INDEPENDENT EVALUATION OF THE INSURE OKLAHOMA PROGRAM

ISSUE BRIEF

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Introduction

The most recent finding from the Census Bureau's Current Population Survey (CPS) estimates that the uninsured rate for the nonelderly in Oklahoma is 18 percent, which places the State eighth highest in the country[1]. This translates to 631,227 citizens, 54 of whom have incomes at or below 200 percent of the Federal Poverty Level (FPL)[2]. Numerous stakeholders in Oklahoma identified this as an ongoing challenge that needed attention. In October 2003, the Oklahoma Health Care Authority (OHCA) received a Health Resources and Services Administration (HRSA) State Planning Grant to develop a plan to expand health care coverage for Oklahomans.

As the state agency that administers the Medicaid program, the OHCA made a conscious decision that any plan to expand health insurance to the uninsured in Oklahoma needed to be created in a paradigm shift from the traditional delivery model. The OHCA's CEO Mike Fogarty articulated these sentiments in the OHCA's 2003 Annual Report: "The major issue for our time is Medicaid's structural weaknesses stemming from its roots in the welfare system[3]." The Board developed the overarching mission statement for Medicaid and health reform for Oklahoma: "It's Health Care Not Welfare".

The key objectives of the It's Health Care Not Welfare initiative were the following:

1. To promote healthier Oklahomans;
2. To increase patient responsibility;
3. To purchase health care more effectively;
4. To reimburse providers more responsibly;
5. To develop flexible benefit packages;
6. To redefine eligibility; and
7. To establish a more predictable budget.

The OHCA utilized a large portion of the HRSA grant funding to collect and analyze data to understand the number of uninsured, the demographics of the uninsured, and reasons for the lack of coverage. These data would not only inform the program design but also serve as a baseline to measure the impact of any coverage initiatives that resulted from the HRSA grant. The sources of data included a statewide survey conducted by the University of Minnesota's State Health Access and Data Assistance Center (SHADAC), four studies of stakeholder attitudes towards health care reform conducted by the University of Oklahoma (OU) Department of Family & Preventative Medicine, and secondary research from the Medical Expenditure Panel Survey Insurance Component (MEPS-IC), the Behavioral Risk Factor Surveillance Survey (BRFSS), and the Kaiser Family Foundation's compilation of data for Oklahoma from the CPS.

Development of the Blueprint for Insure Oklahoma

In late 2003, the OHCA established a governance structure for overseeing and developing a plan to expand insurance coverage in Oklahoma with the OHCA serving as the lead agency. To support the effort, the OHCA formed two primary workgroups: the Large and Small Workgroups. The Large Workgroup was composed of various stakeholders including state agencies, legislators and their staff, hospitals, other medical providers, private insurers, university staff and other researchers, advocates, tribal organizations, and the business community. Because of its broad stakeholder representation, the

[1] DeNavas-Walt, C., Proctor, B., & Smith, J. (2008). Income, Poverty and Health Insurance Coverage in the United States: 2007. Washington, DC: US Census Bureau. The ranking represents a three-year average (2005-2007).
[2] U.S. Census, Current Population Survey, Annual Social and Economic Supplement, 2008 Table Creator http://www.census.gov/hhes/www/cpstc/cps_table_creator.html
[3] Message from the CEO, Oklahoma Health Care Authority Annual Report, State Fiscal Year 2003

Large Workgroup provided input in the policy and program design to the Small Workgroup. The intent of this function was to ensure that the final design was widely supported by members of the legislature, the Governor's Office, and other community partners. The Large and Small Workgroups interacted at least quarterly during the early design phase. After the initial design phase, the Small Workgroup continued to meet informally and met with outside stakeholders periodically to review decisions with them as the waiver with CMS was in development.

The Small Workgroup was headed by the Oklahoma Secretary of Health and staffed by OHCA personnel and functioned as the project management team. In addition to state staff, the Small Workgroup included three non-government stakeholders.[4] The Small Workgroup members were responsible for supporting the work of the Project Manager and implementing the direction of the Large Workgroup. The Small Workgroup also coordinated the work of project teams and consultants, developed policy positions, and assisted with staffing various meetings. The nuts and bolts of the program design were formulated through the research of the Small Workgroup in conjunction with subgroups.

During the State Planning Grant activities in 2004, the Oklahoma Legislature passed SB 1546 which called for increased health care coverage for Oklahomans. The legislation also authorized the OHCA to apply for a waiver from the Centers for Medicare and Medicaid Services (CMS) to reform the Medicaid system to achieve the goals in "It's Health Care Not Welfare". Specifically, it authorized the OHCA to develop a program for premium assistance for private health care coverage or allow a buy-in to a state-sponsored benefit plan. This legislation was augmented by the passage of HB 2006 in 2004 that was the originating legislation for a ballot initiative that increased taxes on tobacco and other tobacco-related products. The majority of the tax revenues generated are appropriated for the program.

Options Considered

In November of 2004, Oklahoma voters passed the ballot initiative to increase tobacco taxes. Stakeholders who were involved with the process at this stage all attribute the passage of the ballot initiative as the event which brought everyone to the table to work through the program details.

The Large Workgroup ultimately recommended that two models be further developed—a Premium Model and a Voucher Model. In the Premium Model, an individual could buy into either the Medicaid program or private sector health insurance coverage. For the Medicaid buy-in portion of the model, individuals would receive their services from providers who bill the OHCA for the cost. To participate in this program, the individual would pay the OHCA a small premium. In the Voucher Model, the voucher would be applied to qualified participants toward the commercial health insurance premium that their employer enrolls with.

The Small Workgroup developed cost and caseload estimates for each model. After the Small Workgroup developed the two models in conjunction with their consultants, they recommended that the Voucher/Premium Assistance model be presented to the Large Workgroup as the most viable.

Obtaining CMS Approval

The OHCA staff researched all opportunities to leverage federal funds and find appropriate opportunities to hold costs down. Some of the cost saving measures included a cost sharing responsibility for the individuals. This added an element of personal responsibility which several stakeholder groups believed was important in such a program in the spirit of "It's Health Care Not Welfare". The OHCA took the

[4] Insurance Commissioner Kim Holland, who was the Director of Team Insurance Group at that time, Patti Davis with the Oklahoma Hospital Association, and Ed McFall, an OHCA Board Member.

lead in the design of an amendment to the State's 1115 SoonerCare waiver to leverage federal funds for the new program. The initial waiver amendment application was submitted in January 2005 with the intent to begin operations July 1, 2005. The waiver demonstration was ultimately approved September 30, 2005 for a period of five years. The new program, named "O-EPIC" (Oklahoma Employer/Employee Partnership for Insurance Coverage) began accepting applications in December. Enrollment in the Employer Sponsored Insurance (ESI) portion of the program began January 1, 2006.

The State forecasted that the program would be able to cover 50,000 residents over the course of the demonstration. The OHCA believed that a phased-in approach to implementation would control costs in the first year, after which future budgeting could be refined based upon the initial cost and enrollment figures. Therefore, the OHCA implemented an upper income qualification threshold of 185 percent of the FPL for individuals and an employer size qualification threshold of 25 or fewer employees. The State negotiated with CMS the option to increase the income threshold to 200 percent of the FPL and the employer size to 50 or fewer employees. Because enrollment grew at slower pace than expected, Oklahoma took advantage of both of these expansions. The employer size was increased to 50 employees in October 2006; the qualifying income level was increased to 200 percent of the FPL in November 2007.

Among the many areas to negotiate with CMS about the demonstration was the implementation of an Individual Plan (IP). Oklahoma negotiated with CMS to use the Premium Model previously discussed for the IP program. Because this decision was made later in the process, the OHCA opted to administer this aspect of the program itself rather than privatizing it like the ESI portion of the program. Additionally, the State negotiated a delayed implementation date to begin the IP portion of the program. It was ultimately introduced in January 2007 with members first receiving services in March.

There is also an option in the waiver demonstration that enables the working disabled population with a Ticket to Work to participate in the program if their income is at or below 200 percent of the FPL. The OHCA anticipated that 225 individuals in the state would meet these criteria over the course of the demonstration.

In August 2007, the OHCA submitted a waiver amendment to CMS to expand the program to businesses with up to 250 employees and to increase the income qualification threshold for adults to 250 percent of the FPL for both ESI and IP. At the same time, CMS approval was also requested to cover full-time Oklahoma college students, age 19 to 22 years, in families earning up to 300 percent FPL. In addition, the waiver amendment requested coverage for children in families earning up to 300 percent FPL, regardless of the size of business the parents worked for. The OHCA received a formal response from CMS indicating that the waiver request for adults exceeding 200 percent of the FPL was no longer under active consideration due to CMS's new policy directives. This response effectively eliminated Oklahoma's request for Insure Oklahoma expansions of all adult populations (including college students) earning over 200 percent of the FPL. As of this writing the OHCA is currently awaiting a response from CMS on the other elements of the waiver amendment request.

Meanwhile, in 2008 the Oklahoma legislature passed a law to require the OHCA to seek additional waiver authority to expand the program to two additional groups: (1) foster care parents who would otherwise qualify except that they work for businesses with greater than 250 employees (HB 2713); and (2)) nonprofit businesses with 500 or fewer employees.

As of this writing, the OHCA has yet to seek waiver authority for these provisions pending the final decision on the previous request to CMS.

Implementation

In 2004, the OHCA applied for a continuation of the State Planning Grant and received an additional $400,000 to support operational implementation of the new program. Planning intensified once the Oklahoma voters approved the tobacco tax increase in November 2004. The goal was to have the program fully operational on October 1, 2005, just eleven months after the passage of the ballot initiative. While the OHCA was awaiting CMS approval, it continued to meet with stakeholders, especially health insurers, to develop the operational elements of the program. Because of the short implementation timeline, development of program operations for the program coincided with the waiver approval.

The OHCA decided to contract with Electronic Data Systems (EDS) to administer the ESI and IP programs. EDS is the Fiscal Agent for the Medicaid program. This greatly simplified the implementation because the OHCA would not have to conduct a new procurement which would potentially delay the implementation. Additionally, the Large Workgroup wanted an independent third party to process the transactions as evidenced by the presence of a Fiscal Agent in the Voucher Model.

As the Fiscal Agent, EDS was contracted to determine qualification for both the employers and employees in the ESI program and the individuals in the IP program, remit the premium assistance payments to the employers, and pay medical claims for the IP population. EDS also was given responsibility to staff a call center to provide customer service. The Oklahoma Department of Human Services (OKDHS) is still required to do a final check to see if the applicant is qualified for other public programs, a disqualifier for enrollment in O-EPIC.

The short implementation timeframe put strains on the modification and development of the systems infrastructure required to implement the program. The systems designers believed that the initial design process (e.g. requirements analysis, operational flows, etc.) was curtailed before programming needed to begin. As a result, many processes were developed utilizing the minimum requirements necessary or were designed without testing all potential outcomes. The consequences of this resulted in some operational issues for EDS and contributed to the frustration of insurance brokers in the early period after implementation.

The OHCA also engaged in an intensive educational and outreach effort with small businesses and insurance brokers to promote the program. However, there were fears from both the Executive and Legislative branches that the program could be too successful and would grow too quickly. There was little appetite for waiting lists early in the program. Therefore, the OHCA opted for more of a grassroots outreach effort than a large-scale media campaign.

Post Implementation

Since the program began, there have been many changes in the day-to-day operations of the program as would be expected of any new program. There have also been key design changes since implementation. The qualifications for individuals and small employers were expanded as previously mentioned. In October 2007, the OHCA hired a local marketing firm to launch a broad-based media campaign to expand awareness of the program. The firm recommended rebranding the program from its original name O-EPIC to Insure Oklahoma!. A new logo was also developed and has been used in all marketing materials since late 2007.

The focus of the media campaign was the launching of television and radio advertising. The feedback from stakeholders interviewed for this evaluation as well as feedback from a survey of ESI members indicates that the awareness of the new brand name has been positive and exposure to the television and radio advertising is high.

Although the OHCA had been conducting educational seminars with insurance brokers even prior to implementation of the program, by 2007 it was identified that there may be a need for others to assist brokers with "walking through" the Insure Oklahoma application processes for small businesses, particularly as volume grew with the advent of the media campaign. An Agent Partner position was created in an effort to help expand participation. The OHCA hired one Agent Partner in February 2007 (housed within EDS) and Insurance Commissioner Holland hired two within her agency in 2007 as well. She referred to Agent Partners as "brokers' brokers." The three Agent Partners have a defined region in Oklahoma that they service. Their role is to educate insurance brokers on the mechanics of the Insure Oklahoma program and how to enroll their clients. There is no charge to the brokers for these services. They can assist brokers with the businesses directly in getting new businesses enrolled. Agent Partners cannot contact businesses without going through a broker, but will assist at the request of a broker. In their first year, the Agent Partners outreached to 4,375 brokers—1,829 in-person visits and 2,546 phone calls.

Insure Oklahoma Today

Enrollment

Though enrollment grew modestly through 2006 and 2007, there has been a rapid increase in enrollment in both the ESI and IP components of Insure Oklahoma in 2008. As of November 2008, over 22,000 have been enrolled in Insure Oklahoma at some point since its inception and over 15,500 members are currently enrolled. The monthly enrollment growth rate exceeded ten percent per month in the first half of 2008 but has decreased slightly in the second half of this year. Both the ESI and IP portions of Insure Oklahoma are experiencing high-growth patterns. Currently, there are 10,688 ESI members (16,462 ever enrolled) and 4,817 IP members (6,366 ever enrolled).

Urban areas of Oklahoma (Oklahoma City and Tulsa) comprise half of both the ESI and IP enrollment, while rural areas comprise the other half of members.

The enrollment pattern by age group between the two programs is different. The IP enrollment skews towards the higher age groups.

	Percent of Enrollees in First Half of 2008	
Age Group	ESI	IP
19-25	17%	9%
26-40	44%	35%
41-55	30%	35%
56-55	9%	17%

There are also differences in enrollment between ESI and IP based on income level. More than 20 percent of the ESI members have annual incomes below 100 percent of the FPL, while 40 percent of the IP members have incomes below this level. When controlled for age, members below 125 percent of the FPL comprise the majority of members in the IP program across every age group reviewed. Alternatively, in the ESI program the membership is distributed more evenly by FPL level. But 45 percent of the members age 41 and higher in the ESI program earn between 150 percent and 200 percent of the FPL.

There has been a stable trend since the program's inception in the proportion of spouses covered. In the ESI program, spouses account for 16 percent of total members; in the IP program, they account for 24 percent of total members.

As of November 2008, there were over 3,500 small employers enrolled in the program. New employers are continuing to enroll at a rapid pace. As was seen with the individual member growth, new business growth in Insure Oklahoma grew at a pace of ten percent or more in the first half of 2008. Since then, growth has subsided somewhat but still remains at or above five percent.

Service Utilization

Insure Oklahoma ESI members were surveyed to ask which services they have used under their employer's health plan in the last year. Fifty-six percent cited obtaining a pharmacy script, while half cited making a doctor's appointment for a general wellness check. Half of respondents also stated they made an appointment for an illness. Forty percent of women reported visiting their OB/GYN. Although these statistics imply a strong use of primary care, 21 percent of respondents also cited visiting the emergency room in the last year.

Service utilization of IP members was tracked by analyzing the claims paid to providers. On a month-by-month basis, between 20 and 30 percent of IP members make a doctor's visit and half of the members obtain a pharmacy script (on average, 1.6 scripts per member per month). Only three percent of IP members visit the emergency room on a monthly basis.

Expenditures

So far, expenditures for Insure Oklahoma are far below what was expected in the waiver demonstration application to CMS. This is due to the slower growth in enrollment. Additionally, the per member per month (PMPM) cost that was projected is below projections for both the ESI and the IP programs, although the PMPM amounts differ between the two portions of the program.

PMPM Costs in Insure Oklahoma Against Waiver Demonstration Year Projections

PMPM calculations based on the date payments were made

		ESI Only		IP Only	
Waiver Demonstration Year	**Projected PMPM**	**Actual Weighted PMPM**	**Difference**	**Actual Weighted PMPM**	**Difference**
2006	$ 320.75	$ 247.39	$ (73.36)	N/A	N/A
2007	$ 346.41	$ 231.26	$ (115.15)	$ 188.69	$ (157.72)
2008*	$ 374.13	$ 233.42	$ (140.71)	$ 290.80	$ (83.33)

* Contains IP claim payments, ESI assistance payments and out-of-pocket reimbursements made through November

As of September 2008, expenditures towards premium assistance in the ESI program are $2 million per month. Expenditures for the IP program are $1 million per month. Out-of-pocket reimbursements to members are insignificant (less than $100,000 since inception of the program).

The PMPM for the ESI program has held steady throughout 2007 and 2008 at $233. The PMPM for the IP program differs from the ESI PMPM, but the difference varies depending upon whether the PMPM is calculated based upon the date that services are paid out or the date that they were incurred. Although the IP portion of Insure Oklahoma is still relatively new with little historical trend experience, the data suggests that thus far the IP PMPM (on an incurred basis) is 25 to 35 percent higher than the ESI PMPM.

Within the IP program, inpatient hospital services are one-third of total medical expenditures while pharmacy scripts account for 20 percent of total medical expenses. All service categories other than

inpatient hospital have been steady on a PMPM basis since program inception. Despite the higher PMPM on average for IP than for ESI, a profile of 401 members who have been enrolled at least 12 months in the IP program showed that 58 percent of the members incurred costs of less than $2,500 during their enrollment, which is a lower PMPM than the ESI program's premium assistance. Alternatively, three members incurred 14 percent of the total program costs incurred during this time.

Stakeholder Feedback

Feedback on the Insure Oklahoma program was obtained from a variety of stakeholders, including those that participated in the initial design, individuals involved in the day-to-day operations of the program, members in the ESI program, and insurance brokers. The evaluation team conducted 18 in-person interviews with 29 stakeholders as well as phone interviews with other stakeholders. A mail survey was administered to all active ESI enrollees as of June 2008. An email survey was administered to 125 brokers deemed "qualified agents" on the Insure Oklahoma website.

Overall, the feedback was very positive. Oklahomans are passionate about the success of the Insure Oklahoma program and universally would like to see it expanded to cover more of Oklahoma's uninsured. Each person interviewed felt proud to be connected to the program. One insurance broker said that several of her clients tell her that Insure Oklahoma is "an answer to their prayers."

Representative Kris Steele, who sponsored a bill to expand eligibility to foster parents, stated that Insure Oklahoma is "a tremendous model for expanding health care through public/private partnerships."

Several stakeholders stated that the program's success makes it a solid foundation and support for the State Coverage Initiative (SCI) currently led by the Oklahoma Insurance Department. Specifically, it is the Insure Oklahoma ESI program that stakeholders see as a foundation for expansion because future efforts appear to continue to leverage the private sector for solutions.

Some insurance brokers have turned the Insure Oklahoma product into a lucrative business, citing their enthusiasm to recognize a significant business opportunity that also provides a benefit to people they serve.

Negative views were principally regarding the initial application process and especially the renewal process. The Insure Oklahoma implementation timeframe was short by standard timeframes which led to establishing processes that eventually required workarounds on an ad hoc basis. Efforts have been made to institutionalize the temporary measures through formal system enhancements.

There were mixed reviews on the IP program. Senator Tom Adelson, a champion of Insure Oklahoma, expressly stated that the IP program could be an effective vehicle for expanding health care coverage to all Oklahomans through Medicaid expansions and other means. There was more skepticism regarding the IP program from health care industry and business stakeholders and some opposed the concept at the beginning of the process. While these stakeholders view the ESI program as a model for health care expansion, they view the IP program as an avenue to a single payer system.

Among the 2,283 respondents to the member survey (27% response rate), more than half indicated that they had been uninsured for more than two years prior to enrolling in Insure Oklahoma. When asked what the enrollee would do for insurance if the Insure Oklahoma program did not exist, 45 percent definitively responded that they would go without health insurance while less than ten percent stated that they would buy insurance on their own. The remaining 45 percent stated they would seek insurance through another means, most notably through their employer. However, given the previous studies conducted by the OHCA in the development of Insure Oklahoma which asked the price point that

individuals are willing to pay for health insurance premiums, B&A could not ascertain from the survey data if in fact the individuals would actually take up their employer's health insurance offering, especially considering the wide range of premiums charged by carriers in Oklahoma.

Forty percent indicated that the application process was "pretty easy" or "very easy", while only 15 percent indicated that it was "a little difficult" or "very difficult". Less than 20 percent of respondents stated that they were "very unsatisfied" or "unsatisfied" with each of four features that were inquired about relating to their health plan—cost, benefit package, provider network, and educational materials.

There were 44 respondents to the Broker survey (33% response rate) which sought feedback on brokers' awareness of operational features of Insure Oklahoma as well as qualitative feedback. There was high awareness of the resources available to them as brokers (e.g. utilizing Agent Partners, availability of State funding to market the program cooperatively with the broker). Although there were many who provided positive feedback on operational features of the program, the brokers cited many frustrations in trying to sell products to small businesses through Insure Oklahoma. In particular, the volume of paperwork required, the auto-renewal process for employers, and the timing of premium assistance payments to employers were cited.

Early Successes and Lessons Learned for Oklahoma and for Other States

There continues to be high enthusiasm across all stakeholders to expand and improve upon what has already been built in the Insure Oklahoma program. Feedback from multiple stakeholders as well as observations from the evaluators identified early successes for Oklahoma that other states could use in their own development process.

1. Transparency in the design process. The initial workgroup was large and very well represented across state stakeholders. There was no chairperson of the workgroup and thus no bias was felt by participants. Options were put forth to guide the public discussions but they were not presented as "all or nothing" options. There were no formal votes so no one "went on record".

2. Strong consensus gained across state stakeholders early in the process (legislative and executive branch champions, Chamber of Commerce, insurance carriers, the medical society). Continued legislative support today for program expansion.

3. A dedicated funding source was established for the program with a reserve built in for unexpected costs.

4. The Insure Oklahoma program has continually seen month over month increases in enrollment in both the ESI portion and the IP portion of the program, with significant increases occurring in Calendar Year 2008.

5. The number of small business owners participating in the program has also increased month to month since inception. Since many of these business owners had previously not offered insurance to their employees, the Insure Oklahoma is actually leveraging insurance coverage to employees beyond those that qualify for Insure Oklahoma.

6. The concept of Agent Partners that serve as a liaison between insurance brokers and the Insure Oklahoma program was universally praised. These representatives also serve as a strong peer-to-peer method of marketing Insure Oklahoma.

7. Other than the application and renewal processes, there is little burden to the enrolled members in the ESI portion of the program. Once approved, employees have their 15% contribution taken out of their payroll check like any other private business health plan. They do not need to correspond with the OHCA, EDS or their carrier.

8. There is little to no burden on carriers except for the requirement that they apply to become a "qualified plan" in Insure Oklahoma. This minimizes disruption in the private sector and promotes the program more as a private sector rather than a government-run initiative.

There were many operational challenges in the beginning of the program. Many of them have been alleviated while others remain a concern. These experiences can offer lessons learned to Oklahoma going forward as well as to other states.

1. Despite pressure to move forward as quickly as possible, increased planning can prevent problems later in post-implementation. Because of the delay in seeking approval from CMS, the OHCA felt rushed to implement as soon as possible. Planning for implementation did occur during the CMS negotiation process, but many stakeholders cited the push to implement as barriers to taking a more thorough approach to developing operational protocols.

2. Develop contingency plans. New programs need to balance the ability to be nimble with making decisions that contradict previous assumptions. Many decisions made in Oklahoma's design approach assumed only one model for how things would be handled. When this did not always occur, many workarounds to the original process had to occur, some of which are still being implemented today. The private sector's knowledge with respect to operational aspects of ESI programs should be leveraged.

3. Low marketing = low take-up. The concern that an intense advertising campaign too early can cause disruptions upon implementation is valid. But once it became evident that take-up was moving slowly after six months, a media campaign could have taken place earlier than the 18th month after the program began. Now Insure Oklahoma is reaping the benefits of its media campaign with rapid growth.

4. Don't underestimate the amount of program education required. Some of the key areas that the OHCA and EDS staff have needed to confront have been continuous and greater-than-anticipated education to insurance brokers selling Insure Oklahoma to small businesses and to applicants related to information required (e.g. pay stubs, proof of citizenship). As a result, the number of applicants who qualify but never enroll due to "failure to comply" remains high.

5. Pilot test the web-based application process before releasing it program-wide to ensure that unintended results are alleviated before they escalate. In the meantime, publicize and make clear an eligibility wizard tool for potential enrollees to use online to try to avoid a high percentage of applicants that do not qualify due to high income.

6. If program operations are outsourced, there needs to be strong and continuous oversight by state staff responsible for the program. Build an initial level of monitoring into program operations, conduct the monitoring, and report results to those affected by it. Establish targets based on the baseline data collected.

7. Although Oklahoma ultimately did not seek a voucher-like program in its design, other states may want to consider capping the state contribution towards private health insurance rather than

paying a percentage of the private sector premium. This model offers better budget predictability to the state.

Conclusion

The OHCA set out to have a transparent policy and design-making process to secure the support of stakeholders. Based upon interviews conducted with over a dozen non-State employee stakeholders who were involved in the design process, this process was successful and in fact transparent. This is evidenced by the continued support of the stakeholders for the program. However, because of a short implementation timeframe, the process to design the operations did not flow as smoothly. As a result, some program operations such as enrollment and renewals have been problematic. Since implementation, several workarounds have been required by EDS and the OHCA to alleviate these issues. Despite this, there continues to be high enthusiasm across all stakeholders in Oklahoma to expand and improve upon what has already been built in the Insure Oklahoma program. The program serves as a model that deserves consideration from other states that are researching insurance expansion alternatives.