

2013 OHCA Board Retreat Eligibility & Enrollment

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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.

Research Design

During a three day on-site visit to Oklahoma in December 2012, MPR & HMA staff:

- interviewed 28 key informants; and
- conducted focus groups with parents of SoonerCare enrollees in Oklahoma City and Enid.

Time Line: SoonerCare Online Enrollment Development and Implementation

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

Access to Care

Online Enrollment

Objectives:

- Provide 24/7 access to enrollment and “real time” determination of eligibility
- Facilitate selection of a medical home
- Reduce staff hours required for processing applications

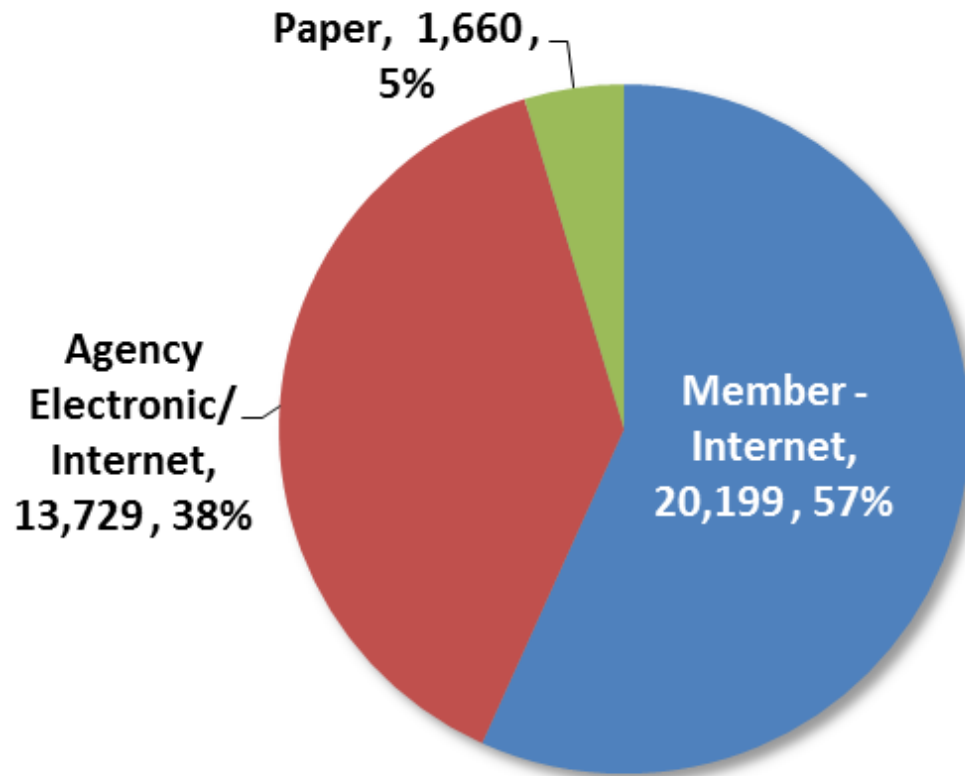
Over 30,000 applications for SoonerCare processed each month

Online enrollment was launched in September 2010

Impact was immediate – paper applications have nearly ended

Access to Care

Enrollment Method - February 2013 Snapshot



Source: OHCA Online Enrollment Fast Facts

Focus Group Findings

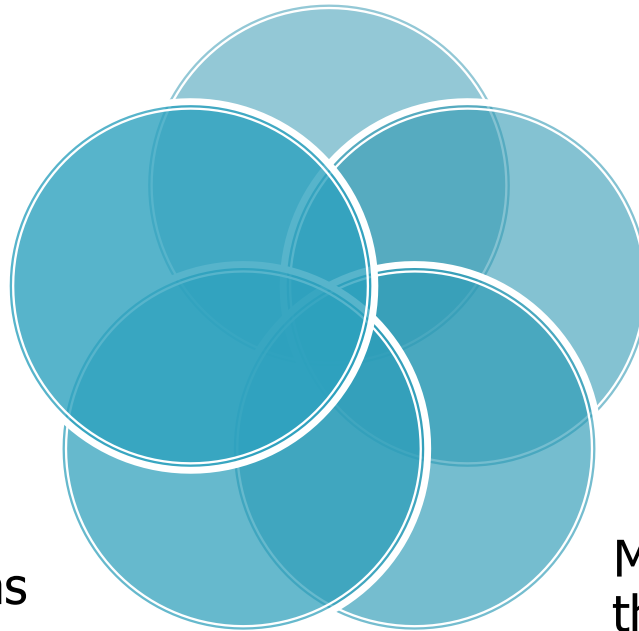
Applying and renewing
are simpler with the
new system

Having
SoonerCare
brings peace of
mind

All had accessed
services in the
past 12 months

Most said it was
easy to use

Most heard about
the online system
from OKDHS staff



Observed Outcomes

Cost Savings: \$1.5 million net savings per year

Faster eligibility decisions: speedier application & renewal

Improved consistency and objectivity: program rules applied uniformly

Improved access to the enrollment process: about 25% of applications submitted at night or weekends; greatest utilization is at 8:00 pm

Completed application and PCP selection: only complete applications can be submitted

Better retention: reduced program churn and allows rolling renewal

Lessons Learned

**Program integrity
maintained**

**Culture change
has been
embraced**

**Partner buy-in
critical**

**Willingness
to delay
implementation
to ensure success**

**Hi-tech
approaches need
human support**

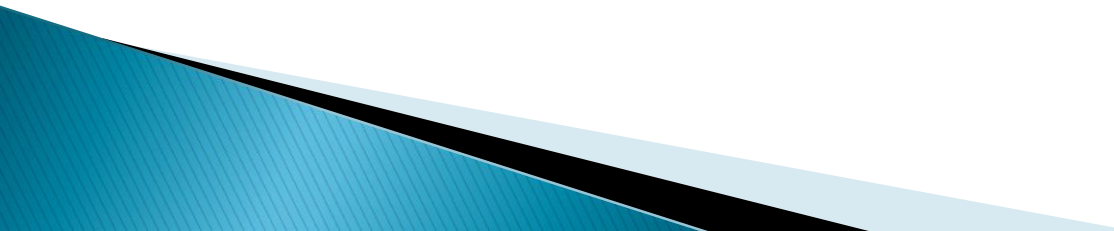
Major Milestones for Online Enrollment

Data Exchange Processes Continue to Improve

- Discrepancies and exceptions must be minimized to achieve automation
- Must take an action to DECREASE churn and to be on a cutting edge of proactive solutions
 - Social Security Administration
 - Citizenship, Identity, OASDI, SSI
 - Department of Homeland Security
 - Legal presence
 - Oklahoma Employment Security
 - Employment and Unemployment income
 - Oklahoma State Department of Health
 - Vital Records
 - Office of Child Support Services
 - PARIS
 - Health Providers
 - Pregnancy

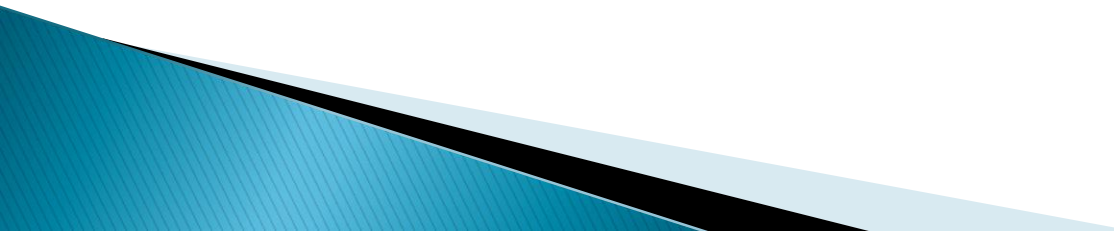


Architecture Change of the Eligibility Subsystem

- ▶ No longer center on the Application
 - Information is center around each individual in the household
 - ▶ Brings Oklahoma in line with new CMS requirements under MITA
 - ▶ Reduces processing overhead to create a more accurate eligibility determination with less duplication of effort
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What's ACA have to do with Information Technology?

Eligibility and Enrollment IT Investments

- ▶ Implementation of a Enterprise Service Bus (ESB)
 - ▶ Enterprise Architecture
 - ▶ Implementation of Business Process Modeling
 - ▶ Seven Standards and Condition and a Service Oriented framework.
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Challenges for October

- ▶ Adequate understanding of policy and guidance coming from CMS and other federal partners
 - ▶ Development approach to our IT builds
 - ▶ Everybody has a solution but all have to be aligned with Federal Marketplace
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