

## 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   |   |   |
|--|---|---|
| <b>1. Reporting Period End Date</b><br>January 1, 2024-December 31, 2024   | <b>2. Report Due Date</b><br><b>March 31, 2025</b>          | <b>3. Report Submitted On (Date)</b><br><b>March 31, 2025</b> |
| <b>4. Federal Agency and Organization Element to Which Report is Submitted</b><br>Consumer Information & Insurance Oversight |   |   |
| <b>5. Federal Grant Number Assigned by Federal Agency</b><br>N/A   | <b>6a. UEI Number</b><br><b>UHFWS CMBF9U6</b>               | <b>6b. EIN</b><br><b>45-4846258</b>                           |
| <b>7. Recipient Organization Name</b><br><b>Washington Health Benefit Exchange</b>   |   |   |
| <b>Address Line 1</b><br><b>810 Jefferson St SE</b>  |   |   |
| <b>Address Line 2</b>  |   |   |
| <b>Address Line 3</b>  |   |   |
| <b>City</b><br><b>Olympia</b>  | <b>State</b><br><b>WA</b>                                   | <b>ZIP Code</b><br><b>98507</b>                               |
| <b>ZIP Extension</b>   | <b>8. Grant Period Start Date</b><br><b>January 1, 2024</b> | <b>9. Grant Period End Date</b><br><b>December 31, 2029</b>   |
| <b>10. Other Attachments (attach other documents as needed or as instructed by the awarding federal agency)</b>              |   |   |
|  |   |   |

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## 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**

Joan Altman

**11b. Signature of Authorized Certifying Official**

Joan Altman

Digitally signed by Joan Altman  
Date: 2025.03.19 14:32:44  
-07'00'

**11c. Telephone (area code, number, and extension)**

360-688-7774

**11d. Email address**

joan.altman@wahbexchange.org

**11e. Date report submitted (month/day/year)**

March 26, 2025

## C. PROGRESS OF SECTION 1332 WAIVER – General

**12. Provide an update on progress made in implementing and/or operating the state's approved 1332 waiver program.**

Implementation has continued to proceed as expected. As of the end of December 2024, approximately 2,200 customers have enrolled in a Qualified Health Plan (QHP) through the waiver. Of these 2,200 customers, about 44% are low-income and are receiving state premium subsidies to help them afford coverage. We have continued to partner with navigators, brokers, and community-based organizations to serve individuals and to inform open enrollment efforts.

**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.**

We have not encountered any implementation and/or operational challenges to meet the 1332 statutory guardrails.

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| <b>D. PROGRESS OF SECTION 1332 WAIVER – <u>State-Specific</u></b>  |   |  |
|--|---|--|
| <b>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.</b> |   |  |
|  | <b>Value</b>                                    | <b>Comments (if applicable)</b>  |
| a. Projected and actual individual market enrollment (total annual member months) <b>on</b> the Exchange in the state for the plan year.   | Projected:<br>2,663,534<br>Actual:<br>3,050,195 | The projected on exchange enrollment as of October 2023 reflected the estimated impact of Medicaid redetermination enrollment in 2024, however, the actual enrollment exceeded those expectations.   |
| b. Projected and actual individual market enrollment (total annual member months) <b>off</b> the Exchange in the state for the plan year.  | Projected:<br>223,979<br>Actual: 323,796        | The projected off exchange enrollment as of October 2023 reflected the estimated impact of Medicaid redetermination enrollment in 2024, however, the actual enrollment exceeded those expectations. The actual enrollment is based on data provided by WA OIC as of February 20, 2025.             |
| c. Projected and actual average individual market premium rate <b>on</b> the Exchange (i.e., total individual market premiums divided by total member months of all enrollees) for the plan year.  | Projected: \$626<br>Actual: \$590               | The projected on exchange enrollment average premium as of October 2023 reflected the estimated impact of Medicaid redetermination enrollment in 2024. The actual average premium reflected the plan and demographic characteristics of the new enrollment.  |
| d. Projected and actual average individual market premium rate <b>off</b> the Exchange (i.e., total individual market premiums divided by total member months of all enrollees) for the plan year.   | Projected: \$609<br>Actual: \$588               | The projected off exchange enrollment average premium as of October 2023 reflected the estimated impact of Medicaid redetermination enrollment in 2024. The actual average premium was based on carrier reported data in the PY2025 URRT public use files, limited to the off exchange plans only. |
| 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.   | See attached Excel                              |  |
| 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.   | See attached Excel                              |  |
| 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                              |  |

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|   |                    |   |
|---|--------------------|---|
| <p><b>15. Please confirm whether there was any impact of the waiver on the scope of benefits or Essential Health Benefit (EHB) benchmark.</b><br/>No impact.</p>  |                    |   |
| <p><b>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.</b><br/>For the 2025 plan year, the Cascade Care Savings Program increased the amount of state premium assistance provided to eligible non-subsidized individuals from up to \$155 per member per month to up to \$255 per member per month.</p> |                    |   |
| <p><b>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.</b><br/>As previously reported, a new low income state-only health coverage program started on July 1, 2024. The Exchange transitioned approximately 873 eligible waiver enrollees to the new program.</p>  |                    |   |
| <p><b>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.</b></p>  |                    |   |
|   | <b>Value</b>       | <b>Comments (if applicable)</b>   |
| <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>  | <p>\$7,016,523</p> | <p>This amount includes (all state funds) Cascade Care Savings subsidies and operational costs.</p> |

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## 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.

State website:

<https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/>

21. Date Post-Award Forum took place:

April 8, 2024

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.

In early March of 2024, details about the Post-Award forum and how to submit public comment was published online, shared with assister networks, and emailed to nearly 18,000 stakeholders. The post-award forum was held April 8, 2024. The forum was conducted in a hybrid format (online and in-person), with closed captions available in Chinese (Simplified), English, Korean, Russian, Spanish, Ukrainian and Vietnamese. A brief overview of the waiver, implementation highlights and initial outcomes were provided, followed by an opportunity for public comment. Approximately 20 participants and organizations participated. No public comments were received.

23. Other Attachments (attach other documents as needed pertaining to Post-Award Forum)

Attached Powerpoint

## 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.

Unable to select in form, but attestation above is yes.

The state's implementation review process matches the ongoing review of health benefit exchange operations and includes an annual review of technology and enrollment systems to ensure compliance with the waiver plan and STCs.