Community Health Network — Insurance Access & Services Navigation Workgroup

Insurance & Services Snapshot– San Juan Islands

July 2026

This document distills what we've gathered so far into a focused picture for the purposes of narrowing down work areas for the Insurance & Services Navigation Workgroup. It is a snapshot and not put forth as a complete analysis.

1. THE COVERAGE LANDSCAPE — WHAT WE KNOW

Population / Coverage Type	Key Data Point	What It Means for Our Work
Uninsured (under 65)	~9% according to NIH 2023 data	*Trending to worse as Medicaid redeterminations continue.*
Medicare	~35% of county residents; median age 56.7	*The largest single payer by share of population. Underserved by telehealth restrictions reinstated in 2025.*
Medicare Advantage	18.2% of Medicare eligibles (2022)	*Growing segment. PeaceHealth and Island Health have confirmed MA contracts; Sea Mar unknown.*
Medicaid (Apple Health)	52% of SJC Medicaid on Molina (~1,802 people)	*Molina is the dominant managed care plan. Enrollment data by island will sharpen outreach strategy.*
Medicaid — children	37% of SJC Medicaid enrollees are under 19 (~1,278)	*Largest age cohort on Medicaid. Pediatric wellness visit gaps are documented in the CHA.*
Medicaid — Hispanic	15% of SJC Medicaid (~535 people)	*Spanish-language outreach is critical; Sea Mar's FQHC model is the strongest institutional match.*
ACA Marketplace	Ambetter only; 25–30% rate increase for 2026; no bronze plans	*Most vulnerable private insurance market in the state. Rate shock will push some toward uninsured or Medicaid.*
Self-pay / DPC	Several on-island practices operate cash-only or subscription models	*These patients may be insured but paying out-of-pocket by choice — not the same as uninsured.*

Where coverage is headed — and who is most at risk

Three overlapping trends will likely increase demand for charity care and FQHC-level services in the next 12–24 months:

- **Medicaid redeterminations:** Statewide, ~469,000 people were disenrolled after pandemic-era continuous coverage ended. Some San Juan County residents were affected and may now be uninsured or on the marketplace.
- **ACA marketplace fragility:** Ambetter is the only insurer in San Juan County. Premiums rose 25–30% for 2026; no bronze plans offered. People priced out who don't qualify for Medicaid will become uninsured.

- **Medicare telehealth rollback:** Most Medicare telehealth appointments now require in-person visits (except behavioral health/SUD). For island elders this means traveling off-island or going without — increasing ER utilization risk.
- **Sea Mar opening on Lopez (June 26, 2026):** The first FQHC presence in San Juan County arrives just as these pressures intensify. FQHCs are legally required to serve all patients regardless of ability to pay, with sliding-scale fees.

2. SERVICE GAPS BY ISLAND

A high-level scan, not a complete inventory. Meant to surface structural gaps, not catalog every provider.

Service	San Juan Island	Orcas Island	Lopez Island
Primary care (insured)	Yes — PeaceHealth + DPC options	Yes — Island Health + DPC options	Limited — Sea Mar opens June 26
Primary care (Medicaid)	Yes — PeaceHealth accepts Medicaid	Yes — Island Health accepts Medicaid	Limited — Sea Mar opens June 26; no prior FQHC
Pediatrics		Yes — Island Health (Dr. Buxbaum)	Unknown
Prenatal care	Limited — off-island for most OB/delivery; midwife (Blythe Parker) now on-island	Limited — OB/GYN rotating 3 days/month; delivery off-island	
Reproductive & sexual health	Yes —Planned Parenthood; Ancora Clinics (women's health); OISHA partnership (Orcas)	Limited — Salish Sea Medical; OISHA; rotating OB/GYN; Planned Parenthood details needed	Limited —; Sea Mar may offer; possible that PP will send new local provider over 1-2 times/month
Dental (Medicaid)	Limited — DentALL clinic days; Fish for Teeth	Limited — Orcas Community Dental Clinic (Medicaid/uninsured)	Limited — DentALL mobile clinic, monthly
Dental (private)	Yes — independent dentists	Yes — independent dentists (no Medicaid)	Yes — Bayview Dental (no Medicaid)
Behavioral health	Limited — Integrated BH at PeaceHealth; Compass Health: Outpatient (Medicaid), Peer Support, SUD, Crisis; private practices (many no insurance)	Compass Health: Outpatient (Medicaid), Peer Support, SUD, Crisis; private practices (many no insurance);	Compass Health: Outpatient (Medicaid), Peer Support, SUD, Crisis; private practices (many no insurance); nearest Sea Mar BH is Oak Harbor
Vision		Yes — SJ Vision Source	No confirmed on-island
Specialty care (visiting)	Yes — PeaceHealth rotating specialists	Limited — mammography, pain, surgery, OB/GYN rotating	No — pending Sea Mar development

Lab / imaging	Yes — full at Peace Island; lab services more expensive	Limited — phlebotomy only; x-rays yes; advanced imaging off-island	Limited — phlebotomy, limited radiology
Audiology	Island Hearing	No confirmed on-island	No confirmed on-island
PT / OT	Yes — PeaceHealth Therapy & Wellness	Yes — OIPT (independent)	Yes — Lopez Island PT
Insurance enrollment help	Yes — PeaceHealth + Joyce Sobel FRC	Yes — Island Health + OCRC	Yes — Sea Mar (opening) + LIFRC
CHW / care coordination	Yes — Joyce Sobel FRC; SJC CHWs	Yes — OCRC; SJC CHWs	Yes — LIFRC; SJC CHWs
Transportation to care	Limited — Island Rides; SJC Travel Vouchers	Limited — Island Rides; SJC Travel Vouchers; Ride Share	Limited — Island Rides; SJC Travel Vouchers
ACA in-network primary care	Yes — PeaceHealth in-network for Ambetter	Yes — Island Health in-network for Ambetter	Yes — Sea Mar in-network for Ambetter

Ambetter network — on-island primary care is in-network, but off-island referrals often aren't

PeaceHealth, Island Health, and Sea Mar all accept Ambetter for on-island primary care. However, when patients are referred off-island for specialty or hospital care, those providers are frequently out of network for Ambetter — and there is very little prospect that mainland specialty providers will begin accepting Ambetter given the small San Juan County patient volume. For residents on Ambetter, the insurance gap isn't at the front door; it's at the referral stage.

3. POPULATIONS MOST LIKELY TO FACE ACCESS BARRIERS

These are the groups the data points to most clearly — a starting point for thinking about who we are designing for.

Medicaid-enrolled children (under 19)

Largest age cohort on Medicaid (~1,278 county-wide). CHA data flags pediatric wellness visit rates as below state average. CHWs equipped to connect families to pediatric wellness visits would directly address a documented gap.

Spanish-speaking / Latino residents

~15% of Medicaid enrollees (535 people) are Hispanic. Sea Mar was founded to serve this population and is the strongest institutional match. Targeted Spanish-language outreach — especially for Molina enrollees — is a high-leverage opportunity.

Older adults on Medicare

~35% of county residents are Medicare-eligible. The 2025 telehealth rollback disproportionately affects this group, who often have the hardest time traveling off-island for

specialist care. Medicare Advantage enrollment is growing but in-network access varies significantly by plan and island.

Uninsured and newly uninsured
Current uninsured rate ~6%, expected to rise. PeaceHealth and Island Health both have financial assistance programs. Sea Mar (FQHC) is the clearest safety net anchor — legally required to serve all regardless of ability to pay, especially important as Lopez's only FQHC option.

Ambetter enrollees — at the referral stage
On-island primary care is now in-network for Ambetter across all three islands. The gap emerges when patients are referred off-island — specialty and hospital providers on the mainland are frequently out of network, with little likelihood of that changing given San Juan County's small patient volume.

LGBTQ+ residents
LGBTQ+ individuals across the islands face particular difficulty navigating services — not because services are absent, but because many are not designed or perceived as welcoming to people with LGBTQ+ identities. This is a cross-cutting issue that touches every service area in this mapping. A priority for the Network's work going forward is identifying ways to help services across all three islands become more welcoming to LGBTQ+ community members — in practice, not just in policy. This may include how referrals are made, how intake forms are designed, how providers are trained, and how CBOs communicate about available services.

People needing behavioral health care
BH is explicitly out of scope for this workgroup — but the access gap creates downstream pressure on primary care and ER utilization that is very much in scope. Compass Health operates across all three islands (outpatient Medicaid, peer support, SUD services, and crisis services), and the Medicare telehealth exemption for BH/SUD is one of the few remaining telehealth flexibilities worth flagging as an asset.

4. STEPS AS A MODEL FOR CBO–HEALTH SYSTEM INTEGRATION

Steps (early intervention services, birth–age 5) is the clearest example in the county of a CBO operating with formal, documented referral relationships across health systems, schools, and community partners. It is worth holding up as a model as we think about what deeper CBO–health system integration could look like in other service areas.

Why Steps matters as a reference point:

- **Payer mix reflects the Medicaid-heavy population that early intervention serves:** 56% Medicaid, 37% private, under 1% uninsured. This shows that formal CBO programs can serve predominantly Medicaid populations sustainably.
- **Referral pathways are formal and diversified:** 33% from medical providers, 30% from community partners, and 37% from self-referral. Self-referral as the single largest source signals that community awareness campaigns have real impact.
- **The model works across all three islands:** Steps serves San Juan County broadly, demonstrating that county-wide CBO infrastructure with island-specific delivery is achievable.

- **It points to a question for other service areas:** Where else could formalizing referral relationships between CBOs and health systems create trackable, fundable pathways to care?

5. THE COUNTY DENTAL PROGRAM: A MODEL FOR CROSS-ISLAND COLLABORATION

The San Juan County community dental program is the best existing proof that county-wide, cross-island service delivery is achievable here — and that it can serve Medicaid and uninsured populations at meaningful scale. It is worth understanding as a template for how other service areas might develop.

What it is and what it has achieved:

- **Before the program launched,** only one dental provider in the county accepted Medicaid patients under age 8, and no dentists accepted adults on Medicaid. The program was built to close that gap.
- **In 2024:** 44 community dental clinics (40 on Orcas, 4 on San Juan Island), 524 total appointments, 258 unique patients served, and an estimated $274,000 in dental care provided.
- **The program has evolved from mobile to permanent:** Orcas Island transitioned from a mobile van to a permanent clinic location in 2025, operating every Tuesday and every other Friday and Saturday. Lopez joined in April 2025 with a mobile van. San Juan Island runs scheduled clinic days through Fish for Teeth, San Juan Island Dental, and DentALL.
- **DentALL brings Spanish-speaking team members** to every clinic location — a model for how language access can be embedded into service delivery, not bolted on.

The partnership structure — what makes it work:

- **County backbone:** San Juan County Health & Community Services coordinates countywide, serving as the organizing infrastructure without being the sole operator.
- **Health district anchors:** Orcas Island Health Care District and Lopez Island Hospital District provide local institutional support and legitimacy on their respective islands.
- **Clinical providers:** DentALL (lead provider); Fish for Teeth and San Juan Island Dental on San Juan Island.
- **Community foundations and funders:** Orcas Island Community Foundation, SJI Community Foundation, and North Sound ACH (Oral Health LIN grant funding).
- **Logistics and access:** Orcas Fire and Rescue; Mercy Flights and Angel Flights NW (flying providers to Orcas).
- **Community outreach:** OCRC and LIFRC — demonstrating that resource centers can carry real operational weight, not just coordination.

Why this model is relevant to insurance access work:

- Shared county-wide infrastructure with island-specific delivery is achievable in this geography — the dental program proves it.
- Medicaid billing can serve as a sustainability mechanism once the model is established — not dependent on perpetual grant funding.
- A program can start mobile and transition toward a more permanent presence as volume justifies it.
- **A caveat:** Dental care has structural advantages that don't fully transfer — equipment is portable, services are episodic, and there's no licensing complexity around crossing care

settings. Other mobile or visiting services face different regulatory and reimbursement terrain. But the organizing model is transferable.

6. ANCHOR TO WHAT HEALTH SYSTEMS ARE ALREADY MEASURING

The CHA (page 60) identifies indicators where San Juan County performs below the state average. Several map directly onto clinical quality measures that PeaceHealth, Island Health, and Sea Mar are already tracking internally. Rather than inventing new metrics, we can ask the health systems what they measure — and find the overlap.

Potential CHA-aligned quality metrics worth exploring with health systems:

- Mammography screening rates (well-documented gap in islands)
- Diabetes management / A1C testing (Medicaid population especially)
- Medicare Annual Wellness Visits (large Medicare-eligible population)
- Well-child visits / childhood wellness (ages 3–21, Medicaid cohort)
- EMS utilization / avoidable ER visits (Medicare/uninsured populations)
- Pediatric developmental screening referrals (Steps model)

7. WHAT SEA MAR'S ARRIVAL ON LOPEZ CHANGES (JUNE 26, 2026)

Sea Mar opening on Lopez is the single most significant structural change in the county's health landscape right now.

- **Lopez will have its first FQHC:** legally required to serve all patients regardless of ability to pay, with a sliding fee scale. This changes the safety net on Lopez fundamentally.
- **Sea Mar accepts Medicaid system-wide,** including Apple Health managed care and serving undocumented patients. For Lopez's Medicaid and uninsured population, this is a major access expansion.
- **Sea Mar is in-network for Ambetter,** meaning Lopez residents with marketplace coverage will have in-network primary care on-island for the first time.
- **Sea Mar will need to build referral pathways** to LIFRC, to EMS, to off-island specialists. The Network can play a direct role in helping this happen faster.
- **Sea Mar may eventually expand to other islands.** Orcas and San Juan Island do not currently have FQHC presence. As the uninsured rate rises, this becomes more relevant.