

First Friday Forum

**Kelly Aaron (she/her)
Navigator Support Manager**

February 3, 2023



Winter Training

February 1 – 28

All Roles:

- DEI – How to Be an Ally for Diversity and Inclusion
- Assister Responsibilities

Roles 2 & 4:

- Special Enrollment Periods
- Taxes and 1095-As
- Conditional Eligibility Verification

New LMS sign-in process!

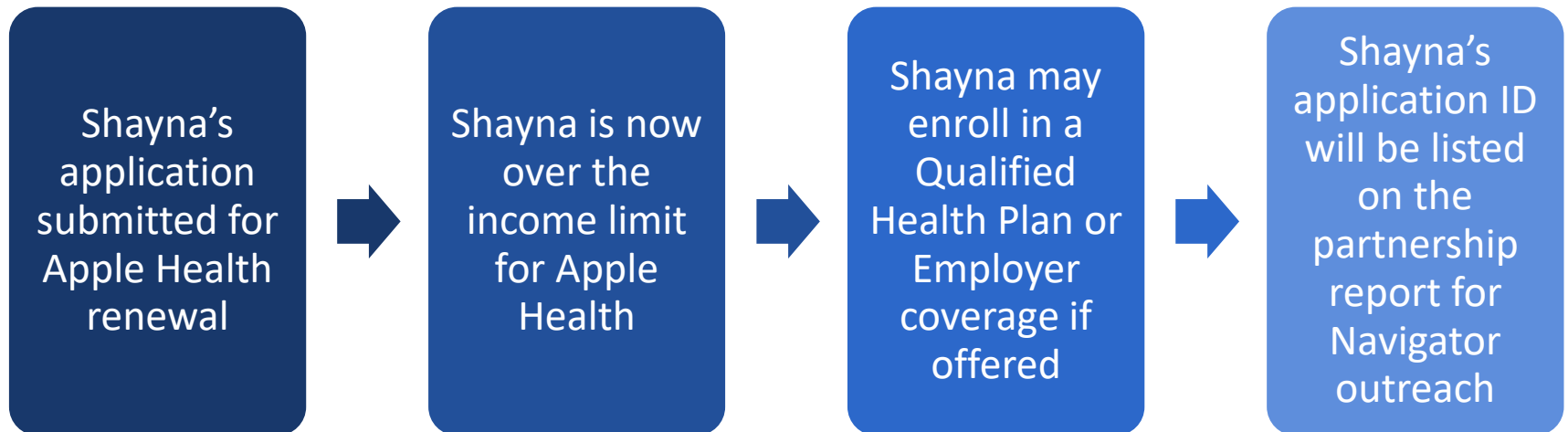
Use your work email address and work password.

Email navigator.lms@wahbexchange to report LMS sign in issues.



Public Health Emergency Partnership Report

- Health Care Authority (HCA) will begin ending continuous coverage April 1, 2023.
- Customers will receive a renewal notice prior to the end of their renewal period sometime over the next 12 months to redetermine their eligibility.

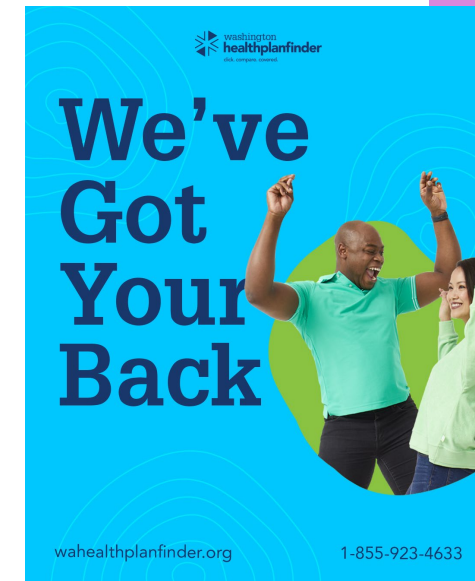
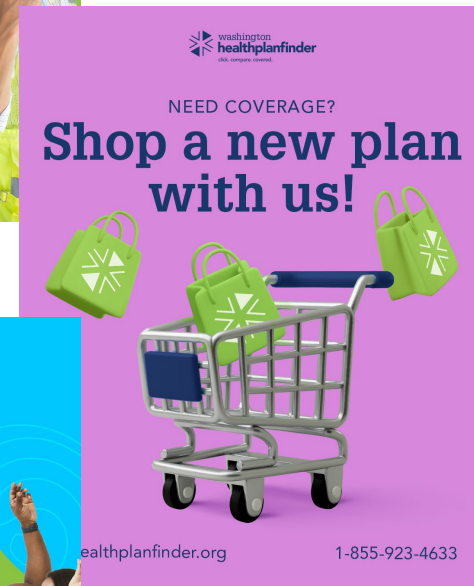


Loss of Apple Health is a qualifying life event to enroll in employer coverage. If employer sponsored insurance (ESI) was offered, it must be reported in *Washington Healthplanfinder* to ensure your client receives accurate eligibility, even if your client doesn't want ESI.

Special Enrollment Period Tool Kit

Visit our [Partner Tool Kit page](#):

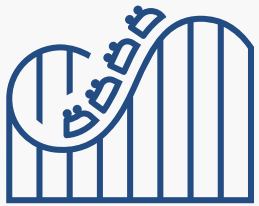
- Suggested Social Media Posts
- Website and Newsletter Language (English/Spanish)
- Talking Points (English/Spanish)
- Images
- Videos/Audio(English/Spanish)



Email navigator@wahbexchange.org to request customized marketing/outreach materials.

2023 Enrollment Preview

The [2023 Enrollment Preview Report](#) includes customers who have selected a 2023 health plan. The upcoming 2023 Spring Enrollment Report will include customers who have enrolled (paid for) their 2023 coverage.



13%

Applications increased 13% compared to 2022.



CASCADE CARE

64%

More than 147,000 people are enrolled in a Cascade Care plan.



76%

Customers receiving federal and/or state subsidies.

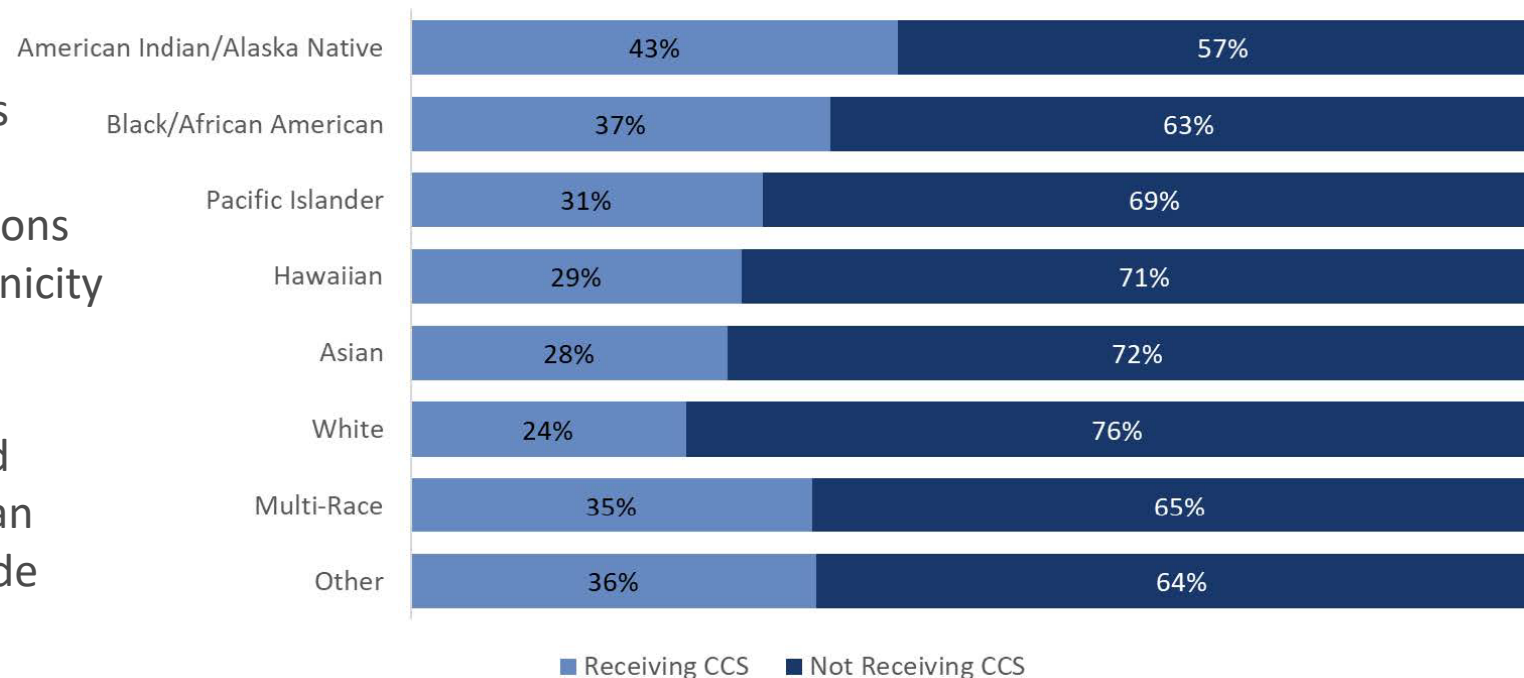


36%

Customers have a net premium of \$100 or less per month.

Cascade Care Savings is Reaching Diverse Populations

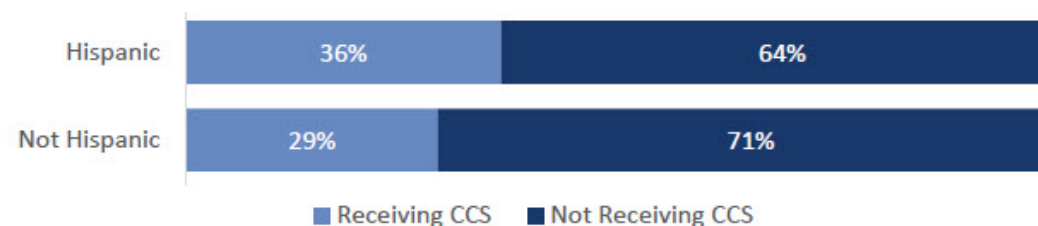
Percentage of QHP Customers Receiving Cascade Care Savings by Race



The percentage of QHP customers receiving Cascade Care Savings is higher among non-white populations and those who reported their ethnicity as Hispanic.

- For example, more than a third (37%) of Black/African American customers are receiving Cascade Care Savings, compared to an average of 26% across all races.
- Similarly, more than a third (36%) of Hispanic customers are receiving Cascade Care Savings, compared to 29% of those who are not Hispanic.

Percentage of QHP Customers Receiving Cascade Care Savings by Ethnicity



Hispanic ethnicity and race are collected separately and shown as different categories. Charts exclude customers who did not report a race or ethnicity. Race not reported: 77,100; 33% of 230,800 Ethnicity not reported: 130,100; 56% of 230,800

Health Equity Action Plan

LeAnn Blanco (she/her)
Health Equity Manager



Past to Present

- SDOH Workplan
- pointb Consultants
- Staff Interviews
- Data Aggregation
- pointb Recommendations
- Health Equity Action Plan



➤ 2018-2019

Exploration & Planning



➤ 2020-2021

Preparation & Development



➤ 2021-2022

**Initial Implementation
& Evaluation**



➤ 2022-2023+

**Full Implementation
& Evaluation**

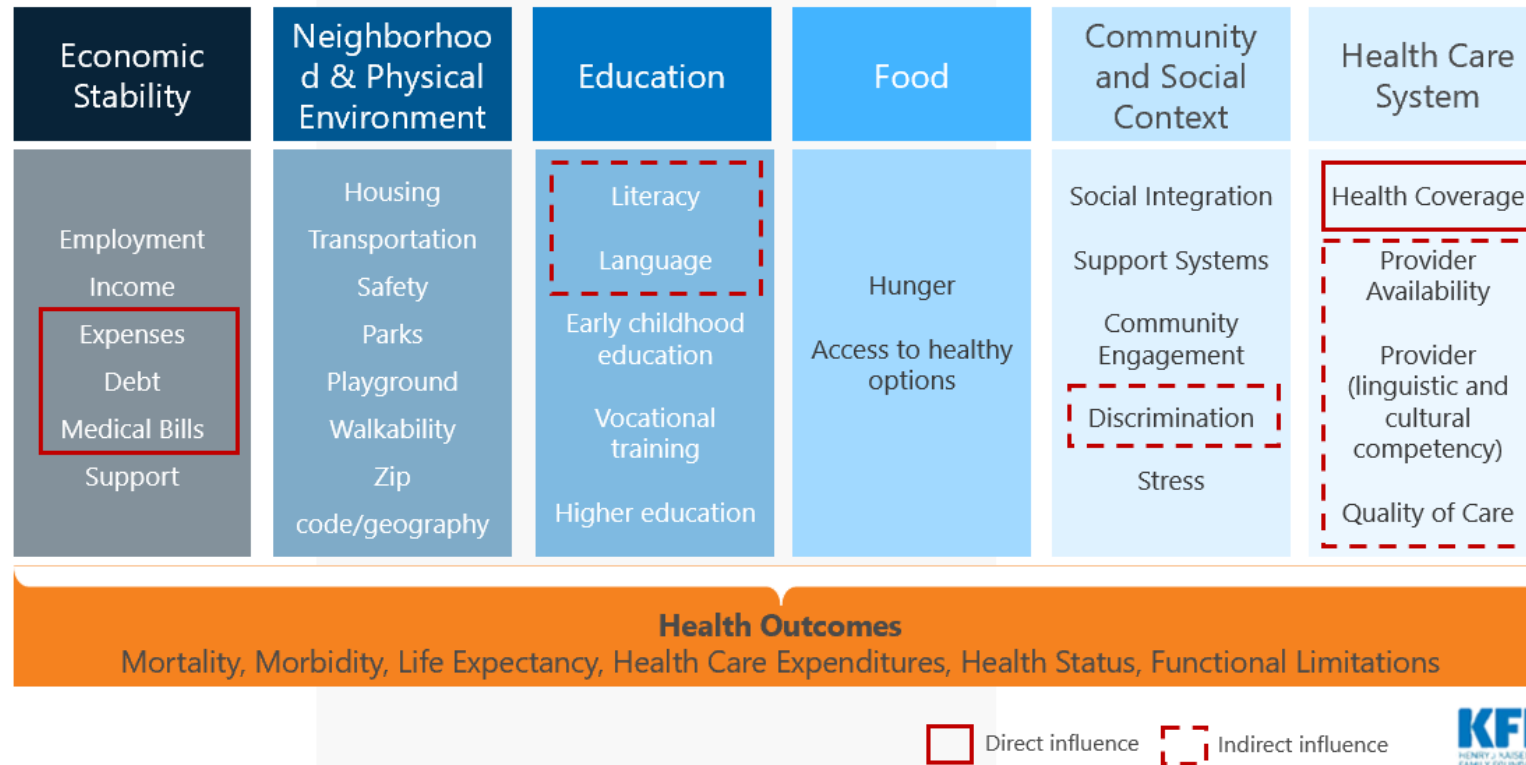
Equity is a fundamental pillar to the society we seek to build. The process of advancing toward equity will be disruptive and demands vigilance, dismantling deeply entrenched systems of privilege and oppression. We must focus our efforts on people and places where needs are greatest, especially communities of color, and go beyond remedying a particular inequity to address all determinants of health.

Our goal is that all Washingtonians have full and equal access to opportunities, power and resources to achieve their full potential.



Health Equity Action Plan

SDOH and HBE Direct and Indirect Influence



WAHBE Goal:

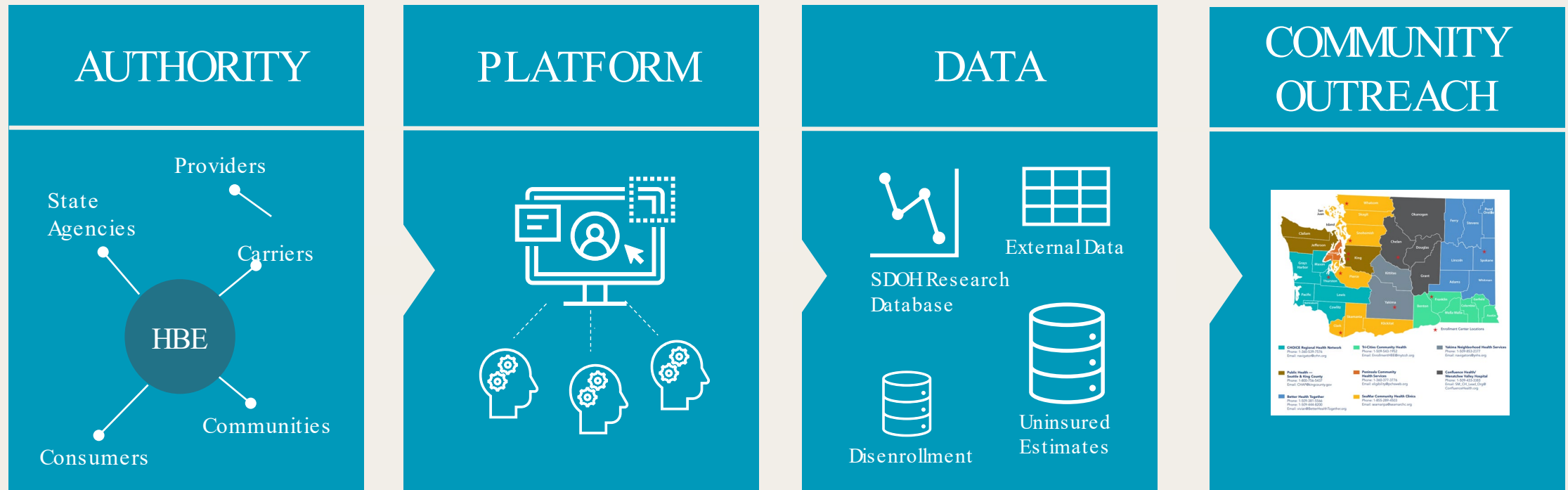
Further improve the health of our customers and reduce persistent disparities by addressing social determinants of health.



Leverage Current Assets for Near Term Health Equity Improvement

Key Organizational Assets:

HBE has four (4) key assets to leverage in order to help identify and reduce SDOH disparities:



- Authority to directly impact health insurance coverage and influence utilization
- Ability to enact specific improvements in health insurance coverage with the direct involvement of the necessary key stakeholders

- Ability to directly reach and influence 1 in 4 WA residents
- Expertise of the uninsured health care market and population engagement strategies
- Access to partner agencies' health equity data, experiences and research

- Access to unique population data
- Maturing data and analytics capability

- Direct involvement and oversight of state-wide navigator organizations
- Connections to a wide-range of community partners

Health Equity Action Plan: Areas of Focus

HBE AUTHORITY AND RELATIONSHIPS

1. Assign a resource to lead Health Equity activities.
2. Expand access to affordable insurance to address expenses and medical debt
 - Solution for undocumented residents
 - State subsidy - low income
3. Improve products
 - Cost share for high value care for chronic conditions
 - Identify impact of tobacco rating
4. Partner with carriers to improve services for vulnerable populations.
 - Race/ethnicity reporting on outcome measures
 - Accountability to assure access tax credits and cost sharing
 - Identify common tactic(s)

HBE PLATFORM

1. Improve vulnerable population data capture and sharing
 - REL data sharing
 - Capture non-binary gender
2. Improve access for low-income individuals
 - Implement self serve special enrollment period for year-round access
 - Study approaches to streamline enrollment for other social services
3. Improve website support for health literacy
 - Emphasize mobile use for populations who access via phone
 - Define provider directory requirement to show provider demographics (e.g. race)

DATA and ANALYTICS

1. Use SDOH Analytics database to refine marketing and outreach
 - Improve geographically targeted marketing to focus on high uninsured in high ADI areas
 - Pilot "micro" community engagement based on SDOH factors
 - Develop Lead Org specific SDOH reports
2. Use claims data and SDOH analytics to inform cost share changes
3. Explore use of area deprivation index to stratify health outcome differences

COMMUNITY OUTREACH

1. Identify partners to improve assistance for individuals for whom English is a second language
 - First focus on trusted partners in immigrant community
2. Improve American Indian Alaska Native experience and access through a Tribal Enhanced User program.
 - Identify best practices from pilot and expand.
3. Identify next tactics and population using knowledge from analytics, and community engagement



Health Equity In Action: What is next?

Continuous Improvement Planning

Monitoring

- Clarifying stakeholders
- Roles/responsibilities
- Decision making process

HBE AUTHORITY AND
RELATIONSHIPS

Evaluation

- Define what is to be evaluated
- Outcomes and impact
- Risk mitigation

HBE PLATFORM

Learning

- Combine data to form overall assessment
- Check and compare results to identify areas of opportunity

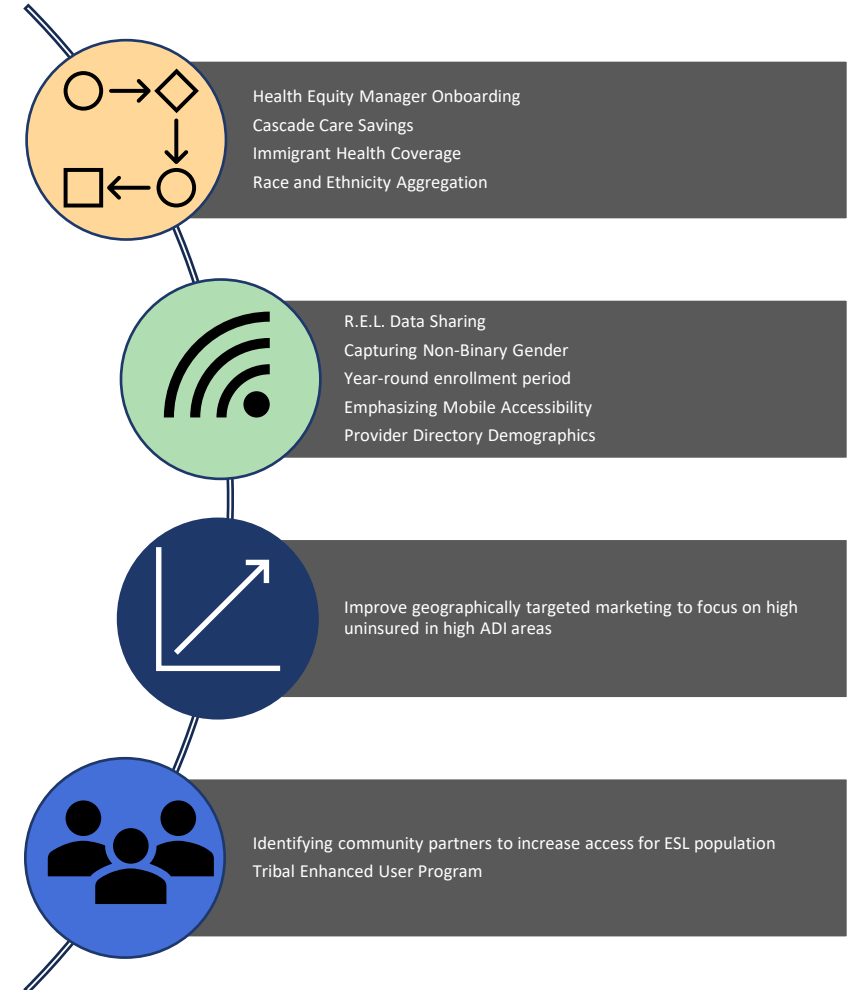
DATA and ANALYTICS

Reporting

- Identify reporting requirements
- Develop reporting media
- Ensure transparency and accessibility

COMMUNITY OUTREACH

Implementation in Action



Thank You!!

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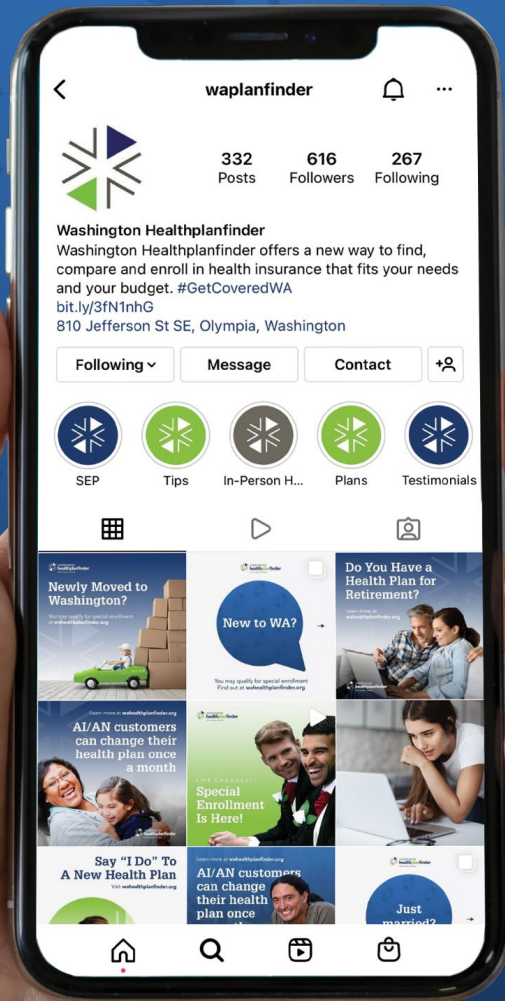
Questions

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