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 1. Reporting Period End Date** 2. Report Due Date 3. Report Submitted On (Date) Dec 31, 2020 Jun 16, 2021 Mar 31, 2021 4. Federal Agency and Organization Element to Which Report is Submitted **Consumer Information & Insurance Oversight** 6b. EIN 5. Federal Grant Number Assigned 6a. DUNS Number by Federal Agency 45-0309764 803755149 SIWIW200013-01-00 7. Recipient Organization Name North Dakota Insurance Department Address Line 1 600 E Boulevard Ave Dept 401 Address Line 2 **Address Line 3** City State **Zip Code** Bismarck ND 58505 **Zip Extension** 8. Grant Period Start Date 9. Grant Period End Date 0602 Jan 1, 2020 Dec 31, 2024 10. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency)

	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 Authorize	ed Certifying Official		
John Arnold			
11b. Signature of Authorized Certifying Official			
f carrent	Digitally signed by John Arnold Date: 2021.06.16 10:57:03 -05'00'		
11c. Telephone (area code, number, and extensio	on)		
(701) 328-4984			
11d. E-mail address			
jrarnold@nd.gov			
11e. Date report submitted (month/day/year) Mar 30, 2021			
C. PROGRESS OF S	SECTION 1332 WAIVER - General		
12. Provide an update on progress made in imple program.	menting and/or operating the state's approved 1332 waiver		
sunset clause has passed the ND House of Re	tion to reauthorize the RAND program and remove the presentatives and it received a 'Do Pass' recommendation 87 has be re-referred to the ND Senate Appropriations		
	onal challenges to meet the 1332 statutory guardrails, and <u>plan</u> ns. After the first year, only report on changes and/or updates, a		

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 on the Exchange in the state	12,137 contracts 21,503 covered lives	
Actual individual market enrollment off the Exchange in the state	8,638 contracts 14,480 covered lives	
 b. Actual average individual market premium rate on the Exchange (i.e., total individual market premiums divided by total member months of all enrollees) 	\$446.16/PMPM	
Actual average individual market premium rate off the Exchange (i.e., total individual market premiums divided by total member months of all enrollees)	\$477.62/PMPM	
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	Year Exp: Rating Area 1* (SLCSP1) Exp: Rating Area 2* (SLCSP2) Exp: Rating Area 3* (SLCSP3) Exp: Rating Area 4* (SLCSP4) (Trail and Burleigh County Only) Exp: Rating Area 4* (SLCSP4) (All other Counties) \$255.50 \$310.58 \$255.50 \$319.23	

	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* (SLCSP3) Exp: Rating Area 4* (SLCSP4) (Trail and Burleigh County Only) Exp: Rating Area 4* (SLCSP4) (All other Counties) \$319.37 \$319.37 \$388.21 \$319.37 \$400.06	
d. <i>For states with State-based Exchanges,</i> actual amount of Advanced Premium Tax Credit (APTC) paid to issuers, by rating area for the plan year	N/A	N/A
e. <i>For states with State-based Exchanges,</i> 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	N/A
15. Please confirm whether there was any impact of the v (EHB) benchmark.	waiver on the scope of	f benefits or Essential Health Benefit
There are no current impacts on ND's EHB benchmark plan.		

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.						
At this time, assessments against the carriers have be with the 3rd Qtr of 2020 and has continued into 2021		suspension of assessments began				
17. Describe any changes in state law that might impact t expected to occur.	he waiver and the d	ate(s) these change occurred or are				
HB 1087 was introduced during the 2021 ND Legislative Session in order to reauthorize the RAND and remove the sunset clause. The bill passed both the ND House of Representatives and the ND Senate and was signed into law by the Governor on 4/5/2021.						
18. Report on spending:						
18. Report on spending:	Value	Comments (if applicable)				
18. Report on spending: a. Amount of Federal pass-through funding spent on individual claim payments to issuers from the reinsurance program	Value \$0	Comments (if applicable) Payments for the 2020 plan year will be made in June of 2021.				
a. Amount of Federal pass-through funding spent on individual claim payments to issuers from the		Payments for the 2020 plan year				
 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 	\$0	Payments for the 2020 plan year will be made in June of 2021.				

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.

This data was not obtained given 2020 was first year for our reinsurance program. We intend to obtain this data for 2021.

20. <i>If applicable</i> , report on any incentives for providers, encare cost and utilization for individuals eligible for reinse	· ·	ssuers to continue managing health
No incentives have been approved or used.		
21. If applicable, report of any reconciliation of reinsurance duplicative reimbursement through the state reinsurance through the Department of Health and Human Services	e program for the	e same high cost claims reimbursed
	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-AWA	RD FORUM	
22. Was the date, time, and location of the Post-Award For	um advertised 30	days in advance?
)Yes DNo		
23. State website address where Post-Award Forum was adv	vertised	
https://www.insurance.nd.gov/events/1332-waiver-virt	ual-annual-meet	ting
24. Date Post-Award Forum took place		
1/15/2021		
25. Summary of Post-Award Forum, held in accordance wit and actions taken in response to concerns or comments		cluding all public comments received
No members of the public joined the live virtual Post-Avreceived.		no written comments were

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

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.