

Navigator & Certified Application Counselor Technical Advisory Committee

January 21, 2026

Agenda

Health Care – Access & Affordability

Open Enrollment and Training Updates

H.R. 1 Apple Health (Medicaid) Upcoming Changes

Health Care Access & Affordability

Kristin Villas
Senior Policy Analyst

The problem for 2027 and beyond



Unprecedented federal changes in health care is impacting ability to:

- Get Coverage
- Keep Coverage
- Afford Coverage

Uncertainty is driving market changes:

- 26% average increase in the Exchange market in 2026
- Not every county has carrier, metal level, or network choice

Exchange has limited authority to:

- Stabilize the market
- Drive affordability
- Simplify the customer experience

Problem – Market Dynamics in 2026



On the path to bare counties – San Juan County

- Customers choose from only **one** carrier
- Customers do not have a Bronze plan available



Oversaturated counties – King County

- Customers choose from **63 health plans** from 10 carriers

18 Bronze Plans

16 Silver Plans

28 Gold Plans

1 Catastrophic Plan

Customers in San Juan County limited to one carrier, no Bronze plans

Limited choice and high premium for least expensive plan — especially challenging for unsubsidized customers

Scenario: Early retirees 60 and 63 in Friday Harbor; not eligible for tax credits **now paying \$1,000 more** per month for coverage in lowest cost plan

	2025	2026
Offerings	3 carriers; 20 plans	1 carrier; 5 plans
Lowest Cost Plan	Ambetter Essential Care 1 Bronze	Ambetter Secure Care 5 Gold
Premium for Couple	\$1,353	\$ 2,394



Board's ability to respond is limited

Washington is the only state-based exchange prohibited by state law from adding certification requirements if needed to safeguard consumer interests



The Exchange Board **must** approve all health plans that meet the certification criteria*
(RCW 43.71.065)

- Ensure customer shopping experience
- Review quality metrics
- Meet Cascade Care requirements
- Meet Administrative measures

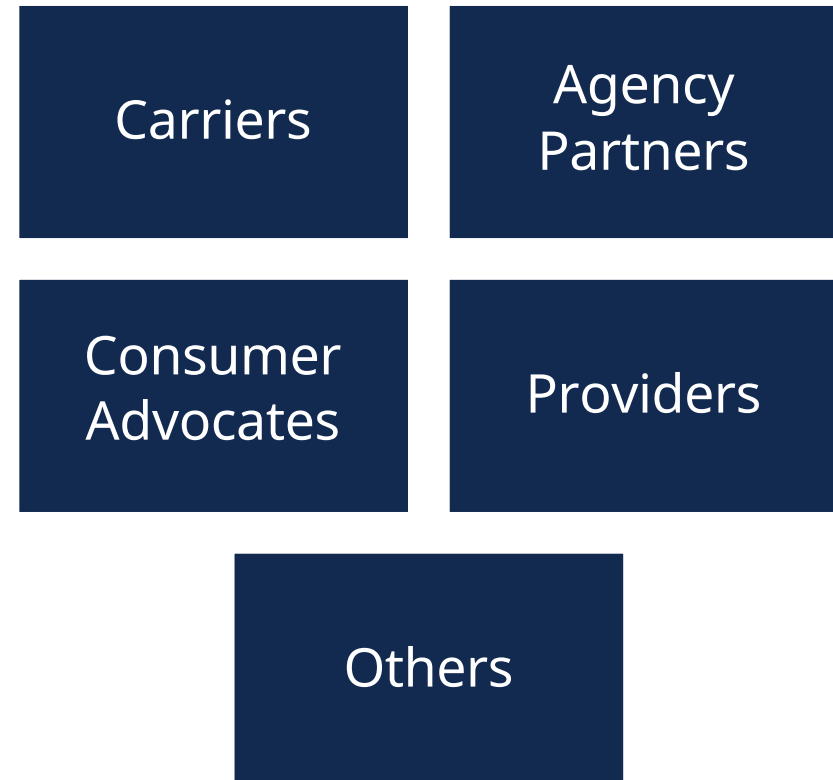
- Adapt to market shifts and ensure stability
- Use of tools to drive affordability are maximized
- Customers have a simpler shopping experience

State law does **not allow** the Exchange Board to add other certification criteria

*See appendix for full list of criteria used by the Exchange and OIC in health plan review process

Stakeholder Engagement and Feedback

- ▶ Ongoing discussions through committees, workgroups, and one-on-one discussions
- ▶ Draft bill language shared late-Nov
- ▶ Ongoing legislator discussions



Legislative Proposal

Allow the Exchange to add certification criteria each year to address access and affordability.

Access to health plans

- Be meaningfully different (benefits, premiums, network, quality)
- Available from more than one carrier in each county

Affordability of health plans

- Maximize federal tax credits
- Efficiently use state funds
- Available at each metal level

Proposed: Address underserved counties in 2027

Draft PY 2027 access & affordability standard

- ▶ Carriers filing plans in rating area 8 must file plan in San Juan County
- ▶ Carriers proposing to expand into counties with more than 6 carriers in 2026 must file plan in San Juan County

Why this is a priority for PY 2027

- ▶ San Juan County has one carrier option in 2026
- ▶ As an underserved county, San Juan customers are at risk of having no QHP access in 2027

Intended Exchange customer outcome

- ▶ Exchange customers in every county have access to QHPs from at least two carriers



Proposed: Ensure range of premium options in 2027

Draft PY 2027 access & affordability standard

- ▶ Coverage proposed in underserved counties must include Bronze, Silver and Gold metal levels

Why this is a priority for PY 2027

- ▶ As an underserved county, San Juan customers don't have access to Bronze plans in 2026
- ▶ More carriers at risk of not offering Bronze in future plan years
- ▶ Gaps in current law: ACA requires Gold & Silver; public option requires Bronze

Intended Exchange customer outcome

- ▶ Exchange customers in every county have access to a Bronze plan
- ▶ Access to lower-premium Bronze plans help keep customers enrolled who may otherwise drop coverage



Proposed access & affordability Exchange Board milestones

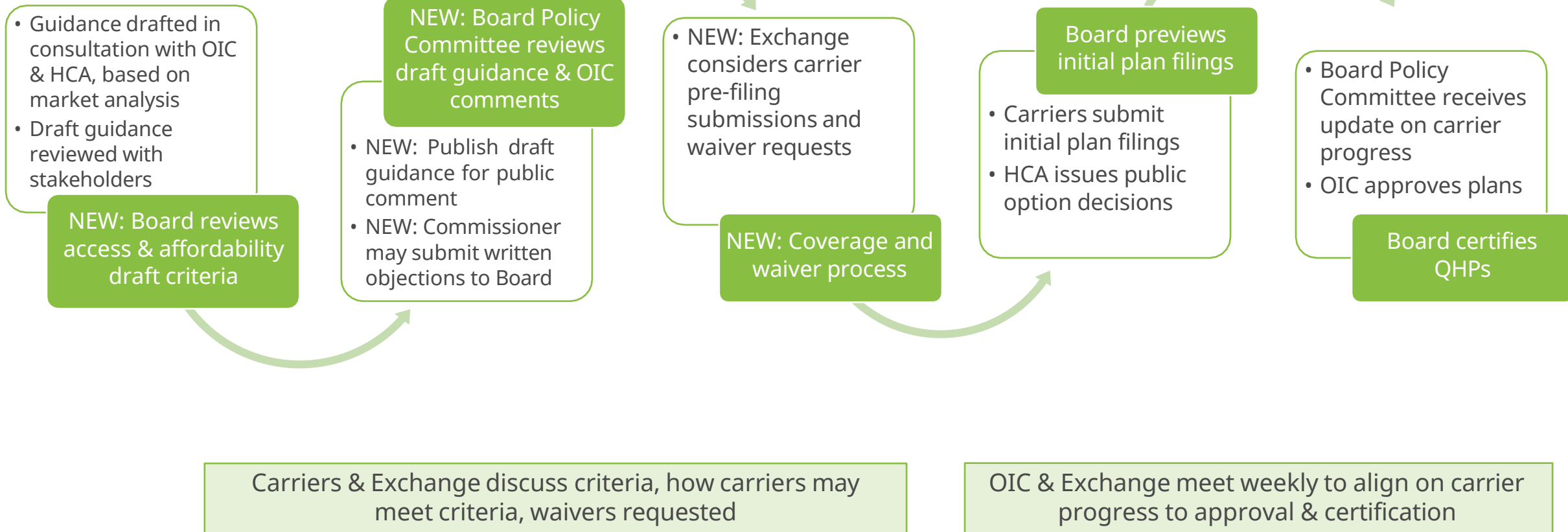
November-December

January

February-May

May-July

August-September



Waiver process for proposed access & affordability standards

- ▶
- ▶ Exchange will work with carriers to understand barriers to meeting requirements and consider waivers
- ▶ PY 2027 scenario:



Carriers planning to file in rating area 8 required to file Bronze, Silver, Gold plans in San Juan County

- ▶ From Dec-May, Exchange & carriers actively discuss certification requirements and factors that may be barriers

For example, provider network or impact on premiums



Prior to May filing deadline, Exchange considers totality of coverage options proposed, and the impacts on customers of waiving requirements

Next Steps – Moving Forward with Bill and New Criteria

- ▶
- ▶ Identified legislative sponsors and filing bill
- ▶ Developing waiver requirements and starting new certification process with carriers
 - ▶ Guidance for Participation released for public comment Jan 13th
- ▶ Recognize new criteria dependent upon session law



Appendix

Shaping the Exchange Marketplace Together



- ▶ **Step 1:** OIC approves plans that meet regulatory standards (e.g., actuarially sound rates and adequate networks)

- ▶ **Step 2:** Exchange evaluates if carriers have met additional certification criteria to be offered on Exchange (e.g., standard plan design, quality reporting)



- ▶ **Step 3:** After OIC approval and Exchange certification, HCA contracts with select carriers to offer Public Option plans (e.g., additional contracting and provider reimbursement requirements)

Current Plan Certification Criteria

Exchange authority

- ▶ Pay assessed user fees
- ▶ Comply with Cascade Care requirements**
- ▶ Achieve accreditation with a national organization
- ▶ Use the Exchange enrollment application
- ▶ Meet marketing requirements
- ▶ Submit provider directory data
- ▶ Implement a quality improvement strategy
- ▶ Submit health plan data in standard format for presenting health benefit plan options to consumers
- ▶ Report quality and health performance data
- ▶ Comply with benefit design standards (cost sharing limits, metal level, essential health benefits, standard plan design)**
- ▶ Submit health plan benefit, cost-sharing, and premium rate data to display on web pages for consumer shopping**

OIC authority

- ▶ Be licensed and good standing
- ▶ Comply with risk adjustment program
- ▶ Comply with Cascade Care requirements**
- ▶ Comply with non-discrimination rules
- ▶ Meet network access requirements
- ▶ Use hospital patient safety contracts
- ▶ If offered, integrate direct primary care medical home into QHP
- ▶ Comply with benefit design standards (essential health benefits, limits on cost sharing, metal levels, standard benefit design)**
- ▶ Comply with service area standards for a QHP (county, zip code) and submit rates for a plan year
- ▶ Must post justifications for premium increases
- ▶ Must submit QHP benefit and rate data for public disclosure**

**Under the authority of both the Exchange and OIC

Safeguarding Consumers

▶ Affordable Care Act

- ▶ In general, an exchange may certify a health plan as a qualified health plan if –
 - ▶ Such health plan meets the requirements for certification as promulgated by the Secretary under subsection (c)(1); and
 - ▶ The Exchange determines that making such health plan through the Exchange is in the **interest of qualified individuals** and qualified employers in the State or States in which such Exchange operates...

▶ Other states

- ▶ ACA language included in state statutes in **CA, CT, DC, IL, MD, MN, NY, VA**
- ▶ “meaningfully different” criteria in **CA, CO, DC, ID, MA, NM, NY, PA, RI, VT**

Open Enrollment and Training Updates

Here



Enrollment Dashboard

~290,353

**Qualified
health plans**

~99,433

**Qualified
dental plans**

\$611.77

**Average Tax
Credits**

68%
**Percentage
of Subsidized
Plans**

\$103.60

**Average Net
Premium**

Open Enrollment Report available February

Data as of week ending 01/16/2026

Open Enrollment Trends

The impacts of federal policy changes

- ▶ Most impacted clients include **26,000+** customers above the “ACA subsidy cliff” and **10,000+** very low-income lawfully present immigrants.
- ▶ Remainder of customers are experiencing more price stability due to state mitigation efforts.

Increased traffic and support needs

- ▶ Our in-person assisters are reporting that people are frustrated they are not seeing Silver plans displayed, which is due to premium alignment.

Fewer new customers and more people dropping

- ▶ More than **27,000** new customers have selected a plan (**17%** lower than this time last year).
- ▶ Nearly **26,000** have actively dropped their coverage (**36%** higher than this time last year).



February Lunch & Learn

In lieu of Winter Training, we will be hosting a joint webinar with the Broker Team on Feb. 18, 2026, from 12:00 PM – 1:00 PM.

The webinar will cover the following topics:

- ▶ 1095-A's
- ▶ Special Enrollment Periods (SEPs)
- ▶ Conditional Eligibility Verification (CEV)
- ▶ Appeals

We will also have a Q&A session at the end.



Onboarding Training in Spanish

We are testing onboarding courses in Spanish per Lead Org request.

- ▶ ~309 Active and New Navigators that speak Spanish
- ▶ If successful, Role 1 and Role 2 onboarding training will be translated into Spanish.
- ▶ Role 4 (Tribal Assister) training will not be offered in Spanish as currently there are no Spanish-speaking Tribal Assisters.

H.R. 1 Apple Health (Medicaid) Changes

Here



Medicaid policies in the budget

	Policy	Effective Dates
Restricts payment for protected health services	Restricts federally funded Medicaid payments for 1 year to nonprofit organizations that primarily engage in family planning services or reproductive services and provide abortion services. Likely to impact over \$11 million in funding.	Effective for 1 year, from date of enactment (July 4, 2025)
Funding for non-citizens	Changes Medicaid eligibility for refugee, asylee, and other non-citizen adults.	Oct. 1, 2026
Work requirements	Establishes work requirements as a new condition of Medicaid eligibility for adults aged 19-65 who receive full coverage. This makes coverage based on working, training, or doing community engagement 80 hours per month. Includes certain categorical exemptions.	Dec. 31, 2026, with option to apply for waiver to implement Dec. 31, 2028
Rural health funding	Allocates \$10 billion annually to states, which can be used to support rural health transformation projects with a focus on promoting care, supporting providers, investing in technology, and assisting rural communities.	States can apply in 2025; funding from 2026–2030
Increases the frequency of eligibility redeterminations	Requires states to redetermine eligibility for adults enrolled through Medicaid expansion every 6 months, instead of every 12 months.	Dec. 31, 2026
Retroactive coverage	Shortens period of retroactive coverage eligibility from 3 months to 1 month for adults and 2 months for other Medicaid and CHIP applicants.	Jan. 1, 2027
Restricts new state-directed payments (SDPs) from exceeding Medicare payment levels	Requires existing SDPs for hospital and nursing facility services and services provided at an academic medical center to reduce by 10% per year, beginning in 2028 until they reach Medicare levels.	10% reductions begin in 2028
Cost-Sharing	Requires adults to pay cost-sharing of up to \$35 for many services. Excludes primary care, behavioral health, emergency services, and services rendered in certain rural settings from the requirement.	Oct. 1, 2028
Address verification	Changes requirements for address verification.	Oct. 1, 2029
Removes good-faith waivers related to erroneous payments	Removes ability to waive federal penalties for a state's good-faith efforts to correct erroneous excess Medicaid payments under the Payment Error Rate Measurement (PERM) program and other state and federal audits.	Oct. 1, 2029

Navigator Training Plan

- ▶ Spring required training
- ▶ Open Enrollment Readiness volunteer webinar mid-October
- ▶ Updates called out on the OE Readiness page in LMS
- ▶ All slides and webinar recordings posted to LMS as a resource
- ▶ Will be updating current Citizenship and Lawful presence documents
- ▶ HCA webinars, training, one-pagers, FAQs

What other resources would be helpful?

- Customer facing resource on work requirements?
- Updated immigrant chart with coverage options for Navigators?

Public Comment

Please unmute yourself to
make a public comment.

Questions

Kelly Aaron, Navigator Support
Manager (she/her)

kelly.aaron@wahbexchange.org

Stay Informed! Sign up [here](#) to
receive regular updates from
Washington Health Benefit
Exchange.





Next Meeting

April 15, 2026

2:30pm-3:30pm



washington
healthplanfinder

click. compare. covered.

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