



**Washington Health Benefit Exchange
Navigator & Certified Application Counselors Technical Advisory Committee
Meeting Minutes
Wednesday, January 21, 2026
9:30 a.m. – 11:00 a.m.
Teleconference and Webinar**

RAB TAC Members Present:

Julie Shephard Neil Angst
Brisa Guajardo Stacie Tennyson
Karol Munsinger
David Cross

Washington Health Benefit Exchange (WAHBE) Staff Present:

Latasha Miller Kristin Villas
JoAnn Hill Jasper Marino
Jennifer Moad
Genevieve Arredondo

Meeting notes:

- **OE 13 Data Review:** Latasha presented initial OE 13 data, highlighting that over 290,000 plan selections were made, with 41,000 new customers. She noted that 53% of customers chose gold plans, and there was a significant drop in new enrollees compared to last year.
- **Access and Affordability:** Kristin Villas discussed the challenges of access and affordability, mentioning the expiration of enhanced premium tax credits and the need for bronze plans in all counties. She proposed changes to ensure meaningful plan differences and customer choice.
- **Legislation and Exchange Authority:** Kristin explained the proposed legislation to add a 19th certification criterion focused on access and affordability. This would allow the exchange to respond to market challenges and ensure plans are available at all metal levels in underserved counties.
- **Provider and Network Challenges:** Julie and Neil raised concerns about provider networks and the impact on customer choices. They discussed the limitations of the exchange and OIC in controlling provider networks and reimbursement rates.
- **Customer Communication and Education:** Stacie and Julie emphasized the need for better customer communication and education, particularly regarding income reporting and the use of the Health Plan Finder app. They suggested sending informational emails to customers to remind them of their responsibilities.

- **Feedback on Customer Support:** Stacie praised the customer support system for its responsiveness and accuracy. However, she noted issues with temporary staff providing misinformation and the need for better training.
 - **Smart Choice System Issues:** Julie highlighted repeated errors in the Smart Choice system, such as incorrect provider network information. She suggested that customers should verify information directly with carriers to avoid making decisions based on inaccurate data.

Action Items:

OE 13 Data Review:

- Gather more accurate and detailed data on OE 13 numbers, including charts and graphs, for the next RAB TAC meeting. (Team)

Access and Affordability:

- Follow up on the possibility of offering a true catastrophic plan for individuals over 30 years old.
- Follow up with RAB TAC on the process for appealing for a catastrophic plan through healthcare.gov.

Customer Communication and Education Ideas:

- Send quarterly informational emails to customers, reminding them to update their income and check their Health Plan Finder accounts. (Team)

Smart Choice System Issues:

- Continue to screenshot and forward errors in the Smart Choice system to the appropriate team for review and correction.

Main Concerns About Provider Networks and Reimbursement Rates

- **Limited Provider Networks:** Multiple participants (Julie, Stacie, Neil) raised concerns that many plans, especially bronze/select options, do not include key providers (e.g., MultiCare, Polyclinic, Fred Hutch), forcing clients to choose more expensive plans or lose access to their doctors.
- **Provider-Driven Limitations:** Stacie and Julie highlighted that providers themselves are increasingly dictating which carriers they accept, sometimes dropping carriers mid-year, which disrupts patient care and plan selection.
- **Rural Access Issues:** Neil noted that in rural areas like San Juan County, networks are often too small, and providers may refuse to contract with certain carriers, leaving residents with few or no viable options.
- **Reimbursement Rate Challenges:** Neil emphasized that the Office of the Insurance Commissioner and the Exchange have no control over provider reimbursement rates or network negotiations, which are driven by profitability and provider willingness.
- **Impact on Plan Design:** There was consensus that regulatory changes or plan design adjustments alone cannot solve the underlying issue of high claims/utilization and provider network adequacy, as these are fundamentally market-driven problems.



- **Customer Confusion and Disruption:** Stacie described cases where clients had to relocate to access care due to network changes, and both she and Julie called for more regulation or oversight to prevent providers from making abrupt changes that harm consumers.