Reporting Instructions: Use the following template to capture data for quarterly 1332 waiver grant reporting, as specified in 45 CFR 155.1324(a), and referenced in your grant specific terms and conditions (STC). Quarterly reports are due 60 days following the end of each calendar quarter.

STATE: Wisconsi	n				
A. GRANTEE INFORMATION					
1. Reporting Period End Date			2. Report Due Date		
September 30, 2024			November 29, 2024		
3. 1st 2nd Quarterly C Quarterly Report	3rd Quarterly	4. Federal Agency and Organization Element to Which Report is Submitted			
	Report	Report	Consumer Information & Insurance Oversight (CCIIO)		
5. Federal Grant Number Assigned by Federal Agency		6a. DUNS Number	6b. EIN		
SIWIW190008		155915090000		396006451	
7. Recipient Organization Name Office of the Commissioner of Insurance					
Address Line 1 125 South Webster Street					
Address Line 2					
Address Line 3					
City		State		Zip Code	
Madison		WI		53707	
Zip Extension		8. Grant Period Start Date			
		January 1, 2019			
9. Grant Period End Date					
December 31, 2028					
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 Authorized Certifying Official	11b. Signature of Authorized Certifying Official			
Rebecca Easland				
11c. Telephone (area code, number, and extension) 608-264-8126	11d. E-mail address Rebecca.Easland@Wisconsin.gov			
11e. Date report submitted (month/day/year)				
10/1/2024				
C. PROGRESS OF SECTION 1332 WAIVER - General				
12. Provide an update on progress made in implementing and/or operating the approved 1332 waiver.				
July 2024 The annual forum was held on 7/7/24. Details are included under section D. of this report. Plan year 2023 payments totaling \$209,956,706.21 were disbursed to insurers on July 18, 2024. The Phase I Verification Audit was completed prior to disbursing payments. No issues surfaced during the audit and all insurers were paid the WIHSP claim amount filed. August 2024 Phase II Verification Audit was initiated. During this phase, insurers are asked to provide proof of				
payment for randomly selected claims filed with OCI.				
A data call was sent to insurers to inform the federal pass-through report.				
September 2024 Phase II Verification Audit was completed. No issues surfaced. OCI submitted the test federal pass-through template to CMS.				

13. Describe any implementation and/or operational challenges, including plans for and results of associated corrective actions. After the first quarter, only report on changes and/or updates, as appropriate.

N/A

D. POST-AWARD FORUM

(for Quarter Post-Award Forum was held)

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

Yes

⊖No

15. State website address where Post-Award Forum was advertised https://oci.wi.gov/Documents/AboutOCI/WIHSPPublicHearingNotice2024.pdf

16. Date Post-Award Forum took place

July 17, 2024

17. 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.

Forum Attendees: Jim Stoa - WI Association of Health Plans Kyle Caudill - Wisconsin Association of Health Plans HJ Waukau-WI Association of Health Plans Abbey Rude-Alliance of Health Insurers Jennifer Stegall- OCI Brian Brown-OCI Rebecca Rebholz-OCI Sarah Smith-OCI Melissa Duffy-Common Ground Healthcare Cooperative Sue Ezalarab-Public member

The Alliance of Health Insurers submitted written comments which were submitted to CMS in the email containing this quarterly report.

18. Other Attachments (attach other documents as needed pertaining to Post-Award Form