Exchange Overview

- The Washington Health Benefit Exchange ("the Exchange") is a public-private partnership. The Exchange is subject to open public meetings and public disclosure guidelines.

- The Exchange is responsible for managing the online health insurance marketplace, *Washington Healthplanfinder* (available in English and Spanish)

- Through *Healthplanfinder*, WA residents can obtain Medicaid or commercial health coverage, compare plan options, and see if they qualify for federal subsidies to help pay for coverage. All renewals also go through *Healthplanfinder*.

- *Washington Healthplanfinder launched* on October 1, 2014.

- About 1.8M -- 1 in 4 –Washington residents have signed up for health insurance through *Healthplanfinder*.

- The Exchange supports a robust customer support network, including a Spokane based call center, and state-wide Navigator and Broker enrollment assistance programs.
Exchange Governance

- The Exchange is run by an 11-member, bi-partisan Board
- Board members are nominated by each legislative caucus
- Board members are appointed by the Governor to two-year terms
Exchange Funding

Operation costs through 2014 are fully funded by Federal Grants

The Exchange must become self-sustaining in 2015

Exchange funding is appropriated by the legislature

Three currently available ongoing Exchange funding sources

• Qualified Health and Pediatric Dental Plans Insurance Carrier premium taxes (2%) collected from insurance products sold in the Exchange during 2015
• QHP/QDP Issuer (carrier) assessments ($4.19/$0.33)
• Reimbursement from HCA for providing Medicaid services (cost allocation formula)
Proposed Revenue Sources: SFY 2016-2017 (assumes $147M)

- Premium Assessment: $53,903,000
- Carrier Assessment: $29,589,000
- Medicaid Cost Allocation: Federal Share: $37,446,500
- Medicaid Cost Allocation: State Share: $16,048,500
- Shortfall: $9,954,000
First Year Highlights

• Exchange Enrollment  (Oct 1.-Mar. 31, 2014)
  o QHP: projected 133,000; actual: 164,062
  o Medicaid: projected new 136,222; actual: 285,275

• Federal Subsidies obtained through Exchange
  o $300 million to help pay for premiums
  o $50 million to reduce the cost of hospital and provider visits

• Decreased Uninsured Rate
  o 4th largest drop in rate of uninsurance nationwide (Gallup)
  o 30% drop in charity care in WA; nearly $154 million (Seattle Times)

• Retention
  o On average, 4-5K qualified health plan consumers disenroll each month, 2-3K consumers enroll each month
  o 1/3 terminated for non-payment; 1/3 voluntarily leave; 1/3 no longer eligible (most transition to Medicaid)
2015 Open Enrollment (Nov. 15 - Feb. 15)

Overall System Performance

Early Indicators for 2015 Enrollment
- 107,000 Qualified Health Plans
- 471,602 new Medicaid adults

Challenges & Path Forward
- Invoice and Payment Issues
  - Removal of premium aggregation; modular solution/3rd party vendor
- System Glitches
  - Code review; change in Deloitte on-site management
- Consumer Experience
  - Special Enrollment for anyone who experienced technical difficulty
  - Consumer workgroup; more Client Specialists; new complaint process
General 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
Appendix
Exchange Board

**Ron Sims**—Chair, Retired *Deputy Secretary for the U.S. Department of Housing and Urban Development*

**Hiroshi Nakano**—CEO South Sound Neurosurgery

**Bill Baldwin**—Partner, The Partners Group

**Don Conant**—General Manager, Valley Nut & Bolt, Assistant Professor

**Bill Hinkle**—Executive Director, Rental Housing Association and Former Legislator

**Mark Stensager**—Retired Health System Administrator

**Ben Danielson**—Medical Director, Odessa Brown

**Phil Dyer**—Senior VP, Kibble & Prentice, and Former Legislator

**Teresa Mosqueda**—Legislative & Policy Director, Washington Labor Council

*Commissioner Mike Kreidler*—Insurance Commissioner

*Dorothy Teeter*—HCA Director

* non voting, ex officio
Exchange Organizational Chart

Communications Director
- Tribal Program
- In-Person Assister/Navigator Program
- Outreach & Marketing
- Media Relations

Chief Finance Officer
- Issuer Assessment
- Budget & Accounting
- Federal & State Financial Reporting
- Human Resources
- Facilities

Operations Director
- Customer Support Center
- Client Specialists
- Plan Management & Carrier Relations
- Enrollment & Eligibility
- Print, Correspondence & Translation

Policy Director
- Exchange Board & Committees Management
- Policy Development & Analysis
- Legislative & External Affairs
- Data & Reporting

HPF Business (SHOP) Director
- Small Business Management
- Broker/Agent Training & Support

Chief Information Officer
- Security & Privacy
- IT Technical Services
- IT Infrastructure
- IT Systems & Operations
- System Quality & Testing
Real People, Real Stories

The new Healthplanfinder homepage features personal, customer stories of those who were positively impacted by health care reform, including:

- Becky and Todd from St. John – “With Financial help, our family’s monthly premiums fell from $2,400 to $306. Now, we can help our children pay for college.”

- Reverend Don from Seattle - “Uninsured and diagnosed with brain tumors, I was concerned about getting the right care. Now I don’t have to worry. I found a free health plan.”

- Tiffany, the owner of the Adrift Hotel in Long Beach - “We’ve always wanted to offer health benefits to our employees. The small business tax credits made it possible.”
Applying for Coverage in *Healthplanfinder*

1. **Browse**
   - Browse anonymously

2. **Apply**
   - Apply

3. **Select**
   - Provide income information
   - Review eligibility results
   - Select a health plan

4. **Finalize**
   - Submit payment
Review Eligibility Results
Select a Health Plan

You selected this plan when searching earlier. Now that we have all of your information, some values may have changed, please review again before purchasing your plan.

### QHP Logo

**Plan:** Silver

**Evergreen HMO**

**More Information on this plan >**

<table>
<thead>
<tr>
<th>Plan Summary</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td><strong>$2,000</strong></td>
</tr>
<tr>
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<td><strong>Out of Network</strong></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td><strong>$2,000</strong></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td><strong>$150</strong></td>
</tr>
<tr>
<td><strong>Primary Care CO-Pay:</strong></td>
<td><strong>$10</strong></td>
</tr>
</tbody>
</table>

**Consumer Rating**

**Quality Rating**

More Savings: The cost of care is reduced for this plan based on your eligibility.

Buy

---

[View Comparisons] [18 Plans Found]

### QHP Logo

**Plan:** Silver

**Select Plan PPO**

**More Information on this plan >**

<table>
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**Consumer Rating**

**Quality Rating**

More Savings: The cost of care is reduced for this plan based on your eligibility.

Buy

---

[Remove From Comparison]

[More Savings: The cost of care is reduced for this plan based on your eligibility.]

Buy
## Exchange Federal Grant Funding Summary

<table>
<thead>
<tr>
<th>Year Awarded</th>
<th>Grant</th>
<th>Funding Description</th>
<th>Amount</th>
<th>Amount Remaining#</th>
<th>Project Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>State Planning Grant</td>
<td>To develop an Implementation Plan for a state-governed and administered health insurance exchange.</td>
<td>$1M</td>
<td>$0</td>
<td>Closed</td>
</tr>
<tr>
<td>2011</td>
<td>Level 1A</td>
<td>To build a comprehensive operational plan, develop policy options, and begin design of an IT system to facilitate critical exchange functions.</td>
<td>$23M</td>
<td>$0</td>
<td>Closed</td>
</tr>
<tr>
<td>2012/2013</td>
<td>Level 2</td>
<td>To design, develop, implement and support initial operations of Washington Healthplanfinder.</td>
<td>$179M^</td>
<td>$18M</td>
<td>May 2012 – Dec. 2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[[$7M from HCA] [[$15M to DSHS]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Level 1B</td>
<td>To further design, develop and implement Washington Healthplanfinder.</td>
<td>$96M</td>
<td>$27M</td>
<td>Jan. 2014 – Dec. 2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[[$5M from HCA] [[$7M to DSHS]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Level 1C</td>
<td>To achieve stability in Healthplanfinder, add functionality that supports and improves upon customer service, and help to establish a sustainable exchange.</td>
<td>$35M~</td>
<td>N/A</td>
<td>Jan. 2015 – Dec. 2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[[$8M from HCA]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Amounts include accruals as of 12/31/2014

^15M provided to DSHS from CMS for ACES remediation

~ This amount is estimated based on the CCIIO awarded amount of $27M

Additional information for WAHBE’s Federal Grant Funding is available at the corporate website: [http://wahbexchange.org/about-us/what-exchange/grants-federal-guidance/]
Washington Health Benefit Exchange

Health Care & Wellness Work Session: Complaint Process
January 14, 2014
Joan Altman, JD, MPH, Legislative and External Affairs Manager
Consumer Feedback/Complaint Overview

The Exchange established the current feedback/complaint framework for purposes of:

• Providing state residents with a way to capture, submit and escalate specific issues related to their experience
• Escalating medically necessary/ high priority cases that require immediate attention/resolution
• Capturing trends and feedback that will improve the consumer experience and feedback processes
• Ensuring that all information provided is handled in accordance with federal privacy and security guidelines as required by the ACA
# Key Consumer Feedback/Complaint Avenues

<table>
<thead>
<tr>
<th>Feedback Source</th>
<th>Related Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Call Center</strong> CSR (500+)</td>
<td>• 10,000 calls per day during open-enrollment</td>
</tr>
<tr>
<td></td>
<td>• Referrals to HCA, DSHS, OIC as needed</td>
</tr>
<tr>
<td></td>
<td>• Ticket created for any issue that cannot be resolved; triaged to staff</td>
</tr>
<tr>
<td><strong>Consumer Support Network</strong></td>
<td>• Communicate issues to staff liaisons</td>
</tr>
<tr>
<td>Brokers (2300), IPAs (1900), Tribal Assisters (100), Community Partners (300)</td>
<td>• IPA lead organizations can create tickets directly</td>
</tr>
<tr>
<td><strong>External Partners</strong></td>
<td>• Submit referrals through established channels, tracked, status updates provided</td>
</tr>
<tr>
<td>Legislators, Governor’s office, AG, OIC, and HCA</td>
<td></td>
</tr>
<tr>
<td><strong>Online Form</strong></td>
<td>• Available through website; connects with existing tracking and escalation process</td>
</tr>
<tr>
<td>Direct access point online</td>
<td></td>
</tr>
<tr>
<td><strong>Social Media</strong></td>
<td>• Monitored with escalation provided for medically necessary cases</td>
</tr>
<tr>
<td>Facebook, Twitter, etc.</td>
<td></td>
</tr>
</tbody>
</table>
High Priority Cases – Client Specialist Team

• All high-priority cases are escalated to our Client Specialist team. These include:
  o High-medical emergencies;
  o Pregnant women and children;
  o Emotionally sensitive and/or complicated cases; atypical cases

• How cases are submitted and tracked
  o Cases are tracked through a secure, centralized, case management system designed to follow, triage and process consumer issues

• How cases are worked
  o Specialists work 1:1 with consumer until issue is resolved; direct contact information provided to consumer
  o Specialists work across the organization and with outside partners to resolve issues
Sample Report: Referrals Tracking System
High priority Cases (Oct. 1 - Dec. 31)
Reporting of Feedback/Complaint Data

**Internal Reporting** to inform:
- System performance and prioritize technical needs
- Monitor consumer trends
- Proactive outreach efforts for consumers
- Development of outreach materials
  - e.g. partner notifications, FAQs, etc.

**External reporting** to inform:
- Consumer challenges
- Decision making

**Data sharing** with carriers and state partner’s to inform:
- Customer service efforts
- Areas for system improvement
  - e.g., Eligibility Service, Provider One, etc.
Moving Forward

• Continue to build out and refine tracking categories and reporting based on experience

• Integrate feedback process into Healthplanfinder

• Explore additional consumer feedback channels
## Cross Agency Desk Aid

<table>
<thead>
<tr>
<th>Department of Social and Health Services</th>
<th>Health Benefit Exchange</th>
<th>Health Care Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services Division Customer Service Contact Center</td>
<td>Washington Healthplanfinder Customer Support Center</td>
<td>Medical Assistance Customer Service Center (MACSC)</td>
</tr>
<tr>
<td>Home &amp; Community Services Long Term Care (LTC)</td>
<td>In-Person Assisters/Navigators</td>
<td>Health Plan Determination Services (MEDS)</td>
</tr>
<tr>
<td>Long-Term Care Specialty Unit</td>
<td>Lead Organization Contact Information available at: <a href="http://wahwinechange.org/info/yourperson-assistants/">http://wahwinechange.org/info/yourperson-assistants/</a></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.washingtonconnection.org">www.washingtonconnection.org</a></td>
<td><a href="mailto:customersupport@wahwinechange.org">customersupport@wahwinechange.org</a></td>
<td><a href="https://fortress.wa.gov/hca/magic/ContactUs.aspx">https://fortress.wa.gov/hca/magic/ContactUs.aspx</a></td>
</tr>
</tbody>
</table>

### Applying for, report changes or renew
- **Food, Cash, and Child Care programs (SNAP, EBT, ABD/ TANF)**
- **Healthcare for Workers with Disabilities (WHD) program (SOB)**
- **Children’s institutional (K01)**
- **Residential Care Services**

### Medicaid programs for clients with development disabilities
- **Medicaid**
- **Healthcare for Workers with Disabilities (WHD) program (SOB)**
- **Children’s institutional (K01)**
- **Residential Care Services**

### Applying for or renew health care coverage (families, children, pregnant women and single adults)
- **Health Insurance Premium Tax Credit (HPTC) questions**
- **Qualified Health Plans (QHP) questions**
- **Small Business Health Options (SHOP) questions - 1-855-256-9598**
- **Healthcare.gov**

### For system functionality visit
- **HealthPlanfinder Status Center:** [http://wahwinechange.org/news-resources/healthplanfinder-status-waebits](http://wahwinechange.org/news-resources/healthplanfinder-status-waebits)
- **If an IPA needs to submit a Zendesk ticket**
- **Questions about becoming a certified assister**
- **To request outreach materials and presentations**
- **HPF password reset or lockout: 1-855-859-2512**

### Medical Eligibility Determination Services (MEDS)
- **ProviderOne Client Services Card**
- **Provider billing and claims questions**
- **Apple Health Managed Care enrollment, and questions**
- **ProviderOne benefit coverage questions**

### Apple Health Modified Adjusted Gross Income (MAGI) Medical eligibility questions (families, children, pregnant women and single adults)

### Post-Eligibility Case Review questions or report changes
- **Apple Health for Kids premium payment questions (CHIP)**
- **Healthcare.gov**

### Suggested Script for General Lead-in:
This is an issue that (agency) can help you with. You can do this online at (agency website). The phone number is (xxx-xxx-xxxx) and the information you will need to have available is (insert agency specific information). If you prefer to call them, the hours of operation are (from 8:00 am to 8:00 pm) and again that phone number is (xxx-xxx-xxxx).

### Hours of operation:
- **9:00 am - 5:00 pm, Monday – Friday (except state holidays).**
- **24-hour hotline:** 1-888-328-9271 ( jails)
- **www.ucard.chase.com**

### JP Morgan/Chase
- **EBT Card Replacement and Balance information**
- **Change PIN number**
- **Client will need their EBT card number and Social Security Number**

### Office of Financial Recovery
- **1-800-562-6114**
- **DSHS Overpayments**
- **Premium Payments**
- **Estate Recovery**

### Tribal Resources
- **DSHS - Office of Indian Policy - (360) 902-7706**
- **HIE - Tribal Liaison - Sherry Lowry, 360-688-7749 or sherry.lowry@wahwinechange.org**
- **HCA - Tribal Affairs Administrator - Jessie Dean 360-725-1649 or jessie.dean@hca.wa.gov**

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[Referral Communications Committee]

Created by cross-agency referral committee; available online at: [http://www.hca.wa.gov/hcr/me/Documents/customer_support_center_referrals.pdf](http://www.hca.wa.gov/hcr/me/Documents/customer_support_center_referrals.pdf)
Levels of *Healthplanfinder* Customer Assistance

- Customer Support Center (CSC) Representatives—IPAs—Navigators—Community Assisters—Tribal Assisters—Brokers—HCA Community partners—Sponsorship Representatives

- CSC Supervisors—Broker Support Team—Lead Organizations

- CSC Management—Broker Management IPA Management—Operations Specialists

- Client Specialist Team
Referral Sources

The Client Specialist team receives high priority referrals from:

- Congressional Delegation
- Governor
- Legislators
- Attorney General
- State Agency Partners
  - OIC
  - HCA
- Exchange Board
- Customer Support Center
- Consumer Assisters (IPAs/Navigators; Lead Orgs, Brokers)
- Carriers
- Appeals Team
- Consumers
Exchange Online Complaint Form

▪ Consumer visits www.complaints.wahbexchange.org, fills out and submits the file a complaint web-form

▪ Consumer will receive a confirmation after submitting their complaint

▪ Consumer complaints are monitored and triaged by a communications program specialist
  ▪ High priority requests that require immediate attention and turnaround are forwarded to the Client Specialist team
  ▪ Complaints receive remediation response from communications
  ▪ Information from customer support FAQs or other self-service resources are provided to the customer when applicable