

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. 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 public-access 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.

Outreach to Low-Income Families During the First Year of HeA PA

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This is the third brief in a series about the first year of California's Health-e-App Public Access (HeA PA) enrollment system, introduced in December 2010. HeA PA, available in English and Spanish, was designed as a self-service online application for the Healthy Families Program and a screening tool for Medi-Cal for families.¹ 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. This brief describes the ways that California made families aware of HeA PA, including a formal outreach campaign during the second half of 2011, and evaluates the effectiveness of those outreach strategies at attracting eligible applicants.

How did the state make families aware of HeA PA?

Beginning in December 2010 and during the first six months that HeA PA was in operation, the state promoted it through existing communication channels. The Healthy Families Program began featuring a link to the HeA PA website (www.healthapp.net) on its landing page and added the HeA PA link to outreach letters distributed through schools and renewal letters to enrolled families. Healthy Families also featured HeA PA in its newsletter to certified application assistants (CAAs), enrollment entities, families, and participating plans.

Beginning in July 2011, the state implemented an outreach campaign, led by Behr Communications, to promote HeA PA to low-income families. The seven-month campaign consisted primarily of paid online advertising but also included posters and flyers that were made available upon request to CAAs, enrollment entities, school districts, health care clinics, and other community-based organizations. Behr distributed these materials to 114 organizations statewide. A limited number of Spanish-language print ads also ran in the *La Opinión* and *El Mensajero* newspapers, which have wide circulation in the Los Angeles and San Francisco areas, respectively.

The online ad campaign, conducted statewide, aimed to convey four key messages: (1) affordable health care for children is available; (2) families can apply online for children's health insurance; (3) HeA PA is a legitimate application route for Healthy Families, a trusted public program; and (4) the online application is user friendly and convenient.

To communicate these messages, the campaign featured several types of ads (see Figure 1 for examples). Because prior research indicated that many eligible but unenrolled families were Latino, the campaign was conducted in both English and Spanish.² Spanish-language video pre-roll ads (commercials that appear before streaming video content) on

the Univision website promoted HeA PA using the well-respected television personality Dr. Aliza. The campaign also tried to reach Spanish-speaking audiences in the greater Los Angeles and San Francisco Bay areas, where a large share of eligible but unenrolled families lived, through online advertising partnerships with popular Univision affiliates serving those markets. English-language search-engine ads appeared when users searched for terms like “healthy families” or “low-cost health insurance.” Other online display ads, including banner and tile ads on social media sites, rounded out the campaign. These were produced in English and Spanish.

Unlike newspaper, television, and radio ads, online ads that contain active links (in this case, to the HeA PA website) provide an immediate measure of audience response. Behr Communications monitored how often an ad type resulted in “click-throughs” to the HeA PA website and adjusted monthly ad purchases so that the most effective ads received larger shares of the advertising budget over the course of the campaign. Over time, incremental adjustments to the mix of online advertisements improved the click-through rate across all ad types by 62 percent—from 0.08 percent to 0.13 percent, which represents reasonably good performance for a campaign of this type.³ In general, video pre-roll and search-engine ads yielded the best click-through rates.

Figure 1.

Display Ads Directed English and Spanish-Language Audiences to HeA PA

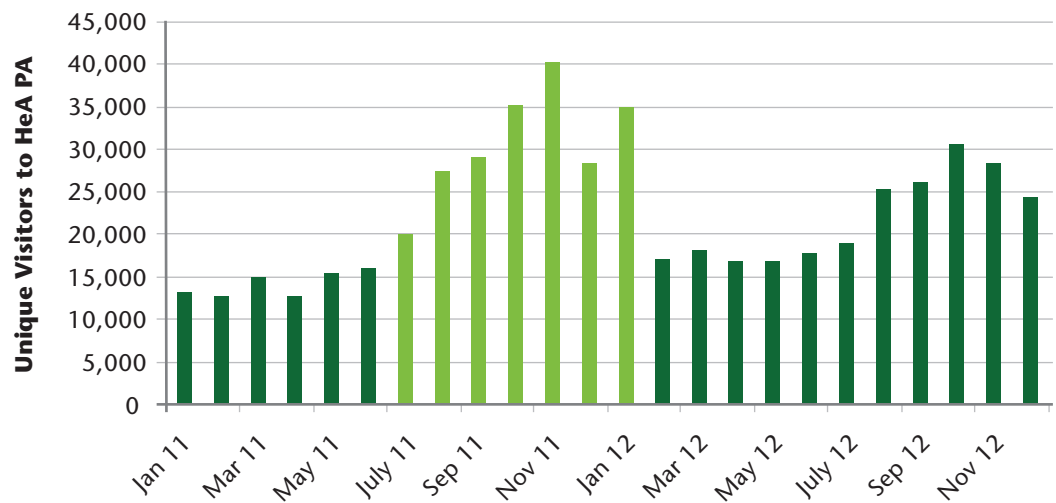


Did the outreach campaign increase awareness of HeA PA?

The launch of the online outreach campaign in July 2011 was associated with a substantial increase in unique monthly visitors to the HeA PA website (Figure 2). Furthermore, the average number of unique visitors per month from July 2011 through January 2012 was twice that of the six previous months. Visits to the site declined after the online ads ended, strongly suggesting that the outreach campaign had fueled the increase in traffic. Overall, online ads led to just over 138,000 visits to the HeA PA website, representing about 64 percent of all visits during the outreach period (not shown). While visit volume was high, we do not know which website views led individuals to submit applications. Just over 25,000 HeA PA applications were submitted from July through December 2011.

Figure 2.

Visits to the HeA PA Website Increased During the Outreach Campaign

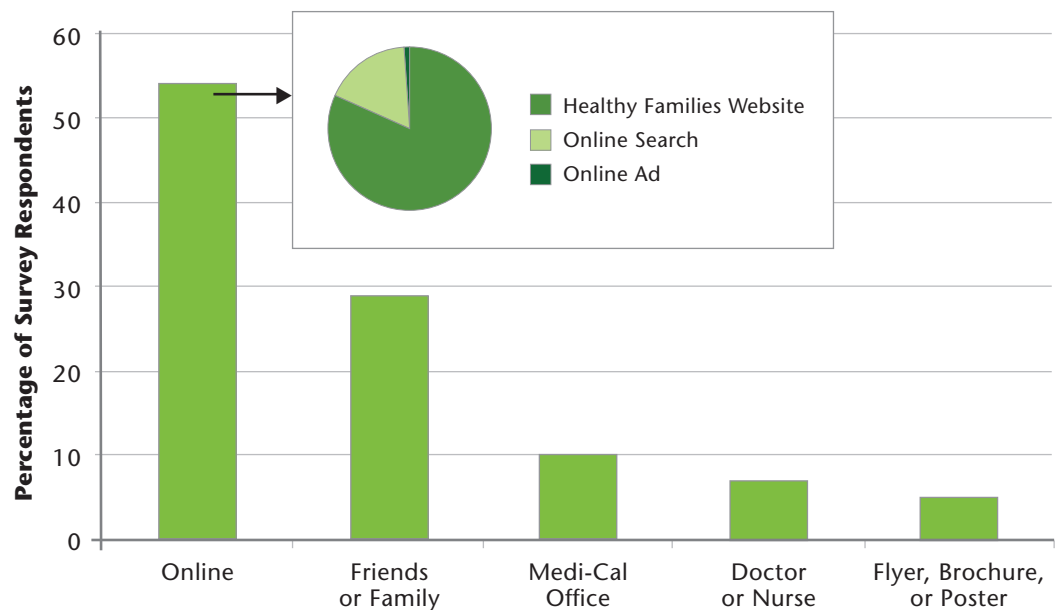


Source: California Managed Risk Medical Insurance Board. January 2013.

Slightly more than half of families who submitted an HeA PA application reported learning about HeA PA through an online source, according to a survey fielded during the outreach campaign (Figure 3, top 5 responses are shown). Of families who reported an online source, most said they learned about HeA PA on the Healthy Families website.

Figure 3.

Most Applicants Learned About HeA PA Online



Source: Mathematica's analysis of MRMIB's Healthy Families Program Data Warehouse and responses to survey of HeA PA applicants fielded in July through December 2011.

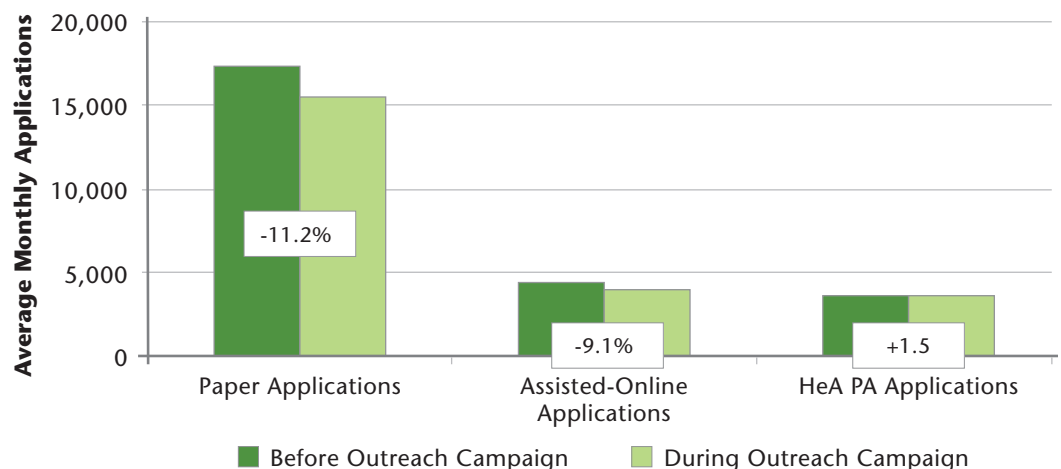
About 12 percent of respondents reported hearing about HeA PA via more than one channel. Most often, these families said they learned about HeA PA through both the Healthy Families website and from friends or family.

Did the outreach campaign affect overall application volume or applicants' choice of application method?

We cannot say with certainty whether the outreach campaign led more families to submit applications or to choose HeA PA over other application methods. No data are available to directly connect ad click-throughs with completed applications or other activity on the HeA PA website. Without such data, we cannot determine the number of successful applications from people who learned about HeA PA through online ads, nor can we assess which ads were most effective at attracting eligible applicants. In addition, many factors may have affected application trends during the outreach campaign. These include seasonal patterns (Healthy Families and Medi-Cal applications typically increase when the school year begins and decrease during holiday periods)⁴ and a notable drop in the state unemployment rate from 11.9 percent in July 2011 to 10.9 percent in January 2012 (which may have lowered the demand for publicly funded health insurance).⁵

However, some evidence suggests that the outreach campaign bolstered the number of applications submitted via HeA PA. During the outreach period, the volume of paper and assisted-online applications declined relative to the six previous months, but the volume of HeA PA applications held steady (Figure 4). HeA PA applications accounted for 16 percent of all applications processed during the outreach campaign, up slightly from 14 percent during the six previous months (not shown).

Figure 4.
During the Outreach Campaign, Paper and Assisted-Online Applications Declined, but HeA PA Applications Remained Steady



Source: Mathematica's analysis of data from MRMIB's Healthy Families Program Data Warehouse regarding applications processed from December 2010 through December 2011. HeA PA launched on December 20, 2010, and the outreach campaign ran from July 5, 2011, through December 31, 2011.

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

Both before and during the outreach campaign, about 89 percent of HeA PA applicants had been enrolled in either Healthy Families or Medi-Cal at some point during the prior 12 months. The consistently high proportion of applicants with prior public insurance enrollment suggests the outreach campaign did not attract substantial numbers of new families to apply via HeA PA. (By comparison, about 86 percent of families who submitted paper applications and 78 percent of families who submitted assisted-online applications had prior enrollment in one of these programs.⁶)

Did the outreach campaign attract applicants with children who were eligible for Healthy Families or Medi-Cal?

Both before and during the outreach campaign, about 89 percent of completed HeA PA applications included at least one family member who was eligible or presumed eligible for public insurance. Importantly, the campaign did not lead to more applications from *ineligible* families, which could have increased the application-processing burden in the state. (About 96 percent of completed assisted-online applications and 93 percent of completed paper applications processed included at least one eligible family member.) Denials due to employer-sponsored health insurance were more common among HeA PA applicants than among those choosing assisted-online or paper modes, but this was a pattern that also existed before the outreach campaign.

Was the outreach campaign successful in reaching Latinos or Spanish speakers?

Data are not available on the proportion of HeA PA applicants who identify as Latino, so to answer this question, we must analyze information on language preferences. Although the campaign included widespread Spanish-language advertisements, the number of HeA PA applications from families who indicated they prefer to communicate with Healthy Families or Medi-Cal in Spanish remained very low during the outreach campaign, averaging fewer than 150 per month. Overall, 80 percent of applications submitted during the outreach campaign by those preferring Spanish were paper applications, 18 percent were assisted-online, and just 2 percent were HeA PA. Low uptake of HeA PA by applicants who prefer Spanish is consistent with prior research on enrollment preferences, which showed that Spanish speakers were much less likely than English speakers to prefer getting information about public health insurance online.⁷

However, Spanish-language advertisements in the HeA PA campaign may have effectively reached bilingual audiences who prefer communicating with the Healthy Families Program or Medi-Cal in English. In the Los Angeles and San Francisco areas, where a particular effort was made to reach Spanish speakers, average monthly HeA PA applications increased 6.6 percent during the campaign, well above the statewide average of 1.5 percent. This increase represented about 100 additional applications per month. In contrast, paper and assisted-online applications from Los Angeles and San Francisco declined more than 10 percent relative to the first half of 2011, consistent with statewide average trends.

What lessons can be learned from HeA PA outreach efforts about reaching low-income families?

The Patient Protection and Affordable Care Act (ACA) requires states to provide a high-quality, convenient online application experience, similar to what consumers expect in private-sector online transactions.⁸ In response to this mandate, states are expanding the availability of online self-service enrollment tools for public insurance programs.

Although the HeA PA outreach campaign clearly drove traffic to the HeA PA website, simply featuring HeA PA on the main Healthy Families website and modifying existing communication channels to incorporate the website link also generated substantial use of HeA PA before a formal outreach campaign began. Indeed, the most commonly reported way that applicants learned about HeA PA was through the Healthy Families website. The HeA PA experience suggests that states considering new online self-service tools should be prepared for high utilization before an outreach campaign is launched. Many potential applicants looking for information about public insurance coverage are likely to find their way to the tool. Oklahoma experienced similarly rapid uptake in 2010 after launching mySoonerCare, an online self-service application for Medicaid and CHIP that permits real-time enrollment and renewal. More than 54 percent of applications in Oklahoma are now submitted online by self-service applicants.⁹ States with existing self-service tools that elect to expand Medicaid eligibility may also see major growth in enrollment via these tools as newly eligible people navigate to them.

Finally, as states design and upgrade their self-service systems in preparation for ACA implementation, they should build in the capacity to capture data about the online pathways through which applicants connect to these tools. For example, states that purchase online ads may wish to capture data that links individual ad click-throughs to attempted, completed, and successful applications. Doing so could yield significant insights about the ad types and placements that are most effective at attracting eligible individuals and families.

Endnotes

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

² Behr Communications. "Communications Plan for Health-e-App." July 6, 2010. Submitted to the Managed Risk Medical Insurance Board.

³ The HeA PA campaign realized rates between 1.6 and 2.7 percent for search ads and 0.06 percent and above for display ads. Click-through-rates vary widely by industry, but advertisers may expect to see rates between 1 and 7 percent for search-engine ads and 0.05 percent and above for display ads. (Raehsler, Lisa. "What Is a Good Click-Through Rate for PPC?" Available at [<http://www.clickz.com/clickz/column/2186867/click-rate-ppc>]. Accessed December 26, 2012.)

⁴ Foster, Leslie. "Health-e-App Public Access: A New Online Path to Children's Health Care Coverage in California." Washington, DC: Mathematica Policy Research, March 2012. Available at [http://www.mrmib.ca.gov/MRMIB/HFP/Health_E-App_IB1_030512.pdf]. Accessed December 26, 2012.

⁵ Bureau of Labor Statistics. "Local Area Unemployment Statistics." Available at [<http://www.bls.gov/lau/#tables>]. Accessed December 21, 2012.

⁶ If families do not pay premiums for two consecutive months, they are disenrolled from the Healthy Families Program, a rule which contributes to the high rate of enrollment within the prior 12 months among “new” applicants. Data on prior enrollment are consistent with previous research about the relatively high rate at which beneficiaries cycle on and off public health insurance in California. (Fairbrother, Gerry, and Joseph Schuchter. “Stability and Churning in Medi-Cal and Healthy Families.” Los Angeles, CA: The California Endowment, March 2008. Available at [<http://www.calendow.org/uploadedFiles/Stability%20%20Churning%20Report.pdf>]. Accessed February 18, 2013.)

⁷ Perry, Michael. “Parents’ Views of CHIP and Medicaid: Snapshot of Findings from a Survey of Low-Income Parents.” Presented at the National Children’s Health Insurance Summit, Chicago, IL, November 2011. Available at [http://www.insurekidsnow.gov/professionals/events/2011_conference/2nd_national_children_s_health_insurance_summit_opening_plenary_michael_perry.pdf.pdf]. Accessed January 17, 2013.

⁸ CMS. “Guidance for Exchange and Medicaid Information Technology (IT) Systems: Version 2.0.” Washington, DC: CMS, May 2011.

⁹ The Pacific Health Policy Group. “Oklahoma Health Care Authority “No Wrong Door” Online Enrollment.” The Pacific Health Policy Group, March 2011. Available at [<http://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=14530&libID=13513>]. Accessed February 18, 2013.

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 Data Warehouse.

From July 15 to December 31, 2011, the Healthy Families Program added optional survey questions to HeA PA applications to ask applicants about their Internet use, education, satisfaction with HeA PA, use of application features, and ways in which 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 the 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 be more likely to be frequent Internet users compared with people who apply at other times. On observable characteristics such as age, gender, income level relative to poverty, primary written language of applicant, and prior enrollment in the Healthy Families Program, applicants were similar regardless of whether they had used HeA PA before the outreach campaign (the first half of 2011) or during the campaign (second half of 2011).

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