

Insure Oklahoma

Member Experience with the Insure Oklahoma Employer-Sponsored and Individual Health Insurance Plans

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The Oklahoma Health Care Authority

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This report completes contract component 4.0 (e. i): Prepare a written report detailing feedback gathered by OHCA from Insure Oklahoma ESI and IP members regarding Insure Oklahoma, to be submitted by May 19, 2013.

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Insure Oklahoma

Member Experience with the Insure Oklahoma Employer-Sponsored and Individual Health Insurance Plans

Executive Summary

“This is a great plan for those of us who can't afford the private insurance plans. Thank you to the state of OK for providing this group plan.”

*IO Member
January 2013*

Purpose: This study was undertaken to determine the degree to which Insure Oklahoma (IO) members are satisfied with their health care plans. IO members may receive coverage from one of two separate programs, both developed and managed by the Oklahoma Health Care Authority (OHCA), the agency that manages SoonerCare, Oklahoma's Medicaid program.

Oklahoma voters passed the Oklahoma Health Care Recovery Act in April 2004. In September 2004, the Centers for Medicare and Medicaid Services (CMS) approved the 1115 Demonstration Waiver giving permission for Oklahoma to develop and implement health insurance programs for low-income workers. In November 2005, IO began enrolling members for the Employer-Sponsored Insurance (ESI) premium subsidy program, a private market health insurance program. OHCA opened enrollment for the IO Individual Plan (IP) in March 2007. The IP program offers coverage to qualified individuals who do not have access to employer-sponsored health benefits. Both plans now offer coverage for spouses, dependents and college students. These plans do not compete.¹⁻⁴

The Department of Family Medicine (DFPM), University of Oklahoma Health Sciences Center, has helped OHCA with two previous studies gathering feedback from the IO IP members,^{5,6} and one study of both ESI and IP members.⁷ In all, DFPM has assisted OHCA with 27 studies covering the evolution of Insure

Oklahoma from conception and implementation to present day service delivery.⁵⁻³¹ This study is the second to gather feedback from both ESI and IP members regarding their satisfaction with the IO program as part of the OHCA/IO continuous quality improvement (CQI) process.

Employer-Sponsored Insurance (ESI):

Employees and small business employers in Oklahoma have been offered premium assistance to purchase private market health coverage through the IO ESI program since November 1, 2005. At that time, enrollment for IO ESI was limited to workers and their spouses in small businesses (25 employees or fewer) who earned up to 185% of the federal poverty level.^{23,25,26} Currently, the ESI premium subsidy program accepts businesses with up to 99 employees and pays a premium subsidy to employers for workers and spouses earning up to 200% of the federal poverty level, currently \$22,980 for a single person and \$47,100 for a family of four.^{2,32-36}

During the first year of operation (November 2005 to November 2006), the IO ESI program enrolled 665 small businesses, 1,092 employees, and 222 spouses. In March 2009, eligible students were added to the program, and in January 2010, dependent coverage was added. As of April 2013, IO ESI was subsidizing insurance premiums for 4,732 small businesses (4,387 with 25 employees or fewer), 13,540 employees, 2,698 spouses, 113 students

and 134 dependents. Total current enrollment as of April 2013 was 16,699.*

Individual Plan (IP): “Health insurance for self-employed people is not always equal to health insurance for corporations.”†

The IP program began enrolling members in March 2007.‡ To be eligible for IO IP, enrollees must fall into one of the following employment categories:

- a. Self-employed individuals or sole proprietors,
- b. Workers who cannot access subsidized health coverage through their employers,
- c. Unemployed individuals who are actively looking for work, and
- d. Individuals with a Ticket-to-Work, a work incentive program for people who currently receive federal disability benefits.‡

Insure Oklahoma IP is also offered to spouses, dependents and students, except in Ticket-to-Work in which other household members must apply and be eligible on their own.

IO IP continues to offer affordable health care for qualified individuals. As of April 2013, 9,664 employees, 3,073 spouses, 421 students and 127 dependents were participating in IO IP.*

This report describes the results of a consumer satisfaction survey distributed to a random sample of members in both the ESI subsidy program and the IP program.

Methods: Tasks for this project included assisting OHCA: develop an education piece (cover letter) and a survey (Appendix A) to gather feedback from individuals covered through the IO ESI premium subsidy program and through the IO IP program; prepare a report based on the results of those surveys; submit monthly progress reports and attend meetings.

Participants: OHCA mailed surveys on January 8, 2013 to 2,000 IO members: 1,000 ESI premium subsidy members, and 1,000 IP members. After accounting for undeliverable

surveys (105 ESI and 75 IP), the total number of delivered surveys was 1,820. The total number of surveys received for analysis was 422 (126 ESI and 296 IP), for an overall response rate of 23.2%. ESI members completed 126 surveys, a 14.1% response rate; IP members completed 296 surveys, a 32.0% response rate.

Survey Instrument: DFPM staff assisted OHCA with the development of an education piece (cover letter) and a survey instrument designed to gather information from ESI and IP members regarding satisfaction with their health care plans (Appendix A). Surveys were coded to allow results to be analyzed separately for ESI and IP members.

Data Analysis: Raw data from the surveys were entered into an Excel spreadsheet. Descriptive analyses were performed and charts and graphs were generated in Excel. Averages were calculated on a Likert scale of 1 “Not Satisfied” to 3 “Very Satisfied.” Descriptive statistics included frequency, average, median, mode and range. Responses in the “No Opinion or Doesn’t Apply” category were excluded from the average calculations. Narrative comments were entered verbatim into Excel, coded by theme and depicted graphically. All comments are included in Appendix B. Raw data are available upon request.

Biographical material about the project faculty and staff is attached (Appendix C).

ESI Member Findings

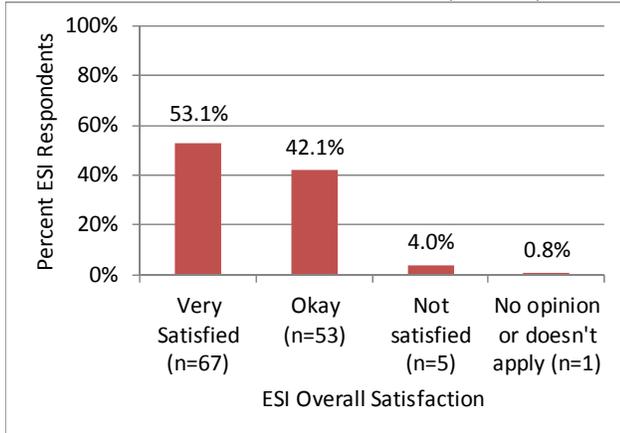
1. Overall satisfaction with current health plan services provided through their IO Employer-Sponsored Insurance premium subsidy program was high: 53.1% (n=67) were “Very Satisfied,” 42.1% (n=53) were “Okay,” 4.0% (n=5) were “Not Satisfied” and 0.8% (n=1) marked “No Opinion or Doesn’t Apply” (Figure 1). The average overall satisfaction score was 2.50 on a scale of 1 to 3.

*InsureOklahoma FastFacts, April 2013 (www.insureoklahoma.org).

†Self-employed Insurance Group (SEIG), www.selfemployedgroup.com.

‡The Ticket-to-Work program, managed by the Social Security Administration, serves over 100,000 Oklahomans between the ages of 18 and 64 who have disabilities from which they are not expected to medically recover.

Figure 1. ESI Members' Overall Satisfaction with Current Health Plan (n=126)



2. ESI members submitted a total of 126 completed surveys, a 14.1% response rate.
3. More than one-third (36.3%, n=45) of ESI members reported living in cities, 33.9% (n=42) in towns and 29.8% (n=37) in rural areas.
4. Nearly half (48.6%, n=54) of ESI members reported being with their current health plan from 1 to 24 months; 27.9% (n=31) reported 25 to 48 months; 13.6% (n=15) reported 49 to 72 months; and 9.9% (n=11) reported longer than 72 months (5 years).
5. More than half of ESI respondents (58.3%, n=70) reported being insured prior to the ESI subsidy program; 41.7% (n=50) indicated they were uninsured before the IO subsidy. Six ESI members did not answer the question.
6. Nearly all ESI respondents (92.1%, n=116) had accessed health care services; 7.9% (n=10) had not.
7. ESI respondents were satisfied with the application and renewal process: 48.4% (n=61) were "Very Satisfied" and 44.5% (n=56) indicated the process was "Okay;" 6.3% (n=8) were "Not Satisfied" and 0.8% (n=1) marked "No Opinion or Doesn't Apply." The average satisfaction score was 2.42 on a scale of 1 to 3.
8. ESI members said they were satisfied with their health plan costs: 32.0% (n=40) were "Very Satisfied," 55.2% (n=69) were "Okay." Only 10.4% (n=13) were "Not Satisfied" and 2.4% (n=3) marked "No Opinion or Doesn't Apply." The average satisfaction score was 2.22

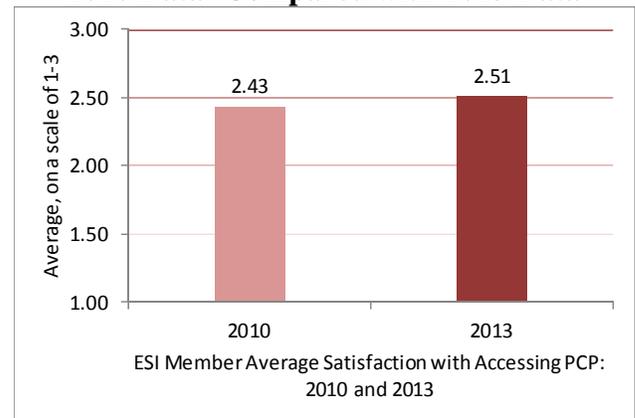
on a scale of 1 to 3. This represents a slight increase in satisfaction from the previous study (average=2.19).⁷

9. ESI respondents were satisfied with their benefits and coverage: 41.6% (n=52) were "Very Satisfied," 50.4% (n=63) were "Okay," 5.6% (n=7) were "Not Satisfied" and 2.4% (n=3) marked "No Opinion or Doesn't Apply." One respondent did not answer the question. The average satisfaction score was 2.37 on a scale of 1 to 3.

10. Most ESI members responded favorably about their health plan's customer service: 44.4% (n=56) were "Very Satisfied" and 40.5% (n=51) said customer service was "Okay." Only 2.4% (n=3) were "Not Satisfied" and 12.7% (n=16) indicated "No Opinion or Doesn't Apply." The average satisfaction score was 2.48 on a scale of 1 to 3.

11. Slightly more than half (50.4%, n=63) ESI members were "Very Satisfied" with their ability to access a PCP; 44.0% (n=55) marked "Okay," 1.6% (n=2) were "Not Satisfied," and 4.0% (n=5) indicated "No Opinion or Doesn't Apply." The average satisfaction score was 2.51 on a scale of 1 to 3. ESI members continue to be satisfied with access to a PCP as compared with 2010 data⁷.

Figure 2. ESI Members' Average Satisfaction with Accessing PCP: 2010 Data⁷ Compared with 2013 Data



12. ESI members were satisfied with their plan's referral process: 41.3% (n=52) were "Very Satisfied," 35.7% (n=45) were "Okay," 4.0%

(n=5) were “Not Satisfied” and 19.0% (n=24) marked “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.46 on a scale of 1 to 3.

13. Most ESI respondents were satisfied with their pharmacy and prescription drug benefits: 43.7% (n=55) were “Very Satisfied,” 42.1% (n=53) were “Okay,” 7.1% (n=9) were “Not Satisfied” and 7.1% (n=9) marked “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.39 on a scale of 1 to 3.

14. Question 13 on the survey asked ESI members to comment on any “Not Satisfied” survey responses. Members could comment on as many of the service areas with which they had concerns. More than one-fourth (27.0%, n=34 out of 126) wrote 41 comments describing problem areas.

15. ESI members who responded to Question 13 expressed most dissatisfaction with out-of-pocket costs and increases in premiums and deductibles (16 out of 41 comments).

16. Question 14 invited ESI members to make any additional comments about the IO program. Of the 24 who commented, 45.8% (n=11) said they were thankful for IO ESI and their health coverage.

17. In response to Question 14, Additional Comments, 33.3% (n=8) of 24 ESI members made comments and suggestions about costs, benefits or eligibility, in particular out-of-pocket costs and the need for dental and vision coverage; 20.9% (n=5) commented on administrative issues, mostly paperwork and renewal issues.

All comments are included in Appendix B.

ESI Member Recommendations

1. ESI members expressed satisfaction with their health plan. Continuing CQI with health plan members should prove beneficial.

“Just want to say thank you for the help I get.”

2. Based on survey results and comments, costs were the most challenging issue for ESI

members. Continued monitoring of plans to ensure IO qualifications are met is encouraged.

“We are grateful for IO's help but still feel as though the insurance grossly overcharges for premiums.”

3. Some members expressed confusion and concern about covering dependents. Materials to employers as well as engaging agents in employee outreach might be helpful for answering ESI members’ questions.

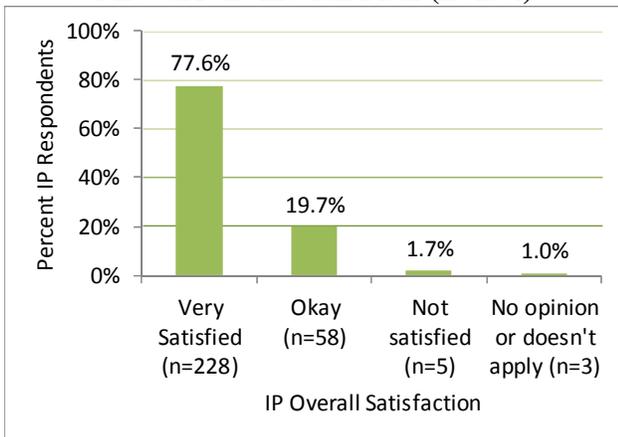
4. More than one member mentioned that coverage of weight loss and management would help improve overall health. Discussing this with carriers, agents and brokers might prove advantageous.

5. Dental and vision benefits were requested by ESI members. If these benefits could be added, members might be willing to pay for them. If it is not possible to offer these benefits, information about why could be included in any written materials or presented at forums. This might be another area in which agents could be helpful.

IP Member Findings

1. Overall satisfaction with current health plan services of the IO IP program was very high. 77.6% of IP respondents indicated they were “Very Satisfied,” 19.7% indicated their health plan was “Okay.” Only 1.7% (n=5) were “Not Satisfied, and 1.0% (n=3) expressed “No Opinion or Doesn’t Apply” (Figure 3). Two IP members did not answer the question. The average overall satisfaction score was 2.77 on a scale of 1 to 3.

Figure 3. IP Members’ Overall Satisfaction with Current Health Plan (n=294)



2. IP members submitted a total of 296 completed surveys, a 32.0% response rate.

3. More than one-third of IP members (38.0%, n=109) reported living in cities, 34.5% (n=99) in towns and 27.5% (n=79) in rural areas.

4. The majority of IP members reported being with their current health plan 24 months or less: 30.7% (n=78) reported being in their current insurance plan 1-12 months; 25.2% (n=54) reported being in their plan 13-24 months; 25.6% (n=65) reported being in their plan 25-36 months; 18.5% (n=47) had been in their plan more than 36 months (3 years).

5. Most IP respondents (75.5%, n=219) reported being uninsured prior to enrolling in the IP plan; 24.5% (n=71) had prior coverage. Six IP members left the question blank.

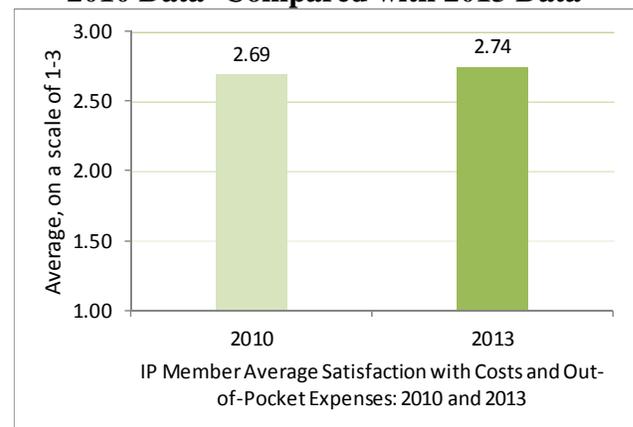
6. Nearly all IP respondents (92.9%, n=273) had accessed health care services since begin-

ning their health care plan; 7.1% (n=21) had not.

7. IP members were satisfied with the application and renewal process: 47.3% (n=140) were “Very Satisfied,” 40.2% (n=119) were “Okay,” 11.5% (n=34) were “Not Satisfied” and 1% (n=3) expressed “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.36 on a scale of 1 to 3.

8. A majority of IP respondents (74.6%, n=221) were “Very Satisfied” with their costs and out-of-pocket expenses; 23.0% (n=68) were “Okay,” 1.4% (n=4) were “Not Satisfied” and 1.0% (n=6) marked “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.74 on a scale of 1 to 3. IP members continue to be satisfied with costs and out of pocket expenses as compared with the 2010 data⁷.

Figure 4. IP Members’ Average Satisfaction with Costs and Out-of-Pocket Expenses: 2010 Data⁷ Compared with 2013 Data



9. IP respondents were satisfied with their benefits and coverage. Over two-thirds (69.2%, n=201) were “Very Satisfied,” 27.8% (n=82) were “Okay,” 2.0% (n=6) were “Not Satisfied” and 1.0% (n=3) marked “No Opinion or Doesn’t Apply.” One IP member left the question blank. The average satisfaction score was 2.68 on a scale of 1 to 3.

10. Almost two-thirds of IP members (60.4%, n=178) were “Very Satisfied” with their health plan’s customer service; 29.8% (n=88) were “Okay,” 5.1% (n=15) were “Not Satisfied” and 4.7% (n=14) marked “No Opinion or Doesn’t Apply.” One IP member left the question blank.

The average satisfaction score was 2.58 on a scale of 1 to 3.

11. More than half of IP members (64.9%, n=192) were “Very Satisfied” with their ability to access a PCP; 27.0% (n=80) were “Okay,” 7.1% (n=21) were “Not Satisfied,” and 1.0% (n=3) marked “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.59 on a scale of 1 to 3.

12. Over half of IP respondents (55.9%, n=165) were “Very Satisfied” with referrals; 24.4% (n=246) were “Okay,” 6.8% (n=20) were “Not Satisfied,” and 12.9% (n=38) indicated “No Opinion or Doesn’t Apply.” One IP member did not answer the question. The average satisfaction score was 2.56 on a scale of 1 to 3.

13. Most IP respondents (72.6%, n=215) were “Very Satisfied” with pharmacy/prescription benefits; 18.2% (n=54) indicated these benefits were “Okay,” 6.4% (n=19) were “Not Satisfied,” and 2.7% (n=8) replied “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.68 on a scale of 1 to 3.

14. Question 13 on the survey asked IP members to comment on any “Not Satisfied” survey responses. Members could comment on as many of the services areas with which they had concerns. More than one-third of IP members (36.1%, n=107 out of 296) wrote 135 comments describing problem areas.

15. IP members who responded to Question 13 expressed most dissatisfaction with the application and renewal process (38 out of 135 comments). Respondents mentioned the multiple times paperwork was requested and rapidity with which individuals were terminated when paperwork was not received. IP members said often OHCA already had the necessary paperwork. Respondents also voiced frustration regarding how long it took to get reinstated. The second area of dissatisfaction was Pharmacy/Prescription Drug Benefits (27 out of 135 comments).

16. Question 14 invited IP members to make any additional comments about the IO program. Of the 96 who commented, 66.7% (n=64) were

thankful for the IP program and their health coverage.

17. In response to Question 14, Additional Comments, 15.6% (n=15) commented about administrative issues, especially the renewal and online application. Comments about costs, benefits and eligibility (17.7%, n=17) included remarks about the per month limit on prescriptions and requests for dental and vision coverage.

All comments are attached in Appendix B.

IP Member Recommendations

1. IP members expressed satisfaction with their health plan. CQI with health plan members should be continued.

“Ultimately, at the end of the day, my family and I are greatly thankful and appreciate Insure Oklahoma and its helping hands. Thank you!”

2. Based on survey comments, IP members reported they were least satisfied with the application and renewal process. This lack of satisfaction was evident in IP responses to the survey question about the application and renewal process as well as in the numerous comments received. Streamlining the process, especially with regard to renewal, might be investigated. The comment below is representative.

“Not notified of renewal necessary, till ran out. Then had to renew policy and 2 months- no coverage.”

3. Like ESI members, IP members requested access to dental and vision benefits. If these benefits are something that could be added, IP members might be willing to invest in such coverage. If it is not possible to offer dental and vision to this group, materials might be

distributed to IP members explaining why these benefits cannot be included.

4. Some IP members had challenges locating PCPs who accepted their insurance within a reasonable distance from their homes. The problem is even more pronounced with specialty care. Continued outreach efforts aimed at attracting physicians to participate as providers for the IP plan could benefit both IP members and the physicians.

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Introduction

“I am very grateful for this program! I would NOT be able to cover my children under my insurance plan without the premium assistance. Thank you!!!”

*IO Member
January 2013*

Purpose

The purpose of this study was to determine the degree to which Insure Oklahoma (IO) members were satisfied with their insurance coverage. IO members may receive coverage through two separate programs, both developed and managed by the Oklahoma Health Care Authority (OHCA), the agency that manages, SoonerCare, Oklahoma’s Medicaid program. In November 2005, IO began enrolling members for the IO Employer-Sponsored Insurance (ESI) premium subsidy program, which uses private insurance market products purchased through an employer’s health benefits package. In March 2007, OHCA opened enrollment for the IO Individual Plan for qualified individuals who were: self-employed; sole proprietors; employed but not offered health insurance through their employer; unemployed and looking for work; and disabled with a Ticket-to-Work. Both plans now offer coverage for eligible spouses, dependents and students. These plans do not compete.¹⁻⁴

To date, DFPM has assisted OHCA with two studies gathering feedback from the IO IP members,^{5,6} and one study surveying both ESI and IP members.⁷ In all, DFPM has assisted OHCA with 27 studies covering the evolution of Insure Oklahoma from conception and implementation to present day service delivery.⁵⁻³¹ This study is the second to gather feedback from both ESI and IP as part of OHCA

and IO’s continuous quality improvement (CQI) process.

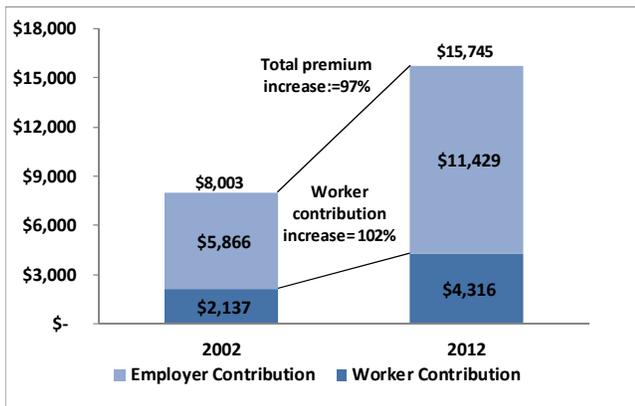
History of Insure Oklahoma

In Oklahoma, 563,443 working age adults (19-64) were uninsured during the calendar year 2011, 25.2% of the Oklahoma’s population.* A study comparing access to care based on health insurance design in 11 countries found that U.S. adults, even the insured, experienced significant challenges to receiving health care and were most likely, of all 11 countries surveyed, to incur high medical expenses and go without care. All 11 countries surveyed offered a mix of public and private (for-profit and/or not-for-profit) insurance options.³⁸

In 2011, 55% of the nonelderly population in the U.S. received health coverage through their employer.³⁹ This continues a decline in employer-sponsored coverage reported previously which showed 61% in 2007 dropping to 57% in 2009.^{40,41} Ongoing premium increases are a driving force behind employers’ decisions to reduce or drop employee benefits.⁴² Although the rate of premium increases has been declining and fewer health insurers are requesting double-digit premium hikes,⁴³ any rate increase puts pressure on employers’ bottom lines and workers’ pocketbooks (Figure 5).⁴⁴

*Source: www.okhca.org/research/data.

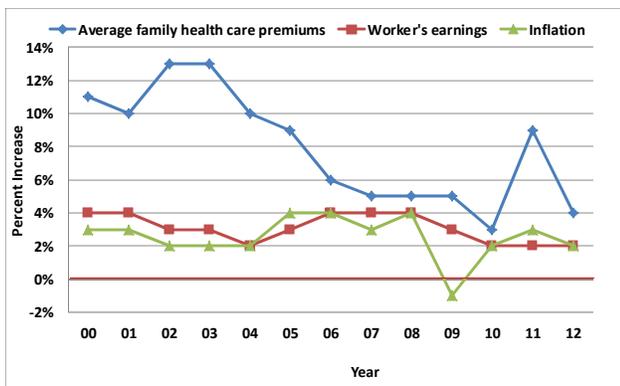
Figure 5. Employer and Worker Premium Increases: 2002-2012⁴⁴



Source: Employer health benefits: 2012 annual survey. Kaiser Family Foundation and Health Research and Education Trust.⁴⁴

Premium costs, which increased 97% between 2002 and 2012, have vastly outrun wage increases (1.7% since 2011 and 33% since 2002) and inflation (2.3% since 2011 and 28% since 2002) (Figure 6).⁴⁴

Figure 6. Percent Increase in Premiums, Wages and Inflation: 2000 to 2012⁴⁴



Source: Employer health benefits: 2012 annual survey. Kaiser Family Foundation and Health Research and Education Trust.⁴⁴

The data presented in Figure 6 represent the percentage that premiums, wages and inflation increased. Although there appears to be a downward trend in premiums, it is actually a downward trend in premium *increases*. Premiums overall have increased 97% between 2002 and 2012 while wages and inflation have increased at a much slower pace with inflation actually decreasing in 2009.

For employers offering employee health benefits, the premium cost increases have outpaced business earnings and have forced employers to make hard choices.⁴² They can shift more of the cost to their employees, reduce benefits or drop coverage altogether. These costs are much more difficult to absorb for smaller businesses, lower income workers and individuals who choose to be their own bosses.⁴⁵⁻⁵⁰ The Washington Post reported that some larger businesses are choosing to give their employees a fixed amount of money and let them choose their own coverage, an approach called defined contribution health insurance. While this might work for companies like Sears, it becomes more problematic for smaller companies that can't afford to give their employees enough to cover the \$16,000 annual family premium (see Figure 5).⁵¹

To address the problem faced by small business employers and their employees, and individuals who are self-employed, sole proprietors, unemployed and looking for work, students, dependents and others with no affordable access to health insurance in Oklahoma, Governor Brad Henry and the state legislature collaborated to enact the Oklahoma Health Care Recovery Act (OHCRA) in April 2004. The Act was passed by Oklahoma voters in November 2004 and approved by the Centers for Medicare and Medicaid Services (CMS) as an 1115 demonstration waiver on September 30, 2005. OHCRA created the Oklahoma Employer/Employee Partnership for Insurance Coverage Employer-Sponsored Insurance (O-EPIC) program (now Insure Oklahoma Employer-Sponsored Insurance program, IO ESI), which began enrolling members on November 1, 2005, and the Insure Oklahoma Individual Plan (IO IP), which was added in March 2007. These programs are funded in part by a tax on tobacco products, and do not compete in the health care marketplace.¹⁻⁴

IO Employer-Sponsored Insurance

In Oklahoma, employees and small business employers have been offered premium assistance to purchase private market health coverage since November 1, 2005. At that time, enrollment for the IO Employer-Sponsored Insurance subsidy program was limited to workers and their spouses in small businesses (25 employees or fewer) who earned up to 185% of the federal poverty level.^{23,25,26} Currently, the IO ESI premium subsidy program accepts businesses with up to 99 employees and pays a premium subsidy to employers for workers and spouses earning up to 200% of the federal poverty level.^{2,32-35}

Private market insurers that underwrite employer health benefits provide the health insurance coverage for the IO ESI program. Insurers must offer plans that meet specific qualifications in order to provide an insurance package under IO ESI program.

During the first year of operation (November 2005 to November 2006), the IO ESI program enrolled 665 small businesses, 1,092 employees, and 222 spouses. In March 2009, eligible students were added to the program, and in January 2010, dependent coverage was added. As of April 2013, IO ESI was subsidizing insurance premiums for 4,732 small businesses (4,387 with 25 employees or fewer), 13,540 employees, 2,698 spouses, 113 students and 348 dependents. Total current enrollment as of April 2013 was 16,699. Figure 7 shows the membership by year of the IO ESI program, and Figure 8 shows participating small businesses by program year.

Figure 7. Membership in IO ESI: November 2005 to April 2013

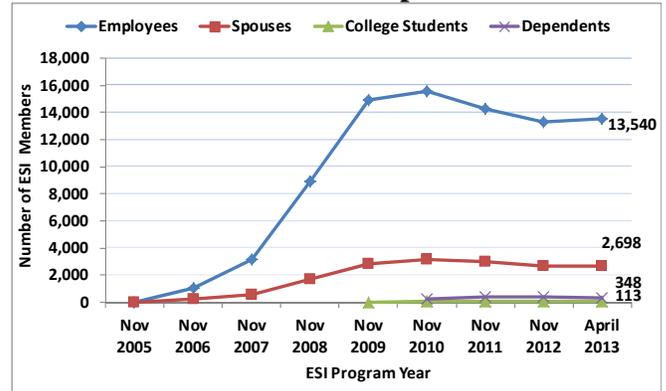
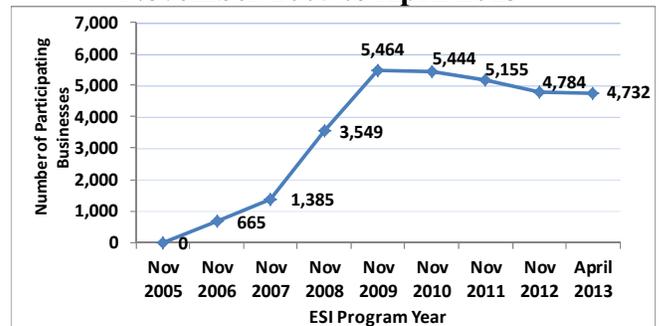


Figure 8. IO ESI Participating Businesses: November 2005 to April 2013



IO Individual Plan

“Health insurance for self-employed people is not always equal to health insurance for corporations.”[†]

About 80% of the uninsured are working adults,⁵² and about 60% of those individuals are self-employed or working in businesses with 10 employees or fewer.^{52,53} Self-employed individuals tend to be creative innovators who have chosen to be their own bosses but the options available to them for health coverage are few and expensive.^{54,55} A recent article in Inc. magazine made the following observation about entrepreneurs and health insurance:

“For ages, the most important asset an entrepreneur could have is a spouse with health insurance.”⁵⁶

^{*}InsureOklahoma FastFacts, April 2013 (www.insureoklahoma.org).

[†]Self-Employed Insurance Group (SEIG), www.selfemployedgroup.com

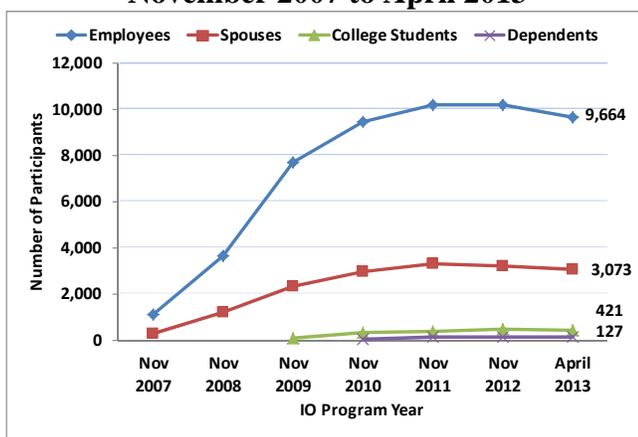
In March 2007, Oklahoma Governor Brad Henry took a step toward reducing the number of uninsured in Oklahoma when he expanded coverage under the Insure Oklahoma program to allow individuals who met specific criteria to purchase health insurance through a state-sponsored program.³⁷ The Insure Oklahoma Individual Plan (IO IP) is available to individuals who earn up to 200% of the federal poverty level and who fall into one of the following employment status categories:

- Self-employed or sole proprietors,
- Workers who cannot access health coverage through their small business employers,
- Unemployed individuals who are actively looking for work, and
- Individuals with a Ticket-to-Work, a work incentive program for people who currently receive federal disability benefits.*

IO IP is also offered to spouses, dependents and students, except in the Ticket-to-Work category in which other household members must apply and be eligible on their own.

As of April 2013, 9,664 employees, 3,073 spouses, 421 students and 127 dependents were participating in the IP plan.[†] Figure 9 shows the membership by year in IP plan since it began.

Figure 9. Membership in IO Individual Plan: November 2007 to April 2013

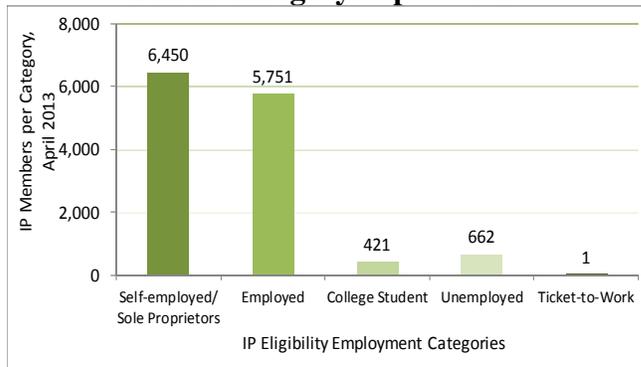


* The Ticket-to-Work program, managed by the Social Security Administration, serves over 100,000 Oklahomans between the ages of 18 and 64 who have disabilities from which they are not expected to medically recover.

† Insure Oklahoma Fast Facts, current and archives, www.insureoklahoma.org

Figure 10 shows the IP member breakdown by employment status category.

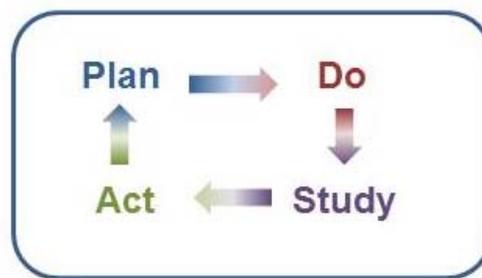
Figure 10. IP Membership by Employment Status Category: April 2013[‡]



Since 2005, researchers at the OUHSC Department of Family and Preventive Medicine’s (DFPM) Primary Care Health Policy Division have assisted OHCA with the continuous quality improvement (CQI) of the Insure Oklahoma programs by gathering feedback from small business owners and program members. The result of these collaborations has been 14 CQI studies to date.^{5-10,16,20-22,25,26,28,29}

CQI is a four-part process developed for manufacturing and defense contractors by W. Edwards Deming and Walter A. Shewhart in the 1930s.⁵⁸⁻⁶⁰ Alternately called the Shewhart Cycle and/or the Deming Wheel, the process, shown in Figure 11, continues to be the strategic planning model for quality improvement.

Figure 11. The Shewhart Cycle/The Deming Wheel Plan-Do-Study-Act CQI Model



[‡]Source: Insure Oklahoma Fast Facts, April 2013, www.insureoklahoma.org.

Changes in the IO process based on the previous CQI surveys of this group have resulted in improvement members have noticed.

“The renewal process was complicated, but on the phone customer service helped greatly.”

“I really do appreciate the service in [sic] which I have been provided.”

“We are very thankful to be able to have this coverage. Nice people, always, to deal with, no complaints at all.”

The study reported here is the second to survey IO program members – both ESI and IP – to determine their satisfaction with the health care benefits provided under their current health care plan. DFPM researchers assisted OHCA in drafting a survey and an accompanying education piece (cover letter) (Appendix A), analyzing the survey results, and preparing this report describing the findings from the surveys. The results from this survey are intended to contribute to the continuous improvement of the Insure Oklahoma program.

Methods

“The program is wonderful and my PCP, my clinic is fantastic!”

*IO Member
January 2013*

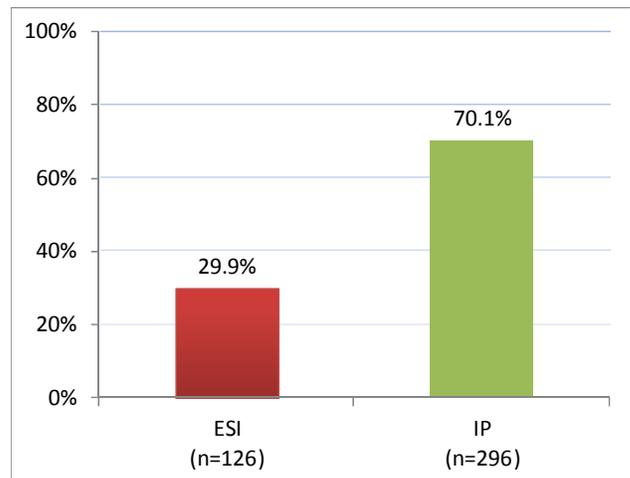
To gather feedback as part of OHCA’s CQI process, faculty and staff of the DFPM assisted OHCA with developing and analyzing a survey of IO ESI and IP members.

Study Participants

Survey participants were randomly selected from the total membership of both the ESI program (16,705 members) and IO program (13,791 members) in January 2013. 1,000 ESI members and 1,000 IP members were randomly selected to receive surveys, a total of 2,000 participants. ESI and IP surveys were coded with a different initial in the introductory paragraph of the survey so results could be analyzed separately for each IO member group: “A” for ESI and “B” for IP. The surveys and education pieces (cover letters) were mailed by OHCA on January 8, 2013; 105 ESI and 75 IP surveys were returned as undeliverable resulting in 1,820 sent. A total of 422 surveys were received for analysis, a 23.2% total response rate. ESI members completed 126 out of the 895 successfully delivered ESI-coded surveys, a 14.1% response rate. IP members completed 296 out of 925 successfully delivered IP-coded surveys, a 32.0% IP response rate. These response rates are similar to those from the previous study of both member groups: previous

ESI response rate=14.9%; previous IP response rate=37.6%.⁷ Figure 12 shows the response rate by IO member program for the total sample of 422 surveys.

Figure 12. Response Rate for Total Sample by Program (n=422)



Survey Materials

DFPM researchers assisted OHCA in developing the education piece (cover letter) and survey instrument for this study. Although the survey and education piece were mailed to different participant groups, the only difference between the surveys was the coded initial in the instructional paragraph of the survey feedback

form. Otherwise, the materials were identical. This coded initial allowed us to separate the results by membership in either ESI or IP. The survey and education piece are attached as Appendix A.

Four types of questions were developed for the surveys:

1. Likert satisfaction scale,
2. Yes/No,
3. Check boxes,
4. Open-ended responses and comments.

Demographic and descriptive data, such as location, insurance status prior to participation in their current health plan, and length of time in current health plan, etc., were collected and used to determine whether the study samples were representative. Specific questions about program components were designed to gather member satisfaction with Insure Oklahoma and their health plan. Open-ended questions invited IO members to describe issues, concerns and areas with which they were or were not particularly satisfied. A complete list of all comments and suggestions from the open-ended questions is attached as Appendix B.

Data Analysis

Survey responses were entered into an Excel database. Data entry was subjected to random checking to ensure accuracy. A staff member not involved in the data entry process examined every 4th to 5th entry against the original survey to reduce potential data entry errors. The raw data from the Excel spreadsheets are available by request.

Descriptive statistics were performed separately for each group (ESI and IP) using the formulae in Excel. Descriptive statistics included – where appropriate – frequency, average, median, mode and range.

For each of the Likert satisfaction scale questions (see survey instrument, Appendix A), frequencies and averages were calculated. Averages were calculated on a scale of 1 (“Not

Satisfied”) to 3 (“Very Satisfied”). Responses in the “No Opinion or Doesn’t Apply” category were excluded from the average calculations. Charts and graphs were created using Excel’s chart features.

Answers requiring a written response were entered into the database exactly as written by respondents. Responses were coded by theme and depicted graphically for comparison purposes. All narrative responses are included in this report in Appendix B.

Resources and References

Since its inception in March 2003, the Primary Care Health Policy Division has been building a primary care health policy library and electronic catalog of holdings. The library contains citations and information on a variety of health care topics including health care reform, the Affordable Care Act, coverage for the uninsured, employer-based coverage, individual health insurance, private market based coverage, Medicaid, Medicare, long term care, patient-centered medical home, and other relevant national, state and local health care issues. The library currently holds 1,491 citations. The database and the library are available for use by OHCA staff, and by others upon request. The references cited in this report are part of this library and database.

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

Limitations of this Study

Surveys were mailed to a random sample of members participating in the Insure Oklahoma employer-sponsored insurance program (ESI) and the Individual Plan (IP) as of January 8, 2013. Mailing lists for each group were generated as described previously. Completed surveys were returned by 126 ESI members (response rate=14.1%) and by 296 IP members (response rate=32.0%). Response rates are similar to those from the previous satisfaction study of these participants conducted in

September 2010 and detailed in a report issued in February 2011.⁷

The effect of lower response rates (such as that for the ESI members) on survey quality and accuracy has been the subject of a number of studies. These studies have shown that a low response rate per se is not necessarily an indicator of response bias or of inferior survey results quality.⁶¹⁻⁶⁴ The results of this survey have been reviewed by the faculty and staff of the DFPM and compared with previous surveys. The conclusion is that there are no compelling reasons to doubt the validity of the results of this survey.

Another limitation is that not all survey respondents 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 survey question is reported in the results section, where applicable.

Results

“Thank God for the Insure Oklahoma Program - without it we would not be able to afford insurance.”

*IO Member
January 2013*

Results from the ESI and IP member surveys are reported here in the order the questions were asked on the survey instrument (Appendix A). Narrative responses were coded by theme and charted, and are included in the survey response sections in the order the questions were asked on the survey. Complete narrative comments from ESI and IP members are attached in Appendix B. Raw data from this study are available upon request.

For each of the Likert satisfaction scale questions (questions 5 through 12, see survey instrument, Appendix A), frequencies and averages were calculated. Averages were based on a scale of 1 “Not Satisfied” to 3 “Very Satisfied.” Responses in the “No Opinion or Doesn’t Apply” category were excluded from the average calculations. Number of responses (n) is included with each discussion and on each chart as appropriate. Averages were calculated based on the actual number of responses per question and not on the total number of surveys received; therefore the “n” may vary from result to result.

Charts and graphs were created using Excel’s chart features.

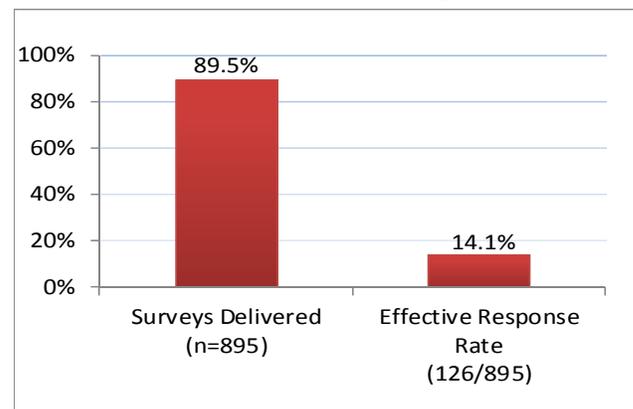
ESI Member Response Rate

When this survey was distributed (January 2013), there were 16,705 members participating

in the IO ESI program: 13,468 employees, 2,735 spouses, 126 students, and 376 dependents.*

1,000 ESI members were randomly selected to receive cover letters and surveys mailed on January 8, 2013. ESI surveys were coded with an initial “A” in the introductory paragraph of the survey, which enabled us to perform data analysis of ESI member responses separate from those of IP members. One-hundred five (105, 10.5%) ESI surveys were returned as undeliverable resulting in 895 ESI surveys delivered. Of the 895, 126 completed surveys were received for inclusion in this study, a response rate of 14.1% (Figure 13). This response rate is similar to the ESI response rate from the survey distributed in 2010[†] (14.9%).⁷

Figure 13. ESI Member Response Rate



*InsureOklahoma Fast Facts, January 2013, accessed at www.insureoklahoma.org.

[†]The previous survey of this group was mailed September 23, 2010. The report was issued in February 2011.

IP Member Response Rate

The same process described above was used to generate a random mailing list for 1,000 IP members. At the time the survey was conducted, there were 13,791 IP members: 10,039 employees, 3,167 spouses, 440 students, and 145 dependents. IP surveys were coded with the initial “B” in the introductory paragraph to allow us to perform data analysis for IP members. Of the 1,000 IP surveys mailed, 75 (7.5%) were returned as undeliverable resulting in 925 surveys delivered. Of the 925, 296 completed surveys were received for analysis, a 32.0% response rate, which is slightly lower than the 37.6% IP response rate from the previous study.⁷ Figure 14 shows the effective response rate for IP members.

Figure 14. IP Member Response Rate

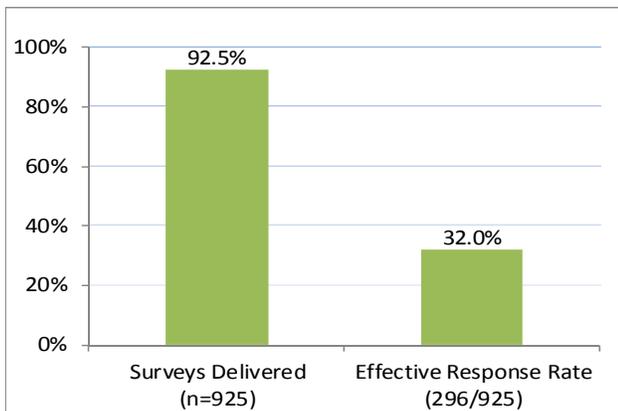
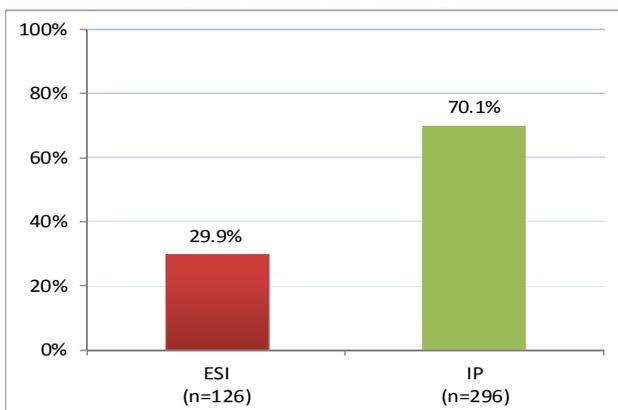


Figure 15 shows the percent of responses included in this study by IO program.

Figure 15. Response Rate Percent of Total Sample (n=422) by Program

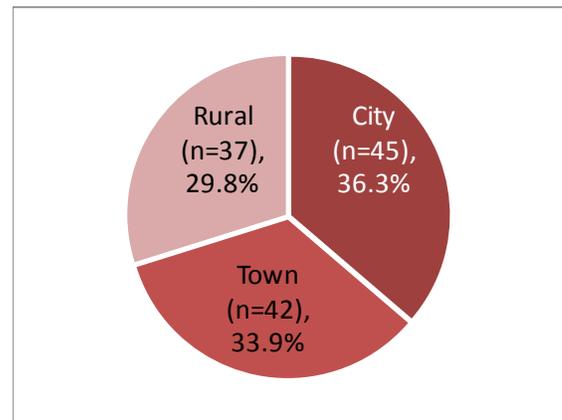


Survey Results by Question

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

1. Please describe the area where you live. Figure 16 shows the distribution of ESI members by the area in which they live. Two ESI members did not answer the question.

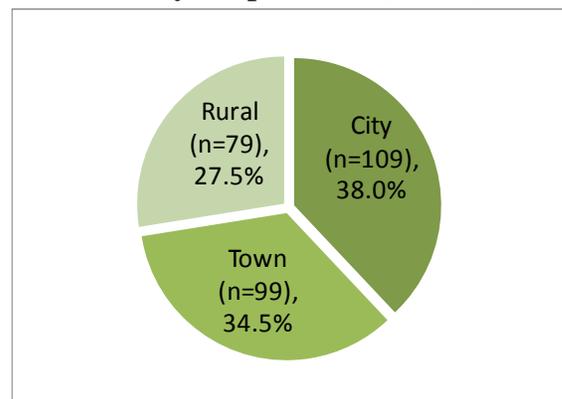
Figure 16. Residential Location for IO ESI Survey Respondents (n=124)



As shown, the location of ESI respondents was spread almost equally among the choices given: city (50,000+ population), town (2,500-50,000 population) and rural area (less than 2,500). Rural area membership showed a slight increase from the previous study.⁷

Figure 17 shows the distribution of IP members by the location in which they live. Nine IP members left the response blank.

Figure 17. Residential Location for IO IP Survey Respondents (n=287)

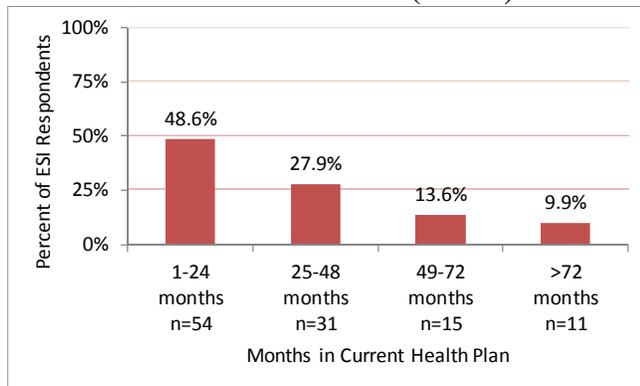


Similarly, the distribution of IO respondents was spread almost equally among city, town and rural area. Rural area membership showed a slight decrease, and both towns and cities showed a slight increase over the survey administered in 2010.⁷

2. How long have you been in your current health insurance plan? IO members were asked how long they had been participating in their current health insurance plan.

Because many employers were already offering an IO qualified health plan before enrolling in the ESI premium subsidy program, ESI members may not have experienced a change in health plans. ESI members may have been covered under their existing plan for more than the 7.5 years (90 months) the subsidy program has been in place. In fact, some ESI respondents indicated they had been with the same health plan for more than 14 years (168 months). As shown in Figure 18, 48.6% (n=54) of ESI respondents had been with their current plan from 1 to 24 months. Almost 10% (9.9%, n=11) had been with their current plan for over 72 months (6 years). The average was 39 months; median=30 months, mode=24 months, and the range was 3 to 168 months. Fifteen respondents did not answer the question.

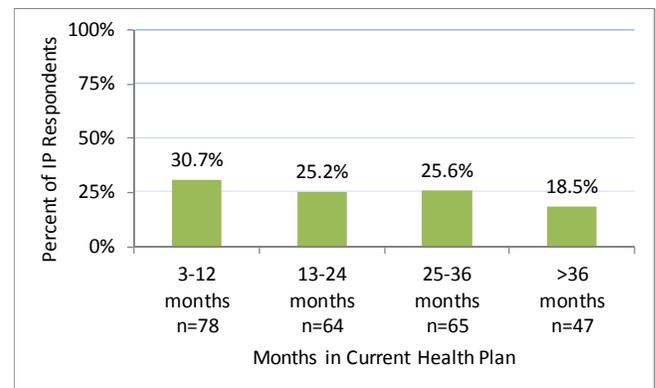
Figure 18. Length of Time (Months) IO ESI Survey Respondents Had Been Enrolled in Current Health Plan (n=111)



The IP plan began offering coverage in March 2007; therefore, IP members can only

have been participating in the plan for 72 months or less. About one-third (30.7%, n=78) reported being with their current plan for between 3 and 12 months. Nearly 1 in 5 IP respondents (18.5%, n=47) had been with their current plan for more than 36 months (3 years) (Figure 19). The average was 28 months; median=24 months, mode=36 months, and the range was 1 to 252 months.* Forty-two out of 296 IP respondents did not answer the question.

Figure 19. Length of Time (Months) IO IP survey respondents Had Been Enrolled in Current Health Plan (n=254)



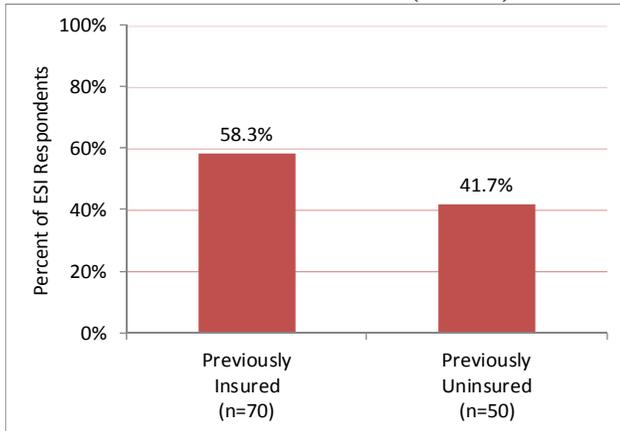
3. Before your current health plan, were you insured with another health plan or uninsured? If uninsured, for how long? Respondents were asked if they had insurance before they began coverage with their current plan. If uninsured, they were asked how long (in years) they had been uninsured.

As shown in Figure 20, more than half (58.3%, n=70) of the 120 ESI members who responded to this question had health insurance prior to participating in their current health plan; 41.7% (n=50) reported being uninsured prior to enrolling in their current health plan. The average length of time ESI respondents had been uninsured was almost 10 years; the median was 4 years; the mode was 2 years; the range

*Two IP survey respondents indicated they had same health plan for more than 72 months: 1 indicated 21 years (252 months) and another indicated 8 years (96 months). The IP program has only been in force for 6 years (72 months). However, these outlying responses are included in the data reported.

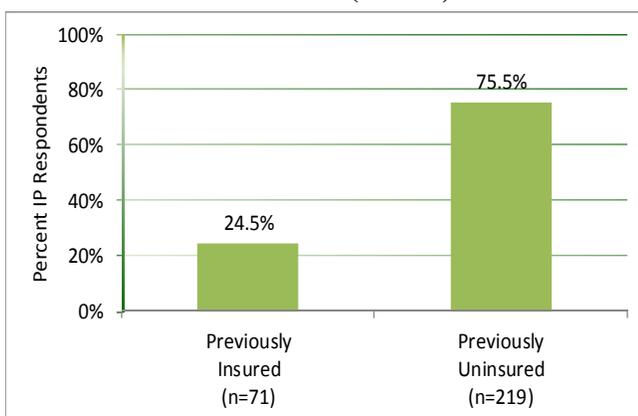
was 3 months to 50 years. Six ESI members did not answer the question.

Figure 20. ESI Survey Respondents' Insurance Status Prior to Participating in Current Health Plan (n=120)



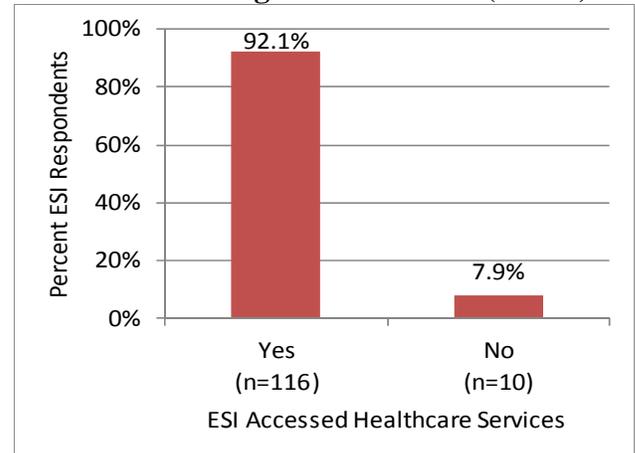
Similar to the prior study,⁷ about one-fourth (24.5%, n=71) of IP members were insured prior to enrolling in the IP program; 75.5% (n=219) were uninsured (Figure 21). Average length of time IP members had been uninsured was 9 years; the median and mode were both 5 years; the range was 1 month to 48 years. Six IP respondents left the question blank.

Figure 21. IP Survey Respondents' Insurance Status Prior to Participating in Current Health Plan (n=290)



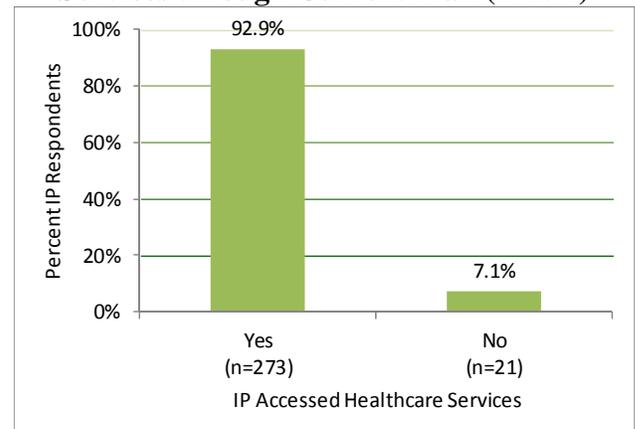
4. Have you used health care services since you began your current health plan? As shown in Figure 22, nearly all ESI members had utilized health care services through their current plan (92.1%, n=116); 7.9% (n=10) had not.

Figure 22. ESI Member Usage of Health Care Services through Current Plan (n=126)



IP members indicated similar usage. Nearly all IP members had used health care services through their current health plan (92.9%, n=273); 7.1% (n=21) had not (Figure 23). Two IP members left the question blank.

Figure 23. IP Member Usage of Health Care Services through Current Plan (n=294)

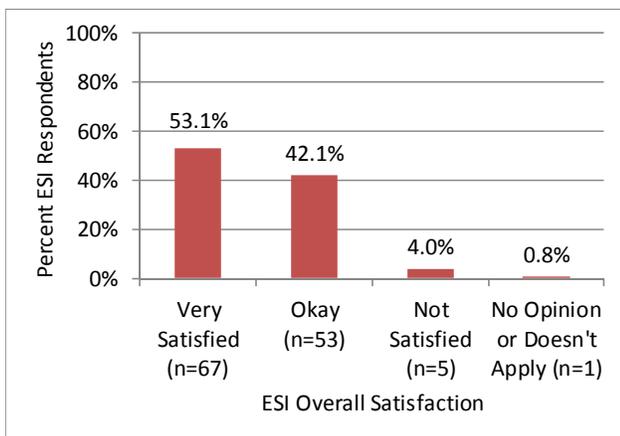


NOTE: For Questions 5 through 12, averages (excluding the responses for “No Opinion or Doesn’t Apply”) were calculated on a Likert scale of 1 “Not Satisfied” to 3 “Very Satisfied.”

5. How satisfied are you with your current health insurance plan? The main purpose of this survey was to determine the level of satisfaction IO members reported with their health insurance coverage. Figures 24 and 25 show the overall levels of satisfaction reported by each member group: “Very Satisfied,” “Okay” or “Not Satisfied.” Members were also offered the option of responding “No Opinion or Doesn’t Apply.”

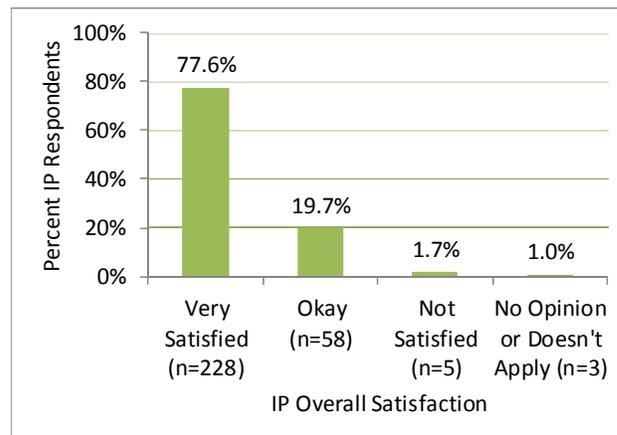
Over 95% of ESI members said they were “Very Satisfied” (53.1%, n=67) or “Okay” (42.1%, n=53) with their current health plan. Four percent (4.0%, n=15) were “Not Satisfied” with their health plan. One respondent checked “No Opinion or Doesn’t Apply” (Figure 24). The average was 2.50 on a scale of 1 to 3. All 126 ESI respondents answered the question.

Figure 24. ESI Members’ Overall Satisfaction with Current Health Plan (n=126)



The majority of IP members said they were “Very Satisfied” (77.6%, n=228) with their current health plan; 19.7% (n=58) said their plan was “Okay;” 1.7% (n=5) were “Not Satisfied” with their current health plan, and 1.0% (n=3) indicated “No Opinion or Doesn’t Apply” (Figure 25). The average was 2.77 on a scale of 1 to 3. Two IP members did not answer the question.

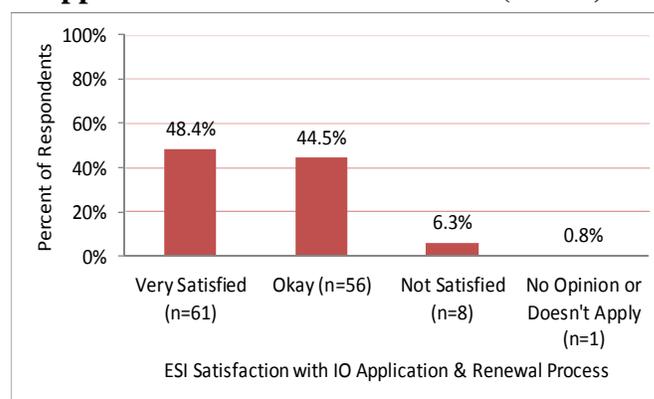
Figure 25. IP Members’ Overall Satisfaction with Current Health Plan (n=294)



6. How satisfied are you with the INSURE OKLAHOMA application and renewal process? IO members were asked their level of satisfaction with the IO application and renewal process. The results are shown in Figures 26 and 27.

The majority of ESI members said they were “Very Satisfied” (48.4%, n=61) or “Okay” (44.5%, n=56) with the application and renewal process; 6.3% (n=8) said they were “Not Satisfied,” and 0.8% (n=1) marked “No Opinion or Doesn’t Apply” (Figure 26). The average was 2.42 on a scale of 1 to 3. All 126 ESI responders answered the question.

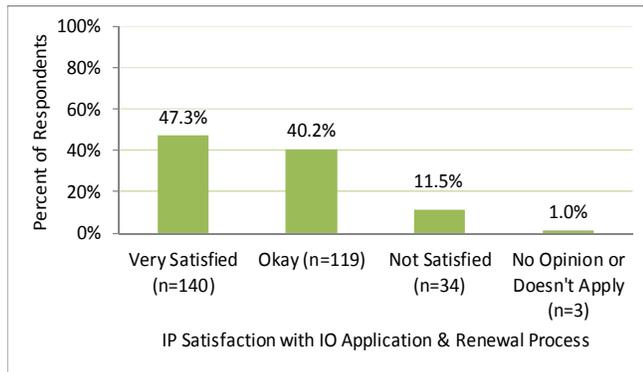
Figure 26. ESI Members’ Satisfaction with Application and Renewal Process (n=126)



IP members said they were “Very Satisfied” (47.3%, n=140) or “Okay” (40.2%, n=119) with the application and renewal process; 11.5%

(n=34) said they were “Not Satisfied,” and 1.0% (n=3) marked “No Opinion or Doesn’t Apply” (Figure 27). The average was 2.36 on a scale of 1 to 3. All 296 IP responders answered this question.

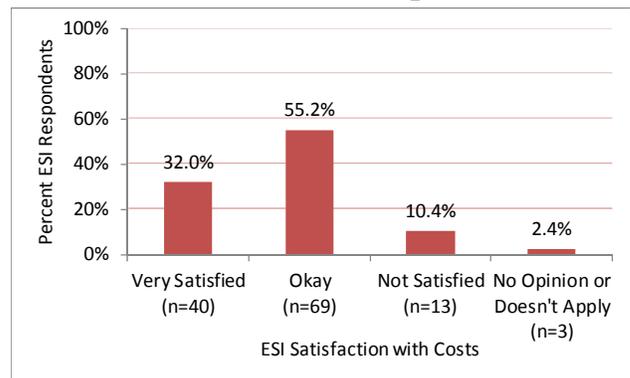
Figure 27. IP Members’ Satisfaction with Application and Renewal Process (n=296)



7. How satisfied are you with your costs and out-of-pocket expenses? ESI and IP members were asked how satisfied they were with the costs and out-of-pocket expenses associated with their current health plan.

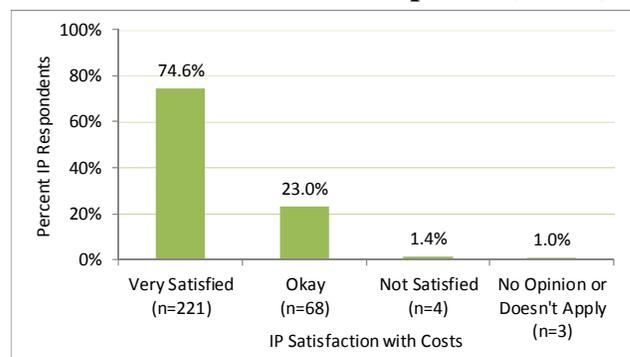
The majority of ESI members said they were “Very Satisfied” (32.0%, n=40) or “Okay” (55.2%, n=69) with the costs and out-of-pocket expenses associated with their health plan; 10.4% (n=13) said they were “Not Satisfied,” and 2.4% (n=3) checked “No Opinion or Doesn’t Apply” about costs and out-of-pocket expenses (Figure 28). The average was 2.22 on a scale of 1 to 3. One ESI respondent did not answer the question.

Figure 28. ESI Members’ Satisfaction with Costs and Out-of-Pocket Expenses (n=125)



IP members reported somewhat higher satisfaction with health plan costs and out-of-pocket expenses, compared to the previous study⁷, with 74.6% (n=221) indicating they were “Very Satisfied;” 71% of IP members said they were “Very Satisfied” in the previous study⁷; 23.0% (n=68) said the costs were “Okay” and 1.4% (n=4) were “Not Satisfied” with the costs. One percent (1.0%, n=3) marked “No Opinion or Doesn’t Apply” (Figure 29). The average was 2.74 on a scale of 1 to 3. All 296 IP members who responded to the survey answered the question.

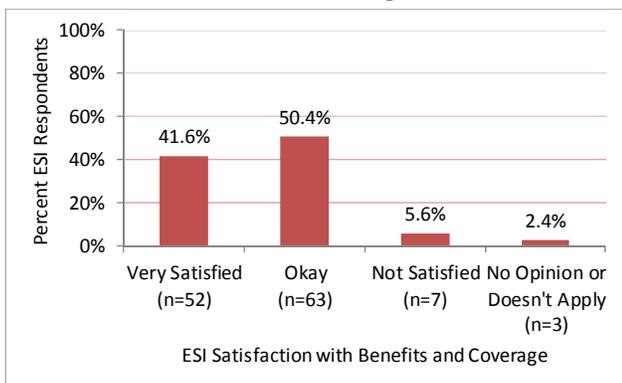
Figure 29. IP Members’ Satisfaction with Costs and Out-of-Pocket Expenses (n=296)



8. How satisfied are you with your health plan’s benefits and coverage? IO ESI and IP members’ were asked how satisfied they were with the benefits and coverage of their current health plan (Figures 30 and 31).

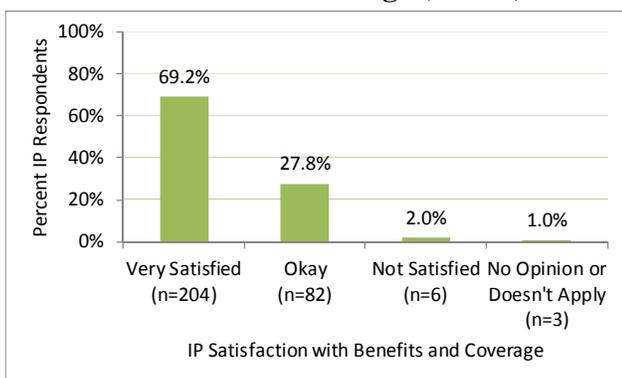
ESI members said they were “Very Satisfied” (41.6%, n=52) or “Okay” (50.4%, n=63) with their health plan’s benefits and coverage; only 5.6% (n=7) said they were “Not Satisfied,” and 2.4% (n=3) indicated “No Opinion or Doesn’t Apply” (Figure 30). The average was 2.37 on a scale of 1 to 3. One ESI respondent did not answer the question.

Figure 30. ESI Members’ Satisfaction with Benefits and Coverage (n=125)



Like ESI members, more IP members indicated they were “Very Satisfied” (69.2%, n=204) or “Okay” (27.8%, n=82) with their health plan’s benefits and coverage compared to the previous study⁷; only 2.0% (n=6) were “Not Satisfied,” and 1.0% (n=3) marked “No Opinion or Doesn’t Apply” (Figure 31). The average was 2.68 on a scale of 1 to 3. One IP respondent left the answer blank.

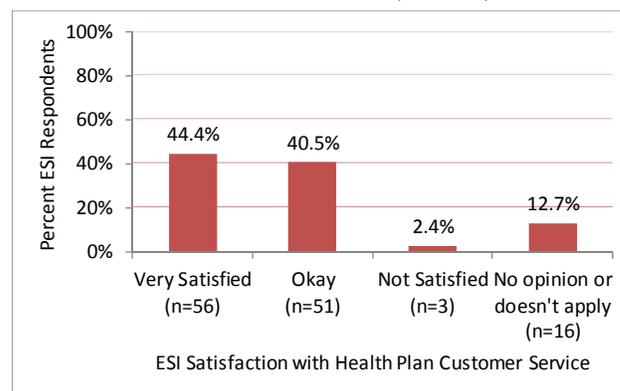
Figure 31. IP Members’ Satisfaction with Benefits and Coverage (n=295)



9. How satisfied are you with your health plan’s customer service? IO ESI and IP members were asked how satisfied they were with the customer service they received from their health insurance carrier (Figures 32 and 33).

The majority of ESI members said they were “Very Satisfied” (44.4%, n=56) or “Okay” (40.5%, n=51) with their health plan’s customer service; 2.4% (n=3) said they were “Not Satisfied,” and 12.7% (n=16) checked “No Opinion or Doesn’t Apply” (Figure 32). The average was 2.48 on a scale of 1 to 3. All ESI survey respondents answered this question.

Figure 32. ESI Members’ Satisfaction with Customer Service (n=126)



The majority of IP members were “Very Satisfied” (60.4%, n=178) or “Okay” 29.8%, n=88) with their health plan’s customer service; 5.1% (n=15) were “Not Satisfied” with the customer service and 4.7% (n=14) marked “No Opinion or Doesn’t Apply” (Figure 33). The average was 2.58 on a scale of 1 to 3. One IP survey respondent did not answer the question.

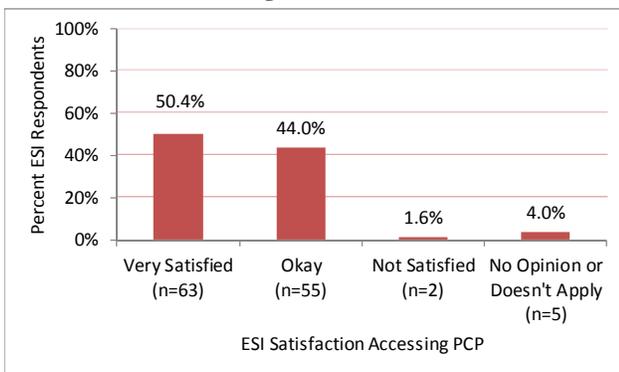
Figure 33. IP Members' Satisfaction with Customer Service (n=295)



10. How satisfied are you with accessing a primary care physician (PCP)? IO ESI and IP members were asked how satisfied they were with accessing a primary care physician in their area. Figures 34 and 35 show their responses.

The majority of ESI members said they were “Very Satisfied” (50.4%, n=63) or “Okay” (44%, n=55) with accessing a PCP; 1.6% (n=2) were “Not Satisfied,” and 4.0% (n=5) indicated “No Opinion or Doesn’t Apply” (Figure 34). The average was 2.51 on a scale of 1 to 3. One ESI member did not answer the question.

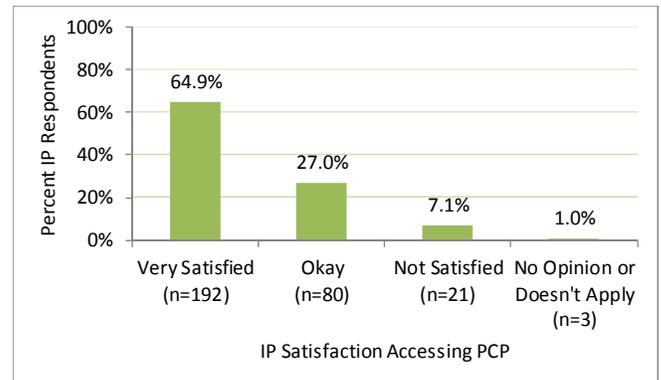
Figure 34. ESI Members' Satisfaction with Accessing a PCP (n=125)



The majority of IP members said they were “Very Satisfied” (64.9%, n=192) with accessing a PCP, and 27.0% (n=80) indicated accessing a PCP was “Okay”; 7.1% (n=21) were “Not Satisfied” with PCP access and 1.0% (n=3) said

“No Opinion or Doesn’t Apply” (Figure 35). The average was 2.59 on a scale of 1 to 3.

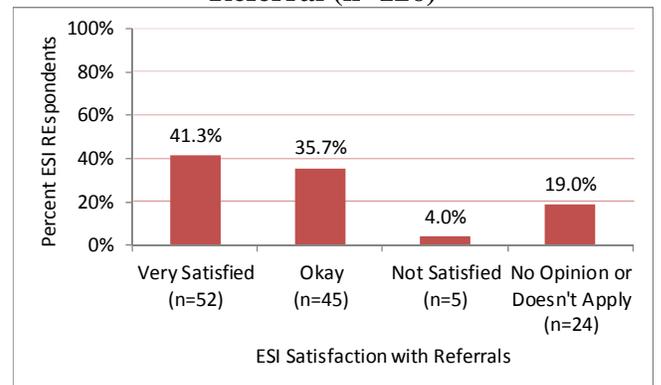
Figure 35. IP Members' Satisfaction with Accessing a PCP (n=296)



11. How satisfied are you with referral to a specialist or for other health care services (physical therapy, lab work, etc.)? Figures 36 and 37 show IO ESI and IP members’ responses when asked how satisfied they were with a referral for specialty care or other health care services.

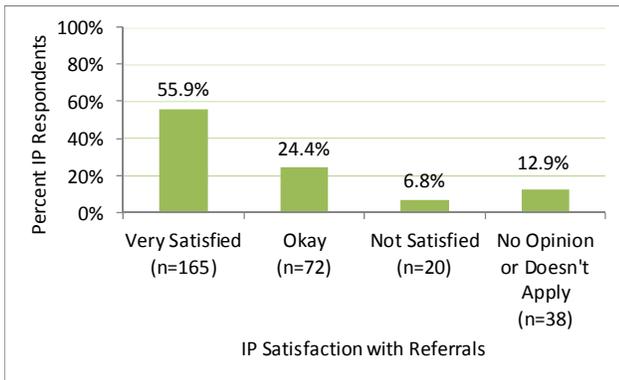
More than three-quarters of ESI members were “Very Satisfied” (41.3%, n=52) or “Okay” (35.7%, n=45) with a referral; 4.0% (n=5) were “Not Satisfied,” and 19.0% (n=24) indicated “No Opinion or Doesn’t Apply” (Figure 36). The average was 2.46 on a scale of 1 to 3.

Figure 36. ESI Members' Satisfaction with a Referral (n=126)



The majority of IP members were “Very Satisfied” (55.9%, n=165) or “Okay” (24.4%, n=72) with a referral to a specialist or other health care service; 6.8% (n=20) were “Not Satisfied” with a referral, and 12.9% (n=38) answered “No Opinion or Doesn’t Apply” (Figure 37). The average was 2.56 on a scale of 1 to 3. One IP member did not answer the question.

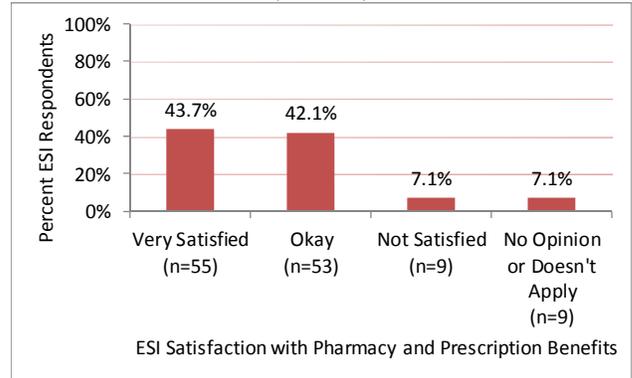
Figure 37. IP Members’ Satisfaction with a Referral (n=295)



12. How satisfied are you with your pharmacy/prescription drug benefits? IO ESI and IP members were asked about their satisfaction with their health plan’s pharmacy/prescription drug benefits (Figures 38 and 39).

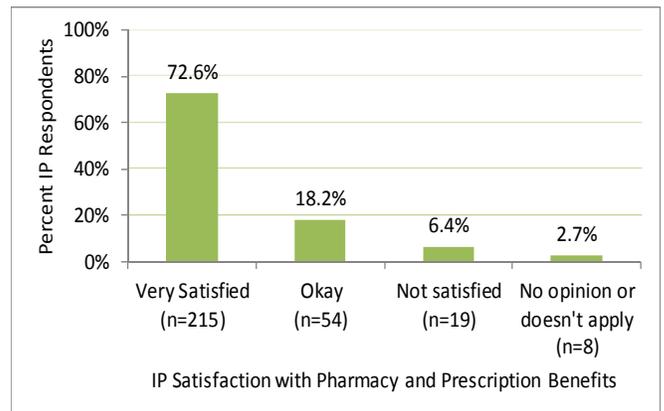
The majority of ESI members said they were “Very Satisfied” (43.7%, n=55) or “Okay” (42.1%, n=53) with their pharmacy/prescription drug benefits; 7.1% (n=9) were “Not Satisfied,” and 7.1% (n=9) indicated “No Opinion or Doesn’t Apply” (Figure 38). The average was 2.39 on a scale of 1 to 3.

Figure 38. ESI Members’ Satisfaction with Pharmacy/Prescription Drug Benefits (n=126)



Nearly three-quarters (72.6%, n=215) of IP members were “Very Satisfied” with their pharmacy/prescription drug benefits; 18.2% (n=54) said the pharmacy/prescription drug benefits were “Okay,” and 6.4% (n=19) were “Not Satisfied”; 2.7% (n=8) indicated “No Opinion or Doesn’t Apply” (Figure 39). The average was 2.68 on a scale of 1 to 3.

Figure 39. IP Members’ Satisfaction with Pharmacy/Prescription Drug Benefits (n=296)



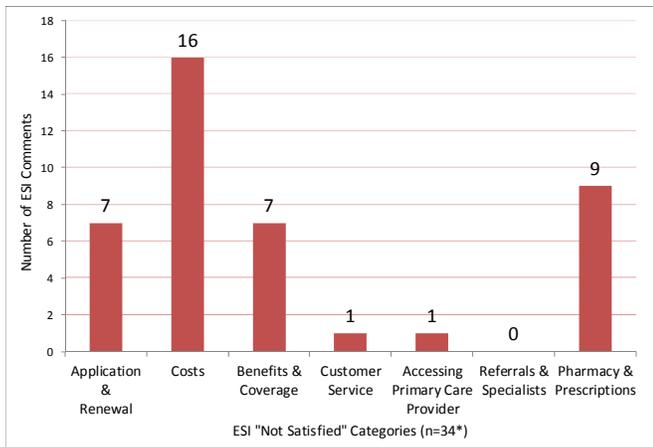
13. If you were NOT SATISFIED with any of the services listed above, please tell us why. Members were asked to comment on any of the services with which they were NOT SATISFIED. Comments were categorized. The number of responses will vary because members could comment on one or more of the services. IO members made a total of 176 comments to

this question: 34 ESI members made 41 comments and 107 IP members made 135 comments. A complete list of comments by IO program is attached in Appendix B.

ESI Comments to Question 13. Of the 126 ESI members who responded to the survey, 27.0% (n=34) wrote 41 comments about being “Not Satisfied” with one or more of the services provided through their health care plan (Figure 40). Please note that respondents could write about all services which they had marked “Not Satisfied.” Therefore, the number of responses exceeds the number of respondents.

Costs and out-of-pocket expenses were the most problematic for ESI members. Of the 34 ESI members who were “Not Satisfied” with one or more of their health plan services, 16 said the costs were the biggest problem (Figure 40). None of the ESI members commented on problems with their health plan’s referral process.

Figure 40. ESI Members “Not Satisfied” with Seven Service Areas (n=34*)



*34 ESI members had comments; 7 of the 34 made comments on two topics.

A selection of comments from ESI members about service areas with which they were “Not Satisfied” is shown below in the order in which the questions were asked on the survey (see Appendix A for a copy of the survey and Appendix B for a complete list of all

comments). Comments were transcribed exactly as written by respondents.

ESI Application and Renewal Process

There is a lot of paperwork other than that it is okay.

Enrollment has improved a lot for IO but it still could be simplified more.

The application website is terrible! It needs to be cross-platform!

To have to completely reapply every year is terrible. Why not just ask financial changes.

ESI Costs and Out-of-Pocket Expenses

We are grateful for IO's help but still feel as though the insurance grossly overcharges for premiums.

Too high copay - cannot have tests done because we don't have the money to pay the deductible.

Everyone else with insurance seems to have \$20 or \$25 copay for doctor visits - mine's \$30 - too high for an office visit!

Deductible is too high to keep premium down and premiums are too high.

ESI Benefits and Coverage

I can not get coverage for meds called in by my dentist.

Does not cover weight management or fertility issues.

I usually only go to the doctor once a year for checkup and there are always several bills for things the ins won't pay.

Wish there was coverage for vision.

ESI Customer Service

Insure ok can't get our account. Our reimbursement amount is different every month.

ESI Accessing a PCP

The list of doctors not good!

ESI Referral Process

No comments.

ESI Pharmacy/Prescription Drug Benefits

Doesn't seem to cover very many or doesn't pay very well on our prescriptions.

Prescription drug benefits not good.

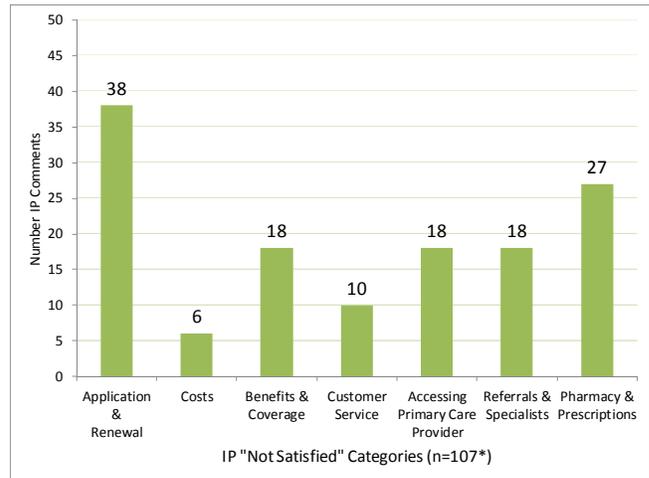
The diabetic medicine I am prescribed is not affordable for me, therefore I go months without it.

Several of our medications aren't covered.

IP Comments to Question 13. Of the 296 IP members who responded to the survey, 36.1% (n=107) wrote 135 comments about being “Not Satisfied” with one or more of the services provided through their health care plan (Figure 41). Please note that respondents could write about all services which they had marked “Not Satisfied.” Therefore, the number of comments exceeds the number of respondents.

The application and renewal process was the most problematic for IP members garnering comments from 38 IP respondents. Pharmacy and prescription drug benefits were the second most troublesome with 27 IP members noting problems with that aspect of their coverage. Costs were least problematic for IP members with only 6 of the 135 comments indicating dissatisfaction with costs (Figure 41).

Figure 41. IP Members “Not Satisfied” with Seven Service Areas (n=107*)



*107 IP members had comments; 28 of the 107 made comments on two topics.

A selection of comments from IP members about service areas with which they were “Not Satisfied” is shown below in the order in which the questions were asked on the survey (see Appendix A for a copy of the survey and Appendix B for a complete list of all comments). All comments were transcribed exactly as written by survey respondents.

IP Application and Renewal Process

Application and renewal process needs improvement like going extra amount of time for renewing.

Self-employed. Hard to break down income tax into hourly wage.

Application and renewal process can be a bit confusing and complicated the more people you have.

Application renewal is not mac compatible.

IP Costs and Out-of-Pocket Expenses

Monthly premium too high. Re-look at it!

I have 5 kids and 3 grandkids and my husband on disability that I support don't

receive food stamps. I wish my cost a month was lower than \$73.00 that hurts.

Because I had to pay out of pocket for a procedure that should have been covered.

I think my premium is too high.

IP Benefits and Coverage

I do not like my insurance telling my doctor what she can and cannot do. She is the doctor not the insurance company.

Just need to get a dentist coverage so we can get our teeth cleaned.

Current health plan lacking weight loss services!

I wish you would let my kids on the ins. with me, but you say I don't make enough.

IO would not approve the MRI needed before my surgery to show my ruptured disc.

IP Customer Service

Customer service rep on hotline is hit or miss.

Help line people could be more cordial and professional. Very terse.

Customer service of the supervisors when calling in could be better.

OEPIC refuses to call me. Mam[mography] after surgery I paid for and they have copies of paper work.

Customer service is hard to access. Need email abilities.

IP Accessing a PCP.

Not enough primary care physicians.

My doctor is not on.

We would have liked using our own doctor. We had to change.

I haven't been able to get a primary care physician.

I can only go to one office in town that accepts my insure but that's better than nothing.

IP Referral Process

PCP take too long for referral. Conditions got worse.

I've been waiting 4 years for a specialist appointment.

Great coverage, just wish more specialists accepted this insurance. I need follow up from my old back surgery and the doctor that did the surgery does not accept this.

I received a referral to a dermatologist. There was only one physician who would take this insurance and was only open 6 months from now. My condition is getting worse, but no one else will take this insurance.

IP Pharmacy/Prescription Drug Benefits

Insure Oklahoma health insurance needs to cover allergies and related medicines.

Card does not pay for prescriptions.

Don't like that all of my Rx's can't be refilled at one time if needed.

Will not pay for compound medications (scripts with blended compounds).

If one gets sick with other illness and are previously on quite a few meds, then one can't afford what they'll need if all the original meds have filled all available.

14. Additional Comments. Respondents were given the opportunity to make additional comments. Those comments were sorted into three categories:

- Thankful/satisfied
- Administrative problems/suggestions
- Costs, eligibility, benefits problems/suggestions

All comments from the survey are included in Appendix B.

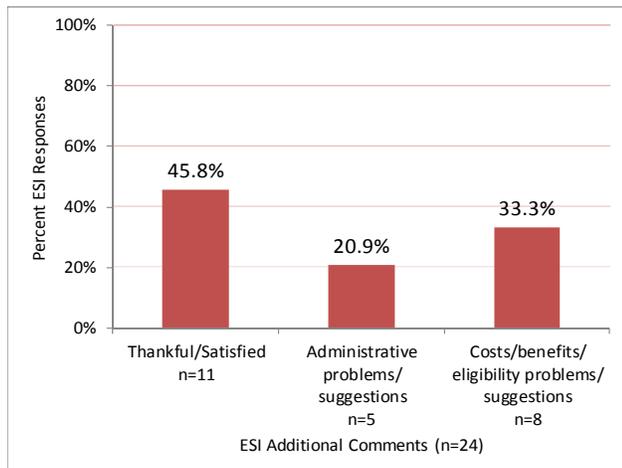
ESI Members’ Additional Comments.

Additional written comments were received from 19.0% of ESI members (n=24). The distribution of comments sorted by the three categories listed above is displayed in Figure 42.

“If it weren't for Insure OK, I would not be able to afford health insurance for myself and child.”

ESI Member
January 2013

Figure 42. ESI Members’ Additional Comments (n=24)



Of the 24 ESI respondents who wrote additional comments, 45.8% (n=11) indicated they were thankful or satisfied with their health insurance program. Comments included:

I hope we won't lose Insure Oklahoma with Obamacare starting.

Good to have it.

I am very grateful for this program! I would NOT be able to cover my children under my insurance plan without the premium assistance. Thank you!!!

Just keep helping people every way you can. Helping me with my primary ins premium each month helps me out a lot.

“Administrative problems/suggestions” accounted for 20.9% (n=5) of ESI members’ additional comments, and included:

We have had a lot of problems with Ins OK paying on time. We have waited for 2 months!

You need a simplified form to use when business changes health plans.

Since our renewal back in June, 12 Insure OK has not been able to get our acct. correct. There is a problem every month, making it hard to plan.

The remaining 33.3% (n=8) of the additional ESI comments were about costs, benefits, and eligibility. Comments included:

Costs

I can't afford the deductible so therefore I can't afford any of the tests I need done.

Having the insurance gets us in the door of ER or hospital but it is far too costly to use - the copay/deductible makes it prohibitive to use. We'd be better off without it and we'd have more take home. It has turned out to be a detriment instead of a help!! A waste of money!!

Benefits

Weight management helps to reduce overall cost. Its very biased towards pregnancy prevention but does not treat health issues that prevent pregnancy.

Eligibility

Last year just made enough to qualify, this year made a little more was denied coverage for my daughter, had to drop coverage.

My daughter was not able to obtain insurance and I have to wait til enrollment time to put her on mine.

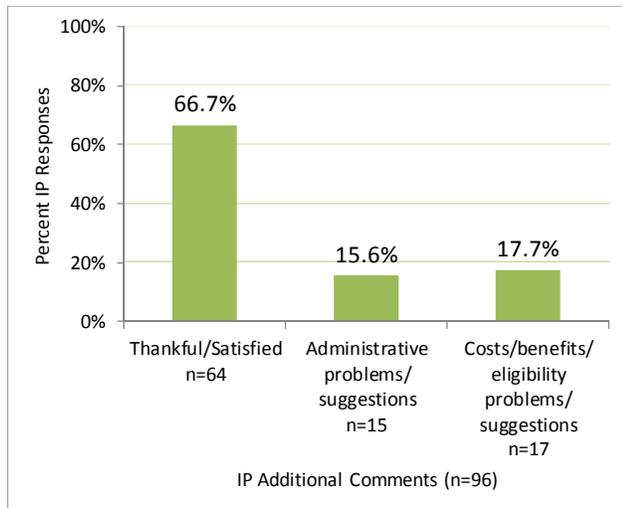
IP Members' Additional Comments.

Additional written comments were received from 32.4% (n=96) of IP members. The distribution of comments sorted by the three categories previously listed is displayed in Figure 43.

“This insurance has relieved stress and saved my life after some serious health problems. Thanks Insure OK.”

IP Member
January 2013

Figure 43. IP Members' Additional Comments (n=96)



As with ESI members, most IP members' additional comments reflected their gratitude for the coverage (66.7%, n=64). “Thankful/Satisfied” comments from IP members included:

It is a life saver! We would be uninsured w/o OEPIC. Thank you!

Insure OK has made a difference of going to the dr or not!

I am new to the program - staff have been very helpful and friendly.

Thank you for providing affordable health care. I was without any health care for 3.5 years. I live alone and am comforted by the security you provide. Thank you!!

Of the 96 IP members who wrote additional comments, 15.6% (n=15) commented on administrative problems or made suggestions. Comments on this topic included:

The billing is strange. We are months ahead yet still get bills we are passed due. The operators are very helpful and nice.

Insurance has too much power over what meds we are allowed to take. The doctor is a doctor for a reason. Let them do their job!!!

Only one idea is to extend to Medicare and Medicaid because so many seniors they have so little money to support their selves.

Should do the reapplication every two years.

On the last topic, costs, benefits, eligibility problems and suggestions, 17.7% (n=17) of the 96 IP respondents made comments.

Costs

The payments and/or out of pocket expenses is great, but terrible if I need to pay and can't really get benefits needed.

Needs to be cheaper. My annual income is \$36,000 a yr. Husband gets disability.

I just lost this insurance due to the sale of a piece of real estate that went to pay off debt and there will be no excess. I will have to go without insurance for 1 year until I can reapply. I tried to get other insurance and they wanted \$650.00 per month. That is more than my income.

Benefits

Only wish you would add vision and dental.

Need to include eye care and dental.

I wish my coverage included vision and dental. My husband desperately needs glasses but can't afford them.

I think it would be nice to choose my own doctor. The list of OEPIC doctors is too limited.

Eligibility

I think some requirements should be adjusted ie - employers over 99 empl and working > 20 hours per week. It cuts out those who work extremely hard and try but the co will not offer benefits due to <32-35 hrs/week! Keep in mind even working 32/week income is 10,000 below allowable. Times are very tough even for college graduates.

A complete list of all written comments may be found in Appendix B.

Table 1. ESI Results-At-A-Glance

Survey Question	Result	Discussion/Interpretation
Response Rate: n=126	16,705 members were receiving the ESI subsidy at the time the survey was conducted. The list of ESI members was randomized and surveys mailed to 1,000 ESI members. 105 (10.5%) surveys returned as undeliverable. 895 total surveys delivered. 126 surveys received for analysis. Response rate: 14.1%	Response rate is judged to be sufficient to be a valid representation for analysis.
1. Location: n=124	City: 36.3%, n=45 Town: 33.9%, n=42 Rural: 29.8%, 37 Blank=2	All 3 areas were well represented with cities having the largest percent of ESI respondents.
2. Length of time with current insurance plan (months): n=111	1-24 mo: 48.6%, n=54 25-48 mo: 27.9%, n=31 49-72 mo: 13.6%, n=15 >72 mo: 9.9%, n=11 Blank=15	Nearly half of ESI members had been with their current plan 24 months or less. Range=3 to 168 months, average=39, median=30 months, and mode=24 months.
3. Before your current plan, were you: insured with another health plan, or uninsured (for how long)? n=120	Insured: 58.3%, n=70 Uninsured: 41.7%, n=50 Average time uninsured: 10 years Range uninsured: 3 mo-50 years Median uninsured: 4 years Mode uninsured: 2 years Blank=6	41.7% of ESI respondents had been uninsured prior to the offer of the IO program, some for up to 50 years.
4. Have you used health care services since you began your current health plan? n=126	Yes: 92.1%, n=116 No: 7.9%, n=10	All but 10 (7.9%) of ESI members have accessed health care services through their current plan.
5. How satisfied are you with your current plan? n=126	Very Satisfied: 53.1%, n=67 Okay: 42.1%, n=53 Not Satisfied: 4.0%, n=5 No Opinion/Doesn't Apply: 0.8%, n=1	Overall, ESI members were satisfied with their health plan (average=2.50 on a scale of 1-3)
6. How satisfied were you with the IO application and renewal process? n=126	Very Satisfied: 48.4%, n=61 Okay: 44.5%, n=56 Not Satisfied: 6.3%, n=8 No Opinion/Doesn't Apply: 0.8%, n=1	ESI members were satisfied with the IO application and renewal process (average=2.42 on a scale of 1-3)
7. How satisfied are you with your costs and out-of-pocket expenses? n=125	Very Satisfied: 32.0%, n=40 Okay: 55.2%, n=69 Not Satisfied: 10.4%, n=13 No Opinion/Doesn't Apply: 2.4%, n=3 Blank=1	ESI members were satisfied with the health plan costs (average=2.22 on a scale of 1-3).
8. How satisfied are you with your health plan's benefits and coverage? n=125	Very Satisfied: 41.6%, n=52 Okay: 50.4%, n=63 Not Satisfied: 5.6%, n=7 No Opinion/Doesn't Apply: 2.4%, n=3 Blank=1	ESI members were satisfied with their benefits and coverage (average=2.37 on a scale of 1-3).
9. How satisfied are you with your health plan's customer service? n=126	Very Satisfied: 44.4%, n=56 Okay: 40.5%, n=51 Not Satisfied: 2.4%, n=3 No Opinion/Doesn't Apply: 12.7%, n=16	ESI members expressed satisfaction with the customer service they (average=2.48 on a scale of 1-3).
10. How satisfied are you with your ability to access a primary care physician? n=125	Very Satisfied: 50.4%, n=63 Okay: 44.0%, n=55 Not Satisfied: 1.6%, n=2 No Opinion/Doesn't Apply: 4.0%, n=5 Blank=1	ESI members were satisfied with accessing a PCP (average=2.51 on a scale of 1-3).

Table 1. ESI Results-At-A-Glance

Survey Question	Result	Discussion/Interpretation
11. How satisfied are you with referral to a specialist care or other health care services? n=126	Very Satisfied: 41.3%, n=52 Okay: 35.7%, n=45 Not Satisfied: 4.0%, n=5 No Opinion/Doesn't Apply: 19.0%, n=24	ESI members were satisfied with their plan's referral process (average=2.46 on a scale of 1-3).
12. How satisfied are you with your pharmacy/prescription drug benefits? n=126	Very Satisfied: 43.7%, n=55 Okay: 42.1%, n=53 Not Satisfied: 7.1%, n=9 No Opinion/Doesn't Apply: 7.1%, n=9	ESI members were satisfied with their plan's pharmacy/prescription drug (average=2.39 on a scale of 1-3)
13. If you were NOT SATISFIED with any of the services listed above, please explain. Respondents could comments on any and all of the services they were not satisfied with; 34 ESI members (27.0%) wrote 41 comments.	Cost and out-of-pocket expenses were mentioned most frequently (16 out of the 41 total comments). Pharmacy and Prescriptions were next (9 comments).	See Appendix B for a complete list of comments from Question 13.
14. Additional Comments. n=24	19.0% (n=24 out of 126) of ESI members responded with additional comments. Comments were coded into three categories: Thankful/satisfied: 45.8%, n=11 Administrative problems/suggestions: 20.9%, n=5 Costs/benefits/eligibility problems/suggestions: 33.3%, n=8	See Appendix B for a complete list of comments from Question 14.

Table 2. IP Results-At-A-Glance

Survey Question	Result	Discussion/Interpretation
Response Rate: n=296	13,791 individuals were participating in the IP health plan when the survey was conducted. The list of IP members was randomized and surveys mailed to 1,000 IP members. 75 (7.5%) surveys returned as undeliverable. 925 total surveys delivered. 296 surveys received for analysis. Response rate: 32.0%	Response rate is judged to be sufficient to be a valid representation for analysis.
1. Location: n=287	City: 38.0%, n=109 Town: 34.5%, n=99 Rural: 27.5%, n=79 Blank=9	All 3 areas were well represented with cities having the largest percent of IP respondents.
2. Length of time with current insurance plan (months): n=254	3-12 mo: 30.7%, n=78 13-24 mo: 25.2%, n=64 25-36 mo: 25.6%, n=65 >36 mo: 18.5%, n=47 Blank=42	Members are staying with the program. Range =1-252* months, months, average= 28 months, median=24 months, mode=36 months.
3. Before your current plan, were you: insured with another health plan, or uninsured (for how long)? n=290	Insured: 24.5%, n=71 Uninsured: 75.5%, n=219 Average time uninsured: 9 years Range uninsured: 1 mo to 48 years Median uninsured: 5 years Mode uninsured: 5 years Blank=6	Three-quarters of IP members had been uninsured prior to enrolling in the IP program.
4. Have you used health care services since you began your current health plan? n=294	Yes: 92.9%, n=273 No: 7.1%, n=21 Blank=2	21 IP members (7.1%) had not yet accessed health care services.
5. How satisfied are you with your current plan? n=294	Very Satisfied: 77.6%, n=228 Okay: 19.7%, n=58 Not Satisfied: 1.7%, n=5 No Opinion/Doesn't Apply: 1.0%, n=3 Blank=2	The majority of IP members were very satisfied with their current health plan (average=2.77 on a scale of 1-3).
6. How satisfied were you with the IO application and renewal process? n=296	Very Satisfied: 47.3%, n=140 Okay: 40.2%, n=119 Not Satisfied: 11.5%, n=34 No Opinion/Doesn't Apply: 1.0%, n=3	IP members were satisfied with the IO application and renewal process (average=2.36 on a scale of 1-3).
7. How satisfied are you with your costs and out-of-pocket expenses? n=296	Very Satisfied: 74.6%, n=221 Okay: 23.0%, n=68 Not Satisfied: 1.4%, n=4 No Opinion/Doesn't Apply: 1.0%, n=3	The majority of IP members were very satisfied with plan costs and out-of-pocket expenses (average=2.74 on a scale of 1-3).
8. How satisfied are you with your health plan's benefits and coverage? n=295	Very Satisfied: 69.2%, n=204 Okay: 27.8%, n=82 Not Satisfied: 2.0%, n=6 No Opinion/Doesn't Apply: 1.0%, n=4 Blank=1	Overall, IP members were satisfied with their benefits and coverage (average=2.68 on a scale of 1-3).
9. How satisfied are you with your health plan's customer service? n=295	Very Satisfied: 60.4%, n=178 Okay: 29.8%, n=88 Not Satisfied: 5.1%, n=15 No Opinion/Doesn't Apply: 4.7%, n=14 Blank=1	IP members were satisfied with their plan's customer service (average=2.58 on a scale of 1-3).
10. How satisfied are you with your ability to access a primary care physician? n=296	Very Satisfied: 64.9%, n=192 Okay: 27.0%, n=80 Not Satisfied: 7.1%, n=21 No Opinion/Doesn't Apply: 1.0%, n=3	IP members were satisfied with their ability to access a PCP (average=2.59 on a scale of 1-3).

*Two IP respondents indicated they had the same health plan for more than the 72 months the IP program has been in-force. One indicated 21 years (252 months) and the other, 8 years (96 months). These outlying responses are included in the data reported.

Table 2. IP Results-At-A-Glance

Survey Question	Result	Discussion/Interpretation
11. How satisfied are you with referral to a specialist care or other health care services? n=295	Very Satisfied: 55.9%, n=165 Okay: 24.4%, n=72 Not Satisfied: 6.8%, n=20 No Opinion/Doesn't Apply: 12.9%, n=38 Blank=1	IP members were satisfied with the referral process (average=2.56 on a scale of 1-3)..
12. How satisfied are you with your pharmacy/prescription drug benefits? n=296	Very Satisfied: 72.6%, n=215 Okay: 18.2%, n=54 Not Satisfied: 6.4%, n=19 No Opinion/Doesn't Apply: 2.7%, n=8	The majority of IP members were very satisfied with the pharmacy/prescription drug coverage (average=2.68 on a scale of 1-3).
13. If you were NOT SATISFIED with any of the services listed above, please explain. Respondents could comments on any and all of the services they were not satisfied with; 107 IP members (36.1%) wrote 135 comments.	Application and renewal process was mentioned most frequently by IP members (38 out of the 135 total comments). * Pharmacy and prescriptions were next (27 comments).	See Appendix B for a complete list of comments from Question 13.
14. Additional Comments. n=96	32.4% (n=96 out of 296) IP members responded with additional comments. Comments were coded into three categories: Thankful/satisfied: 66.7%, n=64 Administrative problems/suggestions: 15.6%, n=15 Costs/benefits/eligibility problems/suggestions: 17.7%, n=17	See. Appendix B for a complete list of comments from Question 14.

The Excel spreadsheets containing the data described in these tables and in the Results section are available upon request.

* Note that members could comment on one or more "Not Satisfied" areas so the number of comments exceeds the number of respondents.

Discussion

“As a single person working part-time for employer who does not offer health insurance, this insurance was perfect! Couldn't afford anything else.”

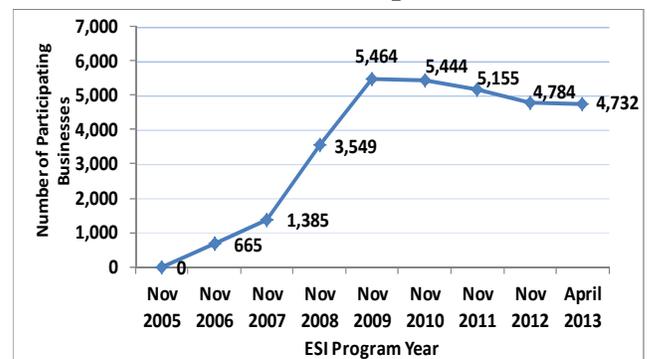
*IO Member
January 2013*

This is the second study conducted to determine the degree to which IO members (both ESI and IP) are satisfied with their health insurance.⁷ These two programs do not compete. The ESI program utilizes private insurance carriers with premium subsidies for low-income workers in small businesses and the IP is a state-sponsored health plan for workers without access to insurance through their employer (e.g., self-employed, sole proprietors, unemployed but looking for work, college students, disabled with a “Ticket-to-Work”). Information from this survey may be used by OHCA as part of their continuous quality improvement of each program under the Insure Oklahoma umbrella. The purpose of CQI is to utilize customer feedback to improve products and services, and enhance customer satisfaction: the PLAN-DO-STUDY-ACT model described by both Shewhart and Deming in the 1930s.⁵⁸⁻⁶⁰

This survey of a random sample of Insure Oklahoma ESI and IP members asked questions regarding specific aspects of the health care they were receiving in order to allow decision makers to better meet the needs of program members.

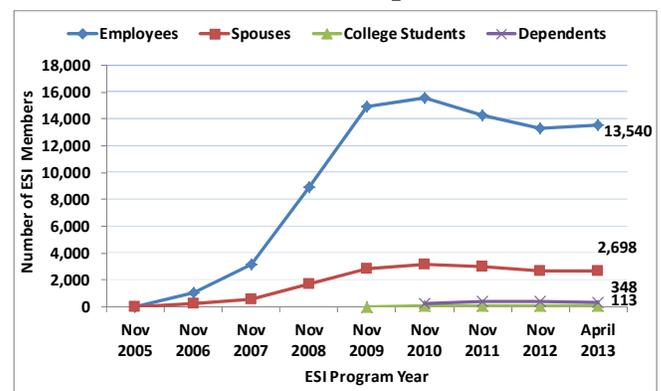
As of April 2013, there were 4,732 small businesses (99 employees or fewer) participating in the IO employer-sponsored premium subsidy program (Figure 44).^{7*}

Figure 44. IO ESI Participating Businesses: November 2005 to April 2013^{7*}



Based on April 2013 data, those small businesses were providing private market health insurance for 16,699 individuals: 13,540 employees, 2,698 spouses, 113 college students and 348 dependents (Figure 45).^{7*}

Figure 45. IO ESI Participating Members: November 2005 to April 2013^{7*}



*Source: www.insureoklahoma.org FastFacts, April 2013.

Figure 46 shows program participation for the IO Individual Plan from November 2007 to April 2013.^{7*} Like the ESI program, IP included spouses from the first enrollment period and added college students in 2009 and dependents in 2010.

Figure 46. IO IP Participating Members: November 2007 to April 2013^{7*}

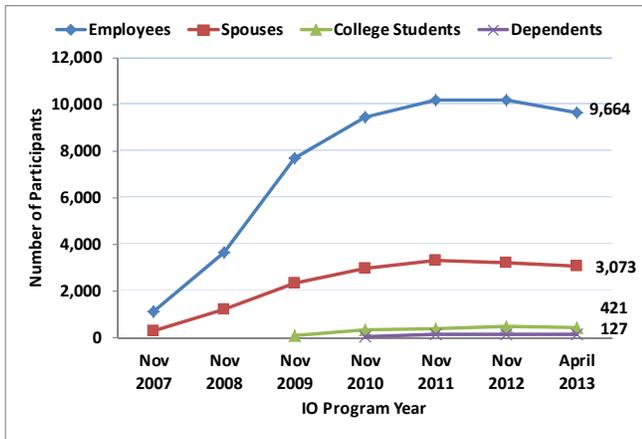


Figure 47 shows the IP breakdown by employment status category.

Figure 47. IO IP Membership by Employment Status Category: April 2013^{*}

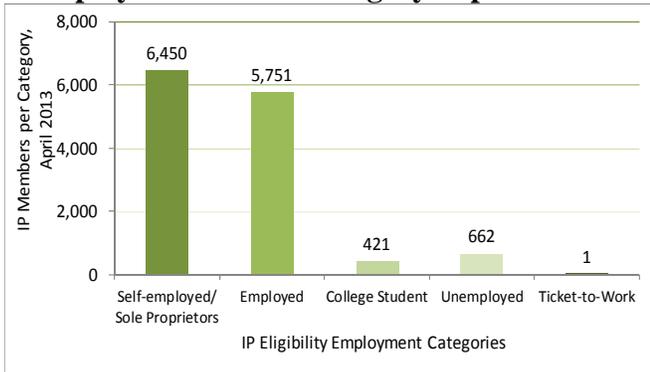
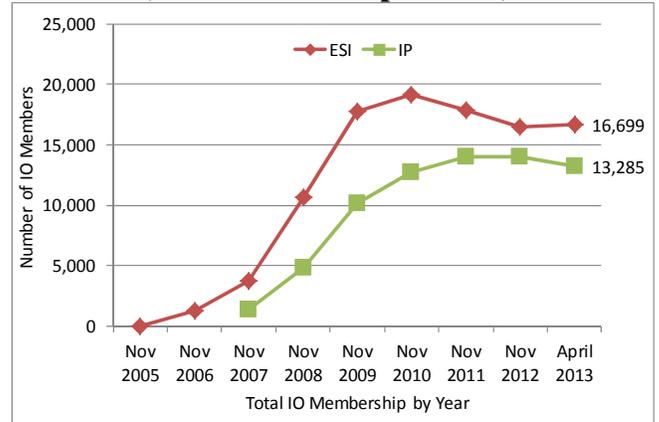


Figure 48 shows the total membership in the IO program: ESI from its first enrollment in November 2005 and IP from its first enrollment in March 2007.

Figure 48. Total IO Membership: ESI (November 2005 to April 2013) and IP (March 2007 to April 2013)^{7*}



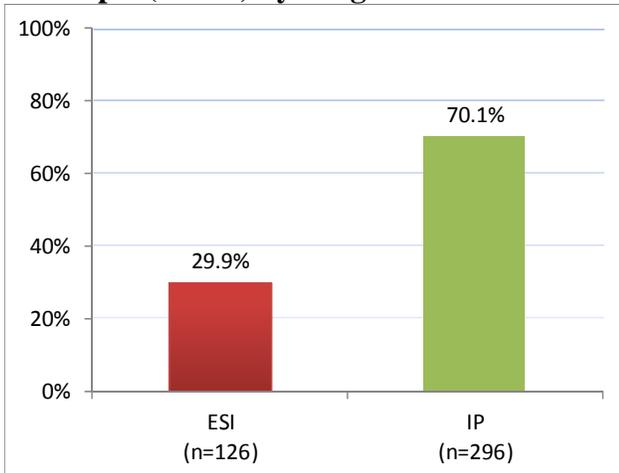
The Insure Oklahoma program continues its role of providing low-income workers or individuals who would otherwise be uninsured with access to affordable health insurance through the assistance of programs like the Insure Oklahoma ESI premium subsidy plan and the IO Individual Plan.

As part of OHCA's continuing efforts to provide access to affordable health care through the Insure Oklahoma program, OHCA sent consumer satisfaction surveys to 2,000 randomly selected IO members: 1,000 ESI premium subsidy program members, and 1,000 IP members. Surveys were coded to allow results to be analyzed separately for ESI and IP members in order to make recommendations appropriate to each group. The surveys and education pieces (cover letters) were mailed by OHCA on January 8, 2013; 105 ESI and 75 IP surveys were returned as undeliverable resulting a distribution of 895 ESI coded surveys and 925 IP coded surveys. A total of 126 ESI members completed surveys, a 14.1% response rate; IP members completed 296, a 32.0% response rate. The response for the entire sample of participants was 23.2% (422 out of 1,820 surveys delivered). Figure 49 shows the response rate percent by program for the entire participant sample. Of the 422 surveys received for analysis, 29.9% (n=126) were from ESI

*Source: Insure Oklahoma Fast Facts, April 2013, www.insureoklahoma.org.

members and 70.1% (n=296) were from IP members.

Figure 49. Response Rate Percent of Total Sample (n=422) by Program: ESI and IP



The ESI subsidy program has been in effect for 7.5 years (since November 2005) whereas the IP program has been in effect for 6 years (since March 2007). Eleven ESI members had been participating for as long as the subsidy program had been in effect. The average time ESI members had been with their current plan was just over 3 years (39 months). For IP members, the average length of time they had been participating in the plan was just over 2 years (28 months) with most indicating between 3 and 36 months with the IP plan.

More than half of the ESI members were insured prior to their current plan (58.3%, n=70) compared to 24.5% (n=71) of IP members. The challenges faced by self-employed individuals in obtaining affordable health coverage have been well documented.^{5-7,54,55}

The average time ESI members were uninsured prior to obtaining coverage through IO was almost 10 years with a range of 3 months to 50 years. IP members were uninsured, on average, nearly 9 years with a range of 1 month to 48 years prior to IO. An important considera-

tion for both groups was the ability to cover dependent children.

“I am very grateful for this program! I would NOT be able to cover my children under my insurance plan without the premium.”

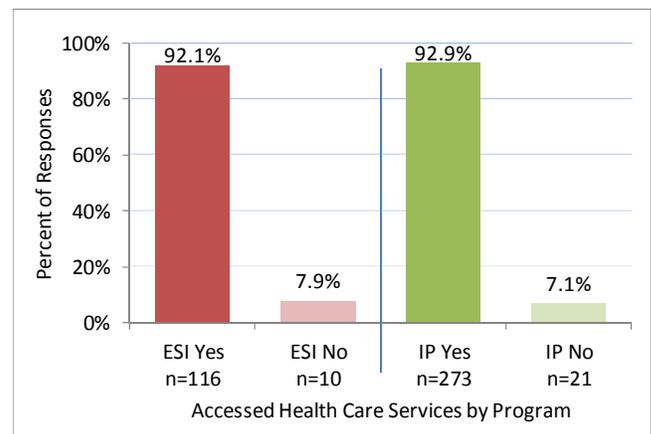
**ESI member
January 2013**

“Ultimately, at the end of the day, my family and I are greatly thankful and appreciate Insure Oklahoma and its helping hands. Thank you!”

**IP member
January 2013**

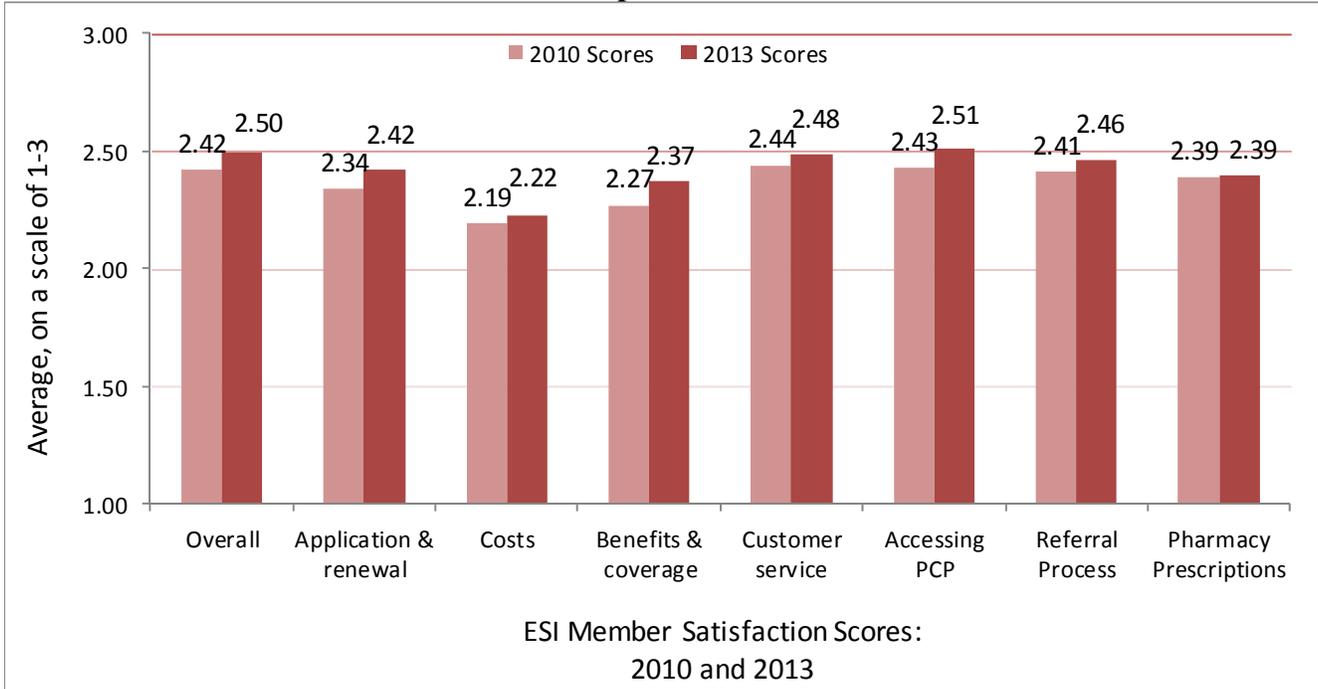
Affordable health care through the IO ESI and IP programs is reaching many who may have been without adequate coverage for considerable lengths of time. It is not surprising that a very large percentage of respondents from both groups had accessed health care (Figure 50).

Figure 50. Accessed Health Care Through Current Plan



Overall, IO ESI and IP members reported being somewhat more satisfied with their health care services than indicated in the IO member study conducted in 2010⁷ (Figures 51 and 52).

**Figure 51. ESI Members' Average Satisfaction Scores:
2010⁷ Results Compared with 2013 Results***



**Figure 52. IP Members' Average Satisfaction Scores
2010⁷ Results Compared with 2013 Results***

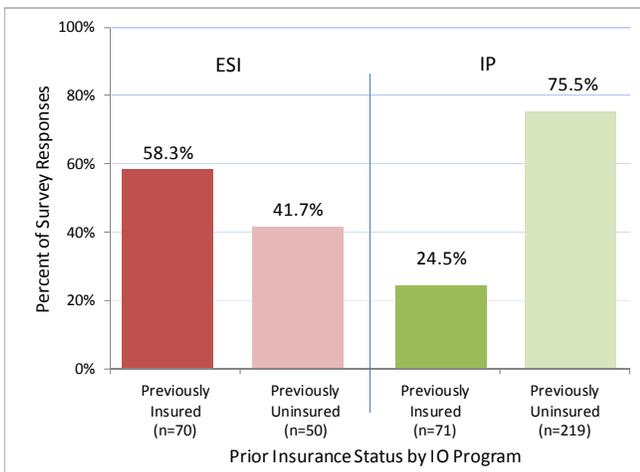


*Average scores are based on a 3-point Likert scale with 1="Not Satisfied," 2="Okay" and 3="Very Satisfied." Survey respondents who marked "No Opinion or Doesn't Apply" were excluded from the calculations.

Because the programs operate differently and have unique target populations, satisfaction scores varied somewhat for each of the plan services. IP members tend to report slightly greater overall satisfaction than ESI members. Although it might be tempting to conclude that the IP benefits are therefore better than ESI benefits, this conclusion cannot be supported by these data. The two plans meet distinct criteria and members must meet completely different eligibility requirements.

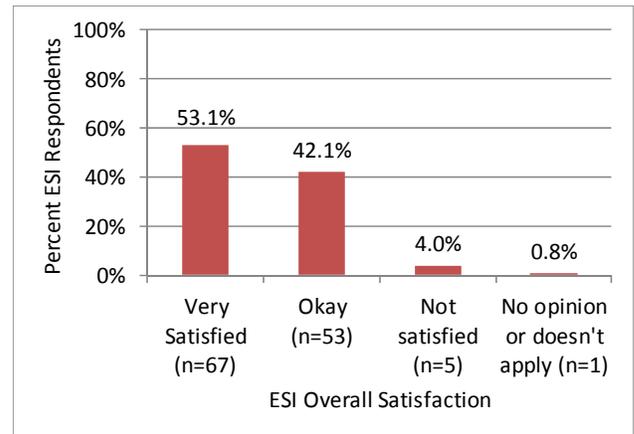
For example, ESI members may be employed in a business with as many as 99 employees and have access to an employer-sponsored benefits package which may have been in-force before the IO subsidy program was available. Therefore ESI members may have a long-standing relationship with a physician and experience with a particular health insurance program. IP members cannot be employed by an employer who is able to offer benefits and many are self-employed or sole-proprietors. Three-quarters of IP members (75.5%, n=219) were uninsured prior to the IP plan. Thus, their experience with health insurance will be completely different compared with ESI members (Figure 53). These two groups are not directly comparable on factors that might affect plan satisfaction irrespective of plan characteristics.

Figure 53. Insurance Status Prior to Current Health Plan: ESI and IP



Overall satisfaction with the health plan provided through their IO Employer-Sponsored Insurance premium subsidy program was high with more than 95% of ESI survey respondents indicating they were either “Very Satisfied” or “Okay” with their current plan. Only 4% (n=5) of the 126 ESI survey respondents indicated overall dissatisfaction. (Figure 54).

Figure 54. Overall ESI Members’ Satisfaction with Current Health Care Plan (n=126)



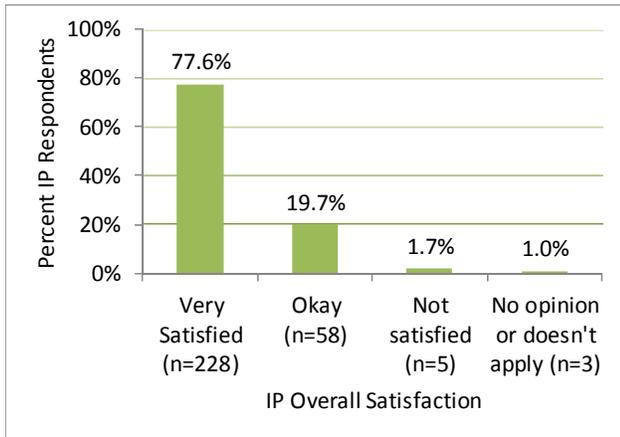
Excluding those ESI members who expressed “No Opinion/Doesn’t Apply,” the average overall satisfaction score was 2.50 on a scale of 1 to 3, an increase in average overall satisfaction 2.42 from the 2010 study.⁷ Most of those who expressed dissatisfaction indicated that cost was the greatest challenge; however, one ESI member commented:

“I am glad that I have Insure OK. Because if I didn't have it I couldn't afford any insurance at all.”

**ESI member
January 2013**

Overall satisfaction with the health care services of the IO IP program was very high with 97% of IP respondents indicating they were “Very Satisfied” or “Okay” with their overall health plan. Only 1.7% (n=5) of the 294 IP survey respondents who answered the question indicated overall dissatisfaction. (Figure 55). Two IP respondents did not answer the question.

Figure 55. Overall IP Members' Satisfaction with Current Health Care Plan (n=294)



Excluding those IP members who expressed “No Opinion/Doesn’t Apply,” the average overall satisfaction score was 2.77 on a scale of 1 to 3.

Most of those who expressed dissatisfaction indicated that the application and renewal process was the greatest challenge.

Many IP program members expressed heartfelt gratitude for the IP program, which is providing health coverage for many individuals who had no access to affordable health care prior to the IO Individual Plan. One IO member said,

Thank you for providing affordable health care. I was without any health care for 3.5 years. I live alone and am comforted by the security you provide. Thank you!!

**IP member
January 2013**

Both of these programs are meeting a need for health insurance for groups that had little or no access prior to the implementation of Insure Oklahoma. The country as a whole and each state will continue efforts to match the requirements of the Affordable Care Act with the needs of citizens. Oklahoma can be proud of

Insure Oklahoma and the two programs – the Employer-Sponsored Insurance Premium Subsidy program and the Individual Plan for those who are self-employed, sole-proprietors, college students, unemployed and looking for work or disabled with a “Ticket to Work” — that are meeting the needs of hard-working low-income individuals and families.

Findings and Recommendations

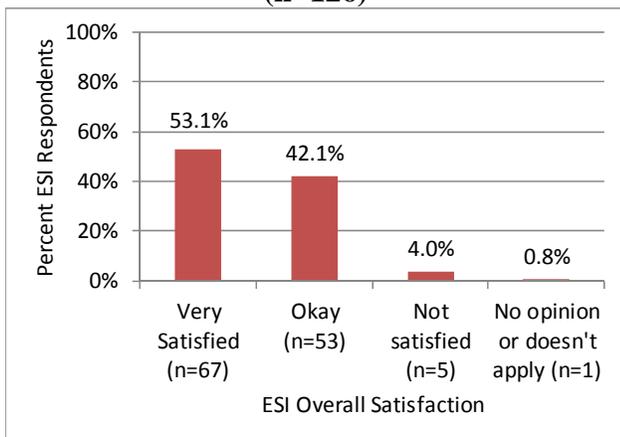
“Thank you for all you do for lower income individuals like myself. :)”

*IO Member
January 2013*

ESI Member Findings

1. Overall satisfaction with current health plan services provided through their IO Employer-Sponsored Insurance premium subsidy program was high: 53.1% (n=67) were “Very Satisfied,” 42.1% (n=53) were “Okay,” 4.0% (n=5) were “Not Satisfied” and 0.8% (n=1) marked “No Opinion or Doesn’t Apply” (Figure 56). The average overall satisfaction score was 2.50 on a scale of 1 to 3.

Figure 56. ESI Members’ Overall Satisfaction with Current Health Plan (n=126)



2. ESI members submitted a total of 126 completed surveys, a 14.1% response rate.
 3. More than one-third (36.3%, n=45) of ESI members reported living in cities, 33.9% (n=42) in towns and 29.8% (n=37) in rural areas.
 4. Nearly half (48.6%, n=54) of ESI members reported being with their current health plan from 1 to 24 months; 27.9% (n=31) reported 25

to 48 months; 13.6% (n=15) reported 49 to 72 months; and 9.9% (n=11) reported longer than 72 months (5 years).

5. More than half of ESI respondents (58.3%, n=70) reported being insured prior to the ESI subsidy program; 41.7% (n=50) indicated they were uninsured before the IO subsidy. Six ESI members did not answer the question.

6. Nearly all ESI respondents (92.1%, n=116) had accessed health care services; 7.9% (n=10) had not.

7. ESI respondents were satisfied with the application and renewal process: 48.4% (n=61) were “Very Satisfied” and 44.5% (n=56) indicated the process was “Okay;” 6.3% (n=8) were “Not Satisfied” and 0.8% (n=1) marked “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.42 on a scale of 1 to 3.

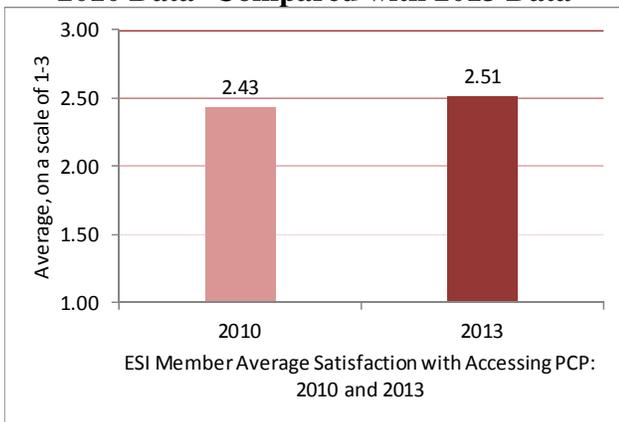
8. ESI members said they were satisfied with their health plan costs: 32.0% (n=40) were “Very Satisfied,” 55.2% (n=69) were “Okay.” Only 10.4% (n=13) were “Not Satisfied” and 2.4% (n=3) marked “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.22 on a scale of 1 to 3. This represents a slight increase in satisfaction from the previous study (average=2.19).⁷

9. ESI respondents were satisfied with their benefits and coverage: 41.6% (n=52) were “Very Satisfied,” 50.4% (n=63) were “Okay,” 5.6% (n=7) were “Not Satisfied” and 2.4% (n=3) marked “No Opinion or Doesn’t Apply.” One respondent did not answer the question. The average satisfaction score was 2.37 on a scale of 1 to 3.

10. Most ESI members responded favorably about their health plan’s customer service: 44.4% (n=56) were “Very Satisfied” and 40.5% (n=51) said customer service was “Okay.” Only 2.4% (n=3) were “Not Satisfied” and 12.7% (n=16) indicated “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.48 on a scale of 1 to 3.

11. Slightly more than half (50.4%, n=63) ESI members were “Very Satisfied” with their ability to access a PCP; 44.0% (n=55) marked “Okay,” 1.6% (n=2) were “Not Satisfied,” and 4.0% (n=5) indicated “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.51 on a scale of 1 to 3. ESI members continue to be satisfied with access to a PCP as compared with 2010 data (Figure 57)⁷.

Figure 57. ESI Members’ Average Satisfaction with Accessing PCP: 2010 Data⁷ Compared with 2013 Data



12. ESI members were satisfied with their plan’s referral process: 41.3% (n=52) were “Very Satisfied,” 35.7% (n=45) were “Okay,” 4.0% (n=5) were “Not Satisfied” and 19.0% (n=24) marked “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.46 on a scale of 1 to 3.

13. Most ESI respondents were satisfied with their pharmacy and prescription drug benefits: 43.7% (n=55) were “Very Satisfied,” 42.1% (n=53) were “Okay,” 7.1% (n=9) were “Not Satisfied” and 7.1% (n=9) marked “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.39 on a scale of 1 to 3.

14. Question 13 on the survey asked ESI members to comment on any “Not Satisfied” survey responses. Members could comment on as many of the service areas with which they had concerns. More than one-fourth (27.0%, n=34 out of 126) wrote 41 comments describing problem areas.

15. ESI members who responded to Question 13 expressed most dissatisfaction with out-of-pocket costs and increases in premiums and deductibles (16 out of 41 comments).

16. Question 14 invited ESI members to make any additional comments about the IO program. Of the 24 who commented, 45.8% (n=11) said they were thankful for IO ESI and their health coverage.

17. In response to Question 14, Additional Comments, 33.3% (n=8) of 24 ESI members made comments and suggestions about costs, benefits or eligibility, in particular out-of-pocket costs and the need for dental and vision coverage; 20.9% (n=5) commented on administrative issues, mostly paperwork and renewal issues.

All comments are included in Appendix B.

ESI Member Recommendations

1. ESI members expressed satisfaction with their health plan. Continuing CQI with health plan members should prove beneficial.

“Just want to say thank you for the help I get.”

2. Based on survey results and comments, costs were the most challenging issue for ESI members. Continued monitoring of plans to ensure IO qualifications are met is encouraged.

“We are grateful for IO's help but still feel as though the insurance grossly overcharges for premiums.”

3. Some members expressed confusion and concern about covering dependents. Materials to employers as well as engaging agents in employee outreach might be helpful for answering ESI members’ questions.

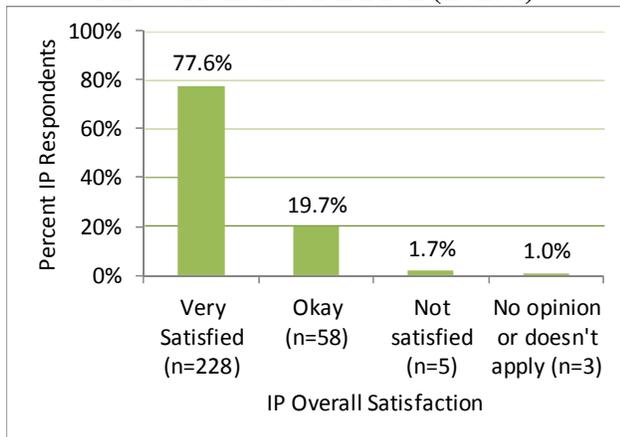
4. More than one member mentioned that coverage of weight loss and management would help improve overall health. Discussing this with carriers, agents and brokers might prove advantageous.

5. Dental and vision benefits were requested by ESI members. If these benefits could be added, members might be willing to pay for them. If it is not possible to offer these benefits, information about why could be included in any written materials or presented at forums. This might be another area in which agents could be helpful.

IP Member Findings

1. Overall satisfaction with current health plan services of the IO IP program was very high. 77.6% of IP respondents indicated they were “Very Satisfied,” 19.7% indicated their health plan was “Okay.” Only 1.7% (n=5) were “Not Satisfied, and 1.0% (n=3) expressed “No Opinion or Doesn’t Apply” (Figure 58). Two IP members did not answer the question. The average overall satisfaction score was 2.77 on a scale of 1 to 3.

Figure 58. IP Members’ Overall Satisfaction with Current Health Plan (n=294)



2. IP members submitted a total of 296 completed surveys, a 32.0% response rate.

3. More than one-third of IP members (38.0%, n=109) reported living in cities, 34.5% (n=99) in towns and 27.5% (n=79) in rural areas.

4. The majority of IP members reported being with their current health plan 24 months or less: 30.7% (n=78) reported being in their current insurance plan 1-12 months; 25.2% (n=54) reported being in their plan 13-24 months; 25.6% (n=65) reported being in their plan 25-36 months; 18.5% (n=47) had been in their plan more than 36 months (3 years).

5. Most IP respondents (75.5%, n=219) reported being uninsured prior to enrolling in the IP plan; 24.5% (n=71) had prior coverage. Six IP members left the question blank.

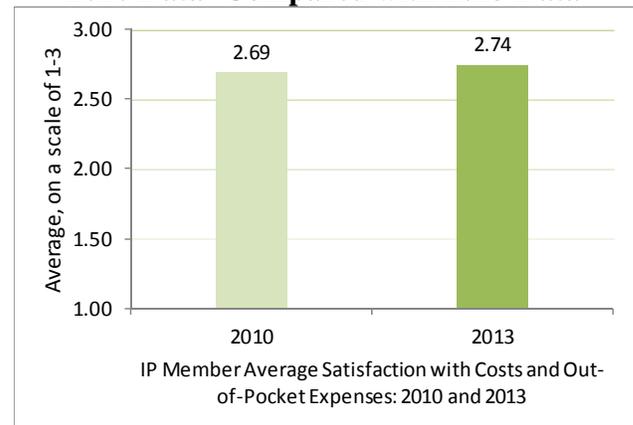
6. Nearly all IP respondents (92.9%, n=273) had accessed health care services since begin-

ning their health care plan; 7.1% (n=21) had not.

7. IP members were satisfied with the application and renewal process: 47.3% (n=140) were “Very Satisfied,” 40.2% (n=119) were “Okay,” 11.5% (n=34) were “Not Satisfied” and 1% (n=3) expressed “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.36 on a scale of 1 to 3.

8. A majority of IP respondents (74.6%, n=221) were “Very Satisfied” with their costs and out-of-pocket expenses; 23.0% (n=68) were “Okay,” 1.4% (n=4) were “Not Satisfied” and 1.0% (n=6) marked “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.74 on a scale of 1 to 3. IP members continue to be satisfied with costs and out of pocket expenses as compared with the 2010 data (Figure 59).⁷

Figure 59. IP Members’ Average Satisfaction with Costs and Out-of-Pocket Expenses: 2010 Data⁷ Compared with 2013 Data



9. IP respondents were satisfied with their benefits and coverage. Over two-thirds (69.2%, n=201) were “Very Satisfied,” 27.8% (n=82) were “Okay,” 2.0% (n=6) were “Not Satisfied” and 1.0% (n=3) marked “No Opinion or Doesn’t Apply.” One IP member left the question blank. The average satisfaction score was 2.68 on a scale of 1 to 3.

10. Almost two-thirds of IP members (60.4%, n=178) were “Very Satisfied” with their health plan’s customer service; 29.8% (n=88) were “Okay,” 5.1% (n=15) were “Not Satisfied” and 4.7% (n=14) marked “No Opinion or Doesn’t Apply.” One IP member left the question blank.

The average satisfaction score was 2.58 on a scale of 1 to 3.

11. More than half of IP members (64.9%, n=192) were “Very Satisfied” with their ability to access a PCP; 27.0% (n=80) were “Okay,” 7.1% (n=21) were “Not Satisfied,” and 1.0% (n=3) marked “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.59 on a scale of 1 to 3.

12. Over half of IP respondents (55.9%, n=165) were “Very Satisfied” with referrals; 24.4% (n=246) were “Okay,” 6.8% (n=20) were “Not Satisfied,” and 12.9% (n=38) indicated “No Opinion or Doesn’t Apply.” One IP member did not answer the question. The average satisfaction score was 2.56 on a scale of 1 to 3.

13. Most IP respondents (72.6%, n=215) were “Very Satisfied” with pharmacy/prescription benefits; 18.2% (n=54) indicated these benefits were “Okay,” 6.4% (n=19) were “Not Satisfied,” and 2.7% (n=8) replied “No Opinion or Doesn’t Apply.” The average satisfaction score was 2.68 on a scale of 1 to 3.

14. Question 13 on the survey asked IP members to comment on any “Not Satisfied” survey responses. Members could comment on as many of the services areas with which they had concerns. More than one-third of IP members (36.1%, n=107 out of 296) wrote 135 comments describing problem areas.

15. IP members who responded to Question 13 expressed most dissatisfaction with the application and renewal process (38 out of 135 comments). Respondents mentioned the multiple times paperwork was requested and rapidity with which individuals were terminated when paperwork was not received. IP members said often OHCA already had the necessary paperwork. Respondents also voiced frustration regarding how long it took to get reinstated. The second area of dissatisfaction was Pharmacy/Prescription Drug Benefits (27 out of 135 comments).

16. Question 14 invited IP members to make any additional comments about the IO program. Of the 96 who commented, 66.7% (n=64) were

thankful for the IP program and their health coverage.

17. In response to Question 14, Additional Comments, 15.6% (n=15) commented about administrative issues, especially the renewal and online application. Comments about costs, benefits and eligibility (17.7%, n=17) included remarks about the per month limit on prescriptions and requests for dental and vision coverage.

All comments are attached in Appendix B.

IP Member Recommendations

1. IP members expressed satisfaction with their health plan. CQI with health plan members should be continued.

“Ultimately, at the end of the day, my family and I are greatly thankful and appreciate Insure Oklahoma and its helping hands. Thank you!”

2. Based on survey comments, IP members reported they were least satisfied with the application and renewal process. This lack of satisfaction was evident in IP responses to the survey question about the application and renewal process as well as in the numerous comments received. Streamlining the process, especially with regard to renewal, might be investigated. The comment below is representative.

“Not notified of renewal necessary, till ran out. Then had to renew policy and 2 months- no coverage.”

3. Like ESI members, IP members requested access to dental and vision benefits. If these benefits are something that could be added, IP members might be willing to invest in such coverage. If it is not possible to offer dental and vision to this group, materials might be

distributed to IP members explaining why these benefits cannot be included.

4. Some IP members had challenges locating PCPs who accepted their insurance within a reasonable distance from their homes. The problem is even more pronounced with specialty care. Continued outreach efforts aimed at attracting physicians to participate as providers for the IP plan could benefit both IP members and the physicians.

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Appendices

“I would like to thank Insure OK. Personally without you today I would not be able to see. Thank you.”

*IO Member
January 2013*

- A. Insure Oklahoma Member Education Piece (Cover Letter) and Survey
- B. Survey Comments
 - B1.ESI Member Responses to Survey Question 13: If you were NOT SATISFIED with any of the services listed above, please tell us why.
 - B2.IP Member Responses to Survey Question 13: If you were NOT SATISFIED with any of the services listed above, please tell us why.
 - B3.ESI Member Additional Comments (Survey Question 14)
 - B4.IP Member Additional Comments (Survey Question 14)
- C. Biographical Sketches of Project Faculty and Staff



Appendix A
Insure Oklahoma Member Education Piece (Cover Letter) and Survey

January 8, 2013

Dear Health Plan Member,

Insure Oklahoma (called IO), a program managed by The Oklahoma Health Care Authority (OHCA), wants your opinion!

IO is a statewide undertaking with two health care programs:

- a premium assistance program for qualified employer health insurance plans, and
- a health coverage plan for qualified self-employed or uninsured individuals called the Insure Oklahoma Individual Plan, or IP.

You've been selected to receive this survey because you are a member of one of these groups. By completing and returning this brief survey, you will be helping OHCA and the Insure Oklahoma program better serve you and your health care needs.

In order to keep your survey responses as private as possible, researchers at the University of Oklahoma Health Sciences Center (OU) are assisting OHCA with this survey. The researchers will receive the surveys and report the results to OHCA. You will not be asked for your name. This survey is only being sent to a select few so your response is very important.

Please answer every question on the survey. You may mail your completed survey in the postage-paid envelope provided. OHCA will forward the unopened to the researchers at OU. Or you may fax the survey to Sarah A. Coleman at 405-271-8800.

Completed surveys must be received by February 8, 2013 to be included in the report to Insure Oklahoma and OHCA.

Thank you for completing and returning this survey, and for participating in OHCA's efforts to provide better quality health care for all Oklahomans.



Appendix A
Insure Oklahoma Member Education Piece (Cover Letter) and Survey

Please complete the following survey about your health plan. When you are finished, you may mail the survey in the enclosed, postage-paid envelope. OHCA/Insure Oklahoma will give the envelope unopened to the OU research staff. You may also fax the survey to Sarah A. Coleman at 405-271-8800. A report of the results from all surveys will be sent to Insure Oklahoma to help them do a better job of serving Oklahoma's health care needs.

Insure Oklahoma Member Survey

1. Please describe the area where you live by checking one of the boxes below.

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

2. How long have you been in your current health plan? _____ months

3. Before your current health plan, were you:

- Insured with another health plan?
- Uninsured? For how long? _____

4. Have you used health care services since you began your current health plan?

- Yes
- No

5. How satisfied are you with your current health plan?

- Very satisfied
- Okay
- Not satisfied
- No opinion OR doesn't apply

6. How satisfied are you with the INSURE OKLAHOMA application and renewal process?

- Very satisfied
- Okay
- Not satisfied
- No opinion OR doesn't apply

7. How satisfied are you with your costs-premiums, co-payments and other out of pocket expenses?

- Very satisfied
- Okay
- Not satisfied
- No opinion OR doesn't apply

8. How satisfied are you with your health plan's benefits and coverage?

- Very satisfied
- Okay
- Not satisfied
- No opinion OR doesn't apply

9. How satisfied are you with your health plan's customer service?

- Very satisfied
- Okay
- Not satisfied
- No opinion OR doesn't apply

10. How satisfied are you with accessing a primary care physician (PCP)?

- Very satisfied
- Okay
- Not satisfied
- No opinion OR doesn't apply

11. How satisfied are you with referral to a specialist or for other health care services (physical therapy, lab work, etc.)?

- Very satisfied
- Okay
- Not satisfied
- No opinion OR doesn't apply

12. How satisfied are you with your pharmacy/prescription drug benefits?

- Very satisfied
- Okay
- Not satisfied
- No opinion OR doesn't apply

13. If you were **NOT SATISFIED** with any of the services listed above, please tell us why.

14. **Additional Comments:** Please write any other comments about your health plan on the lines provided.

Appendix B1

ESI Member Responses to Question 13:

If you were NOT SATISFIED with any of the services listed above, please tell us why.

ESI members were asked to comment on all areas with which they were "Not Satisfied." This listing is organized by the first comment entered. Comments are shown exactly as they were written on the survey.

Seventy-five ESI members entered comments. The following comments are organized by response based on seven (7) survey questions targeting satisfaction with specific program areas (see Appendix for a copy of the survey). The questions were addressing:

1. Application and renewal process,
2. Costs and out-of-pocket expenses,
3. Benefits and coverage,
4. Customer service,
5. Accessing a PCP,
6. Referral process, and
7. Pharmacy/prescription drug benefits.

Application and Renewal Process

The application website is terrible! It needs to be cross-platform!

There is a lot of paperwork other than that it is okay.

Insure Oklahoma renewal has been complicated in the past.

Enrollment has improved a lot for IO but it still could be simplified more.

There is a lot of paperwork other than that its okay.

The only problem I have ever had was a 3 or 4 month period where I had no coverage by Insure Ok. The reason is for our yearly application renew. I was asked for 2 check stubs. It happens that those 2 check stubs were from a prosperous month. It was said I "make too much money" and I lost my IO benefits. My portion of insurance went from \$34 a month to \$300/month. I paid that for 4 months and with more usual paychecks. In other words, one month I make \$2,000 but for the next 6 months we could be slow and I only make 1/2 that much. It has since been changed back to \$34/month and everything else about IO is excellent. Thanks!!

I need a new application please.

Costs and Out-of-Pocket Expenses

I am not satisfied with health insurance because \$2500 ded I can't afford.

We are grateful for IO's help but still feel as though the insurance grossly overcharges for premiums.

Can only insure my wife and myself - all my children are forced to join welfare. We will not. We use health care sparingly. I had an ER visit below and had an insane bill for very little service. The insurance company was so "great" they had it reduced to the actual cost, which I had to pay (250.00). Because they could bully they paid nothing and then hid behind a deductible I will never reach. So I continue to pay a monthly premium and always get stuck with the true bill. Its nonsense. I am an RN and very aware of medicine mark ups to maintain its profit margin and insurances clever cost shifting games.

Still expensive, we are having trouble coming up w/ money for testing, meds etc.

Copays and deductibles can be extreme.

Wish out of pocket expenses were less.

The cost of insurance.

Too high copay - cannot have tests done because we don't have the money to pay the deductible.

Co-pays are pretty high for low-income family.

They keep raising the costs in different areas.

Just the general cost - premiums are high, then have to pay even more. Money, money, money!!

Copays are too high for medicine.

Everyone else with insurance seems to have \$20 or \$25 copay for doctor visits - mine's \$30 - too high for an office visit.

Benefits and Coverage

Does not cover weight management or fertility issues.

I only had major medical before the coverage I have now.

I usually only go to the doctor once a year for checkup and there are always several bills for things the ins won't pay.

Wish there was coverage for vision.

I can not get coverage for meds called in by my dentist with community care and I could with BCBS.

Appendix B1
ESI Member Responses to Question 13:
If you were NOT SATISFIED with any of the services listed above, please tell us why.

Had to drop Ins. On my daughter, was denied for her
I would like to have better dental package

Customer Service

Insure ok can't get our account. Our reimbursement
amount is different every month.

Accessing a PCP

The list of doctors, specialist not good! Prescription
drug benefits not good.

Referral Process

[No Comments]

Pharmacy/prescription drug benefits

Doesn't seem to cover very many or doesn't pay very
well on our prescriptions.

Need more help with pharmacy/prescription drug
benefits.

Drug benefit could pay more!

The diabetic medicine I am prescribed is not
affordable for me, therefore I go months without it.

Prescription coverage has recently changed and my
copays have increased.

Several of our medications aren't covered.

not enough coverage on all medication. deductible is
too high to keep premium down and premiums are too
high.

Appendix B2

IP Member Responses to Question 13:

If you were NOT SATISFIED with any of the services listed above, please tell us why.

IP members were asked to comment on all areas with which they were "Not Satisfied." This listing is organized by the first comment entered. Comments are shown exactly as they were written on the survey.

Two hundred sixty IP members entered comments. The following comments are organized by response based on seven (7) survey items targeting satisfaction with specific program areas (see Appendix for a copy of the survey). The questions were addressing:

1. Application and renewal process,
2. Costs and out-of-pocket expenses,
3. Benefits and coverage,
4. Customer service,
5. Accessing a PCP,
6. Referral process, and
7. Pharmacy/prescription drug benefits.

Application and Renewal Process

Application and renewal process needs improvement like going extra amount of time for renewing.

When I called to see how to report an income increase and how to renew I was told to send in my income increase but I wouldn't have to reapply. When I called to find out why I hadn't received my paper to mail my monthly payment I was told I was cancelled and had to reapply and again have to pay a month without health care again. I was never referred to anyone for anything.

Renewal process needs work! Original application process needs work!

Only on browser available online. Have to send an application 3x before everything is exactly right.

Self-employed. Hard to break down income tax into hourly wage.

The renewal process is not good, you have to duplicate over and over - not good.

Application and renewal process can be a bit confusing and complicated the more people you have. Customer service rep on hotline is hit or miss.

Application and renewal process is confusing and time-consuming.

The online application can only be filled out on certain computers. The website needs to be more computer friendly.

To have to completely reapply every year is terrible. Why not just ask financial changes.

I have had problems every time its renewal time. 2 years in a row said it wasn't received. I started faxing the app which cost approx \$15. This last time, I have ended up faxing in the app 3 times so far. Original app, 2nd app for misunderstand. 3 app due to date Now I will have no ins for at least a month.

Renewal process is difficult and not flexible. I forgot to send my tax return and as a result got terminated. Offered to fax and email it (before termination) was told I had to reapply and that meant 2 months no insurance.

Application renewal is not mac compatible. .

Application process very confusing!

Not notified of renewal and when time given, time is very short to comply.

I wish they could save your information from year to year....the application takes awhile to fill out.

Renewal process online very simple - error notifications via mail harsh and hard to understand.

Renewal process could be shortened. I don't feel it's necessary to go thru the entire process every year.

The application process is very difficult and time consuming. I wish the process was more streamlined.

Application is not easy needs to be simplified. Would be nice if we could get 3 months at a time on prescriptions.

Application renewal is a headache. Especially for self-employed.

Takes approx a month to get it changed.

When you don't have a computer they don't get your forms in to you in time. I requested 3 times before I got them last time, therefore my insurance lapsed.

The application process is lacking communication of items needed and the ability to submit.

I have to send all info certified b/c every year they say they didn't receive info until I provide them w a delivery confirmation #. They always change the premium amount and one year they posted my payment to the wrong acct! It took me 6 months to get everything straight! They even terminated our coverage b/c they posted the payment to the wrong account!

Appendix B2
IP Member Responses to Question 13:
If you were NOT SATISFIED with any of the services listed above, please tell us why.

Due dates can be a bit harsh when it comes to complete cut-offs.

The application/renewal process needs revamped. It forces you to put an hourly wage when some of us are not hourly - only salary - and it messes up your wages. Needs to have a "salary" added where "\$ hour" is at too!!!

I accidentally failed to make a payment and my husband and I were kicked off the plan. I truly thought I was a month ahead on the payment. We have excellent credit and always pay our bills on time. We own a very busy small business and made a late payment. During that time during the reapplication process, we needed care and I could not received the care my husband needed. Due to the postponement of treatment, my husband's condition could have been lessened if treatment could have been more timely. He has numbness in both hands. If I had received a call or letter to let me know I was not paid, it would have helped so much. My employees received a call to remind them of a payment. I sure wish this would have occurred with us. I was devastated and in tears on the on the phone to customer service and they could have cared less. Also, you should have to reapply every year.

Every year I reapply they lose some of my paperwork I'm cancelled for 2 months, but they have my payment for the 2 months already.

All renewals should be done at the same time. Deadlines prior to the IRS April 15 deadline are difficult to meet if you are self-employed and have to complete a paper application. Not time to get tax info.

I don't have the internet, so renewing every year online becomes a big problem. I'm sure lots of people in my income bracket also have no internet access! That's my only problem.

Initially, had some trouble staying eligible, (contacted xxx office). Since then, everything AOK!

Every renewal is like you have never had service from them. Only part I hate about this.

The renewal process for the website is not user friendly.

My plan has been interrupted and canceled again. My money orders has been misplaced and it's a mess. I think you could do a lot better than having us do the renewal and app every year. Why can't it be every 2 years it's such a pain. We already notify you if income changes, or family changes, and then we have to wait all over again.

Not notified of renewal necessary, till ran out. Then had to renew policy and 2 months- no coverage.

Online applying could be more versatile.

Costs and Out-of-Pocket Expenses

Cost is still high - some meds are not covered. My doctor is not on.

I think my premium is too high.

I have 5 kids and 3 grandkids and my husband on disability that I support don't receive food stamps. I wish my cost a month was lower than \$73.00 that hurts.

Because I had to pay out of pocket for a procedure that should have been covered.

I can't afford it.

Monthly premium too high. Re-look at!

Benefits and Coverage

It would be nice if we had some kind of eye care. Dental would be nice to but not as important. Eyes are as important as health because if you can't see you can't work.

Please consider dental. Vision and hearing at a reasonable cost.

I do not like my insurance telling my doctor what she can and cannot do. She is the doctor not the insurance company.

In Oklahoma health insurance needs to cover allergies and related medicines.

Will not pay for compound medications (scripts with blended compounds)

It would be great to have affordable dental care.

Need dental plan. Am 63 years old had to find one can afford. Thank you.

Would like to see some type of vision and dental coverage as my eyes and teeth greatly impact my overall health. Doesn't have to be fancy just basic would help a lot.

Ambulance services coverage would be appreciated.

Wish there was chiropractic coverage.

Current health plan lacking weight loss services! Benefits and coverage does not cover weight loss!

Appendix B2

IP Member Responses to Question 13:

If you were NOT SATISFIED with any of the services listed above, please tell us why.

I would like it to cover dental and vision at some point.

I wish you would let my kids on the ins. with me, but you say I don't make enough.

IO would not approve the MRI needed before my surgery to show my ruptured disc. How can IO cancel membership if payment is received even 1 day past due date when in fact the month was already paid for a month in advance?

Just need to get a dentist coverage so we can get our teeth cleaned.

P.T. is only available as exercise. P.T. should be available as more than exercise.

I hope you provide a dental plan soon. I would be the first one to sign up!

Not enough primary care physicians.

Need more PCP physicians.

We would have liked using our own doctor. We had to change.

The only doctor's I could find who accepted Insure Oklahoma was xxxxxxx (a teaching clinic). The student dr's are not my first choice for health care. Also, each visit is like writing a book, new dr, same questions 28-30 days for appts. In short, need more private drs on list for healthcare, so you don't have to see someone new each visit.

Unable to find one who accepts this plan. Having to be on waiting list is inconvenient.

I haven't been able to get a primary care physician.

Things seem unorganized. Should be able to see other docs w/in system w/o calling Insure OK.

I can only go to one office in town that accepts my insure but that's better than nothing.

There needs to be a meet and greet visit allowed prior to choosing a pcp - otherwise it just a blind choice.

Need more PCProviders (doctors).

Doctors license revoked.

Dr can't be seen in a timely manner.

Primary care physician thinks he can handle all of my medical issues/will not do referral to gyn or cardiologist. Also when you call can't get through to dr or nurse, and they don't return your calls.

Physician is not thorough at all. Need to be more caring.

Customer Service

Customer service is not always friendly or professional.

Almost everyone I've talked to w/ customer service talks down to me like I'm stupid. They are very degrading.

Help line people could be more cordial and professional. Very terse.

Customer service of the supervisors when calling in could be better.

Can't talk to any real person on the phone.

Never got a card or list of what is covered.

OEPIC refuses to call me. Mam[mography] after surgery I paid for and they have copies of paper work.

Customer service is hard to access. Need email abilities.

Customer service is a joke.

Customer service is slow and rude.

Referrals

I've been waiting 4 years for a specialist appointment. Maybe OEPIC does not pay specialists enough.

Too few on referral list - couldn't fit me in at all. Primary care choosing process was fine.

My wife was referred to specialist but not enough in plan to choose from!

I still can't find a neurologist or a referral to a certain specialist.

PCP take too long for referral. Conditions got worse.

Great coverage, just wish more specialists accepted this insurance. I need follow up from my old back surgery and the doctor that did the surgery does not accept this.

Accessing a PCP

Would like option to see provider not in plan. Had to switch doctors because my doc of 5 years was not in your plan. Very happy with current PCP also.

My health care provider was not much unless you had a cold.

I am not satisfied with the choices of providers.

Appendix B2
IP Member Responses to Question 13:
If you were NOT SATISFIED with any of the services listed above, please tell us why.

I received a referral to a dermatologist. There was only one physician who would take this insurance and was only open 6 months from now. My condition is getting worse, but no one else will take this insurance. The medication prescribed by my doctor is not helping. I need to be treated soon, not 6 months from now.

Too many specialists don't take the insurance.

Not a good variety of physicians that will take you. Takes too long to see a specialist and what they didn't help problem.

I needed a referral but I have not been able to get into the dr I was referred to and that was about 3 months ago.

Taking way too long to get a referral.

Have encountered several specialists that did not accept. A physical therapy facility was not covered because they were not affiliated with a hospital.

I didn't agree with my GI dr - I called to make appt and got appt for same wk I called - then when I told them I had OEPIC ins told couldn't be seen until next month - because they only see 10 pts on this ins - first 10 days of the month. Is this discrimination? Only time I have ever had a problem.

I think it would be nice if I didn't have to have a referral to see a specialist.

Takes forever to get a referral.

Referral to specialist - put on waiting list for 1-2 years. Can't get an earlier appointment.

It's a little hard to get a referral from a dr's office.

I wish there were more specialist nearer to my hometown who took Insure Ok.

Don't like that all of my Rx's can't be refilled at one time if needed. Above refers to copay and minimum of RX I can refill.

Not satisfied with pharmacy prescription benefits because does not cover allergy meds.

Some medicines take too long to be approved.

If one gets sick with other illness and are previously on quite a few meds, then one can't afford what they'll need if all the original meds have filled all available

My only wish is that the meds I need and are prescribed by my dr could be covered.

Prescriptions cost more.

PA on pharmacy takes too long to get approvals and sometime don't approve med needed. Lost paperwork all the time.

I am allergic to the adhesive in the generic hormone patch. It takes at least 3 months to get approved for the Climara patch so I cannot apply them as prescribed. I have to stretch them to 10-12 days so I don't run out totally during the period of trying to get the non-generic approved.

The plan doesn't cover very many scripts per month is my only complaint.

I am required to take many prescriptions. After my 5 punches I have to pay full price. I can't afford this on my income.

Will not approve needed Rx for asthma.

They need to fill meds that doctor prescribes. Breathing meds.

Prescription benefits do not meet my needs sometimes, when I have a cold or flu in order to get it filled I have skipped my regular prescription due to I can only have 4 generic and 2 regular max. Would like to have dental ins.

Why does there have to be a limit of scripts? I was told 7.

I don't like it if I become sick and need several meds to fix it, and then out of scripts for my necessary meds for that month!

Change drug benefits from 6 to 8 refills.

Having trouble getting prescriptions paid for, having to pay full price for 3 Rx

Pharmacy/Prescription Drug Benefits

Also I only had 2 prescriptions written in all the months of coverage and one wouldn't be covered.

Prescriptions for weight loss not covered!

Should cover allergy prescriptions serious health issues for some of us.

Not enough meds are covered.

Had to pay full amount for a prescription because I was not in the system but I should have been - was a problem at Insure OK and was never refunded.

Does not cover compounds.

Card does not pay for prescriptions.

Appendix B3

ESI Member Additional Comments (Survey Question 14)

ESI Member responses to Question 14. Additional Comments. These comments were coded based on three central themes that emerged:

- Thankful/satisfied
- Administrative problems/suggestions
- Benefits problems/suggestions

Thankful/satisfied

Good to have it.

Glad to have it.

IO is excellent. Thanks!!

Thank God for the Insure Okla Program - without it we would not be able to afford INS.

I hope we won't lose Insure Oklahoma with Obamacare starting.

Just want to say thank you for the help I get.

I am very grateful for this program! I would NOT be able to cover my children under my insurance plan without the premium assistance. Thank you!!!

Just keep helping people every way you can. Helping me with my primary ins premium each month helps me out a lot.

If it weren't for Insure OK, I would be able to afford health insurance for myself and child.

I am glad that I have Insure OK. Because if I didn't have it I couldn't afford any insurance at all.

Administrative problems/suggestions

You need a simplified form to use when business changes health plans.

I lost my other insurance and I have lost my employment due to illness, so do I need to renew with you?

Since our renewal back in June, 12 Insure OK has not been able to get our acct. correct. There is a problem every month, making it hard to plan.

We have had a lot of problems with Ins OK paying on time. We have waited for 2 months!

This survey says the reverse side that you will not ask for my name, except my name is on the reverse side my name is already printed on it.

Benefit problems/suggestions

I can't afford the deductible so therefore I can't afford any of the tests I need done.

Weight management helps to reduce overall cost. Its very biased towards pregnancy prevention but does not treat health issues that prevent pregnancy.

Having the insurance gets us in the door of ER or hospital but it is far too costly to use - the copay/deductible makes it prohibitive to use. We'd be better off without it and we'd have more take home. It has turned out to be a detriment instead of a help!! A waste of money!!

Health plans need to be a lot cheaper.

Appendix B4

IP Member Additional Comments (Survey Question 14)

IP Member responses to Question 14. Additional Comments. These comments were coded based on three central themes that emerged:

- Thankful/satisfied
- Administrative problems/suggestions
- Benefits problems/suggestions

Thankful/satisfied

All in all this is a huge blessing for me. I would not even have insurance without this program. Thank you from my heart!

I really do appreciate the service in which I have been provided.

It is a life saver! We would be uninsured w/o OEPIC. Thank you!

Insure OK has made a difference of going to the dr or not!

As a single person working part-time for employer who does not offer health insurance. This insurance was perfect! Couldn't afford anything else.

This is a great plan for those of us who can't afford the private insurance plans. Thank you to the state of OK for providing this group plan.

Insure Oklahoma has been an unbelievable blessing. Prior to it we neither qualified nor insurance not could afford coverage. Thank you, thank you, thank you.

This program has helped me tremendously with health services. I feel very satisfied and confident that I can receive proper health care for my illnesses.

I would like to thank Insure OK. Personally without you today I would not be able to see. Thank you.

I am new to the program - staff have been very helpful and friendly.

I am extremely grateful to have this healthcare plan. Thank you.

All in all I've been fairly pleased Insure.

Thank you very much. The testing Insure Oklahoma has provided will help my health in the future.

The program is wonderful and my PCP, my clinic is fantastic.

So glad to have affordable health care!

Insure Oklahoma is an excellent health insurance program. I hope it continues.

We are real happy with the plan that has helped us out a lot. Thank you very much and may God bless you.

Once accepted I am extremely happy with the program.

I love the insurance.

People on the phone usually very helpful and pleasant.

Very good plan. Thank you for allowing me to participate.

Beats no insurance.

I feel extremely fortunate to have this option available or else I would not be able to afford insurance. Thank you.

Thank you for all you do!

I know money is tight and I appreciate what I have thru Insure OK.

I am so very grateful to have good insurance that I can afford. So grateful!!!

Thank you Insure Oklahoma. I would not what to do without this insurance. My life would be miserable at best without it.

I am SO grateful to Insure Oklahoma. I would like it to be offered to more Oklahomans so they could be healthier. Thank you and Bless you.

My health care plan was very satisfying with even the interstate access, parking legend, and map locations.

This insurance has relieved stress and saved my life after some serious health problems. Thanks Insure OK.

Ultimately, at the end of the day, my family and I are greatly thankful and appreciate Insure Oklahoma an its helping hands. Thank you!

I think this is a very good program. I have for years wished a program like this was available for low income families. Thank you for whoever made this program possible.

Everything else is fine.

Very satisfied.

The best thing to happen to us. Very thankful.

This insurance has been a blessing to many.

I can't make it without it, I'm 64.

We like our insurance and don't want it to change in coverage. Thank you.

Very thankful to those who provide Insure OK.

We are thankful for OEPIC!!

Appendix B4

IP Member Additional Comments (Survey Question 14)

I am self-employed. I am very grateful for this insurance. It is a life saver for me. Thank you. One appreciative customer.

This coverage is a God send!

Am very pleased. I am unable to work except for sub work at schools because of osteoarthritis and Insure Oklahoma is a blessing.

I am pleased this is available it helps me a lot.

Thank you for providing affordable health care. I was without any health care for 3.5 years. I live alone and am comforted by the security you provide. Thank you!!

It's all very good. Thank you for letting me have this insurance.

I am thankful I have insurance.

So far, very satisfied with service and coverage. People I talk to on the phone very helpful. "It's all good!"

It is a life saver! We would be uninsured w/o OEPIC. Thank you!

Thank you for the opportunity to have insurance. If it weren't for you it would be bad. You are all I can afford. Thanks again.

I just want to say I have been totally pleased with the services of this plan so far. Too bad something like this isn't available to people 65 and over.

Happy to have this health insurance.

Very satisfied with everything. Thank you.

Thank you for all you do for lower income individuals like myself. :)

Doing good job.

Thank you feels good to go to the dr and have insurance.

The ins. is a blessing.

Everything is ok.

Other than that it's pretty good. Thank you.

I am satisfied, you get taken care of.

So far very satisfied w/ our health coverage.

I am very happy with OEPIC. Thank you so much!

Love your program.

I have no complaints, other than the pharmacist not always having my authorized scripts. I am very thankful for Insure Oklahoma. Coverage is great, sometimes referrals are slow but I don't blame Insure Oklahoma.

We are very thankful to be able to have this coverage. Nice people, always deal with, no complaints at all.

Administrative problems/suggestions

We have to sell a piece of property to pay off bills. This sum will have to be reported to Ins Ok which will probably cancel my ins. My income will still be the same. Doesn't seem right.

Should do the reapplication every two years.

The billing is strange. We are months ahead yet still get bills we are passed due. The operators are very helpful and nice.

I can't reapply until I get my 1099 and get all my stuff from bank. Will reapply when I get my taxes done. Thanks.

I don't know about renewal yet?

Don't have a member # or what to do in case of need. I'm covered but don't know what is covered.

I think some requirements should be adjusted ie - employers over 99 employees and working > 20 hours per week. It cuts out those who work extremely hard and try but the co will not offer benefits due to <32-35 hrs/week! Keep in mind even working 32/week income is 10,000 below allowable. Times are very tough even for college graduates.

I have provided all information that was asked of me. I will ask for more information for termination of my policy.

Proper forms before cancellation.

Only one idea is to extend to Medicare and Medicaid because so many seniors they have so little money to support their selves.

I think it would be nice to choose my own doctor. The list of OEPIC doctors is too limited.

The people @ Insure OK are helpful and courteous.

I have not had to use my insurance very much since I got it, so I'm not sure how accurate some of my answers are.

I've been very satisfied with all the services - the only suggestions I have is that I feel it should be more time to pay your premiums.

Insurance has too much power over what meds we are allowed to take. The doctor is a doctor for a reason. Let them do their job!!!

If my doc can't see me, I should be able to see the second on my list. I was told to go to the emergency room by OEPIC if I couldn't get appt. That's irresponsible.

Appendix B4

IP Member Additional Comments (Survey Question 14)

Need to make it easier to renew. For people who have no coverage you need to automatically approve with a premium.

I haven't used this insurance yet. This is my 2nd month to have it.

Letters during the renewal process were poorly written to lead me to believe I was cancelled when that was not the case. And this was two different letters at two different times.

I haven't met my doctor yet. So I don't know how the process will go yet.

Need to come out with something for dental/vision.

Recently discovered that OEPIC pay our PCP \$316 (THREE HUNDRED SIXTEEN DOLLARS!!!!) for every office visit. Seems a bit excessive.

Costs/benefits/eligibility problems/suggestions

Needs to be cheaper. My annual income is \$3600 a yr. Husband gets disability.

All representatives are extremely knowledgeable and helpful. Coverage is wonderful and I could not be more satisfied. I only wish I could get this for my wife.

Wish the income was higher it's hard to live on so low income but to have ins.

Need dental plan. Need optical plan.

Only wish you would add vision and dental.

Dentistry and eye exams!

Need to include eye care and dental.

I wish my coverage included vision and dental. My husband desperately needs glasses but can't afford them.

We need vision care.

I wish my health Insurance covered dental also that would be very nice and helpful to my health.

Would like coverage for dental and eye - lenses.

I just lost this insurance due to the sale of a piece of real estate that went to pay off debt and there will be no excess. I will have to go without insurance for 1 year until I can reapply. I tried to get other insurance and they wanted \$650.00 per month. That is more than my income.

I love (IO) in my town there 12 dr. Only 2 accept (IO) the other dr tell me reimbursement rates are too low. I would pay \$20 more if it met higher pay back rate for doctor's.

I was sick and paying premiums but could not see a doctor because someone had me as mental health only. I had to pay out of pocket for months until this was fixed.

The payments and/or out of pocket expenses is great, but terrible if I need to pay and can't really get benefits needed.

Appendix C
Biographical Sketches of Project Faculty and Staff

Jim Cacy, Ph.D.

Clinical Associate Professor and Director, Primary Care Health Policy Division

Professor Jim Cacy joined the Department of Family & Preventive Medicine in October of 1994 as a Project Manager responsible for training physicians to use an electronic medical records system, and as a Research Assistant responsible for assisting in the development of the Oklahoma Research/Resource Network (OKPRN). Prior to joining the Department, Professor Cacy was a Programs Supervisor for the Oklahoma Department of Human Services Office of Client Advocacy (OCA), where he was responsible for the preparation of the annual Human Services Commission report of the OCA's grievance and abuse investigation statistics. He received his Ph.D. in Educational Psychology, specializing in Program Evaluation, in 1995, from the University of Oklahoma. His graduate training included advanced training in parametric and nonparametric statistics, and both quantitative and qualitative research techniques. In July of 1999 he was promoted to the rank of Instructor and Division Head of the Department's Information Technology Division, and in June of 2001 he was promoted to the rank of Clinical Assistant Professor. During his tenure, he has been involved with numerous research projects as an expert in research design, statistics, curriculum development, and information technology, and he has served as an instructor in Biostatistics and Epidemiology for the University's Medical School. He has authored and co-authored numerous publications and presentations on a variety of topics, and he has been an Invited Presenter to numerous national conferences in the area of electronic medical records. Professor Cacy retired from the Department of Family & Preventive Medicine in September 2009 to explore other professional activities including Adjunct Professor of Psychology at the MidAmerica Christian University, where he teaches undergraduate social psychology and abnormal psychology, master's level developmental psychology, and research methods & tests & measurements. He returned to the Department in May 2010 initially as a consultant to the Primary Care Health Policy Division. On August 1, 2010, he returned as Clinical Associate Professor and Supervisor of the PCHP Division. He became PCHP Division Director on January 1, 2011 and has overall responsibility for the projects conducted by the Division.

Laine H. McCarthy, MLIS

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

Professor Laine H. 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, Professor McCarthy was promoted to Clinical Assistant Professor, and 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, Professor 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. Professor 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. Professor McCarthy continues to be involved in department wide resident education and research. She is co-coordinator of the residency training program's ClinIQ program, which teaches answering clinical questions, research and authorship skills. She is also involved in several on-going research projects including a systematic review of the literature surrounding the issue of night sweats in primary care. Professor McCarthy currently serves as writer and data analyst for the Division of Primary Care Health Policy.

Appendix C
Biographical Sketches of Project Faculty and Staff

Sarah D. Coleman

Health Policy Research Coordinator, Primary Care Health Policy Division

Sarah Coleman 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 the healthcare sales and marketing field, with a focus on outreach and contact management, specifically with physicians and other health practitioners. Mrs. Coleman 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. Mrs. Coleman is currently the health policy research coordinator for the division.

Susan M. Hall, MSM

Outreach Liaison, 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.

Sarah K. Harding, MPH, CHES

Outreach Liaison, Department of Family & Preventive Medicine

Sarah Harding joined the University of Oklahoma Health Sciences Center (OUHSC), Department of Family and Preventive Medicine, Primary Care Health Policy Division as Outreach Liaison in February 2013. Ms. Harding holds a Bachelor of Arts degree in Journalism with a minor in Business and Political Science from the University of Oklahoma and a Master of Public Health degree from the University of Oklahoma Health Sciences Center. She also is a Certified Health Education Specialist (CHES). Ms. Harding has extensive experience in the health care industry, working with medical providers, insurance agents and members who receive state funded health care. Before joining OUHSC, she worked for the Oklahoma Insurance Department developing public relations campaigns. Most recently she spent five years working for the Oklahoma Health Care Authority (OHCA) in various capacities producing communication pieces for providers and members. In addition, she was responsible for analyzing member data for the Care Management department. As outreach liaison, Ms. Harding is the lead project coordinator responsible for providing the independent continuous quality improvement reports for OHCA's Oklahoma Adult Health Quality Grant.

Denise M. Brown

Senior Administrative Manager, Department of Family & Preventive Medicine

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

Appendix C
Biographical Sketches of Project Faculty and Staff

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 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.