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 2 FEBRUARY 2013

Background:

Health-e-App is a web-based application that was originally designed for enrolling low-income children and pregnant women in the Healthy Families Program or screening them for Medi-Cal.[1] 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, MAXIMUS, and Social Interest Solutions. Health-e-App was pilot-tested in San Diego County. Since 2000, certified application assistants and other professionals have used Health-e-App when they help residents apply for health coverage. A self-service version of the tool, Health-e-App Public Access (HeA PA), was launched in December 2010 to enable applicants to use it independently via the internet. In January 2013, California closed new enrollment in the Healthy Families Program. The state continues to process HeA PA applications for Medi-Cal for Families.

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Applicant Characteristics and Experiences

by Adam Dunn and Leslie Foster

This is the second brief in a series about the first year of California's Health-e-App Public Access (HeA PA) enrollment system, following its introduction in December 2010. In 2011, California received about 4,000 HeA PA applications per month, or about 20 percent of all applications submitted to the state processing center that year. Across counties, the share of applications submitted through HeA PA ranged from 5 to 48 percent. HeA PA is available in English and Spanish.

This brief describes HeA PA applicants and their experience with the self-service tool. It draws on data from applications submitted in 2011, including responses to optional survey questions received from 14,690 applicants. Information is not available about people who began HeA PA applications but did not submit them and who may have different characteristics, experiences, and levels of satisfaction.[2]

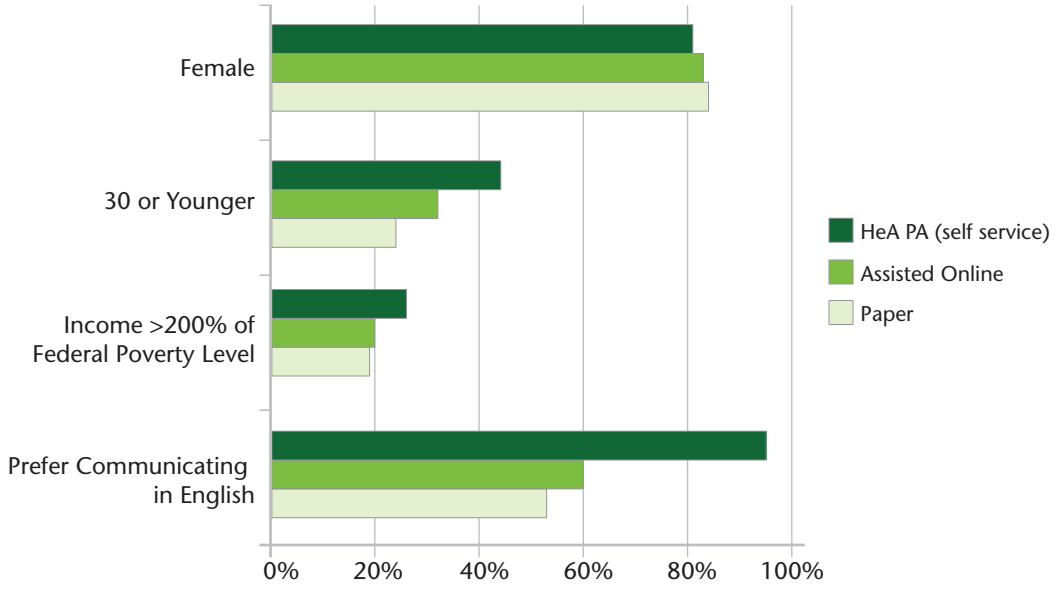
What types of applicants used HeA PA?

In 2011, applicants (usually a parent or guardian on behalf of their minor child) who used HeA PA were somewhat younger and had slightly higher incomes than applicants who used paper applications or applied online with professional assistance (Figure 1). Women submitted about 81 percent of HeA PA applications, a percentage similar to other application types. Almost all HeA PA applicants used the tool in English (98 percent) and indicated that they preferred for Healthy Families or Medi-Cal to communicate with them in English (95 percent). Further, HeA PA applicants were far more likely to prefer to communicate in English than those who submitted paper applications (53 percent) or assisted-online applications (60 percent).

A sizable minority of people who applied for Healthy Families indicated that they preferred for Healthy Families or Medi-Cal to communicate with them in Spanish, but few of these applicants used HeA PA in its first year. Only 4 percent of HeA PA applications were from applicants who preferred to communicate in Spanish (not shown). By contrast, 42 percent of paper applications and 37 percent of assisted-online applications were from applicants who preferred Spanish. Among the small number of HeA PA applicants who preferred to communicate in Spanish, half used HeA PA in Spanish and half in English.

Figure 1.

HeA PA Applicants Differ from Other Applicants on Some Characteristics

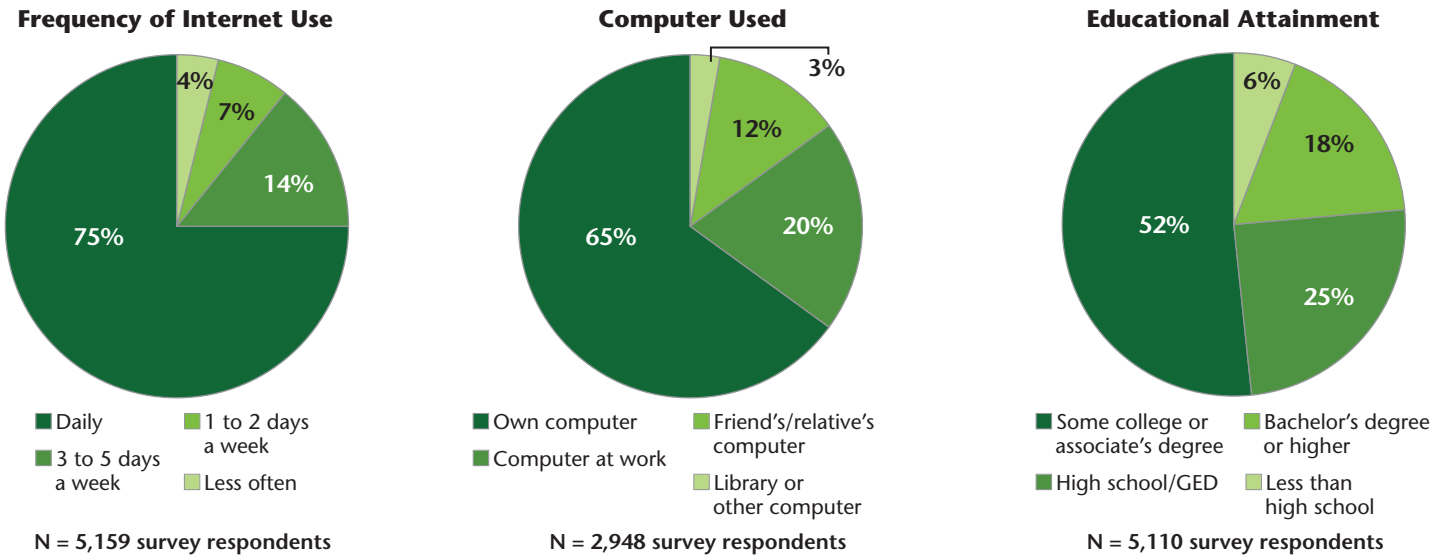


Source: MRMIB's Healthy Families Data Warehouse. Applications from December 20, 2010 to December 31, 2011.

Most HeA PA applicants said they use the internet regularly and have some college education. Roughly 90 percent said they use the internet at least three times a week (Figure 2). Two-thirds (65 percent) of HeA PA applicants submitted their applications from their own computer, and nearly all (97 percent) used a high-speed internet connection (not shown). Seventy percent of HeA PA applicants had attended at least some college (Figure 2). (Data on education and internet use are not available for those who submitted paper or assisted-online applications.)

Figure 2.

Most HeA PA Applicants Use the Internet Daily, on a Home or Work Computer, and Have Some College Education

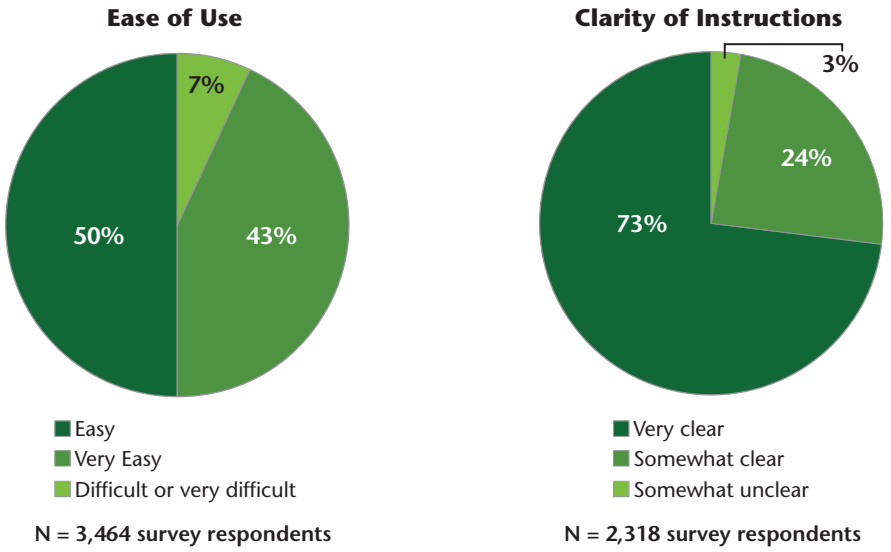


Source: MRMIB's Healthy Families Data Warehouse. HeA PA applications and integrated survey items, July 15 to December 31, 2011.

What did applicants say about using HeA PA?

Nearly everyone who submitted an application through HeA PA said it was easy to use (93 percent) and that the instructions were clear (97 percent; Figure 3). However, the small number of applicants who used the internet less than once a week were less likely than other applicants to say HeA PA was easy to use (78 versus 95 percent; not shown). Also, the small share of applicants who preferred to communicate in Spanish were more likely than those who preferred English to say HeA PA was difficult to use (12 versus 6 percent; not shown), regardless of whether they applied in Spanish or English.

Figure 3.
Most Applicants Said HeA PA Was Easy to Use

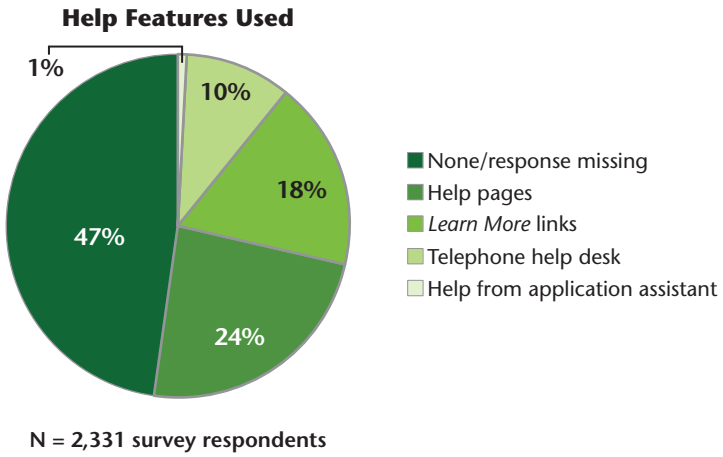


Source: MRMIB's Healthy Families Data Warehouse. HeA PA applications and integrated survey items, July 15 to December 31, 2011.

Slightly more than half of applicants (53 percent) said they used a HeA PA help feature, including *Learn More* links (18 percent), help pages (24 percent), and the toll-free telephone help desk (10 percent; Figure 4). More applicants used one of the built-in help features than turned to live help by telephone, which suggests that applicants may have preferred built-in features and found them adequate.

In addition to help features, HeA PA includes a preliminary eligibility calculator to help applicants decide whether to complete an application, as well as a feature for tracking application status after submission. Almost all applicants said these features were very important to them (not shown).

Figure 4.
Half of Applicants Used Help Features

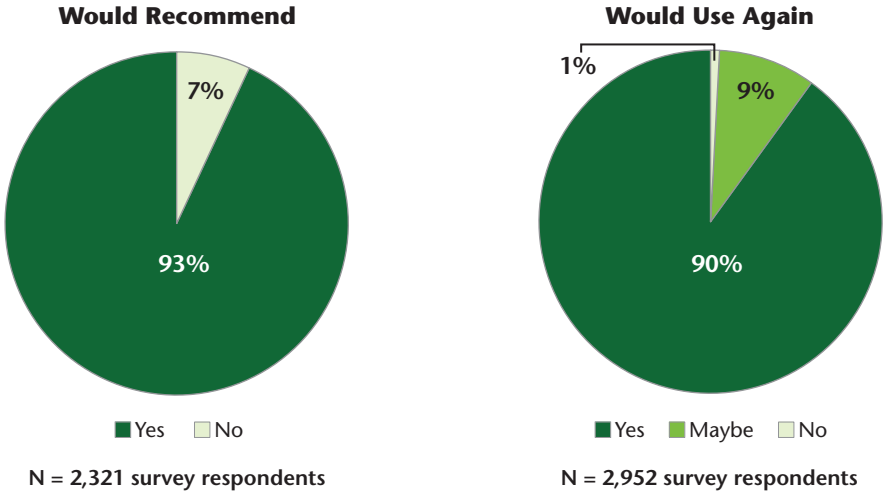


Source: MRMIB's Healthy Families Data Warehouse. HeA PA applications and integrated survey items, July 15 to December 31, 2011.

Were applicants satisfied with HeA PA overall?

Most applicants said they would recommend HeA PA to family or friends (93 percent), and most said they would use HeA PA for annual renewal or to apply for coverage for another child (90 percent; Figure 5). This was true regardless of applicants' language preference. Infrequent internet users were somewhat less likely than frequent users to say they would use HeA PA again (79 versus 91 percent), but they were about as likely as frequent users to say they would recommend it (not shown).

Figure 5.
Nearly All Applicants Would Recommend HeA PA and Would Use It Again



Source: MRMIB's Healthy Families Data Warehouse. HeA PA applications and integrated survey items, July 15 to December 31, 2011.

Is it realistic to think more people could use HeA PA?

Given levels of use and user satisfaction in 2011, HeA PA seems to be an attractive option for many families. Several factors could lead to greater use of HeA PA in the future, including increased access to high-speed internet in key populations. For example, in the United States today, Latino households are less likely than non-Latino households to have high-speed internet access. This fact could partially explain why relatively few applicants who indicated a preference to hear from the Healthy Families Program in Spanish used HeA PA during the year we studied. However, from 2008 to 2012, high-speed internet access rose 24 points (to 58 percent) for Latino adults in California. As more Latino households gain high-speed internet access, the number of HeA PA applicants with Spanish-language preference could increase. High-speed internet access also increased 27 points (to 60 percent) for California adults with annual household incomes less than $40,000.[3] If this trend continues, eligible lower-income families in general may be more likely to apply online for public health insurance.

Other factors that will influence HeA PA use include awareness of the tool, and attitudes about its legitimacy and about sharing personal information online. In late 2011, California conducted an outreach campaign to increase awareness of and trust in HeA PA. A future brief will explore the effects of the campaign. Another brief will present anecdotal information about factors that affect HeA PA use from the perspective of certified application assistants, who interact daily with applicants.

What experience do other states have with self-service online applications for public health insurance?

Like California, at least 34 other states have online applications for professional enrollment staff and/or the public to use.[4]

Self-service usage rates vary among states, according to published data. For example, most applications for Oklahoma's Medicaid program, and most new applications for Utah's Medicaid program, were submitted online by self-service applicants in a recent period (Table 1). In Arizona, more than one-quarter of new Medicaid and Children's Health Insurance Program (CHIP) applications were submitted online by self-service applicants. In Delaware, only about 10 percent of new applications were submitted online by self-service applicants.

The cross-state variation in use of online applications likely results from a number of factors, including how long the application has been available, outreach and advertising efforts, the user-friendliness of the application interface, the ability to apply for other public programs at the same time, and whether there are other ways to apply for the same benefits.

Self-service online applications will become more available in coming months and years, at least partly because the federal Centers for Medicare & Medicaid Services has established this expectation under the Patient Protection and Affordable Care Act (ACA). The agency has directed states to provide a high quality, convenient online application experience, similar to what consumers expect in private-sector online transactions.[5]

Table 1.
Use of Self-Service Online Applications Varies Across States

Online Application	Public Programs Included	Percentage of All Applications Submitted[a]		Year Self-Service Option Became Available
		Online[b]	Online by Self-Service Applicants	
California HeA	HFP, Medi-Cal	43	22	2010
Delaware ASSIST	Medicaid, TANF, SNAP	10[c]	10[c]	2005
Health-e-Arizona	Medicaid, CHIP, TANF, SNAP	34–39[c]	27–31[c]	2008
Oklahoma mySoonerCare	Medicaid	94	54	2010
Utah Helps	Medicaid, SNAP, TANF	75[c]	75[c]	2007

Sources: MRMIB's Healthy Families Data Warehouse, January to December 2011. Kauff et al., "Promoting Public Benefits Access Through Web-Based Tools and Outreach," Washington, DC: Mathematica Policy Research, December 2011. Weiss, Alice. "Hard Work Streamlining Enrollment Systems Pays Dividends to the Sooner State." Health Affairs, vol. 32, no. 1, 2013, pp. 7–10.
[a] Percentages are based on data from periods of 1 to 13 months.
[b] Applications submitted online include those from self-service applicants and from people who received application assistance from approved agencies.
[c] Percentage of new applications.

What might California's experience with HeA PA imply for the use of online applications under ACA?

Findings from this brief suggest that tools like HeA PA are a good option for people who have convenient access to high-speed internet service and do not need extensive in-person help when applying for coverage. Additional outreach efforts may be necessary to increase awareness of HeA PA and similar tools among this target population. Spanish-speaking Latino households may be less likely to use self-service online applications during the early stages of ACA implementation, but this may change as more of these households acquire high-speed internet service. More broadly, the use of tools like HeA PA seems likely to grow as both awareness of their availability and access to high-speed internet improve among individuals and families seeking coverage.

Endnotes

[1] Healthy Families is California's Children's Health Insurance Program; Medi-Cal is its Medicaid program.

[2] In 2011, about two-thirds of people (69 percent) who created a self-service HeA PA account submitted an application. No information is available about whether those that did not submit an application did so because they discovered they were ineligible after using the eligibility calculator, or for other reasons. Thus, it is difficult to speculate as to how those who created an account and submitted an application may differ from those who created an account but did not submit an application.

[3] Baldassare, Mark, Dean Bonner, Sonja Petek, and Jui Shrestha. "California's Digital Divide." San Francisco, CA: Public Policy Institute of California, August 2012. Available at [www.ppic.org/content/pubs/jtf/JTF_DigitalDivideJTF.pdf]. Accessed November 7, 2012.

[4] For more information on states that use online enrollment for public health insurance, see www.statehealthfacts.org/comparemaptable.jsp?ind=897&cat=4&sub=59&yr=257&typ=5&rgnhl=49.

[5] Centers for Medicare & Medicaid Services. Guidance for Exchange and Medicaid Information Technology (IT) Systems. Version 2. May 2011.

ABOUT THIS BRIEF

This brief is one in a series that Mathematica Policy Research is producing with support from the David and Lucile Packard Foundation and CHCF, and in partnership with MRMIB. The brief draws on application and survey data from MRMIB's Healthy Families Program (HFP) Data Warehouse.

From July 15 to December 31, 2011, HFP added optional survey questions to HeA PA applications to ask applicants about their internet use, education, satisfaction with HeA PA, use of HeA PA features, and how they learned about HeA PA. A total of 22,856 applicants submitted HeA PA applications during that time. Of those, 14,690 (64 percent) responded to survey questions. The questions were grouped into six waves of two to three questions each. The first five waves were intermittently fielded for about one week at a time. The sixth wave was fielded continuously from October to December. Sample sizes ranged from 2,305 to 5,214 in each wave.

The survey coincided with an online outreach campaign to promote awareness of HeA PA among low-income families. Thus, people who used HeA PA during the online outreach campaign may have been more likely to be frequent internet users than people who applied at other times. On observable characteristics—such as age, gender, income level relative to poverty, language preference, and prior enrollment in HFP—applicants were similar regardless of whether they used HeA PA before the outreach campaign (the first half of 2011) or during the campaign.

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California HealthCare Foundation

the David & Lucile Packard Foundation