

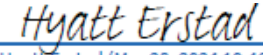
Section 1332 of the Patient Protection and Affordable Care Act (ACA) State Innovation Waivers – Reinsurance Waiver Annual Report

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: Idaho

A. GRANTEE INFORMATION		
1. Reporting Period End Date 12/31/2023	2. Report Due Date 3/31/2024	3. Report Submitted On (Date) 3/29/2024
4. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		
5. Federal Grant Number Assigned by Federal Agency SIWCM0020A	6a. UEI Number 781011833	6b. EIN 82-0465434
7. Recipient Organization Name Idaho Individual High Risk Reinsurance Pool		
Address Line 1 301 Meadow Ridge		
Address Line 2 		
Address Line 3 		
City Eagle	State ID	ZIP Code 83616
ZIP Extension 	8. Grant Period Start Date January 1, 2023	9. Grant Period End Date December 31, 2027
10. Other Attachments (attach other documents as needed or as instructed by the awarding federal agency)		
December 31, 2023 Audited Financial Statements, including Federal Report in Accordance with the Uniform Guidance December 31, 2023 Governance Letter 2024 Plan of Operation		

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B. REPORT CERTIFICATION
<p>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.</p>
<p>11a. Typed or printed name and title of Authorized Certifying Official B. Hyatt Erstad, Idaho Individual High Risk Reinsurance Pool Board Chair</p>
<p>11b. Signature of Authorized Certifying Official  <small>Hyatt Erstad (Mar 28, 2024 10:46 MDT)</small></p>
<p>11c. Telephone (area code, number, and extension) (208) 343-8899</p>
<p>11d. Email address hyatt@erstadandcompany.com</p>
<p>11e. Date report submitted (month/day/year) March 29, 2024</p>
C. PROGRESS OF SECTION 1332 WAIVER – <u>General</u>
<p>12. Provide an update on progress made in implementing and/or operating the state's approved 1332 waiver program.</p> <p>(1) Operations: The Idaho High Risk Reinsurance Pool has used the full \$51,453,577 awarded for 2023 on 2023 claims reimbursements. The final draw was done on 1/9/2024 for some of the final expenses for 2023. Please note on the audited financial there is a grant receivable for this amount.</p> <p>(2) Plan of Operation: The Board of Directors approved the 2024 Parameters at the September 20, 2023 Board meeting. The public hearing was held on October 12, 2023 and the 2024 Plan of Operation was approved and signed on October 16, 2023. The parameters changed decreasing the attachment point from \$50,000 to \$40,000; increasing the coinsurance percentage from 70% to 75%; and increasing the maximum annual reinsurance cap from \$665,000 to \$720,000. The Plan of Operation was also updated to include any additional ICD-10 codes that fall under our 73 HCC that allow members to be ceded, the total number of ICD-10 codes covered by the Pool is 4600.</p>
<p>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.</p> <p>The Idaho Individual High Risk Pool has not faced implementation or operational challenge.</p>

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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.	Projected: 1,035,240 Actual: 1,007,205	Projections are consistent with November 1, 2022 form filed with CMS. Enrollment and premiums were not projected separately for Exchange and off Exchange. Therefore, projections are allocated to on and off Exchange based on the actual figures for 2023. Actuals are from the Idaho Department of Insurance.
b. Projected and actual individual market enrollment (total annual member months) off the Exchange in the state for the plan year.	Projected: 104,760 Actual: 101,960	Projections are consistent with November 1, 2022 form filed with CMS. Enrollment and premiums were not projected separately for Exchange and off Exchange. Therefore, projections are allocated to on and off Exchange based on the actual figures for 2023. Actuals are from the Idaho Department of Insurance.
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.	Projected Premiums: \$495,000,000 \$478.15 pmpm Actual Premiums: \$478,336,241 \$474.91 pmpm	Projections are consistent with November 1, 2022 form filed with CMS. Enrollment and premiums were not projected separately for Exchange and off Exchange. Therefore, projections are allocated to on and off Exchange based on the actual figures for 2023. Actuals are from the Idaho Department of Insurance.
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.	Projected Premiums: \$50,600,000 \$483.01 pmpm Actual Premiums: \$48,846,893 \$479.08 pmpm	Projections are consistent with November 1, 2022 form filed with CMS. Enrollment and premiums were not projected separately for Exchange and off Exchange. Therefore, projections are allocated to on and off Exchange based on the actual figures for 2023. Actuals are from the Idaho Department of Insurance.
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.	A1: \$334.11 A2: \$348.68 A3: \$316.51 A4: \$336.14 A5: \$363.79 A6: \$337.89	2023 2nd lowest silver with waiver monthly premium. There have been no changes in the SLCSP rates from the submissions to CMS in November 2023. Since the rates vary by county within each rating area, the amounts are weighted averages within each rating area.
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.	A1: \$379.68 A2: \$396.23 A3: \$359.66 A4: \$381.95 A5: \$413.41 A6: \$383.84	2023 2nd lowest silver without waiver monthly premium. There have been no changes in the SLCSP rates from the submissions to CMS in November 2023. Since the rates vary by county within each rating area, the amounts are weighted averages within each rating area.

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<p>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.</p>	<p>A1: 50,979,589 A2: 16,318,867 A3: 139,237,662 A4: 66,414,562 A5: 50,854,283 A6: 33,180,777</p>	<p>From the Idaho Department ⁺</p>
<p>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.</p>	<p>74,051.25</p>	<p>Total from Idaho Department ⁺</p>

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<p>15. Please confirm whether there was any impact of the waiver on the scope of benefits or Essential Health Benefit (EHB) benchmark.</p> <p>None</p>		
<p>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.</p> <p>The 2024 attachment point has been decreased from \$50,000 to \$40,000. The 2024 Co Insurance has been increased from 70% to 75%. The 2024 maximum annual reinsurance cap has been raised from \$665,000 to \$720,000. The 2024 eligible HCC codes for enrollment has remained the same at 73.</p>		
<p>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.</p> <p>None</p>		
<p>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.</p>		
	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.	\$50,924,877.46	
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.	\$528,699.54	
c. Amount of any unspent balance of federal pass-through funding for the plan year.	\$0.00	12/31/2023 Receivable \$3,833,439.41
d. Amount of state funding contributed to fully fund the program for the plan year.	\$20,266,185.00	

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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.

HCC	HCC Label	#lives ceded	Total YTD Claims
8	Metastatic Cancer	269	\$9,231,009
9	Lung, Brain and other Severe Cancers	201	\$7,485,214
130	Heart Failure	717	\$6,079,839
184	End Stage Renal Disease	58	\$4,037,628
11	Colorectal, Breast(age<50), Kidney and other Can	364	\$3,676,242

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.

Section 9.7.4 of the 2024 Plan of Operation states:

Each carrier shall use its cost containment programs to control costs on reinsured business to the same extent it would use such programs on its non-reinsured business, including but not limited to utilization review, individual case management, and preferred provider provisions. The failure to follow such procedures may result in the denial or reduction of reinsurance claim payments, as determined by the Board.

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	No reconciliations to report. The Idaho Individual High Risk Reinsurance Pool reinsurance thresholds are set at levels designed to avoid duplicative reimbursement.
b. Risk adjustment amount paid by HHS for those claims.	N/A	N/A
c. Reinsurance reconciliation (or true-up) amount applied.	N/A	N/A

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.

Posted to Town Hall 4/11/2023 - <https://townhall.idaho.gov/>

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24. Date Post-Award Forum took place: Thursday May 12, 2023 @ 2:00 MT
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 questions or comments were received during or after the forum.
26. Other Attachments (attach other documents as needed pertaining to Post-Award Forum) Details were provided in the 6/30 quarterly report
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. <small>In 2023, the Idaho Individual High Risk Pool initiated, produced or completed a number of reports/audits to catalog how the reinsurance program operates throughout the year. (a) Three quarterly reports, as required by the federal grant specific terms and conditions, were submitted to CMS by their required due dates. (b) A Pass-Through Funding Report (for 2024) as required by the federal grant specific terms and conditions, was submitted to CMS on September 21, 2023. (c) An Annual Independent Auditors Report was completed on February 27, 2024 by Eide Bailly for the 2023 year along with the audited Financial Statements and Governance Letter. This was presented to the Board of Directors and approved on February 28, 2024. Copy attached (d) A Federal Awards report in Accordance with the Uniform Guidance for 2023 was completed on February 27, 2024 by Eide Bailly. This was presented to the Board of Directors and approved on February 28, 2024. Copy attached</small>