

Testimony of Claudia Page

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Healthy Howard: Improving Health Through Innovation

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My name is Claudia Page and I am a co-director at The Center to Promote HealthCare Access (The Center), a non-profit technology solution provider improving quality of life by connecting people to needed public benefits. The Center's signature tool is One-e-App, an innovative Web-based system for connecting families with a range of publicly funded health and human service programs.

The Center has been fortunate to partner with Howard County, which is using the One-e-App software to screen and enroll families in its pioneering health coverage program, Healthy Howard. Called *Health-e-Link* in Maryland, the One-e-App system has been an integral part of the new coverage program since its launch on October 1, 2008.

I am grateful for the opportunity to provide testimony on innovations to support improvements in the enrollment process, both for administrators and individuals in increasing need of services. I will primarily focus my comments in three areas:

1. Howard County: Making a Difference
2. Insights on Enrollment Reform: Experiences in Arizona, California and Indiana
3. Next Steps: Building on Progress and Momentum

I want to preface my comments by acknowledging that systems reform is hard work and happens through strong commitment and leadership. The Center is able to carry out its mission-driven work only because of partners, leaders and innovators like those in Howard County and our partners in other states and counties.

Context

If there was ever a time to focus attention on the efficiencies of the screening and enrollment process for low-income families into public benefits, now is that time. Hundreds of thousands of Americans are losing their jobs, their homes and their health care as a result of severe economic stress at both state and national levels. Economists predict the recession will continue to erode employer-sponsored health coverage and weaken the financial stability of families and individuals.

For county and state governments, this phenomenon means increased demand for government sponsored programs such as Medicaid, Food Stamps and county coverage programs. Governments are facing the largest budget crisis in recent history and cannot afford to do business as usual under these circumstances. Technology offers promise in redeploying the workforce to focus on high-value tasks versus tasks like manually

entering data from paper forms, calling applicants when hand writing cannot be deciphered, correcting common errors and rescheduling missed appointments.

For applicants, the process of applying for programs for which they may be eligible in the current environment means completing multiple paper forms (supplying much if not all of the same information each time), traveling to different locations and navigating an incredibly complex maze of referrals and programs. Ultimately, this results in missed opportunities for assistance because there is no *one* place to be screened for all programs.

The current climate offers a perfect storm of opportunity and demand to make the process more rational for families and to create a more efficient and cost-effective process for administrators.

Howard County: Making a Difference

In launching Healthy Howard, County leaders were visionary about the new coverage model to extend coverage to otherwise uninsured low-income residents and the enrollment process for screening, enrolling and tracking applicants in the program. The new program has captured local and national attention on both fronts.

Engaging community partners to reach eligible individuals is a central component of the new program, and the County wanted an easily deployable tool to streamline and standardize the enrollment process and to ease the learning curve of the new program rules on community application assistors. They also wanted to truly close the loop for applicants by delivering data electronically to back-end systems wherever possible thereby speeding the process and removing the need for mailing forms and performing manual data entry.

Healthy Howard launched on time with almost all of these components in place. The system conducts screening and generates applications for Medicaid, MCHP, Healthy Howard and the Kaiser Bridge Program. While there is (always) more work to be done, with this strong start, the foundation has been laid to make enhancements and to extend the capabilities of the Health-e-Link system to include more programs, features and integration to support users and applicants. To this end, Howard County is currently working with the State Department of Mental Health and Hygiene to assess ways to integrate Health-e-Link with state systems to submit applications electronically.

This is the hard work of systems integration and reform. The work is never done, many IT systems use dated and disparate technology and there is minimal data sharing between programs. In addition, leadership at many levels must be committed and sustained, appropriate resources secured and at the end of the day, progress comes from taking risks. Howard County is a tremendous learning laboratory on all fronts for the State of Maryland and other counties and states contemplating coverage and systems reform to improve enrollment in public programs.

One-e-App Background

One-e-App is currently used in Arizona, California, Indiana and Maryland by state and county workers and community-based assistors in hospitals, clinics, schools, health plans and other locations. In Arizona (and soon in California), One-e-App is also *publicly* accessible, which means applicants themselves go online (at home, libraries, school computer labs, work) to complete and submit applications.

The One-e-App software was created in 2002 to support enrollment in a variety of health programs. Over the last several years, the system has evolved to include a range of government and non-government health and social services programs. The breadth of programs continues to grow with unemployment, low income housing, banking programs and others currently being considered.

The following programs are included in One-e-App, though not all counties and states have implemented all programs. One-e-App integrates with other systems and wherever possible, applications, documentation and signatures are submitted electronically. When electronic delivery is impossible, pre-populated, error-checked paper applications are generated and mailed or faxed. In some cases, a referral is generated.

Health Programs:

- Medicaid
- S-CHIP
- Early Periodic Screening Diagnosis and Treatment (EPSDT)
- Express Lane Eligibility (ELE - a School Lunch and Medicaid linkage)
- County Indigent Care and Coverage Expansion Programs (for adults and children)
- Kaiser Permanente Child Health Program
- Kaiser Permanente Bridge Program
- Medicare Cost Sharing
- Facility-based Sliding Fee
- School Lunch Medicaid
- Family Pact
- Cancer Detection (Breast, Cervical and Prostate)

Social Services and other support Programs:

- Food Stamps
- TANF (Temporary Aid to Needy Families)
- Supplemental Nutrition for Women, Infants and Children (WIC)
- Earned Income Tax Credit (EITC)
- Voter Registration
- General Assistance

Programs to be implemented in Spring 2009:

- CARE (discount electric and natural gas bills through major CA public utilities)
- Low Income Auto Insurance
- Child Tax Credit

- Voter Registration

The impact of this broad range of programs in the system is enormous: Imagine a mother bringing her sick child to a clinic and being screened for health coverage. She is told she has to pay a share of the cost for her coverage. Now imagine she is also told she may be eligible for up to \$4,700 in earned income tax credit, which could help her cover her health coverage costs.

Insights on Enrollment Reform: Experiences in Arizona, California and Indiana

The following are benefits and insights from other jurisdictions using the One-e-App software to inform the Maryland and Healthy Howard experience:

- *Efficiency gains in time and resources are most significantly realized through systems integration and electronic data exchange.* In Arizona, One-e-App interfaces with two state systems to deliver data and signatures and provide document access for Medicaid, Food Stamps and TANF. In California, One-e-App interfaces with State's Single Point of Entry to deliver applications for children's Medicaid and S-CHIP. The system also interfaces with a variety of county systems, local health plans, patient management systems and other systems.
- *Automation reduces errors and speeds time to benefits.* An assessment of Health-e-App (the predecessor to One-e-App in California) revealed a 40% reduction in errors and a 21 percent increase in eligibility determination time using the online process vs. the paper process.
- *Public Access is an increasingly important channel to reach and engage consumers.* In Arizona, for every application received online, an estimated 20 minutes or more of state staff time are saved. In addition, to date applicants are showing proficiency in navigating an online application (fewer than 5% of the applicants who submitted applications have contacted the help desk). Several California counties will soon use kiosks in emergency rooms and schools to encourage applicants themselves to participate in the enrollment process (while still providing in person and other assistance for those who need it).
- *Modernizing the enrollment process requires more than improving the front end of the process, the back end infrastructure also needs to evolve and change.* The State of California is undertaking a major effort to create a service-oriented IT infrastructure to permit data sharing across programs and to leverage assets across departments. The effort has begun by establishing governance and oversight capacity.

The Center looks forward to sharing more information on these and other benefits and lessons learned and to connecting interested individuals with contacts in other states to learn more.

Next Steps: Building on Progress and Momentum

The current plan for One-e-App in Maryland is to learn what works and what does not in Howard and Anne Arundel Counties (next in line to adopt Health-e-Link) and to work with the State and other counties to support their use of the on-line application with electronic data submission capacity.

I was struck by a recent quote in the Baltimore Sun in which a representative from a local non-profit which assists people trying to navigate the health care system said: "People don't always know -- even providers don't always know -- which application they should fill out, which program they should apply for."

This captures the spirit of the challenge: the complexity and number of programs (federal, state and local), the number of forms, the categorical nature of programs such as Medicaid and Food Stamps, the siloed nature of systems, oversight agencies, financing streams and advocates. The main victim in this fragmented system is the applicant.

Modernizing enrollment in public benefits is complex and disruptive, but it is also necessary and long overdue. Other facets of state government have evolved to be more efficient and consumer friendly. Howard County has taken important steps to bring enrollment innovation to its residents. The Center looks forward to continuing to support Howard County and others in improving access to benefits through innovation and reform.

Thank you for this opportunity to testify today. I am happy to answer any questions you may have.