



Standard Comparative Plan Information

July 9, 2012

What is the appropriate information to be displayed to consumers when they are shopping for and comparing qualified health plans?

Goals/Objectives of COHBE:

- Support SB 11-200 intent to increase access, affordability and choice for individuals and small employers purchasing health insurance in Colorado.
- Meet the Exchange implementation timeline

Applicable law:

Colorado (SB11-200)

“The intent of the Colorado Health Benefit Exchange is to increase access, affordability, and choice for individuals and small employers purchasing health insurance in Colorado.”

“The Exchange shall foster a competitive marketplace for insurance and shall not solicit bids or engage in the active purchasing of insurance.”

Federal

45 CFR Parts 155, 156, and 157

Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers

AGENCY: Department of Health and Human Services.

ACTION: Final rule, Interim final rule.

§155.205 Consumer assistance tools and programs of an Exchange.

(a) Call center. The Exchange must provide for operation of a toll-free call center that addresses the needs of consumers requesting assistance and meets the requirements outlined in paragraphs (c)(1), (c)(2)(i), and (c)(3) of this section.

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(b) Internet Web site. The Exchange must maintain an up-to-date Internet Web site that meets the requirements outlined in paragraph (c) of this section and:

(1) Provides standardized comparative information on each available QHP, including at a minimum:

- (i) Premium and cost-sharing information;
- (ii) The summary of benefits and coverage established under section 2715 of the PHS Act;
- (iii) Identification of whether the QHP is a bronze, silver, gold, or platinum level plan as defined by section 1302(d) of the Affordable Care Act, or a catastrophic plan as defined by section 1302(e) of the Affordable Care Act;
- (iv) The results of the enrollee satisfaction survey, as described in section 1311(c)(4) of the Affordable Care Act;
- (v) Quality ratings assigned in accordance with section 1311(c)(3) of the Affordable Care Act;
- (vi) Medical loss ratio information as reported to HHS in accordance with 45 CFR part 158;
- (vii) Transparency of coverage measures reported to the Exchange during certification in accordance with §155.1040; and
- (viii) The provider directory made available to the Exchange in accordance with §156.230.

NOTE: The information in the list above does not have to be provided directly to the consumer, but needs to be available on the portal.

Background:

The COHBE Individual Experience and SHOP Advisory Groups discussed this topic independently and came up with similar recommendations.

The Individual Experience Advisory Group decided to use a survey to collect feedback from members about what information should be available to individuals through:

- A standard comparative plan tool;
- A filtering option; or
- Elsewhere on the COHBE website if a person wanted to learn more.

The SHOP Advisory Group did not use a survey to elicit feedback from members, instead, they developed a consensus recommendation during their meeting.

Both Advisory Groups recommended keeping UX2014 in the forefront as we move through design sessions.

Recommendations:

The following top five types of information were recommended to be included in a standard comparison tool by the Individual Experience Advisory Group:

1. Premium and cost sharing information
2. Summary of benefits and coverage
3. Limitations or exclusions in plans
4. Prescription drug co-pays
5. QHP identification as one of the metal levels or identified as a catastrophic plan

The following top five filtering options were recommended by the Individual Experience Advisory Group:

1. Option to bypass filter to see all options
2. Provider directory
3. Health conditions treated through special programs in plans
4. Domestic partner coverage information
5. Quality ratings

Additional “takeaways” from the Individual Experience Advisory Group about information to be displayed to consumers when shopping and enrolling in health plans through COHBE:

- Assist the consumer by explaining what terms mean; display information in a way that is user-friendly and is at an appropriate literacy level; and show how information ties to treatment guidelines
- Help the consumer understand how plan meets the Essential Health Benefit requirements
- Be clear about supplemental benefits
- Allow consumers to find additional information about plans if they want to learn more

The SHOP Advisory group recommended COHBE take into account the standard benefit form developed by the Division of Insurance and make available three additional pieces of information to consumers and employers as they make health plan choices:

- exclusions
- cultural competency
- provider networks or adequacy -- ability to specify a mileage radius of how far out to look from a zip code.

Members of both advisory groups also recommended that COHBE review the design elements and best practices identified through the UX2014 project.

Going forward, COHBE staff will take into consideration all these recommendations into the design and implementation phases. COHBE will strive to ensure consumers and employers have a world-class user experience where they find meaningful information about their health plan options and find a health plan that best fits their needs.