



HealthCare.gov Online User Experiences

JUNE 2014

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SECTION

01

Introduction

Affordable Care Act Opportunity

The Affordable Care Act expands coverage options and provides an opportunity to streamline the enrollment process in public and private coverage.

The California HealthCare Foundation funded an assessment of HealthCare.gov to identify actionable ways to improve consumer experience with online enrollment.

The assessment uses a methodology not common in the public sector—direct observation of consumers as they move through the website—and captures sources of consumer satisfaction, knowledge, confusion, and frustration.

The most compelling findings relate to assisting consumers with plan shopping and selection, providing adequate help throughout the process, and ensuring accuracy in consumers' responses to application questions. Slides 67 and 68 offer researchers' recommendations for improvement.

Consumer User Assessment Methodology

This project explored the HealthCare.gov website to uncover insights into the online experience of signing up for health insurance.

This report highlights examples of findings and is not a comprehensive list.

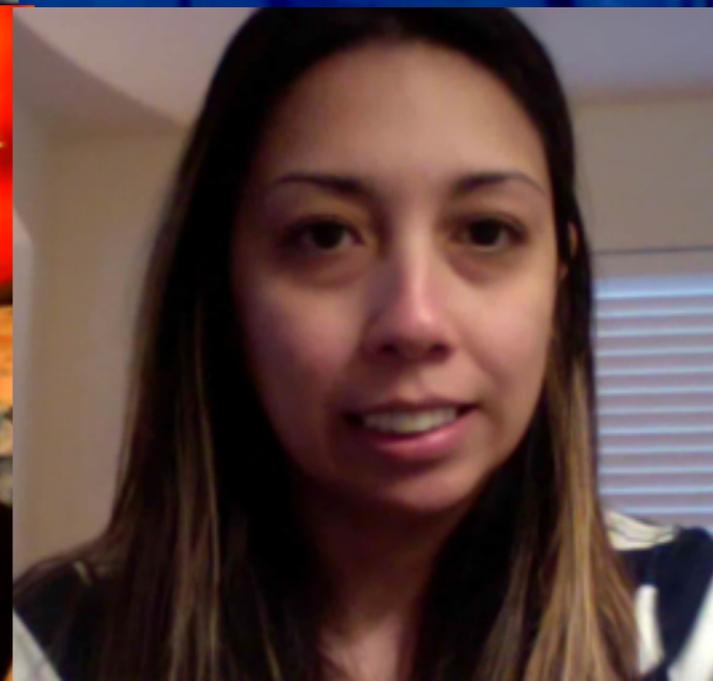
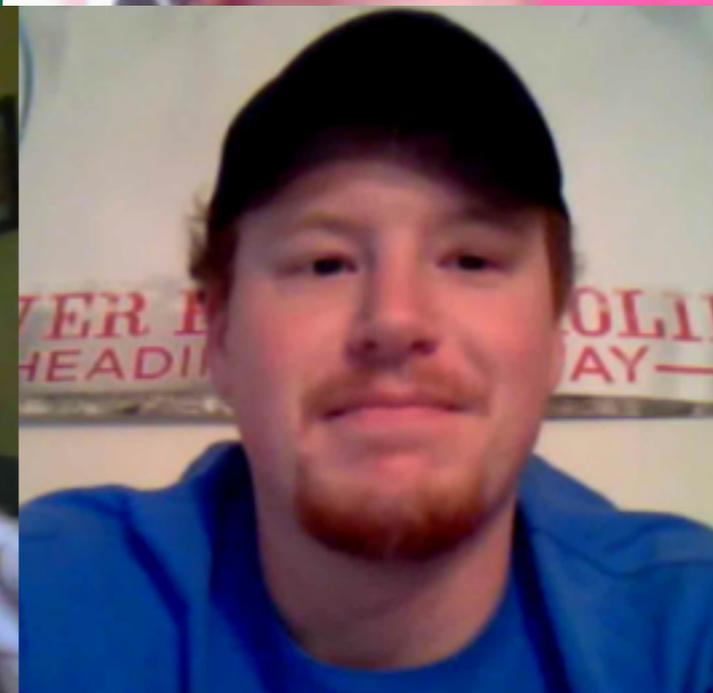
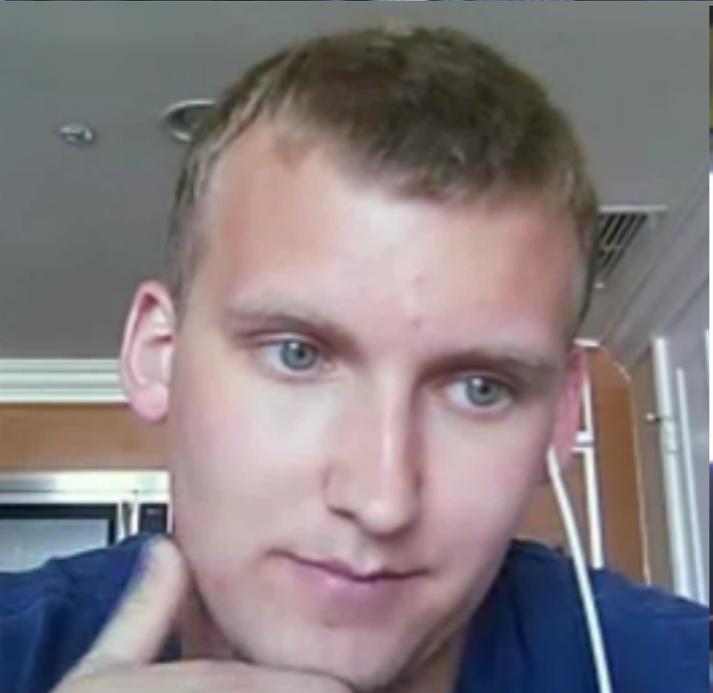
Research Methods

Remote usability testing (28 participants)

- All sessions conducted remotely via GoToMeeting, March 14-27 and lasted 90 to 120 minutes. Participants were compensated \$100-\$150.
- Participants were residents of Texas, Ohio, Florida, Missouri, or Arizona.

Follow-up communication (16 participants)

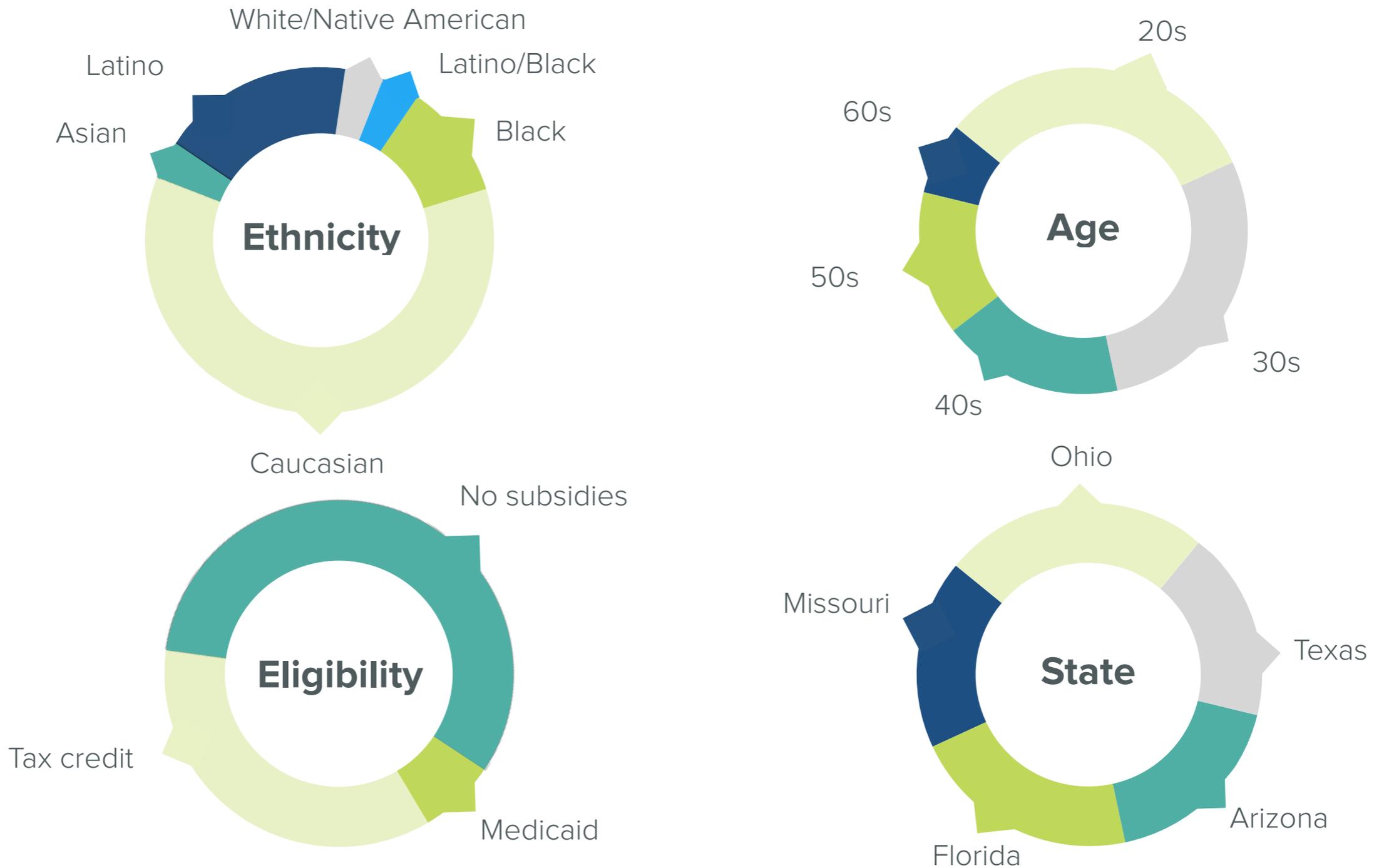
- Participants were contacted by email or phone April 7-11 to determine if they had made progress. Follow-up sessions were scheduled with 4 participants to discuss their progress on HealthCare.gov. These participants were compensated an additional \$50.



Recruiting Criteria

Criteria	Desired Participants	Final Participants
Eligibility	11 tax-credit eligible, 11 qualified health plan (non-subsidized), 3 Medicaid eligible	16 no subsidies, 10 tax-credit eligible (1 with children eligible for Medicaid), 2 Medicaid eligible
Age	Minimum 18, max 64, mix is good, ~40% under 35, must be responsible for own health care	17 age 35 or under, 11 over age 35 (range from age 22 to 64)
Gender	Mix	12 male, 16 female
Marital Status	Mix	10 married, 4 co-habiting, 1 engaged, 2 divorced, 11 single
Family Size	Mix, but no more than 2 children (for timing)	11 with children to be covered, 17 without children (or whose children already have coverage)
Ethnicity	Mix. Must speak, read and write English	3 Black, 17 White, 1 Asian, 5 Latino, 1 White/ Native American, 1 Latino/Black
Education	Range	6 high school diploma, 3 some college, 12 bachelor's, 7 graduate degree
Income	Range	\$0-135k
HealthCare.gov Experience	May have visited site but not applied or enrolled	11 looked at options, 4 created account, 8 briefly visited, 5 had not visited
Location	Even split between Ohio, Texas, Arizona, Florida, and Missouri	7 Ohio, 5 Texas, 5 Arizona, 6 Florida, 5 Missouri

Participant Breakdown



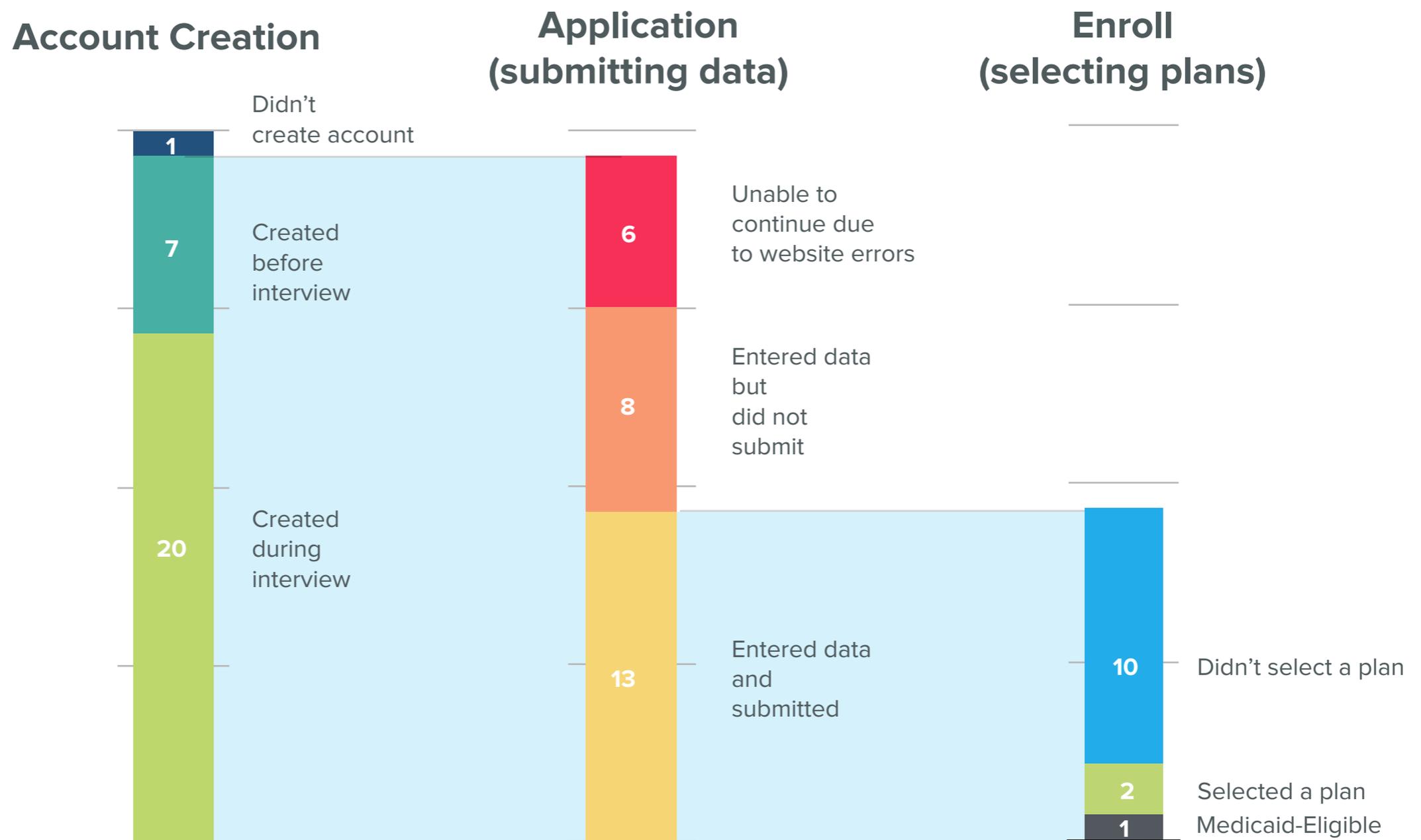
SECTION

02

Impressions & Outcomes

Session Outcomes

Out of 28 participants, 2 selected a plan during a session and within two weeks of the sessions, 3 more had enrolled via HealthCare.gov.

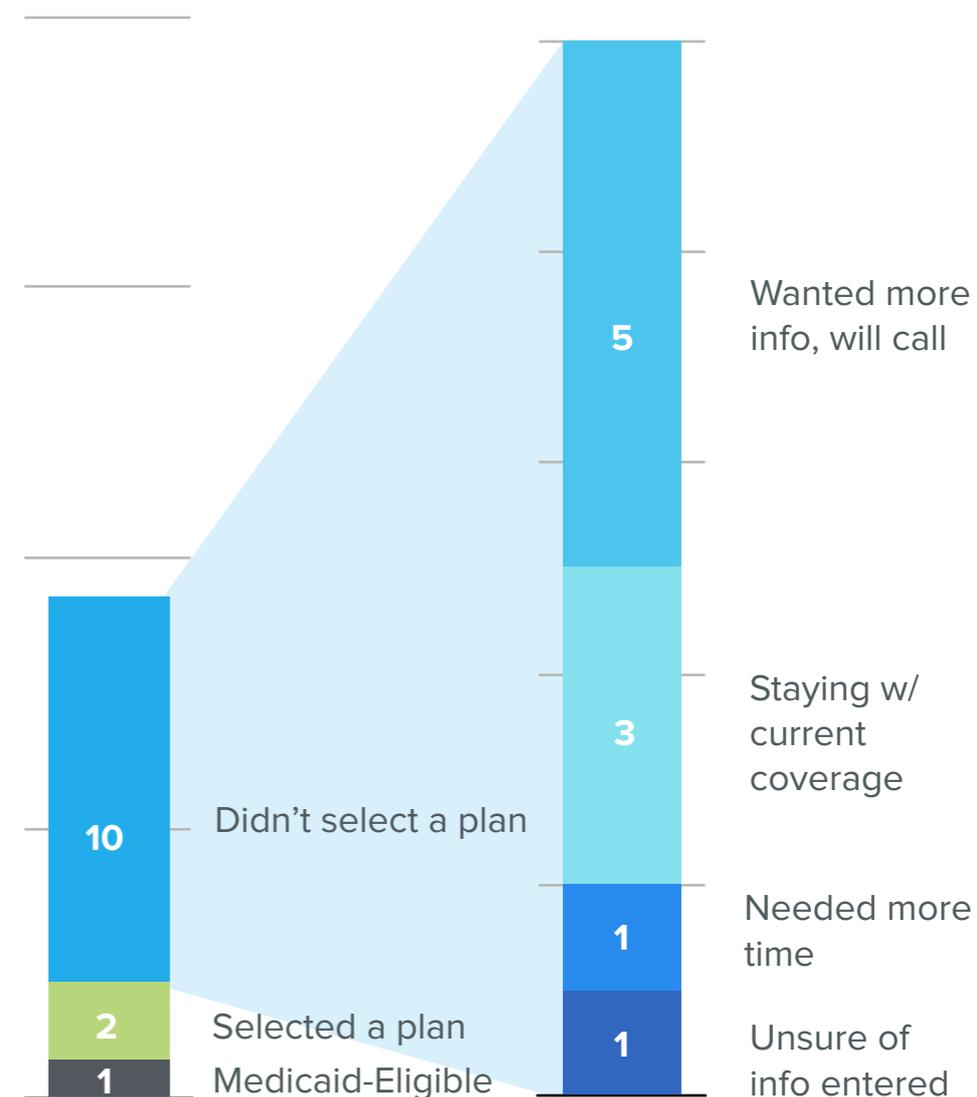


Why They Didn't Select a Plan

The top reasons why participants didn't select a plan are as follows:

- Wanted more information and planned to call
- Preferred to keep current coverage for now (1 planned to keep current coverage specifically because it was too difficult to pick a new plan through HealthCare.gov)
- Needed more time to compare plans
- Unsure of information submitted in application

Enroll (selecting plans)



Follow-Up Results

Researchers contacted participants 1 to 2 weeks after testing. Open Enrollment had ended but Special Enrollment was ongoing.

Of the 16 whom researchers were able to get in contact with:

- 3 enrolled through HealthCare.gov (1 of whom used the help of an independent broker).
- 2 still intended to enroll through HealthCare.gov.
- 1 enrolled outside of HealthCare.gov.
- 4 kept their current insurance.
- 6 had not taken any action since the interview.

Positive Impressions

Many participants were highly anxious about the process of obtaining health insurance, and some were pleasantly surprised that the application was easier than they expected.

“I can’t wait to share with people how easy it is. At first I was really scared, but as I go through it, it doesn’t let you make mistakes. I just felt more and more relieved as the questions went on because I didn’t have to know a lot to go through it.”

-Claire

Video: Positive Impressions <http://www.chcf.org/publications/2014/06/healthcaregov-online-user-experiences>

Deadline to enroll for coverage this year: March 31

Act now to provide peace of mind for you & your family — and save money on quality coverage.



See if you can get lower

1-page guide to getting

Find local help

Call 1-800-318-2596 for

Use your new coverage

Quitting Points

Despite generally positive assessments of the site, the majority of participants said they would not continue. The top reasons were:

- **Help and Assistance:** There were many useful help resources on the site, but they are presented in inconsistent ways and at the wrong time. Many wanted to seek assistance by phone or friends before continuing. (18%)
- **Plan Selection:** Participants had the impression that they needed to select a specific plan in *See Plans*. Selecting a plan was a difficult process for participants because they struggled to compare details between coverage options. (11%)
- **Technical Errors:** Participants were often logged out unexpectedly and their data was lost. (29%)

Participants went further in the application process during the study than they would have on their own because the researcher encouraged them to “give it one more try” and/or gave them hints as to how to proceed.

Areas of Uncertainty

Researchers also observed areas of uncertainty, where the participants misunderstood key elements or hesitated to continue. These included:

General Context

- **Understanding ACA and the Marketplace:** Many participants lacked a high-level understanding of how the Affordable Care Act affected them.
- **Eligibility:** Participants had questions about what it meant to be eligible for tax credits or Medicaid.
- **Providing Information:** Participants were wary of how information would be used and preferred to provide the minimum amount possible.

Site Elements

- **Understanding Questions:** Participants occasionally encountered questions about household number and income that they did not know how to answer.
- **Page Navigation:** In general, navigation clearly guided users through the steps. On a few pages, however, participants hesitated before proceeding.

SECTION

03

Quitting Points

Video: Quitting Points <http://www.chcf.org/publications/2014/06/healthcaregov-online-user-experiences>

Eligible Carelink from Coventry

PPO | Bronze
Coventry Health Care

Monthly premium \$168/mo One enrollee	Deductible \$6,300/yr Per individual	Out-of-pocket Maximum \$6,300/yr Per individual	Copayments/Coinsurance: Primary Doctor: No Charge after Deductible Specialist Doctor: No Charge after Deductible Generic Prescription: No Charge after Deductible ER Visit: No Charge after Deductible
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Bronze \$10 Copay PPO Carelink from Coventry

PPO | Bronze
Coventry Health Care

[DETAILS](#) [APPLY](#)

Monthly premium \$179/mo One enrollee	Deductible \$5,600/yr Per individual	Out-of-pocket Maximum \$6,350/yr Per individual	Copayments/Coinsurance: Primary Doctor: \$10 Specialist Doctor: \$75 Copay before deductible Generic Prescription: \$15 ER Visit: \$500 Copay before deductible
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Anthem Bronze DirectAccess

w/h
PPO | bronze
Anthem Blue Cross and Blue Shield

[DETAILS](#) [APPLY](#)



SUBSECTION

3.1

Help and Assistance

There were many useful help resources on the site, but they were presented in inconsistent ways and not always at the time they were needed. Many participants wanted to seek assistance by calling the 800 number or by calling their friends because they were uncomfortable proceeding.

People who would have quit:

18%

“I would definitely call them and have them explain this deductible and out-of-pocket maximum stuff to me.”

-Mia

Help Was Available

The *Learn* pages—particularly *A One-Page Guide to the Health Insurance Marketplace*—were seen as helpful to some participants. 43% of participants viewed the *Learn* pages, either directly from the home page (11%) or from links in another section (38%). Participants explored a total of 29 different *Learn* pages, without being guided to do so by the researchers.

Learn topics

Get Started A one-page guide to the Marketplace How do I apply for coverage? How can I see plans and prices before I apply? More articles on <i>Get Started</i>	Marketplace Overview What is the Marketplace in my state? How do I get an exemption from the fee? What is the Health Insurance Marketplace? More articles on <i>Marketplace Overview</i>
Using the Marketplace How do I report life changes? Marketplace tips to help you enroll How do I apply for coverage? More articles on <i>Using the Marketplace</i>	The Marketplace and You What if I have PCIP coverage? What if I'm self-employed? How does the ACA help me? More articles on <i>The Marketplace and You</i>

Most viewed *Learn* page

Get Covered: A one-page guide to the Health Insurance Marketplace

[Tweet](#) [Like](#) [3](#) [Email](#)

Here's a quick rundown on the most important things to know about the Health Insurance Marketplace, sometimes known as the health insurance "exchange." Follow the links for more information on each topic.

The Health Insurance Marketplace helps uninsured people find health coverage. Fill out the Marketplace application and we'll tell you if you qualify for

- **Private health insurance.** Plans cover [essential health benefits](#), [pre-existing conditions](#), and [preventive care](#).
- **Lower costs based on your household size and income.** You can [preview plans](#) available in your area right now, with prices based on your income and household size. Most people who apply will qualify for lower costs.
- **Medicaid and the Children's Health Insurance Program (CHIP).** These programs cover millions of families with limited income. If it looks like you qualify, we'll share information with your state agency and they'll contact you. Many but not all states are expanding Medicaid in 2014 to cover more people. Find out what [Medicaid expansion](#) means for you.

Unanswered Questions

Although almost half the participants looked at the *Learn* pages, only 31% found answers to their questions.

Some questions they did not find answers to included:

- What plan is best for me based on my age and health?
- How do I sign up for dental and vision coverage?
- How do I list my income if I'm unemployed?
- What is meant by "out-of-pocket maximum" and "deductible"?
- If I get a plan outside of the marketplace, how do I prove I have coverage?

Note that answers to these questions may have been available on the website, but were not discovered by participants.

Desire to Call

Because of their unanswered questions, participants were sometimes reluctant to apply or enroll without clear details, and many expressed a desire to call the 800 number or a friend before continuing.

““ I’m going to ask around some...to ask about deductibles and copays and talk to a few people and come back.”

-Elon

“I would call the 800 number to make sure I’m picking a good plan for me.”

-Victoria

Contact information on the website

Contact Us

Individuals & Families

Call to start or finish an application, compare plans, enroll or ask a question.

1-800-318-2596

TTY: 1-855-889-4325

Available 24 hours a day, 7 days a week.

Help Hidden and Inconsistent

Help was available through tooltips, mouseovers, and links, but these were inconsistent, hard to find, or would break their flow by taking them to a different page.

Hovering over the tooltip in *See Plans* brings up a pop-up, and clicking on it takes the user to a page in the FAQ.

Is employer coverage available to anyone in this household? ?

Yes

No

How many people are in your household?

Select 'No' if your employer requires you to spend more than 9.5% of your household income on premiums, or if your employer's coverage doesn't meet the health care law's minimum value standards. Click to learn more.

Hovering over the grey underlined words in *See Plans* brings up pop-ups, while clicking on the blue underlined words takes users to a new page.

Blue Security Choice PPO 010
PPO | Catastrophic
Blue Cross Blue Shield of Texas

DETAILS **APPLY**

Monthly premium \$105/mo One enrollee Note: not everyone in your group is eligible to enroll in this plan. Catastrophic plans are only available to enrollees 29 and under or who have a hardship exception. Read more	Deductible \$6,350/yr Per Individual	Out-of-pocket Maximum \$6,350/yr Per Individual	Copayments/Coinsurance: Primary Doctor: \$40 Specialist Doctor: No Charge after Deductible Generic Prescription: No Charge after Deductible ER Visit: No Charge after Deductible
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Help Cues Unclear: Jargon

Many participants were confused about jargon in both *See Plans* and *Enroll*. While a glossary was available on the site, and hovering over many of the words would bring up explanations, most users failed to find these definitions.

“I wish that some of those definitions were more accessible earlier in the site. When I first looked at ‘gold, silver, bronze,’ I didn't know what that was and found it way deep within a brochure. What’s an HMO, what’s a PPO? Basic info on that would be good to have on the site.”
-Olga

Pop-up explaining the term “PPO” in *See Plans*.

The screenshot shows a health plan page for "Blue Security Choice PPO 010" with buttons for "DETAILS" and "APPLY". A yellow pop-up box defines "Preferred Provider Organization" as a health plan that contracts with medical providers to create a network. It also notes that catastrophic plans are only available to enrollees 29 and under or those with a hardship exception. A note at the bottom states that enrolling in a catastrophic plan prevents Marketplace help for coverage.

Plan Name	Out-of-pocket Maximum	Copayments/Coinsurance
Blue Security Choice PPO 010 PPO Catastrophic Blue Cross Blue Shield of Texas	\$6,350/yr Per Individual	Primary Doctor: \$40 Specialist Doctor: No Charge after Deductible Generic Prescription: No Charge after Deductible ER Visit: No Charge after Deductible

Help Cues Unclear: Metal Tiers

In the *See Plans* section, more information was available to participants about the metal tiers in the carousel at the top, but few realized they could click through this heading. When they were presented similar information in *Enroll* in the form of a popup on top of the plans, they appreciated this information and noted that they would have wanted to see it in *See Plans*.

Carousel at top of *See Plans* (last slide)

Plans are put into 5 categories

These 5 categories (catastrophic, bronze, silver, gold, and platinum) are based on how you and the plan expect to share the costs for health care.

The category you choose affects how much your premium costs each month and what portion of the bill you pay for things like hospital visits or prescription drugs.

It also affects your total out-of-pocket costs - the total amount you'll spend for the year if you need lots of care.

Categories describe how much of the total average cost of care they cover.

Catastrophic	less than 60%
Bronze	60%
Silver	70%
Gold	80%
Platinum	90%

Pop-up at start of *Enroll* plans

3 things to know about Marketplace health plans

Plans are put into 4 categories

These 4 categories (Bronze, Silver, Gold, Platinum) are based on how you and the plan expect to share the costs for health care.

The category you choose affects how much your premium costs each month and what portion of the bill you pay for things like hospital visits or prescriptions.

It also affects your total out-of-pocket costs - the total amount you'll spend for the year if you need lots of care.

[Learn more about health plan categories](#)

Bronze	covers 60% of the total average costs of care
Silver	covers 70% of the total average costs of care
Gold	covers 80% of the total average costs of care
Platinum	covers 90% of the total average costs of care

BACK NEXT

SUBSECTION

3.2

Plan Selection

Participants had the impression that they needed to select a specific plan in *See Plans*. Selecting a plan was a difficult process for participants because they struggled to compare details between coverage options.

People who would have quit:

11%

“I would print them out, but I’m not going to print out 53 pages. Then I don’t understand the tier lists. I would leave this website since it’s taking me too long to find the information I need.”

-Regina (in *See Plans* section)

See Plans: Expectation of Picking Plan

Participants had the impression that they needed to make a final plan selection within *See Plans*.

Because of this, they were hesitant to move ahead before finalizing their selection. Making a plan selection was the most daunting task of the entire process, and people incorrectly believed they needed to make their final selection at this point. The plans they were offered at the *Enroll* stage were different, requiring them to repeat this process.

See Plans did state that it was not the application for coverage, but this text was not prominent, nor was it on the page where participants actually viewed plans. It does not state that users will likely have different plan options in *Enroll*.

Notice within *See Plans* that it was not the application

Important

This isn't the application for Marketplace coverage. No information you enter here will carry over to your application.

The information displayed through this tool contains limited benefit and cost sharing information.

The plan information displayed doesn't contain an insurance company's exclusions and limitations for each plan. For each plan shown here, you can select 'Details,' then 'Plan brochure' for additional information.

More details are available when you view and compare plans after you apply for Marketplace coverage.

See Plans: Applying for a Specific Plan

The “Apply” button directly next to individual plans further reinforced the incorrect impression that participants needed to make a selection in *See Plans* in order to apply for that specific plan.

“I’m going to take the one that says multi-state.... So I would click that and it takes me to a new screen which is apply by phone or online. And I would apply online.”
-James

“Apply” button next to a plan within *See Plans*

Anthem Gold DirectAccess w/Child
Dental - cdcq
PPO | Gold
Anthem Blue Cross and Blue Shield

DETAILS **APPLY**

Monthly premium	Deductible	Out-of-pocket Maximum	Copayments/Coinsurance:
\$299/mo One enrollee Premium before tax credit \$342/mo	\$1,250/yr Per individual	\$5,000/yr Per individual	Primary Doctor: \$30 Specialist Doctor: No Charge after Deductible Generic Prescription: \$15 ER Visit: \$200 Copay before deductible

See Plans: Wanted Tools to Pick Plan

Because participants thought they were making a final selection in *See Plans*, they wanted tools to filter and compare individual plans.

Some spent a lot of time and energy trying to pick a specific plan at this stage. Some stated intentions to create spreadsheets or print out plan details to compare to each other.

Instead of providing more tools, researchers recommend making it clearer that the results are a preview.

“ I would go through a process of elimination and start scratching off the ones that aren't a great match for me. I would go through all the plans until I was left with one.”

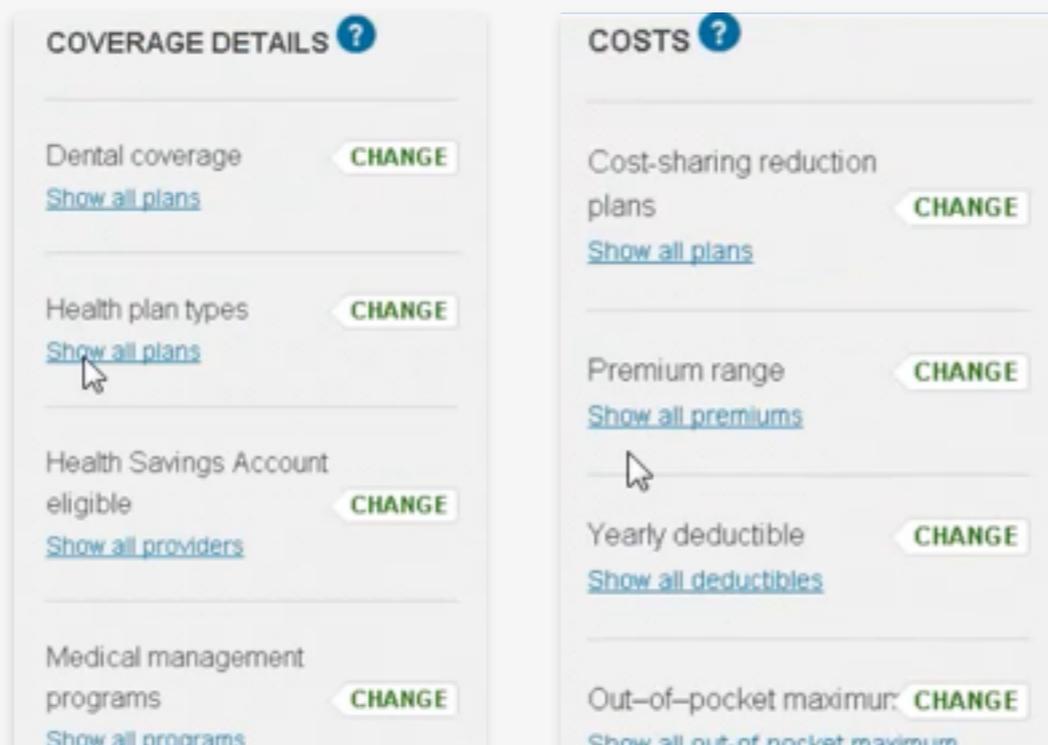
-James

Enroll: Filters and Sorting Available

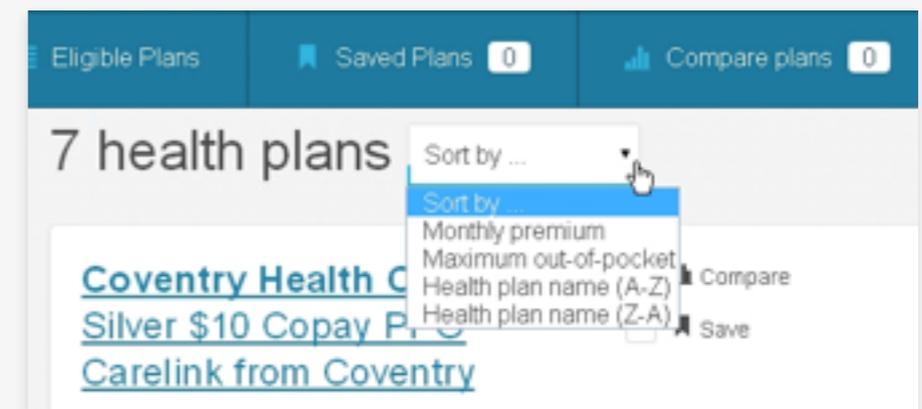
By the time participants got to the *Enroll* stage, most had already spent time and energy picking a plan in *See Plans*. The *Enroll* stage is where selecting the right plan actually mattered, but participants had less patience for detailed comparison and wanted better tools to make this easier.

In *Enroll*, participants were able to filter and sort by price, plan name, plan type, deductible, maximum out-of-pocket, and a variety of other options. However, few users noticed the filters available in this section.

Filters to the left of plans in *Enroll*



Sort function above plans in *Enroll*



Enroll: Compare Plans

It was possible to compare plans in *Enroll*, but some participants did not notice this. Most who found this option liked it. Others felt like the comparison was too wordy or was missing information that they would have wanted to see.

“This page is very text-heavy. Looking at this other chart that Blue Cross provides is much easier, I wish [HealthCare.gov] would just copy this. It’s not as text-heavy, so it’s not as overwhelming. For example, on this plan [on HealthCare.gov], there’s no mention that your first 4 visits to the doctor are free.”

-Elisabeth

[Link to compare plans in Enroll](#)

Select a health plan for Group 1 | Eligible Plans | Saved Plans 0 | **Compare plans 0**

⚠ If you confirm your plan today, your coverage start date will be 05/01/2014.

All health plans (132)

- Bronze Plans (38)
- Silver Plans (46)**
- Gold Plans (33)
- Platinum Plans (15)

What do these mean?

46 health plans | Sort by ... | < 1 2 >

Coventry Health Care of Florida, Inc. Silver \$10 Copay HMO Carelink

Plan ID: 57451FL0070002
HMO | Silver

Compare | Save | **DETAILS** | **ENROLL**

Monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance
\$185.62 mo.	\$3,750		\$10 Primary doctor

SUBSECTION

3.3

Technical Errors

Participants were often logged out unexpectedly and their data was lost.

When participants logged back into their application after being kicked out by this error, some of the data that they had entered had been deleted and needed to be resubmitted. Several participants encountered the error so frequently that they were unable to finish their application.

People who would have quit:

29%

SECTION

04

Areas of Uncertainty



SUBSECTION

04a

General Context

The screenshot shows the Texas HealthCare.gov application interface. At the top, there are navigation tabs: 'Texas', 'Apply' (highlighted), 'Get Results', and 'Get Coverage'. A 'HELP' icon is in the top right. Below the tabs, the application ID '375073744' and a link 'Learn more about these statements' are visible. A vertical sidebar on the left contains a progress list: 'GET S...', 'FAMIL...', 'INCO...', 'ADDIT...', 'INFOR...', 'REVIEW...', 'Review...', and '2 Sign &...'. The main content area is partially obscured by a white modal window titled 'Access to federal tax returns'. The modal contains a close button (X) in the top right, a question about renewing eligibility for help paying for health insurance, and five radio button options: '1 year', '2 years', '3 years', '4 years', '5 years', and 'Don't use tax data to renew my eligibility for help paying for health coverage. (Selecting this option may impact your ability to get help paying for health coverage at renewal.)'. At the bottom of the modal, there is a video player with a progress bar showing 04:39 / 05:02 and a green 'SUBMIT' button. Below the modal, a portion of a paragraph is visible: 'application changes. I know I can make changes in my Marketplace account or by calling 1-800-318-2596. TTY users should call 1-855-889-4325. I understand'.

SUBSECTION

4.1

Understanding ACA

Many participants lacked a high-level understanding of how the Affordable Care Act affected them.

Not Understanding ACA

Participants did not understand some basic concepts about the Affordable Care Act, such as:

- Tax credits are only available to individuals who do not already have qualifying employer coverage
- What it means to miss the Open Enrollment deadline
- What the consequences are of not signing up

Many of these issues were addressed on the *Learn* pages, but most participants did not explore these in depth and began *See Plans* or *Apply Now* without this context.

Employer Coverage

A couple participants selected “no” for employer coverage even if it was available to them because they found it to be too expensive.



[clicks “no” for employer coverage]
To me, that means that if I can get health insurance through my husband then I can’t get help paying. [His employer coverage] is so expensive, they should help you out if you really can’t afford it.”

-Brenda

Employer coverage question from *See Plans*

Is employer coverage available to anyone in this household?



- Yes
- No

Employer coverage question from application

Is [redacted] currently eligible for health coverage through a job (even if it's through COBRA or from another person's job, like a spouse)?

- Yes
- No

Open Enrollment Deadline

Some participants were unaware that there was a deadline to sign up for coverage. Others knew that a deadline was approaching, but didn't know what the consequences would be for missing it.

“I didn't know there was a deadline. Does that have to do with applying for a tax? I'm not 100% sure why there's a deadline. Does that mean that prices are going to go up after that?”
-Balaji

“I had not even known that the enrollment period was for March 31. I thought you could just do it any time.”
-Ferris, after applying

Open Enrollment deadline on home page

The screenshot shows the top navigation bar with 'Individuals & Families', 'Small Businesses', and 'All Topics' menus, and a search box. Below the navigation is a prominent banner with the text: 'Deadline to enroll for coverage this year: March 31' and 'Act now to provide peace of mind for you & your family — and save money on quality coverage.' Below the banner are three circular buttons: 'SEE PLANS BEFORE I APPLY', 'APPLY NOW FOR HEALTH COVERAGE', and 'SEE STORIES SHARE AND CONNECT'.

SUBSECTION

4.2

Eligibility

Participants had questions about what it meant to be eligible for tax credits or Medicaid.

How Tax Credits Work

Many did not understand how tax credits worked and didn't notice if they qualified for reduced out-of-pocket expenses. Some understood that they qualified for tax credits but had questions about what would happen if their income ended up higher or lower than anticipated.

Tax credit notice in *See Plans*

Health plans for one individual, age 35 , living in Anderson County, TX.

Change

Based on a household size of two and income of \$30,000, you may qualify for a **\$77/month tax credit** you can choose to apply to your premium for these plans. This tax credit has been applied to the premiums below.

You may also qualify for the [reduced out-of-pocket expenses](#) shown in the plans below.

““ Can I really get approved for the tax credit, and if so, what about next year or the year after? Are they still going to offer it or is it just one year?”

-Brenda

“Right now, it says I don't get a tax credit. But if my income drops, does my tax credit kick in?”

-Lucas

Eligibility Results

After submitting the application, participants received a link to a lengthy PDF (e.g., 13 pages) to find out their eligibility results. Participants struggled to comprehend the information in this document, in particular their eligibility determination. One person did not open the PDF.

Eligibility results PDF

Application Date: March 26, 2014

Application ID: [REDACTED]

Dear [REDACTED]

You recently submitted an application to the Health Insurance Marketplace. We reviewed your application to see if you can get health coverage through the Marketplace.

What are the results of my application?

Review the table below with your eligibility results.

Family Member(s)	Results	Next Steps
[REDACTED]	<ul style="list-style-type: none">Eligible to purchase health coverage through the Marketplace	<ul style="list-style-type: none">Choose a health plan and make first month's payment

If the table above says that you're eligible for a tax credit or cost sharing reductions, it means that we didn't find you eligible for Medicaid. This could be based on several things, like your income, household size, residency, or immigration status among other things. More information on how to appeal an eligibility decision is described in the section of the notice, "What should I do if I think my eligibility results are wrong?".

What should I do next?



Income Verification If Tax Credit = \$0

POLICY OBSERVATION Under federal rules, it is possible for someone to be eligible for a premium tax credit of \$0 if his or her expected contribution exceeds the cost of the second-lowest-cost silver plan.

Where individuals are not receiving tax credits, they should not be asked for further verification of income.

Premium Tax Credit of \$0

Do you want to use all of your **\$0 premium tax credit** each month?

YES **NO**

Change the tax credit amount you want to use each month by sliding the arrow on the bar OR typing an amount in the monthly tax credit box. You can use up to \$0 toward monthly premium (for the year) credit on your federal income tax return

Monthly usage:

\$0/month \$0/month

$\$0/\text{month} \times 12 \text{ months} = \$0 \text{ towards monthly premiums}$
 $+ \$0 \text{ tax credit on your Federal tax return}$

\$0 total premium tax credit

Different Family Members, Different Plans

In instances when different family members were offered different plans, participants were often unsure how to proceed.

POLICY OBSERVATION Families have the right under federal law to choose child-only plans. However, as a practical matter most are likely to prefer to purchase coverage as a family.

“ I don't feel that I'm quite understanding that this says for child only. So is this for my whole family or just for my child?”
-Lillian

Child-only plan in See Plans

Market HSA 4000 Child Only - **DETAILS** **APPLY**
Bronze
PPO | Bronze
MedMutual

Monthly premium \$133/mo child-only plan (for 2 children) Note: not everyone in your group is eligible to enroll in this plan.	Deductible \$8,000/yr Family total \$4,000/yr Per individual	Out-of-pocket Maximum \$12,700/yr Family \$6,350/yr Per individual	Copayments/Coinsurance: Primary Doctor: 30% Coinsurance after deductible Specialist Doctor: 30% Coinsurance after deductible Generic Prescription: 30% Coinsurance after deductible ER Visit: 30% Coinsurance after deductible
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Dental Plans Also Caused Confusion

Participants were confused about their dental options. Because the choices did not include an option for both health and dental, participants did not understand that they could opt for both, often under a single plan.

Participants also were not aware that choosing a standalone dental plan could have cost implications. Under federal law, adult dental care is not an Essential Health Benefit, and therefore tax credits cannot be used to pay for the portion of any premium used to pay for adult dental coverage. The rules are complex, but in general, individuals choosing adult dental coverage will pay more in monthly premiums than those that do not.

Health or dental selection in *See Plans*

Answer a few quick questions to see the premium estimates.

Which best describes you?

- I'm looking for coverage for myself or my family
- I'm looking for coverage for a small business I own or operate

What type of coverage do you need?

- Health
- Dental

Dental coverage is included in some health plans. Stand-alone dental plans may be available if you're covered by a private health plan you purchase through the Marketplace.

Important

This isn't the application for Marketplace coverage. No information you enter here will carry over to your application.

The information displayed through this tool contains limited benefit and cost sharing information.

The plan information displayed doesn't contain an insurance company's exclusions and limitations for each plan. For each plan shown here, you can select 'Details,' then

Medicaid

The one person who completed her application and was eligible for Medicaid was disappointed that she did not have the opportunity to select a Medicaid plan. She also wanted more information about what would and would not be covered.

The eligibility document informs her that she should wait to hear from a state agency.

Explanation of next steps from eligibility results PDF

What should I do next?

- If the table above tells you that you or any of your family members are or may be eligible for Ohio Medicaid or Ohio Medicaid, the state agency will contact you with more information about your health benefits, services and how much you pay for them. If you don't hear from them, call them at the phone number listed in the section, "Where can I find more information?"

““ They don't give you an option, they just put you on Medicaid if you don't have any income. I think you should have an option...because they have different Medicaid insurances that are available. So just giving someone straight Medicaid, I don't know what it covers and what it doesn't cover.”
-Charlotte

SUBSECTION

4.3

Providing Information

Participants were wary of how information would be used and preferred to provide the minimum amount possible.

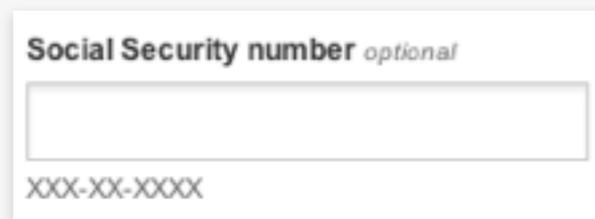
Didn't Enter Social Security Number

Many users were unclear how their Social Security number would be used, and since the question was optional, 18% decided not to include their Social Security number in the application at all. Only 11 participants entered it the first time they were asked in the application; 5 more entered it the second time, when the question included an explanation for how it would be used.

“SSN is optional...I can't imagine anyone would volunteer their social.”
-James

“My sister-in-law had her identity stolen so I'm wary of all this.”
-Victoria

Optional Social Security number field at start of application



Screenshot of a form field labeled "Social Security number optional". Below the field is a placeholder "XXX-XX-XXXX".

Optional Social Security number field with longer explanation in middle of application



Screenshot of a form field with a longer explanation. The explanation text reads: "We need a Social Security number (SSN) if you want health coverage and have an SSN or can get one. We use SSNs to check income and other information to see who is eligible for help paying for health coverage. If [redacted] needs help getting an SSN, visit socialsecurity.gov, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778." Below the explanation is a form field labeled "Enter [redacted] Social Security number" and "Social Security number optional". The field contains "I - -" and a cursor. Below the field is a placeholder "XXX-XX-XXXX".

Maintain Tax Information

There was confusion about what it means to “maintain tax information,” and a couple participants felt wary of what they were committing to by answering this question.

POLICY OBSERVATION Granting permission to review tax information may allow marketplaces to renew coverage for eligible individuals without requiring the individual to take further action.

This benefit is not made clear to consumers.

““ I don’t know...who’s to say what’s going to happen in future years, so I don’t really care for that.”
-Mia

Consent to maintain tax information at end of application

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns, for the next 5 years (the maximum number of years allowed). The Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

- Agree
- Disagree

I give permission for my eligibility for help paying for health insurance to be renewed for a period of:

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- Don't use tax data to renew my eligibility for help paying for health coverage. (Selecting this option may impact your ability to get help paying for health coverage at renewal.)

Didn't Want Phone Calls

Some participants were hesitant to provide their phone number in the application due to concern about insurance providers calling to solicit sign-up.

“I’m checking back on the privacy statement, because I put in my number and I don’t want to get calls from insurance companies. I just have to trust that nothing gets sold.”
-Olga

“I’m not sure why I need to be contacted. Can I choose ‘no’?”
-Lindsay

Contact section in application

We need to know the best way to contact you about this application and your health coverage if you're eligible.

Do you want to read your notices about your application on this website?

Yes, I want to read my notices online.

You'll be contacted when a notice is ready for you on this website.

How can we contact you?

Text

Email

No, I want to get paper notices sent to me in the mail.



SUBSECTION

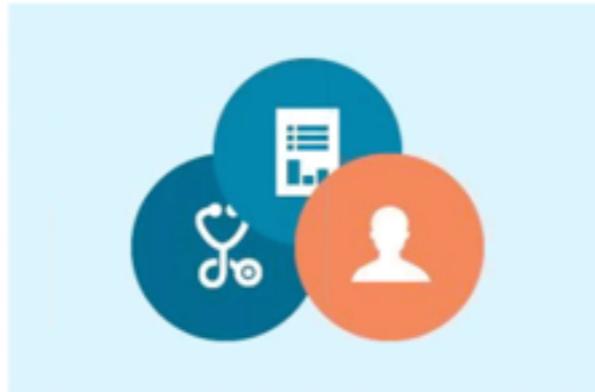
04b

Site Elements

Video: Areas of Uncertainty (Site Design) <http://www.chcf.org/publications/2014/06/healthcaregov-online-user-experiences>

New to HealthCare.gov?

CREATE ACCOUNT



Log In

All fields are required unless they're marked optional.

Username

Important: Please complete this required field

Password

[Forgot your username?](#) | [Forgot your password?](#)
[Having trouble logging in?](#)

Note: If you are using a shared computer or a computer in a public place, like a library or community center, be sure you close all browser windows and tabs and log out when you're done. This will keep your information secure.

LOG IN



SUBSECTION

4.4

Understanding Questions

Participants occasionally encountered questions about household number and income that they did not know how to answer.

Income

People were often unclear about the correct way to enter income in both *See Plans* and *Application*. Participants had the following questions:

- Should I enter my income from last year's tax return or my current income?
- How should I enter my income if I'm currently unemployed?
- How should I enter my income if it varies greatly month to month?

Most did not realize that their estimated income would be verified against their 2014 tax return.



Is this asking me for my payment last year or my estimate for this year? It tells you to predict your income even if you don't know.”

-Lucas

Income section of application

Based on what you told us, if [redacted] income is steady month-to-month, then it's about \$11,790.00 per year.

Is this how much you think [redacted] will get in 2014?

Yes

Total Household Income

See Plans asked for a household income. Participants who lived with others with whom they did not file taxes (such as roommates or unmarried partners) debated whether to include others' income, even though they did not intend to apply for coverage together. There was no help link or explanation in this section.

““ So I guess I'll put both [my income and my girlfriend's] ...but we're not married...”
-Dylan

Household income in *See Plans*

What is your household's expected income for 2014?

CHECK IF I CAN GET LOWER COSTS

Total Household Income

POLICY OBSERVATION Under federal rules, Medicaid eligibility must be calculated based on current income, unless the state takes up the option to allow applicants with reasonably predictable changes to use projected income.

Tax-credit eligibility, on the other hand, is always calculated based on projected annual income for the tax year.

In both circumstances, consumers must reports changes, which may trigger an eligibility redetermination.

Consumers that remain tax-credit eligible have the right to have their tax credit amount adjusted based on the change in income and to choose a new plan.

Number in Household

Participants were often unsure how to enter their household number in *See Plans*, particularly those living with roommates or extended family. The help section explained this clearly, but no link was available in *See Plans*. In the *Application*, participants were guided through a series of questions about their tax filing status.

““ I’m assuming I wouldn’t count my roommate.... [Reads note to count everyone and changes mind.] I guess I could put 2.”
-Lucas

Question in *See Plans* (no help link)

How many people are in your household?

Select the number of people in your household, including yourself. Count everyone, even people who probably won't apply for coverage.

Help information about household

When filling out your application, do include:

- Yourself
- Your spouse
- Your children who live with you, even if they make enough money to file a tax return themselves
- Your unmarried partner who needs health coverage
- Anyone you include on your tax return as a dependent, even if they don't live with you
- Anyone else under 21 who you take care of and lives with you

When filling out your application, don't include:

- Your unmarried partner who doesn't need health coverage and is not your dependent
- Your unmarried partner's children, if they are not your dependents
- Your parents who live with you, but file their own tax return and are not your dependents
- Other relatives who file their own tax return and are not your dependents

SUBSECTION

4.5

Page Navigation

In general, navigation clearly guided users through the steps. On a few pages, however, participants hesitated before proceeding.

Home Page

The HealthCare.gov home page was simple, and the *See Plans* and *Apply* buttons were clear calls to action. Most participants did not click on the third button, *See Stories*. A couple participants mentioned that the page was so simplistic that they thought it was not the real site.

Main links on home page



Application

Within the application, the progress bar was seen as a positive benefit, and participants felt that they were guided through the application step-by-step.

“Wow! It looks like I’m almost done!”
-Claire

Navigation in application

The screenshot displays the application's navigation and main content. At the top, a dark teal navigation bar contains three steps: 'Apply' (highlighted in light blue), 'Get Results', and 'Get Coverage'. Below this, the left sidebar is titled 'Navigation in application' and contains three main sections: 'GET STARTED' (with a sub-menu of 5 items: Privacy policy, Contact information, Help applying for coverage, Help paying for coverage, Who needs coverage), 'FAMILY & HOUSEHOLD', and 'ADDITIONAL INFORMATION'. The main content area is titled 'Start your application' and includes the text: 'You can apply for any of these people on this same application, even if they already have health coverage now:'. Below this text are three icons: 'Yourself' (a person icon), 'Other family members' (a family icon), and 'Anyone on your same federal income tax return (if you file one)' (a tax icon). At the bottom of the main content area, it says 'All fields are required unless they're marked optional.' and 'You may need: > Names, birth dates, and income information for your family'.

Log In

Most users were unclear that their email would be used as their username, despite being alerted of this information both when they entered their email in *Account Creation* and when they were sent their confirmation email.

Clear instruction during account creation

Your email address will also be your username when you log in.

Email address

Clear instruction at end of account creation

Check your email

Check your inbox for a verification link to continue.

Then, log in with @gotomedia.com as your username.

Confusion at login

Log In

All fields are required unless they're marked optional.

Username

Account Home Page

After creating their account, many users were unsure of the next step to take. On the Account home page accessed after logging in, the “Find my Application” link was prominent, even for users who had yet to create an application. The button for beginning the application was not an obvious call to action due to coloring.

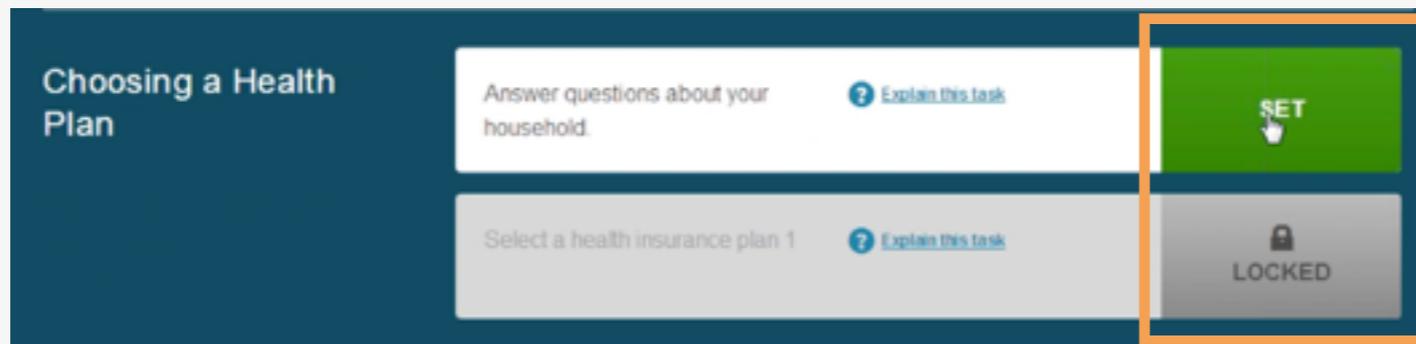
Account home page

The screenshot shows a user interface for an account home page. At the top, there is a navigation menu with the text "what would you like to do?". Below this, there are two main sections. The first section is titled "Need to find your application?" and contains the text: "Take the next steps here if you applied with a paper application or the Marketplace Call Center, or you were referred by your appropriate state agency. [Find my application.](#)". A mouse cursor is hovering over the "Find my application." link. The second section is titled "If you were referred here by your state agency and something's changed since you applied – like your income or family size – select 'Apply for new coverage' instead." Below this, there is a section titled "Apply for new coverage" with the subtext "INDIVIDUALS & FAMILIES". A button is visible with the text "Apply and shop for coverage for me and/or my family".

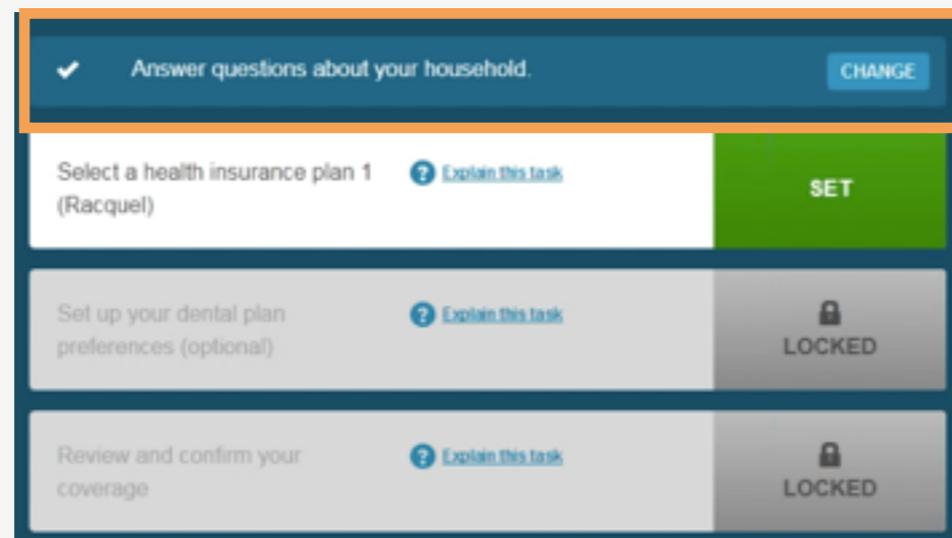
Enroll

Both participants and researchers were confused by the intended steps on the Enroll page. The buttons labeled “set” and “locked” appeared to be tasks for the user to complete, but it was difficult to determine the intended flow. Participants struggled to understand what actions they needed to take and what they had already completed.

“Set” and “locked” buttons on *Enroll* page



Completed task notice



SECTION

05

Conclusion

Conclusion

Participants were generally relieved that their experience with HealthCare.gov was positive. In addition, many design aspects were strong and can serve as a model for other state exchanges to consider. Despite this, there were times when participants abandoned the process before completing their goal of enrolling in health insurance, or formed partial or incorrect assumptions about the process.

Researchers recognize that making decisions about health insurance is an inherently difficult process, and some of the reasons why people didn't submit their application or enroll were personal rather than site-related. Nonetheless, researchers believe that attention to "quitting points" will increase the number of consumers who enroll in a plan.

In addition to the ongoing work to reduce technical errors, we suggest some design and messaging changes to guide consumers through the process of applying for and selecting a plan.

Website improvement is iterative, and researchers hope that these findings will be useful as CMS continues its work to increase enrollment.

Top Design Recommendations

1. Change “apply” button in *See Plans* so it is not visually associated with individual plans.
2. Provide clear and consistent access to glossary/definitions of terms and help links where relevant.
3. On *Account* home page, emphasize the button to continue on to the application as a clear next step.
4. On the *Enroll* page after submitting the application, replace the labels “set” and “locked” and redesign so it is a clear task list with obvious next steps.

Top Messaging Recommendations

1. Further emphasize, especially on the plan results page, that *See Plans* is a preview and that users may not have the same options in *Enroll*.
2. Clarify that users should estimate their income for the *current* year. Provide help determining whose income to include in household income as well as who to include in the household.
3. Ask for email address rather than username at login.
4. Indicate why a Social Security number is being requested and how providing it will benefit participants.
5. Clarify what the enrollment deadline means and what happens if consumers miss open enrollment.

Response from the Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services (CMS) thanks the California HealthCare Foundation for their thoughtful study of the HealthCare.gov experience. This look at people's one time use of HealthCare.gov is useful and will inform our ongoing efforts to make continuous improvements to the user interface in the months and years ahead.

As a result of this, other user interactions, and stakeholder input, CMS is committed to making future enhancements. Our immediate plans include responding specifically to some of the items detailed here—such as adding features to help consumers compare plans prior to starting an application, improving income entry fields in the application, reducing confusion between “apply” and “seeing plans,” and enhancing the help navigation. The help improvements will clarify the use of the email address as a login identifier and clarify household information.

Finally, CMS understands that people do not tend to make important decisions, like purchasing health insurance, in one moment or by themselves. Therefore, as we seek to improve upon the lessons learned from our initial experience, we do so mindful of the work to enhance not only the user interface but also the ongoing importance of providing well-trained in-person assistance and a toll free 24/7 helpline to assist customers in their decisionmaking process. The true user experience is not limited to a single session on HealthCare.gov, but includes access to additional help in making these important decisions.

Acknowledgments

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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.

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.

About Manatt Health Solutions

Manatt Health Solutions is an interdisciplinary policy and business advisory division of Manatt, Phelps & Phillips, LLP. For more information, please visit www.manatt.com/manatthealthsolutions.aspx.