# 1332 State Innovation Waiver

Georgia Office of Commissioner of Insurance and Safety Fire (OCI)

**Annual Post-Award Public Forum** 

December 4, 2024 10:00 AM Eastern



#### Welcome & Instructions

- We will start today's public forum by providing an overview of Georgia's Section 1332 Waiver
- After the presentation, we open it up for comments from the public
  - We will start with attendees who are in person (Please indicate on the sign-in sheet if you want to provide comment)
  - We will then turn to virtual attendees (Please enter your name in the Microsoft Teams chat if you want to provide comment)
- Speakers will be asked to limit their comments to **five (5) minutes per person** to afford all interested persons an opportunity to be heard.

### About 1332 Waivers

- Section 1332 of the Affordable Care Act (ACA) allows states to request to
  waive parts of the ACA to pursue innovative strategies for providing access to
  high quality, affordable health insurance through State Innovation Waivers.
- 1332 Waivers must comply with four statutory guardrails:
  - Coverage: Provide coverage to at least a comparable number of residents as absent the waiver.
  - Comprehensiveness: Provide coverage at least as comprehensive as absent the waiver.
  - Affordability: Be at least as affordable for consumers as absent the waiver.
  - Deficit Neutrality: Not increase the federal deficit.
- Federal savings from the waiver are redirected to the state as passthrough.

## Overview of Georgia's 1332 Waiver

- Under the authority of the *Patients First Act*, the state submitted a Section 1332 State Innovation Waiver to the U.S. Department of Health & Human Services and Department of Treasury on December 23, 2019.
- The federal government approved Georgia's waiver on November 1, 2020 granting authority to implement a reinsurance program for 5-years.
- Georgia's reinsurance program has been in operation since January 1, 2022 and is administered by OCI.

# Goals of Georgia's 1332 Waiver

- Reduce premiums, particularly in high-cost regions.
- Incentivize carriers to offer plans in more counties across the state.
- Foster innovation to provide better access to healthcare coverage.
- Expand choice and affordability of options for consumers.
- Attract uninsured individuals into the market.
- Maintain protections for individuals with pre-existing conditions.

## About the Reinsurance Program

- Using a combination of federal and state funding, Georgia reimburses carriers a portion of claims paid to reduce premiums for consumers and incent carriers to expand coverage across the state.
- The reinsurance program follows a traditional model of reimbursing a portion of claims paid between an attachment point and cap at a defined coinsurance rate.
- The 16 rating regions across the state are grouped into three reinsurance tiers with varying coinsurance rates.
- A highest coinsurance rate is applied to regions of the state that have traditionally had the highest premiums and fewest carriers.

### Reinsurance Program Impact

 The program has successfully achieved the target premium reductions from the waiver application.

	Reinsurance Tiers	Tier 1	Tier 2	Tier 3	Chahamida Amarana
	Rating Regions	2, 3, 5, 8, 14	1, 7, 9, 12, 16	4, 6, 10, 11, 13, 15	Statewide Average
52	Attachment Point		\$20,000		
	Reinsurance Cap		\$500,000		
2022	Coinsurance Rate	15%	45%	80%	
.,,	Estimated Premium Reduction	6.0%	15.5%	26.6%	11.8%
	Attachment Point		\$20,000		
23	Reinsurance Cap		\$500,000		
202	Coinsurance Rate	15%	45%	80%	
, ,	Estimated Premium Reduction	7.5%	17.9%	34.3%	12.4%
	Attachment Point		\$35,000		
4	Reinsurance Cap		\$500,000		
2024	Coinsurance Rate	15%	45%	80%	
.,	Estimated Premium Reduction	6.1%	15.6%	26.3%	10.1%
	Attachment Point		\$35,000 <sup>1</sup>		
. 25	Reinsurance Cap		\$500,000		
202	Attachment Point		\$35,000		
2	Estimated Premium Reduction	5.3%	16.3%	27.2%	9.9%

<sup>1.</sup> The attachment point was modified from \$20,000 to \$35,000 beginning in 2024 based on changing market dynamics to align with waiver objectives.

<sup>2.</sup> Estimated premium reductions for 2025 are based on carrier filings and historical market enrollment. These may change based on experience through Open Enrollment 2025.

# Increased Carrier Coverage

- The program has successfully increased **consumer choice** with more carriers in the individual market and expanded coverage across the state.
- Today, 99% of counties have 3 or more carriers offering health plans in the market and 52% of counties have 5 or more.

  With Reinsurance

	2019	2020	2021	2022	2023	2024	2025
Counties with 1 Carrier	118 (74%)	74 (47%)	8 (5%)	3 (2%)	3 (2%)	0 (0%)	0 (0%)
Counties with 2 Carriers	32 (20%)	48 (30%)	58 (36%)	19 (12%)	16 (10%)	1 (1%)	1 (1%)
Counties with 3 Carriers	9 (6%)	21 (13%)	59 (37%)	76 (48%)	50 (31%)	26 (16%)	18 (11%)
Counties with 4 Carriers	0 (0%)	13 (8%)	28 (18%)	17 (11%)	45 (28%)	49 (31%)	38 (24%)
Counties with 5+ Carriers	0 (0%)	3 (2%)	6 (4%)	44 (28%)	45 (28%)	83 (52%)	102 (64%)
Total Carriers in the Market	4	6	6	11	10	10	10

The table shows the total number of carriers offering on-exchange plans in the individual market, including catastrophic plans.

#### Increased Enrollment

• Enrollment in Georgia's individual market has significantly increased over the last three years with the implementation of the Reinsurance Program and OCI's Georgia Access marketing campaigns.

	<b>2021</b> <sup>2</sup>	2022	2023	2024
Average Individual Market Monthly Effectuate Enrollment <sup>1</sup>	514,921	665,308	923,610	1,287,108³
Increase From Prior Year (%)		29%	39%	39%

<sup>1.</sup> The table reflects the average effectuated enrollment for both on and off exchange individual market health insurance plans.

<sup>2.</sup> The source of the 2021 data comes from CMS. The source for 2022 - 2024 comes from reports by carriers to OCI for Reinsurance Program.

<sup>3.</sup> The average for 2024 reflects 9-months of data for January - September 2024.

#### **Public Comments**

- In person comments will be received based on the order listed on the sign-in sheet.
  - When called upon, please come to the podium.
  - Please state your name and organization before beginning your comment.
- Virtual comments will be received after in-person comments and in the order listed within the chat.
  - When called upon, your mic will be unmuted.
  - Please state your name and organization before beginning your comment.
- Speakers are asked to limit their comments to five (5) minutes per person to afford all interested persons an opportunity to be heard.

Thank you for joining us today.