



# 2022 QHP Guidance for Participation Comments

# Key areas of comments

**Health and Health Care Disparities**

**Incentivizing Primary Care**

**Producer and Navigator Specifications**

**Quality Improvement Strategy**

**Reporting Data**

**Other Comments**

# Health and Health Care Disparities: 6/6 Commenters

## Comment

- Six commenters expressed concern over the proposed benchmark for issuers to achieve 60% self-identification of race and ethnicity data for HPF enrollees.
  - Many commenters stated concern over the requirement that issuers be responsible for this data collection stating that this data is not needed for enrollment and/or a belief that issuers are not the proper entity for this collection.

## Response

- Thank you for the comments. The HBE Board and staff are committed to health equity, including understanding and reducing health disparities. The Institute of Medicine (2003) called for the collection of members' race and ethnicity as a foundation for improving quality of care and reducing disparities.
- Health plan collection of race and ethnicity has not substantially changed since first report to WAHBE in 2019.
- Health plan collection of race and ethnicity information is a best practice and is recommended across the health care community including from our fellow state partners at HCA, Bree, and the Washington Health Alliance. We encourage issuers to review these standards. Instituting best practices can lead to very high collection rates, as exhibited by WAHBE's collection rate of almost 80% and Medicare Advantage rates of ~80%. Collecting race and ethnicity data requires multiple stakeholders to be partners in this effort. Multiple points of collection will improve collection rates and lead to better ability to address health disparities.
- WAHBE altered language to give issuers more flexibility in the collection of race and ethnicity information in the first year of this benchmark. WAHBE strongly encourages issuers to begin direct collection of information from members. HBE will also ensure that data collected through HPF is available to issuers.

# Health and Health Care Disparities: 6/6 Commenters

## Comment

- Six commenters expressed concern over the proposed benchmark for issuers to achieve 60% self-identification of race and ethnicity data for HPF enrollees.
  - Some commenters stated that this was too aggressive of a timeline for them to support noting that there are operational constraints to consider.

## Response

- Thank you for the comments. WAHBE recognizes that an aggressive timeline was proposed for this requirement. However, the COVID-19 pandemic has called for aggressive action to combat health disparities. WAHBE commits to revisiting this requirement if WAHBE is unable to implement 834 changes in a timely manner or if other implementation challenges arise.

# Incentivizing Primary Care: 5/6 Commenters

## Comment

- Several commenters requested that the Exchange remove all requirements relating to incentivizing primary care and expressed that the Exchange should not engage with carrier-provider relationships or payment models. Some commenters also questioned the authority of the Exchange to require these practices.
- One commenter expressed concern over the timeline for implementing new primary care incentives and suggested delaying any requirements until plan year 2023

## Response

- Thank you for the comments. WAHBE has a key role to play in assuring that Exchange consumers are afforded health plans that adhere to high quality standards. Improving access and quality of primary care is a best practice that improves health outcomes and lowers cost. WAHBE committed to supporting community wide efforts to increase primary care accessibility and availability.
- A key function and authority of an Exchange is to evaluate and oversee quality programs, including establishing reporting requirements (45 CFR § 155.200).
- WAHBE recognizes different issuers have different levels of maturity in these best practices. The Guidance does not set a timeline for implementing these primary care initiatives. WAHBE expects timelines to vary based on the focus area chosen by the issuer and will work with each issuer on developing feasible timelines for achieving these goals.

# Incentivizing Primary Care: 5/6 Commenters

## Comment

- One commenter suggested that the requirement to select new primary care strategies would not be equitable to issuers who have already implemented one or more strategies in their product line.

## Response

- Thank you for the comments. The Exchange has updated language to allow for greater flexibility with selecting strategies:
  - "Issuers will select a strategy and identify this strategy through the Quality Improvement Strategy form. Issuers agree to work with the Exchange on these focus areas and report their progress to the Exchange. WAHBE encourages issuers to work on a new strategy for their QHP line of business. If an issuer selects a strategy that they are already implementing, they will work with the Exchange to identify an appropriate improvement benchmark."

# Producer and Navigator Specifications: 5/6 Commenters

## Comment

- Several commenters noted that the Public Health Service Act (42 U.S.C. 300gg-41 et seq.) is currently on regulatory freeze and requested that the language in the Guidance related to the Act either be removed or clarified to say that will not be applicable until the federal law is finalized.
- A couple of commenters expressed that they believed the Exchange did not need this language in the Guidance and encouraged the Exchange to defer to the Office of the Insurance Commissioner (OIC) to regulate this potential requirement.

## Response

- Thank you for the comments. WAHBE is responsible for oversight of producers who are registered with the Exchange and will require carriers to coordinate with the Exchange on producer communications to enrollees.
- WAHBE agrees that there is a need for flexibility since this requirement is not yet finalized at the federal level. WAHBE will adjust the proposed language to:

“Proposed amendments to the Public Health Service Act (42 U.S.C. 300gg-41 et seq.) require a QHP issuer to disclose to enrollees direct or indirect compensation provided by the issuer to a producer or broker associated with enrolling individuals in such coverage. [...]If these amendments are finalized, issuers will be required to inform HBE of their timeframe and approach to implement this requirement and provide WAHBE with a sample of their disclosure language when developed.”

# Quality Improvement Strategy: 3/6 Commenters

## Comment

- Two commenters questioned WAHBE's decision to require issuers to participate in the Quality Improvement Strategy program without any QHP enrollment and suggested delaying this requirement
- Two commenters asked that WAHBE reduce the number of required HEDIS measures that an issuer must include in their QIS

## Response

- Thank you for the comments. WAHBE is invested in assuring individual market customers have access to high quality care and services, regardless of their carrier choice. Carriers can engage Exchange enrollees in quality improvements activities from year one because of known quality gaps across the individual market.
- Additionally, while the Quality Improvement Strategy program is unique to the Exchange, many carriers use the same quality focus areas and best practices across multiple product lines. WAHBE is committed to working with issuers who have questions about individual market population.
- WAHBE will reduce the number of required HEDIS measures in the QIS to two HEDIS measures- Plan All-Cause Readmissions and Cervical Cancer Screening. These measures were chosen because all reporting issuers fell below the national 50<sup>th</sup> percentile for these measures in MY 2019.
- WAHBE encourages issuers to adopt Breast Cancer Screening into their QIS but will not require it for PY 2022. WAHBE encourages broader QIS programs as many issuers fell below the national 50<sup>th</sup> percentile in 10+ HEDIS measures for MY 2019. More concentrated focus on quality is needed for marked improvement.

# Quality Improvement Strategy: 3/6 Commenters

## Comment

- A couple of commenters suggested altering language that describes the Quality Improvement Strategy to be broader.

## Response

- Thank you for the comments. We have made edits to this language for clarity. This language is the baseline for the QIS program and is taken from the CMS QIS Technical Guidance and User Guide in past years. The key requirement of a QIS is that it provides increased reimbursement or other market-based incentives. See revised language-
  - "A QIS should incentivize quality by tying payments to measures of performance when providers meet specific quality indicators or enrollees make certain choices or exhibit behaviors associated with improved health."

# Reporting Data: 3/6 Commenters

## Comment

- Several commenters asked that WAHBE include a commitment in the Guidance to share monthly market share enrollment data by plan type with QHP issuers

## Response

- Thank you for the comments. While not appropriate for the Guidance for Participation, WAHBE welcomes discussions on potential data sharing with carriers.
- WAHBE's data and reporting team is currently examining the feasibility of more frequent reporting to carriers in the future.

# Provider Directory: 2/6 Commenters

## Comment

- One commenter stated that moving the OE submission timeline back to September is not operationally possible due to multiple factors.
- Effective 2021, provider directories must include a mechanism enabling consumers or providers to report inaccurate information to a carrier, so that it can be corrected in a specific period of time. See, WAC 284-170-260 (4). Since the Exchange with its vendor is maintaining the on-Exchange directory, on behalf of a carrier, we need to confirm that this functionality will be available since we do not want OIC to enforce for non-compliance of the Exchange displayed directory

## Response

- Thank you for your comment. While the Exchange maintains the proposed timeline, we will follow up on this operational concern during carrier one-on-ones.
- While the Exchange does not maintain a provider directory on behalf of a carrier, *Washington Healthplanfinder's* provider directory does have a mechanism for reporting errors.

# Network Adequacy: 1/6 Commenters

## Comment

- One commenter stated that the OIC's network adequacy standard requires adequacy based on a carrier's normal utilization patterns and suggested adding this to the stated standard in the Guidance.

## Response

- Thank you for your comment. The Exchange did not make suggested changes, but does acknowledge and defer to the OIC for guidance on network access.