

Appendix C: Previous Research Studies

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Access Health CT

Enrollee Census and Understanding Study

The logo for Access Health CT. It features the words "access health CT" in orange lowercase letters. To the right of the text is a graphic of a cluster of orange dots of varying sizes, arranged in a roughly circular pattern.

access health CT

September 17th, 2014

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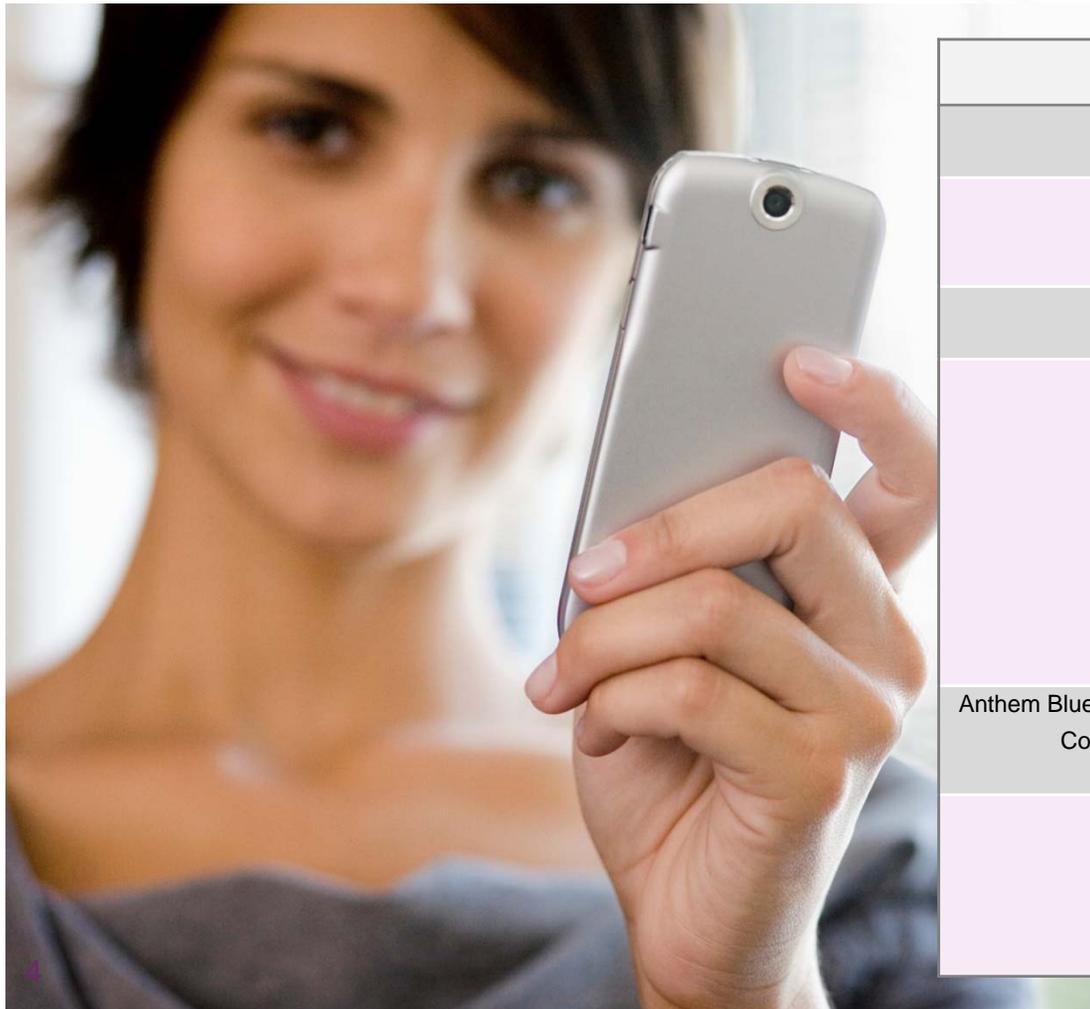
Methodology

A two-part telephone survey among primary enrollees of Access Health CT's available plans (either a QHP or Medicaid plan) was conducted:

- Part 1: A 5-minute survey among 6,015 primary enrollees
- Part 2: 1,363 primary enrollees stayed on the line to complete an additional 17-minutes of questioning
 - Dialing began July 17th, 2014 and ended September 7th, 2014
 - Interviews were conducted in English and Spanish
 - Customer sample records included landline and cell phone numbers
 - Completes were obtained in proportion to the known characteristics of Access Health CT's primary enrollee base, with the exception of a more equal distribution of completes across QHP and Medicaid enrollees
 - Data was weighted to better reflect the actual proportions of primary QHP enrollees vs. primary Medicaid enrollees

Detail of Survey Completes

A total of 6,015 completes were obtained, as follows:



	Short Survey	Long Survey
Total Completes	6,015	1,363
QHP	3,015	735
Medicaid	3,000	628
18-34	1,832	408
35-54	2,481	568
55-64	1,702	387
Male	2,766	608
Female	3,249	755
Fairfield County	1,533	353
Hartford County	1,613	351
Litchfield County	326	73
Middlesex County	245	59
New Haven County	1,432	329
New London County	434	89
Tolland County	230	50
Windham County	199	58
County Unknown	3	1
Anthem Blue Cross and Blue Shield	1,614	412
ConnectiCare Benefits Inc	1,282	292
HealthyCT Inc	119	31
Catastrophic	59	16
Bronze	436	113
Silver	2,034	484
Gold	486	122
Medicaid	3,000	628



Executive Summary

With at least 8 in 10 enrollees being satisfied, and three-quarters stating they've already used their insurance, Access Health CT can feel proud of the successful outcome of its engagement with enrollees.

- A full **54% of enrollees did not have insurance** in the year prior to enrolling with Access Health CT.
- Roughly **4 in 10 enrollees took a “DIY” approach to enrollment**, preferring to handle enrollment themselves online. Of the 2 in 10 who used the call center, the majority were satisfied with their experience – especially so among Medicaid enrollees.
- Given the demographic differences between QHP and Medicaid enrollees, **expectations prior to enrollment and satisfaction post-enrollment show some opportunities for targeted messaging**. QHP enrollees have slightly more modest expectations of Access Health CT compared to Medicaid enrollees, but are more price-sensitive and therefore more prone to disappointment surrounding cost and value.
- Generally speaking, QHP enrollees place **more value on “tried & true” information sources** (brokers, doctors) whereas **Medicaid enrollees value word-of-mouth and Access Health CT-based sources** (website, phone center, enrollment events).

Executive Summary, continued

Following the success of its initial enrollment period, Access Health CT should shift its attention to securing positive re-enrollment numbers.

- Messaging opportunities regarding re-enrollment among QHP enrollees are clear:
 - Make sure to get the word out early that **re-enrollment is necessary** in order to continue coverage. Most enrollees expect to hear from Access Health CT and their carrier at this critical time.
 - Accurately **set expectations regarding price and coverage**; differentiate “price” from “value”.
 - **Develop compelling user testimonials** to address the “people like me” and “value” issues.
 - Use the **mandate/fine** to your advantage, but with a **helpful, cost-saving tone**.
 - Avoid any “Big Brother” connotations; nobody likes a tattletale.
 - **Continue to establish clarity surrounding carrier identification** and **act as a liaison** between enrollees and their carrier.
 - This will help **avoid potential negative backlash** when “surprise” premium bills and cost-sharing fees pop up.
 - **Act as an advocate**. Demonstrate that **navigation extends beyond enrollment!**

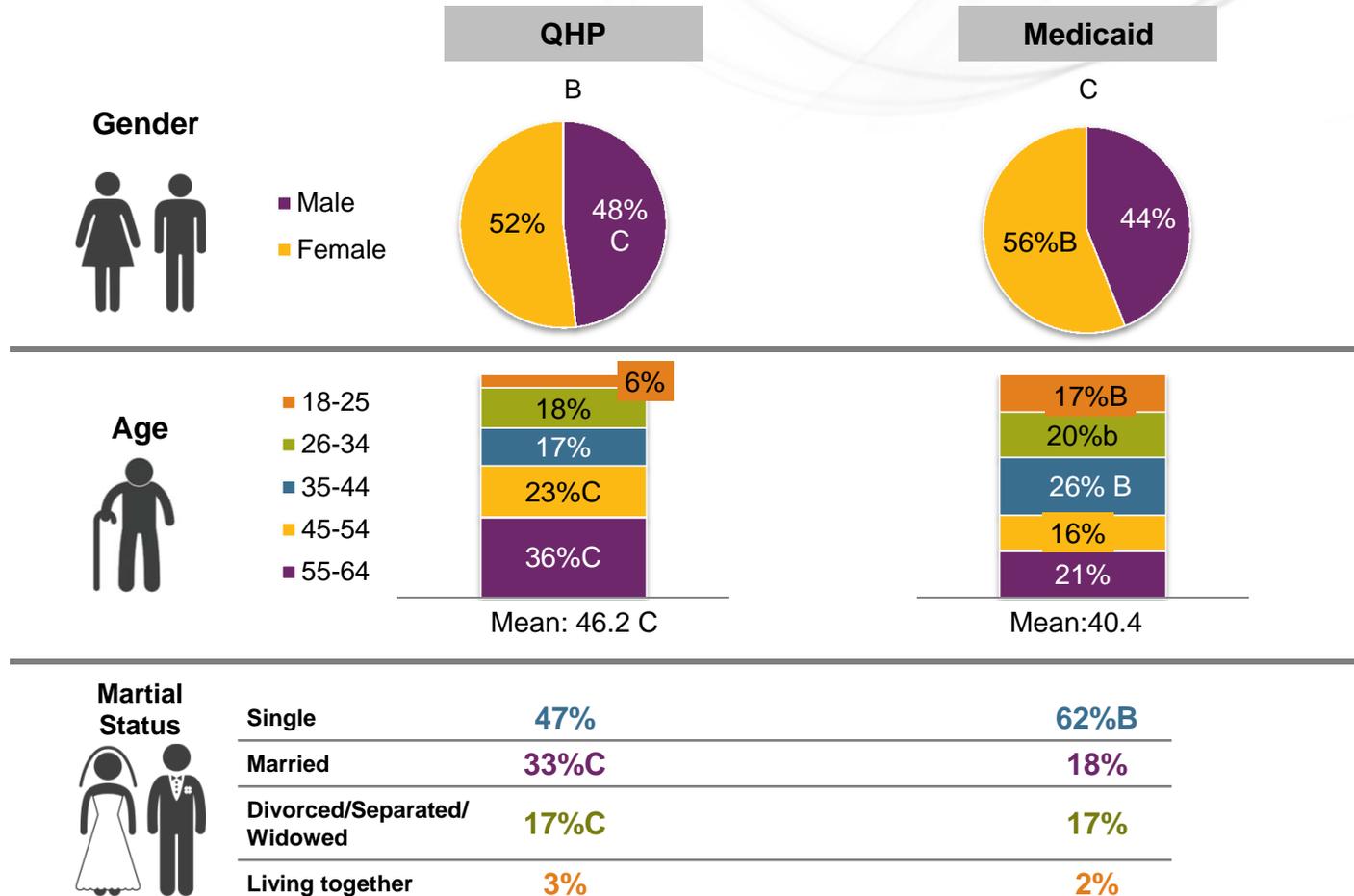


Topline Results from Short Census Survey



Enrollee Demographic Overview

QHP enrollees skew male, older, and married, whereas Medicaid enrollees tend to be female, younger or middle-aged, and single.



Base: QHP (3,015); Medicaid (3,000)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 R5 Gender
 R1 Age Group
 Q5 What is your marital status?



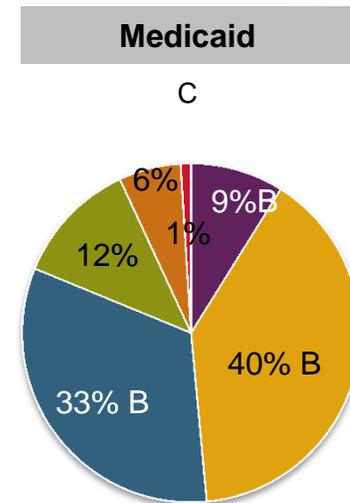
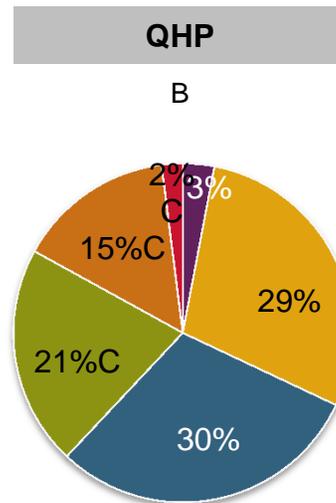
Enrollee Demographic Overview

QHP enrollees are more educated than Medicaid enrollees, with 36% having at least a bachelor's degree.



Education

- Less than high school graduate
- High school graduate or G.E.D.
- Some college or an Associate's Degree
- Bachelor's degree
- Graduate or professional degree
- Refused

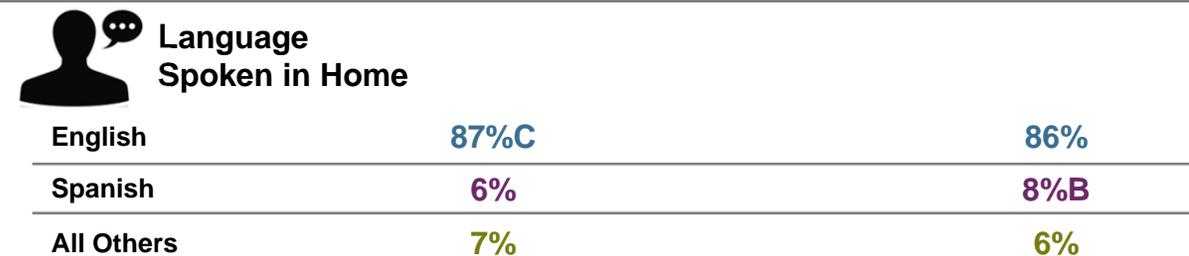
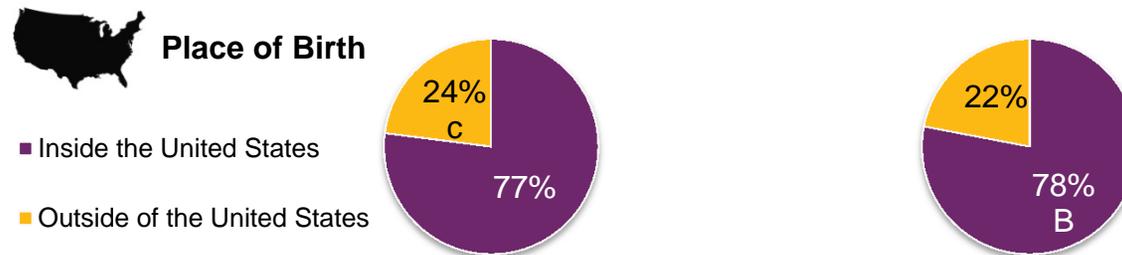
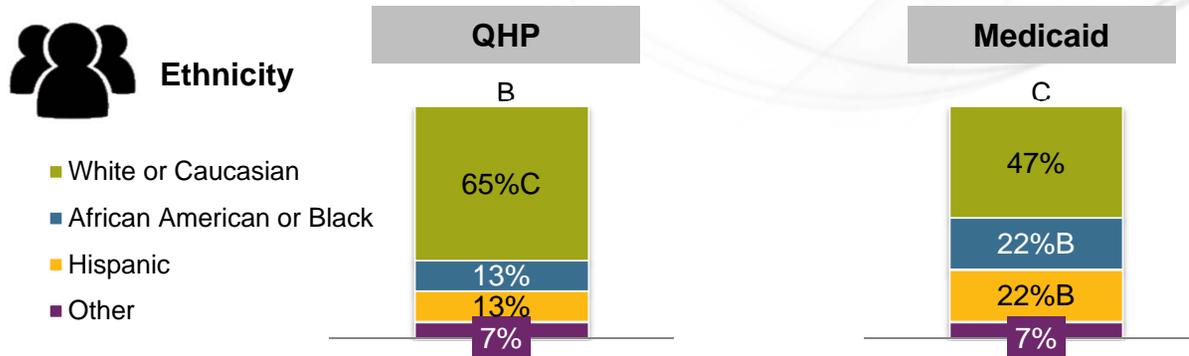


Base: QHP (3,015); Medicaid (3,000)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q6. What is the highest level of education you have completed?

Enrollee Demographic Overview

Access Health CT has an ethnically diverse customer base. Medicaid enrollees in particular skew African American or Hispanic, and as such are more likely to speak Spanish in their home.

QHP enrollees are more likely to have been born outside of the United States.

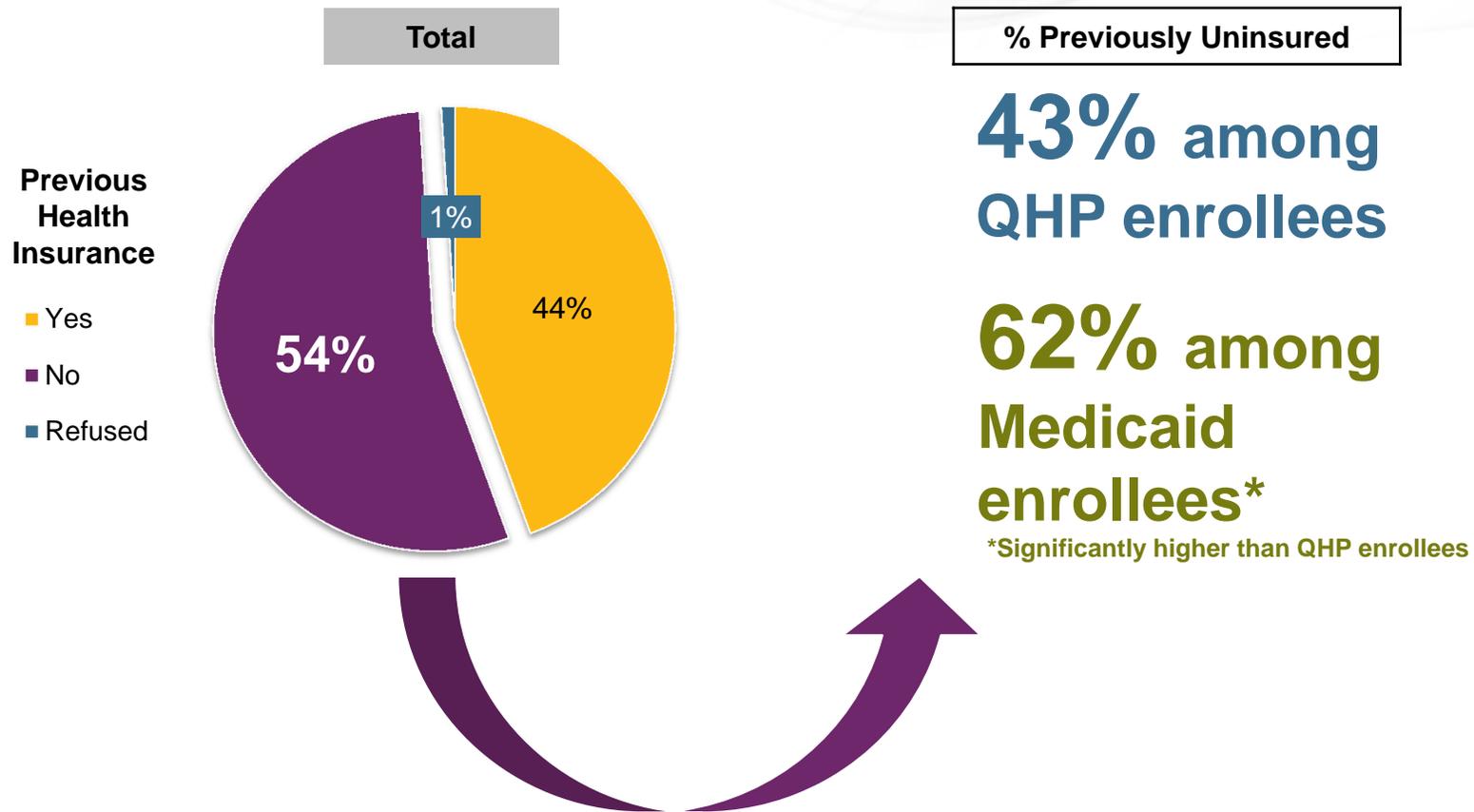


Base: QHP (3,015); Medicaid (3,000)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q8R2. Race/Ethnicity
 Q9. Where were you born?
 Q10. What is the primary language spoken in your home?



Prior Health Insurance Status

More than half (54%) of enrollee households did not have health insurance in the past year prior to signing up for a plan through Access Health CT. This is more pronounced among Medicaid enrollees.

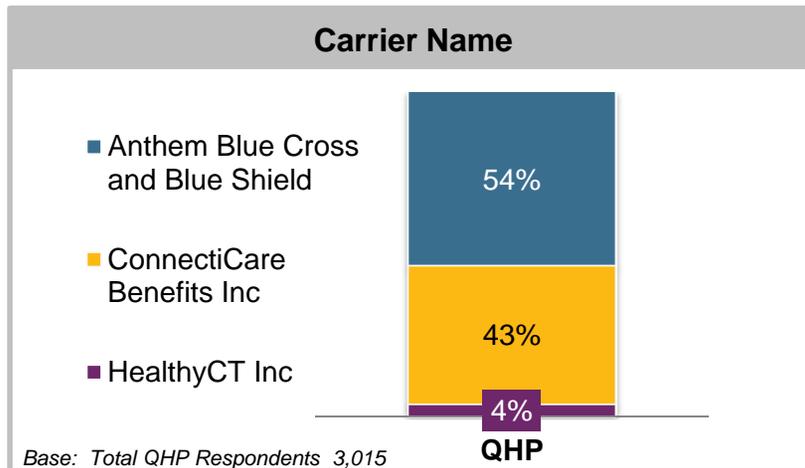
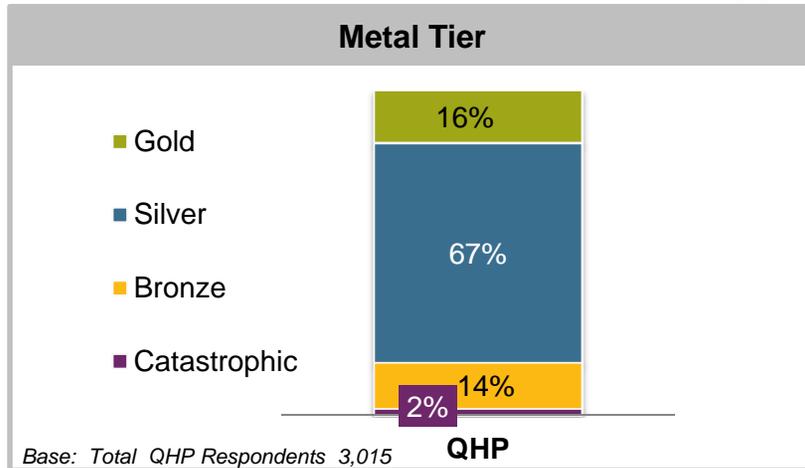


Base: Total (6,015); QHP (3,015); Medicaid (3,000)

Q11. Prior to signing up for health insurance through Access Health Connecticut, did you or anyone in your household have health insurance through another source in the past year such as your employer, your spouse's employer, a union, Medicaid, etc?

Metal Tier and Carrier

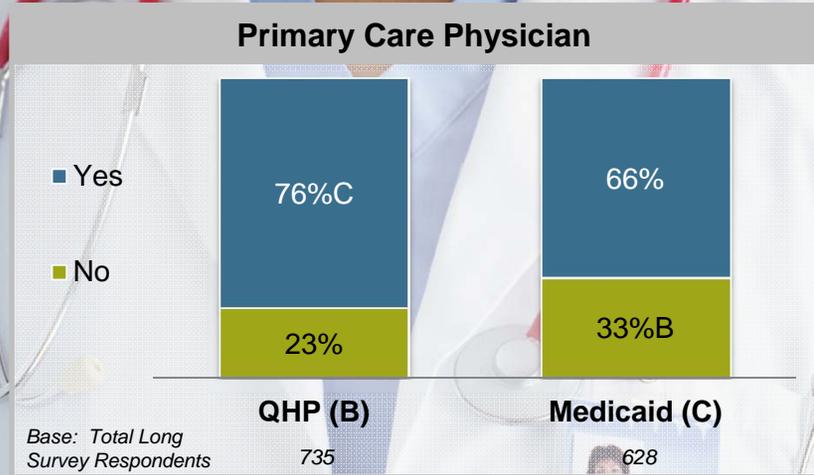
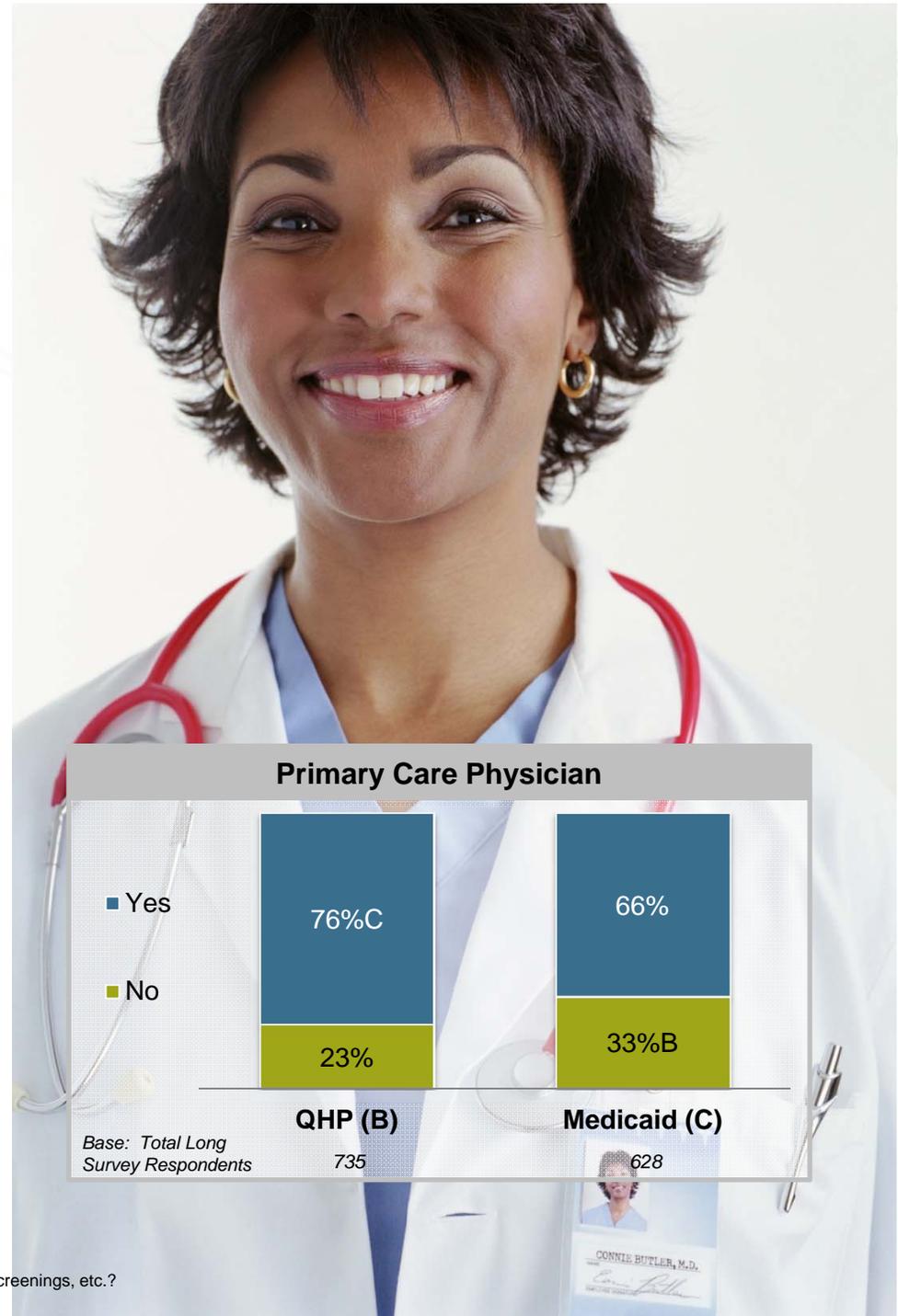
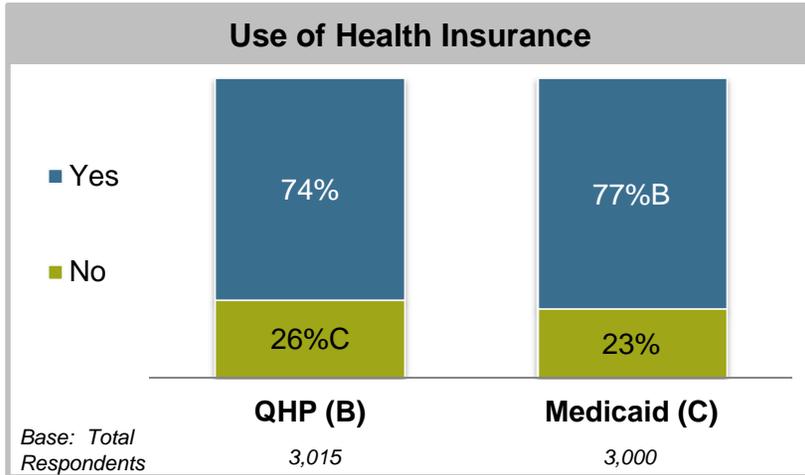
Most QHP enrollees signed up for a Silver plan, with Anthem being the most popular carrier at 54%.



Health Insurance Usage

About three-quarters of all enrollees have used their insurance since signing up, with roughly 7 in 10 stating they have a primary care physician.

QHP enrollees are significantly more likely than Medicaid enrollees to have a primary care physician.

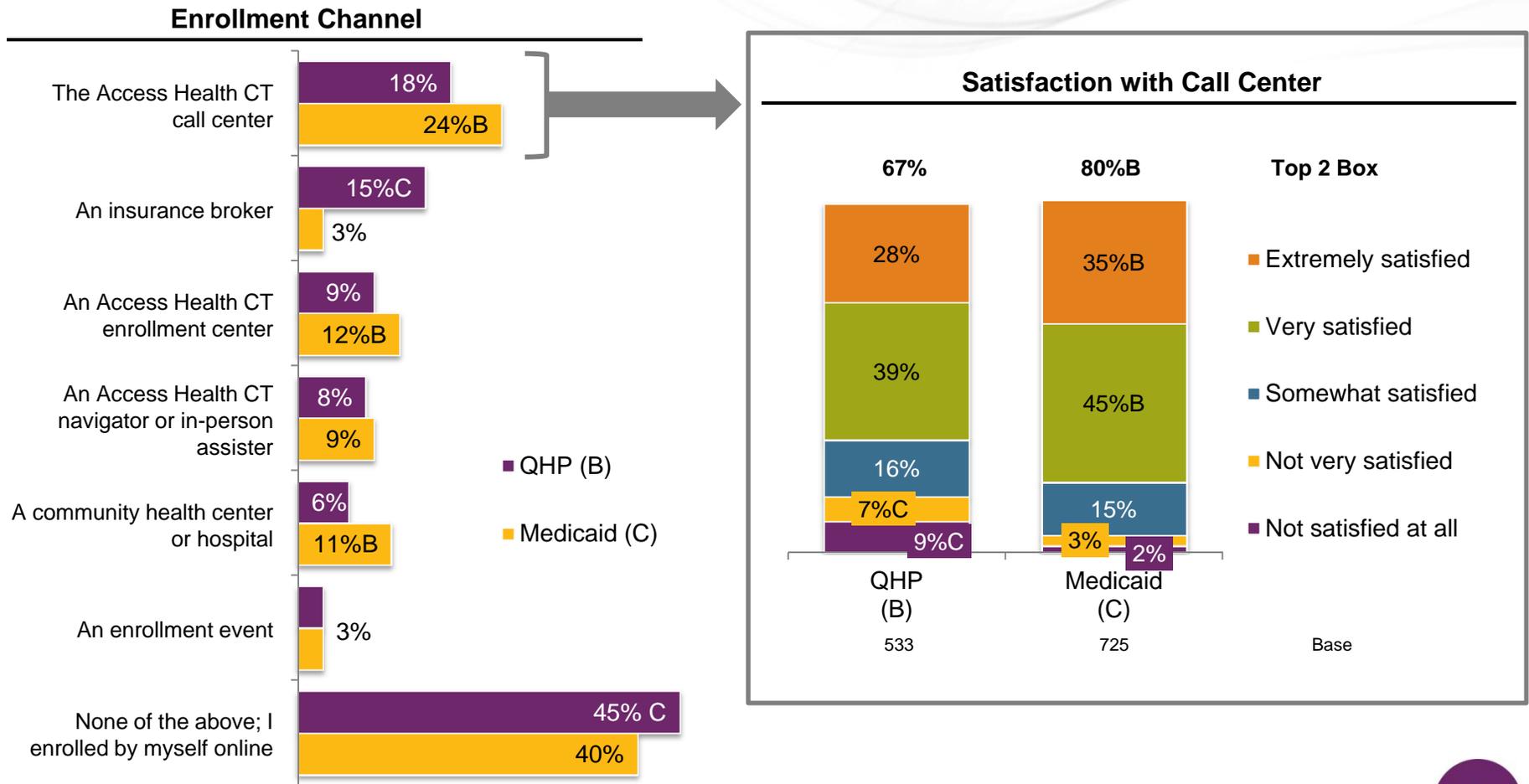


Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q4. Have you used your health insurance yet – such as for doctors visits, hospitalizations, health screenings, etc.?
 QD2. Do you currently have a primary care physician?

Enrollment Channel

QHP enrollees were more likely to enroll by themselves online or via a broker, whereas the call center, enrollment centers, health centers/hospitals were more popular channels among Medicaid enrollees.

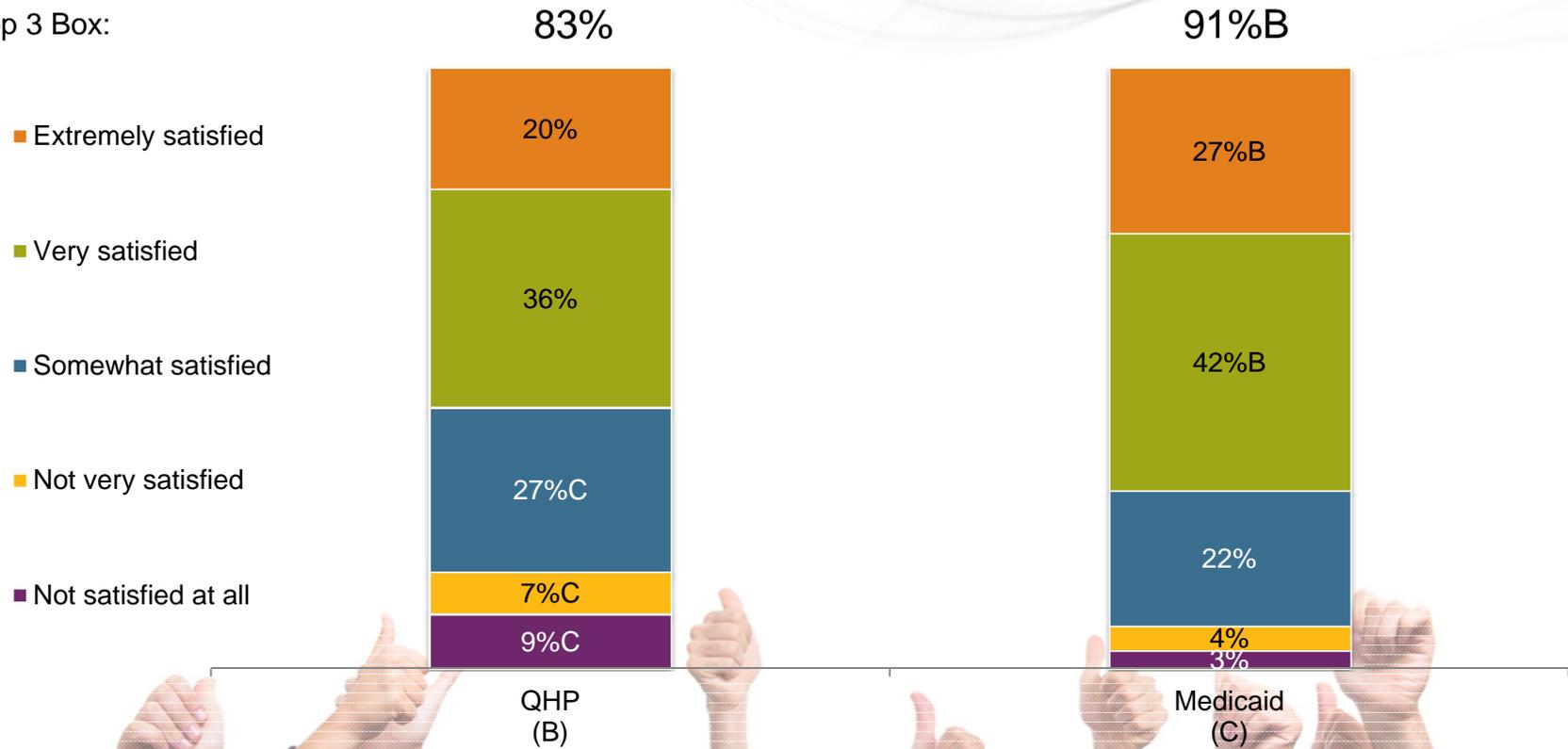
Of the enrollees who used the call center, Medicaid enrollees were significantly more satisfied with their experience (80% Medicaid vs. 67% QHP).



Overall Satisfaction with Enrollment Process

Medicaid enrollees were significantly more satisfied with the enrollment process compared to QHP enrollees.

Top 3 Box:



Base: QHP (3,015); Medicaid (3,000)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q1 How satisfied were you with the sign up process? Would you say you were...?



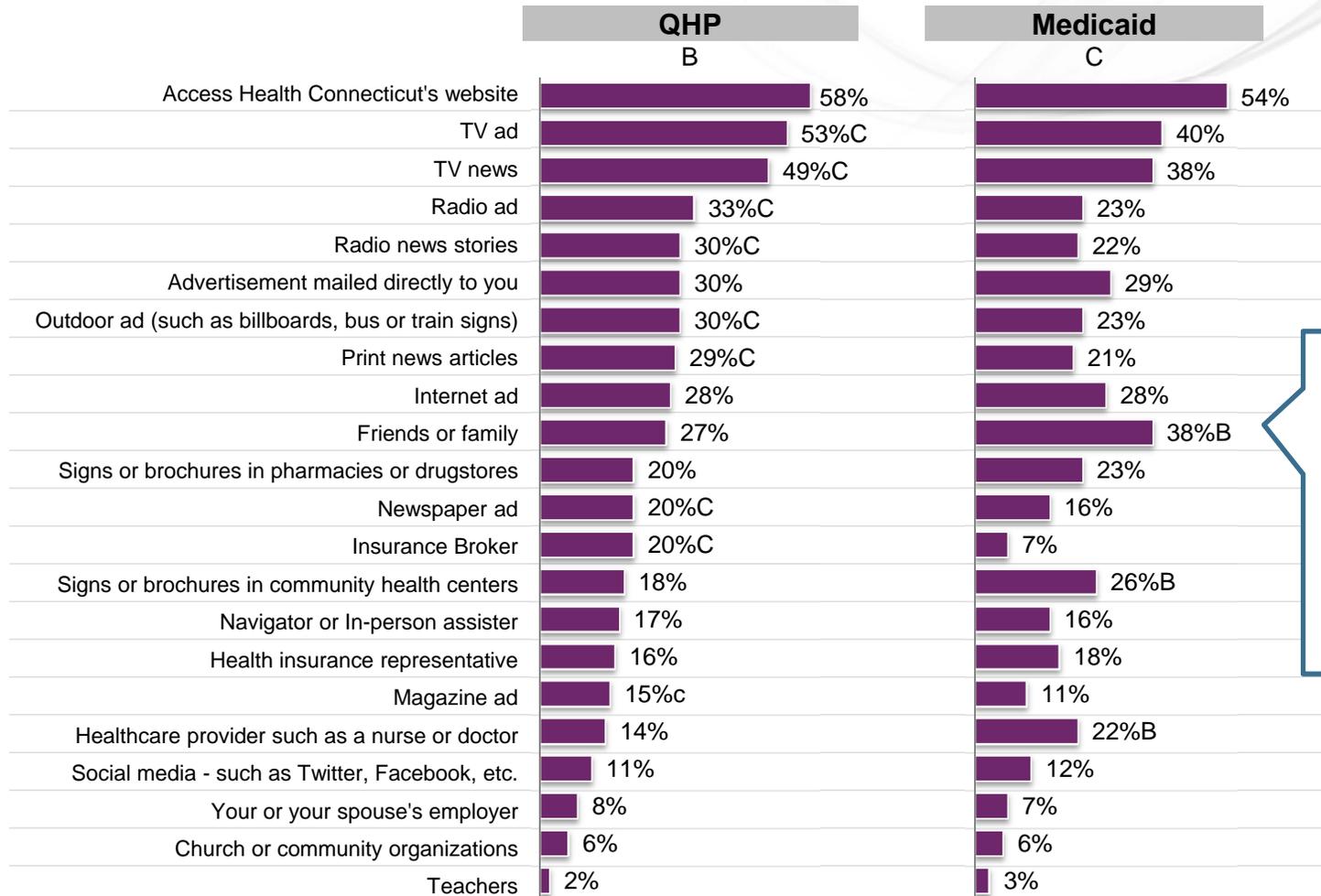


Topline Results from Long, Detailed Survey



Sources of Awareness of Access Health CT

Access Health CT's website, TV (ads and news), and radio (ads and news) are the most popular sources of awareness of Access Health CT among QHP enrollees.



Friends/family, signs/ brochures in health centers, and healthcare providers were more popularly used sources among Medicaid enrollees

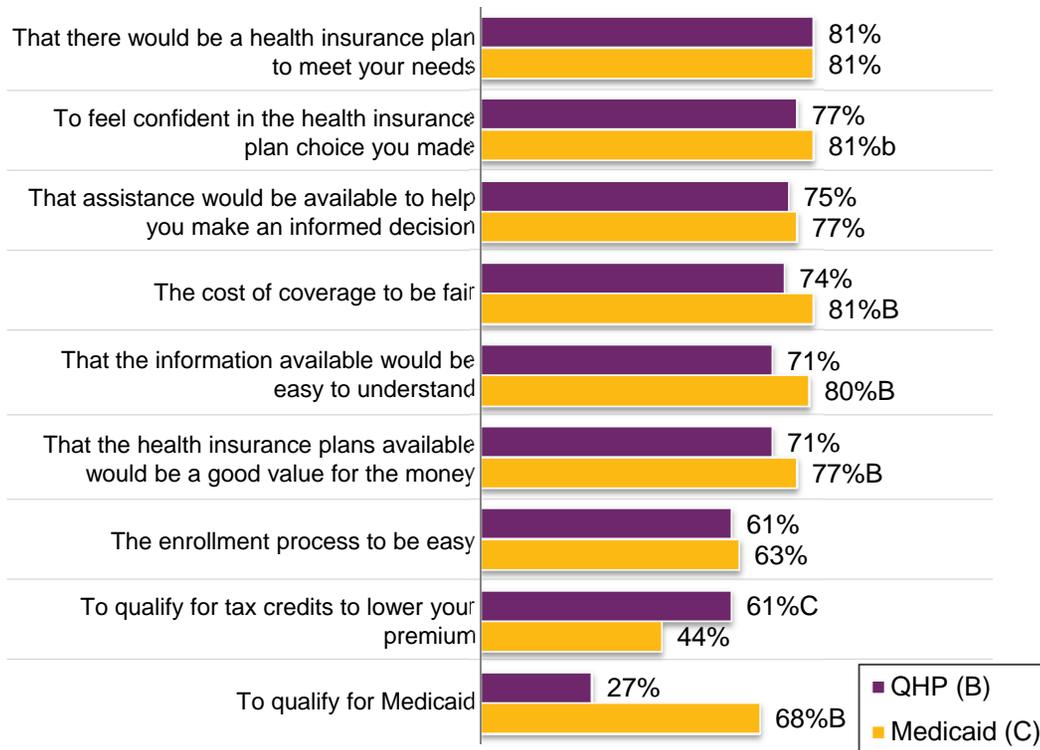
Base Total Long Survey Respondents: QHP (735); Medicaid (628)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q26. Have you seen, heard or read anything about Access Health Connecticut in/on/from...?



Expectations Prior to and After Enrollment

Most enrollees expected to find a plan to meet their needs, to feel confident in their plan choice and informed in their decision, and that the cost of coverage would be fair. QHP enrollees expected to qualify for tax credits, which perhaps explains their lagging ratings on having expectations met. Managing expectations among QHP enrollees will be critical for future re-enrollment and success.

Enrollment Expectations – Strongly/Somewhat Agree



Base Total Long Survey Respondents: QHP (735); Medicaid (628)

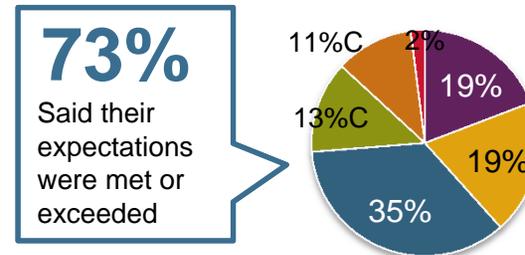
Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q15. Prior to recently enrolling for health insurance through Access Health Connecticut, what expectations did you have about the process? Using a scale of 1 to 5, where "1" means you "Strongly Disagree" and "5" means you "Strongly Agree", how much do you agree or disagree with each of the following statements? Did you expect...

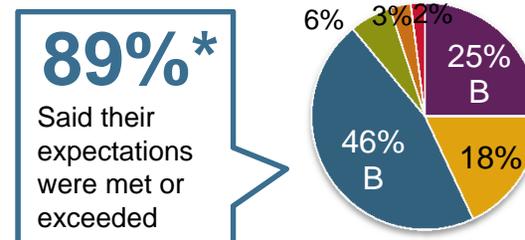
Q28. How well has Access Health Connecticut met your expectations? Would you say Access Health Connecticut...

Access Health Connecticut Expectations Met

QHP



Medicaid

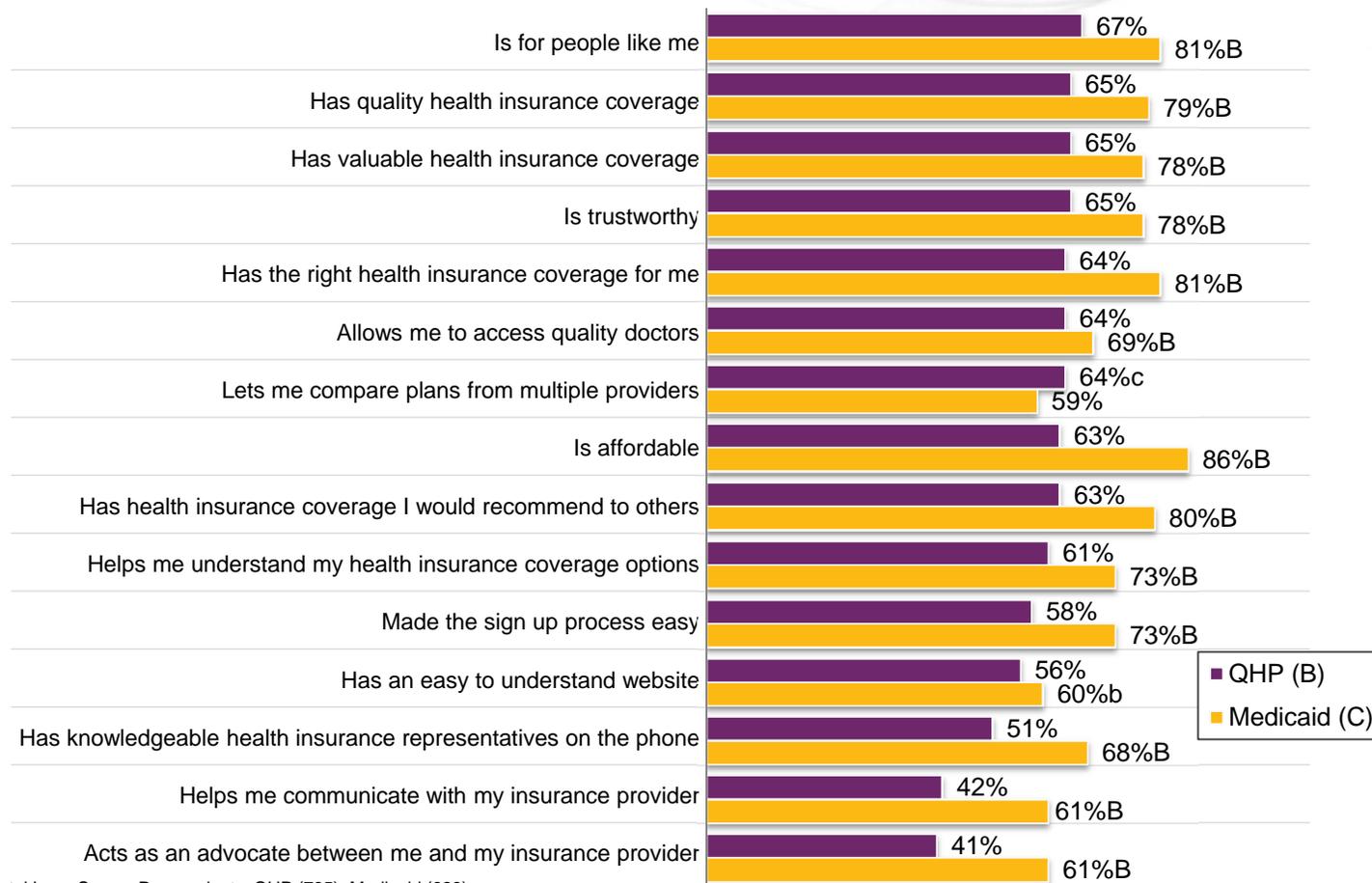


*Significantly higher than QHP enrollees

- Far exceeded your expectations
- Somewhat exceeded your expectations
- Met your expectations
- Fell somewhat short of your expectations
- Did not meet your expectations at all
- Don't know

Perceptions of Access Health CT

Overall, Medicaid enrollees have much more positive perceptions of Access Health CT than QHP enrollees. Specifically, perceptions of affordability, offering the right coverage that they would recommend, and having knowledgeable associates are areas of focus when messaging to QHP enrollees.



Base Total Long Survey Respondents: QHP (735); Medicaid (628)

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q27. Please tell me how much you agree that the following statements describe Access Health Connecticut, by using a scale of 1 to 5, with "1" meaning "Does not describe at all" and "5" meaning "Describes extremely well". The higher the number, the more the statement describes Access Health Connecticut.

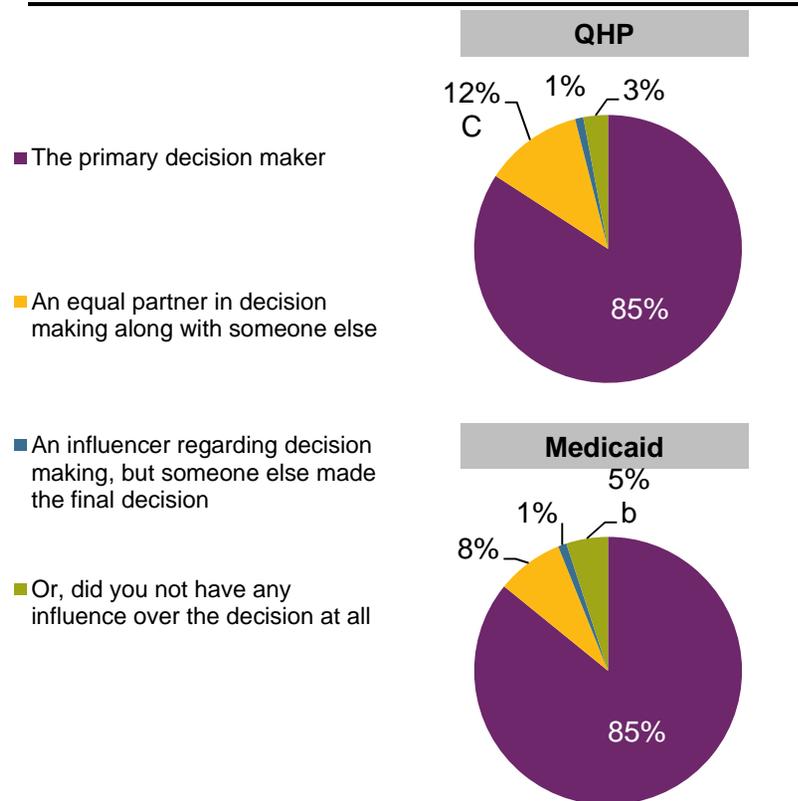


Decision-Making and Influence

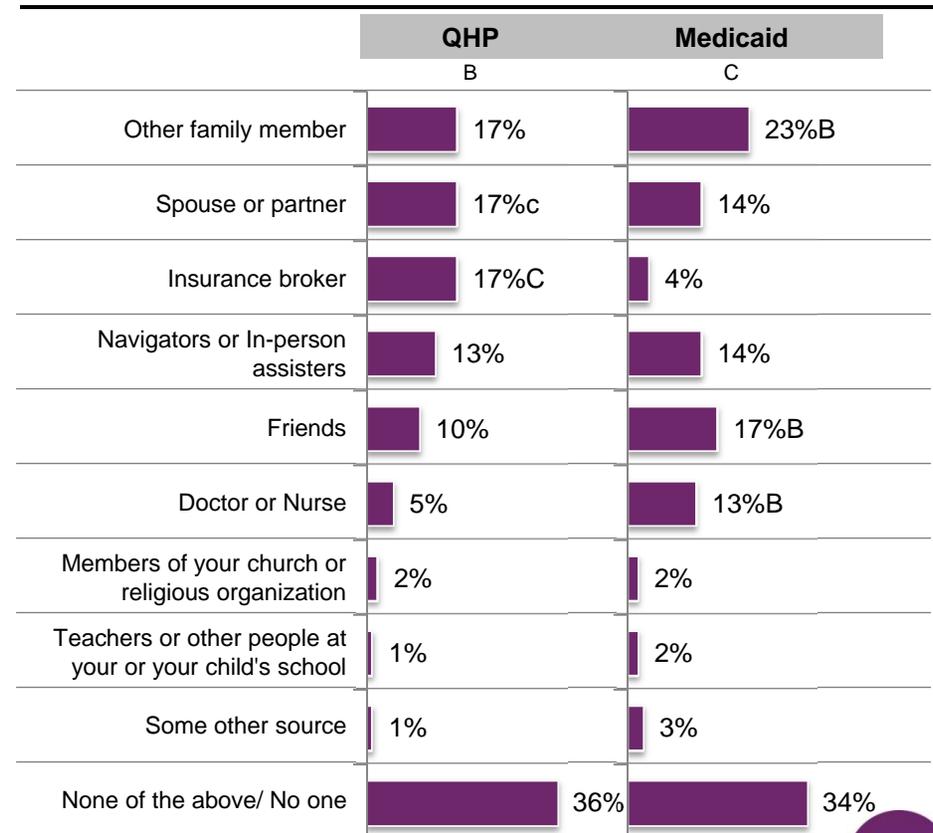
Over 8 in 10 enrollees say they were the primary decision maker when selecting their/their family's health insurance plan, with about 1/3rd not consulting with anyone else when choosing their plan.

Medicaid enrollees were more likely than QHP enrollees to consult with other family members, friends, doctors or nurses. QHP enrollees were more likely to be influenced by their spouse or insurance broker.

Decision-Maker Role



Other Influencers



Base Total Long Survey Respondents: QHP (735); Medicaid (628)

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q20. When selecting the health insurance plan for you and/or your family, were you...?

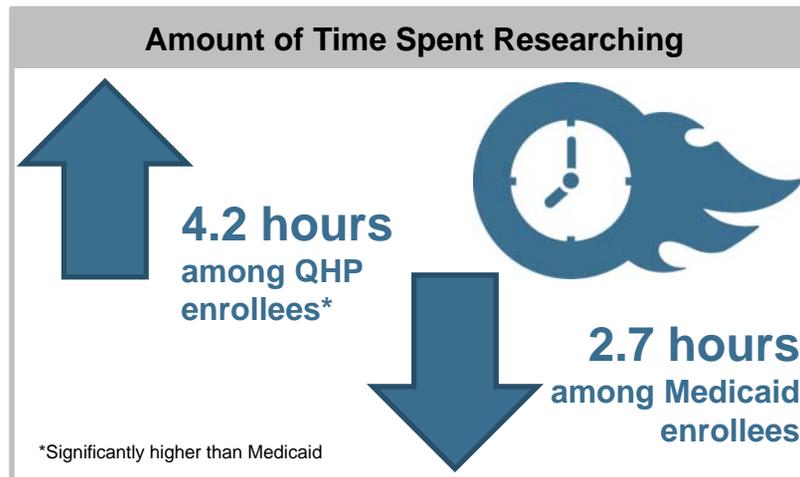
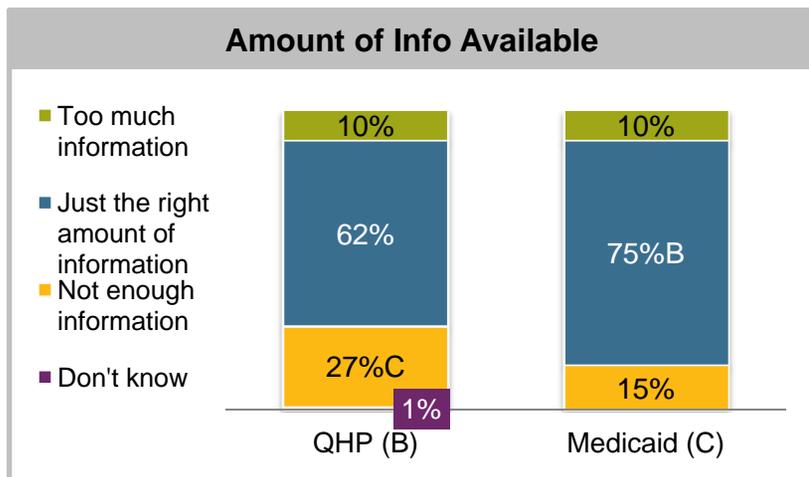
Q21. Which of the following people, if any, influenced your decision when selecting the health insurance plan you chose through Access Health Connecticut?



Information and Research

The majority of enrollees (62% QHP, 75% Medicaid) felt they had just the right amount of information during the sign up process. However, 3 out of 10 QHP enrollees report not having enough.

On average, QHP enrollees spent 4.2 hours researching, and Medicaid enrollees spent 2.7 hours – which is critical to keep in mind when developing future enrollment materials. What information can consumers easily digest in that time frame? Is it the **right** information?



Base Total Long Survey Respondents: QHP (735); Medicaid (628)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q18. Thinking about all the information available to you during your sign up process, would you say it was...?
 Q19. Approximately how much time did you spend researching health insurance plans available through Access Health Connecticut?



Sources of Information Used

Access Health CT's website and the internet in general were the most widely used sources of information when enrollees considered Access Health CT, followed by the call center.

Providers' websites, online cost calculators, navigators/assisters, and brokers were more widely used by QHP enrollees than Medicaid enrollees.



	QHP B	Medicaid C
Access Health CT website	76% ^C	61%
The internet	72% ^C	59%
Access Health CT call center	46%	49%
Health insurance providers' websites	40% ^C	27%
Online cost calculators	34% ^C	13%
Access Health CT enrollment centers	29%	32
Navigators or In-person assisters	28% ^C	21%
Friends and family members	25%	33% ^B
Health insurance providers' telephone information lines	25%	24%
Television ads	25%	23%
An insurance broker	25% ^C	6%
Brochures or pamphlets	15%	17%
Enrollment events	13%	13%
Email newsletters	12% ^c	9%
Doctors or nurses	11%	18% ^B
Radio ads	10%	9%
Department of Social Servic	9%	41% ^B
Customer testimonials	8%	10%
Libraries	6%	7%
Access Health CT's presence on social media, such as Twitter or Facebook	5%	6%
Benefit managers at your or your spouse's work	4%	4%
Town hall meetings	4% ^C	2%

Base Total Long Survey Respondents: QHP (735); Medicaid (628)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q16A. Which of the following sources of information did you use when considering health insurance plans through Access Health Connecticut? Did you use...

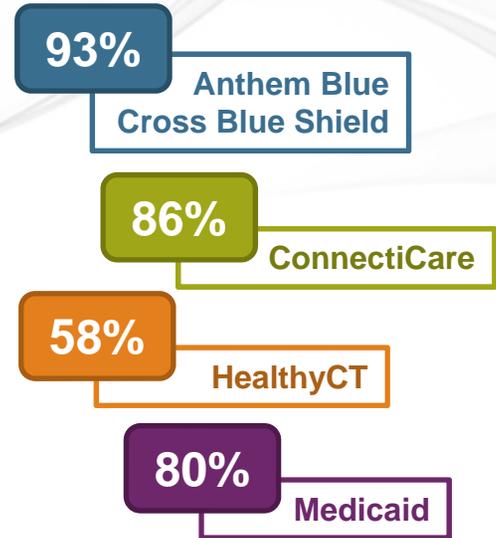
Carrier Identification



Most enrollees were able to accurately identify their carrier – both on their own (unaided) and when given a list (aided). The state’s newest provider, HealthyCT, showed the weakest aided recall at 65%, suggesting low overall brand awareness.

Despite the overall positive recall, consider developing a mandatory post-enrollment check-in phase. Touching base with enrollees, particularly QHP enrollees, regarding communication with their carrier can help reinforce carrier and plan awareness and foster a positive, liaison relationship for Access Health CT between enrollees and their carriers.

% Correctly Identified Carrier, Unaided:



Aided Awareness

	Anthem Blue Cross and Blue Shield	ConnectiCare	HealthyCT	Medicaid
	K	L	M	N
Medicaid... sometimes called the HUSKY plan	2	4	10	89KL
Anthem Blue Cross Blue Shield	95N	1	6	3
ConnectiCare	1	91N	13	3
HealthyCT	0	1	65	1
Don't know	2	2	6	5KI

Correctly Identified Carrier, Aided

Base Total Long Survey Respondents: QHP (735); Medicaid (628)
 Kk/LI/Mm/Nn = Statistically significant at the 95%/90% Confidence Interval
 Q22. Who is your health insurance carrier?

Q22A. You may have already mentioned it, but which of the following insurance carriers did you sign up for an insurance plan with?



Carrier Satisfaction, Interaction, Touchpoints, Likelihood to Switch

With 6 in 10 QHP enrollees saying they are extremely/very satisfied with their carrier, it makes sense that only 3 in 10 indicate they may switch carriers upon re-enrollment.

Though QHP enrollees report having more contact with their carrier, acting as a liaison between enrollees and carriers may increase the frequency and awareness of carrier touchpoints among the QHP population, which in turn could raise satisfaction.

	QHP	Medicaid
	B	C
Carrier Satisfaction (base: named insurance carrier)	719	594
Extremely/Very Satisfied	58	76B
Carrier Interaction (base: named insurance carrier)	719	594
Yes	84C	67
No	15	32B
Carrier Touchpoints (base: had contact with carrier)	607	399
Received my health insurance card in the mail	75C	67
Received general plan information in the mail	69	65
Received a bill for premiums. Premiums are the cost of the plan itself	69C	8
Received an explanation of benefits statement in the mail	65C	45
Spoke with a customer service representative	50C	39
Received general plan information through email	44C	18
Don't Know/refused	1	2
Likelihood To Switch Carriers (base: QHP)	606	
Very/Somewhat Likely	33	-

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q25. How satisfied are you with the carrier you selected for your insurance plan? Would you say you are...?

Q23. Since signing up for an insurance plan with [INSERT RESPONSE FROM Q22A], have you had any contact with or received any information from the carrier?

Q24. You mentioned you've had contact with or received information from your insurance carrier since signing up. Which of the following types of communication have you had with your insurance carrier?

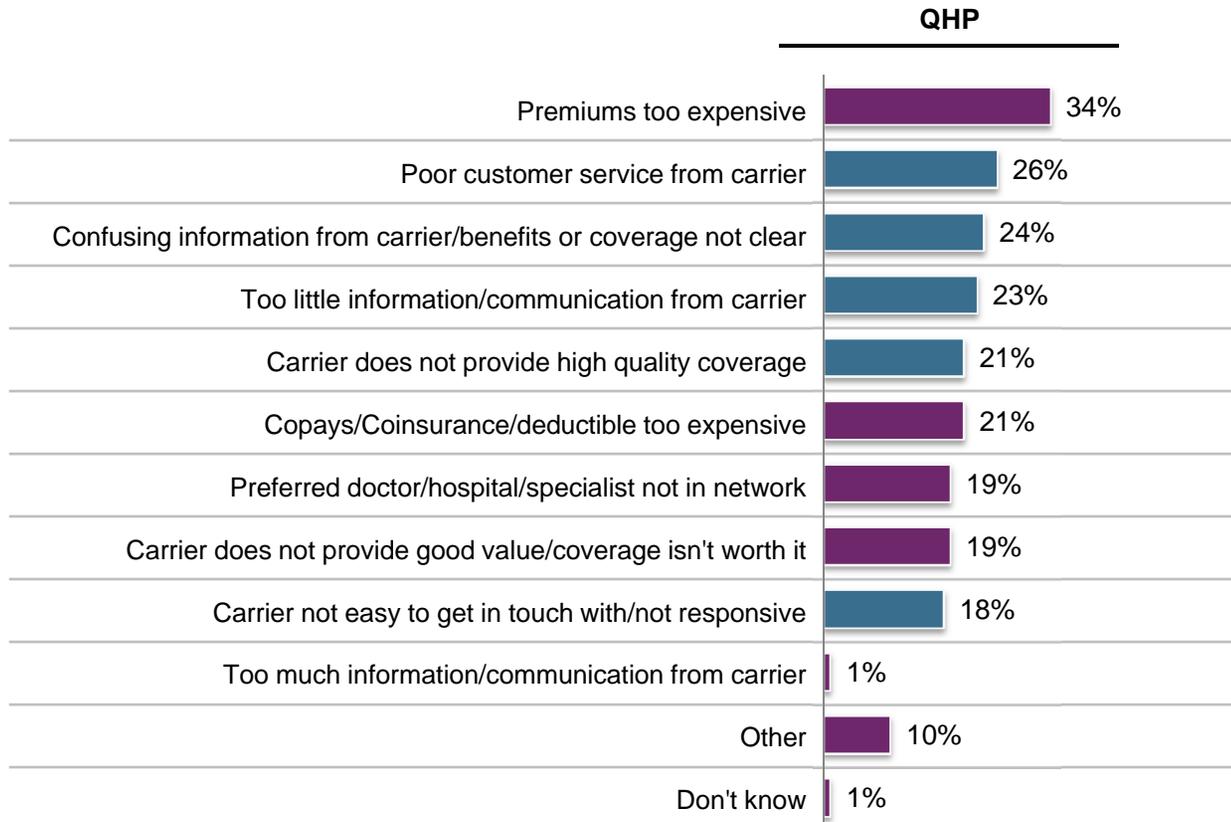
Q31. If you do re-enroll, how likely are you to switch carriers when re-enrolling for health insurance through Access Health Connecticut?



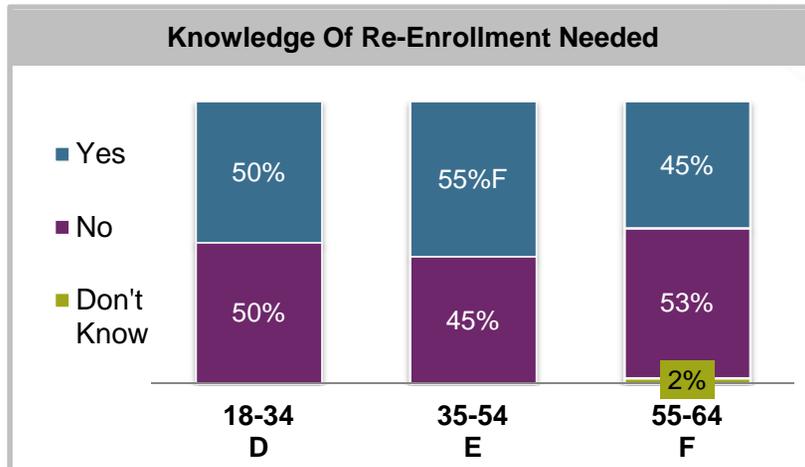
Reasons for Carrier Dissatisfaction

Among the small subset of QHP enrollees who indicate they are not very/not at all satisfied with their carrier (about 14%), the top reasons cited are “expensive premiums”, “poor customer service” and “confusing information”.

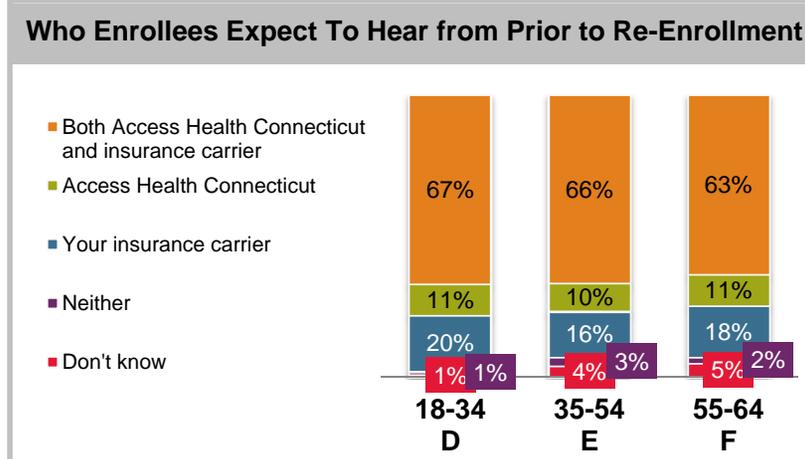
While price sensitivity can be challenging to overcome, roughly a quarter of dissatisfied enrollees indicate customer service and/or communication issues with their carrier – which presents a key opportunity for Access Health CT.



Re-Enrollment Awareness and Communication (QHP only)



QHP enrollees in the middle age bracket (35-54) are the most aware that they need to re-enroll to keep their coverage.



The majority (more than 6 in 10) of QHP enrollees, regardless of age, expect to hear from both Access Health CT and their carrier prior to re-enrollment. Open enrollment creates an important touchpoint and another opportunity to act on behalf of enrollees by making sure carriers are effectively communicating with enrollees.

Base: QHP Only: 18-34 (141); 35-54 (246); 55-64 (219)

Dd/Ee/Ff = Statistically significant at the 95%/90% Confidence Interval

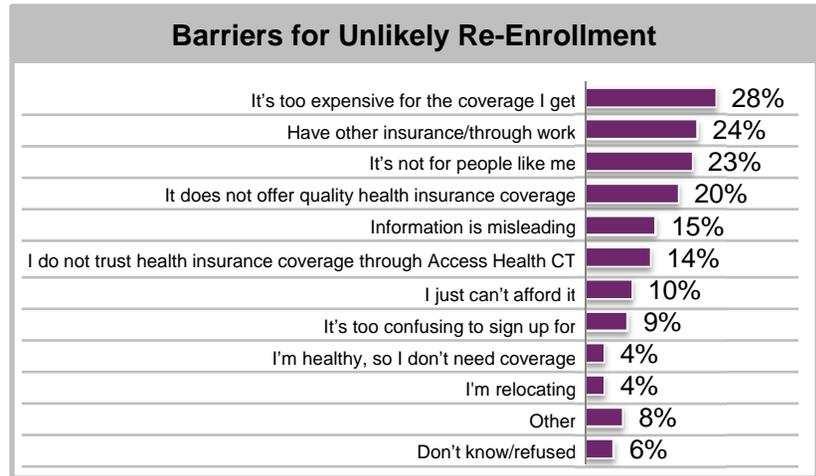
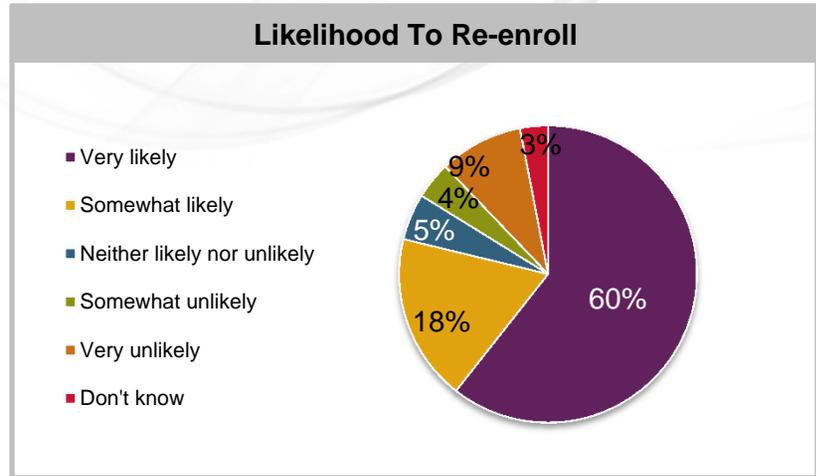
Q29. Are you aware that you need to re-enroll for health insurance through Access Health Connecticut at the end of the year in order to keep your health insurance coverage?

Q29A. Who would you expect to hear from when it comes time to re-enroll for health insurance?

Re-Enrollment Likelihood and Barriers (QHP only)

78% of QHP enrollees say they are very or somewhat likely to re-enroll for health insurance through Access Health CT at the end of the year.

Among the small subset (approximately 13%) of QHP enrollees who say they are somewhat or very unlikely to re-enroll, the most frequently cited reason is expense-related. Helping this group understand the value they get from their coverage may address the “not for people like me”, “quality”, and “misleading information” barriers as well.



Base: QHP enrollees who are somewhat/very unlikely to re-enroll (80)

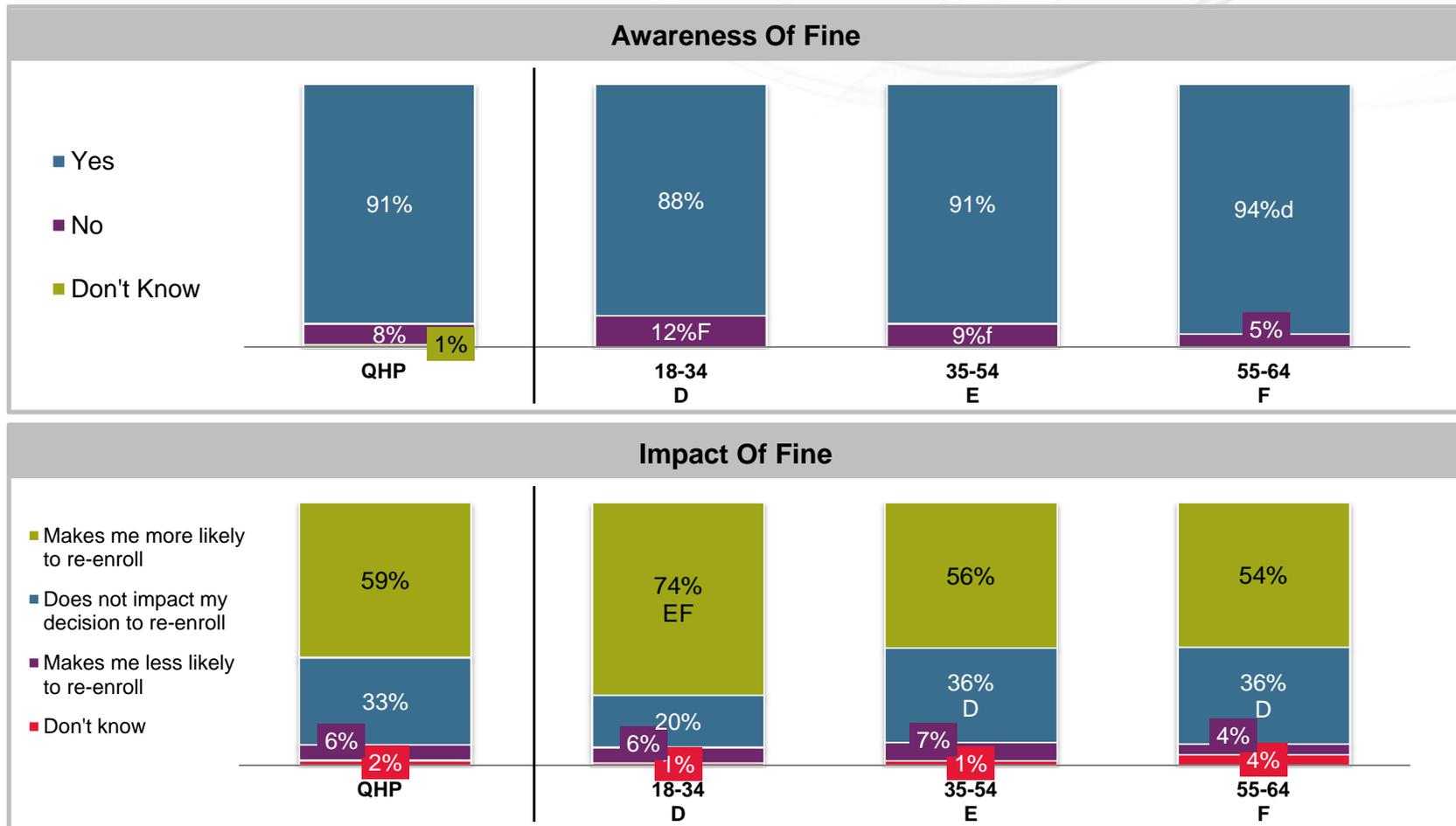
Base: QHP Only: (606)

Q30. How likely are you to re-enroll for health insurance through Access Health Connecticut at the end of the year?

Q30A. Which of the following, if any, are reasons why you are [INSERT RESPONSE FROM Q30] with Access Health Connecticut in the future for health insurance coverage?

Awareness and Impact of Fine

Younger enrollees are slightly less likely to be aware of the fine for not having health insurance, but are significantly more likely to re-enroll as a result of the fine. When messaging to younger age groups, the mandate and fine will be impactful. However, avoid an authoritarian tone.



QHP Long Survey Respondents: QHP (735); 18-34 (176); 35-54 (298); 55-64 (261)

Dd/Ee/Ff = Statistically significant at the 95%/90% Confidence Interval

QD3. Are you aware there is a fine for not having health insurance?

QD4. You may or may not know this, but there is a fine for those who do not have health insurance. [READ FOR ALL] Knowing this fine exists, does it make you more or less likely to re-enroll for health insurance?





Website UX and Value Understanding

Qualitative Research

February 2015

BACKGROUND



Access Health CT sought to understand the enrollee user experience when attempting to enroll for health insurance through Access Health CT's website. In addition, Access Health CT wanted to determine how enrollees calculate "value" when shopping for a health insurance plan; is this calculation limited to their monthly or yearly premium fees? To what extent to other cost-sharing charges (deductibles, coinsurance, copays) factor into this calculation?

The Pert Group met these research objectives through conducting qualitative in-depth interviews and in-store intercepts.

Approach Overview:



Visiting Access Health CT's storefronts in New Britain and New Haven, our expert moderators conducted observational ethnographies with enrollees as they attempted to enroll via Access Health's website. Additionally, a mix of former qualitative respondents and those who began but did not complete the enrollment process during the last open enrollment period were interviewed, one-on-one, at a centralized focus group facility.

These interviews included exposure to a custom-made "rough cut" video in which The Pert Group introduced respondents to various components worthy of consideration when shopping for insurance and determining "value". This exposure and the accompanying questions demonstrated the extent to which this type of information would be helpful to future enrollees when shopping for insurance through Access Health CT.

Approach

To truly understand the perspectives of these populations, our moderators used three methods from our extensive battery of techniques to effectively evaluate Access Health CT's website and understand how value a) is determined and b) can be better demonstrated to the everyday consumer.

For this study, our moderators utilized:



USABILITY TESTING

- Letting the consumer proceed through the actual website as they would normally. Moderators probed based on how the consumer navigates the website.



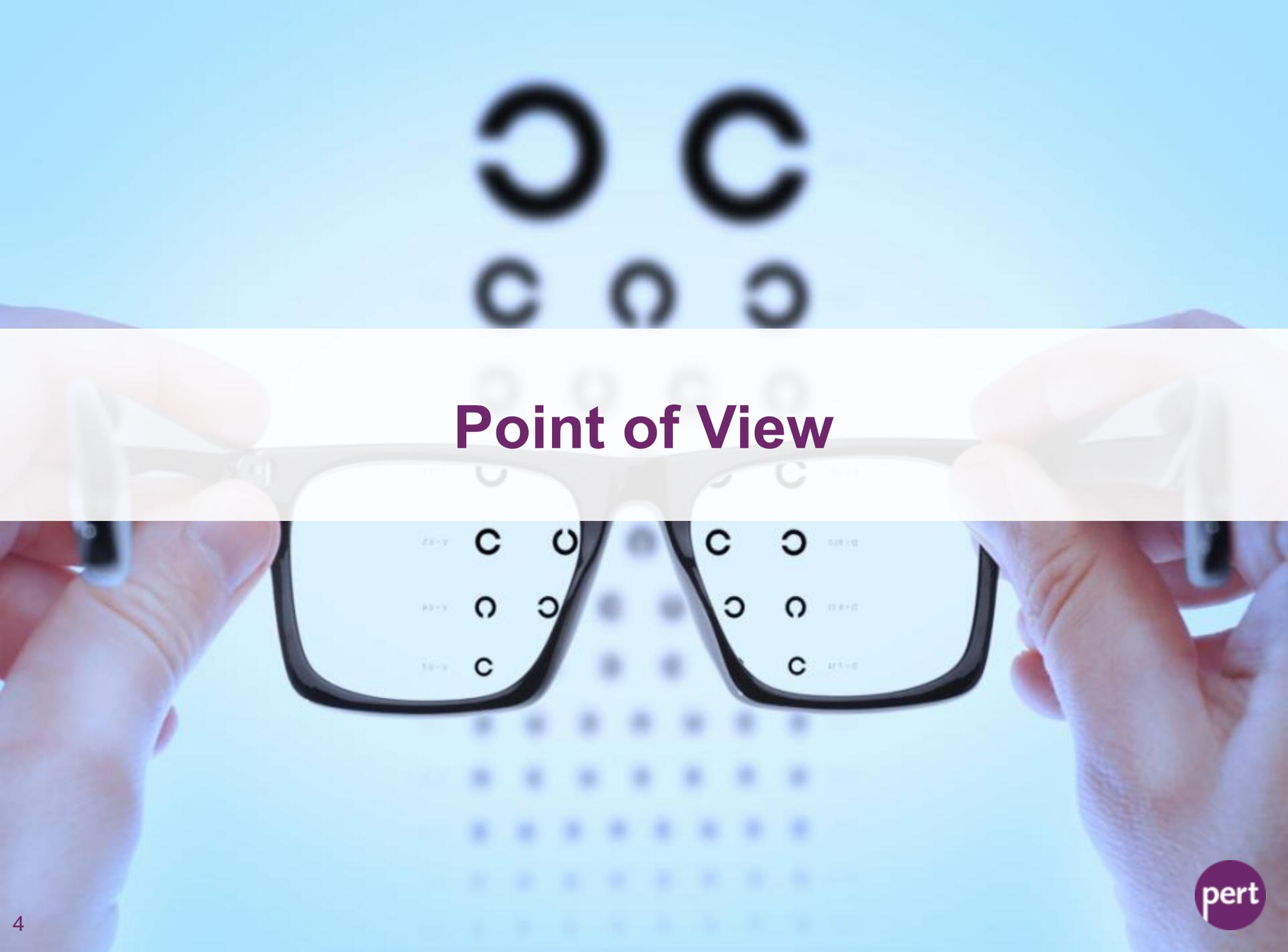
VIDEO EVALUATION

- Consumers watched a video demonstrating the various components in determining value in insurance to evaluate audience receptivity of the message and identify messaging that could be improved.



STORE INTERCEPTS

- In addition to recruiting from prior qualitative respondents and Access Health CT's "interrupted enrollee" list, our moderators intercepted consumers at the two Access Health store fronts and conducted a usability test in real time.



Point of View

Point of View

Consumers' overarching priority is to save money and spend as little as possible on health insurance. Communicate that Access Health CT understands this priority by making the user experience simple, welcoming, and easy to navigate.



To this population, **price is the main determinate of value**. Make sure the user experience (either in-store or online) allows consumers to quickly and easily understand and compare total out of pocket costs for any given plan.

- New enrollee consumers have a very limited understanding of the other value-adds included in having health coverage but know that, by law, they must be covered.



Consumers **do not want to be educated** about health insurance terms. However, they will readily absorb information along the consumer journey that is **presented as advice on how to save money**.

- Videos and tips/tricks can be a powerful tool. Use topics such as:
 - “Get the best value for your situation”
 - “Things to consider:”
 - “Did you know...?”

Point of View (Cont.)



Access Health CT must change the yellow alert box in order to mitigate the fear that the process will be difficult right from the start. The placement and style of this box leads consumers to think the entire process will be filled with tedious, small text that they will have to read.

- Use pop up messages that appear during specific application points or create a news box section before starting the application.



Revisit “Tina” – the FAQ avatar. While the idea of Tina is nice, consumers believe she is a chat tool, instead of an animated FAQ. Additionally, she not used in the store fronts and creates a distraction when applying online.

- At a minimum, modify programming scripts to allow Tina to be removed or minimized.
- Research the feasibility of turning Tina into a chat tool.



Access Health CT needs to change the “Browse Insurance Plans” page. Consumers find the page to be overwhelming and inundated with information that average users will miss.

- Make the page more visually appealing and digestible so that consumers can easily pick the plan that fits their needs best.

Very good

Average

Excellent

Poor

Optimizing the User Experience Across Channels

Detailed Findings

Tina is under utilized both in the store fronts as well as the online application.

Benefits of Tina

- **Tina is approachable:** Tina puts some online consumers at ease knowing they have a backup on hand to answer questions.

"I think it's good. I think that's very helpful. I know that I use that, insurance aside, I use that all the time. I'd do that before picking up the phone, every day."

- **Reminiscent of tax software and Microsoft Word:** Consumers are used to this type of assistance.

"You know what it reminds me of? When I do my taxes, the tax software has individuals like this. So that's my first initial impression, was 'oh.' Hmmm ... You know, it's similar to the tax, 'adjust gross income.' Yeah, I like that."

- **Defines terms that are previously unknown.**

"Okay, so she's like a help feature. I think that's cool. How do you guys feel about an online representative? I personally like it better than this assistant."

"She looks like she wants to help so she would be my go-to gal here if I needed help."

Drawbacks of Tina

- **Tina is in the way:** Tina is not used by store front employees and is a nuisance for self-guided enrollees.

"No, we didn't use her at all. Like I said, he knew where to go, how we were following right through."

"I wish I could minimize her."

- **Tina is confusing:** Consumers do not understand why the pre-set FAQ list was chosen.

"I didn't even know... okay, so these are answers to your inputs if you have any questions. Okay, I think it'll be easier to ask a question in a chat."

- **Consumers think Tina is a chat icon:** Consumers believe that Tina is a gateway to a chat icon, similar to the ones their internet/television provider has.

"It's a pretty big item on the page, it's too big. Usually when you go on some kind of a website you want to chat. Do you want to get help through a chat function and if you don't you just close it out and that's it."



Tina needs improvements in order for consumers to utilize her during the application process.

1 Turn Tina into a Chat Feature

Allow consumers to connect with a real live person through chat, not unlike many other websites.

2 Give Options

Provide easier options for minimizing Tina or completely removing her from the screen.

3 Consider Using a Video in Addition

Videos provide a human face to the seemingly human-less experience of health insurance.

"It's just covering off information. It's assuming you need help. It's a pretty big item on the page, it's too big. Usually when you go on some kind of a website you want to chat. What happens is there's a pop-up, do you want to chat? Do you want to get help through a chat function and if you don't you just close it out."



Consumers find the “Additional Household Member” section confusing.

- Consumers do not know who should be included in their household: is it people they live with or is it strictly a tax-filing household?
- Though consumers find this bothersome if they do not have any additional household members, they do appreciate the auto-population feature as the page is reloaded after hitting “remove.”



To avoid confusion:

- Make household members something to add on in the case of additional members.
- Explain clearly that “household member” is defined as a spouse or dependant.
- Additionally, keep the auto-population feature when adding/removing household members.

“I almost feel like ‘Add an additional household member’ or ‘add an additional spouse or dependent’ might be better than to have, as already an unnecessary block of information, that might not be applicable. Especially if I’ve got to click around. But at least all the information has been retained from the first time. If I had to enter all that again that would be more frustrating.”

“For my situation, I live with my girlfriend so I don’t know [that she counts].... Oh! Spouse or dependent only. So really, it’s neither one of those. I’m sure there might be an answer here somewhere but it’s not easily...”



Store Front Intercepts

Detailed Findings

Consumers follow a clear path when visiting Access Health CT store fronts.

Getting health insurance is too complicated for me to do alone.

- Consumers' concerns:
- Low income and may qualify for Husky
 - Language barriers
 - Confusion over insurance terms

I go to Access Health CT store front.

- Heard about from:
- TV Commercials
 - Friends/ Family
 - Mail
 - Online Ads

I start the application, but I don't have the right information.

- Do not have or know:
- Social Security numbers
 - Citizenship numbers
 - Past tax information

Access Health CT should help alleviate the potential gap in the enrollment process due to lack of materials and information by:

- Allowing for a non-linear portal
- More clearly informing consumers beforehand of what they will need to bring along to the store

I will come back into the store front once I get the correct information.

OR

I have to go back online once I get the correct information.

Despite some challenges, employees provide exceptional service to all consumers.

- Employees and consumers believe the store fronts are perfect for consumers who need more assistance than others, specifically:

1

Consumers have multiple questions, from why there are so many security questions to what certain terms mean. These questions are time consuming and prolong the process.

2

Consumers with language barriers beyond Spanish (i.e.; Arabic) can be a challenge for store front employees. Additionally, some consumers have family members present to translate for them, which takes up more time.

3

Some consumers are unsure as to whether or not they qualify for Husky plans and require additional assistance understanding their eligibility.



Consumers think that applying for health insurance is too difficult for them to complete on their own; therefore visiting the store fronts for help is ideal.

- Visiting the store fronts instills trust and confidence when navigating the process.



1

Consumers are looking for a trusted partner who can help them with their health insurance decisions; this is their main reason for visiting the store fronts, and the main outcome of visiting the store front.

2

Most consumers were unaware of how long the application process would take. Some assumed it would be faster than 30-45 minutes and others were shocked at how quick and easy it was.

3

Consumers do not know exactly what information they need in order to apply. Many struggled to find social security numbers or citizenship numbers causing a delay in the application process.

Most consumers struggled with the “easy” and introductory questions of the application process.

- Security questions and login information are especially hard for consumers. Even though stating they are fairly tech savvy, most struggle to even come up with a user name.
 - These questions create unease and cause skepticism that the application process will be easy.
- The worksheets that employees use to help consumers come up with a username/ password/ security questions were helpful, however, consumers still felt overwhelmed by them.



- Continue to use worksheets to help with beginning questions.
- Provide better explanations as to the importance of establishing a secure login and why the login information appears so daunting.

The linear portal creates problems during the application process.

- The most common point of frustration of the staff and consumers was the fact that the portal was linear. Therefore, if a consumer was not able to obtain or remember critical identifying information (social security or citizenship numbers, tax records), staff would be unable to complete the application.
 - Consumers would then be sent home to retrieve the information and finish the application online or come back to the store front.
 - Both consumers and staff were “annoyed” when they were unable to finish.



Evaluate the possibility and feasibility of creating a seamless system that allows users to toggle back and forth between each stage of the application process.

Once the application for health coverage is finished, there tends to be a long wait time for a broker to assist in choosing a plan.

- Consumers were forced to wait, sometimes upwards of 30 minutes after completing their application, for a broker to assist them in choosing a plan.
- Some consumers who had time were comfortable waiting for broker assistance, while others who were more pressed for time did not want to wait and found it very frustrating.



Have more brokers available during high traffic times (such as the end of open enrollment) or consider the ability to set appointments.



Website User Experience

Detailed Findings

After ignoring the yellow box, consumers are impressed with Access Health CT's homepage.

- The yellow box at the top of the page takes away from otherwise positive reactions to the homepage.

"[It's easy because] Everything you need is right here. Any question I would probably come to this website for or any reason I would come to this website is probably right there in those three blocks."

"Yeah, so far very helpful. Helpful. I'm actually kind of impressed."

Friendly
Uninviting
Confusing
Helpful
Easy
Simple
Self explanatory
Unintimidating
Inviting
Impressive
Concise
Colorful

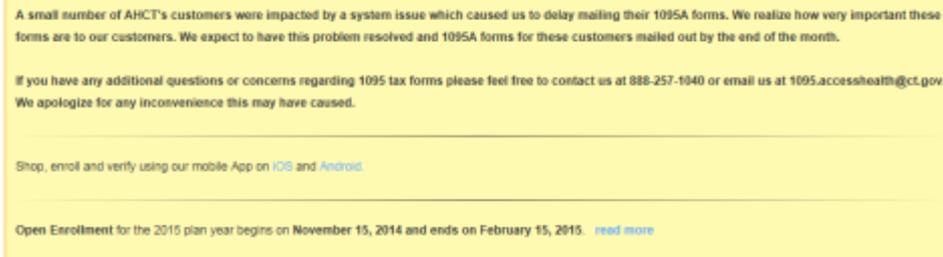
"It's somewhat confusing. I think they offer you too much here. I think they just kind of put too much."

"It's simplistic in a way, until you get into the details. It's simplistic but I think that's deceptive."

The yellow box confirms that the application process will be painful and taxing on consumers.

- The yellow alert box is **in the way and seldom read**. The box takes up too much space at the top of the screen which means that consumers need to scroll down in order to see the entire webpage.
- More importantly, the mere presence of the box makes consumers **fearful of what is to come** regarding the application process and removes any confidence consumers may have had before beginning the application.
- Additionally, **they expect this box to go away** as soon as they click on next steps for the application process.

“I don’t know, I think very first looking at it, it’s almost a little intimidating... There’s a lot of actual reading that has to go into the process.”



“I don’t know. I guess the first reaction is there’s a lot of words. You have to really pay attention before you start to navigate.”



This box needs to be removed in order to facilitate a better user experience. If the information is important to have at the top of the page, make it more user friendly (consider pop-ups, gutter positioning, etc.).

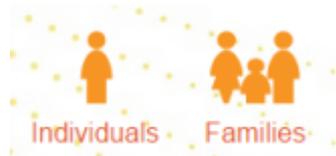
Most consumers click on “Get Health Coverage” at the top of the page to start the application.

- Some consumers do click on other icons, including “Individuals” or “Families” at the bottom of the page and “Create Account” at the top of the page.
- Additionally, some consumers mentioned that they felt as if the “Learn More” tab should be included under the “Get Health Coverage” banner.

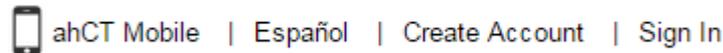
1.



2.



3.



“[I’d click] right where it says Get Health Coverage.”

“There’s your Create an Account or Sign In. I would go to ‘Create Account.’”

“I guess I would click right here on ‘family.’”

Consumers find the up front application process easier to navigate than they expected.

- The preliminary information consumers need to enter is an easy step to complete. Consumers also know exactly where they are in the entire process via the status bar at the top of the page.
- Additionally, the clean lines and simplistic design help consumers feel confident about the process.



Consumers think that they can click on each of the different sections to jump there. Make the different sections clickable for consumers to navigate easier.

“It’s nice that it kind of gives you an outline of what you’re going to be doing, after Basic Information, Insurance Plans. If it was just Basic Information and you didn’t know what the next step was but it was actually Browse Insurance Plans, you might be reluctant to start entering information without knowing where it’s going and what’s happening with it next or what options you still have.”

“It’s not so generic. It seems to be a little bit more friendly.”



However, that view changes as soon as they see the “Browse Insurance Plans” page.

- Across the board, consumers struggle with this page. They are visibly overwhelmed by the way in which the plan information is presented to them.
 - This page confirms consumers’ initial expectations (and fear) that applying for health insurance is too overwhelming.



Access Health CT needs a different way to present plan information so as not to overwhelm consumers. Scenario-based models allowing for cross-comparison of total out-of-pocket costs is one possibility to explore.

“[I feel] overwhelmed. Basically I just went from being simple to now they’re just throwing numbers at me without knowing anything about me.”



“It would be great to see a matrix here of some type, a chart that lists a lot of the benefits and how they vary per plan. Especially for someone like me who doesn’t have a lot of knowledge about insurances.”

Access Health CT must change the overwhelming look of the current plan page.

- Consider the following when presenting plan information:

Get to know your consumer

- Ask them questions centered around their specific health care wants/needs. This will make consumers feel that Access Health is invested in giving them the best plan possible.

"[I feel] overwhelmed. Basically I just went from being simple to now they're just throwing numbers at me without knowing anything about me."

Less is more!

- Create a visual that allows consumers to view benefits based on their needs.
- Provide a maximum of 10 plans within matrix.

"It would be great to see a matrix here of some type, a chart that lists a lot of the benefits and how they vary per plan. Especially for someone like me who doesn't have a lot of knowledge about insurances."

Provide reviews

- Reviews should be given by consumers in similar income brackets. This will show that Access Health understands the decision consumers have to make.

"Maybe what most of the people, what programs people in your category are choosing – you know, to get an idea of people in similar situations."

Consumers miss several important features of the “Browse Plans” page.

- Because of the overwhelming amount of information on the page, consumers miss several features that could potentially help them find their optimal plan. Specifically, consumers miss the areas outlined in red:

The screenshot shows a health plan browsing interface with several red boxes highlighting specific areas:

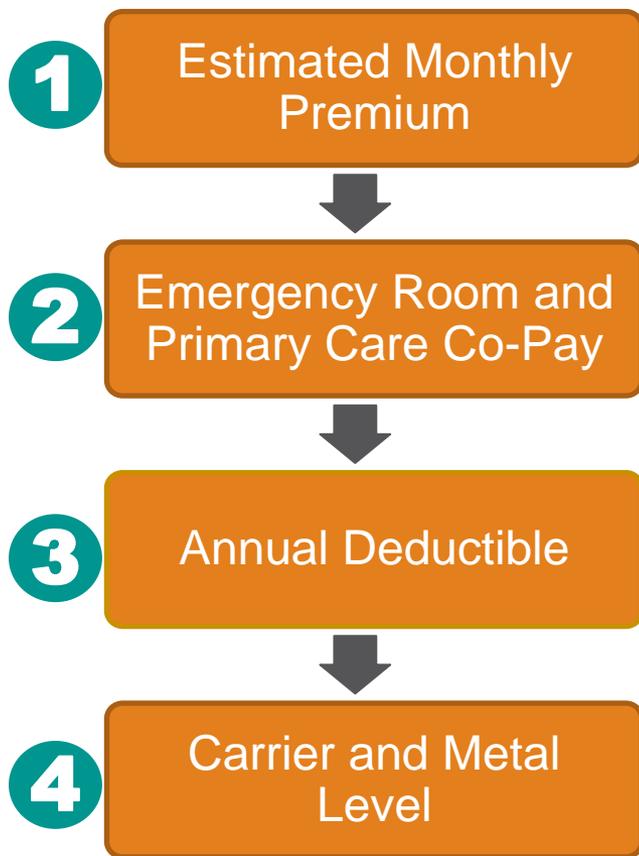
- Sort tool and page numbers:** A box at the top right highlights the 'Sort By' dropdown (set to 'Monthly Premium') and 'Per Page' dropdown (set to '10'), along with pagination controls (1, 2, 3, 4).
- Question mark to define terms:** A box highlights a question mark icon next to the 'Estimated maximum monthly premium' text in the notice section.
- Quality rating:** A box highlights the 'QUALITY RATING: ★★★★★' for the 'Catastrophic HMO Pathway X Enhanced' plan.
- Details page:** A box highlights the 'Details' button for the 'Catastrophic HMO Pathway X Enhanced' plan.
- Detailed Plan documents:** A box highlights the link 'Click Here For Detailed Plan Documents (PDF)' for the 'Catastrophic HMO Pathway X Enhanced' plan.
- Compare plans:** A box on the left highlights the 'Compare Plans' section, which includes a 'Compare These Plans' button.

Other visible elements include: 'You are shopping for:' section with applicant information; 'Total household income:' section with '\$50000.00 Per Year'; '41 of 41 plans' and 'No Filters Selected' indicators; a 'Notice' section with text about health coverage costs; a table of plan details for 'Catastrophic HMO Pathway X Enhanced' with columns for 'ESTIMATED MONTHLY PREMIUM', 'ANNUAL OUT-OF-POCKET MAX', 'EMERGENCY ROOM CO-PAY', 'PRIMARY CARE CO-PAY', and 'ANNUAL DEDUCTIBLE'; and a 'Compare These Plans' button.

ESTIMATED MONTHLY PREMIUM	ANNUAL OUT-OF-POCKET MAX	EMERGENCY ROOM CO-PAY	PRIMARY CARE CO-PAY	ANNUAL DEDUCTIBLE
\$133.74	\$6600	\$0	\$40	\$6600.00

Consumers sort plans by what they believe to be the true cost of the plan.

- After getting over their initial shock of the page, consumers then evaluate the cost of the plans to determine which one is right for them.
- Below is how cost is ranked:



ESTIMATED MONTHLY PREMIUM	ANNUAL OUT-OF-POCKET MAX	EMERGENCY ROOM	PRIMARY CARE CO-PAY	ANNUAL DEDUCTIBLE
\$187.22	\$6450	\$0	\$0	\$4600.00

"I'm a very dollars and cents and bottom line person. For me it's, again, what am I paying monthly for my health insurance. That's what I want to know."

However, the “true cost of the plan” is not considered as total cost paid throughout the year.

- Consumers do not look at *all* costs associated with health care when evaluating total cost of the health plan.
 - Each cost is evaluated separately, which in turn means that they are often choosing the plan with the **cheapest monthly premium**.
- Clearly, additional education is needed, and beyond simply defining the terms. Consumers need **demonstrable examples** to help them understand the total costs associated with various plans.
- Ultimately, the goal is to **avoid the potential “sticker shock”** that can occur when consumers begin using their health benefits (e.g. seeing a doctor or visiting the ER).

“I should pick what’s affordable to me. [What is affordable to me is] the out of pocket, yeah, I guess it’s... the out of pocket maximum and annual deductible, that’s a little confusing to me, honestly.”

“Whatever plan you choose, one should just get a plan that’s affordable, if you can afford the premium. The difference of deductible, the out of pocket, these are a few hundred dollars in terms of differences. The cost of hospitalization is tens of thousands. That I know. Just having a plan, for me is good enough.”



Consumers claim they know what common health insurance terms are, however, they often do not know or are not confident in their answers.

- Consumers are especially unclear on how these terms impact and influence each other. For example, consumers do not know how different or similar the “out of pocket max” is to the “annual deductible”.
- Additionally, consumers do not want to let on that they are unfamiliar with terms they think they “should” know.

- Out-of-pocket maximum
- Annual deductible

“The out of pocket, yeah, I guess it’s... the out of pocket maximum and annual deductible, that’s a little confusing to me, honestly.”

Unfamiliar Terms

- Estimated Monthly Premium
- Emergency Room
- Primary Care Co-Pay

“That’s pretty much your out of pocket monthly costs.”

Familiar Terms



Consumers still need to be educated on these terms in a non-condescending way. Make the “?” box next to terms larger so consumers can see it or utilize a video in order to explain the terms. **Give consumers “permission” to require assistance.**

“I really don’t understand health insurance, I’ll be frank with you. Everyone seems to talk about and you turn on the radio, you read magazines, newspapers but it’s still not easy to understand. I think the definitions, all the terminology are not easy to kind of understand.”

Consumers do not understand how to get value out of their health insurance.

- Consumers struggled to define “value” as it pertains to health insurance.
 - Most mentioned that they will never know if they are getting their money’s worth until something bad happens to them.



For now, “value” equals price. Looking to the future, Access Health CT should consider developing material that demonstrates how consumers can get their “money’s worth” out of their insurance, either through consumer reviews, testimonials or other methods.

“I think when you asked, how do you know you’re getting your money’s worth, you have to have it. It’s a necessity and there’s penalties to not having it. That’s a tough thing. I don’t know how you quantify or balance paying a penalty versus just having coverage. Someone like myself can usually say, I never get any value out of it and I spend \$700 a year out of health insurance and I go to the doctor once for what might be a \$100 cost for checkup and exam and take my blood pressure. I don’t think you can actually tangibly say, yeah, I get my money’s [worth]... yeah, if I fell and broke my wrist, hurt myself and I had an allergy, infection, then I got my value out of my health coverage this year. I think it’s tough to kind of quantify that, put a value on that, per se.”



Value in health insurance is a confusing concept for all consumers to grasp.

"When I don't use it a lot, I'm really not getting my money's worth. But in order to get my money's worth I'd have to spend more money. It's almost like... like most insurances, it's kind of more a burden than something that I would be excited about unless I really needed it. Of course when I need it, I'll be happy to have it."

"I don't know how you know if you're getting your money's worth or not. Like any insurance plan, it's insurance. You're paying for the what if scenario. What if you get sick, what if you get injured, what if... it's not, I will. Not in this kind of health coverage, I don't want to get sick. At least if you have it, you know you have something."

"I don't think you ever get your money's worth. You pay more for a premium than you ever really use. I don't know. It's hard to tell."

"I think the value is basically, peace of mind. If you have health insurance and something happens, you've got some coverage. It may not be the greatest coverage because as you just saw, there's all different coverages but at least you have some. I think it's better than none, no coverage at all."





Understanding Value

Detailed Findings

The “Loretta Explains Value” Video

- This “rough cut” video was used in the interviews to understand a) if videos are a successful medium to explain various insurance terms to consumers and b) if the knowledge could ultimately help consumers arrive at a more in-depth understanding of “value”.



“That’s the other thing, too – you want to make sure your doctor is in that plan. I know a lot of people, if you’re comfortable with your doctor ... And that’s huge because having a comfortability.”

“At the end when the -- calls and everything is perfect ... I didn’t know --. Yeah, it definitely really explained everything I needed to know. It was good.”

The video provided confirmation of the terminology for some and brought awareness to others.

- Other than aesthetics, consumers struggled to find any negatives about the video.
- Three main takeaways were as follows:

Approachability Matters!

- Loretta was approachable, which put consumers at ease and created a “people like me” tone.

Confirmation Leads to Confidence

- The video provided confirmation of terms that some consumers already knew, which amplified feelings of confidence

An Ideal Education Platform

- Consumers felt like they learned something from Loretta explaining the terms – moreso than reading lengthy definitions or instructions



- Determine feasibility of integrating informational videos on the Access Health CT website.
- Approachability is key: make sure the video star is relatable and approachable.

Placing videos at the start of each section of the application could help guide consumers through process.

- The video would “prime” the consumer for the next section in the application, answer common questions and explain key terminology, mitigating the potential for stress, unease and fatigue.

“Yeah, that might be good. I think it’s probably most effective right where it is, in the beginning because I think you’re going to have the users that can just fly through it, kind of know what they want.”

“Personally, it’s tough to say because after seeing how short the video was, I would probably watch the video before I’d go to chat but if I didn’t know, I’d do the chat.”

“I got the clarification from the video, on obviously, your annual deductible, which made sense.”



No one wants to be “the first” when it comes to health insurance. Consumers would like Access Health CT to offer reviews and ratings of plans.

- The video sparked other ideas that Access Health CT should strongly consider:



REVIEWS OF PLANS

Consumers want to see reviews of plans, similar to what is found on Amazon.com or Overstock.com.



CONTINUED USE OF THE QUALITY RATINGS

Though consumers did not immediately notice the quality ratings, they still thought they were worthwhile to give a thorough understanding of what their coverage would include.



STORIES OF WHAT SIMILAR PEOPLE PURCHASED

No one wants to be alone: Seeing exactly what other people in similar situations purchased would be helpful for consumers to understand if their choice aligns.

“I think that’s in my mind, when I hear quality ratings, everybody’s definition of quality is a little different. But I think that would translate to, am I covered or am I not covered? Can I get the care and services that I need under the plan I’m paying for? I think that’s what quality is.”

“Maybe what most of the people, what programs people in your category are choosing – you know, to get an idea of people in similar situations.”



Thank you!

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Appendix

An open book with a red cover is shown from a low angle, with its pages fanned out. The book is positioned in the lower half of the frame. The background is a solid, bright green color. A white horizontal band runs across the middle of the image, containing the word "Appendix" in a purple, serif font.

Once consumers look away from the yellow box, their focus shifts to the simplistic and colorful design of the “Browse Insurance Plans” page.

- When the visual of the box is removed, consumers are able to focus on the design of the page and are actually surprised by its good appearance.

The screenshot shows the 'access health CT' website, which is Connecticut's Official Health Insurance Marketplace. At the top, there is a search bar and navigation links for 'ahCT Mobile', 'Create Account', and 'Sign In'. A large yellow notification box contains text about a system issue with 1095A forms and provides contact information. Below this is a progress bar with four steps: 'ENTER BASIC INFORMATION' (completed with a green checkmark), 'BROWSE INSURANCE PLANS' (current step with a blue circle), 'APPLY FOR HEALTH COVERAGE', and 'CONFIRM PLANS'. A red banner at the bottom of the progress bar displays the text 'We've located 41 matching health plans!'. A disclaimer is visible at the bottom of the page.

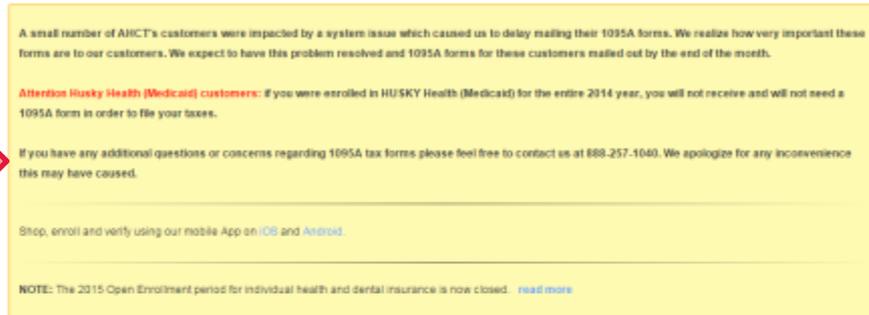
Clean and simplistic.

Red is eye-catching even though the font is small.

Helpful to understand where they are in the process.

The negative reaction to the large yellow box far outweighs consumers' enjoyment of the clean and simplistic design.

- This page is incredibly overwhelming to consumers because of the large amount of text and the amount of information to digest.

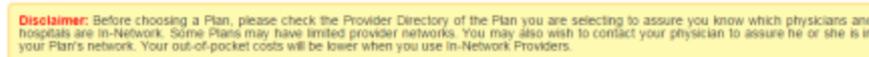


Box takes up half the webpage with information that is not read.



Must scroll down page to see actual plans.

Double yellow box is confusing and not read.



We've located **41** matching health plans!

Number of health plans is overwhelming to most.



*NOTE: Screenshot was taken AFTER open enrollment ended.

Consumers are interested in a variety of methods for applying for health insurance.

- Applying online and in-person were the most preferred methods of applying for insurance.
- A mobile app piqued a lot of interest among younger consumers, especially those who do “everything” on their mobile phones.
- Additionally, the store front staff pushed the mobile app for uploading paperwork.

“But people my age probably would prefer the Internet where it’s just easy, it’s done.”

Internet



“I guess if there was a storefront you could go in and talk to somebody. That would probably make a lot of sense. I wouldn’t even have thought of that.”

In-Person



“Phone, it’s kind of 50/50. People get frustrated...because you’re not getting the answer you want, they want to talk to somebody else.”

Phone



“I love mobile apps. Any time there’s a mobile, I download everything. I’m very comfortable with most of the technology.”

Mobile App



Non-store front consumers were unaware that Access Health CT offered a mobile app. Generate more awareness for the app outside of the store fronts.





Access Health CT

Enrollee Census and Understanding Study

The logo for Access Health CT. It features the text "access health CT" in orange lowercase letters. To the right of the text is a graphic of a cluster of orange dots of varying sizes, arranged in a roughly circular pattern.

access health CT

September 17th, 2014

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Methodology

A two-part telephone survey among primary enrollees of Access Health CT's available plans (either a QHP or Medicaid plan) was conducted:

- Part 1: A 5-minute survey among 6,015 primary enrollees
- Part 2: 1,363 primary enrollees stayed on the line to complete an additional 17-minutes of questioning
 - Dialing began July 17th, 2014 and ended September 7th, 2014
 - Interviews were conducted in English and Spanish
 - Customer sample records included landline and cell phone numbers
 - Completes were obtained in proportion to the known characteristics of Access Health CT's primary enrollee base, with the exception of a more equal distribution of completes across QHP and Medicaid enrollees
 - Data was weighted to better reflect the actual proportions of primary QHP enrollees vs. primary Medicaid enrollees

Detail of Survey Completes

A total of 6,015 completes were obtained, as follows:



	Short Survey	Long Survey
Total Completes	6,015	1,363
QHP	3,015	735
Medicaid	3,000	628
18-34	1,832	408
35-54	2,481	568
55-64	1,702	387
Male	2,766	608
Female	3,249	755
Fairfield County	1,533	353
Hartford County	1,613	351
Litchfield County	326	73
Middlesex County	245	59
New Haven County	1,432	329
New London County	434	89
Tolland County	230	50
Windham County	199	58
County Unknown	3	1
Anthem Blue Cross and Blue Shield	1,614	412
ConnectiCare Benefits Inc	1,282	292
HealthyCT Inc	119	31
Catastrophic	59	16
Bronze	436	113
Silver	2,034	484
Gold	486	122
Medicaid	3,000	628



Executive Summary

With at least 8 in 10 enrollees being satisfied, and three-quarters stating they've already used their insurance, Access Health CT can feel proud of the successful outcome of its engagement with enrollees.

- A full **54% of enrollees did not have insurance** in the year prior to enrolling with Access Health CT.
- Roughly **4 in 10 enrollees took a “DIY” approach to enrollment**, preferring to handle enrollment themselves online. Of the 2 in 10 who used the call center, the majority were satisfied with their experience – especially so among Medicaid enrollees.
- Given the demographic differences between QHP and Medicaid enrollees, **expectations prior to enrollment and satisfaction post-enrollment show some opportunities for targeted messaging**. QHP enrollees have slightly more modest expectations of Access Health CT compared to Medicaid enrollees, but are more price-sensitive and therefore more prone to disappointment surrounding cost and value.
- Generally speaking, QHP enrollees place **more value on “tried & true” information sources** (brokers, doctors) whereas **Medicaid enrollees value word-of-mouth and Access Health CT-based sources** (website, phone center, enrollment events).

Executive Summary, continued

Following the success of its initial enrollment period, Access Health CT should shift its attention to securing positive re-enrollment numbers.

- Messaging opportunities regarding re-enrollment among QHP enrollees are clear:
 - Make sure to get the word out early that **re-enrollment is necessary** in order to continue coverage. Most enrollees expect to hear from Access Health CT and their carrier at this critical time.
 - Accurately **set expectations regarding price and coverage**; differentiate “price” from “value”.
 - **Develop compelling user testimonials** to address the “people like me” and “value” issues.
 - Use the **mandate/fine** to your advantage, but with a **helpful, cost-saving tone**.
 - Avoid any “Big Brother” connotations; nobody likes a tattletale.
 - **Continue to establish clarity surrounding carrier identification** and **act as a liaison** between enrollees and their carrier.
 - This will help **avoid potential negative backlash** when “surprise” premium bills and cost-sharing fees pop up.
 - **Act as an advocate**. Demonstrate that **navigation extends beyond enrollment!**

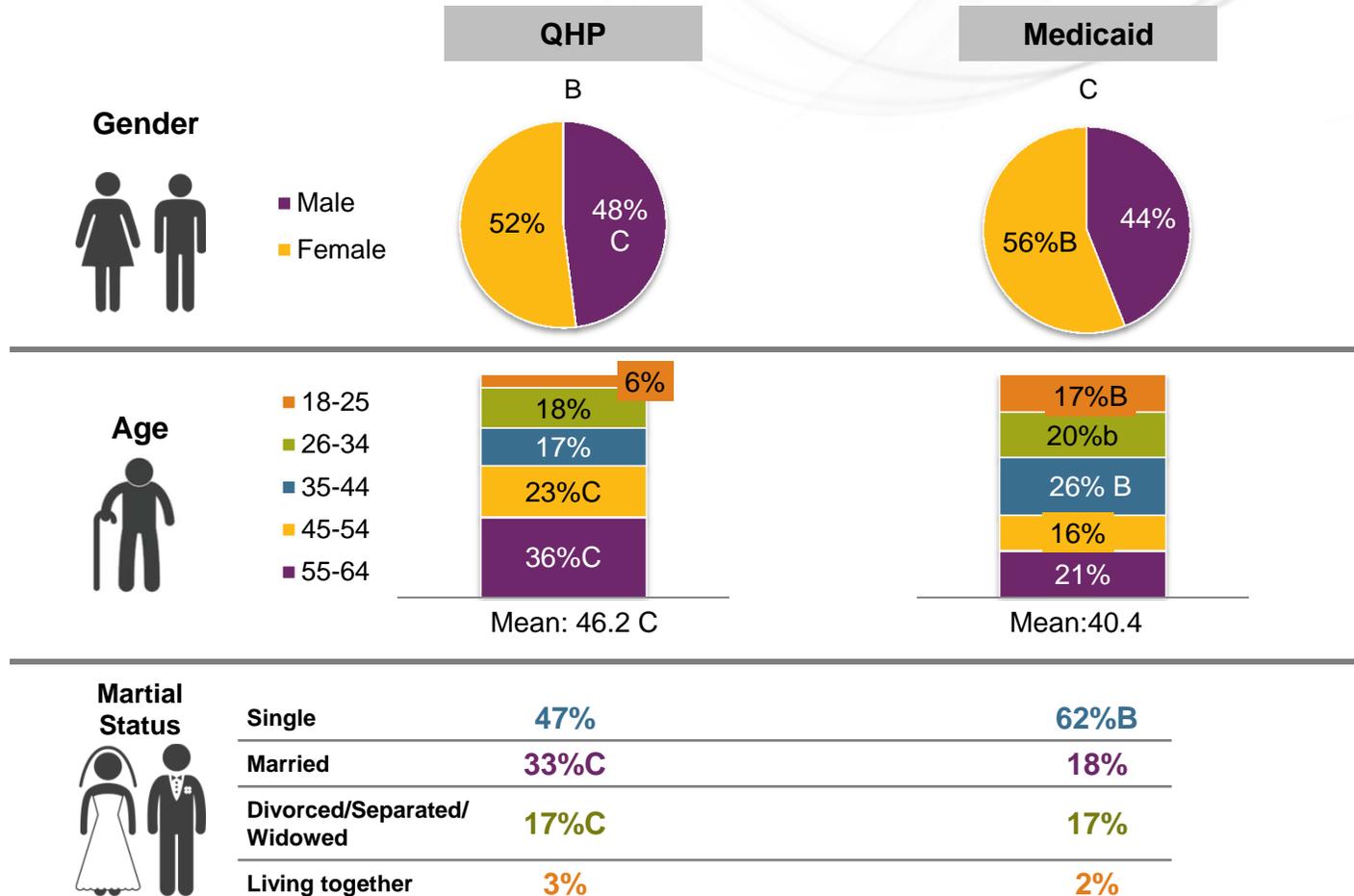


Topline Results from Short Census Survey



Enrollee Demographic Overview

QHP enrollees skew male, older, and married, whereas Medicaid enrollees tend to be female, younger or middle-aged, and single.



Base: QHP (3,015); Medicaid (3,000)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 R5 Gender
 R1 Age Group
 Q5 What is your marital status?



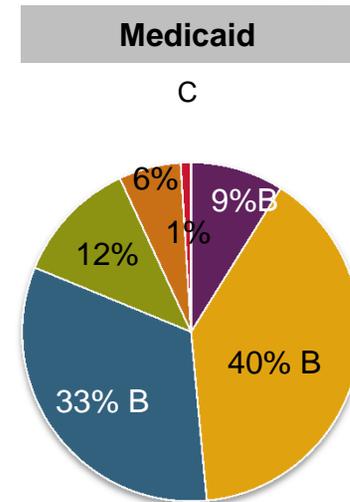
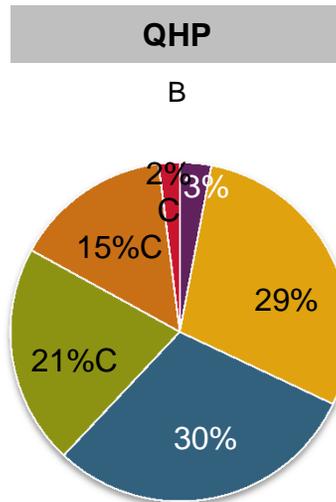
Enrollee Demographic Overview

QHP enrollees are more educated than Medicaid enrollees, with 36% having at least a bachelor's degree.



Education

- Less than high school graduate
- High school graduate or G.E.D.
- Some college or an Associate's Degree
- Bachelor's degree
- Graduate or professional degree
- Refused

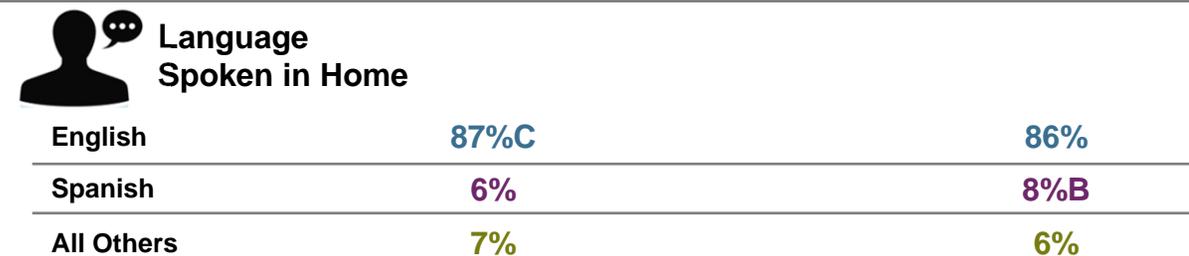
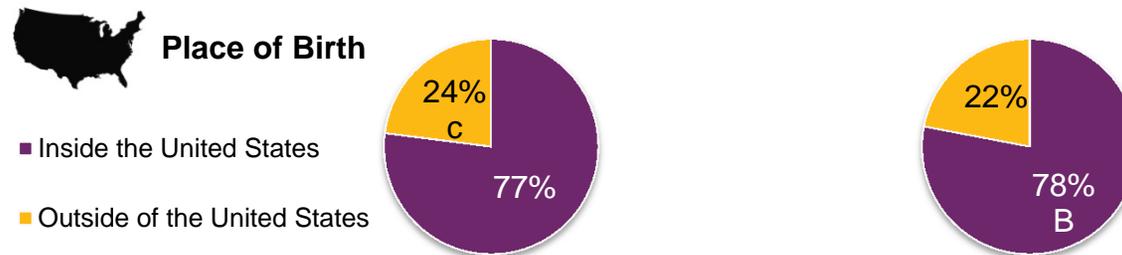
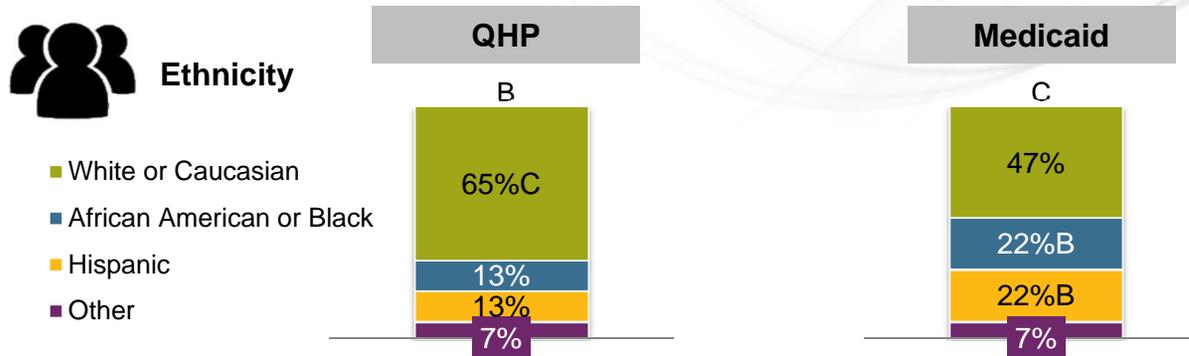


Base: QHP (3,015); Medicaid (3,000)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q6. What is the highest level of education you have completed?

Enrollee Demographic Overview

Access Health CT has an ethnically diverse customer base. Medicaid enrollees in particular skew African American or Hispanic, and as such are more likely to speak Spanish in their home.

QHP enrollees are more likely to have been born outside of the United States.

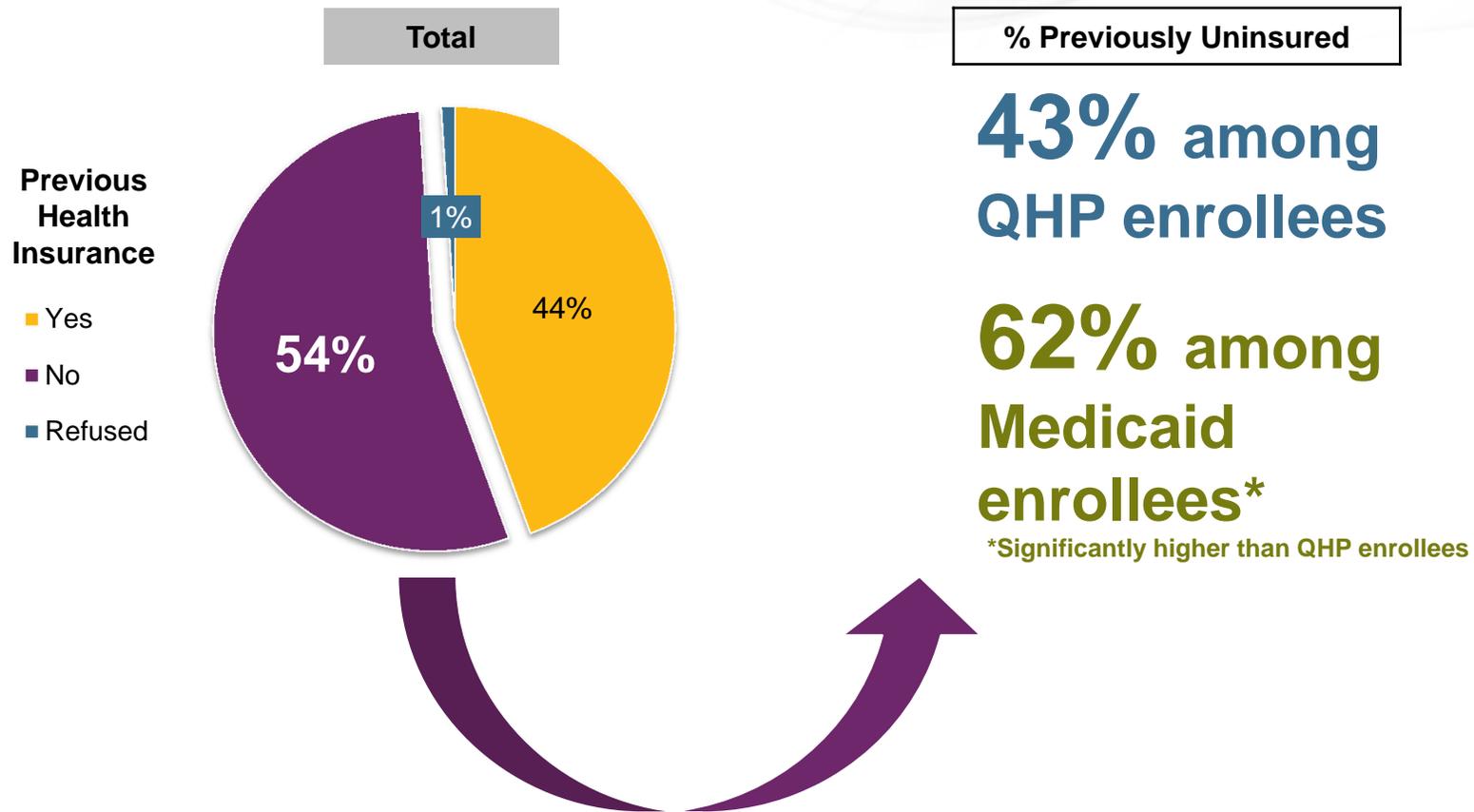


Base: QHP (3,015); Medicaid (3,000)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q8R2. Race/Ethnicity
 Q9. Where were you born?
 Q10. What is the primary language spoken in your home?



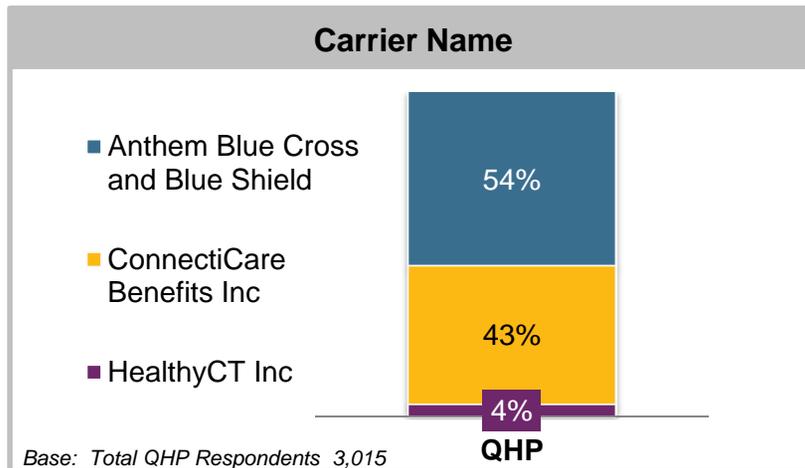
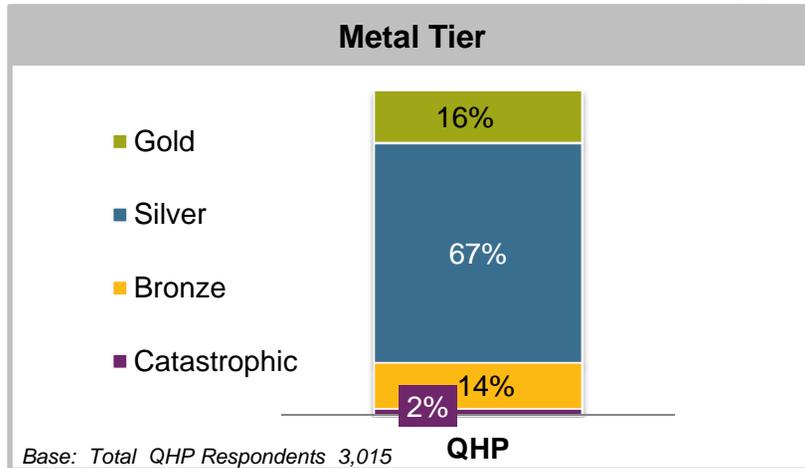
Prior Health Insurance Status

More than half (54%) of enrollee households did not have health insurance in the past year prior to signing up for a plan through Access Health CT. This is more pronounced among Medicaid enrollees.



Metal Tier and Carrier

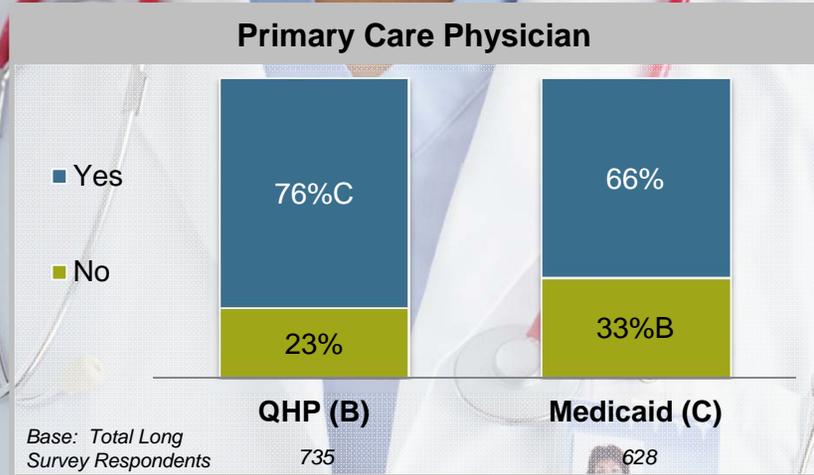
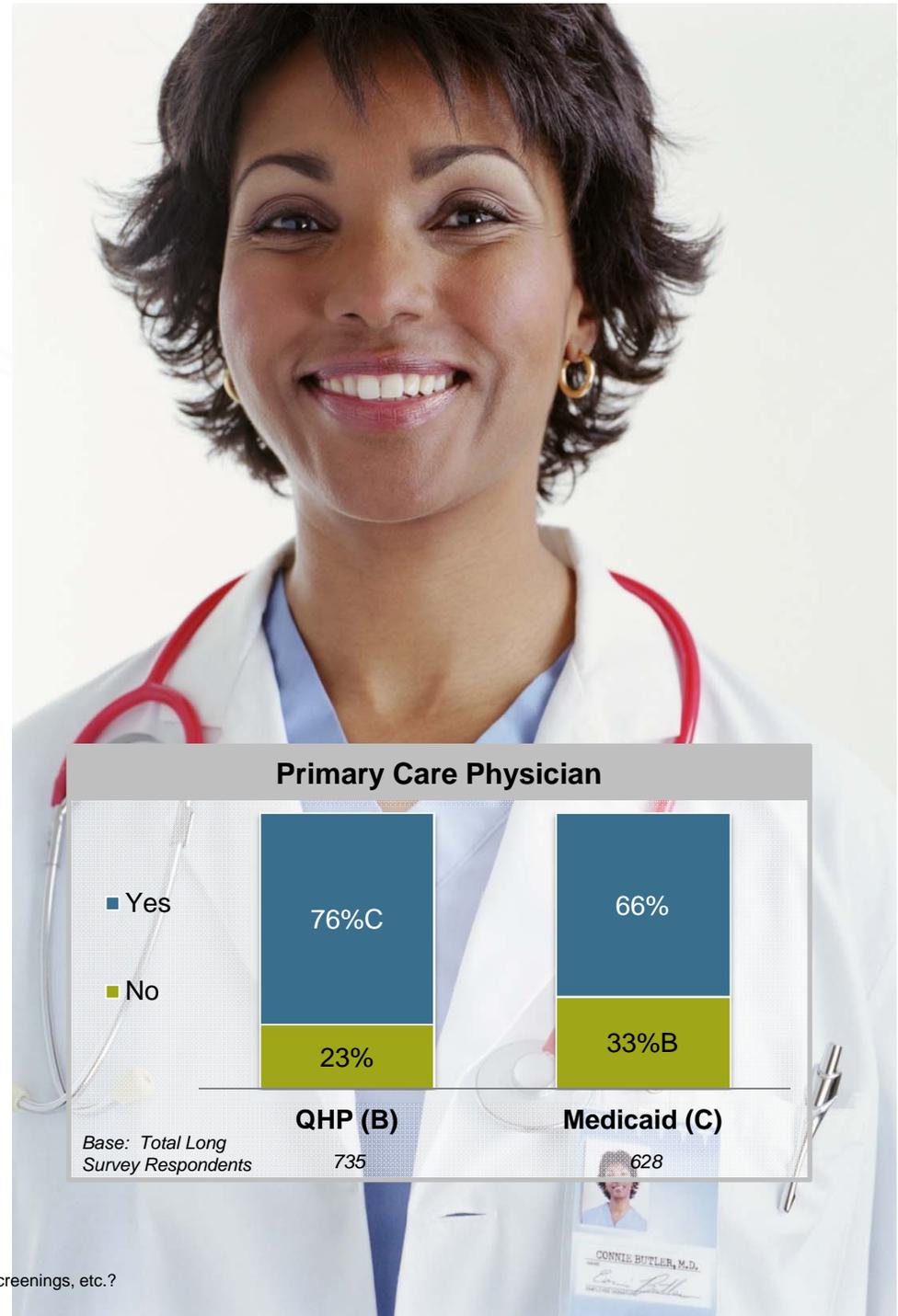
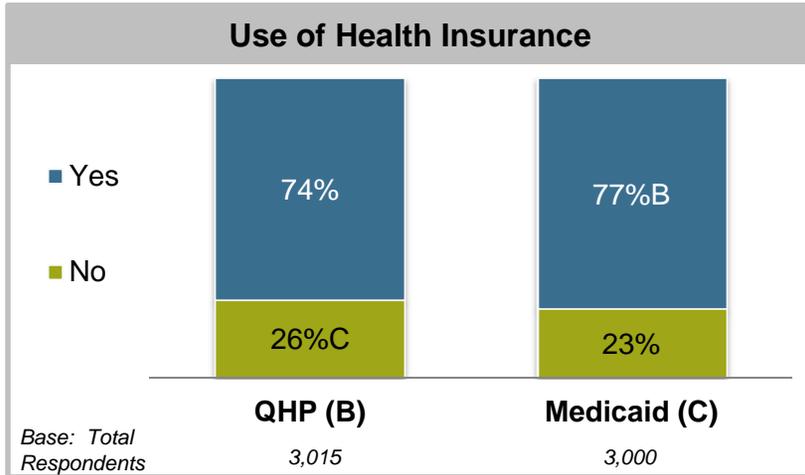
Most QHP enrollees signed up for a Silver plan, with Anthem being the most popular carrier at 54%.



Health Insurance Usage

About three-quarters of all enrollees have used their insurance since signing up, with roughly 7 in 10 stating they have a primary care physician.

QHP enrollees are significantly more likely than Medicaid enrollees to have a primary care physician.

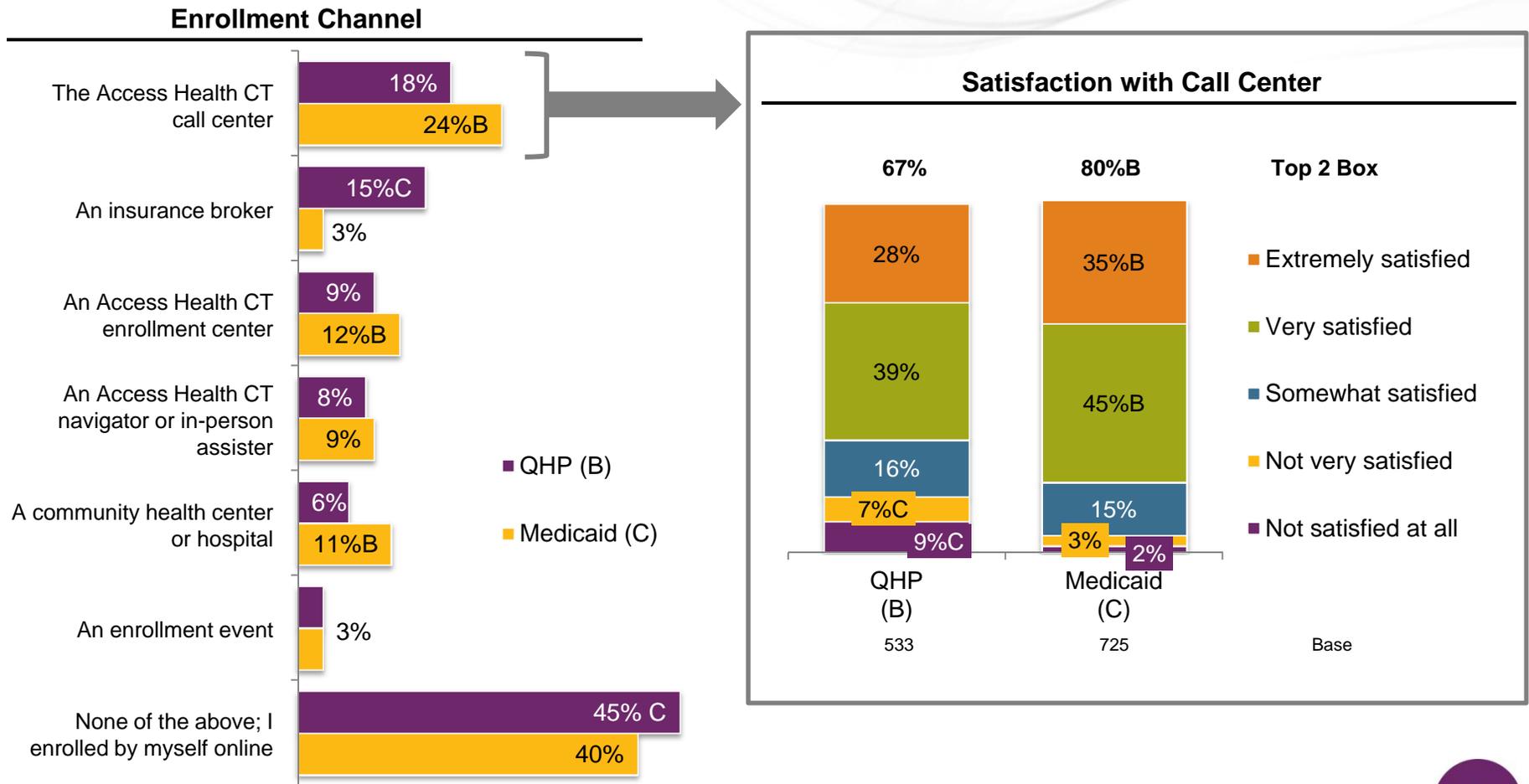


Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q4. Have you used your health insurance yet – such as for doctors visits, hospitalizations, health screenings, etc.?
 QD2. Do you currently have a primary care physician?

Enrollment Channel

QHP enrollees were more likely to enroll by themselves online or via a broker, whereas the call center, enrollment centers, health centers/hospitals were more popular channels among Medicaid enrollees.

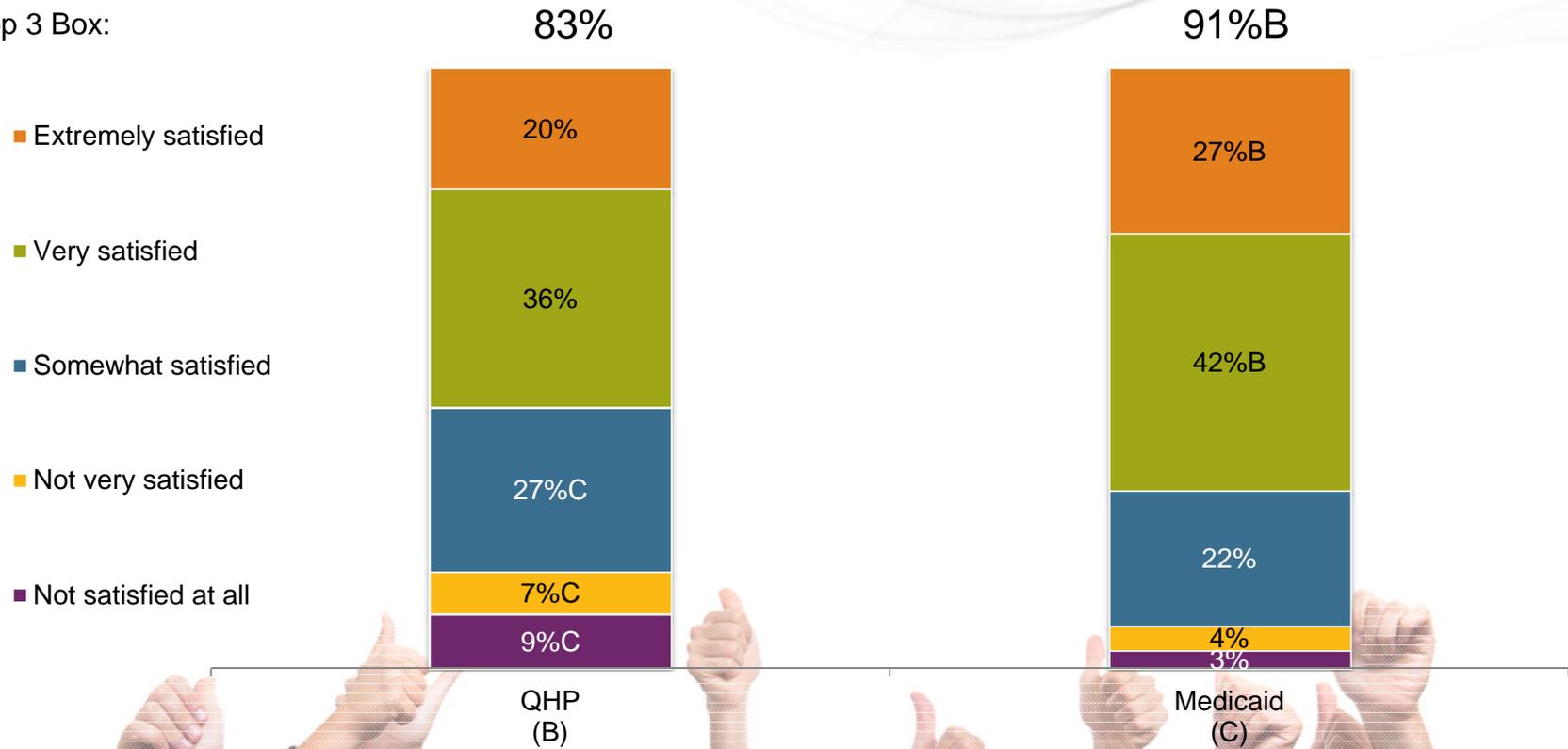
Of the enrollees who used the call center, Medicaid enrollees were significantly more satisfied with their experience (80% Medicaid vs. 67% QHP).



Overall Satisfaction with Enrollment Process

Medicaid enrollees were significantly more satisfied with the enrollment process compared to QHP enrollees.

Top 3 Box:



Base: QHP (3,015); Medicaid (3,000)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q1 How satisfied were you with the sign up process? Would you say you were...?



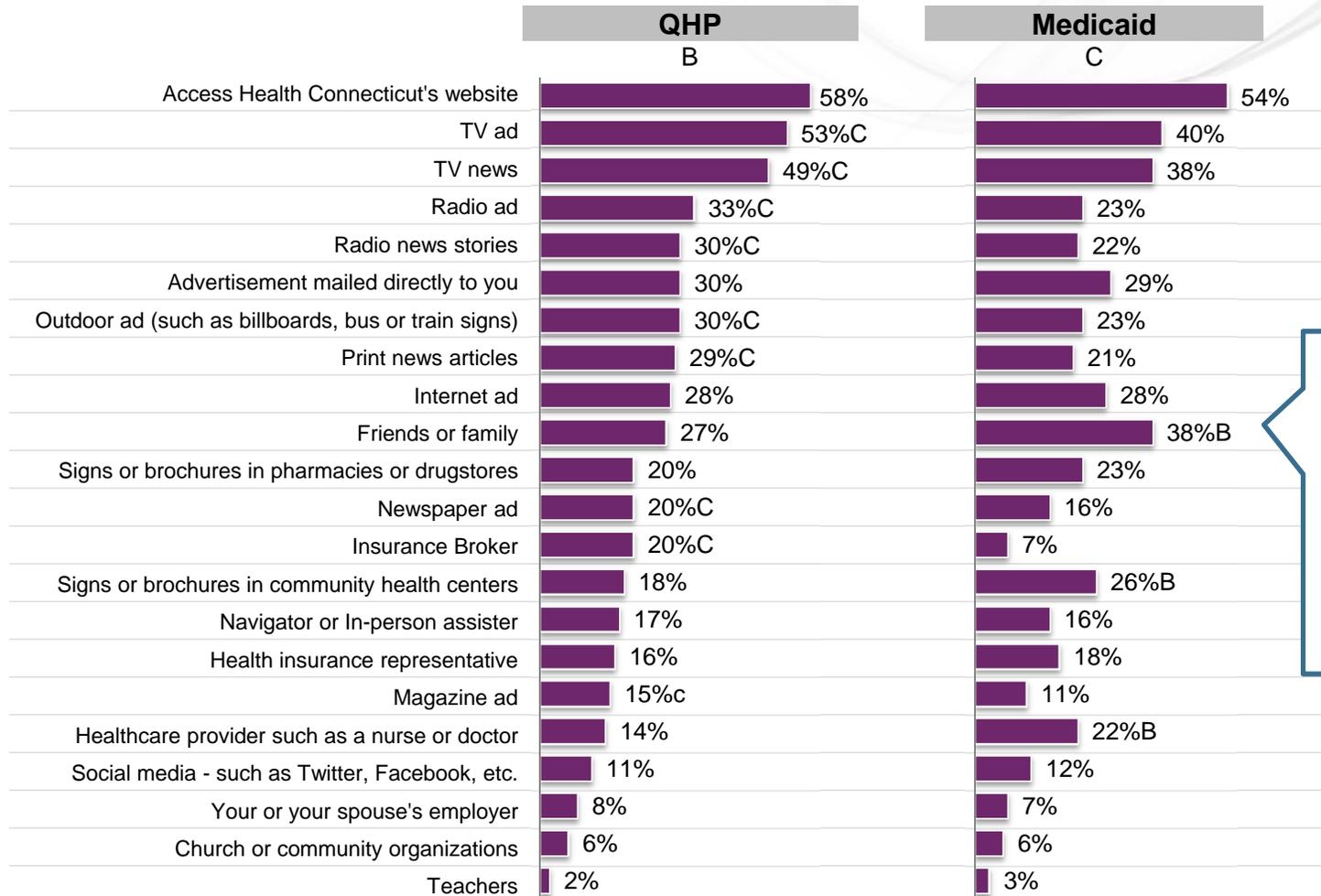


Topline Results from Long, Detailed Survey



Sources of Awareness of Access Health CT

Access Health CT's website, TV (ads and news), and radio (ads and news) are the most popular sources of awareness of Access Health CT among QHP enrollees.



Friends/family, signs/ brochures in health centers, and healthcare providers were more popularly used sources among Medicaid enrollees

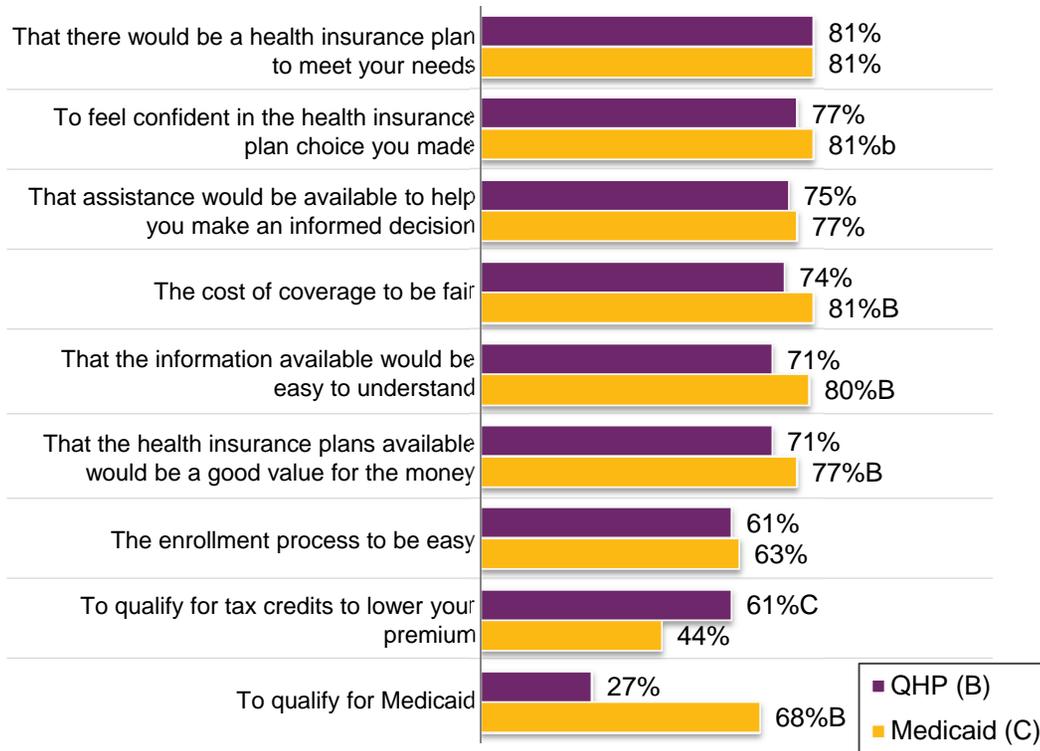
Base Total Long Survey Respondents: QHP (735); Medicaid (628)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q26. Have you seen, heard or read anything about Access Health Connecticut in/on/from...?



Expectations Prior to and After Enrollment

Most enrollees expected to find a plan to meet their needs, to feel confident in their plan choice and informed in their decision, and that the cost of coverage would be fair. QHP enrollees expected to qualify for tax credits, which perhaps explains their lagging ratings on having expectations met. Managing expectations among QHP enrollees will be critical for future re-enrollment and success.

Enrollment Expectations – Strongly/Somewhat Agree



Base Total Long Survey Respondents: QHP (735); Medicaid (628)

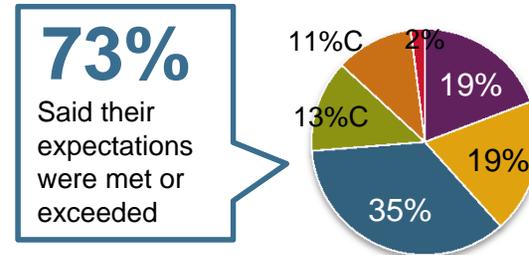
Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q15. Prior to recently enrolling for health insurance through Access Health Connecticut, what expectations did you have about the process? Using a scale of 1 to 5, where "1" means you "Strongly Disagree" and "5" means you "Strongly Agree", how much do you agree or disagree with each of the following statements? Did you expect...

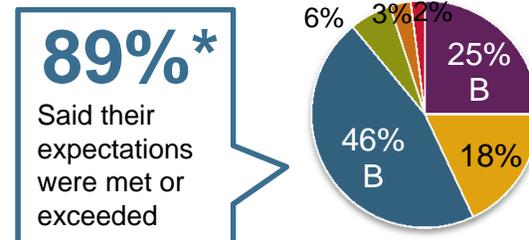
Q28. How well has Access Health Connecticut met your expectations? Would you say Access Health Connecticut...

Access Health Connecticut Expectations Met

QHP



Medicaid

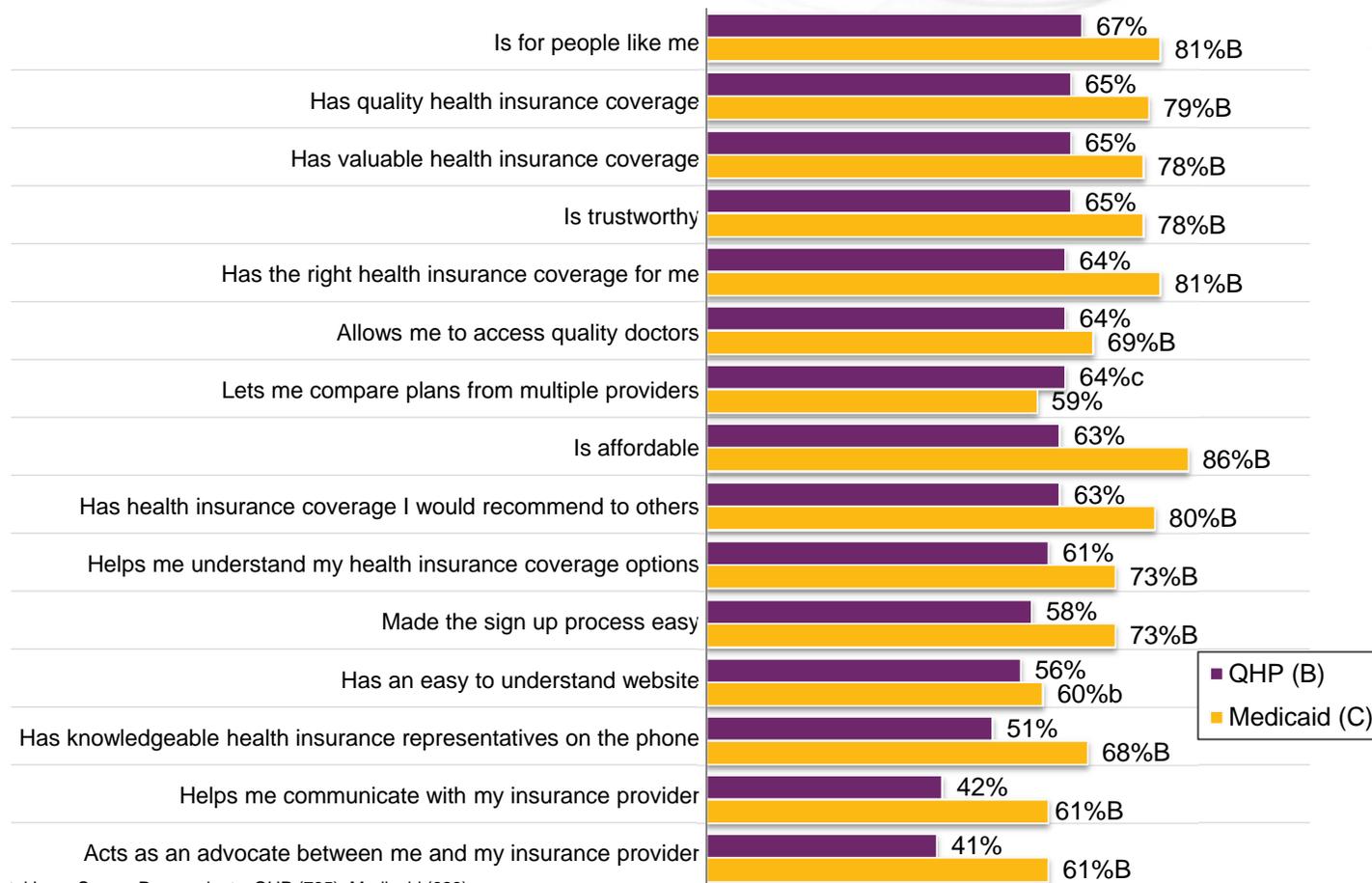


*Significantly higher than QHP enrollees

- Far exceeded your expectations
- Somewhat exceeded your expectations
- Met your expectations
- Fell somewhat short of your expectations
- Did not meet your expectations at all
- Don't know

Perceptions of Access Health CT

Overall, Medicaid enrollees have much more positive perceptions of Access Health CT than QHP enrollees. Specifically, perceptions of affordability, offering the right coverage that they would recommend, and having knowledgeable associates are areas of focus when messaging to QHP enrollees.



Base Total Long Survey Respondents: QHP (735); Medicaid (628)

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q27. Please tell me how much you agree that the following statements describe Access Health Connecticut, by using a scale of 1 to 5, with "1" meaning "Does not describe at all" and "5" meaning "Describes extremely well". The higher the number, the more the statement describes Access Health Connecticut.

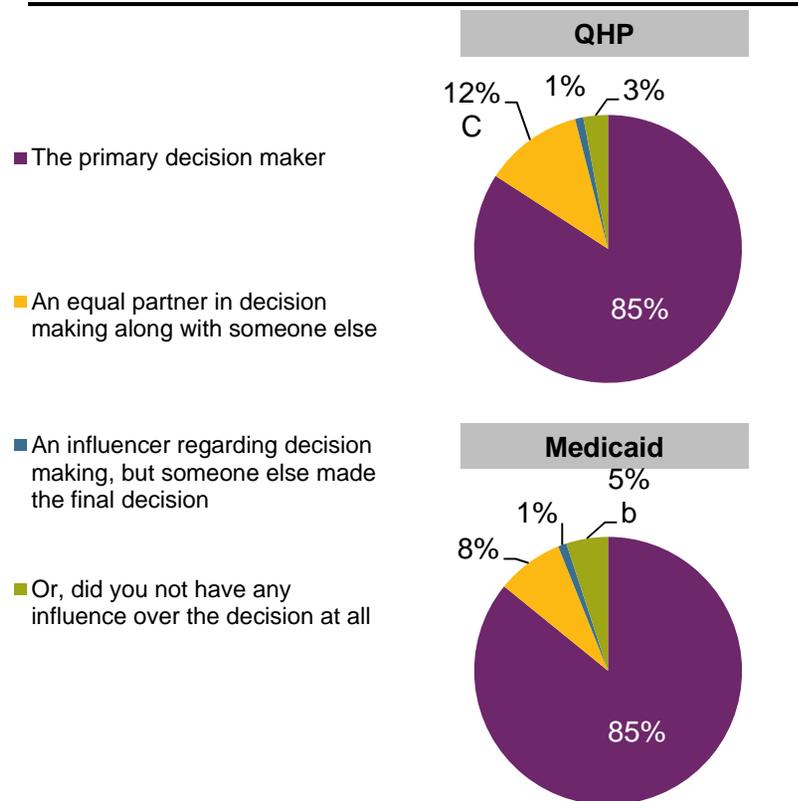


Decision-Making and Influence

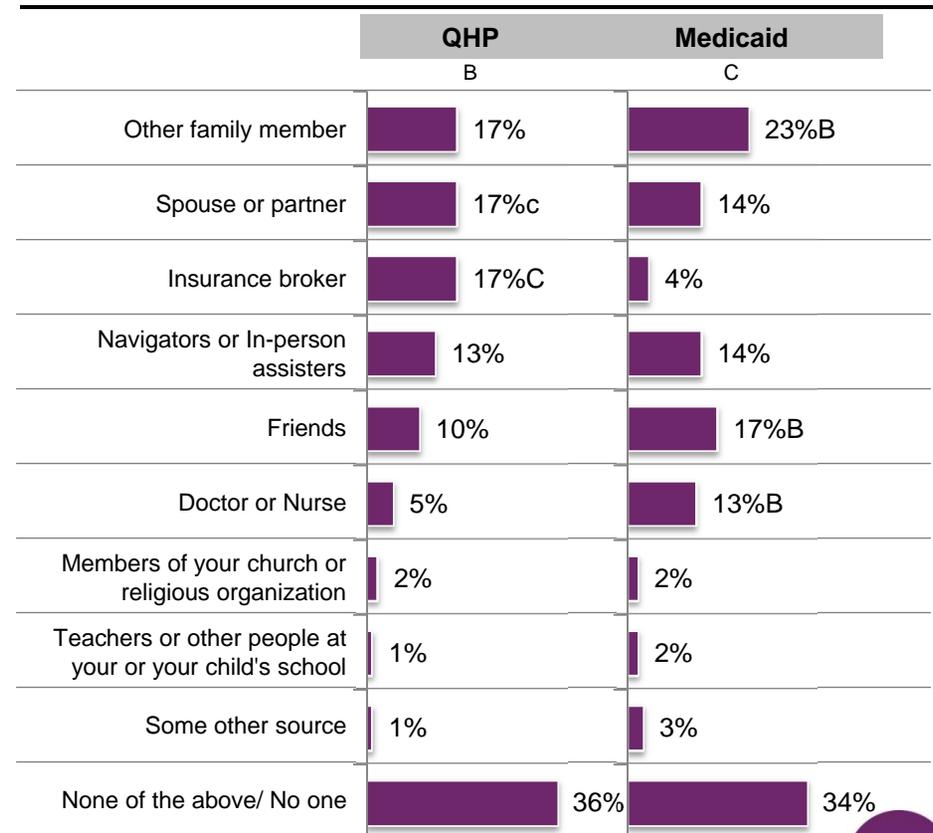
Over 8 in 10 enrollees say they were the primary decision maker when selecting their/their family's health insurance plan, with about 1/3rd not consulting with anyone else when choosing their plan.

Medicaid enrollees were more likely than QHP enrollees to consult with other family members, friends, doctors or nurses. QHP enrollees were more likely to be influenced by their spouse or insurance broker.

Decision-Maker Role



Other Influencers



Base Total Long Survey Respondents: QHP (735); Medicaid (628)

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q20. When selecting the health insurance plan for you and/or your family, were you...?

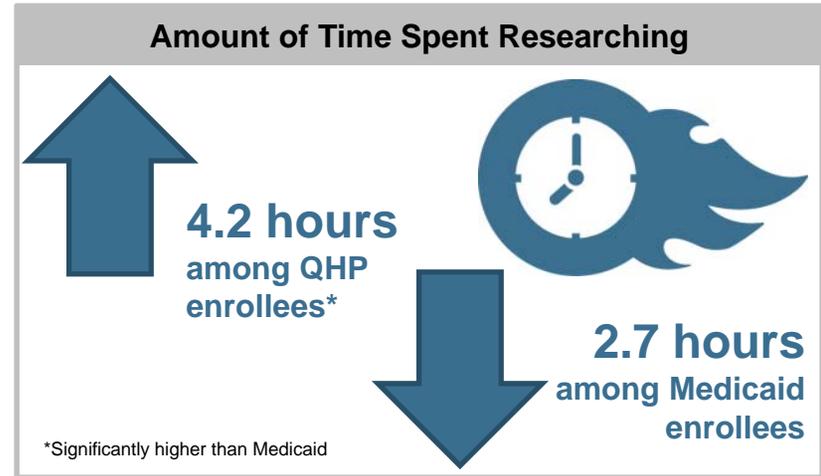
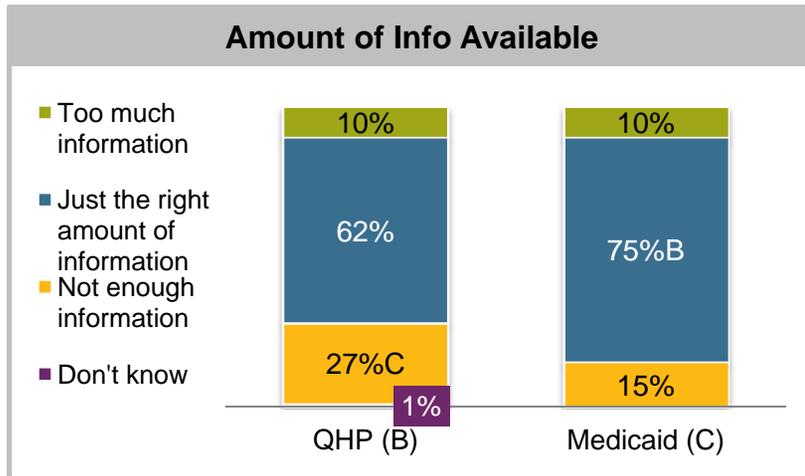
Q21. Which of the following people, if any, influenced your decision when selecting the health insurance plan you chose through Access Health Connecticut?



Information and Research

The majority of enrollees (62% QHP, 75% Medicaid) felt they had just the right amount of information during the sign up process. However, 3 out of 10 QHP enrollees report not having enough.

On average, QHP enrollees spent 4.2 hours researching, and Medicaid enrollees spent 2.7 hours – which is critical to keep in mind when developing future enrollment materials. What information can consumers easily digest in that time frame? Is it the **right** information?



Base Total Long Survey Respondents: QHP (735); Medicaid (628)
 Bb/Cc = Statistically significant at the 95%/90% Confidence Interval
 Q18. Thinking about all the information available to you during your sign up process, would you say it was...?
 Q19. Approximately how much time did you spend researching health insurance plans available through Access Health Connecticut?



Sources of Information Used

Access Health CT's website and the internet in general were the most widely used sources of information when enrollees considered Access Health CT, followed by the call center.

Providers' websites, online cost calculators, navigators/assisters, and brokers were more widely used by QHP enrollees than Medicaid enrollees.



	QHP B	Medicaid C
Access Health CT website	76% ^C	61%
The internet	72% ^C	59%
Access Health CT call center	46%	49%
Health insurance providers' websites	40% ^C	27%
Online cost calculators	34% ^C	13%
Access Health CT enrollment centers	29%	32
Navigators or In-person assisters	28% ^C	21%
Friends and family members	25%	33% ^B
Health insurance providers' telephone information lines	25%	24%
Television ads	25%	23%
An insurance broker	25% ^C	6%
Brochures or pamphlets	15%	17%
Enrollment events	13%	13%
Email newsletters	12% ^c	9%
Doctors or nurses	11%	18% ^B
Radio ads	10%	9%
Department of Social Servic	9%	41% ^B
Customer testimonials	8%	10%
Libraries	6%	7%
Access Health CT's presence on social media, such as Twitter or Facebook	5%	6%
Benefit managers at your or your spouse's work	4%	4%
Town hall meetings	4% ^C	2%

Base Total Long Survey Respondents: QHP (735); Medicaid (628)
Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q16A. Which of the following sources of information did you use when considering health insurance plans through Access Health Connecticut? Did you use...

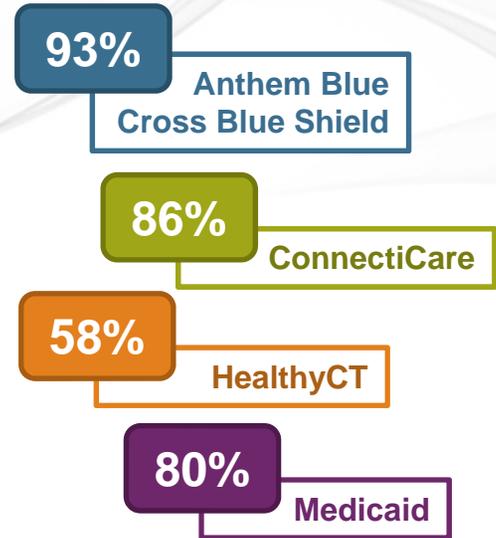
Carrier Identification



Most enrollees were able to accurately identify their carrier – both on their own (unaided) and when given a list (aided). The state’s newest provider, HealthyCT, showed the weakest aided recall at 65%, suggesting low overall brand awareness.

Despite the overall positive recall, consider developing a mandatory post-enrollment check-in phase. Touching base with enrollees, particularly QHP enrollees, regarding communication with their carrier can help reinforce carrier and plan awareness and foster a positive, liaison relationship for Access Health CT between enrollees and their carriers.

% Correctly Identified Carrier, Unaided:



Aided Awareness

	Anthem Blue Cross and Blue Shield	ConnectiCare	HealthyCT	Medicaid
	K	L	M	N
Medicaid... sometimes called the HUSKY plan	2	4	10	89KL
Anthem Blue Cross Blue Shield	95N	1	6	3
ConnectiCare	1	91N	13	3
HealthyCT	0	1	65	1
Don't know	2	2	6	5KI

Correctly Identified Carrier, Aided

Base Total Long Survey Respondents: QHP (735); Medicaid (628)
 Kk/LI/Mm/Nn = Statistically significant at the 95%/90% Confidence Interval
 Q22. Who is your health insurance carrier?

Q22A. You may have already mentioned it, but which of the following insurance carriers did you sign up for an insurance plan with?



Carrier Satisfaction, Interaction, Touchpoints, Likelihood to Switch

With 6 in 10 QHP enrollees saying they are extremely/very satisfied with their carrier, it makes sense that only 3 in 10 indicate they may switch carriers upon re-enrollment.

Though QHP enrollees report having more contact with their carrier, acting as a liaison between enrollees and carriers may increase the frequency and awareness of carrier touchpoints among the QHP population, which in turn could raise satisfaction.

	QHP	Medicaid
	B	C
Carrier Satisfaction (base: named insurance carrier)	719	594
Extremely/Very Satisfied	58	76B
Carrier Interaction (base: named insurance carrier)	719	594
Yes	84C	67
No	15	32B
Carrier Touchpoints (base: had contact with carrier)	607	399
Received my health insurance card in the mail	75C	67
Received general plan information in the mail	69	65
Received a bill for premiums. Premiums are the cost of the plan itself	69C	8
Received an explanation of benefits statement in the mail	65C	45
Spoke with a customer service representative	50C	39
Received general plan information through email	44C	18
Don't Know/refused	1	2
Likelihood To Switch Carriers (base: QHP)	606	
Very/Somewhat Likely	33	-

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q25. How satisfied are you with the carrier you selected for your insurance plan? Would you say you are...?

Q23. Since signing up for an insurance plan with [INSERT RESPONSE FROM Q22A], have you had any contact with or received any information from the carrier?

Q24. You mentioned you've had contact with or received information from your insurance carrier since signing up. Which of the following types of communication have you had with your insurance carrier?

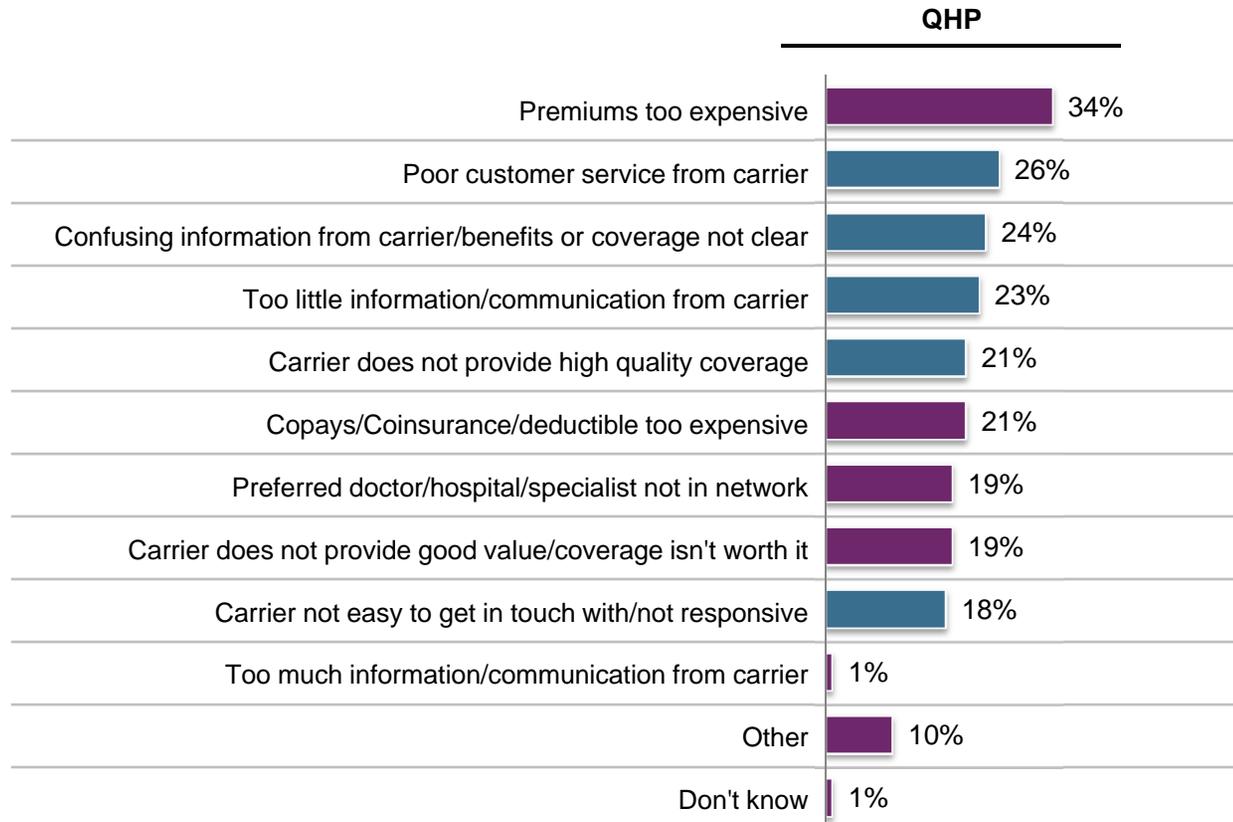
Q31. If you do re-enroll, how likely are you to switch carriers when re-enrolling for health insurance through Access Health Connecticut?



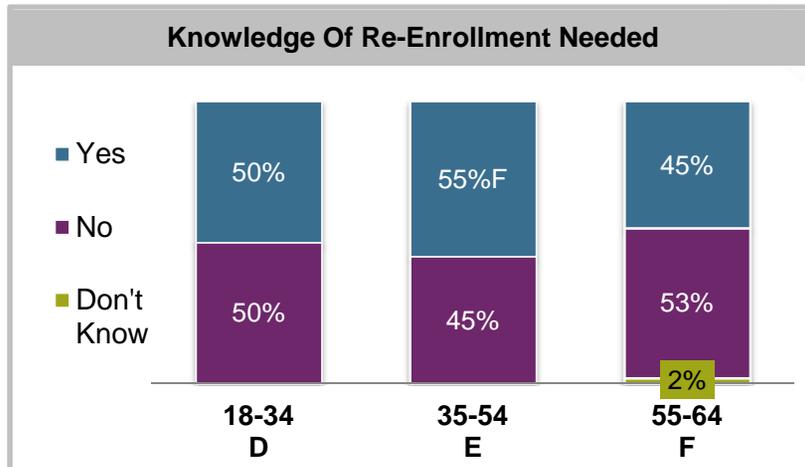
Reasons for Carrier Dissatisfaction

Among the small subset of QHP enrollees who indicate they are not very/not at all satisfied with their carrier (about 14%), the top reasons cited are “expensive premiums”, “poor customer service” and “confusing information”.

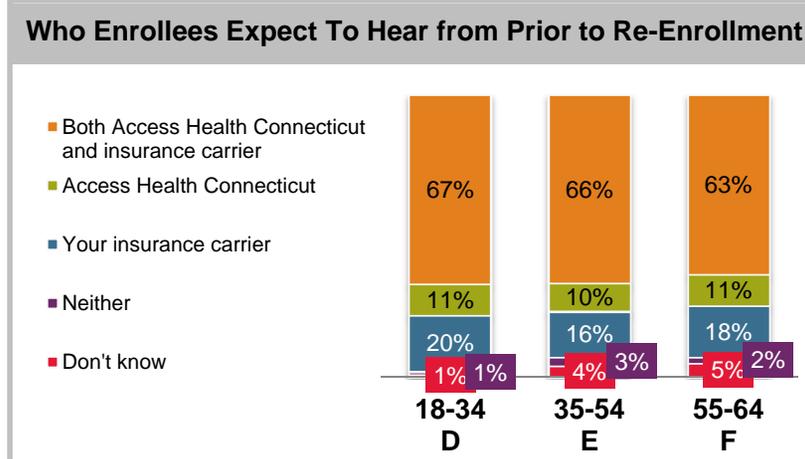
While price sensitivity can be challenging to overcome, roughly a quarter of dissatisfied enrollees indicate customer service and/or communication issues with their carrier – which presents a key opportunity for Access Health CT.



Re-Enrollment Awareness and Communication (QHP only)



QHP enrollees in the middle age bracket (35-54) are the most aware that they need to re-enroll to keep their coverage.



The majority (more than 6 in 10) of QHP enrollees, regardless of age, expect to hear from both Access Health CT and their carrier prior to re-enrollment. Open enrollment creates an important touchpoint and another opportunity to act on behalf of enrollees by making sure carriers are effectively communicating with enrollees.

Base: QHP Only: 18-34 (141); 35-54 (246); 55-64 (219)

Dd/Ee/Ff = Statistically significant at the 95%/90% Confidence Interval

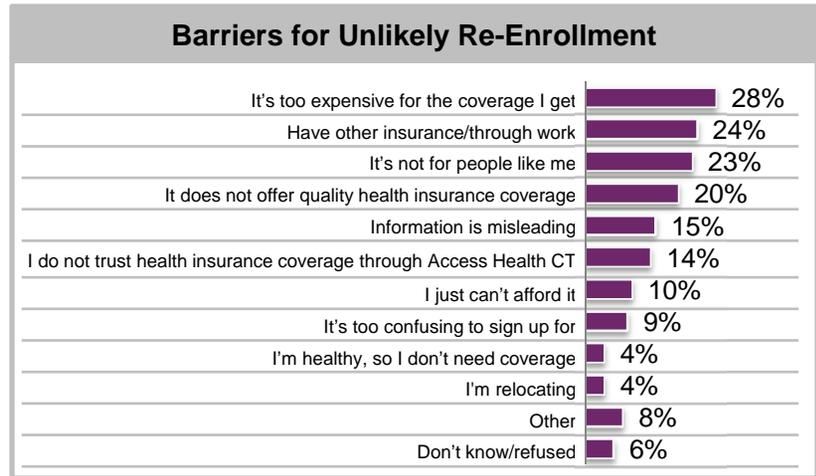
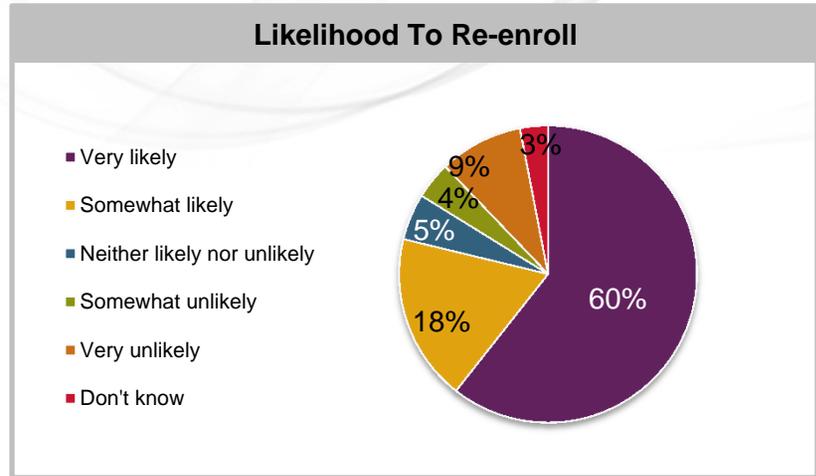
Q29. Are you aware that you need to re-enroll for health insurance through Access Health Connecticut at the end of the year in order to keep your health insurance coverage?

Q29A. Who would you expect to hear from when it comes time to re-enroll for health insurance?

Re-Enrollment Likelihood and Barriers (QHP only)

78% of QHP enrollees say they are very or somewhat likely to re-enroll for health insurance through Access Health CT at the end of the year.

Among the small subset (approximately 13%) of QHP enrollees who say they are somewhat or very unlikely to re-enroll, the most frequently cited reason is expense-related. Helping this group understand the value they get from their coverage may address the “not for people like me”, “quality”, and “misleading information” barriers as well.



Base: QHP enrollees who are somewhat/very unlikely to re-enroll (80)

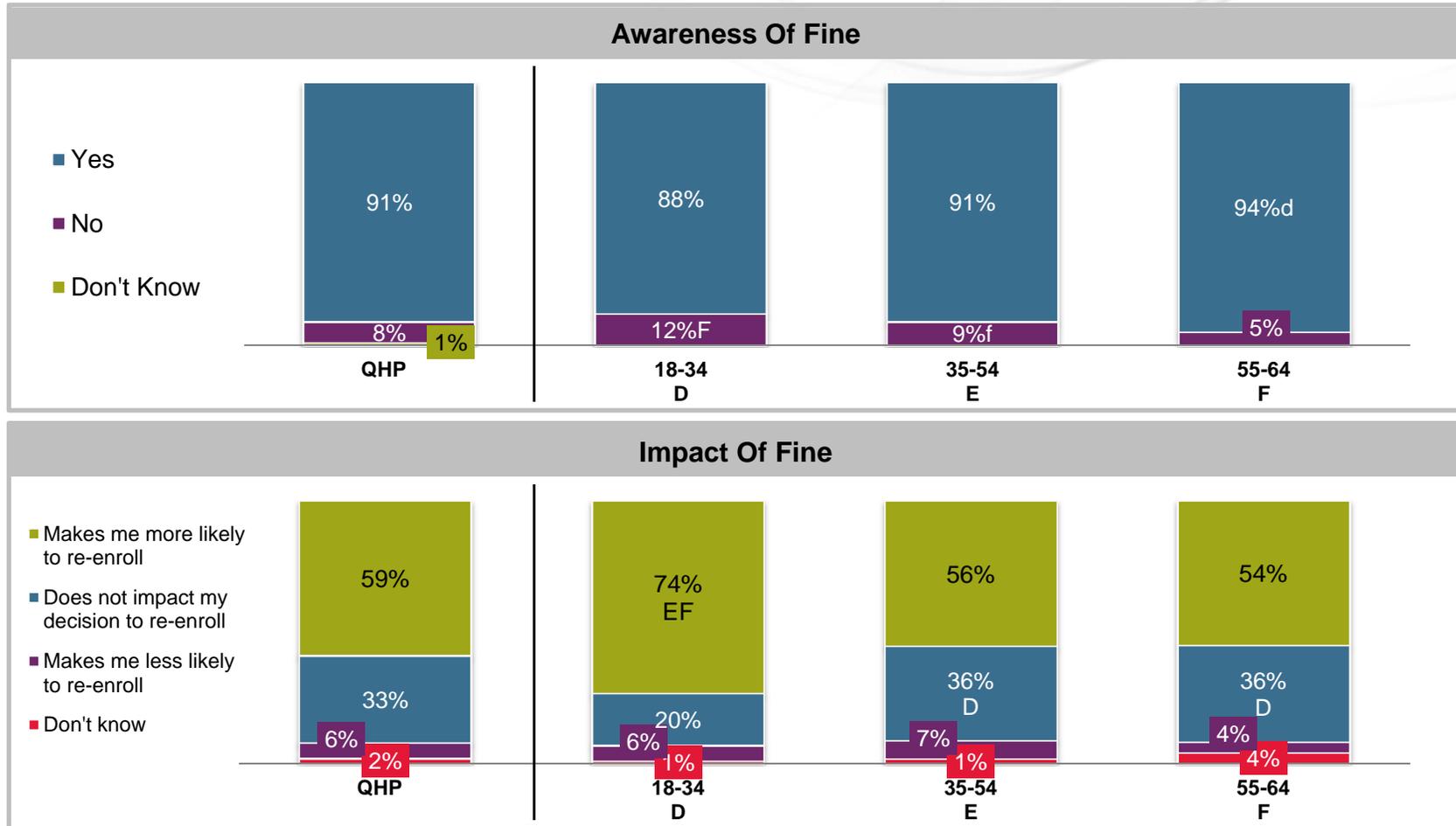
Base: QHP Only: (606)

Q30. How likely are you to re-enroll for health insurance through Access Health Connecticut at the end of the year?

Q30A. Which of the following, if any, are reasons why you are [INSERT RESPONSE FROM Q30] with Access Health Connecticut in the future for health insurance coverage?

Awareness and Impact of Fine

Younger enrollees are slightly less likely to be aware of the fine for not having health insurance, but are significantly more likely to re-enroll as a result of the fine. When messaging to younger age groups, the mandate and fine will be impactful. However, avoid an authoritarian tone.



QHP Long Survey Respondents: QHP (735); 18-34 (176); 35-54 (298); 55-64 (261)

Dd/Ee/Ff = Statistically significant at the 95%/90% Confidence Interval

QD3. Are you aware there is a fine for not having health insurance?

QD4. You may or may not know this, but there is a fine for those who do not have health insurance. [READ FOR ALL] Knowing this fine exists, does it make you more or less likely to re-enroll for health insurance?





Website UX and Value Understanding

Qualitative Research

February 2015

BACKGROUND



Access Health CT sought to understand the enrollee user experience when attempting to enroll for health insurance through Access Health CT's website. In addition, Access Health CT wanted to determine how enrollees calculate "value" when shopping for a health insurance plan; is this calculation limited to their monthly or yearly premium fees? To what extent to other cost-sharing charges (deductibles, coinsurance, copays) factor into this calculation?

The Pert Group met these research objectives through conducting qualitative in-depth interviews and in-store intercepts.

Approach Overview:



Visiting Access Health CT's storefronts in New Britain and New Haven, our expert moderators conducted observational ethnographies with enrollees as they attempted to enroll via Access Health's website. Additionally, a mix of former qualitative respondents and those who began but did not complete the enrollment process during the last open enrollment period were interviewed, one-on-one, at a centralized focus group facility.

These interviews included exposure to a custom-made "rough cut" video in which The Pert Group introduced respondents to various components worthy of consideration when shopping for insurance and determining "value". This exposure and the accompanying questions demonstrated the extent to which this type of information would be helpful to future enrollees when shopping for insurance through Access Health CT.

Approach

To truly understand the perspectives of these populations, our moderators used three methods from our extensive battery of techniques to effectively evaluate Access Health CT's website and understand how value a) is determined and b) can be better demonstrated to the everyday consumer.

For this study, our moderators utilized:



USABILITY TESTING

- Letting the consumer proceed through the actual website as they would normally. Moderators probed based on how the consumer navigates the website.



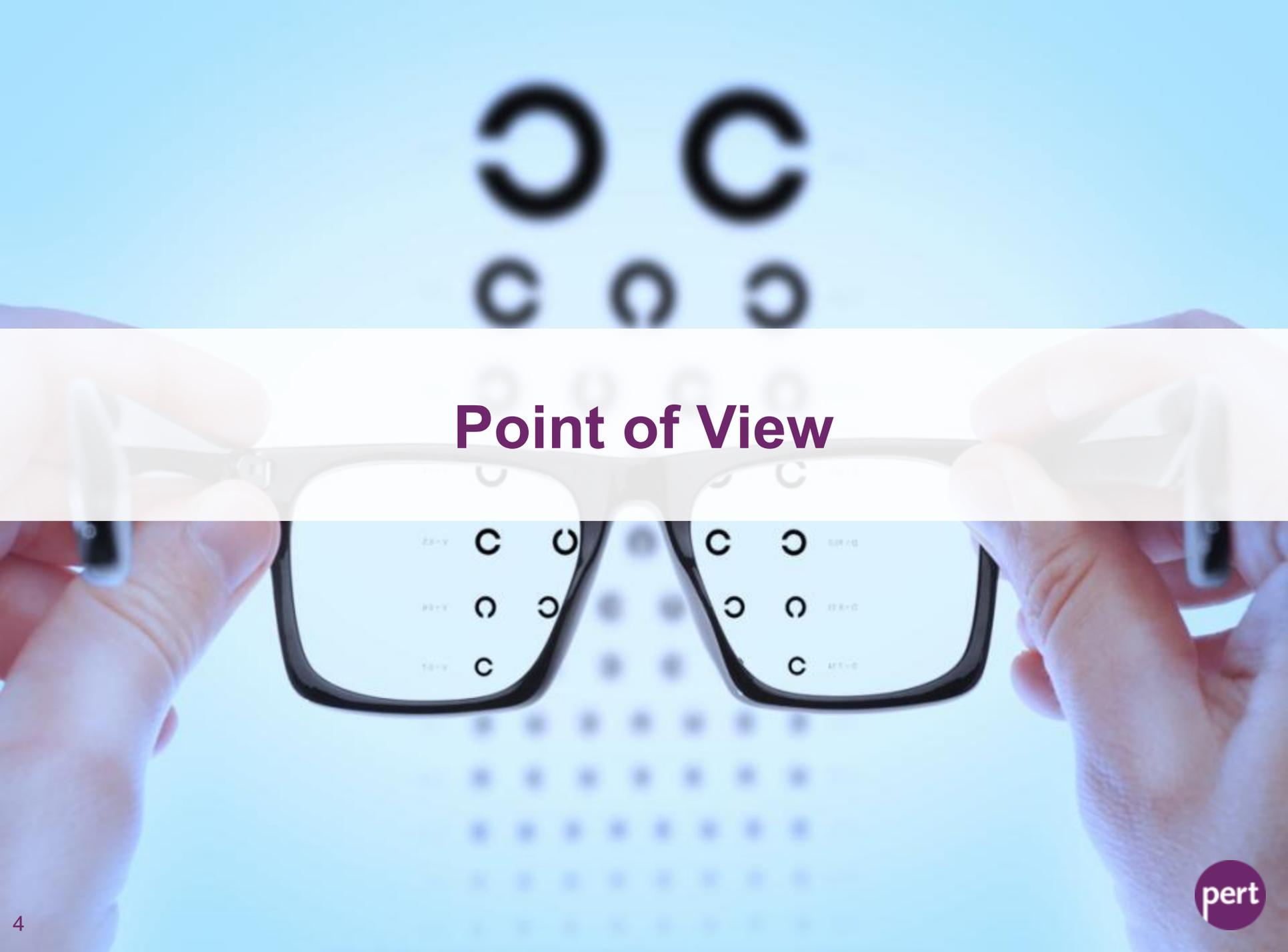
VIDEO EVALUATION

- Consumers watched a video demonstrating the various components in determining value in insurance to evaluate audience receptivity of the message and identify messaging that could be improved.



STORE INTERCEPTS

- In addition to recruiting from prior qualitative respondents and Access Health CT's "interrupted enrollee" list, our moderators intercepted consumers at the two Access Health store fronts and conducted a usability test in real time.



Point of View

Point of View

Consumers' overarching priority is to save money and spend as little as possible on health insurance. Communicate that Access Health CT understands this priority by making the user experience simple, welcoming, and easy to navigate.



To this population, **price is the main determinate of value**. Make sure the user experience (either in-store or online) allows consumers to quickly and easily understand and compare total out of pocket costs for any given plan.

- New enrollee consumers have a very limited understanding of the other value-adds included in having health coverage but know that, by law, they must be covered.



Consumers **do not want to be educated** about health insurance terms. However, they will readily absorb information along the consumer journey that is **presented as advice on how to save money**.

- Videos and tips/tricks can be a powerful tool. Use topics such as:
 - “Get the best value for your situation”
 - “Things to consider:”
 - “Did you know...?”

Point of View (Cont.)



Access Health CT must change the yellow alert box in order to mitigate the fear that the process will be difficult right from the start. The placement and style of this box leads consumers to think the entire process will be filled with tedious, small text that they will have to read.

- Use pop up messages that appear during specific application points or create a news box section before starting the application.



Revisit “Tina” – the FAQ avatar. While the idea of Tina is nice, consumers believe she is a chat tool, instead of an animated FAQ. Additionally, she not used in the store fronts and creates a distraction when applying online.

- At a minimum, modify programming scripts to allow Tina to be removed or minimized.
- Research the feasibility of turning Tina into a chat tool.



Access Health CT needs to change the “Browse Insurance Plans” page. Consumers find the page to be overwhelming and inundated with information that average users will miss.

- Make the page more visually appealing and digestible so that consumers can easily pick the plan that fits their needs best.

Very good

Average

Excellent

Poor

Optimizing the User Experience Across Channels

Detailed Findings

Tina is under utilized both in the store fronts as well as the online application.

Benefits of Tina

- **Tina is approachable:** Tina puts some online consumers at ease knowing they have a backup on hand to answer questions.

"I think it's good. I think that's very helpful. I know that I use that, insurance aside, I use that all the time. I'd do that before picking up the phone, every day."

- **Reminiscent of tax software and Microsoft Word:** Consumers are used to this type of assistance.

"You know what it reminds me of? When I do my taxes, the tax software has individuals like this. So that's my first initial impression, was 'oh.' Hmmm ... You know, it's similar to the tax, 'adjust gross income.' Yeah, I like that."

- **Defines terms that are previously unknown.**

"Okay, so she's like a help feature. I think that's cool. How do you guys feel about an online representative? I personally like it better than this assistant."

"She looks like she wants to help so she would be my go-to gal here if I needed help."

Drawbacks of Tina

- **Tina is in the way:** Tina is not used by store front employees and is a nuisance for self-guided enrollees.

"No, we didn't use her at all. Like I said, he knew where to go, how we were following right through."

"I wish I could minimize her."

- **Tina is confusing:** Consumers do not understand why the pre-set FAQ list was chosen.

"I didn't even know... okay, so these are answers to your inputs if you have any questions. Okay, I think it'll be easier to ask a question in a chat."

- **Consumers think Tina is a chat icon:** Consumers believe that Tina is a gateway to a chat icon, similar to the ones their internet/television provider has.

"It's a pretty big item on the page, it's too big. Usually when you go on some kind of a website you want to chat. Do you want to get help through a chat function and if you don't you just close it out and that's it."



Tina needs improvements in order for consumers to utilize her during the application process.

1 Turn Tina into a Chat Feature

Allow consumers to connect with a real live person through chat, not unlike many other websites.

2 Give Options

Provide easier options for minimizing Tina or completely removing her from the screen.

3 Consider Using a Video in Addition

Videos provide a human face to the seemingly human-less experience of health insurance.

"It's just covering off information. It's assuming you need help. It's a pretty big item on the page, it's too big. Usually when you go on some kind of a website you want to chat. What happens is there's a pop-up, do you want to chat? Do you want to get help through a chat function and if you don't you just close it out."



Consumers find the “Additional Household Member” section confusing.

- Consumers do not know who should be included in their household: is it people they live with or is it strictly a tax-filing household?
- Though consumers find this bothersome if they do not have any additional household members, they do appreciate the auto-population feature as the page is reloaded after hitting “remove.”



To avoid confusion:

- Make household members something to add on in the case of additional members.
- Explain clearly that “household member” is defined as a spouse or dependant.
- Additionally, keep the auto-population feature when adding/removing household members.

“I almost feel like ‘Add an additional household member’ or ‘add an additional spouse or dependent’ might be better than to have, as already an unnecessary block of information, that might not be applicable. Especially if I’ve got to click around. But at least all the information has been retained from the first time. If I had to enter all that again that would be more frustrating.”

“For my situation, I live with my girlfriend so I don’t know [that she counts].... Oh! Spouse or dependent only. So really, it’s neither one of those. I’m sure there might be an answer here somewhere but it’s not easily...”



Store Front Intercepts

Detailed Findings

Consumers follow a clear path when visiting Access Health CT store fronts.

Getting health insurance is too complicated for me to do alone.

- Consumers' concerns:
- Low income and may qualify for Husky
 - Language barriers
 - Confusion over insurance terms

I go to Access Health CT store front.

- Heard about from:
- TV Commercials
 - Friends/ Family
 - Mail
 - Online Ads

I start the application, but I don't have the right information.

- Do not have or know:
- Social Security numbers
 - Citizenship numbers
 - Past tax information

Access Health CT should help alleviate the potential gap in the enrollment process due to lack of materials and information by:

- Allowing for a non-linear portal
- More clearly informing consumers beforehand of what they will need to bring along to the store

I will come back into the store front once I get the correct information.

OR

I have to go back online once I get the correct information.

Despite some challenges, employees provide exceptional service to all consumers.

- Employees and consumers believe the store fronts are perfect for consumers who need more assistance than others, specifically:

1

Consumers have multiple questions, from why there are so many security questions to what certain terms mean. These questions are time consuming and prolong the process.

2

Consumers with language barriers beyond Spanish (i.e.; Arabic) can be a challenge for store front employees. Additionally, some consumers have family members present to translate for them, which takes up more time.

3

Some consumers are unsure as to whether or not they qualify for Husky plans and require additional assistance understanding their eligibility.



Consumers think that applying for health insurance is too difficult for them to complete on their own; therefore visiting the store fronts for help is ideal.

- Visiting the store fronts instills trust and confidence when navigating the process.



1

Consumers are looking for a trusted partner who can help them with their health insurance decisions; this is their main reason for visiting the store fronts, and the main outcome of visiting the store front.

2

Most consumers were unaware of how long the application process would take. Some assumed it would be faster than 30-45 minutes and others were shocked at how quick and easy it was.

3

Consumers do not know exactly what information they need in order to apply. Many struggled to find social security numbers or citizenship numbers causing a delay in the application process.

Most consumers struggled with the “easy” and introductory questions of the application process.

- Security questions and login information are especially hard for consumers. Even though stating they are fairly tech savvy, most struggle to even come up with a user name.
 - These questions create unease and cause skepticism that the application process will be easy.
- The worksheets that employees use to help consumers come up with a username/ password/ security questions were helpful, however, consumers still felt overwhelmed by them.



- Continue to use worksheets to help with beginning questions.
- Provide better explanations as to the importance of establishing a secure login and why the login information appears so daunting.

The linear portal creates problems during the application process.

- The most common point of frustration of the staff and consumers was the fact that the portal was linear. Therefore, if a consumer was not able to obtain or remember critical identifying information (social security or citizenship numbers, tax records), staff would be unable to complete the application.
 - Consumers would then be sent home to retrieve the information and finish the application online or come back to the store front.
 - Both consumers and staff were “annoyed” when they were unable to finish.



Evaluate the possibility and feasibility of creating a seamless system that allows users to toggle back and forth between each stage of the application process.

Once the application for health coverage is finished, there tends to be a long wait time for a broker to assist in choosing a plan.

- Consumers were forced to wait, sometimes upwards of 30 minutes after completing their application, for a broker to assist them in choosing a plan.
- Some consumers who had time were comfortable waiting for broker assistance, while others who were more pressed for time did not want to wait and found it very frustrating.



Have more brokers available during high traffic times (such as the end of open enrollment) or consider the ability to set appointments.



Website User Experience

Detailed Findings

After ignoring the yellow box, consumers are impressed with Access Health CT's homepage.

- The yellow box at the top of the page takes away from otherwise positive reactions to the homepage.

"[It's easy because] Everything you need is right here. Any question I would probably come to this website for or any reason I would come to this website is probably right there in those three blocks."

"Yeah, so far very helpful. Helpful. I'm actually kind of impressed."

Friendly
Uninviting
Confusing
Helpful
Easy
Simple
Self explanatory
Unintimidating
Inviting
Impressive
Concise
Colorful

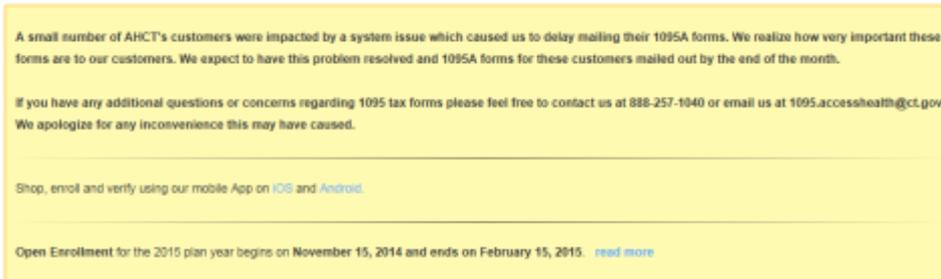
"It's somewhat confusing. I think they offer you too much here. I think they just kind of put too much."

"It's simplistic in a way, until you get into the details. It's simplistic but I think that's deceptive."

The yellow box confirms that the application process will be painful and taxing on consumers.

- The yellow alert box is **in the way and seldom read**. The box takes up too much space at the top of the screen which means that consumers need to scroll down in order to see the entire webpage.
- More importantly, the mere presence of the box makes consumers **fearful of what is to come** regarding the application process and removes any confidence consumers may have had before beginning the application.
- Additionally, **they expect this box to go away** as soon as they click on next steps for the application process.

“I don’t know, I think very first looking at it, it’s almost a little intimidating... There’s a lot of actual reading that has to go into the process.”



“I don’t know. I guess the first reaction is there’s a lot of words. You have to really pay attention before you start to navigate.”



This box needs to be removed in order to facilitate a better user experience. If the information is important to have at the top of the page, make it more user friendly (consider pop-ups, gutter positioning, etc.).

Most consumers click on “Get Health Coverage” at the top of the page to start the application.

- Some consumers do click on other icons, including “Individuals” or “Families” at the bottom of the page and “Create Account” at the top of the page.
- Additionally, some consumers mentioned that they felt as if the “Learn More” tab should be included under the “Get Health Coverage” banner.

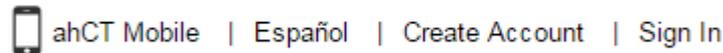
1.



2.



3.



“[I’d click] right where it says Get Health Coverage.”

“There’s your Create an Account or Sign In. I would go to ‘Create Account.’”

“I guess I would click right here on ‘family.’”

Consumers find the up front application process easier to navigate than they expected.

- The preliminary information consumers need to enter is an easy step to complete. Consumers also know exactly where they are in the entire process via the status bar at the top of the page.
- Additionally, the clean lines and simplistic design help consumers feel confident about the process.



Consumers think that they can click on each of the different sections to jump there. Make the different sections clickable for consumers to navigate easier.

“It’s nice that it kind of gives you an outline of what you’re going to be doing, after Basic Information, Insurance Plans. If it was just Basic Information and you didn’t know what the next step was but it was actually Browse Insurance Plans, you might be reluctant to start entering information without knowing where it’s going and what’s happening with it next or what options you still have.”

“It’s not so generic. It seems to be a little bit more friendly.”



However, that view changes as soon as they see the “Browse Insurance Plans” page.

- Across the board, consumers struggle with this page. They are visibly overwhelmed by the way in which the plan information is presented to them.
 - This page confirms consumers’ initial expectations (and fear) that applying for health insurance is too overwhelming.



Access Health CT needs a different way to present plan information so as not to overwhelm consumers. Scenario-based models allowing for cross-comparison of total out-of-pocket costs is one possibility to explore.

“[I feel] overwhelmed. Basically I just went from being simple to now they’re just throwing numbers at me without knowing anything about me.”



“It would be great to see a matrix here of some type, a chart that lists a lot of the benefits and how they vary per plan. Especially for someone like me who doesn’t have a lot of knowledge about insurances.”

Access Health CT must change the overwhelming look of the current plan page.

- Consider the following when presenting plan information:

Get to know your consumer

- Ask them questions centered around their specific health care wants/needs. This will make consumers feel that Access Health is invested in giving them the best plan possible.

"[I feel] overwhelmed. Basically I just went from being simple to now they're just throwing numbers at me without knowing anything about me."

Less is more!

- Create a visual that allows consumers to view benefits based on their needs.
- Provide a maximum of 10 plans within matrix.

"It would be great to see a matrix here of some type, a chart that lists a lot of the benefits and how they vary per plan. Especially for someone like me who doesn't have a lot of knowledge about insurances."

Provide reviews

- Reviews should be given by consumers in similar income brackets. This will show that Access Health understands the decision consumers have to make.

"Maybe what most of the people, what programs people in your category are choosing – you know, to get an idea of people in similar situations."

Consumers miss several important features of the “Browse Plans” page.

- Because of the overwhelming amount of information on the page, consumers miss several features that could potentially help them find their optimal plan. Specifically, consumers miss the areas outlined in red:

The screenshot shows a health plan selection interface. Red boxes highlight several areas:

- Sort tool and page numbers:** A box at the top right highlights the 'Sort By' dropdown (set to 'Monthly Premium') and 'Per Page' dropdown (set to '10'), along with pagination controls (1, 2, 3, 4).
- Question mark to define terms:** A box highlights a question mark icon next to the 'Estimated maximum monthly premium' text in the notice section.
- Quality rating:** A box highlights a five-star quality rating for the 'Catastrophic HMO Pathway X Enhanced' plan.
- Details page:** A box highlights a 'Details' button for the selected plan.
- Detailed Plan documents:** A box highlights a link that says 'Click Here For Detailed Plan Documents (PDF)'.
- Compare plans:** A box on the left highlights the 'Compare Plans' section, which includes a 'Compare These Plans' button.

Other visible elements include: 'You are shopping for:' section with applicant information; 'Total household income:' section with '\$50000.00 Per Year'; '41 of 41 plans' and 'No Filters Selected' filters; a notice about health coverage costs; a table of plan details for 'Catastrophic HMO Pathway X Enhanced' (Monthly Premium: \$133.74, Annual Out-of-Pocket Max: \$6600, Emergency Room: \$0, Primary Care Co-pay: \$40, Annual Deductible: \$6600.00); and a 'Compare These Plans' button.

Sort tool and page numbers

Question mark to define terms

Quality rating

Details page

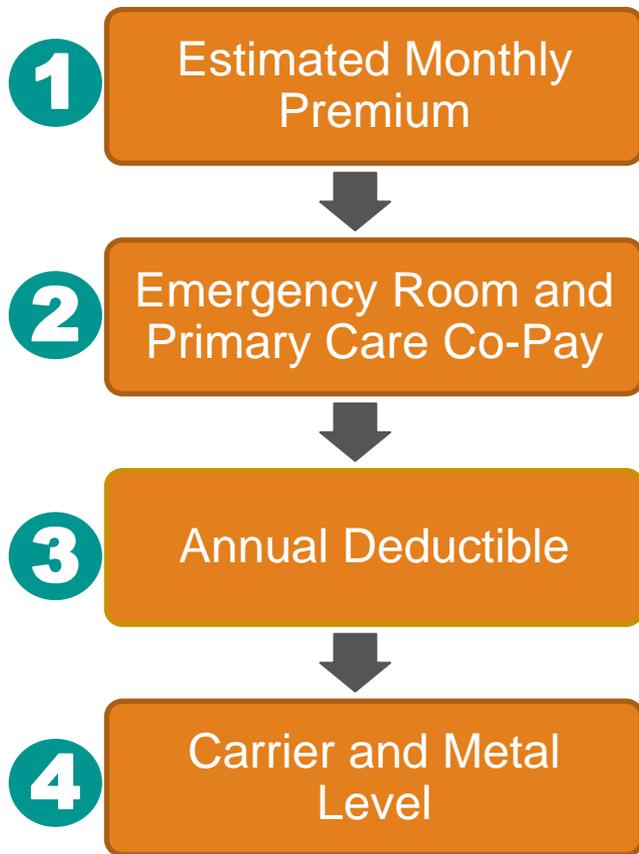
Detailed Plan documents

Compare plans



Consumers sort plans by what they believe to be the true cost of the plan.

- After getting over their initial shock of the page, consumers then evaluate the cost of the plans to determine which one is right for them.
- Below is how cost is ranked:



ESTIMATED MONTHLY PREMIUM	ANNUAL OUT-OF-POCKET MAX	EMERGENCY ROOM	PRIMARY CARE CO-PAY	ANNUAL DEDUCTIBLE
\$187.22	\$6450	\$0	\$0	\$4600.00

Click Here [Download Plan Documents \(PDF\)](#)

Check if your doctor is in-network Add to Compare APPLY

"I'm a very dollars and cents and bottom line person. For me it's, again, what am I paying monthly for my health insurance. That's what I want to know."

However, the “true cost of the plan” is not considered as total cost paid throughout the year.

- Consumers do not look at *all* costs associated with health care when evaluating total cost of the health plan.
 - Each cost is evaluated separately, which in turn means that they are often choosing the plan with the **cheapest monthly premium**.
- Clearly, additional education is needed, and beyond simply defining the terms. Consumers need **demonstrable examples** to help them understand the total costs associated with various plans.
- Ultimately, the goal is to **avoid the potential “sticker shock”** that can occur when consumers begin using their health benefits (e.g. seeing a doctor or visiting the ER).

“I should pick what’s affordable to me. [What is affordable to me is] the out of pocket, yeah, I guess it’s... the out of pocket maximum and annual deductible, that’s a little confusing to me, honestly.”

“Whatever plan you choose, one should just get a plan that’s affordable, if you can afford the premium. The difference of deductible, the out of pocket, these are a few hundred dollars in terms of differences. The cost of hospitalization is tens of thousands. That I know. Just having a plan, for me is good enough.”



Consumers claim they know what common health insurance terms are, however, they often do not know or are not confident in their answers.

- Consumers are especially unclear on how these terms impact and influence each other. For example, consumers do not know how different or similar the “out of pocket max” is to the “annual deductible”.
- Additionally, consumers do not want to let on that they are unfamiliar with terms they think they “should” know.

- Out-of-pocket maximum
- Annual deductible

“The out of pocket, yeah, I guess it’s... the out of pocket maximum and annual deductible, that’s a little confusing to me, honestly.”

Unfamiliar Terms

- Estimated Monthly Premium
- Emergency Room
- Primary Care Co-Pay

“That’s pretty much your out of pocket monthly costs.”

Familiar Terms



Consumers still need to be educated on these terms in a non-condescending way. Make the “?” box next to terms larger so consumers can see it or utilize a video in order to explain the terms. **Give consumers “permission” to require assistance.**

“I really don’t understand health insurance, I’ll be frank with you. Everyone seems to talk about and you turn on the radio, you read magazines, newspapers but it’s still not easy to understand. I think the definitions, all the terminology are not easy to kind of understand.”

Consumers do not understand how to get value out of their health insurance.

- Consumers struggled to define “value” as it pertains to health insurance.
 - Most mentioned that they will never know if they are getting their money’s worth until something bad happens to them.



For now, “value” equals price. Looking to the future, Access Health CT should consider developing material that demonstrates how consumers can get their “money’s worth” out of their insurance, either through consumer reviews, testimonials or other methods.

“I think when you asked, how do you know you’re getting your money’s worth, you have to have it. It’s a necessity and there’s penalties to not having it. That’s a tough thing. I don’t know how you quantify or balance paying a penalty versus just having coverage. Someone like myself can usually say, I never get any value out of it and I spend \$700 a year out of health insurance and I go to the doctor once for what might be a \$100 cost for checkup and exam and take my blood pressure. I don’t think you can actually tangibly say, yeah, I get my money’s [worth]... yeah, if I fell and broke my wrist, hurt myself and I had an allergy, infection, then I got my value out of my health coverage this year. I think it’s tough to kind of quantify that, put a value on that, per se.”



Value in health insurance is a confusing concept for all consumers to grasp.

"When I don't use it a lot, I'm really not getting my money's worth. But in order to get my money's worth I'd have to spend more money. It's almost like... like most insurances, it's kind of more a burden than something that I would be excited about unless I really needed it. Of course when I need it, I'll be happy to have it."

"I don't know how you know if you're getting your money's worth or not. Like any insurance plan, it's insurance. You're paying for the what if scenario. What if you get sick, what if you get injured, what if... it's not, I will. Not in this kind of health coverage, I don't want to get sick. At least if you have it, you know you have something."

"I don't think you ever get your money's worth. You pay more for a premium than you ever really use. I don't know. It's hard to tell."

"I think the value is basically, peace of mind. If you have health insurance and something happens, you've got some coverage. It may not be the greatest coverage because as you just saw, there's all different coverages but at least you have some. I think it's better than none, no coverage at all."





Understanding Value

Detailed Findings

The “Loretta Explains Value” Video

- This “rough cut” video was used in the interviews to understand a) if videos are a successful medium to explain various insurance terms to consumers and b) if the knowledge could ultimately help consumers arrive at a more in-depth understanding of “value”.



“That’s the other thing, too – you want to make sure your doctor is in that plan. I know a lot of people, if you’re comfortable with your doctor ... And that’s huge because having a comfortability.”

“At the end when the -- calls and everything is perfect ... I didn’t know --. Yeah, it definitely really explained everything I needed to know. It was good.”

The video provided confirmation of the terminology for some and brought awareness to others.

- Other than aesthetics, consumers struggled to find any negatives about the video.
- Three main takeaways were as follows:

Approachability Matters!

- Loretta was approachable, which put consumers at ease and created a “people like me” tone.

Confirmation Leads to Confidence

- The video provided confirmation of terms that some consumers already knew, which amplified feelings of confidence

An Ideal Education Platform

- Consumers felt like they learned something from Loretta explaining the terms – moreso than reading lengthy definitions or instructions



- Determine feasibility of integrating informational videos on the Access Health CT website.
- Approachability is key: make sure the video star is relatable and approachable.

Placing videos at the start of each section of the application could help guide consumers through process.

- The video would “prime” the consumer for the next section in the application, answer common questions and explain key terminology, mitigating the potential for stress, unease and fatigue.

“Yeah, that might be good. I think it’s probably most effective right where it is, in the beginning because I think you’re going to have the users that can just fly through it, kind of know what they want.”

“Personally, it’s tough to say because after seeing how short the video was, I would probably watch the video before I’d go to chat but if I didn’t know, I’d do the chat.”

“I got the clarification from the video, on obviously, your annual deductible, which made sense.”



No one wants to be “the first” when it comes to health insurance. Consumers would like Access Health CT to offer reviews and ratings of plans.

- The video sparked other ideas that Access Health CT should strongly consider:



REVIEWS OF PLANS

Consumers want to see reviews of plans, similar to what is found on Amazon.com or Overstock.com.



CONTINUED USE OF THE QUALITY RATINGS

Though consumers did not immediately notice the quality ratings, they still thought they were worthwhile to give a thorough understanding of what their coverage would include.



STORIES OF WHAT SIMILAR PEOPLE PURCHASED

No one wants to be alone: Seeing exactly what other people in similar situations purchased would be helpful for consumers to understand if their choice aligns.

“I think that’s in my mind, when I hear quality ratings, everybody’s definition of quality is a little different. But I think that would translate to, am I covered or am I not covered? Can I get the care and services that I need under the plan I’m paying for? I think that’s what quality is.”

“Maybe what most of the people, what programs people in your category are choosing – you know, to get an idea of people in similar situations.”



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An open book with a red cover is shown from a low angle, with its pages fanned out. The book is positioned in the lower half of the frame. The background is a solid, bright green color. A white horizontal band runs across the middle of the image, containing the word "Appendix" in a purple, serif font.

Appendix

Once consumers look away from the yellow box, their focus shifts to the simplistic and colorful design of the “Browse Insurance Plans” page.

- When the visual of the box is removed, consumers are able to focus on the design of the page and are actually surprised by its good appearance.

The screenshot shows the 'access health CT' website header with a search bar and navigation links. A large yellow notification box contains text about a system issue with 1095A forms. Below this is a progress bar with four steps: 'ENTER BASIC INFORMATION' (checked), 'BROWSE INSURANCE PLANS' (active), 'APPLY FOR HEALTH COVERAGE', and 'CONFIRM PLANS'. A disclaimer is visible at the bottom of the notification area, and a message at the bottom of the page states 'We've located 41 matching health plans!'.

Clean and simplistic.

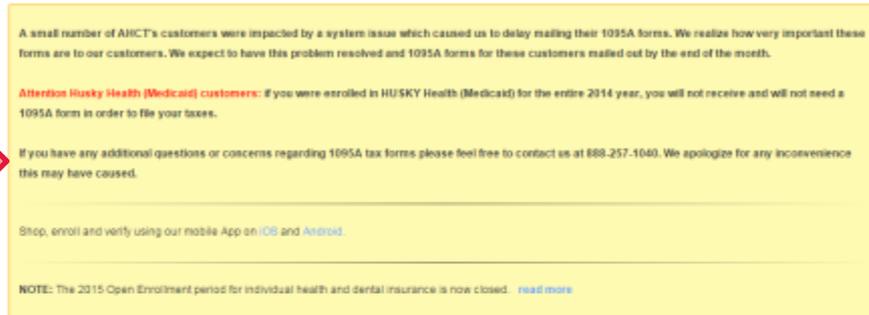
Helpful to understand where they are in the process.

Red is eye-catching even though the font is small.



The negative reaction to the large yellow box far outweighs consumers' enjoyment of the clean and simplistic design.

- This page is incredibly overwhelming to consumers because of the large amount of text and the amount of information to digest.

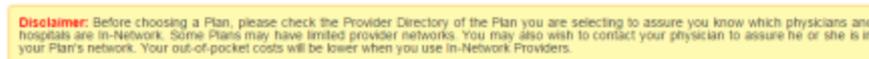


Box takes up half the webpage with information that is not read.



Must scroll down page to see actual plans.

Double yellow box is confusing and not read.



We've located **41** matching health plans!

Number of health plans is overwhelming to most.



*NOTE: Screenshot was taken AFTER open enrollment ended.

Consumers are interested in a variety of methods for applying for health insurance.

- Applying online and in-person were the most preferred methods of applying for insurance.
- A mobile app piqued a lot of interest among younger consumers, especially those who do “everything” on their mobile phones.
- Additionally, the store front staff pushed the mobile app for uploading paperwork.

“But people my age probably would prefer the Internet where it’s just easy, it’s done.”

Internet



“I guess if there was a storefront you could go in and talk to somebody. That would probably make a lot of sense. I wouldn’t even have thought of that.”

In-Person



“Phone, it’s kind of 50/50. People get frustrated...because you’re not getting the answer you want, they want to talk to somebody else.”

Phone



“I love mobile apps. Any time there’s a mobile, I download everything. I’m very comfortable with most of the technology.”

Mobile App



Non-store front consumers were unaware that Access Health CT offered a mobile app. Generate more awareness for the app outside of the store fronts.

