1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Motion 16982

Proposed No. 2026-0111.1 **Sponsors** Mosqueda

A MOTION acknowledging receipt of a report on maintaining Medicaid retention in King County, in accordance with the 2026-2027 Biennial Budget Ordinance, Ordinance 20023, Section 17, Proviso P9.

WHEREAS, the approval of HR-1 by the United States Congress and the President in July 2025 makes dramatic future changes to Medicaid and other types of health insurance, and

WHEREAS, King County is expected to experience a potential doubling of the overall uninsured population in King County as a result of HR-1, and

WHEREAS, public health - Seattle & King County has a foundational role in assuring King County residents have access to health services and has been a leader in Medicaid enrollment for decades, and

WHEREAS, other King County government agencies including the department of community and human services, the King County executive and the King County council share a commitment to the health and wellbeing of all King County residents, including access to health care, and

WHEREAS, public health - Seattle & King County has developed a phased strategy to limit Medicaid and health insurance disenrollment by expanding outreach, streamlining verification systems, strengthening partnerships, providing access for immigrants, and monitoring, tracking and adjusting activities;

WHEREAS, the 2026-2027 Biennial Budget Ordinance, Ordinance 20023, Section 17, Proviso P9, requires the executive to transmit a report on the efforts King County is making to maintain Medicaid retention rates; and

WHEREAS, the executive is further required to submit a motion that acknowledges receipt of the report by April 30, 2026;

NOW, THEREFORE, BE IT MOVED by the Council of King County:

The receipt of Maintaining Medicaid Retention in King County, Attachment A to

this motion, in accordance with the 2026-2027 Biennial Budget Ordinance, Ordinance 20023, Section 17, Proviso P9, is hereby acknowledged.

Motion 16982 was introduced on 5/26/2026 and passed by the Metropolitan King County Council on 6/16/2026, by the following vote:

Yes: 9 - Balducci, Barón, Dembowski, Dunn, Fain, Lewis, Mosqueda, Perry and von Reichbauer

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Signed by:
sarah perry
062AC77E76FB49B...

Sarah Perry, Chair

ATTEST:

DocuSigned by:
Melani Hay
8DE1BB375AD3422...

Melani Hay, Clerk of the Council

Attachments: A. Maintaining Medicaid Retention in King County, April 30, 2026

ATTACHMENT A
MOTION 16982

Maintaining Medicaid Retention in King County

April 30, 2026

King County

I. Proviso Text

Ordinance 20023, Section 17
Office of Performance, Strategy and Budget, P9

Of this appropriation, $100,000 shall not be expended or encumbered until the executive transmits a report on the efforts King County is making to maintain Medicaid retention rates and a motion that acknowledges receipt of the report, and a motion acknowledging receipt of the report is passed by the council. The motion should reference the subject matter, the proviso's ordinance, ordinance section, and proviso number in both the title and body of the motion.

The report should include, but not be limited to:

A. The number of FTEs countywide whose job duties are related to Medicaid enrollment, including staff who work in communications, outreach, or case management;
B. An estimate of the number of people served by the county's current efforts in Medicaid enrollment;
C. An analysis of any potential federal changes to Medicaid eligibility requirements, including how many people could potentially be disenrolled based on those changes; and
D. Any plans the county has to mitigate disenrollment via proactive communication, outreach, or other methods.

The executive should electronically file the plan and a motion required by this proviso by April 30, 2026, with the clerk of the council, who shall retain a copy and provide a copy to all councilmembers, the council chief of staff, and the lead staff for the health, housing, and human services committee or its successor.

The sections below respond directly to each proviso requirement.

II. Executive Summary

The following report highlights work led by Public Health—Seattle & King County (PHSKC) to support enrollment of residents into the Medicaid health insurance program (known as Apple Health in Washington state) and new challenges from federal changes to Medicaid. It describes the leadership role of PHSKC's Access & Outreach program, as an official partner of multiple state agencies for health insurance enrollment, and as a source of support and advocacy in communities across King County, including underserved communities where mistrust can impact equitable access to services.

The report shows how PHSKC's approach to Medicaid enrollment reflects the agency's mission to improve the health of all people by leading with racial equity, as well as the Community Health Services Division's focus on assuring access to equitable, racially just services. The strategies and tactics deployed by the Access & Outreach program focus resources where community needs are greatest.

PHSKC has a central role in the provision of enrollment assistance for Medicaid and Qualified Health Plans available through Washington Healthplanfinder. By contracting with the State of Washington as a Lead Navigator Organization, by employing a staff of Health Insurance Navigators who work directly in the community, by convening a network of community organizations, and by developing annual enrollment strategies to prioritize services where the needs are greatest, the Access & Outreach program provides boots on the ground as well as system-level leadership.

PHSKC's 35 Health Insurance Navigators directly assisted 12,778 residents with Medicaid enrollment in 2025. Its 33 Network Partners (community organizations) with 317 Navigators assisted an additional 17,680 residents with Medicaid enrollment in 2025.

The approval of House Resolution (HR)-1 by Congress and the President in July 2025 makes significant future changes to Medicaid and other types of insurance, and King County is expected to experience a potential doubling of the overall uninsured population in King County. For Medicaid alone, approximately 215,000 working-age adults in King County[1] are at risk, with an estimated one-third of this population (approximately 72,000) likely to lose coverage due to onerous new verification requirements. The changes target working-age adults, including people experiencing homeless, who may lose coverage even though an estimated 95 percent remain eligible.[2] Additionally, immigrants and their families face the loss of eligibility for federal programs.

The changes will be implemented in multiple phases, across multiple years, and Access & Outreach has developed a strategy reflecting those phases and the need to adjust plans as more implementation details solidify at the state and federal levels. It builds on close partnership with state agencies responsible for implementing Medicaid changes, including a statewide Eligibility and Enrollment Workgroup. It is important to underscore that federal and state implementation rules have not been finalized, so the program will pivot as rules are issued.

The report identifies an overall goal for King County: to mitigate the harm of federal changes by supporting more people to verify their eligibility and maintain enrollment. It describes PHSKC's phased strategy to limit disenrollment, leveraging its Lead Navigator role and reputation since the

launch of the Affordable Care Act. Key areas of work in 2026 and the coming years will include identifying those Medicaid clients impacted by the changes; expanding capacity to inform and assist Medicaid clients with enrollment and verification; developing and leveraging partnerships that connect clients to enrollment support; leveraging new programs to provide access for immigrants; and monitoring, tracking and adjusting. An early focus is on increasing the overall number of Navigators, which potentially also could include new funding strategies for Navigator expansion.

III. Background

PHSKC has a foundational role in assuring King County residents have access to health services and has been a leader in Medicaid enrollment going back decades. With the expansion of health insurance under the Patient Protection & Affordable Care Act (ACA) and the Washington Health Benefit Exchange in 2013, PHSKC holds contracts with the State of Washington as the **Lead Navigator Organization** for enrollment in King County. This work is led, managed, and delivered by the **Access & Outreach program** within Community Health Services Division.

In this role, PHSKC oversees health insurance Navigators to ensure the objectives of the Navigator Program under the ACA are met. Navigators provide one-on-one enrollment assistance, and process applications for Qualified Health Plans and Washington Apple Health (Medicaid). In addition to facilitating access to health care for King County residents, Navigators also increase the proportion of people visiting King County clinics and Harborview who are insured. This decreases demand for uncompensated care and supports the financial health of King County clinical operations.

Unlike many health departments, PHSKC is both a service provider and the Lead Navigator Organization, allowing for system-level coordination and community-level trust. With the approval of HR-1 by Congress and the President in July 2025, Access & Outreach has led PHSKC in preparing for the most substantial changes to Medicaid since the launch of the ACA in 2013. The changes will be implemented in multiple phases, across multiple years. Developing a strategy requires flexibility to adjust plans as more details solidify, and in partnership with state agencies that lead this work.

IV. Report Requirements

The following sections respond directly to proviso items A–D.

A. The number of FTEs countywide whose job duties are related to Medicaid enrollment, including staff who work in communications, outreach, or case management

This section describes the types of staff and roles that are directly related to Medicaid enrollment.

This work is primarily delivered by staff who are health insurance Navigators in PHSKC, centered in the Access & Outreach program in Community Health Services Division. These Navigators earn certification from the state of Washington to enroll state residents into health insurance programs through Washington Healthplanfinder.

To provide a broad picture of countywide jobs supporting Medicaid enrollment, two types of support are included in this report.

- Core: the Navigators directly employed by King County
    - **35 FTE in PHSKC**. Of these Navigators, 31 are in the Access & Outreach program, two are in Health Care for the Homeless program, and two are in Jail Health Services.
- Second layer: Network Partners (contracted community organizations) that employ certified Navigators and participate with PHSKC in coordinated outreach and enrollment
    - **33 Navigator organizations**, employing **317 Health Insurance Navigators**

The Navigators employed by PHSKC serve clients in multiple settings, including Public Health Centers and other County-operated locations, as well as at many community locations, ranging from libraries and community centers to food banks, court resource centers and private human services providers. Navigators host special outreach and enrollment events throughout the year in the community, with extra emphasis during the annual WHBE "open enrollment" period from Nov. 1 – Jan. 15. For more detail about Navigators and the Navigator network, please see Appendix A, "About Health Insurance Navigators and Lead Organizations."

Communications Specialists at PHSKC provide approx**. 0.2 FTE** additional support for enrollment from October 15 – January 15 annually (the peak season for enrollment) and light additional support for enrollment as needed throughout the year. Communications support includes creating, publishing and managing/monitoring advertisements in local media and on social media platforms, translating advertisements and re-formatting into Spanish and other languages, updating webpages, and creating promotional videos and photos.

Not included above but worth noting, hospitals in King County typically employ their own Navigators in-house to enroll patients into Medicaid. These Navigators serve the hospital's own patients and typically provide more limited follow-up services. As a result, PHSKC staff frequently assume responsibility for renewals, account changes, and complex advocacy issues for Medicaid clients enrolled at hospitals.

B. An estimate of the number of people served by the county's current efforts in Medicaid enrollment

In 2025, the 35 Navigators employed by PHSKC:

- **served** 18,636 clients, answering questions, account management, correcting denials, *and* formal enrollment[3]
- **enrolled** 12,778 clients in Medicaid (out of the 18,636 served)

In addition, King County's Network Partners (contracted community organizations) that employ certified Navigators in 2025:

- **enrolled** 17,680 clients in Medicaid

The **combined** work of PHSKC and Network Partners **enrolled** a total of 30,458 clients in Medicaid.

C. An analysis of any potential federal changes to Medicaid eligibility requirements

The federal budget reconciliation bill HR-1, signed into law in July, 2025, makes major changes to the Medicaid program, including significant changes to eligibility requirements. These changes are phased in over time. For additional details, see Appendix B, "Washington State Health Care Authority timeline of Medicaid changes."

When combined with changes to subsidized individual health insurance sold through Washington Healthplanfinder (the Affordable Care Act exchange), the changes are projected to potentially **double the overall uninsured population** in King County.

- **Coverage for immigrants who have legal status to live in the US but are not citizens**:
  - In Oct. 2025, Deferred Action for Childhood Arrivals (DACA) recipients lost eligibility to access federal subsidies for purchasing health insurance through Washington Healthplanfinder (approximately 80 enrolled individuals in King County)
  - In January 2026, lawfully present immigrants with income under 100 percent FPL, lost their tax credits (subsidies) (approximately 5,500 King County residents were impacted)
  - In October 2026, refugees, asylees, and other non-citizen adults lose eligibility for Medicaid or any federally funded health programs
  - In January 2027, additional restrictions for lawfully present immigrants with incomes above 100 percent FPL
- **Subsidized coverage under the Affordable Care Act exchanges**: In Jan. 2026, enhanced federal tax credits (subsidies) expired for more than 100,000 King County adults and families who purchase their own health insurance through Washington Healthplanfinder. Many of these clients are just above the maximum earnings to qualify for Medicaid. In April, 2026, the state will provide data about how many have retained/dropped insurance due to increased cost of insurance and public confusion over the options to maintain coverage. Preliminary data suggest a 10-15 percent decrease in enrollment.[4] Future enrollment periods beginning Nov. 2026 also will be shortened.

- **New Medicaid requirements for working age adults**: By Dec. 31, 2026, states must implement Medicaid work requirements for adults age 19-64. This applies to **215,000 adults in King County**[5], and the state estimates one-third (72,000) may lose coverage.
    - **Federal and state implementation rules have not been finalized,** and the details of those rules have significant impact on which clients will be impacted or exempted, and what support will be needed. Most rules are anticipated by June 30, 2026.
    - Clients will need documentation on their renewal or enrollment date that they are working, in training or education, or in verified community engagement, for a minimum of 80 hours per month – or document that they qualify for a federally approved exemption.
    - Eligibility must be documented every six months (rather than the current 12 months), beginning Jan. 2027 (with documentation covering the previous three months).
    - These requirements do not apply to clients enrolled in other forms of Medicaid/Apple Health, such as Pregnancy Medical, Supplemental Security Income (SSI), Aged Blind or Disabled (ABD), or coverage for children. The changes focus specifically on those covered through the "Adult Expansion" of Medicaid in the Affordable Care Act that launched in 2013.
    - *Most current clients will remain eligible* but face obstacles to enrollment. In Washington, 95 percent of adults enrolled in Medicaid adult expansion already work, are in school, provide care, or live with illness/disability, yet many could struggle to meet new documentation demands.[6]
- **Additional future changes for working age adults**: In Jan. 2027, adults who enroll in Medicaid will receive retroactive coverage for one month, rather than the current three months. In Oct. 2028, cost-sharing (co-payments) up to $35 per visit required for some services (except when provided at Federally Qualified Health Centers).

Regarding adults facing new Medicaid work requirements, PHSKC is calibrating a response based on three overall phases:

- Phase 1: Summer 2025 – Late Spring 2026. The period prior to when state/federal details are finalized for eligibility, exemptions, and verification requirements.
- Phase 2: Late Spring 2026 – Oct. 2026, Period after state/federal requirements and exemptions are finalized but before documentation requirements begin for the first cohort.
- Phase 3: Oct. 2026 -forward. Implementation of work requirements and verifications that become effective 1/1/2027, with a three-month look-back. Due to year-round enrollment, each month brings a new cohort facing renewals.

Impacts of the federal changes

Overall, the changes will lead to more people becoming uninsured, impacting their health; more financial strain for health clinics and hospitals; and more expenses for government agencies to implement and mitigate the changes.

While impacts will be widespread, the changes are designed in ways that are likely to disproportionately impact:

- People marginalized by challenges such as homelessness (approx. 31,000 enrolled in adult Medicaid in King County), behavioral health conditions or disability
- Immigrants and their families
- Lower-income working-age adults[7]

Residents who lose health insurance coverage will continue to get sick, will defer needed health care, and will subsequently turn to more costly and less beneficial care via urgent or emergency services. They also will face medical costs that may be unaffordable and lead to financial instability.[8]

The stress will also fall on health care systems – hospitals and clinics – which are losing payments from insured patients while facing the need to care for more people who are uninsured and unable to pay for care. Those cost burdens impact the financial viability of all types of services – and therefore the availability of services for everyone.

Additional costs and burdens to government agencies and health care providers include:

- More time assisting clients to complete enrollment paperwork
- Need to upgrade technology systems to verify and report more details, more frequently
- More uninsured clients seeking care – putting financial strain on safety net health care providers to provide uncompensated care

It is important to note that additional federal Medicaid changes will substantially decrease a system of "directed payments"[9] that currently provides crucial financial support for hospitals that serve high numbers of uninsured and underinsured patients.

D. Any plans the county has to mitigate disenrollment

State and local governments, health care organizations, and other community organizations are not waiting for these changes. PHSKC is taking actions directly to support enrollment/renewal (as are partner organizations), while PHSKC also coordinates efforts with partners to enhance overall impact. The overall goal for PHSKC is to mitigate the harm of federal changes by taking concrete actions that help more people remain enrolled in coverage.

The Access & Outreach program has established a trusted convenor role as Lead Navigator organization for King County and built partnerships since the launch of the Affordable Care Act. Through that role, PHSKC is positioned to lead locally in partnership with key state agencies.

PHSKC's roadmap for King County aligns with the key phases of federal and state implementation. The roadmap identifies a high-level approach and actions needed, with flexibility for details to be added as federal and state rules, exemptions, tools and processes are developed over time.

The roadmap for King County:

- Continue challenging the federal government to course-correct and reverse these changes and continue to use the judicial system to limit unlawful federal actions.

- Remove barriers to Medicaid enrollment and renewal of coverage, to reduce the number of residents harmed and limit the harm to our health care system.
- Influence and participate with state agencies, led by the Health Care Authority, as they convene statewide workgroups, and support and align with the strategies developed by these workgroups.
- Design mitigation efforts in **phases** – due to the phased implementation of the federal changes on different populations, along with the many uncertainties about how each of the changes will in fact be implemented.
    - **Phase 1: Readiness and Early Actions.** This phase takes place before many details are available, while some immigrants are already impacted.
    - **Phase 2: Mobilization and Coalition Building.** This phase takes place after detailed rules are issued for adult Medicaid and plans can be finalized.
    - **Phase 3: Implementation and Adjustments**. This phase takes place as the new rules come into effect. Every month, on a rolling basis, different individuals will be impacted by the changes.

Strategic actions within this roadmap include:

- Early identification of Medicaid clients who will be required to verify eligibility (during phases 1, 2).
    - Work with Medicaid providers to begin this work early, to know the subset of clients who will need assistance with meeting the new requirements.
    - Identify who appears eligible for exemptions and who will need further documentation.
    - Initiate work at Public Health Centers and educate partners to begin identifying their clients.
    - Updating electronic record systems as needed.
- Enhance capacity for assisting people with enrollment/renewal, through Navigators and new technology options (initiate in phase 1, expand in phase 2)
    - Educate and recruit community organizations to become Navigator agencies. PHSKC provides 5-6 introductory presentations and invitations per month. For agencies that choose to enter into a formal partnership agreement, they provide their own staffing and the required insurance, and PHSKC and the state offer free training and certification.
    - Additional Navigators in the community enables PHSKC's experienced Navigators to provide more coordination and training.
    - If funds become available, prioritize adding two Navigators to support King County's navigator phone hotline, which has seen a 25 percent increase in call volume already in 2026. (approximate KC cost is $175,000 per Navigator)
    - If funds become available, consider adding Navigator capacity at Public Health Centers, to have greater assurance that all clinic clients get enrolment support and those seeking walk-in service can be served.
    - Leverage new streamlined and automated verification systems as they become available from state agencies and health system partners.
- **Increase community outreach and education** (during all phases, heavy focus in phase 2).
    - Education for agencies that are not direct providers but can identify clients and refer them to Navigators.

    - Develop new partnerships with agencies that PHSKC can train to become community educators.
    - Convene all partners in summer 2026, for shared messaging and coordinated outreach.
    - Develop and share information resources for the community (in partnership with state agencies).
- Leverage other **resources to support immigrants** who are losing eligibility (during designated enrollment periods)
    - Assist clients to enroll in state-only program for health coverage for immigrants.
    - Co-create King County health coverage for immigrants and assist eligible clients to enroll.
- **Data tracking** to monitor overall enrollment trends, identify gaps and needs, and make course corrections (preliminary during phase 1-2, focus in phase 3)

For example, during the first quarter of 2026, PHSKC and partner organizations began developing processes to accurately identify which patients/clients are enrolled in Adult Medicaid Expansion versus those enrolled in other Medicaid programs that are not affected by these changes. This early action will support focusing the outreach for clients who may need help confirming an exemption. PHSKC also initiated partnerships and trainings to expand the capacity of existing networks.

For details about activities within each of the strategic actions, please see Appendix C, "Phased Strategic Roadmap: Reducing the harm from federal changes to Medicaid and Affordable Care Act insurance." Success will be measured by retention rates, reduced gaps in coverage, and increased completion of eligibility verification among at-risk populations.

V. Conclusion

The effort to maintain Medicaid enrollment rates and mitigate the harms from federal changes to Medicaid eligibility will be ongoing work throughout 2026, 2027 and the following years. A phased approach reflects the phased implementation of federal changes and the lack of defined implementation rules by federal and state agencies. The initial planning and readiness phase is underway, with coordinated leadership through the state's Health Care Authority and Washington Health Benefit Exchange. King County is both a participant and lead implementer of strategies through PHSKC's partnership role with the state agencies and the Eligibility & Enrollment workgroup.

The existing network of Navigator Partners, led by the Access & Outreach program, provides a solid foundation for a broad coalition of agencies and organizations committed to supporting thousands of individuals who will need assistance to verify their eligibility.

Altogether, the mitigation strategies embody key aspects of the Executive's Four Bs for a Better Future. Health insurance enrollment helps break the cycles that drive homelessness and addiction; the outreach and enrollment efforts put more county workers on the ground in communities; and developing new systems and partnerships delivers better government and effective service. The strategies reflect King County's values by solving problems, focusing on the

customer, driving for results, centering racial justice, respecting all people, leading the way, being responsible stewards, and functioning as one team.

VI. Appendices

A. Health Insurance Navigators and Lead Organizations

B. Washington State Health Care Authority timeline of Medicaid changes

C. Phased Strategic Roadmap: Reducing the harm from federal changes to Medicaid and Affordable Care Act insurance

Appendix A

About Health Insurance Navigators and Lead Organizations

PHSKC holds contracts with the State of Washington as the Lead Navigator Organization for enrollment in King County. This work is led, managed, and delivered by the Access & Outreach program within Community Health Services Division.

Lead Navigator Organization role
Lead Organizations are responsible for convening community organizations and coordinating outreach efforts.

- In that role, PHSKC's Access & Outreach establishes formal partnerships with community organizations (Network Partners) that have existing relationships with uninsured or underinsured groups, assuring broad access to assistance and approves them to become Navigator organizations.
- Network Partners hire and maintain Navigators on staff who deliver application and enrollment assistance. Access & Outreach facilitates Navigator training and certification through the state's learning management system, and it manages these partnerships as a network of King County organizations.
- Access & Outreach develops enrollment strategies for the Navigator network, based on population data and identifying communities (geographic, racial and cultural) that have disproportionately high numbers of uninsured residents.
- Access & Outreach provides support and public information campaigns for community organizations (including non-Network organizations) to learn and keep pace with the fast-changing details of insurance eligibility.

Access & Outreach provides ongoing technical assistance for Navigators, and with "Enhanced User" status from the state, A&O staff also resolve system errors and provide a deeper level of enrollment support to clients, brokers, and the broader Navigator network in King County.

Navigator role
The Navigators provide enrollment, outreach, communications, and case management services for clients, as well as technical assistance and training for other organizations.

- The Navigators help clients enroll into all types of Medicaid (Apple Health), offered by the Washington Health Care Authority (HCA) and Washington Department of Social and Health services (DSHS), as well as into Qualified Health Plans under the Washington Health Benefit Exchange (WHBE).
- They also assist clients in understanding how to use their insurance. For clients enrolled in Apple Health, staff explain managed care (referred to as Healthy Options in Washington), support enrollment, and provide guidance on how to access covered services. As part of ongoing case management, staff assist with account updates as needed, annual coverage renewals (transitioning to every six months beginning in 2027), requests for additional documentation, and resolving technical system issues within the Washington Healthplanfinder system.

- When coverage is denied, Navigators review the determination for accuracy and, if a denial appears incorrect, support clients in submitting an appeal with appropriate documentation and justification.
- Navigators also assist with enrollment in other support programs that promote overall health, such as transportation and food assistance.

Appendix B

Washington State Health Care Authority timeline of Medicaid changes (published July, 2025)

Major Medicaid policies and timelines (based on enacted federal budget)		
	Policy	**Effective Dates**
Restricts payment for protected health services	Restricts federally funded Medicaid payments for 1 year to nonprofit organizations that primarily engage in family planning services or reproductive services and provide abortion services. Likely to impact over $11 million in funding.	Effective for 1 year, **from date of enactment** (July 4, 2025)
Funding for non-citizens	Changes Medicaid eligibility for refugee, asylee, and other non-citizen adults.	**Oct. 1, 2026**
Work requirements	Establishes work requirements as a new condition of Medicaid eligibility for adults aged 19-65 who receive full coverage. This makes coverage based on working, training, or doing community engagement 80 hours per month. Includes certain categorical exemptions.	**Dec. 31, 2026**, with option to apply for waiver to implement Dec. 31, 2028
Rural health funding	Allocates $10 billion annually to states, which can be used to support rural health transformation projects with a focus on promoting care, supporting providers, investing in technology, and assisting rural communities.	States can apply in **2025**; funding from 2026–2030
Increases the frequency of eligibility redeterminations	Requires states to redetermine eligibility for adults enrolled through Medicaid expansion every 6 months, instead of every 12 months.	**Dec. 31, 2026**
Retroactive coverage	Shortens period of retroactive coverage eligibility from 3 months to 1 month for adults and 2 months for other Medicaid and CHIP applicants.	**Jan. 1, 2027**
Restricts new state-directed payments (SDPs) from exceeding Medicare payment levels	Requires existing SDPs for hospital and nursing facility services and services provided at an academic medical center to reduce by 10% per year, beginning in 2028 until they reach Medicare levels.	10% reductions begin in **2028**
Cost-Sharing	Requires adults to pay cost-sharing of up to $35 for many services. Excludes primary care, behavioral health, emergency services, and services rendered in certain rural settings from the requirement.	**Oct. 1, 2028**
Address verification	Changes requirements for address verification.	**Oct. 1, 2029**
Removes good-faith waivers related to erroneous payments	Removes ability to waive federal penalties for a state's good-faith efforts to correct erroneous excess Medicaid payments under the Payment Error Rate Measurement (PERM) program and other state and federal audits.	**Oct. 1, 2029**

Appendix C

Phased Strategic Roadmap: Reducing the harm from federal changes to Medicaid and Affordable Care Act insurance (Public Health – Seattle & King County, March 2026)

EXECUTIVE SUMMARY

On July 4, 2025, the President signed a budget reconciliation bill that makes major changes to the Medicaid program and to subsidized individual health insurance sold through Washington Healthplanfinder (the Affordable Care Act exchange).

The federal changes in both programs are **phased in over time** and are projected to **potentially double the overall uninsured population** in King County.

Residents who lose health insurance coverage will continue to get sick, will defer needed health care, and will subsequently turn to more costly and less beneficial care via urgent or emergency services. They also will face medical costs that may be unaffordable and lead to financial instability.[10]

Communities that have been marginalized and have disproportionately higher rates of being uninsured, due to a legacy of racism and other bias, are likely to face greater impacts.
The stress will also fall on health care systems – hospitals and clinics – which are losing payments from insured patients while facing the need to care for more people who are uninsured and unable to pay for care. Those cost burdens impact the financial viability of all types of services – and therefore the availability of services for everyone.

State and local governments, health care organizations, and other community organizations are not waiting passively for these changes. The separate actions by all are valuable – while a coordinated effort promises greater overall impact:

- While continuing to advocate for the federal government to course-correct and reverse these changes and continuing to use the judicial system to limit unlawful federal actions, King County must take all possible actions to reduce the harm on residents and on our health care system.
- Mitigation efforts must be designed and launched in phases – due to the phased implementation of the federal changes, and the many uncertainties about how each of the changes will in fact be implemented.
- State agencies, led by the Health Care Authority, are convening statewide workgroups inclusive of King County and community organizations, and King County is participating in those workgroups and will align with strategies developed by these workgroups.

The following Roadmap provides a framework for King County's response, including key phases, the responses needed and opportunities for collaboration and coordination.

While it is out of scope for this Strategic Roadmap, it's important to note that additional federal Medicaid changes will substantially decrease a system of "directed payments"[11] that currently provides crucial financial support for hospitals that serve high numbers of uninsured and underinsured patients.

PURPOSE OF THIS STRATEGIC ROADMAP

This Roadmap is designed to lead to coordinated actions across agencies and organizations in King County. The strategies, resources and early actions for Public Health are created and led by the Access & Outreach program in Community Health Services Division.

The roadmap also is a consolidated source for key data and messages that can be used in communications.

CURRENT CONDITIONS (PROBLEM STATEMENT):

As stated, the federal budget reconciliation bill makes major changes to the Medicaid program *and* to subsidized individual health insurance sold through Washington Healthplanfinder (the Affordable Care Act exchange).

The changes and requirements are **phased in over time** and are projected to **potentially double the overall uninsured population** in King County.

While impacts will be widespread, the changes are designed in ways that are likely to **disproportionately impact specific populations**: people marginalized by challenges such as homelessness, behavioral health or disability; immigrants and their families; and lower-income working-age adults.

Many of the changes are designed to make it harder for people to keep their insurance even if they are eligible, by creating obstacles and burdens to enrollment. Other changes are raising costs, or eliminating eligibility. Three highly significant changes include:

- **In Jan. 2026, enhanced federal tax credits (subsidies) expired** for more than 100,000 King County adults and families who purchase their own health insurance through Washington Healthplanfinder, leading to major cost increase. Many of these clients are just above the maximum earnings to qualify for Medicaid. Preliminary data suggest a 10-15 percent decrease in enrollment.
- Immigrants who have legal status to live in the US but are not citizens are losing eligibility to access federal subsidies or enrollment systems, impacting **some in 2025** and many **more in 2026 and 2027.**
- The "Adult Expansion" of Medicaid under the Affordable Care Act in 2013 helped adults in one of the lowest income brackets. Approximately **215,000 working-age adults in King County**[12] are at risk, representing about one in every seven King County adults ages 19-64. Washington Health Care Authority estimates **one-third of this population (approximately 72,000)** will lose coverage due to new verification requirements that will be difficult for them to comply with, scheduled to **begin in January 2027**.

Specifically, new Medicaid work requirements for adults age 19-64 require them to document that they are working, in training or education, or in verified community engagement, for a minimum of 80 hours per month – or to document that they qualify for a federal approved exemption. The eligibility must be documented every six months, beginning Jan. 2027.

In Washington, 95 percent of adults on Medicaid already work, are in school, provide care, or live with illness/disability, yet many could struggle to meet new documentation demands.[13]

Additional costs and burdens to government agencies and health care providers include:

- More time assisting clients to complete enrollment paperwork
- Need to upgrade technology systems to verify and report more details, more frequently
- More uninsured clients seeking care – putting financial strain on safety net health care providers to provide uncompensated care

The **phased implementation of federal requirements** calls for King County to prepare:

- A phased response by King County organizations to support of residents, in alignment with state agencies
- A framework that anticipates the need for learning and adaptation

The Access & Outreach program's role and reputation as Lead Navigator organization for King County's enrollment through Washington Healthplanfinder – and the partnerships built through that role since the roll-out of the Affordable Care Act – position Public Health to lead through this next phase of change and remain a trusted partner of state agencies.

STRATEGIC OBJECTIVES

The overall goal for King County agencies and organizations is to **reduce the harm of federal changes by keeping more people enrolled** in coverage.

Strategic objectives align with **strategic actions** that remove barriers to enrollment and renewal of coverage:

- **Expanding Outreach**. Purpose: In coordination with the Health Care Authority's statewide Eligibility and Enrollment Workgroup, educate and raise awareness of the new verification and eligibility requirements, the timelines, and the options for getting assistance.
- **Increasing Navigators**. Purpose: Support the increasing numbers of people needing technical enrollment support, through more certified Healthplanfinder Navigators.
- **Streamlining Verification Systems**. Purpose: Enable automatic and seamless verification of working status, education and qualifying exemptions, through and across state data-systems. State agencies are working on this as a priority objective, and King County will support and provide input as needed.
- **Collective Action via Partnerships**. Purpose: Ensure no communities are left behind; share ideas, insights and actions; and provide consistent, simplified messaging for the public.
- **Providing Access for Immigrants**. Purpose: Support creation and expansion of state-only or local-only programs for health coverage for immigrants.
- **Monitoring and Tracking**. Purpose: Assure the above strategic actions are on track and having the intended impact.

As this Strategic Roadmap is further developed as a collaborative strategy, the partnering organizations may want to develop guiding principles for how decisions will be made and resources prioritized.

STRATEGIC ROADMAP – A PHASED APPROACH

The strategic actions fall across **three phases**, aligned with the phased roll-out of the federal changes. The following chart summarizes the high-level focus for each phase.

Phase 1 Readiness Fall 2025 – Spring 2026	Phase 2 Capacity & Mobilization Spring 2026 – Oct. 2026	Phase 3 Implementation Oct. 2026 forward
o **King County organizations** are preparing, coordinating and taking early actions. o **Early impacts** fall on immigrants (DACA) losing coverage, and all ACA health plan clients facing price increases as enhanced tax credits expire. o **Key message**: Medicaid is still here, and most changes you've heard about won't happen until the end of 2026 or later. You can still get enrolled. o **Phase 1 ends** when federal and state agencies release details of Medicaid work requirements and exemptions, between April-June 2026.	o **King County organizations** are assembling resources, strengthening coalitions, training staff to support clients with expanded outreach and access to Navigators. o **State agencies** developing integrated technology to support client documentation across systems. Ongoing release of rules and details for Medicaid enrollment. o **Key message**: Keep your Medicaid coverage by ensuring your paperwork and address are up to date. Navigators can help. o **Phase 2 ends** Oct. 1, 2026, when the work-history documentation begins for initial cohort of Medicaid clients facing renewal in Jan. 2027. On Nov. 1 begins Open Enrollment for ACA health plan clients.	o **King County organizations** are implementing strategic actions to support enrollment and re-enrollment, and are monitoring for what is working and where there are gaps, what populations are facing significant challenges, and what resources could make a difference. o **Federal** Medicaid work requirements and six-month eligibility verifications begin on Jan. 1, 2027; and in 2028, new co-pays added for many Medicaid services. o Further limits on ACA insurance eligibility and re-enrollments.

STRATEGIC ROADMAP – HOW THE STRATEGIC ACTIONS MAP ACROSS THREE PHASES

	Phase 1 **Fall 2025 – Spring 2026** **Preparing, coordinating and early actions**	**Phase 2** **Spring 2026 – Oct. 2026** **Assembling resources & coalitions, training staff**	**Phase 3** **Oct. 2026 forward** **Implementing and adjusting**
Federal and state context	*Developing key details/rules for work requirements and exemptions (due by 6/1/26)*	*State roll-out of new systems and processes*	*Work requirements and verifications effective 1/1/2027, with 3-month look-back.* *Refugees, asylees and other non-citizen adults lose eligibility 10/1/26*
Expanding Outreach (and Inreach)	• Preparing messaging, resources and partnerships to prevent a "chilling effect" (Medicaid is still here, and you can still get enrolled) • Educate Health Exchange clients about navigating to lower-cost "Cascade Care" plans • Early identification at clinics of their current Medicaid clients who will be required to verify eligibility and Refugees and Asylees who will be losing coverage	• Update client messaging & resources based on final Medicaid rules • Create structures for coordinated outreach across organizations that serve lower-income adults (Medicaid Adult Expansion) • Health and social service organizations support clients to keep addresses and paperwork updated	• Major messaging campaigns • Expand coordinated outreach • Clinics ensure impacted clients receive early enrollment support • Check and adjust
Increasing Navigators	• Educate and encourage organizations about how current staff can become Navigators (no cost) • Pursue potential funding for additional Navigators	• Training new Navigators and new Navigator organizations • Integrate new Navigators into KC network	• Implementing and adjusting
Streamlining Verification Systems	• Support state agencies to create new systems to automate documentation and compliance for work requirements or exemptions, building on verification required for Basic Food/SNAP • Explore how major employers could provide work documentation directly	• Education of organizations and businesses on new systems • Agencies and organizations develop internal processes to integrate with verification systems	• Monitor for system gaps and create adjustments/ alternatives as needed

	Phase 1	Phase 2	Phase 3
Collective action via partnerships	• Partners share resources and learnings in existing collaborative spaces • Public Health participates in state-led planning (w/ Exchange, HCA, DSHS, MCOs) • Public Health shares training with partner organizations to preview upcoming changes	• Convene leadership round-table (and identify roles and actions) for "one King County" approach • Develop and implement partnership communications	• Sustain and adjust
Access for immigrants	• Contacting immigrant families losing coverage with information about applying for premium subsidies • Support preserving/ expanding state program for immigrant families to enroll in state-only coverage • Funding to offset the cost of premiums for immigrant families below 100% of federal poverty level	• Implement state programs • Continue Phase-1 activities • Identify additional ways for people who are ineligible for federal programs to access health care	TBD
Tracking & monitoring		• Identify key data and other measures to track impacts of strategic actions and to create early awareness of gaps	• Implement tracking and monitoring

DEPENDENCIES and RISKS

- Technology solution being designed by state agencies. Washington state effort (across agencies) to automate eligibility verifications is one of the largest external impacts on our collective success.
- State rules, resources and timelines from the Health Care Authority and Washington Health Benefit Exchange will have significant impacts.
- Ability to coordinate across sectors (government, non-profit, business) in a time of multiple parallel crises may be challenging.
- Growing numbers of uninsured across all income levels will begin needing safety net services, and the patterns cannot be predicted at this time

NEXT STEPS, PATH FORWARD

Near-term next steps

- Review and input on draft Roadmap by KC Exec Office
- Review/discuss Roadmap with key strategic partners
- Determine roles and dates for initial KC convening

How this roadmap will be used and updated

- This roadmap sets a framework for creating more detailed plans within the strategic objectives, and for setting agendas as more partners are brought into the collaborative space.
- The roadmap is a central source for key data and milestones that can be used in communications. It could be published online, where it can be accessed by all and continually updated as needed.

Endnotes

[1] Estimate calculated by PHSKC (APDE unit) based on Adult Expansion Medicaid enrollment as of 2024 in King County, from HCA claims data.
[2] KFF analysis: Understanding the intersection of Medicaid and work, 2025
[3] Not every client interaction results in a new enrollment, yet each interaction represents critical assistance that helps clients maintain access to care. Navigators support a variety of actions, including but not limited to:

- Updating contact information (e.g., address changes)
- Adding a child or household member
- Changing Managed Care/Healthy Options plans
- Helping clients find primary care providers or specialists
- Processing retroactive coverage
- Assisting clients in understanding covered services such as dental, mental health, substance use treatment, and the Breast, Cervical, and Colon Health Program.
- Advocacy to resolve coverage or access issues

[4] From WHBE Enrollment Preview Report Feb 2026
[5] Estimate calculated by PHSKC (APDE unit) based on Adult Expansion Medicaid enrollment as of 2024 in King County, from HCA claims data.
[6] KFF analysis: Understanding the intersection of Medicaid and work, 2025
[7] Additional impacts include upper income families losing tax credits, and lower-income parents whose children remain on Medicaid but parents become uninsured due to incomplete verification.
[8] KFF: The broad consequences of medical and dental bills, 2022. https://www.kff.org/health-costs/kff-health-care-debt-survey/
[9] https://www.commonwealthfund.org/blog/2025/how-medicaid-state-directed-payments-support-critical-health-care-providers
[10] KFF: The broad consequences of medical and dental bills, 2022. https://www.kff.org/health-costs/kff-health-care-debt-survey/
[11] https://www.commonwealthfund.org/blog/2025/how-medicaid-state-directed-payments-support-critical-health-care-providers
[12] Estimate calculated by PHSKC (APDE unit) based on Adult Expansion Medicaid enrollment as of 2024 in King County, from HCA claims data.
[13] KFF analysis: Understanding the intersection of Medicaid and work, 2025

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