

Washington Health Benefit Exchange

Ways and Means Work Session

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EXCHANGE PROGRESS IN 2015

Improved Consumer Experience

- Successful Premium Aggregation Removal
- Improvements to Automatic Renewal Process
- Expanded Health Literacy Campaign
- Improved Issue/Complaint Resolution

Organizational Improvements

- Re-alignment/Consolidation
- Financial Reporting

OE3 Readiness & Implementation

- Customer Support Center
- System Performance



ENROLLMENT GROWTH

- Nearly 1 in 4 Washington residents use Healthplanfinder to obtain health coverage
 - QHP: 180,000 selected a plan
 - MAGI Medicaid/CHIP: 1.5 million enrollees
- Focus on reaching the uninsured and those in outside market not accessing subsidies
- Notable increase among 'Young Invincibles' (under 35)
 - 66% increase in sign-ups over last year
- Expect increase in enrollment leading up to Jan. 31 deadline
- Projected max enrollment of 165,000 paid QHP post-OE3



OUTCOMES

- ✓ Decreased uninsured rate in 2014
 - Largest single year decline in WA in recent history
 - One of the largest drops in uninsurance rate nationwide
 Census: 14% (2013) to 9.2% (2014)
- ✓ Significant reductions in charity care and bad debt in 2014
 - 44% drop in charity care
 - 47% drop in bad debt
- ✓ Federal subsidies obtained through Exchange (since Jan. 1, 2014)
 - Nearly \$700 million to help consumers pay for premiums
 - Over \$110 million to reduce consumer cost of hospital and provider visits



2016 WORK PLAN

COMPLETED	UPCOMING	
Consumer Survey	Open Enrollment (ends Jan 31)	
5 Year Spending Plan	Strategic Plan Implementation (Performance Measures)	
Grace Period Report	Monthly Financial Reporting (Ongoing)	
Churn Analysis	Continued State and Federal Audits	
	Tax Season (1095A)	
	IRS Requirement to Reconcile Taxes	

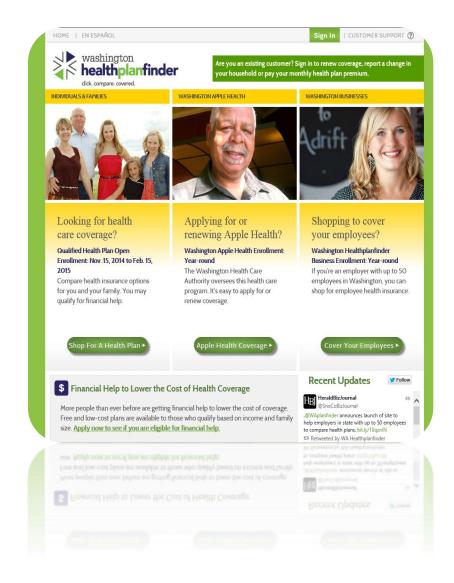




Appendix

CEO PRIORITIES 2015-2016

- Improve consumer experience
- Live within our means build sustainable operations
- Grow enrollment reaching the uninsured and those who have not accessed subsidies
- Rebuild trust with our stakeholders





FIVE YEAR STRATEGIC PLAN

Core Outcomes

- Define and Deliver
 Operational Excellence
- Increase Number of Insured and Access to Affordable Coverage
- Advance Consumer Choice and Decision-Making
- Promote Equity Across System

FederalState
Governor Media
Hospitals Providers
Navigators Staff Committees
Stakeholders Board
Consumer Svendors
Agencies Assisters
Carriers Brokers
Legal Public





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FIVE YEAR STRATEGIC PLAN

Core Duties

- Increase covered lives in Washington state
- Provide responsible fiscal and operational stewardship
- Promote enrollment and retention for both Qualified Health Plan and Washington Apple Health populations
- Build a competitive marketplace that accounts for the price, access, quality and innovation of both its products and services
- Promote health equity through policy, education and measuring success
- Create an environment of inclusion for stakeholders, partners and the public





LEGISLATIVE REPORTING REQUIREMENTS

Report	Requirements	Ongoing Obligations
Strategic Plan	By September 30, 2015 the Exchange must develop a strategic plan that includes, but is not limited to: (i) Comprehensive five-year and ten-year plans for the exchange's direction with clearly defined outcomes and goals; (ii) Concrete plans for achieving or surpassing desired outcomes and goals; (iii) Strategy for achieving enrollment and reenrollment targets; (iv) Detailed stakeholder and external communication plans; (v) Identification of funding sources, and a plan for how it will fund and allocate resources to pursue desired goals and outcomes; (vi) A detailed report including: A. Salaries of all current employees of the exchange, including starting salary, any increases received, and the basis for any increases; B. Salary, overtime, and compensation policies for staff of the exchange. C. A report of all expenses; D. Beginning and ending fund balances, by fund source; E. Any contracts or contract amendments signed by the exchange; F. An accounting of staff required to operate the exchange broken out by full time equivalent positions, contracted employees, temporary staff, and any other relevant designation that indicates the staffing level of the exchange.	Annual update (by Sept. 30) to the Leg. Committees, Board, HCA. Monthly updates of italicized items to Leg., Committees, Board, HCA.
5 Year Spending Plan	By January 1, 2016 the Exchange must develop a five-year spending plan that that identifies potential reductions in exchange per member per month spending, and identifies spending reductions in call center, information technology, and staffing.	Annual update to Leg. Committees, Governor's Office, Board.
Spending Metrics	By January 1, 2016, the Exchange must: develop metrics that capture current spending levels that include a per member per month metric; establish five-year benchmarks for spending reductions; monitor ongoing progress toward achieving those benchmarks; and post progress toward achieving the established benchmarks on the corporate web site.	Quarterly updates to Leg. Committees and Board.

2016 EXCHANGE PLAN OFFERINGS

Individual QHP Market – Issuers per County





Individual Market

2015: 10 issuers, 90 plans

2016: 11 issuers, 138 plans

(5 MSPs)

Healthplanfinder Business/SHOP

2015: 2 Issuers, 23 plans

2016: 2 issuers, 30 plans

<u>Individual Pediatric Dental</u> Market

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2015: 5 issuers, 6 plans

2016: 5 issuers, 7 plans



2016 INDIVIDUAL MARKET COST-SHARING

Deductibles

Individual

Gold: \$500-\$1500

Silver: \$1,500 - \$6,500

Bronze: \$3,250 - \$6,850

Catastrophic: \$6,850

Family

Gold: \$1,000 - \$4,500

Silver: \$3,000 - \$12,600

Bronze: \$6,500 - \$13,700

Catastrophic: \$13,700

Out-of-Pocket Maximum

Individual

Gold: \$4,000 - \$6,850

Silver: \$4,100 - \$6,850

Bronze: \$6,000 - \$6,850

Catastrophic: \$6,850

<u>Family</u>

Gold: \$8,000 - \$13,700

Silver: \$8,200 - \$13,700

Bronze: \$12,000 - \$13,700

Catastrophic: \$13,700

