

**Washington Health Benefit Exchange
Operations Committee Meeting Minutes
January 28, 2025, 1:00 p.m. – 2:30 p.m.**

Operations Committee Members Present:

April E. Lynne, Chair
John Schapman
Dr. Janice Greene

Washington Health Benefit Exchange Staff Present:

Ingrid Ulrey, Chief Executive Officer	Tara Lee, Chief of Communications
Jim Crawford, Chief Financial Officer	David Sorrell, Chief Information Officer
Leah Hole-Marshall, General Counsel & Chief Strategist	Dan Gonzalez, Compliance Officer
Carla Reyes, Chief Operating Officer	Christine Gibert, Policy Director
Margaret Dennis, Analytics Leader	Spring Tudich, Call Center Manager
	Kelly Aaron, Navigator Support Manager

Welcome, Roll Call and Agenda Review

Operations Committee Chair, April E. Lynne, called the meeting to order at 1:03 p.m.

Approval of Meeting Minutes – January 28, 2025

The October 15, 2024, meeting minutes were approved as presented.

CEO Welcome – Ingrid Ulrey, Chief Executive Officer

Ingrid Ulrey welcomed the committee and discussed changes in the federal and state authorizing environment, budget and policy priorities, and upcoming events like Board Hill Day.

Finance Report – Jim Crawford, Chief Financial Officer

Jim Crawford reviewed the finance report which highlighted a trend of underspending, with a Year-to-Date variance of \$498,126 or 1.8% under budget. The biennial appropriation of \$125 million for premium assistance was discussed, focusing on managing resources effectively to ensure sufficient funds for Cascade Care Savings through calendar year 2025, with a projected spending of \$107 million. Also reviewed were the SFY 2025 Expenditure reports by fund source, object and department with each one reflecting a slight trend of underspending.

Jim touched on the temporary issue with Medicaid payments not being processed by the federal government due to a Presidential EO, which caused concern among WA and other states. The federal administration is working to resolve the issue, and Jim is following the situation closely.

On the state level, the Ferguson administration issued directives for budget reduction options due to a serious state budget problem. The Health Care Authority's target is about a million dollars over two years, which is not expected to be a significant issue for the Exchange.

Open Enrollment Wrap-Up – *Spring Tudich, Call Center Manager, Margaret Dennis, Analytics Leader, Tara Lee, Chief Communications Officer, and Kelly Aaron, Navigator Support Manager*

Spring Tudich highlighted the outcomes of Open Enrollment 12 which saw a decline in contact levels compared to the previous year, indicating a return to pre-pandemic levels. The customer support center met efficient performance standards.

Kelly Aaron spoke on the crucial role navigators played this year in assisting approximately 46% of health plan enrollees. Also, the American Indian Health Commission (AIHC) has been contracted to assist the 100-plus tribal assisters throughout the state.

John Schapman questioned if the 1332 waiver recipient enrollment numbers were impacted during Open Enrollment. Leah explained there was an increase seen and that overall enrollment for this year was record-breaking with a 14% increase compared to last year.

Margaret Dennis talked about how the enrollment for this year was record-breaking, with a 14% increase compared to last year. The target of 301,000 was surpassed before the end of the enrollment period. The increase was attributed to Medicaid redetermination and special enrollment periods. Affordability concerns were noted, with a drop in average premiums and an increase in bronze plan enrollments. The effectuation rate will be monitored for the next two months. Customer enrollment for either Standard or Standard – Public Option plans has increased each year, with 2025 reflecting the highest percentage at almost 80%.

IT Updates – *David Sorrell, Chief Information Officer*

David Sorrell covered the IT Modernization Initiative, a multi-year project aimed at updating and improving IT systems. The current focus is on IT modernization with the migration from Oracle to Microsoft backend and a go-live date of March 17th. The migration is expected to improve service levels, redundancy, recovery capabilities, and cost-effectiveness.

The Security and Disaster Recovery Improvement Project (SIP), aims to improve login and monitoring capabilities, update the Continuity of Operations Plan (COOP), and assess security and disaster recovery capabilities. The Exchange is now partnering with WaTech to help expand the need for extended monitoring capabilities. The project is on track to implement a new login solution and expanded monitoring capabilities this quarter, plus have an updated COOP by the end of the fiscal year.

Rhode Island experienced a security breach in December, affecting their online portal and exposing sensitive information of 650,000 customers. The breach was caused by a group called BrainCypher. Rhode Island extended their open enrollment and is in the process of restoring their systems.

A workgroup is developing a strategy for AI adoption, with initial capabilities being rolled out internally. Microsoft Copilot and GitHub Copilot are being introduced to assist staff and developers. Initial guidelines for AI use have been drafted.

Auto Enrollment Study – *Leah Hole-Marshall, General Counsel & Chief Strategist*
Leah Hole-Marshall shared a feasibility study that was conducted to understand the transition of individuals from Medicaid to qualified health plans (QHP) and vice versa. The study highlighted the issue of uninsured individuals due to administrative barriers. Approximately 25% of those leaving Medicaid are potentially uninsured.

The study focused on the possibility of implementing a streamlined application process. The study highlighted the disparity in the uninsured population, which is disproportionately marginalized due to socioeconomic factors, discrimination, and barriers like transportation and language. The study did not focus on the causes but on the outcomes. The team is working on customer surveys to understand why eligible individuals do not select plans, with cost being a significant factor.

The proposal involves automatically enrolling eligible individuals into Qualified Health Plans (QHP) when they are no longer eligible for Medicaid. Actuaries estimate that about 145,000 people would be eligible, with 75,000 expected to enroll. The automated system would require a two-year period and \$4 million in launch costs. The system aims to reduce administrative barriers by allowing individuals to easily enroll by clicking a button.

Next steps would involve submitting a report to the legislature and obtaining funds to start the work. The Exchange needs to balance multiple priorities and recognize the need for legislatively appropriated funds.

Public Comment

There were no public comments.

Adjourn

April E. Lynne, Chair adjourned the meeting at 2:08 pm.



