

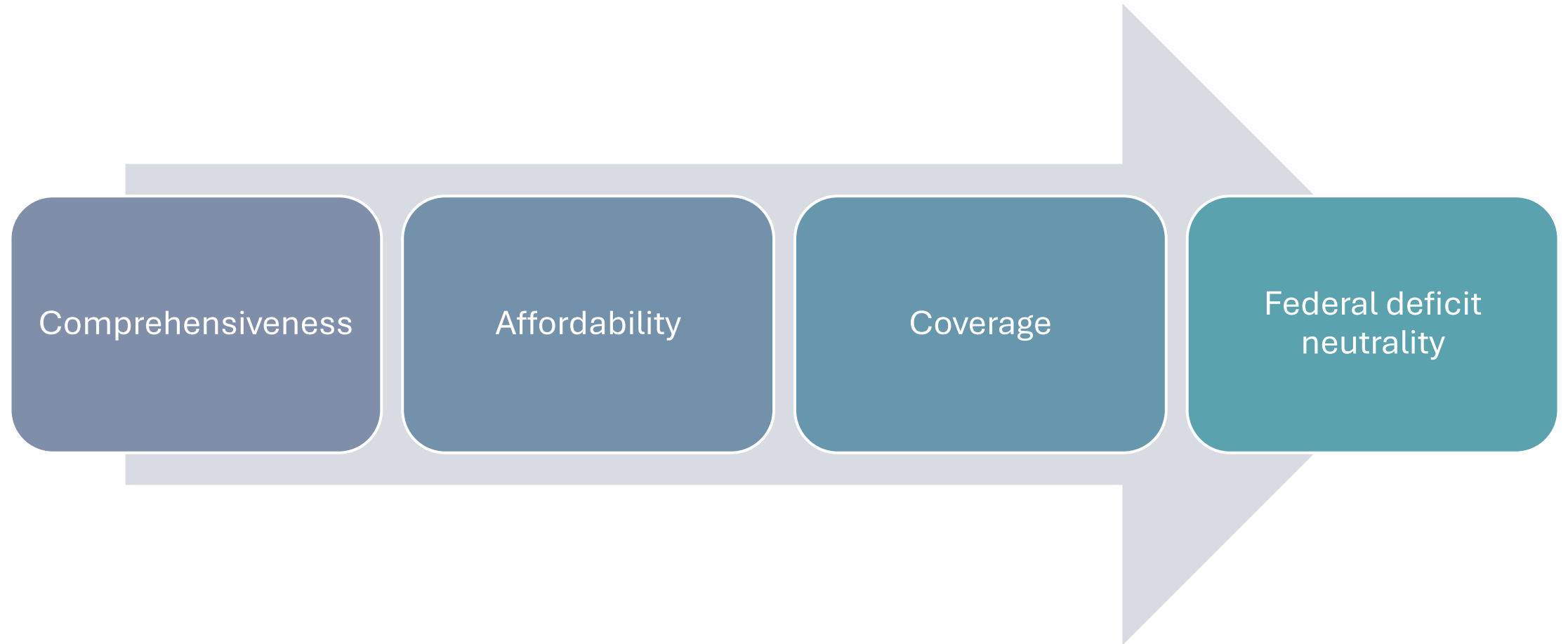
Idaho Department of Insurance

Section 1332 Waivers



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1332 Innovation Waiver Guardrails



Coverage Choice Waiver (2019)

Idaho Senate Bill 1204 (2019) amended Idaho Code to require IDOI to seek a federal waiver: To provide Idahoans between 100% and 138% FPL access to affordable private-market insurance as an ***alternative coverage choice*** to Medicaid.

From 2014-2019, about 18,000 such individuals had qualified for premium tax credits (PTC) who may wish to not move to Medicaid.

Coverage Choice Waiver (2019)

Waiver application submitted July 2019, demonstrating that it met the guardrails, including federal deficit neutrality.

The federal government was already paying PTC for the target population.

By continuing to pay what was already being paid, the federal deficit was not negatively affected.

CMS did not approve, stating that the federal deficit would increase under the proposed waiver.

Reinsurance 1332 Waiver (2022)

Idaho House Bill 611 (2022) authorized IDOI's reinsurance waiver

May 6, 2022 – IDOI submitted waiver application to HHS

August 16, 2022 – Application approved

January 1, 2023 – Effective date

Waiver goal: to reduce and stabilize individual market health insurance premiums.

Lower premiums for Idaho consumers

Each year
the waiver
has had a
direct
impact on
rates:

- 2023 – 12% lower
- 2024 – 16% lower
- 2025 – 20% lower
- 2026 – 18% lower

Idaho House Bill 345 (2025)

Idaho shall submit a state plan amendments and waivers to:

- Various Medicaid reforms (work requirements, benefit limitations)
- **Allow Medicaid-eligible above 100% FPL to choose a QHP with APTC instead of Medicaid (while retaining ability to choose Medicaid)**

Idaho's 2025 Covered Choice Waiver

IRC Section 36B(c)(2)(A):

- The term “coverage month” means, with respect to an applicable taxpayer, any month if—
 - (i) as of the first day of such month the taxpayer, the taxpayer’s spouse, or any dependent of the taxpayer is covered by a qualified health plan described in subsection (b)(2)(A) that was enrolled in through an Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act, and
 - (ii) the premium for coverage under such plan for such month is paid by the taxpayer (or through advance payment of the credit under subsection (a) under section 1412 of the Patient Protection and Affordable Care Act).