

Design Brief

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Commonwealth and CHXD challenged us to “design an innovation to improve the health insurance open enrollment experience so it protects the financially vulnerable from hardship.” This becomes especially relevant as high deductible health plans (HDHPs) increase in popularity. Our mission was to design a tool that ensures employees understand their available choices, guides them to the plan best-suited to their medical and financial needs, and assists them in using their plan to make well-informed decisions that protect them financially.

Our tool, Plan Picker 2018, is executed by a third-party administrator who contracts with an employer. The employer would provide this tool to their employees to help them select and enroll in a health insurance plan that fits their needs. Although the tool would be available to all employees, we designed it with the needs of the financially vulnerable in mind; specifically, those earning less than \$55,000 annually.

I. Concept

Plan Picker seeks to transform the feelings when selecting a plan from confusion and frustration to relief and empowerment. Instead of feeling anxious about the plan selection process, users will feel confident in their choice and empowered to access healthcare in a financially responsible way. Plan Picker’s core feature is a questionnaire that collects information about medical usage and preferences, financial assets, and risk tolerance. The questionnaire then screens for Medicaid eligibility and directs the employee to the plan that best fits their medical and financial needs. Throughout the enrollment process, the tool provides simple, fun, video learning aids to increase employees’ healthcare literacy. The tool also offers several resources for post-enrollment support, such as a deductible tracker, copay estimator, and cost assistance tools.

Below, we outline the concept by steps of the usage process. For each step, we discuss the user experience, explain how it solves the innovation challenge, and describe its connected data source.

1. Introduction

Plan Picker welcomes employees with a splash page with simple text and a clean user design. One line reads, “We are here to help you make a choice that is right for you based on your needs and preferences.” This language around helping and plan customization assures the employee that the selection, enrollment, and post-enrollment support will be simple, seamless,

and empowering. One line reads that information entered will not be shared with the employer nor the health insurance plan in order to assuage potential privacy concerns.

2. Medicaid screening

Lower-income employees might not realize they are eligible for completely subsidized health care through Medicaid. Selecting an employer-offered health plan instead of enrolling in Medicaid puts undue financial burden on the already economically vulnerable employee. Therefore, Plan Picker begins by screening for Medicaid eligibility. If eligibility seems likely, Plan Picker directs the employee to the appropriate online resources to enroll in Medicaid, saving the employee and employer thousands of dollars in health care costs.

3. Plan Preferences: Provider preference, health needs, and medication use

If the employee is found ineligible for Medicaid, chooses to skip the Medicaid questions, or decides to continue with employer plans, they move to the next section. Plan Picker asks questions about the employee's preferred healthcare providers, hospitals, and clinics. An algorithm links to the plans' provider directories and uses these answers to determine which plan networks include preferred providers.

The following pages asks questions about the employee's medication use, health conditions, family medical history, and frequency of healthcare usage. The algorithm links to the plans' formularies and also considers each plan's coverage for specific health conditions. For example, an employee with diabetes may be directed to a plan that offers diabetes management programs. An employee who indicates she visits the doctor multiple times a year would likely be directed to a plan with lower copays, or a lower deductible.

4. Plan Preferences: Finances and risk tolerance

The choice of a health insurance plan can have major financial implications. In the next section, employees are asked questions that indicate their financial situation and preferences. Such questions include whether an employee would feel able to pay an unexpected \$5,000 medical bill, or whether they would prefer to pay a higher set amount per month in exchange for lower costs at point of service. Depending on the answers, they are directed to plans with the most appropriate actuarial value and cost sharing. Some of the questions asked in this section are asked previously in the Medicaid screening portion of the tool. If answered, there will be pre-populated to reduce time spent on the selection process.

5. Plan matching and selection process

Plan Picker's algorithm considers all answers to the questions in the previous sections and lists plans in order of best fit. The Plan Selection page is written at a third-grade reading level for easy comprehension and clearly explains how plans fit into their personal needs and

preferences. Armed with this information, the employee can confidently choose a plan that's best for them.

6. Post-enrollment support

Once the employee has enrolled in a plan, she has access to tools customized to her plan, which include a prescription price check, co-pay assistance, cost estimator, and deductible tracker. These tools are available through both a patient portal website and a phone-based app.

The prescription price check pulls data from health plans and PBMs, providing member-specific cost sharing information on the employee's prescription drugs. It also alerts employees if a cheaper alternative medication is available and displays the cost-savings to the employee. Employees can set a preferred pharmacy, and the tool alerts them if their medication is cheaper at another pharmacy.

The copay assistance tool is a continuously-updated database of sources that alerts the employee of copay savings programs for their medications. These sources include coupons and patient-assistance programs from pharmaceutical companies or disease-specific foundations.

The cost estimator helps patients be informed consumers. Employees can select from a list of services and see how much it would cost them and which in-network facilities are the cheapest, as well as which services would apply to their deductible. The cost estimator would also include push notifications to encourage the employee to take advantage of free, high-value, preventative services. This could be especially useful to economically vulnerable patients as research shows regular use of primary, preventative care reduces the need for more expensive health care interventions down the road.

Educational videos are accessible throughout the enrollment and post-enrollment process. These videos include "Healthcare 101," which explains terms like premium, copay, coinsurance, and deductible. "Employees like You," introduces relatable archetypes of consumers with details about their healthcare needs, financial situation, and other preferences, and describes their plan choice and decision-making process. "Deep Dives," helps employees understand when and how to use an HSA. "FAQs" provides answers to frequently asked questions about the tool or accessing care. This layered educational component will help employees feel empowered during the plan selection process and make financially-responsible decisions as fully-informed health care consumers after enrollment.

II. Design Principles

We followed design principles to ensure our tool was user-centric and innovative, given the current healthcare system. We held an initial design thinking workshop to comb through insights from the CHXD-provided interviews, our personal experiences and our own user

interviews. We wrote the salient insights on post-it notes and clustered them thematically. The themes included how to use an HSA, pick a plan, and use coverage, along with the necessity of health insurance and coverage during transitions. We brainstormed potential solutions for each theme and then chose the solution that best satisfied the evaluation criteria.

Human Centricity

We interviewed a variety of stakeholders in the health insurance plan selection process, including the Picwell CEO, an employee at Collective Health, a former employee at Castlight, and employees who make below \$55,000 who have enrolled in employer-offered health insurance plans. We spoke with the Picwell and Castlight employees about their companies, and asked the employees about some of the pain points in the health insurance enrollment process.

Cognitive/Emotional Empathy

We recognize that the plan selection process is both cognitively and emotionally taxing. For this reason, the tool pre-populates data when possible, uses supportive language, and offers helpful, relatable, and engaging educational videos.

Many Possibilities

Our design-thinking workshop generated a multitude of ideas. At the end of the workshop, we chose between several solutions: an employer-sponsored enrollment day, a medical-dental plan combination, and a value-based insurance design system. We combined a few of our ideas to create Plan Picker.

Create Real Outcomes

Plan Picker is both useful and impactful. It integrates data previously inaccessible to patients or housed in disparate sources into one user-friendly platform. Plan Picker could be purchased on a contract basis by an employer and would ultimately help the employer improve employee physical and financial health and lead to higher employee satisfaction.

Iterative

Our user interviews, CHXD-provided insights, design thinking process, and frequent team meetings enabled an iterative process. We followed up with our interviewees to ask them for feedback about the tool and iterated accordingly. One employee noted she wouldn't want her employer to have access to her income and health information. Thus, we adapted the tool to make these questions optional and clarified that the information would be kept confidential.

III. Evaluation Criteria

Below we outline how Plan Picker meets the core evaluation criteria as well as the evaluation criteria for Prize 1 and Prize 2.

Addresses Top Concerns in Current Healthcare Enrollment Process

The Commonwealth CHXD brief provided user research on the top concerns in the current enrollment process. These concerns include feelings of helplessness, confusion, and stress during the selection process. This is due to the difficulty of choosing one plan among many options, the desire to stay with current providers, and a misunderstanding of plan benefits. Plan Picker ameliorates the enrollment concerns by customizing the employee's plan choice based on her priorities, and clearly outlines the plan benefits in the selection step.

Once coverage is obtained, major concerns included the unpredictability of the deductible, fears that costs would continue to increase, and the unknown costs of needed medical care. Post-enrollment support tools such as the deductible tracker, cost-estimator, and prescription price check would ease these concerns.

Addresses challenges that come with HDHP enrollment

The major challenges in HDHP enrollment are that an employee must make a trade-off between affordability and the ability to access care. Plan Picker's specific, pointed questions help the employee prioritize her medical and financial needs and preferences.

Addresses needs of lower-wage workers

Some lower-wage workers will be eligible for Medicaid. The Medicaid screening aspect of Plan Picker would identify these employees and direct them to Medicaid enrollment. In addition, questions regarding financial liquidity would help the employee prioritize their most affordable plan.

Usefulness and understandability of employee facing materials and tools

Health care is confusing with opaque terminology. To improve employee healthcare literacy, our resource videos break down the process in a simple, understandable method. The videos are interactive and engaging, and show examples of employees and the plans they chose. Additionally, all of our materials are available in multiple languages and are written at a third-grade reading level to ensure comprehension.

Use of human-centered design process in creation of concept

We engaged in a human-centered design process throughout the concept creation. See Part II of the Design Brief for additional information.

Uniqueness and creativity of solution

This solution is both unique and creative, joining disparate data sources and screening information to help an employee choose a plan best suited for her needs. It also provides specific post-enrollment support.

We believe that Plan Picker meets the criteria for both Prizes 1 and 2. Prize 1 is for the best open enrollment solution. Plan Picker addresses issues and opportunities associated with plan selection at open enrollment and shows incremental innovation within existing models. Plan Picker is compatible with existing enrollment processes, pulling data from existing plans and maintaining stakeholder roles: the employer still offers the health insurance plan, the employee still enrolls, and the third-party administrator still contracts the tool. Also, the plan options match existing plan types such as HMOs and HDHP/HSAs.

Prize 2 is for best ongoing support after open enrollment. The solution must address issues and opportunities associated with plan utilization, aligns with modern consumer expectations, and employs future-forward innovation. Plan Picker's deductible tracker, prescription assistance, copay assistance, and cost estimator tools educate employees about how to access care affordably. Plan Picker aligns with modern consumer expectations in that it is technology-enabled, user-friendly, customer tailored, and accurate. In addition, employees are increasingly active consumers of care, and by helping employees better understand their costs as they use care, our solution helps employees make good decisions.

Our solution also includes future-forward innovation, evolving existing models (workflow, data, technology, and employee facing materials). The current enrollment systems aren't comprehensive and existing tools aren't specific to healthcare plans and don't rank choices. In contrast, Plan Picker provides accurate, member-specific information on one easy-to-access platform. This empowers the employee to choose the plan that is right for her.

In conclusion, we believe Plan Picker is an excellent solution to improve the health insurance enrollment process to protect the financially vulnerable. By using a human-centered design process and research about America's healthcare system, we have devised a tool that enables employees to pick a plan that is best for them.