

HBE Implementation Work Plan for State Auditor Performance Audit

Rec	Description	Status	Action Steps	Lead Agency	Due Date	Notes	Status
1	Work with HCA to assure it is fully reimbursed for the Medicaid services it provides by doing the following:						
1a	Insist on mutual adherence to the cooperative agreement with HCA, which requires the equitable sharing of all applicable costs between the Exchange and HCA	In progress	HBE and HCA are currently renegotiating their Agreement, including Schedules A-1 and A-2, to improve cost allocation and implement section 213(3)(g)(iv) of the 2016 supplemental budget.	HBE/HCA	8/1/2016		HCA, DSHS and HBE have developed consolidated APDs which reflect equitable cost sharing between the three agencies. HBE and HCA executed a new agreement in May 2017 that clarifies the role of each organization regarding finance and cost allocation and reporting
1b	Work with HCA to seek payment from the state and the federal Medicaid program for past unreimbursed services the Exchange provided.	Not Planned		HBE		The Exchange submitted and received funding for services provided for Medicaid in accordance with a CMS approved cost allocation plan. CMS has not issued a disallowance or taken	N/A
1c	Work with CMS to determine if it must repay federal grant funds that were used to pay for these unreimbursed Medicaid services.	Not Planned		HBE		The Exchange submitted and received funding for services provided for Medicaid in accordance with a CMS approved cost allocation plan. As recently as this month, CCIIO indicated no intention to seek repayment of grant funds or disallowance of costs.	N/A
1d	Work with HCA to submit a corrected cost reimbursement plan to CMS so the Exchange is fully reimbursed for the future services it provides to Medicaid clients on behalf of HCA.	In progress	HBE continues to work with HCA to submit a new-advanced planning document (APD) to CMS in August for Federal Fiscal Year 2017. The APD fullreimbursement for all Exchange operational costs provided on behalf of Medicaid clients, as directed by section 213(3)(g)(iv) of the 2016 supplemental budget.	HBE / HCA	10/1/2016		The approved HBE APD now includes reimbursement for operational costs provided on behalf of Medicaid clients, which is updated annually to reflect planned costs.

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1f	Work with HCA to more quickly establish future cost reimbursement plans and to obtain timely reimbursements.	In progress	HBE and HCA are currently renegotiating their existing operating agreement, including Schedules A-1 and A-2, to improve cost allocation and implement section 213(3)(g) of the s2016 supplemental budget, which requires the timely submission of APDs by HCA.	HBE / HCA	8/1/2016		HCA hired a consultant to develop a consolidated APD for HCA, HBE and DSHS that is MITA compliant.
1g	Retain system-generated QHP enrollment figures to better support the recovery of Medicaid related costs incurred on behalf of HCA.	Not planned	See note- action will only be taken as needed.			The Exchange will receive Medicaid reimbursement based on its CMS approved plan. The percentage of QHP to Medicaid enrollment does not change significantly from year to year. An update will be submitted to CMS in the event such of such a change.	The 2018 APD will be updated to reflect the increase in QHP enrollment and decrease in Medicaid enrollment.
2.	Reduce call center costs and increase enrollment and resulting revenues.						
2a	Partner with California to obtain the same low hourly rates or use the contract's best pricing guarantee to negotiate a better rate.	In progress	The Exchange continues to pursue operational efficiencies. This includes the renegotiating its call center contract; which includes the proposal to utilize the California call center from overflow coverage.	HBE	12/31/2016		The Exchange is developing an RFP for call center services, which is expected to be released in Fall 2017.
2b	Assure all call center contract costs are capped to the CPI or other third-party inflation sources.	In progress	The Exchange is currently in process of renegotiating its call center contract. CPI or third-party inflation sources continue to inform all financial and contractual discussions.	HBE	12/31/2016		The Exchange continued its call center contract through June 2018, which did not include an inflationary increase.
2c	Pursue cost-effective Healthplanfinder and website improvements to achieve reduced call volume and increased enrollment.	In progress	The Exchange has included system improvements for an enhanced customer experience and improved efficiency of call center operations in releases scheduled for July 2016, September 2016 and April 2017. These efforts are represented in the three work plan items that follow.	HBE	06/2017		Improvements to HPF have decreased the volume of calls, in spite of growing enrollment. In SFY 2015, HPF had an average of 1,686,832 customers. In SFY 2016, there were an average of 1,740,851, a 3% increase for QHP and Medicaid. During these same periods, total call volume decrease by 18.5%.

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2d	Collect additional information to better identify the key issues that customers call about, so issues can be avoided and call center calls can be reduced.	In progress	The Exchange will continue the practice of gathering data on calls to identify key issues. Daily and monthly reports are currently run that identify issues and issue areas that inform both operations and process improvements.	HBE	06/2017		The Exchange has taken steps to reduce call center calls by improving information on its website, developing a mobile app, and enhancing customer focused tools.
2e	Develop a searchable knowledge library to help staff assist customers faster.	In progress	In July, the Exchange will debut content management functionality that will enable more control of existing information and material on Exchange web properties, allowing for a faster, more intuitive search experience.	HBE	06/2017		The Exchange completed the design work for the Customer Decision Support tool and the Provider Directory in June 2017. These tools will be available in September 2017, as part of release 5.0
2f	Plain-talk all boiler-plate correspondence to QHP customers to reduce the number of calls.	In progress	The Exchange continues to assess and adapt notification language provided to QHP customers to the extent state and federal law allows such modifications. The Exchange is currently conducting a review of all notices with the intent of simplifying existing correspondence.	HBE			The Exchange ran an advertising campaign to increase the number of consumers opting for e-mail rather than printed correspondence. The Exchange will run another campaign prior to OE 5.
2g	Explore ways to use brokers more to improve customer service, reduce call center costs, and increase enrollment.	In progress	The Exchange will be implementing a pilot program with brokers to identify strategies to increase enrollment, including the use of storefronts/enrollment centers during the open enrollment period.	HBE	6/30/2017		The Storefront/enrollment center pilots were successful and a solicitation to expand these is currently out.
2h	Track how customers enroll in plans, such as through brokers, navigators, the website, etc. to measure progress towards cost containment through increased self-enrollment and broker- assisted enrollment.	In Progress	The Exchange is evaluating modifications to the current system that may yield more accurate measurement of customer engagement at the point of purchase, including the documenting of Navigators and brokers interaction during the enrollment process.	HBE	6/30/2017		The Exchange has additional tools to track whether enrollment is through Navigators or brokers.
2i	Highlight the income levels that qualify for subsidies and Cost- Sharing Reduction plans on Healthplanfinder's homepage, and advertise the benefits of Cost-Sharing Reduction plans throughout the application process.	In progress	The Exchange will continue to highlight the importance of selecting the most appropriate plan by incorporating stronger messaging and decision-making graphics into the 2017 online application process as well as in corresponding outreach and communications plans.	HBE	6/30/2017		Ongoing

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2j	Clarify and improve information on automatic renewal to increase QHP enrollment.	In progress	The Exchange will improve outreach to individuals who have previously declined automatic renewal to encourage them to participate. This may include, but not be limited to, preferred communications vehicles – email, mail, robocall or other.	HBE	12/31/2016		In OE 4, automatic renewals were increased. Additional efforts are underway to continue to expand automatic enrollments.
3.	Improve strategic planning, long-term financial planning, and other financial management practices						
3a	Create a long-term financial plan that will help the Exchange better manage its sustainability. Share this plan with the Legislature and HCA so it is factored into the appropriation and cost allocation process.	Pending	The Exchange will develop a long range financial plan including the development of a reserve. This process includes the development of an operational business plan that will be presented to the board for discussion.	HBE	12/31/2016		The enacted Legislative budget for the 2017-19 biennium allows the Exchange to set fees that establish a three-month operating reserve.
3b	Add self-sustainability to the Audit Committee's charter since it is a legal requirement the Exchange must meet.	Pending	This recommendation will be presented to the Exchange board for its consideration.	HBE	12/31/2016	Currently planning to have this going before the Exchange board in July 2016.	The entire Exchange Board has embraced sustainability, which is reported on annually in the Board's strategic plan.
3c	Require periodic considerations of moving to the federal exchange and the criteria it will use in making those assessments.	Not planned		HBE		The Exchange will continue to respond to legislative and executive branch questions and analysis regarding the effectiveness and efficiency of the Exchange.	This action item is pending decisions at the federal level to repeal, replace or repair the ACA.
3d	Work with CMS to resolve the Inspector General's concern that unallowable operational costs may have been charged to federal grants. If they identify unallowable costs, the Exchange should work with CMS to reimburse the federal government.	Not planned		HBE		The Exchange has had discussions with CMS who has stated that the Exchange has appropriately used their establishment grants in the all areas audited by the SAO.	N/A
3e	Work with OFM and the State Treasurer to establish one account for premium taxes and another for carrier assessments. Afterwards, make sure that carrier assessments are only used for QHP-related purposes.	Pending	The Exchange will modify its chart of accounts to provide greater transparency regarding fund source for expenditures.	HBE		The Exchange does not believe it is necessary to have a separate account since it will have greater transparency in costs and revenues with the new financial system approved by the Legislature.	The new financial system provides much greater granularity regarding fund sources. The Exchange has been diligent in its efforts to not use carrier assessments to support Medicaid services.