

# 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 paragraph 10 of 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: North Dakota

A. GRANTEE INFORMATION		
<b>1. Reporting Period End Date</b> Dec 31, 2022	<b>2. Report Due Date</b> Mar 31, 2023	<b>3. Report Submitted On (Date)</b> 1/2/2024
<b>4. Federal Agency and Organization Element to Which Report is Submitted</b> Consumer Information & Insurance Oversight		
<b>5. Federal Grant Number Assigned by Federal Agency</b> SIWIW200013-01-00	<b>6a. DUNS Number</b> 803755149	<b>6b. EIN</b> 45-0309764
<b>7. Recipient Organization Name</b> North Dakota Insurance Department		
<b>Address Line 1</b> 600 E Boulevard Ave Dept 401		
<b>Address Line 2</b>		
<b>Address Line 3</b>		
<b>City</b> Bismarck	<b>State</b> ND	<b>Zip Code</b> 58505
<b>Zip Extension</b> 0602	<b>8. Grant Period Start Date</b> Jan 1, 2020	<b>9. Grant Period End Date</b> Dec 31, 2024
<b>10. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency)</b>		

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### B. REPORT CERTIFICATION

**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.

**11a. Typed or printed name and title of Authorized Certifying Official**

John Arnold

**11b. Signature of Authorized Certifying Official**

**11c. Telephone (area code, number, and extension)**

(701) 328-4984

**11d. E-mail address**

jrarnold@nd.gov

**11e. Date report submitted (month/day/year)**

1/2/2024

### C. PROGRESS OF SECTION 1332 WAIVER - General

**12. Provide an update on progress made in implementing and/or operating the state's approved 1332 waiver program.**

The annual RAND Board Meeting was held on 12/1/2022. The board was updated on the amount of claims paid by the pool for the 2022 plan year along with the current balance in the account. The board was informed that an assessment during 2023 will very likely be needed, but any decision will be made following the notification of the the amount of federal pass-through dollars that will be received for the 2023 plan year.

**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.**

Nothing new to report during 4th Qtr 2022.

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D. PROGRESS OF SECTION 1332 WAIVER - <u>State-Specific</u>		
14. Metrics to assist evaluation of the waiver's compliance with statutory requirements in Section 1332(b)(1)		
	Value	Comments (if applicable)
a. Actual individual market enrollment <b>on</b> the Exchange in the state	29,301	
Actual individual market enrollment <b>off</b> the Exchange in the state	17,447	
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)	\$176,966,850 \$504.31	The first amount is the total and the second amount is the Per Member Per Month total
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)	\$103,824,258 \$492.60	The first amount is the total and the second amount is the Per Member Per Month total
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	Exp: Rating Area 1* (SLCSP1) Exp: Rating Area 2* (SLCSP2) Exp: Rating Area 3* (SLCSP2) Exp: Rating Area 4* (SLCSP2) Oliver and Trail County Only Exp: Rating Area 4* (SLCSP2) All other Counties \$ 334.98 \$ 334.98 \$ 406.84 \$ 406.84	

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	Value	Comments (if applicable)
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	Exp: Rating Area 1* (SLCSP1) Exp: Rating Area 2* (SLCSP2) Exp: Rating Area 3* (SLCSP2) Exp: Rating Area 4* (SLCSP2) Oliver and Trail County Only Exp: Rating Area 4* (SLCSP2) All other Counties 375.18 375.18 \$ 455.66 375.18 \$ 455.66	
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	N/A	
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.	N/A	
<b>15. Please confirm whether there was any impact of the waiver on the scope of benefits or Essential Health Benefit (EHB) benchmark.</b>  There is no impact in either case.		
<b>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.</b>  Assessments will likely need to be made in 2023 based on the amount of federal pass-through dollars received for the 2023 plan year.		

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<b>17. Describe any changes in state law that might impact the waiver and the date(s) these change occurred or are expected to occur.</b>		
<p>No changes in state law occurred during 2022.</p>		
<b>18. Report on spending:</b>		
	Value	Comments (if applicable)
a. Amount of Federal pass-through funding spent on individual claim payments to issuers from the reinsurance program	\$18,960,784	This amount was for the 2022 plan year and was paid out in June of 2023.
b. Amount of Federal pass-through funding spent on operation of the reinsurance program	\$8,000	For use of the EDGE Server Data.
c. Amount of any unspent balance of Federal pass-through funding for the reporting year	\$0	The entire amount of pass-through funding for the 2022 plan year was spent.
d. Amount of state funding contribution to fully fund the program for the reporting year	\$0	No carrier assessments were made during 2022.
<b>19. If applicable, provide a claims breakout at an aggregate level for the top 5 conditions or cost drivers of the 5 conditions, including settings of care in the individual market.</b>		
<p>This data was not obtained.</p>		
<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>		
<p>No incentives have been approved or used.</p>		
<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>		
	Value	Comments (if applicable)

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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	N/A	
b. Risk adjustment amount paid by HHS for those claims		
c. Reinsurance reconciliation (or true-up) amount applied		

### E. POST-AWARD FORUM

**22. Was the date, time, and location of the Post-Award Forum advertised 30 days in advance?**

☒ **Yes**

☐ **No**

**23. State website address where Post-Award Forum was advertised**

<https://www.insurance.nd.gov/sites/www/files/documents/Companies/20221201%20RAND%20Public%20Notice%20of%20Hearing.pdf>

**24. Date Post-Award Forum took place**

12/1/2022

**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.**

No public comments were received and no members of the public appeared in person.

**26. Other Attachments (attach other documents as needed pertaining to Post-Award Form)**

### F. STATE INTERNAL IMPLEMENTATION REVIEW - ATTESTATION

**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).**

☒ **Yes**

☐ **No**

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**28. Describe the state's implementation review process.**

**The North Dakota Insurance Department has set up a team consisting of the Deputy Commissioner, Chief Examiner, Life & Health/Medicare Division Director, Financial Analyst, Accountant and Life & Health Actuary which work together to review and ensure continued compliance. The RAND Board of Directors also assist in monitoring compliance.**