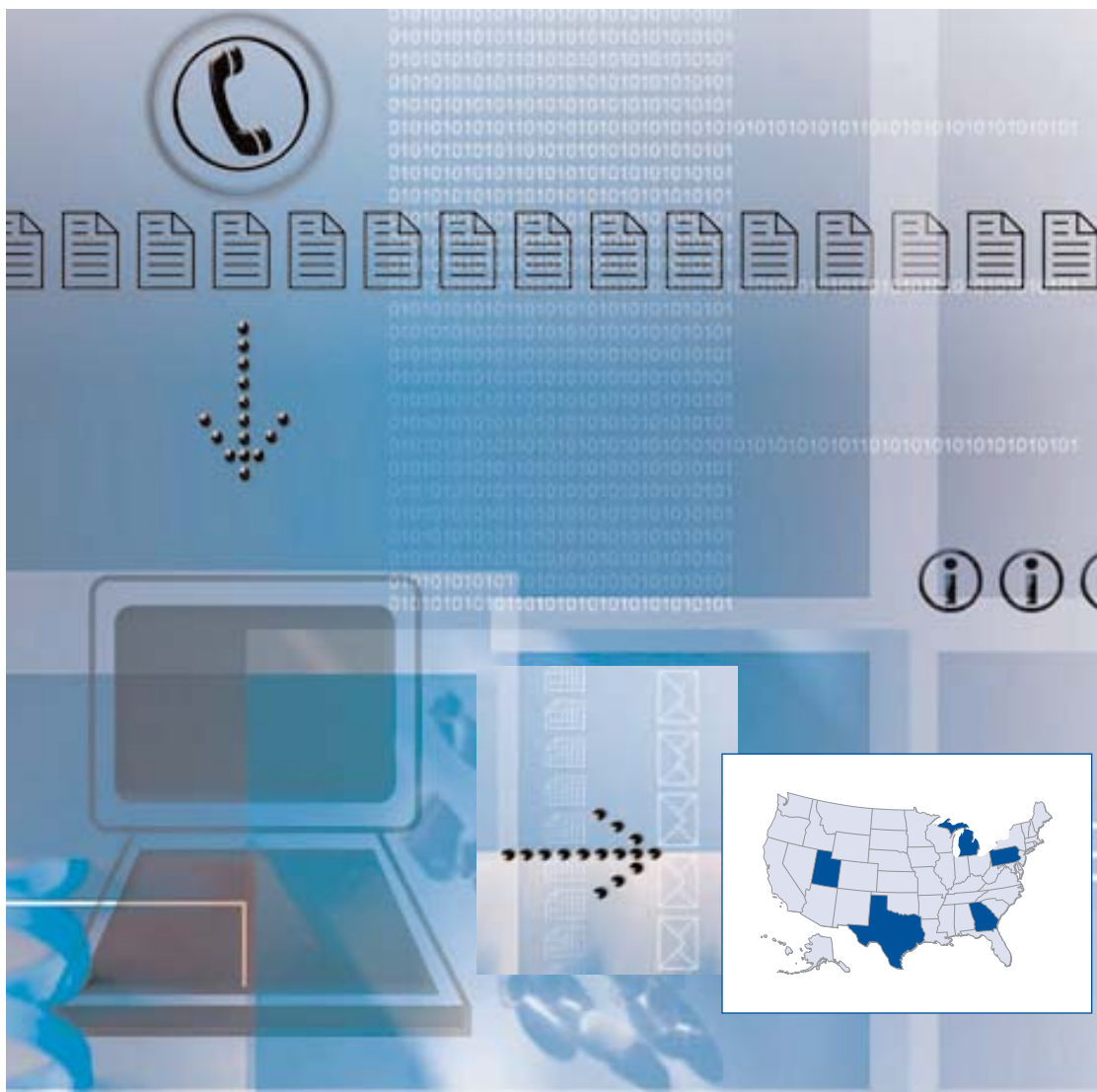# Public Access to Online Enrollment for Medicaid and SCHIP

May 2003

Public Access to Online Enrollment for Medicaid and SCHIP

Acknowledgments

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The **California HealthCare Foundation,** based in Oakland, is an independent philanthropy committed to improving California's health care delivery and financing systems. Formed in 1996, our goal is to ensure that all Californians have access to affordable, quality health care. CHCF's work focuses on informing health policy decisions, advancing efficient business practices, improving the quality and efficiency of care delivery, and promoting informed health care and coverage decisions. CHCF commissions research and analysis, publishes and disseminates information, convenes stakeholders, and funds development of programs and models aimed at improving the health care delivery and financing systems.

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Contents

I. Overview

Of the eight states operating online enrollment systems, seven permit public access.

THE NUMBER OF STATES USING WEB-BASED applications to enroll individuals in Medicaid and State Children's Health Insurance Programs (SCHIP) continues to grow. As of March 2003, at least eight states were operating some form of statewide online enrollment — California, Georgia, Michigan, Nevada, Pennsylvania, Texas, Utah, and Washington. In addition, pilot projects were underway in limited areas of the state in at least eight more: Arizona, Florida, Hawaii, Indiana, Louisiana, Maryland, New Jersey, and West Virginia. By the fall of 2002, a combined total of almost 100,000 families in these states had applied for Medicaid and/or SCHIP coverage for their children using a state-sponsored Web site.[1] Customer and staff feedback about online applications have been overwhelmingly positive.

Of the eight states operating online enrollment systems, seven permit public access. In these states, individuals as well as staff at community-based organizations can complete and/or submit online applications. Individuals can apply from home, at public libraries, or other locations where they have access to the Internet. A majority of the applications submitted in these seven states come from individuals not from organizations.

California's online enrollment system, known as Health-e-App, is the only state system that does not permit use by applicants themselves. This report, which profiles states that permit public access to their online systems, identifies opportunities for California and for other states considering adopting an online enrollment system.

This report provides detailed information about five states that permit public access to online enrollment systems. Information about these systems was gathered through a phone survey conducted by the National Academy for State Health Policy (NASHP) in March 2003. The following systems were examined:

- Georgia's PeachCare for Kids online application,
- Michigan's online application for MIChild and Healthy Kids,
- Pennsylvania's COMPASS system,
- Texas' eZ-application, and
- Utah's online application for CHIP.

Nevada and Washington were not included in this examination; however, the models they operate are similar to others described here. Nevada operates a system similar to Georgia and Michigan, and Washington operates a system similar in function to Utah's.

The following information, where applicable, is presented for each state:

- Background and current statistics,
- Security,
- Documentation submission and the use of electronic signatures,
- Implementation challenges, and
- System benefits.

In addition, because states have taken different approaches to providing online enrollment, each state's system is classified based on functionality.

II. Types of Online Enrollment Systems

While all states refer to their systems as "online enrollment," individual functionality differs greatly across efforts.

THE FIVE STATES PROFILED IN THIS REPORT USE a range of Internet-based approaches to enroll individuals in public health coverage programs. While all states refer to their systems as an "online enrollment" or "online application," the individual functionality differs greatly across efforts. Below are classification categories for describing and identifying each state's system:

Type 1: Online Enrollment with an Automated "Back End"

A Type 1 online enrollment system has an automated process to capture, save, and transmit the user's data to the program's eligibility database. Security systems must be in place to protect the transmission, storage, and retrieval of applicant's data. This approach offers administrative cost savings and improved efficiency of the application and enrollment process.

The greatest efficiency is demonstrated in states that permit self-declaration of income and the submission of electronic signatures, ensuring that the entire enrollment and notification process can occur online. Georgia's SCHIP program is one of the most efficient examples of this type of system, because most applicants can self-declare their income and electronic signatures are accepted for enrollment. California, Georgia, Michigan and Pennsylvania are operating what could be categorized as Type 1 online enrollment systems, even though signature pages and income documentation are needed in many cases to complete the applications.

Type 2: Online Applications Submitted Electronically to the Program

These online applications capture, save and transmit data from the user and deliver it to the program. The program staff then print the applications and process them as if they had been mailed in. These systems require redundant manual data entry by the program staff. Type 2 systems do not have an automated back-end linking user-entered data to the program's eligibility database. Users are notified electronically that their application has been received, and sometimes of their tentative eligibility. Official eligibility notification occurs through the

mail. Utah, Washington and some California counties operate Type 2 online enrollment systems.

Type 3: Online Application Assistance Tools

In Type 3 systems, users enter their eligibility data into a Web-based application assistance program that provides helpful information to the user and flags errors. At the end of the process, users can be notified of their apparent eligibility, and they are instructed to print the application and submit it by mail. Texas operates a Type 3 online application assistance tool.

Type 4: Applications Available Online to Download

Applications are available online to download (PDF files), complete, and mail. Many states make a downloadable version of their application available online. This service eliminates the time and cost of mailing out an application to prospective applicants.

III. Overview of Five States Permitting Public Access

In Georgia, 97 percent of online applications are received from individuals, with three percent from community organizations.

THE FOLLOWING PROFILES OF STATE'S PERMITTING online access focuses on basic system information and functionality. Challenges and specific issues related to public access are addressed in the following section.

Georgia

Web site
www.peachcare.org/dehome.asp

Classification Type 1

Programs Medicaid for Children and SCHIP

Background

Georgia's online enrollment system was implemented in 2001 as part of an overall effort to allow children applying by mail or online to become eligible during the month they applied, rather than waiting until the first day of the following month.

The online application was developed by the existing third party administrative vendor for Georgia's SCHIP program, the Dental Health Administrative Consulting Services (DHACS). Development took four months and cost about $40,000.

Basic Functionality

In Georgia's Type 1 system, the application is submitted in real time. The data entered into the Web site are electronically transferred to a server hosted by DHACS. This server updates the vendor's eligibility database on a separate server every two minutes. Such frequent updating permits families to call the toll-free number immediately after submission and the customer service representative will have complete access to their newly created account.

After submission, the parent receives a tentative eligibility determination, such as "Your child is potentially eligible for PeachCare" or "Your child does not appear to be eligible for PeachCare" with the reason for denial. After submission, the application is checked against the Medicaid eligibility database, to see if the applicant is already enrolled in Medicaid, and the State Health Benefit Plan records for state employee matches, since state employees' children are not eligible for SCHIP.

Usage Statistics

By March 2003, after two years in the field, 60,262 applications had been received electronically. In 2003, Georgia has received about 1,500 applications online per month.

Surveys indicate that 97 percent of these online applications are received from individuals, with three percent from community organizations, including county offices, outreach organizations, clinics and hospitals. Over half of the applicants applying over the Web were eligible for SCHIP and 42 percent were found eligible for Medicaid.

Michigan

Web site
https://eform.state.mi.us/michild/intro1.htm

Classification Type 1

Programs Medicaid for Children and SCHIP

Background

Maximus is Michigan's third party administrator for the SCHIP program, MIChild. Accelio has developed other Web-based applications for the state of Michigan. During 2001, Michigan Medicaid and SCHIP staff worked with both companies to develop an online enrollment system. A pilot program in seven sites began in February 2002 and statewide implementation began in June 2002.

Basic Functionality

Applicants fill out their information online. After submission of the information, eligibility is determined and reported within two to three minutes. A signature form and premium coupons are created as PDF files, which the applicant can download and print. Signatures and premium payments must be mailed in within 30 days. Individual applicants qualifying for Medicaid are not entered into the Medicaid database until the signature form has been received. Applicants

applying with the help of health departments or trained agencies are entered into the Medicaid database, since the community agencies assist with the follow-up for signatures.

Usage Statistics

Michigan receives about 2,000 online applications per month. The total number of online applications from June 2002 to March 2003 was 9,395. About half of the online applications are filed through community agencies and half from individuals.

Pennsylvania

Web sites
www.compass.state.pa.us or www.healthcare.state.pa.us

Classification Type 1

Programs Medicaid, SCHIP, food stamps, cash assistance, long-term care, home and community-based services, school lunch, low-income heat subsidies, and childcare subsidies

Background

Commonwealth of Pennsylvania Application for Social Services (COMPASS) represents Pennsylvania's statewide initiative to make state government more electronically accessible and to make access to a range of government services more centralized. The Department of Public Welfare (DPW, which oversees Medicaid, welfare, and child health) and the Insurance Department (which administers Pennsylvania's Children's Health Insurance Program [CHIP] and adultBasic) partnered to implement the online system in 2001. Deloitte Consulting was contracted by DPW to develop multiple applications for an array of state services. COMPASS was expanded in an iterative fashion to incrementally add Web-based access to state social and health services over a several year period.

Launched with Medicaid for Children and Pregnant Woman and SCHIP in October 2001. By February 2003, food stamps, cash assistance, adult Medicaid, Medicaid for disabled workers, long-term care, and home and community based services applications were added. In addition, screening (tentative eligibility determination) is available for those services and school breakfast and lunch programs. In late 2002, COMPASS also was expanded to include a community partner portfolio view, allowing advocates and community partners to easily enter application data and track applications in the pipeline. Low-income heat assistance and childcare subsidies are planned additions for the fall of 2003.

Basic Functionality

Pennsylvania's Type 1 system, COMPASS, has two components: screening and application modules. The screening component provides applicants with tentative eligibility information, e.g. "It appears that you may be eligible for adultBasic and cash assistance. We encourage you to apply."

The applicant can then use the application component to apply online for the programs they select, although some still require face-to-face interviews. The application component transmits the applicant's data to up to four state agencies, depending on the services selected by the appli-cant. Applicants are notified that the application has been received and they can track their appli-cation through the eligibility determination process. Providing the ability for applicants to track the progress of their applications was intended to reduce calls and contacts at state and county service agencies.

Usage Statistics

In February 2003, there were 17,000 visits to the COMPASS Web site. 2,700 applications were submitted online; 95 percent were from individ-uals and five percent were from community partners. Of the 2,700 applications that month, 39 percent were for Medicaid, 31 percent for food stamps, 19 percent for cash assistance, eight percent for adultBasic, two percent for CHIP, and less than one percent for long-term care and home and community based waivers.

Pennsylvania reports that 75 percent of users apply from home, and 13 percent more apply from a relative's home. Eight percent apply from libraries, three percent from school, and one percent from the workplace. Less than one percent apply from a hospital, career link office, Internet café, or other location. COMPASS applications represent about three to five percent of all Pennsylvania Medicaid applications.

Texas

Web site
www.texcarepartnership.com

Classification Type 3

Programs Medicaid for Children and SCHIP

Background

The Texas SCHIP and Medicaid programs have a Web-based application assistance tool available on their Web site. This online application walks applicants through a 32-page screening tool and provides estimated eligibility to the applicants at the end.

The eZ-Application is an application assistance tool; it provides prompts and additional informa-tion to users as they enter information on the Web. It does not offer any back end connectivity to the eligibility system.

Basic Functionality

Once an applicant completes all of the data entry and information screens, a tentative eligibility determination is provided. The applicant must then print the application, sign it, include income documentation, and mail it in. No data are transmitted across the Internet to the state and no data are stored.

Statistics

In 2002, about 10,000 applicants used the eZ-Application Web site, while 1.1 million applicants submitted paper applications without such assistance. About 60 percent of paper applications were complete when submitted as compared to 90 percent of eZ-Applications. A new reporting system for 2003 statistics for Web-assisted applications is currently being developed, but results are not yet available.

Utah

Web site
www.health.utah.gov/chip

Classification Type 2

Programs SCHIP and Utah's Primary Care Network (PCN)*

*a Section 1115 research and demonstration waiver expansion population of low-income adults

Background

Utah residents have been able to apply for Utah's Children's Health Insurance Program (CHIP) online since June 2002. The application was developed in conjunction with a broader, state-wide effort to make state services available on the Internet. Utah's SCHIP program worked with the state's existing Web site developer to add their electronic application to the state's Web site.

Basic Functionality

Utah operates a Type 2 system. Applicants provide eligibility information online and the data are transmitted to a secure server hosted by the contracted Web site developer. Applicants are notified that their application has been received.

Based on the applicant's zip code electronic applications are sent to one of 31 regional offices. State eligibility staff are assigned passwords to access the system. The state employees in the regional offices print the application and process the application as if the application had been mailed in. There is no electronic population of data fields: data from the printed application are manually entered into the eligibility system. Applicants are notified by phone or mail of their tentative eligibility status and if verification documents are needed.

Usage Statistics

Residents of Utah may apply for the CHIP program only during open enrollment periods which are normally two weeks long. Online enrollment was available for the first time during the June 2002 open enrollment period and 1,122 applications were received online, representing 18 percent of the total applications. During the November 2002 open enrollment period, 4,191 applications were submitted online, representing 45 percent of total applications.

Out of 13,666 applications received for the Primary Care Network expansion since July 2002, 3,347 (24 percent) were submitted online.

IV. Issues Related to Public Access

Issues related to security do not differ for individuals accessing systems and staff from community-based organizations.

FROM THE OUTSET, THE FIVE PROFILED STATES designed their online enrollment systems primarily to allow individuals to apply on their own, rather than with the assistance of community organizations. This section focuses on issues such as security, signature collection and documentation collection and the approaches states have taken to allow individuals to apply independently for health programs over the Web.

Security

States with Type 1 systems that have an electronic link between their online application and their eligibility databases have to put standard security measures in place to protect how the information is transmitted, stored and retrieved. Issues related to security do not differ for individuals accessing systems and staff from community-based organizations. Georgia, Michigan and Pennsylvania's security measures are reviewed below.

Georgia's Security Measures

One of Georgia's biggest concerns when implementing their system was around security of their system — for all users, individuals and staff from community organizations. Georgia uses two servers in its online enrollment system. Users enter data that goes to the first server. Every two minutes data are uploaded to a second server that contains their eligibility database. The servers are protected with firewalls and 128-bit encryption. Additionally, no income or account information are stored on the first server collecting the applications. These data are continually moved from the server accessible through phone lines to a secured server that is only accessible through the internal network.

Georgia initially did not store any information on the first server. However, after implementation, the state found that some parents quit the application half way through, intending to complete it at a later time. With no data saved on the server, parents were unable to pick up where they had left off, leaving them frustrated and confused. The system since has been modified to assign application numbers and passwords and allows the applicant to complete a partially finished application at a later time. Georgia is also planning to use VeriSign — the

secure, online credit card processing service —
to begin accepting credit card payments for
PeachCare for Kids.

Michigan's Security Measures
Michigan's system uses three servers.
The first collects information from the user in a
https environment. The first server transmits data
to two other servers behind state firewalls.

Pennsylvania's Security Measures
For Pennsylvania's screening component,
which provides tentative eligibility determinations,
applicants use the system "anonymously." No data
are saved in the screening component; applicants
must move to the application component if they
wish to apply. There are no major security issues
related to the screening component because data
are not sent to the eligibility databases.

In the application component, Pennsylvania
uses Web- and database-level security measures.
COMPASS uses a 128-bit secure sockets layer
(SSL) encryption system and a Netegrity layer
between the Web server and the eligibility datasets.
COMPASS feeds into eligibility databases in four
separate Pennsylvania state agencies and uses the
same security approach for all four. Data are saved
in COMPASS for 90 days.

Supporting Documentation
Georgia's Medicaid and SCHIP programs accept
self-declaration of income. Documentation of
immigration status must be submitted for non-
citizen children.

In Georgia, premiums are required for children
age six and over. Most families with children
under six can complete the application completely
over the Web. Families with older children are
told at the end of the online application where to
mail their premiums so that coverage can begin.
Applications requiring citizenship documentation
or premiums must have the paperwork submitted

within 45 days of the application for coverage to
be backdated to the date of application.

In Michigan, self-declaration is accepted for
income and age of children, but alien status of
non-citizens and proof of other insurance
coverage must be documented.

Pennsylvania requires income documentation
(and a signature page, see below) to be mailed
in following the electronic application. Texas
requires that income documentation be mailed
within 60 days of mailing the application. Utah
requires income documentation if the applicant's
income cannot be found in the state's workforce
services database. Eligibility workers in Utah
contact the applicant and notify them what type
of documentation is needed before coverage
can begin.

Signatures
Most states require written signatures for their
Medicaid applications (with a mailed in signature
page), while some states accept electronic
signatures for their SCHIP programs (Georgia
and Utah).

Georgia can determine eligibility immediately
for U.S. citizen SCHIP applicants who are under
age six, since no premium is required. Rather
than supply a written signature, applicants agree
to rights and responsibilities when they click
"submit" at the end of the application. For
Georgia Medicaid applications, the written signa-
ture must be submitted prior to the six-month
renewal for the child to maintain coverage. This
approach is consistent with Georgia's policy for
the submission of Social Security Numbers; they
are required but will not cause a delay in the
initial enrollment of the child.

Michigan and Pennsylvania do not accept elec-
tronic signatures. Families either can print off the
signature page and send it in within 10 days, or
wait to have the form sent to them. To increase

the efficiency of COMPASS, Pennsylvania is considering seeking federal and state approval for a two-step electronic signature (the applicant submits identifying information and an e-mail address and the program e-mails a password to the applicant, who uses the password to verify their identity) for COMPASS.

Texas requires a printed signature page for both SCHIP and Medicaid. Utah accepts an electronic signature for SCHIP, consisting of the user retyping their name and clicking the "submit" button. By doing so, the user attests to the accuracy of the submitted information and accepts certain rights and responsibilities. In Utah Medicaid, eligibility workers mail a Medicaid addendum for signatures and declaration of assets.

Online Help and 1-800 Support

The five profiled states use their regular 1-800 number for their programs to provide assistance to Web site users. Community partners do not have a separate support number to call. These states report that most of the calls related to the Web site come if the system is down. Few individuals call needing help completing the applications, which are intended to be intuitive and self-guiding.

Michigan anticipated that they would receive lots of calls about their online application from individuals related to printer problems, hardware or software issues, but this did not happen. Most of the questions they received had to do with how to answer specific questions in the application, what to do if a connection is lost, or why the system did not respond after the information was submitted.

Texas provides a one to three paragraph "Need help?" box on each page of their Web-based application to provide assistance to users.

Application Status Availability

Most of the states do not allow users to track the status of their application online. Of the states profiled for this report, only Pennsylvania allows individuals and community partners to track applications. Individuals can track their application through the eligibility determination process and community partners can track applications they have submitted in the last six months on behalf of applicants. Pennsylvania also provides a "Power User" module to allow community partners to quickly complete data entry for applications rather than having to scroll through many screens.

V. Implementation Challenges

EARLY EXPERIENCES WITH ONLINE ENROLLMENT systems led to anticipated and unexpected challenges. The profiled states provided additional information about challenges and innovations they found during implementation of their online systems.

Internet Connection Speed

Georgia reports that for home users with slower modem speeds, they had to balance the goal of creating a commercial-quality site with using smaller and less complex graphics. They also had a challenge to make their system compatible with older versions of Internet Explorer and Netscape, and for users with MacIntosh computers. Netscape users see a button at the beginning of the application indicating "Netscape users click here," and they are guided to a separate system.

Out-of-State Submission Prevention

Originally, Georgia did not put a check in the system to block zip codes or residential states that were not in Georgia. In addition to cluttering their database with non-state residents, they heard from some non-Georgia residents who had completed the entire application and were frustrated to be rejected at the end. Now, if a parent enters a state other than Georgia or a zip code that is not in the state, they are immediately informed that the children must reside in Georgia to be eligible.

Duplicate Applications

In the first few months of the Web site, Georgia received some applications for children who were already enrolled in PeachCare. The state discovered that parents who wished to report a change of address for an already enrolled child were unintentionally completing and submitting a full application on the Web site. The Web site has been modified to add a section to provide updates to existing accounts.

Credit Card Payment

Georgia is now working on the development of credit card payment capabilities for the initial application and ongoing enrollment. This has many issues involved, including credit card company fees and additional concerns about security.

State Agency Coordination

Pennsylvania faced challenges creating one Web site portal that could screen and provide applications for programs administered by four state agencies. For example, "earned income" could be defined three different ways across three programs. COMPASS is tailored to collect and transmit the specific set of data elements needed for each program. The programs, in turn, have tried to integrate their programs and definitions as much as possible. Pennsylvania also had to provide additional documentation to obtain support from the state's central technology authority before they could begin.

Family Composition

Texas reported their greatest challenges were to create the programming to take multiple, complex family compositions into account for SCHIP and Medicaid.

VI. Low-income Residents' Access to the Internet

Georgia found that the average income of online enrollees is 120 percent FPL, a lower average income level than some had anticipated would make use of online enrollment.

SOME POLICYMAKERS HAVE STATED CONCERN that online applications will be used primarily by relatively higher income Medicaid and SCHIP applicants, and have been worried that many low-income residents do not have adequate access to computers. Most states have not found strong evidence to support this.

In Georgia, mailed in applications tend to consist of about 25 percent who are eligible for Medicaid and 75 percent who are eligible for SCHIP (and thus slightly higher income). At the same time, 42 percent of Georgia's online applications are for Medicaid, and 58 percent are for SCHIP. This division suggests that many lower income applicants do have access to — and are using — the Internet.

In addition, Georgia found that the average income of online enrollees is 120 percent FPL, a lower average income level than some had anticipated would make use of online enrollment.

Texas analyzed a small sample of their Web-based application users over eight months in 2002 and found that 35 percent of online applicants had incomes over 150 percent FPL; 65 percent had lower incomes. These figures did not differ markedly from those of applicants who submit paper forms: 26 percent of the regular paper applicants had incomes over 150 percent, and 74 percent had lower incomes.

Utah's marketing staff notes that a U.S. Department of Commerce report from 2000 *(Falling through the Net, Toward Digital Inclusion)* documents increases among traditionally disadvantaged populations in their access to the Internet.[2]

VII. Conclusion

The trend among states implementing online enrollment systems is to allow individuals to access these Web sites on their own. While Michigan reports that half of their online applications are from individuals and half are from community organizations, the other four states receive a vast majority of their electronic applications from individuals applying for coverage without assistance. Further, the study indicates that many lower-income applicants do have access to — and are using — the internet.

California, the only state with an online enrollment system that does not permit public access, has the opportunity to learn from the states profiled in this study. In addition, states that might wish to implement an online enrollment system in the future can learn from the experiences of those who have opted to allow individuals to access the system directly:

- Security issues related to public access and community partners do not differ. States use encrypted data transmission, secure log-on procedures, firewalls and other standard measures. No state has reported any security breaches and applicant fraud was not identified as an issue for any of the profiled states.

- The use of electronic signatures for Medicaid and SCHIP applications allows states to maximize efficiency. States may need to include a fax or mail-in submission option.

- When applicants know that they can apply online, from home, they are more likely to complete applications.

- The so-called "digital divide" is not as much of a barrier as anticipated and states are finding that many of their lower income applicants have access to the Internet.

- Limiting the documentation requirements to only those required by Federal law (e.g. citizen status for non-citizens) and making use of back end systems to confirm income and employment status greatly enhances the efficiency of the automated systems.

APPENDIX

Innovative Ideas for Promotion

Most states market their online enrollment systems extensively through community-based organizations, rather than the media. All the states reference their Web site on their paper applications and other materials. Only one of the profiled states is carrying out a marketing campaign making extensive use of advertisements.

Georgia kicked off their Web site with a press event with then-Governor Barnes in May 2001. Georgia today markets the Web site primarily through schools. In August 2001, PeachCare for Kids fliers were distributed to 1.6 million students in their school registration kits. During that month, 2,321 applications were submitted, three times as many as were submitted the previous month. In September 2002, Georgia sent out two million fliers to new students again.

Michigan distributed information about their Web site to all the libraries in their state. Michigan also works with local health departments and hospitals to encourage people to apply online.

Pennsylvania is currently reaching out to local agencies and community organizations throughout the state to promote COMPASS. Texas relies on community partners to provide applicants with information about the Web site.

Due to the need for statewide notice of open enrollment periods, Utah markets their Web site more actively than the other states. They began a new identity branding campaign for their CHIP program in November 2002, right before the open enrollment period. The Web site is mentioned on all of their advertisements. In their current television spot, the url and phone number are on the screen for half of the 30-second ad. They have also placed many ads on radio stations.

User Feedback and Surveys

Customer feedback collected from individuals by state's operating online enrollment systems has been overwhelmingly positive. Georgia and Pennsylvania collect feedback information in a brief voluntary survey at the end of the their online applications. Michigan, Texas and Utah have not done so.

Georgia

Approximately half of the online applicants fill out the survey at the end of the application. The Georgia staff have learned that the PeachCare for Kids 1-800 number is their largest referral source. Often when a parent calls to request an application, the customer service representative lets them know about the Web site. When the parent is on the phone requesting an application, they are ready to act and they often go right to the Web site. The Web site capitalizes on this moment and allows them the opportunity to complete the process, rather than just request an application to be mailed. Other referrals come from friends and family, advertisements, health care providers, and schools.

The Georgia survey also revealed that the majority of applications are submitted from the applicant parent's home computer. In addition, 23 percent of respondents reported that they would not have applied that day, if at all, had it not been for the Web application. The ease and accessibility of the Internet application prompted parents to apply and the convenience was appreciated.

Some quotes from Georgia surveys include:

"This Web site is very convenient. I work the nightshift and this was so much easier than picking up an application."

"This Web site is excellent. It provides all the necessary information I needed in order to make the decision about applying. It took me less time applying over the Internet than writing and mailing in the application."

"Thank you for making this process so affordable and easy."

"This was a very easy way to apply for PeachCare for Kids. I only have free time at night to do this sort of thing. Thank you."

"Thanks for the convenience!"

Pennsylvania

Pennsylvania also has a 12 to 15 question user survey at the end of its online application, and 25 percent of users provide feedback. Ninety-two percent of respondents said the Web site had excellent or good "general clarity and ease of use;" six percent rated the site fair, and two percent poor. Similarly, 96 percent gave the Web site an excellent or good score on "navigational ease."

Michigan, Texas and Utah

These states have not implemented customer feedback surveys yet.

Endnotes

1. Kirsten Wysen, *State Guide to Online Enrollment for Medicaid and SCHIP* (Portland, ME: National Academy for State Health Policy, 2003), 3.

2. Available at **http://www.ntia.doc.gov/ntiahome/ digitaldivide/index.htm,** accessed 3/28/03.