



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).

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

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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.

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North American Quitline Consortium (NAQC). (2010). *Call center metrics: Fundamentals of call center staffing and technologies* (NAQC Issue Paper).

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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.gerkoole.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/callcentermetricspaperstaffi.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 application interface for the Kentucky Health Benefit Exchange (KHBE). The header includes the KHBE logo and the text "HIO Tier3 [redacted]: New Item". Below the header is a search bar with the text "This List: HIO Tier3 Humana" and a search icon. The main form area contains several fields for data entry:

- Plan Year:** A dropdown menu set to "2015".
- Approved? ***: A dropdown menu.
- Update Type ***: A dropdown menu.
- Date Requested:** A text input field with a calendar icon.
- Case#:** A text input field with a note "Must be a 9-digit number."
- HIO Tier3 Case Status *:** A dropdown menu.
- Individual:** A text input field with a note "Individual ID".
- Current Beg/End/APTC:** A text input field with a calendar icon.
- Requested Begin/End/APTC:** A text input field with a calendar icon and a note "Requested Begin/End/APTC Date".
- APTC Request:** A text input field with a note "If APTC, APTC Amount requested".

At the top left of the form area, there are links for "Attach File" and "Spelling...". At the top right, a note states "* indicates a required field".

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 *	<input type="text"/>
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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)



The screenshot shows a web browser window with a search dropdown menu open. The dropdown menu lists various search options:

- Search By Status
- delete [REDACTED] and then [REDACTED]
- Mass Update of Data/Fees for dean Only
- Mass Update for [REDACTED] only
- 1095s
- All Issuer Cases for Backups
- [REDACTED] new
- Closed Items
- ILO Search
- My Cases
- Open Items excluding 1095s
- Pending ODHBE Executive Approval
- Search ALL
- Modify this View
- [REDACTED] new

The background shows a table with columns: HIO Tier3 Case Status, Individual, Subscriber ID, Cur Beg/End/APTC, Req Begin/End/APTC, and APTC Re. The table contains two rows of data, both with 'Closed' status.

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 Assistants 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 M8 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:

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