



Study of
**Health-e-App
Public Access**

Health-e-App Public Access: A New Online Path to Children's Health Care Coverage in California

RESEARCH BRIEF 1

MARCH 2012

Health-e-App: Background

Health-e-App is a fully automated web-based application for enrolling low-income children and pregnant women into public health insurance programs. The California HealthCare Foundation (CHCF) and The California Endowment supported its development, in partnership with the Managed Risk Medical Insurance Board (MRMIB), the California Department of Health Care Services, and Social Interest Solutions. The application was pilot tested in San Diego County.

Since 2000, CAAs and other professionals have used Health-e-App when they help residents apply for health coverage. A public-access version of the tool, Health-e-App Public Access (HeA PA), was launched in December 2010, enabling applicants to use it independently via the internet.

This research brief is the first in a series. Forthcoming briefs will further examine the characteristics of HeA PA applicants and their experiences using HeA PA; the effects of outreach to inform families about HeA PA; application and enrollment trends; and lessons and implications.

MATHEMATICA
Policy Research

An Overview of the First Year

Leslie Foster

What Is Health-e-App Public Access?

Health-e-App Public Access (HeA PA) is a self-service, online application for California's Healthy Families Program. It is also a screening tool that becomes an application for the state's Medi-Cal for Children and Pregnant Women programs when forwarded to a county social services office for an eligibility determination.¹ An English version of HeA PA was launched on December 20, 2010, and a Spanish language version on January 31, 2011. California has used Health-e-App as an online application system since 2000, but that system was available only to certified application assistants (CAAs) and other professionals who help families apply for coverage.

As a publicly accessible online tool, HeA PA has several potential benefits for applicants, the state, and CAAs.

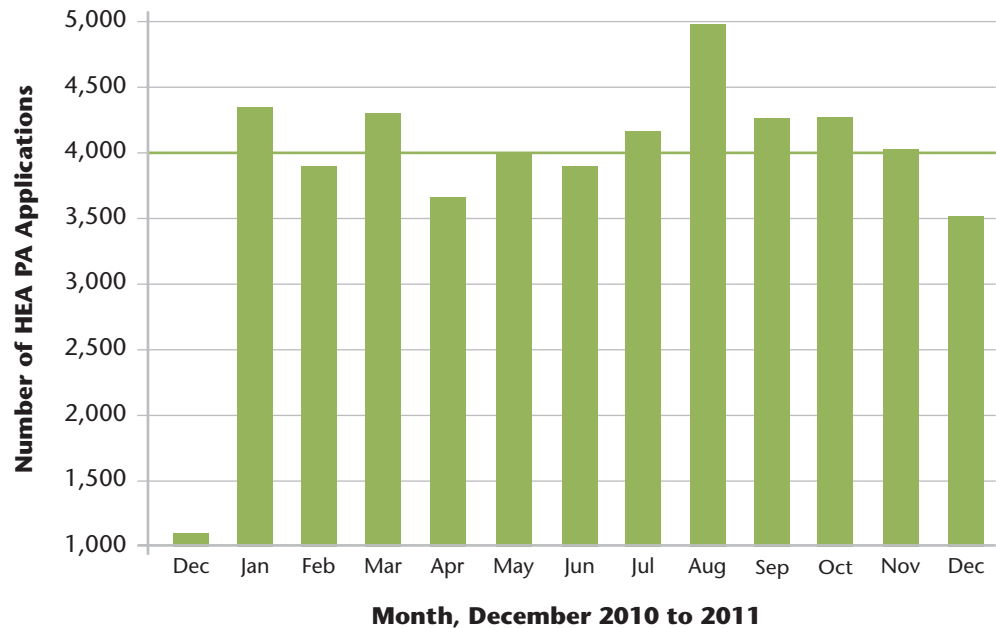
- **For applicants**, the online application is meant to be easy and convenient to use. Applicants can use HeA PA wherever and whenever they use the internet. HeA PA automatically checks for errors, omissions, and the relevance of application questions, so applicants avoid mistakes and see only questions that apply to them. Applicants can also electronically submit required documentation (attesting to income, deductions, citizenship or immigration status) and payment of the initial Healthy Families monthly premium. HeA PA provides help text for each item and page of the application, and offers a telephone help line from 8:00 a.m. to 8:00 p.m. Monday through Friday and to 5:00 p.m. Saturday. Finally, when applicants submit an application through HeA PA, they instantly receive a preliminary eligibility determination, just as CAAs do when they help families apply online.
- **For the state and its application processing center**, HeA PA is more efficient than the current, paper-dominated system.² For example, the auto-checks that help prevent applicant errors and omissions enable staff to spend less time pursuing complete or correct information from applicants during processing. HeA PA, like the online system used by CAAs, eliminates the need for manual data entry and document management, as well as some of the time and expense of mailing documents, that are part of processing paper applications.
- **For CAAs**, HeA PA might enable more efficient use of limited time and resources, allowing CAAs to target individuals and families needing the most support to complete the application process successfully. Widespread use of HeA PA also could allow CAAs to devote more time to tasks other than application assistance, such as explaining health care benefits; providing families with information on selecting health, dental, and vision plans; and retention efforts.

Is HeA PA Catching on with Applicants?

In the first full month of HeA PA availability (January 2011), 4,347 families submitted self-service HeA PA applications (Figure 1). The number of HeA PA applications continued at roughly this level throughout 2011. In total, Californians submitted 50,425 HeA PA applications from December 20, 2010, to December 31, 2011.

Figure 1.

California Received about 4,000 HeA PA Applications per Month in 2011



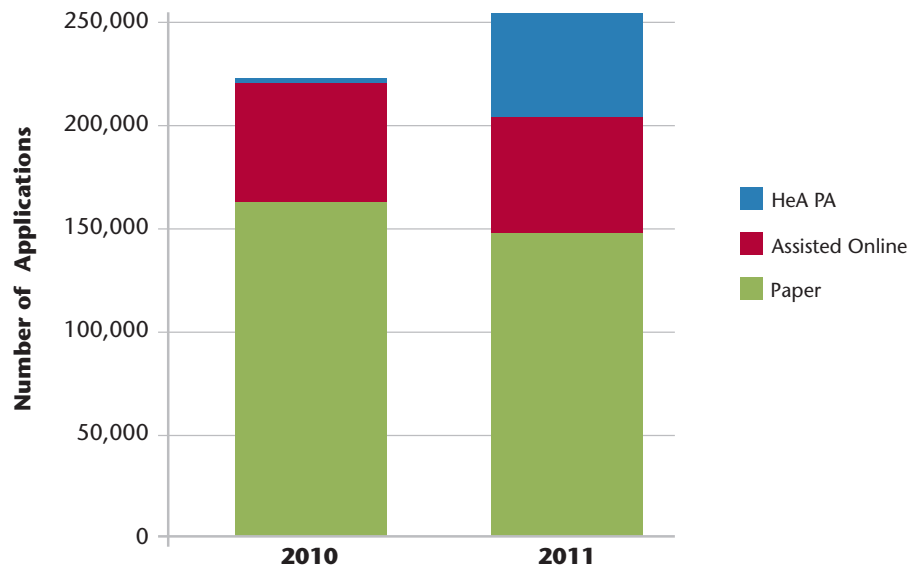
Source: MRMIB's Healthy Families Program Data Warehouse, December 2010 to December 2011.

Use of HeA PA was associated with a 14 percent increase in total applications submitted to the state processing center in 2011 compared with 2010 (Figure 2). Moreover, HeA PA and assisted online applications represented about 42 percent of the 254,900 applications submitted in 2011, a much larger share than online methods represented in 2010 (26 percent of about 223,700 applications).³

In fact, the growth in total application submissions in 2011 appears entirely attributable to HeA PA. As Figure 3 shows, submission of assisted online applications was essentially level before and after the online application became publicly available. Although paper applications did decline in the months after the HeA PA launch, the decline was modest in size and actually began several months before the HeA PA launch. The growth in annual application submissions and trends in the use of other application methods around the time of the HeA PA launch suggest that HeA PA might have attracted families that otherwise would not have applied for coverage. A future brief will examine this question more rigorously, exploring the extent to which HeA PA (1) attracted families that otherwise might not have applied for Healthy Families and/or (2) substituted for other application methods.

Figure 2.

HeA PA Was Associated with an Increase in Total Applications in 2011

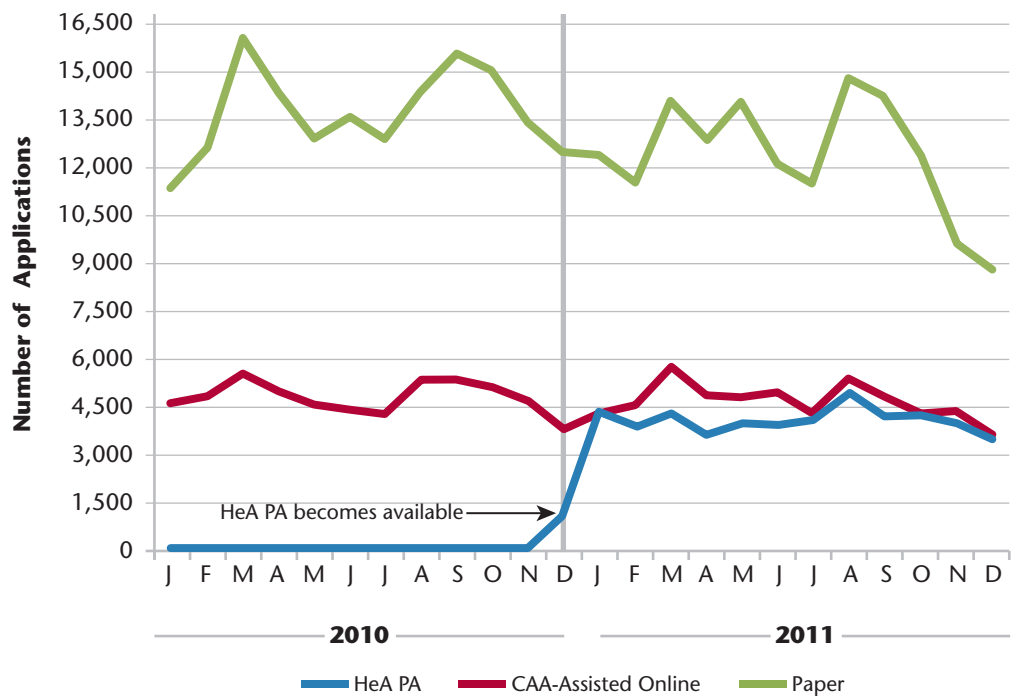


Source: MRMIB's Healthy Families Program Data Warehouse, December 2010 to December 2011.

Note: Assisted online applications include those submitted through Health-e-App and One-e-App by certified application assistants or eligibility workers.

Figure 3.

HeA PA Did Not Seem to Affect Trends in Other Application Methods in 2011



Source: MRMIB's Healthy Families Program Data Warehouse, December 2010 to December 2011.

Notes: Assisted online applications include those submitted through Health-e-App and One-e-App by certified application assistants or eligibility workers. Historical data from MRMIB show seasonal variation in application submissions that are roughly consistent with fluctuations in 2010 and 2011.

The immediate take-up of HeA PA is somewhat surprising, as it occurred with little effort to raise public awareness of the new online option. The first outreach campaign for HeA PA began in July 2011 in selected counties, about seven months after HeA PA became publicly available. The campaign featured paid online ads and public service announcements in English and Spanish. A future brief will describe the campaign, explore its effects on both take-up of HeA PA and overall application submissions, and offer lessons for future outreach strategies.

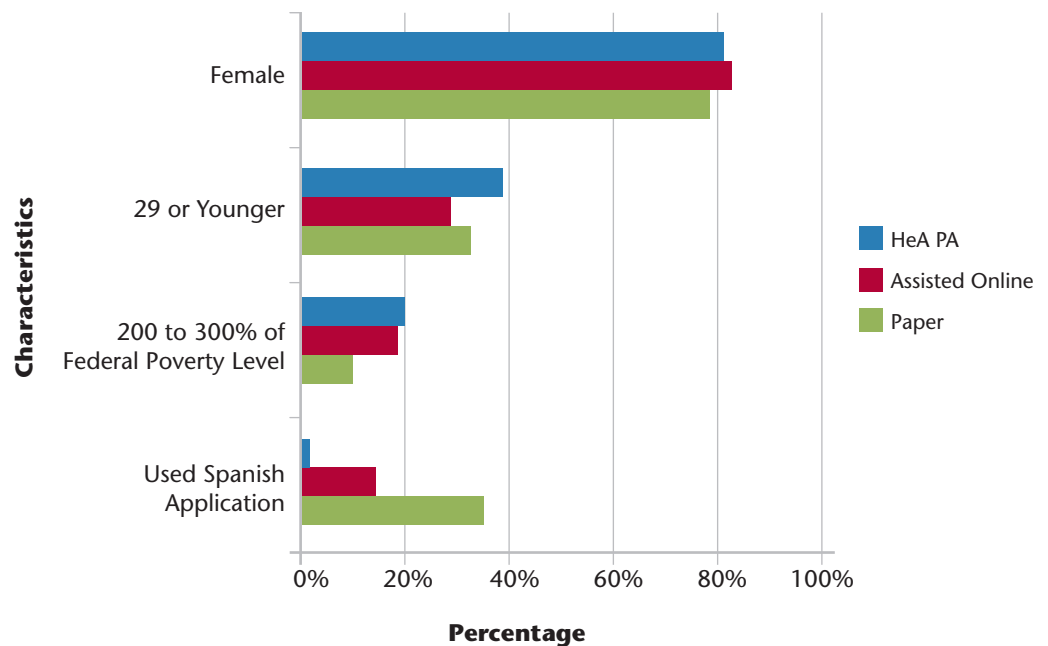
Who Used HeA PA in Its First Year?

Most people who used HeA PA during its first year were female (81 percent), had household income at or below 200 percent of the federal poverty level (FPL) (77 percent), and completed the application in English (98 percent). Thirty-seven percent of HeA PA applicants were 19 to 29 years old, and 58 percent were 30 to 49. Seventy-one percent of applicants who used HeA PA during its first year lived in one of California’s five most populous counties.

Compared with other applicants, HeA PA applicants were more likely to be 29 or younger, and somewhat more likely to have higher income (Figure 4). HeA PA applicants were much less likely than other applicants to use a Spanish application. (Data were not available to compare the ethnicity of groups of applicants.)⁴

Figure 4.

Early HeA PA Applicants Differed from Other Applicants in Age, Income, and Application Language



Source: MRMIB’s Healthy Families Program Data Warehouse, December 2010 to December 2011.

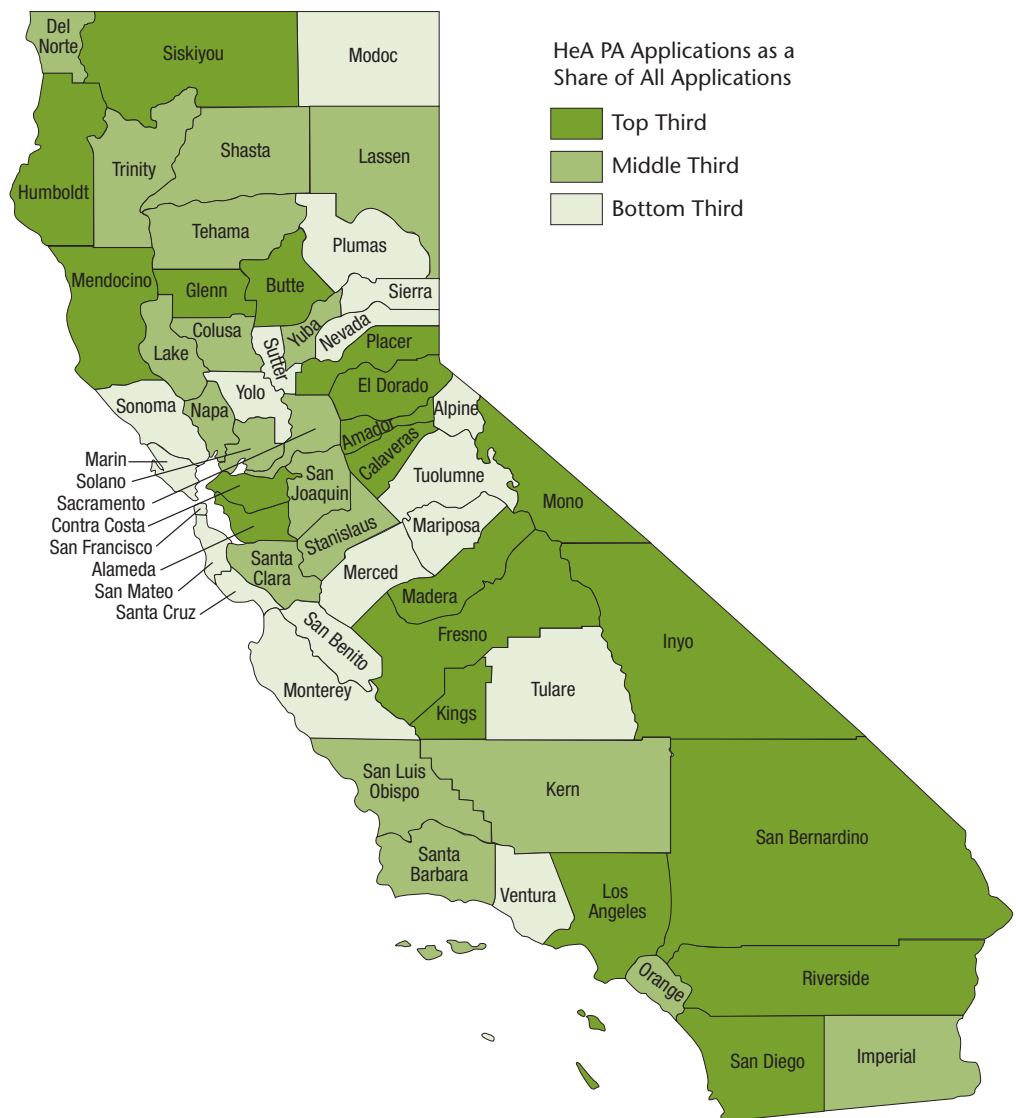
Note: Assisted online applications include those submitted through Health-e-App and One-e-App by certified application assistants or eligibility workers.

Where Was HeA PA Used Most?

HeA PA was available statewide and was used in 56 of California's 58 counties in its first year.⁵ Across the 56 counties, the share of applications through HeA PA varied considerably—from 5 to 48 percent. In the five counties with the largest populations and the most applications submitted, the share of applications submitted through HeA PA ranged from 12 percent (Orange County) to 19 percent (Los Angeles County) to nearly 33 percent (San Diego, Riverside, and San Bernardino counties). The range was greater across California's 30 rural counties, and in nine of them at least 20 percent of all applications were submitted through HeA PA. Figure 5 summarizes the share of applications submitted through HeA PA by county during its first year.

Figure 5.

HeA PA Use Varied Throughout California in Its First Year



Source: MRMIB's Healthy Families Program Data Warehouse, December 2010 to December 2011

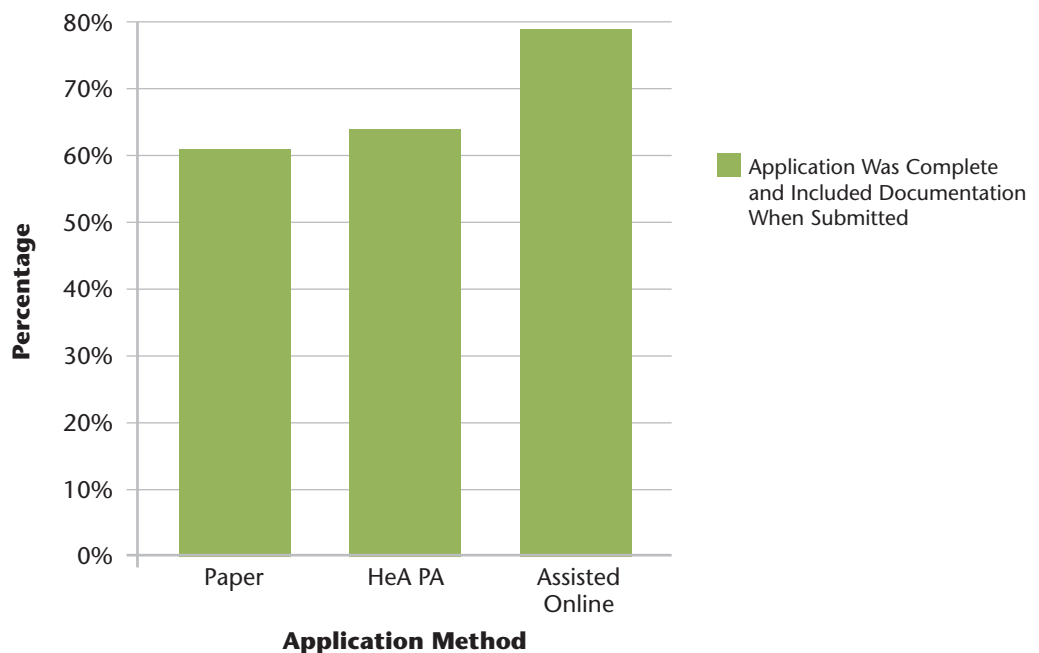
Is HeA PA Realizing Its Potential?

Early evidence suggests there were some benefits for the state processing center and for applicants from using HeA PA. About 64 percent of applications submitted through HeA PA during its first year were complete and included required documentation, allowing the state processing center to determine Healthy Families eligibility without follow-up (Figure 6). Thus, HeA PA applications were slightly more likely than paper applications (61 percent) to be complete and include documentation upon submission, even though about one in six of those who used the paper application received CAA assistance (not shown).⁶ Unlike HeA PA or assisted online applications, paper applications can require follow-up for empty fields, invalid entries, or missing documentation. HeA PA's completeness rate is lower than that for assisted online applications (79 percent), but given the hands-on assistance that CAAs and other professionals provide in assembling valid documentation, the difference is not surprising.

A quarter (25 percent) of HeA PA applicants submitted applications outside regular business hours, which could point to a level of convenience for these applicants (not shown). A future research brief will explore HeA PA functionality and user friendliness through a survey of online applicants.

Figure 6.

HeA PA Applications Were Slightly More Likely than Paper Applications to Be Complete and Include Required Documentation



Source: MRMIB's Healthy Families Program Data Warehouse, December 2010 to December 2011.

Note: Assisted online applications include those submitted through Health-e-App and One-e-App by certified application assistants or eligibility workers.

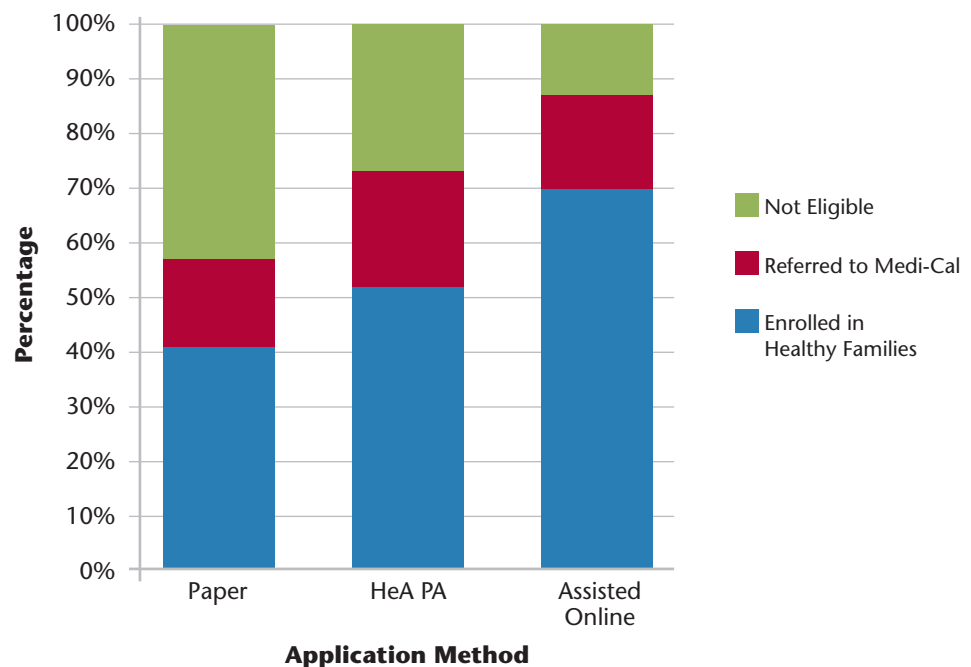
Will More Californians Have Health Insurance Coverage Because of HeA PA?

Preliminary evidence from application trends suggests that more applications might be submitted as a result of the availability of HeA PA (Figures 2 and 3). However, the answer to this question also depends on HeA PA's "target efficiency," defined as the share of HeA PA applications that actually result in enrollment, and whether this efficiency compares favorably with that of paper applications.

During the first year of availability, HeA PA was indeed more target efficient than paper, suggesting that HeA PA might increase the number of Californians with health insurance coverage. Overall, 73 percent of children and pregnant women included in HeA PA applications during that period were found eligible for Healthy Families or were forwarded to Medi-Cal for a final determination (Figure 7). The comparable rates for paper and assisted online applications were 58 percent and 87 percent, respectively. Again, a future brief will use survey data from HeA PA applicants to explore whether HeA PA's availability encouraged eligible families to apply that would not have done so otherwise.

Figure 7.

Children and Women Applying Through HeA PA Were More Likely than Those Using Paper Applications to Be Eligible for Coverage



Source: MRMIB's Healthy Families Program Data Warehouse, December 2010 to December 2011.

Note: Assisted online applications include those submitted through Health-e-App and One-e-App by certified application assistants or eligibility workers.

Will HeA PA Figure into Implementation of the Affordable Care Act?

It could. Recent guidance related to the Patient Protection and Affordable Care Act (ACA) from the Centers for Medicare & Medicaid Services (CMS) calls for states to have enrollment portal systems that provide a “high-quality customer experience,” “reach a high degree of online use,” and “maximize self service” for people applying for health insurance coverage through Medicaid, CHIP, or a state health insurance exchange.⁷ Findings about applicants’ experiences from the first year of HeA PA could help inform complex policy questions that California and other states face as they strive to implement the consumer-driven online experience the ACA envisions, while continuing to serve people who prefer or require paper applications or CAA assistance.

California’s HeA PA experience also could be relevant to the development of ACA-envisioned eligibility verification processes. For example, this brief has shown that although HeA PA ensures the submission of complete *application forms*, missing documentation is quite prevalent among HeA PA applicants, as it is with applicants who use paper. This finding implies that enhancing the user-friendliness of applications alone will not eliminate enrollment barriers to health insurance coverage. If information about applicants’ income, citizenship, or immigration status were federally supplied in real-time during the online application process, as envisioned by the ACA, a key enrollment barrier would be eliminated.

Endnotes

¹ Healthy Families is the Children’s Health Insurance Program (CHIP) in California, and Medi-Cal for Children and Pregnant Women are Medicaid programs.

² California operates a processing center, referred to as a single point of entry, that screens mail and online applications for existing coverage and then for eligibility in the Healthy Families Program. The processing center forwards applications that may instead be eligible for Medi-Cal to the appropriate county Department of Social Services. Families also have the option to apply directly for Medi-Cal at county offices. Because families eligible for Medi-Cal far outnumber those eligible for Healthy Families, HeA PA currently accounts only for a modest proportion of total applications processed for both programs in California.

³ Assisted online applications include Health-e-App and One-e-App applications. One-e-App is a web-based eligibility tool that covers a range of public programs in California, including Medi-Cal and Healthy Families, as well as Healthy Kids and the Supplemental Nutrition Assistance Program, among others. Health-e-App assistance is commonly provided by CAAs, who work in community organizations. One-e-App assistance is commonly provided by eligibility workers, who are county employees.

⁴ In 2011, 28 percent of children included in online English applications (HeA PA and assisted applications) were identified as Latino. No ethnicity was reported for 43 percent of children in those applications. Data on the ethnicity of children included in paper applications were not available for this brief. Ethnicity is an optional field in all applications.

⁵ The two counties with no HeA PA applications together accounted for only 17 applications by any method from December 2010 to 2011.

⁶ Missing or invalid income documentation is the most common reason applications are not complete upon submission, according to MRMIB.

⁷ CMS. Guidance for Exchange and Medicaid Information Technology (IT) Systems. Version 2. May 2011.



CALIFORNIA
HEALTHCARE
FOUNDATION

the David
Lucile Packard
FOUNDATION

ABOUT THE SERIES

This series of research briefs presents findings from a study of HeA PA that Mathematica Policy Research is conducting with support from the David and Lucile Packard Foundation and CHCF, and in partnership with MRMIB. The study uses data from MRMIB’s Healthy Families Program Data Warehouse. For more information about the series, contact Leslie Foster, Mathematica senior researcher, at LFoster@mathematica-mpr.com.