



# CoveredCA Online User Experiences

MAY 2014

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SECTION

01

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Introduction

# Affordable Care Act Opportunity

The Affordable Care Act (ACA) provides an unprecedented opportunity to expand enrollment in health coverage for all Americans.

It mandates a single, streamlined online application for Medicaid (Medi-Cal in California), premium tax credits, cost sharing reductions, and participating qualified health plans. Simplified income counting rules and federal ACA implementation guidance ensure the vision of a first class customer experience when enrolling in either public or private coverage.

To help realize this vision in California, the California HealthCare Foundation funded an online consumer usability assessment of CoveredCA, the state's health insurance marketplace.

# Consumer User Assessment Methodology

This project explored the CoveredCA website ([www.CoveredCA.com](http://www.CoveredCA.com)) to uncover insights into the online experience of signing up for health insurance.

## Research Methods

### Remote usability testing (7 participants)

- All sessions conducted remotely via GoToMeeting, Feb. 3-7 and lasted 90-120 minutes. Participants were compensated \$150.

### In-person usability testing (8 participants)

- All sessions conducted in-person at participants' houses, Feb. 10-14 and lasted between 90-120 minutes. Participants were compensated \$400.

### Follow-up calls (9 participants)

- Follow-up calls conducted with remote and in-person participants, Feb. 21-28. Participants were compensated an additional \$75.

## Other Information

- Changes have been made to the CoveredCA website since this testing took place. This report evaluates the site as it was during testing; changes that researchers have observed that have taken place since testing have been noted.
- This report highlights examples of findings and is not a comprehensive list.



# Recruiting Criteria

Criteria	Desired Participants	Final Participants
<b>Eligibility</b>	Only a few Medi-Cal, rest split equally between premium assistance and no coverage	5 no subsidies, 6 premium assistance (2 with children eligible for Medi-Cal), 4 Medi-Cal
<b>Age</b>	Min 18, Max 64. 40% under 35. Must be responsible for own health care.	8 age 35 or under, 7 over 35 (range from 25 to 56)
<b>Gender</b>	Mix	8 male, 7 female
<b>Marital Status</b>	Mix	6 married, 9 single
<b>Family Size</b>	Mix, but no more than 2 children (for timing)	6 with children, 9 without
<b>Ethnicity</b>	Latino must be represented, otherwise a mix. Must speak, read, and write English.	4 Latino, 4 Black, 4 Asian, 3 White
<b>Education</b>	Range	6 some college, 6 bachelors, 1 some masters, 2 masters
<b>Income</b>	Range	\$0-175k
<b>CoveredCA Experience</b>	May have visited site but not applied or enrolled	9 briefly visited, 2 created account, 3 hadn't heard of it, 1 had heard but not visited
<b>Location</b>	Remote: throughout CA In-person: San Francisco	9 Bay Area, 4 LA area, 1 San Diego, 1 Central Valley

# Participant Breakdown



## Impressions & Outcomes

Participants typically reacted positively to the homepage. They described it as welcoming and were relieved that it was not intimidating.

As participants proceeded to use the site, however, researchers saw these positive impressions diminish. Participants struggled to use the site and formed incorrect understandings of their options and eligibility.

While all participants were interested in coverage, only one person enrolled in health insurance during a session, and no others had enrolled before the follow-up interview 2 or 3 weeks later.

### Reasons why they didn't enroll:

- Unconvinced that CoveredCA was right for them
- Process did not facilitate enrollment in Medi-Cal
- Conflicting eligibility messages
- Wanted more information



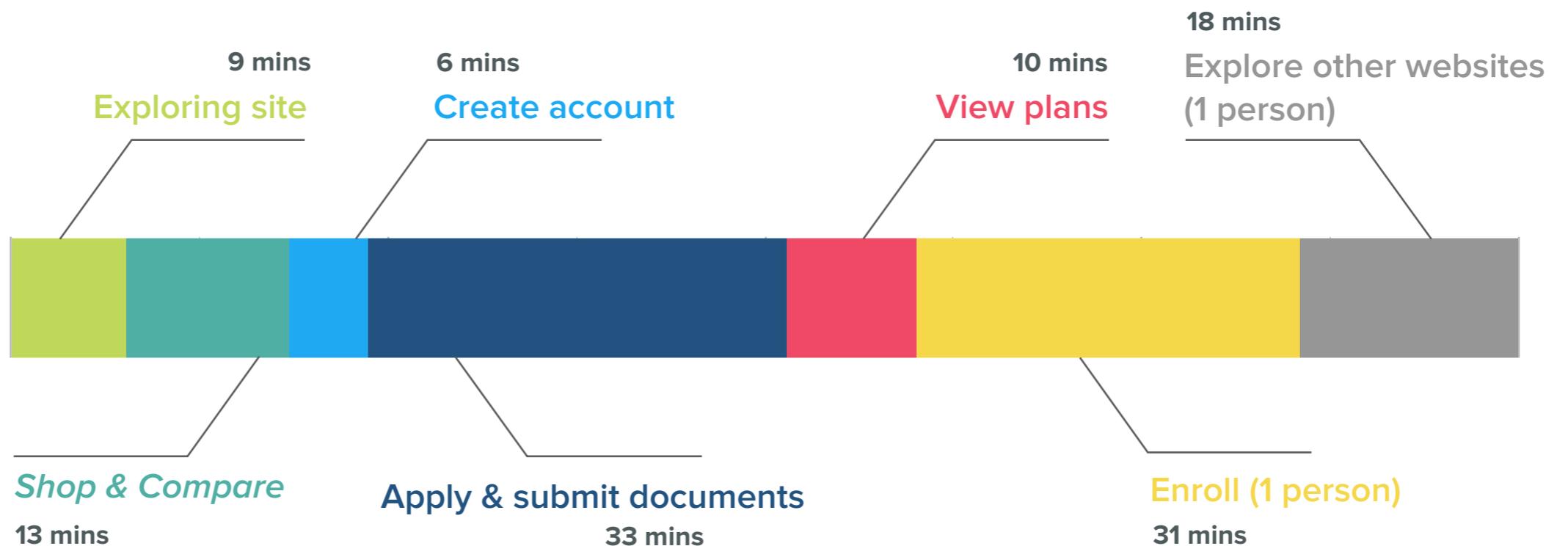
This is not what I expected...When I go on government websites, I feel uncomfortable, like doing my taxes on IRS.com. This feels really comfortable.”

- Raul

# Website Sections

Participants explored the site on their own, with some guidance from researchers when they were stuck. Exploration was not typically a linear process prior to starting the account creation and application.

## Average time to complete each step of process



Note that timing for steps in the application process may have been altered due to the presence of or hints from the researchers.

SECTION

# 02

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## Key Themes

# Key Themes

1. **Understanding the meaning of questions and definitions:** Participants frequently did not understand what was being asked and were, therefore, unsure of how to answer.
2. **Comprehending eligibility and next steps:** After submitting the application, participants were presented with confusing information about eligibility determination; they did not know how to, or feel encouraged to, proceed to enrollment.
3. **Entering simple data:** When inputting personal information in data fields, participants usually knew the answer but often had difficulty entering the information.
4. **Understanding steps and sequence:** Participants had limited understanding of intended steps, and they were not adequately guided through the process.
5. **Finding information and answers:** Participants often could not find the information they were looking for, and help within the site did not provide adequate assistance.
6. **Comparing and choosing plans:** Participants struggled to to understand plan options, compare multiple plans, and decide which plan was right for them.

SUBSECTION

# 2.1

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## Understanding the Meaning of Questions and Definitions

Participants frequently did not understand what was being asked and were, therefore, unsure of how to answer.

### Results:

Guessing, skipping, using Google to find answers.

### Reactions:

Frustration, feeling inadequate.

# Household Information

Those who lived with roommates weren't sure how to answer the "number of people in the household" question. There was no tooltip for this field in *Shop & Compare* or the *Application*. *Preview Plans* had a tooltip but it did not help answer the roommate question. (See figure below.)

Participants were also unsure of how to answer this question if only some members of the household needed coverage or if they wanted different coverage for different members.

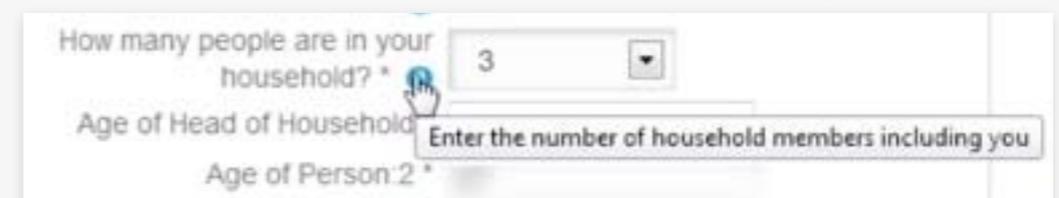
**POLICY** Federal rules tightly define what constitutes a "household," but the site lacks a definition of this key term. As a result, some participants provided incorrect information affecting the accuracy of their eligibility determination.

“If I live with roommates...does this think that these are my family members? The head of the household...I guess I'm the oldest, but it's tricky because we're not really a family.”  
-Susan

*Shop & Compare* household members (with no tooltip)



*Preview Plans* household members (with unhelpful tooltip)



## Naturalized Citizen

The question about naturalized citizenship was confusing to many. Half of participants spent time debating how to respond and frequently selected “yes” before selecting “no.”

**POLICY** The basis of an applicant’s citizenship is irrelevant and would appear to violate the federal requirement not to require applicants to provide information not needed for an eligibility determination.

““ Yeah, of course. (Clicks “yes”) Wait...I thought ‘naturalized’ means that you’re naturally a citizen! By birth! Wait a minute, so I think that ‘naturalized’ means actually the opposite.”  
-Jarek

### Citizenship question

Is this person a U.S. Citizen or National? \*  Yes  No

Is this person a naturalized citizen? A naturalized citizen is someone who was not born a U.S. citizen but later became a U.S. citizen. \*  Yes  No

# Income Information

Throughout the application, users were asked to have their most recent tax filing available. However, the income portion asked for current monthly income. It was not clear to participants whether they should enter current income or the income on their tax returns, and they were unable to find a tooltip to help resolve their questions.

**POLICY** Under federal law, financial assistance determinations are based on current and projected income. The site does not offer the opportunity to provide projected income.

## From income introduction

### You may need:

- Most recent tax filing
- Pay stubs

## EMPLOYMENT INCOME

**Total current monthly household  
income: \$ 0.00**

On this page, enter employment income for this month for everyone in your household. Employment income means payments for full-time, part-time or one-time work (before taxes are taken out).

To add an income item, click the "Add Income" button. If no one in the household has any employment income, click the "Continue" button.

# Minimum Essential Coverage

**POLICY** Under federal law, the fact that individuals have coverage does not bar them from Medicaid coverage, and may or may not bar them from receiving tax credits.

The site provided inconsistent instructions about whether applicants should continue to apply if they already have coverage. On the application landing page, it said that applicants should not apply, but on the household page, it instructed participants to apply even if they currently have coverage.

## From application landing page

If you already have affordable health insurance, you can keep it and no future action is required. If for some reason you find yourself without health insurance in the future, please visit us again.

## From household page

In this section, you will be asked about your household members. You can apply for any of these people on this same application, even if they already have health coverage now: yourself, other family members, and anyone on your same federal income tax return (if you file one). This information helps us make sure everyone who wants health insurance gets as much help paying for it as possible.

SUBSECTION

# 2.2

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## Comprehending Eligibility and Next Steps

After submitting the application, participants were presented with confusing information about eligibility determination; they did not know how to, or feel encouraged to, proceed to enrollment.

### Results:

Did not understand their eligibility. For those qualified for Medi-Cal, no clear next steps.

### Reactions:

Confusion, discouragement.



**Video:** Confusing Eligibility Results and Next Steps <http://www.chcf.org/publications/2014/05/covered-california-online-user-experience>

# Eligibility Results Were Discouraging

Participants were often frustrated or disappointed at the eligibility page and did not feel encouraged to continue. Instead of receiving a positive message about completing the application and being ready for enrollment, participants did not understand their next step or, in some cases, what they were eligible for.

The programs people were not eligible for were as prominently displayed on the results page as those for which they were eligible.

## Examples of eligibility results

**ELIGIBILITY RESULTS**

Here are the programs you qualify for: To view your options and enroll in a health insurance

**Covered California Plan: Eligible - Thank You.** Choose a health plan by clicking the button below.

If you want your health insurance to start by March 01, 2014, you must pick a plan by February 28, 2014. If you do not pick a plan by this date, your health insurance will not start until April 01, 2014.

Not eligible for the following:

- Premium Assistance
- Enhanced Silver Benefits
- Medi-Cal

**ELIGIBILITY RESULTS**

You must choose a Medi-Cal Health Plan by March 01, 2014 or we will choose one for you.

Not eligible for the following:

- Premium Assistance
- Enhanced Silver Benefits
- Medi-Cal

▼ Important Information & Options

Eligibility Determination Factors

# Abundant and Confusing Jargon

The eligibility page was full of insider terms and acronyms. Terms like “Premium Assistance” and “Enhanced Silver Benefits” were not defined and were confusing to participants.

One participant questioned whether the silver plan was presented to her because of her age. Another read that she was not eligible for “Enhanced Silver Benefits” and later in the enrollment section believed that she wouldn’t be allowed to enroll in any silver plans.

““ **Enhanced Silver Benefits?**  
**Maybe that’s because of my age.”**  
-Becky

## Examples of eligibility results jargon

### ▼ Important Information & Options

#### **Eligibility Determination Factors**

- Household income is not in the APTC program limits.
- Household income is not in the Medi-Cal program limits.
- Household income is not in the CSR program limits.
- You meet all other factors to qualify.

**Covered California Plan:** Conditionally Eligible - Please check your eligibility and see some additional details we need to collect. Choose a health plan by clicking on the link below.

**Premium Assistance:** Conditionally Eligible - Please check your eligibility and see some additional details we need to collect. Choose a health plan by clicking on the link below.

**Enhanced Silver Benefits:** Conditionally Eligible - Please check your eligibility and see some additional details we need to collect. Choose a health plan by clicking on the link below.

## Medi-Cal Eligibility after Application

After submitting the application, those who qualified for Medi-Cal were especially uncertain about how to proceed. Like the other applicants, they expected to be able to choose a plan at the end of the application process.

Instead, they saw the message: “You must choose a Medi-Cal Health Plan by March 1, 2014, or we will choose one for you.” There was no way to search for a plan or continue on the site.

The common response from participants was to hope that they would be contacted soon.

““ They didn’t even tell me which Medi-Cal plan was one of my options...I guess my application wasn’t accepted.”  
-John

### System message to applicants qualified for Medi-Cal

You must choose a Medi-Cal Health Plan by March 01, 2014 or we will choose one for you.

# Conflicting Eligibility Results

Four participants encountered what researchers believed to be errors regarding their eligibility related to Medi-Cal. The participants received eligibility determinations that were in direct conflict with each other. These participants saw messages that said “You must choose a Medi-Cal Health Plan by March 01, 2014, or we will choose one for you.” AND “Not eligible for Medi-Cal.” One participant considered withdrawing her application; others had no interest in continuing.

## Examples of conflicting messages

You must choose a Medi-Cal Health Plan by March 01, 2014 or we will choose one for you.

Not eligible for the following:

- Premium Assistance
- Enhanced Silver Benefits
- Medi-Cal

### ▼ Important Information & Options

#### Eligibility Determination Factors

- Household income is in the Medi-Cal program limits.
- Household income is not in the APIC program limits.
- Records indicate applicant has existing medical coverage, must be verified.
- Household income is not in the CSR program limits.

We will send you additional details in two ways: 1) the mail and 2) the Secure Mailbox that you can access through your account on this site

## Slow to Load

The eligibility results page was slow to load for most participants, which caused frustration. In some cases, the page never loaded, and participants had to try a different browser or log out and try again. Researchers coached a number of participants to refresh or try another browser.

- Average time to wait for eligibility to load: 4 mins 20 secs
- About 1/3 of people who reached eligibility results received error messages or had to refresh at least once during page loading.

Other technical errors were not common.

### Error message example

#### **Failure of server APACHE bridge:**

No backend server available for connection: timed out after 10 seconds or idempotent set to OFF or method not idempotent.

# Document Submission Requirements

**POLICY** The site did not explain why documentation was needed to verify information.

**POLICY** Federal law permits states to require documentation only in limited circumstances. In some cases, the documents requested of applicants did not seem to be relevant to establishing eligibility. For example, one person was told to verify incarceration status to receive Medi-Cal even though this is not required.

## Document submission requirements

**Medi-Cal: Pending Eligibility** - Please check your Manage Verification page to add additional details.

Your application is pending. To receive benefits, you must do the following:

- Proof of California Residency
- Proof of non-Incarceration Status

[Submit Documents](#)

You must choose a Medi-Cal Health Plan by March 01, 2014 or we will choose one for you.

SUBSECTION

# 2.3

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## Entering Simple Data

When inputting personal information in data fields, participants usually knew the answer but often had difficulty entering the information.

### Results:

Reduced efficiency.

### Reactions:

Frustration, self-blame, disrespect of site, feeling disrespected by site.

## Desire for a “Smart Form”

Participants often felt frustrated that the application was not a “smart form” that could repurpose information that had already been entered. Providing redundant information was time-consuming but did not adversely affect their progress.

### Examples include:

- Entering the same information multiple times (e.g., address)
- Being asked questions that were not relevant for young children (e.g., asking if a 1-year-old was married or pregnant)
- Entering repeated information for multiple family members



I don't see this as a smart system. It's as if somebody has picked up a paper form and just put it online.”

*-Neil*

## Entering Social Security Number

Most participants initially tried to include dashes with their Social Security number but realized that the box would not allow that many characters. They had to delete the number and start over. When they clicked out of the box, the numbers were automatically converted into a dashed system.

Participants had similar difficulties entering their phone number and date of birth.

How most entered their #

Social Security number

123-45-67|

How the form requires the #

Social Security number

123456789|

How the form converts the #

Social Security number

\*\*\*-\*\*-6789

# Relationships

When parents were selecting relationships for themselves and for their spouses and children, they found the relationship drop-down menu long and confusing. Many first looked for “mother” or “father” before finding that “parent” was the option listed. The most commonly used relationships were not listed at the top of the drop-down menu.

“Wow, this is a lot of relationships!”  
-Neil

Relationships drop-down menu

The screenshot shows a web application interface with a progress bar at the top containing six steps: START (checked), HOUSEHOLD (selected), PERSONAL DATA, INCOME, ELIGIBILITY, and ENROLLMENT. Below the progress bar is a section titled "RELATIONSHIPS" with the instruction "Tell us how your household members are related to you". There are two input fields: "This person" and "to...". A long drop-down menu is open over the "This person" field, listing various relationship types. The menu items are: Selected One, Adopted Son/Daughter, Brother/Sister, Brother-in-law/Sister-in-law, Child of domestic partner, Collateral dependent, Court-appointed guardian, Domestic partner, Father-in-law/Mother-in-law, First cousin, Former spouse, Foster child, Foster Parent, Grandchild, Grandparent, Guardian, Husband/Wife, Nephew/Niece, Other relative, Parent, Parent's domestic partner, Son/Daughter, Son-in-law/Daughter-in-law, Sponsored dependent, and Stepbrother/Stepsister. The "Husband/Wife" and "Parent" options are highlighted with orange boxes. At the bottom of the form, there are "Back", "Save & Exit", and "Continue" buttons.

# Entering Values

Many participants received an error about the income amount that they entered. The field did not allow the user to include a \$ sign or a comma. The error message simply stated that the entered income value was not valid without explaining what needed to be changed or automatically converting the number to an acceptable format.

## Error message when entering income values

The screenshot shows a web form titled "Add Employment Income". At the top, there is a red error message bar that says "Please enter valid amount". Below this, the form has four input fields:

- Household Member:** A text input field with a blurred value.
- Employer:** A text input field with a blurred value.
- How much does this person get paid (before taxes)? (\$):** A text input field with a blurred value.
- How often:** A dropdown menu with "Weekly" selected and a hand cursor hovering over it.

SUBSECTION

# 2.4

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## Understanding Steps and Sequence

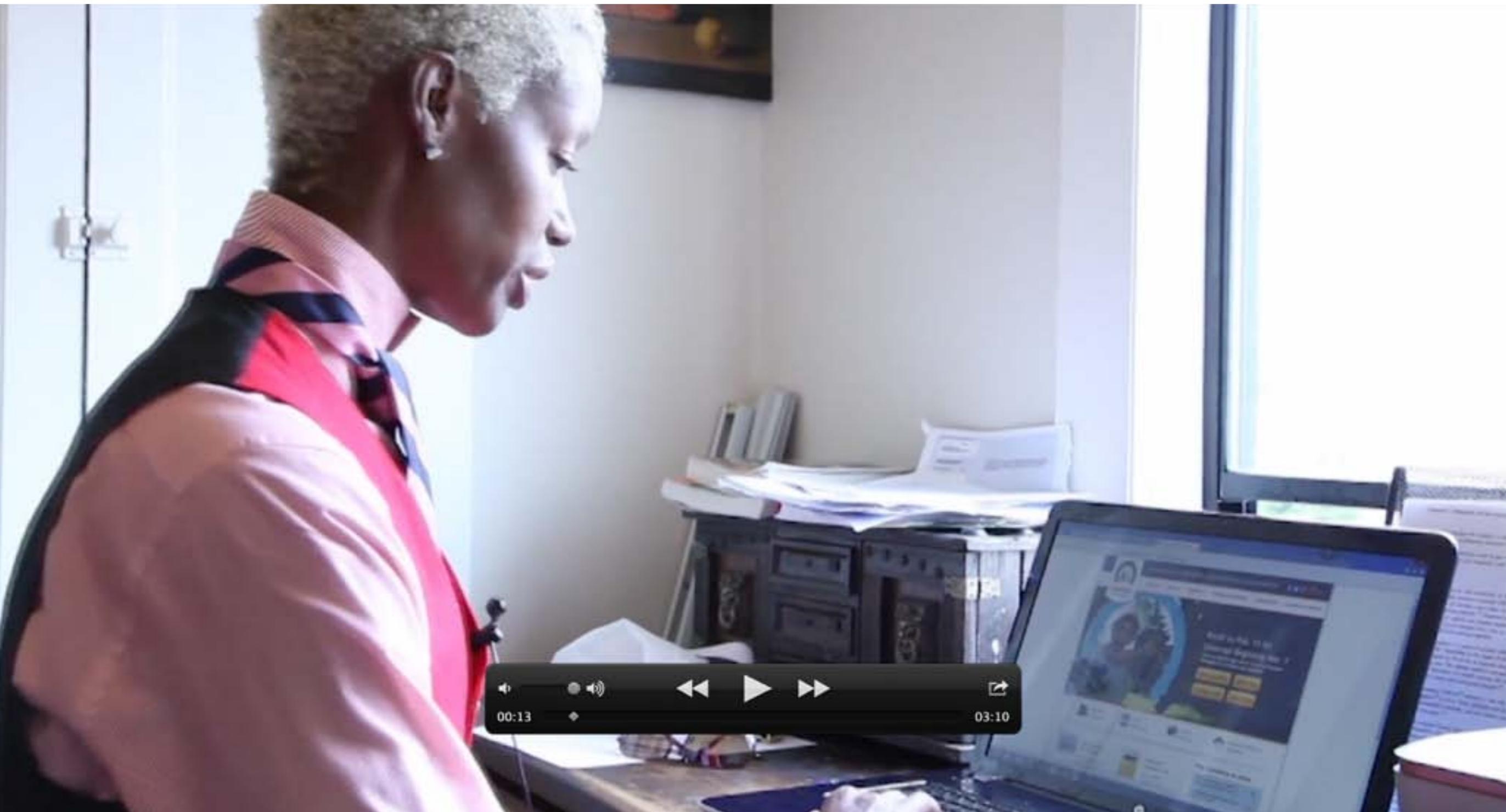
Participants had limited understanding of intended steps, and they were not adequately guided through the process.

### Results:

Not understanding how to accomplish their goal of enrolling in a plan.

### Reactions:

Nervousness, fear of commitment, feeling lost.



**Video:** Steps and Sequence <http://www.chcf.org/publications/2014/05/covered-california-online-user-experience>

# No Clear Path

While it was possible to first shop for plans (examining both price and coverage), apply, and then enroll online, these three major phases did not smoothly flow from one to another. Frequently, researchers needed to guide participants to *Shop & Compare* and *Apply Now*.

On the homepage, participants were confused about where to begin. As a result, the first page visited after the homepage varied greatly among participants.

Sections visited by participants on homepage



# Site Navigation

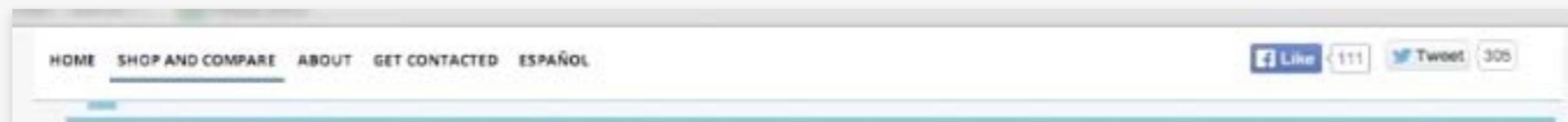
Navigation was not consistent within the site and did not provide clear routes for exploration or progression through steps.

Examples of different navigation structures in different parts of the site

Homepage



Shop + Compare (changed since testing)



Application



# Apply Now

More than a third of participants who created an account had to be directed to select *Apply Now* to begin.

Some users were unclear about what it meant to apply, especially if they had already mentally selected a plan from *Shop & Compare* that they were happy with.

“ [After going through Shop & Compare] I’m sure that I’ll be contacted. Next, if you weren’t here, I would chill. I’d get on Facebook.”  
-Nicole

*Apply Now* button on homepage



## Fear of Commitment

Throughout the process, participants were nervous that they were committing to purchasing health insurance before they were ready due to a lack of clear communication about whether the next step in the process would involve payment.

Users expressed concern during the following steps:

- Creating the account
- Submitting the application
- Enrolling in a plan



Uh oh, so this is the part I think I don't push, right? when I click submit, I don't know if by clicking here...it would lock me into anything.”

*-Susan*

“It looks like I'm signing up for health insurance. Ok, I've created an account, so I've totally just signed up! Are they going to bill me?”

*-Nicole*

# Unclear That Shop & Compare Is a Preview

Participants wanted to spend a significant amount of time selecting a plan in *Shop & Compare*. It was not clear to participants that this was a preview of plans for which they might be eligible. Instead, users thought this step was similar to online shopping: They expected to pick a plan and purchase it.

## Shop & Compare plan results

### Why choose Enhanced Silver 87

Enhanced Silver Coverage: ≈87%

Chinese Community Health Plan (CCHP)	Anthem BlueCross	blue shield of california	KAISER PERMANENTE
Chinese Community Enhanced Silver 87 HMO	Anthem Multi State Plan Enhanced Silver 87 EPO	Blue Shield Enhanced Silver 87 PPO	Kaiser Permanente Enhanced Silver 87 HMO
Total Monthly Premiums: \$583	Total Monthly Premiums: \$669	Total Monthly Premiums: \$672	Total Monthly Premiums: \$688
Monthly Premium Assistance (Tax Credit):	Monthly Premium Assistance (Tax Credit):	Monthly Premium Assistance (Tax Credit): \$564	Monthly Premium Assistance (Tax Credit):

## Medi-Cal Eligibility at Shop & Compare

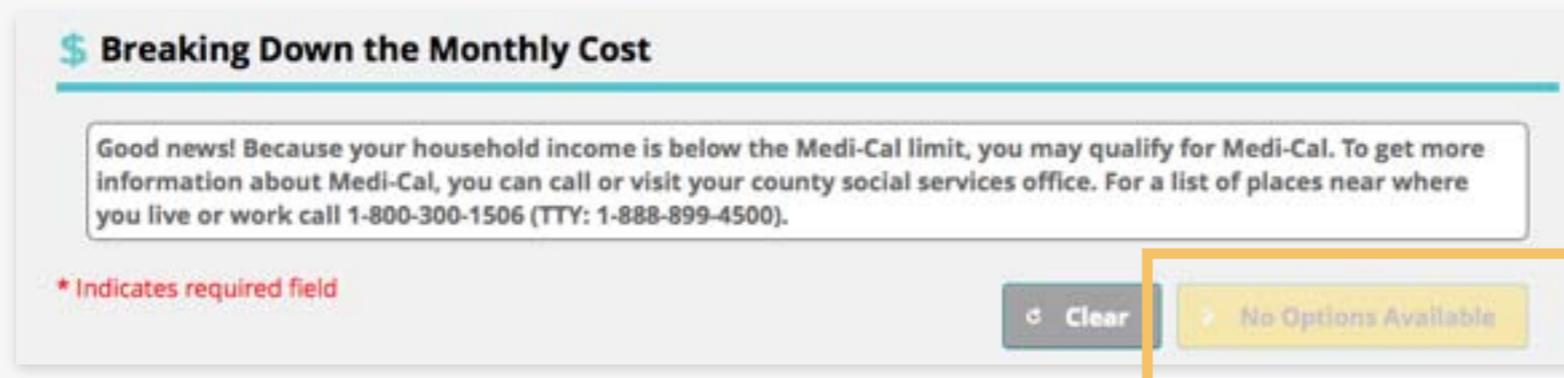
Those who qualified for Medi-Cal were stopped abruptly at *Shop & Compare* rather than provided with a clear path to next steps.

The button to proceed was greyed out and said “no options available.” There was no way to search for a plan; only a phone number was provided.

Participants who faced this message in *Shop & Compare* would have abandoned the process at this point if researchers had not told them how to continue.

“No plans available!...I wouldn't even call this number, because they usually tell you to call another number and another number and put you on hold.”  
-Jarek

**No Options Available** button for those who qualified for Medi-Cal



SUBSECTION  
**2.5**

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# Finding Information and Answers

Participants often could not find the information they were looking for, and help within the site did not provide adequate assistance.

**Results:**

Postponing applying, giving up.

**Reactions:**

Avoidance, frustration, feeling abandoned.

## Lack of Answers

Despite the quantity of information, participants often did not receive answers to their questions. Participants were sometimes reluctant to apply or enroll without clear details.

### Common questions:

- What happens if I can't pay the premium?
- What are the penalties for changing or canceling my plan?
- What are the penalties for missing enrollment deadlines?
- What are the start, end, and billing dates?
- Do these plans cover dental?
- What is Medi-Cal?

Several thought that a searchable database would have been helpful.

# Access to Help Online

Participants did not find the site's help functionality useful, further compounding their frustration with the site. One participant tried to access online chat and had 385 people ahead of him with an expected wait of over an hour. A few participants tried filling out the online help form but did not understand fields such as Case ID. One wanted to put the web error number into the Case ID field.

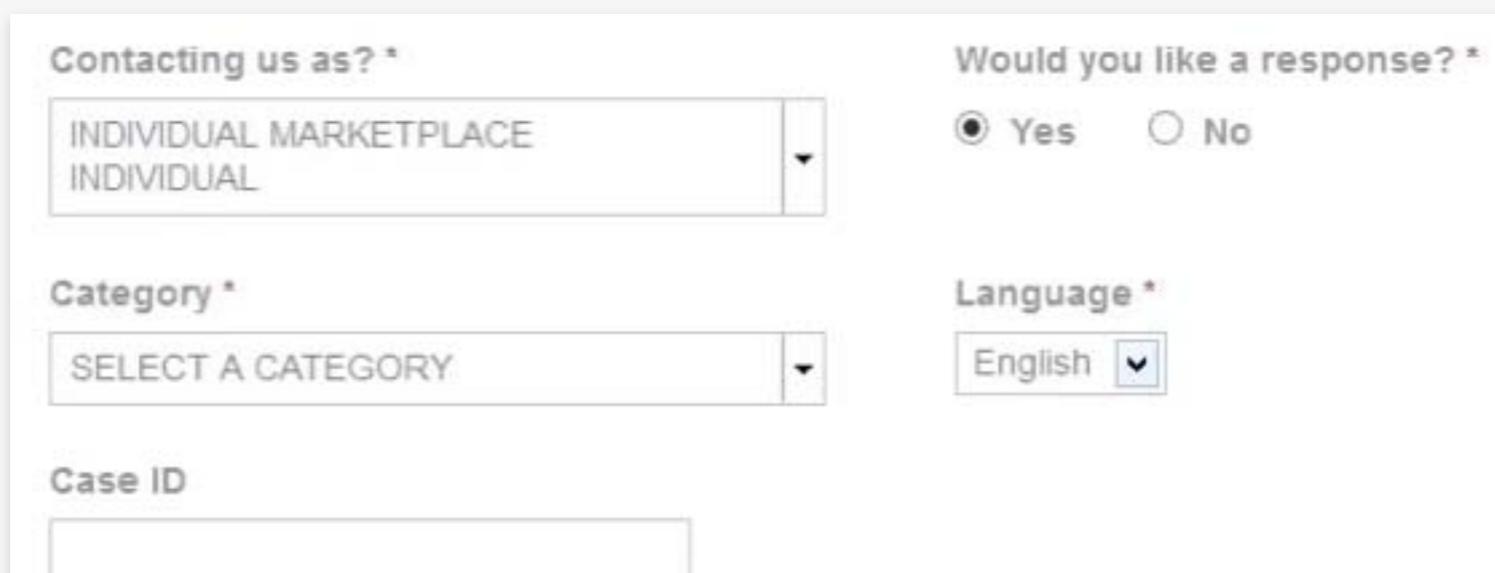
## Online chat: long wait time



The screenshot shows a chat window with the following elements:

- Chat** header with a user icon.
- Status: Searching** with a refresh icon and the text "Searching for an available agent".
- A message box containing the text: "You are currently number 385 in the queue. You should be connected to an agent in about 01:11:42. The average amount of time a customer has to wait is 01:11:49." The number "385" is highlighted with an orange box.

## Filling out help form: unclear instructions



The screenshot shows a help form with the following fields:

- Contacting us as? \***: A dropdown menu with options "INDIVIDUAL MARKETPLACE" and "INDIVIDUAL".
- Would you like a response? \***: Radio buttons for "Yes" (selected) and "No".
- Category \***: A dropdown menu with the text "SELECT A CATEGORY".
- Language \***: A dropdown menu with the text "English".
- Case ID**: An empty text input field.

## Limited Medi-Cal Information

Those who qualified for Medi-Cal wanted basic information about the program. There was no information about the program or a link to learn more from the eligibility page.

One participant searched the site for more information about Medi-Cal after learning of his eligibility and found the Medi-Cal Fact Sheet. It said to use the Covered California site to learn more but otherwise had limited information. The FAQ section had a link to the DHCS website, but the link was broken at that time.

### Medi-Cal fact sheet details

#### **Enrollment**

Covered California is the new marketplace for affordable, low cost and no cost health insurance, including Medi-Cal. It's a "no wrong door" approach that will help Californians learn their eligibility for subsidized health benefits, compare insurance plan options, and enroll to receive coverage. The online portal will launch on October 1, 2013, allowing individuals to pre-enroll in the Covered California health plans and Medi-Cal prior to January 1, 2014. It's important to note that California will also maintain existing pathways in which individuals enroll. All counties will still process applications at local county social services departments as well as accept applications by mail. In addition, locally based enrollment assistors will be available to help. For more information please visit [www.coveredca.com](http://www.coveredca.com).

### FAQ Medi-Cal details with broken link

#### **What is the Medi-Cal program?**

[↑ Back to Top](#)

Medi-Cal is California's health care program for individuals who make \$15,856 or less per year. This program pays for a variety of medical services for children and adults with limited income and resources. Under the Patient Protection and Affordable Care Act, California chose to expand Medi-Cal eligibility. When you complete a Covered California application, your eligibility for Medi-Cal will automatically be determined. You can apply for Medi-Cal benefits regardless of your sex, race, religion, color, national origin, sexual orientation, marital status, age, disability or veteran status. To find out more about Medi-Cal, please contact Medi-Cal directly at (800) 541-5555 or visit [www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFAQs1.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFAQs1.aspx).

SUBSECTION

# 2.6

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## Comparing and Choosing Plans

2.6(a) Shop and Compare Plan Selection

2.6(b) Enrollment Plan Selection

Participants struggled to to understand plan options, compare multiple plans, and decide which plan was right for them.

### Results:

Postponing the decision.

### Reactions:

Feeling overwhelmed, resistant to making a decision, wary of commitment.

# Inconsistencies

The design and functionality of *Shop & Compare* and *Enrollment* were vastly different. Those who viewed both sections had to learn how to use two different systems and struggled to relate the plan results.

Shop & Compare

The 'Shop & Compare' interface displays a grid of health plans. The top section is titled 'Why choose Bronze 60' and includes a warning: 'This plan has a substantially higher cost share when you use healthcare.' Below this, four plan cards are shown, each with a logo, name, and total monthly premium. The bottom section is titled 'Why choose Silver 70' and shows four more plan cards with similar details.

Plan Name	Total Monthly Premium
Chinese Community Bronze 60 HMO	\$188
Anthem Multi State Plan Bronze 60 EPO	\$226
Anthem Multi State Plan Bronze 60 HSA EPO	\$227
Kaiser Permanente Bronze 60 HSA HMO	\$228

Plan Name	Total Monthly Premium
Chinese Community	
Anthem Multi State	
Blue Shield Silver 70	
Kaiser Permanente	

Enrollment Plans

The 'Enrollment Plans' interface shows a list of 30 plans. The top section displays three plan cards with logos, names, and monthly premiums. Below this is a 'Summary' table comparing estimated total costs, overall quality, and search results for doctors and facilities across the three plans.

Summary	Plan 1	Plan 2	Plan 3
Estimated total costs premium + out-of-pocket Customize now	\$8575.52 per year	\$8842.76 per year	\$8861.96 per year
Overall quality	★☆☆☆☆	★★★★☆	★★★★☆
My doctors Search	Not Selected	Not Selected	Not Selected
My facilities Search	Not Selected	Not Selected	Not Selected



SUBSECTION

2.6a

Shop & Compare

## Eligibility Wording

At *Shop & Compare*, users were given a preliminary look at their assistance eligibility. However, the options were not explained. Some who did not qualify for premium assistance were confused by these terms and felt excluded and discouraged.

““ I don't know what premium assistance means. Does that mean that they won't talk to me? Or in a line of 20 people I'd be 21 and not 1?”  
-Nicole

“The word 'premium' sounds like I don't qualify for this premium service out there. It's not a positive spin if you're trying to sell insurance.”  
-Neil

### *Shop & Compare* eligibility notice

Based on your income and family size, it looks like you are not eligible for premium assistance at this time. However, you may purchase affordable health coverage through Covered California for you and your family. Click here to see our affordable options.

# Insurance Jargon

Participants struggled to understand many insurance terms, such as premium, deductible, copay, EPO, and PPO. Within the *View Details/View Plan Benefits* window of *Shop & Compare*, there were no definitions provided.

““ I don't understand the mumbo jumbo that they're speaking. They're using Dr. Seuss language.”  
-Raul

## Example of jargon

### Bronze Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

#### STANDARD BENEFITS FOR INDIVIDUALS

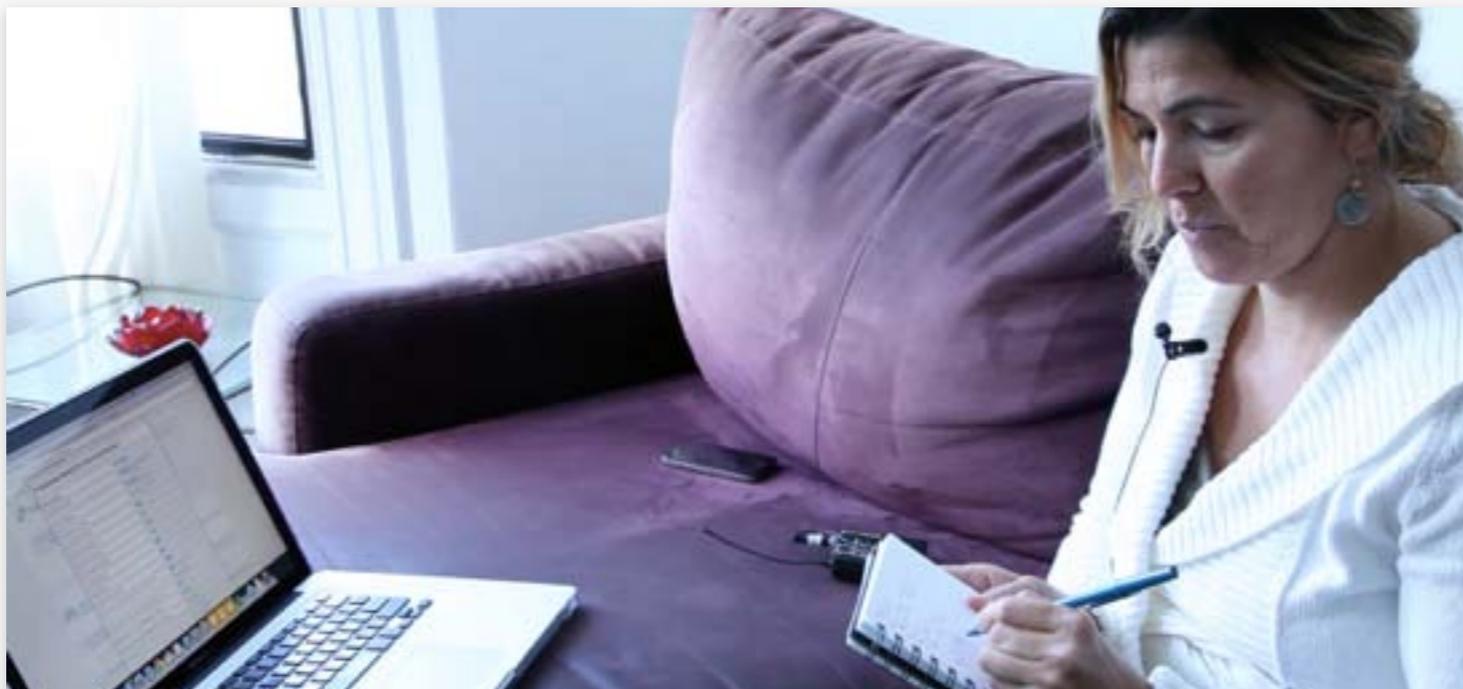
Key benefits	Bronze 60
Individual Deductible	\$5,000 deductible for medical & drugs
Family Deductible	\$10,000 deductible
Preventative Care Copay <sup>1</sup>	no cost at least 1 yearly visit
Primary Care Visit Copay	\$60 <sup>2</sup>
Specialty Care Visit Copay	\$70

## Wanted to Compare Specific Plans

Participants wanted to spend a significant amount of time selecting a plan in *Shop & Compare*. It was not clear to participants that this was a preview of plans for which they might be eligible. Instead they thought this step was similar to online shopping: They expected to pick a plan and purchase it.

“ I would create my own spreadsheet for myself, so I could really compare... plans and different metal tiers.”  
-Evan

One participant wanted to create a detailed spreadsheet; another wrote down the details of each plan.



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SUBSECTION

2.6b

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Enrollment

## Viewing Enrollment Plans

Participants had difficulty viewing multiple plans and plan details on the *Enrollment* page.

Only 3 plans were visible at once; more were viewed by scrolling horizontally. Details were accessed by expanding vertical accordions.

““ I don't like this screen into a screen right here. This is just too difficult to navigate...It's too much scanning back and forth, it needs to be more organized.”  
-Susan

*Enrollment page*

**30 Plans**

Previous 1 2 3 4 5 6 7 8 9 10 Next

Sort by Filter by Your favorites (0) Print Your cart (0)

Plan Name	Logo	Monthly Premium	After premium assistance of	Estimated total costs
Molina Health Care Molina Health Care...	MOLINA HEALTHCARE	\$185.46	\$26.00	\$8575.52
Anthem Blue Cross Anthem - Bronze 60...	Anthem Blue Cross	\$207.73	\$26.00	\$8842.76
Anthem Blue Cross Anthem - Bronze 60...	Anthem Blue Cross	\$209.33	\$26.00	\$8861.96

Summary

Estimated total costs			
	\$8575.52	\$8842.76	\$8861.96

## Filtering Enrollment Plans

Participants in large cities were offered many plans (e.g., 28), which they found overwhelming.

Only a couple participants discovered the option to filter or sort plans.

“28 plans. That’s kind of overwhelming.”  
-Henrietta

Enrollment page sort and filter buttons

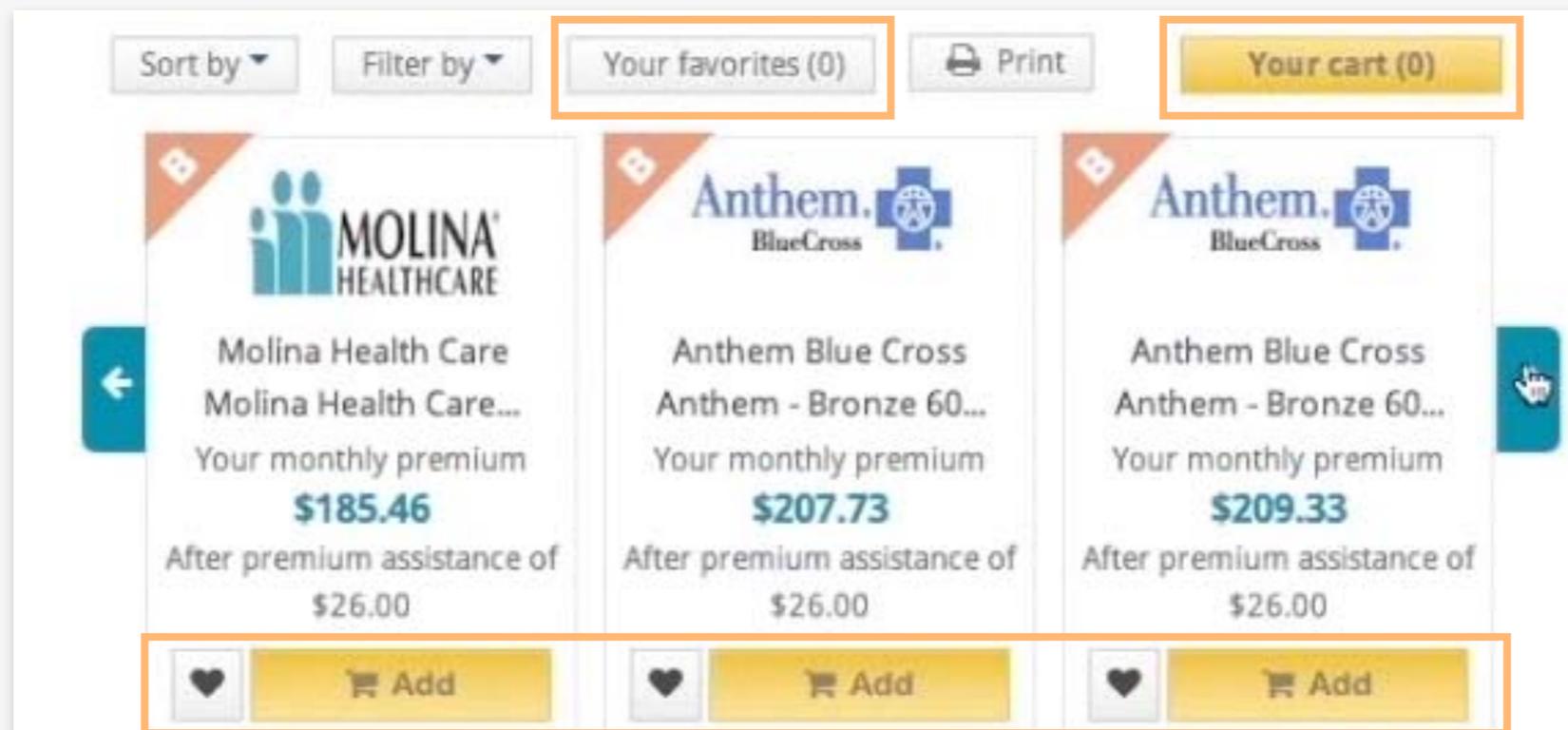


# Comparing Enrollment Plans

Participants wanted an easy way to compare plans. There was a “favorites” functionality, but only 2 people discovered this.

Instead, participants tried to add multiple plans to their cart to compare. However, the system only allows them to place one plan in the cart at a time, which participants found frustrating.

*Enrollment page favorites and cart buttons*



## No Metal Tiers Explanation in Enrollment

There was no explanation of the metal tiers in the *Enrollment* section, only a triangle in the corner of each plan stating “B,” “S,” “G,” or “P.” Participants who had not already learned about the metal tiers (such as in *Shop & Compare*) did not know what these letters meant.

Platinum and silver icons were the same color, and one participant was confused about these two indications.

““ Now that one says P. I don't know what P stands for but it's in silver. Is that a preferred plan? Is that the enhanced silver? I'm not sure .”  
-Becky

Metal tiers icons



SECTION

# 03

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## Conclusion

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# Conclusion

Despite interest by all participants in obtaining insurance, only one was ready to enroll after completing the online process.

A combination of frustration with the site and an inability to find answers to their questions prevented participants from feeling comfortable making a commitment.

Making decisions about health insurance is a difficult process. Although site design cannot eliminate some of the big questions about which plan is right for an individual, clearer paths, helpful information, and simplified data entry can minimize the burden of this process.

Website improvement is iterative, and it is hoped that these research findings will be useful as California continues its work to increase coverage.

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## Response from CoveredCA and DHCS

The California Health Care Foundation report's useful survey data and helpful policy comments are important additions to the sources being used for further development of improvements to the online user experience. The report's policy comments will help to further inform policy development for eligibility and enrollment provisions for insurance affordability programs. The results of this survey show a clear need for navigation improvement on the consumer-facing website to better direct customers through the process, from shopping (*Shop & Compare* tool) to applying and enrolling (CalHEERS).

Based upon this and other data and feedback, Covered California and California Department of Health Care Services (DHCS) are committed to further improving the consumer-facing website experience and will continue to work in partnership with external stakeholders in this development. Covered California and DHCS continue to improve the CalHEERS portion of the website, launching various system changes to provide a better consumer experience. The challenges relate to the complexity of creating a single application for both Medi-Cal and Covered California, which have different eligibility rules, in addition to some gaps in the information provided to the consumer. CalHEERS is currently undergoing a comprehensive review to align the online single streamlined application with the paper application and incorporate additional stakeholder feedback with a target date of August 2014.

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# Acknowledgments

The CoveredCA Online User Experiences study was conducted by gotomedia on behalf of the California HealthCare Foundation.

## About the Foundation

The California HealthCare Foundation works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care. For more information, visit [www.chcf.org](http://www.chcf.org).

## About gotomedia

gotomedia is a strategic consultancy specializing in research, user experience, and mobile design. We envision through contextual research; conceptualize and learn through iterative prototyping and testing. We design responsive, multi-device experiences that work. For more information, visit [www.gotomedia.com](http://www.gotomedia.com).