

Compacts of Free Association (COFA) Islander Health Care

Substitute Senate Bill 5683; Section 5; Chapter 161; Laws of 2018

December 31, 2019



COFA Islander Health Care

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Executive Summary

Substitute Senate Bill (SSB) 5683, which took effect on March 22, 2018, as Laws of 2018 Chapter 161, directs the Health Care Authority (HCA) to pay health care premiums and out-of-pocket medical costs for citizens of the islands under Compacts of Free Association (COFA). The COFAs are international agreements establishing and governing the relationships of free association between the United States and the three Pacific Island nations of the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia. The COFA agreements included the United States making amends for using the region as a nuclear testing ground between 1946 and 1957.

Despite the fact that COFA islanders are considered indefinite legal residents of the United States, they have a non-qualifying immigration status, so they are ineligible for Washington Apple Health (Medicaid) unless they are under age 19 or pregnant. This exclusion from Apple Health has left adults in this population medically vulnerable. The purpose of SSB 5683 is to mitigate this Apple Health exclusion by improving access to health care and decreasing health disparities among COFA islanders residing in Washington State.

Resulting from the passage of SSB 5683, HCA in partnership with the Health Benefit Exchange (HBE) implemented a sponsorship program for COFA islanders called COFA Islander Health Care. The program pays for silver level Qualified Health Plan (QHP) premiums and out-of-pocket costs for individuals that meet program requirements. The first open enrollment for the program began in November 2018 for sponsored coverage effective January 2019.

Legislative Report Requirements

SSB 5683 directs HCA to complete a legislative report on the implementation of COFA Islander Health Care that includes:

- The number of individuals participating in the program
- The actual cost of the program compared to predicted costs
- The results of the community education and outreach campaign
- Funding needed to continue the program through the end of the biennium

To articulate the requirements of the report, it is necessary to illustrate key pieces of the implementation process, so this report also provides a summary of:

- Challenges and steps taken to implement COFA Islander Health Care
- Enrollment, budgeting, and funding statistics
- Remaining issues that need to be addressed and ultimately resolved
- Next steps required to complete the implementation of COFA Islander Health Care

The list of individuals who provided information for this report is included in Appendix E.



Background

The region of COFA islands, which consists of the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia, served as a nuclear testing ground for the United States between 1946 and 1957, which resulted in some past and current inhabitants exposed to nuclear fallout. Repercussions from the nuclear fallout also resulted in environmental changes that affected land and fisheries. The use of this region as a nuclear testing ground led to these international COFA agreements, which are both political and economic in nature.

COFA islanders may live and work in the United States without work permits or visas, pay state and federal taxes, and serve in the military. However, they are ineligible for federal assistance programs, including Washington's Apple Health program, unless they are under age 19 or pregnant. This exclusion has left adults in this population medically vulnerable, which led to the passage of SSB 5683, a state-funded program that grants qualifying members of this population access to free health care.

In 2018, the Oregon Health Authority started a similar program, the COFA Premium Assistance Program, which pays premiums for COFA islanders and reimburses members for out-of-pocket expenses. HCA collaborated with staff from the Oregon Health Authority in order to learn about challenges and best practices from their implementation. This relationship has been a critical contributing influence in the development and implementation of the COFA Islander Health Care program.

HCA, in partnership with HBE, implemented a sponsorship program for COFA islanders to apply for coverage through the Washington Healthplanfinder. This program launched during the open enrollment period that began in November 2018, with subsequent eligibility beginning January 2019.

Eligibility Requirements

An individual is sponsored if they meet the following requirements:

- Are a Washington resident
- Are a citizen of the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia
- Are enrolled in a silver level qualified health plan with tax credits via Washington Healthplanfinder
- Are eligible for and accept the maximum tax credits
- Have income less than or equal to 133 percent of the federal poverty level
- Are ineligible for all federal or state medical assistance programs administered by HCA



Advisory Committee

The COFA Islander Health Care advisory committee, made up of COFA islanders, stakeholders, agency partners, and insurers, is the driving force behind the implementation of COFA Islander Health Care. They began work in May 2018 and will continue through at least December 2021.

Their role is to consult with and advise HCA in all phases of the development, implementation, and operation of the program. The committee represents the critical perspective of the COFA population. They:

- Researched the needs of community members through focus groups
- Provided an initial review and final approval of all marketing material and proposed processes and procedures

Workgroups

COFA Islander Health Care is a new sponsorship program built from the ground up. This population did not have access to free health care prior to the implementation of SB 5683. Specialized workgroups oversaw the following pieces of the implementation process:

- Policy
- Systems
- Contracts
- Communications
- Outreach

Program Implementation

Policy: Development of Washington Administrative Code

A workgroup staff from HCA's Office of Medicaid Eligibility Policy (OMEP) was assigned the task of writing the rules to support COFA Islander Health Care. They did extensive research on the rules surrounding eligibility criteria for QHP through HBE. In addition, they also researched applicable Apple Health rules and evaluated the similarities and differences between Apple Health and QHPs.

HCA developed rules through the creation of Washington Administrative Code (WAC) to support program requirements. The workgroup drafted the WACs and fine-tuned them with assistance from the Office of Rules and Publications. Writing the WACs was an intensive process that required many reviews with HCA leadership and the COFA advisory committee before finalizing them. In addition, HCA conducted a preliminary internal review with select stakeholders before beginning the official internal review to ensure all concerns were addressed.



Table 1: Rules Writing Timeline for COFA Islander Health Care

05/23/18	06/26/18	08/31/18	09/23/18	11/01/18	11/16/18	02/26/19	03/12/19	05/17/19
Began drafting rules	Preliminary HCA internal review with comments due by COB on July 13, 2018	OMEPA review with comments due by COB on 09/6/18	Internal review with comments due by COB on 10/01/18	Emergency rule filed	External review with comments due by COB on 12/06/18	Second emergency rule filed	Public hearing held with comments due by midnight of the same day	Final rules filed with an effective date of 06/17/19

HCA wrote the following WACs to codify the regulations of the program:

- [WAC 182-524-0100](#) – General
- [WAC 182-524-0200](#) – Definitions
- [WAC 182-524-0250](#) – How to apply
- [WAC 182-524-0300](#) – Eligibility
- [WAC 182-524-0400](#) – Residency requirements
- [WAC 182-524-0500](#) – Notification requirements
- [WAC 182-524-0600](#) – Payments

System Implementation

COFA Islander Health Care started with HBE open enrollment in November 2018, for health plan coverage effective January 1, 2019. Operationalizing the program started many months prior to November 2018. The process entailed multiple challenges stemming directly from the need to implement a benefit program that did not have system support.

Sponsorship Functionality

Sponsorship is a feature of the Washington Healthplanfinder system. It is a simple low-level function that allows an application for QHP enrollment to be sponsored by a designated organization for the sole purpose of paying the plan premium. There is no functionality to determine the start or end dates for sponsorship; it is limited to a simple on and off flag.



Sponsorship included the need for this basic function plus the ability to correctly identify and determine eligibility for sponsorship. Determining eligibility included characteristics such as:

- Advanced premium tax credit (APTC) eligibility
- Specific immigration status
- Specific maximum income limits
- Age limit
- Other insurance restrictions
- Exclusion of any Apple Health eligibility with the exception of Alien Emergency Medical

COFA Islander Health Care also required that HCA pay the QHP premium and fund the out-of-pocket expenses for eligible QHP enrollees.

Automated System Support

Operationalizing COFA Islander Health Care included multiple process and future design decisions, some of which needed to occur in parallel and were influenced by other operational decisions. Many of these design decisions included input from external partners and stakeholders such as a new advisory committee, insurers, and contractors. High-level operational threads included:

- Initial “go-live” operations in absences of system support
- Long-term automation system changes and procurements
- Payment of out-of-pocket expenses
- Daily business processes and communications

Manual Support

Due to the short implementation runway and the lack of existing system support, implementing COFA Islander Health Care by November 1, 2018, included a variety of manual tasks. An initial consideration was how to identify the population for the purpose of outreach efforts that would include the use of direct mail. We used data from both the Department of Social and Health Services Automated Client Eligibility System (DSHS/ACES) and Washington Healthplanfinder system to identify households that might be eligible for sponsorship.

Additionally, a systematic process was created to identify COFA islanders that were applying during open enrollment. The process needed to identify COFA islanders that had the appropriate data characteristics to indicate that they would be eligible for sponsorship.

We needed a separate daily file from Washington Healthplanfinder that would identify everyone assigned to HCA sponsorship because the system did not determine eligibility for sponsorship. HCA used the daily file to identify eligible individuals by manually filtering and reviewing it for everyone who seemed to meet the qualifying conditions so we could:

- Provide outreach
- Assist in the selection of a silver plan
- Manually sponsor the person in Washington Healthplanfinder



Next, in cooperation with HBE, HCA created a process to evaluate each sponsored individual's data to determine both continued and new eligibility for other household members. HCA created a daily file to automatically:

- Analyze the data to identify newly eligible APTC/QHP enrollees that need sponsorship
- Identify those that ended sponsorship
- Identify changes requiring actions or updates to Washington Healthplanfinder, such as selecting a silver level plan so that sponsorship could be added

Due to a lack of system automation, staff matched data daily to facilitate this work and to reach out to households by phone and mail. Eligibility letters are manually generated.

Alternative System Solutions

ACES and ProviderOne are the two systems HCA uses to store eligibility information. The advantages of building COFA Islander Health Care in ACES and ProviderOne were considered and ultimately discarded.

A long-term automation solution was necessary to initiate the system change requests to ensure eligibility and enrollment support was implemented prior to the next open enrollment in 2019. These discussions included sections from business and operations, HCA's Enterprise Technology Services division, ProviderOne, and other partners such as DSHS/ACES and Washington Healthplanfinder.

Key factors in the decision not to include COFA sponsorship in ACES or ProviderOne were that the size of the anticipated caseload was small in comparison to other programs and eligibility, and enrollment data was dissimilar to anything previously done in either system.

An option to have tax credit and QHP eligibility and enrollment stored in ACES and then sent to ProviderOne was discarded. This would have had DSHS storing data about tax credit and QHP enrollments in which it had no current role and the data/processes associated to that data did not match that of Apple Health eligibility. This would have created a significant change for ACES and would also have created duplication in storing the same data in multiple systems and databases.

ACES was considered as an option for its potential capacity to determine eligibility for COFA Islander Health Care, while enforcing the exclusion of individuals already eligible for Classic Medicaid. However, the number of individuals meeting this criterion was very small and the degree of effort to ensure automation was not enough to support a solution that was unlikely to be implemented within budget or in time for the 2019 open enrollment.

Similarly, building an eligibility interface from Washington Healthplanfinder to ProviderOne, so that ProviderOne could build RACs and processes to automate the payment of premiums to the plans, would have required significant cost and effort. It would have required a new interface for ProviderOne because it would not have matched the existing structure for ProviderOne and RACs. This option would have been both costly and untimely to implement. It would also not have included a means of paying for the individual's out-of-pocket costs.

Using any system other than Washington Healthplanfinder to determine eligibility was challenged by the fact that Washington Healthplanfinder had all the information available. Washington Healthplanfinder already determined who was eligible for tax credits, had immigration data available, albeit not used or stored in a way necessary at the time, and communicated with insurance carriers. Washington Healthplanfinder also had the potential for creating a tailored QHP shopping experience so that eligible COFA islanders could easily pick the right metal-level plan and understand that it was a sponsored plan at no cost to them.

Implementation of the Application, Enrollment, and Renewal Process

After much research and analysis, the internal processes for sponsorship were implemented. Individuals submitting an application in Washington Healthplanfinder are automatically considered for COFA Islander Health Care when eligibility criteria are met. When 2019 open enrollment began, daily reports were manually reviewed in order to ensure identified individuals met eligibility criteria. This verified list of eligible individuals was sent to HBE for enrollment in COFA Islander Health Care on a daily basis, with a request that HCA be listed as a sponsor.

This manual process was automated in April 2019, with the deployment of system enhancements in Washington Healthplanfinder. Individuals are now automatically sponsored once they meet all eligibility criteria. Daily reports are still reviewed in order to ensure program integrity and to confirm that individuals terminated from the program were not terminated in error, such as for a payment issue. A person will remain enrolled in the program as long as they continue to meet the requirements.

For open enrollment during 2019, HCA will provide outreach and assist individuals with the enrollment process when their QHP is not automatically renewed. Enrollees automatically renewed into silver level QHP will remain enrolled in COFA Islander Health Care as long as they continue to meet all eligibility criteria.

Cost-Sharing Facilitation

When researching how to pay for out-of-pocket costs for the COFA islander population, ease of paying out-of-pocket costs was a driving principle. The following considerations were made:

- **Lack of financial flexibility:** Due to the low income limit for this program, this population may not have the available funds to pay for a service in advance and wait for reimbursement.
- **Limitations in debit card technology:** Debit card technology may restrict usage to merchants with merchant category code authorization.
- **Accessibility to Internet:** This population may not have access to the Internet or email. This would result in potential delays in communications and service issues.



Oregon Practices

HCA sought the least burdensome method for COFA islanders to pay their out-of-pocket costs. While researching the Oregon Premium Payment Program, the team learned that Oregon requires enrolled individuals to pay for out-of-pocket expenses first and then submit verification of expenses to them for reimbursement. It is believed that this reimbursement process hindered participation in the program resulting in a smaller caseload than anticipated.

Solution: Navia Benefit Solutions Cost-Sharing Card

To provide financial flexibility, HCA contracted with Navia Benefit Solutions to provide a cost-sharing debit card for ease of payment of copays, coinsurance, deductibles, and prescriptions. Navia Benefit Solutions is a company that first contracted with the Public Employees Benefits Board (PEBB) for Flexible Spending Arrangement and Health Savings Account funds. COFA Islander Health Care is using the same structure to provide a monthly amount on a debit card to be used for medical services covered by an individual's insurance plan. Costs include:

- Copays
- Coinsurance
- Deductibles
- Prescriptions

Pre-Loaded Card

COFA islanders enrolled in the program receive a preloaded card, which allows for ease of payment and relieves the burden of costly medical payments for this population. The agency maintains a monthly amount of \$300 on each card through a detailed monitoring process. This amount was determined based on the average costs associated with the cost-sharing level of eligible COFA islanders. Additional funds can be loaded on the card upon request when a member receives a bill over the preloaded amount. The card does not work unless the charge is a medical expense, meaning it cannot be used for nonmedical charges, at the movies for example.

HCA closely monitors all card charges and performs quality checks to ensure compliance with the card usage to cover qualifying out-of-pocket expenses.

Challenges

While only medical codes can be charged on the cards, Navia Benefit Solutions cannot limit the charges to in-network-covered services. This has led to a small group of members using their card to pay their monthly premiums. HCA connected with each of these members to ensure they understand they should not pay their monthly premium and worked closely with the carriers to refund the card for those who had done so. Timely communication, especially direct communications with the COFA islander population, is critical.

Communications

Effective Communication

HCA's Communications Division launched a comprehensive community education and outreach campaign. HCA worked with the advisory committee and members of the COFA islander community to brand and name the program. Because of the distinction of the qualities of the program in comparison to Apple Health, the committee agreed that a distinctive name was essential for outreach and education for this program and for this population. Using facilitation techniques during the initial advisory committee meeting and research, the agency learned of the importance of symbolism around the cultural aspects of the three countries that make up the COFA islands.

Using similar techniques and working with community members, HCA learned the most effective ways to communicate with the COFA islander communities. Events, primarily through school, church, and other in-person meetings were identified as the most effective means to disseminate program information. In response to these findings, the agency created contact cards, posters, brochures, and one-page flyers to provide more information about the program.

Feedback from Oregon's Premium Payment Assistance Program regarding the lack of actual community representation in marketing materials was used by HCA to create outreach videos in five of the six COFA languages. These videos feature COFA islanders introducing the program to their communities in their respective languages. The success of these videos is apparent, as today, they still have some of the greatest number of social media hits on HCA's social media channels. See Appendix A for a link to these videos.

Translations

One of the most challenging aspects of the COFA Islander Health Care outreach program is procuring translation vendors to support the six most common languages of the COFA nations, including Chuukese, Marshallese, Yapese, Pohnpeian, Palauan, and Kosraean. While HCA is using a vendor to complete translations for the Medicaid population, this vendor is only able to consistently support translations for the Chuukese population. Using outreach dollars, HCA attempted to use several different vendors to ensure that all the outreach materials were available in all the languages. A single vendor has not been identified as being able to provide consistent, quality services. Therefore, community members have translated most of the materials currently available. HCA is still working on finding a consistent vendor to support the ongoing translation support for this program.

COFA Islander Health Care Brand

To develop a distinctive visual identity for COFA Islander Health Care consistent with the HCA brand identity, the visual communication group worked with OMEP to develop a creative brief based on input from the program, stakeholders, and COFA community members.





Two logo variants were developed as options for community members to choose from. One was based on conventional western imagery, and the other based on traditional Palauan story boards: carved and painted boards hung in homes depicting events of religious, historical, or personal significance. Representatives from the COFA islander community voted on the branding and name for the program, choosing the Palauan-inspired palm tree as its logo.

The text treatment is based on the typography from HCA's logo, and the colors were derived from the HCA brand palette, reinforcing the relationship between HCA and COFA Islander Health Care. This logo, and its attendant brand standards, are applied to all of the agency's public facing communications about the program, creating a professional, welcoming, and culturally sensitive brand identity.

Marketing

The communications team worked with OMEP staff to create a multi-pronged approach to reach the COFA islander population in Washington. This included the creation of the COFA Islander Health Care webpage. Most products were translated into the primary languages used in this community: Marshallese, Kosraean, Palauan, Pohnpeian, Chuukese/Trukese, and Yapese.

See Appendix A for a completed list of items and links to each. View more materials online via the COFA outreach toolkit. These communication tools and products were delivered to the COFA community through an education and outreach campaign.

Community Education and Outreach Campaign

Formation of the Outreach Workgroup

Under guidance from the advisory committee, HCA established an outreach workgroup leading up to the 2018 open enrollment, which included COFA islanders, HCA staff, HBE staff, navigators, and lead organization staff. The workgroup met monthly to discuss outreach strategies, upcoming outreach events, and solutions to effectively communicate with a group that prefers face-to-face communication and social media over other forms of outreach.



Goals

The goals of the workgroup were to:

- Introduce the program to the community
- Share effective communication tools
- Provide information on the application process

Reaching the COFA Population

The outreach workgroup first met in July 2018. This meeting resulted in HCA creating and publishing a calendar that tracked community events that HCA staff attended. HCA's Communications Division created a blog post detailing the program. The workgroup recommended the following avenues as the most effective ways to reach the community:

- In-person communication
- Church meetings
- School events
- Sporting events

King County Public Health delivered a strategic outreach campaign that included:

- Handing out information in apartment complexes
- Staffing libraries during open enrollment
- Increasing office hours to include weekends
- Publishing ads in newspapers and on the radio

HCA hired a team of COFA islanders as temporary community workers during 2018 open enrollment. They participated in many of the outreach events and traveled across the state to deliver the message of COFA Islander Health Care. These events varied in size and location. Enrollment events occurred in individual homes, churches, schools, and parks. The community workers were instrumental in building trust and ongoing rapport with the community. Leading up to and during open enrollment, outreach events occurred every weekend and at least two times during the week.

Marketing Efforts

The advisory committee and the outreach workgroup brainstormed the best ways to reach the community. The best way was determined to be:

- Facebook
- Twitter
- Radio

A social media campaign was created in the COFA islander languages using members of the community speaking their native language.



Videos introducing the program and application process were posted to HCAs Facebook page and YouTube channel. These videos have been viewed more than 64,000 times and shared on Facebook more than 100 times. They have been instrumental in creating awareness for the program. In addition, informational posts about eligibility, the application process, and tax filing has been a continuous and consistent form of communication since 2018.

Outreach Results

Although HCA is unable to quantify the results of the outreach campaign, caseload numbers reflect accomplishments of the program, which consistently maintains a caseload of over 1,100.

Accomplishments:

- Developed materials that included a welcome booklet and fact sheet
- Sent informational letters that explained:
 - Navia card
 - Tax filing
 - How to use COFA Islander Health Care
- Created a navigator outreach workgroup to discuss outreach efforts
- Posted videos in all languages except Yapese (due to lack of translation resources) to Facebook
- Continued Facebook posts before, during, and after open enrollment
- Created contact cards
- Created a COFA Islander Health Care outreach toolkit that includes all published materials
- Established a dedicated phone number and email for COFA islanders to contact us for assistance

Ongoing Efforts

HCA meets on a monthly basis to:

- Track upcoming outreach events
- Improve communication tools for new and existing members
- Discover new ways to use social media to educate existing members

HCA continues to receive questions about the program daily via phone and email. Staff maintain a toll-free number and an email inbox for COFA islanders to contact the program regarding their case or to ask general questions. Contact with the members is vital in refining best practices based on the needs of the community. Additionally, the agency developed a mid-year outreach and education campaign on the best ways to use benefits and the cost-sharing card.



Enrollment, Budgeting, and Funding

Current Program Participation and Demographics

At the end of October 2019, there were 1,111 COFA islanders enrolled in COFA Islander Health Care. See Appendix B for the accumulated totals at the end of every month beginning January 2019 through October 2019.

HCA is tracking the number of enrollees according to age group. As expected, the age group from 35 to 44 years of age has the highest number of enrollees. The population over the age of 65 has the lowest level of enrollment. See Appendix C for the percentage of COFA islanders enrolled in COFA Islander Health Care according to a breakdown of age groups.

HCA is tracking program participation by county. See Appendix D for a breakdown by county. Counties with fewer than 15 enrollees are not included in order to protect the privacy of enrollees.



Actual Versus Predicted Costs

The original program budget used several assumptions to determine the qualifying COFA islanders, the average premium for a silver level plan for this population, and the average out-of-pocket costs per member. Annual member growth was calculated at 20 percent after year one. The program budgeted four full-time equivalent positions comprised of three Medical Program Specialist 3 (MPS3) and one Medical Assistance Specialist 4 (MAS4). The original fiscal year 2019-2021 budget is summarized in Table 2 below.

Table 2 – Original COFA Program Budget

Calendar Year	Eligible Persons (20% Annual Growth)	Client Annual Premium Cost	Clients' Premium Cost	Estimated Client Cost Sharing	Total Clients' Coverage Cost	Annual Admin Cost	TOTAL PROGRAM COST	STATE FISCAL YEAR	
CY 2019	1232	\$326.42	\$402,154	\$603,680	\$1,005,834	\$436,000	\$1,441,834	FY 2019	\$1,006,000
CY 2020	1479	\$326.42	\$482,781	\$724,710	\$1,207,491	\$436,000	\$1,643,491	FY 2020	\$1,543,000
CY 2021	1774	\$326.42	\$579,076	\$869,260	\$1,448,336	\$436,000	\$1,884,336	FY 2021	\$1,764,000

Enrollment and expenditures for fiscal year 2020 (FY20) are well under these budget calculations. Enrollment growth is holding steady at about 1 percent per month with an average monthly enrollment of 1115 through October 2019. Given this rate of enrollment growth per month, the annual growth rate is projected to be approximately 12 percent.

Overall, the FY20 expenditures for COFA Islander Health Care are projected to be \$903,670 which represents approximately 59 percent of the \$1,543,000 original total budget for FY20 (See Table 3).



Table 3 - COFA Expenditures FY20

COFA PREMIUM PAYMENT PROGRAM FY20 PROJECTIONS						
	BUDGET FY20	ACTUALS THROUGH OCTOBER 2019	ACTUALS + PROJECTED FY20	VARIANCE	% OF TOTAL SERVICES BUDGET	% OF TOTAL BUDGET
SERVICES	\$1,107,000		\$694,010	\$412,990		
Premiums		\$182,903				
Navia						
Disbursements*		\$28,526				
Navia Admin**		\$19,908				
TOTAL	\$1,107,000	\$231,337	\$694,010	\$412,990	63%	45%
					% OF TOTAL ADMIN BUDGET	% OF TOTAL BUDGET
ADMIN						
Salaries & Wages	\$287,000	\$51,541	\$154,622	\$132,379	35%	
Employee						
Benefits	\$106,000	\$18,346	\$55,038	\$50,962	13%	
Goods and						
Services	\$41,000		\$0	\$41,000	0%	
Travel	\$2,000		\$0	\$2,000	0%	
TOTAL	\$436,000	\$69,886	\$209,659	\$226,341	48%	14%
GRAND TOTAL	\$1,543,000	\$301,223	\$903,670	\$639,330		59%

The services budget for COFA Islander Health Care is \$1,107,000 for FY20. Expenditures for the premium payments, Navia disbursements (member out-of-pocket expenses), and Navia administrative fees (\$4.15 per member per month) totaled \$231,337 through October 2019. The projected total services expenditures for FY20 is \$694,010 which represents approximately 63 percent of the services budget for FY20.

The administration budget for COFA Islander Health Care is \$436,000 for FY20. Expenditures for salaries/wages and employee benefits totaled \$69,886 through October 2019. The projected total administration expenditures for FY20 is \$209,659 which represents approximately 48 percent of the administration budget for FY20. Total projected program costs for SFY 2020 (based on actual expenditures through October 2019) is \$903,670 which represents 59% of total program budget for this fiscal year.



Funding Needed Through June 2021

Funding needed to continue COFA Islander Health Care through the end of the biennium primarily depends on enrollment and premium increases. The original budget projections were calculated using the 20 percent annual enrollment increases. Table 4 below illustrates funding projections through FY21 using a 12 percent annual enrollment growth which better reflects actual enrollment growth. The premium cost is adjusted to reflect the \$810 projected average annual premium cost per member (\$903,670/1115).

Table 4 – Projections FY20-21

Fiscal Year	Eligible Persons (12% Annual Growth)	Average Annual Cost Per Member	TOTAL PROGRAM COST
FY 2020	1115	\$810	\$903,670
FY 2021	1249	\$810	\$1,011,528

Given that the enrollment increases are not proving to be as robust as originally budgeted, the program should remain under budget over the next few fiscal years resulting in an approximately \$1,391,802 variance from the original budget (see Table 5). However, this level of variance does not consider premium increases over time which could significantly alter budget numbers.

Table 5 – Projected Variance of Projected Budget Over Original Budget for FY 20-21

FISCAL YEAR	ORIGINAL COFA BUDGET	PROJECTED COFA BUDGET	VARIANCE
FY 2020	\$1,543,000	\$903,670	\$639,330
FY 2021	\$1,764,000	\$1,011,528	\$752,472
TOTAL EXPENDITURE VARIANCE			\$1,391,802

The COFA program budget is divided separately for services and administration and the agency does not have the operational flexibility to move funds from one category to the other. While the budget projections above show a potential variance, HCA is currently working to estimate costs for materials translation. Effective communication and outreach with the COFA islander community includes the agency providing translation services and materials that are easily read and understood by COFA islanders

Remaining Issues

Service Inequities

Although individuals enrolled in COFA Islander Health Care must have income equal to or under the Apple Health standard, participation burdens exceed those found in other Apple Health programs. The following table compares access characteristics for COFA Islander Health Care and Apple



Health. Many COFA Islander Health Care recipients have children receiving coverage under Apple Health, which results in their simultaneously dealing with two sets of rules and requirements.

Table 6: Comparison of COFA Islander Health Care & Apple Health Access Requirements

COFA Islander Health Care	Apple Health
Apply during open enrollment or special enrollment period	All year enrollment
Must file taxes	Can be a non-filer
Must take full tax credit	N/A
Must enroll in a silver level plan	No plan requirements
Some plans send invoices regardless of sponsorship and members inadvertently pay	No invoices
Must use Navia card to pay for in office visits and RX	No payment out of pocket
Must remember to file taxes in April and reconcile those taxes the following year-8962. Failure to follow complex IRS timeline results in loss of coverage with no grace period	Potential yearly auto renewal with a 90-day grace period of manual renewal required and client does not renew timely
No wrap services are provided within QHPs	Wrap services including but not limited to transportation
No long term care services are provided under a QHP service package	Long-term services and supports
Various levels of translation and language access services	Robust translation over and above language insert
Prospective enrollment requiring payment prior to active status	Next day enrollment into managed care plan with next to real-time active status



Program Complexities

Tax Credits and Tax Filing

To qualify for COFA Islander Health Care, members must take the full tax credit in Washington Healthplanfinder. Recent system improvements have made this requirement easier to understand. However, members must also commit to filing taxes regardless of historical filing status and many people don't understand why they need to file taxes if they don't have any income. Concepts around filing taxes, taking a tax credit, and then reconciling one's taxes with the IRS are all very complex. These concepts become more difficult to understand if you are obtaining insurance for the first time and trying to understand this system as well. These challenges are further compounded when a person is trying to adjust culturally and linguistically.

Multiple Agency Eligibility Requirements

While eligibility for COFA Islander Health Care is based on self-attestation, members may be subject to the conditional eligibility verification for their QHP. The member must verify certain criteria with their carrier. We have found that insurance carriers are inconsistent in their verification criteria, which leads to confusion about program eligibility.

Operational Barriers

Delaying Enrollment Into Silver Level Plan

Once someone is found eligible for a QHP and thus COFA Islander Health Care, they have until the end of the open enrollment period or 60 days from a special enrollment period to enroll in a silver level plan. These delays in enrolling into a silver plan can present access to care issues because there is a lag time for when the carrier sees that the premium payment is effectuated.

The process from plan selection to sponsorship identification, payment of premium to the carrier, and finally, active status in carrier systems, can take anywhere from three days to two weeks. If a member selects a plan and sees their provider within the next day or two, the provider may not see that eligibility has been established.

Auto-Generated Invoices

QHP carriers have automated systems that issue invoices to members regardless of their sponsorship status. This means that COFA Islander Health Care members may receive a bill from the carrier for payment of the premium, even though HCA is paying the premium on their behalf. HBE staff and HCA program staff coordinate in working through these carrier challenges. However, because the program caseload is relatively small, major carriers are less likely to make business changes to support such a small program.

Lack of System Support

Information on COFA Islander Health Care is stored outside of the usual systems like ACES and ProviderOne. As a result, HCA must keep track of changes and client contact through other means, which include email, voicemail, and spreadsheets. Premium payments must be tracked manually



using spreadsheets to track each carrier's payments and resolve any outstanding payment discrepancies.

Multiple Entity Coordination

This is a sponsorship program where financial eligibility is established via Washington Healthplanfinder using QHP rules administered by HBE but the premiums and out-of-pocket costs are paid by HCA.

Language Barriers

Language barriers are both linguistic and conceptual in nature. While navigating multiple languages can be challenging, it is equally challenging having to describe the many facets of health insurance. Co-insurance, deductibles and copays are all similar, yet different concepts, and an insurance holder must try to learn these concepts.

For COFA islanders, often a health insurance term is not a concept that exists in the member's primary language. For example, during implementation, HCA staff worked with community members to develop marketing videos in each of the language spoken by the communities. A Palauan member expressed that there is not a word for "prescription" and had to translate this as "a note that the doctor has to write for the pharmacy."

Language complexities are amplified when trying to explain insurance concepts and the processes that go along with them. All insurance carriers have different deductibles, copays, coinsurance, and systems for meeting and paying for these costs. Finally, once these concepts are described in the member's primary language, the program must describe the benefits and the process for which HCA is paying the person's premiums and cost-sharing, and that the premium is paid directly to the carrier and the Navia card is for cost-sharing payments.

Translations

HCA is still working on securing a translation vendor that is capable of translating all six languages accurately and promptly. Consistent feedback from members of the COFA islander community is that they would like the documents and information available in their languages. This is extremely important in order to communicate complex topics such as qualified health plans and tax credits.

During the 2018 open enrollment, community members translated most of the outreach materials because the agency vendor was unable to translate all languages and other translation vendors were similarly unsuccessful. HCA used outreach funds to pay community members for their translations. HCA is attempting to secure a single vendor that can translate both written and verbal communications and marketing materials.

Carrier Barriers and Challenges

There is no sponsor/carrier contract so HCA has limited control of enrollments. This limited control is especially problematic when coverage incorrectly terminates and an individual is seeking



medical services or when an individual is newly eligible. Some carriers require payment by paper check, which delays active coverage. Additionally, HBE communicates sponsorship through a daily file; however, the carrier may not process the file daily.

Individuals disenrolled in error, whether due to an application error or delays in applying payments to their accounts, require coordination among multiple people and entities.

As a sponsor, HCA cannot mandate a carrier keep a member enrolled through reconciliation when terminated for non-payment of premium, which may result in an interruption or loss of coverage.

Cost-Sharing Challenges

While only medical codes can be charged on the card, Navia Benefits Solutions cannot limit the charges to in-network covered services. This has led a small group of members using their card to pay their monthly premiums. HCA has worked closely with the carriers to refund the card and have connected with individuals paying premiums to ensure they understand they are not to pay their monthly premium. Timely communication, especially communications directed to the COFA islander population, is critical.

Proposed Solutions

To address the inequities between COFA Islander Health Care and Apple Health, HCA proposes the program become a state-funded Apple Health program. Paying for Apple Health now might offset costs otherwise used by crisis dollars, which could be higher. Establishing an Apple Health program would resolve:

- Delays in access to care: Apple Health enrollees receive real time benefits, which can be retroactive as opposed to QHP, which is most often prospective. Additionally, Apple Health programs receive wrap-around services, like transportation, that is often essential to maintaining good health.
- Client burden: Tax filing requirements and billing issues are unique to this program. Apple Health recipients are not required to file taxes as a condition of continued enrollment and do not pay out-of-pocket for covered services.
- System support and manual data collection: HCA uses multiple systems to support Apple Health programs, which would give HCA more control over program and utilization data, which is currently obtained and managed manually.

Next Steps

Special Enrollment Period

To resolve application and enrollment discrepancies, HCA can broadcast the availability of a newly eligible special enrollment period (SEP) to a broader audience throughout the year. The increased use of this SEP will make the program more like the year-round enrollments of Apple Health. The COFA Islander Health Care
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Health Benefit Exchange created the SEP for newly eligible COFA islanders, which HCA currently uses on a case-by-case basis.

Payment Timelines

HCA can adjust payment timelines to be more in line with carrier business processes to resolve active enrollment delays. This will ensure that payments are received well ahead of the benefit month and that the COFA islanders will have active coverage as soon as possible.

Language and Translations Barriers

Language and translation barriers will be addressed by contracting with a Washington organization for outreach. This outreach vendor will be instrumental in ongoing engagement with the community. For a more immediate solution, HCA is working with the Asian Pacific American Network of Oregon (APANO) to provide translation services for outreach materials. APANO has a history of providing quality translation services to COFA islanders. They currently provide similar translation services to the program in Oregon.

Quality Assurance

Navia Benefit Solutions may provide stringent monitoring or HCA could develop a rigid quality assurance (QA) process to address QA and program integrity. Activating a QA process with Navia Benefit Solutions may provide additional barriers to healthcare access due to the volume of paperwork required in the process. An HCA-developed QA process would be able to focus on an individual and would include more communication with each COFA islander.

As HCA moves into second open enrollment, we will closely monitor caseload activities.

COFA Dental Program

The Governor signed Engrossed Senate Bill (ESB) 5274 on May 08, 2019. HCA will implement a dental program for COFA islanders residing in Washington State with eligibility set to begin on January 1, 2021.

Outreach

HCA will expand the outreach campaign to include the COFA dental program. As funding is appropriated, outreach efforts will continue to focus on program education and the facilitation of enrollment of COFA islanders in COFA Islander Health Care.

Outreach Results

The advisory committee will continue working through December 31, 2021. HCA will continue to seek their guidance as unforeseen issues arise in the COFA Islander Health Care program.



Conclusion

HCA recognizes the need to provide consistent and affordable health care to COFA islanders of Washington State. The population has been left medically vulnerable and COFA Islander Health Care is the initial step in reversing this inequity.

Despite existing operational barriers, HCA strives for continued program improvement by working to foster community partnerships and accountability, while maintaining the integrity of the agency's vision of a healthier Washington.

Adequate funding for translation services is essential in order for HCA to provide culturally and linguistically appropriate outreach. The agency will continue to pursue necessary resources to provide an exceptional outreach campaign and customer experience. The work of the advisory committee, agency outreach efforts, and securing a vendor for translations, will be paramount in the continued success of this program.



Appendix A: Marketing Products

Product	Notes																								
Client logo (horizontal/vertical)	 																								
Stakeholder web page	<ul style="list-style-type: none"> • www.hca.wa.gov/cofa 																								
Client fact sheet (19-0019)	<p>English: Fact sheet</p> <ul style="list-style-type: none"> • Languages: MS (Marshallese), KS (Kosraean), PL (Palauan), • PN (Pohnpeian), TR (Chuukese, Trukese), YP (Yapese) • Fact sheet with fillable box (for outreach contact information) 																								
Client contact card (19-0020)	<p>English: Contact Card</p> <ul style="list-style-type: none"> • Languages: MS, KS, PL, PN, TR, YP 																								
Client poster (19-0032)	<ul style="list-style-type: none"> • www.hca.wa.gov/assets/free-or-low-cost/19-0032.pdf 																								
Blog post	<ul style="list-style-type: none"> • www.hca.wa.gov/billers-providers-partners/programs-and-services/cofa-islander-health-care-begins-january-1 																								
Social media FB and Twitter:	 <p>You must have income under these guidelines based on your household size:</p> <table border="1"> <thead> <tr> <th>Household Size</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>Monthly Income</td> <td>\$1,346</td> <td>\$1,825</td> <td>\$2,304</td> <td>\$2,782</td> <td>\$3,261</td> </tr> <tr> <th>Household Size</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> </tr> <tr> <td>Monthly Income</td> <td>\$3,740</td> <td>\$4,219</td> <td>\$4,698</td> <td>\$5,179</td> <td>\$5,655</td> </tr> </tbody> </table> <p><small>*Based on April 2018 standards.</small></p>	Household Size	1	2	3	4	5	Monthly Income	\$1,346	\$1,825	\$2,304	\$2,782	\$3,261	Household Size	6	7	8	9	10	Monthly Income	\$3,740	\$4,219	\$4,698	\$5,179	\$5,655
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Household Size	6	7	8	9	10																				
Monthly Income	\$3,740	\$4,219	\$4,698	\$5,179	\$5,655																				
Outreach Calendars (19-0026)	<p>Examples</p> <ul style="list-style-type: none"> • October 2018 event calendar • November 2018 event calendar 																								



<p>Map (19-0027)</p>	<p>Carriers and COFA islander numbers added to COFA map for presentations</p> 
<p>Outreach materials</p>	<p>COFA branded:</p> <ul style="list-style-type: none"> • Pens • Lanyards • Stickers • Magnets • Hand sanitizer
<p>Tri-fold brochure (19-0029)</p>	<p>English: Am I eligible for COFA Islander Health Care?</p> <ul style="list-style-type: none"> • Languages: KS, PL, PN, TR,YP
<p>Application for health care coverage (18-001P)</p>	<ul style="list-style-type: none"> • English w/ COFA text: www.hca.wa.gov/free-or-low-cost/18-001P.pdf
<p>Community outreach worker request form (19-0030)</p>	<ul style="list-style-type: none"> • www.hca.wa.gov/assets/free-or-low-cost/19-0030.docx
<p>Outreach toolkit web page</p>	<ul style="list-style-type: none"> • Toolkit includes COFA publications, videos, outreach resources in six languages • www.hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage/cofa-outreach-toolkit
<p>Videos</p>	<ul style="list-style-type: none"> • English: https://youtu.be/hSXPbUhlQzM • Chuukese/Trukese: https://youtu.be/7I9hEDFPXIA • Kosraean: https://youtu.be/uesnpCimlf0d • Marshallese: https://youtu.be/POMsKx5kUuM • Palauan: https://youtu.be/9aGERm9QcIA • Pohnpeian: https://youtu.be/f1_ iyLZz7w



<p>Language Access Insert (COFA specific)</p> <p>(65-0007)</p>	<ul style="list-style-type: none"> • www.hca.wa.gov/assets/free-or-low-cost/65-0007.pdf <p>[English] If you speak <i>[name of language]</i>, language assistance services, free of charge, are available to you. Call 1-800-547-3109 (TRS: 711).</p> <p>[Kosraean] Mwe Fwakak nu sin Mwet Kosrae: Kom fwɪn enenu in lungasyukia kas Merike nu ke kas Kosrae, a asɾ kasru nu sum a wangin molo, pangon 1-800-547-3109 (TRS 711).</p> <p>[Marshallese] Ne kwoj kenono ak Kajin Marshall. Elon rukok renaj jiban ilo ejjelok wonen 1-800-547-3109 (TRS: 711).</p> <p>[Palauan] Ng soak a mekeleikolt el ralm tia el imelek a diak. Imekeikolt. 1-800-547-3109 (TRS 711).</p> <p>[Pohnpeian] Lokaian Pohnpei: Ma komw ese lokaian Pohnpei, mie sawas en lokaia kan, ni sohte pweipwei. Menlau, kahlih 1-800-547-3109 (TRS: 711).</p> <p>[Trukese]: Ika ka kapasan Chuuk (Chuukese/Trukese), ka tongeni angei aninisin chiakku, ese kamo, inet chok ka mochen. Kokkoni 1-800-547-3109 (TRS: 711).</p> <p>[Yapese] Thin nu Wa'ab: Ra gabe ning e ayuw ko thin ma ran pi e ayuw ngom ni dariy pulwon. Numba rom 1-800-547-3109 (TRS: 711).</p>
<p>COFA manual letter</p>	<ul style="list-style-type: none"> • Sent 545 (10/18) – Welcome to COFA open enrollment • Sent 410 (12/18) – Reminder COFA open enrollment ending 12/15
<p>Welcome to COFA benefits booklet</p> <p>(65-0007)</p>	<ul style="list-style-type: none"> • www.hca.wa.gov/assets/free-or-low-cost/19-0039.pdf



Appendix B: Program Participation

The following is a monthly breakdown of the total number of COFA islanders enrolled in COFA Islander Health Care beginning January 2019 through June 2019.

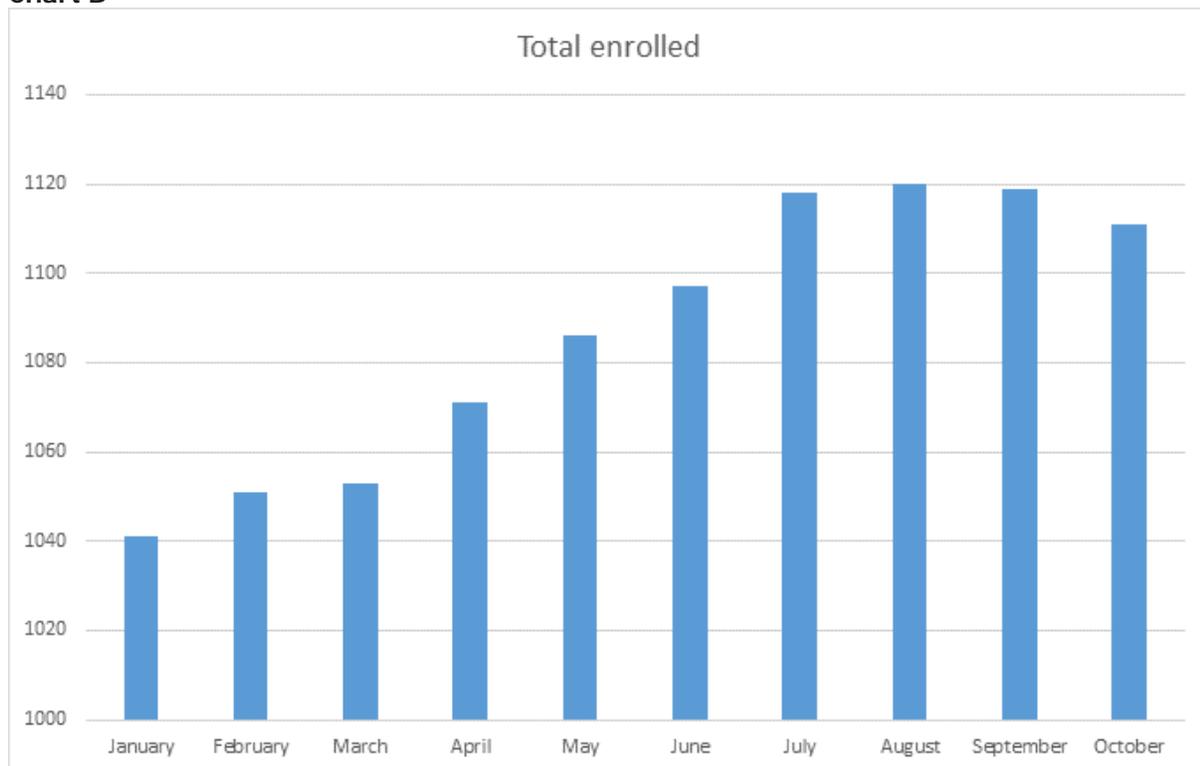
Chart A shows the accumulated monthly totals.

Chart B shows the accumulated monthly totals in a bar graph.

Chart A

Month	Total enrolled
January	1041
February	1051
March	1053
April	1071
May	1086
June	1097
July	1118
August	1120
September	1119
October	1111

Chart B

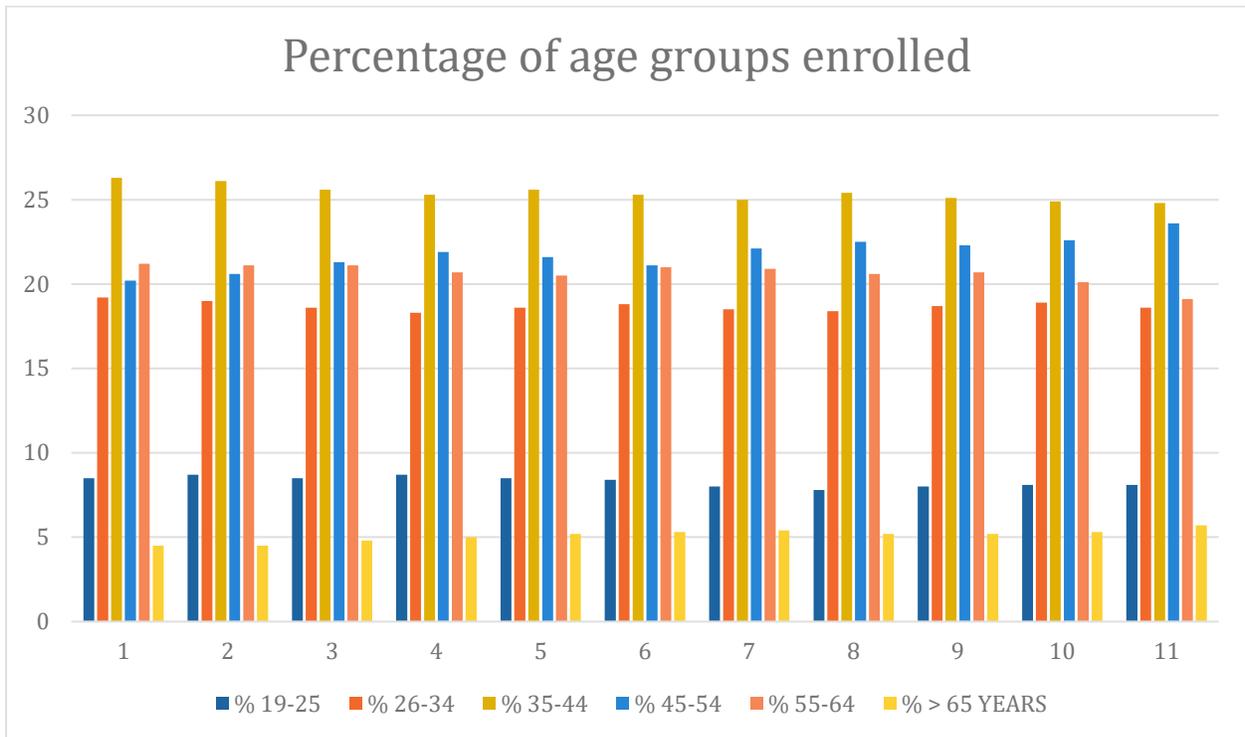


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Appendix C: Program Participation by Age

The following is a chart showing the percentage of COFA Islanders enrolled in COFA Islander Health Care according to the age groups defined in the chart.



Appendix D: Program Participation by County

The following is a monthly breakdown of COFA islanders enrolled in COFA Islander Health Care by the most populous counties.

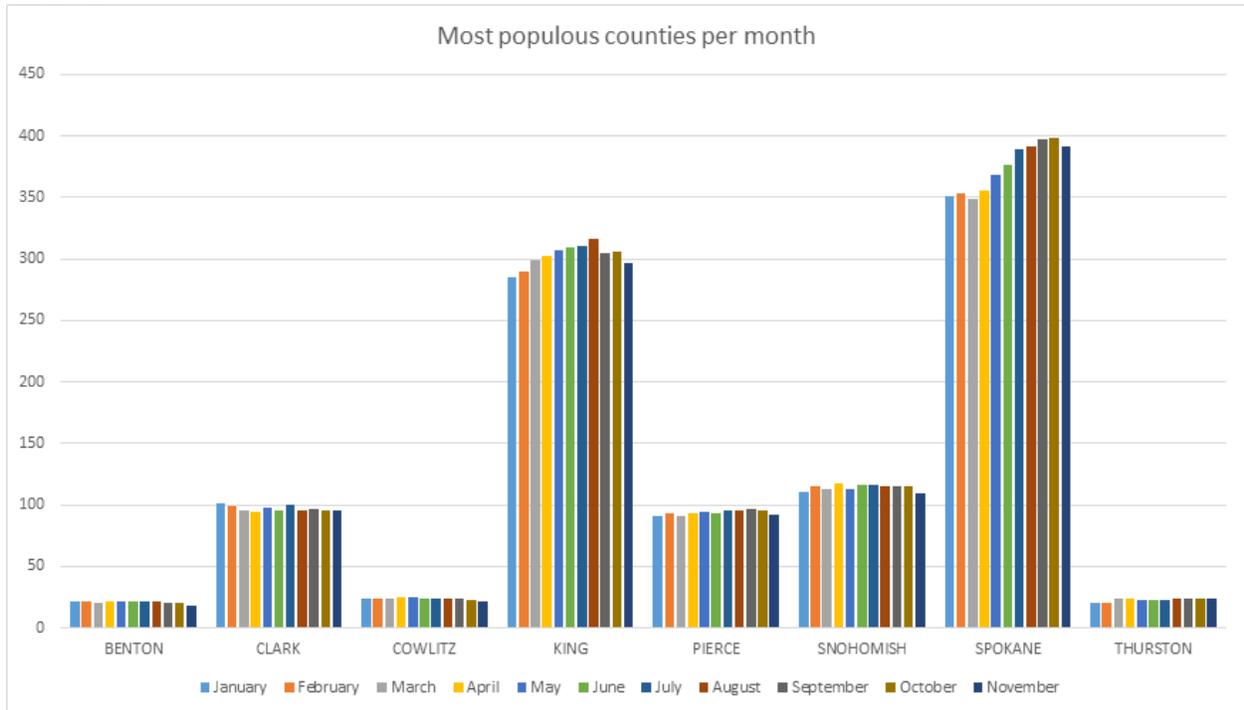
Chart A shows the accumulated monthly totals by county.

Chart B shows the accumulated monthly totals of the most populous counties in a bar graph.

Chart A

County	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
BENTON	21	21	20	21	21	21	21	21	20	20	18
CLARK	101	99	96	94	98	96	100	96	97	96	96
COWLITZ	24	24	24	25	25	24	24	24	24	23	22
KING	285	290	299	302	307	309	311	316	305	306	297
PIERCE	91	93	91	93	94	93	95	95	97	95	92
SNOHOMISH	111	115	113	118	113	116	116	115	115	115	109
SPOKANE	351	353	349	356	368	377	389	392	397	398	392
THURSTON	20	20	24	24	23	23	23	24	24	24	24

Chart B



Appendix E: Advisory Committee

The following is a list of individuals who are involved in this work:

Agency or Association	Name
Health Care Authority	Amy Dobbins Maggie Clay Ariel Pyrtek Taylor Linke Pixie Needham
Health Benefit Exchange	Beth Walter Chris Brown Christine Gilbert Kelly Boston Sam Pskowski Mary McHale
King County Public Health	Carman Olvera Elizabeth Winders Ted Christie
Children's Alliance	Jon Gould Litonya Lester
Better Health Together	Alicyn Elder
Country Doctors	Gilma Reid
Sea Mar Lead Organization	Harry Franqui
Whatcom Alliance for Health Advancement (WAHA)	Heather Mueller
Neighbor Care Health Center	Jesus Bervis
Health Point Clinic	Yesenia Moreno
Tri-Cities Community Health	Leslie Martinez Martin Valadez
CHOICE	Matthew Sanders
Washington State Commission on Asian Pacific American Affairs (CAPAA)	Lori Wada Lydia Faitalia

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Agency or Association	Name
	Rose Mai
Washington State Office of the Insurance Commissioner (OIC)	Mandy Weeks-Green
Community Members	Bruce Turcott David Anitok Daniel Doresty Driskell Jack Jiji Jally Joe Enlet Juanity Monessa Kim Yasu Lilian Ongelungel
Community Members	Louis Wugumgeg Nena Nena Noriston Joe Pensihda Jack Rick Kabua Robin Narruhn Rosentiana (Rose) Kabua Rukeyia (Kia) Larron Sandra Sallel Shary Weber

