

2024 1332 Hearing

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Mike Degnan: Good morning everyone. Welcome to the 2024 Post Award Forum for the New Hampshire Reinsurance Program. I'm Mike Degnan. I'm the Executive Director of the New Hampshire Health Plan. Let me take a minute, and we're gonna go to the next slide.

DJ Bettencourt: It's not working, AJ.

S6: Oh, one second.

Mike Degnan: We're gonna try to go to the next slide.

DJ Bettencourt: There we go.

Mike Degnan: There we go. Thanks. Just, the 1332 waiver, the Reinsurance Program is a joint effort between the New Hampshire Health Plan and the New Hampshire Insurance Department. As I said, I'm the Executive Director of the New Hampshire Health Plan. We're a statutorily created non-profit that ran the New Hampshire high risk pool from 2002 to 2014. We also ran the Federal high risk pool from 2010 to 2013. We had a grant for the outreach and education for the ACA we ran through 2016. And since 2017, we've been an assessment collection organization to help fund the New Hampshire Health Protection Program and the Granted Advantage program. So we started administering the Reinsurance Program. We received the grant in 2020. We rely on our board of directors for recommendations about the operation of the program.

Mike Degnan: We recommend, recommendations go to the Commissioner for his approval. Just to be clear, NHHP is not a policy setting organization. Its role is to administer the program as designated by the Insurance Department and approved by the legislature. So, before we get into the presentation a little deeper, I want to introduce you to the people who you're gonna be hearing from today. Number one to my left is Kevin Stone. Kevin Stone's with Helms and Company, and he's the Project Director for the Reinsurance Program. Next is Lisa Kaplan Howe, She's the Director of Policy and Regulation for the Public Consulting Group out of Boston, has worked with us for a number of years. Next is Michelle Heaton, who's the Director of Life Accident and Health here at the Department of Insurance. And we have on the phone and available online is Liz Leif. Liz is the President of Leif Associates. It's the actuarial firm that the New Hampshire Health Plan has used for a better part of a decade. So those are the folks you're gonna be hearing from. I do would like to introduce the Commissioner of the Department of Insurance, DJ Bettencourt, and I wanna thank DJ for all the work that his staff has done and the cooperative work we've had going on since this program started back in 2020, going back since we were the high risk pool, so Commissioner.

DJ Bettencourt: Thank you, sir. Appreciate it, Mike. Thank you. And a thank you to New Hampshire Health Plan as well. That was quite a resume of assignments that you've accumulated over the years, and you all have conducted yourselves and handled that all incredibly well. So thank you very much. I wanna take a moment as well to recognize two other members of the department who are here in the room today. Leigh Curtis, she's our Health Reform Coordinator. She handles a lot of our grant work within the department. And Dr. Jason Aziz, I could never remember his exact title, but he's like a genius. That's how I remember it. It is a pleasure to be here this morning. And if you would indulge me for just a moment, go a little bit of a trip down memory lane. I'm a bit of a sentimental and nostalgic guy.

DJ Bettencourt: I started my involvement with this program back in 2017, really, I was serving in

the Governor's office. I was in the Governor's office from 2017 until early 2021. And as many of you know, that was an incredibly challenging and difficult time for our state's individual market, really the individual market across the country. It was in the fall of 2017 where we really hit a crisis point. We were seeing individual markets and other states completely collapse, market failures, withdrawal of carriers in New Hampshire. We were hearing and seeing some preliminary rate filings that were triple, quadruple what they had been before. We too were hearing rumors that there were potentially carriers who were going to be withdrawing from our market. And so obviously we knew we needed to take strong and decisive action, both in the short, medium, and long term. And fortunately we did that in New Hampshire.

DJ Bettencourt: And it's a great credit to not only the Governor and the legislature, but also the leadership of the New Hampshire Insurance Department at the time. Then Commissioner Sevigny and Deputy Commissioner Alex Feldvebel we did a number of different things, but I think the cornerstone of the turnaround in New Hampshire's individual market was this 1332 waiver, and it was not the easiest process in the world, I can assure you of that. It took some convincing of our friends in the legislature to approve it, to let it go forward in the manner in which it was designed. And yet here we are today, and we can say without any hesitation that the waiver has been an unmitigated success. As I said, it's the cornerstone of a number of other things we have done, but those efforts combined have resulted in not only New Hampshire's individual market being strong, we continue to hear the real possibility that there could be a new entrant into the market, four players in our individual market in a state with 1.36 million people.

DJ Bettencourt: That's extraordinary, and that's a huge benefit, I think, to the consumer to have that kind of competition in the market. But it has also resulted in New Hampshire, not just having some of the lowest premiums in New England, not just having some of the lowest premiums in the Northeast, but some of the lowest premiums in the country. And so to sit here today with that dynamic being what it is, and looking back to where we were not all that long ago is extraordinary. And it really is a credit to a number of people. But you all at New Hampshire Health Plan have obviously done a great job of administering it. You've been great collaborators and partners with us here at the department. So I don't think it is any mystery that I very much hope this waiver will continue.

DJ Bettencourt: And in the event, the likely event, I hope that it does continue. My commitment is that we will continue to engage with stakeholders at the state and federal level to seek out and capitalize on opportunities to further enhance this waiver. We're gonna continue to lobby the federal government for more pass-through opportunities, so that we can, again, continue to leverage the benefit of that waiver ultimately to the consumer. So we look to the future with a great optimism. Again, appreciate it very, very much. Thank you.

Mike Degan: Well, thank you very much once again. We really appreciate the support of the department and it's been a pleasure to work together. So I think we've done very well. So let me just talk about the agenda today. About the forum hearing and the logistics, I'll be doing that. Background information, Michelle Heaton will be presenting that. Kevin Stone will be doing the updates of 2024 and the 2025 planning. The waiver and the waiver extension request, Lisa Kaplan Howe will do. And then we'll have questions and comments. And, once again, we'll put a listing up of the key contacts that you'll need. If you have any questions, where you can reach out to get all your answers taken care of. So about today's event, we're holding the public forum and it's a two part session here today.

Mike Degnan: One is the public forum on the current waiver. It's, that's the '21 through '25 period. And then we'll do a session to discuss about the request for the waiver extension will be for calendars 2026 to 2030. Our recording of this event will, as well as the PowerPoint will be posted by Hampshire Health Plan and the reinsurance, the Insurance Department. Following the event, we'll probably have those posted, next week will be our goal. So we look forward, if there's any questions that come up, please don't hesitate to call us. So let me just talk about the logistics for the virtual attendees.

Mike Degnan: Please keep your audio on mute. Please keep your camera turned off as well. To ask a question, click on, raise your hand or enter it into the chat. If you have a technical issue, please reach out to A. J. Kierstead, the NHID Outreach Coordinator. He's at 603-271-3886. I'd encourage you to, if you have any issues, please call AJ as soon as possible so you can get involved in this presentation. And so, live captions are available. To enable them, you click on the menu labeled more under three dots and turn on the live captions. Once again, we're giving another plug for AJ. If you're having any technical problems, please reach out to him as soon as possible. So just on the background, I think we'd turn this over to Michelle.

Michelle Heaton: Hi everyone. So I'm gonna give you a little bit of the background regarding the 1332 waiver. So under the Affordable Care Act, the ACA, states may apply for an State Innovation Waiver, also called a 1332 waiver. This allows the state to waive certain sections of the ACA in order to try to spearhead an innovative strategy to address the unique circumstances in that state or to ensure residents have access to affordable quality health insurance. And by doing this, so the state would submit this waiver to waive part of the ACA law, and then by waiving that they could access federal funding through a pass-through savings. So this is the savings that the federal government anticipates it will have by implementing whatever is in this waiver program. So next slide please.

Michelle Heaton: So back in 2019, as part of the state budget trailer, New Hampshire Insurance Department was directed to work with NHHP to explore creating a risk stabilization program for the individual market. The Insurance Department commissioned an actuarial study to look into establishing a reinsurance program. That study looked favorable, so we were allowed to submit a 1332 waiver to establish this program.

Michelle Heaton: Next slide please. So we submitted the waiver on April 21st, 2020, right as the pandemic was hitting [laughter] And luckily we got it approved by August. So that worked out great. The state sought to waive section 1312(c)(1) of the ACA regarding the health insurance rating single pool provision. This allowed us to implement a state-based reinsurance program and access this federal pass-through funding. As I said, it got approved on August 5th, 2020 and it was for beginning for plan year 2021. So it runs from January 1st, 2021 through December 31st, 2025. Next slide please.

Michelle Heaton: As part of the guardrails for this waiver, we had to demonstrate that by implementing this program, we're staying within those guardrails of comprehensiveness, affordability, scope of coverage, and federal deficit. So what that means for comprehensiveness is that the coverage under the waiver needs to be at least as comprehensive as without waiver. Affordability, the coverage needs to be as affordable as it was without waiver. And scope of coverage, the number of people having coverage needs to be comparable to the coverage that was available without waiver and it cannot contribute to the federal deficit.

Michelle Heaton: So, as I said, the New Hampshire's waiver was approved for January 1st, 2021, and was for five years. Our program is structured as an attachment point model that reimburses for high-cost claims. It has an attachment point cap and co-insurance. The Reinsurance Program is designed to pay out the funds it takes in each year after administrative costs and any board-approved reserves. Under the way that our program's designed, most individual market plans are eligible to participate.

Michelle Heaton: The only plans that would be excluded are grandfathered and transitional plans. Individuals in these plans remain in their same selected healthcare coverage and do not see any changes on their end. They have the same cost sharing networks and benefits available. Carriers then submit claims and are reimbursed based on their share of the high-cost claims for the program year. After the plan year is complete, those claims are submitted, and then the payments are calculated and the payments are made in the following year. Understanding that they're going to receive this reinsurance payment in the next year, carriers then develop rates based on their anticipated reinsurance payments. And this savings that they get from the reinsurance payments needs to be passed on to consumers in the form of premium reduction. So the way this Reinsurance Program is funded, there's two funding sources. We have the state premium assessment and federal pass-through funding.

Michelle Heaton: So for the state premium assessment, it is an assessment that NHHP applies across the entire health insurance market. It's paid quarterly and the assessment rate is based off of 0.6% of the prior year's second lowest cost silver plan without-waiver rate. So that is a specific amount that gets assessed among the health insurance market, so it's a fairly stable base that gets assessed. The other aspect is the federal funding. So the advanced premium tax credit savings that the federal government is realizing because we now have lower premium rates is the amount that gets passed through to this Reinsurance Program. And that's what gets paid out as well. So the hope was for this program and what we have seen is that by subsidizing the carrier's liability for high cost claims, the Reinsurance Program aims to lower costs for the carriers and those savings are passed on through premium savings. This is intended to help stabilize the market by lowering individuals' premiums, increasing enrollment in the individual market, especially for the unsubsidized population, and making the market more attractive to existing and future insurers. So I'm going to turn it over to Kevin to talk a little bit more about the program year updates for 2024-

Kevin Stone: Thanks, Michelle. So I'm going to talk about the program year 2024. The way this waiver program works is we have three years kind of happening at the same time. We have the wrap-up of year three, which is 2023. We're in the process of making the payment calculations. We're in the midst of program year four, 2024. We've actually already gone through a process to set the parameters for year five, 2025. We've been doing that since the program began in January of 2021. As Michelle mentioned, there's four carriers participating in 2024.

Kevin Stone: Anthem Matthew Thornton Health Plan, Anthem Health Plans, which was a new entrant in 2023, and they sell off-Exchange only. Harvard Pilgrim Healthcare and Celtic/Centene or known as Ambetter in New Hampshire. We have, for 2024, continued the same attachment point and cap that we've had for every year since the waiver has been in place. So the attachment point is \$60,000, and the cap is \$400,000. And so that range of \$60,000 to \$400,000 is the range of eligible claims that get reimbursed. They're reimbursed under a target payment. We set that target based on our best estimates, but as you heard from Mike and the Commissioner and Michelle, we pay out all

of the funds after operating expense every year. We don't roll over any funds year to year. So that target ends up being essentially trued up to a real payment percentage when we close out the year. That's what we're doing right now for 2023. But for 2024, our target payment percentage is 49%.

Kevin Stone: So we had kind of a challenge in both 2023 and 2024 because of the cessation of the Public Emergency Act and the Medicaid re-determinations that happened across the country. And in New Hampshire, they started in April of 2023. A lot of folks were redetermined to not be eligible for Medicaid any longer, and many of those folks that were then losing their Medicaid coverage were likely going to be eligible both to purchase insurance in the Exchange but also for the advanced premium tax credits under the enhanced Inflation Reduction Act. So we were trying to estimate what would be the impact of this after the year started, and the impact not surprisingly was a lot of enrollment on-Exchange. So since the start of redetermination, which was early April of 2023, we've had just under 13,000 new enrollees come onto the Exchange, which is a 25.5% increase since the re-determinations began. So that's sort of through April of 2024.

Kevin Stone: So this increased enrollment impacts pass-through funding. It impacts the state assessment because we don't assess Medicaid, but we do assess people who purchase insurance on the Exchange. And it impacts insurance-eligible, reinsurance-eligible claims. So because a lot of this enrollment happened in the middle of 2023, it takes a while for an individual to accumulate the claims that would hit the attachment point. So we did not see in 2023 sort of the kind of increase you might expect in eligible claims for the number of members that enrolled. We believe we are going to see that in 2024 when there's a full calendar year for those enrollees to accumulate claims and get to the attachment point.

Kevin Stone: And that's why the target percentage payment went down from what we think will pay out in 2023 of 70.9% to 49% as a target in 2024. Let me talk a little bit about the funding. Here's a summary of the funding that we've received over the first three years. So through, the first three years of the program, we've received, just over 130 and a half million dollars. And you can see that that's sort of more than two to one federal dollars to state dollars. For 2024, we're projecting a total of 41.2 million. We actually know the federal funding. We receive that, number from the federal government in April, and it doesn't change throughout the year. So we're getting \$28.03 million of federal funds. The state funding remains a projection because of course, how many accessible lives will there actually be at the end of the year?

Kevin Stone: It's a number that, while it's stable, it does fluctuate some, but we're forecasting \$13.17 million of state funds. So add that to the first three years. And you see that our total program funding to date is just under 172 million dollars with the breakdown still being more than two to one federal to state. So what's been some of the impact of the waiver program in 2024? It's continued to result in lower premiums. We benchmark against the second lowest cost silver plan for a 40-year-old non-tobacco user. We've seen a 10% decrease in that rate in 2024. And Commissioner Bettencourt mentioned that, we've been able to look at the impact of our waiver program and compare our affordability for the various metal, plans on the Exchange to other states. Kaiser Family Foundation, actually has a website that compares the average cost premium by the various metal tiers, bronze, silver, and gold, as well as the benchmark premium of the second lowest cost silver plan.

Kevin Stone: And, you know, we're pretty proud to say that New Hampshire has the lowest average cost benchmark plan. It has the lowest average silver premium. It has the second lowest average

cost bronze and the second lowest average cost gold in the country. I mentioned our enrollment is up as of April of 2024. The on-Exchange enrollment was at 63,326 individuals. And we've seen certainly stability among the carriers with the addition of a fourth carrier last year. So heading into 2025, as I mentioned, we've already gone through the process of establishing the parameters for 2025, so the carriers know what those are as they develop their premiums for 2025. We've had since the beginning of the program, an actuarial work group that has helped sort of advise and really, provide data and guidance in establishing the parameters every year.

Kevin Stone: It's comprised of the senior actuaries from each of the participating carriers, as well as members of management, the New Hampshire Insurance Department and our actuaries from Leif Associates. And so they've consulted on milestones and setting parameters. They've really been an invaluable resource to the program and they helped set the parameters for 2025. Here's our process. The work group meets a couple different times, February and March, with our actuary. We go over claims trend and medical expense trend and enrollment assumptions. We then develop the parameters that we recommend to the board of NHHP. That was done on March 21st. The board reviews those and then makes a recommendation and submits those to the Insurance Department, to the Commissioner. And then, the Commissioner approves those. And on March 25th, the Commissioner approved the 2025 parameters. Drum roll. Here they are.

Kevin Stone: Not a lot of difference from 2024, we're anticipating funding of 43.37 million. Pretty much the same estimate for the state funding, but we believe we'll have more federal funding as a consequence of more enrollees being eligible, likely, for pass-through credits. We've kept the parameters the same \$60,000 attachment point, \$400,000 cap. And, ironically the same target 49% payment. We do a few other things in preparation for the upcoming year. Each year we ask the carriers that are participating in the program to submit their care management program descriptions to demonstrate that they're continuing to do good care management and not just resolving on a Reinsurance Program to deal with high-cost claimants. Each carrier made that submission. We receive those and we submit those to the Insurance Department as proof that they are continuing to have in place and active care management programs.

Kevin Stone: One of the ways we track the eligible claims and the target payment percentage is through reports that are generated by the Centers of Medicare and Medicaid. They're called Edge Server reports. The acronym stands for, External Data Gathering Environment. Not sure quite what it means, but anyway, though, we get those every month starting in November. And they contain the eligible claims as reported by each of the participating carriers. And as I mentioned, we've just conducted our final review and calculation for the payment amount in 2023, and we'll be paying out 70.9% of eligible claims and we'll be making that payment to each of the carriers on or before July 31st of this year. So with that, that's sort of the whirlwind tour of program year 24 and plans for 25. We're now gonna move into the waiver extension request portion of the hearing. And I'm gonna turn this back to Michelle.

Michelle Heaton: Okay. So the waiver extension request, all the waiver documents, including our, draft submission and any historical docs, prior application public notices are all available on the NHHP website. And there's a link right there in the slide.

Michelle Heaton: Just to give you a little bit of the historical background, New Hampshire has a long standing focus on stabilizing state's individual health insurance market. So going all the way back to 1950, the state first provided tax exemption to Blue Cross Blue Shield in exchange for

guaranteed issue. Back then, that was a big deal and guaranteed issue means that they have to sell, make available, a plan for purchase for everyone. In 1994, the state introduced market-wide guaranteed issue. This lasted for a little bit, for a little while, and then in 1998 the state created a risk subsidy mechanism to support the market. In 2002, the state ended the guarantee issue and in exchange introduced a state-based high risk pool, which NHHP administered for many years. In 2010, the state implemented the federal preexisting condition insurance plan, and then shortly after that, the ACA passed, which really revolutionized the health insurance market and made some very substantial changes.

Michelle Heaton: In recognizing that there was a reinsurance, a federal transition reinsurance program that started in 2014 and went through 2016. And then, as we've been talking about in 2020, the state introduced its state reinsurance program with the 1332 waiver. So we're gonna give a little bit of an overview of, what we've seen with the program. So for enrollment, the Reinsurance Program has had a very positive impact on the market. So pre waiver, the overall uninsured rate in New Hampshire had dropped to 5.7%, but the unsubsidized enrollment had decreased from 36% by thirty, sorry, unsubsidized enrollment had decreased 36% between 2017 and 2019. So we were seeing this decrease in the unsubsidized individuals in the individual market. This comprised a smaller portion of the market than previously. With the waiver, enrollment has increased and the largest percent of the increase is actually in the unsubsidized coverage.

Michelle Heaton: And these increases have far exceeded our original projections. So if you look at the chart below there, in 2020, the average monthly enrollment for the entire market was almost 47,000. The unsubsidized portion of that was about 18,000. The last full plan year we have is 2023. So in 2023, the average monthly enrollment was almost 65,020, and roughly 27,000 were that unsubsidized portion. So that is a 52% increase. I also wanna note that, we do track this on a monthly basis and as of April, 2024, total market enrollment was up to 74,816, so that's a record number for our individual market. So overall, we are very happy with the gains we are seeing, with covered lives.

Michelle Heaton: So another aspect of what the 1332 waiver program was supposed to address was premiums. So pre waiver in 2020, New Hampshire was ranked 15th in the nation for the affordability of its second cost lowest, sorry, second lowest cost silver plan, it's a mouthful. New Hampshire was ranked 12th and 15th for affordability of the average of lowest cost bronze, silver, and gold plans. And you can see in the chart below exactly where we were ranked for each one of those. Since the waiver has been implemented, as of this year, we are the first ranked first in the nation for affordability of the second lowest cost silver plan. We have this, rank second for the average cost, average lowest cost bronze plan, and second for the average lowest cost gold plan. So those are really impressive and we're very happy to be able to brag that we have some of the most affordable healthcare coverage in the country.

Michelle Heaton: And then finally, another aspect that we are tracking to see how this waiver program works is the number of carriers in our market. So pre waiver, New Hampshire had gone from five carriers to three carriers in the individual market, and you can see the chart below how those carriers work for the various years. Since its implementation, we have gained a new carrier and that's the Anthem Health Plans and we expect that there will be another carrier, a fifth carrier added to the market for plan year '25. So with that, I'll turn it back over to Kevin.

Kevin Stone: Thanks, Michelle. So what we're requesting is a five year extension of the waiver

under section 1312(c)(1) of the ACA and to use the associated pass-through funding for years 2026 through 2030. We're not proposing any changes to the program that you've been hearing about for the last three years at these public forums. The structure will be the attachment point model, carrier eligibility does not change. We'll continue to make a target co-insurance calculation and then we'll do a final calculation and payment based on the actual available funds every year. The impact on rating will continue to be felt because we'll continue to request that carriers show the impact of the waiver in their filed rates. And we'll continue to have the care management program reporting requirement that we've had in the first waiver period. The structure for funding will also be the same. The state premium assessment will continue at 60 basis points applied to the prior year's second lowest cost silver plan without-waiver premium. And will continue to use the federal pass-through funds calculated on our enrollees, as a federal source of funding.

Kevin Stone: So the state premium assessment, we won't know what that will actually be until we know the second lowest cost silver plan. We will know that in September of 24. Once we know that we can then calculate the assessment rate for reference. The assessment rate in 2024 was \$2.24 per life, and that was also the rate in 2023. We are estimating that we'll have just under \$14 million of state premium from that assessment to build a budget. We estimated the second lowest cost silver plan premium of \$393.77. That would be a 3.9% increase over what it was in 2024. And that would yield an assessment rate of \$2.36 per member month. And we're estimating an assessable base of lives of 490,000. We then do estimates for the remaining four years, 2027 through 30. And because healthcare costs go up, so the without-waiver premium is likely to go up, we believe that the assessment rate will go up a little bit. And so we'll see a slight increase in state funds every year over those four years from 14 million to just under 16 and a half million by 2030. And the state funds fund all of the operating expenses of the program. And then what's left over is contributed to reimburse claims along with the federal funds that we receive.

Kevin Stone: So federal funds estimate again, we're not gonna know what they are, they're calculated every year, but we can do estimates. And here's where it gets tricky because the program that we have to estimate there are subsidy extensions that were passed under the American Rescue Plan Act and then continued under the Inflation Reduction Act. Those are set to sunset at the end of 2025. And of course, we're applying for a waiver extension for 2026 and beyond. We don't know if the government will opt to extend those subsidy extensions or not. So we had our actuaries essentially run two scenarios. One, if the subsidies are continued and one if the subsidies are not continued. And so you'll see sort of two sets of numbers as we run through our estimated impact of the waiver under the extension period. So in terms of the federal funding for the first year of the program, if the subsidies are continued, we estimate \$36 million of federal money. If they're not continued, we estimate just under \$22 million of federal funding. And sort of that difference kind of continues throughout the four-year forecasts beyond.

Kevin Stone: With the enhance subsidies, just under \$40 million of federal money in 2027 through 2030 and a half million in 2030. If we don't have the extended subsidies, we're estimating 24 million to 31.9 million of funds. We then have to make sure that our waiver extension complies with the four guardrails that you've heard about. The first one is, would it impact comprehensiveness of coverage? No, it would not. It will just continue the same plans and the Essential Health Benefits that are available to members. Now, more importantly, if we're able to have the waiver program in place, we think it will continue to help with affordability and the ability of individuals to purchase insurance on the Exchange. And really importantly, if those extended subsidies aren't continued, it will help with affordability of the unsubsidized portion of the market. And in particular hopefully

avoid some of the benefit buy-down that may occur where people have to opt for a less comprehensive plan with more cost sharing because they have to pay more in premium without subsidy.

Kevin Stone: What about affordability of coverage? Not surprisingly, we are pretty confident based on our history that the with-waiver program will continue to improve affordability. We have estimated the with- and without-waiver premiums. So the premium for 2026 with the enhanced ARPA subsidies for the five years would range from 529 per member month to 648. If there isn't the waiver, we're estimating 598 to 732. So you see that premium difference between with- and without-waiver. If we're in the scenario where the ARPA subsidies are not continued and not extended into the waiver extension period, then we would see a with-waiver premium of \$516 to 633 over the five years without-waiver premium of 583 to 714. And if you're like me and you looked at this slide and you said, well, wait a minute, how come if the ARPA subsidies aren't extended, the average premium goes down versus what it is with it?

Kevin Stone: And that's because we think that without the waiver, people will opt for less rich coverage, higher cost sharing, and those premiums are just lower. So when you do an aggregate average, it ends up yielding a lower average premium if you don't have the subsidies extended, but of course, membership would be lower as well. And membership is the third guardrail test. We believe that we will see enrollment gains with the waiver continuing, and you can see the estimates if the ARPA subsidies are continued. We see enrollment of just under 82,000 to almost 92,000 with waiver and under 81,000 to 91,000 without waiver. If the ARPA subsidies are not continued, we're estimating 66,888 members with waiver up to just over 75,000, and it would be 66,000 to 74,000 without waiver. And lastly, have to make sure that this waiver extension would not increase the federal deficit. And because we're only using the funds that are created through the pass-through savings, there is no impact to the federal deficit, and we do comply with that guardrail. So with that, I'm gonna turn this over to Lisa Kaplan Howe to talk about where we are in this process of asking for the waiver extension.

Lisa Kaplan Howe: Great, thanks, Kevin. So, the state started this process toward the end of last year. In December, we submitted a letter of intent to CMS to request the ability to apply for a waiver extension. And they granted that in mid-January of this year. And also informed the state of the information we need to provide and the process we need to go through for the waiver extension. We provided notice of this hearing and the public comment period last month, and then yesterday posted the waiver extension draft on both the NHHP and NHID websites, which kicked off the official, state 30-day public comment period. Obviously holding this hearing today. And the public comment period will go until July 12th. And so we'll receive comments until then. And then our goal is to submit the waiver by the end of the summer, sometime in August.

Lisa Kaplan Howe: And based on what we've seen in other states, we are expecting and hoping that the decision from CMS will come by the end of the year, which will allow us to stay on track for the planning process we do each year for the subsequent year's parameters. So anybody who would like to submit comments following today's hearing, can do so either by email or mail. You can email them to me and my email address is on the screen or mail them to Mike at Helms & Company, One Pillsbury Street, in Concord and we will consider those in finalizing the waiver. So now we wanna get to the questions and comments today. Two different ways to, if you're online, to indicate that you will have a question or want to provide a comment, you can either raise your hand and when we see your hand raised, we will call on people in order.

Kevin Stone: The Option. Raise your hand option.

Lisa Kaplan Howe: Yes. You use the raise your hand option. Oh, okay.

Kevin Stone: Wait a minute.

Lisa Kaplan Howe: It sounds like we cannot unmute people. So, what we'll need to do is have people put comments into the chat. So if you put your comment or question into the chat, we will read those out and then respond to those. And again, anything that comes up after this hearing, whether from you or from somebody else, can be submitted by email or mail. So I am gonna ask my colleague, Eliza, who's watching offsite to let me know if we have anything in the chat at this point. And then also if we have any questions in the room.

Kevin Stone: Maybe give a little time since you have to type it in.

Lisa Kaplan Howe: Yeah.

Michelle Heaton: It doesn't look like we have any questions in the room.

Lisa Kaplan Howe: No. Maybe we'll, Mike, do you wanna just go through the contacts while we give people a couple minutes?

Kevin Stone: Great idea. So this is the key contacts that we mentioned when we started. Once again, I'm Mike Degan, Executive Director of the New Hampshire Health Plan, and there's my email address. Kevin Stone's the Program Director, with his email. DJ Bettencourt is the Commissioner. Michelle Heaton is the NHID Life Accident and Health Director. Jennifer Lee is the NHID Chief Actuary, and then Lisa Kaplan Howe with Public Consulting Group. So, please reach out to any of us with any questions, any comments. We'll be back to you on a timely basis. But please don't hesitate to get to us if you have some questions. And if you have some questions next week, that's fine. We've got a month here to get these comments. Once we receive the comments back in July 12th timeframe, we'll incorporate any of those into the, into our application as appropriate, and we can go from there.

Lisa Kaplan Howe: Okay. And it sounds like we still have nothing in the chat, nothing in the room. So I think, Michelle, do you wanna close out the hearing? I think we're good.

Michelle Heaton: Yeah. Thank you everyone for attending. Please, if you haven't had an opportunity, which you probably haven't yet, do look at our waiver application and if anything comes to mind, even if you're in support of the application or our application and the program, you know, feel free to express that. We're happy to take any feedback we get and incorporate that in. So.

Lisa Kaplan Howe: Yeah, and we should, I should have mentioned that the written comments and the verbal comments will be submitted with the waiver application and then there will be a federal public comment period as well. So supportive comments are definitely as beneficial as constructive feedback.

Mike Degan: Well, thank you very much. We appreciate, everybody's effort here. AJ, thank you

for your work and from a technological perspective, and please don't hesitate to reach out to us if there's any questions. And thanks everyone for their time.

Kevin Stone: Officially close the hearing.

Mike Degnan: I'm gonna officially close the hearing.

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