

STRATEGIC PLAN 2016 - 2017

Washington Health Benefit Exchange
September 2016

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Strategic Plan

Washington Health Benefit Exchange

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A BRIEF HISTORY OF THE EXCHANGE

Strategic Plan

Washington Health Benefit Exchange

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The Washington Health Benefit Exchange (Exchange) was created in statute to meet a key provision of the Affordable Care Act that called for each state to establish a new marketplace that would offer health coverage options to individuals, families, and small businesses. Under national health care reform, states were required to have an Exchange in place by Oct. 1, 2013.

These new marketplaces were to be developed and implemented either by the state or by the United States Department of Health and Human Services. Washington State's governor and legislators chose to implement a state-based exchange model and, in 2011, passed legislation to establish the state's new marketplace as a "public-private partnership," separate and distinct from the State (SSB 5445). This legislation's strong governance model and public-private structure provided an innovative approach that other states would adopt in creating their own exchanges. The Exchange has a close working relationship with the Health Care Authority (HCA), Office of the Insurance Commissioner (OIC) and the Department of Social and Health Services (DSHS).

The Exchange is responsible for the creation of *Washington Healthplanfinder*, the online portal to facilitate shopping and enrolling in health insurance.

Key Tenets



The key tenets of *Washington Healthplanfinder* are to offer:

- Eligibility determinations for and enrollment in Washington Apple Health (Medicaid) or low-cost health insurance options through qualified health plans (QHPs)
- Side-by-side comparisons of QHPs
- Financial help to pay for premiums and cost-sharing, including copays and deductibles
- Expert customer support online, by phone, or in-person through a local organization or insurance broker

A Brief History of the Exchange (Continued)

EXCHANGE FUNDING AND SUSTAINABILITY

The Exchange received initial operational and implementation funding through federal grant dollars totaling \$302 million. A substantial portion of the grant funding was used to develop the information technology (IT) system critical to determining eligibility for and enrolling residents in health plans. To determine eligibility appropriately, the IT system has essential integration points with state and federal agencies and carriers. The grant funding was also used to support activities, such as the development of the navigator program and an outreach campaign.

Beginning in 2015, the Exchange was required to be self-sustaining and has been appropriated funds by the state legislature. The Exchange sustainability is tied to three funding sources established in statute: (1) the existing 2 percent tax on health insurance premiums associated with Exchange enrollment through *Washington Healthplanfinder*; (2) reimbursement for activities performed on behalf of Washington Apple Health (the state's Medicaid program), and; (3) an agreed-upon carrier assessment. The Exchange's current budget is approximately \$54 million a year.

EXCHANGE GOVERNANCE

The Exchange is governed by an 11-member bipartisan Board comprised of a chair and eight voting members appointed by the governor. Board members are nominated by the Republican and Democratic caucuses in both the Washington State House of Representatives and Senate. The Director of the Health Care Authority and the Insurance Commissioner are ex-officio, non-voting Board members. There are currently nine stakeholder committees and workgroups associated with the Exchange, including the Advisory Committee to the Board, as well as technical advisory committees for key program areas including the navigator program, agents and brokers, dental offerings and health equity. There are also three workgroups that address plan management, consumers and tribal issues.

A Brief History of the Exchange (Continued)

EXCHANGE GOVERNANCE (Continued)

Current board members include:

- Chair: Ron Sims, *retired Deputy Secretary for the U.S. Department of Housing and Urban Development*
- Don Conant, *General Manager at Valley Nut and Bolt and Assistant Professor in the School of Business at St. Martin's University*
- Melissa Cunningham, *Attorney, at Carney Badley Spellman*
- Ben Danielson, *Medical Director at Odessa Brown Children's Clinic*
- Phil Dyer, *Senior Vice President at Kibble & Prentice/USI and former state legislator*
- Bill Hinkle, *Public Affairs Consultant; and former Executive Director at the Rental Housing Association and former state legislator*
- Hiroshi Nakano, *Director of Managed Care at Valley Medical Center*
- Mark Stensager, *Retired Health System Administrator*
- Diane Zahn, *Retired Secretary-Treasurer of United Food and Commercial Workers Local 21*
- Ex-Officio: Mike Kreidler, *Washington State Insurance Commissioner*
- Ex-Officio: Dorothy Teeter, *Director, Washington State Health Care Authority*

THE EXCHANGE TODAY

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The Washington Health Benefit Exchange seeks to redefine people's experience with health care by radically improving how Washingtonians secure health insurance through innovative and practical solutions and an easy-to-use customer experience. These are reflected in our values of integrity, respect, equity, and transparency as it relates to those we work with and those we serve.

Mission - Washington Health Benefit Exchange

The Exchange continues to grow as it prepares for its fourth open enrollment. Since becoming the single point of entry for Washington Apple Health (WAH) and QHP customers, the Exchange now serves more than 1.7 million residents annually. As of August 2016, more than 168,000 Washington residents were enrolled in private health insurance – an 8 percent increase from this time last year – and more than 1.6 million were enrolled in WAH.

Washington's enrollment continues to have a positive fiscal impact across the state. Nearly \$740 million worth of insurance premiums are expected to be purchased through the Exchange in 2016. An additional \$324 million in federal subsidies were obtained through *Washington Healthplanfinder* to help Washington residents pay for premiums and over \$62 million in cost-sharing reductions were provided to reduce consumer costs of hospital and provider visits.

Exchange certified navigators, agents and brokers, and tribal assisters continue to play a vital role, providing outreach, education, and enrollment assistance statewide. The navigator program features Lead Organizations throughout the state with networks comprising 802 certified navigators. Supplementing these efforts were more than 2,000 certified agents and brokers statewide. These activities were also supported by a strategically integrated outreach campaign that leveraged radio and digital mediums to establish the *Washington Healthplanfinder* brand, raise awareness and health literacy levels, and drive people to take action during the open enrollment periods.

The Exchange Today (Continued)

While the individual market in Washington State is relatively stable, additional changes in the marketplace landscape are likely as carriers continue to adjust to the market reforms implemented in 2014. The Exchange has been versatile in adjusting to changes in the marketplace and paving the way for smooth transitions for enrollees from one plan year to the next.

With that in mind, the Exchange continues to make necessary improvements to deliver the best customer experience, including adding dental options for families this year. Coupled with ongoing efforts to educate and inform customers on plan options, coverage areas, and cost associated with accessing care, the organization is readying itself for a busy year and continued enrollment growth.

Core Duties



- Increase covered lives in Washington State
- Provide responsible fiscal and operational stewardship
- Promote enrollment and retention for both QHPs and WAH populations
- Build a competitive marketplace that accounts for the price, access, quality, and innovation of both its products and services
- Promote health equity through policy, education, and measuring success
- Create an environment of inclusion for stakeholders, partners, and the public

The Exchange Today (Continued)



Define and Deliver
Operational
Excellence



Increase Number of
Insured and Access
to Affordable
Coverage



Advance Consumer
Choice and
Decision-Making



Promote Equity
Across the System

Four Core Outcomes

Define and Deliver Operational Excellence

The Exchange is dedicated to providing an efficient, accurate, and customer-friendly eligibility and enrollment process for all Washingtonians. These operational efforts run parallel to those that guide fiscal accountability and transparency, creating an environment of inclusion for all stakeholders.

Increase Number of Insured and Access to Affordable Coverage

The Exchange is committed to continual data-driven efforts to lower the number of the uninsured in our state by reaching out to those who remain without health insurance, including hard-to-reach populations, as well as helping those with coverage remain on their plan. These efforts encompass access to affordable care to ensure that people find, select, and utilize health care benefits that meet their needs and budget.

Advance Consumer Choice and Decision-Making

The Exchange is focused on establishing a transparent and accountable insurance market that facilitates consumer choice with decision-making tools. This includes information readily accessible through multiple communication channels to meet the needs of our state's populations.

Promote Equity Across the System

The Exchange is determined to initiate and deliver proactive policies that identify and reach the state's groups at risk for obstacles to access. This includes supporting those who need assistance overcoming barriers that may prohibit their ability to seek, find, and use their health insurance coverage.

FIVE-YEAR STRATEGIC PLAN

Strategic Plan

Washington Health Benefit Exchange

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GOAL #1

Define and Deliver Operational Excellence

GOAL #2

Increase the Number of Insured and Access to Affordable Coverage



GOAL #3

Advance Consumer Choice and Decision-Making

GOAL #4

Promote Equity Across the System

FIVE-YEAR STRATEGIC PLAN

The Exchange Board's five-year strategic plan is a balance of solidifying the Exchange's foundation and right-scaled innovation for sustainability. The plan contains both short-term goals and longer term aspirations. In arriving at this plan, the Board took into account the Exchange's mission and goals, and the marketplace's dynamic environment.

Progress to Date

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Since the submission of the last strategic plan, the Exchange has made significant progress in the Exchange Board's four core outcome areas. The gains in these areas are important as they have led to operational efficiencies that benefit our customers and partners, as well as contribute to the Exchange's sustainability and efforts to reduce costs and optimize available funding. These efforts continue a positive trajectory that is reflected in the current state of the marketplace operation, and looking forward, will set the foundation for outgoing years.

DEFINE AND DELIVER OPERATIONAL EXCELLENCE



Entering the 2015-16 open enrollment period, the Exchange discontinued the practice of billing and collecting individual insurance premiums. This measure reduced operational and administrative expenses that has resulted in a biennial savings of about \$9.1 million. The Exchange also worked to renegotiate contracts with the system integrator and call center vendors to achieve savings. The Exchange has also greatly improved its transparency with stakeholders, particularly in the areas of financial reporting, that has fostered greater trust in the organization.

INCREASE NUMBER OF INSURED AND ACCESS TO AFFORDABLE COVERAGE



Over the last year, the Exchange increased enrollment in both QHP and WAH to reach new highs for both programs. Of the state's 7 million residents, the uninsured rate has decreased from 14 percent in 2013 to 6.7 percent in 2015. A more seamless renewal process resulted in customers being able to continue coverage easily from one year to the next. The marketplace also continued to see a trend of more enrollments coming from individuals who were not tax credit eligible (over 400 percent of the FPL). This population now represents 30 percent of the Exchange's overall QHP enrollment. Work with both the broker and navigator community has greatly supported enrollment gains seen in the marketplace and both will play an important role related in continued enrollment growth.

Progress to Date Section (Continued)

ADVANCE CONSUMER CHOICE AND DECISION-MAKING



This past year, the Exchange continued to build on its existing health literacy efforts and search tools to help bring a better decision-making experience to its customers. This included the addition of health literacy specific videos, materials, social media, and chat sessions. These efforts helped individuals and families choose coverage that better met their needs and budget. The Exchange increased the utility of these tools by providing them to the navigator and broker communities to assist underserved populations and those who may be seeking coverage for the first time. The Exchange continues to explore tools built into *Washington Healthplanfinder* that allow for consumers to make informed decisions when selecting a plan.

PROMOTING EQUITY ACROSS THE SYSTEM



In the past year, the Exchange has continued to work with both its Lead Organizations, as well as tribal entities, to focus on reaching those hardest to serve. Much of this activity has included one-on-one engagement at events in communities or at the point of care. This includes efforts at community health centers, commissions, associations and other entry points into the health care system. The Exchange has also continued to work with stakeholders to provide more culturally and linguistically appropriate materials to reach out to identify population groups.

GOAL #1

DEFINE AND DELIVER OPERATIONAL EXCELLENCE

The Exchange remains firmly committed to optimizing its operations to provide the ideal customer service experience. While the Exchange has made great strides in this area in the past year, there are additional strategies that can increase efficiencies and transparency, while making the customer experience more streamlined and can increase enrollment.

Establish a forward-looking sustainability strategy

The Exchange has made significant improvements in financial reporting and tracking over the past year, which has allowed it to focus more on longer term sustainability. The Exchange will continue to drive this forward through creating efficiencies in operational and IT functions to streamline processes and achieve savings. To that end, the Exchange will drive strategies to optimize the customer experience, streamline business processes, and grow enrollment. Additionally, the Exchange will align revenue received through QHP premiums with the federally facilitated marketplace carrier participation fee to stay competitive and support its operating model.

The Exchange will continue to work with the legislature on financial sustainability by fully utilizing the functionality of its new financial system to improve financial reporting and transparency.

Further, the organization will utilize projections of enrollment and revenues to help drive resource decisions to achieve financial sustainability. It is critical to long-term sustainability that the Exchange be able to develop a working cash reserve to mitigate the risk of unforeseen expenditures not currently accounted for in its budget and develop a more viable business model. The Exchange will need to make capital investments for infrastructure assets, such as upgrading IT server and security and privacy enhancements, on an ongoing basis and should strive to have these expenditures included in the Exchange's operating budget.

Key Strategies



Establish a forward-looking sustainability strategy



Excel in areas of transparency and stakeholder, committee, and tribal engagement



Optimize the customer experience



Plan and deliver future *Washington Healthplanfinder* system strategy



GOAL #1

The Exchange will explore new areas for revenue generation, such as leasing services to other states or pursuing new lines of business. The Exchange will also seek new grants and funding opportunities to provide new consumer driven enhancements.

Excel in areas of transparency and legislative, stakeholder, committee, and tribal engagement

The Exchange has made great strides in improving its relationships and transparency with legislators, stakeholders, committees and Tribes. Exchange Board members will continue to provide regular updates to legislators and their appointing caucuses on Exchange's successes, challenges, and future goals.

Additionally, the Exchange will maintain relationships with partners, stakeholders and tribes to create an open dialogue on policy and operational goals. This includes adapting feedback processes to ensure effective communications with legislators, staff, carriers, stakeholders, and tribes.

The Exchange has begun to shift the work of its committees to encourage more discussion on policy issues being considered by the Board. In particular, the Exchange will turn to the Advisory Committee and technical advisory committees for advice on innovative ideas and solutions outlined in the Board's strategic plan. It will also survey the Exchange stakeholder committees annually to receive constructive feedback to continuously improve the stakeholder engagement process.

Optimize the Customer Experience

While the Exchange has made great strides in improving customer experience, especially with the removal of premium aggregation, there are further improvements to be made. One area for optimization is continuing to streamline and improve operational processes that lead to a single point of resolution. Further, the Exchange will improve self-service customer tools to allow customers to be able to solve issues on their own. This will resolve issues more quickly for consumers and lessen the dependency on consumer assistance. The Exchange will also continue to work toward a streamlined ticketing and complaint system to allow customers and assister partners to easily view the status of issue resolution.

In order to achieve higher customer services levels, the Exchange will optimize training for customer assistance partners, providing them with a greater knowledge base with which to assist customers. The Exchange will also assess and adapt training efforts and self-help tools based on data analytics for both QHP and WAH, including those that reflect key performance indicators established by the Exchange.

GOAL #1

Given the short period of time during which the Exchange can recruit QHP enrollment during the open enrollment period, the Exchange will explore better alignment and coordination between WAH and QHP. Both programs see high levels of renewals during open enrollment, and to maximize customer support, the Exchange will streamline renewal activities to allow for more new enrollment customer assistance activities during the open enrollment period.

Plan and deliver future *Washington Healthplanfinder* system strategy

With the stabilization of the *Washington Healthplanfinder* system, especially after the removal of premium aggregation, the Exchange is developing its future system strategy. As part of that work, the Exchange will optimize its in-house IT resource capabilities and reduce reliance on contractors. The Exchange will also engage its IT vendors in negotiations and optimize contracts to focus IT spending on core business and achieve needed upgrades.

The Exchange's inter-dependency on state agencies continues to remain a focus. The Exchange will continue to coordinate across state agencies (HCA, DSHS, OIC, and Office of the Chief Information Officer) to increase transparency of, and planning for, future *Washington Healthplanfinder* functionality.

Additionally, the longer term *Washington Healthplanfinder* system strategy will support the approaches laid out in this report to leverage the IT platform for other functionality. This includes expanding consumer access channels, increasing consumer self-service, and automating burdensome processes. The Exchange will also continue its ongoing commitment to improve *Washington Healthplanfinder* security, privacy and data integrity. A visual IT roadmap is available in Appendix A.

Outcomes/ Measurement



- Annual reduction in per member per month costs
- Greater satisfaction levels from committee survey results
- Increased percentage of call center calls meeting service levels as compared to previous year, during open enrollment and non-open enrollment periods
- Decreased percentage of customer complaints as compared to previous year
- Decreased length of time for resolving complaints
- More self-enrolled and self-renewed customers as compared to previous year

GOAL #2

INCREASE THE NUMBER OF INSURED AND ACCESS TO AFFORDABLE COVERAGE

The core mission of the Exchange is to both (a) increase the number of insured purchasing health coverage through *Washington Healthplanfinder*, and (b) retain those who are currently enrolled on the marketplace. Enrollment is directly tied to the Exchange's sustainability.

Reaching the remaining and newly uninsured will require for a different way of approaching enrollment activity than in the past. This includes rethinking prospective populations for growth, targeted population outreach, as well as changing the focus of existing resources to better meet the needs of building a sustainable business model. To succeed will require us to challenge conventional wisdom and be innovative in our approaches to enroll new and keep existing Exchange customers.

DRIVING NEW ENROLLMENT WITH A FOCUS ON SUSTAINABILITY

The Exchange plans to utilize multiple outreach tactics to retain our current customers and enroll underserved and hard-to-reach populations for both Qualified Health Plan and Medicaid populations.

These efforts will be coordinating outreach to ensure year-round awareness across several communications channels. This includes, but is not limited to, press releases, social media, and direct-to-consumer email. The messages will be identified and captured on an editorial calendar that will also enable partners to participate in Exchange awareness and enrollment related efforts. The Exchange will also build a mobile app to make accessing *Washington Healthplanfinder* easier and allow potential enrollees to explore their health insurance options through their mobile devices. This has the potential to attract a younger population of enrollees.

Key Strategies



Drive new enrollment with a focus on sustainability



Retain current customers



Analyze affordability issues for QHP consumers and use information to shape future operational and policy direction



GOAL #2

The Exchange will also be pursuing community-based partnerships to reach new and underserved populations. These efforts, that will also include the participation of brokers and navigators, will include events that have high community visibility including work with Boys & Girls Clubs, state fairs, health or disease awareness events, and community colleges. This work will also be extended to smaller personalized outreach in specific geographic areas to target specific underserved populations. These efforts will take the form of a gathering at a local business or neighborhood venue in order to make people aware of the opportunity to find and enroll in health insurance.

Additionally, the Exchange will target potential enrollees in the outside market that would qualify for subsidies. The Exchange will work with carriers and other groups to help bring awareness and educate these individuals about the benefit of the financial assistance.



Retain current customers

The Exchange will focus more on on-the-ground outreach utilizing consumer assisters. The Exchange will be unveiling a new enrollment storefront pilot that will provide full service, in-person enrollment assistance sites during the critical three-month open enrollment period. These sites will be in high visibility, high traffic locations in areas where data indicates an opportunity to capture more QHP enrollment. These locations will be staffed by both brokers and navigators.



The Exchange will also be working closely with the health insurance carriers to ensure existing customers have the assistance required to enroll in health insurance coverage. This includes educating navigators and brokers on changes that renewing customers may see in their current plans and continually stressing to consumers the importance of receiving tax credits and cost-sharing reductions through the Exchange.

GOAL #2

Analyze affordability issues for QHP consumers and use information to shape future operational and policy direction

The Exchange often hears from its consumers and consumer assister partners about the challenges faced in paying for their health coverage, even with the available tax credits and cost-sharing reductions. The Exchange will further analyze consumers' affordability challenges by using on-the-ground partners to understand the factors playing into consumers' decisions. Additionally, the Exchange will gather data through surveys and customer feedback to understand the nuances of affordability and what areas of affordability create barriers to enrollment and retaining insurance.

The Exchange Board has already begun to explore potential options for addressing affordability. As part of this work, the Exchange will continue to explore areas of education to ensure customers have the information they need to pick the plan that provides them with the most affordable option, while also considering usage and provider networks.

In conjunction with other state partners and stakeholders, the Exchange will also consider policy options to address aspects of affordability in the Exchange. These options will require close coordination with the State Legislature, Governor's Office, Office of the Insurance Commissioner, and Washington State Health Care Authority. Addressing affordability of consumers' out-of-pocket costs will lead to increased enrollment and better retention of current enrollees.

Outcomes/ Measurement



- Reduction of the state's uninsured rate
- Increased number of new and renewing QHP enrollees
- Proportion of inside Exchange versus outside individual insurance market enrollees, subsidized and non-subsidized
- Return on investment of storefront activities

GOAL #3

ADVANCE CONSUMER CHOICE AND DECISION-MAKING

The Exchange has focused on providing its enrollees with relevant information to help select the health plan best suited for them. The Exchange will continue to focus on this important work and further develop tools to help consumers make plan decisions that work best for them and their families.

Optimize health insurance literacy efforts and search tools

To ensure our health insurance customers are able to find health insurance that best meets their needs and budget is of paramount importance to the Exchange. Customers may see changes to their tax credits, premiums, deductibles, cost-sharing, and provider networks from year to year, making plan selection even more challenging.

With that in mind, the Exchange will continue to develop its suite of health insurance literacy and decision-making tools to better speak to an enrollee's situation and help select the right health insurance plan. This includes adding pop-up boxes that stress the importance of not just choosing a plan based on premium cost, but to consider other important factors such as cost-sharing, deductibles, or expected utilization. The Exchange also will create a number of easy-to-understand videos and collateral materials on these topics.

Implement decision-support tools into *Washington Healthplanfinder*

The Exchange will provide more dynamic "self-serve" solutions to customer questions directly on the marketplace's website. By reviewing the website's analytics to track frequently asked questions or search terms, the Exchange will bring those specific subjects and answers to the *Washington Healthplanfinder* homepage.

Key Strategies



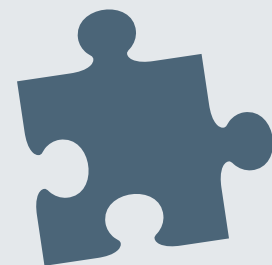
Optimize health insurance literacy efforts and search tools



Implement decision-support tools into *Washington Healthplanfinder*



Place a greater emphasis on quality throughout *Washington Healthplanfinder*



GOAL #3

Over the past year, the Exchange Board has been exploring decision-support tools that can offer consumers more tailored plan selection options to best meet their individual insurance needs. The Exchange will use the research and information gathered to pursue the implementation of a decision-support tool that takes into consideration information about a consumer's provider preferences, prescription drug use, and health care utilization to help form a list of health plans that best meets their needs and budget. The tool will also offer total annualized costs, including premiums, deductibles, and potential co-pays.

Place a greater emphasis on quality throughout *Washington Healthplanfinder*

The Exchange is at the beginning phases of implementing quality information to offer higher quality care, while providing consumers with the information they need to make an informed plan choice. As such, the Exchange will leverage the Quality Rating System (QRS) and the Quality Improvement Strategy (QIS) that are currently being implemented to place greater importance on quality data.

Further, the Exchange will drive quality improvement in plan offerings. It will also engage consumers in the value of quality information when choosing a health plan.

The Exchange will drive change in the system through partnerships with other organizations, such as Washington Health Alliance, HCA, and carriers, to focus on achieving greater value for Exchange consumers.

Outcomes/ Measurement



- Website analytics tracking views of web pages, videos, and search terms, compared to industry standards
- Percentage increase in silver plan enrollments over previous year
- Percentage of silver plan uptake by self-service customers below 250 percent FPL, compared to the national average and compared to navigators and brokers enrollments

GOAL #4

PROMOTE EQUITY ACROSS THE SYSTEM

The Exchange remains committed to supporting customers who need assistance overcoming barriers to seek and select health insurance coverage. This includes continuing to provide access to tools and resources that support the enrollment of groups at risk for obstacles to access through *Washington Healthplanfinder*, and initiating and delivering proactive policies that identify and reach the state's groups at risk for obstacles to access.

Use equity benchmarks to improve access and quality of customer experience

In collaboration with the Health Equity Technical Advisory Committee (TAC), the Exchange has developed equity metrics to measure progress toward incorporating equity work across Exchange functions. These metrics include data from: *Washington Healthplanfinder*, the call center, the corporate website, consumer surveys, program assessments, and other external data sources. This will include development of a survey that will capture qualitative data on language barriers from consumers and community partners who work most directly with limited English proficient populations. Equity data will be shared with stakeholders to inform their outreach and enrollment efforts.

The Health Equity TAC will work with the Exchange to develop corresponding equity benchmarks. Progress toward meeting established benchmarks will be regularly communicated to the Exchange Board, Health Equity TAC, and Exchange staff. Findings will also be used to inform: website enhancements, health insurance literacy projects, updates to the Language Access Plan, and development of a Disability Access Plan.

Key Strategies



Utilize equity benchmarks to improve performance



Improve outreach to and retention of groups at risk for obstacles to access



Advance health equity efforts in the state



GOAL #4

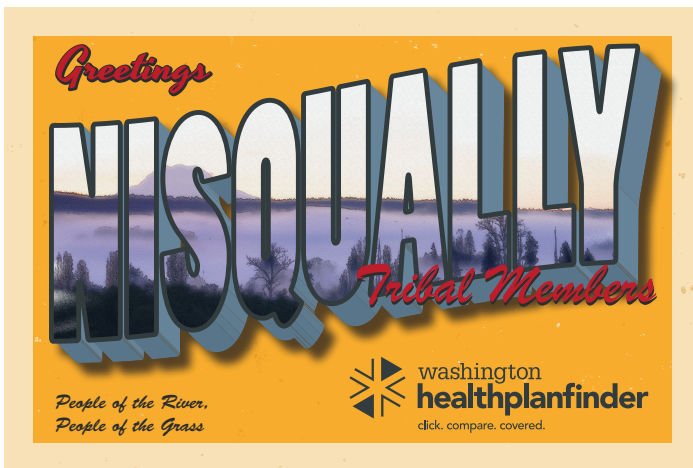
Improve outreach to and retention of groups at risk for obstacles to access

The Exchange has utilized available data, developed new partnerships, and furthered existing partnerships to help identify and engage hard-to-reach populations.

To further reach and retain audience-specific groups, the Exchange will help compile and disseminate best practices utilized by consumer assisters (e.g., navigators, brokers, tribal assisters, community partners) who provide culturally and linguistically appropriate services to hard-to-reach groups at risk for obstacles to access. The Exchange will also continue to ensure that consumer assisters are aware of American Indian/Alaska Native (AI/AN), language access, and disability resources.

The Exchange will also partner with the Tribal Advisory Workgroup, the American Indian Health Commission, urban Indian organizations, and other AI/AN organizations to conduct AI/AN-specific outreach and provide technical assistance for the tribal assisters to ensure they can fully support their AI/AN enrollees. The Exchange will also pursue partnerships to further outreach to urban AI/AN populations.

In addition, the Exchange will continue to partner with commissions, agencies, navigators, tribal assisters and tribal organizations, brokers, issuers, associations, refugee/immigrant agencies, community health clinics and other stakeholders to further engage: communities of color, immigrants and refugees, limited English proficient populations, rural populations, and other groups disproportionately impacted by health disparities.



Tribal Outreach Postcards - Nisqually and Colville

GOAL #4

Advance health equity efforts in the state

To further understand and address health disparities, the Exchange will partner with carriers and other organizations in a statewide effort to drive down gaps in health outcomes and reach higher levels of health equity in care delivered. This will include convening carriers to share population-specific data to help understand the unmet needs of groups at risk for obstacles to access.

The Exchange will also strategize with carriers on meaningful engagement with groups at risk for obstacles to access to learn from their experiences and perspectives on health insurance literacy, language access, cultural sensitivity and other general access to coverage issues. The Exchange will also provide carriers with needed tools to further assist groups at risk for obstacles to access.

The Exchange will leverage federal, state, and local efforts to improve the quality of health care for racially and ethnically diverse consumer populations in Washington.

Outcomes/ Measurement



- Equity benchmarks, developed in collaboration with the Health Equity TAC, to monitor equity across the Exchange
- Enrollment from groups at risk for obstacles to access comparable to state averages, including minorities, mixed QHP and WAH households, and lawfully present enrollees
- Number and percentage of churn between QHP and WAH
- Qualitative survey results, to track and monitor barriers faced by limited English proficient populations

THE 10-YEAR VISION

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Washington Health Benefit Exchange

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Looking to the future, the Exchange will seek to build on of the success it has achieved to date. It is the organization's belief that it should look beyond the current Exchange to innovative, longer term goals that will benefit consumers and the state overall. There are four themes for the 10-year vision:

PROVIDE AN EXCELLENT CUSTOMER EXPERIENCE



The Exchange will have a seamless system that adjusts to changing customer usage trends over time, including easy-to-use tools to allow customer to evaluate many aspects of the plans prior to selecting their preferred option. Customer assistance through the call center, navigators and brokers will be interconnected and offer high-quality service.

OFFER HIGHER VALUE PRODUCTS TO OUR CUSTOMERS



As the market evolves, the Exchange will offer high value products that consider cost, quality and service in the plan certification process. The Exchange will also offer more information to help consumers make informed choices about their health plans and providers.

OVERSERVE HISTORICALLY UNDERSERVED POPULATIONS



The Exchange will provide additional services, outreach and tools to consumers who have faced barriers to seeking and receiving health coverage. The Exchange will make accessing the Exchange and its coverage as easy as possible for these populations and assist in narrowing health disparities.

PROVIDE INNOVATIVE PRODUCTS IN THE EXCHANGE



The Exchange will promote innovative health insurance products that offer optimal care to its consumers. As the market evolves, the Exchange will work with carriers to design products that reflect delivery system changes and offer consumers transparent options.

Many of the elements in the 10-year vision are aspirational. It sets the stage for further action in the years to come and supports the Exchange's focus on striving for offering high-value plans through a high quality customer experience in *Washington Healthplanfinder*.

CONCLUSION

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The Exchange continues on a positive trajectory to meet its goals. The Exchange is assessing and adapting to the changing health insurance landscape, as well as learning from its experience to improve the customer experience. Moving forward, the organization will seek ongoing support from its partners and the state to support its forward-looking vision. The Exchange is on the path to succeed and will continue to bring positive change and opportunity to Washington State and its residents.

