

Improving Shopping for Medicare

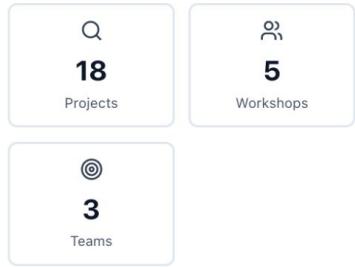
RVO Health X UHC

Improving online enrollment and driving higher conversion

Usability Testing & User Journey Optimization

Context

Projects 2025



Key Projects & Initiatives

<p>Card Redesign Optimizing plan card layout hierarchy Unmoderated B2C 40% Conversion Lift</p>	<p>HM Homepage Variations Homepage survey landing page Media Survey B2C</p>	<p>OptumNow App End-to-end prototype and testing app Prototype B2B</p>
<p>Precision Flows Research and design initiative Moderated B2C</p>	<p>Dual vs Single CTA Flow optimization study Unmoderated B2C</p>	<p>Mobile Optimization Mobile experience improvements Unmoderated B2C</p>
<p>Agent Feedback Training material validation Moderated B2B</p>	<p>MA Shoppers Study Understanding consumer priorities Generative B2C</p>	<p>Plan Quiz Recommendation quiz brainstorm Sprint B2C</p>
<p>Superlative Testing Content testing initiative Unmoderated B2C</p>	<p>Compare vs List A/B Production A/B testing A/B Test B2C</p>	<p>Telephonic Feedback Agent survey and synthesis Survey B2B</p>
<p>Results Page Testing Plans page unmoderated testing Unmoderated B2C</p>	<p>Precision Insights Moderated research insights Moderated B2C</p>	<p>Superlative Feedback Risk assessment evaluation Assessment B2C</p>
<p>Precision Results Page Research spike and insights Spike B2C</p>	<p>Agent Dashboard Agent feedback synthesis Synthesis B2B</p>	<p>OptumNow Exploration Concept testing exploration Concept B2B</p>

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



The screenshot shows the UnitedHealthcare Medicare website. At the top, there's a navigation bar with links for 'UnitedHealthcare', 'Medicare', 'Individual & Family', 'Community Plan', 'More UHC sites', 'Sign in', and a phone number '(855) 813-2441/TTY 711'. Below the navigation is the UnitedHealthcare logo and a message stating 'UnitedHealthcare Insurance Company or an affiliate (UnitedHealthcare)'. The main content area has a dark blue header with 'Medicare', 'Shop Medicare plans', 'Learn about Medicare', and 'Member resources'. The main heading reads 'Explore your Medicare choices.' with a subtext: 'We're here to help you find the best Medicare Advantage plan that fits your health needs.' Below this are two buttons: 'Match with a plan' and 'Browse our plans'. To the right of the text is a photo of a smiling senior couple. At the bottom, a light blue footer bar contains the text 'Want a different type of plan? View all UHC Medicare plans [here](#)'.

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

Defining Goals

Goals / Session Objectives Precision

Session Objectives

- Understand why some users easily achieve the completion rate (NO)—focusing on user interest, content triggers, and reward motivators.
- PMUHC Analysis decision-making on the options page (YES start)—uncovering drivers behind the choice of the enrollment path (e.g., digital vs. paper, desktop vs. mobile).
- PMUHC 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 (e.g., side-by-side, top/bottom, interactive, notification etc.)
- Device-Specific Experience: Investigate if there's a difference in digital enrollment rates between desktop and mobile.

Key Questions

Primary Research Questions

- What factors drive the significant difference in completion rates between banner and options page?
- What points in the user journey is sharing health most acceptable, and what contextual factors influence this?
- What specific events signal that users will complete or abandon the precision flow?
- What characteristics differentiate users who successfully complete the match flow versus those who abandon?
- Who is the best audience and who is the Precision flow most beneficial for?

Secondary Research Questions

- What specific motivators/experiences are causing users to switch to paper 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 Browse vs. by interest?
- Why do desktop users complete enrollment at 3.5x the rate of mobile users, and is this truly driven by intent?

Hypotheses to Test

- Assume users recognize and distinguish between banner and options flows.
- Path Preference: New Medicare shoppers are more likely to choose the guided match flow path.
- User Flow: Trust levels very depending on when health information is requested.
- Device Preference: Mobile users are more likely to abandon the enrollment process due to digital literacy.
- Content Influence: Messaging and content placement will significantly impact flow entry engagement.

Key Questions

Hypotheses

Session Format

Session Modules	Description	Target Duration	Last Speaker
Introduction	General introduction, welcome, and ground rules.	5-10 mins	UXR
Background & Context	Understand health complexity, digital comfort, and user interests related to enrollment, with plan shopping and key decisions/making factors.	10 mins	UXR
Natural Path Observation	Observe natural site navigation based on general user behavior, including how users naturally enter and move through the site, and how they interact with entry points into the user flow, like the options page, path banner placement, model filters, browse vs. match flow, etc.	25 Min	UXR
Guided Flow Discussion	Explore reasoning behind choices discussed earlier, gather feedback on user flow experiences for informed, gathering relevant context with sharing HMB.	20 mins	UXR
User Preferences	Compare banner vs. match shopping preferences, evaluate decision-making around health data sharing, identify trust-building elements, and assess the user's overall satisfaction with their preferences.	15	UXR
Wrap Up	Summary of preferences, additional feedback (follow-up questions).	5-10 mins	UXR
Total:		"60 minutes"	

Session Script

Interview Flow

UXR Notes

Note: Order may be adjusted per participant - Amazon → UHC → HealthPlan → HelloMedicare

General - Context Setting

Questions

- Q: What are you hoping to learn? This session will be recorded for internal purposes and any findings will be shared with the team. Please feel free to share your interests and any relevant personal experiences or interests or your honest thoughts and reactions. Before we get started, can we have a quick setting confirmation?
- A: Have you chosen to disclose plan before it's time, how recently? Follow up with did you recently keep the same plan or switch?
- A: How are you typically going to research or shop for insurance?
- A: Thinking about other people in your age, how do you think they typically go about for Medicare plans?
- A: What methods do you use to research? In a scale of 1-5, how comfortable are you with using Medicare.com vs. medical.com?
- A: Unrelated digital literacy

Answers

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

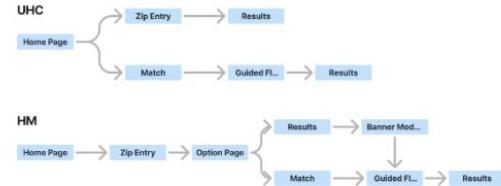
Navigation Confidence

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!

Bruce C
Participant

Participant Info
Name: Bruce C
Age: 55
Gender: Male
Relationship: Married
Lives in: Denver, CO

Summary

Quotes

Highlights

Surprises

Delights

Pain / Friction Points

User Context

User Attributes

User Flow

Browse

Preference for seeing multiple plans across the screen.
High level of information is good.
Plans are overwhelming.
Plans are overwhelming.
Plans are overwhelming.

Interviews Analysis

Copy Template (Add Participant Name)

Participants:

- Steven M
- Bruce C
- Kevin M
- Herold G
- Lee J
- Sharon F
- Jeff B
- Carol S
- Stephen B
- Barbara
- Michael H
- Gail A
- Gary K

Users Prefer Seeing Multiple Plans at Once

Preference for seeing multiple plans:

- Users find scrolling through plans frustrating and prefer side-by-side comparisons for easier decision-making – or at least 2-3 plans in a page view.
- Users preferred to see high-level information not every detail of the plan first.

Quotes:

"I'd rather have three plans across my screen in vertical columns than scroll down one by one."

"The first website we looked at showed plans side by side. It was very easy to understand."



Insight page example

Highlight one finding

The screenshot shows a Medicare plan comparison interface. At the top, there's a header with a user profile icon and the text "Compare plans". Below it, a section for "HealthSpring Preferred (HMO)" is displayed. This section includes the plan name, a 5-star Medicare Advantage Star Rating, and three buttons: "Plan Details", "Save Plan", and "Enroll now". Key cost information is listed: "Monthly plan premium \$0.00", "Medical deductible \$0.00", and "Medical out-of-pocket maximum \$4,800.00". There are also buttons for "Add providers", "Add prescriptions", and "Add pharmacy". A note indicates "Est. drug cost" and "Total est. annual cost \$0.00". Below this, a section for "Common coverage of conditions" is shown with a "Add health condition" button.

This screenshot shows a "Recommended" plan section for "Humana Gold Plus (HMO)". It displays a 5-star rating, "\$0 Premium", and the status "Best for Low Out-of-Pocket". It's labeled as a "Top Rated Plan". The monthly premium is \$0, and the maximum out-of-pocket per year is \$5,500. Below this, there are dropdown menus for "Add your doctors & medications", "Check procedure coverage", and "View all costs". A large blue "Enroll Now" button is at the bottom, along with links for "Compare plans", "Plan Details", and "Save".

This screenshot shows a "Lowest Estimated Cost" plan section for "Humana Gold Plus (HMO)". It displays a 5-star rating, "\$0 Premium", and the status "Best for Low Out-of-Pocket". It's labeled as a "Top Rated Plan". The monthly premium is \$0, and the maximum out-of-pocket per year is \$5,500. Below this, there are dropdown menus for "Add your doctors & medications", "Check procedure coverage", and "View all costs". A large blue "Enroll Now" button is at the bottom, along with links for "Compare plans", "Plan Details", and "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

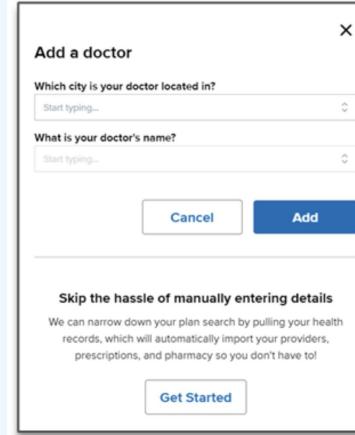
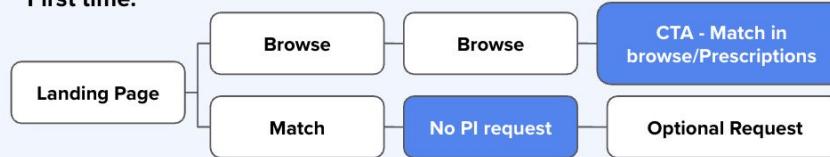
Immediate Product Improvements - collaborating with PM to implement immediate changes during active enrollment.

Today:



Proposed:

First time:



Can we use your health details?

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:

- Providers
- Current prescriptions
- Coverage details

What we don't use:

- Email
- Phone number
- 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

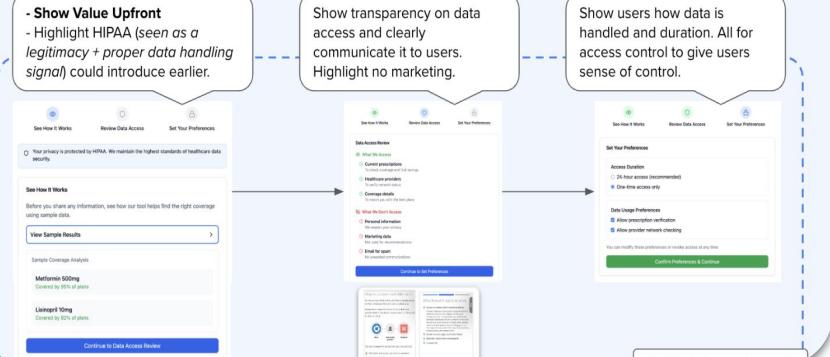
→ Solution: Staged communication showing control

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