

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

Reporting Instructions: Please capture data for annual 1332 waiver 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: Washington

A. GRANTEE INFORMATION		
1. Reporting Period End Date	2. Report Due Date	3. Report Submitted On (Date)
4. Federal Agency and Organization Element to Which Report is Submitted		
Consumer Information & Insurance Oversight		
5. Federal Grant Number Assigned by Federal Agency	6a. UEI Number	6b. EIN
7. Recipient Organization Name		
Address Line 1		
Address Line 2		
Address Line 3		
City	State	ZIP Code
ZIP Extension	8. Grant Period Start Date	9. Grant Period End Date
10. Other Attachments (attach other documents as needed or as instructed by the awarding federal agency)		

Washington Waiver Annual Report

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	
11c. Telephone (area code, number, and extension)	
11d. Email address	
11e. Date report submitted (month/day/year)	
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.	
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.	

Washington Waiver Annual Report

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.		
b. Projected and actual individual market enrollment (total annual member months) off the Exchange in the state for the plan year.		
c. Projected and actual average individual market premium rate on the Exchange (i.e., total individual market premiums divided by total member months of all enrollees) for the plan year.		
d. Projected and actual average individual market premium rate off the Exchange (i.e., total individual market premiums divided by total member months of all enrollees) for the plan year.		
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.		
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.		
g. Effectuated enrollment, subsidy, and premium data provided in the state's most recent periodic report, updated to reflect the entire plan year.	See attached Excel	

Washington Waiver Annual Report

<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>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 or changes to eligibility for the Cascade Care Savings Program.</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>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)
<p>a. Amount of state funding from the Cascade Care Savings Program, or other funding, contributed to fully fund or support the program for the plan year.</p>		

Washington Waiver Annual Report

E. POST-AWARD FORUM	
19. Was the date, time, and location of the Post-Award Forum advertised 30 days in advance?	Yes No
20. 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.	
21. Date Post-Award Forum took place:	
22. 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.	
23. Other Attachments (attach other documents as needed pertaining to Post-Award Forum)	
F. STATE INTERNAL IMPLEMENTATION REVIEW – ATTESTATION	
24. 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
25. Describe the state's implementation review process.	