

Online Screening and Applications

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Some state agencies use online applications for assessing and determining eligibility for health and social service programs. States' activities with online application have been targeted to Medicaid for the TANF and related groups, the State Children's Health Insurance Program (SCHIP), Food Stamps, cash assistance, and child care, and, while few states have implemented online applications for programs for individuals who are aged or disabled, their experience provides valuable lessons for other states considering online application for those and other programs. Recent research indicates that 24 states¹ have some form of online applications for any one or combination of the programs listed above. Seven of these states operate online applications specifically for Medicaid and/or SCHIP. One key difference among states is whether the online application conducts an actual eligibility determination or a preliminary or initial screen of probable eligibility. In many cases, while the application is completed online, the applicant is still required to submit documents verifying applicant information such as income and immigration status. This issue brief highlights some of the key considerations for states moving toward online applications.

APPROACHES TO ONLINE APPLICATIONS

State agencies must make several key decisions regarding the design and features of an online enrollment system. To make these key decisions, they should determine their overall goals for implementing an online enrollment system and the implications of those decisions.

Access to the online application

Public internet access. Most state agencies permit the individuals applying for coverage, as well as enrollment staff from county or state agencies and other community based organizations that provide application assistance, to complete and submit the online applications. Allowing applicants to complete the online application themselves provides applicants the greatest access and the most flexibility in completing and submitting the application because they can do so as their time permits and are not hampered by the business hours of social service offices.

Application assistors. In California, the online application known as Health-e-App, can only be completed by a "certified

APPROACHES

Access

- Public internet access
- Application assistants
- Eligibility workers only

System Integration

- Direct online submission
- Online completion, print, sign and mail
- Screening
- Application download & mail

Common Application for Multiple Programs

¹ States include: AL, CA, FL, GA, ID, IN, KS, KY, LA, MD, MI, MN, MT, NV, NM, OK, PA, SC, TN, TX, UT, VT, VA, and WA.

application assistor” who works with applicants to input necessary data.² Health-e-App predetermines eligibility online, pending submission of applicant documentation. Requiring CAAs to complete the online application on behalf of applicants help ensures that applications are complete, that applicants’ questions are answered, and that required documentation is provided. Several organizations in New York State are working together to develop an online Medicaid and SCHIP application that would also require assistance from a certified enrollment assistor.

Level of integration with existing systems

Electronic application completion and submission. Some state agencies permit enrollees to complete online applications and submit applications electronically. In cases where the online application system interfaces with the eligibility system or the eligibility “logic” for making determinations, preliminary eligibility is determined and applicants are notified immediately of their probable eligibility status. States permitting the electronic submission of online applications for programs such as Medicaid, SCHIP, or child care include California, Florida, Georgia, Massachusetts, Michigan, New Mexico, Pennsylvania, South Dakota, Texas, Vermont, and Washington. Applicants in these states may be required to mail in an original signature and required documentation before their applications are considered complete. Georgia’s SCHIP program and Washington’s cash and food assistance programs accept electronic signatures, eliminating the need to mail in a signature page. Georgia’s SCHIP also accepts self-declaration of income, but still requires applicants to mail in other documentation, such as immigration status. In Utah, eligibility staff who receive the electronic applications must print them and input data from the applications into another system to make the eligibility determination. Notice of eligibility is provided in the mail.

Electronic application completion and mail-in. Most state agencies do not operate entirely automated application and enrollment systems, instead offering applicants the opportunity to complete the online application and then providing a preliminary or tentative determination of eligibility. To complete the final eligibility determination, individuals must print out and mail in the application they just completed online along with the requisite documentation. The TexCare Partnership e-z application provides this type of online entry tool for Medicaid and SCHIP.

Screening. Several states and other organizations provide online tools to help individuals to understand whether or not they will likely be eligible for coverage or services. These screening tools generally ask a series of questions and then provide information on how to apply for benefits for which they may be eligible. The Texas Health and Human Services Commission operates this type of eligibility tool for numerous programs through the State of Texas Assistance and Referral System (STARS), a consortium of health plans, community based and faith based organizations, and schools in Brooklyn developed momsandkids.org to screen for potential eligibility for SCHIP, Medicaid, the state pregnancy program and WIC, and the National Council on Aging (NCOA) provides BenefitsCheckUp which screens seniors for

² Certified application assistors are staff of community-based organizations that are contracted by the SCHIP program to provide application assistance to families.

prescription assistance, health care Programs, nutrition programs, property tax programs, Veterans assistance, housing assistance and financial assistance.

Application downloading. Quite a number of state agencies post applications that applicants can download from the states’ websites. While obtaining the application occurs electronically, the ensuing eligibility determination process looks more like the traditional paper process. Once applicants download the application, they complete and mail it in with required documentation.

Common application for multiple programs

Many state agencies have implemented some form of online enrollment for programs including individually or in combination, Medicaid, the State Children’s Health Insurance Program (SCHIP), food stamps, cash assistance, and child care. In some instances online enrollment includes a streamlined or common application across multiple programs. States operating single point of entry online applications include Pennsylvania and Washington. In California, a single point of entry online application, known as One-e-App, is being piloted in three counties and several other counties are assessing their readiness to test the application. One-e-App can be customized for counties so that individuals can also have their eligibility screened for county-specific programs.

Advantages

The use of online applications is a relatively new practice and studies on its benefits are limited. The Lewin Group conducted a business case analysis of Health-e-App, California’s online enrollment system for Medicaid and SCHIP to measure efficiencies and satisfaction with the application. The National Academy for State Health Policy also published a report describing some the reported measured benefits of online applications.

Greater flexibility and convenience for applicants. Typically, applicants can access and submit online applications at any time of day and from any location. This enables individuals

ADVANTAGES

- Greater flexibility & convenience for applicants
- Shorter application time
- Fewer applications errors
- High level of satisfaction
- Administrative efficiencies
- Improved data reporting

to apply for services outside of customary business hours, which may be difficult for individuals. In California, 90% of applicants prefer applying using Health-e-App to the traditional paper process and in Georgia, 23% of applicants stated that if they could not have applied online, they would not have applied at all.

Shorter application time. Individuals can receive at least a preliminary eligibility determination immediately. Individuals may be encouraged to complete any necessary follow-up activities or submit needed documentation in a

more timely manner. The overall processing time, can also be reduced, which means the individual will be covered sooner. Applications filed on California’s Health-e-App are processed 20% faster than paper applications, and in Texas, applicants submitting online applications are informed of their eligibility status 20% to 30% faster than those completing paper applications.

Fewer applications errors. Online application can reduce the number of errors and incomplete data fields by requiring applicants to complete all necessary information before proceeding to the next screen and prompting them when data are erroneous or missing. Because individuals will input their own information, or will work with enrollment staff to do so, there will likely be fewer errors in stored applicant information, such as spelling, addresses, and dates of birth. These types of mistakes delay the processing of applications. There was a 40% reduction in application errors for online applications compared to paper applications in California.

High level of satisfaction. Applicants and enrollment staff are generally very satisfied with online enrollment processes, which provide quicker responses. Online processing can provide immediate confirmation that an application was received as well as an initial assessment of eligibility. Nearly all (95%) of certified application assistants in California preferred Health-e-App to the paper application process.

Administrative efficiencies. Online applications may lower administrative costs and reduce the administrative burden on enrollment staff. State agencies may experience administrative efficiencies and cost savings because they could print and mail fewer hard copy versions of applications, eliminate data entry by state or county enrollment staff, and would no longer be required to track paper applications and store hard copies of documents. Some documents are scanned into electronic data warehouses where they can be retrieved for use in future applications.

Improved data reporting. Because applicant data are collected electronically and are more accurate, state agencies may experience improvements in their ability to efficiently access data and generate reports for a variety of needs. Data systems would need to be programmed to accommodate this task.

Disadvantages

Limited internet access. Some individuals may have limited or no access to the Internet or may have minimal computer skills and require assistance. Enrollment staff or a family member could provide such assistance. Alternatively, individuals who cannot or prefer not to use an online process could continue submitting paper applications.

DISADVANTAGES

- Limited internet access
- Documentation issues
- Potentially high start-up costs
- Ongoing maintenance

Internet access could further be hampered by slow connections, resulting in long download times.

Documentation issues continue to exist. Although application forms can be filled-in online, most individuals must mail in documentation of income, resources, and residency before the application is considered complete.

Individuals who fail to submit necessary documentation cannot obtain coverage. States can accept self-declaration or scan documentation brought by applicants to enrollment offices and then submit the documentation electronically. In addition, online applications do not obviate the need for eligibility worker or state agency staff review of applications and supporting documentation to ensure accuracy.

Potentially high start-up costs. The cost of developing an online application system could be high and include tasks such as programming, developing interfaces with other systems, testing, systems development, and purchasing hardware. States likely face competing information technology priorities and may experience long wait times until the system can be developed. Additionally, enrollment staff including state and county eligibility workers, and community based organization staff will require training on using the new system. Generally, higher level of integration with existing systems causes greater start-up time and costs.

Ongoing maintenance. Online systems require ongoing maintenance to ensure proper functioning of the system, which can be costly and time-consuming. In addition, the online application may require programming changes as program eligibility or benefits are changed over time. Information technology staff that may face substantial work loads may experience difficulty in keeping up with required changes.

Challenges

Uptake of an online system may be slow. As with any new program or technology, states may experience a ramp period during which individuals and enrollment staff become aware of and familiar with the online application.

Digital signatures. Some state agencies still require original signatures on applications. Thus, while applications are completed online, they must be printed so that applicants can sign and mail them in. Some state agencies are using other alternatives, such as electronic signature pads or accepting electronic assurances. There a host of issues related to digital signatures that remain under consideration, such as protecting applicant privacy.

CHALLENGES

- Uptake may be slow
- Digital signatures
- Coordination of processes
- Coordination among agencies
- Staff & performance considerations

Coordination of processes. States that require written signatures and documentation of income and other information must develop ways to coordinate the electronic application and paper documents, especially when individuals submit online applications independently, without the assistance of an application assistor. In cases where individuals receive application assistance in an enrollment or application center, application assistors often can scan necessary documents. Another coordination issue arises for programs such as SCHIP for which enrollees may pay monthly premiums. Enrollees mail in premiums each month, which must be entered into the programs' eligibility files to authorize coverage.

Coordination among agencies. For states developing common online applications (or single point of entry), coordination among the agencies responsible for program administration is important for ensuring that online applications are designed to capture all necessary information from applicants, that common definitions for key terms are used (e.g., income), that accurate information about the online application and the programs to which it applies is widely available, and that staff are aware of the application's uses.

Staff and performance considerations. If an online application system succeeds in requiring less staff time to process the applications, it may reduce the number of eligibility workers

required or prompt recalculation of performance measures. Developing a roll-out plan among staff that anticipates their concerns related to job security and performance expectations can help ease implementation. Labor negotiations may also be necessary.

Implementation Costs and Timeframes

States have varying experiences with the cost of developing and implementing their online application processes. Costs range from a low of \$40,000 to a high of \$2 million.³ The timeframe for implementation has been as short as 4 months and as long as 18 months. These figures will be unique in each state and will depend on whether in-house or contract staff are used, complexity of current systems and necessary programming changes, and state technology-related priorities. States that were early to implement online applications, experienced higher development costs and longer development times. With increasing experience among states, states that will subsequently implement online applications will benefit from the experience of the “innovator” states. The cost of the technology investment may well be offset by savings in staff costs in future years (breakeven points are yet to be determined), but this requires that workload standards be rebased and/or that requisite reductions in staffing or reallocations to other functions (e.g., outreach) occur.

Resources

Center for Law & Social Policy, The Safety "Net": Online Access to Benefits for Working Families by Elise Richer,
http://www.clasp.org/DMS/DMS/Documents/1042057979.92/website_work_supports.pdf

National Academy of State Health Policy, A State Guide to Online Enrollment for Medicaid and SCHIP, http://www.nashp.org/Files/guide_to_online_enrollment_kw.pdf

National Governors' Association, Enrollment Hits the Web: States Maximize Internet Technology in SCHIP and Medicaid, May 29, 2002,
http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_3840,00.html

The Lewin Group, Business Case Analysis of Health-e-App, June 2001,
<http://www.healthapp.org/HealthAppBCA.pdf>

³ National Academy for State Health Policy, A State Guide for Online Enrollment for Medicaid and SCHIP, January 2003.

Selected State Websites

State	Name of On-line Application System	Services Included	Funding Organization	Administrator	Site Developer	Web Address
Arizona	Health-e-Arizona	CHIP	Community Health Centers Collaborative Ventures, Inc (CHCCV) and HRSA	Community Health Centers Collaborative Ventures, Inc (CHCCV)	Deloitte Consulting	http://www.healtharizona.org/
California	Health-e-App	CHIP	California HealthCare Foundation	California Department of Health Services	Deloitte Consulting	www.healtheapp.org
Georgia	PeachCare for Kids	CHIP	Georgia Department of Community Health	Georgia Department of Community Health	dHACs	www.peachcare.org
Hawaii	Real Choices	Separate forms for Medicaid & Financial Assistance and Food Stamps, although entered info can populate both	CMS Real Choices grant & DoL Workforce Investment Partnership Project	University of Hawaii at Manoa - Center on Disability Studies	Assist-Guide	http://www.realchoices.org/Services/
Michigan	MiChild e-application	CHIP	Department of Community Health	Maximus	Maximus	https://eform.state.mi.us/michild/intro1.htm
New York	momsandkids.org	Screening only for CHIP, Medicaid, state pregnancy program and WIC	HRSA (Healthy Communities Access Program)	Brooklyn Alliance (Lutheran Medical Center)	iXL / Scient (no longer in business)	http://www.momsandkids.org/momskids/en/qualify/qualify_main.asp
Pennsylvania	COMPASS	CHIP, Medicaid, Food Stamps, Cash Assistance, Long Term Care, MR/DD HCBS & LIHEAP	Department of Public Welfare	Department of Public Welfare	Deloitte and Touche	www.compass.state.pa.us
Texas	TexCare Partnership e-Z application	Medicaid & CHIP	NA	Health and Human Services Commission	Affiliated Computer Services (ACS)	www.texcarepartnership.com
Texas	State of Texas Assistance and Referral System (STARS)	Screens for CHIP, Medicaid, Food Stamps, Cash Assistance, HCBS, QMB/SLMB & WIC	Department of Human Services	Department of Human Services	American Mgmt. Systems (AMS)	www.txstars.net
Utah	CHIP online application	CHIP	Department of Health	Department of Health and Utah	Utah Interactive	www.utah.gov/government/online_services.html

State	Name of On-line Application System	Services Included	Funding Organization	Administrator	Site Developer	Web Address
				Interactive		
Vermont	Common Application	CHIP, Medicaid, Food Stamps, Cash Assistance, HCBS, QMB/SLMB, LIHEAP & WIC	Agency for Human Services	Agency for Human Services	State	http://www.ahs.state.vt.us/vees_demo/
Washington	Online Community Service Office	CHIP, Medicaid, Food Stamps, Cash Assistance, HCBS, QMB/SLMB, LIHEAP & WIC	Department of Social and Health Services	Department of Social and Health Services	State	https://wvs2.wa.gov/dshs/onlineapp/introduction.1.asp

Notes: **Arizona** requires a user ID and password provided by an eligibility worker.

California and **Georgia** only allow application assistants to log in.

Hawaii currently does not permit direct online submission, however, the website can fax the application or it can be printed out, signed and mailed.

New York conducts preliminary screening for publicly funded health insurance programs, including Medicaid, SCHIP, and a state-based pregnancy care program, for families in the Brooklyn area.

Pennsylvania's COMPASS, when fully implemented, will include applications for all home and community-based services, energy assistance and child care subsidies. COMPASS also provides screening for the programs mentioned, all home and community-based services, and the school lunch program. Screening allows a user to provide basic information to determine if they are potentially eligible for a social service.

Texas STARS identifies programs for which individuals may be eligible based on their online inputs. STARS does not determine final eligibility, but screens for probable eligibility for over 40 programs across multiple agencies. TexCare provides an on-line application that will store information, but does not submit electronically because the applicant must sign it.

Utah's enrollment site is only opened during open enrollment periods, but the renewal site is active.

Vermont's system is only available to eligibility workers.