Preview of Exchange 2024 QHP Guidance for Participation

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Proposed Updates for Discussion

- Plan Certification Process Updates
- Cascade Care
- Immigrant Health Coverage
- Enrollment
- Quality
- Next Steps

Plan Certification Process Updates

- Letter of Intent
  - We are considering changes to the letter of intent to gather information at this point to help us understand relevant market changes that carriers are considering and to assist exchange in analyzing marketplace health.

- Accreditation
  - Clarifying deadlines for informing exchange of any changes.

- Summary of Benefits and Coverage Requirements

Plan Certification Process Updates: SBC Requirements

- Additional requirements for standardizing SBCs
  - Standardizing naming convention of titles for SBC documents
  - Expectations for consistency in the way cost sharing elements are described in the SBC
- Clarify expectations around how we work with carriers in the SBC review process
  - E.g., requiring carriers to return draft SBCs in a word document during the review with HBE
- Timing of HBE Review
  - HBE proposing SBC to be due earlier for PY2024
    - E.g., considering August 18

Cascade Care

- Standard Plans
  - Clarifying current-state limitations on non-standard plans
    - Non-standard plan limit applies to only plans offered on the exchange
    - Carriers may only offer one standard plan with the same network at each metal level in a county
  - If a Cascade or Cascade Select plan is not certified or is decertified by WAHBE, the plan will not be available outside of the Exchange

- Cascade Care Savings
  - Updating for PY 2024 funding amount
  - Referencing Cascade Care Savings and State Premium Assistance as appropriate
  - Include Cascade Care Savings Special Enrollment Period

Immigrant Health Coverage Program

- First in the nation Immigrant Health Coverage Program
  - Individuals without federally recognized immigration status will be able to purchase health coverage in the exchange pending CMS' approval of the 1332 waiver

- Changes to the Guidance to include IHC Program Requirements
  - Adding a definition for IHC program and references throughout the guidance as needed
  - Funding for the program included in Cascade Care Savings
  - Market Rules for Offering QHP will include requirements for Carriers to participate in IHC program
    - Carriers will be required to support Exchange with needs for waiver administration
      - E.g., potential submission of two sets of silver plan rates, submission of other data elements

Enrollment – Mitigating Customer Impact of Delayed Billing and Reconciliation

- Currently, when carriers do not reconcile process enrollment changes in a timely manner, customers are being under-billed followed by receiving a very large bill once the enrollment has been corrected.
  - The Exchange typically identifies hundreds of these cases on an annual basis through the monthly Full Carrier Audit

- Will update Guidance to reflect Federal regulations that require monthly enrollment reconciliation and protect customers from harm when monthly reconciliation requirements are not met.
  - This also align with expectations already in the EPPG

- Proposing for enrollment discrepancies not resolved within three months from the first occurrence of the error, carriers would not be permitted to hold customers financially responsible if correction of the error results in customers having been previously under-billed.

Enrollment - Plan Mapping

- Proposing to simplify language to reflect that HBE uses plan mapping to facilitate renewals during open enrollment, help customers avoid breaks in coverage, and help customers navigate the complex plan selection process.

- Timing of Plan Mapping Instructions
  - HBE is requesting carrier plan mapping forms to be submitted by July 1
  - HBE will engage with carriers earlier in the summer on PY 2024 mapping instructions

Enrollment – Cost Accumulation

- Currently the Guidance requires carriers to honor customers' cost accumulators in Family to Dependent enrollment changes and Sponsorship payment scenarios.

- Plan to clarify and update PY 2024 Guidance to also include the following scenarios
  - Carriers are required to honor cost accumulators in Dependent to Family and Family to Family enrollment changes
  - Cascade Care Savings SEP

- New Requirement - Honoring cost accumulators in Medicaid churn scenarios

Exchange Quality Data Submission

Current State

- Issuers submit validated QRS clinical measure data directly to the Exchange at the time of submission to CMS via NCQA
- Issuers who do not meet the federal requirements for participation due to a lower enrollment count than the federal threshold, report their quality data in another Exchange-approved format

Proposed Addition

- Goal is to deepen quality analysis beyond the QRS measure program so QIS and Cascade Care program can respond to population health needs
  - Washington Health Alliance (WHA) generates standard reports such as Calculating Health Care Waste, Community Checkup
- Require carriers to submit Exchange claims data to WHA for population-specific reporting

Race and Ethnicity Reporting

Current state

- For QIS submitted in July 2023, issuers must achieve seventy percent (70%) self-identification of race and ethnicity data for Washington Healthplanfinder (HPF) enrollees

Proposed Change

- Keeping 70% requirement for race and ethnicity the same for 2024 Guidance for Participation
- Learned from latest QIS and analysis of HBE data that ethnicity data is missing for a larger proportion of enrollees and data completeness varies by carrier
  - Considering how to interpret 70% requirement for both race and ethnicity given the gap in collection for one question compared to the other
  - Recognize Carrier and HBE system improvements and data collection efforts need time for development and implementation
- Goal is HBE uses best practices to collect more complete data on enrollees
- Future focus is working with carriers to reach NCQA's data completeness threshold of 80% directly reported race and ethnicity enrollee data for measurement year 2024 data submission reported in 2025

Race/Ethnicity Stratification Reporting

Current State

Issuers will report race and ethnicity data to WAHBE through the Quality Improvement Strategy (QIS) form and will be required to report the following measures stratified by race and ethnicity:

- Cervical Cancer Screening
- Plan All Cause Readmissions
- Antidepressant Medication Management

Proposed Change

- Goal is to identify and reduce disparities in Exchange consumers
- Remove plan-all cause readmissions as a required QIS measure and requirement to stratify this measure by race/ethnicity because most carriers have too small of populations in aggregate
    - 2024 QIS form will reflect this change
- Considering adding a diabetes care measure in response to 2022 QRS performance and known disparities among vulnerable populations

QIS Required Measures Performance Expectations

Current State

Issuers must implement a QIS that monitors QIS progress by using the following National Quality Forum (NQF)-endorsed clinical measures:

- Cervical Cancer Screening (NQF ID: 0032);
- Plan All-Cause Readmissions (NQF ID: 1768); (removing from 2024 QIS form)
- Antidepressant Medication Management (NQF ID: 0105)

Proposed Change

- Goal is to see improvement on QIS measures compared to carrier's prior year performance and national benchmarks
- Considering setting a benchmark tied to NCQA Commercial National percentile performance (e.g 66th percentile) on these two required QIS Measures in Measure Year 2024, plan outlined in 2024 QIS form
  - Antidepressant medication management
  - Cervical Cancer Screening
    - Measure has been a required QIS for 2 years and most carriers still score below 50th percentile national commercial benchmark

Incentivizing Primary Care

Current State

- Exchange issuers are required to participate in one of the primary care strategies identified by the Bree Collaborative and work with the Exchange to identify an appropriate improvement benchmark for that strategy on the QIS
- Issuers report their primary care selection/assignment rate on the QIS

Proposed Changes

- Goal of understanding consumer primary care utilization is to inform standard plan benefit design and carrier investment in primary care
- Require carriers to report primary care spend on their Exchange population using the HCA-designed template
- In 2024 QIS form, have carriers report on advanced primary care work, including status of participation in HCA's PCTM and if their Exchange population is included

Access to Reproductive Health Care Services

Propose Carriers will report on how access to reproductive services is ensured

- Seeking to learn process in detail for how the plan handles situations where there are clinics who restrict or do not provide certain covered reproductive services (including abortion, tubal ligation, intrauterine devices)
- Goal is to validate carriers ensure seamless access to these services for all members who want them

Next Steps

- Draft QHP Guidance for Participation published on Jan 24
- Plan Certification Workgroup meeting to discuss draft Guidance on Jan 31
- Draft Comments due back to HBE on Feb 7
- Final QHP Guidance for Participation published on Feb 28
- Any other feedback? Please share.
  - We can discuss in policy carrier 1:1 between now and end of January