# CalHEERS Project and Usability Update April 8, 2013





COVERED CALIFORNIA

### **CalHEERS Project**

# Agenda

- Project Introduction
- Business Functions
- User Scenario

Individual Eligibility and Enrollment

- Project Status
- Questions



# **Project Introduction**

# California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) Project:

The Patient Protection and Affordable Care Act of 2010 requires states to create a simple way for individuals and small businesses to obtain affordable health care coverage. Starting in January 2014, millions of Californians will be eligible for coverage, often with substantial subsidies. CalHEERS is an automated system that will:

- Serve as the consolidated system support for eligibility, enrollment, and retention for the Exchange, Medi-Cal and Healthy Families
- Help improve Californians' access to affordable health care coverage options
- Help people make informed choices among health plan options



# **Project Introduction**

## CalHEERS Project includes:

- Requirements Analysis
- System Design, Development and Testing
- Training
- Implementation
- Operations and Maintenance
- Hosting Services and Service Desk automation

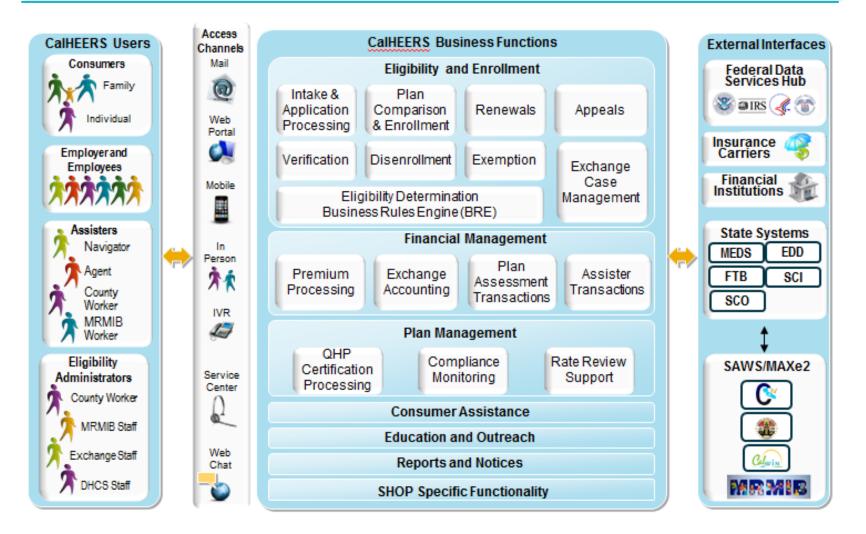


# **Project Introduction**

- Project sponsors: Covered California and Department of Health Care Services (DHCS)
- The project started in late June 2012
- As of January 2013, more than 267 personnel are supporting CalHEERS project activities full time
  - $_{\circ}$  230 Accenture and partners
  - 37 State and consultants



## **CalHEERS Business Function Overview**





## Users



- Consumers
  - Families, Individuals
- Small employers and employees
- Assisters
  - Navigators, agents, MRMIB workers
- Eligibility Administrators
  - County workers, MRMIB staff, Covered California staff, DHCS staff



# **Access Channels**



- Web portal
- Mail
- Mobile
- In person
- IVR
- Service center
- Web chat



# **Business Functions**



### Eligibility and Enrollment

 Intake, Plan Comparison, Renewals, Appeals, Exemptions, Eligibility

### Financial Management

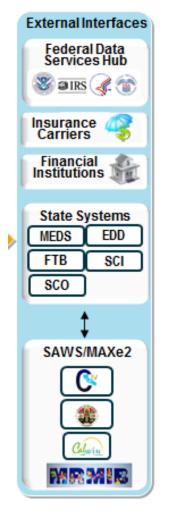
 Premium Processing, Exchange Accounting, Plan Assessments, Assister Transactions

### Plan Management

- QHP Certification Processing, Compliance Monitoring, Rate Review Support
- Consumer Assistance
- Education and Outreach
- Reports and Notices
- SHOP Functionality



# **Partners**



### Federal Data Service Hub

 IRS, Social Security Administration, Department of Homeland Security

### Insurance Carriers

- QHP data exchanges and testing, Provider Database
- **Financial Institutions** 
  - State Systems
     MEDS, EDD, FTB, SCI, SCO
- SAWS/MAXe2
  - ° C-IV, LEADER, CalWIN, MRMIB



# **User Scenario**

- To bring the concepts of the CalHEERS system to life, we present a user scenario: Individual Eligibility & Enrollment
- Please note that the screen shots and flows you will see are pulled from work-in-process, which are likely to change in form as the designs are finalized
- Screen navigation and usability will be based on industry standard UX2014 guidelines
- Usability research results will be implemented on prioritized basis



## **User Scenario: Eligibility & Enrollment**

- Set up account, identify household members, personal data, income
- Verify income, determine subsidy (advanced premium tax credit)
- Compare and select health plan

PLEASE NOTE: The screen images reflect draft design materials



Sign In | Create Account



#### How the Exchange Works

Welcome to the website of Covered California. This is a new state-sponsored marketplace to give all Californians access to affordable health insurance.

For Individuals: Whether your are healthy or have health concerns, you need insurance. Covered California lets you compare and choose your own health plans. You can also find out if you are eligible for free coverage or for federal tax credits to make insurance more affordable.

For Small Business: If you are a small business owner, Covered California can make it easier and more affordable to offer health insurance to your employees.

#### Announcements

Monday 10/1/2014	System Availability Exchange will be down for regular maintenance from 9am to 6pm CST on 31-Dec-2014
Friday	Income Tax Filing Season
9/28/2014	File your income tax by 31-

File your income tax by 31-Mar-2014. For more, see http://www.irs.gov

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#### Who Are You?

Click "Go" in one of the boxes below, so we can point you in the right direction.

#### Individual or Household



#### Small Business Employer



I represent a small business, and we are interested in setting up insurance plans for our employees.



help others select insurance (as a

Navigator, Carrier, Agent, or Authorized Representative). Go

#### Information

?

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Go

Α-

Program Goals & Purposes Locate Assistance

**3** -

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Resources

Give Us Your Feedback Log your Complaint/Inquiry

Links

California Department of Health & Human Services

Medi-Cal

U.S. Internal Revenue Service

Centers for Consumer Information & Insurance Oversight (CCIIO)

Site Map | Privacy Policy | Terms of Use | Accessibility Statement

Contact Us: State Health Exchange Agency 23892 Martin Luther King Boulevard State Capital, ST 12345 (888) 555-1212



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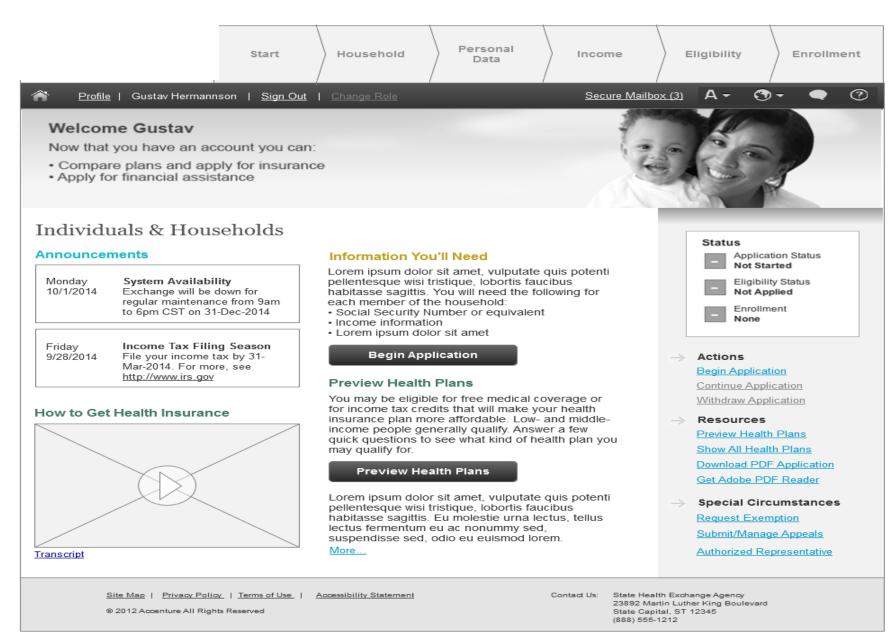
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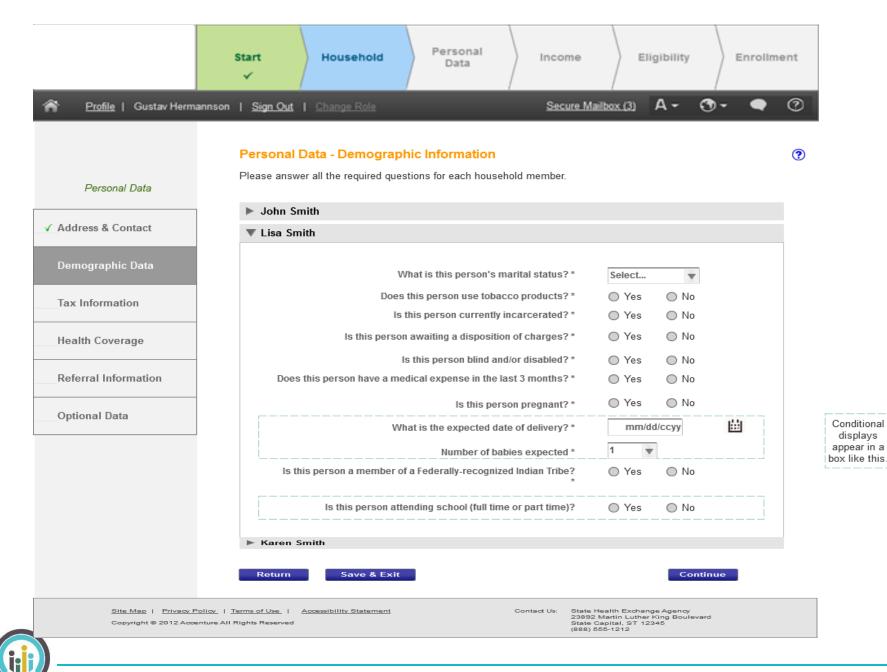




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Member 2	Gender * Date of Birth * Male 01/15/1978	
Member 3	Is this person a U.S. Citizen or National? *   Yes No	
Add Member	Does this person have a Social Security Number?	
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	Next Member	
	Back Save & Exit Continue	
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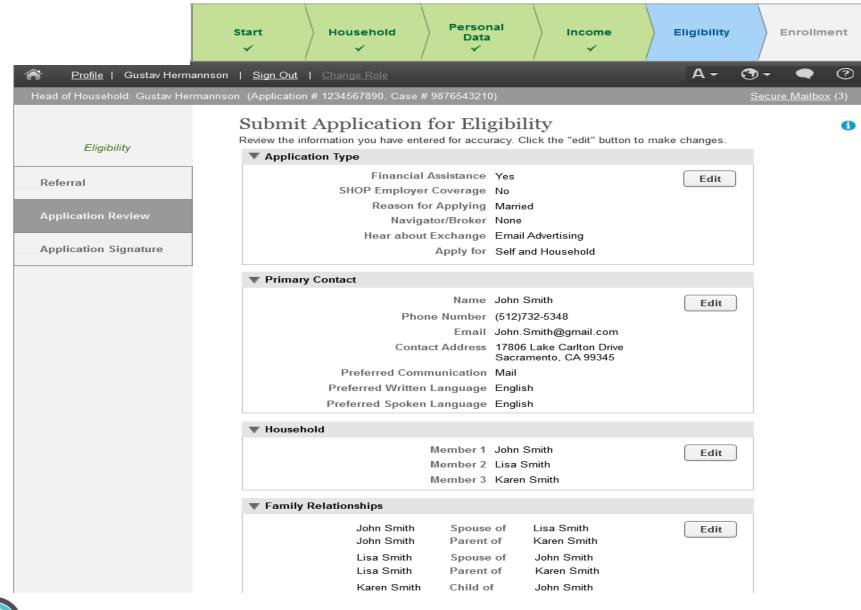


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## **Project Status**

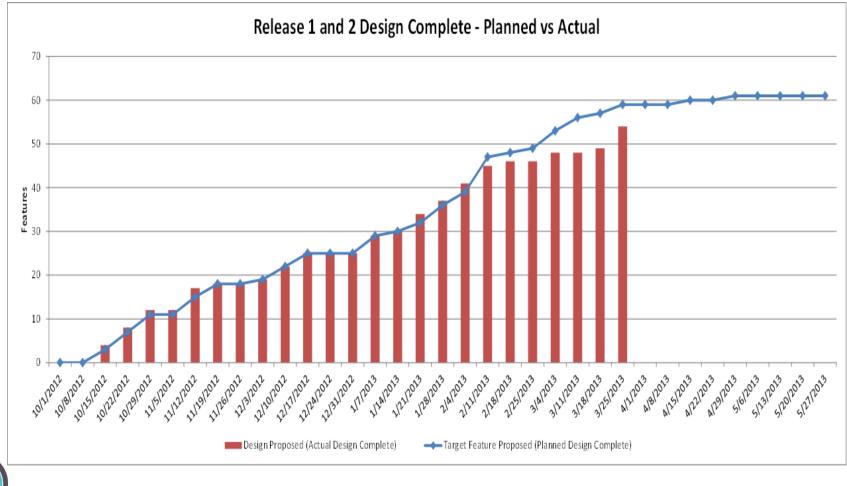
### **Test Timeline**

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## **Project Status**

## **Design Status**

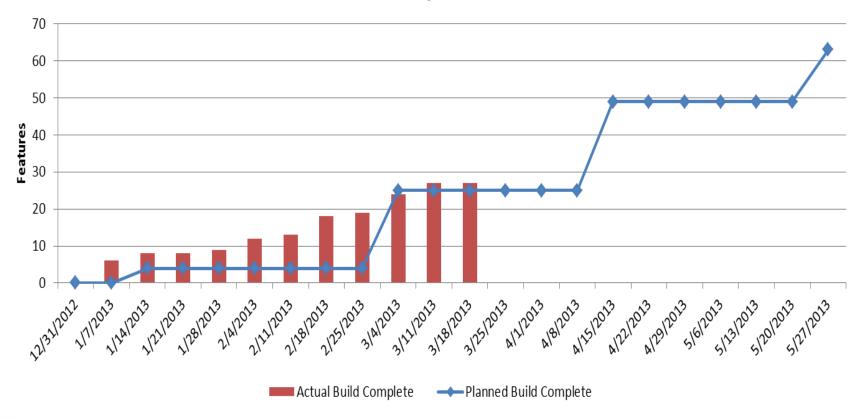




## **Project Status**

### **Development Status**

Release 1 & 2 Build Complete - Planned vs Actual





- Deferred System Functionality Project has prioritized features to maximize enrollment, with administrative and late-breaking capabilities scheduled for later
  - Reporting
  - CalHEERS-SAWS interface
  - $\circ\,$  Supplemental dental and vision plans
  - On-line access by authorized representatives

- Medi-Cal plan choice
- On-line filing of appeals and exemption requests
- Bridge plan



### **Design Approach - Pending Policy Decisions**

- New adult Medi-Cal populations
- Establishment of deprivation
- o Former foster youth
- o Authorized representative
- $\circ\,$  Income conversion for MAGI
- Periodic re-verifications
- Residency verification
- $\circ\,$  Renewal date timing
- $\circ\,$  Point in time vs. future projected income



# **Horizontal Integration**

On-line application will include this question:

Would anyone in the household like a referral to the local Health and Human Services Agency for any of the following programs?

- -CalWORKS
- -CalFresh



# **SAWS Portals & Health-e-App**

Three SAWS portals add relevant questions to comply with new application

o Link to Covered California for insurance-only applicants

Health-e-App to be decommissioned

URL address automatically rerouted to Covered California



# **Usability Timeline**

Understand 11/2012 – 01/2013	Gain understanding of people and context through user research Identify key design constructs and principles
<b>Define</b> 01/2013 – 03/2013	<ul> <li>Determine overarching system design constructs including:</li> <li>Information architecture</li> <li>Key task flows</li> <li>Interaction models</li> </ul>
<b>Design</b> 03/2013 – 05/2013	<ul> <li>Design key components of platform by determining:</li> <li>Key page types</li> <li>Essential task flows</li> <li>Page level interaction / Visual design</li> </ul>
<b>Deliver</b> 05/2013 – 07/2013	Extend the platform into the system using: • Design specifications • Pattern libraries



## **Usability Approach: Conduct User Research**

Foundational research

- Ethnographic Research Field research, interviewed target audience
- Diary Studies
- Landscape Review User feedback on design constructs

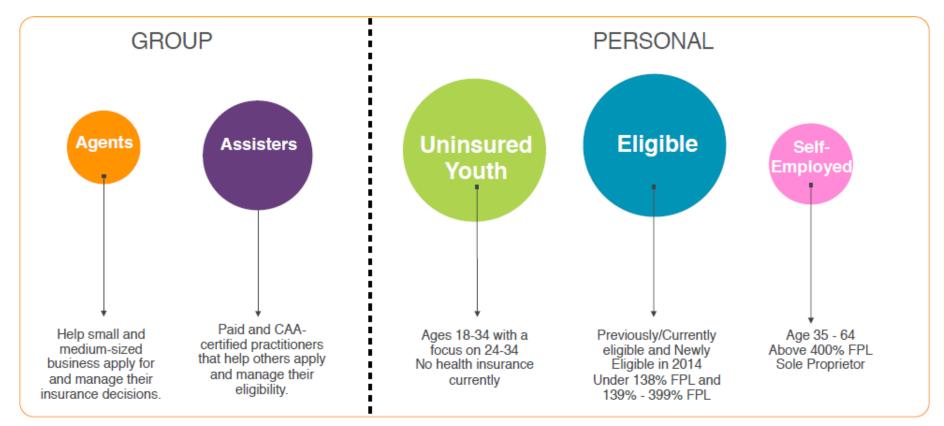
User testing of prototypes

- Eye-Tracking Studies
- Information Architecture and Navigational Model Design
- Look-Tone-Feel Study Design and integration of a cohesive branding
- Iterative Test & Design User feedback on design constructs



# **Target Audience**

Californians, 6th Grade literacy, English proficiency, Online proficiency, & Urban/Rural Geographies



Demographic mix based on California Census, wide range of experience (or no experience) with public and private healthcare systems.



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## **Usability Approach: Leverage Existing Research**

- UX2014 design principles
- Pacific Business Group on Health (PBGH) research on plan choice
- Ogilvy/National Opinion Research Center (NORC) marketing research
- Consumers Union reports
- Behavioral economics literature
- Best practices from existing sites
- Stakeholder input



- Consumers will not view all plans
- "Smart" sort leads to higher value plan selections

You

### **UE** Solution

• Smart sort: Use user preferences to order initial display of plans so that "best fitting" plans are displayed first

### **UE** Configurations

• Move from ranking question to **default smart sort** combining total cost, quality, and doctor in plan

#### Tell us what's important to You, and we'll find matching Health plans

The purpose of these questions is to help you shop. Answer these optional questions to make shopping for health insurance easier.

	> Coverage Start Date	
	01/01/2014	
	> Rank Your Preferences	
		e 3 attributes from the 'Most Important' to the 'Least Important'. Based on nd sort the available plans to show you those that match your needs best.
	Low Monthly Premium 🔞	Most Important
	Low Deductible 😡	Most Important
	Low Max Out-of-Pocket 😡	Most Important

Medical Conditions and Usage



• Cost calculator leads to higher value plan selections

- Allows apples-to-apples comparison of plans
- Reduces health insurance literacy and numeracy requirements

### **UE** Solution

 Ask about expected medical services use to provide an estimated annual cost at time of care for each plan

• Sum with premium to provide total cost

### **UE** Configurations

 Configure the questions asked to reflect PBGH design

• Configure the corresponding cost algorithm

#### ✤ Rank Your Preferences

#### > Medical Conditions and Usage

Health insurance plans can require very different charges for medical services and medications. We'll help you estimate about how much each plan could cost you.

Your responses are not saved or shared with any health insurance company. Also this information is not used to determine premium pricing or plan availability.

#### How often do you expect to see your Primary Care Doctor this year? 🥹

3 times a year
How often do you expect to see a Specialist? 🚱
2 times a year
Are you pregnant or planning on having a baby this year? 🕢
© Yes ⊚ No
Do you anticipate a major procedure this year? 🥥
© Yes ⊚ No
Do you suffer from a major chronic illness? 🕢
● Yes <sup>●</sup> No



• Cost calculator leads to higher value plan selections

- Allows apples-to-apples comparison of plans
- Reduces health insurance literacy and numeracy requirements

#### **UE** Solution

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Your responses are not saved or shared with any health insurance company. Also this information is not used to determine premium pricing or plan availability.

#### Medication Use

Choose the <u>one</u> category that best describes the prescription drug use you expect for next year. For a family, choose the category that best describes the family member who will probably need the most services. One prescription lasts 30 days. For details see <u>Medication Use</u>.

Level 1 No health problems or brief illness requires about 2 prescriptions during the year.
 Level 2 Medication for a moderate health problem requires about 5-7 prescriptions during the year.
 Level 3 Regular, ongoing medication needs requires at least 1 prescription each month and sometimes 2 prescriptions each month.
 Level 4 Multiple prescriptions used daily requires more than 30 prescriptions during the year.

#### Medical Service Use

Choose the one category that best describes the medical service use you expect for the next year. For a family, choose the category that best describes the family member who will probably need the most services. For details see Medical Services Use.

- Level 1 No health problems or a well-controlled condition requires 2 doctor office visits, including a regular check-up, and several lab tests during the year.
- Devel 2 Moderate health problem requires regular doctor care to watch or control a problem; 5-6 doctor office visits and regular tests or treatments during the year.
- Level 3 Significant health event or problem requires monthly doctor office visits, outpatient treatment and a number of lab, x-ray or other services, like therapy, during the year.
- Level 4 Serious and costly problem or condition requires a hospital stay and considerable outpatient care for the problem (or for expected care like pregnancy); about 20 doctor office visits and a large number of tests or treatments during the year.



- Column format improves choice efficacy
- Accommodates multiple, complex dimensions
- Compatible with information hierarchy

### **UE** Solution

- Present plans in columns
- Use **information hierarchy** to emphasize key dimensions

### **UE** Configurations

• Key plan dimensions expanded in summary box: cost, quality, doctor in plan, product type, metals tier

• Additional plan details organized by EHB and collapsed at first view



4 Plans 1 2 >		Sort By 🔻	Your Favorites (0)	Print Enroll
CELTIC	CEI	LTIC	CE	LTIC
Celtic Basic 80/20 \$5,000		SA PPO 80/20 -Single		PPO 100 \$5,000- ngle
BRONZE	PLATI	INUM	BRC	
Your Monthly Premium \$380.00		nly Premium <b>0.00</b>		hly Premium
v Plan Summary Information				
Your Annual <b>\$4560.00</b> Premium	Your Annual Premium	\$7200.00	Your Annual Premium	\$7560.00
Out-of-Pocket Estimate <b>\$1617.00</b>	Out-of-Pocket Estimate	\$1617.00	Out-of-Pocket Estimate	\$1385.00
Overall Plan Quality ★★★★	Overall Plan Quality	****	Overall Plan Quality	****
Product Type PPO	Product Type	РРО	Product Type	PPO
Providers Search	Providers	Search	Providers	Search
> More About Your Health Ca	re Costs			
> Doctor Visits				
> Prescription Drugs				

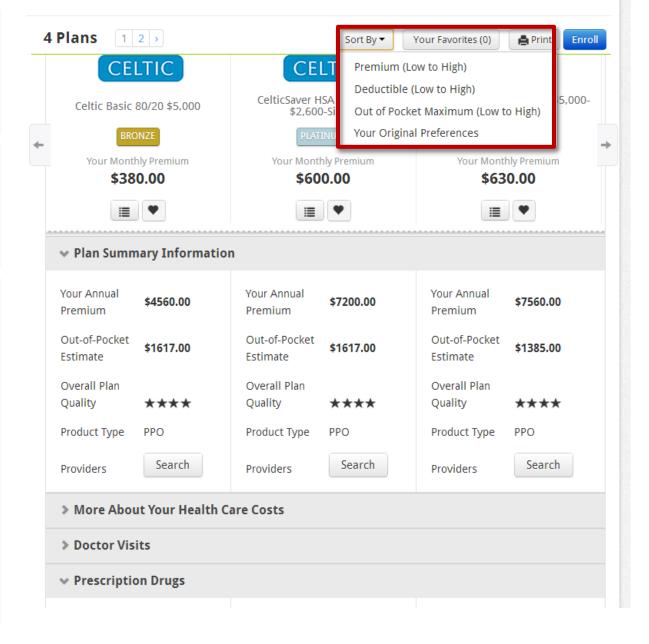
Consumer preferences vary
 and often change

### **UE** Solution

• Allow users to re-organize plans to better meet their needs

### **UE** Configurations

- Recommended sort criteria: total cost, premium, cost at time of care, doctor in plan, quality, deductible, brand name
- Tools to encourage sensitivity analyses: Adjust utilization to update cost at time of care estimates
- Future: Add filter functionality





## **Questions**?

