

**RCW 43.71.030 Exchange—Powers and duties—Annual report and**

**plan.** (1) The exchange has the authority to:

(a) Provide an application and enrollment portal for individual and small group health and dental insurance and state and federal health care programs;

(b) Certify qualified health and dental plans to be offered for enrollment through the exchange;

(c) Provide consumer education and assistance regarding cost and coverage of certified plans, plan selection, eligibility for subsidies, and health insurance literacy, which must include, but not be limited to, a website, toll-free call center, and consumer assistance by navigators and insurance producers;

(d) Determine eligibility for premium tax credits, cost-sharing reductions, other available subsidies, and enrollment in state and federal health care programs consistent with applicable federal law; and

(e) Provide data and assistance necessary to facilitate payments of premium tax credits and other subsidies.

(2) The exchange may, in exercising its authority consistent with the purposes of this chapter: (a) Sue and be sued in its own name; (b) make and execute agreements, contracts, and other instruments, with any public or private person or entity; (c) employ, contract with, or engage personnel; (d) pay administrative costs; (e) accept grants, donations, loans of funds, and contributions in money, services, materials or otherwise, from the United States or any of its agencies, from the state of Washington and its agencies or from any other source, and use or expend those moneys, services, materials, or other contributions; (f) aggregate or delegate the aggregation of funds that comprise the premium for a health plan; and (g) perform other duties necessary for enrollment in health coverage through the exchange.

(3) The board shall develop and implement a methodology to ensure the exchange is self-sustaining. The board shall seek input from health carriers to develop funding mechanisms that fairly and equitably apportion among carriers the reasonable administrative costs and expenses incurred to implement the provisions of this chapter.

(4) The board shall establish policies that permit city and county governments, Indian tribes, tribal organizations, urban Indian organizations, private foundations, and other entities to pay premiums and cost sharing on behalf of qualified individuals.

(5) The employees of the exchange may participate in the public employees' retirement system under chapter 41.40 RCW and the public employees' benefits board under chapter 41.05 RCW.

(6) Qualified employers may access coverage for their employees through the exchange for small groups under applicable federal law. The exchange shall enable any qualified employer to specify a level of coverage so that any of its employees may enroll in any qualified health plan offered through the small group exchange at the specified level of coverage. The exchange may offer information to consumers and small businesses about qualified small employer health reimbursement arrangements.

(7) The exchange shall report its activities and status to the governor and the legislature as requested, and no less often than annually.

(8) By January 1st of each year, the exchange must submit to the legislature, the governor's office, and the board an annual financial report that identifies the annual cost of operating the exchange. The

report must identify specific reductions in spending in the following areas: Call center, information technology, and staffing. The report must include:

- (a) A report of all expenses;
- (b) Beginning and ending fund balances, by fund source;
- (c) Any contracts or contract amendments signed by the exchange;
- (d) An accounting of staff required to operate the exchange broken out by full-time equivalent positions, contracted employees, temporary staff, and any other relevant designation that indicates the staffing level of the exchange; and
- (e) A per member per month metric, per qualified health plan enrollee and apple health enrollee, calculated by dividing funds allocated for the exchange over the 2015-2017 biennium by the number of enrollees in both qualified health plans and apple health during the year.

(9)(a) The exchange shall prepare and annually update a strategic plan for the development, maintenance, and improvement of exchange operations for the purpose of assisting the exchange in establishing priorities to better serve the needs of its specific constituency and the public in general. The strategic plan is the exchange's process for defining its methodology for achieving optimal outcomes, for complying with applicable state and federal statutes, rules, regulations, and mandatory policies, and for guaranteeing an appropriate level of transparency in its dealings. The strategic plan must include, but is not limited to:

- (i) Comprehensive five-year and ten-year plans for the exchange's direction with clearly defined outcomes and goals;
- (ii) Concrete plans for achieving or surpassing desired outcomes and goals;
- (iii) Strategy for achieving enrollment and reenrollment targets;
- (iv) Detailed stakeholder and external communication plans; and
- (v) Identification of funding sources, and a plan for how it will fund and allocate resources to pursue desired goals and outcomes.

(b) The strategic plan and its updates must be submitted to the authority, the appropriate committees of the legislature, and the board by September 30th of each year. [2018 c 44 s 3; 2015 3rd sp.s. c 33 s 1; 2012 c 87 s 4; 2011 c 317 s 4.]

**Effective date—2012 c 87 ss 4, 16, 18, and 19-23:** "Sections 4, 16, 18, and 19 through 23 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect immediately [March 23, 2012]." [2012 c 87 s 28.]