


Section 1332 of the Patient Protection and Affordable Care Act (ACA) 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 (STCs), 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		
1. Reporting Period End Date Dec 31, 2023	2. Report Due Date Mar 31, 2024	3. Report Submitted On (Date) July 24, 2024
4. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		
5. Federal Grant Number Assigned by Federal Agency SIWIW200013-01-00	6a. UEI Number 803755149	6b. EIN 45-0309764
7. Recipient Organization Name North Dakota Insurance Department		
Address Line 1 600 E Boulevard Ave Dept 401		
Address Line 2		
Address Line 3		
City Bismarck	State ND	ZIP Code 58505
ZIP Extension 0602	8. Grant Period Start Date Jan 1, 2020	9. Grant Period End Date Dec 31, 2024
10. Other Attachments (attach other documents as needed or as instructed by the awarding federal agency)		

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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. Email address	jrarnold@nd.gov
11e. Date report submitted (month/day/year)	July 24, 2024
C. PROGRESS OF SECTION 1332 WAIVER – <u>General</u>	
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 12/5/2023. The board was updated on the amount of claims paid by the pool for the 2022 plane year along with the current balance in the account. A long discussion was held on the future of RAND and whether or not to continue the 1332 Wavier beyond the 12/31/2024 expiration date. Following the 12/5/2023 meeting it was determined by the Insurance Commissioner and staff that an assessment on the carriers was necessary prior to the end of 2023 in order to allow the carriers to take a premium tax credit on their 4th Qtr 2023 filing. An assessment of \$5,763,516.15 was made. The RAND Board meet again on 1/18/2024 and unanimously approved the continuation of RAND	
13. Describe any implementation and/or operational challenges to meet the 1332 statutory guardrails and plans for and results of associated corrective actions. If challenges were described in a prior annual report, only report on changes and/or updates, as appropriate. Nothing new to report during 4th Qtr 2023.	

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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). Please report data for the full plan year unless otherwise specified; if information for the full plan year is not available, please provide the most complete responses possible and specify the timeframe covered.		
	Value	Comments (if applicable)
a. Projected and actual individual market enrollment (total annual member months) on the Exchange in the state for the plan year.	Actual: 36027 Projected: 33,632	Actual Values come from data specifically requested by the carriers. Projected data is pulled from the applicable
b. Projected and actual individual market enrollment (total annual member months) off the Exchange in the state for the plan year.	Actual: 18613 Projected: 16,275	Actual Values come from data specifically requested by the carriers. Projected data is pulled from the applicable
c. Projected and actual individual market total annual collected premiums on the Exchange for the plan year. Projected and actual individual market average premium rate on the Exchange (i.e., total individual market premiums divided by total member months of all enrollees) for the plan year.	Actual Average: 514.60 Actual On-Exchange Premium: \$200,557,851 Projected Average: 531.56 Projected	Actual Values come from data specifically requested by the carriers. Projected data is pulled from the applicable URRT and uses the ratio of on/off exchange total premium to determine on/off exchange specific values.
d. Projected and actual individual market total annual collected premiums off the Exchange for the plan year. Projected and actual individual market average premium rate off the Exchange (i.e., total individual market premiums divided by total member months of all enrollees) for the plan year.	Actual Average: 509.68 Actual Off-Exchange Premium: \$97,056,284 Projected Average: 531.56 Projected	Actual Values come from data specifically requested by the carriers. Projected data is pulled from the applicable URRT and uses the ratio of on/off exchange total premium to determine on/off exchange specific values.
e. 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 for the plan year.	See attached excel spreadsheet	
f. 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 for the plan year.	See attached excel spreadsheet	

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g. For states with State-based Exchanges: actual amount of Advanced Premium Tax Credit (APTC) paid to issuers, by rating area for the plan year.		
h. For states with State-based Exchanges: 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.
 There is no impact in either case

16. Describe any technical changes to the state’s waiver plan during the plan year, including but not limited to: changes to the funding level the program will be operating at for the next plan year; changes to the approved payment parameters for reinsurance program reimbursement (if there were no changes, please still describe the final parameters); changes to eligibility criteria for enrollees' claims to be reimbursed under the reinsurance program.
 Assessments will be made on the carriers in 2024. Assessments will continue to be made for the foreseeable future

17. Describe any changes in state law or regulation that might impact the waiver and the date(s) these changes occurred or are expected to occur.
 N.D.C.C. 26.1-36.7-05(2)(b) was removed. This section required a independent audit of RAND. However, the ND State Auditor's Office is required to do an audit of RAND and the independent audit was deemed to be duplicative and not a good use of assessment dollars.

18. Report on spending for the plan year. If information for the full plan year is not available, please provide the most complete responses possible and specify the timeframe covered.

	Value	Comments (if applicable)
a. Amount of federal pass-through funding spent on individual claim payments to issuers from the reinsurance program for the plan year.	\$18,952,784	This amount was for the 2022 plan year that was paid in 2023. The 2023 plan year
b. Amount of federal pass-through funding spent on operation of the reinsurance program (e.g., administrative costs, EDGE server fees, etc.) for the plan year.	\$8,000	For use of the EDGE Server Data
c. Amount of any unspent balance of federal pass-through funding for the plan year.	\$12,375,057	This amount will be dispensed after the reassessment of the 2023 pass-through funding is
d. Amount of state funding contributed to fully fund the program for the plan year.	\$30,763,516.15	The following assessments were made to fully fund the 2023 plan year:

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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.
 This data was not obtained

20. If applicable, report on any strategies or incentives for providers, enrollees, and plan issuers to continue managing health care cost, claims, and utilization for individuals eligible for reinsurance.
 No incentives have been approved or used

21. If applicable, report 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.

	Value	Comments (if applicable)
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 and where the Annual Report is posted. In addition, please ensure prior years' Annual Reports are posted on the state's website.
<https://intranetapps.nd.gov/sos/ndpmn/meetings/searchMeetings.htm>

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24. Date Post-Award Forum took place: 12/5/2023
25. Summary of Post-Award Forum, held in accordance with §155.1320(c), including all public comments received, number of participants in the forum, 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 Forum)
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). <input checked="" type="radio"/> Yes <input type="radio"/> No
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.