



Cascade Care Workgroup Agenda – 9/25

Time	Topic	Facilitator
10:00	Welcome and Introductions	Laura Kate Zaichkin, HBE Director of Market Competition & Affordability (she/her)
10:10	Affordability Landscape <ul style="list-style-type: none">• The business of health care• Consumer experiences	Jane Beyer, OIC Senior Health Policy Advisor (she/her) Kristin Villas, HBE Senior Policy Analyst (she/her)
10:45	Sharpening Cascade Care Tools <ul style="list-style-type: none">• Options & proposals review• Small group discussions	Laura Kate Zaichkin
11:50	Next Steps & Adjourn	Laura Kate Zaichkin

Please email Tanya DeVore at tanya.devore@wahbexchange.org by Sept. 23 with your RSVP – let us know if you're planning to join the meeting remotely or in person at [Washington Health Benefit Exchange](https://www.wahbexchange.org).



Sharpening Cascade Care Tools

Options and Proposals For Discussion and Feedback

Detailed proposals will be distributed in final Workgroup materials



State Subsidy Options:*

1. Limit plans eligible:
 - Based on affordability
 - Based on quality
2. Refine metal level eligibility:
 - Silver for APTC-eligible customers <200% FPL
3. Increase eligibility to 300% FPL
4. Encourage full use of available federal subsidy



Standard Plans Options:

1. Standard plans only at Silver & limit non-standard to one each at other metal levels**
2. Phased approach to only standard plans, starting with Silver***
3. Only standard plans; Exchange designs two standard plans at each metal level



Public Option Proposal:

1. Strengthened provider participation:
 - All public option plans offering good faith contract
 - Hospital systems
2. Add targeted pricing caps:
 - Hospital inpatient/outpatient cap
 - Behavioral health floor

*2025 [Policy](#); Options proposed for 2026

Aligned with [ESHB 2361](#) *Aligned with [HB 2361](#)/SB 6258



Background Resources

- Suggested pre-reading for Cascade Care Workgroup meeting

Background Resources

- ▶ [2024 WA Health Care Affordability Survey](#)
 - ▶ [News release](#)
- ▶ [WA OIC Final Report on Health Care Affordability](#)
 - ▶ [Report fact sheet](#)
 - ▶ [Preliminary report](#) on Washington's health care system
- ▶ [Seattle Times story](#) about affordability reports
- ▶ [Cascade Care mid-range vision](#) (2023-2027)
- ▶ [Exchange Board retreat materials](#)
 - ▶ Affordability discussion guide – [state subsidy](#)
 - ▶ Affordability discussion guide – [market standardization](#)
 - ▶ Affordability discussion guide – [cost containment](#)
- ▶ Exchange Board retreat summary – slides as follows
 - ▶ Remarks at Exchange Board retreat from Advisory Committee member Daphne Pie, Public Health-Seattle & King County – slides as follows



Exchange Board Retreat Summary

July Exchange Board Retreat



Theme: Position for the Future

Key Outcomes

1. Deeper board member connection and cohesion with each other.
2. Greater understanding of opportunities and risks ahead.
3. Strategic / high-level policy and operational directional guidance to staff.

Board Retreat Direction

- ▶ Position for the future:
 - ▶ Be ambitious in advancing the Affordable Care Act and health justice.
 - ▶ Recognize that health insurance is necessary but not sufficient to ensure equity and strong health outcomes.
 - ▶ Protect gains and ensure the Exchange has bandwidth to fulfill its core mission.



Board Retreat Discussion – Affordability

- ▶ Maximize within Exchange influence of control through focus on sharpening Cascade Care tools
- ▶ Principles:
 - ▶ Accountability
 - ▶ Alignment
 - ▶ Coordination
- ▶ Informed by [Cascade Care Workgroup](#) & Exchange Advisory Committee guidance and representatives



State Subsidy – Board Discussion

Equity

- *Prioritize directing subsidy toward most vulnerable populations*

Stewardship of state investment

- *Incentivize carrier behavior through reward of state subsidy*

Environment of scarce funds

- *Develop best positioning to justify appropriation request*





Market Standardization – Board Discussion

Standard plan legislation

- *Continue effort to standardize market*

Market shelf

- *Improve Healthplanfinder shelf, customer support tools, and customer insurance transitions*

Health care delivery standards

- *Go beyond standardizing benefits to standardizing front- and back-end care experiences*





Cost Containment – Board Discussion

Data maturity & transparency

- *We cannot contain what we cannot measure*

Reference pricing

- *Use public option as an innovation lab to reduce costs*

Payment reform

- *Set common expectation to pay for outcomes while mitigating provider administrative burden*



Board Retreat Direction - Sharpen Cascade Care Tools



State Subsidy



Standard Plans

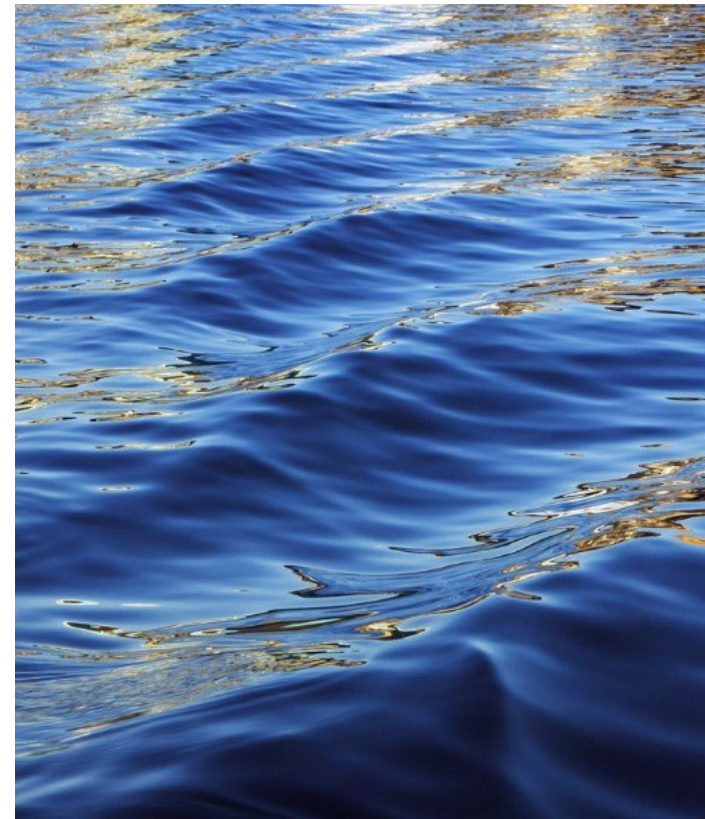


Public Option



Affordability

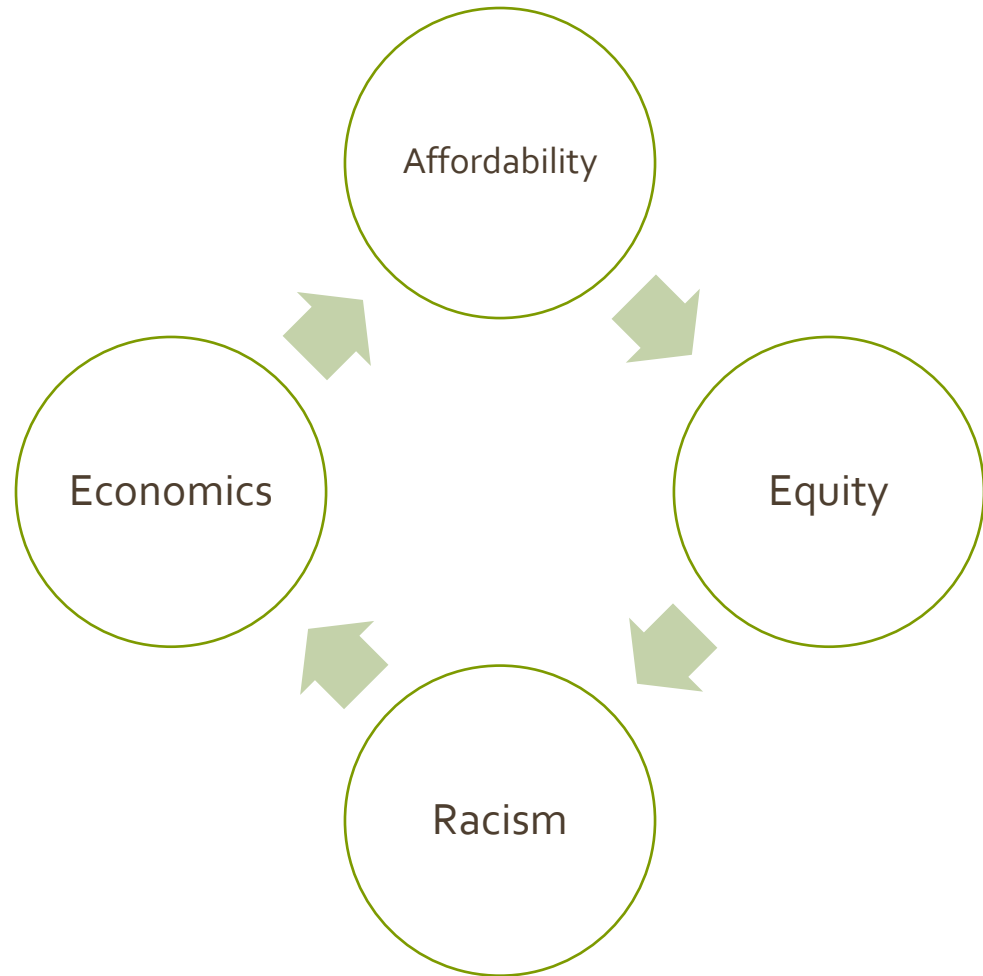
Daphne Pie | Regional Health Services Administrator
Public Health-Seattle & King County
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Affordability Barriers

- **Equity:** Our primary role is to help eliminate health inequities and ensure that the most vulnerable populations have access to quality health care. The first step in this process is to assist residents in enrolling in health insurance. We recognize that this step may present a financial barrier to many, but it is essential for improving health status and achieving **Equity for All**. To truly realize this goal, we must create fair and equal opportunities for everyone to enroll in insurance.
- **Structural/Institutionalized racism:** Presents significant challenges to achieving optimal health for marginalized populations, including people of color, clients with disabilities, and members of the LGBTQ+ community. Racism is a public health crisis that exacerbates these barriers.
- **Economic Opportunities:** Financial barriers are a key issue in the quest for health equity. People of color often do not have the same financial opportunities as others, which affects their ability to afford insurance, co-payments, and out-of-pocket costs. This economic disparity is a critical barrier to accessing necessary healthcare services.

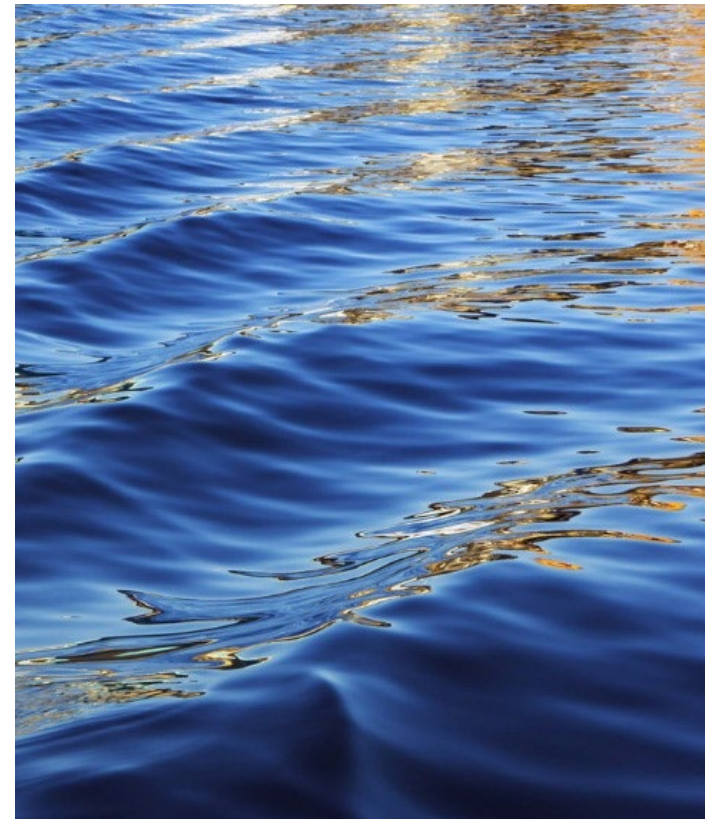
Understand our experiences from the clients perspective.
These are clients stories.





Client moving from Apple Health to QHP eligibility. Despite finding a plan with a -\$0-cost premium (Cascade Care/APTC), the client refuses to enroll into a QHP.

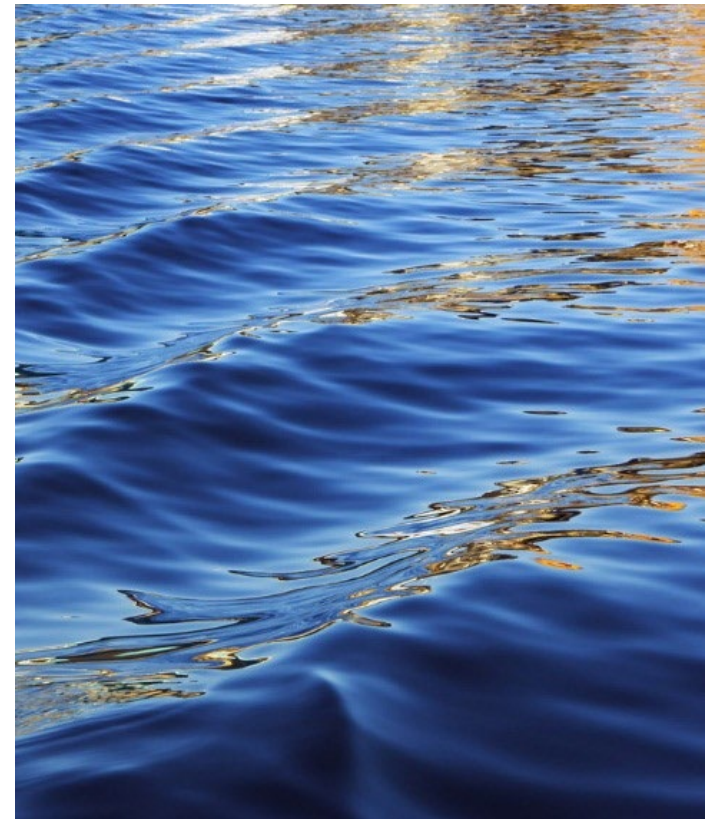
Barrier: Out of pocket cost. The increase in Minimum wage is pricing clients out of Apple Health. Although some premiums are -\$0-cost, a co-pay for office visit or prescription drugs can mean going without a bag of groceries or other household necessities.





Some of the most vulnerable residents in Washington State are non-citizens. When they arrive, most establish care at a local hospital under their Hospital Charity Care programs. When they are eligible to enroll into a QHP, they want to access their existing providers/hospital. Maintaining their continuity of care is extremely important to them. Even with Cascade Care payment assistance, the prices are unaffordable for them to maintain their health care preferences. They don't enroll into a QHP and choose hospital charity care over insurance.

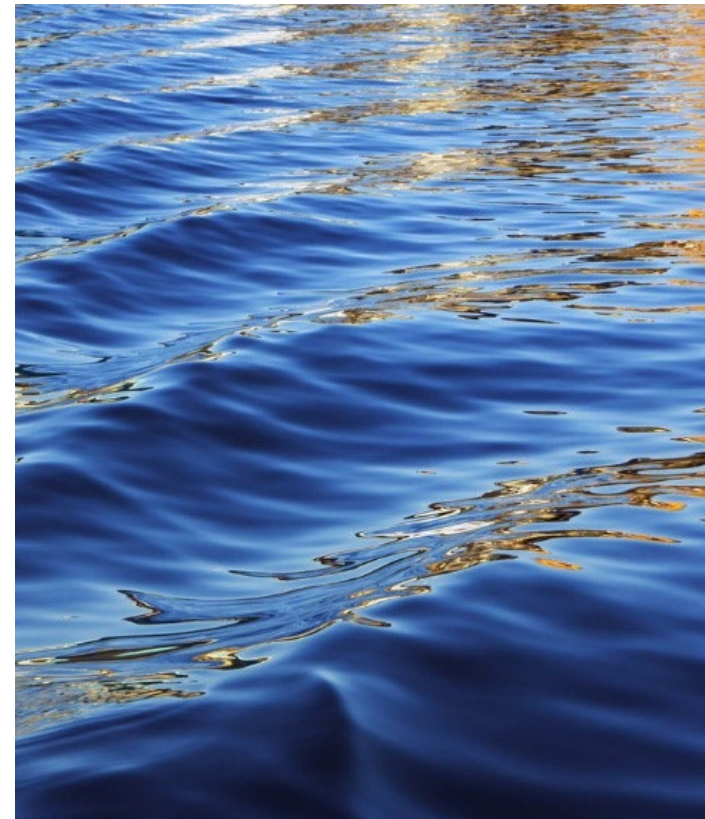
Barrier: Hospital networks. Equity means equal opportunities.





Client enrolled into a select plan. Contacted us about a \$30,000 medical bill they received. We contacted the Health Plan Customer Service Center. Their own health plan Customer Service Center couldn't understand the bill. They advised us to us to call the Dr's Office. When we did more research, we discovered the provider/facility only accepted non-select plans. A non-select plan was too expensive for the client.

Barrier: Network clarity.



Suggestions for the Exchange Board

Clients moving from Apple Health to a Qualified Health Plan.

Apple Health clients are going from no-cost sharing, no premiums to monthly premiums and cost sharing.

As wages increase in most Cities/Counties, people are being priced out of Apple Health, Basic Food and even childcare programs.

These clients are paying more out-of-pocket & we're asking them to take on an additional financial burden in order to get health insurance.

Many of these clients are taking medications for health conditions and having regular doctor appointments.

Clients leaving Apple Health to QHP

1. Offer a pre-paid debit card for medical co-payments, like what the Health Care Authority offered for the COFA Islander Health Care program.
2. Suspend out of pocket cost for clients transitioning from Apple Health to QHP.
3. Provide more financial assistance through Cascade Care Savings. Based the assistance on income rather than a flat amount. Clients with the lowest income should get the highest assistance.

Suggestions for the Exchange Board

Lower cost can't mean unequal access!

When insurance companies lower their premiums, it can **cause unintentional unequal access for the most vulnerable.**

Residents are struggling to pay rent, buy food and pay their basic living expenses. When choosing a health plan, they not only look at monthly premiums, but they estimate their out-of-pocket expenses. Some choose plans based on their available budget. Their financial economics is driving their choice.

Select plans are not widely accepted. However, premiums are attractive to clients with lower incomes. But, limited networks, can mean longer wait times for preventive care or testing and a harder time finding a provider in their area. That's not equity.

Cascade Select/Public Option

We understand that Select/Public Options work by lowering reimbursements rates, here are some suggestions:

1. Find a way to further reduce out-of-pocket expenses on more services.
2. Health disparities in our most vulnerable populations should be a starting point to see how health outcomes can be improved. **For example, look at health conditions that most effect people of color and then improve access to Specialty providers. (heart disease, lung disease). We must focus on increasing life expectancy.** Can you have no cost-sharing or lower cost-share for higher price services like Specialty providers.
3. Can you provide more incentives to Select/Public Options providers to improve their networks.
4. Can the Exchange Board obtain more power from the State Legislators to make changes to the existing regulations.