2018 HEALTH INSURANCE EXCHANGES

PROGRESS MADE, BUT TIME TO SAY GOODBYE?

EVALUATING THE ONLINE COMPARISON-SHOPPING EXPERIENCE

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COUNCIL FOR AFFORDABLE
HEALTH COVERAGE

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COUNCIL FOR AFFORDABLE
HEALTH COVERAGE

ABOUT THE
COUNCIL FOR AFFORDABLE HEALTH COVERAGE

The Council for Affordable Health Coverage (CAHC) is a broad-based alliance with a singular focus: bringing down the cost of health care for all Americans. Our membership reflects a broad range of interests—organizations representing insurers, PBMs, drug manufacturers, small and large employers, patient groups, consumers, and physician organizations. We support 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;
- Data in the hands of more experts to power consumer tools; and
- Markets in which consumers can use these tools

COUNCIL FOR AFFORDABLE
HEALTH COVERAGE

FOREWORD

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Soon consumers will choose a health plan during the 2019 open enrollment season on public health insurance web sites. Health exchanges are a fundamentally sound idea. They reflect the proposition that informed consumers can stimulate system-wide improvements in the cost and quality of health care as they have in other realms. The exchanges are designed to facilitate online comparison shopping for health insurance plans by providing a transparent review of complicated price and coverage details. The Council for Affordable Health Coverage (CAHC) has conducted an annual survey to assess the e-commerce competency of the public exchanges created after the enactment of the Patient Protection and Affordable Care Act of 2010 (ACA). The subjects of our study include the 12 exchanges run by individual states and the District of Columbia, as well as the federal health exchange, Healthcare.gov, which provides services in 38 states.

Our independent review offers an unbiased look at all of the exchanges — monopolies serving captive markets within their respective states. In some cases, state-run exchanges may be subject to chronically weak legislative oversight and the structural flaws inherent in monopolies are well-documented: Monopolies are notoriously insensitive to customer needs and can be laggards in innovation. Both shortcomings are evident in the findings of this report on health exchange competency and performance for the 2018 plan year.

The design of the public exchange program allows administrative costs to rise proportionately with the cost of health plans, which have risen, on average, by 88 percent over the past four years, and are tied implicitly to the rate of medical inflation. As a result, administrative costs are significantly outpacing the cost of the technology and labor needed to operate the exchanges.
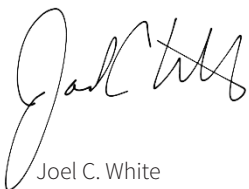
As we head into the 2019 open enrollment period, CAHC takes a look back at the 2018 experience. In the most recent enrollment period, several exchanges—including HealthCare.gov—have shown marked technical improvements. This suggests that most individuals eligible for premium credits and cost-sharing support under the ACA get at least minimally competent comparison-shopping support. It is also clear, however, that some states—including those where political support for the ACA has been strongest—are providing substandard services driving up coverage costs for exchange enrollees and, by extension, the taxpayers who subsidize them.

For example, in 2018 just one exchange—DC Health Link— has integrated drug directories designed to provide consumers with an accurate picture of their expected out-of-pocket spending under different plans. None of the exchanges offer a comprehensive out-of-pocket cost calculator.

In evaluating an appropriate government response to these shortcomings, this report raises the question of whether innovation on the exchanges is occurring at a pace consistent with e-commerce developments in the private sector, and whether the consumer facing features of the ACA exchanges might be better left to private companies.

Jen Steger and Rundell Douglas have done important work and spent numerous hours drafting the paper and working on its methodology. Paul Hewitt helped bring its words and conclusions together as only he can. I am grateful for their ongoing friendship and good work.

Sincerely,

Joel C. White
President, Council for Affordable Health Coverage

INTRODUCTION

Consumerism in health care continues to rapidly evolve, driven by rising costs, improved data and information technology, new plan designs, popular culture, and the growing role of online comparison shopping in our everyday lives. The Affordable Care Act's (ACA) online health insurance exchanges, now in their fifth year, are intended to offer consumers in the individual market an ability to view and compare plan choices. Yet, how the exchanges present plan information can play a major role in the choices consumers make and, indeed, whether they purchase coverage at all.

Through February 2018, 14.4 million people were enrolled in the individual market, a decline of 12 percent from 2017.[1] 10.6 million individuals had enrolled in health plans available through the ACA's state-based and federally-facilitated exchanges—of which 87 percent received public subsidies[2]. Since 2014, premiums on the exchanges for the second lowest cost ("benchmark") Silver Plan have increased, on average, by 88 percent—about 18 percent annually. Similarly, deductibles have increased by 39% since 2014, comprising about eight times more than the typical person's savings account.

AVERAGE NATIONAL SILVER INDIVIDUAL EXCHANGE COVERAGE DEDUCTIBLES ›
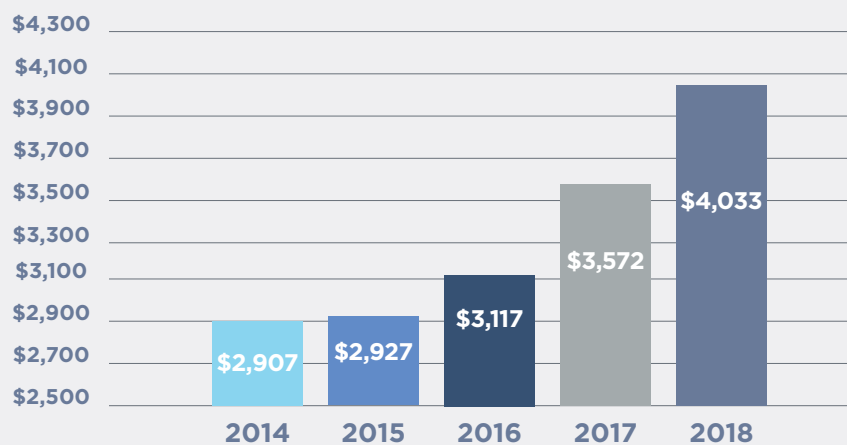
Average National Silver Individual Exchange Coverage Deductibles ›

› Individual Silver is the most popular Exchange plan. *Source for Individual Market: Data.HealthCare.gov via HealthPocket's Infostat Reports*

To manage increasingly burdensome medical costs, families need comparison-shopping tools designed to highlight the differences in cost and coverage among competing insurance plans, including drug formularies. Such tools can play a critical role in helping consumers to choose plans that maximize out-of-pocket cost savings. To the extent that affordability affects coverage rates, the ability of any given comparison-shopping website to provide a tailored shopping experience may prove essential to boosting insurance coverage.

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[1] https://www.kff.org/health-reform/issue-brief/data-note-changes-in-enrollment-in-the-individual-health-insurance-market/
[2] https://www.heritage.org/sites/default/files/2017-07/IB4743_0.pdf

FEATURES THAT EFFECT CONSUMER CHOICE

When selecting among plan alternatives, the relative demand for different plan designs is influenced by 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.[3,4] Consumers should 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.

2 SMART, COMPARATIVE PLAN DISPLAY PAGE

Displaying health plan choices optimized to consumer preferences with respect to 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 pharmacies, and prescribed medications.

3 ACCESS TO DETAILED PLAN INFORMATION:

Providing 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 exchange website.

4 OUT-OF-POCKET COST CALCULATOR

Including 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

Utilizing 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

Providing 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.

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[3] "Evaluating the Consumer Window-Shopping Experience in Health Insurance Marketplace Websites: A Comparative Analysis." FamiliesUSA, Jan 2014. http://familiesusa.org/sites/default/files/product_documents/state-website-analysis.pdf

[4] "Supporting Informed Decision-Making in the Health Insurance Marketplace." National Partnership for Women & Families, Feb 2015. http://www.nationalpartnership.org/research-library/health-care/supporting-informed-decision-making-in-the-health-insurance-marketplace.pdf.

ACCURATE PLAN INFORMATION

Providing accurate information on benefits, cost sharing, provider networks, and drug formularies. Information should be as accurate, current, and consistent as possible, and update information at least monthly.

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 the fact that all exchanges have 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.

The survey was conducted anonymously between December 28, 2017- January 12, 2018, with follow up checking of exchange features in June and July, 2018. 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 2017 report are presented in Appendix I and II, respectively. A feature-by-feature review of the 13 websites can be found in Appendix III of this report.

FINDINGS

Our core finding for the 2018 exchanges is that a handful of states are not delivering a quality online comparison-shopping experience that allows consumers to evaluate key health plan details, such as provider networks and drug formularies; while most still have considerable room for improvement. Improvements made by several exchanges, compared to 2017, have widened the quality gap between the best and worst performers. While HealthCare.gov, the federally run website used in 38 states, has moved near the top of the public exchange class, a majority of the 12 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.

SURVEY HIGHLIGHTS FOR OPEN ENROLLMENT 2018

THE HIGHLIGHTS OF THIS YEAR'S SURVEY INCLUDE:

- More than half the exchanges (7) received a D or F —all of them state-based. There was one A, four Bs and one C. The **average exchange website** scored 71 out of a possible 100 on our composite index, and had 3 best-in-class shows.

- The **DC Health Link's** exchange ranked first overall, scoring 92 out of a possible 100. 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 38 states, ranked fourth in 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 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 if the expected costs and benefits of plans to consumers.

- Variation in exchange composite scores indicate the consumer experience is uneven across the country, with an F (a 48) at the low end and a high of 92. This may reflect the varying levels of commitment (both political and financial) to public exchanges.

- Ironically, the more "blue" the state, the lower the score, on average. Six of the eight exchanges with the lowest scores are in states where liberals greatly outnumber conservatives, according to a Gallup poll.[5] The poor performance of states inclined to regard the ACA less critically may reflect weak legislative oversight.

- Five exchanges—**DC Health Link, Connect for Health Colorado, Healthcare.gov, Maryland Health Connection, Washington Healthplanfinder**—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, Covered California, Healthsource RI, Massachusetts Health Connector**—offer integrated provider directories but not prescription drug formularies.

- Ten exchanges—**Access Health CT, Connect for Health Colorado, Covered California, DC Health Link, Healthcare. gov, Healthsource RI, MNSure, Vermont Health Connect, Washington Healthplanfinder, Your Health Idaho**—offer an out-of-pocket cost calculator, which provide 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.

- All insurance exchange websites, with the exception of **Massachusetts Health Connector and Vermont Health Connect**, now offer complete website translation services into Spanish with one click, including for the window-shopping tool.

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[5] Saad, Lydia, "Conservative Leaning States Drop from 44 to 39"; Gallup, February 2018. https://news.gallup.com/poll/226730/conservative-leaning-states-drop.aspx

2018 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			INDEX SCORE
	ANONYMOUS BROWSING	CUSTOMIZED PLAN INFO	DEFAULT ORDER	PLAN FINDER SUPPORT	HIGHLIGHTS CSR PLANS[6]				LAYOUT	ACCESS HUMAN SUPPORT	LANGUAGE ACCESSIBILITY	
DC HEALTH LINK	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	PASS	B	A	A	A	PASS	A	92
WASHINGTON HEALTHPLANFINDER	YES	A	SMART SORT	DECISION-SUPPORT	PASS	C	A	C	B	PASS	A	86
CONNECT FOR HEALTH COLORADO	YES	A	YEARLY COST ESTIMATE	BASIC	PASS	C	A	B	A	PASS	B	82
HEALTHCARE.GOV	YES	A	PREMIUMS	WALKTHROUGH	PASS	C	A	B	B	PASS	A	81
HEALTHSOURCE RI	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	PASS	B	A	F	A	PASS	A	80
COVERED CALIFORNIA	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	PASS	B	B	F	B	PASS	A	75
ACCESS HEALTH CT	YES	A	PREMIUMS	WALKTHROUGH	PASS	B	C	F	B	PASS	A	69
MNSURE	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	PASS	B	F	F	A	PASS	A	68
VERMONT HEALTH CONNECT	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	PASS	B	F	F	A	PASS	C	64
MARYLAND HEALTH CONNECTION	YES	A	PREMIUMS	BASIC	PASS	F	C	C	B	PASS	A	64
YOUR HEALTH IDAHO	YES	A	PREMIUMS	WALKTHROUGH	PASS	F	F	F	B	PASS	B	61
NEW YORK STATE OF HEALTH	YES	B	PREMIUMS	BASIC	PASS	F	C	F	B	PASS	A	55
MASSACHUSETTS HEALTH CONNECTOR	YES	C	PREMIUMS	BASIC	NO	F	A	F	C	PASS	C	48

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

DISCUSSION

The Affordable Care Act's public exchanges have presided over a substantial expansion in online purchasing within the health insurance market. By capitalizing on the emerging role of information technology and e-commerce, these online comparison-shopping platforms sought to deliver a more competitive insurance market. It remains true that for subsidy-eligible populations, the exchanges operate as monopolies, a business model which is notoriously slow to respond to consumer demands. The complacency engendered by captive markets has hindered exchange performance relative to their counterparts in the private sector. This raises a series of questions relevant to public oversight.

FIRST, WHAT CAN BE SAID ABOUT THE APPARENT IMPROVEMENTS IN PUBLIC EXCHANGES?

Our survey shows that the best exchanges—having evolved from their disastrous, 2014 plan year roll out-- are incorporating incremental improvements every year that are designed to facilitate informed consumer choice. Yet, unresolved challenges remain. First, there is a lack of standardization of important decision support tools across the exchanges. Although 2018 saw a slight increase in the number of exchanges with integrated provider and drug directories and out-of-pocket cost calculators, only a minority of platforms had these features. Better decision support tools within these markets would help ease the pressures many consumers face, while encouraging smarter and more efficient plan choices.

Approximately half of the exchanges, including Healthcare.gov, organize the presentation of plans based on premium prices (from lowest to highest). Research has shown that such default plan sorting can prompt consumers to make suboptimal product choices that result in overspending.[7] For example, a consumer might choose a lower premium plan with a higher deductible, even if it means spending more outofpocket for diabetic supplies and medicines. To the extent that consumers are unaware of the expected total out-of-pocket expenses, they are more likely to purchase plans with an unsustainable cost-sharing structures. Moving towards a "smart-sorting" mechanism would help to minimize such suboptimal choices.

E-commerce never sleeps. Even so, HHS has announced regular periods of HealthCare.gov downtime for scheduled weekly maintenance during the upcoming open enrollment period. This simply does not happen in private e-commerce, suggesting that public-facing exchanges are less reliable and professional.

SECOND, ARE THE STATES AND FEDERAL GOVERNMENT COMMITTED TO LONG TERM IMPROVEMENTS IN SHOPPING TOOLS AND ENROLLMENT EFFORTS?

Many articles have been written about the cutback in funding for various navigation and outreach tools as evidence of waning political support. For example, the administration spent $10 million on promotions during open enrollment season for the 2018 plan year, compared to $100 million in 2017. The funds focused on radio and digital ads, as well as email to existing enrollees. HHS also cut funding for navigators (people who help people sign up for coverage)

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[7] Saurabh Bhargava, George Loewenstein, and S. Benartzi. "The costs of poor health (plan choices) & prescriptions for reform." Behavioral Science & Policy, 2017.

by 41 percent, to $37 million. We expect the Trump Administration to retain the lower funding level again this year and to rely on direct enrollment pathways where people enroll directly through a private entity such as eHealth, Health-Sherpa, Healthcare.com or other private, online portals. These private websites are kept up through ongoing private investments that are independent of political winds or processes. In fact, making investments in the performance and consumer experience on their web sites is central to these companies' goal of expanded enrollment. The private sector may be better situated than the public sector to advance a key policy initiative that is shared across the political spectrum – reducing the number of uninsured.

The taxpayers, meanwhile, have invested billions in the exchanges. Over the last four years, administrative enrollment costs quadrupled, rising from $414 per covered individual in 2015 to $1,804 in 2018. Part of the problem, according to a report by the House Budget Committee, was that CMS provided nearly $4.8 billion to assist with state-based exchanges in 2014 but failed to properly oversee this effort. The federal government charges each state a 3.5 percent premium tax to run the state-based exchanges. These fees are charged to participating insurers who pass the costs on to consumers in the form of higher premiums, which are then subsidized by federal taxpayers. Because the fees are tied to plan costs—which have risen 88 percent over the past four years and can be expected to rise at the rate of medical inflation going forward—administrative costs on the public exchanges are rising much more.

THE TIME HAS COME FOR PRIVATELY-FACILITATED EXCHANGES

Congress and the administration should move aggressively to replace the federal public exchange monopoly with multiple, competing privately operated exchanges. Under this hybrid model, private online marketplaces, connected to the existing federal data hub, would be used by consumers to enroll in plans. The government would ensure premium subsidies and plan eligibility via the data hub, which includes individual demographic and income information. Competition among private platforms would lower government administrative and outreach costs. With a better comparison-shopping experience, more people would enroll in private coverage through private exchanges.

In today's health marketplace, consumers demand technology that promotes increased access and improved value. The private sector is best equipped to satisfy these demands by harnessing the potential of emerging technologies to As the number of new entrants in the private health care marketplace increase and as they identify their specific niche, they can be expected to use their comparative advantages in technology to implement more integrated decision-making support and recommendation tools. Like several private sector tools, privately operated exchanges can leverage consumer-centric choice algorithms to create more customized shopping experiences that effectively recommend plans best suited to consumers' health and economic circumstances. Improved understanding of their risk protections and their health needs empowers consumers to make more informed decisions about the plan choices that best meet those needs. In contrast to public exchanges, private exchanges are more sensitive to market pressures and are more likely to adopt novel strategies to maximize consumer satisfaction.

At present, contracting projects and services to the private sector is commonplace. Both federal- and state-facilitated exchanges have contracted with private vendors, albeit in a limited capacity to design the front-end website features and consumer decision support tools. States can be relieved of the financial and administrative burden of running exchanges by delegating management of the technical architecture and software supporting comparison and enrollment tools to private vendors.

Further, privately operated exchanges would maintain government oversight and functionality of the federal Data Services Hub to minimize concerns over the possibility of reduced consumer protection. Currently, the data hub provides information on subsidy and plan eligibility and nationality status. 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 prevent waste, fraud, and abuse and to verify eligibility for and prevent misuse of taxpayer premium subsidies.

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 Insurers offering plans on the private exchanges should report to the federal data hub to ensure their compliance with enrollment and eligibility requirements and qualified health plan (QHP) standards. To that end, we recommend removing Healthcare.gov's monopoly on enrollment and allowing the space for alternatives to thrive, thereby giving consumers more options to use their subsidies. Such a competitive market will lower taxpayer costs through reduced administrative costs and lower consumer expenses as more robust competition leads to lower premiums. The 3.5 percent tax to fund exchange operations could be lowered to help fund the data hub, further lowering consumer premiums.

RECOMMENDATIONS

1. Over the next three years, transition to a privately operated exchange model and eliminate funding for activates unrelated to the federal data hub in the HealthCare.gov program;

2. During scheduled downtime for the 2019 open enrollment period, HHS should direct all traffic to private enrollment web sites

3. Transition an increasing number of APTC eligible enrollees into privately operated exchanges, starting with at least 10 percent in the enhanced direct enrollment pathway in 2019;

4. Congress should enable all beneficiaries to use their premium tax credits off the public exchanges, to also be used in the privately operated exchange model when fully implemented; and

5. Reduce or eliminate the 3.5 percent premium tax that funds public exchange monopolies.

CONCLUSION

Regardless of what happens in the November mid-term elections, public monopolies are not good for consumers or taxpayers. Enrollment in public exchanges is down. Private alternatives to public exchanges exist. There is every reason to believe that private e-commerce alternatives would do a better job of managing the technology necessary to enroll people in health coverage. This is particularly true in states, such as New York and Massachusetts, where the public exchanges are substandard in many respects.

It is difficult to scale back government programs once they are in place. But the public exchange monopolies are not state- or federally-based programs; they comprise a method for accessing information that is outdated, expensive, inefficient, and a barrier to better, more innovative design. While unsubsidized consumers will continue to have numerous options for choosing their insurance plans, transitioning subsidy eligible populations to a privately-operated exchange model is the logical next step to improving choice and opportunity.

To be sure, the available evidence indicates that most public exchanges are making meaningful efforts to improve the online experience of users, at considerable expense to taxpayers. These improvements are not enough. CAHC believes it is time to say goodbye to the public exchange model and the escalating fees on which it is based, and turn, instead, to the innovation and responsiveness of the private marketplace.

2018 SCORECARD METHODOLOGY

OVERVIEW

In order to most accurately evaluate how consumers first explore and experience the insurance exchanges, CAHC 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.

Some exchanges may offer additional features in addition to the main window-shopping tool, such as items to access after consumers create accounts and/or make enrollment decisions. But we did not and could not assess those features.

Requiring consumers to jump through additional hoops on the website or asking them to 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 December 28, 2017 – January 12, 2018. A draft report and scorecard was shared electronically with the state-based exchanges and HealthCare.gov in September 2018 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 widow-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 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.

SCORING SYSTEM

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.

INSURANCE EXCHANGE WEBSITE	INDEX WEIGHTED COMPOSITE
DC HEALTH LINK	92
WASHINGTON HEALTHPLANFINDER	86
CONNECT FOR HEALTH COLORADO	82
HEALTHCARE.GOV	81
HEALTHSOURCE RI	80
COVERED CALIFORNIA	75
ACCESS HEALTH CT	69
MNSURE	68
VERMONT HEALTH CONNECT	64
MARYLAND HEALTH CONNECTION	64
YOUR HEALTH IDAHO	61
NEW YORK STATE OF HEALTH	55
MASSACHUSETTS HEALTH CONNECTOR	48

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.

INDIVIDUAL EXCHANGE SURVEYS

- **ACCESS HEALTH CT[8]**
- **CONNECT FOR HEALTH COLORADO**
- **COVERED CALIFORNIA**
- **DC HEALTH LINK**
- **HEALTHCARE.GOV**
- **HEALTHSOURCE RI**
- **MARYLAND HEALTH CONNECTION**
- **MASSACHUSETTS HEALTH CONNECTOR**
- **MNSURE**
- **NY STATE HEALTH**
- **VERMONT HEALTH CONNECT**
- **WASHINGTON HEALTHPLANFINDER**

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[8] The same process used for every other exchange website, our evaluation of Access Health CT scored only the features provided in the window-shopping tool most prominently accessible from the homepage which did not offer an integrated provider or drug directory. We acknowledge that through additional steps, Access Health CT provides a second, separate "Consumer Decision Support" tool that appears to offer certain different features, including integrated provider and drug directories and sorting by yearly estimate.

ACCESS HEALTH CT

DATE COMPLETED	January 11, 2018	
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

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.
	YEARLY COST ESTIMATE	Adjusted: Default order sorted by Yearly Cost Estimate (labeled as "Total Expense Estimate").
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 indicate prescription drug utilization and provide factors like health conditions and anticipated healthcare usage. Calculator received one letter grade lower for only providing a non-numeric cost estimate.
INTEGRATED PROVIDER DIRECTORY	**C**	*Initial:* 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.
	B	*Adjusted:* Includes a "Consumer Decision Support Tool", which allows consumer to indicate preferred provider. Indicates provider coverage on plan display page, but does not provide a filter to highlight plans that cover the consumers preferred providers.
INTEGRATED DRUG DIRECTORY	**F**	*Initial:* Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.
	B	*Adjusted:* Includes a "Consumer Decision Support Tool", which allows consumer to indicate prescription drugs and receive information on drug coverage, with cost sharing information, on plan results page. Does not provide a filter to find plans that cover consumers prescribed medications.
LAYOUT	**B**	*Initial:* Includes #1-4, missing #5 – lack of clutter
	A	*Adjusted:* Includes #1-5
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 HEALTH COLORADO

DATE COMPLETED January 2, 2018
WEBSITE LINK
http://connectforhealthco.com/

PERSONAL INFO. Age 27, individual, male
HOUSEHOLD INCOME $24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY 80401

ANONYMOUS BROWSING	**YES**	http://planfinder.connectforhealthco.com/ - Highlights anonymous shopping option on the home page.
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 premiums sorted by Yearly Cost Estimate.
PLAN FINDER SUPPORT	**BASIC**	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	**N/A**	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) that is asked prior to Plan Results page.
INTEGRATED PROVIDER DIRECTORY DR. PATRICIA BRUMBAUGH	A	Includes an integrated provider directory in the preferences section prior to the Plan Results page to inform that indicates provider coverage on the plan display page and providers a filter to highlight plans that cover the consumer's preferred providers. Also provides hover-over function of which specific providers are included in the plan.
INTEGRATED DRUG DIRECTORY		Indicates prescription drug coverage on the plan display page and providers a filter to highlight plans that cover the consumer's prescribed medication. Does not include drug specific cost-sharing information. Also includes hover-over function for how many and which drugs are covered under plan.
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 not on the home page. Consumer must navigate to the questions page. The Spanish website does not include the window-shopping tool. Includes resources for assistance in additional languages.

COVERED CALIFORNIA

DATE COMPLETED January 11, 2018
WEBSITE LINK
https://www.coveredca.com/

PERSONAL INFO. Age 27, individual, male
HOUSEHOLD INCOME $24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY 95076/ Santa Cruz

ANONYMOUS BROWSING	**YES**	https://apply.coveredca.com/apspahbx/ahbxanonym.portal?_nfp-b=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 DR. JOHN ALEMAN	B	Indicates 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	Indicates prescription drug coverage on the plan display page and providers a filter to highlight plans that cover the consumer's prescribed medication. Does not include drug specific cost-sharing information. Also includes hover-over function for how many and which drugs are covered under plan.
LAYOUT	B	Includes all features, except #3 (5 pts).
ACCESS TO HUMAN SUPPORT	**YES**	"Find Help" page includes access to enrollment centers, an enrollment specialist, telephone support, a live chat feature and more.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates additional access to assistance for other languages from the homepage.

DC HEALTH LINK

DATE COMPLETED	January 11, 2018	
WEBSITE LINK		
https://dchealthlink.com/		

PERSONAL INFO.	Age 27, individual, male
HOUSEHOLD INCOME	$28,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY	N/A

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://dc.checkbookhealth.org/hie/DC/2018/
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 #1-5.
ACCESS TO HUMAN SUPPORT	YES	Telephone support displayed on the website. "Get Help" link provides access to access to assisters, brokers and shows you where to get in person help (links to assisters and brokers are also provided on the homepage). Lacks integrated chat functionality.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates additional access to assistance for other languages from the homepage.

HEALTHCARE.GOV

DATE COMPLETED	December 29, 2017	**PERSONAL INFO.**	Age 27, individual, male
WEBSITE LINK		**HOUSEHOLD INCOME**	$24,000 (Subsidy/CSR eligible)
https://www.healthcare.gov/		**ZIP CODE/COUNTY**	45150

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	"See plans and prices" available as a link from the "Get Coverage" tab from the homepage https://www.healthcare.gov/see-plans/
CUSTOMIZED PLAN INFO ZIP CODE: 45150, CLERMONT COUNTY	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 DR. JOHN CAPURRO, 45150	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		Indicates prescription drug coverage on the plan display page and providers a filter to highlight plans that cover the consumer's prescribed medication. Does not include specific cost-sharing information. If both drugs are not covered however, only the number covered is displayed, not which drug. Filter is also applied in a confusing manner- ex. "must cover" both drugs results in plans that only cover one drug.
LAYOUT	B (4 POINTS)	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 additional access to assistance for other languages from the homepage.

HEALTHSOURCE RI

DATE COMPLETED January 11, 2018
WEBSITE LINK
http://healthsourceri.com/

PERSONAL INFO. Age 27, individual, male
HOUSEHOLD INCOME $24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY 02804

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	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate (labeled as "Total 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. Videos for categories such as "Plan Cost in a Bad Year" and "Quality" are also available. 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	Includes a built-in tool for consumers to search for plans that cover their preferred providers and provided a filter to filter to highlight plans that cover the consumer's preferred providers. Provides a grey bar on the plan result page that indicates the percentage of nearby doctors within the plan's network.
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 #1-5.
ACCESS TO HUMAN SUPPORT	YES	Includes phone support and resources to connect with an insurance broker and find enrollment events.
LANGUAGE ACCESSIBILITY	A	Includes website translation services for Spanish, including for the window-shopping tool. Includes resources for assistance in additional languages.

MARYLAND HEALTH CONNECTION

DATE COMPLETED   January 12, 2018
WEBSITE LINK
https://www.healthcare.gov/

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

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	BASIC	Window tools only includes basic hover-over explanations and overview material (on a separate resource page) and does not provide does not include educational content—video, graphics, and other walkthroughs .
HIGHLIGHTS CSR PLANS	YES	Indicates only Silver plans eligible for CSRs, and were listed first, except silver plans were not 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 DR. DAVID A. SMITH	A	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		Includes an external website link to allow consumers to search for drug coverage under insurance carrier, but does not indicate drug coverage on the plan display page and does not provide a filter to highlight plans that cover the consumer's preferred providers.
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 additional access to assistance for other languages from the homepage.

MASSACHUSETTS HEALTH CONNECTOR

DATE COMPLETED   January 12, 2018

WEBSITE LINK

https://mahealthconnector.optum.com/individual/

PERSONAL INFO.   Age 27, individual, male

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

ZIP CODE/COUNTY   02467/Middlesex

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://mahealthconnector.optum.com/individual/
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 understand how to compare and assess the different plan choices presented.
HIGHLIGHTS CSR PLANS	NO	Window-shopping tool does not include customized plan choice nformation based on the user's financial circumstances, so 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 DR. JEFFREY BASS	A	Allows consumers to search for plans that cover their preferred providers on a separate page. Indicate provider coverage on the plan display page and provides 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.

MN SURE

PERSONAL INFO. Age 27, individual, male
HOUSEHOLD INCOME $24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY 55111

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://mn.checkbookhealth.org/hie/MN/2017/index.cfm?data=eyJGT-1JNIjp7fSwiVVJMIjp7IkNPVkVSQUdFIjoiSW5kaXZpZHVhbCIsIkxBTkciOi-JFTiJ9fQ%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. Videos for categories such as "Plan Cost in a Bad Year" and "Quality" are also available. 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. Must follow the link to the plan's directory.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications. Only includes prescription information for those drugs entered at the beginning of the process.
LAYOUT	A	Includes #1-6.
ACCESS TO HUMAN SUPPORT	YES	"Get Help" page includes access to find an assister, telephone support, and appeals. Not available all the way through the tool – only at the beginning.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates additional access to assistance for other languages from the homepage, but not throughout the tool.

NY STATE OF HEALTH

DATE COMPLETED January 12, 2018

WEBSITE LINK

https://nystateofhealth.ny.gov/

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME $25,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 10455

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	C	Consumers can search for plans that cover their providers, but that information is not integrated on the plan display page with pricing/OOP cost info. You have to search the plans that cover your providers first, then go back to the window-shopping tool to search for plans with your financial eligibility, and manually make that match.
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 additional access to assistance for other languages from the homepage.

VERMONT HEALTH CONNECT

DATE COMPLETED   January 12, 2017

PERSONAL INFO.   Age 27, individual, male

WEBSITE LINK
https://portal.healthconnect.vermont.gov/VTHBELand/welcome.action

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

ZIP CODE/COUNTY   N/A

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://vt.checkbookhealth.org/hie/vt/2018/index.cfm?data=eyJGT1JNI-jp7fSwiVVJMIjp7IkNPVkVSQUdFIjoiSW5kaXZpZHVhbCJ9fQ%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. Videos for categories such as "Plan Cost in a Bad Year" and "Quality" are also available. 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 #1-5.
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 January 12, 2018
WEBSITE LINK
https://www.wahealthplanfinder.org/

PERSONAL INFO. Age 27, individual, male
HOUSEHOLD INCOME $24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY 99258

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://www.wahealthplanfinder.org/HBEWeb/Annon_ViewIndividu-alPlans?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	SMART SORT	Plans sorted by Silver CSR plan first, followed by other metal levels and sub-sorted by premiums.
PLAN FINDER SUPPORT	DECISION-SUPPORT	Includes a "Smart Choice Planfinder" decision-support tool that narrows plan choices based on consumer input .
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	C	Includes OOP Cost Calculator, only factors in one indicator of overall health care utilization (anticipated health care usage via Smart Choice Planfinder tool).
INTEGRATED PROVIDER DIRECTORY DR. ANDREA JOHNSON	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	C	Include an integrated drug directory, but not indicate any cost sharing information and does not provide a filter to highlight plans that cover the consumer's drugs.
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 access to assistance for other languages from the homepage.

YOUR HEALTH IDAHO

DATE COMPLETED	January 12, 2017	
WEBSITE LINK		
https://www.yourhealthidaho.org/		

PERSONAL INFO.	Age 27, individual, male
HOUSEHOLD INCOME	$24,000 (Subsidy/CSR eligible)
ZIP CODE/COUNTY	83401/Jefferson

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. Indicates only Silver plans are eligible for CSRs.
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.

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HEALTH COVERAGE