

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: Delaware

| A. GRANTEE INFORMATION | | | |
|---|---|--|---|
| 1. Reporting Period End Date 6/30/2025 | | 2. Report Due Date 8/31/2025 | |
| 3. 1st Quarterly Report <input type="radio"/> | 2nd Quarterly Report <input checked="" type="radio"/> | 3rd Quarterly Report <input type="radio"/> | 4. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight (CCIIO) |
| 5. Federal Grant Number Assigned by Federal Agency 1 SIWIW200012-01-00 | 6a. DUNS Number 809398084 | | 6b. EIN 1516000279 |
| 7. Recipient Organization Name The State of Delaware, Delaware Department of Health and Social Services (DHSS) | | | |
| Address Line 1 Herman M. Holloway Sr. Health and Social Services Campus | | | |
| Address Line 2 1901 N. DuPont Highway | | | |
| Address Line 3 | | | |
| City New Castle | State DE | Zip Code 19720 | |
| Zip Extension | | 8. Grant Period Start Date 1/1/2025 | |
| 9. Grant Period End Date 12/31/2029 | | | |
| 10. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency) N/A | | | |

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| B. REPORT CERTIFICATION | |
|--|--|
| <p>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.</p> | |
| <p>11a. Typed or printed name and title of Authorized Certifying Official</p> <p>Josette D. Manning, Esq.</p> | <p>11b. Signature of Authorized Certifying Official</p> <p>Signed by:  <small>C50E9CCC24954BD...</small> </p> |
| <p>11c. Telephone (area code, number, and extension) (302) 255-9039</p> | <p>11d. E-mail address josette.manning@delaware.gov</p> |
| <p>11e. Date report submitted (month/day/year) 8/29/2025</p> | |
| C. PROGRESS OF SECTION 1332 WAIVER - General | |
| <p>12. Provide an update on progress made in implementing and/or operating the approved 1332 waiver. Delaware's activities during the 2nd Quarter (04/01/2025 – 06/30/2025)</p> <ul style="list-style-type: none"> • In the Quarter 2, Delaware worked closely with Oliver Wyman Actuarial Consulting, Inc. and the Delaware Department of Health and Social Services (DHSS) leadership team, to set the 2026 payment parameters. In June, DHSS and Oliver Wyman reviewed the parameters with the issuers on Delaware's exchange. • Throughout Quarter 2, as the State-Based Reinsurance Summary (SRISR) reports became available, Delaware reviewed the SRISRs initiated by the EDGE Server to determine summary data for State Reinsurance Program claims. • June 2025, DHSS sent payment determination notices for plan year 2024 to carriers eligible for reinsurance payments: <p>AmeriHealth Caritas - \$6,820,071.04 Aetna Health Inc. - \$10,729,733.98 Celtic Insurance - \$553,374.95 Highmark BCBS - \$68,238,580.71</p> | |

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- Throughout Quarter 2, the DHSS team met with the Delaware Department of Insurance and consultants Oliver Wyman Actuarial Consulting as needed.

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.

None

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D. POST-AWARD FORUM

(for Quarter Post-Award Forum was held)

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

Yes
 No

15. State website address where Post-Award Forum was advertised

N/A

16. Date Post-Award Forum took place

N/A

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.

N/A

18. Other Attachments (attach other documents as needed pertaining to Post-Award Form

N/A