### Georgia Section 1332 Draft Waiver



### Virtual Public Hearing

July 13, 2020 10:00 AM

### **Today's 1332 Waiver Public Hearing**

- 1. Brief overview on the background and modifications to the waiver
- 2. Open for in-person public comments (sign in sheet)
- 3. Open for webex public comments (click the hand icon next to your name)
- 4. You may also submit comments online or via mail **<u>through July 23, 2020</u>**:

Online: https://medicaid.georgia.gov/patientsfirst Mail to: Ryan Loke c/o The Office of the Governor 206 Washington Street Suite 115, State Capitol Atlanta, Georgia 30334



# **Background Information**

## **Patients First Act**

#### Background

- Signed <u>March 27, 2019</u>
- Grants the Governor authority to submit one or more Section 1332 innovation waivers to the Departments of Health and Human Services (HHS) and Treasury

### **Key Points**

- 1332 waiver(s) must be submitted on or before **December 31, 2021**
- Upon approval of one or more 1332 waivers, <u>authorizes the state to</u> <u>implement</u>



Source: Georgia General Assembly 2019-2020 SB 106

# Purpose of 1332 Waivers

### Background:

 States may waive parts of the Affordable Care Act (ACA) to <u>pursue innovative</u> <u>strategies</u> to provide <u>access to high-quality, affordable health insurance</u>

### **Statutory Guardrails:**

- 1. <u>Comprehensiveness</u>: Provide coverage at least as comprehensive as provided absent the waiver
- 2. <u>Affordability:</u> Provide cost-sharing protections against excessive out of pocket spending at least as affordable as absent the waiver
- **3.** <u>**Coverage:**</u> Offer healthcare coverage to a comparable number of residents as absent the waiver
- 4. <u>Deficit Neutrality:</u> Must not increase the federal deficit



Source: Information from CCIIO Section 1332: State Innovation Waivers, Kaiser Family Foundation Tracking Section 1332 Waivers, CMS and Treasury Guidance October 2018

# **Waiver Development Process**

#### 1. Completed Environmental Scan

- Conducted review of state and national healthcare trends
- Convened Georgia stakeholders from across the healthcare landscape

#### 2. Developed and Modeled Potential Waiver Options

- Established goals and identified potential waiver options
- Developed actuarial models to assess financial and economic impact

#### 3. Drafted and Submitted Waiver Application

- Drafted waiver and released for public comment on November 4, 2019
- Submitted waiver application to HHS and Treasury on December 23, 2019

#### 4. Modified Waiver Application

- Drafted modifications to waiver based on recent changes in the state and national landscape
- Released modified waiver for second public comment period on July 9, 2020



# Draft Section 1332 Waiver Application

# Goals of Georgia's 1332 Waiver

Improve access and affordability of individual healthcare coverage in Georgia with strategies to:

- **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 access to metal level Qualified Health Plans (QHPs) and Catastrophic Plans
- Maintain protections for individuals with pre-existing conditions



# 1332 Waiver Design

### **Key Features of the Program**



Implement a **reinsurance program** to help stabilize the individual market by **reducing premiums** and attracting and retaining carriers



**Transition Georgia's individual market** from the Federally Facilitated Exchange **to the Georgia Access Model** to improve access, choice, and affordability for consumers

### **Reinsurance and Georgia Access Begin in 2022**



Submit comments online at: https://medicaid.georgia.gov/patientsfirst

### **Changes From Initial Waiver Application**

### **Reinsurance Program**

• The implementation of the Reinsurance Program has been shifted to PY 2022 alongside Georgia Access

### **Georgia Access Model**

- The State <u>is not</u> seeking authority to certify and offer subsidies for Eligible non-QHPs
- The State is not seeking authority to issue state subsidies
  - The State will send enrollment and subsidy eligibility information to the U.S. Department of the Treasury
  - Treasury will continue to issue Advanced Premium Tax Credits
     (APTCs) and Premium Tax Credits (PTCs), as it does today which are
     only available for QHPs



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# **Reinsurance Program Overview**

### **Elements of the Reinsurance Program**

- **Claims-based reinsurance model**, projected parameters for 2022:
  - Attachment Point: \$20,000
  - Cap: \$500,000
  - Tiered Coinsurance Rate: 15%, 45%, 80%
- Higher coinsurance rates applied to high-cost regions of the state
- Target **10% reduction** in average premiums statewide





# **Georgia Access Model Overview**

#### Front-End Operations (Private Sector Entities)

- Consumers shop, compare, and purchase plans through a network of private sector entities (web-brokers or carriers)
- Private sector leverages mechanisms and incentives in the commercial market to provide education, outreach, and customer service

#### **Back-End Operations (State)**

- Calculates eligibility for federal subsidies
- Sends enrollment and eligibility information to Treasury Department

#### **Back-End Operations (Federal)**

 Issues APTCs for QHPs to plans on behalf of individuals and reconciles PTCs for individual during tax-filing



# **Georgia Access Model Benefits**

### **Benefits of Georgia Access**

- Maintains access to current QHP and Catastrophic Plan options
- Provides consumers with the ability to view all plans available to them which are licensed and in good standing with the state via web-broker platforms
- Allows consumers to enroll/re-enroll directly with carriers
- Provides for greater accuracy in projecting consumers' subsidy eligibility by leveraging more updated income verification sources
- Streamlines referrals to and from Medicaid

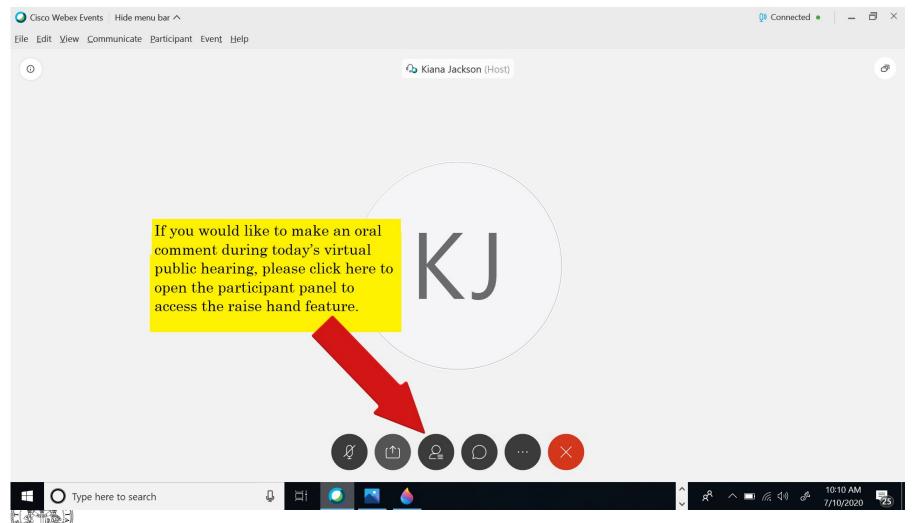


# **Open for Comment**

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### Virtual public comments – Step 1



### Virtual public comments – Step 2

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