

Consumer Choice of Health Plan Decision Support Rules for Health Exchanges: Issue Brief #6

Searching for Doctor in Plan & Rules to See a Doctor

Help consumers find health plans that include their doctor or have the provider choice flexibility they want.

Include a provider search directory for consumers to check which plans include their preferred doctor(s). Include and explain plan rules to see a doctor (e.g., primary care provider (PCP) selection requirements, referral requirements, and specialty or tiered networks).

IMPLEMENTATION

Distinguish consumer preferences for a specific provider from preferences for flexibility in choosing and using providers by providing the option of considering either or both of these dimensions.¹ Depending upon the availability of provider-level information, Exchanges can organize information in several ways to help consumers:

- Find a doctor/clinic with whom they have an existing relationship
- Find a doctor/clinic that meets their needs
- Find a health plan whose network includes conveniently located primary care or other doctors
- Find a health plan whose rules to see a doctor match their needs

Provider search: Provider directories help consumers find specific doctors and/or doctors that meet their needs.² A consolidated, all-plans provider directory is more user-friendly than segregated, single-plan provider directories.

- **Consolidated, all-plans provider directory:** In an all-plans directory, provider data is centralized so that a single search returns results about a doctor's participation in each of the available plans.
 - **User Preferences:** Query consumers about their interest in a specific doctor/clinic or type of doctor. If consumers indicate interest, an interface should appear for consumers to enter their search criteria.
 - To help consumers find particular providers, they should be able to search by provider name(s) or practice/clinic name or address. Ideally this would work as a type-down that displays matching names and practice addresses so that consumers can confirm a match.
 - To help consumers find providers that meet their needs, they should be able to search by many criteria, such as commercial/Medicaid, health plan, location, specialty, and language.³

¹ We do not recommend using doctor in plan or rules to see a doctor as initial plan filters or sorts because doing so may inadvertently exclude low-cost options (for more details, see Issue Brief #3). These dimensions can be used as optional filters or sorts once consumers have already seen the initial plan display.

² Provider search functionality should either include information about whether the doctor/clinic is accepting new patients through the specified health plan or encourage consumers to contact the doctor/clinic to inquire.

³ If state-wide provider-level quality ratings are available, a consolidated provider directory can also help consumers find high-quality providers. This would require incorporating quality information from a multi-payer database program, state quality improvement initiatives, and/or quality performance collaboratives into the provider directory.

- **Plan Comparison:** Because of its importance to many consumers, doctor in plan information should be emphasized. For example, if plans are displayed in a column format, there should be a designated row (e.g., a “Doctor(s) in Plan” row) near the top of the plan display.
 - For consumers who indicated interest, the “Doctor(s) in Plan” row should be expanded (i.e., showing the doctor search results) when consumers first arrive at the Plan Comparison.
 - If consumers searched for specific providers, indicate the search results for each plan (e.g., “Dr. John Doe in plan” or “your doctor not found”).
 - If consumers searched for specific provider needs, indicate, for each plan, the number of providers meeting the search criteria. For example, a search for convenient access could indicate the concentration of specified provider types in consumers’ geographic area (e.g., the number of pediatricians in a 5-mile radius from consumers’ zip code).
 - For consumer who did not indicate interest, the “Doctor(s) in Plan” row should be collapsed when consumers first arrive at the Plan Comparison. If consumers expand this row, they should be notified about the provider search functionality, whether they are able to search directly in the Plan Comparison or by returning to the User Preferences.
- **Single-plan provider directories:** In segregated, single-plan directories, provider data is maintained separately by each plan – a single search returns results about a doctor’s participation in that one plan only. Separate searches must be conducted for each plan of interest.
 - **User Preferences:** Query consumers about their interest in doctor in plan.
 - **Plan Comparison:** Because of its importance to many consumers, doctor in plan information should be emphasized. For example, if plans are displayed in a column format, there should be a designated row (e.g., a “Doctor(s) in Plan” row) near the top of the plan display. This row should include links to the provider directory for each plan.
 - For consumers who indicated interest, the row should be expanded (i.e., showing the directory links) when consumers first arrive at the Plan Comparison.
 - For consumer who did not indicate interest, the row should be collapsed (i.e., not showing the directory links) when consumers first arrive at the Plan Comparison

Plan rules to see a doctor: Explanations about plan rules to see a doctor can help interested consumers understand plan requirements, like PCP selection requirements, referral requirements, and specialty or tiered networks.

- **User Preferences:** Query consumers about their interest in plan rules to see a doctor.
- **Plan Comparison:** Because of its importance to many consumers, plan rules to see a doctor should be emphasized. For example, if plans are displayed in a column format, there should be a designated row (e.g., a “Getting Care” row) near the top of the plan display.
 - For consumers who indicated interest, the row should be expanded (i.e., showing information about plan rules) when consumers first arrive at the Plan Comparison.⁴ Because plan rules are difficult for consumers to understand, include tools (e.g., in-line glossary) to help consumers understand the differences between plans.⁵
 - For consumer who did not indicate interest, the row should be collapsed when consumers first arrive at the Plan Comparison.

⁴ Consumers should have the option to drill down for details, such as: a) specialty care networks that restrict access either via an authorization process (e.g., specialty referral/authorization rules) or a limited network (e.g., pharmacy, vision, behavioral health, centers of excellence), b) provider services such as languages spoken and interpreter availability, and c) pharmacy network services such as mail-order, specialty drugs, and online medication purchasing. These details can be presented in secondary displays (e.g., side-by-side comparison of plans or single, plan-specific details pages).

⁵ Because rules to see a doctor are complex, special approaches may be required to simplify them (for details, see Issue Brief #9).

RATIONALE

Emphasize important dimensions: Our research indicates that consumers commonly cite doctor in plan and rules to see a doctor as important dimensions of plan choice. For many consumers, doctor in plan is a threshold attribute that determines whether they will consider a given plan. Thus, provider search functionality and information about plan rules to see a doctor should be included and emphasized in plan choice decision support.

Meet consumer preferences: Provider search and rules to see a doctor can help consumers who want to continue an existing doctor relationship, families whose members span commercial and Medicaid program eligibility and want to have access to the same provider(s), and consumers with fluctuating income who want to ensure continuity of providers across commercial and Medicaid plans.⁶

Reduce decision burden: Without a consolidated provider directory, interested consumers must separately search each relevant plan's provider directory. Not only is this sequential search more time consuming than a single, simultaneous search, it is also more cognitively taxing because consumers must remember or record the search results for each plan. Since provider directories are not standardized across plans, consumers face the added difficulty of navigating markedly different provider search experiences (e.g., learning how to search and what results mean). In the face of such difficulties, consumers may consider fewer plans or focus on less important, but easier to compare plan dimensions.

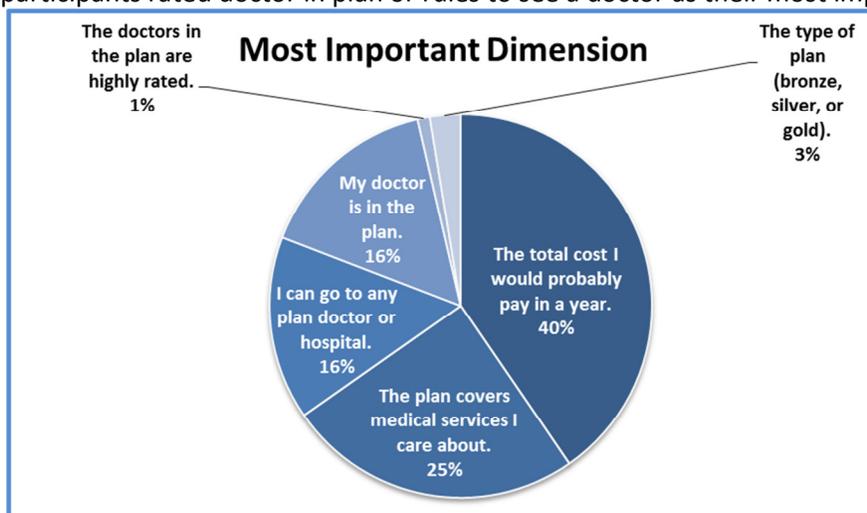
RESEARCH EVIDENCE

Our research indicates that doctor in plan and rules to see a doctor are important topics for many consumers. Our research also indicates that rules to see a doctor is a difficult topic to understand.

Participants used our online plan choice decision support tool to select a health plan. Although this choice was hypothetical, the health plans were based on real-world plan data and participants were asked to "make [their] medical plan choice as if it were [their] actual plan choice". Participants' preferences were queried in the User Preferences section. They then selected a plan in the Plan Comparison section. Finally, they completed a post-choice questionnaire.

Importance of doctor topics. After selecting a plan, participants were shown a list of six plan dimensions and asked to mark their top dimension. Following total cost and covered services, rules to see a doctor and doctor in plan were the next most popular dimensions (Chart 1).

Chart 1. Many participants rated doctor in plan or rules to see a doctor as their most important plan dimension.

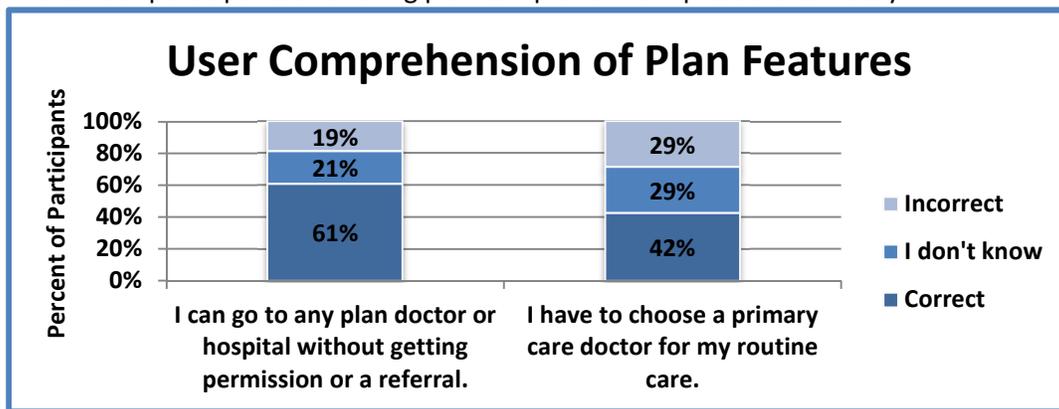


⁶ Among adults whose household incomes are below 200% of the federal poverty level, as many as 50% may experience one or more changes in eligibility between commercial and Medicaid plans in a single year (Sommers & Rosenbaum, 2011).

Decision burden. Research with employees from large businesses indicates that an all-plans provider search directory offers substantial time savings. Compared to consumers using a consolidated directory, consumers using stand-alone directories for each plan spent, on average, 3.3 times as long using the provider search function (PBGH Plan Chooser).

Comprehension of rules to see a doctor. When asked to rate how easy or difficult plan dimensions were to understand, participants reported that plan rules to see a doctor were the most difficult dimension to understand. We also asked participants factual questions about their selected plan and scored their answers against the actual features of that plan. Interestingly, participants tended to understand referral requirements better than PCP selection requirements (Chart 2). These findings echo other work indicating that consumers have trouble understanding rules to see a doctor (PBGH Plan Chooser). Given that Exchange enrollee populations will include large numbers of previously uninsured consumers and consumers with intermittent coverage, it is likely that many Exchange consumers will not have had experience with managed care plans and rules to choose and use doctors will be perplexing.

Chart 2. Percent of participants answering plan comprehension questions correctly.



REFERENCES

For more information or other recommendations for plan choice decision support, including additional issue briefs and an in-depth report, visit <http://www.pbgh.org/exchange-plan-choice> or contact Ted von Glahn (tglahn@pbgh.org).

Sommers, B. D., & Rosenbaum, S. (2011). Issues in health reform: How changes in eligibility may move millions back and forth between Medicaid and insurance exchanges. *Health Affairs*, 30(2), 228-236. doi: 10.1377/hlthaff.2010.1000