



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 5

OCTOBER 2013

Background

Health-e-App is a web-based application that was originally designed for enrolling children from low-income families 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 (CAAs) 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.

Findings from HeA PA and Implications for ACA Implementation

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California will implement the key enrollment expansions of the Patient Protection and Affordable Care Act (ACA) in January 2014, with preenrollment beginning in October 2013. The state will expand Medicaid, known as Medi-Cal in California, to include previously ineligible adults with incomes up to 138 percent of the federal poverty level. It will also launch a Health Insurance Marketplace, known as Covered California. Individuals, families, and small businesses can purchase insurance through Covered California, and those with low and moderate incomes may qualify for tax credits and cost-sharing subsidies. As many as 1.6 million Californians could gain health insurance coverage through the expansion of Medi-Cal.¹ Approximately 2.6 million Californians are expected to qualify for subsidies through Covered California, and another 2.7 million could enroll and benefit from guaranteed coverage.²

California is creating a new, statewide enrollment system to support this historic coverage expansion. The system, known as the California Healthcare Eligibility, Enrollment, and Retention System, or CalHEERS, must accommodate consumer needs and preferences for ease, convenience, and assistance. The system must also enable the state to efficiently process an anticipated influx of applications and promptly notify consumers of their eligibility. Self-service online applications, required by the ACA, are one promising way to meet the dual goals of consumer friendliness and system efficiency. They could be an important source of applications for coverage.

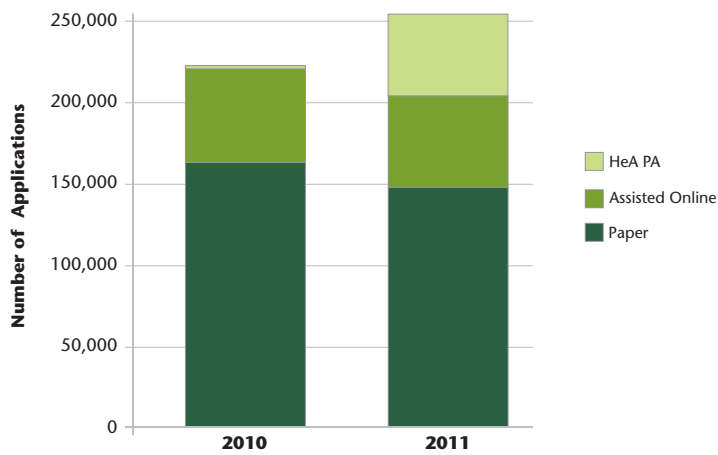
California has experience with self-service online enrollment, most notably through the statewide Health-e-App Public Access (HeA PA) system. HeA PA was introduced in December 2010 for Healthy Families, California's Children's Health Insurance Program (CHIP), and now is used for Medi-Cal for Families. Applicants can access HeA PA wherever and whenever they use the Internet. Available in English and Spanish, HeA PA automatically checks for errors and omissions and directs applicants only to questions that apply to them. The fully automated HeA PA eliminates most manual data entry and reduces the time that application processors spend pursuing complete or correct information from applicants.

We have studied the first year of HeA PA implementation and presented findings in four research briefs. Although the circumstances surrounding the launch of HeA PA were quite different from the eligibility expansion, enrollment-system change, and mass outreach now under way in California, key findings from the HeA PA study have implications for ACA implementation in California and other states. HeA PA contributed to growth in program applications, was used and well received by a segment of Internet-connected applicants, and complemented the system of assisted-online applications that many applicants used. Each page of this final brief presents a key study finding and potential implications. Previous briefs are available online.³

What happened to the volume and mix of applications in HeA PA's first year?

The state received 14 percent more applications in 2011 than in 2010. This growth appeared to be entirely attributable to HeA PA. Moreover, HeA PA and assisted-online applications (which are prepared and submitted by certified application assistants, or CAAs) represented about 42 percent of all applications submitted in 2011, a much larger share than online applications represented in 2010 (Figure 1).

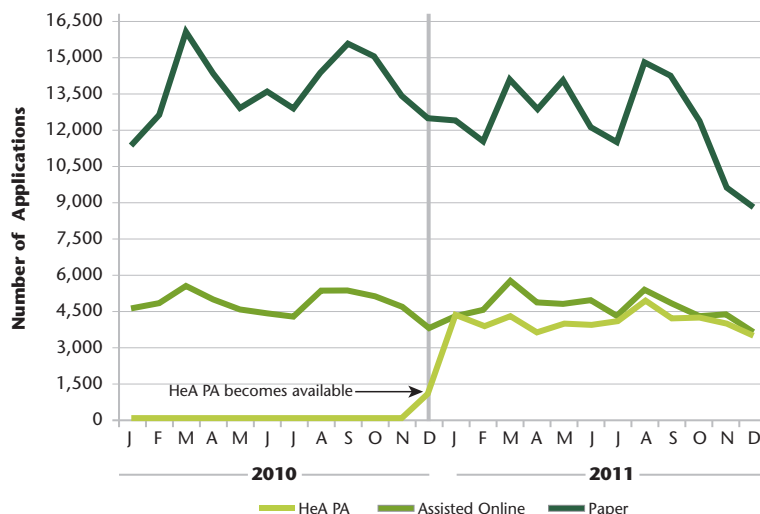
Figure 1.
HeA PA Was Associated with an Increase in Total Applications in 2011



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

The state processing center received about 4,000 HeA PA applications in January 2011, the first full month of availability, and received approximately that number in all other months of that year (Figure 2). The number of paper and assisted-online applications did not change much during that time.

Figure 2.
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.

What are the implications?

The availability of self-service online applications when Medi-Cal expands and Covered California takes effect means these programs will likely receive more applications than they would have otherwise.

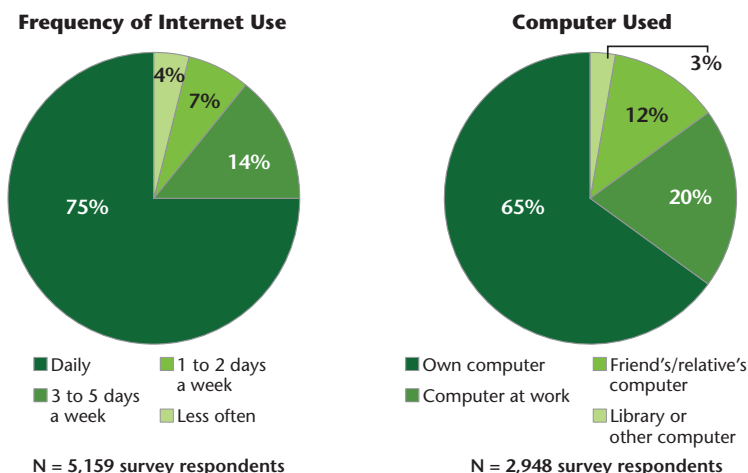
In California and other states, self-service applications can drive additional application volume and not just substitute for other application options.

Some people may apply online who would not apply by mail or in person.

What types of applicants use HeA PA?

HeA PA applicants are frequent Internet users. As seen in Figure 3, roughly 90 percent said they use the Internet daily (75 percent) or three to five days a week (14 percent). Most applicants submitted their application from their own computer (65 percent) or a work computer (20 percent). Nearly all applicants used a high-speed Internet connection to do so (not shown).

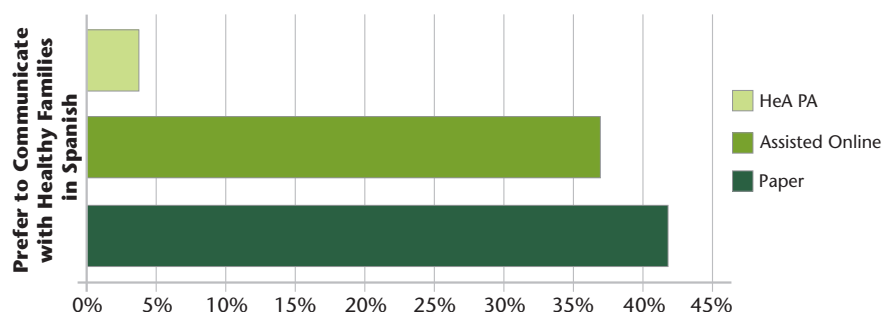
Figure 3.
Almost All HeA PA Applicants Use the Internet Daily



Source: HeA PA applications and integrated survey items, July 15 to December 31, 2011.

As seen in Figure 4, only 4 percent of HeA PA applicants indicated that they wanted Healthy Families or Medi-Cal to communicate with them in Spanish. By contrast, much larger shares of applicants who submitted assisted-online or paper applications preferred Spanish (37 and 42 percent, respectively).

Figure 4.
Few HeA PA Applicants Preferred to Communicate in Spanish



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

The demographic profile of HeA PA applicants is consistent with recent survey research about the types of U.S. adults who do and do not use the Internet.⁴ Compared with applicants who submitted paper or assisted-online applications, HeA PA applicants were somewhat younger, had more education and slightly higher income, and were more likely to prefer communicating in English (not shown).

What are the implications?

A self-service online application will likely appeal more to applicants who regularly use the Internet than it will to others. In California, self-service online enrollment initially may be especially common among Covered California applicants, who will have higher income and may have greater Internet access than Medi-Cal applicants.

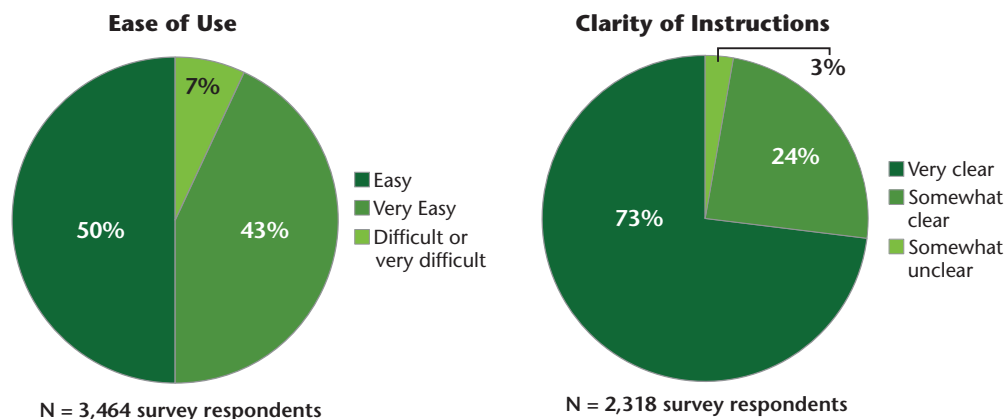
In California and other states, self-service online enrollment by all types of applicants could grow over time, if more people gain Internet access.

A growing segment of smartphone users access the Internet primarily by phone.⁵ Although completing an entire application on a smartphone may not be feasible, tools that allow smartphone users to handle other coverage-related tasks could be appealing to applicants. These tasks include renewing coverage, checking application status, and updating contact information. Developing smartphone-accessible versions of these tools will help more people manage their coverage online.

What did applicants say about using HeA PA?

As seen in Figure 5, nearly all those who submitted an HeA PA application said they found it either easy or very easy to use (for a total of 93 percent).⁶ However, among the small number of applicants who used the Internet less than once a week, just 78 percent said they found it easy to use (not shown). Consistent with the reported ease of use, the vast majority found the instructions either very clear or somewhat clear (a total of 97 percent).

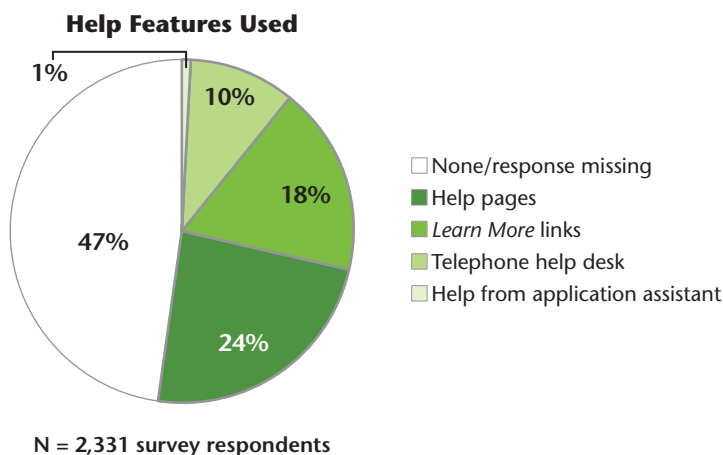
Figure 5.
Most Applicants Said HeA PA Was Easy to Use



Source: HeA PA applications and integrated survey items, July 15 to December 31, 2011.

Slightly more than half of applicants said they used a HeA PA help feature (shaded area of Figure 6). Two built-in help features—*Learn More* links to additional information about programs and services (used by 18 percent of applicants), and pop-up help pages available for each application section (used by 24 percent)—were more popular than the toll-free telephone help desk (used by 10 percent).

Figure 6.
Half of Applicants Use Help Features



Source: HeA PA applications and integrated survey items, July 15 to December 31, 2011.

What are the implications?

Effective help features are important even for user-friendly self-service online applications.

Federal guidance says state enrollment systems must provide “the highest level of service, support, and ease of use, similar to that experienced by customers of leading service and retail companies.”

Online tools such as on-line chat and co-browsing, in addition to the help features in HeA PA, could help states meet these expectations. Such tools are rare in Medicaid and CHIP online application systems but are common in industries that provide web-based services.⁷ The federal and many state marketplaces are incorporating these tools as well.

Online chat allows instantaneous text communication between an applicant and an enrollment assistant; chat staff must have complete knowledge of the tools and programs they support.⁷

Co-browsing allows enrollment assistants to view the applicant’s computer screen if the applicant consents; it can be used to determine whether an applicant needs substantive application help or has a technical problem.⁷

Did the role of CAAs change after HeA PA was launched?

Following the launch of HeA PA, applicants could continue to receive help with their applications from certified application assistants. CAAs, who work in community-based organizations throughout California, help families apply for or renew coverage; explain health care benefits; and provide impartial information about health, dental, and vision plans.

As Figure 2 shows, HeA PA did not supplant submission of CAA-assisted online applications in 2011. Moreover, when interviewed for this study, CAAs said the introduction of HeA PA did not affect the number or types of applicants they assisted or how they spent their time each day. Although the CAAs we interviewed were aware of HeA PA, they rarely told applicants about it or encouraged them to try it. A few did make referrals when applicants could not schedule an office visit or when there were lines for in-person assistance and CAAs were very busy.

The CAAs we interviewed gave several reasons for not referring more applicants to HeA PA. Several equated referrals with denying assistance to people in need of help and being incompatible with the missions of their organizations. Many CAAs believed their clients would not be able to use HeA PA successfully. They cited both client barriers—related to Internet access, literacy, and language—and concerns about HeA PA itself, such as the potential for inadvertent errors and missing documentation. We do not have data to confirm or refute the client barriers CAAs perceived. As for HeA PA features, the tool is programmed to prevent empty fields or invalid entries, but missing documentation was often a problem in 2011, and it was more common among HeA PA applicants than CAA-assisted applicants. As of 2014, documentation requirements will be minimized for most applicants, as states verify eligibility electronically using government data.

Figure 7.
CAAs and Self-Service Applicants Use the Same Health-e-App Site



Source: health-e-app.net.

What are the implications?

Many newly eligible health coverage applicants are expected to seek in-person assistance. CAAs we interviewed indicated that applicants with low literacy and/or language barriers may need or prefer in-person help.

In-person assistance and self-service online applications are not mutually exclusive, however. Applicants who initially use in-person help may be comfortable updating their accounts or renewing their coverage independently online. In all cases, outreach workers and enrollment assistants should be able to make appropriate referrals to self-service online applications in their states. A screener to identify good candidates for self-service online enrollment or renewal could be useful; it should assess computer and Internet access, language, literacy, and other facilitating factors.

It also will be important that outreach workers and enrollment assistants describe self-service online tools accurately. That way, they can reassure applicants that such tools offer the benefits of built-in help features, automated checks for complete and valid entries, preliminary eligibility calculators, and status tracking.

How was HeA PA promoted during its first year?

Beginning in July 2011, California implemented an outreach campaign—consisting mostly of paid online ads—to promote HeA PA to low-income families.

The campaign aimed to convey four key messages statewide: (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 for families, and (4) the online application is user friendly and convenient. The campaign featured several types of ads to communicate these messages (Figure 8). These included video pre-roll ads (which appear before streaming video content), search-engine ads that appear when users search for terms like “low-cost health insurance,” and banner and tile ads on social media sites.

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. The campaign manager monitored how often an ad type resulted in “click throughs” to the HeA PA website and adjusted ad purchases so that the more effective ads received larger shares of the advertising budget.

Figure 8.
Display Ads Directed English and Spanish-Language Audiences to HeA PA



Source: Behr Communications.

We found that the campaign was associated with a substantial increase in unique monthly visitors to the HeA PA website. On average, twice as many unique visitors viewed the HeA PA website during each month of the campaign (July 2011 to January 2012) than viewed it in the six previous months. Visits to the site declined when the campaign ended. We do not know which website visitors submitted applications.

Slightly more than half of HeA PA applicants said they learned about HeA PA online, such as through the Healthy Families website, an online search, or an online ad. Nearly 30 percent learned about it from family or friends.

What are the implications?

Online ads can be a useful outreach tool. Online ads to raise awareness of affordable coverage should give information about the various ways to apply for coverage, with and without help.

Outreach strategists can use online ads to learn about effective messaging, which will be very important as California and other states attempt to reach various segments of their newly eligible populations.

Not all newly eligible applicants will be accessible through online ads, but the ability to measure audience response to ads can be a useful tool for assessing and honing outreach messages.

Data that link individual ad click throughs to attempted, completed, and successful applications would also help states identify the ad types and placements that are most effective at attracting eligible individuals and families.

In summary, what are the key findings from HeA PA's first year?

In its first year of implementation, HeA PA became an immediate and meaningful source of applications to the state processing center, contributing to growth in online and total application submissions during 2011.

HeA PA caught on quickly with a segment of applicants who use the Internet regularly, and the tool was favorably reviewed by those who submitted applications. CAAs we interviewed seemed to play little role in promoting HeA PA's use, and they doubted that the applicants they assisted would have been good candidates for self-service online enrollment. Applicants learned about HeA PA mostly from online sources and family and friends.

Much about California's enrollment system will change in the coming months. As part of this change, California will discontinue use of HeA PA in January 2014. Judging from this study, HeA PA was a good enrollment option for the thousands of families that have used the tool since late 2010. Moreover, the implementation of HeA PA yielded useful lessons for all states that seek high-performing enrollment systems.

Endnotes

¹ Kenney, Genevieve, Stephen Zuckerman, Lisa Dubay, Michael Huntress, Victoria Lynch, Jennifer Haley, and Nathaniel Andersen. "Opting In to the Medicaid Expansion Under the ACA: Who Are the Uninsured Adults Who Could Gain Health Insurance Coverage?" New Brunswick, NJ: Robert Wood Johnson Foundation, August 2012.

² Covered California. "Eligibility and Enrollment Key Policy Issues and Single Streamlined Application Update." Webinar, March 14, 2013. Accessed at <http://www.healthexchange.ca.gov/StakeHolders/Pages/Default.aspx>.

³ Previous briefs are available at <http://www.mathematica-mpr.com/Health/health-e-app.asp>.

⁴ Brenner, Joanna, and Lee Rainie. "Pew Internet Commentary: Broadband." Washington, DC: Pew Charitable Trusts, May 2012.

⁵ Smith, Aaron. "Smartphone Adoption and Usage." Washington, DC: Pew Charitable Trusts, July 11, 2011.

⁶ Information is not available about people who began HeA PA applications but did not submit them. Their experience of and satisfaction with the tool may have differed from those of other applicants. In 2011, about two-thirds of people (69 percent) who created a self-service HeA PA account submitted an application.

⁷ Brooks, Tricia, and Jessica Kendall. "Consumer Assistance in the Digital Age: New Tools to Help People Enroll in Medicaid, CHIP, and the Exchanges." Maximizing Enrollment Issue Brief. New Brunswick, NJ: Robert Wood Johnson Foundation, July 2012.

What are the implications?

A highly diverse population of Californians will be eligible for health coverage through Medi-Cal or Covered California as of 2014. No single enrollment pathway will meet the varied needs and preferences for ease, convenience, and assistance.

In California and other states, self-service online applications will likely be a good option for people who have ready access to high-speed Internet service and do not need extensive in-person help when applying for coverage.

As more people become aware of self-service online applications and can easily access the Internet, use of such applications is likely to grow. Online applications will also be an important route for eligibility renewals and case updates, even among those who use paper applications and/or in-person assistance for their initial applications.

Meanwhile, applicants should have complete information on all the ways to apply for coverage and get help while doing so.

ABOUT THIS BRIEF

This brief is the last in a series of five that Mathematica Policy Research produced with support the David and Lucile Packard Foundation and the California Health-Care Foundation, and in partnership with MRMIB. The brief draws on the following data sources:

- **Applications.** We examined individual-level data from paper, CAA-assisted online, and HeA PA applications from December 2010 to December 2011. We examined aggregate data from earlier in 2010 and from 2012 to understand application trends before and after the introduction of HeA PA. The data were provided by MRMIB's Healthy Families Data Warehouse.
- **Survey Responses.** From July 15 to December 31, 2011, Healthy Families added optional questions to HeA PA applications to ask about applicants' 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) answered survey questions. The questions were grouped into six waves of two to three questions each. The first five waves were intermittently fielded for about a week at a time. The sixth was fielded continuously from October to December. Sample sizes ranged from 2,305 to 5,214 per wave.
- **CAA Interviews.** We conducted telephone interviews with 23 CAAs who were located in all regions of California and completed more than 50 HeA applications in 2011 (out of 229 CAAs who had done so). The CAAs we interviewed were affiliated with health care providers (eight), health insurance agencies (five), nonprofit advocacy groups (six), and local units of government or school districts (four). A few of these CAAs used One-e-App, another online benefit screening and enrollment tool, in addition to or in place of HeA PA.
- **Web Analytics.** We examined monthly aggregate data on unique visitors to the HeA PA website before, during, and after the outreach campaign, using data provided by MRMIB.



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