Insurance Agent Feedback about the Insure Oklahoma/O-EPIC Employer-Sponsored Insurance Premium Subsidy Program

The Primary Care Health Policy Division

Department of Family and Preventive Medicine

University of Oklahoma Health Sciences Center

Oklahoma City, Oklahoma

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The Oklahoma Health Care Authority

This report completes contract component 4.0 (e, ii): Contractor shall prepare a written report detailing the feedback gathered by OHCA from producers/agents regarding the Insure Oklahoma/O-EPIC program to be submitted to OHCA by December 11, 2009.

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Insurance Agent Feedback about the Insure Oklahoma/O-EPIC ESI Premium Subsidy Program
Executive Summary

Purpose: The purpose of this study was to gather feedback from insurance agents[*] about Insure Oklahoma's Oklahoma Employer/Employee Partnership for Insurance Coverage Employer-Sponsored Insurance (IO/O-EPIC ESI) premium subsidy program. IO/O-EPIC ESI is a partnership among small businesses (99 or fewer employees), private insurance carriers, and the Oklahoma Health Care Authority (OHCA), the agency that manages SoonerCare (Medicaid) and administers the subsidy program. A survey of insurance agents was conducted during the start-up phase of the subsidy program (Nov. 2005 to March 2006). At that time only six insurance carriers offered subsidy-qualified health plans and few agents had experience selling and servicing the qualified health plans.[1]

Now that the IO O-EPIC ESI subsidy program has been running successfully for four years, there are 21 carriers offering 467 qualified insurance products. In November 2009, more than 17,000 eligible employees and spouses (income up to 200% FPL) and more than 5,000 businesses had health insurance thanks to Insure Oklahoma.[†] Since the program began, 11 studies gathering feedback about various aspects of all Insure Oklahoma programs have been completed as part of OHCA's commitment to continuous quality

improvement.[1-11] This report continues that effort by polling insurance agents from the approved agent list, which includes agents who have sold a subsidy-qualified plan or those who attended one of OHCA's informational "brown bag" lunch seminars.

Background: More than 40% of the private American labor force works for companies with fewer than 100 workers. In the wake of current efforts at health care reform, insurers have agreed to sell policies to individuals with pre-existing conditions and to stop basing prices on the health of the individuals. The insurance industry, however, has made it clear that these changes will not be applied to another segment of the health insurance market, one responsible for many people being uninsured in the first place: the market for small employers.[12]

By some estimates, about half of the nation's uninsured are people who are self-employed or work for a small business.[12,13] Insurance brokers and benefits consultants say that premiums for their small business clients have increased about 15%, double the 2008 increases. Premiums per employee could be as high as $5,500 in 2010, up from $4,800 in 2009 and $4,500 in 2008. Although premiums are rising for larger companies as well, they have the "negotiating clout" to ensure their increases will not be as steep as those for smaller businesses.[13]

The IO/OEPIC ESI subsidy program was designed to offset the impact of double digit premium increases for low-income working adults (and eligible spouses) and the small (99 workers or fewer) Oklahoma businesses that

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[*]For the purposes of this report, agents shall refer to all individuals appointed to sell health insurance products in Oklahoma, also called brokers and producers.
[†]Insure Oklahoma Fast Facts, November 2009 (www.insureoklahoma.org).

employ them. The program offers premium subsidies and out-of-pocket limits, creating access to affordable health care while helping employers watch their bottom line (Appendix A).

As a work-based, private insurance market premium subsidy program, IO/O-EPIC ESI relies heavily on the efforts of insurance agents. In previous continuous quality improvement studies about the subsidy program, employers said that insurance agents play a major role by disseminating accurate information about IO-O-EPIC ESI and helping employers and employees with application, enrollment, and more.[2,3,5,8,10]

In previous studies, agents were rated highly regardless of the length of time employers had been participating in the IO/O-EPIC ESI program or business size (based on number of employees). Business location (city, town or rural) likewise did not diminish the importance of agents to employers participating in IO/O-EPIC ESI.

Based on employer feedback, it is clear that insurance agents have been critical to the success of the IO/O-EPIC ESI subsidy program to date and will continue to play a major role into the future. To that end, OHCA asked the faculty and staff of the Primary Care Health Policy Division, Department of Family & Preventive Medicine (DFPM) to assist them with a survey to gather comments and suggestions from insurance agents who have been selling and servicing IO-O-EPIC ESI qualified health insurance products. This report describes the results of that survey.
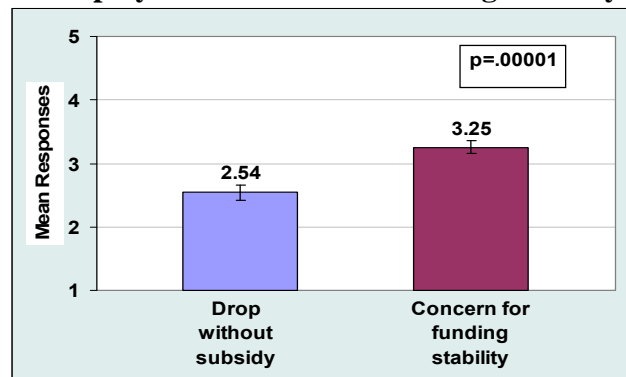
Methods: DFPM staff helped OHCA develop, administer, analyze, and report the results of a survey of insurance agents. **Subjects:** The target population included all 764 insurance agents from the qualified agent list (e.g., sold a plan or attended an OHCA information meeting) as of the survey mail-out date (August 6, 2009); 28 surveys were undeliverable or unusable leaving 736 surveys distributed. Completed surveys were received from 168 agents, a response rate of 22.8%. **Survey Instrument:** DFPM staff assisted OHCA with the development of the sur-

vey instrument and an accompanying education piece that described the goals and purpose of the study (Appendix B). **Data Analysis:** Raw data (available upon request) were entered into Excel spreadsheets and analyzed using Microsoft Excel. Narrative responses were coded and graphed to capture emerging themes (Appendix C). Biographical material about the authors is attached as Appendix D.

Key Findings:

1. Surveys were mailed to 764 agents; 28 were undeliverable or unusable resulting in 736 surveys distributed; 168 completed surveys were received for analysis, a 22.8% response rate.

2. 58% of agents sold subsidy-qualified plans in cities; 29% in towns, 13% in rural areas.

3. 79.2% of agents (n=133) said the subsidy plan was a "useful" marketing tool.

4. 80.2% of agents (n=118) indicated that less than half of their total group sales business came from selling IO/O-EPIC subsidized plans.

5. When agents were asked what percent of their IO/O-EPIC ESI clients they thought might drop coverage without the subsidy, there was a broad distribution of responses. As expected, it was higher for those who said employers expressed concern about IO/O-EPIC's long-term funding (Figure 1).

Figure 1. Businesses that Would Drop Coverage without Subsidy Compared by Employer Concern over Funding Stability

6. The most common reasons agents gave for losing IO/O-EPIC ESI clients were: (a) the group had grown too large (n=12), and (b) the company/s were no longer in business (n=9).

7. The service agents provided clients most frequently was help enrolling employees (n=148), followed by educating employees (n=139), helping employers add or delete eligible members (n=129), and helping with invoicing and billing (n=120).

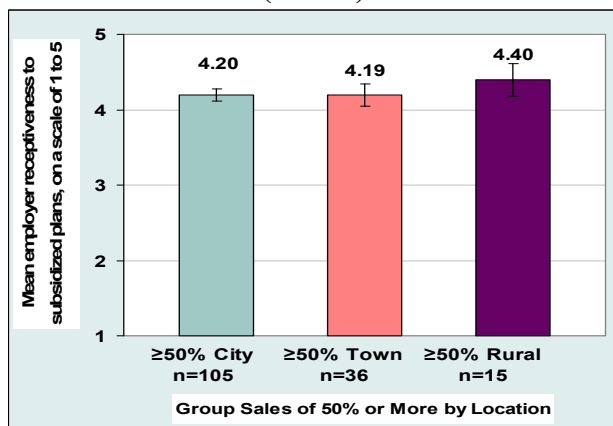**8.** 20% (n=34) indicated their agency had hired additional staff to help with IO/O-EPIC ESI.

9. 31.6% of agents (n=30) suggested that OHCA initiate more education and increase direct contact with employers; 13.7% (n=13) asked OHCA to fix administrative errors; 13.7% (n=13) said increase eligibility and reduce the "rich" benefit package; 12.6% (n=12) suggested OHCA increase marketing of the subsidy program.

10. Agents indicated they would like more direct contact with OHCA to facilitate the sales and service of subsidized plans.

11. Agents expressed interest in making a "cafeteria" style program or plan available, especially if it could include very high deductible/HSA plans.

12. Agents indicated employers were "receptive" to "very receptive" to the subsidy-qualified benefit plans they offered. This was true regardless of where the businesses were located (Figure 2).

13. Agents were more interested in offering very high deductible plans (≥$5,000) with a health savings account (HSA) than employers. 43.8% of agents want a high deductible/health savings account (HSA) option available.

14. In their written responses, agents said that the benefit plans should be less "rich" and should include higher cost-share for employees.

15. 69.1% of agents said they perceived employers were moderately concerned about the funding stability of the IO/O-EPIC ESI subsidy program.

16. 79.1% of agents said the IO website was "helpful" to "very helpful." Agents used the website to download forms, locate plans, and show employers during sales calls.

17. There is a lack of knowledge about the SoonerCare and Medicaid regulations and about Insure Oklahoma in general.

18. Several agents commented that they needed to be paid for selling these plans. The comments were directed to OHCA. Given that traditionally agents are paid commission from the insurer for the sale of health plans, there appears to be confusion about the role of Insure Oklahoma regarding paying agents.

> *"I do not and can not make a living with this program."*
>
> *IO Approved Agent, October 2009*

Figure 2. Employer Receptiveness to Subsidy Qualified Health Plans Compared by Location of Business: City, Town, Rural (n=123)

Recommendations:

1. Consider implementing a dedicated "agent hotline." Agents would like more direct contact with OHCA to facilitate the sales and service of subsidized plans.

2. Study the possibility of making a "cafeteria" style program or plan available, especially if it could include very high deductible/HSA plans.

3. Agents perceived that employers were less enthusiastic about very high deductible plans with HSAs. Survey employers to gauge their interest. This option could be considered if a cafeteria style program were designed for non-subsidy qualified employees.

4. A brochure with federal and state regulations governing Insure Oklahoma and the goals and objectives of all Insure Oklahoma programs (including the Individual Plan) should be developed and distributed at all "brown bag" seminars and to each agent upon their first sale of an IO/O-EPIC ESI subsidized plan.

5. Suggest initiating a quarterly or semi-annual news bulletin for agents that covers any updates or program changes. This bulletin should review the federal regulations, the purpose and limitations of the Insure Oklahoma programs. The comment below is an example of agents' misunderstanding of the role of Insure Oklahoma.

> *" Give employees option for children--pay for group insurance instead of SoonerCare."*
>
> *IO Approved Agent, October 2009*

6. As noted in studies with employers, agents expressed concern about lost paperwork, untrained OHCA staff, and a general lack of communication. Investigate the possibility of copying agents on any paperwork mailed to clients if feasible.

7. In previous studies, employers were asked the value to their businesses of 4 nationally validated potential positive business benefits of ESI:

    a. Improved hiring and employee retention,

    b. Reduced absenteeism,

    c. Improved employee morale, and a resulting increase in productivity, and

    d. Decreased workers' comp claims.

We suggest that agent education include these potential business benefits. They could use this information to enhance their marketing and sales of ESI.

8. Issues regarding the stability of the IO funding stream must be addressed. Agents and employers need to be included in this discussion so that they can make better educated decisions about employee benefits programs.

9. If future surveys are done with agents, the survey should include a question asking the number of qualified IO/O-EPIC ESI subsidized plans each agent had sold. Inclusion of this information would improve the data analysis.

10. The survey should only be sent to agents who have actually sold a plan, and not agents who had attended a meeting. This impacted the response rate and possibly skewed the analysis.

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Introduction

"[Agents] help employers and employees with every aspect of the [IO/O-EPIC ESI] program."

IO Approved Agent, October 2009

On November 1, 2005, the Insure Oklahoma-Oklahoma Employer/Employee Partnership for Insurance Coverage Employer-Sponsored Insurance program (IO/O-EPIC ESI) began accepting applications for a state-sponsored premium subsidy program to help provide access to affordable health care for low-income workers and their spouses working for small Oklahoma businesses. IO/O-EPIC ESI is a premium subsidy program that allows small business owners to purchase qualified health insurance packages from the private insurance marketplace. When it began, IO/O-EPIC ESI provided premium assistance for eligible workers and spouses with family incomes up to 185% of the federal poverty level (FPL) working for businesses with 25 employees or fewer. Today, the qualified family income level stands at 200% FPL and the subsidy program is extended to businesses with up to 99 employees. As of November 2009, more than 17,000 eligible employees and spouses and more than 5,000 small businesses have health insurance coverage thanks to Insure Oklahoma.[*]

Background:

Employer-sponsored insurance is *the* major source of health coverage in America. More than 60% (159,106,560) of non-elderly adults (19-64) with health insurance subscribe through their place of work. Only 5.5% (14,347,160) have individual or private coverage; Medicaid covers nearly 14% (36,359,410) with other public programs supplying health care for the remaining 2.5% (6,642,560). At this writing, 44,970,780, 17.2% of the American non-elderly population, are uninsured.[†14]

A survey released recently by the Colorado Public Interest Research Group, a nonpartisan think tank found that only "...one in four U.S. businesses with five or fewer employees offers health insurance, and 26 million [of the approximately 45 million] uninsured in the U.S. are small business employees, owners, or dependents."[15] Another survey, conducted by the Maryland-based think tank U.S. Public Interest Research Group found that only 29% (about 100) of the 343 small business surveyed for that study were able to offer coverage.[16] In fact, more than 40% of the private American labor force works for companies with fewer than 100 workers.[12,17]

An additional 25 million adults with insurance were underinsured, that is, they had health coverage but the cost-share to access care was too steep for them to actually use the coverage for the purpose intended.[17] According to a report published in the journal *Health Affairs*, "In total, 42% of U.S. adults were underinsured or uninsured" during 2007.[17] As many as half of the uninsured are either self-employed or work for small businesses.

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[*]Insure Oklahoma Fast Facts, November 2009 (www.insureoklahoma.org).

[†]www.statehealthfacts.org

Not since the Clinton Presidency (1992-2000) has the U.S. Government focused as much attention on "the health care crisis" as it has in the past 10 months. The administration of President Barack Obama has traveled the country trying to garner support for a major overhaul of the U.S. health care system but defining a cohesive strategy has proved contentious, and finding a compromise that all stakeholders can live with may prove difficult, if not impossible. This is a historic period for the U.S. The battle will be lengthy but the implications for individuals, states and the nation as a whole are tremendous.[18-27]

There is good evidence that the health care crisis is hindering America's entrepreneurial spirit.[28-33] In a recent article, health policy writer Jonathan Gruber described the phenomenon called "job lock," which occurs when an individual is unwilling to leave a current job with health insurance to risk another line of work, even one in which they would potentially be more productive.[32] A European businessman commented that job lock for health care must adversely impact moving and becoming self-employed, "And surely that's what America prides itself on! Self-reliance! Individualism! Mobility!"[33] In fact, Americans with the entrepreneurial spirit are increasingly taking their passion and their business ideas to Europe.[33]

Though small American businesses worry that the rising costs of employer sponsored insurance are 'choking' the growth and productivity of their businesses, many of those same business owners fear that the health care reforms being debated in Congress could end up forcing more costs onto them.[16,34] At this point, there is little consensus among small businesses on what health care reform should look like.[35]

To cope with the rising costs of employee benefits, businesses of all sizes are raising front-end deductible amounts (which tripled between 2000 and 2007) and increasing employee premiums, deductibles and cost-share for health care services.[12,17] As these costs continue to rise, many of the lowest income working adults find that access to health care is becoming farther and farther out of reach.[36,37]

Problem Statement:

More than 40% of the private American labor force works for companies with fewer than 100 workers. In the wake of current efforts at health care reform, insurers have agreed to sell policies to individuals with pre-existing conditions and to stop basing prices on the health of the individuals. The insurance industry, however, has made it clear that these changes will not be applied to another segment of the health insurance market, one responsible for many people being uninsured in the first place: the market for small employers.[12]

By some estimates, about half of the nation's uninsured are people who are self-employed or work for a small business.[12,13] Insurance brokers and benefits consultants say that premiums for their small business clients have increased about 15%, double the 2008 increases. Premiums per employee could be as high as $5,500 in 2010, up from $4,800 in 2009 and $4,500 in 2008. Although premiums are rising for larger companies as well, they have the "negotiating clout" to ensure their increases will not be as steep as those for smaller businesses.[13]

The Insure Oklahoma/O-EPIC ESI subsidy program was designed for exactly this purpose (Appendix A). In previous CQI studies about IO/O-EPIC ESI, employers indicated that insurance agents play a major role in disseminating accurate information about the IO/O-EPIC ESI plan, and provide excellent service for their clients during the enrollment and application process, and beyond.[2,3,5,8,10] In previous studies, agents were rated highly regardless how long employers had been participating in the IO/O-EPIC ESI program or the size (number of employees) of the business (Figure 3).

Figure 3. Data from a Previous Study on the Value of Insurance Agents Compared by Length of Time Participating in IO/O-EPIC ESI and Business Size (No. of Employees)[3]
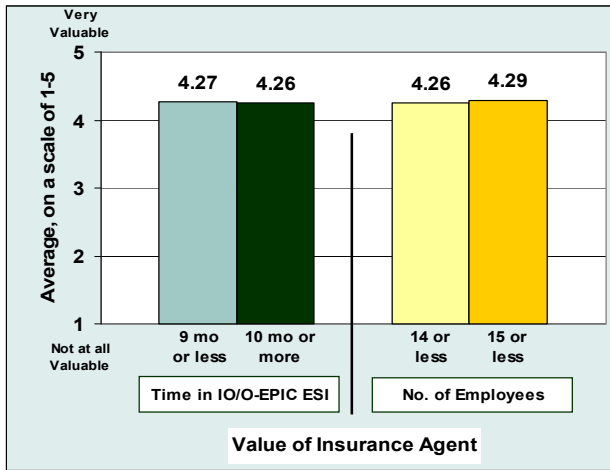
Location of the business (city, town or rural) likewise did not diminish the importance of agents to employers participating in the IO/O-EPIC ESI subsidy program (Figure 4).

Figure 4. Data from A Previous Study on the Value of Insurance Agents Compared by Location of Business[3]
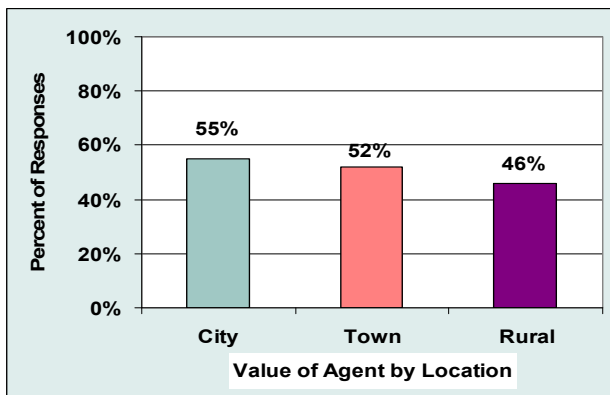
The values in Figure 4 above reflect the percent of small business owner survey respondents who selected 'Insurance Agent' as their most useful and accurate source of information as compared to other choices on the survey. Those choices were:

- Newspaper
- Verbal (friends, family, co-workers)
- Chambers of Commerce
- Other (physician, mailer from OHCA, TV, etc.)

Data detail from the most recent survey conducted with small business owners, depicted in Figure 5 (below),[10] shows the wide margin between insurance agents and all other sources of information about the IO/O-EPIC ESI premium subsidy program. The comment below the figure, from one of the small business owners, states just how useful and "vital" insurance agents have been and continue to be to the success of the premium subsidy program.

Figure 5. Data from Previous Studies about Employers' Primary Source of Information about IO/O-EPIC ESI Program (n=1,043)[10]
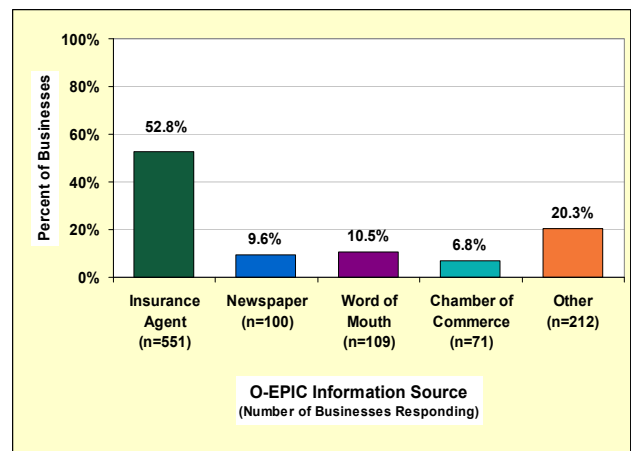
"Our insurance agent played a vital role in our business signing up. We had applied and were told we didn't qualify. Our insurance agent encouraged me to apply again and took me to an informative meeting. If it weren't for her, we wouldn't be on this program."[10]

The next logical progression in the IO/O-EPIC ESI CQI process is to discuss the program from the perspective of the insurance agents, producers, and carriers. This study presents the comments, suggestions and feedback about insurance agents' experiences selling and servicing the IO/O-EPIC ESI subsidy plans and reports their suggestions for improving the quality for the consumers and the agents.

Methods

"I believe that it is an agent's job to educate the members."

IO Approved Agent, October 2009

For this study, DFPM personnel assisted OHCA with the development of an education piece and survey (Appendix A) to be distributed to all insurance agents from OHCA qualified agent list. The purpose and goals of the survey were to gather feedback about the IO/O-EPIC ESI program, and solicit suggestions from agents about what OHCA can do to help them sell and service the Insure Oklahoma premium subsidy plans. Results from this study will contribute to the overall continuous quality improvement (CQI) of Insure Oklahoma's premium assistance program.

Subjects

Subjects for this study were all 764 insurance agents from the qualified agent list. Qualified agents are those who have sold a subsidy-qualified IO/O-EPIC ESI plan to an Oklahoma small business (currently defined as 99 or fewer employees) or attended one of OHCA's "brown bag" informational lunch meetings. Surveys were mailed by OHCA on August 6, 2009. Twenty-eight (28) were undeliverable or unusable (agent had attended a meeting but had not sold a plan), leaving a total of 736 surveys distributed. Surveys were completed and returned on or before the receipt deadline of September 4, 2009 by 168 agents, a response rate of 22.8%.

Survey Instruments

DFPM researchers assisted OHCA in developing the survey instrument for this study. This survey includes some questions from the initial agent survey (which was conducted during the IO-O-EPIC ESI start-up phase, 2005),[1,9] questions issuing from discussions with agents during OHCA's "Brown Bag" educational lunches, and information from agent phone calls to the Agency. The education piece and survey are in Appendix A.

Four types of questions were developed for the survey:

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

One general demographic question about the agent's territory was asked to establish where within the state the agents' were selling IO/O-EPIC qualified products. The remaining 16 questions dealt with specific issues regarding the sales and service of IO-O-EPIC ESI qualified insurance plans. These questions were designed to gather feedback and suggestions from agents about what OHCA can do to help them sell and service the insurance plans, and to contribute to the overall CQI of IO/O-EPIC ESI (see Appendix A).

Data Analysis

Survey questions were entered into an Excel spreadsheet for statistical analysis by one or more team members. Data entry was subjected to random checking by a staff member who was not involved in data entry to ensure accuracy. Every 4th entry was compared to the original

survey. In addition, random checking was done during the data analysis process.

All statistical analyses were performed using formulae from Excel, including mean, median, mode, standard deviation, standard error of the mean, Chi Square test, and Student's T-test, depending on the nature of the data and the questions being asked. Charts and figures for this report were also generated in Excel.

Answers requiring a written response were entered as they appeared on the completed survey (with some editing for spelling and grammar). Responses were coded to identify themes that might be useful for the IO/O-EPIC ESI CQI process. A complete list of narrative responses is attached in Appendix C. The raw data for this study are available upon request.

Resources and References

Since its inception in March 2003, the Primary Care Health Policy Division has been building a library of relevant health policy materials. These materials include newspaper accounts, research reports and articles, and internet resources. Citations to these materials were entered into an EndNote Reference Management Library database. To date, the library includes nearly 1,200 documents and citations. Materials relevant to Medicaid program innovation, uninsured and underinsured working adults and families, and current national discussions about health care are included in this library. The database and the library are available for use by OHCA staff, and by others upon special request. The references cited in this report are part of this library and database.

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

Limitations of this Study

Surveys were mailed to all 764 agents who had sold a qualified IO/O-EPIC ESI plan to an Oklahoma small business (currently defined as up to 99 employees) or attended one of OHCA's "brown bag" informational lunch meetings as of the survey mail-out date (August 6, 2009). Twenty-eight surveys (28) surveys were returned as undeliverable or unusable resulting in a total of 736 surveys distributed. Completed surveys were returned by 168 agents, a 22.8% response rate, which is somewhat lower than anticipated. The choice of survey recipients was not randomized; the survey was sent to all agents who met the inclusion criteria. There was no way to control which agents would complete the survey, and which would not. Therefore, a certain amount of selection bias must be assumed. In addition, some of the questions called for estimates and opinions from agents, which require subjective responses.

A potential limitation in the data analysis was discovered after the survey was distributed. It was determined during the survey development process that it was not necessary to ask agents how many (number) IO/O-EPIC ESI qualified health plans each had sold because that information is available to OHCA. During the course of data analysis, however, it became clear that having this piece of information associated with each anonymous agent survey would have given us a broader range of data to compare. Future surveys with agents/producers should ask how many premium subsidy qualified plans each agent had sold so responses can be compared with other survey responses and respondents.

Nonetheless, the results, findings, and recommendations from this study should add to the base line for future studies with this group. In addition, many of the suggestions from agents have validity and should be considered for implementation as the IO/O-EPIC ESI program moves forward.

Results

Thank you from me but most of all for my approved clients. Many would not have coverage if it weren't for OEPIC.

IO Approved Agent, October 2009

Results from this survey will be reported in two parts. In the first part, the results of the analysis of survey responses will be reported in the order that the questions were asked on the survey. The second section will report on 13 analytic comparisons (and 3 additional sub-analyses) among responses to various survey questions to determine the affect that, for example, more rural sales might have had on agents' responses to other questions (percentage of their business from group sales, percentage of subsidized groups that would drop ESI without the premium subsidy, etc.). These comparisons were chosen based on their potential to contribute to IO/O-EPIC ESI's CQI.

> **DATA NOTE:** It was determined during the survey development process that it was not necessary to ask agents how many (number) IO/O-EPIC ESI qualified health plans each had sold because that information is available to OHCA. During the course of data analysis, however, it became clear that having this piece of information associated with each anonymous agent survey would have given us a broader range of linked data to compare. Future surveys with agents/producers should ask how many premium subsidy qualified plans each agent had sold so responses can be compared with other survey responses and respondents.

Survey Responses

Surveys were distributed to all 764 insurance agents from OHCA's qualified agent list on August 6, 2009. Twenty-eight surveys (28) were undeliverable or unusable (agent had attended a meeting but had not sold a plan, etc.), leaving a total of 736 surveys distributed. Surveys were

completed and returned on or before the receipt deadline of September 4, 2009 by 168 agents, a response rate of 22.8%.

1. Location distribution of agent group health insurance sales. To establish the generalizability of the data and to allow us to compare results by location of group sales throughout the state, agents were asked to estimate the percent of their group sales by city (pop. greater than 25,000), town (pop. 2,501 to 25,000), or rural area (pop. 2,500 or less). Figure 6 shows the average distribution of group sales by location. The majority of sales (58%) were in cities, which is to be expected as the majority of businesses are in cities. About one-third (29%) were in towns, and 13% in rural areas.

Figure 6. Distribution of Agent Group Health Insurance Sales: City, Town, or Rural Area
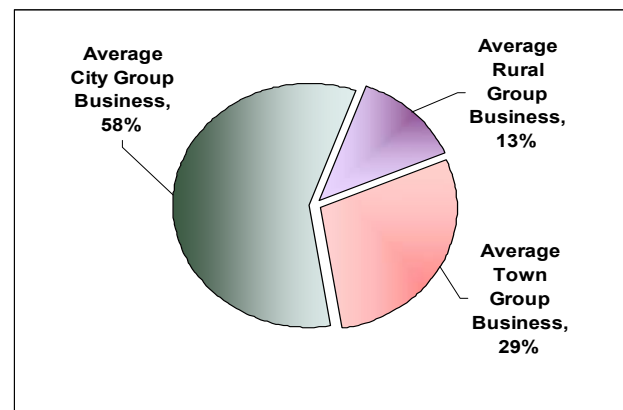
2. Usefulness to agents of the O-EPIC premium subsidy program as a marketing tool. Previous studies with employers

participating in the premium subsidy program indicated that the program "sells itself."[10] To determine the degree to which agents have likewise found the program itself to be helpful in their sales efforts, agents were asked to rate the premium subsidy program's usefulness on a scale of 1 ("not at all useful") to 5 ("very useful"). Overall, agents reported that the availability of the subsidy program was helpful to very helpful (mean, 4.14; SEM, 0.08). Figure 7 shows the percent responses by subsidy usefulness.

Figure 7. Agents' Opinion of Usefulness of Premium Subsidy as a Marketing Tool (n=168)
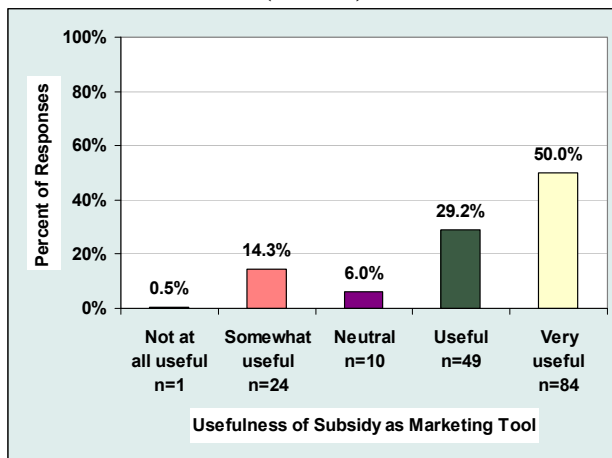
3. Percent of total group health insurance sales resulting from the premium subsidy program. Agents were asked to estimate the percentage of their total group health insurance sales that resulted from selling coverage to a small business that qualified for the O-EPIC premium subsidy: 0-25%, 26-50%, 51-75% or 76-100%. The average was about 25%. Figure 8 shows the breakdown by variable group.

Figure 8. Estimated Percentage of Group Insurance Sales to O-EPIC Qualified Small Businesses (n=168)
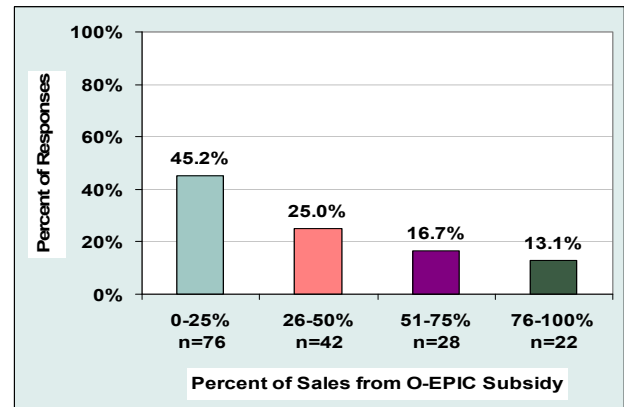
4. Percentage of subsidized groups that would drop coverage without O-EPIC subsidy. Of the O-EPIC subsidized plans they had sold, agents' were asked to estimate the percentage that would drop ESI without the subsidy. Figure 9 shows the wide range of responses to this question. However, most respondents (40.7%, n=68) thought fewer than 25% of their current clients would drop coverage without the premium subsidy. This indicates that employers who have already enrolled in the program and are offering ESI for their employees would take time and consider their options before dropping coverage.

Figure 9. Estimated Percentage of Current Subsidized Groups that Would Drop Coverage without Subsidy (n=167)
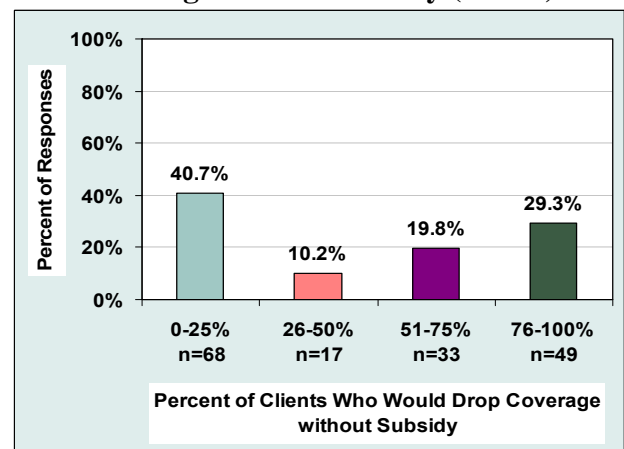
5. Number of employers who purchased a qualified plan but are no longer the agent's clients. One challenge of the group insurance market for agents and brokers is the potential for change in business status or in coverage requirements for small businesses. Because agents are approved to sell plans specified by carriers, sometimes a client may wish to change to a plan that agent is not approved to sell. Or, the business owner could decide to not continue offering coverage, the business could go out of business, etc.

To determine if clients were leaving agents and what the reasons for that might be, agents were asked how many of their O-EPIC subsidy qualified plans were no longer their clients, and to list the reasons (if known). Forty (40) agents reported they had lost one or more O-EPIC subsidized clients. The range was from 1 to 15; 118 reported they had not lost any clients, and 10 did not answer the question (Figure 10).

Figure 10. Number of Clients Lost (n=40)

Figure 11 shows the reasons given for the loss of clientele.

Figure 11. Reasons Cited by Agents for Loss of IO/O-EPIC ESI Clients (n=35)
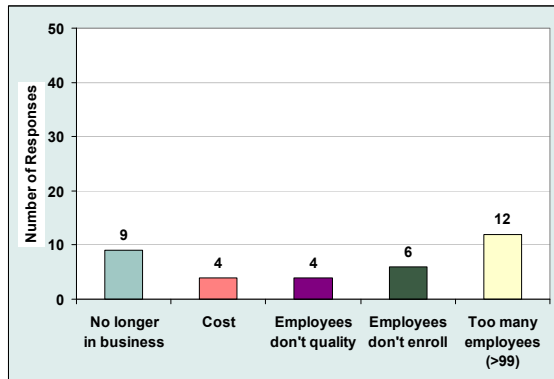
6. Development of agency procedures and guidelines for talking to small business owners about IO/O-EPIC ESI premium subsidy. Marketing, education and outreach about the IO/O-EPIC ESI subsidy program have been a crucial component to the success to date. Still, there are many qualified businesses, with eligible employees, who have not enrolled in the program. As OHCA continues to seek ways to better communicate the goals of the program, methods that have been developed and employed successfully by agents in the field could provide useful insight into potential marketing campaigns.

We asked agents if they or their agency had developed policies and/or guidelines, perhaps a list of talking points, brochures, etc., that they used when calling on a potential IO/O-EPIC ESI premium subsidy qualified client. Ninety-five (95, 58%) agents indicated they implemented some sort of organized procedures or guidelines, and 70 (42%) had not (Figure 12).

Figure 12. Number of Agents/Agencies That Had and Had Not Developed Strategies for Selling Subsidized Plans (n=165)
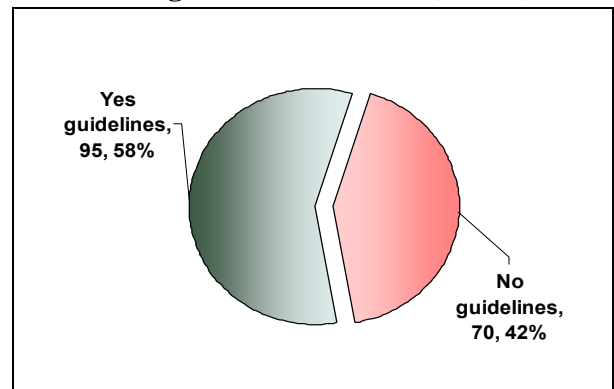
We then asked if they might be willing to share those materials to help develop a "best practices" approach to selling IO/O-EPIC ESI subsidy qualified plans. They were invited to call us if they would be willing to share their ideas and/or materials (if any). A staff member spoke with 6 agents about their approach to selling subsidized small group health plans. Following are their comments.

● **Agents are indirectly reimbursed for selling IO/O-EPIC ESI through commission.** Time spent on IO/O-EPIC ESI for businesses varies week to week. Very happy with IO/O-EPIC ESI. Wishes the income limits could be increased. Has had a few challenges with payments, etc., but problems are usually resolved quickly.

● Have 22-23 businesses enrolled. **Clients speak highly of the program.** There is too much paperwork. Agency tries to assist clients with paperwork. Do not have procedures in place for IO/O-EPIC ESI but use it as a selling tool and do what client needs.

● **Uses IO/O-EPIC ESI as a selling tool.** Takes a spreadsheet to employers showing them the potential cost savings with IO/O-EPIC ESI. Happy to talk anytime.

● Informs small business owners of IO/O-EPIC ESI but doesn't use it as a selling tool per se. Doesn't fill out applications anymore. Bad experience with IO/O-EPIC ESI. Fear of program running out of money but said awesome program; concept is great. Doesn't always work. Premium payments haven't gotten to employers very quickly.

● Agent was unsure about sharing best practices. Agency employs a telemarketing firm out of state and they make calls for agents. Telemarketers mention IO/O-EPIC ESI. Agent feels employers are still confused about what IO/O-EPIC ESI is. More Oklahoman's need to be educated that it is not a replacement for insurance. It is a program to get more people covered. **IO/O-EPIC ESI is a door-opener. Used as a selling tool.**

● IO/O-EPIC ESI is discussed at solicitation, enrollment and renewal. Occasional (mid-year) IO/O-EPIC ESI mailings to clients as reminders for new enrollees.

Most agents who spoke with us said that IO/O-EPIC ESI provided them and their agency with a good marketing or 'talking' point with clients. Most were pleased with the program,

although one agent mentioned the long-term funding stream as a source of concern.

7. Follow-up assistance. Follow-up assistance is an important part of client service. We supplied agents with a list of potential services they might provide their IO/O-EPIC ESI program participants and asked them to select all that were applicable. Figure 13 shows the responses to that question.

All but 5 survey respondents who answered this question checked more than one of the listed follow-up activities and many added additional services, such as educating employers and serving as a liaison between the employer and OHCA when problems arose. Five (5) agents didn't respond to the question at all.

> *"Troubleshoot IO/O-EPIC errors, not getting subsidy payment, tracking lost paperwork."*
>
> *IO Approved Agent, October 2009*

Figure 13. Follow-up Services Provided by Agents to IO/O-EPIC ESI Premium Subsidy Participants (n=165)*
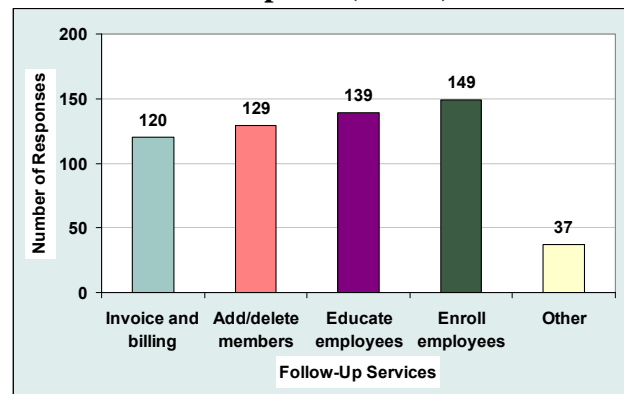
*The number of responses to this question will vary. Agents were asked to check all applicable answers.

"Other" included comments such as:
- Educate employers.
- Check-up phone call.
- Renewal updates, new group installation.
- Help transition employees to the IO Individual Plan if employers terminate ESI.
- We try to serve as their HR department.

- Allows me to cross-sell property and casualty insurance.
- Whatever it takes to meet their needs.

> *"Some groups need no assistance. Some need 100% assistance."*
>
> *"We do whatever they need."*
>
> *IO Approved Agents, October 2009*

8. Staff increases. Increased staffing could be a measure of how much IO/O-EPIC ESI business an agent/agency is doing. To test this hypothesis, we asked whether the agent/agency had added staff specifically to accommodate the sales and servicing of IO/O-EPIC ESI qualified plans. As shown in Figure 14, most agencies had not added additional staff (Yes=34, 20%; No=134, 80%). It would be interesting to ask this question on successive surveys to see if the volume of IO/O-EPIC ESI increases causing an increase in staffing needs over time.

Figure 14. Percent of Agents/Agencies that Have Added Additional Staff Specifically to Service Subsidized Plans (n=168)
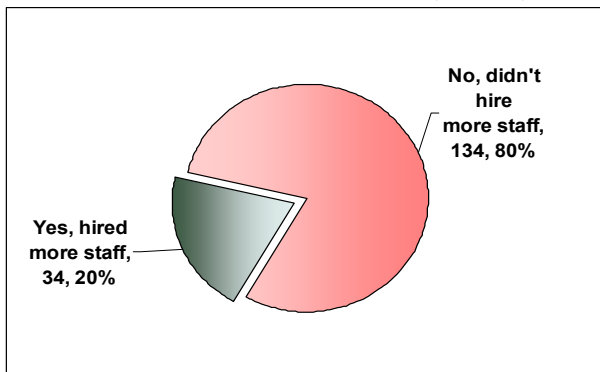
9. Agents' suggestions for outreach with approved businesses about IO/O-EPIC ESI. There are many employers with approved employees who are not receiving any premium subsidy. To determine if there is anything agents suggest to expand the program and ensure quality service and clear understanding of the subsidy program, we asked an open-ended question regarding this issue. The responses were examined to identify repeat responses or

potential themes that might provide OHCA with insights and the potential for outreach, marketing or other policy adjustments. Figure 15 reflects the number of responses and the themes that emerged. A sample of the responses appears below the figure.

Figure 15. Suggestions for Outreach, Education about the Premium Subsidy Program (n=95)
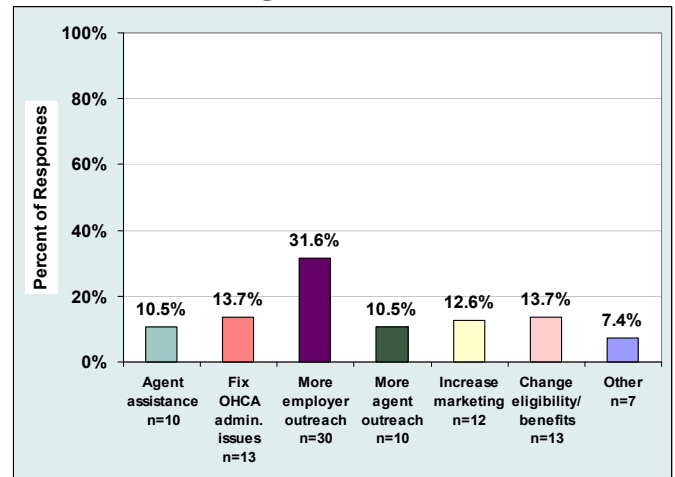
Agents had a number of suggestions for improving IO/O-EPIC ESI, especially asking for more OHCA 'personal' contact with employers **and** employees (31.6%, n=30).

- On site support from O-EPIC.
- OHCA should continue to conduct town hall meetings, Chamber meetings for employers and employees to better understand the program.

> *"More on-site (at company) presence by actual O-EPIC representative."*
>
> *IO Approved Agent, October 2009*

- Maybe send reminders [to the agent]. Maybe bonus the employee because when the employer pays 100% there is no incentive for them to do their application.

Administrative (13.7%, n=13) and eligibility issues (13.7%, n=13) were also high on the agents' minds, together comprising 27.4% (n=26) of the comments.

- Raise the income limit or count only the applicant's income.
- **Many [employers] can't afford to offer coverage to non-O-EPIC approved or see disparity between plans for approved and non-approved.**
- Make enrollment easier, smoother process.
- Less red tape. Renewals should be easier and done on-line, not another full application. Quicker turn-arounds.

A good number (12.6%, n=12) wanted to see increased marketing, especially more in the news (TV, radio, newspapers) and direct mail from OHCA to employers and agents.

10. Agents' perception of employer receptiveness to IO/O-EPIC ESI qualified health plans. As of this writing, there are 467 plans from 21 different carriers[*] that qualify for the premium subsidy. We asked the agents how receptive small business owners were (on a scale of from 1, "not at all receptive," to 5, "very receptive") to the subsidy qualified plans they (the agent) had presented.

As shown in Figure 16, nearly 90% (89.2%, n=150) agents reported that the small business owners to whom they presented IO/O-EPIC ESI qualified plans were "receptive" to "very receptive" to the plans presented. No one answered that owners were "not at all receptive." The mean was 4.27 (SEM=.06).

Figure 16. Small Business Owner Receptiveness to Agent-presented Subsidy Qualified Plans (n=168)
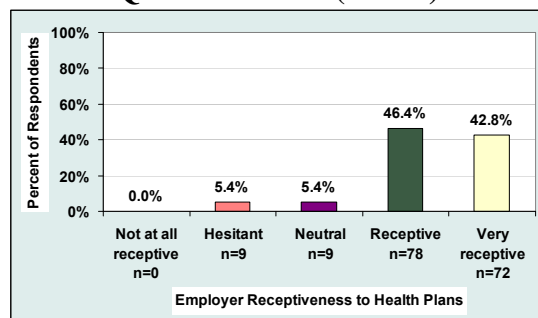
[*]Insure Oklahoma Fast Facts, November 2009 (www.insureoklahoma.org)

Even though there are a large number of plans, this should be good news for OHCA as it indicates that the products that qualify for the IO/O-EPIC ESI subsidy are being well-received by business owners.

11. Additional benefits (riders). Currently, the program only subsidizes medical plans. We asked the agents how many businesses have purchased riders for additional benefits, such as dental or vision. Figure 17 shows the distribution of responses from none (0%) to some (1% to 24% of their clients) to many (25% or more of their clients).

Figure 17. Supplementary Products (Riders) Sold in Addition to IO/O-EPIC Qualified Health Plan
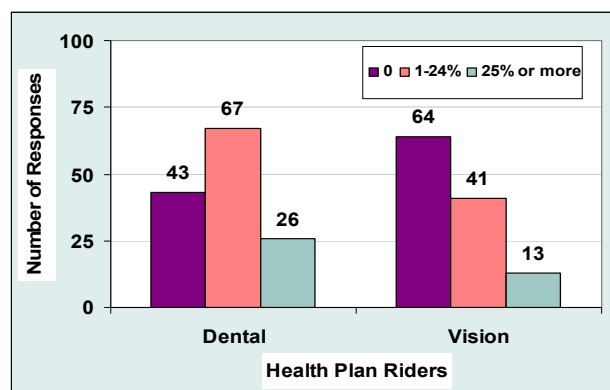
Analysis of this question was hampered by our not having access to information about the number of plans each survey respondent had sold associated with the anonymous survey. Respondents were asked to provide the percent of their IO/O-EPIC ESI qualified clients who had purchased riders. Without knowing how many plans each agent had sold, the percentages were not helpful. However, based on responses, agents were able to sell additional dental riders (n=93 responses) and vision riders (n=54), as well as life, casualty, long-term disability, and voluntary accident plans (see Appendix C, Comments).

12. Agent suggestions for plan modifications. We asked the agents how the IO/O-EPIC ESI qualified health plans might be modified to keep pace with the current health insurance market-

place. The responses were examined to identify repeat responses or potential themes that might provide OHCA with insights and the potential for adjusting health plan requirements. Figure 18 reflects the themes that emerged and the response percentage for each.

Figure 18. Suggestions for Changes to Qualified Health Plans to Make them More Competitive in the Current Market (n=121)
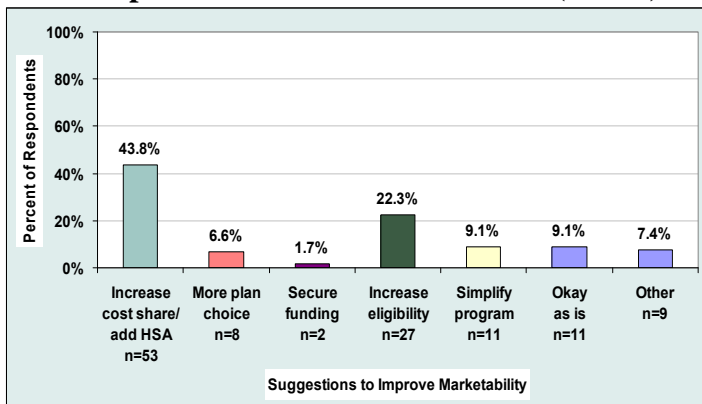
Increasing employee cost share in the form of higher deductibles, increased annual out-of-pocket costs, and perhaps the introduction of Health Savings Accounts (HSAs) was the most frequent response (43.8%, n=53), followed by increasing the subsidy eligibility requirements (22.3%, n=27) both in terms of employee income and business size. The most frequent comment in the "Other" category was to allow children to be covered under O-EPIC, moving them from SoonerCare into an ESI plan. Examples of responses from each category are:

Increase employee cost-share/allow HSA

- Add HSA as qualified don't require specific plan design.
- Allow catastrophic plan(s) with higher deductible, copays and out-of-pocket.
- Allow higher deductibles, HSA qualified plans--this will reduce claims.
- Increase the maximum out-of-pocket.
- Raise deductibles/ out-of-pocket and office visit co-pays & prescription deductibles are high. Increase amount of employees, not their benefits.
- Increase deductible allowed on medical and higher deductibles that maintain an office visit copay and prescription card.

More plan choices

- Approved plans benefits are too rich and too expensive.
- Offer for all group plans.
- Make all plans available, people like choices.
- Open up to more products such as dental.
- The plans available are good but should be able to offer dual option for those who don't qualify.

Secure funding stream

- More funding to increase capacity.
- More funds.

Increase eligibility

- Increase income limits for dual income families.
- With the rising cost of insurance the percent of poverty limit needs to be increased.
- Raise the percent of the poverty guidelines.
- Pay more of premium, raise income levels.
- Go to 200 employees eligible.
- Income guidelines are still too low for many workers to qualify.
- Offer to more than businesses with 99 employees.
- Continue to raise salary eligibility amounts.
- Keep group size under 100 and increase income guidelines so more families qualify.

Simplify program

- Simpler. Too many forms. Too many restrictions.
- Streamline requirements, reduce red tape. Enrollment process is too complex.
- Simplify the process, train staff to better handle the questions so there is not the passing around.
- Make the system more like insurance i.e. match group renewal, annual open enrollment, 10 day approval, back pay qualified applicants up to 60 days.
- Help us get fast underwriting. Arkansas issues their coverage on the first of the month if documents are in by the fifth prior.
- The approval process is difficult & forces employers to consider dropping. I never get the same information on a call--it's like they don't see the same screen.

Good job, compliments

- Keep offering it! The word is getting out there & everyone loves it!
- Right on target--might be a little liberal on emergency & hospital co-payments, might raise co-pay some to protect money pool if endangered.
- Doing a great job now!

Other

- More education on wellness.

- Keep in contact and email or phone agent when needed instead of employer only.
- Give employees option for children--pay for group insurance instead of SoonerCare.
- Develop advanced training and premier certification to committed agents who complete training and other requirements.
- Copy agents on correspondence to their clients.
- How the maximum out-of-pocket works and the difference on the stop-loss limits.
- Increase providers who are taking new patients.

13. Employer receptiveness to very high deductible/HSA plan. Given the climbing costs of health care, in particular the heavy burden premiums place on small businesses, many employers may be considering shifting more cost for health care to their employees. One mechanism for this cost-share is a plan with a very high deductible (e.g., $5,000 or higher) and a Health Savings Account. To see if this is something current IO/O-EPIC ESI qualified business owners are considering, we asked agents their perspective. On a scale of 1 (not at all receptive) to 5 (very receptive) we asked agents to rate their premium subsidy clients' receptiveness to such a plan. The mean response was 3.48 (SEM=.06). Figure 19 shows that 44.6% (n=74) of employers were hesitant to neutral and 51.8% (n=86) were receptive to very receptive to plan offering high deductible/HSA plans; only 3.6% (n=6) said employers were not at all receptive to the idea.

Figure 19. Agents Perception of Employer Receptiveness to an O-EPIC Qualified High Deductible/HSA plan (n=166)
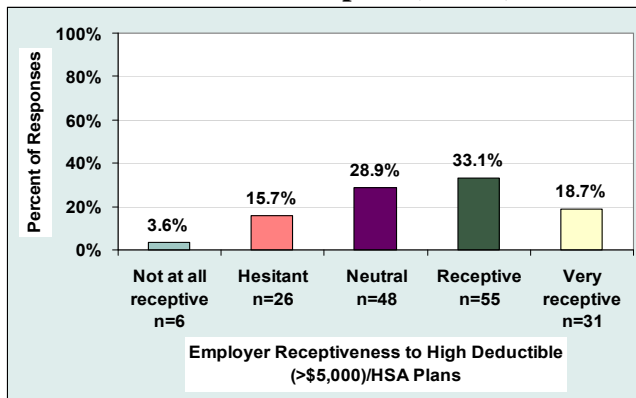
14. Concern for loss of funding. Recent work done as part of the Oklahoma State Coverage Initiative[*] project highlighted the need for a secure funding source for the growing IO/O-EPIC programs.[38] At the current rate of growth, the potential for having to cap the program is becoming an issue at the state level. To determine whether current participants in the IO/O-EPIC ESI subsidy program are aware of this issue and have concerns, we asked agents if their clients were mentioning the subject of continued funding. As shown in Figure 20, about two-thirds (66%, n=111) of agents reported that their client business owners expressed some concerned about the IO/O-EPIC funding stream compared with about one-third (34%, n=57) who did not.

Figure 20. Employer Expressed Concern over Stability of IO/O-EPIC ESI Funding (n=168)
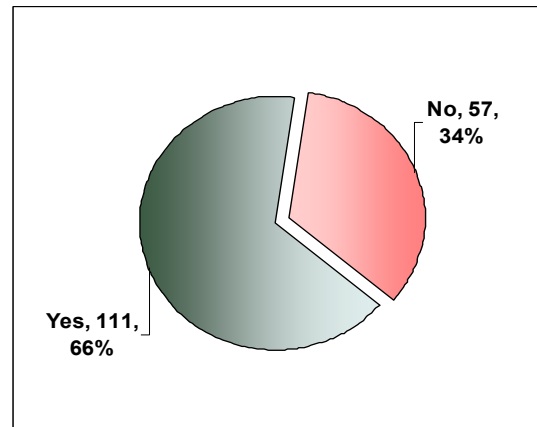
To gauge the degree of concern, we asked agents to rate their clients' concern based on the frequency with which the concern was expressed, from 1 ("not often") to 5 ("very often"). The mean for this comparison was 3.25 (SEM=.10).

Figure 21 shows that more than two-thirds (69.1%, n=76) of employers who indicated they were concerned about the stability of IO/O-EPIC ESI funding expressed concern occasionally and fewer than one-quarter (21.8%, n=24) expressed concern frequently.

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[*] Oklahoma State Coverage Initiative: http://www.ok.gov/oid/Consumers/Public_Policy_Initiatives/State_Coverage_Initiative/index.html.

Figure 21. Frequency with which Employers Expressed Concern over Stability of IO/O-EPIC ESI Funding (n=110)
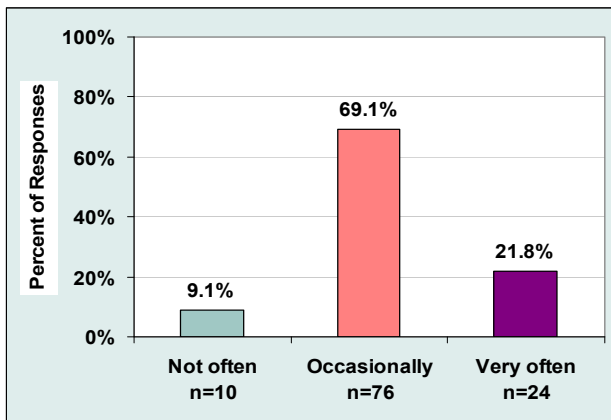
15. Usefulness of Insure Oklahoma O-EPIC ESI website. OHCA is currently in the process of updating the Insure Oklahoma website to provide many more services for employers and agents online (www.InsureOklahoma.org). We asked for feedback on the current website from the agents' points of view (Figure 22).

Figure 22. Agents Experience with the IO/O-EPIC Website (n=167)
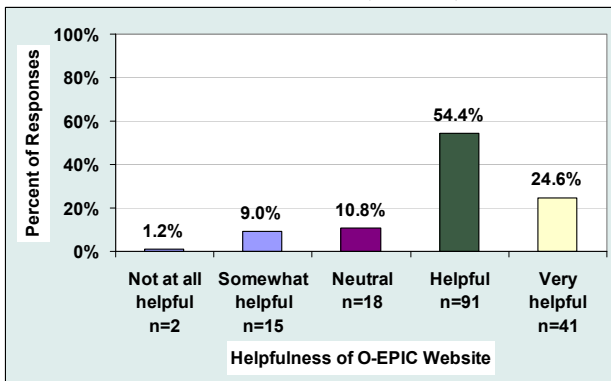
Numbers were assigned for data analysis: 1 ("not at all helpful") to 5 ("very helpful"). The mean "helpfulness score" for the website used by agents during the study period (August to September, 2009) was 3.92 (SEM=.07), indicating that on average, agents found the website "helpful."

> *"Website is very user-friendly. I download forms as needed."*
> *IO Approved Agents, September 2009*

We asked agents to explain their answers briefly, and then coded responses by topic. Comments could be categorized into website usage (how the agents used the website) and general comments or suggestions about the site. Figure 23 shows the comment breakdown first by category, then by theme.

Figure 23. Agents Comments about the OHCA Website (n=79)
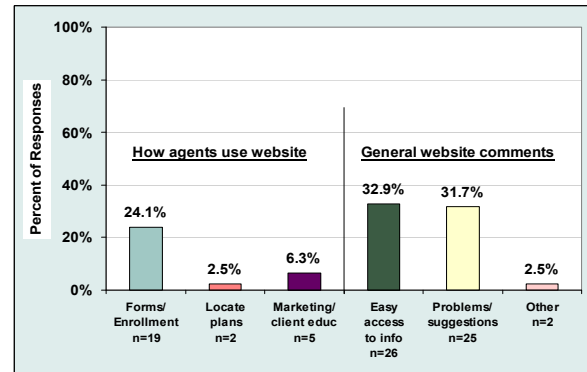
The categories "forms/enrollment," "locate plans," and marketing/client education" indicate how the agent used the website and how pleased each was with those particular tasks. Any problematic issues, whether concerning forms and enrollment, etc., were coded under "problems/suggestions."

Most of the comments from the "problems/ suggestions" column were informative and include:

- Add a way to fax/e-mail information.
- Provides basic information but it is out of date on changes, etc.
- Sometimes links aren't working, and it occasionally gets confusing.
- There are glitches on the employee application, and why ask for the FEIN on the spouse's place of employment?

Comments on the positive side include:

- Most items are self-explanatory, and it's easy to navigate.
- I can almost always find what I need. The updates are often and not pointless.
- Employers find it useful.

- It offers an agent in the area. Forms available to get, and applying online is easy!
- Very easy to maneuver.

16. Agent requests from OHCA to make their job easier. We asked an open-ended question soliciting agents' suggestions about what OHCA might do to help them sell and service IO/O-EPIC ESI qualified health plans, and help OHCA get more uninsured Oklahomans affordable health care. Responses were screened and coded as themes emerged. Figure 24 shows the results of the agents' comments.

Comments fell into four general categories plus "other": changes to OHCA's administrative policies and procedures ("change admin. policies," 22.9%, n=27), improve enrollment and renewal processing ("improve processing," 21.2%, n=25), change eligibility requirements ("increase eligibility, 5.1%, n=6), and "improve customer service" (38.1%, n=45). Comments in the "other" category included several comments about providing adequate compensation for agents and providing agents with "leads" for selling premium subsidy plans.

Figure 24. What OHCA Can Do To Facilitate Sales and Service of IO/O-EPIC ESI Qualified Plans (n=118)
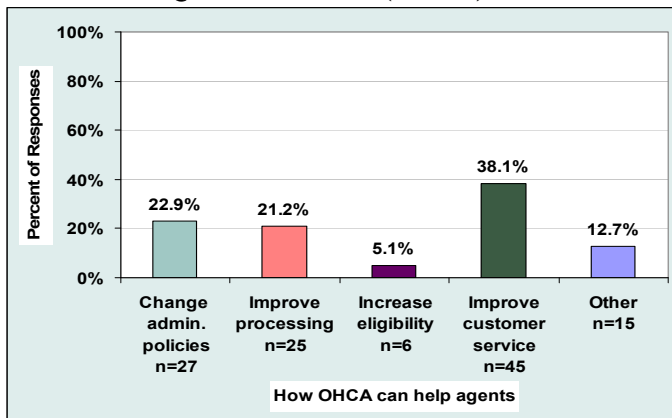
> *"You all are doing a good job so far. Keep up the work."*
> *IO Approved Agents, September 2009*

Some sample suggestions are listed by category below. All comments from the narrative are attached to this report in Appendix C.

OHCA Administration/policy changes
- On-line services and let me do stuff (add & delete employees) on-line.
- Copies of all correspondence sent to employers would help agents make sure everything is completed properly.
- Don't stop enrollment. **This is the national answer.**

Processing/eligibility
- Simplify administration/application process and speed up approval times. 30 days is too long!
- Improve renewal time-frame when changing plans.
- Process groups quick. PAY AGENTS!

Customer Service
- Add an agent option on the toll-free number.
- Communicate directly with agent when there is a problem or missing information in employer application.
- Answer our questions correctly the first time that we call.

Other
- Since agents are doing the majority of the work, they should be compensated.
- More approved plans.
- Supply leads. Prospecting.

17. Additional Comments. Agents were invited to make any additional comments about their experiences with IO/O-EPIC ESI. As with other narrative responses, the comments were reviewed and coded as themes emerged. Figure 25 shows the results of that tabulation.

Figure 25. General Comments (n=74)
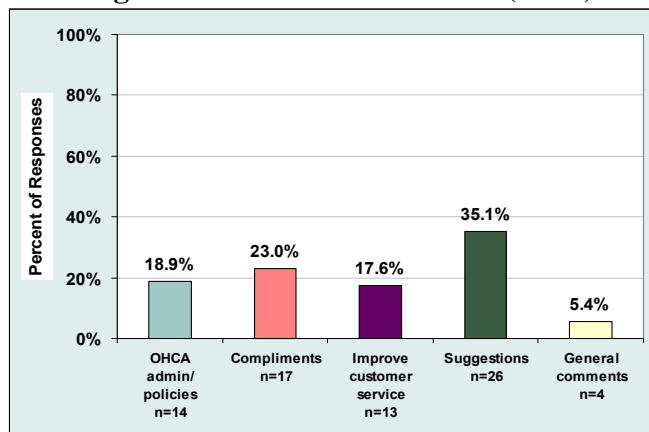
Several sample comments are also listed here. All narrative comments from this survey are included in this report (Appendix C).

> *"This is a wonderful program that I am proud to be a part of. It has been so helpful to all my clients."*
> *IO Approved Agents, September 2009*

OHCA Administration/policies

- We have clients with group size up to 200 that keep asking about this. Any progress?
- The program needs to stick to guidelines and stop changing procedures. It gets confusing and makes a ton of work for agents. There are a lot of agents that do not push the program because of this.
- Great program. I wish the census of employer did not cap at 100 employees as many large plans are too expensive for many dependents.

Program compliments

- Thank you, from me but most of for my approved clients. Many would not have coverage if it weren't for OEPIC. Thank you.
- I would like to thank [your trainer] for all her help and good training classes. She is always available.

- This is a great program! If paperwork (ex: rate change) could be processed quickly, it would help the agent be more productive and less stressful.

Improve Customer Service

- Better turn around time with employer applications and renewals.
- We have assisted several individuals and they have had problems with you losing paperwork or cancelling them and they didn't understand.
- Need a system to alert employer of changes. If subsidy not paid for a month, reason why. Communicate…

Suggestions

- Call the agent and client when information or problems occur.
- Tell EDS staff to not hang up on agents when calling in. Have an agent's hot-line number.
- Increase your number of employees-- there is a problem getting applications processed in a timely manner.

General Comments

- I do not and can not make a living with this program.
- Health insurance in our community is hard to sell.
- The incentive to present O-EPIC is very low--especially compared to the time it requires.

> *"Most employers who need help subsidizing premiums cannot afford to offer all employees qualified plans because they are too expensive. The criteria of a qualified plan needs to change."*
> *IO Approved Agents, September 2009*

Table 1. Survey Results At-A-Glance

Survey Question	Result	Interpretation/Notes
Survey distribution and response rate	764 surveys mailed _28_ undeliverable or unusable (returned blank) 736 successfully distributed 168 surveys completed and returned	22.8% response rate
1. Percent of group health insurance sales by location	City (50,000+) = 58% Town (2,500-50,000) = 29% Rural (less than 2,500) = 13%	Most sales reported were in cities.
2. Usefulness of subsidy as marketing tool.	Not at all: 0.05% (n=1) Useful: 29.2% (n=49) Somewhat: 14.3% (n=24) Very: 50.0% (n=84) Neutral: 6.0% (n=10)	Mean=4.14 out of 5 (SEM=.08, n=168) agents felt that the premium subsidy program was useful to very useful.
3. Percent of total group health insurance from selling subsidized plans.	0-25%: 45.2% (n=76) 51-75%: 16.7% (n=28) 26-50%: 25.0% (n=42) 76-100%: 13.1% (n=22)	For most agents, about 25% of their group health insurance business came from selling subsidized plans.
4. Percent of current subsidized groups that would drop coverage without subsidy.	0-25%: 40.7% (n=68) 51-75%: 19.8% (n=33) 26-50%: 10.2% (n=17) 76-100%: 29.3% (n=49)	Most agents said that few of their current clients (25% or fewer) would drop coverage without subsidy.

5. Number of small business owners who purchased a qualified plan from agent but are no longer clients.	All still clients: 118
	lost 1, n=18;
	lost 2, n=10;
	lost 3, n=6;
	lost 4, n=1
	lost 5 or more, n=5
		Reasons
		1. too many employees (n-12)
		2. no longer in business (n=9)
		3. employees don't enroll (n=6)
		4. employees don't quality (n=4)
		5. cost (n=4)

6. Developed procedures or guidelines for selling subsidy qualified plans.	Yes = 58% (n=95) No = 42% (n=70)	More than half had developed protocols. Few were written. No agents would share for a best practices database.
7. Follow-up assistance services. Check all that apply.	Invoices, billing: n=120 Help employees enroll: n=149 Add/delete members: n=129 Other: 37 Educate employees: n=139	Other included: troubleshoot/ serve as liaison with OHCA, help employers with paperwork. Most said all of the above.
8. Has your agency added staff to accommodate sales and service for IO/O-EPIC subsidized plans?	Yes = 20% (n=34) In cities: Yes=17%; No=83% No = 80% (n=134) In towns: Yes=19%; No=81% In rural areas: Yes=33%; No=67%	Analysis also showed that agents/agencies doing a higher percentage of IO/O-EPIC ESI business were more likely hire additional staff.
9. Suggestions for ways to better educate members.	Agent assistance: 10.5% (n=10) Fix OHCA admin issues: 13.7% (n=13) More employer support, outreach: 31.6% (n=30) More agent support, outreach: 10.5% (n=10) Increase marketing: 12.6% (n=12) Change eligibility/benefits: 13.7% (n=13) Other: 7.4% (n=7)	Most responses coded as "other" indicated that agents had no suggestions or felt the program was fine as is.
10. Receptiveness of employers to qualified plans.	Not at all: 0% (n=0) Hesitant: 5.4% (n=9) Neutral: 5.4% (n=9) Receptive: 46.4% (n=78) Very receptive: 42.8% (n=72)	Mean 4.27, on a scale of 1 to 5, SEM=.06. Agents reported that most (89.2%, n=150) employers were pleased with the qualified health plans they presented.
11. Additional coverage/riders sold	Total of 93 agents sold dental riders and 54 sold vision riders.	Other riders included long term care and life insurance.
12. How should the qualified health plans be modified to keep pace with the current market?	Increase cost share/add HSA: 43.8% (n=53) More plan choice: 6.6% (n=8) Secure funding: 1.7% (n=2) Increase eligibility: 22.3% (n=27) Simplify program: 9.1% (n=11) Okay as is: 9.1% (n=11) Other: 7.4% (n=9)	Most agents want to see high deductible plans with HSAs (43.8%). Increase eligibility in terms of employee income AND business size was second (22.3%). "Other" included "pay agents more" and "include children."
13. Receptiveness of employers to very high deductible/HSA plan.	Not at all: 3.6% (n=6) Hesitant: 15.7% (n=26) Neutral: 28.9% (n=48) Receptive: 33.1% (n=55) Very receptive: 18.7% (n=31)	Despite the fact that most agents want to see higher deductibles, cost-shares, and perhaps HSAs, only 18.7% of agents said employers were "very receptive." The majority of employers were either "neutral" (28.9%) or "receptive" (33.1%).
14. Employers expressed concern about stability of IO/O-EPIC ESI funding: Yes or No. If yes, frequency.	Yes=66% (n=111); No=34% (n=57) **Frequency** Not often: 9.1% (n=10) Occasionally: 69.1% (n=76) Very often: 21.8% (n=24)	Mean, 2.13; SEM=.05. Agents indicated that most employers who inquired about Insure Oklahoma funding only asked occasionally.
15. Usefulness of IO/O-EPIC website.	Not at all: 1.2% (n=2) Somewhat: 9.0% (n=15) Neutral: 10.8% (n=18) Helpful: 54.4% (n=91) Very helpful: 24.6% (n=41)	On a scale of 1 to 5, mean, 3.92 (SEM=.07) indicating most agents found the website "helpful."
16. What can OHCA do to make your job easier?	Change/fix admin policies: 22.9% (n=27) Improve enrollment/renewal processing: 21.2% (n=25) Increase eligibility: 5.1% (n=6) Improve customer service: 38.1% (n=45) Other: 12.7% (n=15)	Included in the "other" column were compliments about the program and pleas to pay agents.
17. Additional comments	Admin/policy issues: 18.9% (n=14) Compliments: (23% (n=17) Improve customer service: 17.6% (n=13) Suggestions: 35.1% (n=26) General: 5.4% (n=4)	Comments in the other column mentioned agents' inability to make money selling the subsidized plans.

For a complete listing of all narrative comments, please refer to Appendix C

Comparative Analyses:

Fourteen cross analyses were run comparing multiple variables from this survey. Questions for cross-analysis were chosen based on their potential to shed light on policy issues and provide focused goals for quality improvement.

Comparative Analyses 1 through 5: Dependent variable: Location of most group sales (city, town, rural).

Data note: Agents were asked to estimate the percentage of group sales conducted in each of the three locations. Therefore, agents could enter a percent into 1, 2 or all 3 locations (e.g., city=50%, town=25%, rural=25%). As an example, data based on agents' responses could look as follows:

City	Town	Rural
75%	25%	0%
99%	1%	0%
0%	0%	100%
0%	50%	50%

In each of the above, only a subset of those responses that were 50% or greater would be used in the comparative analyses so as not to unduly skew analyses. Each respondent's total equaled 100% so this data analysis decision in no way lessens the impact of the results and no bias was introduced. The complete data set for this study is available upon request.

1. Location of most group sales (city, town, or rural area) compared by importance of the IO/O-EPIC ESI premium subsidy as a marketing tool (survey questions 1 and 2). To determine whether where (city, town, rural) an agent sold most of his or her group plans impacted the importance of the premium subsidy program as a marketing tool (measured on a scale of 1, "not at all important" to 5, "very important"), a Student's T-test analysis was run. Figure 26 shows the results of that analysis.

Figure 26. Importance of Subsidy as Marketing Tool Compared by Location of Group Sales of 50% or More (n=166)
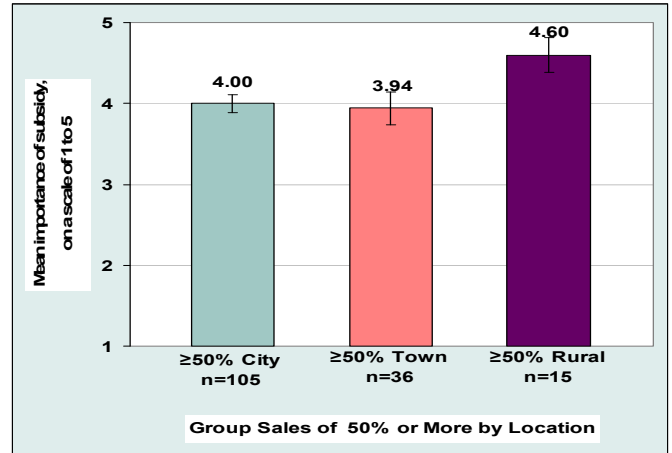
Agents selling 50% or more of their group health insurance products in rural areas indicated that the premium subsidy was more useful as a marketing tool (mean=4.60, SEM=.21) than did those with 50% or more sales in towns (mean=3.94, SEM=.20) or cities (mean=4.00, SEM=.11). The differences were statistically significant ($p<.05$) between the city data and the rural data ($p=.05$) but not between city and town ($p=.08$) or town and rural ($p=.06$).

2. Percent category of sales of subsidized plans compared by location of most group sales (city, town, or rural area) (survey questions 1 and 3). To determine whether the percentage of premium subsidized group sales varied by where an agent sold most of his or her group plans (city, town, rural), a Student's T-test analysis of those variables was performed. Question 1 asked agents to break down their **total group sales** into percents by location. Question 3 asked them to select one from four possible categories of total sales of **premium subsidized plans**: 1=0-25%; 2=26-50%; 3=51-75%, and 4=76-100%, creating a scale of 1 (0-25%) to 5 (76-100%).

As shown in Figure 27, agents selling in cities indicated that somewhat less than 50% (mean, 1.78, SEM=.10, n=105) of their group sales came from selling premium subsidized

plans compared with towns (somewhat more than 50%, mean, 2.22, SEM=.19) and rural areas (closer to 60%, mean, 2.47, SEM=.31).

Figure 27. Mean Sales of Subsidized Plans Compared by Location of Group Sales of 50% or More (n=166)
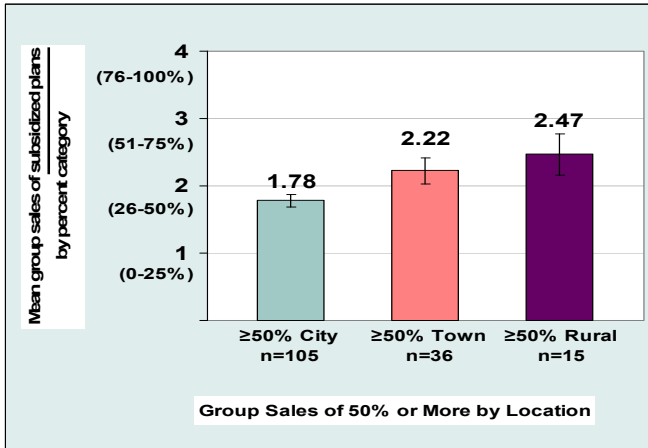
Agents selling 50% or more of their group health insurance products in towns and rural areas were more likely to sell premium subsidized plans than agents selling products in cities. These differences were statistically significant (city vs. rural, p<.02; city vs. towns, p<.03). The difference between towns and rural areas was not statistically significant.

3. Location of most (≥50%) group sales (city, town, or rural area) compared by necessity for additional staff (survey questions 1 and 8). To determine whether where (city, town, rural) an agent sold most (50% or more) of his or her group plans created the necessity of hiring additional personnel (1=Yes, 2=NO), these variables were compared. Figure 28 shows the results of that analysis.

Figure 28. Hired New Staff Compared by Location of Group Sales of 50% or More (n=166)
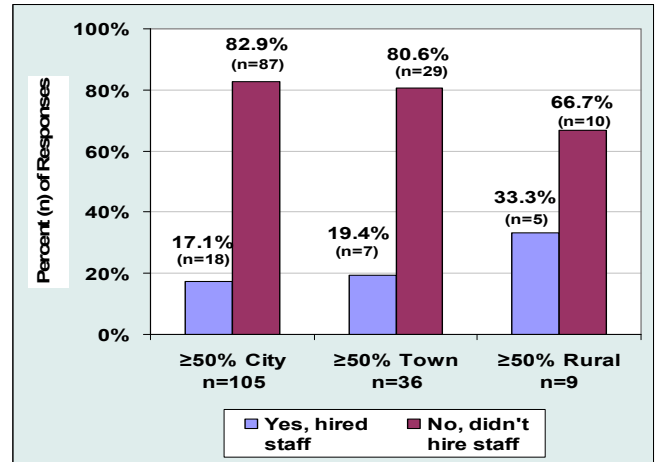
The vast majority of agents surveyed indicated that they or their agency did not find the need to add more staff to handle the added business of selling and service IO/O-EPIC ESI subsidized health plans. Only 17.1% (n=18) of agents with 50% or more of their group sales in cities hired new staff compared with 82.9% (n=87) who did not. The figures are similar for agents selling plans in towns, with 19.4% adding new staff (n=7) and 80.6% NOT adding staff (n=29). Although the n is small, a greater percentage of agents in rural areas indicated they had added staff (33.3%, n=5) compared with 66.7% (n=10) who had not.

4. Location of most (≥50%) group sales (city, town, or rural area) compared by employer receptiveness to the qualified health plans offered (survey questions 1 and 10). To determine whether where (city, town, rural) an agent sold most (50% or more) of his or her group plans impacted how receptive (on a scale of from 1, "not at all receptive," to 5, "very receptive") employers were to the qualified health plans offered, these variables were compared using the Student's T-test of significance. Figure 29 shows the results of that analysis.

Figure 29. Employer Receptiveness to Agent-presented Qualified Plans Compared by Location of Group Sales of 50% or More (n=156)

Figure 30. Employer Concern for Funding Stability Compared by Location of Group Sales of 50% or More (n=103)
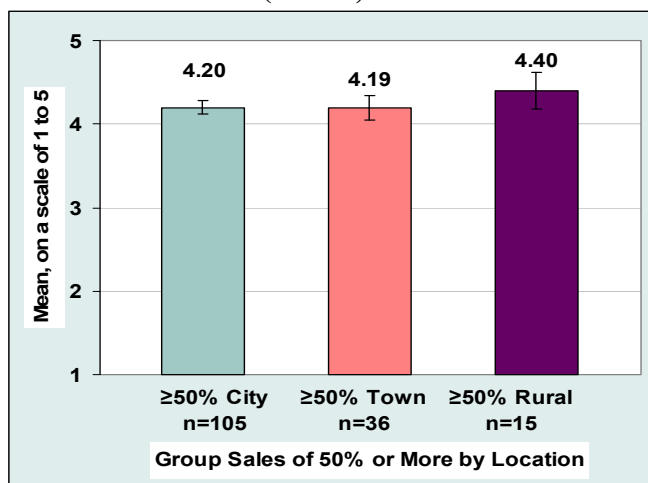
Employers in all locations (city, town, rural) were equally pleased with the health plans offered by the agents, with those in rural areas being somewhat happier. The differences were not statistically significant.

5. Location of most (≥50%) group sales (city, town, or rural area) compared by concern over funding stability (survey questions 1 and 14). To determine whether where an agent sold most of his or her group plans (city, town, rural) impacted employer concern over funding stability, we first asked agents to answer Yes or No to the question, "Have employers expressed concern about IO/O-EPIC ESI funding stability"?

Agents who responded "Yes" were then asked the frequency with which employers mentioned their concerns on a scale of 1, "not often" to 5, "very often." A Student's T-test analysis compared location of sales by degree of concern about Insure Oklahoma funding. As with other analyses utilizing data from the location of sales data (above), for the purposes of this comparison we only drew data from survey respondents who sold 50% or more of their group health insurance in any of the various locations. Figure 30 shows the results of that analysis.

Although employers in towns (mean, 3.44, SEM=.22) and rural areas (mean, 3.44, SEM=.144) were somewhat more likely to express concern about the stability of IO/O-EPIC ESI premium subsidy funding stream than employers located in cities (mean, 3.10, SEM=.13), the differences were not statistically significant. Employers in all areas who spoke about funding with their agents were only moderately concerned about the stability of premium subsidy funding. The number of responses for this analysis (n=103) represents the combination of agents who said employers expressed concern (Yes responses to question 14) combined with the responses for the percent of group sales in the various locations (question 1).

6. Value of premium subsidy as marketing tool compared by employer concern over funding stability (survey questions 2 and 14). To determine whether employer concern about the stability of the IO/O-EPIC ESI funding stream impacted the value of the premium subsidy as a marketing tool, those variables were compared. Data are shown for comparison of the means for the two variables, analyzed with a Student's T-test (Figure 31). A figure (Figure 32) also shows the results compared by percentages for each variable category.

Figure 31. Employer Concern for Funding Stability Compared by Value of Subsidy as Marketing Tool (n=168)

Figure 32. Employer Concern for Funding Stability Compared by Value of Subsidy as Marketing Tool
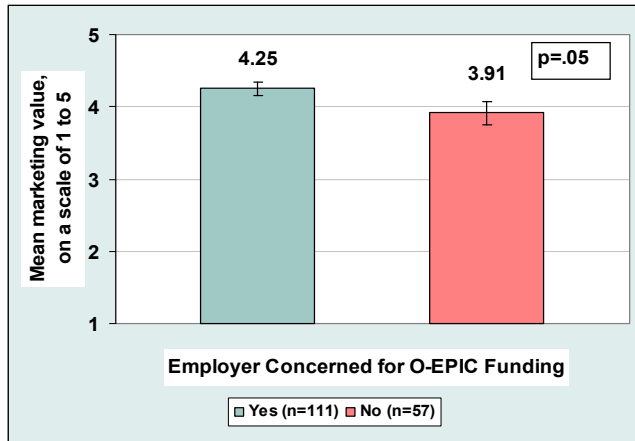
Two-thirds of employers expressed concern about the long-term funding of the IO/O-EPIC ESI premium subsidy program (Yes=111) compared with one-third of employers who did not express concern to their agents (No=57). However, regardless of the fact that employers they spoke with expressed concerns about funding, agents said that the subsidy program was a "useful" to "very useful" marketing tool (mean, 4.25 out of 5, SEM=.09) compared with agents who did not hear concerns from employers (mean, 3.91, SEM=.17). The difference between the two groups was statistically significant (p=.05).

We compared the percentages for these responses to show the results from another perspective (Figure 32).

Analyzed results using the percent comparisons show the same result as the mean analysis, confirmed by the Student's T-test (Figure 33). Agents who talked with employers about their concerns over the funding stability of the premium subsidy program found the subsidy program to be a better marketing tool than agents who did not discuss long-term funding with their clients. We cannot be sure of the order causality.

7. Percent of total group sales from selling subsidized plans compared to percent of subsidized groups that would drop coverage without subsidy (survey questions 3 and 4). To determine whether a relationship existed between the percent category of agents' sales of subsidized plans (0-25%, 26-50%, 51-75%, or 75-100%) (question 3) and the percent category of groups that would drop coverage without premium subsidy (0-25%, 26-50%, 51-75%, or 75-100%) (question 4), those values were compared from two perspectives. Each percent category was given a number from 1 to 4 (1=0-25%, 2=26-50%, 3=51-75%, or 4=75-100%). This allowed us to generate a mean for each variable. A Student's T-test analysis to determine statistical significance was performed and the results are shown in Figure 33.

Figure 33. Percent of Agents' Group Business from Selling Subsidized Plans Compared to Agents' Estimate of Percent of Subsidized Groups that Would Drop Coverage without Subsidy
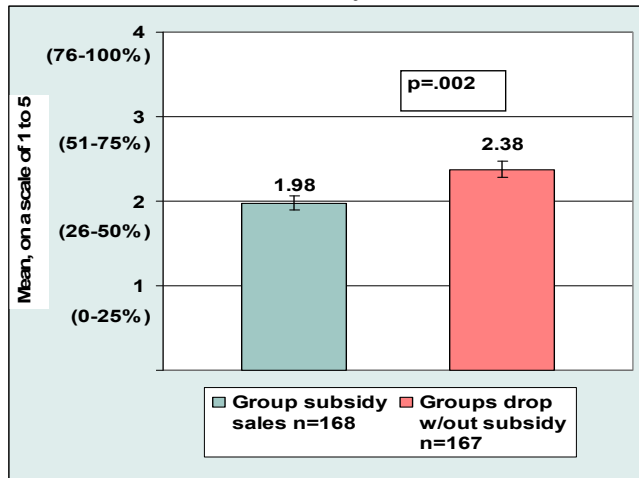
As shown in Figure 34, when the two variables are compared head to head, on average agents reported that 26-50% (mean, 1.98 on a scale of 1 to 4 as shown, SEM=.08) of their group health insurance sales were from selling subsidized plans. Agents estimated from 51-75% (mean, 2.38 on a scale of 1 to 4 as shown, SEM=.10) of their subsidized groups would drop coverage without the subsidy. The difference between the two groups was statistically significant (p=.05).

The two variables were cross analyzed by sorting first by "Percent Sales of Subsidized Plans" (independent variable) then by corresponding responses to "Percent of Groups that would Drop without Subsidy" (dependent variable), which yielded (4) data sets:

Set 1: 0-25% total groups sales selling subsidized plan (independent variable) compared by corresponding responses to % subsidized groups that would drop coverage without subsidy (dependent variable);

Set 2: 26-50% total groups sales selling subsidized plan (independent variable) compared by corresponding responses to % subsidized groups that would drop coverage without subsidy (dependent variable);

Set 3: 51-75% total groups sales selling subsidized plan (independent variable) compared by corresponding responses to % subsidized groups that would drop coverage without subsidy (dependent variable); and

Set 4: 76-100% total groups sales selling subsidized plan (independent variable) compared by corresponding responses to % subsidized groups that would drop coverage without subsidy (dependent variable);

The results of this analysis are shown in Figure 34. We performed these analyses for two reasons: first, to see if any interesting results in terms of policy or procedure information for OHCA would emerge, and second, to add to the baseline for any future studies with this group.

Figure 34. Differences in Estimates of Percent of Subsidized Groups that would Drop Coverage without Premium Subsidy Compared by Percent of Agents' Sales of Subsidized Plans (n=167)
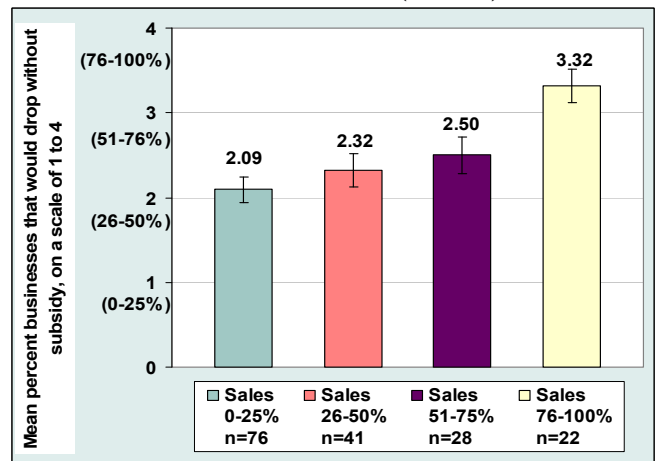
Student's T-test found statistically significant differences in some of the comparisons (Table 2). The light orange highlighted cells show the statistically significant (p<.05) comparisons.

Table 2. Student's T-Test Comparing Percent of Subsidy Sales by Percent of Groups that Would Drop without Subsidy

	0-25%	26-50%	51-75%	76-100%
0-25%	x	0.3723	0.1503	0.00008
26-50%	x	x	0.5471	0.0017
51-75%	x	x	x	0.0092
76-100%	x	x	x	x

The T-Test analysis showed that agents who indicated that 76-100% of their group sales was from selling premium subsidized plans were more likely to say that they perceived the small businesses who purchased group health insurance from them would drop coverage without the subsidy than were agents with smaller percentages of their group health insurance sales from premium subsidized plans. The differences, as shown in Table 2, were statistically significant.

One possible explanation could be that agents who sold more subsidized business were more likely to feel their clients would drop coverage without the subsidy than agents whose group insurance sales did not depend as heavily IO/O-EPIC ESI premium subsidized plans. The agents may pay more attention to the issue because it is a larger part of their business.

8. Percent group sales from subsidized plans compared by types of follow-up services provided (survey questions 3 and 7). To determine whether there was a relationship between an agent's percent of subsidized sales category (0-25%, 26-50%, 51-75%, or 75-100%) (question 3) and the follow-up services agents provided (question 7), those variables were compared.

As shown in Figure 35, there are distinct differences in the services provided by agents with smaller percentages of subsidized plans compared with services provided by agents with larger percentages of subsidized plans. In every category but one, agents who said that 25% or less of their group sales business came from selling premium subsidized plans provided less follow-up assistance than agents in the other sales categories. The only exception is in the area of enrolling employees; 86.8% of agents with 25% or less groups sales selling premium subsidized plans assisted clients with enrolling employees compared with 86.4% of agents who said 76% or more of their group sales came from subsidized plans.

Figure 35. Percent Subsidized Group Sales by Agent Follow-up Services*
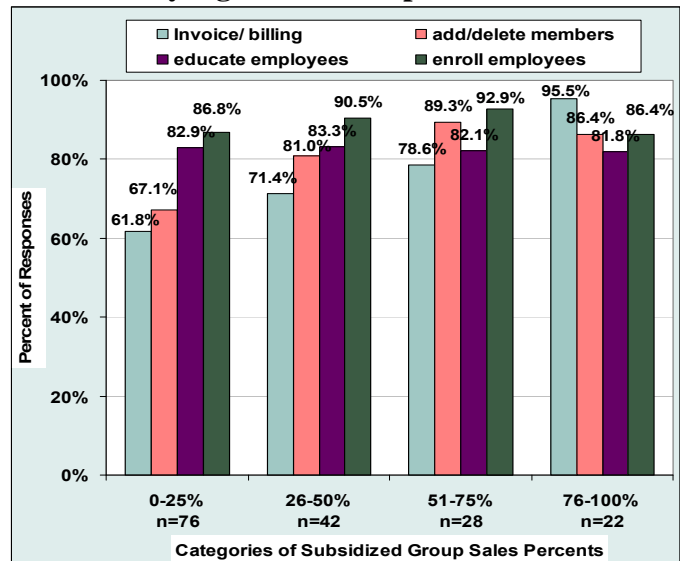
*Agents were asked to check all potential follow-up activities that applied. Therefore, the numbers will not equal 100%. Instead these figures show the percentage of agents who indicated they performed one or more of these client services.

This data would seem to indicate that the greater the percentage of group sales that came from selling IO/O-EPIC ESI premium subsidy plans, the more follow-up assistance agents provided.

9. Percent group sales from subsidized plans compared by whether the agency increased staff to handle extra IO/O-EPIC ESI business (survey questions 3 and 8). To determine whether there was a relationship between an agent's percent of subsidized sales category (0-25%, 26-50%, 51-75%, or 75-100%) (question 3) and whether the agent or agency hired new staff to handle the additional work load (question 8), those variables were compared.

Figure 36. Percent Subsidized Group Sales by Whether or Not Agent/Agency Hired Additional Staff (n=167)
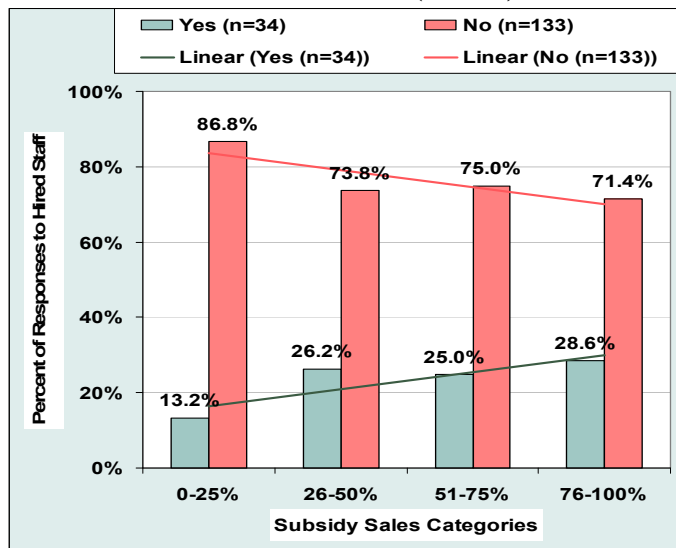
As shown in Figure 36, agents with higher percentages of their group sales from IO/O-EPIC ESI premium subsidized plans were more likely to have hired additional staff than agents whose percentage of subsidized plans was 25% or less of their total group sales.

These data indicate that the greater the percentage of group sales that came from selling IO/O-EPIC ESI premium subsidy plans, the more the agent or agency needed additional workers. The trend line indicates that there is a linear inverse relationship. Although a Chi Square analysis showed these differences were not statistically significant, these findings could be an important selling point for OHCA as they move toward securing funding for Insure Oklahoma. These data clearly show that the IO/O-EPIC program is not only decreasing the number uninsured workers but it is creating new job opportunities.

10. Percent group sales from subsidized plans compared by agents' perceptions of employer receptiveness to subsidy qualified plans (survey questions 3 and 10). To determine whether there was a relationship between an agent's percent of subsidized sales category (0-25%, 26-50%, 51-75%, or 75-100%) (question 3) and the agent's perception of employer

receptiveness to the subsidized plans presented (question 10), a cross analysis of those variables was performed.

Figure 37. Percent Subsidized Group Sales by Employer Receptiveness to Subsidized Plans (n=168)
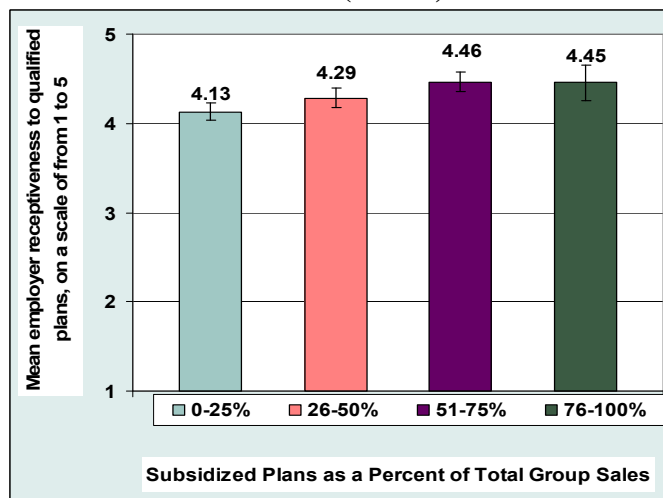
As shown in Figure 37, these are very little differences between the agents' percentage of subsidized plans and their perception of employer receptiveness to the IO/O-EPIC ESI subsidy qualified plans presented. Agents with the lowest percentage of qualified sales (0-25%) indicated somewhat lower employer receptiveness than agents with 50-100% of their group sales business selling subsidized plans. Although the 0-25% group (mean, 4.13, SEM=.10) and the 51-75% (mean, 4.46, SEM=.11) demonstrated the greatest difference (p=.0556), a Student's T-Test showed that none of the differences were statistically significant (p<.05) (Figure 38).

11. Businesses that would drop coverage without subsidy compared by employer concern over funding stability (survey questions 4 and 14). To determine whether there was a relationship between agents' perception of how many of their subsidized group plans would drop coverage without the premium subsidy (question 4) and whether employers expressed concern about the funding stability of the IO/O-EPIC ESI program

(question 14), those variables were compared (Figure 38).

Figure 38. Businesses that Would Drop Coverage without Subsidy Compared by Employer Concern over Funding Stability
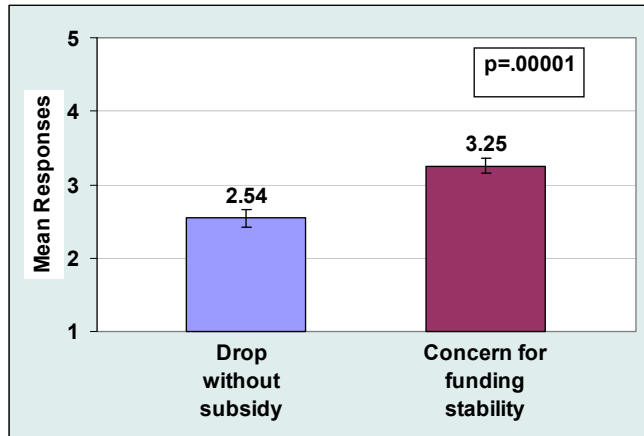
As shown in Figure 38, employers were less likely (on a scale of 1 to 5) to drop coverage without the subsidy (mean, 2.54, SEM=.12) compared with those employers who expressed some concern about the stability of the IO/O-EPIC ESI funding source (mean, 3.25, SEM=.10). This may indicate that although employers are asking about the stability of the funding, they have not expressed sufficient concern that the agents think the businesses will drop readily without the subsidy. The differences between the two variables were statistically significant (p=.00001).

12. Increased staff compared by agents' perceptions of employer receptiveness to subsidy qualified plans (survey questions 8 and 10). To determine whether employer receptiveness (question 10) translated into increased business and the necessity of hiring additional staff (question 8), those two variables were compared. On a scale of 1, "not at all receptive," to 5, "very receptive," agents or agencies that had hired additional staff were somewhat more likely to say employers were "very receptive" to the subsidy qualified plans presented (mean, 4.38, SEM=.13) than agents or agencies that had not hired new staff (mean,

4.24, SEM=.07). The differences, however, were not statistically significant (Figure 39).

Figure 39. Hired Additional Staff by Employer Receptiveness to Subsidized Plans (n=168)

Although not a comparative analysis, these questions (10 and 13) related to choices and satisfaction, therefore, we've shown them together.

13. Agents' perceptions of employer receptiveness to subsidy qualified plans compared by agents' perception of employer receptiveness to very high deductible plans with health savings accounts (HSAs) (survey questions 10 and 13). To determine whether there was a relationship between how receptive agents' reported the employers they worked with were to the IO/O-EPIC qualified plans the agents' presented and the receptiveness of those employers to the possibility of offering a very high deductible ($5,000 or greater) plan along with a health savings account (HSA), those two variables were compared. On a scale of 1 ("not at all receptive") to 5 ("very receptive"), agents felt that employers were far more receptive to the current plans offered (n=168, mean, 4.27, SEM=.06) than they were to the possibility of being able to offer a very high deductible/HSA plan (n=166, mean, 3.48, SEM=.08). The difference between the two variables was statistically significant to p<.01 (Figure 40). To summarize, as a group, the agents perceive that employers are happy with the current options

offered but would likely be open to the option of the HSAs.

Figure 40. Employer Receptiveness to Qualified Plans Compared to Employer Receptiveness to High Deductible/HSA Plans
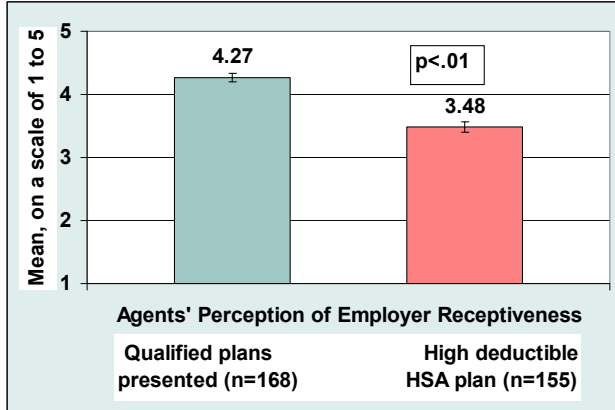
Discussion

"If the Federal government would use Oklahoma as a template
we would not need Insurance reform. In Oklahoma you
can get insurance if you want it."

IO Approved Agent, September 2009

P revious studies of employers participating in the IO-O-EPIC ESI program indicated that their insurance agent was an integral part of their ability to apply for, enroll in, and manage participation in the IO-O-EPIC ESI plan.[3,5,8,10] This report examined the experiences with IO-O-EPIC ESI from the perspective of the various agents who have been selling and servicing qualified insurance products from the private insurance marketplace.

A survey and education piece designed in concert with OHCA staff were mailed to 764 Oklahoma insurance agents whose names appeared on the OHCA qualified agent listing. To be on the qualified agent listing, an agent must either have sold an IO/O-EPIC ESI subsidized health plan OR attended and signed in at an OHCA insurance agent "brown bag" informational lunch. In the future, we recommend that only agents who have actually sold a qualified plan be included in the survey as we received some blank surveys from agents saying they had not sold a plan as of yet.

Subtracting the undeliverable and unusable (i.e., blank, n=28) surveys from the original number mailed yielded a total of 736 distributed surveys. One hundred sixty-eight (168) agents completed and returned the survey for a response rate of 22.8%. Although this is less than we had hoped, we can still draw conclusions and make some recommendations based on the results of the survey.

Most agents had sold plans in metropolitan areas (cities, population 50,000+) (58%), followed by towns (2,500-50,000) (29%), and rural areas (less than 2,500) (13%). Most agent respondents indicated that the IO/O-EPIC ESI subsidy program was a "very useful" marketing tool (mean=4.14 on a scale of 1-5, SEM=.08).

About 80% of agents indicated that less than one-half of their total group health sales came from selling a subsidy-qualified health plan. Only 13.1% (n=22) said that from 75-100% of their group health insurance sales came from selling IO/O-EPIC ESI subsidy qualified plans. Of the O-EPIC subsidized plans they had sold, agents' were asked to estimate the percentage that would drop ESI without the subsidy. Interestingly, responses to this question showed no specific trend. Most respondents (40.7%, n=68) said that less than one-quarter of their subsidized groups would drop coverage without the subsidy. Twenty-nine point three percent (29.3%, n=49) said that 75-100% of their subsidized groups would drop coverage without the subsidy (Figure 41).

Figure 41. Estimated Percentage of Current Subsidized Groups that Would Drop Coverage without Subsidy (n=167)

Percent of Clients Who Would Drop Coverage without Subsidy
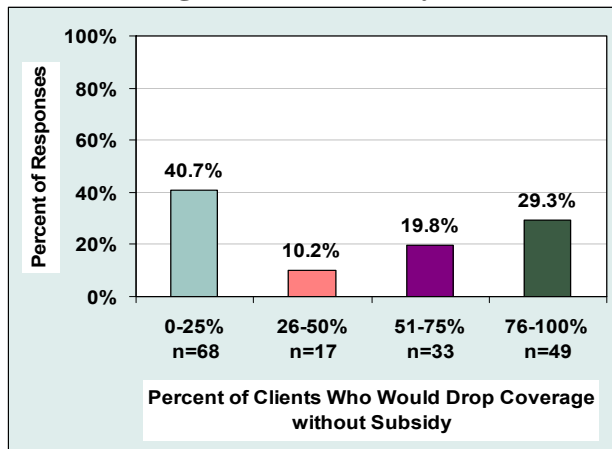
The opinion of the agents could indicate a commitment on the part of employers who have already enrolled in the program to continue offering health insurance coverage, at least in the short term. Previous studies with small business owners participating in the IO/O-EPIC ESI subsidy program indicated that there were important business-related positive impacts from having health coverage available.[2,3,5,8,10] These advantages have been validated on a national level and include:

- Ability to attract qualified new hires,
- Improved employee morale,
- Reduced absenteeism, and
- Decreased Worker's Comp claims.[39-41]

Based on studies with the IO/O-EPIC ESI participating employers cited above, it is possible that their hesitancy to drop ESI immediately if the subsidy program was no longer available could be because they have witnessed the benefits health insurance provides their businesses. Another reason is that many employer have expressed the desire to "do the right thing" for their employees and their business.[2,3,5,8,10]

In recent work done through the Oklahoma Insurance Department (OID), the Commissioner, Kim Holland, as part of the State Coverage Initiatives project highlighted the need for a secure funding stream for the growing IO/O-EPIC programs.[38] At the current rate of growth, the potential for having to cap the program is becoming an issue at the state level. Agents were asked how concerned their business owner clients were about the stability of the Insure Oklahoma funding stream. For the most part, agents said business owners were only moderately concerned (Figure 42). Should the program reach its cap, and further expansion of the IO/O-EPIC ESI subsidy program be slowed or stopped, it would be important to continue discussing this issue with the stakeholders to seek solutions. As of this report, however, business owners were only occasionally asking their agents about the security of Insure Oklahoma funds.

Figure 42. Frequency with which Employers Expressed Concern over Stability of IO/O-EPIC ESI Funding (n=110)
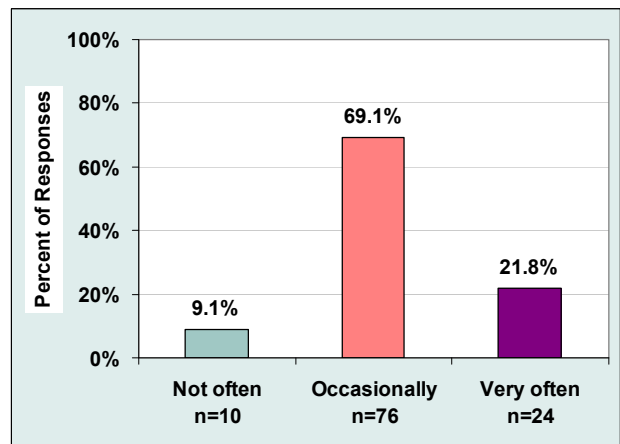
Forty agents (23.8%) indicated they had lost some of their IO/O-EPIC ESI clients. A total of 100 businesses were no longer the responding agent's client(s) for the following reasons:

- No longer in business,
- Program cost,
- Employees don't qualify,
- Employees didn't enroll,
- Firm too large (too many employees)
- Sold business,
- Changed agents.

Note that 128 agents had retained all of the IO/O-EPIC ESI subsidy plans they had sold.

Few agents/agencies had developed specific protocols, manuals or guidelines for selling IO/O-EPIC ESI subsidy qualified plans but most said that the subsidy itself was a good marketing tool. Agents were also pleased with the Insure Oklahoma website calling it "helpful." Agents used the site extensively for both sales and service of their IO/O-EPIC ESI clients.

Agents were asked to select, from a list of four choices, the types of the follow-up services they provided to their subsidy plan clients. the choices were: (1) help with invoices and billing, (2) adding and deleting plan members, (3) educating employees, and (4) helping with enrollment. Agents could check all choices that applied plus add any other services they provided. All but five agents said they provided some to all of the services listed. In addition, many also offered services such as:

- Assisting educate employees about health insurance and the IO/O-EPIC ESI subsidy plan,
- Assisting them transition to IP if the business closed or if the employer was no longer able to offer coverage,
- Serving as liaison with OHCA to troubleshoot problems,
- Serving almost like a human resources department for small businesses.

Despite the extensive services provided, most agents/agencies (~80%) had not added additional staff to handle the increase in business. However, 20% of agencies did hire new staff, which is good for Oklahoma's employment rate (currently at 6.8%, well below the national average of 9.8%).[*] The highest percentage of agencies adding staff were those doing business in rural areas.

An added bonus for agents was that marketing and selling a subsidized health product had provided them the opportunity to sell a number of other insurance products (life, casualty, dental, vision, etc.) along side the IO/O-EPIC ESI-subsidized health plan.

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[*]Bureau of Labor Statistics (www.bls.gov).

Agents were asked a number of open-ended questions, soliciting their comments and feedback. Asking open-ended questions is a common survey methodology and is especially useful when all the issues surrounding a particular area or impacting a particular group have not been identified.

Several agents suggested that OHCA be much more pro-active in its outreach activities, especially with business owners. They suggested hiring and training field personnel to visit businesses and inform owners about the goals and objectives of the Insure Oklahoma program, as well as what having a benefits package can do for their business (e.g., attract and retain quality employees, decrease absentee-ism, improve morale, increase productivity, etc.).[39-41] OHCA could also be an important education source for employees by informing them of the benefits of having health insurance. This is of particular importance in young adults, the 19-30 year-old "young invincibles."[42,43] This is the fastest growing group of uninsured.[44-48] Other suggestions included continued presentations by OHCA staff at Chamber of Commerce gatherings and local "town hall" type meetings.

Comments from agents also indicated a degree of misunderstanding about the goals and objectives of the Insure Oklahoma subsidy program, and of SoonerCare and Medicaid including the limitations and regulations governing those programs. Many mentioned covering children, increasing the federal poverty level, increasing business size for the subsidy, etc. As mentioned above, more contact with agents and perhaps a regular agent news bulletin reminding them of the constraints on the Insure Oklahoma program and updating them on changes, status, etc., would help mitigate misunderstandings. All agent comments are attached as part of Appendix C.

Agents were asked their perceptions of how receptive the businesses they called on were to the subsidized plans offered by the companies the agents' represent. Overall, 89.2% of agents

said employers were very happy with the choice of plans available for the IO/O-EPIC ESI subsidy. Agents perceived employers were somewhat less enthusiastic about very high deductible plans (e.g., $5,000 or higher) and Health Savings Accounts (HSAs) than agents were. Only 51.8% (n=86) of agents said employers were receptive to a high deductible/ HSA plan. We measured the strength of the employers' willingness to consider a very high deductible/HSA plan compared with employers' receptiveness to the plans currently available. As shown in Figure 43, when the two variables are compared head-to-head, the employers are more receptive to the qualified current plans than to a very high deductible/HSA offering.

On a scale of 1 ("not at all receptive") to 5 ("very receptive"), employers were far more receptive to the current plans offered (n=168, mean, 4.27, SEM=.06) than they were to the possibility of being able to offer a very high deductible/HSA program (n=166, mean, 3.48, SEM=.08). The difference between the two variables was statistically significant to p<.01 (Figure 43).

Figure 43. Employer Receptiveness to Qualified Plans Compared by Employer Receptiveness to High Deductible/HSA Plans

pocket costs associated with a very high deductible plan. Access to health care for low-income workers is the purpose of the IO/O-EPIC program. Implementation of a very high deductible plan would reduce the employers' costs and increase the viability of the businesses, which in turn should equate to higher wages for workers. In the interim, however, it could result in reduced actual access to health care for the most at risk, lowest income workers.[49-53] Only time will tell whether very high deductible/HSA plans will be viable in the small business community.

As mentioned previously, the stability of the Insure Oklahoma program has been the topic of discussion among politicians and policy makers across the state, and was included as part of the OID strategic plan developed through State Coverage Initiatives process.[38] We felt it was important to gauge whether the degree of concern employers may feel about the stability IO/O-EPIC ESI funding impacted how receptive employers were to the subsidy-qualified plans presented by the agents. As shown in Figure 44, those employers who spoke with their agents about the stability of the Insure Oklahoma subsidy funding were slightly **<u>more</u>** receptive to the subsidized plans than employers who didn't express concern about the funding.

Figure 44. Concern about Subsidy Program Funding Stability Compared by Employer Receptiveness to Qualified Plans (n=168)

Offering a very high deductible plan with a health savings account raises concerns, however, about whether subsidy-eligible employees would be able to access appropriate health care services while absorbing the higher out-of-

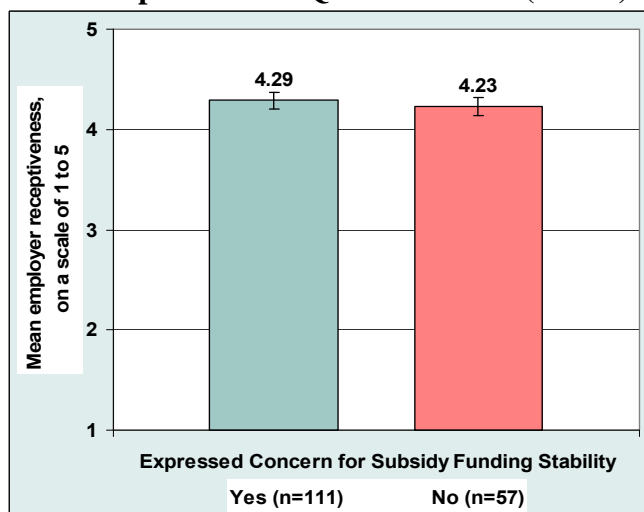This could mean that employers who had discussed the funding and who felt more informed about the program were somewhat more likely to be receptive to the subsidized plans. The differences between the two groups were not statistically significant. However, it is important for policymakers to note that employers were willing to consider group coverage with the subsidized plans how well informed they were about the status of the funding stream.

When asked how OHCA could be of more help to them in selling and servicing subsidy plans, agents said that "improving customer service" was the single most important issue. In general, agents felt that OHCA was "doing a good job so far" but that issues with lost paperwork, inexperienced staff answering questions, and slow response to new enrollment and renewals were hampering their efforts in the field. Agents suggested adding an "agent hotline" staffed with knowledgeable personnel who can "do something" about an issue would be a great help for them. They also suggested that agents should be copied on anything sent to participating employers and members. Agents are the first line of contact for participating employers, so agents' suggestions make sense from that perspective. The bottom line for agents is that if they are better informed, they can troubleshoot problems and reduce employer and employee calls to the OHCA Call Center.

In general, agents are happy with the program and would simply like to be a more integrated part of the Insure Oklahoma system.

> *"This is a wonderful program that I am proud to be a part of. It has been so helpful to all my clients."*
> *IO Approved Agents, October 2009*

Although the findings from this study are somewhat limited because of the lower than expected response rate (22.8%) and our inability to compare survey responses to the actual number of plans sold by each agent, there is nonetheless a sufficient amount of information for OHCA to validate results from surveys with IO/O-EPIC ESI participating small business owners about the important role insurance agents play in assuring the success of the IO/O-EPIC ESI subsidy program. Future studies conducted with this group will benefit from the knowledge gained both from the methods and results of this survey.

Findings & Recommendations

Key Findings:

1. Surveys were mailed to 764 agents; 28 were undeliverable or unusable resulting in 736 surveys distributed; 168 completed surveys were received for analysis, a 22.8% response rate.

2. 58% of agents sold subsidy-qualified plans in cities; 29% in towns, 13% in rural areas.

3. 79.2% of agents (n=133) said the subsidy plan was a "useful" marketing tool.

4. 80.2% of agents (n=118) indicated that less than half of their total group sales business came from selling IO/O-EPIC subsidized plans.

5. When agents were asked what percent of their IO/O-EPIC ESI clients they thought might drop coverage without the subsidy, there was a broad distribution of responses. As expected, it was higher for those who said employers expressed concern about IO/O-EPIC's long-term funding.

6. The most common reasons agents gave for losing IO/O-EPIC ESI clients were: (a) the group had grown too large (n=12), and (b) the company/s were no longer in business (n=9).

7. The service agents provided clients most frequently was help enrolling employees (n=148), followed by educating employees (n=139), helping employers add or delete eligible members (n=129), and helping with invoicing and billing (n=120).

8. 20% (n=34) indicated their agency had hired additional staff to help with IO/O-EPIC ESI.

9. 31.6% of agents (n=30) suggested that OHCA initiate more education and increase direct contact with employers; 13.7% (n=13) asked OHCA to fix administrative errors; 13.7% (n=13) said increase eligibility and reduce the "rich" benefit package; 12.6% (n=12) suggested OHCA increase marketing of the subsidy program.

10. Agents indicated they would like more direct contact with OHCA to facilitate the sales and service of subsidized plans.

11. Agents expressed interest in making a "cafeteria" style program or plan available, especially if it could include very high deductible/HSA plans.

12. Agents indicated employers were "receptive" to "very receptive" to the subsidy-qualified benefit plans they offered. This was true regardless of where the businesses were located.

13. Agents were more interested in offering very high deductible plans (≥$5,000) with a health savings account (HSA) than employers. 43.8% of agents want a high deductible/health savings account (HSA) option available.

14. In their written responses, agents said that the benefit plans should be less "rich" and should include higher cost-share for employees.

15. 69.1% of agents said they perceived employers were moderately concerned about the funding stability of the IO/O-EPIC ESI subsidy program.

16. 79.1% of agents said the IO website was "helpful" to "very helpful." Agents used the website to download forms, locate plans, and show employers during sales calls.

17. There is a lack of knowledge about the SoonerCare and Medicaid regulations and about Insure Oklahoma in general.

18. Several agents commented that they needed to be paid for selling these plans. The comments were directed to OHCA. Given that traditionally agents are paid commission from the insurer for the sale of health plans, there appears to be confusion about the role of Insure Oklahoma regarding paying agents.

Recommendations:

1. Consider implementing a dedicated "agent hotline." Agents would like more direct contact with OHCA to facilitate the sales and service of subsidized plans.

2. Study the possibility of making a "cafeteria" style program or plan available, especially if it could include very high deductible/HSA plans.

3. Agents perceived that employers were less enthusiastic about very high deductible plans with HSAs. Survey employers to gauge their interest. This option could be considered if a cafeteria style program were designed for non-subsidy qualified employees.

4. A brochure with federal and state regulations governing Insure Oklahoma and the goals and objectives of all Insure Oklahoma programs (including the Individual Plan) should be developed and distributed at all "brown bag" seminars and to each agent upon their first sale of an IO/O-EPIC ESI subsidized plan.

5. Suggest initiating a quarterly or semi-annual news bulletin for agents that covers any updates or program changes. This bulletin should review the federal regulations, the purpose and limitations of the Insure Oklahoma programs.

6. As noted in studies with employers, agents expressed concern about lost paperwork, untrained OHCA staff, and a general lack of communication. Investigate the possibility of copying agents on any paperwork mailed to clients if feasible.

7. In previous studies, employers were asked the value to their businesses of 4 nationally validated potential positive business benefits of ESI:

    a. Improved hiring and employee retention,

    b. Reduced absenteeism,

    c. Improved employee morale, and a resulting increase in productivity, and

    d. Decreased workers' comp claims.

We suggest that agent education include these potential business benefits. They could use this information to enhance their marketing and sales of ESI.

8. Issues regarding the stability of the IO funding stream must be addressed. Agents and employers need to be included in this discussion so that they can make better educated decisions about employee benefits programs.

9. If future surveys are done with agents, the survey should include a question asking the number of qualified IO/O-EPIC ESI subsidized plans each agent had sold. Inclusion of this information would improve the data analysis.

10. The survey should only be sent to agents who have actually sold a plan, and not agents who had attended a meeting. This impacted the response rate and possibly skewed the analysis.

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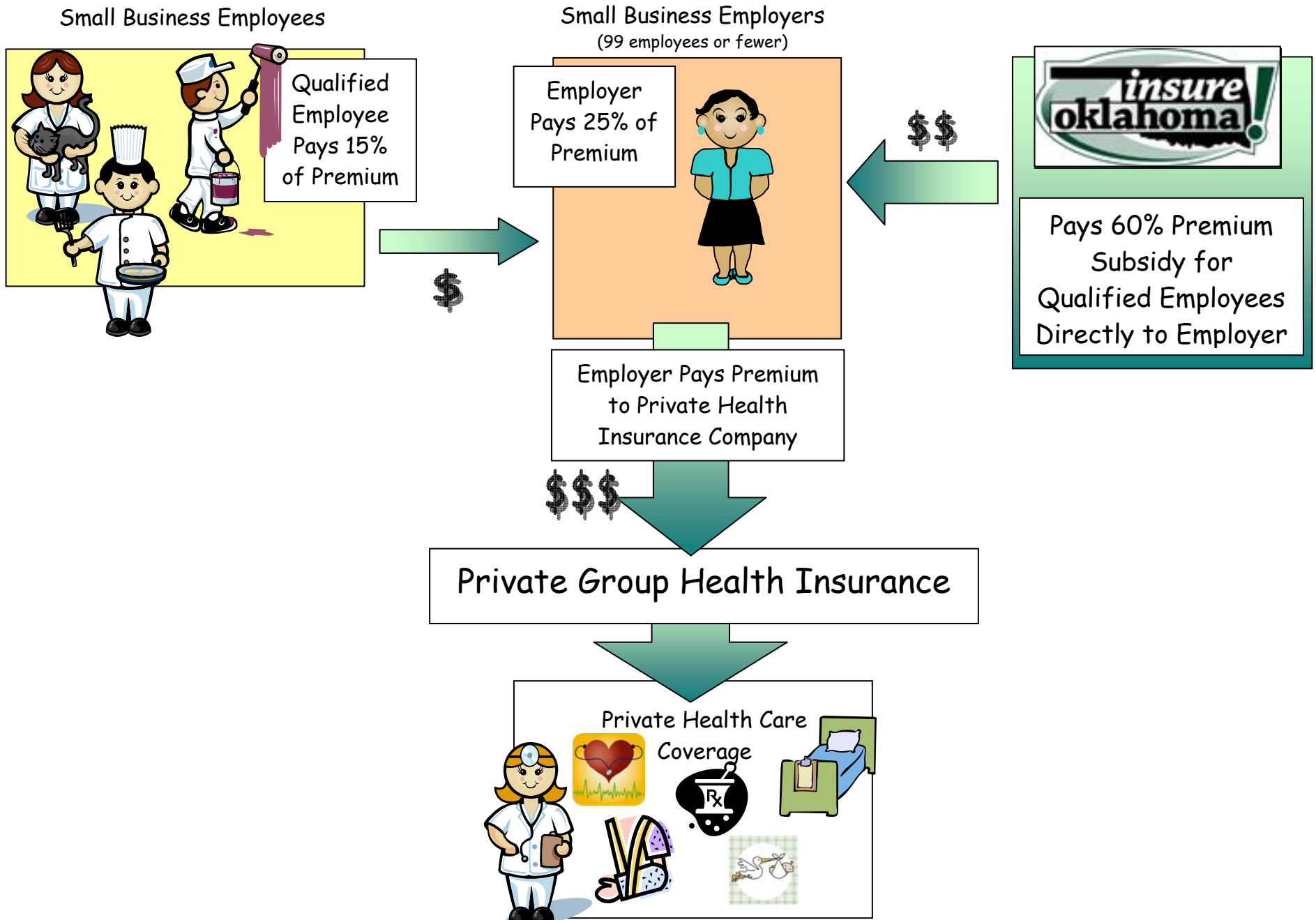
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Appendices

A.   Insure Oklahoma Premium Subsidy Flow Chart

B.   Insurance Agent Cover Letter and Survey

C.   Survey Narrative Responses

       C1.   Reasons for Loss of ESI Business (Question 5)
       C2.   Other Agent Services (Question 7)
       C3.   Suggestions to Better Educate Members (Question 9)
       C4.   Types of Riders Sold, Other than Dental, Vision (Question 11)
       C5.   Ideas for Plan Modifications to Keep Pace with the Health Care
                Marketplace (Question 12)
       C6.   Comments on Insure Oklahoma Website (Question 15)
       C7.   What Can OHCA Do to Make your Job Easier (Question 16)
       C8.   Additional Comments (Question 17)

D.   Biographical Sketches of Program Faculty and Staff

Small Business Employees

Small Business Employers
(99 employees or fewer)

Qualified Employee Pays 15% of Premium

Employer Pays 25% of Premium

$

$ $

insure oklahoma!

Pays 60% Premium Subsidy for Qualified Employees Directly to Employer

Employer Pays Premium to Private Health Insurance Company

$ $ $

Private Group Health Insurance

Private Health Care Coverage

Insure Oklahoma (IO)
O-EPIC *(Oklahoma Employer/Employee Partnership for Insurance Coverage)*
Employer-Sponsored Insurance (ESI) Program

Dear Oklahoma Insurance Agent:

The Oklahoma Health Care Authority (OHCA), the agency that administers Insure Oklahoma's O-EPIC (Oklahoma Employer/employee Partnership for Insurance Coverage) employer-sponsored insurance (ESI) needs your help. OHCA has asked researchers with the University of Oklahoma Health Sciences Center's Department of Family & Preventive Medicine (DFPM) to assist them by conducting a survey of all insurance agents on the Insure Oklahoma qualified agent list. This study will contribute to OHCA's ongoing efforts to provide the highest quality services on behalf of Oklahoma's small business community.

Agents like you are a very important part of the success of the IO/O-EPIC ESI program. The program currently subsidizes health insurance coverage for 15,000 low-income Oklahoma workers and their spouses employed in 5,000 Oklahoma small businesses. According to surveys of the small business owners, you – the insurance agent – were a vital part of their decision to sponsor employment-based health coverage for their employees.

The survey (see back) asks a series of targeted questions about the plan or plans you've sold and your experiences with the IO/O-EPIC ESI program. Once analyzed, the final report to OHCA will include no identifying information. No names or personal identifying information are being asked to encourage you to answer each question honestly and completely. If you are interested, you may view previous reports prepared by DFPM researchers at the Insure Oklahoma website under *About Us, Small Business Employer Feedback Surveys* (http://www.insureoklahoma.org/about.aspx?id=73). You may also track the progress of the program by visiting the monthly Fast Facts menu on the Insure Oklahoma home page (www.insureoklahoma.org).

When you complete the survey, you may **fax** it to **405-271-8800** or **mail** it in the postage paid envelope provided. If you have questions about the survey, you may contact Sarah Hyden at 405-271-8000, Ext. 32110.

Your input is very important and we thank you for taking your time to help OHCA and Oklahoma small businesses.

Insure Oklahoma (IO)
O-EPIC (Oklahoma Employer/Employee Partnership for Insurance Coverage)
Insurance Agent Survey

1. What percent of your group health insurance sales are in:

   Rural areas (population 1,500 or less): _____ %
   Towns (population 1,501 to 25,000): _____ %
   Cities (population greater than 25,000): _____ %

2. How useful is the availability of the premium subsidy as a marketing tool?

Not at all useful	Somewhat useful	Neutral	Useful	Very useful
☐	☐	☐	☐	☐

3. About how much of your total group insurance business comes from selling health plans that qualify for the subsidy?
   ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

4. In your opinion, what percent of your subsidized groups would drop coverage without the subsidy?

   ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

5. How many small business owners who purchased an IO/O-EPIC ESI qualified health plan from you are <u>no longer</u> your clients? Number:_____

   Please list reasons _____
   _____

6. Has your agency developed procedures and guidelines for talking to small business owners about IO/O-EPIC ESI?

   ☐ Yes   ☐ No

   If YES, would you be willing to share these procedures with us to help develop a "best practices" approach to IO/O-EPIC ESI? ☐ Yes   ☐ No

   If you would, please call Sarah Hyden (OU Health Sciences Center) at 405-271-8000, ext. 32110.

7. Follow-up assistance is an important part of client service. Does your follow-up with your IO/O-EPIC ESI approved clients include any of the following? Check all that apply.

   ☐ Assistance with invoices

   ☐ Add/delete eligible members

   ☐ Educate employees about the IO/O-EPIC ESI premium subsidy program

   ☐ Help employees enroll in the program

   ☐ Other: Please list _____
   _____

8. Has your agency increased staff to accommodate the sales and servicing of IO/O-EPIC ESI? ☐ Yes   ☐ No

9. There are many employers with approved employees who are not receiving any subsidy. What suggestions do you have to better educate our members?
   _____
   _____
   _____

10. How receptive have employers been to the IO/O-EPIC ESI qualified health plans you've presented?

Not at all receptive	Hesitant	Neutral	Receptive	Very receptive
☐	☐	☐	☐	☐

11. Currently, the program only subsidizes medical plans. How many subsidized businesses have purchased riders for additional benefits, such as dental or vision?

    Dental: _____

    Vision: _____

    Other riders: list _____
    _____

12. How should IO/O-EPIC ESI qualified health plans be modified to keep pace with the current health insurance marketplace? _____
    _____
    _____

13. How receptive would your small business clients be to the addition of a very high deductible qualified plan with a Health Savings Account (HSA)?

Not at all receptive	Hesitant	Neutral	Receptive	Very receptive
☐	☐	☐	☐	☐

14. Have employers expressed concern that funding for IO/O-EPIC ESI might decrease or be withdrawn forcing them to cancel health insurance coverage? ☐ Yes   ☐ No

    If Yes, about how often do you hear this.

Not often	From time to time	Very often
☐	☐	☐

15. How useful is the Insure Oklahoma O-EPIC ESI website?

Not at all helpful	Somewhat helpful	Neutral	Helpful	Very helpful
☐	☐	☐	☐	☐

    Briefly explain your answer _____
    _____
    _____

16. What can OHCA do to make your job easier:_____
    _____
    _____
    _____

17. Additional Comments_____
    _____
    _____
    _____
    _____

Appendix C
Survey Narrative Responses

Appendix C1. Reasons for Loss of ESI Business (Question 5).
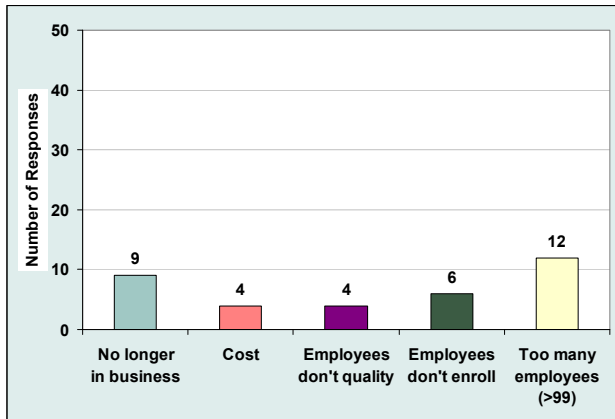
OEPIC reimbursements delay blamed on us.

No longer in business.

No longer in business.

Retirement, AOR

Out of business.

Moved to the Chamber.

Went with another agent after I did all the O-EPIC work for free.

Other agent took over.

Reasons other than ESI.

Relationship with another agent.

Misunderstood.

Complication of process, employees did not qualify.

Out of business.

Carrier change.

AOR to another broker.

Economic.

Total health care cost.

N/A

No longer in business.

Business down time, closed business.

Economy.

If they are still in business they are still with us. Only out of business have termed.

No one on health plan--dropped. Business closed.

Moved to another agent.

Couldn't afford to front the premium.

New HR director changed agents.

I have not been able to sell even one group using O-EPIC.

Personality conflict.

Both taken by another agent

I have one client who has given raises that jeopardize status and may drop.

Income too high.

Problems getting subsidy fast enough.

Moved to agent who writes PEC.

Merged with large group.

Cost.

Personally knew other agent.

Usually individuals in group plan do not qualify. People just over qualification levels don't buy insurance, they buy other things (unimportant) poor management decisions. Uninsured medical care too liberal--medical profession needs to put a lid on care. I'm tired of paying for someone else's bill. Not sure.

Closed business.

Only employee laid off.

Merger

Sold business, new owner not willing to offer insurance.

C2. Other Agent Services (Question 7).
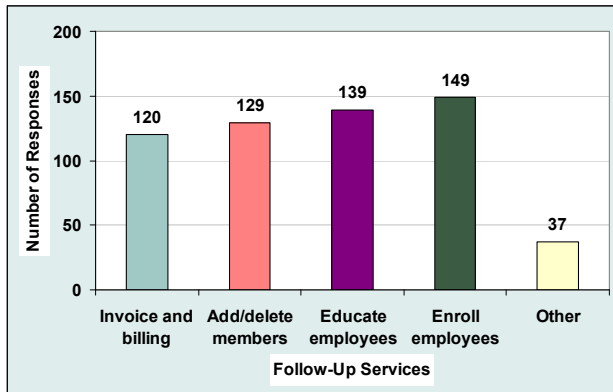
Troubleshooting.

I do 100% of the leg work for my clients and handle all issues.

Help enroll - apply.

In the beginning - assist with invoices.

We help our employers/employees with every aspect of the program.

Answer question by employers and their HR staff.

Getting them approved by 0-EPIC.

Enrollment errors! O-EPIC customer center is NOT friendly or helpful!

Follow up issues, payment receipt, missing ees.

Informing them they make too much to qualify.

Claim issues.

Complete paperwork.

Assist employees with their responsibilities.

Premium deduction amounts.

Prepare forms for employer.

All questions.

Assist HR with signing up, applying on-line, etc.

We don't want to, but program is not user friendly.
Fix IO/O-EPIC mistakes.

Whatever it takes to meet their needs.

Whatever necessary.

Some make big deal out of paperwork/qualifications.

Allows me to sell Property & Casualty Insurance.

Help fill out contracts, etc.

We manage EVERY step of the process, all aspects minus faxing in the invoice every month for them.

Explaining the steps to be taken.

Some groups need no assistance, some need 100% assistance.

Any other type of help needed.

We try to serve as their HR department.

We do everything for them.

Renewal updates, new group installation.

Check-up phone call.

We help in all aspects.

Assist with reimbursements.

All phases.

We provide all of the above when necessary.

When they terminate, we help with IP.

Help employer complete application/contract forms.

Hold their hand through every step of the process.

Troubleshoot O-EPIC errors, not getting subsidy payment, tracking lost paperwork.

Educate employers.

All initial paperwork

Assistance in 100% of this. It is hard for them to understand all of it.

Work through application and renewal process.

Survey Narrative Responses

C3. Suggestions to Better Educate Members (Question 9)

We are working on a process to be sure all eligible are participating.

I believe that it is the agent's job to educate the members. I will elaborate if you want to call me.

Less issues with paperwork. Especially renewing with plan change or carrier - employers lose 1 month of subsidy.
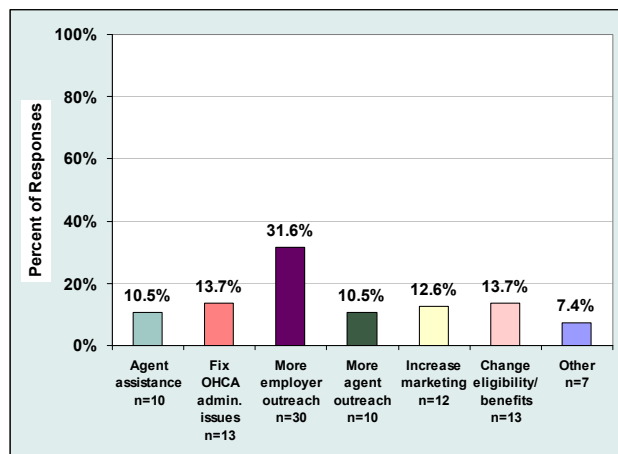
Get more agents involved.

Brochures mailed to employees or to employer to give to employee.

On site support from O-EPIC.

More town hall meetings, Chamber meetings for employers to better understand the program.

More on-site (at company) presence by actual OEPIC rep.

Make it easier to enroll. Online is extremely difficult and paper applications are way too slow.

Put a "flow chart" on your website number each step of the qualifications and enrollment process.

Agents should be surveying all employees.

In-person employee meetings.

Advertising is a must!

Outreach other than mail----fax, email, town-hall format meetings with current membership.

It takes one-on-one contact with business owner from the agent.

Let me show them!

Raise the income limit or count only the applicants' income.

Maybe send reminders--it is usually an agent level issue. Maybe bonus the employee because when the employer pays 100% there is no incentive for them to do their application.

Have them work with an agent who is active in O-EPIC--they have a better understanding of the process & problems.

Many can't afford to offer coverage to non-O-EPIC approved or see disparity between plans for approved & non-approved.

Contact the broker & ask if all right to directly call on the employer to explain.

Memos to the employers going over income guidelines.

Make sure agents are put into all communications loops and that telephone diaries are strictly kept.

A simple brochure that an agent can use for direct mail or leave behind.

Agents need to help more in educating the employees.

Reminders to check income levels.

Monthly reminders to check income levels.

Make the process easier! There are too many levels of paperwork & too long of a delay!

A few.

Monthly reminders to check income levels.

Don't understand this question.

Answer questions for employers who may be hesitant.

Appendix C
Survey Narrative Responses

Most lower paid employees don't have computers. Need flyers for them.

Phone call from O-EPIC to business owner.

Make the process more understandable (enrollment, plan changes, renewals, etc).

Make the process easier (enrollment, change of plans, etc.).

Go to business and make sure how they work with it and find all possible

Sure, some employers think its too much paperwork.

True. Mail outs to their businesses, include income brackets. The ones you have seem to work. Possibly local radio and newspaper ads.

More public advertisement TV, radio.

It's still confusing because employers can't differentiate their insurance program from subsidy. They don't get that just one person can't mean money in their pockets.

Simplify all your processes.

Simplify the program--make it more user friendly.

Help cover the costs agents incur to let them help employers with O-EPIC forms and employee meetings.

Have an agent who is knowledgeable talk to employees or employers about the O-EPIC program.

Have a meeting or one-on-one information session to explain.

Letting them know the agents will do the paperwork for them.

Ask.

Send direct mail to members & employers. Brochures to hand out at enrollment meetings so members know about Insure Oklahoma & how it helps.

Enforce agent involvement because business owners & employees don't have time to figure out why some don't enroll--they need help.

Finding a way to communicate to employers that not everyone in the group has to qualify.

Require more liberal underwriting.

They still may not be able to afford the 15%.

The employer is the key to success. If they buy into the program the employees will follow.

Coop direct mail ads in addition to radio/TV.

It is hard to convince a low income single person to pay any premiums.

What I think you occasionally run into is the employer doesn't want to mess with it for only 1-2 employees that qualify or they offer a less benefit rich plan that doesn't qualify for O-EPIC and don't think it is appropriate to offer a richer plan through O-EPIC then the rest of their employees are being offered--could cause internal strife between employees.

More advertising.

Send O-EPIC information.

Agent contact is the best solution. Advertising your program helps, but there is still a lot of misinformation around.

Get information to employers that family income is used to qualify.

Employers are reluctant to suggest it because they don't know household income.

Cut them off from SoonerCare.

Approve more plans with higher out-of-pocket.

We've been trying to figure that out ourselves.

Less red tape; renewals should be easier and done on line--not another full application; quicker turnarounds.

Meetings with them or sign them up with Blue Cross & Blue Shield.

Direct mail from state. Announcements in the news media.

Your marketing has been great. It's going to take the agents to promote.

Work with agents and brokers to communicate.

Make enrollment easier, smoother process.

Continue the outreach marketing program.

Education by brokers.

Notify the agent and/or send a letter to the employer.

Advertising, mailers to business, email blast, seminar presentations.

Make it easier and continue to educate.

Informational meetings - check stuffers.

Keep advertising--Radio-since large parts of people are in transit--(drive-time). TV advertising, papers--Thrifty Nickel-penny news, etc.
None.

Emails and written notices advising employer to review & see if any employees not subsidized are eligible.

More seminars in rural areas. Eliminate information on Individual Plans on Power Point

Benefits meeting--get in front of them and discuss in terms they can understand.

Offer higher deductible plans to keep premium cost down.

Some won't pay--even if it is $5 per month! It is crazy!

The welcome packet needs to be more user friendly.

Phone calls, direct mail, inserts in mailers.

Information should be given to all business' applying for group health insurance.

Send information with health bills to employers.

Explain the pros vs. having no insurance at all.

TV ads seem to help.

The word is getting out there. It helps with the agent name on the website.

Education is simple. The application process is lengthy.

Not an education issue--agents do good job educating groups--problem is plans that qualify for subsidy are too restrictive. Members that don't qualify for subsidy can't afford premiums on rich plans that meet criteria. Groups can't afford to switch to qualified plans that will benefit only one or two employees.

C4. Types of Riders Sold, Other than Dental, Vision (Question 11).

cancer, critical illness, accident

Group life

Group life (80%)
life

Most employers try to offer dental either group
funded or voluntary.
Life (50%+)

More group life, AD&D sales

Life (40) DI (12)

Life

Group term life

Disability, term life

Disability (short-term & long-term), life, hospital
indemnity

Life insurance

LTD

Life and ancillary products.

Short-term and long-term disabilities.

Life and disability.

Short & long-term disability.

Life

Group term life insurance.

Life insurance.

Group Term Life Insurance, Group Disability.

Life

Disability Insurance

Voluntary Life

Almost all.

Life, Long Term Disability.

Hospital Indemnity, Life

About 50% carry additional & voluntary benefits.

I don't sell riders, I sell complete insurance plans.

Long-term Care, Short-term Disability.

Life insurance.

Life.

Life and voluntary benefits

Life.

AC

Several have allowed worksite products to be
offered.

Voluntary Life and Disability.

Transamerica/GAP, Accident Critical Illness

Life Insurance.

Group Life

Life insurance, voluntary accident plans.

Life insurance.

Appendix C
Survey Narrative Responses

C5. Ideas for Plan Modifications to Keep Pace with the Health Care Marketplace (Question 12).
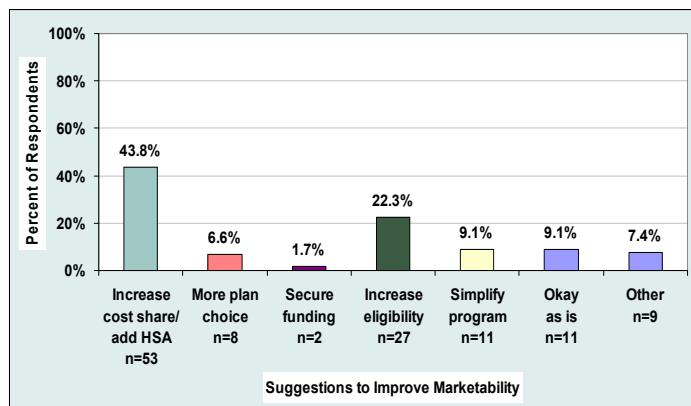
Simpler. Too many forms. Too many restrictions.

Increase income limits for dual income families.

With the rising cost of insurance the percent of poverty limit needs to be increased.

Approved plans benefits are too rich and too expensive.

More education on wellness.

Raise the percent of the poverty guidelines.

Offer for all group plans.

Add HSA as qualified don't require specific plan design.

The first xx check usually they need help with.

Possibly a higher deductible plan ($2000).

Allow catastrophic plan(s) with higher deductible, copays and out-of-pocket.

Higher deductible, higher out-of-pocket, HSA plans

Streamline requirements, reduce red tape. Enrollment process is too complex.

No answer for that one.

Approve the higher deductible plans.

Pay more of premium, raise income levels.

Higher deductibles for O-EPIC qualified plans!

Allow higher deductibles, HSA qualified plans--this will reduce claims

Increase the maximum out-of-pocket.

Raise deductibles/ out-of-pocket and office visit co-pays & prescription deductibles are high. Increase amount of ee's, not their benefits.

I have no idea

Simpler. Too many forms. Too many restrictions.

Larger deductible--with more office visit, emergency visit and outpatient co-pays.

Make all plans available, people like choices.

Go to 200 employees eligible.

HSA or HRA could help.

Allowance for higher deductibles & out-of-pocket maximums.

Simplify the process, train staff to better handle the questions so there is not the passing around.

Increase the maximum out-of-pocket limits to lower non-qualified employee's premiums.

May have to change plans to include some with higher deductibles and out-of-pocket.

Raise deductible limit.

Increase out-of-pocket maximums. Non-insured accepting all risks now, why must they suddenly have Cadillac plan when non-approved still stuck with higher out-of-pockets? Would save O-EPIC dollars for other employers.

Increase income amounts.

Higher out-of-pocket limit.

Increase out-of-pocket allowed.

Allow for HSA-type plans to be included.

Extend to HSA's & any plan the employer might offer. Increase the income level.

Appendix C
Survey Narrative Responses

Raise out-of-pocket maximum deduction.

Offer to business that have more than 99 employees.

Keep in contact and email or phone agent when needed instead of employer only.

Offer to more business that have more than 99 employees.

Income guidelines are still too low for many workers to qualify.

Family increase on income.

They are fine.

Make the system more like insurance i.e. match group renewal, annual open enrollment, 10 day approval, back pay qualified applicants up to 60 days.

Make the benefit requirements a bit more moderate. Higher out-of-pocket maximum to $4,000

Offer to more than businesses with 99 employees.

Allow subsidies for high deductible, lower cost plans when needed.

Insure children.

They are fine.

Larger employee high than 99 employees. Income levels raised if possible.

Keep up with your paper work!

I think income guidelines should be increased as well as offer more high deductible plans.

I think the income guidelines are still too low. Need better clarification for self-employed.

Add children.

Possibly allow more out-of-pocket cost--to lower cost.

Income limits are too low for most of our client's employees. Small business owners would purchase IO/O-EPIC ESI plan if employees met the income limits.

More funding to increase capacity.

Continue to raise salary eligibility amounts. If you can a lot of employers that pay good but will not do insurance program.

More funds.

Must be able to offer higher deductibles & high out-of-pocket limits.

Open up to more products such as dental.

Give employees option for children--pay for group insurance instead of SoonerCare.

Keep offering it! The word is getting out there & everyone loves it!

Can't think of any changes except raise the income limits.

No

They are comparable.

Try to reach the families that have no insurance.

Add more plans.

Help us get fast underwriting. Arkansas issues their coverage on the first of the month if documents are in by the fifth prior.

The approval process is difficult & forces employers to consider dropping. I never get the same information on a call--its like they don't see the same screen.

It is hard to say, not knowing what Obama's plan will be. Letting deductibles at $2500 and below will help.

Increase deductible allowed on medical and prescription.

Develop advanced training and premier certification to committed agents who complete training and other requirements.

Bigger deductibles.

Should offer higher deductible plans (not an HSA,) but a plan that has office visit co-pays and prescription co-pays.

Appendix C
Survey Narrative Responses

No suggestions

Higher deductibles--variety of co-pays--no one-size fits all.

I have had employers interested in a higher deductible policy that would qualify.

I wish I knew what you meant.

Increase income.

Increase who they cover.

Higher deductibles that maintain an office visit copay and prescription card.

Increase out-of-pocket maximum.

Higher deductibles that maintain an office visit co-pay & prescription card.

250 employees and 250% of poverty.

Update income levels and procedures for getting employees approved.

Raise the qualifying salary to slightly higher levels.

Allowing a lower deductible.

Possibly increase annual maximum.

Copy agents on correspondence to their clients.

Increase maximum out-of-pocket, qualified plans are now only $3000 annually.

Raise the deductibles.

Approve more plans with higher out-of-pocket.

Raise income limits.

Add HSA's and high deductible.

How the maximum out-of-pocket works and the difference on the stop-loss limits.

Really need to explore higher deductibles and out-of-pocket. Employees can't afford to carry lower plans if not a lot qualify.

The plans available are good but should be able to offer dual option for those who don't qualify.

Not sure.

Higher deductibles and out-of-pocket maximums.

Raise out-of-pocket maximum to allow more plans to be qualified plans.

Cost of living increase, include larger businesses.

Increase out-of-pocket.

Quicker enrollment.

Right on target--might be a little liberal on emergency & hospital co-payments, might raise co-pay some to protect money pool if endangered.

Accept higher out-of-pocket plans and higher office co-pays--however current plans working great.

Increase deductible to $1500.

On-line services and faster processing times.

Consider high out-of-pocket plans.

Keep group size under 100 and increase income guidelines so more families qualify.

No--OK as is.

Higher out-of-pocket

Speed up initial reimbursement

Increase deductible and out-of-pocket levels for more affordable plans.

Higher deductible.

Increase deductibles & out-of-pocket maximums.

Include more high deductible HSA qualified plans.

yes

Increase providers who are taking new patients.

Raise the deductible to $1500

Offer higher deductible plans.

Doing a great job now!

Higher out-of-pocket maximum must be allowed! Higher deductible would help also--$1500.

C6. Comments on Insure Oklahoma Website (Question 15).
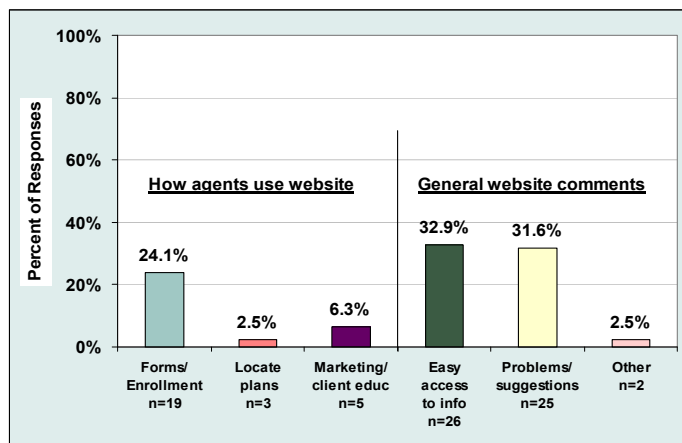
Forms and online employee enrollments.

I get answers every time I call. Whether I like the answer or not, I get one.

Being able to print current info, locate approved plans, ID's and forms

I mainly use it to verify forms are up to date we are using and doing online applications for employees.

It allows me to educate prospective clients by pointing to the website.

I am able to find forms, qualified health plans & contact information.

To get forms & updates.

Very good-all information is easily accessible.

Still have to search around to find information.

It has all the information and forms needed.

After you know what you are doing it gives the tools necessary.

I personally do not use it much.

The employers can find important procedures and guidelines.

Has some bad links.

I am having trouble getting employees approved on-line.

Hard to find some items, like individual plan benefits. I refer my clients to it and we go over it together. I also use it to print all my forms.

Little difficult to find specified information.

Keeps me updated.

That is where I go for brochures & applications.

Lots of information available to help me.

I wish we could access employer/group paperwork on-line and be able to do employer changes on-line.

It's ok, forms are not good, you can't tab thru when completing them.

Forms & information.

It has improved greatly.

Most answers, forms, etc. are easily found.

Most answers are found there.

It is good and we use it.

Use it most every day.

The small businesses do look at the web site. I have them tell me that.

I use to print off forms & information for employers.

It's difficult to match up the plan one quotes because they are named differently.

Would like for the brokers to be able to check status of group without calling customer service.

Everything I need is on the website.

Can usually find what I'm looking for on the site.

I can find the latest income qualifications.

Could be a little easier for first-time users.

I use it all the time for forms and updates.

I find it a bit confusing. If it is confusing to me, how about my clients?

Survey Narrative Responses

I go to it all the time to print applications. I share it with clients. I enroll clients sometimes.

I use it to print forms and information.

I can almost always find what I need. The updates are often and not pointless.

Employers find it useful.

Easy to get forms and basic information.

Needs agent access to status of each group's account.

Easy to use.

Cumbersome

Most items are self-explanatory & it's easy to navigate.

Try and find a provider number. Try and find the reimbursement schedule.

I get around it easily.

Use mostly to get updated forms and income guidelines & qualified health plan numbers.

It would be helpful if the agent could help the employer add/drop employees on line instead of filling out forms.

Use mostly to get updated forms and income guidelines and qualified health plans.

We've had trouble reading passwords.

Sometimes hard to find the information.

Helpful to both staff and employer.

Good content.

There are glitches on the employee application and why ask for the FEIN on the spouses place of employment?

Difficult to navigate.

Looking up information and status of client.

Getting forms, finding eligible plans.

Easy to get around & find what you need.

More user friendly.

Better now easier to navigate & find answers to questions.

Sometimes links aren't working and it occasionally gets confusing.

All forms and explanation of program very easy.

Looking up qualified plans is not easy…used to be when they were links.

Use it on a regular basis.

It provides basic information, but is out of date on changes & etc.

Please add a way to fax & email information.

I can find all the forms and info I need.

I use it all the time.

Most want you to do it for them.

Great for updating information, applications and brochures.

No problems.

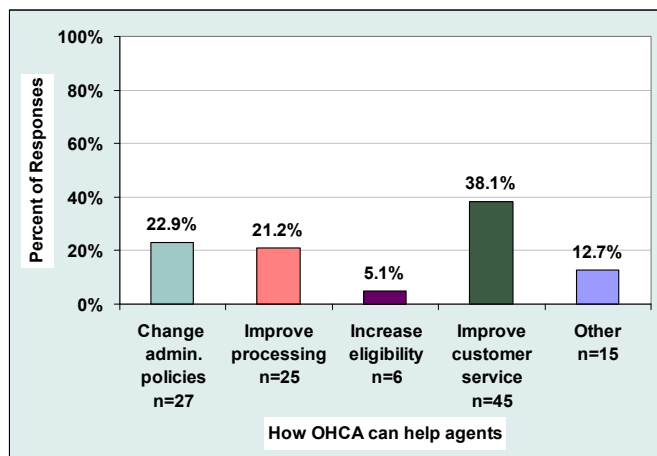Website is very user friendly---I download forms as needed.

It offers an agent in the area. Forms available to get & apply online is easy!

Very easy to maneuver.

Information is out there, but sometimes difficult to locate.

C7. What Can OHCA Do to Make your Job Easier (Question 16)?

How OHCA can help agents

Simple forms and quality control.

Communicate with the broker on our groups!

Raise the income limit so more qualify.

Answer our questions correctly the first time - don't lose paperwork.

More education and communication

Ease of customer service

Work with broker and carrier to make smooth transitions. Very frustrating and difficult.

Assist with the process, agents wear a lot of hats.

They do a great job - Rhonda Mitchell and her staff are fabulous to work with and very helpful to me.

Answer our questions correctly the first time that we call.

Make it easier to enroll employees online--it is impossible for clients and extremely time consuming for agents to do it for them. Many employees give up after 30 minutes to 1 hr on computer to enroll.

Again, I think it's important to reduce the amount of forms and to streamline the process of enrollment.

Pay commissions on Individual plans.

Make the paperwork for approval easier.

Keep more in touch with info. on groups and problems.

Easier and more frequent contact with Insure Oklahoma representative.

Process groups quick. PAY AGENTS!

Provide accurate & faster service.

Don't stop enrollment. This is the national answer.

Return call, answer emails. When there is a problem, inform the agent.

The administration process has improved significantly.

Simplify forms and qualifications.

I plan to start calling on 20 employers a week in September.

Raise income levels and make more plans available.

Track & weekly notify group status by email so we don't have to call all the time. Would also like an assigned representative to work with to improve communication.

Let us send in birth certificates & driver's licenses of employees we know qualify with the application or business.

Supply leads.

Drop individual plan as O-EPIC does not have reinsurance. Again, member accepts all risk now, but then goes to better plan than could get at work. Money you'll be paying because you have no stop-loss means there is less money for employers who offer medical benefits to recruit & retain employees. People on your individual plan means an employer probably won't offer medical to other employees not approved.

Contact me if something is missing or needed on my groups.

Faster processing of applications. Copy me on PIN letters & correspondence.

Don't have such long waits on the phone to talk to a representative. Make changes faster.

Process subsidies correctly. There have been a lot of mistakes.

Better communication internally amongst OHCA team members, the left hand doesn't know what the right hand is doing.

Simplify the web site. Package all forms into an "Application Package".

Hire more people.

Appendix C
Survey Narrative Responses

Bridge communication to include giving and receiving information the agent as well as HR in group.

Hire more people.

Make it like insurance do something to speed the process of groups, Retro pay up to 60 days when employer and employee annual enrollment.

Approve higher deductible plan for Insure Oklahoma.

Hire more people.

Empower service representatives to correct problems and mistakes.

Let me know which of my groups is not scheduled to receive their subsidy in any given month and why. Give the agent an opportunity to correct before the payment deadline. Lots of invoices end up missing as well. Other than that---GREAT JOB!!

Improve communication

Send documentation to agent as well as client.

You all are doing a good job so far. Keep up the work.

Keep up with your paperwork. Keep up with your paperwork. Keep up with your paperwork.

I would prefer correspondence more with the agent and if more detailed records & notes were kept.

Better correspondence with agents and better records kept at Insure Oklahoma. Also better trained employees.

I wish employees receiving child support payments had an easier time due to the fact that a few of them have a court order to receive child support but only actually get it from time to time. They still have to count it as income, even though its not consistent income.

Not sure.

Include the agent in informing them on approvals, changes or needing information to complete the approval.

You have always been helpful to our agency and referred people to us in NW Oklahoma.

Recent improvements OHCA made already help.

Hold workshops for companies. Make broker qualifications more intense so they will know how to present Insure Oklahoma correctly.

Educate, communicate, and take back much of the work they've placed on the broker community to educate clients and implement the plan.

Pay us for our time!!

Process the group faster than 30 days. The O-EPIC report takes too long.

Communicate better with agent once group is approved.

Approve groups quicker.

Get better qualified staff that can answer questions correctly! Give correct information.

Be more knowledgeable about how the health insurance companies work i.e. billing & renewals.

Speed up the group set-up process to less than 30 days. Pay invoices in a timely manner.

Give more contacts.

Get employees approval process easier when enrolling, it asks lots of confusing questions.

Help me find carriers who will take my prospects at good rates.

Fix the non-communication between customer service calls; maybe assign representatives to regions or zip codes so the client or agent does not have to inform the call representative on the progress--because they cannot see yesterday's follow-up call on their screen.

Increase feedback for NB status while waiting approval.

Send me more groups that don't have health insurance but want it.

The biggest problem is the time required to do changes of plan coverage. Many times because of the 30 days you require the employer does not receive the premium return. This is an expense many small employers can't afford.

Have dedicated problem resolution unit for agents. Adequately staff initial processing and enrollment areas.

Process paperwork quicker.

Expand the program.

Improve the website. Step 1, 2, 3.

Cover more people.

Figure out a way to stop loosing faxes, need direct lines to Medicare & Oklahoma Employment Security Commission for checks.

More leniency on effective dates for extenuating circumstances.

Get a fax that works or just stop losing received faxes.

Get agents online access to view when/what the status is on our client's subsidy or so we can see what information is needed.

Figure out a way to stop loosing faxes, need direct links to Medicare & Oklahoma Employment Commission.

Enrollment process.

Let us have a personal contact for our client problems & issues with billing/enrollment.

Process quicker and notify the agent who wrote the case when its been approved. The only way we know if a group is successfully processed is by following up ourselves.

Raise income limits.

Better training and a way to track the progress of each group--sign-ups, acceptance, etc.

Improve new group turn around time. Invoice payment--processors will not pay if bill has shaded areas. Retro premium charges for prior months.

Need a dedicated agent telephone question line.

Raise administrative efficiency.

Simpler process/online checklist and approve same day.

More approved plans.

Continue Brown Bag Lunches & Field Helpers-Field staff assistance, direct mail from state, announcements in News Media.

Flexibility in service (which has improved in the last six months).

Call me direct if there is an issue with applications.

List phone numbers in a central area for faxing bills, questions, agents, etc.

Just be sure and let us know about changes.

Notify employers with a reason a subsidy is not made. Notify the agents when renewal is coming. Notify the agent if missing information or paperwork.

Prospecting.

Keep putting the word out to the public about this great service.

Reduce amount of time it takes for approval & changes made. Increase income requirements. More knowledge with CSR for consistency.

Faster approval process!!

Improve turn around times. Work with the agent.

Employee enrollment website process is still confusing to enrollees.

Process applications more timely.

Have assigned representatives for each agency and allow us to have their email address.

Copies of all correspondence sent to employers would help us make sure everything is completed properly.

Simplify re-enrollment.

On-line services and let me do stuff (add & delete employees) on-line.

Improve renewal time-frame when changing plans.

Keep up the good work!

Since agents are doing the majority of the work, they should be compensated.

If the employer was having trouble affording it they usually won't buy additional.

Call clients or broker when information is missing from paperwork. I have had numerous times that Insure Oklahoma customer service tells me that they are missing information but waiting for the client to call in when they see they missed a subsidy deposit. That is not customer service. This has added significant burden to them financially and time they don't have.

Communicate directly to me when there is a problem or missing information in employer application.

Let us know that a group application has been approved and pin letters sent out.

Notify me of meetings to update on changes.

Add an agent option on the toll-free phone.

Better educate and encourage employers to offer even though they have to pay the 25% subsidy.

Hire more workers and process paperwork faster! Faxes and mail should be completed that day or next, not a week.

Simplify administration/application process and speed up approval times. 30 days is too long!

C8. Additional Comments (Question 17).
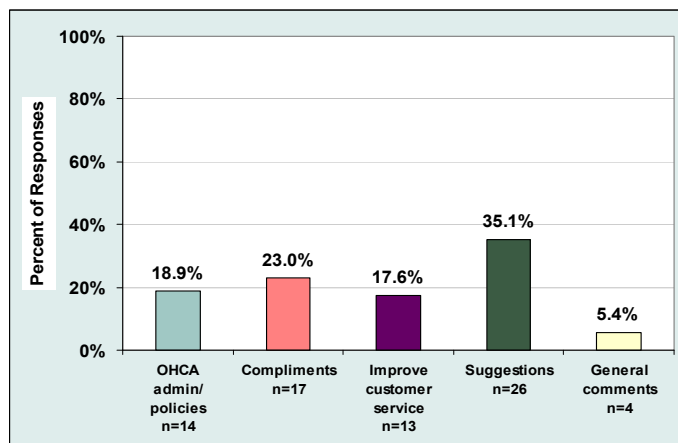
I do not or can not make a living with this program.

Thank you, from me but most of for my approved clients. Many would not have coverage if it weren't for OEPIC. Thank you.

More employers who need help subsidizing premiums cannot afford to offer all employees qualified plans because they are too expensive. The criteria of a qualified plan needs to change.

Program is very time-consuming because of inflexibility to work with broker and/or carrier.

I believe an "Elite Agent" group should be listed on the website for actual agents like myself that help employers/employees from start to finish and even with renewals. Thanks for the program!

Better turn around time w/ employer applications and renewals.

We have assisted several individuals and they have had problems with you losing paperwork or cancelling them and they didn't understand.

Call the agent and client when info. or problems occur.

Customer service is horrible. I hate having to tell group it takes 60 days to get set up so your group has to pay full premium until then. O-EPIC way too slow & takes way too much time to process a group.

Need to increase the income guidelines.

Keep up the great job and keep hiring quality people and employees!

Train employees who answer phones to give correct info. I have called several times with one question, received a different answer each time---they were all wrong.

This is a wonderful program that I am proud to be a part of. It has been so helpful to all my clients.

I do not or cannot make a living with this product.

I would like to thank Rebecca Ross for all her help and good training classes. She is always available.

O-EPIC is a very small part of my selling point. You should not penalize people for making more money.

It is a great program. Many of my groups do not file OES-3 but they always get stuck in pending OES-3 confirmation. Can't we avoid this some way? It seems to just waste everyone's time. Also, a little more transparency regarding tax returns. It is awkward to tell businesses I don't know what they need.

Tell EDS staff to not hang up on agents when calling in. Have an agents hot-line number.

Need to include children.

Thanks

Having individual plan available in small scope, it misses big picture & results in fewer employees covered.

Need to speed up processing.

Anniversary date of O-EPIC needs to coincide with anniversary of medical plan.

Slow responsiveness to inquiries.

Would like more notification of meetings I can attend--I have missed some because I didn't know about them.

Lisa Spain is the greatest!

Health insurance in our community is hard to sell.

Would like paid for individual referrals.

This plan is turning into a government bureaucracy! If it earns us no money & takes too much time, we will quit! Get agent advisors & LISTEN! Don't tell us we have hoop after hoop to jump thru--remove them! We are not the enemy! We want what you want, probably more than you do!

Would like to see the guidelines expanded.

Please expand to larger employers. Pay agents for their work, a fee or something.

KEEP UP WITH YOUR PAPERWORK! Don't loose your paperwork.

Appendix C
Survey Narrative Responses

I feel those employees working with Insure Oklahoma need to understand how insurance works, therefore it should be a requirement to get insurance license.

Since we're dealing with insurance, I think your employees need to have their insurance license, same as we do.

Good Program

I think this is a great program if more employers qualified for the plan based on their employee's income.

We like to sell the O-EPIC program, we feel like we will have a longer retention of the group.

Too much "lost" paperwork has caused my clients and me many, many problems.

You expect us to help when you have a question about an application but the same is not true for you when we ask for reports or copies of correspondence that you send to our clients (communication is a 2-way street!)

The incentive to present O-EPIC is very low--especially compared to the time it requires.

People at Insure Oklahoma are super nice & easy to work with. This program has helped with 75% of my groups--- and are so happy! Thank you for all your hard work!

Provide list of groups with renewal date and status of employees. Need to resolve problem much faster-- especially payment errors.

Thanks!

Educate them!!

Renewal process should be easier and more concise (not so time consuming).

Agent involvement could be looked at more strongly.

Look and see if large employers or small have the most uninsured spouses, then target that group.

I was having too much trouble getting underwriting data to the insurance companies. When I heard about the Arkansas plan selling $25 monthly premiums in groups 2-500, I just went over there where everything is quick!

Great program. I wish the census of employer did not cap at 100 employees as many large plans are too expensive for many dependants.

If the Federal government would use Oklahoma as a template we would not need Insurance reform. In Oklahoma you can get insurance if you want it.

The program needs to stick to guidelines and stop changing procedures. It gets confusing and makes a ton of work for agents. There are a lot of agents that do not push the program because of this.

Need to develop procedures and on-line calculators to allow agents to tentatively pre-qualify sole proprietors, LLC's and S corporations using client tax records. Also need similar capability to estimate 3% gross salary "maximum rule".

The clients I have are generally happy with the program. A shorter turn around time would be nice, i.e. 15 days instead of 30 days.

Need more correspondence with agents. If something is missing, let us know.

Need more correspondence with agent. If something is missing, let us know!

Thanks

Your turnover of employees seems high, so when we find someone that is helpful, they are not there next time.

We get conflicting answers when we call. You need better educated employees so we get correct answers.

Secure future funding for O-EPIC.

We have clients with group size up to 200 that keep asking about this. Any progress?

Maybe computer access to correspondence sent to employer or mail a copy to agent.

Thank you for providing this service to our Oklahoma businesses. I am honored to be a qualified agent.

Rebecca Ross is a very valuable asset.

Some of the representatives at Insure Oklahoma need more training but overall the call center works awesome!

We still get different answers to our questions. Develop a template for first premium invoice!

Advertisement is too vague need to emphasize the income limits.

A lot of employers that we call on & we make a presentation, believe that all or most will qualify. If only a couple do sometimes they won't proceed.

Too many times the agent is left out of the loop in communications between Insure Oklahoma and the employer or employee.

Thanks

Appendix C
Survey Narrative Responses

Need a system to alert employer of changes. If subsidy not paid for a month, reason why. Communicate…

"If you are an agent, press 4"

Increase your number of employees--there is a problem getting applications processed in a timely manner.

Pay a fair commission on Individual Plans.

This is a great program! If paperwork (ex: rate change) could be processed quickly, it would help the agent be more productive and less stressful.

Biographical Sketches of Project Faculty and Staff

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

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

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

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

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, Ms. McCarthy was promoted to Clinical Assistant Professor, and then in June 2001, she received promotion to Clinical Associate Professor. She has a BA degree in English Education from the University of Arizona-Tucson, and a Masters in Library and Information Studies from the University of Oklahoma-Norman. She has also studied scientific and technical writing, and apprenticed with the technical editing staff at Brookhaven National Laboratory, Upton, NY.

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

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 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 Coordinator, Primary Care Health Policy Division

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

Denise M. Brown, PHR
Senior Administrative Manager, Primary Care Health Policy Division

Denise Brown has been in the healthcare field since 1974. 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 and is a certified Professional in Human Resources. She has an extensive background in human resource, administrative and hospital based management; including patient and employee relations. As senior administrative manager, she works closely with the health policy research coordinator.

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

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