Online Enrollment

Oklahoma Health Care Authority

What it is

- Online Enrollment (OE) was created to streamline enrollment for health benefits. It lets people apply on their own schedule, rather than that of a government agency, and gives them a consistent, user-friendly, real-time determination of eligibility. Those who qualify are then enrolled and can access services immediately. Data exchanges are used for many verifications.

How it works

- Before Online Enrollment, paper applications were submitted to local welfare offices during business hours. Notification of the eligibility decision would be mailed out approximately three weeks later. The OE web application process takes minutes rather than days or weeks. The application collects the information needed for eligibility to be determined and a rules engine ensures consistent application of policy. Partner agencies have access to a condensed version of the web app and can assist their clients in applying, as well as enter documentation, comments, and updates. Paper applications are still accepted and are processed with optical character recognition and minimal data entry, then sent through the rules engine for determination and enrollment.

Successes

- 45% of all applications are now submitted online by home users. About 25% still come through the Department of Human Services. The rest come through agency partners. Less than 10% apply by paper.
- Agency partners include the health department, human services (welfare) department, Indian Health Services, and the Cherokee, Choctaw, Chickasaw, and Citizen Potawatomi Nations.
- Nearly 25% of all applications are submitted outside traditional business hours.
- Rules engine allows quick response to policy changes.

Challenges

- Confusion about the roles of applicants, partners, providers, call center
- Initial staffing levels for upper-level call center
- eMPI – client numbering, duplicate IDs, and data normalization
- Automation – data-driven systems have their good and bad points

Implementation

- OE was developed over three years with funding from a Medicaid Transformation grant. Return on investment in the first five years is projected at a net of $22 million in state funds.

For more information:

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