internal Revenue Service. As long as the federal government offers premium subsidies to Americans purchasing individual insurance, program integrity tools will be essential to preventing waste, fraud, and abuse. Congress should retain and improve the effectiveness of the federal data hub as a resource for all private payers, public and private exchanges, and web-broker entities to verify eligibility for and prevent abuse of taxpayer premium subsidies.

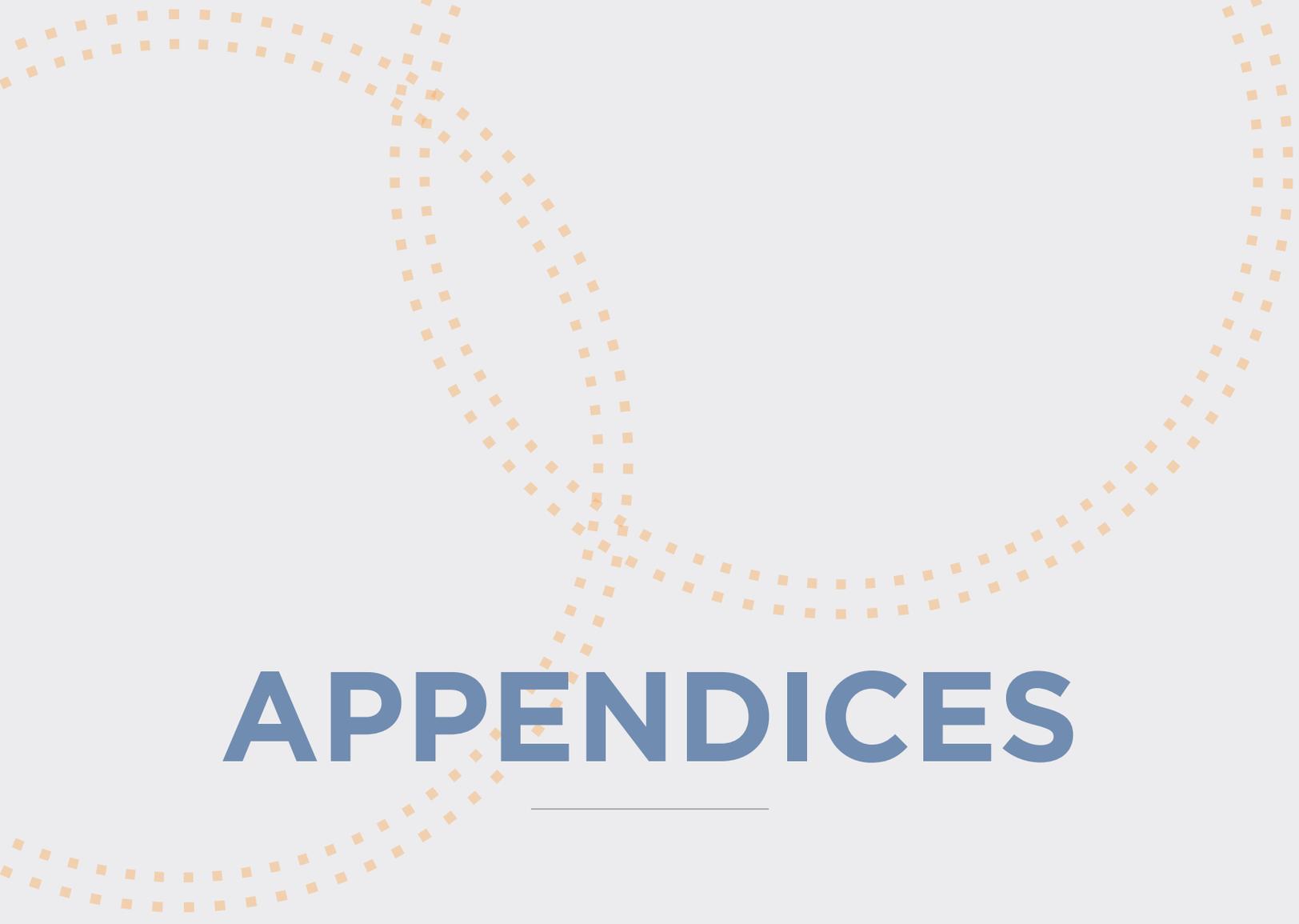


CONCLUSION

The experiment in public exchanges reinforces CCC's core belief that empowering consumers to make better plan choices will lead to a more efficient market. Competition across all exchanges should make them cheaper and more effective as well.

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APPENDICES

2017 SCORECARD

Methodology

OVERVIEW

In order to most accurately evaluate how consumers first explore and experience the insurance exchanges, the Clear Choices Campaign based its scoring methodology **exclusively on the features and tools available via the window-shopping interface accessible from the homepage** and not on those available through the application process.

Of course, some exchanges may offer additional features separate from the main window-shopping tool, such as after the consumer creates an account and/or makes an enrollment decision. But we did not and could not assess those features.

Requiring consumers to jump through additional hoops through the website or share significant personal information online just to get basic information about insurance options makes the shopping experience more difficult, which runs counter to our stated goal of promoting both transparency and accessibility in the health care marketplace.

Because we hold the exchanges accountable for facilitating optimal consumer plan choices, our evaluation of each exchange focuses on the decision-making stage of health care shopping, not the application stage after the fact.

The exchange website analysis for the scorecard was conducted between November 8 – December 19, 2016. A draft report and scorecard was shared electronically with the state-based exchanges and HealthCare.gov (with the exceptions of MNSure, NY State of Health, and Your Health Idaho, whom we were unable to contact) between January 17 – 23, 2017, and certain revisions were made to the final scoring based on feedback received.

SCORING SYSTEM

Each column is scored based on one of the following metrics, depending on the column's particular criteria as outlined below.

Yes/No: Provides a simple binary classification to indicate whether the question is satisfied.

Categorical Variable: Specifies the type of feature in use by the exchange website out of a defined set of options.

Letter Grade: Indicates the level of proficiency at which the criteria are satisfied. Generally, the letter grades are scored as follows. Underlined text in the criteria description indicate key factors for distinguishing between scoring grades.

- A** Meets all criteria for this category.
- B** Meets most criteria for this category.
- C** Meets some criteria for this category.
- D** Meets minimal criteria for this category and provides little utility to the consumer in their current construction.
- F** Meets none of the criteria for this category (e.g., the feature is not provided).

CRITERIA

ANONYMOUS BROWSING (YES/NO):

Indicates whether the exchange website includes a window-shopping tool that allows consumers to preview and compare plan choice information prior to creating a user account.

CUSTOMIZED PLAN INFO (LETTER GRADE):

Indicates whether the window-shopping tool allows consumers to input their personal information (age, household size, and income) to determine eligibility for financial assistance and access customized plan choice information.

- A** Determines the consumer's eligibility for premium subsidies and Cost-Sharing Reductions and provides customized plan choice information based on these financial determinations.

- B** Determines the consumer's eligibility for premium subsidies only and provides customized plan choice information based on this financial determination.
- C** Determines the consumer's eligibility for premium subsidies and/or Cost-Sharing Reductions but does not provide customized plan choice information based on this financial determination.
- F** Does not allow consumers to input personal information to determine eligibility for financial assistance and access customized plan choice information within the window-shopping tool.



■ **DEFAULT ORDER (CATEGORICAL VARIABLE):**

Specifies the default order in which plan options are displayed.

- A** **Smart Sort:** Default plan order incorporates up to several factors, including the consumer's financial circumstances, plan/benefit preferences, and estimated annual out-of-pocket costs (premiums, deductibles, and plan cost sharing).
- B** **Yearly Cost Estimate:** Default plan order is sorted by total annual out-of-pocket costs (exchange website must have an out-of-pocket cost calculator as a prerequisite).
- C** **Premiums:** Default plan order is sorted from lowest to highest plan premiums.

■ **PLAN FINDER SUPPORT (CATEGORICAL VARIABLE):**

Specifies the level of educational content presented within the window-shopping tool (e.g., within the process of start-to-finish using the window-shopping tool only) to help consumers understand how to compare and assess the different plan choices presented.

- A** **Decision-Support:** Window-shopping tool includes a questionnaire-based recommendation tool to help prioritize/narrow health plan choices to highlight best-fit options.
- B** **Walkthrough:** Window-shopping tool includes video, graphics, and hover-over explanations, and other materials presented upfront before the consumer reaches the plan display page. Walkthrough materials must provide more than just basic definitions of terms (e.g. deductible) and shed some light on plan choice tradeoffs.
- C** **Basic:** The exchange website only includes basic hover-over definitions or overview materials on health coverage (likely on a separate resources page), without specific educational content on plan choice tradeoffs presented within the window-shopping tool itself.

■ **HIGHLIGHTS CSR PLANS (YES/NO):**

Indicates whether the plan display page highlights Silver plans by default for consumers eligible for Cost-Sharing Reductions (CSRs). This criteria is not applicable if the exchange website sorts plans by Yearly Cost Estimate by default.

■ **OUT-OF-POCKET COST CALCULATOR (LETTER GRADE):**

Indicates whether the exchange website includes a tool that provides an estimate of total annual out-of-pocket costs (premiums, deductibles, and cost sharing) customized to the consumer's health and financial status.

- A** Cost estimates factor in both: 1) prescription drug utilization, and 2) at least one indicator of overall health utilization (e.g., general health status, and/or anticipated health care procedures/usage).
- B** If cost estimates do not factor in prescription drug utilization, then estimates must be based on multiple indicators of overall health utilization (e.g., general health status and anticipated health care procedures/usage).
- C** Cost estimates factor in only one indicator of overall health utilization (e.g., general health status or anticipated health care procedures/usage)
- F** Does not include a tool to provide consumers with a customized estimate of total annual out-of-pocket costs.

- **If the out-of-pocket cost calculator only provides a non-numeric cost estimate (e.g., a "low," "average," or "high") for each plan, then it is scored as one letter grade lower overall for offering lower utility to consumers than what a specific dollar estimate would otherwise provide.*

■ **INTEGRATED PROVIDER DIRECTORY (LETTER GRADE):**

Indicates whether the exchange website includes a built-in tool that allows consumers to search for plans that cover their preferred providers.

- A** Indicates provider coverage on the plan display page and provides a filter to highlight plans that cover the consumer's preferred providers.
- B** Indicates provider coverage on the plan display page but does not provide a filter to highlight plans that cover the consumer's preferred providers.
- C** Allows consumers to search for plans that cover their preferred providers but does not indicate provider coverage on the plan display page and does not provide a filter to highlight plans that cover the consumer's preferred providers.
- F** Does not include a built-in tool for consumers to search for plans that cover their preferred providers.

INTEGRATED DRUG DIRECTORY (LETTER GRADE):

Indicates whether the exchange website includes a built-in tool (non-external site) that allows consumers to search for plans that cover their prescribed medications.

- A** Indicates prescription drug coverage, with cost-sharing information, on the plan display page and provides a filter to highlight plans that cover the consumer's prescribed medications.
- B** Indicates prescription drug coverage, without cost-sharing information, on the plan display page and provides a filter to highlight plans that cover the consumer's prescribed medications.
- C** Indicates prescription drug coverage, without cost-sharing information, on the plan display page but does not provide a filter to highlight plans that cover the consumer's prescribed medications.
- F** Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.

LAYOUT (LETTER GRADE):

Indicates whether the exchange website has an intuitive design and provides easy explanations of terms for consumers. Grades are assigned based on whether the exchanges include the listed items, scored as follows:

1. Requires minimal clicks to access the window-shopping tool: 2 points.
2. Plain and concise language: 1 point.
3. Progress bar while entering personal information (if multiple pages): 1 point.
4. Easy-to-follow definitions of key features and insurance terms: 1 point.
5. Lack of clutter: 1 point.

- A** 6 points
- B** 4-5 points
- C** 2-3 points
- F** 0-1 points

ACCESS TO HUMAN SUPPORT (YES/NO):

Indicates whether the exchange website prominently offers integrated chat functionality or telephone support for consumers to obtain further help.

LANGUAGE ACCESSIBILITY (LETTER GRADE):

Indicates whether the exchange website prominently features non-English language translation services and/or access to assistance.

- A** Provides website translation services, including for the window-shopping tool, for at least one language (usually Spanish). Indicates additional access to assistance for other languages displayed prominently from the homepage.
- B** Provides website translation services, not including the window-shopping tool, for at least one language (usually Spanish). Indicates additional access to assistance for other languages displayed prominently from the homepage.
- C** Does not include website-translation services, but provides access to language assistance prominently from the homepage for multiple languages.
- D** Does not include website-translation services, but provides access to language assistance prominently from the homepage for a single language (usually Spanish).
- F** Does not display non-English language assistance prominently from the homepage.

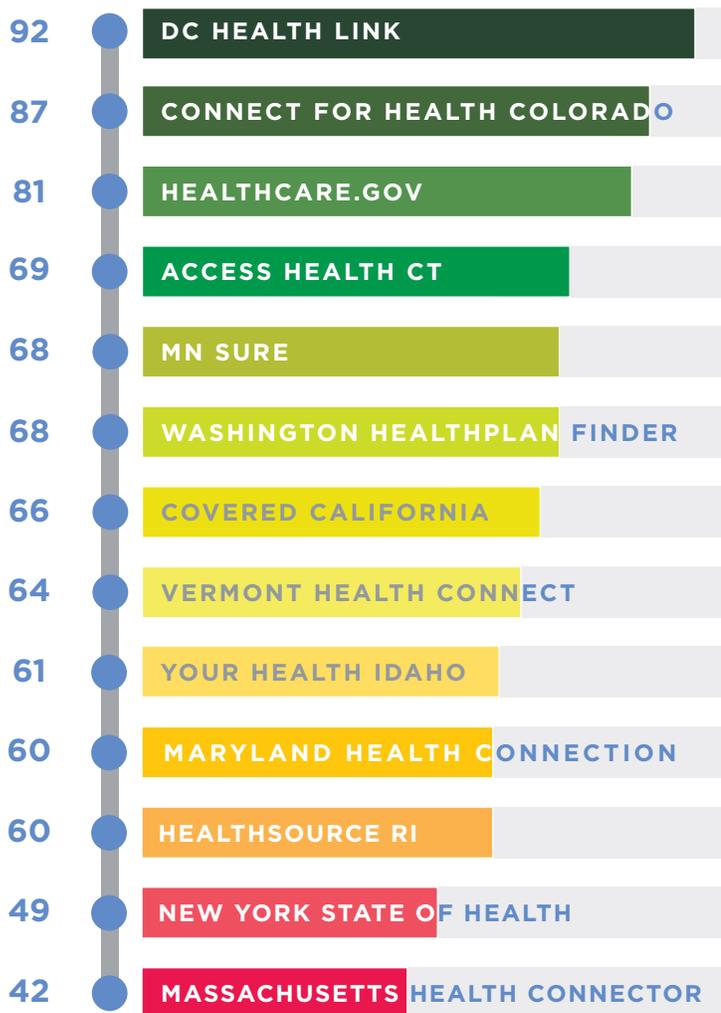


INDEX WEIGHTED

Composite

The final column of the scorecard (replicated in Table A-1) provides a measure of relative functionality in the form of an *indexed weighted composite*. On this index, the highest possible score is 100.

TABLE A-1: INDEXED WEIGHTED COMPOSITE SCORES



In developing this composite score, we weighted each of the 11 features evaluated in this study on a scale of 1 to 10, based on our assessments of their relative importance.

- We weighted five features in the highest tier at 10 points—Customized Plan Information, Default Plan Order, OOP Cost Calculator, Integrated Provider Directory, and Integrated Drug Directory—because these features and decision-support tools are most integral for helping consumers understand the tradeoffs between their plan choices.
- We weighted two features in the second tier at 7 points—Plan Finder Support and Language Accessibility—because these features support consumers in utilizing the decision-support tools highlighted within the first tier to view and compare plan choices.
- And finally, we weighted one feature in the third tier at 3 points—Highlights CSR Plans—because although this feature is useful to consumers, it is in-part accounted for already by how well the exchange performs on Customized Plan Information and Default Plan Order.

Ties between exchanges with the same indexed weighted composite scores were awarded to the exchange that provided one or more of the three decision-support tools considered the gold standard of informed consumer choice, in order as 1) an out-of-pocket cost calculator, 2) integrated provider directory, and 3) integrated drug directory.

CRITERIA CHANGES

From 2016 to 2017

The exchange analysis for our 2016 report was conducted between November 17-25, 2015 and the report was released on December 11, 2015.

- The press release for the report [can be found here](#).
- The 2016 insurance exchanges websites scorecard [can be found here](#).
- The full copy of the white paper [can be found here](#).

Although the general structure of our 2017 study and scorecard largely mirrors the methodology employed in our initial 2016 report, our criteria evolved in several ways from last year to improve accuracy and incorporate greater granularity. These changes reflect the external feedback we received from follow-up conversations with some of the insurance exchanges in 2016.

The key changes are outlined briefly below.

- **Default Plan Order** has been changed from a simple categorical variable to a hierarchical, weighted categorical variable. Smart Sort is first, Yearly Cost Estimate is second, and Premiums is third.

This scoring change and associated relative weighting reflects our assertion that Smart Sort and Yearly Cost Estimates are superior methods for sorting plans by default to encourage optimal plan choices. In contrast, Premiums serves as a instant third option in terms of overall consumer utility.

- **Side-by-Side Comparisons** has been eliminated, given that all insurance exchanges with an accessible window-shopping tool offered this feature in both 2016 and 2017. Therefore, it did not denote additional value to continue to highlight this measure in the Scorecard anymore.
- **Smart Plan Finder**, a Yes/No binary classification, has been replaced with **“Plan Finder Support,”** a hierarchical, weighted categorical variable. Decision-Support is first, Walkthrough is second, and Basic is third.

Some exchanges offered feedback that this category was subject to vague interpretation, and that tools included on the plan display page ought to count towards some credit towards this measure even if it did not meet our full standard in the original report. In response, we changed this from a Pass/Fail to a hierarchical, categorical variable to denote more specificity and nuance for the types of plan finder support and educational content offered by the insurance exchanges.

In addition, this scoring change and associated relative weighting reflects our assertion that Decision-Support and Walkthrough are superior methods for providing support to consumers in evaluating their plan choices on the plan display page, with a small relative difference. In contrast, Basic serves as a third option in terms of overall consumer utility.

- **Highlight CSR Plans** is now no longer applicable if the insurance exchange sorts plans by default by Yearly Cost Estimate.

Some exchanges offered feedback that if the exchange 1) includes a robust out-of-pocket cost calculator based on actuarial estimates measured against the plan's benefit structures, and consequently 2) sorts plans by default by Yearly Cost Estimate, then it is better not to highlight Silver CSR plans upfront. In certain cases, depending on ages and health status of the consumer, a Gold or Platinum plan may end up being a better deal in terms of overall consumer out-of-pocket cost liability.

In response, we modified our criteria to account for this added nuance regarding exchanges that sort plans by default by Yearly Cost Estimate. The goal of highlighting CSR plans upfront is to emphasize those plan options for CSR-eligible consumers that likely provide optimal out-of-pocket cost liability. However, plan display pages sorted by Yearly Cost Estimate already do this explicitly for all plans. Therefore, exchanges that receive an "N/A" for Highlights CSR Plans because they sort plans by default by Yearly Cost Estimate were treated as equivalent for scoring purposes as exchanges that received a "Yes" result.

- **Out-of-Pocket Cost Calculator** best-in-class criteria has been modified from previously scoring those tools highest that allowed consumers to provide input on all factors (common health conditions, anticipated health care procedures/usage, and prescribed medications) to now prioritizing tools' cost estimates that factor in some measure of both 1) prescription drug utilization, and 2) overall health utilization. In addition, out-of-pocket cost calculators that provide a non-numeric cost estimate will now be docked a letter grade from what they would otherwise receive to reflect the lower utility we believe this offers consumers.

Some exchanges offered feedback regarding the tradeoffs between a more specific and longer input form and consumers' likelihood of fully utilizing the tool. They argued that if they prioritized creating a tool that is quick and easy to use, while still including the most relevant types of factors for predicting consumer liability, that they should not be penalized because they did not include all factors of consumer input.

In response, we sought to modify this criteria to find a middle ground approach. Based on our conversations with the exchanges and our internal members, we assert that an out-of-pocket cost calculator which includes some measure of both 1) prescription drug utilization, and 2) overall health utilization is most likely to strike the right balance between precise and accurate cost estimates and ease of consumer use.

- **Layout** has been modified from its previous structure for grading design features (All = A, Most = B, Some = C, None = F) to include several sub-criteria used to numerically determine a letter grade score to increase granularity and reduce subjectivity in this measure. The sub-criteria are closely based on last year's overall criteria, with an added emphasis on insurance exchange websites that allow consumers to easily access the window-shopping tool with minimal clicks from the homepage.
- **Access to Human Support** has been added to highlight the significance of making human support readily and easily accessible for consumers on the insurance exchange websites.
- **Language Accessibility** has been modified from a simple measure assessing whether language support is provided to assessing with more overall granularity the quality of language support provided. Insurance exchanges that provide full website translation services into at least one language (usually Spanish), including for the window-shopping tool, score the highest. Websites that just offer access to telephone-based language assistance resources, without any built-in website translation functionalities, score the lowest.

Some exchanges offered feedback regarding the different levels of language support that exchange websites can offer, arguing that all should not be scored the same when there are substantive differences in consumer utility.

For example, an exchange website that offers website translation services, except for the window-shopping tool, offers less utility than one which provides translation for the full website, including the window-shopping tool, but still more value than one that does not include website translation services at all and only provides telephone-based language assistance.

In response, we modified our criteria to establish tiers of scoring to ensure that insurance exchanges receive credit for the appropriate level of language accessibility they provide.

INDIVIDUAL

Exchange Surveys

- Access Health CT
- Connect for Health Colorado
- Covered California
- DC Health Link
- HealthCare.gov
- HealthSource RI
- Maryland Health Connection
- Massachusetts Health Connector
- MNSure
- NY State of Health
- Vermont Health Connect
- Washington Healthplanfinder
- Your Health Idaho



ACCESS HEALTH CT

DATE COMPLETED December 7, 2016

WEBSITE LINK

<https://www.accesshealthct.com/AHCT/LandingPageCTHIX>

PERSONAL INFO.

Age 27, individual, male

HOUSEHOLD INCOME

\$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY

Hartford

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://www.accesshealthct.com/AHCT/IndividualInformation.action
CUSTOMIZED PLAN INFO	A	Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	PREMIUMS	Default order sorted by premiums.
PLAN FINDER SUPPORT	WALKTHROUGH	Although the plan display page includes a “Consumer Decision-Support Tool” button, this leads to a series of walkthrough materials and the exchange’s out-of-pocket cost calculator. The tool does not provide specific plan choice recommendations or narrow plan choices for consumers.
HIGHLIGHTS CSR PLANS	YES	Silver CSR plans “pre-filtered” on the plan display page.
OUT-OF-POCKET COST CALCULATOR	B	Includes a “Consumer Decision Support Tool”, which allows consumer to provide factors like health conditions and anticipated healthcare procedures. Cost estimate does not incorporate prescription drug utilization.
INTEGRATED PROVIDER DIRECTORY	C	Includes an external website link to allow consumers to search for providers’ supported carriers, but does not indicate provider coverage on the plan display page and does not provide a filter to highlight plans that cover the consumer’s preferred providers.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.
LAYOUT	B	Includes #1-4, missing #5 – lack of clutter.
ACCESS TO HUMAN SUPPORT	YES	Includes an “Assistance Search” which provides access to an enrollment specialist and/or a certified broker.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates access to assistance for other languages from the homepage.

CONNECT FOR COLORADO

DATE COMPLETED December 7, 2016

WEBSITE LINK <http://connectforhealthco.com/>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 80123

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	http://planfinder.connectforhealthco.com/
CUSTOMIZED PLAN INFO	A	Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	SMART SORT	Default premiums sorted by Yearly Cost Estimate.
PLAN FINDER SUPPORT	WALKTHROUGH	Outside of a basic explanation of yearly estimated costs, the window-shopping tool does not include educational content—video, graphics, and other walkthroughs—presented upfront to help consumers understand how to compare and assess the different plan choices presented.
HIGHLIGHTS CSR PLANS	YES	Indicates only Silver plans eligible for CSRs.
OUT-OF-POCKET COST CALCULATOR	C	Includes Out-of-Pocket Cost Calculator that provides estimates based on only one indicator of overall health utilization—a general present range of expected health care usage (e.g., Low, Medium, High).
INTEGRATED PROVIDER DIRECTORY	A	Includes an integrated provider directory that indicates provider coverage on the plan display page and provides a filter to highlight plans that cover the consumer’s preferred providers.
INTEGRATED DRUG DIRECTORY	B	Indicates prescription drug coverage on the plan display page and provides a filter to highlight plans that cover the consumer’s prescribed medication. Does not include drug specific cost-sharing information.
LAYOUT	A	Includes #1-5, easy-to-follow layout.
ACCESS TO HUMAN SUPPORT	YES	Includes resources for help from a broker, assister, enrollment center, phone customer service center, and live chat.
LANGUAGE ACCESSIBILITY	B	Includes website translation services for Spanish, but the Spanish website does not include the window-shopping tool. Includes resources for assistance in additional languages.

COVERED CALIFORNIA

DATE COMPLETED December 18, 2016

WEBSITE LINK <http://www.coveredca.com/>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 94203

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://apply.coveredca.com/apspahbx/ahbxanonym.portal?nfpb=true& st=& nfls=false& pageLabel=previewPlanPage#
CUSTOMIZED PLAN INFO	A	Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate (labeled as "Total Expense Estimate").
PLAN FINDER SUPPORT	WALKTHROUGH	Displays pop-up walkthroughs, as well as hover-over explanations of all terms (highlighted in blue) on the plan display page.
HIGHLIGHTS CSR PLANS	N/A	
OUT-OF-POCKET COST CALCULATOR	B	Includes OOP Cost Calculator, which allows consumer to provide input on both 1) prescription drug utilization, and 2) anticipated health care usage. However, OOP Cost Calculator received one letter grade lower for only providing a non-numeric cost estimate.
INTEGRATED PROVIDER DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their preferred providers.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications
LAYOUT	B	Includes all factors except #3. Very clean layout, intuitive, easy to use.
ACCESS TO HUMAN SUPPORT	YES	"Get Help" page includes access to enrollment centers, certified enrollers, telephone support, enrollment support events, live chat, and more.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates access to assistance for other languages from the homepage.

DC HEALTH LINK

DATE COMPLETED	November 8, 2016	PERSONAL INFO.	Age 27, individual, male
WEBSITE LINK	https://www.dchealthlink.com/	HOUSEHOLD INCOME	\$28,000 (Subsidy/CSR eligible)
		ZIP CODE/COUNTY	20010

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://dc.checkbookhealth.org/hie/dc/2017/
CUSTOMIZED PLAN INFO	A	Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate .
PLAN FINDER SUPPORT	WALKTHROUGH	Offers a video walkthrough at the start of the plan comparison tool on how to evaluate plan choices and tradeoffs. Also includes hover-over explanations of all terms (question mark icons) on the plan display page.
HIGHLIGHTS CSR PLANS	N/A	
OUT-OF-POCKET COST CALCULATOR	B	Includes OOP Cost Calculator. Cost estimates do not factor in prescription drug utilization, but do include multiple indicators of overall health care utilization (general health status and anticipated health care procedures).
INTEGRATED PROVIDER DIRECTORY	A	Indicates provider coverage on plan display page, and provides filter to highlight plans that cover the consumers preferred providers.
INTEGRATED DRUG DIRECTORY	A	Indicates prescription drug coverage, with cost sharing information, on plan display page. Provides a filter to find plans that cover consumers prescribed medications.
LAYOUT	A	Includes #1-6.
ACCESS TO HUMAN SUPPORT	YES	Telephone support displayed on the website, also has a link that shows you where to get in person help. Lacks integrated chat functionality.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates access to assistance for other languages from the homepage.

HEALTHCARE.GOV

DATE COMPLETED November 8, 2016
WEBSITE LINK <https://www.healthcare.gov/>

PERSONAL INFO. Age 27, individual, male
HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY 27516, Orange County

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	“See plans and prices” available from dropdown link on homepage. https://www.healthcare.gov/see-plans/
CUSTOMIZED PLAN INFO	A	Allows consumers to input age, household size, and income. Displays estimated premium subsidies and indicates eligibility for CSRs. Indicates premiums on plan display page reflect subsidies.
DEFAULT ORDER	PREMIUMS	Default order sorted by premiums.
PLAN FINDER SUPPORT	WALKTHROUGH	Provides walkthrough step-by-step guide for using and understanding plan compare features upon reaching the plan display page.
HIGHLIGHTS CSR PLANS	YES	Highlights Silver plans as qualifying for “extra savings” for CSR eligible consumers.
OUT-OF-POCKET COST CALCULATOR	C	Includes OOP Cost Calculator, only allows consumers to select a general preset range of expected health care utilization (Low/Medium/High).
INTEGRATED PROVIDER DIRECTORY	A	Indicates provider coverage on the plan display page and provides a filter to highlight plans that cover the consumer’s preferences.
INTEGRATED DRUG DIRECTORY	B	Indicates prescription drug coverage on the plan display page and provides a filter to highlight plans that cover the consumer’s prescribed medication. Does not include specific cost-sharing information.
LAYOUT	B	Includes #2-5, lacks #1 (see criteria).
ACCESS TO HUMAN SUPPORT	YES	Telephone support displayed on the homepage. Does not include integrated chat functionality or other support prominently displayed on the plan display page.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates access to assistance for other languages from the homepage.

HEALTHSOURCE RI

DATE COMPLETED December 7, 2016

WEBSITE LINK <http://healthsourceri.com/>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY N/A

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	http://healthsourceri.com/calculator/
CUSTOMIZED PLAN INFO	A	Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	SMART SORT	Indicates “your best plan matches are listed first.” Appears to default sort by Silver CSR plans, Gold plans, and then Bronze plans, with a secondary sort by premiums.
PLAN FINDER SUPPORT	DECISION-SUPPORT	The window-shopping tool includes a “customize your results” questionnaire with sliders to assess consumer preferences on frequency of medical services, chronic illnesses, and premium/benefit tradeoffs. Plans are sorted per consumer input.
HIGHLIGHTS CSR PLANS	YES	Indicates CSRs are only available in Silver plans, and the plan display page’s Smart Sort displays Silver CSR plans first.
OUT-OF-POCKET COST CALCULATOR	F	Does not include a tool to provide consumers with a customized estimate of total annual out-of-pocket costs.
INTEGRATED PROVIDER DIRECTORY¹	F	Does not include a built-in tool for consumers to search for plans that cover their preferred providers.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.
LAYOUT	C	Includes #1-2; missing or minimal #3-5. Layout of the window-shopping tool is a bit clunky.
ACCESS TO HUMAN SUPPORT	YES	Includes phone support and resources to connect with an insurance broker.
LANGUAGE ACCESSIBILITY	A	Includes website translation services for Spanish, including for the window-shopping tool. Includes resources for assistance in additional languages.

¹ In following the same process used for every other exchange website, our evaluation of HealthSource RI scored only the features provided in the window-shopping tool most prominently accessible from the homepage—the “Compare Plan Costs” tool—which did not offer an integrated provider directory. We acknowledge that through additional steps, HealthSource RI provides a second, separate “Anonymous Plan Preview” tool that appears to offer certain different features, including an integrated provider directory.

MARYLAND HEALTH CONNECTION

DATE COMPLETED December 7, 2016

WEBSITE LINK

<https://www.marylandhealthconnection.gov/>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY Anne Arundel

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://www.marylandhealthconnection.gov/shop-and-compare/choosing-a-plan/
CUSTOMIZED PLAN INFO	A	Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	PREMIUMS	Default order sorted by premiums.
PLAN FINDER SUPPORT	WALKTHROUGH	Includes robust walkthroughs on metal tiers, essential health benefits, plan networks, and other factors to consider when shopping and comparing plans before you access the plan display page.
HIGHLIGHTS CSR PLANS	YES	Silver CSR plans listed first.
OUT-OF-POCKET COST CALCULATOR	F	Does not include a tool to provide consumers with a customized estimate of total annual out-of-pocket costs.
INTEGRATED PROVIDER DIRECTORY	C	Includes an external website link to allow consumers to search for providers' supported carriers, but does not indicate provider coverage on the plan display page and does not provide a filter to highlight plans that cover the consumer's preferred providers.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.
LAYOUT	B	Includes #1-4, missing #5 – lack of clutter.
ACCESS TO HUMAN SUPPORT	YES	Includes several options for free, in-person help, including authorized insurance broker, consumer assistance organization/navigators, certified application counselors, and local health departments.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates access to assistance for other languages from the homepage.

MASSACHUSETTS HEALTH CONNECTOR

DATE COMPLETED December 15, 2016
WEBSITE LINK
<https://mahealthconnector.optum.com/individual/>

PERSONAL INFO. Age 27, individual, male
HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY 02108

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://mahealthconnector.optum.com/individual/prescreen/search/quotes?anonymousFlag=true&glid=1&isOEPFlow=true
CUSTOMIZED PLAN INFO	C	Includes a tool to determine eligibility for financial assistance, but the “Preview Plans” window-shopping tool does not include customized plan choice information based on this financial determination.
DEFAULT ORDER	PREMIUMS	Default order sorted by premiums.
PLAN FINDER SUPPORT	BASIC	Outside of a very basic explanation of the premiums and terms indicated, the window-shopping tool does not include educational content—video, graphics, and other walkthroughs—presented upfront to help consumers.
HIGHLIGHTS CSR PLANS	NO	CSR plans are not highlighted for eligible individuals.
OUT-OF-POCKET COST CALCULATOR	F	Does not include a built-in tool to provide consumers with a customized estimate of total annual out-of-pocket costs.
INTEGRATED PROVIDER DIRECTORY	C	Allows consumers to search for plans that cover their preferred providers on a separate page, but does not indicate provider coverage on the plan display page and does not provide a filter to highlight plans that cover the consumer’s preferred providers.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.
LAYOUT	C	Missing #1, #3, #5. Overall cluttered layout, difficult to find the window-shopping tool.
ACCESS TO HUMAN SUPPORT	YES	Access to telephone support and in-person assistance with an enrollment assister is provided.
LANGUAGE ACCESSIBILITY	C	Provides access to telephone-based language assistance prominently from the homepage for multiple languages, but no website translation services are provided.

MNSURE

DATE COMPLETED December 18, 2016
WEBSITE LINK <https://www.mnsure.org/>

PERSONAL INFO. Age 27, individual, male
HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY 55101

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://mn.checkbookhealth.org/hie/MN/2017/index.cfm?-data=eyJGT1JNljp7fSwiWJMljp7IkNPVkvSQUdFjoiSW5kaXZ-pZHVhbClslkxBTkciOiJFTiJ9fQ%3D%3D
CUSTOMIZED PLAN INFO	A	Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate.
PLAN FINDER SUPPORT	WALKTHROUGH	Offers a video walkthrough at the start of the plan comparison tool on how to evaluate plan choices and tradeoffs. Also includes hover-over explanations of all terms (question mark icons) on the plan display page.
HIGHLIGHTS CSR PLANS	N/A	
OUT-OF-POCKET COST CALCULATOR	B	Includes OOP Cost Calculator. Cost estimates do not factor in prescription drug utilization, but do include multiple indicators of overall health care utilization (general health status and anticipated health care procedures).
INTEGRATED PROVIDER DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their preferred providers.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.
LAYOUT	A	Includes #1-6.
ACCESS TO HUMAN SUPPORT	YES	“Get Help” page includes access to find an assister, telephone support, and appeals.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates access to assistance for other languages from the homepage.

NY STATE OF HEALTH

DATE COMPLETED December 15, 2016
WEBSITE LINK <https://nystateofhealth.ny.gov/>

PERSONAL INFO. Age 27, individual, male
HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY 12201

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://nystateofhealth.ny.gov/individual/
CUSTOMIZED PLAN INFO	B	Displays estimated financial help for premium subsidies only, does not explicitly indicate eligibility for CSRs when determining financial eligibility.
DEFAULT ORDER	PREMIUMS	Default order sorted by premiums.
PLAN FINDER SUPPORT	BASIC	Aside from a very basic instruction on how to estimate financial help, no additional educational content—video, graphics, and other walkthroughs—are presented upfront to help consumers understand how to compare and assess the different plan choices presented.
HIGHLIGHTS CSR PLANS	YES	Indicates “based on your yearly household income, a Silver Plan may be best for you.”
OUT-OF-POCKET COST CALCULATOR	F	Does not include a tool to provide consumers with a customized estimate of total annual out-of-pocket costs.
INTEGRATED PROVIDER DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their preferred providers. Window-shopping tool includes a link to an external “NYS Provider & Health Plan Look-Up” which displays a “Coming Soon” page.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.
LAYOUT	B	Includes #1, #2. #3 does not apply, missing #4-5 (layout is a bit cluttered).
ACCESS TO HUMAN SUPPORT	YES	Links provided for live chat, in-person and navigator assistance, and telephone support.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates access to assistance for other languages from the homepage.

VERMONT HEALTH CONNECT

DATE COMPLETED December 15, 2016
WEBSITE LINK
<https://portal.healthconnect.vermont.gov/VTHBELand/welcome.action>

PERSONAL INFO. Age 27, individual, male
HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY N/A

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://vt.checkbookhealth.org/hie/vt/2017/index.cfm?-data=eyJGT1JNljp7fSwiWJMljp7lkNPVkvSQUdFjoiSW5kaXZ-pZHVhbCJ9fQ%3D%3D
CUSTOMIZED PLAN INFO	A	Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate.
PLAN FINDER SUPPORT	WALKTHROUGH	Offers a “Health Insurance Basics” primer to help consumers get familiar with health insurance lingo and learn the terms prior to using the plan comparison tool. Offers a video walkthrough at the start of the plan comparison tool on how to evaluate plan choices and tradeoffs. Also includes hover-over explanations of all terms (question mark icons) on the plan display page.
HIGHLIGHTS CSR PLANS	N/A	
OUT-OF-POCKET COST CALCULATOR	B	Includes OOP Cost Calculator. Cost estimates do not factor in prescription drug utilization, but do include multiple indicators of overall health care utilization (general health status and anticipated health care procedures).
INTEGRATED PROVIDER DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their preferred providers.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.
LAYOUT	A	Includes #1-6.
ACCESS TO HUMAN SUPPORT	YES	Offers telephone, in-person, and online assistance directly from the homepage.
LANGUAGE ACCESSIBILITY	C	Provides access to telephone-based language assistance prominently from the homepage for multiple languages, but no website translation services are provided.

WASHINGTON HEALTHPLANFINDER

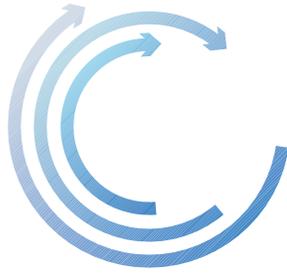
DATE COMPLETED	December 6, 2016	PERSONAL INFO.	Age 27, individual, male
WEBSITE LINK	https://www.wahealthplanfinder.org/	HOUSEHOLD INCOME	\$24,000 (Subsidy/CSR eligible)
		ZIP CODE/COUNTY	98501, Thurston

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://www.wahealthplanfinder.org/HBEWeb/Annon_ViewIndividualPlans?request_locale=en
CUSTOMIZED PLAN INFO	A	Allows consumers to input age, income, tobacco use, and household size. Displays premium prices before and after subsidies, and eligibility for CSRs.
DEFAULT ORDER	PREMIUMS	Default order sorted by premiums.
PLAN FINDER SUPPORT	DECISION-SUPPORT	Includes a “Health Plan Wizard” decision-support tool that narrows plan choices based on consumer input on.
HIGHLIGHTS CSR PLANS	YES	CSR plans indicated with text/filter: “This plan qualifies you for lower out-of-pocket costs.”
OUT-OF-POCKET COST CALCULATOR	F	No out-of-pocket cost calculator included.
INTEGRATED PROVIDER DIRECTORY	A	Indicates provider coverage on the plan display page and provides a filter to highlight plans that cover the consumer’s preferences.
INTEGRATED DRUG DIRECTORY	F	Does not include an integrated drug directory.
LAYOUT	B	Missing #5 – Lack of Clutter. CSR information indicated but not necessarily clear.
ACCESS TO HUMAN SUPPORT	YES	In-person and over-the-phone assistance indicated from the homepage.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates additional to assistance for other languages from the homepage.

YOUR HEALTH IDAHO

DATE COMPLETED December 7, 2016 **PERSONAL INFO.** Age 27, individual, male
WEBSITE LINK <https://www.yourhealthidaho.org/> **HOUSEHOLD INCOME** \$24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY 83701

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://idahohix.yourhealthidaho.org/hix/preeligibility#/
CUSTOMIZED PLAN INFO	A	Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	PREMIUMS	Default order sorted by premiums.
PLAN FINDER SUPPORT	WALKTHROUGH	Window-shopping tool includes side-bar explainers that detail each section’s content and defines key terms and tradeoffs for consideration (e.g., Bronze – lowest premiums, highest deductibles). Displays pop-up walkthroughs, as well as hover-over explanations of all terms (highlighted in blue) on the plan display page.
HIGHLIGHTS CSR PLANS	YES	Includes a filter feature to view only CSR eligible plans.
OUT-OF-POCKET COST CALCULATOR	B	Includes OOP Cost Calculator, which allows consumer to provide input on both 1) prescription drug utilization, and 2) anticipated health care usage. However, OOP Cost Calculator received one letter grade lower for only providing a non-numeric cost estimate.
INTEGRATED PROVIDER DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their preferred providers.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.
LAYOUT	B	Includes all except #3. Layout overall is intuitive and easy to use.
ACCESS TO HUMAN SUPPORT	YES	Includes resources to connect with a certified agent or broker and enrollment counselors.
LANGUAGE ACCESSIBILITY	B	Includes website translation services for Spanish, but the Spanish website does not include the window-shopping tool. Includes resources for assistance in additional languages.



CLEAR CHOICES
A MOVEMENT FOR INFORMED HEALTH CARE

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