



Washington Health Benefit Exchange Requirements for 2017 Exchange Plans

Exchange Policy Committee Meeting
February 9, 2015

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2017 Plan Certification Timeline

- February: Exchange issues Guide for Participation for 2017 plans
- April: OIC deadline for 2017 plan submission
- August/September: Exchange deadline for certifying 2017 plans
- Mid-October: Redeterminations and cross-mapping completed



Guidance Overview

- Lays out carrier requirements to participate in the Exchange
- Detailed outline of 19 criteria for QHPs
- Updated annually
- Carriers sign Participation Agreement annually that attests to meeting requirements laid out in the Guidance for Participation



2017 Updates: QRS and QIS

- New programs being introduced for 2017 (per the ACA)
- Quality Rating System (QRS): star-based quality rating system on CMS-chosen measures; collected and analyzed by CMS; send us star ratings
 - Phased in approach
 - 2017: overall rating + consumer satisfaction
- Quality Improvement Strategy (QIS): carrier identifies area to implement program to have measureable improvements in certain area
 - Must be tied to a payment structure
 - For certification, submit area of focus, measures, targeted population, etc.; updates from carrier on regular basis
 - Intent is not to be used as a consumer shopping tool



2017 Updates: Carrier Requirements

- Updates based on premium aggregation removal: requirements for timeframes for receiving EDI files from carriers to ensure Healthplanfinder has accurate paid enrollment data
- Exploring options to discourage carriers exiting Exchange after being certified (i.e., Moda and CUP)
- Clarifications on existing requirements – accreditation, sponsorship, provider directory





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click. compare. covered.