



Exchange Consumer Experience Analysis

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avalerehealth.net

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Goal of Analysis, Methodology, and Limitations

Goal of Analysis

- To provide a snapshot view of the consumer experience in selecting a health insurance plan on the healthcare marketplaces (or exchanges) for the 2014 plan year

Methodology

- Avalere analyzed the exchange websites that enable consumers to shop and compare individual insurance plans
 - Avalere reviewed plans sold in the Federally-Facilitated Marketplace (FFM) on Healthcare.gov and the other state-based exchanges (SBEs)
- We gauged the consumer experience on several factors:
 - The ease of accessing formularies and provider directories
 - The order of plans listed on websites, and
 - The availability of out-of-pocket calculators and drug look up tools
- Avalere assessed access to formularies and provider directories by devising a scoring methodology specific to this information
- For each SBE website, Avalere analyzed five plans: the two lowest-priced Bronze and Silver plans and the lowest-priced Gold plan
- For the FFM website, we analyzed five plans in the top five states by projected enrollment
 - Avalere selected the most populous counties in each state for the analysis

Limitations

- Avalere could not access exchange websites for Hawaii, Kentucky, or Vermont
- Once formularies and provider directories were accessed, Avalere did not assess the accuracy of the content or ease of use.
- Additionally, Avalere could not review various cost-sharing and premium subsidy information given the requirement to create an account with personalized information



Methodology for Formulary and Provider Directory Scores

- Avalere evaluated the consumer experience of navigating websites to find plan formulary and provider directory information
- To determine a score for each analyzed plan, Avalere assigned points based on the following:
 - Number of clicks to access the information
 - Avalere started the counting of clicks at the point of viewing the list of plan options for a given exchange website
 - Location of the information (assigned a score based on Table 1)
- From there, Avalere added the two numbers to get a total score for each plan
- The scores fall into five different categories (outlined in Table 2)
- For example, a formulary directly linked from an exchange website that took 2 clicks to access would receive a score of Very Accessible (0 for exchange location plus 2 for the clicks)

TABLE 1. LOCATION OF BENEFIT INFORMATION

Category	Description	Score
Exchange	Direct link from exchange website	0
Plan's Formulary/Provider Page	Webpage dedicated to drug coverage and provider information	1
Product Page	Webpage outlining product information	2
Plan's Home Page	Plan's overall home page	4
Not Available	No formulary / directory information available	-

TABLE 2. OVERALL SCORE

Degree of Accessibility	Score Range
Very Accessible	1-2
Moderately Accessible	3-4
Difficult	5-6
Very Difficult	7-11
No formulary / directory information available	-



Key Findings

In almost half of exchange plans, it is difficult or impossible for enrollees to determine what drugs are covered by the plan

- In 48% of exchange plans analyzed, formularies are difficult, extremely difficult, or impossible to access
 - 38% of plans had no formulary data available, presenting significant obstacles to consumers
- Formularies are very or moderately accessible in 52% of exchange plans
 - Of these accessible plans, 80% have a direct link from the exchange website to the applicable formulary on the plan's website
 - Notably, Nevada has formulary information about every plan included in a drug lookup tool on the exchange website

Locating provider directories is somewhat easier compared to locating formularies

- Over 75% of plans offer very or moderately accessible access to provider network directories
- Close to half of exchange websites offer a provider lookup tool on the actual exchange website

Most exchanges by default list plans by premium price

- Some websites offer the functionality of sorting by features other than price (e.g., metal level, carrier, benefit design feature)
- California offers consumers an out-of-pocket calculator to help gauge expected costs by exchange plan

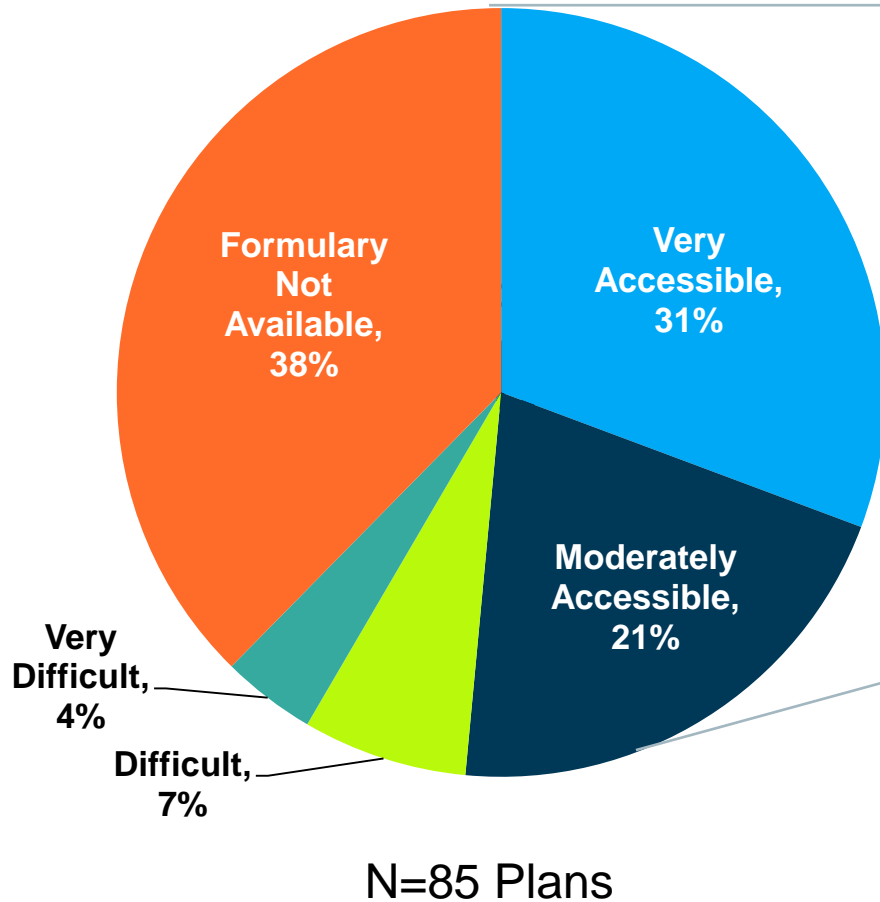
Healthcare.gov offered better drug transparency compared to some state exchanges

- Formulary data was more accessible on Healthcare.gov than in half of state exchanges
- Healthcare.gov will further improve drug coverage transparency by requiring plans to submit direct links to formularies in 2015

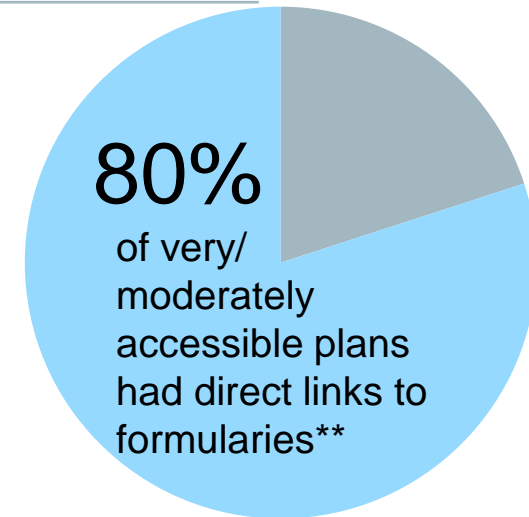


Formulary Information Is Difficult or Impossible to Access in Almost Half of Exchange Plans

DRUG FORMULARY ACCESSIBILITY, BY PLAN*



DIRECT FORMULARY LINKS



FEATURED STATE: Nevada allows consumers to enter drug information and see which plans cover their medications and what restrictions apply.

NV

*Numbers may not sum to 100% due to rounding.

** This shows those plans deemed either very or moderately accessible that have a direct link to a PDF or html formulary from an exchange website; that is, consumers do not need to take any further steps to identify and select the formulary once linked to the issuer's website. Also note that this includes all plans analyzed.

Drug Look-Up Tools Are Rare Among Exchange Websites; While an Exception, Nevada's Tool Has Limitations

Nevada is the only website to include a look-up tool; it offers consumers the ability to shop for plans based on coverage of medications, but some limitations apply

Cardiovascular Therapy Agents Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins)

BRAND NAME: Lipitor 10 mg tablet -  **Generic Available**

Note: Brand name drugs are listed for reference only. The approval status and restrictions indicated below apply only to the brand's generic equivalent. Certain brand drugs may not be covered by your health plan. Please contact your health plan for additional information.

Shoppers may search by drug name or drug class

GENERIC NAME: atorvastatin 10 mg tablet		
	Status	Notes or Restrictions
Anthem Blue Cross Blue Shield		
Health Plans of Nevada		
Nevada Health CO-OP		
Saint Marys HealthFirst		

Tool will default to a generic (if one is available) and displays coverage information that only applies to the generic












Tool indicates which plans cover the drug and any restrictions that apply

 Preferred	 Approved	 PA Prior Auth.
 Non-Formulary	 Not Reimbursed	 NL Not Listed
 Benefits/Polices	 Generic Available, Brand Listed for reference only. Brand may not be covered.	 Notes or Restrictions

While the Nevada drug look-up tool helps consumers find coverage information for their medications, it does not estimate out-of-pockets costs for the drug

Coverage Information Provided by the Nevada Tool May Cause Confusion

- While the tool includes a legend for the symbols related to drug coverage, there is still a lack of clarity around the difference among *Non-Formulary / Not Reimbursed / Not Listed* and *Preferred* and *Approved*

Status	Symbol(s)	Interpretation
Preferred		Preferred over all other drugs in the same therapeutic category.
Approved		Approved for reimbursement without any restrictions.
Prior Authorization		Reimbursement will be allowed only when the claim has been submitted to plan officials by a prescriber for review prior to the issuance of a prescription.
Non-Formulary		The Plan lists this drug as not on the formulary. Please click on the  icon to review the Plan's Benefits/Policies regarding non formulary drugs.
Not Reimbursed		This drug is not reimbursed by the plan.
Not Listed		No information available for this drug. It may or may not be reimbursable.
Benefits/Policies		Click the icon to view the Plan's Benefits/Policies.
Generic Available		The  symbol indicates that the drug name it appears after is available as a generic equivalent. Health insurance providers almost always require that a generic be used if it is available.
Notes or Restrictions		Click the icon to view the Plan's notes or restrictions.

Tool does not clearly differentiate between preferred and approved

Similar confusion surrounds non-formulary, not reimbursed, and not listed



California Has an Out-of-Pocket Calculator to Help Project Annual Costs

- The OOP Calculator seeks to project yearly out-of-pocket costs for prospective enrollees by plan

Website users may enter in the number of times they expect to see a physician or take a prescription drug

Prescription use

Number of family members

Number of family members

Number of family members

Number of family members

Low
Prescriptions: 1 or less

Moderate
Prescriptions: 1 - 2

High
Prescriptions: 2 - 3 (ongoing)

Very high
Prescriptions: 3+ (ongoing)

<p>LA Care LA Care - Bronze 6...</p> <p>Your monthly premium \$186.64</p> <p>After premium assistance of \$0.00</p>	<p>Molina Health Care Molina Health Care...</p> <p>Your monthly premium \$193.75</p> <p>After premium assistance of \$0.00</p>
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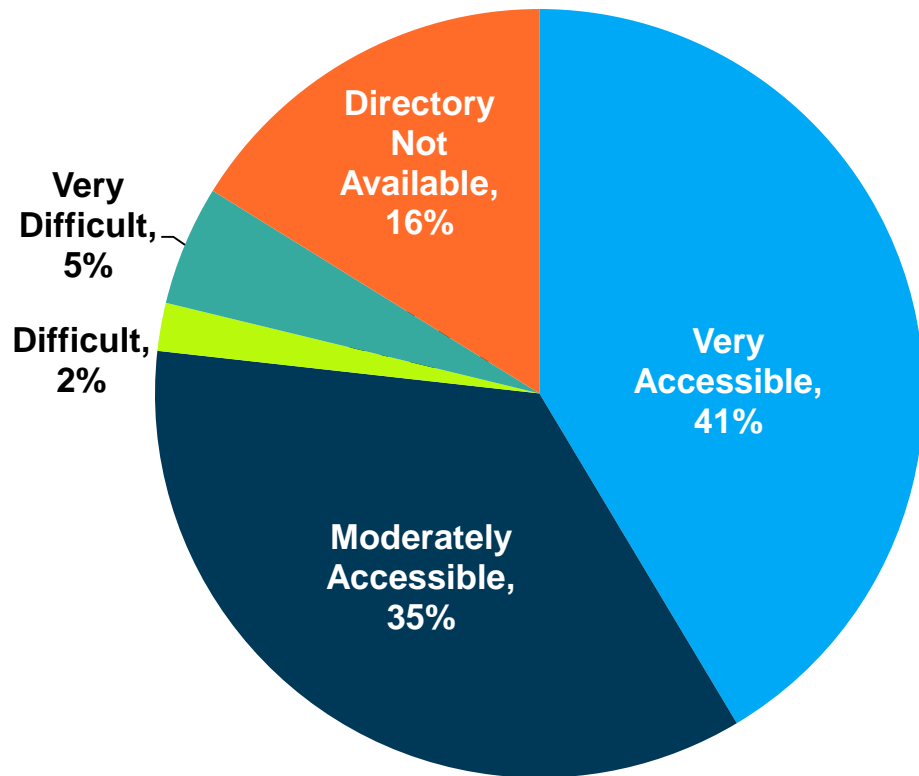
Out-of-pocket calculator offers estimates of costs (premium and out-of-pocket expenses) by plan

Summary		
Estimated total costs premium + out-of-pocket	\$2739.68 per year	\$2825.00 per year
Overall quality	★★★★☆	★★★★☆
Browse provider directory per plan	View Directory	View Directory
Product type	HMO	HMO
Discounts	Not Applicable	Not Applicable

The calculator does not project costs based on actual prescription drug usage and does not distinguish between types of providers

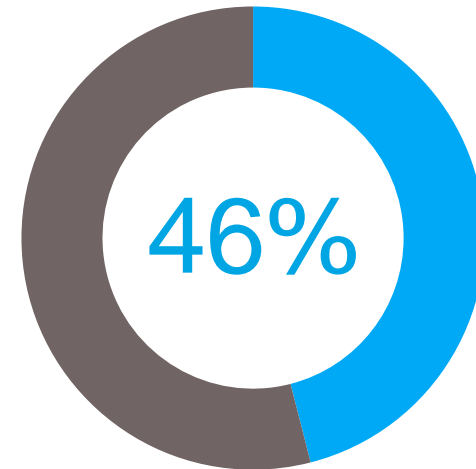
Majority of Plans Have Very or Moderately Accessible Provider Directories; Yet, Over 15 Percent Have No Provider Directories

PROVIDER DIRECTORY ACCESSIBILITY, BY PLAN*



N=85 Plans

PERCENTAGE OF EXCHANGE WEBSITES WITH PROVIDER LOOKUP TOOLS



N= 13 Websites

FEATURED STATES:

- Some state websites, such as Washington and Massachusetts, allowed users to easily enter provider information to see which plans covered certain providers.
- Minnesota's provider tool was inoperable for certain periods

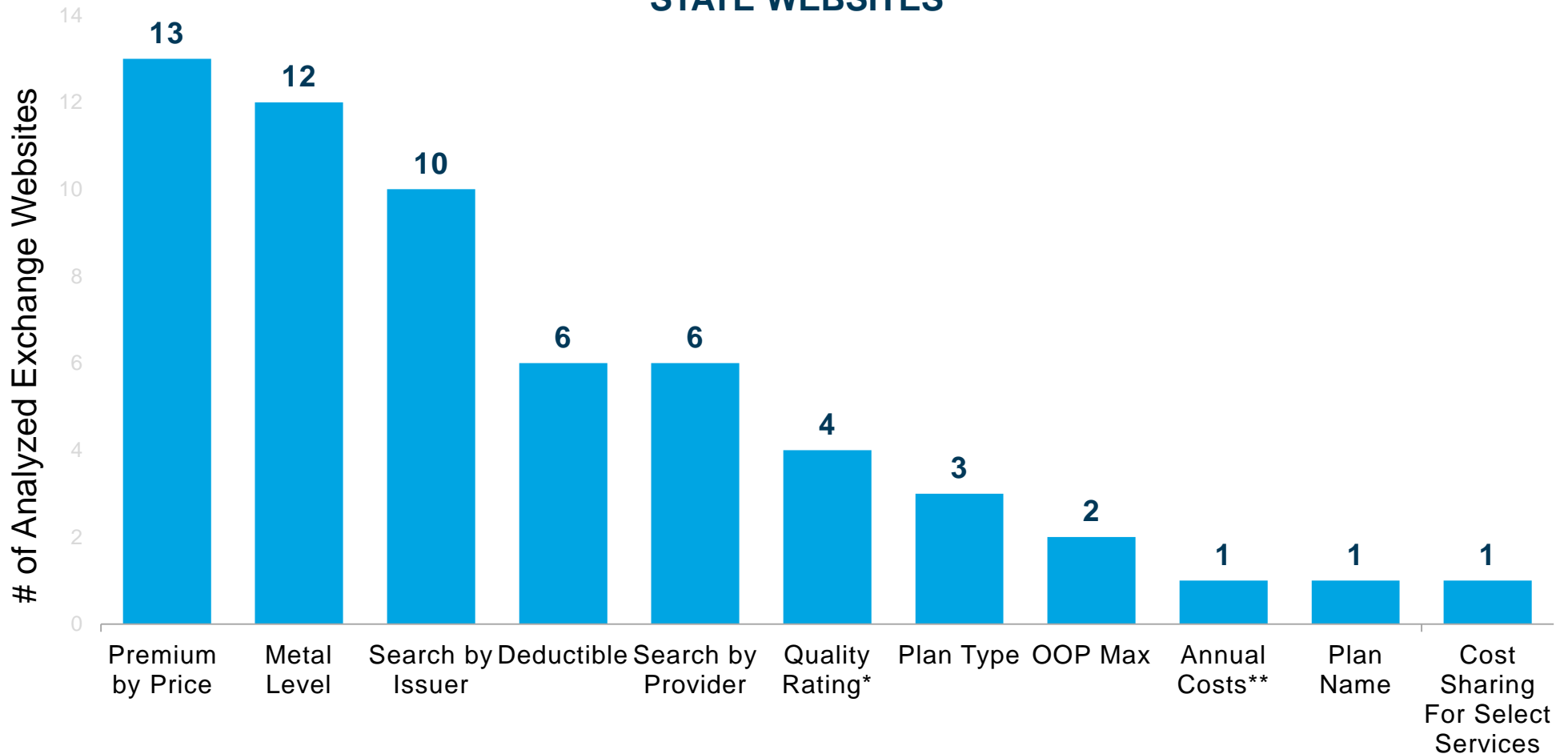
*Numbers may not sum to 100% due to rounding.



Exchange Websites Present a Variety of Options for Sorting or Searching Plan Options

The primary default for the arrangement of plan options is by premium price (lowest to highest).

FUNCTIONALITY OF SORTING OR SEARCHING FOR PLAN OPTIONS ON FEDERAL AND STATE WEBSITES



* Four states allow users to sort by some type of quality rating: CT (using NCQA), NY, OR, and NV.

** Includes premiums and OOP expenses.

Please note that Avalere analyzed 13 total exchange websites: FFM and 12 SBE websites.



State Specific Findings

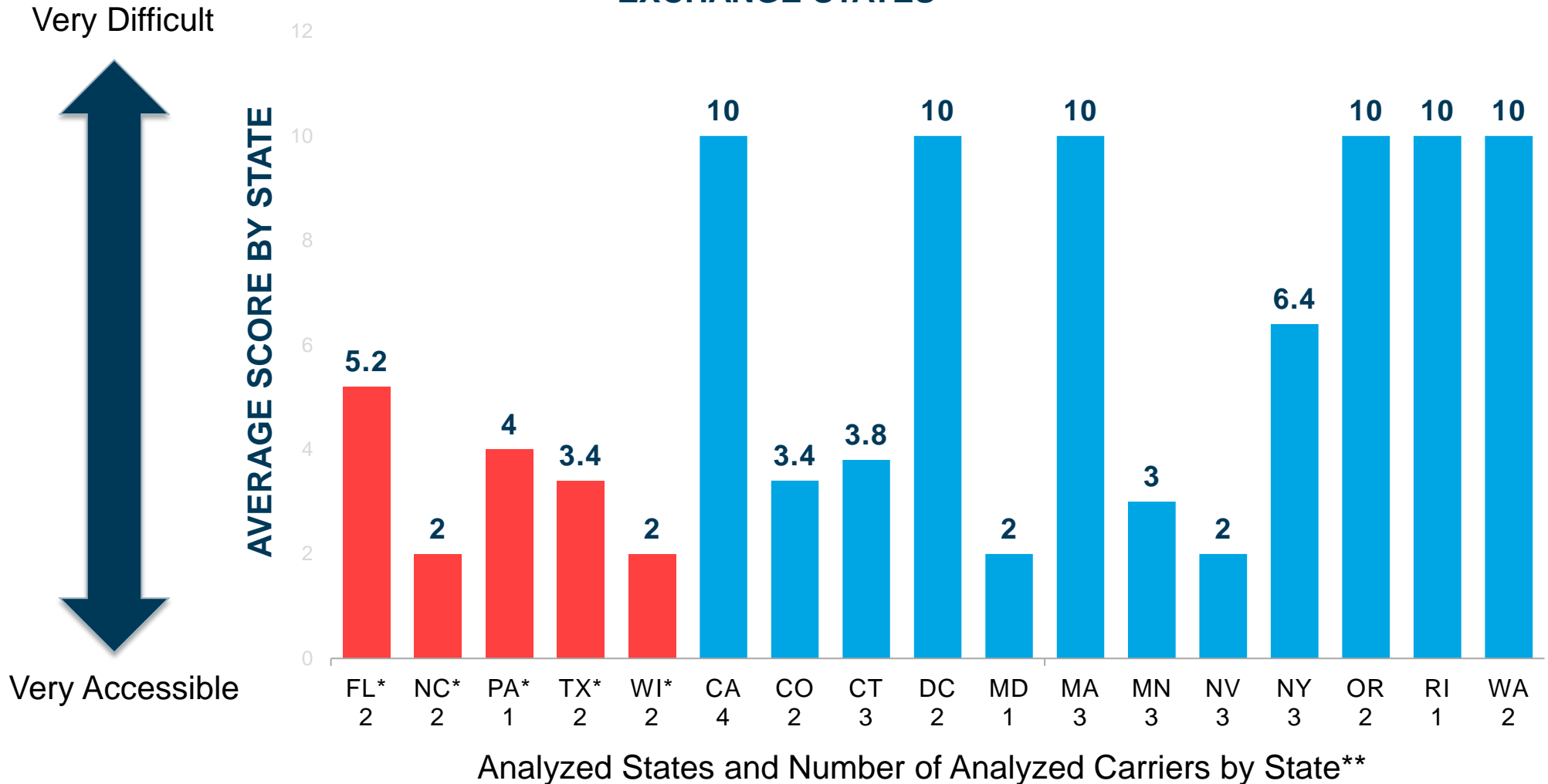
Both the Exchange and Plan Websites Impact Consumer Access to Plan Information

- Transparency around exchange plan benefit information is a critical component in allowing consumers to make an informed decision when selecting a plan option for 2014
- The ease of accessing critical information related to plan coverage of prescription drugs and provider plan networks is generally driven by two factors:
 - Ease of use of the exchange website
 - How directly plans link important benefit information from the exchange website
- Some exchange websites may not offer any links to formularies or even provider directories
 - However, even in states with websites that do offer links, links may redirect to plans' home pages, which may require extensive consumer navigation
- To enhance transparency for 2015, policy solutions would need to focus both on improving the ease of use of exchange websites and ensuring plans adequately link important information and documents such as formularies and provider directories
 - Already, the federal government will require plans operating in the federal exchange for 2015 to have direct links to plan formularies



Formulary Accessibility: Average Scores of Analyzed Plans by State

PLAN FORMULARY ACCESSIBILITY, AVERAGE PLAN SCORE FOR FEDERAL AND STATE EXCHANGE STATES



Methodological note: In order to quantify a state average, Avalere graded plans with no available formularies with a score of "10"

* Analyzed Federally-Facilitated Marketplace states. FFM states also denoted in red.

** Note that, in each state, we analyzed a total of five plans offered by the number of different carriers shown below each state on the graph.



Formulary Accessibility: Analyzed Plan Scores by State

NUMBER OF PLANS BY FORMULARY ACCESSIBILITY SCORE, BY STATE

State (# of Carriers)	Link to Formulary Information Available	Very Accessible	Moderately Accessible	Difficult	Very Difficult
Florida (2)	Yes	3	-	-	2
North Carolina (2)	Yes	5	-	-	-
Pennsylvania (1)	Yes	-	5	-	-
Texas (2)	Yes	1	4	-	-
Wisconsin (2)	Yes	5	-	-	-
California (4)	No	-	-	-	5
Colorado (2)	Yes	2	-	3	-
Connecticut (3)	Yes	-	4	-	1
DC (2)	No	-	-	-	5
Maryland (1)	Yes	5	-	-	-
Massachusetts (3)	No	-	-	-	5
Minnesota (3)	Yes	-	5	-	-
Nevada (3)	Yes	5	-	-	-
New York (3)	Yes	-	-	3	2
Oregon (2)	No	-	-	-	5
Rhode Island (1)	No	-	-	-	5
Washington (2)	No	-	-	-	5

Avalere assumed that in cases where the plan had no available formulary, the plan received a score of “10.”

Therefore, the plan was considered to be in the Very Difficult category.

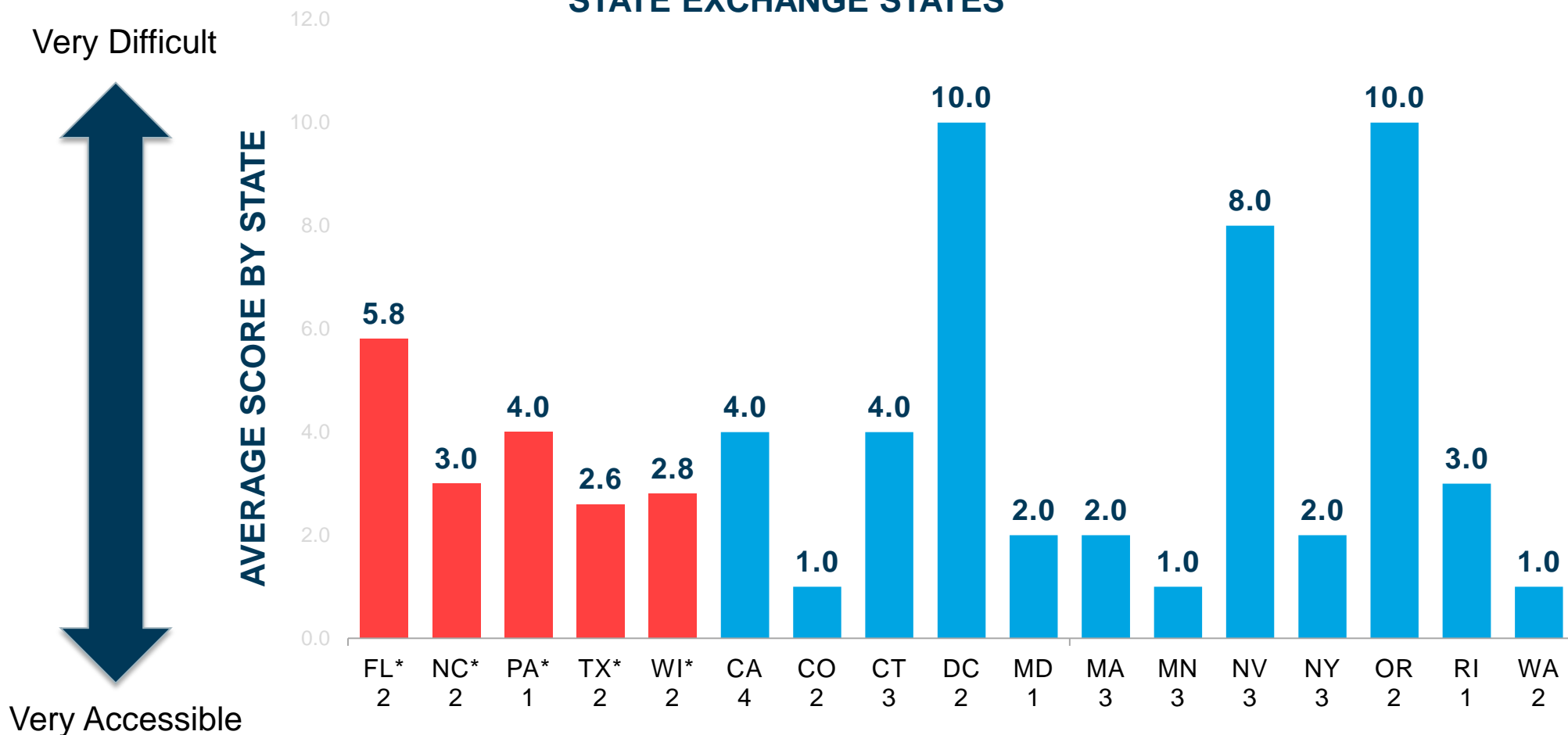
Red = FFM states analyzed. Blue = state-based exchanges analyzed.

Please note the number in parentheses represent number of carriers analyzed in state.



Provider Directory Accessibility: Average Scores of Analyzed Plans by State

PROVIDER DIRECTORY ACCESSIBILITY, AVERAGE PLAN SCORE FOR FEDERAL AND STATE EXCHANGE STATES



Analyzed States and Number of Analyzed Carriers by State**

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Pennsylvania (1)	Yes	-	5	-	-
Texas (2)	Yes	1	4	-	-
Wisconsin (2)	Yes	1	4	-	-
California (4)	Yes	3	-	-	2
Colorado (2)	Yes	5	-	-	-
Connecticut (3)	Yes	-	4	1	-
DC (2)	No	-	-	-	5
Maryland (1)	Yes	5	-	-	-
Massachusetts (3)	Yes	5	-	-	-
Minnesota (3)	Yes	5	-	-	-
Nevada (3)	Yes	-	-	1	4
New York (3)	Yes	5	-	-	-
Oregon (2)	No	-	-	-	5
Rhode Island (1)	Yes	-	5	-	-
Washington (2)	Yes	5	-	-	-

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