



2025 Plan Certification: QHP Guidance for Participation

Exchange Policy Committee Meeting

March 19, 2024

Christine Gibert, Policy Director (she/her)

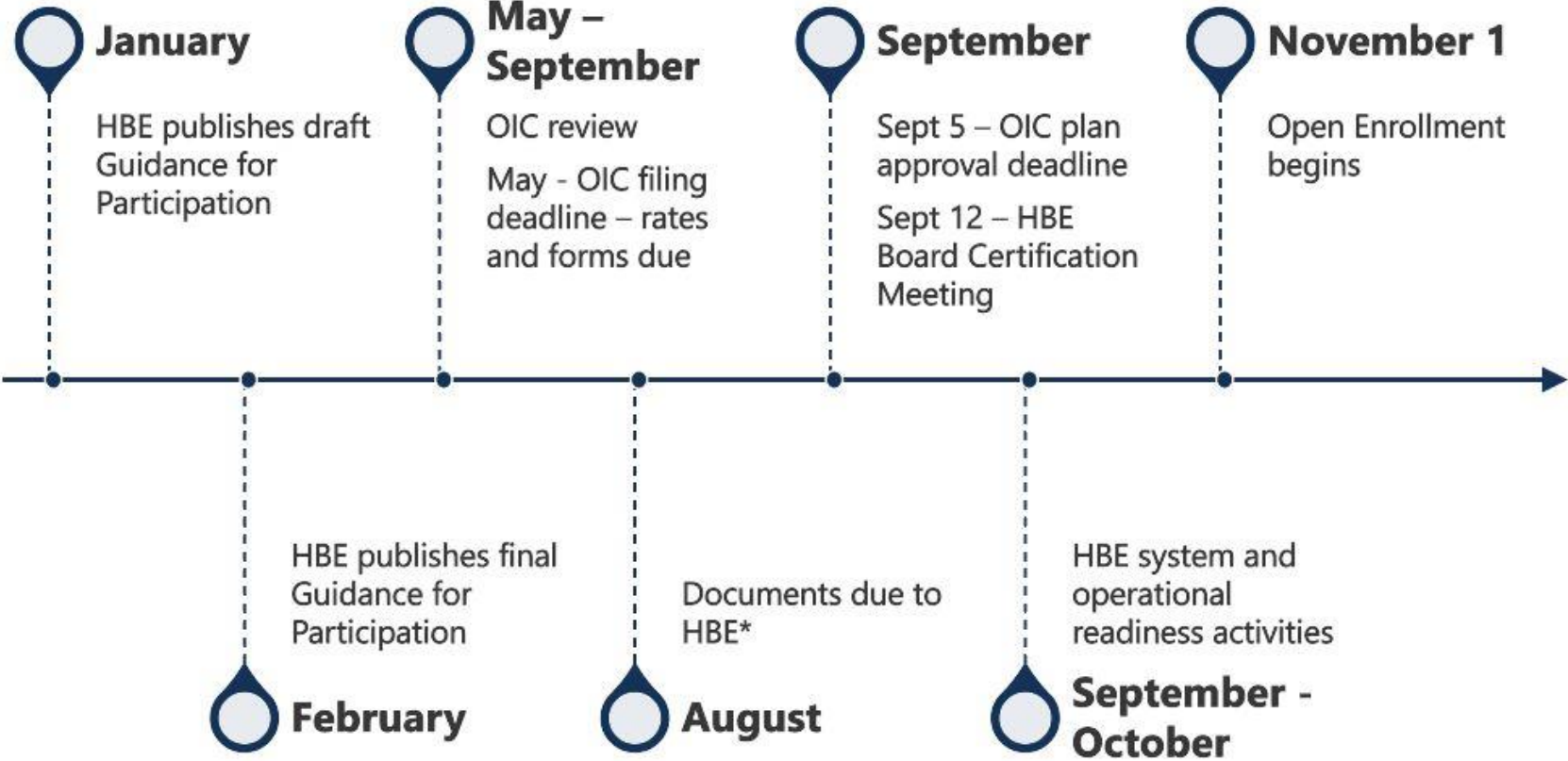
Kristin Villas, Senior Policy Analyst (she/her)

Agenda

- **Guidance for Participation: Scope and Purpose**
- **Stakeholdering Process**
- **Highlights of Changes for 2025**
- **Next Steps**



PY 2025 Plan Certification Timeline



*E.g., Cross Mapping, Quality Forms, Marketing Brochures, Participation Agreements, Accreditation, Summary of Benefits and Coverage

Guidance for Participation - Scope and Purpose

Document published annually that sets forth Exchange participation requirements for carriers for the upcoming year

- The Board determines if carriers meet the 19 criteria detailed in Guidance, granting certification to “Qualified Health Plans” to be offered on the Exchange
- Certification criteria come from federal ACA regulations and state statute
- The Exchange and OIC share authority over certification criteria
- Carriers sign a Participation Agreement each year to be considered for certification, in which they agree to requirements set forth in Guidance

A Component of the Cascade Care Vision

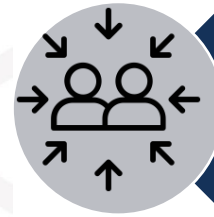
Cascade Care

Cascade Care makes health insurance accessible and affordable for every *Washington Healthplanfinder* customer.

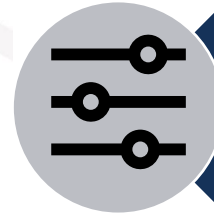


- Lower premiums**
- Higher quality benefits**
- Lower copays**
- Easier plan shopping**
- Available in all counties**
- Extra savings for those who qualify**

Core Action Opportunities



Maximize ability to strengthen Exchange participation requirements (Guidance for Participation)



Move in a direction to require that plans offered are meaningfully different to minimize choice overload



Cascade Care plans have higher requirements to deliver affordability, quality, value, and equity



Maximize opportunities to address underlying costs through Cascade Select (public option)



Guidance for Participation – Annual Stakeholdering Process

- December - Meet with carriers to preview potential areas of change for the next year's Guidance
- January - Publish draft Guidance for the upcoming plan year and meet with carriers to discuss
- January/February - Gather feedback from carriers and OIC
- February - Publish final Guidance for Participation for upcoming plan year

Highlights of Final 2025 Guidance for Participation

Developing the Exchange's Role as Market Steward

- Plan Certification Process Improvements
 - Theme for 2025: Partnership with OIC to reinforce importance of completing Plan Certification on time
 - Goal: No surprises in September when it's time for Board certification; all carriers achieve OIC approval by due date
- Quality Initiatives
 - Theme for 2025: Embedding carrier quality performance standards in QHP certification expectations
 - Goal: Progress toward Exchange goal of every customer being enrolled in a *high-quality*, affordable health plan

Plan Certification Process Improvements

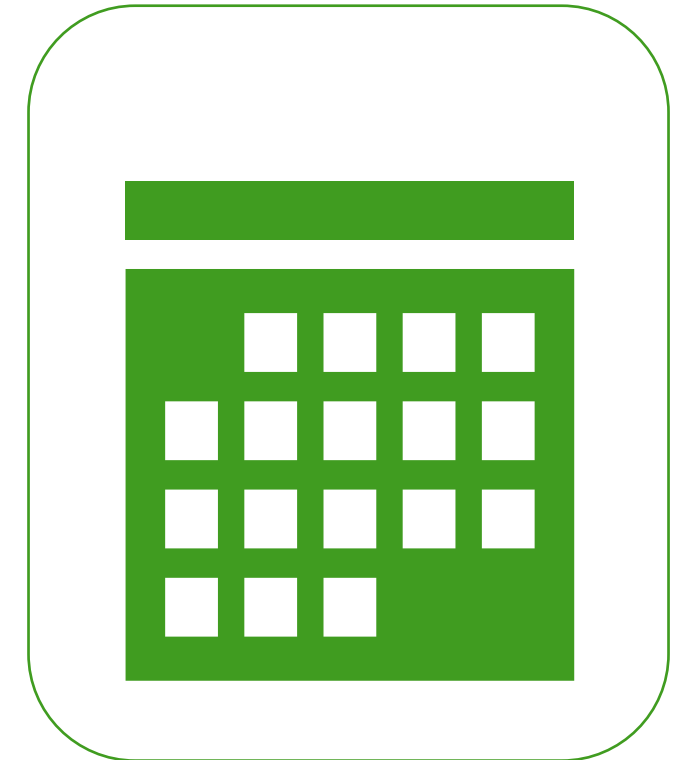
Reinforcing Plan Certification due dates & keeping the Exchange informed

Issue

- Meeting plan certification milestones on time is necessary to stay on track for Board certification and successful open enrollment
- In past years, carriers have missed important deadlines, requiring contingency planning and endangering open enrollment preparedness

Approach in Final 2025 Guidance

- Clarify that timeliness is considered part of certification criteria
- Carriers expected to communicate with the Exchange as plan certification due dates approach
 - Advance notice required if carrier has concern about not meeting a deadline
 - As OIC approval date approaches, inform Exchange of all OIC objections
- Provide clear expectations for remediation if deadlines are missed



Plan Certification Process Improvements

Driving toward critical Plan Certification deadlines

Issue

In recent years, carriers not receiving OIC approval by the deadline has endangered the success of open enrollment by postponing certification and delaying critical downstream OE readiness work

Approach in Final 2025 Guidance

- Carriers are required to secure OIC plan approval by September 5, in order to be presented to Board for certification on September 12
- Carriers who do not receive OIC approval by September 5 will be considered by the Board on a case-by-case basis, which could include:
 - Discussion between carrier CEO and Exchange Board
 - Carrier assessment of costs of holding additional Board meetings and Exchange re-work



Quality Program Enhancements

Elevating Quality Performance Expectations

Issue

Prior Guidance included the following reporting and performance expectations:

- Performance at or above the 66th percentile* for two required measures: Cervical Cancer Screening and Antidepressant Medication management (will be reported in 2025)
- Submission of Exchange population data to WA Health Alliance (starting 2024)

Approach in Final 2025 Guidance

- Utilizing carrier performance and WHA quality data beginning in 2025
 - Performance will be shared with Board during Plan Certification activities
 - Exchange will consider incorporation of quality performance in Healthplanfinder shopping experience in future years
- Used to inform future quality requirements and leverage WHA tools (e.g., waste report)



Quality Program Enhancements

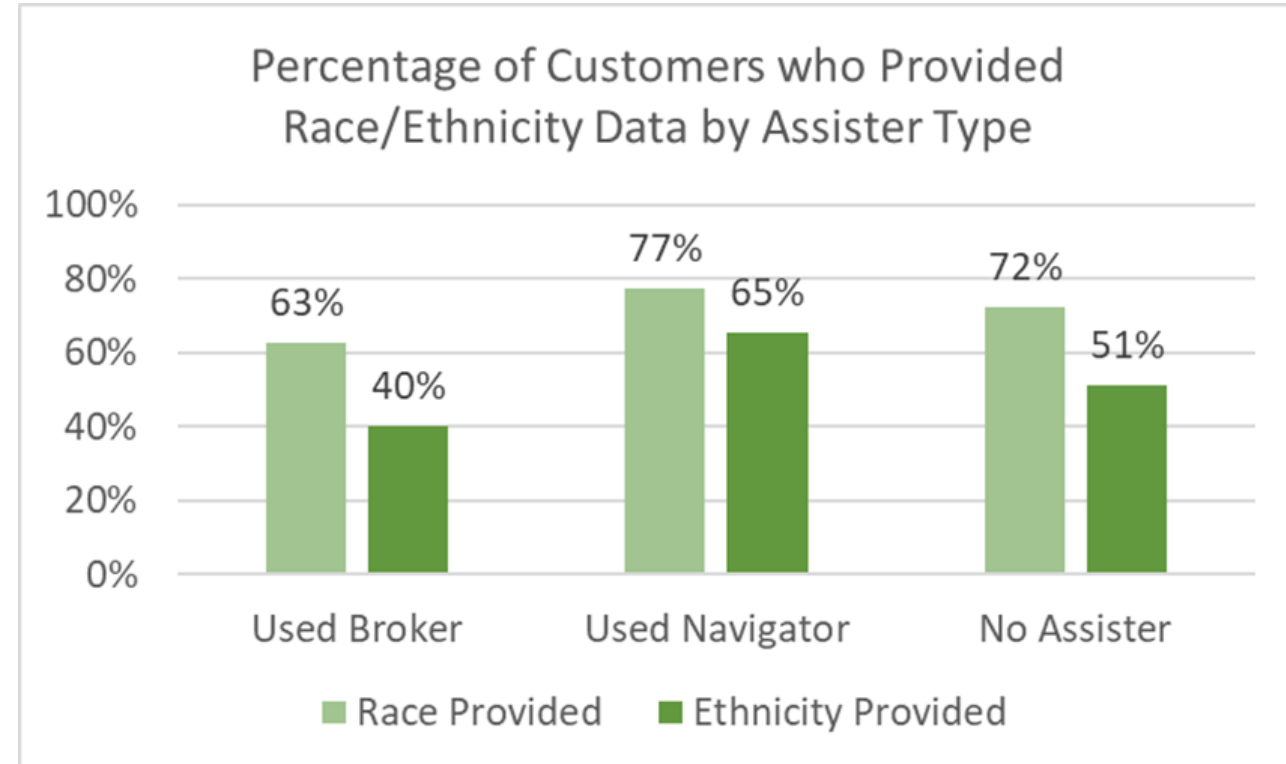
Improving collection of race and ethnicity data

Issue

- Most carriers still falling below the 80% NCQA standard for self-identification of race and ethnicity data effective for measure year 2024 (reported in 2025)
- Customers paired with producers less likely to provide race/ethnicity information

Approach in Final 2025 Guidance

- 2025 QIS form (submitted 2024) will require carriers to adopt and report on strategy to partner with producers to increase data collection



- Producers assisted 91,000 customers
- Navigators assisted 17,000 customers

Source: Exchange 2023 Fall Enrollment Report

Quality Program Enhancements

Implementing Bree Collaborative Primary Care recommendations

Issue

Prior Guidance required carriers to select one of three Bree Primary Care primary care recommendations for health plans

- Most carriers chose: "Members select or are paneled to a primary care provider/team through a claims-based attribution process or other assignment mechanism"
- Despite choosing this strategy, PCP attribution rate varies widely

Approach in Final 2025 Guidance

- All carriers required to report on "Primary Care Selection/Assignment" strategy
- Exchange will discuss implementation of this strategy with carriers as a group, seeking to identify best practices and understand low assignment/attribution rates (<80%)

Carrier	2024 QIS PCP Rate	Current Bree Primary Care Strategy
CHPW	100%	Enrollee information about Primary Care
LifeWise	100%	Primary Care Selection/Assignment
Molina	100%	Primary Care Selection/Assignment
UnitedHealthCare OR	100%	Enrollee information about Primary Care
Kaiser WA	94%	Primary Care Selection/Assignment
Kaiser NW	83%	Primary Care Selection/Assignment
Coordinated Care	82%	Primary Care Selection/Assignment
Premera	66%	Primary Care Selection/Assignment
BridgeSpan	63%	Primary Care Selection/Assignment
Regence WA	62%	Primary Care Selection/Assignment
PacificSource	60%	Primary Care Selection/Assignment
Regence BCBS OR	9%	Primary Care Selection/Assignment

Transparency and Accuracy of Plan Benefits

Seeking Consistency in Standard Plan Benefit Summaries

Issue

- Carriers' standard plan benefit summaries use different language to describe cost sharing and different values in the cost sharing fields, creating confusion for customers

All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	First two visits: \$1 Copay / visit; deductible does not apply. Additional visits: \$30 Copay / visit; deductible does not apply.		
	Specialist visit	\$65 Copay / visit; deductible does not apply		

Approach in Final 2025 Guidance

- Exchange will publish standard plan benefits summary templates with cost-sharing values pre-populated, ensuring some consistency across carriers' benefit descriptions
- Ensures that cost-sharing values appear consistently and accurately in standard plans, for all carriers



Next Steps

- Carriers are underway currently building 2025 plans and rates
- OIC filing deadline for 2025 plans is May 16
- HBE and OIC will be in close communication throughout plan certification process
- We will come back to Board in summer with more information about 2025 landscape and carrier progress



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Guidance for Participation – Certification Criteria

Certification criteria include a wide range of requirements for carriers to offer QHPs on the Exchange, including:

- Compliance with market rules on offering plans, including participation in Cascade Care Savings program*
- Submission of provider directory data
- Implementation of a quality improvement strategy
- Reporting of quality and health performance data
- Compliance with benefit design standards (e.g., “metal levels,” EHB, standard plan design)*
- Submission of health plan benefit, cost-sharing, and premium rate data to display on web pages for consumer shopping*

[Final Guidance for Participation](#) located here

* Criterion governed jointly by OIC and WAHBE

WAHBE-governed Certification Criteria

1. Pay assessed user fees*
2. Comply with market rules on offering Plans, including participation in State Premium Assistance Program**
3. Achieve accreditation with a national organization
4. Meet marketing requirements*
5. Submit provider directory data*
6. Implement a quality improvement strategy
7. Submit health plan data in standard format for presenting health benefit plan options to consumers (Summary of Benefits and Coverage)*
8. Report quality and health performance data
9. Use the Exchange enrollment application
10. Comply with benefit design standards (e.g. cost sharing limits, “metal level,” EHB, standard plan design)**
11. Submit health plan benefit, cost-sharing, and premium rate data to display on web pages for consumer shopping* **

* Applies to both Qualified Health Plans and Qualified Dental Plans **Criterion under purview of both OIC and WAHBE

OIC-governed Certification Criteria

1. Be licensed and good standing*
2. Comply with risk adjustment program
3. Comply with market rules (e.g., offer at gold and silver level, participate in State Premium Assistance Program)**
4. Comply with non-discrimination rules*
5. Meet network access requirements*
6. Use hospital patient safety contracts
7. If offered, integrate direct primary care medical home into QHP
8. Comply with benefit design standards (essential health benefits, limits on cost sharing, metal levels, standard benefit design)**
9. Comply with service area standards for a QHP (e.g., county, zip code) and submit rates for a plan year*
10. Must post justifications for premium increases
11. Must submit QHP benefit and rate data for public disclosure**

* Applies to both Qualified Health Plans and Qualified Dental Plans **Criterion under purview of both OIC and WAHBE