Washington Health Benefit Exchange
2017-2018
Strategic Plan
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BACKGROUND ON THE EXCHANGE

The Washington Health Benefit Exchange (Exchange) was created to establish a new state-based marketplace to offer health insurance options to individuals, families, and small businesses. In 2011, Washington State’s governor and legislators passed legislation to establish the state’s new marketplace as a “public-private partnership,” separate and distinct from the state.

The Exchange is responsible for the creation of Washington Healthplanfinder, the online portal to facilitate shopping and enrolling in health insurance. The key tenets of Washington Healthplanfinder are to offer:

- Eligibility determinations for and enrollment in Washington Apple Health (Medicaid) or low cost health insurance options through qualified health plans (QHPs)
- Side-by-side comparisons of QHPs and Medicaid Plan Selection (MPS)
- Financial help to pay for premiums and cost-sharing, including co-pays and deductible
- Expert customer support online, by phone, or in-person through a community organization or insurance broker

The Exchange works closely with the Health Care Authority (HCA), Office of the Insurance Commissioner (OIC) and the Department of Social and Health Services (DSHS) to achieve these goals.

EXCHANGE FUNDING AND SUSTAINABILITY

The Exchange received initial operational and implementation funding through federal grants totaling $302 million. A substantial portion of the grant funding was used to develop the information technology (IT) system to determine eligibility for and enroll residents in health plans.

Beginning in 2015, the Exchange was required to be self-sustaining, and since then, the State Legislature has been appropriating the Exchange’s budget. The Exchange’s sustainability is tied to three funding sources established in statute: (1) the existing 2 percent tax on health insurance premiums associated with QHP enrollment through Washington Healthplanfinder; (2) reimbursement for activities performed on behalf of Washington Apple Health (the state’s Medicaid program), and; (3) an agreed-upon carrier assessment. The Exchange’s current budget is approximately $58 million a year.
EXCHANGE GOVERNANCE

The Exchange is governed by an 11-member bipartisan Board comprised of a chair and eight voting members appointed by the Governor. Board members are nominated by the Republican and Democratic caucuses in both the Washington State House of Representatives and Senate. The Director of the Health Care Authority and the Insurance Commissioner are ex-officio, non-voting Board members. The Exchange has nine stakeholder committees and workgroups, including the Advisory Committee to the Board and technical advisory committees for key program areas.

Current Board members are:

- Chair: Ron Sims, retired Deputy Secretary for the U.S. Department of Housing and Urban Development and former King County Executive
- Don Conant, General Manager at Valley Nut and Bolt and Assistant Professor in the School of Business at St. Martin’s University
- Melissa Cunningham, Corporate Counsel, Physicians Insurance
- Ben Danielson, Medical Director at Odessa Brown Children’s Clinic
- Phil Dyer, Senior Vice President at Kibble & Prentice/USI and former state legislator
- Hiroshi Nakano, Director of Value Based Care at Valley Medical Center
- Mark Stensager, Retired health system administrator
- Diane Zahn, retired Secretary-Treasurer of United Food and Commercial Workers Local 21
- Ex-Officio: Mike Kreidler, Washington State Insurance Commissioner
- Ex-Officio: Lou McDermott, Interim Director, Washington State Health Care Authority

EXCHANGE TODAY

As the single point of entry for Washington Apple Health (WAH) and QHP customers, the Exchange serves more than 1.8 million residents. As of April 2017, more than 1.5 million were enrolled in WAH and just over 204,000 Washington residents were enrolled in private health insurance – a 23 percent increase from 2016.

Washington’s enrollment continues to have a positive fiscal impact across the state. Nearly $740 million worth of insurance premiums are expected to be purchased through the Exchange in 2017. An additional $324 million in federal subsidies were obtained through Washington Healthplanfinder to help Washington residents pay for premiums and over $63 million in cost-sharing reductions were provided to reduce consumer costs of hospital and provider visits.
More than 850 Exchange-certified Navigators, over 2,000 agents and brokers, and about 100 tribal assisters continue to play a vital role, providing outreach, education, and enrollment assistance statewide. These activities were also supported by a strategic outreach campaign that leverages radio and digital mediums to raise awareness and health literacy levels, and encourage people to take action during the open enrollment period.

The Exchange continues to make improvements to deliver the best customer experience, including additional tools to help people choose the best plans for them.

**MISSION**

The Washington Health Benefit Exchange seeks to redefine people’s experience with health care by radically improving how Washingtonians secure health insurance through innovative and practical solutions and an easy-to-use customer experience. These are reflected in our values of integrity, respect, equity, and transparency as it relates to those we work with and those we serve.

**CORE DUTIES**

- Increase covered lives in Washington state
- Provide responsible fiscal and operational stewardship
- Promote enrollment and retention for both QHPs and WAH 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
FOUR CORE OUTCOMES

Define and Deliver Operational Excellence
The Exchange is dedicated to providing an efficient, accurate, and customer-friendly eligibility and enrollment process for all Washingtonians. These operational efforts run parallel to those that guide fiscal accountability and transparency, creating an environment of inclusion for all stakeholders.

Increase Number of Insured and Access to Affordable Coverage
The Exchange is committed to continual data-driven efforts to lower the number of the uninsured in our state by reaching out to those who remain without health insurance, including hard-to-reach populations, as well as helping those with coverage remain on their plan. These efforts encompass access to affordable care to ensure that people find, select, and utilize health care benefits that meet their needs and budget.

Advance Consumer Choice and Decision-Making
The Exchange is focused on establishing a transparent and accountable insurance market that facilitates consumer choice with decision-making tools. This includes information readily accessible through multiple communication channels to meet the needs of our state’s populations.

Promote Equity Across System
The Exchange is determined to initiate and deliver proactive policies that identify and reach the state’s groups at risk for obstacles to access. This includes supporting those who need assistance overcoming barriers that may prohibit their ability to seek, find, and use their health insurance coverage.

FIVE-YEAR STRATEGIC PLAN

The Exchange’s five-year vision is grounded in reaching key goals of continuing to develop a customer-centric experience to better meet people’s needs and strengthening sustainability.

Work in this area will be conducted in concert with conversations with our federal and state partners, insurance carriers and member of the legislature to ensure all activities align with the overall vision of the Exchange and what is best for the state and its residents.

The strategies discussed throughout this report highlight the progress the Exchange has made in establishing itself as a high-achieving, nimble organization that strives to meet the needs of our customers and the state.
PROGRESS TO DATE SECTION

Since the submission of the 2016 strategic plan, the Exchange has continued to make improvements in the Board’s core outcome areas. This includes ongoing improvements that assist both our customers and partners, as well as contribute to the Exchange efforts to optimize funding, further bolstering the organization’s sustainability goals.

Define and Deliver Operational Excellence

The 2016-2017 open enrollment period saw the Exchange continue efforts to leverage digital technologies to reduce costs. This includes 542,500 who have opted into email notifications, reducing operational and administrative expenses associated with mailing correspondences. The Exchange also maintained our high level of transparency with regard to financial reporting, operational accountability and work with stakeholders to keep the public abreast of the organization’s short and long-term efforts.

Increase Number of Insured and Access to Affordable Coverage

In the most recent open enrollment, the Exchange saw more than 200,000 individuals select qualified health plans – a record high that represents the majority of the state’s individual health insurance market. The Exchange also saw signs of improved auto renewal processes for the Washington Apple Health population (Medicaid). Additionally, the marketplace continued to see more enrollments coming from higher income individuals (over 400 percent of the poverty level). This population now represents nearly 40 percent of the Exchange’s overall QHP enrollment.
Advance Consumer Choice and Decision-Making

As in past years, the Exchange took steps to bring more decision-making tools to our customers. This included the addition of email technology enabling the Exchange to push important messages and links to customers who opted into the service. The modernizing of our consumer assistance enabled the Exchange to also tie in our growing library of health literacy videos and materials, as well as amplify important messages on social media and other communications channels.

Promoting Equity Across the System

The Health Equity TAC has developed equity measures and benchmarks to measure the progress of the Exchange’s progress in this area. The Exchange also conducted cultural sensitivity training for our employees to bring awareness of these issues to the Exchange operations. Additionally, reaching groups at risk for obstacles to access coverage continues to be a mainstay of the Exchange’s enrollment efforts and the work done by the grant-based Lead Organizations. This has allowed us to provide a culturally and linguistically appropriate touch to outreach efforts and place for people to find assistance.
GOAL 1: DEFINE AND DELIVER OPERATIONAL EXCELLENCE

The Exchange is dedicated to providing a customer-friendly, easy-to-use experience for all Washingtonians. This is complemented by efforts to provide operational efficiencies and fiscal accountability and transparency.

KEY STRATEGIES:

The Health Equity TAC has developed equity measures and benchmarks to measure the progress of the Exchange’s progress in this area. The Exchange also conducted cultural sensitivity training for our employees to bring awareness of these issues to the Exchange operations. Additionally, reaching groups at risk for obstacles to access coverage continues to be a mainstay of the Exchange’s enrollment efforts and the work done by the grant-based Lead Organizations. This has allowed us to provide a culturally and linguistically appropriate touch on outreach efforts and place for people to find assistance.

- Optimize the customer experience
- Establish a forward-looking sustainability strategy
- Evolve, innovate and adapt to changes that benefit customers and the state

KEY TACTICS:

Optimize the customer experience

The Exchange continues to focus on system improvements that make the task of finding information, renewing one’s health coverage or signing up for a plan for the first time easier than before.

In line with today’s digital experience, the Exchange will be bringing more information directly to the consumer. Customers will be able to receive updates from the Exchange about important coverage or enrollment information as well as notifications of self-help tools.

All of these advancements also work in concert with activities that fall under our customer support umbrella, including support from Navigators, brokers and the call center. The Exchange will continue to refine these resources, as well as integrate additional technologies that help all Exchange customers.
Establish a forward-looking sustainability strategy

The Exchange continues to strive for financial accountability and transparency. As such, the Exchange will explore additional areas for operational efficiencies as we bring on lean practices within the organization.

We will also use our data and analytical practices to maximize the use of revenue and make informed business decisions. This will help identify areas of focus in the Exchange’s future state.

The Exchange will examine areas for investment to provide future system improvements. The Exchange will also explore the use of different platforms and systems to ensure that we are positioned to leverage our technologies for future initiatives.

Evolve, innovate and adapt to changes that benefit customers and the state

As the Exchange transitions to a well-established organization, we will adapt to the changing nature of the health insurance market. Whether federal or state changes or pursuits of our own, the Exchange is positioned to innovate. Because of our infrastructure and manageable size, we can adjust quickly and work with partners to develop creative approaches.

We will explore state-based projects that could leverage the Exchange IT platform to further their goals of serving citizens of the state. We will also explore opportunities to leverage our platform and infrastructure to provide additional offerings to our existing customer base, as well as attracting additional customers to the Exchange.

Outcomes/Measurement

- Increased number of self-enrolled and self-renewed customers year-over-year
- Identified areas for potential additional revenues
- Identified areas for growth
GOAL 2: INCREASE THE NUMBER OF INSURED AND ACCESS TO AFFORDABLE COVERAGE

The Exchange is committed to data-driven efforts to minimize the number of the uninsured in our state, including hard-to-reach populations. The Exchange also seeks to make coverage more affordable and thereby attracting new customers to the Exchange and increasing market stability.

KEY STRATEGIES:

- Drive new QHP and WAH enrollments with a focus on sustainability
- Identify new approaches and areas of growth to attract new and retain existing customers
- Engage with state leaders to craft policies to support affordability, promote enrollment growth and foster market stability

KEY TACTICS:

**Drive new QHP and WAH enrollments with a focus on sustainability**

To maximize enrollment and bolster financial stability, the Exchange will continue to design marketing and outreach plans and activities that focus on key populations. These efforts include aggressive strategies to reach individuals and families currently insured who may be seeking coverage through the Exchange for the first time.

Reaching out to currently underserved populations, including those in rural areas, will also be a critical component of this work. Through the use of Navigators, brokers and the insurance carriers themselves, the Exchange will coordinate messages and activities, especially leading up to and during open enrollment.

The Exchange will also look to expand outreach efforts to build on the addition of cost-effective mechanisms including enrollment storefronts, broker affiliate programs and other enrollment specific activities that have shown positive return on investment.
Identify new approaches and areas of growth to attract new and retain existing customers

The key component of retaining existing customers will be to enable easier renewal practices. With that in mind, the Exchange will grow our mobile and tablet app presence, reducing the time and administrative effort for both the customer, as well as the Exchange.

Changes to health insurance has resulted in customers dealing with increasing complexities related to their personal situations. To address this need, the Exchange will continue to support expert, community-based, one-on-one assistance in the form of Navigators and brokers, for those needing additional help. This is particularly relevant for groups at risk for obstacles to access coverage and those who are new to the Exchange.

Finally, the Exchange will work closely with insurance carriers to ensure the seamless transition of existing and/or new enrollees to the Exchange. This includes social media, direct email notification and hard copy correspondences to customers.

Engage with state leaders to craft policies to support affordability, promote enrollment growth and foster market stability

As changes occur to the landscape of health insurance, the Exchange is poised to be an integral part of any solution. To that end, the Exchange will engage with state leaders to develop innovative solutions to promote continued growth of the Washington Apple Health and individual insurance market.

Development of creative policies will help to stabilize the volatile individual insurance market, make coverage more affordable for consumers and help ensure Washingtonians have access to quality health care coverage. Given the Exchange’s role in offering health insurance to one in four residents of the state, the Exchange is positioned to be a leader in this area.

Outcomes/Measurement

- Growth in enrollment with special attention paid to increases in hard to reach populations, including rural populations
- Performance and utilization numbers of new enrollment and retention channels (i.e. mobile app downloads, enrollments by Exchange storefront efforts, etc.)
- Developed program to help stabilize the individual insurance market
GOAL 3: ADVANCE CONSUMER CHOICE AND DECISION-MAKING

The Exchange is focused on providing a transparent insurance market that facilitates consumer choice with decision-making tools. This includes information readily accessible through multiple communication channels to meet the needs of our state’s populations.

KEY STRATEGIES:

• Promote the value of the Exchange’s transparency to inform consumers’ health care decisions, especially in price and quality

• Identify and implement an integrated system design to create a superior experience for Medicaid and individual market customers

• Equip Washington Healthplanfinder with tools to better inform and manage consumer’s health insurance decisions and changes in the individual market

• Engage in statewide initiatives to address the underlying costs of care and discuss the role of the Exchange in these broader efforts

KEY TACTICS:

Promote the value of the Exchange’s transparency to inform consumers’ health care decisions, especially in price and quality

The Exchange has a unique and valuable role in providing transparency to the individual insurance market. As the Exchange continues to evolve, we will refine the information provided to consumers to help them make an informed health plan choice.

Additionally, the Exchange has an opportunity to stress the importance of value in health insurance to our consumers. We will innovate to provide price and quality data to consumers in a meaningful way, increasing their understanding of the importance of taking both into account when making a health plan choice.
Identify and implement an integrated system design to create a superior experience for Medicaid and individual market customers

In creating a superior experience for customers, the Exchange will leverage new technological options to help facilitate the enrollment process. The Exchange has embarked on making our application pages “responsive” and will expand this feature moving forward. Responsive pages provide customers who visit Washington Healthplanfinder, regardless of if they are using a smartphone, tablet, laptop, or even video console (i.e. Xbox), with web pages that fit their screen type and size.

In addition, the Exchange will be further building out the current health literacy resources to continue the education of those who are seeking enrollment. This will enable more of our customer base or those enrolling for the first time to self-serve and complete the process with minimal additional assistance.

Finally, for those who will seek additional help, we will provide seamless access to in-person assistance and be provided a map with contact information and distances from their location so that they can make appointments with a broker or Navigator at that moment.

Equip Washington Healthplanfinder with tools to better inform and manage consumer’s health insurance decisions and changes in the individual market

The Exchange will continue to explore new ways for engaging customers by their preferred communications method, letting them manage their needs and get information in the way that they prefer. The Exchange will build a set of correspondences that pushes critical information to customers so that there is not a wait for notifications.

As in past years, the Exchange will be expanding and refining their video and information resources to include more easy-to-follow instruction in the areas of insurance terms, enrollment questions and continue additional work in the areas of health literacy to create a better informed customer.
Engage in statewide initiatives to address the underlying costs of care and discuss the role of the Exchange in these broader efforts

While the Exchange has revolutionized the way individuals and families shop and purchase health insurance, the Affordable Care Act included limited provisions for addressing the underlying cost of health care. As a result, health care costs continue to rise, particularly for consumers in the individual market.

To address these issues, the Exchange will participate with broader efforts that are seeking to change the way we pay for health care. The Exchange will engage in efforts, such as Healthier Washington, to address the high costs of care. The Exchange will continue to their role these efforts and the options available to us to play a role in lowering the overall costs of care.

Outcomes/Measurement

- Utilization of consumer decision support tool and provider directory
- Website analytics tracking of web pages, videos, and search terms, compared to industry standards
- Increased engagement in statewide initiatives attempting to address the underlying costs of care
GOAL 4: PROMOTE EQUITY ACROSS SYSTEM

The Exchange is determined to initiate and deliver proactive policies that identify and reach groups at risk for obstacles to access coverage. This includes supporting those who need assistance overcoming barriers to seek, find, and use their health insurance coverage.

KEY STRATEGIES:

- Develop equity benchmarks and Exchange policies to improve access and create a superior customer experience for all Washington Healthplanfinder users
- Improve outreach to and retention of groups at risk for obstacles to access coverage, including educating on the potential risk of losing existing coverage and rural access to coverage
- Advance health equity efforts in the state

KEY TACTICS:

**Develop equity benchmarks and Exchange policies to improve access and create a superior customer experience for all Washington Healthplanfinder users**

In collaboration with the Health Equity Technical Advisory Committee (TAC), the Exchange has developed metrics and benchmarks to measure progress toward incorporating equity work across Exchange functions. Progress toward meeting the benchmarks will be communicated to inform their outreach and enrollment efforts. Findings will also be used to inform website and system improvements, health insurance literacy campaigns, and policy updates.

In partnership with the TAC, the Exchange is also developing a Disability Access Plan. This plan is being created from the ground up, with input from various stakeholders including consumers with disabilities and disability community advocates.

To further improve the Washington Healthplanfinder experience for all users, the Exchange is implementing internal practices to promote accessibility, inclusiveness, and cultural sensitivity. This includes training all staff in cultural competency.
Improve outreach to and retention of groups at risk for obstacles to access coverage, including educating on the potential risk of losing existing coverage and rural access to coverage

To improve outreach to groups at risk for obstacles to access coverage, the Exchange will leverage best practices utilized by consumer assisters who provide culturally and linguistically appropriate services. In addition, rural enrollment has been prioritized and incentivized in Navigator contracts.

To improve retention, the Exchange is developing a survey for enrollees who voluntarily disenroll before the end of the plan year, to further understand what factors are driving that choice.

The Exchange will continue to partner with commissions, agencies, Navigators, tribal assisters and tribal organizations, brokers, issuers, associations, refugee/immigrant agencies, community health clinics and other stakeholders to further engage: communities of color, immigrants and refugees, limited English proficient populations, rural populations, and other groups disproportionately impacted by health disparities.

Outreach to uninsured urban American Indian/Alaska Native (AI/AN) populations remains a priority. The Exchange will also continue to partner with the Tribal Advisory Workgroup, the American Indian Health Commission, urban Indian organizations, and other AI/AN organizations to conduct AI/AN-specific outreach and provide technical assistance for the tribal assisters to ensure they can fully support AI/AN consumers.

Advance health equity efforts in the state

The Exchange will continue to work with the Health Equity TAC to learn from their experiences and perspectives on health insurance literacy, language access, cultural sensitivity and other general access to coverage issues.

The Exchange is leveraging federal, state, and local efforts to improve the quality of health care for racially and ethnically diverse consumer populations in Washington. This includes exploring possible synergies with the Washington Health Alliance and other stakeholders, the Governor’s office and state health agencies to coordinate data-driven strategies to help improve health equity in care delivered.

Tribal Outreach Postcards - Nisqually and Colville
The Exchange is utilizing available data, developing new partnerships, and leveraging existing partnerships to help identify and engage hard-to-reach populations. This includes convening carriers to share data, identify gaps in health outcomes and inform shared health literacy efforts.

**Outcomes/Measurement**

- Tracking equity benchmarks to inform future years’ efforts
- Qualitative survey results to track and monitor barriers for groups at risk for obstacles to access coverage.
- Development of a disability access plan
TEN-YEAR VISION

Looking to the future, the Exchange will seek to build on of the success we have achieved to date. It is the organization’s belief that we should look beyond the current Exchange to innovative, longer-term goals that will benefit consumers and the state overall. Efforts included in the 10-year vision are:

Offer Higher Value Products and Services to our Customers
The Exchange will have a customer-centric approach to innovative products and services that, over time, may allow customer to evaluate their health insurance choices. This may include a greater focus on value in health plans offered, as well as building out current technologies to support other health insurance-like products.

Provide an Excellent Customer Experience
Market evolutions will require a new set of customer interaction that could include technologies, such as artificial intelligence, that better support and expedite information and resolve customer issues. The Exchange will also bring more tools to Navigators, brokers and other customer assistance channels enabling them to have solutions in hand to help their clients.

Deliver Innovation in Health Care
The Exchange will play a role in the state's policy development to promote innovative, affordable and high value health solutions for the residents of Washington. We will also move from a destination-based experience to a customized one that is built upon a customer’s personal profile.

Easy Access for Historically Underserved Populations
The Exchange will remove barriers that impede those in Washington who are seeking health coverage. This work includes additional services and outreach specific to populations that have faced barriers to care. These efforts will also include dedicated efforts to create outreach programs and technologies that are easily set out over common communications channels, including smart phones and other devices.
CONCLUSION

The Exchange has made significant progress toward meeting the 2016-2017 strategic goals, while setting out ambitious and achievable goals moving forward. We are proud of the successes we have had and strive for greater accomplishments in the coming years. We look forward to working with our partners to further the vision of the Exchange and improve the experience for the residents of Washington.