Section 1332 of the Patient Protection and Affordable Care Act (PPACA) State Innovation Small Business Health Options Program (SHOP) Waiver Quarterly/Annual Report

Reporting Instructions: Use the following template to capture data for quarterly and annual 1332 waiver reporting, as specified in 31 CFR 33.124 and 45 CFR 155.1324, and referenced in your grant specific terms and conditions. Enter data requested for quarterly reporting into Sections A through E below. Quarter 4 data should be combined with the submittal of the annual report, therefore the entire template (Sections A through G) should be completed for annual reporting purposes. Check specific grant terms and conditions for quarterly and annual report due dates. Please answer all questions in the space provided. Text boxes are not character limited and will expand to accommodate responses.

STATE: Hawaii						
A. GRANTEE INFORMATION						
1. Reporting Period End Date		2. Report Due Date				
December 31, 2018		March 30, 2019				
3. Quarterly Report (Annual Report (
4. Federal Agency and Organization	on Element to Which Re	port is Submitted				
Consumer Information & Insura	ince Oversight					
5. Federal Grant Number Assigned by Federal Agency	gned 6a. DUNS Number		6b. EIN			
7. Recipient Organization Name State of Hawaii						
Address Line 1 Department of Labor and Indus	trial Relations					
Address Line 2 830 Punchbowl Street						
Address Line 3 Room 309						
City	State		Zip Code			
Honolulu	Hawaii		96813			
Zip Extension	8. Grant Period St	art Date	9. Grant Period End Date			
5080	October 27, 2017		December 31, 2021			
10. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency)						
No additional attachments at tl	nis time.					

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

Scott T. Murakami

11b. Signature of Authorized Certifying Official

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

11d. E-mail address

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

March 29, 2019

C. PROGRESS OF SECTION 1332 WAIVER - General

12. Provide an update on progress made in implementing and/or operating the approved 1332 waiver. In Quarter 4, DLIR coordinated efforts with the Hawaii Insurance Council, various Certified Public Accountants, and meet with Hawaii Department of Agriculture and Hawaii Farm Bureau and Hawaii Farmers Union (two of the largest farming organizations in the state) to promote the program.

From our efforts we received 11 applications. DLIR authorized payments totalling \$18,972 bringing the Federal share of expenditures to \$30,301.

- 13. Describe any implementation and/or operational challenges, and plans for and results of associated corrective actions.
- 1. Data lag: We will address with CMS during annual follow up meeting. Note: Quarters 1 3 changes reflect reconciled numbers.
- 2. Staffing: We continue to address staffing issues (DCCA and DLIR). We are actively recruiting for an Auditor and anticipate filling the position during Quarter 1 2019. Additionally, our Health Care Chief resigned unexpectedly in December.
- 14. Provide an update on the waiver's implementation and/or operational timeline. Describe any changes.

No direct changes.

15. Describe any changes to state law that might impact the waiver and the date(s) these changes occurred.

No changes to state law that may have impacted the waiver nor the Prepaid Health Care Act.

16. Describe the overall methodology for data collection.

The State Innovation waiver date is reported to address health insurance coverage levels in the State's post-waiver marketplace. Tracking indicators include small group enrollment uptake, small group premium costs, employee out-of-pocket costs, and additional measures exploring the pass through of the ACA small employer tax credits to the PSF.

D. PROGRESS OF SECTION 1332 WAIVER - State-Specific 17. Metrics to assist evaluation of the waiver's compliance with the statutory requirements in section 1332(b)(1) Q1 Q2 Q3 Q4 **Notes** a. Projected small group enrollment 129,045 129,045 129,045 129,045 Actual small group enrollment 128,898 128,852 128,892 113,899 58,203 58,203 58,203 58,203 b. Projected individual plan enrollment through the (includes (includes (includes (includes Marketplace off MP) off MP) off MP) off MP) Actual individual plan enrollment 18,327 16,653 15,994 15,667 through the Marketplace 58,203 58,203 58,203 58,203 c. Projected individual plan (includes (includes (includes (includes enrollment off Marketplace off MP) off MP) off MP) off MP) Actual individual plan enrollment 20,146 19,136 18,227 17,856 off Marketplace d. Projected average small group premium (total premiums paid for Average Projected: \$490.51 \$490.51 \$490.51 \$490.51 the quarter divided by enrollment \$490.51 in (a) above) Actual average small group premium (total premiums paid for \$431.13 \$435.63 \$447.91 \$465,40 the quarter divided by enrollment in (a) above) e. Projected average employee outof-pocket cost (premium Average Projected: \$97.35 \$97.35 \$97.35 \$97.35 contribution and cost-sharing) in \$97.35 the small group market Actual average employee out-ofpocket cost (premium contribution \$91.39 \$88.08 \$83.60 \$79.21 and cost-sharing) in the small group market

	Q1	Q2	Q3	Q4	Notes
a. Payments to eligible employers under the Prepaid Health Care Premium Supplementation Fund or otherwise	NA	NA	NA	NA	
b. Outreach and enrollment	NA	NA	NA	NA	-
c. Other purposes including a breakdown of how funds were spent by activity	NA	NA	NA	NA	

19. Describe any changes to eligibility under the Prepaid Health Care Act or other program changes and the date(s) these changes occurred.

No changes made.

E. POST-AWARD FORUM

(for Quarter Post-Award Forum was held)

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

Yes

(No

21. State website address where Post-Award Forum was advertised

http://labor.hawaii.gov

22. Date Post-Award Forum took place

Setpember 21, 2018

23. 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.

As a follow up to the September 21, 2018 Employment and Labor Workshop educational forum we met with various Certified Public Accountants, and the Hawaii Department of Agriculture, Hawaii Farm Bureau and Hawaii Farmers Union (two of the largest farming organizations in the state) to promote the program. We concluded with a question and answer session and fielded a few questions regarding funding availability (through 2021) and submittal requirements.

24. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency)
No attachments at this time.
F. ANNUAL REPORT QUESTIONS
25. Describe how the approved waiver is complying with section 1332(b)(1)(A) through (C) of the Affordable Care Act. Provide data in support of each requirement, if not already provided.
25a. Comprehensiveness
A majority of employers are covered by "premium" equivalent health care plans. The rest are covered by "gold" equivalent plans.
25b. Affordability
An eligible employee may pay up to half the costs of the premium, but no more than 1.5% of their wages. For "gold" equivalent plans, the employer must also pay at least half the cost of dependent coverage.
25c. Scope of Coverage
Every private employer with one or more eligible worker must cover them with an approved health care plan (unless the employee signs an approved waiver).
26. Provide the amount of state funding appropriated for the Prepaid Health Care Premium Supplementation Fund. None for 2018.
27. Provide the number of employers receiving funds through the Prepaid Health Care Premium Supplementation program or through other uses of 7 pass-through funding.
28. Provide the number of employees provided health coverage by employers receiving funds through the Prepaid Health Care Premium Supplementation program or through other uses of pass-through funding.
G. STATE INTERNAL IMPLEMENTATION REVIEW - ATTESTATION
29. 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).
C No
30. Describe the state's implementation review process. The State's Affordable Care Act Transitional Team (ATT) meets on a monthly basis to discuss State waivers (implementation and updates), including the Section 1332 SHOP Waiver and Reinsurance Program. The

ATT includes the Department of Labor, Department of Health and Human Services, and the Department of Commerce and Consumer Affairs. Additionally, the Department of Labor's Disability Compensation Division holds meetings on a regular basis to review waiver progress and monitor application status.