



Washington Health Benefit Exchange

Equity Data and Benchmarks

Health Equity TAC Meeting
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Current Equity Metrics Identified by TAC

- Current QHP and Washington Apple Health (WAH)/Medicaid enrollment
- Number of disenrollments & reasons for disenrollment
- Number who select a plan but do not make an initial payment
- Number and percentage who churn between QHP and Medicaid
- Survey results from TACs, Navigators and other stakeholders to improve effectiveness in reaching groups at risk for barriers
- Consumer complaints, broken down by reason code (and reviewed to identify trends)



Enrollment – QHP and WAH – by race

Metric	2018 Enrollment	Enrollment %	Proposed Benchmark
American Indian/Alaska Native	57,706	3%	3%
Asian	91,379	5%	7%
African American	121,872	7%	7%
Pacific Islander/ Hawaiian	52,222	3%	3%

- Total 2018 Enrollment (QHP and WAH) was obtained from the HBE March 2018 Enrollment report, includes Healthplanfinder enrollees who identify race in their application (optional field)
- Enrollment for the state non-ESI distribution provided by OFM is AI/AN – 2%, Asian –7%, African American—5%, Pacific Islander/Hawaiian—1%.



Enrollment – QHP and WAH – by ethnicity

Metric	2018 Enrollment	Enrollment %	Proposed Benchmark
Hispanic	351,369	20%	18%

- Total 2018 Enrollment (QHP and WAH) was obtained from the HBE March 2018 Enrollment report, includes Healthplanfinder enrollees who identify as Hispanic in their application (optional field)
- Hispanic enrollment through *HPF* is higher than the general statewide distribution (12%), and slightly lower than the state non-ESI distribution provided by OFM (21%)
- The proposed benchmark was adjusted downward last year (from 20%) in response to TAC feedback. Members requested a lower benchmark based on concerns they are hearing from Hispanic residents (notably, that they may disenroll or fail to enroll due to concerns/fears about national immigration policies/providing citizenship information)



Enrollment – QHP and WAH – by age (under 65)

Metric	2018 Enrollment	Enrollment %	Proposed Benchmarks
under 18	768,338	45%	44%
18-25	203,539	12%	12%
26-34	247,984	14%	15%
35-44	188,355	11%	13%
45-54	155,984	9%	9%
55-64	158,882	9%	9%

- Total 2018 Enrollment (QHP and WAH) was obtained from the HBE March 2018 Enrollment report, includes Healthplanfinder enrollees who identify age in their application (required field)
- Enrollment percent of ‘young invincibles’/under 35 (71%) is a higher percentage than the general statewide distribution (46%) and the state non-ESI distribution provided by OFM (47%)



Enrollment – QHP and WAH – by Limited English Proficiency (LEP)

Metric	2018 Enrollment	Enrollment %	Proposed Benchmark
LEP	117,469	7%	8%

- Total 2018 Enrollment (QHP and WAH) was obtained from the HBE March 2018 Enrollment report, includes Healthplanfinder enrollees who identify in their application that they do not read and/or speak English (required field)
- LEP enrollment as a percent of total enrollment is slightly higher than the state non-ESI distribution provided by OFM (6%), and much higher than the general statewide distribution (3.5%)



Enrollment – QHP and WAH – by Federal Poverty Level (FPL)

Metric	2018 Enrollment	Enrollment %	Proposed Benchmarks
Less than 100%	1,103,326	64%	60%
100-137%	233,015	14%	16%
138-199%	168,738	10%	11%
200-299%	120,859	7%	8%
300-399%	32,517	2%	3%
400% or higher	22,743	1%	2%

- Total 2018 Enrollment (QHP and WAH) was obtained from the HBE March 2018 Enrollment report, includes Healthplanfinder enrollees who identify income in their application (required field for those who choose to be screened for WAH and tax credits)
- Enrollment percentage for the WAH eligible population (up to 138% FPL) is much higher (77%) than the state non-ESI distribution provided by OFM (35%) and the general statewide distribution (17%)
- Enrollment percentage for 138%+ FPL population is much smaller (23%) than the state non-ESI distribution provided by OFM (65%) and the general statewide distribution (83%)



Enrollment – QHP and WAH – by geography

Geography	2018 Enrollment	Enrollment %	Proposed Benchmarks
Rural	289,783	14%	20%
Urban	1,727,729	86%	80%

- Total 2018 Enrollment (QHP and WAH) was obtained from running enrollment data through an algorithm provided by OFM that segregates zip codes into rural and urban areas
- Overall, the non-elderly state population is about 15% rural, and 85% urban. The non-ESI, non-elderly population is slightly more rural (17%).

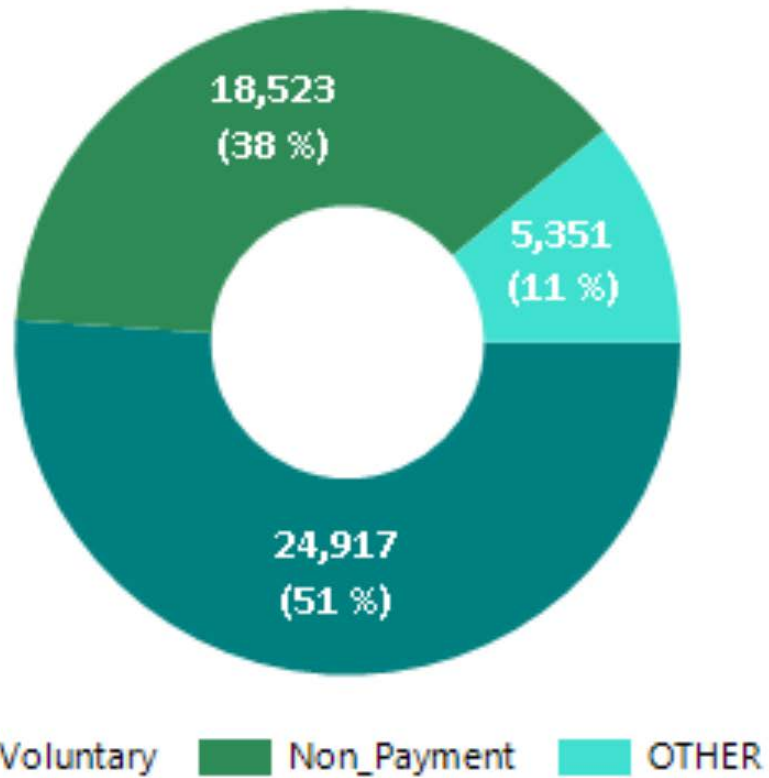


Disenrollment

- Dropping occurs:
 - Between plan years (enrollees who do not renew their coverage)
 - During the plan year (enrollees who disenroll during a coverage year)
- Did Not Renew (end of plan year)
 - Individuals who do not renew are tracked and surveyed (35% of respondents said they couldn't find a plan to fit their budget)
- Disenrollment (during plan year)
 - Disenrollment is tracked and included in bi-annual enrollment report
 - A new survey has been developed that will be sent to customers who voluntarily disenroll from coverage



AUG-2018 DISENROLLMENT



Notes: **Enrollees moved to WAH are excluded.**



Select a plan, no payment

- The number of individuals who select a QHP v. the number of individuals who make a payment is tracked on an ongoing basis
- Specific outreach is conducted during OE to this group
- Efforts have been made to streamline the payment process with carriers.
- Most enrollees who select a QHP make a payment

Month	Plan Selection	Plan Payment	Percent of plans selected for which a payment was made
Nov-2017	177,283	173,574	98%
Dec-2017	177,411	162,267	97%
Jan-2018	211,347	199,489	94%



Churn Between QHP and WAH

- **Churn occurs when:**
 - QHP enrollees become eligible for WAH → auto-enrolled into a WAH plan if no plan selected
 - WAH enrollees become eligible for QHP → not enrolled in a QHP unless a plan is selected and payment submitted

- **Exploring ways to increase continuity of coverage for QHP eligible enrollees who leave WAH; affordability challenges**

- **Churn to and from QHP/WAH is tracked on a monthly basis, and included in bi-annual enrollment report**
 - Churn affects small portions of the enrolled population
 - Average monthly churn from WAH (Medicaid) to QHP, is higher than from QHP to WAH
 - Highest churn from WAH to QHP occurs at the beginning of the plan year

Month	3/1/2017	4/1/2017	5/1/2017	6/1/2017	7/1/2017	8/1/2017	9/1/2017	10/1/2017	11/1/2017	12/1/2017	1/1/2018	2/1/2018
QHP to Medicaid	1,152	1,048	1,155	1,020	930	972	881	1,112	3,820	3,987	1,522	989
Medicaid to QHP	2,371	2,111	2,065	2,249	2,252	1,653	1,498	1,485	1,464	1,543	4,887	2,527

Month	3/1/2017	4/1/2017	5/1/2017	6/1/2017	7/1/2017	8/1/2017	9/1/2017	10/1/2017	11/1/2017	12/1/2017	1/1/2018	2/1/2018
QHP to Medicaid	0.6%	0.5%	0.6%	0.5%	0.5%	0.5%	0.5%	0.6%	2.2%	2.4%	0.7%	0.4%
Medicaid to QHP	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.3%	0.2%

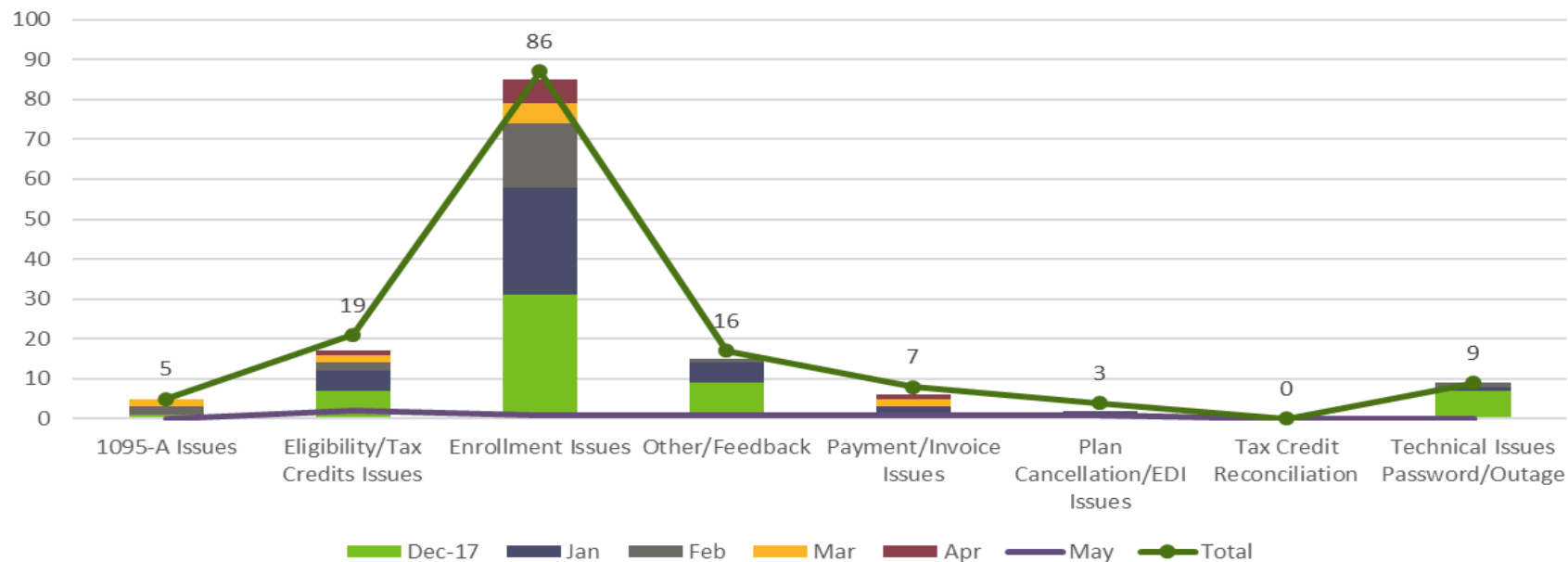


Survey Results

- Use of survey results from TACs, Navigators and other stakeholders to improve effectiveness in reaching groups at risk for barriers
- Current surveys
 - Annual Consumer Experience survey
 - Annual Open-Enrollment Experience survey (Navigators & Brokers)
 - Annual Tribal Assister survey
 - Annual Renewal Experience survey (Did Not Renew)
 - Annual New Consumer survey
 - Bi-Annual Language Assistance survey
 - Ongoing cancellation survey (*new*)
 - Annual Committee & Workgroup survey



Consumer Complaints



WAHBE Received Complaints

Reason Code	Jan	Feb	Mar	Apr	May
1095-A Issues	0	0	2	0	0
Eligibility/Tax Credit Issues	0	0	0	0	2
Enrollment Issues	10	5	1	1	0
Other/Feedback	5	0	0	0	11
Payment/Invoice Issues	1	0	0	0	1
Plan Cancellation/EDI Issues	1	0	0	0	0
Tax Credit Reconciliation	0	0	0	0	0

OIC Received Complaints (referred to WAHBE)

Reason Code	Jan	Feb	Mar	Apr	May
1095-A Issues	0	2	0	0	0
Eligibility/Tax Credit Issues	5	2	2	1	0
Enrollment Issues	17	11	4	5	1
Other/Feedback	1	0	1	0	0
Payment/Invoice Issues	1	0	2	1	0
Plan Cancellation/EDI Issues	1	0	0	0	1
Tax Credit Reconciliation	0	1	0	0	0

Next Steps

- Review with Exchange Diversity Committee
- Revisit metrics and benchmarks with TAC (after open-enrollment), update as needed
- Explore development of a broader equity report (after new equity, diversity, and inclusion manager position is filled)



Appendix

Data Sources

- Enrollment (WAH and QHP) totals from the Mar. 2018 enrollment report <https://www.wahbexchange.org/about-the-exchange/reports-data/enrollment-reports-data/>
- 2016 Population and Non-ESI estimates from OFM (data source: American Community Survey 1-year Public Use Microdata Sample)



Additional Churn Information

- Churn Study from January 2016 is available [here](#))
- Key findings:
 - Churn is happening once – Among those churning between WAH and QHP, most individuals or families (94%) are churning just once during the year, as opposed to two or more churn events (6%)
 - Most churn (64%) occurs among mixed households (those with both WAH and QHP enrollees)
 - Largest percentage of those churning had incomes between 151 and 200 percent FPL
 - Most churning to QHP (63%) choose silver plans. Of those eligible for CSRs (<250% FPL), most selected a silver plan, but 25% selected bronze.
 - Lower income, young individuals (below 200% FPL and under age 30) selected bronze plans at a slightly higher percentage than the overall churn population
 - Most churning to QHP change carriers (87%), including those enrolled in carriers that offer in both WAH and QHP markets (only 19% stayed with same plan)





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