


Section 1332 of the Patient Protection and Affordable Care Act (ACA) State Innovation Waivers – Reinsurance Waiver Annual Report, PY 2025

Reporting Instructions: Please capture data for annual 1332 waiver grant reporting in this template, which has been developed based on your specific terms and conditions (STCs), and in accordance with 45 CFR 155.1324(b)-(c). For any items that are marked “if applicable,” please refer to the requirements in your STCs to determine whether you need to fill in those data fields. Draft Annual Reports are due within 90 days of the end of each calendar year that your waiver is in effect.

STATE: Rhode Island

A. Grantee Information

1. Reporting Period End Date	12/31/2025
2. Report Due Date	3/31/2026
3. Report Submitted On (Date)	3/31/2026
4. Federal Agency and Organization Element to Which Report is Submitted	Consumer Information & Insurance Oversight
5. Federal Grant Number Assigned by Federal Agency	SIWIW200010
6. (a) UEI Grant Number	US58NSDEBY75
(b) EIN	056000522
7. Recipient Organization Name	Executive Office of State of Rhode 
Address Line 1	82 Smith St, Ste 217
Address Line 2	
Address Line 3	
City	Providence

State Rhode Island

ZIP Code 02903

ZIP Extension 1170

8. Grant Period Start Date 01/01/2025

9. Grant Period End Date

10. Other Attachments (attach other documents as needed or as instructed by the awarding federal agency)

1332 Waiver Post Award Forum Presentation; RI Reinsurance 2026 Parameters Report; RI Benefit Year 2024 Payment Report

B. Report Certification

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.

(a) Typed or printed name and title of Authorized Certifying Official

Allison Shippee

(b) Signature of Authorized Certifying Official

(c) Telephone (area code, number, and extension)

401-447-8953

(d) Email address

allison.shippee@exchange.ri.gov

(e) Date report submitted (month/day/year)

3/31/2026

C. Progress of Section 1332 Waiver – General

12. Provide an update on progress made in implementing and/or operating the state's approved 1332 waiver program.

2025 was Rhode Island's sixth year participating in the 1332 reinsurance waiver program. Over the course of 2025, HSRI continued to successfully work with issuers, state partners at the Office of the Health Insurance Commissioner, and Wakely Consulting (RI's actuarial vendor) to implement the waiver. Activities for 2025 included:

1. Completing reinsurance payments to carriers for 2024 claims. Activities included gathering and analyzing final claims data submitted by the carriers, determining final state funding levels, and transferring payments to carriers. (Carrier payments were received December 2025.)
2. Conducting the Annual Post-Award Forum in-person and online via Zoom on +

13. Describe any implementation and/or operational challenges to meet the 1332 statutory guardrails and plans for and results of associated corrective actions. If challenges were described in a prior annual report, only report on changes and/or updates, as appropriate.

For 2025, there were not any implementation and/or operational challenges in meeting the 1332 statutory guardrails.

D. Progress of Section 1332 Waiver – State-specific

14. Metrics to assist evaluation of the waiver's compliance with statutory requirements in Section 1332(b)(1). Please report data for the full plan year (i.e., PY 2025).

For projections—Provide the most up-to-date projections available at the time of completing this report. If the state does not have recent projections, provide projections from the Pass-through Funding Report. In the Comments column, please specify which scenario the projections reflect.

For actuals—Provide the most up-to-date actuals available at the time of completing this report. If the state does not have actuals reflecting the full plan year, insert a placeholder (e.g., TBD) and specify in the Comments column when the data will be available. Once final actuals are known, please update the Annual Report.

Metric	Value	Comments (if applicable)
a. Projected and actual individual market enrollment (total annual member months) on the Exchange in the state for the plan year	Projected: 482,232 Actual: 541,971	The projected on Exchange enrollment is consistent with the 2025 pass-through report.
b. Projected and actual individual market enrollment (total annual member months) off the Exchange in the state for the plan year.	Projected: 108,222 Actual: 123,481	The projected off Exchange enrollment is consistent with the 2025 pass-through report.
c. Projected and actual individual market total annual collected premiums on the Exchange for the plan year (i.e., total premiums collected by insurers, including any portion paid by APTC).	Projected: \$272,809,718 Actual: \$302,646,044	The projected on Exchange premium is consistent with the 2025 pass-through report.

Metric	Value	Comments (if applicable)
<p>d. Projected and actual average individual market premium rate on the Exchange (i.e., total individual market premiums divided by total member months of all enrollees) for the plan year.</p>	<p>Projected: \$565.72 Actual: \$558.42</p>	<p>The projected on Exchange premium is consistent with the 2025 pass-through report.</p>
<p>e. To the extent available, projected and actual individual market total annual collected premiums off the Exchange for the plan year.</p>	<p>Projected: \$74,149,735 Actual: \$80,552,586</p>	<p>The projected off Exchange premium is consistent with the 2025 pass-through report.</p>
<p>f. To the extent available, projected and actual average individual market premium rate off the Exchange (i.e., total individual market premiums divided by total member months of all enrollees) for the plan year.</p>	<p>Projected: \$685.16 Actual: \$652.35</p>	<p>The projected off Exchange premium is consistent with the 2025 pass-through report.</p>
<p>g. Actual Second-Lowest Cost Silver Plan (SLCSP) premium for Exchange plans under the waiver for a representative consumer (e.g., a 21-year-old non- smoker) in each rating area for the plan year</p>	<p>\$331.98</p>	<p>RI has only one rating area</p>
<p>h. Estimate of the SLCSP premium for Exchange plans as it would have been without the waiver for a representative consumer (e.g., a 21-year-old non- smoker) in each rating area for the plan year.</p>	<p>\$347.87</p>	<p>RI has only one rating area</p>

Metric	Value	Comments (if applicable)
i. For states with State-based Exchanges: actual amount of Advanced Premium Tax Credit (APTC) paid to issuers, by rating area for the plan year.	\$220,768,279	RI has only one rating area
j. For states with State-based Exchanges: actual number of APTC recipients for the plan year. This should be reported as number summed over all 12 months and divided by 12 to provide an annualized measure.	39,741	Avg APTC Enrollment 2025

15. Please confirm whether there was any impact of the waiver on the scope of benefits or Essential Health Benefit (EHB) benchmark.

There was no impact of the waiver on the scope of benefits or Essential Health Benefits (EHB) benchmark.

16. Describe any technical changes made to the state's waiver plan during the plan year (i.e., PY 2025), including but not limited to changes in: program funding levels; reinsurance payment parameters; reinsurance reimbursement eligibility criteria for enrollee claims. If there were no technical changes, please confirm the final payment parameters and program funding levels.


Secondly, if applicable, describe any technical changes being considered for the upcoming PY.

N/A

17. Describe any changes in state law or regulation that might impact the waiver and the date(s) these changes occurred or are expected to occur. For each state law or regulation, please provide its name, reference number, and link to its text.

N/A

18. Report on spending for the plan year (i.e., PY 2025). If information for the full PY is not available at the time of completing this report, please provide the most complete responses possible and specify the timeframe covered, OR insert a placeholder (e.g., TBD) and specify in the Comments column when the data will be available (e.g., after reinsurance payment calculations are received in [month]). Once final actuals are known, please update the Annual Report.

Metric	Value	Comments (if applicable)
a. Amount of federal pass-through funding spent on individual claim payments to issuers from the reinsurance program for the plan year.	\$9,554,994	For PY 2024 Reinsurance Payments
b. Amount of federal pass-through funding spent on operation of the reinsurance program (e.g., administrative costs, EDGE server fees, etc.) for the plan year.	N/A	\$568,813.05 of state funding spent on operation of the reinsurance program.
c. Amount of any unspent balance of federal pass-through funding for the plan year.	N/A	
d. Amount of state funding contributed to fully fund the program for the plan year.	\$7,900,229.63	Amount for PY 2024 Reinsurance Payments. This represents state revenue from the state. 

19. If applicable, provide a claims breakout at an aggregate level for the top five conditions or cost drivers of the five conditions, including settings of care in the individual market.

N/A

20. If applicable, report on any strategies or incentives for providers, enrollees, and plan issuers to continue managing health care cost, claims, and utilization for individuals eligible for reinsurance.

Rhode Island's reinsurance program incorporates a low cap (\$59,000 in 2024 and \$60,000 in 2025) and low target coinsurance rate (37% in 2024 and 41% in 2025) in part to ensure that carriers will continue to have a strong financial incentive to control cost. In the future, if there's reason to believe that carriers are not adequately managing costs for care and utilization, Rhode Island will consider taking further steps to ensure they do so.

21. If applicable, report any reconciliation of reinsurance payments that the state wishes to make for any duplicative reimbursement through the state reinsurance program for the same high-cost claims reimbursed through the Department of Health and Human Services (HHS)-operated high-cost risk adjustment program.

Metric	Value	Comments (if applicable)
a. Reinsurance payment (before reconciliation) for high- cost claims to issuers who also receive payment through the HHS risk adjustment program under the high-cost risk pool.	N/A	
b. Risk adjustment amount paid by HHS for those claims.	N/A	
c. Reinsurance reconciliation (or true-up) amount applied.	N/A	

E. Post-Award Forum

22. Was the date, time, and location of the Post-Award Forum advertised 30 days in advance?

Yes

No

23. State website address where Post-Award Forum was advertised and where the Annual Report is posted. In addition, please ensure prior years' Annual Reports are posted on the state's website.

The post-award forum was advertised on the Secretary of State for RI's Website: <https://opengov.sos.ri.gov/OpenMeetings> And additional information including our annual reports can be found here: <https://healthsourceri.com/1332waiver/>

24. Date Post-Award Forum took place:

9/17/2025

25. Summary of Post-Award Forum, held in accordance with §155.1320(c), including all public comments received, number of participants in the forum, and actions taken in response to concerns or comments.

The post-award forum was held on September 17, 2025. There were no public attendees nor public comments received.

26. Other Attachments (attach other documents as needed pertaining to Post-Award Forum)

1332 Post Award Forum Presentation

F. State Internal Implementation Review – Attestation

27. Attestation: The state attests that periodic implementation reviews related to the implementation of the waiver have been conducted in accordance with 31 CFR 33.120(b) and 45 CFR 155.1320(b).

Yes

No

28. Describe the state's implementation review process.

2026 Parameter Setting- RI retained Wakely Consulting Group as our actuarial vendor to analyze the potential effects of a state-based reinsurance program on the individual Affordable Care Act (ACA) market and support the development of the 2026 reinsurance parameters. Parameter setting included analysis of enrollment, claims and premium data collected from issuers and HSRI. Carriers and the Office of Health Insurance Commissioner were included in the review process to confirm assumptions and methodology used by Wakely for parameter setting. Wakely provided a final report outlining assumptions and methodology (attached).

Post Award Forum - RI held a post award forum on September 17, 2025 as an opportunity for community partners and the public to learn about and comment on RI's 1332 Waiver. The meeting was held in-person at HSRI's office and virtually via Zoom. The meeting notice was posted on the Secretary of State's website, HSRI's website, and sent out to relevant stakeholder groups via email newsletter. Closed captioning and other accommodations such as auxiliary aids were also available upon request. The forum had no public attendees.

2026 Pass Through Report- RI retained Wakely Consulting Group to analyze the effects of a state-based reinsurance program on the 2026 individual Affordable Care Act (ACA) market. Wakely was asked to estimate the effected of the 1332 reinsurance waiver on total premiums in the ACA individual market and impact to the Second Lowest Cost Silver Plan. Carriers and the Office of the Health Insurance Commissioner were included in the review process to confirm assumptions and methodology used by Wakely. Wakely provided a final report outlining assumptions and methodology (attached).