

Cascade Care Workgroup

July 8, 2025



Cascade Care Workgroup Agenda

Time	Topic	Facilitator
1:00	Welcome and introductions	Laura Kate Zaichkin, <i>HBE Director of Market Competition & Affordability (she/her)</i>
1:05	Market risks update <ul style="list-style-type: none">• Risks to customers• Risks to market• Risks to health care ecosystem	Eric Lewis, <i>Washington State Hospital Association CFO</i> Rhonda Hauff, <i>Yakima Neighborhood Health Services President/CEO</i> Daphne Pie, Claudia Sierra, Liz Winders & Jen Covert, <i>PHSKC</i>
1:35	Opportunities discussion <ul style="list-style-type: none">• Expanding market stewardship• Targeting Cascade Care tools	Large & small group discussions
2:25	Next steps and adjourn	Laura Kate Zaichkin



STATE & FEDERAL WATCH POINTS

Market risks update



- ▶ Changes affecting affordability of coverage

- ▶ Changes affecting Medicaid & Marketplace

- ▶ Changes affecting equitable access to coverage



FEDERAL CHANGE

Risks to the individual market

- ▶ Significant premium increases and enrollment barriers affect customers' ability to get and stay covered.
- ▶ Exchange estimates potential loss of one-third to one-half of enrollees.
- ▶ Enrollment losses can result in carriers leaving services areas, risking individual market instability.



Risks to customers

- ▶ Premium subsidies helping customers get and stay covered are being reduced, withdrawn and cannot stretch as far.
- ▶ Subsidies are critical but are not a primary strategy for addressing customers' increasing health care costs.
- ▶ Navigating enrollment and ensuring continuous coverage will get harder.





YNHS Navigator Challenges 2025 & Beyond

Lead Organization Since 2014

- 200,000 applications completed (mostly Medicaid)
- Still Yakima is the highest uninsured county in the state

4th (federal) district has nearly 300,000 on Medicaid

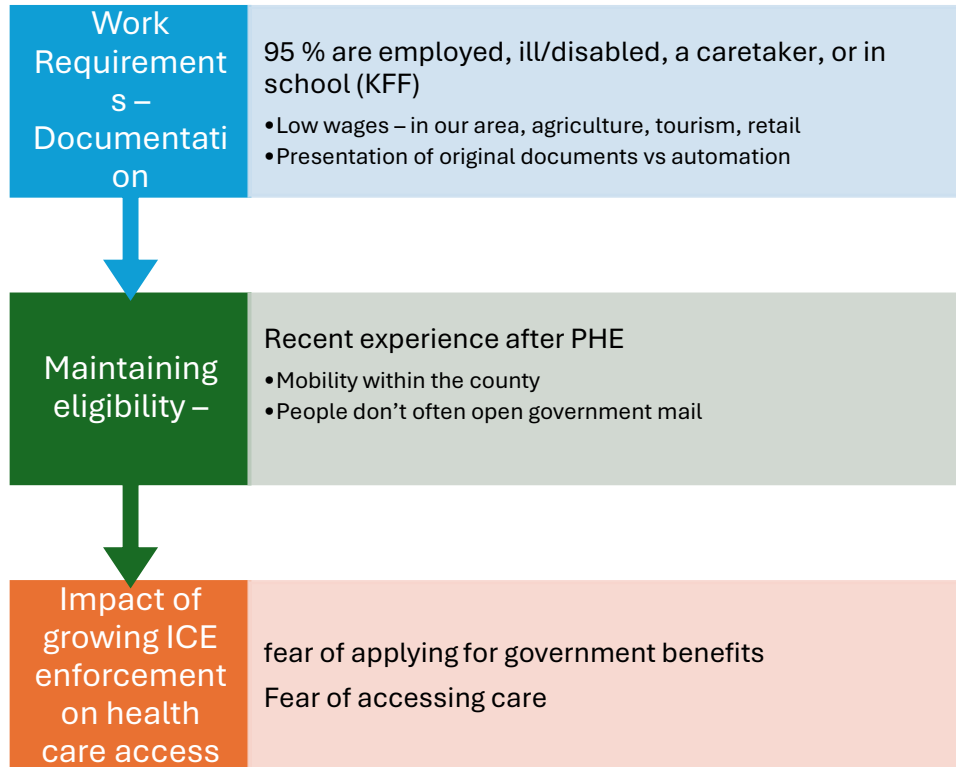
- 38% of our district / 80% of our children

16,000 people on QHPs currently receiving tax credits

- Avg. Yakima county premium will go from \$70/year to \$2,000/year without the enhanced premium tax credits
- (Navigators report any premiums over \$100/month are unaffordable to our families)

Our Navigators' Experience

Where We've Been / Where We're Heading



WA adult (19-64) Medicaid enrollee work characteristics:

- Employed: 69%
- Ill/Disabled: 11.7%
- Caretaker: 7.4%
- In school: 6.8%

Other: 5.1%

Our Navigator Experience

After the PHE (May 2023 – May 2024)

- 10,000 members up for renewal
 - 1,900 terminated over 12 months (18%)
 - 79% (1,500) terminated for incomplete information
 - 9% over income
 - 6% voluntarily disenrolled
 - Over the course of the year, Navigators & Outreach Workers recovered 699 (37%) and re-enrolled – time and effort was significant

Continuum of coverage between Medicaid & QHPs more fragile

Uninsured parents tend to have uninsured children

Navigator Experience Priorities of the People We Help

Affordability

Access to Existing PCP –

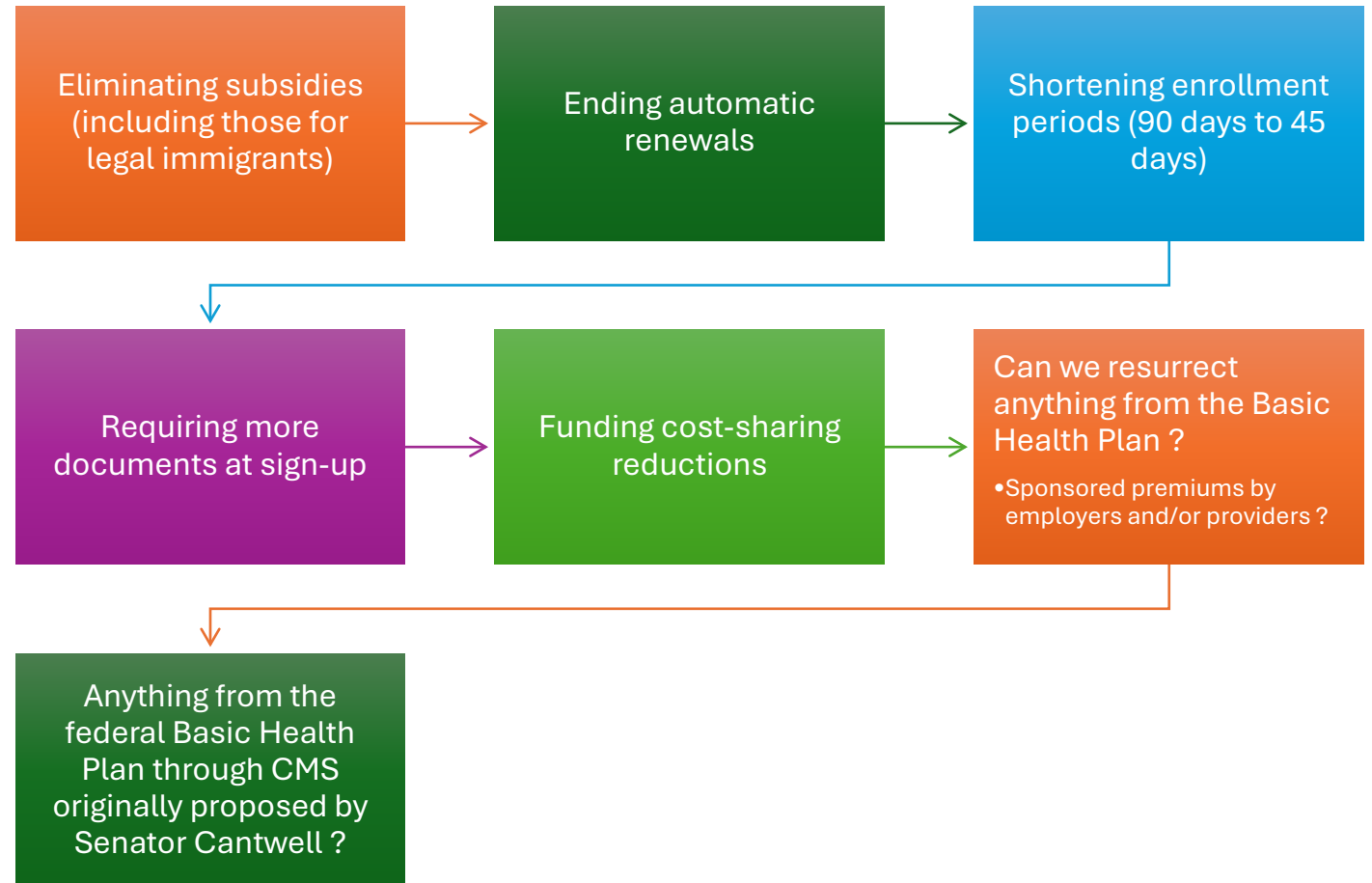
- relationship, hours, language, services, transportation

Deductibles

Maximum Out of Pocket Costs

Co-Insurance Costs

New Hurdles for ACA Coverage



Preparing for the Future



- ✓ Relationships Matter – Local level
- ✓ Increase Outreach Activities When / Where Possible
- ✓ Telehealth Options – Enrollment & Care
- ✓ Address Verifications at Every Contract
- ✓ More frequent eligibility verifications
- ✓ Employer Verification at Every Contact
- ✓ Consumer Education !

Federal Change

Public Health leadership is taking a proactive and strategic approach to understanding and addressing the potential impacts of upcoming policy shifts. Our new workgroup will ensure we are ready and adjusting to change.

Internal Communication & Staff Engagement

Navigator Network Trainings

Community Based Trainings

Collaboration with our Community Health Centers

Public Health-Seattle & King County

Lead Organization: King, Snohomish & Jefferson Counties

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Daphne Pie (daphne.pie@kingcounty.gov)

www.kingcounty.gov/outreach

Public Health
Seattle & King County



Access & Outreach
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Claudia Sierra |
Program Manager | Enhanced User |
Client Perspective

Confusion: Clients are vulnerable & desperate for some form of assurance that they will be protected and cared for. Many fear that without such a guarantee, they may face dire consequences, including losing their coverage and potentially their lives.

Basic Living needs: With high premium costs, individuals are forced into difficult decisions about what they can afford for survival — whether it's food, housing, household bills, or medical care. They often must choose which bills to pay to meet their health needs. Unfortunately, **many end up self-medicating with over-the-counter or expired medicines or simply going without care until it becomes critical.**

I've heard clients say they ask family members abroad to send medications or seek informal treatments from acquaintances who provide injections of unknown substances. While these alternatives may seem necessary, they carry significant risks compared to proper medical care.

The situation is extremely challenging due to the lack of clear answers, leaving people anxious and eager to prepare for upcoming changes.

We face numerous barriers, including language difficulties — both verbal and written. It's essential that we improve education around the importance of health coverage and how it works, including explaining premiums, deductibles, copayments, and the differences between hospital and clinic visits.

Payment relief: However, many individuals are willing to pay for coverage if the cost is more affordable because they understand its importance.

Jen Covert |
Program Manager | Enhanced User \
Premium Challenge

With so many changes and different timelines of implementation – there will be (and already is confusion). We need clear materials communicating the upcoming changes – focusing on those that will be happening the soonest. Sometimes too much information at once can lead to analysis paralysis and no action is taken.

In my experience the premium cost tends to be what most people focus on initially – as that is a fixed monthly cost, then the discussion of co-pays, deductible happens. If a person can't afford the premium – it pretty much stops the conversation. (anything that can be done to keep premiums manageable is important- private philanthropy??)

Options-Innovation:

Is there a way people could donate \$ to help with premium cost- like when you renew your tabs they ask if you want to donate \$5 to parks.

With Cascade Care – highlighting everything covered before the deductible is good to do.

Liz Winders-Ceniceros |
Program Manager | Enhanced User |
Impact of policy changes on clients’
Access to care



Challenges| Finding solutions

Navigator-Network Coordination-Readiness

We will include targeted trainings and regular updates across the Navigator network. The upcoming Navigator In-Service Days will feature these changes as a key agenda item.

First Friday Forum (FFF), and Navigator Network meetings will serve as hub for education and information that we receive from the Exchange.



Key messaging for Navigators. Update clients account, contact clients for possible immigration changes, enroll quickly, review your clients accounts understanding the new changes.

Challenges | Possible Options

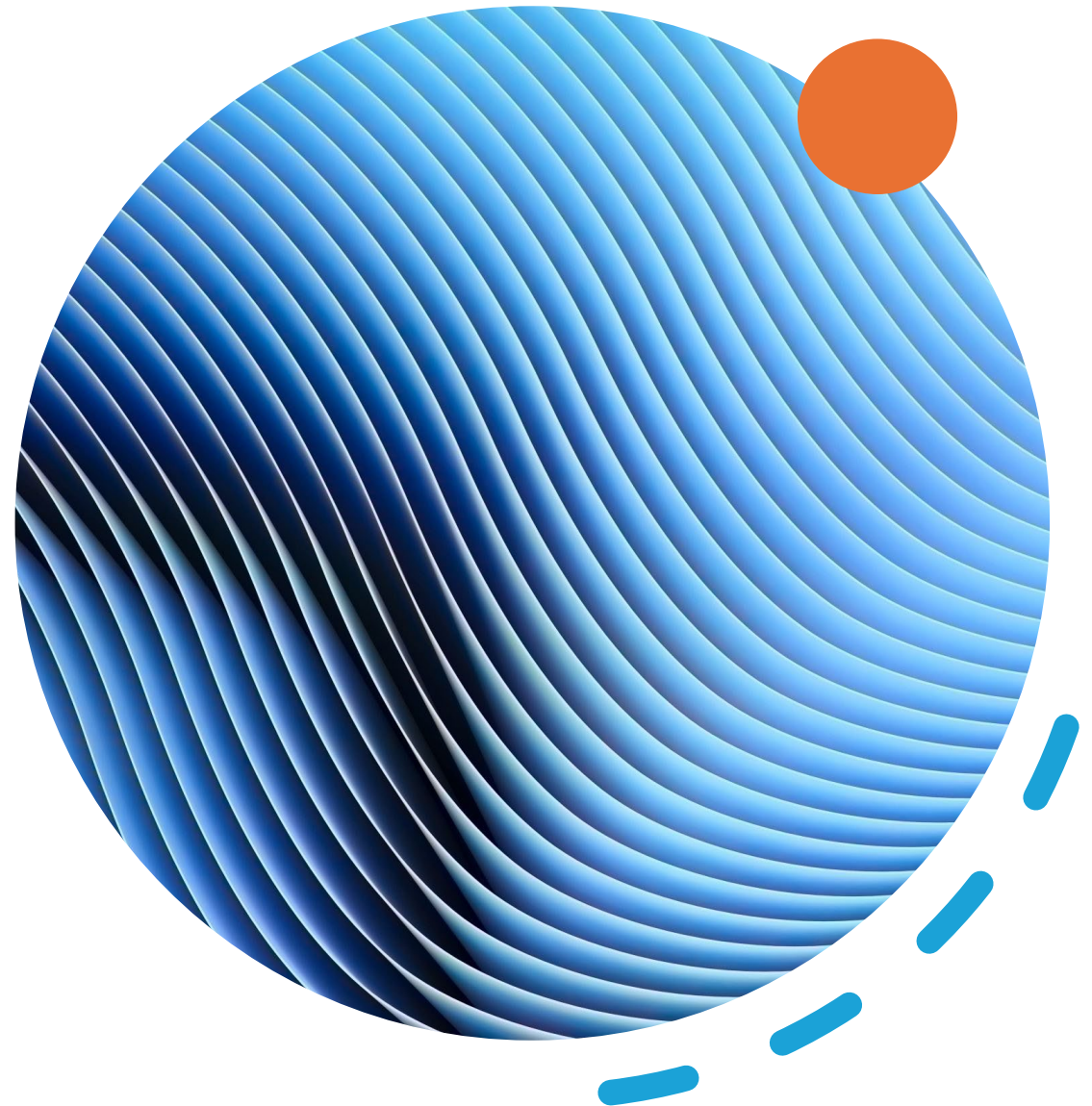
Challenge: Clients with -0- premium but \$5.00 bill. **Option?** Is there assistance available? Can we provide client gift card?

Challenge: Clients' states income is above 100% FPL; IRS indicates below 100% FPL. **Option?** Change messaging. Start requiring clients to bring in paystubs. If the IRS only updates annually, can we use the Employment Security Department (ESD) form to verify income? They are only three months delayed.

Challenge: Client's income is below 100%. Can't self-attest. **Option?** Employment Security form. Developing partnerships with various social service agencies who maybe provide services to the client. Can they verify their income?

Challenge: DACA. **Option?** We need a sponsorship program. Can the Exchange or Board reach out to foundations for a premium assistance program? Can DACA clients into the Cascade Care premium assistance program.

Challenge: Premium's. **Goal:** Understand the clients needs; educate them about coverage options. Look for affordable options. Built trust.



DISCUSSION

Opportunities in a changing Exchange market



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**

Cascade Care limited in addressing challenges and opportunities on horizon

- ▶ Policy innovations are working to protect customers, but threats are on the horizon
- ▶ 2026 is a year of change
 - ▶ Premiums, subsidies, carrier and plan availability, and federal impacts

Example from 2026 Initial Filings Analysis
Proposed Changes in San Juan County:

2025	2026
Three carriers: Coordinated Care, LifeWise, Regence WA	One carrier: Coordinated Care
20 plans, including public option and all metal levels	Five plans, no public option or Bronze
Lowest cost plan: non- Cascade Bronze (\$305)	Lowest cost plan: non- Cascade Gold (\$479)

Suggested Workgroup Meeting pre-read:
[2026 Market Landscape Preview](#)

RESPONSE TO CHANGING MARKET

~~Sharpening~~ Targeting Cascade Care Tools

Suggested Workgroup Meeting pre-read:
[Sharpening Cascade Care Tools Summary](#)
(pg 62-63)



Exchange Board direction to sharpen Cascade Care tools

There continue to be goals & opportunities to advance access & affordability



State Subsidy:

- Nearly **100,000** low-income customers reduce monthly premiums with Cascade Care Savings.
- As **rates increase and ePTC expires**, subsidies cannot stretch as far.
- **Maintain and maximize** publicly-funded affordability supports.



Standard Plans:

- Nearly **80%** of Exchange customers enrolled in standard plans today.
- **Variation** in plan offerings is confusing and overwhelming.
- **Differentiate** plans based on what matters most to customers — premium, network, quality and customer service.



Public Option:

- Public option **statewide** in 2025, but not 2026.
- Current policies not resulting in meaningfully **lower premiums**.
- Customers experience **access barriers**.
- Strengthened policies could drive **healthy competition** on price and quality.

Proposal: Target Cascade Care tools to vulnerable populations

And the market is changing. Many populations face new challenges.



**State
Subsidy**



**Standard
Plans**



**Public
Option**

Small-group discussions: How might Cascade Care tools be targeted toward populations increasingly facing access and affordability barriers?

- Low-income populations
- Those who are not eligible for federal subsidies — newly, ever or for periods of time
- Immigrants
- Customers transitioning from Apple Health

Small Group Report-Out

Expanding market stewardship & targeting Cascade Care tools

- Themes
- Suggested guiding principles
- Considerations for Exchange Board

Cascade Care Workgroup

Next steps

- ▶ **Cascade Care plan design:** PY 2027 design priorities survey feedback due July 14 to inform August discussion.
- ▶ **Public option:** PY 2026 HCA renewal decisions complete; plans subject to OIC approval & Exchange Board certification.
- ▶ **Cascade Care Savings:** PY 2026 draft PMPM methodology review at August meeting.

Next Cascade Care Workgroup meeting: 1 p.m., August 12



- Cascade Care Workgroup roster

Appendix



Cascade Care Workgroup members

- ▶ Jane Beyer,
Office of the Insurance Commissioner
- ▶ Jennifer Brackeen,
Washington State Hospital Association
- ▶ Emily Brice, *Northwest Health Law Advocates*
- ▶ John-Pierre Cardenas, *Kaiser Permanente*
- ▶ Justin Cusber, *Premera/Lifewise*
- ▶ Dekker Dirksen,
Community Health Plan of Washington
- ▶ Jim Freeburg, *Patient Coalition of Washington*
- ▶ Stu Freed, *Confluence Health retired*
- ▶ Carrie Glover, *Dziedzic Public Affairs*
- ▶ Sean Graham,
Washington State Medical Association
- ▶ Rhonda Hauff,
Yakima Neighborhood Health Services
- ▶ David Iseminger, *Health Care Authority*
- ▶ Daphne Pie,
Public Health-Seattle & King County
- ▶ Susanne Towill, *Coordinated Care*



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