

**NOTICE OF PUBLIC HEARING**  
**OFFICE OF THE COMMISSIONER OF INSURANCE**

The Office of the Commissioner of Insurance announces that it will hold a public hearing on an Emergency Rule for Ch. INS 19, Wis. Adm. Code, relating to the Wisconsin Healthcare Stability Plan. In accordance with s. 227.24, Stats., the Commissioner is seeking public input through the hearing and comment period regarding the content of the proposed emergency rule. Additionally, attached to the notice of hearing are proposed data collection, affirmation and attestation documents that the Office would appreciate comments from interested parties.

**Hearing Information:**

Date: December 18, 2018  
Time: 10:00 am  
Location: Office of the Commissioner of Insurance  
125 S. Webster St., 2<sup>nd</sup> Floor Rm. 227  
Madison, WI 53703

**Accessibility:**

Pursuant to the American with Disabilities Act reasonable accommodations including the provision of informational materials in an alternative format, will be provided for individuals with disabilities upon request. Please call Karyn Culver at (608) 267-9586 with specific information on your request at least 5 days before the date of the hearing. There is also handicap access to the hearing location.

**Appearances at the Hearing and Submittal of Written Comments:**

Persons wishing to testify or provide oral or written comments regarding the Emergency Rule for the proposed administrative rule may appear during the hearing. Additionally comments may be submitted at <https://docs.legis.wisconsin.gov/code>.

For additional information please contact Julie E. Walsh at (608) 264-8101 or email at [Julie.Walsh@wisconsin.gov](mailto:Julie.Walsh@wisconsin.gov) in the OCI Legal Unit.

Deadline for submitting comments is December 28, 2018, by 4:00 pm.

**Initial Regulatory Flexibility Analysis:**

The Emergency rule creates ch. Ins 19, Wis. Adm. Code. The Office of the Commissioner of Insurance (OCI) engaged Wakely, a consulting and actuarial firm, to assist the Office in developing its actuarial and economic analysis supporting a federal section 1332 waiver. The 1332 waiver will permit the state to obtain federal funds to stabilize the Wisconsin healthcare market through reinsurance payments for eligible high-cost healthcare claims. The enabling legislation, 2017 Wis. Act 138, established an appropriation not to exceed \$200 million of general purpose revenue for the 2019 plan year. However, under a recent analysis, it is more likely that the state will only be required to fund roughly 25% of the program and the federal "pass through" will support the remaining 75% of the program's cost. If the state can demonstrate that its proposal will reduce the amount of federal funds needed to support federal subsidies, the federal government with "pass through" the difference to the state. As a result of

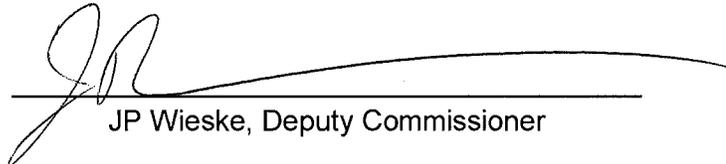
the reinsurance program it is estimated that premiums for consumers will be approximately 13% lower than if the state did not have a reinsurance program for 2019.

The proposed emergency rule does not have a fiscal impact as the emergency rule establishes the structure of the reinsurance program and sets the attachment point, coinsurance rate and reinsurance cap. The emergency rule also establishes the requirements for eligible insurers to participate in the reinsurance plan including; data submissions, attestation of the accuracy of claims submitted for reinsurance, and the ability to audit and recapture any overpayments. The OCI can absorb within the agencies budget any cost associated with implementing WHSP and the OCI can assess insurers for compliance audits.

**Agency Small Business Regulatory Coordinator:**

The OCI small business coordinator is Kate Ludlum and she may be reached at [Kate.Ludlum@wisconsin.gov](mailto:Kate.Ludlum@wisconsin.gov) or (608) 264-6232.

This Notice of Preliminary Public Hearing  
is approved on November 28, 2018.



JP Wieske, Deputy Commissioner

**Wisconsin Healthcare Stability Plan  
Quarter 1 Data Reporting**

State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, WI 53707-7873



Reporting Reflects 2019 Benefit Year, including 2019 claims paid through April 30, 2020  
Ref: s. 601.83, Wis. Stat.

**Company Name** \_\_\_\_\_ **Date** 10/12/2018  
Insurer A

\*WIHSP eligible claim is a paid claim meeting criteria under s. Ins 19.07, Wis. Adm. Code

Total number of effectuated enrolled individuals as of the end of Quarter 1	1,500
Total amount of all claims paid in Quarter 1 (includes claims within, as well as outside, the payment parameters)	\$10,000,000
Total year-to-date WIHSP-eligible claims paid on behalf of eligible enrolled individuals (Column C)	\$5,886,999
Total amount of claims incurred in Quarter 1 anticipated to be WIHSP-eligible claims once paid	\$10,000,000
Total number of eligible enrolled individuals with WIHSP-eligible paid claims (Column B)	12
Total anticipated WIHSP payment calculation (Column I)	\$741,000

No WIHSP-eligible claims paid

Unique Identifier Number for Eligible Enrolled Individual	Year-to-Date WIHSP-Eligible Claims Paid on Behalf of Eligible Enrolled Individual	Attachment Point	Amount of Claims Minus Attachment Point	Reinsurance Cap (250,000) Minus Attachment Point (50,000)	50% Coinsurance	Lesser of Column E or Column F	Coinsurance Rate Times Lesser Amount (Column H)
11111111	95,000.00	50,000.00	45,000.00	200,000.00	50%	45,000.00	\$22,500.00
22222222	525,000.00	50,000.00	475,000.00	200,000.00	50%	200,000.00	\$100,000.00
33333333	74,000.00	50,000.00	24,000.00	200,000.00	50%	24,000.00	\$12,000.00
44444444	750,000.00	50,000.00	700,000.00	200,000.00	50%	200,000.00	\$100,000.00
55555555	125,000.00	50,000.00	75,000.00	200,000.00	50%	75,000.00	\$37,500.00
66666666	98,000.00	50,000.00	48,000.00	200,000.00	50%	48,000.00	\$24,000.00
77777777	135,000.00	50,000.00	85,000.00	200,000.00	50%	85,000.00	\$42,500.00

**Wisconsin Healthcare Stability Plan  
Quarter 2 Data Reporting**

State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, WI 53707-7873



Reporting Reflects 2019 Benefit Year, including 2019 claims paid through April 30, 2020  
Ref: s. 601.83, Wis. Stat.

**Company Name**  
Insurer A  
**Date**  
10/12/2018

\*WIHSP eligible claim is a paid claim meeting criteria under s. Ins 19.07, Wis. Adm. Code  
Total number of effectuated enrolled individuals as of the end of Quarter 2  
Total amount of all claims paid year-to-date (includes claims within as well as outside of the payment parameters)  
Total amount of all claims paid in Quarter 2 regardless of the quarter claims were incurred (includes claims within as well as outside the payment parameters)  
Total amount of claims incurred year-to-date, anticipated to be WIHSP-eligible claims once paid  
Total year-to-date WIHSP-eligible claims paid on behalf of eligible enrolled individuals (Column C)  
Total number of eligible enrolled individuals, year-to-date, with WIHSP-eligible paid claims (Column B)  
Total year-to-date anticipated WIHSP payment calculation (Column I)  
No new WIHSP-eligible claims paid to date (no change to data from previous quarter)  
No WIHSP-eligible claims paid this benefit year

2,000
\$20,000,000.00
\$5,361,999.00
12
\$641,000.00

Unique Identifier Number for Eligible Enrolled Individual	Year-to-Date WIHSP-Eligible Claims Paid on Behalf of Eligible Enrolled Individual	Attachment Point	Amount of Claims Minus Attachment Point	Reinsurance Cap (250,000) Minus Attachment Point (50,000)	50% Coinsurance	Lesser of Column E or Column F	Coinsurance Rate Times Lesser Amount (Column H)
11111111	95,000.00	50,000.00	45,000.00	200,000.00	50%	45,000.00	\$22,500.00
22222222		50,000.00		200,000.00	50%		
33333333	74,000.00	50,000.00	24,000.00	200,000.00	50%	24,000.00	\$12,000.00
44444444	750,000.00	50,000.00	700,000.00	200,000.00	50%	200,000.00	\$100,000.00

# Wisconsin Healthcare Stability Plan Final Annual Report

State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, WI 53707-7873



Reporting Reflects 2019 Benefit Year, including 2019 claims paid through April 30, 2020  
Ref: s. 601.83, Wis. Stat.

**Company Name**

Insurer A

**Date**

10/12/2018

\*WIHSP eligible claim is a paid claim meeting criteria under s. Ins 19.07, Wis. Adm. Code  
Total amount of **all 2019** claims paid through April 30, 2020 (includes claims within as well as outside the payment parameters)  
Total year-to-date WIHSP-eligible claims paid on behalf of eligible enrolled individuals (Column C)  
Total number of eligible enrolled individuals with WIHSP-eligible paid claims. (Column B)  
Total request for payment under WIHSP for 2019 benefit year (Column I)  
No WIHSP-eligible claims paid this benefit year

<b>\$5,886,999.00</b>
<b>12</b>
<b>\$741,000.00</b>

Unique Identifier Number for Eligible Enrolled Individual	Year-to-Date WIHSP-Eligible Claims Paid on Behalf of Eligible Enrolled Individual	Attachment Point	Amount of Claims Minus Attachment Point	Reinsurance Cap (250,000) Minus Attachment Point (50,000)	50% Coinsurance	Lesser of Column E or Column F	Coinsurance Rate Times Lesser Amount (Column H)
11111111	95,000.00	50,000.00	45,000.00	200,000.00	50%	45,000.00	\$22,500.00
22222222	525,000.00	50,000.00	475,000.00	200,000.00	50%	200,000.00	\$100,000.00
33333333	74,000.00	50,000.00	24,000.00	200,000.00	50%	24,000.00	\$12,000.00
44444444	750,000.00	50,000.00	700,000.00	200,000.00	50%	200,000.00	\$100,000.00
55555555	125,000.00	50,000.00	75,000.00	200,000.00	50%	75,000.00	\$37,500.00
66666666	98,000.00	50,000.00	48,000.00	200,000.00	50%	48,000.00	\$24,000.00
77777777	135,000.00	50,000.00	85,000.00	200,000.00	50%	85,000.00	\$42,500.00
88888888	55,000.00	50,000.00	5,000.00	200,000.00	50%	5,000.00	\$2,500.00
99999999	430,000.00	50,000.00	380,000.00	200,000.00	50%	200,000.00	\$100,000.00
111111110	600,000.00	50,000.00	550,000.00	200,000.00	50%	200,000.00	\$100,000.00

**Wisconsin Healthcare  
Stability Plan (WIHSP)  
AFFIRMATION OF BENEFIT YEAR  
QUARTER 1, 2019 DATA**

Ref: Section 601.83, Wis. Stat.



State of Wisconsin  
**Office of the Commissioner of Insurance**  
P. O. Box 7873  
Madison, WI 53707-7873  
(608) 266-0107 • (800) 562-5558  
oci.wi.gov

**Due within 45 days following the end of each quarter.**

Name of Insurer
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**AFFIRMATION**

I hereby affirm the data template containing eligible reinsurance claims information for Quarter [X], [20XX] was completed by myself or supervised staff. I certify to the best of my knowledge, information, and belief the information recorded is accurate, complete, and in compliance with s. 19.11, Wis. Adm. Code.

Signature	Date
Name (Print)	Title
Email	Direct Phone

**Wisconsin Healthcare  
Stability Plan (WIHSP)  
AFFIRMATION OF BENEFIT YEAR  
2019 DATA**

Ref: Section 601.83, Wis. Stat.



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**Due by MAY 15.**

Name of Insurer

I hereby affirm the data template containing eligible reinsurance claims information derived from the External Data Gathering Environment (EDGE) server was completed by myself or supervised staff. EDGE data used to complete the OCI data template reflects EDGE data submitted to the Centers for Medicare and Medicaid Services on or about April 30. I certify to the best of my knowledge, information, and belief, the information recorded is accurate and in compliance with the business rules for EDGE data and s. 601.80, Wis. Stat.

Signature	Date
Name (Print)	Title
Email	Direct Phone

**Wisconsin Healthcare  
Stability Plan (WIHSP)  
CERTIFICATION OF BENEFIT YEAR  
2019 DATA**

Ref: Section 601.83, Wis. Stat.



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**Due by MAY 15.**

Name of Company
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**ATTESTATION**

I hereby certify as an officer of the above company, I have authority to bind and obligate the company by filing this certification. I further certify to the best of my knowledge, information, and belief, the company complied with the requirements set forth in s. 601.83, Wis. Stat. for the applicable benefit year. I also certify the following:

1. The company attests to the accuracy of the information submitted to the commissioner for the WIHSP payment and submitted only eligible reinsurance claims that exceeded the attachment point. The company further attests it has masked enrollee identifications and complied with data submission deadlines.
2. The company attests it complied with External Data Gathering Environment (EDGE) Server Data specifications and requirements. The company attests it used the EDGE data that was submitted to Centers for Medicare and Medicaid Services (CMS) on or about April 30 in the company's Annual Report to the commissioner.
3. The company attests to and attaches the Attestation and Discrepancy Reporting Summary confirmation page, derived following submission of its EDGE server data to CMS. If the company disputes any data with CMS for eligible reinsurance claims submitted to OCI, the company shall also attach documentation of the disputed data and identify the claims in dispute with the unique identifier submitted to the commissioner.
4. The company attests it complied with all EDGE requirements in determining eligible reinsurance claims, including internal data verification processes established for EDGE data.
5. The company attests it understands a reinsurance payment will not be received in the event the WIHSP authorizing statute is amended so that no reinsurance payment is due to eligible health carriers.
6. The company, in accordance with s. 601.83 (5) (h), Wis. Stat., attests it shall not bring a lawsuit against the commissioner, a state agency, or employee over any delay or reduction in reinsurance payments.

Signature	Date
Name (Print)	Title
Email	Direct Phone