

## Section 1332 of the Patient Protection and Affordable Care Act (PPACA) State Innovation Waivers – Reinsurance Waiver Annual Report

**Reporting Instructions:** Please capture data for annual 1332 waiver grant reporting in this template, which has been developed based on your specific terms and conditions (STC), and in accordance with 45 CFR 155.1324(b)-(c). For any items that are marked “if applicable,” please refer to the requirements in your STCs to determine whether you need to fill in those data fields. Draft annual reports are due within 90 days of the end of each calendar year that your waiver is in effect.

STATE:

<b>A. GRANTEE INFORMATION</b>		
<b>1. Reporting Period End Date</b>	<b>2. Report Due Date</b>	<b>3. Report Submitted On (Date)</b>
<b>4. Federal Agency and Organization Element to Which Report is Submitted</b>		
<b>5. Federal Grant Number Assigned by Federal Agency</b>	<b>6a. UEI Number</b>	<b>6b. EIN</b>
<b>7. Recipient Organization Name</b>		
<b>Address Line 1</b>		
<b>Address Line 2</b>		
<b>Address Line 3</b>		
<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>ZIP Extension</b>	<b>8. Grant Period Start Date</b>	<b>9. Grant Period End Date</b>
<b>10. Other Attachments (attach other documents as needed or as instructed by the awarding federal agency)</b>		

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<b>B. REPORT CERTIFICATION</b>	
<b>11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</b>	
<b>11a. Typed or printed name and title of Authorized Certifying Official</b>	
<b>11b. Signature of Authorized Certifying Official</b>	
<b>11c. Telephone (area code, number, and extension)</b>	
<b>11d. Email address</b>	
<b>11e. Date report submitted (month/day/year)</b>	
<b>C. PROGRESS OF SECTION 1332 WAIVER – <u>General</u></b>	
<b>12. Provide an update on progress made in implementing and/or operating the state's approved 1332 waiver program.</b>	
<b>13. Describe any implementation and/or operational challenges to meet the 1332 statutory guardrails, and plans for and results of associated corrective actions. After the first year, only report on changes and/or updates, as appropriate.</b>	

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<b>D. PROGRESS OF SECTION 1332 WAIVER – <u>State-Specific</u></b>		
<b>14. Metrics to assist evaluation of the waiver's compliance with statutory requirements in Section 1332(b)(1)</b>		
	<b>Value</b>	<b>Comments (if applicable)</b>
a. Actual individual market enrollment <b>on</b> the Exchange in the state		
Actual individual market enrollment <b>off</b> the Exchange in the state		
b. Actual average individual market premium rate <b>on</b> the Exchange (i.e., total individual market premiums divided by total member months of all enrollees)		
Actual average individual market premium rate <b>off</b> the Exchange (i.e., total individual market premiums divided by total member months of all enrollees)		
c. Actual Second-Lowest Cost Silver Plan (SLCSP) premium for Exchange plans under the waiver for a representative consumer (e.g., a 21-year-old non-smoker) in each rating area		
Estimate of the SLCSP premium for Exchange plans as it would have been without the waiver for a representative consumer (e.g., a 21-year-old non-smoker) in each rating area		
d. <b>For states with State-based Exchanges</b> , actual amount of Advanced Premium Tax Credit (APTC) paid to issuers, by rating area for the plan year		
e. <b>For states with State-based Exchanges</b> , actual number of APTC recipients for the plan year. This should be reported as number summed over all 12 months and divided by 12 to provide an annualized measure.		

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**15. Please confirm whether there was any impact of the waiver on the scope of benefits or Essential Health Benefit (EHB) benchmark.**

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**16. Describe any changes to the state-operated reinsurance program, including changes to the funding level the program will be operating at for the next plan year, any changes to the approved payment parameters for reinsurance program reimbursement or changes to eligibility criteria for enrollees' claims to be reimbursed under the program.**

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**17. Describe any changes in state law that might impact the waiver and the date(s) these change occurred or are expected to occur.**

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**18. Report on spending:**

	Value	Comments (if applicable)
a. Amount of federal pass-through funding spent on individual claim payments to issuers from the reinsurance program		
b. Amount of federal pass-through funding spent on operation of the reinsurance program		
c. Amount of any unspent balance of federal pass-through funding for the reporting year		
d. Amount of state funding contribution to fully fund the program for the reporting year		

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<b>19. If applicable, provide a claims breakout at an aggregate level for the top five conditions or cost drivers of the five conditions, including settings of care in the individual market.</b>		
<b>20. If applicable, report on any incentives for providers, enrollees, and plan issuers to continue managing health care cost and utilization for individuals eligible for reinsurance.</b>		
<b>21. If applicable, report of any reconciliation of reinsurance payments that the state wishes to make for any duplicative reimbursement through the state reinsurance program for the same high-cost claims reimbursed through the Department of Health and Human Services (HHS)-operated high-cost risk adjustment program.</b>		
	<b>Value</b>	<b>Comments (if applicable)</b>
a. Reinsurance payment (before reconciliation) for high-cost claims to issuers who also receive payment through the HHS risk adjustment program under the high-cost risk pool		
b. Risk adjustment amount paid by HHS for those claims		
c. Reinsurance reconciliation (or true-up) amount applied		
<b>E. POST-AWARD FORUM</b>		
<b>22. Was the date, time, and location of the Post-Award Forum advertised 30 days in advance?</b>  Yes No		
<b>23. State website address where Post-Award Forum was advertised</b>		

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<b>24. Date Post-Award Forum took place</b>
<b>25. Summary of Post-Award Forum, held in accordance with §155.1320(c), including all public comments received and actions taken in response to concerns or comments.</b>
<b>26. Other Attachments (attach other documents as needed pertaining to Post-Award Form)</b>
<b>F. STATE INTERNAL IMPLEMENTATION REVIEW – ATTESTATION</b>
<b>27. Attestation: The state attests that periodic implementation reviews related to the implementation of the waiver have been conducted in accordance with 31 CFR 33.120(b) and 45 CFR 155.1320(b).</b>  Yes  No
<b>28. Describe the state's implementation review process.</b>