

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 0938-1382)**

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**TITLE OF INFORMATION COLLECTION:** Healthcare.gov Web Satisfaction Survey

**PURPOSE OF COLLECTION:**

*What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?*

The purpose of this data collection is to examine HealthCare.gov user satisfaction to enable CMS to identify areas for improvement on the website. This data feeds into an overall consumer research and user experience strategy to continuously improve consumer experience across CMS products and channels.

**TYPE OF ACTIVITY:** (Check one)

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

**ACTIVITY DETAILS**

1. How will you collect the information? (Check all that apply)

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Other, Explain

2. Who will you collect the information from?

*Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them (e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)*

This survey is accessed through a persistent link on three pages within the HealthCare.gov website - "Contact Us," "Learn Topics," and "Enrollment." Users of the website self-select by clicking

the link to take the survey. The survey link is available to 100% of site users who reach these pages. The survey is automated and begins once a user clicks the link to provide feedback.

3. How will you ask a respondent to provide this information? (e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)

Users are presented with the opportunity to participate in a survey to provide feedback about their experience on HealthCare.gov from three pages on the website. They enter the survey automatically, and the data is collected using Qualtrics software. Data is automatically saved as it is entered.

4. What will the activity look like? Describe the information collection activity - e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?

The survey will be conducted online, using Qualtrics software. It is unmoderated and designed to take each participant approximately four minutes to complete. Each question will be shown on a single screen, with a "next" button to get to the next question. The survey data will be automatically saved as it is entered. No PII is collected for this effort.

5. Please provide your question list. Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.

**Q1 Which of these best describes you?**

1. An individual or family who currently does NOT have Marketplace health insurance, but is interested in getting Marketplace insurance
2. An individual or family who currently has Marketplace health insurance (Non-OE) OR An individual or family interested in re-enrolling or renewing Marketplace health insurance (During OE)
3. A small business employee
4. A small business employer
5. A CMS call center representative
6. A CMS certified assister or navigator
7. A CMS certified broker or agent
8. An insurance company representative
9. Other (Specify)

Skip To: Q3 If Which of these best describes you? = 3-9

Ask Q2 series if Q1 = 1 or 2

**Q2 Do you currently have health insurance?**

1. Yes
2. No
3. Don't know
4. Refused

**Q2A Have you ever had health insurance through the Health Insurance Marketplace?**

1. Yes
2. No
3. Don't know
4. Refused

**Q2B Who are you interested in getting insurance for?**

1. Only for myself
2. For myself and others
3. Only for others, not myself
4. Other (specify)

Ask ALL

**Q3 What is the main reason you came to HealthCare.gov today? If you came for more than one reason, please select the main one.**

1. Find information about Marketplace health insurance (like how it works, what's covered, or cost information)
2. Create an account
3. View plans and prices BEFORE filling out an application -- (See Plans and Prices)
4. Start, continue, or update an application
5. Shop and compare plans AFTER filling out an application
6. Enroll in or re-enroll a plan
7. Other (Specify)

Skip To: Q3A2 if Q3 = 7

Ask if Q3 = 1-6

**Q3A1 You selected [insert Q5 response] as the main reason you came to HealthCare.gov. Were you able to successfully complete the activity you came to do during your visit today?**

1. Yes
2. No
3. Don't know
4. Not Applicable

Skip To: Q4

Ask if Q3 = 7

**Q3A2 Were you able to successfully complete the activity you came to do during your visit today?**

1. Yes
2. No
3. Don't know
4. Not Applicable

Ask ALL

**Q4 Overall, how easy or difficult was it to do that activity?**

1. Very easy
2. Somewhat easy
3. Neutral
4. Somewhat difficult
5. Very difficult
6. Not applicable – did not attempt an activity

Ask Q5A if Q3 = 1

**Q5A1 Did you find the information you were looking for on HealthCare.gov?**

1. Yes
2. No
3. Not applicable

Skip To: Q6

Ask Q5B series if Q3 = 4 or 5

**Q5B1 Did you submit your application for health insurance on HealthCare.gov by pressing the SUBMIT APPLICATION button?**

1. Yes
2. No

Skip To: Q6 if Q5b = 2

**Q5B2 After you submitted your application, did the website give you information showing if you are eligible to get help paying for insurance?**

1. Yes
2. No
3. I don't know

Skip To: Q6 if Q5B2 = 2 or 3

Ask if Q5B2 = 1

**Q5B3 Did the Eligibility Notice say that someone in your household qualifies for any of these? (Check all that apply)**

1. A health plan with extra savings through reduced deductibles or copayments (called cost-sharing reduction plans)
2. A health plan with a premium tax credit to lower your monthly premium
3. A health plan, but no cost-sharing reduction and no tax credit
4. A state insurance program for people with low income, such as Medicaid or CHIP
5. I don't know

Ask if Q5B2 = 1

**Q5B4 Overall, how easy or difficult was it to understand your Eligibility Notice?**

1. Very easy
2. Somewhat easy
3. Neutral
4. Somewhat difficult
5. Very difficult
6. I didn't read the Eligibility Notice

Skip To: Q6

Ask if Q3 = 5 or 6

**Q5C How confident are you that the information you saw on HealthCare.gov will help you select the right health plan for you?**

1. Very confident

2. Somewhat confident
3. Neutral
4. Not very confident
5. Not at all confident
6. I don't know
7. Not applicable

Skip To: Q6

Ask if Q3 = 3 or 5

**Q5D When you were comparing health plans or choosing your plan, did you notice that the website showed star ratings to indicate the quality of each health plan?**

1. Yes
2. No
3. I don't know

Skip To: Q6 If Q5D = 2 or 3

Ask Q5D series if Q5D = 1

**Q5D1 How important were the star ratings in helping you decide what health plan to choose?**

1. Very important
2. Somewhat important
3. Neutral
4. Not very important
5. Not at all important
6. I don't know

**Q5D2 How confident are you that the star ratings helped you select a high-quality health plan?**

1. Very confident
2. Somewhat confident
3. Neutral
4. Not very confident
5. Not at all confident
6. I don't know

Ask Q6 Series of ALL

**Q6A How satisfied are you with the information provided on HealthCare.gov?**

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Not very satisfied
5. Not at all satisfied
6. I don't know

**Q6B How satisfied are you with how well the HealthCare.gov website worked today?**

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Not very satisfied
5. Not at all satisfied

6. I don't know

**Q6C How satisfied are you with your overall experience on HealthCare.gov?**

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Not very satisfied
5. Not at all satisfied
6. I don't know

Ask if Q6A, Q6B, or QcC =4 or 5

**Q6D How can we improve your overall experience on HealthCare.gov? Please be specific.**  
OPEN ENDED \_\_\_\_\_

Ask ALL

**Q7 How likely are you to recommend HealthCare.gov to family or friends who need health insurance?**

1. Very likely
2. Somewhat likely
3. Neutral
4. Not very likely
5. Not at all likely
6. Not applicable

Ask ALL

**Q8 How likely will you be to return to HealthCare.gov if you need information in the future?**

1. Very likely
2. Somewhat likely
3. Neutral
4. Not very likely
5. Not at all likely
6. Not applicable

Thank you for completing the survey.

Q9 [ALL] Would you be interested in being contacted in the future to take part in research activities related to HealthCare.gov? If so, please include your email address below:

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

6. When will the activity happen?

*Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2*

*based on scheduling logistics concluding by Sept. 10<sup>th</sup>, or  
"This survey will remain on our website in alignment with the  
timing of the overall clearance.")*

**This survey will remain on our website in alignment with the  
timing of the overall clearance.**

7. Is an incentive (e.g., money or reimbursement of expenses,  
token of appreciation) provided to participants?

[ ] Yes [ **X** ] No

If Yes, describe:

XXX

### **BURDEN HOURS**

| <b>Category of Respondent</b> | <b>No. of Respondents</b> | <b>Participation Time</b> | <b>Burden Hours</b> |
|-------------------------------|---------------------------|---------------------------|---------------------|
| HealthCare.gov user           | 24,000/year               | 4 minutes                 | 1,600/<br>year      |
|                               |                           |                           |                     |
| <b>Totals</b>                 |                           |                           |                     |

### **CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publically in the manner described in the umbrella clearance of this control number.

Name: Aaron Lartey

**All instruments used to collect information must include:**

**OMB Control No. 0938-1382**

**Expiration Date: 09/30/2026**

**HELP SHEET**  
**(OMB Control Number: 0938-1382)**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.