



Marketplace Survey Improvement Guide

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1. Introduction to the Marketplace Survey Improvement Guide

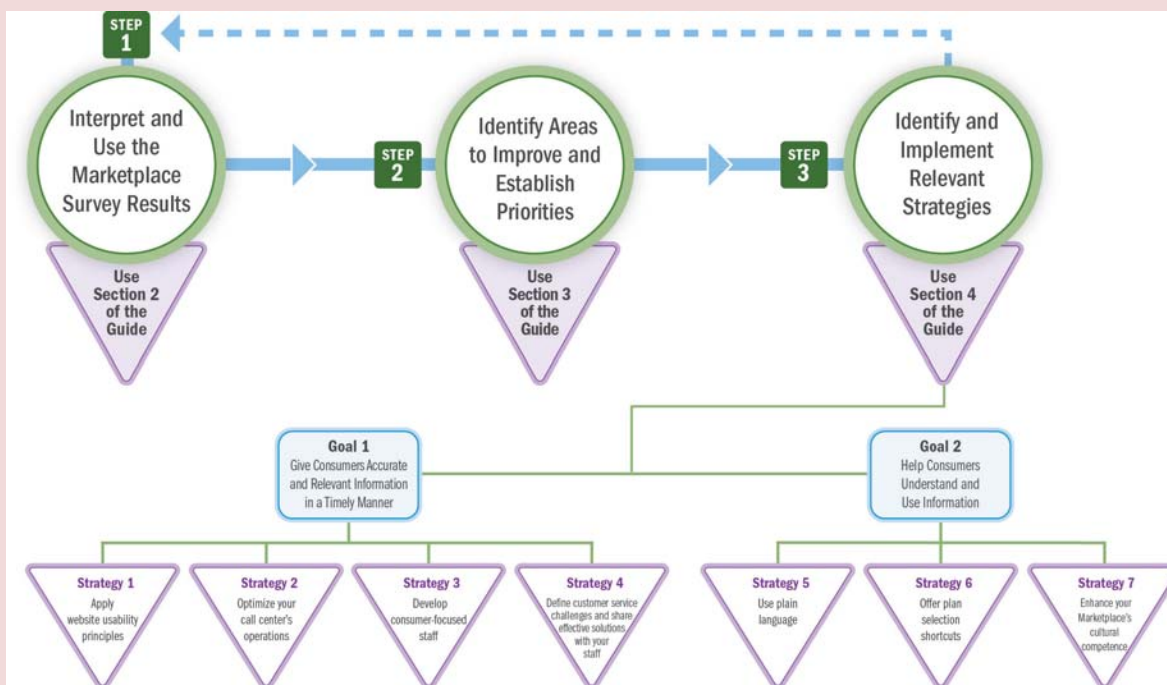
Thousands of consumers have now gained some experience with getting health care coverage through your state's Health Insurance Marketplace. What do you know about their experiences using your Marketplace to seek and secure affordable, high-quality health insurance?

To help Marketplaces answer this question, the Centers for Medicare & Medicaid Services (CMS) administered the Health Insurance Marketplace Survey (Marketplace Survey), a standardized questionnaire for individuals who shopped in the Marketplaces for health insurance. The Marketplace Survey asks consumers who have visited a Marketplace to report on their experience using the website, call center, and/or in-person assistance to find information about insurance options, determine eligibility for a subsidy, compare and choose a health plan, and enroll in a health plan. This *Marketplace Survey Improvement Guide* (the Guide) is designed to help your Marketplace use the survey results to improve consumer experiences when they shop for and enroll in a health plan.

>> **Learn more:** For an overview of the Marketplace Survey, see [appendix A](#).

The roadmap in [figure 1.1](#) shows you how to use the Guide to help you improve consumer experiences. It identifies the steps you may take—starting with reviewing your Marketplace Survey results to implementing performance improvement strategies and interventions—and the corresponding sections of the Guide that can help you with this process. Performance improvement is an iterative and ongoing process. You can use the Guide throughout your improvement efforts.

Roadmap for How to Use the Guide (Figure 1.1.)



Why Improving Consumer Experience Is Worth Your While

Ultimately, improving consumer experience is a critical way to increase enrollment and retention rates in your Marketplace, which in turn will increase Marketplace stability and reduce volatility in health plan premiums. In the nearer term, improving consumer experience can result in measurable benefits to your Marketplace:

- **Higher levels of follow-through by consumers.** If consumers have a positive experience at each possible touch point—on the Web, on the phone, or meeting with an assister—they are more likely to act on the information provided and complete the enrollment process.
- **Greater efficiency of operations.** By minimizing the need for consumers to return for additional assistance, you can meet their needs more efficiently and lower your costs.
- **Improved reputation.** When consumers and their advocates have a good experience with your Marketplace, they can help “sell” the value of the Marketplace and its health insurance products to other consumers—including those in hard-to-reach population subgroups—community organizations, and health care providers.

>> **Learn more:** For talking points about using the Marketplace Survey to improve the consumer experience, see [appendix B](#). You can use the talking points for presentations to Marketplace leaders, colleagues, and stakeholders about the importance of improving the consumer experience with the Marketplace and how the Marketplace Survey can help.

Who Developed This Guide?

The Marketplace Survey Improvement Guide was produced by American Institutes for Research (AIR) under contract to CMS. AIR conducted extensive research, including a literature review and interviews with experts, to identify the best available evidence on strategies and interventions that have enabled organizations to improve the consumer experience. In addition, an informal advisory group of Marketplace staff members provided feedback throughout the guide’s development. The CAHPS Improvement Guide (<https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html>), sponsored and supported by the Agency for Healthcare Research and Quality (AHRQ) and CMS, served as a model for this guide.

How You Can Use the Marketplace Survey Results and This Guide

To get a sense of what happens when consumers use your Marketplace, you may be looking at a variety of data sources, including website statistics, call center records, complaints, and in-house surveys. All of these sources can offer useful insights. But they don’t give you a yardstick to compare how well your Marketplace is serving consumers *relative to other Marketplaces* and where you can most effectively focus staff and other resources to improve performance. The Marketplace Survey results provide you with this comparison.

You can use this Guide as a companion to your Marketplace Survey results to:

- Better understand how to identify areas in need of improvement, uncover the root causes of performance problems, and establish priorities for improvement.
- Identify strategies and interventions you can implement to improve consumers’ experiences with your Marketplace’s services.

Moving From Identifying Problems to Identifying Solutions

The Guide offers a variety of improvement ideas, or interventions, for your Marketplace to consider. No Marketplace is expected to implement all of the interventions. The Guide’s purpose is to lay out options to help each Marketplace determine which interventions will work best for it.

The interventions are organized into seven strategies ([table 1.1](#)) that focus on the primary ways consumers interact with a Marketplace: over the phone, Web, and in-person. The strategies can help Marketplaces achieve two key goals:

- Give consumers accurate and relevant information quickly.
- Help consumers understand and use the information to assess eligibility for subsidies, compare and choose a health plan, and enroll in a health plan.

Strategies to Improve Consumer Experience Organized by Goal (Table 1.1)

Goal 1: Give Consumers Accurate and Relevant Information in a Timely Manner	Goal 2: Help Consumers Understand and Use Information
Strategy 1: Apply website usability principles	Strategy 5: Use plain language
Strategy 2: Optimize your call center's operations	Strategy 6: Offer plan selection shortcuts
Strategy 3: Develop consumer-focused staff	Strategy 7: Enhance your Marketplace's cultural competence
Strategy 4: Define customer service challenges and share effective solutions with your staff	

Once you have determined which challenges to tackle first, you will be able to hone in on the interventions that are best suited to the services you offer and your capabilities and resources. If yours is a State-Based Marketplace (SBM), for example, you can explore a wide range of ideas for improving the consistency and timeliness of information conveyed by your website and call center. If you use the Federally-Facilitated Marketplace (FFM), on the other hand, you may want to focus on improving consumers' experiences with educational materials and local services, such as Navigator organizations.

2. How to Interpret and Use the Marketplace Survey Results

Key Points

This section explains how the results of the Marketplace Survey are presented and suggests ways to use the survey results to determine where your Marketplace should focus its improvement efforts. It discusses:

- The types of information you can find in the report with your Marketplace's survey results.
- Ways to assess the performance of your Marketplace in specific areas.
- What you can learn by looking at changes in performance over time.

The Marketplace Survey focuses on major aspects of consumers' experiences with your Marketplace. The questions ask consumers to report on their experiences by indicating whether something happened or how often it happened. They also ask consumers to rate specific aspects of the Marketplace.

For more information about the Marketplace Survey, see [appendix A](#). For a list of composite, rating, and single-item measures in the Marketplace Survey, see [exhibit 2.1](#).

What You Will Find in Your Marketplace Survey Results

The report you receive with the results of the Marketplace Survey presents the data in a few different ways. The purpose of these different displays of survey scores is to give you a sense for how well your Marketplace is serving consumers' needs and then enable you to look at detailed scores to hone in on specific opportunities for improvement.

In your report, you will find the following results for your survey along with benchmarks that allow you to gauge your Marketplace's performance compared to others:

- An **overview** of your Marketplace's scores for the rating and composite measures.
- A **breakdown of the scores for each of the rating and composite measures** as well as for the survey questions included in each composite measure.
- A **ranking of all Marketplaces' scores** for each of the composite and rating measures.

Rating, Composite, and Single-Item Measures in the Marketplace Survey (Exhibit 2.1)

Rating measures are individual survey questions that ask respondents to assess their experience overall and with specific aspects of the Marketplace.

- Consumers' rating of the Marketplace.
- Consumers' willingness to recommend the Marketplace.
- Consumers' rating of the Marketplace website.
- Consumers' rating of the call center.
- Consumers' rating of in-person assistance.

Composite measures combine multiple survey questions that are related both statistically and conceptually.

- How easily consumers can provide information about family and income.
- Getting information and help from the website.
- Getting information and help from the call center.
- Getting information and help from in-person assisters.
- How easily consumers can get information to choose a health plan.
- How easily consumers can find out which health plans offer therapeutic and home health services.
- Getting information in a needed language or format.

Single-item measures are individual survey questions that ask respondents about specific interactions with the Marketplace, what problems occurred, and the reasons for consumer's responses to certain questions.

- How respondents provided or reviewed household information.
- Reasons why respondents did not get information they needed from the website.
- Information on the website that was hard to understand.
- Reasons why respondents did not get the information or help they needed when they called the call center.
- Information from the call center that was hard to understand.
- Reasons why respondents did not get information or help they needed when meeting with an assister.
- Information from assisters that was hard to understand.

- **Frequency distributions for single-item measures.** Most of these survey questions ask for more than one response. Your Marketplace can use the results for these questions as well as the questions in the composite measures to “drill down” into the specifics of consumers’ experiences.

What to Look for in Your Marketplace Survey Results

To identify your Marketplace’s strengths and weaknesses, you can review three related but different scores:

- The **mean score** for each measure. The mean score summarizes the Marketplace’s performance across all of the response categories for the survey questions.
- The **score for the percentage of consumers who reported a good or excellent experience** in a given area (i.e., provided a positive response). For example, for questions that ask how frequently something happened, a good experience would be indicated by a positive response of “always” or “usually.”
- The **score for the percentage of consumers who reported a poor experience** in a given area (i.e., provided a negative response). For example, for questions that ask how frequently something happened, a poor experience would be indicated by a response of “never” or “sometimes.”

To determine which aspects of their experience are in need of attention, start by looking for these types of scores:

- **Significantly lower than the average mean score for the same type of Marketplace.** Understanding how your Marketplace compares to other Marketplaces—particularly those Marketplaces that are similar to yours—can help you identify your most promising opportunities for improvement. You can use the report’s summary tables, detailed results, and ranking charts to assess how well your Marketplace performs relative to the average for the same type of Marketplace.
- **Significantly lower than the highest achieved scores.** Comparing your Marketplace’s performance to the benchmark score can provide a sense of the level of performance that is feasible and raise the bar on your Marketplace’s performance. This benchmark is especially useful when your score is already at or above the average because it provides your Marketplace with a realistic “stretch” goal.
- **Low in absolute terms.** It is important to consider the level of performance on its own and judge for yourself whether it meets the standard you want for your organization. A score on a survey measure that is consistent with the average score for similar Marketplaces is not necessarily a good score. If all Marketplaces have low scores for a particular survey measure, an “average” score is still a poor score.

Over time, your Marketplace will be able to assess whether and how much its performance on the survey is improving, declining, or staying the same. If you see scores for one or more survey measures declining over a period of three or more years, you can use this additional piece of information to identify areas for improvement efforts going forward.

Examining changes in your Marketplace Survey scores from year to year is also an important way to determine whether the strategies and interventions you have implemented are helping to improve consumers’ experiences. Some improvement interventions may have a measurable impact fairly quickly, but others will require time to bear fruit, especially since the vast majority of consumers’ experiences occur over a period of just a few months each year.

3. Deciding Where to Focus Your Improvement Efforts

Key Points

- Once you identify areas in need of improvement, you need to establish priorities.
- Targeting improvement efforts requires you to identify the underlying causes of problems.
 - You can use several techniques to identify the root cause.
 - You may need to review or gather more information to understand why the problem is occurring.

Once you understand where your organization has to do a better job of meeting consumers' needs, the next step is to determine where exactly to apply the organization's attention and resources.

Setting Priorities for Improvement Efforts

One of the first challenges is to decide on priorities within the areas that would benefit from performance improvement. To use limited resources effectively and keep everyone focused on the improvement goal, start with just one to three survey measures at most; this list can be expanded over time as the improvement team documents progress and has capacity to take on other goals.

To prioritize efforts, the improvement team may want to discuss several questions, including:

- **How “big” is the opportunity to improve?** This can be difficult to quantify, but the team can get a sense of what could be achieved by looking at other Marketplaces' scores. (See more information in [section 2](#), *How to Interpret and Use the Marketplace Survey Results*.)
- **Which improvement targets would be in line with the priorities of Marketplace leaders and external stakeholders?** (See [exhibit 3.1](#).)
- **Which improvements would be in line with your organization's readiness to improve?** (See [appendix C](#), *Resources on Organizational Readiness*.)
- **Which improvement targets would likely have positive effects in other areas** (e.g., staff satisfaction)?
- **What is the feasibility of making changes that will actually improve consumer experience and performance on the Marketplace Survey?** This assessment requires having an idea of what it would take to address the problem(s) underlying the scores.

Keeping Marketplace Leaders Engaged in Improvement Efforts (Exhibit 3.1)

Leadership support and involvement is the number one factor associated with the success of performance improvement projects. Be sure your Marketplace's leadership is supportive of whatever improvement strategies you undertake and is prepared to make sufficient resources available. Leadership involvement may also be needed to remove barriers to change.^{i, ii}

>> **Learn more:** See [appendix B](#) for talking points you can use for presentations to Marketplace leaders, colleagues, and stakeholders about the importance of improving the consumer experience with the Marketplace and how the Marketplace Survey results can help. Once the improvement effort is underway, periodic progress reports can also help to keep leaders informed and engaged.

ⁱ U.S. Department of Health and Human Services, Health Resources Services Administration. (2011, April). *Quality improvement*. <http://www.hrsa.gov/quality/toolbox/508pdfs/qualityimprovement.pdf>

ⁱⁱ Kotter, J. P. (2007, January). Leading change: Why transformation efforts fail. *Harvard Business Review*, 85(1), 96–103. Retrieved from <https://hbr.org/2007/01/leading-change-why-transformation-efforts-fail>

Once your improvement team decides which aspects of the consumer experience to improve, the team can focus on establishing goals. Developing an aim statement that all team members can agree on will help guide the team successfully through the improvement efforts.^{8, 1, 2} [Exhibit 3.2](#) provides suggestions for writing SMART aim statements.

Identifying the Underlying Causes of a Low Survey Score

While Marketplace Survey results will alert you to problems, the improvement team must identify and understand the root causes of those problem before implementing improvement initiatives.

Let's say that the Marketplace Survey results indicate that consumers are having trouble getting needed information from the Marketplace's call center staff. The ability of frontline staff to provide effective service could be disrupted by any number of factors, such as a lack of tools to do the job, inadequate access to critical information, and multi-step processes that delay responses to callers. Identifying the root causes will help you hone in on the most likely reasons for the problem and the strategies that are most likely to help. It could also reveal that a strategy that seems unrelated would in fact be beneficial. For example, as you investigate the causes of long waits on the phone, you may determine that problems with the usability of your website increased call volume. In this case, your improvement efforts may be more effectively targeted at the usability of your website than the efficiency of your call center staff.

How to Find Root Causes

Your improvement team can choose among three different types of techniques for root cause analysis:

- **5 Whys:** A simple tool that asks staff involved in the work “why” up to five or more times to encourage deeper thinking about what causes a problem.
- **Process mapping:** A flowchart, matrix, or spreadsheet that shows each step in a process, including the people, inputs, steps, decision points, information flow, and (sometimes) time to complete steps. For an example of a high-level process map showing the flow of a Marketplace's online application, see *Pathway to Enrollment: A Virtual Tour of Covered California's Online Application*, available at: <http://www.chcf.org/publications/2014/09/infographic-pathway-enrollment>.
- **Customer journey map:** A comprehensive picture of consumer experience from their viewpoint as they interact with the Marketplace through the website, on the phone, and face-to-face.

>> **Learn more:** These techniques are described in [appendix D](#), which also suggests resources for learning more about each one.

Using Other Information Sources to Identify Causes and Solutions

As you work through the root cause analysis, you may need more information to understand why the issue occurred. Both process maps and customer journey maps rely on information gleaned from approaches such as process observation, one-on-one interviews, focus groups, and small-scale surveys.

>> **Learn more:** Tips for using these approaches to gather information are offered in [exhibit 3.3](#).

SMART Aim Statements (Exhibit 3.2)

- **Specific:** Be as specific as possible about what needs to change and how to change it.
- **Measurable:** Identify how the impact of the change will be measured.
- **Attainable:** Develop a solution that is doable for staff.
- **Relevant:** Develop a solution that will lead to improvement in Marketplace Survey results.
- **Time-bound:** Establish a timeline for the performance improvement plan.

To better understand consumers' experiences and where challenges or problems originate, the improvement team can also take advantage of existing sources of Marketplace data, such as records from the website, call center, or in-person assisters that describe or quantify the workflow, work volume, types of inquiries, or other information. Other administrative data available in your organization may include:

- Average number of callers per hour or time of day.
- Frequency of the types of inquiries received.
- Frequency of the types of complaints received.
- Website analytics.

The improvement team may be able to request routine and/or ad hoc reports from the Marketplace's customer service databases.

>> Learn more: Once the improvement team has collected information about the reasons underlying a Marketplace Survey score, the next step is to select and implement one or more performance improvement interventions. [Appendix D](#) offers an overview of a few well-established methods to help you test, implement, and spread a change across your Marketplace.

Four Approaches to Collecting Information (Exhibit 3.3)



- **Process observation.** Observe call center staff, assisters, and others interacting with consumers by both listening to and seeing what does and doesn't occur. Document each observation on a recording sheet or checklist.³
- **One-on-one interviews.** Formal and informal interviews with consumers and staff serving consumers can provide insight into problems. People on the front lines often know best what is and isn't working. Use a semi-structured interviewing technique that includes a list of topics to cover but that also allows the interviewee to bring up additional topics that are relevant to understanding the problem. Ideally, interviews should be conducted with at least six people of each type (e.g., six consumers and six staff).⁴
- **Focus groups.** Focus groups can capture the opinions and perceptions of consumers or staff in a relatively short time. Using an interview guide, a moderator leads a discussion about a given topic with a group of six to 10 individuals, generally for 60 to 120 minutes. The conversation is often dynamic, with participants adding to what others say. Two focus groups are recommended to increase the chances that major issues are uncovered.⁵ If resources are limited, the improvement team could informally facilitate a discussion as part of a staff meeting or other planned event.
- **Small-scale surveys.** Even though the Marketplace Survey report presents your Marketplace's results, it may be necessary to ask consumers or staff about specific issues. This method can be done in-person, in writing, electronically, or by telephone. The team identifies the purpose of a survey, develops questions, specifies the characteristics of the people to survey ("respondents"), conducts the survey, and summarizes the results.

4. Strategies and Interventions for Improving the Consumer's Experience with the Marketplace

Once you have used the results of the Marketplace Survey in combination with other feedback to identify the areas in which your Marketplace could improve performance and establish organizational priorities for action, the next step is to determine how best to tackle those priorities.

[Table 4.1](#) offers a starting point for thinking about which strategies may help you address the main topics assessed by the Marketplace Survey.

Suggested Strategies for Each Topic Addressed in the Marketplace Survey (Table 4.1)

Marketplace Survey Topics	Suggested Strategies						
	Strategy 1: Apply website usability principles	Strategy 2: Optimize your call center's operations	Strategy 3: Develop consumer-focused staff	Strategy 4: Share effective solutions	Strategy 5: Use plain language	Strategy 6: Offer plan selection shortcuts	Strategy 7: Enhance cultural competence
How easily consumers can provide information about family and income	✓	✓			✓		
Getting information and help from the website	✓		✓	✓	✓	✓	✓
Getting information and help from the call center		✓	✓	✓	✓	✓	✓
Getting information and help from in-person assisters			✓	✓	✓	✓	✓
How easily consumers can get information to choose a health plan	✓	✓		✓	✓	✓	
How easily consumers can find out which health plans offer therapeutic and home health services	✓	✓		✓	✓	✓	
Getting information in a needed language or format			✓		✓		✓

[Table 4.2](#) provides brief descriptions of specific interventions that Marketplaces can implement for each of these strategies. These interventions represent best practices that you can incorporate into the Marketplace's daily operations, specify in a statement of work for contractors, or use to evaluate contractors' performance.

While they are intended to be relevant to all Marketplaces, each state's roles and responsibilities vary depending on the type of Marketplace. Also, some Marketplaces contract out certain core functions—for example, by hiring an external call center to help consumers via phone.

- If your Marketplace is an SBM responsible for all Marketplace functions, you may want to take a look at all of the strategies and interventions.

- If your state is part of the FFM or has a State Partnership Marketplace (SPM), where the FFM performs the core Marketplace functions, you may want to focus on interventions that would enhance your ability to assist consumers in using the FFM. Some of the interventions, such as call centers and website usability, are pertinent to FFM and SPM states that operate their own call centers to help triage consumer inquiries or host websites with general information about the Affordable Care Act and health insurance options available through the FFM.

Improvement Interventions to Consider for Each Strategy (Table 4.2)

Strategies	Interventions to Improve Consumer Experience	Page
Strategy 1: Apply website usability principles	<ul style="list-style-type: none"> ▪ Develop measurable performance goals for website usability. ▪ Implement best practices in website usability. ▪ Periodically assess the usability of your Marketplace's website. 	12
Strategy 2: Optimize your call center's operations	<ul style="list-style-type: none"> ▪ Assess call center performance to identify problems and track progress. ▪ Use workforce management planning and systems to optimize staffing. ▪ Establish processes for preparing for and managing high call volumes. ▪ Engage employees to reduce burnout. ▪ Manage outsourced call center contracts effectively. 	18
Strategy 3: Develop consumer-focused staff	<ul style="list-style-type: none"> ▪ Develop a consumer-focused organizational culture. ▪ Recruit employees with the right customer service skills, experience, and philosophy. ▪ Support and develop employees to improve their interpersonal and communication skills. 	27
Strategy 4: Define customer service challenges and share effective solutions with your staff	<ul style="list-style-type: none"> ▪ Conduct regular meetings with frontline staff and Marketplace leadership to identify new and anticipated challenges to consumers. ▪ Track requests for assistance from frontline staff to identify gaps in information. ▪ Look beyond frontline staff for possible solutions to identified problems. ▪ Develop multiple approaches for sharing knowledge with staff and assisters who deal directly with consumers. ▪ Adapt customer relationship management software to meet the information needs of your Marketplace consumers more efficiently. 	34
Strategy 5: Use plain language	<ul style="list-style-type: none"> ▪ Develop policies and systems explaining the importance of consumer-focused communications and promoting the use of plain language across your Marketplace. ▪ Create a guide and glossary of terms to promote consistent use of plain language by staff and contractors. ▪ Train employees to apply plain language techniques in writing and speech. ▪ Assess materials and interpersonal communications for readability and understandability. ▪ Monitor the effectiveness of plain language policies, processes, and tools. 	41
Strategy 6: Offer plan selection shortcuts	<ul style="list-style-type: none"> ▪ Provide a step-by step summary of how to choose a plan and structure your website and discussions with consumers to follow those steps. ▪ Help people identify what is most important to them about a health plan, then help them quickly get plan names and performance information relevant to their needs. ▪ Present comparative information on health plans in the easiest way for consumers to quickly identify plans that best meet their needs. ▪ Provide a tested "annual total cost" calculator to help consumers estimate and understand the full costs they might incur with each plan. ▪ Create an all-plan directory of physicians, hospitals, and other providers so consumers can easily identify which plans include their preferred health care providers. 	48

Strategies	Interventions to Improve Consumer Experience	Page
Strategy 7: Enhance your Marketplace's cultural competence	<ul style="list-style-type: none"> ▪ Assess your organization's current cultural competence and make the improvement of cultural competence an organizational priority. ▪ Identify your community's needs. ▪ Recruit, retain, and promote a diverse workforce. ▪ Train staff on cultural competence. ▪ Offer high-quality language assistance services. ▪ Publicize the availability of language assistance services. ▪ Offer accommodations for consumers who have visual and hearing disabilities. 	54

Strategy 1: Apply website usability principles

Key Findings and Recommendations

Website usability refers to whether:⁶

- Consumers are able to readily find the information they want (navigation).
- Consumers can interpret the language used and information as intended (comprehension).
- The website provides information about what consumers want to know (relevance).

The usability of your Marketplace's website determines whether consumers can easily and quickly find the information they need and accomplish their goal of obtaining affordable health insurance coverage (see [exhibit 4.S1.1](#)).

Steps you can take to assess and improve the usability of your website include the following:

- Develop measurable performance goals for website usability.
- Implement best practices in website usability.
- Periodically assess the usability of your Marketplace's website.

The Problem

Research shows that Marketplaces could improve their websites' usability.^{7, 8, 9} A 2014 usability assessment of the 17 State-Based Marketplaces' websites found that most Marketplaces needed to improve their websites to help consumers with their core tasks on the website: assess their eligibility and compare health plans.⁷

Implementing the principles of website usability can be very challenging, especially given the complex tasks that consumers

need to complete on the Marketplace websites. An ideal website minimizes the cognitive effort required of its users. That is, it avoids making users "think" unnecessarily about *how* to do the task, so instead they can focus on *doing* the task at hand.¹⁰

Consumers' inability to understand and use a Marketplace website can have significant repercussions. If consumers have a bad experience on the website, they are likely to seek assistance elsewhere—whether by phone from a call center or in-person with a Navigator—which could drive up volume beyond the capacity of your Marketplace and its contractors and partners. More important, frustrated website users may give up on the goal of getting health insurance coverage.

The Strategy

Marketplaces can take several steps to assess and improve the usability of their websites. Improving usability may require changes to the site's architecture and design elements that affect navigability and content.¹¹

Website usability requires you to make sure your website is relevant, easy to understand, and easy to navigate for your end users—consumers. The best way to ensure your website is usable is to involve your

How the Website Usability Strategy Improves the Consumer Experience (Exhibit 4.S1.1)



Improving website usability will help consumers find and understand the information they need to make informed decisions about their health insurance and enroll in a health plan. Implementing this strategy could help Marketplaces improve their performance on the following survey measures:

- How easily consumers can provide information about family and income.
- Getting information and help from the website.
- How easily consumers can get information to choose a health plan.
- How easily consumers can find out which health plans offer therapeutic and home health services.

end users in the design, development, and testing process. Engaging your consumers—to find out what they need and want—will help improve your website’s usability.²²

Benefits of the Strategy

A user-friendly website will enable consumers to:

- Find what they need and want to know in the language and/or format they prefer.
- Understand the information they find.
- Use that information to make a decision and obtain health care coverage.
- Figure out when and how to get help by phone or in-person if needed or desired.
- Feel more confident about their decisions.¹²

Ways to Implement the Strategy

1. Develop measurable performance goals for website usability.

Marketplaces can establish performance goals that focus leadership’s attention on the consumer’s experience with the website. A major factor in your Marketplace’s ability to achieve its mission of providing coverage is the website’s ability to meet the information needs of consumers and support them in accomplishing specific tasks. Setting goals related to website usability reinforces the importance of the site to the Marketplace’s overall goals, which can help ensure that it continues to get the attention and resources it needs.

Ideally, the goals should reflect what consumers are trying to accomplish on the website (e.g., getting through the application process quickly and efficiently). See [table 4.S1.1](#) for examples of measures and goals that focus on consumers’ needs.

Examples of Measures and Goals for Website Usability (Table 4.S1.1)

Measure	Sample Goals*
Task completion rates	80% of consumers who start an application for financial assistance online will be able to complete it online. 90% of consumers will be able to identify insurance options online.
Enrollment rates via the website	70% of all enrollees apply through the website. 60% of Spanish-speaking enrollees apply through the website.
The time it takes users to find specific information	Consumers will be able to find the list of available health plans in less than 2 minutes.
Ratings of the website by users	80% of surveyed consumers give the website a rating of 9 or 10 on a scale of 0 to 10.

*The sample goals are only examples; they are not based on practice standards.

Your Marketplace likely has access to several potential sources of data and information to track whether you are meeting these goals, such as website analytics.

By assessing progress toward achieving these goals—whether through consumer testing or data analysis—your Marketplace can gain a better understanding of consumers’ experiences on the website and the aspects of your site that pose a challenge to visitors as they attempt to find specific information or perform a specific task. As your site improves over time, you can adjust the goals to ensure that consumers continue to have a positive experience.

2. *Implement best practices in website usability.*

Marketplaces can learn about and apply established “best practices” in website usability. These best practices address consumers’ expectations for a positive website experience and typical online behaviors, such as scanning web pages rather than reading. They are based on a growing body of research-based evidence regarding the features, functionalities, and design choices that best enable consumers to understand and use websites to accomplish their goals.¹³ See [exhibit 4.S1.2](#) for advice on working with design and website vendors.

Best practices in website usability can be organized into three categories:¹⁴

- **Website or interaction design**—make it easier for people to interact with and use the different elements of the site.
- **Information architecture**—address the structure and organization of information on the site, the ways in which people navigate through the site, and the presentation of information on a page.
- **Content design**—use plain language and include information about issues consumers want and need to know about.

>> **Learn more:** [Appendix E, resource #1](#), includes more details about and examples of these website usability principles.

[Exhibit 4.S1.3](#) provides a resource that shows screenshots of how to implement these recommendations, [exhibit 4.S1.4](#) suggests resources for further reading, and [exhibit 4.S1.5](#) provides some heuristic tools you can use to assess whether your website follows these principles.

Some of the key usability issues that Marketplaces may need to improve include providing:

- Information for determining eligibility.
- Information on eligibility appeals.
- Plan comparisons and selection.
- Information on provider networks.
- Specialized detailed health plan information.

More specifically, some of the recommended changes to address these usability issues include:

- **Provide comparative health information on additional health plan features**, such as requirements or prerequisites for obtaining care (e.g., referral to a specialist), an estimate of total costs to the consumer

Resource: Advice on Working with Design and Website Vendors (Exhibit 4.S1.2)



Marketplaces often hire vendor(s) to develop and maintain their website. Understanding the best practices in website usability will help you select and monitor your vendor(s).

For more advice on selecting and working with website designers and developers see: <https://cahps.ahrq.gov/consumer-reporting/talkingquality/resources/design/advice.html>

Resource: Example of How to Implement Website Usability Practices (Exhibit 4.S1.3)



For screenshots of how to implement these website usability recommendations and more details, see:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Expert-Website-Usability-Assessments-of-the-State-Based-Marketplace-Websites.pdf>

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>

(accounting for premiums and costs from anticipated health care service use), and quality measures (e.g., patient experience, star rating). Quality measures should be accompanied by labels that clearly describe the measures to ensure that consumers understand them.

- **Expand on existing filters to help consumers compare and choose a health plan by including customizable filters that allow consumers to indicate their health plan preferences or needs** (e.g., expected health care service use, whether their health care provider is in-network, star rating). These functions could help consumers quickly narrow down the list of health plan options based on their preferences (e.g., lower monthly costs) as well as their anticipated health care service needs. If consumers do not have a way to narrow down the information, they can become overwhelmed and may not select a plan or may select a plan that does not best meet their needs.
- **Define new or technical terms on the same page in which they are used.** Many websites use technical terms, such as “preexisting conditions,” “out-of-pocket costs,” and “provider networks,” but these are rarely explained. Defining the terms helps consumers—especially consumers with low literacy or who lack experience with health insurance—better understand and use the information to make an informed decision when applying for insurance, comparing and choosing health plans, and enrolling in a plan.
- **Provide an estimate of how long it will take to complete the application and what information the consumer will need,** which will help increase the transparency of the application process. In addition, provide consumers with an overview of the application process so that they understand the steps and what to do next.
- **Provide a universally located text box for searching the site,** and make sure the site provides corrective options for misspelled search terms or suggestions and/or provides predictive text. In addition, consumers may benefit from the ability to select how search results are sorted (e.g., alphabetically, newest to oldest, relevance).

Resources: Website Usability Principles and Features (Exhibit 4.S1.4)



- *Design Specifications Manual* (Enroll UX 2014). Available at: <http://www.ux2014.org/about-ux-2014> (login required to obtain copy of manual)
- *Research-Based Web Design & Usability Guidelines*; U.S. Department of Health and Human Services and U.S. General Services Administration). Available at: http://www.usability.gov/sites/default/files/documents/guidelines_book.pdf
- *Will Your Written Material Be on the Web?* (Centers for Medicare & Medicaid Services; part 8 in *Toolkit for Making Written Material Clear and Effective*). Available at: <https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/ToolkitPart08.html>

Resources: Expert Usability Tools and Heuristics (Exhibit 4.S1.5)



- *Health Insurance Marketplace Website Usability Assessment Tool* (American Institutes for Research; appendix A in *Expert Website Usability Assessments of the State-Based Marketplace Websites: Summary Results and Recommendations*). Available at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Expert-Website-Usability-Assessments-of-the-State-Based-Marketplace-Websites.pdf>
- *Designing Web Sites for Older Adults: Expert Review of Usability for Older Adults at 50 Web Sites* (AARP). Available at: <http://assets.aarp.org/www.aarp.org/articles/research/oww/AARP-50Sites.pdf>
- *Nielsen's Heuristics* (Usability.gov website). Available at: <http://www.usability.gov/how-to-and-tools/methods/heuristic-evaluation.html>

3. Periodically assess the usability of your Marketplace's website.

To sustain the use of best practices in website usability, **Marketplaces can take advantage of different methods for monitoring the usability of the site over time.** Monitoring website usability does not need to be complex. You can get feedback from a few consumers on an iterative basis. [Table 4.S1.2](#) lists five methods you may want to consider. But remember: The most important thing is to periodically and iteratively assess your Marketplace website's usability, so you may need to adapt the methods given available resources and time.

Methods to Collect Feedback from Consumers ⁱⁱⁱ (Table 4.S1.2)

Type of Method	What Is This Method?	When Is This Method Best?
Heuristic review of usability	An expert reviews the website against a set of usability principles and recommends specific improvements.	During the final stages of development or when the site is live.
Usability testing with consumers	Consumers are observed while using the site and asked questions about their experience.	When the site is under development,* during the final stages of development, or when the site is live.
Feedback forms	A form provides consumers instructions for viewing a website on their own and then asks a series of questions about the website.	When the website is under development.*
Pop-up surveys	Consumers are invited to respond to a survey in a "pop-up" that will gather feedback about the website.	Live website available to the public.
Web analytics	Software measures and analyzes the consumer's path on the website.	Live website available to the public.

*Testing during the website development stage can be conducted with paper mock-ups, a partially completed site, or a user acceptance testing site.

The first two approaches—the heuristic review and consumer testing—are the most comprehensive and are described in greater detail below. [Exhibit 4.S1.6](#) describes some example areas to test, and [exhibit 4.S1.7](#) outlines the steps in conducting usability testing.

- **A heuristic review is an efficient way to confirm that your Marketplace is applying usability best practices consistently and appropriately across the site.** This review is typically done by an expert in Web design and content who can assess how well your site follows best practices, identify potential usability issues, and recommend improvements.¹⁵

In order to obtain objective feedback, this review should be conducted by a staff member or outside expert who has not been intimately involved with the development of the website. Examples of assessment tools and heuristics are listed in [exhibit 4.S1.5](#).
- **Usability testing with consumers is the best way to confirm that consumers can understand and use the website.** By getting feedback directly from consumers, you will be able to answer three critical questions:⁶
 - Relevance: Does the website provide the information that consumers want to know?

Examples of Areas to Test (Exhibit 4.S1.6)

- Features, functions, and tasks that users will be performing on the website (e.g., determining eligibility for health insurance in the Marketplace, comparing and choosing a plan, enrolling in a plan).
- Content that may be new or complex to users.
- Areas of the website that might be problematic, based on feedback from customer service or results from previous studies.

ⁱⁱⁱ American Institutes for Research. (2010). *How to get consumer feedback and input into websites*. Robert Wood Johnson Foundation. Retrieved from <http://www.rwjf.org/en/library/research/2010/01/how-to-get-consumer-feedback-and-input-into-websites.html>

- Navigation: Are consumers able to readily find the information they want?
- Comprehension: Can consumers interpret the language used and information as intended?

Website usability testing typically involves asking consumers to perform a series of tasks, asking them to think aloud as they perform the task, and then asking follow-up questions once the task is complete.¹⁶ The testing can be done in-person with consumers in a conference room or usability lab or remotely via Web software products that allow the consumer and the tester to view the same screen.

Consumer feedback is particularly helpful when websites are under development or undergoing a change (e.g., prior to an upcoming open enrollment period) to identify unanticipated problems and/or information that may be missing.²² Usability testing with consumers can and should be done on an iterative basis. It can be done with paper prototypes during the initial stages of development, draft websites that are still in development (e.g., on user acceptance testing sites), or public websites.¹⁷

Steps in Conducting Usability Testing (Exhibit 4.S1.7)

Step 1: Develop a plan. Consider the following key questions in your plan:

- What are the goals of the testing? Be clear about what you hope to learn from consumers and what that means for the tasks you would like them to do (see [exhibit 4.S2.5](#)).
- What resources are available for the testing, and what are the implications of those resources for the testing goals?
- Who will you recruit to participate? Testing is typically done with a small number of consumers, typically 8 to 10. Recruited participants should reflect the demographic characteristics of the target population (e.g., age, race, education, insurance status).
- Will you offer participants an incentive (e.g., cash or a gift card) for their time?
- Will you conduct testing remotely via the telephone/Web or in-person?

See sample discussion guides and other tools:

- *How to Get Consumer Feedback and Input Into Websites* (American Institutes for Research). Available at: <http://www.rwjf.org/en/library/research/2010/01/how-to-get-consumer-feedback-and-input-into-websites.html>
- *How To & Tools* (Usability.gov website). Available at: <http://www.usability.gov/how-to-and-tools/resources/templates.html>

Step 2: Gather consumer feedback. Form a two- or three-person team consisting of an experienced facilitator and note taker/observer to conduct the testing. When possible, supplement the notes with audio and/or video recordings.

- The facilitator should ask consumers to perform specific tasks and then ask the consumers questions about their experiences.
- The note taker should document what consumers say as they are completing the task, when consumers are able to complete the task, and when they are experiencing difficulties.
- A dedicated observer can be helpful to record the time to complete tasks and any nonverbal communication.

Step 3: Analyze the feedback. Review the data to identify common themes for each task (e.g., Overall, did participants have an easy time completing the task or was it difficult? Where did consumers have the most problems?).

Step 4: Make use of the findings. Summarize what was learned according to tasks and/or website function, and develop recommendations. Direct quotes and/or video clips can provide more detailed examples of the findings that support the recommendations. It can be helpful for Marketplace leaders, content developers, and site designers to discuss the findings and recommendations together in order to decide how to set priorities for changes given available resources. While small changes in Web content may be relatively easy to implement in the short term, other changes may require more resources and time, such as those that require extensive programming. If substantial changes are made, it is best to test those changes with a new group of consumers.

Note: You can adapt these steps given available time and resources. The key is getting some feedback from your website users.

Strategy 2: Optimize your call center's operations

Key Findings and Recommendations

When consumers contact your Marketplace's call center, they are seeking information and support that is accurate, understandable, timely, and relevant to their specific situations. The following interventions can help your Marketplace improve its call center operations, whether in-house or outsourced, to better serve the needs of consumers:

- Assess call center performance to identify problems and track progress.
- Use workforce management planning and systems to optimize staffing.
- Establish processes for preparing for and managing high call volumes.
- Engage employees to reduce burnout.
- Manage outsourced call center contracts effectively.

[Exhibit 4.S2.1](#) lists the aspects of consumer experience that this strategy addresses.

The Problem

Under the Affordable Care Act, the Marketplaces are tasked with implementing the “no wrong door” approach, which is meant to ensure that consumers can get the benefits to which they are entitled through a single eligibility determination and enrollment process. As a result, call centers must work with a number of state agencies, issuers, and other Marketplace resources, including assisters and brokers, to match callers to the right information and services.

How the Optimizing Call Center Operations Strategy Improves the Consumer Experience (Exhibit 4.S2.1)



Optimizing your call center's operations can help ensure that consumers get accurate, timely, and relevant information. Marketplaces can apply this strategy to improve performance in the following survey measures:

- How easily consumers can provide information about family and income.
- Getting information and help from the call center.
- How easily consumers can get information to choose a health plan.
- How easily consumers can find out which health plans offer therapeutic and home health services.

Consumers who contact the call centers have had difficulties getting the help they need. In a 2014 survey, Navigator and other in-person assister programs reported these challenges when working with Marketplace call centers:¹⁸

- Long wait times, especially during peak enrollment periods.
- Inaccurate information or inconsistent guidance.
- Insufficient availability of bilingual agents or interpretation services.
- Confusion at federally run call centers about state-specific Medicaid policies.

Outsourced call centers may provide lower service levels than internally run centers.¹⁹ Many Marketplaces have outsourced their call centers to vendors or have adopted hybrid models where some call center functions are managed in-house and other functions are outsourced. Marketplaces that are contracting call center services may find that, without their direct influence on day-to-day operations, consumers may not always receive the level of service they expect.

The Strategy

Marketplaces can improve call center operations by pinpointing where the problems lie and then identifying how to effect change through three performance drivers: people, processes, and technology.¹⁹ See [table 4.S2.1](#)

for several examples of ways to optimize your Marketplace’s performance in these three areas. These are also further described in the subsection below titled [Ways to Implement the Strategy](#). For more information about the “people” component, see [Strategy 3, Develop consumer-focused staff](#).

This strategy applies to Marketplaces that are running their own call center in-house or outsourcing their call center. If your Marketplace is outsourcing its call center, understanding these call center interventions will help you know what to look for when choosing a call center vendor, setting performance expectations, and monitoring the performance of your Marketplace’s vendor.

Ways to Improve Call Center Operations and Services (Table 4.S2.1)

People ^{20, 21}	Processes ^{20, 22}	Technology ²⁰
<ul style="list-style-type: none">▪ Hire and retain the right staff.▪ Involve staff in designing and reviewing performance targets.▪ Use performance data to identify development needs but not to punish.▪ Diversify tasks.▪ Increase staff control by reducing the use of scripts and offering flexible schedules.▪ Structure monitoring to improve all systems and processes, not just performance of call agents. Avoid intensive performance monitoring.	<ul style="list-style-type: none">▪ Forecast workload, manage staffing levels, and work to improve scheduling.▪ Establish procedures for adjusting triaging and processes during high-volume periods.▪ Use staffing techniques to meet peak period demands (e.g., part- or full-time, office or home based, permanent or temporary staff, flexible hours).▪ Route calls effectively.▪ Establish handoff procedures.▪ Document policies and procedures.▪ Identify and mitigate factors leading to increased call volume.▪ Provide training scripts for routine encounters.▪ Monitor call center performance regularly.	<ul style="list-style-type: none">▪ Manage staffing and workflow. For example, use automated workforce management.▪ Implement technology to route calls. For example, use an automated call distributor and interactive voice response system.▪ Capture, view, track, and integrate information. For example, document encounters and issues through customer relationship management systems and content document management.▪ Integrate technologies to provide call center agents with quick and accurate access to necessary information.▪ Explore what content can be placed online to have agents review with callers.

Benefits of the Strategy

Your Marketplace’s call center is a vital communication channel for people who need help with a variety of Marketplace-related functions. Improving your call center operations can help to ensure that consumers get accurate and timely answers that are relevant to their specific situation and delivered in a way they can understand. More specifically, research on call centers has shown the following benefits to optimizing operations:¹⁹

- **Empowering call center agents** can reduce staff turnover and increase the organization’s customer focus.
- **Implementing well-designed call center processes** such as workforce management and call routing strengthens an organization’s ability to deliver services effectively.
- **Implementing technology** with a focus on the customer can enable organizations to quickly and efficiently respond to callers despite fluctuations in call volume.

Ways to Implement the Strategy

1. *Assess call center performance to identify problems and track progress.*

To identify the root causes of problems and track progress in resolving them,

Marketplaces can adopt key performance indicators and

benchmarks, which allow you to gauge your Marketplace's performance compared to others. For example, you could use the following performance indicators to assess wait times:

- **Average call wait time**—average length of time callers are on hold waiting for an agent to help them.
- **Abandonment rate**—percentage of callers that hang up before an agent can help them.
- **Average handle time**—average time an agent spends on a call, including talking and after-call work.
- **Staff satisfaction**—how staff feel about the work, work schedules, training and development, performance metrics, physical work environment, support, and compensation and their general attitudes about the organization.

You can then review your performance data to see where the problems are and identify potential solutions for improving caller experience. As illustrated in [table 4.S2.2](#), the problem of extended wait times could be explained by a number of root causes stemming from people, processes, and technology. You can read about identifying the root causes of performance problems in [section 3](#), *Deciding Where to Focus Your Improvement Efforts*.

Examples of Causes and Solutions for Long Wait Times (Table 4.S2.2)

Long Wait Times Due to	Possible Root Causes	Possible Solutions
Callers are calling more than once because their problem is not being adequately resolved.	<ul style="list-style-type: none">▪ Agents don't understand when to transfer a caller for problem resolution to the issuer and when to transfer a call within the Marketplace.▪ Callers get frustrated and hang up when they are told the call will be transferred.	<ul style="list-style-type: none">▪ Develop a process flow sheet diagramming how difficult problems should be handled.▪ Develop a tip sheet as a quick reference for call center agents.▪ Train call center agents to follow the process and use the tip sheet.▪ Develop a customer service protocol for transferring calls.
Insufficient number of agents on duty to handle the call volume	<ul style="list-style-type: none">▪ Not enough agents are scheduled.▪ Agents are not taking calls when scheduled.▪ Agents routinely call in sick, and there is high turnover.	<ul style="list-style-type: none">▪ Implement software that estimates call volume using historical data and then predicts staffing needs.▪ Work with human resources to engage staff to reduce the incidence of burnout.▪ Manage the agent occupancy rate.▪ Involve call center staff in decision-making and increase their control over the work.

When choosing performance indicators and interpreting results, consider the following questions:

- **Which indicators should we monitor?** The indicators you can track depend on budget, staff scheduling, the type of indicator, and the availability of automated systems to capture data. But, some indicators—such as first call resolution rate, average handle time, and average speed of answer—are routinely monitored and can be used as a starting point.²³

Case Study #1: Best Practices for Call Center Operations, Consumer-Focused Staff, and Sharing Effective Solutions—The Case of Blue Cross and Blue Shield of Vermont

Read the case study in [section 5](#) for an in-depth example of how Blue Cross and Blue Shield of Vermont implemented many of the interventions described in this section to improve the consumer experience.

>> **Learn more:** [Appendix E, resource #2](#) offers several examples of key performance indicators for call centers.

- **What should be considered in the broader picture?** Call center performance should not be measured in isolation from overall Marketplace performance. Call center indicators should reflect the strategic direction of the entire organization.²³
- **What are good benchmarks?** Benchmarks vary based on the size of a call center, the industry, and the purpose of the service. Proceed with caution when reviewing sample benchmarks from other industries. For example, it will likely take less time to purchase a new car insurance policy over the phone than to purchase a health plan through the Marketplace. Sharing data across all state Marketplaces to create benchmarks is one way to determine what is reasonable to achieve in this emerging context.
- **How should customer service data be reported?** Dashboards—visual displays of key information—are a good way to report data to internal and external stakeholders so that the information can be quickly grasped and linked to performance goals.

Resources: Learn More About Key Performance Indicators for Call Centers (Exhibit 4.S2.2)



- *Call Center Metrics: Best Practices in Performance Measurement and Management to Maximize Queue Efficiency and Quality*—An overview of benchmarking and performance management for call centers. Available at: http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/issue_papers/callcentermetricspaperbestpr.pdf
- *Is Benchmarking All There Is?*—A paper that lists resources for benchmarking as well as cautions for common key performance indicators. Available at: <http://www.strategiccontact.com/articles/Contact-Center-Benchmarking-Oct2013.pdf>
- *Call Center Benchmarking: How Good Is “Good Enough”?*—Reviews basics of benchmarking as well as key areas to benchmark and cautions. Available at: http://docs.lib.purdue.edu/cgi/viewcontent.cgi?article=1002&context=press_ebooks

For more resources on performance indicators and benchmarks, see [exhibit 4.S2.2](#).

2. Use workforce management planning and systems to optimize staffing.

Marketplaces can use workforce management planning and systems to forecast and schedule call center agents.²⁴ Call volumes are notoriously uncertain, making it difficult to plan for appropriate staffing levels and schedules. The lack of accurate predictions creates problems for call center agents and customers.

Workforce management planning can be automated using the right technology (see [exhibit 4.S2.3](#)). The technology provides the key performance indicators and captures the data to project staffing needs and to track staff problems.

>> **Learn more:** [Appendix E, resource #3](#) provides a more detailed overview of some of the key steps involved in workforce management planning. If your Marketplace’s call center is outsourced, these steps serve as a framework for discussing with vendors how they manage scheduling and staffing.

3. Establish processes for preparing for and managing high call volumes.

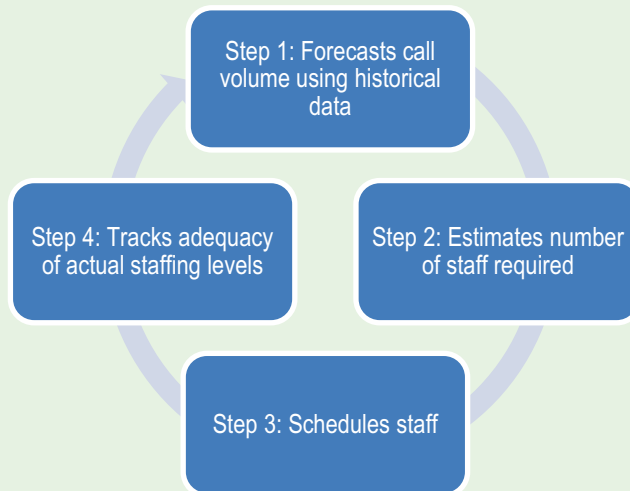
Marketplaces can manage high call volume by developing processes for triaging calls based on level of complexity and using information technology systems to quickly route callers to the group best equipped to handle the caller’s concerns. Options available to Marketplaces include the following:

- **Implement technology to route calls.** Some examples include the following:

- Use an interactive voice response (IVR) system, where callers use a menu selection feature at the start of the call.
- Use automated call distributors that answer calls, place them in order defined by programmed rules, and route calls to staff. If customer needs have been identified through an IVR or other source, the calls can be sorted into specific types and matched to appropriate agents.
- Use different telephone numbers for different types of calls.
- Use a callback option, where the call center tells consumers the wait time and then gives them the option for a callback by entering their phone number. The system then automatically calls them back when an agent is free.

Automated Planning for Staffing Needs (Exhibit 4.S2.3)

Using historical data, automated workforce management software predicts staffing needs and then schedules staff according to staffing requirements and employee preferences. The software closes the loop by tracking whether actual staffing levels are adequate to deal with actual call volume.^{iv}



- **Share accurate and up-to-date information with your Marketplace staff quickly.** When call volume is high, it is even more important to get consumers the needed information as quickly as possible. There are a number of techniques and tools to help Marketplace staff and call center agents share information that is learned in the course of work.

>> **Learn more:** For more information on these techniques, see [Strategy 4, Define customer service challenges and share effective solutions with your staff](#).

- **Manage transfers and handoffs effectively.** One aspect of managing high call volumes is efficiently transferring callers to the right person to help them. Some callers may need to be transferred to a Marketplace specialist or to the Qualified Health Plan (QHP) call center for help with issues specific to the plan. If call center staff tell callers that they cannot provide help and must transfer the caller elsewhere, consumers may become frustrated and question if their problem will be resolved.

A warm handoff, where a call center agent directly introduces the consumer to another agent before transferring the call, can reassure callers and increase their confidence in being helped. Using warm transfer practices, one call center agent seamlessly transfers a customer/caller to another agent who can resolve the customer's problem or need. The following four steps will help your Marketplace develop a systematic approach to transferring callers between departments or organizations so the callers feel like their needs are being put first.²⁵

^{iv} Reynolds, P. (n.d.). Automating workforce management—A guide to acquisition and implementation. Retrieved from <http://www.swpp.org/certification/articles/automating-workforce-management-a-guide-to-acquisition-and-implementation/>

1. Develop a standardized process map with a flow diagram so that everybody understands the steps and who does what.
2. Create a checklist of what information should be covered with the callers prior to and during the transfer. See an example in [exhibit 4.S2.4](#).
3. Train call center agents to follow the process map and use the checklist described in item 2 above.
4. Develop a monitoring plan to ensure that the process is being followed and to evaluate if callers are satisfied with the process.

4. *Engage employees to reduce burnout.*

Marketplaces can take steps to counter the challenging work environment that is typical of a call center. Call centers tend to have a high incidence of burnout because of the repetitiveness of the work and the need to be “on” serving callers throughout a shift. Employees who are burned out exhibit apathy toward their work, are less productive, are less effective interpersonally, and may eventually leave the job. Managing the agent occupancy rate—the percent of time an agent is busy in talk or wrap-up time from a call—can help control the staff turnover rate.

>> **Learn more:** More information about the agent occupancy rate and other useful indicators is available in [appendix E, resource #2](#).

Research shows that employee turnover can be reduced by increasing employee engagement and involvement in decision-making.^{26, 27} Some of the top factors contributing to employee engagement include:²⁸

- The work itself.
- Opportunities to use skills and abilities.
- Contributions to the organization’s business goals.
- Existence of and trust in supportive management.
- Relationship with immediate supervisor.
- Relationships with coworkers.

Example of a Warm Transfer Checklist^{v, vi} (Exhibit 4.S2.4)

- **Explain why** you need to transfer the call.
- **Give contact information** to the caller before the transfer:
 - Your name and extension in case you get disconnected.
 - The name of the person (or department) and extension number where the caller will be transferred.
- **Ask permission** to initiate the transfer. This will give the caller a chance to ask any other questions and give the caller a feeling of control.
- **Wait for the other person to answer** when transferring the call. Do not blindly transfer the call as soon as you hear the other phone ring.
- **Introduce yourself and explain the situation** to the person who will help the caller. The caller should not have to explain the problem again.
 - Provide the caller’s name.
 - Describe the caller’s needs and why you are transferring the call.
- **Return to the caller** and make an introduction.
 - Announce the name of the person who will be helping them and the department name.
 - Thank the caller for his or her patience.
 - Ask if there is anything else that you can do.
- **Complete the transfer.** At this point you can complete the transfer and disconnect.

^v Carmichael, J. (2013, May 15). The warm transfer in ten easy steps. Retrieved from <http://www.examiner.com/article/the-warm-transfer-ten-easy-steps>

^{vi} Bucki, J. (n.d.). How to professionally transfer a call. Retrieved from <http://operationstech.about.com/od/informationtechnology/tp/PhoneCallXfer.htm>

One way to cultivate engagement is to **increase employees’ control over their work.**²¹ For call centers, this might mean:

- Varying the work (e.g., cross-training agents to cover multiple call types).
- Allowing control over time (e.g., offering flexibility in scheduling and breaks or the opportunity to “bid” on specific shifts).
- Increasing control over how the work is carried out (e.g., reducing the required use of rigid scripts and increasing skills and trust to handle a variety of situations using best judgment).
- Involving agents in planning and decision-making (e.g., including agents in selection and review of performance metrics and goals).
- Providing a clear path for promotion (e.g., developing clear rating criteria and offering constructive performance feedback).

Another approach is to **improve intrinsic motivation.** High performance is driven by intrinsic motivation; an example of such motivation is doing the right thing because it matters. Marketplaces can develop creative ways to help agents recognize the greater purpose of their work, such as the following examples:

- **“Genius Hour.”** Set aside a routine time where agents are asked to leave the phones in order to come up with improvements in processes, new ways to handle workflow, or other ideas that could make the call center run more smoothly.²⁹
- **Showcase inspiration.** Showcase customer cases through photos, asking agents to share their stories and describe their own positive experiences with customers.”³⁰

5. Manage outsourced call center contracts effectively.

Develop a well-written statement of work (SOW). When outsourcing call center operations, Marketplaces need a well-written SOW, service-level agreements, and regular monitoring. The SOW will differ somewhat if the vendor is already in place or if services are transitioning to a new vendor. See [exhibit 4.S2.5](#) for a checklist of issues to consider when reviewing vendors’ SOWs.

Checklist of Issues to Consider When Reviewing Vendor SOWs
(Exhibit 4.S2.5)

	YES	NO
People		
1. Management engages staff in activities such as setting and reviewing performance targets and process improvement.	___	___
2. Management allows agents to have control over their work (e.g., cross-training agents to answer multiple call types, allowing agent input into their schedules, including them in planning or decision-making activities).	___	___
3. Management takes steps to balance the need for standardized scripts and processes and agent autonomy.	___	___
4. Management has practices in place to motivate agents.	___	___
5. Staff satisfaction is regularly assessed.	___	___
6. Staff turnover rate is within a reasonable range.	___	___

	YES	NO
Process		
7. Procedures are in place for transfers and handoffs.	___	___
8. Staffing levels match call volume forecasts.	___	___
9. Performance indicators assess efficiency and quality of service provided.	___	___
10. Performance indicator targets are set.	___	___
11. Processes are in place to regularly review performance indicators.	___	___
12. Performance indicators are reviewed by the appropriate level of management.	___	___
13. Processes are in place to address performance indicators below target.	___	___
Technology		
14. Technology is used to route calls.	___	___
15. Technology is used to collect and integrate information from customers.	___	___
16. Technology helps manage the workforce (e.g., forecasts call volume, identifies staffing levels needed, schedules agents).	___	___
17. Technology provides data to monitor performance.	___	___

Ask call center vendors to provide you with information about what performance indicators they routinely track. Be sure efficiency measures are balanced with measures that assess value, caller satisfaction, and signs of agent burnout, such as turnover.²³

>> **Learn more:** See [appendix E, resource #2](#) for some important performance indicators.

With time, standards for performance indicators will become established for Marketplace call centers. Your Marketplace will want to include a service-level agreement, which defines performance expectations for those indicators related to service quality, in the vendor contract.²³ The achievement of key performance metrics can be effectively tied to compensation as long as the metrics are balanced so that one achievement of one facet of service quality does not occur to the detriment of another.

Find out what systems your call center and/or call center vendor has in place that could generate useful data for monitoring and improving service delivery. If you are outsourcing your call center, you will want to make sure your vendor uses workforce management planning and systems to optimize staffing and has established processes for preparing for and managing high call volumes.

Monitor your vendor's performance. Remember that good contract monitoring and management is a two-way street, and managers from each side must work together. Marketplaces should routinely review performance indicator reports and meet with call center leadership to discuss:

- Issues identified in the reports.
- Coordination with the Marketplace.
- Progress toward making corrections or improvements.

Marketplaces can also conduct call center site visits to observe how calls are handled and training classes.

[Exhibit 4.S2.6](#) lists some additional resources for improving call center operations.

Resources: Improving Call Center Operations (Exhibit 4.S2.6)



- *What Should Exchanges Know About Call Centers: A Guide for Implementation* (State Health Reform Assistance Network). Available at: <http://www.statenetwork.org/wp-content/uploads/2014/02/State-Network-Wakely-What-Should-Exchanges-Know-About-Call-Centers-A-Guide-for-Implementation.pdf>
- *Contact Center Guidelines* (Digital.gov website). Available at: <http://www.digitalgov.gov/resources/contact-center-guidelines/>
- *Fundamentals of Call Center Staffing and Technologies* (North American Quitline Consortium)—Provides a thorough overview of workforce planning, scheduling, and monitoring staff performance. Available at: http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/issue_papers/callcentermetricspaperstaffi.pdf

Strategy 3: Develop consumer-focused staff

Key Findings and Recommendations

Developing staff who communicate effectively with consumers requires a consumer-focused culture and a commitment to training and supporting staff who successfully meet consumers' needs. The following interventions can help your Marketplace cultivate consumer-focused call center staff and in-person assisters:

- Develop a consumer-focused organizational culture.
- Recruit employees with the right customer service skills, experience, and philosophy.
- Support and develop employees to improve their interpersonal and communication skills.

[Exhibit 4.S3.1](#) lists the aspects of consumer experience that this strategy addresses.

The Problem

Consumers need help understanding the financial subsidies offered through the Affordable Care Act, identifying the health plan options that are best suited to their needs, and applying for insurance. Because some consumers lack the experience and confidence to make health plan decisions on their own,¹⁸ Marketplaces have assister programs and call centers to help guide consumers through this complex process.

Customer service staff are not always equipped to respond to consumers' problems or negative reactions. When consumers contact customer service representatives for assistance, they care most about whether the staff are knowledgeable and whether the problem is resolved during the first interaction.³¹ However, staff may not have the skills or organizational support needed to:

- Respond quickly to complaints and challenges.
- Identify the reason for a consumer's inquiry.
- Help address the root causes of service problems.³²

To deliver a positive experience to consumers, call center staff, navigators, and assisters must have strong interpersonal, technical, and problem-solving skills.³³ When staff do not have the right skills:³⁴

- Consumers may feel like they are not treated with courtesy and respect.
- Consumers may not understand the information they receive.
- Consumers' problems may not be resolved in a timely manner.
- Consumers may not trust the Marketplace.

How the Consumer-Focused Staff Strategy Improves the Consumer Experience (Exhibit 4.S3.1)



Developing consumer-focused staff can help ensure that consumers get the information and support they need. Marketplaces can apply this strategy to improve performance in the following survey measures:

- Getting information and help from the website
- Getting information and help from the call center.
- Getting information and help from in-person assisters.
- Getting information in a needed language or format.

The Strategy

Marketplaces can take several approaches to promoting and rewarding strong customer service skills. Improving consumers' experiences with staff can involve changes to organizational policies, recruitment and retention strategies, and training programs.

Benefits of the Strategy

For Marketplace users who contact the call center or visit an in-person assister, their experience with the Marketplace depends almost entirely on the particular staff person who takes the call or the appointment.³⁵ Improving the ways in which the Marketplace recruits, trains, and supports the staff primarily responsible for these encounters can strengthen their ability to anticipate and meet the needs of consumers.

Ways to Implement the Strategy

1. *Develop a consumer-focused organizational culture.*

Marketplaces can promote a culture in which all members of the organization, from leadership to frontline staff, know they play a role in providing good customer service.³⁶ Organizations that do not have a consumer-focused culture often suffer from low staff morale, which can result in a poor customer service experience.³⁷

To enhance your organization's culture, Marketplaces can adopt some of the tactics of consumer-oriented organizations:

- **Establish organizational policies** that emphasize the consumer, such as:
 - Make the consumer a priority in vision and mission statements (see [exhibit 4.S3.2](#) for examples).
 - Incorporate being consumer-focused as a requirement in all vendor contracts.

- **Value employees and treat them well.**

Research has shown that customer service organizations should treat employees as customers. Positive work environments and satisfied and engaged employees have been linked to better performance and improved consumer experiences.^{38, 39, 40} For example, examine employees' job needs and base compensation on performance with customers, and formally and informally recognize outstanding employees who have gone the extra mile to help a customer^{41, 26} (see intervention #3, [Support and develop employees to improve their interpersonal and communication skills](#), below for more details).

- Recognize and reward staff who are committed. Staff who are rewarded on the job have higher job satisfaction, are more loyal to their organization, and provide quality customer service.^{42, 43} Rewarding staff commitment to customer service is not just about incentives; it is a way for the Marketplace to communicate to staff its commitment to consumers.⁴⁴ Recognition of staff achievement serves as a

Case Study #1: Best Practices for Call Center Operations, Consumer-Focused Staff, and Sharing Effective Solutions—The Case of Blue Cross and Blue Shield of Vermont

Read the case study in [section 5](#) for an in-depth example of how Blue Cross and Blue Shield of Vermont implemented many of the interventions described in this section to improve the consumer experience.

Examples of Consumer-Focused Mission and Vision Statements (Exhibit 4.S3.2)

"The Washington Health Benefit Exchange seeks to redefine people's experience with health care..." (Washington Health Benefit Exchange, <http://wahbexchange.org/about-us/what-exchange/our-mission/>)

"We are committed to health of Vermonters, outstanding member experiences and responsible cost management for all of the people whose lives we touch." (Blue Cross Blue Shield of Vermont, <http://www.bcbsvt.com/why-us/about-us>)

teachable moment during which managers can discuss the specific reasons for the award, what it means, and how to sustain or improve service.⁴⁴

- Provide positive reinforcement. Social praise of staff by managers increases morale and the likelihood of staff following established protocols.⁴⁵ Social praise is quick, easy, and an effective means of supporting staff.
- Provide tangible awards to individual staff that meet or exceed customer service metrics. These awards can include certificates, gift cards, and cash incentives. These awards should not be dependent on a staff person's base pay and should be equal for all staff.⁴²
- Provide awards frequently. Awards should ideally be given weekly or biweekly, and at least monthly. This frequency maintains high staff morale and commitment to meeting service metrics.⁴²
- **Expect supervisors and managers to serve as role models for excellent customer service.** Staff often learn customer service skills by observing and modeling the behaviors of their managers and more senior staff.^{46, 47} The Marketplace can also have a policy of hiring and rewarding managers who value mentoring and coaching employees to top performance.⁴⁸
- **Provide staff with the power and authority to help consumers.**³⁵ Staff should have some latitude to use their expertise in managing consumer complaints, and not always rely on scripts.³⁹ For example, while protocols may specify how to handle a particular issue, staff should also be encouraged to exercise their judgment. Staff who have the autonomy to use their best judgment can resolve the consumer's problems more quickly. This approach also instills the importance of focusing on the consumer.
 - Listen and gather new ideas for improvement from staff, managers, navigators, contractors, and issuers. For ideas on how to gather feedback and disseminate solutions, see [Strategy 4, Define customer service challenges and share effective solutions with your staff](#).
- **Set staff up for success** in providing a positive experience to consumers.^{49, 50, 51}
 - Match employees with appropriate roles and responsibilities based on their values, skills, interests, and experience.
- **Welcome complaints and treat them as opportunities.** Consumers' complaints can be valuable resources for helping your Marketplace identify areas in need of improvement.⁵² Viewing complaints as problems and finger-pointing, on the other hand, creates a fearful and defensive organizational environment. To create a culture that welcomes complaints, your Marketplace can:^{53, 54, 52}
 - Systematically record and track consumer complaints and review complaints to help identify where improvements are needed.
 - Establish procedures and expectations for handling complaints, including response times and how complaints will be reviewed and triaged for follow-up action.
 - Use complaints as part of your Marketplace's strategic planning and performance improvement efforts. Do not use complaints to reprimand or discipline employees.

2. *Recruit employees with the right customer service skills, experience, and philosophy.*

Marketplaces can make an effort to recruit staff with the qualities and skills needed for a consumer-oriented environment. To that end:

- **Clearly communicate the Marketplace's values to prospective employees in recruitment materials.** For example, Covered California uses the following text in their recruitment brochure to emphasize the role of staff in their organization's mission of improving consumers' health: "Join us as part of the

California Health Benefit Exchange, also known as Covered California, a new Department which will improve the health of all Californians by assuring their access to affordable, high quality care. We are looking for enthusiastic and motivated individuals seeking to join our team.”⁵⁵

- **Recruit from the community you serve.** Employing outreach staff that are members of communities with high uninsured rates, or are current or past beneficiaries of public insurance, can help the Marketplaces establish credibility and the confidence of consumers.⁵⁶
- **Screen employees for qualities that demonstrate a natural customer service orientation.**⁵⁷ Consumers are more likely to be satisfied when interacting with staff that can sense their emotions, understand their situation, and use empathy during the service interaction.⁵⁸ [Exhibit 4.S3.3](#) lists some key traits of successful customer service representatives. [Exhibit 4.S3.4](#) lists interview questions you can use to assess emotional intelligence, one of the key characteristics for strong customer service.
- **Administer tests to assess whether candidates meet minimum requirements for job placement.** Depending on the position, requirements may involve reading, writing, basic math, critical thinking, and/or reasoning.

Key Qualities for Effective Marketplace Service Staff ^{vii, viii} (Exhibit 4.S3.3)

- **Emotional intelligence:** self-awareness, self-regulation, motivation, empathy, and social skill.
- **Service-oriented:** informative, simple language, speaking at an appropriate rate.
- **Empathetic:** attentive, active listening, verbal cues.
- **Perceptive:** understand, paraphrase customer issues.
- **Trustworthy:** responsible, credible, careful.
- **Friendly:** relaxed, upbeat, affirming, encouraging.
- **Proactive:** anticipatory, “can-do,” long-term thinking, defining oneself as self-motivated.

Interview Questions to Assess Emotional Intelligence ^{ix} (Exhibit 4.S3.4)

Self-awareness and self-regulation:

- Can you tell me about a time when your mood affected your performance, either negatively or positively?
- Can you tell me about a conflict you had with a peer, direct report, or boss? How did it start and how did it get resolved?

Reading others and recognizing the impact of one’s behavior on them:

- Tell me about a time when you did or said something that had a negative impact on a customer. How did you know the impact was negative?
- Have you ever been in a business situation where you thought you needed to adjust your behavior? How did you know and what did you do?

The ability to learn from mistakes:

- Have you been in a situation where you felt you needed to modify or change your behaviors? How did you know? How have you been able to take lessons from that situation and apply them to another?
- Tell me about a situation where you discovered that you were on the wrong course. How did you know? What did you do? What, if anything, did you learn from the experience?

^{vii} Deeter-Schmelz, D., & Sojka, J. (2003). Developing effective salespeople: Exploring the link between emotional intelligence and sales performance. *International Journal of Organizational Analysis*, 11(3), 211–220.

^{viii} Harvard Business Review. (2011). *HBR’s 10 Must Reads on Leadership*. Boston, MA: Harvard Business Review Press.

^{ix} Bielaszka-DuVerany, C. (2008). Hiring for emotional intelligence. *Harvard Business Review*. Retrieved from <https://hbr.org/2008/11/hiring-for-emotional-intelligence>

3. Support and develop employees to improve their interpersonal and communication skills.

The Marketplace can provide staff with the support needed to improve their customer service skills by providing feedback, coaching, and rewards.³⁵ Even when you hire good people, your Marketplace needs to have a training plan to help people further develop their skills and shore up any weaknesses. Actions your Marketplace can take include:

- **Identify skill gaps and areas needed for improvement.** Skill gaps can be identified through staff participation in activities such as discussions and surveys. These activities can also help to identify emerging service issues and possible solutions. (For more details, see [Strategy 4, Define customer service challenges and share effective solutions with your staff.](#))
- **Offer skills-based training.** Training should focus on helping employees understand the consumer-focused culture of the Marketplace, how to deal with complaints, honing communication and interpersonal skills, coaching techniques, and other techniques to enhance the consumer experience. Marketplaces can develop their own in-house trainings or bring in an outside organization that conducts customer service trainings. Having call center staff help develop in-service trainings on challenging types of inquiries or content areas increases buy-in and promotes team building. [Exhibit 4.S3.5](#) highlights skills that can be developed during training. [Exhibit 4.S3.6](#) offers tips on how to deal with angry consumers.

Key Communication Skills for Effective Customer Service

Representatives ^{x, xi, xii} (Exhibit 4.S3.5)

- **Listen more than talk.** Marketplace staff should use interactions with consumers as an opportunity to build a relationship with the consumer and gather information. This is difficult to do when the staff person does most of the talking. Marketplace staff should take time to identify with their audience, ask questions, and understand their priorities. This is especially true at the beginning of a conversation. When callers reach a staff person, they are often unsure of how the relationship/interaction is supposed to work, so they sometimes will ask a general “test” question. If the staff person immediately attempts to answer that question without probing or trying to narrow it down, it can leave the caller frustrated or overwhelmed with the amount of information that must be provided to answer the general question. Asking for permission to understand the nature of the caller’s question will enable the staff member to provide a more targeted answer.
- **Speak at an appropriate rate (neither too slow nor too fast), and use inflection.** Dynamic speech engages the consumer. Emphasize important points with changes in pitch and volume.
- **Use plain language.** Gauge the interest and understanding of the consumer and provide information that is most relevant to them. Discussing health insurance can be overwhelming to first time consumers. Avoid acronyms and technical language, and use words that are easy to understand. Pause to check understanding and allow time for questions. For more information on plain language, see [Strategy 5, Use plain language.](#)
- **Maintain a calm and friendly demeanor.** Staff members should not take interactions with consumers personally and should always maintain professionalism.
- **Don’t make assumptions.** Avoid jumping to conclusions. Marketplace staff should provide assistance based on information provided by the consumer.
- **Minimize distractions.** Consumers should feel that they have a Marketplace staff person’s undivided attention. Actions such as muting computer alerts, silencing phones, and minimizing background noise will increase a consumer’s confidence that they are receiving the staff person’s full attention.

^x Department of Health and Human Services. (2013). *Health Insurance Marketplace Navigator standard operating procedures manual*. Retrieved from <http://www.healthreformgps.org/wp-content/uploads/navigator-SOP-manual-8-26.pdf>

^{xi} Covered California. (2014). *Sales and outreach skills: Advanced study course participant guide*. Retrieved from http://hbexmail.blob.core.windows.net/eap/Training/SalesandOutreachSkills_AdvancedStudyParticipantGuide_FINAL.pdf

^{xii} Downing, J. (2011). Linking communication competence with call center agents’ sales effectiveness. *International Journal of Business Communication*, 50, 152–169.



Tips on Dealing with Angry Consumers^{xiii} (Exhibit 4.S3.6)

1. **Remain calm.** If a customer yells or is rude, maintain control of yourself. Do not respond in a similar manner, because that will probably only escalate the anger.
2. **Don't take it personally.** The customer is not angry with you; they are not happy with the performance or the quality of the service you provide.
3. **Use your best listening skills. Let an angry customer vent.** When they are done, summarize what you've heard and ask any questions to further clarify their complaint. Show how closely you're paying attention to their problem.
4. **Actively sympathize.** Show respect and understanding for the customer's unpleasant customer experience.
5. **Apologize gracefully.** Express an apology for the problem the consumer is having (or perceives). For example: "I'm sorry you're not happy with XXX. Let's see what we can do to make things right."
6. **Find a solution.** Ask the consumer what he/she feels should be done to address the problem. Work with the consumer to find a solution to the problem.
7. **Take a few minutes on your own.** These situations can be stressful, so when you have finished the call, give yourself a short break so you don't let the stress linger. For example, take a short walk, treat yourself to a snack, or find someone to talk to who makes you laugh.

- **Monitor interactions between staff and consumers** to identify areas in need of improvement. For example, a manager can monitor calls so that Marketplace leaders and staff can review the quality of their work and learn from successes and challenges.
- **Provide feedback and coaching.** While trainings provide staff with the necessary foundation to provide excellent customer service, supervisors should provide ongoing feedback and coaching to help staff maintain and implement these skills in a real-world setting. The following tactics can help to make feedback and coaching effective:⁵⁹
 - Direct feedback toward the task, not the learner, so that it is not perceived as criticism.
 - Provide immediate feedback for simple tasks; delayed feedback is better for complex tasks.
 - Offer feedback that is specific but not overly detailed.
 - Explain what went right and what went wrong during the interaction.
 - Create a rating criteria and scoring system to facilitate relevant, fair, objective, and useful coaching feedback.
 - For example, inconsistent ratings among people monitoring calls can be a problem.⁶⁰ Call calibration, done by having a team rate the same calls then discuss their scores, is a way to standardize the process so that raters will arrive at the same score. By discussing the ratings, call center staff will build a common vision of what makes a quality call and create a feedback system where ratings are fair and objective.

[Exhibit 4.S3.7](#) describes an approach to using an interaction with a consumer to provide hands-on training.

[Exhibit 4.S3.8](#) lists some additional resources for improving customer service.

^{xiii} 7 steps for dealing with angry customers. (2013, August 2). *Forbes*. Retrieved from <http://www.forbes.com/sites/thesba/2013/08/02/7-steps-for-dealing-with-angry-customers/>



Example of Providing Hands-On Training to Call Center Staff^{xiv} (Exhibit 4.S3.7)

- **Choose a consumer call recording to review** that exemplifies a problem of interest (e.g., an angry caller or a complicated case) or in which a successful outcome was achieved.
- **Excerpt the call recording.** Make sure that all information identifying the caller has been removed.
- **Play one sentence or section at a time.** During each section, ask staff to pinpoint the consumer's prime issue and identify any emotional shifts as they occur.
- Also, ask staff to **begin to formulate possible next steps** (e.g., questions to ask, information to give, referral to make).
- **Progress through the whole call**, discussing each section as it occurs.
- **At the end**, synthesize key learning and takeaways.



Resources: Improving Customer Service (Exhibit 4.S3.8)

- *Sales and Outreach Skills: Advanced Study Course Participant Guide* (Covered California). Available at: http://hbexmail.blob.core.windows.net/eap/Training/Sales%20and%20Outreach%20Skills_Advanced%20Study%20Participant%20Guide_FINAL.pdf
- *Training for Navigators, Agents, Brokers, and Other Assistants* (CMS website). Available at: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>
- *Customer Service Training Seminars* (American Management Association website). Available at: <http://www.amanet.org/training/seminars/Customer-Service-training.aspx>

^{xiv} Stokoe, E. (2014). The conversation analytic role-play method (CARM): A method for training communication skills as an alternative to simulated role-play. *Conversation Analysis and Intervention*, 47(3), 255–265.

Strategy 4: Define customer service challenges and share effective solutions with your staff

Key Findings and Recommendations

Marketplaces need a systematic approach to identifying and solving problems. One method to do this is referred to as knowledge management (also known as “knowledge sharing” and “knowledge base”). It involves collecting and processing information about new challenges faced by frontline staff and then developing and disseminating solutions so that staff members have immediate access to accurate information to assist consumers. Interventions that support improved knowledge management include the following:

- Conduct regular meetings with frontline staff and Marketplace leadership to identify new and anticipated challenges to consumers.
- Track requests for assistance from frontline staff to identify gaps in information.
- Look beyond frontline staff for possible solutions to identified problems.
- Develop multiple approaches for sharing knowledge with staff and assisters who deal directly with consumers.
- Adapt customer relationship management software to meet the information needs of your Marketplace consumers more efficiently.

[Exhibit 4.S4.1](#) lists the aspects of consumer experience that this strategy addresses.

The Problem

When applying for coverage and choosing among health plans, consumers need accurate information in a timely manner. When consumers receive inaccurate, delayed, or outdated information:

- They have to return for help until the problem is resolved or give up.⁶¹
- They become frustrated as they are referred from person to person.⁶¹
- They become dissatisfied with or do not trust the Marketplace.
- They may be hampered in their ability to choose the plan that matches their preferences and needs and complete the enrollment process.

How the Sharing Effective Solutions Strategy Improves the Consumer Experience (Exhibit 4.S4.1)



The use of knowledge management can help ensure that consumers receive accurate information quickly. Marketplaces can apply this strategy to improve performance in the following survey measures:

- Getting information and help from the website.
- Getting information and help from the call center.
- Getting information and help from in-person assisters.
- How easily consumers can get information to choose a health plan.
- How easily consumers can find out which health plans offer therapeutic and home health services.

Call center staff, Navigators, and other assisters do not always have ready access to the consistent, timely, and reliable information that consumers need. Two factors contribute to this problem:

- The Marketplace is not sufficiently clear on what information staff and assisters need in order to address the concerns and needs of consumers.
- The Marketplace is not able to get that information to staff and assisters quickly or in an easily accessible manner.

The Strategy

Marketplaces can use knowledge management to meet the evolving needs of consumers for information and support, thereby improving their experience with Marketplace staff. Knowledge management refers to a variety of tools and tactics that facilitate efforts to:

- Identify new challenges consumers face.
- Develop solutions or ways to address these challenges.
- Archive solutions so they are readily accessible.
- Disseminate solutions to frontline staff efficiently and quickly so that they are readily accessible when needed.
- Quickly deliver accurate information and solutions to consumers.

These tools include ways to gather information about the challenges facing consumers as well as ways to provide call center staff and assisters with the information and solutions they need to help consumers. As the tools can be low tech and low cost as well as high tech and mid-to-high cost, each Marketplace will have to select the options that meet its needs and budget.

[Exhibit 4.S4.2](#) briefly discusses some of the key success factors for implementing knowledge management in your Marketplace.

Key Factors to a Successful Implementation of Knowledge Management ^{xv, xvi, xvii} (Exhibit 4.S4.2)

- **Identify knowledge manager(s) who will be responsible for the knowledge management strategy in your Marketplace.** Knowledge managers oversee the knowledge management strategy as a whole, get new content approved, disseminate knowledge, keep content up to date, and remove information that is out of date. The knowledge manager should be someone who is good at organizing, communicating with others, and collaborating. Ideally, this should be an individual who has already taken the initiative to conduct knowledge sharing activities in your organization (e.g., by creating and distributing a frequently asked questions sheet to other frontline staff).
- **Make knowledge management a natural part of staff workflow.** The knowledge management tools should be easy to use and not require extensive additional effort for staff to access.
- **Provide access to the most relevant and useful knowledge available.** Staff are more likely to use your Marketplace's knowledge management tools if they know the tools offer the best answers to their questions.
- **Obtain the support of call center managers and Marketplace leadership.** Managers can reinforce the use of knowledge management tools by rewarding staff for contributing new information to knowledge management resources and by referring staff to knowledge management resources when they have questions.

^{xv} Pommier, M. J.L. (2007). How the World Bank launched a knowledge management program. Retrieved from http://www.knowledgepoint.com.au/knowledge_management/Articles/KM_MP001a.html

^{xvi} Chui, M., Miller, A., & Roberts, R. (2009, February). Six ways to make Web 2.0 work. *McKinsey Quarterly*. Retrieved from http://www.mckinsey.com/insights/business_technology/six_ways_to_make_web_20_work

^{xvii} Primus Knowledge Solutions. (2002, December). *Knowledge management best practices: Turning information into a corporate asset for call centers, help desks and other support environments*. Retrieved from <https://www.customerservicegroup.com/pdf/primus.pdf>

Benefits of the Strategy

Marketplaces are fast paced and dynamic environments in which new challenges arise and require solutions. When frontline staff have quick and easy access to such solutions, they are better equipped to provide consumers with the information they need and assist consumers in meeting the goal of obtaining health care coverage.

Ways to Implement the Strategy

1. Conduct regular meetings with frontline staff and Marketplace leadership to identify new and anticipated challenges to consumers.

Marketplaces can hold regular meetings to provide a forum for Marketplace staff to raise challenges they have faced when assisting consumers. The meetings provide an opportunity for participants to:

- Share known solutions to isolated problems.
- Identify systemic or emerging problems where solutions have not been developed.
- Brainstorm ideas for possible solutions to be considered by Marketplace leadership.

Your Marketplace's leadership can then document the challenges that require attention, flesh out proposed solutions or develop new solutions, and disseminate the solutions in a usable format.

One benefit of these types of meetings is that the sharing of ideas is also an informal method of dissemination; another benefit is that no information technology is required. The biggest challenge to implementing meetings is finding a time to bring staff together given busy schedules; it can also be difficult to facilitate a discussion among a large number of people. See [exhibit 4.S4.3](#) for alternatives when in-person meetings are not possible.

What if In-Person Meetings Aren't Feasible? (Exhibit 4.S4.3)

- Periodically conduct brief surveys of staff and local assisters to ask about their frequently encountered problems, what they need to better serve consumers, and their suggestions for solutions.
- Provide an online discussion board where frontline staff can share information about challenges they are facing and suggest solutions; managers can track these boards to identify both common and unusual problems.

2. Track requests for assistance from frontline staff to identify gaps in information.

Marketplaces can keep track of instances when frontline staff are unable to resolve a consumer's concern in order to identify areas where:

- Solutions are needed.
- Staff are not accessing, using, and/or understanding existing solutions.

While some customer relationship management software can tackle this task (read about customer relationship management software below), managers can also use home-grown solutions (e.g., by documenting frequent requests in shared documents and spreadsheets). Combing through these requests can be time-consuming, but it can yield quantitative data that enable your Marketplace to assess both the volume of requests as well as trends.

3. Look beyond frontline staff for possible solutions to identified problems.

Marketplaces can cultivate multiple sources of potential solutions to the problems faced by call center staff and assisters:

- **Subject matter experts.** A subject matter expert is an individual with expert knowledge about what it takes to do a particular job.⁶² Whether within or outside of your organization, subject matter experts with a deep understanding of the issues can play an important role in documenting and analyzing the information you have collected and developing and sharing solutions to problems.

Subject matter experts are often close at hand. First-level supervisors, for instance, often become subject matter experts because of their experience both “on the ground,” through their supervisees, as well as through their contact with upper-level management. When the expert is in-house, it may be more effective and efficient to refer complicated cases directly to that person than to expect all frontline staff to handle a difficult situation that rarely arises. In addition, Marketplaces will need to identify a solution if an expert plans to leave the organization. For example, have a plan in place to transfer information from the subject matter expert to your staff to make sure the information is retained within your Marketplace.

- **Community of practice.** A community of practice (CoP) brings together self-motivated individuals who are interested in a common topic to discuss their experiences and concerns and benefit from each other’s expertise.⁶³ Marketplaces can encourage Navigators, call center staff, subject matter experts, and/or managers who have a common interest to form a CoP to develop and share solutions to problems they are encountering in the Marketplace. For example, a CoP could focus on improving the enrollment experience for consumers who have disabilities or mental health conditions. Shared solutions may include tools and resources such as trainings, guides, and tip sheets.

Participation in a CoP should not be mandated. Rather, participants in a CoP voluntarily come together through interactions such as lunches, email, conference calls, and video chats.⁶³ The Marketplace can promote participation in the CoP by supporting these interactions (e.g., by providing the technology for calls and webinars) and allowing staff to take the time to participate.

See [exhibit 4.S4.4](#) for some tips for developing a CoP.

Tips for Developing a Community of Practice (CoP)^{xviii} (Exhibit 4.S4.4)

- Periodically conduct brief surveys of staff and local assisters to ask about their frequently encountered problems, what they need to better serve consumers, and their suggestions for solutions.
- Provide an online discussion board where frontline staff can share information about challenges they are facing and suggest solutions; managers can track these boards to identify both common and unusual problems.

4. Develop multiple approaches for sharing knowledge with staff and assisters who deal directly with consumers.

Marketplaces have to put solutions to problems into a format that makes the knowledge accessible and usable by call center staff and assisters. Commonly used tools for capturing and communicating knowledge include job aids, trainings, and shared sites.

^{xviii} Wenger, E., McDermott, R., & Snyder, W. M. (2002). *Cultivating communities of practice: A guide to managing knowledge*. Boston: Harvard Business School Press.

Job aids. Marketplaces can provide staff with low-tech job aids that support staff and assisters in doing specific tasks. The purpose of job aids is to ensure that sufficient and relevant information is available at the point of work.⁶⁴ Job aids are typically documents or images that can be given to staff as hard copy or stored digitally. Examples of job aids include:

- Manuals/guides.
- Step-by-step instructions.
- Worksheets.
- Checklists.
- Decision tables.
- Flowcharts.

See [exhibit 4.S4.5](#) for tips for designing job aids. See [exhibit 4.S4.6](#) for examples of job aids for Navigators produced by CMS and Covered California.

Some key **advantages** of job aids include:

- The cost of creating and maintaining them is low, particularly because they do not require information technology systems.
- They are easily shared with Navigators and other assisters.
- If they are stored online, your Marketplace can track how frequently staff are accessing job aids (e.g., number of clicks, downloads, page views) to learn which tools are most useful and identify areas where tools should be improved.

Some key **disadvantages** of job aids include:

- It can be difficult to update job aids and ensure that all frontline staff have the most recent hard copy.
- Because these types of tools are often not linked to any search engine, it may take time for staff to locate the information they need.
- When staff are accessing paper versions of job aids, there is no way to know how often those tools are being used, which prevents managers from seeing emerging trends.

Tips for Designing a Job Aid (Exhibit 4.S4.5)

When creating a job aid:

- Include only the necessary steps.
- Keep the information as simple and concise as possible.
- Present the information in small pieces.
- Use language that the user will understand. Use verbs and actions words at the beginning of sentences whenever possible.
- Use drawings or graphics when appropriate to clarify information or provide more detail than words would allow.
- Highlight critical points or steps by using bold or italicized text. Colors can also be used to highlight and code items or sections of the task.

>> **Learn more:** *Designing a Job Aid* (American Society for Training & Development). Available at: <http://www.astd.org/Events/International-Conference-and-Exposition/ICE-Speaker-Kit/~media/Files/Speaker%20Information/DesigningaJobAid.ashx>

Resources: Job Aids for Navigators (Exhibit 4.S4.6)

- *Which Door Could You Enter To Get Health Insurance?* (CMS). Available at: <http://cms.hhs.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/Downloads/Doors-to-Insurance-Job-Aid.pdf>
- *Glossary of Health Coverage and Medical Terms* (CMS). Available at: <http://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/Downloads/HHS-CMS-Glossary-of-Health-Coverage-and-Medical-Terms.pdf>
- *Job Aid: Application Overview* (Covered California). Available at: <https://assisters.ccgrantsandassisters.org/>

Training. Marketplaces can also capture and preserve knowledge by conducting and archiving training sessions, whether in-person or by webinar. Ideally, the training should be archived in a format that allows new Marketplace staff to undergo the training on their own schedule.

Training sessions are an important way to share knowledge, especially with new staff. But they do require a substantial investment of time and effort by those who develop the training as well as the recipients of the knowledge.

Training sessions may benefit from using case studies, which are essentially stories that describe a problem and how it was resolved. Presenting case studies can be an engaging way to train staff on how to handle a complex problem and share lessons learned from previous experiences. To identify potential case studies, your Marketplace can:

- Review customer complaints and positive feedback.
- Talk to managers about persistent problems they observe.
- Interview frontline staff.

However, it is important to recognize that a case study may not be generalizable to other situations; also, it takes time and effort to research and create case studies.

Shared sites. Shared sites are online tools that enable Marketplace staff and potentially those in other organizations (e.g., Navigators) to share relevant information and timely updates, resulting in a pool of knowledge that everyone can access at any time.⁶⁵ See an example in [exhibit 4.S4.7](#).

- **Online file storage.** Also known as “cloud backup” or “file hosting service,” these are sites where files can be accessed, uploaded, or downloaded by multiple users. Users gain access to the files through a hyperlink or password. Online file storage has the advantage of offering Marketplace staff access to important documents remotely and the ability to post only the most up-to-date documents. However, because this approach requires a third party to store documents, it is necessary to back up files stored on this system.
- **Wikis.** A wiki is a website that allows multiple users to work collaboratively to create and edit content without needing expertise in coding. One example is Diplopedia, the State Department’s internal knowledge-sharing tool.⁶⁶ Wikis have the advantage of being easy to search and update; however, users may lose interest in updating the wiki over time, and expertise in information technology is needed to develop and maintain a wiki.

Knowledge Sharing at Kentucky’s Marketplace (Exhibit 4.S4.7)



The Kentucky Marketplace (a.k.a. kynect) provides consumers with up-to-date information on the status of their unique enrollment issues related to health plans purchased through kynect. The Marketplace leverages an online tool to share knowledge among the Marketplace staff, consumers, and issuers. Additionally, at any time, call center staff and issuers may access the tool, identify the status of an individual’s case issue, and provide an up-to-date snapshot of where the issue is in the resolution process. For example, the tool may be used to enter case characteristics and track status of the case (e.g., pending kynect Executive Director approval, pending issuer system update, or close).

>> Learn more: See [appendix E, resource #4](#) for screenshots of this tool.

5. *Adapt customer relationship management software to meet the information needs of your Marketplace consumers more efficiently.*

Marketplaces can use customer relationship management software to more efficiently connect call center staff with the information they need to help consumers through the application, selection, and enrollment process. The use of this kind of software makes it easy for call center staff to search for the solution they need and for the Marketplace to keep the information up to date.

Your Marketplace may want to consider how frontline staff could benefit from the following functions of customer relationship management software:

- **Help desk**, which provides the staff person with a searchable database of consumer issues and approved responses or solutions to those issues.
- **Troubleshooting wizards**, which guide staff to answers by asking a series of questions that direct them to the appropriate solution; troubleshooting wizards are able to handle much more complex situations than a paper-based decision tool or flowchart.
- **Bulletins**, which send an immediate update to all frontline staff; alerts can be used to notify staff of a change or update and the action steps they need to take.
- **Chat**, which allows frontline staff to get immediate assistance from another staff person.

Current systems vary in their sophistication and available features, and the cost of creating and maintaining the system can be significant. See [exhibit 4.S4.8](#) for suggestions for selecting customer relationship management software.

Tips for Selecting a Customer Relationship Management Software (Exhibit 4.S4.8)



- **Select an established company.** Choose a provider with a trusted reputation and longstanding track record for delivering high-quality products. Seek out companies who are familiar with health insurance and Health Insurance Marketplaces.
- **Know your requirements beforehand.** Before shopping, identify what your Marketplace needs to support knowledge sharing and management. The customer relationship management software market offers numerous features. Select a software that has features applicable to your Marketplace.
- **Know where your information is located.** Most software companies store your data with third-party service providers. Know where your data are being hosted and by whom. Check into the third-party provider's track record for performance and reliability, and ask about their approach to backup and recovery.
- **Look for scalability.** Choose a provider that can support your Marketplace as it grows. Changing providers can be inconvenient and costly.
- **Select a partner, not a vendor.** A partner will have your best interests in mind by ensuring you get the maximum value from their solution and providing assistance when you need it. Choose a provider with a solid track record for providing this level of service.
- **Stay away from free services.** Providers that meet the above standards aren't cheap or free. Selecting quality software is an investment in providing excellent service to consumers.
- **Talk to other Marketplaces.** Marketplaces face many of the same challenges. Reach out to other Marketplaces to ask about their experience with their chosen software.

Strategy 5: Use plain language

Key Findings and Recommendations

Using plain language is a fundamental way your Marketplace can take a consumer-centered approach to communications. Making plain language the standard for all interpersonal and written communications requires organizational leadership and changes in how call center staff and in-person assisters interact with consumers. The following consumer-focused interventions can help consumers find, understand, and use information to guide their health insurance choices:

- Develop policies and systems explaining the importance of consumer-focused communications and promoting the use of plain language across your Marketplace.
- Create a guide and glossary of terms to promote consistent use of plain language by staff and contractors.
- Train employees to apply plain language techniques in writing and speech.
- Assess materials and interpersonal communications for readability and understandability.
- Monitor the effectiveness of plain language policies, processes, and tools.

[Exhibit 4.S5.1](#) lists the aspects of consumer experience that this strategy addresses.

The Problem

Information about health insurance is complicated and often unfamiliar, even for highly educated and literate people.⁶⁷ Many consumers lack health insurance literacy—or the knowledge and skills needed to understand and deal with health insurance.

- Consumers with low health insurance literacy do not understand health insurance in general.
- Consumers also lack knowledge about specific health plan features, such as in-network providers, prior authorizations, and other requirements for obtaining care; cost-sharing; and differences among the plan levels—bronze, silver, gold, platinum—in the Marketplace.

Problems with health insurance literacy are widespread.^{68, 69, 70} A 2013 survey of insured and uninsured adults aged 22 to 64⁶⁸ found:

- 42 percent of respondents reported little to no confidence in understanding health insurance terms.
- 52 percent of respondents reported little to no confidence in knowing how to figure out their share of health insurance costs.
- 47 percent of respondents reported little to no confidence in knowing how to find out what is covered and not covered before receiving a health care service.

Identifying and understanding the different information needs of consumers is an important first step in setting your communication goals and using plain language effectively.⁷¹ Knowing your audience and focusing on their

How the Plain Language Strategy Improves the Consumer Experience (Exhibit 4.S5.1)



The use of plain language can help consumers find, understand, and use information to successfully perform tasks in the Marketplace. Implementing this strategy could help Marketplaces improve their performance on the following survey measures:

- How easily consumers can provide information about family and income.
- Getting information and help from the website.
- Getting information and help from the call center.
- Getting information and help from in-person assisters.
- How easily consumers can get information to choose a health plan.
- How easily consumers can find out which health plans offer therapeutic and home health services.
- Getting information in a needed language or format.

needs can help your Marketplace interact effectively with consumers and help them gain skills to make more informed health insurance choices.

The Strategy

Plain language is a fundamental tool to help your Marketplace take a consumer-centered approach to communications. Marketplaces can use plain language in all communications on websites, over the phone, and in-person.

Simply put, plain language,^{72, 73} sometimes called “plain English,” helps consumers:

- **Know and find** what they need.
- **Understand** what they find the first time they read or hear it.
- **Use** what they find to meet their needs.

Using clear, concise, and straightforward language helps all consumers, regardless of their reading level. See examples of common plain language techniques in [exhibit 4.S5.2](#). See the 10 attributes of a health-literate organization in [exhibit 4.S5.3](#).

Plain language isn’t just about the words you use. You also need to identify the best ways to organize and display information so consumers can find what they need. One key is to first provide the information that is most important from a consumer point of view. An easy-to-read format that includes bullets, tables, and free use of white space also helps to prioritize and organize information.

Plain language also means explaining numbers and calculations clearly—for example, by giving examples and breaking down calculations into simple steps and explaining each step.⁷⁴

Examples of Plain Language Techniques (Exhibit 4.S5.2)

A common rule for writing understandable text is to “write like you talk.” Most plain language techniques for writing also apply to interpersonal communications.

- **Define new or technical terms** by using simple and common words and examples—for example, use “monthly payment” instead of “premium.” In writing, define the terms on the same page where they are used.
- **Use “you” and “your”** to speak directly to your audience.
- **Use the active voice**—for example, “John chose a health plan” instead of “The health plan was chosen by John.”
- **Use short, straightforward sentences.** Convey just one idea in each sentence.
- **Use contractions when appropriate**—that is, wherever they sound natural.
- **Use bullets, tables, and free use of white space** to prioritize and organize information.



Ten Attributes of a Health-Literate Organization ^{xix} (Exhibit 4.S5.3)

Health care organizations that are committed to meeting the communication needs of people with low health literacy:

1. Make health literacy integral to mission, structure, and operations.
2. Integrate health literacy into planning, evaluation, and quality improvement.
3. Prepare the work force to be health literate and monitor progress.
4. Obtain feedback on information and services from populations served.
5. Meet the needs of people with a range of health literacy skills without stigmatization.
6. Use health literacy strategies in interpersonal communications and confirm understanding at all points of contact;
7. Provide easy access to information and assistance.
8. Design and distribute print, audiovisual, and social media content that is easy to understand and act on.
9. Address health literacy in high-risk situations.
10. Communicate clearly what health plans cover and what individuals will have to pay.

>> **Learn more:** About ways to implement these attributes in Abrams, M. A., Kurtz-Rossi, S., Riffenburgh, A., & Savage, B. (2014). *Building health literate organizations: A guidebook to achieving organizational change*. Retrieved from <http://www.unitypoint.org/health-literacy-guidebook.aspx>

Benefits of the Strategy

Both health insurance and health care are filled with jargon that is unfamiliar to many people. Using plain language rather than jargon sends the message that the Marketplace wants to serve consumers, helping you build consumer trust and loyalty.

Most important, using plain language can help consumers perform key tasks, such as:

- Applying for financial assistance to help pay for health insurance; for example, providing information about their household income and the number of people in their household or filing an appeal if they believe they were improperly denied financial assistance.
- Finding, understanding, and using the information they need to choose a health plan; for example, the extent of benefits and coverage for doctor or specialist visits or how much they have to pay for each health plan.
- Comparing health plans and choosing one that meets their needs.

Consumers who can successfully complete these tasks may be more likely to enroll in a health plan, fulfilling the Marketplace's mission.

^{xix} Brach, C., Keller, D., Hernandez, L. M., Baur, C., Parker, R., Dreyer, B., Schyve, P., Lemerise, A. J., & Schillinger, D. (2012). *Ten attributes of health literate health care organizations* (Discussion paper). Washington, DC: National Academy of Sciences. Retrieved from http://iom.edu/~media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf

Ways to Implement the Strategy

1. *Develop consumer-centric policies, processes, and resources to promote the use of plain language across your Marketplace.*

To encourage consumer-centered communications, **Marketplaces can take several steps to ingrain the use of plain language across the organization:**

- Identify and understand the information needs of your audience.
- Create an expectation of plain language at all levels of the organization, from executive leaders to frontline staff.
- Use vision and mission statements to spell out the Marketplace’s commitment to helping consumers understand their health insurance options and make informed choices.
- Demonstrate the organization’s commitment to plain language through written policies that include:
 - Expectations for using plain language in all interpersonal and written communications with consumers.
 - Training staff in plain language techniques.
 - Assigning management responsibility for carrying out plain language policies and evaluating their effectiveness.
 - Incorporating plain language requirements into all vendor contracts.
- “Walk the talk” by using plain language in all forms, policies, and procedures developed for employees and contractors.

Marketplaces can provide direction to staff and contractors by laying out a step-by-step process for developing plain language materials and Web pages and identifying resources that explain in detail how to apply plain language techniques.

2. *Create a guide and glossary of terms to promote the use of plain language by staff and contractors.*

Marketplaces can provide clear guidance on how use plain language. [Exhibit 4.S5.4](#) offers an example of what one Marketplace included in its guide. Plain language guides usually describe the steps to develop and assess materials, including:

- Defining the intended audience and their motivations and goals.
- Defining the goal for the materials and Web pages.
- Creating the content and messages using plain language principles.
- Checking for plain language and reading level.
- Testing materials with consumers.
- Revising and retesting, if needed.

Example of One Marketplace’s Plain Language Guide (Exhibit 4.S5.4)



Vermont Health Connect created a plain language style guide that provides specific guidance on how to write at the sixth- to seventh-grade reading level. In addition to plain language techniques, the guide highlights model text for communicating complex concepts, such as health insurance, open enrollment, and reenrollment, in an accessible way to low-literacy readers. A section of the guide lists easy-to-understand phrases for conveying concepts that are commonly used in Vermont Health Connect outreach and enrollment materials.

>> **Learn more:** See [appendix E, resource #5](#).

Glossary of terms. Consumers with limited or no health insurance experience are unlikely to know terms like in-network provider, coinsurance, and formulary. Standardizing insurance and Marketplace terms and including uniform descriptions in your Marketplace plain language guide will help staff, contractors, and, most importantly, consumers. You can use the following glossaries developed for consumers as a starting point for your Marketplace's glossary:

- Summary of Benefits & Coverage & Uniform Glossary: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Consumer-Support-and-Information/Summary-of-Benefits-and-Coverage-and-Uniform-Glossary.html>
- HealthCare.gov Glossary: <https://www.healthcare.gov/glossary/>

3. *Train employees to apply plain language techniques in writing and speech.*

Marketplaces can reinforce the importance of clear communication to consumers by providing ongoing staff training on the use of plain language in all communications. Your Marketplace can draw on training tools developed for health care providers (see [exhibit 4.S5.5](#)) and adapt them for your context.

In addition to providing this training, your Marketplace can:

- Train a group of early adopters of plain language techniques to serve as mentors and share best practices and success stories.⁷⁵
- Train and require employees and contractors to use the teach-back method to confirm that consumers understand the information.
>> Learn more: [Appendix E, resource #6](#) provides an overview of the teach-back method.
- Require employees and contractors to participate in plain language training and follow your Marketplace's guidelines for using plain language.

Resources: Examples of Plain Language Training (Exhibit 4.S5.5)



- *CDC Clear Communication Index.* Available at: <http://www.cdc.gov/ccindex/pdf/clear-communication-user-guide.pdf>
- *CMS Toolkit for Making Written Material Clear and Effective.* Available at: <https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/>
- *NIH Plain Language Training.* Available at: <https://plainlanguage.nih.gov/CBTs/PlainLanguage/login.asp>
- *Health Literacy Universal Precautions Toolkit.* Available at: <http://www.ahrq.gov/literacy>
- *Teach-back Toolkit.* Available at: <http://www.teachbacktraining.org/>

4. *Assess materials and interpersonal communications for readability and understandability.*

Marketplaces can take several steps to confirm that consumers will be able to understand and use written materials. Your Marketplace may find it worthwhile to apply these tactics to existing materials and Web pages as well as new drafts.

- **Use plain language checklists** to verify that staff and contractors followed plain language practices when developing the content and layout of print materials and Web pages (see [exhibit 4.S5.6](#)). Checklists are an efficient way to quickly identify what could be improved.
- **Use readability tools** to help determine whether the content matches the reading level of your audience. A number of manual and computerized tools, such as the Fry Graph Readability Formula and the Simple Measure of Gobbledygook, or SMOG, are available to assess the readability of written materials. **However,**

readability tools have limitations, especially when assessing materials containing health and other technical terms. Additionally, the results are not precise and may vary depending on which tool you use.⁷⁶

- Also, consider using **other tools that assess comprehension or understandability**. Marketplaces can use the Patient Education Materials Assessment Tool (PEMAT) and User's Guide⁷⁷ to identify information that may not be understandable or actionable to consumers with diverse backgrounds and varying levels of health literacy.

- **Get input and feedback directly from consumers.** The best way to ensure that consumers understand information as intended is to involve them in developing materials. Marketplaces can require that contractors developing written materials and websites collect and incorporate consumer input and feedback (see [exhibit 4.S5.7](#)).

Resources: Plain Language Checklists (Exhibit 4.S5.6)



- *Document Checklist for Plain Language*. Available at: <http://www.plainlanguage.gov/howto/quickreference/checklist.cfm>
- *Document Checklist for Plain Language Writing on the Web*. Available at: <http://www.plainlanguage.gov/howto/quickreference/weblst.cfm>
- *Center for Plain Language 5-Step Checklist*. Available at: <http://centerforplainlanguage.org/5-steps-to-plain-language/>

Things to Consider When Doing Consumer Testing (Exhibit 4.S5.7)



What is the appropriate type of testing?

- Focus groups are useful for eliciting ideas and opinions and testing assumptions; they work best when conducted in-person.
- Individual interviews are better suited for getting feedback on specific language or displays of information; they can be conducted in-person or over the telephone (while viewing a shared Web page).

Who should be tested?

- Identify and recruit representatives of the consumers you are targeting with your materials or Web pages. Consider a variety of characteristics, including age, race and ethnicity, language, education, previous experience with insurance, income, and geographic location.
- It can be helpful to focus on a subset of consumers who are more likely to have trouble understanding your content, such as those with less education and limited or no experience with health insurance.

How will consumers be recruited?

- Consider hiring a recruitment firm to find the people in your target group.
- Offer a small incentive (e.g., cash or a gift card) to compensate participants for their time.
- Use a trained and neutral facilitator to collect honest feedback on the materials.

For additional guidance, refer to:

- *How to Get Consumer Feedback and Input Into Websites*. Available at: <http://www.rwjf.org/en/library/research/2010/01/how-to-get-consumer-feedback-and-input-into-websites.html>
- *The Purpose and Process of Cognitive Testing*. Available at: <https://cahps.ahrq.gov/consumer-reporting/talkingquality/resources/cognitive/index.html>

5. Monitor the effectiveness of plain language policies, processes, and tools.

Marketplaces can monitor performance across the organization to ensure that staff and contractors are using plain language consistently and successfully. Ongoing performance monitoring can help identify training topics and the need for additional tools or support for employees and contractors. Specifically, your Marketplace can:

- Continuously review Web content, telephone scripts, and print materials to determine whether or not they are written in plain language, and revise as needed to incorporate plain language techniques.
- Listen to recorded calls between call center staff and consumers, review them for plain language, and provide feedback to reinforce training and strengthen employees' communication skills.
- Measure performance by collecting feedback from consumers about their experiences through short surveys, emails from website users, and/or complaints.
- Update your Marketplace's plain language systems, policies, and guidelines as needed to address any problems you find through monitoring.

Strategy 6: Offer plan selection shortcuts

Key Findings and Recommendations

Plan selection shortcuts are tactics that simplify the task of comparing health plans and making informed decisions when selecting a plan. Without these shortcuts, consumers can become overwhelmed by the amount of information and make choices that will lead to unintended consequences. These shortcuts should be incorporated into the design of Marketplace websites and the materials used by call center staff, navigators, and other assisters.

Steps you can take to ease the decision process for consumers include the following:

- Provide a **step-by step summary of how to choose a plan** and structure your website and discussions with consumers to follow those steps.
- Help people identify **what is most important to them about a health plan**, and then help them quickly get plan names and performance information relevant to their needs.
- Present **comparative information on health plans** in the easiest way for consumers to quickly identify the plans that best meet their needs.
- Create an **all-plan directory** of physicians, hospitals, and other providers so consumers can easily identify which plans include their preferred health care providers.
- Provide a tested **“annual total cost” calculator** to help consumers estimate and understand the full costs they might incur with each plan.

[Exhibit 4.S6.1](#) lists the aspects of consumer experience that this strategy addresses.

The Problem

Consumers using a Marketplace must choose among many plans. While it is important to offer choices, too many choices can leave people unable to decide.^{78, 79, 80} Moreover, because many people lack health insurance literacy,^{81, 68} they often don’t fully grasp what’s at stake when they choose a plan.

Consumers are often overwhelmed by the many factors they need to consider when choosing a plan, especially if they have little previous experience with health insurance. These factors may include:

- The **type of health plan** (such as HMOs, PPOs, or EPOs).
- The **premium** they pay.
- Their **out-of-pocket costs** when they use care.
- The **benefits that are and are not covered** by the plan.
- The **physicians, hospitals, and other health care providers** they can use without paying either all or part of the cost themselves.

How the Plan Selection Shortcuts Strategy Improves the Consumer Experience (Exhibit 4.S6.1)



Improving plan selection shortcuts will help consumers quickly and easily find needed information to choose a health plan. Implementing this strategy could help Marketplaces improve performance on the following survey measures:

- Getting information and help from the website.
- Getting information and help from the call center.
- Getting information and help from in-person assisters.
- How easily consumers can get information to choose a health plan.
- How easily consumers can find out which health plans offer therapeutic and home health services.

- What services require “**prior authorization**,” from whom, and when.
- The **quality of the health care** they will receive.
- The **quality of customer service** they will receive.

Research indicates that people can keep about seven pieces of information in their short-term memory at any one time.⁸² Even when the information is provided in plain English and is easy to understand, the volume of information can be overwhelming. Overwhelmed consumers are likely to give up and not enroll at all.

Consumers need help making tradeoffs. In addition to having to understand complex information about health plans, consumers have to use that information to determine which plans are most likely to meet their needs. This requires identifying what is most important to the consumer and what tradeoffs they are willing to make.

Without assistance from the Marketplace, **people may use decision strategies that actually reduce the likelihood of making a choice in their own best interest.** For example, consumers might choose a plan based on a single reason, such as the cheapest plan or the one with a familiar name, rather than selecting the best plan overall for their needs.⁶⁸

The Strategy

Plan selection shortcuts are tactics that help people decide what’s most important to them when faced with many choices, narrow their options based on their concerns and preferences, and make the decision that is best for them.⁹⁹ These shortcuts are sometimes called “rules of thumb,” “cognitive shortcuts,” or “heuristics.” Shortcuts help make the process less overwhelming by providing guidance and helping consumers focus on what they value most.

Shortcuts can be incorporated into the design of a Marketplace website as well as the materials and tools used by call center staff, navigators, and other assisters. Your website, call center staff, and assisters can all help consumers take a step-by-step approach that limits the amount of information they have to absorb at any moment, yet make progress toward enrollment in a health plan.

Benefits of the Strategy

Plan selection shortcuts can reduce users’ frustration so that they are less likely to get overwhelmed and abandon the website or the process of choosing a plan. Assisters who use plan selection shortcuts with consumers may find that their interactions are more productive and helpful and that consumers are more satisfied and confident that they made a good choice.

Ways to Implement the Strategy

The interventions focus on facilitating how consumers learn about their health plan options, compare plans, and, ultimately, choose a health plan.

1. *Provide a step-by-step summary of how to choose a plan and structure your website and discussions with consumers to follow those steps.*

Marketplaces can help consumers by laying out a path for them to follow to make a decision. Faced with a new and complicated decision, many people

Case Study #2: Ways to Help Consumers Compare and Select Health Plans Easily—The Case of Innovative Consumer Decision Support Tools

Read the case study in [section 5](#) to learn about four innovative decision support tools and how these tools operationalize the five plan selection shortcuts. The case study suggests ways in which Marketplaces can use decision support tools or elements of the tools to implement the shortcuts and make it easier for consumers to choose a health plan on a Marketplace website.

don't know where to begin. Even if they do find a way to get started, they often do not know what to do next.⁸³ Many Marketplace websites are already beginning to present a step-wise approach to choosing a plan, for example, by advising consumers to first decide on a metal level and then look at just the plans in that level. There is no one best way to identify the steps and their order; each Marketplace must decide this for itself.

Here is one example of a sequence of steps:

- **Step 1:** Identify the geographic area where the person/family lives or works; the result of this step will be to identify all available plans.
- **Step 2:** Identify the minimum overall quality or star rating the person is willing to accept. This step will not be possible until the 2017 open enrollment season, when CMS publishes quality ratings for all plans. (Note: To use the quality information, consumers will need an explanation of the star rating system in plain language).
- **Step 3:** Identify the maximum premium the person is willing to pay. Most people will need the full range of premiums displayed to determine their maximum. The result of this step will be to narrow the number of plans to those with premiums at or below the consumer's maximum.
- **Step 4:** Identify the maximum deductible the person is willing to accept. People will need a plain language definition of "deductible," as well as the full range of deductibles for plans remaining on the list after steps 2 and 3. This step further limits the number of plans shown to the consumer.

To improve the usefulness of these steps, consider these tips:

- Present all steps at the beginning of the interaction, in part to allay consumers' anxiety that it will be impossible for them to choose a plan. For examples of how to present the steps, see [exhibit 4.S6.2](#).
- If at all possible, walk consumers through these steps so they can make an informed choice.
- Reduce the number of plans people have to consider at one time to five or fewer. One way to do this is to help people narrow their choices on the basis of something that matters to them (see the next intervention). This might be metal level, premium, the combination of premiums and out-of-pocket costs, the type of plan, or whether their preferred physicians and hospital are in the plan.

Resources: How to Present the Steps (Exhibit 4.S6.2)



- Case study #2 in [section 5](#)
- [Healthcare.gov](https://www.healthcare.gov/choose-a-plan/) (<https://www.healthcare.gov/choose-a-plan/>)
- *Putting Patients First* (National Health Council; <http://www.nationalhealthcouncil.org/public-policy/putting-patients-first>)

2. *Help people identify what is most important to them about a health plan, and then help them quickly get plan names or performance information relevant to their needs.*

Marketplaces can encourage consumers to begin the process of choosing a health plan by identifying what is most important to them in a plan. Many people are not sure what to consider when choosing a plan, especially if they have little or no experience with health insurance. Your Marketplace can help by explicitly identifying and briefly defining the major factors that consumers need to weigh.⁸⁴ Research shows that the following factors are of great importance to most consumers:^{85, 86, 87, 88, 89, 90, 91}

- **Costs** (i.e., premiums, out-of-pocket costs).
- What **benefits** are covered.
- Whether their **physicians** are in the plan's network.

- The **quality** of the plan (e.g., quality of clinicians’ communication with patients, ease of access to care).
- Health plan **customer service**.
- **Reputation** of the health plan and the hospitals and physicians in the network.
- The **location** of providers in the plan.

Once the consumer has identified one or two especially important plan characteristics, your Marketplace can provide information on plan performance in these areas and even identify the plans that do especially well in the specified areas. The use of filters to help consumers narrow plan choices will be familiar to the many consumers who do similar kinds of tasks on commercial websites that let them, for example, set an upper price limit for a product or specify proximity to a key landmark and then see only options that meet those criteria.

3. *Present comparative information on health plans in the easiest way for consumers to quickly identify the plans that best meet their needs.*

Marketplaces can use several strategies to help consumers compare their options. Just looking at and understanding comparative information on health plan performance can be a huge challenge for consumers, unless that information is provided in a way that makes it very easy for consumers to apply their own preferences to make a choice. Extensive research has identified what works and what doesn’t in helping consumers compare and choose health plans.

Specific suggestions include the following:⁹²

- **Provide explicit points of comparison** (e.g., an average score) to help consumers understand whether a health plan’s performance in a given area is “good” or “bad.”
- **Use word icons and symbols to convey the data.** The star ratings are an example of using a symbol. Word icons are graphics with words that indicate health plan performance relative to a comparison point. See [figure 4.S6.1](#) for an example of word icons from a comparative quality report.¹¹¹ The “average” is gray and fades into the background, whereas “below” uses a down arrow as well as the word to convey “below average.”



Example of Word Icons (Figure 4.S6.1)

	East Health Plan	West Health Plan	North Health Plan
Health plan customer service	better	average	below
Care from doctors and hospitals	better	better	average
Members’ experiences with the plan	average	better	below
Members’ annual costs	average	better	better

- **Limit the number of health plans displayed at the same time** to reduce information overload. For example, if the health plans are displayed side-by-side, consider showing no more than three to five.
- **Rank order or tier the health plans.**
Rather than list health plans in alphabetical order, you can list them in rank order so the top performers come first or group them in tiers (e.g., with the highest performers shown in one group, the average in a second group, and the lowest in a third group). This approach is not feasible if you are showing performance on several dimensions at once, since it is unlikely that the rankings will be identical. However, you can enable consumers to look at health plans in rank order or tiers by focusing on one dimension of performance at a time.
- **Group and summarize related aspects of health plan performance into categories that are meaningful to consumers.** For example, quality measures can be grouped into categories that communicate what quality of care is (e.g., effective, safe).

For more resources to help reduce the cognitive burden for consumers, see [exhibit 4.S6.3](#).

Resources: Minimizing Cognitive Burden (Exhibit 4.S6.3)



- *How to Display Comparative Information That People Can Understand and Use* (American Institutes for Research). Available at: <http://www.rwjf.org/en/library/research/2010/06/latest-from-aligning-forces-for-quality-communities/how-to-display-comparative-information-that-people-can-understan.html>
- *Consumers in Health Care: The Burden of Choice* (California Healthcare Foundation). Available at: <http://www.chcf.org/publications/2005/10/consumers-in-health-care-the-burden-of-choice>
- *Best Practices in Public Reporting No. 1: How to Effectively Present Health Care Performance Data to Consumers* (Agency for Healthcare Research and Quality). Available at: <http://archive.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/pubrptguide1/pubrptguide1.pdf>
- *Supporting Consumers' Decisions in the Exchange* (Pacific Business Group on Health). Available at: <http://www.pbgh.org/key-strategies/engaging-consumers/216-supporting-consumers-decisions-in-the-exchange>

4. *Provide a tested “annual total cost” calculator to help consumers estimate and understand the full costs they might incur with each plan.*

Marketplaces can support consumers in estimating and comparing their likely costs in different scenarios.

Research shows that it is virtually impossible for consumers to figure out on their own how their out-of-pocket costs are likely to vary from one plan to another.⁹¹ As noted earlier, one common problem is the lack of health insurance literacy. For example, many consumers do not really understand terms like “deductible” and “copayment.” But even those who understand insurance rarely have access to realistic information about the cost of services they might use.

Because it is so difficult to estimate costs, consumers tend to measure the financial consequences of their plan choice based on premiums alone. This is a problem because premiums tend to go up as out-of-pocket costs go down, and vice versa. In addition, some consumers unrealistically believe they will not need care, so they discount the impact of out-of-pocket costs at the point of care.

To help consumers, Marketplaces can take advantage of recent work on ways to create estimates of out-of-pocket costs using scenarios.⁹³ These scenarios may be based on a specific health condition or on an overall assessment of a person’s health and likely use of health services over the course of a year. Calculators using these scenarios provide users with a specific dollar amount they are likely to spend with different plans, which makes it easier for

people to understand the financial consequences of their decisions. Evidence shows that people who get this kind of information make more “prudent” decisions.⁹⁴

Under the ACA, all Qualified Health Plans are required to provide out-of-pocket estimates for two common conditions: having a baby and managing type 2 diabetes. Currently, these estimates are deep in the Summary of Benefits and Coverage (SBC),¹¹² where they are unlikely to be seen by consumers or even assisters. Marketplaces could put these scenarios on their websites in a display that compares out-of-pocket costs across plans. Assisters could either use the SBC itself with consumers or use the Marketplace display.

5. Create an all-plan directory of physicians, hospitals, and other providers so consumers can easily identify which plans include their preferred health care providers.

Marketplaces can simplify the choice process for many consumers, especially those with one or more ongoing health conditions, by providing a way for them to determine which plans offer access to their providers. Admittedly, creating an all-plan directory can be challenging, especially in states with many providers and little overlap in provider networks. It requires not just getting accurate information at the outset, but keeping it updated over time as providers leave or join networks.

Marketplaces can also advise consumers to call their providers to ask which plan networks they have joined rather than calling several plans to find out if their providers are included.

Strategy 7: Enhance your Marketplace's cultural competence

Key Findings and Recommendations

People seeking coverage from the Marketplaces are diverse in terms of race, ethnicity, spoken language, gender, sexual orientation, and socio-economic and disability status. To effectively serve every customer, Marketplaces must develop and maintain cultural competence, which refers to the ability of organizations to provide services that are respectful and responsive to people with different values, beliefs, behaviors, and needs.⁹⁵ Developing cultural competence will help you attract the full range of consumers, support them in completing core Marketplace activities, improve health equity, and improve their experience throughout the process (see [exhibit 4.S7.1](#)).

Steps you can take to improve the cultural competence of your Marketplace include the following:

- Assess your organization's current cultural competence, and make the improvement of cultural competence an organizational priority.
- Identify your community's needs.
- Recruit, retain, and promote a diverse workforce.
- Train staff on cultural competence.
- Offer high-quality language assistance services.
- Publicize the availability of language assistance services.
- Offer accommodations for consumers who have visual and hearing disabilities.

The Problem

Marketplaces must meet the needs of a diverse population. Nationally, approximately 21 percent of adults speak a language other than English at home,⁹⁶ 26 percent report their race as non-White,⁹⁷ and 6 percent have a vision or hearing disability.⁹⁸ Several SBM states have much higher estimates. For example:

- 75 percent of adults in Hawaii and 61 percent of adults in the District of Columbia report their race as non-White.⁹⁹
- 42 percent of adults in California and 36 percent of adults in New Mexico speak a language other than English at home.⁹⁶

While more Whites are uninsured overall, a higher percentage of Blacks, Asians, and Hispanics are uninsured—a core target population for Marketplaces.¹⁰⁰

Race, ethnicity, language, disability status, and other social factors are associated with goals, habits and values that are likely to influence how consumers interact with the Marketplace and how they evaluate their experience with its services. If Marketplaces do not demonstrate cultural competence, consumers may be:

- **Unable or unwilling to offer important information.** For example, consumers may not be able to communicate effectively with Marketplace staff because of language barriers.

How the Cultural Competence Strategy Improves the Consumer Experience (Exhibit 4.S7.1)



Understanding and practicing cultural competence can help ensure that the Marketplaces meets the needs of a diverse population of consumers. For example, Marketplaces can apply this strategy to improve performance in the following survey measures:

- Getting information and help from the website.
- Getting information and help from the call center.
- Getting information and help from in-person assisters.
- Getting information in a needed language or format.

- **Unclear on information provided by the Marketplace.** For example, it is common in some cultures to live with extended family.¹⁰¹ In response to questions about household size, consumers may not provide the number of people in their tax household (i.e., spouse and dependents). Instead, they may mistakenly include all family members (e.g., grandparents, aunts, uncles), which could impact their eligibility determination.
- **Unhappy with the services the Marketplace provides.** For example, different cultures have different communication norms regarding eye contact, pace of speech, size of personal space, and speech volume and tone.¹⁰² If Marketplace staff are not aware of these differences or do not adapt their communication style to a consumer's cultural norms, their interaction may be uncomfortable or consumers may experience disrespect.

The Strategy

Marketplaces can enhance the cultural competence of their services in order to better meet the needs of current and potential Marketplace enrollees. Providing culturally competent services means applying three core principles:¹⁰³

- **Equity**—consumers should have equal access to the Marketplace and the services it provides.
- **Understandability**—consumers should be able to understand and act upon the information provided by the Marketplace.
- **Respect**—consumers should perceive that the Marketplace treats them with respect.

Benefits of the Strategy

Providing culturally and linguistically competent services has three main benefits:

- Attracting consumers across all groups and retaining them as Marketplace users.
- Helping consumers effectively complete core Marketplace activities such as applying for financial assistance, selecting a health plan, and enrolling in a health plan.
- Providing those consumers with a better experience while using the Marketplace's services.

Ways to Implement the Strategy

1. *Recruit, retain, and promote a diverse workforce.*

Marketplaces' employee demographics, from frontline staff to executives and board members, should reflect the demographic composition of the state.¹⁰⁴ A diverse workforce can more easily anticipate the cultural competence issues that your Marketplace will face and generate effective ideas for addressing those issues. In addition, a workforce that reflects the demographic composition of the community you serve will help to develop trust and rapport with members of groups who may otherwise be reluctant to interact with government agencies. The following strategies can help your Marketplace recruit and retain a diverse workforce:^{103, 105}

- Collect and analyze data on hiring, retention, and promotion that include demographic information so that you can identify areas for improvement and progress toward workforce diversity goals.
- Recruit staff through outlets catering to the specific needs of special populations, such as foreign language job boards, minority health professional association job boards, disability providers, vocational rehabilitation agencies, and historically Black colleges and universities.
- Develop job descriptions and recruiting notices that include skill sets and areas of knowledge related to cultural competence.

2. *Assess your organization's current cultural competence, and make the improvement of cultural competence an organizational priority.*

An important first step to improving cultural competence is to identify your organization's strengths and opportunities for improvement. Several self-assessment tools are listed in [exhibit 4.S7.2](#). Completing this kind of assessment can provide a solid understanding of where to focus your quality improvement efforts.

Making cultural competence a priority is key to ensuring that the Marketplace allocates the necessary resources to the improvement process.¹⁰⁶ Tactics for making cultural competence an organizational priority include the following:

- Infuse a commitment to cultural competence in the language used to describe the vision, goals, and mission of your Marketplace.
- Identify and develop “champions” throughout the organization who can initiate action plans related to cultural competence goals, keep them moving, and track them in the face of competing priorities.
- Create lines of accountability by, for example, incorporating goals related to cultural competence within employee performance reviews or publicly distributing measures of culturally competent performance.

Resources: Tools for Assessing Cultural Competence (Exhibit 4.S7.2)



- *Race Matters: Organizational Self-Assessment* (The Annie E. Casey Foundation). Available at: <http://www.aecf.org/resources/race-matters-organizational-self-assessment/>
- *Cultural Competence Checklists* (American Speech Language Hearing Association). Available at: <http://www.asha.org/practice/multicultural/self/>

3. *Identify your Marketplace consumers' needs.*

Marketplaces can take several steps to better understand the characteristics and needs of their eligible population.

Improve the completeness and accuracy of demographic data on Marketplace users. Because the demographic questions asked as part of the application process are optional, the data available for your Marketplace may not accurately represent the population of users. However, your Marketplace could require this information. To supplement the information currently available, your Marketplace can:

- Incorporate demographic data collection into call center protocols to capture information for enrollees who did not provide it during the online application process. You may want to develop, for example, more detailed categories for the race and ethnicity questions, such as adding groups not included in standard questions that have a high local presence.¹⁰⁷
- Review the demographic information for your Marketplace that is collected as part of the Marketplace Survey. The survey includes key demographic questions developed by the U.S. Department of Health and Human Services.

Demographic data are most accurate and complete when collected in person and asked for verbally.¹⁰⁸ However, employees may feel uncomfortable about collecting demographic data and may not know how to go about asking people about their race, ethnicity, and special needs. See [exhibit 4.S7.3](#) for a Health Research and Educational Trust (HRET) toolkit that provide some tips on how to prepare staff members to initiate the conversation in a sensitive and respectful way at.^{109, 110}

Resource: HRET Disparities Toolkit (Exhibit 4.S7.3)



For more information on how to prepare staff on collecting demographic data, see the *HRET Disparities Toolkit* at: <http://www.hretdisparities.org/Staf-4190.php>

Understand the demographic composition of your state. Current consumers in the Marketplace may not reflect the demographic composition of the entire state. To better understand the population of potential Marketplace users, it may be helpful to consult other sources of demographic data (see [exhibit 4.S7.4](#)). Because localized needs may be masked by state-level data, be sure to review data for smaller geographical areas as well, such as counties and metropolitan areas.

Partner with community organizations. Community organizations such as nonprofits, schools, advocacy groups and churches can offer useful insights into the needs of minority and other special populations. Consider working with community organizations to assess whether the Marketplace is meeting the needs of its population (see [exhibit 4.S7.5](#) for one example). Ways to partner with community organizations include:⁹⁵

- Developing advisory groups that provide information and recommendations to the Marketplace.
- Conducting listening sessions hosted by community organizations to solicit questions and suggestions from their constituencies.
- Consulting informally with community leaders.

4. *Train staff on cultural competence.*

Marketplaces can provide training to ensure that employees have the knowledge, skills, and tools to provide culturally competent services.

While the appropriateness of training topics will depend on the roles of employees participating in training, consider including the following topics:^{112, 103}

- Tailor services to meet the unique needs of individuals with diverse cultural practices and beliefs, limited English proficiency, and disabilities or special needs.
- Explore one's own and others' culture.
- Avoid stereotyping and implicit bias.
- Communicate professionally in unfamiliar or difficult situations.
- Be sensitive to interpersonal cues and adapt communication styles to avoid violating cultural communication norms of minority consumers.
- Work effectively with interpreters.
- Provide disability-competent care.
- Apply laws and provisions that pertain to the delivery of culturally and linguistically appropriate care and services.^{113, 114, 115, 116}

Several organizations offer cultural competence training that is based on research and delivered in easy to understand ways (see [exhibit 4.S7.6](#)).

Resources: Free Sources of Demographic Data (Exhibit 4.S7.4)



Websites where you can access information about demographics and languages spoken in your service areas include:

- http://www.mla.org/census_data
- http://www.census.gov/population/www/socdemo/lang_use.html

Marketplace Highlight: Oregon Marketplace's Outreach to the American Indian Community (Exhibit 4.S7.5)



Cover Oregon—Oregon's Health Insurance Marketplace—met at least monthly with the nine federally recognized Indian tribes and other Indian groups in the state during its early planning stages. The purpose of these meetings was to consult on general cultural issues as well as to get feedback on specific aspects of the Marketplace, such as the website.¹¹¹

Resources: Organizations That Offer Evidence-Based Cultural Competence Training (Exhibit 4.S7.6)



- *Cultural Competency Training* (CAL Learning). Available at: <http://www.callearning.com/cultural-competency-training.php>
- *Cultural Competency in Health and Human Services* (The Cross Cultural Health Care Program). Available at: <http://xculture.org/cultural-competency-programs/>

[Exhibit 4.S7.7](#) describes one Marketplace’s approach to cultural competence training.



Cultural Competence Training for a Marketplace’s Board (Exhibit 4.S7.7)

Through the National Academy of State Health Policy’s Health Equity Project, Connecticut’s Office of Health Reform and Innovation developed health equity training for its Health Insurance Exchange Board of Directors. The training included information on state health disparities from the public health department as well as information on health equity improvement efforts in other states.¹¹⁷

5. Offer high-quality language assistance services.

Marketplaces are required to offer language assistance services, typically in the form of translated materials and interpreting services.¹¹⁸ A good rule of thumb is to offer language assistance services if a group that speaks a language other than English represents at least 5 percent of people (or 1,000 people) within the state.^{xx} Consider translating materials and providing interpreting services for a few core languages spoken by current and potential enrollees and then supplementing these services with phone or video interpreting services to assist consumers whose language is less prevalent.

The relevant languages depend on your state’s population (see [exhibit 4.S7.8](#) for an example of how a Marketplace provided materials in a variety of languages).

Translating materials. The first task is to decide which materials to translate. Prime candidates include:^{xxi}

- Key office signage.
- Documents that must be provided by law.
- Application forms.
- Letters or notices pertaining to the reduction, denial, or termination of financial assistance or coverage.
- Notices of the availability of free language assistance services.

Providing Materials in a Variety of Languages: Example from a Marketplace (Exhibit 4.S7.8)



Covered California makes key materials available in 12 languages other than English: Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Laotian, Russian, Spanish, Tagalog, and Vietnamese.

All bilingual or contracted personnel who serve as translators should understand the expected reading level of the audience and, where appropriate, have fundamental knowledge about the target language group’s vocabulary and phraseology. When assessing the suitability of translation services, ask for a sample periodically. Show the translation to a native speaker of the target language to verify the translation’s faithfulness to the intent, content, and cultural context of the original source document.¹¹⁹

^{xx} See National Center for Cultural Competence website. Available at: <http://nccc.georgetown.edu/>

^{xxi} See Limited English Proficiency (LEP): A Federal Interagency Website. Available at: <http://www.lep.gov>

Interpreter services. Options include training current bilingual staff to serve as interpreters, hiring or contracting with trained or certified interpreters, and using phone or video interpreting services. To avoid the risk of serious miscommunications, avoid using untrained individuals, such as a consumer’s friend or family member or untrained bilingual staff, as interpreters. Fluency in another language does not guarantee an adequate command of the terms your Marketplace uses nor an understanding of local dialects. See [exhibit 4.S7.9](#) for a list of traits to look for in interpreters.

Sources of recommendations for high-quality interpreting and translation services include community-based organizations such as community colleges, local hospitals, managed care organizations, refugee resettlement sites, and faith-based entities.^{xxiii} See [exhibit 4.S7.10](#) for a list of guidelines and checklists that can help your Marketplace ensure the provision of high-quality language assistance services.

What to Look for in Interpreters^{xxii} (Exhibit 4.S7.9)

- Demonstrates proficiency and ability to communicate information accurately in both English and in the other language and identifies and uses the appropriate mode of interpreting (e.g., consecutive, simultaneous, summarization, or sight translation).
- Has knowledge in both languages of any specialized terms or concepts peculiar to the Marketplace and of any particularized vocabulary and phraseology used by the person with limited English proficiency.
- Understands and follows confidentiality, impartiality, and ethical rules of the Marketplace.



Resources: Ensuring High-Quality Language Assistance Services (Exhibit 4.S7.10)

- *Translation: Getting It Right. A Guide to Buying Translation* (American Translators Association). Available at: http://www.atanet.org/publications/Getting_it_right.pdf
- The National Board of Certification for Medical Interpreters website. Available at: <http://www.certifiedmedicalinterpreters.org/>
- *Process of Translation and Adaptation of Instruments* (American Translators Association). Available at: http://www.who.int/substance_abuse/research_tools/translation/en/

6. *Embed language assistance services into the day-to-day operations of the Marketplace.*

Marketplaces must make language assistance services part of their ongoing operations. Start by training all employees who interact with consumers, not just those who are providing the language assistance services.^{xxiv}

- Write policies and procedures for informing consumers about language assistance services, including information about what services are available, how employees should determine whether consumers need these services, and what to do if communication is problematic.
- Consider developing scripts that employees can use when interacting with consumers to further reduce ambiguity and to standardize the process.
- At regularly scheduled intervals, review, update, and redistribute materials documenting language assistance policies and procedures.

Embed information about access to language assistance services at multiple touch points so that consumers who speak little or no English do not “drop out” or avoid the Marketplace because of the mistaken perception that they will not be able to communicate in their preferred language. For example:^{120, 119}

^{xxii} Limited English Proficiency (LEP): A Federal Interagency Website. Available at: <http://www.lep.gov>

^{xxiii} See National Center for Cultural Competence website. Available at: <http://nccc.georgetown.edu/>

^{xxiv} See Limited English Proficiency: A Federal Interagency Website. Available at: <http://www.lep.gov>

- Create voice prompts for automated phone systems in multiple languages.
- Include language access options prominently on the website.
- Include “tag lines” on all English Marketplace materials notifying individuals of the availability of language assistance services and providing directions on how to access those services. The tag lines should be in the languages in which the Marketplace offers assistance.
- Work with community organizations and non-English-speaking media to publicize the availability of Marketplace services in multiple languages.

7. *Offer accommodations for consumers who have visual, hearing, and other disabilities.*

Marketplaces can meet the needs of consumers with visual, hearing, and other disabilities by employing the following strategies:^{121, 122}

- Instruct staff to read forms and provide appropriate assistance if necessary.
- Take a person-centered approach to accessing Marketplace services based on the individual consumer’s needs.
- Provide frequently used or important documents in braille, large print, or on tape.
- Hire or contract with sign language, oral, or cued speech interpreters.
- Offer Computer Assisted Real-time Transcription (CART). CART is a service in which an operator types what is said into a computer that displays the typed words on a screen.

[Exhibit 4.S7.11](#) lists resources to assist with integrating high-quality visual, hearing, and disability services into the Marketplace.

Resources: Accommodating the Needs of Consumers with Visual and Hearing Impairments (Exhibit 4.S7.11)



- *Americans with Disabilities Act Technical Assistance Materials* (U.S. Department of Justice). Available at: <http://www.ada.gov/ta-pubs-pg2.htm>
- American Sign Language Interpreter Network website. Available at: <http://www.aslnetwork.com/>
- *Braille Transcription Resource List* (National Federation of the Blind). Available at: <https://nfb.org/braille-transcription-resource-list>
- *NDNRC Materials* (National Disability Navigator Resource Collaborative). Available at: <http://www.nationaldisabilitynavigator.org/ndnrc-materials/>

5. Case Studies: Implementation of Performance Improvement Strategies

Case Study #1: Best Practices for Call Center Operations, Consumer-Focused Staff, and Sharing Effective Solutions—The Case of Blue Cross and Blue Shield of Vermont

Overview of Case Study #1

Blue Cross and Blue Shield of Vermont (BCBSVT), the state's largest health insurer, is committed to providing affordable, high-quality coverage to Vermonters, with a focus on outstanding member experience and responsible cost management. The company uses a variety of strategies to create high-quality member experiences, including:

- Always putting member experience first.
- Rigorous selection and training process for call center personnel.
- Frequent and comprehensive assessments of staff performance.
- Comprehensive and targeted coaching for customer service representatives.
- Reward systems aligned with measurable goals.
- Information management.
- Collaborating with the state Marketplace.

These strategies have resulted in high-quality consumer experiences for BCBSVT members. For example, the call center has reduced call-handling time, the number of calls necessary to resolve an issue, and calls per 1,000 members while increasing member satisfaction. In addition, BCBSVT has received repeated national recognition as a high-quality call center and numerous awards for staff performance.

Moving forward, BCBSVT intends to continue putting members first by advocating for them throughout their health care experience via greater involvement with key stakeholders, including community health teams, provider offices, hospitals, accountable care organizations, social service organizations, and the state Health Insurance Marketplace.

About the Organization

Blue Cross and Blue Shield of Vermont is an independent, nonprofit, locally governed health insurance company serving Vermont residents. The state's largest health plan, BCBSVT has 400 employees and provides health coverage to more than 240,000 members statewide. As part of the national Blue Cross and Blue Shield system, BCBSVT has arrangements that allow for its members to receive coverage anywhere in the United States and in most countries.

Like the Marketplaces, a core component of BCBSVT's daily operations involves meeting the needs of consumers who need help managing their health insurance plans. The company has excelled at serving consumers, as evidenced by the following accolades:

- Its call center was recognized as a World Class Call Center twice in the last three years: 2012 and 2014.
- It received the number one ranking among all Blue Cross and Blue Shield plans for Member Touchpoint measures in 2014 and 2013.
- It ranks in the top 25 percent of the 400 call centers internationally as ranked by the Survey Quality Measurement (SQM) Group.

- In 2012, one of the BCBSVT customer service representatives (CSRs) won CSR of the Year, beating over 200 CSR nominees.
- In 2014, the Director of Customer Service received the SQM First Call Resolution Champion Award.

Quality Improvement Strategies

Many of BCBSVT quality improvement strategies are relevant to strategies that Marketplaces may want to implement, including optimizing call center operations, developing consumer-focused staff, and sharing effective solutions. These strategies, which were initiated over a decade ago and have been accelerated over the last 5 years by the current CEO, include:

- Always putting member experience first.
- Rigorous selection and training process for call center personnel.
- Frequent and comprehensive assessments of staff performance.
- Comprehensive and targeted coaching for customer service representatives.
- Generous reward systems.
- Information management.
- Collaborating with the state Marketplace.

“It’s definitely been a two-pronged strategy of focusing on the members that we serve but also focusing on our work environment and creating a supportive team-based culture where people work together, and we actually reward that. We emphasize that it’s not just about achieving the results, but how we get the results, and I think that has made a big difference in the performance of our team.”

– VP of Consumer Services and Planning

1. Putting member experience first

Creating a member-centered organizational culture was an important early step in initiating, executing, and supporting BCBSVT’s quality improvement strategies.

Shortly after the current CEO was appointed, he revised the mission statement to reflect the organization’s member-focused culture and objectives (see [exhibit 5.1.1](#)). Staff helped revise the mission statement by participating in focus groups hosted by senior leaders. Revision of the mission statement was followed by intensive training to help employees understand how to put customers first and spread the word that the members-first focus was a core organizational value and priority.

BCBSVT Mission Statement (Exhibit 5.1.1)

“We are committed to the health of Vermonters, outstanding member experiences and responsible cost management for all of the people whose lives we touch.”
(Blue Cross Blue Shield of Vermont,
<http://www.bcbsvt.com/why-us/about-us>)

2. Rigorous selection and training process for call center personnel

BCBSVT’s screening process is designed to avoid spending time and resources on training people who simply are not a good fit for the job. To do this:

- **The HR department tests a candidate’s writing, reading comprehension, and basic math skills.** These tests are designed to assess whether a candidate has the critical thinking, reasoning, and technical skills to perform the CSR role effectively. Only candidates who pass the tests are advanced to the call center leadership staff for interviews.

- **New hires receive 8 weeks of formal training.** During this training, BCBSVT communicates the organization's commitment to member satisfaction and instructs new hires on the organization's systems, policies, and procedures. In addition, BCBSVT partners with a vendor, Ulysses Learning, and utilizes Ulysses' strategies to train new employees on how to effectively and efficiently resolve member issues while promoting high member satisfaction. Employees are tested on comprehension of the information provided during the new hire training throughout the training and after completion.

3. *Frequent and comprehensive assessments of staff performance*

BCBSVT assesses staff performance frequently and in multiple ways both during and after training. A quality assurance analyst samples five calls per representative per month and assesses the CSR's performance on such factors as:

- Call management (e.g., HIPAA privacy practices, identity verification process).
- Communication skills (e.g., the extent to which the CSR uses Ulysses techniques related to professional pace, tone, language, and call control).
- Knowledge application (e.g., the extent to which the information provided was complete and accurate).
- System interactions (e.g., the extent to which the CSR executed the member's request and documented the call accurately).

In addition, supervisors monitor efficiency statistics for CSRs that are produced by the call center's information management system. Included in these statistics are talk time, hold time, the time it takes to document the call, and time spent unavailable to assist members. These statistics are monitored but not used in the rewards system. The supervisors provide feedback to any staff who are not performing as well as their peers.

Customers also provide feedback on staff performance. BCBSVT partners with the SQM Group to survey member satisfaction. Three days after calling BCBSVT, customers receive a phone survey from the SQM Group asking if their issue was resolved and how satisfied they were with BCBSVT and the CSR. Survey results are reported monthly by CSR. SQM samples six calls per CSR per month.

Data gathered through performance assessments are used to determine whether an employee demonstrates the competencies necessary to be promoted and to target staff coaching.

4. *Comprehensive and targeted coaching for customer service representatives*

Team leads and supervisors coach CSRs in a variety of ways:

- The coaching focuses on skill development, performance feedback, and burnout prevention.
- Team leads provide on-floor assistance to CSRs while calls are in progress.
- Each day, team leads review two calls for each CSR and provide just-in-time feedback to CSRs based on these reviews to reinforce the Ulysses strategies learned during training.

“What we've found is that when we recognize great behavior and provide positive reinforcement around that great behavior, we get outstanding results. And letting the frontline people that are talking to those customers know that they are supported and invested in their success.”

– Director of Customer Service

- Team leads also have one-on-one meetings with CSRs weekly, biweekly, or monthly, depending on individual needs. During these meetings, team leads provide coaching based on information gathered through performance reviews.

5. *Generous reward systems*

BCBSVT has a series of performance-based reward programs for customer service staff:

- CSRs are eligible to receive biannual bonuses of up to 1 week's pay for meeting customer satisfaction and quality performance standards.
- Managers can give "spot awards" to recognize CSRs for a job well done. These awards include small financial rewards, such as a gift certificate to the movies or a local restaurant. Staff can also recognize peers through the "cheers for peers" program.
- Supervisors share customer compliments of CSRs with the entire team via email.

BCBSVT also prides itself on paying employees a living wage and offering a robust benefits package. It offers a broad wellness program that rewards employees with \$500 for taking a health risk assessment, receiving regular annual medical and dental preventive care, and participating in one of many health and wellness education and fitness classes sponsored by the company.

6. *Information management*

BCBSVT makes information that can help resolve members' issues easily accessible and up to date. Desk procedures and premium quote guides are available online and are always available to call center staff, including during calls. Examples of the kind of information this system contains include:

- Clarifications about benefits and billing.
- Organizational policies and procedures.
- Caller verification and HIPAA privacy practices.
- Proper documentation of calls, emails or other contacts with the call center.
- How to handle different kinds of escalated issues.

Various staff members are responsible for reviewing and updating the information in the system as appropriate. These updates are communicated to the customer service team via departmental emails or during weekly staff meetings.

7. *Collaborating with the state Marketplace*

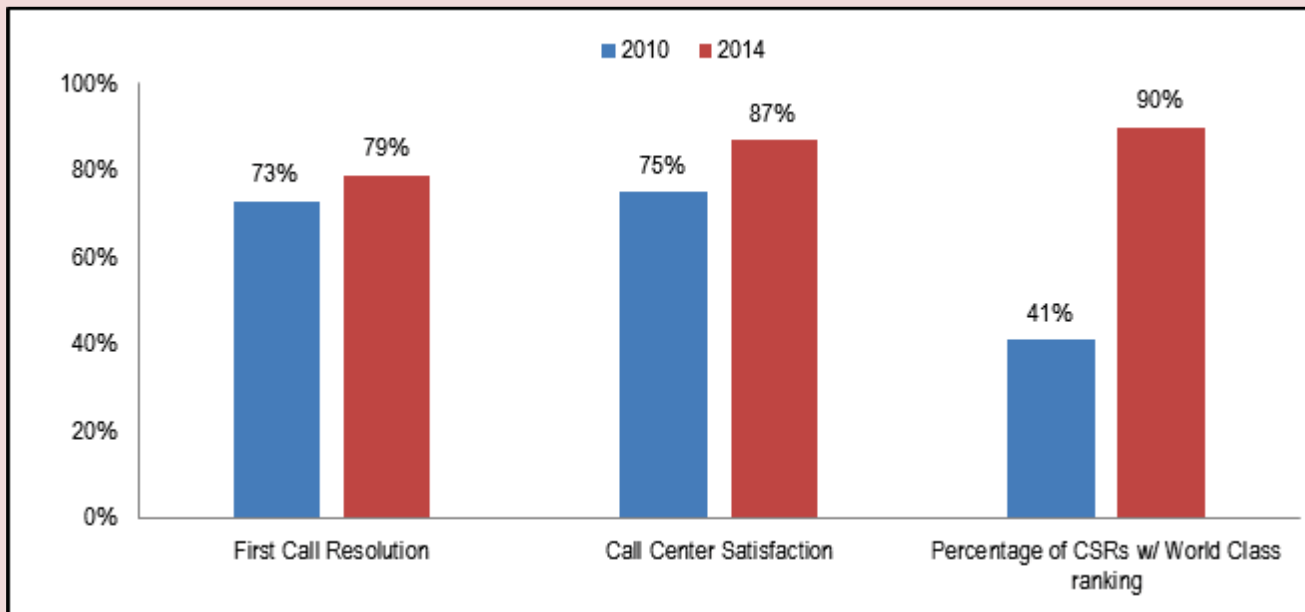
The call center created an entire department dedicated to helping customers with Marketplace enrollment, with "Marketplace consultants" designated to assist customers. The plan also has more staff available during open enrollment in anticipation of high call volume. The customer service and dedicated departments collaborate and regularly communicate with the Marketplace about common issues and possible systemic solutions; they also make sure there is consistent customer messaging and information provision across the organization. In addition, when members contact the call center but need to consult with the Marketplace to resolve their issue, CSRs offer to call the Marketplace for members and stay on the line as they work with Marketplace staff to resolve the issue.

Quality Improvements Achieved

Together, these strategies have helped BCBSVT improve on several key quality measures:

- BCBSVT's focused efforts on coaching and development of CSRs has resulted in a 49 percentage point increase in the number of CSRs who earned the World Class Certification.
- The call center reduced calls per 1,000 members by 32 percent between 2009 and 2014.
- BCBSVT has made an 8 percent improvement from 2010 to 2014 in the average number of calls necessary to resolve an issue.
- First call resolution has increased by 6 percentage points and call center satisfaction increased by 12 percentage points during that same time period (see [figure 5.1.1](#)).

Improvements in First Call, Call Center Satisfaction, and CSRs with World Class Ranking (Figure 5.1.1)



Challenges Along the Way

The path to an internationally recognized call center has not been without challenges, including the following:

- **Making coaching a priority.** Call centers get busy and sometimes the desire is to prioritize the phones over coaching. To overcome this challenge, BCBSVT directs team leads to have all scheduled sessions even when the call center is busy.
- **Helping staff transition from peer to supervisor.** To fill the team-lead roles, the call center promotes high-performing CSRs. This was challenging because high performance as a CSR does not necessarily translate to strong coaching skills. BCBSVT turned to Ulysses Learning to train team leads and supervisors on effective coaching skills. Ulysses Learning is a consulting firm that helps organizations improve customer experience by improving customer service, coaching, call center sales, quality monitoring, and leadership performance. The firm provides face-to-face, virtual, and Web-based just-in-

time training and coaching, as well as self-directed, self-paced modules and peer learning opportunities through blogs and chats.

- **Managing the relationship with the Marketplace.** BCBSVT communicates frequently with the Marketplace to resolve member issues.

Critical Success Factors

The following key factors have been critical to BCBSVT's success:

- **Customer-focused culture.** BCBSVT has worked hard to embed a customer-focused culture throughout the organization with continued focus on the organization's member-first mission and resources devoted to fulfilling the mission. Examples of these efforts include:
 - Annual reinforcement training for all employees on the importance of member experience.
 - Quarterly "Town Hall" meetings with the CEO.
 - Weekly department staff meetings.
 - Daily recognition when compliments come in from customers.

In addition, the emphasis of having CSRs act as advocates for members when it is necessary to contact external stakeholders, such as the Marketplace, a pharmacy, or a clinical organization, demonstrates to members that BCBSVT has their best interests at heart. Regardless of whether the CSR can resolve the issue, the customer feels supported through the process and is satisfied, as indicated by the survey that customers receive after their encounter with a CSR.

- **Using the right measures.** Having routine and specific feedback on customer satisfaction through regular surveys has been invaluable in helping the call center meet customer expectations. Some of the early measures of quality that BCBSVT used included whether the right information was given, the accuracy of the information, and the length of the call. The company has broadened quality measures to assess the number of calls it takes to resolve a question and customer satisfaction with the call center and the organization more broadly. These measures provide a more robust understanding of whether customer needs are being met. In addition, reporting these measures by CSR gives concrete information to supervisors to develop general and CSR-specific plans to improve quality.
- **Commitment to staff support and development.** Even when the call center is busy, team leads do not cancel coaching sessions because they believe that these sessions are vital to supporting CSRs in successfully performing their responsibilities and serving members well. The staff support and development programs work in tandem to retain employees with strong customer service skills who are committed to meeting customer needs and remaining positive about their jobs.
- **Managing vendors' quality goals.** BCBSVT works with a number of vendors to administer specialized health benefits, such as pharmacy benefits. Because these organizations sometimes have different measures of success, BCBSVT articulates core values and measures of success frequently and consistently during the selection and contracting process, as well as during day-to-day management to ensure that vendors work to meet BCBSVT goals.

Next Steps

Moving forward, BCBSVT plans to sustain strategies to deliver high-quality customer service. New possible focus areas include a greater advocacy role on behalf of members with various stakeholder organizations that could influence member satisfaction with BCBSVT, including hospitals, accountable care organizations, and the state health insurance Marketplace. BCBSVT also is exploring ways to improve the safety and quality of the care members receive throughout the health care system.

For More Information

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Case Study #2: Ways to Help Consumers Compare and Select Health Plans Easily—The Case of Innovative Consumer Decision Support Tools

Overview of Case Study #2

Helping consumers compare and select a health insurance plan is a key Marketplace goal—but comparing and choosing a plan is complex and challenging for consumers. [Strategy 6](#), *Offer plan selection shortcuts*, in section 4 presented five shortcuts that Marketplaces can offer to help consumers learn about their health plan options, compare plans, and choose a health plan.

This case study discusses how Marketplaces can use four decision-support tools to incorporate these plan selection shortcuts into their websites and provides examples of how these tools are being used to structure the website experience around consumers' behaviors, habits, and information needs.

Choosing a health plan is difficult. By providing tools to help consumers make faster and smarter decisions and structuring the website experience based on how consumers think, Marketplaces can make shopping for a health plan easier for consumers. [Strategy 6](#), *Offer plan selection shortcuts*, suggests five ways in which Marketplaces could improve their support of the decision-making process:

- **Provide a step-by-step summary of how to choose a plan** and structure your website and discussions with consumers to follow those steps.
- **Help people identify what is most important to them** about a health plan, then help them quickly get plan names and performance information relevant to their needs.
- **Present comparative information on health plans** in the easiest way for consumers to quickly identify plans that best meet their needs.
- **Provide a tested “annual total cost” calculator** to help consumers estimate and understand the full costs they might incur with each plan.
- **Create an all-plan directory** of physicians, hospitals, and other providers so consumers can easily identify which plans include their preferred health care providers.

Using the five shortcuts as a framework, this case study identifies four innovative decision support tools and uses these tools to highlight examples of how to operationalize the shortcuts. The case study does not recommend a specific approach or tool. Instead, it illustrates how Marketplaces can use decision support tools, or elements of the tools, to implement the five plan selection shortcuts and make it easier for consumers to choose a health plan on Marketplace websites.

What Are the Exemplary Decision Support Tools and How Were They Identified?

This case study focuses on the following four consumer decision support tools (see [exhibit 5.2.1](#)):

- Clear Health Analytics' ClearHealthPlanSelector.
- Consumers' CHECKBOOK plan comparison tool.
- Picwell's advisory tool.
- Stride Health's mobile and Web application tool.

The selection of these tools was based on:

- A review of the literature for tools, with a focus on organizations that are currently collaborating with existing Marketplaces.

- Input from experts in the consumer decision support field who provided recommendations based on their knowledge and expertise.
- The results of a 2015 competition sponsored by the Robert Wood Johnson Foundation, Plan Choice Challenge, which named three of the four selected tools as top winners.^{xxv}

How Can Consumer Decision Support Tools Help Your Marketplace Incorporate the Five Plan Selection Shortcuts?

Most of the four decision support tools incorporate the five plan selection shortcuts, although each does so in a different manner. The following sections provide at least one example of how to operationalize each shortcut.

Shortcut 1: Provide a step-by-step summary of choosing a plan and structure your website and discussions with consumers to follow those steps.

Consumer decision support tools can help your Marketplace provide consumers with a step-by-step

summary of how to choose a plan. Laying out the steps also helps increase the transparency of the decision support tool, i.e., how it works and how it comes up with health plan options or recommendations. The Clear Health Analytics, Consumers' CHECKBOOK, and Picwell tools all provide users with step-by-step information about what the tool will do and how to use the tool to choose a health plan.

Who Developed the Decision Support Tools? (Exhibit 5.2.1)

- **Clear Health Analytics** (<http://clearhealthanalytics.com/>): Clear Health Analytics is a for-profit Connecticut company that is committed to the goal of empowering consumers to make smarter decisions about health insurance and health care costs. Clear Health Analytics' first product is the ClearHealthPlanSelector, a decision analysis tool to help consumers shop for health insurance. Clear Health Analytics' machine learning program uses publicly available data, including Medical Expenditure Panel Survey and Medicare data, together with user-provided information to create a customized estimate of utilization and cost for available insurance plans. The tool also calculates tax subsidies, cost-sharing reductions, health spending account tax savings, and employer contribution in applicable cases. ClearHealthPlanSelector is designed to be integrated with existing Marketplaces.
- **Consumers' CHECKBOOK** (<https://www.checkbook.org/>; <https://www.healthplanratings.org/hie/il/2015/>): Consumers' CHECKBOOK is part of the Center for the Study of Service, an independent, nonprofit, Washington, DC-based consumer organization. CHECKBOOK's plan comparison tool enables consumers to estimate their average total yearly costs, estimate the cost of various procedures, and assess the financial risk associated with each plan, along with plan quality and physician availability, through the use of consumer-provided data and medical cost databases. The tool can be used within or alongside Marketplace Websites and is currently available to Illinois consumers.
- **Picwell** (<http://picwell.com/>): Picwell is a Pennsylvania-based, for-profit startup founded by University of Pennsylvania academics that developed software to help consumers compare and choose plans. Picwell's cloud-based software has been implemented in the private exchange market and is available for integration in Marketplace Websites. The algorithms developed by Picwell use the consumer's information, along with public and private claims data, to rank plans by how well they match the consumer's expected needs. The algorithm also predicts the consumer's future health needs and expenses.
- **Stride Health** (<https://www.stridehealth.com/>): Stride Health is a California-based, for-profit startup that connects consumers with health plans. Stride Health has a mobile application, currently available to consumers in several states, that uses an algorithm to recommend health plans based on information provided by the consumer and medical cost databases. The consumer can estimate the cost of different medical scenarios, such as having a baby or a heart attack. Stride Health earns a commission for each plan sold through its website.

^{xxv} <http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2015/03/apps-to-use-when-shopping-for-health-insurance-win-national-comp.html>

For example, when a user first enters the Consumers' CHECKBOOK tool on the Illinois Marketplace website, a window pops up to ask if the user would like to view a video demonstration of the tool. The video walks users through the tool, providing the following information (see [exhibit 5.2.2](#)):

Resource: Video Providing Step-by-Step Summary (Exhibit 5.2.2)



<https://www.healthplanratings.org/hie/il/2015/search.cfm?start>

- What users will be asked to enter (such as county of residence, who will be covered and their age, expected health care service use, doctor preference) and how that information is used (see [figure 5.2.1](#)).
- What information the tool will give users about each plan on the results page (for example, yearly cost estimate, costs in a bad year, quality, and doctors).
- How the results are initially ordered (i.e., in order of total yearly cost).
- How to personalize the results by using available sorts and filters.
- How to view more details about a plan.
- How to do a side-by-side comparison of plans.
- What to do once the user has decided on a plan.

This tool helps consumers understand what information they need to provide and consider when selecting a health plan.



Example of Step 1: What Users Will Be Asked to Enter (Figure 5.2.1)

Tour Video

CONSUMERS' CHECKBOOK Plan Comparison Tool

Home Advice & Explanations About

Tell us about those who will be covered under this insurance.

1 - County where you live

Select a county

2 - Who will be covered?

Age when coverage begins	Health Status:	Expected Medical Procedures:	Tobacco use?	American Indian or Alaskan Native?
Person 1	-- Select --	None		

Add Another Person

3 - Did any of these persons have insurance canceled last year because of health care reform?

☐ Yes ☐ No

Shortcut 2: Help people identify what is most important to them about a health plan, and then help them quickly get plan names or performance information relevant to their needs.

All four decision support tools ask consumers for information that can help them compare the plan characteristics that are most important to them, such as costs, what benefits are covered, whether their physicians are in the plan networks, quality of the plan, and location of providers in the plan.

For example, as shown in [figure 5.2.2](#), Clear Health Analytics asks consumers:

- Whether they would like to be considered for a federal subsidy.
- What doctors they would like to have in their network.
- Which prescriptions they would like to have covered by their health plan.
- Which health conditions they have.

This information allows Clear Health Analytics to present users with individualized estimates of premium and out-of-pocket expenses as well as other information they may deem important, such as preferred doctors. Plans are ranked in ascending order of total costs with the least expensive plan displayed at the top (accounting for premiums, estimated out-of-pocket costs, and all available subsidies). Preferred, in-network doctors are displayed prominently alongside cost information to give consumers an overview of the costs and benefits associated with each plan.

Clear Health Analytics Asks Consumers About Preferred Doctors, Prescriptions, Etc. (Figure 5.2.2)



The screenshot displays a web interface for a health plan selection tool. At the top, a green header bar contains the text "ADULT 1" followed by a person icon, a red prohibition sign, and the number "35". Below this, there are several dropdown menus: "Female", "Non-smoker", "35", and "Overall Health Condition". A larger dropdown menu labeled "Select Applicable Conditions" is also present. The main section is titled "Tell us which prescriptions you would like covered" and features a green button with a plus icon and the word "Prescription". Below this, a search bar with a magnifying glass icon is shown. To the right of the search bar, there are input fields for "Refill" (set to "1") and "Every" (set to "Month"). A list of prescription options is displayed below the search bar, including "ORTHO-CYCLEN 28 TABLET ORT 28 count", "ORTHO-CYCLEN 28 TABLET ORT 56 count", "ORTHO-CYCLEN 28 TABLET ORT 84 count", "ABILIFY 10 MG TABLET 30 count", "ABILIFY 10 MG TABLET 60 count", "ABILIFY 10 MG TABLET 90 count", and "ABILIFY 15 MG TABLET 30 count". A scrollbar is visible on the right side of the list. The word "selector" is partially visible in the background.

Shortcut 3: Present comparative information on health plans in the easiest way for consumers to quickly identify the plans that best meet their needs.

All four decision support tools present comparative information on health plans in ways designed to help consumers quickly identify the plans that best meet their needs. Recommended ways to present comparative information include:

- Present comparison points.
- Use word icons or symbols.
- Limit the number of health plans displayed at one time.
- Rank order or tier the health plans.
- Group and summarize related information in categories that have meaning to consumers.

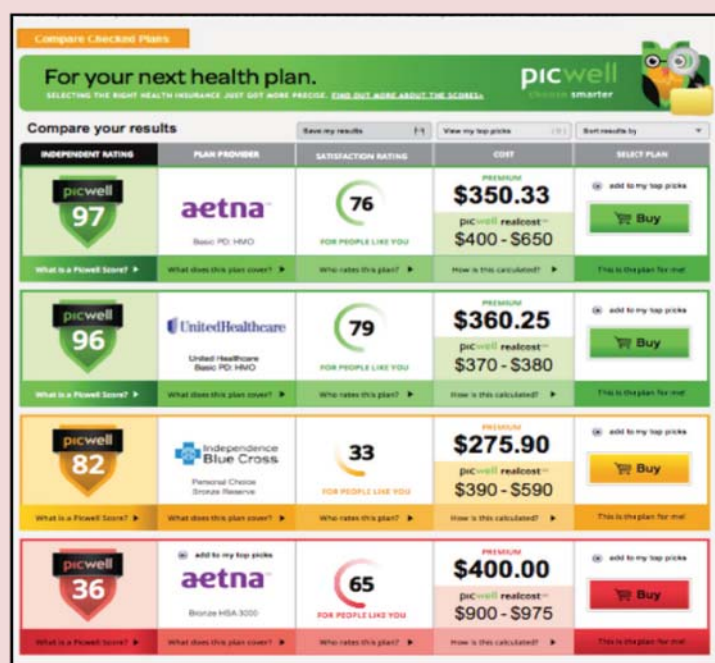
Picwell’s tool incorporates many of these techniques. Its algorithm **ranks plans** by how well they match the consumer’s expected needs. The ranking is provided to the user in the form of the Picwell score, which **uses a symbol and various colors** to indicate which plans are a better fit for the user than others. Picwell uses green (best plans), yellow (second-best plans), and red (least-best plans) to convey the ranking (see [figure 5.2.3](#)). In addition, Picwell incorporates and **summarizes multiple components of health plan costs** in its “costs for people like you” measure, or the Picwell RealCost. This measure accounts for premiums, deductibles, and copayments for services.

Consumers’ CHECKBOOK allows users to select as many plans as wanted after the initial display and then do a **side-by-side comparison of up to four plans with specific plan information**, such as plan type, metal level, monthly premium cost, and estimated yearly cost (see [figure 5.2.4](#)).

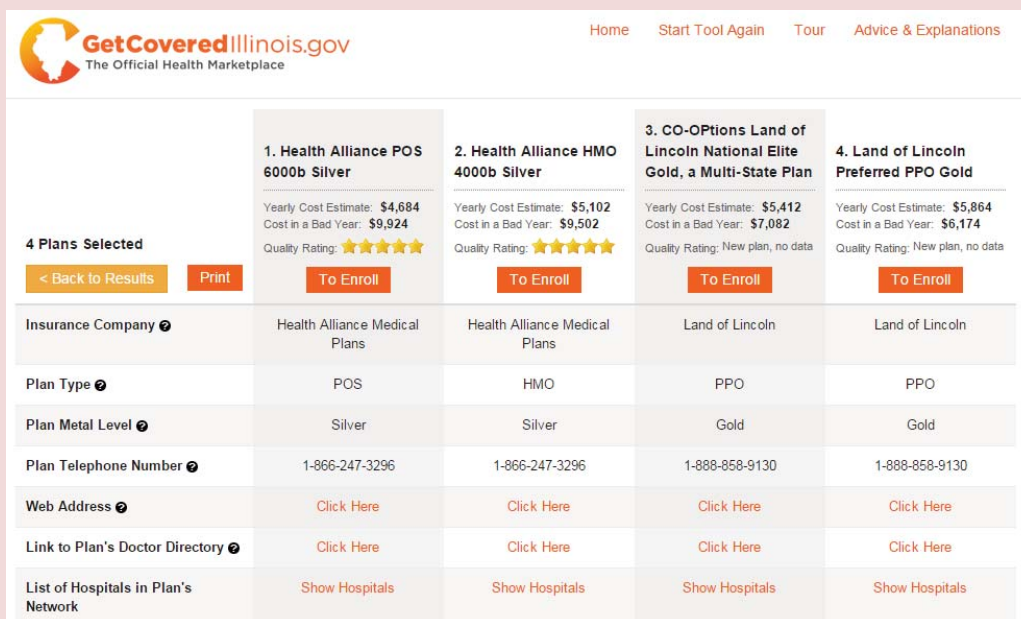
Shortcut 4: Provide a tested “annual total cost” calculator to help consumers estimate and understand the full costs they might incur with each plan.

All four decision support tools provide a tested “annual total cost” calculator. However, the data source each tool uses to calculate total costs differs.

Picwell Ranks Plans and Uses Symbols and Colors to Indicate Plan Fit (Figure 5.2.3)



Consumers' CHECKBOOK Lets Users Compare a Number of Plans Side by Side (Figure 5.2.4)

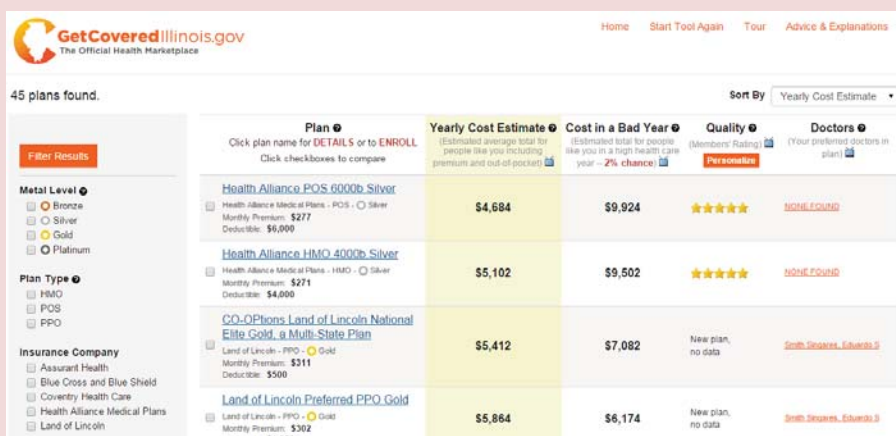


	1. Health Alliance POS 6000b Silver	2. Health Alliance HMO 4000b Silver	3. CO-Options Land of Lincoln National Elite Gold, a Multi-State Plan	4. Land of Lincoln Preferred PPO Gold
4 Plans Selected				
< Back to Results	Print	To Enroll	To Enroll	To Enroll
Insurance Company	Health Alliance Medical Plans	Health Alliance Medical Plans	Land of Lincoln	Land of Lincoln
Plan Type	POS	HMO	PPO	PPO
Plan Metal Level	Silver	Silver	Gold	Gold
Plan Telephone Number	1-866-247-3296	1-866-247-3296	1-888-858-9130	1-888-858-9130
Web Address	Click Here	Click Here	Click Here	Click Here
Link to Plan's Doctor Directory	Click Here	Click Here	Click Here	Click Here
List of Hospitals in Plan's Network	Show Hospitals	Show Hospitals	Show Hospitals	Show Hospitals

For example, Consumers' CHECKBOOK uses Medical Expenditure Panel Survey data from the Agency for Healthcare Research and Quality and adjusts these data to account for regional variation and medical inflation. The tool calculates out-of-pocket costs with a focus on average experience, taking into account probabilities of individuals or families similar to the user who incur a range of expenses from a zero-cost year to a very high cost year (see [figure 5.2.5](#)).

Picwell's cost calculator relies on an algorithm that uses the consumer's information, public and private claims data with nearly 30 million lives, and psychographic and financial data, to rank plans by how well they match the consumer's expected needs. The Picwell tool uses data analytic techniques to provide users with forward-looking cost and utilization estimates leveraging the experiences of millions of people "like them" (similar condition, location, risk tolerance, behavioral factors) as well as integrating potential

Consumers' CHECKBOOK Shows Worst Case Costs and Likelihood of Worst Case (Figure 5.2.5)

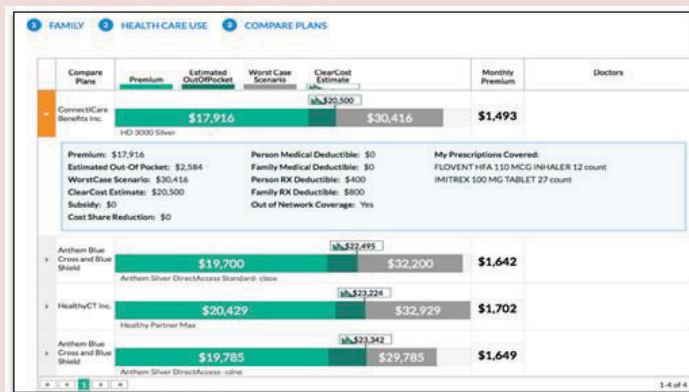


Plan	Yearly Cost Estimate	Cost in a Bad Year	Quality	Doctors
Health Alliance POS 6000b Silver Health Alliance Medical Plans - POS - Silver Monthly Premium: \$277 Deductible: \$6,000	\$4,684	\$9,924	★★★★★	None Found
Health Alliance HMO 4000b Silver Health Alliance Medical Plans - HMO - Silver Monthly Premium: \$271 Deductible: \$4,000	\$5,102	\$9,502	★★★★★	None Found
CO-Options Land of Lincoln National Elite Gold, a Multi-State Plan Land of Lincoln - PPO - Gold Monthly Premium: \$311 Deductible: \$500	\$5,412	\$7,082	New plan, no data	Smith, Seeger, Edwards 3
Land of Lincoln Preferred PPO Gold Land of Lincoln - PPO - Gold Monthly Premium: \$302 Deductible: \$1,500	\$5,864	\$6,174	New plan, no data	Smith, Seeger, Edwards 3

changes in treatments or medicines. Picwell scores take into account risk tolerance, network strength, and quality relative to individual needs, lifestyle, and behavioral elements that impact preferences or services.

Clear Health Analytics' machine learning program uses input from consumers to create a customized utilization matrix that breaks out the type and quantity of medical services a consumer is likely to use in a year. Users can adjust this estimate to better reflect their experience. The cost of each service is modeled against available plan provisions to arrive at an estimated total cost for the year, taking into account deductibles and available subsidies. Consumers are presented with a graph that highlights the premium (the minimum a consumer will spend), expected out-of-pocket costs (together with premiums, what a consumer is likely to spend), and worst-case scenario (the most that a consumer will spend) (see [figure 5.2.6](#)).

Clear Health Analytics Shows Premium, Estimated Out-of-Pocket, and Worst Case Scenario Costs in a Graph (Figure 5.2.6)



Shortcut 5: Create an all-plan directory of physicians, hospitals, and other providers so consumers can easily identify which plans include their preferred health care providers.

All four decision support tools incorporate an all-plan directory. For example, Stride Health helps users understand which plans include their preferred health care providers. Users can identify their preferred providers by entering the provider's name into a search engine that is filtered according to distance from the ZIP code of the user. After the user enters this information, Stride Health indicates how many plan networks include the preferred provider (see [figure 5.2.7](#)); it also shows whether the recommended plan's network includes the preferred provider.

Stride Health Tells Users How Many Plans Their Preferred Provider Accepts (Figure 5.2.7)

There are 1 plans that are accepted by your entire medical team. Remember, doctors can leave a plan at any time.

My doctors

James Smith
One plan accepted

+ Add a doctor

Continue to Health Profile >

How Can Marketplaces Integrate These Tools?

Providing plan selection shortcuts to make it easier for consumers to choose a plan is an important priority for coming enrollment periods. Your Marketplace can begin incorporating some of these shortcuts before implementing a specific decision support tool.

When your Marketplace is ready to integrate a decision support tool, the following recommendations can help guide you through the process:

- **Time the request for proposal release and review of vendor proposals so there is sufficient time between awarding a contract and open enrollment to implement the tool.** Production cycles for getting the tools “live” for intended users are approximately 4 to 6 months.
- **Involve existing Marketplace technology vendors and internal information technology personnel in the vendor selection process.** Many of these tools are intended to integrate with existing platforms. Existing technology vendors and internal personnel can assess the compatibility of the tools with existing systems.
- **Allocate internal staff resources to work with the contracted vendor.** The vendors work closely with clients to customize the tool to meet their needs; this requires frequent communication throughout the production cycle.
- **Identify the best data source for Marketplace health plans and determine how you will provide the data to the vendor.** The tool developers use various datasets, such as claims data and Medical Expenditure Panel Survey data, to predict user costs. However, these data must be matched to health plan information, such as actuarial value and network scope and rules, to rank or recommend plans.



Appendices



Appendix A.

An Overview of the Marketplace Survey

An Overview of the Marketplace Survey

What Topics Are Covered by the Marketplace Survey?

The questions in the Marketplace Survey focus on major aspects of consumers' experiences with the Marketplaces:

- How easily consumers can provide information about family and income.
- Getting information and help from the website.
- Getting information and help from the call center.
- Getting information and help from in-person assisters.
- How easily consumers can get information to choose a health plan.
- How easily consumers can find out which health plans offer therapeutic and home health services.
- Getting information in a needed language or format.

All respondents are also asked to rate specific aspects of the Marketplace (its website, call center, and in-person assisters), rate the Marketplace as a whole, and indicate how likely they are to recommend the Marketplace to others.

[Table A.1](#) summarizes the major categories of questions in the survey.

Major Categories of Consumer Experience Assessed by the Marketplace Survey (Table A.1)

Measure of Consumer Experience	Survey Questions	Response Options
How easily consumers can provide information about family and income	<ul style="list-style-type: none">▪ Was it easy to give or review information about yourself or the people in your family who wanted health insurance?▪ Did giving or reviewing information about yourself or the people in your family take longer than you expected?▪ Did giving or reviewing your household income information take longer than you expected?▪ Was it easy to find out if you or the people in your family could get help paying for health insurance?▪ Was it easy to understand how to update {INSERT MARKETPLACE NAME} about changes to your household income or the number of people in your family?	<ul style="list-style-type: none">▪ Yes, definitely▪ Yes, somewhat▪ No
Getting information and help from the website	<ul style="list-style-type: none">▪ How often did you have to wait to get what you needed because of problems on {INSERT MARKETPLACE NAME}'s website?▪ How often did you get the information you needed from {INSERT MARKETPLACE NAME}'s website?▪ How often was it easy to understand the information on {INSERT MARKETPLACE NAME}'s website?▪ How often was the information on {INSERT MARKETPLACE NAME}'s website as helpful as you thought it should be?	<ul style="list-style-type: none">▪ Never▪ Sometimes▪ Usually▪ Always

Measure of Consumer Experience	Survey Questions	Response Options
Getting information and help from the call center	<ul style="list-style-type: none"> How often did you get the information or help you needed when you called {INSERT MARKETPLACE NAME}'s customer service Call Center? How often was it easy to understand the information you got when you called {INSERT MARKETPLACE NAME}'s customer service Call Center? How often was {INSERT MARKETPLACE NAME}'s customer service Call Center as helpful as you thought it should be? How often did {INSERT MARKETPLACE NAME}'s customer service Call Center staff treat you with courtesy and respect when you called? 	<ul style="list-style-type: none"> Never Sometimes Usually Always
Getting information and help from in-person assisters	<ul style="list-style-type: none"> How often did you get the information or help you needed when you met in person with someone about getting health insurance from {INSERT MARKETPLACE NAME}? How often was it easy to understand the information you got when you met in person with someone about getting health insurance from {INSERT MARKETPLACE NAME}? How often were the persons you met with about getting health insurance from {INSERT MARKETPLACE NAME} as helpful as you thought they should be? How often did the persons you met with about getting health insurance from {INSERT MARKETPLACE NAME} treat you with courtesy and respect? 	<ul style="list-style-type: none"> Never Sometimes Usually Always
How easily consumers can get information to choose a health plan	<ul style="list-style-type: none"> How often was it easy to understand the services covered by the health plans available to you and how much you would have to pay? How often was it easy to understand which health plans had any of the doctors or hospitals you wanted? How often was it easy to understand which health plans covered the prescription medicines you needed? Was it easy to choose a health plan? 	<ul style="list-style-type: none"> Never Sometimes Usually Always <p>For last question only:</p> <ul style="list-style-type: none"> Yes, definitely Yes, somewhat No
How easily consumers can find out which health plans offer therapeutic and home health services.	<ul style="list-style-type: none"> Was it easy to find out which health plans available to you through {INSERT MARKETPLACE NAME} offered the physical, occupational, or speech therapy services you needed? Was it easy to find out which health plans available to you through {INSERT MARKETPLACE NAME} offered home health care services you needed? 	<ul style="list-style-type: none"> Yes, definitely Yes, somewhat No
Getting information in a needed language or format.	<ul style="list-style-type: none"> When you needed an interpreter to help you speak with anyone about getting health insurance from {INSERT MARKETPLACE NAME}, how often did you get one? How often were the forms that you had to fill out through {INSERT MARKETPLACE NAME} available in the language you prefer? How often were the forms that you had to fill out available in the format you needed, such as large print or braille? 	<ul style="list-style-type: none"> Never Sometimes Usually Always

Where Do I Find the Marketplace Survey?

To access the current version of the Marketplace Survey, available in multiple languages, go to:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

Who Developed the Marketplace Survey?

CMS developed the Marketplace Survey with support from AIR, Ipsos, and the National Committee for Quality Assurance. The statutory authority to conduct this survey is included in sections 1313 and 1321(a) of the Affordable Care Act.

The Marketplace Survey builds on AHRQ’s Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys (<https://cahps.ahrq.gov/>), which are the national standard for assessing patient and consumer experience. The survey development and testing involved:

- A comprehensive review of the literature and related surveys.
- Consumer focus groups.
- Stakeholder interviews.
- Input from a technical expert panel, including representatives of the SBMs, consumers, insurers, state regulators, and providers.
- A field test to confirm the reliability and validity of the draft survey questions and measures and evaluate the data collection strategy.

Who Fills Out the Survey?

CMS sends the Marketplace Survey to a random sample of adult consumers (18 or older) who started, completed, and/or submitted an application through the Marketplace, including those eligible for Medicaid coverage. All consumers who provided contact information are eligible to be included in the survey sample regardless of how far they got in the application and enrollment process. Contact information may have been provided through the website, through the mail, to an in-person assister, or over the phone.

Who Receives the Survey Results?

Each Marketplace receives a report with the survey results for consumers in its state. This report shows how your Marketplace’s performance compares to that of other Marketplaces across the country. CMS also reviews the results to assess how well all of the Marketplaces are meeting the needs of consumers, evaluate consumer experience with the federal website ([HealthCare.gov](https://www.healthcare.gov)), and identify similarities and differences across Marketplaces. CMS does not intend to share survey results with the public or issuers.



Appendix B.

Talking Points for Presentations with Leadership

Resource B.1: Talking Points for Presentations with Leadership

Why Use the Marketplace Survey to Improve the Consumer Experience?

This page offers talking points for presentations to Marketplace leaders, colleagues, and stakeholders about the importance of improving the consumer experience with the Marketplace and the ways in which the CMS Marketplace Survey can help. You can use these talking points to build a case for the Marketplace's leaders to support and dedicate organizational resources to improvement efforts.

A key facet of the Marketplace's mission is to support consumers in achieving their personal goals related to obtaining affordable, high-quality health care coverage.

Examples of data: Number of people enrolled in the last open enrollment period; percent reduction in uninsured state residents

Ensuring that consumers have a positive experience with our Marketplace is an important objective.

- “Consumer experience” is not simply about satisfaction. It is about understanding what happens when consumers interact with any part of the Marketplace.
- Improving consumer experience means improving the ability of consumers to accomplish their goals through our Marketplace.

Consumer experience can and does affect the success of our Marketplace (see [Table B.1](#)).

Examples of How the Consumer Experience Impacts Your Marketplace (Table B.1)

Examples of Potential Impact	Examples of Data to Support Point
Higher levels of follow-through by consumers	Percent of site visitors and/or callers who complete the enrollment process
Greater efficiency of operations	Average number of contacts who complete the application and enrollment process
Improved reputation	Changes in perceptions of the Marketplace based on survey data or findings from interviews with: <ul style="list-style-type: none">▪ Local consumers▪ Navigators and other partnering organizations▪ Regulators▪ Other stakeholders, such as providers and issuers
Enhanced ability to compete	Percent of state residents obtaining coverage through the Marketplace versus other possible sources (e.g., employers, directly from health plans, private Marketplaces)
Higher levels of enrollment	Total number of enrollees through the Marketplace; change in total enrollment over time

We can use the results of the Marketplace Survey to understand the strengths and areas for improvement of our Marketplace and determine where to focus our resources to improve the consumer experience.

- CMS's Marketplace Survey is a standardized tool. We can compare our results to the results for all other Marketplaces, including the FFM.

- The Marketplace Survey focuses on key aspects of consumers' experience:
 - How easily consumers can provide information about family and income.
 - Getting information and help from the website.
 - Getting information and help from the call center.
 - Getting information and help from in-person assisters.
 - How easily consumers can get information to choose a health plan.
 - How easily consumers can find out which health plans offer therapeutic and home health services.
 - Getting information in a needed language or format



Appendix C.

Resources on Organizational Readiness

Resource C.1: How to Assess and Enhance Your Organization's Readiness to Improve Consumer Experience

The very nature of performance improvement requires organizational change—always challenging but especially so in a fast-paced Marketplace environment. Before executing small or large changes, take a step back and assess your Marketplace's readiness for change. Assessing readiness for change is an ongoing process and helps make sure that all staff and leaders have the *commitment* and *confidence* to do what is needed to improve performance.¹²³

Lack of organizational readiness is a major reason why attempts to change are unsuccessful.¹²⁴

[Exhibit C.1](#) lists factors associated with organizational readiness to implement change.

Assessing Readiness to Improve

You can conduct a readiness assessment to find out how prepared the organization is to take on improvement initiatives.¹²⁵ A readiness assessment enables you to determine:

- What types of change the organization is ready to make.
- The barriers to and facilitators of change.
- The areas where support may be needed.

Barriers to change may include insufficient resources, staffing, or systems, as well as employees' beliefs, attitudes, knowledge, experience, motivation, or skills. Leadership support, existing resources, systems, and employee strengths are factors that can facilitate positive change. A realistic assessment of your organization enables you to identify and mitigate barriers to change and leverage factors that contribute to successful performance improvement. A secondary benefit of a readiness assessment is the opportunity for you and others to collaborate and build solid working relationships before initiating changes.

Factors Associated with Readiness to Change (Exhibit C.1)

- **Organizational structure and commitment:** executive commitment to performance improvement and a consumer focus.
- **Organizational culture or climate:** shared beliefs, perceptions, and expectations of all organization members.
- **Leadership:** strong and positive leadership that supports change.
- **Employee-level attributes and beliefs:** employee beliefs about the problem, need for change, and motivation to change.
- **Resources:** resources available to implement, monitor, and sustain the initiative.
- **Performance improvement team(s):** a diverse group from all areas and levels involved in and affected by changes.
- **Past experiences:** organizational, leadership, or employee past experience with change.

>> **Learn more:** More information about these concepts is available in [appendix C, resource 2](#).

How Your Marketplace Can Assess Readiness for Improvement

An organizational readiness assessment need not be time-consuming or complex. It involves four basic steps.

Step 1: Plan the Assessment

- **Determine what questions to ask staff and leaders.** Ask your colleagues key questions to add to and confirm what you already know about the organization and to obtain a variety of perspectives.

>> **Learn more:** [Exhibit C.2](#) suggests a set of questions to ask your staff and leadership to gauge your Marketplace's readiness.^{126, 127, 128, 129}
- **Determine who to collect feedback from and how.** Include leadership, managers, and staff working in areas affected by or involved with the changes. You can get feedback through a discussion or by asking them to fill out the questionnaire.
- **Plan how you will assess your findings.** Prepare a spreadsheet to organize the questionnaire responses or review your notes to identify major issues.

Step 2: Collect the Data

- **Select a person or team to collect the data.** Ideally, people collecting data should be knowledgeable about the content area but, to minimize bias, not from a department expected to undergo the change.
- **Collect data.** Encourage participants to provide open and honest feedback by emphasizing a confidential approach to data collection. Take notes during discussions and review them once your discussions are complete.

Assess Your Marketplace's Readiness (Exhibit C.2)



Below are some statements that you can use when talking with your staff and leadership to assess your Marketplace's readiness:

- We need this project.
- We are committed to this project.
- We are determined to implement this project.
- We believe this project will make things better.
- We believe this project is a priority for the Marketplace.
- We believe our leadership will support this project.
- We believe this project matches our Marketplace's mission and goals.
- We believe now is the right time for this project.
- We believe our Marketplace will provide the time for this project.
- We believe our Marketplace will provide the personnel for this project.
- We believe our Marketplace will provide the training for this project.
- We believe our Marketplace will provide the money for this project.
- We believe our Marketplace will be willing to assess progress on this project over time.
- What other comments do you want to share about this project? What will make this work well? What could prevent this from working?

Sources:

Shea, C. M., Jacobs, S. R., Esserman, D. A., Bruce, K., & Weiner, B. J. (2014). Organizational readiness for implementing change: A psychometric assessment of a new measure. *Implementation Science*, 9, 7.

Stratis Health. (2009). Organizational readiness assessment. In *Health information technology toolkit for critical access and small hospitals* (section 1.1. Adopt-Assess). Retrieved from <http://www.stratishealth.org/expertise/healthit/hospitals/htoolkit.html>

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (n.d.). Instructions: Getting ready for change self-assessment. In *AHRQ Quality Indicators™ toolkit for hospitals* (tool A.3). Retrieved from <http://www.ahrq.gov/professionals/systems/hospital/qitoolkit/a3-selfassessment.pdf>

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (n.d.). Organizational readiness assessment checklist. Retrieved from <http://teamstepps.ahrq.gov/readiness/>

Step 3: Summarize the Data

- When you review and summarize the data, **aim to identify**:
 - Which changes your organization is most ready to make.
 - The existing human resources, structures, systems, beliefs, and processes that can likely facilitate change or may create barriers to positive organizational change.

Step 4: Review Assessment Findings

- **Meet** with key people, including frontline staff, administrators, managers, and other leaders to review key findings and identify feasible improvement projects to start now versus those to take on in the future.
- **Identify the project(s)** that the organization is most committed to and that staff members feel most capable of performing.⁶
- **Identify where to start** implementing the changes; consider making smaller changes, if possible, before spreading changes throughout the Marketplace.¹³⁰
- **Develop a plan to strengthen the organizational infrastructure and/or culture** to better support change. The plan should address potential barriers to change as well as ways to leverage the organization's positive attributes.

Enhancing Marketplace Readiness to Improve

With the results of the organizational readiness assessment in hand, you can begin leveraging your strengths and minimizing major barriers or weaknesses. These actions can benefit the performance improvement effort at hand as well as future long-term initiatives.

Actions to improve your Marketplace's organizational readiness may involve strengthening organizational or project team leadership and aligning resources, including human resources, with organizational change and performance improvement.^{131, 132, 133, 134}

Strengthening Organizational or Project Team Leadership

Leadership support is critical to the success of your Marketplace's improvement projects. Suggestions for how to influence your leadership to support the change include the following:

- Explain the benefits of an improved consumer experience from a management perspective (e.g., greater efficiency of operations, improved reputation, enhanced ability to compete).
>> Learn more: For talking points to use when speaking with the Marketplace's leaders, see [appendix B](#).
- Explain the evidence for the need for change (e.g., from your Marketplace Survey results and other data you may collect from staff and consumers).
- Explain the benefits of the specific change to your Marketplace and provide evidence when possible (e.g., has this worked in other settings?).

That said, leaders are not just senior-level Marketplace executives. Everyone involved in managing performance improvement initiatives or organizational change can demonstrate positive leadership in various ways:

- Serve as role models of positive customer service.
- Involve and motivate representatives of internal and external stakeholder groups (e.g., vendors, contractors).
- Provide resources (e.g., time, money, and personnel) and ongoing training necessary to facilitate change.
- Coach team members—rather than policing them—to improve effectiveness and serve consumers.
- Foster an environment where it is acceptable for employees to report problems when consumers are not having a good experience and create systems to easily report problems.

What Is a Great Leader? (Exhibit C.3)

A great leader exhibits the five skills of emotional intelligence:^{xxvi}

- **Self-awareness**—knowing one's strengths, weaknesses, drives, values, and impact on others.
- **Self-regulation**—controlling or redirecting disruptive impulses and moods.
- **Motivation**—relishing achievement for its own sake.
- **Empathy**—understanding other people's emotional makeup and considering other people's feelings.
- **Social skill**—building rapport with others to move them in desired directions.

[Exhibit C.3](#) summarizes key characteristics of a great leader.

Aligning Resources, Including Human Resources, with Organizational Change and Performance Improvement

Marketplaces need to demonstrate commitment to positive organizational change by visibly investing in human resources, systems, technology, and other resources needed to support the desired change. The commitment can be demonstrated by:

- Staffing the Marketplace adequately to provide employees with the time to serve internal and external customers.
- Including customer-service skills, experience, and philosophy as employee recruitment and hiring criteria.
- Measuring customer service and consumer experience in employee performance appraisals.
- Rewarding and recognizing employees for serving internal and external customers well.

More information on strategies and interventions to improve customer-service skills is included in [Strategy 3](#), *Develop consumer-focused staff*.

^{xxvi} Harvard Business Review. (2011). *HBR's 10 must reads on leadership*. Boston: Harvard Business School Publishing.

Resource C.2: Characteristics of Organizations That May Influence Readiness to Improve Performance

Readiness Content Area	Readiness Characteristic or Factor
Organizational structure and commitment	<ul style="list-style-type: none"> Executive commitment to performance improvement initiatives, especially from people who have the authority and power to make decisions and allocate resources Understanding and willingness to invest resources, such as time and money, into the performance improvement initiatives Alignment of performance improvement initiatives with organizational mission, vision statement, and goals; employees understand and are supportive of this connection
Organizational culture or climate	<ul style="list-style-type: none"> Clear organizational mission and goals Shared vision for performance improvement, where employees are actively engaged in performance improvement
Leadership	<ul style="list-style-type: none"> Performance improvement viewed as a priority by senior leadership Designated and recognized leadership for the performance improvement team Employee involvement in leadership roles in promoting change Ability of leaders to influence coworkers
Employee-level attributes and beliefs	<ul style="list-style-type: none"> Perceived need for improvement Employee buy-in or adoption of the performance improvement initiative or organizational change Employees' beliefs that the performance improvement initiative will be a positive change and improve the consumer experience Employees' active participation in the change process Motivational readiness of employees Perceived self-efficacy Employee cohesiveness
Resource readiness	<ul style="list-style-type: none"> Financial resources Technology and computer access Training and expertise Human resources (personnel) Space and facilities, such as office space Plans and systems for measuring and monitoring performance Plans and systems for reporting results
Performance improvement team(s)	<ul style="list-style-type: none"> Representatives from workgroups that are affected by or involved with the expected changes Team members with different knowledge and skill sets Team that is viewed as credible and trustworthy by the organization Consumer involvement in planning change
Past experiences	<ul style="list-style-type: none"> Previous experience with positive change in organizations Previous experience with performance improvement initiatives

Sources:

ArtsWave. (n.d.). *Organizational readiness assessment*. Retrieved from http://www.theartswave.org/docs/default-source/impact-toolkit/measuring-the-impact-workshops/miw_organizational-readiness-assessment.pdf?sfvrsn=4

Association of State and Territorial Health Officials and The North Carolina Institute for Public Health. (2014). *Quality improvement plan toolkit: Guidance and resources to assist state and territorial health agencies in developing a quality improvement plan*. Retrieved from <http://www.astho.org/Accreditation-and-Performance/Quality-Improvement/QI-Plan-Toolkit/>

Child and Family Policy Institute of California. (2013). *A framework for advancing a culture of customer service in health and human services*. Retrieved from <http://www.cfpic.org/pdfs/Framework-for-Advancing-a-Culture-of-Customer-Service-Final.pdf>

- Collins, J. C. (2001). *Good to great: Why some companies make the leap and others don't*. New York, NY: Harper Business.
- Helfrich, C. D., Li, Y.-F., Sharp, N. D., & Sales, A. E. (2009). Organizational readiness to change assessment (ORCA): Development of an instrument based on the Promoting Action on Research in Health Services (PARIHS) framework. *Implementation Science*, 4(38). Retrieved from <http://www.implementationscience.com/content/4/1/38>
- Huber, D. L. (2010). *Leadership and nursing care management* (4th ed.) Philadelphia, PA: Saunders.
- International Customer Management Institute. (2001). Call center mission statement examples. Retrieved from <http://www.icmi.com/Resources/QueueTips/2005/March/Call-Center-Mission-Statement-Examples>
- Mossman, J. (2013, April 21). Employee-friendly workplace culture a key to company success. *The Denver Post*. Retrieved from http://www.denverpost.com/topworkplaces2013/ci_22970656/employee-friendly-workplace-culture-key-company-success
- Prosci. (n.d.) Six keys to prepare for change. Retrieved from <http://www.change-management.com/tutorial-preparing-keys-mod4.htm>
- Rogel, C. (2014). The 12 attributes of a strong organizational culture. Retrieved from <http://www.tnt.com/2014/03/18/the-12-attributes-of-a-strong-organizational-culture/>
- Roos, W., & Van Eeden, R. (2005). The relationship between employee motivation, job satisfaction and corporate culture. *SA Journal of Industrial Psychology*, 31(1), 54–63. Retrieved from <http://www.sajip.co.za/index.php/sajip/article/viewFile/420/695>
- U.S. Department of Health and Human Services, Health Resources and Services Administration. (n.d.). *Readiness assessment & developing project aims*. Retrieved from <http://www.hrsa.gov/quality/toolbox/508pdfs/readinessassessment.pdf>
- U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (2012). Instructions: Getting ready for change self-assessment. In *AHRQ Quality Indicators™ toolkit for hospitals* (tool A.3). Retrieved from <http://www.ahrq.gov/professionals/systems/hospital/qitoolkit/a3-selfassessment.pdf>
- Vij, V. (2011). Tips for coming up with a great vision statement. Retrieved from <http://www.brighthub.com/office/entrepreneurs/articles/95766.aspx>
- Work Group for Community Health and Development, University of Kansas. (n.d.). Proclaiming your dream: Developing vision and mission statements. In *Community tool box* (chapter 8, section 2). Retrieved from <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/vision-mission-statements/main>



Appendix D.

Resources on Performance Improvement

Resource D.1: Tools to Identify Root Causes

	"5 Whys"	Process Mapping	Customer Journey Map
Description	A simple approach to identifying root causes by involving people with hands-on experience	A description/picture of the step-by-step actions taken to accomplish an activity; used to identify missing steps and redundancies.	Identifies the consumer "touch points" (i.e., points where the consumer interacts with the organization) and what the experience is like from a consumer's perspective. Maps may be created for different types of consumers.
Key Steps	<p>1. State the problem. For example: Callers who may be eligible for premium subsidies are not staying on the call to learn how to apply for subsidies.</p> <p>2. Ask "Why did the problem occur." For example: The help line employees did not fully understand the benefits or how to explain them to callers.</p> <p>3. Ask "Why did the answer in step 2 occur?" For example: Why didn't employees understand the benefits? The training was not sufficient.</p> <p>4. Keep asking why an issue emerged until the root cause is identified. For example: Why was the training insufficient? Employees were put into their positions before the training was finished, then had difficulty scheduling time for the remaining classes.</p> <p>Why? Why were employees asked to assume responsibility for the help line before training was complete? The organization was growing and help line employee turnover was relatively high; as a result, employees needed to be rushed into positions.</p> <p>Why? Why was employee turnover high? Employees felt unsupported in their roles.</p> <p>Answers to the "whys" should be grounded in fact and not what might have happened.</p>	<p>1. Plan. Develop a plan that includes the processes to be mapped, limits to the processes to be examined, level of detail needed in the map, and a format for the map.</p> <p>2. Form the process mapping team. Select up to 10 team members, including the director or manager of the process, and people who understand and perform the processes well.</p> <p>3. Review documents. Obtain and review documents that describe the processes to be mapped.</p> <p>4. Conduct the process mapping session. Start the mapping process with the major steps or activities; then drill down within each major step to document the components of each step to the level of detail needed to identify potential problems.</p> <p>5. Review and revise the process map. After a process map is developed, a larger group of employees should review and validate it.</p> <p>6. Create a future state map. Create a map of an improved process.</p>	<p>1. Identify the journey or process to be mapped. For example: How a consumer learns about health plan costs and what is covered</p> <p>2. List points where the consumer interacts with the Marketplace. Gather information through group discussions with knowledgeable staff involved with the touch points</p> <p>3. Describe each touch point. Interview frontline staff and consumers to understand: What is the consumer's goal? What is the consumer doing? How does the consumer feel? How does the consumer interact (phone, Web, in-person)? How do they prefer to interact? What does the consumer expect to accomplish? What actually happens?</p> <p>4. For each touch point, identify the most important interaction from the consumer's perspective. What most determines a consumer's satisfaction? Where do consumers abandon the process? Talk with management and frontline staff to identify these "moments of truth" for each touch point.</p> <p>5. Identify metrics that will assess performance at each touch point. This will be the gauge to assess the effectiveness of performance improvement interventions.</p>

	"5 Whys"	Process Mapping	Customer Journey Map
Strengths	This method engages staff in identifying the root causes and is relatively simple to use.	Mapping out the steps allows the team to see redundancies in steps, missing steps, and other problems that may be barriers to optimal performance.	This consumer-focused method uses the mapping process to identify the parts of the consumers' experiences that may be improved, including their human interactions, services, and communications.
Weaknesses	This method is not recommended for more complex problems. However, the "5 Whys" can be helpful to use in conjunction with other root cause analysis methods.	This method can be challenging because it is a very detailed process. It often requires the use of a skilled facilitator to obtain the input needed.	It may not work for processes that a consumer would not know about.
Tools	Not applicable	Free mapping tools include: ^{xxvii} <ul style="list-style-type: none"> OpenOffice Draw: http://www.openoffice.org/download/ LibreOffice Draw: http://www.libreoffice.org/download/libreoffice-fresh/ Dia: http://dia-installer.de/download/index.html Sticky notes Alternative mapping tools are also available for purchase.	See list at left.

Sources:

iSix Sigma. (n.d.). Determine the root cause: 5 whys. Retrieved from <http://www.isixsigma.com/tools-templates/cause-effect/determine-root-cause-5-whys/>

Mind Tools. (n.d.). Root cause analysis: Tracing a problem to its origins. Retrieved from http://www.mindtools.com/pages/article/newTMC_80.htm

Georgia Leadership Institute for School Improvement. (2009). *Balanced performance improvement series: Leading a team through process improvement and process mapping*. Retrieved from http://dev.glisi.org/sites/default/files/pbm/BalancedPerformanceImprovementSeries-LeadingaTeamthroughProcessImprovementandProcessMapping_0.pdf

Marrelli, A. F. (2005). The performance technologist's toolbox: Process mapping. *Performance Improvement*, 44(5), 40–44. Retrieved from http://www.ispi.org/pdf/suggestedReading/ArticleFour_ProcessMapping.pdf

Southern Institute on Children and Families. (2009). *Process mapping: An effective tool for improving public services*. Retrieved from <http://www.thesoutherninstitute.org/docs/publications/ProcessMapBriefFinal.pdf>

Grocki, M. [UX Mastery] (2014, September 15). How to create a customer journey map [video file]. Retrieved from <http://www.youtube.com/watch?v=mSxpVRo3BLg>

Government Communication Service. (n.d.). *Insight exploration: Customer journey mapping* [tool]. Retrieved from <https://gcn.civilservice.gov.uk/wp-content/uploads/2013/02/customer-journey-mapping-diagram.pdf>

Isaacson, B. (2012). *Using customer journey maps to improve your customer experience* (white paper). Retrieved from <http://mmrstrategy.com/white-paper-using-customer-journey-maps-to-improve-your-customer-experience>

Tincher, J. (n.d.). Customer journey map—the top 10 requirements. Retrieved from <http://www.heartofthecustomer.com/customer-experience-journey-map-the-top-10-requirements/>

^{xxvii} Khurshid, U. (2012). 5 best free alternatives to Microsoft Visio. Retrieved from <http://www.maketecheasier.com/5-best-free-alternatives-to-microsoft-visio/>

Resource D.2: An Overview of Three Performance Improvement Methods

A number of improvement methods can be used—alone or in combination—to test, implement, and spread performance improvement interventions across the organization. This resource discusses three well-known improvement methods and two elements that these methods have in common.

The method that best suits your Marketplace depends on the complexity and type of problem and the resources available for performance improvement. (To learn more about performance improvement, see *Handbook for Basic Process Improvement*. Available at:

http://www.au.af.mil/au/awc/awcgate/navy/bpi_manual/handbook.htm).

Plan-Do-Check-Act

This simple approach is a four-step, rapid-cycle process for carrying out change:

- **Plan:** This step is covered in the root cause analysis (see [section 3](#)), where the team identifies the problem and its root causes as well as a metric for collecting data that will assess the effectiveness of a solution.
- **Do:** Generate possible solutions (process changes), then select the best solution from the list. Implement the solution on a small scale, such as with a few staff or in one department. Collect data to determine whether the solution worked. See [exhibit D.2.1](#) to learn more about small tests of change.
- **Check:** Review and analyze the data; identify what you’ve learned.
- **Act:** Take action based on what was learned in the Check step. The action options are to:
 - Adopt the improved process if the aims have been met.
 - Adapt or change the intervention and repeat the four-phase process until the desired level of improvement is achieved.

Conducting Small Tests of Change (Exhibit D.2.1)

Research shows that testing solutions on a small scale is an important way to set up improvement efforts for success.^{135, 136, 137, 138} When implementing large-scale improvement initiatives, start with a pilot test of the new approach or activity with a few people, if possible, and then evaluate and refine the initiative. For example, the team could implement a new initiative with a small group in one department or one geographic area to assess if it works before implementing a change throughout the entire organization or for all consumers.

This approach is ideal for testing improvements to a specific process on a small scale; it works best when specific problems are identified, and the team can implement improvements in a cyclical manner. It is not appropriate, however, if a large change is needed or when the root cause has not been identified. The PDCA approach is often a component of more complex performance improvement methods.

>> **Learn more:** About PDCA:

- QAPI. (n.d.). *PDSA cycle template*. Retrieved from <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PDSACycledebedits.pdf>
- Gorenflo, G., & Moran, J. W. (n.d.). *The ABCs of PDCA*. Retrieved from http://www.phf.org/resourcestools/documents/ABCs_of_PDCA.pdf

Lean Management

Lean management requires expertise to implement. Organizations frequently hire a consultant to help develop an overall strategy for applying this method on a large scale and training leadership and staff. This method centers on five principles:

- **Identify value.** Specify what is important from the perspective of the consumer with respect to a specific product or service.
- **Map the value stream.** Identify the steps in the current process; then redesign the process so there are no unnecessary steps.
- **Create the flow.** Improve the flow in the steps or processes so that the steps occur in a tight sequence.
- **Establish pull.** Start with the customer demand and work backward through all the steps required to deliver the desired product to the customer.
- **Seek perfection.** Work to continuously improve, trying to achieve the perfect system for a given activity.

These principles can be applied to improving a specific process or embraced as a long-term strategy to maximize value and reduce waste throughout an organization. Types of waste include defects or rework, waiting, inventory, over-processing, overproduction, transportation, and motion.

Lean management is considered to be most effective when the goal is to create the greatest value for consumers using the least resources. However, Lean can be resource intensive and may require external experts for guidance.

>> **Learn more:** Read about Lean Management below in [appendix D, resource 3](#).

Institute for Healthcare Improvement's Model for Improvement

This approach involves five steps:

- **Plan.** Form a team of the right people, setting aims, establishing measures, and selecting changes.
- **Develop and test on a small scale.** Use the PDCA cycle discussed to test change on a small-scale.
- **Implement, sustain, and control.** After learning from a small-scale test and refining the changes as needed, implement the change on a broader scale (e.g., for an entire pilot population or department).
- **Disseminate changes throughout the organization or system.** If the change is successful, then implement it to other parts of the Marketplace, or depending on the change, to other organizations.
- **Evaluate and pass forward.** Prepare evaluation reports; celebrate and reward successes.

The Institute for Healthcare Improvement's Model for Improvement approach takes PDCA further by incorporating steps to test the change on a larger scale then spreading it across a population or organization-wide. It may include incorporating other methods into the improvement project approach, such as Lean and other improvement methods, to identify and test improvements.

>> **Learn more:** About Institute for Healthcare Improvement's Model for Improvement:

- Institute for Healthcare Improvement. (n.d.). How to improve. Retrieved from <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>

- Scoville, R. & Little, K. (2014). *Comparing Lean and quality improvement* (IHI White Paper). Cambridge, Massachusetts: Institute for Healthcare Improvement. Retrieved from <http://www.ihl.org/resources/Pages/IHIWhitePapers/ComparingLeanandQualityImprovement.aspx>

Common Elements Among Improvement Methods

All performance improvement methods have at least two steps in common:

- Planning the intervention.
- Collecting and analyzing data.

Planning the Intervention

Developing a written plan can help the team think through how to carry out the improvement effort and ensure that everyone is on the same page. The team's plan should address:

- **Goals of the improvement effort.** Develop clear and specific objectives to help the team stay focused and prevent scope creep. See [section 3, exhibit 3.2](#) for tips on developing SMART aims.
- **Team members.** Select individuals to work on the improvement effort with diverse backgrounds and skills and a wide range of perspectives. Small teams of six or fewer may work best and are generally easier to manage. Frontline staff members provide “insider” insight to the problem. They can also help to identify solutions that are doable and that their peers will be willing to adopt.
- **Leadership.** Consider how the team will involve the Marketplace's leaders to obtain resources and remove barriers to change.
- **Needed resources.** Document the resources that the team will need, such as:
 - Staff time for planning, testing the change, collecting and analyzing data, and implementing the change across the Marketplace.
 - Resources for training the improvement team.
 - Software for process mapping, data collection, and analysis.

Collecting and Analyzing Data

To monitor progress in implementing an improvement plan, your Marketplace improvement team has to be prepared to both collect and analyze data.

Collecting data. To determine whether a change has led to the desired improvement, the improvement team will have to review existing data or collect new data, typically both before and after implementing the selected intervention. Ideally, the team should identify data and data sources that are updated frequently and will provide information that is directly related to the improvement effort. Whatever the team decides to measure should help to answer these questions:

- Was the root cause of the problem eliminated?
- Did the process change meet our objectives?

The team may be able to use the same data that were used to identify root causes, such as existing call center and website metrics. See [exhibit D.2.2](#) for some examples of Marketplace process improvement metrics that you may be collecting already.

If data needed for this purpose are unavailable, develop a data collection plan that is simple and doable.

Analyzing data. The focus of data analysis is twofold:

1. To compare the baseline data with data collected after each of the process changes.
2. To understand which of a number of factors is contributing most to a performance problem.

Having staff experienced in analyzing data with Excel or a similar spreadsheet program is a plus, but if no one with this expertise is available, there are resources available to help. See [exhibit D.2.3](#) for resources and tips related to collecting data.

Here are some simplified steps for collecting, analyzing, and displaying data:

1. Enter data into an Excel spreadsheet.

- Limit each row to data for one encounter only.
- Include a column for every piece of data needed to assess effectiveness of the process change.
- Since statistics are calculated for each of the data collection periods, include a column that indicates which data collection period the data belong to: baseline, process change 1, process change 2, etc.
- Spot check the data to catch data entry errors and any illogical numbers.

2. Calculate descriptive statistics for each data collection period. For example:

- For measures of time (e.g., minutes), subtract the start time from the finish time and calculate the mean or median.

Examples of Marketplace Process Improvement Metrics You May Be Collecting Already (Exhibit D.2.2)



- **Process cycle time.** Record the time customer interactions start and end.
- **Customer goal achievement.** Ask consumers at the end of an interaction if their need was met. If not, record the reason(s) why. Put the reasons into categories for data collection.
- **Achievement of key Marketplace functions.** Record if consumers were able to complete an eligibility application or health plan enrollment form by the end of an encounter. Ask assistants or call center staff to record if these tasks were successfully completed. If not, record the reason(s) why. Put the reasons into categories for data collection.
- **First-contact resolution.** Record calls or face-to-face interactions where the first person serving the customer was able to meet their needs. If not, record who the consumer was referred to and why. If the customer has made contact with the Marketplace previously to resolve the same issue, record how many times they have made contact. Call centers often capture this information routinely.

Resources: Data Collection “How-to” Guidance (Exhibit D.2.3)



- *Collecting Evaluation Data: Direct Observation.* Available at: <http://learningstore.uwex.edu/Assets/pdfs/G3658-05.pdf>
- *Basic Tools for Process Improvement: Data Collection.* Available at: <http://www.balancedscorecard.org/portals/0/pdf/datacoll.pdf>
- *A Simple and Effective Way to Display Data: The Check Sheet.* Available at: <http://www.qualitydigest.com/inside/six-sigma-article/simple-and-effective-way-display-data.html>

Tips for Collecting Data

- Design small-scale data collections, testing the change for short periods of time under different conditions, such as high- and low-volume periods.
- Develop a spreadsheet using Excel or a similar tool for data entry. (See more on this point under *Analyzing data* on the previous page.)
- Think through the analysis plan before finalizing the data collection spreadsheet to make sure that all critical information will be collected.

- For measures of achievement, such as number of calls resolved with the first contact, calculate a percentage (e.g., number of calls resolved first time divided by the total number of calls).

3. Display the data. Options include:

- Time series chart: Compares performance against a goal and identifies variation and trends.
- Bar chart: Identifies patterns in data.
- Histogram: Identifies the amount of variation in continuous data, such as time.
- Pareto chart: A kind of bar chart that identifies the most important cause of a problem when there are a number of factors that contribute to the problem.

See [exhibit D.2.4](#) for a list of resources for displaying data.

Resources: How to Display Data (Exhibit D.2.4)



USAID Assist Project: *Guidance for Analyzing Quality Improvement Data*

- Time series charts: <https://www.usaidassist.org/resources/guidance-analyzing-quality-improvement-data-using-time-series-charts-0>
- Bar charts: <https://www.usaidassist.org/resources/bar-and-pie-charts>
- Histograms: <https://www.usaidassist.org/resources/histograms>
- Pareto charts: <https://www.usaidassist.org/resources/pareto-charts>

National Quality Center: *The Quality Academy*

- Useful Quality Improvement Tools, Tutorial 14: <http://www.nationalqualitycenter.org/index.cfm/6101/15791>

ASQ: *The 7 Basic Quality Tools for Process Improvement*

- Templates (for data display): <http://asq.org/learn-about-quality/seven-basic-quality-tools/overview/overview.html>

Resource D.3: Understanding the Lean Management Method

Lean Management is a principle that focuses on reducing waste so that work adds value and meets the consumer's needs.¹³⁹ These principles have been used in the manufacturing industry for decades and more recently in health care.

- **Strengths of this method:** Focuses on reducing or eliminating waste in systems and creating or maximizing value through improving efficiency.
- **Weaknesses of this method:** Can be resource intensive and may require external experts for guidance; some of the techniques, such as the 5S phases (see below), can be more easily adopted on a small scale.

Key Principles

Identify value. Specify what is important from the perspective of the consumer with respect to a specific product or service. The aim is to meet the consumers' needs within an acceptable timeframe while adhering to price, cost, or resource estimates. Set goals for improvement such as zero defects or that a process should be completed within so much time.

Map the value stream. Identify the steps in the current process; then redesign the process so there are no unnecessary steps.

Create the flow. Improve the flow in the steps or processes so that the steps occur in a tight sequence. This will involve eliminating barriers that may slow down a process. The 5S phases may be used at this point as well.

- **Sort:** Sort steps and remove items or steps that are unnecessary or obstacles.
- **Streamline:** Streamline or straighten steps, and create easy access to information.
- **Shine:** Shine to keep the workplace clean and quiet to enable staff to work easily.
- **Standardize:** Standardize by creating guidelines and visual tools to keep the process organized.
- **Sustain:** Sustain by using training and discipline to optimize implementation of the new activity.

Establish pull. Start with the customer demand and work backward through all the steps required to deliver the desired product to the customer.

Seek perfection. Work to continuously improve, trying to achieve the perfect system for a given activity. Like the Plan-Do-Check-Act cycle, improvements are tested until the desired level of improvement is achieved. Collect data to see how close you are to attaining the improvement goal.

>> Learn more:

- Institute for Healthcare Improvement. (2005). *Going Lean in health care* (IHI Innovation Series white paper). Cambridge, MA: Author. Retrieved from <http://www.ihl.org/resources/Pages/IHIWhitePapers/GoingLeaninHealthCare.aspx>
- Lean Enterprise Institute. (n.d.). Principles of Lean. Retrieved from <http://www.lean.org/WhatsLean/Principles.cfm>
- Lean Enterprise Institute. (n.d.). The five steps of Lean implementation. Retrieved from <http://www.lean.org/WhoWeAre/LEINewsStory.cfm?NewsArticleId=17>

- Mahalik, P. (n.d.). Learning to think Lean: Six steps with review points. Retrieved from <http://www.isixsigma.com/methodology/lean-methodology/learning-think-lean-six-steps-review-points/>
- Scoville, R., & Little, K. (2014). *Comparing Lean and quality improvement* (IHI white paper). Cambridge, MA: Institute for Healthcare Improvement. Retrieved from <http://www.ihl.org/resources/Pages/IHIWhitePapers/ComparingLeanandQualityImprovement.aspx>



Appendix E.

Strategy-Specific Resources

Resource E.1: Website Usability Principles

You can use this checklist of website usability principles to develop your website and to check whether you are adhering to best practices.

Website or Interaction Design

Best practices for design generally focus on making it easier for people to interact with and use the different elements of the site.

- ☐ **Use conventional interaction elements, and offer clear feedback signals.** For example:
 - ☐ Make the “Back” button functional on the browser toolbar and on every page.
 - ☐ Provide informative error messages when consumers are entering data (e.g., family and income information) into forms.
 - ☐ Identify hyperlinks in a consistent manner across the website, and make sure that any embedded links are descriptive (i.e., understandable without having to read surrounding text).
 - ☐ Design Web buttons that are large enough to see and easy to hit/click.
- ☐ **Make the website accessible to everyone.** For a site to be accessible, it must support the use of common assistive technologies, such as screen reader programs. All U.S. Federal Government websites must comply with the section 508 Federal accessibility standards. Ideally, Marketplaces will strive to meet similar standards. Examples of accessibility guidelines include:
 - ☐ Provide alternative text for links, images, video, and animation so that people with disabilities who use assistive technologies can find and read the information.
 - ☐ Make sure that any information conveyed with color is also communicated in a way that does not rely on the ability to see color.
- ☐ **Simplify the interaction for users whenever possible.** For example:
 - ☐ Provide printer-friendly options or tools.
 - ☐ Minimize the amount of scrolling needed to view the content on a page.
 - ☐ Make it easy to get back to the homepage.

Information Architecture

Best practices for information architecture address the structure and organization of information on the site, the ways in which people navigate through the site, and the presentation of information on a page.

- ☐ **Organize information on the website in a way that makes sense to the user.** Many people have problems using a website because the information they need is not where they expect to find it. These problems often occur because the website’s design is determined by staff, external stakeholders, and programmers, who have not fully considered the consumer’s perspective. You can help consumers use your Marketplace’s website more effectively by making sure that their perspective drives decisions about the site’s design and structure. Examples of this user-centric approach include:
 - ☐ Grouping together information that consumers perceive as being related.
 - ☐ Giving that grouping of information a label or name that makes sense to consumers.
 - ☐ Creating navigational trails that mirror how consumers think about the process.
- ☐ **Let people see as little or as much information as they need.** To avoid overwhelming website users, present general information first, and give users a way to get to more detailed information if they want it. Web designers can use a variety of techniques to layer information so that people can control what and how much they see.

- ☐ **Provide a clear visual path forward and backward.** You can help users move through your site efficiently and avoid confusion by giving them visual clues about where they are in the site and the next steps that are available to them. “Breadcrumb trails,” for example, let users know where they are on the site and give them a way to move back to where they started.^{xxviii} Design elements that help Marketplace website users navigate through the site to accomplish their tasks include clearly marked buttons and numbered steps.
- ☐ **Provide a search option on each page.** Allow users to search the site through a universally located text box (i.e., a search feature in the same location on every page). Users should not have to return to the homepage to conduct a search.
- ☐ **Make pages easy to scan or skim.** For example:
 - ☐ Place the most important or new information at the top of the page.
 - ☐ Group related content together.
 - ☐ Use bulleted lists and text formatting (e.g., bolding, italic).
 - ☐ Use white space to break up clusters of content.
 - ☐ Use unique and descriptive headings.
 - ☐ Use as many headings as necessary to help users find what they are looking for.
- ☐ **Use elements that make text easy to see and read.** For example:
 - ☐ Use a familiar font (e.g., Times New Roman, Arial, Helvetica) to achieve the best possible reading speed.
 - ☐ Use at least 12-point font (e.g., typeface) on all pages for body content.
 - ☐ Use noticeably larger fonts for headings (between 18-point and 24-point).

Website Content

- ☐ **Anticipate and answer users’ questions.** Marketplace consumers have many questions that they want the website to answer. The website content should address consumers’ questions, such as:
 - ☐ How can I get help paying for my health insurance?
 - ☐ What health plans are available to me?
 - ☐ How should I choose a health plan?
 - ☐ How do I apply?
 - ☐ When are the deadlines for applying?
 - ☐ Where can I get help if I have questions?
 - ☐ Are answers to these questions available in a Frequently Asked Questions page?
- ☐ **Make sure that all content is as clear and concise as possible.** Clear and concise content helps consumers understand the information and keeps Web pages short, which enables consumers to see more of the page without having to scroll. The use of plain language can help your Marketplace communicate complex information to consumers. For example:
 - ☐ Avoid the use of jargon.
 - ☐ Define new or technical terms on the page in which they are used, and use simple and common words and examples (e.g., “monthly payment” instead of “premium”).
 - ☐ Check out additional guidance on using plain language in [Strategy 5, Use plain language](#).

^{xxviii} For an example of breadcrumb navigation, please see <http://www.usability.gov/get-involved/blog/2006/11/breadcrumb-navigation.html>.

Sources:

U.S. Department of Health and Human Services and General Services Administration. *Research-based Web design & usability guidelines* (p. 23).

Retrieved from <http://guidelines.usability.gov/>

HHS and GSA. *Research-based Web design*, pp. 20, 62, 74.

HHS and GSA. *Research-based Web design*, p. 58.

HHS and GSA. *Research-based Web design*, p. 182.

Gube, J. (2011, September 12). 7 best practices for improving your website's usability. Retrieved from <http://mashable.com/2011/09/12/website-usability-tips/> [The information in this resource is based on research findings and suggestions by well-regarded usability experts such as [Jakob Nielsen](#).]

HHS and GSA. *Research-based Web design*, p. 107.

Chisnell, D., & Redish, J. (2005). *Designing web sites for older adults: Expert review of usability for older adults at 50 web sites*. AARP. Retrieved from <http://assets.aarp.org/www.aarp.org/articles/research/oww/AARP-50Sites.pdf>

Resource E.2: Examples of Key Performance Indicators for Call Centers

Indicator	Definition	Significance	What Impacts Score
Accessibility			
Blockage	Percent of callers who receive a busy signal and could not get into the queue because of an insufficient number of lines	A measure of call center accessibility. High blockage can reduce the number of customers who are able to access help and frustrate customers who are forced to retry the call.	<ul style="list-style-type: none"> ▪ Having proper number of incoming telephone lines* ▪ Adequate staffing ▪ Delays in queue
Call Abandonment Rate	Percent of callers who hang up or disconnect prior to answer	A measure of call center accessibility. Abandoned calls can lead to customer dissatisfaction, lower percentage of first call resolution, and lost enrollments.	<ul style="list-style-type: none"> ▪ Average wait time in queue ▪ Caller tolerance/expectations ▪ Time of day ▪ Availability of other services
Speed of Service			
Service Level	Percent of calls answered by an agent within a certain wait threshold (e.g., 80 percent of calls answered in 30 seconds or less)	Goal for the call center. Drives calculations for staffing. Should analyze abandoned calls to determine how long callers are willing to wait before setting this performance indicator goal.	<ul style="list-style-type: none"> ▪ Scheduling matches call volume ▪ Agents able to take calls when scheduled
Average Speed of Answer	Average time calls are in queue before connecting with an agent during a certain time period	Call center-level performance indicator. Should ideally be calculated in hourly or half-hourly periods throughout the day, rather than for the day as a whole.	<ul style="list-style-type: none"> ▪ Scheduling matches call volume ▪ Agents able to take calls when scheduled
Number of Calls Waiting (in queue)	Number of callers currently waiting to speak to an agent	Tracked on an ongoing basis during operating hours. Can indicate problems with scheduling or agent availability if too high or low.	<ul style="list-style-type: none"> ▪ Scheduling matches call volume ▪ Agents able to take calls when scheduled
Quality			
Communication Skills	Assessment of the quality of the communication; adapting to caller's tone and pace; projecting a positive, professional image; responsive to upset callers; and understand caller's need and appropriate response to need	Communication skills affect customer satisfaction and contribute to the Marketplace's overall image.	<ul style="list-style-type: none"> ▪ Recruiting and hiring qualified agents ▪ Offering training and professional development opportunities ▪ Well-defined expectations, including examples of positive and negative behaviors
First-Call Resolution Rate	Percentage of calls that have satisfactory resolution within a single contact	Gauges the ability of the center and agent to resolve the call in a single contact, without a transfer or an additional call, meaning higher efficiency and better service. Typically tracked by type of call.	<ul style="list-style-type: none"> ▪ Routing to the right agent ▪ Agent access to systems and information ▪ Agent training and experience

Indicator	Definition	Significance	What Impacts Score
Efficiency			
Average Handle Time (AHT)	Average time an agent spends on a call, including talking and after-call work	Measures call center and agent performance. Used when determining staffing requirements. Will vary by call content, but should fall within an acceptable range. Overemphasizing short AHT can reduce the quality of interaction.	<ul style="list-style-type: none"> Call content Time of day Day of week Ability of agents to handle calls within an acceptable length of time
Workforce			
Staff Turnover	Percent of call center staff who leave the job within a defined time period	Hiring and training new staff increases operational costs and lowers the average level of experience among staff.	<ul style="list-style-type: none"> Staff satisfaction
Agent Occupancy	Percent of time an agent is busy in talk or wrap-up time from a call	Higher agent occupancy rates are more efficient, but too high can result in poor call handling behaviors and increased turnover.	<ul style="list-style-type: none"> Number of staff Logged time on calls Call complexity
Staff Satisfaction	Level of employee satisfaction	Staff satisfaction can provide insights into staff turnover rates and may affect service quality, customer satisfaction, and operational efficiency.	<ul style="list-style-type: none"> Compensation and benefits Employee control over their work Satisfaction with the work itself Schedules and flexibility in scheduling Availability of training and development Perception of performance metrics Physical work environment Support and communication between staff and management Attitudes about company

* Notes: Ideal number of lines can be calculated using an Erlang technique as noted in [resource E.3](#), *Key Steps to Call Center Workforce Management Planning*.

Sources:

Marr, B., & Neely, A. (2004). *Managing for value: The case of call centre performance*. Cranfield University School of Management & Fujitsu Services.

Retrieved from <https://dspace.lib.cranfield.ac.uk/bitstream/1826/1221/1/callcentreperformance.pdf>

North American Quitline Consortium (NAQC). (2010). *Call center metrics: Best practices in performance measurement and management to maximize quitline efficiency* (NAQC Issue Paper). Retrieved from

http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/issue_papers/callcentermetricspaperbestpr.pdf

North American Quitline Consortium (NAQC). (2010). *Call center metrics: Fundamentals of call center staffing and technologies* (NAQC Issue Paper).

Retrieved from http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/issue_papers/callcentermetricspaperstaffi.pdf

Society for Human Resource Management (SHRM). (May 2014). *Employee job satisfaction and engagement: The road to economic recovery*. Retrieved from http://www.shrm.org/Research/SurveyFindings/Documents/14-0028%20JobSatEngage_Report_FULL_FNL.pdf

Resource E.3: Key Steps to Call Center Workforce Management Planning

- **Step 1—Forecast call volume (or “traffic load”) for 15- to 30-minute intervals.**
 - Access detailed historical call data, including the number of calls and handle times.
 - Account for correlating events that affect call volume, such as holidays, deadlines, and marketing efforts.
 - Account for staff absences, which impact the call center’s ability to respond to calls.
 - Use automated workforce management system tools that combine these historical data with correlating events to establish trends and more accurately predict future call volume.
- **Step 2—Determine staffing levels for each interval (number and types of agents).**
 - Calculate the number of staff needed. Calculators use the number of calls coming in per minute, the average handle time, and the average wait time. Tools such as Erlang calculators can be accessed online. See <http://www.erlang.com/calculator/> and <http://www.gerkooole.com/CCO/>.
 - Match agent skills and availability with each 15–30 minute interval.
 - Plan for available space and technology infrastructure.
 - Plan for backup, if needed.
 - Consider available budget.
- **Step 3—Schedule call center agents.**
 - Use automated systems to match call center agents based on their preferences.
- **Step 4—Monitor and manage performance** in real time, as needs fluctuate.
 - During slow times, reassign agents to other tasks, such as handling email communication.
 - Supplement agents who are absent or when there are unpredicted high call volumes.
- **Step 5—Evaluate strategy** by asking questions such as:
 - Is software functionality adequate?
 - Is the software being used appropriately?
 - Were shifts covered?
 - Were performance measures met?
 - Are there any interesting trends in call volume data?
 - Which agents excelled in both efficiency and service quality? Can their actions be duplicated?
 - What new and re-occurring issues came up for agents?
 - Is additional information or agent training needed?

Sources:

North American Quitline Consortium (NAQC). (2010). *Call center metrics: Fundamentals of call center staffing and technologies* (NAQC Issue Paper). Retrieved from http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/issue_papers/calcentermetricspaperstaffi.pdf

Pipkins. (2011). *Accurate forecasting: The heart of call center success* (White paper). Retrieved from <http://www.pipkins.com/siteassets/pdf/pipkins-accurateforecasting-whitepaper.pdf>

Resource E.4: Screenshots of the Kentucky Marketplace's Knowledge Sharing Tool

This tool was developed exclusively for kynect enrollment exceptions to track issues in conjunction with the client relationship manager functionality. Users of the tool include staff of the Kentucky Office of Health Benefit Exchange and Health Information Exchange, including Issuer Liaison Office, call center, and issuers. [Figure E.4.1](#), [figure E.4.2](#), [figure E.4.3](#), [figure E.4.4](#), and [figure E.4.5](#) show screenshots to illustrate this tool's features.

Where Users May Enter Case Characteristics Related to Enrollment Issues (Screenshot 1 of 2) (Figure E.4.1)



The screenshot shows a web form titled "KHBE HIO Tier3 [redacted]: New Item". At the top, there is a dropdown menu showing "This List: HIO Tier3 Humana" and a search icon. Below this, there are links for "Attach File" and "Spelling...". A note on the right states "* indicates a required field". The form contains several fields: "Plan Year" (2015), "Approved?" (dropdown), "Update Type" (dropdown), "Date Requested" (calendar icon), "Case#" (text input with a note "Must be a 9-digit number."), "HIO Tier3 Case Status" (dropdown), "Individual" (text input with a note "Individual ID"), "Current Beg/End/APTC" (calendar icon), "Requested Begin/End/APTC" (calendar icon with a note "Requested Begin/End/APTC Date"), "APTC Request" (text input with a note "If APTC, APTC Amount requested"), and "Plan ID" (text input).

Where Users May Enter Case Characteristics Related to Enrollment Issues (Screenshot 2 of 2) (Figure E.4.2)



Plan ID	<input type="text"/>
Enroll ID	<input type="text"/>
	Enrollment ID
Application Dt	<input type="text"/>

Issuer	<input type="text"/>
Requested By	<input type="text"/>
Request Type *	<input type="text"/>
Priority	<input type="text"/>
Data fix logged	<input type="text"/>
Data Fix #	<input type="text"/>
Data fix deploy	<input type="text"/>
	Date data fix deployed
Tran Sent	<input type="text"/>
	Date Transaction Sent to Issuer
Issuer Corrected	<input type="text"/>
	Date this was corrected in Issuer's system
Sent Issuer	<input type="text"/>

Request Reason *	<input type="text"/>
CRM#	<input type="text"/>
	Must be in the format [#####-#####]
Subscriber ID	<input type="text"/>
KHBE Owner	<input type="text"/>

Instructions *	<div><div></div></div>
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Where Users Can Review Activities Related to a Case/Issue (Figure E.4.3)

KHBE HIO TIER 3 REQUESTS

All Issuers EXCEPT for [REDACTED]

For Executive Approval
My Cases
Search By Status
Search All Items
ILO Search All Items
Open Items excluding 1095s
Closed Items
1095s

Search All Issuer cases [REDACTED] by entering Case# below

Enter Case Number

Search Results - All Issuers other than KYHC, Anthem and Humana

<input type="checkbox"/>	Edit	Plan Year	ID	Approved?	Update Type	Case#	HIO Tier3 Case Status	Individual	Subscriber ID	Plan ID	Enroll ID	Data Fix#
<input type="checkbox"/>			78	Yes	Term Change	[REDACTED]	Pending Issuer Review	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/>			105	Yes	Effect Change	[REDACTED]	Pending Issuer Review	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/>		2014	112	Yes	834 Request	[REDACTED]	2nd review by issuer	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



Where Users Can Search for a Particular Item by Status of Case (Figure E.4.4)

HIO Tier3 Cases - All Issuers - 1095s - Windows Internet Explorer

File Edit View Favorites Tools Help

Site Actions - [REDACTED] - [REDACTED]

KHBE - HIO Tier3 Cases - All Issuers - 1095s

Search By Status
delete [REDACTED] and then [REDACTED]
Max Update of Data/Fixes for clean only
Mass Update for [REDACTED]
1095s
All Issuer Cases for Backups
[REDACTED] new
Closed Items
ILO Search
My Cases
Open Items excluding 1095s
Pending ODHRE Executive Approval
Search ALL
Modify this View
[REDACTED] new

Client Support
Federal Interaction
Federal Calendar
Milestone Tracker
Status Reports
Testing Documents
Other Artifacts

Financials
APDs, PDAs & Grants
Budgets
Contracts and Payments
eTime Reports
Facilities Information
Federal Requests
Cross-Project Invoices
Material PDs
Staffing Information

Program Support
CONTACT CENTER
PMB

This List: HIO Tier3 Case

HIO Tier3 Case Status	Individual	Subscriber ID	Cur Beg/End/APTC	Req Begin/End/APTC	APTC Re
15 Closed	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Closed	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Where Users Can View the Status of Cases Sorted by the Status Categories (Figure E.4.5)



<input type="checkbox"/>	Edit	Plan Year	ID	Approved?	Update Type	Case#	HIO Tier3 Case Status	Individual	Subscriber ID	Plan ID	Enroll ID	Request Type	Data Fix#	CRM#
							HIO Tier3 Case Status : 2nd review by issuer (1)							
							HIO Tier3 Case Status : Closed (66)							
							HIO Tier3 Case Status : Deny Duplicate (3)							
							HIO Tier3 Case Status : Pending 834 research by ILO (8)							
							HIO Tier3 Case Status : Pending Issuer Review (107)							
							HIO Tier3 Case Status : Pending Issuer update (59)							
							HIO Tier3 Case Status : Pending OKHBE Executive Approval (9)							
							HIO Tier3 Case Status : Pending System Updates (7)							
							HIO Tier3 Case Status : Pending Tier 2 Review (24)							
							HIO Tier3 Case Status : Primary Subscriber Change (9)							
							HIO Tier3 Case Status : Traditional Data fix required (1)							
							Add new item							

Resource E.5: Vermont Health Connect Plain Language Style Guide

Who We Are

Vermont Health Connect offers a new way to choose a health plan that fits your needs and your budget. Both private and public plans are available and we have all the information you need to find the plan that's right for you – all in one place.

All of the plans offered through Vermont Health Connect offer the same quality benefits like doctor visits, hospital stays, preventive care, and prescription coverage – so there's no guesswork about what's covered. Depending on how much you earn, you might qualify for a free or reduced -cost health plan. Or you may get financial help to lower your monthly premium costs or what you pay when you go to the doctor.

We know that finding the right health plan can be a challenge. That's why we're offering help at every step of the way –online at VermontHealthConnect.gov, by phone at 1-855-899-9600 (toll-free), or in-person.

We have hundreds of trained and certified Vermont Health Connect assisters across Vermont, ready to help.

Vermont Health Connect is administered by the Department of Vermont Health Access, part of the State of Vermont's Agency of Human Services.

Individuals and families can benefit from Vermont Health Connect health plans. During the first open enrollment period, this included tens of thousands of Vermonters who:

- Did not previously have health insurance;
- Previously purchased insurance for themselves (not through their job);
- Had Medicaid or Dr. Dynasaur;
- Previously had Catamount or Vermont Health Access Program;
- Were offered unaffordable coverage by their employers;
- Worked for small businesses that directly enrolled with insurance carriers into Vermont Health Connect health plans.

In one paragraph:

“Vermont Health Connect is a new way to find health insurance plans that fit their needs and their budgets. Both private and public plans are available with a simple, clear list of services. There’s no guesswork about what’s covered. Many Vermonters qualify for financial help to lower their costs, so anyone can find health coverage that’s right for them.

Learn more at www.VermontHealthConnect.gov or call 855-899-9600 (toll-free).

In 100 words or less:

“Vermont Health Connect is here for individuals, families, and employers.”

Vermont Health Connect is a new way for individuals without employer coverage and businesses to find health insurance plans that fit their needs and their budget.

Vermonters can:

1. Make side-by-side comparisons of health insurance plans;
2. Get financial help to pay for coverage;
3. Sign up for a health plan.

Help is available every step of the way – online, by phone, and in-person.

- Online – www.VermontHealthConnect.gov; Phone – 855-899-9600 (toll-free)
- In-person – Use the website or call the customer support center to find a Navigator or Assister near you.

Additional tools and resources are available specifically for small businesses and can be accessed at www.VermontHealthConnect.gov or by calling 855-499-9800 (toll-free).”

Who We Serve

Vermont is a vast and diverse state, and Vermont Health Connect has the pleasure of serving all Vermonters. Our audience includes everyone from recent high school graduates to UVM professors, from seventh generation Vermonters to New Americans learning English as a second or third language, from adults nearing retirement to young parents.

Notably, our audience ranges from higher to lower literacy readers. Our materials are designed for the full spectrum of Vermonters we serve. Therefore, we are comprehensive and inclusive with all our materials. While higher literacy readers understand most of the topics and terms we use internally on a daily basis, lower literacy readers may struggle in understanding certain concepts, using certain websites, or in computing and solving problems necessary to choose the right health plan for them. We recognize the wide array of life experiences that Vermonters represent, and that some will be more interested or equipped than others in investing their energies in learning about their options. We keep everyone in mind, including the adjunct professors, ski bums, New Americans, artists, business owners, chefs, two-job balancers, farmers, builders, inventors and the many others who make our communities great.

It’s important to understand how these individuals behave before we can offer the right written guidance and instruction. The following are just a few important behavioral characteristics of lower literacy readers that we keep in mind as we write to this audience.

Lower literacy readers:

- Take messages literally and think in concrete terms.
- Read word-for-word and top-to-bottom without skimming.

- Accept information as “good enough” because additional research requires more time, reading, and learning – which is exhausting when topics are new.
- Retain less information in their memory.

What We Offer

All Vermont Health Connect plans cover the same set of Essential Health Benefits. The difference in the plans is how you pay for those benefits. With a platinum plan, you pay the highest premium each month but you pay less when you actually use services. With a bronze plan, you pay less each month but you pay more for the services that you use. Before selecting a health plan, be sure to compare the monthly premiums and out-of-pocket costs for prescription drugs and medical services. You can also find out if you qualify for financial help to lower your monthly premium and out-of-pocket costs before you sign up, by visiting www.VermontHealthConnect.gov and trying out our 2015 subsidy estimator. If you want more help, trained and certified Assistors are available throughout the state. You can find someone near you by visiting our website at www.VermontHealthConnect.gov.

Our Voice

Can a brochure, a website, or an email message make the reader feel relaxed, guided, and confident? We think so.

Our voice is accessible and conversational, goal-oriented, and educational. We offer the compassion of a nurse, the knowledge of a teacher, and the integrity of an old friend. We make health insurance easier to understand by making a complex topic more approachable and simple so Vermonters can make better, more informed choices about their health coverage.

We're accessible and conversational.

Who said health insurance had to be dry and boring? We make it simple and straightforward to ensure the best possible outcome for all Vermonters, for health insurers, for Vermont employers, and for all Vermont Health Connect employees.

Keep sentences short. Make passages interesting by varying sentence length. Sentences should be approximately 10-15 words each.

Use active voice. Be clear and precise. Let your subject perform the action. Keep your subject and verb at the beginning of each sentence and as close together as possible.

For example:

Passive Voice: This question was skipped by nearly half of the applicants.

Active Voice: Nearly half of the applicants skipped this question.

Use contractions. Have a conversation with the reader by using contractions when appropriate and natural within that dialog.

Write in the present tense. Speak directly to the reader (“you”) in present tense. When content is written in present tense, the message is clear and readers don’t have to work hard to understand the point that is being made.

For example:

Don't write: The following section describes examples of documentation that would satisfy application requirements for citizenship verification.

Instead write: The next section tells you how to meet the citizenship verification requirement.

Use simple words with few syllables. Write using common and familiar words, preferably with the fewest syllables possible. Be mindful that readers may take messages literally, and write in a concrete as opposed to abstract manner.

Avoid or simplify abbreviations. Spell terms instead of using abbreviations unless the abbreviation is obvious and likely understood by your lowest literacy reader. Well-known abbreviations include IRS and ATM. Also, consider simplified alternatives when possible.

For example, use “Affordable Care Act” instead of “ACA”, and then consider using the simplified alternative “The Act.”

When abbreviations are unavoidable, define the full term on first use.

Don't use advanced symbols or shortcuts. Instead of “i.e.” or “e.g.”, write “that is” and “for example”. Instead of “and/or”, choose “and” or “or”.

Include our URL and phone number on all written collateral. Our URL should be listed as: “VermontHealthConnect.gov”. Our phone number should be listed as: “855-899-9600 (toll-free)”.

We're goal-oriented.

Vermonters visit Vermont Health Connect for a reason, and it's our job to help them move from Point A to Point B as quickly and effortlessly as possible.

Write at a sixth- to seventh-grade reading level.

Ideally, a middle school student should be able to understand your text. Microsoft Word has a tool to check reading grade level: Go to File → Options → Proofing and then select the check box next to “show readability statistics.” Then go to the Review tab and select “Spelling & Grammar.” The reading grade level and other readability statistics will be displayed when spellcheck is complete.

Provide easy step-by-step instructions when explaining processes. Also, let users know where they are in that process and how many more steps are needed to complete their task.

Use the word "must" to describe required actions.

For example:

Do not write: Individuals who wish to acquire health insurance through Vermont Health Connect shall file an application.

Instead write: You must file an application to acquire health insurance through Vermont Health Connect.

Write in a focused, unified, and goal-oriented fashion. Don't distract readers with unnecessary information or fluff.

Use short, common words whenever possible, and give clear explanations and basic definitions when complex words are required. Don't cross-reference or link to other pages to define terms or answer questions, as this would frustrate readers who are new to the topic.

Give users all of the basic information they'll need on one single page to successfully complete their task.

Use the most accurate and specific phrase from all possible options to eliminate confusion.

For example:

Do not write: "Advance to the next page."

Instead write: "Click the 'next' button to continue."

and

Do not write: "Limit your fat intake."

Instead write: "Limit the amount of fat you eat to just 30 percent of your daily calories."

Keep it short and simple. Choose words wisely because our audience has a lot to think about and little time to read and digest the information we offer.

Make our point known and provide a call-to-action. Want people to come to an event? Say: "Join Us at an Event!" Want people to make an appointment? Say: "Make an Appointment to Get Health Insurance!" You get the picture.

We're educational.

Vermonters rely on Vermont Health Connect to help them understand health insurance options and make more informed decisions. We simplify complex concepts and processes, using language anyone can understand.

We understand our audience. Finding health insurance through the marketplace is new and different, so it can be challenging. Put yourself in your audience's shoes, think about their motivations, and consider how they might like to get help. And remember, you're not your audience. Don't write for yourself, write for them.

We avoid acronyms, legalese, and technical jargon. When no alternatives are available, we take the opportunity to teach readers by defining terms or concepts in plain English.

Do not write: "In addition to monthly premiums, you will be expected to pay an annual deductible."

Instead write: "Every year, you pay for your health care services until those services reach a certain amount of money, called a 'deductible'. Once you've satisfied your deductible, your health insurance company begins to pay for your care. For example, if you have a \$2,000 deductible, you'll pay the first \$2,000 of your health care services and your health insurance company will pay the rest."

So your total cost includes both your monthly payments, or premiums, and your annual deductible."

We provide examples to illustrate complex concepts.

We repeat new and important concepts. Once we've explained a new idea, we help readers better understand and retain that information by putting it into context and allowing the reader enough time to absorb the information they've just received. While we don't want to overwhelm readers with too much text, we might also summarize and reiterate the most important points.

In Brief

The following brief provides a quick and easy way for you to describe Vermont Health Connect and its benefits.

“Vermont Health Connect offers a new way to choose a health plan that fits your needs and your budget. At VermontHealthConnect.gov, you can make side-by-side comparisons of your health coverage options. Both private and public plans are available through Vermont Health Connect. You have all the information you need to find the plan that's right for you – all in one place.

All of the plans on Vermont Health Connect offer the same quality benefits like doctor visits, hospital stays, preventive care, and prescription coverage – so there's no guesswork about what's covered. Depending on how much you earn, you might qualify for a low-cost or free health plan. Financial help may be available to lower your monthly premiums or what you pay when you go to the doctor. In fact, many Vermonters are getting financial help to lower their costs, either through their job or through a tax credit, so it's worth checking out.

We know that finding the right health plan can be a challenge. That's why we're offering help at every step of the way. If you have questions about health plans or need help enrolling, we have experts on hand to help – online, by phone, or in-person.

Check out VermontHealthConnect.gov or call toll-free 855-899-9600 today to learn more. You've got nothing to lose and plenty to gain.”

Core Supporting Points

The following sections provide additional information about Vermont Health Connect's benefits.

Health Insurance

Accidents happen. A quality health plan can help you get the health care you need and protect you from huge medical bills.

Without health insurance, everything from simple procedures to unplanned emergencies can be extremely expensive. A broken arm can cost you more than \$7,500. A three-day hospital stay can cost more than \$30,000.

Health insurance helps you be healthy and stay healthy while protecting your wallet and allowing you to enjoy the peace of mind that comes with knowing you're protected.

With Vermont Health Connect plans, preventive services are covered at no cost. This helps you detect health conditions early, recover quickly, and live a longer, healthier life.

Most Americans who do not have health insurance will have to pay a federal fee when they file their tax return.

All Vermont Health Connect plans meet new standards and offer a comprehensive set of benefits to make sure that you can get the medical care you need, when you need it.

Vermont Health Connect

Vermont Health Connect's mission is to provide Vermonters with the knowledge and tools they need to compare and choose a high-quality, affordable health plan.

Vermont Health Connect is here to help – online, by phone, and in person.

You can call the Customer Support Center during the day, evening or over the weekend to ask questions and get help enrolling. Call Vermont Health Connect toll-free at 1-855-899-9600, Monday-Friday 8 am - 8 pm and Saturdays 8 am – 1 pm.

Navigators are trained and certified professionals who can help you find a health plan that meets your needs and budget and, if you qualify, get financial help to lower your costs. Navigators are available in every community in the state. Call or visit the website to find one near you.

Vermont Health Connect is also supported by a statewide network of trained, certified brokers who can answer your questions in person.

Most people who sign up through Vermont Health Connect qualify for financial help to make health insurance more affordable. There's nothing to lose and plenty to gain – visit Vermont Health Connect online, by phone or with the help of a Navigator to learn more.

You should call to report any changes in your family or income as soon as they happen. A wedding, birth, or move are just a few of the changes that can affect the amount of financial help you get and what you pay at tax time.

Open Enrollment

Health insurance protects not only your physical health, but your financial health and peace of mind. Open Enrollment is the time to sign up for health insurance through Vermont Health Connect. If you don't have health insurance in 2015, you may have to pay a fee.

The Open Enrollment period runs from November 15, 2014 to February 15, 2015.

Open Enrollment is the time to enroll in a plan for the first time or make changes to your existing plan. If you're already covered, you don't have to contact Vermont Health Connect to stay covered.

Open enrollment ends February 15 – make sure to sign up for a health plan before it's over.

Visit Vermont Health Connect online, by phone or with the help of a Navigator or broker to learn more.

Renewals

If you're happy with your current plan and don't have any changes to report, you do not need to contact Vermont Health Connect to stay covered.

If you want to change your health plan for 2015, Open Enrollment is the time to do it. Just submit a Change Request Form, which you can find online or in your mailed notice, or call Vermont Health Connect toll-free at 1-855-899-9600.

If you have insurance through Blue Cross Blue Shield of Vermont or MVP, they will send you a letter with information about your current plan to help you decide if you want to make any changes.

If you are getting financial help to lower the cost of your health plan, this will continue in 2015, unless certain circumstances have changed.

If you have a Medicaid plan you will generally be asked to review your information once per year. You will get a letter when it is time for you to update your information. If you have questions call Green Mountain Care directly at 1-800-250-8427 (toll-free).

If you enrolled your children in Dr. Dynasaur through Vermont Health Connect, their plan will be renewed during Open Enrollment. If you have questions, call Green Mountain Care directly at 1-800-250-8427 (toll-free).

Customers can change their Blue Cross Blue Shield of Vermont or MVP plan until the end of Open Enrollment – February 15, 2015.

If you want a different plan to start on January 1, 2015, you should let Vermont Health Connect know as soon as possible but no later than December 15, 2014.

Report any changes in your income or family makeup by calling Vermont Health Connect toll-free at 1-855-899-9600. Changes can affect the amount of financial help you get to reduce the cost of your health plan.

Our Format

How we write titles.

We write titles that are concise. They provide a quick at-a-glance synopsis of the message presented in the material.

We write titles that grab reader attention but avoid hype.

We write titles that are specific and purposeful, avoiding ambiguity or potential misunderstanding.

We write titles that are informative and actionable, so readers know what to do with the materials they're given.

We write titles in plain and simple English, avoiding acronyms and industry jargon.

How we write paragraphs.

We write with brevity. Paragraphs are short and accessible, inviting readers onto each page and providing white space for natural visual breaks. As a guideline, paragraphs can range from one sentence to as many as three to eight.

We cover just one topic per paragraph, making information easier to skim and digest.

We use clear topic sentences. The first sentence in each paragraph tells the reader what the paragraph is about.

We connect and contrast with transition words. Topics and paragraphs flow smoothly with the use of transition words like “therefore”, “in conclusion”, and “for example” along with sequence words.

We use quotes around web button and page names.

Example: Click the “Next” button to continue.

Example: Visit your “My Account” page and click “My Messages” on the left-hand side of your screen to read your Change of Circumstances Confirmation.

We spell numbers one through nine and use figures for 10 and higher.

Example: You must choose one answer.

Example: Assistors are available in each of Vermont’s 14 counties.

The exception to this rule applies when two variants are combined in the same sentence, in which case we use only figures.

Example: There are 32 Assistors in the 3 surrounding towns.

We include all forms of contact available. This includes online, phone, and in-person Assister.

We never write in a manner that could be perceived as disingenuous marketing. For example: “Health insurance is just a click away!”

Our Terminology Standards

At Vermont Health Connect, we’re health insurance experts. But we weren’t always. All of the jargon, acronyms, and terminology we use on a daily basis were once new and unfamiliar.

Many of our customers are learning health insurance topics for the first time. When any subject is new, one naturally reads a little slower. They also stop to get definitions from time to time. All of this requires a great deal of effort and energy on the part of our readers.

For someone already new to terms and processes, synonyms add an extra layer of unnecessary complexity. For example, the use of “drug” and “medication” interchangeably will slow and confuse some readers.

At Vermont Health Connect, we aim to make reading materials as simple, straightforward, and easy-to-read as possible for all audiences. That’s why we keep our writing clear, and we never leave readers wondering if one term has the same meaning as another.

Our Vocabulary

We’ve heard from Vermonters across the state that they want information that’s clear and straight-to-the-point. Below are some language tips to help you communicate important aspects of Vermont Health Connect.

“Vermont Health Connect”	Using the name often and consistently will help introduce it. Vermonters don’t associate “exchange” with health insurance – it sounds like it is part of the stock market. When necessary, use “marketplace” or the “state’s health insurance marketplace” to align with the federal terminology. Don’t say “the Vermont Health Connect.”
“Side-by-side comparisons”	Vermonters are particularly drawn to this feature of Vermont Health Connect.
“Fits your needs and budget”	This phrase helps address the affordability of coverage without being relative to what someone might consider affordable.
“Public and private plans are available”	Because so many Vermonters are already familiar with many of the state’s public health programs, they want assurance that these programs will be available – alongside private plans from carriers they are familiar with – to know that Vermont Health Connect is the one place to find coverage.
“...doctor visits, hospital stays, preventive care, and prescription coverage ”	Detailing the services and benefits that will be covered by all plans is one of the most effective ways to convey quality.
“Financial help”	This is the simplest way to describe the various ways someone might get support paying for their care. Use “financial help” to describe tax credits, cost-sharing reductions and Medicaid in general.
“Under the new health care law, almost all of us need health insurance in 2015.”	It is helpful to remind Vermonters of the requirement to have health insurance starting in 2015.
Avoid “one click away” and “from the comfort of your own home”	These phrases sound “salesy.” Vermonters want to hear the facts and straightforward information.
“Customers”	Use “Customers” Do not use “Clients” or “Beneficiaries”
“Customer Service	Use “Customer Service” Do not use “Customer Support”, “Customer Service Center”, “Customer Service Team”, “Customer Support Center”, or other variants.
“One-stop-shop”	Use one-stop-shop to describe all of the activities that one can do “at” the marketplace.
“Sign-in”	Use “Sign-in” Do not use “Login”, “Sign on”, or other variants.

Our Copy Review and Approval Process

Our copy review and approval process is as follows:

1. Send all Vermont Health Connect related materials to Ellen at Ellen.Cairns@state.vt.us.
2. Ellen will provide feedback within five business days of receipt. Expedited review may be provided upon request.
3. When you send items in for review, include the audience for each material and where/how the material(s) will be used. A couple of sentences total on this is plenty.
4. Send Ellen a final copy of all reviewed materials.

The logo should look like any one of the figures below.



COLOR PALETTE

One of the most powerful ways to help build consistency in the Vermont Health Connect identity is through color. With only a glance, a limited and unified color palette helps audiences recognize Vermont Health Connect materials. The distinctive color palette shown here will bring integration and unity to all of Vermont Health Connect communications.

The primary palette is recommended for use on all materials. The secondary colors provide flexibility to the system and should be used to complement the primary palette. A complete breakdown of the primary palette is below. The secondary palette is to the right.

PRIMARY PALETTE

Pantone	Four-color Process	Powerpoint/Web	Hexadecimal
PMS 624 C/U	C47 M6 Y28 K18	R124 G162 B149	#7CA295
PMS 3302 C/U	C94 M16 Y48 K65	R0 G77 B70	#004D46

TYPOGRAPHY

When creating collateral materials, the typeface Avenir should be used for headlines and body copy. Arial can be used for Microsoft applications and the web when Avenir is unavailable.

Avenir

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz0123456789

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz0123456789

Arial

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz0123456789

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz0123456789

SECONDARY PALETTE



C48 M3 Y94 K0
R147 G187 B73
HEX 93BB49
PMS 377 C



C0 M50 Y100 K0
R247 G148 B29
HEX F7941D
PMS 158 C



C30 M53 Y7 K0
R180 G133 B177
HEX B485B1
PMS 521 C



C58 M13 Y16 K0
R103 G179 B202
HEX 67B3CA
PMS 7458 C

Resource E.6: Plain Language Technique: The Teach-Back Method

- **What is the teach-back method?** Also known as “show me” or “closing the loop,” the teach-back method helps confirm that consumers understand the information and instructions you explain to them. Rather than asking “Do you understand?” or “Do you have any questions?” you ask consumers to explain the information to you in their own words, or teach back the information to you. Teach-back is a way to check that you explained something in an understandable way; it’s not a “test” of consumers to see if they understand.
- **When should Marketplaces use the teach-back technique?** Marketplace staff and contractors can use the teach-back method to confirm that consumers understand new or complex information, such as filing an appeal, health plan features, and cost-sharing terms. For example, you can say, “I want to be sure that I explained the differences between a co-payment and co-insurance. In your own words, can you tell me the differences between the two types of out-of-pocket costs?” You don’t need to use the teach-back method during every consumer encounter. It is most useful for lengthy, complicated topics with a high likelihood of significant confusion.
- **How can Marketplace staff use the teach-back method?** The teach-back method is a three-step process that typically involves the “chunk & check” strategy to confirm understanding.
 - **Step 1: Explain—give the consumer information in chunks.** Provide consumers with information one “chunk” at a time in plain language, with as few complex or technical terms as possible. Don’t overwhelm consumers with too much information; explain only the essential information needed.
 - **Step 2: Check—ask consumers to explain back, in their own words, what you explained to them.** The following are examples of what you can say to check whether consumers understand the information:
 - “When you go home, what will you tell (your wife, brother, son, or someone else) about what we just discussed?”
 - “I want to be sure I explained your out-of-pocket costs clearly. Can you please explain it back to me so I can be sure I did?”
 - “We’ve gone over a lot of information about plan features. In your own words, tell me what we talked about and how you will use the information to choose a plan.”
 - **Step 3: Re-explain if needed** (or share new information).
 - If the consumer can teach back what you have explained so far, you can provide more information (step 1), using the chunk & check strategy.
 - If the consumer does not understand something, ask yourself why, and then re-explain the information in a different way. For example, you can ask yourself:
 - ♦ Did I use too many technical terms or jargon?
 - ♦ Did I provide too much information?
 - ♦ Did I provide too much detail—more than the consumer needs to know?
 - ♦ Did I assume that the consumer understood information provided during previous calls/visits that this new information builds on?

Use the teach-back method until the consumer understands the information. Although the teach-back method initially may take a little extra time, it does not take longer once it becomes part of your routine. Using the teach-back method also can save time in the long run, potentially reducing return calls or visits. By helping consumers understand new and complex health insurance information, the teach-back method can help them make a more informed choice about which health plan is best for them.

- **Teach-Back Tips**

- Develop a basic teach-back script that you can refer to when asking consumers to teach back information you've explained. Explain at the beginning of the call or visit that you will ask the consumer to take part by teaching back information you've explained. Ask consumers to let you know if they are confused or need you to slow down.
- Avoid asking close-ended questions that can be answered "yes" or "no." People may just answer "yes" for a variety of reasons, including embarrassment at not understanding something.
- Think of the teach-back method as a way to check how you are doing. When a consumer doesn't understand health insurance information you've explained, it's a signal that you need to say it a different way.
- Put yourself in the consumer's shoes. We can all think of a time when we were overwhelmed by something new and struggled to understand it.

Sources:

NC Program on Health Literacy. (n.d.). *Health Literacy Universal Precautions Toolkit*. Prepared for the Agency for Healthcare Research and Quality. Retrieved from http://www.nchealthliteracy.org/toolkit/toolkit_w_appendix.pdf

Osborne, H. (2000). In other words...Assessing readability...Rules for playing the numbers game. Retrieved from <http://www.healthliteracy.com/article.asp?PageID=3806>

University of Washington School of Nursing. (2011, October). *Teach-back and health literacy* [video presentation]. Retrieved from <http://uwcne.org/sites/uwnlive.dlcdev.com/files/users/9/11104-GR-02.pdf>

Leigh, E. (2009, April). Giving patients medical information: Tips to make it stick! Retrieved from <https://healthcarecommunication.wordpress.com/2009/04/05/hello-world/>

Leigh, E. (2014, June). Teach back as an effective patient education tool. Retrieved from <https://healthcarecommunication.wordpress.com/2014/06/26/teach-back-as-an-effective-patient-education-tool/>

Osborne, H. (n.d.). In other words...Confirming understanding with the teach-back technique. Retrieved from <http://www.healthliteracy.com/article.asp?PageID=6714>



Appendix F. References

References

- ¹ Institute for Healthcare Improvement. (n.d.). Science of improvement: Tips for setting aims. Retrieved from <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTipsforSettingAims.aspx>
- ² Centers for Disease Control and Prevention. (n.d.). *SMART objectives template*. Retrieved from http://www.cdc.gov/phcommunities/resourcekit/resources.html#smart_objectives
- ³ Taylor-Powell, E., & Steele, S. (1996). *Collecting evaluation data: Direct observation*. University of Wisconsin Cooperative Extension. Retrieved from <http://learningstore.uwex.edu/Assets/pdfs/G3658-05.pdf>
- ⁴ Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82.
- ⁵ American Institutes for Research. (2010). *How to get consumer feedback and input into websites*. Robert Wood Johnson Foundation. Retrieved from <http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2010/rwjf69322>
- ⁶ Nielsen, J., & Loranger, H. (2006). *Prioritizing Web usability*. Berkeley, CA: Nielsen Norman Group.
- ⁷ American Institutes for Research. (2014). *Expert website usability assessments of the State-Based Marketplace websites: Summary results and recommendations*. Retrieved from <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Expert-Website-Usability-Assessments-of-the-State-Based-Marketplace-Websites.pdf>
- ⁸ California Healthcare Foundation. (2014). *HealthCare.gov online user experiences*. Retrieved from <http://www.chcf.org/publications/2014/06/healthcaregov-online-user-experiences>
- ⁹ California Healthcare Foundation. (2014). *Assessing the Covered California online user experience*. Retrieved from <http://www.chcf.org/publications/2014/05/covered-california-online-user-experience>
- ¹⁰ Krug, S. (2006). *Don't make me think: A common sense approach to Web usability* (2nd ed.). Berkeley, CA: New Riders.
- ¹¹ Usability.gov. (n.d.). Usability evaluation basics. Retrieved from <http://www.usability.gov/what-and-why/usability-evaluation.html>
- ¹² Institute of Medicine. (2012). *Facilitating state health exchange communication through the use of health literate practices* (Workshop summary). Washington, DC: The National Academies Press. Retrieved from <http://www.iom.edu/Reports/2012/Facilitating-State-Health-Exchange-Communication-Through-the-Use-of-Health-Literate-Practices.aspx>
- ¹³ Eichner, J., Dullabh, P., & NORC at the University of Chicago. (2007). *Accessible health information technology (IT) for populations with limited literacy: A guide for developers and purchasers of health IT* (AHRQ Publication No. 08-0010-EF). Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from http://healthit.ahrq.gov/sites/default/files/docs/page/LiteracyGuide_0.pdf
- ¹⁴ Chisnell, D., & Redish, J. (2005). *Designing web sites for older adults: Expert review of usability for older adults at 50 web sites*. AARP. Retrieved from http://assets.aarp.org/www.aarp.org/_articles/research/oww/AARP-50Sites.pdf

- ¹⁵ Usability.gov. (n.d.). Heuristic evaluations and expert reviews. Retrieved from <http://www.usability.gov/how-to-and-tools/methods/heuristic-evaluation.html>
- ¹⁶ Bergstrom, J. R., & Schall, A. J. (2014). *Eye tracking in user experience design*. Waltham, MA: Morgan Kaufmann.
- ¹⁷ Aubrey, K. C. (2014). *Principles of usability testing*. RIVA Training Institute.
- ¹⁸ Pollitz, K., Tolbert, J., & Ma, R. (2014). *Survey of health insurance marketplace assister programs: A first look at consumer assistance under the Affordable Care Act*. Kaiser Family Foundation. Retrieved from <http://files.kff.org/attachment/survey-of-health-insurance-marketplace-assister-programs-report>
- ¹⁹ Evenson, A., Harker, P. T., & Frei, F. X. (1999). *Effective call center management: Evidence from financial services*. Philadelphia, PA: Financial Institutions Center, The Wharton School, University of Pennsylvania. Retrieved from http://hbswk.hbs.edu/pdf/20000111_1238effectivecallcenter.pdf
- ²⁰ Mazza, K., & McStay, S. (2013). *What should exchanges know about call centers: A guide for implementation* (Issue brief). Princeton, NJ: Robert Wood Johnson Foundation. Retrieved from <http://www.statetwork.org/wp-content/uploads/2014/02/State-Network-Wakely-What-Should-Exchanges-Know-About-Call-Centers-A-Guide-for-Implementation.pdf>
- ²¹ Doellgast, V. & Sezer, L. (2012). *Making the right call: Redesigning call centres from the bottom up*. UNI Global Union. Retrieved from http://www.academia.edu/1983924/Making_the_Right_Call_Reducing_Call_Centres_from_the_Bottom_Up
- ²² Cleveland, B. (2013). Expert angle: Five ways to get better scheduling results. Retrieved from <http://www.icmi.com/Resources/Workforce-Management/2013/04/Five-Ways-to-Get-Better-Scheduling-Results>
- ²³ Marr, B., & Neely, A. (2004). *Managing and measuring for value: The case of call centre performance*. Cranfield University School of Management & Fujitsu Services. Retrieved from <https://dspace.lib.cranfield.ac.uk/bitstream/1826/1221/1/callcentreperformance.pdf>
- ²⁴ Koole, G. (2013). *Call center optimization*. Amsterdam, Netherlands: MG Books.
- ²⁵ Arora, V., & Johnson, J. (2006). A model for building a standardized hand-off protocol. *Journal on Quality and Patient Safety*, 32(11), 646–655. <http://uthscsa.edu/gme/documents/Competencies/Sleep,%20Fatigue,%20Duty%20hours/Patient%20Handoff%20Reference.pdf>
- ²⁶ Batt, R. (2002). Managing customer services: Human resource practices, quit rates, and sales growth. *Academy of Management Journal*, 45(3), 587–597.
- ²⁷ Batt, R., & Moynihan, L. (2002). The viability of alternative call center production models. *Human Resources Management Journal*, 12(4), 14–34.
- ²⁸ Society for Human Resource Management (SHRM). (2014, May). *Employee job satisfaction and engagement: The road to economic recovery*. Retrieved from http://www.shrm.org/Research/SurveyFindings/Documents/14-0028%20JobSatEngage_Report_FULL_FNL.pdf

- ²⁹ Pink, D. (2011). The genius hour: How 60 minutes a week can electrify your job. Retrieved from <http://www.danpink.com/2011/07/the-genius-hour-how-60-minutes-a-week-can-electrify-your-job/>
- ³⁰ Grant, A. (forthcoming). Outsource inspiration. In J. E. Dutton & G. Spreitzer (eds.), *Putting positive leadership in action*. Retrieved from <https://mgmt.wharton.upenn.edu/files/?whdmsaction=public:main.file&fileID=6849>
- ³¹ Dougherty, D., & Murthy A. (2009). What service customers really want. *Harvard Business Review*. Retrieved from <https://hbr.org/2009/09/what-service-customers-really-want>
- ³² Rawson, A., Duncan, E., & Jones, C. (2013). The truth about customer experience. *Harvard Business Review*. Retrieved from <https://hbr.org/2013/09/the-truth-about-customer-experience/ar/1>
- ³³ Meyer, C., & Schwager, A. (2007). Understanding customer experience. *Harvard Business Review*. Retrieved from <http://hbr.org/2007/02/understanding-customer-experience/ar/1>
- ³⁴ Goodman, J. (2009). *Strategic customer service*. New York, NY: American Management Association.
- ³⁵ Hennig-Thurau, T., & Thurau, C. (2003). Customer orientation of service employees: Toward a conceptual framework of a key relationship marketing construct. *Journal of Relationship Marketing*, 2(1-2), 23–41.
- ³⁶ Martin, R. A. (1992). Creating, maintaining, and reinforcing a customer service culture. *The International Journal of Quality and Reliability Measurement*, 9(1).
- ³⁷ Kaufman, R. (2015). Why your customer service training won't lead to happy customers (or inspired employees). *Journal for Quality and Participation*, 37(4).
- ³⁸ Garlick, R. (2010). Do happy employees really mean happy customers? Or is there more to the equation? *Cornell Hospitality Quarterly*, 51(3), 304–307.
- ³⁹ Harter, J. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: A meta-analysis. *Journal of Applied Psychology*, 87(2), 268.
- ⁴⁰ Brown, S. P., & Lam, S. K. (2008). A meta-analysis of relationships linking employee satisfaction to customer responses. *Journal of Retailing*, 84(3), 243–255. doi: <http://dx.doi.org/10.1016/j.jretai.2008.06.001>
- ⁴¹ Bowers, M. R., Martin, C. L., & Luker, A. (1990). Trading places: Employees as customers, customers as employees. *Journal of Services Marketing*, 4(2), 55–69.
- ⁴² Gore, A. (1997). *World class courtesy—A best practices report: A report of the National Performance Review*. Washington, DC: U.S. Government Printing Office.
- ⁴³ Sarwar, S., & Abugre, J. (2013). The influence of rewards and job satisfaction on employees in the service industry. *Management and Administrative Sciences Review*, 2(5), 431–442.
- ⁴⁴ Zingheim, P., & Schuster, J. (2006). Best-practice incentives for contact centers and distribution centers: Driving customer satisfaction. *WorldatWork Journal*, third quarter.
- ⁴⁵ Rice, A., Austin, J., & Gravina, N. (2009). Increasing customer service behaviors using manager-delivered task clarification and social praise. *Journal of Applied Behavioral Analysis*, 42(3), 665–669.
- ⁴⁶ Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.

- ⁴⁷ Kohli, A. K., Shervani, T. A., & Challagalla, G. N. (1998). Learning and performance orientation of salespeople: The role of supervisors. *Journal of Marketing Research*, 35(2), 263–274.
- ⁴⁸ DMG Consulting LLC. (2007). *Call center supervisor best practices*. Retrieved from http://www.dmgconsult.com/files/CallCenterSupervisor_BestPractices_White_Paper%20Final.pdf
- ⁴⁹ Roos, W., & Van Eeden, R. (2005). The relationship between employee motivation, job satisfaction and corporate culture. *SA Journal of Industrial Psychology*, 31(1), 54–63. Retrieved from <http://www.sajip.co.za/index.php/sajip/article/viewFile/420/695>
- ⁵⁰ Child and Family Policy Institute of California. (2013). *A framework for advancing a culture of customer service in health and human services*. Retrieved from <http://www.cfpic.org/pdfs/Framework-for-Advancing-a-Culture-of-Customer-Service-Final.pdf>
- ⁵¹ Association of State and Territorial Health Officials. (2014). *Quality improvement plan toolkit. Guidance and resources to assist state and territorial health agencies in developing a quality improvement plan*. ASHTO and The North Carolina Institute for Public Health. Retrieved from <http://www.astho.org/Accreditation-and-Performance/Quality-Improvement/QI-Plan-Toolkit/>
- ⁵² Scriabina, N., & Fomichov, S. (2005). 6 ways to benefit from customer complaints. *Quality Progress*, 38(9), 49–54.
- ⁵³ Mitchell, V-W. (1993). Handling consumer complaint information: Why and how? *Logistics Information Management*, 6(3), 20.
- ⁵⁴ Ciotti, G. (2015). How to talk to your angriest customers. Retrieved from <http://www.helpscout.net/blog/customer-complaints/>
- ⁵⁵ Covered California. (n.d.). *Join the Covered California Team* [recruitment brochure]. Retrieved from <http://hbex.coveredca.com/jobs/PDFs/Brochure%20Final%2011-2014.pdf>
- ⁵⁶ Perry, M. J., Stark, E., & Valdez, R. B. (1998, September). *Barriers to Medi-Cal enrollment and ideas for improving enrollment: Findings from eight focus groups in California with parents of potentially eligible children*. Kaiser Family Foundation. Retrieved from <https://kaiserfamilyfoundation.files.wordpress.com/1998/09/1436-barriers-to-medi-cal-enrollment.pdf>
- ⁵⁷ Van Vaerenbergh, Y., Van Den Broeck, A., & Larivier, B. (2014). *Drivers of frontline employee's service recovery performance across cultures: A meta-analysis*. The 13th International Research Conference in Service Management. La Londe les Maures, France. May 27–30, 2014.
- ⁵⁸ Wieseke, J., Geigenmuller, A., & Kraus, F. (2012). On the role of empathy in customer-employee interactions. *Journal of Service Research*, 15(3), 316–331.
- ⁵⁹ Stolovich, H., & Keeps, E. (2011). *Telling ain't training: Updated, expanded, enhanced*. Alexandria, VA: ASTD Press.
- ⁶⁰ North American Quitline Consortium (NAQC). (2010). *Call center metrics: Fundamentals of call center staffing and technologies* (NAQC Issue Paper). Retrieved from http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/issue_papers/callcentermetricspaperstaffi.pdf

- ⁶¹ Morey, M. (2013, October). *Share the wealth of knowledge: Alternatives for optimizing knowledge practice in your contact center*. Contact Center Pipeline. Retrieved from <http://www.strategiccontact.com/articles/Share-Wealth-of-Knowledge-Oct2013.pdf>
- ⁶² Six Sigma. (n.d.). Subject matter expert – SME. Retrieved from <http://www.isixsigma.com/dictionary/subject-matter-expert-sme/>
- ⁶³ Wegner, E., & Snyder, W. (2000, January). Communities of practice: The organizational frontier. *Harvard Business Review*. Retrieved from <https://hbr.org/2000/01/communities-of-practice-the-organizational-frontier>
- ⁶⁴ Rossett, A., & Schafer, L. (2007). *Job aids and performance support: Moving from knowledge in the classroom to knowledge everywhere*. San Francisco, CA: Pfeiffer, a Wiley imprint.
- ⁶⁵ Andrus, D. (2005, November). Toward a complex adaptive intelligence community: The wiki and the blog. *Studies in Intelligence*. Retrieved from https://www.cia.gov/library/center-for-the-study-of-intelligence/csi-publications/csi-studies/studies/vol49no3/html_files/Wik_and_%20Blog_7.htm
- ⁶⁶ Bronk, C., & Smith, T. (2010). *Diplopedia imagined: Building state's diplomacy wiki*. Rice University's Baker Institute for Public Policy. Retrieved from <http://bakerinstitute.org/media/files/Research/c3cba1e8/TSP-pub-BronkSmithDiplopediaDraft-051810.pdf>
- ⁶⁷ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National action plan to improve health literacy*. Washington, DC: Author.
- ⁶⁸ Paez, K., & Mallery, C. (2014, October). *A little knowledge is a risky thing: Wide gap in what people think they know about health insurance and what they actually know* (Issue brief). American Institutes for Research. Retrieved from http://aircpce.org/wp-content/uploads/2014/10/11801-451-05_Issue_Brief_102014.pdf
- ⁶⁹ Norton, M., Hamel, L., & Brodie, M. (2014). Assessing Americans' familiarity with health insurance terms and concepts. Kaiser Family Foundation. Retrieved from <http://kff.org/health-reform/poll-finding/assessing-americans-familiarity-with-health-insurance-terms-and-concepts/>
- ⁷⁰ Parragh, Z.A., & Okrent, D. (2015). *Health literacy and health insurance literacy: Do consumers know what they are buying?* Alliance for Health Reform. Retrieved from http://www.allhealth.org/publications/Private_health_insurance/Health-Literacy-Toolkit_163.pdf
- ⁷¹ American Institutes for Research. (2015). *The employee health communication toolkit*. Retrieved from <http://www.helpyouremployeeshealth.com/>
- ⁷² What is plain language? (n.d.). Retrieved from <http://www.plainlanguage.gov/whatisPL/index.cfm>
- ⁷³ Eagleson, R. (n.d.). Short definition of plain language. Retrieved from <http://www.plainlanguage.gov/whatisPL/definitions/eagleson.cfm>
- ⁷⁴ McGee, J. (September 2010). Understanding and using the “Toolkit guidelines for graphic design” In *Toolkit for making written material clear and effective* (toolkit part 5; CMS Product No. 11476). U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. Retrieved from <https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/ToolkitPart05.html>

- ⁷⁵ General Services Administration. (2011, August). *General Services Administration Plain Writing Act compliance report*. Retrieved from http://www.gsa.gov/graphics/admin/Plain_Language_Implementation_Plan_for_GSA.pdf
- ⁷⁶ McGee, J. (2010, September). Using readability formulas, a cautionary note. In *Toolkit for making written material clear and effective* (toolkit part 7; CMS Product No. 11476). U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. Retrieved from <https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/downloads/ToolkitPart07.pdf>
- ⁷⁷ Agency for Healthcare Research and Quality. (2013, October). *The patient education materials assessment tool (PEMAT) and user's guide: An introduction*. Retrieved from <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/pemat/pemat1.html>
- ⁷⁸ Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. *Science*, 185(4157), 1124–1131.
- ⁷⁹ Tversky A, & Kahneman D. (1981). The framing of decisions and the psychology of choice. *Science*, 211(4481):453–458.
- ⁸⁰ Hibbard, J. H., Slovic, P., & Jewett, J. J. (1997). Informing consumer decisions in health care: Implications from decision-making research. *Milbank Quarterly*, 75(3), 395–414. doi: 10.1111/1468-0009.00061
- ⁸¹ Quincy, L. (2012). *Health policy brief: What's behind the door: Consumers' difficulties selecting health plans*. Yonkers, NY: Consumers Union.
- ⁸² Miller, G. A. (1956). The magical number seven, plus or minus two: Some limits on our capacity for processing information. *Psychological Review*, 63(2), 81–97. doi:10.1037/h0043158
- ⁸³ Ariely, D. (2000). Controlling the information flow: Effects on consumers' decision making and preferences. *Journal of Consumer Research*, 27(2), 233–248. doi: 10.1086/314322
- ⁸⁴ Betterman, J. R., Luce, M. F., & Payne, J. W. (1998). Constructive consumer choice processes. *Journal of Consumer Research*, 25(3), 187–217. doi: 10.1086/209535
- ⁸⁵ Sofaer, S., Crofton, C., Goldstein, E., Hoy, E., & Crabb, J. (2005). What do consumers want to know about the quality of care in hospitals? *Health Services Research*, 40(6, pt. 2), 2018–2036. doi: 10.1111/j.1475-6773.2005.00473.x
- ⁸⁶ Sofaer, S., & Firminger, K. (2004). Patient perceptions of the quality of health services. *Annual Review of Public Health*, 26(1), 513–559. doi: 10.1146/annurev.publhealth.25.050503.153958
- ⁸⁷ American Institutes for Research. (2014). *What quality measures do consumers find useful when comparing and selecting marketplace health plans?* Retrieved from http://www.nbch.org/nbch/files/ccLibraryFiles/Filename/000000003438/AIR.pdf?utm_source=Email+news+subscribers&utm_campaign=9a46de9dc7-Newsletter_1673_6_2015&utm_medium=email&utm_term=0_b9f62f37ab-9a46de9dc7-108662669
- ⁸⁸ Enroll UX 2014. (2014). Enroll UX 2014 design reference prototype. Retrieved from <http://www.ux2014.org/>

- ⁸⁹ Kleimann Communication Group and Consumers Union. (2012). *Choice architecture: Design decisions that affect consumers' health plan choices*. Retrieved from http://consumersunion.org/pdf/Choice_Architecture_Report.pdf
- ⁹⁰ Baker, T., Beatty, A., Nirenburg, G., & Weiner, J. (2014). Window shopping on Healthcare.gov and the state-based marketplaces: More consumer support is needed. Retrieved from <http://www.rwjf.org/en/library/research/2014/12/window-shopping-on-healthcare-gov-and-the-state-based-marketplac.html>
- ⁹¹ Pacific Business Group on Health. (2013). Supporting consumers' decisions in the exchange. Retrieved from <http://www.pbgh.org/key-strategies/engaging-consumers/216-supporting-consumers-decisions-in-the-exchange>
- ⁹² American Institutes for Research. (2010). *How to display comparative information that people can understand and use*. Princeton, NJ: Robert Wood Johnson Foundation. Retrieved from <http://www.rwjf.org/en/library/research/2010/06/latest-from-aligning-forces-for-quality-communities/how-to-display-comparative-information-that-people-can-understan.html>
- ⁹³ Centers for Medicare & Medicaid Services. (2013). *Summary of benefits and coverage (SBC) template*. Retrieved from <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/sbc-template-accessible.pdf>
- ⁹⁴ Sofaer, S., Kenney, E., & Davidson, B. (1992). The effect of the illness episode approach on Medicare beneficiaries' health insurance decisions. *Health Services Research*, 27(5), 671–693.
- ⁹⁵ Health Research & Educational Trust and Institute for Diversity in Health Management. (2011, July). *Building a culturally competent organization: The quest for equity in health care*. Chicago, IL: Author. Retrieved from <http://www.hret.org/quality/projects/resources/cultural-competency.pdf>
- ⁹⁶ Shin, H. B., & Kominski, R. A. (2010). *Language use in the United States: 2007* (American Community Survey Reports, ACS-12). Washington, DC: U.S. Census Bureau. Retrieved from <https://www.census.gov/prod/2010pubs/acs-12.pdf>
- ⁹⁷ U.S. Census Bureau. (n.d.). *American Community Survey: 2008–2010 American Community Survey 3-year estimates* (table DP05). Retrieved from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_DP05&prodType=table
- ⁹⁸ Brault, M. W. (2012, July). *Americans with disabilities: 2010* (Current Population Reports, P70-131). Washington, DC: U.S. Census Bureau. Retrieved from <http://www.census.gov/prod/2012pubs/p70-131.pdf>
- ⁹⁹ U.S. Census Bureau. (2011, January). *2010 Census redistricting data (Public Law 94-171) summary file* (table P1). Washington, DC: Author.
- ¹⁰⁰ Smith, J. C., & Medalia, C. (2014, September). *Health insurance coverage in the United States: 2013* (Current Population Reports, P60-250). Washington, DC: U.S. Census Bureau. Retrieved from <http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf>
- ¹⁰¹ Sarkisian, N., Gerena, M., & Gerstel, N. (2007). Extended family integration among Euro and Mexican Americans: Ethnicity, gender, and class. *Journal of Marriage and Family*, 69(1), 40–54.

- ¹⁰² Elliott, C., Adams, R. J., & Sockalingam, S. (2010, September). *Toolkit for cross-cultural collaboration*. Retrieved from <http://www.awesomelibrary.org/multiculturaltoolkit.html>
- ¹⁰³ U.S. Department of Health and Human Services, Office of Minority Health. (n.d.). The National CLAS Standards. Retrieved from <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
- ¹⁰⁴ Delphin-Rittmon, M., Andres-Hyman, R., Flanagan, E., & Davidson, L. (2013). Seven essential strategies for promoting and sustaining systemic cultural competence. *Psychiatric Quarterly*, 84(1), 53–64.
- ¹⁰⁵ Bronheim, S. (n.d.). *It all starts at the front desk*. Washington, DC: National Center for Cultural Competence, Georgetown University. Retrieved from <http://nccc.georgetown.edu/documents/FrontDeskArticle.pdf>
- ¹⁰⁶ Hablamos Juntos. (n.d.). *Organizational readiness guide*. Retrieved from http://www.hablamosjuntos.org/resource_guide_portal/how_to_resource_guide/default.how_to_resource_guide.asp
- ¹⁰⁷ Institute of Medicine. (2009). *Race, ethnicity, and language data: Standardization for health care quality improvement*. Retrieved from <http://www.iom.edu/Reports/2009/RaceEthnicityData.aspx>
- ¹⁰⁸ Health Research & Educational Trust. (2013, August). *Reducing health care disparities: Collection and use of race, ethnicity and language data*. Chicago: Author. Retrieved from http://www.hpoe.org/Reports-HPOE/Equity_Care_Report_August2013.PDF
- ¹⁰⁹ Health Research & Educational Trust. (2009). *Response matrix* (PowerPoint presentation). Retrieved from <http://www.hretdisparities.org/uploads/ResponseMatrix.ppt>
- ¹¹⁰ Hasnain-Wynia, R., Pierce, D., Haque, A., Hedges Greising, C., Prince, V., & Reiter, J. (2007). *Health Research and Educational Trust disparities toolkit*. Retrieved from <http://www.hretdisparities.org/>
- ¹¹¹ Andrulis, D. P., Jahnke, L. R., Siddiqui, N. J. & Cooper, M. R. (2013). *Implementing cultural and linguistic requirements in health insurance exchanges* (The Affordable Care Act & Racial and Ethnic Health Equity Series, Report No. 1). Retrieved from http://www.texashealthinstitute.org/uploads/1/3/5/3/13535548/implementing_cultural_and_linguistic_requirements_in_health_insurance_exchanges_march_2013.pdf
- ¹¹² American Medical Association. (2006). *Improving communication, improving care: How health care organizations can ensure effective, patient-centered communication with people from diverse populations*. Retrieved from <http://www.ama-assn.org/resources/doc/ethics/pcc-consensus-report.pdf>
- ¹¹³ Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010). Retrieved from <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>
- ¹¹⁴ Civil Rights Act of 1964 § 6, 42 U.S.C. § 2000e et seq. (1964). Retrieved from <http://www.gpo.gov/fdsys/pkg/USCODE-2008-title42/pdf/USCODE-2008-title42-chap21-subchapV.pdf>
- ¹¹⁵ U.S. Department of Health and Human Services, Office for Civil Rights. (2006, October). *HHS guidance to federal financial assistance recipients regarding Title VI prohibition against national origin discrimination affecting limited English proficient persons*. Retrieved from <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/lepguidance.pdf>

- ¹¹⁶ Exec. Order No. 13166, 3 C.F.R. (2001). Retrieved from <http://www.gpo.gov/fdsys/granule/CFR-2001-title3-vol1/CFR-2001-title3-vol1-eo13166>
- ¹¹⁷ Hanlon, C., & Giles, B. (2012, August). *State policymakers' guide for advancing health equity through health reform implementation*. National Academy for State Health Policy. Retrieved from <http://www.nashp.org/sites/default/files/advancing.equity.health.reform.pdf>
- ¹¹⁸ Families USA and National Health Law Program. (2013, March). *Language access checklist for Marketplace implementation*. Retrieved from http://familiesusa.org/sites/default/files/product_documents/Language-Access-Checklist.pdf
- ¹¹⁹ American Institutes for Research. (2005). *A patient-centered guide to implementing language access services in healthcare organizations*. Rockville, MD: U.S. Department of Health and Human Services, Office of Minority Health. Retrieved from <http://minorityhealth.hhs.gov/Assets/pdf/Checked/HC-LSIG.pdf>
- ¹²⁰ Youdelman, M. (2011, January). *The ACA and language access* (Short Paper #5). National Health Law Program. Retrieved from <http://www.healthlaw.org/issues/health-disparities/aca-and-language-access>
- ¹²¹ U.S. Department of Justice, Civil Rights Division, Disability Rights Section. (2003, October). *Communicating with people who are deaf or hard of hearing in hospital settings* (ADA Business Brief). Retrieved from <http://www.ada.gov/hospcombrscr.pdf>
- ¹²² Marshall, S., & Joffe, E. *ADA checklist: Health care facilities and service providers. Ensuring access to services and facilities by patients who are blind, deaf-blind, or visually impaired*. American Foundation for the Blind, Public Policy Center. Retrieved from <http://www.afb.org/info/programs-and-services/public-policy-center/ada-checklist-health-care-facilities-and-service-providers/125>
- ¹²³ Weiner, B. J. (2009). A theory of organizational readiness for change. *Implementation Science*, 4, 67.
- ¹²⁴ Kotter, J. P. (1996). *Leading change*. Boston: Harvard Business Press.
- ¹²⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration. (n.d.). *Readiness assessment & developing project aims*. Retrieved from <http://www.hrsa.gov/quality/toolbox/508pdfs/readinessassessment.pdf>
- ¹²⁶ Shea, C. M., Jacobs, S. R., Esserman, D. A., Bruce, K., & Weiner, B. J. (2014). Organizational readiness for implementing change: A psychometric assessment of a new measure. *Implementation Science*, 9, 7.
- ¹²⁷ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (n.d.). *Organizational readiness assessment checklist*. Retrieved from <http://teamstepps.ahrq.gov/readiness/>
- ¹²⁸ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (n.d.). Instructions: Getting ready for change self-assessment. In *AHRQ Quality Indicators™ toolkit for hospitals* (tool A.3). Retrieved from <http://www.ahrq.gov/professionals/systems/hospital/qitoolkit/a3-selfassessment.pdf>
- ¹²⁹ Stratis Health. (2009). Organizational readiness assessment. In *Health information technology toolkit for critical access and small hospitals* (section 1.1. Adopt–Assess). Retrieved from <http://www.stratishealth.org/expertise/healthit/hospitals/htoolkit.html>

- ¹³⁰ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (n.d.). Tips and suggestions for enhancing organizational readiness. Retrieved from <http://teamstepps.ahrq.gov/abouttips.htm>
- ¹³¹ Association of State and Territorial Health Officials and The North Carolina Institute for Public Health. (2014). *Quality improvement plan toolkit: Guidance and resources to assist state and territorial health agencies in developing a quality improvement plan*. Retrieved from <http://www.astho.org/Accreditation-and-Performance/Quality-Improvement/QI-Plan-Toolkit/>
- ¹³² Collins, J. C. (2001). *Good to great: Why some companies make the leap and others don't*. New York, NY: Harper Business.
- ¹³³ Huber, D. L. (2010). *Leadership and nursing care management* (4th ed.). Philadelphia, PA: Saunders.
- ¹³⁴ Roos, W., & Van Eeden, R. (2005). The relationship between employee motivation, job satisfaction and corporate culture. *SA Journal of Industrial Psychology*, 31(1), 54–63. Retrieved from <http://www.sajip.co.za/index.php/sajip/article/viewFile/420/695>
- ¹³⁵ Meyer, J., Silow-Carroll, S., Kutyla, T., Stepnick, L., & Rybowski, L. (2004, July). *Hospital quality: Ingredients for success—overview and lessons learned*. The Commonwealth Fund. Retrieved from http://www.commonwealthfund.org/programs/quality/761_Meyer_hospital_quality_overview.pdf
- ¹³⁶ Kash, B. A., Spaulding, A., Johnson, C. E., & Gamm, L. (2014). Success factors for strategic change initiatives: A qualitative study of healthcare administrators' perspectives. *Journal of Healthcare Management*, 59(1), 65–81.
- ¹³⁷ Lorden, A., Zhang, Y., Lin, S.-H., & Côté, M. (2014). Measures of success: The role of human factors in Lean implementation in healthcare. *Quality Management Journal*, 21(3), 26–37.
- ¹³⁸ Shojania, K. G., & Grimshaw, J. M. (2005). Evidence-based quality improvement: The state of the science. *Health Affairs*, 24(1), 138–150.
- ¹³⁹ Institute for Healthcare Improvement. (2005). *Going Lean in health care* (IHI Innovation Series white paper). Cambridge, MA: Author. Retrieved from <http://www.ihl.org/resources/Pages/IHIWhitePapers/GoingLeaninHealthCare.aspx>