



# State Health Exchange **LEADERSHIP NETWORK**

A PROJECT OF



Robert Wood Johnson  
Foundation

## CONSUMER USER EXPERIENCE WITH ONLINE HEALTH INSURANCE MARKETPLACES

WEDNESDAY, AUGUST 31, 2016 | THIS EVENT WILL  
BEGIN AT 3:00 PM ET / 12:00 PM PT

The audio portion of this web event can be accessed by dialing: 866.740.1260 Access Code: 5077589  
\*6 to Mute | \* 7 to Unmute

# ABOUT EXCHANGERS



- All work conducted by the Network is driven by three priorities:
  - To provide federal stakeholders and policymakers with information regarding the implications of federal policy on state-based and partnership marketplaces.
  - To support tactical peer-to-peer interaction on areas of common interest or need.
  - To assist states in preparation for future policy and other issues (e.g., expansion of SHOP, sustainability).



# Consumer User Experience with Online Health Insurance Marketplaces



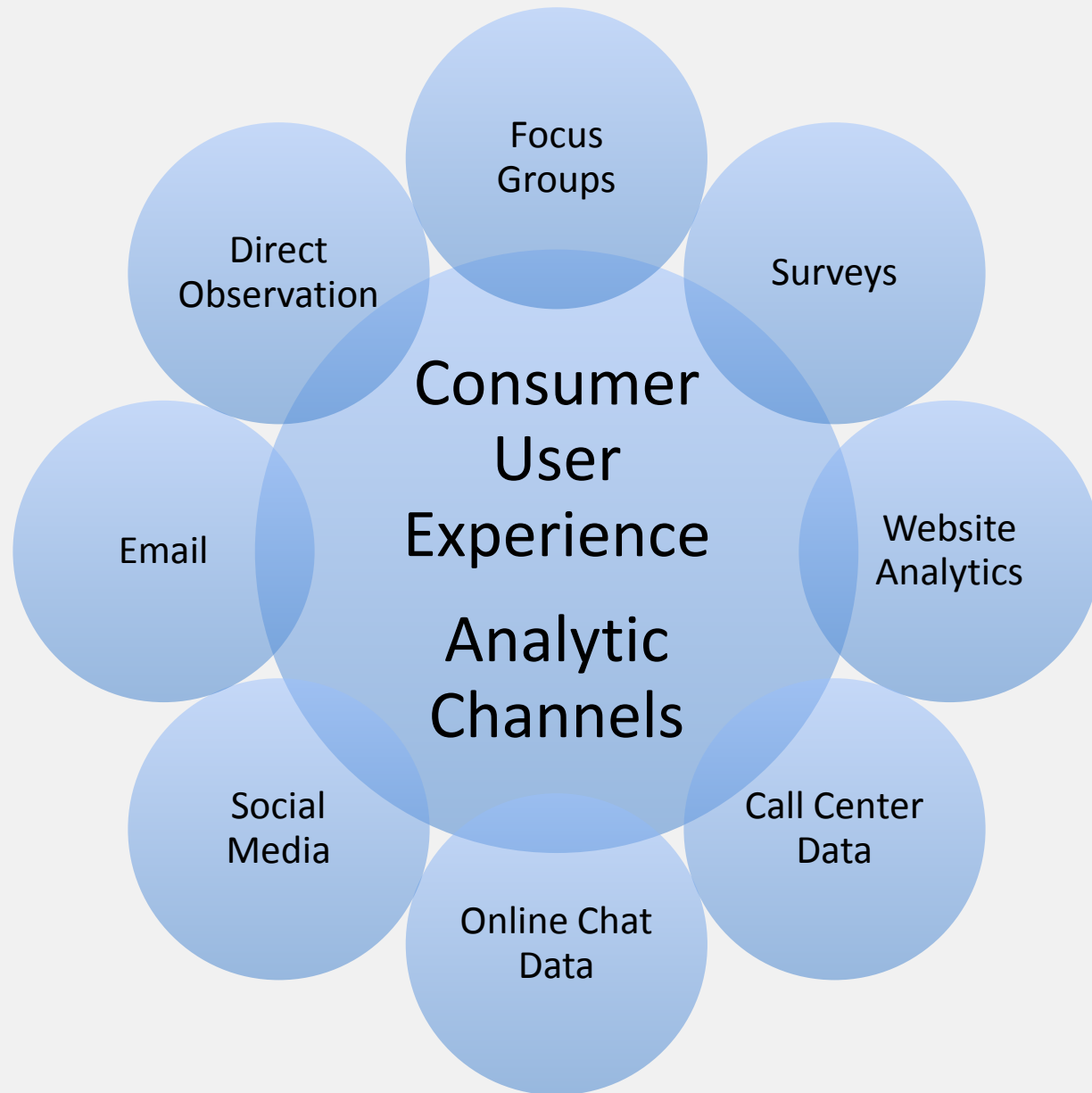
Hosted by NASHP and RWJF  
Wednesday August 31, 2016  
3:00 EST / 12:00 Pacific

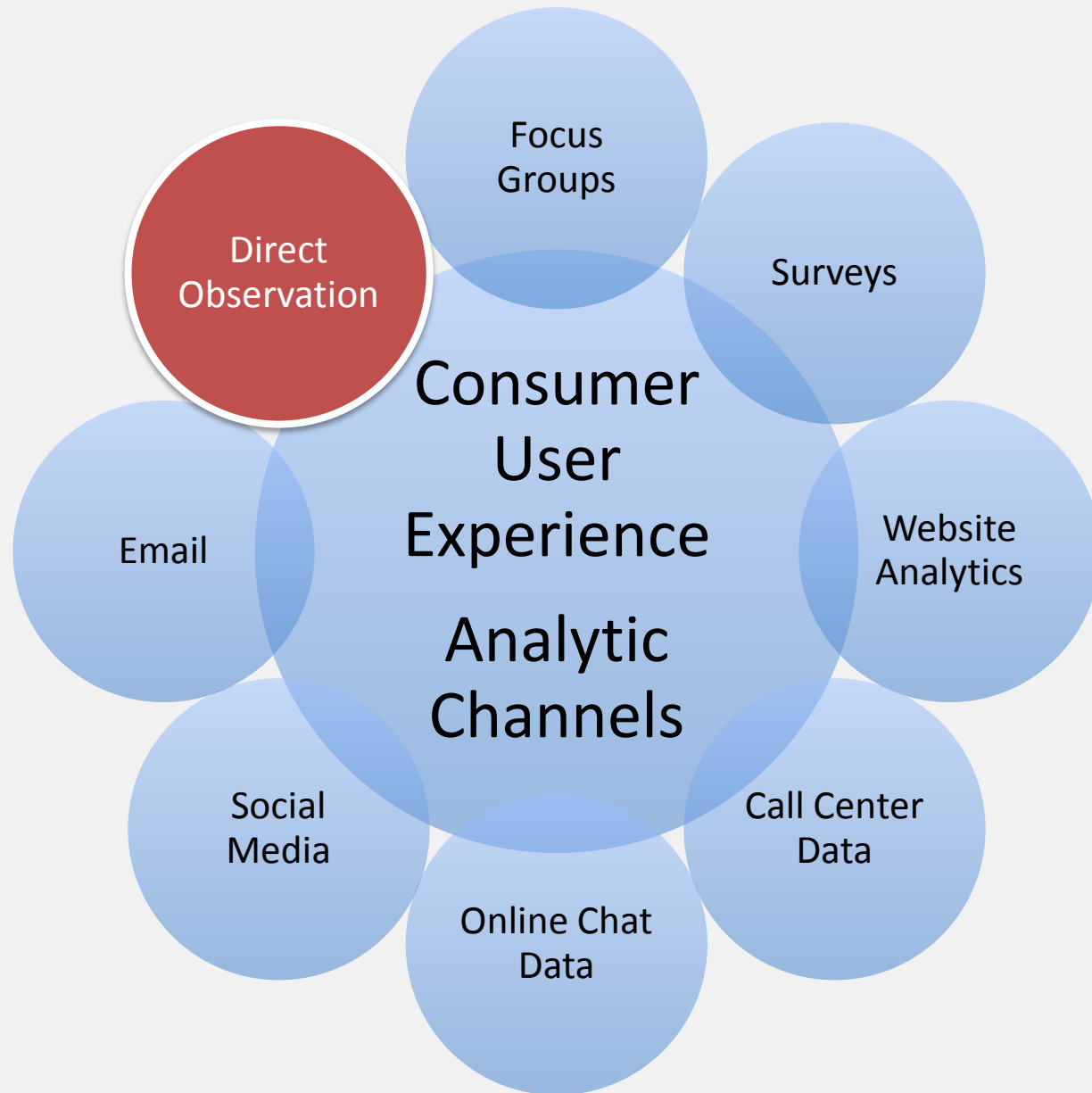
# Context

- Discussion is informed by Consumer UX assessments performed by gotoresearch (OE 1, 2 and 3)
- Objective was to ensure the best user experience possible and identify areas for improvement
- Sites included CoveredCA.com, MarylandHealthConnection.gov, HealthCare.gov and MNsure.org

# The Kinds of Things We Want To Know

- On which screens do users spend the most time
- Where in the online process do users leave the exchange site and not come back (bail points)
- What are the most confusing and challenging parts of the process
- At what points do users seek phone or online chat help
- What is the emotional toll of challenges





“By watching actual consumers apply, researchers were able to uncover reasons *why* consumers resorted to guessing, *why* they would quit at certain points, and *why* and *where* they encountered the most difficulty in applying online.”

*State Health Reform Assistance Network Issue Brief June 2016*



# Direct Observation Methodology

- Recruit people who want to enroll or renew
- Obtain consent to record
- Schedule sessions (90 – 120 minutes)
- Conduct / Observe / Record
- Analyze
- Share findings
- Prioritize

# Findings From Across Sites

- Mounting frustration from multiple small errors (e.g., unclear data formats), inconsistent terminology, and unclear navigational pathways
- Users spending an inordinate amount of time in the anonymous shopping section
- Confusing income and household questions (threaten accuracy of the eligibility determination for financial assistance)
- Struggling with routine tasks that should be easy (e.g. account creation, password re-set)



# Maryland



- In spite of increased volume, private plan (QHP) enrollment up 33% and twice as many total enrollments processed as a year earlier, administrators were aware of ongoing user challenges with the website through conversations with consumers and consumer-assistance workers and through social media.
- Addressing those challenges is important for improving the experience of consumers and for reducing the volume of calls to the call center.



# Maryland

- MHBE conducted User Experience (UX) research in January 2016, observing by remote webcam four new enrollees and four renewal participants.
- The four renewals expressed an interest in exploring new plans with better pricing or coverage options for 2016.
- The four new shoppers expressed an interest in finding an affordable health plan with high quality coverage.
- All of the consumer interviews were conducted remotely by the firm gotoresearch during the final week of 2016 open enrollment Jan. 22-Feb. 3, 2016 and lasted 60-90 minutes. Participants were compensated \$200.



# Recruiting Users

## Recruiting Criteria

	Desired participants	Final participants
Eligibility	Renew/New Enrollee: Mix of Advanced Premium Tax Credit (APTC) and Cost Sharing Reduction (CSR) with one Medicaid.	Renew: 4 APTC/CSR New: 3 APTC/CSR and 1 Medicaid
Age	Between 18-45	2 between 18-24 4 between 31-35 2 between 35-45
Gender	Mix	3 females 5 males
Marital status	Mix	3 married 5 single
Family size	Mix No more than 2 children	6 with no children 2 with children
Ethnicity	Mix	4 Caucasian 4 African American
Education	Mix	5 Bachelors 2 Some college 1 High school
Income	Mix between hourly, salary, seasonally, etc. Requirements related to eligibility.	\$10K-80K annually
Location	Mix throughout MD	2 in Montgomery 3 in Baltimore 2 in Anne Arundel 1 in Cecil



To protect the privacy of participants, names and identifying details have been changed.



# Findings

- Renewal participants were unsure how to start the renewal process or change plans.
- Insurance terminology was often confusing to participants.
- The “help with costs” section confused people as did household income and size questions. Participants interpreted the definition of “household” members differently, and at times incorrectly.



# Obstacles

- One participant, who enrolled in a plan, believed that household income included everyone he lived with regardless of whether they file taxes together. He had an estimated annual income of \$10K and files taxes independently. Had he only included his income, rather than both his roommates', he would have qualified for Medicaid. Instead, he received no financial assistance.
- Another participant who lives with his parents and files taxes separately only included himself. In contrast, another who also files separately included his brother and stepmother as household members.





# Actions Taken

1. Findings and video clips were presented to staff across departments. Consultants and IT staff began using findings to set priorities for OE4.
2. Password reset process resulted in significant user frustration and contributed to wait times and overload at the call center: Self-enabled password reset launched in April.
3. Design and content were streamlined, simplified to improve the informational part of the site.
4. Findings were cross-walked with other data, such as website analytics and call center data, to set priorities for improvements and changes.

# Simplifying Look and Language



Current design: **Too many “doors”**  
Users tested had mixed feelings about home page, describing it as containing **a lot of information** and helpful, but **also confusing**.



New design flow is less program-oriented, more user-oriented.  
Fewer “doors”



# Application Improvements

OBSTACLE	SOLUTION
<p>In UX observations, users spent considerable time looking at available plans, without realizing they weren't actually shopping yet.</p>	<ul style="list-style-type: none"><li>● Fewer, clearer entry points.</li><li>● Application log-in buttons revised to "Get an Estimate" or "Apply for Coverage"</li></ul>
<p>Users browsing plan prices weren't seeing reasonable cost and eligibility estimates because key information wasn't asked.</p>	<ul style="list-style-type: none"><li>● Application provides simple guidance on who to include in your "household" when applying.</li><li>● User also can choose whether each household member is/isn't applying for coverage, to get a more accurate estimate.</li></ul>

# Application Improvements

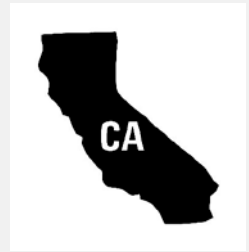


HOUSEHOLD COMPOSITION	AVAILABILITY OF FINANCIAL HELP	IMMIGRATION STATUS	VERIFYING INFO
<p>Applicants advised to include members of their tax household (and specifying who not to include such as roommates!)</p>	<p>In testing, we saw several consumers incorrectly answer “No” to whether they wanted to apply for financial help, thinking this meant only Medicaid, so they weren’t found eligible for tax credits even if they would have qualified.</p> <p>Explanations clarify how tax credits and cost-sharing reductions work to save the consumer money.</p>	<p>We clarified for applicants at several key points that people who aren’t applying for coverage won’t be asked about immigration status.</p> <p>Improved explanations of eligible immigration statuses, documents that could be provided to verify each, and where to find important numbers on these documents.</p>	<p>Made instructions clearer about how to see whether additional verification is needed, and how to upload documents.</p> <p>And more urgency around needing to confirm information right away to prevent a change in enrollment or eligibility for coverage or financial help.</p>



**COVERED**  
**CALIFORNIA**

# California

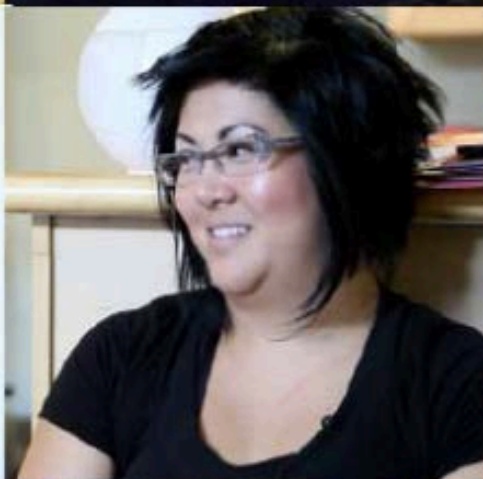


- California Health Care Foundation (CHCF) commissioned real-time user testing of CoveredCA.com in OEP 1, 2 and 3 (and on HealthCare.gov in OEP 1 and 2)
- Objectives:
  - Understand the experiences of consumers as they apply for coverage online through CoveredCA.com or HealthCare.gov
  - Identify actionable ways to improve the consumer experience

# Scope



- OEP 1
  - 15 participants; remote and in-person testing
  - Medi-Cal and Covered California
- OEP 2
  - 30 participants (18 new, 12 renewals)
  - Medi-Cal and Covered California
- OEP 3
  - 12 participants (6 new, 6 renewals)
  - All Covered California



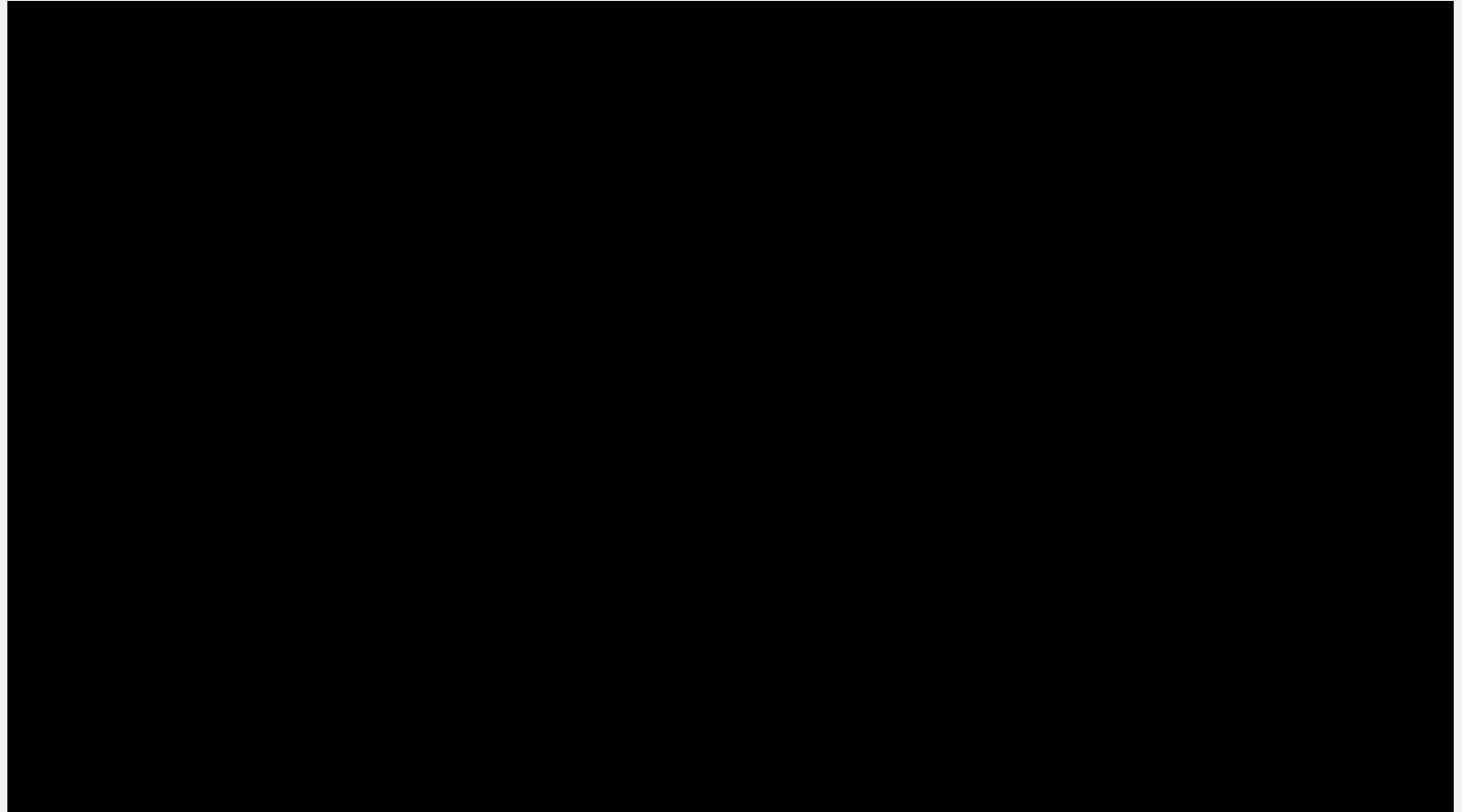


# Findings



- Persistent consumer problems
  - “Window shopping” continued to dominate users’ time on the site, and was not connected to actual plan choice.
  - Unclear guidance related to income and household size resulted in eligibility errors.
  - Poorly designed forms and processes frustrated participants.
- Across all three years, only a handful of applicants completed enrollment or renewal online.

# Findings





*Household income – so that means everyone in my family, everyone I live with, I assume. I’m not sure if it means just me or everyone. It says enter your predicted income. To me that’s a little confusing because it says ‘household income,’ but then it says ‘your projected income.’*

*Jacob, OEP 3*

I see different plans than what I was looking at before, so I am confused as to why I was looking at those [other] plans at first. This is more like what I was expecting in the beginning.

Dan, OEP 3

They are making it difficult. It keeps saying [the password] must not be a dictionary word. I’m not too sure what they mean by that. I honestly don’t give websites that much time; I would almost be willing to give up and call it [quits] at this point.

Ethan, OEP 3

# Follow-up



- Findings were presented to State staff and stakeholders at the conclusion of each study
- Website “front end” was simplified and streamlined after OEP2
- Changes planned for OEP 4 include
  - Better integrating window shopping, including ability to save plans identified in window shopping phase
  - Back end system changes designed to resolve consumer problems with website faster
- Revisions to income section under development for OE 5
- California has engaged design firm, but has not committed to unscripted consumer testing

# Implications



- Significant difficulties remain even for experienced website users with straightforward cases
- Diminishing funds for in-person assistance make high-functioning websites essential
- Direct, *unscripted* consumer research important piece of overall improvement efforts
- Website analytics can be used in conjunction with testing to identify where applicants experience delays and errors

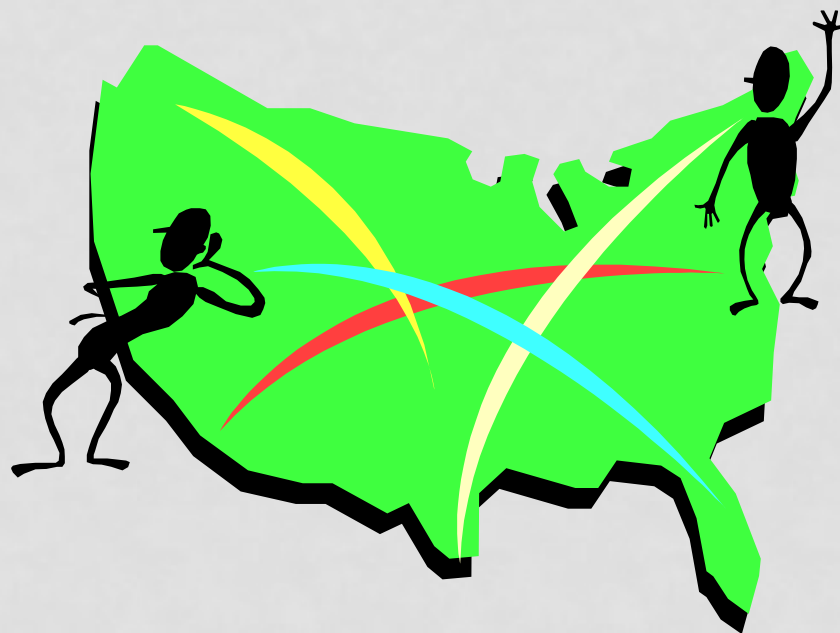
# Moving the needle...



# Call To Action

- Direct observation should be part of all online marketplace ongoing evaluation
- Costs and timing are reasonable (Maryland conducted and recruited in two weeks)
- The number of participants doesn't have to be huge (value in watching even just a handful)
- Sharing video documentation of applicants emotions is more powerful than written reports

# Q&A AND STATE SHARING





# THANK YOU!



## NASHP's State Health Exchange Leadership Network Leadership Team

Please feel free to contact us with any questions!

Trish Riley  
*Executive Director*  
[triley@nashp.org](mailto:triley@nashp.org)

Christina Cousart  
*Policy Associate*  
[ccousart@nashp.org](mailto:ccousart@nashp.org)

Corinne Alberts  
*Research Analyst*  
[calberts@nashp.org](mailto:calberts@nashp.org)

