

# Washington Health Benefit Exchange

## DRAFT Strategic Plan; as of 9/11/15

### A BRIEF BACKGROUND ON THE EXCHANGE

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The Washington Health Benefit Exchange (Exchange) was created in statute to meet a key provision of the Affordable Care Act that called for each state to establish a new marketplace that would offer health benefits to individuals, families and small businesses. Under national health care reform, states were required to have an Exchange in place by Jan. 1, 2014.

These new marketplaces were to be developed and implemented either by the state or by the federal Department of Health and Human Services. Washington State's governor and legislators chose to implement a state-based exchange model and, in 2011, passed legislation to establish the state's new marketplace as a "public-private partnership," separate and distinct from the State (SSB 5445). This legislation's strong governance model and public-private structure provided an innovative approach that other states would adopt in creating their own exchanges. The Exchange has a close working relationship with the Health Care Authority, Office of the Insurance Commissioner and the Department of Social and Health Services.

In 2012, legislation was passed (ESSHB 2319) that established market rules, requirements for qualified health plans (QHPs), essential health benefits and other key elements of the state's Exchange. This legislation also enabled the Exchange to focus on developing its operations and information technology (IT) platform, which was critical to meeting the tight timeline of beginning operations on October 1, 2013 – the beginning of the first open enrollment period.

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

- Eligibility determinations for and enrollment in free (Washington Apple Health) or low cost health insurance options
- Side-by-side comparisons of Qualified Health Plans
- Tax credits or financial help to pay for premiums and co-pays
- Expert customer support online, by phone or in-person through a local organization or insurance broker.

(Insert Exchange timeline graphic of events)

### EXCHANGE FUNDING AND SUSTAINABILITY

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The Exchange received initial operational and implementation funding through federal grant dollars totaling in over \$3 million. A substantial amount of the grant funding was used to develop the Information Technology (IT) system critical to determining eligibility for and enrolling residents in health

plans. To determine eligibility appropriately, the IT system has essential integration points with state and federal agencies and carriers. The grant funding was also used to support activities, such as the development of the navigator program and a marketing campaign.

Beginning in 2015, the Exchange was required to be self-sustaining and has been allocated funds by the state legislature. The Exchange sustainability is tied to three funding sources established in statute: (1) the existing 2 percent tax on health insurance premiums sold 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 was provided with \$110 million for operation in the recently passed 2015-17 biennial budget.

## EXCHANGE GOVERNANCE

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The Exchange is run 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 Exchange Board must have expertise in a variety of health care areas including employee benefits, health economics, consumer advocacy, individual insurance, small group insurance, and health plan administration. The Director of the Health Care Authority and Insurance Commissioner are ex-officio, non-voting board members. There are currently 10 stakeholder committees, technical advisory committees or workgroups associated with the board, including the Advisory Committee as well as a technical advisory committees for key program areas including the navigator program, agents and brokers, health equity and outreach. There are also three workgroups that address plan management, consumers and tribal issues.

Current board members include:

- Chair: Ron Sims, *retired Deputy Secretary for the U.S. Department of Housing and Urban Development*
- Bill Baldwin, *Partner, The Partners Group*
- Don Conant, *General Manager at Valley Nut and Bolt in Olympia and Assistant Professor in the School of Business at St. Martin's University*
- Ben Danielson, *Medical Director at the Odessa Brown Children's Clinic*
- Phil Dyer, *Senior Vice President at Kibble & Prentice/USI and former state legislator*
- Bill Hinkle, *Executive Director, Rental Housing Association and former state legislator*
- Teresa Mosqueda, *Political and Strategic Campaign Director for the Washington State Labor Council and Chair of the Healthy Washington Coalition*
- Hiroshi Nakano, *Director of Managed Care, Valley Medical Center*
- Mark Stensager, *Retired Health System Administrator*
- Ex-Officio: Mike Kreidler, *Washington State Insurance Commissioner*
- Ex-Officio: Dorothy Teeter, *Director, Washington State Health Care Authority*

## THE EXCHANGE TODAY

The Exchange has seen one in four Washington residents obtain health insurance through *Washington Healthplanfinder* since going live Oct. 1, 2013. Washington's integrated system offers one door for public and private health insurance to Washington Apple Health and QHPs. As of August 2015, more than 164,000 Washington residents are currently enrolled in private health insurance and over half a million

new adults (more than 555,934) are enrolled in Washington Apple Health, along with more than one million Medicaid enrollees who were moved through *Washington Healthplanfinder* when it opened. The Washington Apple Health enrollment exceeded Medicaid projections for 2018.

With the help of an extensive on-the-ground network of brokers, navigators, tribal assisters and other community partners, the uninsured rate in Washington was reduced by nearly 40 percent in our first year of operation. A recent Gallup Poll noted that this decline was the fifth highest in the nation and estimated that our current uninsured level had dropped from 16.8 percent in 2013 to 6.4 percent – a 10.4 percent decline<sup>1</sup>. This 93.6 percent insured rate was reached in only two open enrollment periods.

Washington's enrollment success has had a positive fiscal impact across the state. The Exchange handled nearly \$560 million in premium payments in 2014 alone. Also in 2014, over \$330 million in federal subsidies were obtained through *Washington Healthplanfinder* to help Washington residents pay for premiums and over \$54 million in cost-sharing reductions were provided to reduce consumer costs of hospital and provider visits. In addition, hospital data from January 2014 through September 2014 shows a 44 percent decrease in charity care and 47 percent decrease in bad debt across the state<sup>2</sup>.

The Exchange's new technology also had positive effects on state Medicaid. By automating the eligibility process, the Exchange has vastly improved the application and approval time for those enrolling into Washington Apple Health. A process that could previously have taken 45 days now takes 45 minutes. Additionally, automation and administrative simplification have improved the Washington Apple Health renewal rate, which has increased from 82 percent to an all-time high average of 92 percent monthly<sup>3</sup>.

A large part of the Exchange's success with both Washington Apple Health and QHP enrollment can be traced back to the work done by Exchange certified navigators, agents and brokers, and tribal assisters. The navigator program features 10 grant-funded Lead Organizations in specific geographic areas of the state who developed networks comprising 1,400 certified navigators affiliated with more than 250 paid and unpaid partner organizations. Supplementing these efforts were more than 2,000 certified agents and brokers statewide. These activities were also supported by a strategically integrated marketing campaign that leveraged print, radio, television and digital mediums to establish the *Washington Healthplanfinder* brand, raise marketplace awareness and drive people to take action during the open enrollment periods.

However, the road to success has also come with its challenges. Many of the early challenges were related to the performance of *Washington Healthplanfinder*. The biggest of these were system related errors tied to payments and invoicing. Due to the chronic "premium aggregation" issues, the Exchange Board voted to move the functionality prior to the 2015-2016 next open enrollment period. As a result, the Exchange no longer accepts premium payments as of September 2015 – consumers now pay premiums directly to the insurance carriers.

## MISSION

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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.

<sup>1</sup> [Gallup-Healthways Well-Being Index | August 10, 2015](#)

<sup>2</sup> NEED CITATION

<sup>3</sup> NEED HCA CITATION

## FOUR CORE OUTCOMES

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### ❖ **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 rate 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 most vulnerable populations. This includes supporting those who need assistance overcoming barriers that may prohibit their ability to seek, find and use their health insurance coverage.

## CORE DUTIES

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- Increase covered lives in Washington state
- Provide responsible fiscal and operational stewardship
- Promote enrollment and retention for both Qualified Health Plan and Washington Apple Health 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

## FIVE-YEAR STRATEGIC PLAN

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The Exchange Board's five-year strategic plan reflects careful deliberation and goal setting by its members aimed at providing readers with a complete and meaningful picture of the Exchange's business strategy. The Exchange Board's mission, core outcomes and duties set the foundation for building this report, and the strategies offer insight on how the work will be operationalized to meet these goals.

This strategic plan is a continuously evolving document and will change as issues develop. It contains assumptions that are contingent on, but not limited to, available funding in future periods; changes related to our regulatory environment; expected market opportunities; expected success of services provided by the Exchange; and external events. Because these assumptions have associated risks and uncertainties, there are important factors that could cause the outcomes to differ from the expectations expressed in this report.

It is important to note that this is a five-year strategic plan, and the work included within this document is feasible within a five-year period. However, much of the work will take time to develop and will not begin immediately. Following the submission of this report, the Exchange Board will work with staff to develop business plans that will operationalize the report. More details will emerge as decisions are made on priorities, timelines, and funding. Additionally, the Exchange Board will update the plan annually and will monitor progress toward achieving these goals throughout the year.

## **GOAL #1: DEFINE AND DELIVER OPERATIONAL EXCELLENCE**

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The Exchange firmly believes that, in order to succeed, we need to optimize the operations of the organization. The Exchange strives to achieve in the areas of financial management and reporting, stakeholder engagement and business operations. With the organization transitioning from a start-up organization to a more stable, mature environment, processes and systems are updated to accomplish our goals. The Exchange has engaged three strategies to achieve operational excellence:

- Establish a firm understanding of the Exchange's financial state and needs for sustainability
- Excel in areas of transparency and stakeholder engagement
- Build an organization to meet the Exchange's business priorities and customer experience goals

### **Establish a stable financial state and sustainability**

In order to ensure financial sustainability for the Exchange, it is essential to modify or replace its current financial system. The ability to make data-driven, value-based decisions regarding services provided and the distribution of resources depends on having accurate and timely financial and performance information. This information needs to effectively capture program and activity goals and be aligned with the strategic priorities of the board.

As part of the strategy, the Exchange will capture the full costs of services, including the funding sources to which each cost can be attributed. This will provide an opportunity for the Exchange to fully capture Medicaid allowable costs and be better positioned to make strategic business and financial decisions, such as whether to continue to provide a service or reallocate resources to activities that better meet Exchange goals.

The Exchange will also establish adequate financial controls to ensure that effective financial reporting, allocation of costs to federal programs, procurement policies and procedures, cash management, and contracts management controls are in place. To achieve sustainability, the Exchange must have in place effective financial policies and procedures.

Additionally, the Exchange will offer clear and standardized financial reporting to the board and legislature. The implementation of a new chart of accounts and changes to the financial system will

provide the required detailed financial reporting in an accurate and timely manner. Longer term projections of enrollment and revenues will help drive better short-term resource decisions to achieve financial sustainability.

In order to capture operational and fiscal efficiencies, the Exchange will examine its two primary cost drivers – information technology and call center operations – to identify whether current resources are being spent effectively and achieving desired results. The Exchange must operate within its allocated resources, and therefore, it is important for the Exchange to manage expectations around customer service and other areas outlined in this report that will need to be sized to appropriate levels based on the budget.

As the Exchange becomes a stable business, it is essential that the performance of staff and contractors be known and managed. Current procedures will be examined to reduce duplication. Automation improvements will be prioritized to reduce the multiple “workarounds” that have been built into the existing processes, particularly since the resources to continue temporary and project staff are no longer available.

The Exchange Board will discuss the definition of “sustainability” for the Exchange, and how the organization achieves and maintains its sustainability level. The Exchange will actively seek new grants and funding opportunities, including developing new services, which can generate revenue. Rigorous analysis of current services or products should be conducted to determine if resources are being maximized. The Exchange will engage the legislature and stakeholders to seek flexibility in revenue setting and expenditure priority decisions in order to achieve financial stability.

In addition, the Exchange will seek the ability to deposit revenues and pay expenses. The Exchange operates like a private sector business but does not have direct control of its resources or the ability to establish a minimum operating reserve. The Exchange will initiate discussions with the Office of Financial Management and the legislature to identify options for more direct access to its funds.

### **Create meaningful opportunities for transparency and stakeholder engagement**

In order to ensure that valued partners are continuously involved in the development of Exchange policies and operations, the Exchange will create opportunities to meaningfully engage partner and stakeholder groups, including creating forums for the CEO to directly communicate with and hear from stakeholders and tribes.

In executing this strategy, it is critical that Exchange leadership proactively engage with the Washington State Legislature. Board members, in partnership with Exchange leadership, will also be engaged at vital points throughout legislative session. In addition, the Exchange will initiate opportunities for board members to update their board-nominating legislative caucus members.

Finally, the Exchange must improve structures for obtaining feedback directly from legislators, consumers, committee/workgroup members, state agency partners, navigators, tribal assisters, brokers, issuers, tribes, associations, businesses, and advocates. Examples of this include creating a process to engage stakeholders and tribes earlier in the development of the Exchange’s budget and changes to *Washington Healthplanfinder*. The Exchange will convene ad hoc stakeholder and tribal meetings when population-specific implementation issues arise.

### **Provide frequent updates on current and planned Exchange activities**

It is essential that stakeholders are informed of current and upcoming Exchange events and activities. As such, updates will be routinely shared through the consumer assister network, the Exchange corporate website, and other established communication channels (e.g., email distribution lists). Social media will continue to be leveraged to reach key audiences. The Exchange will also increase its participation in cross-agency workgroups and partner and statewide coalition meetings.

### **Make better use of the current Technical Advisory Committee (TAC) and committee structure**

The Exchange has several committees meant to provide valuable feedback to the Exchange Board. The Exchange is working to make better use of the committees and have information flow more effectively to the Exchange Board.

To optimize the committee structure and process, the Exchange will schedule one-on-one conversations between board members and TAC, committee, and workgroup members to receive feedback and solicit suggestions on areas for improvement. Additionally, the Exchange will survey the TACs and committees twice a year to receive constructive feedback to continuously improve the committee process. The board's Nominating Committee will use this information to inform changes going forward.

To better utilize the committees' content expertise, the Exchange will provide opportunities for TACs, committees, and workgroups to deliver critical feedback to the board that helps the board in decision-making. Additionally, we will use the Advisory Committee to provide feedback and ongoing perspectives on the Exchange's efforts to meet goals laid out in this strategic plan.

### **Build an organization to meet the Exchange's business priorities and customer experience**

As we enter our third open enrollment period, the Exchange is transitioning from a start-up environment to one that reflects a more mature and growing organization..

The Exchange must build an organization and set of priorities that places the customer experience at the center of all activity., To fully commit to this, there will be a need for the Exchange to continue to evaluate key areas of growth, maximize existing efficiencies and resource both technical and operational needs for the future.

Our IT system and processes need to be optimized to support an excellent user experience. The user interface, which is working well, can be improved to streamline and simplify the application process. As we grow and deal with an environment of constrained resources, the organization must prioritize system improvements and be prepared to seek grant and other funding to continue to update and improve IT systems and interfaces with agency partners.

An optimal customer experience is dependent on a system that operates seamlessly, making it possible for consumers to choose and enroll in health care without assistance if they so choose. Most Exchange customers prefer to enroll without assistance but the infrastructure must be in place to assist customers who need or prefer help. An efficient and effective system supported by high

quality operational and administrative support allows customer services to allocate resources and focus on serving those who are most in need of help.

The Exchange must continue to refine and improve operational processes. The Exchange can use established methodologies such as lean to eliminate wasteful or redundant processes, improve training, and provide a consistent and improved customer experience. IT improvements should support the customer experience and align with operational excellence. Communications, customer service staff, operational and administrative support contribute to smooth operations and support for Exchange customers and carrier and agency partners.

### **Establish clear priorities to focus on customer service and experience**

Establishing best-in-class customer service starts and ends with communication. This necessitates the Exchange increasing communication channels and frequency with both new and returning customers with regard to their accounts, issues and expected time of resolution. This is mission critical and its importance cannot be overlooked.

Another important and evolving communication channel is with state agencies. The Exchange will continue to work across agencies – including Health Care Authority (HCA), Department of Social and Health Services (DSHS), Office of the Insurance Commissioner (OIC), the Governor’s Office, legislative members and staff – to capture and address consumer issues in a timely fashion. This includes alignment among these organizations in capturing complaints – and data affiliated with complaints – to improve service and coordination. Furthermore, with the removal of premium aggregation, there must now be close coordination with carriers to allow those selecting a plan to follow through to payment.

Finally, improving the customer experience must be data driven. The Exchange will assess and adapt efforts to improve based on data analytics acquired from customer usage of website, call center and other customer support avenues, including those that reflect key performance indicators established by the Exchange.

### **Utilize the Exchange structure to achieve and sustain operational excellence**

It is often forgotten that the Exchange was built where nothing previously existed. This dramatic market change is both its greatest strength and greatest weakness. Moving forward, the Exchange will seize opportunities to leverage its value proposition and build on innovative practices. This will allow the Exchange to move toward operational excellence.

However, the Exchange cannot sustain operational excellence on innovation alone. The Exchange will look to right-size staffing for optimal performance using benchmarks from other state exchanges and comparable organizations. It must also eliminate duplication and redundancy and take advantage of shared services available from the state. This includes obtaining authorization from the legislature where required to utilize forecasting, accounting and/or IT services, as well as develop partnerships with HCA, OIC, and DSHS to streamline processes and provide seamless services to customers, carriers, brokers and navigators. Finally, it will develop key metrics and measures of accountability for the Exchange Board that show that operational performance has been achieved.

### **Plan and deliver future *Washington Healthplanfinder* system strategy**

The operational success of the Exchange – and customer experience – is inextricably linked to the performance of the system. It becomes imperative that the Exchange utilize a transparent process to prioritize, stakeholder and communicate system improvements based on the allocated budget to build the best system possible for the people who use it.

This effort will require the Exchange to coordinate across agencies (HCA, DSHS, OIC, and Office of the Chief Information Officer (OCIO)) to increase transparency of, and planning for, future *Washington Healthplanfinder* functionality. Internally, the Exchange must optimize the internal IT department capability and self-sufficiency, and insure system stability.

Moving forward, the Exchange will operate cross-agency *Washington Healthplanfinder* governance processes to coordinate IT planning, development, releases, scheduling to maximize system functionality. This will serve as a conduit to streamlining IT service delivery for increased customer experience (infrastructure/user functionality) as well as realize cost efficiencies through business case analyses.

### **Outcomes/Measurement**

- Number of complaints generated/resolved and time to resolution
- System integration for both ticketing and self-service tools to mitigate unwarranted submissions
- Number of opportunities for stakeholders to provide feedback
- Increased participation in cross-agency meetings, coalition meetings and partner events
- Results from qualitative stakeholder surveys or activities regarding our efforts to increase transparency and engagement
- Reduction in per member per month costs

### **GOAL #2: INCREASE THE NUMBER OF INSURED AND ACCESS TO AFFORDABLE COVERAGE**

Mission critical to success of the Exchange is to both (a) increase the number of insured purchasing health coverage through *Washington Healthplanfinder*, and (b) retain those who are currently enrolled on the marketplace. This importance is directly tied to the amount of Exchange state appropriated funding is paid for by commercial insurance carriers for operating in the Exchange.

To date, close to two million people have used *Washington Healthplanfinder* to get health insurance at subsidized or no cost, of which approximately 160,000 are in qualified health plans.

The new landscape will call for a different way of approaching enrollment activity than in the past. This includes rethinking prospective populations for growth, targeted population outreach, as well as changing the focus of existing resources to better meet the needs of building a sustainable business model. Given these changes, the Exchange will soon need to be competitive beyond price to include customer service, ease-of-use and self-help tools. To succeed will require us to challenge conventional wisdom and be innovative in our approaches to empowering Exchange customers. The Exchange has engaged three strategies to achieve this goal:

- Drive new enrollment, especially in Qualified Health Plans
- Implement a strong retention strategy for existing QHP and Washington Apple Health enrollees
- Improve upon the existing customer experience, system performance

### **Driving new enrollment, especially in QHPs**

In order to drive more new enrollment – particularly with the QHP-eligible audience – it will be important to focus on two key issues: (1) identifying those populations who offer the best opportunity to increase enrollment numbers, and (2) applying our resources to ensure success in reaching those populations and targets.

Taking these two drivers into account, there are three tactics that will be important in support of the strategy. First, we must ensure that our navigator networks, including tribal assisters, are configured to meet the need for QHP enrollment, as well as Washington Apple Health. The navigators in the program have assisted on more than 400,000 enrollments – an impressive figure reflective of the effort put forth by those organizations. Ninety-three percent of these enrollments were related to Washington Apple Health and seven percent QHPs; however, the Medicaid cost allocation is based on a 50 percent QHP, 50 percent Washington Apple Health split.

Given the Exchange's current budget, the Exchange is reconfiguring the Lead Organization structure to encourage them to create more diverse navigator networks and employ more QHP-focused strategies so that the Exchange reaches its QHP targets, including those hard-to-reach populations that remain underserved by the ACA. This includes work with our American Indian/Alaska Native populations.

Secondly, it will be imperative that the Exchange resource and support the agents and brokers whose core business is working with the QHP-eligible audience. This includes creating opportunities to have brokers and navigators in a joint setting, such as enrollment events and open houses. This will provide navigators the opportunity to complete applications with customers, while brokers can provide guidance and facilitate plan selection. The Exchange will create the infrastructure to allow for these joint events and enrollments, and *Washington Healthplanfinder* will be altered to allow both navigators and brokers to be recognized for shared enrollments.

Additionally, the Exchange recognizes the important contribution and cost-effective strategies of engaging brokers in Exchange enrollments. As a result, the Exchange will pursue a rewards program for high performing brokers. While Exchange funding is not available for brokers, incentive rewards can be offered, such as name recognition for high performers prominently displayed on the Exchange website. The Exchange will also deliver specific broker-related ad efforts (print, radio, digital) to drive eligible QHP enrollees who are both inside and outside the individual insurance market.

Finally, the Exchange will work closely with the Health Care Authority to identify and reach out to Washington Apple Health enrollees who have income changes and are becoming QHP-eligible to continue coverage into a QHP. This effort will include targeted outreach to those individuals through email and/or phone calls, following up with those who do not take action. This population represents up to 3,000 individuals a month and would likely qualify for financial help if they purchased coverage through the Exchange.

### **Retain existing customers**

Given the focus on QHP enrollment and its importance to our sustainability, the Exchange recognizes the importance of retaining its enrollees during open enrollment and throughout the remainder of the year. This includes efforts associated with passively renewing as many people as possible and reducing the number of people who leave the Exchange during the year. A critical component of this work will be the partnership with the Exchange's insurance carriers, including coordinated customer notifications and processes, especially during the open enrollment period. The Exchange will target vulnerable population groups in its retention efforts because they are more likely to drop coverage or not renew. It will be important strategy to reach out to groups that may need additional assistance with the renewal process.

A final area of interest is to ensure brokers and navigators are resourced to handle renewals. This includes having necessary access to carrier support to facilitate payment and/or continuation of coverage. With the removal of premium aggregation, the Exchange will develop processes to ensure brokers and navigators have close connections with the carriers to understand enrollees' payment status assist in resolving payment problems.

### **Improve customer service and service performance**

The ideal customer scenario is one of self-service and the ability to resolve issues that may arise on their own quickly and easily. However, the Exchange recognizes that health insurance is complex and difficult, and consumers often requires outside assistance to get issues resolved, especially for vulnerable populations. As the Exchange has matured, the customer experience has been brought to the forefront of the Exchange mission and is a strategic priority moving forward. Improving the customer experience is key to the success and sustainability of the Exchange's future.

There are three significant areas of focus in both the short- and long-term. The first is improved communication. This includes a revamping of the existing corporate website and streamlining of the knowledge-based tools that enable consumers to self-help and systems improvements to improve and speed up content management. The Exchange will more accurately target areas of need and deliver faster, relevant information. This work also includes work communicating state agencies – including HCA, DSHS, OIC, legislative staff or the governor's office – ensuring that all consumer issues are captured, addressed and closed in a timely fashion.

The Exchange recognizes the importance of a single, streamlined ticketing and complaint system. The initial step will be to deliver customers and customer support leads a self-service portal that enables issues to be addressed prior to ticket submission. By getting to these questions and issues prior to ticket submission, the Exchange is able to reduce impact across all areas of customer support – internal staff, call center, navigators, brokers and tribal assisters. The next step is to have a fully integrated, consumer facing complaint system that allows real-time access to ticket status, information about the complaint filed, and steps to resolution. This will be used by consumers, consumer assisters, call center representatives, state agency partners, tribes and others.

Additionally, the Exchange is committed to working to a "single contact" scenario for as many customers as operationally possible. The expectation would be that customers only have to contact Exchange one time, without needing to follow up for status update. This experience would also

include a customer survey or like opportunity for the customer to provide feedback and for the Exchange to gather valuable information on the process and where it could be improved.

### **Outcomes/Measurement**

- Total enrollment numbers
- Broker/navigator-assisted enrollment numbers
- Customer satisfaction survey
- Timely customer outreach and follow-up
- Complaints and comments resolutions timing

## **GOAL #3: ADVANCE CONSUMER CHOICE AND DECISION-MAKING**

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The Exchange believes in offering customers informed and helpful, easy-to-use tools to assist enrollees in navigating and making decisions through *Washington Healthplanfinder*. The Exchange Board recognizes the importance of this activity and is committed to moving *Washington Healthplanfinder* beyond today's functionality to include more robust features that enhance the customer experience. The Exchange has engaged three strategies to achieve this goal:

- Provide consumers with decision-making tools to help make the right plan choice for each individual or family;
- Leverage data from *Washington Healthplanfinder*, consumer feedback, and partners to identify gaps in consumers' knowledge; and
- Make use of reported data to formulate policy solutions to address affordability and choice

### **Enhance *Washington Healthplanfinder* design, layout and display of information**

In order to enhance the customer experience, the Exchange will augment *Washington Healthplanfinder's* design and display of information to create a more seamless and easy-to-use application and plan selection process.

Specifically, the Exchange will leverage website functionality to alert *Washington Healthplanfinder* users as soon as an issue or common problem is identified. Additional functionality might be added to allow users to continue with completing or editing information related to their application, plan selection or dashboard while other areas of the website are unavailable. Currently, *Washington Healthplanfinder* must be taken offline in order to complete any work to the website.

Everyone who uses *Washington Healthplanfinder* plays an important role in making sure the system works well. It is critical that we leverage this resource so that changes to *Washington Healthplanfinder* are informed by those who use the system. The Exchange will develop a structure for customer and partner feedback, which will help inform necessary changes to *Washington Healthplanfinder* and prioritize those changes identified.

The Exchange will also leverage innovative tools that will help make the application process easier and empowering customers to resolve their own issues, including frequently asked questions (FAQs), pop-ups boxes, and informational videos on *Washington Healthplanfinder*. *Washington Healthplanfinder* will also be attentive to language needs and provide resources at a reading level that is understandable for its users.

### **Optimize health insurance literacy efforts and search tools**

It has been proven that a satisfied consumer is most often an informed consumer. To reach this end, the Exchange will assist consumers, many who have had minimal experience with health insurance, in mastering health insurance terminology and provide its users with the right information to make a smart decision.

To meet this need, the Exchange will develop a simple, clear value proposition on the benefits of health insurance, including the importance associated with receiving regular care and protecting against catastrophic events. By demonstrating the opportunity provided by the Exchange and the importance of getting health coverage, we can bring in new uninsured customers who might otherwise bypass the Exchange.

For existing customers, it is the Exchange's duty to provide materials that easily explain the important factors in making a plan choice, such as deductibles, co-pays, cost-sharing reductions and the advantages of the second lowest cost Silver plan.

Additionally, the Exchange will focus on providing easy-to-use tools that will help in choosing a plan, such as enhancing the current provider directory to offer consumers the most up-to-date and accurate information on doctors and have it available in real-time. The Exchange also intends to identify a funding source to operationalize a prescription drug formulary look-up. While the work is expensive to implement, the Exchange sees the value to its customers in providing a tool to be able to check which plans cover customers' prescriptions and on what tier.

### **Implement decision-support tools into *Washington Healthplanfinder***

The Exchange believes one of its main value propositions with consumers is in giving them the information and tools they need to make an informed plan decision. The Exchange Board voted to implement decision-support tools into *Washington Healthplanfinder* to help consumers navigate to the best plan for them. This will be dependent on a funding source to implement such functionality.

In the shorter term, the Exchange will incorporate tools that provide existing external data and information to consumers to help with their plan selection. Such information may include quality measure data on doctors, hospitals, and carriers, and satisfaction with carriers' customer service.

In the longer term, assuming a funding source could be secured, individual decision-support tools will be implemented into *Washington Healthplanfinder* to allow customers to receive a short list of plans that fits their needs based on their personal health situation. These tools take into consideration such factors as utilization of services, chronic conditions, prescription drug use, and cost.

### **Use data to understand the existing, and potentially new, Exchange populations**

The Exchange has access to valuable data that can greatly assist in understanding its current enrollee population and identifying potential new enrollee groups. As the Exchange matures, the organization will specifically understand the demographic characteristics of who enters the Exchange and gets coverage, who stays with their coverage across multiple years and who applies but does not enroll and identify the needs for specific groups such as our state's AI/AN population.

As longitudinal data becomes more prevalent, the patterns of enrollment and enrollee characteristics will inform organizational decision-making. Additionally, the Exchange will use key data to understand potential untapped Exchange enrollee market and use it to develop targeted marketing efforts for new and existing enrollees.

The Exchange Board has made a clear edict to publicly report data to provide stakeholders with the opportunity to understand the enrolled population, their characteristics and how stakeholders can help the Exchange with its efforts. The Exchange will also provide timely answer external questions about the population and their characteristics.

Work is currently underway with the Exchange Board to tie metrics laid out in the enabling Exchange legislation, frequently reported data, and measures recently passed by the Board to this strategic plan. This creates alignment and predictability for data being reported. The Board will revisit performance measures as the organization evolves to ensure the measures continue to capture the direction of the organization.

#### **Use key partners to understand on-the-ground consumer gaps in knowledge**

The Exchange will use on-the-ground partners to understand consumers' gaps in ACA and health insurance knowledge. The organization will achieve this through its broad network of consumer-facing groups (navigators, brokers, call center, etc.) to pinpoint problems with the application process and other information gaps. The Exchange will also establish feedback channels with groups outside the Exchange's outreach and enrollment network, including clinics, hospitals providers, housing, financial literacy, and youth empowerment organizations. The Exchange will coordinate with the American Indian Health Commission (AIHC) and the Tribal Advisory Workgroup to help raise an awareness of the issues that prevent AI/ANs from enrolling in QHPs.

All of these partners are extremely valuable to the Exchange and their wealth of knowledge and experiences will provide much needed information. Using the information from these respected partners, the Exchange will develop a well-coordinated feedback loop that provides accurate, consistent and timely information to the Exchange for the purpose of making decisions and creating consumer communication and information.

#### **Identify key areas of opportunity – i.e., affordability**

Through the above mentioned feedback loop, the Exchange will create a process to identify, categorize and prioritize consumer-facing areas of opportunity. The Exchange will use customer feedback to understand the nuances of customer challenges, especially in the areas of affordability and barriers to coverage and enrollment, such as AI/AN members. The Exchange will then use the information available to find opportunities to attempt overcome barriers that prevent enrollment (either technical, such as a *Washington Healthplanfinder* issues, or situational, such as language or access barriers).

#### **Enhance communications and training for partners (navigators, brokers, and call center representatives) to handle specific issues**

The Exchange strives to have expeditious and seamless resolution to issues and real-time updates on new information. As such, the Exchange will create a highly effective information flow so that

emerging issues and resolutions are rapidly deployed to navigators, brokers and the call center, so they can respond quickly to enrollees' common issues. Additionally, the Exchange will optimize situational training for partners. This will give standardized and clear instructions on specific issues so quick resolution is easy to achieve. Similarly, the Exchange will construct a system that continuously updates training modules to reflect new, up-to-date information so that information is getting out to partners as quickly as possible. The Exchange will also ensure that partners have the information needed to be able to refer calls to other state agencies, particularly HCA, OIC, and DSHS.

A considerable strength that has emerged as a result of the first two years of Exchange operations is the partnerships that have developed between navigators and brokers. The Exchange wants to continue to foster these relationships by providing for more opportunities for navigator and broker coordination to leverage each group's expertise. Each partner brings a unique skillset to the customer experience, and the Exchange believes that the customer benefits by working with both groups. The Exchange will work within the federal guidelines to promote these partnerships to benefit the customer and remove system issues that prevent customers from identifying both producer and navigator assisters.

#### **Track affordability issues and consumer need**

The Exchange will track and monitor affordability issues and how these issues are affecting enrollment retention and growth. *Washington Healthplanfinder* demographic data, consumer survey results, and feedback from partners will provide data to track these issues ongoing.

As the data indicates that policy intervention is necessary to help combat affordability issues with enrollees or potential enrollees, the Exchange Board will work with staff to develop policy options to help address the issues. These policy options will be geared toward meeting the needs of consumers and will be considered within the legal authority of the Exchange. If policy options require legislative intervention, the Exchange will work closely with the legislature on solutions to address the affordability issues.

#### **Implement quality rating system to offer plan quality information for consumers**

The Exchange is in the process of implementing the Centers for Medicare & Medicaid Services (CMS)-designed Quality Rating System (plan quality measures) beginning in the fall of 2016. The Quality Rating System (QRS) will be available to consumers choosing their 2017 plan. CMS has set specific implementation requirements for this program, including implementation date, measures to be displayed and the hierarchy of the rating system. The Exchange will follow those guidelines to implement the QRS on time.

Once implemented, the Exchange will highlight the availability of this data for consumers and enrollment partners, as well as monitoring the use of the data by these groups. Once fully implemented and the Exchange understands its value to consumers and partners, we will evaluate the option to add quality measures beyond the federal requirements that may be in-line with other statewide initiatives.

Additionally, the Exchange will implement the Quality Improvement Strategy (QIS) program, also a federal requirement, beginning in 2016. This will require carriers to submit information to the Exchange on populations that they have targeted to implement their quality outcomes. The

Exchange will review this information as part of the certification process, but it will not be available to consumers shopping on the Exchange.

### **Understand key stakeholder perspectives on affordability and choice issues**

The Exchange understands that partners and stakeholders receive valuable feedback from consumers. The Exchange will have an established connection with partners to understand the barriers and situational issues they face, such as affordability and choice concerns.

The Exchange will also research consumer behavior to understand the choice and affordability issues that are most prominent among enrollees. The Exchange will reach out to other state-based exchanges and the federally-facilitated exchange to understand how they are addressing affordability and choice to broaden options for the Washington Health Benefit Exchange.

The Exchange will also promote a value business proposition for carriers in line with a consumer-focused model. The Exchange and carriers will work together to support consumers' best plan choices in HPF. It is in both parties' best interest to encourage the plan selection that is best for consumers so they can afford their choice, get the care they need and continue enrollment throughout the plan year.

### **Outcomes/Measurement**

There are many outcomes and measures to demonstrate progress toward completing the strategic plan in this area. Below are some measures to show progress toward meeting these goals:

- Renewal rates comparable to the outside individual insurance market
- Increased use of self-help tools on *Washington Healthplanfinder*
- Consumer survey results on affordability and choice
- Silver plan uptake comparable to national average

## **GOAL #4: PROMOTE EQUITY ACROSS SYSTEM**

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The Exchange Board is committed to assisting consumers who face barriers seeking, finding and using their health insurance coverage. To support the enrollment of vulnerable populations through *Washington Healthplanfinder*, the Exchange will provide access to tools and resources that help customers understand the purpose and value of insurance, where and how to sign up for insurance, and how to select the appropriate insurance for themselves and their families. To further promote equity the Exchange will utilize three key strategies:

- Institute equity benchmarks
- Initiate proactive policies to increase equity
- Establish metrics to measure success

### **Establish Metrics and Institute Equity Benchmarks**

To successfully institute equity benchmarks, the Exchange will develop measurable indicators using available data, which includes *Washington Healthplanfinder* data, call center data, website statistics, consumer feedback, program assessment findings, and other external data sources. Feedback will be solicited from the Health Equity TAC and other interested stakeholders and tribes to inform the

benchmark development. Once benchmarks are established, progress toward meeting them will be regularly communicated.

### **Identify geographic areas and vulnerable populations**

It is of critical importance that the Exchange engage in collaborative efforts with partner agencies, navigators, tribal assisters and tribal organizations, brokers, issuers, associations, refugee/immigrant agencies, community health clinics, , and other stakeholders to identify unmet needs of diverse and vulnerable groups. Existing national and statewide efforts to identify and reach vulnerable groups will also be leveraged.

To further target geographic areas and vulnerable populations, the Exchange will continue to track and report Qualified Health Plan enrollment (new and renewals) by relevant demographic factors. To improve retention of and outreach to vulnerable populations, the Exchange will also further examine reasons for loss of coverage and churn between qualified health plans and Washington Apple Health, as well as the remaining uninsured population. In addition, the Exchange will maintain existing and build new partnerships with organizations that can help identify and engage the hardest-to-reach populations.

### **Engage customer support channels**

It is important for audience-specific messaging to be consistent and coordinated through all Exchange customer support channels. To improve these efforts, the Exchange will leverage the expertise of the Health Equity and Outreach TACs and Tribal Advisory Workgroup to develop and review audience-specific messaging and materials.

Specific information will be shared with consumer assisters to enable them to have needed information on audience-specific groups, including research findings on loss of coverage and churn to inform retention and outreach efforts. The Exchange will also ensure that consumer assisters are aware of American Indian/Alaska Native (AI/AN), language access, and disability resources. Finally, the Exchange will strengthen audience-specific aspects of training materials.

To specifically leverage and improve efforts to reach tribes, tribal organizations and urban Indian organizations, the Exchange will partner with the Tribal Advisory Workgroup, the American Indian Health Commission, and other regional and national tribal organizations. This will encourage a closer relationship that will improve customer service for AI/AN populations in the Exchange.

### **Identify policies that address needs related to equity**

The Exchange will work with the Health Equity TAC to identify and make available to board members and Exchange leadership resources on policy and program development using an equity lens. This will include tools used by other local and state programs to assess the impact of policies on diverse groups.

The Exchange will consult with the Health Equity TAC to identify available data inputs. The Exchange will also create opportunities for community leaders to share best practices related to equity.

### **Work with stakeholders to craft policies and plan implementation**

The Exchange will leverage the Health Equity TAC's expertise, experience and professional perspectives on language access, health literacy, hard-to-reach populations, cultural sensitivity and

other general access to coverage issues. To identify best practices and align policies, the Exchange will collaborate with state agencies to identify common access issues.

The Exchange will work with the Health Equity TAC, tribes, and other stakeholders to update the Language Access Plan, assist in designing health insurance literacy projects, and to develop a Disability Access Plan.

#### **Align activities with state and federal efforts to increase health care access**

The Exchange will increase participation in national and statewide collaborative efforts (e.g., Governor’s Interagency Council on Health Disparities) and CMS-led initiatives related to meaningful access. Efforts of other state-based exchanges to address equity issues will be further explored.

#### **Work with committees and stakeholders to establish reporting framework**

Once equity metrics and benchmarks are established, progress toward meeting them will be regularly communicated. The Exchange will work with committees and stakeholders to develop reporting goals and priorities and create actionable reports to measure progress.

#### **Use data to inform and shape future efforts**

Equity metrics and progress toward meeting established benchmarks will be used to inform strategy, specifically with input from the Health Equity TAC. Reporting findings will also be used to inform collaborative outreach efforts. The Exchange will convene carriers and health data experts for information sharing and strategizing to improve equity. The Exchange will explore creating a business-oriented analytics capacity that focuses on equity.

#### **Outcomes/Measurement**

The board has a shared goal of being regarded by the federal government and other state-based Exchanges as a leader in equity work. Below are some initial measures that could demonstrate progress toward meeting equity goals.

- Enrollment from vulnerable groups that is comparable to national averages
- Engagement from local and statewide partners who work with vulnerable groups
- Stakeholder support for creating audience-specific materials, increasing accessibility, and addressing cultural beliefs and practices
- Provision of free, high quality translation and interpretation services that meet the needs of most of the limited English proficient (LEP) population in Washington

The Exchange will continue work with the Health Equity TAC and other interested stakeholders to inform the development of appropriate performance measures, to measure progress on incorporating equity work across Exchange functions.

## **THE 10-YEAR VISION**

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The Exchange has made great strides in the past few years to deliver on its mission to improve access to and the ease with which Washingtonians secure health insurance. While the outcomes have been remarkable, it is clear that the Exchange still has progress to make. To achieve future success, the

Exchange must operate as a highly efficient organization and working closely with key stakeholders and tribes to promote the benefits of having health insurance.

Expanding on the four key outcomes, the following represents the second five years of the vision for the Exchange.

- ***Define and Deliver Operational Excellence***
  - Established, predictable business processes and outcomes related to operational activity
  - Have recognized and streamlined avenues for stakeholder input, including engaging in meaningful dialogue with Exchange decision-makers
  - Leverage new funding sources for the purpose of supporting key Exchange areas of activity (e.g. navigator program, decision-support tools, etc.)
  - Have an open and timely communications channel between the TACs and committees that contributes to an evolving committee structure
  - Master single point of contact resolution process – any customer support person has the ability to resolve a customer issue at that moment
  
- ***Increase Number of Insured and Access to Affordable Care***
  - Increase insured state population
  - Understand the shifts within the population of both uninsured and insured for purposes of better targeted marketing and retention strategies
  - Identify and break down barriers to coverage and access, and have strategies and tools to address those specific issues
  - Have geographic reach to provide affordable and accessible coverage options and assistance in all parts of the state
  - Eliminate the need for a carrier assessment
  
- ***Advance Consumer Choice and Decision-Making***
  - Reduce call center volume through the increased utilization of online self-service tools
  - Leverage state-of-the-art tools that provide consumers with a short list of plans that best meets their health care needs, offers the most effective care and provides an understanding of the value they are getting from their plan
  - Have a history of plan selection data that informs Exchange decisions
  - Support good plan choices for customers through a robust carrier relationship
  
- ***Promote Equity Across System***
  - Provide individualized services that meet enrollees' needs in a seamless fashion
  - Narrow health inequities related to health care utilization and delivery
  - Provide language access tools across identified languages to meet the needs related to cultural heritage and/or beliefs
  - Place in the top five states in providing health literacy and equity decision-making tools
  - Build an engaged and contributing health equity partner network

This 10-year vision includes elements that are both attainable and aspirational. It sets the stage for further action in the years to come and supports the Exchange's focus on customer service. It also outlines collaborative goals and strategies for awareness and accessibility, assessment and analysis, research and planning, and efficiencies and revenue.

## CONCLUSION

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The execution of this vision will require dedication and cooperation in addressing and supporting Exchange activities. It is our hope that this strategic plan and its future vision becomes the foundation for making a positive difference in the lives of Washingtonians seeking health insurance coverage. Working together with key partners, the Exchange can continue to be viewed as a national leader and deliver on the needs of those seeking health insurance in our state.

DRAFT