State Health Reform Assistance Network

Charting the Road to Coverage

ISSUE BRIEF
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Improving Online Health Insurance Marketplaces: The Critical Nature of Direct Observation in Assessing the Consumer User Experience (UX)

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The Affordable Care Act (ACA) promised a single, streamlined, user-friendly online enrollment process—one in which consumers could apply online without assistance. While enrollment in the ACA has been steady, many consumers still face frustrating, and sometimes insurmountable, challenges to enrolling on their own. Many of these problems are fixable and are related to website design and navigation flaws.

As the fourth open enrollment period approaches, states and the Centers for Medicare and Medicaid Services (CMS) are making ongoing improvements to their online marketplaces. They are considering a variety of analytic data to understand problem areas and set priorities. An underutilized assessment channel, direct consumer observation, known as Consumer User Experience (UX) assessment, can yield important and actionable findings, and states are encouraged to include this research in their strategic planning.

This issue brief examines UX assessment channels and provides a closer look at what can be learned by directly observing actual consumers as they apply for coverage.

> *"It is standard business practice for any e-business to conduct consumer user assessments—any good business does it, and the "bigs," like Facebook and Google, do it relentlessly. [Online Exchanges] need to behave like these businesses; it is incumbent upon us to do so."* (Andrew Ratner, Director of Marketing and Strategic Initiatives, Maryland Health Benefit Exchange)

Strong numbers, but can motivated consumers enroll without assistance?

The third open enrollment period closed on January 31, 2016. Enrollment numbers exceeded the Congressional Budget Office projections, with roughly 12.7 million consumers enrolling in coverage or changing their health plans during the three-month period. Consumers in 38 states (9.6 million) used HealthCare.gov and the remainder (3.1 million) used one of 12 state-based marketplaces.

While the numbers are strong, there are no consistent or detailed published statistics on the number of consumers who used HealthCare.gov or the state-based

online marketplaces without needing help along the way. Nor is it clear how often consumers began the process on their own but needed in-person or telephonic assistance to complete it.

Findings from UX research across several states show that most individuals trying to "go it alone" needed phone or in-person assistance to get through the process, if they made it through at all. Participants in the studies were technically savvy and many were millennials who are accustomed to conducting business online. They were frustrated to need help with basic site navigation and accomplishing routine tasks such as creating accounts and resetting passwords.

Gauging the consumer experience

There are a variety of channels to assess UX and not all online marketplaces use all channels. The illustration below calls out the most frequently used channels and touches on what might be learned from each.

CALL CENTER DATA

FOCUS GROUPS

WEBSITE ANALYTICS

SURVEYS

Website Usability Assessment Channels

DIRECT OBSERVATION

SOCIAL MEDIA

ONLINE CHAT DATA

Call Center Data: What are the top reasons for calls resulting from design or functionality problems with the site? Could they be alleviated by tweaking the website? Do call center staff have insights on consumer usability issues?

Website Analytics: On which screens do consumers spend most of their time? Where do they leave and not return? Where do they seek online or call center help?

Real-Time Consumer Observation:

- Scripted – Using scripted scenarios or having facilitators ask consumers to undertake specific tasks.

- Unscripted – No script, no task assignments, the consumer drives the direction and flow. Emotional impact of problems and "bail" points become clear when watching them take the journey with minimal outside intervention.

Online Chat Data: Where in process are consumers seeking chat help? What are the problems and/or questions (e.g., confusion about insurance concepts vs. unclear navigation or confusion with a question)?

Social Media: What are consumers saying about their online experience on Twitter, Facebook? Any actionable feedback from a site design usability perspective?

Surveys: If an exchange administers post-enrollment surveys, do they ask about specific areas in the application process consumers found challenging and recommendations for making the site more user-friendly?

Focus Groups: By the time consumers are in a focus group, their memory about specific design or usability challenges may have faded, but including questions on usability in focus group sessions can be helpful.

Ideally, states are using all of these channels and cross-walking data to have a clear sense of the problems and to set priorities. However, discussions and survey work with state exchange administrators suggest unscripted consumer UX assessment is not a business practice among most online exchanges. While website analytics can tell part of the story, it is impossible to understand the impact on the user without watching, listening, and learning from the actual consumer.
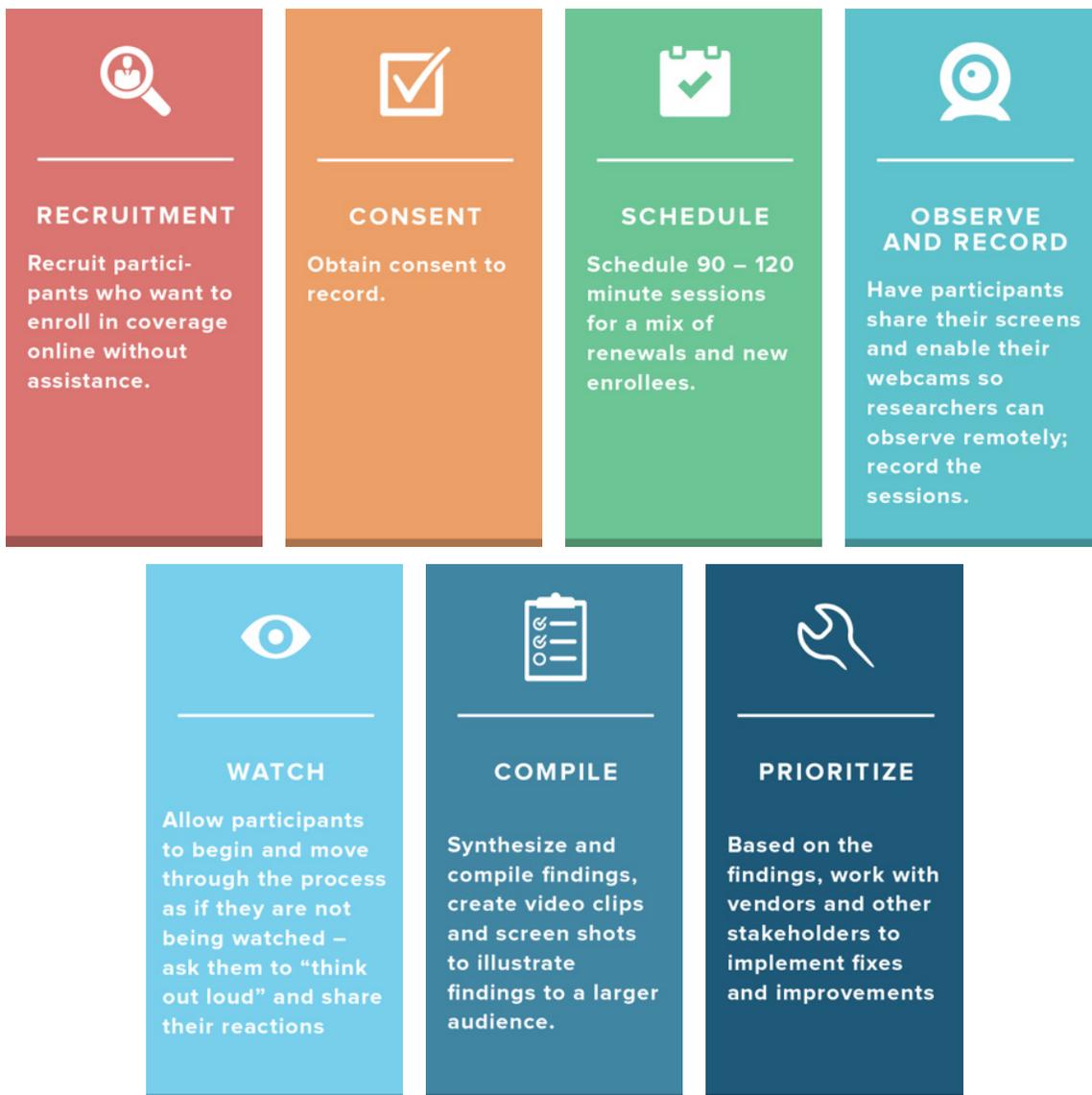
"Successful companies are obsessed with customer feedback and self-improvement. They listen to their customers, hardwire customer insights everywhere in the organization, and make improvements based on what their customers say is most important. Ultimately, they inspire customer love by continually making their products, services, and overall experiences better and better." (Medallia.com blog)

"Anyone running an e-commerce site knows it is evolutionary, and it's no different with our site. Turbo Tax, Amazon, Ebay—those sites looked and worked differently a decade ago than they do today. People come to our site expecting the kind of experience they are used to from their other online experiences—OE4 is the year for all marketplaces to apply a more critical eye to the consumer experience." (Andrew Ratner, MHBE)

The UX research methodology

The consumer usability insights that informed this issue brief were conducted during the first three open enrollment periods by gotoresearch, an international consulting firm specializing in user experience research and design. Research was conducted in California (OE1, 2, 3), Minnesota (OE1, 2), Maryland (OE3), and across five states using HealthCare.gov (OE1, 2).

The usability assessments involved watching consumers as they applied for coverage, in their homes, offices, and at relatives' or neighbors' homes. The graphic below depicts the steps in the research process:

RECRUITMENT

Recruit participants who want to enroll in coverage online without assistance.

CONSENT

Obtain consent to record.

SCHEDULE

Schedule 90 – 120 minute sessions for a mix of renewals and new enrollees.

OBSERVE AND RECORD

Have participants share their screens and enable their webcams so researchers can observe remotely; record the sessions.

WATCH

Allow participants to begin and move through the process as if they are not being watched – ask them to "think out loud" and share their reactions

COMPILE

Synthesize and compile findings, create video clips and screen shots to illustrate findings to a larger audience.

PRIORITIZE

Based on the findings, work with vendors and other stakeholders to implement fixes and improvements

Common findings across marketplaces

While each marketplace has unique findings, some shared outcomes from the three open enrollment periods across the studies include:

- 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, not realizing they have not yet applied for coverage and will have to shop again once they are in the actual application

- Confusing income and household questions that threaten the accuracy of the eligibility determination for financial assistance

- Struggling with routine tasks that should be easy, such as account creation, causing some participants to state they would abandon the process if not part of a study

Most of the frustration and confusion identified in this research could not have been identified through any other assessment channel other than direct observation. By watching 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.

> *"After three years, we're finally seeing a shift in the way state and federal exchanges view direct observation as a tool for improvement rather than finger pointing and criticism. Our research allows a deeper level of feedback, not captured through any other method, yet needed to make fundamental improvements at both screen and navigational levels. Improving the user experience takes continuous integration over time. It is essential and unfortunately too often overlooked."* (Kelly Goto, CEO, gotoresearch)

Observations from three states

The observations from Maryland, California, and Minnesota (below) help to illustrate the power of findings gleaned from observing consumers using online marketplaces.

OBSERVATIONS FROM MARYLAND

At the close of OE3, qualified health plan (QHP) enrollment in Maryland was up 33 percent from OE2 to 162,600. The Maryland Health Benefit Exchange (MHBE) processed 525,000 new and renewal enrollments in both QHPs and Medicaid, more than twice as many as in OE2. In spite of increased volume, administrators were aware of ongoing challenges with the Maryland Health Connection website and were eager to add consumer usability assessment to their list of analytic methods. The state was also motivated to reduce the volume of calls coming in to the call center.

MHBE conducted UX research in January 2016, observing four new enrollees and four renewal participants. High-level findings include:

- Only one renewal and one new enrollee were able to successfully enroll

- Renewal participants were unsure how to start the renewal process or change plans

- The "help with costs" section of the site confused people as did household income and size questions

- Insurance terminology was confusing to participants and could be made more clear and consistent

- As indicated by analyzing call center data, the password reset process resulted in significant user frustration and contributed to wait times and overload at the call center

MHBE took the following action based on the research:

- Findings and video clips were presented to staff across departments

- Consultants and IT staff began using the findings immediately to inform priority setting for OE4

- Password reset improvements were completed in April 2016

- Design and content wireframes have been created to improve the informational section of the site

- Findings were cross-walked with other data, such as website analytics and call center data to further inform the priority list for improvements and changes

"The third party research allowed all the players to get on the same page—IT vendors, Marketing, Policy, Customer Service. We all had the same goal to improve the consumer experience, but we had different perspectives. We had a small sample size, but the video clips were incredibly powerful at helping us see how emotionally frustrating parts of our process were for consumers." (Andrew Ratner, MHBE)

OBSERVATIONS FROM CALIFORNIA

California's enrollment numbers were strong in OE3 with 1.57 million plan selections (27% new enrollees and 73% renewals, of which 46% were automatically renewed). In spite of solid enrollment growth and retention, consumers still struggled with the online marketplace.

Consumer research in California has been sponsored in all open enrollment periods by the California Health Care Foundation (CHCF), which has produced two reports on findings and recommendations.

Across OE2 and OE3, only one of 31 people eligible for and wanting to enroll in or renew a Covered California health plan did so during the 90 to 120 minute observed session. While there were some improvements between the two enrollment periods, many of the problems in OE2 persisted in OE3.

The excerpt below captures the sentiment of OE3 observations:

"Anthony, a 29-year-old entertainment professional from Los Angeles wanted to renew his coverage with Covered California and explore the plan options offered for 2016. Like many consumers, he preferred to investigate his options through the Covered California website and expected it to be a straightforward process.

It wasn't. He had trouble understanding the instructions for entering his income. Another screen asked him to confirm changes to his application that he didn't recall making. When he was ready to compare plans, the website's "Shop" button was broken. At the end of a 90-minute session, he had yet to review a single health plan option. The process left him frustrated and disappointed." (CHCF Website, March 2016)

Findings from the most recent testing resulted in the following specific recommendations, which reflect some of the major frustrations expressed by consumers:

- Further emphasize to the consumer that the site's window shopping tools are not final plan selection

- Add a feature that allows users to save favorite plans identified in "Shop and Compare" to easily review them at the point of actual plan selection

- Define terms such as "household member" explicitly and consistently

- Clearly list all password creation requirements in advance

Covered California and the Department of Health Care Services (DHCS) have met with CHCF and researchers to better understand these and other findings that have persisted during all three open enrollment periods. One goal of CHCF's investment in this activity is to encourage Covered California to incorporate ongoing direct unscripted observation research to improve the user experience in future open enrollment periods.

"We think direct user testing, along with data analytics, is a critical tool for improving consumers' experiences with online enrollment and are encouraging Covered California and DHCS to embrace them." (Catherine Teare, Associate Director, High Value Care, CHCF)

Visit the foundation's website to see video clips of consumers and to read the full report, "Room for Improvement: Consumers' Experience Enrolling Online With Covered California."

OBSERVATIONS FROM MINNESOTA

Nearly 143,000 applications were processed in OE3 and Minnesota has now reduced its overall uninsured rate to four percent. MNsure also released a mobile version of its informational website during the last open enrollment period.

MNsure first engaged gotoresearch to conduct consumer testing during a challenging launch in OE1. Findings from the study brought usability issues into clear focus and led to significant changes to the informational section of the MNsure site (the part of the site over which the state has development and design control).

MNsure undertook a second round of assessments at the beginning of OE2 to quickly get a pulse on how certain changes to the site were working and where new and ongoing challenges existed. This early look at actual consumers using the site allowed the state to continue to hone priorities and to prepare call center staff for specific questions from consumers.

> *"Based on the initial UX assessments, usability became a central focus for MNsure. Like other states, we are navigating an array of challenges and priorities, but we know ongoing UX improvements are critical and it was powerful to actually watch consumers using the MNsure site. I don't think we could have understood the true impact of site design challenges without having seen real people interact with the site."* (Allison O'Toole, CEO, MNsure)

As MNsure moves into the fourth open enrollment period, they will assess whether and when to conduct additional consumer observation research, as they are still working to implement findings from previously conducted research.

Call to action for all states

Researchers and stakeholders understand that making a final decision about health insurance can be a daunting task and consumers may need help before actually purchasing a plan. But marketplaces should limit the need for help to the high value task of explaining complex terminology and the trade-offs between health plan options.

Consumers should not need help with basic tasks or navigation, nor should they abandon their efforts due to frustration with the online experience. Including direct observation UX assessments in ongoing website improvement efforts will help marketplaces see exactly where and why consumers struggle and potentially quit. It should be a part of the ongoing and iterative improvement process for all online marketplaces.