

**STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY
“NO WRONG DOOR” ONLINE ENROLLMENT**

*Independent Evaluation
Final Report*

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March 2011**

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EXECUTIVE SUMMARY

Background

In 2007, the Oklahoma Health Care Authority (OHCA) began development of an online enrollment function for potential SoonerCare Medicaid/CHIP beneficiaries, known as “No Wrong Door”. The OHCA completed development activities and began processing online enrollments in September 2010. At the same time, the OHCA assumed primary responsibility for processing and adjudicating Medicaid/CHIP applications, including paper submissions. The OHCA replaced the Oklahoma Department of Human Services (OKDHS), which previously had responsibility for adjudicating most applications.

The OHCA retained the Pacific Health Policy Group (PHPG) to perform an independent evaluation of the development and implementation of No Wrong Door. In addition to documenting “lessons learned” throughout the development phase, PHPG examined the online enrollment initiative against objectives defined by the OHCA at the start of the process. The objectives included: providing 24-hour, 7-day a week access to SoonerCare enrollment; providing instant eligibility determinations and enrollment where applicable; aligning the member with a Primary Care Physician (PCP)/medical home the same day; providing information on other state services; reducing the number of staff hours required for face-to-face interviews and data entry; and creating the platform for an interagency multiple eligibility site.

Development of No Wrong Door and Lessons Learned

Development of the online application and related components occurred over a multi-year period under the management of a dedicated unit within the OHCA, working in collaboration with the agency’s fiscal agent, Hewlett Packard, or HP (formerly EDS).

There were significant technical requirements for No Wrong Door, including creation of a new subsystem and modifications to others in the MMIS. These were coordinated with implementation of a “rules engine” for performing real time eligibility determinations on each member of an applicant’s household. Once the conceptual objectives for No Wrong Door were defined, the OHCA and HP conducted a detailed requirements analysis as a precursor to compiling over 200 system “change orders” necessary for creation of the application.

The OHCA developed prototypes of the agency and home user versions of the online application, to allow for early testing and refinement of the interface. The home version was tested with applicants at a number of locations, including a county health department clinic, an urban Indian clinic, a private clinic and at the OHCA’s main offices. Applicants provided feedback on the wording of questions, application flow, and the

Home version's general ease of use. Staff from partner agencies similarly evaluated the prototype of the agency view application.

Many of the most significant challenges for development of No Wrong Door related to gaining the cooperation of partner agencies, particularly the Department of Human Services, and developing a strategy for transitioning primary responsibility for eligibility determination from OKDHS to the OHCA. This was a gradual process and required compromises on the part of the OHCA regarding how partner agencies would interface with the No Wrong Door application. The OHCA established an interagency task force at the beginning of the development process and engaged partner agencies in decision making throughout the development and implementation phases.

Implementation of the online enrollment function was delayed from its original ambitious target date, but was successfully launched in September 2010. The creation of a well-structured design process, early testing of user interfaces and collaboration with partner agencies contributed to the OHCA's ultimate success.

The OHCA experienced operational issues in the initial period after go-live, but these were unrelated to the functionality of the online application. Rather, the greatest challenge was managing the large (and expected) volume of applicant inquiries with fewer staff than originally planned. This was largely a transitory issue and a result of the budget constraints affecting Medicaid agencies nationally.

Return on Investment

One of the objectives for No Wrong Door is to reduce the number of persons who apply in person for SoonerCare and associated state caseworker resource needs. Approximately 44 percent of the state's entire SoonerCare population are "SoonerCare only" and have no need to apply through a county OKDHS office. (The other 56 percent receive welfare benefits such as cash assistance and must still apply for those in person through OKDHS.)

At the OHCA's request, PHPG evaluated the potential return on investment for No Wrong Door. PHPG calculated the state share of operational costs over the application's first five years and compared it to the potential impact on caseworker resource needs and costs. (Development costs were borne by the federal government.) The potential caseworker impact was estimated to be \$36.7 million, against operating costs of \$14.5 million, for a return on investment of \$22.2 million, or 153 percent.

Ongoing Performance Measurement

The OHCA intends to monitor actual return on investment and operational performance over time. PHPG defined 27 discrete performance measures to be used in gauging progress toward achieving No Wrong Door objectives. PHPG also established thresholds

for each measure. At the OHCA's direction, PHPG will conduct a follow-up evaluation approximately one year after go-live, to evaluate the enrollment function's performance and identify areas for improvement.

INTRODUCTION

The Oklahoma Health Care Authority (OHCA), Oklahoma’s Single State Agency for Medicaid, administers a Section 1115a waiver program known as SoonerCare. In 2007, the OHCA began development of an online enrollment function for potential SoonerCare Medicaid/CHIP beneficiaries, known as “No Wrong Door”.

The OHCA completed development activities and began processing online enrollments in September 2010. At the same time, the OHCA assumed primary responsibility for processing and adjudicating Medicaid/CHIP applications, including paper submissions. The OHCA replaced the Oklahoma Department of Human Services (OKDHS), which previously had responsibility for adjudicating most applications.

The OHCA defined five major objectives for the No Wrong Door initiative at the beginning of the development process:

1. Provide 24-hour, 7-day a week access to SoonerCare enrollment via an online enrollment process;
2. Allow potential members to know instantly if they are eligible and enroll them immediately with a PCP/medical home, allowing them faster access to services;
3. Educate potential members not only about the various SoonerCare programs available, but also about other state services that they could be eligible to receive;
4. Significantly reduce the number of staff hours needed for face-to-face interviewing and data entry to enroll potential members, reduce the margin for error and streamline the enrollment process, to accomplish much more with less; and
5. Take the first step in creating an interagency multiple eligibility site for all available state services.

No Wrong Door development activities were funded by the Centers for Medicare and Medicaid Services (CMS) through a Medicaid transformation grant. As a condition of the grant, CMS required an independent evaluation process be established to monitor the state’s development activities and progress toward implementation.

The Pacific Health Policy Group (PHPG) was retained to perform the independent evaluation. PHPG has worked in Oklahoma since 1994 and assisted in the development and implementation of the original SoonerCare waiver.

Report Sections

This is the last in a series of reports issued by PHPG documenting the state's No Wrong Door development activities. Evaluation findings are presented in chapters Two through Four.

Chapter Two reviews the No Wrong Door development process, including the OHCA's final implementation steps prior to go-live. It discusses the initial operational period, including early achievements and challenges. The OHCA requested that PHPG document the state's early post-implementation experience in the hope that it may provide useful "lessons learned" to other states planning similar initiatives. The advent of health benefit exchanges under the Affordable Care Act makes the experience of Oklahoma and other early adopters of online enrollment systems of particular value to policymakers in other states.

Chapter Two also offers brief conclusions on the initiative's development implementation and ongoing operations. It concludes with a discussion of future phases as envisioned by the OHCA, including expansion to populations not covered under phase one and introduction of eligibility determination for non-SoonerCare programs.

Chapter Three contains preliminary results for a Return on investment analysis of the No Wrong Door initiative. The analysis documents development and ongoing operating costs (net of federal grant and matching funds), as well as potential savings associated with relieving case workers of a large percentage of their former enrollment activities now occurring through the online application.

Chapter Four presents measures to be used in monitoring the initiative's performance over time. The measures are organized around the five major objectives for No Wrong Door shown on the previous page.

Evaluation Process

PHPG conducted a series of onsite visits during the development of No Wrong Door to review the initiative's progress and consult with partner agency stakeholders on their expectations for the new application. A final site visit was made just prior to the go-live date, at which time key program staff and stakeholders were interviewed about the development process and transition activities.

PHPG consultants tested the online application during the first week following go-live and again approximately 60 days into operations. The purpose of the test was to evaluate the clarity and ease of the online process for persons with different household compositions. (The test applications were not actually submitted for adjudication.)

The Return on investment analysis was performed independently, using No Wrong Door development and operating cost information provided by the OHCA. The potential impact on caseworker time was estimated based on national productivity data, as described further in Chapter Three.

The performance measures were developed in collaboration with the OHCA. The metrics for each measure were proposed by PHPG, although some metrics were raised by the OHCA based on early favorable results, to ensure the targets would not be achieved too easily.

The specific evaluation steps are described in more detail within each chapter.

NO WRONG DOOR DEVELOPMENT AND IMPLEMENTATION

Introduction

Development of the online application and related components occurred over a multi-year period under the management of a dedicated unit within the OHCA, working in collaboration with the agency's fiscal agent, Hewlett Packard, or HP (formerly EDS). The OHCA and HP team also formed collaborative relationships with their counterparts at the central offices of state and federal partner agencies, including multiple divisions of the OKDHS, the Oklahoma State Department of Health (OSDH), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and Indian Health Services (IHS).

The development of the online enrollment function was a central focus of the No Wrong Door initiative. However, the online user interface and underlying rules engine represented only a portion of the overall effort. Other major components included:

- Transfer of responsibility for eligibility determination, enrollment, and management for affected populations from OKDHS to the OHCA;
- Development of partner agency relationships and secure technical connections to facilitate enrollment and timely recertification of individuals seeking services at partner agency sites;
- Expansion of call center functions within the OHCA to accommodate anticipated increase in customer inquiries; and
- Redesign of the paper application and institution of new process for scanning and rapid data entry.

The OHCA established several workgroups to oversee No Wrong Door development activities. The workgroups provided a forum for the OHCA to involve stakeholder agencies in the planning process in a structured manner. They included:

- Systems Workgroup to address programming/data issues
- Application Workgroup to design an application “wireframe” (prototype user interface)
- Infrastructure/Operations Workgroup to address issues such as establishment of telephone help desk and correspondence units

PHPG examined development activities across functional areas and reported findings in three interim reports, issued in April 2008, October 2008 and September 2009. This section of the final report reviews the evaluation process and findings during the

development of the No Wrong Door application and concludes with information on the program's initial period of post-implementation activity.

Online Enrollment Function

There were significant technical requirements for No Wrong Door, including creation of a new subsystem and modifications to others in the Medicaid Management Information System. These were coordinated with implementation of a "rules engine" for performing real time eligibility determinations on each member of an applicant's household. Once the conceptual objectives for No Wrong Door were defined, the OHCA and HP conducted a detailed requirements analysis as a precursor to compiling the system "change orders" necessary for creation of the application. This occurred in 2008 – 2009.

HP ultimately identified, prioritized and executed approximately 280 change orders necessary for building the application and carrying-out necessary system modifications. Change orders were prioritized based on the sequence in which tasks needed to be completed.

Work on the No Wrong Door eligibility rules engine began in the summer of 2009 and moved to a testing stage in the fall. The rules engine included some of the most complex programming tasks, such as calculation of categorical relationship and family income for determination of eligibility by program type (e.g., Medicaid or CHIP).

Three wireframe versions of the application also were constructed in 2009: a consumer, or "home version"; a full "agency view" version for partner state agencies; and a short-form version for use by ODMHSAS providers. (The purpose of the short form is described in the next section.)

A prototype of the home version was tested with applicants at a number of locations, including a county health department clinic, an urban Indian clinic, a private clinic and at the OHCA's main offices. Applicants provided feedback on the wording of questions, application flow, and the home version's general ease of use. Staff from partner agencies gave similar evaluation of the prototype of the agency view.

The finalized online application interfaces were approved in the spring of 2009, with full coding beginning shortly thereafter. Testing began in late 2009 and continued into 2010, with go-live occurring in September.

The OHCA moved back the target implementation date for No Wrong Door several times during development of the application. This partly was attributable to changes in project scope, including the decision by the OHCA to establish its own client-matching protocol using Initiate software, as well as by what PHPG described in our first interim report as a "very aggressive" original timeline.

The OHCA established the initial timeline to comply with grant requirements, which may not have been realistic given the amount of work required. The September 2010 go-live was six months beyond the target date of March 2010 established in mid-2009 but only a few weeks past the final schedule later proposed and agreed to by CMS.

The OHCA's commitment to completing development timely was demonstrated by a decision to delay a planned MMIS contractor procurement by one year. Under the original schedule, the procurement would have overlapped with No Wrong Door implementation, necessitating a freeze at some point on programming by HP.

Inter-Agency Collaboration

Many of the most significant challenges for development of No Wrong Door related to gaining the cooperation of partner agencies, particularly OKDHS, and developing a strategy for transitioning primary responsibility for eligibility determination from OKDHS to the OHCA. This was a gradual process and required compromises on the part of the OHCA regarding how partner agencies would interface with the No Wrong Door application.

The OHCA's interactions with partner agencies during the development of No Wrong Door are summarized below. The partner agencies' experiences since go-live are discussed in the Implementation section of the report.

Interagency Collaboration - OSDH

The Oklahoma State Department of Health was an enthusiastic supporter of the No Wrong Door initiative throughout the development process. OSDH and the OHCA did confront a number of issues that could have affected OSDH's willingness to participate as a partner agency, but all were ultimately resolved to OSDH's satisfaction.

One significant issue related to the execution of a Trust Agreement between the two agencies. As the designated responder to bioterrorism in the state, OSDH requires a heightened level of data security. In 2009, the OHCA and OSDH reached an agreement to lay a dedicated fiber optic cable for secure transmission of data between the two agencies.

OSDH also had to adjust its operational plans for No Wrong Door in the face of reduced SFY 2010 and 2011 appropriations. The agency hoped, but failed to receive funding through the OHCA for 50 intake workers, to be stationed at OSDH clinics around the state. However, in the absence of these workers, OSDH collaborated with the OHCA on best alternatives for facilitating enrollments and recertifications within the clinics.

It was determined that the majority of persons presenting at the clinics already had records in the OHCA eligibility system, which OSDH workers would be able to access. Front desk staff would be able to print out the final page (or tab) on the agency view version of the application, which contains summary case information. The information would be provided to the case member for review and hand-written updating. An OSDH worker then would quickly enter any updated information into the system. The end-result would be a redetermination (and extension) of eligibility in a matter of minutes.

The OHCA also addressed a concern of OSDH related to new applicants – those previously unknown to the OSDH, where more initial data was required to be entered. OSDH asked for the flexibility to provide initial services before completing and submitting the application, to accommodate staffing limitations. The OHCA agreed to allow OSDH staff ten days to enter new applicant information, with eligibility to be retroactive to the day of the applicant's visit.

Interagency Collaboration - ODMHSAS

In 2008, ODMHSAS elected not to participate in Phase One as a partner agency, but rather to refer Community Mental Health Center providers to the home view version of the online application should they wish to assist patients to apply for SoonerCare.

Subsequent to that decision, ODMHSAS entered into an agreement with the OHCA to create a "single payor system" between the two agencies and for OHCA to process non-Medicaid (state-funded) claims on its behalf. The claims processing agreement prompted ODMHSAS to request re-inclusion in phase one.

Specifically, ODMHSAS sought the development of a streamlined application, with seven core questions, to be used for persons presenting for crisis evaluation. The OHCA consented and created a standalone, streamlined application and process, which will trigger immediate issuance of an OHCA-generated identification number. The mental health provider uses the number to file for prior authorization for additional treatment and to bill and be reimbursed with state-only dollars for the crisis evaluation.

ODMHSAS' return as an active partner was significant, from an interagency collaboration standpoint. The OHCA and HP demonstrated flexibility in making modifications at a late stage in the No Wrong Door development process to accommodate ODMHSAS' request. Although doing so delayed finalization of the wireframes for a number of weeks, the benefit of adding a major agency partner to the initiative justified the commitment of time and resources on the OHCA's part.

Interagency Collaboration - OKDHS

As the agency previously responsible for most eligibility determinations, the Oklahoma Department of Human Services was a principal partner for the OHCA throughout the

development process. After a tentative start in early 2008, the OKDHS central office worked actively with the OHCA and HP on the full range of transition issues.

The interim evaluation reports discuss at length specific transition concerns raised by OKDHS and efforts undertaken to address them. In most cases, the OHCA acceded to OKDHS preferences when resolving data transfer and operational issues confronting the two agencies. For example, OKDHS was permitted to continue issuing identification numbers under its current nomenclature to applicants entering through its system (e.g., persons seeking cash assistance and also receiving Medicaid). The OHCA agreed to accept these identification numbers rather than require OKDHS to adopt an OHCA-issued number.

The OHCA also agreed to allow OKDHS workers to enter data into their existing system, for later transmission to the OHCA system, even though OKDHS does not capture information on Primary Care Provider (PCP) selection, which is a required component of the online application. (The OHCA system was re-programmed to accept OKDHS-generated applications without the otherwise required PCP information.) While data is entered by OKDHS staff, these applications are still sent through the OHCA rules engine for eligibility determination and enrollment, with a real-time response returned to the OKDHS case worker.

Interagency Collaboration – Data Sharing Agreements

The OHCA reached data sharing agreements with key federal and state agencies prior to go-live. Specifically:

- Social Security Administration – The Social Security Administration and the OHCA entered into an agreement for processing queries.
- Oklahoma Employment Security Commission – Trust agreement was executed with this agency for sharing of employment and income data.
- Oklahoma State Department of Health (OSDH) – OSDH participates in the multi-state Electronic Verification of Vital Events (EVVE) pilot program for citizenship verification. The OHCA funded OSDH's initial set-up expenses for EVVE and was granted access to EVVE through OSDH, for cases that cannot be verified by OSDH itself. (OHCA has deferred use of EVVE to the second phase of No Wrong Door.)
- Oklahoma Department of Human Services – Information exchanges between the OHCA and the OKDHS Office of Child Support Services were a high priority and were successfully concluded in 2009. Special processes to accept and return data to OKDHS Field Operations and Family Support divisions were created. The OHCA also cooperated with OKDHS in its development of an Interface Control Document to guide the implementation of data interfaces between the agencies.

- Other Citizenship Verification - The OHCA established data sharing processes with the OSDH for verification of citizenship status for applicants born in Oklahoma.

Call Center Operations

The transition from OKDHS to the OHCA occurred in an environment of significant budget constraints, which curtailed the OHCA's original plans for staffing a two-tiered call center with approximately 50 workers. Under the two-tier plan, an outside vendor would be responsible for screening and resolving "tier one" (non-complex) calls; "tier two" (complex) calls would be transferred to OHCA eligibility staff for resolution.

The call center structure was implemented as planned, but with greatly reduced staffing. This initially created some operational difficulties, as discussed in the next section.

Paper Application

OHCA and HP staff developed a strategy for managing the transition of paper applications within the revised (lower) budget for SFY 2010. The transition began with the introduction of the new paper application in advance of go-live for online enrollment, allowing the public and agency partners time to familiarize themselves with the new layout. This also provided OHCA and HP with real applications to re-enter into their test system to refine their scanning and data entry process. Most of the paper applications, which will continue to be available, are scanned and data-entered using optical character recognition software. A small portion are entered by HP staff using the agency view version of the electronic application.

At the time of the evaluation, HP had five data entry clerks assigned to process the applications. Based on an average entry time of three minutes, this represented capacity for processing 20,000 paper applications per month.

Development Process – Summary of Challenges and Achievements

The OHCA confronted and overcame a number of challenges to development of the No Wrong Door system that likely will be faced by other states undertaking similar initiatives. While development extended over a longer period than originally anticipated, the OHCA benefited from having a clear strategy to which it adhered from the conceptual stage to go-live.

Exhibit 1 on the next page summarizes the OHCA's approach to overcoming the most significant potential barriers to implementation.

Exhibit 1 - Development Process Summary

Implementation Challenge	OHCA Strategy
<p>Undertake major system modifications and develop eligibility rules engine for multiple aid categories</p>	<ul style="list-style-type: none"> - Conduct extensive requirements analysis and develop/prioritize detailed program changes in collaboration with MMIS vendor - Establish master person identification system, using Initiate software (enlargement of original project scope) - Delay scheduled MMIS re-procurement by one year to forestall need to freeze MMIS modifications
<p>Obtain cooperation of incumbent eligibility agency (OKDHS) for transition of nearly two million records containing 790,000 SoonerCare members in 258,000 cases</p>	<ul style="list-style-type: none"> - Establish interagency work group at beginning of development process to plan transition - Undertake regular outreach to incumbent agency, both central and field offices - Agree to design new system in a manner that minimizes need for changes from incumbent agency (e.g., permitting incumbent agency to continue using its existing interface when entering data, rather than OHCA interface)
<p>Develop user-friendly interface</p>	<ul style="list-style-type: none"> - Evaluate interfaces in other states and explore strengths and weaknesses of interfaces through testing and consultation with state representatives - Design multiple interfaces tailored to the specific needs of different end-user populations, with each then accessing the rules engine for consistent, real-time determination of eligibility. - Test beta versions with end-user focus groups and refine based on feedback - Make immediate refinements in first month of go-live to address end-user areas of confusion not identified during development
<p>Maximize partner agency participation</p>	<ul style="list-style-type: none"> - Establish interagency work group at beginning of development process to identify and address partner agency priorities and concerns - Design multiple interfaces tailored to the specific needs of different partner agencies

Implementation and Go-Live – Initial Activity

The OHCA assumed responsibility for 500,000 SoonerCare members in September 2010, including children, families and SoonerPlan (family planning waiver) enrollees. Forty-four percent of the State’s entire SoonerCare population were “SoonerCare only” (no cash or other welfare assistance) and no longer had any need to travel to an OKDHS field office to apply or reapply for benefits. Although the OHCA encountered operational issues during the first month of operations, as discussed below, the initial level of activity has been encouraging.

Exhibit 2 below presents statistics for No Wrong Door’s first four months of operations (September through December 2010). The table includes both total activity and the portion attributable to OKDHS, other partner agencies, the home view (consumer) application and the revised paper application. It is particularly noteworthy that paper applications accounted for less than ten percent of the total while home view applications represented over 35 percent. (In February 2011, the home view portion reached 47 percent.)

The table also shows annualized figures based on the first four months. However, the number of applications submitted through the home view option will almost certainly grow as a percentage of the total as awareness and usage increases over the first year.

Exhibit 2 - No Wrong Door Initial Activity

No Wrong Door Activity	First Four Months	Annualized	Percent of Total
Agency Electronic/Internet applications	88,693	266,079	55.7%
Home view applications	56,984	170,952	35.8%
Paper applications	13,534	40,602	8.5%
TOTAL	159,211	477,633	100.0%

One other noteworthy achievement for this initial period was the strong participation by partner agencies, whose submissions represented approximately 40 percent of the “Agency Electronic/Internet” total. The partner agency volume included unexpectedly strong support from Indian Health Service as well as multiple tribal provider sites that joined just after go live. At the October OHCA Board meeting, a representative of the Chickasaw Nation singled out No Wrong Door for praise and as evidence of the OHCA’s commitment to collaboration with Native Americans in the state.

As indicated by its name, No Wrong Door was designed to create new pathways to enrollment beyond the traditional visit to OKDHS county offices. The electronic interface is an important means to that end and the early indication is that traffic on the new pathways will be substantial.

Implementation and Go-Live – Issues

Most of the implementation issues encountered shortly after go-live were anticipated by the OHCA and were not the result of inadequate planning. The most significant issues, and the OHCA's strategy to resolve them, are discussed below.

Systems

The OHCA and HP generated approximately 100 "trouble tickets" during the first month for correction of systems-related issues and clarification of instructions on the home view user interface. Most of the issues documented on the initial "trouble tickets" were resolved in a matter of days or weeks.

The most significant systems issue occurred during the transfer of more than 700,000 OKDHS member records to the OHCA. OKDHS does not update the application date field at time of recertification but instead records the recertification in a separate field. The OHCA's system initially treated the application date as the most recent certification event, prompting the potential termination of members whose original application date was more than twelve months in the past. (Oklahoma recertifies annually.)

The issue only arose for members whose cases were being updated, for example, to add a newborn child. It did not affect members seeking services or those active members who did not have any updates made during that time and was resolved almost immediately upon discovery.

Call Center

As discussed earlier, the OHCA was forced by budget constraints to staff the call center well below the level necessary for optimal performance. In August 2010, one month before go-live, the call center handled 58,700 calls. In September, volume increased to 74,000 and in October exceeded 80,000.

The result was higher than acceptable call waiting times and abandonment rates. Approximately 25 percent of calls encountered a busy signal.

When callers got through to a representative, the time required to resolve their inquiry exceeded expectations. The OHCA's tier 1 vendor (LifeCare) budgeted for an average call length of two minutes but in the first weeks was spending an average of ten minutes per call. As a result, it began to shift a higher than anticipated percentage of calls to the tier

2 staff, some of whom who are OHCA employees. These staff have other duties related to researching and processing applications, and the higher transfer rate reduced their productivity in other areas.

One of the drivers behind the longer call length was an artifact of applying OHCA rules to the 790,000 member records transferred by OKDHS. The OHCA is requiring all members to select a PCP, data which is absent from the OKDHS records (even if the member has a PCP). Call Center staff who open a member's record must address data gaps, such as the PCP information, before the completing the call. (This is only an issue if it is the first time a member's record has been updated since the conversion.) While the step is beneficial in terms of updating and completing the record in accordance with OHCA policy, it has had the unintended effect of hindering Call Center operations.

The OHCA is taking measures to address the problem. Current staff are working over time and additional staff are being added to the extent possible. The OHCA also is clarifying transfer procedures with its tier 1 vendor.

Interagency Collaboration

The OHCA and its primary partner agencies, OKDHS and OSDH, have continued to cooperate during the implementation of No Wrong Door. However, some friction has occurred at the county level.

OKDHS field office staff are located in county offices across the state and operate autonomously from the central office. Despite communication to the contrary from OKDHS central office and the OHCA, some field staff erroneously concluded that OKDHS would no longer handle SoonerCare-only applications. Others thought that they no longer handled any sort of SoonerCare applications and mistakenly referred everyone to the OHCA. This created problems for SoonerCare applicants seeking to apply at a county office or to provide verification documents after completing the application online.

The level of confusion (or in some cases, resistance) among OKDHS workers was not surprising, given the scope of the changes underway. It is expected to subside over time as OKDHS workers adjust to the change in practices and are able to devote more time to managing other welfare assistance activities and the portion of SoonerCare programs that remain their responsibility, including applications for long-term care.

OSDH remains an enthusiastic supporter of No Wrong Door and its county offices are actively participating by assisting customers to submit applications and recertification requests. However, OSDH, like OKDHS, is grappling with the issue of applicants who wish to use county health departments as drop-off sites for verification documents.

OSDH cannot open a new case solely for the purpose of accepting and scanning-in documents on the OHCA's behalf. The OHCA and OSDH are working to find a solution to

this issue. One possibility would be the temporary storage of physical documents at OSDH for eventual transfer to the OHCA.

Future Phases

No Wrong Door is planned as a multi-phase initiative. In phase two, which is scheduled for later in 2011, the OHCA will extend the online enrollment option to persons applying for Insure Oklahoma, the state's subsidized insurance program for low-income working families. The OHCA also will add the Breast and Cervical Cancer (BCC) eligibility category and may include SoonerCare-eligible children in custody of the state.

In addition to the SoonerCare component of phase two, the OHCA and OSDH are exploring the potential for determining eligibility for the Women, Infants and Children (WIC) program concurrent with the SoonerCare determination. This would be the first foray into creating an interagency multi-eligibility site.

The OHCA ultimately hopes to include the Aged, Blind and Disabled populations (including long-term care) as part of a phase three expansion of No Wrong Door. However, this likely first would require a conversion of Oklahoma from a 209b to a 1634 state, so that federal disability determinations could be used in lieu of the current state process. (The 209b to 1634 conversion issue was addressed by PHPG in a separate report issued in the fall of 2008¹.)

The online enrollment application has the additional potential to serve as the platform for Oklahoma's health benefit exchange, should the state elect to operate its own exchange rather than cede responsibility to the federal government. The operating specifications for the Insure Oklahoma component of the application will be very similar to the requirements for the exchange.

Implementation Summary

The OHCA has succeeded in its objectives of providing 24-hour, 7-day a week access to SoonerCare enrollment via an online process and offering immediate determinations and benefits (subject to provision of verification documents, where applicable). The OHCA and its partner agencies also have expanded the pathways available to individuals seeking to enroll, either on their own or with the assistance of others.

Operational issues are a given for a transformation on the scale undertaken in September. The OHCA's rapid response to matters within its control bode well for the initiative's continued growth and long term success.

¹ See: "Serving the Aged, Blind & Disabled: Evaluating the Potential Impact of Converting from 209b to 1634 Status", The Pacific Health Policy Group, August 2008.

The OHCA intends to practice continuous quality improvement through ongoing measurement of return on investment and performance against program metrics. An initial return on investment is presented in chapter three. The OHCA's operational performance measures for No Wrong Door are presented in chapter four.

NO WRONG DOOR RETURN ON INVESTMENT

Introduction

PHPG analyzed the potential annual return on investment (ROI) for No Wrong Door resulting from the conversion to online enrollment and transfer of primary responsibility from OKDHS to the OHCA. The analysis examined ROI in terms of administrative outlays and savings.

No Wrong Door also will have an impact on expenditures for health care services. One of the OHCA's objectives for the initiative is to facilitate enrollment and recertification, which will have the near-term effect of increasing the number of persons receiving services through SoonerCare. However, the availability of preventive services for previously uninsured children and adults should result in improved health status for the covered populations and potential savings to the broader health care system over the long term.

With such countervailing short- and long-term effects, any estimate of the net impact on health expenditures would be very uncertain at this early stage. However, the initiative's administrative ROI can be calculated with greater certainty.

PHPG evaluated the administrative ROI for No Wrong Door by comparing state expenditures for development and operation of the online enrollment application to the potential savings associated with reducing the need for face-to-face processing of applications and recertifications.

Development Costs

The OHCA provided PHPG with detailed information on expenditures for development of the online enrollment function. The primary expenditure was for programming activities overseen by HP, including modification of the MMIS, implementation of the eligibility rules engine and development of the end-user interfaces. Other direct OHCA expenses included salaries for OHCA staff assigned to the project and office- and training-related costs.

The development expenditures, by state fiscal year, are presented in exhibit 3 below. Expenses are broken-out between the OHCA and contracted services. The spreadsheet also shows an offsetting revenue line to these expenses in recognition that they were covered fully under Oklahoma's federal No Wrong Door grant. For the purposes of

calculating the state’s ROI, the state’s development expenses can be considered zero. The figures are provided solely for informational purposes².

Exhibit 3 – OHCA No Wrong Door Development Expenditures under Grant

Expenditures	SFY 2008	SFY 2009	SFY 2010	Total
OHCA	(\$96,000)	(\$1,620,000)	\$0	(\$1,716,000)
Contracted - HP	(\$245,000)	(\$1,800,000)	(\$1,311,961)	(\$3,356,961)
Total	(\$341,000)	(\$3,420,000)	(\$1,311,961)	(\$5,072,961)
Grant Offset	\$341,000	\$3,420,000	\$1,311,961	\$5,072,961
Net State Expenditures	\$ -	\$ -	\$ -	\$ -

Operating costs

The OHCA also provided PHPG with detailed information on actual and projected operating costs for the enrollment function (including paper applications). The costs fall into three categories:

- HP expenses associated with mailroom operations/scanning of paper applications, staffing of EDI help desk and printing and mailing letters and notices.
- LifeCare (Tier 1 call center vendor) expenses associated with responding to online enrollment inquiries.
- OHCA operational expenses, including staffing devoted to online enrollment activities, information system hardware/software expenses and miscellaneous administrative costs.

Exhibit 4 on the next page presents projected monthly and annual operating expenses by category. The estimates are based on OHCA budgets for CY 2011 or SFY 2011, depending on the line item³. Expenses are state share only (net of federal match).

² The OHCA’s partner agencies, particularly OKDHS and OSDH, also incurred programming and training expenses associated with No Wrong Door. PHPG did not have access to their expenditure data. However, the majority of programming activity occurred within the OHCA.

³ HP and LifeCare projections were provided for CY 2011; OHCA projections were provided for the second half of SFY 2011. The OHCA also shared expenditure data for the period July 2010 through December 2010. However, PHPG chose to use the projected amounts, as the historical included two months that fell into the online enrollment development phase.

Exhibit 4 – OHCA No Wrong Door Average Monthly and Annual Operating Expenses

Category	FTEs	Monthly	Annual
Contracted - HP			
Mailroom Scanning	12.0	\$ (45,000)	\$ (540,000)
EDI Help Desk	6.0	\$ (33,600)	\$ (403,200)
Letters/Notices (\$0.60 per mailing)		\$ (38,348)	\$ (460,176)
Sub-Total HP/EDS		\$ (116,948)	\$ (1,403,376)
Contracted - LifeCare			
Call Center (Tier 1)	6.0	\$ (22,500)	\$ (270,000)
OHCA Operations			
Dedicated and shared staff		\$ (46,293)	\$ (555,516)
Software		\$ (30,664)	\$ (367,968)
Hardware		\$ (16,667)	\$ (200,004)
Other		\$ (1,450)	\$ (17,400)
Sub-Total OHCA		\$ (95,074)	\$ (1,140,888)
Total Operating Expenses		\$ (234,522)	\$ (2,814,264)

Operating Savings

An estimated 44 percent, or 347,600 of the 790,000 SoonerCare applicants processed annually are “SoonerCare-only” and have no need to interact with OKDHS for cash assistance purposes⁴. (Among the remaining 56 percent, who may apply at OKDHS for multiple benefits (Supplemental Nutrition Assistance Program and Medicaid) or submit separate applications with the two agencies, approximately 60 percent are choosing to enroll with SoonerCare through the online application.)

PHPG calculated the potential administrative savings achievable through No Wrong Door by estimating the initiative’s impact on OKDHS caseworker time and associated staffing needs. In performing the analysis, PHPG erred on the side of assuming a relatively modest impact.

Specifically, PHPG applied the following assumptions:

- *Treatment of SoonerCare-only cases* – PHPG assumed that OKDHS would continue to process 25 percent of SoonerCare-only cases, as a residual group continues to apply or seek recertification at county offices.

⁴ Source: Oklahoma Health Care Authority

- *Sooner-Care/Cash Assistance cases* – PHPG assumed no productivity savings for OKDHS caseworkers associated with not performing the SoonerCare eligibility determination for cash assistance cases.
- *Productivity* – PHPG did not have access to OKDHS’ cost allocation plan, documenting average processing time per case. However, for a 2008 study of Aged, Blind and Disabled enrollees, PHPG obtained federal Social Security Administration caseworker productivity data, which was reported to be slightly over one case per worker per day (300 cases per worker per year). The ABD application process is more complex than the one used for children and families. Based on the time required to complete the home view enrollment application (as tested by PHPG under various family composition types), caseworker productivity was estimated at four per day. It should be noted that the higher the productivity, the lower the potential impact associated with reducing caseworker counts.
- *Compensation* - Caseworker costs were set equal to the midpoint of the 2011 salary range for a Social Service II employee, as reported on the Office of Personnel Management website, plus benefits calculated at 42 percent of salary.

Exhibit 5 presents the estimated annual impact on caseworker counts and salary/benefit expenses using 2011 data. As it shows, the online enrollment function has the potential to reduce resource needs by over \$6.3 million in state funds.

Exhibit 5 – OHCA No Wrong Door Potential Impact on Caseworker Resources & Costs

Caseworker Resource Impact Calculation	Annual Impact
Estimated Annual Impact on OKDHS Caseworker Volume (Annualized SFY 2011)	
Total SoonerCare-only applications	347,600
Reduction in OKDHS portion of applications/recertifications (75% of total)	260,700
Estimated Annual Financial Impact	
Estimated caseworker productivity (4 cases per day/250 day work year)	1,000
Total Caseworker FTE Impact (reduced applications/recert count divided by productivity)	261
Estimated Soc. Svc. II Salary + Benefits	\$ 48,716
Total Annual Dollar Impact (State + Federal)	\$ 12,700,246
Total Annual Dollar Impact - State Share (50%)	\$ 6,350,123

Return on Investment

Exhibit 6 on the next page presents a five-year projection of potential return on investment for the online enrollment function. The analysis is shown on a state fiscal year basis. SFY 2011 expenses have been pro-rated to reflect a September 2010 go-live.

Caseworker savings under the model begin in SFY 2012. Caseworker savings for SFY 2013 and beyond do not reflect additional reductions, but averted salary expenses associated with continued lower FTE needs.

OHCA administrative expenses, application volume and OKDHS caseworker salaries include a three percent annual growth rate, except for 2014. Application volume and expenses for HP and LifeCare are projected to increase 50 percent in SFY 2014, due to implementation of the Medicaid expansion mandated under the federal Affordable Care Act⁵.

The projections include only phase one populations. If the ABD and long term care populations are eventually moved to the OHCA, this could result in an additional impact on caseworker resource needs.

As the analysis shows, the online enrollment function has the potential to save \$22.2 million state general fund dollars over its first five years of operation, for a return on investment of 153 percent.

Exhibit 6 – OHCA No Wrong Door Return on Investment

Return on Investment Analysis	SFY 2011	SFY2012	SFY 2013	SFY2014	SFY 2015	5-Year Total
NWD Operating Costs						
Contracted - HP	(\$1,169,480)	(\$1,445,477)	(\$1,488,842)	(\$2,233,262)	(\$2,300,260)	(\$8,637,322)
Contracted - LifeCare	(\$225,000)	(\$278,100)	(\$286,443)	(\$429,665)	(\$442,554)	(\$1,661,762)
OHCA	(\$950,740)	(\$1,175,115)	(\$1,210,368)	(\$1,246,679)	(\$1,284,079)	(\$5,866,981)
Total - State Share	(\$2,345,220)	(\$2,898,692)	(\$2,985,653)	(\$3,075,222)	(\$3,167,479)	(\$14,472,266)
Reduction in OKDHS portion of applications						
Total SoonerCare-only applications	289,667	358,028	368,769	553,153	569,748	2,139,365
Reduction in OKDHS portion	-	268,521	276,577	414,865	427,311	1,387,273
Estimated annual caseworker productivity	1,000	1,000	1,000	1,000	1,000	
Total Reduceable Caseworker FTEs	-	269	277	415	427	
Estimated Soc. Svc. II Salary + Benefits	\$ 48,716	\$ 50,177	\$ 51,683	\$ 53,233	\$ 54,830	
Total Annual Savings (State + Federal)	\$ -	\$ 13,473,691	\$ 14,294,238	\$ 22,084,598	\$ 23,429,550	\$ 73,282,077
Total Annual Savings - State Share (50%)	\$ -	\$ 6,736,845	\$ 7,147,119	\$ 11,042,299	\$ 11,714,775	\$ 36,641,039
Return-on-Investment						
Net Savings (State dollars)	\$ (2,345,220)	\$ 3,838,153	\$ 4,161,466	\$ 7,967,077	\$ 8,547,296	\$ 22,168,773
Return-on-Investment	100%	132%	139%	259%	270%	153%

⁵ The projected increase is based on the CBO “Limited Outreach Scenario” for Oklahoma, as reported on www.statehealthfacts.org. It is not an official OHCA estimate.

NO WRONG DOOR PERFORMANCE MEASURES

Introduction

The OHCA requested that PHPG propose measures for evaluating ongoing operational performance of the online enrollment function. PHPG identified and categorized the measures in relation to the five objectives for No Wrong Door presented in chapter one.

The preliminary measures were reviewed with the OHCA before finalization. PHPG set benchmarks, or metrics, based on observation of programs in other states and industry best practices. In some instances, the OHCA elected to raise the standards to ensure they would not be met too readily, but instead would present an ambitious (though achievable) goal for the agency.

The performance measures are intended to be static. As goals are met, the OHCA may choose to reset the benchmark at a higher level as part of continuous quality improvement activities. The OHCA also may choose to add new measures and/or remove existing ones as program conditions warrant.

The performance measures are presented in Exhibit 7 starting on the next page, and are grouped by No Wrong Door objective. Each measure includes a definition, performance target (benchmark), data collection method and reporting frequency.

Exhibit 7 – No Wrong Door Performance Measures

1. Provide 24-hour, 7-day a week access to SoonerCare enrollment via an online enrollment process.

Performance Measure	Performance Target	Data Collection Method	Reporting Frequency
Continuous access to application	System downtime (scheduled + unscheduled) under 10 hours per month	System-generated report	Monthly
Online application processing – Home view	Process a minimum of 10,000 applications per month	System-generated report	Monthly
Online application processing – partner agencies	Process a minimum of 5,000 applications per month	System-generated report	Monthly
Participating partner agency sites	Year-over-year increase in number of sites (starting in year two)	Ad hoc site listing report	Annual
Online access for consumers at public sites	25 sites by end of first year and 25 additional sites per year	Ad hoc site listing report	Annual
Online application data entry rate	User data entry time of under 60 minutes for 80 percent of new applicants	System-generated report	Monthly
Online application success rate	Successful completion rate of 95% (abandonment rate below 5%)	System-generated report	Monthly
Awareness of after-hours capacity	10%+ of home view applications initiated outside of business hours	System-generated report	Monthly
Timely recertification of SoonerCare members	Increase in timely re-certification rate	Ad hoc analysis and report	Annual
SoonerCare Program participation – new eligibles	Increase in caseload above historical trend (adjusted for exogenous factors)	Ad hoc analysis and report	Annual
SoonerCare Program participation – penetration rate	Reduction in eligible but not enrolled individuals (adjusted for exogenous factors)	Ad hoc analysis and report	Annual
SoonerCare Program participation – recertification	Increase in timely recertification rate	Ad hoc analysis and report	Annual

2. *Allow potential members to know instantly if they are eligible, enroll them, and align with a PCP/medical home, allowing them faster access to services.*

Performance Measure	Performance Target	Data Collection Method	Reporting Frequency
Real-time preliminary determinations	Preliminary eligibility determination within 60 seconds for 90% of applications	System-generated report	Monthly
Rapid determinations	Determination (subject to document verification) within 72 hours for 98% of applications	System-generated report	Monthly
Rapid distribution of eligibility determination notices	Mailing of 100% of notices within two business days of determination	System-generated report	Monthly
Real-time transfer of eligibility data to MMIS	Immediate upload of eligibility data to MMIS	System-generated report	Monthly

3. *Educate potential members not only about the various SoonerCare programs available, but also about other state services that they could be eligible to receive.*

Performance Measure	Performance Target	Data Collection Method	Reporting Frequency
Member education – SoonerCare program descriptions	Online access within eligibility portal to descriptions of all SoonerCare programs	System design	Go-Live
Member education – SoonerCare member hand book	Online access within eligibility portal to current SoonerCare member handbook	System design	Go-Live
Member Education – partner agency programs (e.g., WIC)	Automatic linkage to information regarding other programs	System design	First Anniversary

4. *Significantly reduce the number of staff hours needed for face-to-face interviewing and data entry to enroll potential members, reduce the margin for error and streamline the enrollment process to accomplish much more with less.*

Performance Measure	Performance Target	Data Collection Method	Reporting Frequency
Staff resources for application processing	Shift 5% of application/recertification volume to home view application	System-generated report	Monthly
Application processing error rate	Reduction in processing error rate of 10% versus pre-go-live period	System-generated report	Monthly
Return on investment	Generate positive return on investment for No Wrong Door initiative	Ad hoc report and analysis (see chapter three)	Annual

5. *Take the first step in creating an interagency multiple eligibility site for all available state services.*

Performance Measure	Performance Target	Data Collection Method	Reporting Frequency
SoonerCare – Phase 2 programs	Add phase 2 programs to online application (see chapter two listing)	System design	First anniversary
Other state programs	Add online eligibility determination for at least one other state program per year	System design	Annual