

Federal Activities Update

Joanna Donbeck, (she/her) Chief Operating Officer

Spencer Budd, (he/him) Senior Policy Analyst

Washington Health Benefit Exchange

Exchange response to federal changes: Keep Washingtonians covered



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



- ▶ Proactive mitigation to prevent uninsurance

Implementation Considerations

- ▶ Substantial system changes
- ▶ Substantial program, policy, communications and operational support changes
- ▶ Customer impacts are mostly negative
- ▶ Overlapping large project timelines add complexity and potential collisions (e.g. Customer Support Center Transition, Non-MAGI)

Implementation Considerations

- ▶ Phased implementation
- ▶ Prioritization
 - ▶ Balance differing program needs
 - ▶ Mitigate customer harm
 - ▶ Delays pose risks
 - ▶ Alternative pathways

Planning Timelines

Notes:

- Estimated start dates general/estimated; end dates based on current effective date information
- Implementation analysis is ongoing, and additional changes will be made to the timeline
- Planning is ongoing and pending leadership prioritization

	Priority / Status		Provision / Requirement	2026				2027				2028			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Immigrant Eligibility Changes	High	In Flight	WA Health Path	★ Active 01/01/2026 Phase 2											
	High	In Flight	Restricting Definition of Qualified Lawfully Present APTC Recipient	→				★ 01/01/2027							
	High	In Flight	Medicaid Immigrant Eligibility Changes	→				★ 10/01/2026							
	High	In Flight	Cascade Care Savings Targeting	→				★ 01/01/2027							
Medicaid Changes	High	In Flight	CMS Eligibility Solution for Non-MAGI Ex Parte Renewals	→				→				★ 06/30/2027			
	High	In Flight	Work Requirements and 2x Yearly Renewals	→				★ 12/31/2026							
	Med	On Deck	Facilitated Enrollment (Medicaid transitions)					→				★ TBD			
Reimagining Enrollment	Med	On Deck	2027 NBPP	→				★ 01/01/2027							
	High	In Flight	Shortened OE and Jan 1 plan start dates	→				★ 11/01/2026							
	High	On Deck	PTC Rebalancing	→				★ 01/01/2027							
	High	In Flight	Technology Strategy Planning	→				★ 03/06/2026							
	Med	On Deck	Pre-Enrollment Verification					→				★ 01/01/2028			
	Med	On Deck	End of Conditional APTC/CSR Eligibility					→				★ 01/01/2028			

What is the Non-MAGI Project?

- ▶ CMS approved funding for the Exchange to complete a technical build to support eligibility determinations for non-MAGI Medicaid customers through Healthplanfinder single-streamlined application.
- ▶ This partnership with HCA and DSHS allows us the opportunity to improve how up to 300,000 people access coverage, stabilize our infrastructure and diversify our funding base.

Who are Non-MAGI Customers?

- ▶ Non-MAGI Medicaid customers are people who do not qualify for Medicaid based on Modified Adjusted Gross Income [MAGI] rules but are instead eligible because of age, disability or specific medical needs.
- ▶ Over 40 programs, including long term care services.
- ▶ 39% of Healthplanfinder households include Non-MAGI eligible individual



Non-MAGI Project Timeline



Now – Dec. 31, 2026

- Planning phase
(MVP design and scope of work)

Jan. 1 2026 – June 30, 2027

- Implementation phase
(Technical build and operational readiness)

July 1, 2027

- Live
(Non-MAGI customers apply through Washington Healthplanfinder)

What is the Non-Magi Project MVP?

- ▶ Application updates
- ▶ Financial eligibility determination
- ▶ Adding new document options for verifications
- ▶ Mirroring the shopping experience
- ▶ Integrated correspondence
- ▶ Building on auto-renewal process
- ▶ Increased data migration

Non-MAGI Project Status Update

▶ **Project Risks:**

- ▶ Significant complexity
- ▶ Ongoing alignment
- ▶ Delayed decisions

▶ **Recent MVP decisions:**

- ▶ Correspondence
- ▶ Historic Eligibility
- ▶ Programs

NBPP Proposed Rule

- The Notice of Benefit and Payment Parameters (NBPP) is the annual federal rule governing marketplace operations
- Published **2/11/26**
- Exchange comment submitted **3/13/26**
- Coordinated with OIC to align on comment themes
- Final rule expected this spring



New Oversight Requirements



- ▶ Proposed State Exchange Improper Payment Measurement (SEIPM) Program.
- ▶ Proposes expanded authority for CMS to audit and impose penalties against issuers.
- ▶ Would significantly increase **WAHBE's compliance workload** to meet audit and oversight standards.

Marketplace Rule 2025 “Re-heated”

CMS is re-proposing provisions from last year’s marketplace integrity rule

- ▶ For most of these provisions, WAHBE is **already in compliance**.
- ▶ New income verification requirement for low-income enrollees would **necessitate a system change**.
- ▶ Third time this income verification requirement has been proposed.



HR1 Implementation: Limited Guidance to Date, More Expected This Summer

- ▶ Eligibility verification guidance has not yet been provided; additional guidance is expected this summer.
- ▶ Some implementation details provided for non-citizen APTC eligibility changes.

New Carrier Reporting Requirements and Premium Alignment

Premium alignment is a requirement in WA:

- ▶ Premium alignment is our strategy to offset some of the loss of ePTCs.
- ▶ Open enrollment data shows premium alignment is helping customers afford coverage.
- ▶ OIC proposed rulemaking would make premium alignment permanent in WA.

NBPP proposal does not prohibit premium alignment:

- ▶ CMS proposes to require carriers to submit additional data related to cost-sharing reductions (CSRs) and CSR loading (premium alignment).
- ▶ Proposed rule does not bar states from continuing premium alignment.
- ▶ May be positioning for future rulemaking.

Next Steps For Federal Regulation



- ▶ Our comment letter emphasized the need for market stability, clear guidance, time for implementation, and state flexibility.
- ▶ Final regulation expected this spring.
- ▶ Additional regulation (HR1 requirements) expected this summer.



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