Using Web Technology for Public Program Enrollment:
Assessing One-e-App in Three California Counties

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by

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About the Authors

The Lewin Group is a national health care and human services consulting firm based in Falls Church, Virginia.

Acknowledgment

About the Foundation

The **California HealthCare Foundation** is an independent philanthropy committed to improving the way health care is delivered and financed in California. By promoting innovations in care and broader access to information, our goal is to ensure that all Californians can get the care they need, when they need it, at a price they can afford. For more information, visit www.chcf.org.

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I. Introduction

MAKING PUBLIC HEALTH INSURANCE ENROLLMENT MORE efficient for California's underserved populations is a prime goal of state and county officials, policymakers, providers, and advocates. A tool designed to advance this goal is One-e-App, a Web-based application that automates enrollment in Medi-Cal, Healthy Families, the State Children's Health Insurance Program (SCHIP), local health care programs, and a range of other programs and services.

To assess the performance and value of One-e-App, the California HealthCare Foundation (CHCF) and The California Endowment (TCE) engaged The Lewin Group, a national health and human services policy research and consulting firm, to evaluate One-e-App's performance on several levels. Lewin's results are primarily derived from data, interviews, and observations in San Mateo and Santa Cruz counties, early adopters of One-e-App, and in Alameda County, which has the longest experience using a One-e-App interface with CalWIN, the county's system of record for Medi-Cal. To clarify the relative benefit of One-e-App, Lewin compared its application process to the alternative paper application system in terms of processing time, resources used, accuracy, and other measures. This report describes the research findings.

II. Background: One-e-App in California

OVER THE LAST DECADE, SEVERAL STATES have implemented electronic application and enrollment systems in an effort to increase access to public health insurance programs and promote efficiencies in the application process. In California, CHCF and the California Health and Human Services Agency (CHHSA) developed a Web-based application process called Health-e-App in 2001. This system was designed to help applicants enroll in Healthy Families and Medi-Cal for Children and Pregnant Women through an interactive, interview-style process.[1] After its successful pilot in San Diego County, the state made Health-e-App available to all counties.

Several counties observed the early successes of Health-e-App and expressed interest in extending its functionalities to local public health insurance programs and other social services. In response, CHCF and TCE jointly sponsored the development of One-e-App, a "one-stop shop" that enables all members of an applicant's family and household to apply and be screened for multiple programs simultaneously. Since its introduction in 2003, the One-e-App system has grown to include the following programs:

- Medi-Cal (for adults, children, and pregnant women)

- Healthy Families

- Children's Health and Disability Prevention (CHDP) Program

- Healthy Kids

- County indigent care programs, including Health Care Coverage Initiatives

- Other county-specific programs

- CalKids

- Kaiser Permanente Child Health Program

- Food Stamps

- Women, Infants, and Children (WIC) program

- Express Lane Eligibility (free and subsidized school lunch program)

- Earned Income Tax Credit

- Child Tax Credit

- Low-Income Auto Insurance

- CARE (California Alternate Rates for Energy)

One-e-App can be customized for county-specific business processes and rules. In many cases, the programs are phased in over time based on funding and county interest in broadening scope. Wherever possible, One-e-App delivers data electronically to minimize manual data entry, errors, and mail time. To accomplish this, interfaces must be developed between One-e-App and other systems, such as county eligibility systems,[2] patient management systems, and health plans. One-e-App significantly increases the convenience of the application process compared to the traditional paper-based systems, which require families to submit separate applications for each member of the family for each program, often at several different enrollment sites. Since the Lewin research was completed, a statewide, shared version of One-e-App has been developed.
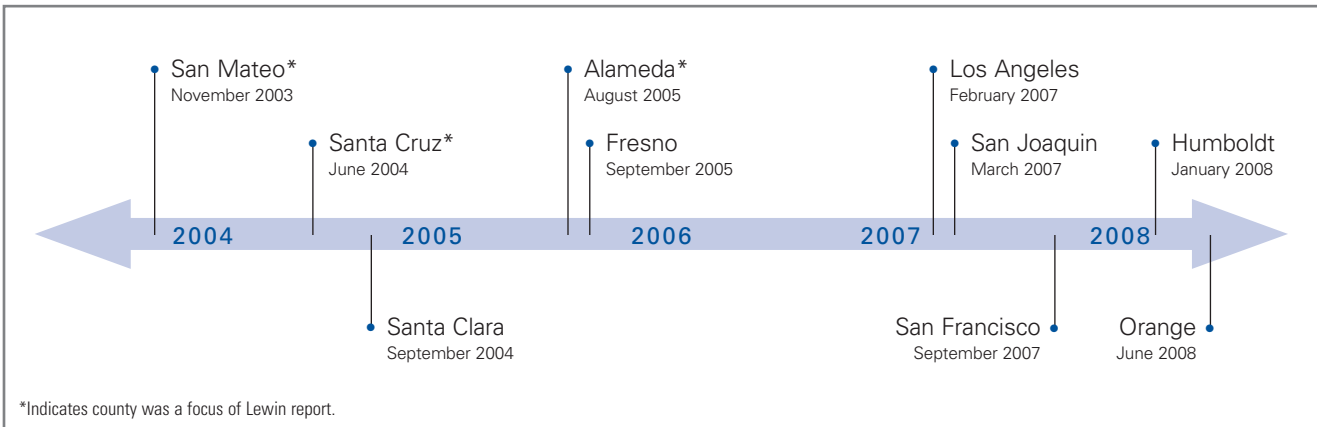
County Participation

Five counties (San Mateo, Santa Cruz, Santa Clara, Alameda, and Fresno) launched their One-e-App systems between 2003 and 2005. As of early 2009, five additional counties (Los Angeles, San Joaquin, San Francisco, Humboldt, and Orange counties) have successfully deployed One-e-App. Figure 1 shows a timeline of county roll-out.

Many counties opted to launch One-e-App with a focus on children's health programs. For example, San Mateo, Fresno, Santa Clara, and Santa Cruz counties went "live" with Healthy Families, Medi-Cal for Children and Pregnant Women, and Healthy Kids. Los Angeles began with the same set of children's programs plus CHDP. Other counties, including Alameda and San Joaquin, launched One-e-App with programs for adults and children simultaneously.

Most of these counties, including Santa Cruz and San Mateo (which currently has eight health programs in One-e-App), have expanded or plan to expand the programs offered. Other program expansions include the Earned Income Tax Credit in San Joaquin and WIC in Humboldt. In addition, the Los Angeles Unified School District is implementing a major expansion of One-e-App in partnership with community-based organizations and Kaiser Permanente. They plan to increase the offerings to the complete list of participating programs, and also pilot a kiosk system to enhance consumer access.

Figure 1. One-e-App County Roll-Out Timeline

San Mateo*
November 2003

Santa Cruz*
June 2004

Santa Clara
September 2004

Alameda*
August 2005

Fresno
September 2005

Los Angeles
February 2007

San Joaquin
March 2007

San Francisco
September 2007

Humboldt
January 2008

Orange
June 2008

2004   2005   2006   2007   2008

*Indicates county was a focus of Lewin report.

III. Methodology

LEWIN ASSESSED THE PERFORMANCE AND benefits of One-e-App by comparing the process to the alternative paper application process and analyzing the differences between them.[3] Their approach allowed an "apples-to-apples" comparison despite two methodological challenges. First, while a paper application typically allows a limited number of family members to apply for a single program, One-e-App enables all family members to apply for multiple different programs simultaneously. Furthermore, the data measuring the application process before and after One-e-App were inconsistent because counties often implement local health insurance programs in One-e-App over time; therefore the researchers could not analyze data for multiple programs over the same periods of time before and after implementation.

Because of these challenges, Lewin's analytic approach was to use data from different sources and the reasonable assumptions of its researchers. They also developed a theoretical paper application process that replicated the "one-stop" structure of One-e-App while otherwise reflecting common paper application processes. This was then compared to One-e-App with respect to each stage of the application process. The analysis focused on five key areas:

1. Process time efficiencies;

2. Applicant time efficiencies;

3. Time utilization for assistors and workers who make final eligibility determinations;

4. Error prevention; and

5. Total enrollment and retention.

Parallel to this process, Lewin gathered data to conduct quantitative and qualitative analyses of One-e-App. Data collected from San Mateo, Santa Cruz, and Alameda counties were combined with information gathered during interviews with key stakeholders to develop measures of efficiency. The researchers also conducted interviews with staff of The Center to Promote HealthCare Access (see sidebar on page 9), county One-e-App project leads, and One-e-App users to identify advantages and disadvantages from a qualitative perspective. Users' satisfaction with One-e-App was compared to the paper application process based on the results of an online questionnaire for assistors and interviews with workers who make final eligibility determinations and Healthy Kids liaisons.

IV. Comparative Benefits of One-e-App

Following is a summary of the benefits of One-e-App over the paper process.

1. **One-stop shop.** One-e-App maximizes enrollment opportunities by allowing multiple family members to apply for a variety of public programs all at once and in the same location.

2. **Identifies payer sources.** One-e-App helps connect people with programs and identifies payers for services.

3. **Shortens application process.** On average, One-e-App takes two to three days less time than a process using standard paper applications. For Healthy Kids, One-e-App reduces processing time by 18 percent. For adult Medi-Cal, applications are completed nearly six days faster.

4. **Reduces time required for applicant.** One-e-App takes 1.6 hours less of applicants' time than the paper process. Up to 7 hours would be saved if the applicant would have to visit more than two sites to complete the equivalent paper applications.

5. **Increases staff efficiency.** Assistors spend approximately 12 percent less time using One-e-App than they would if they had to complete the same process using multiple paper applications.

6. **Reduces errors.** Compared to paper applications, One-e-App results in fewer occasions when applicants are called back to correct errors or omissions. The likelihood is only 1 percent for One-e-App. The likelihood of call-back for a family using paper applications

can increase up to 4.6 percent, depending on the number of applications involved.

7. **Improves enrollment and retention capabilities.** One-e-App allows family members to learn which programs they are eligible for and to more easily apply for a different program as their status changes. Further, One-e-App contains tools — including document storage and certified application assistor (CAA) reminders — that help applicants retain their coverage once enrolled.

8. **Provides real-time eligibility screening.** One-e-App simultaneously screens all family members across a range of programs and electronically submits applications for the programs they appear to be eligible for.

9. **Improves approval rates.** One-e-App's automated, real-time eligibility screening helps ensure that more eligible applicants submit applications for the appropriate programs.

10. **Reduces paper.** One-e-App addresses data storage, retrieval, and security issues. It also delivers applications electronically, faster than U.S. Mail, and reduces the amount of paper used in the application process.

11. **Easily accessible from multiple locations.** One-e-App is available to assistors wherever there is an Internet connection, allowing for greater portability and accessibility in remote areas.

12. **Attains higher assistor satisfaction.** Assistors like One-e-App's user-friendly features such as error detection, screening multiple applicants for
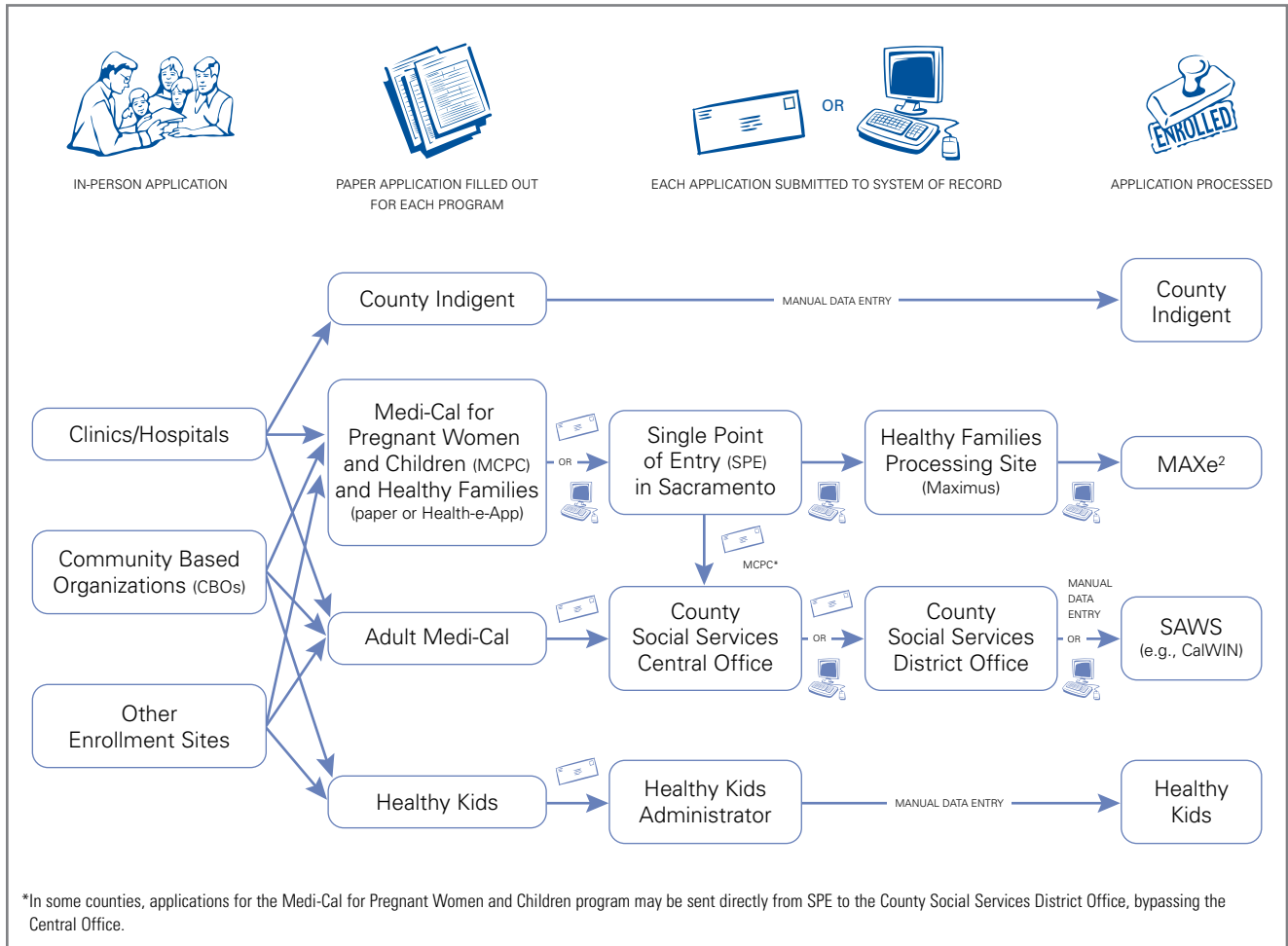
several programs at once, and information and document storage and retrieval. Given the choice between One-e-App and the paper application process, 56 percent of assistors preferred One-e-App, 8 percent preferred paper applications, and 36 percent preferred to have the option of using either paper or One-e-App, depending on the applicant's circumstances.

13. **Supports enrollment process efficiencies.** One-e-App contains several efficiency mechanisms. These include toggling between English and Spanish, storing documents such as social security cards and birth certificates for future
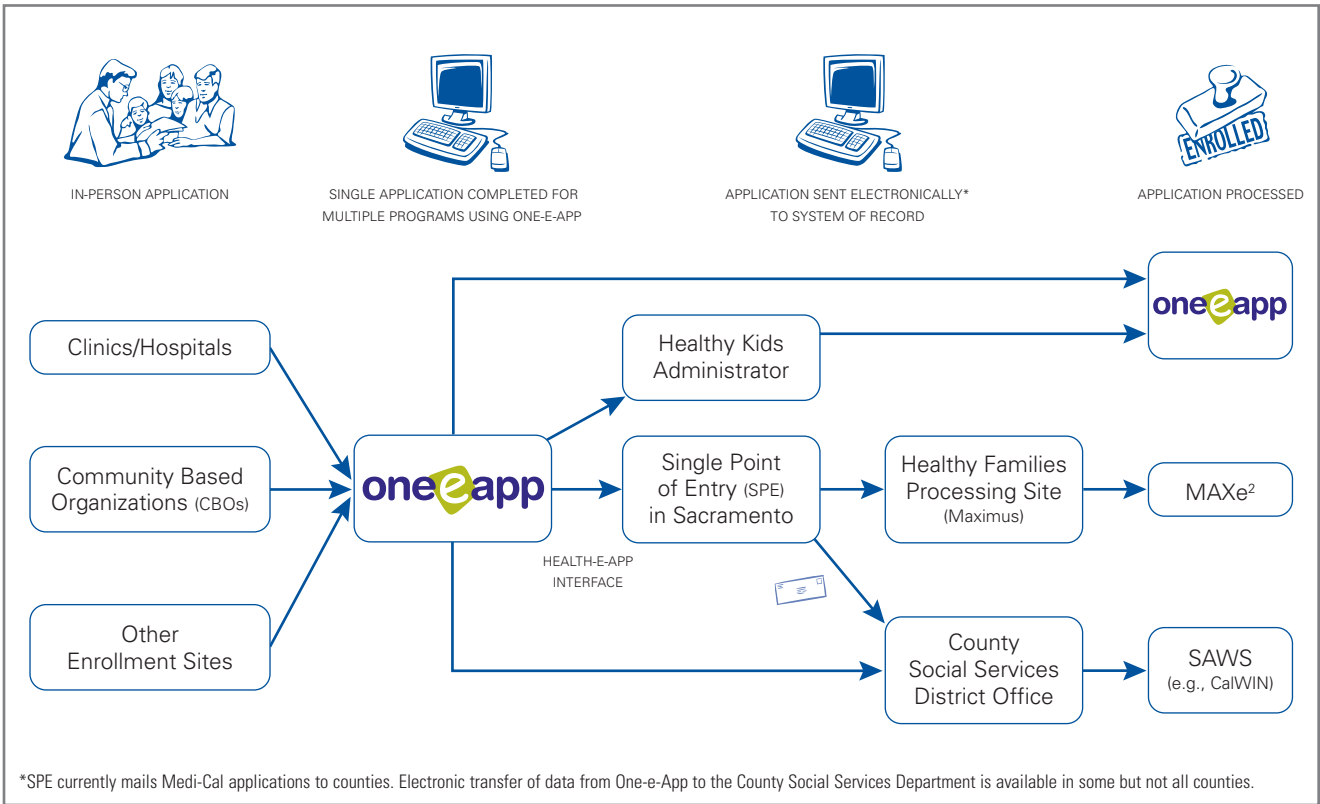
use, "suspending" incomplete applications to be finished later, and simplifying future applications and renewals by storing data electronically.

14. **Streamlines processes.** Part of the complexity of the paper-based process is in the submission stage. Assistors at clinics, hospitals, community-based organizations (CBOs), and other enrollment sites must determine which applications go where and by which means (mail or electronically). One-e-App's business logic streamlines this process by electronically delivering the data where they need to go. See Figures 2 and 3.

Figure 2. **Paper Application Processes for Public Programs**

*In some counties, applications for the Medi-Cal for Pregnant Women and Children program may be sent directly from SPE to the County Social Services District Office, bypassing the Central Office.

Figure 3. One-e-App Application Processes for Public Programs

IN-PERSON APPLICATION

SINGLE APPLICATION COMPLETED FOR MULTIPLE PROGRAMS USING ONE-E-APP

APPLICATION SENT ELECTRONICALLY* TO SYSTEM OF RECORD

APPLICATION PROCESSED

Clinics/Hospitals

Community Based Organizations (CBOs)

Other Enrollment Sites

one e app

HEALTH-E-APP INTERFACE

Healthy Kids Administrator

Single Point of Entry (SPE) in Sacramento

Healthy Families Processing Site (Maximus)

MAXe^2

one e app

County Social Services District Office

SAWS (e.g., CalWIN)

*SPE currently mails Medi-Cal applications to counties. Electronic transfer of data from One-e-App to the County Social Services Department is available in some but not all counties.

V. Challenges of One-e-App

A NUMBER OF CHALLENGES REMAIN, including the following:

1. **Upfront investment of resources and training.** Replacing an entire paper-driven system with a paperless one requires staff training and a financial investment to purchase and operate One-e-App.

2. **Connectivity interruptions.** If an organization's Internet connection or browser is non-functional, access to One-e-App is temporarily interrupted. When Web access is unavailable, so is One-e-App.

3. **Complex databases.** County data experts have experienced difficulties navigating the database One-e-App provides to counties. Understanding the database's structure is a challenge, and they need to receive ongoing support from The Center to Provide HealthCare Access staff (see sidebar) to meet their reporting needs in many cases. As a result, counties may not fully use the data they receive.

4. **Medi-Cal eligibility workers' experience was mixed.** While most Healthy Kids enrollment assistors provided positive feedback about One-e-App, county Medi-Cal eligibility workers' opinions were mixed. They appreciated One-e-App's ability to prevent common application errors but expressed frustration with the slowness and inefficiency of the CalWIN system's ability to receive data from One-e-App and with related technical challenges.

5. **Assortment of county systems creates unwieldy technical burdens.** The complexity and diversity of application processes across counties required The Center to develop complicated interfaces and rules. These databases are difficult to maintain; they hinder efforts to update the system in accordance with county requests and also complicate the extraction of useful enrollment and efficiency reports across counties.

The Center to Promote HealthCare Access
The Center to Promote HealthCare Access, a nonprofit organization with offices in Oakland and Sacramento, is responsible for the development of One-e-App and its adoption. The Center, created in 2005 with seed grants from the California HealthCare Foundation and The California Endowment, is dedicated to the ongoing implementation and development of technology that provides efficient access to health and other social services. It researches and develops enhancements to One-e-App and promotes policies to help make technology more efficient. Besides California, the program is also used in Indiana, Maryland, and Arizona (where a publicly accessible version was launched in December 2008).

In each county considering One-e-App, The Center supports stakeholders—health plans, hospitals, county agencies, advocates, and clinics—through the evaluation and adoption phases, and helps counties to strategize the financing, governance, and ongoing operations of the One-e-App system. The Center also provides counties with technical support to users, administrators, and trainers. It conducts regular meetings with county representatives and users of One-e-App to discuss policy and regulatory matters impacting the system.

VI. Policy and Operational Considerations

THE ANALYSIS FOUND THAT THE BENEFITS of One-e-App are not yet being fully realized. Lewin's researchers worked with county and other stakeholders to identify policy and operational considerations that could improve its value. A common theme that emerged pointed toward broader participation in One-e-App by the state and counties as a way to improve its effectiveness. Considerations include the following:

- **Direct data transfer to improve the interfaces with other systems.** Currently, One-e-App is not permitted by the state or the CalWIN consortia to deliver data via a traditional interface directly into the systems of record for Healthy Families and CalWIN. The Center uses sophisticated screen-scraper technology that requires some "work-arounds" that add time and complexity to the process. Permitting direct data delivery would ease the flow of information. Also, Center and county staff should continue working with the developers of patient management systems to make the application process more efficient for assistors at clinic sites.

- **"Two-way" interface with CalWIN to improve outreach and coverage.** A "two-way" or bi-directional interface between One-e-App and CalWIN or other Medi-Cal systems of record can expedite the transfer of applicants' information back into One-e-App. Then applicants who are determined to be ineligible for Medi-Cal may be identified for outreach and enrolled in a different program more easily. This technology has been developed by The Center and is ready for use

in counties that elect to implement it. (San Francisco will likely "go live" in 2009.)

- **Permitting applicants to renew eligibility online.** Several programs, including Healthy Kids, permit applicants to renew eligibility online through One-e-App. More programs should provide this capability.

- **Broader use of One-e-App to improve economies of scale.** By adding other public assistance programs (health insurance and non-health-insurance programs) into One-e-App and centralizing the determination process, counties can better leverage the efficiencies One-e-App affords. State and county officials also should consider centralizing the "back-end" eligibility determination systems for many of the state's public programs to leverage the benefits of automation and economies of scale.

- **Assistor specialization to improve workflow at some sites.** Counties that include Adult Medi-Cal in their One-e-App system should consider providing supplemental training for some assistors at high-volume enrollment sites, or co-locating Medi-Cal eligibility workers with assistors at each site.

- **Adding Medi-Cal forms into One-e-App to reduce follow-up.** Incorporating more of Medi-Cal's supplemental forms into One-e-App would reduce the number of applications requiring follow-up. In addition, state and county officials could consider streamlining the Medi-Cal application process to reduce the number of forms required.

- **Expediting enrollment by sending children's and adults' applications directly to the county.** Some counties send children's applications for Medi-Cal for Children and Pregnant Women to the state's Single Point of Entry (SPE) en route to the county social services office, when an adult in the family is also applying for coverage. A decision to send the applications directly to the county could speed the process in some counties, but would preclude child applicants from being considered for Medi-Cal's Accelerated Enrollment program.

VII. Conclusions

Lewin found that One-e-App's main benefit is to maximize comprehensive screening and enrollment opportunities for each member of a family. Compared to the paper application process, it offers significant benefits and efficiencies.

Like most tools, One-e-App performs best when used to the full extent of its capabilities. It provides counties with a more efficient way to screen and enroll applicants into public programs. Assistors and applicants enjoy its ease and speed. But One-e-App can only reach as far as the county and state allow. It will be instructive to continue assessment as more public programs are integrated into the system.

To use One-e-App successfully, counties must be committed to maximizing coverage of the uninsured through many public health programs, and at the same time provide a consumer-friendly enrollment process for applicants. While costs and financing approaches vary widely from county to county, One-e-App typically requires an up-front investment of financial and staffing resources for development, implementation, and maintenance. Counties considering implementation can benefit from the experiences of previous health IT installations. These typically have shown that financial savings, when achieved, have resulted from operational efficiencies, and that organizational change increased the observed benefits. Many IT installations take several years to achieve break-even on the initial investment.

It is difficult to assess the fiscal impact of One-e-App because there are no data tying the transformation of an uninsured patient — through the use of One-e-App — into a "paying" one who is enrolled in public programs. Although financial benefits accrue to counties when an increased proportion of their population is covered, it is unclear to what degree One-e-App directly helps counties garner these benefits.

In addition to the "one-stop-shop" advantages to applicants and assistors, there are also potential benefits to counties and health care providers. One-e-App allows counties to optimize enrollment mix to best leverage available state and federal funds. Additionally, it provides operational efficiencies by allowing assistors to perform comprehensive screening in less time than the alternative paper application process requires. These efficiencies may mean that fewer assistors could be used to handle the current application volume, or that an increase in applications could be accommodated without an increase in assistor staffing. The financial impact of such efficiency offsets some of the county costs associated with implementing and using One-e-App.

Endnotes

1. The Lewin Group. Business Case Analysis of Health-e-App. California HealthCare Foundation. June 2001.

2. For Medi-Cal programs that are not routed through Health-e-App, an interface must be developed for data to be transferred directly from One-e-App into the county's eligibility system. The interface is developed separately from programs in One-e-App. Some counties may use One-e-App for Medi-Cal but never develop an interface due to cost or other administrative reasons.

3. Lewin built on the business case analysis that it conducted on Health-e-App in 2001.

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