Today’s Agenda

• Open Enrollment and Post Open Enrollment
• 2015 Budget
• Invoicing and Payment Related Issues
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
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 $200 million in federal tax credits have gone to residents to reduce their premium costs
  - Residents have also received over $30 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.)

✓ Remain nimble and execute changes as necessary
Moving Forward

- Understanding what will be our normal operating conditions, and scope of work

- Continuing to address short and long-term needs, including:
  - ✓ Special enrollments and ongoing outreach
  - ✓ Immediate site fixes
  - ✓ Optimizing the customer experience
  - ✓ Future enhancements, e.g., Medicaid shopping
  - ✓ Washington Healthplanfinder Business (SHOP)
  - ✓ 2015 Open Enrollment (Nov. 15-Feb.15), and new plan options
2014-2015 Projected Enrollment

• New enrollment projections being completed to inform budget discussions

• Projections take into account:
  o First open enrollment results
  o Federal change to second open enrollment window

• New baseline assumption for start of second open enrollment (Nov. 2014): 148,000

• New baseline assumption for close of second open enrollment (March 2015): 233,000
Budgeting for 2015

• Operation costs through 2014 are fully funded by Federal Grants

• 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
  ✓ Medicaid cost allocation formula for 2015 being developed with HCA

• Board discussing 2015 budget to inform development of a supplemental and biennial budget request to legislature
## 2015 Exchange Budget And Assumptions Baseline

<table>
<thead>
<tr>
<th>Function Area</th>
<th>Baseline (Millions)</th>
<th>Key Financial Drivers</th>
<th>Key Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT</td>
<td>$19</td>
<td>Operations, maintenance; Licensing fees</td>
<td>IT contractors; changes, maintenance</td>
</tr>
<tr>
<td>Operations</td>
<td>$21</td>
<td>Call center; printing &amp; postage</td>
<td>250 CSR staffing level</td>
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<tr>
<td>Communications</td>
<td>$4</td>
<td>Navigator program; advertising &amp; marketing</td>
<td>Elimination of tv, radio, print ads</td>
</tr>
<tr>
<td>Finance and Admin</td>
<td>$4</td>
<td>External audits</td>
<td>Credit card fees</td>
</tr>
<tr>
<td>Policy, SHOP, Legal, Exec.</td>
<td>$5</td>
<td>Actuarial; Consumer rating system; Agent/Broker support;</td>
<td>Detailed estimates and analysis; maintain minimal service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Presiding officers</td>
<td>level; Appeal review and decision</td>
</tr>
</tbody>
</table>

- Baseline budget to start board conversation; details publically available
- Stakeholder meetings with advocacy organizations, agents & brokers, associations, businesses, carriers and tribal organizations
- Continuing meetings with legislative staff, governor’s office and state agencies
Operational Requirements

REQUIRED

- Call Center
- Plan Certification
- Pediatric dental
- Translation/Interpreter Services
- Consumer Survey
- State Audit
- Data Reporting to Federal Government
- Reconciliation of enrollment information with carriers (834 files, ongoing, etc.)
- Streamlined application (QHP and Medicaid) & eligibility determination
- Outreach and Marketing
- Specialized broker support
- Post-eligibility referrals to WaConn (classic Medicaid, etc.)
- Consumer decision/shopping tools (plan display features, etc.)
- Provider directory
- Adult dental
- Premium aggregation and invoicing

NOT REQUIRED

- Navigator Program
- Pediatric dental
- Printing for required notices
- SHOP
- Consumer Rating System
- Appeals
2015 Baseline Budget - Other Considerations

- Possible federal supplemental grant request
- No-cost extension for specific, grant related activities
- Medicaid cost allocation formula for 2015 being developed with HCA
Invoice and Payment Related Issues

• Exchange’s top priority
  o Additional Deloitte resources engaged

• Issues create a waterfall effect
  o Consumers: Invoices, Payments
  o Carriers: EDI files
  o Agents and brokers: Commissions
  o Providers: Coverage status
  o Customer Support and IPAs: Volume

• Major releases to address key areas of focus:
  o Changes to system design
  o Manual corrections to individual applications

• Validation revealed limited success
Immediate Invoice and Payment Action Plan

✓ Collection of all carrier related issues
  o Ongoing meetings to capture any and all inconsistencies

✓ Deploy emergency system and data releases
  o Identify, measure and correct

✓ Account-by-Account Audit
  o Review all Healthplanfinder accounts for discrepancies

✓ Establish path for technical proficiency
  o Assess business rationale to inform long-term solution
Resources

www.wahealthplanfinder.org
www.wahbexchange.org

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