

Washington Health Benefit Exchange

Appropriations Committee

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Richard Onizuka, PhD, CEO

Molly Voris, Policy Director

Successes and Challenges

<u>Successes</u>

- Enrollment in QHPs and Medicaid
- Consumer Assistance Network IPAs, Agents, Brokers, Tribal Assisters
- Organizational infrastructure, clean financial audit

Challenges

- Projecting and managing volume, e.g., at call center
- Complex applications, managing multiple enrollment changes
- Transferring payment information to carriers



Key Metrics

- Since Oct. 1, 2014, nearly <u>1.2 million</u> people enrolled in health coverage through Washington Healthplanfinder with 660K new enrollees.
 - ✓ QHP new enrollments (paid once): over 164,000
 - ✓ New MAGI Medicaid: 326,447
 - ✓ Medicaid previously eligible but not enrolled: 171,451
 - ✓ Medicaid renewals: 516,539
- New MAGI Medicaid enrollment exceeded January target, for 2018!
- Call Center volume exceeded all forecasts
 - ✓ Increased staff from 140 to over 500
 - ✓ Increased calls handled from 1,500 day to about 8,000 day
- Continued Special Enrollment
- Next open enrollment Nov. 15-Feb.15





Enrollment Highlights

- Washington Healthplanfinder attracted a wide variety of consumers:
 - ✓ About 24% of QHP enrollments are <u>not</u> receiving any tax credits (over 400% FPL)
 - ✓ "Young Invincibles" (ages 18-34) accounted for 25% of enrollments, 29% in March. This number grows to more than 35% when including Medicaid
- People recognize the brand, used consumer assistance
 - ✓ 57% of state residents surveyed in April knew of Washington Healthplanfinder
 - √ 43% of new enrollments assisted by In-Person Assisters or agents/brokers
- The Exchange has leveraged federal dollars to benefit residents and the state
 - ✓ As of June, more than \$130 million in federal tax credits have gone to residents to reduce their premium costs
 - ✓ Residents have also received over \$20.5 million in federal cost-share reductions to reduce the cost of hospital and provider visits
- The Exchange is already having a big impact
 - ✓ Recent OIC report shows that the individual health insurance market has expanded by more than 30%, uninsured population reduced by more than 370,000.
 - ✓ Harborview Medical Center recently reported that uninsured patient dropped from 12% last year to two percent this spring. (Kaiser Health News, June 2014)



What worked well

- ✓ Early start, structural set up, bipartisan support from elected officials, Board
- ✓ Managing scope, governance in a transparent manner
- ✓ Key stakeholder engagement
- ✓ Strong independent QA and IV&V
- ✓ Good vendor partnerships
- ✓ Strong marketing and outreach, engaged community partners
- ✓ Collaboration and coordination among key state agencies



Key Learnings

- ✓ There has been a seismic shift to the healthcare landscape in our state
- ✓ New process generated new customer needs
- ✓ Testing the system: limited time, real world environment
- ✓ Understanding & projecting volume (call center, renewals, etc.)
- ✓ Continuous learning and improving
- ✓ Balancing system fixes with stabilization



Moving Forward

- Understanding what will be our normal operating conditions, and scope of work
- Continuing to address short and long-term needs, including:
 - ✓ Immediate site fixes
 - ✓ Optimizing the customer experience
 - ✓ Future enhancements, e.g., Medicaid shopping and consumer rating system
 - ✓ Washington Healthplanfinder Business (SHOP)
 - ✓ 2015 OE, and new plan options



Budgeting for 2015

- Operation costs through 2014 are fully funded by Federal Grants
- The 2013-2015 biennial assumes Exchange CY 2015 budget appropriation of \$40 million
- The following funding sources are available to the Exchange during 2015:
 - ✓ Qualified Health and Dental Plans Insurance Carrier premium taxes (2%) collected from insurance products sold in the Exchange during 2015
 - ✓ QHP/QDP Issuer (carrier) assessments
 - ✓ Exploring opportunities to extend earmarked grant funds in 2015.



Budgeting Process

- June 26: Board meeting budget discussion
- June-July: Board committee, stakeholder discussions
- July 24: Board meeting finalize budget recommendation
- August: Preparation of biennial budget request
- September: Submission of biennial budget
- January: Legislative Session begins
 - Conduct work sessions, budget briefings and committee meetings (as requested)



Resources

www.wahealthplanfinder.org

www.wahbexchange.org

1-855-WAFINDER (1-855-923-4633)

TTY/TTD for Deaf: 1-855-627-9604

info@wahbexchange.org



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@waplanfinder



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