Five Guidelines for Developing Customer-Friendly Websites

Prepared for

covering kids & families

November 2006

By

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Contents

Foreword

It's hard to say how many uninsured children and adults in this country would qualify for Medicaid or SCHIP but do not apply. Certainly some of them don't know they would qualify; perhaps they don't have ready access to the information they need.

States have a legal and moral obligation to make such information available to citizens.* But a disproportionate number of those who are eligible live in chaotic circumstances in poverty or near-poverty; many face other challenges as well, such as limited literacy skills, or cultural or linguistic barriers. It's hard for states to reach everybody who needs services; there's no one place to disseminate the information so that everybody can find it.

In 2006 the Internet is arguably second only to television as a constant source of information for all citizens. Even now many people don't have access to the Internet, but it's surprising how many do—or have

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*There is a regulation at 42 CFR 435.905 that addresses the availability of Medicaid program information. It reads:
(a) The agency must furnish the following information in written form, and orally as appropriate, to all applicants and to all other individuals who request it:
  (1) The eligibility requirements.
  (2) Available Medicaid services.
  (3) The rights and responsibilities of Medicaid recipients.
(b) The agency must publish in quantity and make available bulletins or pamphlets that explain the rules governing eligibility and appeals in simple and understandable terms.

helpers who do: children, relatives, friends, neighbors, and community organizations. It behooves states to offer information about public benefits on the Internet so that as many people as possible can find it.

The Center for Health Literacy looked at each state's online information about Medicaid and SCHIP. We wanted to see if it is customer-friendly. We asked questions (see Appendix) that would help us identify what barriers (if any) prevent ordinary users from finding and using the sites. Then we recruited ordinary people—some current or former Medicaid recipients and some not—to look at the websites to see whether the barriers we'd identified really were barriers to use and the apparently friendly websites really were friendly. Each participant looked at five or six sites while we observed. The group as a whole looked at approximately thirty state websites.

All of our twenty-seven test participants were regular Internet users. Three had not completed high school, many had at least some college education, and two had master's degrees. Most were English speakers and readers, but we conducted five of the tests in Spanish (with Spanish-speaking Web users). Some participants had disabilities that required the use of screen readers or other assistive devices, and one was deaf.

We asked each person to pretend she had just moved to a different state and wanted that state's information about Medicaid. We didn't give them the URL for the new state's website, so they started with Google. When they got to the site, we asked them to see whether they could find out how to apply for Medicaid.

Although states regularly change, redesign, and update their websites, by and large we found that many states missed the mark in one or more categories of usability. Our test participants found many sites hard to find, hard to navigate, and hard to read and understand.

Web development is a complicated process requiring many different skills. Nevertheless, we found that the "fixes" needed to make state websites more usable can be grouped into the five categories set forth in the introduction to this book. By bringing attention to these problem areas of Web design, we hope to assist states in the broader goal of bringing Medicaid and SCHIP services to all who qualify.

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- Maynor Guillen
- Lawrence Guyot (www.stratecomm.com)
- George Hoover
- Mary Lou Kinney
- David Lane
- Jennifer Lane
- Amanda Learned
- Kristen Wolf

And to these organizations and their clients:
- The City of Alexandria VA JobLink Career Center
- The Center for Hispanic Policy and Advocacy (CHisPA), Providence, RI

Introduction

Every state has information about its Medicaid and SCHIP programs on the Web, together with information about other public benefit programs. Unfortunately, much of this material—if not most—is of little use to the people it is supposed to help. It tends to be hard to find, and once located, even harder to make sense of.

Far from welcoming the customer, many state websites manage only to confuse and annoy. Often they seem to have been created as an afterthought or perhaps as a requirement—something tacked onto the state's health and human services site. Or perhaps the problem is that state staff members don't provide design, language, and navigation guidelines for the developers and designers.

Hard-to-find or hard-to-use Web pages are missed opportunities for states. Many state customers have become accustomed to looking for information on the Internet. If they find their state Medicaid site but discover that it's too difficult to navigate, or poorly organized, or hard to understand, they'll have to go elsewhere for the information they want. They've lost time, and they may have lost their determination. The program administrators have lost their chance to make a good first impression—they've disappointed their new customer.

Much of what is wrong with state Medicaid websites—low visibility, poor organization, text-heavy design, and impenetrable bureaucratese—can be remedied with a little more thought and care during the site's planning and design stages. There are many challenges unique to creating a public benefits website, and making a good one is not easy.

Of course, not every client or potential client will look for information on the Web. But many do, and in the future many more will. Herein we offer some suggestions on how states may improve

http://www.in.gov/fssa/maternal/hoosier_healthwise/checkup.html
This page's title is "Member Information," but readers are likely to find the description of the program somewhat confusing. It doesn't mention Medicaid or health insurance.

their information websites so that customers will find them—and so that when they do find them, they'll be able to get the information they want easily. Then everyone wins.

A MORE EFFICIENT PROGRAM OPERATION

One of the chief advantages of the Web's capabilities is efficiency. When a website is well-designed, customers save time and frustration, and agencies save time and resources. These are some—but by no means all—of the efficiencies good Web design will bring:

- When information on the Web is easy to read and understand, clients develop a better understanding of the program.

- When there's a convenient way for clients to report changes (and they see reminders to do so), program staff spend less time trying to locate clients who move a lot.

- When they are easy to locate and use, online interactive forms streamline the application process, minimize errors, and provide the state with "cleaner" data.

- When there's a convenient way to renew on-line (and reminders to do so), more clients will renew on time, and there is less "churning."

- When there's a disaster and it's important to get information to those who may need services immediately, a website is a perfect vehicle.

After Hurricane Katrina struck New Orleans, residents who fled to other parts of the state, or to other states, could and did get up-to-date information about disaster relief programs through the state's Medicaid site. They, along with community organizations that were part of the disaster relief effort, went to the website to learn about and download newly published emergency relief applications.

THE DIFFERENCE A GOOD WEBSITE CAN MAKE

When information about Medicaid and/or SCHIP is easy to find, current and potential clients can learn about the programs at their convenience and visit the site as often as they need or want to. As a bonus, the site design can offer visual cues that reinforce the program's brand and help clients identify with it.

A good website will have these features:

- Clients can find all program information easily and in one place. The website gives them a *picture* of the program. They know just where to go to find out about benefits, how to access services, the difference between fee-for-service and managed care, their responsibility for co-payments and premiums, what to do if they have a complaint or want to appeal a decision, etc.

- Clients can find the tools they need to interact with state agencies for the purpose of asking questions, checking on the status of their cases, and reporting changes in address, household size, income, or other variables.

- New information, such as program changes and updates, is easy to insert and highly visible.

- Program applications can be completed on-line, and clients can find out (conditionally) whether or not they are eligible.

- Clients see reminders about renewing, and they can renew online.

- Provider directories and other moving targets are always current, so clients don't have to rely on outdated hard copies.

- Visitors learn about other services that they may qualify for and find links to other state sites and community-based programs.

Over time, more and more clients will learn to rely on a good website for the most current information.

FIVE GUIDELINES FOR DEVELOPING CUSTOMER-FRIENDLY WEBSITES

State agencies can do a better job of helping people find information on the Web about Medicaid, SCHIP, and other government services if they know what elements are critical for producing a customer-friendly site. Once they know, they can prepare guidelines for the development team and use those same guidelines to monitor the team's work. The result will please the state agency and—most importantly—its customers.

Here are five important guidelines:

1. **Make your site easy to find**
2. **Create a clean and uncluttered design**
3. **Write for your clients**
4. **Provide clear pathways for user tasks**
5. **Conduct usability testing throughout development**

This manual will explain each of these and, because *a picture is worth a thousand words,* will show many screenshots of existing Medicaid and SCHIP websites, some that are customer-friendly and others that are not.*

Designing a customer-friendly site takes careful planning, design and writing skills, and most of all, an unswerving commitment to your customers. These guidelines will improve your chances of creating for them a site that is visible, useful, and pleasing to read.

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*These screenshots were captured in October 2006. Some sites may have changed since then.

NEW YORK STATE

Department of Health
Information for a Healthy New York

A-Z Index | En Español | Help | Contact | Home

Medicaid
- Medicaid Home
- Local Departments of Social Services
- Medicaid Update
- Program Information
- Fees
- Reference Guides
- Rates
- Fraud
- Related Links
- Statistics
- Important Phone Numbers

Questions

HOW DO I APPLY FOR MEDICAID?
You can apply for Medicaid in any one of the following ways:
- Write, phone, or go to your local department of social services.
- In New York City, contact the Human Resources Administration by calling (718) 557-1399. Residents of the five boroughs of New York City may call toll free at 1-877-472-8411.
- Pregnant women and children can apply at many clinics, hospitals, and Prenatal Care Assistance Program (PCAP) offices. Call your local department of social services to find out where you can apply.
- If you are in a facility operated by the New York State Office of Mental Health, contact the patient resource office.

You are Here: Home Page > Health Insurance Programs > Medicaid

Medicaid

- What is Medicaid?
- How do I know if I qualify for Medicaid?
- How do I apply for Medicaid?
- When I go for my application interview, what should I take with me?
- If I think I am eligible for Medicaid, should I cancel any other health insurance I might already have?
- If I can't leave the house, can I still apply?
- How do I know if my income and resources qualify me for Medicaid?
- Can I be eligible for Medicaid even if I make more money than the chart shows?
- What are my rights?
- Can I still keep part of my income if I am in a nursing home (Residential Health Care Facility) or in an intermediate care facility for the developmentally disabled?
- Will there be a lien (legal claim) placed on my estate (my assets) when I die?
- What health services are covered by Medicaid?
- What is a Medicaid managed care program?
- What does managed care cover?
- Do I have to join a managed care plan?
- Where can I find information on the new Medicare Part D Prescription Drug Program?
- What is the Medicaid Buy-In Program for Working People with Disabilities?

What is Medicaid?

Medicaid is a program for New Yorkers who can't afford to pay for medical care.

How do I know if I qualify for Medicaid?

Search
Search this site:
[   ] Search

Site Contents
- Birth, Death, Marriage & Divorce Records
- Health Insurance Programs
- Employment Opportunities
- Forms
- Family & Community Health
- Health Care Professionals & Patient Safety
- Hospitals, Nursing Homes & Other Health Care Facilities
- Diseases & Conditions
- Health & Safety in the Home, Workplace & Outdoors
- Healthy Lifestyles & Prevention
- Laws & Regulations
- Statistics & Data
- Events & Training
- Grants/Funding Opportunities
- Permits, Licenses & Certification
- Press Releases & Reports
- Related Sites

http://www.health.state.ny.us/health_care/medicaid/
You know where you are immediately when you land on this site; you can see the word you're looking for—Medicaid—and there's a list of common questions right on the home page.

http://www.dhh.louisiana.gov/offices/?ID=92

Despite the somewhat distorted pictures and the confusing left menu, participants found the colors and pictures on this Web page appealing. In addition, there are clear directions for using the site, the title is prominent, the page is welcoming, and instructions for the next step do not require the user to scroll.

Make Your Site Easy to Find

It's easy to provide good customer service on the Web—much easier than in most office settings. On a good website there's no waiting. Users can go to the information at any time of the day or night. The answers to all their questions are right there in front of them. They can take as much time as they like to read and absorb the content, choosing the parts that apply to them most. They can click back and forth between pages, putting information together in their heads as they go. They might even be able to begin an application online and complete it at their convenience.

For a Web-savvy client, it can be a dream. For a website sponsor, it can be a dream too: cost-effective, customer-friendly, and efficient.

FINDING MEDICAID WEBSITES

The beauty of the Web is that you can serve your clients at any time—assuming they can find your site. But how do they do that?

One way Web users might find information about Medicaid is by going first to a state administrative agency's home page and then

following a link to the Medicaid page. To do that they need to know the agency's name and the URL. If they don't know it, they'll probably use a search engine such as Google. If they can pick your site link out of the search engine results, they'll get to the home page.

Yet here's the rub: a large number of your clients will have difficulty finding your Medicaid page because they lack basic information with which to begin their search. You need to anticipate that many users will reach your site after a long detour. You must find ways to bring them home more expeditiously.

The long way home: program titles, Web portals, & website searches

In thinking about how your customers and potential customers will search for your site, remember that many members of the general public simply do not understand the difference between Medicaid and Medicare and use the terms interchangeably. (*Medicaid* is free or low-cost health insurance for individuals in certain groups who meet eligibility and income limits, and *Medicare* is a health insurance program for individuals age 65 or over.)

Potential customers who want free or low-cost health insurance may not know that each state has its own state-run Medicaid program, and that these programs vary from state to state. They may not include the state name in the search. Without it, they'll end up at the Centers for Medicare and Medicaid Services (CMS) site, because the choices on the results page will lead them straight to it.

When they get to the CMS site, will it help them find the state-specific information they need? Not really. There is no clear path to a set of links for each state's Medicaid site.
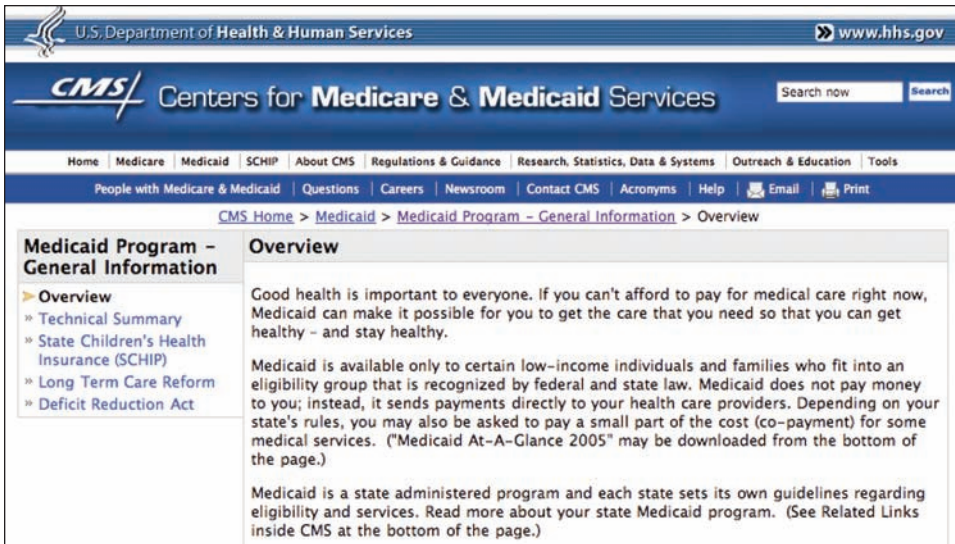
http://www.cms.hhs.gov/MedicaidGenInfo/
It's impossible to know how many information seekers give up after they hit the CMS site—especially if they're looking for specific information, such as how to apply.

Some Web users may go to their state's official Web portal to find information about Medicaid. But most of the time it's not easy to find that information on the state portals. The information is there, but it's buried under links that are poorly named and not intuitively arranged. If users notice the portal's Search capability they may try typing in *Medicaid*. But many Search features don't guarantee success, because they take the user out of the site.

http://www.nd.gov/
On this state's Web portal, information about Medicaid is buried under the
Living link. Seekers must click on **Living**, then **Health Services**, then **Insurance**,
and *then* **Medicaid**.

http://www.ca.gov/state/portal/myca_search_results.jsp?sSearchString=medicaid
If a user types _Medicaid_ into California's Web portal, this is what appears.

USING A SEARCH ENGINE: NOT OUT OF THE WOODS YET

Even relatively savvy information seekers who use a search engine and good search terms may have trouble finding the site they're looking for. It may appear at or near the top of the first page of results, but they may still not be able to identify the link.

Many of the "right" links are URLs that include agency names. The text underneath may use the word Medicaid, but many searchers look at the names of links and ignore the text underneath. They may miss the link entirely.

There's no problem finding the Arkansas site using Google and the words *Arkansas Medicaid.* It's the first one on the page!

Idaho's information about Medicaid is buried in this Rainbow link. Curiously, the word "Rainbow" isn't used (or explained) on the site.

DATABASES

Pennsylvania Medicaid

This file contains detailed claims-level data from the Pennsylvania Medicaid program that are useful for Medicaid policy studies as well as health services research studies. The file contains all data on Medicaid outpatient, inpatient, and drug claims, patient demographics and eligibility, and provider information.

Source: Pennsylvania Department of Public Health

Size: 9,268,572

Years: 1989-1996

Media: 3480

Format: EBCDIC

RecordLength: 189

Structure: 1 record per procedure

Complexity: Moderate; operating system utility is available for converting EBCDIC records of fixed length to ASCII.

http://www.mtppi.org/frameset.asp?Pg=/db049.asp

If users choose the link on the Google page that says *Pennsylvania Medicaid*, this is what they'll see. How will they know they're not on the state Medicaid site?

It's easy to pick the North Dakota Medicaid site out of this list. Both the link and the text under it tell you where you are.

What's in a name?

Medicaid is solidly branded in much of the public arena. The media and the provider community refer to it as such, and it's reasonable to assume that the general public recognizes the brand, too. To the public, Medicaid means *free health insurance* or *free health care.*

Web users rely on the title that they see on a Web page to tell them that they're in the right place. If they don't see it, or if they see something else—something they don't expect to see—they may click away and miss the information they're looking for.

If a local alternative name for Medicaid is well established, such as California's Medi-Cal, the locals may know it—but not users who are new to the state. They're still apt to search for Medicaid. They won't find it unless the Web content links the local name with Medicaid.

Searchers often don't know or care what the name of the administrative agency is—they just want to find information about Medicaid. If that information is buried on a site whose name doesn't give seekers a clue, they won't find it.

http://www.med-quest.us/
This is the site for information about Hawaii's Medicaid program. The name Med-Quest (not explained on the home page) is a reference to Hawaii's Medicaid and Quest programs. Quest is a managed-care health insurance program for qualified low income children and adults, and it's partially funded by Medicaid.
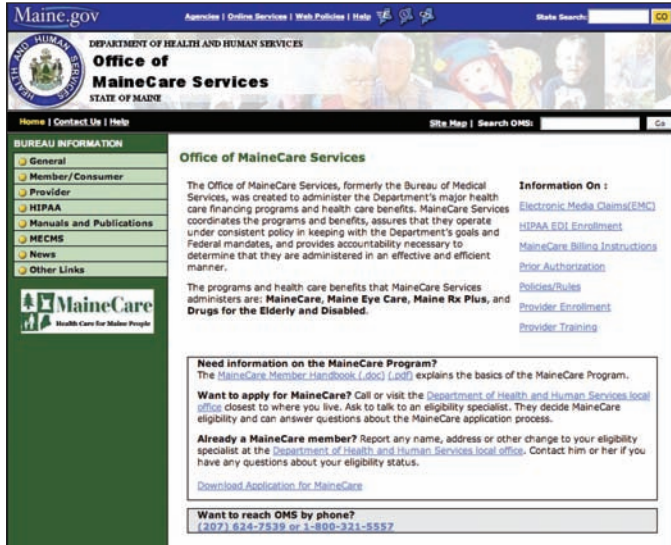
http://www.huskyhealth.com/about.htm
This site is about the state's Medicaid program for children under 19, called HUSKY A. It's also about the state's SCHIP program, called HUSKY B.

http://www.maine.gov/bms/
No words here tell consumers what MaineCare is, and that if you're looking for *Medicaid* in Maine you've found it.

FALSE POSITIVES: A WORD ABOUT SPONSORED SITES

Information seekers often choose the *right* set of words from a search engine list (for example, <u>Louisiana Medicaid</u>) in the *wrong* place—in a list of sponsored sites. The sponsored sites listed on the right side of search pages are commercial sites. They're sponsored by organizations that pay to appear on pages triggered by certain keywords and descriptions.

Many users aren't aware that sponsored sites are commercial sites. If the most likely links they see are among the sponsored sites, that's where they'll go. Users may spend quite a while—or forever—on a sponsored site without realizing it's not the official state Medicaid page.

Searchers who look for the state's Medicaid site may find sponsored links (like the one circled) tempting, but that's usually not where they really want to go.

WHAT HAPPENS WHEN YOU LAND ON THE WRONG SITE

Entering the world of public benefit programs is a lot like going to a foreign country: The language and culture are new, and it takes time to learn them.

So it's not surprising that some users who land on the wrong site do not realize it and stay there looking for whatever it is they're looking for. Their lack of familiarity with the *language and look* of Medicaid or SCHIP makes them less confident; they think that if they can't find what they're looking for, it must be their fault. (Almost all of our test participants who landed on wrong sites didn't realize it—and stayed there until we told them!)

As people look for information in all the wrong places, they become increasingly frustrated. They spend far too much time looking for information that (1) someone should have made easy for them to find, and (2) they'll never be able to find.

Their frustration makes them unhappy customers (or potential customers).

Louisiana Medicaid

For Technical Support, call toll-free 1-877-598-8753.

Search LAMedicaid

[Search]

Provider Login

Click Here to Enter a
Recovery Request
New Medicaid Information
HIPAA Information Center
HIPAA Billing Instructions &
Companion Guides
EDI Information
Training
About Medicaid
Provider Ownership
Enrollment
Provider Web Account
Registration Instructions
Provider Support
Provider Manuals
Billing Information
Medical Equipment & Supplies

Welcome to the Louisiana Medicaid Provider Support Center

LA Medicaid National Provider Identifier (NPI) Information

Hurricane Katrina Medicaid Provider and Recipient Information

The Louisiana Department of Health and Hospitals and Unisys have created this website to make information more accessible to Medicaid providers. At this online location, providers can access information ranging from how to enroll as a Medicaid provider to directions for filling out a claim form.

In addition, providers can have direct contact with the Unisys Field Analyst assigned to their area or find information on provider training. Select the Provider Support link in the table of contents on the left side of the screen to find your representative.

Some questions you might have are already answered on our FAQ page. Visit it by using the link located on the index to your left. Click on any of these items to learn more about the Louisiana Medicaid Pr

As you move throughout
useful websites. These si
and Hospitals. Availability

Questions about this web
473-2783 or (225) 924-5040.

Louisiana Medicaid
Provider specific information on the **Louisiana Medicaid** Program.
www.lamedicaid.com/ - 6k - Cached - Similar pages

This is the second item on Google's results page if you search for *Louisiana Medicaid* (see inset). It's a logical choice for searchers (the description is very clear), but it's the wrong choice if they are current or potential Medicaid consumers. Most of our test participants were misled by the title of this page and never realized that the site is for *providers only.*

Publicize your URL

It's possible—and certainly desirable—to make your state online Medicaid and SCHIP pages easier for Web users to find. The first step should be to come up with an appropriate URL and publicize it. If information seekers know your URL, they won't need to use search engines.

To make the URL easier to remember and use, choose words and abbreviations that make sense to users. For example, Arkansas' URL is http://www.medicaid.state.ar.us, but Kentucky's is http://chfs.ky.gov/dms/. Including keywords such as *Medicaid* helps users and may also help get recognition from search engines.

Even if the URL does not have an intuitive name, customers may learn to associate it with your program. Make sure you use every opportunity to publicize the URL. Put it on all visual media and printed materials, including applications, brochures, posters, signs, giveaways, handbooks, and notices. Include it in public service announcements.

Similarly, make names and descriptions within the website content intuitive as well. Use words that are expected by and familiar to users. Don't assume that people will understand that *medical assistance* includes free or low-cost health insurance, or that medical eligibility is the link that gets you to Medicaid.

If your state uses another name for its Medicaid or SCHIP program, tell users that right away, on the Medicaid home page. Explain that

you've given your Medicaid program another name, and explain it more than once (on more than one page), so that users won't miss that important point.

http://doh.dc.gov/doh/site/default.asp
On the District of Columbia's website, it's hard to find the *Medicaid* link on the home page, but if you do, the next page tells you what the Medicaid agency in D.C. is called: the Medical Assistance Administration.

OPTIMIZE SEARCH ENGINE RESULTS

Search engines such as Google are computer programs designed to help find information stored on the Web. A user can search for any word on any Web page, and in a perfect world (for searchers, anyway) the most relevant links would be listed first on the results page.

Every website sponsor wants its site to show up prominently when users search for something it sells or a service it provides. In the sponsor's ideal world, its site, too, will turn up always among the first links on the results page for a given search term.

Unfortunately Web searches, like so much in life, fall short of the ideal. But their effectiveness is vastly improved for website sponsors as well as users when users are given means of discerning among the often vast list of results.

There it is! Utah Medicaid, with some good descriptive text, first on the list.
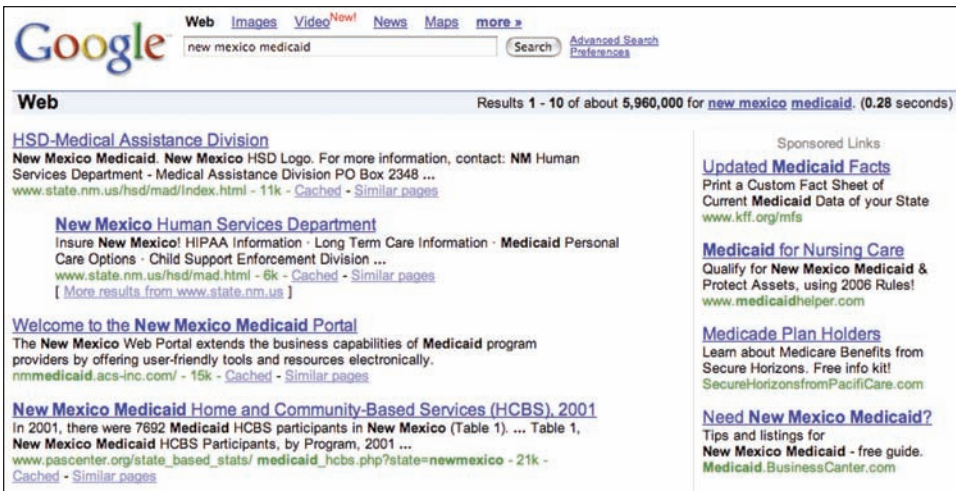
> But what to pick on this page? All of the choices offer some promise, but none is quite right.

Search engines use algorithms to rank page listings according to relevance. The relevance, or value, of Web pages is determined by a number of criteria, and each search engine company (Google, Yahoo, AOL, etc.) has a unique secret algorithm it uses to determine relevance.

Some people make it their business to guess what the algorithms might be. *Search engine optimization* organizations have sprung up over the past few years to meet the needs of website owners who want their sites to garner more attention than competitors. Sometimes these firms are pretty successful at improving listing positions.

Using a search engine optimization organization to help improve your site's listing will likely be costly, but it might be worth it. Whether your site is intended to sell things, offer information, or provide interactive program options (such as applications, enrollments, or report change opportunities), the more people who find and use it, the more "successful" you'll be.

If your site's listing is prominent and easy to identify, your customers will be able to find you 24/7—not just during office hours. If, on the other hand, people can't find or identify your site, you'll have to spend more time and money distributing information and materials in other ways. Spending money on search engine optimization, in other words, is an investment worth considering.

WHAT IS METADATA?

If there's no money in the budget to hire a search engine optimization firm, there are a few strategies that your Web developer and content writer can and should use to make search engines more likely to list your site prominently.

Choose the right keywords and descriptions

Metadata is data about the information on your website that's inserted in the site's source codes at the time the site is developed. The metadata that's relevant to searches consists of keywords, titles, and descriptions that searchers may intuit. The site's metadata can tell a search engine how words on the site are related and thus make linking to and from that site more efficient. For example, the metadata can tell the computer (and the search engine) that *Medicaid*

is related to *help with medical bills*, so that when searchers look for either *Medicaid* or *help with medical bills* they'll find the same site.

For certain search engines, such as Google, the description found in a site's metadata determines what the text that appears under the links will say. Some searchers depend on that text to help them sort through the list of possibilities.

The absence of good metadata about your Web pages can make it less likely that searchers will pick your site from a list of search engine results. You can see a site's metadata by clicking on View on the menu bar, and choosing Source.

```
<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.01//EN"
"http://www.w3.org/TR/html4/strict.dtd">
<html>
      <head>
<title>Kentucky: Cabinet for Health and Family
Services - Overview</title>
<meta http-equiv="Content-Type" content="text/html;
charset=iso-8859-1">
<meta http-equiv="Content-Style-Type"
content="text/css">
<meta name="Title" content="Kentucky: Cabinet for
Health and Family Services - Overview">
<meta name="Description" content="">
<meta name="Keywords" content="Kentucky, Health,
Family, Children">
```

This is some of the metadata on the Kentucky Department of Medicaid page. Note that the page title does not include the word *Medicaid*, that "Keywords" do not include *Medicaid*, and that there's no page description.

```
<meta name="keywords" content="Utah Medicaid
Program, Medicaid, Utah medical assistance,
help with medical bills">
<meta name="description" content="Medicaid
Information for the State of Utah. The Utah
Medicaid web site has information about the
Utah Medicaid Program.  Provider manuals and
bulletins. Some eligibility information.">
```

A sample of Utah Medicaid's metadata, showing keywords and a description that makes it likely that searchers will be able to pick it out of a list. Note how specific the keywords and description are.

Put the page name in the title tag

Put the page name in the metadata as the HTML title tag so that search engines will be more likely to list your site when users search by entering the words in the name. You'll see the page title of a Web page if you look at the title bar at the very top of the window.
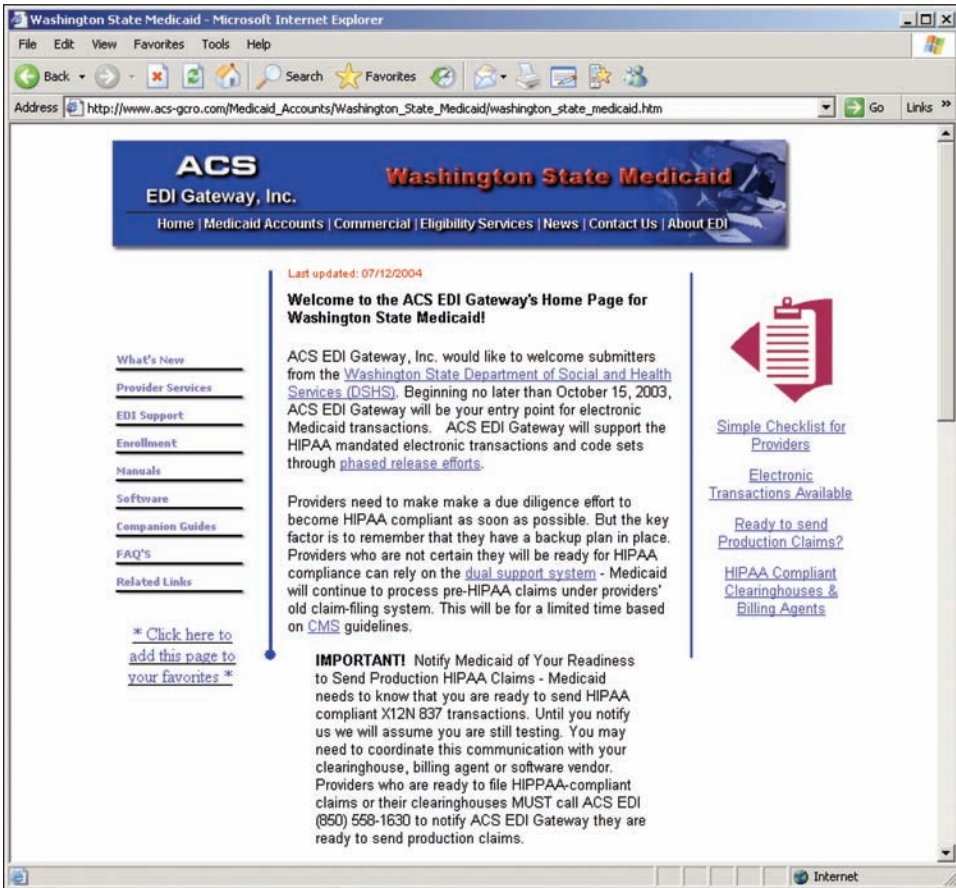
**http://www.acs-gcro.com/Medicaid_Accounts/Washington_State_Medicaid/
washington_state_medicaid.htm**
**Note the title tag for this page, in the blue bar above the address field. But
the site is for providers, not consumers! Title tags don't *always* lead people to
the site they're looking for.**

Name the page for users

It's important to know that **individual pages**, not just the site as a whole, compete on the Web for search engine results. So if the Medicaid and SCHIP information is within the Department of Health and Human Services website in your state, you can name those individual pages—giving them names, and a URL, that make sense to searchers.

http://ahca.myflorida.com/Medicaid/index.shtml
On this page the URL includes both the name of the state and the word *Medicaid.*

Use keywords frequently

The more often you use a word that people are likely to search for, such as "Medicaid," the more likely it is that your site will show up on search engine pages. That's because the search engine "crawlers" constantly monitor the Web, looking for (among other things) frequently used words—especially those that appear *above the fold* (borrowing an old newspaper phrase). That's one way they find and list your site.

Link from other sites

Search engines also look at relevance when listing results. How relevant is the site? How many other sites relate to it by providing links to your site? The more links that lead to your site, the better, according to the search engines. If your site's content is useful, well-organized and clearly written, the value of the site will increase the number of sites that choose to link to you.

In addition to increasing the site's value, a large number of easily identifiable links to Medicaid and SCHIP increases the likelihood that consumers and potential consumers are going to use those links to find those programs.

At the very least, your state's Web portal and the administering agency's home page ought to contain clearly named and easy-to-find links to the Medicaid and SCHIP pages. They should appear above the fold and not be hidden as sublinks under links with abstract names, such as <u>Living</u>, or be tricky to access.

The Centers for Medicare and Medicaid website should also provide an easy-to-find list of all states' Medicaid and SCHIP sites. That site, or any other that shows searchers how to find their state's Medicaid pages, would increase the ranking of search engine results.

Encourage other state programs, community-based organizations, advocacy groups, and any other service-related sites you can think of to link to your site too. Remember, the more links the better.
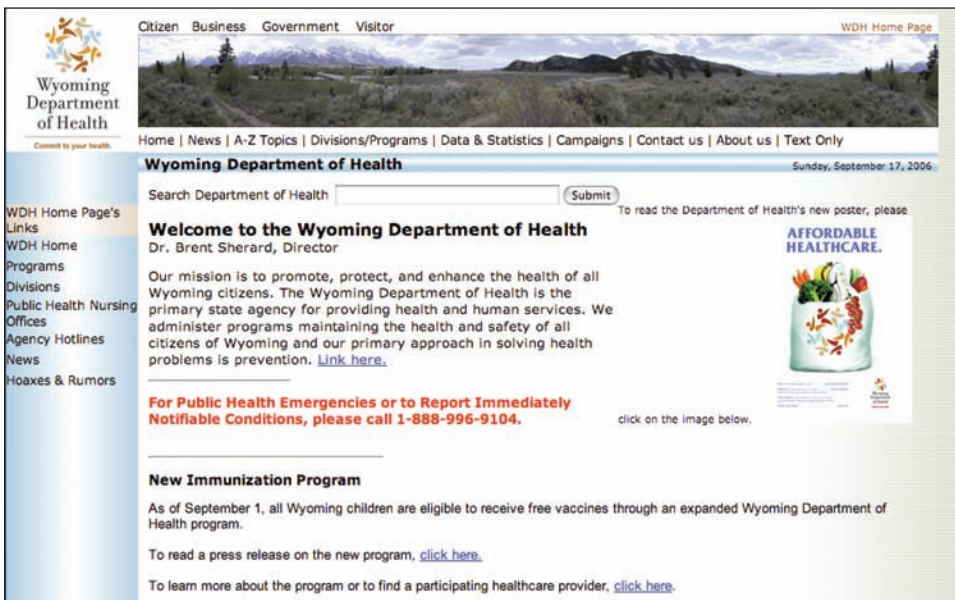
http://wdh.state.wy.us/main/index.asp
Consider the many ways you'd think you could link to Medicaid on this site. Perhaps it's under <u>Programs</u>? No. <u>Public health</u>? No. <u>Divisions</u>? No. It's under <u>A-Z topics</u>.

http://my.ca.gov/
To find Medicaid on this Web portal, users must go from <u>Health and Safety</u> to <u>Health Services</u> to <u>Medi-Cal</u>. The word *Medicaid* never appears anywhere.

FOR BEST RESULTS

No single strategy will put your site at the top of all relevant search engine results pages, but many approaches together will certainly boost your site's visibility and help you reach many more customers.

To recap, here are some strategies for making your site more visible:

- Include the state name and "Medicaid" in the page URL (Internet address and page name). Use words and abbreviations that will be clear to users.

- Publicize the URL.

- Put the page name in the title tag.

- Choose intuitive keywords and phrases for the metadata.

- Use keywords frequently (but with a purpose—not gratuitously) on your pages, above the fold.

- Include in the metadata for each page a concise description that uses some of the keywords. It will show up as descriptive text under the link on a results page.

> If you don't see words similar to those below in your Medicaid page metadata, ask your webmaster to make changes.
>
> ```
> <title> Official State of Virginia Medicaid
> Website </title>
> <meta name="keywords" content="Medicaid
> Information Virginia program free healthcare
> medical assistance benefits government
> official">
> <meta name="description" content="Official
> Virginia Medicaid Program Site. Information
> about medical assistance programs that can
> help pay medical bills.">
> ```

- Make sure that the most important links (such as <u>Online Applications</u> and <u>FAQ</u>) have prominent positions on the home page, then make sure each of those pages has proper metadata.

- Put a link for Medicaid on the state Web portal, above the fold.

- Customize the site's search capability (if any), and the state Web portal's search capability, so that searchers can find Medicaid or SCHIP easily.

- Encourage as many other sites as possible to post links to your site.

- Consider using a professional search engine optimization firm to help you maximize search results.

You might want to consider advertising your website on the Internet. When the Pennsylvania CHIP program began purchasing a state-targeted paid search on Google and Yahoo, hits to its website increased by nearly 2,000 per month. In 2006, Pennsylvania's CHIP website averaged one million hits per month—the result of the Internet advertising and putting the URL on all of Pennsylvania's marketing and outreach materials.

TRY THIS:

Go to Google and type in your state name and Medicaid. Take a look at the first page of Google's results, imagining yourself as a first-time Medicaid customer. Can you easily find the words that will lead them to the right pages?

Now go one step further, and ask friends who are not familiar with Medicaid or SCHIP to pretend they've just moved to another state (you pick!) and want information about Medicaid. Reassure them that you're testing the website and its findability—not them.

Don't give them any guidance—just watch as they do the task. See how they approach it, what words they use to search, how long they stay on a "wrong" site that they've landed on. Note how persistent they are, as well as the things that frustrate them. If they find the website, ask what they like and don't like about it.

Is the state's Medicaid information easy to find without having the URL? If not, what do you think would help make it easier for users to find the site?

Create a Clean and Uncluttered Design
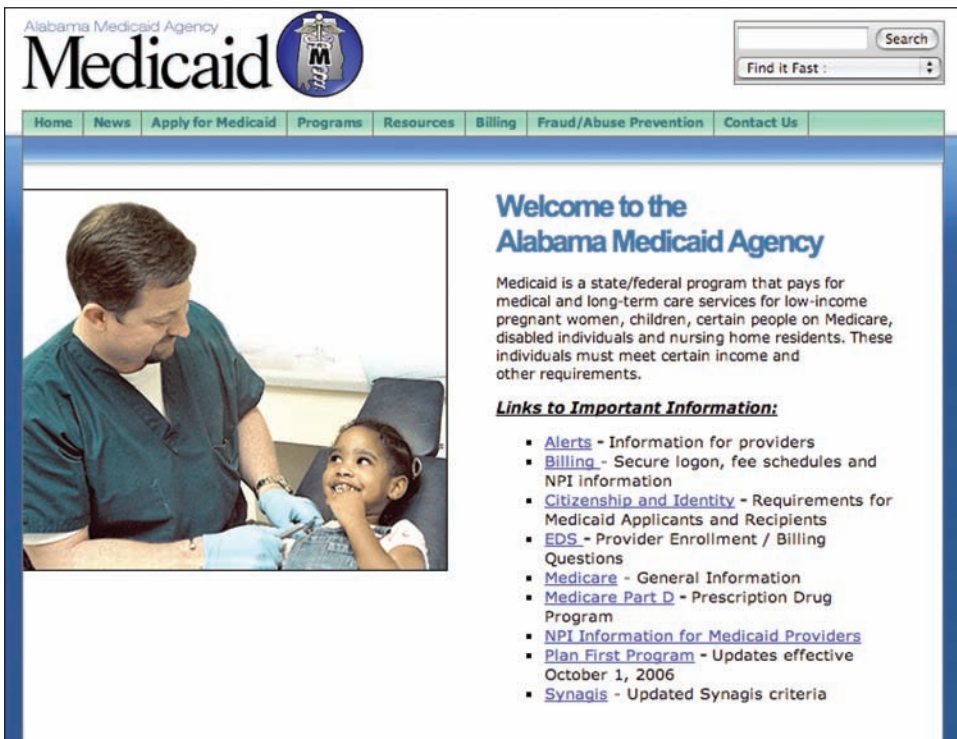
Design is everything on the Web. The way a Web page looks can welcome users, invite them in and encourage them to stay, or make them think it's not worth their trouble.

The way a website looks *to its users* is especially important when it is intended for popular use. It has to appeal to the people whom you expect to use it. If it also appeals to the program staff, the governor and the Web development team, so much the better. But the customers and potential customers must come first.

If users are looking for information, the design can suggest that they will be able to find it easily—or that they're in for some tedious work. The user is the final arbiter of the site's design: if she is put off by the way the site looks it takes just a second to click away, and she may never return. If that happens, the website has lost another customer.

What works for the broadest audience?

A design that works for information seekers is clean and uncluttered, offering the prospect of easy navigation. There's no visual noise—that is, no clutter that may interfere with a visitor's ability to use the site, or at least use it easily. The site looks *well-organized*—as though it will be possible to find what the user wants on it.

http://medicaid.alabama.gov/
This page is clean, uncluttered, and welcoming. However, the *Links to Important Information* do not include such important things as who will qualify and how to apply.

More is at stake here than appealing to the average Web surfer. A clean and uncluttered design is much easier to use for people with limited literacy skills, or those who don't read English well, as well as users who have visual impairments, learning disabilities, or physical challenges that require them to use assistive devices. It's extremely important to make a public benefits website accessible to as many users as possible, whatever their abilities. Jakob Nielson, a longtime expert on usability, says, "Long experience shows that improving usability for users with disabilities typically increases usability for non-disabled users as well."*

MAKING THE CUSTOMER HAPPY

Information seekers may be a little anxious when they visit a Medicaid or SCHIP site. They know they have to learn somehow to get the services they (or someone they care about) need or want. It's not the same experience as surfing the Web to find what's interesting, or visiting a favorite shopping or music site.

For some information seekers, the need for specific information may keep them at a site even though the design is not inviting or appealing. They stay and struggle, and become unhappy, disappointed customers. Some users even *expect* informational websites to be cluttered and hard to navigate as a matter of course. But that needn't be the case with your site, and if its design is clean and uncluttered users may be pleasantly surprised. They will find what they want and become happy customers.

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*http://www.useit.com/alertbox/2005314.html

CRITICAL DESIGN ELEMENTS

Some decisions that Web designers make are critical in helping to make a Web page appealing and readable. The following are critical features of good Web design:

- **Easy-to-read fonts.** It's important to choose fonts that don't interfere with readability and navigation. Fonts that are artsy or cutesy, or that aspire to be design features that call attention to themselves, merely distract users from the content.

- **Easy-to-see print—**at least 11 point. Using that as the default, set print at variable size so that users can make the text larger by adjusting their View menu. Smaller print may look neat and orderly, but many users find it difficult to read, especially older people and those with vision impairments. Moreover, on a text-heavy site small print results in long lines of text, which are harder for people to read.

- **Key messages in the center of the page.** Most users will look first to the middle of the Web page to find information. If you want them to see something important that's not in the middle, you need to give them a visual cue—a graphic element that says *Look here, this is important.*

- **Key messages and links above the fold.** Some Web users just don't scroll. Perhaps they forget because they're intent on the task they're doing, or maybe they don't know they'll find more information if they scroll down. The content of a Web page that you don't see unless you scroll down is said to be below the fold.
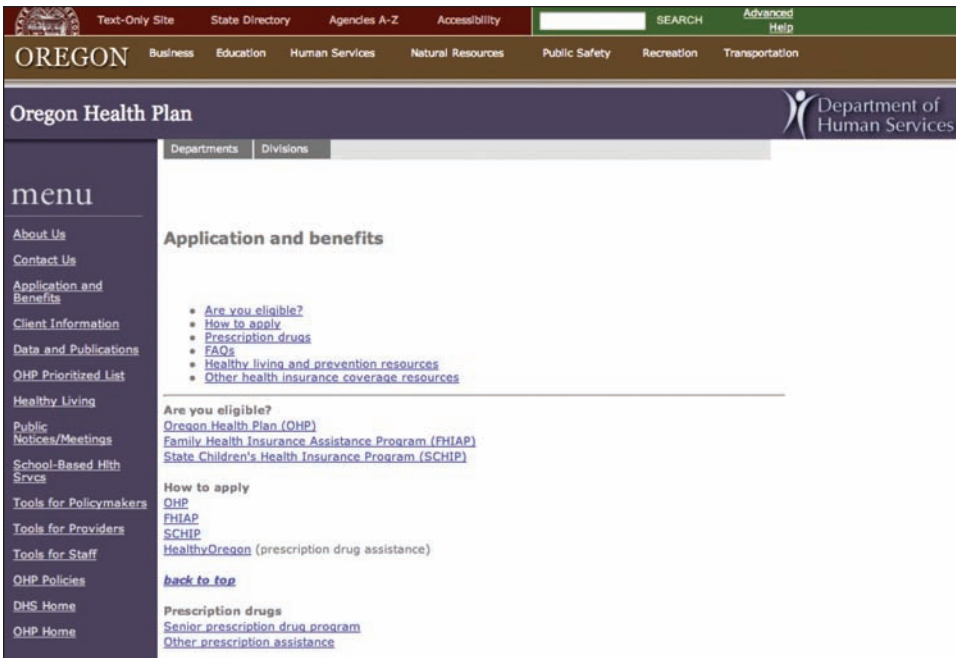
http://www.oregon.gov/DHS/healthplan/app_benefits/main.shtml
"Oregon Health Plan" is Medicaid in Oregon. Not a word is mentioned about Medicaid on this page, but at least the key messages are above the fold. The interior pages aren't as clear.

Don't count on users scrolling to see something important. If you do place important information below the fold, make sure there's a visual cue for users so they'll know to scroll down.

- **Plenty of contrast.** If the design doesn't provide enough contrast between the background and the print, it will be hard to read the text.

http://www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_006254.hcsp

There's lots of information below the fold on this page, and most is as important as what's above the fold. But you can't really tell that it's there. Moreover, it's hard to read the text under *Health Care* on the upper left part of this site, because there's not enough contrast between the text color and the background color.

- **Color that highlights important features.** Color used judiciously can add interest and appeal to a Web design and help support the site's navigation. In a website with lots of text and information, color can highlight key messages, helping users tell one page from another and keep track of what pages they've seen. But too many colors can create visual noise and impede navigation.

Hawaii uses colors to call attention to important links and features.
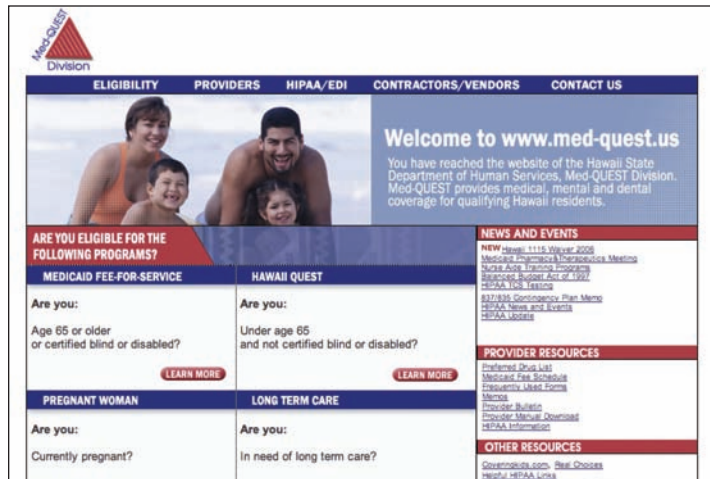
- **Images that reassure users and show them they're at the right place.** Users take cues from the images they see on your site. The right images welcome users to the site and tell them they're at the right place. Our test users much preferred pictures of families and children to those of mountains or lakes (however beautiful) in the host state. The pictures of people provided a visual cue to them that they were where they were supposed to be—on the state's Medicaid site.

REACHING THOSE WITH SPECIAL NEEDS

Well-designed websites make it easier for *all* people to use the Web, not just those who can use the technology in standard ways. Consider the range of human abilities, and you'll see that designing for users with "special needs" means simple things like making print size or contrast adjustable, but it also may mean rethinking fundamental design values to make sure people using special software and other assistive devices don't have to plow through happy talk and other visual fluff to get to the information they need.

Many Web users rely on assistive devices. Some users are visually impaired, some have learning disabilities or other cognitive impairments, and some are physically disabled and can't sit, use the mouse, reach, touch type, or otherwise use the technology in the standard ways. Here are some examples of assistive devices:

- A computer program that converts text into speech, allowing blind people to use the Internet. At its most basic, it reads *everything* on each Web page—a formidable, frustrating, and boring process for the user, especially if the page is cluttered or poorly organized. Computer users who are trained in using this software depend on hearing site maps or lists of links to scan the way other Web users do.

- Similar software that allows readers with limited literacy skills and those learning English to hear the text spoken. These programs are much easier to use on websites that are streamlined and customer-friendly.

- Voice recognition software that allows users with physical disabilities to operate a computer using speech. Once again, good, intuitive navigation saves these computer users time and frustration.

Section 508 of the Rehabilitation Act requires federal agencies to make their electronic and information technology accessible to people with disabilities. In a sense, the spirit of 508 mandates the very basics of creating user-friendly Web design: clean and uncluttered pages, fluid navigation, plain language writing—all tested for usability. These features result in websites that are usable for more people, including those with limited literacy skills, those with mobility and visual impairments, and those with learning disabilities.

Make sure your Web developer knows how to make a site compliant with Section 508. This is a task best done during development. Here are some keys to a 508-compliant website:

- Streamline the design and navigation so that it's not cluttered. While it may be just annoying for most users to plow through a cluttered site, it's extremely time-consuming and labor intensive for people who are using assistive devices.

- Design readable Web pages with sharp, crisp print (good contrast), and not too much of it, so it's easy to scan.

- Build in the capacity to change text size and improve contrast.

- Provide prominent (above the fold) links to translated pages, so users can easily toggle back and forth between languages to understand the content.

- If there are pictures or illustrations, make sure they support and enhance the content and don't drive or interfere with the navigation.

- Provide a site map, so that users can go straight to what they want, bypassing navigation. This is particularly important for blind users, who otherwise may have to listen to a screen reader speak every bit of navigation until they find the link they want.

http://www.dhss.delaware.gov/dhss/main/sitemap.htm
Delaware explains its site map to users. The text is fairly high level, but the idea of explaining is a good one.

- Add "alt tags" (supplemental text) to describe graphic content, including pictures, illustrations, and especially graphically-produced text such as banners or buttons. Make sure site navigation doesn't depend on seeing the graphics and illustrations.

- Offer a text-only version of the site that's available from the home page.

- Label links clearly, so users who rely on screen readers (and other users as well) will know *exactly* where they lead.

Finally, don't forget to provide contact information for those who want to call or write. Many information seekers ultimately prefer to talk to a real person and look for a phone number if they can't find what they want.

http://www.dhs.dc.gov/dhs/cwp/view,a,3,Q,613266.asp
The District of Columbia has their phone number, TDD directory, and address listed on every page of their website.

TRY THIS:

Ask a friend to visit your state Medicaid website. Provide the URL. Let your friend explore the site for a few minutes, and then ask these questions:

- *What do you think of the site's design? Do you like it? Why or why not?*

- *Talk about the way the pages are organized visually. Can you tell what the designer thinks is important?*

Remember, don't agree or disagree during the test period. Just listen. You may find that the things that appeal to you, with your level of knowledge and experience, are not the same things that appeal to your friend.

Consider what your friend said. Do you think she's right? If so, what suggestions would you make to improve the interface design?

Write For Your Clients

The Web is a visual medium. Good Web design, like good television, succeeds by its visual appeal—its ability to capture and maintain viewers' interest. Web users, like television viewers, have many screens to choose from, and they too are inclined to "surf." They can visit any Web page whenever and for as long as they like. Given this seemingly infinite choice, they tend to make quick, even impulsive judgments: If what appears on the screen does not appeal to them, they click away.

In one way, however, the Web is very much unlike television: A lot of its content takes the form of static text, which is not especially visually appealing. The challenge for Web writers is to shape the static text so that it fits into a pleasing design—a *visual invitation* that will capture users' attention and convince them that the site is useful for *them*.

THINK THE WAY YOUR CUSTOMERS THINK

Writing customer-friendly Web content is seldom easy, and when the website is about a public benefits program such as Medicaid, the challenge is even greater. The body of information is large and complex, and the public's familiarity with it is typically rudimentary. The first thing writers must figure out is how best to organize the

content so that new clients know where to look for information they don't even really know they want yet!

The best approach is to get into consumers' minds and use what you find there. You can do this *indirectly* by talking to people who interact with consumers regularly, such as outreach staff, call center staff, or eligibility workers. Ask them these questions:

- What aspects of the program or application process do consumers ask about most frequently? They understand those things least and may need more reminders related to them.

- What specific words and phrases do consumers use? How do they express themselves when asking questions? Use their words whenever possible.

- What words do *staff members* find themselves using over and over again to explain programs and processes to consumers? Chances are they've come up with some stock explanations that are simplified versions of official definitions or descriptions. Knowing what they are will help you understand the literacy skills of people that you'll be writing for.

- If you have a website for consumers now, what are the most common problems that users report? See whether they have to do with content and whether you can fix them by revising the content.

Go back and read any field-testing reports that you have about print materials. They may help you understand the way consumers think and remind you once again that many consumers have limited literacy skills.

You can get into your consumers' minds *directly* through usability testing during the Web development process. Test participants will tell you and show you whether there is too much content or too little and whether they find it well-organized or not. Their answers and actions will tell you what's most important to them, and what you learn should help you refine your site's navigation features and organize the content.

STREAMLINE THE CONTENT

Most people who use the Web don't read every screen from beginning to end. They scan each one, looking for the words or links that may lead them to what they want. Then they click, hoping to be on the right path.

If the center of the screen is filled with text that offers complex descriptions of the program, or promotional "happy talk" about what the state has done, consumers may become frustrated or even annoyed. Most will try to work around that text—without reading it—in order to get where they want to go.

Accommodate Web users' habits and preferences by paring down the text so it is possible for them to find useful information through scanning, without reading through lots of verbiage (because they won't!). Each screen should look clean and uncluttered, with key

messages positioned where users can see them right away and a layout that is easy to scan for other links and information.

The logic of each page must be evident to users. Each page should feature a concise summary of what the page is about—almost answering users' questions before they ask them. Keep in mind what users have told you they *want* to find and the order in which they *need* to find things.

http://www.dom.state.ms.us/CHIP/chip.html
This screen is text-heavy and filled with happy talk.

http://www.dhs.state.ri.us/
There are no key messages above the fold on this screen, and nothing on the screen tells consumers that the pictures are links.

Remember that you're writing for a visual medium, and the size of the font, as well as its position and prominence on the page, will signal to consumers how important the message is. Create a visual hierarchy for the users, showing them at a glance, with headings and subheadings, what you think is most important for them—and what is less important.

This site's designer used headings, subheadings and font size to point users to what's important. The most important message is front and center! The site has a clean and uncluttered design, with pictures that enhance the page's appeal but don't interfere with key messages.

States want their websites to offer comprehensive information, and some Web users undoubtedly do want to know when the Medicaid program was established or how many children in the state get benefits from SCHIP. That's where links labeled <u>More Information</u>, <u>Learn More</u>, or <u>Read More</u> come in handy. People who want more information can click them to get to it, and others don't have to see all the text. Many Web users print longer pages when they want to read them; they read them offline. Save lengthy text for the <u>Read More</u> or <u>Learn More</u> links, and make sure the text is available in printer-friendly format.

USE THE INVERTED PYRAMID

Once you know what you want on each page, organize the content in a format journalists call the *inverted pyramid*. In an inverted pyramid, the most substantial and important information appears at the top of the story (or, in the case of a website, at the top of the page). This is the *who, what, when, where, how,* and *why* that are crucial to a basic understanding of the story. Less important information and details follow below, in diminishing order of importance. The point of this structure is to make sure that visitors to the site see the most important messages on the screen right away. Those who are interested may scroll through and read the rest of the page. A few might even make it through the entire thing. But for those who don't, you want to make sure they at least read the key messages.

WRITE SIMPLY. GET TO THE POINT. THEN STOP.*

The next big challenge for Web writers is to remove the stumbling blocks that so often hinder lay people from understanding public benefits programs like Medicaid. Official literature relating to these programs is laden with unfamiliar vocabulary, acronyms, abbreviations, bureaucratic jargon, and legalese.

Good writing for the Web is distinctly different from writing for print. Web copy's job is to capture users' attention and give them information quickly. Remember that Web users are impatient, and inclined to click away if they don't see what they're looking for right away. Therefore, Web copy should be simpler and shorter than print copy, as well as more direct, specific, and conversational—all at the same time.

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*http://www.gerrymcgovern.com. Writing for the Web: Part 1, April 28, 2003.

http://www.wvchip.org/index2.shtml
Here's a welcoming screen with encouraging text. Both the "help" message and the Spanish-language link are above the fold!

What is Medicaid? Here's how some states answer on their websites...

Alaska

Medicaid is an "entitlement program" created by the federal government, but administered by the state, to provide payment for medical services for low-income citizens. People qualify for Medicaid by meeting federal income and asset standards and by fitting into a specified eligibility. Under federal rules, DHSS has authority to limit services as long as the services provided are adequate in "amount, duration, and scope" to satisfy the recipient's medical needs.

Arkansas

Medicaid is a program that helps pay for medically necessary medical services for needy and low-income persons. It uses state and federal government money. The Department of Health and Human Services (DHHS) runs the Medicaid program in Arkansas. Medicaid and Medicare are different programs. Medicare is federal health insurance. It pays for medical services for aged and disabled persons.

Iowa

Medicaid is a program that pays for covered medical and health care costs of people who qualify. The Medicaid program is funded by federal and state governments and is managed by the Iowa Department of Human Services.

Kansas

Medicaid (Title XIX) is a federal/state matching funds program that is used to purchase preventive, primary, and acute health services for low-income individuals, children, and families. It also pays for certain long-term care services, like nursing homes, for the elderly or people with disabilities. The federal government provides approximately 60 percent of the cost of Medicaid services. In other words, for every Medicaid dollar spent in Kansas, about 60 cents comes from the federal government; the State provides the remaining 40 cents. Medicaid is an open-ended entitlement for states. That is, as long as covered services are provided to eligible beneficiaries as specified in the State Medicaid Plan, the federal government must participate in sharing the costs of those services.

North Dakota

Medicaid was authorized in 1966 for the purpose of strengthening and extending the provision of medical care and services to people whose resources are insufficient to meet such costs. Corrective, preventative, and rehabilitative medical services are provided with the objective of retaining or attaining capability for independence, self-care, and support. These services are extended to elderly, blind, or disabled individuals as well as to caretaker relatives and children to the age of 21 years. Funding is shared by federal, state, and county governments, with eligibility determined at the county level.

Michigan

Health care coverage is available to individuals and families who meet certain eligibility requirements. The goal of these health care programs is to ensure that essential health care services are made available to those who otherwise do not have the financial resources to purchase them.

New Hampshire

The Medicaid program is a federal and state funded program that serves needy individuals and families who meet financial and other eligibility requirements and certain other individuals who lack adequate resources to pay for medical care. The Division of Family Assistance determines financial eligibility and categorical eligibility and Medicaid Administration determines medical eligibility when it is required. The Division for Children, Youth and Families and the Division of Community Based Care Services are responsible for the day-to-day operation of some Medicaid funded services and programs.

Maryland

Medicaid (also called Medical Assistance) is a program that pays the medical bills of people who have low income and cannot afford medical care. Medicaid provides three types of critical health protection:
- Health insurance for low-income families, children, the elderly, and people with disabilities;
- Long-term care for older Americans and individuals
- Supplemental coverage for low-income Medicare beneficiaries (e.g., payment of Medicare premiums, deductibles, and cost sharing).

Mississippi

Medicaid is a national health care program. It helps pay for medical services for low-income people. For those eligible for full Medicaid services, Medicaid is paid to providers of health care. Providers are doctors, hospitals and pharmacists who take Medicaid. We strive to provide financial assistance for the provision of quality health services to our beneficiaries with professionalism, integrity, compassion and commitment. We are advocates for, and accountable to the people we serve.

New Jersey

Medicaid is the federal-state partnership created by Congress in 1965 to finance health care services for the nation's poor people. Originally Medicaid was designed to provide services to recipients of cash assistance through welfare programs. The program has expanded over time, most notably for women and children. Medicaid pays for hospital, doctor, prescriptions, nursing home and other healthcare needs.

New Mexico

Medicaid is a joint federal and state program that pays for health care to New Mexicans who are eligible for Medicaid benefits.

South Carolina

Partners for Health (Medicaid) is South Carolina's grant-in-aid program by which the federal and state governments share the cost of providing medical care for needy persons who have low income. Title XIX of the Social Security Act that was signed into law by the president on July 30, 1965 authorized the program. Congress has continually changed the Medicaid Program since it was created and enacted by legislation. South Carolina began participation in the Medicaid Program in July 1968.

Ohio

Medicaid is a state and federally funded health program for certain low-income and medically vulnerable people. As an entitlement program, those who meet eligibility requirements are guaranteed coverage through the Medicaid program. In Ohio, Medicaid is administered by the Ohio Department of Job and Family Services (ODJFS) via 88 local county department of job and family services.

New York

Medicaid is a program for New Yorkers who can't afford to pay for medical care.

Here are some guidelines for writing for the Web.

To make content simpler and shorter:

- Choose *only* content that your readers want and need to know about—content that is useful for them.

- Streamline the content and organize it so that *no single screen* will have too many messages for Web users to absorb all at once. Remember, *less is more.*

- Use plain language and common words (vocabulary words that consumers use). If you have to introduce new words or concepts, explain them in plain language.

- Write short, simple sentences, and make paragraphs short.

- Use bullets and lists to help break up long blocks of text. It's much easier for readers to pick keywords out of a short line of text.

- Use bolding or italics for emphasis. That way you can show readers *how* you want them to read the sentence, and let them know what you think is **important.**

- Make sure the home page tells visitors what the site can do for them. For example, on a Medicaid page they'll need to know that they can find out:

  - Who qualifies
  - How to apply and when to renew
  - What the benefits are
  - Where they can get Medicaid services
  - How to contact the local office

- Use links to guide visitors to supporting information. But *don't* use them in the middle of a sentence that delivers a key message. Links in the middle of important sentences tend to distract Web users and may cause them to click away from a key message they will not return to.

  For links to be useful, the linked words have to be clear and specific so that users know immediately what they mean. If the link label is vague or too broad (e.g., <u>Living</u>) they won't know where it leads, because they can't guess what's in the writer's mind.

This Missouri site has a lot of task-supporting links for users to choose from, even though you do have to work a little to find out that "medical services" means Missouri Medicaid.

There's a place for links that have general labels, such as Read more or Learn about. Those links can be useful when they appear as sublinks under more specific categories, so that users know what they're going to "read" or "learn" about.

http://dch.georgia.gov/00/channel_title/0,2094,31446711_31944826,00.html
There are lots of content labels on this page. Most (not all) are bureaucratic sounding. They're difficult to sort through.

To make the content direct and specific:

- Make sure each page has a clear descriptive title, so consumers know what the page is for.

- Write in the active voice, so that Web users can see who is taking the action. The active voice seems simpler and more direct to readers.

- Don't embellish the content. *Write simply. Get to the point. Then stop.*

- Use headings and subheadings to guide Web users through the screens and tell them in a nutshell what is coming next.

- Create short descriptive links that point Web users to common tasks and useful information. Each link label should make sense alone, or at least in sequence under a main link.

Finally, to make the writing conversational, write in a friendly, inviting and encouraging tone—not an official or bureaucratic one. Remember that the website is for consumers. The tone of the writing can make them feel welcome and can invite them to try tasks and look for information. It can say: *This site is for you.*

Reaching speakers of other languages

Make sure your website can be used by as many consumers as possible, including those whose first language is not English. In most states, the immigrant population has grown exponentially in the last twenty years, and public benefit websites should be translated into languages representative of the demographics in each state.

Pay attention to the quality of translation. Select translators who know how to adapt text to the reading level of the target audience. Avoid literal (word-for-word) translations, which can miss the meaning of text while focusing on forcing equivalent words in each language. Also avoid computer translation programs. They, too, force word-for-word translation and miss the forest for the trees.

_____

Try this:

Find a description of Medicaid on your state website. Show it to someone who is not familiar with Medicaid, and ask the person to read it silently. Then ask him to tell you what it means in his own words.

Did this user understand the description? Is this, and any other information on your site, easy to read and understand? Is the important information placed first on the pages and the supporting information afterward?

Can you suggest ways to improve the readability of the site's content?

Create Clear Paths for User Tasks

Sometimes I think they make it hard on purpose...some kind of test to see if I really need Medicaid bad enough to go through all this to get it. Or maybe they don't really want to be giving it out at all. They want me to just give up.
—Tameka, former Medicaid client, August 2006.

Medicaid is more than just some obscure state program, although it is often treated as such on the Web. More than 53 million people are currently on its rolls nationwide. This client base is in constant flux: Each year some clients move, some go off Medicaid, and others return. New clients come into the program every day, and together current and new clients represent an enormous demographic mix— culturally and linguistically, as well as in terms of literacy, computer abilities, and physical and mental capacities.

Each state's mandate is to *serve them all.*

Practically speaking, this is a huge challenge. Each state Medicaid agency is obligated to reach and serve all state residents who qualify for and desire coverage. Yet funds are limited, and outreach can be difficult. Against this backdrop, one might imagine that state

Medicaid agencies would embrace the efficiencies of the Web to serve clients better. For the most part, however, this does not seem to be the case.

Web users need clearly labeled navigation links to services, information, and FAQ on the home page, and clear paths from there to common user goals. Customers will stay and use a site if they see clearly marked paths that they can follow easily. If the site requires them to figure out where paths are and how to stay on them, they are more likely to leave frustrated. If users don't know what the labels mean or if they can't find the tabs or links easily, some will give up immediately. Others may choose the wrong link or tab or lose their way on the path, and then give up. Those who persist will experience frustration and lose time.

To help produce a website that your customers will know is for them, design navigation paths with their preferences in mind, and confirm that the navigation meets users' needs by conducting usability testing.

LOOKING FOR THE RIGHT PATH

Leaving aside Tameka's suspicions about her state's bureaucracy, let's assume that Medicaid agencies do want to serve their clients in the most efficient and uncomplicated way possible. What would that look like?

It would not look like most state Medicaid sites at present. The visitor to the typical state site will, first of all, only have arrived at the site after a confusing search process. When a consumer or potential consumer is looking for *Medicaid* and does not have the URL on hand, sooner or later he'll end up at the administrative agency's site or the state's Web portal (if he's persistent). Maybe he'll land right on the Medicaid page. Chances are that wherever he lands, he'll look for the word *Medicaid* to begin his search for information. He is about to travel the navigation path that the site's developers have created for him.

The best way to serve customers is to provide a clear and direct path from the home page to the most common things consumers look for, or to the most common tasks they want to perform. The path should have an obvious starting point and should be so clear that the navigator never loses her way—even if she has to click four or five times. At present, the paths that support consumer goals on many state websites are *not* clear, or are clear only if consumers know the *lingo*—the specialized vocabulary of the state's Medicaid agency. But new consumers, and some current ones, don't know and can't always guess at a state's government structure or agency names.

CALL IT *MEDICAID*

Even if your state uses another name for Medicaid, you should use the word *Medicaid* on the home page or, at the very least, make sure the information seeker sees it within one or two clicks. Users who don't know the local terminology will be looking for Medicaid, and

if they don't see it right away they may conclude that it's not there. Many people will look for Medicaid on the left menu first. They may or may not scroll down below the fold; they may or may not look at the tabs at the top (if any).

If they don't see *Medicaid* on the left menu or in another prominent position on the home page, they'll look for something that says Medicaid to them: children's health insurance, free or low cost health insurance, family assistance programs, medical care, medical assistance, health coverage, health care, health care services, help for people with disabilities, help for pregnant women, help for low income residents, government programs, public health programs, and so forth. There are many different phrases that states use to capture the concept of "free or low cost health care coverage for some poor or disabled individuals." People read and use websites in such a variety of ways that there is no assurance that what says Medicaid to one Web user will also say it to another.

Provide clear signposts

Once people reach the Medicaid page, make sure they have unambiguous signposts for the most common consumer goals. Show them links that lead to their goals, and provide ways to get supporting information later on—on or from the goal pages. If you reverse the methodology by asking users to follow a path of links before they see the goal words, they may never reach their goals. The user should see "Change my address," "Am I eligible?", "How do I apply?", and "What is Medicaid?" on the Medicaid home page.

http://www.alaska.gov/

To find Medicaid from the Alaska state portal, here's the path users have to follow:

| Choose **Departments** (top menu, but easy to miss) | ⇨ | **Health and Social Services** | ⇨ | **Health Care Services** | ⇨ | **Programs** | ⇨ | **Medicaid** |

http://www.medicaid.state.ar.us/
You can get to general information about Medicaid easily in just two clicks if you click on <u>General</u> or <u>Consumer</u> at the top of the screen, or if you know that the *pictures* are also links.

About Our Programs

Welcome to the Maryland Medical Assistance Program. These programs are an integral part of the Maryland Department of Health and Mental Hygiene, providing access to health care services for many of the State's low-income residents. Individuals may be eligible for services through the Maryland Medicaid Program, the Maryland Children's Health Program or the Maryland Pharmacy Assistance Program, depending upon income and other factors.

- Medical Care Programs Eligibility
- Medical Care Programs Eligibility
- Medicaid Coverage Groups
- Medicaid/Medical Assistance Overview
- Medicaid Eligibility and Benefits
- Medical Assistance Eligibility Updates
- QMB/SLM Application
- Provider Information
- Resources for Community-Based Long Term Care

ABOUT OUR PROGRAMS

HEALTHCHOICE

SEARCH OUR HEALTHCHOICE PROVIDER DIRECTORY

DIVISION OF COMMUNITY SUPPORT SERVICES

MONTHLY INCOME & ASSET GUIDELINES FOR MEDICAL CARE PROGRAMS

MARYLAND CHILDREN'S HEALTH PROGRAM

PRIMARY ADULT CARE PROGRAM (PAC)

Included here is a description of many of the programs and services available with information on how and where to apply for benefits. Information relevant to health care providers is included, as well as information on obtaining data and published reports. Information on committees, activities, and other departmental efforts that are underway regarding health care in Maryland are also available here.

http://www.dhmh.state.md.us/mma/mmahome.html
On the right of this home page is a link called Medicaid/Medical Assistance Overview. You can get to Medicaid directly if you see it and click on it. But on the state's Web portal (http://www.maryland.gov), the path is more circuitous:

Family, Health, Safety (on the left menu)

⇨ Look for **Medical assistance** under **Maryland Assistance Programs**

⇩ The user then must choose one of three links: **Adult Care Services, Children**, or **Low Income.**

⇦ Only those who choose **Low Income** will get to **Medicaid**.

This is West Virginia's Medicaid page, text-heavy and bureaucratic.
To get here from the state Web portal (http://www.wv.gov), follow this path:

Choose **Living in WV** (top menu)

Choose **Health and Human Services** (drop down menu under Living in WV)

Then the user seems to be at a dead end, unless and until she notices the link on the left: *How do I...Obtain information about WVA Health and Human Resources?*

DDHR Services

Medicaid

http://www.ohio.gov/

We never found the path to Medicaid from this home page. It's certainly not intuitive. Try it! Here's the path we traveled:

Resident (best choice among the top menu if you know what a resident is)

⇒

Children (because it is the only logical choice)

⇒

Child Care and Health (from long alphabetical list)

⇒ **No Medicaid page found!**

Try **Child and Teen Health Links**

⇒ **No Medicaid page found!**

Try **Healthfinder**

⇒ **Nope... Leads to U.S. Dept of HHS**

⇒

Go back to Ohio.gov and try **Government** from the top menu

⇒ **No Medicaid here either**

⇒

Give up and look for **Search** field. Almost missed it - top right corner, on a grey tab. Type in *Medicaid*.

⇒ Leads you to 5470 links having to do with Medicaid and Ohio, **but still not sure where to go to find general information about Medicaid.**

CREATE CLEAR PATHS FOR USER TASKS | **73**

http://www.state.pa.us/
This is Pennsylvania's state Web portal. To find Medicaid, you must first click on <u>Links to State Agencies</u>, then <u>Public Welfare</u> (on drop down menu) gets you to this screen:

None of the menu options leads to Medicaid, but some (Services for Low-income Pennsylvanians, Service for Pennsylvanians with Disabilities) lead to an option on the left menu called Medical Assistance. If you click on that link, it takes you to this screen:

The last document on the list (below the fold on most computer screens) is Medical Assistance Eligibility—the Medicaid page. By contrast, a keyword search for "Medicaid" leads to this dead end:

TRY THIS:

In order to see whether your site provides unobstructed paths for common tasks, go to the home page of the state agency that administers Medicaid, and check the following:

1. Is there a link labeled Medicaid on the home page—above the fold?

2. Is there a search feature? If yes, what happens if you search for Medicaid?

3. If you find a starting point and follow a path (for example, to find out how to apply for Medicaid), note the link labels. Do the labels assume that Web users know certain information about your government's structure, or terminology that's specific to the state?

4. Is the path clear and unobstructed?

5. Now go to the state Web portal and ask the same questions.

Avoid Costly Mistakes: Usability Testing

It is impossible to know whether any product will please the paying client until he or she sees it. If a Web development team waits until a site is complete before showing it to the client, the team risks having to go back to the drawing board if the site doesn't look or work the way the client thinks it should. Website developers who want to meet their client's expectations will get his or her approval every step of the way.

Another sort of disaster can happen when Web developers fail to ask end users to try sites during development. Sometimes a website gets built and "goes live" and the paying client seems happy, but afterward the site isn't used much or doesn't function the way it should.

Developers sometimes make the big mistake of relying strictly on their internal team (possibly including the client) to test a site's usability. The problem with this approach is that the site's developers are familiar with it, the Internet, and computers in ways that most ordinary users simply are not. Thus they may overlook usability issues that confront many end users. If the site does not meet customers' needs, the time spent creating it—not to mention the client's money—will have been wasted.

If there are serious problems in navigation, functionality, or content, a client may decide to fix them, hoping that this time around the site will work the way it should. Redesign or reprogramming then becomes a *new* project, with all the trappings that entails: the need for more funding and more time spent finding someone to do the work. The new project will mean an unexpected additional expense. And when the new project is finished, the site's sponsors will have the extra burden of finding a way of enticing the target audience to try again.

Why do Web developers and their clients sometimes ignore usability testing? Perhaps they think of it as optional or unimportant. Perhaps they forget to include it in the budget, or they decide there's no time for it as the project races toward the finish line. Perhaps they don't really want feedback; they don't need end users to tell them whether there are problems with the site. They think they know what people are going to say or do.

These attitudes can lead to costly errors. That's why usability testing has to be built into the design process from the start. Done right, it will help you and your clients identify problems early on and will guide you toward the goal of a site that users find easy to understand and use.

PLAN FOR USABILITY TESTING

Schedule testing
Begin by scheduling usability tests when the project plan is being written. While testing can be done on an informal ad hoc basis, it might not get done at all if it is not part of the plan. Expect and plan for ad hoc testing, but also plan for some more formal, report-worthy testing. A public benefits website demands that level of accountability.

Ask *any* Web users for feedback
Informal feedback from *any* Web users—even those who are not currently or potentially part of the target audience—can be very useful and may help confirm or deny critical assumptions. If the developer asks his neighbor or someone in the next cubicle whether they like this or that interface design (and why), he might get a new perspective on the design. What's most important in the case of ad hoc testing is that developers see the way *other people* outside the development team use the site.

Ask consumers for feedback
Feedback from current or potential consumers reveals even more about a site's usability. Their circumstances, experiences, and personal motivation drive them to look for topics, words, explanations, or opportunities that dispassionate users would not think about. Web developers may collect valuable and rich data from them, and not only about findability and navigation. Consumers may also make practical suggestions for improvements, help identify omissions, and allow developers to assess the readability and comprehension of the site's content.

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Home | About HHSC | HHSC Projects | CHIP | TX Medicaid | Fraud Prevention | Research/Stats

News & Events | Technology | Site Search | Services Search | Contact Us | Site Map

Texas Medicaid Program

Texas Medicaid News & Updates

Information & Assistance

Medicaid Program Info

FY 2007 Uniform Managed Care Contract

FY 2007 Uniform Managed Care Manual

Managed Care Expansion Project

Medicaid Managed Care - Primary Care

Medicaid is the State and Federal cooperative venture that provides medical coverage to eligible needy persons. The purpose of Medicaid in Texas is to improve the health of people who might otherwise go without medical care for themselves and their children. Medicaid is different in every state. HHSC's Medicaid Office is responsible for statewide oversight of the Texas Medicaid Program.

- **How to get Help**

- **Medicaid Integrity Pilot Program Updates**

- **Texas Medicaid in Perspective** (Fifth Edition)

- **Texas MedicareRX**
  The Texas Health and Human Services Commission (HHSC) and the Texas Department of State Health Services (DSHS) are beginning a targeted public awareness campaign designed to help certain Texans take advantage of the new federal drug prescription benefit, Medicare Rx. HHSC and DSHS also have developed a website designed to provide clients with more information specific to their current situation and the transition to Medicare Rx. Please visit www.texasmedicarerx.org, for more information.

http://www.hhsc.state.tx.us/medicaid/index.html
It doesn't seem as though the state got consumer input before posting this page. The writing is at a high reading level, and there's no clear path to the best information for consumers, which turns out to be the Medicaid Questions and Answers link. It's not under How to Get Help or even What is Medicaid? but under Medicaid Program Info ⇨ Online Assistance and Information ⇨ Medicaid Questions and Answers.

http://www.ohca.state.ok.us/
This is Oklahoma's Medicaid site. Had consumers given input during development, they might have said they wanted the word *Medicaid* on the home page.

THE BASICS

Usability testing requires a computer, a willing participant, and a tester with a watch, keen observations skills, and a test protocol. The *protocol* is simply a list of questions to ask about what users think of the site and tasks you'd like them to attempt, together with an idea of the times it should take to complete the tasks. The questions and tasks should focus on the most important things users will want to do on the site. The development team hopes testing will confirm that users can *find* the information they need and *do* the things they want to do (such as apply, report changes, etc.). Proper usability testing will also reveal flaws in things like font choice, print size, navigation structure, and image use.

Usability testing need not be a lengthy process; most of the time testers can get valuable information in less than an hour. In fact, the longer the test participant spends at the site, the more familiar he becomes with it—and the more likely it is that he'll begin to know where to find things because he's learned from his mistakes, instead of relying solely on the site's navigation aids.

LOOK FOR BARRIERS TO USEFULNESS

Usability testing looks at whether users can find and do what they need in a reasonable amount of time. The site should be designed so that users don't get frustrated or click away before they find what they came for. Of course, not all users will be successful every time, but a good website will make finding information and completing common user tasks seem intuitive for the majority of users.

Here are some things the Web team will want to know:

- What are users' first impressions of the site? Is it inviting, or does it seem confusing, cluttered, or otherwise off-putting?

- Do they know right away where they are? Is the site clearly labeled?

- Do they know it's for *them*—that the site is for consumers?

- Do the links and tab labels mean something specific to users? Do they know when they read them what they're going to find there?

- Can users find clear paths (within a reasonable amount of time) for the most common things they want to do?

- Do they follow the paths that you (developers) expected them to follow? If not, why not? Even if the links and tabs are clearly labeled, some people may deviate from the expected path, and you may need several routes to get to the same information.

- Are there unanticipated problems that users help identify? For example, perhaps test participants mention that the print on the website is small, or that they were distracted by some moving text or were puzzled when they saw the governor's picture, because to them it had nothing to do with the main topic.

Collecting and analyzing data:
The serious problems are hard to miss*

Web developers can gather valuable information from usability testing without a great deal of trouble or expense. That's because the goal is simple: to identify elements of design and navigation that present barriers to using the site. It's usually possible to identify those barriers with as few as four or five participants in each round of testing.

A careful observer can see exactly when the user is having difficulty on the site. Once a problem is brought to the observer's attention, it doesn't usually take repeated testing to confirm that it's a problem. For the observer, it is the process of standing back and looking at something through "new" eyes—suddenly seeing things you couldn't see before.

If there are problems with the site, the Web development team (or the team and the client together) can determine how significant they are for prospective users, and decide *whether* and *how* to address them.

So much effort goes into developing a website that perhaps it is understandable that usability testing is regarded as yet another hurdle to the project's completion and therefore is sometimes given short shrift. Understand, however, that usability testing is relatively inexpensive and easy to plan and perform, and it protects Web developers and their clients from building a site their consumers can't use. In other words, it doesn't cost—it pays.

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*Krug, Steve. *Don't Make Me Think*, p. 139.

TRY THIS:

Invite your neighbor (at home or at work) in for a cup of coffee. Ask him to go to your state's Medicaid site and find out how to apply. Encourage him to think out loud as he's doing so—telling you why he's doing what he's doing.

Don't guide him and don't prod him to continue. Nor should you defend the site, agree with positive comments, or make other comments. Just watch and listen as he does the task and uses the site. See if you can spot any room for improvement in the site's usability.

Based on observation, try to answer these questions: Is the website intuitive and easy to use? Does your neighbor find it easy to navigate, find information, or complete tasks? Does the search feature help?

Don't Stop Now

Once you've done your best to make your state Medicaid or SCHIP site customer-friendly, find a way to monitor the use of the site going forward so that you can identify any new barriers to usability or areas for improvement.

You'll want to know as much as you can about the way people use your site. How many people visit? Do they apply online, provide updated information, or look for your phone number? How do they get there? What keywords do they use to search for your site? Are they finding what they need?

There's specialized software available to help you collect this data. The reports it provides, together with feedback from your webmaster and helpline (call center) staff, will keep you focused on continuous improvement.

Most importantly, keep your website up to date and fresh, so that your customers can rely on it for current information and important news. If they see old, out-of-date information, they'll lose confidence in the site's ability to tell them what they need to know. Just a whiff of staleness will send users fleeing—never to return.

Make sure you do your best to keep your finger on the pulse of your customers' needs, so that you can continue to serve them well.

Appendix

To prepare for writing this manual we looked at every state's Medicaid and SCHIP websites. These are the questions we asked of each:

FINDING THE MEDICAID PAGE
- Can you find it from the state's Web portal?
- Can you find it easily using a search engine and intuitive words (Medicaid + state name, or state name + Medicaid)?
- Is the name of the page clear and descriptive?
- Will consumers recognize the name?
- Does the site appear to be written for consumers?

ORGANIZATION
- Is the site organized logically from the user's point of view?

THE HOME PAGE
- Is the design clean and uncluttered?
- Is the design appealing?
- Is the page welcoming?
- Is there moving text that distracts?
- Is it easy to scan the content?
- Are the most important topics in the center of the page, above the fold?
- Is there minimal "happy talk"?
- Is the content in other languages?
    - If yes, is the language link easy to see?

NAVIGATION

- Is the menu on the left?
- Are the links obviously clickable?
- Do the links and buttons change color when clicked?
- Are the content labels clear, useful, and distinct?
- Are related topics and links grouped and labeled?
- Can you see most of the page without scrolling?
  - If no, are there visual cues telling the user to scroll?
- Is there a back button?
  - If yes, does the back button go to the user's previous page?
- Are there "breadcrumbs"?
- Do task and goal paths support user tasks and goals?
- Are paths reasonable lengths (between 2 and 5 clicks)?
- Are paths clear?

INTERIOR PAGES

- Are the interior pages designed to relate to the home page?
- Are the interior pages clean and well-organized?
- Is it easy to scan the content?
- Is there a clear starting point on each page?
- Are the key messages above the fold?
- If there's a search field, does it allow you to search within the site, or does it take you out of the site?

WRITING ELEMENTS

- Is the text written in plain language?
- Is the tone friendly?
- Is it easy to scan the pages?
- Are there bullets and lists?
- Is the text written in the active voice?
- Are most sentences short and simple?

- Are most paragraphs short?
- If new terms are introduced, are they explained?
- Are there clear and useful headings?
- Is there a "help" message?

DESIGN ELEMENTS

- Is the design clean (no visual noise)?
- Is the type large enough for good readability?
- Are headings larger than the text?
- Are the fonts clean (not fussy)?
- Are there visual cues for important items placed on the left and right?
- Is there adequate contrast for good readability?
- Do images support the text?
- Do task-supporting keywords stand out?
- Is color used for appeal and navigation only (but not distracting)?

ACCESSIBILITY

- Does the site claim 508 compliance or accessibility for users with special needs?
- Are there alt tags?
- If you choose larger type size in the view menu, does the type get bigger?
  – If so, does the layout remain clear?
- Is there a site map?

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