

New York 1332 Waiver Annual Report
Section 1332 of the Patient Protection and Affordable Care Act (ACA)
State Innovation Waivers – New York 1332 Waiver Annual Report

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

A. GRANTEE INFORMATION		
1. Reporting Period End Date December 31, 2024	2. Report Due Date March 31, 2025	3. Report Submitted On (Date) 3/29/25
4. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		
5. Federal Grant Number Assigned by Federal Agency SIWCM248002	6a. UEI Number F863WQVMZSK7	6b. EIN 146013200
7. Recipient Organization Name New York State Department of Health		
Address Line 1 Empire State Plaza		
Address Line 2 Corning Tower		
Address Line 3		
City Albany	State New York	ZIP Code 12237
ZIP Extension	8. Grant Period Start Date April 1, 2024	9. Grant Period End Date December 31, 2029
10. Other Attachments (attach other documents as needed or as instructed by the awarding federal agency)		
Five documents are attached with this report: 1. The PY 2024 With and Without Waiver Second Lowest Cost Silver Plan (SLCSP) rates by county in file [2025 NY Annual Report Template_SLCSP_attachment_CCIIO_03.28.2025.xlsx] 2. The 1332 Waiver Annual Report Excel Template, in file [2025 NY Annual Report Template_Aggregated_Actuals_attachment_CCIIO_03.282025.xlsx]		

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3. The NYS 1332 Waiver Term Alignment submitted December 11, 2024, in file [NYS 1332 Waiver Term Alignment Request 12-11-24 final updated]
4. The PY2024 EP Plan parameters, in the file [Attachment G - EP Benefits and Cost-Sharing_Revised 6 20 2023.pdf]
5. The Annual Public Forum presentation from June 12, 2024 and June 14, 2024, in file [NY 1332 Waiver_June 2024 Public Forum Presentation.pdf].

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

Danielle Holahan, Executive Director, NY State of Health

11b. Signature of Authorized Certifying Official

Danielle Holahan

 Digitally signed by Danielle Holahan
Date: 2025.03.29 08:16:55 -04'00'

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

212-417-4991

11d. Email address

danielle.holahan@health.ny.gov

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

3/29/25

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.

In accordance with the approved waiver plan, New York expanded Essential Plan eligibility to consumers with incomes above 200 up to 250% of the Federal Poverty Level (FPL) effective April 1, 2024. Over 330,000 consumers between 200-250% of FPL were enrolled in EP coverage as of the end of December. On September 25, 2024, New York received approval for its 1332 Waiver Amendment to extend cost-sharing reduction subsidies to certain Qualified Health Plan enrollees, which started being implemented during Open Enrollment (November 2024) for a January 2025 effective date.

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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.

New York has not experienced any implementation or operational challenges with its waiver.

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). Please report data for the full plan year unless otherwise specified; if information for the full plan year is not available, please provide the most complete responses possible and specify the timeframe covered.

	Value	Comments (if applicable)
<p>a. Projected and actual individual market enrollment (total annual member months) on the Exchange in the state for the plan year separately for enrollees with and without APTC.</p> <p>For enrollees with APTC, provide enrollment by age (under 18, 18-34, 35-44, 45-54, 55-64, and 65+), separately for those with estimated household income up to 200% of FPL, those with estimated household income over 200% of FPL and up to 250% of FPL, and those with estimated household income over 250% of FPL.</p> <p><i>To the extent available, for enrollees with APTC, provide the above enrollment data by race, ethnicity, language preference, and disability status.</i></p>	See attached Excel	<p>File: [2025 NY Annual Report Template_Aggregated_Actuals_attachment_CCIIO_03.28.2025.xlsx]</p> <p>The projected and actual member month enrollment is representative of coverage from the months January to December 2024. This includes three months of coverage prior to the waiver effective date for individuals 200-250% of FPL who transitioned after the waiver expanded EP coverage, April 1, 2024. On December 12, 2024, DOH responded to CMS questions about individuals with incomes at or below 250% of FPL who received APTC.</p>
<p>b. Projected and actual individual market enrollment (total annual member months) off the Exchange in the state for the plan year.</p>	See attached Excel	<p>File: [2025 NY Annual Report Template_Aggregated_Actuals_attachment_CCIIO_03.28.2025.xlsx]</p>

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<p>c. Projected and actual EP Expansion enrollment by age (under 18, 18-34, 35-44, 45-54, 55-64, and 65+), pregnancy choice status, DACA receipt, and, to the extent possible, by race, ethnicity, language preference, and disability status, separately for those with estimated household incomes up to 200% FPL and over 200% FPL.</p>	<p>See attached Excel</p>	<p>File: [2025 NY Annual Report Template_Aggregated_Actuals_attachment_CCIIO_03.28.2025.xlsx]</p> <p>The projected and actual enrollment is representative of coverage from the months January to December 2024. Coverage for individuals 200-250% FPL began after the waiver expanded EP coverage on April 1, 2024.</p>
<p>d. Projected and actual individual market total annual collected premiums on the Exchange for the plan year.</p>	<p>Estimated: \$2,113,809,125 Actual: \$1,966,792,333</p>	
<p>e. Projected and actual average individual market premium rate (i.e., total individual market premiums divided by total member months of all enrollees) for the plan year.</p> <p>If only data for on-Exchange enrollees is available, please provide it for on-Exchange enrollees and specify that the data provided reflects the average premium of the on-Exchange market.</p>	<p>Estimated: \$721 Actual: \$723</p>	<p>Both the estimated and actual average per member per month premium rates reflect both on- and off-exchange enrollment data</p>
<p>f. Projected and 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 for the plan year.</p>	<p>See attached Excel [2025 NY Annual Report Template_SLCS P_attachment_CCIIO_03.28.2025.xlsx]</p>	
<p>g. 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 for the plan year.</p>	<p>Excel [2025 NY Annual Report Template_SLCS P_attachment_CCIIO_03.28.2025.xlsx]</p>	<p>The estimated SLCSP premiums in absence of the waiver were assumed to be the same as and the premiums under the waiver as a result of the Insurer Reimbursement Implementation Plan (IRIP).</p>
<p>h. Plan parameters (including enrollee premium contributions, out-of-pocket maximums, deductibles, and other cost-sharing parameters) for the EP Expansion offered to each enrollment cohort.</p>	<p>See attachment [Attachment G - EP Benefits and Cost-Sharing_Revise</p>	

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i. The percentage overlap between the EP Expansion and QHP provider networks.	Average overlap is 95%.	Data as of 12/31/24.
j. Any available data on the experience of EP Expansion enrollees, including survey data describing barriers to enrollment or accessing services, and data related to transitions between Medicaid, the EP Expansion, and QHPs offered through the Exchange, including data for individuals whose coverage type is unknown.	N/A	
k. Actual amount of Advanced Premium Tax Credit (APTC) paid to issuers, by rating area for the plan year.	See attached Excel [2025 NY Annual Report Template_Aggregated_Actuals_attachment_CCII_O_03.28.2025.xlsx]	
l. 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.	See attached Excel [2025 NY Annual Report Template_Aggregated_Actuals_attachment_CCII_O_03.28.2025.xlsx]	The actual member month enrollment is representative of coverage from the months January to December 2024. This includes three months of coverage prior to the waiver effective date for individuals 200-250% of FPL who transitioned after the waiver expanded EP coverage, April 1, 2024. On December 12, 2024, DOH responded to CMS questions about individuals with incomes at or below 250% of FPL who received APTC.
<p>15. Please confirm whether there was any impact of the waiver on the scope of benefits or Essential Health Benefits (EHB) benchmark.</p> <p>The State of New York's 1332 Waiver does not impact the scope of benefits covered in relation to EHBs, and the EHB benchmark plan was not modified for PY 2024 or PY 2025.</p>		

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16. Describe any technical changes to the state’s waiver plan during the plan year, including but not limited to: changes to the funding level the program will be operating at for the next plan year and changes described in STC 2 (e.g. changes to EP Expansion copay levels, changes in state subsidies for Exchange enrollees, changes in EP Expansion capitation rates, changes in EP Expansion enrollment and verification processes, changes in the IRIP, or changes to the quality incentive pool or social determinants of health and behavioral health grants).

There were no technical changes to the waiver for PY 2024.

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

No changes in state law occurred during PY 2024 that impacted the 1332 Waiver.

18. Report on spending for the plan year. If information for the full plan year is not available, please provide the most complete responses possible and specify the timeframe covered.

	Value	Comments (if applicable)
a. Amount of federal pass-through funding spent, in aggregate.	\$8,819,404,070	
b. Amount of federal pass-through funding spent on supporting affordability for enrollees in the EP Expansion (e.g. cost-sharing and premiums)	\$8,745,245,624	
c. Amount of federal pass-through funding spent on the capitation payment (which encompasses enhancing benefits, community-based LTSS, and provider reimbursements).	\$8,745,245,624	
d. Amount of federal pass-through funding spent on coverage for pregnant individuals who remained enrolled in the EP Expansion during the plan year.	\$26,146,036	
e. Amount of federal pass-through funding spent on coverage for DACA recipients enrolled in the EP Expansion.	\$30,814,636	
f. Amount of federal pass-through funding spent on supporting the quality incentive pool for issuers.	\$0	

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g. Amount of federal pass-through funding spent on incentives for health plans to offer benefits in the areas of SDOH and behavioral health.	\$0	
h. Amount of federal pass-through funding spent on administrative costs.	\$43,455,261	
i. Amount of federal pass-through funding spent on the Insurer Reimbursement and Implementation Plan.	\$30,703,185	
j. Amount of federal pass-through funding spent on state subsidies for certain Exchange enrollees.	\$0	
k. Amount of any unspent balance of federal pass-through funding for the plan year, if any.	\$1,186,870,927	
l. The amount of interest generated by the State's BHP Trust Fund and remitted to CMS.	\$400,529,029	The amount listed is interest earned through January 31, 2025 and was remitted to CMS in March 2025. Interest earned in the BHP Trust fund between April and December 2024 is \$363,815,940.
m. Amount of state funding to support the waiver for the reporting year.	\$38,322,559	
n. Any evidence of fraud, waste, or abuse on the part of participating providers, plans, or the State EP Expansion Agency known to the State.	None	

E. POST-AWARD FORUM

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

- Yes
 No

20. 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.

Post-Award Forum was advertised via the following: NY State of Health 1332 Waiver Information Page | NY State of Health found at <<https://info.nystateofhealth.ny.gov/1332>>

No Annual Reports are available from prior years due to this being the first Annual Report submitted by the State under the Waiver period.

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21. Date Post-Award Forum took place:

Virtually on June 12, 2024 at 2PM ET and June 14, 2024 at 9AM ET

22. 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 held two post award forums along with public hearings for its Draft 1332 Waiver Amendment. Attendees were given an opportunity to register in advance to attend the virtual forum through Webex and to provide comment. Both sessions followed the same agenda starting with an overview of the 1332 waiver and progress made to date, an overview of the proposed changes with the draft amendment, and then opening the meeting to receive public comments. A total of 119 attendees joined the two forums. No attendees provided comments. Two attendees asked questions. The first question was regarding what type of Social Determinants of Health and Behavior Health grants were available. The second was if the presentation would be made available. The State responded to both questions and posted the presentation and transcripts online.

23. Other Attachments (attach other documents as needed pertaining to Post-Award Forum)

Presentation: NY 1332 Waiver_June 2024 Public Forum Presentation.pdf

F. STATE INTERNAL IMPLEMENTATION REVIEW – ATTESTATION

24. 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

25. Describe the state's implementation review process.

NY State of Health staff, in coordination with the Office of Health Insurance Program's Bureau of Quality Assurance, conducts comprehensive reviews to help ensure that Essential Plan eligibility determinations are accurate, timely, and consistent with New York's waiver plan. In preparation for implementation of eligibility changes, the Information Technology System Integrator vendor and the Department's Division of Systems (DOS) staff performed pre-production system testing of the rules. Post-implementation, Quality Assurance (QA) reviews are conducted to augment this testing and ensure the system is producing outcomes that align with the requirements approved by NY State of Health. In addition, NY State of Health leadership meets with relevant program areas, including the Department of Health's Fiscal Management Group, to ensure compliance with New York's waiver plan, and the Specific Terms and Conditions of the waiver.