

Cascade Care Workgroup

June 9, 2026



Cascade Care Workgroup Agenda

Time	Topic	Facilitator
1:00	Welcome and Introductions	Laura Kate Zaichkin, <i>Director of Market Competition & Affordability (she/her)</i>
1:05	2027 Market Landscape Preview	Kristin Villas, <i>Senior Policy Analyst (she/her)</i>
1:20	2028 Cascade Care Plan Design	Kristin Villas John Bertko, <i>Consulting Actuary</i>
1:45	Immigrant Health Coverage Update	Joan Altman, <i>Director of Coverage Strategies & Expansion (she/her)</i> Lisa Jonson, <i>Immigrant Health Coverage Coordinator (she/her)</i>
2:05	Coverage-Focused Discussion Table Debrief & Next Steps	Laura Kate Zaichkin
2:25	Next Steps and Adjourn	Laura Kate Zaichkin



Cascade Care

Cascade Care makes health insurance accessible and affordable for every *Washington Healthplanfinder* customer.



- 
-  **Lower premiums**
 -  **Higher quality benefits**
 -  **Lower copays**
 -  **Easier plan shopping**
 -  **Available in all counties**
 -  **Extra savings for those who qualify**

PROPOSED RATES & PLANS

2027 market landscape preview



Initial filings: Stable carrier participation, sufficient coverage, significant rate increases

- ▶ Same 12 health plan carriers; 82 QHPs proposed
- ▶ Strong statewide coverage
 - ▶ No single issuer counties
 - ▶ All counties have at least one proposed bronze plan and proposed public option offerings



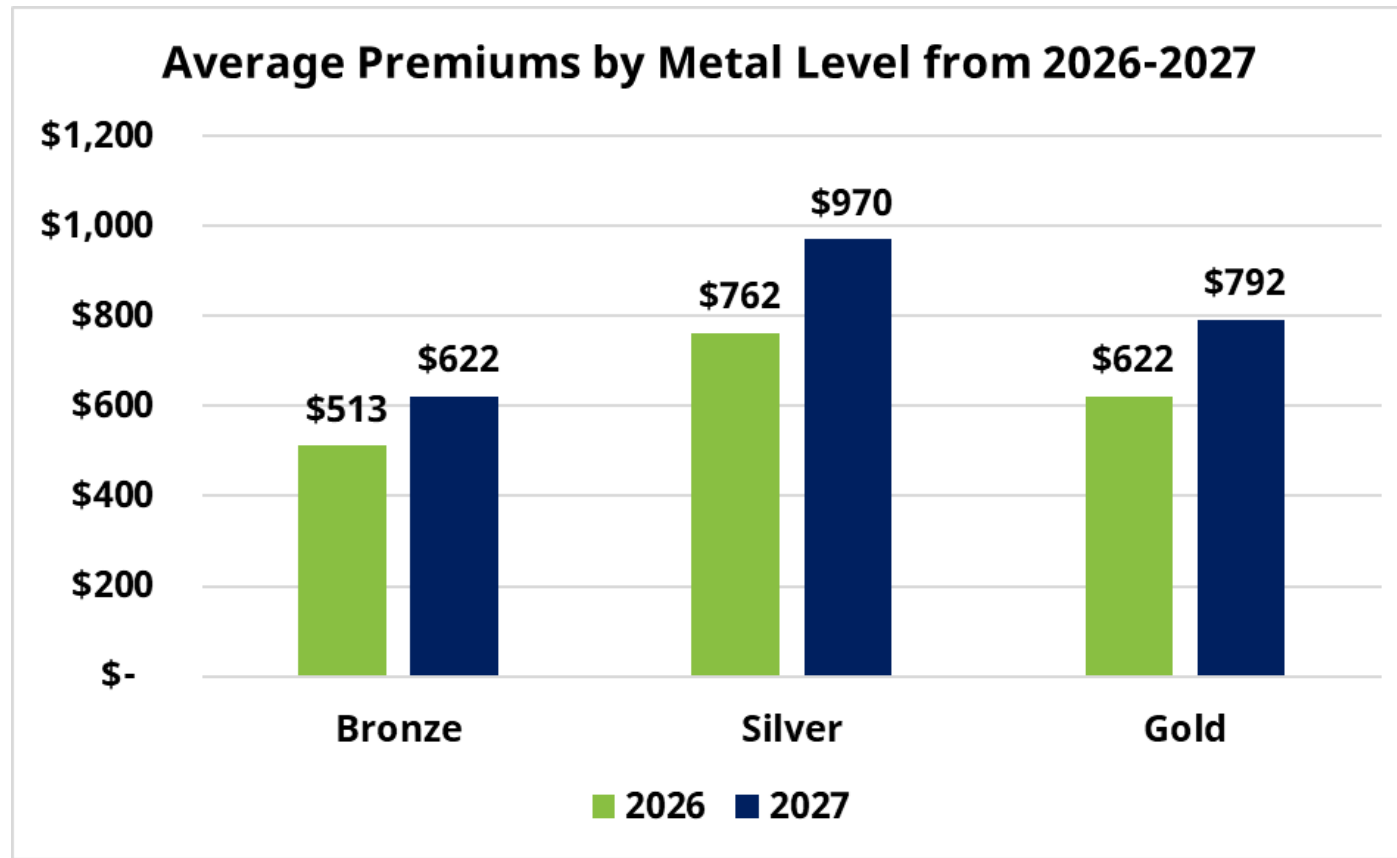
Initial filings watchpoint: Carriers propose significant rate increases

Half of carriers propose increases over 20%

Carrier	Proposed increase %*
Coordinated Care	27%
United OR	26%
Molina	26%
CHPW	24%
Premera	24%
LifeWise	21%
Regence OR	18%
Wellpoint WA	14%
BridgeSpan	13%
Kaiser NW	10%
Kaiser WA	10%
Regence WA	9%

On-Exchange plans only, weighted for enrollment

Silver plan rates proposed increase of 27%, not from implementation of premium alignment

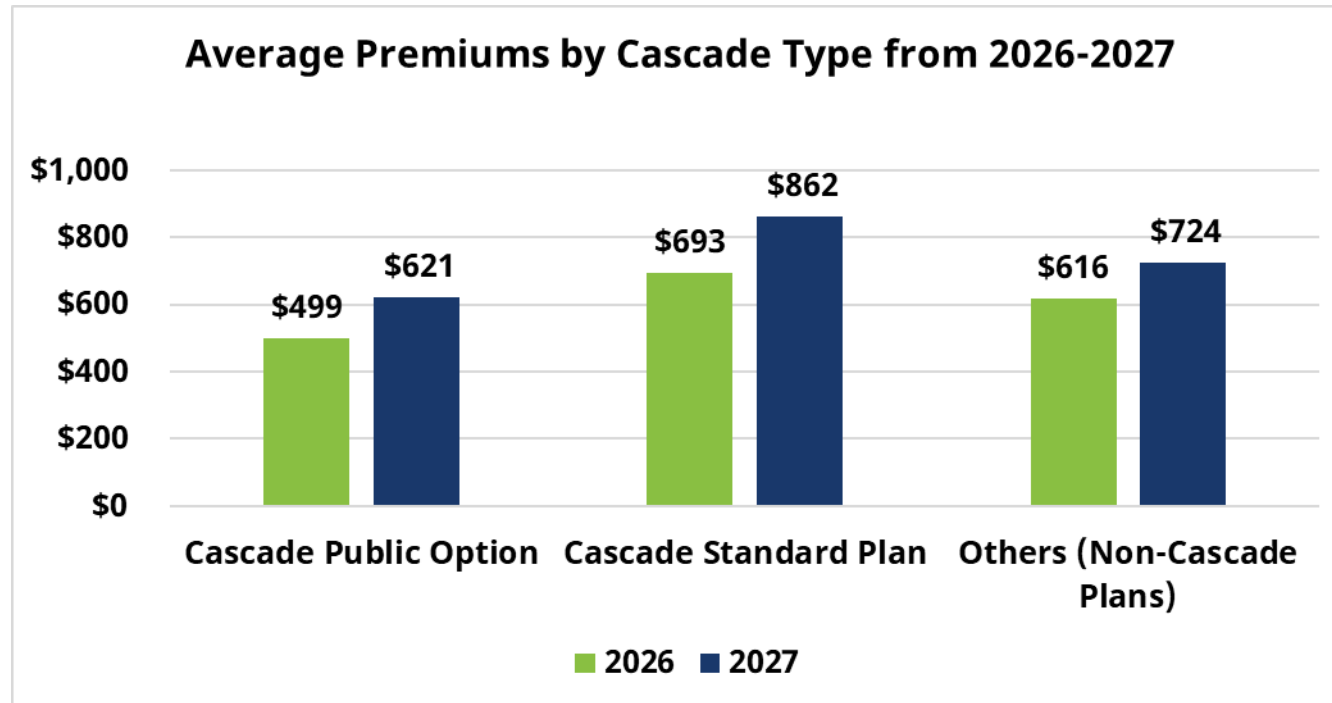


Metal	Increase %
Bronze	21%
Silver	27%
Gold	27%

Rates are proposed, for a 40-year-old and not weighted for enrollment

While public option rates are some of the lowest, their proposed rate of increase is highest

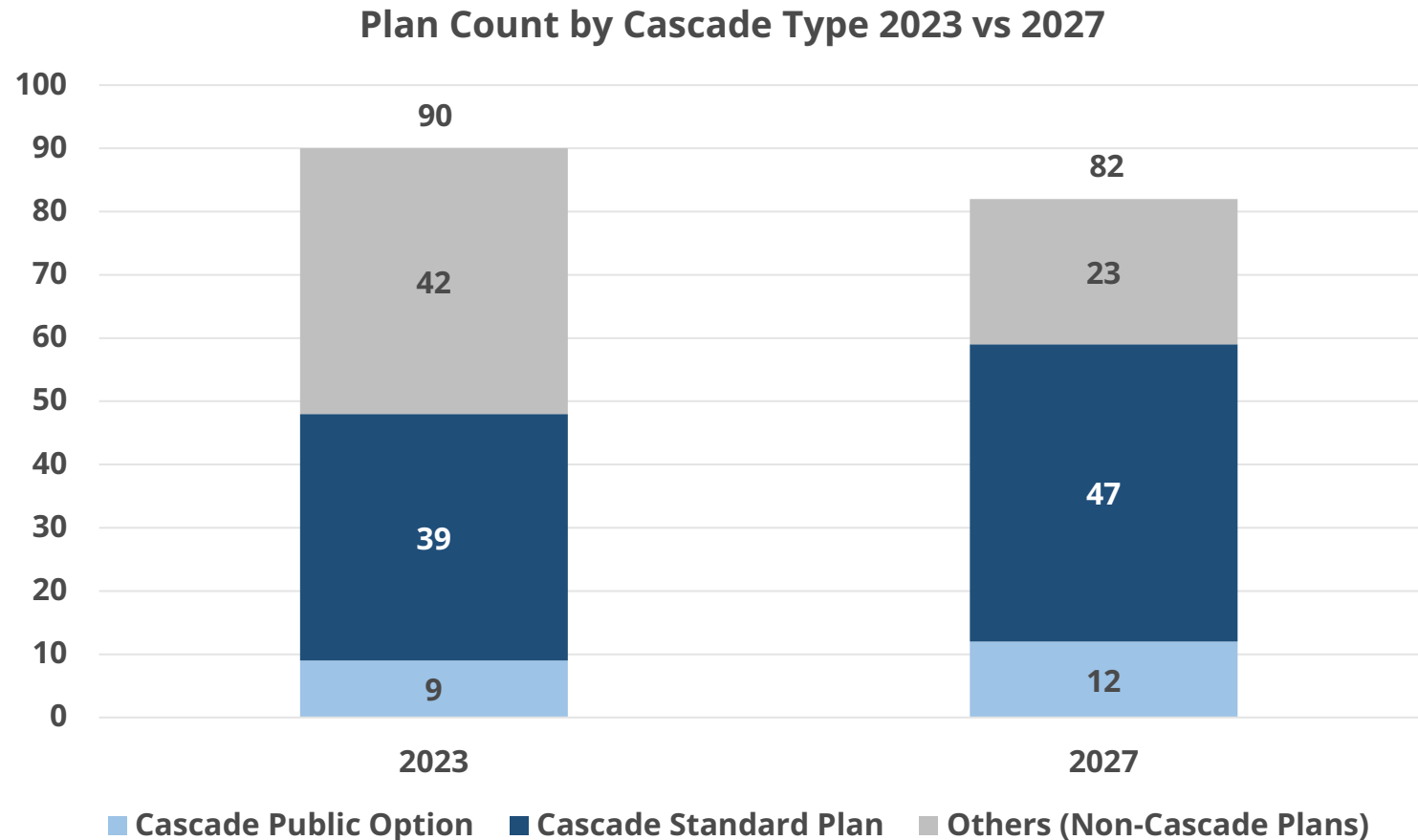
As proposed, public option plans are lowest cost Silver in 38 counties and lowest cost Gold plans in 35 counties



Plan type	Proposed increase %
Public Option	24%
Standard	24%
Others	18%

Rates are proposed, for a 40-year-old and not weighted for enrollment

Carriers reduced non-standard plan offerings by 50% since 2023 policy change



Proposed market shelf has new plans in Bronze, reductions in Silver, stability in Gold

Bronze

- New plans are all Bronze
- Carriers making changes to non-standard offerings
- One carrier not offering Bronze
 - Customers cannot apply CCS to plans

Silver

- Only one non-standard silver remains
 - Tax credit will be set based on high AV standard Silver

Gold

- Stability in offerings
 - Same carriers continue to offer non-standard Gold plans

Notable proposed service area changes

- ▶ San Juan (single issuer county for 2026) has 3 proposed carriers
 - ▶ Coordinated Care (returning), CHPW and Premera (new)
- ▶ Premera proposing expansion to 15 counties
- ▶ Wellpoint proposing expansion to Thurston and Snohomish counties
- ▶ Coordinated Care (statewide for 2026) exiting 5 counties



ENVIRONMENT & APPROACH

2028 Cascade Care plan design



Standard plan design background

Exchange standard plan program

- ▶ Designed seven years of standard plans since 2021.
- ▶ Essential, high value services at copay before deductible in all metal levels (primary care, mental/behavioral health, urgent care, generic Rx).

Goals for standard plans from [Cascade Care Legislation](#)

- ▶ Lower deductibles and access to services before the deductible.
- ▶ Prioritize copays where possible to provide predictability for consumers when seeking services.
- ▶ Limit premium impacts.
- ▶ Maximize tax credits with Silver plan design.




Premium alignment in Washington continuing for 2027



















- ▶ OIC issued a rule to standardize Silver loading factors for PY 2027 rates.
- ▶ Upshot: Significant additional premium support to offset the loss of enhanced premium tax credits (\$100M +).
- ▶ The Exchange is supporting OIC's premium alignment loading approach.



Premium alignment impacts on metal level enrollment

Silver plans only a good option for federal subsidy eligible customer <200% FPL

Legend	
	Coverage
	Cost
	Poor Value

	FPL Group	Silver	Gold	Bronze
Federal Subsidy Eligible	100-200%	 	 	 
	201-400%	 	 	 
Not Federal Subsidy Eligible	Any FPL	 	 	 

The cost represented is the monthly premium of the plan before any available Cascade Care Savings are applied.

Silver plans marked with a red X are noted as "Poor Value" because for customers with the indicated subsidy status and FPL they offer less coverage at a higher cost than an otherwise identical Gold plan from the same insurer that offers access to the same covered services, same provider network and same prescription drugs.

2027 final designs

Notable changes

- Bronze increased deductible, MOOP, and PCP/MH copays
- Silver lowered MH outpatient – other copay
- New Vital Gold increased deductible and MOOP, set tier 3 and 4 drugs at coinsurance, Inpatient care subject to deductible
- Complete Gold increased deductible and lab copay

Benefits	2027 Standard Complete Gold	2027 Standard Vital Gold	2027 Standard Silver	2027 Standard Bronze
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$1,700	\$2,200	\$2,800	\$7,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$11,000	\$11,200	\$11,800
Office Visits				
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$15	\$20***	\$45***
Specialist Visit	\$40	\$40	\$65	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$20***	\$45***
Emergency/Urgent Care Services				
Emergency Care Services	\$450	\$800	\$800	40%
Urgent Care	\$35	\$35	\$65	\$100
Ambulance	\$375	\$375	\$375	40%
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$600	40%
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$200	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$20	40%
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	\$30	\$30	\$40	40%
X-rays and Diagnostic Imaging	\$30	\$30	\$65	40%
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	30%	40%
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$650*	\$800*	40%
Skilled Nursing Facility	\$350**	\$350**	\$800**	40%
Pharmacy				
Generics	\$10	\$10	\$25	\$32
Preferred Brand Drugs	\$60	\$75	\$75	40%
Non-Preferred Brand Drugs	\$100	20%	\$250	40%
Specialty Drugs (i.e. high-cost)	\$100	20%	\$250	40%
All Other Benefits				
Speech Therapy	\$25	\$30	\$40	40%
Occupational and Physical Therapy	\$25	\$30	\$40	40%
Durable Medical Equipment (DME)	20%	20%	30%	40%
Home Health	\$15**	\$15**	\$30**	\$50**
Hospice	\$15**	\$15**	\$30**	\$50**
All Other Benefits	20%	20%	30%	1640%
2027 AV	81.89%	78.22%	71.92%	63.99%

Strategy for each Cascade Care plan

Plan	Approach
Cascade Care Bronze	Keep people enrolled who may otherwise drop coverage; Maintain essential pre-deductible coverage
Cascade Care Silver & CSR Variants	Keep at high end of AV range for higher tax credit; Focus on low cost shares in 87% and 94% AV variant designs
Cascade Care Vital Gold (low AV)	Keep at low end of AV range and focus on lowering premium; use coinsurances for select benefits
Cascade Care Complete Gold (high AV)	Keep at high end of AV range and keep MOOP stable to support high utilizers



Goal: Most customers in Vital Gold and Silver variants

Workgroup direction for 2027 standard plan goals & approaches to date

Focus area	Mechanism	Feedback
Lowering premiums	Raising select cost shares	High priority — implement selectively
New benefits	Cascade Bronze HSA	Separate strategy outside of plan design
Access to high-clinical value services	Maintain existing cost shares for some services	High priority
	Standardize facility fees	Do not pursue for 2027
Standardization of customer experience	More PBT standardization	Parallel work with carriers
	Formulary standardization	High priority for some; multi-year effort



Anticipated 2028 market environment

- ▶ Assumptions
 - ▶ H.R. 1 and federal regulations will harm risk pool and raise premiums
- ▶ Uncertainties
 - ▶ Funding for Cascade Care Savings after PY 2028
 - ▶ Additional federal changes
 - ▶ Continuation of premium alignment
 - ▶ AV calculator impacts



Impacts of Notice of Benefit and Payment Parameters

- ▶ Affordability challenges
 - ▶ Bronze and Catastrophic changes
- ▶ Access challenges
 - ▶ Multi-year catastrophic plans and non-network plans permitted
- ▶ Defrayal of state mandated Essential Health Benefits (EHB)



Insights into Actuarial Value Calculator changes

John Bertko, FSA, MAAA



Proposed plan design strategy for 2028: Stability

- ▶ Limit changes to plans only necessary to stay within AV range
- ▶ Pause any further work on standardization (Plan and Benefits Templates and formularies)



UPDATE

Immigrant health coverage



Presenters



Joan Altman

Director of Coverage Strategies & Expansion
Joan.Altman@wahbexchange.org



Lisa Jonson

Immigrant Coverage Coordinator
Lisa.Jonson@wahbexchange.org

Federal changes present risks to immigrant customers



Plan year
2025

- DACA population no longer considered lawfully present and no longer eligible for federal financial help as of October 1, 2025.



Plan year
2026

- Lawfully present immigrants with incomes below 100% of the federal poverty level (FPL) no longer eligible for federal financial help.
- Removing APTC repayment caps.
- Enhanced APTCs expire.



Plan year
2027

- Shortening open enrollment period.
- AV changes increasing out of pocket costs.*
- Many lawfully present immigrants no longer eligible for federal financial help.
- People denied Medicaid due to work requirements also denied federal financial help.



Plan year
2028 & beyond

- Eliminating automatic re-enrollment and conditional eligibility for federal financial help.
- Canceling APTCs for failure to reconcile after one year.*

*Marketplace Integrity Rule provision enjoined by *Columbus v. Kennedy*

Overview of federally driven changes

- ▶ Washington state impacts include:
 - ▶ **~14,000 Medicaid customers losing coverage after Sept. 30** (“Oct. 1 population”), including 1,700 individuals receiving long-term care or developmental disability services
 - ▶ **~10-15k QHP customers** losing APTC as of Jan. 1, 2027 (“Loss of APTC for PY 2027”)
 - ▶ **~TBD Medicare customers** (national KFF estimate ~150k) losing coverage as of Jan. 1, 2027
 - ▶ Medicare eligibility has also been impacted for those turning 65. Certain lawfully present immigrants are already being denied Medicare

Note – Impact estimates are being monitored and updated based on attrition, new enrollment and other changes.





Oct. 1 population details

- ▶ Effective October 2026, Washington Apple Health (Medicaid) eligibility will be limited to the following noncitizens (collectively referred to by feds as “eligible non-citizens” or ENC):
 - ▶ Lawful permanent residents (who have met or are exempt from the 5-year bar)
 - ▶ Compact of Free Association (COFA)immigrants
 - ▶ Cuban-Haitian entrants
- ▶ Coverage ends after September 30, 2026
- ▶ Clients may be able to access other health care coverage for October 1 and beyond
- ▶ Children and pregnant individuals continue to be eligible for Apple Health if they meet all other requirements, regardless of immigration status

Loss of APTC for PY 2027 details

- ▶ Effective January 1, 2027, APTC eligibility will be limited to the following noncitizens (collectively referred to by feds as “eligible non-citizens” or ENC):
 - ▶ Lawful permanent residents
 - ▶ Compact of Free Association (COFA) immigrants
 - ▶ Cuban-Haitian entrants
- ▶ 2027 APTC eligibility will be redetermined in mid-October
- ▶ Eligibility determined using new federal ENC indicator and new ENC self-attestation checkbox in Washington Healthplanfinder application

Current focus areas

HCA coordination (consistent messaging/change descriptions)

- Message/notice consistency, joint webinar

Mitigating customer confusion/fear/unfamiliarity with individual market

- Leveraging assister network and CBO partnerships
- Facilitating plan selection

Providing language support

- Free language access resources

Improving affordability (particularly <100% FPL v. at/over 100% FPL)

- Maximizing Cascade Care levers (e.g., 2027 Cascade Care Savings policy)

Supporting plan year transition (mid-Oct. renewal timing; APTC eligibility change in PY 2027)

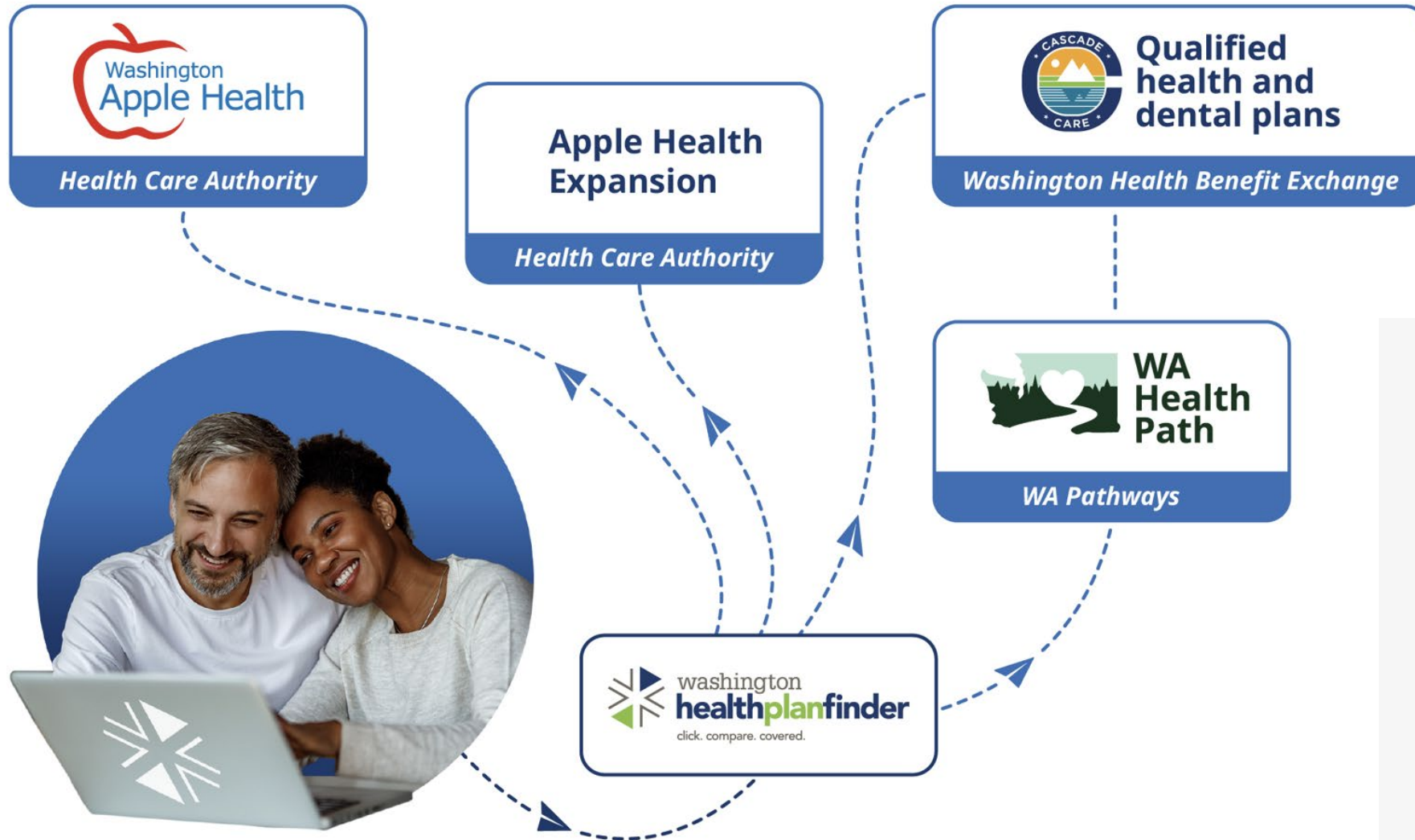
- Targeted customer outreach

Concurrent state driven changes

- ▶ Changes to Apple Health Expansion (budget proviso)
- ▶ 1332 Waiver → WA Health Path

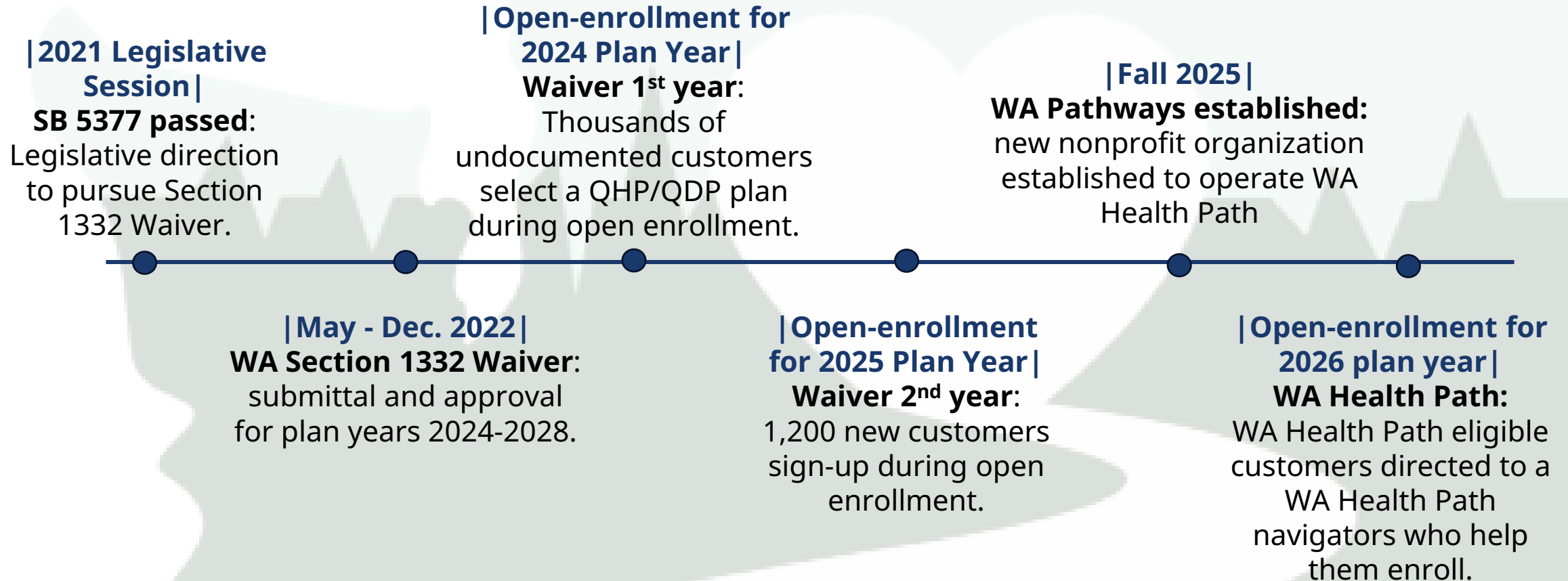
The screenshot displays the Washington Healthplanfinder website. On the left, the 'washington healthplanfinder' logo is visible with the tagline 'click. compare. covered.' Below it, the 'WA Health Path' section is partially visible, containing text about eligibility and a link to WApathways.org. On the right, a white box with a black border contains the 'WA Pathways' logo and the heading 'Pathways to health and dental coverage'. Below this, it states 'WA Pathways operates WA Health Path. WA Health Path connects people living in Washington to health and dental insurance.' The section 'Get connected' explains that users need to work with a WA Health Path navigator. Below that, the heading 'WA Health Path navigators by county' is followed by 'Adams County' and contact information for 'Better Health Together': Phone: 1-509-370-5605 and Email: bhtnavigatorstaff@betterhealthtogether.org. At the bottom of the white box, a red box highlights the 'WA Pathways' logo and a green button labeled 'WA Pathways'.

Everyone can use Washington Healthplanfinder



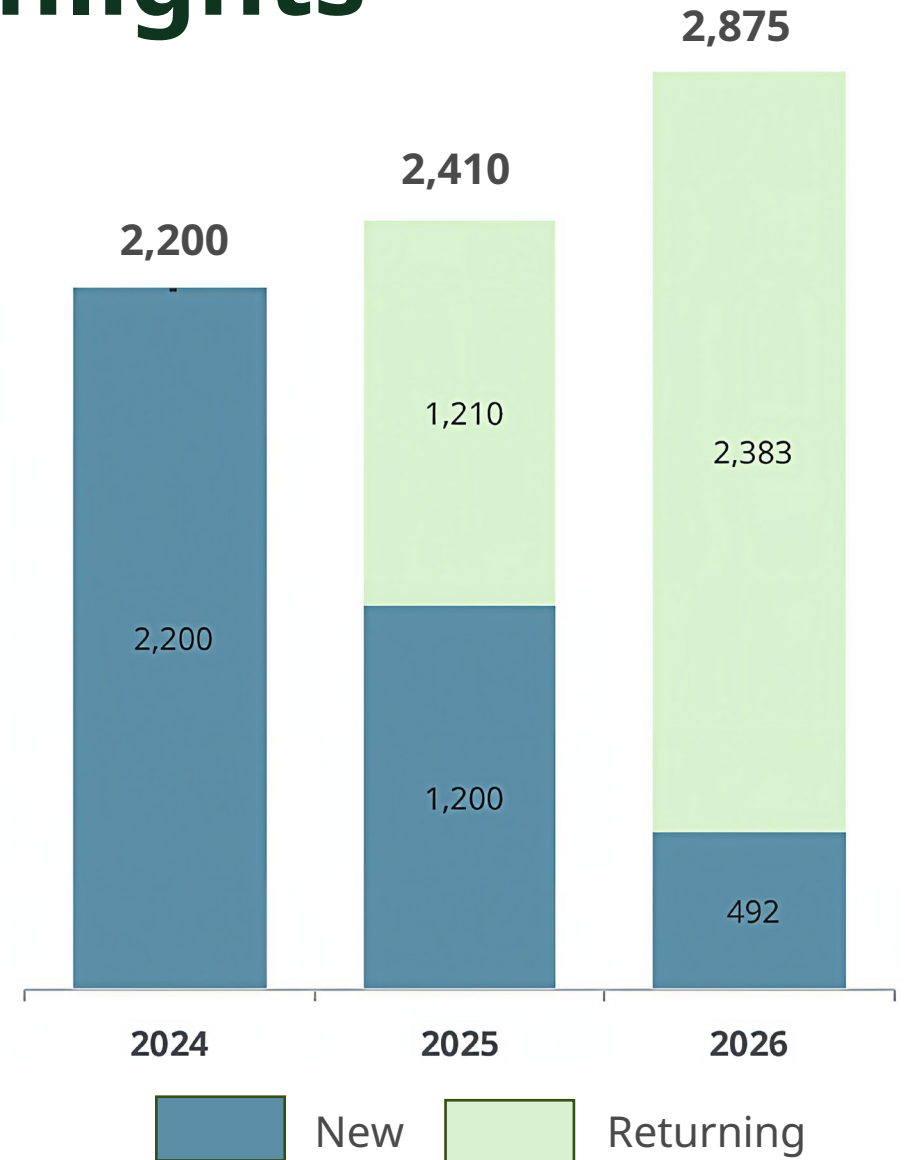
Everyone in Washington state can get health and dental insurance, regardless of immigration status.

Key milestones 1332 Waiver → WA Health Path



Three-year coverage highlights

- ▶ Nearly **100,000** cumulative applicants (excludes WAH eligible).
- ▶ Over **6,000** cumulative enrollees
- ▶ Avg. net premium about **\$385** (affordability a likely barrier for many applicants).
- ▶ About **95%** in Cascade Care plans.
- ▶ Nearly **80%** receive Cascade Care Savings, available for those up to 250% FPL.
- ▶ About **60%** partnered to an assister.
- ▶ About **55%** are under 139% FPL.



Additional WA Pathways & Health Path resources



- ▶ Background
 - ▶ Learn more about WA Pathways
 - [English\(PDF\)](#) | [Spanish \(PDF\)](#)
- ▶ Data snapshot (Feb. 2026)
 - ▶ Demographics
 - ▶ Language access
 - ▶ By income/FPL band
 - ▶ By carrier

Next steps

- ▶ Continued coordination with state agency partners on H.R. 1 implementation
- ▶ Continued WA Health Path implementation
- ▶ Upcoming 1332 Waiver activities
 - ▶ [Upcoming annual public forum | June 30 at 1 p.m.](#)
 - ▶ Exploring go-forward waiver options



Workgroup discussion questions

- ▶ What implementation topics related to H.R. 1 immigrant eligibility changes of are most interest/concern?
- ▶ Would an Exchange-hosted webinar on H.R. 1 immigrant eligibility changes for QHP customers in July be helpful?
 - ▶ HCA hosting [H.R. 1 Impacts series](#) (Medicaid focus, June webinar included the Exchange and DSHS)
 - ▶ Potential QHP-specific topics:
 - ▶ Outreach/engagement efforts to help individuals losing Medicaid select a QHP
 - ▶ Upcoming QHP/APTC notices & deadlines
 - ▶ Plan year transition challenges (PY 2026 → PY 2027)

MAY MEETING DEBRIEF

Keep Washingtonians covered



May 18 coverage-focused discussion table

- ▶ Leveraged cross-sector Workgroup's focus on access and affordability for **coordinated, strategic collaboration and response to federal policy changes** that threaten or disrupt health coverage
- ▶ **Focus: Keep Washingtonians covered**
 - Input on Exchange implementation of federal policy changes to mitigate risks and disruption
 - Partnership on proactive Marketplace strategies to mitigate coverage disruptions and strengthen coverage protections



Reimagining the customer enrollment journey

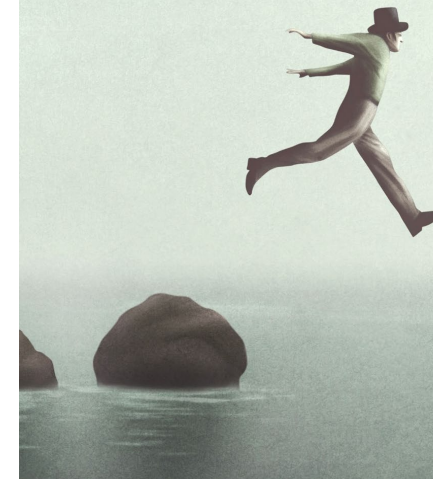
Changes required under federal law will have harmful customer impacts.



In 2028, customers must take additional action before receiving tax credits.



This makes enrolling and renewing into affordable coverage much harder for customers.



In the face of these mandates, the Exchange is committed to doing everything we can to help people get and stay covered with high-quality, affordable health insurance.

Forum invited partners to reimagine enrollment

Current state

- ▶ Customer-centered
- ▶ Customers enroll in affordable coverage while getting documents in order
- ▶ Customers can renew without taking action and have time to address inconsistencies
- ▶ Trusts customer information that has been previously verified

Starting in 2028

- ▶ Customers are penalized
- ▶ No federal financial help pending review of documents
- ▶ No passive renewal with tax credits, customers must take action
- ▶ Customers will drop coverage due to administrative burden and unaffordable costs

"Health care is a system, and it takes all actors in that system to push for outcomes that we need to mitigate harms from this regulation. We appreciate WAHBE's approach to gathering us."

Reimagining enrollment May discussion themes



“Health care is a system; it takes all actors in that system”

- ▶ Find opportunities to sync with other programs and states to maximize alignment and ensure meaningful support across the health care ecosystem.
- ▶ Expand partnerships to get and keep people covered.
- ▶ Address affordability and market challenges in parallel to compounding renewal and enrollment barriers.

Marketplace tactics for “an efficient, frictionless experience” for customers

- ▶ Right-size consumer engagement and outreach.
- ▶ Use data to drive priorities.

Cascade Care Workgroup Next steps

Summer 2026 Cascade Care Workgroup meetings

- ▶ PY 2028 standard plan design continues
- ▶ 2027 Cascade Care Savings amounts



- Cascade Care Workgroup roster
- Background: 2027 standard plan design – silver CSR variants

Appendix



Cascade Care Workgroup members

- ▶ Jane Beyer,
Office of the Insurance Commissioner
- ▶ Jennifer Brackeen,
Washington State Hospital Association
- ▶ Emily Brice, *Northwest Health Law Advocates*
- ▶ John-Pierre Cardenas, *Kaiser Permanente*
- ▶ Justin Cusber, *Premera/Lifewise*
- ▶ Dekker Dirksen,
Community Health Plan of Washington
- ▶ Jim Freeburg, *Patient Coalition of Washington*
- ▶ Stu Freed, *Confluence Health retired*
- ▶ Sean Graham,
Washington State Medical Association
- ▶ Rhonda Hauff,
Yakima Neighborhood Health Services
- ▶ David Iseminger, *Health Care Authority*
- ▶ Daphne Pie,
Public Health-Seattle & King County
- ▶ Susanne Towill, *Coordinated Care*

2027 Silver Cost Sharing Reduction (CSR) Variants

Benefits	2027 Standard Silver 94% AV	2027 Standard Silver 87% AV	2027 Standard Silver 73% AV
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$0	\$550	\$2,600
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$4,000	\$4,000	\$9,600
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$1	\$5***	\$20***
Specialist Visit	\$15	\$20	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$1	\$5***	\$20***
Emergency/Urgent Care Services			
Emergency Care Services	\$225	\$425	\$800
Urgent Care	\$15	\$30	\$65
Ambulance	\$75	\$175	\$375
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$325	\$600
Outpatient Surgery Physician/Surgical Services	\$65	\$120	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$1	\$5	\$20
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$15	\$20	\$40
X-rays and Diagnostic Imaging	\$20	\$30	\$65
Advanced Imaging (CT/PET Scans, MRIs)	15%	20%	30%
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Skilled Nursing Facility	\$100**	\$425**	\$800**
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Generics	\$5	\$10	\$20
Preferred Brand Drugs	\$15	\$35	\$75
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Specialty Drugs (i.e. high-cost)	\$35	\$160	\$250
All Other Benefits			
Speech Therapy	\$15	\$20	\$40
Occupational and Physical Therapy	\$15	\$20	\$40
Durable Medical Equipment (DME)	15%	20%	30%
Home Health	\$5**	\$10**	\$30**
Hospice	\$5**	\$10**	\$30**
All Other Benefits	15%	20%	30%
2027 AV	94.78%	87.96%	73.95%



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