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Policy Research

**CHIPRA Express Lane
Eligibility Evaluation**

**Case Study of Oklahoma's
SoonerCare Online Enrollment
System**

Final Report

May 31, 2013

Sheila Hoag
Adam Swinburn



HEALTH MANAGEMENT ASSOCIATES

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EXECUTIVE SUMMARY

In September 2010, the Oklahoma Health Care Authority (OHCA) implemented the first real-time online enrollment system for Medicaid and the Children’s Health Insurance Program (CHIP). Oklahoma’s system functions as an online application and uses a sophisticated rules engine that provides an eligibility determination instantly. Almost three-fourths (72 percent) of applicants are eligible to use the online enrollment system to apply for Medicaid and CHIP coverage, known as SoonerCare in Oklahoma. This report summarizes findings from a case study analyzing Oklahoma’s real-time online enrollment system, conducted as part of a larger study evaluating Express Lane Eligibility (ELE) and alternative simplifications that might help identify, enroll, and retain children eligible for Medicaid and CHIP coverage.

Operationally, the SoonerCare system permits real-time enrollment with a post-enrollment eligibility review of income and, if needed, a review of documentation of other eligibility criteria (such as pregnancy verification). The system reviews most eligibility data in real time, reducing an application and enrollment process that used to take 20 days or more to complete to just minutes (however long it takes the applicant to complete the online application). Table ES.1 highlights some key information about the online system.

Table ES.1. Key Facts About Oklahoma’s SoonerCare Online Enrollment System

Policy simplification adopted?	Online enrollment and renewal system
Policy adopted in Medicaid, CHIP, or both?	In Medicaid and CHIP
Processes affected?	Enrollment and renewal
Implementation date?	September 2010 for both enrollment and renewal
Is the simplified process different from the perspective of the enrollee/applicant?	Yes, formerly a paper system, now an online system. Application determination is instant
Any time savings for enrollees/applicants?	Yes, estimated at 20 days savings for enrollment and 15 days savings for renewal
Any time savings for the state?	Yes, about 55 percent of online applications need no staff time to process and 80 to 85 percent of online renewals need no staff time to process
Estimated cost to implement?	OHCA estimates its costs to be more than \$15 million; this does not include any costs to other agencies in the state that implemented changes to link to the new system
Estimated savings?	Mathematica analyses estimate that the online enrollment system results in net savings of \$1.5 million annually
Other benefits for applicants?	<ul style="list-style-type: none"> • Improved access to the enrollment process; the website is available 24 hours a day, 7 days a week • Rolling renewals: enrollees can renew at any time to start a new 12-month coverage period • Improved consistency and objectivity in the eligibility determination process • Selection of primary care provider at enrollment, linking beneficiary to a medical home

The new system required a significant change in SoonerCare operations, because implementation moved the eligibility determination process from one agency to another. It also required a change from the “verify first” philosophy Medicaid had always used. Considering the scope of the changes made, implementation was relatively smooth, but some problems did arise. The most pressing of these was a limited outreach budget to make families aware of the new system, and a customer call system that was not equipped to handle the volume of calls from applicants, enrollees, and other agency partners and providers who help families apply for coverage.

Despite concerns that families would continue to prefer a paper application or might not have access to a computer, the online system quickly became the dominant method of applying for coverage; as of January 2013, only 5 percent of applications were submitted on paper (Oklahoma Health Care Authority, 2013a). From October 2010 to December 2012, the online system processed approximately 550,000 applications and 445,000 renewals. Enrollment in SoonerCare has grown since the system was implemented, but enrollment had been growing steadily before then; there has been no assessment of whether the new system contributed to enrollment growth versus other factors, such as the recent weak economy. Families who participated in focus groups reported high levels of satisfaction with the new system, as did other key stakeholders.

In the light of their online enrollment experience, state administrators were asked whether ELE might make sense in Oklahoma or whether it might be incorporated into the online system at some point in the future. OHCA staff said they have not ruled out pursuing ELE in the future, but they suggested that the simplifications made through the online system might surpass ELE in terms of efficiency and, possibly, enrollment effects. However, they agreed that ELE offered the potential for further efficiencies and could be built into the existing system.

Several lessons particularly salient for health reform implementation emerged from this study. For example, the real-time enrollment with some real-time and some post-enrollment verification works well in Oklahoma, and could serve as a model for insurance exchanges. Second, Oklahoma was willing to delay implementation when problems arose, taking the time to ensure that the system worked properly before it went live. Third, as states design their implementation plans for federal reform, turf issues will undoubtedly arise among state agencies and between federal and state agencies. The Oklahoma experience suggests that this should be expected, but that transparent communication and an adherence and focus on the ultimate goal of coverage expansion can potentially offset such issues. Fourth, culture change was hard for the state agencies, but easy for consumers; federal reformers should consider embracing various new technologies under reform to ease the process for consumers and facilitate communications. Finally, Oklahoma’s experience suggests demand for personal application assistance under reform will be high.

1. Introduction

The Children’s Health Insurance Program (CHIP), a landmark legislative initiative passed in 1997 to help close the health insurance coverage gap for low-income children, was reauthorized with bipartisan support in 2009. Although CHIP had helped to fuel a substantial increase in health insurance coverage among children, Congress remained concerned about the many children—estimated at 4.4 million in 2010—who are eligible for but not enrolled in coverage (Kenney et al. 2012). In the CHIP Reauthorization Act (CHIPRA) of 2009, Congress gave states new tools to address enrollment and retention shortfalls, along with new incentives to do so.

One of these new options is a policy called Express Lane Eligibility (ELE). With ELE, a state’s Medicaid and/or CHIP program can rely on another agency’s eligibility findings to qualify children for public health coverage, even when programs use different methods to assess income or otherwise determine eligibility. ELE thus gives states another way to try to identify, enroll, and retain children who are eligible for Medicaid or CHIP but who remain uninsured. The concept of using data from existing government databases and other means-tested programs to expedite and simplify enrollment in CHIP and Medicaid has been promoted for more than a decade; before CHIPRA, however, federal law limited state reliance on information from other agencies by requiring such information to be cross-walked into the Medicaid and CHIP eligibility methodologies (Families USA 2010; The Children’s Partnership n.d.). To promote adoption of ELE, Congress made it one of eight simplifications states could implement to qualify for performance bonus payments. These were new funds available to states that implemented five of the eight named simplifications and which also increased Medicaid enrollment (CHIPRA Section 104).

Federal and state policymakers are keenly interested in understanding the full implications of ELE as a route to enrolling children, or keeping them enrolled, in public coverage. To that end, Congress mandated an evaluation of ELE in the CHIPRA legislation. In addition to reviewing states that implemented ELE, the evaluation provides an opportunity to study other methods of simplified or streamlined enrollment or renewal (termed “non-ELE strategies”) that states have pursued, and to assess the benefits and potential costs of these methods compared with those of ELE. Taken together, findings from the study will help Congress and the nation better understand and assess the value of ELE and related strategies.

This report summarizes findings from a case study of a non-ELE simplification: Oklahoma’s real-time online enrollment system for SoonerCare, the state’s combined Medicaid and CHIP program. This system merited inclusion in the evaluation as a non-ELE simplification strategy for several reasons. First, the goals of the system align well with the goals of ELE: to simplify the application process for families and to shorten the time between application and enrollment. Like ELE, this approach has the potential to raise enrollment and capitalizes on data-based, rather than paper-based, methods to qualify families for coverage. Finally, the online system was chosen because of its potential as a model other states might consider for use under the Affordable Care Act, when states must transition to data-based methods and include online options to establish, verify, and renew coverage.

To learn about the SoonerCare online system, staff from Mathematica Policy Research and Health Management Associates conducted a case study in December 2012, interviewing 28 key informants over a three-day visit to the state. While on site, the research team conducted focus groups with parents of SoonerCare enrollees in two locales: in Oklahoma City and in Enid. Between the two focus groups, 14 parents shared their experiences with the new and old enrollment systems.

2. State Context: Why pursue a real-time, online enrollment system?

In September 2010, the Oklahoma Health Care Authority (OHCA) implemented the first—and to date, only—real-time online enrollment system for Medicaid and CHIP in the United States (Weiss, 2013). Oklahoma’s system functions as an online application, but also uses a sophisticated rules engine that provides an eligibility determination instantly. Almost three-fourths (72 percent) of Medicaid applicants are eligible to use the online enrollment system to apply for SoonerCare coverage (SoonerCare is the name given to the state’s Medicaid and CHIP programs).¹ Despite concerns that families would continue to prefer paper applications or might not have access to computers, the online system quickly became the dominant method of applying for coverage; as of January 2013, only 5 percent of submitted applications are paper applications (Oklahoma Health Care Authority, 2013a). From October 2010 to December 2012, the online system processed around 550,000 applications and 445,000 renewals.²

The SoonerCare online enrollment system represented the first significant process simplification Oklahoma had implemented in more than a decade, although it built on similar smaller efforts. These precursors included an online application (but not online enrollment) for Insure Oklahoma, a small premium assistance program, which came online in 2007, and a newborn electronic enrollment system that came online in 2008.^{3, 4} Most of the other SoonerCare simplifications had been in place since CHIP’s introduction in 1997. In that year, the state implemented a 12-month eligibility period, eliminated the asset test, reduced the application from 16 to 2 pages, and increased income eligibility with the implementation of CHIP (Table 1 summarizes key facts about SoonerCare). Over the past decade, Oklahoma also implemented some small coverage expansions to certain optional groups, including to pregnant women (citizen and noncitizen), and uninsured women younger than 65 needing breast or cervical cancer treatment, among others.⁵ Administratively, OHCA had

¹ As discussed later in this case study, certain groups subject to nonstandard eligibility rules (for example, uninsured women younger than 65 with cervical or breast cancer) cannot use the online system.

² On average, an application or renewal covers two individuals. These counts are based on Mathematica analysis of state documents (Oklahoma Health Care Authority 2012a, 2012b, 2012c, 2013a, and 2013b).

³ Insure Oklahoma is a premium assistance program; it provides employers with premium subsidies to help buy health insurance for low- to moderate-income employees.

⁴ The newborn enrollment system was developed to address delays with getting babies born to Medicaid-eligible mothers enrolled in SoonerCare; hospitals can use an online portal to enter data about the newborn and, before the family leaves the hospital, they receive a unique SoonerCare identification number for the child, bypassing the normal enrollment process in which the family would have to visit a local Department of Human Services (OKDHS) office to enroll the newborn.

⁵ In 1997, SoonerCare expanded in response to the CHIP legislation to children younger than 19 and pregnant women, both with incomes less than 185 percent of the federal poverty level (FPL). In the past decade, several other expansions were implemented. For example, in 2004, Insure Oklahoma was implemented. In 2005, under rules established through the Tax Equity and Fiscal Responsibility Act (TEFRA), SoonerCare expanded to children with physical or mental disabilities who did not qualify for Social Security Income (SSI) benefits because of their parents’ income. This provision also allows children who qualify for institutional services to receive in-home care. The breast and cervical cancer expansion also was introduced in 2005. The state also expanded family planning coverage for men and women ages 19 and older whose incomes are at or below 185 percent of the FPL. Oklahoma also expanded services through home and community-based waivers, initiated the Soon to be Sooners expansion, and a Title XXI-funded expansion available to women who cannot get pregnancy services because they are noncitizens.

implemented a new Medicaid Management Information System (MMIS) in 2000, which proved fortuitous because the new MMIS was adaptable to future changes (Hewlett Packard, 2012).

Table 1. Key Facts about Oklahoma's SoonerCare Program

Name of Medicaid and CHIP Program for Children	SoonerCare covers populations up to 185 % FPL. Insure Oklahoma is the state's premium assistance program, supported by Title XXI funds through the state's separate CHIP program.	
Medicaid Upper Income Limit for Children	Infants: up to 150% FPL Children ages 1 to 5: 133% FPL Ages 6 to 19: 100% FPL	
CHIP Type and Income Limits	CHIP Combination Program	
	<u>Medicaid Expansion CHIP (SoonerCare):</u> Infants: 150 to 185% FPL Ages 1 to 5: 133 to 185% FPL Ages 6 to 18: 100 to 185% FPL	<u>Separate CHIP (SoonerCare):</u> Conception to birth (pregnant women): up to 185% FPL <u>Separate CHIP (Insure Oklahoma):</u> Infants: 185 to 200% FPL Ages 1 to 5: 185 to 200% FPL Ages 6 to 19: 185 to 200% FPL
Delivery System	Same delivery system for Medicaid and CHIP; both programs use primary care case management and fee-for-service reimbursement	
12 Months Continuous Eligibility?	No	
Presumptive Eligibility for Children?	No	
In-Person Interview Required?	No	
Asset Test?	No	
Joint Medicaid and CHIP Application and Renewal Forms?	Yes; most enrollees use the online enrollment system	
Premium Assistance Subsidies?	Yes, under Separate CHIP (Insure Oklahoma program)	
Adult Coverage	Pregnant women through CHIP's unborn child option in the separate CHIP program; special program for uninsured breast and cervical cancer patients; uninsured adults up to 200 percent of the FPL are eligible for more limited subsidized coverage under the Insure Oklahoma waiver program and must meet other criteria (such as work for a small employer, be self-employed, be unemployed and seeking work, be working disabled, be a full-time college student, or be the spouse of a qualified worker)	
Renewal Processes	Whenever enrollees log into the online enrollment system, they have an option to apply for renewal, which then resets the clock for another 12-month eligibility period. Enrollees are sent a renewal reminder prior to their 12 month renewal date.	

Source: Oklahoma Health Care Authority 2012d; Oklahoma Health Care Authority 2012e; Insure Oklahoma 2013.

FPL=federal poverty level

On a larger scale, online enrollment introduced a notable operational simplification in SoonerCare administration. OHCA had been created by state statute in 1993 and was charged with reforming Medicaid. Up to that time, Medicaid operations had been housed in Oklahoma's Department of Human Services (OKDHS), the agency that administered various public benefits. In 1995, most SoonerCare operations transferred from OKDHS to OHCA, but OKDHS maintained SoonerCare's enrollment functions. Keeping SoonerCare enrollment housed at OKDHS made sense: at the time, families were accustomed to applying for Medicaid benefits in person (even though it was not required), and OKDHS already had well-established field offices, whereas OHCA

did not; and the majority of those who qualified for Medicaid in 1995 also qualified for other OKDHS programs (such as food stamps, welfare, etc.), so keeping Medicaid connected to OKDHS would permit one-stop shopping for families. In addition, OHCA was a young agency in the midst of implementing a Section 1115 waiver to implement managed care approaches for the majority of the Medicaid-eligible population, which required substantial resources and focus from OHCA staff.⁶ Finally, administrators at OHCA acknowledged that removing the enrollment function from OKDHS would be very disruptive to the relationship between OHCA and OKDHS, so they did not pursue it.

Beginning in 1996, a series of events gave OHCA staff an opportunity to reexamine whether OKDHS should continue to lead SoonerCare's application and enrollment functions. First, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), passed in 1996, delinked cash assistance from Medicaid receipt, eliminating the need to keep enrollment for those programs together. Second, in an effort to streamline the enrollment process, OHCA staff created a two-page application for SoonerCare in 1997, but OKDHS remained committed to a 21-page application that covered all public benefits (although OKDHS permitted families to submit the 2-page paper application if they were applying only for medical coverage). Third, in the early 2000s, OHCA staff analyzed the length of time between application for coverage and eligibility determination at OKDHS and found that approval for an average SoonerCare-only application took 20 days; if a family applied for SoonerCare and food stamps, approval of the application took up to 30 days. As an agency focused on customer service, OHCA administrators wanted to speed up the processing time, but this was not something over which they had control. Fourth, enrollment analyses revealed that the profile of the SoonerCare population had changed by 2002: the percentage of families with children found eligible for SoonerCare but not certified for other OKDHS programs was growing.⁷ Finally, SoonerCare enrollment was rising and OHCA administrators were

Focus Group Findings: Applying or Renewing Coverage Under the Old System

We asked families participating in focus groups about their experiences applying for coverage at OKDHS under the old system. Most participants had experience with the paper system and confirmed suppositions of other stakeholders that the old system was lengthy and cumbersome at both application and renewal, although one parent in each group said he or she had not had difficulty under the old system.

Under the old system, you had to go down to OKDHS. You had to get the paperwork. You were interviewed. You had to sit and talk to these people. It was kind of a mess. You had to wait. I found it humiliating. The people weren't very friendly.

The paper form was long. It was a lot to fill out. To me, you didn't even know half the questions.

Renewing wasn't quite as bad as applying, but it was still a lot of paperwork. A lot of the same information that they already had in the system, you'd have to rewrite it all.

Sometimes I didn't have a ride [to get to OKDHS].... It's hard to ask off work, since you can't even say how long it will take you. I unintentionally lost coverage for my son [because I couldn't take time off].

⁶ Oklahoma implemented a managed care model for SoonerCare in urban areas of the state in 1995, but ended its contracts with managed care organizations in December 2003. In January 2004, all SoonerCare members began using a primary care case management model, which had been in place in the rural areas of the state since 1996 (Verdier et al. 2009).

⁷ The implementation of CHIP increased the SoonerCare eligibility threshold; this threshold was roughly equal to the median income in Oklahoma in the early 2000s, so many working families who did not qualify for other assistance enrolled their children in the program.

concerned about being able to serve a larger population more efficiently. Considering all of these factors, OHCA staff became convinced that keeping SoonerCare enrollment with OKDHS no longer made sense and began examining how they could make further strides in improving the SoonerCare application process.

3. Planning and Design: What was needed to develop policy?

Although the precursor Insure Oklahoma and newborn applications were important developmental steps from systems and process perspectives, OHCA administrators realized that additional financing would be needed to implement an online system for all of SoonerCare. OHCA applied for and won a \$6.1 million Centers for Medicare & Medicaid Services (CMS) transformation grant, with the goal of creating an online application. The grant funds were awarded in December 2007, the design phase began in January 2008, and the system was fully implemented in September 2010 (Table 2).

Table 2. Time Line: SoonerCare Online Enrollment Development and Implementation

Date	Activity
December 2007	CMS Transformation Grant awarded to OHCA
January – April 2008	4-month design and ramp-up period; studied online applications in Pennsylvania and Wisconsin
May 2008 – January 2009	9-month development of business requirements
February 2009 – January 2010	12-month building phase, implementing all programming
February – August 2010	7-month testing and refinement phase, which included testing of home view and agency-view applications
September 2010	SoonerCare online enrollment goes live; online renewal begins a few days later

Initially, OHCA expected to change only the customer interface: OHCA would create an online application, but the application would still go (albeit electronically) to OKDHS for eligibility assessment.⁸ At the time, OHCA staff believed that legally, only OKDHS could determine eligibility. However, as the planning process continued in early 2008, OHCA learned this was an incorrect interpretation: OHCA could take on this responsibility, but it would require a rule change in the state administrative code. OHCA staff recognized that instead of only creating an online application, they could create a new, self-contained eligibility determination system for enrollment and renewal functions. Moreover, in working with their information technology (IT) consultant, they determined that the system could provide real-time, immediate decisions to applicants if any needed documentation could be supplied after the application was submitted.⁹ The post-enrollment documentation idea represented a significant development, away from the “verify first” philosophy

⁸ The state initially called the online enrollment project the “No Wrong Door” initiative, but subsequently abandoned that name.

⁹ OHCA had a contract in place with Hewlett Packard and used a change order process to complete this work; this saved considerable time that would have been spent had the state needed to issue a new request for proposals for IT services (Hewlett Packard, 2012).

Medicaid had always used. All of the OHCA executives supported the more extensive, and eventually more expensive, system transformation.

Securing the rule change was relatively easy: although it required the time of OHCA policy specialists and attorneys to understand the existing rule and the required changes, the process of obtaining the governor's signature and legislative approval was not difficult. Having already awarded the transformation grant to Oklahoma, CMS supported the change. Because Oklahoma's existing Medicaid state plan amendment did not name the specific state agency responsible for eligibility determination, OHCA could assume this role from OKDHS without federal approval or the need to change the state plan.

When it was decided that OHCA would take over eligibility determination, OKDHS staff knew there was no way to stop it and that they would have to adapt; still, it was a difficult time for staff from both agencies. OHCA needed OKDHS's eligibility expertise to implement the new process and key staff from both agencies began meeting monthly for design sessions to discuss and resolve details. For the first six months, "... the tension was palpable ..." at these meetings, according to one key informant. In large part, the tension stemmed from a difference in agency culture. Structurally, OHCA resembles a private business, in which the chief executive officer can move staff where they are needed to run the organization more efficiently, and in which decisions can be made and implemented quickly. OKDHS operates within a more traditional governmental structure, in which decisions flow through numerous levels of management and staff have less flexibility and opportunity for creativity. During the planning process, OHCA was focused on flexibility, innovation, customer service, and expediency, and it used an IT contractor to support its work. OKDHS had a more bureaucratic model, did its IT work in-house, and felt that OHCA's planning process was less deliberative and more akin to trial and error than the OKDHS model of decision making.

As the planning process went on, OKDHS realized that removing SoonerCare eligibility work could threaten not only staffing levels, but also its funding: OKDHS claimed federal matching funds on administrative expenditures for SoonerCare eligibility determinations, so a decrease in this work would decrease the federal match it could claim. OHCA absorbed more than 20 OKDHS staff members needed to support eligibility and other functions, which helped avoid OKDHS layoffs. OHCA also tried to frame the transition positively, noting that the change would provide OKDHS the ability to improve delivery of all the services still on its plate. OKDHS believed that its workload would not diminish as a result of the change, in part because some complicated eligibility groups would not be able to use the online system, but more so because it expected many families would continue to use the old system in which an OKDHS caseworker helped them in person.¹⁰

¹⁰ Populations that continue to enroll through OKDHS include Oklahoma Care breast and cervical cancer patients; aged, blind, and disabled enrollees; people who reside in nursing homes but qualify for SoonerCare; home and community-based waiver populations; children in OKDHS custody; and people receiving SoonerCare benefits for tuberculosis treatment (Oklahoma Health Care Authority n.d.).

Despite initial reluctance from OKDHS, most other health agencies in the state wanted to be involved in—and connected to—the new online process. Some of these partnerships were anticipated: for example, OHCA expected to partner with the Oklahoma State Department of Health (OSDH) to access birth records data to support its eligibility determinations, and OHCA expected to partner with the Indian Health Service (IHS), a longtime SoonerCare partner and provider of services to Native American residents. But many partnerships were unexpected. For example, the state mental health and substance abuse agency wanted to add a module to the online system to permit those who qualified for state-supported services provided outside SoonerCare to obtain an identification number in real time and to receive benefits immediately. Also, the new system forged a partnership between OHCA and the state's Child Support and Enforcement agency because the online system needed to collect data on child support, as federal rules required. This requirement had always been in place, but was weakly enforced in the paper system.

The project scope also expanded in other ways. For example, OHCA staff wanted the new system to handle renewal functions. In an effort to reduce churn, staff further decided the renewal function should include a rolling renewal capability, so that families could redetermine at any time, rather than wait until the end of their child's eligibility period. OHCA was also in the midst of planning a medical homes model for SoonerCare, so it wanted families to be able to select a primary care provider at enrollment (families do not use managed care plans in SoonerCare).

As the scope grew to include a more comprehensive, real-time eligibility enrollment and renewal system and to add new partners, the time line also expanded. The initial plans called for an 18-month design and build period with system implementation by mid-2009. As the scope of the project expanded, OHCA extended the target date for implementation to January 2010 and later to July 2010 before finally implementing the system in September 2010.

The pre-launch testing process was an important developmental step that helped identify where the system worked well and where improvements were needed. Pre-testers included partners at the

Focus Group Findings: Access to Care

All of the participants in both focus groups had used SoonerCare to access services for their children in the past 12 months. Their experiences accessing care varied: while they did not have trouble finding primary care providers who would accept SoonerCare, sometimes appointment wait times were long or longer than they would have preferred. No one reported having to drive a long distance to access primary care; parents also agreed prescriptions were easy to get, as all of the local pharmacies participate in SoonerCare.

When I called because my child was a new patient, I called in October and the middle of November was their first appointment. But now that we go there, I call whenever and I've been there a lot and don't have to wait.

During flu time, you had to wait. Sometimes, if they're busy and your child is sick, you might have to wait until the next day.

My pediatrician is easy to get it. They have shot days and you can just show up to get your child a flu shot with no appointment.

I went to the urgent care center with my son. He had an ear infection and the doctor couldn't get him in that day. I flashed the SoonerCare card and I didn't have to pay a dime. Now I don't even have to show the card because it's all in their computer.

While parents agreed they were satisfied with SoonerCare and that the care their children received was high quality, parents who participated in the focus group in Enid, a more rural locale, reported more challenges obtaining dental and specialty care.

There is only one dentist in town. My daughter has an under-bite, and they're talking about breaking her jaw. Nobody here in Enid does procedures like that – you have to travel to Stillwater or Oklahoma City. I don't understand why we have to drive all that way.

There are no neurologists in Enid and only two neurologists in Oklahoma City that take SoonerCare, so we had to wait over a month for an appointment. And Oklahoma City is 90 minutes away. The provider was great once we got there.

IHS, SoonerCare members, and OKDHS staff, among others. OHCA solicited feedback about how to improve the interface and incorporated testers' suggestions. For example, the development process had been focused on developing what state officials termed the "golden application experience" for an individual to use on a home computer. As plans developed and were pre-tested, they realized that in addition to a home view screen that individuals could use, other partners in the state (including other agencies and providers) might need access to the system—for example, to provide application assistance or to help someone who had already applied to upload their documents. The addition of the agency-view portal, as well as other necessary programming refinements, further delayed the launch to September 2010.

OHCA staff estimate the project cost over \$15 million to implement, not accounting for costs borne by other agencies. Of that, \$6.1 million was from the CMS transformation grant; the rest came from advanced planning document dollars (which are federal funds available to implement health IT efforts).

It is worth noting that OHCA was 14 months into the development of the online system when CHIPRA passed, permitting states to implement ELE processes. Administrators seriously looked at ELE to consider whether it would increase coverage and/or access for uninsured Oklahomans. At the time however, to pursue an ELE process when they were already in the midst of trying to implement the online system would have diverted staff resources already committed to the online system. Administrators also knew that their online system would qualify them for the CHIPRA performance bonuses—the only "5 of 8" item they were missing was rolling redeterminations, and the new system would incorporate that.¹¹

4. Implementation: What happened?

In September 2010, nearly three years after the planning phase began, Oklahoma's SoonerCare online enrollment system went live. Operationally, this system permits real-time enrollment with a post-enrollment eligibility review of income and, if needed, a review of documentation of other eligibility criteria (such as pregnancy verification). Most eligibility data are reviewed by the system in real time. The new program also provides a substantial time savings for applicants: determination time is reduced from an average of 20 days to just minutes (however long it takes the applicant to complete the online application).¹²

In practice, the online process begins at the OHCA website. Based on the applicant's self-reported responses to a variety of questions (about citizenship, income, and child's age, among other eligibility factors), the system's rules engine can determine whether eligible family members qualify

¹¹ To qualify for a CHIPRA performance bonus, states had to implement at least 5 out of 8 simplifications named in the CHIPRA legislation, in combination with an increase in Medicaid enrollment beyond a certain threshold.

¹² The new system currently cannot measure how long it takes an applicant doing it alone to complete the application. The time to complete an application will vary, because information has to be entered for each family member (so larger families will take longer to enter). However, OKDHS staff record how long it takes them when they assist an applicant, and they average about 21 minutes per application; OSDH staff reported that if they have complete information, their assistants can complete the online enrollment in 17 minutes. Given that OKDHS and OSDH staff are trained to use the application, it likely takes more time for a new applicant unfamiliar to the system, but a best guess suggests that it would not take more than 60 minutes on average.

for SoonerCare and enroll them instantly. Applicants select a primary care provider as part of the online process and receive a member identification number online, permitting them to access services immediately if needed (a card is also sent by mail). Everyone who completes the process and hits the submit button receives an enrollment decision; no applications are pending.

The system uses a behind-the-scenes data-matching process to verify self-reported income and citizenship data. OHCA follows up with the family only for documentation if the systems do not match or if system documentation is missing.¹³ For example, if a family enrolls a child in January, the online enrollment system will check citizenship status in real time, and the reported income will be checked against a state wage database within a week of the application's submission.¹⁴ If the information in the database differs from the self-report, the family receives a letter and time to provide documentation (if this not done within the given time frame, the child is disenrolled) (see Table 3 for time frames). Initially, documents could not be uploaded to the system, but this capability was added in 2012. Families now can upload documentation directly to the system, either at the time of enrollment or subsequently; OHCA partner agency staff can also upload documentation for a family or certify that it was provided, or families can still mail in documentation.

Table 3. Key Eligibility Data Elements, Matching Agencies and Time Lines for Documentation Submission If Needed

Eligibility Element	Partner to Match Data Element?	Situations Requiring Documentation to Be Provided?	Length of Time to Submit Documentation
Income	Oklahoma Employment Security Commission	Income cannot be verified electronically	90 days
		Income verification determines applicant to be ineligible	30 days ^a
Citizenship	Social Security Administration; Oklahoma State Department of Health (OSDH) Vital Records	Citizenship cannot be verified; this would occur only in cases where citizenship is not confirmed by the Social Security Administration database and the individual was born outside of Oklahoma	120 days
Pregnancy Status (required only for those qualifying because of pregnancy)	Provider, OSDH, or applicant	When pregnancy is the basis for eligibility	30 days

^a Applicant is disenrolled in 30 days unless applicant provides new information in that time frame (for example, if a job was lost or changed that led to a decrease in income compared with what is in state wage database).

¹³ Although most documentation can be matched through systems, some verifications may not be available at application, like pregnancy verification.

¹⁴ Income is checked in a weekly batch file against the state wage database, in which income data for each individual is updated quarterly.

Online renewal also launched in September 2010. An applicant eligible to renew in October 2010 was notified it was time to renew and that he or she could use the new online system to do so (similarly, in October 2010 the first letters were sent for the November 2010 renewals, and so on). The renewal letter gives applicants a personal identification number (PIN) to use to access the system (if the PIN is lost, they can still use the online system and provide other personal information to find their case). As noted, the system is set up for rolling renewal: each time a client logs into the system for any reason (such as to update an address), there is an option to do a review for renewal, which then resets the clock for another 12-month eligibility period. Because all of the enrollee's information is already in the system at renewal—only things that have changed must be entered—the process of renewing is quick, estimated by OHCA to take from five to eight minutes. Under the paper system, an average renewal in SoonerCare took 15 days.

As noted, partner agencies play an important role in SoonerCare enrollment. Partners such as OKDHS, OSDH, IHS, and some providers and other application assistors have the agency-view screen that enables them to help an applicant start or complete a partially completed application. At OKDHS, caseworkers can use either the online system's agency view to enter data for an applicant or, if an applicant qualifies for other benefits (Supplemental Nutrition Assistance Program [SNAP], Temporary Assistance for Needy Families [TANF], etc.), the existing OKDHS data system was upgraded to link to the SoonerCare online system so that the information can be transferred with the click of a button. This is a one-way transfer; whereas the OKDHS system can link its information to the SoonerCare online system, the SoonerCare online system does not provide its information back to OKDHS so that SoonerCare enrollees can be assessed for other benefits. (In contrast to ELE, Oklahoma's approach has OKDHS sharing information for people who apply for one or more benefits including SoonerCare; an ELE approach could use partner agency information either to identify people enrolled in partner programs but not in Medicaid/CHIP and/or to automatically enroll [with consent] people enrolled in partner programs into Medicaid/CHIP.)

Focus Group Findings: Using the Online System

Focus group participants universally liked the online system, and most said it was easy to use; one participant who said she was not very computer literate was able to use it, but did find it challenging. Those who had used the old paper process far preferred the online system in comparison.

I was floored. When she [an OKDHS caseworker] told me I could do it online, I was like 'get outta here.' So I sat down, did all the stuff the system asked, and then it said, "You are approved." And I was floored that I was approved right there and then. I did that on Wednesday and I had the card Friday.

Online we now know instantly if our kid has coverage. Under the old system, I found even after you did the application and they spoke to you, then you had to come back for a second interview. And then still have 30 days to wait until you were informed that your child was covered or not.

I think this was a great move. No more lines, no more waiting, no more excuses, no more taking time off work. It just gets done.

I went online; I did it at work.... I had brought my folder where I keep the birth certificates and socials. It took maybe 10 minutes to get it done. They ask you if you have a card or you need one mailed to you. There's a box to check for all that, and if you don't have a card, they sent one to you. You don't have to call and ask and wait.

To renew, if you don't have the password they send, you can call and they give you one right away.

Once you enter your info, it's stored, so the next time you go in there it's there and you can just make changes when needed and submit it.

I like it. The same day I needed to renew, I went online and did it, and my kids got to go to the doctor that next day.

For me, it wasn't so easy because I'm not very computer smart. There's one part to go onto the next question, I couldn't get through it, so I ended up going to a neighbor's house and she helped me. I think it has to do with computer experience; I am not on the computer very often so it was confusing.

Focus Group Findings: Outreach

We asked participants how they had heard about SoonerCare. Most reported that they had heard from an OKDHS worker when they went to apply for other benefits, but a few reported that they heard about SoonerCare from staff at OSDH, clinic staff, or from family or friends.

When I went to the clinic they told me.

I heard about it peripherally in places, but then my sister had it when she had her kids and told me about it.

I lived with my aunt and she took me to the health department. I'm glad I had family to help me.

The lady down the street told me about it.

We also asked participants what they had heard about SoonerCare. Most participants could not remember what they had heard about it, although a few reported hearing positive things about the program before enrolling.

I heard positive things about SoonerCare, that it helps people.

I heard they help with counseling and a lot of benefits. I like that.

I don't remember, I just know I went to the health department when I found out I was pregnant and they walked me through it.

Considering the scope of the changes made during the design phase, implementation was relatively smooth, but several challenges arose. First, there was almost no budget to make families aware of the new online system and training of local OKDHS staff to assist with the new system did not happen as planned. OHCA incorporated information about the online enrollment system into its existing marketing efforts for SoonerCare and developed a video that could be shown at hospitals and health centers. OHCA also conducted a number of provider training sessions (for providers that were partnering to help enroll uninsured patients) and webinars. Rather than training staff in local OKDHS offices directly, OHCA staff

conducted a train-the-trainer program for centralized OKDHS and OSDH staff, so they could train staff in local offices throughout the state. It was only after implementation that OHCA discovered that local OKDHS staff never received the training before the system went live, because OKDHS administrators were concerned that local staff might think they were losing their jobs to the new system. This led to confusion at local OKDHS offices. Key informants said that some local OKDHS offices remained hostile to the new system for months or more, and in some instances turned families away, telling families that OKDHS no longer “did Medicaid” anymore. No stakeholders could quantify the number of families turned away, but several noted this problem persisted in some OKDHS offices for many months. In hindsight, OKDHS administrators agreed they made a mistake and that this delay contributed to field office confusion at implementation.

The second challenge related to operating the OHCA call center efficiently. Before implementation, OKDHS had transferred about 20 eligibility workers to OHCA. OHCA had expected to add an additional 30 to 35 OKDHS staff to be transferred to support the call center, but this additional transfer of staff never materialized, so the 20 OKDHS staff who had transferred to OHCA prepared to handle all customer service calls. In the first days after the system went live, call center wait times were 45 minutes or more. Moreover, the staff handling those calls had Medicaid expertise but lacked IT expertise and so were slow to navigate the new system. OHCA brought on temporary staff, many of whom were recent college graduates and could quickly grasp the IT issues, but who did not necessarily understand Medicaid rules. They mixed the temporary staff with the eligibility experts so that, together, they could help one another and help the callers. Besides the temporary workers, OHCA's member services staff were diverted from outreach activities for about six months to support call center demands. At its peak, 45 staffers worked the call center in the early months; today, there are 32 call center employees and wait times currently range from a few seconds to about 5 minutes.

Calls from new applicants, partner agency staff, and enrollees who needed to renew coverage inundated the call center. Application assistors interviewed said that the wait times were frustrating and slowed the process considerably in the first weeks after the system went live; several said that partners (that is, all partners trained to use the agency-view application, including OKDHS, OSDH, IHS staff, and provider office staff) were promised a dedicated line to answer their calls, but it took two months to get that direct partner line operational. Upon further reflection, OHCA said that the inclusion of the renewal process in the online system was the right thing to do, but it contributed to the call center volume problems and caused substantial confusion for enrollees: for the first time, enrollees received a letter from an agency—OHCA—about renewal for coverage that beneficiaries most likely thought was provided through OKDHS. This confused beneficiaries and OHCA believes it directly increased call volume in the first months. Anyone scheduled to renew in September or October 2010 was given until November 30, 2010 to renew; this extension was granted to offset concerns that some enrollees might inappropriately lose their coverage in this start-up period (Oklahoma Health Care Authority, 2011).

Although the application has always required information about child support (even before online enrollment), the child support section of the online application has proven somewhat controversial, both because of its length and because some stakeholders view the information required in this section as private information. Key informants reported that when OKDHS determined all applications, families were not always asked about child support enforcement, even though it was supposed to be asked each time an application was submitted. Key informants said it appears that OKDHS caseworkers did not always collect the information from each applicant. Although OHCA must include the child support questions to help determine income eligibility, some stakeholders said this puts some families in an uncomfortable situation if they do not want an absent parent to know the whereabouts of the family. Because the child support section of the application is lengthy, some stakeholders have suggested that OHCA could add a check box if child support was already being received, so that some families could avoid completing the section.

Minor changes have been made to refine the system over the past two years. For example, initially documents could not be uploaded directly to the online system, but this feature was added in 2012. At the time of our site visit, families could upload documents, but the system did not acknowledge receipt of an uploaded document immediately, causing confusion for some applicants. OHCA plans to implement a change so that when a document is submitted, a message will pop up saying, “Thank you for uploading your document, please give us three to five days to process it.”

Recognizing the need for more personal application assistance to support online enrollment, OHCA applied for and won a CHIPRA outreach grant to support application assistance in federal fiscal year 2010. With this grant money, OHCA hired regional staff to support application assistance throughout the state. Slightly more than one-third of all applicants receive assistance with the application; some applicants need help because the online system is available only in English. A few key informants said that application assistance is critical because when a denial occurs, the system does not tell an applicant why he or she was denied; but an application assistor can identify the source of the eligibility problem and help a family provide correct information.

The relationship between OHCA and OKDHS has improved since implementation of the new online system. OHCA staff agree they probably underappreciated how important it was to have field office staff who could support the effort. Despite initial fears, the transfers of staff to OHCA help OKDHS avoid staff cuts as a result of SoonerCare online enrollment; OKDHS administrators believe the new system works well, but that it has not saved time for OKDHS staff.

5. Outcomes: What are the observed outcomes?

Although stakeholders identified minor issues they might change in the online system, overall every stakeholder interviewed—even those at OKDHS—believe the online system works better for families than the old paper process. Key informants identified a number of positive outcomes from implementing the SoonerCare online system:

- **Cost savings.** The online system introduced savings on several fronts.¹⁵ First, staff time for processing applications has been dramatically reduced, as online applications have largely replaced mailed-in paper application forms. Second, supporting paper documentation is not needed to support 55 percent of applications, meaning that this proportion of applications needs no staff involvement to process. For renewals, 80 to 85 percent of families do not have to submit any new documentation to renew. We estimate the staff time savings to the public sector from online enrollment to be worth \$4.4 million per year. Online enrollment has also introduced new ongoing costs, primarily relating to staffing the call center and maintaining the new IT systems, of \$2.9 million per year. Taken together, we estimate net savings from implementing online enrollment to be \$1.5 million per year.
- **Faster eligibility decisions.** Applicants save time at both application and renewal. Staff estimate the average paper application took 20 days to approve, and as much as 30 days or more if the family applied for other benefits. The online system reduces the application process to just minutes. OHCA says the system provides a speedier renewal process as well; for enrollees who use the PIN sent with their renewal reminder, OHCA estimates the renewal process takes five to eight minutes, compared to 15 days under the paper system. Moreover, families in focus groups noted they save time and money previously spent on submitting documentation (such as costs for copying, mailing, and/or taking the time to bring documentation to an OKDHS office).
- **Improved consistency and objectivity.** The online system follows programmed rules to arrive at a decision based on input from the applicant. In the past, informants reported that the rules were applied less uniformly across OKDHS local offices and workers. Worker subjectivity could affect the process under the old system; a caseworker could help someone with the process or discourage an applicant.
- **Improved access to the enrollment process.** Having an online system that is always available expands access to the enrollment process; families can apply when it is convenient for them and not only when OKDHS offices are open. For example, in calendar year 2011, one-quarter of applications were submitted at night or on weekends (Weiss, 2013). OHCA analyses show the greatest utilization rate on the system is at 8:00 p.m. As of January 2013, 59 percent of applications were submitted online by an individual with no application assistance; 23 percent came in through the agency-view screen, meaning an application assistor helped the applicant use the online system; 13 percent came in through the OKDHS linked portal (this represents families who applied

¹⁵ A separate analysis of costs and savings for the SoonerCare online enrollment system will be included in the project's final Report to Congress.

with the help of OKDHS staff, likely because they also applied for other services); and only 5 percent were paper applications (Oklahoma Health Care Authority, 2013a).¹⁶ Despite concerns from many stakeholders that families would not use the online system, OHCA found that within two months of implementation the online system had become the dominant system of applying for coverage, despite little marketing advertising the new system.

- **Completed applications and PCP assignments.** Paper applications were often submitted incompletely, lengthening the time between application for assistance and enrollment because OKDHS staff would have to follow up for missing data. The online system does not permit submission of an incomplete application. In addition, families must choose a primary care provider (PCP) at the time of application (they can choose by name or, if they do not have a PCP, search by geographic location), eliminating the need for auto-assignment and helping the state implement the medical home concept.
- **Enrollment growth.** Enrollment has grown steadily since implementation of the system, but enrollment had been on an upward trend for several years before the online system, due to small expansions in coverage but probably more so to the weakening economy. From January 2009 to September 2010, enrollment grew by almost 94,000 members; total enrollment in September 2010 was 712,000 (Oklahoma Health Care Authority 2009, 2010). By November 2010, total enrollment was slightly more than 785,000. Although the rate of growth has slowed since implementation, enrollment continues to grow steadily. OHCA has not assessed how much of the growth is due to the implementation of the online system versus the continuing weak economy in the state or other factors.
- **Better retention.** OHCA believes the online renewal process, and specifically the rolling renewal process, has reduced program churn and led to better retention of members. OHCA believes the drop in uninsured rates is the direct result of the new system; a published report using data from the American Community Survey shows the statewide rate of uninsured children to be 11.8 percent in 2008, or about 113,000 uninsured children (Lynch et al. 2010). By 2011, only 7 percent of Oklahoma children, or about 67,000 children, were uninsured according to state-reported analyses of U.S. Census Bureau data (Oklahoma Health Care Authority, 2012d).
- **System changes quickly implemented.** Under the paper application system, a change of any type (for example, a need to change the application such as when Medicaid required citizenship verification beginning in July 2006), or any system change required—such as an increase in the income eligibility level for SoonerCare—could take months to implement. Stakeholders report OKDHS’s internal programming was slow and a change to any paperwork required modification and distribution throughout the state, also a potentially lengthy process. With the online system, changes can be quickly programmed; OHCA staff estimate a change could be done in a day.

¹⁶ Because of limited Internet access in some rural areas of Oklahoma, OHCA believes some small portion of applications will continue to be submitted via the paper route (Oklahoma Health Care Authority, 2013).

- **No change to eligibility error rates.** Oklahoma has been through an error rate assessment and found the eligibility error rates remained unchanged after implementation of the online system.¹⁷

The implementation of the online enrollment and renewal process has had some unanticipated effects. First, OHCA staff underestimated the level of assistance families might need or want to complete the online application. This became clear quickly as the call center was overwhelmed initially, but also became evident as OHCA studied statistics showing that more than one-third of applications come in through the agency-view, meaning the family received assistance completing the application. The availability of CHIPRA outreach grants has helped the state expand direct assistance since implementation of the system.

The need to link the SoonerCare application to child support information required the child support agency to build an entirely new system. Informants report that the Office of Child Support and Enforcement paid for the new systems entirely out of its own budget, but viewed this as a significant infrastructure improvement for that agency, as it provides information about child support issues that previously was difficult to obtain from OKDHS.

OSDH administrators say the SoonerCare system has had a positive effect on their agency's culture and finances. Before, OSDH clinics did not customarily check SoonerCare eligibility; more often, they provided the care at no charge to the patient (supported by Title X and other federal and state funds). As the economy in the state began to decline in 2005, OSDH had revenue shortfalls and cut some programs. OSDH administrators realized their workers needed encouragement to begin routinely assessing patients for SoonerCare eligibility as a way to support services, but this was challenging to do before the online system because families had to go through OKDHS, and often did not. With the advent of the online system, OSDH initiated an eligibility pilot in which a staff member in one clinic provided application assistance. OSDH saw a dramatic increase in enrollment and subsequently expanded the program to 24 sites. Not only does this pay for services delivered, but OHCA permits OSDH to draw a federal match for the portion of time OSDH staff spend on enrollment.

OKDHS has experienced revenue decreases; it processes fewer applications and so can claim substantially less federal matching funds than it used to for SoonerCare (OHCA estimates a decrease of about \$20 million in the first year). OKDHS administrators report few spillover effects of the online system, saying their workload has not decreased. However, OKDHS did improve its internal systems to link to the SoonerCare online system, and it is in the process of designing its own online application. Whether the SoonerCare online system influenced this decision is unclear, but presumably the success of this model had some effect.

¹⁷ States must conduct assessments as part of the payment error rate measurement (PERM) rules passed in 2002. Besides assessing payment errors, PERM reviews also examine eligibility errors in Medicaid and CHIP (Centers for Medicare & Medicaid Services n.d.). States go through a PERM audit every three years.

Although stakeholders universally liked the new system and agreed it was an improvement on many levels for families, a few stakeholders suggested that an unintended effect of the online system is that it does not connect families to other programs as effectively as an interview at an OKDHS office would do. As noted earlier, this was intentional in the design, because OHCA found that a growing number of its beneficiaries were eligible only for health benefits. Given that OKDHS reports no decrease in its workload, it is unlikely this disconnect is having a significant impact on other benefit program participation. Moreover, a review of descriptive data from the most recent OKDHS Annual Report on TANF, SNAP, and child care

service cases before and after implementation of online enrollment shows no clear relationship between the introduction of online enrollment and other OKDHS program enrollment levels (Oklahoma Department of Human Services 2012). For example, the number of unduplicated SNAP cases was flat—at around 260,000 cases—from state fiscal years 2005 to 2008. Cases then increased to 285,079 in 2009; to 338,711 in 2010; to 375,170 in 2011 (the year in which online enrollment was launched); and to 389,072 in 2012. The number of unduplicated TANF cases decreased steadily from 27,874 in 2003 to 16,215 in 2009; it then increased to 17,726 in 2010 before declining to 17,049 in 2011, and to 15,934 in 2012.

Focus Group Findings: Having SoonerCare Brings Peace of Mind

Participants in both groups described themselves as “relieved” knowing their child was enrolled in SoonerCare. Some described periods of uninsurance for their children or themselves, and how difficult it was to afford health care without insurance. In one focus group, participants agreed no benefits were missing from SoonerCare’s benefit package, but in the second group, several parents noted that they would like to see an expanded vision benefit so that a child could get a second pair of glasses in a 12-month period if the child breaks the first pair.

I love it. I don't know what I'd do without it, to be honest.

The benefits are wonderful. They cover all your bases.

My son has asthma ... his asthma was getting bad, I was so relieved to have SoonerCare because all his medicines are covered. I'm thankful. One of my son's inhalers is over \$100. There's no way I could afford that, ever.

I don't know what we would do if we didn't have it. We looked into private insurance. For a family, it was very limited coverage ... and you have like \$1,000 deductible. It wasn't reasonable.

For myself, I don't go to the doctor because I know I can't afford it. I don't have insurance for me. But SoonerCare for the kids is awesome.

6. Looking Forward: Future Prospects for Using Online Enrollment

OHCA staff eventually would like the system to be accessible to all SoonerCare-eligible populations. In fact, the original system release schedule developed in 2008 called for phasing in all populations over time. However, work related to the Affordable Care Act implementation has taken precedence, forcing OHCA to delay work on these additional system releases. When it has the resources to focus on system expansions, the first expansion likely will include breast and cervical cancer patients who qualify for Medicaid, followed by other populations. Design of these phases is still at a very high level and the state has not yet worked out whether all new groups could receive a real-time decision. For example, aged, blind, and disabled applicants currently must complete a face-to-face interview to obtain coverage. OHCA is considering letting OKDHS complete the interview and permitting the individual to enroll online and somehow connect those two parts on the back-end.

The online enrollment system was built to be interoperable with other systems, so the state is not concerned about linking to the federal exchange (which the current governor has decided to use). OHCA had been looking to use the online system as a platform for building a state exchange. In 2010, OHCA won a \$54 million early innovator grant from CMS to accomplish this. In January

2011, a new governor took office and plans for the state-based exchanges were shelved; these grant funds were returned to the federal government.

Although the governor announced in November 2012 that Oklahoma would not expand Medicaid, OHCA administrators say the online system easily could have been programmed to permit new eligibility rules for such an expansion. Even without the expansion, staff will be editing programming rules to change how income will be calculated (income for many groups will be based on modified adjusted gross income beginning in 2014).¹⁸ OHCA staff continue to participate in work group calls with other states and CMS to discuss how to interpret new rules and regulations so that it can implement those rules in the SoonerCare online system before January 2014.

When asked about whether ELE made sense in Oklahoma, OHCA staff said they have not ruled out pursuing ELE in the future. However, they suggested that the simplifications made through the online system might surpass ELE in terms of efficiency and, possibly, enrollment effects, although they agreed that ELE offered the potential for further efficiencies and might be able to be built into the existing system. Such a set-up could offset some of the concerns stakeholders identified, such as that the online system bypasses some of the access to SNAP, TANF, and other benefits people used to be aware of when they applied at an OKDHS office. Parents in both focus groups held in Oklahoma agreed that an ELE process that partnered benefits from different programs would be convenient and eliminate redundant processes: “If you qualify for free or reduced lunches, more than likely you need help with medical and anything else. So I think it would be a wonderful option.” Two parents, one in each group, mentioned that they would appreciate the option as long as they had the right to opt out of it if they chose.

7. Lessons Learned

Several lessons particularly salient for health reform implementation emerged from this case study. The first is that real-time enrollment with some real-time and some post-enrollment data-matching works well in Oklahoma and could serve as a model for health insurance exchanges. Post-enrollment data-matching has not threatened program integrity, which was probably the biggest concern at the outset. As states proceed to change and/or upgrade systems in preparation for federal health reform, they should feel confident that, with careful planning, systems can be designed to verify self-reported data behind the scenes after eligibility is determined.

Second, OHCA staff were willing to delay implementation when problems arose, rather than adhering to the planned implementation schedule. Slowing the process down was not an admission of defeat; if anything, slowing the process down enabled them to focus on refining the system, so that it was really ready on the day it went live.

Third, obtaining buy-in from all partners was important, but not having full buy-in did not derail the program; it just made it more difficult to implement. In an ideal world, some of the turf issues that arose between OHCA and OKDHS could have been avoided through better

¹⁸ At the time of our visit in December 2012, it was unclear whether Internal Revenue Service (IRS) data would be available and accessible for matching. Since that time, administrators report that IRS data will be available and accessible for matching, although initially OHCA will not rely on it due to concerns about the age of that data (Becky Pasternik-Ikard, Deputy Medicaid Director, April 10, 2013).

communication and a clearer focus on the ultimate goal of the system—to improve the enrollment process for families. Stakeholders suggested that focus on the end goal was sometimes missing or misplaced, as people focused instead on how the change would affect them or their agency. Undoubtedly, as the designs for how federal health care reform will be operationalized in each state are developed, ownership issues will arise among state agencies and between state and federal agencies. Oklahoma’s experience suggests that those ownership issues should be expected, but transparent communication on issues and an adherence and focus on the ultimate goal of coverage expansion can potentially offset such issues.

Fourth, although changing the culture was a slow and difficult process for the state agencies, the public readily embraced the culture changed introduced by the new system; within two months of implementation, online enrollment was the dominant method of applying for SoonerCare. Focus groups with beneficiaries who had enrolled themselves or their children under the old and new systems indicate that members love the convenience of the new system; that it saves significant time for families (in focus groups, families cited time barriers under the old system including traveling to OKDHS, waiting at OKDHS, delaying care while waiting for an enrollment card in the mail, and so on); and families wish the state used even more technology, such as emails or text messages rather than letters to communicate with them. Oklahoma’s experience indicates that federal reformers should consider embracing as many new technologies as possible when implementing reform to ease the process for users and facilitate communications.

Finally, although technology has benefited SoonerCare, OHCA staff agreed that they underestimated the demand for personal assistance with the online application. As one key informant said, “A drop-down box on a screen is only so helpful.” Some key informants said certain beneficiaries are more comfortable getting that support in person, although the customer call center also is available during daytime hours to answer questions. Other stakeholders pointed out that personal support is critical for those who do not speak English, because the online system currently is available only in English. Taken together, informants’ experiences in Oklahoma suggest that outreach—in particular in-person support rather than telephone or even online assistance—should not be underestimated in the plans for implementing federal reform. CMS should carefully consider Oklahoma’s experience as it plans for the Navigator program, which will support personal assistors to help individuals and families navigate enrollment into Affordable Care Act coverage in 2014 and beyond.

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