

Improving Shopping for Medicare

RVO Health X UHC

Improving online enrollment and driving higher conversion

Usability Testing & User Journey Optimization

Context

Projects 2025

🔍
18
Projects

👥
5
Workshops

🎯
3
Teams

Scope of Work

- **Research**
Moderated & unmoderated testing, A/B testing, generative research
- **Design**
Prototypes, design sprints, feature recommendations, implementation
- **Strategy**
Workshops, solution ideation, discovery, brainstorming

Teams

HelloMedicare (HM)	8 projects
Precision (PR)	5 projects
UHC	3 projects
OptumNow (ON)	3 projects

Key Projects & Initiatives

<ul style="list-style-type: none">● Card Redesign HM Optimizing plan card layout hierarchy Unmoderated B2C 40% Conversion Lift	<ul style="list-style-type: none">● HM Homepage Variations HM Homepage survey landing page Media Survey B2C	<ul style="list-style-type: none">● OptumNow App ON End-to-end prototype and testing app Prototype B2B
<ul style="list-style-type: none">● Precision Flows PR Research and design initiative Moderated B2C	<ul style="list-style-type: none">● Dual vs Single CTA HM Flow optimization study Unmoderated B2C	<ul style="list-style-type: none">● Mobile Optimization UHC Mobile experience improvements Unmoderated B2C
<ul style="list-style-type: none">● Agent Feedback UHC Training material validation Moderated B2B	<ul style="list-style-type: none">● MA Shoppers Study HM Understanding consumer priorities Generative B2C	<ul style="list-style-type: none">● Plan Quiz HM Recommendation quiz brainstorm Sprint B2C
<ul style="list-style-type: none">● Superlative Testing HM Content testing initiative Unmoderated B2C	<ul style="list-style-type: none">● Compare vs List A/B HM Production A/B testing A/B Test B2C	<ul style="list-style-type: none">● Telephonic Feedback UHC Agent survey and synthesis Survey B2B
<ul style="list-style-type: none">● Results Page Testing HM Plans page unmoderated testing Unmoderated B2C	<ul style="list-style-type: none">● Precision Insights PR Moderated research insights Moderated B2C	<ul style="list-style-type: none">● Superlative Feedback HM Risk assessment evaluation Assessment B2C
<ul style="list-style-type: none">● Precision Results Page PR Research spike and insights Spike B2C	<ul style="list-style-type: none">● Agent Dashboard UHC Agent feedback synthesis Synthesis B2B	<ul style="list-style-type: none">● OptumNow Exploration ON Concept testing exploration Concept B2B

The Problem

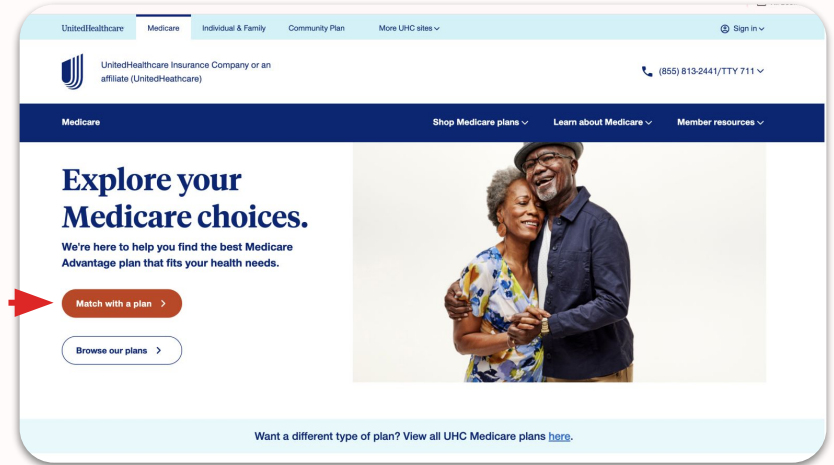


The Problem

51%

Drop-off at personal information page

During the critical Annual Enrollment Period—meaning lost enrollments, wasted marketing spend, and missed revenue



Research Approach

Site Data Analysis

Analyzed 2024 Annual Enrollment Period data to identify patterns and generate hypotheses

- Evaluated both UHC and HelloMedicare data
- Identified drop-off points
- Generated testable hypotheses

Moderated Testing

Participants tested live enrollment flows across three websites

Stage: Live websites

Participants: 15 (age 65+)

Sites tested: HelloMedicare, UHC, and eHealth (competitor)

Screenshots planning docs

Goals / Session Objectives Precision

Session Objectives

- **PMI** Investigate why banner drives nearly double the completion rate (80%)—focusing on user mindset, content triggers, and placement factors
- **PMU/CQI** Analyze decision-making on the options page (80% drop)—uncovering drivers behind match flow vs. browser selection and opportunities to increase match flow adoption
- **PMU/CQI** Map user characteristics tied to completion vs. **abandonment**—identifying patterns in health complexity, digital comfort, and shopping preferences

Additional Considerations for Team Discussion

- **Precision Driver Display Format** Testing: Test various approaches to presenting precision drivers (barriers, dynamics/interactions, notification etc.)
- **Device-Specific Experience** Investigate 3-to difference in digital enrollment rates between desktop and mobile

Key Research Questions

- What factors drive the significant difference in completion rates between banner and options page?
- At what point in the user journey is sharing health most acceptable, and what contextual factors influence that?
- How can we identify early signs that users will complete or abandon the precision flow?
- What characteristics differentiate users who successfully complete the match flow versus those who abandon?
- What is the best audience and who is the Precision flow most beneficial for?

Secondary Research Questions

- What specific mobile experience barriers are causing users to switch to phone support?
- How does the presentation and timing of entry points affect user trust and engagement?
- How does user health complexity and digital comfort influence their preference between browser vs. match flow path?
- Why do desktop users complete enrollment at 3x the rate of mobile users, and is this truly driven by intent?

Hypotheses to Test

1. **Awareness:** Users recognize and distinguish between browse and guided flows.
2. **Path Selection:** New Medicare shoppers use more help to choose the guided match flow path.
3. **Post-Setup:** Trust levels vary depending on when health information is requested.
4. **Navigation Confidence:** Results page navigation confidence correlates with users' digital literacy.
5. **Content Influence:** Messaging and content placement will significantly impact flow entry engagement.

Session Format

Session Module	Description	Target Duration	Lead Specialist
Introduction		5-10 mins	UHC
Background & Context	Understand health complexity, digital comfort, and key decision-making factors.	10 mins	UHC
Natural Path Observation	Observe natural site navigation based on general task prompts; document initial reactions to different path prompts for the user flow, for the options page path, for the placement module triggers (browser vs. match flow).	25 mins	UHC
Guided Flow Discussion	System measuring behind-the-scenes: discuss alternative paths not taken; understand preferences for information gathering; evaluate comfort with sharing HHS.	20 mins	UHC
User Preferences	Compare session to match shopping preferences, evaluate decision-making around health data sharing, identify trust-building elements, and assess the impact of health complexity on flow preferences.	15	
Wrap-Up	Summary of preferences, additional feedback follow-up questions	5-10 mins	UHC
Total		~90 minutes	

Defining Goals

Key Questions

Hypotheses

Session Script

Interview Flow

UHC to User

Private: User may be assigned per participant / Audience → UHC → HealthWor → HelloMedicare

General - Context Setting

Session	Notes
On-Site: You're joining us today. This session will be recorded for internal purposes and we'll be asking you to share some thoughts and feedback. Before we get started, I have the context setting questions and then we will jump into the discussion. How are you doing today? Are you here? If yes, how would you follow up with all you recently had the same pain or subject?	Overview to include pain context and that will participate
How are you doing today? Are you here? If yes, how would you follow up with all you recently had the same pain or subject?	Overview of shopping preferences
Thinking about the path you just saw, how do you think the typical path is shaped in the real world?	Overview of shopping preferences
What are the challenges you are facing? (The scale of 1-5, 1 being low confidence and you are with using software for health care related tasks)	Overview of shopping preferences

Core Hypotheses

Path Selection

New Medicare shoppers are more likely to choose the guided match flow path

Trust Timing

Trust levels vary depending on when health information is requested

Awareness

Users recognize and distinguish between browse and guided flows

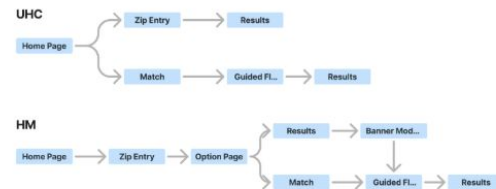
Navigation Confidence

Results page navigation confidence correlates with users' digital literacy

Content Influence

Messaging and content placement will significantly impact flow entry engagement

Primary User Flows

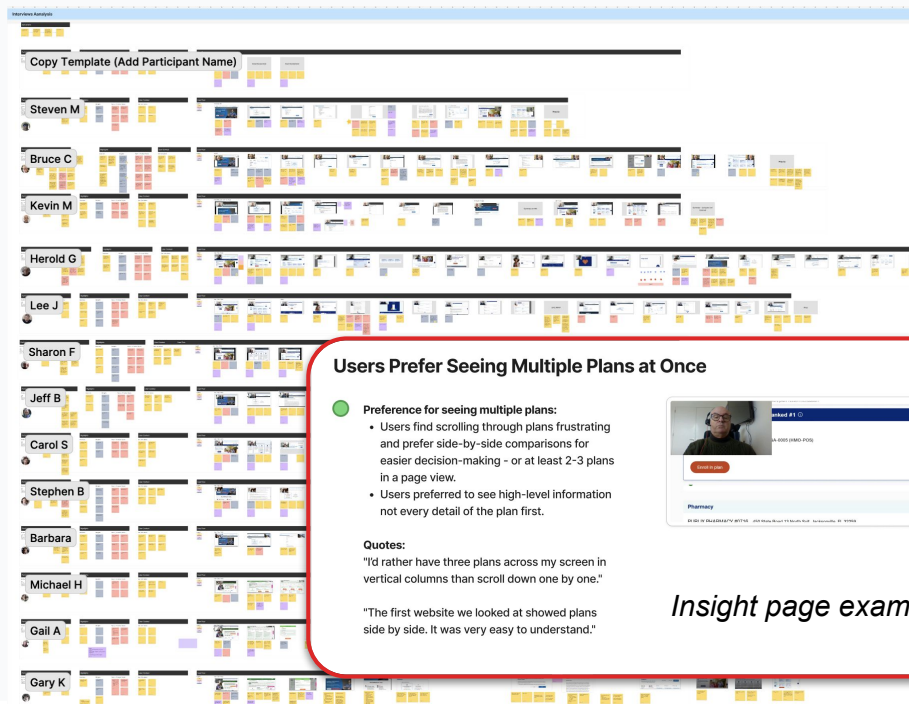
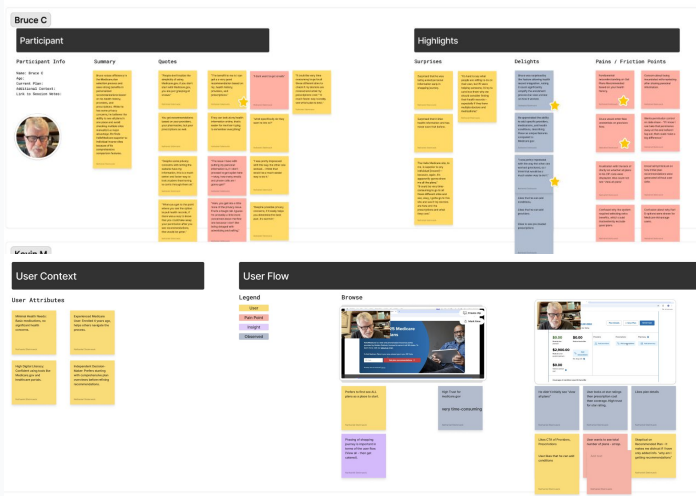


Screenshot Reference



Behind the Scenes

Its messy, but organized... I promise!



Highlight one finding

HealthSpring Preferred (HMO)

★ ★ ★ ★ ☆ Medicare Advantage Star Rating ⓘ

\$0.00

Monthly plan premium

\$0.00

Medical deductible

\$4,800.00

Medical out of pocket maximum

\$0.00

Total est. annual cost ⓘ

Add providers

Add prescriptions

Add pharmacy

Common coverage of conditions

Add health condition

Recommended

Humana Gold Plus (HMO)

★ ★ ★ ★ ☆

\$0 Premium

Best for Low Out-of-Pocket

Top Rated Plan

Monthly Premium

\$0

Maximum out-of-pocket

\$5,500 per year ⓘ

Add your doctors & medications

Check procedure coverage

View all costs

Enroll Now

Compare plans

Plan Details

Save

Lowest Estimated Cost

Medicare Advantage Plan • HMO H4141-023

Humana Gold Plus (HMO)

★ ★ ★ ★ ☆

\$0 Premium

Best for Low Out-of-Pocket

Top Rated Plan

Monthly Premium

\$0

Maximum out-of-pocket

\$5,500 per year

Add your doctors & medications

Check procedure coverage

View all costs

Enroll Now

Compare plans

Plan Details

Save

One finding

Users needed to browse BEFORE sharing personal information

Despite our assumption that a guided "match" flow would help users, 11 out of 15 participants preferred exploring plans first—typical shopping behavior we'd overlooked

Evidence

11/15 participants preferred browsing first

Impact

Personal info request was creating immediate barrier to entry

Recommendation

Delay PI request; add browse CTA

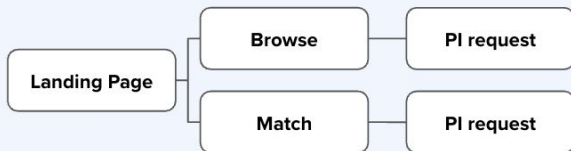
"I need to see what's out there before I give you my information. How do I know this is worth my time?"

— Participant quote

Quick Spike

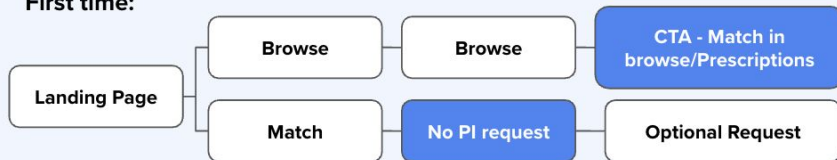
Immediate Product Improvements - collaborating with PM to implement immediate changes during active enrollment.

Today:



Proposed:

First time:



Add a doctor [X]

Which city is your doctor located in?

Start typing...

What is your doctor's name?

Start typing...

[Cancel] [Add]

Skip the hassle of manually entering details

We can narrow down your plan search by pulling your health records, which will automatically import your providers, prescriptions, and pharmacy so you don't have to!

[Get Started]

Can we use your health details? [X]

We use your current and previous health information to verify your provider network status, find you the best savings, and match you with the best plans that fit your needs. This process is safe and secure.

What we use:	What we don't use:
<input checked="" type="radio"/> Providers	<input checked="" type="radio"/> Email
<input checked="" type="radio"/> Current prescriptions	<input checked="" type="radio"/> Phone number
<input checked="" type="radio"/> Coverage details	<input checked="" type="radio"/> Mailing address

HIPAA Authorization

I authorize HelloMedicare® and its affiliates ("The Company") to obtain from any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution, or person or The Company's own information, any data or records about me or my mental or physical health.

By clicking "Agree", I acknowledge that I have read,

[Agree] [Skip to view all plans]

"The change resulted in the highest completion rate at **40%.**"

Rapid Iteration During Active Enrollment

The Pattern

During week 2 of testing, the pattern was clear across participants

Emergency Session

I convened an emergency meeting with PM and designer. We were mid-enrollment—every day mattered.

The Change

Within 24 hours: prototyped, validated, and shipped the flow change

40%

Completion rate achieved

74% relative improvement

Additional Findings

Trust Barriers

"Non-governmental" language triggered immediate skepticism

→ **Solution:** Added trust badges, clearer UHC branding

Plan Comparison

Users got lost scrolling through plans one-by-one

→ **Solution:** Implemented side-by-side view

Data Transparency

Users anxious but accepting when value was clear

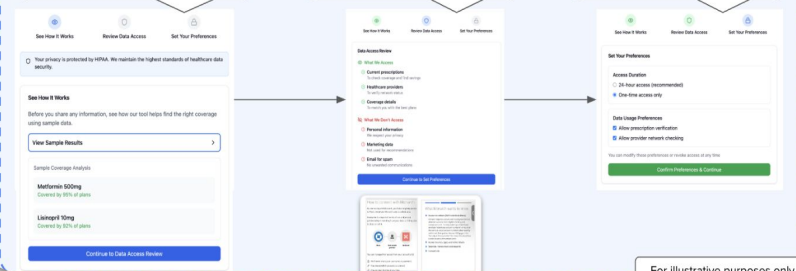
→ **Solution:** Staged communication showing control

Recommendation:

Show Value Upfront
- Highlight HIPAA (seen as a legitimacy + proper data handling signal) could introduce earlier.

Show transparency on data access and clearly communicate it to users. Highlight no marketing.

Show users how data is handled and duration. All for access control to give users sense of control.



Strategic Wins

Highlighted research initiatives at our all hands company meeting

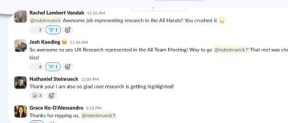
The Feedback Files

Welcome to
The Feedback Files:

Path Forward



Positive Feedback



Impact

74%

Relative improvement
(from 23% to 40%)

4

Major features shipped
During enrollment

Delayed PI Request Until After Browse

Aligned with natural shopping behavior—users explore first, commit later

Enhanced Trust Signals

Added trust badges and clearer UHC branding to address skepticism

Side-by-Side Plan Comparison

Reduced scrolling frustration and improved decision-making

Improved Cost Transparency

Made total costs clearer upfront to build confidence

Reflection

What Worked

Rapid iteration with PM and designer during active testing prevented costly feature bloat and enabled immediate course correction

What I'd Do Differently

Establish clearer baseline metrics before testing. The 40% completion rate is directional, but attribution is complex due to concurrent enrollment period changes

Key Insight

In high-stakes domains like Medicare, trust signals and respecting natural shopping behavior matter more than feature richness