

Three horizontal bars of equal height are positioned above the title. The first bar on the left is grey and spans approximately two-thirds of the width. The second bar in the middle is orange and spans approximately one-third of the width. The third bar on the right is red and spans approximately one-third of the width.

WASHINGTON HEALTH BENEFIT EXCHANGE

FINANCIAL STATEMENTS

and

REQUIRED SUPPLEMENTARY INFORMATION

With Independent Auditor's Report

June 30, 2020

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WASHINGTON HEALTH BENEFIT EXCHANGE

June 30, 2020

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INDEPENDENT AUDITOR'S REPORT

The Board of Directors
Washington Health Benefit Exchange

Report on the Financial Statements

We have audited the financial statements of Washington Health Benefit Exchange (a component unit of the State of Washington) (the Exchange) as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the Exchange's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Exchange as of June 30, 2020, and the changes in its financial position and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.

Other Matters

Required Supplementary Information

U.S. generally accepted accounting principles require that the Management's Discussion and Analysis on Pages 3 through 11 and the information listed under Required Supplementary Information in the table of contents be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with U.S. generally accepted auditing standards, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 26, 2020 on our consideration of the Exchange's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Exchange's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Exchange's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
October 26, 2020

WASHINGTON HEALTH BENEFIT EXCHANGE

Management's Discussion and Analysis

Year Ended June 30, 2020

Washington Health Benefit Exchange Overview

The Washington Health Benefit Exchange (the Exchange or HBE) is a central marketplace for individuals and families to find, compare, and enroll in qualified health insurance plans. On October 1, 2013, Washington Healthplanfinder (Healthplanfinder) began offering Washington State residents:

- online comparisons of Qualified Health Plans (QHP);
- immediate determination of eligibility for financial assistance and calculation of applicable premium tax credits;
- expert customer support online, by phone or in-person through its assister network program; and
- eligibility determinations for enrollment in Washington Apple Health, the State's Medicaid program.

The Exchange's mission is to radically improve how Washington residents secure health insurance through innovative and practical solutions, an easy-to-use customer experience, our values of integrity, respect, equity and transparency, and by providing undeniable value to the health care community.

The Exchange's objectives are to provide:

- innovative and practical solutions;
- an easy-to-use customer experience;
- our values of integrity, respect, equity, and transparency; and
- undeniable value to the health care community

Key Activities and Operations through June 30, 2020

Establishment – The Washington Health Benefit Exchange was established in 2011. The Exchange was created through Washington State law as a “public-private partnership, separate and distinct from the State” that is governed by an 11-member Governing Board (including the Washington Insurance Commissioner and Director of the Health Care Authority as ex-officio non-voting members). The enabling statute required that a state-based marketplace be established for individuals and small employers to shop for health insurance and access federal tax credits. Implementation guidelines were established for the Exchange, including market rules, requirements for Qualified Health Plans (QHPs), essential health benefits and other key Exchange responsibilities, including the requirement that the Exchange be self-sustaining.

2020 Washington State legislative session – During the 2020 legislative session, bills were passed to:

- Address the COVID-19 pandemic
- Address health care costs (including establishment of a health care cost transparency board; establish insulin cost-sharing requirements)

WASHINGTON HEALTH BENEFIT EXCHANGE

Management's Discussion and Analysis

Year Ended June 30, 2020

- Expand health coverage (including for state mandated benefits and mental health parity requirements)
- Streamline health care delivery (including developing standards for telemedicine)
- Establish data protections
- Promote equity and inclusion

The Exchange's 2020 legislative priorities included: maintaining capacity to deliver on commitments from the 2019 session, including Cascade Care; leveraging the Washington Healthplanfinder platform; and receiving our requested supplemental budget.

Senate Bill 5526 was passed by the Washington state legislature in 2019. The bill creates new standard plans and public option plans that will be offered through Washington Healthplanfinder for Washingtonians and directs the Exchange to develop a state premium subsidy study and implementation plan.

These new plan options, marketed as Cascade Care, are expected to improve the stability and affordability of the individual market and provide better value for Exchange consumers. Standard plans and public option plans will be offered exclusively through Washington Healthplanfinder during open enrollment starting November 1, 2020 for coverage beginning January 1, 2021. The introduction of standard and public option plans is an important step in moving the individual market toward better, more affordable health plans for the Exchange's consumers.

HBE worked with stakeholders to develop the standard plans (standardized benefit designs) at the bronze, silver, and gold levels. All participating Exchange carriers must offer standard plans and may offer additional non-standard plans. Standard plans allow customers to compare "apples to apples" plans and have achieved lower deductibles (on average \$1,000 lower) and more services available at a flat copay, prior to deductible.

HBE also worked with the Health Care Authority on the Public Option procurement. While that procurement is not yet final, five carriers submitted bids and contracts with successful carriers are expected to be signed in time for the plan year 2021 offering.

HBE is currently working with an actuarial firm to develop a subsidy model that can be adjusted based on certain parameters and is working with stakeholders on the subsidy study. The report is expected to be completed and submitted to the legislature in November 2020.

COVID-19 – In response to the COVID-19 pandemic, the Exchange opened a special enrollment period for uninsured customers from March 10 to May 8, 2020. During that time, nearly 22,000 individuals signed up for health coverage, including about 7,000 uninsured through the temporary special enrollment period (SEP) and 15,000 through existing, ongoing SEPs triggered by qualifying events like loss of employer coverage, loss income (new subsidy eligibility), and other changes in program eligibility.

The overall impact on net qualified health plan enrollments is yet to be determined. While an increased number of customers have signed up for coverage, not all of them are expected to complete the enrollment process by making a payment. In addition, an increased number of customers are transitioning from qualified health plan coverage to Washington Apple Health, and some are dropping coverage. The Exchange will continue to track this market movement which will be the subject of future analyses.

WASHINGTON HEALTH BENEFIT EXCHANGE

Management's Discussion and Analysis

Year Ended June 30, 2020

Other Exchange responses to the COVID-19 pandemic include:

- The Exchange transitioned quickly and effectively to fully remote work for nearly all staff in early March. The combination of high-quality technology and IT systems and support, together with a flexible professional staff, has enabled all work functions at the Exchange to remain effective in the remote environment. The Exchange also facilitated the transition of our contracted call-center support to remote work
- In this new work environment, the Exchange responded to federal and state regulatory and policy changes in response to COVID-19. The Exchange executed new and updated tools for customers to keep Healthplanfinder updated during the pandemic and responsive to the needs of a growing population of uninsured customers who have lost employer-based health coverage. This continues to have a positive impact on enrollment.
- Washington state general revenues have shrunk due to the economic recession brought on by COVID-19. Current projections are that general fund state revenues will decline by \$3.8 billion over the next three fiscal years. The Exchange has limited general fund appropriations. Dedicated state revenues from premium taxes and assessments, as well as federal Medicaid funding, remain stable and are projected to increase with projected enrollment.

Funding – The largest source of funding during the fiscal year ended June 30, 2020 came from premium tax and carrier assessment revenues. The premium tax is a two percent tax on health plans that are sold through the Exchange. The assessment is a set rate based on monthly enrollments for qualified health and dental plans offered by carriers on the Exchange. Premium tax and assessment funds are maintained in an account with the Washington State Treasurer, and the account is administered by the Washington State Health Care Authority.

The Exchange also receives a State General Fund appropriation from the Washington State Legislature that is used as a portion of its Medicaid or Children's Health Insurance Program (CHIP) matching funds. Lastly, the Exchange receives General Fund Federal (Medicaid and CHIP) appropriations from the State Legislature for eligible costs under those programs. The Exchange submits Advanced Planning Documents (APD's) through the Health Care Authority that allow it to receive enhanced Medicaid funding for approved operational and implementation costs.

Staffing and Infrastructure – As of June 30, 2020, the Exchange had approximately 145.5 budgeted full-time equivalent employees supporting operations; information technology; communications, outreach and marketing; financial management; policy; and legal. In addition, the Exchange contracted for a variety of specialized consulting services, such as actuarial, system development, testing, and project management. The Exchange had 11 vacant positions as of June 30, 2020.

Communications and Transparency – To keep the public and constituents informed of ongoing progress of the Exchange, the Exchange's website, www.wahbexchange.org, provides information to stakeholders and the public. The Exchange complies with the Washington open public meetings and public disclosure laws, but is not subject to other laws that govern state agencies. The Exchange's website contains archived documents from previous meetings of the Exchange Board and associated committees, including supplemental reports and presentations. In addition, the website provides public access to audio recordings from each of the Board meetings.

Outreach and Education – The Exchange has continued outreach and educational efforts centered on improving health literacy and instructing Washington residents on their coverage options and where to find assistance. To promote the outreach effort, the Exchange has created a number of online resources

WASHINGTON HEALTH BENEFIT EXCHANGE

Management's Discussion and Analysis

Year Ended June 30, 2020

and printable materials as well as a complete, searchable archive of frequently asked questions and glossary of health insurance terminology. The Exchange has also employed health literacy videos that make people aware of the opportunity to gain health insurance coverage and layout the overall enrollment process.

The Exchange continues to leverage the WAPlanfinder, the Healthplanfinder mobile application, to provide additional push notifications to customers in order to provide them with relevant information and alerts about their coverage.

From October 2019 to January 2020, the Exchange conducted the bulk of its advertising campaign, leaning heavily on predominately digital and radio channels, traditional advertising, such as billboard, inside bus advertisement, and gas toppers, and encouraging residents to enroll or re-enroll in health insurance through Washington Healthplanfinder.

Utilizing social media, native articles, audio and video streaming services including Hulu, Spotify and Pandora, these “content on demand” platforms continue to grow in audience size. The campaign’s overall messaging was centered on the theme of being a “Plan for How You Live” to find information and used visuals to show how to use the new Smart Planfinder tool to get health insurance that meets the customer needs.

As a way to reach Latino audiences, Healthplanfinder partnered with Spanish-language television station Univision. Univision developed a series of 30-second PSAs, and anchor Jaime Mendez sat down for interviews with Spanish-speaking navigators to highlight the free, in-person help available. The campaign aired on Univision’s Seattle and Yakima stations and included promotion through social media. Additionally, the commercial was played during the MLS Cup Sounders’ game.

The Exchange continues to maintain a social media presence with handles on Facebook, Instagram, and Twitter. The Exchange also has a YouTube channel.

The Exchange continues to receive considerable earned media coverage on both the state and national level. Local outlets, including the Seattle Times, Seattle Post Intelligencer, Spokesman Review, Olympian, Tacoma News Tribune, King 5 (NBC affiliate), KOMO 4 (ABC affiliate), and KIRO 7 (CBS affiliate) have featured stories on Healthplanfinder. National outlets such as CNBC, CNN, Politico, Washington Post, New York Times, and USA Today have also covered the work of the Exchange.

Exchange Website – The Exchange is committed to maintaining a best-in-class online health insurance marketplace experience for customers. Our focus over the past year has been to implement new functionality to support all Washingtonians. More specifically our teams implemented multiple-enrollment functionality which will enable AI/AN customers to be able to apply as a single household regardless of whether all household members are AI/AN. In addition, we implemented COFA dental functionality to enable COFA applicants to enroll in dental coverage at reduced costs.

HPF has been significantly modified to implement the Cascade Care program. Shopping and plan selection is now easier and with new options for assistance and support. In addition, teams continued to reduce our technical debt by replacing aging products like Oracle OAG with modern open source products.

The Exchange continued its transition to an Agile and Development, Security, and Operations (DevSecOps) methodologies for development of future Healthplanfinder enhancements. The switch from a waterfall to Agile has already yielded results such as improved quality and more frequent releases. Agile and DevSecOps should allow the Exchange to more rapidly develop Healthplanfinder enhancements for our customers and respond to changes in the individual market.

WASHINGTON HEALTH BENEFIT EXCHANGE

Management's Discussion and Analysis

Year Ended June 30, 2020

Navigator Program – The Exchange contracts with nine “Lead Navigator Organizations” throughout the state to administer the Navigator Program. Each lead organization is responsible for the delivery of Navigator services throughout a designated geographic service area. Lead organizations assess their service area and identify populations who are vulnerable and/or hard to reach and develop an outreach plan designed to enroll this population. To accomplish this outreach and enrollment, lead organizations build a network of community partners who are best suited to serve these target populations, and coordinate outreach efforts among these partners.

Navigator organizations conduct and participate in hundreds of outreach events in communities throughout the state annually, from very large events that reach hundreds of people, to small events specifically targeted to hard-to-reach populations. As a result of COVID-19 and the disruption to regular in-person enrollment activities, Lead Organizations worked quickly to adapt their enrollment services to accommodate customers via a virtual assistance format. In a very short period of time all nine Lead Organizations adapted their technology and assistance services to assist customers over the phone and with the use of video conferencing technology. These actions enabled the Navigator program to continue offering a robust and skilled network of assisters readily available to help customers enroll even during a time when in-person assistance was not possible in many cases.

More than 900 Navigators are trained and certified to help customers shop, apply, and enroll in coverage and to provide consumer education to those who are new to insurance coverage. Navigators explain all aspects of QHP and Washington Apple Health Enrollment, including out-of-pocket expenses, free preventive care available, tax credit eligibility and related requirements for subsidized customers, using primary care, and much more. Navigators also provide year-round assistance to customers who need to report changes to their application, so their eligibility return results remain current resulting in enrollment in the correct program

An automated learning management system (LMS) is used by the Exchange to administer training modules and related exams and to track completion of Navigator requirements. In the spring of 2020, the Navigator program released an updated version of the LMS which included a cultural competency section. Working with the Exchange's Director of Diversity, Equity and Inclusion, the LMS' cultural competency section was populated with resources aimed at ensuring all Navigators have access to the information and materials necessary to serve the Exchange's diverse customers. The Exchange also administers a Certified Application Counselor Program for organizations who are outside a lead organization network, and a Tribal Assister Program for Navigators who are members of Washington tribes and deliver services primarily to their tribal members.

Plan Enrollment – The following table presents enrollment numbers for Washington Apple Health and Qualified Health Plan enrollees from July 1, 2019 through June 30, 2020:

Month/Year	Total QHP Enrollees	Total Medicaid Enrollees
Jul 19	184,936	1,493,669
Aug 19	182,861	1,493,593
Sep 19	181,008	1,492,133

WASHINGTON HEALTH BENEFIT EXCHANGE**Management's Discussion and Analysis****Year Ended June 30, 2020**

Month/Year	Total QHP Enrollees	Total Medicaid Enrollees
Oct 19	179,057	1,492,172
Nov 19	176,260	1,494,318
Dec 19	169,718	1,502,471
Jan 20	185,907	1,502,403
Feb 20	187,753	1,497,899
Mar 20	187,136	1,506,799
Apr 20	189,935	1,539,259
May 20	190,358	1,573,107
Jun 20	189,851	1,607,325

Customer Support Center (Call Center) – The Exchange call center services are provided under contract with Faneuil, Inc. The site locations remained unchanged for the Open Enrollment ramp up for 2019 with the primary site located in Spokane, Washington, and overflow call services provided out of other Faneuil call center locations in Orlando, Florida and Wichita, Kansas. Following Open Enrollment, the overflow staff ramped down and the Wichita, Kansas location closed in February 2020. The contract re-procurement provided for IT infrastructure, security, telephony, and hardware upgrades, plus training and quality software enhancements. Additionally, the Customer Relationship Management (CRM) software allows access to live chat service for consumers in English and Spanish through the Healthplanfinder web portal application.

Customer Support Center Representatives (CSRs) are trained and available to provide assistance across customer channels (i.e. Healthplanfinder web portal, telephone, email, and mail) to individuals, carriers, navigators, and brokers. Assistance with bi-lingual call center representatives or an interpreter in up to 240 languages is available for limited English proficient persons. CSRs are trained to assist customers with health insurance eligibility, application, and enrollment; tax credits and cost sharing reductions; and non-subsidized QHP and state medical programs. Call volume and staff number variance is driven primarily by open enrollment cycles and other seasonality variables. The live chat services allows for a CSR to handle two concurrent chats with consumers using the Healthplanfinder web portal.

The Exchange and Faneuil engaged in business response planning to address the pandemic emergency. The call center provides critical services that were disrupted due to many factors. An amendment was signed to preserve resource capacity by remote deployment of its workforce and increase capacity to stabilize support services. The capacity supported an increase in consumer requests for assistance with special enrollment periods and making application changes related to economic impacts during the public health emergency.

WASHINGTON HEALTH BENEFIT EXCHANGE

Management's Discussion and Analysis

Year Ended June 30, 2020

Finance and Accounting – Finance continues to utilize Lean daily management and continuous improvement principles in its accounting functions to improve processes, increase transparency, and improve reporting capabilities.

During the year, Finance staff have been highly involved in various State of Washington Health and Human Services Enterprise Coalition (HHS Coalition) committees. The Exchange is one of five member organizations in the HHS Coalition, which was formed to provide strategic direction, cross-organizational information technology (IT) project support, and federal funding guidance across Washington's health and human services organizations. These IT project collaboration efforts will result in improved service coordination that improves the health and well-being of the people, families and communities of Washington. The collaboration efforts also enhance public stewardship through the shared use of technology investments across multiple Coalition agencies. Finance's Contracts Team successfully worked with key agency staff and leadership to successfully re-procure our systems integrator contract for our Healthplanfinder website.

Finance budget staff continue to work closely with state and federal partner agencies to improve processes for approval of the Statewide Medicaid Advanced Planning Documents (APD). The APDs are submitted for approval by the federal Centers for Medicare & Medicaid Services (CMS) and allow the Exchange to receive enhanced funding for certain Medicaid-related activities, as approved by CMS. These improved processes have allowed for the APD to be submitted well ahead of CMS deadlines, which enable the Exchange to secure Medicaid funding in a timely manner.

Financial Statements

The Washington Health Benefit Exchange financial statements—including the Statement of Net Position; the Statement of Revenues, Expenses, and Changes in Net Position; and the Statement of Cash Flows—are designed to provide an overview of the Exchange's financial position and activities. The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America as promulgated by the Governmental Accounting Standards Board (GASB). Under this method of accounting, an economic resources measurement focus and an accrual basis of accounting is used, similar to private industry. The flow of economic resources measurement focus measures all assets that are available to the entity, not only cash or soon to be cash assets. Both long-term assets and long-term liabilities are measured when using economic resources measurement focus. Revenue is recorded when earned, and expenses are recorded when incurred. Exchange management prepares this Discussion and Analysis to assist the reader of these financial statements.

The Statement of Net Position presents information on the Exchange's assets and deferred outflows of resources and liabilities and deferred inflows of resources, with the difference between them reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Exchange is improving or deteriorating. The Exchange's total net position increased to \$11.8 million as of June 30, 2020. The primary reasons for the increase were State reimbursements for Healthplanfinder website enhancements, leasehold improvements, and reduction in net pension liability. These resulted in an increase in net position of \$3.8 million from the previous year.

Following is a summary of the Exchange's assets, deferred outflows, liabilities, deferred inflows and net position as of June 30, 2020 (\$ in millions):

WASHINGTON HEALTH BENEFIT EXCHANGE

Management's Discussion and Analysis

Year Ended June 30, 2020

	As of 6/30/2020	As of 6/30/2019
Current assets	\$ 13.1	\$ 17.0
Capital assets, net	19.5	17.3
Other long-term assets	<u>0.4</u>	<u>0.7</u>
Total Assets	33.0	35.0
Deferred outflows of resources	<u>1.9</u>	<u>1.7</u>
Current liabilities	13.7	17.5
Long-term liabilities	<u>6.7</u>	<u>8.8</u>
Total Liabilities	20.4	26.3
Deferred inflows of resources	<u>2.7</u>	<u>2.4</u>
Total Net Position	<u>\$ 11.8</u>	<u>\$ 8.0</u>

The Statement of Revenues, Expenses, and Changes in Net Position reports the operating revenues and expenses as well as the non-operating revenues and expenses of the Exchange. The difference is presented as the change in net position. As recorded in the attached statement for the fiscal year ended June 30, 2020, the Exchange recognized approximately \$30.9 million in operating revenues. This represents an increase in operating revenue of over \$2.3 million when compared to the year ended June 30, 2019. The Exchange also received \$27.9 million in revenues from the federal Medicaid program matching and the state general fund for fiscal year ended June 30, 2020, which was a decrease of \$4.7 million from the previous fiscal year. Both the increase in operating revenue and decrease in Medicaid matching funds were due primarily to significant work in Qualified Health Plan specific activities, such as Cascade Care, which are not eligible for Medicaid match and, as such, require the Exchange to draw more operating funds.

Total operating expenses were \$54.9 million for the year ended June 30, 2020. The following table compares expenditures by category (\$ in millions). When comparing the fiscal year ended June 30, 2019 proportionately to the year ended June 30, 2020, Exchange expenditures decreased by \$2.3 million. This was primarily due to large one-time budgeted projects such as cloud server migration and call center re-procurement being completed in FY 2019. As such the overall budgeted expenditure allotments for Fiscal Year 2020 were about \$5 million less than the previous year.

WASHINGTON HEALTH BENEFIT EXCHANGE**Management's Discussion and Analysis****Year Ended June 30, 2020**

	12 months ended 6/30/2020	12 months ended 6/30/2019
System Maintenance and Enhancements	\$ 14.7	\$ 14.4
Professional Services	8.5	8.6
Salaries, Benefits, and Payroll Taxes	14.9	14.3
Depreciation	3.0	2.3
Equipment and Supplies	3.5	3.5
Call Center	9.4	13.1
Occupancy	0.1	0.1
Other	<u>0.8</u>	<u>0.9</u>
Total Operating Expenses	<u>\$ 54.9</u>	<u>\$ 57.2</u>

The Statement of Cash Flows presents information relative to how the Exchange's cash and cash equivalents position changed during the period. The Statement of Cash Flows classifies cash receipts and cash payments resulting from operating activities, capital and related financing activities, noncapital financing activities and investing activities. The net result of those activities is reconciled to the cash balance reported at the end of the period. Total cash and equivalents at June 30, 2020 decreased by \$1.5 million as compared to the previous fiscal year. Significant capital asset additions relate primarily to Healthplanfinder system enhancements and leasehold improvements. The net decrease in cash was primarily due to timing on funding for special projects that was not provided by the end of the fiscal year.

The notes attached to the financial statements provide the reader with several important disclosures, including a summary of the significant accounting practices used by the Exchange.

WASHINGTON HEALTH BENEFIT EXCHANGE

Statement of Net Position

June 30, 2020

ASSETS

Current assets	
Cash and cash equivalents	\$ 2,573,066
Medicaid program cost reimbursement receivable	3,562,425
Accounts receivable	3,901,540
Prepaid expenses	<u>3,109,713</u>
Total current assets	<u>13,146,744</u>
Capital assets	
Leased building	2,793,937
Software	58,931,823
Furniture and equipment	1,777,476
Leasehold improvements	1,854,084
Work in process	<u>2,601,422</u>
	67,958,742
Less accumulated depreciation and amortization	<u>(48,419,311)</u>
Capital assets, net	<u>19,539,431</u>
Other assets	
Prepaid expense	<u>361,323</u>
Total assets	<u>33,047,498</u>

DEFERRED OUTFLOWS OF RESOURCES

Deferred outflows of resources	<u>1,858,486</u>
Total assets and deferred outflows of resources	<u>\$ 34,905,984</u>

LIABILITIES

Current liabilities	
Accounts payable and accrued liabilities	\$ 11,919,879
Current portion of financing leases	562,463
Payroll liabilities	<u>1,224,373</u>
Total current liabilities	13,706,715
Financing leases, excluding current portion	1,179,476
Net pension liability	3,768,556
Net other postemployment benefits (OPEB) liability	1,428,134
Long-term unearned revenue	<u>361,323</u>
Total liabilities	<u>20,444,204</u>

DEFERRED INFLOWS OF RESOURCES

Deferred inflows of resources	<u>2,668,532</u>
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NET POSITION

Net position	
Net invested in capital assets	19,539,431
Unrestricted net position	<u>(7,746,183)</u>
Total net position	<u>11,793,248</u>
Total liabilities, deferred inflows of resources and net position	<u>\$ 34,905,984</u>

The accompanying notes are an integral part of these financial statements.

WASHINGTON HEALTH BENEFIT EXCHANGE

Statement of Revenues, Expenses, and Changes in Net Position

Year Ended June 30, 2020

Operating revenues	\$ <u>30,860,441</u>
Operating expenses	
System maintenance and enhancements	14,739,627
Professional services	8,434,677
Salaries, payroll taxes, and benefits	14,922,937
Depreciation and amortization	2,975,794
Equipment and supplies	3,524,446
Call center	9,401,921
Occupancy	105,028
Other	<u>771,344</u>
Total operating expenses	<u>54,875,774</u>
Operating loss	<u>(24,015,333)</u>
Nonoperating revenues (expenses)	
Interest on capital asset-related debt	(101,439)
Medicaid program cost and general fund reimbursement	<u>27,901,299</u>
Net nonoperating revenues	<u>27,799,860</u>
Increase in net position	3,784,527
Net position, beginning of year	<u>8,008,721</u>
Net position, end of year	\$ <u><u>11,793,248</u></u>

The accompanying notes are an integral part of these financial statements.

WASHINGTON HEALTH BENEFIT EXCHANGE

Statement of Cash Flows

Year Ended June 30, 2020

Cash flows from operating activities	
Cash received from operations	\$ 31,709,614
Cash payments to suppliers for goods and services	(42,535,282)
Cash payments to employees for services	<u>(15,746,846)</u>
Net cash used by operating activities	<u>(26,572,514)</u>
Cash flows from noncapital financing activities	
Medicaid and general fund reimbursement received	<u>30,895,221</u>
Net cash provided by noncapital financing activities	<u>30,895,221</u>
Cash flows from capital and related financing activities	
Interest paid on capital leases	(101,439)
Payments on capital leases	(534,094)
Acquisition of capital assets	<u>(5,224,718)</u>
Net cash used by capital and related financing activities	<u>(5,860,251)</u>
Net decrease in cash and cash equivalents	(1,537,544)
Cash and cash equivalents, beginning of year	<u>4,110,610</u>
Cash and cash equivalents, end of year	\$ <u><u>2,573,066</u></u>
Reconciliation of operating loss to net cash used by operating activities	
Operating loss	\$ (24,015,333)
Adjustments to reconcile operating loss to net cash used by operating activities	
Depreciation and amortization	2,975,794
Loss on disposal of assets	5,363
Proceeds from sale of fixed assets	4,886
Noncash pension benefit	(1,400,075)
Noncash OPEB expense	388,321
(Increase) decrease in	
Prepaid expenses	630,772
Accounts receivable	(984,717)
Decrease (increase) in	
Accounts payable and accrued liabilities	(4,051,434)
Payroll liabilities	187,845
Deferred revenue	<u>(313,936)</u>
Net cash used by operating activities	\$ <u><u>(26,572,514)</u></u>
Noncash investing, capital, and financing activities	
Recognition of lease asset and liability	\$ <u><u>9,864</u></u>

The accompanying notes are an integral part of these financial statements.

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

Nature of Activities

The Washington Health Benefit Exchange (the Exchange) was created in Washington State statute as a “public-private partnership separate and distinct from the state” for the purpose of establishing a state health insurance exchange in compliance with the Patient Protection and Affordable Care Act of 2010. The Exchange is responsible for the creation of Washington Healthplanfinder, an easily accessible, online marketplace for individuals, families, and small businesses to find, compare and enroll in Qualified Health Plans (QHP) and Qualified Dental Plans (QDP).

Funding for the operations of the Exchange is a combination of state funding appropriation, premium tax and assessment fees on QHP and QDP issuers, and federal Medicaid. Federal grant funding financed the Exchange’s design, development, and implementation phases, as well as the first full year of operations during 2014. The federal grant funding for approved design, development, and implementation work continued through June 30, 2017.

1. Summary of Significant Accounting Policies

Reporting Entity and Basis of Presentation

The accompanying financial statements have been prepared in conformity with U.S. generally accepted accounting principles (GAAP) and are presented on the economic resources measurement focus and the accrual basis of accounting. Accordingly, revenues are recorded when earned and expenses are recorded when a liability is incurred. The Exchange has adopted the pronouncements of the Governmental Accounting Standards Board (GASB), which is the accepted standard-setting body for establishing governmental accounting and financial reporting principles nationally. The Exchange has no relationship with other entities that could be considered component units.

Cash and Cash Equivalents

The Exchange considers all highly liquid investment securities purchased with an original maturity of three months or less to be cash equivalents.

Medicaid Program Cost Reimbursement Receivable

Medicaid program cost reimbursement receivable represents unreimbursed state funds as of June 30, 2020, for the Washington Health Care Authority (HCA) Medicaid cost reimbursement. Management believes these amounts are properly reimbursable and fully collectible as of year-end; as such, no allowance has been established.

Accounts Receivable

Accounts receivable represents assessments levied on insurance issuers as well as other funding from the State of Washington not yet collected. Management believes these amounts are properly reimbursable and fully collectible as of year-end; as such, no allowance has been established.

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

Capital Assets

Purchased capital assets are reported at cost. The Exchange capitalization threshold is \$5,000 for furniture and equipment, with depreciation provided on a straight-line basis over an estimated useful life of four years, and \$50,000 for leasehold improvements, with depreciation provided on a straight-line basis over the lesser of the lease term or an estimated useful life of ten years. The Exchange's capitalization threshold for software and other intangible assets is \$250,000 per project with amortization provided on a straight-line basis over an estimated useful life of six years.

Net Position

Net position represents all assets, plus deferred outflows of resources, less liabilities, less deferred inflows of resources. Net position is displayed in the statement of net position in the following categories:

Net invested in capital assets – Capital assets, net of accumulated depreciation and outstanding principal balances of debt attributable to the acquisition, construction, or improvement of those assets. There is no debt attributable to the capital assets as of June 30, 2020.

Restricted – Net position subject to externally imposed stipulations on its use. The Exchange did not have restricted net position as of June 30, 2020.

Unrestricted – All remaining net position that does not meet the definition of "net investment in capital assets" or "restricted."

When both restricted and unrestricted resources are available for the same purpose, restricted net position is considered to be used before unrestricted net position.

Operating Revenues and Expenses

The Exchange distinguishes operating revenues and expenses from non-operating items. Operating expenses include all expenses directly and indirectly related to establishing and running a health insurance marketplace pursuant to the Patient Protection and Affordable Care Act. Non-operating items include Medicaid program cost reimbursement revenue and federal grant revenue.

Risk Management

The Exchange is subject to the risk of loss from various events including, but not limited to, natural disasters and destruction of assets. The Exchange is currently covered by a commercial insurance program that contains multiple individual policies to mitigate risk exposure.

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent Events

Subsequent events are those that occur after the statement of net position date, but before financial statements are available to be issued. In its financial statements, the Exchange recognizes the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net position, including the estimates inherent in the process of preparing the financial statements. The Exchange's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net position, but arose after the statement of net position date and before the financial statements are available to be issued.

The Exchange has evaluated subsequent events through October 26, 2020, which is the date the financial statements are available to be issued, and concluded that there were no events that need to be disclosed.

2. Cash and Cash Equivalents

The carrying amounts, which represent both cost and fair value, of cash and cash equivalents for the Exchange at June 30, 2020 are presented below:

Cash in bank	\$ 2,683,379
Outstanding checks	<u>(110,313)</u>
	\$ <u>2,573,066</u>

The Exchange maintains its cash in bank deposits that are insured by the Federal Deposit Insurance Corporation (FDIC) up to a limit of \$250,000 per depositor at June 30, 2020, or in certain noninterest-bearing accounts that are fully insured by the FDIC. At June 30, 2020, the Exchange held cash in excess of FDIC limits. Of the cash in bank noted above, \$250,000 is covered by depository insurance and the balance in excess is uncollateralized.

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

3. Capital Assets

Capital assets consist of the following at June 30, 2020:

	<u>June 30, 2019</u>	<u>Additions</u>	<u>Disposals</u>	<u>Transfers</u>	<u>June 30, 2020</u>
Software	\$ 56,576,758	\$ 2,723,766	\$ (368,701)	-	\$ 58,931,823
Furniture and equipment	3,798,870	234,631	(2,256,025)	-	1,777,476
Leasehold improvements	810,397	1,043,687	-	-	1,854,084
Right-to-use lease assets	<u>2,784,072</u>	<u>9,865</u>	<u>-</u>	<u>-</u>	<u>2,793,937</u>
	63,970,097	4,011,949	(2,624,726)	-	65,357,320
Accumulated depreciation and amortization	(48,057,994)	(2,975,794)	2,614,477	-	(48,419,311)
Work in process	<u>1,378,787</u>	<u>5,178,596</u>	<u>-</u>	<u>(3,955,961)</u>	<u>2,601,422</u>
Total capital assets	\$ <u>17,290,890</u>	\$ <u>6,214,751</u>	\$ <u>(10,249)</u>	\$ <u>(3,955,961)</u>	\$ <u>19,539,431</u>

For the year ended June 30, 2020, the Exchange incurred \$2,723,766 in additional costs related to enhancements of the health benefit exchange online marketplace (Healthplanfinder). The Exchange also had \$2,601,422 in work in process at June 30, 2020 to be placed in service in the following year related to software enhancements.

4. Medicaid Program Cost Reimbursement

The Exchange has an approved Implementation Advance Planning Document for the design, development, and implementation activities of the Exchange that provide benefit to the State's Medicaid program and an Operational Advanced Planning Document for maintenance and operations activities that provide benefit to the State Medicaid program. These documents are submitted through the State HCA, which serves as the single State Medicaid agency for Washington, and approved by the Centers for Medicare & Medicaid Services.

During the year ended June 30, 2020, the Exchange submitted A19 invoice vouchers to HCA providing the total reimbursable federal Medicaid and Children's Health Insurance Program (CHIP) disbursements, along with required backup documentation. The total Medicaid/CHIP received by the Exchange was \$24,778,684 in 2020. The revenue is recorded as Medicaid program cost reimbursement in the statement of revenues, expenses, and changes in net position. The total Medicaid receivable as of June 30, 2020 was \$3,562,425.

5. Related Parties

The HCA administers the Washington State Treasurer fund for the health insurance premium tax and carrier assessment revenues (Fund 17T). In addition, the Washington State Legislature appropriates dollars through the State budget bill for the Exchange's Fund 17T, General Fund-State and Federal Medicaid/CHIP expenditures. The Exchange's budgeted appropriations are a

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

subcomponent of HCA's budget. Beginning July 2016, the Legislature directed that half of the Exchange's budgeted expenditures for 17T and General Fund-State be provided to the Exchange by July 31 of each year, and the remaining half by January 31. The Exchange maintains these funds in a bank account as unearned revenue and recognizes revenue as expenditures are incurred. Federal Medicaid and CHIP expenditures continue to be invoiced to the HCA and reimbursed to the Exchange.

6. Commitments and Contingencies

Vendor Contracts

Since inception, the Exchange has entered into numerous multi-year contract agreements relating to the operation of the Exchange. Most Exchange contracts provide a termination for convenience clause that would allow the Exchange to terminate a contract related to funding limitations, among other reasons.

Medicaid Assistance

The Exchange has received federal Medicaid dollars for specific purposes that are generally subject to review or audit by the grantor agencies. Entitlement to this assistance is generally conditional upon compliance with application federal regulations, including the expenditure of assistance for allowance purposes. Any disallowance resulting from a review or audit may become a liability of the Exchange.

Leases

Effective October 10, 2012, the Exchange entered into an agreement to lease approximately 30,679 square feet of office space with accompanying parking located in Olympia, Washington, with the commencement date of the lease scheduled for eight calendar months from the effective date of the agreement. The lease term under the contract is a period of five years from the commencement date. The original lease expired in June 2018, but has been extended to June 2023. There are also various leases for copiers, as well as a lease for additional building storage. In accordance with GASB Statement No. 87, *Leases*, the leases are recorded in the statement of net position as financing leases, using a discount rate equal to the Wall Street Journal prime rate as of the date of adoption of the lease agreements, which was 5%. The following is a schedule by year of future minimum lease payments as of June 30, 2020:

<u>Year</u>	<u>Payment</u>	<u>Interest</u>	<u>Principal</u>
2021	\$ 636,786	\$ 74,323	\$ 562,463
2022	636,786	45,546	591,240
2023	<u>604,221</u>	<u>15,985</u>	<u>588,236</u>
Total minimum lease payments	<u>\$ 1,877,793</u>	<u>\$ 135,854</u>	<u>\$ 1,741,939</u>

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

The Exchange has recognized \$2,793,937 of leased assets as of June 30, 2020. Accumulated amortization as of June 30, 2020 totaled \$1,126,846. Financing lease costs for 2020 included \$564,393 of amortization expense and \$101,439 of interest on lease liabilities.

7. **Public Employees' Retirement System (PERS)**

Substantially all of the Exchange's full-time and qualifying part-time employees participate in PERS. This is a statewide local government retirement system administered by the Washington State Department of Retirement System (DRS), under cost-sharing, multiple-employer defined benefit public employee retirement plans. The PERS system includes three plans.

Participants who joined the system by September 30, 1977, are PERS Plan 1 members. Those joining thereafter are enrolled in PERS Plan 2. In March 2000, the then Governor signed into law a new retirement plan option for members of PERS Plan 2. The new plan, titled PERS Plan 3, provides members with a "two-part, hybrid retirement plan," which includes a defined benefit component and a defined contribution component. The authority to establish and amend benefit provisions resides with the legislature. Benefits under these options are as follows:

PERS Plan 1 – Members are eligible for retirement at any age after 30 years of service, at age 60 with five years of service, or at age 55 with 25 years of service. The annual pension is 2% of the average final compensation per year of service, capped at 60%. The average final compensation is based on the greatest compensation earned during any 24 eligible consecutive compensation months.

PERS Plan 2 – Members may retire at age 65 with five years of service or at age 55 with 20 years of service. The annual pension is 2% of the average final compensation per year of service. PERS Plan 2 retirements prior to 65 are actuarially reduced. On July 1 of each year following the first full year of retirement service, the benefit will be adjusted by the percentage change in the Consumer Price Index of Seattle, capped at 3% annually.

PERS Plan 3 – Members may retire at age 65 with five years of service or at age 55 with 10 years of service for the defined benefit allowance. PERS Plan 3 retirements prior to 65 are actuarially reduced. PERS Plan 3 is structured as a dual benefit program that will provide members with the following benefits:

A defined benefit allowance similar to PERS Plan 2 calculated as 1% of the average final compensation per year of service (versus a 2% formula) and funded entirely by employer contributions.

A defined contribution account consisting of member contributions plus the full investment return on those contributions.

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

Each biennium, the State Pension Funding Council adopts PERS Plan 1 employer contribution rates and PERS Plan 2 employer and employee contribution rates. Employee contribution rates for PERS Plan 1 are established by statute at 6% and do not vary from year-to-year. The employer and employee contribution rates for PERS Plan 2 are established as part of the state legislative budget process. The Office of the State Actuary performs valuations of retirement plans and recommends employer and employee contribution rates to the State Pension Funding Council. The Pension Funding Council evaluates and adopts pension funding assumptions and recommended contribution rates. PERS Plan 2 and PERS Plan 3 each have a single employee contribution rate (averaging 7.46% as of June 30, 2020). PERS Plan 2 employee rates are established by the state, while employees with PERS Plan 3 choose how much to contribute from six contribution rate options. Once an option has been selected, the contribution rate choice is irrevocable unless the employee changes employers.

All employers are required to contribute at the level established by State law. The methods used to determine the contribution requirements are established under State statute in accordance with Chapters 41.40 and 41.26 RCW.

The Exchange's covered payroll for PERS for the year ended June 30, 2020 totaled \$11,602,537.

The Exchange's contribution rate from September 1, 2018 to June 30, 2019, expressed as a percentage of covered payroll for employer, was 12.65% for PERS Plan 1, PERS Plan 2, and PERS Plan 3. For the period from July 1, 2019 through August 31, 2020, the contribution rate was 12.68% for PERS Plan 1, PERS Plan 2, and PERS Plan 3. The employer rate does not include the employer administrative expense fee currently set at 0.18%.

Both the Exchange and its employees made the required contributions. The Exchange's contributions for the year ended June 30, 2020 were \$1,492,086.

The pension plan's fiduciary net position has been determined on the same basis used by the pension plan. The retirement plans are accounted for in pension trust funds using the flow-of-economic-resources measurement focus and the accrual basis of accounting. Following are the significant accounting policies used in the pension plan's financial statements:

Plan member contributions are recognized as revenues in the period in which the contributions are earned. Employer contributions to each plan are recognized when due and the employer has made a formal commitment to provide the contributions. Benefits and refunds are recognized when due and payable in accordance with the terms of each plan. Investments are reported at fair value. Unrealized gains and losses are included as investment income.

From 2019 to 2020, the proportion of the collective net pension liability has decreased by 0.00176% for PERS Plan 1 and increased by 0.00178% for PERS Plan 2/3.

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

Historical trend information regarding all of these plans is presented in Washington State DRS' annual financial report, where the plans are presented as fiduciary funds. A copy of this report may be obtained at:

Department of Retirement System
P.O. Box 48380
Olympia, WA 98504-8380
Internet address: www.drs.wa.gov

Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

At June 30, 2020, the Exchange reported a liability of \$2,842,218 for its proportionate share of the PERS 1 net pension liability, and \$926,338 for its proportionate share of the PERS 2/3 net pension liability. The net pension liability was measured on June 30, 2019, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of June 30, 2018. Update procedures were used to roll forward the total pension liability to the measurement date. The Exchange's proportion of the net pension liability was based on a projection of its long-term share of contributions to the pension plan relative to the projected contributions of all participating members, actuarially determined. At June 30, 2019, the Exchange's proportion was 0.073913% for PERS 1 and 0.095368% for PERS 2/3.

For the year ended June 30, 2020, the Exchange recognized pension expense of \$78,351 for PERS 1 and PERS 2/3. At June 30, 2020, the Exchange reported deferred outflows of resources and deferred inflows of resources related to the PERS Plans from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 265,401	\$ 199,160
Changes of assumptions	24,252	388,665
Net difference between projected and actual earnings on pension plan investments	-	1,538,268
Changes in proportion and difference between contributions and proportionate share of contributions	58,347	163,075
Plan contributions subsequent to the measurement date of June 30, 2019	<u>1,492,086</u>	<u>-</u>
Total	<u>\$ 1,840,086</u>	<u>\$ 2,289,168</u>

The amount of \$1,492,086 reported as deferred outflows of resources related to pensions resulting from PERS contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ending June 30, 2021. Other amounts reported as deferred

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

outflows of resources and (deferred inflows of resources) related to the Plan will be recognized in pension expense as follows:

2021	\$ (512,365)
2022	(803,925)
2023	(355,472)
2024	(190,626)
2025	(78,159)
Thereafter	(621)

The following table shows the components of the Exchange's annual pension expense for the year ended June 30, 2020, the amount actually contributed to the plan, and other changes in the Exchange's net pension liability:

Contributions made subsequent to measurement date, prior year	\$ (1,387,396)
Change in deferred outflows of resources, net	(1,604)
Change in deferred inflows of resources, net	27,239
Pension expense	1,492,252
Noncash pension benefit	<u>(1,400,075)</u>
Decrease in net pension liability	(1,269,584)
Net pension liability, beginning of year	<u>5,038,130</u>
Net pension liability, end of year	<u>\$ 3,768,546</u>

Actuarial Methods and Assumptions

The total pension liability in the June 30, 2020 actuarial valuation was determined using the following assumptions, applied to all periods included in the measurement:

Salary increases	3.50% per year
Investment rate of return	7.40% per annum, compounded annually
Cost of living benefit increases	2.75%

Mortality rates were based on the RP2000 Combined Mortality Tables for Males or Females, as appropriate, projected forward using 100% Scale BB.

The assumptions used for investment return, inflation, salary growth, and membership growth were prescribed by the Legislature. The actuaries developed demographic assumptions during the 2007-2012 Demographic Experience Study. The Legislature prescribed the actuarial cost and asset valuation methods.

The long-term expected rate of return on pension plan assets was determined using a building block method in which best estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major class of assets. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

Best estimates of arithmetic real rates of return for each major asset class included in the pension plan's target asset allocation as of June 30, 2020 are summarized in the following table:

<u>Asset Class</u>	<u>Target Allocation</u>	<u>Long-Term Expected Real Rate of Return</u>
Fixed income	20%	2.20%
Tangible assets	7	5.10
Real estate	18	5.80
Global equity	32	6.30
Private equity	23	9.30

Discount Rate

The discount rate used to measure the total pension liability was 7.4%. The projection of cash flows used to determine the discount rate assumed that plan member contributions will be made at the current contribution rate and that employer and non-employer contributions will be made at contractually required rates, actuarially determined. Based on these assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity

The following presents the Exchange's proportionate share of the net pension liability calculated using the discount rate of 7.4%, as well as what the Exchange's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1% point lower (6.4%) or 1% point higher (8.4%) than the current rate:

	<u>1% Decrease (6.4%)</u>	<u>Current Discount Rate</u>	<u>1% Increase (8.4%)</u>
The Exchange's proportionate share of the net pension liability	<u>\$ 10,664,079</u>	<u>\$ 3,768,556</u>	<u>\$(1,923,413)</u>

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

8. OPEB

General Information about the OPEB Plan

Plan description. The Exchange's eligible retirees and spouses are entitled to subsidies associated with postemployment medical benefits provided through the Public Employee Benefits Board (PEBB). The PEBB was created within the Washington State Health Care Authority to administer medical, dental, and life insurance plans for public employees and retirees.

The Washington Health Benefit Exchange Health Plan (the Health Plan) is a single-employer defined benefit healthcare plan administered by the Exchange. The Health Plan provides access to the Exchange's medical plans and a cash subsidy for retirees eligible for Medicare. The Health Plan does not issue a separate stand-alone financial report.

Benefits provided. Participants are eligible for benefits upon retirement. Benefits are in the form of access to the Exchange's medical plans, as well as a cash subsidy for members over the age of 65 enrolled in Medicare Parts A and B.

Employees covered by benefit terms. At June 30, 2020 (the census date), the benefit terms covered the following employees:

<u>Category</u>	<u>Count</u>
Active employees:	139
Inactive employees, spouses, or beneficiaries currently receiving benefit payments:	7
Inactive employees entitled to, but not yet receiving benefit payments:	0

Contributions. The Exchange does not directly make contributions to the Health Plan for retiree benefits. Retiree health premiums are paid through a subsidized premium for the active employees, the "explicit subsidy" measured in the actuarial valuation.

OPEB Liabilities and OPEB Expense

The Exchange's net OPEB liability and the total OPEB liability used to calculate the net OPEB liability were determined by an actuarial valuation as of June 30, 2020.

Actuarial assumptions. The total OPEB liability in the June 30, 2020 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation: 2.53% (Increase from 2.50% as of the June 30, 2019 rollforward actuarial valuation)

Salary increases: Individual and aggregate salary increases 3.50% (Decrease from 3.75% as of June 30, 2019 rollforward actuarial valuation)

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

Pre-Medicare healthcare cost trend rates: 6.00% in the first year, trending down to 4.50% over the following 79 years.

Medicare healthcare cost trend rates: 7.80% in the first year, trending down to 4.60% over the following 79 years.

Mortality rates were based on RP 2000 Mortality tables, with mortality improvement scales applied.

Discount rate. The discount rate used to measure the total OPEB liability was 2.53% (3.62% as of the June 30, 2019 rollforward valuation). The Plan is an unfunded plan; therefore, the discount rate was set to the rate of tax-exempt, high-quality 20-year municipal bonds, as of the valuation date. "High-quality" is defined as being rated AA or higher (or an equivalent rating). The municipal bond rate used is the average of the Bond Buyer 20 Bond Index, the Fidelity Municipal Go Aa/AA 20-Year and the S&P Municipal Bond 20 Year High Grade Rate Index.

Changes in the net OPEB liability for the year ended June 30, 2020 are as follows:

	Increases (Decreases)		
	Total OPEB Liability	Plan Fiduciary Net Position	Net OPEB Liability
Balance as of June 30, 2019	\$ 1,326,978	\$ -	\$ 1,326,978
Change for the year:			
Service cost	318,851	-	318,851
Interest	41,639	-	41,639
Difference in experience	(273,378)	-	(273,378)
Changes of assumptions	19,712	-	19,712
Benefit payments	<u>(5,668)</u>	<u>-</u>	<u>(5,668)</u>
Net changes	<u>101,156</u>	<u>-</u>	<u>101,156</u>
Balance as of report date June 30, 2020	\$ <u>1,428,134</u>	\$ <u>-</u>	\$ <u>1,428,134</u>
Expense	\$ <u>333,675</u>	\$ <u>-</u>	\$ <u>333,675</u>

The net OPEB liability of the Exchange, as well as what the Exchange's net OPEB liability would be if it were calculated using a discount rate that is 1% point lower (1.53%) or 1% point higher (3.53%), follows:

	1% Decrease (1.53%)	Current Rate (2.53%)	1% Increase (3.53%)
Net OPEB liability	\$ <u>1,842,055</u>	\$ <u>1,428,134</u>	\$ <u>1,121,453</u>

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

The net OPEB liability of the Exchange, as well as what the Exchange's net OPEB liability would be if it were calculated using healthcare cost trend rates that are 1% point lower or 1% point higher than current healthcare cost trend rates, follows:

	<u>1% Decrease</u>	<u>Trend Rate</u>	<u>1% Increase</u>
Net OPEB liability	\$ <u>1,059,152</u>	\$ <u>1,428,134</u>	\$ <u>1,966,564</u>

OPEB Expense

For the year ended June 30, 2019, the Exchange recognized an OPEB expense of \$333,675. At June 30, 2020, the Exchange reported deferred outflows of resources and deferred inflows of resources related to the OPEB Plan from the following sources:

	<u>Deferred Outflows of Resources</u>	<u>Deferred Inflows of Resources</u>
Differences between expected and actual experience	\$ -	\$ 258,735
Changes of assumptions	<u>18,400</u>	<u>120,629</u>
Total	\$ <u>18,400</u>	\$ <u>379,364</u>

The amounts reported as deferred inflows of resources related to the Plan will be recognized in OPEB expense as follows:

2021	\$ (26,815)
2022	(26,815)
2023	(26,815)
2024	(26,815)
2025	(26,815)
Thereafter	(226,889)

9. Concentrations

During the year ended June 30, 2020, approximately 37% of the Exchange's revenue was from government agencies, and 53% was from Premium Tax and Carrier Assessments. In addition, at June 30, 2020, 48% of receivables were Medicaid receivables, and 27% were receivables with an offsetting liability to the State of Washington's general fund. These receivables relate to carrier assessments which will be remitted to the general fund. Grants from government agencies are subject to the review and audit of the grantor. Loss of this funding could have a material effect on the Exchange; however, management of the Exchange does not anticipate a significant loss of such funding.

WASHINGTON HEALTH BENEFIT EXCHANGE

Notes to Financial Statements

June 30, 2020

10. Uncertainty

During the year ended June 30, 2020, local, U.S., and world governments have encouraged self-isolation to curtail the spread of the global pandemic, coronavirus disease (COVID-19), by mandating the temporary shut-down of business in many sectors and imposing limitations on travel and the size and duration of group meetings. Most sectors are experiencing disruption to business operations and may feel further impacts related to delayed government reimbursement, volatility in investment returns, and reduced philanthropic support. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them. Accordingly, while management cannot quantify the financial and other impacts to the Exchange, management believes that a material impact on the Exchange's financial position and results of future operations is reasonably possible.

REQUIRED SUPPLEMENTARY INFORMATION

WASHINGTON HEALTH BENEFIT EXCHANGE

Required Supplementary Information

**Schedule of Washington Health Benefit Exchange's
Proportionate Share of the Net Pension Liability**

Washington Public Employees Retirement System

Measurement Date June 30

Last 10 Fiscal Years *

	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Washington Health Benefit Exchange (the Exchange) proportion of the net pension liability	0.085 %	0.087 %	0.086 %	0.088 %	0.107 %
The Exchange's proportionate share of the net pension liability	\$ 3,768,556	\$ 5,038,130	\$ 6,916,972	\$ 9,095,135	\$ 9,254,011
The Exchange's covered-employee payroll	\$ 10,831,147	\$10,026,977	\$ 9,477,936	\$ 9,516,402	\$10,753,557
The Exchange's proportionate share of the net pension liability as a percentage of its covered-employee payroll	34.79 %	50.25 %	72.98 %	95.57 %	86.06 %
Plan fiduciary net position as a percentage of the total pension liability	92.48 %	89.60 %	84.94 %	79.55 %	82.16 %

* The amounts presented for each year were determined as of June 30 of the previous year. This schedule is designed to provide information for 10 years. However, until a full 10-year trend is compiled, information for those years for which information is available is presented.

WASHINGTON HEALTH BENEFIT EXCHANGE

Required Supplementary Information

Schedule of Washington Health Benefit Exchange's Contributions

Washington Public Employees Retirement System

Years Ended June 30

Last 10 Fiscal Years *

	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Actuarially determined contributions	\$ 1,492,086	\$ 1,387,396	\$ 1,273,427	\$ 1,059,634	\$ 1,046,804	\$ 971,046
Contributions in relation to the actuarially determined contributions	<u>1,492,086</u>	<u>1,387,396</u>	<u>1,273,427</u>	<u>1,059,634</u>	<u>1,046,804</u>	<u>971,046</u>
Contribution deficiency	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>
Washington Health Benefit Exchange's covered- employee payroll	\$ <u>11,602,537</u>	\$ <u>10,831,147</u>	\$ <u>10,026,977</u>	\$ <u>9,477,936</u>	\$ <u>9,516,402</u>	\$ <u>10,753,557</u>
Contributions as a percentage of covered-employee payroll	12.86 %	12.81 %	12.70 %	11.18 %	11.00 %	9.03 %

* This schedule is designed to provide information for 10 years. However, until a full 10-year trend is compiled, information for those years for which information is available is presented.

WASHINGTON HEALTH BENEFIT EXCHANGE

Required Supplementary Information

Schedule of Washington Health Benefit Exchange's Changes in Net OPEB Liability and Related Ratios

Washington Public Employees Retirement System

Year Ended June 30

Last 10 Fiscal Years *

	<u>2020</u>	<u>2019</u>	<u>2018</u>
Total OPEB Liability			
Service cost	\$ 318,851	\$ 347,865	\$ 336,101
Interest	41,639	46,439	34,125
Contributions - employer	-	-	4,664
Administrative expense	-	-	(982)
Differences in experience	(273,378)	-	-
Changes of assumptions	19,712	(146,828)	-
Benefit payments	(5,668)	-	-
Explicit rate subsidy fulfilled	-	(3,628)	-
Implicit rate subsidy fulfilled	-	(982)	(3,682)
Net change in total OPEB liability	101,156	242,866	370,226
Total OPEB liability-beginning	<u>1,326,978</u>	<u>1,084,112</u>	<u>713,886</u>
Total OPEB liability-ending	<u>\$ 1,428,134</u>	<u>1,326,978</u>	<u>1,084,112</u>
Net change in plan fiduciary net position	\$ -	\$ -	\$ -
Plan fiduciary net position-beginning	<u>-</u>	<u>-</u>	<u>-</u>
Plan fiduciary net position-ending	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Net OPEB liability-ending	<u>\$ 1,428,134</u>	<u>\$ 1,326,978</u>	<u>\$ 1,084,112</u>
Plan fiduciary net position as a percentage of total OPEB liability	0.00 %	0.00 %	0.00 %
Covered employee payroll	\$12,109,395	\$11,009,172	\$ 9,388,703
Net OPEB liability as a percentage of covered payroll	11.79 %	12.05 %	11.55 %

* This schedule is designed to provide information for 10 years. However, until a full 10-year trend is compiled, information for those years for which information is available is presented.

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

The Board of Directors
Washington Health Benefit Exchange

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Washington Health Benefit Exchange (a component unit of the State of Washington) (the Exchange), which comprise the statement of net position as of June 30, 2020, and the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements, which collectively comprise Washington Health Benefit Exchange's basic financial statements, and have issued our report thereon dated October 26, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Exchange's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Exchange's internal control. Accordingly, we do not express an opinion on the effectiveness of the Exchange's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Exchange's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Washington Health Benefit Exchange's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Washington Health Benefit Exchange's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
October 26, 2020