Independent Evaluation of the Insure Oklahoma Program

Burns & Associates, Inc.

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Topics for this Presentation

- Background on Burns & Associates and the Evaluation Team
- Evaluation Timeline and Process
- Profile of Insure Oklahoma Members
- Stakeholder Feedback: Interviews
- Stakeholder Feedback: Member Survey
- Stakeholder Feedback: Insurance Broker Survey
- Burns & Associates' Recommendations to the OHCA
- Key Successes to Share with Other States

Background on B&A and the Evaluation Team

- B&A was founded in March 2006 by Peter Burns & Mark Podrazik. Prior to its forming:
 - ➤ P.Burns was Arizona Budget Director and consultant for 8 yrs
 - ➤ M.Podrazik consulted with Medicaid agencies for 10 years
- The Evaluators for this engagement:
 - Mark Podrazik has managed projects in 12 states. He led evaluations of the Healthy NY program and Indiana's Hoosier Healthwise program. In 2009, he will begin annual reviews of Indiana's Healthy Indiana Plan.
 - Anne Winter was Gov. Napolitano's health care policy advisor supporting initiatives for health care reform, health information technology, and pharmacy benefits. She also led fiscal oversight and reviews of MCOs for Arizona's Medicaid agency.

Evaluation Timeline

- <u>April</u>: Project initiation, review of background materials
- May/June: In-person and phone interviews with key stakeholders; operational review and interviews at EDS facility
- June: Mail survey sent to all ESI* members week of June 23
- August: Resent 3,000 surveys to improve response rate
- Aug/Sept: Claims and enrollment analyses
- <u>Sept 30</u>: Draft report delivered to OHCA
- Oct: Receive/discuss comments with multiple OHCA staff
- <u>Dec</u>: Final report scheduled for delivery

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^{*} OU Dept of Family & Preventive Medicine currently conducting a survey of IP members and recently conducted a survey of ESI employers. BURNS & ASSOCIATES, INC.

Evaluation Process

- The OHCA tasked B&A with developing a report that would serve three purposes:
 - 1. Provide a historical documentation of the design and development of the Insure Oklahoma program
 - 2. Provide a document that could be shared with other states or interested parties in-state that wanted information on the program
 - 3. Offer commentary on the best practices in the program and recommendations for improvement in the program

Report Chapters

Chapter I: Evolution of the Design of Insure Oklahoma

Chapter II: Insure Oklahoma at a Glance

Chapter III: Administration of Insure Oklahoma

Chapter IV: Profile of Insure Oklahoma Participants

Chapter V: Insure Oklahoma Expenditures

Chapter VI: Stakeholder Feedback on Insure Oklahoma

Chapter VII: Successes, Challenges and Lessons Learned

Total Enrollment

- More than three-fold increase in program in last 12 months, but monthly enrollment has subsided in last three months for ESI (less than 5% growth rate) and IP (less than 10% growth rate)
- ESI: 10,688 as of Nov (16,538 ever enrolled); monthly growth rate over 10% for most of the last 18 months
- ➤ IP: 4,817 as of Nov (6,416 ever enrolled)
- Enrollment by Region
 - ➤ OKC & Tulsa 50%, remainder of state 50%
 - Since inception, distribution by region has been steady for ESI and IP (slight dip for OKC and slight increase for Tulsa)

- Enrollment by Age
 - ➤ Proportion of younger members (age 19-25) increasing in ESI since program inception
 - ➤ IP program skews older than ESI program

	Percent of Enrollees in First Half of 2008	
Age Group	ESI	IP
19-25	17%	9%
26-40	44%	35%
41-55	30%	35%
56-64	9%	17%

Enrollment by Income Level

- Despite expansion to 200% FPL in Nov. 2007, ESI enrollee composition in 2008 skews more to lowest-income level (< 100% FPL) than in 2006 and 2007
- ➤ IP composition skews even more to lowest-income level than ESI
- Lowest-income group is growing fastest in age 19-25 group

	Percent of Enrollees in First Half of 2008	
Income Level (Pct of FPL)	ESI	IP
Under 100%	21%	40%
101 – 125%	19%	20%
126 – 150%	22%	17%
151 – 185%	31%	19%
186 – 200%	8%	4%

- ESI Health Plan Enrollment
 - Two-thirds of members are covered by Blue Cross Blue Shield and one-quarter are covered by Blue Cross Chamber products

	Percent of Enrollees in First Half of 2008		
Carrier	Percent of Contracts	Percent of ESI Members	
Blue Cross Blue Shield	30%	23%	
(Chamber products only)			
Blue Cross Blue Shield	37%	43%	
(all other products)			
Community Care	8%	9%	
Principal Classic	7%	7%	
UnitedHealthCare	5%	5%	
All Other	13%	14%	

IP Member Service Utilization

- In the first 15 months of the program, the percent of members using different categories of services was consistent on a monthly basis.
- ➤ IP members are high utilizers of doctor visits (avg 31% of members see a doctor each month) and pharmacy scripts (avg 52% of members obtained a script).
- ➤ IP members are low utilizers of inpatient hospital (avg 1% of members per month) and emergency room (avg 3% of members per month).
- The percentages above represent unique members in a month, but the same member could use services month after month.

ESI Member Costs

- The average premium assistance payment has been steady between \$225 \$240 in the last 12 months
- Total premium assistance payments now exceed \$2 million monthly

IP Member Costs

- Expenditures for the IP program now exceed \$1 million monthly
- There is wide variation in the costs that are incurred by individual IP members. Among the 401 members enrolled at least 12 months through June 30, 2008:
 - 58% of members incurred costs under \$2,500 (less than the ESI subsidies)
 - 76% of members incurred costs under \$5,000
 - Three members incurred over 14% of the total program costs

Stakeholder Feedback

Stakeholder Feedback

- B&A solicited feedback from multiple sources on both the design of the Insure Oklahoma program as well as perceptions of ongoing operations:
 - ➤ 18 in-person interviews with 29 stakeholders
 - Phone interviews with a select number of stakeholders
 - Mail survey to all currently enrolled ESI members as of June 2008 $(n = 8,723)^*$
 - \triangleright Email survey of brokers listed as "qualified agents" on the Insure Oklahoma website (n = 125)
- Feedback requested was tailored to each constituent based on their interface with the design or operations of the program.

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^{*} Results from OU's ESI Employer Survey will be included in the Final Report. The OU Survey of IP members is scheduled to be released in February 2009.

Stakeholder Feedback: Interviews

Listing of stakeholders for in-person and phone interviews

State Government Staff	OHCA Staff (7)	
	OK DHS Staff (1 interview, 6 attendees)	
	OK Dept of Health (1)	
	EDS Contractor Staff (4)	
	Agent Partners at Insurance Dept. (2)	
Legislative Branch	Sen. Tom Adelson	
	Rep. Kris Steele	
Executive Branch	Insurance Commissioner Kim Holland and	
	Chief of Staff Craig Knutson	
Industry	Matt Robison, State Chamber of Commerce	
	Marisha Moore, Blue Cross Blue Shield	
University	Dr. Garth Splinter and Sarah Hyden, OU	
Tribal	Rachel McAlwain, Cherokee Tribe	
Service Provider	Tanya Case, Lawton Community Health Center	
Insurance Brokers	Debbie Case, high-volume Insure Oklahoma broker	
	Tyler LaReau, high-volume Insure Oklahoma broker	
	Angela Ritchie, high-volume Insure Oklahoma broker	
Small Employer	Dale Goodwin, Mills Machine (enrolled in ESI)	
Member	A female member enrolled in the ESI program	

Stakeholder Feedback: Program Design

- 1. Positive feedback across-the-board on OHCA's design process
 - Mixed comments on some of the implementation efforts
- 2. Most all favored continued expansion of employer-based models
 - Many industry reps (Blue Cross, Chamber, brokers) had strong reservations about expanding IP
- 3. Strong approval to expand to higher income individuals for ESI
 - Mixed comments on expanding to larger-sized employers
- 4. Both support and criticism voiced about the benefit packages offered through ESI and IP
- 5. Many believed that the IP member premiums were too low (currently being addressed by the OHCA)

Stakeholder Feedback: Program Operations

- 1. Operational system design required changes early on after implementation
- 2. The influx of apps since late 2007 is posing challenges for EDS
 - EDS is working to staff up to reduce the application turnaround time
- 3. Too much paperwork, administratively complex
 - Every change to a business generates a notice to employers (confusion)
 - Renewal process can be worse than the initial application
 - Many brokers have decided not to market the program, yet other highproducing agents have made a very lucrative business out of it
- 4. Paper and online application forms are different
- 5. Confusion expressed on some parts of the online application process (being addressed by OHCA)

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Stakeholder Feedback: Outreach & Marketing

- 1. Media campaign in place is very effective
 - Suggestion for media contractor to expose rural markets more to TV/radio campaign
 - ➤ Many felt it was appropriate after relatively slow initial uptake
- 2. Universal praise for name change to Insure Oklahoma
 - Stakeholders believe new name helps to create brand identity
- 3. Agent Partners serve as helpful resource to brokers
- 4. Suggestion to position the benefit of receiving health care early—Insure Oklahoma helps you to do this
- 5. Some brokers have built their own marketing campaign to supplement the state's campaign
- 6. Some brokers only market the community-rated plans to employers

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Stakeholder Feedback: ESI Member Survey

- B&A developed an 18-question, multiple choice mail survey specific to the Insure Oklahoma ESI program members*. There was also a question that enabled respondents to write in open-ended feedback.
 - Surveys sent out week of June 23 with due date of July 31
 - Some areas were under-represented in response rate so 3,000 surveys of the original 8,723 were resent to non-respondents in these areas
 - Final response rate was 27% (n=2,283) which was evenly stratified by region in the state (26% 30% responded in each region)
 - Response rate also proportional by income level
 - Older members and females were slightly disproportionate (higher) among respondents

^{*} B&A did not administer an IP or ESI employer survey since these had already been contracted to be completed by OU.

Member Survey Key Findings

- 1. 64% of respondents had worked for their employer 2+ years
- 2. 51% of employees were uninsured 2+ years before enrolling in employer's plan
- 3. Two-thirds have individual coverage, one-third employee + spouse
- 4. 45% would go without insurance if there was no Insure Oklahoma
- 5. High usage of their insurance (percent utilized in the last year):
 - Pharmacy script (56%)
 - ➤ Doctor visit- check up (49%)
 - ➤ Doctor visit- sick (48%)
 - ➤ ER (21%)
 - ➤ OB/GYN (40% of women)

Member Survey Key Findings (continued)

- 6. 22% had delayed or gone without a service because the deductible or co-pay was unaffordable
 - This finding is specific to the ESI members, since IP members are not subject to an annual deductible.
- 7. Satisfaction levels of employer-sponsored health plan (percent shown reflects those that responded "okay", "satisfied" or "very satisfied"):
 - Benefit package (73%)
 - ➤ Provider network (73%)
 - Educational materials (67%)
 - ➤ Cost to me (71%)

Stakeholder Feedback: Broker Survey

- B&A developed an 8-question, multiple choice email survey to the brokers who are deemed "qualified agents" for Insure Oklahoma. This status is gained from a combination of contracts sold to employers and attending/hosting Insure Oklahoma events. There was also a question that enabled respondents to write in open-ended feedback.
 - > Surveys emailed out in early August with a two-week deadline
 - Resent in late August to non-respondents
 - Final response rate was 33% (n=44)
 - ➤ Half of the respondents had insured 10 or more businesses; three agents had yet to sell a contract despite "qualified agent" status

Broker Survey Key Findings

- 1. 59% of respondents attended an OHCA-sponsored Brown Bag in the last 12 months, of which 88% thought they were helpful
- 2. 94% of those that attended the 3-hour training session found it helpful
- 3. 63% are aware of the Agent Partner resource, and 62% of these (16) have used them
- 4. 91% are aware of the advertising co-op program, and 55% of these (21) have used it
- 5. Feedback from 27 brokers who submitted responses to the openended question (number responding):
 - ➤ Too much paperwork/hassle (9)
 - Auto-renewal process is not working (5)
 - State/EDS staff are helpful (4) and problems with EDS (4)
 - ➤ Delays in payment to employer because final insurer invoice not in (4)

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B&A Recommendations to the OHCA

Recommendations to the OHCA

- B&A structured its recommendations to the OHCA around key areas:
 - Program design enhancements or changes to consider
 - OHCA oversight of the program
 - > EDS responsibilities
 - Specific to the application process
 - Marketing

Key Successes to Share with Other States

Key Successes of Insure Oklahoma

- Transparency in the design process
- Strong consensus gained across state stakeholders early in the process
- Dedicated state funding source
- Month-over-month increase in enrollment since program inception
- Multiplier effect the program has in covering uninsured Oklahomans
- Insure Oklahoma ESI is transparent to carriers and service providers
- Except for application and renewal, ESI is seamless to employees
 - For IP members, the program looks like any other health plan
- Agent Partners facilitate bridge between brokers and EDS/OHCA BURNS & ASSOCIATES, INC. Slide 28 of 28