

# Section 1332 of the Patient Protection and Affordable Care Act (PPACA) State Innovation Waivers – Reinsurance Waiver Quarterly Report

**Reporting Instructions:** Use the following template to capture data for quarterly 1332 waiver grant reporting, as specified in 45 CFR 155.1324(a), and referenced in your grant specific terms and conditions (STC). Quarterly reports are due 60 days following the end of each calendar quarter.

STATE:

A. GRANTEE INFORMATION			
<b>1. Reporting Period End Date</b> 09/30/2020		<b>2. Report Due Date</b> 11/30/2020	
<b>3. 1st Quarterly Report</b> <input type="radio"/>	<b>2nd Quarterly Report</b> <input type="radio"/>	<b>3rd Quarterly Report</b> <input checked="" type="radio"/>	<b>4. Federal Agency and Organization Element to Which Report is Submitted</b> Consumer Information & Insurance Oversight (CCIIO)
<b>5. Federal Grant Number Assigned by Federal Agency</b> SIWIW18003-01-60	<b>6a. DUNS Number</b> 809579451		<b>6b. EIN</b> 93-0952020
<b>7. Recipient Organization Name</b> Department Of Consumer and Business Services of Oregon			
<b>Address Line 1</b> 350 Winter Street NE			
<b>Address Line 2</b> Division of Financial Regulation 4th Floor			
<b>Address Line 3</b>			
<b>City</b> Salem	<b>State</b> Oreogn		<b>Zip Code</b> 97301
<b>Zip Extension</b> 3875		<b>8. Grant Period Start Date</b> Jan 1, 2018	
<b>9. Grant Period End Date</b> Dec 31, 2022			
<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>	
<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>	
<b>11a. Typed or printed name and title of Authorized Certifying Official</b>  JP Jones, Deputy Administrator of Operations Department of Consumer and Business Services Division of Financial Regulation	<b>11b. Signature of Authorized Certifying Official</b>
<b>11c. Telephone (area code, number, and extension)</b>  971-283-0231	<b>11d. E-mail address</b> JP. Jones@Oregon.gov
<b>11e. Date report submitted (month/day/year)</b>  11/30/2020	
<b>C. PROGRESS OF SECTION 1332 WAIVER - General</b>	
<b>12. Provide an update on progress made in implementing and/or operating the approved 1332 waiver.</b> <b>Policy</b> <b>ORP "Attachment Point Parameters" (\$83,000 to \$1 Million) are being updated to reflect the current Oregon Administrative Rules for the 2021 program year. The data is assessed annually to reflect the current enrollment, morbidity, and, insurer premium rates for the individual market.</b>  <b>Public Outreach,</b> <b>The ORP has completed the required "Public Form" on October 22, 2020.</b>  <b>Operations</b> <b>The Oregon Reinsurance Program completed the reimbursement of healthcare claims submitted by the seven health insurance companies in Oregon's Individual health insurance Marketplace. This process consisted of eligible health insurance companies submitting claims for the 2019 calendar year. The healthcare claims were received by July 15, 2020. The DFR audit compliance was completed on November 18, 2020.</b>  <b>Audit Results</b> <b>DFR auditors completed their analysis virtually this year. The analysis concluded with One insurer who self-corrected a submission after their own cursory check which amount to \$72.73. The auditor found no irregularities from either of the seven eligible health insurers. The eligible health insurers claims fell</b>	

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below the 1 percent error rate, which resulted in no changes to their initial healthcare claims reimbursements invoices.

### **ORP Claims Reimbursement**

Payments to all seven health insurers are being processed within DCBS Accounting Department. The Agency has not changed the parameters or coinsurance rate for the 2019 program year.

**13. Describe any implementation and/or operational challenges, including plans for and results of associated corrective actions. After the first quarter, only report on changes and/or updates, as appropriate.**

**The Agency will hold an after action review session during the fourth quarter 2020.**

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<b>D. POST-AWARD FORUM</b> <i>(for Quarter Post-Award Forum was held)</i>
<b>14. Was the date, time, and location of the Post-Award Forum advertised 30 days in advance?</b> <input checked="" type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
<b>15. State website address where Post-Award Forum was advertised</b> <a href="https://dfr.Oregon.gov/business/reg/health/Pages/oregon-reinsurance-program.aspx">https://dfr.Oregon.gov/business/reg/health/Pages/oregon-reinsurance-program.aspx</a>
<b>16. Date Post-Award Forum took place</b> Oct 22, 2020
<b>17. 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.</b> <b>The Post Award Forum took place virtually for the 2019 program year due the 2020 Covid-19 Pandemic. The Agency provided materials via email and posted materials on the DFR Reinsurance Web page. The meeting began with an overview of the ORP, using a sideshow presentation. There was no request for a foreign language or sign language professional. After the presentation which lasted approximately 30 minutes, a question an answer session was held.</b>  <b>The questions centered around the health insurer reimbursements, how long will the process take and will the coinsurance rate will change for the 2019 program year? My response focused how long it will take the DFR auditors to certify their results, being that the audits will be conducted virtually, as a result of Covid-19 restrictions. Second, amendments to the parameters are determined by DCBS Director and Oregon Insurance Commissioner.</b>
<b>18. Other Attachments (attach other documents as needed pertaining to Post-Award Form)</b>