

# County-Based Health Coverage for Adult Immigrants:

A Proposal for Counties in Washington State

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## Executive Summary

Many low-income Washington residents are not eligible to access health care through public programs such as Medicaid, Medicare, and subsidized health insurance under the Affordable Care Act (ACA), due to their immigration status. While children generally have access to Washington Apple Health regardless of immigration status, adults do not. To address these gaps, many counties across the country have implemented health programs to increase access to health care services for adults. We have highlighted six such programs in this report. Based on our review, we provide recommendations for developing similar programs in Washington State counties.

Based on our research and an economic analysis prepared by HealthTrends, we offer these initial recommendations for program components for Washington counties to consider:

- Eligibility Criteria
  - To qualify for the program, an individual should:
    - Reside in the county in which the county-based program operates
    - Have household income at or below a threshold set at or above 400% of the Federal Poverty Level (FPL)
    - Be uninsured and ineligible for other coverage or be unable to cover the cost of a Qualified Health Plan (QHP) in the Washington Health Benefit Exchange (HBE)
    - Be 19 years of age or older
- Enrollment Process
  - Applications should be available at participating clinic sites, other community locations, and online.
  - Enrollment should be conducted by navigators and application assisters in a culturally appropriate and linguistically accessible manner.
  - Social security numbers and information about immigration status should not be collected as part of enrollment.
- Model for Providing Care and Participating Providers
  - The program should be based on a Patient Centered Medical Home model.
  - The application system (or software that is used for enrollment) should make available to all participating providers access to information on the individual's assigned medical home.
  - The program should leverage existing community resources.
- Benefits and Out-of-Pocket Costs
  - The benefits should be similar to the full scope Medicaid service package, wrapping around already-available services such as emergency Medicaid.
  - The program should include a care management/care coordination component.
  - There should be no premiums or out-of-pocket costs for individuals with incomes at 138% FPL and below. For individuals with incomes above that level, there should be only limited participation costs on a sliding fee scale.

- Program Cost – Two County Estimates<sup>1</sup>
  - A preliminary estimate of the annual cost of operating this program in King County as it is phased in is approximately \$53 million in 2020, increasing to \$68 million in 2025 as enrollment grows from an estimated 35,430 to 39,043 individuals.
  - A preliminary estimate of the annual cost of operating this program in Yakima County is approximately \$18 million in 2020, increasing to \$21 million by 2025 as enrollment grows from an estimated 15,563 to 15,813 individuals.
  - Counties should explore all potential sources of funding to develop a plan for financing the county-based program.

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<sup>1</sup> Program costs are estimated based on a capitated payment model. See discussion *infra* part V and Appendix C for more details.