

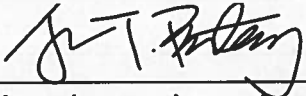
# Section 1332 of the Patient Protection and Affordable Care Act (ACA) State Innovation Small Business Health Options Program (SHOP) Waiver Quarterly/Annual Report

**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 (STCs). For quarterly reporting, enter data requested into Sections A through D below. For annual reporting, complete the entire template (Sections A through F). 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   |   |  |
|--|---|--|
| <b>1. Reporting Period End Date</b><br>December 31, 2024   | <b>2. Report Due Date</b><br>March 31, 2025           |  |
| <b>3. Quarterly Report</b> <input type="radio"/> <b>Annual Report</b> <input checked="" type="radio"/>                       |   |  |
| <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>SIWIW18001-01-00  | <b>6a. DUNS Number</b><br>949954283                   | <b>6b. EIN</b><br>99-026120                          |
| <b>7. Recipient Organization Name</b><br>State of Hawaii   |   |  |
| <b>Address Line 1</b><br>Department of Labor and Industrial Relations  |   |  |
| <b>Address Line 2</b><br>830 Punchbowl St  |   |  |
| <b>Address Line 3</b><br>Room 309  |   |  |
| <b>City</b><br>Honolulu  | <b>State</b><br>HI                                    | <b>Zip Code</b><br>98613                             |
| <b>Zip Extension</b><br>5080   | <b>8. Grant Period Start Date</b><br>October 27, 2017 | <b>9. Grant Period End Date</b><br>December 31, 2026 |
| <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   |
|---|
| <b>11. Certification:</b> 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.  |
| <b>11a. Typed or printed name and title of Authorized Certifying Official</b><br>Jade T. Butay, Director of Labor and Industrial Relations  |
| <b>11b. Signature of Authorized Certifying Official</b><br>  |
| <b>11c. Telephone (area code, number, and extension)</b><br>(808) 586-8835  |
| <b>11d. E-mail address</b><br>jade.butay@hawaii.gov   |
| <b>11e. Date report submitted (month/day/year)</b><br>March 31, 2025  |
| C. PROGRESS OF SECTION 1332 WAIVER - General  |
| <b>12. Provide an update on progress made in implementing and/or operating the state's approved 1332 waiver program.</b><br>Audits underway. Total expenditures to date \$1,808,930   |
| <b>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.</b><br>No challenges. |
| <b>14. Provide an update on the waiver's implementation and/or operational timeline. Describe any changes.</b><br>No changes.   |
| <b>15. Describe any changes to state law or regulation that might impact the waiver and the date(s) these changes occurred.</b><br>No changes.  |
| <b>16. Describe the overall methodology for data collection.</b><br>A data summary spreadsheet was provided to all health insurers for enrollment, premium, and claims data. Each quarter, the insurers provide data for the current quarter, as well as update data from previous quarters.            |

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| <b>D. POST-AWARD FORUM</b><br><b>(for Quarter the Post-Award Forum was held)</b>  |
|---|
| <b>17. Was the date, time, and location of the Post-Award Forum advertised 30 days in advance?</b><br><input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>18. 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.</b><br><a href="https://labor.hawaii.gov/dcd">https://labor.hawaii.gov/dcd</a><br><a href="https://labor.hawaii.gov/dcd/find-a-report">https://labor.hawaii.gov/dcd/find-a-report</a> |
| <b>19. Date Post-Award Forum took place:</b><br>May 15, 2024  |
| <b>20. 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.</b><br>11 participants joined the forum; eligibility requirements addressed. Post forum one-on-one discussions held.  |
| <b>21. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency)</b>   |
| <br><br><br><br><br><br><br><br><br><br>  |

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| E. ANNUAL REPORT – PROGRESS OF SECTION 1332 WAIVER   |                          |                          |                          |                          |          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| – State-Specific   |                          |                          |                          |                          |          |
| 22. Metrics to assist evaluation of the waiver's compliance with the statutory requirements in section 1332(b)(1). In the Comments column, please specify the source(s) of the values reported (e.g., state, actuarial firm, issuers, etc.). Additionally, if information for the reporting quarter or year is not available, please provide the most complete responses possible and specify the timeframe covered. |                          |                          |                          |                          |          |
|  | Q1                       | Q2                       | Q3                       | Q4                       | Comments |
| a. Projected small group enrollment  | 133,228                  | 133,228                  | 133,228                  | 133,228                  |          |
| Actual small group enrollment  | 98,247                   | 98,247                   | 98,237                   | 91,845                   |          |
| b. Projected individual plan enrollment through the Marketplace  | 58,028<br>(includes off) | 58,028<br>(includes off) | 58,028<br>(includes off) | 58,028<br>(includes off) |          |
| Actual individual plan enrollment through the Marketplace  | 20,670                   | 20,651                   | 21,088                   | 18,433                   |          |
| c. Projected individual plan enrollment off Marketplace  | 58,028<br>(includes on)  | 58,028<br>(includes on)  | 58,028<br>(includes on)  | 58,028<br>(includes on)  |          |
| Actual individual plan enrollment off Marketplace  | 12,768                   | 12,493                   | 12,373                   | 11,012                   |          |
| d. Projected average small group premium (total premiums paid for the quarter divided by enrollment in (a) above)  | \$661.09                 | \$661.09                 | \$661.09                 | \$661.09                 |          |
| Actual average small group premium (total premiums paid for the quarter divided by enrollment in (a) above)  | \$586.31                 | \$589.04                 | \$602.29                 | \$613.51                 |          |
| e. Projected average employee out-of-pocket cost (premium contribution and cost-sharing) in the small group market   | \$120.80                 | \$120.80                 | \$120.80                 | \$120.80                 |          |

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|   |           |          |          |          |          |
|---|-----------|----------|----------|----------|----------|
| Actual average employee out-of-pocket cost (premium contribution and cost-sharing) in the small group market  | \$131.73  | \$124.48 | \$125.11 | \$119.12 |          |
| <b>23. Report on spending for the plan year. If information for the reporting quarter or full plan year is not available, please provide the most complete responses possible and specify the timeframe covered.</b>                        |           |          |          |          |          |
|   | Q1        | Q2       | Q3       | Q4       | Comments |
| a. Amount of federal pass-through funding spent on payments to eligible employers under the Prepaid Health Care Premium Supplementation Fund or otherwise.  | \$106,398 | \$25,225 | \$0      | \$17,946 |          |
| b. Amount of federal pass-through funding spent on operation of the program (e.g., administrative costs, outreach and enrollment activities, other purposes).   | NA        | NA       | NA       | NA       |          |
| c. Amount of any unspent balance of federal pass-through funding.   | NA        | NA       | NA       | NA       |          |
| <b>24. Describe any changes to eligibility under the Prepaid Health Care Act or other program changes and the date(s) these changes occurred.</b><br>No changes   |           |          |          |          |          |
| <b>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.</b>   |           |          |          |          |          |
| <b>a. Comprehensiveness</b><br>A majority of employers are covered by "platinum" equivalent health care plans. The rest are covered by "gold" equivalent plans.   |           |          |          |          |          |
| <b>b. Affordability</b><br>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 costs of dependent coverage. |           |          |          |          |          |
| <b>c. Scope of Coverage</b><br>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).  |           |          |          |          |          |

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|  |                               |
|--|-------------------------------|
| <b>26. Provide the amount of state funding appropriated for the Prepaid Health Care Premium Supplementation Fund for the reporting year.</b>   | None                          |
| <b>27. Provide the number of employers receiving funds through the Prepaid Health Care Premium Supplementation program or through other uses of pass-through funding for the reporting year.</b>                                       | Total to date - 31 employers  |
| <b>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 for the reporting year.</b> | Total to date - 107 employees |
| <b>F. STATE INTERNAL IMPLEMENTATION REVIEW - ATTESTATION</b>   |                               |
| <b>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).</b>                             |                               |
| <input checked="checked" type="radio"/> Yes<br><input type="radio"/> No  |                               |
| <b>30. Describe the state's implementation review process.</b><br><br>DLIR holds meetings to review waiver progress and monitor application status.  |                               |