

Plan year 2027 preparation

Plan Certification Workgroup

April 7, 2026

Agenda

Topic	Speaker	Time
Introduction/Roll Call	Leah	2-2:05
Quality Improvement Strategy (QIS) forms	Kristin	2:05-2:30
SBC Guidelines	Julia	2:30-2:40
2027 Cascade Care Savings policy	Julia	2:40-2:50
Federal Changes	Spencer	2:50-2:55

Quality program updates

Quality program areas of focus

Reducing health and health care disparities

Effective primary care

Integrated and coordinated behavioral health

Increasing affordability, access and value

Innovation in care delivery

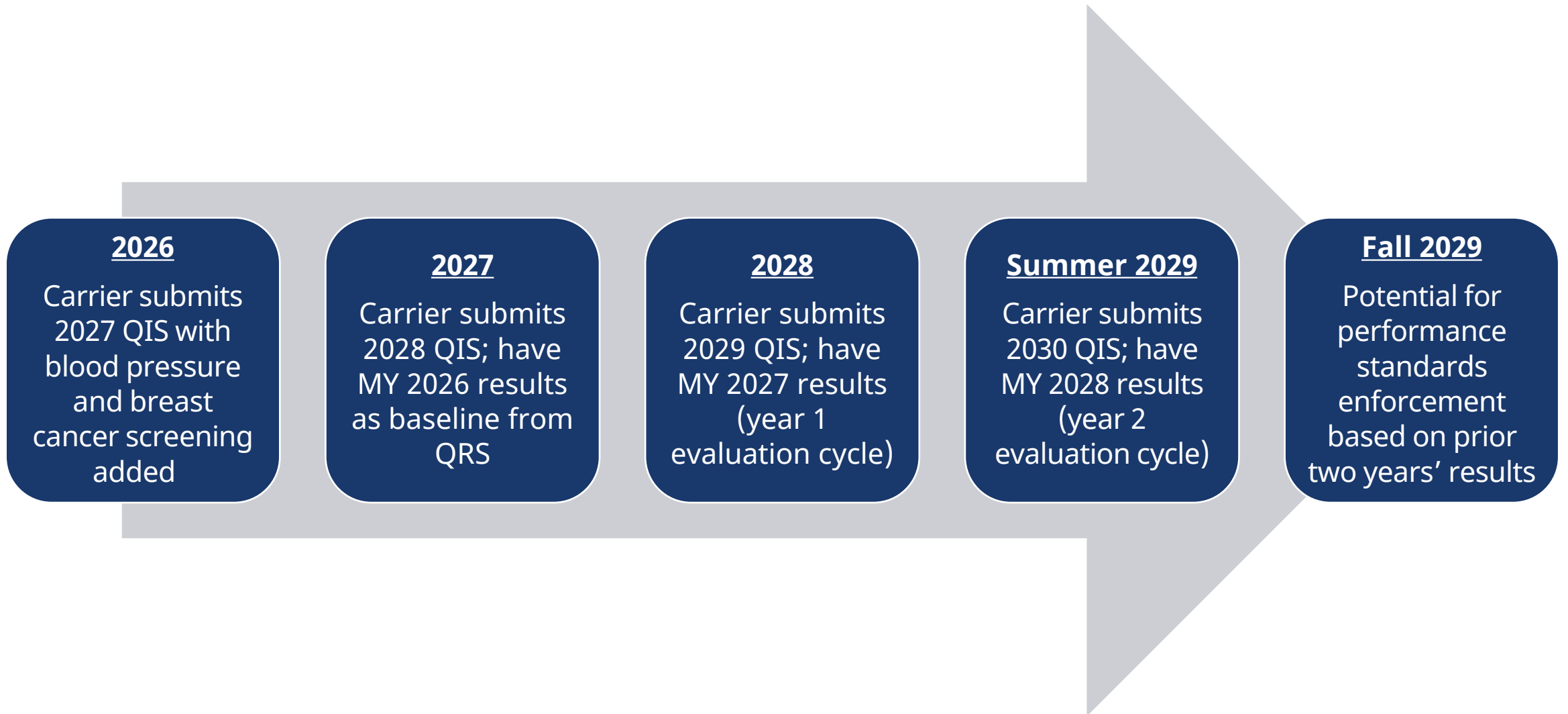
Performance expectations on QIS measures

- ▶ Carriers are to meet these performance standards or make sufficient improvement in 2027 **and** 2028
- ▶ Proposed definition of “Sufficient improvement” defined as a statistically significant improvement each year
 - ▶ Submit feedback by April 10
- ▶ Potential impacts to pre-OE activities effective fall 2029 for plan year 2030 shopping

Measure	Performance Standard
Cervical Cancer Screening	65%
Breast Cancer screening*	77%
Controlling High Blood Pressure*	74%
Customer Race Data Completeness	80%
Customer Ethnicity Data Completeness	80%

* New required QIS measures; clinical quality measure performance standards are 2025 QRS 75th percentile performance (Measurement Year 2024)

Implementation timeline for new quality measures





Updates to QIS forms due July 15

- ▶ QIS form (Word document)
 - ▶ Added attestations to ensure review of key fields
 - ▶ Provide proposed contract term for broker race and ethnicity data collection
- ▶ QIS form (Excel document)
 - ▶ Added validations for calculations
 - ▶ Pre-populated required QIS measures
 - ▶ Aligns with QRS reporting (new age band, reporting using dual methodology)
 - ▶ Measure goals auto-populate - no need to set different goal for new age band and ECDS reporting
 - ▶ Carriers required to stratify all QIS measures

QIS Reporting validation data sources

- ▶ QIS spreadsheet set up to compare carrier calculations as follows:
 - ▶ Primary Care Assignment population totals and Race/Ethnicity breakdowns checked against [Exchange Spring enrollment report](#)
 - ▶ Less than 5% variance
 - ▶ Paying for Value total payment amounts checked against financial report to OIC “Additional Data Statement Form”
 - ▶ Less than 10% variance

II. Analysis of the Washington Comprehensive

	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts
1. Net Premium Income	293,042,330	293,042,330
7. Total Revenues (Lines 1 to 6)	293,042,330	293,042,330
15. Subtotal (Lines 8 to 14)	231,350,995	231,350,995

Primary Care Expenditure Reporting – due July 31

- ▶ Carriers are to email the Exchange the same primary care expenditure report submitted to OIC
 - ▶ QHP@wabhexchange.org
 - ▶ Carriers with off-Exchange individual enrollment will need to remove these expenditures from “All Other Individual Health Plans” before emailing to the Exchange
 - ▶ Report [template](#) and [instructions](#)

Line	Data Description	Total	Individual Health Plans		
			Cascade Care Select Plans	Cascade Care Plans	All Other Individual Health Plans
Key Metric					
1.1	Primary Care Expenditures Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Supplemental Metrics					
Primary Care Expenditures - Breakdown					
1.2	Primary Care Benefit Expenditures (% of total PCE)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
1.3	Primary Care Support and Investment Expenditures (% of total PCE)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

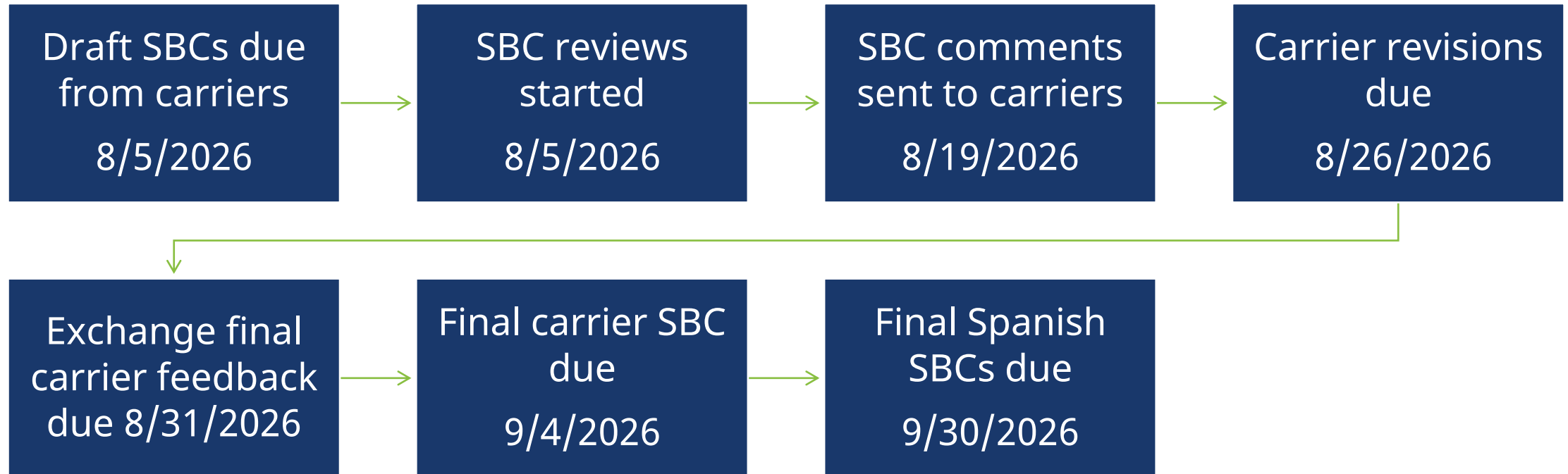
SBC Guidelines

Goals

- ▶ Consistency in SBCs across carriers
- ▶ Accuracy of SBC data
- ▶ Clarity of benefits



Timeline



General: Font, page maximum, & template accuracy

- ▶ Font size in the document 12-point
- ▶ Font style Arial Narrow, Arial, Garamond
- ▶ Complies with the 8-page maximum guidelines
- ▶ All template rows and columns are present within the document
 - ▶ 3 columns on page 1
 - ▶ 5 columns on remaining pages for most tiers
 - ▶ 6 columns for tier 3



Front page: Plan name & coverage period

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
BridgeSpan Health Company: BridgeSpan Cascade Silver

Coverage Period: 01/01/2026 – 12/31/2026
Coverage for: Individual and Family | Plan Type: EPO



The **Summary of Benefits and Coverage (SBC)** document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, go to <https://bridgespanhealth.com/go/2026/policy/WA/CascadeSilverIndividualValueEx> or call 1-855-857-9944. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at healthcare.gov/sbc-glossary or call 1-855-857-9944 to request a copy.

- Beginning and end dates for applicable coverage period
- Indicate who coverage is for, e.g., individual, family
- Indicate coverage type
- Plan name and insurance company in bold

Front page: Disclaimer language

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
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- Defined terms underlined
- Glossary linked
- Issuer specific information including website or phone numbers are up to date
- Disclaimer at top of page includes required information and replicated exactly

Benefit summary: If you are pregnant

Common Medical Event	Services You May Need	What You Will Pay Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you are pregnant	Office visits	No charge; <u>deductible</u> does not apply	Not covered	Depending on the type of service, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (e.g. ultrasound).
	Childbirth/delivery professional services	40% <u>coinsurance</u>	Not covered	You must notify Kaiser Permanente within 24 hours of admission, or as soon thereafter as medically possible. Newborn services cost shares are separate from that of the mother.
	Childbirth/delivery facility services	40% <u>coinsurance</u>	Not covered	You must notify Kaiser Permanente within 24 hours of admission, or as soon thereafter as medically possible. Newborn services cost shares are separate from that of the mother.

- ▶ Benefit section breaks out cost sharing for office visits and delivery separately, or
- ▶ Explains in 'Limitations, exceptions, and other important information' why cost sharing is not broken out (e.g., global billing for maternity services)
- ▶ List in 'What you will Play Plan Provider' that office visits have no charge, deductible does not apply

Benefit summary: Home health, rehabilitation, habilitation & hospice

If you need help recovering or have other special health needs	<u>Home health care</u>	\$30 <u>Copay</u> per day <u>Deductible</u> does not apply.	Not covered	Limited to 130 visits per calendar year
	<u>Rehabilitation services</u>	Outpatient: \$40 <u>Copay</u> /visit <u>Deductible</u> does not apply. Inpatient: \$800 <u>Copay</u> per day	Not covered	One <u>copayment</u> per day up to a maximum of 5 <u>copayments</u> per admission for inpatient services. Limited to 25 outpatient visits per calendar year, limited to 30 inpatient days per calendar year. <u>Prior authorization</u> required for all planned inpatient stays. Penalty for <u>out-of-network</u> : no coverage.
	<u>Habilitation services</u>	Outpatient: \$40 <u>Copay</u> /visit <u>Deductible</u> does not apply. Inpatient: \$800 <u>Copay</u> per day	Not covered	One <u>copayment</u> per day up to a maximum of 5 <u>copayments</u> per admission for inpatient services. Limited to 25 outpatient visits per calendar year, limited to 30 inpatient days per calendar year. <u>Prior authorization</u> required for all planned inpatient stays. Penalty for <u>out-of-network</u> : no coverage.
	<u>Hospice services</u>	Outpatient: \$30 <u>Copay</u> /day <u>Deductible</u> does not apply. Inpatient: \$800 <u>Copay</u> per day	Not covered	One <u>copayment</u> per day up to a maximum of 5 <u>copayments</u> per admission for inpatient services. Respite care limited to 14 days lifetime.

Benefit summary: Visits at \$1

If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	First two visits: \$1 Copay / visit; deductible does not apply. Additional visits: \$20 Copay / visit; deductible does not apply.
	Specialist visit	\$65 Copay / visit; deductible does not apply
	Preventive care/screening/immunization	No charge; deductible does not apply

If you need mental health, behavioral health, or substance abuse services	Outpatient services	First two office visits: \$1 Copay / visit; deductible does not apply. Additional office visits: \$20 Copay / visit; deductible does not apply. Other outpatient services: \$20 Copay / visit; deductible does not apply
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*For standard Bronze & Silver plans only

- First 2 primary care visits are \$1
- First 2 behavioral health visits are \$1

Excluded & covered services

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• Bariatric surgery• Cosmetic surgery• Dental care (Adult)• Hearing aids | <ul style="list-style-type: none">• Infertility treatment• Long-term care• Non-emergency care when traveling outside the U.S. | <ul style="list-style-type: none">• Private-duty nursing• Routine eye care (Adult)• Routine foot care• Weight loss programs |
|---|---|--|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• Abortion | <ul style="list-style-type: none">• Chiropractic care (10 visits/year) | <ul style="list-style-type: none">• Acupuncture |
|--|--|---|

- Excluded services listed
- Coverage for abortion, chiropractic, and acupuncture services noted
- Visit limits listed for chiropractic care

Rights, grievance, & appeals

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Washington State Office of the Insurance Commissioner 1-800-562-6900. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Washington State Office of the Insurance Commissioner 1-800-562-6900.

- ▶ Your right to continue coverage section complete
 - ▶ Inclusive of the number for OIC: 1-800-562-6900.
- ▶ Grievance and appeals rights section complete
 - ▶ Inclusive of the number for OIC: 1-800-562-6900.

Minimum essential coverage & value standards

Does this plan provide Minimum Essential Coverage? **Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? **Not Applicable**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

- ▶ Minimum essential coverage complete statement present & complete
 - ▶ Statement should always read 'Yes.'
- ▶ Minimum value standards statements present & complete
 - ▶ Statement should always read as 'Not Applicable'

Indian Health Care Provider

What You Will Pay		
Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP Network Provider (You will pay more)	Non-IHCP Out-of-Network Provider (You will pay the most)
No charge	First two visits: \$1 Copay / visit; deductible does not apply. Additional visits: \$20 Copay / visit; deductible does not apply.	

- Where SBC notes zero-dollar deductible and cost sharing for IHCP benefit, IHCP facility dependency should be noted for Tier 3 SBCs
- AI/AN coverage for Tier 3 scenarios include IHCP disclaimer language

Note: These numbers assume the patient received care from an IHCP [provider](#) or with IHCP [referral](#) at a non-IHCP. If you receive care from a non-IHCP [provider](#) without a [referral](#) from an IHCP your costs may be higher.

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Language access taglines

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-857-9944 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-857-9944 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-857-9944 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-857-9944 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-857-9944 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-857-9944 (телетайп: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-857-9944 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-857-9944 (TTY:711) まで、お電話にてご連絡ください。

Díí baa akó nínizin: Díí saad bee yánifti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódíílnih 1-855-857-9944 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-855-857-9944 (TTY: 711)

OBVAJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-857-9944 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់ប្រើប្រាស់។ ចូរ ទូរស័ព្ទ 1-855-857-9944 (TTY: 711)។

ध्यान दिऐ: ने तुमी पंजाबी बोलते हे, उां डामा विंच मराडिडा मेवा तुवाडे लखी मुदत छुलखय वै। 1-855-857-9944 (TTY: 711) 'उे बाल वरे।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-855-857-9944 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-855-857-9944 (መስማት ለተሳናቸው:- 711)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-857-9944 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-857-9944 (टिडिवाइ: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-857-9944 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-855-857-9944 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-857-9944 (TTY: 711)

ໂປດຄາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ອຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-857-9944 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-855-857-9944 (TTY: 711) tiin bilbilaa.

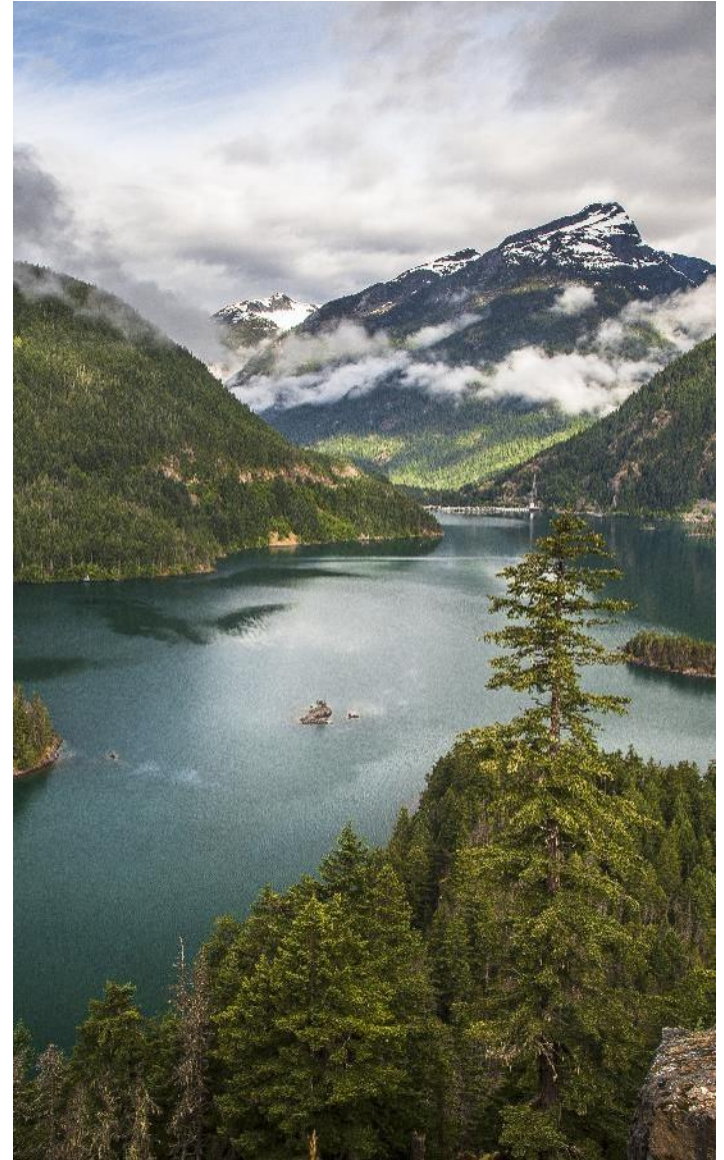
توجه: اگر بہ زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-857-9944 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فأنكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-857-9944 (رقم هاتف الصم والبكم 711 TTY)

- SBC contains language access taglines
 - Not included in the 8-page limit

Reminders

- ▶ Carriers have the option to send SBCs to the Exchange for early review
- ▶ When submitting SBCs to the Exchange please separate non-standard and standard SBCs into separate zip-files



2027 Cascade Care Savings policy

Overview of final policy proposals

Bronze
plan
eligibility

Bronze
plan
availability

Silver
plan
pricing

Three fixed
monthly
subsidy
amounts



PY 2027 Cascade Care Savings timeline



April: Final policy

The Exchange publishes final PY 2027 Cascade Care Savings policy



August: Public comment period

The Exchange publishes initial Cascade Care Savings maximum PMPM amounts for public comment & host a public comment meeting



June/ July: PMPM development

The Exchange develops initial Cascade Care Savings maximum per member per month (PMPM) amounts



End of September: Final PMPM

The Exchange publishes final PY 2027 Cascade Care Savings maximum PMPM

Federal regulatory update

NBPP proposed rule

- ▶ The Notice of Benefit and Payment Parameters (NBPP) is the annual federal rule governing marketplace operations
- ▶ Published **Feb. 11, 2026**
- ▶ Exchange comment submitted on **March 13, 2026**
- ▶ Coordinated with OIC to align on comment themes
- ▶ Final rule expected this spring



Three key takeaways



Relatively few proposals with clear impact on Exchange operations



Minimal guidance on H.R. 1 requirements



Multiple proposals to increase out-of-pocket costs for enrollees

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 (H.R. 1 requirements) expected this summer.



Discussion and next steps

Reminder: Please email all Plan Certification deliverables to the QHP Inbox (qhp@wahbexchange.org) rather than individual team members

- **May 14:** Issuer Submission forms due
- **June 2:** Next Plan Certification Workgroup meeting
- **July 15:** QIS forms due
- **July 31:** Primary Care Expenditure reporting due



