Early Innovator Learning Collaborative

Topic: PBGH Plan Choice Decision Support

April 5, 2012
Introduction to PBGH Project

- **Project Goal**: Help Exchanges set up decision support services to assist consumers in selecting a health plan that matches their needs.

- **Key Deliverable / Timeline**: Business rules to embed in consumer plan choice decision-support software. Companion health plan data element requirements to support plan choice. First installment released early March 2012. Updates planned in Q2 and Q3.

*This project is supported by the Robert Wood Johnson Foundation. For more information on the project contact Ted von Glahn, PBGH Senior Director at tglahn@pbgh.org.*
Plan Choice Business Rules: Decision Support Rules

- Are the business rules sufficiently explained – can the Exchange evaluate the rules and create technical requirements to implement desired rules?
- How will the Exchange use the business rules?
  - Among Exchange staff to prepare decision support business requirements for vendor contract and/or workplan?
  - Guide development of Exchange sponsored consumer testing?
  - Identify resource requirements (e.g., purchase third-party data like doctor directory)?
  - Relay to application vendor to prompt vendor proposed decision support approach?
  - With external stakeholders (health plans, advocacy groups, providers, etc.) to provide rationale for key aspects of the consumer decision support approach?
- Are there plan choice decision support topics that are not addressed in the March Deliverable or in the set of topics to be addressed in 2QTR/3QTR that are a priority for the Exchanges?

<table>
<thead>
<tr>
<th>Installment 1 Topics (Delivered March 2012)</th>
<th>Future Installment Topics (2QTR and 3QTR Deliverables)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Number of Plan Options to Display</td>
<td>8. Global Default to Simply Plan Choice</td>
</tr>
<tr>
<td>5. Doctor Choice</td>
<td>11. Covered Services</td>
</tr>
<tr>
<td>6. Quality Ratings/Other Plan Performance Markers</td>
<td>12. Plan Features/Member Services Content</td>
</tr>
</tbody>
</table>
Solving the Key Challenges: Consumer Plan Choice Decision Support

- Is there work that can supplement the business rules that would be of high value to the Exchange in implementing its consumer plan choice decision support such as:
  - Converting key business rules into syntax/data variable-specific statements to bridge the gap between a “rules description” and a “logic statement” – thus, simplify the effort for the technical folks to interpret and use the rules (see examples on slide 7)?
  - Preparing tactical approaches to address the most challenging aspects of creating the consumer decision support experience?
    - structuring the information hierarchy for plan choice
    - integrating 3rd party data
    - summarizing data – roll-up selected topics to present “top-layer” information
    - adopting choice architecture techniques (nudges, framing, “simple path”, winnow choice set)
    - Commercial, Medicaid and Other LOB information integration
Converting Business Rules to Logic Statements: Examples

**Business Rule:** User preferences should elicit the importance of health plan quality ratings to the user. The user’s interest in health plan customer service can be distinguished from interest in provider network access and quality of care. As an example, the user could be queried about:

Mark the box if the quality rating is important to you in comparing medical plans.

- I want to see how experts and plan members rate the medical plans
- I want to see how experts and plan members rate the doctors and hospitals in the medical plans

**Logic Statement:**
If MEDICAL PLAN RATING =1/Yes, Then retrieve plan option attribute = MEDICAL PLAN SUMMARY RATING

If PROVIDER RATING =1/Yes, Then retrieve plan option attribute = PROVIDER SUMMARY RATING
### Business Rule:  
Apply math logic to sum the premium and the estimated cost at time of care and display a total cost amount.

### Logic Statement:  
For each PLAN OPTION, TOTAL SUBSIDIZED PREMIUM = YEARLY PREMIUM minus YEARLY TAX CREDIT plus YEARLY COST AT TIME OF SERVICE
### Business Rule:
User preferences should elicit the importance of doctor choice. The user’s interest in a particular doctor should be distinguished from the importance of having flexibility in choosing and using doctors or hospitals generally.

As an example, the user could be queried about:

- A medical plan that includes **my regular doctor** is important to me
- A medical plan in which I can **directly go to any doctor in the plan** is important to me
- I do **not** want a medical plan that requires me to pick a doctor for routine care or to get an “ok” to see a specialist doctor

### Logic Statement:

If NAMED DOCTOR = 1/Yes Then retrieve DOCTOR SEARCH function

If NO PROVIDER RESTRICTION = 1/Yes Then retrieve plan options = PLAN NO PROVIDER RESTRICTION
APPENDIX
Health Plan Choice
Consumer Decision Aid

Ted von Glahn
Senior Director, Consumer Engagement
Plan Choice Decision Aid: Eliciting Preferences

### HEALTH INSURANCE EXCHANGE

**MEDICAL PLAN CHOOSER**

**Your Profile**

Find the right medical plan for you. Begin by answering the questions on this page. Click on dotted underline terms for glossary definitions.

1. **Your Medical Plan Coverage**
   
   Choose who will be covered in your household and enter your home zip code.

<table>
<thead>
<tr>
<th>Who will be covered?</th>
<th>You + Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your residential zip code</td>
<td>94105</td>
</tr>
</tbody>
</table>

   * Required field

2. **Your Costs for the Medical Plan**

   Choose the type of medical plan that may be a good fit for you. These plans differ on the monthly insurance premium you pay and on how much you spend when you get medical services.

   - **Bronze** Lower monthly cost; pay more when you get medical services
   - **Silver** Monthly cost can run higher than Bronze; your costs are lower when you get medical services compared to Bronze
   - **Gold** Highest monthly cost; you pay less when you get medical services compared to Silver and Bronze

3. **Your Cost at Time of Care**

   **Medication Use**

   Choose the one category that best describes the prescription drug use you expect for next year. For a family, choose the category that best describes the family member who will probably need the most services. One prescription lasts 30 days. For details see [Medication Use](#).

   - **Level 1** No health problems or brief illness requires about 2 prescriptions during the year.
   - **Level 2** Medication for a moderate health problem requires about 6-7 prescriptions during the year.
   - **Level 3** Regular, ongoing medication needs requires at least 1 prescription each month and sometimes 2 prescriptions each month.
   - **Level 4** Multiple prescriptions used daily requires more than 30 prescriptions during the year.

   **Medical Service Use**

   Choose the one category that best describes the medical service use you expect for the next year. For a family, choose the category that best describes the family member who will probably need the most services. For details see [Medical Services Use](#).

   - **Level 1** No health problems or a well-controlled condition requires 2 doctor office visits, including a regular check-up, and several lab tests during the year.
   - **Level 2** Moderate health problem requires regular doctor care to watch or control a problem; 5-6 doctor office visits and regular tests or treatments during the year.
   - **Level 3** Significant health event or problem requires monthly doctor office visits, outpatient treatment and a number of lab, x-ray or other services, like therapy, during the year.
   - **Level 4** Serious and costly problem or condition requires a hospital stay and considerable outpatient care for the problem (or for expected care like pregnancy, about 20 doctor office visits and a large number of tests or treatments during the year.)
### Plan Choice Decision Aid: Eliciting Preferences

#### 4. Quality Ratings
Check the box if the quality rating is important to you in comparing medical plans.

- [x] I want to see how experts and plan members rate the medical plans.
- [x] I want to see how experts and plan members rate the doctors and hospitals in the medical plans.

#### 5. Choosing and Using Doctors
Check the box if that aspect of doctor choice is important to you in comparing medical plans.

- [x] A medical plan that includes my regular doctor is important to me.
- [x] A medical plan that allows me to use any doctor in the plan is important to me — so I do not need to get an "ok" to see a doctor.

#### 6. Wellness Services
Check the box for each wellness service that is important to you in comparing services from the medical plans.

- [ ] Controlling Cholesterol & Blood Pressure
- [x] Nutrition and Weight Management
- [ ] Managing Your Stress
- [ ] Quit Tobacco

#### 7. Your Key Services
Choose your top five covered services as the first ones to see when comparing medical plans; your top services will be listed first when you compare plans.

For details see [Your Key Services](#).

- [x] Annual Out-of-Pocket Maximum Self/Family
- [ ] Behavioral Health Out-of-Pocket Maximum Self/Family
- [ ] Chiropractic/Acupuncture Visit
- [x] Deductible Self/Family
- [x] Doctor Office Visit
- [ ] Emergency Care
- [ ] Home Health Visit
- [ ] Hospice
- [x] Hospital Stay
- [ ] Lab and Radiology
- [ ] Maternity Office Visit
- [ ] Mental Health Inpatient
- [ ] Mental Health Outpatient
- [ ] Outpatient Therapy Visit
- [ ] Prescription Mail-order generic/brand/non-formulary
- [x] Prescription Retail generic/brand/non-formulary
- [ ] Preventive Care Adult
- [ ] Skilled Nursing Care
- [ ] Substance Abuse Inpatient
- [ ] Substance Abuse Outpatient
- [ ] Surgeon
- [ ] Well Baby Visit
Plan Choice Decision Aid: Comparing Plans

Choose a Medical Plan

Compare the six medical plans and pick the one that best fits your needs by clicking on the "My top plan choice" button for that plan.

- Once you pick a medical plan a short survey will open. You must re-enter your PIN and fully complete the survey – at the end of the survey click “Done.” This will take you to the final page so that you may be paid.

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Yearly Cost</th>
<th>Doctor Choice</th>
<th>Wellness Services</th>
<th>Key Services</th>
<th>Quality Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capstone PPO BRONZE</td>
<td>$13,200 Yearly premium</td>
<td>Your doctor not found in plan</td>
<td>Nutrition &amp; weight management; includes community services</td>
<td>Deductible Self/Family: $1,300/$2,600 Annual Out-of-Pocket Maximum Self/Family: $5,100/$10,200</td>
<td>Medical Plan ★★★ Doctors &amp; Hospitals ★★★</td>
</tr>
<tr>
<td></td>
<td>$-4,248 Yearly premium tax credit</td>
<td>No primary care physician (PCP) required; can self-refer to specialist</td>
<td></td>
<td>Doctor Office Visit: 10% Hospital Stay: 10% Prescription Retail generic/brand non-formulary: $350/$700 deductible then $10/$25/$45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$3,532 Yearly cost at time of service</td>
<td></td>
<td></td>
<td>See all services</td>
<td></td>
</tr>
<tr>
<td>Crown High Deductible Health Plan BRONZE</td>
<td>$7,800 Yearly premium</td>
<td>Plan includes your doctor</td>
<td>Nutrition &amp; weight management; no program</td>
<td>Deductible Self/Family: $2,600/$5,200 Annual Out-of-Pocket Maximum Self/Family: $7,600/$15,200</td>
<td>Medical Plan ★★★ Doctors &amp; Hospitals ★★★</td>
</tr>
<tr>
<td></td>
<td>$-4,248 Yearly premium tax credit</td>
<td>No primary care physician (PCP) required; can self-refer to specialist</td>
<td></td>
<td>Doctor Office Visit: 10% Hospital Stay: 10% Prescription Retail generic/brand non-formulary: $750/$1,500 deductible then $10/$25/$45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$5,872 Yearly cost at time of service</td>
<td></td>
<td></td>
<td>See all services</td>
<td></td>
</tr>
<tr>
<td>Eminent Health PPO SILVER</td>
<td>$12,720 Yearly premium</td>
<td>Plan Includes your doctor</td>
<td>Nutrition &amp; weight management; includes community services</td>
<td>Deductible Self/Family: $250/$750 Annual Out-of-Pocket Maximum Self/Family: $3,000/$5,800</td>
<td>Medical Plan ★★★ Doctors &amp; Hospitals ★★★</td>
</tr>
<tr>
<td></td>
<td>$-4,248 Yearly premium tax credit</td>
<td>No primary care physician (PCP) required; can self-refer to specialist</td>
<td></td>
<td>Doctor Office Visit: 20% Hospital Stay: 20% Prescription Retail generic/brand non-formulary: $10/$25/$45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,810 Yearly cost at time of service</td>
<td></td>
<td></td>
<td>See all services</td>
<td></td>
</tr>
</tbody>
</table>
Plan Choice Decision Aid: Post Plan Choice Questionnaire

1. To continue, please enter the PIN number that appears in gray in the upper lefthand corner of this window. Remember you need to answer all of the questions to receive your study compensation!

2. How easy or difficult was it for you to identify the best medical plan for you (and your family) from among the available plans?

   - 1 = Very difficult
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7 = Very easy