

Section 1332 of the Patient Protection and Affordable Care Act (PPACA) State Innovation Waivers - Reinsurance Waiver Annual Report

Reporting Instructions: Please capture data for annual 1332 waiver grant reporting in this template, which has been developed based on paragraph 10 of your specific terms and conditions (STC), 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:

A. GRANTEE INFORMATION		
1. Reporting Period End Date Dec 31, 2018	2. Report Due Date Mar 31, 2019	3. Report Submitted On (Date) Draft submitted 3/29/19
4. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		
5. Federal Grant Number Assigned by Federal Agency SIWIW180004-01-00	6a. DUNS Number 809387467	6b. EIN 92-6001185
7. Recipient Organization Name Alaska Department of Commerce, Community and Economic Development		
Address Line 1 Division of Insurance		
Address Line 2 P.O. Box 110805		
Address Line 3		
City Juneau	State AK	Zip Code 99811
Zip Extension 0805	8. Grant Period Start Date Jan 1, 2018	9. Grant Period End Date Dec 31, 2022
10. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency)		

Reinsurance Waiver Annual Report

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

Anna Latham

11b. Signature of Authorized Certifying Official

Anna Latham

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

(907) 465-2518

11d. E-mail address

anna.latham@alaska.gov

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

Final submitted June 10, 2019

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.

2018 Federal Pass-through Funding: In fall 2017, the Alaska Division of Insurance (ADOI or the Division) coordinated with Oliver Wyman to provide data and analysis to the federal Centers for Medicare and Medicaid Services (CMS) necessary to calculate the pass-through funding amount associated with Alaska's Section 1332 Waiver for 2018. The federal pass-through funding determination in the amount of \$58,484,978.00 for 2018 was finalized and provided to the Division on February 6, 2018.

Plan of Operation: On February 21, 2018, the Division filed the first periodic report with CMS in accordance with the waiver specific terms and conditions (STC-10). This report included a plan of operations for the reinsurance program along with copies of enacted legislation and regulations to administer the reinsurance program.

Senate Bill 165: The Alaska Comprehensive Health Insurance Fund, which is the funding mechanism for the Alaska Reinsurance Program, was scheduled to sunset June 30, 2018. Alaska Senate Bill 165, which extended the Alaska Comprehensive Health Insurance Fund to June 30, 2024, was passed by the Alaska Legislature on May 1, 2018, and signed by Governor Walker on June 29, 2018.

See the bill action history at: http://www.akleg.gov/basis/Bill/Detail/30?Root=sb165#tab6_4.

See a copy of the enrolled legislation attached.

ACHIA Grant Agreement: ADOI signed its grant agreement with the pass through entity, Alaska

Reinsurance Waiver Annual Report

Comprehensive Health Insurance Association (ACHIA), on March 30, 2018. Upon finalization of the federal pass-through funding determination and federal grant funding mechanism on April 23, 2018, the ADOI and ACHIA negotiated and signed an amendment to the 2018 state grant agreement July 4, 2018. The amendment incorporated the federal grant regulatory requirements, including notice of federal single audit requirements, and delineated the federal, state and ceded premium funds for the 2018 Alaska Reinsurance Program.

Payment Requests: ADOI developed a payment request format in conjunction with ACHIA and developed written procedures in cooperation with the Alaska Department of Commerce, Community and Economic Development's (ADCCED) Division of Administrative Services for efficient and accurate processing of quarterly payment requests and federal grant drawdowns. Both divisions now operate under the mutually agreed upon ADCCED Federal Grant Drawdown/Payment Procedures. ADOI received and processed ACHIA's first and second quarter payment requests in July and August 2018. The first quarter payment request in the amount of \$8,154,333 was approved August 16, 2018, and the second quarter payment request in the amount of \$17,984,315 was approved August 24, 2018. ADOI utilized state revenue tolerance funding to make payments to ACHIA for the first and second quarter requests and submitted standard form SF425 for the combined amount of \$26,138,648 on August 21, 2018. The third quarter payment request in the amount of \$20,324,810 was approved November 19, 2018. The fourth quarter payment request in the amount of \$13,519,542 was received by DOI February 21, 2019 and is under review.

2019 Federal Pass-through Funding: In August 2018, ADOI initiated its efforts gathering information required for the 2019 pass-through funding determination in accordance with the grant specific terms and conditions (STC #14). ADOI conducted a data call to collect insurer information, and contracted with actuarial firm Oliver Wyman to provide the data and estimates for Second Lowest Cost Silver Plan (SLCSP) rates and total plan premiums absent the waiver along with an analysis to explain the methodology. ADOI submitted this data to CMS on September 10, 2018 in advance of the September 15 deadline. CMS requested additional information about the enrollment projections and the reasons for the lower aggregate premium estimates for 2019 in comparison to the estimates in the original waiver application. ADOI responded on September 27, 2018, met with CMS on October 16, 2018, and provided a final formal response on October 17, 2018. The 2019 pass-through funding determination in the amount of \$68,689,234 was submitted by CMS to the Division electronically November 30, 2018.

13. Describe any implementation and/or operational challenges to meet the 1332 statutory guardrails, and plans for and results of associated corrective actions. After the first year, only report on changes and/or updates, as appropriate.

Senate Bill 165: The Alaska Comprehensive Health Insurance Fund, which is the funding mechanism for the Alaska Reinsurance Program, was scheduled to sunset June 30, 2018. Senate Bill 165 was passed to extend the fund to June 30, 2024.

See the bill action history at: <http://www.akleg.gov/basis/Bill/Detail/30?Root=SB165>.
See a copy of the enrolled legislation attached.

Reinsurance Waiver Annual Report

Regulation Changes: The Division saw the need to make minor changes to the Alaska Reinsurance Program regulations, including changing the reporting dates and payment dates to align with ACA filing deadlines. Proposed changes to the Alaska Comprehensive Health Insurance Association reinsurance program regulations were posted for public comment on June 29, 2018.

Three documents are attached that provide a detailed explanation of the regulation changes.

Public comments were received regarding the list of covered conditions in 3 AAC 31.540, including suggestion of removing the list of conditions from the regulations, in order to provide flexibility for the list to be revised based upon current claim information. Given that the list was appropriately established using recommendations from insurers and an actuary, the division retained the list in the regulations. The division could consider revisions to the conditions list in future years.

The regulations were delivered to the Lieutenant Governor's Office for final approval September 28, 2018, and became effective November 1, 2018.

Reinsurance Waiver Annual Report

D. PROGRESS OF SECTION 1332 WAIVER - State-Specific		
14. Metrics to assist evaluation of the waiver's compliance with statutory requirements in Section 1332(b)(1)		
	Value	Comments (if applicable)
a. Actual individual market enrollment on the Exchange in the state	16,745	January 2018
Actual individual market enrollment off the Exchange in the state	1,137	January 2018
b. Actual average individual market premium rate on the Exchange (i.e., total individual market premiums divided by total member months of all enrollees)	\$801.97	Average for 2018
Actual average individual market premium rate off the Exchange (i.e., total individual market premiums divided by total member months of all enrollees)	\$747.07	Average for 2018
c. 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	i. Area 1 - \$555 ii. Area 2 - \$583 iii. Area 3 - \$569	See attached Oliver Wyman memo for narrative
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	i. Area 1 - \$797 ii. Area 2 - \$837 iii. Area 3 - \$817	See attached Oliver Wyman memo for narrative
d. For states with State-based Exchanges , actual amount of Advanced Premium Tax Credit (APTC) paid to issuers, by rating area for the plan year	N/A	N/A
e. For states with State-based Exchanges , actual number of APTC recipients for the plan year. This should be reported as number summed over all 12 months and divided by 12 to provide an annualized measure.	N/A	N/A

Reinsurance Waiver Annual Report

15. Please confirm whether there was any impact of the waiver on the scope of benefits or Essential Health Benefit (EHB) benchmark.

The waiver impacts the cost of healthcare premiums, but does not impact the components of the EHB benchmark. The EHB benchmark plan is not modified in any way by the 1332 waiver.

16. Describe any changes to the state-operated reinsurance program, including changes to the funding level the program will be operating at for the next plan year, any changes to the approved payment parameters for reinsurance program reimbursement or changes to eligibility criteria for enrollees' claims to be reimbursed under the program.

There have been no changes to eligibility or payment parameters, but will have a change to the funding level. 2019 will be funded at \$64,126,326 based on our 1332 waiver application.

17. Describe any changes in state law that might impact the waiver and the date(s) these change occurred or are expected to occur.

The Alaska Comprehensive Health Insurance Fund, which is the funding mechanism for the Alaska Reinsurance Program, was scheduled to sunset June 30, 2018. Alaska Senate Bill 165, which extended the Alaska comprehensive health insurance fund to June 30, 2024, was passed by the Alaska Legislature on May 1, 2018, and signed by Governor Walker on June 29, 2018.

See the bill action history at: http://www.akleg.gov/basis/Bill/Detail/30?Root=sb165#tab6_4.

See a copy of the enrolled legislation attached.

18. Report on spending:

	Value	Comments (if applicable)
a. Amount of Federal pass-through funding spent on individual claim payments to issuers from the reinsurance program	58,484,978	
b. Amount of Federal pass-through funding spent on operation of the reinsurance program	0	
c. Amount of any unspent balance of Federal pass-through funding for the reporting year	0	

Reinsurance Waiver Annual Report

d. Amount of state funding contribution to fully fund the program for the reporting year	\$1,498,022	\$53,501,978 in state funds remain. There are no other state funds to support the reinsurance program needed at this time.
19. If applicable, provide a claims breakout at an aggregate level for the top 5 conditions or cost drivers of the 5 conditions, including settings of care in the individual market.		
For a claims breakout for the top 5 conditions, including settings of care, see attachment.		
20. If applicable, report on any incentives for providers, enrollees, and plan issuers to continue managing health care cost and utilization for individuals eligible for reinsurance.		
Given that the program is capped, there is an inherent incentive for providers and plan issuers to treat enrollees as if not in the reinsurance pool in order to stay within the budget.		
21. If applicable, report of any reconciliation of reinsurance payments that the state wishes to make for any duplicative reimbursement through the state reinsurance program for the same high cost claims reimbursed through the Department of Health and Human Services (HHS)-operated high cost risk adjustment program.		
	Value	Comments (if applicable)
a. Reinsurance payment (before reconciliation) for high-cost claims to issuers who also receive payment through the HHS risk adjustment program under the high-cost risk pool		Alaska has only one insurer for the individual market and so Risk Adjustment is not applicable.
b. Risk adjustment amount paid by HHS for those claims		
c. Reinsurance reconciliation (or true-up) amount applied		
E. POST-AWARD FORUM		
22. 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		

Reinsurance Waiver Annual Report

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

<https://www.commerce.alaska.gov/web/ins/>
Public notice of the post-award forum is attached.

24. Date Post-Award Forum took place

April 18, 2018

25. 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 required by 45 CFR §155.1320(c) and 31 CFR §33.120(c), the Division provided an opportunity for public comment and discussion of section 1332 waiver progress within six months of the January 1, 2018 effective date. Publicly noticed on March 16, 2018, the forum was held April 18, 2018 at 9:00am. Interested parties had the option to participate in person at the division's offices in Juneau and Anchorage or call in on a toll-free number from anywhere in Alaska. In addition, the notice provided the option for interested parties to submit written comments.

Director Lori Wing-Heier facilitated the public forum discussion and a PowerPoint presentation was made available for participants (copy attached). Five people called into the forum. The division did not receive any written comments. Overall, the public participants expressed interest in and support for the 1332 waiver and reinsurance program. No actions were taken in response to comment, as there were no substantive concerns or comments that merited action. Multiple participants made comments about the high cost of care, and the need to control costs. Comments are summarized below:

Jessie Menkins – Alaska Primary Care Association (ACA Navigator)

- The ARP (Alaska Reinsurance Program) provides “Great value.”
- Premium cost was hampering access to health care coverage.
- The ARP produced a significant decrease in coverage cost last year.
- We fully support for the waiver and ARP.

Connie Beemer – Alaska State Hospital and Nursing Home Association

- Alaska had a health care coordination project under HB 74.
- The project is designed to provide shared savings for Medicaid by keeping recipients out of expensive care models.
- We fully supported the reinsurance program.

John – Anchorage medical provider

- The waiver (ARP) has been a benefit for providers and patients.
- There still is a need to control costs within the reinsurance pool.
- We need hands on efforts for utilization management.

Dr. Alan Gross – Petersburg Orthopedic Surgeon

- The waiver is an illusion to the consumer of lower costs.
- Can a 1332 waiver be used to establish a state or insurance company single payer or state-based

Reinsurance Waiver Annual Report

Accountable Care Organization?

John – Anchorage medical provider

- Indicated that the small group market applies to his organization both as a customer and provider and he can attest to the difficulties that small employers have covering health benefit cost.

Chad – South Central Foundation

- Called in to talk about Medicaid costs – no comment on waiver.

Lori Wing-Heier

- Indicated that a 1332 waiver would be needed to bring the small group into an ACO. The director's comment came toward the end of the forum, at which time the director had broadened the discussion to encompass other related topics, such as the cost of care. It was in this broader context that the director said that in order to address the cost of care, you need to address the cost of care in the small group market as well, and to do so a waiver could potentially help. At that time, Alaska was considering applying for an additional 1332 waiver to create a reinsurance program for the small group market. However, efforts on an additional waiver were halted because no additional funding was available.
- Admitted that the waiver doesn't necessarily address the underlying cost.
- Stated that adequate primary care is needed and we need less emergency room utilization.
- Offered to meet with providers and other stakeholders to look for ways to improve the 1332 waiver model.

26. Other Attachments (attach other documents as needed pertaining to Post-Award Form)

A copy of the PowerPoint presentation used during the public forum is attached.

F. STATE INTERNAL IMPLEMENTATION REVIEW - ATTESTATION

27. 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

28. Describe the state's implementation review process.

The Division completed internal risk assessment matrices as well as incorporating language into its grant agreement with pass-through entity ACHIA.



LAWS OF ALASKA

2018

Source
SB 165

Chapter No.

AN ACT

Relating to the Alaska comprehensive health insurance fund; and providing for an effective date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

THE ACT FOLLOWS ON PAGE 1

AN ACT

1 Relating to the Alaska comprehensive health insurance fund; and providing for an effective
2 date.

3

4 * **Section 1.** AS 21.55.430(a) is amended to read:

5 (a) The Alaska comprehensive health insurance fund is established in the
6 general fund. [THE DEPARTMENT OF ADMINISTRATION SHALL
7 SEPARATELY ACCOUNT FOR REVENUE COLLECTED UNDER AS 21.09.210,
8 AS 21.33.055, 21.33.061, AS 21.34.180, AND AS 21.66.110 AND DEPOSIT NET
9 PROCEEDS INTO THE ALASKA COMPREHENSIVE HEALTH INSURANCE
10 FUND.] The Department of Administration shall deposit interest earned on the Alaska
11 comprehensive health insurance fund in the general fund.

12 * **Sec. 2.** Section 6, ch. 5, 4SSLA 2016, is amended to read:

13 Sec. 6. AS 21.55.430 is repealed June 30, **2024** [2018].

14 * **Sec. 3.** AS 21.55.430(f) is repealed.

1 * **Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to
2 read:

3 **RETROACTIVITY.** (a) If sec. 1 of this Act takes effect after July 1, 2018, sec. 1 of
4 this Act is retroactive to July 1, 2018.

5 (b) If sec. 2 of this Act takes effect after June 30, 2018, sec. 2 of this Act is retroactive
6 to June 30, 2018.

7 * **Sec. 5.** Section 4 of this Act takes effect immediately under AS 01.10.070(c).

8 * **Sec. 6.** Section 2 of this Act takes effect June 30, 2018.

9 * **Sec. 7.** Sections 1 and 3 of this Act take effect July 1, 2018.

NOTICE OF PROPOSED CHANGES TO THE ALASKA COMPREHENSIVE HEALTH
INSURANCE ASSOCIATION REINSURANCE PROGRAM
TO REINSURE HIGH RISK RESIDENTS OF THIS STATE
IN THE REGULATIONS OF THE DIVISION OF INSURANCE

BRIEF DESCRIPTION

The Alaska Division of Insurance proposes to amend regulations to the Alaska Reinsurance Program to reinsure high risk residents. The amendments include changing the reporting dates and payment dates to align with ACA filing deadlines. The amendments also remove the list of covered conditions eligible for payment through the reinsurance program from the regulations for ease of updating them as needed or at least annually.

The Alaska Division of Insurance proposes to adopt regulation changes in Title 3, Chapter 31 of the Alaska Administrative Code dealing with the Alaska Reinsurance Program including the following:

3 AAC 31 is proposed to be amended as follows:

3 AAC 31.510. Association duties, is proposed to be changed to add a requirement that the plan of operations for the Alaska Reinsurance Program (ARP) include information on the manner and time period in which an insurer pays quarterly premium amounts, pharmacy rebates, and cedes risk. The proposed changes also extend the date on which the Alaska Comprehensive Health Insurance Association ("the association") shall accept a ceded risk. The proposed amendment also adds a requirement that ACHIA will not use federal funds for coverage of abortion services.

3 AAC 31.515. Health care insurer eligibility for reinsurance payments, is proposed to be changed to amend the time requirements for a health care insurer to make payments for ceded premium amounts and pharmacy rebates to the association.

3 AAC 31.520. Health care insurer duties and rules, is proposed to be changed to require an insurer to cede risk to the association for a high risk resident. The proposed change also amends the date by which a health care insurer shall cede a risk and changes the timeframe in which a health care insurer is required to submit claims for a ceded risk. The proposed change also adds a requirement that insurers utilize the dates set in the plan of operations when ceding a risk.

3 AAC 31.525. Premium and other financial matters, is proposed to be changed to amend the payment requirements and procedures for a health care insurer's handling of premiums, expenses, and other financial matters.

3 AAC 31.530. Accounting, reporting, and auditing, is proposed to be changed to amend the date for the final accounting and annual claims true up and amending the submission date for ceded claims to be submitted to the association for reimbursement.

3 AAC 31.535. Annual true-up, is proposed to be changed to amend the date when the true-up must occur.

3 AAC 31.540. Covered conditions, is proposed to be changed to remove the list of covered health conditions of a high risk resident from regulations and adding a requirement that the director publish a list of covered conditions at least annually.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting written comments to the Division of Insurance; Attention: Sarah Bailey; P.O. Box 110805; Juneau, AK 99811-0805; by e-mail to sarah.bailey@alaska.gov; or by fax to (907) 465-3422. Comments may also be submitted through the Alaska Online Public Notice System at <http://aws.state.ak.us/OnlinePublicNotices>. All comments must be received **no later than 5:00 p.m., Monday, July 30, 2018**.

Oral or written comments also may be submitted at a hearing to be held on **Friday, July 20, 2018** in Conference Room B on the ninth floor of the State Office Building, located at 333 Willoughby Ave., Juneau, Alaska. The hearing will be held from **10:00 a.m. to 12:00 p.m.** and might be extended to accommodate those present before **12:00 p.m.** who did not have an opportunity to comment. If you are unable to attend the meeting in person and would like to participate by teleconference, please call 1-800-315-6338 and enter the access code 42070 followed by#.

You may submit written questions relevant to the proposed action to the Division of Insurance; Attention: Sarah Bailey; P.O. Box 110805, Juneau, AK 99811-0805 or by e-mail to sarah.bailey@alaska.gov. **The questions must be received at least 10 days before the end of the public comment period.** The division will aggregate its response to substantially similar questions and make the questions and responses available on the division's website at <https://www.commerce.alaska.gov/web/ins/Resources/Notices.aspx> and on the Alaska Online Public Notice System. The division may, but is not required to, answer written questions received after the 10-day cut-off date and before the end of the comment period.

If you are a person with a disability who needs a special accommodation in order to participate in the process, please contact Laura Watson at laura.watson@alaska.gov or (907) 465-2597 or TDD (907) 465-5437 no later than **Tuesday, July 10, 2018** to ensure that any necessary accommodations can be provided.

A copy of the proposed regulation changes is available on the division's website at <https://www.commerce.alaska.gov/web/ins/Resources/Notices.aspx> on the Alaska Online Public Notice System, by contacting Sarah Bailey at sarah.bailey@alaska.gov or by calling (907) 269-7900 in Anchorage or (907) 465-2515 in Juneau.

After the public comment period ends, the Division of Insurance will either adopt the proposed regulation changes or other provisions dealing with the same subject, without further notice, or decide to take no action. The language of the final regulation may be different from that of the proposed regulation. **YOU SHOULD COMMENT DURING THE TIME ALLOWED IF YOUR**

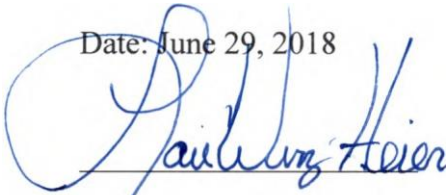
INTERESTS COULD BE AFFECTED. Written comments received are public records and are subject to public inspection.

Statutory Authority: AS 21.06.090; AS 21.55.040; AS 21.55.220; AS 21.55.400; AS 21.55.430

Statutes Being Implemented, Interpreted, or Made Specific: AS 21.55.220; AS 21.55.400.

Fiscal information: The proposed regulation changes are not expected to require an increased appropriation.

Date: June 29, 2018

A handwritten signature in blue ink, appearing to read "Lori Wing-Heier", is written over a horizontal line. The signature is stylized and cursive.

Lori Wing-Heier
Director of Insurance

Title 3. Commerce, Community, and Economic Development

Part 2. Division of Insurance

Chapter 31. Miscellaneous.

Article 4. Comprehensive Health Insurance Association Reinsurance Program.

3 AAC 31.510. (a) is amended to read:

(a) The association shall establish a plan of operation for the administration and operation of the Alaska Reinsurance Program under which a health care insurer shall cede the risk of a high risk resident to the program. The plan of operation must include

(1) a description of the data a health care insurer submitting a reinsurance payment request must provide to the association for the association to implement and administer the reinsurance program, including data necessary for the association to determine a health care insurer's eligibility for reinsurance payments;

(2) guidance to insurers relating to diagnosis codes for identifying residents with covered conditions under the program;

(3) the manner and time period in which a health care insurer must

(A) provide the data described under (1) of this subsection;

(B) **pay the quarterly**

(i) premium amounts required to be paid under 3 AAC

31.515(b); and

(ii) pharmacy rebates required to be paid under 3 AAC

31.515(c); and

(C) cede risk under 3 AAC 31.510;

(4) requirements for reporting and processing reports submitted by health care insurers as required by the association;

(5) requirements for conducting audits under 3 AAC 31.530; and

(6) details of an annual actuarial study of this state's individual market that

(A) measures the impact of the program;

(B) recommends funding levels; and

(C) reveals emerging conditions within the market.

3 AAC 31.510(b) is amended to read:

(b) The association shall accept a risk ceded to it with respect to a high risk resident in compliance with 3 AAC 31.500 – 3 AAC 31.549 effective on the date coverage becomes effective with the health care insurer and shall continue to accept a risk ceded to it until **March 31** [MARCH 1] of the year following the calendar year in which the high risk resident's coverage becomes effective with the health care insurer or, if earlier, the date on which the coverage terminates or the reinsurance program ceases active operation.

3 AAC 31.510 is amended by adding a new subsection to read:

(d) The association shall ensure, in accordance with applicable provisions of generally accepted accounting requirements, circulars on funds management of the federal Office of Management and Budget, and guidance on accounting of the United States Government Accountability Office, that the Alaska Reinsurance Program uses no federal funds for coverage

Register _____, _____ 2018 COMMERCE, COMMUNITY, AND EC. DEV.

of abortion services described under 42 U.S.C. 18023(b)(1)(B)(i). (Eff. 2/2/2013, Register 205; am 12/22/2016, Register 220; am ___/___/___, Register ___)

Authority: AS 21.06.090 AS 21.55.220 AS 21.55.430
AS 21.55.040 AS 21.55.400

3 AAC 31.515(b) is amended to read:

(b) The health care insurer shall pay to the association the separately identifiable premium amount the health care insurer received under the insurance policy for the applicable benefit year covering the eligible high risk resident **on a quarterly basis** not later than [30 CALENDAR DAYS] **the dates set by the association and specified in the association's plan of operation** after the association accepts a risk ceded to it with respect to a high risk resident. If the high risk resident has a separately identifiable premium equal to \$0, the health care insurer shall pay to the association the highest separately identifiable premium under the family policy. For each additional high risk resident covered under a family policy who has a separately identifiable premium equal to \$0, the health care insurer shall pay to the association the next highest separately identifiable premium under the family policy.

3 AAC 31.515(c) is amended to read:

(c) A health care insurer shall pay to the association a pharmacy rebate required to be paid to the association under (a)(4) of this section **on a quarterly basis in conjunction with the payment of premiums under (b) of this section** [NOT LATER THAN 30 CALENDAR DAYS

Register _____, _____ 2018 COMMERCE, COMMUNITY, AND EC. DEV.

AFTER RECEIPT OF THE PHARMACY REBATE]. (Eff. 12/22/2016, Register 220; am

____/____/____, Register ____)

Authority: AS 21.06.090 AS 21.55.220 AS 21.55.400

3 AAC 31.520(e) is amended to read:

(e) A health care insurer **shall** [MAY] cede a risk to the association with respect to a high risk resident [AT ANY TIME] during the period beginning on the date the high risk resident's coverage becomes effective with the health care insurer and ending on **March 31** [MARCH 1] of the year following the calendar year in which the high risk resident's coverage becomes effective with the health care insurer. A health care insurer **required** [THAT WISHES] to cede risk with respect to a high risk resident to the association in a subsequent calendar year shall re-cede that risk for that calendar year. **A health care insurer shall utilize the dates set by the association and specified in the association's plan of operation when ceding a risk required to be ceded to the association under this subsection.**

3 AAC 31.520(f) is amended to read:

(f) A health care insurer shall submit to the program claims incurred during a calendar year for a ceded risk not later than **April 30** [18 MONTHS] after that calendar year for the claim to be eligible for reimbursement from the program. (Eff. 12/22/2016, Register 220; am
____/____/____, Register ____)

Authority: AS 21.06.090 AS 21.55.220 AS 21.55.400

Register _____, _____ 2018 COMMERCE, COMMUNITY, AND EC. DEV.

3 AAC 31.525(d) is amended to read:

(d) Premiums received by the association for the program will be used first to pay, or to establish reasonable reserves for payment of, administrative and operational expenses of the program and second to pay claims for risks ceded to the program. [CLAIMS FOR RISKS CEDED TO THE PROGRAM WILL BE PAID FIRST FROM PREMIUMS REMAINING AVAILABLE AFTER PAYMENT OF, OR ESTABLISHMENT OF REASONABLE RESERVES FOR PAYMENT OF, ADMINISTRATION AND OPERATIONAL EXPENSES OF THE PROGRAM AND SECOND FROM OTHER AVAILABLE PROGRAM FUNDS.] (Eff. 2/2/2013, Register 205; am 12/22/2016, Register 220; am ___/___/____, Register _____)

Authority: AS 21.06.090 AS 21.55.220 AS 21.55.430
AS 21.55.040 AS 21.55.400

3 AAC 31.530(c) is amended to read:

(c) The association shall conduct a final accounting **and annual claims true up** with respect to each calendar year after **April 30** [APRIL 15] of the following calendar year.

3 AAC 31.530(d) is amended to read:

(d) Claims with respect to ceded risk that are incurred during a calendar year and are submitted for reimbursement not later than **April 30** [APRIL 15] of the following calendar year will be allocated to the calendar year in which they are incurred. **The association may not reimburse claims** [CLAIMS] submitted after **April 30** [APRIL 15] following the calendar year

Register _____, _____ 2018 COMMERCE, COMMUNITY, AND EC. DEV.

in which they are incurred [WILL BE ALLOCATED TO A LATER CALENDAR YEAR IN ACCORDANCE WITH THE OPERATING RULES, POLICIES, AND PROCEDURES OF THE PROGRAM].

(Eff. 2/2/2013, Register 205; am 12/22/2016, Register 220; am ___/___/____, Register _____)

Authority: AS 21.06.090 AS 21.55.220 AS 21.55.430
 AS 21.55.040 AS 21.55.400

3 AAC 31.535(a) is amended to read:

(a) The association shall establish a true-up process with respect to a calendar year to reflect adjustments made in establishing the final accounting for that calendar year, including crediting of premiums received with respect to risk ceded after the end of the calendar year and retroactive reductions or other adjustments in reimbursements necessary to prevent a deficit in the fund for that calendar year and to prevent a windfall to an insurer as a result of third party recoveries, recovery of overpayments, commercial reinsurance recoveries, or risk adjustments made under 42 U.S.C. 18063 (sec. 1343 of the Patient Protection and Affordable Care Act, P.L. 111-148). The true-up must occur after **April 30** [APRIL 15] following the calendar year to which it relates.

(Eff. 2/2/2013, Register 205; am 12/22/2016, Register 220; am ___/___/____, Register _____)

Authority: AS 21.06.090 AS 21.55.220 AS 21.55.430
 AS 21.55.040 AS 21.55.400

3 AAC 31.540. is amended to read:

A resident of this state [diagnosed with one or more of the following covered conditions under this section] is a high risk resident under 3 AAC 31.500 – 3 AAC 31.549 **if the resident is diagnosed with one or more of the covered conditions included on the most recent list of covered conditions published by the director. The list is to be published at least annually by**

(1) posting the list on the division’s website; and

(2) providing a copy of the list to a person on request to the division.

[(1) HUMAN IMMUNODEFICIENCY VIRUS OR ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS);

(2) SEPTICEMIA SEPSIS, SYSTEMIC INFLAMMATORY RESPONSE SYNDROME/SHOCK;

(3) METASTATIC CANCER;

(4) LUNG, BRAIN, AND OTHER SEVERE CANCERS, INCLUDING PEDIATRIC ACUTE LYMPHOID LEUKEMIA;

(5) NON-HODGKIN'S LYMPHOMAS AND OTHER CANCERS AND TUMORS;

(6) MUCOPOLYSACCHARIDOSIS;

(7) LIPIDOSES AND GLYCOGENOSIS;

(8) AMYLOIDOSIS, PORPHYRIA, AND OTHER METABOLIC DISORDERS;

(09) END-STAGE LIVER DISEASE;

(10) CHRONIC HEPATITIS;

- (11) ACUTE LIVER FAILURE OR DISEASE, INCLUDING NEONATAL HEPATITIS;
- (12) INTESTINAL OBSTRUCTION;
- (13) CHRONIC PANCREATITIS;
- (14) INFLAMMATORY BOWEL DISEASE;
- (15) RHEUMATOID ARTHRITIS AND SPECIFIED AUTOIMMUNE DISORDERS;
- (16) HEMOPHILIA;
- (17) ACQUIRED HEMOLYTIC ANEMIA, INCLUDING HEMOLYTIC DISEASE OF NEWBORN;
- (18) SICKLE CELL ANEMIA (HB-SS);
- (19) THALASSEMIA MAJOR;
- (20) COAGULATION DEFECTS AND OTHER SPECIFIED HEMATOLOGICAL DISORDERS;
- (21) ANOREXIA/BULIMIA NERVOSA;
- (22) PARAPLEGIA;
- (23) AMYOTROPHIC LATERAL SCLEROSIS AND OTHER ANTERIOR HORN CELL DISEASE;
- (24) QUADRIPLEGIC CEREBRAL PALSY;
- (25) CEREBRAL PALSY, EXCEPT QUADRIPLEGIC;
- (26) MYASTHENIA GRAVIS/MYONEURAL DISORDERS AND GUILLAIN-BARRE SYNDROME/INFLAMMATORY AND TOXIC NEUROPATHY;

(27) MULTIPLE SCLEROSIS;

(28) PARKINSON'S, HUNTINGTON'S AND SPINOCEREBELLAR
DISEASE, AND OTHER NEURODEGENERATIVE DISORDERS;

(29) CYSTIC FIBROSIS;

(30) END-STAGE RENAL DISEASE;

(31) PREMATURE NEWBORNS, INCLUDING BIRTHWEIGHT 2,000 –
2,499 GRAMS;

(32) STEM CELL, INCLUDING BONE MARROW, TRANSPLANT
STATUS/COMPLICATIONS;

(33) AMPUTATION STATUS, LOWER LIMB/AMPUTATION

COMPLICATIONS.]

(Eff. 12/22/2016, Register 220; am ___/___/___, Register ___)

Authority: AS 21.06.090 AS 21.55.040 AS 21.55.400

ESTABLISH A REINSURANCE PROGRAM TO REINSURE HIGH RISK RESIDENTS OF THIS STATE

ADDITIONAL REGULATIONS NOTICE INFORMATION
(AS 44.62.190(d))

- 1. Adopting agency: Division of Insurance, Department of Commerce, Community, and Economic Development
- 2. General subject of regulation: Alaska Reinsurance Program to reinsure high risk residents of this state
- 3. Citation of regulation (may be grouped): 3 AAC 31.510 – 3 AAC 31.540
- 4. Department of Law file number, if any: _____

- 5. Reason for the proposed action:
 - Compliance with federal law or action (identify): _____
 - Compliance with new or changed state statute
 - Compliance with Federal or state court decision (identify) _____
 - Development of program standards
 - Other (identify): _____

- 6. Appropriation/Allocation: Insurance Operations/Insurance Operations

- 7. Estimated annual costs in the aggregate to comply with the proposed action to:
 - A private person: None are anticipated.
 - Another state agency: None are anticipated.
 - A municipality: None are anticipated.

- 8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year	Subsequent
	FY <u>18</u>	Years
Operating Cost	\$ <u>0</u>	\$ <u>0</u>
Capital Cost	\$ <u>0</u>	\$ <u>0</u>
1002 Federal receipts	\$ <u>0</u>	\$ <u>0</u>
1003 General fund match	\$ <u>0</u>	\$ <u>0</u>
1004 General fund	\$ <u>0</u>	\$ <u>0</u>
1005 General fund/ program	\$ <u>0</u>	\$ <u>0</u>
Other (identify)	\$ <u>0</u>	\$ <u>0</u>

- 9. The name of the contact person for the regulation:
 - Name: Sarah Bailey
 - Title: Insurance Specialist III

Address: Division of Insurance
P.O. Box 110805, Juneau, AK 99811-0805
Telephone: (907) 465-4608
E-mail address sarah.bailey@alaska.gov

10. The origin of the proposed action:
- Staff of state agency
 - Federal government
 - General public
 - Petition for regulation change
 - Other (identify) Division of Insurance

11. Date: 6/28/18 Prepared by: Anna Latham
[signature]

Name (printed): Anna Latham
Title (printed): Deputy Director
Telephone: (907) 465-2518

**Alaska Reinsurance Pool
Top Five Diagnoses 2018
Breakdown by Place of Service**

HCC	HCC Label	Total Paid	Ambulance - Air or Water	Emergency Room - Hospital	End-Stage Renal Disease Treatment Facility	Home	Inpatient Hospital	Office	Other Place of Service (POS 99)	Outpatient Hospital	All other POS
2	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	\$16,728,276	\$549,566	\$644,910	\$4,451,583	\$172,920	\$7,641,216	\$972,757	\$548,637	\$1,316,002	\$430,685
8	Metastatic Cancer	\$15,232,722	\$5,844	\$270,275	\$0	\$75,601	\$2,741,291	\$3,423,892	\$1,757,169	\$6,293,622	\$665,030
184	End Stage Renal Disease	\$14,671,332	\$104,995	\$182,376	\$12,083,033	\$72,926	\$1,118,565	\$230,027	\$227,753	\$588,232	\$63,426
75	Coagulation Defects and Other Specified Hematological Disorders	\$13,602,055	\$117,134	\$491,277	\$3,385,090	\$1,545,952	\$5,461,311	\$471,545	\$875,510	\$946,546	\$307,690
9	Lung, Brain, and Other Severe Cancers, Including Pediatric Acute Lymphoid Leukemia	\$10,955,833	\$90,872	\$305,145	\$0	\$59,820	\$3,453,059	\$1,614,710	\$1,394,612	\$3,427,205	\$610,411

Notes: Includes claims incurred and paid in 2018 as of 12/31/18 with no estimate of IBNR.
If an enrollee had multiple diagnoses that fell into more than one HCC, all claims are shown with each HCC. Thus, claim amounts may be duplicated.
Other Place of Service (POS 99) claims were coded with that location, and data includes no additional information.
All Other POS claims were grouped by us and include Ambulance - Land, Ambulatory Surgical Center, Community Mental Health Center, Comprehensive Inpatient Rehabilitation Facility, Federally Qualified Health Center, Hospice, Independent Clinic, Independent Laboratory, Inpatient Psychiatric Facility, Psychiatric Facility-Partial Hospitalization, Skilled Nursing Facility, Unassigned, and Urgent Care Facility

MEMO

TO: Lori K. Wing-Heier, Director, Alaska Division of Insurance
Anna Latham, Deputy Director, Alaska Division of Insurance

DATE: March 27, 2019

FROM: Tammy Tomczyk, FSA, MAAA
Peter Kaczmarek, FSA, MAAA

SUBJECT: **Estimated 2018 Second Lowest Cost Silver Premium Rates without Alaska Reinsurance Program**

At the request of the Alaska Division of Insurance (DOI), we have developed estimates of what the 2018 Second-Lowest Cost Silver Plan (SLCSP) rates would have been by ACA rating area, had the Alaska Reinsurance Program not been implemented. Below we provide our estimates of these rates, along with a short description of the methodology we used to calculate them.

We compared the final approved premium rates for a 21 year old non-smoker for the two silver plans offered in each rating area in 2018 and selected the second lowest cost plan. The plan selected was the Preferred Plus Silver 3000 HSA plan. Table 1 shows the per member per month (PMPM) rates of the selected plan for a 21 year old non-smoker in each rating area.

Table 1: 2018 SLCSP Rates for a 21 year old Non-Smoker in the Alaska Non-Group Market (PMPM)

Rating Area	Zip Code	2018 Rate
1	995	\$555
2	996-997	\$583
3	998-999	\$569

Next, we estimated the potential impacts on premium and enrollment in the non-group market under a scenario where the Alaska Reinsurance Program had not been implemented. Due to time constraints and the potential for significant additional cost, the Oliver Wyman Healthcare Reform Microsimulation Model (HRM Model) was not recalibrated to reflect a more recent view of the Alaska health insurance markets. Instead the projected premium and enrollment impact in the non-group ACA-compliant market assuming the Alaska Reinsurance Program was not in place was estimated based on 2018 actual enrollment information as of March 1, 2019 provided by Premera, actuarially sound judgement applied to prior modeling that was performed for Alaska's 1332 Waiver application, and known changes in the market.

Based on the estimated total premium amount absent the waiver, we estimate that the total ACA compliant premium would have been 36% higher. We assumed that most individuals enrolled in ACA compliant plans and eligible for premium subsidies would not have reacted

to any premium changes. This assumption is consistent with our prior modeling under the baseline and waiver scenarios projected as part of Alaska's 1332 Waiver application. However, a change in premium would have had an effect on enrollment of the non-subsidized ACA members. We estimate that roughly 36% of non-subsidized ACA members that were reported as covered in 2018 would have instead chose to become uninsured in 2018 based on the higher premium rates that are estimated to have been needed in 2018, absent the waiver. We believe this is a sound assumption because the resulting premium rates are only slightly higher than the premiums that were in effect in 2017, adjusted for trend, and the fact that a majority of the non-subsidized population was enrolled in bronze plans. Therefore, we believe the enrollment in 2018 absent the waiver would have been similar to the estimated enrollment in 2017.

As a result, we estimate that absent the waiver, the 2018 premium rates would have been approximately 44% higher to account for the elimination of the reinsurance program and the expected change in enrollment. We note that we have not included any additional impact of morbidity deterioration in this estimate. Table 2 below presents our best estimate of what the 2018 SLCSP rates would have been, absent the waiver, for a 21 year old non-smoker in each rating area.

Table 2: 2018 SLCSP Rates for a 21 year old Non-Smoker in the Alaska Non-Group Market - Absent the Waiver (PMPM)

Rating Area	Zip Code	2018 Rate
1	995	\$797
2	996-997	\$837
3	998-999	\$817

Notice of Public Forum
Alaska Section 1332 Innovation Waiver
April 18, 2018

In July of 2017, the Alaska Division of Insurance was awarded a Section 1332 Innovation Waiver under the Patient Protection and Affordable Care Act. The waiver provided an estimated \$322 million in federal funding to support the Alaska Reinsurance Program through 2022, which has helped to reduce premium costs and provide stability in Alaska's individual health care insurance market. The waiver took effect on January 1, 2018. Under the specific terms and conditions of the award, the division has scheduled a forum to collect meaningful public comment on the progress of the waiver. Interested parties may attend the forum in person or by teleconference as listed below, or may submit comments in writing up to 5:00 pm Alaska Time Zone on April 18, 2018.

When:

April 18, 2018	9:00 am – 10:00 am (Alaska Time Zone)
----------------	---------------------------------------

Where (Two Locations):

Alaska Division of Insurance 550 West 7 th Avenue, Suite 1560 Anchorage, Alaska	Alaska Division of Insurance 9 th Floor State Office Building, Conference Rm. B Juneau, Alaska
--	---

Teleconference Number: 1-800-315-6338 (Access Code: 33009#)

Submit comments in writing to: Alaska Division of Insurance
P.O. Box 110805
Juneau, Alaska 99811-0805

Email: insurance@alaska.gov

- Written comments are due by 5:00 pm Alaska Time Zone on April 18, 2018

Reference Documents:

[Alaska's Section 1332 Waiver Application](#)

[Federal Approval Notice](#)

[2018 Federal Pass-through Funding Calculation](#)

Alaska Division of Insurance
333 Willoughby Avenue
9th Floor State Office Building
Juneau, Alaska 99801
(907) 465-2515



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

1332 STATE INNOVATION WAIVER

PUBLIC FORUM

APRIL 18, 2018

Lori Wing-Heier
Division of Insurance



What is a 1332 Waiver?

Patient Protection and Affordable Care Act (“Obamacare”) provided, in *Section 1332*:

“a State may apply to the Secretary for the waiver of all or any requirements described in paragraph (2) with respect to health insurance coverage within that State beginning on or after January 1, 2017.”

This provides flexibility to address state-specific issues and improve the health care insurance market.



What can be waived?

- Benefits and Subsidies
- Marketplace and Qualified Health Plans
- The Individual Mandate
- The Employer Mandate



The “Guardrails”

Each waiver application must satisfy four criteria:

1. Comprehensive Coverage
2. Affordable Coverage
3. Scope of Coverage
4. Federal Deficit

All criteria must be met simultaneously, which is extremely difficult because the factors impact each other.



Alaska's Individual Market

- “Death spiral” for Alaska’s Individual market!
 - 203% premium increase from 2013 to 2017.
 - One insurer left in market by 2016.
 - 2017 Rates projected to increase by 40%.
- We needed an innovative solution to stabilize the individual market.



The Passage of Alaska's HB 374

HB 374 signed into law by Governor Walker in 2016.

- Created the **Alaska Reinsurance Program (ARP)**.
- Appropriated \$55 million of existing premium assessments to get the program started (required no new taxes or fees).
- Authorized **Section 1332 State Innovation Waiver** application under ACA.



Alaska 1332 Waiver Concept

- The Alaska Reinsurance Program reimburses individual market insurers for claims in 33 high risk categories, provided the insurer cedes all associated premium revenues to the ARP.
- By isolating claims known to have high costs from the risk pool, premiums in the individual market would be reduced producing savings for all participants.
- Because most Alaskans (over 90%) in the individual market receive a federal Advance Premium Tax Credit (APTC) subsidy, the federal government saves money as premium costs are reduced.
- Through the 1332 Waiver process, these federal savings must be passed back to the state to maintain market reforms that keep costs low.



Alaska's Timeline

June 2016

- Legislature passes HB374 providing statutory authority for Section 1332 Innovation Waiver.

January 2017

- Alaska submits complete waiver application to CMS on January 3, 2017.

January 2017

- Alaska receives DHHS preliminary determination that application is complete on January 17, 2017.



Timeline continued.....

July 2017

- CMS approves Alaska's 1332 waiver application (Estimated \$322M for 2018-2022)

October 2017

- First status report to CMS; analysis of anticipated waiver impact on 2018 market to determine pass through funding.

January 2018

- Division received final award amount of \$58 million for 2018.



Final Award for 2018



FOR IMMEDIATE RELEASE

No. 18-020

Contact: Austin Baird, Press Secretary – (907) 310-9761
Lori Wing-Heier, Division of Insurance Director – 907-465-2515

Federal government to distribute \$58 million to Alaska Reinsurance Program in 2018

February 9, 2018 ANCHORAGE—Governor Bill Walker is pleased to announce that the Centers for Medicare and Medicaid Services (CMS) has calculated the federal contribution to the Alaska Reinsurance Program for calendar year 2018 will be approximately \$58.5 million.



CMS Approval Letter-Estimated Award

This slide represents the determination by CMS actuaries and Treasury economists of Alaska's estimated award, and was part of the 1332 approval letter from CMS.

Appendix A: Pass-Through Calculation Estimates for Alaska 1332 Waiver Application

The estimated pass-through amount is the PTC savings, less the reduction in individual shared responsibility payments (ISRP), plus the increase in Patient Centered Outcome Fee (PCORI), and less the reduction in Exchange fees.

Year	PTC	ISRP	PCORI	Exchange Fee	Total (Estimate)
2018	50,449,719	-668,616	3,017	-1,471,833	48,362,287
2019	63,868,922	-684,360	727	-1,648,291	61,536,998
2020	68,211,504	-804,545	0	-1,690,708	65,716,251
2021	73,682,934	-599,819	0	-1,905,348	71,177,767
2022	78,545,053	-646,471	0	-2,039,651	75,858,931
Total	334,808,132	-3,403,811	3,744	-8,755,831	322,652,234



What did it cost?

Actuarial Report

- 3 staff at Oliver Wyman; Tammy Tomczyk, Peter Kaczmarek, Ryan Mueller
- Total cost \$136,226

Economic Impact Study

- 2 staff at ISER; Ralph Townsend, Andrew Bibler
- Total cost \$16,844

Staff Time

- Division of Insurance drafted initial application, provided data to consultants and participated in numerous discussions/meetings with all stakeholders including CMS and the Dept. of Treasury
- Department of Law attorneys reviewed final application and provided advice on the draft award (contract)
- Division staff coordinated public outreach, including contacting Alaska Native Tribes to fulfill tribal outreach, and scheduling of public hearings



Alaska's Efforts Lauded by CMS

Excerpt from Secretary Tom Price's March 13, 2017 letter to Governors:

“The Department of Health and Human Services and the Department of Treasury (the Departments) are interested in working with states on Section 1332 waivers that would lower premiums for consumers, improve market stability, and increase consumer choice. In particular we welcome the opportunity to work with states to pursue Section 1332 waivers incorporating a high-risk pool/state-operated reinsurance program. State-operated reinsurance programs have a demonstrated ability to help lower premiums, and if the state shows a reduction in federal spending on premium tax credits a state could receive Federal pass-through funding to help fund the state's reinsurance program.”

CMS published a checklist in March of 2017, indicating the priority the Trump administration places on stabilizing the individual market and increasing affordability of health insurance coverage.



Alaska's Leadership

- The division has worked with numerous states, including Colorado, Illinois, Iowa, Maine, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Texas, Washington and Wisconsin providing insight and recommendations in setting up reinsurance programs by sharing our process and experience
- Minnesota and Oregon pursued 1332 waivers following Alaska's reinsurance program. Both have been approved by CMS.



Alaska's Activities under the Waiver

- Preliminary reporting to allow for 2018 pass through funding calculations completed – \$58 million awarded for 2018.
- First periodic report completed and submitted to CMS on February 21, 2018, to provide a narrative of the ARP, plan for processing reinsurance claims and a detailed plan of operation.
- Completed grant registration process to receive federal pass through funds.



Alaska's Public Forum

- Under the terms and conditions of Alaska's 1332 Waiver, the division must hold a public forum within six months after the effective date and annually thereafter to allow for meaningful public comment on the progress of the waiver.
- We encourage anyone attending to provide their input!



Questions?

Lori Wing-Heier
Director, Division of Insurance
insurance@alaska.gov
907-465-2515