

Wisconsin 1332 Waiver Application

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Executive Overview

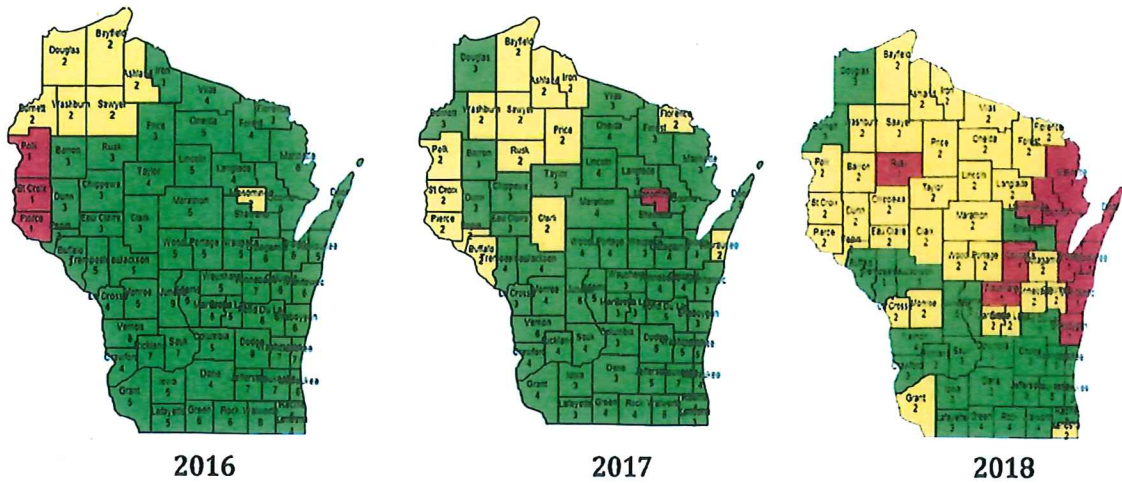
Request

The State of Wisconsin, through its Office of the Commissioner of Insurance (OCI), submits this 1332 State Innovation Waiver request to the United States Department of the Treasury (Treasury) and the Centers for Medicare and Medicaid Services (CMS), a division of the United States Department of Health and Human Services (HHS). This request seeks waiver of Section 1312(c)(1) under Section 1332 of the Affordable Care Act (ACA) for a period of five years beginning in the 2019 plan year to develop and implement the Wisconsin Healthcare Stability Plan (WIHSP), a state based reinsurance program. This waiver will not affect any other provision of the ACA, but will result in a lower marketwide index rate, thereby lowering premiums and reducing federal payment of advance premium tax credits (APTC).

Basis for Request and Goal of Reinsurance Program

Prior to the ACA, Wisconsin had a thriving individual market. Consumers had over twenty plans to choose from which included national and local insurers, for-profit and non-profit insurers, and HMOs and PPOs. However, the Wisconsin health insurance market is now fragile due to a number of unique variables that arose from implementation of the ACA. Over the past few years, Wisconsin has experienced more than \$400 million in insurer losses (over the past three years alone), prohibitive rate increases, and insurers consistently leaving the market or reducing service areas. This market volatility has left consumers with unaffordable and dwindling plan options. For example, during the 2018 open enrollment period, approximately 75,000 enrollees were forced to choose a new insurer and thousands of consumers overall had only one or two insurer options on the Health Insurance Marketplace (the "Exchange") in counties previously having three or more. Rate increases averaged 44% across the state and in some areas were as high as 105%. The maps on page 3 demonstrate the magnitude of this issue and the impact it has had across Wisconsin.

Figure 1. Number of Exchange Health Plans Available in Wisconsin Counties, 2016-2018



Green: 3 or More Insurers

Yellow: 2 Insurers

Red: 1 Insurer

Source: Wisconsin Office of the Commissioner of Insurance (OCI)

Establishing a state reinsurance plan through a 1332 waiver – to cover a portion of claims falling within a defined dollar range – is a step toward bringing certainty and stability back into the individual market.

Wisconsin’s state-based reinsurance plan will:

Action	Benefit
Assist insurers in managing high risk enrollees and create a broader pool of people to absorb all other risk	Prevent more insurer exits and improve consumer access
Lower rates to keep consumers in the market and attract new entrants	Provide financial relief for those not eligible for subsidies and a step toward a healthier risk pool
Retain federal subsidies for individuals with incomes between 100% and 400% of the federal poverty level (FPL)	Ensure those with access to affordable coverage due to federal subsidies can keep it

Operation, Funding, and Impact of the Wisconsin Healthcare Stability Plan

Senate Bill 770, signed into law as 2017 Wisconsin Act 138 (Act 138) on February 27, 2018, established the WIHSP, to be administered by the Wisconsin Office of the Commissioner of Insurance (OCI), contingent upon approval of a 1332 Waiver. Total funding for the plan cannot exceed \$200 million. The plan will be funded with a combination of state general purpose revenue (GPR) and federal pass through dollars. OCI is estimating an 83% federal pass through rate and therefore anticipates state GPR funding of approximately \$34 million. However,

funding language in the Act is structured as a sum sufficient appropriation, granting the state the needed flexibility to fund the \$200 million program if the federal pass through funds differ from the anticipated amount. WIHSP will operate like a traditional reinsurance program by reimbursing qualifying individual health insurers for a percentage of an enrollee’s claims between an attachment point and a cap. Act 138 establishes an attachment point of \$50,000 and a reinsurance cap of \$250,000 for plan year 2019. The Act allows for a coinsurance rate of between 50 and 80 percent. Based on actuarial modeling performed by Wakely, OCI intends to establish a preliminary coinsurance rate of 50% for plan year 2019. For future plan years, Act 138 requires OCI, after consulting with an actuarial firm, to design and adjust payment parameters with the goal of stabilizing the individual market, increasing participation of insurers in the market, and considering federal funding available to the plan.

OCI estimates the WIHSP will reduce premiums in 2019 by 10.6%, from the projected baseline level if WIHSP was not in place.

Compliance with Section 1332

Waiver of Section 1312(c)(1) will not impact the comprehensiveness of coverage of the Wisconsin insurance markets. As noted above, the waiver will reduce premiums and increase affordability.

OCI and Wakely estimate that average total enrollment in the non-group market for ACA-qualified plans fell from 227,000 in 2017 to 202,000 in 2018. Average premiums increased by nearly 44 percent, from \$520 per member per month (PMPM) in 2017 to \$751 PMPM in 2018.

Wakely’s actuarial analysis indicates that Wisconsin’s non-group ACA-qualified enrollment would stabilize under the waiver at about 203,000 enrollees. Exchange enrollment would stabilize at about 186,000, and APTC enrollment at about 163,000. Wakely estimates that the proposed reinsurance program would reduce premiums by approximately 10.6 percent in 2019 and non-group enrollment would increase by about 0.8 percent relative to the baseline projection.

Due to the resulting reduction in individual health insurance premiums, including premiums for the second-lowest cost silver plan, the federal government will see a net reduction in spending of approximately \$166 million in 2019 and approximately \$164 million for each subsequent year through the first five-years the waiver is in place.

Table 1: 2019 High-Level Guard Rails Results

Guard rails	Effect of Waiver
Coverage	Increase in enrollment
Affordability (2019)	Relative Premium Decrease of 8.2% to 12.6%
Comprehensiveness	No change to EHBs
Deficit Neutrality (2019)	Federal savings between \$157 million and \$176 million
Deficit Neutrality (10-year)	Federal savings each year of 10-year window

I. Wisconsin 1332 Waiver Request

The Wisconsin health insurance market is fragile. Operationalizing the ACA has resulted in: approximately \$400 million in insurer losses over the past three years, prohibitive rate increases, and insurers consistently leaving the market or reducing service areas. This market volatility has left consumers with unaffordable and dwindling plan options. For example, during the 2018 open enrollment period, approximately 75,000 enrollees were forced to choose a new insurer, and thousands of consumers had only one or two insurer options in counties previously having three or more. Rate increases averaged over 40 percent across the state and in some areas were as high as 105 percent.

Wisconsin seeks waiver of Section 1312(c)(1) under Section 1332 of the ACA for a five-year period beginning in the 2019 plan year to develop and implement a state reinsurance program. WIHSP is intended to further stabilize the individual market, reduce rates, and to encourage insurance companies to offer plans in more parts of the state.

Section 1312(c)(1) requires "all enrollees in all health plans ... offered by [an] issuer in the individual market ... to be members of a single risk pool." Waiver of the single risk pool requirement, to the extent it would otherwise require excluding total expected state reinsurance payments when establishing the market wide index rate, will not affect any other provision of the ACA. Consideration of these payments will lower the marketwide index rate. A lower index rate will lower premiums for Wisconsin's second lowest-cost silver plan, which will reduce the overall APTC that the federal government is obligated to pay for Wisconsin subsidy-eligible consumers.

As fewer healthy people purchase coverage, the pool of people becomes sicker, older and higher risk, and, therefore, more costly to insure. Healthy lives are needed to balance risk so that consumers can regain access to affordable coverage. Without a reinsurance program, individual health insurance premiums in Wisconsin will continue to rise at an unsustainable rate and more healthy lives will be left out of the pool. Operating a state-based reinsurance plan will help reduce further erosion of this market and is a positive step toward stabilization. The WIHSP will result in decreased premiums and a means for insurers to manage high cost claims in a way that prevents them from leaving the market.

Table 2: 2019 Impact of Waiver on Premium, Enrollment, and Federal Deficit

	Premiums, Compared to 2019 Baseline	Premiums, Compared to 2018	Non-Group Enrollment	Federal Savings
Effect of Reinsurance	-10.6%	-5.4%	+0.8%	\$166 Million

Over the 10 year window, the reinsurance program provides savings to the federal government due to APTC savings net of other federal revenues. The details of the federal savings over the 10-year window are shown in Table 3¹.

Table 3: 10-Year Deficit Impact of Reinsurance Program

Category of Impact	Impact to Federal Deficit (\$ millions)
Difference in APTCs	\$1,725
Difference in Mandate Penalty	\$0
Difference in User Fees	-\$63
Difference in HIT	-\$20
Estimated Net Federal Savings	\$1,641

To establish the state's reinsurance program, Wisconsin seeks federal pass through funds in the amount the federal government would have otherwise paid in APTC absent consideration of the reinsurance payments in the marketwide index rate. By mitigating high-cost individual health insurance claims, the WIHSP will help to stabilize Wisconsin's individual market and make premiums more affordable. With the waiver and reinsurance program, Wisconsin anticipates that individual premiums, including premiums for second lowest cost silver plans, will be lower than they would have been without the waiver and reinsurance program by 10.6 percent in 2019, 10.0 percent in 2020, 9.6 percent in 2021, and 9.1 to 6.8 percent in the years between 2022 and 2028 if the waiver were extended for 10 years.

II. Compliance with Section 1332 Guard Rails

A. Comprehensive Coverage Requirement (1332(b)(1)(A)):

Neither a waiver of Section 1312(c)(1) nor the WIHSP will affect covered benefits for Wisconsinites. Regardless of whether the waiver is granted, all Exchange-compliant plans will be required to provide coverage of essential health benefits. Similarly, the scope of benefits provided by other types of coverage such as Medicaid, Children's Health Insurance Program (CHIP), and grandfathered plans will not be impacted.

B. Affordability Requirement (1332(b)(1)(B)):

As stated in Section I, waiver of Section 1312(c)(1), together with the WIHSP, will make the cost of individual coverage lower each year than it would be without the waiver. The waiver will not affect cost sharing or the affordability of minimum essential coverage obtained through other means, such as Medicaid, CHIP, employer based insurance, or other types of coverage, and the same number of people will have access to such coverage as they would without the waiver. The

¹ Issuers that utilize the Healthcare.gov platform are assessed a fee by the federal government. This fee is calculated as a percent of Exchange premium. The HIT is a fee imposed on each covered entity that provides health insurance for US health risks. There is a moratorium on the fee in 2019. Individual mandate penalties were set to \$0 effective for the 2019 benefit year.

waiver will have a positive effect on vulnerable people who buy coverage in the individual market since premiums will be lower.

C. The Scope of Coverage Requirement (1332(b)(1)(C)):

As previously noted, waiver of Section 1312(c)(1), together with WIHSP, will reduce the cost of coverage in the individual market. In each year of the waiver, the lower cost of coverage will allow more Wisconsinites to purchase or maintain coverage in the individual market than without the waiver. Enrollment in the non-group market is expected to increase by 0.8 percent in 2019. As described in Appendix A, “the decrease in premiums is expected to produce an increase in enrollment relative to what Wisconsin would experience without the reinsurance program. APTC enrollment is assumed to stay the same as 2018 since these members are generally unaffected by rate changes.² Consequently, the new enrollees are expected to be above 400% FPL. These new enrollees were allocated pro rata between on-Exchange and off-Exchange by the share of unsubsidized enrollment that on-Exchange enrollees represented. It is likely that enrollees who stay in the market due to the implementation of reinsurance will be healthier and/or younger than the enrollees who will be in the market regardless of whether there is a reinsurance program.³” Those who obtain minimum essential coverage through other means, such as Medicaid, CHIP, employer-based insurance, or other types of coverage, will have the same access to coverage as they would without the waiver. The waiver will have a positive effect on vulnerable people who buy coverage in the individual market since premiums will be lower.

D. The Federal Deficit Requirement (1332(b)(1)(D)):

As stated above, with the waiver and reinsurance program, Wisconsin anticipates that individual premiums, including premiums for second lowest cost silver plans, will be lower, net of the premium assessment, by 10.6 percent in 2019, 10.0 percent in 2020, and 9.6 in 2021. Premium reductions in future years, due to both the reinsurance program and improved morbidity, are shown in annual detail in Table 8 in Appendix A of the Wakely report (Attachment 1 of this application). Because APTC are tied to the second lowest cost silver plan, these lower premiums, the federal government will pay less in APTC. As Table 3, on page 6 demonstrates, the federal government will save more than \$1,641 million over this 10-year budget cycle.

III. Description of the Wisconsin 1332 Waiver Proposal

A. Wisconsin Act 138

Wisconsin Senate Bill 770 (SB 770) was signed into law by Wisconsin Governor Scott Walker on February 27, 2018 (becoming “Act 138”). Act 138 established the WIHSP, a \$200 million state based reinsurance plan, contingent upon approval of a federal 1332 Waiver. One of the

² This assumption does not preclude normal churn that occurs within the individual market. Normal churn, enrollees leaving for employer-sponsored insurance or enrollees joining the individual market who previously had coverage in Medicaid, would continue. The assumption merely assumes in aggregate that a similar number of APTC enrollees would have coverage in 2019 as had coverage in 2018.

³ <https://www.brookings.edu/blog/up-front/2017/02/08/new-data-on-sign-ups-through-the-acas-marketplaces-should-lay-death-spiral-claims-to-rest/>

goals of Act 138 is to stabilize rates for individual health insurance plans and provide greater financial certainty to health insurers and health insurance consumers.

Act 138 requires OCI to operate the WIHSP, including setting the attachment point, reinsurance cap, and coinsurance amounts. OCI must set these parameters after consulting with an actuarial firm, however, Act 138 sets the parameters for the 2019 plan year with a \$50,000 attachment point and \$250,000 reinsurance cap. OCI is required to set the coinsurance rate between 50 and 80 percent. As stated earlier, the 2019 coinsurance rate will be 50%.

While Act 138 establishes key dates by which payment parameters must be set, insurers must be paid, and OCI must communicate specified information to insurers, OCI is given broad rule-making authority to address operational and other WIHSP needs.

B. The WIHSP and Federal Pass Through Funding

The WIHSP is designed to improve Wisconsin residents' access to affordable and comprehensive coverage. The goal of the reinsurance program is to manage the risk of high-cost claimants across the broader health insurance market, thereby lowering premiums for the individual market. In doing so, the reinsurance program should incentivize individual enrollees to join or remain in the market, encourage insurer participation, and reduce overall instability. In addition to providing lower premiums to Wisconsin residents, WIHSP will also reduce federal expenditures through lower APTC.

Because the amount of APTC available for eligible consumers is tied to the second lowest cost silver plan available through the federal Exchange, the amount the federal government will be required to pay in APTC will be reduced. Through this waiver request, Wisconsin seeks the amount of federal savings from these reduced APTC payments. Wisconsin seeks these funds to offset a majority of the costs associated with the reinsurance program.

The WIHSP will reimburse individual health insurers for a proportion (co-insurance amount) of high-cost enrollee claims between a lower bound (attachment point) and an upper bound (cap). For 2019, as mentioned under previous sections, Wisconsin will set the attachment point at \$50,000, coinsurance rate at 50%, and the reinsurance cap at \$250,000. As required by Act 138, if the amount available for expenditure for the WIHSP is not anticipated to be adequate to fully fund the payment parameters set for the upcoming plan year, OCI must allow insurers to adjust their rate filings based on any adjustment made to the final payment parameters for the applicable benefit year. If it is the case that funding is not available to make all reinsurance payments in a benefit year, OCI will make reinsurance payments in proportion to the eligible health insurer's share of aggregate individual health plan claims costs eligible for reinsurance payments during the applicable benefit year.

IV. Waiver Implementation Timeline⁴

02-27-18: Legislation authorizing the WIHSP is signed into law

⁴ Dates and action items are subject to change based on future operational decisions, waiver approval timelines, and the administrative rule-making process

- 03-14-18: Public comment period begins
- 03-14-18: Public hearing in Onalaska
- 03-15-18: Public hearings in Chippewa Falls and Marshfield
- 03-16-18: Public hearings in Wausau and Green Bay
- 03-24-18: Public hearing in Milwaukee
- 04-04-18: Public hearing in Madison
- 04-06-18: Tribal consultation held in Green Bay
- 04-14-18: Public comment period ends
- 04-20-18: 1332 Waiver application is submitted to the federal government
- 06-04-18: OCI issues a request for proposals (RFP) for actuarial expertise needed to set 2020 payment parameters⁵
- 06-05-18: Federal government determines the waiver application is complete/federal comment period begins
- 06-05-18: Administrative rules introduced
- 07-02-18: Insurer rate submission; one for the 2019 plan year assuming WIHSP in place using Act 138 parameters [rates that will be filed with the federal government]; and an indication of rates assuming no WIHSP
- 07-02-18: Office of the Commissioner of Insurance (OCI) staffs the WIHSP; Director of the WIHSP hired
- 07-04-18: Federal comment period ends
- 09-04-18: Federal government grants 1332 Waiver/funds for WIHSP⁶
- 09-04-18: OCI/WIHSP confirm payment parameters for the 2019 benefit year⁷
- 11-01-18: Emergency administrative rules for WIHSP finalized
- 01-01-19: First plan year WIHSP is in place
- 01-07-19: OCI/WIHSP awards actuarial vendor contract
- 02-04-19: OCI posts date, time, and location of post-award public forum on the OCI website to meet 45 CFR 155.1320(c)(1)
- 03-04-19: OCI holds six-month public forum required by 45 CFR 155.1320(c)
- 03-30-19: No later than this date OCI/WIHSP sets the payment parameters for the 2020 benefit year
- 06-03-19: Insurers submit Q1 eligible claims data to OCI for WIHSP
- 06-28-19: OCI/WIHSP will provide each eligible insurer with the calculation of total amounts of Q1 reinsurance payment requests
- 07-01-19: OCI/WIHSP shall adjust the payment parameters if it is not anticipated that the amount available for the program will be adequate to fully fund the payment parameters set earlier in the year (those set no later than March 30)
- 07-25-19: Insurer rate submission; one for the 2020 plan year assuming WIHSP in place [rates that will be filed with the federal government] and an indication of rates assuming no WIHSP

⁵ Procurement for such services can take between six and twelve months. Actuarial expertise/work product is needed prior to March 30, 2019; the date OCI must release 2020 payment parameters. Vendor selection will be contingent upon 1332 waiver approval.

⁶ Approval date assumes HHS/CMS does not take the full 180 day review period before making a determination.

⁷ 2019 Payment parameters are detailed in 2017 WI Act 138 and are outlined in this waiver application. After final waiver approval, OCI will either confirm the payment parameters approved in the application as submitted or, if OCI was required to modify the parameters as a condition of waiver approval, OCI will ensure insurers are aware of those modifications.

- 09-04-19: OCI/WIHSP holds annual public forum required by 45 CFR 155.1320(c)
- 09-02-19: Insurers submit eligible Q2 claims data to OCI for WIHSP
- 09-30-19: OCI/WIHSP will provide each eligible insurer with the calculation of total amounts of Q2 reinsurance payment requests
- 12-02-19: Insurers submit Q3 eligible claims data to OCI for WIHSP
- 12-31-19: OCI/WIHSP will provide each eligible insurer with the calculation of total amounts of Q3 reinsurance payment requests
- 03-01-20: Federal government funds WIHSP for 2019 plan year
- 03-02-20: Insurers submit Q4 2019 eligible claims data to OCI for WIHSP
- 03-31-20: OCI/WIHSP will provide each eligible insurer with the calculation of total amounts of Q4 2019 reinsurance requests
- 03-31-20: No later than this date, OCI submits draft post award annual report to HHS as required by 45 CFR 155.1324(c)
- 06-30-20: No later than this date, OCI/WIHSP Director will notify eligible health insurers of reinsurance payments to be made for the 2019 plan year
- 07-01-20: OCI/WIHSP submit required post award annual report per 45 CFR 155.1324(c)⁸
- 07-01-20: General purpose revenue (GPR) funds appropriated to WIHSP
- 07-02-20: Insurer rate submission; one for the 2020 plan year assuming WIHSP in place [rates that will be filed with the federal government]; and an indication of rates assuming no WIHSP
- 08-15-20: No later than this date, OCI/WIHSP will disburse all reinsurance payments to eligible insurers

V. Additional Information and Reporting

A. Administration Burden

Waiver of Section 1312(c) will cause minimal administrative burden and expense for Wisconsin and for the federal government. The waiver will cause no additional administrative burden to employers and individual consumers because Section 1312(c) does not relate to the administrative functions or requirements typically undertaken by employers or individuals. Individual health insurers also will see no additional administrative burden.⁹

OCI has the resources and staff necessary to absorb the following administrative tasks that the waiver will require the state to perform:

- Administer the WIHSP
- Distribute federal pass through funds
- Monitor compliance with federal law
- Collect and analyze data related to the waiver
- Perform reviews of the implementation of the waiver

⁸ OCI must post final within 60 days of receiving comments from HHS. This date, 7-1-20 assumes comments from HHS in late April/ early May 2020

⁹ Individual health insurers will experience additional administrative burden and associated expense as a result of the WIHSP; however, the waiver itself will result in no additional administrative burden or cost, and the monetary benefit from the WIHSP will far exceed any resulting administrative expense.

- Hold annual public forums to solicit comments on the progress of the waiver
- Submit annual reports (and quarterly reports, if ultimately required) to the federal government

The waiver will require the federal government to perform the following administrative tasks:

- Review documented complaints, if any, related to the waiver
- Review state reports
- Periodically evaluate the state's 1332 waiver program
- Calculate and facilitate the transfer of pass through funds to the state

OCI believes the above administrative tasks are similar to other administrative functions currently performed by the federal government, so that their effect is insignificant. Waiver of Section 1312(c)(1) does not necessitate any changes to the Federally Facilitated Marketplace and will not affect how APTC or cost-sharing reduction payments are calculated or paid.

B. Impact on Residents Who Need to Obtain Healthcare Services Out-of-State

Wisconsin shares borders with Minnesota, Iowa, Illinois and Michigan. Insurer health plans covering individuals living in border counties generally include providers from the neighboring state in their networks. Granting this waiver request will not affect insurer networks or service areas that provide coverage for services performed by out of state providers.

C. Ensuring Compliance, Waste, Fraud, and Abuse

OCI is responsible for regulating and ensuring regulatory compliance and monitoring the solvency of all insurers. OCI performs market conduct analysis, financial examinations, and investigates consumer complaints. OCI also manages the Injured Patients and Families Compensation Fund and the State Life Insurance Fund. Until this year, OCI operated the Local Government and Property Fund (*Legislature ended the program*). OCI will apply the same expertise used in managing other funds to operating the WIHSP.

Act 138 sets accounting, reporting, and audit requirements for WIHSP. However, OCI can set forth additional requirements and detail by administrative rule. OCI must keep an accounting for each benefit year of all of the following:

- Funds appropriated for reinsurance payments and administrative and operational expenses
- Requests for reinsurance payments made to eligible health carriers
- Administrative and operational expenses incurred for the WIHSP

By November 1 of the calendar year following the applicable benefit year or by 60 days following the final disbursement of reinsurance payments for the applicable benefit year, whichever is later, the OCI must make available to the public a report summarizing the WIHSP's operations for each benefit year by posting the summary on the office's website.

The WIHSP is subject to audit by the Legislative Audit Bureau (LAB). OCI must ensure that its contractors, subcontractors, or agents cooperate with any audit of the WIHSP performed by LAB.

D. State Reporting Requirements and Targets

OCI will assume responsibility for the reporting requirements of 45 CFR 155.1324, including the following:

- Quarterly reports [45 CFR 155.1324(a)]: To the extent required, OCI will submit quarterly reports, including reports of ongoing operational challenges, if any, and plans for, and results of, associated corrective actions.
- Annual reports [45 CFR 155.1324(b)]: OCI will submit annual reports documenting the following:
 - (1) The progress of the waiver.
 - (2) Data, similar to that contained in Attachment 1, on compliance with Section 1332(b)(1)(B) through (D) of the ACA.
 - (3) Modifications, if any, to the essential health benefits for compliance with Section 1332(b)(1)(A) of the ACA.
 - (4) The premium for the second lowest cost silver plan under the waiver and an estimate of the premium as it would have been without the waiver for a representative consumer in each rating area.
 - (5) A summary of the annual post-award public forum required by 45 CFR 155.1320(c) together with a summary of action taken in response to public input.
 - (6) Any additional information required by the terms of the waiver.

To the extent that quarterly reporting is required under 45 CFR 155.1324(a), OCI recommends that such reporting starts no sooner than April 1, 2021, in order to provide some experience with the program about which to report. OCI will submit and publish annual reports by the deadlines established in 45 CFR 155.1324(c) or the deadlines established by the terms of the waiver.

VI. Supporting Information and Miscellaneous

A. 45 CFR 155.1308(f)(4)(i) - (iii)

The supporting information required by 45 CFR 155.1208(4)(i) - (iii), including the actuarial analyses and certifications, the economic analyses, the detailed deficit neutral 10-year budget plan, and the data and assumptions demonstrating that the proposed waiver is in compliance with 1332(b)(1)(A) - (B) are found in Attachment 1.

VII. Public Comment and Tribal Consultation

A. Public Comment

Supporting information required by 45 CFR 155.1308(f)(2) and 45 CFR 155.1312 is located under Attachments 4 & 5.

B. Tribal Consultation

Supporting information required by HHS guidance is located under Attachment 6.