

Insure Oklahoma

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

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This report completes contract component 4.0 (f. ii): Prepare a written report detailing feedback gathered by OHCA from Insure Oklahoma ESI and IP members, to be submitted by February 16, 2011.

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Insure Oklahoma

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

Executive Summary

“This is a life saver. Our old plan covered only major medical and had a high deductible AND we had problems paying the premium. When they raised the premium again we were going to be uninsured.”

*IO Member
November 2010*

Purpose: The purpose of this study was to determine the degree to which Insure Oklahoma (IO) members are pleased with the insurance coverage they receive. IO members may receive coverage through the Employer-Sponsored Insurance (ESI) premium subsidy plan (a private insurance market product purchased through their employer) or through the IO Individual Plan (IP), a state-sponsored insurance plan. Some dependents and students qualify for coverage under both the ESI and the IP programs. Eligibility criteria are different for each program. These two programs do not compete.*

The Department of Family & Preventive Medicine (DFPM) Primary Care Health Policy Division at the OU Health Sciences Center has been assisting the Oklahoma Health Care Authority (OHCA), the agency that manages the Insure Oklahoma program, with continuous quality improvement (CQI) studies since the Insure Oklahoma program began. Continuous quality improvement is

“an ongoing effort to improve products, services, or processes. These efforts can seek ‘incremental’ improvement over time or ‘breakthrough’ improvement all at once. Delivery (customer valued) processes are constantly evaluated and improved in the light of their efficiency, effectiveness and flexibility.”†

DFPM researchers have previously assisted OHCA with nine studies of the ESI program¹⁻⁹ and two studies of the IP program.^{10,11} This is the first study to ask IO members from both groups about their satisfaction with the health insurance coverage they are receiving.

IO Employer-Sponsored Insurance (ESI): The IO ESI program currently offers premium subsidies to small business owners who choose a qualified private market insurance plan for their health care benefits. Small businesses are defined as those with 99 employees or fewer. Qualified workers, spouses, students and dependents who meet income guidelines (up to 200% of the federal poverty level) are eligible

*It should be noted that, although IP members’ satisfaction averages tend to be somewhat higher than ESI member averages, they may not be directly comparable due to group differences unrelated to plan characteristics.

†Wikipedia (accessed October 14, 2010 at http://en.wikipedia.org/wiki/Continuous_improvement_process#cite_note-0).

to receive premium-subsidized coverage through their employer.

The DFPM has been assisting the OHCA with a continuous quality improvement process for the IO ESI program since it began enrolling members in November 2005.¹⁻⁹ The most recent of these studies surveyed small business owners regarding their opinion of the changes and improvements implemented by OHCA based on employer feedback through the CQI process.⁹

IO Individual Plan (IP): “Health insurance for self-employed people is not always equal to health insurance for corporations.”^{8*}

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

- a. Self-employed individuals,
- b. Workers who can’t access subsidized health coverage through their small business employers,
- c. Unemployed individuals who are actively looking for work,
- d. Individuals with a Ticket-to-Work, a work incentive program for people who currently receive federal disability benefits.[†]

The Affordable Care Act of 2010 has placed some national attention on finding health coverage solutions for the self-employed but many of the options (e.g., health insurance exchanges that could give individuals and small businesses health insurance purchasing power similar to that of larger businesses, based on a sliding income scale) will not be available until 2014. The Small Business Jobs Act of 2010 also has some tax provisions to provide relief for very small businesses and self-employed individuals seeking health insurance.^{12,13}

Trade groups for the self-employed offer health care solutions as well.^{14,15} However, the options tend to be more expensive, offer less coverage than large company group policies, and many focus on avoiding the need to access

*Self-Employed Insurance Group (SEIG), www.selfemployedgroup.com

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

health care by promoting wellness and searching for free or low-cost health care.¹⁵ According to insurance industry and business groups, insurance options for the self-employed are extremely limited and include:¹⁶⁻¹⁹

1. Participate in COBRA, provided you were previously employed in a company with 20 or more employees. COBRA provides coverage for up to 18 months for qualified recipients and has been the subject of many debates, proposals, extensions and reversals over the past year.²⁰⁻²²
2. Rely on someone else, your spouse for example.
3. Find a part-time job with benefits.
4. Join a trade association, provided they offer a group health plan.
5. Purchase a Health Savings Account (HSA) and a high deductible health plan provided you can afford to put money aside.
6. Purchase an individual health plan through the private insurance market, provided you are healthy enough to pass a medical exam, and under age 50. Over 50, costs may be prohibitive.²³

Oklahoma Governor Brad Henry took a major step toward reducing the number of self-employed and uninsured in Oklahoma when he expanded coverage under the Insure Oklahoma program to allow individuals who meet IO’s specific criteria to purchase health insurance through a state-sponsored program, the Insure Oklahoma Individual Plan (IP).²⁴

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

Methods: Tasks for this project included: assisting OHCA in developing an education piece (cover letter) and a survey (Appendix A) to gather feedback from individuals covered through either the IO ESI premium subsidy program or through the IO IP program, and preparing a report based on the results of those surveys; monthly progress reports; conferences and meetings; and timely completion of contract deliverables. **Subjects:** OHCA mailed surveys on September 23, 2010 to 5,000 IO members:

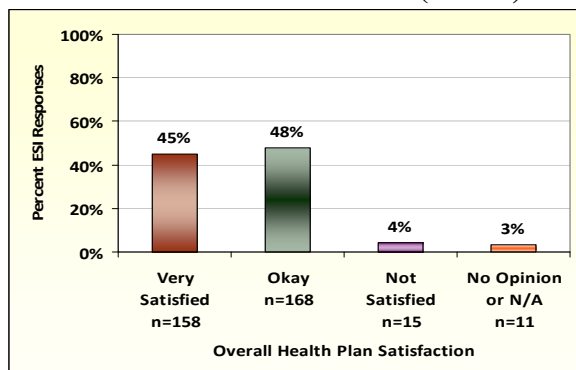
2,500 ESI premium subsidy members, and 2,500 IP members. Surveys were coded to allow results to be reported separately for ESI and IP members. By the October 29, 2010 cut-off date, 353 completed surveys were received from ESI members (a 14.9% response rate) and 933 IP members (a 37.6% response rate). **Survey Instrument:** DFPM staff assisted OHCA with the development of an education piece (cover letter) and a survey instrument designed to gather information from ESI & IP members regarding satisfaction with their health care plans (Appendix A). **Data Analysis:** Raw data from the surveys were entered into an Excel spreadsheet. Descriptive analyses were performed, and charts and graphs were generated in Excel. Narrative comments were entered verbatim into Excel, coded by theme and depicted graphically. All comments are included in Appendix B. Raw data are available upon request.

Biographical material about the authors is attached (Appendix C).

ESI Member Findings

1. Overall satisfaction with current health plan services provided through their IO Employer-Sponsored Insurance premium subsidy program was high with 90% of ESI survey respondents indicating they were either “Very Satisfied” or “Okay” with their plan (Figure 1). We can conclude from these responses that ESI members are generally happy with their private market health care plan and that the ESI premium subsidy program is doing a good job.

Figure 1. ESI Members’ Overall Satisfaction with Current Health Plan (n=352)



2. ESI members returned a total of 353 completed surveys, a 14.9% response rate.

3. 41% (n=142) of ESI respondents reported living in cities, 35% (n=122) in towns and 24% (n=82) in rural areas.

4. The majority of ESI members reported being in their health plan 36 months or less. 30% (n=90) reported being in their current insurance plan 1-12 months; 34% (n=104) reported being in their plan 13-24 months; 21% (n=64) reported being in their plan 25-36 months; 6% (n=18) reported being in their plan 37-48 months; 9% (n=26) reported being in their plan longer than 48 months.

5. Almost half of ESI respondents (44%, n=152) reported being uninsured prior to the offer of the Insure Oklahoma program.

6. Most ESI respondents were satisfied with their current health plan. 45% (n=158) were “Very Satisfied” with their health plan, 48% (n=168) were “Okay,” 4% (n=15) reported they were “Not Satisfied” and 3% (n=11) had “No Opinion or Doesn’t Apply” (average=2.42 on a 1-3 scale).

7. Most ESI respondents (88%, n=311) had accessed health care services since beginning their health care plan. 12% had not accessed health care services.

8. Most ESI respondents were satisfied with the application and renewal process. 36% (n=109) were “Very Satisfied,” 53% (n=162) were “Okay,” 4% (n=13) were “Not Satisfied” and 7% (n=20) had “No Opinion or Doesn’t Apply” (average=2.34 on a 1-3 scale).

9. Most ESI respondents were satisfied with their health plan costs. 34% (n=103) were “Very Satisfied,” 50% (n=153) were “Okay,” 15% (n=45) were “Not Satisfied” and 1% (n=4) had “No Opinion or Doesn’t Apply” (average 2.19 on a scale of 1-3).

10. Most ESI respondents were satisfied with their benefits and coverage. 35% (n=107) were “Very Satisfied,” 56% (n=169) were “Okay,” 8% (n=25) were “Not Satisfied” and 1% (n=4) had “No Opinion or Doesn’t Apply” (average=2.27 on a scale of 1-3).

11. Most ESI respondents were satisfied with their health plan's customer service. 42% (n=129) were "Very Satisfied," 47% (n=143) were "Okay," 2% (n=7) were "Not Satisfied" and 9% (n=28) had "No Opinion or Doesn't Apply" (average 2.44 on a scale of 1-3).

12. Most ESI respondents were satisfied with locating a PCP. 44% (n=134) were "Very Satisfied," 50% (n=155) were "Okay," 2% (n=7) were "Not Satisfied," 4% (n=11) had "No Opinion or Doesn't Apply" (average=2.43 on a scale of 1-3).

13. Most ESI respondents were satisfied with their plan's referral process. 33% (n=100) were "Very Satisfied," 35% (n=107) were "Okay," 3% (n=10) were "Not Satisfied" and 29% (n=90) had "No Opinion or Doesn't Apply" (average=2.41 on a scale of 1-3).

14. Most ESI respondents were satisfied with their pharmacy/prescription drug benefits. 38% (n=116) were "Very Satisfied," 49% (n=151) were "Okay," 3% (n=10) were "Not Satisfied" and 5% (n=16) had "No Opinion or Doesn't Apply" (average=2.32 on a scale of 1-3).

15. Question 13 on the survey asked members to explain any "Not Satisfied" survey responses (see Appendix A). 21% of ESI members (n=75 out of 353) wrote comments describing problem areas.

16. 48 out of 75 ESI members who responded to Question 13 about being "Not Satisfied" were most unhappy with their out-of-pocket costs and increases in premiums and deductibles.

17. 15% of ESI members (n=54) responded to Question 14, additional comments. Of the 54, 35% (n=19) said they were thankful for their coverage.

18. 50% (n=27) of the 54 ESI members who wrote additional comments had comments or suggestions about benefits and coverage, including suggestions for adding vision and dental care. One member wrote:

You should have dental coverage since poor teeth can be the cause of many major health problems.

ESI Member Recommendations

1. ESI members expressed satisfaction with their health plan. Continuing CQI with health plan members should be considered.

2. Based on survey results and comments, costs were most challenging for ESI members. This may reflect the need to educate members about costs and to continue to monitor plans to ensure IO qualifications.

3. In a recent survey of IO-participating businesses, employers said they would like more materials available explaining the IO program for employees.⁹ Based on ESI member comments and satisfaction with health plan services, additional materials, forums, etc., that explain the program could improve satisfaction.

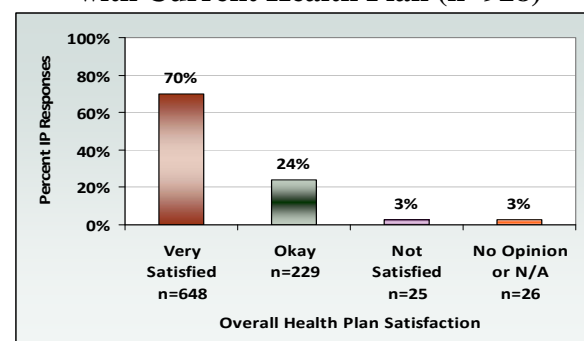
4. Continuing to engage agents with employers and with any employee outreach efforts might also be useful.

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

IP Member Findings

1. Overall satisfaction with current health plan services of the IO IP program was very high with 94% of IP respondents indicating they were "Very Satisfied" or "Okay" with their health plan (Figure 2). We conclude that IP members are generally happy with their plan and that the IP program is doing a good job.

Figure 2. IP Members' Overall Satisfaction with Current Health Plan (n=928)



2. IP members returned 933 surveys, a 37.6% response rate.

3. 35% (n=320) of IP respondents reported living in cities, 36% (n=334) in towns and 29% (n=263) in rural areas.

4. The majority of IP respondents reported being with their current health plan 24 months or less. 32% (n=264) reported being in their current insurance plan 1-12 months; 48% (n=388) reported being in their plan 13-24 months; 17% (n=140) reported being in their plan 25-36 months; 3% (n=17) reported being in their plan 37-42 months.

5. Most IP respondents (74%, n=661) reported being uninsured prior to enrolling in the IP plan.

6. Most IP respondents were satisfied with their current health plan. 70% (n=648) were “Very Satisfied” with their health plan, 24% (n=229) were “Okay,” 3% (n=25) reported they were “Not Satisfied” and 3% (n=26) had “No Opinion or Doesn’t Apply” (average=2.69 on a scale of 1-3).

7. Nearly all IP respondents (92%, n=843) had accessed health care services since beginning their health care plan. 8% (n=78) had not accessed health care services.

8. Most IP respondents were satisfied with the application and renewal process. 41% (n=342) were “Very Satisfied,” 45% (n=379) were “Okay,” 12% (n=100) were “Not Satisfied” and 2% (n=19) had “No Opinion or Doesn’t Apply” (average=2.29 on a scale of 1-3).

9. Most IP respondents were satisfied with costs and out-of-pocket expenses. 71% (n=597) were “Very Satisfied,” 26% (n=218) were “Okay,” 2% (n=22) were “Not Satisfied” and 1% (n=6) had “No Opinion or Doesn’t Apply” (average=2.69 on a scale of 1-3).

10. Most IP respondents were satisfied with their benefits and coverage. 63% (n=533) were “Very Satisfied,” 33% (n=279) were “Okay,” 3% (n=27) were “Not Satisfied” and 1% (n=4) had “No Opinion or Doesn’t Apply” (average=2.60 on a scale of 1-3).

11. Most IP respondents were satisfied with their health plan’s customer service. 57%

(n=482) were “Very Satisfied,” 36% (n=300) were “Okay,” 5% (n=41) were “Not Satisfied” and 2% (n=21) had “No Opinion or Doesn’t Apply” (average=2.50 on a scale of 1-3).

12. Most IP respondents were satisfied with locating a PCP. 56% (n=469) were “Very Satisfied,” 37% (n=315) were “Okay,” 6% (n=52) were “Not Satisfied” and 1% (n=6) had “No Opinion or Doesn’t Apply” (average=2.50 on a scale of 1-3).

13. Most IP respondents were satisfied with the referral process. 52% (n=438) were “Very Satisfied,” 29% (n=246) were “Okay,” 6% (n=52) were “Not Satisfied” and 13% (n=108) had “No Opinion or Doesn’t Apply” (average=2.52 on a scale of 1-3).

14. Most IP respondents were satisfied with pharmacy/prescription benefits. 71% (n=592) were “Very Satisfied,” 22% (n=186) were “Okay,” 4% (n=37) were “Not Satisfied” and 3% (n=22) had “No Opinion or Doesn’t Apply” (average=2.68 on a scale of 1-3).

15. Question 13 on the survey asked members to explain any “Not Satisfied” survey responses (see Appendix A). 28% of IP members (n=260 out of 933) wrote comments describing problem areas.

16. 95 out of 260 IP members who responded to Question 13 about being “Not Satisfied” were unhappy with the application and renewal process. Particularly frustrating were the multiple times paperwork was requested and rapidity with which individuals were terminated when paperwork was not received. IP members said that often OHCA already had the necessary paperwork. Frustration was also voiced at how long it took to get reinstated.

17. 38% of IP members (n=356) responded to Question 14, additional comments. Of the 356, 58% (n=206) said they were thankful for their coverage.

18. 24% of IP members who wrote additional comments (n=85) offered suggestions or comments about benefits and coverage. The limitation of 6 prescriptions per month was mentioned

by several members as being problematic. Below is an example of such a comment.

Being able to only have 6 prescriptions when you might get sick with something else then not be covered. (sic)

Some IP members also mentioned limited access to physicians, particularly specialty care, especially in rural areas.

No foot dr. in my home town. Have to go to another county 50 miles away.

IP members also asked for dental and vision coverage.

IP Member Recommendations

1. IP members expressed satisfaction with their health plan. Continuing CQI with health plan members should be considered.
2. IP members reported they were least satisfied with the application and renewal process. This lack of satisfaction was evident in the Likert scale responses to the query about the application and renewal process as well as in the numerous comments received. Streamlining the process, especially with regard to renewal, might be investigated.
3. Like ESI members, IP members requested access to dental and vision benefits. If these benefits are something that could be added, IP members might be willing to invest in such coverage. If it is not possible to offer dental and vision to this group, materials might be distributed to IP members explaining why these benefits cannot be included.
4. Some IP members had challenges finding PCPs who accepted their insurance within a reasonable distance from their homes. The problem is even more pronounced with specialty care. Outreach efforts aimed at attracting physicians to participate as providers for the IP plan could benefit both IP members and the physicians.

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Introduction

“I am very happy to have Insure OK and I am glad you are here for us.”

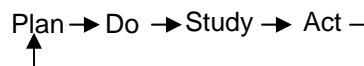
*IO Member
November 2010*

Purpose

The purpose of this study was to determine the degree to which Insure Oklahoma (IO) members are pleased with the insurance coverage they receive. IO members may receive coverage through the Employer-Sponsored Insurance (ESI) premium subsidy plan (a private insurance market product purchased through their employer) or through the IO Individual Plan (IP), a state-sponsored insurance plan for eligible workers and family members.

The Department of Family & Preventive Medicine (DFPM) Primary Care Health Policy Division at the OU Health Sciences Center has been assisting the Oklahoma Health Care Authority (OHCA), the agency that manages the Insure Oklahoma program, with continuous quality improvement (CQI) studies since November 2005.¹⁻¹¹

Continuous quality improvement was first introduced by American engineer and statistician Walter A. Shewhart, an engineer at Bell Telephone. Dr. Shewhart developed a simple chart that diagrammed what was termed process control and quality improvement.²⁵⁻²⁷



Dr. Shewhart and his protégée W. Edwards Deming²⁸ became the grandfather and father of today's quality improvement process, which is at work in enterprises around the world. One of the most notable applications of the Plan-Do-Study-Act process occurred at the Hawthorne

Western Electric plant (a plant that manufactured telephones for Bell Telephone) in Cicero, IL, in 1924. That study noted increased productivity among workers simply by placing an observer in the plant. One of the major concepts of CQI is involving all stakeholders in the process of quality improvement.^{25,26,28}

Today, the definition of CQI has expanded to include studying all aspects of products and service delivery. CQI is

“an ongoing effort to improve products, services, or processes. These efforts can seek ‘incremental’ improvement over time or ‘breakthrough’ improvement all at once. Delivery (customer valued) processes are constantly evaluated and improved in the light of their efficiency, effectiveness and flexibility.”*

OHCA asked DFPM to conduct stakeholder feedback studies about a subsidized health program for low-income workers in advance of what is now the Insure Oklahoma program.²⁹⁻³³ Once OHCA began enrolling member businesses in November 2005, the process grew into a CQI program, gathering feedback from participants as the program has grown and expanded.¹⁻¹¹ This is the first study conducted with the assistance of DFPM to look at IO member satisfaction with their health plan.

*Wikipedia (accessed October 14, 2010 at http://en.wikipedia.org/wiki/Continuous_improvement_process#cite_note-0).

Background of Insure Oklahoma Program

In Oklahoma, 457,500 adults (22.1%) between the ages of 19 and 64 were uninsured during the period 2007-2008, the most recent time period for which data were available. This compares to 37.6 million non-elderly uninsured adults in the U.S. as a whole, 20.4% of the adult population (19-64 years of age).³⁴ A December 2010 article in the journal *Health Affairs* compared access to care based on health insurance design in 11 countries. The study found that U.S. adults, even the insured, experienced significant challenges to receiving health care and were most likely, of all 11 countries surveyed, to incur high medical expenses and go without care. All 11 countries surveyed offered a mix of public and private (for-profit and/or not-for-profit) insurance options.³⁵

In 2009, 57% of the nonelderly population received health coverage through their employer, down from 61% in 2007.^{36,37} Part of the decrease is due to surging premium costs for employer-sponsored insurance, which increased 41% between 2003 and 2009.³⁸ In 2010, employers shifted most, if not all, health premium cost increases to their employees. Over the past 5 years, worker health care costs have risen 47% while wages have increased by only 18%.³⁹

Although the Affordable Care Act of 2010 is designed to assist employers and individuals with obtaining affordable care, the incremental steps involved in enacting the Act's provisions and the potential challenges to the Act on the state and national level leave the actual impact on the number of working uninsured Americans hanging in the balance.^{40,41} In addition, the deep recession of 2007-2009 has resulted in loss of employment and declining income which resulted in 5 million Americans losing job-based coverage just during that 2 year period.⁴² States continue to struggle with managing the rising financial burden placed on their budgets caused by the growing number of displaced workers

who have had to join the burgeoning rolls of public programs.^{42,43}

To address the problem faced by small business employers and their employees, and individuals who are self-employed, sole proprietors, unemployed and looking for work, students, dependents and others with no affordable access to health insurance in Oklahoma, Governor Brad Henry and the state legislature collaborated to enact the Oklahoma Health Care Recovery Act (OHCRA) in April 2004. The Act was passed by Oklahoma voters in November 2004 and approved by the Centers for Medicare and Medicaid as a demonstration waiver on September 30, 2005. OHCRA created the Oklahoma Employer/Employee Partnership for Insurance Coverage Employer-Sponsored Insurance program (now Insure Oklahoma Employer-Sponsored Insurance program), which began enrolling members on November 1, 2005, and the IO Individual Plan, which was added in March 2007. These programs are funded in part by a tax on tobacco products.⁴⁴⁻⁴⁷

Insure Oklahoma ESI Program

In Oklahoma, employees and small business employers have been offered premium assistance to purchase private marketplace health coverage since November 1, 2005. At that time, enrollment for the IO Employer-Sponsored Insurance subsidy program was limited to workers and their spouses in small businesses (25 employees or fewer) who earned up to 185% of the federal poverty level.^{45,48} Currently, the ESI premium subsidy program accepts businesses with up to 99 employees and pays a premium subsidy to employers for workers and spouses earning up to 200% of the federal poverty level.^{45,49-52}

Private market insurers that underwrite employer health benefits provide the health insurance coverage for the IO ESI program. Insurers must offer plans that meet specific qualifications in order to be eligible for the premium subsidy under the Insure Oklahoma ESI program.

During the first year of operation (November 2005 to November 2006), the IO ESI program enrolled 665 small businesses, 1,092 employees, and 222 spouses. Five years later (November 2010), Insure Oklahoma ESI is subsidizing insurance premiums for 5,424 small businesses (4,788 with 25 employees or fewer), 15,722 employees, and 3,197 spouses. Students were added to the program in March 2009 and dependent coverage was added in January 2010. As of January 2011 (most recent data), IO ESI covers 15,641 employees working for 5,351 small businesses, 3,164 spouses, 101 students and 335 dependents, a total of 19,241 insured.* Figure 3 (next page) shows the growth in the membership in the Insure Oklahoma ESI program since the program began.

Insure Oklahoma Individual Plan (IP)

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

About 80% of the uninsured are working adults,⁵³ and about 60% of those individuals are self-employed or working in businesses with 10 employees or fewer.^{53,54} Self-employed individuals tend to be creative innovators who have chosen to be their own bosses but the options available to them for health coverage are few and expensive.^{55,56}

The Affordable Care Act of 2010 may improve health insurance options for the self-employed. For example, beginning in 2014, self-employed individuals, as well as those who are unemployed or who work for businesses that don't offer health coverage, may be able to purchase coverage through health insurance exchanges designed to offer the buying power currently available to large firms. The income level for these individuals would be four times the federal poverty level, about \$44,000 for a single individual and about \$88,000 for a family of

four. Premiums would be assessed on a sliding scale based on actual income.⁵⁷ This option, however, is still 3 years away.

The Small Business Jobs Act of 2010, which was signed into law on September 23, 2010, will provide a health care tax break for more than 23 million self-employed individuals (who represent as many as 78% of all small businesses in the U.S.).^{12,13}

More trade groups are focusing on health insurance options for the self-employed: The Freelancers Union¹⁴ (www.freelancersunion.org), the Self-Employed Insurance Group (SEIG) (www.selfemployedgroup.com), and the National Association for the Self-Employed (NASE)¹⁵ are just a few such organizations. However, the options are likely to be more expensive, offer less coverage than large company group policies, and many focus on avoiding the need to access health care by promoting wellness and searching for free or low-cost health care.¹⁵

For now, the available solutions for health coverage for the self-employed are:

1. Participate in COBRA, provided you were previously employed in a company with 20 or more employees. COBRA provides coverage for up to 18 months for qualified recipients and has been the subject of many debates, proposals, extensions and reversals over the past year.²⁰⁻²²
2. Rely on someone else, your spouse for example.
3. Find a part-time job with benefits.
4. Join a trade group that offers health insurance.
5. Purchase a qualified Health Savings Account (HSA), provided you have a high deductible health plan and can afford to put money aside.
6. Purchase an individual health plan through the private insurance market, provided you are healthy enough to pass a medical exam, and under age 50. Over 50, costs may be prohibitive.^{16-19,23}

In March 2007, Oklahoma Governor Brad Henry took a major step toward reducing the number of uninsured in Oklahoma when he expanded coverage under the Insure Oklahoma program to allow individuals who met specific criteria to purchase health insurance through a

*InsureOklahoma FastFacts, current and archives, www.insureoklahoma.org.

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

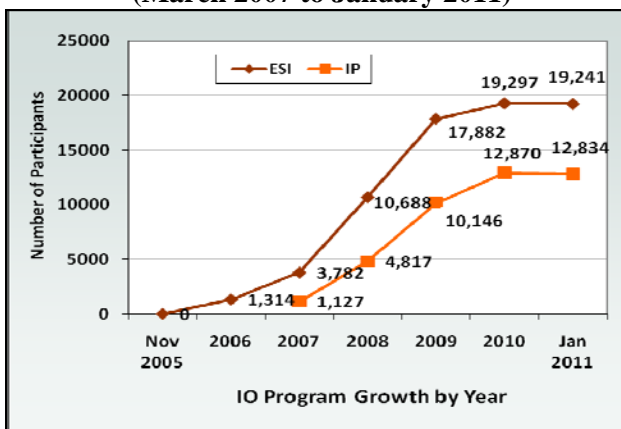
state-sponsored program.²⁴ The Insure Oklahoma Individual Plan (IP) is available to individuals who earn up to 200% of the federal poverty level and who fall into one of the following employment status categories:

- a. Self-employed individuals,
- b. Workers who can't access subsidized health coverage through their small business employers,
- c. Unemployed individuals who are actively looking for work, and
- d. Individuals with a Ticket-to-Work, a work incentive program for people who currently receive federal disability benefits.*

Insure Oklahoma IP is also offered to spouses (except in the Ticket-to-Work program where spouses must qualify on their own).

As of January 2011, 12,834 individuals were participating in the IP plan.[†] Figure 3 shows the growth in both the ESI and IP plans since each plan began. These two programs receive health coverage from different sources and do not compete.

Figure 3. Growth in the Insure Oklahoma ESI Premium Subsidy Program (November 2005 to January 2011) and the IO Individual Plan (March 2007 to January 2011)



OHCA asked researchers at the OUHSC Department of Family and Preventive Medicine's (DFPM) Primary Care Health Policy

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

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

Division to assist them with the continuous quality improvement (CQI) of the Insure Oklahoma health care programs by gathering feedback from the IO ESI and IP program members. The DFPM has been assisting the OHCA with a continuous quality improvement process for the IO ESI and IP programs since they have been in force.¹⁻¹¹

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

Methods

“I am very satisfied with all services this company has provided for me. I don't know what I would do without it!”

*IO Member
November 2010*

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

Subjects

Subjects for this study were drawn from workers participating in the ESI premium subsidy program through their employer and individuals receiving coverage through the IO Individual Plan (IP). OHCA selected 2,500 ESI members and 2,500 IP members for a total of 5,000 surveys to be distributed. OHCA extracted all members who had at least one renewal in the IO system and OHCA then assigned a random number to ESI members and IP members using the Excel random number generator. Labels were then printed for 2,500 names from each group (ESI and IP). ESI and IP surveys were coded with a distinct mark so results could be reported separately for each IO member group. The surveys and education pieces (cover letters) were mailed by OHCA on September 23, 2010; 134 ESI and 18 IP surveys were returned with incorrect addresses leaving a distribution of 2,366 ESI coded surveys and 2,482 IP coded surveys. ESI members returned a total of 353 completed surveys, a 14.9%

response rate; 933 surveys were received from IP members, a 37.6% response rate.

Survey Instruments

DFPM researchers assisted OHCA in developing the education piece (cover letter) and survey instrument for this study (Appendix A).

Four types of questions were developed for the surveys:

1. Likert scale,
2. Yes/No,
3. Estimates,
4. Open-ended, narrative.

Demographic and descriptive data, such as location, insurance status prior to participation in their current health plan, and length of time in current health plan, etc., were collected and used to determine whether the study samples were representative. Specific questions about program components were designed to gather member satisfaction information regarding their health insurance plan. Open-ended questions invited IO members to describe issues, concerns and areas with which they were particularly satisfied or not satisfied in their own words.

Data Analysis

Responses were entered into an Excel database and descriptive statistics were run to determine – where appropriate – frequency, average, median, mode, range, etc. Data entry was subjected to random testing to ensure accuracy. A staff member not involved in the data entry process checked every 4th to 5th entry against the original survey to reduce potential data entry errors. The raw data from the Excel spreadsheets are available by request.

Descriptive statistics were performed separately for each group (ESI and IP) using the formulae in Excel. Charts and graphs were created using Excel's chart features.

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

Resources and References

Since its inception in March 2003, the Primary Care Health Policy Division has been building a library of relevant health policy materials. These materials include newspaper accounts, research reports and articles, internet resources, books and book sections, research conference proceedings, etc. Citations to these materials have been entered into an EndNote Reference Management Library database. To date, the library includes 1,310 documents and citations. Materials relevant to Medicaid program innovation, uninsured and under-insured working adults and families, and current national discussions about health care are included in this library. The database and the library are available for use by OHCA staff, and by others upon special request. The numerous references cited in this report are part of this library and database.

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

Limitations of this Study

Surveys were mailed to a sample of members participating in the Insure Oklahoma employer-sponsored insurance program (ESI) and the Individual Plan (IP) as of September 23, 2010. Mailing lists for each group were generated as described previously. Completed surveys were returned by 353 ESI members (response rate=14.9%) and by 933 IP members (response rate=37.6%).

The effect of a low response rate (such as that for the ESI members) on survey quality and accuracy has been the subject of a number of studies. These studies have shown that a low response rate per se is not necessarily an indicator of response bias or of inferior survey results quality.⁵⁸⁻⁶¹ The results of this survey have been reviewed by the faculty and staff of the DFPM and compared with previous surveys. The conclusion is that there are no compelling reasons to doubt the validity of the results of this survey. What is presented here is judged to be a faithful representation of the opinions of the IO members who have an opinion about the questions presented to them.

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

Survey Results

“I appreciate a program like this very much. I work at a dental office with no benefits and I can rest assured that my health care needs will be taken care of.”

*IO Member
November 2010*

Results from the survey data are reported in the order the questions were asked on the survey instrument (Appendix A). Following the data presentation are two tables (Tables 1 and 2) that give an at-a-glance overview of the survey findings. Narrative responses were coded by theme and charted and are included in the survey response sections in the order the questions were asked on the survey. Complete narrative comments are attached in Appendix B. Raw data from this study are available by request.

Survey Response Rate: ESI

At the time this survey was distributed (September 2010) there were 19,004 workers, spouses, dependents and students receiving coverage through the IO employer-sponsored insurance premium subsidy program. To generate the mailing list for this survey, OHCA assigned ESI members a random number using the Excel random number generator. OHCA mailed surveys and cover letters to 2,500 ESI members on the mailing list. Surveys were coded to identify ESI surveys from IP surveys. One-hundred thirty four (134, 5.4%) ESI surveys were returned with inaccurate addresses leaving a total of 2,366 ESI surveys delivered. As of the survey receipt cut-off date of October 29, 2010, 353 completed ESI surveys were received for inclusion in this study, a response rate of 14.9%.

Survey Response Rate: IP

The same process described above was used to generate a random mailing list for 2,500 IP members. At the time the survey was conducted, there were 12,777 IP members. OHCA randomly assigned a number to the IP members using the Excel random number generator. OHCA mailed surveys and education pieces (cover letters) to 2,500 IP members on the list. Surveys were coded to identify IP surveys from ESI surveys. Eighteen (18, 0.7%) IP surveys were returned with incorrect addresses leaving a total of 2,482 IP surveys delivered. As of the survey receipt cut-off date of October 29, 2010, 933 completed IP surveys were received for inclusion in this study, a response rate of 37.6%.

Survey Responses by Question

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

1. Please describe the area where you live. Each member group was asked whether they resided in a “City” (50,000+ population), “Town” (2,500-50,000 population), or in a “Rural” area (less than 2,500 population). Figure 4a and 4b show the results for ESI members and IP members, respectively.

Figure 4a. Residential Location for IO ESI Survey Respondents (n=346)

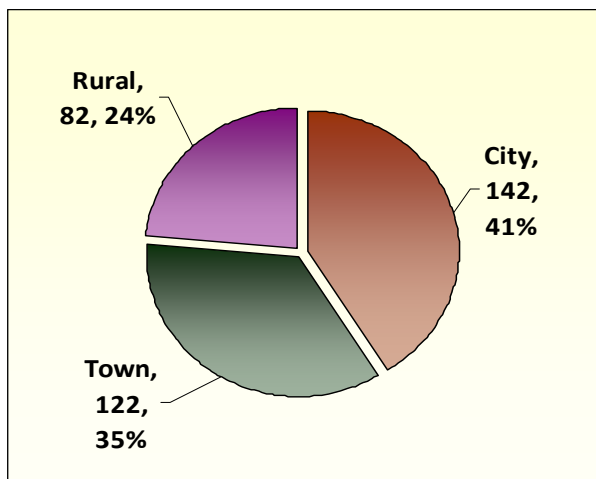
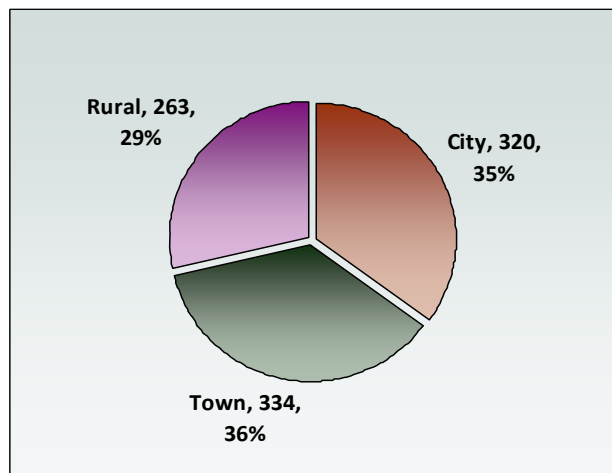


Figure 4b. Residential Location for IO IP Survey Respondents (n=917)

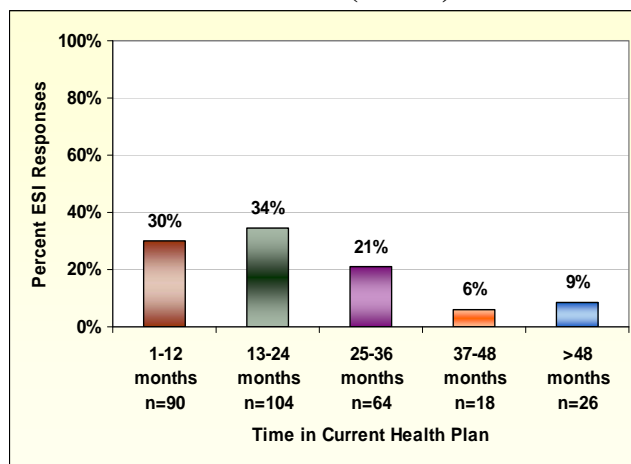


2. How long have you been in your current health insurance plan? Members from both survey groups were asked how long they had been participating in their current health plan. Figures 5a and 5b show the length of time members indicated they had their current health plan.

Because many employers were already offering an IO qualified health plan before enrolling in the ESI premium subsidy program, ESI members may not have noticed a change in

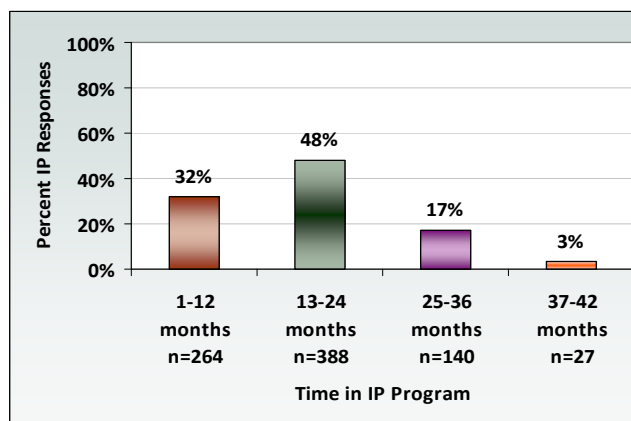
health plans. ESI members may have been covered under their existing plan for more than the 57 months the subsidy program has been in place. In fact, some ESI respondents indicated they had been with their current health plan for more than 10 years (Figure 5a). The average was 26 months; median and mode were both 24 months, and the range was 1-204 months.

Figure 5a. Length of Time (Months) IO ESI Respondents' Had Been Enrolled in Current Health Plan (n=302)



The IP plan began offering coverage in March 2007; therefore IP members can only have been participating in the plan for 42 months or less (Figure 5b). The average was 19 months; the median was 18 months, the mode was 24 months, and the range was 1-42 months.

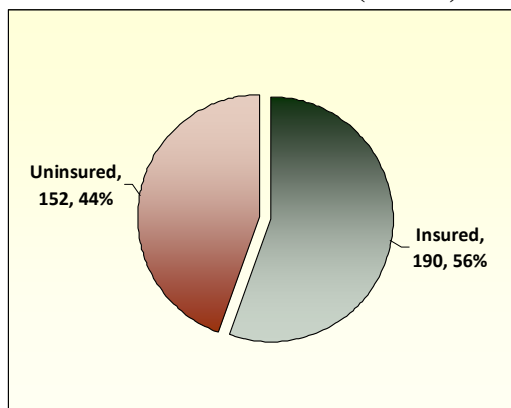
Figure 5b. Length of Time (Months) IO IP Respondents' Had Been Enrolled in Current Health Plan (n=819)



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

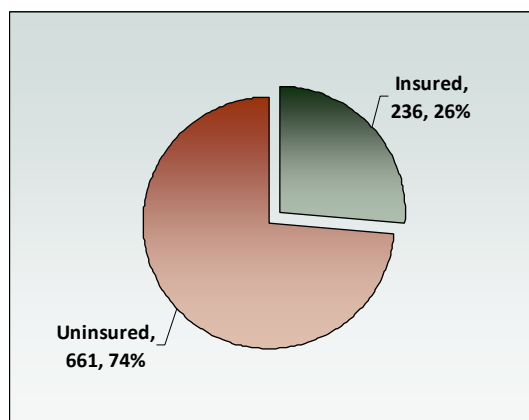
As shown in Figure 6a, slightly more than one-half (56%, n=190) of the ESI members who responded to the question had health insurance prior to participating in their current employer-sponsored plan. Forty-four percent (44%, n=152) of ESI members reported being uninsured prior to enrolling in their current health plan. The average length of time ESI respondents had been uninsured was about 8 years; the median was 5 years; the mode was 2 years; the range was about 1 month to 50 years.

Figure 6a. IO ESI Survey Respondents' Insurance Status Prior to Participating in Current Health Plan (n=342)



As shown in Figure 6b, about one-fourth (26%, n=236) of the IP members who responded to the survey had health insurance prior to participating in the IO IP plan; 74% (n=661) were uninsured. Average length of time respondents had been uninsured was 9 years; the median was 6 years; the mode was 1 year; the range was <1 year to 53 years.

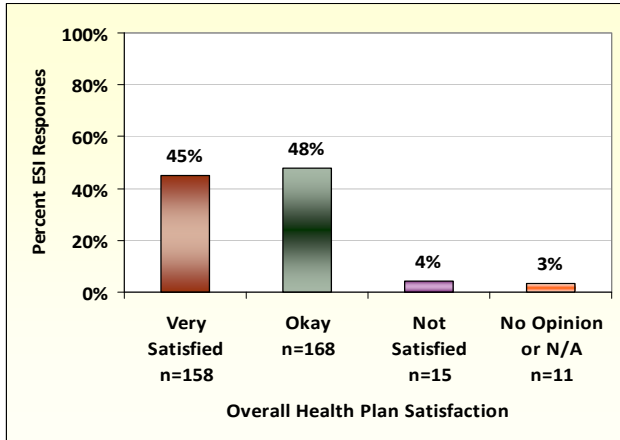
Figure 6b. IP Survey Respondents' Insurance Status Prior to Participating in Current Health Plan (n=897)



4. How satisfied are you with your current health insurance plan? The main purpose of this survey was to determine the level of satisfaction IO members reported with their health insurance coverage. Figures 7a and 7b show the overall levels of satisfaction reported by each member group: “Very Satisfied,” “Okay” or “Not Satisfied.” Members were also offered the option of responding “No Opinion or “Doesn’t Apply.”

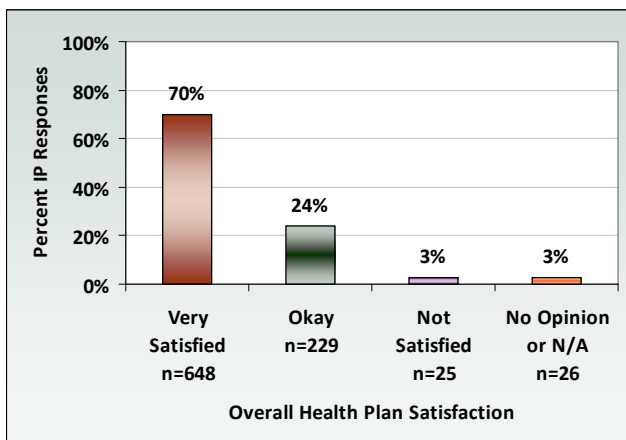
Ninety-three percent of ESI members said they were “Very Satisfied” (45%, n=158) or “Okay” (48%, n=168) with their current health plan. Four percent (4%, n=15) were “Not Satisfied” with their health plan, and 3% (n=11) had “No Opinion or Doesn’t Apply” (Figure 7a). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response for ESI members was 2.42 on a scale of 1-3.

Figure 7a. ESI Members' Overall Satisfaction with Current Health Plan (n=352)



The majority of IP members said they were “Very Satisfied” (70%, n=648) with their current health plan. About one-fourth said their plan was “Okay” (24%, n=229); 3% (n=25) were “Not Satisfied” with their current health plan, and 3% (n=26) had “No Opinion or Doesn’t Apply” (Figure 7b). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response rate for IP members was 2.69 on a scale of 1-3.

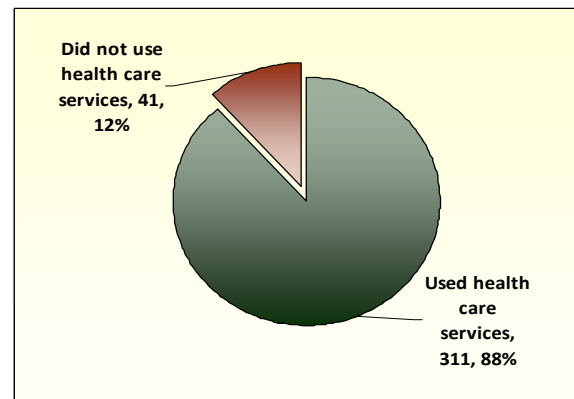
Figure 7b. IP Members' Overall Satisfaction with Current Health Plan (n=928)



5. Have you used health care services since you began your current health insurance plan? Both ESI and IP members were asked if they had used health care services since they began their current health plan. If “Yes,” respondents were asked to continue the survey; if “No,” respondents were instructed to stop and return the survey without completing the remaining questions, which addressed specific aspects of their current health insurance plan. Figures 8a and 8b show the responses.

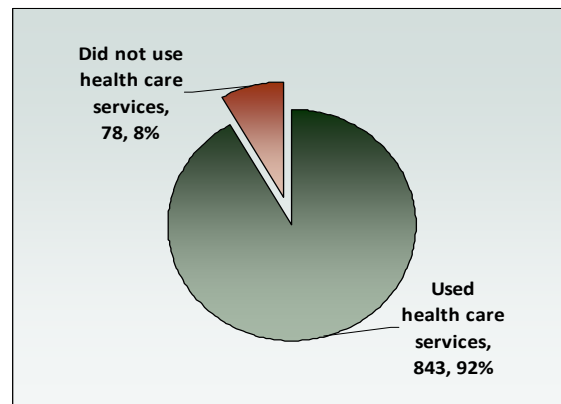
Eighty-eight percent (88%, n=311) of ESI respondents had used health care services under their current employer-sponsored plan; 12% (n=41) had not (Figure 8a).

Figure 8a. ESI Members' Use of Health Care Services under Current Plan (n=352)



Ninety-two percent (92%, n=843) of IP respondents had accessed health care services; 8% (n=78) had not (Figure 8b).

Figure 8b. IP Members' Use of Health Care Services under Current Plan (n=921)

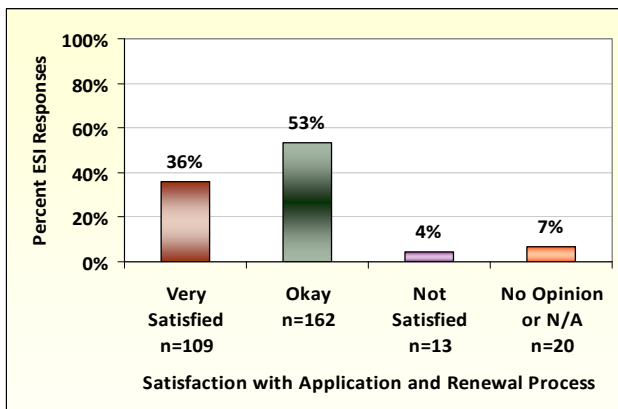


Respondents who had accessed health care services under their current plan as evidenced by a “Yes” response to Question 5 were asked to answer questions about their satisfaction with the various services they had utilized.

6. How satisfied were you with the application and renewal process? Both ESI and IP members were asked their level of satisfaction with the application and renewal process for their health plan. The results are shown in Figures 9a and 9b.

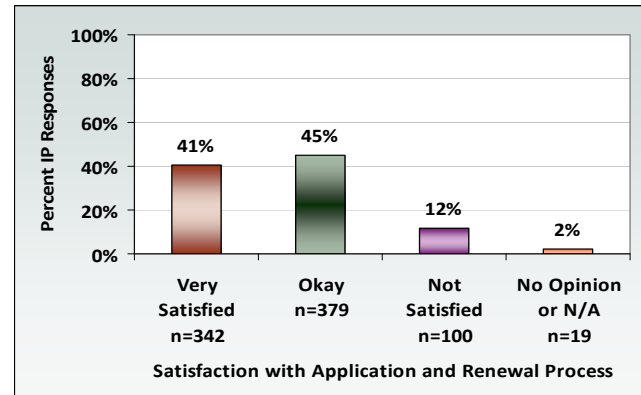
The majority of ESI members said they were “Very Satisfied” (36%, n=109) or “Okay” (53%, n=162) with the application and renewal process; 4% (n=13) said they were “Not Satisfied,” and 7% (n=20) had “No Opinion or Doesn’t Apply” (Figure 9a). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response was 2.34 on a scale of 1-3.

Figure 9a. ESI Members’ Satisfaction with Application and Renewal Process (n=304)



IP members said they were “Very Satisfied” (41%, n=342) or “Okay” (45%, n=379) with the application and renewal process; 12% (n=100) said they were “Not Satisfied,” and 2% (n=19) had “No Opinion or Doesn’t Apply” (Figure 9b). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response for IP members was 2.29 on a scale of 1-3.

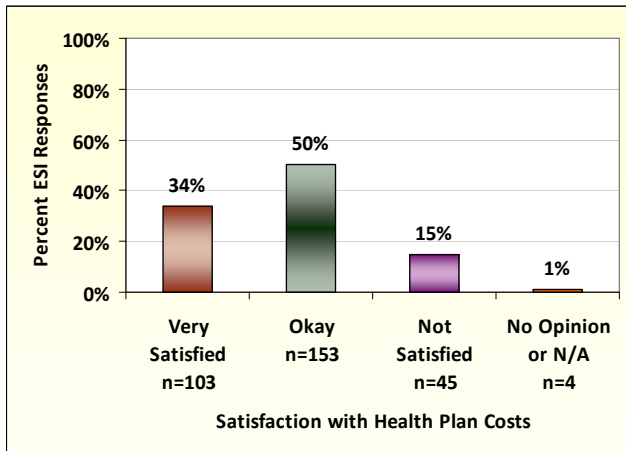
Figure 9b. IP Members’ Satisfaction with Application and Renewal Process (n=840)



7. How satisfied were you with your costs and out-of-pocket expenses? ESI and IP members were asked to comment on their level of satisfaction with the costs and out-of-pocket expenses associated with their current health plan. Figures 10a and 10b show the results for their responses.

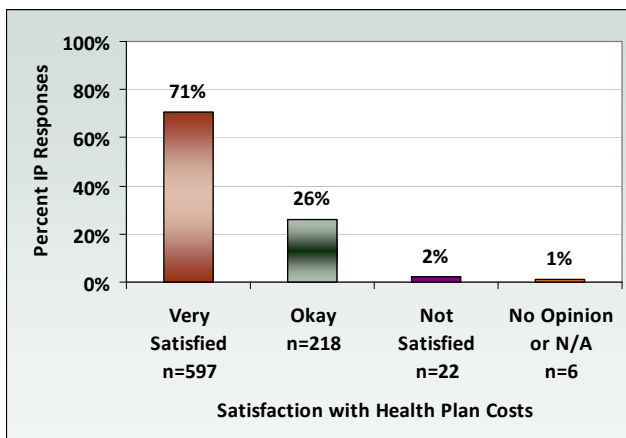
The majority of ESI members said they were “Very Satisfied” (34%, n=103) or “Okay” (50%, n=153) with the costs and out-of-pocket expenses associated with their health plan; 15% (n=45) said they were “Not Satisfied,” and 1% (n=4) had “No Opinion or Doesn’t Apply” about costs and out-of-pocket expenses (Figure 10a). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response was 2.19 on a scale of 1-3.

Figure 10a. ESI Members' Satisfaction with Costs and Out-of-Pocket Expenses (n=305)



Seventy-one percent (71%, n=597) of IP members said they were “Very Satisfied” with the costs and out-of-pocket expenses associated with their health plan. Twenty-six percent (26%, n=218) said the costs were “Okay” and 2% (n=22) were “Not Satisfied” with the costs. One percent (1%, n=6) had “No Opinion or Doesn’t Apply” (Figure 10b). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response for IP members was 2.69 on a scale of 1-3.

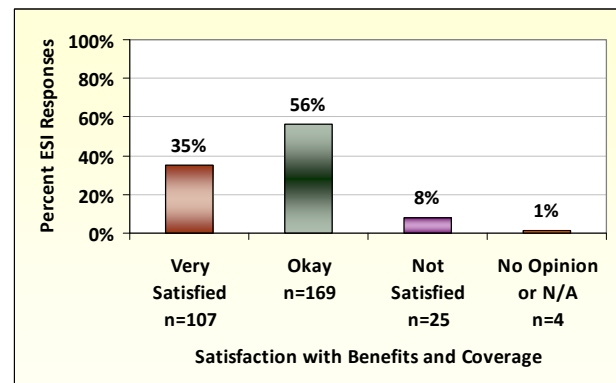
Figure 10b. IP Members' Satisfaction with Costs and Out-of-Pocket Expenses (n=843)



8. How satisfied were you with your health plan’s benefits and coverage? IO ESI and IP members’ were asked their level of satisfaction with the benefits and coverage they received through their current health plan (Figures 11a and 11b).

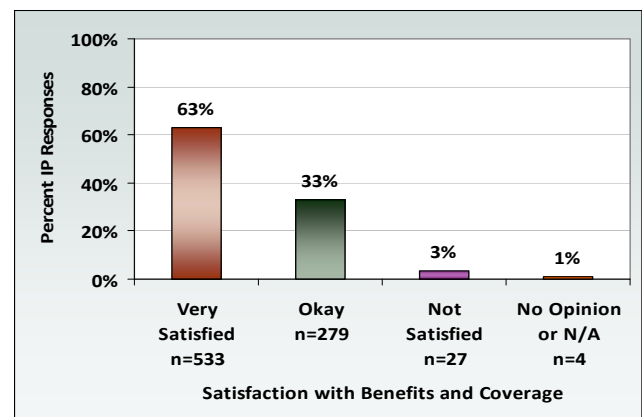
The majority of ESI members said they were “Very Satisfied” (35%, n=107) or “Okay” (56%, n=169) with their health plan’s benefits and coverage; 8% (n=25) said they were “Not Satisfied,” and 1% (n=4) had “No Opinion or Doesn’t Apply” about the benefits and coverage they were receiving (Figure 11a). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response was 2.27 on a scale of 1-3.

Figure 11a. ESI Members' Satisfaction with Benefits and Coverage (n=305)



The majority of IP members said they were “Very Satisfied (63%, n=533) or “Okay” (33% n=279) with their health plan’s benefits and coverage; 3% (n=27) were “Not Satisfied,” and 1% (n=4) had “No Opinion or Doesn’t Apply” (Figure 11b). Excluding those who had “No Opinion or Doesn’t Apply,” the average response was 2.60 on a scale of 1-3.

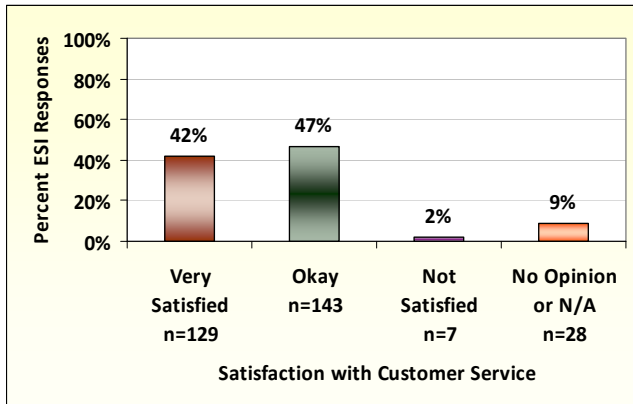
Figure 11b. IP Members' Satisfaction with Benefits and Coverage (n=843)



9. How satisfied were you with your health plan’s customer service? IO ESI and IP members were asked how satisfied they were with the customer service they received from their health insurance carrier (Figures 12a and 12b).

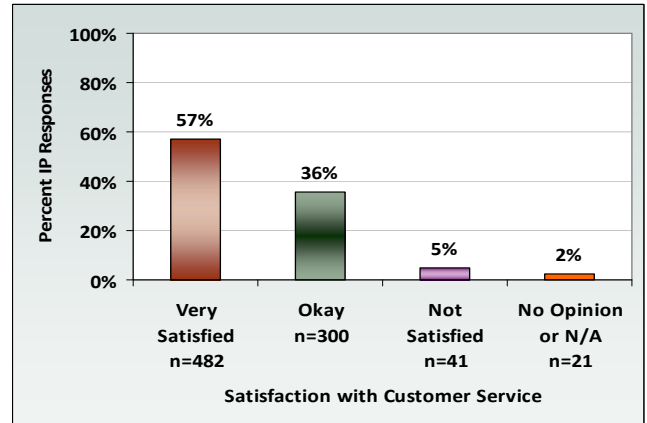
The majority of ESI members said they were “Very Satisfied” (42%, n=129) or “Okay” (47%, n=143) with their health plan’s customer service; 2% (n=7) said they were “Not Satisfied,” and 9% (n=28) had “No Opinion or Doesn’t Apply” about their health plan’s customer service (Figure 12a). Excluding those who had “No Opinion or Doesn’t Apply,” the average response was 2.44 on a scale of 1-3.

Figure 12a. ESI Members’ Satisfaction with Customer Service (n=307)



The majority of IP members were “Very Satisfied” (57%, n=482) or “Okay” (36%, n=300) with their health carrier’s customer service; 5%, (n=41) were “Not Satisfied” with the customer service. Two percent (2%, n=21) had “No Opinion or Doesn’t Apply” (Figure 12b). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response for IP members was 2.54 on a scale of 1-3.

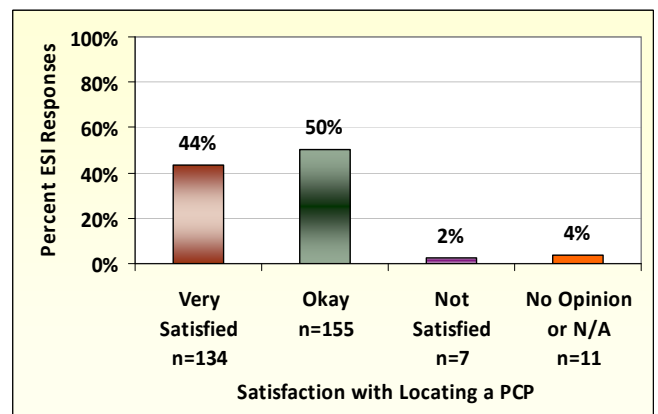
Figure 12b. IP Members’ Satisfaction with Customer Service (n=844)



10. How satisfied were you with your ability to locate a primary care physician (PCP)? IO ESI and IP members were asked how satisfied they were with their ability to locate a primary care physician in their area. Figures 13a and 13b show their responses.

The majority of ESI members said they were “Very Satisfied” (44%, n=134) or “Okay” (50%, n=155) with locating a PCP; 2% (n=7) said they were “Not Satisfied,” and 4% (n=11) had “No Opinion or Doesn’t Apply” (Figure 13a). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response was 2.43 on a scale of 1-3.

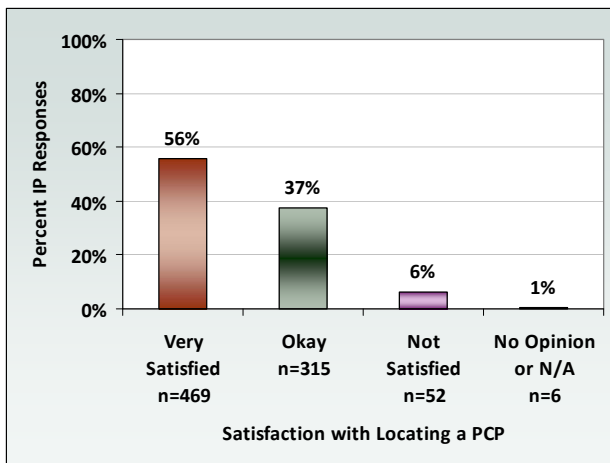
Figure 13a. ESI Members’ Satisfaction with Locating a PCP (n=307)



The majority of IP members said they were “Very Satisfied” (56%, n=469) or “Okay”

(37%, n=315) with their ability to locate a PCP. Six percent (6%, n=152) were “Not Satisfied” with locating a PCP. One percent (1%, n=6) had “No Opinion or Doesn’t Apply” (Figure 13b). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response for IP members was 2.50 on a scale of 1-3.

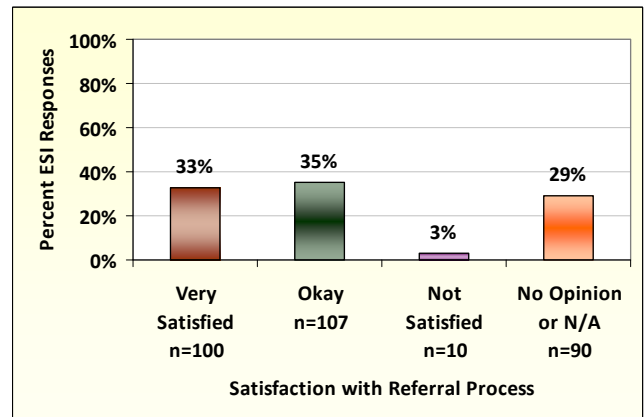
Figure 13b. IP Members’ Satisfaction with Locating a PCP (n=842)



11. How satisfied are you with your health plan’s referral process for specialty care or other health care services requiring a referral (physical therapy, lab work, etc.)? Figures 14a and 14b show IO ESI and IP members’ responses when asked how satisfied they were with their health insurance process for referral for specialty care or other health care services.

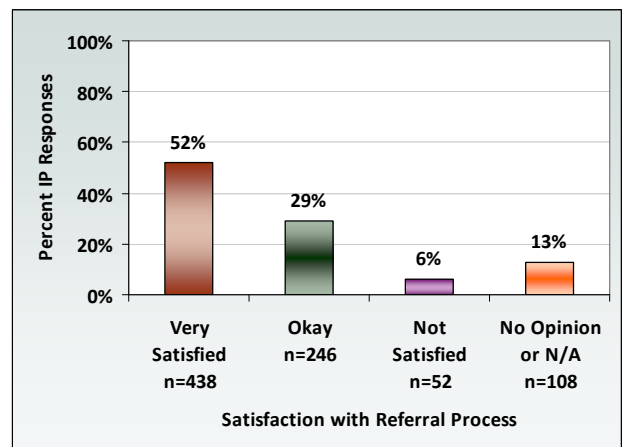
One-third (33%, n=100) of ESI members were “Very Satisfied” with the referral process and approximately another one-third (35%, n=107) said the referral process was “Okay.” Three percent of ESI respondents (3%, n=10) were “Not Satisfied” with the referral process, and 29% (n=90) had “No Opinion or Doesn’t Apply” about the referral process (Figure 14a). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response was 2.41 on a scale of 1-3.

Figure 14a. ESI Members’ Satisfaction with Referral Process (n=307)



The majority of IP members were “Very Satisfied” (52%, n=438) or “Okay” (29%, n=246) with the process for referral to a specialist or other health care service; 6% (n=52) were “Not Satisfied” with the referral process; 13% (n=108) had “No Opinion or Doesn’t Apply” (Figure 14b). Excluding those who had “No Opinion or Doesn’t Apply,” the average response for IP members was 2.52 on a scale of 1-3.

Figure 14b. IP Members’ Satisfaction with Referral Process (n=844)

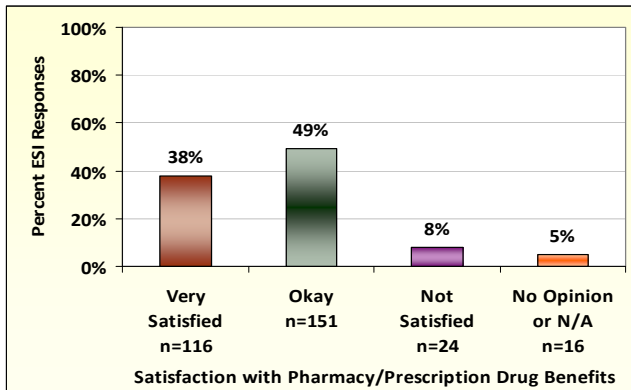


12. How satisfied are you with your pharmacy/prescription drug benefits? IO ESI and IP members were asked about their satisfaction with their health plan’s pharmacy/prescription drug benefits (Figures 15a and 15b).

The majority of ESI members said they were “Very Satisfied” (38%, n=116) or “Okay” (49%, n=151) with the pharmacy/prescription

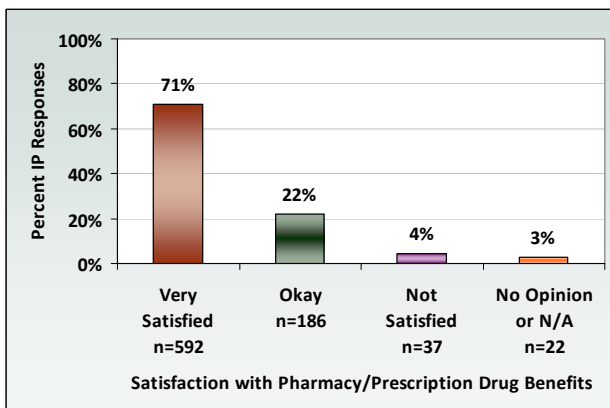
drug benefits they received; 8% (n=24) were “Not Satisfied,” and 5% (n=16) had “No Opinion or Doesn’t Apply” (Figure 15a). Excluding those had “No Opinion or Doesn’t Apply,” the average response was 2.32 on a scale of 1-3.

Figure 15a. ESI Members’ Satisfaction with Pharmacy/Prescription Drug Benefits (n=307)



Nearly three-quarters (71%, n=592) of IP members were “Very Satisfied” with their pharmacy/prescription drug benefits; 22% (n=186) said the pharmacy/prescription drug benefits were “Okay,” and 4% (n=37) were “Not Satisfied.” Three percent (3%, n=22) had “No Opinion or Doesn’t Apply” (Figure 15b). Excluding those who expressed “No Opinion or Doesn’t Apply,” the average response for IP members was 2.68 on a scale of 1-3.

Figure 15b. IP Members’ Satisfaction with Pharmacy/Prescription Drug Benefits (n=837)

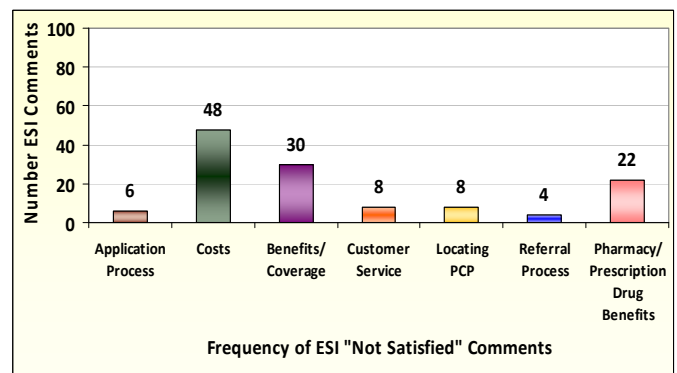


13. If you were NOT SATISFIED with any of the services listed above, please tell us why. Members were asked to explain why they were NOT SATISFIED with any of the services outlined in Questions 6 through 12. The responses were grouped based on the service or services with which members were not satisfied. Because members could discuss as many services with which they were displeased, the number of responses exceeds the number of individuals responding. The responses for ESI are shown in Figure 16a and the IP responses are shown in Figure 16b. A selection of written comments is included below each figure.

Twenty-one percent (21%, n=75) of ESI members wrote comments about being “Not Satisfied” with one or more of the services provided through their health care plan (Figure 16a). Please note that respondents could write about all services which they had marked “Not Satisfied.” Therefore, the number of responses exceeds the number of respondents.

Costs and out-of-pocket expenses were the most problematic for ESI members. Of the 75 ESI members who were “Not Satisfied” with one or more of their health plan services, 48 said the costs were the biggest problem (Figure 16a).

Figure 16a. ESI Members “Not Satisfied” with Seven Service Areas (n=75)



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

ESI Application and Renewal Process

Renewal requirements were unclear. We were asked for documents the day before they were due. Very frustrating and hard to work out.

Had trouble with the online application - some parts confusing.

On line process of renewal cumbersome, "help" section would be helpful.

Applications and renewal hard. Received multi letters asking for something often it was sent. Worried I had done something wrong.

ESI Costs and Out-of-Pocket Expenses

My employer had to change benefit pkgs 1 mo after I got insurance and she chose a cheaper one so then my deductible went from \$500 to \$3000.

Large deductible and lab work - x-rays - and other radiology required from time to time are expensive.

I haven't had to use out of pocket but I couldn't afford it if I did, so I try to deal with issues on my own not going to dr. or hospital.

Had just met deductible w/ first insurance when company switched our insurance company & had another deductible to meet.

Our premiums have gone up double. Recently, more for the employer. Why?

ESI Benefits and Coverage

It does not pay enough.

I went for a mammogram they found a lump and removed it and I had to pay the whole bill because the insurance said it was pre existing.

I think vision and dental should be included in the plan.

Not enough coverage and too much deductible.

Hard to get benefits. Expensive Deductible.

ESI Customer Service

Customer service could use a little work. More knowledgeable and being friendlier would help.

The insurance company has not paid for the health care services in the last 16 months. They say they are looking at pre-existing stuff and the providers are not getting the information to the insurance co.

ESI Locating a PCP

It would be nice if you had more doctors in rural areas.

I live in the middle of nowhere.

Haven't gotten a primary care physician yet.

Not many physicians in this area on the plan.

ESI Referral Process

I was referred to a female specialist. The doctor wanted to do a [procedure] but was denied. My problems have gotten much worse. Due to delay in getting medication refill, I ended up in the emergency room.

Getting a referral to a specialist or other healthcare issues is a pain.

ESI Pharmacy/Prescription Drug Benefits

Co pay is too high for certain meds.

Plan did not cover prescribed medication.

Prescriptions are too high! Also one of the prescriptions I take only allows 100 pills filled and I have to refill every 20 days. I take 5 @ day.

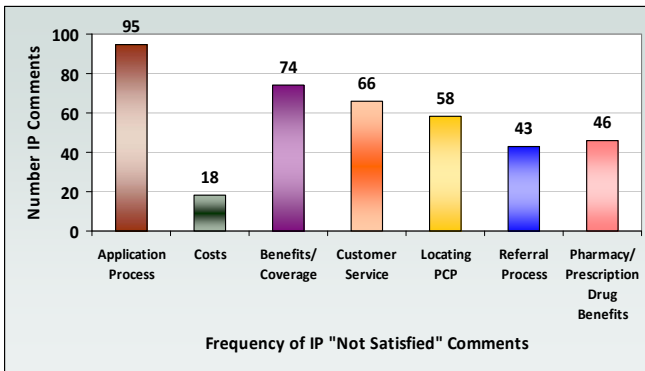
Prescriptions. Still can't afford medicine I need.

Twenty-eight percent (28%, n=260) of IP members wrote comments about being not satisfied with one or more of the services provided through their health care plan (Figure

16b). Please note that respondents could write about all services with which they were unhappy. Therefore, the number of responses exceeds the number of respondents.

Application and renewal process was the most problematic for IP members (n=95), followed by benefits and coverage (n=74). Costs were the least problematic (n=18) (Figure 16b).

Figure 16b. IP Members “Not Satisfied” with Seven Service Areas (n=260)



A selection of comments from IP members regarding services with which they were “Not Satisfied” are listed below in the order in which the questions were asked on the survey (see Appendix A for a copy of the survey and Appendix B for a complete list of all comments).

IP Application and Renewal Process

Renewal process, application and processing departments do not seem to communicate!

I understand you verify income but every time I re-enroll I need MORE documents!

I don't have a computer and the renewal process is like starting all over every year--The same paperwork over and over--you would think that they would have most of the information on file.

Receiving cancellation letters but receiving new member cards. Receiving letters that I need to pay immediately even though I've paid 3 months ahead.

The application and renewal process are a bit tedious.

Computer renewal very confusing--sometimes takes very long time for customer service on the phone.

Renewal process is the same as new member process. Should be easier to renew.

IP Costs and Out-of-Pocket Expenses

They were not reasonable at rates for what they offered.

The cost was too much with the insurance. I could not afford it.

I have very low income so my premium needs to be lower.

Going by my gross income is ridiculous--that is money that people do not see so why is it relevant? Lower income standards so middle class citizens can have insurance coverage.

IP Benefits and Coverage

I wish it included dental/vision.

Need dental and vision please!

Need more than 6 prescriptions per month.

Physical therapy is limited to 15 visits a year. I have injured a different part of my body and will run out of visits.

Why is dental or eye insurance not included or offered? Desperately need these.

Does not cover many illnesses.

I am paying out of pocket for a mammogram 6 mo after another mamo. The dr asked for the 2nd mamo to watch a lump in my breast. By 2nd mamo lump had grown. At over 50, the drop in 'name brand' prescription coverage has hurt financially.

Not enough coverage on hospital visits.

IP Customer Service

When calling confusion abounds; someone different says different things concerning coverage, insurability and everything else.

Customer service on phone and website not user friendly.

One person would tell me one thing. Another gave completely different information. Difficult to know what to do.

IP Locating a PCP.

I wish there were more doctors in my town to choose from.

Not enough doctors on the list for my area. Need more doctors to sign up.

A doctor is hard to find in this area that takes this ins. and taking new patients.

IP Referral Process

Referral to specialist: over 3 hr drive to find one that took my ins.

Takes way too long for a referral to turn into an appt and appt is months away.

IP Pharmacy/Prescription Drug Benefits

Only allowed so many prescriptions per month, have to choose.

We have had problems getting some of the medications we need due to approvals. We have had to continue treatments that are not working well and some that are making us sick. It needs improvement. I understand that cost is a concern.

The only thing I have a problem with is the number of prescriptions allowed per month. Not enough.

Drug benefits won't cover the drugs my Dr. deems necessary for my health situation.

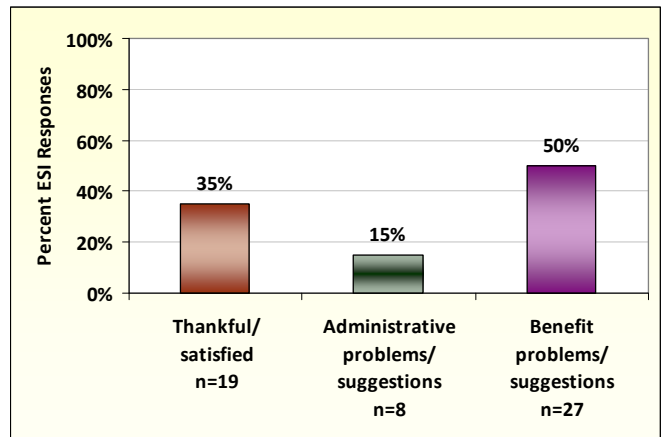
I've had to cut out 2 prescriptions because there is no generic.

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

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

Additional written comments were received from 15% (n=54) of ESI members. The distribution of comments sorted by the three categories shown above is displayed in Figure 17a.

Figure 17a. ESI Members' Additional Comments (n=54)



Thirty-five percent (35%, n=19) of ESI members who wrote additional comments expressed their gratitude for having Insure Oklahoma ESI coverage. Fifteen percent (15%, n=8) described administrative problems or suggestions (Figure 17a). Fifty percent (50%, n=27) of the additional comments by ESI participants were about problems or suggestions with the benefits included in their health plan. A selection of comments from each category follows below. See Appendix B for a complete list of all written comments.

ESI Thankful/satisfied

Very pleased to have this insurance. Otherwise we would probably not be able to afford ins.

I'm very thankful for Insure Oklahoma. Has helped a bunch. Thanks.

I'm just thankful I finally have insurance. I can finally afford it. Thank you!

I am very excited to have such good insurance.

Insure Oklahoma is great. No problems.

ESI Administrative problems/suggestions

Need a book on your policy not enough information.

I have been very satisfied w/ insurance plan & company yet very unsatisfied with Insure Oklahoma program.

I never received their benefits and providers booklet.

I am the administrator for our I.O. group nearly every time I call you all I speak with someone young and disrespectful.

I'm not exactly sure what all my plan covers and such and don't have internet to look it up. A booklet would help to understand my policy and coverage.

ESI Benefit problems/suggestions

I wish good eye and dental ins. was included.

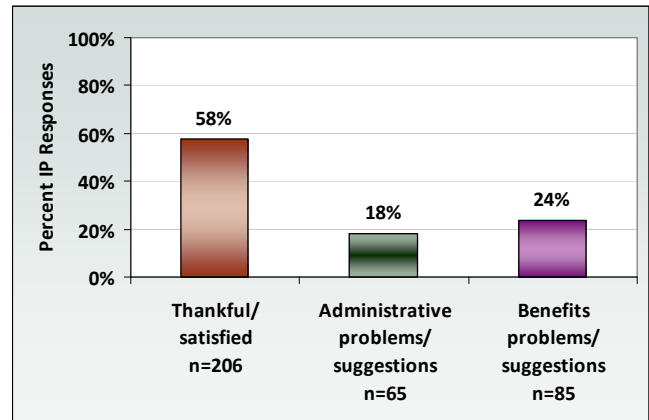
I think it is wrong not to cover exploratory tests. I would rather the doctors look for the answer than just let you die if it's not apparent.

It would be nice to have a dental plan!!

You should have dental coverage since poor teeth can be the cause of many major health problems.

Additional written comments were received from 38% (n=356) of IP members. The distribution of comments, sorted by the three categories shown above, is displayed in Figure 17b.

Figure 17b. IP Members' Additional Comments (n=356)



Fifty-eight percent (58%, n=206) of the additional comments by IP participants expressed their gratitude for having Insure Oklahoma IP coverage. Eighteen percent (18%, n=65) described administrative problems or suggestions, and 24% (n=85) made comments regarding problems or suggestions about benefits (Figure 17b). A selection of comments from each category follows. A complete list of all written comments may be found in Appendix B.

IP Thankful/satisfied

Extremely thankful for Insure Oklahoma.

Glad there is health care available to me at a very reasonable cost.

I am very satisfied with all services this company has provided for me. I don't know what I'd do without it!

This plan has been the best thing that I could hope for. I could not afford medical treatment before. Thank you for making it available to me.

I'm very grateful to have this insurance. When I lost my job and insurance, I was devastated. I couldn't afford insurance privately and when I did get another job it didn't offer insurance.

IP Administrative problems/suggestions

It is extremely difficult to renew each year. Could you make it easier?

The biggest problem I have with Insure Oklahoma is getting through to the customer help line.

Antiquated--nothing can be done electronically. Renewal--treated like not in system previous year; have to resubmit almost everything. Too bureaucratic.

Would love to have premiums automatically deducted from checking so there is not risk of losing coverage.

The stringent yearly renewal could be streamlined. Possibly a different process for existing customers. Everyone is treated and must complete application as though have never been insured in the program.

IP Benefit problems/suggestions

Wish you had dental & vision coverage.

Would love to see dental and vision coverage added in the future!

Not enough doctors to choose from in our city that are listed on this insurance.

Wish there were dental benefits.

Some medicines I take are not included in your plan.

Very few doctors will accept O-EPIC and even fewer are good ones! I finally found a very good PCP.

Very happy just wish dental and vision were included. Thank you.

Table 1.
ESI Member Survey Results-at-a-Glance

Survey Question	Result	Discussion/Interpretation
Response Rate: n=353	19,004 workers were receiving the ESI subsidy at the time the survey was conducted. The list of subsidy recipients was randomized and surveys mailed to 2,500 ESI subsidy recipients. 134 (5.4%) surveys returned with incorrect addresses. 2,366 total surveys delivered. 353 surveys received for analysis. Response rate: 14.9%	Although lower than expected, the response is judged to be sufficient.
1. Location: n=346	City: 41%, n=142 Town: 35%, n=122 Rural: 24%, 82	All 3 areas were well represented with cities having the largest percent of ESI respondents.
2. Length of time with current insurance plan (months): n=302	1-12 mo: 30%, n=90 13-24 mo: 34%, n=104 25-36 mo: 21%, n=64 37-48 mo: 6%, n=18 >48 mo: 9%, n=26	The majority of ESI members had been with their current health plan 36 months or less. Range=1-204 months, average= 26 months, median and mode both=24 months.
3. Before your current plan, were you: insured with another health plan, or uninsured (for how long)? n=342	Insured: 56%, n=190 Uninsured: 44%, n=152 Average time uninsured: 8 years Range uninsured: 1 mo-50 years Median uninsured: 5 years Mode uninsured: 2 years	44% of ESI respondents had been uninsured prior to the offer of the IO program. Of the uninsured some wrote "all my life" or "since adult" in place of actual years.
4. How satisfied are you with your current plan? n= 352	Very Satisfied: 45%, n=158 Okay: 48%, n=168 Not Satisfied: 4%, n=15 No Opinion: 3%, n=11	Overall, ESI members were satisfied with their health plan. The average was 2.42 on a scale of 1-3.
5. Have you used health care services since you began your current health plan? Yes or No (if No stop here). n=352	Yes: 88%, n=311 No: 12%, n=41	Most ESI members responding to the survey had accessed health care.
6. How satisfied were you with application and renewal process? n=304	Very Satisfied: 36%, n=109 Okay: 53%, n=162 Not Satisfied: 4%, n=13 No Opinion: 7%, n=20	ESI members were satisfied with the application and renewal process. The average was 2.34 on a scale of 1-3.
7. How satisfied are you with your costs and out-of-pocket expenses? n=305	Very Satisfied: 34%, n=103 Okay: 50%, n=153 Not Satisfied: 15%, n=45 No Opinion: 1%, n=4	ESI members were satisfied with the health plan costs. The average was 2.19 on a scale of 1-3.
8. How satisfied are you with your health plan's benefits and coverage? n=305	Very Satisfied: 35%, n=107 Okay: 56%, n=169 Not Satisfied: 8%, n=25 No Opinion: 1%, n=4	ESI members were satisfied with their benefits and coverage. The average was 2.27 on a scale of 1-3.
9. How satisfied are you with your health plan's customer service? n=307	Very Satisfied: 42%, n=129 Okay: 47%, n=143 Not Satisfied: 2%, n=7 No Opinion: 9%, n=28	ESI members were satisfied with the customer service they received. The average was 2.44 on a scale of 1-3.
10. How satisfied are you with your ability to locate a primary care physician? n=307	Very Satisfied: 44%, n=134 Okay: 50%, n=155 Not Satisfied: 2%, n=7 No Opinion: 4%, n=11	ESI members were satisfied with locating a PCP. The average was 2.43 on a scale of 1-3.
11. How satisfied are you with your ability to be referred for specialist care or for other health care services? n=307	Very Satisfied: 33%, n=100 Okay: 35%, n=107 Not Satisfied: 3%, n=10 No Opinion: 29%, n=90	ESI members who had an opinion were satisfied with their plan's referral process. 29% (n=90) had no opinion, which could mean they had not used referral services. For those who had an opinion, the average was 2.41 on a scale of 1-3.

Table 1.
ESI Member Survey Results-at-a-Glance

Survey Question	Result	Discussion/Interpretation
12. How satisfied are you with your pharmacy/prescription drug benefits? n=307	Very Satisfied: 38%, n=116 Okay: 49%, n=151 Not Satisfied: 8%, n=24 No Opinion: 5%, n=16	ESI members were satisfied with pharmacy/prescription drug benefits. The average was 2.32 on a scale of 1-3.
13. If you were NOT SATISFIED with any of the services listed above, please explain. n=75	21% (n=75 out of 353) of ESI members responded "Not Satisfied" to one or more of the plan services questions. Cost and out-of-pocket expenses were mentioned by 48 out of the 75 as being the biggest problem.*	See Appendix B for a complete list of comments from Question 13.
14. Additional Comments. n=54	15% (n=54 out of 353) of ESI members responded with additional comments. Comments were coded into three categories: Thankful/satisfied: 35%, n=19 Administrative problems/suggestions: 15%, n=8 Benefit problems/suggestions: 50%, n=27	See Appendix B for a complete list of comments from Question 14.

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

Table 2.
IP Member Survey Results-at-a-Glance

Survey Question	Result	Discussion/Interpretation
Response Rate: n=933	12,777 individuals were participating in the IP health plan when the survey was conducted. The list of IP members was randomized and surveys mailed to 2,500 IP members. 18 (0.7%) surveys returned with incorrect addresses. 2,482 total surveys delivered. 933 surveys received for analysis. Response rate: 37.6%	The response rate is similar to previous surveys.
1. Location: n=917	City: 35%, n=320 Town: 36%, n=334 Rural: 29%, n=263	All 3 areas were well represented with towns having a slightly larger percent of IP respondents.
2. Length of time with current insurance plan (months): n=819	1-12 mo: 32%, n=264 13-24 mo: 48%, n=388 25-36 mo: 17%, n=140 37-42 mo: 3%, n=27	The majority of IP members had been with their current health plan 24 months or less. Range=1-42 months, average= 19 months, median=18 months, mode=24 months. 20 members had been with the program since it began.
3. Before your current plan, were you: insured with another health plan, or uninsured (for how long)? n=887	Insured: 26%, n=236 Uninsured: 74%, n=661 Average time uninsured: 9 years Range uninsured: <1 year to 53 years Median uninsured: 6 years Mode uninsured: 1 year	Most (74%) IP members had been uninsured prior to enrolling in the IP plan. Several members wrote “always” or “years” rather than entering a number.
4. How satisfied are you with your current plan? n=928	Very Satisfied: 70%, n=648 Okay: 24%, n=229 Not Satisfied: 3%, n=25 No Opinion: 3%, n=26	The majority of IP members were very satisfied with their current health plan. The average was 2.69 on a scale of 1-3.
5. Have you used health care services since you began your current health plan? Yes or No (if No stop here). n=921	Yes: 92%, n=843 No: 8%, n=78	Nearly all (92%) IP members responding had accessed health care services.
6. How satisfied were you with application and renewal process? n=840	Very Satisfied: 41%, n=342 Okay: 45%, n=379 Not Satisfied: 12%, n=100 No Opinion: 2%, n=19	IP members were satisfied with the application and renewal process. The average was 2.29 on a scale of 1-3.
7. How satisfied are you with your costs and out-of-pocket expenses? n=843	Very Satisfied: 71%, n=597 Okay: 26%, n=218 Not Satisfied: 2%, n=22 No Opinion: 1%, n=6	The majority of IP members were very satisfied with plan costs and out-of-pocket expenses. The average was 2.69 on a scale of 1-3.
8. How satisfied are you with your health plan’s benefits and coverage? n=843	Very Satisfied: 63%, n=533 Okay: 33%, n=279 Not Satisfied: 3%, n=27 No Opinion: 1%, n=4	IP members were satisfied with their benefits and coverage. The average was 2.60 on a scale of 1-3.
9. How satisfied are you with your health plan’s customer service? n=844	Very Satisfied: 57%, n=482 Okay: 36%, n=300 Not Satisfied: 5%, n=41 No Opinion: 2%, n=21	IP members were satisfied with their plan’s customer service. The average was 2.54 on a scale of 1-3.
10. How satisfied are you with your ability to locate a primary care physician? n=842	Very Satisfied: 56%, n=469 Okay: 37%, n=315 Not Satisfied: 6%, n=52 No Opinion: 1%, n=6	IP members were satisfied with their ability to locate a PCP. The average was 2.50 on a scale of 1-3.
11. How satisfied are you with your ability to be referred for specialist care or for other health care services? n=844	Very Satisfied: 52%, n=438 Okay: 29%, n=246 Not Satisfied: 6%, n=52 No Opinion: 13%, n=108	IP members were satisfied with the referral process. The average was 2.52 on a scale of 1-3. 13% of IP members had no opinion, which may mean they had not used referral services.

Table 2.
IP Member Survey Results-at-a-Glance

Survey Question	Result	Discussion/Interpretation
12. How satisfied are you with your pharmacy/prescription drug benefits? n=837	Very Satisfied: 71%, n=592 Okay: 22%, n=186 Not Satisfied: 4%, n=37 No Opinion: 3%, n=22	The majority of IP members were very satisfied with the pharmacy/prescription drug coverage. The average was 2.68 on a scale of 1-3.
13. If you were NOT SATISFIED with any of the services listed above, please explain. n=260	28% (n=260 out of 933) of IP members responded “Not Satisfied” to one or more of the plan services questions. Application and renewal process was mentioned by 95 out of the 260 as being the biggest problem.*	See Appendix B for a complete list of comments from Question 13.
14. Additional Comments. n=260	38% (n=356 out of 933) IP members responded with additional comments. Comments were coded into three categories: Thankful/satisfied: 58%, n=206 Administrative problems/suggestions: 18%, n=65 Benefit problems/suggestions: 24%, n=85	See. Appendix B for a complete list of comments from Question 14.

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

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

Discussion

*“Must have at this time--without would be economic failure.
Thank you for being there!!”*

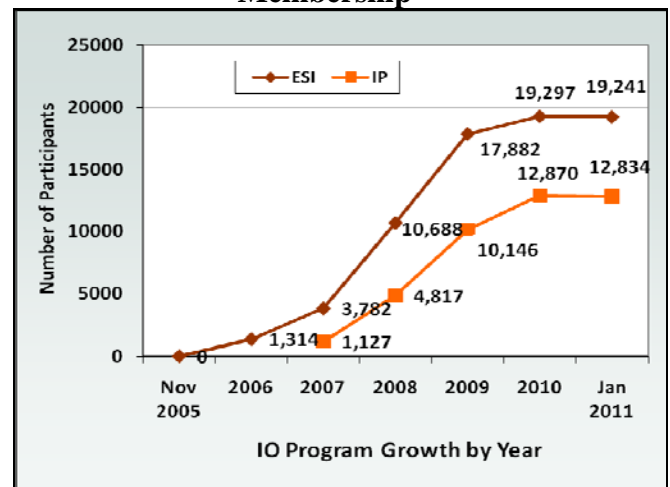
*IO Member
November 2010*

The purpose of this study was to determine the degree to which IO members (both ESI and IP) are satisfied with the insurance coverage they receive. These two programs do not compete. The ESI program utilizes private insurance carriers with premium subsidies for low-income workers in small businesses, and the IP is a state-sponsored health plan for workers without access to insurance through the work place (e.g., self-employed, sole proprietors, unemployed but looking for work, students, etc.). Information from this survey may be used by OHCA as part of their continuous quality improvement of each program under the Insure Oklahoma umbrella.

The purpose of ongoing quality improvement is to utilize customer feedback to improve products and services, and enhance customer satisfaction. This survey of a random sample of Insure Oklahoma ESI and IP members asked questions regarding specific aspects of the health care they were receiving in order to allow decision makers to better meet the needs of program members.

As of January 2011, there were 19,241 members receiving health coverage through the ESI premium subsidy program, and 12,834 members in the Individual Plan. Figure 18 shows the growth in each program over the years each has been in force (ESI since November 2005 and IP since March 2007).

Figure 18. Growth in ESI and IP Membership



The Affordable Care Act of 2010 may very well change the landscape for each of these two programs. Court challenges and states’ rights – and individual rights – concerns may postpone or even eliminate various provisions of the Affordable Care Act.^{40,41} In the meantime, low-income workers or individuals seeking health insurance will still require the assistance of programs like the Insure Oklahoma ESI premium subsidy plan and the IO Individual Plan to obtain quality, affordable health care in Oklahoma.

As part of OHCA’s continuing efforts to provide access to affordable health care through the Insure Oklahoma program, OHCA sent consumer satisfaction surveys to 5,000 randomly selected IO members: 2,500 workers participating in the premium subsidy program through their employer, and 2,500 IP members. Surveys

were coded to allow results to be reported separately for ESI and IP members and make recommendations appropriate to each group. The surveys and education pieces (cover letters) were mailed by OHCA on September 23, 2010; 134 ESI and 18 IP surveys were returned with incorrect addresses leaving a distribution of 2,366 ESI coded surveys and 2,482 IP coded surveys. ESI members completed a total of 353 surveys, a 14.9% response rate; 933 surveys were received from IP members, a 37.6% response rate.

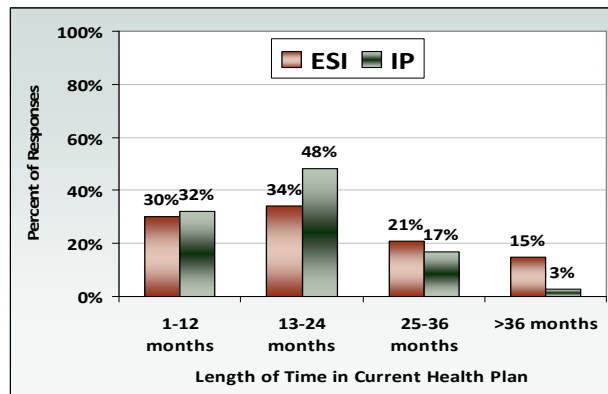
Two reasons are postulated for the lower than expected response rate among the ESI premium subsidy recipients. First, in previous studies, employers suggested that if employers cover 100% of the employee premium, workers may not be aware their coverage is subsidized by IO.^{8,9} Thus, when they received the survey they may not have been familiar with the program. A second reason is that ESI subsidy recipients are covered by private insurance and their insurance cards carry only the name of their health insurer. They may not associate Insure Oklahoma with their health insurance.

IP members are familiar with IO. IP members enroll in the program and pay the premiums for their health care. IP insurance cards carry the Insure Oklahoma Individual Plan name therefore they would be familiar with IO when they received the survey.

Most ESI responses came from members living in cities (41%, n=142), followed by towns (35%, n=122), and rural areas (24%, n=82). Slightly more IP members lived in towns (36%, n=334) than cities (35%, n=320), with 29% living in rural areas (n=263). The overall frequency of the distribution was similar enough for the purposes of this study.

The length of time members had been participating in their current health plan was also somewhat similar although the ESI subsidy program has been in effect for more than a year longer than the IP plan (Figure 19).

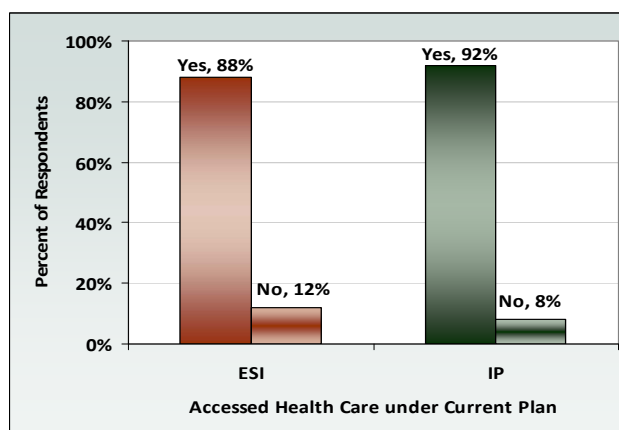
Figure 19. Length of Time Participating in Current Health Insurance Plan: ESI and IP



More than half of the ESI members were insured prior to their current plan (56%, n=190). Only 26% (n=236) of IP members were insured prior to enrolling in the IO program. The challenges faced by self-employed and sole proprietors in obtaining affordable health coverage has been well documented.^{55,56}

The average time ESI members were uninsured was 8 years with a range of 1 month to 50 years. IP members were uninsured an average of 9 years with a range of <1 year to 53 years. Several respondents from both groups wrote things like “all my life” or “adulthood.” Access to care through the IO ESI and IP program is reaching many who may have been without adequate health care for considerable lengths of time. It is not surprising that a very large percentage of respondents from both groups had accessed health care (Figure 20).

Figure 20. Accessed Health Care Through Current Plan



The remaining survey questions addressed customer satisfaction with various components of their current health plan. These responses can be used by decision makers and stakeholders to improve the quality, affordability and access of these two separate Insure Oklahoma programs as part of OHCA’s CQI process.

Overall, IO ESI and IP members were satisfied with their health care services. Because the programs function differently, satisfaction scores varied somewhat for different services. Average satisfaction scores for ESI members are shown below in Figure 21a. Average satisfaction scores for IP members are shown in Figure 21b.

Figure 21a. ESI Member Satisfaction Scores

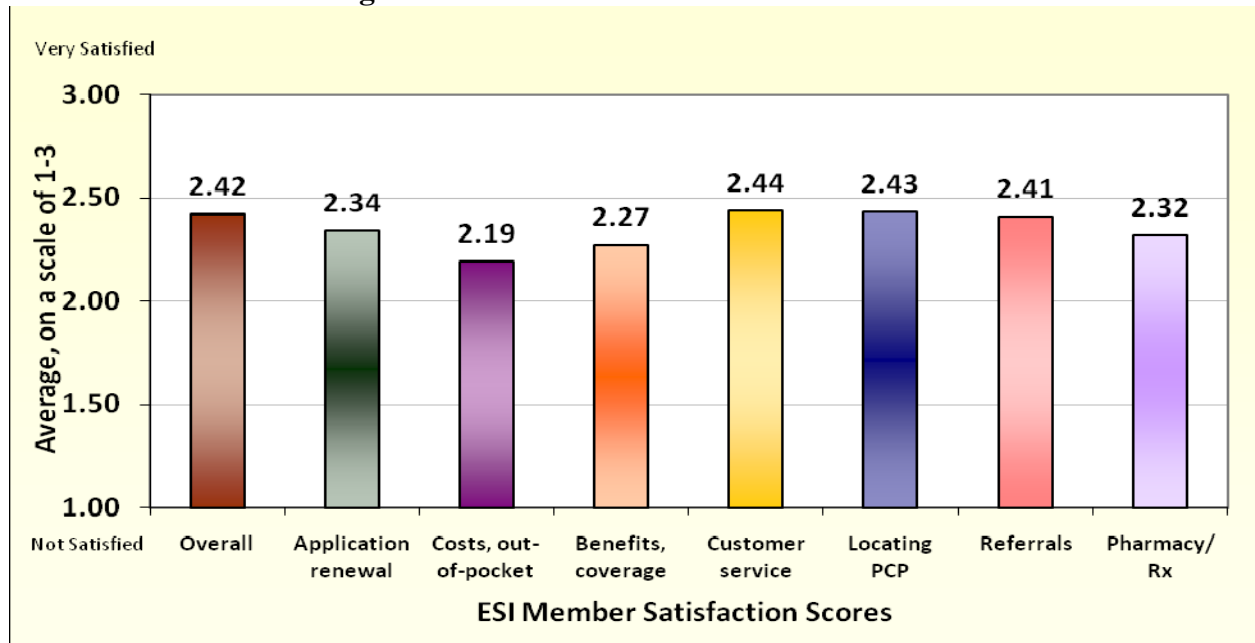
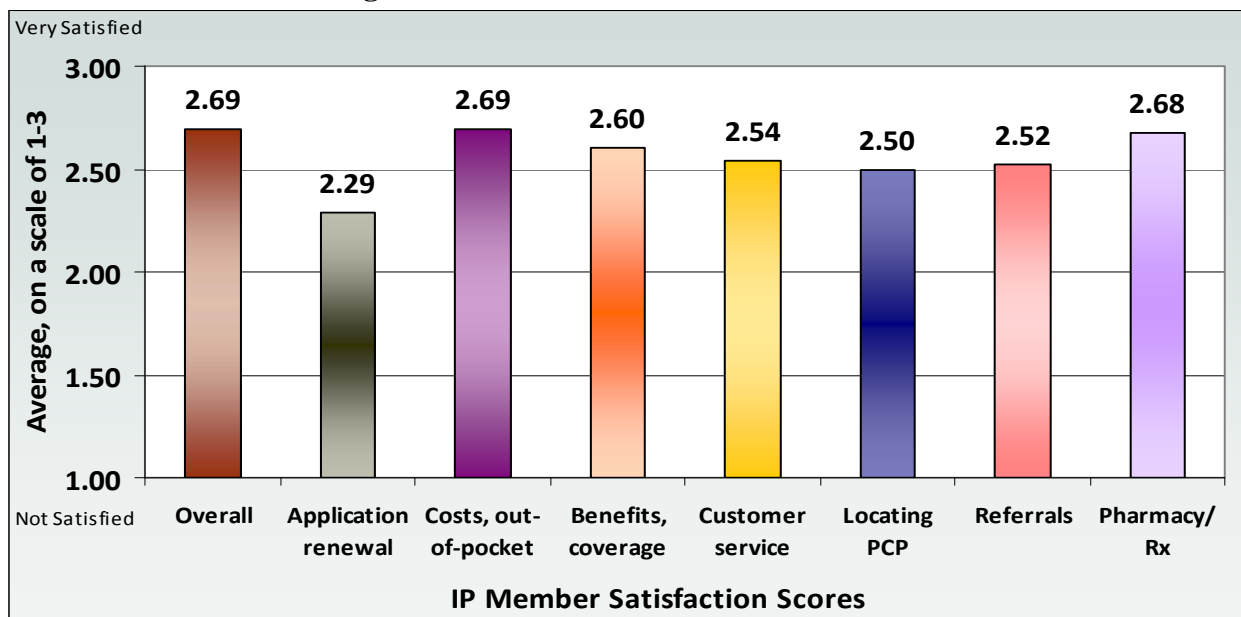


Figure 21b. IP Member Satisfaction Scores

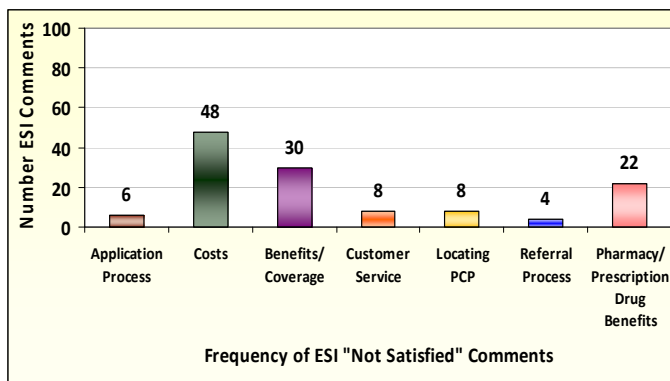


One might note, in comparing Figures 21a and 21b (previous page) that IP members tend to report somewhat greater satisfaction than ESI members. Although it might be tempting to conclude that the IP benefits are therefore better than ESI benefits, this conclusion cannot be scientifically supported by these data. These two groups are not directly comparable on factors that might affect plan satisfaction irrespective of plan characteristics. For example, as shown in Figures 6a and 6b (Results section page 9), 44% of ESI members reported being uninsured prior to plan participation, whereas 74% of IP members reported being uninsured prior to plan participation.

As previously stated, members from both groups report being quite satisfied with their current health plan and services. Survey respondents were asked to comment on the particular areas with which they were not satisfied. Respondents could comment on one or more areas of concern, therefore the number of comments exceeds the number of respondents for each group.

Seventy-five (75) ESI members (21% of the 353 ESI survey respondents) were “Not Satisfied” with one or more of the service components. Figure 22 shows the frequency of responses for each service area.

**Figure 22. ESI Members “Not Satisfied”
Frequency Scores (n=75)**



As shown, costs were the most problematic for ESI members with 48 out of 75 respondents saying they were “Not Satisfied” with their out-of-pocket expenses. Comments suggest that increased cost share; including premiums and deductibles were problems.

Can't afford all of what ins doesn't cover. Plus can't afford hundreds of thousands of dollars up front.

\$1000 deductible every year is too high.

High monthly health insurance fee plus \$3,000 deductible. We have had to pay on all medical costs and have still not met our huge deductible.

Thirty (30) out of 75 respondents expressed concern about the benefits and coverage their plan provided. Some said they had trouble getting prescriptions and treatments covered and several respondents indicated they would like to vision and dental coverage.

The only complaint we have is that the copay for diabetic meds is expensive for us.

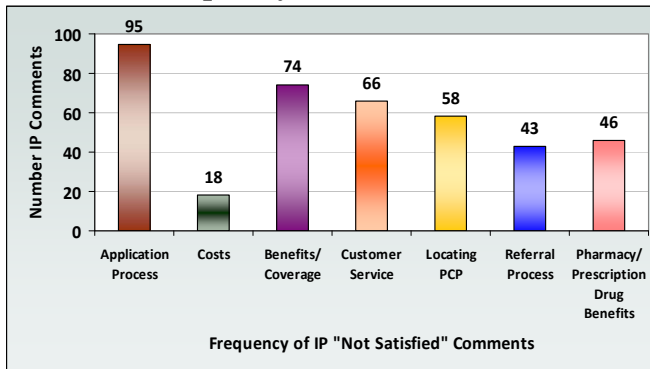
Doesn't pay for a lot of services.

Need dental coverage.

Overall satisfaction with the health plan provided through their IO Employer-Sponsored Insurance premium subsidy program was high with 90% of ESI survey respondents indicating they were either “Very Satisfied” or “Okay” with their current plan. Only 21% of the 353 ESI survey respondents expressed a problem with specific aspects of their health insurance plan (Figure 22). We can conclude from this that ESI members are generally happy with their private market health care plan and that the ESI premium subsidy program is doing a good job.

Two hundred sixty (260) IP members (28% of the 933 survey respondents) were “Not Satisfied” with one or more of their health plan’s service components. Figure 23 shows the frequency of responses.

**Figure 23. IP Members “Not Satisfied”
Frequency Scores (n=260)**



As shown, the application and renewal process was the most problematic for IP members with 95 out of 260 respondents saying they were unhappy with various aspects of the process. Comments suggest that IP members found the paperwork overwhelming, repetitive and confusing.

Lots of paperwork to send in income tax (all of) too much.

I found the renewal difficult. Difficult to understand what was needed.

They cancelled my policy because I did not provide a tax return but they never asked me to submit my tax return.

Filled out wrong form on computer had to go without coverage for 2 months.

As with ESI members, IP members indicated that benefits and coverage were the second most troublesome area for them. Seventy-four (74) out of 260 respondents expressed concern about the benefits and coverage their plan provided. Physical therapy, pharmacy/prescription drug benefits and dental and vision coverage were mentioned frequently.

It does not cover physical therapy--I have to pay for it and can't afford the full time. We are trying to avoid surgery, but since I can't get therapy--surgery is the only option then I will need therapy after surgery so I am living in pain.

Just wish there was some kind of coverage for DENTAL and vision.

I need more than 6 prescriptions a month, so I end up paying out of pocket for some.

Overall satisfaction with the health care services of the IO IP program was very high with 94% of IP respondents indicating they were “Very Satisfied” or “Okay” with their overall health plan. We can conclude from this that IP members are generally happy with their health care plan and that the IP program is doing a good job. 28% of the 933 survey respondents expressed a problem with specific aspects of the health plan, and most of those comments were about the application and renewal process (Figure 23). As part of OHCA’s ongoing CQI, it would be worthwhile to investigate the policies and procedures for applying for and renewing coverage under the IP plan with an eye toward streamlining the process and making it more transparent for the self-employed and sole proprietors to which the program is targeted.

America’s entrepreneurs often leave a job to realize their dream of owning and operating their own business and are either self-employed or sole proprietors during start-up. These are the creative minds that help energize the American economy with new and innovative ideas. Affordable health care will allow these individuals to avoid “job lock,” a term used to describe people who stay with a job for health insurance, and venture into the entrepreneurial arena.⁶²

Many IO IP program members expressed heart-felt gratitude for the program as it is providing health coverage for many of this population who had no access to affordable health care prior to the IO Individual Plan.

Please keep program going; very satisfied with coverage. Thanks.

Both of these programs are meeting a need for health insurance for groups that had little or no access prior to the implementation of Insure Oklahoma. Oklahoma can be proud of the success. Regardless of the outcome of health care reform, Oklahoma has two programs that are working to meet the needs of hard-working low-income individuals and families.

Findings and Recommendations

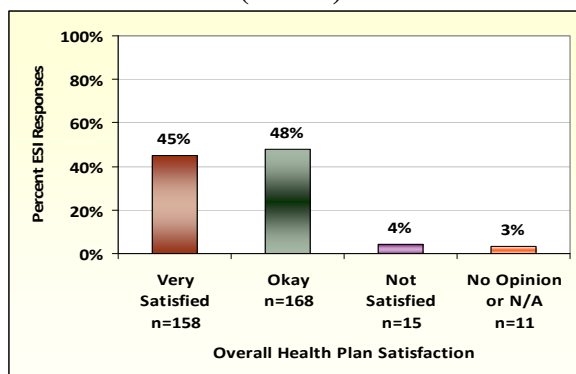
“This plan has been a God send.”

*IO Member
November 2010*

ESI Member Findings

1. Overall satisfaction with current health plan services provided through their IO Employer-Sponsored Insurance premium subsidy program was high with 90% of ESI survey respondents indicating they were either “Very Satisfied” or “Okay” with their plan (Figure 24). We can conclude from these responses that ESI members are generally happy with their private market health care plan and that the ESI premium subsidy program is doing a good job.

Figure 24. ESI Members’ Overall Satisfaction with Current Health Plan (n=352)



2. ESI members returned a total of 353 completed surveys, a 14.9% response rate.
 3. 41% (n=142) of ESI respondents reported living in cities, 35% (n=122) in towns and 24% (n=82) in rural areas.

4. The majority of ESI members reported being in their health plan 36 months or less. 30% (n=90) reported being in their current insurance plan 1-12 months; 34% (n=104) reported being in their plan 13-24 months; 21% (n=64) reported being in their plan 25-36 months; 6% (n=18) reported being in their plan 37-48 months; 9% (n=26) reported being in their plan longer than 48 months.

5. Almost half of ESI respondents (44%, n=152) reported being uninsured prior to the offer of the Insure Oklahoma program.

6. Most ESI respondents were satisfied with their current health plan. 45% (n=158) were “Very Satisfied” with their health plan, 48% (n=168) were “Okay,” 4% (n=15) reported they were “Not Satisfied” and 3% (n=11) had “No Opinion or Doesn’t Apply” (average=2.42 on a 1-3 scale).

7. Most ESI respondents (88%, n=311) had accessed health care services since beginning their health care plan. 12% had not accessed health care services.

8. Most ESI respondents were satisfied with the application and renewal process. 36% (n=109) were “Very Satisfied,” 53% (n=162) were “Okay,” 4% (n=13) were “Not Satisfied” and 7% (n=20) had “No Opinion or Doesn’t Apply” (average=2.34 on a 1-3 scale).

9. Most ESI respondents were satisfied with their health plan costs. 34% (n=103) were “Very

Satisfied,” 50% (n=153) were “Okay,” 15% (n=45) were “Not Satisfied” and 1% (n=4) had “No Opinion or Doesn’t Apply” (average 2.19 on a scale of 1-3).

10. Most ESI respondents were satisfied with their benefits and coverage. 35% (n=107) were “Very Satisfied,” 56% (n=169) were “Okay,” 8% (n=25) were “Not Satisfied” and 1% (n=4) had “No Opinion or Doesn’t Apply” (average=2.27 on a scale of 1-3).

11. Most ESI respondents were satisfied with their health plan’s customer service. 42% (n=129) were “Very Satisfied,” 47% (n=143) were “Okay,” 2% (n=7) were “Not Satisfied” and 9% (n=28) had “No Opinion or Doesn’t Apply” (average 2.44 on a scale of 1-3).

12. Most ESI respondents were satisfied with locating a PCP. 44% (n=134) were “Very Satisfied,” 50% (n=155) were “Okay,” 2% (n=7) were “Not Satisfied,” 4% (n=11) had “No Opinion or Doesn’t Apply” (average=2.43 on a scale of 1-3).

13. Most ESI respondents were satisfied with their plan’s referral process. 33% (n=100) were “Very Satisfied,” 35% (n=107) were “Okay,” 3% (n=10) were “Not Satisfied” and 29% (n=90) had “No Opinion or Doesn’t Apply” (average=2.41 on a scale of 1-3).

14. Most ESI respondents were satisfied with their pharmacy/prescription drug benefits. 38% (n=116) were “Very Satisfied,” 49% (n=151) were “Okay,” 3% (n=10) were “Not Satisfied” and 5% (n=16) had “No Opinion or Doesn’t Apply” (average=2.32 on a scale of 1-3).

15. Question 13 on the survey asked members to explain any “Not Satisfied” survey responses (see Appendix A). 21% of ESI members (n=75 out of 353) wrote comments describing problem areas.

16. 48 out of 75 ESI members who responded to Question 13 about being “Not Satisfied” were most unhappy with their out-of-pocket costs and increases in premiums and deductibles.

17. 15% of ESI members (n=54) responded to Question 14, additional comments. Of the 54,

35% (n=19) said they were thankful for their coverage.

18. 50% (n=27) of the 54 ESI members who wrote additional comments had comments or suggestions about benefits and coverage, including suggestions for adding vision and dental care. One member wrote:

You should have dental coverage since poor teeth can be the cause of many major health problems.

ESI Member Recommendations

1. ESI members expressed satisfaction with their health plan. Continuing CQI with health plan members should be considered.

2. Based on survey results and comments, costs were the most challenging issue for ESI members. Continuing to monitor plans to ensure IO qualifications are met might be advisable.

3. In a recent survey of IO-participating businesses, employers said they would like more materials available explaining the IO program for employees.⁹ Based on ESI member comments and satisfaction with health plan services, additional materials, forums, etc., that explain the program could improve satisfaction.

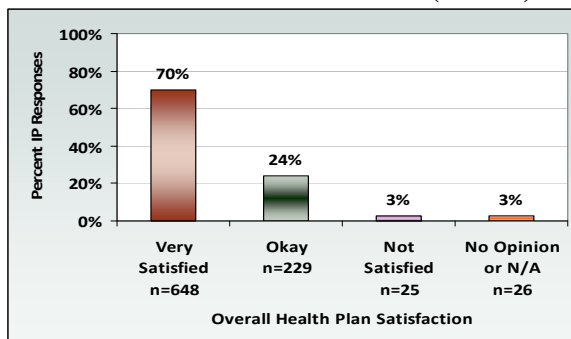
4. Continuing to engage agents with employers and with any employee outreach efforts might also be useful.

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

IP Member Findings

1. Overall satisfaction with current health plan services of the IO IP program was very high with 94% of IP respondents indicating they were “Very Satisfied” or “Okay” with their health plan (Figure 25). We conclude that IP members are generally happy with their plan and that the IP program is doing a good job.

Figure 25. IP Members’ Overall Satisfaction with Current Health Plan (n=928)



2. IP members returned 933 surveys, a 37.6% response rate.
3. 35% (n=320) of IP respondents reported living in cities, 36% (n=334) in towns and 29% (n=263) in rural areas.
4. The majority of IP respondents reported being with their current health plan 24 months or less. 32% (n=264) reported being in their current insurance plan 1-12 months; 48% (n=388) reported being in their plan 13-24 months; 17% (n=140) reported being in their plan 25-36 months; 3% (n=17) reported being in their plan 37-42 months.
5. Most IP respondents (74%, n=661) reported being uninsured prior to enrolling in the IP plan.
6. Most IP respondents were satisfied with their current health plan. 70% (n=648) were “Very Satisfied” with their health plan, 24% (n=229) were “Okay,” 3% (n=25) reported they were “Not Satisfied” and 3% (n=26) had “No Opinion or Doesn’t Apply” (average=2.69 on a scale of 1-3).
7. Nearly all IP respondents (92%, n=843) had accessed health care services since beginning their health care plan. 8% (n=78) had not accessed health care services.

8. Most IP respondents were satisfied with the application and renewal process. 41% (n=342) were “Very Satisfied,” 45% (n=379) were “Okay,” 12% (n=100) were “Not Satisfied” and 2% (n=19) had “No Opinion or Doesn’t Apply” (average=2.29 on a scale of 1-3).

9. Most IP respondents were satisfied with costs and out-of-pocket expenses. 71% (n=597) were “Very Satisfied,” 26% (n=218) were “Okay,” 2% (n=22) were “Not Satisfied” and 1% (n=6) had “No Opinion or Doesn’t Apply” (average=2.69 on a scale of 1-3).

10. Most IP respondents were satisfied with their benefits and coverage. 63% (n=533) were “Very Satisfied,” 33% (n=279) were “Okay,” 3% (n=27) were “Not Satisfied” and 1% (n=4) had “No Opinion or Doesn’t Apply” (average=2.60 on a scale of 1-3).

11. Most IP respondents were satisfied with their health plan’s customer service. 57% (n=482) were “Very Satisfied,” 36% (n=300) were “Okay,” 5% (n=41) were “Not Satisfied” and 2% (n=21) had “No Opinion or Doesn’t Apply” (average=2.50 on a scale of 1-3).

12. Most IP respondents were satisfied with locating a PCP. 56% (n=469) were “Very Satisfied,” 37% (n=315) were “Okay,” 6% (n=52) were “Not Satisfied” and 1% (n=6) had “No Opinion or Doesn’t Apply” (average=2.50 on a scale of 1-3).

13. Most IP respondents were satisfied with the referral process. 52% (n=438) were “Very Satisfied,” 29% (n=246) were “Okay,” 6% (n=52) were “Not Satisfied” and 13% (n=108) had “No Opinion or Doesn’t Apply” (average=2.52 on a scale of 1-3).

14. Most IP respondents were satisfied with pharmacy/prescription benefits. 71% (n=592) were “Very Satisfied,” 22% (n=186) were “Okay,” 4% (n=37) were “Not Satisfied” and 3% (n=22) had “No Opinion or Doesn’t Apply” (average=2.68 on a scale of 1-3).

15. Question 13 on the survey asked members to explain any “Not Satisfied” survey responses (see Appendix A). 28% of IP members (n=260

out of 933) wrote comments describing problem areas.

16. 95 out of 260 IP members who responded to Question 13 about being “Not Satisfied” were unhappy with the application and renewal process. Particularly frustrating were the multiple times paperwork was requested and rapidity with which individuals were terminated when paperwork was not received. IP members said that often OHCA already had the necessary paperwork. Frustration was also voiced at how long it took to get reinstated.

17. 38% of IP members (n=356) responded to Question 14, additional comments. Of the 356, 58% (n=206) said they were thankful for their coverage.

18. 24% of IP members who wrote additional comments (n=85) offered suggestions or comments about benefits and coverage. The limitation of 6 prescriptions per month was mentioned by several members as being problematic. Below is an example of such a comment.

Being able to only have 6 prescriptions when you might get sick with something else then not be covered. (sic)

Some IP members also mentioned limited access to physicians, particularly specialty care, especially in rural areas.

No foot dr. in my home town. Have to go to another county 50 miles away.

IP members also asked for dental and vision coverage.

IP Member Recommendations

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

2. IP members reported they were least satisfied with the application and renewal process. This lack of satisfaction was evident in the Likert scale responses to the query about the application and renewal process as well as in the numerous comments received. Streamlining the process, especially with regard to renewal, might be investigated.

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

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

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Appendices

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

September 20, 2010

Dear Health Insurance Member,

The Oklahoma Health Care Authority (OHCA), the agency that administers the Insure Oklahoma Program, which includes premium assistance for some employer health insurance plans and the O-EPIC Individual Plan (IP), is asking for feedback from you about your experience with your health insurance plan.

Researchers at the University of Oklahoma Health Sciences Center (OU) are assisting OHCA with this survey. The researchers will receive the surveys and report the results to OHCA. You will not be asked for your name. This survey is only being sent to a few insured members so your response is very important. OHCA will use the information from the report to improve the Insure Oklahoma and O-EPIC health care programs.

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

Completed surveys must be received by October 22, 2010 to be included in the report to Insure Oklahoma and OHCA.

Thank you for completing and returning this survey and for participating in this health care quality improvement effort.



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

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

Insure Oklahoma Member Survey

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

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

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

3. Before your current health plan, were you:

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

4. How satisfied are you with your current health insurance plan?

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

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

- Yes
- No. Please stop and return your survey.
Thank you for your time.

If you said **Yes** to Question 5, please answer the following questions about how satisfied you were with different health care services.

6. Application and renewal process

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

7. Your costs and out of pocket expenses.

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

8. Your health plan's benefits and coverage.

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

9. Your health plan's customer service.

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

10. Locating a primary care physician (PCP).

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

11. Referral to a specialist or for other health care services (physical therapy, lab work, etc.)

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

12. Pharmacy/prescription drug benefits.

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

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

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

Appendix B1

ESI Member Responses to Question 13:

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

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

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

6. Application and renewal process,
7. Costs and out-of-pocket expenses,
8. Benefits and coverage,
9. Customer service,
10. Locating a PCP,
11. Referral process, and
12. Pharmacy/prescription drug benefits.

Application and Renewal Process

Had trouble with the online application - some parts confusing.

Applications and renewal hard. Received multi letters asking for something often it was sent. Worried I had done something wrong.

Every year insurance co. makes me fill out an entire medical history.

Not satisfied with [REDACTED]. Has been a problem since DAY 1 from the application and renewal to amount insurance pays.

On line process of renewal cumbersome, "help" section would be helpful.

Renewal requirements were unclear. We were asked for documents the day before they were due. Very frustrating and hard to work out.

Costs and Out-of-Pocket Expenses

\$1000 deductible every year is too high. Bills and coverage explanations are too hard to understand.

As with all modern health plans, out of pocket costs are very high. 20% of ridiculous is still outlandish.

Because we are a small group, cost is higher, physicians are limited, and prescriptions are costly.

Health insurance for the poor working class is too expensive to keep.

Can't afford all of what ins doesn't cover. Plus can't afford hundreds of thousands of dollars up front. Also need dental coverage.

Cost too much.

Ded to high.

Deductible is too high \$3,000.

Deductible is too high. Cost too much to have lower deductible. Does not cover some prescriptions.

Deductible too high.

Doesn't pay for a lot of services. Too much out of pocket expense.

Don't take medicine so when sick meet the deductible of \$300 a year.

Don't like having to pay full price for meds.

Had just met deductible w/ first insurance when company switched our insurance company & had another deductible to meet.

Having to meet a second deductible in the same year and copays being double for dr. visits was very unpleasant!

High monthly health insurance fee plus \$3,000 deductible. We have had to pay on all medical costs and have still not met our huge deductible.

I haven't had to use out of pocket but I couldn't afford it if I did, so I try to deal with issues on my own not going to dr. or hospital.

I wish meds were cheaper like a lower co-pay--ours is half.

I wish there was no copay and no deductible.

If an expensive procedure or other medical cost is big, the 75-80% that the insurance pays still leave it impossible for the poor.

Insurance doesn't seem to cover enough of the bill.

Insurance premiums are too high.

It took 3 months for Insure Oklahoma to kick in with all the proof paperwork and meds are still expensive.

Large deductible and lab work - x-rays - and other radiology required from time to time are expensive.

Monthly premium too high. Many surgeries are day surgery not sure they cover as much.

My employer had to change benefit pkgs 1 mo after I got insurance and she chose a cheaper one so then my deductible went from \$500 to \$3000. We use [REDACTED]. Its okay but the deductible is outrageous and every

Appendix B1

ESI Member Responses to Question 13:

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

time I call customer service I get someone from another country.

One procedure required prequalification which took over 4 months and ended up starting a NEW year so deductible and co-pays had to be met a 2nd time. Very disingenuous of the health care system.

Our costs for coverage went up about 40% over last year.

Our premiums have gone up double. Recently, more for the employer. Why? I worried we will be priced out of the program.

Prescription co-pay is too expensive.

Seems like too much out pocket money.

Still billed after paying my monthly payment and co-pay after doctor visit.

The amount paid by the insurance company for my MRI was insulting.

The deductible is too high. Can't get a good doctor. It don't cover much. Should cover more prescriptions.

Too expensive.

Too high of a deductible. Same as no insurance. Out of town care.

Too much out of pocket.

Working for a non-profit and having to pay out-of-pocket expenses gets outrageous!

Would not cover much of my procedure.

Benefits and Coverage

██████ has never contacted me about a referral just the amount that they won't pay after the fact.

Hard to get benefits. Expensive Deductible.

I applied for my children and was denied and told to apply for SoonerCare. SoonerCare denied me as well. I did this circle 3 times then was told my only option was to terminate and reapply from the start but I can't afford the premium for the month that I won't have coverage so my child just don't have health insurance.

I think vision and dental should be included in the plan.

I went for a mammogram they found a lump and removed it and I had to pay the whole bill because the insurance said it was pre existing.

It does not pay enough.

Not enough coverage and too much deductible.

Very hard for a (illegible) to get prescriptions and treatment.

Customer Service

Complete lack of communication, I was insured a full year before I was even made aware of being insured!

Customer service could use a little work. More knowledgeable and being friendlier would help.

I've been referred by doctor after doctor after doctor since Oct. 2009. Still seeing doctors for same problem to this date I do everything I'm told test after test. I've had MRI numerous, I've had EMG, numerous I've still have to have another EMG scheduled for 9/28/10. I want to know do these doctors care or try or they just want the money?

The insurance company has not paid for the health care services in the last 16 months. They say they are looking at pre-existing stuff and the providers are not getting the information to the insurance co.

Too long to get through, too many options to wait for.

Locating a PCP

Haven't gotten a primary care physician yet.

I live in the middle of nowhere.

It would be nice if you had more doctors in rural areas.

Locating a PCP.

Not many physicians in this area on the plan.

Son is an adult disabled child. You need more information on PCP [who] will service disable people. It took me awhile to find someone for son on SoonerCare. It was difficult to find a provider (PCP) who would take an adult disabled child on SoonerCare. Also, need a referral system.

Referral Process

Getting a referral to a specialist or other healthcare issues is a pain.

I was referred to a female specialist. The doctor wanted to do a ████████ but was denied. My problems have gotten much worse. Due to delay in getting medication refill, I ended up in the emergency room.

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

Pharmacy/prescription drug benefits

All over prescriptions have increased in cost to 15, 35, or 60 depending used to be just 10 for anything generic.

Can't afford prescriptions I'm on or they won't accept the ones I need.

Co pay is too high for certain meds.

My out of pockets expense is a huge deductible!
Plus, my Rx is really limited.

Not enough coverage on meds (name brand) only save me about \$2.

Pharmacy I think you should get more than 50%.

Plan did not cover prescribed medication.

Prescription drug co-pay I feel is too high in cost.

Prescriptions are too high! Also one of the prescriptions I take only allows 100 pills filled and I have to refill every 20 days. I take 5 @ day.

Prescriptions. Still can't afford medicine I need.

Some meds are cheaper by not using the insurance and paying copays.

They don't cover prescription that are 3 month for out of pocket expenses.

The only complaint we have is that the copay for diabetic meds is expensive for us.

We have to pay half of the prescription amount.

Would like more prescriptions to be covered especially birth control.

Appendix B2

IP Member Responses to Question 13:

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

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

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

6. Application and renewal process,
7. Costs and out-of-pocket expenses,
8. Benefits and coverage,
9. Customer service,
10. Locating a PCP,
11. Referral process, and
12. Pharmacy/prescription drug benefits.

Application and Renewal Process

(long letter attached) Renewal process a nightmare...

(The application) took months of rejections.

App is confusing and wish you had an automatic draft or ability to pay online.

Application is a lot of work, worth it in the long run.

Application is not user friendly. We need to be able to talk to a real person. Less choices on the menu.

Application and renewal is too difficult and too often.

Application renewal process not very well organized or time wise planned and correspondence not clear.

Computer renewal very confusing--sometimes takes very long time for customer service on the phone.

Either computer problems, program problems, time limit, over load. I would prefer hard copy sent to my residence 30-60 days before deadline so I could complete and return.

Faxed income in 2 times and they said they did not receive. Sent ph. bill--and papers--that didn't matter, they cancelled me and my son anyway.

Filled out wrong form on computer had to go without coverage for 2 months.

For 3 weeks I didn't get my doctor's prescription. I was accepted for 16 months with OEPIC and then cancelled.

For self-employed people the application process is so far off. Needs to have a better renewal system for self-employed with better instructions!

Going through the regular channels is very frustrating. We however, had help from [REDACTED] who is great. I won't call customer service anymore. The billing system needs improvement, also a way to pay online or over the phone. Customer service reps don't seem to have a clue, which is exhausting when one really needs help. PCP choices are lacking at best--current PCP is a bit of a pill pusher and not a good listener.

Having to reapply every year for me, nothing changes.

How they handle the renewal process especially over the phone. Not very organized when it comes to keeping track of my sent in information. I had to send the same information in numerous times for no reason. It makes no sense to renew application in the middle of the year when you have to use the same exact information as before.

I accidentally chose a PCP for children and was given that choice and I am having a very hard time getting it changed.

I am very thankful for O-EPIC. My husband and I are small business owners and were very discouraged by the cost of medical coverage and quality of care before we found OEPIC. I don't know what we would do without O-EPIC!

I didn't realize I needed to send in income tax papers again when I reapplied and I was terminated from the coverage as of 9/30/10. I would gladly have faxed it again, and it was the same return I had sent when I applied the first time but they are very unforgiving and would not let me send it.

I don't have a computer.

I don't have a computer and the renewal process is like starting all over every year--The same paperwork over and over--you would think that they would have most of the information on file.

I don't like the fact I have to reapply annually. I normally get my taxes prepared in March-April. In order to qualify for this ins. I have to rush things and my accountant to finish early in order to get coverage.

I don't think they are as friendly as they could be. I don't know where the fax machine is but the lady would not check to see if my information I had faxed was there, resulting in my policy being cancelled. It took awhile to be reinstated.

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

I filled out 3 applications complete before I found out none of them worked to apply online. I called, got to the right area, filled it out and it didn't work either. I called again and found out Firefox doesn't work the app.

I found the renewal difficult. Difficult to understand what was needed.

I have applied on line and never received my new paperwork or welcome acceptance letter so I called and got the new ins. amount and mailed it in you guys have cashed by check and then sent me a termination letter because I didn't send in some documents that were requested. I never got the letter, now i have to reapply. This is crap!

I have been declined on my application the last two years. I had to appeal last yr. and will have to this year.

I understand you verify income but every time I re-enroll I need MORE documents!

I was cancelled and had to go about 3 months without insurance before I won an appeal for reinstatement.

I was dropped and had to re-apply because Insure didn't receive financials I sent. Very disturbing with no warning!!

I was late making my payment in august because we are self-employed. I was cancelled, had to reapply, lost 2 months of coverage.

I was terminated without any warning. I was never told that I needed to send them something.

I wished we didn't have to renew every year, it is very nerve racking to see if you are approved again.

I'm self-employed but the application is more designed for employees. My income is based per job not per hour and it varies monthly. This application isn't designed for this.

Initial application was delayed 1 1/2 months, Took intervention of management to initiate my services.

It took a long time to get approved.

It took us 3 applications and another 3-4 times for you to get the application. First, I mailed it then faxed it, then -mails then mailed again.

It was very stressful with I was cut off of my insurance or thought I was.

Long approval process between PA and final approval.

Lost insurance for 3 months because of encoding error. Husband on Aricept for dementia. Had to be off for over 3 months. Went downhill.

Lots of paperwork to send in income tax (all of) too much. Prescriptions--some to expensive.

My application was faxed--they never received it. Took a month to find that out. Renewal had a problem with documenting income, could not speak with person in charge of decision decline.

Never mind.

Not notified when services are denied, not enough time to reapply.

On the application, it requires hourly wages, I am paid by the month and to figure by hour is not correct.

Once I had to renew, it was a long process, I got dropped and had to resend everything before it ever got straightened out--all while I was still paying a monthly premium!

Online application is not designed well for self-employed individuals and have had problems each time.

Paperwork kept getting lost resulting termination and then having to be reinstated. Need a better system for renewals.

Paperwork management when applying for benefits needs work.

Paperwork that was sent in was lost and had to be resent.

The renewal process was a little confusing and we didn't know we needed to send in former taxes and other forms...we were dropped and then had to call and re-apply. It was frustrating and unclear.

Receiving cancellation letters but receiving new member cards/ Receiving letters that I need to pay immediately even though I've paid 3 months ahead.

Renewal always slow. Takes months and always have to call to verify status.

Renewal is a pain needs to be simple process, for a town of 30K need more dr. to choose from. Customer serv is very poor. Need trained better.

Renewal on line very confusing paperwork renewal just takes a while and sending all required documents can be a hassle also, but well worth it!

Renewal process is same as new member process. Should be easier to renew.

Renewal process is too complicated. Should be able to answer "no changes in circumstances" and send in tax forms--instead of figuring hourly wage--I'm contract self-employed not hourly.

Renewal: Every renewal period, if I have a dr. appt a message comes back saying "not eligible during

Appendix B2

IP Member Responses to Question 13:

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

requested dates." I have to call OEPIC and it's always a "computer error." Costs me time and Dr. office time and it's aggravating.

Renewals are a joke. This year we got a termination notice stating we wanted the plan terminated. Why are renewals so difficult? Why do we send money to DALLAS?

Renewing is a pain in itself.

Renewal process, application and processing departments do not seem to communicate!

Self-employed cannot apply with computer. It doesn't take into consideration business expenses. Not sufficient time allowed to re-apply when doing it by paper.

Still haven't received ins. cards or primary care provider.

The application and renewal process are a bit tedious. It would be nice to have an online renewal option.

The application process was not easy and had a lapse in service but they would not tell me why.

The people I talked to gave me different answers to the same question. Took too long to get okayed for coverage.

The renewal process is not very clear on what it is that you want.

The renewal process was very complicated even though I have been with OEPIC for a year.

The renewal process, gathering, copying, sending the many items required was very stressful.

They cancelled my policy because I did not provide a tax return but they never asked me to submit my tax return. They did the same thing to my boyfriend and now he can't get any more blood pressure medicine.

They have terminated us and our son even though we have always paid early. They usually reinstate us. Its like they cannot get their act together at the main office.

They lost my schedule C business expenses and I had to re-mail it. Person I talked to was not knowledgeable.

To complicated-you already have information from a year before.

To get renewed to Insure Oklahoma.

Too many things to list! The renewal is always a problem. Never receiving things I send.

Took several months for renewal, took 6 months to get out of pocket check. Still getting reports saying not getting reimbursement.

Typical government hum-dum and privacy invading paperwork. Thanks Obama.

Very appreciative to have this opportunity with health insurance, thank you.

Very difficult to complete initial application with detailed instructions.

Very personal info requested by mail. Too much paperwork. There should be more PCPs and specialist available with yrs of service.

Was initially on the plan then cancelled due to non-payment. As it turned out the initial paperwork was not due in time for the next billing (2nd month) & we didn't know we missed a payment. The initial setup and paperwork is confusing. This time we know how it works and what to expect.

Was not pleased with customer service because I didn't receive my renewal letter on time, therefore my insurance terminated.

We have experienced several instances of paperwork (i.e. payment, coverage, benefits) mismanagement and incompetence--lost papers, and payments misapplied, etc.

We were cancelled only due to the fact that our dependent daughter is attending college out of state.

We were dropped for two months because of a clerical error. Waited over one year for a referral to rheumatologist.

When app for ins. It took 4 mo (to long). Not many Drs. or specialist in the rural areas (I found a very good Dr) but about 25 miles away.

When you request certain paperwork and the wrong papers are sent to you, better explanation of what you want needs to be sent out. Need quicker coverage when approved shouldn't take 3 months or 6 months to be covered after approved.

Wife excluded by mistake in renewal process. Wife still not insured after multiple phone calls and letters.

Yearly renewal.

Your application process is too complicated. There was no way to contact a real person without going thru too many questions.

Your renewal process is not personal enough. Too many people do not know what the other is doing.

Costs and Out-of-Pocket Expenses

Could only afford the high deductible so having the insurance never seemed to be of benefit.

Appendix B2

IP Member Responses to Question 13:

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

Going by my gross income is ridiculous--that is money that people do not see so why is it relevant? Lower income standards so middle class citizens can have insurance coverage as well because my insurance was terminated I cannot get any form of assistance insurance wise because of a preexisting condition with pre cancerous cells in my cervix. Right before my insurance was terminated I got news that my condition has returned. Now I have to come up with the money to have my procedures done. Unfortunately I don't have the funds for these.

I have very low income so my premium needs to be lower.

I pay more out of pocket expense for prescriptions. I have a large deductible. This is with new Insurance I had to go with. I'm able not to work. I still keep my dr.

Should not have to pay a month in advance!
Foreigner speaking couldn't understand.

The cost was too much with the insurance. I could not afford it.

They were not reasonable at rates for what they offered.

I am a diabetic very obese and I have a heart condition. If I was able to have weight loss surgery I think it would turn my diabetes around and actually save my insurance some money. My cardiologist thinks so too.

I am no longer going to be eligible because I have exhausted my unemployment

I am paying out of pocket for a mammogram 6 mo after another mamo. The dr asked for the 2nd mamo to watch a lump in my breast. By 2nd mamo lump had grown. At over 50, the drop in 'name brand' prescription coverage has hurt financially.

I and many other Oklahomans have allergy issues. I was dismayed to learn almost no testing, treatment, therapy is covered at all even in the cost of chronic sinus infections

And wish O-EPIC offered dental.

I get more than 6 prescriptions a month. I cannot pay for all of them. What I really need you don't pay for. Referrals take more than 2 months to get me where I need to be.

I had an EMSA ride and called before taking it, was told by someone when I called before taking it that it would be covered if doctor thought it was an emergency. Come to find out it is not covered

I just wish for dental coverage. Due to health not able to work full time therefore not able to afford dental care.

I love the program, though I wish it had a dental plan.

I require a stronger more expense medicine for infection, however OEPIC would not approved the medicine without haste.

I was reassigned 3 times before I ever saw a doctor. Actually finally ended up with a nurse practitioner!

I wish it included dental/vision.

I wish they paid for my Alegra for my allergies. Other than that you guys are awesome.

I would like to have optical and dental insurance also.

It needs to cover eyes and ear exams and glasses and hearing aids.

It does not cover physical therapy--I have to pay for it and can't afford the full time. We are trying to avoid surgery, but since I can't get therapy--surgery is the only option then I will need therapy after surgery so I am living in pain.

Benefits and Coverage

A lot for things are not covered, hearing test to hard to find a cardiologist and other specialist

Because they wouldn't refill or even give me what my doc. prescribed several times. I have asthma.

Coverage for fertility help with pills or shots would be nice.

Coverage needs to include dental prescriptions.

Covering only vaginal births to a person who has to have a C-section is awful. Prior auth. For meds and amounts allowable not happy with. Pregnancy policy is horrible.

Does not cover many illnesses.

Doesn't cover a lot of allergy and cough medicines and doesn't rebuild someone's body if a loss happens such as a breast.

Had a colonoscopy in July 2010, have a bill from medical center telling me I owe \$3,688.34 because the insurance will not pay it. I am not working at this time since I am recovering from back surgery. I have no income coming in at this time. I was told by my physician that it was covered.

Hard to get anywhere for physical therapy, prescrip. are sometimes expensive.

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

It's very hard to find a really good doctor when a person is on this type of insurance. You kind of have to take what you can get. Most doctors won't accept this type of insurance.

Just wish there was some kind of coverage for DENTAL and vision.

Limited name brand prescriptions only 2 punches per month with 4 generic punches. The reapplying process should be easier for existing members.

Limited options, better drs don't cover Medicaid.

My Dr. dropped the service because he said was not getting his payment in a timely manner. Very hard to find a good dr. if you have been with one for so long.

My husband was fitted for a brace on his R hand-arm to help heal tendons and avoid surgery hopefully as well to allow him to work. This was not covered so had to borrow money to pay for it.

Need a plan for dental and eyes.

Need dental and vision please!

Need more coverage for example dental care, eye care, walking boots. These things are expensive to pay for.

Need more than 6 prescriptions per month.

Need to have outpatient physical therapy coverage if needed. More providers/specialists. Need more drugs purchases each month.

No dental or vision offered.

Not a lot of physicians on the plan when I took this Ins.

Not enough coverage on hospital visits.

Not enough coverage, application renewal process is confusing and slow, customer service needs improving.

Not much for eyes.

On prescription "6" is not enough for patients with heart condition.

Only 2 brand names per month with 6 total--I have to do a lot of juggling or go without some meds.

Our only issue is we have a dr. the family has used for some time and because he will not accept new patients we cannot use our insurance to see him--HELP!

Out of pocket expenses for a doctor bill that was \$400 and insurance only covered \$100. And it was basic doc. visit--no labs, or x-rays were done.

People that can't or won't help with prescriptions.

Physical therapy is limited to 15 visits a year. I have injured a different part of my body and will run out of visits.

Physical therapy will not take my insurance.

Prescriptions--I can't get my needed migraine medication b/c you the insurer not the doctor believe I'm not suffering enough.

The only complaint so far is that you only allow 15 physical ther benefit--I've used that and still need more.

Then was cancelled because we got 1 over 50. Then finally I got it back when it was raised to 99. Now I have to lose it again because our co. has changed and now we have over 99 employees. In 1 yr. I receive medicare. Why should I be penalized because our co. has 200+ emp. It doesn't make any sense.

Too bad there is no dental or vision coverage

Very hard to get paid the things that the dr. orders because its not authorized-example you only allow 30 of a med per month, but the dr. says the patient needs 2 a day--60 for a month.

Very satisfied although there are some prescriptions that insurance will not pay.

Why is dental or eye insurance not included or offered? Desperately need these.

Will not pay for COPD medications-not getting payments posted correctly.

Would like you to offer benefits to help cover purchase of prescription glasses.

Would be nice to have dental, vision or chiropractic services included. They are very costly.

When called about what to do if you primary care provider wouldn't refer you, they said to call the provider back.

Customer Service

Agents have no options to give people (diabetics/epileptics/heart patients/cancer patients) that have missed a payment. No phone payments such. You get dropped then have no insurance for 3???. Income sensitive means they probably couldn't afford treatment without unusual????

At first the billing was confusing

Can't contact anyone no one answers the phone. Again, can't get any one to answer the phone to change phy. They make you send in multiple copies of the same thing.

Appendix B2

IP Member Responses to Question 13:

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

Customer service is very rude and not helpful at all.

Customer service on phone and website not user friendly.

Customer service is never able to resolve a problem without making 3 or 4 calls.

█ pharmacy have a take it or leave it attitude.

Doctors are totally arrogant also they cost hundreds of dollars more than today clinic \$60. Call Insure OK stay on hold or talk to computer for 3 hours!

Don't like the way the Hotline works.

Don't always get the same answer to questions.

Had to talk with too many people nobody body did what they said needed to be done

I have had only 1 big problem with this insurance. I have been trying to get an MRI authorized for my knee for 2 months now. Ins. company won't tell me much except doctor didn't fill out something correct or a page was out of order. When I call doctor the only way they know there is a problem is by me or calling Ins. co. cause Insurance Company will not let doctor know what is holding up the auth. I guess I am lucky my leg has not fallen off yet...upset.

I needed to talk to a live person not push buttons that did not apply to my question.

Insure Oklahoma does not cover some things covered by private insurance. The billing goes through Medicaid, the clerks know it, and give me strange surprised looks and comments. One instance my wife encountered they asked her insurance, she said "Insure Oklahoma" and another clerk blurted out, "Its Medicaid, she just doesn't admit it". We will be changing back to private insurance next month.

Keep getting a bill where insurance hasn't paid doctor.

One person would tell me one thing. Another gave completely different information. Difficult to know what to do.

PCP made referral for testing MRI & sleep study and now the providers are billing me because they haven't been paid.

Pharm dept inconvenient hrs, not knowledgeable, misinforms me about tier 1, 2, & 3 medications, rude, curt on phone -- tells me one thing, drug store pharm tells me another.

Some customer service reps don't seem to be trained very well. I know some of the answers they give are not correct. Like ER advice.

The only real way to contact Ins. Okla is to start phoning 5 minutes before they open. After that, forget it!

The people at Insure customer service not friendly acts like its a burden to help you that they are better then you.

When calling confusion abounds; someone different says different things concerning coverage, insurability and everything else.

When I called they didn't even have a list of ob/gyn doctors available--I had to fine one on my own by calling around.

With the cost: my first year of payments I would round up to even dollar amount and on my statement it would never show the credit of overpayment.

You need to really work on customer service.

Your customer service are very rude. They put you on hold for a very long time. They are just not very helpful

Locating a PCP

A doctor is hard to find in this area that takes this ins. and taking new patients.

Can't find any local docs on this plan—█.

Choices of doctors—slim.

Do not care for specialists attitude about answering my questions. Did find doctor who was much better than 1st one. With no problem to change doctors.

Don't think physicians who are in the list of PCPs are of the highest quality/qualified.

Finding qualified phys and specialist that will be Insure OK individual coverage.

Had trouble finding one in my area.

Hard to find a doctor in our area.

I wish there were more doctors in my town to choose from.

I would like to use my own doctor and prefer to choose the location of my doctor.

I'm being sent to a specialist who does not accept my insurance and not told this after the fact.

It was hard to find a PCP in my area that was open for new patients. My PCP would not refer me to a OB/GYN as I asked. My PCP had me come in 5 times for the same rash. A waste of my copay and taxpayer money.

Appendix B2

IP Member Responses to Question 13:

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

It's just hard to find a PCP who is not over booked and speaks good English.

Limited number of PCP. Very limited access to PCP -- 1 to 2 weeks wait for appt. 4 to 6 hrs waiting room stay.

My current physician is no longer a provider. We now are only given one choice in [REDACTED].

My doctor is far away and doesn't cover many drugs.

My PCP is 45 mins away. She does not spend time with me., her office is overcrowded. It feels like cattle being run through a chute.

My primary care physician did not accept our ins. with my last approval.

Need more participating drs. Encourage more Dr. to participate--make it easy and beneficial to participate. Include more medications if possible.

Need to be more choices for primary care drs.

No PCPs in my city [REDACTED] referred to one specialist again hard to find--care was very unsatisfactory--just an "in one door and out the other" experience.

No referral to any specialist, primary will not listen to any type of care that might keep you alive.

Not be able to change the primary care physician and not satisfied with the present one.

Not enough choices on doctors.

Not enough choice.

Not enough doctors on the list for my area. Need more doctors to sign up.

Not enough options.

Not enough options for PCP.

Not enough physicians to choose from in our area.

Not many PCP in my area. Would like to be able to choose.

Not very many PCP to choose from, referral process difficult, and time consuming.

Online method is difficult to use.

PCP covered refers us to just another for any problem needed real attention.

PCP: Available PCP are very limited.

PCPs are difficult to deal with customer service is very rude.

The plan I was on before was with my mother while I was in college and the choice of drs. Was much better but my current insurance has lower deductibles which is better.

Used Dr. [REDACTED] for 9 years and he was dropped by your office. I am not happy at all about that. He is the best in [REDACTED].

Very difficult to choose a PCP when you do not know any. I'd rather be able to see who I want and decide from my visit to that doctor.

Wider base of Drs. to choose from needed in [REDACTED].

Why are so few physicians willing to work with Insure Oklahoma?

Wish we had more drs. to pick from in [REDACTED]

Wish [REDACTED] who is my regular PCP was on the list. He's an awesome doctor.

Would like to change drs. but have to stay with only 1 doctor.

Referrals

Benefits & Coverage: needing coverage on [REDACTED]

Dr. office would not refer when they couldn't see me.

Had to go to [REDACTED] for specialist because no ENT in [REDACTED] does OEPIC. Wished more doctors participated.

Hard to find specialist

Have not been able to see specialist for 6 months

I had a difficult time getting a referral to two specialists recently. My PCP drug his feet and I was very ill.

I have been waiting for 1 1/2 months for a referral to see a specialist. I have OEPIC individual plan. This is non-sense. Something should be done regarding this process.

I have waited for 2 months for a GYN referral

I need catarack removed, surgeon unknown, only 1 eye, risk outweighs benefits. Some med not available.

I need my bladder lifted. I'm having colon problems and Dr. [REDACTED] doesn't do those kind of surgerys but he hasn't referred me either.

I've been trying to get a specialist for my back cause I get migraines and have severe back pain. Need an MRI on back.

Looking for a specialist that I need in Oklahoma that takes this insurance is very hard. May have to go out of Oklahoma and they won't take my insurance I'm screwed.

Appendix B2

IP Member Responses to Question 13:

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

Many specialists won't accept Medicaid -- couldn't get referrals to dermatologist, ophthalmologist or rheumatologist.

My doctor doesn't refer patients to specialist unless he feels its dire.

No dermatologist or pulmonologist within 100 miles of me.

No referral for OB/GYN yearly exam. This is a necessity.

PPO takes 4 to 10 weeks to do a referral. Also takes that long to send medical records. Referral person never available and does not return calls.

Referral to specialist: over 3 hr drive to find one that took my ins.

Referral: It took weeks to get the referral done and I believe I have to go through it again each year. Rx: I've had to cut out 2 prescriptions because there is no generic.

Seems like a lot of Drs. don't want OEPIC insured people--sometimes hard to find specialist who takes OEPIC.

Seems to be hard to see a specialist.

Sometimes took too long, 8 months on one (referral specialist). Sometimes not deemed necessary by insurance.

The doctor I see will not refer me out to an OB/GYN for my yearly pap or mammogram or to a back specialist. I have bulging disc.

Unable to get into see a specialist in a reasonable amount of time (1 year out) based solely on my insurance. They only accept 1 per month.

Using [REDACTED] takes too long to get a referral.

Whenever called about a procedure, they always asked for a code # which I never knew.

You do not have enough physicians on this plan, especially dermatologists. Takes way to long for a referral to turn into appt and appt is months away.

Don't like limit on Rx's per month. Don't like no ambulance coverage.

Drug benefits won't cover the drugs my Dr. deems necessary for my health situation.

I could not get allergy meds.

I have to take Soma for a neck and hip injury when I fell off roof. Y'all don't want to pay for it.

I need more than 6 prescriptions a month, so I end up paying out of pocket for some.

It doesn't cover some of the prescriptions that my doctor wants me to take.

It is a hassle to get name brand Rx meds instead of brand name when your phy. tells you to take brand name.

Meds Dr. feels I need are not covered. Monthly copay over \$100 and to be rejected on some procedures and medicins and I'm treaded like a medicade patient that pay's nothing.

Most of the Rx's my Dr. prescribed aren't covered.

My old plan was very expensive and I had a lot of out of pocket expense. They took way too much out of my check each week and didn't cover nearly what OEPIC does. My doctors write a whole bunch of prescriptions I'm not able to fill. Last time I went to Dr. [REDACTED] they gave me 8 or 9. I only got 6 and I need to go back and switch some stuff around. Just have them call and see what all can get.

Need to cover more regular meds not generic.

Not enough insurance for medical pills.

Only allowed so many prescriptions a month, have to choose.

Pharmacy could be better but I can't complain.

Rx: There should be no limit on the # of scripts OEPIC will cover in a 30 days period.

Some medications won't be refilled on time.

Some prescription I take they will not pay for because I am over 18. I don't feel age should make a difference, because I pay for the insurance. I'm not getting it FREE.

Sometimes I need more than 6 prescriptions per month and OEPIC will only cover 6 per month.

Sometimes prescription drug needed for my health has been denied.

The only thing I have a problem with is the number of prescriptions allowed per month. Not enough.

They never ok the prescriptions that work for me. I follow the rules but they don't let me have them or

Pharmacy/Prescription Drug Benefits

Does not cover all prescriptions I need so I do without.

Doesn't cover enough scripts and some doesn't cover at all except generic. Only 3 drs. In whole town that takes ins. card and one dr not accept new patients.

Doesn't cover much choice of Meds, but it still okay.

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

they stop letting me get the ones that I use that help me.

We have had problems getting some of the medications we need due to approvals. We have had to continue treatments that are not working well and some that are making us sick. It needs improvement. I understand that cost is a concern.

Appendix B3

ESI Member Additional Comments (Survey Question 14)

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

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

Thankful/satisfied

Have not had to call customer service/have not needed any lab work or physical therapy either yet. But I'm very thankful for Insure Oklahoma has helped a bunch. Thanks.

HMO plan works great for our business

I am very excited to have such good insurance.

I am very much satisfied with my current health insurance.

I am very satisfied with OEPIC.

I am very thankful for Insure Oklahoma. It helps me out a lot. Thank you.

I cannot express how pleased I am to have Insure Oklahoma. Don't know what I would do without it. Thank you.

I think [REDACTED] is an excellent insure company.

I'm just thankful I finally have insurance. I can finally afford it. Thank you!

Insure Oklahoma is great. No problems.

It has helped me a lot, Affordability, Thank you Satisfied.

Thank you!

The health ins. I had right before Insure OK got so expensive that I was having to drop it the month I got Insure OK - it's a Godsend and I feel its saving my life! Thanks.

The savings I get having Insure OK is really nice.

This is a great thing.

This really helps us a lot.

Very pleased to have this insurance. Otherwise we would probably not be able to afford ins.

Very satisfied.

Administrative problems/suggestions

I am the administrator for our I.O. group nearly every time I call you all I speak with someone young and disrespectful.

I have been very satisfied w/ insurance plan & company yet very unsatisfied with Insure Oklahoma program.

I never received their benefits and providers booklet.

I was even sent a letter saying I was not eligible because I failed to submit proper documentation. Yet 6 mos. Later I received an insurance card in the mail.

I'm a single parent and my child does not qualify for OEPIC. I don't understand how I qualify and she does not?

I'm not exactly sure what all my plan covers and such and don't have internet to look it up, a booklet would be help to understand my policy and coverage.

Lost job. Left contact info.

Need a book on your policy not enough information.

Benefit problems/suggestions

And they don't pay for prescriptions that insurance does not cover that we pay out of pocket.

Competitive group coverage other than [REDACTED], might want to investigate to get best return on money invested, total premiums seem high.

Dental plan needed.

Even though I have this insurance program, I still can not afford it (expensive).

Everything okay. Okay sense I don't really don't have a choice financially.

Excellent but expensive.

Families to pay the additional costs. I agree that medical costs are too high.

I feel that with [REDACTED] as primary and another ins as secondary my out of pocket should be lower. Jan 2010 to now I owe \$5,000 out of pocket. My [REDACTED] prem. are \$1062 per month!

I just wish it provided more than 80% coverage.

I think it is wrong not to cover exploratory tests. I would rather the doctors look for the answer than just let you die if it's not apparent.

I wish a dental plan could be included.

I wish good eye and dental ins. was included.

Appendix B3

ESI Member Additional Comments (Survey Question 14)

I would like to have optical insurance also. Having insurance again is great, NO!, it's wonderful and affordable. Thank you Oklahoma!

I'm not sure I understand the pharmacy/prescription drug benefits. Some drugs are cheap others are sky high. (ex: Advair).

Information on out of pocket expenses like special test, lab work, scans and x-ray not covered.

It would be nice to have a dental plan!!

It would be nice to raise the yearly income for those families still living under 1 income. I have no debt and it is still hard to make bills using a Dave Ramsey budget and I am right on the border of not being able to get Insure Oklahoma.

Lower medication cost.

Needs to include more reasonably priced eye and dental plan,. \$30 copay is kinda high, should be \$10 or \$15 at most.

OEPIK needs to lower the income guidelines so children can be insured w/out having to choose SoonerCare!

The expense is too much to end up having to make medical payments after the fact. Medical is expensive. Its easier to suffer or die. No longer insured.

They pay benefits very well.

Too large deductible--██████████ :(

Very satisfied with insurance with exception of...would like to see better mental health benefits.

We are changing to ██████ on Oct. 1.

Why is office visit different from primary to refer dr?

You should have dental coverage since poor teeth can be the cause of many major health problems.

Appendix B4

IP Member Additional Comments (Survey Question 14)

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

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

Thankful/satisfied

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

All other plans turned me down due to Preexisting condition, but Insure Okla. Gave me insurance when no one else would.

Although we are self-employed, I don't mind paying an insurance premium if its reasonable and affordable. OEPIC is and we are thankful to our state for its availability.

Am very proud this was done before not able to afford health ins and have lots of medical issues!

Aside from renewal, the plan has been a life saver for my wife and I.

Believe me you are an answer to our prayers.

Best coverage I ever had.

Blessed to have Insure Okla. Thank you so much.

Don't know what I would of done without it.

Everything OK. I'm lucky to have it.

Extremely thankful for Insure Oklahoma.

Feel very blessed to have this insurance. It is an answer to prayer. Thank you.

Glad there is health care available to me at a very reasonable cost.

God bless OEPIC.

Great Insurance For Low Income Okmans/could Raise Income level higher. Thank you.

Great insurance.

Great plan.

Great plan, glad to have it. Thanks.

Great program.

Has been a blessing. Without this coverage I could not afford my medication or see a Dr.

Have not used it yet not until October 1, 2010 but I am sure I will be very happy with it.

How could anyone complain? Its great.

I am amazed at how well I am treated every time I call and it is appreciated. Thank you! I don't know what I would do without your help.

I am extremely happy with Insure Oklahoma. It is excellent benefit at affordable premiums.

I am glad to have insurance for my wife and I. Our lives would be very difficult without it.

I am grateful to finally have access to health care.

I am happy with this plan.

I am on unemployment right now and Insure OK has been a life saver.

I am so appreciative of this program. Before this I could not have afforded the screenings that I need as I get older. Thanks!

I am so glad I have insurance. This one is very good and affordable.

I am so glad I have the Insure Oklahoma. Its great for me.

I am so glad that this insurance is here for me.

I am so grateful to have this insurance. I have peace of mind and worry less. My income is low. I couldn't have done it on my own. Thank you!!

I am so pleased with the plan. It has been a life saver for me.

I am so thankful for OEPIC Insurance, without it, my health would be a lot different.

I am so thankful for O-EPIC my health had been neglected for 16 years.

I am still glad to be able to afford insurance finally. ██████████ has been the saving grace of OEPIC from our perspective.

I am thankful for O-EPIC. It's a great program.

I am thankful for this Insurance.

I am thankful to whatever it covers. Presently lot better then not having coverage at all.

I am very happy to have Insure OK and I am glad you are here for us.

I am very happy with my insurance plan! Thank you.

I am very pleased & grateful for my current health ins. plan. Thanks.

I am very pleased with it all and no complaints at all.

I am very satisfied with all services this company has provided for me. I don't know what I would do without it!

I am very satisfied with O-EPIC all we have.

I am very satisfied with this insurance.

Appendix B4

IP Member Additional Comments (Survey Question 14)

I am very satisfied with this insurance. I've told many people about it. Thank you so much!!!! Customer service is always helpful and kind as well.

I am very thankful for this program as we couldn't afford insurance otherwise.

I am very thankful to have this insurance.

I am just so very thankful to have coverage. I am 50 years old and have needed insurance for so long. I wish it were easier to access other doctors, like a PPO plan, but I'm certainly not complaining. Thank you so much for my coverage. I found out that my dizzy spells were panic attacks and am taking care of other health issues that needed attention for so long. God bless you. Keep up the great work & good customer service.

I appreciate a program like this very much. I work at a dental office with no benefits and I can rest assured that my health care needs will be taken care of by OEPIC. I work hard but cannot afford private insurance, so this public program is perfect.

I appreciate all.

I appreciate O-Epic ins. so much!!! I am 52 with a preexisting condition and low income--this was my only hope for insurance. The premium is so affordable with wonderful benefits. Oklahoma needs this!

I appreciate very much having this insurance. I have low income and I needed this badly. Thank you.

I do appreciate the help I get.

I feel very blessed to have health insurance that I can afford.

I feel very fortunate to even have insurance. My overall experience has been *GOOD!* Thank you!

I have had no problems since I have been with Insure Oklahoma, they are very efficient.

I have been 100% pleased with all aspects of Insure Oklahoma. Thank you.

I have been very satisfied in every aspect of this insurance.

I have been very satisfied with the plan. I am thankful to have the coverage.

I have not been with (1-month) Insure Okla long enough to make a more positive and informed evaluation.

I have recommended this plan to others who are searching for individual insurance coverage.

I have the best!

I love my insurance and thank God every day I have it!

I love my PCP and this coverage has been a blessing.

I love this health insurance plan.

I love this insurance and I don't know what I would do without it. Thank you!

I really appreciate having this insurance. Takes the stress away knowing that I have insurance.

I really like the Dr. and the staff.

I so appreciate this medical coverage. Everyone in the program has been more than helpful. Thank you.

I think there should be more consideration before cancelling coverage when there are circumstances beyond control.

I think this is a great service and more people should be able to get it even if they have a premium like I do. Its cheaper than other insurance.

I want to thank you so much for providing this coverage. It is so nice to finally have insurance, thank you again.

I was so thankful to finally have ins.

I wish all health care insurance was as good as OEPIC and as affordable as OEPIC. I am very grateful for my OEPIC ins. Thank you very much.

If it wasn't for Insure Okla I would not have Insurance.

If it wasn't for your health plan and price, I wouldn't be able to afford insurance with my small income, thank you.

If it were not for O-EPIC I would not be able to have insurance.

If not for this health insurance plan my family would not be able to afford health insurance. Thank you.

I'm 60 years old and have never had better service or coverage. GOOD for OHCA!

I'm extremely satisfied with my Insure OK plan.

I'm glad I have it!

I'm grateful to have Insure Okla. My employer does not provide ins. and I couldn't afford other plans.

I'm happy with everything except my PCP.

I'm really happy to have coverage since my employee offers -0- benefits :(! Thank you.

I'm so glad I can afford this I really can't believe its so good. Thanks so much!

I'm so glad to have health insurance finally.

I'm thankful for this insurance.

I'm turning 65 and I have to get on Medicare, I would prefer to stay on this plan.

I'm very grateful to have this insurance. When I lost my job and insurance, I was devastated. I couldn't afford insurance privately and when I did get another

Appendix B4

IP Member Additional Comments (Survey Question 14)

job it didn't offer insurance. I am very grateful for this plan, it allows me and my wife the opportunity to stay on our meds that we need each month to live.

I'm very happy I have this insurance. I hope to have this insurance a long time. Thank you Insure OK.

I'm very happy with services I have. Good Work!

I'm very pleased and hope to always have this available to me.

In general, myself and my husband are very grateful to have insurance-we went for 9 years without which over the years has created health issues. When you have no insurance you don't go for yearly exams or go unless its serious.

Insure Oklahoma is a good source of insurance for people who can't afford insurance that have been denied by DHS.

Insure Oklahoma is Great!

Insure Oklahoma is wonderful!

Insure Oklahoma--very satisfied. I'm receiving new income that would disqualify me on Annual earnings. Needed other Ins. since I wanted to be able not to work.

It has been a God send. Before I found it I had none. No way to afford.

It has been a life saver because when I was uninsured, I just had to suffer because of my low income status and couldn't afford premiums or doctors.

It is a blessing.

It is great to have in case I need it.

It's a lot more for catastrophic than helping with cancers.

Its been good insurance, thanks!

Its keeping me alive. Thank you very much.

It's nice to know I can rely on this insurance just in case!

Keep up the good work!

Keep up the good work. :-)

Life saving operation. Thank you very much!

Love my services. Thank you for Insurance!

Love this insurance!

low costs and very good on services.

Mostly its an answer to prayer until I get a job with benefits.

Must have at this time--without would be economic failure--thank you for being there!!

Never had health care insurance before now.

No problems.

OEPIC is literally a life saver for us. I received a heart stent that saved my life and without OEPIC I would be dead. Thank you so much for this insurance!

Other than paperwork we really appreciate this insurance!

Other than renewal process, very satisfied.

Other than the application problems, I am very very satisfied. I am very thankful for your services. I just commented on question 6 so you would know I am not mad at all. Thank you.

Otherwise pleased.

Otherwise, OK.

Our other health insurance had gotten to over \$900 a month. We couldn't afford it anymore and had to pay premiums with our savings. OEPIC has been an answer to our prayers. All 3 of us had to have surgery last year. They paid so much more than any other insurance we've ever had. We are so thankful for OEPIC insurance.

Overall best health insurance I've EVER had. Wish I could Keep it. :-)

Overall I am satisfied with this health plan.

Overall very happy with basic plan for dr & pharmacy.

Phone calls have long wait but help center is always polite and professional.

Please keep program going; very satisfied with coverage. Thanks.

Price is great.

Satisfied with CS on my renewal for all the extra care.

Thank God for this plan. I would not have coverage without them.

Thank you

Thank you

Thank you for insure Oklahoma!

Thank you for putting this plan into action, it has helped us in many ways.

Thank you for the insurance.

Thank you for this insurance it's the ONLY affordable ins. my family can afford. Only thing I wish is you would make it available for my kids.

Thank you I am glad I can get Insur. It has helped so very much. Thank you.

Thank you OHCA--This insurance has been a God send for me!

Appendix B4

IP Member Additional Comments (Survey Question 14)

Thank you so much for this insurance. I could not be covered because I am a diabetic and the cost was over \$800 a month. It is nice being able to go to the hospital or dr. Thank you. Thank you. Thank you.

Thank you so much for this plan!

Thank you so much you'll are wonderful :)

Thank you this is needed very much.

Thank you!

Thank you!

Thank you!

Thank you! Without OEPIK my husband and I would be without insurance.

Thank you! You've made a BIG difference in my health/life.

Thank you.

Thank you. Could not have coverage without this!

Thankful to have coverage. I am going bankrupt from previous bills of hospitals. Thanks again.

Thanks and God Bless!

Thanks!! Excellent Services!

Thanx!!

The best I've ever had!

The cost is very helpful. Thank you!!

The helpful people on the helpline have been very courteous and encouraging. Thank you.

The ins itself is great but the process of getting it takes a long time. The people on the phone lines are very helpful.

The O-EPIC Plan has been a major blessing to me! Don't know what I'd do if it wasn't available!

The plan is okay. However, please don't raise the monthly premiums. Thank you.

The value of this coverage has been immeasurable. I do wish that more physicians in OK participated the ones that had been our care-providers prior to our loss of/change of previous corporate insurance.

Thinking of some concerns and how to write about them. Thank you.

This insurance has been a God sent gift for me and my son.

This insurance has been a life saver for me.

This insurance has saved my Family.

This is a great health plan. Couldn't be happier with it since I have ongoing health problems.

This is a life saver. Our old plan covered only major medical and had a high deductible AND we had

problems paying the premium. When they raised the premium again we were going to be uninsured.

This is a wonderful program. I have gotten services here that I could not of afforded otherwise.

This is great I don't know what I would do without it. Thank u. [REDACTED]-I love this O-EPIC.

This is the best insurance for poor uninsured people.

This is the only Insurance I can get. I have been turned down by two other companies.

This plan has been the best thing that I could hope for. I could not afford medical treatment before. Thank you for making it available to me.

This plan is a life saver for me. Without it I wouldn't have any insurance!

This plan is a life saver. If more could have it, it would be great. The federal govt should look at O-EPIC as a guideline for national health care.

This program is one of the few things in OK that I am happy with now, if our legislators could do something for our public schools, there would be 3 things (no other writing on back of survey).

This program is the best thing to happen for my family in years. Thank you & God bless.

Truly grateful to have this insurance. We have never been able to afford any before this.

Used only for dr visit lab, pharmacy no hospital. Had 1 year, didn't quality the next and then hard the 17 months. Had [REDACTED] 3 months prior to that. Has been a very good insurance for me.

Very affordable insurance.

Very good services. Thank you!!!

Very good.

Very grateful for O-EPIC!

Very happy with this insurance and very grateful to have it.

Very happy!

Very pleased to have this insur.-- prescription prices an co-pays are very affordable! Don't know how I'd make it without it! Thanks!

Very pleased w/the insurance co. so late in life.

Very satisfied

Very satisfied

Very satisfied with everything at this time. Thank you. Everything fine at this time.

Very satisfied, thank you O-EPIC!

Very thankful to have this insurance.

Appendix B4

IP Member Additional Comments (Survey Question 14)

We are grateful for OEPIC and are pleased with the care and coverage we receive. Thank you!

We are so appreciative of the OHCA plan. We simply can't say enough good things about this service. We would have not healthcare without it.

We are very grateful to Insure Oklahoma/ O-EPIC. If not for you, we could not afford insurance.

We are very thankful for this insurance.

We couldn't afford health insurance til Insure Okla came along.

We have been very grateful to have our insurance, we are overall very happy.

We have been very happy with the health insurance plan.

We never could afford Ins before even if premium went up. I would rather pay higher than lose it. This is very reasonable. Our son just turned 20 and he has had the Ins for 1 years. When he apply Sept 10 they denied him. He was under the income by \$1000? He had only used ins for 2 office visits.

We paid out of pocket ins. before. It was very difficult and very expensive with very little coverage.

Without O-EPIC I would be an invalid. It has been a God send for me. Thank you Oklahoma.

Without O-Epic, I would not have any health ins. I would like to thank you, for your help.

Without this plan I couldn't afford health insurance--thank you for this program.

Before cancelling people, they need to double check and get their facts together. The bottom line is that it seems to be run like a gov. agency--not accurately. PS, the insurance itself has been a blessing to our family.

Billing 2 months in advance seems unnecessary.

Billing is too far in advance and complicated to understand.

Can't change any personal information through customer service.

Hard to keep up with payments getting statements for months in advance I have been terminated before and you had the payment. Just had not been applied to my account.

I am a 58 year old woman that takes care of son-disabled and help with my grandson and the primary doctors will not listen to me or send me to a specialist that I need to keep me healthy.

I can't understand form sent to verify prescriptions because it always seem more than I got but then ya'll say don't worry about it.

I didn't like having my insurance cancelled because we made \$300.00 too much, but if my wife weren't disabled we could have made more.

I don't feel I should fill out all the paperwork for renewal. It should just be the pay area.

I don't like to have to re-apply every year.

I found the application on line a little confusing. Had to call and ask for help.

I had to mail and fax several times starting 3/28/10. Finally 7/10 someone input into system. Now I have to go to 11/10 with not insurance.

I think Insure Oklahoma should cover pap-smear and some dental health.

I think it should cover ambulance services for adults, especially if it's a "life-threatening" situation.

I think there should be different cards or ways of them processing insurance because I don't like being treated like welfare trash, getting everything FREE, When I'm paying monthly for my insurance. Plus I pay co-pay for my meds. And only get a 6 month. And I have a co-pay for office visits.

I wish I knew something about the dr. I was assigned. Like-is it a man or woman and do they speak understandable english. I've had these problems before.

I would like an ACH or Automatic Debit option instead of mailing in a check.

If was never asked for anything. Not I will have to try to get it back.

Administrative problems/suggestions

A dr. named [REDACTED] told my friends that all the doctors hated the patients at the [REDACTED] clinic in [REDACTED] because we were poor, noncompliant and dirty.

After a back injury, I was referred to a doctor that never called to set up appt. When I called to make appt. myself a snotty little receptionist told me they didn't accept welfare cases. Please slap her for me!

All up to date drug formulary is needed on line to inform members of what is covered.

Antiquated--nothing can be done electronically. Renewal--treated like not in system previous year; have to resubmit almost everything. Too bureaucratic.

Asked for name change on card for provider and still have not received it.

Auto draft from a checking or savings account would be a nice option for payment. Yearly renewal is an inconvenience. 3 year sign up would be better.

Appendix B4

IP Member Additional Comments (Survey Question 14)

Increase hours or improve website.

Insurance cancelled due to office not doing things correct. Had to reapply and had no insurance for 5 months. Not happy. All forms were mailed certified mail. Re-apply. I was satisfied just had to wait 2 months.

It is extremely difficult to renew each year. Could you make it easier?

It takes too long for a renewal, after it has lapsed, and you are already a member.

It would be a lot easier for me if I could pay online.

It would be nice if you could auto debit payments.

It would be nice to have automatic billing to prevent late payments.

It's never a good practice to drop clients because they did not mail a premium on time and not have any recourse such as payment by phone or automatic check draft. The wait time to be recertified is 3 months -- that's 3 months???

Long holds when calling help lines/automated service.

Made 2 payments have not received card to start service.

Maybe they could send out a renewal application instead of a letter telling you to renew. How? With what? No computer!

My medical questions and concerns were dismissed by the N.P. so I still have some problems. Sent for x-rays that were extensive and not necessary but recommended by NP.

Need better communication between health plan office and applicants. I finally got my problem resolved, but I had to fight to speak to the person I needed and it was very difficult and stressful process.

Need to be able to reach pay center in Dallas to pay over the phone.

OEPIC has been wonderful except when they scare me with cancellation letters because of some mistake they made.

On the renewal not sure why you have to wait 2 months before it picks back up.

Only 1 time I called and the person who answered was not very helpful.

Referrals for tests can take 2-3 wks for approvals.

Renewal process not stressed enough. Should receive 2 notices before cancellation.

Some customer serv. are real nice and most are hateful. Need to get a new attitude.

The biggest problem I have with Insure OK is getting through to the customer help line.

The health care provider does not seem to want to find out what is wrong.

The people that assist your need more training.

The reapplying.

There is very few PCPs in the area.

They dropped my wife off coverage because we checked one question wrong--3 months getting her back on!!!

Think the process for re-application is not cost efficient and wasteful. This it could be improved on. But am very happy with the coverage and the cost.

Think you should raise the allowable income level for those with multiple dependents.

Very happy with ins. renewal could be done easier.

We appreciate the opportunity for the insurance but just very unimpressed with the paperwork and set up portion.

We are grateful for this opportunity but have found inconsistencies in the program. Great difficulty in obtaining routine counseling services, rejected coverage for doctor-recommended procedures. WE also worry about our lack of coverage for out of state travel and found no resolution for this concern.

We should not have to start over. Our application should be on file and up to date.

Website for renewal is too complicated.

When my husband turned 65, I was cancelled too and my app. to be reinstated has not been processed yet.

Would be nice to have a call in payment center.

Would like to have other options for payment, ie: online payment, autodraft, payment by phone.

Would like to receive my members handguide.

Would love to have premiums automatically deducted from checking so there is not risk of losing coverage. This plan has been a God send.

You could help "mac" users apply online. Thanks. I wish you had Dental and Vision for Individual Plan.

Your phone computer is a total waste of time. It has never helped me at all. The real people are very nice and helpful when I finally get to talk to them.

Benefit problems/suggestions

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

Appendix B4

IP Member Additional Comments (Survey Question 14)

6 prescriptions a month at my age-not enough.

At this time, I will just need a denial letter if you will not continue to cover my physical therapy for a broken ankle.

Basic dental and vision coverage would be of great benefit. Re: cleanings and eye exams as a preventive measure.

Being able to only have 6 prescriptions when you might get sick with something else then not be covered.

Cannot believe a \$2,000 C-section isn't covered but abdominal surgery and \$30,000 and in hospital stay and meds is.

Comment only regarding question. The limitation of how many prescriptions makes it difficult to get all medications needed at an affordable price.

Cover more stuff.

Dear O-EPIC, I have been unemployed for quite some time awaiting the "disability nightmare" to end so I can get some bills caught up and live again. Thank you for helping me with such affordable prices and thank the Lord Jesus for friends helping me through this hard time of my life. I can usually money for my monthly and co-pays from them and feel OK. They think my Pain Management isn't covered. I wish it was.

Dental and Eye? Will you ever have this!

Dental care is very important to overall health. I would be nice for teeth cleanings to be covered.

Do you have a dental plan?

Does not cover diabetic supplies.

I at this time do not know what the insurance will cover or if they paid on any of my charges other than the prescriptions B.J.

I don't know what to do about the surgeries I need if Dr. [REDACTED] can't help me.

I have an unresolved skin condition

I have been very satisfied but my husband has been waiting a year almost a year for an MRI appt for his shoulder. His name is [REDACTED]

I just wish vision would be part of this plan.

I love the plan but I wish it covered chiropractor visits.

I received bills for large sums of money when I went to ER

I wish I could find a doctor who would treat me, instead of ignore my symptoms.

I wish it covered more stuff not so much out of pocket expense.

I wish it had some sort of vision or dental coverage.

I wish that Insure Oklahoma would cover physical therapy more lab work plus have more MD providers not just doctors--dermatologist, etc.

I wish there was more doctors in [REDACTED] to chose from.

I wish there were options for self-employed. Right now Medicaid is all that is available for me. I wouldn't mind paying more and getting something like Sooner Care or Medicare type insurance or something else.

I would like eye care and dental.

I would like to see more coverage, like a dental plan.

I would love to have dental and vision options.

I would welcome coverage for minor children in the near future, and dental coverage if at all possible.

If I could afford it, I would get different insurance.

If it would cover weight loss surgery and cover more brand prescriptions. Thank you!

If possible, to add [REDACTED] to the program would be great.

I'm grateful to have the insurance, it's a little difficult to find the right doctor that takes this insurance-a lot of them won't. Can you all send me a list of pain specialists?

Impossible to get Doctor PCP visit. 1-2 month to see new doctor. In line all day. Today clinic immediate service any time. Today clinic cheaper than PCP, you can see them all hours 7 days a week also friendly attitude.

It would be nice if there was dental care included.

Its great but that part about not giving me the medicine I needed but do you really care? NO

Just FYI, my migraines are the most intense--I see spots, 1/2 body goes numb, cannot speak, vomit, but I guess that's not intense.

Maybe Drs are charging to much to ins. co.

More options for PCP.

My OEPIC will end at the end of this month as I didn't submit unemployment amount-can't reapply for another month. OEPIC really great insurance.

My premiums doubled the 2nd year.

My wife works for [REDACTED] only part time. Your rules deny her health insurance becuz she can buy it from [REDACTED]. The cheapest plan could cost over \$200 a month with a \$5,000 deductible that she cannot afford so she goes without medical. We only make \$25K a year together a family of 5. HELP MY WIFE.

Appendix B4

IP Member Additional Comments (Survey Question 14)

MODIFY YOUR RULES SO MY WIFE CAN HAVE MEDICAL TOO.

Need dental.

Need dental coverage too.

Need lower monthly payments

Need more mental health services options and weight loss coverage.

Need more PCP in this town. Add-Dental & Vision & chiropractice coverage.

Need surgery lap band surgery would save money being spent on high blood pressure, heart, etc. (not covered) Help!

No foot dr. in my home town. Have to go to another county 50 miles away.

No word back if your new meds will clear or not. You may wait one day or one month.

Not enough doctors to choose from in our city that are listed on this insurance.

Not pleased with pap smears not being covered. CPAP supplies restriction makes life difficult. Should be able to order at least twice a year.

OEPIC Individual does not have many providers to choose from.

Only cover generic brands.

Preventive Care? Mammogram. Do you cover for women?

Some medications it does not cover, I don't understand.

Some medicines I take are not included in your plan. I need it for my asthma and COPD (Advair).

Some people need certain brand name prescpts. O-EPIC won't ok for them so they stay sick.

Sometimes you have to wait to see the physician; or you can't get in if you are sick because the phone is busy and they book up quickly, and you have to call the same day.

The stringent yearly renewal could be streamlined. Possibly a different process for existing customers. Everyone is treated and must complete application as though have never been insured in the program.

There should be no \$\$ amount that you can use per mouth (month?).

Very few doctors will accept O-EPIC and even fewer are good ones! I finally found a very good PCP.

Very happy just wish dental and vision were included. Thank you.

Very pleased there is a health care for self-employed at an affordable rate. Just needs to incorporate dental in some way.

We feel that at least some coverage for dental expenses would be helpful because dental health affects our physical health.

We need more coverage like vision and physical therapy.

When we were treated with a condition we thought was covered it was always denied.

Whenever I had to have physical therapy, it was not covered but 12 sessions and Dr. wanted me to have more.

Why isn't there an office where people could come in and talk to a person face to face to get problems solved. Why not make this insurance available to all people according to their income? The more one makes the more they pay.

Wish dental and vision coverage was offered.

Wish it could cover dental and vision services.

Wish my old doctor was available.

Wish there was coverage for children. The income guidelines for O-EPIC are far different than SoonerCare. I think its crazy to cover adults and not children.

Wish there were dental benefits.

Wish we could have dental with this ins.

Wish you had dental & vision coverage

Wish it covered chiropractic and dental benefits.

With working part-time with no other benefits, I don't have eye insurance and don't qualify for it and with having to wear glasses I can't go and annual eye exam.

Would like it if my children could get on the same plan as I am.

Would like to ee out-patient physical therapy as a covered benefit - copay...renewal process as not good first year. Improvements noted. Thank you.

Would like to have option of patient pay dental insurance.

Would like to see Dental added.

Would love to see dental and vision coverage in the future!

Would probably be cheaper to have a doctor that does own work instead of insurance comp. paying for specialists.

Appendix C
Biographical Sketches of Project Faculty and Staff

Jim Cacy, Ph.D.

Clinical Associate Professor and Director, Primary Care Health Policy Division

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

Laine H. McCarthy, MLIS

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

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

During her tenure with the University, Professor McCarthy has been the recipient of several education and training grants including two grants from the Bureau of Health Professions, Health Research and Services Administration (HRSA), US Department of Health and Human Services. The first grant was awarded in 1992 (\$320,000) to establish a library in the Department of Family & Preventive Medicine, and develop and implement a residency curriculum in evidence-based medicine. The second grant, awarded in 1998 (\$500,000), established a faculty information technology training program for in-house and community physicians. She has presented the results of these grant programs in several national forums including the Society of Teachers of Family Medicine and the American Academy of Family Physicians. Professor McCarthy is also the author of numerous manuscripts and books on a variety of topics including primary prevention of microalbuminuria (published in the Journal of Family Practice), writing case reports, medical terminology and evidence-based medicine. She has participated in the design and conduct of numerous successful research projects for the Oklahoma Health Care Authority. Professor McCarthy continues to be involved in department wide resident education and research. She is co-coordinator of the residency training program's ClinIQ program, which teaches answering clinical questions, research and authorship skills. She is also involved in several on-going research projects including a systematic review of the literature surrounding the issue of night sweats in primary care. Professor McCarthy currently serves as writer and data analyst for the Division of Primary Care Health Policy.

Appendix C
Biographical Sketches of Project Faculty and Staff

Sarah D. Coleman

Health Policy Research Coordinator, Primary Care Health Policy Division

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

Susan M. Hall, MSM

Outreach Liaison, Primary Care Health Policy Division

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

Denise M. Brown

Senior Administrative Manager, Department of Family & Preventive Medicine

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

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.