



**Department
of Health**

New York State Section 1332 Waiver

**Annual Public Forum and Hearing
June 12 and June 14, 2024**

Para la línea de interpretación en español, por favor marque
+1-518-549-0500
(Código de acceso: 161 948 3498
459 67 643 desde teléfonos y sistemas de vídeo)

Agenda

#	Topic	Presenter
1	Welcome and Instructions	Georgia Wohnsen
2	1332 Waiver Implementation Updates	Danielle Holahan
3	Proposed Waiver Amendment	Sonia Sekhar
4	Open for Public Comments	Georgia Wohnsen
5	Closing	Danielle Holahan

The purpose of this public hearing is to share updates on New York's 1332 Waiver implementation and solicit comments on the proposed amendment.

Hay Intérpretes de Español en Vivo También

Para la línea de interpretación en español, por favor marque
+1-518-549-0500

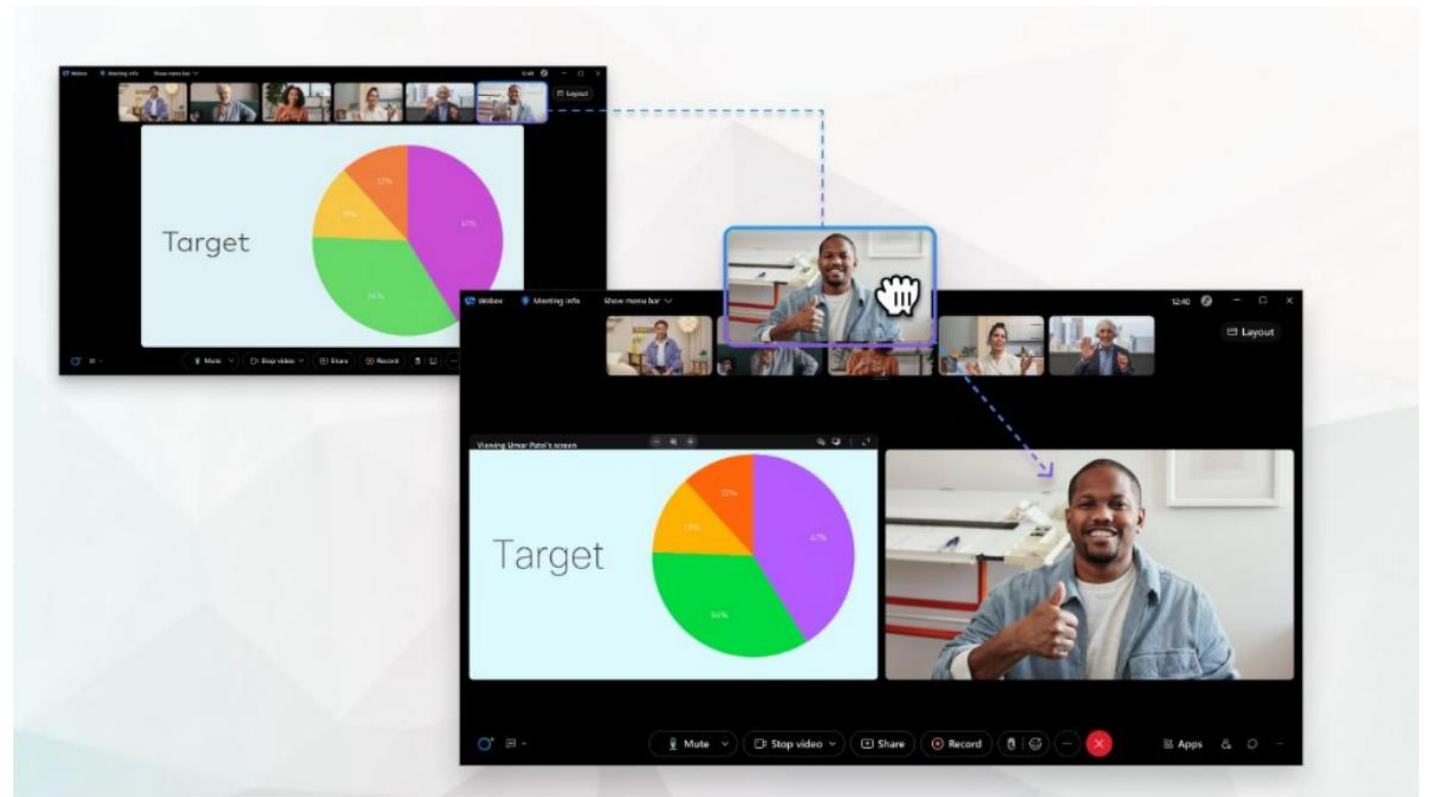
Código de acceso: 161 948 3498

459 67 643 desde teléfonos y sistemas de vídeo

ASL Interpreters Are Available


To move an American Sign Language (ASL) interpreter to the WebEx presentation stage, please do the following:

1. Right click on the ASL interpreter's video icon.
2. Select "Move to Stage."



Closed Captions Are Available

To enable closed captions during the webinar, please do the following:

1. Click on the “cc” icon on the bottom left of the screen. 
2. Select “Show Closed Captions.”



Instructions for Commenters

- For those that registered in advance and included “SPK” with their name, you are already on the speakers list.
- If you did not register and want to provide comment or ask a question, please enter your name into the chat throughout the presentation.
- After the presentation, the lines for speakers will be opened.

1332 Waiver Implementation Updates

About 1332 Waivers

- Under Section 1332 of the Affordable Care Act (ACA), states may request to waive parts of the ACA to pursue **innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA** using a Section 1332 State Innovation Waiver.
- 1332 Waivers are approved by the U.S. Department of Health & Human Services (HHS) and U.S. Department of Treasury (Treasury).
- 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 funding.

New York's Approved I332 Waiver

- New York submitted an initial I332 Waiver Application on May 12, 2023 and an updated application on December 18, 2023, which included:
 - Expanded eligibility of the Essential Plan to consumers up to 250% of the FPL starting April 1, 2024.
 - Expansion of the Essential Plan to Deferred Action for Childhood Arrival (DACA) recipients starting August 1, 2024.
 - A pregnancy choice provision to allow pregnant consumers to remain in the Essential Plan.
 - An Insurer Reimbursement Implementation Plan to prevent potential increases in individual market premiums due to the waiver.
- CMS and Treasury approved the I332 Waiver Application on March 1, 2024.
- The waiver was implemented on April 1, 2024.
- The waiver is in effect until December 31, 2028.

Implementation Updates

- Consumers were notified in March 2024 of their EP 200 – 250 eligibility and auto re-enrolled into plans starting April 1, 2024.
- Ramp up of the program has occurred faster than initially estimated.
- Over 120,000 consumers between 200 – 250% of the FPL were enrolled in EP coverage as of April.
 - 78,000 individuals were seamlessly moved from Qualified Health Plan coverage to EP, with an average annual savings of \$4,700.
 - 42,000 individuals have newly enrolled in EP since April 1, 2024. This enrollment ramp up has occurred more quickly than originally anticipated.
- The State is on track to begin enrolling DACA recipients with incomes up to 250% of the FPL into the Essential Plan beginning August 1, 2024.
- The Essential Plan under the 1332 Waiver is expected to be fully funded by federal passthrough funding.

Proposed 1332 Waiver Amendment

Cost-Sharing Reductions (CSRs) for QHP Enrollees

- The SFY25 Enacted Budget allows the Commissioner of Health to provide premium or cost sharing subsidies to improve affordability for consumers in the QHP market.
- New York is submitting a waiver amendment to secure federal approval to use passthrough funding on additional initiatives that improve affordability for consumers.
- The State is proposing to implement three Cost Sharing Reduction (CSR) subsidies in the QHP market starting January 1, 2025 for:
 1. Individuals with incomes up to 400% of the FPL
 2. Diabetes Services
 3. Pregnancy and Postpartum Care
- Nearly 118,000 consumers will benefit from these cost sharing subsidies, resulting in \$307 Million in consumer savings in 2025 and \$1.3 Billion from 2025 – 2028.

CSR for Individuals with Incomes up to 400% of the FPL

Approach

- NYSoH will leverage existing standard CSR products to provide cost sharing reductions to QHP enrollees with incomes up to 400% FPL:
 - Individuals with incomes **250 – 350% FPL** will be eligible for the **Silver 87 Plan** (87% AV) which has a maximum out of pocket of \$3,050.
 - Individuals with incomes **350 – 400% FPL** will be eligible for the **Silver 73 Plan** (73% AV), which has a maximum out of pocket of \$7,350.
- Consumers will be able to enroll in these plans starting in November 2024 for Open Enrollment 2025.

Estimated Impact

- **Approximately 100,000** consumers are expected to benefit annually:
 - ~79,000 individuals 250 – 350% FPL (~\$3,500 per person annual savings).
 - ~20,000 individuals 350 – 400% FPL (~\$700 per person annual savings).

CSR for Diabetes Services

Approach

- The Diabetes CSR will modify all QHPs (excluding catastrophic) to **eliminate cost sharing for the following services related to diabetes care:**
 - Medical care
 - Lab Services
 - Diabetic Supplies
 - Prescription drugs, including insulin
- Consumers will not be charged copays, deductibles, or coinsurance for these services.
- Cost sharing will remain for hospitalization and most specialist office visits.

Estimated Impact

- **Approximately 17,000** consumers are expected to benefit annually (~ \$1,650 per person annual savings).

CSR for Pregnancy & Post Partum Care

Approach

- The CSR will build on current federal regulations that prohibit cost sharing for maternal health services.
- With the exception of delivery and hospital stays, copays will be waived for all services and prescription drugs for pregnant and postpartum individuals.
- Prior authorization for blood pressure monitors will be prohibited.

Estimated Impact

- **Approximately 1,600** consumers are expected to benefit annually (~ \$2,800 per person annual savings).

Summary Impact of CSRs

- NYS will pay QHP insurers the value of the CSR subsidies to mitigate any premium impact. ***This is a consumer subsidy paid through issuers.***
- The proposed CSRs are estimated to cost \$307 million in 2025 and \$1.3 billion over the duration of the waiver from 2025 – 2028.
- The CSRs are estimated to be fully funded with federal passthrough funding.

Amendment With Waiver With CSR	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	Average 2025-2028	Average 2025-2033
On-Exchange CSR Enrollment	250,496	241,672	213,660	229,793	246,229	262,969	280,021	297,387	315,073	333,082	232,838	268,876
CSR 87 250-350% FPL	0	82,160	77,333	78,100	78,874	79,655	80,445	81,242	82,048	82,861	79,117	80,302
CSR 73 350-400% FPL	0	21,000	19,769	19,964	20,162	20,362	20,563	20,767	20,973	21,181	20,224	20,527
Diabetes	0	16,534	16,638	16,804	16,973	17,142	17,314	17,487	17,662	17,838	16,737	17,155
Maternity Care	0	1,650	1,507	1,595	1,686	1,777	1,870	1,965	2,062	2,161	1,610	1,808
Aggregate Cost Savings (millions)	\$0	\$307	\$305	\$325	\$345	\$367	\$389	\$414	\$439	\$467	\$1,282	\$3,357
CSR 87 250-350% FPL (millions)	\$0	\$263	\$260	\$277	\$294	\$312	\$332	\$352	\$374	\$398	\$1,094	\$2,862
CSR 73 350-400% FPL (millions)	\$0	\$14	\$14	\$15	\$16	\$17	\$18	\$19	\$20	\$22	\$59	\$155
Diabetes (millions)	\$0	\$25	\$27	\$28	\$30	\$32	\$33	\$35	\$37	\$39	\$110	\$286
Maternity Care (millions)	\$0	\$4	\$4	\$5	\$5	\$6	\$6	\$7	\$8	\$8	\$18	\$53
Per CSR Member Per Year Cost Saving	\$0	\$1,269	\$1,428	\$1,412	\$1,402	\$1,394	\$1,390	\$1,390	\$1,394	\$1,401	\$1,376	\$1,387
CSR 87 250-350% FPL	\$0	\$3,200	\$3,366	\$3,542	\$3,726	\$3,919	\$4,123	\$4,338	\$4,563	\$4,801	\$3,456	\$3,960
CSR 73 350-400% FPL	\$0	\$681	\$713	\$751	\$794	\$835	\$875	\$920	\$968	\$1,020	\$734	\$841
Diabetes	\$0	\$1,524	\$1,603	\$1,687	\$1,775	\$1,848	\$1,925	\$2,005	\$2,089	\$2,175	\$1,648	\$1,853
Maternity Care	\$0	\$2,606	\$2,742	\$2,884	\$3,034	\$3,192	\$3,358	\$3,532	\$3,716	\$3,909	\$2,819	\$3,266

Projected Impact on 1332 Waiver Guardrails

1332 Guardrail

Estimated Impact of Amended Waiver vs Approved Waiver

Comprehensiveness *(Consumer Benefits)*

- There are no estimated changes.

Affordability *(Consumer Savings)*

- There is an estimated improvement in affordability for an average of 117,687 consumers annually 2025 – 2028, resulting in a total of \$307 million in consumer savings in 2025 and a total of \$1.3 billion from 2025 – 2028.

Coverage *(Enrollment)*

- There is a slight estimated increased in enrollment in the individual market by 3,160 (0.2%) for PY 2025, 2,974 (0.2%) for PY 2026, 3,004 (0.2%) for PY 2027, and 3,034 (0.2%) for PY 2028.

Deficit Neutrality *(Federal Savings)*

- There is an estimated increase spend in PTCs by \$0 million in 2024, \$24 million for 2025, \$96 million 2024 – 2028, and \$248 million 2024 – 2033 due to the CSR for consumers up to 400% of the FPL. This increase is assumed to be deducted from passthrough funding, which would still be sufficient to fully fund the programs under the waiver.

Key Target Dates

Activity	Date
Publish Draft Waiver Amendment	May 28, 2024
Hold Public Hearing #1	June 12, 2024 @ 2 PM
Hold Public Hearing #2	June 14, 2024 @ 9 AM
Close State Public Comment Period	June 27, 2024
Submit Waiver Amendment to Federal Government	July 1, 2024
Receive Federal Waiver Approval	September 16, 2024
Implement for Open Enrollment 2025	November 1, 2024

Open for Public Comments

Instructions for Public Comment

1. Commenters are asked to **limit their comments to five (5) minutes.**
2. We will start with commenters who registered ahead of time.
3. We will then open the line to others who want to give comment. Please enter your name in the chat if you want to give a comment or ask a question.

Closing

Written Public Comment

- You may also submit written comments on New York's proposed I332 Waiver Amendment via email at nysoh@health.ny.gov through June 27, 2024.
- Comments may also be sent through the mail at the address below. Mailed comment must be postmarked by June 27, 2024.

NY State of Health
Attn: I332 Waiver
Empire State Plaza
Corning Tower
Room 2580
Albany, NY 12237

The proposed waiver amendment is available online at
<https://info.nystateofhealth.ny.gov/I332>