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IssueBrief

Applying for Health Coverage Online:
The Affordable Care Act Helps Americans Enroll

The Affordable Care Act encourages states to make it easier for Americans to apply for and enroll in affordable health care that fits their needs. In many states, the existing application process for Medicaid, the Children's Health Insurance Program (CHIP), and other state-run programs is a highly bureaucratic process with burdensome paperwork requirements. The process for renewing coverage can be equally onerous, causing many eligible people to lose their health coverage periodically. The Affordable Care Act works to solve these issues by requiring states and the federal government to have systems in place that allow people to apply online (as well as by phone, in person, and by mail) for Medicaid, CHIP, and premium credits (for coverage purchased in the state exchanges) using a single, streamlined application.[1]

This requirement must be met by January 1, 2014. Achieving this goal will not be easy for every state. States' current application processes for Medicaid and CHIP differ widely—some are still largely paper-based, while others are using highly automated application and enrollment systems. As a result of this variation, states will need to take different paths to implement online applications. This issue brief explores the key components of the new law that pertain to online applications, where states are now in the process, and topics to consider for future implementation of online applications for Medicaid, CHIP, and premium credits.[2]

What's in the Law?

Streamlining Enrollment

The Affordable Care Act envisions a "no wrong door" approach to enrollment in which consumers can complete a single application and receive an automatic determination of their eligibility for Medicaid, CHIP (in the case of children and pregnant women), and premium credits for health coverage in the exchanges. It requires that consumers *not* have to apply for a specific kind of coverage (e.g., CHIP vs. Medicaid) or approach multiple state agencies to apply for coverage. In addition, the different health coverage programs will no longer need to have separate applications or different application requirements: By January 1, 2014, states are required to have in place one form for Medicaid, CHIP, and premium credits.[3] This application form must have a simple design that will facilitate widespread use. Applicants will be able to apply online, by mail, by phone, or in person, and, ideally, they will receive notification of their eligibility without needing to provide additional information that was not included in the initial application.[4]

This is the first time that states will be required to provide online eligibility and enrollment for Medicaid and CHIP. The Secretary of Health and Human Services (HHS) will be responsible for creating an application model that consumers can use to apply for all state Medicaid and CHIP programs, as well as for premium credits. States are allowed to create their own streamlined application forms, but they will be subject to the Secretary's approval.

Health Information Technology Enrollment Standards

The Affordable Care Act requires that the Health Information Technology (HIT) Policy Committee and the Health Information Technology Standards Committee (which is housed in the Office of the National Coordinator for Health Information Technology), in conjunction with the HHS Secretary, produce recommendations for how to use health information technology to make enrollment more efficient and consumer-friendly.[5] The committee used the principles outlined in the Affordable Care Act (listed below) to guide their recommendations, which were then adopted by the Secretary.

- States should use data matching (e.g., vital records, employment history, tax records) as evidence for eligibility instead of paper documentation that is provided by the consumer.
- The enrollment process should be streamlined and simplified, including submission of electronic documents and electronic verification of eligibility.
- In order to keep consumers enrolled, eligibility information should be stored and reused.
- Consumers should be able to apply, renew, and edit their eligibility information online, whether it be at home or at a community-based site.

- The new streamlined application and enrollment system should have the capacity to be expanded to include other public assistance programs.
- Consumers should be notified of eligibility, renewal, or other necessary information regarding eligibility and enrollment via email and cell phone.

If state and local governments comply with the recommendations from the Health Information Technology Policy and Standards Committees, they can receive grants to help them implement their enrollment health information technology. These funding opportunities were announced in October and November 2010. Other funding opportunities were announced in January 2011. All are described in more detail in the "Funding Opportunities" section on page 13.

Internet Access for Low- and Middle-Income Americans

Because consumers will be able to apply online for Medicaid, CHIP, and premium credits, it is important that both low- and middle-income applicants have internet access. While previous research has found that low-income people are significantly less likely to have access to the internet,[6] recent research shows that nearly two-thirds (63 percent) of low-income people (those in households with incomes below $30,000) use the internet. In addition, more than 80 percent of middle-income people (those with household incomes between $30,000 and $75,000) use the internet.[7] While no single method of application and enrollment will be appropriate for all consumers, an online application for Medicaid, CHIP, and premium credits will likely have a broad reach for those with low and middle incomes.

In Oklahoma, the online application has been a very successful method of enrolling low-income residents in SoonerCare, the state's Medicaid program. Since the implementation of its online application in September 2010, approximately two out of every five consumers (39 percent) have applied online from the comfort of their own home.[8]

Where Are States Now?

States are at different stages of planning and implementing online applications that comply with the new standards in the Affordable Care Act. Some states currently have streamlined online application forms and sophisticated computer systems that automatically determine eligibility, whereas other states have paper applications and outdated computer systems. Creating and implementing an online application form by January 1, 2014, will be an enormous challenge for many states, but it is a crucial step in expanding access to affordable health coverage to millions of uninsured and underinsured Americans.

As of January 2011, 32 states have Medicaid applications that can be submitted electronically.[9] Some states hired contractors to develop their online systems, while others are hoping to procure new computer systems and create their own online application processes. Many states are quickly planning and implementing online applications for Medicaid and CHIP (some of which can be adapted to include premium credits when the time comes).

In this brief, we highlight a sample of states that are already using health information technology to make enrollment more efficient and consumer-friendly: Alabama, Louisiana, Massachusetts, Oklahoma, Pennsylvania, Utah, and Wisconsin. These seven states are not intended to be representative of the range of different approaches that exist in application processes. Rather, they were chosen because they are geographically and politically diverse, and because they are quickly developing their online application capacity.

Moving forward, these states will need to make sure that their systems comply with the Health Information Technology Enrollment Standards (explained on pages 2 and 3) in order to create an even more consumer-friendly online application process. However, we've identified six ways that these states are already implementing and simplifying the online application process: 1) using online applications, 2) allowing consumers to save and reopen their applications at a later time and place, 3) offering online applications in multiple languages, 4) using third-party data to more efficiently determine eligibility, 5) creating one application for health care and other public assistance programs, and 6) providing application assistance during non-work hours. The following information is the result of original research conducted over the past few months by Families USA. The table on pages 10 and 11 summarizes this information.

1. Using Online Applications

Six out of the seven sample states—**Alabama**, **Louisiana**, **Oklahoma**, **Pennsylvania**, **Utah**, and **Wisconsin**—have already implemented self-service online applications, which allow consumers to fill out and electronically submit an application for health coverage 24 hours a day, seven days a week.[10] Having an electronic application available online makes the application accessible during non-work hours, eliminating a previous enrollment barrier. Most of the people who will be newly eligible for coverage will be working or live in working families, so having the application available outside of standard business hours will be particularly important.[11] Those who are unable to visit a Medicaid office, exchange office, or a community-based organization during business hours will be able to apply in the morning, at night, and on weekends.

In **Pennsylvania**, 85 percent of online applications that were submitted during the first four years of implementation of the state's online application were done at home, as opposed to community-based centers.[12] **Massachusetts** also has an online application, but it is an assisted application that must be completed by a trained hospital, health center, community-based organization, or social service agency staff member. Consumers cannot apply for MassHealth from their own homes.

In addition to online enrollment in health coverage, online renewal of benefits will be critical to retaining eligible consumers. Four of the states presented in the table– **Louisiana**, **Oklahoma**, **Pennsylvania**, and **Wisconsin**—have online renewal processes in place. As states set up online application processes, consumer advocates may want to suggest that their states implement online renewal as well.

2. Allowing Consumers to Save and Reopen Applications Later

Alabama, **Louisiana**, **Massachusetts**, **Oklahoma**, **Pennsylvania**, and **Wisconsin** all offer some form of "Save and Exit" option on their online applications, which allows consumers to save their application and make changes at a later time or in a different location. Most states ask consumers to create a username and password, or the system assigns an application number so that consumers can return to their secure application page. The option to save an incomplete application and change or complete it later makes it easier for consumers to seek application help at a community-based organization if they need to. It also may reduce frustration, making it more likely for consumers to complete their application instead of giving up. In **Massachusetts**, the application can be reopened and edited only by a trained hospital, health center, community-based organization, or social service agency staff member.

3. Offering Application Materials in Multiple Languages

Four states—**Louisiana**, **Pennsylvania**, **Utah**, and **Wisconsin**—offer online applications in Spanish as well as English.

It is important to provide online applications in multiple languages because consumers with limited English proficiency are often less likely to have health insurance. For example, a 2003 report found that Spanish-speaking Latinos were nearly twice as likely to be uninsured as English-speaking Latinos (61 percent versus 36 percent).[13] In order to reach consumers who don't speak English, it is crucial that applications be available in multiple languages.[14] Associated materials should also be available in multiple languages, including online application cues, such as the "Back" and "Next" buttons, as well as other tools, such as Frequently Asked Questions and important phone numbers or guidelines.

The states in our sample are working toward this goal, but they still have work to do. For example, **Louisiana** offers online applications in both English and Spanish. Once the consumer opens the application (in English or Spanish), the first question asks what language the user speaks and writes best: English, Spanish, Vietnamese, or other. While initially the consumer may think that his or her selection will change the language that the application is presented in, the application will not appear in that language. Instead, this question is used to determine where the application will be processed—either the multilingual processing center or the application processing center that handles English language applications.[15] Hopefully by 2014, state systems will be updated to be able to both process applications in other languages and provide applications in those languages to the consumer.

This issue highlights one reason that online applications, while an important step for streamlining the application process, are not sufficient in and of themselves for maximizing enrollment among eligible people. Many individuals, especially those with limited English proficiency, will need personal assistance to complete an application or renewal of health coverage. (See the "Providing Application Assistance When It Is Convenient for Consumers" section on page 8 for further discussion.)

4. Using Third-Party Data to Determine Eligibility

In an effort to make determining eligibility as efficient as possible, the Affordable Care Act calls on states to use reliable third-party data to verify information in applications. Although there are limitations to electronic third-party data, such as time lags in availability of information and inaccuracies, increasing the use of such electronic data can significantly streamline the health coverage application and renewal processes in the categories of citizenship and income level.

- **Citizenship**

  States already have the option of using data from the Social Security Administration to confirm citizenship for Medicaid and CHIP applicants, and they are *required* to use this method to verify citizenship for individuals who appear to be eligible for state health subsidy programs, including premium credits, starting in 2014.[16] As of December 2010, 32 states were using or testing the Social Security electronic citizenship verification option for Medicaid and/or CHIP.[17] Previously, the requirement to document proof of citizenship and identity when applying for or renewing Medicaid led to a decline in Medicaid enrollment and an increase in administrative costs.[18] Using the Social Security database to confirm citizenship status and identity for as many people as possible will allow for faster electronic eligibility determinations.

- **Income**

  Locating paper documentation of income is not always an easy process; it may involve contacting previous employers, engaging in time-consuming correspondence, and waiting for documentation to arrive. This process can cause eligible consumers to delay or fail to complete their Medicaid or CHIP applications.[19] Using third-party electronic data to determine income-based eligibility for Medicaid, CHIP, and premium credits reduces the burden on individuals to obtain and provide paper documentation. States may want to explore state and federal databases that provide information that is relevant to the eligibility criteria for Medicaid, CHIP, and premium credits, such as tax data, data from the New Hire Reporting System (New Hires), and data from the Income Eligibility Verification System (IEVS) to confirm income and employment history.

- **Determining Eligibility Online**

  While all seven states that we examined use third-party data, **Oklahoma** is in a league of its own: It provides real-time online eligibility determinations. Oklahoma's computer system, which was created by a private contractor, is able to use third-party data to check citizenship and immigration status, as well as income and work history. On MySoonerCare.org, Oklahomans can apply for and potentially know instantly if they are eligible for SoonerCare (Oklahoma's Medicaid program).

  In **Massachusetts** and **Wisconsin**, eligibility can be determined online, but it is a process that requires multiple online systems, and it is not performed in real time.

5. Creating One Application for Health Care and Other Public Assistance Programs

Four of the sample states—**Massachusetts**, **Pennsylvania**, **Utah**, and **Wisconsin**—have a combined online application for health care and other public assistance programs. In these four states, consumers can apply for services such as the Supplemental Nutrition Assistance Program (SNAP), energy assistance, cash assistance, and child care services in addition to applying for health coverage. States should consider creating an online application that can later be expanded to include other public assistance programs, as outlined in the Affordable Care Act.[20]

Implementing one application for multiple public assistance programs, called "horizontal integration," will be a balancing act. States will need to make their online applications short and simple, while also providing the appropriate information and asking the right questions.[21] The sources of funding that are available to support the systems changes that may be needed for true horizontal integration may not be available to the same degree that resources are available for streamlining enrollment in health programs. Therefore, health coverage enrollment systems should be designed to be able to incorporate other programs as states are ready. In fact, the recently adopted information technology recommendations that were proposed by the Health Information Technology (HIT) Policy and Standards Committees suggest creating a system that has exactly this type of integrative capacity.[22] (See pages 2 and 3 for an outline of the Affordable Care Act principles that were used to write these recommendations.)

6. Providing Application Assistance When It Is Convenient for Consumers

- **Phone and Online Assistance during Non-Work Hours**

  A simple online application will allow many consumers to successfully enroll in appropriate health care plans without further assistance. Some consumers, however, will need online or phone assistance while completing their online applications. According to recent research, parents who were seeking to enroll their children in Medicaid or CHIP felt the process was "too burdensome," in part because they had trouble getting their application questions answered.[23] Parents noted that they have had to wait on the phone for long periods of time in order to talk with someone who could answer their application questions. Others said that they did not have the option to seek application assistance in person because most assistance offices are open only during work hours. Making assistance available during non-work hours will be very important as more working people become eligible for Medicaid and premium credits in 2014 (the income range will extend up to four times the federal poverty level, which is $89,400 a year for a family of four in 2011).

Four out of the seven states in Table 1 (see pages 10 and 11) offer application assistance outside of the standard business hours of 8:30 am to 5:30 pm, but none of these states offers consistent weekend or nighttime assistance. **Louisiana** offers phone assistance from 7:00 am to 5:30 pm, Monday through Friday, while **Oklahoma's** telephone helpline is open from 8:00 am to 5:00 pm, Monday through Friday. **Utah** offers an online chat program that is available between 7:00 am and 6:00 pm, but only Monday through Thursday. In **Wisconsin**, state offices can choose to be open for extended nighttime and weekend hours. In an effort to simplify the application process and help people enroll, it is necessary for states' online application processes to include some form of personal assistance, whether it is a live chat option or a phone hotline that is available during off hours.

- **In-Person Assistance**

  The Affordable Care Act stresses the importance of identifying community-based assistance, or "navigators," to help people enroll in appropriate health insurance plans.[24] Research shows that people often prefer to apply for public programs, such as Medicaid, at community-based organizations, as opposed to Medicaid offices.[25] Furthermore, some of the uninsured people who will gain coverage beginning in 2014 will already have existing relationships with safety net providers where they live. These providers may fill the important role of encouraging patients to apply for health coverage for which they were previously ineligible. Engaging these community partners in the enrollment process could prove to be a successful strategy for reaching eligible, but not enrolled, low- and middle-income consumers.

  Several states already have navigators built into their application and enrollment processes. **Massachusetts** has a very successful "Virtual Gateway" program in which community-based organizations are able to fill out applications on behalf of consumers, receive notifications of what documents are needed on behalf of consumers, and educate consumers about the application process. The Virtual Gateway allows community-based organizations to follow through and ensure that consumer applications are completed and submitted.[26] **Wisconsin** has approximately 200 community-based partners who are trained to assist with the online application process.[27]

  When your state is developing its online application process, it may be up to advocates to suggest community-based organizations that could provide assistance to those who cannot complete their online applications by themselves.

Online Applications for Medicaid and CHIP: Where Are States Now?

	Alabama	Louisiana	Massachusetts	Oklahoma
Program Name(s)	SOBRA, ALL Kids, MLIF	Medicaid, LaCHIP	MassHealth	SoonerCare
Self-Service Online Application[1]	Yes	Yes	No[2]	Yes
Application Can Be Saved, Reopened, and Edited	Yes	Yes	Yes[3]	Yes
Application Languages	English Only	English and Spanish	English Only	English Only
SSA Data Matching for Citizenship Documentation	Yes	Yes	Yes[4]	Yes
Additional Materials Needed with Application	Proof of household income, pregnancy verification, proof of relationship if applying for MLIF	Applicants receive a list of required verification documents that they can mail, fax, or deliver in person	Proof of income, proof of health insurance	Proof of pregnancy (if necessary)
Online Eligibility Determination	No	No	Yes	Yes
Online Renewal	No	Yes	No	Yes
Application Formats Available Online	Online electronic application, PDF	Online electronic application, PDF	PDF	Online electronic application, PDF
Means of Completing and Submitting an Application	Online, mail, fax, or in person	Online, mail, fax, or in person	Mail, fax, or in person	Online, by mail, or in person
Combined Application for Health Care and Other Public Assistance Programs	No[6]	No	Yes[7]	No[8]
Phone or Online Assistance by State Agency Staff during Non-Work Hours[12]	No	Yes[13]	No[14]	Yes[15]
Website URL	insurealabama.adph.state.al.us	https://bhsfweb.dhh.louisiana.gov/	www.mass.gov/eohhs Go to tab titled For Consumers, then to Insurance (including MassHealth), to MassHealth Coverage Types, and finally to MassHealth Benefit Introduction	mysoonercare.org

Online Applications for Medicaid and CHIP: Where Are States Now? (cont'd)

	Pennsylvania	Utah	Wisconsin
Program Name(s)	Medical Assistance, CHIP	Medicaid, CHIP	BadgerCare Plus, Medicaid
Self-Service Online Application[1]	Yes	Yes	Yes
Application Can Be Saved, Reopened, and Edited	Yes	No	Yes
Application Languages	English and Spanish	English and Spanish	English and Spanish
SSA Data Matching for Citizenship Documentation	Yes	Yes	Yes
Additional Materials Needed with Application	Income verification	Other documents as determined by eligibility specialists who have reviewed the application	Depending on the success of the SSA data match, applicants may receive a "submission of proof" letter by mail that is specific to the applicant
Online Eligibility Determination	No	No	Yes
Online Renewal	Yes	No[5]	Yes
Application Formats Available Online	Online electronic application, PDF	Online electronic application, PDF	Online electronic application, PDF
Means of Completing and Submitting an Application	Online, phone, mail, fax, or in person	Online, mail, or fax	Online, phone, mail, fax, or in person
Combined Application for Health Care and Other Public Assistance Programs	Yes[9]	Yes[10]	Yes[11]
Phone or Online Assistance by State Agency Staff during Non-Work Hours[12]	No	Yes[16]	Yes[17]
Website URL	www.compass.state.pa.us	utahhelps.utah.gov	access.wi.gov

See Table Notes and Sources on next page.

Table Notes and Sources

[1] A self-service online application is an application that can be completed and electronically submitted by the consumer at any location (e.g., one's home). It does not require the assistance of an eligibility worker at a community-based organization, hospital, social service agency, or other predetermined location.
[2] Applicants can apply with an assisted online application at community-based organizations, hospitals, health centers, and social service agencies via the Virtual Gateway.
[3] Assisted online application can be saved or edited.
[4] For certain programs.
[5] Online renewal is scheduled for the future.
[6] However, application includes an additional health care option, Plan First.
[7] Other programs include SNAP, WIC, Child Care, Community Services and Long-Term Support, and additional health care options (Healthy Start, Health Safety Net, Children's Medical Security Plan, and Commonwealth Care).
[8] However, application includes additional health care options (SoonerCare, SoonerPlan, mental health services, and substance abuse services).
[9] Other programs include SNAP, Low-Income Home Energy Assistance Program (LIHEAP), Child Care Works, Free or Reduced-Price School Meals, Cash Assistance, Long-Term Living Services, Mental Retardation Services, and SelectPlan for Women.
[10] Other programs include SNAP, Financial Assistance, additional health care options (UP, PCN), and Child Care.
[11] Other programs include FoodShare, Family Planning Waiver, and Child Care.
[12] Non-work hours are defined as before 8:30 am and after 5:30 pm, Monday through Friday, or any time on Saturday or Sunday.
[13] Phone assistance is available Monday through Friday, 7:00 am to 5:30 pm.
[14] While there is no formal non-work hour application assistance, there is a 24/7 automated phone service for inquiries relating to application status and health and other public assistance benefits.
[15] SoonerCare Helpline is available from 8:00 am to 5:00 pm, Monday through Friday.
[16] Online help is available Monday through Thursday, from 7:00 am to 6:00 pm.
[17] Only where agencies choose to have extended services, typically until 7:00 pm and on Saturdays.

Sources:

Alabama

Telephone conversation between Elisabeth Rodman, Families USA, and Robin Rawls, Alabama Medicaid Agency, on November 8, 2010.

Email correspondence between Elisabeth Rodman, Families USA, and Vicki Wilson, Alabama Medicaid Agency, on November 10, 2010.

Louisiana

Email correspondence between Elisabeth Rodman, Families USA, and Diane Batts, Louisiana Department of Health and Hospitals, in October and November 2010.

Massachusetts

Telephone conversation and email correspondence between Elisabeth Rodman, Families USA, and Howard Caplan, MassHealth Virtual Gateway and MMIS Training and Communications, Office of Medicaid, in November 2010 and January 2011.

Telephone conversation between Elisabeth Rodman, Families USA, and Anne-Marie D'Angelo Florent, MassHealth, on November 9, 2010.

Oklahoma

Telephone conversation between Elisabeth Rodman, Families USA, and Jo Kilgore, Oklahoma Health Care Authority, on November 10, 2010.

Pennsylvania

Interview of George Hoover, Pennsylvania Partnerships for Children, by Elisabeth Rodman, Families USA, on November 12, 2010.

Utah

Email correspondence between Elisabeth Rodman, Families USA, and Bev Graham, Bureau of Eligibility Policy, Utah Medicaid Program, on November 8, 2010.

Wisconsin

Telephone conversation and email correspondence between Elisabeth Rodman, Families USA, and Melissa Henderson, Wisconsin Bureau of Enrollment Policy and Systems, DHS/DHCAA/BEPS, in November and December 2010.

Funding Opportunities

In addition to the funding that is provided by the Affordable Care Act, new funding for the creation and implementation of online applications has recently been proposed and allocated. Funding for the design, implementation, and maintenance of appropriate information technology (IT) is integral to assisting states as they create their online applications. The following is a list of funding options for states:

- **Exchange Planning and Establishment Grants:** The Affordable Care Act provides funding to help states plan for and implement their health insurance exchanges. The first round of grants was awarded on September 30, 2010; 48 states and the District of Columbia were awarded approximately $1 million each in that round.[28] The opportunity to apply for second-round grants was announced on January 20, 2011. There is no specific dollar amount for the second or subsequent rounds of grants. States can use these funds to ensure that their enrollment systems are up to the task of coordinating eligibility determinations for premium credits, Medicaid, and CHIP.[29] Because states are not required to match these funds, these grants may be an attractive source of funding for state IT improvements that are needed to ensure streamlined, consumer-friendly enrollment systems.
- **Enhanced Federal Match for Medicaid Enrollment IT Activities:** On November 3, 2010, HHS announced potential federal funding to help states design, develop, and maintain new Medicaid eligibility systems. According to the proposed regulations, states will be able to receive a 90 percent federal matching rate (an enormous increase from the previous 50 percent federal match) for the design and development of new eligibility systems until December 31, 2015. Beginning in 2016, states that qualified to receive the 90 percent match will receive a 75 percent federal match for the maintenance of their new Medicaid eligibility systems.[30]
- **Early Innovator Grants:** On February 16, 2011, Health and Human Services awarded two-year Early Innovator grants to Kansas, Maryland, New York, Oklahoma, Oregon, Wisconsin, and a multi-state New England consortium led by Massachusetts.[31] The grants will provide a total of approximately $241 million in funds for these states to create cost-effective, consumer-friendly IT systems.[32] The goal is for the Early Innovator states to produce practical IT models that other states will be able to adopt.
- **Outreach Grants:** The Affordable Care Act adds $40 million to the existing outreach and enrollment grants for children's Medicaid and CHIP that were originally created by the Children's Health Insurance Program Reauthorization Act (CHIPRA), and it extends them from 2013 to 2015. Enrolling children will be a crucial step in getting uninsured parents enrolled, since many parents of Medicaid- and CHIP-eligible children will be newly eligible for Medicaid or premium credits in 2014.
- **Navigator Grants:** Exchanges will also be awarding grants to navigators, including community advocates and other entities, that can help consumers enroll in appropriate health plans. Navigators will be crucial in outreach efforts and will provide help to people who don't have internet access or need assistance with online enrollment.

Lessons for States

In order to have an online application in use by January 1, 2014, states must begin to plan and implement their application and enrollment systems now. Currently, no states in this analysis appear to meet all of the requirements for online applications that are outlined in the Affordable Care Act. Every state has the opportunity to make progress. Our discussion of what states are currently doing only scratches the surface of the issues that are involved in creating an online application. Advocates need to consider the following as they help their states create their online applications and consider IT system changes.

■ Creating and Managing Your State's Online Application and Enrollment System

Due to time, financial, and workforce constraints, it will be a challenge for many states to completely revamp their existing computer systems (the "rip and replace" approach) in order to implement a streamlined online application and enrollment system by 2014. These states may turn to one of the many private vendors (for-profit or non-profit) that often employ "middleware" to connect state residents with the online application, and to connect state agencies with the data retrieved from the application.

Whether your state chooses to rebuild its computer system or contract with one of the many vendors, it is important for advocates to know which parties have a role in determining eligibility and to be involved in the process of constructing and testing the online application process in order to ensure that it is a consumer-friendly system.

■ Listening to Consumer Feedback

Online applications should provide room for consumers to offer feedback. Small glitches, such as broken hyperlinks and text that does not display accurately, can confuse and frustrate consumers, which can lead to incomplete applications. Advocates may want to encourage states to create easy ways for consumers to offer their feedback online, such as the "yellow box" feature on HealthCare.gov, which allows consumers to type in feedback and questions on any page they visit on the site.

Some states are already asking for consumer feedback. For example, at the end of the Online Help live chat session on **Utah**'s application website, consumers are asked to complete a short survey regarding the information on the site. Requesting consumer feedback is a small addition to an online application but an essential part of website maintenance and continuous improvement. Reading and responding to consumer feedback may be the type of work that a consumer group could help with.

Conclusion

The Affordable Care Act aims to eliminate the barriers that prevent people from enrolling in health coverage. The law promotes a culture of acceptance—everyone is encouraged to apply, and there are more affordable coverage options for people of all income levels. The online application process will make it easy for people to find, enroll in, and renew health coverage. The promising practices of the states examined in this issue brief, as well as the additional suggestions explored above, aim to reduce barriers and streamline enrollment.

Each state will face different challenges in implementing a consumer-friendly online application: Many states are currently dealing with challenging political climates, large deficits, and limited resources, so strategies that will work in some states may not work in others.

It is crucial that states continue to learn from one another in order to determine best practices for creating and implementing a successful online application system. With new federal funding, updating IT systems and building on or creating simple and consumer-friendly online application processes is an achievable—and necessary—undertaking.

Endnotes

[1] Section 1413 of the Affordable Care Act requires that the Secretary of Health and Human Services provide states with a single, streamlined form that can be used to apply for Medicaid, CHIP, and premium credits and that can be filed online, in person, by mail, or by phone.

[2] In the context of this report, the term "online application" means an application that a consumer can complete and submit electronically, via the internet. It is not an application in PDF form that is simply available online.

[3] *Patient Protection and Affordable Care Act*, Public Law 111-148 (March 23, 2010), as modified by the *Health Care and Education Reconciliation Act of 2010*, Public Law 111-152 (March 30, 2010), Title 1, Subtitle E, Section 1413.

[4] If an applicant's information is a) inconsistent with data that are used to electronically verify eligibility or b) otherwise insufficient for determining eligibility, an applicant may need to provide additional information.

[5] *Patient Protection and Affordable Care Act*, Public Law 111-148 (March 23, 2010), as modified by the *Health Care and Education Reconciliation Act of 2010*, Public Law 111-152 (March 30, 2010), Title 1, Subtitle G, Section 1561.

[6] Mollyann Brodie, Rebecca Flournoy, Drew Altman, Robert Blendon, John Benson, and Marcus Rosenbaum, "Health Information, the Internet, and the Digital Divide," *Health Affairs* 19, no. 6 (November/December 2000).

[7] Pew Internet and American Life Project, *Demographics of Internet Users* (Washington: Pew Research Center, May 2010), available online at http://www.pewinternet.org/Static-Pages/Trend-Data/Whos-Online.aspx.

[8] Mike Fogarty, Oklahoma Health Care Authority, *Real-Time Online Enrollment (Easy as 1-2-3)*, PowerPoint presentation at National Association for State Health Policy Briefing, Washington, D.C., February 3, 2011.

[9] Martha Heberlein, Tricia Brooks, Jocelyn Guyer, Samantha Artiga, and Jessica Stephens, *Holding Steady, Looking Ahead: Annual Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and CHIP, 2010-2011* (Washington: The Kaiser Commission on Medicaid and the Uninsured, January 2011).

[10] Although consumers can apply 24 hours a day, seven days a week, their applications may not be considered seven days a week. For example, in Utah, an application can be submitted almost instantly, but the state reviews applications only during business hours, which are Monday through Thursday, 7:00 am to 6:00 pm. Therefore, if an application is submitted at 6:01 pm on Thursday, it will not be considered until the following Monday, at the earliest.

[11] Jennifer Sullivan and Kathleen Stoll, *Lower Taxes, Lower Premiums: The New Health Insurance Tax Credit* (Washington: Families USA, September 2010).

[12] Beth Morrow and Dawn Horner, *Harnessing Technology to Improve Medicaid and SCHIP Enrollment and Retention Practices* (Washington: The Children's Partnership and The Kaiser Commission on Medicaid and the Uninsured, May 2007).

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