

*Participant Experience with the Insure
Oklahoma/O-EPIC Individual Plan*

January, 2007 Through September, 2008

*The Primary Care Health Policy Division
Department of Family and Preventive Medicine
University of Oklahoma Health Sciences Center
Oklahoma City, Oklahoma*

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Submitted to

The Oklahoma Health Care Authority

This report completes contract Article IV, section 4.3 (j) of an Interagency Agreement between the Oklahoma Health Care Authority and the Board of Regents of the University of Oklahoma, which states, "Contractor shall prepare a written report detailing the feedback gathered from IP participants regarding the Insure Oklahoma/O-EPIC program. This report shall be submitted to OHCA by Wednesday, January 28, 2009."

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Participant Experience with the Insure Oklahoma/ O-EPIC Individual Plan

January, 2007 Through September, 2008

Executive Summary

“There is absolutely no way that I could afford health care without Insure Oklahoma IP. It has been a Godsend—a big thanks to all the people who made it possible.”

IP participant, August 2008

Purpose: On January 8, 2007, Insure Oklahoma (IO) Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC), a premium assistance program, for qualified workers and spouses operated by the Oklahoma Health Care Authority (OHCA), was expanded to include qualified individuals (ages 19-64) who met the income criteria (family income up to 200% federal poverty level, FPL) but who were not able to access the IO/O-EPIC Employer-Sponsored Insurance (ESI) plan.^{1,2} To qualify for the IO/O-EPIC Individual Plan (IP), an applicant must fall into one of the following employment categories.

- a. Self-employed or sole proprietor, or
- b. Work in a small businesses (50 or fewer employees) that does not offer ESI, or
- c. Be unemployed and looking for work, or
- d. Disabled with a “Ticket to Work.”^{3,4}

Spouses are also qualified for coverage under IO/O-EPIC IP except for those with a “Ticket to Work,” in which case spouses must qualify separately. Federal rules for Oklahoma currently allow children to be covered up to 185% of FPL in the SoonerCare program.

Faculty and staff from the Primary Care Health Policy Division, Department of Family

& Preventive Medicine (DFPM), University of Oklahoma Health Sciences Center (OUHSC) helped OHCA implement a continuous quality improvement (CQI) process for IO/O-EPIC IP during the start-up phase of the program. Results from the first CQI study were provided to OHCA in March, 2008.⁵ The DFPM assisted OHCA with similar studies for the IO/O-EPIC ESI program.⁶⁻⁹

For this study, DFPM researchers helped OHCA develop a survey (Appendix A1) and cover letter (Appendix A2), which was mailed to 1,499 individuals participating in IO/O-EPIC IP on June 2, 2008; 17 surveys were undeliverable, resulting in 1,482 surveys distributed. Completed surveys were returned by 589 IP participants by the cut-off date of October 31, 2008, a 39.7% response rate.

In addition, DFPM staff interviewed 89 IO/O-EPIC IP participants who indicated on their survey that they would be willing to answer additional questions about the program. This report describes the results of the survey and interviews as part of the continuous quality improvement of the IO/O-EPIC IP program.

Background: In March, 2008, a report describing feedback from participants in the IO/O-EPIC IP program was submitted to OHCA.⁵ That report illustrated some of the problems finding affordable health care that plague workers who are self-employed, without access

¹Ticket to Work is a work incentive program for individuals who currently receive federal disability benefits. The Ticket to Work program, managed by the Social Security Administration (ssa.gov), serves over 100,000 Oklahomans between the ages of 18 and 64 who have disabilities from which they are not “expected to medically recover.”

to employer coverage, or are between jobs.⁵ A literature review to update that information found that other than increased attention from politicians and the media,¹⁰ little has changed in terms of insurance options for these workers.⁵

According to insurance industry and business groups, health insurance options for the self-employed are limited and include:¹¹⁻¹³

1. Participate in COBRA, provided you were previously employed in a company with 20 or more employees. COBRA only lasts for 18 months.
2. Rely on someone else, your spouse for example.
3. Find a part-time job with benefits.
4. Join a trade group that offers health insurance.
5. Purchase a qualified Medical Savings Account (MSA), provided you have a high deductible health plan and can afford to put money aside.
6. Purchase an individual health plan through the private insurance market, provided you are healthy enough to pass a medical exam, and under age 50. Over 50, costs may be prohibitive.¹⁴

Approximately 63% of the working uninsured are self-employed or work for firms with 10 employees or less.¹⁵⁻¹⁷ Estimates from the Employee Benefits Research Institute (EBRI) show that about 76% of self-employed individuals are without health insurance compared with 73% of employees working in businesses with 10 employees or fewer and only 35% of workers employed in businesses with 1,000 employees or more.¹⁵ Data from the State Health Access Data Assistance Center (SHADAC), released to OHCA on November 13, 2008, show that 60% of Oklahoma's uninsured fall into one of the IP eligibility categories, and most of those are self-employed or work in small businesses with no employer-sponsored health plan.

To gather feedback as part of the continuous quality improvement process for the IO/O-EPIC IP program, OHCA asked DFPM researchers to help conduct a survey of individuals participating in the IP program as of June 2, 2008. This report describes the results of the survey.

Methods

Tasks: DFPM staff helped OHCA develop a survey and a cover letter (Appendices A1 and 2) to gather feedback from IO/O-EPIC IP participants. DFPM staff also conducted telephone or

e-mail interviews with respondents who indicated they would answer additional questions about the program. Questions for the interviews and a grid detailing the information obtained are attached in Appendices B1 and B2. Regular progress reports, and timely completion of contract deliverables were also required.

Subjects: The target population for this study was all 1,499 individuals who were enrolled in IO/O-EPIC IP on the survey mail-out date (June 2, 2008); 17 surveys were undeliverable; a total of 1,482 IP participants were contacted.

Survey Instrument: The survey included questions about sociodemographic status (eligibility category, age, location, education, etc.), health insurance history and current status, and asked participants to rate specific IP program materials and services. Open-ended questions gave respondents the opportunity to make comments and suggestions about the IP program. Respondents were given the option to supply contact information if they wished to participate in telephone or e-mail interviews.

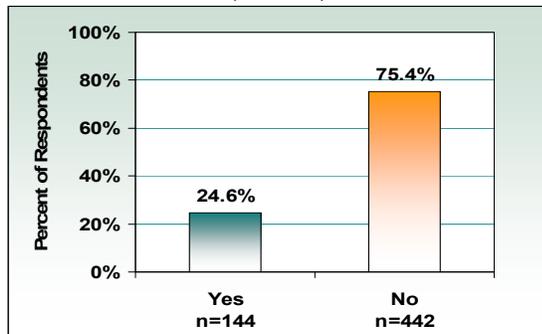
Data Analysis: Raw data were entered into an Excel spreadsheet. Different analyses were performed depending on the nature of the data (averages, percentages, etc.). Comparative analyses and Student's T-tests were performed, as appropriate, to determine statistical significance. All charts were generated in Excel. Comments were entered verbatim into a spreadsheet and coded for theme (Appendix C). Raw data are available upon request. Biographical data about the authors is attached (Appendix D).

Key Findings

1. Surveys were sent to 1,499 IP participants; 17 were undeliverable; 589 completed surveys were received and analyzed for this study, a 39.7% response rate.
2. 96% of respondents fell into 2 eligibility categories: self-employed (52%, n= 301) and those with no access through their employer (44%, n=260). Temporarily unemployed accounted for 3% (n=17), and Disabled with Ticket to Work, 1% (n=5).

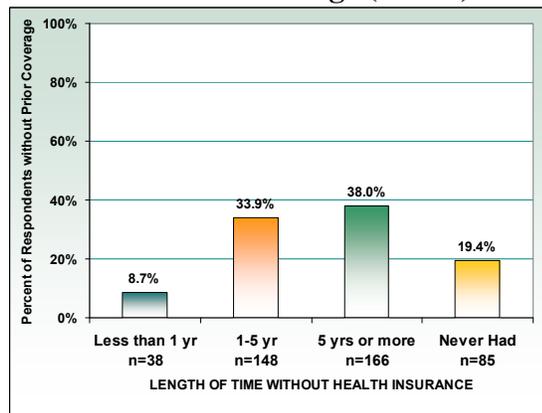
3. Friends, co-workers, or family members were the main source of information about IO/O-EPIC IP (43.6%), an increase over last year (36.7%).⁵ Newspapers were next (24.9%). Employers were least helpful (4.6%).
4. Only one-third (37.3%) of IP applicants applied online whereas 62.7% completed a paper application. These statistics are unchanged from the previous study.⁵
5. The average length of time respondents had been participating in the IP program was 7.5 months; the range was <1 to 18 months.
6. Only 1/4th of participants had prior insurance (Figure 1). Of those with prior coverage, 32% had ESI, 51% had private coverage, and 17% had dependent coverage.

Figure 1. Prior Health Insurance Status (n=586)



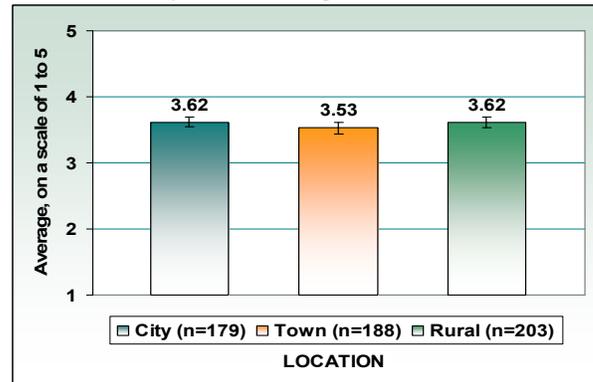
7. Most respondents who reported no prior coverage had been **without** insurance for more than a year; 19.4% had never had health insurance (Figure 2).

Figure 2. Length of Time without Health Insurance Coverage (n=437)



8. 71% chose to apply for O-EPIC IP because it was affordable; 17% had a medical need.
9. 91% thought the IO/O-EPIC IP program was a “Good” or “Very Good” health insurance option.
10. Survey respondents and interviewees indicated problems with the renewal process. Survey responses implied data entry errors and process were problems.
11. Many participants complained that physicians treated them like “Medicaid patients.” One participant said: “Let doctors know we are not Medicaid. We are working.”
12. Participants found locating 3 PCPs close to home to be more difficult than other aspects of the application process, although most were able to do it. This problem was true for participants statewide (Figure 3).

Figure 3. Location Compared by Ease or Difficulty of Finding 3 PCPs (n=570)



NOTE: 13-18 are based on telephone interviews

13. Staff were able to contact 89 of the 293 respondents who left contact information, a 30.3% response rate. 88 of 89 were satisfied to very satisfied. Reasons given were:
 - a. Affordability
 - b. Coverage
 - c. No hassle claims
 - d. Staff are nice and sincere, even when they can’t help immediately.
 The 1 person who was not satisfied dropped coverage because the cost was still too high.

14. 67 interviewees had prior coverage; 22 did not, which is the opposite from the study sample in general (Figure 1).
15. The interviewees with prior coverage took up IO/O-EPIC IP for the following reasons:
 - a. Other plan too costly,
 - b. Lost coverage with job change,
 - c. Divorce, lost coverage,
 - d. Had coverage long ago, not recently covered.
16. When asked how IP compared with prior coverage, 67% (60) said IO/O-EPIC IP was better; 28% (25) said the plans were about the same, and 5% (4) said their prior plan was better because it had broader coverage than IO/O-EPIC IP, fewer administrative hassles, and a dental plan available.
17. Additional benefits interviewees would like added were similar to those mentioned on the survey: dental, vision, ambulance, spouse and/or children.
18. Interviewee responses to what they would do to make IO/O-EPIC IP better were similar to survey responses: more PCPs and specialists, especially in rural areas; bank draft or other payments options, and larger formulary.

Recommendations

1. Conduct a focus group for application instructions. Only 37% of applicants completed the application online. Investigate the obstacles applicant's face accessing and using computers to increase online application.
2. Offer for the program to choose a PCP for applicants if desired. Although most applicants were able to find 3 PCPs, comments suggested this was a problem and misunderstood. Clearer information about choosing PCPs on the application and website might reduce the confusion.
3. More physicians, both PCPs and specialists (as opposed to PAs or nurse practitioners)

- are needed for the IP program, especially in rural areas. Increased marketing and outreach with community physicians might help increase their participation in Insure Oklahoma.
4. Brand differentiation for O-EPIC and Medicaid.
 5. Most IP participants are very pleased with the program and are telling "everyone" they know. Additional newspaper, radio, and TV spots about the Insure Oklahoma/O-EPIC IP program would also help spread the word.
 6. Many respondents suggested adding vision, dental, ambulance, and other products and services. Some indicated a willingness to pay more for these services. Explore the use of "group purchasing power" or other approaches to add these important products for IP participants.
 7. Survey respondents and interviewees indicated problems with the renewal process. Streamlining the renewal process, and working with staff to reduce data entry errors would greatly improve the process and reduce the lapse in coverage several IP members mentioned experiencing.
 8. Periodically review the IP database to identify small business employers of IP members and develop a marketing target list for the ESI program.
 9. Continued monitoring of the program over time will help ensure ongoing quality improvement. This process should help to secure the viability of the Insure Oklahoma/O-EPIC IP program.

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Introduction

“It was very simple to apply online and I called for some questions and the phone support was very good. I am so thankful that I found O-EPIC. It has eased my financial stress in struggling with private insurance. I am very happy with O-EPIC and have referred several people to the program.

IP Participant, August, 2008

Purpose

Oklahoma has been an innovator in developing and implementing state programs to reduce the number of uninsured workers. In November, 2005, Oklahoma introduced the Insure Oklahoma (IO) Oklahoma Employer/ Employee Partnership for Insurance Coverage (O-EPIC) Employer Sponsored Insurance (ESI) program. Since then, 4,000 small businesses and over 12,000 working Oklahomans and their spouses have enrolled in the program.* To further extend affordable health coverage to Oklahoma workers, the IO/O-EPIC program added an Individual Plan designed to meet the insurance needs of a specific group of qualified individuals, ages 19-64. Federal rules for Oklahoma currently allow children to be covered up to 185% of FPL in the SoonerCare program. To qualify, individuals must have a gross family income up to 200% federal poverty level (Table 1) and fall into one of the following employment categories:

- a. Self-employed,
- b. Work in a small businesses (50 or fewer employees) that does not offer ESI,

*Insure Oklahoma Fast Facts, Nov. 2008 (accessed Nov. 24, 2008 at www.insureoklahoma.org/WorkArea/showcontent.aspx?id=3338).

- c. Be unemployed and looking for work, or
- d. Disabled with a “Ticket to Work.”[†] 3,4

Table 1. Gross Annual Income Guidelines for Insure Oklahoma/O-EPIC IP

Family Size	Self-Employed or Unemployment Income
1	\$20,800
2	\$28,000
3	\$35,200
4	\$42,400
5	\$49,600
6	\$56,800
7	\$64,000
8	\$71,200
9	\$78,400

Source: www.insureoklahoma.org. Add \$7,200 for each additional family member.

Insure Oklahoma O-EPIC IP began accepting applications on January 8, 2007, and now provides affordable health insurance coverage for more than 5,000 qualified individuals and spouses.

[†]Ticket to Work is a work incentive program for individuals who currently receive federal disability benefits. The Ticket to Work program, managed by SSA, serves over 100,000 Oklahomans between the ages of 18 and 64 who have disabilities from which they are not “expected to medically recover.”

As with the IO/O-EPIC ESI program,^{9,18-24} OHCA asked faculty and staff from the Primary Care Health Policy Division, Department of Family & Preventive Medicine (DFPM), University of Oklahoma Health Sciences Center (OUHSC) to assist with the implementation and maintenance of a continuous quality improvement (CQI) process for IO/O-EPIC IP. Results from the first CQI study were reported to OHCA in March, 2008.⁵

For this second CQI study of the IO/O-EPIC IP program, DFPM researchers assisted OHCA develop a survey and cover letter (Appendices A1 and A2).

In addition, DFPM staff were asked to contact those respondents who completed the Optional Contact section of the survey, and interview them about additional aspects of the IO/O-EPIC IP program. Other contract tasks included monthly progress reports and timely completion of survey reports.

This report, which completes contract task 4.3 (j), describes the results of the survey and the interviews. These results are designed to contribute to the continuous quality improvement of the IO/O-EPIC IP program.

Background

“If there is one thing that separates the self-employed from those employed by others, it is their preoccupation with health insurance.”²⁵

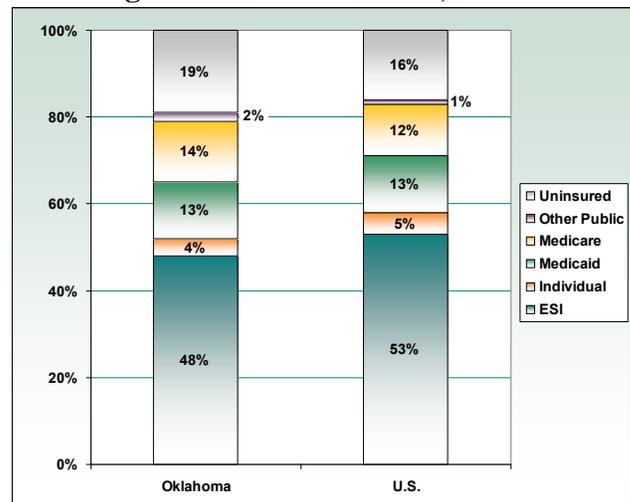
In March, 2008, a report describing the results from the initial CQI survey for the IO/O-EPIC IP program was submitted to OHCA.⁵ The Background section of that report described the problems finding affordable health care experienced by individuals who (1) are self-employed or sole proprietors,* (2) don't have access to

*Self-employed individuals are generally skilled in a trade, market a niche product, or provide a service in their community. A self-employed person works for himself/herself and draws income from the business they operate. They are not business owners. A sole proprietorship essentially refers to an individual doing business in his or her own name, with his or her own hands. There are no partners. (Definitions courtesy of Wikipedia (<http://en.wikipedia.org>))

health insurance through their employer, or (3) who are temporarily unemployed but looking for work.⁵ (For the purposes of this report, we will refer to individuals who “work for themselves” as self-employed, though they may be sole proprietors. Typically, government agencies that track employment and labor statistics, e.g., the Bureau of Labor Statistics, group these business types together.)

Although recent reports from the U.S. Census Bureau and other news agencies are touting the fact that the number of uninsured fell from 46.5 million in 2006 to 45 million 2007, a closer look reveals that the majority of the newly insured are children,²⁶ or adults who have lost their employer-sponsored coverage and who are now covered by public programs.²⁷ State Coverage Initiatives (SCI), a Robert Wood Johnson Foundation project, developed a breakdown of health insurance sources for all states in the U.S. Their most recent data are for the 2004-2005 period. Shown in Figure 4 is a comparison of coverage sources for Oklahoma and the U.S. Nineteen percent of Oklahomans are uninsured compared to 16% nationally, and 48% receive ESI, compared to 53% nationally.

Figure 4. Sources of Health Insurance Coverage: Oklahoma and U.S., 2004-2005*



*Source: <http://statecoverage.net/profiles/oklahoma.htm#wavers>.

The Employee Benefits Research Institute (EBRI) updated some of this information for 2007.²⁷ According to EBRI, 162 million (62%)

nonelderly Americans had health insurance coverage for themselves and their dependents through their employers. About 45 million Americans had coverage through public or government programs, and 45 million were uninsured. A small percentage (6.8%, 17.9 million) purchased coverage from the private marketplace. Couched in the statistics for the uninsured and those with individual coverage are the 10 million Americans who are working: for themselves as sole-proprietors or self-employed,* workers in small businesses that do not offer ESI, or the newly uninsured who have lost their jobs and their health benefits in the economic downturn that has dominated the past 2 years.^{27,28}

The responsibility for developing options to cover the uninsured has, until very recently, rested solely with the states, and many, like Massachusetts,^{29,30} Oklahoma,² and Minnesota,³¹ among others, have been innovative. With the recent presidential campaign and election came a renewed focus on the price America is paying for health care – not just in terms of dollars but especially in terms of the impact the rising cost of employee benefits is having on the economy. President-elect Obama has been putting together his health care team, headed by newly designated Health and Human Services Secretary Tom Daschle. He has mobilized a “network of supporters” using the internet to gather ideas and create excitement for his health initiatives.³² Insurers are climbing on the bandwagon, too. America’s Health Insurance Plans and the Blue Cross and Blue Shield Association announced recently that “they would cover all if everyone was required to be covered.”³³

Approximately 80% of the uninsured are working adults,²⁸ and about 60% of the uninsured are self-employed or work for small firms (10 employees or fewer).^{27,28,34} Despite the problems self-employed individuals or employees in small firms have getting health coverage, America’s health care system

*Bureau of Labor Statistics, www.bls.gov/news.release/pdf/empisit.pdf.

continues to rely “mostly on employers to cover workers.”³⁵ This presents a significant problem for small business owners and their workers. As health care costs rise, business owners are forced to increase deductibles to control their out-of-pocket premium costs. Recent findings by an employee benefits consulting firm show that, for the first time, the out-of-pocket costs for the average U.S. worker passed the \$1,000/year mark,³⁶ a price that many low-income workers will not be able to absorb.

The issues are even more complex for the self-employed.³⁷ Many of the self-employed and those who are sole proprietors represent the entrepreneurial spirit that America is so proud of. They are some of the best and the brightest yet Europe leads America 3 to 1 in start-up of new businesses. What is holding us back? Health care.³⁷

A literature review to update information on insurance options for the self-employed revealed that very little has changed in terms of health care options available to this group of American workers.⁵ According to insurance industry and business groups, insurance options for the self-employed are extremely limited and include:¹¹⁻¹³

1. Participate in COBRA, provided you were previously employed in a company with 20 or more employees. COBRA only lasts for 18 months.
2. Rely on someone else, your spouse for example.
3. Find a part-time job with benefits.
4. Join a trade group that offers health insurance.
5. Purchase a qualified Medical Savings Account (MSA), provided you have a high deductible health plan and can afford to put money aside.
6. Purchase an individual health plan through the private insurance market, provided you are healthy enough to pass a medical exam, and under age 50. Over 50, costs may be prohibitive.¹⁴

Recently, the Utah legislature began consideration of a measure designed to help self-employed individuals gain access to affordable health care. The measure would to change the definition of “small group” from 2 employees or

more to 1 employee or more. If the measure passes, it would give self-employed individuals access to “guaranteed issue” plans, which cover people regardless of health history.³⁸

Estimates from the EBRI show that about 76% of self-employed individuals are without health insurance coverage, compared with 73% of employees working in businesses with 10 employees or fewer and 35% of workers employed in businesses with 1,000 employees or more.¹⁵ Data from the State Health Access Data Assistance Center (SHADAC), released to the OHCA on November 13, 2008, show that 60% of Oklahoma’s uninsured fall into one of the IP eligibility categories, and most of those are self-employed or work in small businesses.

Most of the uninsured and self-employed are hard working people who have chosen to be their own bosses. The following are two cases, taken from the survey conducted for this study. These are true stories from real Oklahomans.

***Working and Uninsured in Oklahoma:
Two Stories***

“When you don’t have health insurance, you wait to go to the doctor until you think you’re going to die.”

Mary K. is a 45 year old, self-employed bookkeeper. She is married to Jim and together they also manage rental property. They have never had health insurance. The both exercise regularly and try to stay healthy so when Mary started having stomach pain, she decided it was just indigestion. “When you don’t have health insurance, you wait to go to the doctor until you think you’re going to die.”

But it wasn’t indigestion and Mary ended up having emergency gall bladder surgery. Mary wondered, “Maybe if I’d had health insurance and could have gotten checked out I wouldn’t have had to have emergency surgery.”

Mary also had to have back surgery a couple of years ago, and those surgeries ate up all of

Jim and Mary’s savings. She also has migraines but couldn’t afford to see a doctor or get the medications so she just suffered with them. Jim has some abnormalities on his face that they fear might be skin cancer but they decided just to wait and see if the lumps grew.

“People who have health insurance can’t understand what its like. You worry each day that something will happen, like my surgeries. Then, you lose everything you’ve worked a lifetime for.”

Mary and Jim were among the 60% of Oklahomans who are self-employed and uninsured.*

***Working and Uninsured:
Rev. B.’s Story***

Rev. B. is a minister in rural Oklahoma, one of many clergy throughout the state and the country who are without access to employee benefits. Rev. B. and his wife are both “employees” of the church but, because like most churches, Rev. B.’s church is non-profit and relies primarily on volunteers and contributions, the church does not have an employee benefit plan.

Rev. B. wasn’t always a reverend. When he was younger, he worked for a large corporation and had access to health coverage through the employee benefit plan at his workplace. When he was “called” to the church, he lost his employer-sponsored coverage. He had been buying individual coverage through the private market for about \$600/month with a very high deductible (\$5,000). Then, a couple of years ago, Rev. B. had to have a cardiac stint placed. With his now pre-existing condition, Rev. B. lost the coverage he had and was transferred to Oklahoma’s high risk pool. He is supposed to have regular stress tests with his cardiologist to

*For “The Rest of the Story about Mary and Jim K., and Rev. and Mrs. B., see the Discussion section of this report.

have the stint checked, but he has skipped several appointments because of the cost. “I want to stay healthy,” Rev. B. said. “I want to watch my 5 year old daughter grow up.” But the cost for their insurance rose to over \$1,000 per month and he had to let the coverage lapse. Without affordable coverage, Rev. B and his wife were both worried. Like many in Oklahoma and the U.S., Rev. B. and his wife are hard working and uninsured.*

The Insure Oklahoma/Oklahoma Employer/Employee Partnership for Insurance Coverage Individual Plan was designed for people like Mary and Jim K. and Rev. and Mrs. B. – hard working people who chose to be their own boss or to serve others outside the traditional employer-sponsored insurance model.

To gather feedback from current IP participants, DFPM faculty and staff assisted OHCA develop a survey and cover letter (Appendices A1 and A2), which were distributed to all 1,499 IP participants on June 2, 2008. Some of the individuals had been participating for as long as 18 months (the duration of the IP program) and some for as little as one month. This report describes the results from that survey. Information from this study is intended to contribute to the continuous improvement of the Insure Oklahoma/O-EPIC IP program, and help make health care more accessible to Oklahoma’s uninsured workers.

Methods

“It is an absolute God send for us. We paid for 2 surgeries for me in the past and lived in fear that we would get a disease that would bankrupt us. This insurance gives us a peace of mind that is indescribable.”

IP Participant, August 2008

To gather feedback from individuals participating in IO/O-EPIC IP, faculty and staff of the DFPM helped OHCA develop and analyze a survey and conduct telephone and e-mail interviews as part of the IP continuous quality improvement (CQI) process. This is the second CQI study of the IP program, which began accepting applications in January, 2007. Results from the initial study, which analyzed data from 208 IP participants, and gathered feedback about the start-up phase of the program, were reported to OHCA on March 7, 2008.⁵

Subjects

Subjects for this study were individuals who were actively participating in IO/O-EPIC IP on June 2, 2008. OHCA mailed a survey (Appendix A1) and a cover letter (Appendix A2) to all 1,499 IP participants. Seventeen (17) surveys were undeliverable leaving a total of 1,482 successfully distributed surveys. Completed surveys were received from 589 participants, a 39.7% response rate. IP participants must be income qualified (see Table 1) and fall into one of the following employment categories:

1. **Self-employed or sole proprietor;**
2. **Working adults** who are employed for an Oklahoma business with 50 or fewer employees with no access to ESI;
3. **Temporarily unemployed adults** who are eligible to receive unemployment benefits through the Oklahoma Employment Security Commission (OESC);
4. Working adults with a disability who work for any size company and qualify for the **Ticket to Work** program.

Individual Employee Eligibility Criteria*

In order to participate in the Insure Oklahoma Individual Plan the individual must:

- Be in one of the employment categories listed above;
- Be an Oklahoma resident;
- Be an U.S. Citizen (or qualified alien);
- Be between the ages of 19 and 64;
- Not be enrolled in or have an open application for Medicaid or Medicare;
- Not be eligible for enrollment in the Insure Oklahoma/O-EPIC ESI program;
- Provide Social Security Numbers for all household members;

*Source: www.insureoklahoma.org.

- Have an annual GROSS household income within the eligibility guidelines (see Table 1 in the Introduction, or go to www.insureoklahoma.org).

Survey Instruments

DFPM researchers assisted OHCA in developing the survey instrument (Appendix A1) and explanatory cover letter (Appendix A2) for this study.

Four types of questions were developed for the surveys:

1. Likert scale,
2. Multiple choice,
3. Estimates,
4. Open-ended, narrative.

Sociodemographic and descriptive data, such as eligibility category, type of job, location, size of family, age, education, etc., were collected and used in our analyses to determine whether significant differences existed among IP participants in different sociodemographic sectors.

The previous survey, conducted within 6 months of the January 7, 2007 IP “go-live” date, focused more on issues related to the start-up of the IO/O-EPIC IP program (e.g., the ease and usefulness of the online materials, helpfulness of program staff, and other service issues).⁵ Some of those same questions were asked on this survey, and where important correlations were noted, we compared responses from the previous IP CQI report⁵ with the responses from this survey.

Open-ended questions allowed respondents to further explain their responses or offer comments and suggestions about the IP program. Respondents were also asked to complete an Optional Contact section if they were interested in answering additional questions about the IO/O-EPIC IP program.

Data Analysis

Survey questions were entered into an Excel spreadsheet for statistical analysis by one or more team members. Data entry was subjected to random checking by a staff member who was not involved in data entry to ensure accuracy.

All statistical analyses were performed using formulae from Excel, including those in the Excel Descriptive DataPak. These analyses included mean, median, mode, standard deviation, standard error of the mean, and Student T-test, depending on the data and the questions being asked. Charts and figures for this report were also generated in Excel.

Answers requiring a written response were entered exactly as they appeared on the completed survey. Responses were coded to identify themes that might be useful for the IO/O-EPIC IP CQI process, and charts depicting the coded responses were generated (see the Results section). A complete list of narrative responses from the surveys is attached in Appendix C. The raw data for this study are available upon request.

Telephone Interviews and E-mail Exchanges

A total of 293 survey respondents provided contact information. Of those, DFPM staff were able to contact 89, a 30.3% response rate. A structured “script” was prepared for interview process to ensure that staff members gathered the same information. A copy of the interview script is attached (Appendix B1) and a grid detailing the responses to the questions is included in Appendix B2. The case reports described in the Introduction and Discussion sections of this report were based on in-depth conversations held with two individuals who were willing to share their story with us. The names of those two individuals have been changed for this report to maintain their anonymity.

Resources and References

Since its inception in March 2003, the Primary Care Health Policy Division has been building a library of relevant policy materials. These materials include newspaper accounts, research reports and articles, and internet resources. Citations to these materials have been entered into an EndNote Reference Management Library database. To date, the library includes over 1,048 documents and citations. Materials relevant to Medicaid program innovation, uninsured and underinsured working adults and families, and current national discussions about health care are included in this library. The database and the library are available for use by OHCA staff, and by others upon special request. The numerous references cited in this report are part of this library and database.

Biographical sketches for all program faculty and staff are attached in Appendix D.

Limitations of this Study

Surveys were mailed to all 1,499 individuals participating in IO/O-EPIC IP as of June 2, 2008. Seventeen (17) surveys were undeliverable. Completed surveys were returned by 589 participants, a 39.7% response rate. The choice of survey recipients was not randomized; the survey was sent to all individuals participating in IO/O-EPIC IP on the survey mail-out date. Additionally, there was no way to control which IP participants would complete the survey, and which would not. Therefore, a certain amount of selection bias must be assumed. In addition, some of the questions called for estimates and opinions, which require subjective responses.

Another limitation is that not all participants answered every question, which may affect the data analysis. Every effort was made, during the analysis process, to allow for these discrepancies. To facilitate understanding, the number of responses received for each data point is reported in the results section, where applicable. If necessary, to clarify and explain

the discrepancies, the number of respondents who **did not** complete the question was also included.

However, the high response rate (39.7%) should allow policy makers to utilize this study with reasonable assurance that the results represent the opinions, feelings, and suggestions from a large majority of the individuals participating in IO/ O-EPIC IP.

Results

“I think this is a wonderful program for people like me who have not had insurance for over 5 years. I feel that someone cares.”

IP Participant, August, 2008

Results from the survey data are reported in three sections: (1) question-by-question responses in the order the questions were asked on the survey, (2) comparative analysis on pairings of survey questions, and (3) results from participant interviews or e-mail exchanges. OHCA distributed 1,499 IP surveys on June 2, 2008; 17 were undeliverable or received after the October 31, 2008 cut-off date. Of the 1,482 surveys that distributed, we received and analyzed 589 completed surveys, a response rate of 39.7%.

Raw data are available by request. Responses to open-ended narrative questions are attached in Appendix C.

NOTE: Not every question was answered by every survey respondent. Therefore, the number of responses (n) for each question may vary.

Abbreviations used in this analysis:

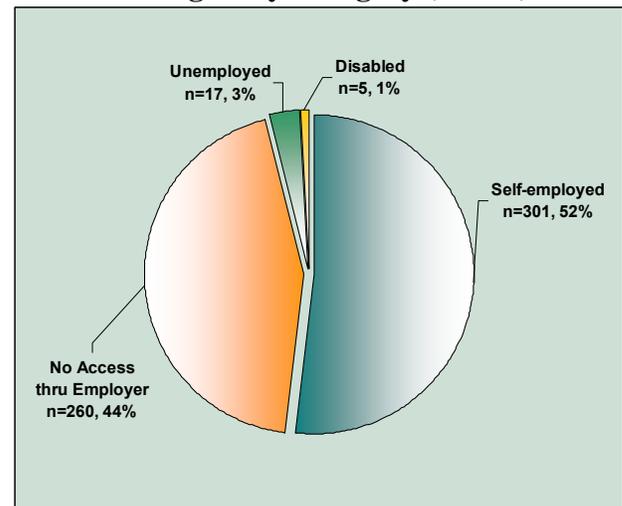
SEM = standard error of the mean
p-value = for this analysis, a p-value of .05 or less was considered a statistically significant result.*
City = population greater than 50,000
Town = population 2,500-50,000
Rural = less than 2,500 population
pop. = population

*p-value: a measure of probability that a difference between groups happened by chance. For example, a p-value of .05 (p=.05) means that there is a 5 in 100 chance the result occurred by chance. The lower the p-value, the more likely it is that the difference between groups is real.

Survey Results

1. **IO/O-EPIC IP eligibility category.** Most survey respondents were either self-employed (52%, n=301) or had no access to employer-sponsored coverage (44%, n=260). Seventeen (3%) respondents were unemployed and looking for work, and 5 (1%) were disabled with a “ticket to work” (Figure 5).

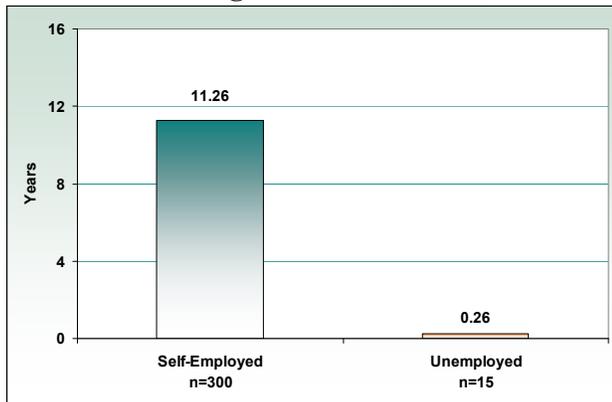
Figure 5. Survey Respondents by IO/O-EPIC IP Eligibility Category (n=583)



We asked how long respondents had been either self-employed or unemployed and looking for work. As shown in Figure 6, the average length of time individuals in this study had been self-employed was about 11 years, with the maximum being 45 years. The average time

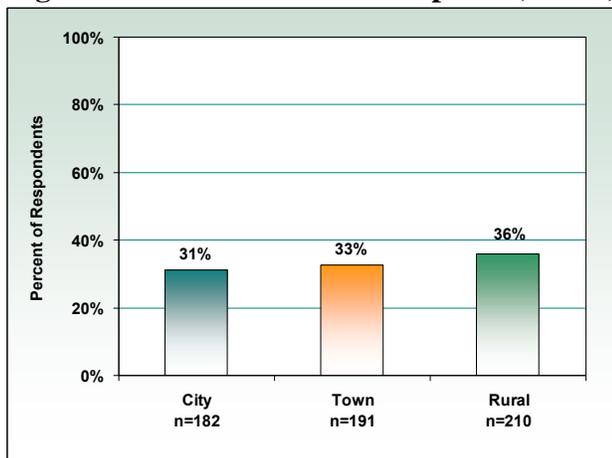
individuals had been unemployed and looking for work was about 4 months (.26 yr), with the maximum being about 10 months (.08 yr).

Figure 6. Length of Time Respondents Were Either Self-Employed or Unemployed and Looking for Work (n=315)



2. **Respondent location (city, town, or rural).** Respondents were almost evenly split among “City” (31%%, n=182), “Town” (33%, n=191), and “Rural” (36%, n=210). These results are similar to those from the previous CQI study.⁵ This indicates that information about the IP program is reaching qualified individuals throughout the state. It also allows us to assume that our sample is reasonably representative of the state in general (Figure 7).

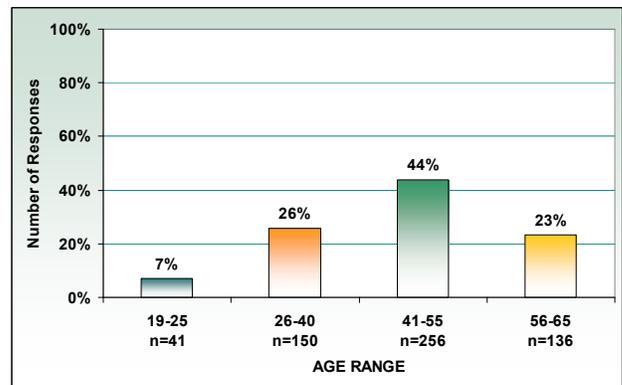
Figure 7. Location of IP Participants (n=583)



3. **Age.** We were interested in the age range of the IO/O-EPIC IP participants. This type of data helps to build a profile of the IP group. Figure 8 shows the age ranges for survey respondents.

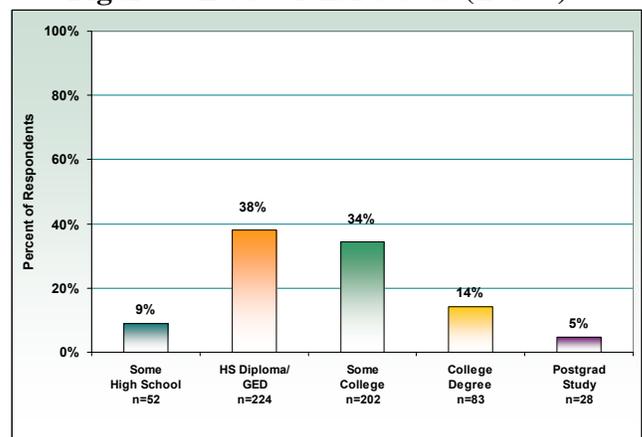
Most fell into the 41 to 55 age range (44%, n=256); the 26 to 40 range was the second largest group (26%, n=150) (Figure 8).

Figure 8. Age Range of Respondents (n=583)



4. **Education.** We were also interested in the educational status of the IP participants. Figure 9 shows the distribution of education among survey participants. Thirty-eight percent (38%, n=224) were high school graduates, and 34% (n=202) had some college; 14% (n=83) were college graduates, and 5% (n=28) had done postgraduate work. Only 9% (n=52) had not completed their high school education. These findings confirm much of the literature on uninsured workers who are self-employed: they are educated and motivated, and willing to take a risk to be their own bosses.^{11-13,16,37,39,40}

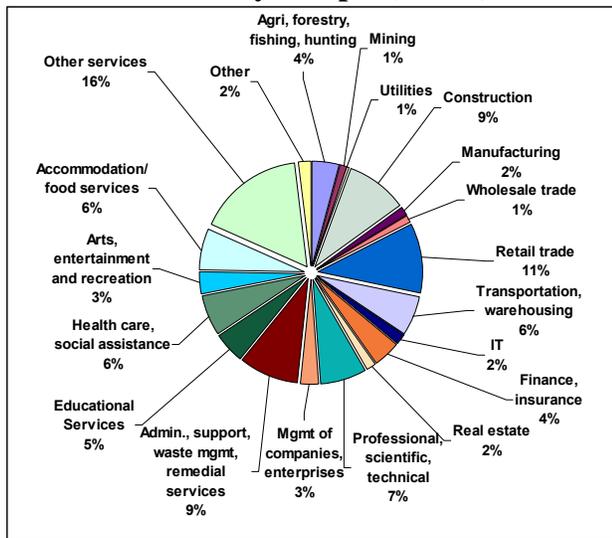
Figure 9. Educational Status (n=589)



5. **Type of work.** We categorized the types of work reported by survey respondents according to U.S. Department of Commerce Economic

Census* business sectors. We were then able to compare the types of work performed by our survey respondents with the previous IO/O-EPIC IP survey,⁵ and with the job sectors for Oklahoma. “Other Services” (which includes housekeepers, window cleaners, seamstresses, ministers, lawn and garden service providers, etc.), “Retail Trade” and “Construction” are among the largest sectors in all samples (Figures 10a, b, and c). At 16% (n=94), “Other Services” was the largest sector for the current survey population; “Retail Trade” was second (11%, n=62). “Construction” (9%, n=53) and “Administration, Support, Waste Management, and Remedial Services” (9%, n=52) (defined as those activities involved with the day-to-day operation of organizations) were third.

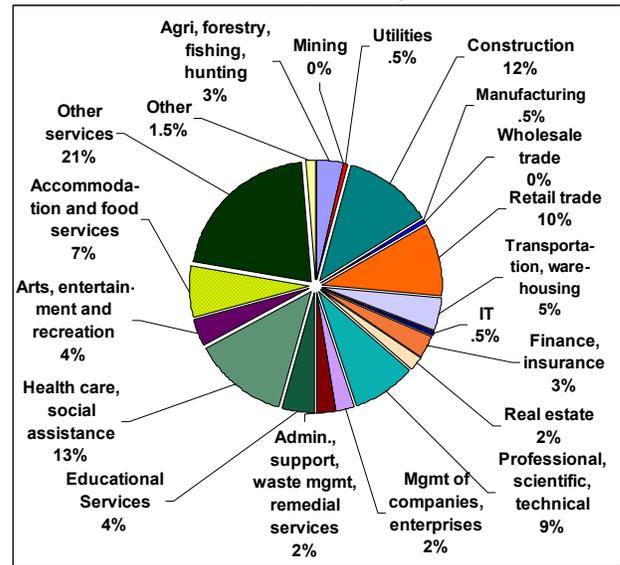
Figure 10a. Business Sectors Represented in this Study Sample (n=571)



“Other Services” was the largest sector in the previous survey at 21%, followed by “Health Care” at 13%, and “Construction” at 12% (Figure 10b).⁵

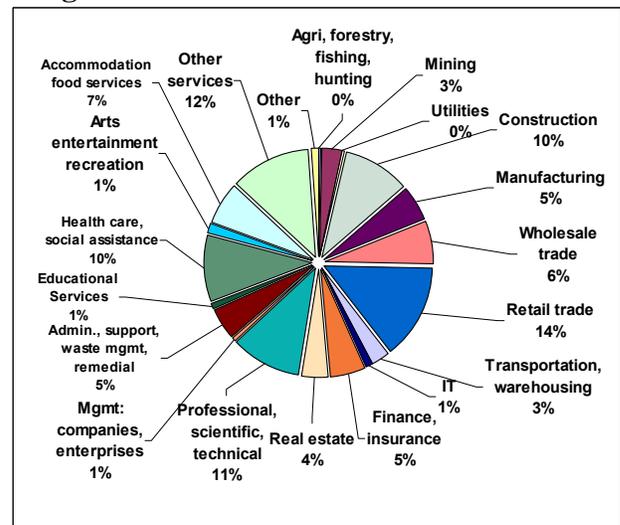
* <http://www.census.gov/econ/census02/data/us/US000.HTM>

Figure 10b. Business Sectors Represented in Previous IP CQI Study (n=198)⁵



In general, as the IO/O-EPIC IP has grown, we’ve seen an increase in the administrative sector. Otherwise, the percentages for each sector have remained fairly consistent. We compared the samples from the two surveys with the business sectors for Oklahoma. In general, the agricultural sector is over-represented in our sample and in the previous study (4% each), compared with less than 1% for Oklahoma (Figure 10c).

Figure 10c. Business Sectors in Oklahoma



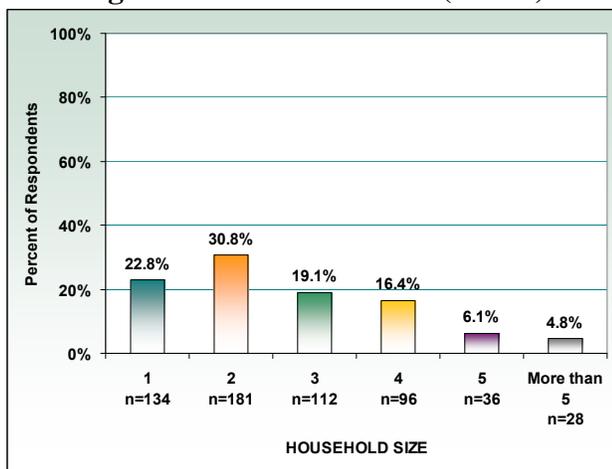
Source: U.S. Department of Commerce

This makes sense as many farmers and ranchers are, by definition, sole-proprietors, and

would be qualified to apply for IP coverage. Professional, scientific, and technical workers represent a somewhat small sector of our survey samples (7% and 9%, respectively) as compared with the whole of Oklahoma (11%). This also makes sense as those individuals would be more likely to have access to employer coverage. In addition, “Wholesale Trade” is under-represented in both of our studies (1% and 0%, respectively) as compared to all of Oklahoma (6%), probably for the same reason: that employer-sponsored coverage was available.

6. Number in household. The average household size for this sample was 2.68 (SEM=0.06) and the range was from 1 to 9. Most of the respondents lived in 2-person households (30.8%, n=181) or lived alone (22.8%, n=134) (Figure 11).

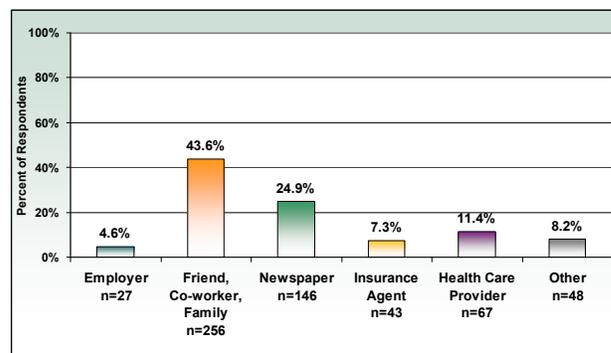
Figure 11. Household Size (n=587)



7. How did you hear about the IO/O-EPIC Individual Plan? Most respondents had heard about IO/O-EPIC IP from “Friends, Co-Workers or Family” (43.6%, n=256); “Newspaper” was second (24.9%, n=146), followed by “Health Care Provider” (11.4%, n=67) (Figure 12). “Other” was the fourth most frequently mentioned and included OHCA mailings, online, and DHS. Insurance agents (7.3%, n=43) and employers (4.6%, n=27) played a much smaller role in providing information about the IO/O-EPIC IP program than they did with the IO/O-EPIC Employer-Sponsored Insurance (ESI) plan.²⁴ This is to be expected because the

IP plan is not subsidized through an employer nor does it involve a private insurance carrier.

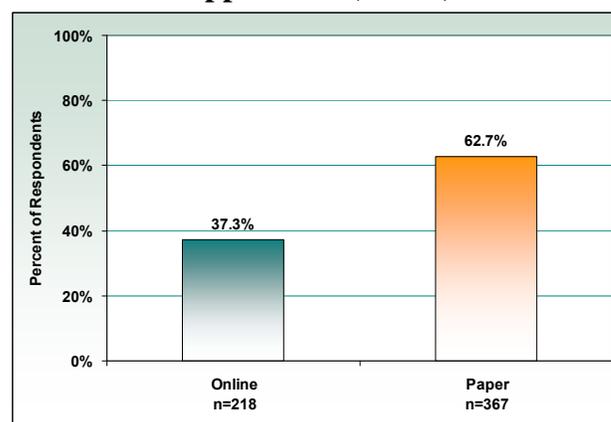
Figure 12. Source of Information About Insure Oklahoma/O-EPIC IP (n=587)



8. Online or paper application. Approximately two-thirds of those applying to the IP program (62.7%, n=367) completed a paper application rather than an online application (37.3%, n=218) (Figure 13). These figures are similar to the previous survey: online, 34.5% vs. paper, 65.5%).⁵ IP applicants may have difficulty accessing computers, may not possess the requisite computer skills, or may find the website difficult, as some of the comments suggest.

“Online application would not work, so we had to print out an application and mail it in.”

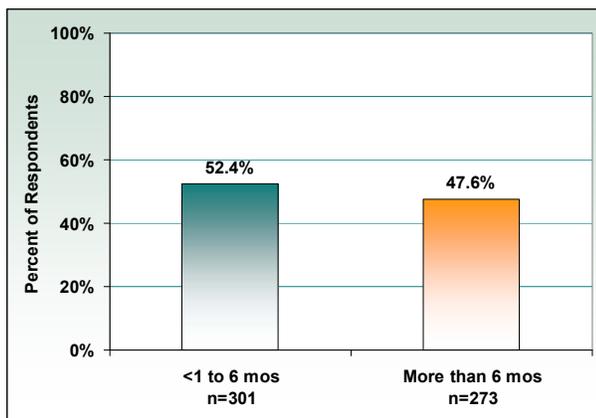
Figure 13. Online Compared with Paper Application (n=585)



It would be helpful to know exactly why applicants are not using the online application process if the goal is to increase use of the online process.

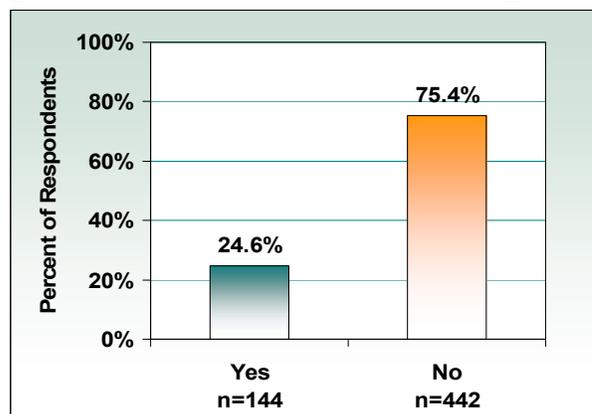
9. How long have you been in the IP program? The IO/O-EPIC IP program began accepting applications on January 7, 2007. All 1,499 individuals enrolled in the IP plan as of the survey mail-out date (June 2, 2008) were surveyed. Some had been with the program since the beginning; others had just joined. The average length of time in the program for the study sample was 7.5 months; the range was <1 month to the maximum 18 months. We divided the data into two groups for comparison purposes: those who had been in the program from <1 month to 6 months, and those who had been participating more than 6 months. The groups were fairly equally distributed (Figure 14): 52.4% of participants (n=301) in the program for <1-6 months and 47.6% (n=273) participating for more than 6 months. Fifteen (15) respondents did not answer this question.

Figure 14. Length of Time in IP Program (n=574)



10. Prior insurance coverage status. This question had two parts (see survey, Appendix A1). We asked participants whether they had insurance coverage before IO/O-EPIC IP was available. Those who answered “Yes” were asked to describe the type of coverage they had, and those answering “No” were asked how long they had been without coverage. Figure 15 shows the prior coverage status of the respondents who answered this questions.

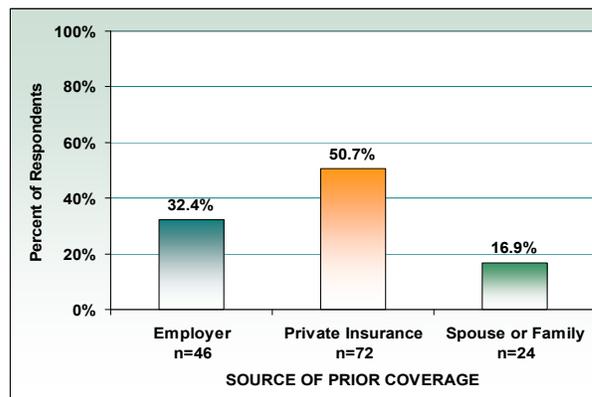
Figure 15. Prior Health Insurance Coverage (n=586)



Only one-quarter (24.6%, n=144) of the IP participants had prior health insurance coverage and three-quarters (75.4%, n=442) were previously uninsured. A similar question was asked of IP members who were interviewed via telephone or e-mail. Of the 89 contacted, 75% (n=67) said they had coverage at some point in their life before IO/O-EPIC IP and 25% (n=22) said they did not, the exact opposite of the survey population in general. This can be attributed to a sampling bias due to the self-selection of those member who provided contact information.

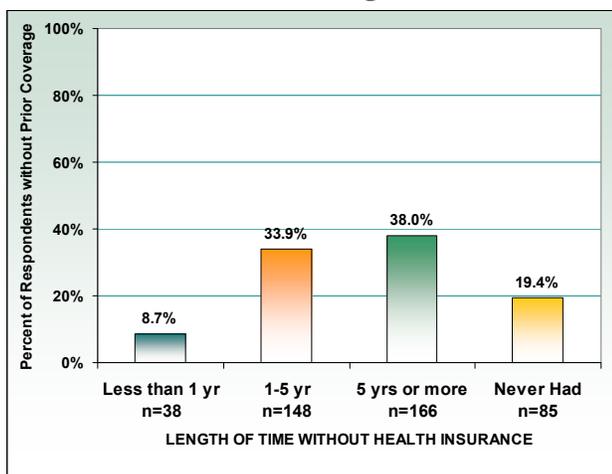
Of those survey respondents reporting prior health insurance coverage, most had been purchasing coverage through the private insurance market (50.7%, n=72). Employer coverage was the second most cited source at 32.4% (n=46), followed by spouse or family coverage (16.9%, n=24) (Figure 16).

Figure 16. Source of Coverage for IP Participants Who Had Prior Health Insurance (n=142)



Survey respondents, reporting they had no prior coverage, were asked how long they had been without coverage before applying to IO/O-EPIC IP. This question yielded surprising results. One-third had been without coverage from 1 to 5 years (33.9%, n=148) and 38% (n=166) had been without coverage for 5 years or longer. Almost 20% (n=85) had never had health insurance (Figure 17). Clearly, the IO/O-EPIC IP program is meeting a need for health coverage for this sector of the population.

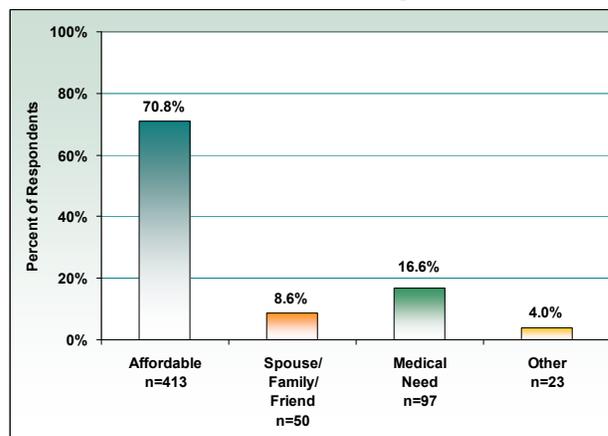
Figure 17. Length of Time without Health Insurance Coverage (n=437)



11. Who or what convinced you to apply for IP coverage? There are a number of reasons an individual might have for investing in health insurance coverage, especially someone who has been living without coverage for an extended period of time. We offered survey respondents four choices about why they applied for IO/O-EPIC IP, or they could supply a reason of their own (Figure 18). The number one reason participants gave for choosing IO/O-EPIC IP coverage was the affordability of the plan (70.8% (n=413). “Medical Need” was a distant second (16.6%, n=97), followed by urging from a spouse, family member or friend (8.6%, n=47). The most frequently mentioned reason in the “Other” column was loss of coverage due to divorce, death in the family, or job loss. Pre-existing condition was also mentioned. One participant said,

“Everyone needs insurance!”

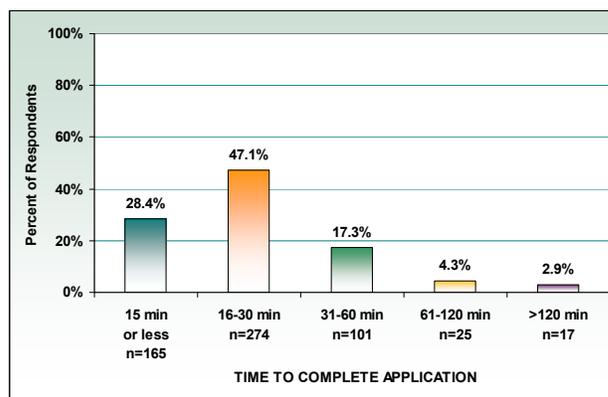
Figure 18. Reasons Respondents Applied for IO/O-EPIC IP Coverage (n=583)



“Lack of insurance worried me.”

12. Length of time to complete application process. More than 90% of respondents were able to complete the application process in an hour or less (Figure 19, columns 1, 2, and 3). In the Comparative Analysis section, we will compare the time to complete the application by age, education, and whether they completed the paper or online to determine what variables, if any, may have contributed to the time it took respondents to complete the application process.

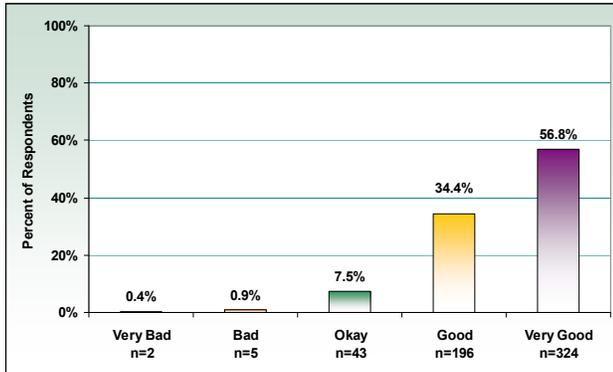
Figure 19. Time to Complete Application (n=582)



13. What do you think of the IO/O-EPIC IP health insurance plan? As shown in Figure 20, IP participants are very happy with the IO/O-

EPIC IP insurance plan. The average response on a scale of 1 (“Very Bad”) to 5 (“Very Good”) was 4.46 (SEM=0.03).

Figure 20. Participant Rating of IO/O-EPIC IP (n=570)



Of the 2 respondents who said the program was “Very Bad,” only one wrote a comment to shed light on the reasons:

“I have been covered under my husband’s policy for all this time. All of a sudden, you decided I was not eligible because my employer has more than 50 employees--they provide no insurance, what I am I supposed to do now?”

Following are comments from some participants who said the program was “Bad.”

1. “Out of state providers will not accept OEPIC so when I have to go out of state to help take care of my mom, I can’t get sick or hurt. Most doctor’s don’t want to take OEPIC IP people so you are on a long waiting list (months). However, I had nothing before and I thank God for this plan. Otherwise, the medical system would bankrupt me if I had a major need. I know that it cost lots to insure people so I will not use this plan except for major needs. I will try my best to not use it so others with more needs can.”

2. “There are no doctors within a 2-3 hour drive from where I live and that doesn’t make it easy. The ones you say are listed are not taking new patients.”

3. “Could never get through to the call center. My primary care physician stopped accepting OEPIC because of numerous problems...can’t draw blood, can’t refer to specialists, etc.”

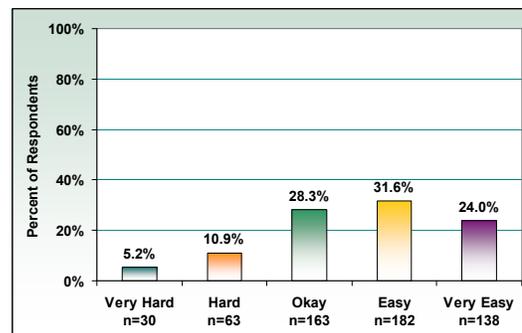
4. “When we received our letters of approval we received 7 letters at the same time--one said not approved, one said approved and so on until all 7 were opened. Then we received a letter 6 weeks later which said missing information was going to disqualify us after the phone conversation--they did have all the information--they need to be more organized.”

Based on these few comments, it would seem that other than the lack of providers within a reasonable area, most of the issues were individual as opposed to problems with the IO/O-EPIC IP program itself.

Questions 14 through 18 asked respondents to report on specific aspects of the IO/O-EPIC IP program, application materials and assistance. These questions were analyzed on a Likert scale of 1 (very negative) to 5 (very positive).

14. Ease or difficulty of finding 3 PCPs. Most respondents said it was “Okay” (28.3%, n=163), “Easy” (31.6%, n=182) or “Very Easy” (24.0%, n=138) to find a PCP near their home (Figure 21). On a scale of 1 (“Very Hard”) to 5 (“Very Easy”), the average response was 3.58 (SEM=0.05). This is similar to results from the previous study in which the average response about the ease or difficulty of finding a local PCP was 3.50 (SEM=0.08, n=204).⁵

Figure 21. Ability to Identify Three (3) PCPs within Participant’s Area (n=576)



Some of the participants who found it challenging to find 3 PCPs in their area made the following comments:

"Provide more doctors and less co-pays."

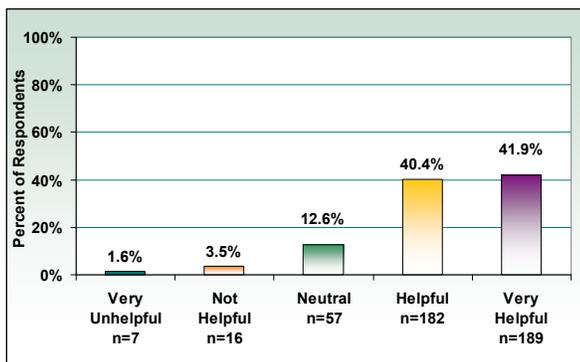
"More providers in small towns and rural areas. If no providers, then allow another doctor at some different rate or something."

"I thought I could go to several (3) health care doctors and I found out I could only go to one."

In the Comparative Analysis, we will cross-analyze these results against participant location to determine whether individuals in rural areas had a harder time identifying and accessing (getting an appointment with) a PCP.

15. Helpfulness of online provider directory. Most respondents said the online provider directory was "Helpful" (40.4%, n=182) to "Very Helpful" (41.9%, n=189) (Figure 22). On a scale of 1 ("Very Unhelpful") to 5 ("Very Helpful"), the average response was 3.27 (SEM=0.09), which is somewhat less than was reported in the previous study (avg. 3.87, SEM=0.09, n=151).⁵

Figure 22. Helpfulness of Online Provider Directory (n=451)



Respondents were given the option to select "N/A" if they did not use one or more of the materials or services being evaluated on this survey. One-hundred twenty-four (124, 21.6%) respondents out of a total of 575 who answered

this question circled "N/A" indicating they did not use the online provider directory; 14 did not answer the question.

Some of the participants who were disappointed with the provider directory made the following comments:

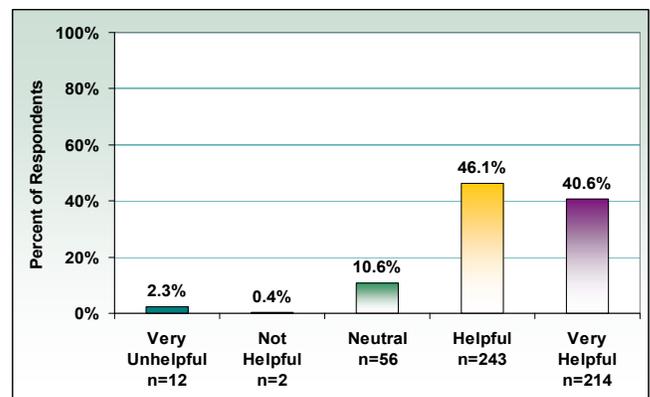
"Need more providers listed by city."

"Include in provider directory specialists who take O-EPIC that PCPs may refer to."

By and large, even those respondents who rated the online provider directory as "Very Unhelpful" or "Unhelpful" had very little in the way of negative comments to make about the provider directory itself.

16. Helpfulness of information brochure. Most respondents said the information brochure was "Helpful" (46.1%, n=243) to "Very Helpful" (40.6%, n=214) (Figure 23). On a scale of 1 ("Very Unhelpful") to 5 ("Very Helpful"), the average response was 3.82 (SEM=0.06), which is less than was reported in the previous study (avg. 4.12, SEM=0.07, n=182).⁵

Figure 23. Helpfulness of Information Brochure (n=527)



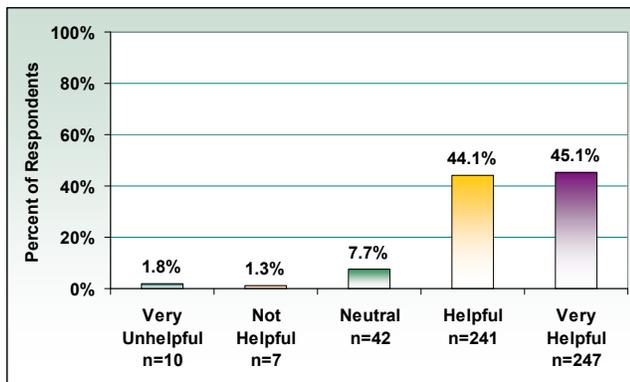
Fifty-six (56, 9.6%) respondents out of a total of 583 who answered this question did not use the information brochure (N/A); 6 did not answer the question.

Those who indicated that the information brochure was "Very Unhelpful" or "Unhelpful"

gave no comments about the brochure that would clarify why they rated it poorly.

17. Helpfulness of member handbook. Most respondents said the member handbook was “Helpful” (44.1%, n=241) to “Very Helpful” (45.1%, n=247) (Figure 24). On a scale of 1 (“Very Unhelpful”) to 5 (“Very Helpful”), the average response was 4.04 (SEM=0.05), which is less than was reported in the previous study (avg. 4.22, SEM=0.07, n=197).⁵

Figure 24. Helpfulness of Member Handbook (n=547)



Thirty-four (34, 5.9%) respondents out of a total of 581 who answered this question did not use the member handbook (N/A); 8 did not answer the question. Of those who responded negatively about the member handbook, there were very few relevant comments as to why they found the handbook unhelpful. However, one participant thought a complete explanation of benefits would be helpful.

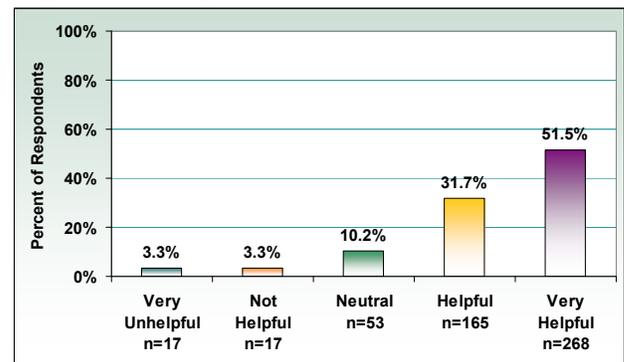
“Explain exactly what the policy covers up front so we would know how good the coverage is.”

18. Helpfulness of call center. Most respondents said the call center was “Helpful” (31.7%, n=165) to “Very Helpful” (51.5%, n=268) (Figure 25). On a scale of 1 (“Very Unhelpful”) to 5 (“Very Helpful”), the average response was 3.81 (SEM=0.07), which is quite a bit less than was reported in the previous study (avg. 4.34, SEM=0.08, n=182).⁵

“The Call Center representatives have improved over the last year. Before that I

received many inconsistent answers from different representatives.”

Figure 25. Helpfulness of Call Center (n=520)



Sixty (60, 10.3%) respondents out of a total of 580 who answered this question did not use the call center (N/A); 9 did not answer the question.

Of those who responded negatively about the call center, many offered comments and suggestions. Below is a sampling of those comments. A complete list of all narrative responses for this study are attached (Appendix C).

“When we call we are usually told different answers by different people for the same question.”

“Customer service representatives. I have had poor service from the beginning with the agents who answer the calls. Also there have been times when I sent a payment OEPIC cashed it and said they didn’t receive it.”

“I have had OEPIC since November 2007. I still can not get them to mail me my card. I have so much trouble trying to get it. I call but it never does any good. I don't know what to do anymore--maybe I'll get some help soon.”

“I called the call center numerous times and was told they would call me back, not one time did I receive a call back. I asked for a supervisor one time and still was not called back. Make your referral system easier--- Improve customer service!!!”

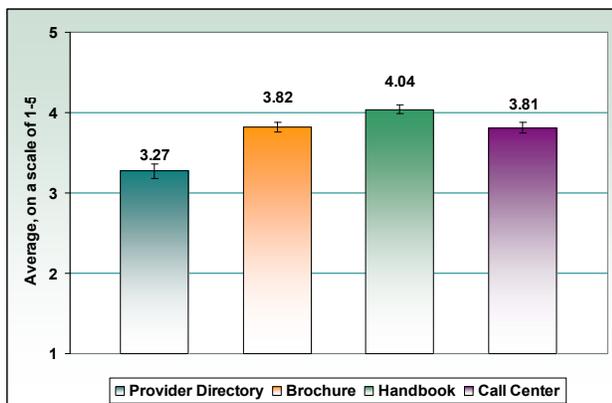
“Better telephone helpers with more knowledge of the program to help better serve customers. Faster processing time.”

“I can't ever get a person on the phone when I call. I am always put on hold. But I do have OEPIC and am very appreciative.”

“Call center staff were very very rude when I called. I used to work in insurance and I felt talked down to--she treated me like an idiot.”

Comparison of the means between helpfulness of provider directory, information brochure, member handbook, and call center. To see whether there were notable differences in the helpfulness of each of these service aspects of the IO/O-EPIC IP program, the means for each variable were compared for statistically significant differences using the Student's T-Test. As shown in Figure 26, the “Member Handbook” was the most useful of all the service areas (avg 4.04, SEM=0.05). The difference was statistically significant ($p<.05$). There was also a statistically significant difference between the “Provider Directory” and the “Call Center,” and the “Provider Directory” and the “Information Brochure” ($p<.05$). There was no statistically significant difference between the “Information Brochure” and the utility of the “Call Center” ($p=0.91$) (Figure 26).

Figure 26. Comparison of the Helpfulness of OHCA Materials and Customer Service (Call Center) (n=507)



These data suggest the overall effectiveness of the “Member Handbook” and suggest that the

other materials and the call center services are less useful. These findings correspond with several respondent comments.

“Make online provider directory easier to use.”

“The Helpline often disconnects or you only get a menu not a person.”

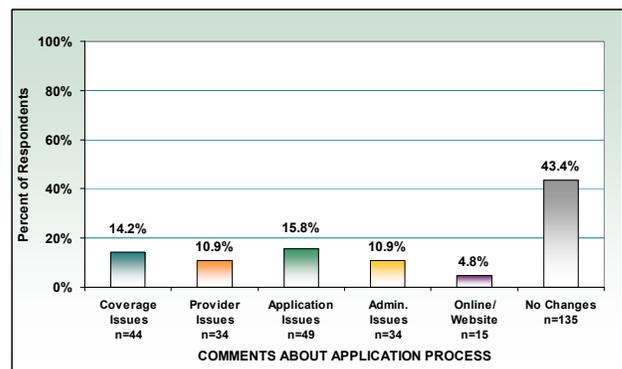
“I could never get through to the call center.”

“Keep the provider lists updated.”

The lower number of responses (507) used in this analysis is because survey respondents were given the option to answer “N/A” if they did not use any of the materials or services. Those survey entries, along with those that were not answered, explain the low number of responses (n) for this calculation.

19. Comments and/or suggestions to improve the Insure Oklahoma/O-EPIC IP program or application process. Although this survey question asked respondents to comment only on the application process, more than half used the space for additional general comments about IO/O-EPIC IP. Comments were organized into categories or themes (Figure 27).

Figure 27. Categorization of Comments About the Application Process (n=311)



Nearly half of the 311 respondents (43.4%, n=135) who wrote comments about the application process said the application process was easy and needed no changes (Figure 27). Of

those who did have problems, most had trouble with the application process in general (15.8%, n=49), followed by concerns about coverage (14.2%, n=44) (Figure 27).

Some typical comments by category were:

Coverage Issues

"The waiting period after application is too long. Coverage should go back to application date."

"...able to fill long term prescriptions for 3 months or more at a time instead of monthly, right before you run out!"

"Have coverage for dental, have coverage for eye care, more preventive programs, breast thermagrams and ultrasound and digital mammograms."

"Put children on the policy."

Provider Issues

"Provide more doctors and less co-pays."

"Health care providers were very hard to find."

Application Issues

"Make the application process online easier to understand and follow."

"Ask for (and use) supporting documents to be sent with application. We were asked for these documents twice."

"Clearly, state income limits for self-employed and employed members."

"There was some of the wording I didn't understand about a certain form-which I went online and could not find out what the form was and the call center didn't know what the form was either."

Administrative Issues

"Direct pay withdrawal - bank."

"I have had nothing but problems from the start. Faxed my birth certificate 4 times, then mailed and they said oh, they never received it, then said, oh, we have it, after that cancelled me--I have to reapply, now I won't be covered until August!"

"I had to keep sending copies of ID's after they had already approved me. I don't know why. Whether or not they lost them or what."

Online/Website

"Make online provider directory easier to use."

"If you fill out application online it would be nice if you actually processed it. I had to keep checking for several months and mailed paper application 2 times. This resulted in 5 months to actually get insurance."

"Improve online application process. We spent hours and finally sent paper applications both years."

No Changes

"Nothing, it was great. I understood it was new at the time and some of the people weren't totally aware of the answers."

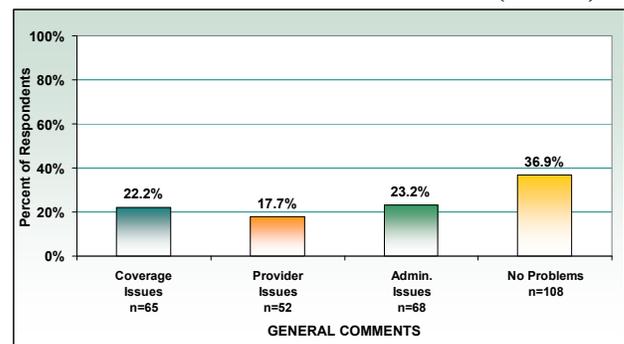
"Approval process was very good."

"We had high risk insurance but could not afford the insurance any more. I could not improve upon the program."

A complete list of responses to this question are attached in Appendix C1.

20. **Additional comments or suggestions for IO/O-EPIC IP.** Nearly half (n=293, 49.7%) of the 589 survey respondents offered additional comments and suggestions. As with the previous question, these comments were categorized and plotted on a chart (Figure 28).

Figure 28. Categorization of General Comments About IO/O-EPIC IP (n=293)



Below are examples of comments from each of the categories. Many of the comments from this question repeat concerns and commendations from the previous question. And, as with the previous question, the largest category was

“No Problems” (36.9%, n=108) which included a number of compliments about IO/O-EPIC IP.

Coverage Issues

“I would be willing to pay extra for dental and vision.”

“Include PT after surgery. Once doctor is seen, one should be able to see them for anything without another recommendation.”

“I have two RXs that were refused yet the doctor said I needed them.”

“This is a nice program that covers my wife despite pre-existing conditions.”

“I wish there was a way to add my children to this insurance.”

Provider Issues

“More PCPs who are general practitioners with medical degree rather than all PAs.”

“Need more primary care physicians and specialists.... Also would like to see transplants covered if needed.”

“I wish providers were less discriminating--I have been on a waiting list for 5 months now because I have state insurance.”

Administrative Issues

“More informed call center--I couldn't get a definite answer whether a wellness check for my husband was fully covered.”

“I am always getting cancellation notices even though I pay on time. When I call in, they say my payment is posted.”

“I have been cancelled 2 times due to misinformation and OEPIC stating they did not get paperwork or payment--they found it later but still made me start over and reapply. The insurance is helpful but the office is terrible!”

“I think [IO/O-EPIC IP has] some very nice people to help you when you need it. Thank God for them.”

Online/Website (none)

No Problems

“Without OEPIC I could not afford health insurance and I have had a lot of health issues the past few months. I thank God I have it. I don't know what I would have done without it.”

“I am amazed the program is not better known. I find the TV ads uninformative and easily ignored. I wouldn't have known about the program if I didn't read a [newspaper] story that made me research it. It seems like such a fabulous program.”

“You are always there when I need you so once again thank you, I really do enjoy having your service, I tell everyone about you.”

A complete list of all comments from this question are attached in Appendix C2.

21. OPTIONAL. Contact information. Out of 589 survey respondents, 293 left contact information, from which we generated a list of people to call and ask additional questions about IO/O-EPIC IP. Data generated from those interviews is discussed below (Telephone Interviews and E-Mail Exchanges). A list of the questions used for the interviews is attached as Appendix B1, and a table detailing interview responses is attached as Appendix B2.

Raw data from this study is available upon request.

“I think this is the greatest program. So many people let their health go because they can't afford the insurance. I know people who have died because they had no insurance health care coverage. Thank you so much!”

Table 2. Survey Results-at-a Glance

Survey Question	Result	Interpretation
1. Eligibility category.	Self employed=52% No access through employer=44% Unemployed, looking for work=3% Disabled with ticket to work=1%	Most IP participants (97%) were working and either self-employed or did not have access to ESI. Average time self-employed=11 years; average time unemployed=4 months.
2. Location (city, pop. 50,000+; town, pop. 2,500-50,000; rural, pop. <2,500)	City=31% Town=33% Rural=36%	IP participants were fairly evenly distributed among city, town, and rural, with the highest percentage located in rural areas. This slight difference might be due to the availability of work and ESI in larger metropolitan areas.
3. Age.	19-25=7% 26-40=26% 41-55=44% 56-65=23%	Sharp increase in lack of insurance after age 25 might be explained by children losing benefits through their parents.
4. Education.	Some high school=9% HS diploma/GED=38% Some college=34% College degree=14% Postgraduate=5%	In general, IP participants are a reasonably well educated group. 53% had some college, college degree, or postgraduate studies.
5. Type of work.	Top four jobs: "Other services" (i.e., non-commercial janitorial and housekeeping services, clergy, day laborers) = 16% "Retail trade" = 11% "Construction" = 9% "Admin, support, waste mgmt, remedial services" (e.g., secretarial, managerial, commercial janitorial) = 9%	These top four job types are typical jobs for which ESI may not be available, with the exception perhaps of the "Admin, support" category. One possibility is that those in "Admin, support" are employed by small businesses or are providing services on a per diem basis (e.g., Kelly Services).
6. Household size.	1 (single)=22.8% 2=30.8% 3=19.1% 4=16.4% 5=6.1% more than 5=4.8%	Most IP participants were either single or married. The range for household size was from 1-9.
7. How did you hear about IO/O-EPIC IP?	Employer=4.6% Friend, co-worker, family=43.6% Newspaper=24.9% Insurance agent=7.3% Healthcare provider=11.4% Other=8.2%	These responses are similar to the previous IP study, ⁵ and vary in significant ways from a recent survey of small business employers in which the same question was asked. Employers are far more likely to hear about IO/O-EPIC from an insurance agent (53%) than from the newspaper (10%) or from other individuals (11%). ²⁴
8. Online or paper application.	Online=37.3% Paper=62.7%	Similar to the previous study, 2/3rds of participants are completing the paper application.
9. Length of time with IP.	<1-6 months=52.4% >6 months=47.6% Average: 7.5 months	Range was <1 to 18 months, the entire duration of the program from January, 2007 to June, 2008
10. Prior coverage.	Yes=24.6% No=75.4%	Only 1/4 th of the respondents had prior coverage indicating the IP plan is having the desired impact of providing health coverage for uninsured workers.
10a. IF Prior Coverage, indicate source.	Employer=32.4% Private Insurance=50.7% Spouse, family=16.9%	IP is providing premium relief for low-income individuals, most of whom who had prior coverage were purchasing it through the private market.
10b. IF No Prior Coverage, length of time without coverage.	<1 yr=8.7% 1-5 yr=33.9% >5 yr=38.0% Never had=19.4%	Based on these responses, it is clear that the IP program is filling a great need for health insurance coverage. Almost 20% of IP members had NEVER had health insurance.
11. Who or what convinced you to apply.	Affordable=70.8% Spouse/family/friend=8.6% Medical need=16.6% Other=4.0%	It is exciting to see that it is the affordability of the program, rather than an emergent medical need, that convinced most IP participants to apply for coverage.
12. Time to complete application process.	≤15 minutes=28.4% 16-30 minutes=47.1% 31-60 minutes=17.3% 61-120 minutes=4.3% >120 minutes=2.9%	The application appears to be straightforward enough that most applicants completed the process in 30 minutes or less.
13. General opinion of IP.	Very bad=0.4% Bad=0.9% Okay=7.5% Good=34.4% Very good=56.8% Avg (1-5 scale) =4.46 (SEM=0.03)	The IP program is very well thought of by program participants. Only 1.3% of respondents said it was bad or very bad. Of those, only 1 commented. Spouse had been disallowed from the program.
14. Ease or difficulty finding 3 PCPs.	Very hard=5.2% Hard=10.9% Okay=28.3% Easy=31.6% Very easy=24.0% Avg (1-5 scale) =3.58 (SEM=0.05)	Most applicants said they were able to identify 3 PCPs in their area. Adding more providers, however, was a prominent suggestion in the comments.
15. Helpfulness of online provider directory.	Very unhelpful=1.6% Not helpful=3.5% Neutral=12.6% Helpful=40.4% Very Helpful=41.9% Avg (1-5 scale) =3.27 (SEM=0.09)	Participants found the online directory helpful to very helpful.
16. Helpfulness of information brochure.	Very unhelpful=2.3% Not helpful=0.4% Neutral=10.6% Helpful=46.1% Very Helpful=40.6% Avg (1-5 scale) =3.82 (SEM=0.06)	Participants found the information brochure helpful to very helpful.
17. Helpfulness of member handbook.	Very unhelpful=1.8% Not helpful=1.3% Neutral=7.7% Helpful=44.1% Very Helpful=45.1% Avg (1-5 scale) =4.04 (SEM=0.05)	Participants found the member handbook helpful to very helpful.
18. Helpfulness of call center.	Very unhelpful=3.3% Not helpful=3.3% Neutral=10.2% Helpful=31.7% Very Helpful=51.5% Avg (1-5 scale) =3.81 (SEM=0.07)	Participants found the call center helpful to very helpful. However, some comments suggested that some had negative experiences.
19. Comments to improve IP application process and program.	Coverage issues=14.2% Provider issues=10.9% Application issues=15.8% Admin. issues=10.9% Online/website=4.8% No changes=43.4%	Although many individuals had comments about various aspects of the program and application process, the most frequent response was that it was fine as is. (See Appendix C1.)
20. Additional comments or suggestions.	Coverage issues=22.2% Provider issues=17.7% Admin issues=23.2% No problems=36.9%	Again, the most frequent response was that individuals were grateful for the program, had no problems, comments or suggestions. (See Appendix C2.)
23. OPTIONAL: Contact information.	293 participants left contact information. Staff were able to contact 89.	Responses from interviews were similar to and validated those from survey respondents.

Comparative Analyses

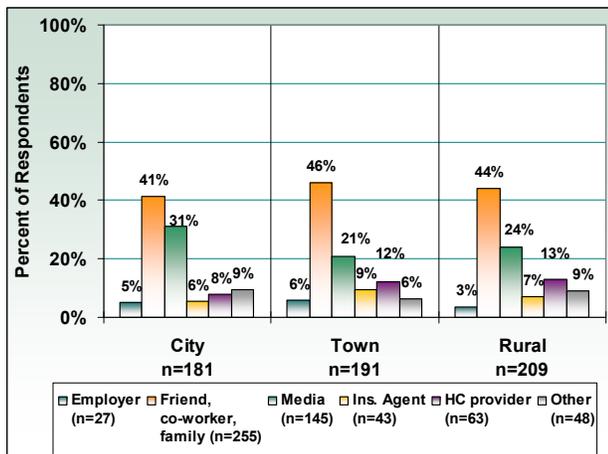
Thirteen comparative analyses (many of which included multiple variables and sub-analyses) were run on the data collected for this study. Questions for comparison were chosen based on their potential to yield results with applicability to policy issues.

Table 3. Comparative Analysis Table of Contents

Analysis #	Survey questions compared in the analysis
1.	Q2. Location v Q7. IP information source
2.	Q2 Location v Q14. Ability to locate 3 PCPs
3.	Q8 Online/paper app v Q 12 Time to complete app
4.	Q3 Age v Q12 Time to complete application
5.	Q 4 Education v Q12 Time to complete application
6.	Q3 Age v Q8 Online/paper application
7.	Q4 Education v Q8 Online/paper application
8.	Q1 Eligibility category v Q8 Online/paper app
9.	Q3 Age v Q10 Prior insurance coverage
10.	Q4 Education v Q10 Prior coverage
11.	Q3 Age v Q11. Why did you apply
12.	Q13 Opinion of IP v Q18 Helpfulness of call center
13.	Q14 Ability to ID 3 PCPs v Q15 Provider directory

1. How participants heard about IO/O-EPIC IP compared by location. Data were analyzed to determine whether information sources about IO/O-EPIC IP varied significantly by where the individual lived (city, pop. +50,000; town, pop. 2,500-50,000; rural, pop. <2,500) (Figure 29).

Figure 29. Location Compared by IP Information Source



For all locations, the primary source of information was a friend, co-worker or family member. To quote one respondent:

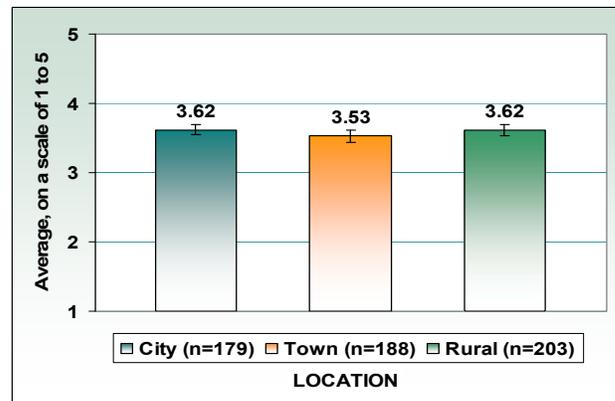
“I am grateful and thankful for O-EPIC – I tell others about the O-EPIC program.”

2. Ease of identifying 3 PCPs compared by location. Application to the IO/O-EPIC IP program includes identifying three participating primary care providers (PCPs). The previous study determined that locating 3 PCPs was proving to be challenging to individuals,⁵ and comments on this survey suggest the same thing.

“We need providers in the panhandle. When [doctors in my area] left, I was assigned to [a doctor] in another town--this is 240 miles round trip plus one day's lost wages.”

To determine whether the individual’s location – city, town, or rural – impacted their ability to identify 3 participating PCPs, we cross-analyzed those data (Figure 30).

Figure 30. Location Compared by Ease or Difficulty of Finding 3 PCPs (n=570)

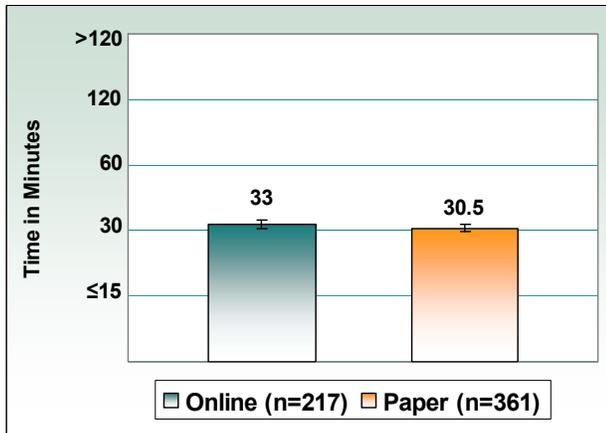


On a scale of 1 (“Very Hard”) to 5 (“Very Easy”), respondents in all locations indicated that it wasn’t as challenging as comments would suggest for them to identify 3 PCPs (city, avg. 3.62, SEM=0.08; town, avg. 3.53, SEM=0.09; rural, avg. 3.62, SEM=0.08). None of the differences were statistically significant (p<.05).

3. Time to complete application compared by online vs. paper application. To determine whether the online application took more or less time to complete than the paper application, we

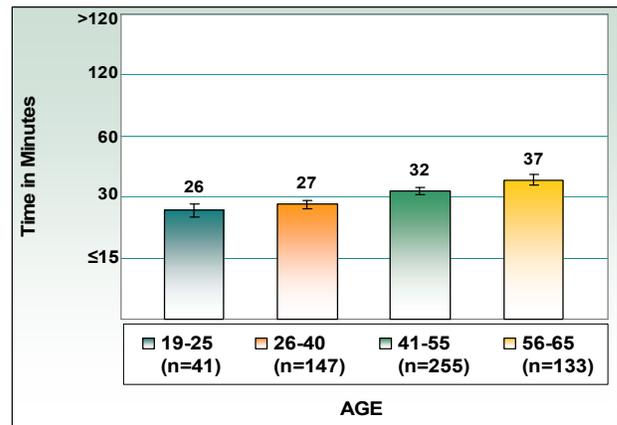
cross-analyzed those two variables. There were no significant differences in how long the application process took between those respondents who completed the application online and those who completed the paper application. The process took just over 30 minutes for both groups (Figure 31).

Figure 31. Time to Complete Application Compared by Online vs Paper (n=578)



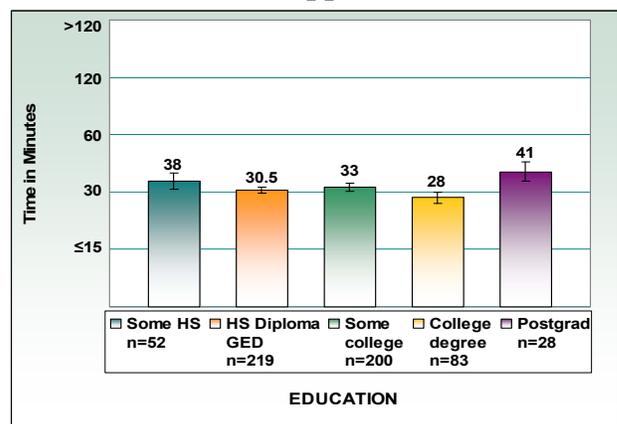
4. Time to complete the application compared by age of applicant. To determine if the applicant’s age was a factor influencing how long the application took to complete, we cross-analyzed those variables. Analysis showed a statistically significant difference between the time it took the 19-25 year olds compared with both the 41-55 and the 56-65 groups ($p < .05$). Similarly, there was a statistically significant difference between the 26-40 year olds compared to both of the older groups ($p < .05$). There was no statistically significant difference between the 19-25 year olds and the 26-40 year olds, nor was there a statistically significant difference between the 41-55 year olds and the 56-65 year olds (Figure 32). Both younger groups were able to complete the application in less time than both of the older groups.

Figure 32. Time to Complete Application by Age of Applicant (n=576)



5. Time to complete the application compared by education of applicant. To find out whether education influenced the length of time it took an applicant to complete the application process, we cross-analyzed those variables. A statistically significant difference in time to complete the application was found between applicants with a college degree and applicants with at least some postgraduate work ($p = .02$). In fact, applicants with postgraduate work took the longest to complete the application process although it took all applicants on average just over 30 minutes to complete the application process (Figure 33).

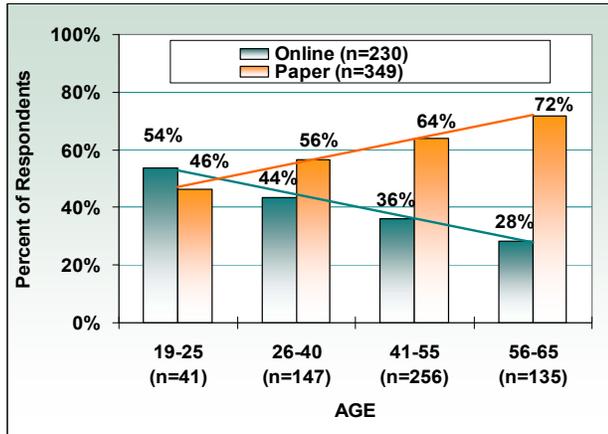
Figure 33. Time to Complete Application by Education of Applicant (n=582)



6. Age of applicant compared by whether they completed the online or paper application. To determine if the applicant’s age influenced whether they completed the paper or online application, we cross-analyzed those variables.

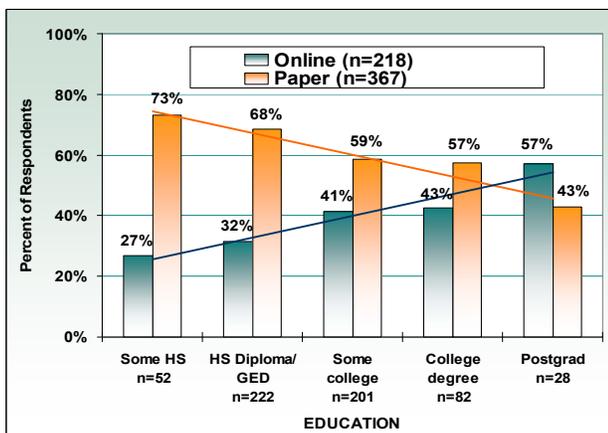
There is an inverse relationship between the age of the applicant and whether they completed an online vs. paper application. Older people were more likely to complete the paper application than their younger counterparts (Figure 34).

Figure 34. Age of Applicant by Online vs Paper Application (n=579)



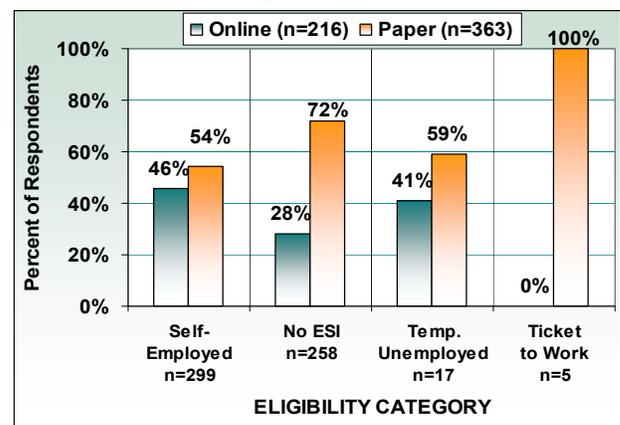
7. Education of applicant compared by whether they completed the online or paper application. To see if the education level of the applicant influenced whether they completed the application process online or on paper, we cross-analyzed those variables. As with age, there is an inverse relationship between education level and online vs. paper application. Those with a higher level of education were more likely to complete the online application than those with less education (Figure 35).

Figure 35. Education of Applicant by Online vs Paper Application (n=585)



8. IP eligibility category compared by online vs. paper application. To see if employment status or IP eligibility category – self-employed, no access to ESI, unemployed and looking for work, or disabled with Ticket to Work – influenced whether they completed the application online or on paper, we cross-analyzed those variables. More individuals in all groups completed the paper application compared to applying online (Figure 36), although the self-employed and the temporarily unemployed groups were more likely to utilize the online application than those with no access to coverage through their employer. All applicants with a “Ticket to Work” filled out a paper application.

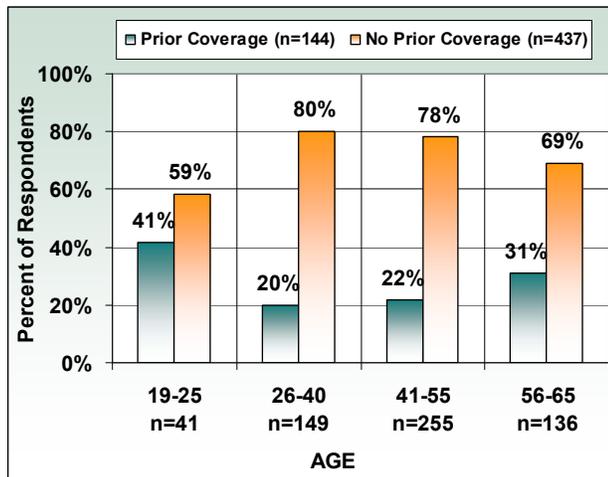
Figure 36. IP Eligibility Category Compared by Online vs Paper Application (n=579)



9. Age of applicant compared by whether they had prior health insurance coverage. According to a number of sources,⁴¹⁻⁴⁷ the fastest growing group of uninsured in the U.S. is the 19-25 year olds. However, according to our survey, a higher percentage of 19 to 25 year olds (41%) had prior coverage compared to the other age groups (Figure 37). The 26 to 40 year old group was least likely to have had prior coverage with only 20% of that group indicating they had health insurance before the IP program. One explanation for this could be that more of the 19-25 year olds were covered under their parents’ insurance, which is now available to full-time students up to the age of 25. This

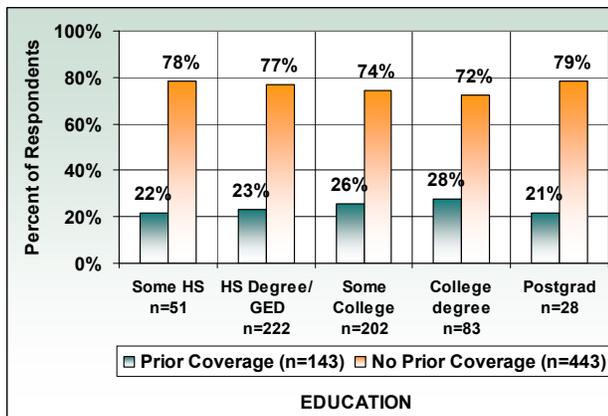
would also explain the drop in coverage for the 26 to 40 year old group.

Figure 37. Age of Applicant by Likelihood of Having Prior Coverage (n=581)



10. Education of applicant compared by whether they had prior coverage. The vast majority of the current IP participant group was uninsured prior to applying for IO/O-EPIC IP coverage. There is a slight dip in the percentage of college graduates who were uninsured (72%), but as Figure 38 shows, most participants were uninsured regardless of their level of education.

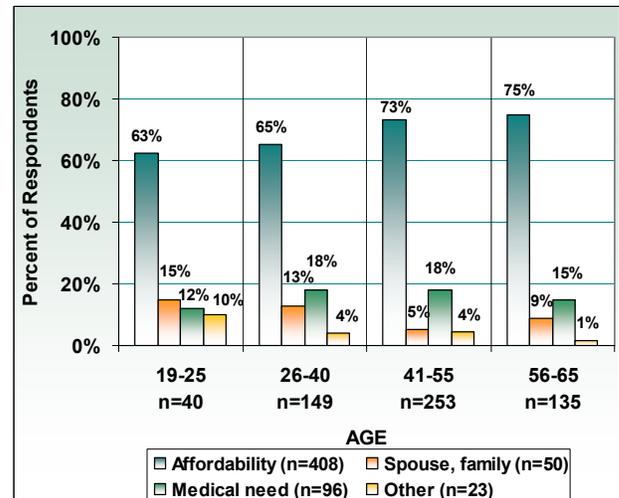
Figure 38. Education of Applicant by Likelihood of Having Prior Coverage (n=586)



11. Age of applicant compared by who or what convinced them to apply for coverage. One hypothesis of this study was that older people might be more likely to apply for coverage because they had a medical need than younger

people. To test this hypothesis, we cross-analyzed these variables.

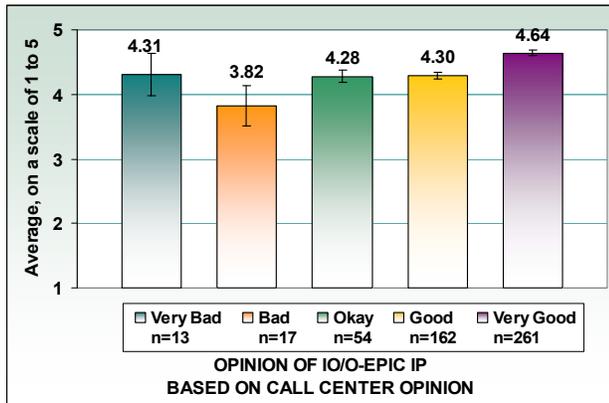
Figure 39. Age of Applicant by Who/What Convinced Them to Apply (n=577)



As shown in Figure 39, our hypothesis that individuals would be more likely to apply for coverage as they grew older and anticipated a medical need was faulty. The affordability of the IP program was by far the leading factor that convinced these individuals to apply. A higher percentage of those age 26-40 (18%) selected “Medical Need” as their main reason for applying to the IP program, compared with 17% of those age 41-55, and only 15% of those age 56-65.

12. Overall opinion of the IO/O-EPIC IP program compared by applicant’s experience with the call center. To see whether experience with the call center impacted IP participants’ overall impression of the IP program, we cross-analyzed those two variables. As shown in Figure 40, overall, everyone had a high opinion of the IO/O-EPIC IP program. Ratings, on a scale of 1 (“Very Bad”) to 5 (“Very Good”) ranged from a low of 3.82 (SEM=0.31) for the group that rated their experience with the call center as “Bad” to a high of 4.64 (SEM=0.04) for the group that rated their experience with the call center as “Very Good.”

Figure 40. Opinion of IO/O-EPIC IP Compared by Experience with the Call Center (n=507)



Four of the differences were statistically significant ($p < .05$). These differences are indicated by the shaded cells in Table 4.

Table 4. Statistically Significant Differences Among Variables on Figure 40: Opinion of IO/O-EPIC IP Compared by Call Center Experience (n=507)

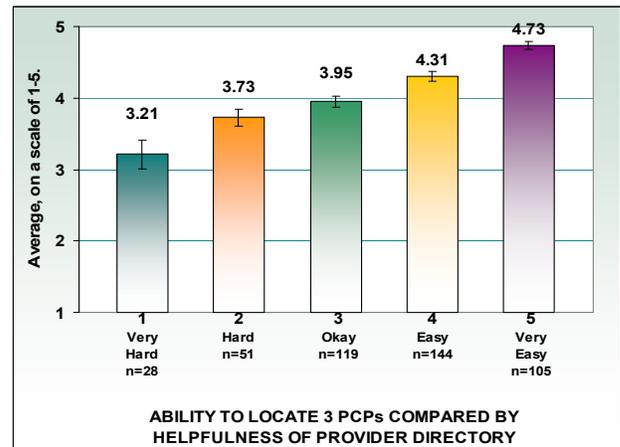
Call Center Experience	Overall Opinion of IO/O-EPIC IP				
	Very Bad	Bad	Okay	Good	Very Good
	1	2	3	4	5
A. Very Bad	x	0.299	0.906	0.957	0.065
B. Bad	x	x	0.067	0.016	0.000
C. Okay	x	x	x	0.865	0.000
D. Good	x	x	x	x	0.000
E. Very Good	x	x	x	x	x

There was a statistically significant difference between the group that rated their call center experience as “Bad” and the groups that rated their call center experience as “Good” and “Very Good.” There were also statistically significant differences between the group that rated their experience with the call center as “Okay” and the group that rated their experience as “Very Good” ($p < .05$), and between the group that rated their experience as “Good” and the “Very Good” group ($p < .05$).

These data indicate that the more positive the experience with the call center the more positive – on a statistically significant basis – the experience with the IO/O-EPIC IP program.

13. Ability to identify 3 PCPs compared by helpfulness of the provider directory. To see whether the “Provider Directory” was helpful in assisting applicants locate 3 PCPs in their vicinity, we compared those two variables. Responses ranging from “Very Hard” to “Very Easy” to locate 3 PCPs close to home were averaged on a scale of 1 (“Very Hard”) to 5 (“Very Easy”). Those who found it difficult to locate 3 PCPs near them also found that the provider directory was less helpful (Column 1) compared with those who said they found it “Very Easy” to locate 3 PCPs (who indicated they found the Provider Directory very helpful, Column 5). There is, in fact, a direct relationship between how difficult or easy finding 3 PCPs was for participants compared with how helpful they found the Provider Directory. All differences were statistically significant ($p < .05$) except for the difference between “Hard” (Column 2) and “Okay” (Column 3) (Figure 41).

Figure 41. Ability to Locate 3 PCPs compared by Helpfulness of the Online Provider Directory (n=447)



The low number of responses ($n=447$) for this analysis is because respondents were given the option of selecting N/A if they did not use the online Provider Directory. The N/A responses, along with those who did not answer the questions, were removed from this analysis ($n=142$).

Interviews and E-Mail Exchanges

A total 293 survey respondents provided contact information. Of those, DFPM staff were able to contact 89, a 30.3% response rate. A structured “script” was prepared for interview process to ensure that staff members gathered the same information. A copy of the interview script is attached (Appendix B1) and a grid detailing the responses to the questions is included in Appendix B2. The case reports described in the Introduction and Discussion sections of this report were based on in-depth conversations held with two individuals who were willing to share their story with us. The names of those two individuals have been changed for this report to maintain their anonymity.

Telephone and E-Mail Questions:

1. Now that you’ve been in the program for awhile, how satisfied are you? Eighty-eight (88) out of 89 interviewees said they were “Satisfied” to “Very Satisfied” with the IP program. Their reasons reiterated the responses from the survey and included:

- a. Affordability,
- b. Great benefits and coverage,
- c. System works,
- d. No hassles with claims.

“Very satisfied because it works better than any other insurance I’ve ever had.”

2. Have you had health insurance in the past? Seventy-five percent (75%, n=67) of interviewees said they had health insurance at some point during their lives; 25% (n=22) said they had not. This is the inverse to responses from the entire survey population (see Figure 15). This is probably due to sampling bias; perhaps those with experience with prior health insurance felt more confident about discussing coverage issues with us.

When asked about what their prior coverage included, many indicated it was similar to the IP plan. Of the 66 interviews who talked about their prior coverage, 57% (n=37) said that the IP plan was better in all ways than their prior insurance; 37% (n=25) were “Neutral,” indi-

catating that the coverages and service were comparable, and 6% (n=4) said their prior coverage was better.

“It was good coverage. They covered more than O-EPIC in some areas but a lot more expensive and didn’t cover things that were actually listed in my policy.”

“[With prior plan] claims disallowed. O-EPIC 100% better.”

Of the four interviewees who said the IP did not compare well with their prior plan, the reasons given were: no dental, insufficient coverage, and too many administrative hassles.

“O-EPIC does not cover quite as much but still decent coverage. A little trouble finding a primary [doctor] at first but have noticed a lot more primary physicians now listed in my area.”

3. Are there any additional benefits you would like to see added? Similar to survey respondents in general, interviews were interesting in particular in dental and vision services. Some interviewees hadn’t been to a dentist in 2 to 5 years or had their eyes checked.

“Need routine checkups and possibly dentures. Last time I was at the dentist was over a year ago and then only because I couldn’t stand the pain any longer.”

Other services requested were physical therapy, spousal coverage, social services such as counseling, etc.

4. If you were in charge of the IO/OEPIC IP, how would you make it better? Again, the responses from interviewees were similar to those of survey respondents and included:

- a. Add children,
- b. Raise the income level and eliminate some of the eligibility restrictions,
- c. Add more providers and better choices of doctors,
- d. Add dental and vision,
- e. More coverage options, perhaps a “cafeteria-type” plan,
- f. Better customer service and renewal process.

By and large, the responses reflected those of survey responses in general. A complete list of all responses from the telephone interviews and e-mail exchanges can be found in Appendix B2.

Discussion

“It’s a great program and I am very thankful there is finally an option for ‘working’ Oklahoma citizens to get affordable health insurance. I have told everyone I know about it. Thank you!”

IP Participant, August 2008

Approximately 63% of the working uninsured are self-employed or work for firms with 10 employees or less.¹⁵⁻¹⁷ Recent estimates from EBRI indicate that about 76% of self-employed individuals are without health insurance compared with 73% of employees working in businesses with 10 employees or fewer and only 35% of workers employed in businesses with 1,000 employees or more.¹⁵ Data from SHADAC* show that 60% of Oklahoma’s uninsured fall into one of the four IP eligibility categories: Those categories are:

1. **Self-employed or sole proprietor** earning up to 200% of the Federal Poverty Level (see Table 1 in the Introduction).
2. **Working adults** who work for an Oklahoma business with 50 or fewer employees and do not have access to an employer-sponsored plan;
3. **Temporarily unemployed adults** who are eligible to receive unemployment benefits through the Oklahoma Employment Security Commission (OESC);
4. Working adults with a disability who work for any size company and qualify for the **Ticket to Work** program.

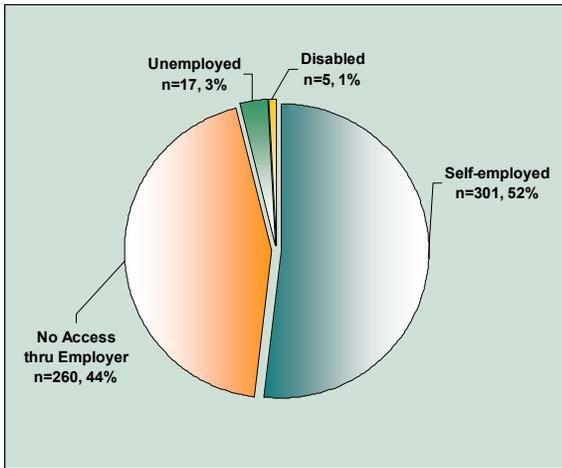
Surveys were mailed to all the 1,499 IP participants who were participating in the Insure Oklahoma/O-EPIC IP in June, 2008. Seventeen were undeliverable so our sample population was reduced to 1,482. Five hundred eighty-nine (589) IP participants returned completed surveys for analysis, a 39.7% response rate. The study sample was fairly evenly split between city (31%, population 50,000+), town (33%, population 2,500-50,000) and rural (36%, population <2,500). Respondents with jobs in the “Other Services” sector were the largest group of respondents to this survey (16%). “Other Services” included housekeepers, seamstresses, lawn and garden workers, ministers, and mechanics. Retail Trade (11%), Construction, and Administrative Support, which includes jobs that support the daily operation of a business, e.g., secretaries, managers, commercial janitorial, etc., were both 9% and rounded out the top 4 job types in the sample. “Other Services” was largest sector in the previous IP CQI study as well.⁵ “Retail Trade” is the largest sector in the state (14%), according to the U.S. Department of Commerce, followed by “Other Services,” “Professional” and “Construction.”

Most respondents lived in a household of 2 to 3 individuals; the range in family size was

*Released to the OHCA on November 13, 2008.

from 1 to 9. Most IP Participants in this study, (96%) were either self-employed or working in small businesses (50 employees or fewer) with no access to group coverage through their employer (Figure 42). Those who were self-employed had been working for themselves for an average of 11 years. The maximum amount of time one IP participant had been self-employed was 45 years.

Figure 42. Survey Respondents by IO/O-EPIC IP Employment Status Category (n=583)



National focus on how to extend health care to the 45 million Americans who are currently uninsured continues to grow and promises to be a challenge to the new administration in Washington DC,^{27,48-55} although President-elect Obama appears to be ready to hit the ground running on health care.³² Data about the composition of the uninsured show that the majority are hard-working people who either don't have ready access to group coverage or who have to choose between food and fuel or health care premiums.⁵⁵⁻⁵⁸ Some private insurers are beginning to step up and offer alternative plans to cover uninsured workers. A website for the Freelancers Union* offers coverage to its members with rates that range from \$382/month for a low cost-share plan to \$130/month for a high deductible plan. Companies like Aetna†

* www.freelancersunion.org

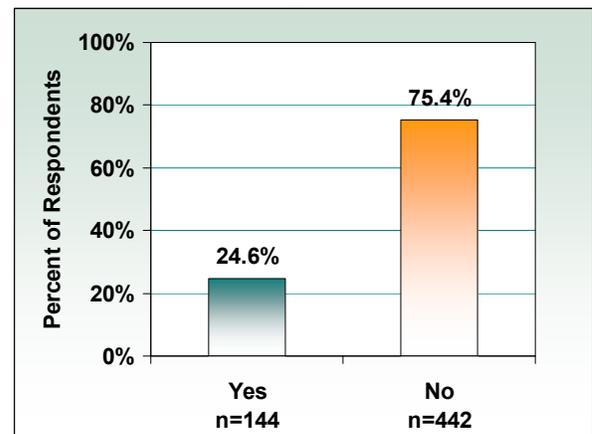
† accessed at www.ehealthinsurance.com

offer similar plans. However, most of those earning incomes that qualify them for the IO/O-EPIC IP plan cannot afford coverage for the low cost-share plans and do not have the resources for a high deductible plan. Still, most of those who are low-income and self-employed or working for small businesses with no employee benefits – 63% of the uninsured¹⁵⁻¹⁷ – have limited options for health insurance coverage, which include:¹¹⁻¹³

1. Participate in COBRA, provided you were previously employed in a company with 20 or more employees. COBRA only lasts for 18 months.
2. Rely on someone else, your spouse for example.
3. Find a part-time job with benefits.
4. Join a trade group that offers health insurance.
5. Purchase a qualified Medical Savings Account (MSA), provided you have a high deductible health plan and can afford to put money aside.
6. Purchase an individual health plan through the private insurance market, provided you are healthy enough to pass a medical exam, and under age 50. Over 50, costs may be prohibitive.¹⁴

So, many of the working uninsured risk going without health insurance. Only 25% of survey respondents had health insurance before they enrolled in IO/O-EPIC IP (Figure 43). Interestingly, the inverse was true for the sample of interviewees in the study.

Figure 43. Prior Health Insurance Status of IP Participants (n=586)

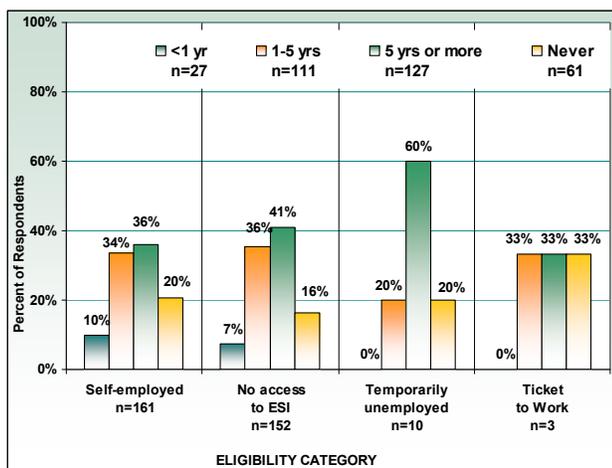


A sub-sample of the 589 survey respondents – 293, 50% – left contact information indicating

they would be willing to talk with us and answer additional questions. Program staff were able to interview or exchange e-mail questionnaires with 89 of the 293, a 30.3% response rate. The most intriguing piece of information was that 75% (n=67) of those interviewed had prior coverage compared to only about 25% of general survey population (as shown in figure 43).

Many had been uninsured for a year or more, with the majority being without coverage for 5 years or more. A large segment of our survey population had never had health insurance (Figure 44).

Figure 44. Time without Health Coverage by Eligibility Category (n=326)



As with the previous study,⁵ most of the survey respondents (43.6%, n=256) heard about the O-EPIC IP program from friends, co-workers, or family members, followed by newspaper accounts (24.9%, n=146), and health care providers (11.4%, n=67). These health care information sources were corroborated in a recent study by the Center for Studying Health System Change, which found that most people get their information about where to receive health care through word of mouth or their physicians.⁵⁹ These sources were particularly useful for identifying a primary care provider, an issue with which many IP members struggle.

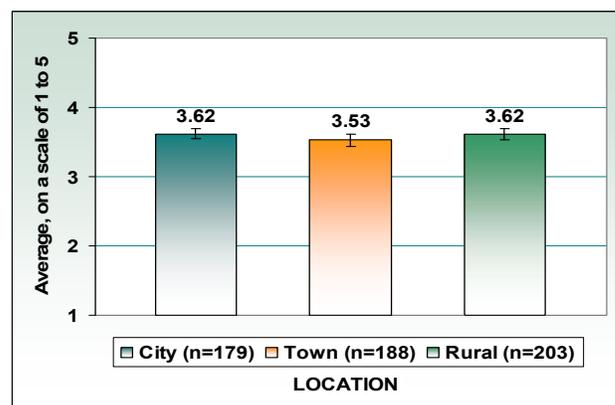
Although most survey respondents indicated they were able to locate three PCPs, many had to travel further than they would like, and many found that those physicians either treated them

unfairly or were difficult to get in to see. These difficulties were not limited to rural areas, but were true for all locations studied in this survey (Figure 45). E-mail and telephone interviewees also confirmed difficulties IP members have finding PCPs conveniently located near their homes, and requested additional specialists, as well.

“Most doctors don’t want to take O-EPIC IP people, so you are on a long waiting list (months).”

“Some doctors treat us like dirt. We are clean, neat people.”

Figure 45. Location Compared by Ability to Locate 3 PCPs (n=570)



“More providers. There is no one in rheumatology, for example, in Tulsa who accepts O-EPIC.”

“[Need] more PCPs in outlying areas. Several said they would not take me even though they are on the list.”

“Really great program, would just like more doctors involved.”

Although there are problems with administration, the application process, the website, etc., by and large, the vast majority of survey respondents rated the program a 4.46, on a scale of 1 (“Very Bad”) to 5 (“Very Good”). Comments indicate IP members are very pleased with the IP program, and grateful that such a program existed in Oklahoma (see Appendix C). Typical of the IP survey respondents in general are Mary and Jim K. and Rev. and Mrs. B.,

whose stories began in the Introduction of this report.

***Self-Employed and Uninsured in Oklahoma:
The Rest of the Story***

Mary K. and her husband, Jim, and Rev. and Mrs. B. used to be part of the 60% of Oklahoma's uninsured workers who were either self-employed or had no access to insurance through their small business employer. Their stories are not unusual. But now, these four hard working Oklahomans have a choice that has literally been a "Godsend" for them: Insure Oklahoma/O-EPIC's Individual Plan.

"Peace of Mind"

Mary and Jim K.

The Rest of Their Story

Mary K. is a bookkeeper and together with her husband Jim they also manage rental property. Their income is at about 120% of the federal poverty level and neither has ever been able to afford health insurance, before Insure Oklahoma/O-EPIC Individual Plan. Mary and Jim are currently renewing their health coverage under the IP program, and although there have been some glitches along the way with the renewal process (a problem mentioned by many participants we spoke with), Mary is grateful for health insurance and for IO/O-EPIC IP.

"This insurance is the best thing. We haven't really used it much because we're lucky, we're pretty healthy right now. We both believe in preventive health care. We exercise, we eat right."

But IO/O-EPIC IP gave Jim the chance to get the lumps on his face checked out. They were basal cell carcinoma, which the dermatologist removed. "We probably would just have waited longer to see what happened but because of O-EPIC, we were able to get them removed." Mary and Jim live in the Tulsa area and had to travel to Bartlesville where the closest participating dermatologist was located. "We wish there was a dermatologist in Tulsa but we don't

mind the trip. We're just grateful for the insurance. It just gives us peace of mind."

"Thank you for this program. We tell everyone we know about it."

"Blessings"

Rev. and Mrs. B.

The Rest of Their Story

Rev. and Mrs. B., "employees" of a small church in rural Oklahoma, now have health insurance coverage they can rely on thanks to Insure Oklahoma/O-EPIC IP. The Reverend, who has an aortic stent, now sees his cardiologist regularly for his stress tests and just feels "healthier knowing I have good insurance. I now feel like I am going to see my daughter grow up where before, well, you just worry."

Rev. and Mrs. B. enrolled in IO/O-EPIC IP over a year ago, renewed their policy this past summer and couldn't be happier.

"It gives you a psychological advantage, too," Rev. B. said. "It's affordable and better coverage than we had when we were paying \$1,000 a month. Just knowing that if something comes up, you can get it taken care of. It gives you such tremendous peace of mind. Insure Oklahoma is truly a blessing and a Godsend to Oklahoma."

Rev. B. has been following the national debate on health care quite closely, and has this to say to our nation's leaders:

"If the country wants a model for how health care should be, they should look at Insure Oklahoma."

Exploring options to expand the IP program to include coverage such as dental and vision, would be well received. Many respondents said they would be willing to share more of the cost to have access to more health care options. It may also be useful to investigate increasing the income eligibility while at the same time increasing the cost-share on a sliding scale. Many respondents felt that the IO/O-EPIC IP

program could be a model for covering the uninsured nationwide. As more national attention is focused on expanding health insurance and the possibility of universal coverage, it seems likely that policymakers and politicians may take a closer look at the Insure Oklahoma program as a potential paradigm providing accessible and affordable health care for all Americans.

"I was very glad to find out about O-EPIC. Its very helpful and affordable. Thank you so much for having a program like this one here in Oklahoma. Other states should have a program like this."

IP Participant, August 2008

Findings and Recommendations

“I wish everything was as great as O-EPIC. I only gross \$13,400 and \$17-\$20 per month for coverage is the greatest thing since sliced bread! Thank you very much.”

IP Participant, August, 2008

Key Findings

1. Surveys were sent to 1,499 IP participants; 17 were undeliverable; 589 completed surveys were received and analyzed for this study, a 39.7% response rate.
2. 96% of respondents fell into 2 eligibility categories: self-employed (52%, n= 301) and those with no access through their employer (44%, n=260). Temporarily unemployed accounted for 3% (n=17), and Disabled with Ticket to Work, 1% (n=5).
3. Friends, co-workers, or family members were the main source of information about IO/O-EPIC IP (43.6%), an increase over last year (36.7%).⁵ Newspapers were next (24.9%). Employers were least helpful (4.6%).
4. Only one-third (37.3%) of IP applicants applied online whereas 62.7% completed a paper application. These statistics are unchanged from the previous study.
5. The average length of time respondents had been participating in the IP program was 7.5 months; the range was <1 to 18 months.
6. Only 1/4th of participants had prior insurance. Of those with prior coverage, 32% had ESI, 51% had private coverage, and 17% had dependent coverage.
7. Most respondents who reported no prior coverage had been without insurance for more than a year; 19.4% had never had health insurance.
8. 71% chose to apply for O-EPIC IP because it was affordable; 17% had a medical need.
9. 91% thought the IO/O-EPIC IP program was a “Good” or “Very Good” health insurance option.
10. Survey respondents and interviewees indicated problems with the renewal process. Survey responses implied data entry errors and process were problems.
11. Many participants complained that physicians treated them like “Medicaid patients.” One participant said: “Let doctors know we are not Medicaid. We are working.”
12. Participants found locating 3 PCPs close to home to be more difficult than other aspects of the application process, although most were able to do it. This problem was true for participants statewide.

NOTE: 13-18 are based on telephone interviews

13. Staff were able to contact 89 of the 293 respondents who left contact information, a 30.3% response rate. 88 of 89 were satisfied to very satisfied. Reasons given were:

- a. Affordability
- b. Coverage
- c. No hassle claims
- d. Staff are nice and sincere, even when they can't help immediately.

The 1 person who was not satisfied dropped coverage because the cost was still too high.

14. 67 interviewees had prior coverage; 22 did not, which is the opposite from the study sample in general.

15. The interviewees with prior coverage took up IO/O-EPIC IP for the following reasons:

- a. Other plan too costly,
- b. Lost coverage with job change,
- c. Divorce, lost coverage,
- d. Had coverage long ago, not recently covered.

16. When asked how IP compared with prior coverage, 67% (60) said IO/O-EPIC IP was better; 28% (25) said the plans were about the same, and 5% (4) said their prior plan was better because it had broader coverage than IO/O-EPIC IP, fewer administrative hassles, and a dental plan available.

17. Additional benefits interviewees would like added were similar to those mentioned on the survey: dental, vision, ambulance, spouse and/or children.

18. Interviewee responses to what they would do to make IO/O-EPIC IP better were similar to survey responses: more PCPs and specialists, especially in rural areas; bank draft or other payments options, and larger formulary.

Recommendations

1. Conduct a focus group for application instructions. Only 37% of applicants completed the application online. Investigate the obstacles applicant's face accessing and using computers to increase online application.
2. Offer for the program to choose a PCP for applicants if desired. Although most applicants were able to find 3 PCPs, comments suggested this was a problem and misunderstood. Clearer information about choosing PCPs on the application and website might reduce the confusion.
3. More physicians, both PCPs and specialists (as opposed to PAs or nurse practitioners) are needed for the IP program, especially in rural areas. Increased marketing and outreach with community physicians might help increase their participation in Insure Oklahoma.
4. Brand differentiation for O-EPIC and Medicaid.
5. Most IP participants are very pleased with the program and are telling "everyone" they know. Additional newspaper, radio, and TV spots about the Insure Oklahoma/O-EPIC IP program would also help spread the word.
6. Many respondents suggested adding vision, dental, ambulance, and other products and services. Some indicated a willingness to pay more for these services. Explore the use of "group purchasing power" or other approaches to add these important products for IP participants.
7. Survey respondents and interviewees indicated problems with the renewal process. Streamlining the renewal process, and working with staff to reduce data entry errors would greatly improve the process and reduce the lapse in coverage several IP members mentioned experiencing.

8. Periodically review the IP database to identify small business employers of IP members and develop a marketing target list for the ESI program.
9. Continued monitoring of the program over time will help ensure ongoing quality improvement. This process should help to secure the viability of the Insure Oklahoma/O-EPIC IP program.

“I'm so glad your company provides people with health care coverage that don't have it or can not afford it. It has been so beneficial to me and I will continue to use your company--I have been telling other people”

IP Participant, August 2008

References

1. Premium assistance program opens door to individuals. Oklahoma Health Care Authority, 2007. (Accessed November 14, 2008, at www.okhca.org.)
2. Page D. Governor Henry unveils plan to expand health care coverage. *Journal Record*, January 24, 2007.
3. Ticket to Work: Facts, Answers, Questions. Southern Illinois University 2007. (Accessed November 14, 2008, at www.rcepv.siu.edu/TTTW%20conference%20June01/ticket-faq.htm.)
4. Ticket to Work. OK Department of Human Services, 2008. (Accessed November 14, 2008, at www.okrehab.org/services_vsservices.html.)
5. Splinter GL, Hyden SD, McCarthy LH, Adams AL, Brown DM, Crawford SA. Insure Oklahoma/Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC): Individual Plan. Participant Experience with the Insure Oklahoma/O-EPIC Individual Plan, January to August 2007. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; February, 2008.
6. Splinter GL, Hyden SD, McCarthy LH, Adams AL, Brown DM, Crawford SA. Insure Oklahoma/Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC): Small Business Employer Feedback as Part of a Continuous Quality Improvement Process, November 2005 to August 2007. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; November, 2007.
7. Splinter GL, Hyden SD, McCarthy LH, et al. Oklahoma Employer/Employee Partnership for Insurance Coverage, O-EPIC: Small Business Employer Feedback as Part of a Continuous Quality Improvement Process: Final Report. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; April 15, 2007.
8. Splinter GL, Hyden SD, McCarthy LH, Barker A, Brown DM, Crawford SA. Oklahoma Employer/Employee Partnership for Insurance Coverage, O-EPIC: Employer and Carrier Experiences, Comments, and Suggestions: Final Report. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; April 30, 2006.
9. Splinter GL, Hyden SD, McCarthy LH, Barker A, Brown DM, Crawford SA. Oklahoma Employer/Employee Partnership for Insurance Coverage, O-EPIC: Employer Experiences, Comments, Complaints, and Suggestions: Results from Surveys and Discussions. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; February 28, 2006.

10. Darien K. Kind's bill would help self-employed. Milwaukee and Southeastern Wisconsin Business News, November 8, 2007.
11. Health insurance for home-based business owners. TheStreet.com, 2005. (Accessed November 26, 2007, at www.thestreet.com.)
12. Health insurance options for the self-employed. Bankrate.com, 2007. (Accessed November 26, 2007, at www.bankrate.com.)
13. Health insurance options for the self-employed. Colorado CPA News, 2006. (Accessed November 26, 2007, at www.emaxhealth.com.)
14. Colliver V. For those 50 and older, health insurance can be hard to come by. San Francisco Chronicle, November 21, 2007.
15. Fronstin P. Sources of health insurance and characteristics of the uninsured: analysis of the March 2007 current population survey. Issue Brief. Washington DC: Employee Benefits Research Institute; October, 2007. Report No.: 310.
16. Health insurance options dwindle for self-employed: group plans are being dropped or becoming unaffordable to many. Pelnik Insurance and Financial Services, 2007. (Accessed November 26, 2007, at www.caryinsuranceblog.com.)
17. No insurance equals hard times on families. 2007. (Accessed November 26, 2007, at www.wvva.com/news/index.php?ID=18413.)
18. Crawford SA, Splinter GL, McCarthy LH, et al. It's health care, not welfare: final report. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; March 31, 2004.
19. Crawford SA, Splinter GL, McCarthy LH, et al. It's health care, not welfare: attitudes and opinions of small business owners in Oklahoma toward reforms to the Medicaid health care program. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; October, 2003.
20. Splinter GL, Crawford SA, McCarthy LH, Hyden SD, Brown DM. Oklahoma Voucher System Final Report. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; November 30, 2004.
21. Splinter GL, Hyden SD, McCarthy LH, Adams AL, Brown DM, Crawford SA. Oklahoma Employer/Employee Partnership for Insurance Coverage, O-EPIC: Small Business Employer Feedback as Part of a Continuous Quality Improvement Process. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; September 18, 2006.
22. Splinter GL, Hyden SD, McCarthy LH, Adams AL, Brown DM, Crawford SA. Insure Oklahoma/Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC): Small Business Employer Feedback as Part of a Continuous Quality Improvement Process, November 2005 to August 2007. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; January 11, 2008.
23. Splinter GL, Hyden SD, McCarthy LH, Barker A, Brown DM, Crawford SA. Small Business Acceptance of a Health Insurance Premium Assistance Program for Low-Income Workers. Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; June 30, 2005.
24. Splinter GL, Hyden SD, McCarthy LH, Brown DM, Crawford SA. Insure Oklahoma/Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC): Small Business Employer Feedback as Part of a Continuous Quality Improvement Process, November 2005 to July 2008.

- Oklahoma City: Department of Family & Preventive Medicine, University of Oklahoma Health Sciences Center. Prepared for the Oklahoma Health Care Authority; October 1, 2008.
25. Alboher M. Finding health insurance if you are self-employed. *New York Times*, March 27, 2008, 27.
 26. Wangness L. Fewer young uninsured, more poor. *Boston Globe*, November 26, 2008.
 27. Fronstin P. Sources of health insurance and characteristics of the uninsured: analysis of the March 2008 current population survey. Issue Brief. Washington DC: Employee Benefits Research Institute; October, 2008. Report No.: 321.
 28. DeNavas-Walt C, Proctor BD, Lee CH. U.S. Census Bureau, Current Population Reports: Income, Poverty, and Health Insurance Coverage in the United States: 2005. Washington DC: U.S. Government Printing Office; August, 2006.
 29. Felland L, Draper D, Liebhaber A. Massachusetts health reform: employers, lower-wage workers and universal coverage. Issue brief. Washington DC: Center for Studying Health System Change; July, 2007. Report No.: 113.
 30. Lee C. Massachusetts begins universal health care. *Washington Post*, July 1, 2007.
 31. Szabo L. Minnesota sets bar on health again. *USA Today*, December 5, 2006.
 32. Connolly C. Obama policymakers turn to campaign tools: network of supporters tapped on health-care issues. *Washington Post*, December 4, 2008, 3.
 33. Pear R. Health insurers offer to accept all applicants, on condition. *New York Times*, November 20, 2008.
 34. Bureau of Labor Statistics. The employment situation: October 2008. Washington DC: Department of Labor; November 7, 2008, Government Document No.: USDL 08-1617, p. 23.
 35. More than 14 percent of Americans - 41.2 million - are uninsured. Kaiser Family Foundation, 2006. (Accessed June 29, 2006, at www.kaisernetwork.org.)
 36. Girion L. Deductibles march higher for employer-provided health insurance: the average U.S. worker faced out-of-pocket expenses of more than \$1,000 this year, an annual study finds. *Los Angeles Times*, November 20, 2008.
 37. Brook D. Freelancers need universal health care, too. *GOOD Magazine*; November 26, 2007.
 38. Rosetta L. Health care reform: you could get cash for health insurance. *The Salt Lake Tribune*, November 12, 2008.
 39. Hopkins J. Health insurance costs dog would-be entrepreneurs: many think twice or just bag plans. *USA Today*, August 22, 2005, 1.
 40. Doing business as a sole proprietor. Poznak Law Firm, 2007. (Accessed November 26, 2007, at www.poznaklaw.com.)
 41. Amsden D. The young invincibles. *New York Magazine*; March, 2007.
 42. Collins SR, Schoen C, Tenney K, Doty MM, Ho A, The Task Force on the Future of Health Insurance. Rite of passage? Why young adults become uninsured and how new policies can help. Issue Brief. New York: The Commonwealth Fund; March, 2004.
 43. Young adults remain at risk: 13.7 million lack coverage. Commonwealth Fund, 2008. (Accessed May 30, 2008, at www.cmwf.org.)
 44. OPINION: Mandating health insurance in Maine would limit costs for all. Cover the Uninsured Week, 2004. (Accessed November 29, 2004, at www.covertheuninsuredweek.org.)
 45. Gilpatrick B. Many young adults lack safety net: many uninsured young adults face huge medical bills and other insurance holes when searching for options to receive care. *Miami Herald*, August 13, 2006.

46. Gilpatrick B. Young adults ranked as least insured: When it comes to getting health insurance, young adults are left out compared with other age groups. Miami Herald, August 13, 2006.
47. Number of young adults without health insurance increased more than 2M from 2000 to 2003, study says. Kaiser Family Foundation, 2005. (Accessed May 4, 2005, at www.kaisernetwork.org.)
48. Alteras T, Silow-Carroll S, Moody G. States in action: innovations in health policy, April/May 2008. Washington DC: Commonwealth Fund; April 24, 2008.
49. Carrier P. Allen offers health-care proposal that's a blend of private and public. Portland Press Herald, May 29, 2008.
50. Chacko S. Bill targets health insurance: Cazayoux plan would create pool to offer coverage. Advocate Capitol News Bureau, August 8, 2008.
51. Kaiser Family Foundation. Employer health insurance costs and worker compensation. Washington DC: Kaiser Family Foundation; March, 2008.
52. Maine Democratic Rep. Allen proposes mix of public, private health plans to achieve universal coverage. Kaiser Family Foundation, 2008. (Accessed May 30, 2008, at www.kaisernetwork.org.)
53. O'Connor J. New cigarette tax killed: attempt to override Sanford's veto falls short in S.C. house. The State, May 28, 2008.
54. Singletary M. Lack of insurance hits us all. Washington Post, March 16, 2008.
55. Tolbert J, Ebeler J, Schwartz T. Approaches to covering the uninsured: a guide. Washington DC: Kaiser Family Foundation; December, 2008. Report No.: 7795.
56. Advocates help patients navigate health care systems. Cover The Uninsured Week, 2008. (Accessed August 1, 2008, at www.covertheuninsured.org.)
57. Davis K. Insurance in name only. New York: The Commonwealth Fund; June 24, 2008.
58. Fletcher MA. Rising health costs cut into wages: higher fees squeeze employers, workers. Washington Post, March 24, 2008, 4.
59. Tu HT, Lauer JR. Word of mouth and physician referrals still drive health care provider choice. Research Brief. Washington DC: Center for Studying Health System Change; December, 2008. Report No.: 9.

Appendices

- A. 1. Individual Plan Cover Letter
- 2. Individual Plan Survey Instrument
- B. IP Telephone Interviews and E-Mail Exchanges
 - 1. Interview Questions
 - 2. Interview and E-Mail Responses
- C. Narrative Comments
 - 1. How would you improve the IO/O-EPIC IP application process?
 - 2. Additional general comments
- D. Biographical Sketches of Project Faculty and Staff

Appendix A
Insure Oklahoma/O-EPIC IP Cover Letter



Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC)
Insure Oklahoma
Individual Plan (IP) Participant Evaluation Survey

Dear O-EPIC IP Member,

Attached is an evaluation survey about the Insure Oklahoma/O-EPIC Individual Plan (O-EPIC IP). Please complete this survey and return it in the enclosed, postage paid envelope or fax it to (405) 271-8800.

The Oklahoma Health Care Authority (OHCA), the agency that administers the O-EPIC program, has asked independent researchers at the University of Oklahoma Health Sciences Center to help them gather comments and suggestions from you about the O-EPIC IP program. This process, called “continuous quality improvement” or “CQI,” relies on information from people like you. The information from the survey will be kept confidential and will be reported to OHCA anonymously, with no names, so you can be very honest. Your responses will be used to improve the O-EPIC IP Plan.

Because this is an on-going, continuous process, you may have been asked to provide your comments and suggestions last year. That’s okay. We would like your opinions again.

In addition to the survey, University of Oklahoma Health Sciences Center researchers may be conducting meetings and discussions about health insurance and the O-EPIC IP program. If you think you might be interested in participating in those meetings, please complete the Optional Contact Information on the survey form. Someone from the University may contact you if meetings or discussions will be held in your area.

Thank you for enrolling in O-EPIC and for completing this important evaluation form.



Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC)
Insure Oklahoma
Individual Plan (IP) Participant Evaluation Survey

1. Please check the box that best describes your O-EPIC IP eligibility category.

- Self-employed. How long have you been self-employed? _____
- No access to health coverage through employer
- Temporarily unemployed, looking for work. How long have you been looking for work? _____
- Disabled with ticket to work

2. Please check the box that best describes where you live.

- City (50,000+)
- Town (2,500-50,000)
- Rural (2,500 or less)

3. Please check the box that tells how old you are.

- 19 to 25 years old
- 26 to 40 years old
- 41 to 55 years old
- 56-65 years old

4. Please check the box that tells the highest level of education you've had.

- Some high school
- High school diploma or GED
- Some college
- College degree
- Some postgraduate or postgraduate degree

5. What type of work do you do? Please write your job or type of business on the line provided. _____

6. Including yourself, how many people live in your home? Please check the box or write in the number in the space provided.

- 1 2 3 4 5 more than 5, how many? _____

7. How did you hear about the O-EPIC Individual Plan?

- From your employer
- From a friend or co-worker (word of mouth)
- Newspaper, radio or TV ad
- Insurance agent
- Health care provider
- Other, please list: _____

8. How did you apply for O-EPIC?

- Online Application
- Paper Application

9. How long have you had O-EPIC IP coverage? _____ (months)

10. Did you have health insurance coverage before O-EPIC IP?

- YES. If YES, what type of coverage did you have?
 - With employer
 - Private insurance
 - Spouse or family coverage
- NO. If NO, how long had you been without coverage before O-EPIC IP?
 - Never had health insurance before
 - Without coverage for less than 1 year
 - Without coverage for from 1 to 5 years
 - Without coverage for more than 5 years

11. Who or what convinced you to apply for O-EPIC IP coverage? Please check the best answer.

- O-EPIC coverage was affordable
- My spouse or family member
- Have a medical need
- Other (please describe): _____

12. How long did it take you complete the application ?

- 15 min or less
- 16-30 min
- 31-60 min
- 61-120 min
- 121 min or longer

13. In general, what do you think about the O-EPIC IP health plan?

Very Bad	Bad	Okay	Good	Very Good
<input type="checkbox"/>				

Questions 14 through 18 ask your opinion about some of the O-EPIC IP help or support services. Please check the box that best describes how you felt about each underlined part of the program or check N/A (not applicable) if you did not use that service.

14. Based on requests from last year's survey, OHCA worked to increase the number of primary care providers accepting O-EPIC IP participants. How easy was it for you to find 3 primary care providers (PCPs) in your area?

Very Hard	Hard	Okay	Easy	Very Easy
<input type="checkbox"/>				

15. How helpful was the O-EPIC online provider directory?

Very Unhelpful	Not Helpful	Neutral	Helpful	Very Helpful	N/A
<input type="checkbox"/>					

<input type="checkbox"/>					
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16. How helpful was the O-EPIC information brochure?

Very Unhelpful	Not Helpful	Neutral	Helpful	Very Helpful	N/A
<input type="checkbox"/>					

17. How helpful was the O-EPIC member's handbook?

Very Unhelpful	Not Helpful	Neutral	Helpful	Very Helpful	N/A
<input type="checkbox"/>					

18. How helpful was the O-EPIC Call Center?

Very Unhelpful	Not Helpful	Neutral	Helpful	Very Helpful	N/A
<input type="checkbox"/>					

19. Please tell us what you would do to improve the O-EPIC application process.

20. Please write any other comments or suggestions you have about the O-EPIC program.

21. OPTIONAL. Contact Information. If we may contact you for additional information or to possibly participate in discussions about the O-EPIC program, please write your contact information below.

Name: _____

Address: _____

City State Zip: _____

Phone: _____

E-mail: _____

Appendix B1
Insure Oklahoma/O-EPIC IP Interview Questions

Date: _____

5. Now that you've been in the program for awhile, how satisfied are you?

Very satisfied – why?

Satisfied

Not satisfied – why?

network coverage cost quality access

6. Have you had health insurance in the past?

a. No

b. Yes Plan name if possible: _____

What did it cover? _____

doctor visits pharmacy hospital preventive maternity

Were there any problems with it? _____

doctor visits pharmacy hospital preventive maternity

deductible co-pays accessing care

c. How would you compare the insurance you had before with IO/OEPIC IP?

Favorable – why?

Neutral

Not favorable – why?

7. Are there any additional benefits you would like to see added?

Dental *What dental services would you use?*

When was the last time you and your family saw a dentist?

Vision

Other

8. If you were in charge of the IO/OEPIC IP, how would you make it better?

Appendix B2 Interview and E-Mail Responses

#	Date	Q1. How satisfied with IO/O-EPIC IP are you? Very satisfied: Why? Satisfied Not satisfied: Why?	Q2a. Have you had health insurance in the past? No	Q2b. If Yes, plan name if possible. What did it cover? Were there any problems with it?	Q2c. Compare prior insurance with IO/OEPIC IP? Favorable: why? Neutral Not favorable: why?	Q3. Additional benefits you would like to see added? Dental What services? When was the last time your family saw a dentist? Vision? Other?	Q4. If you were in charge of the IO/OEPIC IP, how would you make it better?
1	12/1	Very satisfied. Very good insurance. Great.	Yes	Covered everything. Too expensive	Favorable. But have to go to primary care doc first.	Dental. Cleaning & preventive. 10 years. Vision...need laser surgery tune-up	Pretty good, really like it.
2	12/1	Completely satisfied. Covers my needs. Affordable	Yes.	With job in the 70's. Covered everything. No	Neutral. Can't remember, about the same.	Dental. Will need lower plate soon. 5-7 years.	Couldn't
3	12/1	Very...really good.	No			Dental not sure. Him- 1 yr. wife, 2 yr.	Best already
4	12/1	Satisfied...but only 2 doctors they can use and they will not see each other's patients.	Yes	Covered everything but had very high deductible and copayments.	Favorable...OEPIC is wonderful.	None that I can think of...	Don't like having to reapply each year. Some doctor's offices could use some more training in the paperwork
5	12/1	Very satisfied to have insurance. Never had insurance before. I'm unhappy with the renewal process – paperwork lost and cancelled policy because of data entry errors.	No	N/A	N/A	Ambulance	Renewal process
6	12/2	Satisfied...billing method should accept bank draft. Payments late to Dallas & you're cut off. Children don't qualify (but do have SoonerCare now).	Yes	Covered everything except dental. Dropped it and left the individual plan.	Favorable. OEPIC better. Covers claims, don't dispute, especially on prescriptions.	Dental. Yearly cleanings. Kids saw dentist this year, him & wife 4-5 years. Vision...eyeglasses	Auto draft for billing.
7	12/2	Very satisfied. Affordable, really good coverage.	Yes	Covered everything. Often owed more than just the co payment & had high deductible.	Neutral, but wouldn't go back.	Dental. Cleaning 2 ½ years	Add dental. I already recommend OEPIC to everyone!
8	12/2	Very satisfied. Had no insurance and couldn't get it before. This is affordable and she can get it.	Yes, when married, through husband.	Not sure. No problems, paid 80% after deductible.	Neutral, about the same coverage.	Dental. 2 years	Add dental. Would like to be able to see more than one primary care doctor. So grateful to have this insurance...Thank you!!
9	12/2	Very satisfied. Price.	Yes, when married, through husband's work	No	Favorable	Dental Need dental work now. 6 months	Would like to have kept the doctor she had for 30 years
10	12/2	Very satisfied...more than satisfied. Greatest thing they have ever done.	No			Dental Dentures 2 years	Whoever set it up did a wonderful job-honest to God! Only in America!
11	12/2	Very satisfied. Affordable, easy program. Convenient. Pays for RX and referrals.	Yes	Covered dr. visits, hospital. Not pharmacy	Favorable—OEPIC lots better!	Vision glasses	No recommendations—people are so helpful, courteous and easy to work with.
12	12/2	Very satisfied. Cost	No			Dental Fillings, wisdom teeth This year	Raise the income level to be able to get it.
13	12/2	Very satisfied. Like any other insurance, they aren't treated differently. No concern about pre-existing conditions.	Yes	Everything except pre-existing conditions...asthma & female organs (had to sign a waiver).	Favorable OEPIC better, covers more	Dental Maintenance 3-4 years	Don't know of anything they could add. It is a blessing!
14	12/2	Very satisfied. Zero complaints. Something I can actually afford! The fact that I have insurance. Went my whole life without it.	No			Dental Cleaning Go regularly and make payments for work done.	Give a raise for doing such a good job! Great idea!
15	12/2	Very satisfied. Haven't used it much.	No			Dental Has dentures Years! Vision	Don't know.
16	12/2	Very satisfied, it is truly a blessing from God.	No	Yes, it was \$600 per month and we couldn't afford it.	Favorable, there is no comparison. IO/OEPIC IP is better than ESI I had years ago.	Dental. We would use preventive services and fillings/crowns. I had to see a dentist for an emergency last year but before that it had been 11 years.	Add dental and make family coverage an option.
17	12/2	Very satisfied. It is reassuring to know that I have insurance and I can go see a doctor when I need something.	Yes	Yes, a very, very long time ago with my employer.	Neutral, I like what I have now and it compares to what I had with my employer a long time ago.	Dental. Whatever I needed to have done. Saw dentist 2 months ago for a cleaning.	I'm not sure I could improve the program. I love it!
18	12/3	Very satisfied. Everything is good	Yes	Not sure, left the job	Favorable...OEPIC covers more.	No	Can't think of anything

Appendix B2 Interview and E-Mail Responses

#	Date	Q1. How satisfied with IO/O-EPIC IP are you? <i>Very satisfied: why? Satisfied Not satisfied: Why?</i>	Q2a. Have you had health insurance in the past? <i>No</i>	Q2b. If Yes, plan name if possible. What did it cover? Were there any problems with it?	Q2c. Compare prior insurance with IO/OEPIC IP? <i>Favorable: why? Neutral Not favorable: why?</i>	Q3. Additional benefits you would like to see added? <i>Dental What services? When was the last time your family saw a dentist? Vision? Other?</i>	Q4. If you were in charge of the IO/OEPIC IP, how would you make it better?
19	12/3	Not satisfied – why? I had to drop it because the monthly premium was too much to afford every month.	Yes	Yes	Neutral	Dental What dental services would you use? Teeth cleaning, extractions, fillings, etc. When was the last time you and your family saw a dentist? At least 2 or 3 years ago. Vision Due to being legally blind without glasses, I need new glasses every year. I am also a candidate for glaucoma and retinal detachment.	Make it more affordable for low income families and make the co pays smaller. I would also add dental and vision.
20	12/3	Very satisfied. Couldn't be happier. Can get referrals for tests. Has used VA; won't listen to you	Yes	Everything. No, rarely used, was healthy then.	Favorable	Dental Cleaning & check-ups 5 years	Couldn't answer...anything wrong with it. I tell friends about it & they sign up!!
21	12/3	Satisfied. Not a lot of providers & they are very busy	Yes	Had restrictions and high co pays	Neutral	Dental Cleaning, general maintenance 3-4 years	Really great program, would just like more doctors involved.
22	12/3	Very satisfied. Good program for the people who are eligible.	Yes	\$5,000 deductible. No prescriptions \$150 per mo. premium.	Favorable....Oepic better. Co pay & deductibles high.	Dental Needs a crown May, 2008— Not satisfied with one clinic.	Really good now-a blessing to her. Add dental even if you have to raise the co payment or premium.
23	12/3	Very satisfied. Like the doctor and was treated very well at the hospital. Coverage good....Rx and premium.	Yes	Everything. After husband died, Cobra too expensive	Unfavorable. OEPIC doesn't cover dental and vision.	Dental Cleaning, check-ups, fillings Going next week Vision	Add dental and vision.
24	12/3	Very satisfied. Love it! Affordable. Co Payment is reasonable.	Yes	Everything No	Neutral....about the same	Physical therapy	When calling for information the people answering the phones ought to be more knowledgeable about the program and policy and about what gets paid for.
25	12/3	Very satisfied. The only way to afford insurance. Went 4-5 years without going to a doctor. Cost	Yes	Not sure, never used it.	Favorable Like OEPIC better. I know what it pays and I know the co payment.	Dental Bridge needs to be fixed. 20 years Mammograms and more preventive care.	Go on a case-by-case basis concerning income. Some don't need all of it and others do, especially older people.
26	12/3	Very satisfied. So thankful, very pleased	Yes	? Couldn't afford it	Neutral	Dental Vision Chiropractors	Nothing. Easy to apply and make payments. Good deal.
27	12/3	Very satisfied. I had never been without insurance until I move to Oklahoma. My employer did not provide insurance. I am very grateful it was available and affordable. Also, I never had any problems with office visits or prescriptions. There was a bit of a problem when I first joined but it was all worked out. I would have liked it if I could have enrolled on line for individual coverage. I know being self employed is available on line but not other wise.	Yes	Yes, all my life until coming to Oklahoma.	Neutral. Prior ins was more expensive. Though I had more doctors to choose from. But then I lived in LA and Las Vegas.	Dental. Never.	My daughter is not eligible for sooner care because sooner care assumes that the child of a divorced mother is getting compensation for healthcare from the father. Child enforcement does not collect percentages for childcare (insurance premiums etc). Therefore, I had to pay out of pocket for individual coverage with Blue Cross Blue Shield.
28	12/3	Very satisfied with the program.	Yes	It covered childbirth and then ended.	Favorable, I prefer O-EPic, it covers more and I haven't had any problems with coverage since we began on the program.	Dental - Check-ups, fillings. Children are covered under Soonercare and were just there last month, husband and I haven't been in quite a while Vision -- This would be a great addition, I need to have my eyes checked and get some new glasses.	Don't know for sure.
29	12/3	Very satisfied	Yes	It covered everything. There were no problems.	Neutral	I would like to see dental and vision covered to an extent, because it is a part of keeping your body healthy. At least cleanings.	I love the program and I am glad they came up with someone for uninsured adults. However I know many people who need insurance and you can only receive this at certain restrictions.
30	12/3						I'd be happy to answer the questions, but we've moved to Texas (July 2008) and are no longer in the program, O-EPIC was a life-saver for us at a time in our lives when we needed them the most. I've referred a friend who's used this insurance as well. Thank you.

Appendix B2 Interview and E-Mail Responses

#	Date	Q1. How satisfied with IO/O-EPIC IP are you? <i>Very satisfied: why? Satisfied Not satisfied: Why?</i>	Q2a. Have you had health insurance in the past? <i>No</i>	Q2b. If Yes, plan name if possible. What did it cover? Were there any problems with it?	Q2c. Compare prior insurance with IO/OEPIC IP? <i>Favorable: why? Neutral Not favorable: why?</i>	Q3. Additional benefits you would like to see added? <i>Dental What services? When was the last time your family saw a dentist? Vision? Other?</i>	Q4. If you were in charge of the IO/OEPIC IP, how would you make it better?
31	12/3	THIS IS JUST THE BEST INSURANCE AND I CAN AFFORD IT, HAVE HAD NO TROUBLE WITH IT EVERY ONE IS VERY NICE SINCERE AND HONEST AND ALWAYS ANSWERS YOU QUESTIONS. WHAT A GREAT INSURANCE CO.	Yes	Yes What did it cover? DR VISTS, PHARMACY-VERY HIGH FOR COVERAGE LIKE 50 DOLLAR CO PAYS Were there any problems with it? YES THEY WERE VERY HARD TO DEAL WITH AND GET INFORMATION YOU NEEDED VERY EXPENSIVE FOR COBRA!!	Favorable - TOO MUCH MONEY FOR HEALTHCARE AND COPAYS WERE REALLY HIGH	VISION AND DENTAL WOULD BE GREAT BUT I WOULD REALLY WOULD RATHER HAVE VISION THAN DENTAL	I DONT THINK I COULD MAKE IT BETTER, IT IS JUST ONE OF THE BEST AND I WORKED FOR INSURANCE COMPANY BEFORE AS A CUSTOMER SERVICE REP. ALSO - COVER MORE THAN 6 PRESCRIPTIONS
32	12/3	Satisfied	Yes	Health, hospitalization, maternity Were there any problems with it? Just the price!	Favorable – why? – They have insurance down to a science. They do a good job. The problem, as always, is cost.	What dental services would you use? Cleanings, cavities, x-rays, etc. Possibly orthodontia... When was the last time you and your family saw a dentist? My young child over a year, the rest of us at least two. Vision - Definitely	I would offer more of a cafeteria plan. For instance, we would be interested in paying for doctor visits throughout the year, but have insurance in case of something major like illness or injury. Also, when my primary care physician couldn't see me for a bladder infection, I called OEPIEC to see where I could go to be seen that day. They referred me to the emergency room!!! A quick trip to another doctor or to an urgent care center would have been faster, more efficient and MUCH less expensive, and yet my only option covered by the insurance was to wait until the next day (which is not possible with a bladder infection) or go to the emergency room. This is a ridiculous waste of resources...both mine and OEPIEC's.
33	12/3	Satisfied	Yes	No answer	Favorable. Prior ins was extremely expensive	Dental - routine care and fillings, crowns. My kids are on SoonerCare so they see a dentist. I go to Rose State Dental Hygiene Program for low cost cleaning once or twice a year and I am presently trying to get into the Dental Program at OU for a broken tooth to be fixed. Vision - routine care and glasses Chiropractic care	Their customer service department is seriously lacking. I have had several extremely rude CSR and in fact one discontinued my service and it was mostly over her misunderstanding me and not letting me explain the error I had made in my application.
34	12/3	Very satisfied –This program has enabled me to care for my health	Yes	A long time ago. I do not remember the plan but I had been without insurance for over 4 years before I found out about this program. What did it cover? about the same as O-EPIC Were there any problems with it? no	Neutral – It covered what I needed covered	What dental services would you use? Cleaning and get fillings. My teeth need attention but I do not have the funds to take care of them. The last time I saw a dentist was over 4 years ago Vision I would use to obtain my glasses. I do not get eye exams as often as I should because of the expense.	Add dental and vision
35	12/3	Have been very satisfied until just recently when I found out misinformation I got from the help line informed me to send in my renewal application too late which has caused a gap in my coverage of up to two months. This is still being worked on and will hopefully be resolved. Other than that I am satisfied. One serious problem is the inability to contact the supervisor who can alone resolve the problem. She is apparently very busy and unavailable.	Yes	Yes. What did it cover? Full coverage Were there any problems with it? It was connected to past employer and I can't afford it now	Very favorably until, again, just recently with this serious unresolved problem.	Yes, dental that would cover preventative care (cleaning) and basic dental needs. When was the last time you and your family saw a dentist? Six months ago. I go again this month for annual cleaning. Vision - I would like to see coverage for eye exams and replacement of glasses every two or three years.	Actually, I think this program is a terrific opportunity and I've referred four of my friends and several clients to it (I am a licensed drug and alcohol counselor). I am very happy to have it, just as it is. I only want to see my current lapse in coverage resolved which was caused by misinformation from someone on the help line.

Appendix B2 Interview and E-Mail Responses

#	Date	Q1. How satisfied with IO/O-EPIC IP are you? <i>Very satisfied: why? Satisfied Not satisfied: Why?</i>	Q2a. Have you had health insurance in the past? <i>No</i>	Q2b. If Yes, plan name if possible. What did it cover? Were there any problems with it?	Q2c. Compare prior insurance with IO/OEPIC IP? <i>Favorable: why? Neutral Not favorable: why?</i>	Q3. Additional benefits you would like to see added? <i>Dental What services? When was the last time your family saw a dentist? Vision? Other?</i>	Q4. If you were in charge of the IO/OEPIC IP, how would you make it better?
36	12/3	Very satisfied - why? Yes - The staff was always helpful and able to > answer my questions	Yes	Yes, doctor and hospital Were there any problems with it? expensive after I reached 63	Favorable - why? I thought it was about the same I had no major problems	Dental What dental services would you use? Yes When was the last time you and your family saw a dentist? I see a dentist every 6 mo Vision Yes if it was optional and affordable	More choice of doctors- I thought it was a great program
37	12/3	very satisfied because when I needed help the most Oepic was there. When the billing got messed up a couple of times, I called and customer service was so nice and helpful until we got it all figured out.	Yes	Yes. It covered a lot when a medical situation came up but the premiums were so high it was completely unaffordable. I think what I did like about it was it provided dental. I would compare Oepic is better because the plan works and I never have to fight with the dr's offices or hospitals. Everything is paid in a timely manner.	Favorable. I would love to have dental and vision added mostly dental. I am not sure what is out there for coverage but I haven't been going because even delta dental charges too much and it doesn't cover enough of what plagues our mouths the most.	If I was in charge of oepic, I would give raises to all your customer service phone employees. They are terrific.	thank you for the help there is one thing you can do please educate the physicians and the hospitals, as well as the doctors offices to put the oepic claim number or identification number on the paperwork so the bill can get paid.thanks again
38	12/3	Very satisfied – why? I don't stress over being sick or something happening that I may need major medical care. At my age of 55 that is important to my husband and I.	Yes	Yes.	Favorable OEPIC has lower out of pocket expenses and coverage is better.	Dental Yes What dental services would you use? routine checkups and possibly dentures When was the last time you and your family saw a dentist? Over a year ago and then only because I couldn't stand the pain any longer Vision Yes, to cover at least glasses. Contacts if I have to case and not just cosmetic	Raise the income limits to cover people that are working hard to provide for their families in the middle class. Most of them make enough to just get by, but not enough to have medical care. I know one young couple who are both working. He pays his child support as ordered and never misses a payment, they have one child together. They have a nice home and 2 vehicles. They are not living above their means and by no means do they waste their money. He has Indian benefits for him and the kids but she is not covered and cannot afford to put out an extra \$300-\$400 a month with a high deductible so she does not go to the doctor for even her routine yearly check ups. Seems there is something that could be done in an instance like this. And, there are lots of people in this situation. Also, when someone is applying, I don't think the spouse's social security retirement should be considered. Social Security is not enough to live on anyway.
39	12/3	Very satisfied – why? Anything that I have needed taken care of has been taken care of.	Yes	Yes	Neutral – I like OEPIC better	I would just offer dental, eye, dermatology, weight help.	I would just offer dental, eye, dermatology, weight help.
40	12/3	Very satisfied	Yes	Yes Were there any problems with it? Deductible and Premiums kept raising	Neutral	Preventive, restorations, crowns, root canals When was the last time you and your family saw a dentist? 2-3 years ago	The application system needs to get together and see what the other has asked for and received some things I sent in 3 different times. Each time to a different person because they didn't check with each other before requesting or go through all the paperwork 1st.
41	12/3	Very satisfied, I am satisfied with what the insurance pays.	Yes	Yes, The insurance I had before did not pay very much and my payments were much higher.	Favorable	Dental - I need all my teeth pulled and dentures made. The last time we needed a tooth pulled. If it would help with eyeglasses, I could get new ones more often.	Set up online payments.

Appendix B2 Interview and E-Mail Responses

#	Date	Q1. How satisfied with IO/O-EPIC IP are you? <i>Very satisfied: why? Satisfied Not satisfied: Why?</i>	Q2a. Have you had health insurance in the past? <i>No</i>	Q2b. If Yes, plan name if possible. What did it cover? Were there any problems with it?	Q2c. Compare prior insurance with IO/OEPIC IP? <i>Favorable: why? Neutral Not favorable: why?</i>	Q3. Additional benefits you would like to see added? <i>Dental What services? When was the last time your family saw a dentist? Vision? Other?</i>	Q4. If you were in charge of the IO/OEPIC IP, how would you make it better?
42	12/3	Satisfied: I am not satisfied with the Doctor that I have to use, but I appreciate the insurance program. I can not afford the premiums of other insurance companies.	No	N/A	No answer	Dental - I would like to see you cover regular checkups and cleaning, and fix cavities and whatever other problems you might have with your teeth. When was the last time you and your family saw a dentist? I see a dentist every six months. Vision - I would like to see you cover eye exams and purchase of eye glasses. This is something I don't do nearly as often as I should because it is just too expensive.	There is a problem with the coverage of prescription drugs. The information I have leads you to believe that prescription drugs are covered, but when you go to the pharmacy to get the prescription filled, you never know whether it is covered or not. If you're not going to cover all prescription drugs, then it should be clearly stated in the literature. Also, the coverage of vision and dental would be helpful.
43	12/3	Very satisfied - why? BECAUSE IT WORKS BETTER THAN ANY OTHER INS. I EVER HAD.	Yes	Yes	No answer	No answer	No answer
44	12/3	Very satisfied - why? Excellent benefits & cost. Help always available when needed!	Yes	Yea	Favorable, the other insurance was more costly than OEPIC	Cleaning & regular care When was the last time you and your family saw a dentist? 5 yrs ago Vision 2 yrs ago	Only that premiums be adjustable for decrease in income as needed.
45	12/3	Very satisfied - why? I was very satisfied with the O-Epic program, what a true blessing!	Yes	Yes, It was good coverage, a little better than O-Epic in some areas but a lot more expensive. Again, they covered more but a lot more expensive and not covering things that are actually listed in my policy.	Unfavorable. As I said above, O-Epic does not cover quite as much but still decent coverage. A little trouble finding a primary at first but have noticed a lot more primary physicians now listed in my area.	Durable medical equipment. > Dental What dental services would you use? I grew up with good dental coverage so I have kept that insurance up with the help of my family. People don't realize how important you dental care is. > When was the last time you and your family saw a dentist? I saw a dentist this fall for a check up. > Vision About a year ago and another government agency paid for it or I probably wouldn't have gone. > Other: Counseling - this is so important, especially for people who are struggling and going through hard times. In fact, it is my opinion that a successful counseling program would cut down on physical issues and end up saving money. I know this sounds expensive but I really think it is so important. Sometimes people go to the doctor for help to feel better when they really need psychological/emotional assistance.	As I stated, as least some basic counseling first, durable medical equipment, dental, vision, etc. As you can expand. I am so satisfied with your basic program; I have been changed to Medicare just this month, actually beginning January 1 when Part D will start. I think O-Epic is so much easier to deal with and understand. Your staff is always helpful, I wish I was still eligible or that you would take over Oklahoma's Medicare - you are much better at it than the Feds! No one can answer any of my questions or address any concerns, tell me how Part D works. I am scared to death I won't be able to afford my meds on Part D. I know Medicaid picks up part but how much? Know one really can give me a for sure answer. Your people are great, if they don't know the answer they find out; in fact one of your people got me "gap" insurance to get my meds until Part D kicks in. That is one place I wish you would have been different. You kicked me off O-Epic as soon as my Medicare eligibility was posted leaving me high and dry for meds. I am just thankful you have great people who followed up. Medicare sure didn't tell me about the gap insurance for my meds and neither did my DHS worker - no one else knew but you guys did!
46	12/3	satisfied	Yes	Yes	No answer	Dental and vision. It has been approx 18 months since I have been to the dentist. I would use regular check-ups and cleaning.	Be sure and explain that the 1st 2 bills come out at the same time. I was cancelled because I thought they were duplicate bills. I did eventually make the payment before my coverage expired, but had to be put on the waiting list again for 2 months and had no medical coverage during that time. I believe that returning customers should be able to have the wait time waived.
47	12/4	Very satisfied. Price, affordable, no hassles regarding claims	Yes	Long time ago No	Favorable. OEPIC a lot better	Dental Fillings, root canals, teeth pulled. 7 months ago	Get more doctors involved. Allow seeing a specialist without seeing primary dr. first. Add dental and vision care. Not to have to use only generics.

Appendix B2 Interview and E-Mail Responses

#	Date	Q1. How satisfied with IO/O-EPIC IP are you? Very satisfied: why? Satisfied Not satisfied: Why?	Q2a. Have you had health insurance in the past? No	Q2b. If Yes, plan name if possible. What did it cover? Were there any problems with it?	Q2c. Compare prior insurance with IO/OEPIC IP? Favorable: why? Neutral Not favorable: why?	Q3. Additional benefits you would like to see added? Dental What services? When was the last time your family saw a dentist? Vision? Other?	Q4. If you were in charge of the IO/OEPIC IP, how would you make it better?
48	12/4	Satisfied. But internal operations are terrible. 2-3 times per year get letter canceling due to no payment. Payment had been made or no bill had been received. Never know for sure that you have coverage. Get the bugs worked out! Staff is rude.	Yes	Covered the usual. No	Neutral. OEPIC light on major medical	Dental Cleaning, fillings 2-3 months	Get enough people to do the job, computer system is bad. Need better customer service.
49	12/4	Very satisfied. Needed referral to dermatologist and for colonoscopy....never happened.	Yes	Same, rarely used and never for a specialist. No	Neutral. Love OEPIC; don't have to pay an arm & a leg.	None	I think it's good!
50	12/4	Very satisfied. Wonderful! Like the \$5 copayments.	Yes	Covered everything. Went 2 years without insurance. No	Neutral. Love OEPIC	Dental & vision	It's difficult to find the codes for the doctors on-line and to re-apply every year. Best thing they ever came up with.
51	12/4	Very satisfied. Just to have insurance Likes doctor....he discovered diabetes.	No			Dental Many years	Draft bank account for premiums, fear of getting behind and losing insurance. So thrilled with it!
52	12/4	Very satisfied	No			None...satisfied	Nothing
53	12/4	Very satisfied. Coverage. Had pre-existing condition and was uninsurable. Has peace of mind now. Finest thing.	Yes, in the 70's through employer.	Don't remember	Favorable....OEPIC far cheaper	No....don't tip the apple cart.	Waiting period of 3 months after applying is too long. Long wait for phones to be answered. Would like to thank the person who thought up this program.
54	12/4	Very satisfied. Cost 7 coverage...couldn't be happier!	Yes	Didn't have to use it.	Favorable....OEPIC better!	Yearly physical exam	Just don't know.
55	12/4	Very satisfied. Great...cheap	No. Couldn't afford \$800-\$1,000 per month.			Dental Check-ups & fillings 8 months ago	Don't know, think it's great
56	12/4	Very satisfied. Professional and courteous staff	Yes	Similar to OEPIC No prob.	Favorable	Nothing	Nothing
57	12/4	Satisfied. Not happy with clinic she was set up with, kept changing people. This is a blessing!	Yes	Long time ago, don't remember	Favorable, claims disallowed. OEPIC 100% better	Dental Cleaning & periodontal 2 years ago Vision	Add podiatrist coverage & shoes.
58	12/4	Very satisfied. Self-employed and grateful to have insurance.	Yes	Don't remember	Neutral OEPIC just fine and works well	Other might like to see dental & vision added but just glad to be able to go to dr. & get prescriptions.	More doctors on the plan....had to give up long-time doctor
59	12/4	Very satisfied. Would probably not be here. Serious health issue from 70's found when in mid-fifties.	Yes	Premiums too high	Favorable OEPIC better and cheaper	Dental Teeth pulled & dentures 1 year ago	Don't know...pretty good right now
60	12/4	Very satisfied. Couldn't use regular doctor	Yes, 15 years ago		Favorable. OEPIC better & copays cheaper	Dental Regular cleaning & exams 6 months ago	Advertise it more, let people know about it.
61	12/4	Very satisfied. A life-saver. Prescriptions are great. Just had surgery 3 wks ago	Yes	Not sure No	Neutral	Dental Cleaning, check-ups, cavities filled 3 years vision	Add dental and physical therapy benefits
62	12/4	Satisfied. Very easy, like what is covered, how claims are filed. Very good.	Yes, years ago	Don't remember Never used it, no problems	Neutral	Dental 1 year Urgent care facilities	Pay for urgent care and dental.
63	12/4	satisfied	Yes	Yes, covered everything.	Neutral. The only difference is going to a certain doctor.	It would be nice to have dental and vision.	I don't know
64	12/4	Very satisfied	Yes	Yes	Neutral - it is about the same	Dental and vision.	No waiting period and dental and vision.
65	12/5	Very satisfied....the only good thing smoking ever did. Problems with payments not being received. Copays great.	Yes	The usual No	Favorable. OEPIC premiums great	Add the children	Add the children
66	12/7	SATISFIED	No	N/A	No answer	Dental	Don't know
67	12/8	Very satisfied except when cancelled even after payment made on time.	No. Never could afford any			Dental Vision Fitness program	Advertise more.
68	12/8	Very satisfied. Upset right now about application process.	Yes	Same coverage No	Favorable, but haven't had any major problems yet.	None	Make sure the people who work for the program know what they're talking about.
69	12/8	Very satisfied, just to be able to go to the doctor and not suffer.	No			Dental Cleaning and minor dental work. 2 years ago	Add dental and expand to more families.

Appendix B2 Interview and E-Mail Responses

#	Date	Q1. How satisfied with IO/O-EPIC IP are you? <i>Very satisfied: why? Satisfied Not satisfied: Why?</i>	Q2a. Have you had health insurance in the past? <i>No</i>	Q2b. If Yes, plan name if possible. What did it cover? Were there any problems with it?	Q2c. Compare prior insurance with IO/OEPIC IP? <i>Favorable: why? Neutral Not favorable: why?</i>	Q3. Additional benefits you would like to see added? <i>Dental What services? When was the last time your family saw a dentist? Vision? Other?</i>	Q4. If you were in charge of the IO/OEPIC IP, how would you make it better?
70	12/8	Very satisfied. Affordable, once enrolled is easy to use. Enrolling and re-enrolling are painful. Lack of providers	Yes	Same coverage as OEPIC and more. No	Unfavorable. Other was more full-featured than OEPIC	Dental Clean & exams 3 months ago Out of state coverage	Keep from members being dropped immediately for simple mistakes. Retention of members
71	12/8	Very satisfied, especially with the premiums; good coverage and copays.	Yes, years ago	About the same. Didn't use much No	Favorable	Dental Check-ups and maintenance Jan, 2008	Don't know.
72	12/8	Very satisfied	Yes, but not for last 10-12 years	Don't remember....major medical No	Favorable....OEPIC better than regular insurance	Home health care	Add home health care. Allow other than generic drugs.
73	12/8	Satisfied, but having problems with being cancelled.	No			Don't know all available yet	Good job
74	12/8	Satisfied, meets needs	No			Dental Cleaning & partial plates More than 5 years	Advertise program more, some have never heard of it.
75	12/8	Satisfied with program, not doctor, no follow-up to initial exam	Yes, 15 years ago	The usual	Neutral	Preventive care such as pap smears and mammograms	Don't know, get handbook out timely. Thankful it is available.
76	12/8	Very satisfied, consistent, limited co-payment.	Yes, 10-15 years ago	Higher premium and copayments. No	Favorable....OEPIC better.	Need a larger number of prescriptions following surgery. Vision	Billing is confusing; get cancelled even when they tell you the payment has been made.
77	12/8	Very satisfied, glad to have it	Yes	Don't remember No	Neutral. Had to switch doctors	Physical therapy	Everything going well
78	12/8	I'm satisfied due to the peace of mind that having health insurance brings. There are some things that I would change and most especially with the way bills are paid. There should be an online way of doing that. Otherwise I'm pleased.	Yes	Yes	Neutral. They are comparable.	Preventive services, cleanings and so forth When was the last time you and your family saw a dentist? About a year ago. Vision Eye exams just routinely	I would like to see some changes made to the bill pay options. I would also like to see a change so that children can be added to the plan.
79	12/8	Very satisfied	No	N/A	N/A	Dental and vision would be excellent	
80	12/8	I was SATISFIED with the program. Your customer service is wonderful. This was the best health insurance I ever had. I just wish that more doctors were available as PCPs. My original PCP was 90 miles away. I hope that will change as the program goes along.	Yes	Yes	Favorable – why? A HUGE improvement over the skimpy coverage I previously had. I no longer had a fear of medical bills if a serious injury or medical need occurred. It was also much more affordable for better coverage than my previous policy. Your brochures and literature were also very accessible and easy to read. The billing was very simple, easy to understand and came in plenty of time for me to get my payment out in a timely fashion. Customer service was always very helpful. Just wish that the network of doctors for O-EPIC was bigger.	I wish my husband could be covered	Get more physicians to join as PCPs, especially in the more rural areas of Oklahoma.

Appendix B2 Interview and E-Mail Responses

#	Date	Q1. How satisfied with IO/O-EPIC IP are you? <i>Very satisfied: why? Satisfied Not satisfied: Why?</i>	Q2a. Have you had health insurance in the past? <i>No</i>	Q2b. If Yes, plan name if possible. What did it cover? Were there any problems with it?	Q2c. Compare prior insurance with IO/OEPIC IP? <i>Favorable: why? Neutral Not favorable: why?</i>	Q3. Additional benefits you would like to see added? <i>Dental What services? When was the last time your family saw a dentist? Vision? Other?</i>	Q4. If you were in charge of the IO/OEPIC IP, how would you make it better?
81	12/8	Very satisfied – why? I finally got the help that I needed	No	N/A	N/A	Dental would be very useful, last month I had to spend 248 dollars just to get two teeth pulled, maybe i could have save them if i could have been able to get to the dentist before they where so painful and broke off. I had to save for several weeks and go in pain until I could save enough money to go. When was the last time you and your family saw a dentist? Vision would be nice too. Luckily i have fairly good vision and do not need glasses at this time, but if i did. I do not know how I would pay for them without insurance.	Add the option for dental and vision. Make the billing a bit less confusing, I get a bill up to two months before it is due, and if i misplace it or set is aside and forget it, i am late with my payments.
82	12/8	Very satisfied	Yes	Yes – it covered everything except doctor visits	Unfavorable. Other plan covered more.	Dental and Vision	Let people know that this is insurance and not a hand-out.
83	12/8	Very satisfied	No	N/A	N/A	Dental – I would use whatever was offered, I haven't been in years.	<i>Continue to ensure customers are satisfied. There is nothing wrong with the program – I am happy to have it.</i>
84	12/8	Very satisfied	N/A	Yes – it covered everything	Favorable – IO is a lot better. The co-pays are more affordable.	No answer	<i>Raise the income limits.</i>
85	12/8	Satisfied – the program is great but I don't like the eligibility	No	N/A	N/A	No answer	<i>Change the eligibility.</i>
86	12/8	Very satisfied – I love it. The only thing I don't like is the renewal process.	Yes	Yes	Favorable	Dental and vision	Simplify the renewal process.
87	12/9	Very satisfied. Providers take your card and don't question you. They seem to know OEPIC stands behind the insurance.	Yes	Same coverage, very good insurance. No	Favorable....OEPIC is more affordable.	Dental Root canal needed now 4-5 years Vision Allergy testing	Nothing except add allergy testing and shots
88	12/9	Very satisfied – why? Yes, because of the low cost and the freedom to actually go to the doctor when I have a problem instead of waiting to it to 'go away'.	Yes	Yes, the premiums were too high	Favorable – why? too costly before	I would LOVE to see dental care added!!!!!!! I have not been to a dentist in years!!!!!!! Vision would be great too! Other:____don't need it yet but hearing care would be helpful too.	<i>My story is that my husband was a self-employed for over 30 years. We had insurance at first but then could not afford it. We raised 4 sons with no insurance except for Sooner Care (a blessing for us). My husband got sick with liver failure (form drug use in his 20s) in 2003. We were able to get him on SS disability, Medicare, and Medicaid and he is now waiting for a liver transplant. I had not had a check-up in years other than with the free mammogram program at the Health Dept. I learned about the OEPIC program through my nurse friend. It has been such a relief to FINALLY have insurance again. Every time I look at my card, I smile...</i>
89	12/10	Very satisfied. 100% pays everything. Premiums and coverage good	Yes	About the same plus dental No	Neutral. About the same coverage, take care of what they need to.	Nothing	Can't think of anything better

Appendix C1 COMMENTS

How would you improve the IO/O-EPIC IP application process?

Coverage Issues

"The waiting period after application is too long.

Coverage should go back to application date."

"Dental Care"

"information about coverage can only be obtained AFTER enrollment. I had no idea what services were offered, I just had to HOPE it was good!"

I would like to see the plan include dental services people who are unemployed long term with chronic health problems seem to not qualify for this program.

put children on the policy

only to have to pay one co-pay and that includes the follow up visit

it seems to be fine except that people have to use their previous year's tax report to report income.

I know of people who may have a pay cut but still can't get OPEIC because they have to report their previous year's income. It doesn't seem fair.

would like to see coverage start soon. I haven't received my enrollment information yet! I also have not received a bill yet. I have heard nothing regarding my eligibility

Maybe take the total gross income of a household and verify it via the tax return--just make it one line instead of having to split it up. It takes a LONG time to put in each source of income have coverage for dental, have coverage for eye care, more preventive programs, breast thermagrams and ultrasound and digital mammograms

For there not to be a two month delay when you reapply after your year is up

more doctors, dentistry--better explanation of benefits, being able to fill long term prescriptions for 3 months or more at a time instead of monthly, right before you run out!

paying for a more variety of prescriptions and more doctors to choose from

Dental Care, minor emergency care

add dental to program also

maybe for coverage to start a little faster

maybe have it cover or offer coverage for eye or dental care

explain about what exactly the policy covers upfront so we would know how good the coverage is

I think that the OEPIC should pay for people like me to get glasses because I can't afford to get glasses.

make sure when a person's monthly rates are raised, you find out about how many children they have to raise on a single income. I have 2

kids and my monthly premium cuts out a lot what I can do for my children

I would like to see dental coverage added. OPEIC is a great insurance and I am thankful to have it.

I really don't know--I think you do the best anyone can do

OEPIC should cover cough/cold/allergy medicine maybe adding eye care

it would be helpful if there wasn't 3 months between the actual application and the time you are covered with health care

it took almost 3 months to finally receive the

insurance. I started the process in january 08 and could not get the insurance until April 08--1

make the process easier, 2 need more specialists.

the only thing is when a dr. prescribes a rx that needs approval, faster services

if physician prescribes allergy medicine with pseudoephedrine in it, cover that medication--I am a law abiding citizen but Allegra D is not covered so I have to pay almost \$175 for a month's supply.

I would like to visit the doctor more than 4 times a month due to the fact that some people have more than one doctor. And if we have a limit on our coverage what does it matter how fast we use it?

well I have TMJ. I'm not diagnosed but I know I have it. You don't cover it. 4 me to find out how to live with it.

provide/include dental coverage

Allow easier access to prescription medication for those members that wish to take a vacation and need to fill a prescription medication in advance

my only complaint is how long it is after you have been approved until you can use the benefits

more coverage of dental, eye, and weight management

the length of time it takes, people need help sooner than 3-6 months!

it took a long time from the time we were approved to when we could actually use OEPIC services.

It would be nice if coverage would begin the month following approval.

get more places to accept this insurance

add more choice for other things like your teeth--old people need things like glasses

I have been covered under my husband's policy for all this time. All of a sudden, you decided I was not eligible because my employer has more than 50 employees--they provide no insurance, what I am I supposed to do now?

Appendix C1 COMMENTS

How would you improve the IO/O-EPIC IP application process?

I applied in November 07 but wasn't approved to be able to use OEPIC until March of 08--I would shorten the waiting period if possible since I pay a premium for the insurance, I would like to see additional options for dental and vision. The provider directory could be more user friendly. It should include easier options for choosing providers in your area; currently you either choose the specific zip code or scroll through the entire list
allow more RXs when having surgery
on prescriptions you don't pay for cold and flu drugs, DUH! 89% of most all people are sick from cold or flu--if they had meds, others would not be sick (common sense?)
add basic dental

Provider Issues

"More physicians."
"Provide more doctors and less co-pays."
"More providers. There is no one in rheumatology, for example, in [REDACTED] who accepts OEPIC."
"Physical therapy, more specialists"
number of PCPs in [REDACTED]
list specialists that take the insurance on the web site
More providers in small town and rural areas. If no providers, then allow another doc at some different rate or something
more PCPs in outlying areas such as [REDACTED]. Several said they would not take me even though they are on the list.
more providers in rural areas
wish more physicians would take OEPIC
need more providers that are not associated with low income clinics. Why should I pay for insurance when I could go there for about the same anyway
more providers in [REDACTED]. I live just outside of [REDACTED] but my PCP is in [REDACTED]. It is very inconvenient but I am very grateful to have health coverage
there are no drs. Within a 2-3 hour drive from where I live and that doesn't make it easy. The ones you say are listed are not taking new patients.
add more doctors
get more doctors to accept insurance.
I have had to switch to doctors I don't know
rural health care providers were very hard to find in [REDACTED] Oklahoma
get more doctors to choose from!
keep the provider lists updated. I signed up for a provider near me according to the data base, come to find out he was 10 miles away when I

got my confirmation. Furthermore, when I called to change, customer service was not good and I was made to feel it was my fault when it took 1 1/2 months to get the primary care provider change to someone in my area.
to keep dr. offices updated if they take OEPIC or not. Most offices I talk with are not sure and they connect me to someone else and it's a cycle to find out anything!
the amount of doctors in every area
maybe more local primary care providers`
more primary care providers
takes a long time before primary care physicians accepts clients--a long wait for appointments
it would be wonderful if our doctors here would participate
Provide more selections for primary doctors.
more providers
more information about PCPs would have made choosing them easier
more doctors
add more doctors
more choices of doctors
make more providers available, make the referral process easier
out of state providers will not accept OEPIC so when I have to go out of state to help take care of my mom, I can't get sick or hurt. Most doctors don't want to take OEPIC people so you are on a long waiting list (months). However, I had nothing before and I thank God for this plan. Otherwise, the Medicaid system would bankrupt me if i had a major need. I know that it cost lots to insure people so I will not use this plan except for major needs. I will try my best to not use it so others with more needs can.
more doctors
include in provider directory specialists who take OEPIC that PCPs may refer to
more providers

Application Issues

"Make the application process online easier to understand and follow."
"I thought it was fine. Maybe just add a space to explain your situation. I typed a letter to send in with my application."
"Ask for (and use) supporting documents to be sent with application. We were asked for these documents twice."
"maybe would try to have a shorter wait time for application to take effect."
"If you do not re-apply for coverage several months before you are due, you risk losing coverage!"

Appendix C1 COMMENTS

How would you improve the IO/O-EPIC IP application process?

"Clearly, state income limits for self-employed and employed members."

"There's too long of a waiting list. People need health insurance bad we don't need to wait 2 months to get it. People can't afford to wait."

"Making waiting period shorter."

streamline the application process so that the multimonth delays are prevented

I had to resubmit several forms

send all the forms needed at one time so that the application can be sent at one time--a lot of people still do not have computers

client/patient needs to have written down somewhere answers from the company application because the patient application was harder to complete.

I think it is a little lengthy and time consuming--- maybe time can be condensed.

allow members to not have to completely reapply every year

only require 1 page of federal tax form showing gross adjusted wages. Schedules A-B-C-D-E, etc. are unnecessary. The call center staff were great! They are highly professional and knowledgeable, very 1st class individuals.

my original application, I filled out the income information incorrectly because it was confusing. I had to call when I got denied coverage to fix it. I would make it more clear

just speed up the approval process

Get the form and the information to me with more than 10 days to get them filled out and back to me. Ask for all the information you need the first time instead of having to write back 3 times.

make all application options available on line. I am an individual covered, not self employed or covered through an employer

I would make the application questions more plain so a common person could understand what was being asked of them

less paperwork

the length of time to get approved

If problem with application or denied have them contact you quick so your insurance doesn't lapse--not to make it so long before your coverage begins after you are accepted

make it shorter

when I joined they did not tell me to send a copy of dr. license and birth certificate and copy of last check stub. I started trying to get coverage in August of 2007 and just got coverage in January 08. also more information on Prior authorizations would be helpful.

clarify questions

speedier process, less of a wait time

for us, my wife and I just from year to year make sure we do not go without coverage. In other words, make it a continuance coverage or very easy to re-apply every calendar year

since qualification is based on net not gross, too many who fill one line are being denied. When they re-apply by paper, they are accepted. This needs to be fixed.

well after I applied 2 months later, I was asked to send my birth certificate and dr. license and two forms of ID--maybe it should be done at the beginning of the applications--other than that, I can't think of anything

have one person handle the applications--easier for applicant follow up.

all I know is that I had to go to the main office to get approved!

not take so long--1 mistake I made and had to redo the application twice and it took 5 months to get the insurance

the self-employed income part was a little hard to understand but the call center helped us fill out that section.

Coverage is excellent; the process to get coverage is bad. Do follow up calls in order to speed up the process and don't disallow or postpone coverage because of (1) one blank item.

not having to send so much paperwork when you are self-employed. We had to send in our tax return and it can be lengthy

inform people of everything they need at the time because you have to keep sending information and it makes it take more time to get started

make it faster

more room to write on the form

don't decide online without seeing the tax return!! when originally sent the 1st bill and list of documents I needed to return, i.e. income tax, etc.) they were sent in the same envelope. I was sent only one return envelope so I sent it all back in the envelope provided only to find out that the bill was supposed to go in that envelope only. so I had to reapply and wait another 2 months

not require copies of birth certificates

if something is in question, should call the applicant and ask rather than take a guess and get things wrong

tell everything you want up front and not two of some

maybe let members know when they apply what other documents are needed. Such as proof of citizenship, so the approval process can happen sooner

Appendix C1 COMMENTS

How would you improve the IO/O-EPIC IP application process?

for self employed, the wages per hour doesn't make for good application--a problem!
reduce paper trail
make sure it is very easy to understand
I have had OEPIK since November 2007. I still can not get them to mail me my card. I have so much trouble trying to get it. I call but it never does any good. I don't know what to do anymore--maybe I'll get some help soon.
not take so long to process application

Administrative Issues

"I had to keep sending copies of ID's after they had already approved me. I don't know why. Whether or not they lost them or what."
"Direct pay withdrawal - bank."
"There was some of the wording I didn't understand about a certain form-which I went online and could not find out what the form was and the call center didn't know what the form was either."
see attached letter but there is no letter attached
Don't put it under Medicaid! No doctor's office likes people on Medicaid. We would even like to pay more just to not have it under Medicaid. We work hard and make money, just not enough to pay the high cost of private insurance.
when we received our letters of approval we received 7 letters at the same time--one said not approved, one said approved and so on until all 7 were opened. Then we received a letter 6 weeks later which said missing information was going to disqualify us after the phone conversation--they did have all the information. They did have all the information--they need to be more organized.
more information on individual sign up
I have reapplied for this year. But I have heard nothing. I do not know if I have insurance or not.
there seems to be a lot of back and forth corresponding. OEPIK needs to be clear about what paperwork needs to be sent and to which location--Texas (?) or Oklahoma
The call center (help line) and the application center should be in the same place so that information can be exchanged quickly and efficiently to help the applicant if there was a problem with the application process.
could never get through to the call center. My primary care physician stopped accepting OEPIK because of numerous problems...can't draw blood, can't refer to specialists, etc.
speed it up, it took over 2 months from the time I signed up before I got coverage.

After the application has been sent in, they need to be more alert and tell you everything they need such as a driver's license, birth certificate, etc. I had to send in separate forms 3 different times because this person handled this and another person handled other things. It was very frustrating; it took 3 months to get approved
Call center staff were very rude when I called. I used to work in insurance and I felt talked down to--she treated me like an idiot.
let dr. and pharmacist know that we are not sooner care or Medicaid, etc. We are working!!!
I have had nothing but problems from the start. Faxed by birth certificate 4 times, then mailed and they said oh, they never received it, then said, oh, we have it, after that cancelled me--I have to repay, now I won't be covered until August!
billing is very hard to make a payment. I have to call every month to see if they have received my payment
send me the info brochure and the member's handbook so that questions 16 and 17 can be relevant!
not tell people they are approved, let them send in a payment and then when they need to go to the dr., EPIC says you are cancelled--how frustrating is that?
we had a lapse in coverage because someone entered information incorrectly at OEPIK. This was very frustrating
the hardest that it was so slow, I couldn't get through so I faxed it. The fax was tied up for hours so I finally got a hold of someone and sent it by mail!
send me the info brochure and the member's handbook so that questions 16 and 17 can be relevant!
make the helpline workers more informed. I got cancelled once. One lady told me I had to start over and re-enroll. Called back and 1 lady fixed the problem in less than 5 minutes.
payments made over the phone would help
I would suggest having premium paid out of draft instead of by check in the mail
customer service reps. I have had poor service from the beginning with the agents who answer the calls. Also there have been times when I sent a payment OEPIK cashed it and said they didn't receive it.
the application process was okay. Trying to fax in income and other personal information was difficult. I do not have a fax and had to go somewhere else to fax documents. I had to call to make sure they had received them okay.

Appendix C1 COMMENTS

How would you improve the IO/O-EPIC IP application process?

When we call we are usually told different answers by different people for the same question. I never got a list of the primary care providers. The process is just fine
OEPIIC is affordable. I have not gotten an information brochure or member's handbook
automatic withdrawal from checking account
application process is okay, but the office personnel make a lot of mistakes causing people on OEPIIC to be without insurance periodically due to their mistakes. It seems this doesn't improve at all
office personnel very disorganized
we never got a handbook so you might need to follow up by phone
the application process takes too long to get the insurance going. We had to wait almost 3 months before coverage began--filling out forms, no problem.

Online/Website

"Make online provider directory easier to use."
"Improve online application process. We spent hours and finally send paper applications both years."
"If you fill out application online it would be nice if you actually processed it. I had to keep checking for several months and mailed paper application 2 times. This resulted in 5 months to actually get insurance."
online applications for individuals who can't get coverage through their employer so you can complete the application on line!
on line application is not specific enough
I could not apply on line for the individual plan. Thank would have been an easier method.
provide all forms on line
fix the online application for the employed!
make a place where individuals can apply online if they are employed by a company not offering health insurance. I was unable to do that and had to do a paper application
if you could save a partially completed application and complete it later-I had to start over several times
I feel like it is unfair to have to start the application process all over if you make even a single mistake when applying. This happened to me before, I could reapply, and I was hospitalized for 2 days and now have about an \$8,000 in medical bills to deal with.
I had problems! You can not go to previous page without it messing up so if I made a mistake, I had to start all over again!

if someone has a computer and not a printer that they can also fill out the application and e-mail it to your company.
online application would not work so we had to print out an application and mail it in
allow online provider director to be narrowed so you don't have to go through everyone
put the individual application on line as well

No Problems

"Love it!"
"Nothing. It's simple and terrific. Thanks."
"I am satisfied."
"I don't really know what I would improve because I never had this insurance before. I have heard that it was pretty good insurance."
"Nothing. It was about as simple as it can get."
"I think its ok."
"Nothing."
"Application process is very easy."
"Quite easy."
"I had no problems with the application process."
"I thought it was simple other than I only worked 6-9 months out of the year and so it was different to narrow down my ANNUAL income."
"Nothing."
"Nothing is was very easy."
nothing, it was good
not one single thing
I'm not sure anything at all. I have had a very good experience so far
nothing at this time
nothing
it was fine for me and very helpful. I really needed it.
make public more aware of existence of such a good program
I don't think it needs to be improved. It was quick and easy to fill out
nothing, very easy to apply
there's nothing to improve, it was very clear and helpful
nothing
The process is fine, easy to understand
none
nothing
nothing for the application
the application process was very easy. I don't think it needs to be changed.
can not see where any improvement is needed at this time
it is fine as is
I heard one of the doctors complain about how long it takes to be paid on a claim. I thank God every day for this insurance though.

Appendix C1 COMMENTS

How would you improve the IO/O-EPIC IP application process?

not one thing
process was straightforward and easy to understand
it is simple as is
great
nothing
nothing
doesn't need improvement
nothing
easy to get access on the internet
nothing, very satisfied
I thought it was very fast and simple
nothing
nothing, its really simple to fill out, very self explanatory
I believe it was easy and doesn't need improvement
the application process was very simple to fill out and was very prompt in their approval
I think it runs very well, easy to get help when needed
it was good, I can't think of anything
nothing, it was easy and quick
it's fine
We had high risk insurance but would not afford the insurance any more. I could not improve upon the program.
nothing
I feel the application process is very well put together and does not need to change
nothing
make sure there are no lapses in coverage from one year to the next because your health will not wait until the lapses are gone and stopping dr. visits and RXs is not good for your health
I don't know of any that could be improved
nothing
I think it worked fine
it seems ok to me
nothing
fine the way it is
nothing, it was great. I understood it was new at the time and some of the people weren't totally aware of the answers
approval process was very good
I wouldn't, it is easy to fill out
all my experiences with OEPIC have been very helpful
nothing
nothing, great insurance
no ideas at this time
it was pretty simple
nothing, I found it very simple
seems okay
everything was fine

I think it is a very good program. There are many people that can not afford insurance
nothing, everything fine
everything went very well
there seems to be some confusion when paper applications and required documents get separated and lost on your end.
nothing
nothing
nothing
nothing, was okay with it
I've been very pleased with everything, thank you very much!

nothing
good program, application is ok--the question is how to get providers in this area to accept OEPIC or Medicaid
nothing
nothing
I can't think of anything that would make it any easier
very easy
nothing!
it is fine the way it is
nothing, I think it is reasonable. It doesn't take too much time or effort. I'm happy with it.
nothing it was very easy
nothing
nothing, mine went smoothly
nothing, it was very easy, I did not feel intimidated
nothing, thanks to Governor Henry and the tobacco settlement Trust folks and all who made it happen
it was simple and thorough
it worked great for me. Maybe get processed quicker.
I don't think I would change anything
there is nothing to improve; everything about this program is fine
none
seemed easy to me
nothing, on line process was simple, clear, quick
I didn't have any problems
it was pretty well easy to follow instructions
it was very simple to apply on line and e called for some questions and the phone support was very good. I am so thankful that I found OEPIC. It has eased by financial stress in struggling with private insurance. I am very happy with OEPIC and have referred several people to the program.
it was okay for me
nothing, very good

Appendix C1 COMMENTS

How would you improve the IO/O-EPIC IP application process?

I had no problems at all with the application process-
-those that I talked too over the toll free number
were very helpful. I really appreciated them.
no need for improvement
I am very pleased as is
good
nothing was simple and quick.
nothing, I think it is fine
I didn't have any problems with the application
already ok
no need for improvement
nothing
I think it goes pretty well. I've called the helpline
several times and have received great service
each time. The staffers are polite and helpful.
My questions are always answered.
I have no problem with the application process
I can't think of anything
the application process was very easy. I don't think
it needs to be changed.
it seems fine like it is
I have been very pleased with OEPIIC insurance
don't recall any problems
none
no improvements recommended--easier than most
other insurance applications
process is fine
good
was okay for me
so far it has helped my needs
I have no suggestion on the improvement of the
application; it was very simple and easy to
understand
there is nothing I can really think of. This program
for me is very good.
the application process is very good--there is no
need for improvements
nothing it was simple
it is good the way it is
coverage starts August 1st, haven't had a chance to
try anything
haven't started the coverage and haven't used it yet.
nothing
don't know, haven't had long.

Appendix C2

General Comments About the IO/O-EPIC IP Program

Coverage Issues

"Why can't we insurance our two children? Last July you cancelled me for payment but it was sent in July 5. Your billing systems stinks."

"Would like dental coverage. I would like to see income guidelines raised for self-employed people even if it means higher premiums. I am afraid I will lose coverage if my income rises and affordable healthcare is almost impossible for me."

"Same income limits for employed and self-employed."

"This programs needs to be available to everyone, just set higher monthly premiums."

"Dental coverage would be nice and well worth extra fees."

"Need more coverage for drugs more than six a month."

I really wish it had coverage for vision and dental also

Is it available for our children?

I like it but just wish they could help me get some dental so I can get me some teeth which would help my health. I only have 6 teeth and they are broken and not good.

Be more available to others who can't afford insurance yet and don't qualify for SoonerCare

I don't like that you have to be employed to have the insurance

Put coverage on line, why hide it, it is great! need a dental program

More medications or at least the ones I have to take were covered. I have one medication monthly I have to pay \$45. I also had [REDACTED] and the cost was \$20 cheaper

Fell recently and went to NP. They sent me for x-rays. Don't see anything despite high levels of pain. Didn't (couldn't?) do any more diagnostics, referred me for pain management. Never did get a diagnosis.

It would be helpful if you could offer a separate dental plan for adults even if we paid whole premiums for it. I need dental very badly but I have to wait because I can't afford it.

some dental/vision insurance

I wish there was a dental insurance plan like the health coverage

I have allergies and need allergy pills. I would rather have a prescription than get over the counter pills. When I needed physical therapy, you would not pay for it.

I'm very happy with the program. I'd love to have had it include dental, and eye exams and glasses

program doesn't cover many drugs

perhaps provide a dental plan wal-mart has \$4 generic prescriptions. If that is all Wal-Mart charges why do I have to pay one dollar above the actual cost to make a co-pay? Co-pays should be \$5 or less.

I think it should cover fertility treatment include our children for coverage, we want the same PCP

add dental, add allergy specialist, add neuropsychologists for stroke patients to get further recovery help

its needs to pay for weight loss surgery for diabetics only thing there isn't dental or eye care

we'll offer dental and vision coverage If the doctor orders medication it should be paid for by insurance even if it is outside an age group by insurance company. The only one to determine RX need is the doctor

allow all U.S. citizens to be accepted with a cap on individual costs. make affordable insurance available to all.

wish there was no waiting period every year when you reapply

I wish that it could offer dental services even if it was an extra charge

It is a good program for the price. I think there needs to be therapy covered.

the plan implies that all prescription drugs are covered with a \$5 or \$10 co pay but they are not all covered, please state this in the handbook it is a very good program. I would hope someday you could add the dental and vision into the plan--that would be very helpful

provide basic dental/vision such as regular check-ups to prevent more serious problems later on no restrictions to add, spouse, my wife has no insurance because we can't afford it when see works--add vision and dental care

maybe dental include unemployed workers especially if they are just before social security benefit age

I would like to see dental available and coverage for allergies and medicine to help for depression and anxiety

I didn't know that when you reapply, you are without insurance for a month

Only working part time and having low income, it would be nice if the premiums and co pays were less

I wish there was a way to add my children to his insurance

provide and include dental coverage--medical services coverage is good

like to see dental and vision coverage

Appendix C2

General Comments About the IO/O-EPIC IP Program

I have dentures, wear glasses and I also have a hearing aide and this doesn't cover any of them but I am very pleased with the program.

increase list of primary care physicians. Add dental and vision services. Allow access for children. Add dental and eye care for those without a 'group'. I didn't like that I can only go to 1 doctor and not all meds are covered

need to improve prescription program. We seem to have to go through too much to get the medicine we need

include dental assistance

Dental and vision services would be very beneficial. there are some serous health problems that could be avoided with regular vision and Dental check-ups. Update PCP lists regularly, our first choice was not taking patients and had no idea what OEPIC was.

takes too long to find out about a test

I am very concerned that I will be uninsured between age 64 and 65 when Medicare takes effect

I have two RXs that was refused yet the Dr. said I needed them

I love the program but I wish it covered more of my meds other than that it is great.

I would be willing to pay extra for dental and vision include PT after surgery. Once dr. is seen, one should be able to see them for anything without another recommendation.

I would like to continue for 6 months to have a time to receive health insurance from my employer maybe have eye and dental health or give alternatives to help out those who need an eye dr. or dentist. I know soonercare has emergency dental care.

dental and vision coverage

Be fair to citizens of Oklahoma who work for companies who have more than 50 employees but don't provider health care coverage and don't pay high enough wages so employees can afford to get regular insurance

add dental coverage

Sometimes, I wish we were able to see a doctor for our eyes and dentist for it is something that probably would not be used often. At my age, eyes are going bad and can't afford eye care or a dentist.

if a Dr. prescribes a medication, you should pay for it. I take a prescribed allergy medicine, it cost \$85.00 a month--I can't afford that every month so only take it when it is really made to make it last longer. You don't pay for cough serums either, sometimes those run from \$50-70 so people mostly, young kids, won't get it because

you don't pay for it and parents can't afford it. Please help!

Provider Issues

Add more doctors.

"We need more primary care providers in the [REDACTED] area. I think your staff needs to learn exactly what is going on. We were told that our application was approved then found out a month later that it was not. We even received our cards and handbooks."

"Need to actively enroll doctors. Needing doctor to treat problems takes one to four months. This is a very long time for someone with specialist needs."

"Need more providers listed by city."

Hopefully more clinics will become OEPIC providers I'm concerned that as of July 1st we won't have any providers in this area

more choices of doctors

I wish I could have stayed a patient of my doctor of 30 years!

do not let 80 year old doctors be providers

There are only 2 providers in my home town and one is not even a DO or MD with a 38,000 population.

It would be nice if more doctors would take part as primary care providers

More women providers. Program needs to have PR many employers and employees have no idea about the special program

have list of specialists available on line

Our provider is hard to see--I'd like the option to go to another out of network provider with a higher copay or something

the insurance has worked well for us. The only down side we have encouraged has been the lack of familiarity the providers have with the program

with physicians dropping OEPIC, I can't recommend to family and friends.

would like primary drs available near--it is a 40 minute drive to get to current dr.

doctors in [REDACTED]

just get this insurance information out to more doctors so it can be accepted more places

the only problem I've had was finding and OB/GYN to take OEPIC. Most drs. Don't know what it is and are in the discovery process so they won't take it yet.

get more doctors and hospitals involved where we have more choices

Its been great for me--need more drs. (handbook). Better than what I was paying \$400 or so per month with no dr. coverage.

Appendix C2

General Comments About the IO/O-EPIC IP Program

I would like to see some PCPs in [REDACTED]
[REDACTED]
move PCP in my area please
more doctors to accept. Change amount of
applicants. Eyes and teeth be added with more
premium. Keep close watch on program to
make it work
more mds to choose from. Nurse practitioners can't
write certain prescriptions.
get more good specialists to participate in the
program
I would like to see a doctor within 25 miles of where I
work!
more providers please
doctors need to know more about the coverage
it would be most helpful to have the option to see
any of the three primary care givers. With the
high cost of fuel that is a problem for me and
one of my primaries has an office 3 blocks from
me and at times of minor concerns it would be
helpful to see him instead of driving 30 miles!
disappointed in choice of medical providers in
specialty areas
We need providers in the panhandle. When [doctors
in my area] left, I was assigned to [a doctor] in
another town--this is 240 miles round trip plus
one day's lost wages.
get more physicians to provide care for OEPIC
members
thank you for helping our family! We were very
thankful to keep our OB doctor for the baby that
is coming. My new primary care doctor is only
available on Mondays which is a little difficult
[REDACTED]
need more physicians in our area to include GYNs
make the provider list for doctors, hospitals,
pharmacies, labs etc. more complete and easier
to find and navigate
Some drs. Treat us like dirt. We are clean, neat
people.
I wish providers were less discriminating--I have
been on a waiting list for 5 months now because
I have state insurance
request more options in doctors
Need more primary care physicians and specialists.
Also expand to cover more than 50 or less
employees. Also would like to see transplants
covered if needed.
It is hard to find a referral outside your primary care
doctor who will take the insurance I think. I have
some health problems that I don't know if this
insurance will take care of.
provide me more options for providers
More PCPs who are general practitioners with
medical degree rather than all PAs

get more doctors on the list to choose from
more physicians
you need to get [REDACTED] as a
provider
only downside is my long time and trusted physician
is not participating. Initially had problems with
paperwork between PCP and OEPIC and Wal-
Mart to get meds
add MDs in [REDACTED]
more providers in towns [REDACTED]
need a doctor in my town of [REDACTED]

Administrative Issues

"We were told to apply between Jan and Feb so
there would be no lapse in coverage. We did
that and were without coverage in April 2008
because of the length of time OEPIC took in
processing paper application. Renewal process
needs some work."
I had an overpayment that took forever to apply to
the policy. I had to fight for 2 months before it
was resolved."
"Better access to customer service. The Helpline
often disconnects or you only get a menu not a
person."
"Would like to see you draw drafts each month."
"Major hassle just to get insurance."
"The services that accept OEPIC needs to learn how
to fill out information and send it to OEPIC for
payment. Most put down payment instead of co-
payment. I have 3-4 places that haven't got paid
yet. I can't seem to get them to do right."
absolute nightmare when a parent is trying to cover
their child who is a college student of 20 years
old. I pay the premium but I can not have
access to call on his account!
I have called the OEPIC call center and every time I
have called about a question and each person I
talked with had a different answer. They didn't
know about dental for pregnant woman and
many other things related to pregnancy.
make referrals easier and faster. Expand the
coverage some more as to what you will cover.
Glad preexisting conditions do not apply--I had a
heart attack prior to the start of coverage. I am
thankful you cover my medication and my doctor
We appreciate the coverage and my wife has been
to the doctor twice and everything was fine. But
she was given a prescription and she tried to fill
it at Walgreens and they wouldn't take the card
because it shows up that we had insurance 3-4
years ago. She called the call center and they
said it was the pharmacy's fault. The pharmacy
says it was OEPIC's fault. Meanwhile, we are
paying full price.

Appendix C2

General Comments About the IO/O-EPIC IP Program

it is the best kept secret! No one I know has heard of it. Even the TV ad is geared toward company's with employees. Desperation made me call the insurance commissioner. They were hesitant to tell me about it! Young people who need it and those of us who are older do not know about it!

I thought I could go to several (3) health care doctors and I found out I could only go to one. better material on what is covered and what is not I've had many mistakes made on my account including having my payment applied to another account. That caused my account to be closed. I suggest the workers pay closer attention to what they are doing. As a result of that mistake, I had to pay out of pocket for my prescriptions.

I have called several times with problems and was told a supervisor would contact me but no one ever has.

the billing process is a little confusing on the due date. I also would like to have the option of the payment being deducted with automatic withdrawal.

many offices are not familiar with OEPIC. It makes it hard to find a specialist. Call Center was not helpful to me in finding prenatal care.

make it more widely known. The handbook needs to cover more and it does not make you feel good when the nurses check you in and say, "oh you are on Medicaid?"

I think it is pathetic we can only go to one specific doctor because who have a whole list of ones to choose from when that doctor is not in, we are screwed!

When renewing application, please ask for all information at one time. This year I had to send 5 times to get all the information to them and at first because they made me late with the application, it was denied--it is a good program but has bugs that have to be worked out. I am very thankful for the coverage

need more knowledgeable customer service reps at call center. I'm still getting 2 sets of bills with 2 account numbers

I would like to suggest perhaps creating online or over the phone bill pay with a check or credit card--I would appreciate that so much quicker response time on things maybe by e-mail? everyone needs to know before it is a problem.

When the next year's application is due to do into review so no lapses happen

Invoices for payments due or overdue need to be clearer.

not sure why we pay so far in advance--I have received statements for Oct. 08!

I'm not clear about how all state hospitals are in the network but would treatment be covered if the physician who treated me was not listed as a PCP? Would like more information in members handbook

when being accepted, why wait so long before it goes into effect?

make sure newly covered clients know that there are 2 payments to start, I was cancelled because I was not told and did not mail the 2nd payment in time

I can't ever get a person on the phone when I call. I am always put on hold. But I do have OEPIC and am very appreciative

every time I have called I speak with a different person and they have no idea what is going on, I get a different story every time I call your billing is funny, never seen it before--but I love OEPIC, you have saved my life

I wish it were easier to get prescriptions okayed.

Sometimes my doctor doesn't write them be a dr. from the same office of the PCP.

Authorization rejects the name of the dr. HELP!!

helpline personnel need to be familiar with the providers. I was told twice that [REDACTED]

[REDACTED] was not a provider when I wanted to use them. They are my PCP now but they had to tell me they were a PCP for me to find out.

I never got a letter saying I needed to re-apply and have been messed up ever since

Very good program--just not enough people understand it. I also get tired of being treated like a welfare patient because the drs. Offices are not educated on this.

a lot of places that are listed, employees don't know what insurance is

I need a card to show the dr. when I go to him to prove I have insurance

better telephone helpers with more knowledge of the program to help better serve customers--faster processing time

my pharmacist calls this a medicaid plan

it takes a very long time for payment to be processed--it goes to Dallas and then OKC

I needed an annual mammogram. I called my provider and he didn't know if that was covered-- I called OEPIC, the operator didn't know either but finally I got a yes answer!

if you could take apps over the phone and have people mail in a signature page that may be easier--lots of self employed people live in rural areas and if they have a computer it is usually dial up and it is so slow or you get kicked off and have to start again.

Appendix C2

General Comments About the IO/O-EPIC IP Program

we have also applied for our 2 adult children ages 20 and 24. One is out of the country 9 months out of the year as a missionary in Mexico. He works part time jobs when he is in the states. Because he didn't have work stubs or proof of employment, he was dropped by OEPIIC. (we showed proof of income with income tax returns). So when he is in the states, he now has No coverage. Another complaint--OEPIIC drops your insurance so quick you don't have time to make other insurance arrangements. One additional problem--our other adult child, 20 years old, is a college student. She doesn't have insurance through her 2 part-time jobs. Because she lives at home during the summer and is always at school in the fall and spring, we pay for her insurance. Her income pays for her room and board only. She gets school paid for with grant \$\$\$. The problem? I pay for her insurance and my insurance on line through our bank. Two times so far, OEPIIC has tried to cancel our daughter's insurance, saying her premium was not paid on time. The payments were put into my insurance account. WE have paid careful attention to put the correct numbers on each payment. This makes me unsure about the coverage.

I called the call center numerous times and was told they would call me back, not one time did I receive a call back. I asked for a supervisor one time and still was not called back. Make your referral system easier---Improve customer service!!!

We were postponed for not choosing a provider--we had to REAPPLY. We still don't have coverage -it starts 7-1-08.

the EOBs are kind of confusing

losing 2 months of coverage because application was 9 days late.

every time I have one of my blood pressure meds filled, I have to wait until they get it okayed. Last time, it took a week

I did not receive the list of providers with my information package

would like to see friendlier and more intelligent call agents

in reference to question 18--have a more thorough screening process for operators in the area of rudeness and cooperativeness

the different eligibility categories still confuse me. I don't have a full understanding of who can participate

In the beginning I would receive several copies of some monthly invoices--a waste of paper. Make sure content of letter sent has correct

information. Received letter re: reapplying w/ incorrect dates to do so. Would like to be able to make payment on line. thank goodness for this program!

I am always getting cancellation notices even though I pay on time. When I call in, they say my payment is posted.

just for other people that are trying to get on OEPIIC--the wait is a little on the long side make sure papers of information get where needs to --I sent my driver's license copy in 3 times then had to fax to get it to you.

this is a nice program that covers my wife despite preexisting conditions. Called call center once and couldn't get hold of anyone

more informed call center--I couldn't get a definite answer whether a wellness check for my husband was fully covered.

A small grace period on payment due date would be helpful. Sometimes one or 2 days can be the difference in buying gas, food and which one do you choose? All in all though, I'm completely happy and completely grateful for OEPIIC, Truly a godsend!

The provider's directory is a little confusing, maybe list the county with every provider and their specialty

call center may need more training. I called to report that we cashed in our 401K (after we qualified for OEPIIC). They told me it put me in too high an income level and not to make claims you can never give people too much information so they can participate smoothly

allow longer time for payments, take credit card payments

on line provider directory was helpful but a little unorganized, would be easier if they were listed by cities/counties

I have been cancelled 2 times due to misinformation and OEPIIC stating they did not get paperwork or payment--they found it later but still made me start over and reapply. The insurance is helpful but the office is terrible!

have lost insurance coverage several times due to mistakes by office personnel

I shouldn't have to give my ssn to a doctor's office to get coverage--use something besides the SSN to identify people. I have been waiting 3 months to see a doctor and get established.

No Problems

"So far its been a good project other than what I said before. I've been grateful. Don't know what I would have done."

Appendix C2

General Comments About the IO/O-EPIC IP Program

It is an absolute God send for us. We paid for 2 surgeries for me in the past and lived in fear that we would get a disease that would bankrupt us. This insurance gives us a peace of mind that is indescribable."

It's a great program and I am very thankful there is finally an option for "working" Oklahoma citizens to get affordable health insurance. I have told everyone I know about it. Thank you!"

"O-EPIC is a God send for those who can't afford insurance."

"The Call Center representatives have improved over the last year. Before that I received many inconsistent answers from different representatives."

"Thank you for giving us affordable coverage that takes care of us. I have peace of mind knowing I can go to the Dr. more."

"Your program is great. I am a single female and I could not afford insurance through my work. I was going to a free clinic. I worked 3 years with a bad back because the clinic was limited to what they could do. Since I got your very affordable insurance, I am not going to a specialist."

"I love it!"

"Great Program (thank you)."

"I am very pleased with the insurance so far and my doctors also."

"I was very glad to find out about OEPIC. Its very helpful and affordable. Thank you so much for having a program like this one here in OK. Other states should have a program like this."

"Am very thankful to have this insurance. I can now afford medical attention I couldn't get before."

it is a great program for those who can not afford any other health insurance. Luckily, I'm in good health and don't have to see the dr. often

I am very thankful for the program and have had very good luck with it all, thank you.

as far as I am concerned this it the best program that the state has every put together for the working people. We try not to abuse it.

The OEPIC program is very good for people that can't afford real high coverage-- everything and everybody on your staff is great in my opinion.

I have been very satisfied with coverage and service providers.

I tell everyone about it!

Thank you! we could not go to the doctor before OEPIC coverage

I am very grateful for the coverage, good program thank you for providing this insurance plan

My husband has heart problems and we could not even afford to buy all his medications until we got his OEPIC. I am so thankful for it. Best program Oklahoma has ever come up with thanks! Whoever came up with this plan....i was paying 1/3 of my pay for insurance. Who could afford to go to the doctor after that premium was paid!

it's a very good policy for part-time workers that qualify for it.

I like the OEPIC program. I could not afford insurance on my own, it is very affordable. Thanks for providing these services.

I'm so thankful to have insurance and copays I can afford

none

There is absolutely no way that I could afford health care without OEPIC. It has been a godsend--a big thanks to all the people that me it possible.

I just wanted to say thank you for the program. My husband is in college and can't get insurance through his work. I only work part time so I can't get insurance either. This has been great for us and very affordable. We really appreciate the help

I think it is exactly what Oklahoma needed. It is probably impossible but it would be nice if it included vision and dental--but it is great even without them.

After never having med included, I can afford this and meet my co-pay. Thank you OEPIC had private insurance for years--plans were very expensive but no better than OEPIC. If it weren't for OEPIC, I wouldn't have health insurance at this time. Thank you!

it is a great program--need to improve on raising the income limit

grateful in a time when insurance is unaffordable when you can't afford any other health coverage, OEPIC is a godsend. I wish it was available for my son who is in college that we can't afford coverage for

good program, make more people aware of it through media, etc.

I thought it was great. I've needed surgery for the last 10 years and I finally got it through this insurance. I was in so much pain I prayed for God to take me away. Now I am finding I feel like a person again--this insurance literally saved my life

I have only used the program for prescriptions only and have been very pleased with no problems. I have passed information on to other people.

feel very fortunate to have OEPIC

Having gone without coverage for so long, I am so grateful for the insurance, I really can't complain! this is a wonderful program

Appendix C2

General Comments About the IO/O-EPIC IP Program

I am so thankful for OEPIC IP because at my age being without insurance is pretty scary we are very happy with this health service. We have been without insurance for 3 years!

it should be expanded to include every Oklahoman I'm so thankful for OEPIC, it is wonderful. For self employed, the only insurance is medicaid--there are no drs. On the provider list only nurse practitioners which is OK. I would like to upgrade to Medicare type of insurance and pay more monthly for the policy

Its affordable, no problems with doctors or hospitals getting paid

thanks for the program. There are lots of us who couldn't go to the dr. without your service.

Thanks again!

it has been a godsend

none, everything is great

I don't know what I would have done without OEPIC.

There was no way that I could have afforded the medications I need to keep me alive

I have nothing bad at all. The coverage is great. I am very happy to have found affordable health care.

love it, great!

I just don't know how we would have made it without this insurance. We are so thankful

I'm so glad your company provides people with health care coverage that don't have it or can not afford it. It has been so beneficial to me and I will continue to use your company--I have been telling other people

I have to see my doctor more often and have tests done and take more meds. OEPIC helps a lot lots of people not aware of it

I wish everything was as great as OEPIC. I only gross \$13,400 and \$17-20 per month for coverage is the greatest thing since sliced bread! Thank you very much.

I PTL (Praise the Lord) for OEPIC. Before I was on OHPP and my wife was [REDACTED] and the rates and coverage was terrible. With OEPIC, we are blessed the rates and coverage is excellent. This should be a model for the nation. OEPIC is great for self-employed people, thank you!

I want to comment that you have helped me very much in my medicines. If I hadn't had you to help me, I don't know what I would have done. Thank you!

this program is very affordable

I lost my husband in January 2008. Knowing I have health insurance with very little income has helped ease some of my worries. Thank you

thank you for the opportunity to have insurance that is affordable--other insurance breaks the household budget

this is a great program, thank you

great program, thanks so much!

I sincerely thank you for this affordable coverage

Thank you! we could not go to the doctor before OEPIC coverage

I love the insurance. I'm proud to have your insurance that is affordable. Thank you.

I am grateful and thankful for OEPIC--I tell others about the OEPIC program

I'm thankful to have medical insurance that I can afford. It is very good coverage

the program provides us very good coverage at an amount we can afford. Could not obtain affordable insurance through private insurance

When I call for questions, the call center was very helpful and courteous.

thank you, you are a life saver!

I'm just glad that there is an o-epic

I think it is a wonderful program. I wish more people knew about it.

very good program for my family and the poor people. Thank you to all persons that work on OEPIC.

thank you!

I am so grateful to the helpline. They are easy to talk to and very competent

this should be a model for the national full coverage plans for all

I appreciate the affordable health care

I think this is a wonderful program for people like me that has not had insurance for over 5 years and have the feeling that someone cares.

this insurance program, in my opinion, is the greatest

very pleased with the program and the cost of it.

very happy

pleased so far

I think they have some very nice people to help you when you need it. Thank God for them.

I love you, thank you!

I really like this insurance. It is very helpful and affordable

I am pleased with this program --very good to help people like myself

we are very thankful for the program. We did not have any health insurance coverage

I feel very fortunate to be able to afford and participate in OEPIC--it has been a lifesaver for me, thank you.

good program

excellent program. I don't know where I could have gotten health insurance at my age.

Appendix C2 General Comments About the IO/O-EPIC IP Program

I am amazed the program is not better known. I find the TV ads uninformative and easily ignored. I would have known about the program if I didn't read a new story that made me reference to it. It seems like such a fabulous program, perhaps it is not?

I am very happy and thankful for this insurance really like the insurance

I love this program and appreciate all of you who are involved in it.

I think this is the greatest program. So many people let their health go because they can't afford the insurance. I know people who have died because they had no insurance health care coverage. Thank you so much!

excellent program. Thanks!

I really like this insurance, it makes everything very affordable

the program is great and I wish I would have known of it sooner, Thanks

I had been unable to afford insurance and was uninsured for over 15 years. This coverage is a blessing to me and at my age, I can't express what a relief it is to me to know that if I get sick or injured, I can receive care.

I love this program, this is the best insurance so far I have been pleased

a great program as far as I can tell

you are always there when I need you so once again thank you, I really do enjoy having your service, I tell everyone about you.

without OEPIC I could not afford health insurance and I have had a lot of health issues the past few months. I thank God I have it. I don't know what I would have done without it

we haven't used this enough to be able to tell. They (OEPIC) did get some payments mixed up but fixed the problem; just time and frustration was spent. But overall, haven't had a real problem as of yet

APPENDIX D
Biographical Sketches of Project Faculty and Staff

Garth L. Splinter, M.D., MBA
Division Head, Primary Care Health Policy Division

Dr. Garth Splinter began his post-secondary education at the University of Oklahoma where he majored in industrial engineering, receiving his Bachelor of Science degree in 1974. He then enrolled at Harvard University's business school where he earned his MBA in 1976. He graduated from the Oklahoma University College of Medicine in 1984, with a Doctor of Medicine degree. He completed residency training in family medicine in 1987 and joined the faculty at the Oklahoma University Health Sciences Center (OUHSC) as the Director of the Health Sciences Center for Health Affairs and Rural Health Programs and part-time Medical Director for the Employees Group Insurance Board. Dr. Splinter served as Special Assistant on Health Care Issues to Governor David Walters from 1991–1994. He was also the Chair of the Commission on Oklahoma Health Care and served as Principal Investigator for the Robert Wood Johnson Grant of State Initiatives on Health Care granted to the Governor's office.

In 1994, Dr. Splinter was appointed by the Governor and confirmed by the Oklahoma Senate as Chief Executive Officer of the newly created Oklahoma Health Care Authority, the agency that oversees Medicaid. During Dr. Splinter's five years as CEO, the Oklahoma Medicaid program was successfully converted to statewide managed care. In 1999, Dr. Splinter joined the Department of Family Medicine, University of Oklahoma College of Medicine, as an Associate Professor. From 1999 to 2003, he also served as the Chief Medical Officer of the University Hospitals Trust under a contract with the University. From 2001 to the present, he has served as a board member for Ribomed Biotechnologies, Inc., a Carlsbad, CA - based startup company. From 2003 to the present, he has been the Director of the Primary Care Policy Division in the Department of Family Medicine. In that position, he oversees health policy studies addressing such issues as Medicaid reform, employee sponsored health care, and issues related to the uninsured and underinsured in Oklahoma.

Laine McCarthy, MLIS
Associate Professor and Writer/Analyst, Primary Care Health Policy Division

Laine McCarthy, MLIS, joined the Department of Family & Preventive Medicine on January 1, 1984 as a Research Assistant. She served as a Senior Administrative Manager and as a Technical Writer before her promotion to the rank of Instructor on January 1, 1995. In June, 1998, Ms. McCarthy was promoted to Clinical Assistant Professor, and then in June 2001, she received promotion to Clinical Associate Professor. She has a BA degree in English Education from the University of Arizona-Tucson, and a Masters in Library and Information Studies from the University of Oklahoma-Norman.

During her tenure with the University, Ms. McCarthy has been the recipient of several education and training grants including two grants from the Bureau of Health Professions, Health Research and Services Administration (HRSA), US Department of Health and Human Services. The first grant was awarded in 1992 (\$320,000) to establish a library in the Department of Family & Preventive Medicine, and develop and implement a residency curriculum in evidence-based medicine. The second grant, awarded in 1998 (\$500,000), established a faculty information technology training program for in-house and community physicians. She has presented the results of these grant programs in several national forums including the Society of Teachers of Family Medicine and the American Academy of Family Physicians. Ms. McCarthy is also the author of numerous manuscripts and books on a variety of topics including primary prevention of microalbuminuria (published in the Journal of Family Practice), writing case reports, medical terminology and evidence-based medicine. She has participated in the design and conduct of numerous successful research projects for the Oklahoma Health Care Authority. Laine currently serves as writer/analyst for the Division of Primary Care Health Policy.

APPENDIX D
Biographical Sketches of Project Faculty and Staff

Sarah D. Hyden

Health Policy Research Coordinator, Primary Care Health Policy Division

Sarah Hyden joined the University of Oklahoma Health Sciences Center (OUHSC), Department of Family and Preventive Medicine, Primary Care Health Policy Division as Project Coordinator in May of 2003. She holds a Bachelor of Science degree from Southern Nazarene University. Prior to joining OUHSC, she spent six years in healthcare sales and marketing field, with a focus on outreach and contact management, specifically with physicians and other health practitioners. Ms. Hyden is responsible for supervision of projects within the Primary Care Health Policy Division. Additionally, she ensures all work requirements and time deadlines are met; establishes protocol for completion of grants, contracts and/or Division research and analysis projects. She conducts research projects including presentations, survey administration and data collection to targeted populations throughout Oklahoma and serves as liaison between the Department, the Division and various government and university agencies. She has participated in the design and conduct of numerous successful research projects for the Oklahoma Health Care Authority. Ms. Hyden is currently the health policy research coordinator for the division.

Susan M. Hall, MSM

Outreach Coordinator, Primary Care Health Policy Division

Susan Hall joined the University of Oklahoma Health Sciences Center (OUHSC), Department of Family and Preventive Medicine, Primary Care Health Policy Division as Outreach Liaison in October, 2008. She holds a Bachelor of Arts degree in Education from Northeastern State University and a Master of Science degree in Management from Southern Nazarene University. Before joining OUHSC, Ms. Hall worked for 37 years for the Oklahoma Department of Human Services and has an extensive background in human services, training, technical assistance and program management. She received the Social Security Public Service Award in 1984 for her contributions to the national implementation of Work Programs under the Aid to Families with Dependent Children Program. Ms. Hall is responsible for outreach coordination and functions as a community liaison for the division. She assists in conducting the research projects of the division.

Denise M. Brown, PHR

Senior Administrative Manager, Primary Care Health Policy Division

Denise Brown has been in the healthcare field since 1974. Denise has been with the University of Oklahoma Health Sciences Center (OUHSC) since 1984 and joined the Department of Family and Preventive Medicine in 1989. Ms. Brown holds a Bachelor of Science degree in Social Work and is a certified Professional in Human Resources. She has an extensive background in human resource, administrative and hospital based management; including patient and employee relations. As senior administrative manager, she works closely with the projects coordinator.

Steven A. Crawford, M.D.

The Christian N. Ramsey, Jr., M.D., Endowed Chair in Family Medicine
Department of Family and Preventive Medicine

Steven A. Crawford, M.D., is the University of Oklahoma, College of Medicine's Christian N. Ramsey, Jr., M.D., Chair in Family Medicine. Dr. Crawford graduated Magna cum laude from Claremont McKenna College in 1975 and from the University of Illinois, College of Medicine in 1979. He completed his residency training at the Waco Family Practice Residency Program in 1982 and a

APPENDIX D
Biographical Sketches of Project Faculty and Staff

family medicine teaching fellowship, also in Waco, in 1983. Dr. Crawford served as chair of the family medicine department at the Oklahoma City Clinic, a private for-profit, physician-owned, multi-specialty group practice, from 1989 until 1998. He has served as Professor and Chair of the Department of Family and Preventive Medicine since 1999. His prior appointments include Interim Chair, Vice-Chair, Residency Program Director, and Associate Residency Program Director at OU. He has also served as Chief of the Family Medicine Service at the OU Medical Center since 1990 and Chairman of the OU Medical Center Board of Trustees since 2000.

Dr. Crawford has served as the elected president of the Oklahoma County Medical Society in 2002 and served as the president of the Oklahoma Academy of Family Physicians in 1994. He has also served as Chair of the Oklahoma Health Care Authority's Medical Advisory Committee and in many other professional positions over his career.