

manatt

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.



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Plan Choice Business Rules: Decision Support Rules

Installment 1 Topics (Delivered March 2012)	Future Installment Topics (2QTR and 3QTR Deliverables)
1. Hierarchy of Plan Choice Dimensions	7. Pre-selected Defaults Influence on Plan Choice
2. Number of Plan Options to Display	8. Global Default to Simply Plan Choice
3. Plan Costs	9. Ordering Effects – Sequence of Displaying Plan Dimensions
4. Costs at Time of Care Calculator	10. Cost At Time of Care Alternative Approaches
5. Doctor Choice	11. Covered Services
6. Quality Ratings/Other Plan Performance Markers	12. Plan Features/Member Services Content
	13. Exchange Decision Support Performance Management Information

- 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?

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

Converting Business Rules to Logic Statements: Examples

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

Converting Business Rules to Logic Statements: Examples

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



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Plan Choice Decision Aid: Eliciting Preferences

HEALTH INSURANCE EXCHANGE

MEDICAL PLAN CHOOSER

[Glossary](#) [Help](#)

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.

Who will be covered? *	You + Spouse
Your residential zip code *	94105

* 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.

<input type="radio"/> Bronze	Lower monthly cost; you pay more when you get medical services
<input type="radio"/> Silver	Monthly cost can run higher than Bronze; your costs are lower when you get medical services compared to Bronze
<input type="radio"/> 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](#).

<input type="radio"/> Level 1	No health problems or brief illness requires about 2 prescriptions during the year.
<input type="radio"/> Level 2	Medication for a moderate health problem requires about 5-7 prescriptions during the year.
<input type="radio"/> Level 3	Regular, ongoing medication needs requires at least 1 prescription each month and sometimes 2 prescriptions each month.
<input type="radio"/> 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](#).

<input type="radio"/> 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.
<input type="radio"/> 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.
<input type="radio"/> 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.
<input type="radio"/> 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.

- 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

5. Choosing and Using Doctors

Check the box if that aspect of doctor choice is important to you in comparing medical plans.

- A medical plan that includes my regular doctor is important to me
- 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.

- | | |
|---|---|
| <input type="checkbox"/> Controlling Cholesterol & Blood Pressure | <input checked="" type="checkbox"/> Nutrition and Weight Management |
| <input type="checkbox"/> Managing Your Stress | <input type="checkbox"/> 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](#)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Annual Out-of-Pocket Maximum Self/ Family | <input type="checkbox"/> Mental Health Inpatient |
| <input type="checkbox"/> Behavioral Health Out-of-Pocket Maximum Self/Family | <input type="checkbox"/> Mental Health Outpatient |
| <input type="checkbox"/> Chiropractic/ Acupuncture Visit | <input type="checkbox"/> Outpatient Therapy Visit |
| <input checked="" type="checkbox"/> Deductible Self/ Family | <input type="checkbox"/> Prescription Mail-order generic/ brand/ non-formulary |
| <input checked="" type="checkbox"/> Doctor Office Visit | <input checked="" type="checkbox"/> Prescription Retail generic/ brand/ non-formulary |
| <input type="checkbox"/> Emergency Care | <input type="checkbox"/> Preventive Care Adult |
| <input type="checkbox"/> Home Health Visit | <input type="checkbox"/> Skilled Nursing Care |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Substance Abuse Inpatient |
| <input checked="" type="checkbox"/> Hospital Stay | <input type="checkbox"/> Substance Abuse Outpatient |
| <input type="checkbox"/> Lab and Radiology | <input type="checkbox"/> Surgeon |
| <input type="checkbox"/> Maternity Office Visit | <input type="checkbox"/> 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.

Medical Plan	Your Cost	Doctor Choice	Wellness Services	Key Services What you pay for in-network services	Quality Ratings
Capstone PPO BRONZE Yearly total cost \$12,484 My top plan choice	\$13,200 Yearly premium - \$4,248 Yearly premium tax credit \$3,532 Yearly cost at time of service	Your doctor not found in plan. No primary care physician (PCP) required; can self-refer to specialist.	Nutrition & weight management: includes community services More...	Deductible Self/ Family: \$1,300/\$2,600 Annual Out-of-Pocket Maximum Self/ Family: \$5,100/\$10,200 Doctor Office Visit: 10% Hospital Stay: 10% Prescription Retail generic/ brand/ non-formulary: \$350/\$700 deductible then \$10/\$25/\$45 See all services ...	Medical Plan ★★ ★ Doctors & Hospitals ★★ ★
Crown High-Deductible Health Plan BRONZE Yearly total cost \$9,424 My top plan choice	\$7,800 Yearly premium - \$4,248 Yearly premium tax credit \$5,872 Yearly cost at time of service	Plan includes your doctor. No primary care physician (PCP) required; can self-refer to specialist.	Nutrition & weight management: no program More...	Deductible Self/ Family: \$2,600/\$5,200 Annual Out-of-Pocket Maximum Self/ Family: \$7,600/\$15,200 Doctor Office Visit: 10% Hospital Stay: 10% Prescription Retail generic/ brand/ non-formulary: \$750/\$1,500 deductible then \$10/\$25/\$45 See all services ...	Medical Plan ★★ Doctors & Hospitals ★★
Eminent Health PPO SILVER Yearly total cost \$10,282 My top plan choice	\$12,720 Yearly premium - \$4,248 Yearly premium tax credit \$1,810 Yearly cost at time of service	Plan includes your doctor. No primary care physician (PCP) required; can self-refer to specialist.	Nutrition & weight management: includes community services More...	Deductible Self/ Family: \$250/\$750 Annual Out-of-Pocket Maximum Self/ Family: \$3,000/\$9,000 Doctor Office Visit: 20% Hospital Stay: 20% Prescription Retail generic/ brand/ non-formulary: \$10/\$25/\$40 See all services ...	Medical Plan ★★ ★★ ★ Doctors & Hospitals ★★ ★★ ★



Plan Choice Decision Aid: Post Plan Choice Questionnaire

Capstone PPO BRONZE Yearly total cost \$12,484	\$13,200 Yearly premium -\$4,248 Yearly premium tax credit \$3,532 Yearly	Your doctor not found in plan. No primary care physician (PCP) required to get care.	Nutrition & weight management: includes community services More...	\$1,300/\$2,600 Annual Out-of-Pocket Maximum Self/ Family: \$5,100/\$10,200 Doctor Office Visit: 10% Hospital Stay: 10%	Medical Plan ★ ★ ★ Doctors & Hospitals ★ ★ ★ ★ ★
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Your PIN: 157834 >> exit the survey X

Medical Plan Chooser

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