Washington Health Benefit Exchange

Appropriations Committee
June 18, 2014
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Molly Voris, Policy Director
Successes and Challenges

**Successes**
- 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 **1.2 million** 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 **not** 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

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