

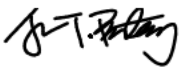
# Section 1332 of the Patient Protection and Affordable Care Act (ACA) State Innovation Small Business Health Options Program (SHOP) Waiver Quarterly/Annual Report

**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:

A. GRANTEE INFORMATION		
<b>1. Reporting Period End Date</b> December 31, 2023	<b>2. Report Due Date</b> March 31, 2024	
<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> Consumer Information & Insurance Oversight		
<b>5. Federal Grant Number Assigned by Federal Agency</b> ██████████	<b>6a. DUNS Number</b> ██████████	<b>6b. EIN</b> ██████████
<b>7. Recipient Organization Name</b> State of Hawaii		
<b>Address Line 1</b> Department of Labor and Industrial Relations		
<b>Address Line 2</b> 830 Punchbowl St		
<b>Address Line 3</b> Room 309		
<b>City</b> Honolulu	<b>State</b> HI	<b>Zip Code</b> 96813
<b>Zip Extension</b> 5080	<b>8. Grant Period Start Date</b> October 27, 2017	<b>9. Grant Period End Date</b> 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>B. REPORT CERTIFICATION</b>
<p><b>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.</b></p>
<p><b>11a. Typed or printed name and title of Authorized Certifying Official</b>                      Jade T. Butay, Director of Labor and Industrial Relations</p>
<p><b>11b. Signature of Authorized Certifying Official</b>  </p>
<p><b>11c. Telephone (area code, number, and extension)</b>  <span style="background-color: black; color: black;">[REDACTED]</span></p>
<p><b>11d. E-mail address</b>  <span style="background-color: black; color: black;">[REDACTED]</span></p>
<p><b>11e. Date report submitted (month/day/year)</b>                      April 1, 2024</p>
<b>C. PROGRESS OF SECTION 1332 WAIVER - General</b>
<p><b>12. Provide an update on progress made in implementing and/or operating the state's approved 1332 waiver program.</b>                      DLIR authorized payments totaling \$483,764.00 bringing the Federal share of expenditures to \$1,659,361.00</p>
<p><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>                      Due to resource constraints unable to hold annual forum. However, presentation made available and contacts to various industry partners made including certified public accounts etc. Recently hired</p>
<p><b>14. Provide an update on the waiver's implementation and/or operational timeline. Describe any changes.</b>                      No change at this time.</p>
<p><b>15. Describe any changes to state law or regulation that might impact the waiver and the date(s) these changes occurred.</b>                      No changes tot he state law that may have impacted the waiver nor the Prepaid Health Care Act.</p>
<p><b>16. Describe the overall methodology for data collection.</b>                      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-pocket costs, and additional measures exploring the pass through of the ACA small employer tax credit to the PSE. A data summary spreadsheet was</p>

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### D. POST-AWARD FORUM (for Quarter the Post-Award Forum was held)

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

Yes  No

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.

<https://labor.hawaii.gov/dcd/>

19. Date Post-Award Forum took place:

Scheduled for March 23, 2023

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.

The State was not able to hold the forum. The State website was updated. PowerPoint presentation made available.

21. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency)

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<b>E. ANNUAL REPORT – PROGRESS OF SECTION 1332 WAIVER</b>					
<b>– State-Specific</b>					
<b>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.</b>					
	Q1	Q2	Q3	Q4	Comments
a. Projected small group enrollment	132,830	132,830	132,830	132,830	
Actual small group enrollment	100,339	99,579	98,675	91,611	
b. Projected individual plan enrollment through the Marketplace	58,144 (includes off	58,144 (includes off	58,144 (includes off	58,144 (includes off	
Actual individual plan enrollment through the Marketplace	20,637	20,007	20,110	17,726	
c. Projected individual plan enrollment off Marketplace	58,144 (includes on	58,144 (includes on	58,144 (includes on	58,144 (includes on	
Actual individual plan enrollment off Marketplace	13,337	13,100	13,088	11,715	
d. Projected average small group premium (total premiums paid for the quarter divided by enrollment in (a) above)	\$629.01	\$629.01	\$629.01	\$629.01	
Actual average small group premium (total premiums paid for the quarter divided by enrollment in (a) above)	\$533.30	\$537.57	\$553.25	\$561.11	
e. Projected average employee out-of-pocket cost (premium contribution and cost-sharing) in the small group market	\$116.48	\$116.48	\$116.48	\$116.48	

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Actual average employee out-of-pocket cost (premium contribution and cost-sharing) in the small group market	\$151.63	\$145.97	\$145.43	\$136.22	
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**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.**

	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.	\$216,319	\$99,999	\$113,709	\$58,737	
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	

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

No changes to date.

**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.**

**a. Comprehensiveness**

A majority of employers are covered by "platinum" equivalent health care plans. The rest are covered by "gold" equivalent plans.

**b. 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.

**c. 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).

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26. Provide the amount of state funding appropriated for the Prepaid Health Care Premium Supplementation Fund for the reporting year.	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 for the reporting year.	49 employers
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.	181 employees
<b>F. STATE INTERNAL IMPLEMENTATION REVIEW - ATTESTATION</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).	
<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.	