

Navigator & Certified Application Counselor Technical Advisory Committee

April 16, 2025

Agenda

IHC Data Snapshot

DACA and 1332 Waiver Update

Recent Federal Activity

Training and Additional Updates

IHC Data Snapshot



Data Overview

Out of about ~100K uninsured Washingtonians, 25% are undocumented.

15,200

Applied for a
qualified
health plan.

2,400

Enrolled in a
qualified
health plan
(1,200 new for
2025).

\$342

Average net
premium.
Affordability
remains an
issue.

Data from mid-January (non-effectuated enrollments)

Cascade Care & FPL

- ▶ **97%** (2,300) selected a Cascade Care plan.
- ▶ **82%** (2,000) are receiving state premium subsidies (for those up to 250% FPL).
- ▶ **85%** of IHC customers selected a plan from Coordinated Care Corporation, CHPW or Molina.

IHC customers by federal poverty level (FPL)		
FPL	IHC customers	
<139%	1,085	45%
139-150%	109	5%
151-200%	442	18%
201-250%	332	14%
251-300%	69	3%
301-400%	93	4%
401-500%	43	2%
501-600%	16	1%
>600%	30	1%
FPL not reported	191	8%
Total	2,410	100%

Enrollment Assistance

75% of IHC customers receive assistance from a Navigator or Broker.

IHC customers by partnership status	
Assister Type	IHC Customers
Navigator	51%
Broker	17%
Navigator & Broker	7%
Neither	25%
Total	100%

**DACA &
1332
Waiver
Update**



Deferred Action for Childhood Arrivals (DACA)

DACA recipients and other people with qualifying immigration statuses can currently access coverage with federal subsidies.

- ▶ Federal proposed rule (released March 10) would reverse this.
- ▶ In Washington, DACA population can still access coverage but will lose federal subsidies.
- ▶ As things progress, information will be available at:
<https://www.wahbexchange.org/about-the-exchange/initiatives/daca/>.

Fact sheet

Savings available starting Nov. 1, 2024

People with certain immigration statuses now qualify for more savings

Due to a recent [federal change](#), Deferred Action for Childhood Arrivals (DACA) recipients and other people with qualifying immigration statuses can now access increased federal savings through Washington Healthplanfinder™ as of Nov. 1, 2024. These savings significantly lower costs for most — **many customers can find a health plan for less than \$10 per month.**

Who qualifies?

Immigration statuses include:

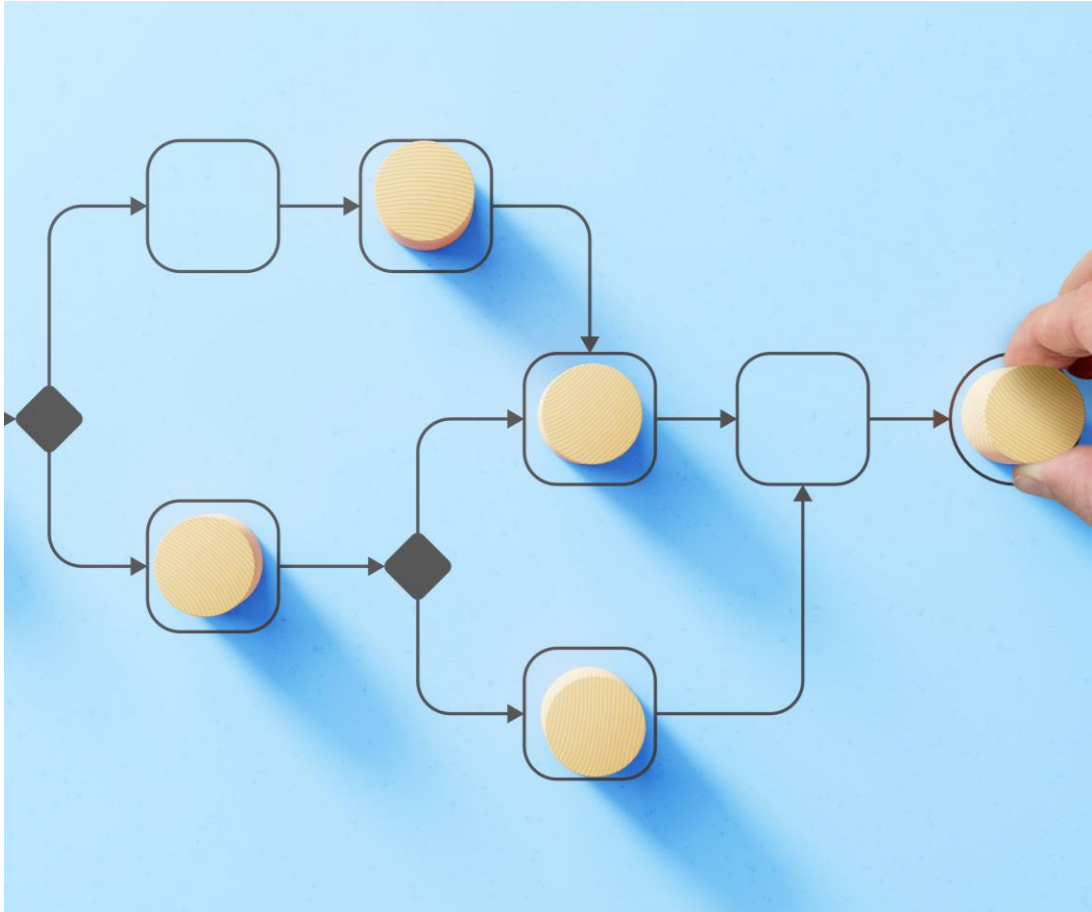
- DACA recipients
- Valid nonimmigrant visa-holders
- People with a pending application for adjustment of status
- People granted employment authorization
- Family Unity Program beneficiaries
- Special Immigrant Juveniles with approved petitions
- Certain asylum applicants under age 14

How can someone get their new savings?

Any household member affected by the recent change needs to select "Yes" to the question, "Is this household member lawfully present in the U.S.?" in their Washington Healthplanfinder application. Those who may be affected (current customers and people who recently applied to Washington Healthplanfinder) were notified of the change in their preferred language. Assisters are also reaching out to people with qualified statuses who they previously helped.



IHC 1332 Waiver – Contingency Planning



- ▶ Maintain current 1332 waiver as long as possible.
- ▶ Maintain privacy for IHC customers.
- ▶ Avoid mid-year coverage disruption, if possible.
- ▶ Maintain a coverage pathway and access to state subsidies.

What is the Exchange doing to protect health care access?

- ▶ Review and investigate any CMS, Executive Orders, etc. that may affect health care access and coverage (enrollment, eligibility, funding, specific population groups, etc.).
- ▶ Contingency planning underway — in partnership with Tribes, Governor's office, AG, OIC, HCA, carriers and community partners.
- ▶ Submit Public Comments on proposed rules/changes.
- ▶ Identify what will affect Washington Healthplanfinder consumers and Assisters.
- ▶ Loss of ARPA subsidies. Silver-loading aka raise the price of Silver plans to boost the amount of APTC since APTCs are based on the cost of the second-lowest cost Silver plan in their area.
- ▶ What do we have to do, what do we not have to do? Example: WA state CCS SEP up to 250% FPL instead of federally approved 150%.

Recent Federal Activity



Executive Order: Ending Taxpayer Subsidization of Open Borders

Federal agencies instructed to:

- ▶ Identify all federally funded programs that allow undocumented individuals access cash or non-cash benefits.
- ▶ Improve eligibility verification systems to prevent undocumented individuals from accessing public benefits. Could involve stricter checks within Medicaid.

Potential impacts to Health Care

- ▶ Emergency services
- ▶ Funding cuts to vital care and programs
- ▶ Deter individuals from seeking care due to fear of deportation or other repercussions
- ▶ Poorer health outcomes and increased public health risks

<https://www.whitehouse.gov/presidential-actions/2025/02/ending-taxpayer-subsidization-of-open-borders/>

CMS - 2025 Marketplace Integrity and Affordability Proposed Rule

Overall themes the rule seeks to address:

- ▶ Waste, fraud, and abuse caused by improper enrollments; abuse of eligibility and enrollment rules.
- ▶ Rising health care costs caused by adverse selection and other market factors influencing risk pools.

Access to healthcare will be affected

Proposed Rule:

<https://www.federalregister.gov/public-inspection/2025-04083/patient-protection-and-affordable-care-act-marketplace-integrity-and-affordability>

Press Release:

<https://www.cms.gov/newsroom/press-releases/cms-takes-aim-reduce-improper-enrollments-and-promote-more-affordable-health-insurance-marketplaces>

Fact Sheet:

<https://www.cms.gov/newsroom/fact-sheets/2025-marketplace-integrity-and-affordability-proposed-rule>

CMS Proposed Rule Changes

Eligibility Categories

- ▶ Rescinds QHP eligibility for DACA recipients. For Washington state, DACA residents will lose APTC eligibility, but can still enroll in a QHP.
- ▶ Eliminates low-income SEP.

Enrollment policies

- ▶ Reduces enrollment period to Nov. 1-Dec. 15.
- ▶ Limits passive autorenewal by proposing a required \$5 premium in the case of renewing individuals who are eligible for \$0 plans who do not actively update their eligibility prior to enrollment. Once consumers confirm their eligibility, the \$5 monthly bill could be eliminated and premiums paid could be rebated to the enrollee.
- ▶ Eliminates option to renew CSR-eligible individuals into silver from bronze plans. We do this now sometimes with cross-mapping if the silver QHP has the same benefits/providers but a lower or same premium.

CMS Proposed Rule Changes

Limiting Eligibility in the Case of Outstanding Issues

- ▶ Revises FTR (failure to reconcile) policies to enforce PTC (premium tax credits) ineligibility after only one year of reconciliation issues, instead of 2 years.
- ▶ Eliminates the prohibition on applying premium payments for a new plan toward past-due balances. It would allow issuers to not effectuate coverage until past-due balances are paid.
- ▶ Eliminates issuer flexibilities related to premium payment thresholds. Insurance companies may not be able to as lenient about late or partial payments for insurance premiums.

CMS Proposed Rule Changes

Verifications

- ▶ Eliminates 60-day extension allowed for submission of income verification documentation. We have a 95-day CEV verification period.
- ▶ Eliminates option to accept self-attestation in the case of income and household size that IRS data cannot verify.
- ▶ Requires additional verification in the case of inconsistencies between households reporting income 100-400% FPL and IRS data indicating they are under 100% FPL.
- ▶ Reinstates pre-enrollment verification requirements for all SEPs. It would require all marketplaces to conduct pre-enrollment verifications for at least 75% of SEPs.

CMS Proposed Rule Changes

Broker and Plan Management

- ▶ Prohibits gender-affirming care as an allowable EHB (essential health benefits). APTC eligibility covers EHBs but not non-EHBs.
- ▶ Modifies the definition of the preponderance of evidence standard used for broker terminations to help tighten improper enrollments.
- ▶ Update the methodology for calculating the premium adjustment percentage to establish a premium growth measure that better captures premium changes across all markets. This is the number used to adjust maximum out-of-pocket costs and premium tax credits.
- ▶ Reduces de minimis thresholds aka how much an insurance plan can deviate from its targeted coverage level (actuarial value) while still being classified in a certain category, like a Bronze, Silver, or Gold plan. For example, a plan labeled 'Silver' doesn't have to be exactly 70% coverage, it can be a little higher or lower.

Training & Additional Updates



Spring Training May 5 - June 2 All Roles



Privacy and Security Awareness



Assister Roles and Responsibilities



User Access Agreement

Assisters must complete training by **June 2, 2025** to retain access to Washington Healthplanfinder.



In-Progress Training

- ▶ Tax Credits
- ▶ Apple Health
- ▶ Exchange, Washington Healthplanfinder, & Insurance '101'
- ▶ Comparing QHP plans
- ▶ Domestic Violence
- ▶ DEI courses
- ▶ Immigration document sample 'one-pager'
- ▶ Neurodivergent Customer Assistance
- ▶ Any training that may need to be updated due to federal changes

Updated Training

- Qualifying Life Events and Special Enrollment Periods
- Conditional Eligibility Verification (CEV)
- Taxes and Washington Healthplanfinder
- Reporting Changes
- American Indian/Alaska Native (AI/AN)
- Security & Privacy Awareness
- Assister Roles & Responsibilities

Fall Training

Move fall training from October to September and partner with broker team for OE Readiness webinar in October.

Introducing 'Lunch & Learn'

- ▶ A quarterly volunteer webinar series for Brokers and Navigators.
- ▶ Content will cover various topics.
- ▶ Opportunity for Assisters to ask live questions.



Lunch & Learn: Learning management system (LMS)

Are you a new broker and want to learn how to locate resources? Or are you a seasoned broker who would like to see what we've changed in LMS? Please register for this important training opportunity!

Producer Support invites you to a training opportunity to learn about the learning management system.

This webinar will further explain how to locate:

- Producer Newsletter Archive
- Training decks, One-Pagers and How To's
- Useful links to webpage resources
- Troubleshooting Desk Aid
- Carrier contact information

From noon to 12:30 p.m. on Wednesday, Feb. 19.

[Register for LMS.](#)



CASCADE CARE

Cascade Care Savings

Cascade Care Savings (CCS) funding for plan year 2026 is included in both the House and Senate state budget.

Waiting for final approval from the Governor if CCS is included in combined proposed budget.

The Exchange will continue working with our partners and advocating for affordability measures through Cascade Care Savings.

2025 Open Enrollment Preview Report

Washington Health Benefit Exchange's **2025 Open Enrollment Preview Report** includes data about customers who selected health and/or dental plans for 2025. [View the 2025 Open Enrollment Preview Report.](#)



309,000
Washingtonians
selecting a qualified
health plan (QHP).



The most standard plan
selections occurred in the
history of the Exchange.



Contributors to these
enrollment numbers
include enhanced
premium tax credits and
Cascade Care Savings.

Public Comment

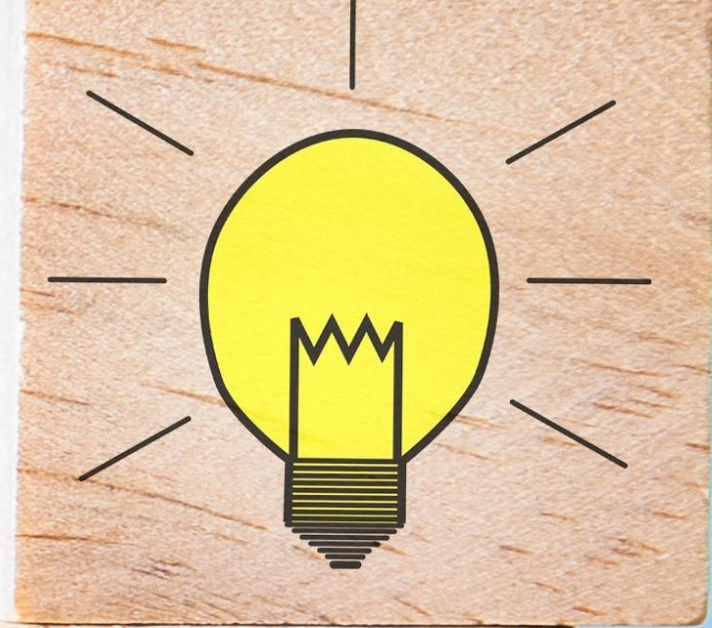
Please unmute yourself to
make a public comment.

Questions

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Washington Health Benefit
Exchange.





Next Meeting

July 17, 2025

2:30pm-3:30pm



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