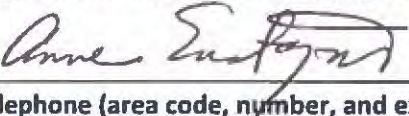


**Section 1332 of the Patient Protection and Affordable Care Act (PPACA)
State Innovation Small Business Health Options Program (SHOP)
Waiver Quarterly/Annual Report**

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:

A. GRANTEE INFORMATION		
1. Reporting Period End Date December 31, 2020	2. Report Due Date March 31, 2021	
3. Quarterly Report <input type="radio"/> Annual Report <input checked="" type="radio"/>		
4. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		
5. Federal Grant Number Assigned by Federal Agency [REDACTED]	6a. DUNS Number [REDACTED]	6b. EIN [REDACTED]
7. Recipient Organization Name State of Hawaii		
Address Line 1 Department of Labor and Industrial Relations		
Address Line 2 830 Punchbowl Street		
Address Line 3 Room 309		
City Honolulu	State Hawaii	Zip Code 96813
Zip Extension 5080	8. Grant Period Start Date October 27, 2017	9. Grant Period End Date December 31, 2021
10. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency)		
No additional attachments at this 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 Anne E. Perreira-Eustaquio, Director of Department of Labor and Industrial Relations
11b. Signature of Authorized Certifying Official 
11c. Telephone (area code, number, and extension) [REDACTED]
11d. E-mail address [REDACTED]
11e. Date report submitted (month/day/year) MAR 30 2021
C. PROGRESS OF SECTION 1332 WAIVER - General
12. Provide an update on progress made in implementing and/or operating the approved 1332 waiver. DLIR authorized payments totaling \$70,063.00 bringing the Federal share of expenditures to \$461,027.00.
13. Describe any implementation and/or operational challenges, and plans for and results of associated corrective actions. No changes at this time.
14. Provide an update on the waiver's implementation and/or operational timeline. Describe any changes. No changes at this time.
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 data 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-pockets costs, and additional measures exploring the pass through of

the ACA small employer tax credits to the PSF.

A data summary spreadsheet was provided to all health insurers for enrollment, premium, and claims data. Each quarter, the insurers will provide data for the current quarter, as well as update data from previous quarters. Therefore, previous quarterly data will continue to be revised as claims become accounted for. Some insurers may not include the final month of the most recent quarter, which may result in lower estimates.

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Section 1332 of the PPACA SHOP Waiver Quarterly/Annual Report

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	130,988	130,988	130,988	130,988	
Actual small group enrollment	119,163	114,307	111,931	102,775	
b. Projected individual plan enrollment through the Marketplace	58,319 (includes off marketplace)	58,319 (includes off marketplace)	58,319 (includes off marketplace)	58,319 (includes off marketplace)	
Actual individual plan enrollment through the Marketplace	18,810	18,418	18,601	16,474	
c. Projected individual plan enrollment off Marketplace	58,319 (includes on marketplace)	58,319 (includes on marketplace)	58,319 (includes on marketplace)	58,319 (includes on marketplace)	
Actual individual plan enrollment off Marketplace	14,675	14,387	14,176	12,489	
d. Projected average small group premium (total premiums paid for the quarter divided by enrollment in (a) above)	\$540.27	\$540.27	\$540.27	\$540.27	
Actual average small group premium (total premiums paid for the quarter divided by enrollment in (a) above)	\$476.85	\$480.05	\$484.16	\$494.19	
e. Projected average employee out-of-pocket cost (premium contribution and cost-sharing) in the small group market	\$104.41	\$104.41	\$104.41	\$104.41	

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Section 1332 of the PPACA SHOP Waiver Quarterly/Annual Report

	Q1	Q2	Q3	Q4	Notes
Actual average employee out-of-pocket cost (premium contribution and cost-sharing) in the small group market	\$103.00	\$88.08	\$93.48	\$91.40	
18. Reporting of Federal pass-through funding spent on:					
	Q1	Q2	Q3	Q4	Notes
a. Payments to eligible employers under the Prepaid Health Care Premium Supplementation Fund or otherwise	\$51,448	\$47,496	\$89,085	\$461,027	
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 <i>(for Quarter Post-Award Forum was held)</i>					
20. Was the date, time, and location of the Post-Award Forum advertised 30 days in advance?					
<input checked="" type="radio"/> Yes <input type="radio"/> No					
21. State website address where Post-Award Forum was advertised					
labor.hawaii.gov					
22. Date Post-Award Forum took place					
Virtual Public Forum held on December 2, 2020.					
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.					
No public comments or questions received.					

24. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency)	
Attached notice of virtual public forum held on December 2, 2020.	
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 premiums, but not 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 workers 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
27. Provide the number of employers receiving funds through the Prepaid Health Care Premium Supplementation program or through other uses of pass-through funding.	33 for 2020 Plan Year
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.	103 for 2020 Plan Year
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).	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
30. Describe the state's implementation review process.	
DLIR holds meetings to review waiver progress and monitor application status.	