



2023 QHP Guidance for Participation Comments

Areas of comments

Quality

Marketing

Standard Format for Presenting Health Benefit Plan Option

Posting Justification for Premium Increase

Grace Period

Producer & Navigator Specification

Quality Improvement Strategy: 6/8 Commenters

Comment

- Six commenters expressed concern over the proposed benchmark for issuers to achieve 80% self-identification of race and ethnicity data for HPF enrollees.
 - Commenters stated concern of the 80% threshold because of its administrative burden and enrollee hesitation to provide this information.
 - Commenters recommended we maintain the 60% requirement for 2023, one which cited the NCQA 2023 accreditation standards.

Response

- WAHBE is committed to identifying and reducing health disparities. Known health disparities cannot be adequately understood or specifically addressed within the Exchange population without stratified information.
- WAHBE will require race and ethnicity data on 70% of enrollees for 2023.
 - While some issuers already achieve the 80% threshold, to give other issuers more time to prepare, WAHBE will include a more gradual increase.
- This more gradual increase enables and supports reaching the NCQA proposed requirement of having race and ethnicity data on 80% of enrollees by 2024.

Quality Improvement Strategy: 6/8 Commenters

Comment

- Two commenters expressed that reporting on the new antidepressant medication management measure would be operationally challenging and requested that this measure be optional for the QIS.
- Two commenters expressed support of adding the Antidepressant medication management measure to the QIS.
- Two commenters asked for clarification on which antidepressant medication management measures would be required for the QIS (i.e., is it both sub-measures of 12 weeks and 6 months?).

Response

- This is a commonly reported / adopted measure with important behavioral health implications, especially relevant during the pandemic.
 - For example, the antidepressant medication management measure is in many of HCA's VBP contracts for both ERB and Apple Health, which many Exchange carriers also participate. It is also a common measure in other industry VBP contracts.
- WAHBE will require the anti-depressant measure to be reported in the QIS submitted in 2023.
- Consistent with HCA measurement standards, both sub-measures will be required to be reported (both acute (12 weeks) and continuation (6 months)).

Quality Improvement Strategy: 2/8 Commenters

Comment

- Two commenters suggested postponing stratifying the plan all-cause readmissions by race and ethnicity until 2024 and recommended aligning with NCQA regarding selection of measures to stratify.

Response

- Plan all-cause readmissions remain disproportionately high for QHP enrollees, and this measure have not materially improved. Stratification by race and ethnicity can help identify sub population level gaps in care that can be addressed more effectively.
- WAHBE will require issuers to stratify this measure by race and ethnicity in their QIS submitted in 2023 as this will help identify gaps in care in sub-populations.

Quality Improvement Strategy: 5/8 Commenters

Comment

- Several commenters suggested changing the QIS submission to 8/1 (instead of 7/19) to be more consistent with past years because of organizational capacity.

Response

- WAHBE understands that timing for various submissions is difficult. In the previous years, some carriers were not able to successfully complete the QIS process until open enrollment/November. We will attempt to balance the time needed for successful completion with allowing the greatest time for carriers' initial submission.
- WAHBE will update submission date to 7/26.
 - WAHBE will change the QIS due date to allow carriers more submission time, and will expect all carriers to be able to complete their submissions in October.

2.2.7 Marketing: URL

Comment

- 1 commenter expressed concern over the language addition concerning the URL: Issuers are not permitted to use “Cascade,” “Cascade Care,” or “Cascade Select” in a web URL unless the following criteria are met: (3) the Exchange must be given advanced opportunity to review and have given approval for usage of the URL.
 - The commenter had concern over who should be contacted for approval, and when
 - The commenter also had concern that the language “would preclude a company from promoting standard plans that are not public option plans in web URLs.”

Response

- WAHBE owns the Cascade series trademark and protects its usage to ensure it is appropriately applied and does not create consumer confusion or a deceptive practice.
- For clarification, WAHBE would not preclude a carrier from appropriately promoting any product, including standard plans or public option plans.
- WAHBE has updated to domain vs URL to provide greater clarity and specificity on what carriers need to seek WAHBE approval on.
- Review requests should be submitted to the QHP inbox.

2.2.11 Standard Format for Presenting Health Benefit Plan Option

Comment

- 1 commenter expressed concern over the language addition “SBCs are required to be available and live on the issuer’s website by the start of carrier ratification...”
 - The commenter believes this is contradictory to the final rule on SBC
 - The commenter would prefer that links to SBCs be required to be live at the start of open enrollment (November 1) rather than the start of carrier ratification.

Response

- The goal of both the SBC regulation and WAHBE guidance is to ensure that consumers have timely and accurate information. Errors in URLs and SBCs are common and if links are not tested this can lead to inaccurate plan data or missing the 11/1 deadline.
- WAHBE disagrees that regulations governing when issuers must provide SBCs to a covered member (no later than Nov 1) prohibits WAHBE from imposing operational requirements around open enrollment readiness.
- While requiring the information in advance, WAHBE will amend language to focus on improving testing and validation prior to by the end of plan ratification (9/30).

2.2.18 Posting Justification for Premium Increase

Comment

- 1 Commenter expressed concern over the following language addition: The Board may engage with issuers in discussions regarding justifications for premium increases from one year to the next and between initial rate filing and finalization of rates.
 - The commenter stated concern that this sentence implied section 2.218 was under the authority of WAHBE, rather than OIC
 - The commenter is concerned that there is an increase in responsibility on carriers to provide the board education on the rate build up process

Response

- The WAHBE Board has oversight of certification of QHPs to be offered on the exchange, including understanding of significant premium rate changes. Effective oversight includes engagement at an appropriate time within the rate setting process.
- The language finalized in the guidance recognizes that engaging prior to final rate approval can assist the Board in understanding significant market changes and adequately prepare them for plan certification responsibilities and appropriate input to the OIC.
- WAHBE fully recognizes that the OIC has monitoring and enforcement authority with respect to this criterion. This is demonstrated in the Summary Table 2: Monitoring and Compliance of Qualified Health Plans.

3.1.2 File Transfer and Payment Due Dates: Grace Period

Comment

- 1 commenter expressed concern over the three-month grace period
 - Concern over the three-month grace period for individuals exclusively receiving Cascade Care Savings (not APTC)
 - The commenter express concern over huge financial risk to carriers and providers (concern over gaming the system, increase of rates, negative impact to risk pool)
 - The commenter believes current grace period granted under ACA cannot be leveraged for a standalone grace period
 - The commenter is concerned over technical and operational impacts of grace period

Response

- WAHBE's goal is to ensure that any subsidized customer receives the same grace period. This serves an important function to ensure continuity of coverage for more low income enrollees- which supports better health outcomes.
- WAHBE is aligning to an established policy to minimize disruption. Currently, 73% (176,000) of our customers have a 3 month grace period, and the proposal would add another 1.5% (4,000) enrollees. This is a small number of impacted enrollees, there is a financial offset with the state subsidy payment for the first month of the grace period, and the issuer has the option to pend claims during the second and third months, consistent with current practice. WAHBE disagrees that this requirement presents huge financial risks to insurers or providers necessitating costs to be passed back to the consumer.
- WAHBE will continue to work with issuer partners on operational changes needed to implement this and other components of the subsidy.

3.2.1 Producer & Navigator Specification: Producer

Comment

- 2 commenters expressed a desire for WAHBE to perform some of the functions required during the disclosure process.
 - The commenter states that most consumers finalize their plan selection through the Exchange and having the disclosure readily available during this process is the most convenient and efficient method to ensure the consumer can make an informed purchasing decision.
- 2 commenters requested WAHBE withdraw the requirement for carriers to submit the HHS report to WAHBE

Response

- WAHBE reads the federal HHS guidance on this issue to impose the disclosure requirements directly on issuers and brokers, not exchanges (see <https://www.federalregister.gov/d/2021-19797/p-237>).
- WAHBE will retain the requirement for carriers to provide the information provided in the HHS report to the Exchange.
 - Supplying WAHBE with HHS required reports directly reduces administrative burden for all entities and improves transparency regarding federal compliance and state exchange guidance compliance.