

Washington Health Benefit Exchange: Achieving Enrollment Excellence

Introduction

As any public and private healthcare leader will tell you, one of the biggest challenges to opening a new line of business is mastering immediate and future operational block-and-tackle processes. In this instance, “mastering” does not mean proficiency using the finest spreadsheets 1995 can offer.

For all their challenges, state-based Marketplaces (SBMs) continue to offer many consumers reasonably-priced healthcare coverage option similar to what they had just a few years ago. But this presents a myriad of challenges that, if left unaddressed, act as an operational and financial anchor restricting the positive forward momentum of the SBM itself and negatively impacting members and other health plan partners.

The early iterations of the SBM enrollment process were challenged with their own operational and financial issues. Disjointed processes, multiple systems, and manual workarounds are but a few of the concerns that lead to exacerbated administrative costs and reduced revenue and member satisfaction in the partner health plans. This is the story of the Washington Health Benefit Exchange (WAHBE) and how it pinpointed the shortcomings of its internal enrollment process and developed an achievable plan to overcome the challenges associated with reducing health plan partner and member inconsistencies.

Business Challenges

In addition to inefficiencies associated with the processing of inbound and outbound 834 files between the Exchange and its health plan carriers, WAHBE identified the following macro challenges:

- Creating and sending valid 834s to the carrier with syntactically-correct enrollment data
- Processing enrollment transactions in the correct sequence according to business requirements
- Managing cumbersome manual workarounds with exchange-specific business rules requirements
- Reconciling differences between the carrier’s member book of record and the WAHBE book of record
- Handling high numbers of meantime-to-resolution (MTR) enrollment issues

After two years of operation, WAHBE determined that operating under the “status quo” approach did not allow for the improvements needed and prevented the transition to a more sustainable and robust integrated solution. WAHBE identified the potential for increased operational costs and service level reductions with more manual interventions, especially during open enrollment.

Charting a Path Forward

To solve its issues, the WAHBE team created a situational and opportunity analysis that outlined its current pitfalls and challenges, as well as a vision for the ideal solution for optimizing operations. The team quickly realized the enrollment solution in place did not provide the required capabilities to address the evolving needs of the Marketplace. WAHBE sought to replace a custom-coded solution that:

- Did not have recently-required HIPAA edits resulting in downstream data issues
- Lacked role-based, centralized visibility across the enrollment transaction lifecycle
- Was hampered by this custom code, making business rule changes difficult and time-consuming to implement
- Had limited electronic data interchange (EDI) visibility and a lack of transactional views for business users

The first step in overcoming an issue is first admitting that issues existed and could be resolved. Once WAHBE realized this, the team outlined the required macro capabilities, including streamlined operations, reduced costs and improved interactions with key EDI stakeholders. WAHBE wanted a best-of-breed, commercial-off-the-shelf (COTS) based solution that managed all the processing between the exchange and the qualified health plans (QHPs). A COTS platform with strategic purpose solved the pain points of today and laid the groundwork for ease-of-maintenance, additional functionality, and industry-standard EDI operations going forward. More specifically, the capabilities needed to include:

- Flexible technology framework to fluidly address changes to business rules
- End-to-end enrollment processing and visibility into integrated workflows
- Facilitated support for new CMS file formats
- Empowerment of operations staff to quickly locate and resolve issues as they arise

A future with EDI success rested on establishing a partnership with a vendor that could rapidly deliver these capabilities and more. WAHBE selected Edifecs as its enrollment management partner to help improve efficiencies and meet its enrollment processing improvement goals.

Getting Back on Track

For WAHBE, the Edifecs Health Insurance Exchange Integration Solution was adapted and designed to address both immediate and future enrollment needs—all while leveraging the existing infrastructure. More specifically, WAHBE's new solution was enabled with pre-defined rules and processing to handle intake, changes of circumstance, terminations, cancellations, effectuations, and audit file processing in a single solution. Critical capabilities delivered include:

- The ability to incorporate all state-based exchange HIPAA transaction processing requirements and capabilities that allow the state to configure business rules to fit enrollment requirements
- Flexibility for business owners to incorporate changes to required business rules
- Improved management of reconciliation discrepancies and day-to-day enrollment exception issues

Enabled with a streamlined, flexible enrollment management system, WAHBE now has a refined approach to tackling operational challenges and improving partnerships with health plans and consumers.

Prepared for Success

With the Edifecs solution in place, the WAHBE team accomplished its strategic goals, including:

- Met target SLAs for membership enrollment
- Reduced error rates through improved data quality
- Improved the visibility provided to enrollment operations staff
- Reduced issue identification and response times back to health plans
- The Washington Health Benefits Exchange has proven its ability to handle the ever-evolving requirements of the Marketplace and is now an even better partner to all their stakeholders.

The volatility of the Marketplaces requires state agencies to employ non-status quo solutions and continuously seek out opportunities that improve operations and processes. Employing flexible, streamlined, and purpose-built enrollment management solutions is a critical component in ensuring both near-term and long-term Marketplace success.



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