

May 18, 2026

Cascade Care Workgroup Coverage-Focused Discussion Table

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**

Coverage-focused discussion table

- ▶ Leverage 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





Agenda: Coverage-focused discussion table

Time	Topic
1:20	What 2026 Market Health Signals for Future Marketplace & Customer Experience
2:00	Reimagining Exchange Enrollment
2:50	Discussion & Partnership: Reimagining Exchange Enrollment <ul style="list-style-type: none">• Break out to discuss implementation tactics that mitigate coverage loss
3:40	Next Steps & Final Reflections



Please raise your hand and/or use the chat to engage throughout today's hybrid meeting



Federal changes

Current waves

Annual federal rules
**Marketplace
Rules**

HR1 passed July 2025
**Medicaid and
Marketplace
legislation**

*ePTCs expired
December 2025*

**Congressional
action/
inaction**

Impacts for customers



- ✘ Fewer people eligible for coverage
- ✘ Harder to get and stay covered
- ✘ Higher premiums and overall costs

What changes mean for customers

Medicaid changes

Federal changes affect who qualifies for Washington Apple Health and what benefits are covered

Immigrant eligibility changes

Some people with lawfully present immigration statuses will not qualify for federal financial help

Marketplace changes

Higher premiums and eligibility/enrollment challenges make it harder to get and stay covered

Exchange response to federal changes: Keep Washingtonians Covered



- ▶ Strategic implementation of federal requirements, with focus on customer harm reduction.



- ▶ Proactive mitigation to prevent uninsurance.

We want to hear from you

Raise your hand or put in chat:

- ▶ Where are you primarily engaged in federal response?
- ▶ What are your priorities during this time of federal change?



2026 MARKET HEALTH

Signals for future marketplace & customer experience



Today's discussion

Federal changes harmed customers

Customers adjusted to affordability challenges

The new enrollment landscape

Harm mitigation and success stories

Bracing for 2027 and beyond



Key trends in enrollment



- ▶ **Nearly 250,000** enrolled; almost 13% fewer than 2025.
- ▶ Customers **dropped their coverage** at about twice the rate of prior years.
- ▶ Our strategies are working to mitigate customer harm, but **more coverage loss** is anticipated.

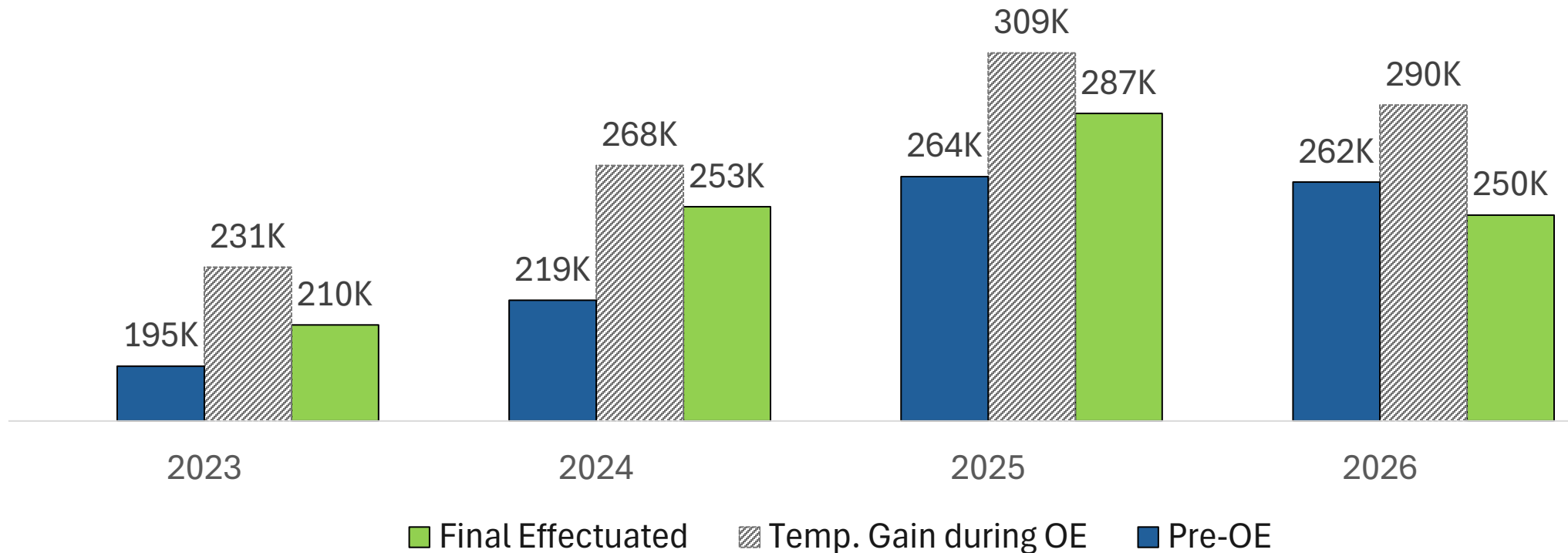
Federal changes harmed customers

Subsidies that previously supported customers up to 500% FPL were restricted; further restrictions coming for 2027.



Changes in federal subsidies reduced enrollment

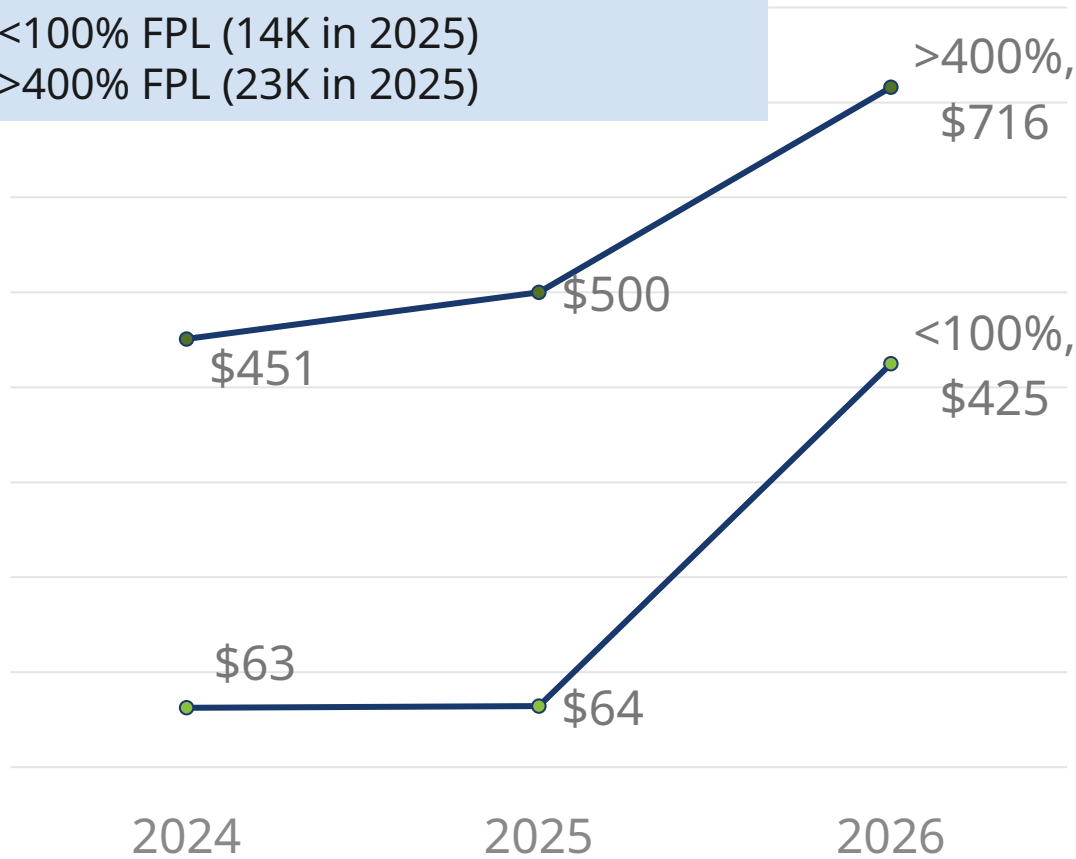
Enrollment Counts, Pre-OE, OE, and Final
PY 2023-2026



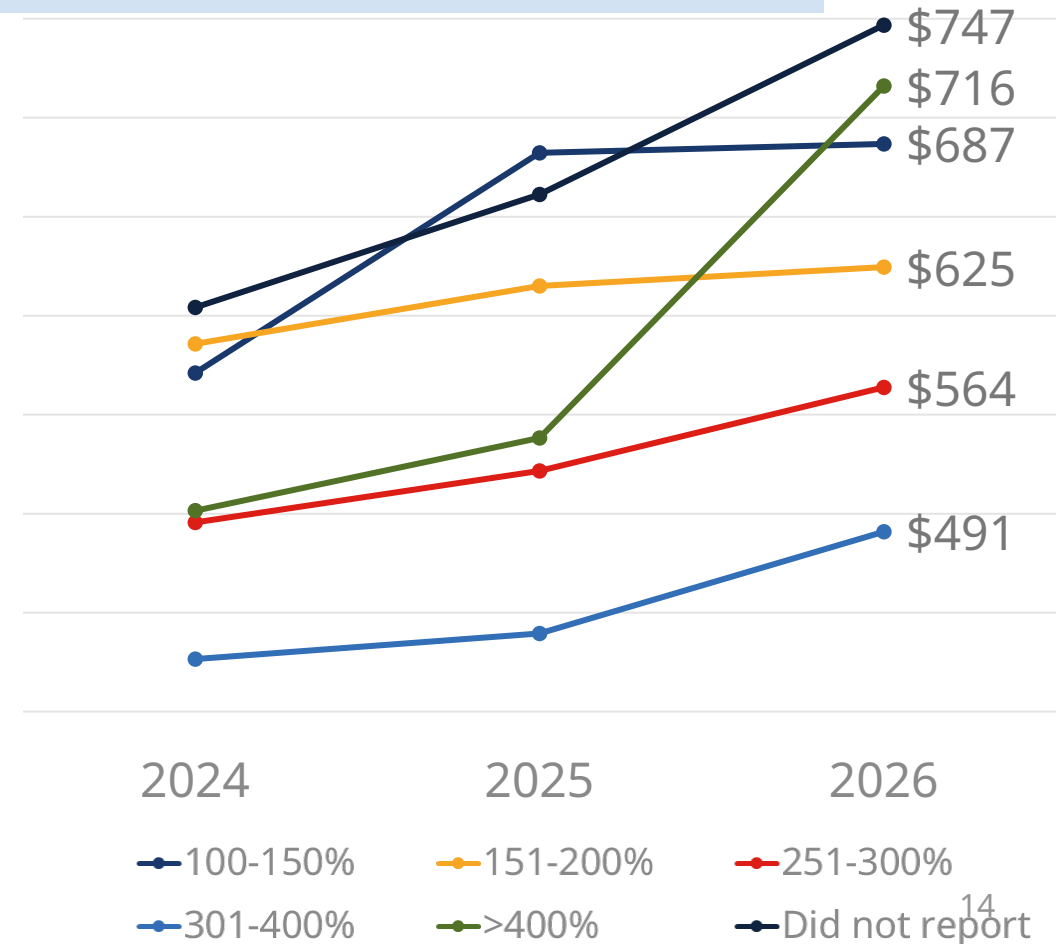
“I am probably going to drop my coverage... as I can't afford to be hit with thousands of dollars of extra payments.” - **QHP enrollee, Whatcom County**

Many customers paid a higher price for coverage

Customers who lost federal subsidies
 <100% FPL (14K in 2025)
 >400% FPL (23K in 2025)



Unsubsidized customers in every
 income bracket (66K in 2025)



Customer story



I recently had a client receiving treatment for cancer decline to enroll for coverage for 2026, as the premium offered increased to over \$500 per month for the cheapest plan. The premium paid on previous plan for 2025 was less than \$50.



Extent of coverage drops still under review

Enrollment analysis showed areas for research on people who dropped coverage:

1. Drops higher than any previous enrollment period
2. Heaviest impacts among lower incomes
3. Younger populations most affected (18–34 years)
4. Increasing disparities

Costs matter to customers

Customer activity reflected their concerns over higher prices, lost subsidies, general confusion and eligibility changes.

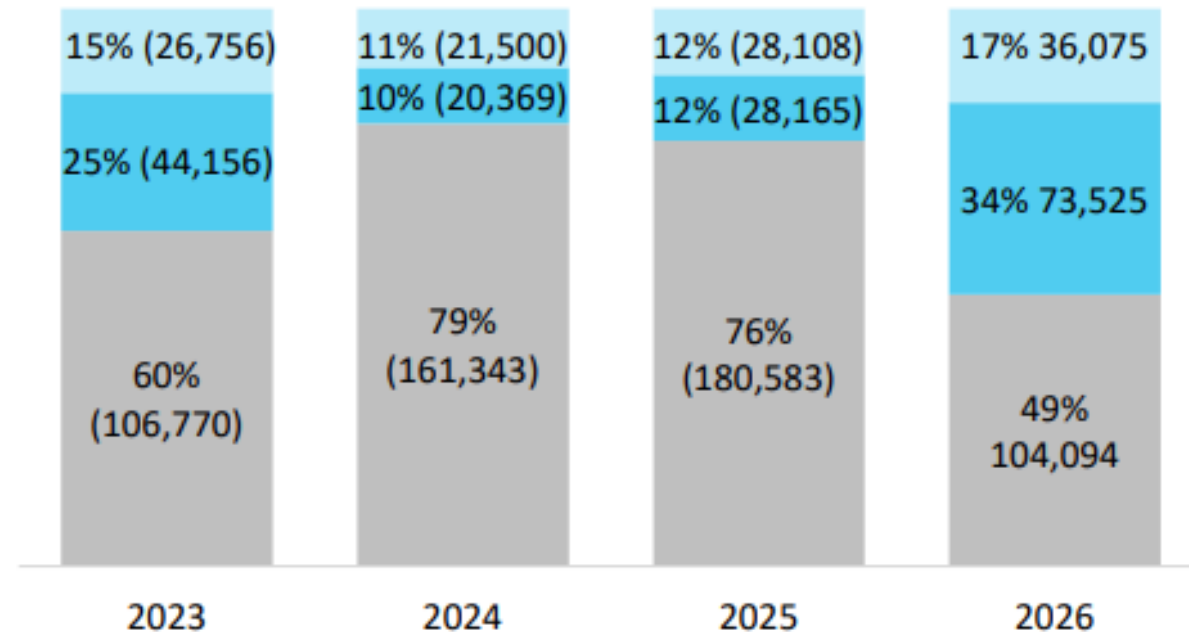


Many enrollees changed plans to more affordable options

- A combination of mitigation strategies and cost pressures drove movement between plans.
- Many customers found affordable options in public option and Vital Gold plans.

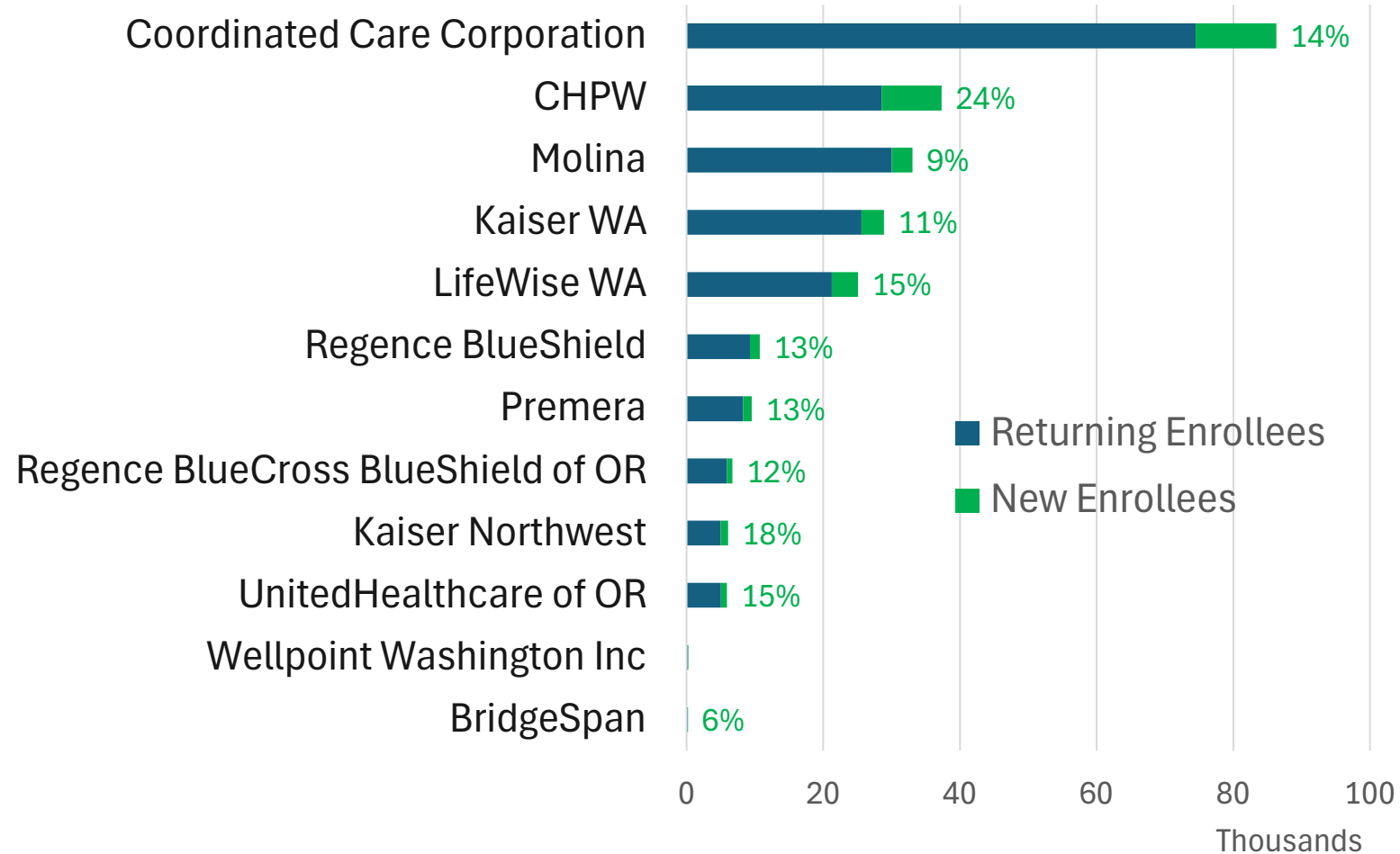
- Same plan
- Same carrier, new plan
- New carrier

Customer plan changes from previous year



“I used [Washington Healthplanfinder] to compare plans and used that knowledge and found a broker through the website that helped me the rest of the way.” - **QHP enrollee, Snohomish County**

More customers chose plans from lower-cost and public option carriers



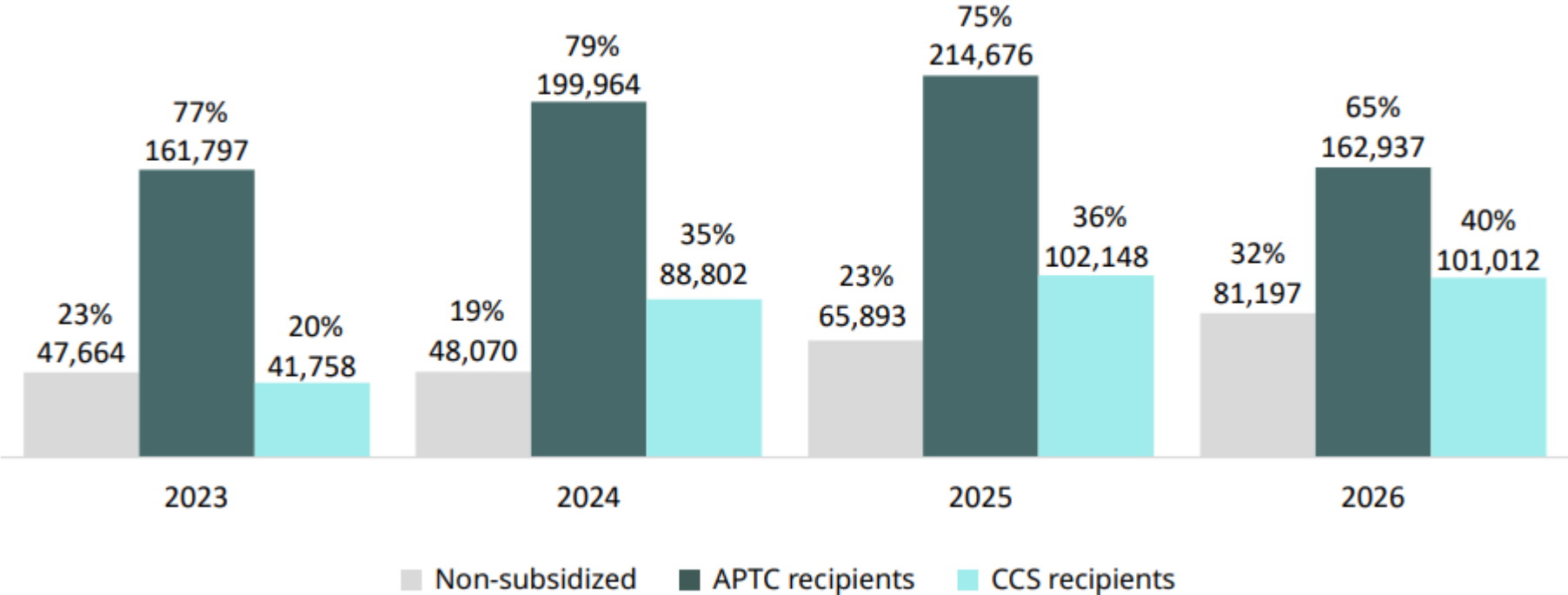
Changed enrollment landscape

Reduced and eliminated subsidies for our most vulnerable income groups affected the balance of customers.



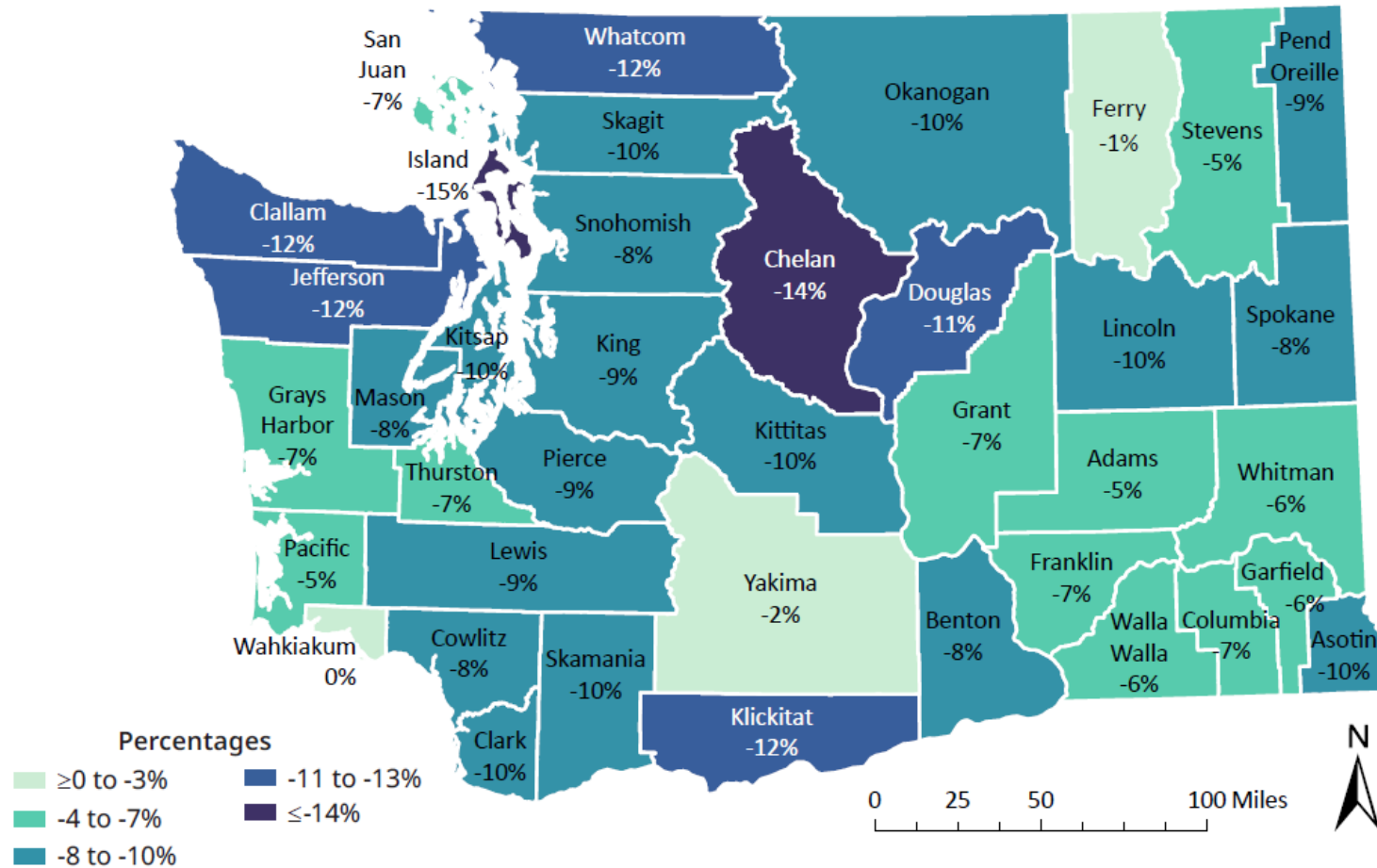
Reduced access to subsidies shifted enrollment toward unsubsidized customers

QHP enrollment by subsidy status



“I was forced to pick something out of my price range because even the affordable choices were impossible to pay. I chose the best of the worst plans offered.” - **QHP enrollee, Whatcom County**

Change in enrollee access to federal subsidies was variable across the state



39,000 fewer enrollees received APTC this year

65% of enrollees this year compared to 75% last year

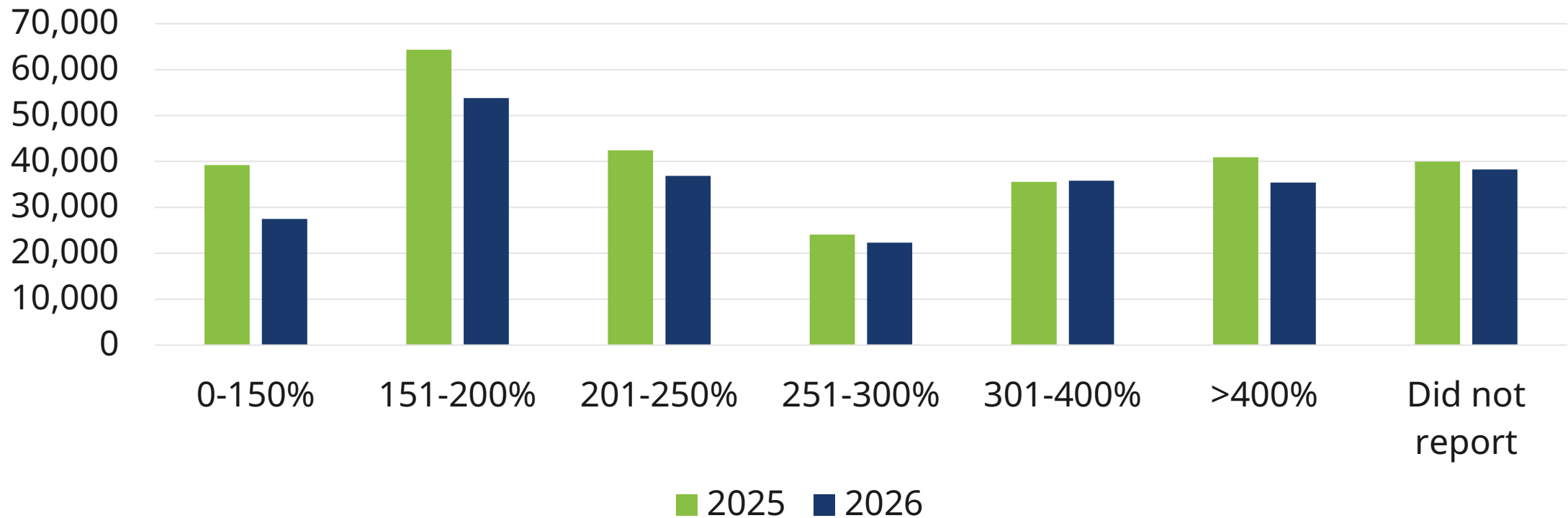
Customers who receive APTC receive on average \$612/month in assistance

“It’s deeply unfortunate the [enhanced] tax subsidies no longer exist.” - QHP enrollee, Jefferson County

Lowest-income households saw the greatest enrollment loss

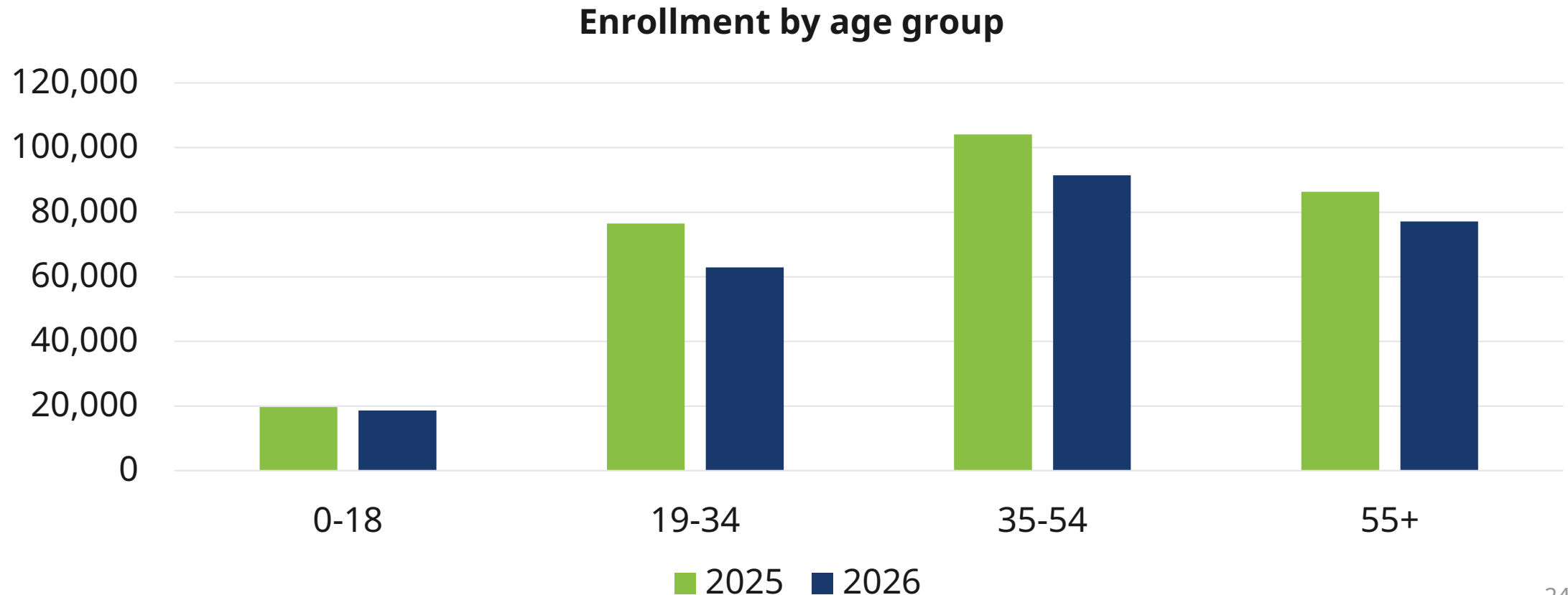
Enrollment decreased by 30% for those <150% FPL and by 16% for those 151-200% FPL.

Enrollment by FPL group



Young adults saw the greatest enrollment loss

Enrollment decreased by 18% for those ages 19-34 and by 12% for those ages 35-54.



Mitigation strategies

Despite federal policy changes, Washington state's mitigation efforts helped reduce the impact of federal changes.



Mitigation strategies helped reduce federal policy impacts in 2026

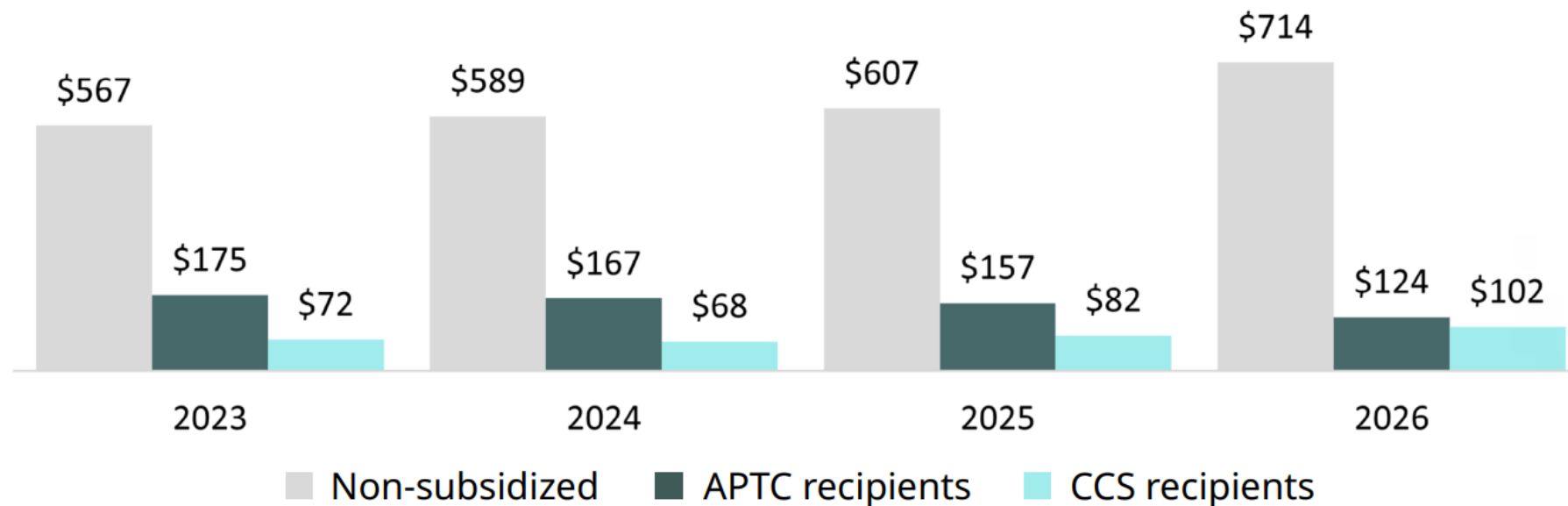
- ▶ **Premium alignment** offset the loss of ePTC for many enrollees.
- ▶ **Cascade Care Savings** and **Cascade Select** public option plans are serving more of our enrollees than ever.
- ▶ **Brokers, navigators and Customer Support Center** representatives were instrumental in clarifying savings, tax credits and policy changes.



Premium alignment offset the loss of ePTC for many enrollees

Premium alignment offset the loss of ePTC for many enrollees who remain eligible for federal subsidies. Net premium changes depend on many factors, including FPL and subsidy eligibility.

Average monthly net premium by subsidy status



Customers still APTC-eligible are helped by premium alignment

While the expiration of ePTCs increased premiums, the state was able to cushion the effect on customers with premium alignment and Cascade Care Savings.

Alma is a 50-year-old cashier who makes \$31,500 a year as a cashier at her local pharmacy in Union Gap. Because of her income, she qualifies for both APTCs and Cascade Care Savings.

2026 gross premium for the Cascade Care plan Alma chose: \$616		
	Without premium alignment	Actual 2026
APTC	\$436	\$613
Cascade Care Savings	\$55	\$3
2026 net premium	\$126	\$0

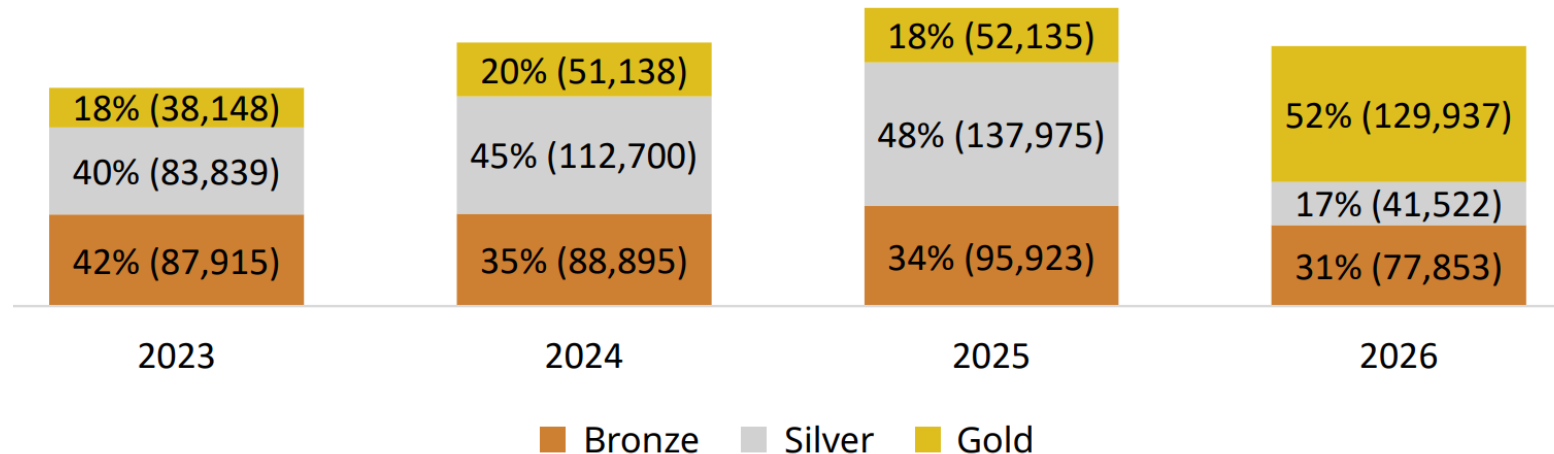
Illustrative customer scenario



Highest ever enrollment in Gold plans

Mitigation efforts increased Gold enrollment and prevented many customers from needing to buy down to Bronze, a trend seen in most other states.

Enrollment by metal level, all QHP enrollees



“I was referred to the KP Vital Care Gold plan by [Washington Healthplanfinder]. I had already built a comparison of 3 different KP Bronze plans. The new Vital Gold plan looked better for me than any of the 3 KP Bronze plans.”

– QHP enrollee, King County

Customer story



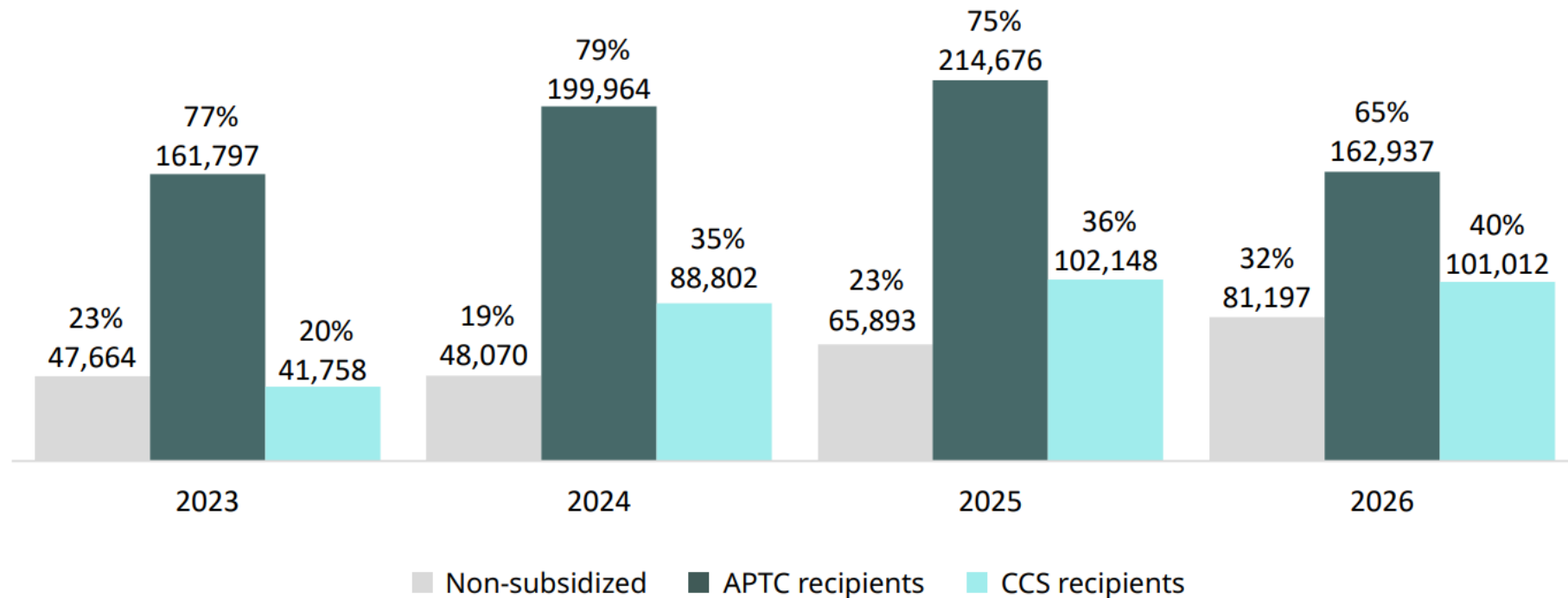
I assisted a customer who retired in early 2025 and self-served to enroll in a Bronze QHP. She came in for help with her renewal because she had concerns about affordability. Not only was she eligible for APTC and [Cascade Care Savings], we were able to enroll her in a \$0 Gold plan.



Highest ever percentage of enrollees receiving Cascade Care Savings

These enrollees are also on average receiving a greater monthly amount than in previous years.

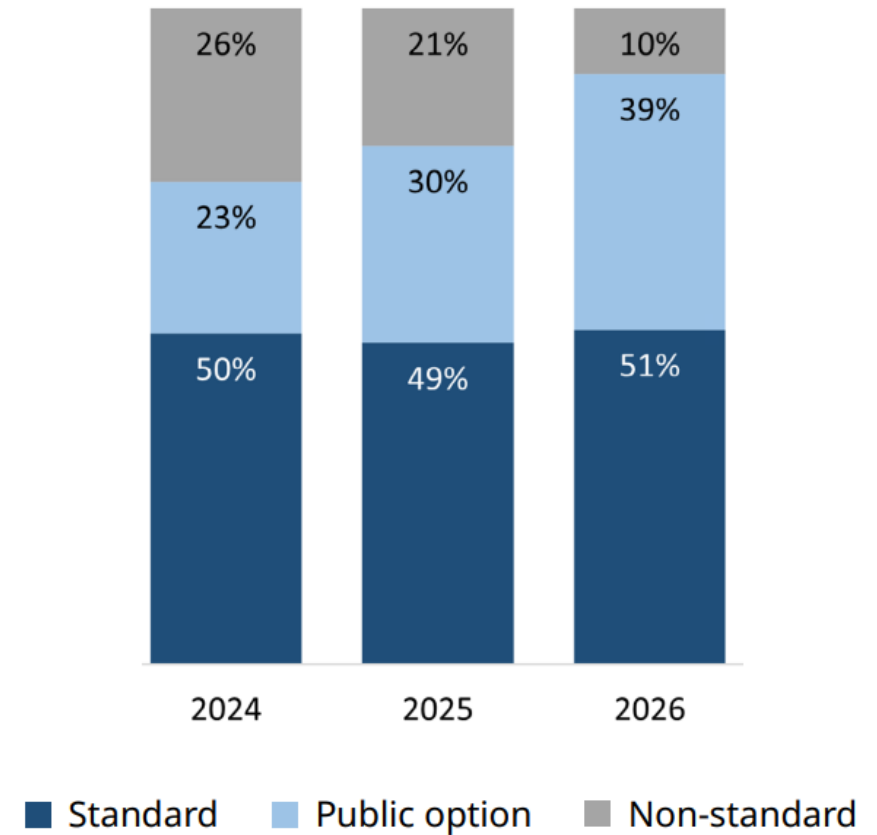
QHP enrollment by subsidy status



Highest ever enrollment in public option plans

- ▶ Almost 97,000 customers enrolled in a Cascade Select public option plan.
- ▶ Nearly half (47%) of new enrollees selected a public option plan.
- ▶ Only 10% of enrollees selected a non-standard plan.

Cascade Care plan enrollment
2024-2026



Brokers, navigators and Customer Support Center representatives were instrumental

- ▶ “I spoke to Jasmine on January 15; she was patient, empathetic, and walked me through every step of the application process. Her skill and kindness was a huge relief!” – **QHP enrollee, Walla Walla County**
- ▶ *Regarding their navigator:* “Muy agradecida, en el momento fueron especial conmigo, me escucharon y pudieron ayudarme, gracias. (I’m very grateful. At the time, they were wonderful to me – they listened and were able to help me.)” – **QHP enrollee, Snohomish County**
- ▶ “The broker I worked with was so helpful, kind, and patient! She made something I was dreading into a lovely interaction. She took her time explaining things, which makes all the difference!” – **QHP enrollee, Cowlitz County**



The Exchange’s extensive network of statewide assisters helped approximately **49% of QHP enrollees** find and select their 2026 health insurance.

Mitigation strategies & assister support

Premium Alignment

Loss of enhanced premium tax credits (ePTCs)

Plan display changes and "Where is my Silver plan?"

Cascade Care Savings

Loss of tax credits for lawfully present under 100% FPL and DACA

New policy \$55/\$250 PMPM

Cross-Mapping

Ensure customers are in plans that maximize their savings

New Cascade Care Gold plan
No Bronze plans in some counties

WA Health Path

Helps noncitizen customers access continuous coverage

Collaboration with navigators for enrollment assistance

Assisters provide critical support

Producers and navigators help clients understand available programs and potential financial savings. Access to an assister in the community is essential to helping reduce the uninsured rate.



Gentleman who is self-employed has 5 children; He had to close his own business ... lost his house which burned to the ground, was not insured and going through some health issues. He was eligible for Apple Health but was not aware he could also apply for the program ... Client cried and was so grateful to access the coverage at such crucial time in his life.

More federal changes are coming

Some of the most restrictive federal policies affecting access and affordability begin next year.



Without intervention, enrollment will continue to decline



Plan year
2025

- Eliminated tax credits for DACA population as of Oct. 1, 2025.



Plan year
2026

- Eliminated federal subsidies for lawfully present immigrants with incomes below 100% FPL.
- Removed APTC repayment caps.
- Enhanced premium tax credits expired.



Plan year
2027

- Shortening open enrollment period.
- AV changes increasing out of pocket costs.*
- Eliminating federal subsidies for many lawfully present immigrants.
- People denied Medicaid due to work requirements also denied QHP federal subsidies.



Plan year
2028 & beyond

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

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

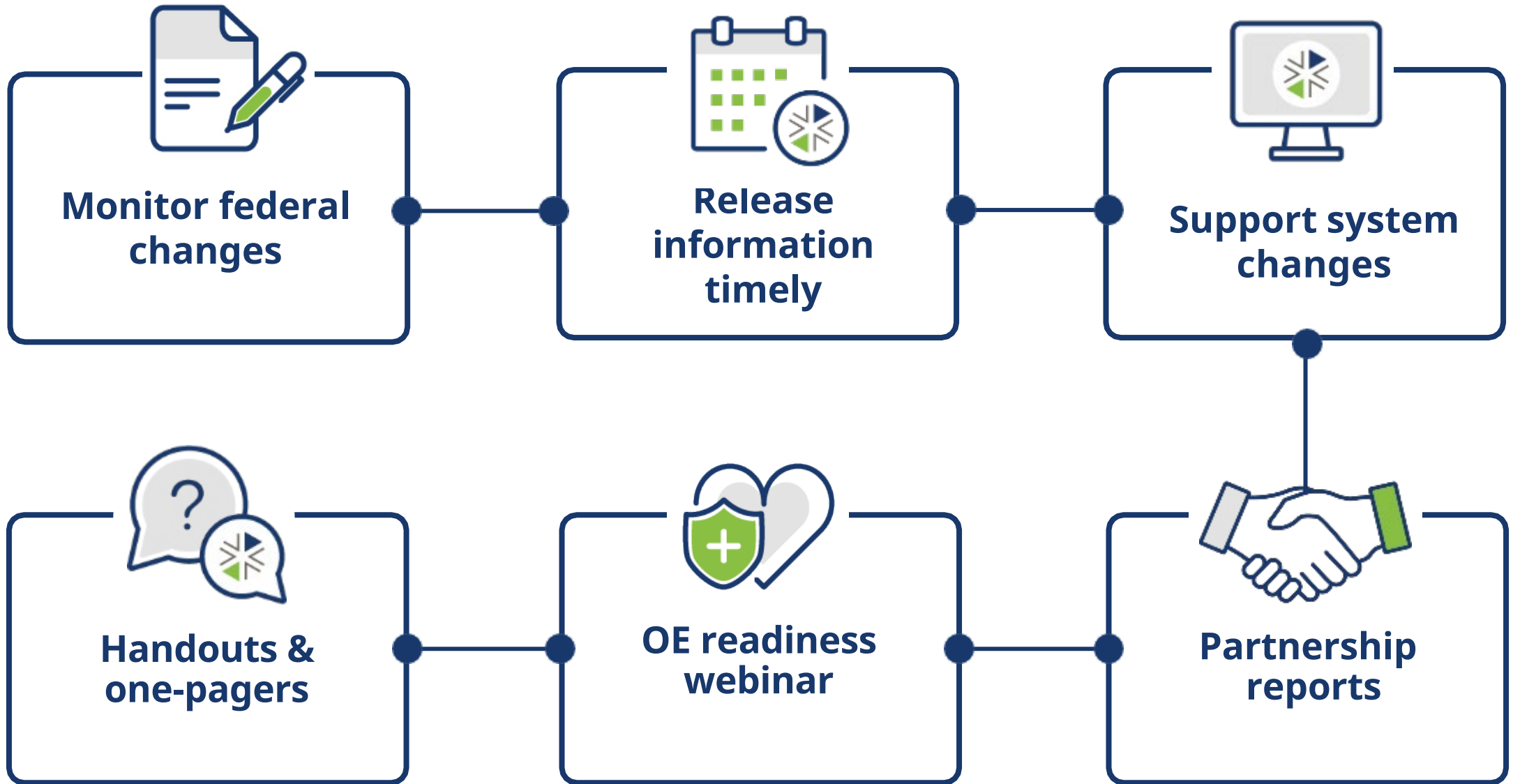
Customer story



I have a client that had a QHP all 2025 and qualified for tax credits, which made it affordable to have. But this year, they are having surgery but will not be purchasing a QHP since it is no longer affordable. Not only is this true with this one client, there are many more who are not purchasing a plan due to unaffordability.



Assister program priorities looking forward



2026 enrollment summary

Signals for future market & customer experience

▶ Higher premiums

- Carrier increases 26% on average
- ePTC subsidies expired
- <100% FPL subsidies disallowed

▶ Premium alignment protected some

▶ Cascade Care helped enrollees cover costs

▶ Enrollment decreased

- Fewer new enrollees
- Lower proportion of subsidized customers

▶ Coverage drop levels are unprecedented

▶ Customers changed plans to avoid premium increases

▶ Continued price pressure on enrollment through 2026

- Silver plan enrollees may be paying more than is affordable
- Expect continued attrition

▶ Additional federal changes will cause pressure

MARKETPLACE CHANGES

Reimagining Exchange enrollment



Reimagining the customer enrollment journey

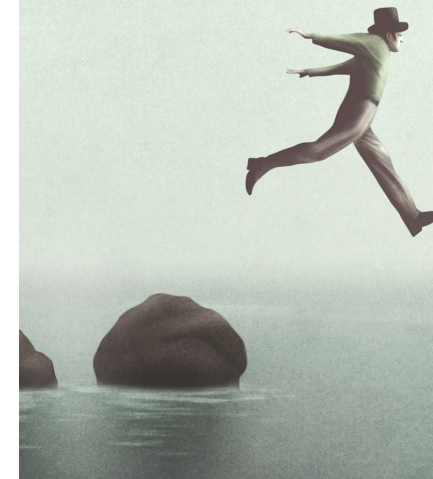
Changes required under federal law will have harmful customer impacts.



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.

Changes for customers with tax credits for PY2028

"Pre-Enrollment Verification" impacts both new and renewing customers

Eliminating conditional eligibility

New customers must resolve data inconsistencies before they can enroll in a QHP with **federal financial help.**

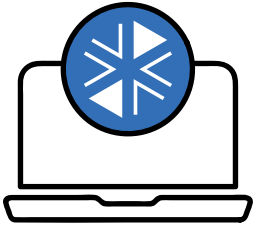
Big changes to passive renewal

For the first time, renewing customers must take action before they can be renewed into a QHP with federal financial help.

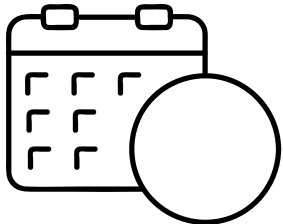


Conditional eligibility

Current state



Customers come in and fill out application and answer eligibility questions.

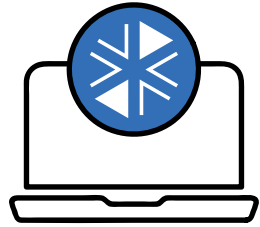


If the data does not match what the federal hub says, customers can get tax credits based on their attested information for 95 days while they verify their data.

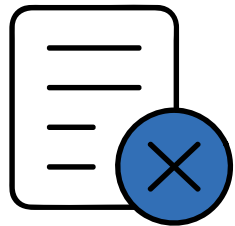


Conditional eligibility for tax credits is ending

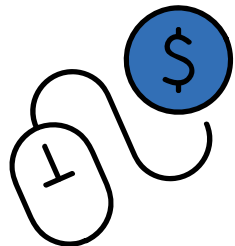
Beginning PY 2028



Customers come in and fill out application and answer eligibility questions.



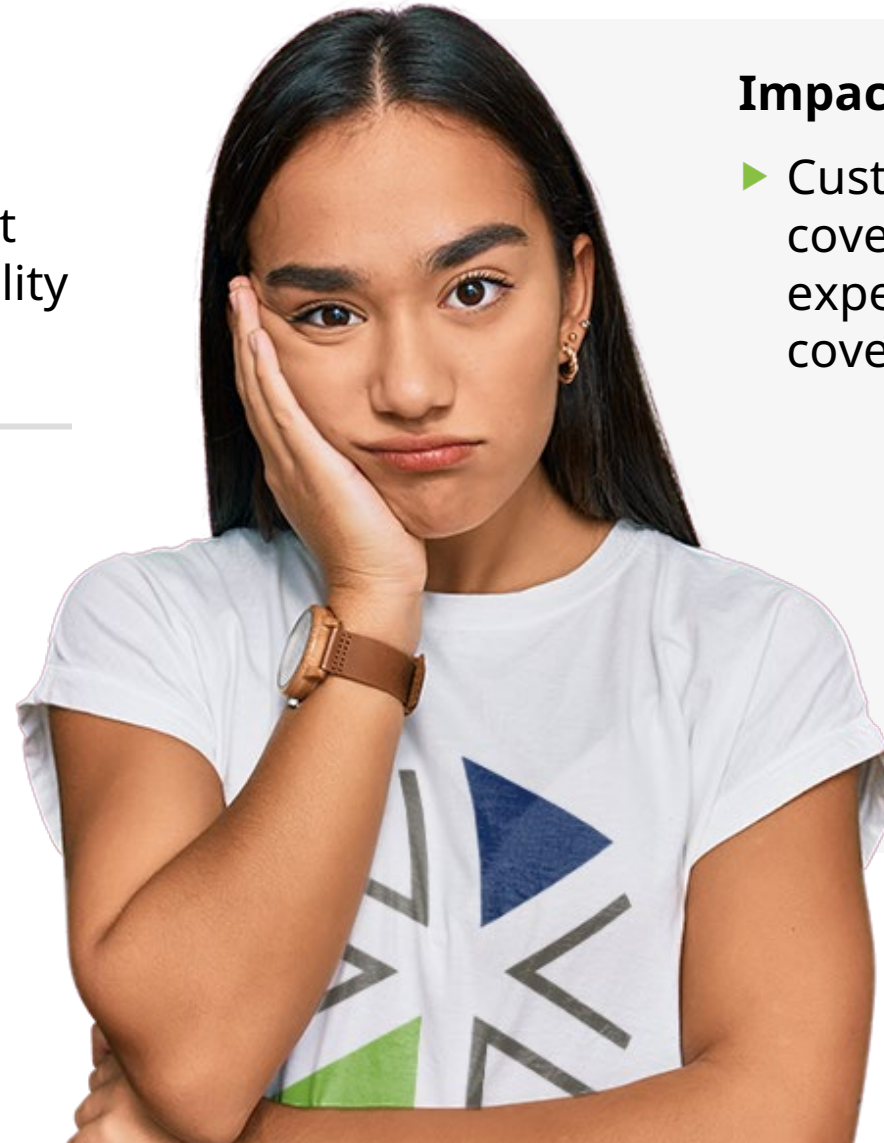
If the data does not match what the federal hub says, customers are denied tax credits.



Customers delay enrollment or enroll without federal subsidies while waiting for the Exchange to verify information.

Impacts

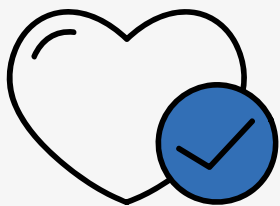
- ▶ Customers will drop coverage—it's too expensive to stay covered at full price
- ▶ Pressure on Exchange teams to verify documents much faster than current 95-day period.



Passive renewal with tax credits

Current state

- ▶ QHP enrollees receiving tax credits are renewed for next year and receive tax credits based on information stored in Washington Healthplanfinder.
- ▶ No action is required for Jan. 1 coverage. This is “passive renewal” similar to what people with employer coverage enjoy.
- ▶ Eligibility is re-checked, and customers have 95 days to resolve inconsistencies. During those 95 days, they have health coverage with tax credits.



183,000

total customers were auto-renewed with tax credits this past open enrollment.



Renewing with tax credits will require customer action

Beginning August 2027 (for 2028 renewals)

- ▶ Customers seeking federal financial help will no longer be able to passively renew.
- ▶ Enrollees must verify the information on their Exchange application, even if nothing has changed.
- ▶ The level of verification that will be required is unknown.
 - Could range from simpler re-attestation to more intensive document submission.



Data that must be re-verified each year before renewal:

- ▶ Household income
- ▶ Family size
- ▶ Place of residence
 - ▶ Health coverage status (e.g., other MEC)
 - ▶ Immigration status

We must reimagine the customer journey to keep people covered in 2028

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





HR 1 PRE-ENROLLMENT VERIFICATION PLANNING

Presentation to Cascade Care Workgroup

May 18, 2026

PROPOSED ELIGIBILITY VERIFICATION CHANGES WOULD IMPACT MANY COVERED CALIFORNIA APPLICANTS AND ENROLLEES

35 percent of new applicants (301,300 individuals) during the 2024 open enrollment and special enrollment periods had to provide paperwork to finalize their eligibility

9 percent of enrollees with finalized 2024 eligibility (96,000 individuals) subsequently reported changes to their income or household (for example, adding a new baby) during the course of the year which required them to provide paperwork

73 percent of renewing enrollees (1.2 million individuals) for 2025 were passively renewed. Under HR 1, all of these enrollees would have to reapply in order to continue receiving premium tax credits and cost-sharing reductions

Defining the Problem

The Problem Statement

Currently, consumers are conditionally eligible for subsidized health insurance due to outstanding verifications or inconsistencies in their applications. This introduces unnecessary friction and may negatively effect consumer effectuation rates.

HR1 §71303 is expected to intensify this challenge. Under these new rules, consumers must submit all required documentation before applying financial assistance to their Covered California health plans—increasing their initial cost. We assume consumers will choose to not enroll in health insurance, thinking the unassisted cost is their final cost.

The Challenge Statement

Goal + User + Platform + Timeline = Challenge Statement

By achieving our goals, we aim to:

- Increase the urgency of verification action for consumers and make clear the impact of inaction
- Improve consumer accuracy to prevent data mismatches
- Better support accuracy by introducing solutions that improve the accuracy of attested information
- Improve portal content and calls to action so consumers know to upload documents to verify
- When data mismatches occur, make the document upload flow easy to locate and use
- Reduce inbound and outbound calls to the Service Center and agents

Research Findings Overview

Consumers experience blockers around reporting information accurately and have major awareness gaps around required next steps

Awareness Gaps

- False completion and missed calls to action
- Awareness occurs at coverage loss
- Document upload and status reporting is unclear

Income Verification

- Accuracy challenges and unclear impact/urgency
- Missed calls to action and locating document upload
- Awareness occurs with “arbitrary” premium increases

SSN, Citizenship, & Lawful Presence

- 9% of consumers drop off on SSN page
- 12.8% of non-citizen users drop off on Lawful Presence page
- Identity theft and immigration concerns

The Golden Thread

The optimal or “happy path” a consumer follows as they move through a process—the most efficient, frictionless experience



Why It Matters

- Customer focused: centers the consumer’s experience
- Comprehensive: visualizes the full end-to-end process
- Aspirational: focuses on the ideal journey



What It Does

- Identifies and eliminates pain points
- Aligns teams and stakeholders around shared UX objectives
- Unifies service delivery and communications
- Improves satisfaction and retention



Where It Takes You

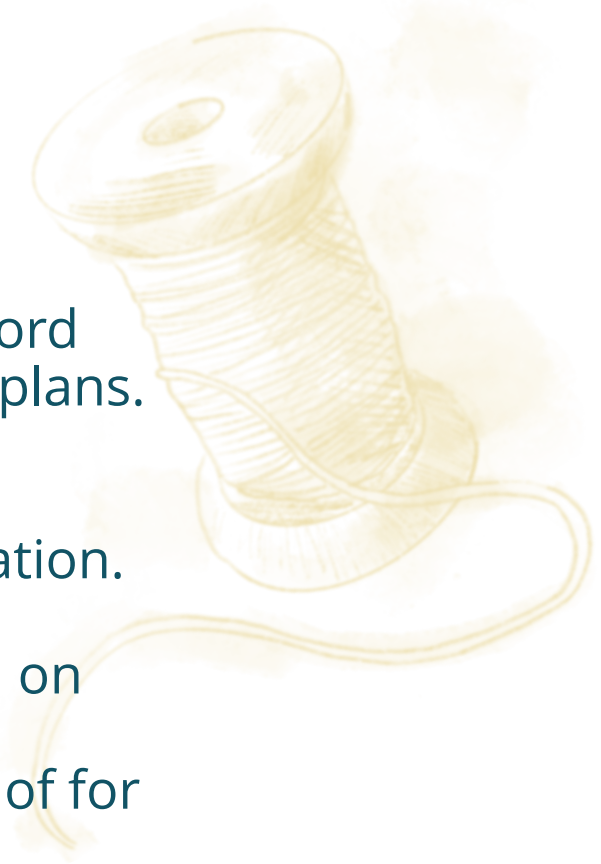
- Benchmarking of current processes against the optimal journey
- Targeted and prioritized changes and solutions
- Intuitive, efficient, and enjoyable customer experiences!

Golden Thread – Part 1

One evening, Lily turned on YouTube. An ad popped up: "Struggling to afford healthcare in California? CoveredCA makes it easy to apply for affordable plans. Learn more and get started at [CoveredCA.com](https://coveredca.com)—it's simple!"

Lily made a mental note to apply. The next evening, she began her application. The system presented her with a quick screener of simple questions; her answers generated a tailored list of the documents she might need based on her responses. There were visual examples to help identify the right documents; based on these, she knew what to download or take pictures of for entering her household information.

When she reached the "Income" section, the site didn't overwhelm her—it simply asked, "Who receives income?" She selected herself and her parents. The next step asked, "How do they receive it?" The options were straightforward. Lily makes selections for her restaurant job, her Uber gig, and her parents' retirement income. It was easy to align each household member to their types of income.



Golden Thread – Part 2

She was then offered three ways to report her income: uploading documents, connecting to a third-party data source, or entering the information manually.

Lily chooses to upload documents. She could easily drag and drop files from her desktop or use a provided QR code. Scanning the code with her phone sent her to a secure URL, where she granted access to her camera, snapped a photo, and saw the document instantly appear on her desktop. She reviewed and confirmed the uploads.

The system prompted a few more questions about her expected income for the rest of the year to help calculate her anticipated annual income in real time.

She repeated these steps for other household members, completing the income section.



Golden Thread – Part 3

Lily continued through the application and reviewed her information. Everything looked correct, so she clicked “Check my application.”

An alert popped up: “We need a little more information. We found some data that doesn’t match our records for [verification category]—let’s solve this together.” Instead of a cold error, the site offered friendly guidance and kept her informed about why this information was needed. Resolving the first issue was easy—step-by-step prompts streamlined the fixes.

For the second issue, her father didn’t have the required document at hand, so she skipped it and planned to return once he could provide it. She then proceeded to view her eligibility, learning her father would have conditional eligibility until his document was uploaded.

With most documents submitted, Lily selected her health plan (with APTC applied)¹ and logged off for the day.



Golden Thread – Part 4

Three days later, while making dinner, Lily's phone buzzed: "CoveredCA: Action needed! Upload one more document to complete coverage for your family. Tap here or call us for help."

Lily felt reassured. No more piles of mail to sort—just one clear, jargon-free text. Her calendar also nudged her with a reminder she'd set earlier: "CoveredCA: Check your account today."

When Lily logged in; she was guided straight to the outstanding task. She uploaded the missing document for her father, which was immediately processed (through IDP), and received confirmation that she'd completed everything to finalize eligibility. Everything worked the second time around.

With all her documents submitted, Lily finalized plan selection for her father. At every step, the system guided her through preparation, income entry, and resolving inconsistencies. The process itself was simple, and CalHEERS kept her informed through reminders and nudges.



Coming September 2026: Mini-Assessment



Application Menu: Once the user has entered all the application data, they return to the Application Menu where they can begin the Review and Submit section

Let's check your application to make sure you are ready to submit!



We want to verify your information with our records to make sure that your application is ready to submit.

You can go back and review your information. When you're ready, continue and we'll check your application.

Back

Check my application

(NEW) Application Check: An animation will appear while the system performs a mini determination which will include calling electronic verification services and determine if there are any mismatches that need to be cleared.

Your application looks great!



We have verified your information with our records. Your application is ready to be submitted!

Back

Next

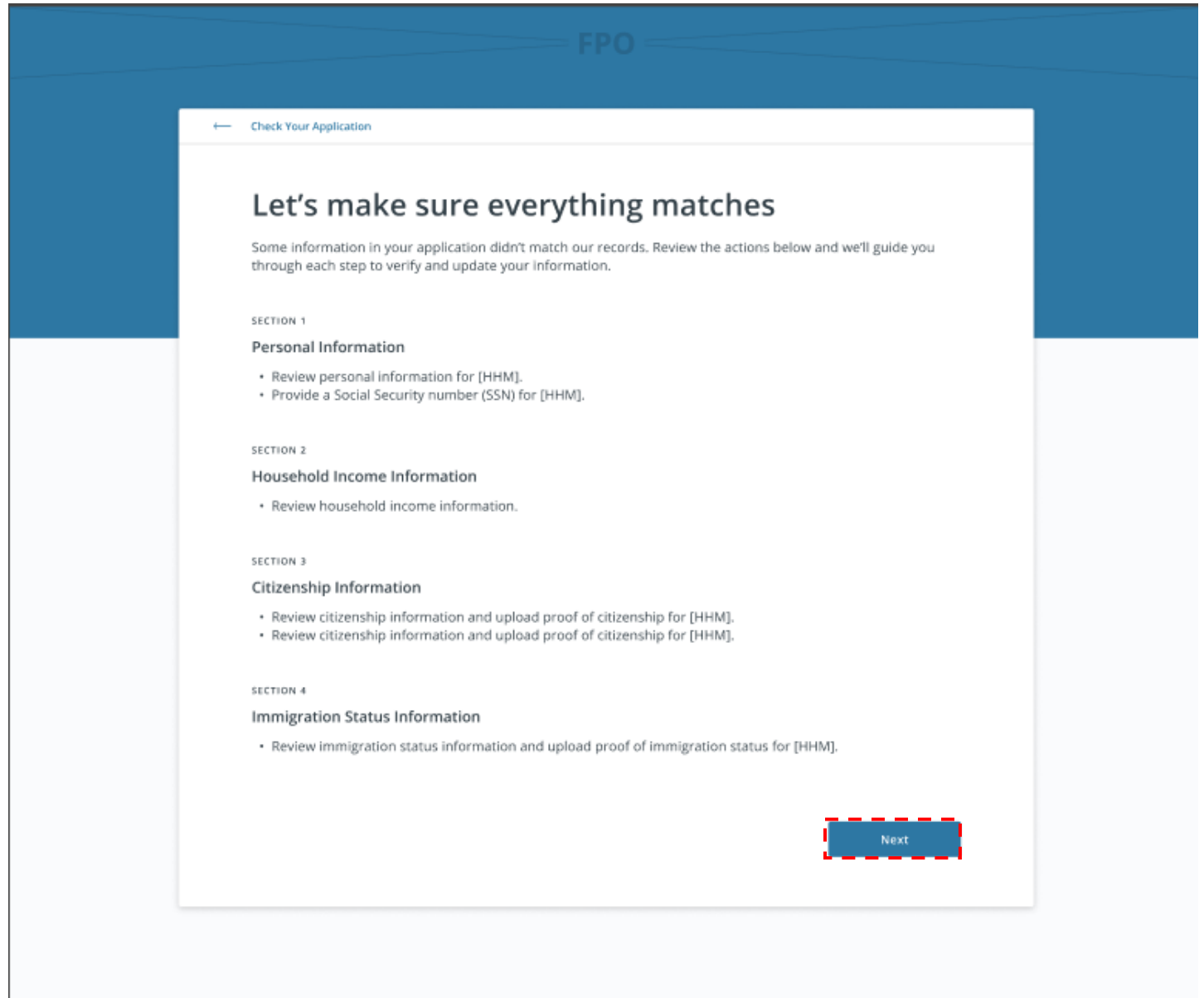
FPO

Application Menu

- Introduction Review
- Household Information Review
- Individual Information Review
- Review and Submit Start

(NEW) Overview:

If anyone in the household has an inconsistency found, the user will land on this overview page which calls out exactly who in the household has the inconsistency and for what reason



(NEW) Personal Information Check:

For everyone with an inconsistency related to their name, date of birth (DOB), and Social Security Number (SSSN), the system will display the individual's personal details with a link to edit. The SSN will be masked by default but can be viewed by clicking on "Show." Users can click the "Next" button without making any changes if they do not see any errors.

FPO

SECTION 1 OF 4
Personal Information

Next: Household Member Information

Household Member 1 of 2

Review [HHM]'s Personal Information

The personal information that you provided for [HHM] does not match our records. Please review the information.

Firstname L.
48 yrs

Personal Information

First name:
[First name]

Middle name:
[Middle name]

Last name:
[Last name]

Suffix:
[Suffix]

Date of birth:
[mm/dd/yyyy]

If you think there is a mistake, [edit the information.](#)

Other Information

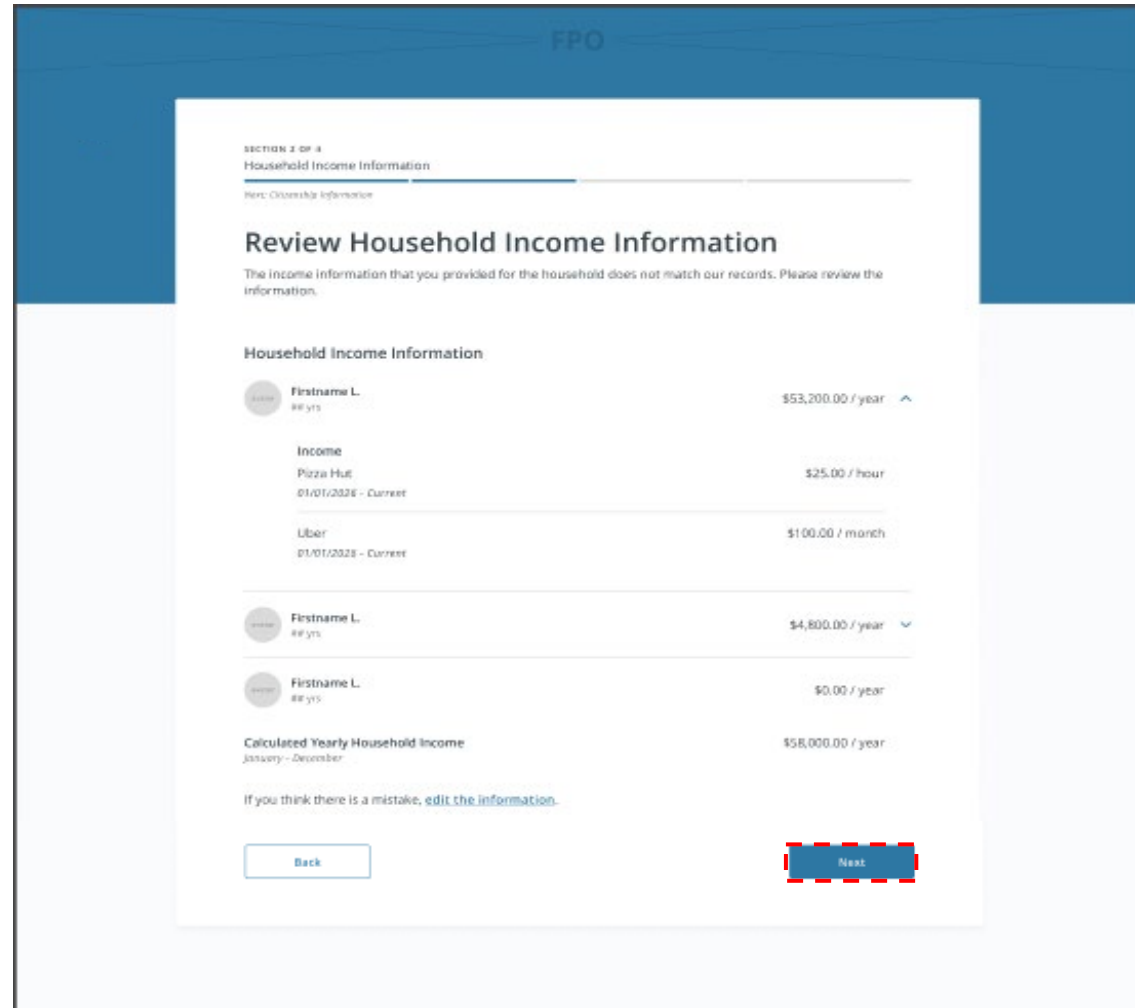
Social Security number (SSN):
[•••••1234] [Show](#)

If you think there is a mistake, [edit the information.](#)

[Back](#) [Next](#)

Income:

For the household with an inconsistency related to income, the system will display the income reported for the household with a link to go back and edit.



(NEW) **Income Proof Selector:** The user can select between uploading income documents, providing an attestation, or skipping resolving income at this time.

SECTION 2 OF 4
Review Household Income Information
Next: Citizenship Information

Confirm Household Income Information

Please confirm the income information using one of the following options.

Income Attestation

Confirm the income with an online form. You do not need to upload any documents.

Attest to income

Upload Documents

Upload pay stubs, W-2s, or 1099s.

Upload documents

You can complete this section now or after submitting your application. Be sure to finish all remaining actions to avoid losing coverage or benefits.

Back
Next

Income Attestation: If the user selects attestation they will need to acknowledge and agree to several statements. Once they check the box at the bottom they can move forward.

Your household income information does not match

We compared the documents you uploaded to your application and found that the income information does not match. See below for details and steps you can take to fix the issues.

If you do not have the right documents, confirm the income with an attestation.
If your documents are correct, you may need to edit your application.
If you are not sure, you can continue to submit and we will review them.

	BASED ON YOUR APPLICATION	BASED ON YOUR DOCUMENTS
Annual Household Income	[\$##,###] / year	[\$##,###] / year

Back
Continue to Submit Documents

SECTION 2 OF 4
Household Income Information
Next: Citizenship Information

Attest to income

You can confirm your income with this form. **You only have to complete this once for your entire household.** Confirm the following information and sign this form.

Primary Tax Filer:
(Full Name)

Calculated Yearly Income of Tax Filing Household:
\$58,000 / year

Please read and agree to the acknowledgements:

- I acknowledge that the information provided on this form will only be used for purposes of eligibility determination for financial assistance. Covered California will keep this information private, as required by federal and California law.
- I understand that I must report income changes to Covered California within 30 days of the change because it may affect the amount of premium assistance (or tax credits) or the level of cost-sharing reduction for which I may qualify.
- I understand that this income attestation is only valid for the benefit year for which coverage is requested and must be renewed each benefit year.
- I understand that if I receive too much premium assistance (or tax credits) during the benefit year, I will have to pay some or all of the excess premium assistance back to the Internal Revenue Service (IRS) when I file my federal income tax return for the benefit year.
- I declare under the penalty of perjury, under the laws of the state of California, that what I stated above is true and correct.

I agree and certify that I have read the acknowledgements.

Date
(mm/dd/yyyy)

Cancel
Submit

(NEW) Lawful Presence (LP) Review:

For everyone with an inconsistency related to their Lawful Presence the system will display the immigration status and document type they previously attested to. If they also provided the document information, that will also display. The user will have the option to upload documents or manually enter the data.

The screenshot shows a web form titled "Review [HHM]'s Immigration Status Information". At the top, it says "step 4 of 4" and "Immigration Status Information". Below the title, there is a message: "The immigration status information that you provided for [HHM] does not match our records. Please review the information and upload documents if needed." The user's profile is shown as "Firstname L." with a "44 yrs" age indicator. The form is divided into sections: "Immigration Status Information" with a dropdown for "Immigration status" (set to "Lawful Permanent Resident (LPR/Green Card holder)") and "Immigration document type" (set to "Permanent Resident Card (Green Card, I-551)"). The "Immigration Document Type Information" section includes: "Enter [HHM]'s Permanent Resident Card (Green Card, I-551) Alien registration number / United States Citizenship and Immigration Services (USCIS) number." with a masked input field; "Enter [HHM]'s Permanent Resident Card (Green Card, I-551) receipt or card number." with a dropdown for "EAC" and a text input for "1234567890"; "Enter [HHM]'s Permanent Resident Card (Green Card, I-551) document expiration date." with a date picker set to "08/15/2022"; "Enter [HHM]'s first name/given name on document." with a text input for "John"; "Enter [HHM]'s middle name on document. (optional)" with an empty text input; "Enter [HHM]'s last name/surname on document." with a text input for "Smith"; "Enter [HHM]'s suffix on document. (optional)" with a dropdown menu; and "Enter [HHM]'s date of birth on document." with a date picker set to "08/15/2022". At the bottom, there are "Back" and "Next" buttons.

Discussion & Questions

The Covered CA Golden Thread optimal or “happy path” a consumer follows as they move through a process—the most efficient, frictionless experience



Why It Matters

- Customer focused: centers the consumer’s experience
- Comprehensive: visualizes the full end-to-end process
- Aspirational: focuses on the ideal journey



What It Does

- Identifies and eliminates pain points
- Aligns teams and stakeholders around shared UX objectives
- Unifies service delivery and communications
- Improves satisfaction and retention




















Where It Takes You

- Benchmarking of current processes against the optimal journey
- Targeted and prioritized changes and solutions
- Intuitive, efficient, and enjoyable customer experiences!

Improvement opportunities exist today

Insights from 2026 customer surveys & interviews

	 Easy-to-update Application	 Streamlined Document Upload	 Clear Guidance and Expectations	 Timelines and Transparency
Insight (current state)	Renewing customers want an easier way to edit and update information without going back through the application	Document upload is frustrating and confusing , especially for customers with complex or variable income and lower health or tech literacy	Customers aren't sure what to expect going into Open Enrollment and want to make sure they do things correctly the first time	When policies change, customers need communication, transparency, and guidance on what they can and need to do
Opportunity (current state)	Allow customers to edit pre-populated fields for common items that may change year-to-year (e.g., income)	Allow customers to upload multiple documents at once	Provide customers with accessible checklists and step-by-step instructions in plain language	Timelines, next steps, and general plan information help customers prepare to shop while they wait for eligibility results
Why It Matters	It removes unnecessary steps and reduces time customers spend updating their application, especially during shortened OE	This can reduce confusion, administrative burden and time spent uploading various documents, which may impact pre-verification during shortened OE	With the end of conditional eligibility, transparency and guidance help customers feel confident and prepared for what's ahead	Clear, regular communication (e.g., reminders, notifications before/during OE) help customers plan and budget their time to ensure they meet the December 31 deadline
How Might We...	Allow customers to easily update their information?	Easily upload documents in one go without use of the mobile app?	Make checklists easier to find, and provide clear instructions?	Provide clear, transparent, and regular communication?
Customer Journey	 	  	   	   

Keeping Washingtonians covered requires partnership

Small-group breakout sessions:

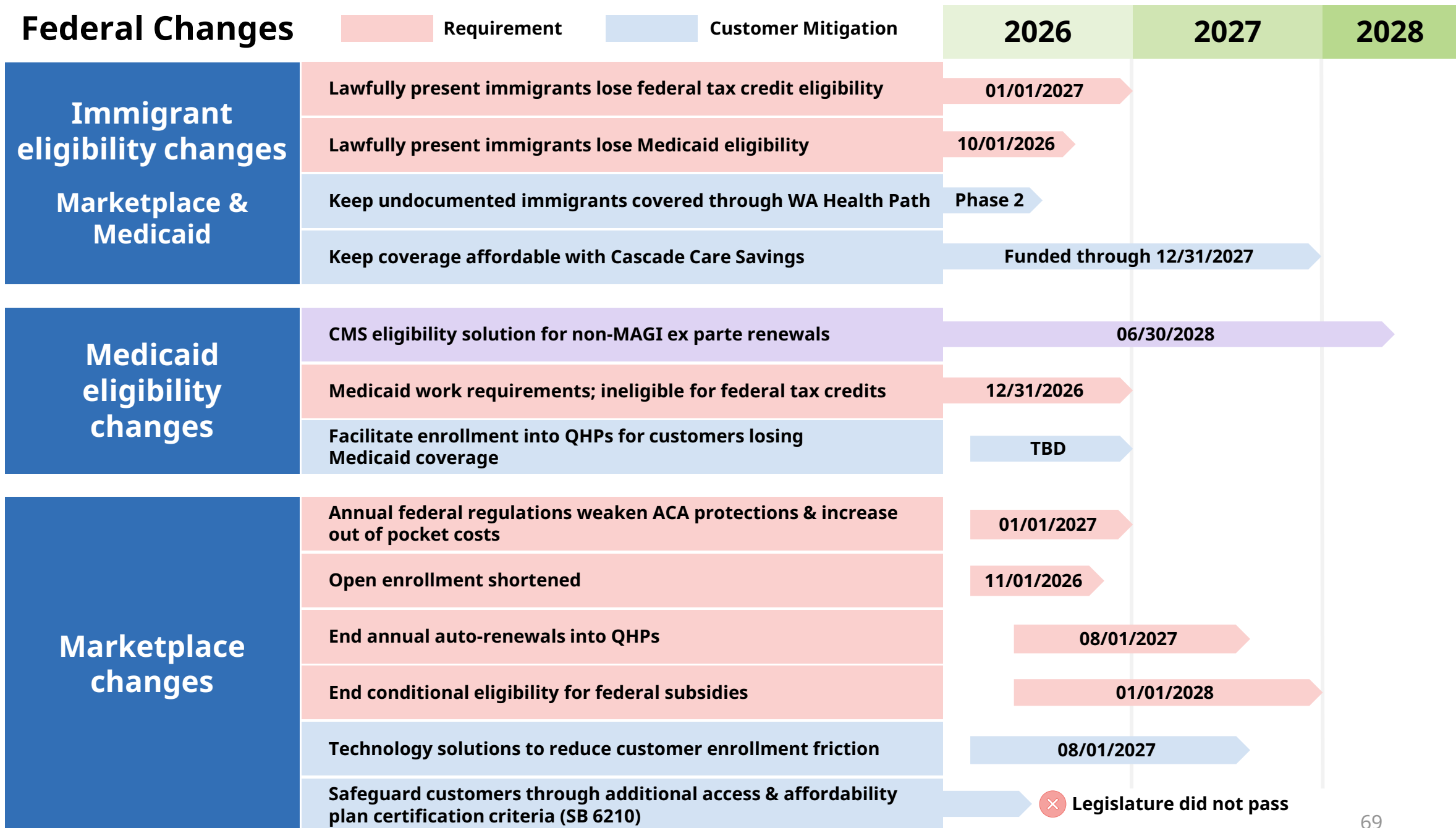
- ▶ What marketplace tactics must the Exchange pursue? What should be our highest priorities?
- ▶ Offers and requests:
 - ▶ How can your organization and/or sector contribute to implementation and mitigation tactics to reduce coverage loss?
 - ▶ What do you need from the Exchange to be successful?



KEEP WASHINGTONIANS COVERED

Next steps





Highest priority changes listed; not inclusive of all required changes. End dates of requirements based on federal compliance dates.

**Meeting the
moment to keep
Washingtonians
covered**





Notifications

Encourage customers to read all messages from the Exchange and their insurance company.

Connect with customers

Remind customers to reach out if they need to update their application information – address, income, household members, tax statuses, etc.



Report Income Changes

Inform customers about reporting income accurately - penalties may be higher if income is not up to date.

We want to hear from you

Raise your hand or put in chat:

- ▶ What are your final reflections today?



- Additional data from spring enrollment report, producer and navigator programs, and customer experience research

Appendix



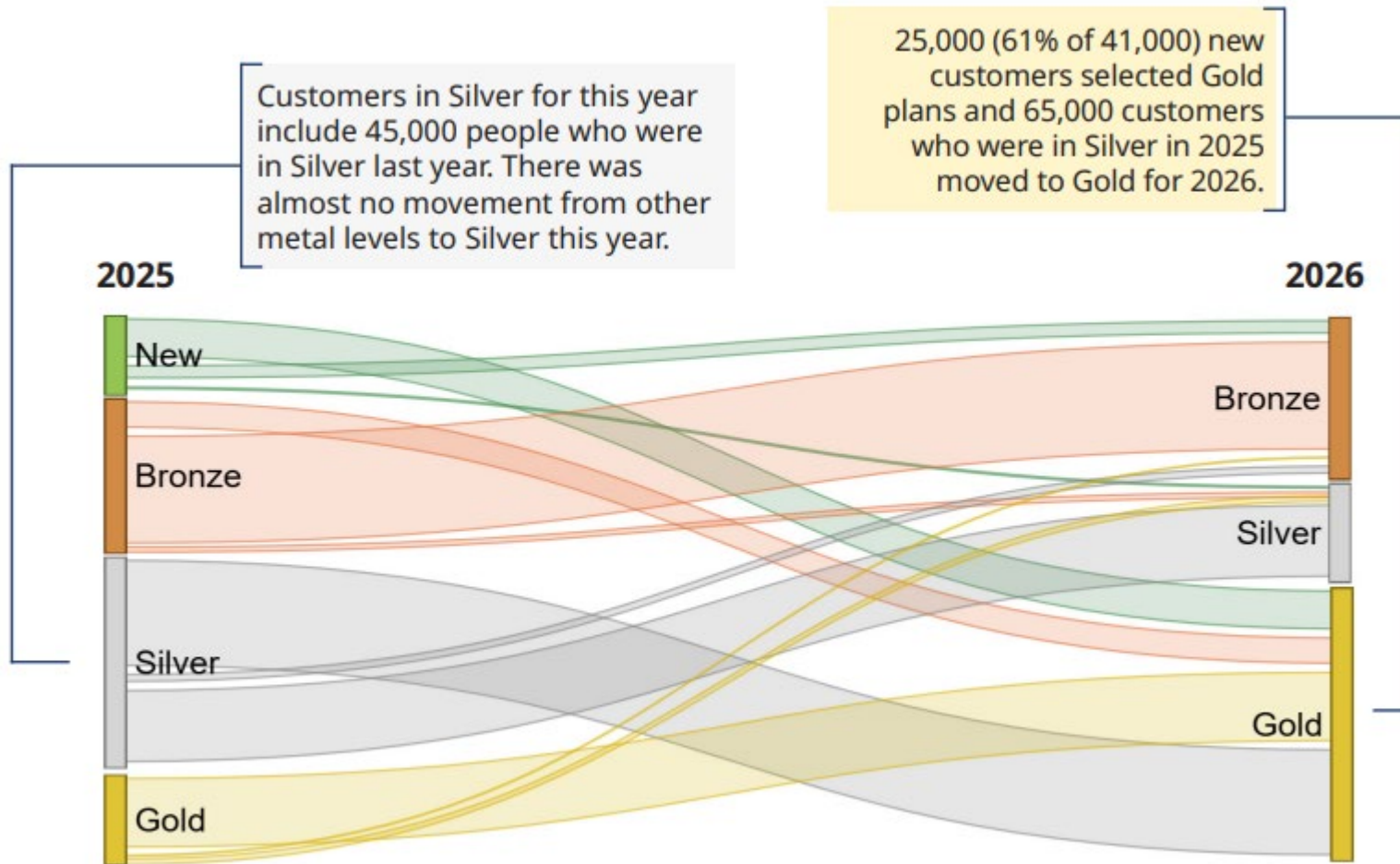
Losing APTC increased premiums for some Washingtonians

Christopher is a 50-year-old living in Carnation (King County) making \$62,750 annually as an independent trail guide. In 2025, Christopher qualified for enhanced premium tax credits (ePTCs). With the loss of those ePTCs, Christopher's net monthly premium saw a **significant increase** of nearly \$200 in 2026.

	Gross premium	APTC	Cascade Care Savings	Net premium
2025	\$632	\$174	[Not eligible]	\$458
2026	\$637	\$0	[Not eligible]	\$637



Crossmapping efforts supported premium alignment by moving customers to highest-value plan



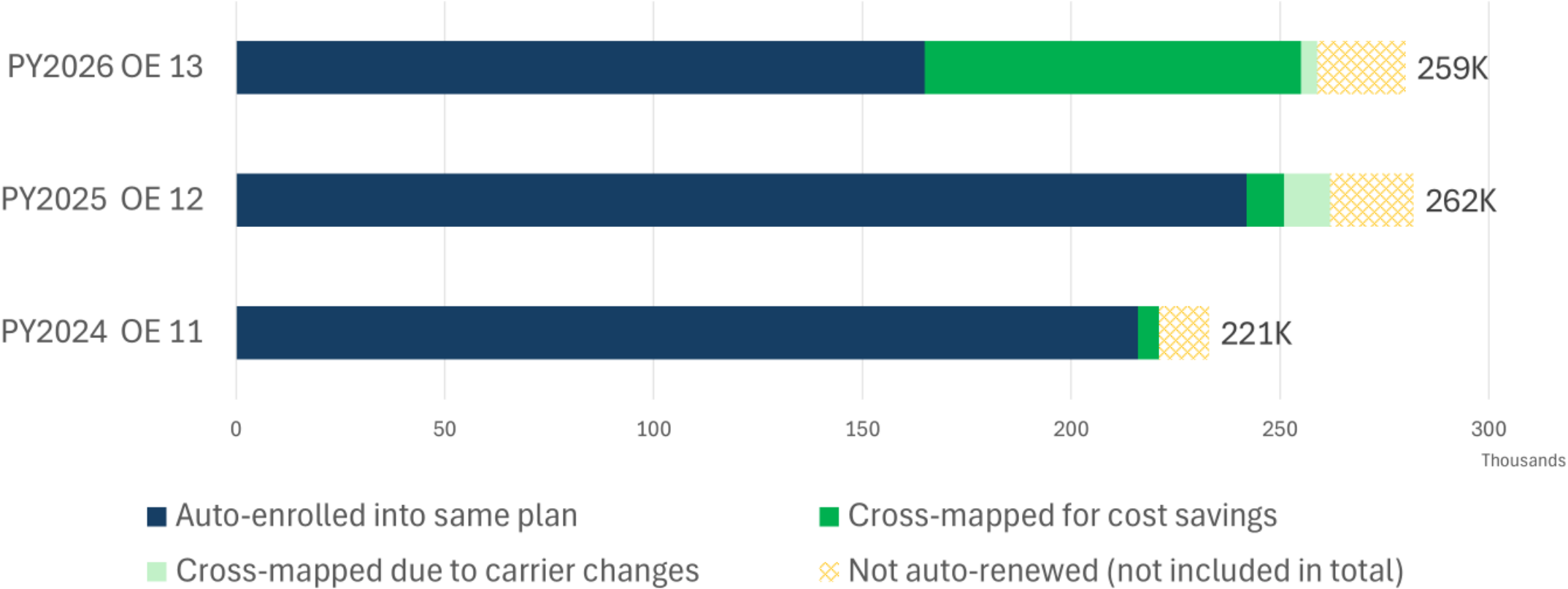
“The KP Cascade Silver plan was not available. I was referred to the KP Vital Care Gold plan by WA HPF. I had already built a comparison of 3 different KP Bronze plans. The new Vital Gold plan looked better for me than any of the 3 KP Bronze plans.” – **QHP enrollee, King County**

Minimal buying down to Bronze observed

- ▶ Roughly 8,600 returning customers moved to a Bronze plan from either Silver (72%) or Gold (28%)
 - ▶ Almost half of customers buying down to Bronze either not eligible for federal subsidies (over 400% FPL) or did not report income
 - ▶ Few lower income customers (under 200% FPL) bought down to Bronze



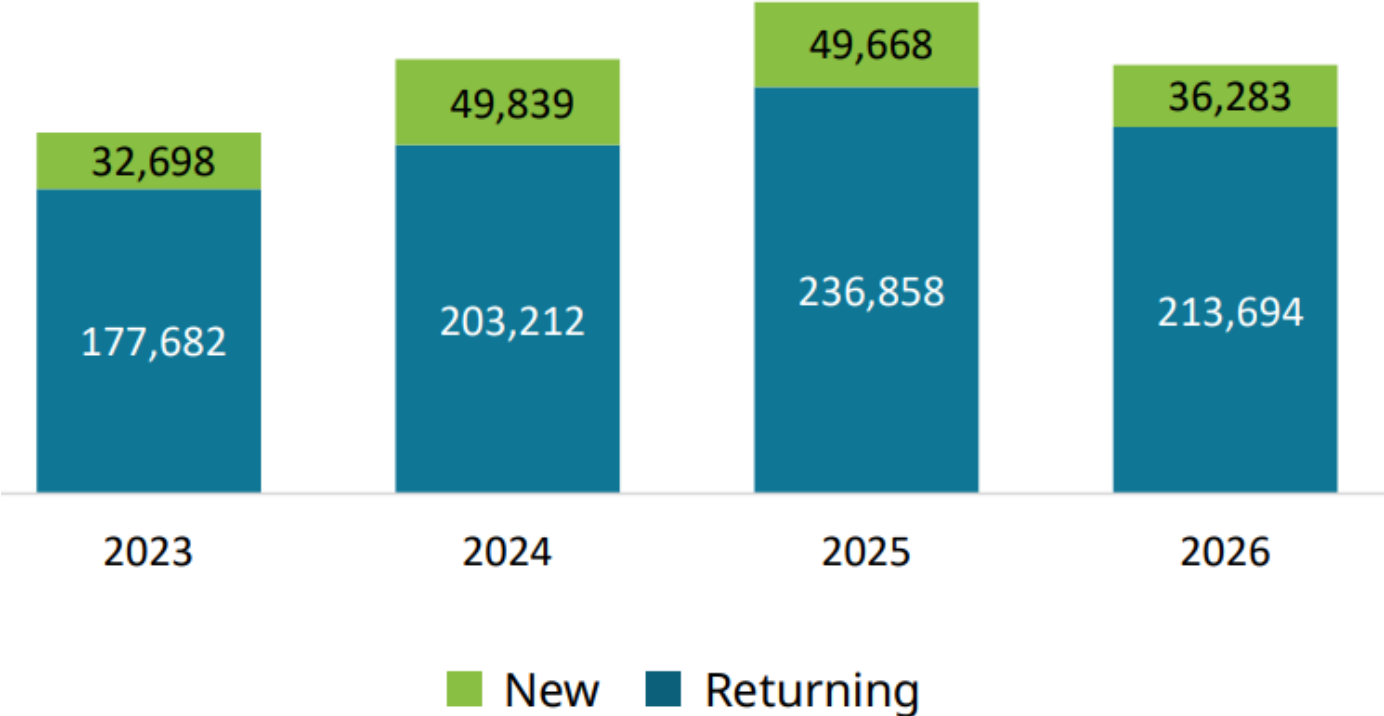
Plan Year 2026 Starting Population Compared



New and returning enrollees both decreased

- ▶ New customers down 27%
- ▶ Returning customers down 10%

Enrollment by new and returning status

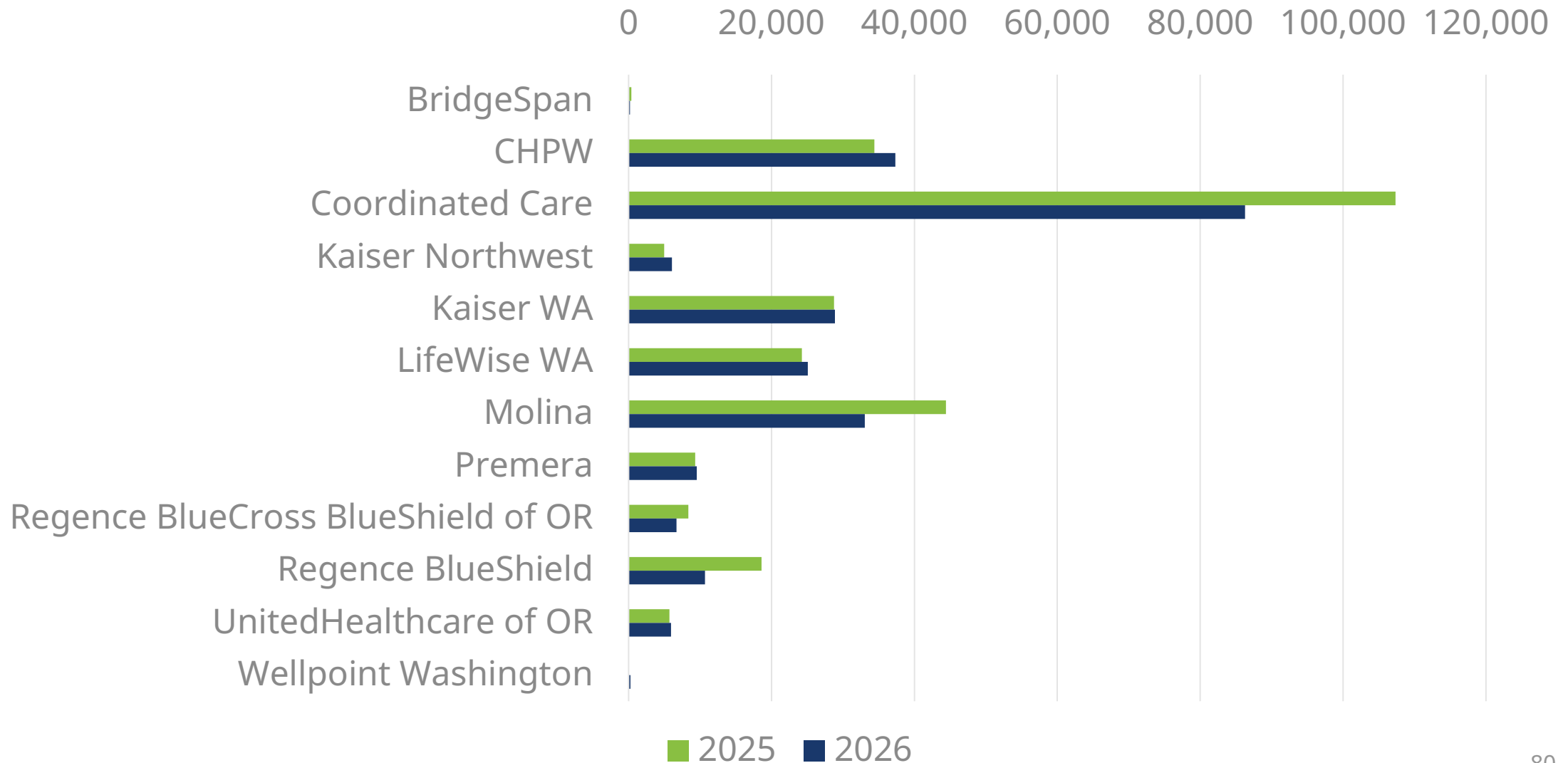


Younger, lower-income enrollees were most likely to drop coverage

Change in Enrollment, '25-'26				
FPL	0-34	35-54	55+	Total
0-150%	-3,679	-4,309	-3,720	-11,708
151-200%	-4,507	-4,105	-1,919	-10,531
201-250%	-3,008	-1,688	-913	-5,609
251-300%	-730	-555	-458	-1,743
301-400%	-354	-189	815	272
>400%	-1,274	-1,176	-3,082	-5,532
Did not report	-1,154	-633	89	-1,698
Total	-14,706	-12,655	-9,188	-36,549

Percent Change in Enrollment, '25-'26				
FPL	0-34	35-54	55+	Total
0-150%	-30%	-30%	-29%	-30%
151-200%	-19%	-17%	-12%	-16%
201-250%	-21%	-10%	-8%	-13%
251-300%	-11%	-6%	-5%	-7%
301-400%	-3%	-2%	7%	1%
>400%	-10%	-9%	-20%	-14%
Did not report	-8%	-5%	1%	-4%
Total	-15%	-12%	-11%	-13%

Enrollment loss varied by carrier

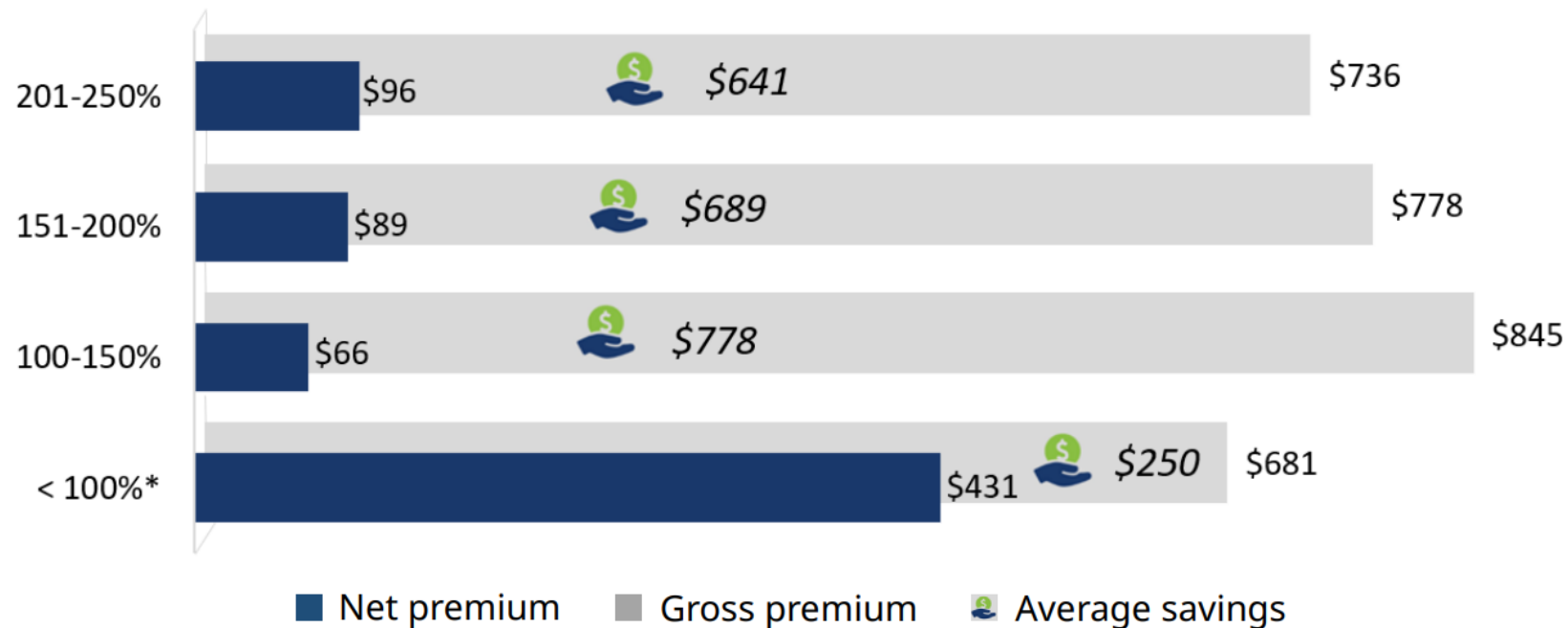


Qualified Health Plan Average Monthly Net Premium per Person by FPL & Subsidy Status (2024-2026)

	Any Subsidy			Non-subsidized		
FPL	2026	2025	2024	2026	2025	2024
<100%	\$ 425	\$ 64	\$ 63	\$ 615	\$ 545	\$ 516
100-150%	\$ 66	\$ 58	\$ 51	\$ 687	\$ 682	\$ 571
151-200%	\$ 87	\$ 70	\$ 62	\$ 625	\$ 615	\$ 586
201-250%	\$ 93	\$ 105	\$ 91	\$ 604	\$ 629	\$ 550
251-300%	\$ 175	\$ 199	\$ 177	\$ 564	\$ 522	\$ 496
301-400%	\$ 240	\$ 283	\$ 254	\$ 491	\$ 439	\$ 427
>400%	NA	NA	NA	\$ 716	\$ 538	\$ 501
Did not report	NA	NA	NA	\$ 747	\$ 661	\$ 604
Overall Average	\$ 181	\$ 130	\$ 116	\$ 631	\$ 579	\$ 531

Eligible customers used Cascade Care Savings to keep premiums lower

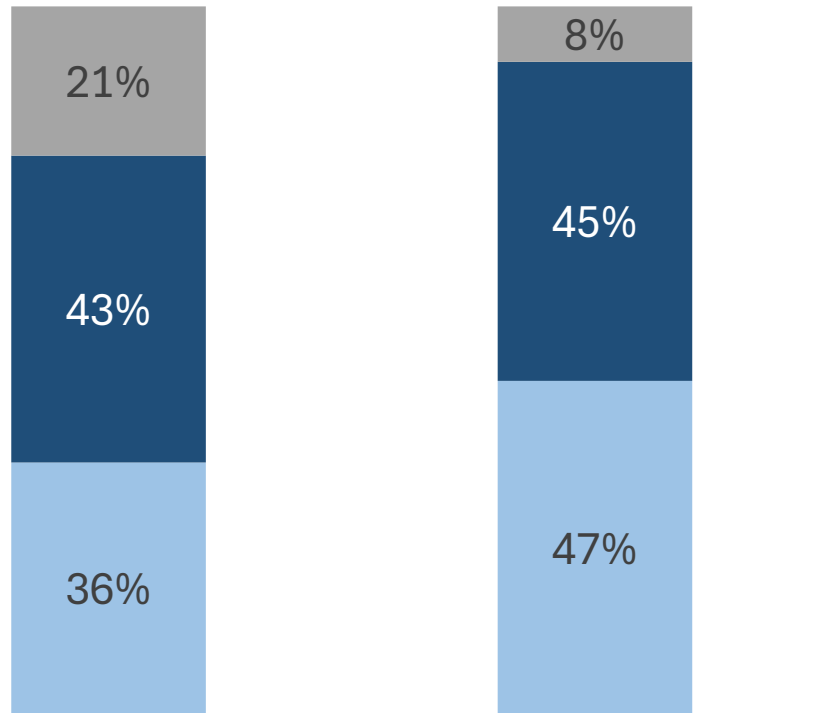
Net and gross premium for all Cascade Care Savings recipients by FPL



Cascade Care Savings helped over 100,000 enrollees (40%) save on monthly premiums

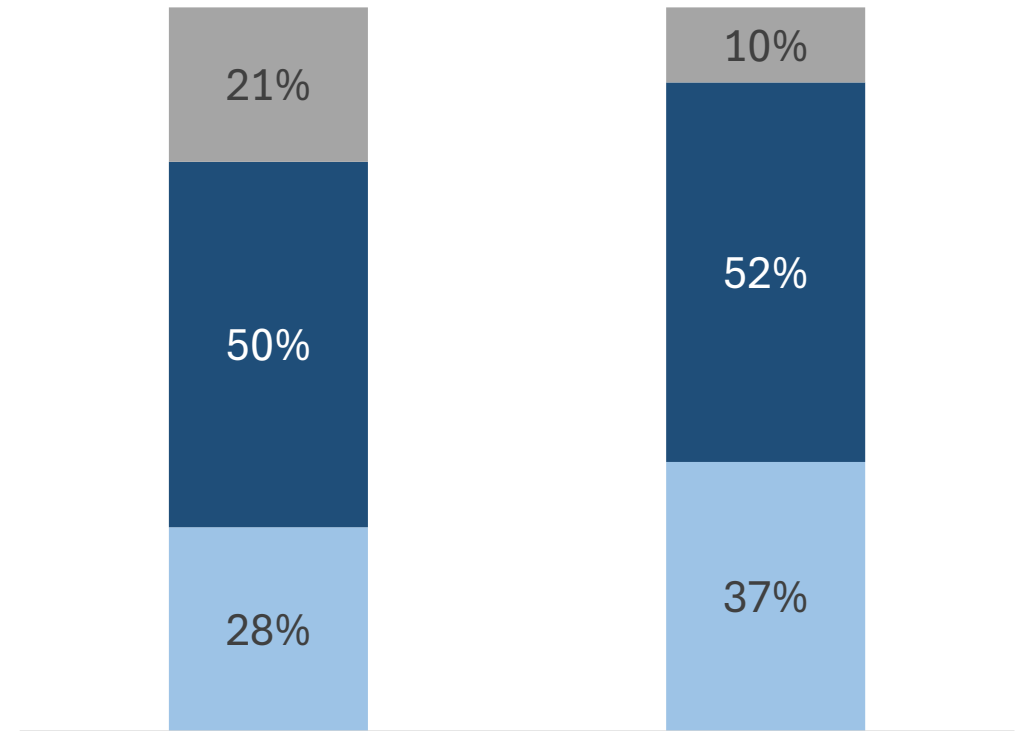
Customers moved to public option and standard plans

92% of 36K new customers in 2026 chose lower cost and more easily comparable standard plans



2025 2026
Public Option Standard Non-Standard

11% of 214K returning 2026 Customers moved into standard plans



2025 2026
Public Option Standard Non-Standard

Producer and navigator programs

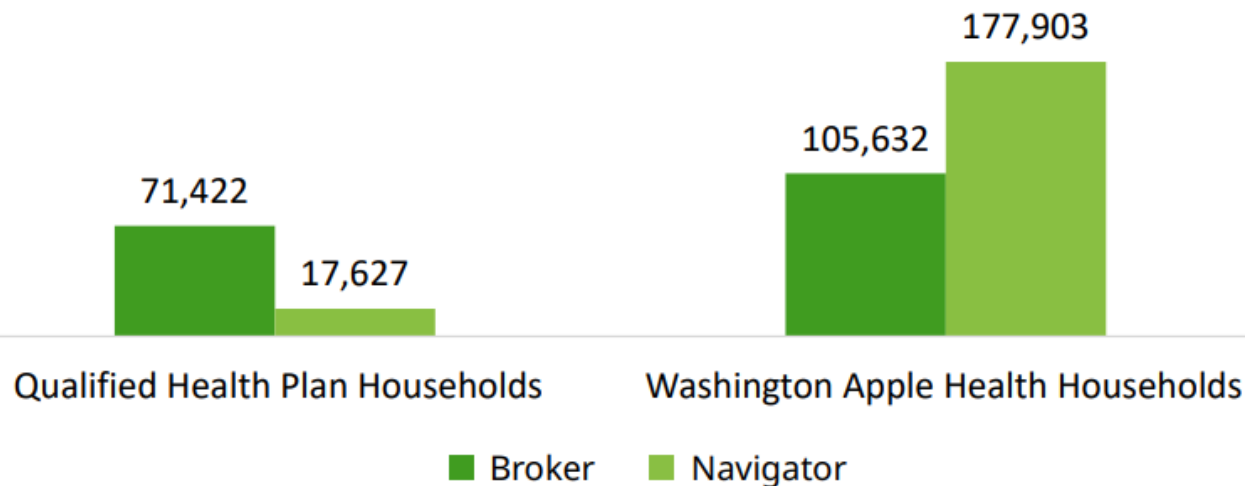
Kelly Aaron (she/her) | Navigator Support Manager

Latasha Miller (she/her) | Producer Program Manager

Producers and navigators

49% of QHP customers are partnered with an assister

Households* partnered with an assister



Producers

- ▶ Licensed to sell insurance and recommend plans based on their client's needs.
- ▶ Recommend and enroll clients in off-Exchange plans.
- ▶ Compensated by carriers for qualified health and dental plan enrollments.

Navigators

- ▶ Provide fair, impartial guidance.
- ▶ Help clients understand and compare coverage options in Washington Healthplanfinder.
- ▶ Share information in a culturally responsive way, grounded in community knowledge.

Assisters help customers access care

Producers and navigators help customers maximize available financial savings and ensure they are enrolled in plans that cover their needs. They may help customers access care through transportation and translation services. They assist with coordinating other benefits and resolve billing/claim issues.



“I recently worked with a family...who had lost their tax credits... It was heartbreaking to see the worry and pain on their faces when I had to explain the full premium amounts, which were simply unaffordable for them. Thankfully, with some persistence and coordination, the parents were able to receive premium assistance through Project Access, and their daughter qualified for additional support through DSHS, ensuring the whole family could maintain the coverage and care they rely on.”

The Producer Team provides direct support for producers through:



Ticket intake and escalation



Troubleshooting applications & enrollment



Learning Management System (LMS)



Outreach and communication



Relationship and partnership building

How Producers support our customers

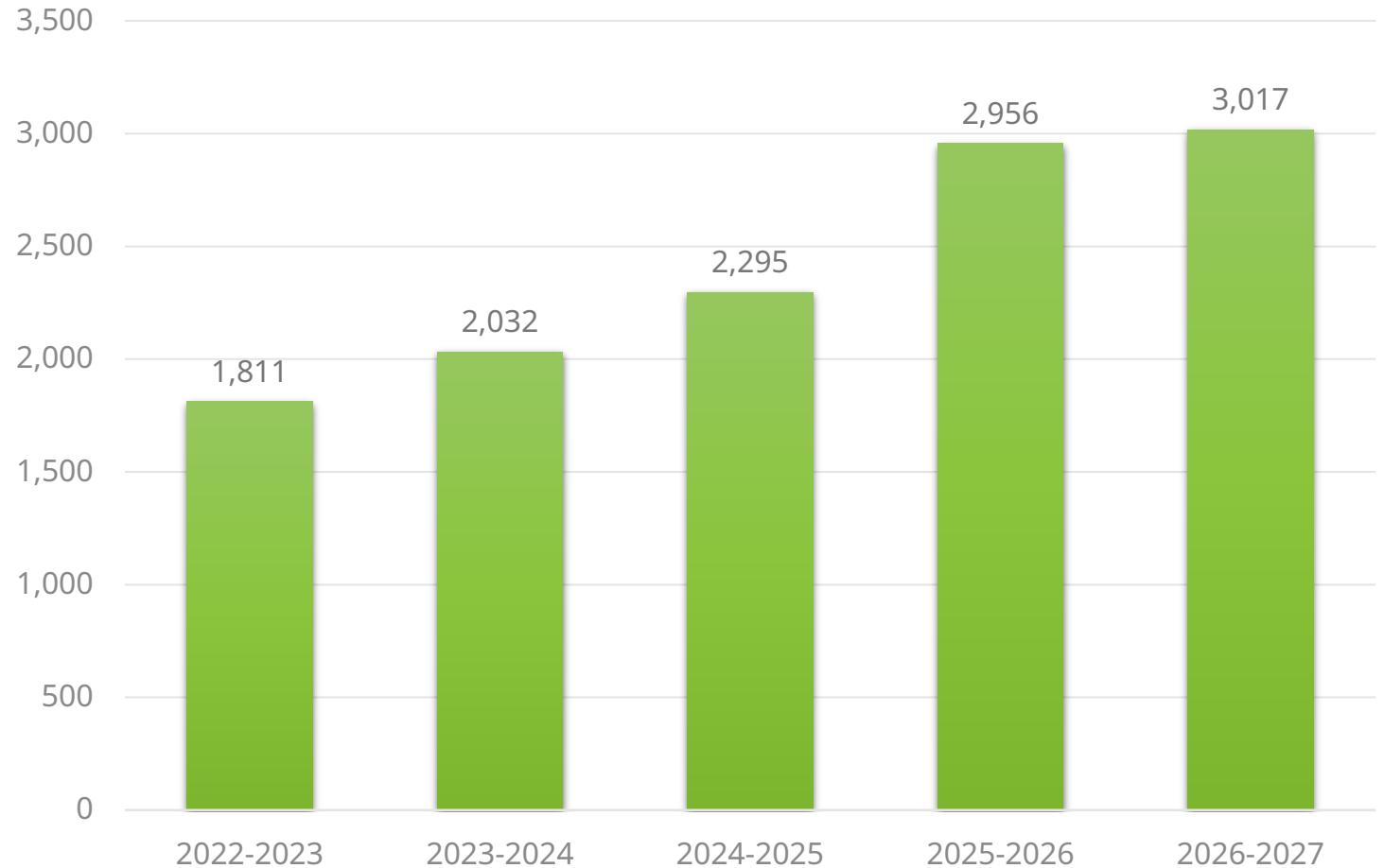
Insurance producers are certified, state-licensed brokers who support Washington Healthplanfinder™ by helping customers understand their coverage options and enroll in health and dental plans, serving as a key connection between consumers and carriers.



Producer program growth

- ▶ The number of producers certified with Washington Healthplanfinder has steadily increased.
- ▶ **66%** overall growth in the program since 2022.

Program growth over the years



Navigator program

- ▶ Statewide assister network
- ▶ Eight navigator-led organizations
- ▶ 129 community-based organizations
- ▶ Three enrollment centers



- ▶ 165 Tribal Assisters
- ▶ 37 Tribal organizations
- ▶ **65% growth**



- ▶ 1151 Assisters
- ▶ 197 organizations
- ▶ **58% growth**



How navigators support our customers

Help people complete Washington Healthplanfinder™ applications, explain coverage options and financial assistance and enroll in health insurance.

But did you know navigators also:

- ▶ Conduct targeted outreach to clients through various partnership reports
- ▶ Attend outreach and enrollment events
- ▶ Reach historically excluded and uninsured populations
- ▶ Educate customers about available programs and resources
- ▶ Assist with translation services

Assisters provide culturally responsive support

Producers and navigators help customers make sense of overwhelming plan choices and explain complex health care terms in plain, understandable language. Access to assisters from their own community — who can communicate in their preferred language or connect people to translation services — is essential to building trust, improving understanding and helping people make informed decisions about their coverage.



I recently helped a family that was overwhelmed by the options. After explaining the difference between a deductible and a copay, they felt confident choosing a plan that saved them \$200 a month. It showed me how vital plain-language education is.

Open Enrollment

Customer Experience

Nov 1, 2025 – Jan 15, 2026

Meagan Beckmeyer, Senior UX Researcher

Karlton Lattimore, UX Researcher

Allison Do, UX Research Associate





Project background and objectives

Objectives

- 🎯 Understand goals, motivations, priorities and barriers for all customer segments
- 🎯 Learn how marketplace changes impacted decision-making and enrollment experience
- 🎯 Proactively identify opportunities to improve the holistic customer experience during Open Enrollment

After Open Enrollment, we send an online **survey to customers who renewed, canceled, or enrolled in a new QHP** to learn about their experience accessing health insurance on Washington Healthplanfinder™.

This year, we conducted **one-on-one interviews with customers** to better understand their experience, the impact of federal policy changes and how we might reduce harm and mitigate risk of future changes.

Key Findings



Eligibility

Customers generally find it easy to update their application before shopping. There are opportunities to improve the process and increase transparency on their next steps.



Coverage Continuity

Cross-mapping and auto-enrollment effectively kept customers covered. They shopped to ensure they had a plan that best met their needs, with coverage and cost influencing their decision-making.



Shopping Experience

Plan affordability is increasingly customers' top priority. They shop to ensure they make the best choice, though shopping is complex and time-consuming. Customers need support and transparency, especially when it comes to state and federal changes.



Coverage + Providers

Many customers want to keep their providers and expect accurate provider network and coverage information. Inaccurate information continues to be a barrier for customers and impacts their confidence and trust in Washington Healthplanfinder.



Health Equity

Some of our most vulnerable customers are cost-sensitive, want to understand plans and coverage to find the best fit, but face health literacy barriers. However, they're the happiest with their coverage and shopping experience.



washington
healthplanfinder

click. compare. covered.

www.wahealthplanfinder.org | www.wahbexchange.org | 1-855-923-4633