

PROJECT NARRATIVE

A. Discussion of Existing Exchange Planning and Exchange Establishment Progress

The Washington Health Benefit Exchange (Exchange or WAHBE) has been working toward developing and establishing an Exchange for the past three years. The Exchange's more general progress reports and work plans have been submitted to Online Data Collection (OLDC) system and are available for viewing. The below addresses specific areas tied to this Establishment Cooperative Agreement proposal.

Legal Authority and Governance:

N/A

Consumer and Stakeholder Engagement and Support:

Outreach and Education – In September 2013, WAHBE launched television, radio, web, and print ads featuring a character named “Chance,” who personifies the gamble of going without health insurance. The everyday risks depicted in the Healthplanfinder advertising campaign demonstrate the threat that uninsured Washington residents face to their health and financial security. The television, radio, web, and print ads can be viewed at: www.wahbexchange.org/adcampaign.

Working with GMMB Consulting, WAHBE continues to maintain social media handles on Facebook (www.facebook.com/WAHealthplanfinder) and Twitter (www.twitter.com/waplanfinder) as well as a YouTube channel (www.youtube.com/user/waplanfinder).

On September 30, 2013, WAHBE hosted a Washington Healthplanfinder launch event stimulating significant media attention for October 1 Go Live. At the launch event, Exchange staff provided demos of Healthplanfinder and the Exchange also announced a mobile enrollment tour scheduled for mid-October 2013 featuring a bus equipped with internet-ready laptops and trained In-Person Assisters enrolling people in over ten locations across Washington State.

WAHBE continues to receive considerable earned media coverage. Local outlets including the Seattle Times, Seattle Post Intelligencer, Spokesman Review, Olympian, Tacoma Tribune, King 5 (NBC affiliate), Komo 4 (ABC affiliate), and Kiro 7 (CBS affiliate) have featured stories on Washington Healthplanfinder. National outlets such as CNBC, Washington Post, New York Times and USA Today have also covered the work of WAHBE.

Exchange Website – WAHBE is committed to building a best-in-class online health insurance marketplace experience for customers through Washington Healthplanfinder. Working with Deloitte Consulting, IT system integrator, and GMMB, communications consultant, the following activities have shaped and will continue to evolve users' experience of Washington Healthplanfinder.

- ***User Interface Design*** – From April through December 2012, WAHBE brought together user interface experts for design sessions to build a consumer-friendly, federally-compliant shopping interface and health insurance application flow. Best practices for user-centered design from the UX 2014 Project (www.ux2014.org/) were implemented. GMMB directed the look, feel, and language of the design to mirror the Washington Healthplanfinder brand and WAHBE's outreach and marketing campaign.
- ***Testing*** – The first step of testing was to verify that the online marketplace meets the functional and technical requirements defined by WAHBE. This also included verifying that the application, as well as state and federal data source connections, perform to WAHBE business requirements. A number of WAHBE staff and WAHBE-selected external stakeholders participated in the primary stage of testing, including consumers reviewing both English and Spanish versions of Washington Healthplanfinder. The next step included an evaluation of the effectiveness of Washington Healthplanfinder by engaging English, Spanish and Tribal consumers. Twenty-eight consumers participated during three weeks of testing from July 2013 through September 2013. The consumer testing summary of findings provided invaluable feedback that was executed as Customer Support Center training before Go Live 2013.

In-Person Assister Program – In January 2013, the Exchange Board approved the In-Person Assister Program structure. Federal funding for In-Person Assistance added In-Person Assistors to the structure and federal guidance on Certified Application Assistors (CACs) added an additional category of assistors to the In-Person Assister program.

On June 5, 2013, WAHBE announced ten Lead In-Person Assister Organizations to provide education and enrollment support to all regions of Washington State. These lead organizations have been greatly involved in the training and certification of In-Person Assistors to work directly with Washington Healthplanfinder customers.

Hundreds of In-Person Assistors have been trained, certified and have received their usernames and passwords to enable them to help customers shop, apply and enroll in coverage through Washington Healthplanfinder.

Stakeholder Consultation – Focused on the health insurance needs of individual and small business consumers, as well as creating and maintaining an environment that is desirable for insurance carriers, providers and brokers, the Washington Health Benefit Exchange is committed to regular communication with its stakeholders.

Stakeholder Committee and Workgroups: Ten stakeholder committees and workgroups comprising of consumers, consumer advocates, health insurance carriers, health insurance brokers, state agency partners, tribes, health care providers, and others were established during the planning and development of the Exchange. These stakeholder groups have met regularly to discuss issues and provide feedback. The full list of these committees and workgroups as well as their membership is available at www.wahbexchange.org.

Public Meetings: All Exchange Board, committee and workgroup meetings are open to the public. Most meetings feature public comment periods. A calendar of upcoming public meetings is available at www.wahbexchange.org/news-resources/calendar.

Public Comment: All public meeting agendas are posted on the WAHBE website and the info@wahbexchange.org email address is provided for questions or public comments. Public comments for the Exchange Board are directed to comment@wahbexchange.org. Public comments addressed to the Board are provided to Board members in a printed packet of materials at each monthly meeting.

Stakeholder Meetings and Conferences: In November 2012, WAHBE established a speaker's bureau in order to manage the numerous speaking engagement requests for community events and meetings. A "request a speaker" form (www.wahbexchange.org/get-involved/request-speaker/) was added to the Exchange website for organizations and businesses to submit details about the event and contact information for follow up. Since January 2013, Exchange staff have presented at over 200 unique education and outreach events via the request a speaker process. Richard Onizuka, Chief Executive Officer for the Washington Health Benefit Exchange, has been a featured speaker at the World Health Care Congress, AcademyHealth, National Academy for State Health Policy, as well as many other meetings and conferences.

Washington State Legislature: WAHBE staff have frequently presented progress updates to the House Health Care and Wellness and the Senate Health Care committees. Several demos of Washington Healthplanfinder have been shared and the recordings have been posted on the TVW website (www.tvw.org/index.php?option=com_tvwplayer&eventID=2013040180).

American Indian Health Commission (AIHC): WAHBE has established a good relationship with the 29 federally-recognized tribes in Washington State through the development of the Tribal In-Person Assister Program, the Tribal Sponsorship Program, as well as specific tribal outreach and enrollment strategies. Sheryl Lowe, WAHBE Tribal Liaison, meets regularly with the American Indian Health Commission (AIHC) as outlined in the tribal consultation policy.

Website and Electronic Mailing List: In June 2013, WAHBE launched a redesigned corporate website at: www.wahbexchange.org. This new corporate website features information about the Exchange Board and Board meetings as well as committee and workgroup activities. As the Exchange has transferred into operations mode, the site also provides system updates, frequently asked questions, fact sheets, videos, recorded webinars, infographics and other media for a variety of audiences involved in outreach and enrollment including individuals/families, employers, outreach partners, insurance brokers, certified assisters, tribal members, health insurance carriers, and health care providers. In addition, an electronic mailing list with over 14,000 subscribers provides a vehicle for interested parties to receive meeting notices, press releases, a monthly newsletter, as well as other communications about the development of the Exchange.

Specialized Consumer Assistance Team – Through the development of the business processes and partner meetings, the Operations team identified a gap which left unanswered could negatively impact the Exchange's response to consumer assistance requests. Whereas the Call Center focuses on application support for consumers using the toll-free phone line, it is recognized a specialized client services team is needed to address complex circumstances which lead to multiple interactions with the caller to support eligibility and enrollment. These complex cases may require operational workarounds, coordination with the Medicaid agency, research of system functions, and consultation with policy advisors. This small team has handled over 2000 inbound and outbound calls and solved over 500 complex cases reported through the Triage Support group to date. The client services team was operationalized to fill a gap at Go Live, but early lessons learned demonstrate the value this team brings to customer support. Unanticipated call types, such as consumers frustrated with system errors and difficult cases requiring multiple call-backs. Additionally, beginning November 1 they handled more than 50 constituents referred by the Governor's office and Legislators. WAHBE is seeing an increase as the January 1 coverage timeline nears imposing a need for additional resources to support health plan consumers through the open enrollment period as well as supporting Medicaid clients using the Healthplanfinder.

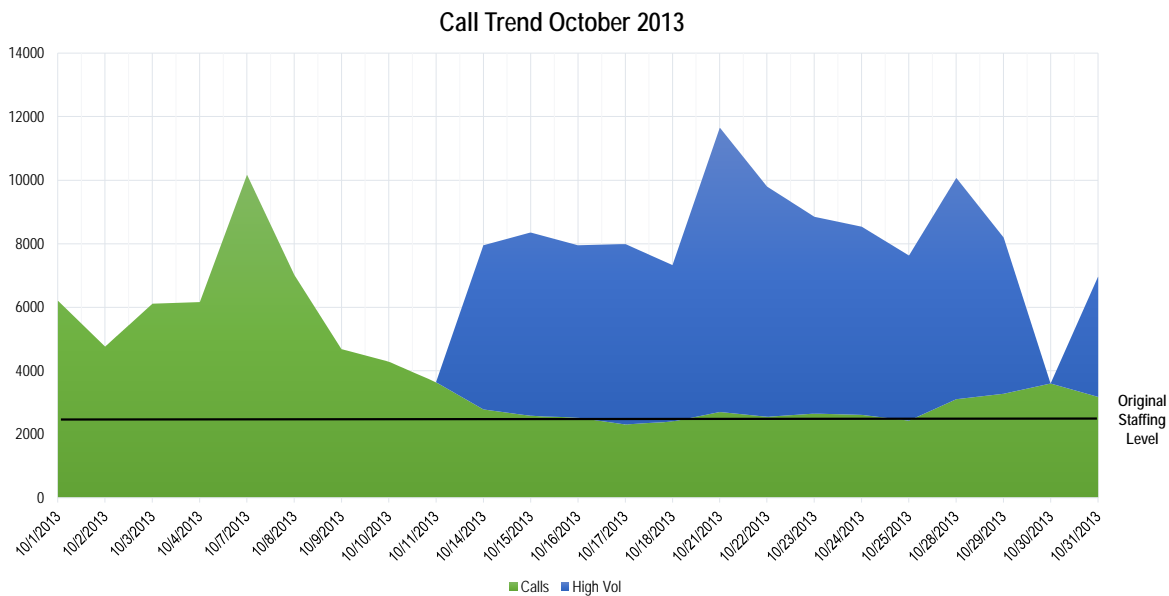
Triage Support and Issue Resolution Service – The Call Center receives information from individuals, brokers, and in-person assisters reporting issues they experience when using the Healthplanfinder. A coordinated approach to handle the reported issues needs to be addressed. In order to meet the needs of customers, a process and staff is needed to analyze, triage, and escalate business and technical issues to appropriate staff members across the organization for resolution. Although many features of the Healthplanfinder are functioning well, reported issues have exceeded projections. The triage support team manages daily reporting to staff and tracks tickets. This team plays a critical data collection role providing information upon which weekly system enhancement decisions are made. Again, the Exchange's Go Live experience is clear that more resources are needed to analyze and quickly resolve reported application errors.

Customer Support Center (Call Center) – The Exchange selected Faneuil, Inc. to operate the call center on March 7, 2013 and opened to Washington state callers on September 3, 2013. Consumers will be able to receive assistance through the toll-free phone line and through email. Assistance is available in up to 175 languages and trained representatives are available weekdays 7:30 a.m. to 8:00 p.m. The initial Faneuil staffing plan provided ten leads and supervisors with 80 Customer Support Center Representatives (CSRs) in Spokane, Washington, trained and available to answer questions about types of health coverage options, how to access financial help and what consumers need to know about the enrollment process. On the opening day the call center received 884 total calls with over 100 calls within the first hour.

Beginning October 1, 2013, CSRs facilitated enrollment in health plans offered through *Washington Healthplanfinder* and assisting consumers applying for low-cost or free health insurance coverage. An additional 40 CSRs at Faneuil's Martinsville, Virginia Call Center location were available to take calls when the volume exceeded the capacity in Spokane. Both locations were live on October 1, 2013 with all trained CSRs and management mobilized to assist consumers. Daily tracking reports show call volumes consistently exceed projections over and above 2,000 daily calls which was the basis for the original staffing plan. A trend graph and graph notes for October follows.

The Customer Support Center is closely monitoring the high call volume and customer requests to make adjustments to staffing and project plans accordingly. The higher than expected volume has stretched staffing at the Call Center beyond its

capacity. Some WAHBE functional units have requested support for other unexpected workloads, such as consumer billing and payment inquires and higher than expected paper application submittals. The vendor is planning to increase the number of CSRs to ensure the level of service is met. The location of the Call Center is approximately 325 miles from the WAHBE offices. To ensure Washingtonians receive quality customer service, the operations team provided on-site collaboration with the Faneuil training team and will continue with this practice to link the Call Center activity with WAHBE timelines for training on emerging operational workarounds and future system enhancement releases. Additionally, the Deloitte training and functional team members deployed to Spokane support Faneuil's training team with emerging needs following opening day. The Call Center eagerly awaits other organizational and functionality enhancements, such as a dedicated document management team and co-browsing feature applied to the Healthplanfinder which will be implemented in December 2013.



Call Trend Notes:

- On October 14, 2013 the Call Center played the high volume message and asked callers to call back (represented by the blue graph).
- On October 30, 2013 the Federal Hub was not available the entire day which allowed the Call Center to answer all the calls that were received so the high volume message was not played.
- Total call volume for October 2013 was 91,722 calls (this volume of calls does not include calls that received the high volume message).
- Total call volume for Spanish was 7,197 calls.
- Total call volume for languages other than Spanish and English was 3,115 calls.
- The average talk time for October 2013 was 12 minutes and 51 seconds.
- Since October 14, 2014 the talk time averaged approximately 18 minutes per call.

Sponsorship Program – The Affordable Care Act established the policy foundation for a sponsorship program and the Washington Legislature set forth in Washington Engrossed Second Substitute House Bill 2319 (Revised Code of Washington (RCW) 43.71.030(3)) terms and conditions for this program. The Washington Health Benefit Exchange Operations and Policy staff develop a Sponsorship program policy to work with any entity interested in paying premiums on behalf of qualified individuals who enroll in a Qualified Health Plan offered through the Washington Healthplanfinder. The initial program roll-out was well received with about 26 entities interested in the program. The make-up of the group includes 17 tribes, five foundations/non-profits, two Federally Qualified Health Centers/Community Health Centers, and two county/state agencies.

Eligibility and Enrollment

Appeals – The appeals program has hired a fulltime Appeals Program Manager and three Appeals Specialists and contracted with four Presiding Officers. One additional full time employee position remains to be filled. Staff have been trained on Healthplanfinder, security and confidentiality, Federal Tax Information (FTI) security requirements, and other supporting systems and software. Staff have reviewed 45 CFR §155.500 and nearly completed implementing the federal requirements.

In preparation for receiving appeals, the appeals program has developed a timeline for standard appeals and expedited appeals based on August 28, 2013 final regulations. The Exchange has purchased a case-management software program to manage caseload, generate statistics, track presiding officer's time on each case. The Exchange has drafted procedural rules, solicited stakeholder comments and on September 25, 2013, the WAHBE Board of Directors officially approved the program's procedural rules.

The program has spent a significant amount of time training the Call Center employees and reaching out to stakeholders, including but not limited to WAHBE Advisory Committee, Health Equity Technical Advisory Committee, legal advocates, Tribal Workgroup, and the state's Medicaid agency. In conjunction with the Health Care Authority (HCA), WAHBE has developed a coordinated appeals process, memorialized that coordination and has a signed agreement with HCA.

The Exchange has contracted with interpreter and translation services. The Exchange's website appeals content has been designed and is now operational. The program created templates, correspondence and forms in accordance with 45 CFR §155.500, and translated these documents into eight languages. The Exchange has created the required Internal Revenue Service (IRS) authorization to release FTI information to those involved in the case. The website includes a user-friendly web form for submitting an appeal. When an appellant submits an appeal using The Exchange website, that information is loaded into the case management database. WAHBE purchased an off-the-shelf product that has been modified to suit the Exchange's anticipated needs.

The program has operationalized a fax line, toll-free phone number, P.O. Box, and email account to assist appellants in communicating with the Exchange.

WAHBE has created business workflows that comply with 45 CFR §155.500. The program has processes in place to handle expedited appeals, standard appeals, withdrawals, invalid appeals, dismissals, informal resolutions, and more. In addition, the Exchange has a fully functional secure room and connect to the IRS to access to IRS Federal Tax Information.

Eligibility and Enrollment Data Reconciliation Project – The Exchange staff has developed a detailed enrollment and payment process guide and a reconciliation guide that detail the relationship the Exchange will have with carriers. Creating a robust reconciliation process began by working closely with carriers to develop a working relationship. As part of this relationship, the Exchange has also developed the electronic data interchange files and their associated companion guides and coordinated the testing of these files with the carriers. Exchange Operations staff has also created a reconciliation error report each plan will complete to ensure enrollment and eligibility data are up to date.

Document Imaging – The Healthplanfinder has the capacity to accept, store, associate, and process documents received from applicants and enrollees. The Exchange partnered with the Medicaid agency to provide a document imaging solution to accept, image, upload, associate, and process paper documentation received from applicants and enrollees via mail or fax. The joint document imaging solution allows for streamlined processes and more coordination across the Exchange and Medicaid.

Print System Enhancements for Notices – The Exchange released a request for quotation for print services in October 2012 and selected K/P Corporation as the successful bidder. The contract was finalized in April 2013. The Exchange

engaged in regular planning meetings with the print vendor to define the print business requirements. The print vendor provides a monthly report of business metrics. The goal of these metrics is to provide critical business intelligence data to the Exchange and will be used to enhance the system in 2014. The 2013 costs were provided for in previous requests. It is recognized that further consultation with the print contractor will be needed to enhance the print system and 2014 costs were overlooked in prior requests.

Translation Services – The Exchange and Health Care Authority (HCA), the State’s Medicaid designated agency, remain committed to a shared development approach, specifically around eligibility systems and Medicaid expansion. The interactions are complex requiring constant coordination between the Medicaid and Exchange eligibility and IT teams, policy and system design functional teams to support the requirements for Exchange application and notices in compliance with the federal requirements. This included working with the translation vendor and language experts to develop content that is accessible to consumers of varying education levels and languages. The notices generated by the Healthplanfinder have been reviewed for translation accuracy.

Business Operation Process and Organizational Optimization Project – In addition to the Healthplanfinder system operational tasks, the Business Operation team was involved with multiple projects that required detailed operational planning, management and triage support for which additional resources were requested from Cambria, a functional analysis contractor to meet critical path objectives for October 1, 2013. With these readiness tasks completed, the functional consultant team remains engaged with organizational and business process optimization.

Medicaid-Exchange Bi-Directional Churn Effect Study – Policy staff from the Exchange and Medicaid have met to discuss how to mitigate the churning of adults and their families in Washington between Washington Apple Health programs (Medicaid and the Children’s Health Insurance Program (CHIP)) and Exchange programs. Additionally, the Exchange is working with HCA on developing the scope for the analysis work previously outlined in the Level Two Establishment Grant. This analysis will be used to determine the rate of churn for individuals with incomes that cause them to cycle between the Exchange and Medicaid.

Plan Management:

Family and Adult Dental – Determining the best way of including pediatric dental essential health benefits in qualified health plans for 2014 coverage in the Washington Exchange proved to be somewhat challenging and complicated during 2012 and 2013, due to a number of factors. While continuing to receive federal guidance about the permissibility of including stand-alone pediatric dental plans in exchanges, the Exchange was also directed by Washington State legislation (Engrossed Second Substitute House Bill 2319) that dental benefits must be “offered and priced separately” in the Exchange, meaning that pediatric dental benefits were required to be offered in the Exchange through stand-alone dental plans. Additionally, the Exchange Board voted to make purchase of pediatric dental benefits mandatory for families with qualifying children, so that if a family qualifies, it must purchase a stand-alone pediatric plan before checking out of the Exchange with a qualified health plan. These changes led to delays to the design of the Exchange system for dental plans, and resulted in limited functionality in Healthplanfinder with respect to dental offerings in the Exchange.

Consumer Rating System – The Affordable Care Act and Washington State legislation (Engrossed Second Substitute House Bill 2319) both require the Exchange to collect quality measures on qualified health plans and implement a consumer rating system that utilizes these quality measures. The Exchange Board identified three areas suggested in the Washington legislation on which to focus its Consumer Rating System: prevention, care management, and enrollee satisfaction. The Board chose to use the Healthcare Effectiveness Data and Information Set (HEDIS) measures and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data as the basis for the Exchange’s consumer rating system.

After identifying certain HEDIS and CAHPS measures to include, the Board will develop a system to display that information to consumers (e.g., a star rating system). The Exchange Board chose to delay implementing its Consumer Rating System until it could collect quality data from qualified health plans, first available in the Exchange in 2014. The Exchange will use

data collected from qualified health plans for the 2014 plan year, incorporate that data into a consumer-friendly display format, and include the consumer rating system data for consumers to use during 2015 open enrollment for 2016 coverage.

Prescription Drug Formulary – Currently, the information available in Healthplanfinder regarding prescription drug coverage provided under qualified health plans (QHPs) is somewhat limited. Each QHP's Summary of Benefits and Coverage includes a description of the tiers applicable to the plan's prescription drug coverage (e.g., brand name drugs covered with 40 percent co-insurance, generics coverage with 30 percent co-insurance, etc.). The Summary of Benefits and Coverage also directs consumers to the carrier's home page to find more information on prescription drug coverage under that plan. Healthplanfinder currently does not allow consumers to view the list of prescription drugs covered by each QHP or to click a link to connect to a list of covered drugs available through the carrier's website.

Quality Assurance Assessment – Research, stakeholdering, clear certification process and timeline lead to the Exchange Board's final certification of health plans to be offered through Washington Healthplanfinder. The Quality Assurance contractor worked with the Exchange to set up Quality assurance and oversight of loading of Qualified Health Plan (QHP) and Qualified Dental Plan (QDP) data into Product Center and Healthplanfinder and certification compliance necessary for operational readiness.

Financial Management, Risk Adjustment, and Reinsurance:

N/A

SHOP:

The Small Business Health Options Program (SHOP) went live October 1, 2013 with a limited program in Southwest Washington State (Clark & Cowlitz counties). While a statewide implementation was preferred, the Exchange was pleased to offer a program to small businesses in a portion of Washington State, acting as a pilot program, to learn from experiences and work to build a larger offering for 2015. In order to accomplish the Exchange's goal of a statewide program in 2015, SHOP plans to update its strategy based on new market insight, refine its operations through systems improvements, offer additional product alternatives and offer improved services to the state's broker/agent community.

Organization and Human Resources:

N/A

Finance and Accounting:

During the past year (July 2012 through September 2013), the Exchange Finance Team has been working to implement day-to-day accounting business processes as well as develop financial business processes for the processing of insurance premium payments from individuals and small businesses to the carriers when the Exchange became operational October 2013. During this time period, the Exchange has successfully hired and trained five financial staff, closed the books and received a "clean" financial and A133 audit for fiscal year 2012, and developed and tested integration of the SAGE accounting system with the system integrator and KeyBank. The Finance team is now focused on development and refinement of business processes that will be used once premium payments begin to be processed in December 2013.

Technology:

On October 1, 2013, the Exchange successfully implemented the Washington Healthplanfinder. Achieving this historically significant milestone required the following accomplishments:

- Procuring and contracting with the System Integrator (SI) – Deloitte Consulting Group, LLC;
- Establishing a project team of Exchange employees and contractors;
- Developing standard project management processes for managing scope, schedule, issues and risks;
- Completing design, development and testing of the system's software;
- Implementing hardware and infrastructure in Olympia, WA, and remotely at the data center and disaster recovery site;

- Interfacing with several partner systems including the Eligibility Service (provided by the Washington Department of Health and Social Services (DSHS)), Federal Data Services Hub, e-Health (Plan Management component), KeyBank, and K/P Printing;
- Participating in Stage Gate Reviews and Consults with the Center for Consumer Information and Insurance Oversight and Centers for Medicare and Medicaid Services;
- Completing federally required testing;
- Loading carrier and plan data;
- Converting and loading of Medicaid data;
- Developing and delivering a “Train the Trainer” program;
- Developing and implementing a security program; and
- Implementing a post implementation support program.

Through these accomplishments the Exchange has established a strong foundation for meeting the challenge and goals of the next generation of Healthplanfinder.

Privacy and Security:

N/A

Oversight, Monitoring, and Reporting:

Future Strategic Direction – The Board has guided the successful launch of Washington Healthplanfinder. The Board is now envisioning the Exchange’s post-implementation marketplace. The Board has been exploring a strategic direction that further engages individuals and businesses in the purchase of qualified health plans. The original objectives of the Exchange will continue to guide the future strategic direction of the marketplace.

Business Intelligence Enhancements – The Healthplanfinder is fully operational with robust administrative and data collection functionality. Business administrators will be able to run batch jobs and work with reference tables setting an expectation to use data for future business decisions. A business intelligence team will support analyzing Healthplanfinder data for policy and business optimization in mind.

Overall Program Current State Assessment/Enterprise Project Management – The Exchange needed a project manager to coordinate cross functionally to be operationally ready for the October 1, 2013 launch of the Exchange. Point B, a consulting firm, was brought in to identify key elements of dependency between departments and to create checklists and processes to meet the goals and objectives of a successful launch. October 1, 2013 marked not only a launch of Healthplanfinder, it also signified the launch of the Exchange from a start-up organization to an operational organization. This shift, coupled with WAHBE’s rapid growth in the past months, has inadvertently created organizational silos and made it challenging for executive leadership to be knowledgeable about key aspects of operations. To encourage transparency and collaboration among organizational divisions, WAHBE has additionally contracted with Point B to partner with executive leadership team to cultivate cross-organizational communication to understand the critical dependencies between programs.

Develop Approaches and Tools for Planning, Management and Performance – WAHBE has worked with Camray Consulting to create approaches and tools for planning, management, and performance. Camray Consulting has assisted the Chief Executive Officer track and monitor success toward key milestones and critical initiatives as well as develops executive level reporting and presentation materials to the WAHBE Board. At each WAHBE Board meeting, Richard Onizuka presents an executive dashboard created and maintained by Camray Consulting demonstrating progress on key areas of the Exchange, particularly those leading up to October 1 Go Live date.

Contracting, Outsourcing, and Agreements:

N/A

B. Proposal to Meet Program Requirements

This Establishment Grant funding will allow the Exchange to streamline and improve its consumer experience going forward. The grant would provide an opportunity to offer higher quality customer service and improve the IT system during the first year of operations. Following this grant period, the Exchange will move to become a self-sustaining organization. The Washington State Legislature has outlined the Exchange's revenue sources based primarily on a premium tax and a carrier assessment and has capped the Exchange's budget beginning in 2015. WAHBE is currently in the process of assessing the difference in its current operating budget and that prescribed by the Legislature for 2015. The Exchange is aware of its need to simultaneously drive enrollment to create revenue while also trimming its current budget to meet the Legislature's cap. This is a reality that the Exchange is taking seriously. This funding proposal provides the Exchange the opportunity to receive grant monies to improve the customer experience and move WAHBE to a fully functional mode prior to being in a position where enhancements will require an additional Legislative budget request. The Exchange will be working over the next several months to prepare for this transition to self-sustainability and thoroughly plan and assess the Exchange's budget needs.

Legal Authority and Governance:

N/A

Consumer and Stakeholder Engagement and Support:

Update Appeals Program Materials – The federal regulations required the appeals program to provide appellants with a significant amount of technical information regarding their rights to appeal. It is critical that Healthplanfinder applicants and appellants receive this information in a medium that catches and keeps their attention. Currently, this document is printed on 8.5 X 11 letterhead. However, the concerns are that appellants will be tempted to set this important information aside. The Exchange is requesting grant money to transform that document into a professionally designed tri-fold brochure. The text of the brochure may change slightly to more appropriately accommodate the design of a brochure. The brochure will be full color and written in plain language. WAHBE will use the appeals informational brochure to help promote not only the work of the Exchange, but also disseminate essential information to appellants. The brochure will ensure that appellants will have a good understanding of the appeals process, their appeal rights, and responsibilities. This brochure will help the Exchange disseminate information about the business processes related to appeals and explain clearly how appellants can file an appeal.

Washington Healthplanfinder Business – WAHBE will develop a new marketing campaign for the Washington Healthplanfinder Small Business Health Options Program (SHOP). In advance of health insurance offerings to businesses up to 100 employees in 2016, WAHBE recognizes the need to develop a new Washington Healthplanfinder Business brand. This new brand will be attractive to both small and large businesses. Additionally, new employer-sponsored dental plans will be worked into the description of Washington Healthplanfinder Business. WAHBE will work with GMMB Consulting to increase employers' awareness about the value of providing health and dental insurance to their employees through Washington Healthplanfinder. This effort will also enhance WAHBE's stakeholder management with carriers in the aim of increasing SHOP coverage state-wide (In 2014, SHOP coverage will only be available in two Washington counties, Clark and Cowlitz Counties). Activities to be funded in the creation of a new Washington Healthplanfinder Business marketing campaign will include a survey of small business' and brokers' awareness of Healthplanfinder, focus groups to refine messaging about SHOP, as well as material and collateral development resulting in a small business and broker outreach toolkit.

Evaluation Of The Washington Healthplanfinder Marketing Campaign – WAHBE will contract with a consulting firm to evaluate the reach of the Washington Healthplanfinder marketing, outreach, and engagement strategies. Quantitative and qualitative metrics will describe Washington Healthplanfinder's market share and analysis of current customers. The evaluation will feed new marketing and outreach strategies in 2014 in preparation of a significantly shorter Open Enrollment period from October 15, 2014 through December 7, 2014.

WAHBE retains contracts with GMMB through December 2014 funded under a Level Two Establishment Grant for Healthplanfinder marketing and engagement, as well as advertising activities. The top recommendations from this evaluation (including but not limited to revisions in advertising medium or refocus of target market/audience or products sold through the Exchange such as adult dental products) will be implemented under this new Level One Establishment Grant funding.

Finally, recognizing that the sustainability of WAHBE relies on successfully enrolling a diverse population, GMMB will subcontract with Young Invincibles (YI), a national organization working to engage, educate, and ultimately enroll young adults (ages 18-34) in the new insurance marketplaces. YI has developed a beta version of a mobile application for iPhone and Android that educates young adults about their health care and health insurance options. GMMB will contract with YI to tailor their mobile application experience to Washington Healthplanfinder. The mobile application will include features such as calendar reminders, FAQs, subsidy calculator, "Ask a Question" connection to Healthplanfinder staff, as well as social media integration. GMMB will also work with YI to develop a marketing and outreach strategy targeting young adults, which may include celebrity engagement, events, materials and collateral, web outreach, as well as social media.

Improve Health Literacy – Providing meaningful information and choice is a strategic goal for 2014 established by the WAHBE Board. WAHBE continues to hear from the consumer and outreach workgroups that a significant challenge to consumer engagement is the complexity of language surrounding health insurance. WAHBE will contract with a consulting firm to develop health literacy resources for consumers, as well as for customer support and outreach programs, for In-Person Assisters, Brokers, and other assisters. Resources to be developed include consumer web-based trainings, a comic book, tri-fold brochure about the appeals process, flash media videos and interactive educational resources. WAHBE will also take ownership of Washington Healthplanfinder online help content (field level help, FAQs, and glossary of terms). Finally, WAHBE will refine foreign language messaging about health insurance and Washington Healthplanfinder by creating a glossary of terms in each of the eight Washington Apple Health supported foreign languages (Spanish, Vietnamese, Russian, Somali, Chinese, Cambodian, Korean and Laotian).

Enhance Washington Healthplanfinder Text-messaging Functionality – WAHBE will develop text-messaging capacity from Washington Healthplanfinder to include reminders to Healthplanfinder account holders about their upcoming renewal and open-enrollment periods, premium payment due dates, and customer feedback opportunities. Additionally, text-messaging functionality will be extended to potential customers who have provided contact information at outreach events. Messages to potential customers will include information about upcoming enrollment events in their local communities, and reminders to apply for free and low-cost health insurance through wahealthplanfinder.org.

Develop a Washington Healthplanfinder Design Prototype – WAHBE will contract with Deloitte to develop a prototype of Washington Healthplanfinder that can be used to mock design options before they are implemented in code. Deloitte's digital design team will also provide user interface and design support. As WAHBE enhances Washington Healthplanfinder, a prototype which allows design options to be vetted by consumers and other end-users will assure that the web experience is streamlined and easy-to-use. Through the Exchange's experience preparing for the October 1 launch, consumer testing is vitally important and critical for understanding the needs and behaviors of the consumers to ensure WAHBE is producing customer-friendly designs. Upcoming enhancements to Washington Healthplanfinder may include but are not limited to:

- Shopping for adult dental products
- Consumer rating system of Qualified Health Plans
- Prescription drug formulary
- Development of iPhone and Android mobile and tablet applications

Evaluation Of The In-Person Assister Program – WAHBE will contract with Wakley Consulting to evaluate the reach of the WAHBE In-Person Assister Program. Quantitative and qualitative metrics will describe Washington Healthplanfinder's market share and analysis of current customers. The evaluation will feed new In-Person Assister strategies in 2014 in preparation of a significantly shorter Open Enrollment period from October 15, 2014 through December 7, 2014. The top

recommendations from this evaluation (including but not limited to new In-Person Assister trainings) will be implemented under this new Level One Establishment Grant funding.

Tribal Enrollment and Sponsorship Program Development –The Exchange will contract with AIHC to design a second-generation Tribal premium sponsorship model to assure that the needs of American Indians/Alaskan Natives are being met by WAHBE. AIHC will also educate and train the federally-recognized Tribes and urban Indian health programs on the new premium sponsorship model. Finally, WAHBE will work with AIHC to identify AI/AN QHP enrollment barriers and develop an AI/AN enrollment reporting system that will assist Tribes and urban Indian health programs in increasing Exchange enrollment of AI/AN in their service delivery areas.

Specialized Consumer Assistance Team – The concept to develop a specialized consumer assistance team named Client Support Services was identified during system user acceptance testing for eligibility to support is those individuals, families or business exchange clients with sensitive issues and/or frequent changes. WAHBE realized the Call Center would not be prepared to deal with complex households and discovered scenarios that did not fit the Customer Service Representative role as these special circumstances may require additional research. This small team of five Client Specialists will be responsible for client outreach and engagement regarding complicated, sometimes emotionally sensitive, eligibility and enrollment situations. The client specialist team will assist individuals as they churn to/from Medicaid, leave or join households, and/or remove household members as a result of death or divorce. Other consumer assistance groups, such as In-Person Assisters and the Call Center representatives, will be trained to handoff these types of assistance requests. The Client Specialist will coordinate closely with subject matter experts when additional research is needed to resolve cases for difficult circumstances. By taking on cases that likely will need multiple touches, it is consistent with WAHBE's approach for world class customer service for all Washingtonians. The expectation factors used to size this team are longer call length, multiple touches and handoff approach. This specialized consumer assistance team will include one lead worker with supervisory duties and four specialists.

Triage Support and Issue Resolution Services – A new Operations Business function will serve as the primary point of contact for customer issues and requests for assistance. WAHBE has purchased Zen Desk, a software application widely used for service desk ticketing systems. Operations staff members are the first level of triage before escalating consumer issues to IT. During the initial open enrollment, this function is being staffed by Business Issues Analysts who receive and review incoming requests. Tickets are submitted to the Business Issues Analysts via the software tool from the Call Center, Client Specialist Team, broker support team and In-Person Assister lead organizations.

Through the Exchange's experience during the first month of operations, it has been discovered that additional Business Issue Analysts are necessary to handle the volume of Zen Desk tickets that are being logged. The Business Issue Analysts will review the incoming requests and triage them to the appropriate team which could include Operations, IT, Communications, Appeals, and Finance. The Business Issues Analysts will monitor the response for each submitted ticket to ensure timely and proper resolution. This resolution will be communicated back to the ticket initiator and the customer. In addition, the Business Issue Analysts will work with the communications team to disseminate information about the issue and its resolution to the broader WAHBE team, as appropriate. The level of escalation is dependent on the severity of the issue, as is managing messaging to consumers. Reports will be provided to the Operations Program Manager on the response and resolution times of each ticket and identify areas that need attention.

Co-Browsing Enhancements Implementation – The initial design of the Healthplanfinder does not include the functionality for Customer Service Representatives (CSR) to view the user's actions in real-time mode. A co-browsing feature will be added to the Healthplanfinder in the December 2013 release, which will allow for CSRs to have greater access and insight into consumers' challenges on Healthplanfinder. The co-browsing feature will streamline interactions with consumers and provide more accurate information to CSRs to better serve consumers. The Call Center will train all CSRs and implement this new functionality. There will be a per month software license fee per CSR.

Additional Operations and Customer Support Center Staff – The Operations Business staff serves in a variety of administrative and professional roles of a startup and operation of the Exchange. An additional position for an Administrative Assistant to support the Operations Program Manager and the Customer Support Center Manager is requested to support new staff positions, increased work load and new work activity.

The Customer Support Center scope of work has increased as the high demand for information about receiving health coverage becomes known and Exchange business processes are further defined for handling payment questions and document management compliance as well as System enhancements. A new Program specialist position is requested to support the Customer Support Center. This position under the supervision of WAHBE Call Center Manager provides critical support to the Customer Support Center team. This position assists the vendor in developing the operating procedures, training programs, scripts, and a call monitoring/quality program. Also, the position works closely with other teams to design and develop processes and tools for the Customer Support Center which interface with WAHBE, such as the ticketing system and document management system.

As a result of higher than projected call volume, combined with increased level of support from the Customer Support Center beyond consumer assistance, The Exchange estimate an increase of up to 150 CSRs are needed to support increased demand. A team of CSRs will be dedicated and trained to answer payment-related questions as more consumers return to Healthplanfinder to pay their premiums. The WAHBE Finance department will help transition this workload by engaging with KeyBank and completing the payment reconciliation processes, which in turn, provides CSRs with information to address enrollee questions.

Also, additional CSRs will increase the level of support for In-Person Assisters and Brokers who have unique questions and needs as “privileged users” of the system. Another team will manage the document management workload including paper applications and other documents requested for verification purposes. The estimated contractual cost for Faneuil include increasing the number of CSRs and associated costs for implementation, IT and facilities, CSR rate for calendar year 2014.

Customer Support Center Oversight and Training for Future System Enhancements – The Customer Support Center is a hub of information flow for consumers and other consumer assisters. It is imperative for the Customer Service Representative to be informed and well trained as the first line resource to meet end user needs for help with using the Healthplanfinder, as well as other tools they use to ensure a world-class customer experience is achieved. Based on the Healthplanfinder system features and enhancements release strategy, the operations team will provide training for system changes and business processes impacted by these releases. The training activity will include program specialists from across the functional areas at the Exchange from appeals to tribal enrollment and held in concert with other major milestones.

Sponsorship Program – A higher than expected level of interest in the Sponsorship program required by state law has been generated through initial policy and program outreach. Thus, a request for a new personnel position is requested to guide this program shaped by this collaborative outreach effort from WAHBE Policy and Operations staff. The Sponsorship Program Specialist will serve as the primary point of contact for interested entities, work closely with the Tribal Liaison because Tribes have shown a significant interest in the Sponsorship program. Additionally, the position would interact directly with participating entities to ensure program integrity, and provide training for Sponsorship Representatives.

All-In Health Care Cost Calculator – An analytic report on the major actuarial and policy aspects of an all-in health care cost calculator would provide the Board with the potential framework of a calculator that could be developed and implemented in the future. The report would also provide an analysis on the calculator's potential effectiveness and an expected cost estimate of fully developing the scenarios and associated actuarial calculations of an all-in health care cost calculator for qualified health plans and qualified dental plans. Throughout the project, WAHBE and Milliman would engage Board members, other experts, and stakeholders at key moments in the project.

WAHBE will engage Milliman to produce the analytic report that explores potential scenarios for estimating out-of-pocket health care costs and combine those costs with premiums to produce an all-in cost estimate for qualified health and dental plans for the coming plan year. Scenarios could range, for example, from healthy individuals in need of few health care services and end with individuals that have complex chronic conditions who necessitate continuous care and treatment. The report could also investigate how the scenarios might be most effective for consumers and possibly interactive with shoppers on Healthplanfinder. Milliman could discuss ideas for engaging individuals and families: how they might designate diseases and how their demographics could be used to provide valuable insight into the costs they may experience in the coming plan year.

Milliman will explore and suggest actuarial methods for estimating costs that would become the backbone for supplying the out-of-pocket cost figures for consumers shopping for qualified health and dental plans in Healthplanfinder. Milliman will also identify possible data sources and discuss the availability of those sources and how they may be accessed should WAHBE begin the development and implementation of a calculator in the future.

Eligibility and Enrollment:

Case Management System – The appeals program has purchased an “off-the-shelf” case management software. The system was originally designed for law offices who accept various types of civil and criminal cases. Much of the software’s features, including statistical reporting functions, need significant development and program to be an efficient case management system for the Appeals Program. The system is useable in its current form, but must be modified to become a working case management system for the WAHBE Appeals Program. This effort would turn a generic “off-the-shelf” product into a more efficient and valuable management tool.

Implement Requirements for 45 CFR §155.545, §155.525, and §155.330 – The final federal regulations issued on August 28, 2013 (45 CFR §155.545, §155.525, and §155.330) have specific requirements around an appellant’s eligibility pending appeal and give the appellant the choice of when s/he wants the appeal decision to take effect. Healthplanfinder currently is unable to accommodate this new requirement. This grant request would develop the programming in Healthplanfinder to implement the requirements of this regulations. It includes the ability to retroactively or prospectively implement an appeals decision, allow Client Specialists and Appeals Program staff to use Healthplanfinder to calculate and present all possible options to appellants. Currently, the Appeals Program will have to manually calculate an appellant’s options regarding the effective date of the presiding officer’s decision. The appellant chooses the effective date, so the Appeals Program staff must be able to accurately calculate the appellant’s tax credit and cost-sharing amounts for each possible effective date the appellant may choose. In addition, there is a need to develop financial reporting functionality, auditing capability, as well as manage the flexibility allowed in the regulations.

Improve Eligibility Service Request and Results Screen – The current Healthplanfinder Eligibility Service Request and Results screen displays this information with acronyms, system codes, and abbreviations that are not understandable to the general public. The data Healthplanfinder sends to the Eligibility Service and the results returned must be provided to every appellant as part of the official case record. Unfortunately, the report Healthplanfinder generates regarding this information should not be sent to appellants because it is confusing. The workaround is to have Appeals Program staff retype the data elements sent to Eligibility Service and the Eligibility Service results using complete words rather than abbreviations and plain language sentences rather than data sets. This grant request is to improve the readability of the Eligibility Service Request and Results screen in Healthplanfinder, so appellants understand what information was sent to the Eligibility Service and what results were returned from Eligibility Service.

Appeals Program Training – Presiding Officers and Appeals Staff will need a substantial amount of training both in the beginning and throughout the first year of operation. The Exchange did not anticipate this amount of training in the Level Two Establishment Grant request. Specifically, in the first quarter of 2013, Presiding Officers and Appeals staff will need a foundational understanding of the Affordable Care Act, the regulations around the appeals process, coordination with the Medicaid agency, and Appeals Program processes. In addition, they will need to receive and pass a certification program

for maintaining the confidentiality of Federal Tax Information they may access during the course of an appeal. Then, in the third quarter, Presiding Officers and Appeals Program staff will receive training on best practices and begin preparation for the upcoming open enrollment period with an understanding of re-determinations. In addition to these trainings, Presiding Officers and Appeals staff will have two opportunities to receive user training on the case management system.

Exploration of a Joint Appeals Process – The Exchange has developed an appeals process to implement the final federal appeals rules (45 CFR part 155, subpart F). In addition, the Exchange appeals program has entered into a service level agreement with the state Medicaid agency to collaborate to ensure the effective processing of appeals requests, including regular communication of appeals status, sending misdirected appeals to the correct entity, and secure transmission of evidence submitted in one proceeding that may be relevant to the other entity's appeal. Stakeholders have expressed interest in an appeals process that is further coordinated, or consolidated in whole or in part, in a single process. Thus, the Exchange proposes funding for an analysis and recommendations regarding a consolidated appeals process for Medicaid and Exchange appeals.

Eligibility and Enrollment Data Reconciliation Project – A WAHBE team of specialists will be responsible for processing eligibility and enrollment data reconciliation. With the anticipated Qualified Health Plans (QHP) enrollment growing from 130,000 to 280,000 during 2014 and the approval of 38 Qualified Health Plans and five Qualified Dental Plans, it became apparent that the workload to reconcile the files back and forth to ensure accuracy in enrollment and payment status is larger than anticipated. In addition, recent estimates of churn between Medicaid and QHP enrollment and a better understanding of the frequency of reported changes have suggested the need for increasing the number of personnel needed to ensure eligibility and enrollment data are accurate.

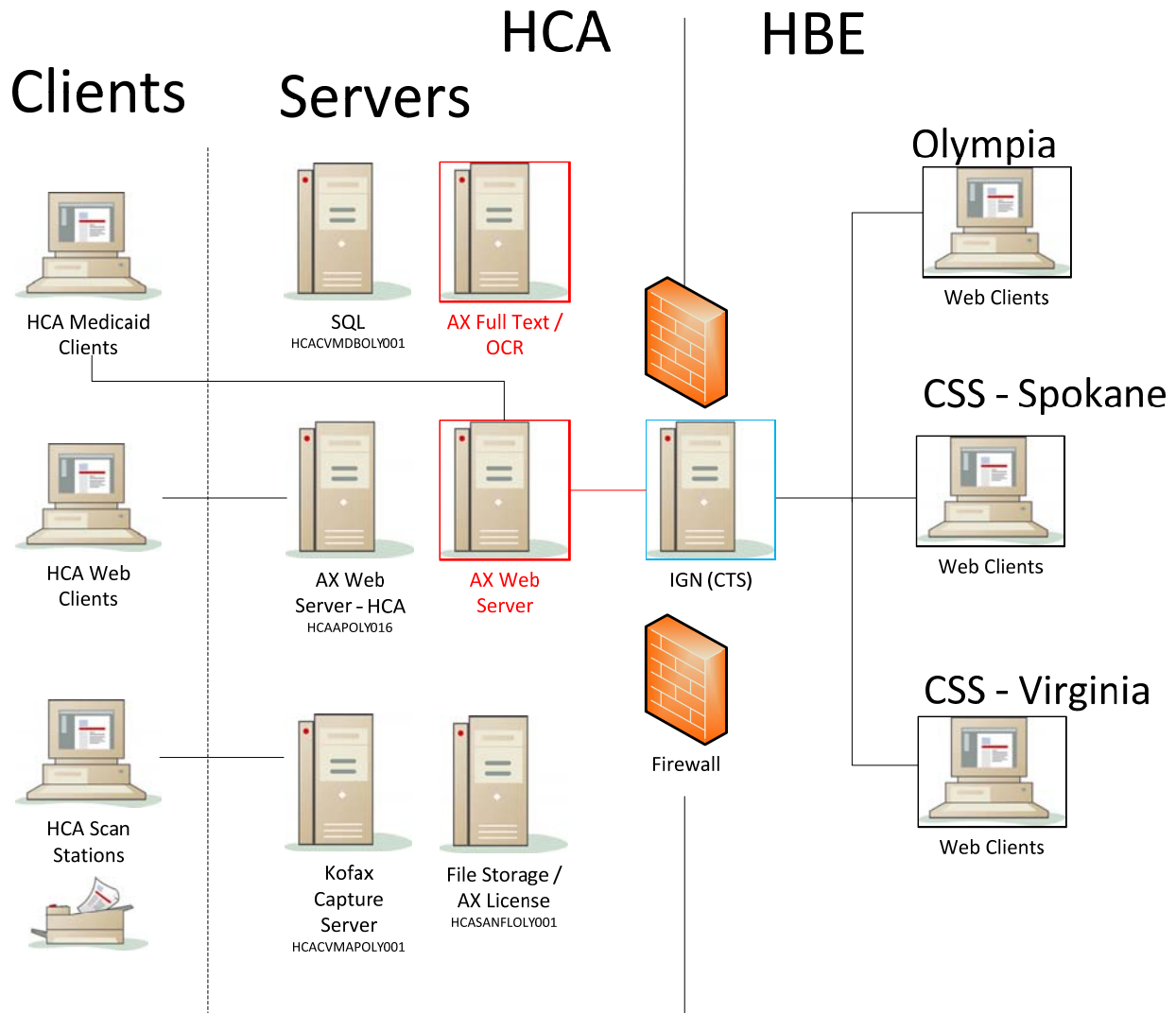
The Reconciliation Team will work with carrier membership teams to update enrollment records through the processing of weekly and monthly reconciliation data reports. The team will also contact customers to confirm the reported change. These workers will assist in updating eligibility data via reports generated from Medicaid and the Exchange's operational reports. These workers will also conduct outreach to individuals for program integrity and reconciliation processing. The team will interact with subject matter specialists and will have direct client interactions via the phone or in written communication. Based on conversations with health insurance carriers in Washington, the volume of reconciliation workers necessitates a team of seven to ten individuals. The Reconciliation Team will include one lead worker with supervisory duties and up to six specialists, a total of seven new personnel positions.

Document Imaging – At the time of the Level Two Establishment Grant request, it was the Exchange's intention to have In-Person Assistants accept paper applications. As a result, document imaging costs were not included in the Level Two Establishment Grant. However, upon further study, in order to comply with the Affordable Care Act, Medicaid and Washington Apple Health for Kids eligibility standards and policies, the Exchange must process paper applications within a given time period. In addition, the Exchange must process eligibility applications for federal Health Insurance Premium Tax Credits.

The Exchange realized that it needed the capability to manage the workflow of receiving and processing paper applications, and other paper documents to feed into Healthplanfinder in order to meet these requirements. WAHBE is partnering with Health Care Authority (HCA) to provide the scanning/processing solution for the Exchange and will leverage HCA's existing document management system's ability to capture, store, route, share, and archive documents.

HCA will develop a manual process to sort, and pre-index received documents. Once HCA sorts documents, they will scan and convert into digital format and transfer to the Healthplanfinder for additional processing. The external processing solution shall provide the capability to mass scan paper documents with pre-defined metadata elements.

Two new virtual servers will be required for the WAHBE. WAHBE will be responsible for providing client machines. The SAW system, provided by the Washington State Consolidated Technology Services, will be configured by HCA and WAHBE to allow access by WAHBE staff to the new WAHBE-dedicated AX Web Server in HCA's domain. See diagram below.



Additional work in this area will be needed to ensure effective workflow and two document management specialist positions for the Exchange to staff this shared service with HCA.

Print System Enhancements for Notices – After consumers apply for coverage and enroll in the selected health plans, the Healthplanfinder system automatically generates notification documents, and they are accessed by the print vendor from the Exchange system. The print vendor prints and sorts the notifications, and delivers the correspondence to the individual via the United States Postal Service.

The 2014 costs for correspondence were overlooked in the Level Two Establishment Grant request and are included here for the following program areas: financial management, SHOP, and eligibility and enrollment. It is estimated that approximately 34,082,189 pieces of paper will be mailed in 2014.

The print vendor provides a monthly report of business metrics. The goal of these metrics is to provide critical data to the Exchange, which will facilitate the analysis of friction points in Exchange business practices. This report is in Comma Separated Values (CSV) format, and includes the following data from the previous month's production:

- Total number of printed sheets;
- Count of printed correspondences, per correspondence number; and
- Inventory consumption

The correspondences generated by the Healthplanfinder are ready for initial operations and 2013 costs previously provided. It is recognized that further consultation with the print contractor will be needed to enhance the print system.

A high-level description of the process to print and mail Exchange correspondence is as follows:

- The Exchange system generates print-ready Portable Document Format (PDF) files on a periodic basis and holds them until time of transmission to the print vendor;
- The print-ready PDF files, each representing a unique correspondence to a single mailing address, are batched, compressed and encrypted to a single container which is posted to a shared location;
- Using an Secure File Transfer Protocol (SFTP) methodology, the print vendor pulls the zip file from the shared location and downloads to its own SFTP location;
- The print vendor processes the zip file by appending bar codes to each correspondence to ensure required process control; and
- The print vendor prints, collates and inserts the correspondence into mailing envelopes, and delivers the correspondence to the United States Postal Service for mailing.

Translation Services – WAHBE’s translation needs have also proven to be greater than anticipated in the Level Two Establishment Grant. Thus, the Exchange will procure additional translation services through contractor(s) that use certified linguists that will produce translations that are linguistically accurate, culturally appropriate and technically consistent with the original document. The majority of correspondences that are sent to individuals are generated automatically by the Healthplanfinder through system processes. However, there are certain situations in which an account worker will be required to create and generate a correspondence.

To meet implementation timelines, the notices were developed early in the process and through stakeholders, the Exchange discovered the need to streamline and plain talk the documents which then requires new translations. This is not an exhaustive list, but would include 14 eligibility notices, financial, enrollment and renewal notices, and nine SHOP notices that may be sent to an individual. Additionally, per the Healthplanfinder release schedule following October 1, 2013, there are system functionality enhancements that will impact the correspondences and their translations in the Healthplanfinder. There will also be the need to develop new correspondences that will require translations. As a new organization, the Exchange will be addressing gaps in program areas, such as Medicaid and SHOP. As an example, five new SHOP notices will be added to the existing nine.

Additionally, the appeals program has created materials in accordance with federal requirements. The forms and templates will be translated into eight languages. However, since these forms and templates have never been used, WAHBE anticipates the need to enhance them to improve understandability and efficiency. These modifications will take place throughout calendar year 2014, as the Exchange seek improvements in its communication with applicants and appellants. Improvement will be key to developing a highly functioning program that is responsive to the needs of its customers. The Exchange anticipates the need for additional templates, forms, and communications as the appeals staff are faced with situations and cases that have not been previously anticipated. Therefore, WAHBE is seeking funding for the translation of 30 documents and templates that will range in size and complexity.

Business Operation Process and Organizational Optimization Projects – As the Exchange moves from system design and start-up processes, the Operations department takes on a larger role. The design phase has been supported by a contractor, Cambria, who has used their expertise to assist the Exchange in connecting business needs with system design. As the system has become operational, Cambria is taking on an altered role by using their knowledge base of the Healthplanfinder design to support teams responsible for immediate triage management, as well as identify gaps in

business processes and work with subject matter experts to document future processes, organizational and system enhancement optimization opportunities. These are described as second wave activities. These activities were not anticipated, and therefore, not included in the Level Two Establishment Grant request. Their scope includes detailed operational work planning, imaging system consultation, carrier data roadmap, development and integration of consumer experience enhancements, incident management support, incident ticketing and triage procedures, operations process monitoring framework, security role matrix consultation and second wave operational and organizational process optimization.

These broad actionable tasks describe project activities to be undertaken for the grant period ending December 31, 2014:

- Manage the security role process, including ensuring WAHBE staff and partner staff have appropriate access to the WAHBE system;
- Manage the creation and enhancements of document imaging processes;
- Facilitate the development of operational strategies to meet the WAHBE mission;
- Create detailed processes for triage process for elevating IT and business issues discovered during opening months of operations;
- Facilitate daily standup meetings during open enrollment for each of the functional tracks, to identify issues and manage their resolution;
- Develop the ticketing system processes to ensure proper escalation of issues and their resolution;
- Identify gaps in business processes and work with subject matter experts to document business processes, including streamlined flowcharts;
- Develop organization wide processes for tracking changes, defects and fixes; and
- Develop and integrate consumer experience enhancements.

Exchange/Medicaid Churn Analysis – Using Level Two Establishment Grant Funds, the Exchange, in partnership with HCA, will use data to determine the magnitude of churn for consumers that flow between the Exchange and Medicaid several times during the first year of the Exchange. The Exchange is requesting funds to explore policy options on addressing churn. This analysis will determine what actions could be taken to maintain coverage for consumers either in the Exchange or through Medicaid. Options may include: addressing specific populations that are more likely to churn; keeping families in the same coverage for a plan year; allowing Medicaid-eligible individuals to maintain Exchange coverage; encouraging plans to participate in both the Exchange and Medicaid.

Dental Coverage Enhancement of Coverage Options – WAHBE Policy is leading a discussion with the WAHBE Board for offering adult and family dental coverage options. For this to be implemented, additional resources will be needed. This would include a Program Specialist focused on family dental coverage impacts including plan management, supporting system design and business processes, eligibility and enrollment, revising training materials, conducting training, new and revised correspondences and translations, data collection and reporting, performance metrics, interfaces with external partners and other operational impacts necessary to enhance the shopping experience for children and adults purchasing dental coverage in the Individual and SHOP Exchanges. Additionally, it is expected that to provide quality consumer support for the new shopping experience a large re-training effort for the Call Center would be necessary. The level of effort is sized for the increased number of staff.

For a discussion of existing Exchange planning and establishment progress for family and adult dental please see the Plan Management section below (Section 2, item 4).

Plan Management:

Family and Adult Dental – Due to legislative complexities and changing requirements with respect to offering pediatric dental essential health benefits in exchanges, the Healthplanfinder system functionality for dental plans is limited, and the consumer shopping experience is minimal. The Exchange Board has certified five stand-alone pediatric dental plans to be offered in the individual Exchange in 2014. For open enrollment in 2015, the Board is exploring offering plans in

Healthplanfinder that include adult dental benefits. During 2014, the Exchange is planning to build functionality and capacity to support offering dental plans to consumers with the same degree of sophistication that has been built for offering qualified health plans.

In early 2014, the Exchange will host a dental summit involving carriers, stakeholder groups, and other interested organizations, through which WAHBE will explore advantages and disadvantages of offering various adult and family dental product options. The Exchange will work with a consultant to facilitate a discussion to determine how family dental plans may be evaluated and how certification criteria applicable to qualified health plans should apply to family dental plans. The Exchange will also discuss these options with stakeholders through the Exchange's Advisory Committee and Technical Advisory Committees (TACs), and with issuers through the Plan Management workgroup.

Milliman Consulting will conduct an analysis to compare and explore the feasibility of various market options, as related to adult and family dental products, for both the individual and small business markets. Milliman will also analyze the actuarial value effects on stand-alone plans and integrated plans of including both the pediatric dental essential health benefits, as well as dental benefits for adults. Milliman's work will be supported with existing funds from the previous Level Two Establishment Grant. The Board will decide upon what type of market options to offer in the individual Exchange and in the SHOP exchange.

The Exchange will work with public relations and marketing firm GMMB to study and understand the consumer base in Washington for adult and family dental plans and determine ideal communications strategies to apply to the Exchange's target population. GMMB will also conduct research within the employer community regarding the offering of group dental plan coverage in SHOP and within the agent and broker community regarding their relationship with the selling of dental products and related licensure issues. GMMB will design marketing materials related to the new dental products available through the Exchange.

WAHBE will receive assistance from a design vendor, Deloitte Digital, to aid in designing an enhanced shopping experience for dental plan consumers. The Exchange has identified a number of shopping experience elements that it will consider, including the following:

- Choice of purchasing dental-only coverage in the Exchange;
- Link to a dental provider directory;
- "Shop by dentist" feature;
- Dental plan comparison screen – the ability to compare up to three dental plans on an "apples-to-apples" basis; and
- Linking a consumer's health plan and dental plan in Healthplanfinder to maximize consumer efficiency and ease.

Working with the design vendor, the Exchange will identify and design various alternatives for consumer-friendly shopping experiences and bring these before the Advisory Committee and technical advisory committees for stakeholder feedback.

The training process will need to be redesigned to train insurance agents and brokers, customer service center representatives, and In-Person Assisters on the new dental benefits available through Healthplanfinder and the new shopping experience. Training materials will be developed for these assisters, and trainings will be conducted. Customer service center capacity will need to be expanded to handle the additional calls generated by the new dental offerings and different shopping path(s) that will become part of Healthplanfinder. In addition, the Exchange will include a dental specialist in the Operations team to address potential impacts of adding enhanced dental plans in the following areas: plan management, client interaction, and reconciliation. This specialist will bring an understanding of issues specific to the dental market.

WAHBE will work with the system integration vendor, Deloitte, to implement all the system changes necessary for the Healthplanfinder website to offer adult dental options and an enhanced consumer shopping experience for dental plans. The Exchange will also rely on Deloitte to modify the system-specific training materials that it has previously developed to

include the changes related to new dental offerings, and to conduct the revised training sessions. Deloitte will be charged with updating the Healthplanfinder system to implement the new dental shopping experience for both the individual Exchange and SHOP, and to determine technical issues regarding the linking of health and dental plans in Healthplanfinder, such as how an individual may apply advance premium tax credits across both plans. Offering adult and family dental plans through the Exchange will result in considerable changes to the system, as the plan management, product center, enrollment, SHOP, and other systems modules will be affected.

For a descriptive narrative of the operational staff needed for expanded dental coverage, please see the eligibility and enrollment section.

Consumer Rating System – The Exchange will implement a consumer rating system in 2015 that will include a variety of metrics that address the three areas on which the Exchange Board decided to focus: prevention, care management, and enrollee satisfaction. The Exchange has potentially identified 25 HEDIS and CAHPS measures to collect from plans and include in the consumer rating system starting in 2015. The HEDIS measures include measures associated with prevention and care management, and address a broad range of health issues, including wellness and prevention, chronic illness, mental and behavioral health, and medication management. The measures also address health care experiences across a broad age spectrum representative of the Exchange's target population (e.g., well child and adolescent visits, adult Body Mass Index (BMI) assessment, and controlling high blood pressure). Enrollee satisfaction is addressed through use of CAHPS data, including survey results regarding overall health care quality, customer services experience, and the ability to receive needed care without delay. The potential 25 measures identified for use in the consumer rating system for 2015 are attached as an Attachment C.

The Exchange will contract with the National Committee for Quality Assurance to collect the potential 25 quality measures from Exchange qualified health plans and to provide that data to the Exchange for analysis and inclusion in the Consumer Rating System. The Exchange will work with a separate metrics analysis consultant to develop a system for analyzing and synthesizing the raw metrics into a meaningful format for consumers to use in evaluating plans. This consultant may, for example, help to determine three to six health areas of particular interest to consumers and roll up the potential 25 measures into those areas (e.g., "Children's Health" or "Cardiovascular Health"). The consultant may also help to determine a method for displaying the analysis of these metrics in a way that is familiar to consumers (e.g., a star rating system). This consultant's work will be paid through the Level Two Establishment Grant funding.

The Exchange will work with a design vendor, Deloitte Digital, to assist in translating the output from the metrics analyst into a consumer-friendly format and to integrate the design of the Consumer Rating System into the consumer-facing Healthplanfinder shopping experience. The Exchange will bring various options of display formats to stakeholder groups for feedback. An important element of this work will be helping the Exchange to retain the ability to manage the display system going forward and modify it in the case that the quality data being collected or method of display changes in the future.

After the Consumer Rating System display has been designed, the Exchange will work with Deloitte to implement the system changes necessary to incorporate the consumer rating into the Healthplanfinder website. Additionally, training process will need to be redesigned to train insurance agents and brokers, customer service center representatives, and In-Person Assisters on the consumer rating system available through Healthplanfinder and the new shopping experience. Training materials will be developed for these assisters, and trainings will be conducted. The Exchange will need significant additional time and expertise to establish requirements for, design, and test the functionality of the Consumer Rating System platform in the Healthplanfinder system.

Prescription Drug Formulary – For open enrollment in 2015, the Exchange Board is interested in investigating the possibility of enhancing the consumer shopping experience in Healthplanfinder with respect to prescription drug coverage offered in qualified health plans (QHPs).

During early 2014, the Exchange will investigate various options and discuss these options with stakeholders through the Exchange's Advisory Committee, technical advisory committees (TACs), Plan Management workgroup, and Consumer workgroup, including what types of tools, features, and information related to prescription drug benefits are most sought by consumers, as well as how to present those features to consumers.

The Exchange will receive assistance from a design vendor, Deloitte Digital, to aid in designing an enhanced consumer experience with respect to prescription drug information available through Healthplanfinder. The Exchange will consider a number of potential shopping experience enhancements, including the following:

- Ability for consumers to view plan formularies without leaving the Healthplanfinder website;
- Ability to link consumers directly to the prescription drug formulary for each plan housed on the carrier's website;
- Ability for consumers to compare drug formularies of multiple plans side-by-side; and
- Search functionality within prescription drug formularies.

Working with Deloitte Digital, the Exchange will identify and design various alternatives for consumer-friendly shopping experiences. The training process for insurance agents and brokers, customer service center representatives, and In-Person Assistants will need to be updated to include information about the new tools and data available in Healthplanfinder. Training materials will be developed for these assistants, and trainings will be conducted. These trainings will be combined with trainings for other Healthplanfinder enhancements that are being developed for implementation in advance of the 2015 open enrollment period.

The Exchange will work with Deloitte to implement the system changes necessary for the Healthplanfinder website to offer an enhanced consumer shopping experience with respect to prescription drug coverage and benefits. The Exchange will also rely on Deloitte to modify the system-specific training materials and to conduct the revised training sessions. Additionally, changes to the plan management systems module of Healthplanfinder will need to be made.

Quality Assurance Assessment – The Quality Assurance contractor is responsible for working with the Exchange to set up quality assurance and oversight of loading of Qualified Health Plan (QHP) and Qualified Dental Plan (QDP) data into Product Center and Healthplanfinder and certification compliance. They guide requirements development for monitoring the data loading and collaborate with Operations staff. The contractor reviews responsibilities and duties, which include, but are not limited to, how reviewer gets the information necessary for compliance reviews, define scoring criteria for each review item, define consequences and follow-up actions for each item that does not receive a satisfactory compliance score, define decertification process, and report results of compliance monitoring on a monthly basis in summary dashboard fashion for executive audiences.

Financial Management, Risk Adjustment, and Reinsurance:

N/A

SHOP:

WAHBE Small Business Health Options Program (SHOP) was faced with a unique situation when several carriers decided not to participate in 2014 and left the program with only one carrier. WAHBE instead has a pilot program for the SHOP in two counties in southwestern Washington. WAHBE is working to increase carrier participation in the SHOP for 2015, and larger groups in 2016 and 2017.

SHOP will need to enhance its operational functionality while developing a strategy for greater participation of businesses up to 100 employees and beyond. In addition, SHOP will need to develop additional systems functionality and product choice for both issuers and business owners.

Strategic Analysis and Update – For SHOP eligibility to include “up to 100 employees” (versus the current 50 employees) which is required by 2016, an actuarial and market strategy review will be necessary. The strategic analysis should include the following:

- Actuarial impact analysis from 50 – 100 employees as a definition of small group;
- Market review to determine the likelihood of small businesses up to 100 participating in SHOP;
- An assessment of the likely number of carriers/issuers to participate; and,
- Market review to understand the impact, if any, of association health plans on the change of definition of “small group” from 50 to 100.

Operational Implementation – Subsequent to the actuarial and market analysis, the SHOP strategy will be updated and an implementation plan developed. The implementation of SHOP’s revised strategy will likely require changes to current business practices, operations and Healthplanfinder system functionality. It will also be necessary to review the SHOP user interface. In addition, current system configurations relating to the employee roster, employer invoices and payments, and carrier payment and enrollment files will likely need to be updated.

System functionality related to broker sales and the ease with which brokers can be associated with group and individual enrollment will be need to be reviewed and streamlined since they will also be impacted by the expanded marketplace. The focus of the work will be streamlining broker/client partnering and improving the set-up and maintenance of broker accounts. There are also multiple known deficiencies in the current online functionality for SHOP that, if changed, could encourage participation and reduce manual processing. These additional system changes are included in the IT narrative and project list.

Alternate Product Options – SHOP currently requires small employers to contribute a minimum percentage contribution toward each enrolled employees’ health care premium. Small businesses are seeking an alternate way to allow them to contribute a defined dollar amount (“defined contribution”) toward the health care premium. WAHBE would like to take steps to implement this functionality in order to enhance small business and carrier participation beyond 2014.

Another enhancement to Healthplanfinder Business will be the addition of adult/family dental products, which will enhance SHOP functionality, as well as add value to the marketplace.

Program/Project Support – SHOP will hire a Program Specialist, who will be responsible for registering (credentialing) agents/brokers and assisting with the maintenance of their privileged user accounts. There are currently 26,000 licensed agents/brokers in Washington State. The Exchange expects approximately 2,000 – 2,500 to be registered by 2015, and they will require ongoing training and an improved method of maintaining the credentials files. The Program Specialist will be responsible for the training and registration of agents/brokers and the development of streamlined methods to maintain their privileged user status. Additional Call Center representatives are also needed to handle agent/broker specific calls/issues for both SHOP and individuals.

Currently, pediatric dental benefits are offered as part of the medical plan, so no separate shopping experiences exists for pediatric dental, as it does in the individual Exchange. SHOP will hire a Program Specialist to assist SHOP in transitioning to an online dental shopping experience, as well as provide input into the development of adult/family dental products into the Exchange. The Program Specialist will help guide the design and implementation of adult/family dental within the small business online marketplace. The Program Specialist will work closely with WAHBE Policy and IT to develop a market-viable and compliant dental program for small businesses who purchase coverage through the Exchange.

In addition, SHOP is in need of staff to handle agent/broker-specific phone calls. A team of four customer relations assistants is needed to respond to agent/broker inquiries, troubleshoot system issues and assist with the online enrollment process. Agents and brokers have required a level of assistance with Healthplanfinder that was not anticipated during the Exchange’s planning process. Callers typically have multiple inquiries and issues needing resolution since they are

assisting many individual purchasers. The SHOP customer relations assistants are able to provide individualized service and that service may take up to one hour per caller. In order to adequately assist all brokers and agents in a timely manner, the SHOP team must be resourced adequately.

Marketing and Communications – In order to increase employers' awareness of the value of providing health and dental insurance to their employees, WAHBE will develop and implement a new marketing campaign with GMMB Consulting. The activities that will be funded include an awareness campaign, focus groups and collateral development. Of special note, SHOP plans to change its brand to "Washington Healthplanfinder Business" and in order to introduce this new brand, the communications team will lead a statewide marketing effort. This project will be under the oversight of WAHBE Communications Department and part of an overall WAHBE marketing program.

Organization and Human Resources:

N/A

Finance and Accounting:

Automated Exception Item Tracking – The Exchange will be accepting E-check, debit cards, credit cards, checks and money orders for payment of premiums. Checks and money orders can be mailed to the Exchange lockbox at KeyBank. There could be as many as 25,000 items a month that will have to be processed manually. The bank will process all checks that match remittance advices and all overpayments. However, underpayments, checks drawn on foreign bank accounts, checks without remittance advices and any other "exception" item will not be processed by KeyBank. These items will be mailed to the Exchange for processing, which was an unforeseen resource need prior to establishing an agreement with KeyBank. The Exchange has determined that it will require two additional staff to manually review, match and process these items. The Exchange is hiring two Billing Specialists whose responsibilities will include researching and documenting consumer payment exceptions.

To assist with processing the exception items, the Exchange plans to automate the tracking and disposition of exception items. The Exchange would like to scan checks and remittance stubs and upload the images and data into the Exchange SharePoint site. This will enable the assignment, tracking and disposition of the exception items, as well as provide data to management about outstanding items and length of time for disposal. The Exchange plans to review remittance processing hardware and software during the last quarter of 2013 with hopes of purchasing and implementing by February 2014.

Enterprise Financial System – The Exchange currently uses SAGE Accounting software for recording day-to-day financial transactions. SAGE is an adequate financial package for small- to medium-sized businesses, however, it is not well suited for the financial complexities generated by the Healthplanfinder (HPF). It has been determined that the Exchange needs a robust enterprise financial system, one that could possibly link up with the State of Washington accounting system, as well as with the HPF. The Exchange would like to conduct a feasibility study to evaluate product alternatives. The outcome of the study would allow staff to evaluate options and select a replacement product and install the product by the end of 2014.

Bank and Credit Card Fees – When Deloitte was awarded the contract to build the HPF, they partnered with KeyBank to deliver the electronic payment feature. KeyBank also built a solution to communicate with the HPF. Two decisions were made at that time which impact our bank fees – the investment that KeyBank made to communicate with the HPF and the cost of processing credit card payments. KeyBank's fee structure does not allow them to recoup their investment. Bank management insisted on charging a percentage on the average daily balances that will be generated when the Exchange begins collecting premium payments in December. After much negotiation, the Exchange agreed to a rate of .2 percent. The other unanticipated cost was credit card merchant fees. At the time the decision was made to accept credit card payments, there was no discussion about whether or not to charge convenience fees and therefore that functionality was not built into the HPF or the KeyBank electronic payment acceptance function. Merchant fees are typically about 2.5 percent of the transaction amount.

During calendar year 2014, the Exchange estimates that the average collected balance at the bank will be \$30,000,000 per month based on an enrollment of 280,000 members at an average monthly premium of \$107. Of that amount, WAHBE estimates that 65 percent of the payments will be check or e-check and 35 percent will be in the form of credit card. KeyBank will charge 0.2 percent on \$19,500,000 of our average collected balance and the merchant fee of 2.2 percent will be charged on the credit card amount of \$10,500,000 for total monthly fees of \$301,500. WAHBE made the decision to absorb credit card fees rather than charge a user fee for such usage. Management will review the use of credit cards during the first quarter of 2014 and determine whether or not to implement a convenience fee to minimize the cost of merchant fees for credit card payment processing.

Consultative Requirements – As a result of Engrossed Substitute House Bill 1947 passed during the 2013 legislative session, the Exchange was given two revenue streams to become self-sustaining: a premium tax on QHPs and a carrier assessment. The Legislature has directed the Exchange to charge the carrier assessment based on the difference between the Exchange’s revenue from carrier premium tax receipts and our appropriated expenditure limit. The assessment will likely be collected starting in 2015. The Exchange will need actuarial assistance to analyze enrollment and revenue projections for 2015. The Exchange will also require the consultant to assist with the development of the assessment projection and calculation.

During the past year, the Finance Department has utilized several consultants whose expertise will be needed through 2014. They are:

- Clark Nuber – This accounting firm’s service will be needed in the areas of development of organization wide internal controls relating to the HPF and our internal business processes around premium adjustments, payments and refunds.
- Mary Reis – Mary Reis is a SAGE expert as well as a Certified Public Accountant (CPA). The Exchange will rely on her expertise to develop sound accounting processes for the receipt of premium payments from consumers and the payment of premiums to the carriers. She will also assist Exchange staff with the development of meaningful reports out of the accounting system.
- John Flanagan – The Exchange will continue to rely on John Flanagan’s contracting expertise as the Exchange will need to competitively procure many services during 2014.
- Moss Adams – This regional CPA firm was competitively procured to perform the Exchange’s annual financial and A-133 audit for fiscal year 2013. They will also assist with preparing the Exchange for the performance audit in 2014.
- Protiviti – This consultant will assist with designing, developing and implementing the internal audit function for the Exchange. They will provide the initial financial risk assessment and the audit work plan, as well as initiate the actual audit work for the high risk areas identified. They will also provide the necessary screening and selection process of the Internal Audit Lead position as well as transition all internal audit related activities to this individual.

Technology:

With implementation of Version 1.0 of the Healthplanfinder on October 1, 2013, Washington residents can now apply, compare and select health insurance coverage under provisions of the Affordable Care Act. One of the success factors for achieving this major accomplishment was tightly managing scope so that only the most critical functionality was implemented on October 1, 2013.

While tightly managing scope prevented schedule delays for Version 1.0, as newly discovered business needs were identified, the Exchange quickly prioritized and placed these requirements on a deferred list for a future version of Healthplanfinder. Based on this deferred list of system features and enhancements, the Exchange is developing a “release strategy” for 2014.

Healthplanfinder Enhancements – The list of potential enhancements includes three major initiatives as envisioned by the Exchange Board and Policy Committee (including Adult Dental, Consumer Rating System, Future Strategic Direction

Initiatives and Prescription Drug Formulary), as well as deferred items identified during the initial Healthplanfinder build. Currently, the Exchange is working with its business partners within state agencies to develop a recommended detailed scope for each item on the deferred list. Examples of deferred items include date of death, pregnancy end date and multiple eligibility segments. Another major enhancement planned for 2014 includes Medicaid Shopping within the Exchange. Although this effort will be funded entirely by the Medicaid program, it is a major initiative taking place next year.

Resources to Support Enhancements – This Level One Establishment Grant request proposes additional resources to support the IT initiatives scheduled as part of the release strategy in 2014. Because of the level of deferred items and planned system enhancements, 2014 is truly unique requiring additional staff and contractors to support an unusually high level of effort. Also, the system development lifecycles (SDLCs) of the releases will overlap resulting in competing priorities. These additional resources are necessary as existing staff are focused on operations of the production system and do not have the capacity to also focus on other duties associated with each release. These temporary resources are requested in this grant application to provide management, functional expertise, analysis, testing and support associated with the release strategy. Specific proposed resources are as follows:

- **Release Project Manager (One):** An additional Project Manager is required so each release will have a single point of contact responsible for managing the development lifecycle of the release. The Release Manager will be a WAHBE employee and will begin by planning the release, continuing through implementation and stabilization.
- **Track Consultants (Three):** Within the releases, there are several major initiatives or "tracks." For example, replacement of the Financial Management/Accounting and Plan Management sub-systems are each tracks. Adult Dental is also a track. The Track Consultant will partner with a business/policy owner and provide overall IT coordination and functional expertise within each track. The role of Track Consultant will be fulfilled by contractors.
- **User Acceptance Testing (UAT) Analysts (Six):** The UAT Analysts will participate early in the requirements and design process to better understand the business need and to help develop test scenarios for UAT. By participating early in the process they will understand the business drivers as well as data setup requirements ensuring a successful UAT phase. The UAT Analysts will be contractors.
- **Software Development Engineer Testing (SDET) (One):** The SDET will provide technical expertise to support implementation of automated testing tools and test decks. With the level of effort required to ensure robust testing practices are applied, automated testing tools will be critical. The SDET will be an WAHBE employee.
- **Release Support Lead (One):** Following implementation, the need for support during stabilization is critical for overall success. The purpose of this position is to support privileged users and complex consumer issues due to the newly installed functionality associated with each release.
- **IT User Interface (UI)/Communication Specialist (One):** This position focuses on usability from the consumer perspective starting with design and through usability testing and focus groups. The UI/Communication Specialist will play a critical role to ensure the Exchange's UI continues to provide a model for the nation.

Eligibility Service (ES) Enhancements – Many of the Healthplanfinder enhancements require changes to the Eligibility Service (ES) operated by the Department of Social and Health Services (DSHS). The Healthplanfinder and ES are loosely coupled systems with interdependencies especially around eligibility determination and referrals between programs. System enhancements that impact the ES require additions or modifications to eligibility logic affecting both Exchange and Medicaid client programs, as well as impacting the near real-time interface between the two systems.

A critical component of the overall Healthplanfinder is the Eligibility Service (ES) hosted by the State of Washington Department of Social and Health Services (DSHS). The ES has a real-time interface with Healthplanfinder in order to

receive client income and demographic information collected by WAHBE and determine eligibility for Advanced Premium Tax Credit and Washington Apple Health programs. The ES was built expressly for the Exchange for the purposes of complying with the Affordable Care Act. Previous grant submissions did not include Operations and Maintenance (O&M) costs shared with DSHS. This Level One Establishment Grant application requests O&M funding to ensure the ES is operated in accordance with Exchange business needs for determining client eligibility in Washington State.

Additional IT Enhancements – Besides making system changes to Healthplanfinder, this Level One Establishment Grant request also includes other "back office" IT enhancements needed to improve the overall efficiency of Exchange business operations, including:

1. **Replace Exchange Financial and Accounting System:** The Exchange is a large and complex organization that requires a robust enterprise financial and accounting system to handle an estimated \$1.1 B in annual cash flow. The current accounting solution, SAGE, was implemented when the Exchange was a newly formed organization. Although the current system is in operation today, it is not sized and scaled to meet the needs of the organization as it grows. As a result, SAGE is one of the current operational risks of the Exchange. SAGE is well-suited to small to medium non-profit organizations, but not to the financial complexities of an organization like the Exchange. In particular, the shortcomings of SAGE include:
 1. components within SAGE are not integrated;
 2. there is no statistical "dashboard" or robust reporting feature;
 3. lack of a cost allocation feature; and
 4. limited availability of resources to support SAGE.

To address this risk, the Exchange proposes to conduct a Feasibility Study in 2014 to define detailed business requirements and evaluate product alternatives. Ideally, the replacement product will provide greater agility, integration, reconciliation and cost allocation capabilities.

During the Feasibility Study, the following will be accomplished:

- Document detailed business requirements;
- Perform an environmental scan of enterprise financial/accounting solutions; and
- Evaluate options and select a Commercial Off the Shelf (COTS) replacement product.

Following the Feasibility Study, the Exchange will conduct a procurement of the replacement product and select a vendor to support implementation. Implementation activities will address the following:

- Complete configuration/design of the COTS product;
- Complete system development and testing;
- Convert and load historical financial data; and
- Support cutover and implementation.

The Feasibility Study is estimated to take three months with Design, Development and Implementation (DDI) of the replacement product taking nine months. This schedule supports implementation of the new enterprise financial/accounting system with an interface to the Healthplanfinder in December 2014.

2. **Replace Exchange Plan Management Sub-system:** The Healthplanfinder currently relies on Plan Management functionality through e-Health's Product Center. Through the Product Center, Exchange staff manage insurance carriers and their plans, support the Qualified Health Plan (QHP) certification process and "publish" data for display in the Healthplanfinder's shopping portal. Although the system meets the basic needs for an October 1, 2013, implementation, it is difficult to use and requires many manual processes outside the system. For example, the data load from the Office of Insurance Commissioner (OIC), Washington's insurance regulatory organization, is not fully automated and requires additional manual processes/data entry. This introduces the potential for data errors and

requires additional quality assurance reviews, as well as additional time and costs to ensure data integrity. Moreover, there is no efficient way for insurance carriers to review and validate loaded data prior to publishing. Finally, once published, there is no way to change or modify data should an error be discovered later.

Due to the data management aspects alone, the Exchange proposes to conduct a Feasibility Study to define detailed business requirements and evaluate product alternatives. Ideally, the replacement product will provide greater flexibility in managing the QHP certification and data management processes and will eliminate the many manual processes.

During the Feasibility Study, the following will be accomplished:

- Document detailed business requirements;
- Perform an environmental scan of enterprise financial/accounting solutions; and
- Evaluate options and select a Commercial Off the Shelf (COTS) replacement product.

Following the Feasibility Study, the Exchange will conduct a procurement of the replacement product and select a vendor to support implementation. Implementation activities will address the following:

- Complete configuration/design of the COTS product;
- Complete system development and testing;
- Convert and load historical plan management data; and
- Support cutover and implementation.

Like the Financial Management/Accounting system replacement, the Feasibility Study for Plan Management is anticipated to take three months with Design, Development and Implementation (DDI) of the replacement product taking nine months. This schedule supports implementation of a new Plan Management solution with an interface to Healthplanfinder in December 2014.

3. **Appeals Case Management Upgrades:** There are several planned system upgrades for the Exchange's Appeals program. These enhancements include further customization of the Appeals Case Management System and enhancements to Healthplanfinder to support a more robust appeals process including the ability to apply appeals results retroactively and prospectively, ability to research eligibility to support appeals and improved communication with clients (e.g., making eligibility screens more understandable).
4. **Learning Management System (LMS) Replacement:** Because certified In-Person Assisters require training, the Exchange needs a system to track and monitor initial and ongoing training by several hundred In-Person Assisters. The current LMS was stood up using in-house resources. A more robust and customer-friendly system is needed to manage the individual training credentials for In-Person Assisters. In the future, this system may also be used to track broker training, as well.

Privacy and Security:

N/A

Oversight, Monitoring, and Reporting:

Future Strategic Direction – Washington Healthplanfinder will be operational and offer health insurance to consumers in 2014. The Board will then turn its focus toward setting the future direction of WAHBE.

The Board envisions a marketplace that enhances the value of QHPs purchased through Healthplanfinder. To guide its goal of an improved marketplace, the Board is developing a strategic direction formed by these three categories:

- Engaging Consumers.
- Encouraging Innovation to Improve Value.

- Improving Health.

Through further discussion, the Board will develop and prioritize policy topics within each of the categories. Those discussions will assist the Board in identifying those policy topics most likely to increase the value of coverage offered through Healthplanfinder. The Board will begin to define a future strategic direction for WAHBE by selecting specific policy topics for future exploration.

Each exploration of a policy topic will be supported by an initial review. An initial review will be brief and provide background information that maps the policy topic to the Board's objectives. An initial review will also begin to identify potential options for implementation. The Board will invite stakeholder input during an initial review, primarily by discussing policy topics in public committee meetings and seeking insights and comments from the Board's Advisory Committee. Guided by the Board, staff will draft the initial review. Depending on the policy topic, assistance from consultants may be needed during an initial review. The Board will use the initial review to determine if a policy topic should receive further analysis and has the potential to be effectively implemented.

Staff, with additional guidance from the Board, will then draft an in-depth analysis. This analysis is an extension of the initial review. Staff will provide detailed analysis of complex issues within a specific policy topic and develop options that the Board may consider for implementation. The development of an option suitable for implementation will be the outcome of both extensive technical analyses and creative design activities.

WAHBE anticipates partnering with Milliman, an actuarial consultant engaged under an existing grant, in preparing certain in-depth analyses. Assistance from the actuaries and expert stakeholders will help WAHBE develop tangible options for policy topics. When needed, the actuarial consultant will help develop measurements of quality or performance that are feasible to health insurance issuers and meaningful to consumers. WAHBE will also need the assistance of website design experts to display complicated health care topics in ways that enable consumers to learn and aptly assess features of a health plan, and most importantly, to select the best QHP for their circumstance and medical conditions. To be considered, a consultant will need to have assisted high-profile projects, vulnerable to both technical and political risks. Based upon projects of similar size, complexity, risk, and stakeholder involvement, WAHBE is requesting funds for consulting expertise to assist in the design of implementation options in support of the Board's future strategic direction.

The Board will likely consider a diverse set of options for implementation. The options selected for implementation could include enhancements to filtering or sorting of QHPs, highlighting plan features that assist vulnerable enrollees, upgrading indicators of quality or QHP performance, or displaying QHPs in an interactive format that allows a consumer to select a QHP that best covers their needs. The Board may select many or all of these implementation options as a means to promote the efficient selection of high-quality health plans in a transparent, competitive marketplace. WAHBE will likely use the implementation of certain options to fulfill the QHP certification criteria on quality and health performance specified by the Affordable Care Act.

WAHBE's IT system provides a platform for the implementation of a future strategic direction. However, because options have yet to be defined, they have the potential to redefine how consumers shop for health insurance. Implementation of these options may necessitate extensive changes to WAHBE's IT modules. WAHBE uses a plan management module, provided by eHealth, and that module transfers plan data to shopping and eligibility and enrollment pages within the IT system. For example, WAHBE may need to collect and store additional issuer data in plan management and make the data available within other IT modules accessed by consumers, the Call Center staff, or In-Person Assistants. The displays and pages viewed by consumers shopping within Healthplanfinder will likely need to be upgraded to implement decisions originating through the process of establishing a future strategic direction. Modifying the display of QHPs in the browsing function could be necessary to make the best use of new measurements or QHP selection processes. IT expenses have been requested to implement the enhancements developed through the establishment of a future strategic direction.

Business Intelligence Enhancements – The Exchange’s need to make informed decisions grows as the organization transitions from design and development to a highly technical and functioning business operation. The WAHBE’s Level Two Establishment Grant request in 2012 included a request for funds to support evaluation. These funds are intended to support the development and implementation of a customer survey using stratified sampling to understand customer satisfaction and identify areas for operational improvements and system enhancements. As the Exchange transitions into business operation, the team has identified the need to further develop its ability to analyze the internal raw data files that the Healthplanfinder will generate and store. The Business Intelligence team will manage the raw data files, identify business process improvements and ensure clean, quality data is captured. The team will need access to robust analysis tools to analyze data and generate reports using cross tabs, regression and predictive modeling and create charts, diagrams, graphs and maps to guide continuous improvement initiatives and strategic direction for the Exchange. These reports may include:

- Market analysis reports on carrier performance and comparison to other carriers;
- Create reports to HCA regarding their applicants;
- Operational reports to improve organization efficiency;
- Policy reports to support policy discussions and guide decision making; and
- Financial reports to forecast enrollment and revenue.

Support for the Business Intelligence team includes consulting services to develop report capacity for various types of analysis and equipment (software) purchases necessary to perform responsibilities assigned to this team.

Overall Program Current State Assessment/Enterprise Project Management – The Exchange will continue to contract with Point B Consulting to act an enterprise Project Manager to conduct an overall assessment of the current state of the Exchange and to identify risks and shortfalls within the business processes and communications across departments. Point B will develop strategies and tactics critical to meeting objectives and filling operational gaps. The Project Manager will create momentum and accountability for the overall program and collaboratively problem solve across organizational divisions.

Develop Approaches and Tools for Planning, Management and Performance – WAHBE will continue to work with Camray Consulting in an advisory and developmental capacity to create Exchange Board/executive staff level reporting and presentation materials. Camray Consulting will partner with executive leadership to prepare and update the monthly dashboard roll-up summary for the Chief Executive Officer tracking and WAHBE Board reporting. This work product is crucial to the overall health of the organization by providing the Board and executive leadership with the status of critical activities that need to be completed and how the Exchange is progressing against those activities.

Contracting, Outsourcing, and Agreements:

N/A

C. Summary of IT Gap Analysis

Current Washington State Technical Architecture:

The State completed an IT Gap Analysis as part of its Planning Grant and was included in Washington’s previous Level One and Level Two Establishment Grant applications. It is available online at: http://wahbexchange.org/wp-content/uploads/HBE_L1Grant_Application1.pdf (see page 22). It was determined that it was not necessary to include in this Level One Establishment Grant because of its dated information.

WORK PLAN

A. Work Plan

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
1	Legal Authority and Governance					
2	N/A					
3	Consumer and Stakeholder Engagement and Support					
4	Outreach and Education					
5	Conduct state-wide survey and focus groups with small businesses and brokers		Michael Marchand	Jan-14	Apr-14	Summary Report of Findings from GMMB
6	Develop Healthplanfinder Business branding and logos		Michael Marchand	May-14	Jun-14	Healthplanfinder Business logo
7	Design a targeted outreach strategy for Healthplanfinder Business		Michael Marchand	Jun-14	Jul-14	Small Business Outreach Plan
8	Develop collateral materials for Healthplanfinder Business		Michael Marchand	Jul-14	Aug-14	Healthplanfinder Business Marketing Materials
9	Develop a small business and broker outreach toolkit		Michael Marchand	Aug-14	Aug-14	Healthplanfinder Business Outreach Toolkit
10	Contract with consultant to evaluate Healthplanfinder marketing campaign reach		Michael Marchand	Mar-14	May-14	Evaluation report of market share and analysis of current customers as well as recommendations for 2014
11	Fund GMMB to implement the top marketing and outreach recommendations from this evaluation		Michael Marchand	May-14	Dec-14	
12	Contract with a consulting firm to develop health literacy resources for consumers		Michael Marchand	Dec-13	May-14	Interactive education resources
13	Apply best practices from health literacy resources to Healthplanfinder		Michael Marchand	Apr-14	Aug-14	Launch new online customer support content on Healthplanfinder

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
14	Create glossary of terms for health insurance for supported foreign languages		Michael Marchand	Apr-14	Aug-14	Glossary of terms in Spanish, Vietnamese, Russian, Somali, Chinese, Cambodian, Korean and Laotian
15	Convene focus groups to test health literacy materials with key stakeholders and consumers and make refinements based on input		Michael Marchand	May-14	Oct-14	
16	Contract with GMMB to develop an educational mobile application		Michael Marchand	Dec-13	Mar-14	Educational Mobile Application
17	Contract with GMMB to develop a marketing and outreach strategy targeting young adults		Michael Marchand	Dec-13	Dec-14	Young Adult Marketing Plan
18	Contract with SMS aggregator to provide text messaging service		Michael Marchand	Jan-14	Aug-14	
19	Send first batch of text messages to customers		Michael Marchand	Aug-14	Dec-14	
20	Exchange Website					
21	Contract with digital design vendor		Michael Marchand	Dec-13	Dec-14	Healthplanfinder prototype and design support/consultation
22	Use prototype to request consumer and stakeholder feedback about new Healthplanfinder features		Michael Marchand	Apr-14	Dec-14	
23	Continually update Healthplanfinder based on consumer testing and stakeholder feedback		Michael Marchand	Dec-13	Ongoing	
24	Evaluation Of The In-Person Assister Program					
25	Contract with Wakely Consulting to evaluate reach of Healthplanfinder In-Person Assister Program		Michael Marchand	Dec-13	Apr-14	Evaluation Report
26	On-site visits to all ten Lead In-Person Assister Organizations		Michael Marchand	Mar-14	Apr-14	Evaluation Report

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
27	Implement top recommendations from this evaluation		Michael Marchand	May-14	Dec-14	In-Person Assister Training
28	Solicit participation from new Lead In-Person Assister Organizations for 2015		Michael Marchand	Sep-14	Dec-14	Request for Proposals
29	Tribal Enrollment and Sponsorship Program Development					
30	In cooperation with the American Indian Health Commission (AIHC), fund an analysis about a recommended Business Model for tribal clinics to sponsor tribal members.		Michael Marchand	Dec-13	Aug-14	Recommended Business Model
31	Tribal Sponsorship Training		Michael Marchand	Aug-14	Dec-14	Tribal Trainings
32	Specialized Consumer Assistance Team					
33	Hire client specialist personnel		Beth Walter	Oct-13	Mar-14	
34	Develop business processes and call scripts for client support services		Beth Walter	Oct-13	Mar-14	Client Services Support Program
35	Train Client Specialists		Beth Walter	Oct-13	Mar-14	Client Services Support Training
36	Support enrollment for clients with difficult circumstances		Beth Walter	Jan-14	Dec-14	Customer Support
37	Triage Support and Issue Resolution Service					
38	Hire triage personnel (business issue analyst)		Beth Walter	Oct-13	Mar-14	
39	Co-Browsing Enhancements Implementation					
40	Train customer service representatives on co-browsing feature		Beth Walter	Nov-13	Mar-14	Implement co-browsing
41	Additional Operations and Customer Support Center Staff					
42	Hire program specialist for Call Center		Beth Walter	Jan-14	Mar-14	
43	Hire and train up to 150 additional customer services representatives		Beth Walter	Mar-14	Mar-14	
44	Implement and monitor increased staffing plan		Beth Walter	Oct-13	Dec-13	Contract oversight
45	Conduct ongoing oversight, vendor management and metric analysis		Beth Walter	Jan-14	Dec-14	Contract oversight
46	Customer Support Center Oversight and Training for Future System Enhancements					
47	On-site training support and oversight for Call Center		Beth Walter	Aug-13	Dec-14	Call Center Training

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
48	Conduct training for customer services representatives on future enhancements to Healthplanfinder system		Beth Walter	Dec-13	Dec-14	Call Center Training
49	Sponsorship Program					
50	Hire staff responsible for sponsorship program		Beth Walter	Jan-14	Feb-14	
51	Develop sponsorship program, including tribal sponsorship		Beth Walter	Jan-14	Mar-14	Sponsorship Plan
52	Establish processes per sponsorship program policy		Beth Walter	Jan-14	Jun-14	Policies and Procedures
53	All-In Health Care Cost Calculator					
54	Milliman and WAHBE identify a framework and the major issues such as scenarios, actuarial estimates, and data sources that need to be explored within the framework of a calculator.		Molly Voris	Apr-14	Jul-14	An outline or presentation expressing the framework and important issues to explore. Outline or presentation shared or discussed with Board and stakeholders.
55	Further define the potential framework of the calculator. Analyze major issues and develop options and recommendations that could be pursued should WAHBE develop and implement an all-in cost calculator based upon the framework explored.		Molly Voris	Aug-14	Oct-14	Report on framework and major issues which concludes with an analysis of the potential effectiveness for consumers.
56	Eligibility and Enrollment					
57	Providing Information and Assistance to Appellants					
58	Work with contractor to translate new forms and re-translated existing forms into eight languages		Brian Peyton	Jan-14	Oct-14	Required notification, informational materials, and templates translated into 8 languages

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
59	Work with contractor to develop tri-fold brochure to increase awareness of required federal regulation information		Brian Peyton	Jan-14	Mar-14	Tri-fold brochure of important information regarding appeals
60	Case Management System Development					
61	Customization of "off the shelf" case management system to meet specific needs for WAHBE Appeals Program		Brian Peyton	Jan-14	Mar-14	Fully functional case management system
62	Develop cross-system functionality and communication between Healthplanfinder and Legal Track: Document upload, QA Flag		Brian Peyton	Jan-14	Dec-14	Appellants use Healthplanfinder document upload to evidence to Appeals Program
63	Develop cross system functionality between Call Center CRM and Legal Track		Brian Peyton	Mar-14	Dec-14	Call center staff use CRM to determine status of appellant's case in Legal Track. Comments in Legal Track shareable with Call Center CRM.
64	Implement Requirements for 45 CFR §155.545, §155.525, and §155.330					
65	Develop functionality to implement final regulations regarding eligibility pending appeal and post appeal. 45 CFR §155.525; 45 CFR §155.545, 45 CFR §155.330.		Brian Peyton	Jan-14	Dec-14	Healthplanfinder allows eligibility and finance to input appeals decision and make them effective on the date chosen by the appellant.
66	Develop functionality in Healthplanfinder for applicants to submit or track complaints and appeals.		Brian Peyton	Jan-14	Dec-14	Healthplanfinder interacts with CRM and LegalTrack so appellants can track the progress of their case using HPF.

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
67	Improve the readability of the Eligibility Service Request and Results screen in HPF		Brian Peyton	Jan-14	Dec-14	Healthplanfinder Results screen understandable to average appellant.
68	Adjudication of Appeals of Eligibility Determination					
69	Train Presiding Officers and Appeals Staff on ACA, FTI Confidentiality, and WAHBE business processes		Brian Peyton	Feb-14	Feb-14	
70	Work with Presiding Officers in preparation for upcoming open enrollment: update processes; refresher on FTI requirements		Brian Peyton	Sep-14	Sep-14	
71	User-training for case management system LegalTrack		Brian Peyton	Feb-14	Feb-14	
72	Exploration of a Joint Appeals Process					
73	WAHBE and HCA will explore a joint appeals process for Medicaid and Exchange appeals.		Brian Peyton	Jan-14	Jun-14	Analysis and recommendations for consolidated appeals process
74	Eligibility and Enrollment Data Reconciliation Project					
75	Hire reconciliation specialist personnel responsible for processing eligibility and enrollment reconciliation.		Beth Walter	Nov-13	Dec-14	
76	Develop processes for data reconciliation and program integrity		Beth Walter	Jan-14	Jun-14	Program integrity
77	Document Imaging					
78	Partner (Service Level Agreement) with the State's Health Care Authority (HCA) to provide the scanning/processing solution for uploading documents in the Healthplanfinder, including paper applications		Beth Walter	Jul-13	Mar-14	Document Imaging System
79	Print System Enhancements for Notices					
80	Work with print vendor to improve print workflow management for Healthplanfinder notices		Beth Walter	Jan-14	Dec-14	Process improvement

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
81	Work with print vendor to print and mail Healthplanfinder generated correspondence notices		Beth Walter	Jan-14	Dec-14	Healthplanfinder correspondence
82	Translation Services					
83	Contract with translation (written) for new translations related to system or program changes		Beth Walter	Jan-14	Dec-14	Translations
84	Business Operation Process and Organizational Optimization Project					
85	Contract with Cambria to support organizational and system enhancement optimization, including facilitating projects with document imaging, carriers, system enhancements, triage and monitoring processes for tracking changes, defects and fixes		Beth Walter	Sep-13	Dec-14	Policies and Procedures
86	Exchange/Medicaid Churn Analysis					
87	WAHBE will work with the Washington State Health Care Authority to explore policy options on addressing churn		Molly Voris	Jan-14	Dec-14	Policy options on addressing churn
88	Plan Management					
89	Family and Adult Dental					
90	Develop criteria for RFP to select a consultant to facilitate a discussion with stakeholders about various dental product options and analyze dental plan evaluation criteria		Molly Voris	Oct-13	Oct-13	RFP
91	Release RFP for bids		Molly Voris	Nov-13	Nov-13	
92	Select a consultant to facilitate stakeholder discussion about dental product options and analyze evaluation criteria		Molly Voris	Dec-13	Dec-13	
93	Plan and host Dental Summit of Washington state stakeholders		Molly Voris	Jan-14	Feb-14	Dental Summit
94	Work with Milliman to analyze various market options for individual and small business family dental plans, including understanding actuarial value considerations		Molly Voris	Feb-14	Mar-14	

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#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
95	Study and develop evaluation criteria for family dental plans		Molly Voris	Feb-14	Apr-14	
96	Consult with stakeholders to garner feedback regarding dental market options to be offered and family dental plan certification criteria		Molly Voris	Apr-14	Apr-14	Stakeholder feedback
97	Board decision on dental plan market option(s)		Molly Voris	May-14	May-14	Qualified dental plan market option(s)
98	Board decision on qualified dental plan certification criteria		Molly Voris	Jun-14	Jun-14	Qualified dental plan certification criteria
99	Work with GMMB to study the employer community regarding the offering of group dental plans in SHOP		Molly Voris	Feb-14	Jun-14	Employer feedback
100	Work with GMMB to study the producer community to understand issues relating to selling of dental products		Molly Voris	Feb-14	Jun-14	Producer feedback
101	Work with GMMB to study the consumer base for adult and family dental coverage in Washington and develop tailored communications strategies for Exchange target population		Molly Voris	Feb-14	Jul-14	Communications and marketing strategy
102	Work with design vendor to design enhanced qualified dental plan consumer shopping experience in Healthplanfinder		Molly Voris	Apr-14	Aug-14	
103	Consult with stakeholders to garner feedback regarding dental plan consumer shopping experience		Molly Voris	Aug-14	Aug-14	Stakeholder feedback
104	Hire Exchange staff with dental plan expertise to help with process of identifying market options, establishing certification criteria, developing a dental plan shopping experience, and integrating new family dental plans into the Healthplanfinder website and Exchange billing and payment system		Molly Voris	Feb-14	Nov-14	

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
105	Incorporate qualified dental plan shopping experience into system and website development and test functionality		Molly Voris	Jul-14	Dec-14	
106	Update training material for In-Person Assistors, producers, and customer service center representatives to include qualified dental plan shopping experience		Molly Voris	Aug-14	Oct-14	Updated training materials
107	Conduct trainings for In-Person Assistors, producers, and customer service center representatives on new Healthplanfinder experience including family dental plans		Molly Voris	Sep-14	Dec-14	
108	Hire program specialist to develop business processes for family and adult dental coverage program		Beth Walter	Apr-14	Dec-14	Business processes
109	Consumer Rating System					
110	Establish sole-source contract with National Committee for Quality Assurance (NCQA) to collect HEDIS and CAHPS measures from qualified health plans, organize the data, and provide to WAHBE		Molly Voris	Jan-14	Feb-14	Executed contract
111	Develop criteria for RFP to select a metrics analysis consultant		Molly Voris	Jan-14	Jan-14	RFP
112	Release RFP for bids for metrics analysis consultant		Molly Voris	Feb-14	Feb-14	
113	Select metrics analysis consultant		Molly Voris	Apr-14	May-14	Executed contract
114	Fund design vendor to work with metrics analysis vendor to translate the analyzed quality data into a consumer-facing shopping experience in Healthplanfinder		Molly Voris	Jun-14	Nov-14	
115	Consult with stakeholders to obtain input regarding consumer rating system user experience		Molly Voris	Oct-14	Nov-14	Stakeholder feedback
116	Incorporate consumer rating system into Healthplanfinder system and website development		Molly Voris	Aug-14	Dec-14	Business architecture

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
117	Develop implementation plan for ongoing data management and updating ratings		Molly Voris	Aug-14	Dec-14	Data management plan
118	Prescription Drug Formulary					
119	Investigate various options for enhancement of Healthplanfinder shopping experience with respect to prescription drug benefits and coverage		Molly Voris	Jan-14	Mar-14	Set of options
120	Consult with stakeholder groups to gather feedback on options for enhanced prescription drug coverage functionality in Healthplanfinder		Molly Voris	Feb-14	May-14	Stakeholder feedback
121	Work with design vendor Deloitte Digital to design enhanced prescription drug search and consumer shopping experience in Healthplanfinder		Molly Voris	May-14	Aug-14	
122	Consult with stakeholders to garner feedback regarding consumer shopping experience for prescription drug coverage and benefits		Molly Voris	Aug-14	Aug-14	Stakeholder feedback
123	Incorporate prescription drug formulary search and comparison shopping experience into system and website development and test functionality		Molly Voris	Jul-14	Dec-14	
124	Update training material for Navigators, producers, and customer service center representatives to include prescription drug formulary search and comparison shopping experience		Molly Voris	Aug-14	Oct-14	Updated training materials
125	Conduct trainings for Navigators, producers, and customer service center representatives on new Healthplanfinder experience including prescription drug formulary search and comparison functionality		Molly Voris	Nov-14	Dec-14	Trainings
126	Quality Assurance Assessment					

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
127	Contract with Bluecrane, Inc. to provide quality assurance and oversight services for QHP and QDP compliance and certification		Beth Walter	Jul-13	Dec-14	Quality Assurance for QHP/QDP
128	Financial Management, Risk Adjustments, and Reinsurance					
129	N/A					
130	SHOP					
131	Strategic Analysis and Update					
132	Establish contract with entity that will study the impact of increasing the eligible group size for participation in SHOP		Keith Bell	Jan-14	Feb-14	Executed contract
133	Conduct study to understanding the impact of increasing the eligible group size for participation in SHOP		Keith Bell	Feb-14	Apr-14	Completed study
134	Develop strategy based on study's findings		Keith Bell	Apr-14	Feb-14	Strategy
135	Communicate findings, proposed strategy & plan to WAHBE Leadership & Board; obtain appropriate approvals.		Keith Bell	May-14	May-14	Approvals
136	Execute strategy		Keith Bell	Jun-14	TBD	
137	Operational Implementation					
138	Prioritize system changes designed to enhance carrier participation and improve functionality		Keith Bell	Jan-14	Jan-14	
139	Review IT enhancements with SHOP & Roles of Agents & Brokers (RAB) Technical Advisory Committee (TAC) & Board, as indicated		Keith Bell	Feb-14	Mar-14	
140	Begin development of business & IT requirements based on priority		Keith Bell	Apr-14	TBD	
141	Develop system functionality based on priority		Keith Bell /Curt Kwak	May-14	TBD	
142	System testing -- User, Carrier, IT		Keith Bell /Curt Kwak	Jun-14	TBD	
143	Implementation of functionality based on priority		Keith Bell /Curt Kwak	Aug-14 & ongoing	Oct-14 & ongoing	
144	Alternate Product Options					
145	Define desired scope and intent of defined contribution (DC) option		Keith Bell	Jan-14	Jan-14	Scope statement

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
146	Understand regulatory requirements, federal and state regarding DC option		Keith Bell	Jan-14	Jan-14	
147	Interview other state Exchange leaders who have implemented DC option		Keith Bell	Jan-14	Jan-14	Interview findings
148	Refine scope based on findings, draft initial work plan		Keith Bell	Feb-14	Feb-14	Draft work plan
149	Review draft scope of work with SHOP & RAB TAC; carriers; Board review		Keith Bell	Feb-14	Mar-14	
150	Write business requirements		Keith Bell	Mar-14	Apr-14	Business requirements
151	Write IT requirements		Keith Bell	Mar-14	Apr-14	IT requirements
152	Develop system functionality		Keith Bell	May-14	TBD	
153	System testing -- User, Carrier, IT		Keith Bell	Jul-14	Aug-14	
154	Implementation of DC functionality within SHOP		Keith Bell	Jan-14	Aug-14	UAT Testing in May 2014
155	Program/Project Support					
156	Define Program Specialist role, responsibilities		Keith Bell	Jan-14	Jan-14	Job description
157	Hire & onboard Program Specialist		Keith Bell	Jan-14	Feb-14	
158	Organization and Human Resources					
159	N/A					
160	Finance and Accounting					
161	Automated Exception Item Tracking					
162	Hire two Billing Specialist to support WAHBE business processes		Bob Nakahara	Nov-13	Dec-13	Two Billing Specialist
163	Train Billing Specialist on WAHBE business processes and HPF		Bob Nakahara	Nov-13	Dec-13	Trained Billing Specialist
164	Research remittance processor hardware and software capabilities		Bob Nakahara	Oct-13	Dec-13	Decision on hardware and design of system
165	Design, develop and implement remittance processing system and business processes for processing exception items from Lockbox		Bob Nakahara	Jan-14	Jun-14	Complete remittance processing system and business process
166	Enterprise Financial System					

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#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
167	Conduct feasibility study to define detailed business requirements		Bob Nakahara	Jan-14	Mar-14	Documented detailed business requirements
168	Evaluate enterprise financial system alternatives		Bob Nakahara	Mar-14	Apr-14	Completed evaluation of enterprise financial solutions
169	Design, develop, and implement the Enterprise Financial System		Bob Nakahara	Apr-14	Dec-14	Complete configuration and testing of Financial Enterprise System
170	Convert and load historical financial data into the Enterprise Financial System		Bob Nakahara	Oct-14	Dec-14	Load system with historical financial data and complete implementation
171	Bank and Credit Card Fees					
172	Analyze fee structure for premium payments		Bob Nakahara	Apr-13	Jun-13	
173	Work with KeyBank on agreeable fee structure once premium payments are accepted		Bob Nakahara	Apr-13	Jun-13	Agreement on fee structure
174	Consultative Requirements					
175	Contract with actuarial firm to review and analyze enrollment and revenue projections for 2015		Bob Nakahara	Nov-13	Jun-14	Development of the carrier assessment calculation.
176	Contract with CPA firm to develop organizational wide internal controls		Bob Nakahara	Sep-13	May-14	Development of organizational internal control processes
177	Contract with firm to further develop financial business process		Bob Nakahara	Jun-13	Jun-14	Financial Business processes in place and working well

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#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
178	Contract with firm to manage WAHBE procurement process		Bob Nakahara	Jan-13	Dec-14	Completed, legal procurement competitions
179	Contract with firm to develop financial statements, A-133, and performance audit preparations		Bob Nakahara	Jun-13	Sep-14	Completed financial statement and A-133 audit for FY 2013 and recommended efficiencies for Performance audit
180	Design, development and implement internal audit functions		Bob Nakahara	Jan-14	Dec-14	Risk Assessment and audit work plan
181	Technology					
182	<i>IT work plan provided at the end of document</i>					
183	Privacy and Security					
184	N/A					
185	Oversight, Monitoring, and Reporting					
186	Future Strategic Direction					
187	Establish a process for the development of a future strategic direction. The Board discusses strategic themes and direction for enhancing the marketplace for the consumers of Healthplanfinder.		Molly Voris	Jul-13	Sep-13	The Board establishes a process for defining a future strategic direction; identifies a set of policy topics that will become the content of the future strategic direction.

#	Key Activities:	CMS Milestone:	Assigned to:	WAHBE Start Date:	WAHBE End Date:	Deliverable:
188	Initial review of policy topics. Staff will perform an initial review of each policy topic and identify potential implementation options. The Board will select an initial set of potential implementation options for each policy topic.		Molly Voris	Oct-13	Jan-14	The Board identifies an initial set of implementation options for each policy topic.
189	In-depth analysis of selected options for implementation of a policy topic. Staff, with assistance from consultants, will perform an in-depth analysis of options for implementation within each policy topic. Using the analysis, the Board will consider, refine, and select implementation options that best improve the performance of the marketplace for the consumers of Healthplanfinder.		Molly Voris	Feb-14	Sep-14	The Board selects options for implementation.
190	Implementation of the future strategic direction. Guided by the Board, staff and consultants will partner to implement selected options. The implementation process will include developing enhancements to WAHBE's IT system.		Molly Voris	Apr-14	Dec-14	WAHBE implements options.
191	Business Intelligence Enhancements					
192	Contract for consultant to support the business intelligence team and develop report capacity		Beth Walter	Jan-14	Dec-14	Data analysis and reports
193	Overall Program Current State Assessment/Enterprise Project Management					
194	Work with Point B to conduct overall program current state assessment.		Pam MacEwan	Jan-14	Dec-14	Current state assessment
195	Implement recommendations from overall program current state assessment.		Pam MacEwan	Jan-14	Dec-14	
196	Develop Approaches and Tools for Planning, Management and Performance					
197	Work with Camray on monthly detail program plans and dashboards		Richard Onizuka	Jan-14	Dec-14	Monthly detail program plan and dashboards

B. Work Plan for IT

#	Key Activities:	WAHBE Start Date:	WAHBE End Date:	Resource Names:	Duration:	Predecessors:
1	Level One Grant Projects	10/14/13	12/31/14		318 days	
2	Healthplanfinder Releases	10/14/13	12/31/14		318 days	
3	Release 1	10/14/13	5/1/14	Project Manager	144 days	
4	Design	10/14/13	10/31/13	Business Analyst, Policy Analyst, Technical Analyst, System Integrator	14 days	
5	Development	11/1/13	1/31/14	Business Analyst, System Integrator, Technical Analyst	66 days	3
6	Integration Test	2/3/14	2/28/14	Business Analyst, System Integrator, UAT Tester	20 days	4
7	UAT	3/3/14	4/15/14	Business Analyst, System Integrator, UAT Tester	32 days	5
8	Release	4/16/14	5/1/14	System Integrator, Technical Analyst	12 days	6
9	Release 1 Go Live	5/1/14	5/1/14		0 days	7
10	Release 2	12/2/13	9/1/14	Project Manager	196 days	
11	Prioritization	12/2/13	12/20/13	Business Analyst, Policy Analyst	15 days	
12	Design	12/23/13	2/17/14	Business Analyst, Policy Analyst, Technical Analyst	41 days	10
13	Development	2/18/14	6/24/14	Business Analyst, System Integrator, Technical Analyst	91 days	11
14	Test	6/25/14	8/11/14	Business Analyst, System Integrator, UAT Tester	34 days	12
15	Release	8/12/14	9/1/14	System Integrator, Technical Analyst	15 days	13
16	Release 2 Go Live	9/1/14	9/1/14		0 days	14
17	Release 3	12/2/13	12/31/14	Project Manager	283 days	
18	Prioritization	12/2/13	12/31/13	Business Analyst, Policy Analyst	22 days	
19	Design	1/1/14	2/28/14	Business Analyst, Policy Analyst, Technical Analyst	43 days	17

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#	Key Activities:	WAHBE Start Date:	WAHBE End Date:	Resource Names:	Duration:	Predecessors:
20	Development	3/3/14	8/29/14	Business Analyst, System Integrator, Technical Analyst	130 days	18
21	Test	9/1/14	11/28/14	Business Analyst, System Integrator, UAT Tester	65 days	19
22	Release	12/1/14	12/31/14	System Integrator, Technical Analyst	23 days	20
23	Release 3 Go Live	12/31/14	12/31/14		0 days	21
24	Plan Management	1/1/14	12/31/14	Project Manager	261 days	
25	Feasibility Study	1/1/14	3/31/14	Business Analyst, Policy Analyst, Technical Analyst	64 days	
26	Design	4/1/14	5/30/14	Business Analyst, Policy Analyst, Technical Analyst	44 days	24
27	Develop	6/2/14	7/31/14	Business Analyst, System Integrator, Technical Analyst	44 days	25
28	Test	8/1/14	9/30/14	Business Analyst, System Integrator, UAT Tester	43 days	26
29	Conversion	10/1/14	11/28/14	System Integrator, Technical Analyst	43 days	27
30	Cutover	12/1/14	12/31/14	System Integrator, Technical Analyst	23 days	28
31	Plan Management Go Live	12/31/14	12/31/14		0 days	29
32	Financial Management	1/1/14	12/31/14	Project Manager	261 days	
33	Feasibility Study	1/1/14	3/31/14	Business Analyst, Policy Analyst, Technical Analyst	64 days	
34	Design	4/1/14	5/30/14	Business Analyst, Policy Analyst, Technical Analyst	44 days	32
35	Develop	6/2/14	7/31/14	Business Analyst, System Integrator, Technical Analyst	44 days	33
36	Test	8/1/14	9/30/14	Business Analyst, System Integrator, UAT Tester	43 days	34

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#	Key Activities:	WAHBE Start Date:	WAHBE End Date:	Resource Names:	Duration:	Predecessors:
37	Conversion	10/1/14	11/28/14	System Integrator, Technical Analyst	43 days	35
38	Cutover	12/1/14	12/31/14	System Integrator, Technical Analyst	23 days	36
39	Financial Management Go Live	12/31/14	12/31/14		0 days	37
40	Appeals Case Management Upgrade	1/6/14	7/24/14	Project Manager	144 days	
41	Design	1/6/14	1/23/14	Business Analyst, Policy Analyst, Technical Analyst, System Integrator	14 days	
42	Development	1/24/14	4/25/14	Business Analyst, System Integrator, Technical Analyst	66 days	40
43	Test	4/28/14	7/8/14	Business Analyst, System Integrator, UAT Tester	52 days	41
44	Conversion	7/9/14	7/24/14	System Integrator, Technical Analyst	12 days	42
45	Appeals Upgrade Complete	7/24/14	7/24/14		0 days	43
46	Learning Management System Upgrade	1/6/14	6/13/14	Project Manager	115 days	
47	Design	1/6/14	1/23/14	Business Analyst, Policy Analyst, Technical Analyst, System Integrator	14 days	
48	Development	1/24/14	3/27/14	Business Analyst, System Integrator, Technical Analyst	45 days	46
49	Test	3/28/14	6/3/14	Business Analyst, System Integrator, UAT Tester	48 days	47
50	Conversion	6/4/14	6/13/14	System Integrator, Technical Analyst	8 days	48
51	LMS Upgrade Complete	6/13/14	6/13/14		0 days	49
52	Environment Upgrades	11/11/13	11/28/14		275 days	
53	Secure Facilities	11/11/13	2/28/14		80 days	
54	Secure UAT Facility	11/11/13	2/14/14	HBE Facilities	70 days	

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#	Key Activities:	WAHBE Start Date:	WAHBE End Date:	Resource Names:	Duration:	Predecessors:
55	Locate	11/11/13	12/6/13	HBE Facilities	4 weeks	
56	Lease	12/9/13	1/3/14	HBE Facilities	4 weeks	54
57	Provision	1/6/14	1/31/14	HBE Facilities, HBE IT	4 weeks	55
58	Test	2/3/14	2/14/14	Business Analyst, System Integrator, Technical Analyst, UAT Tester	2 weeks	56
59	UAT Facility Ready	2/14/14	2/14/14		0 days	57
60	Secure Training Facility	11/25/13	2/28/14	HBE Facilities	70 days	
61	Locate	11/25/13	12/20/13	HBE Facilities	4 weeks	
62	Lease	12/23/13	1/17/14	HBE Facilities	4 weeks	60
63	Provision	1/20/14	2/14/14	HBE Facilities, HBE IT	4 weeks	61
64	Test	2/17/14	2/28/14	Business Analyst, System Integrator, Technical Analyst, UAT Tester	2 weeks	62
65	Training Facility Ready	2/28/14	2/28/14		0 days	63
66	Training Environment Upgrade for Interface Stubs	11/11/13	2/28/14	HBE Training	80 days	
67	Requirements	11/11/13	11/22/13	System Integrator, Business Analyst, HBE Training	2 weeks	
68	Design Stub	11/25/13	12/13/13	System Integrator, Business Analyst, HBE Training	3 weeks	66
69	Develop Stub	12/16/13	1/3/14	System Integrator, Business Analyst, HBE Training	3 weeks	67
70	Test Stub	1/6/14	1/17/14	System Integrator, Business Analyst, HBE Training	2 weeks	68
71	Set Up Data	1/20/14	2/14/14	System Integrator, Business Analyst, HBE Training	4 weeks	69
72	Pilot	2/17/14	2/28/14	System Integrator, Business Analyst, HBE Training	2 weeks	70

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#	Key Activities:	WAHBE Start Date:	WAHBE End Date:	Resource Names:	Duration:	Predecessors:
73	Training Environment Ready	2/28/14	2/28/14		0 days	71
74	Training Services Enhancements	1/6/14	11/28/14		235 days	
75	Release 1 Enhancements	1/6/14	4/24/14	HBE Training	79 days	
76	Requirements	1/6/14	1/31/14	System Integrator, Business Analyst, HBE Training	4 weeks	4FS-4 weeks
77	Materials	2/3/14	2/28/14	System Integrator, Business Analyst, HBE Training	4 weeks	5SS
78	Pilot	3/3/14	3/14/14	System Integrator, Business Analyst, HBE Training	2 weeks	6SS
79	Rollout	4/4/14	4/24/14	System Integrator, Business Analyst, HBE Training	3 weeks	8SS-4 weeks
80	Release 2 Enhancements	3/18/14	8/25/14	HBE Training	115 days	
81	Requirements	3/18/14	4/14/14	System Integrator, Business Analyst, HBE Training	4 weeks	12SS+4 weeks
82	Materials	4/30/14	5/27/14	System Integrator, Business Analyst, HBE Training	4 weeks	12FS-8 weeks
83	Pilot	6/25/14	7/8/14	System Integrator, Business Analyst, HBE Training	2 weeks	13SS
84	Rollout	8/5/14	8/25/14	System Integrator, Business Analyst, HBE Training	3 weeks	15SS-4 weeks
85	Release 3 Enhancements	6/23/14	11/28/14	HBE Training	115 days	
86	Requirements	6/23/14	7/18/14	System Integrator, Business Analyst, HBE Training	4 weeks	19FS-10 weeks
87	Materials	8/4/14	8/29/14	System Integrator, Business Analyst, HBE Training	4 weeks	19FS-4 weeks
88	Pilot	9/29/14	10/10/14	System Integrator, Business Analyst, HBE Training	2 weeks	20SS+4 weeks

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#	Key Activities:	WAHBE Start Date:	WAHBE End Date:	Resource Names:	Duration:	Predecessors:
89	Rollout	11/10/14	11/28/14	System Integrator, Business Analyst, HBE Training	3 weeks	21SS-3 weeks