BerryDunn

Wisconsin Individual Health Insurance Market:

Presence and Impact of
Short-Term Limited Duration Plans

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List of Acronyms

ACA	Affordable Care Act
ACS	American Community Survey (U.S. Census)
AHP	Association Health Plan
CMS	Centers for Medicare and Medicaid Services
DHHS	U.S. Department of Health and Human Services
EHB	Essential Health Benefit
ESI	Employer-Sponsored Insurance
DHS	Wisconsin Department of Health Services
FPL	Federal Poverty Level
KFF	Kaiser Family Foundation
MLR	Medical Loss Ratio
MH/SUD	Mental Health/Substance Use Disorder
MEC	Minimum Essential Coverage
NAIC	National Association of Insurance Commissioners
OCI	Office of the Commissioner of Insurance (Wisconsin)
QHP	Qualified Health Plan - ACA Compliant
PHE	Public Health Emergency
STLDP	Short-Term Limited Duration Plan
TPMO	Third Party Marketing Organization

Definition of Terms

Agent or Broker	Wisconsin Insurance Statute § 628.02 (3) and (4) (3) Insurance broker (broker). An intermediary is an insurance broker if the intermediary acts in the procuring of insurance on behalf of an applicant for insurance or an insured and does not act on behalf of the insurer except by collecting premiums or performing other ministerial acts. (4) Insurance agent (agent). An intermediary is an insurance agent if the intermediary acts as an intermediary other than as a broker.
Association	A non-employer group that secures benefits for its members.
Association Health Plan (AHP)	Associations can offer group health insurance plans (association health plans, or AHPs) specially designed for their members and that give their members purchasing power because of the group's larger pool of enrollees.
ACA Compliant Plan	Major medical health insurance policy that conforms to Affordable Care Act regulations. ACA-compliant individual and small-group policies must include coverage for the 10 essential health benefits. They do not have annual or lifetime coverage maximums or pre-existing conditions exclusions. Health, medical history, or gender do not affect premiums. Carriers comply with the medical loss ratio (MLR) rules.
Claims Paid/Denied	Total number of claims paid or denied during the reporting period for individual policyholders
Essential Health Benefits (EHB)	A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. Specific services within these 10 categories may vary based on state-specific requirements.
Individual insurance market	Health insurance carriers that sell plans for consumers that are not connected to employment-based coverage or public insurance coverage (such as Medicare and Medicaid). State law regulates individual health insurance plans and markets.
Lead generator	An entity and or process of deploying strategies and tactics for marketing an insurance product used to attract potential insurance customers. .
Look back period	The length of time that short-term policies will "look back" for pre-existing conditions prior to enrollment to exclude coverage for pre-existing conditions to deny claims for service or treatment that results from a pre-existing condition.
Minimum Essential Coverage (MEC)	A major medical health insurance plan that meets the Affordable Care Act requirement for covering the 10 essential health benefits and that has an actuarial value of at least 60%.
Medical loss ratio (MLR)	The share of total health care premiums spent on medical claims and efforts to improve the quality of care.

Member months	In a reported year, the sum of total number of months multiplied by the total number of lives insured by policies/certificates issued on a pre-specified day of each month of the reported year.
Members: Total Enrolled Members	The total count of members enrolled at a specific point in time or within a specified time frame.
Members: Average Enrollment	Average number of individuals enrolled in a specific time frame, or at a specific point in time, across several plans or carriers; or Average number individuals enrolled per month across a specified number of months (generally a year).
Morbidity factor	The predicted likelihood that an insured or pool of insureds will have various health conditions or health risks, with this likelihood factor applied in developing the price (premiums, rates) for health insurance plans.
Public health emergency (PHE)	A federal declaration under Section 319 of the Public Health Service (PHS) Act that triggers a body of federal and state regulatory actions and special funding programs. The PHE was initiated for Covid-19 in January 2020 and continuously renewed, with expiration in May 2023.
Short Term Limited Duration Plan (STLDP)	Health coverage provided pursuant to a contract with an issuer that has an expiration date specified in the contract that is less than 12 months after the original effective date of the contract. (state and federal government guidelines may have renewal duration limitations)
Trust	A vehicle for groups to self-fund insurance for their members.
Third Party Market Organization (TPMO)	All organizations and individuals, including independent agents and brokers, who are compensated to perform lead generation, marketing, sales, and enrollment related functions as a part of the chain of enrollment.
Underwriting	A process used by insurance companies to try to identify the health status and other characteristics of a consumer who is applying for health insurance coverage to determine whether to offer coverage, at what price, and with what exclusions or limits.
Waiting Period	Period of time an insured person who is entitled to receive benefits for sicknesses must wait before gaining coverage. This applies to waiting periods that are per policy or per condition.

I. Executive Summary

This report analyzes the enrollment in and marketing of short-term limited duration plans (STLDPs) in Wisconsin's health insurance market, addressing the following points:

- STLDP enrollment, coverage, and design
- Consumer purchasers of STLDPs
- Length of time for STLDPs purchased
- Insurer and Association marketing practices
- Impact on the purchase of comprehensive coverage/Affordable Care Act (ACA) compliant plans in the individual market

The purpose of this report is to help Wisconsin policymakers and regulators better understand STLDPs and determine whether there is a need to pursue STLDP related regulatory changes or policy initiatives.

Wisconsin Statute § 632.7495(4) recognizes STLDPs as an insurance product "marketed and designed to provide short-term coverage as a bridge between coverages." Beyond this, however, questions remain about whether – and should – consumers use STLDPs as a substitute for comprehensive coverage.[1] Some consumers may believe that ACA-compliant plans offer and are priced to include unwanted benefits.[2] STLDPs may offer premiums that are lower than unsubsidized premiums for ACA-compliant policies, but they expose enrolled members to additional healthcare costs in the form of cost-sharing and non-covered services. STLDPs are not required to include specific ACA consumer protections. STLDPs, unlike ACA-regulated comprehensive coverage, may limit coverage based on an individual's prior health status and pre-existing conditions, may limit maximum annual and lifetime dollar coverage, offer less benefit coverage, and lack guaranteed renewability.

STLDP enrollment and coverage

Wisconsin in 2021 had 12 carriers enrolling Wisconsin residents in STLDPs, an increase from 10 carriers identified by a National Association of Insurance Commissioners (NAIC) survey in 2019. While the number of identified carriers has increased, the number of STLDP enrolled members decreased. Wisconsin carriers report 10,310 enrolled members in December 2021, compared to 13,731 reported enrolled in December 2019.

This decrease in enrollment from 2019 to 2021 may relate to two significant factors. The declaration of the COVID-19 public health emergency in March 2020 brought new federal law and regulation aimed at pandemic relief and recovery—expanding federal subsidies for enrollment in ACA Marketplace plans and Medicaid enrollment.[3] In addition, the federal government took proactive steps in 2021, with substantial new outreach funding, to promote ACA plan enrollment.[4]

Consumer Purchasers of STLDPs

Consumers who enroll in STLDPs ages 55 – 65 account for a quarter of STLDP members. The age group 26 – 35 represents the next largest group of enrolled members, accounting for about one-fifth. This group includes those most likely to face a disruption in insurance coverage with a recent loss of eligibility for coverage under their parents' plans.[5] Consumers aged 18 – 25 represent the smallest portion of those enrolled in STLDPs. This may reflect their continuing eligibility for coverage under their parents' plans, and access to other sources of low-cost coverage via ACA catastrophic plans and college-sponsored student health plans.[6] However, young adults are also highly likely to remain uninsured.[7]

Geography and Market Share

ACA compliant plan enrollment far surpasses STLDP enrollment in all geographic regions, STLDP enrollment accounts for a fraction of 1% of Wisconsin's overall population, while ACA compliant plan individual market enrollment exceeds 200,000 residents. However, the level of participation in STLDPs relative to the ACA marketplace varies among regions. The relative number of members enrolled in STLDPs across regions does not align with the relative size of the overall individual market or with each region's total population. STLDP enrollment may relate to other characteristics in the region, such as the strength of the individual market or of the employer-sponsored insurance market, the age and workforce composition of the population, employment dynamics, and Marketplace plans and premiums.

Northeastern and Southeastern regions account for the largest share of STLDP member months in each of the plan term categories, with the Northeastern region accounting for about a quarter of enrollment and member months, and the Southeastern region accounting for about a third of total enrollment and member months. The Southeastern and Milwaukee regions have individual markets with a lower share of private coverage and of the overall population, relative to other regions, but have the highest ratio of STLDP coverage to individual market enrollment compared to other regions. This indicates that, while a smaller proportion of residents in those regions participate in the individual market, residents that do are more likely to purchase STLDPs than residents in other regions of the state.

Plan Design and Term Length

The 12 carriers selling STLDPs in Wisconsin offer plans of varying lengths ranging from 30 days to 364 days. Within each region, the longer term STLDPs (6 – 12-month plans) account for most of the enrollment—ranging from two-thirds to three-quarters of enrolled members and member months. As noted, STLDPs are not subject to ACA regulations of the comprehensive individual market, and carriers may impose exclusions based on pre-existing conditions, waiting and look-back periods, and other practices that limit their insured pool and insurance risk.[8] Carriers have substantial flexibility when determining the benefit design and coverage exclusions. In Wisconsin, nearly all the STLDP carriers report covering prescription drugs and cancer treatment. None of the carriers report covering maternity care. Carriers split in reporting coverage for mental health/substance use disorder services.

Statewide average premium, based on carriers' individual reported premiums in 2021, was $157 per month. Premiums across regions ranged from $147 to $179 per month. These premiums may exceed what many Wisconsin consumers would pay for ACA-compliant comprehensive coverage through the Marketplace; with current federal premium subsidies, an estimated 69% of Wisconsin's uninsured consumers with lower incomes have access to plans with no premiums ("zero-premium plans") or premiums for $50 or less per month ("low-premium plans").[9]

Claims Experience and Medical Loss Ratio (MLR)

Carriers report paying about two-thirds of claims and denying (or returning) about one-third of claims during calendar year 2021. This proportion remains consistent with that reported to NAIC in 2019. The STLDP rate of claims denials far exceeds the average denial rate for in-network claims by Wisconsin's ACA Marketplace plans, reported at 11.7% for 2021.[10] Non-covered benefits account for about 55% of STLDP denied claims.

The MLR represents the percentage of premium dollars spent on healthcare services for members. Carriers report a broad range of MLRs for 2022, with an overall average MLR of 40.5%. These MLRs suggest that STLDPs spend a substantially lower percentage of their premium revenue in healthcare services than do ACA-compliant plans, which must attain a minimum MLR of 80%, after allowing for various adjustments, including for lower enrollment.[11,12]

Marketing Practices

The STLDP marketing materials consistently emphasize that they do not provide minimum essential coverage under the ACA, and that they include various exclusions and coverage limits. All the reviewed materials characterize STLDPs as a bridge between other coverage circumstances, with language directed to persons who are between jobs, waiting for employer benefits, or recently graduated. Insurers selling STLDPs must include in their marketing materials a consumer disclosure notice prescribed by the federal Department of Health and Human Services.[i] Some additional language, however, suggests promotion of the plans as a substitute for comprehensive coverage. Messages state that STLDPs may be "for others," those who might want to "[t]ailor health coverage to just what you need and not spend money on services you might not need," and that STLDPs provide "freedom of choice."

Impact on the purchase of comprehensive coverage/ACA compliant plans in the individual market

Few carriers, in ACA individual market rate filing materials for plan years 2020 to 2023, distinguished the impact of STLDPs from other regulatory actions and market conditions. The rate filings reflect other changes, including loss of the individual mandate penalty in 2020, association health plan regulatory changes, and the impact of the COVID-19 pandemic. Only three carriers explicitly mentioned a morbidity factor adjusting for STLDPs in their Actuarial Memoranda; Only one carrier provided an explicit STLDP factor (0.3%).

The available data suggest that, as of plan year 2019, carriers expected a significant impact from the loss of the individual mandate penalty. A review of claims data, premiums, membership, medical loss ratios, and pricing trends did not show a specific relationship to STLDPs. A review of area factors for geographic regions where STLDPs have stronger enrollment did not show conclusive impact of STLDPs.

As noted in the analysis section of this report, STLDPs had about 11,000 residents enrolled monthly in 2021, while Wisconsin's comprehensive coverage individual market exceeds 200,000 residents. The state's individual market has expanded over recent years, bolstered by federal measures to promote enrollment. STLDPs may provide consumers a bridge between other coverage options, as intended. Some consumers may also be using these plans as a substitute for more comprehensive coverage. Overall, however, the data suggest that STLDP products have limited impact on the ACA compliant health insurance market.

In a changing environment, STLDPs may potentially divert more consumers from comprehensive coverage options. The coming changes in federal and state Medicaid coverage provisions with the Medicaid unwinding will cause many consumers – often with lower or fluctuating incomes -- to lose Medicaid and need other coverage. Price sensitive consumers, lacking full information about available ACA subsidies, may gravitate toward enrolling in low premium STLDPs, despite their limited coverage protections and high out of pocket costs.[13] In many cases, however, STLDPs may not be the lowest cost option. For the many consumers eligible for federal premium tax credits and cost sharing subsidies, ACA compliant plan premiums will be lower or comparable to STLDPs and offer additional benefits and potentially less cost sharing. Consumer awareness and education will be essential here. OCI licensed agents, brokers, navigators, and other stakeholders may be especially impactful during this time with additional messaging to help consumers make informed decisions.

[i] Code of Federal Regulations. 45 CFR § 144.103

II. Introduction and Background

A. Project Scope

The Wisconsin Office of the Commissioner of Insurance (OCI) received federal funding from the U.S. Centers for Medicare and Medicaid Services (CMS), to better understand health insurance accessibility and increase individual market enrollment. OCI engaged BerryDunn to conduct analyses and prepare three reports focused on Wisconsin's individual health insurance market:

- Report 1: Affordable Care Act (ACA) Compliant Comprehensive Coverage and the Uninsured
- Report 2: Short-Term Limited Duration Plan (STLDP) Analysis
- Report 3: Network Adequacy Analysis

This document serves as Report #2, providing information on the following:

- STLDP enrollment, coverage, design
- Consumer purchasers of STLDPs
- Length of time for STLDPs purchased
- Insurer and Association marketing practices
- Impact on the purchase of comprehensive coverage/ACA compliant plans in the individual market

The purpose of this report is to help policymakers and regulators better understand STLDPs and determine whether there is a need to pursue STLDP related regulatory changes or policy initiatives.

B. Background on STLDPs

General Background

Short-term, limited duration plans (STLDPs) are a type of health insurance policy that provide coverage for terms that, in Wisconsin, range from 3 to 12 months, and may be renewed for a total duration of 18 months.[14] Wis. Stat. § 632.7495(4) references STLDPs as coverage "marketed and designed to provide short-term coverage as a bridge between coverages." STLDPs generally offer limited coverage and benefits and are not regulated with the same consumer protections as comprehensive health coverage.[15] Premiums for STLDPs may be lower than the unsubsidized premiums for comprehensive coverage, which the Affordable Care Act (ACA) regulates. STLDPs may limit their coverage based on an individual's prior health status/pre-existing conditions, limit maximum annual and lifetime dollar coverage, offer less benefit coverage, and lack guaranteed renewability.

STLDP features and coverage exclusions can lead to significant out-of-pocket expenses for enrolled members. Milliman, in 2020, reports that STLDP-enrolled consumers may spend substantially more for treatment of a condition newly diagnosed while enrolled, relative to consumers with ACA-compliant policy coverage.[16] As well, because STLDPs lack guaranteed renewability, those newly diagnosed with a condition while enrolled may be left uninsured or insured with a new pre-existing condition exclusion. Opportunity for coverage will await the next ACA market open or special enrollment period. During this gap in coverage. the consumer may face substantial exposure to providers' billed charges, which are generally much higher than the amounts negotiated by insurance carriers.

Separate from STLDPs, the ACA federal standards for health insurance coverage limit carriers in their pricing and underwriting practices.[17] ACA-compliant plans do not exclude coverage or price plans based on a consumer's health

conditions, and the plans provide minimum essential coverage, including "essential health benefits" (EHBs), and limit consumers out-of-pocket cost exposure. With the ACA in place, STLDPs may continue to fill a role for consumers who do not qualify for a special enrollment period under the ACA, when in-between jobs, or for other reasons when a gap occurs in available comprehensive health insurance coverage.[18,19, 20]

Coverage

Wisconsin health insurance regulations require short-term plans to conform to certain state mandates,[21] but state statute specifically excludes STLDPs from the definition of major medical coverage.[22] STLDPs do not comply with ACA provisions and do not meet the definition of minimum essential coverage under the ACA.[23] STLDPs typically include blanket exclusions for pre-existing conditions, and consumers must meet the underwriting guidelines of the carriers.[24] STLDP carriers can charge higher premiums based on health status, can impose annual or lifetime limits, may rescind coverage and deny payment following a diagnosis in certain circumstances, and may expose enrolled members to higher out-of-pocket costs when healthcare is needed.

STLDPs restrict the set of benefits that they cover. Of the 18 carriers offering STLDPs available for Milwaukee in 2018, none reported offering coverage for maternity services; 39% of carriers provided prescription drug coverage, 56% covered substance abuse services, and 72% provided coverage for some mental health services.[25,(ii)] Indeed, STLDPs spend substantially less on medical care, as a percentage of premium, than ACA-compliant policies; the study of 2018 STLDPs shows 40% of premium spent on medical claims (termed the "medical loss ratio"), whereas ACA-compliant individual policies require at least 80% of premiums collected to go toward medical care, after various adjustments.[26]

In some cases, with fewer regulatory restrictions, STLDPs with restricted benefits can offer lower premiums than coverage available in the ACA marketplace. Such lower premiums may be appealing to consumers who do not expect to use health care services. Some consumers may choose to use STLDPs as a substitute for, rather than a bridge to, comprehensive coverage—a likelihood that increased with the elimination of the tax penalty for individuals lacking ACA-compliant coverage starting January 2019.[27,28] Federal and state regulatory and statutory changes occurring since that time reflect differing views on the potential expansion of STLDPs in the market.

Federal and State Laws

A final rule issued in October 2016 by several federal agencies limited STLDP durations to three-month terms without renewal.[29] This limit was intended to assure that STLDPs are used only to fill short-term gaps, rather than as a substitute for minimum essential coverage. However, an October 2017 executive order changed federal direction on STLDPs, expanding the options for consumers to enroll in these and other ACA non-compliant plans.[30] The 2018 final rule expands access to STLDPs, allowing duration up to 364 days, with renewability up to 36 months.[31] Even with this change in federal policy, states retained the ability to further restrict STLDP enrollment durations.

Several states have passed legislation to restrict or limit the sale of STLDPs.[32] Some states have banned the sale of STLDPs or have implemented significant barriers to entry such that no STLDP carriers have entered the market. Others have restricted the initial term of STLDPs to fewer than 360 days. Half of the states have taken no action against the expansion and availability of STLDPs or continue to allow the sale of STLDPs with an initial term of at least 360 days, with or without the option to renew.

[ii] Note: These percentage reflect the proportion of carriers reporting their coverage policies. This does not indicate the proportion of enrolled members subject to these coverage policies, which will differ based on their relative enrollment in the carriers' plans.

Wisconsin state statute Section 632.7495(4) limits the initial term of STLDP coverage to no more than 12 months; Coverage may renew—if the insurance carrier offers that option, but the coverage term aggregated with all consecutive terms of the insurer's coverage cannot exceed 18 months. Coverage periods are consecutive if there are not more than 63 days between coverage periods,[33] After 18 months, the enrollee may be permitted to sign up for another short-term plan from the same insurance carrier only after a break of at least 63 days. Consumers who seek another STLDP from another carrier would be subject to the other carrier's underwriting processes. The termination of a STLDP does not trigger a special enrollment period in the ACA individual market; Enrollees who develop health conditions while covered under a STLDP may be subject to exclusions under a new STLDP or not eligible to buy another short-term plan, finding themselves uninsured until the next ACA open enrollment period.[34]

2018-2020 Projected Impacts of Federal Policy Changes

Several reports estimated likely adverse selection in the ACA-compliant market following the change in STLDP regulation and policy at the federal level, along with the elimination of the individual mandate penalty; expecting healthier individuals to exit the ACA-compliant individual market, decreasing enrollment and increasing premiums for those that remained enrolled in comprehensive coverage.[35,36,37] The Kaiser Family Foundation reported in 2018 that, among insurance carriers that publicly specify the effect of these legislative and policy changes, 2019 premiums would be an average of 6% higher, as a direct result of individual mandate penalty repeal and expansion of more loosely regulated plans, than would otherwise be the case.[38]

The Urban Institute, also in 2018, provided state-level estimates of the impact of expanded STLDPs on ACA-compliant non-group coverage (Marketplace and non-Marketplace combined), projecting a 14.6% decrease in the number of residents in ACA-compliant nongroup insurance and an 8.5% increase in residents lacking minimum essential coverage.[39] The Urban Institute also projected a substantial increase in Wisconsin's ACA-compliant plan premiums with expanded STLDPs and the loss of the individual mandate. However, Wisconsin retained its existing limits on STLDP plan length and did not adopt the federal expansion of STLDPs.

In calendar year 2020, both the Congressional Budget Office[40] and the House Committee on Energy and Commerce[41] delivered reports focusing on enrollment in STLDPs. The House Energy and Commerce Committee, which collected data from the largest sellers of STLDPs throughout the country, identified Wisconsin as one of the top 10 states nationally that make up the bulk share of STLDP enrollment.

Milliman estimated in 2020 that 6% of members in the ACA-compliant individual market would migrate to non-minimum essential coverage by 2021, which includes individuals who choose to forgo coverage and those who enroll in STLDPs, due to selection dynamics created by the STLDP expansion and mandate repeal.[42] Reviewing the degree of STLDP regulation, Milliman identified Wisconsin as 1 of 25 states subject to the "full impact" of STLDPs on the individual market. That designation results from a misunderstanding that Wisconsin had adopted the federal guidelines for STLDPs: 364-day plans, with option to renew or with at least 360-day initial duration (with or without the option to renew). However, Wisconsin limits the total duration to 18 months — short of the federal limit of 36 months. The remaining twenty-five other states are designated as either moderate or restricted impact, having limited or banned STLDPs. Milliman also reported that, for "full impact" states, STLDPs contributed to 4.3% higher premiums than in states that restrict STLDP sales. While Milliman's estimates do not apply under current Wisconsin law, the estimates could indicate further impact if Wisconsin expanded the available enrollment period or other market factors for STLDPs.

Since these early projections, changing policy and environmental conditions have affected both health insurance enrollment generally and the risk profile of enrolled members. The declaration of the COVID-19 public health emergency in March 2020 brought new federal law and regulation aimed at pandemic relief and recovery, expanding federal subsidies for enrollment in ACA Marketplace plans and Medicaid enrollment.[43] In January 2021, a series of new federal executive orders were launched along with regulations that promoted ACA plan enrollment.[44] On the horizon, potential changes in federal regulation in 2023 would roll back 2018's previously relaxed rules for STLDPs.[45]

The study that follows here reports on the actual experience in Wisconsin, as of plan year 2021, given the recent policy and environmental conditions.

III. Data and Methods

A. Data Sources

Table 1 lists the sources of data for the analyses presented throughout this report. We used Wisconsin-specific data, from both federal and state sources, and from analyses published elsewhere.

In 2019, National Association of Insurance Commissioners (NAIC) conducted a STLDP Data Call, sending a letter to all companies licensed to write business in any of the forty participating states. This data call focused on determining which companies write short-term limited duration medical policies. NAIC sent the data call letter to all companies licensed to write business in any of the forty participating states. Wisconsin was among those participating states. OCI has access to information about any company marketing STLDPs in Wisconsin during the reporting period of January 1, 2019, through June 30, 2019.

BerryDunn also collected primary data, conducting an insurance carrier data call with the Wisconsin Commissioner of Insurance. The data call occurred in November-December 2022, requiring, and receiving, responses from all 12 carriers that offer STLDP products in Wisconsin's market. The Appendix provides the survey instruments.

Table 1. Summary of Data Sources

Wisconsin STLDP enrollment and design	Insurance Carrier data call ▪ November-December 2022 ▪ NAIC, January-June 2019
Individual Market premiums and enrollment projections	Wisconsin OCI Comprehensive Health Insurance Enrollment Reports https://oci.wi.gov/Pages/Companies/CompHealthEnrollment.aspx ACA carrier rate filings CMS Public Use Files
Marketplace Plans and Premiums	OCI Comprehensive Health Insurance Enrollment Reports. Last Updated March 16, 2022. https://oci.wi.gov/Pages/Companies/CompHealthEnrollment.aspx CMS.gov. 2015-2022 Marketplace Open Enrollment Period Public Use Files. https://www.cms.gov/research-statistics-data-systems/marketplace-products/2022-marketplace-open-enrollment-period-public-use-files
Individual Market and ACA Marketplace Enrollment	CMS.gov. 2015-2022 Marketplace Open Enrollment Period Public Use Files https://www.cms.gov/research-statistics-data-systems/marketplace-products/2022-marketplace-open-enrollment-period-public-use-files
Insurance Status/ Source of Health Insurance Coverage/Uninsured	United States Census. American Community Survey. Table S2701. Selected Characteristics of Health Insurance Coverage, Wisconsin. 2021 and Table S2703. Private Health Insurance Coverage by Type and Selected Characteristics, 2021. https://data.census.gov/table?t=Health+Insurance&g=0400000US55$0500000&y=2021&tid=ACSST5Y2021.S2703&tp=true Department of Health and Human Services. March 12, 2021. https://aspe.hhs.gov/reports/state-county-local-estimates-uninsured-population-prevalence-key-demographic-features

B. Data Constraints and Limitations

The data reported depend on the quality of information provided by the carriers in responding to the OCI data call. In some cases, the responses were incomplete or inconsistent, and required multiple iterations, questions, and clarifications. The data call provided specific instructions. However, it is possible that each carrier may have varied in interpretation of instructions in ways that affected their counts. The data provided by the carriers were not subject to audit.

The review of the carriers' ACA-rate filings depended on the degree of detail contained in the rate filings. In most cases, the rate filings did not provide granular information about the specific components that contributed to the expected change in the morbidity of their populations, limiting the ability to identify the impact of STLDPs on the population apart from other components.

IV. Analysis

This section presents data for each of the following elements:

A. STLDP enrollment and coverage
B. Consumer purchasers of STLDPs
C. Geography and market share
D. Plan design and term length
E. Claims experience and medical loss ratio
F. Marketing practices
G. Impact on the purchase of comprehensive coverage/ACA compliant plans in the individual market

A. STLDP Enrollment and Coverage

Wisconsin, in 2021, had 12 carriers enrolling Wisconsin residents in STLDPs, an increase from 10 carriers that had responded to the NAIC survey in 2019. While the number of carriers may have increased, the number of enrolled members decreased. As of December 2021, Wisconsin carriers report 10,310 enrolled members, compared to 13,731 enrolled in December 2019 (Figure 1). In 2021, STLDPs enrolled an average of 11,345 members per month in Wisconsin. These enrollment figures reflect the total number of members enrolled at a single point in time in a single month. Throughout a year, some consumers purchase STLDPs of various durations short of 12 months, and some consumers purchase multiple STLDPs in a single year. In 2021, a total of 27,394 plans were sold throughout the calendar year. The total number of unique persons who enroll in STLDPs in Wisconsin over the total year would be above the 11,345 average monthly and lower than the 27,394 total plans sold annually.

Several policy and market factors occurring from 2019-2021 likely had significant impacts on consumers' decisions about insurance product selection. These conditions contributed to Wisconsin's decrease in STLDP enrollment in that time frame:

1. COVID-19 pandemic, with federal relief and recovery measures[46] that included:
    - Substantial expansion of premiums subsidies, effective 2021, for purchase of ACA-compliant plans on the Marketplace, including $0 premiums and new premium support for consumers with incomes over 400% of the federal poverty level.
    - Maintenance of Enrollment policy in Medicaid, resulting in a 30% increase in Wisconsin Medicaid enrollment between 2020 – 2022 as existing Medicaid members were no longer subject to eligibility review and disenrollment occurred only under limited circumstances.
2. Several new regulations promoting enrollment in ACA Marketplace plans and funds to increase in ACA Marketplace marketing, outreach, and enrollment workforce.[47]

The number of members enrolled each month in STLDPs remains steady throughout the year, with decline toward the year end displayed in Figure 2. This may reflect members dropping their coverage as they enroll in other options for the start of the next calendar year. All regions of the state follow the same monthly trend. The number of members enrolled each month remains steady month-to-month for the shorter-term policy lengths (less than 3 months and 3 – 6 months). But the policies that last up to 12 months show a drop off in member numbers toward the end of the calendar year. Again, this may reflect members dropping their coverage as they anticipate other coverage options at the beginning of the next calendar year. (Figure 3)

Figure 1. Reporting Carriers and Number of STLDP Enrolled Members, 2019 and 2021

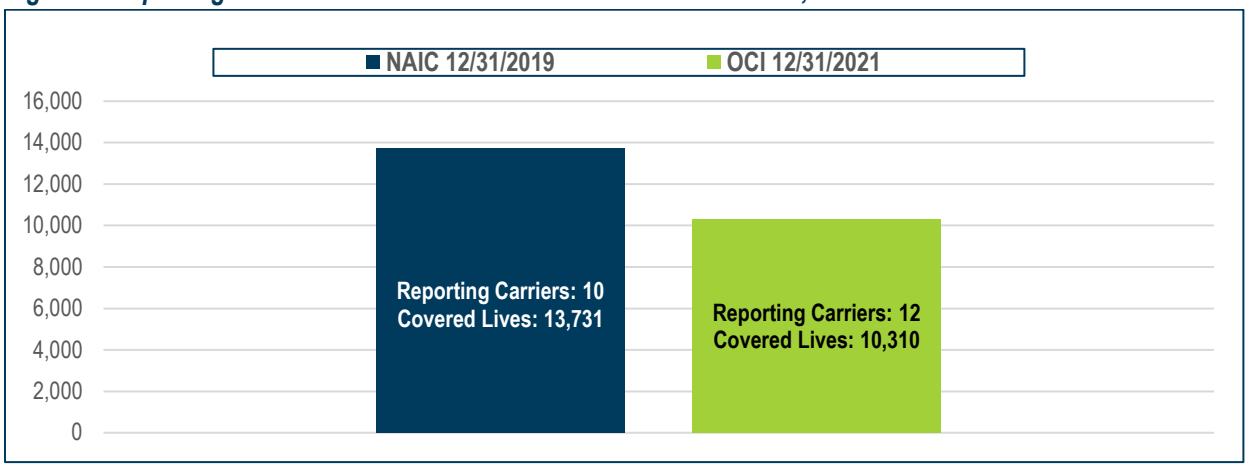


Figure 2. Number of Members Enrolled Monthly, Statewide and Regional, 2021

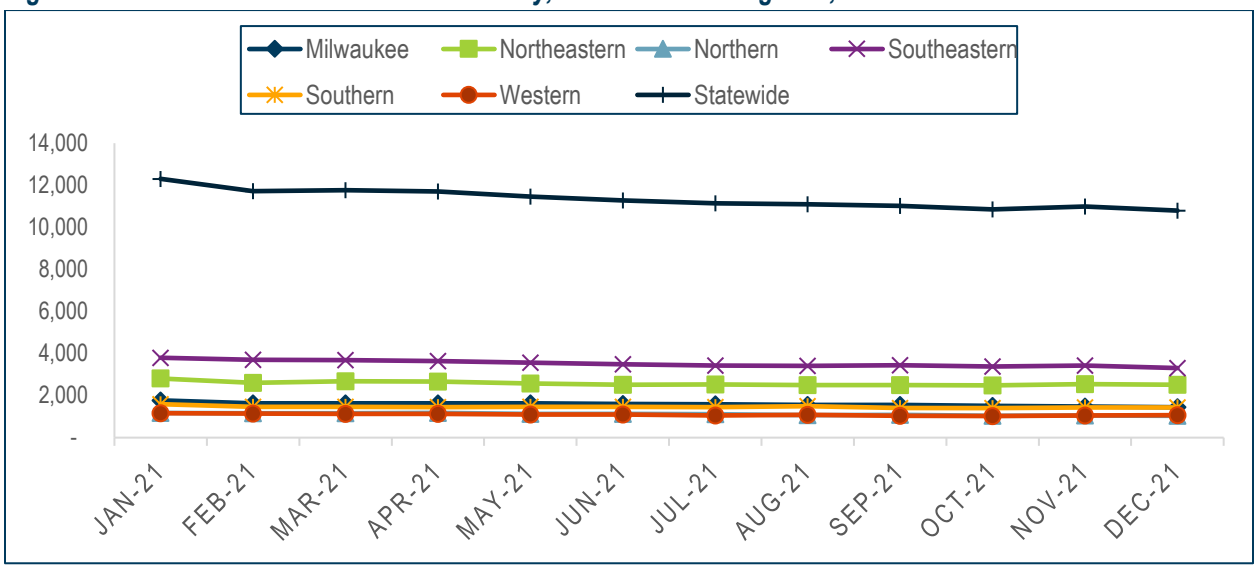
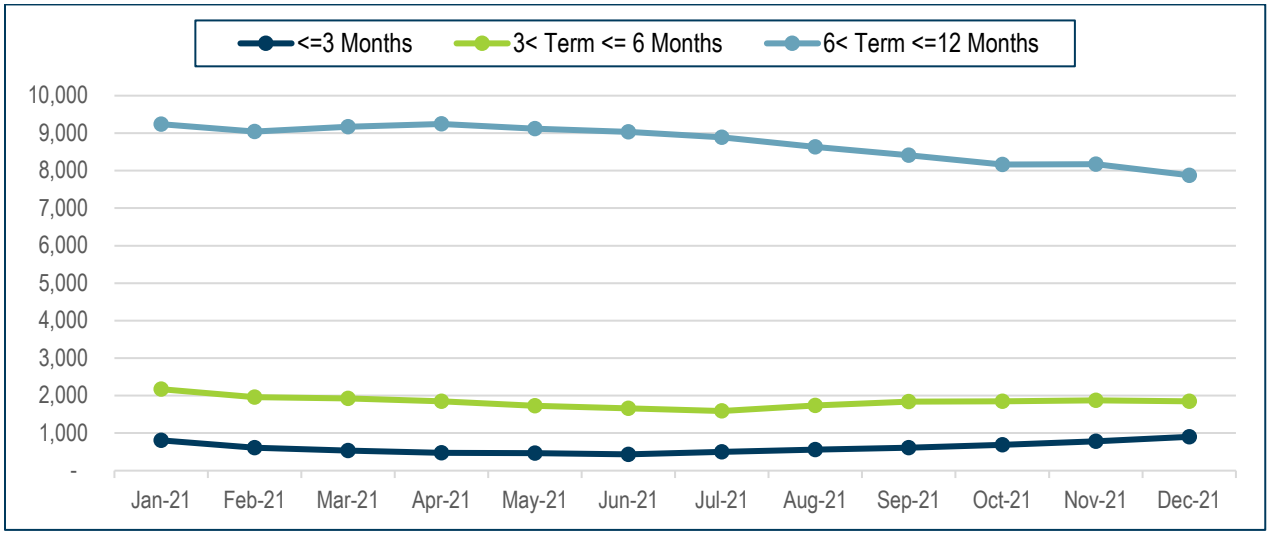


Figure 3. Number of Members Enrolled Monthly, by Length of Policy Term



B. Consumer Purchasers of STLDPs

In 2021, STLDPs had an average monthly enrollment of 11,345 members per month. Some consumers purchase policies limited to six-month terms, resulting in some consumers purchasing multiple STLDPs in a single year. A total of 27,394 plans were sold throughout the calendar year.

Figures 2 and 3 show current total enrollment at any time throughout the year, but the actual individuals covered on a month-to-month basis changes constantly with differing purchase dates and varying policy lengths. Figure 4 shows the pattern in sales of new policies, which differs from total enrollment of members each month. Members enrolled throughout the year will have a beginning and an end to their policy period, and Figure 4 shows December and June are most common months to purchase policies. Most STLDPs take effect with a December purchase, before the beginning of the calendar year. All age ranges show a similar pattern. However, younger age ranges are slightly more likely to purchase 6-month rather than 12-month term policies. This may reflect this use of these policies as a bridge to other options. Section D below, further discusses Plan Term Length.

Figure 4. Trend in Policy Effective Date, Statewide and by Age Range

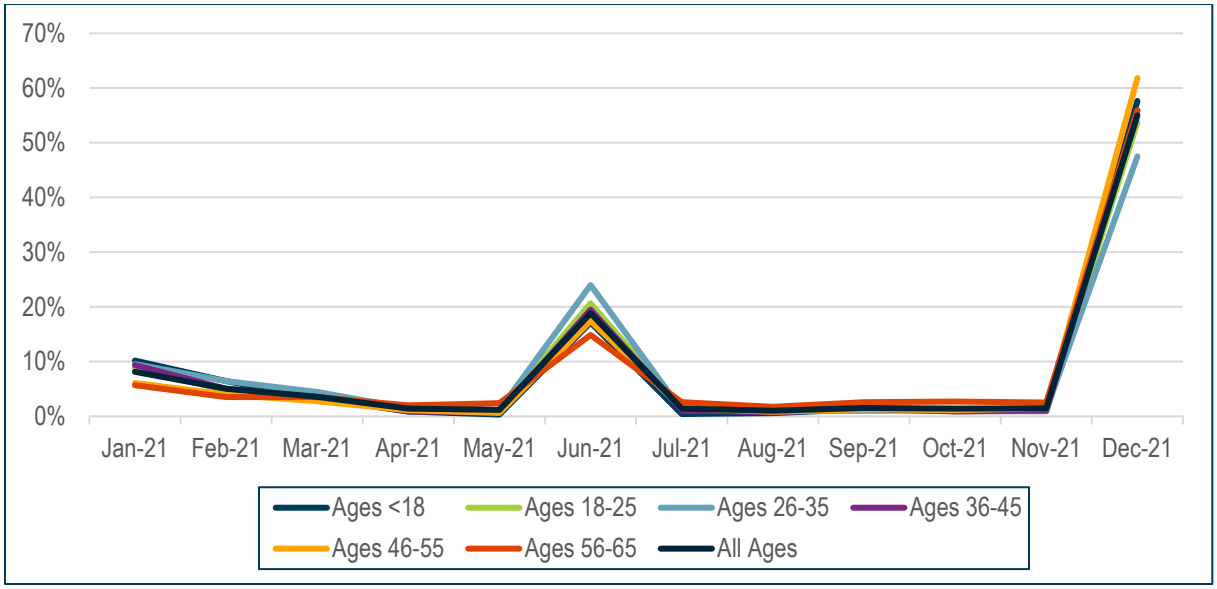
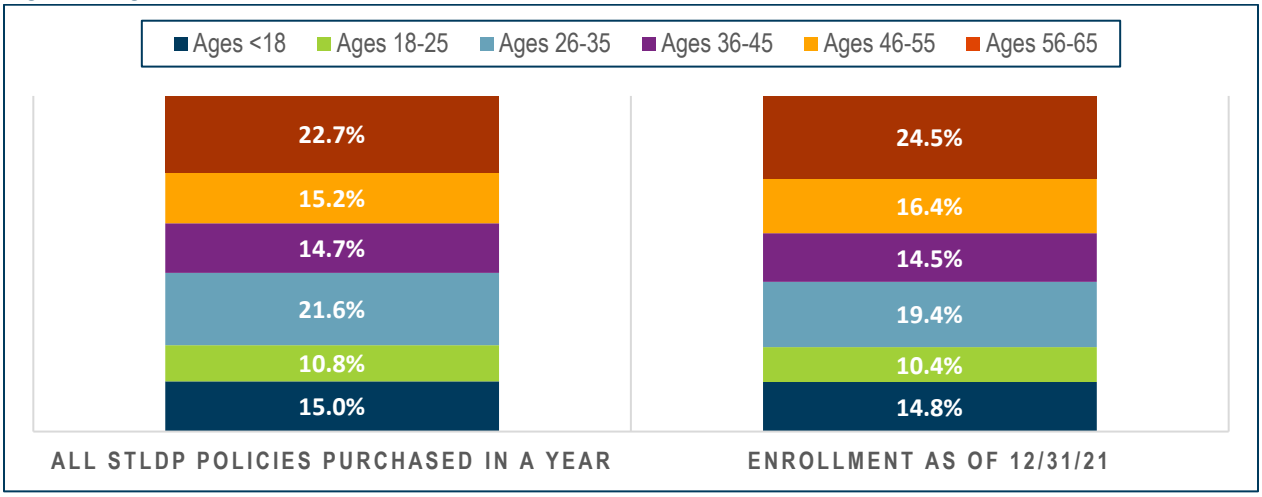


Figure 5 displays detail about the age composition of consumers who enroll in STLDPs. The composition is similar between the group that purchases all STLDPs through the year, and all individuals who enrolled in an STLDP as of December 2021. Members ages 55 – 65 account for a quarter of STLDP members: 22.7% of policies purchased in a year and 24.5% of members enrolled at a specific point in time. This age group also represents a significant and growing portion of members enrolling in ACA Marketplace plans.[48] And their enrollment in the ACA Marketplace plans has further increased with the expansion of premium subsidies under the COVID-19 relief.

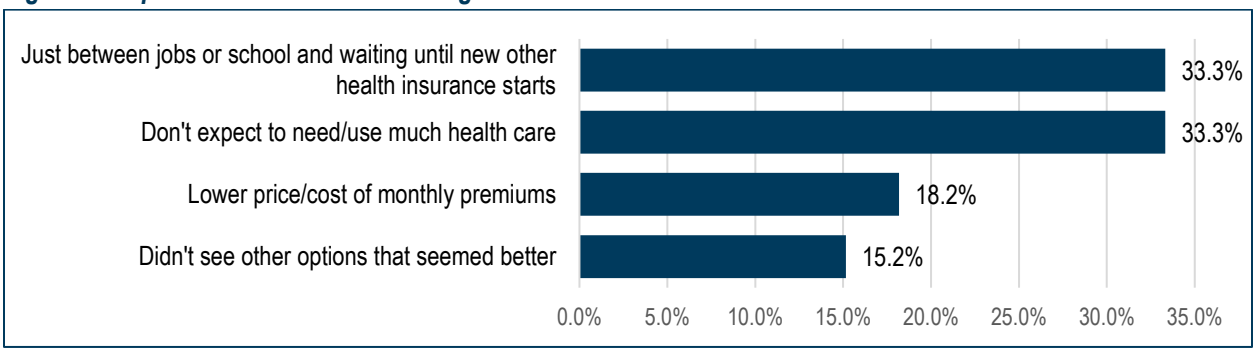
The age group 26 – 35 represents the next largest group of enrolled members, accounting for about one-fifth. This group includes those most likely to face a disruption in insurance coverage with recent loss of eligibility for coverage under parents' plans. And they are currently the least likely to enroll in ACA Marketplace plans.[49] Consumers ages 18 – 25 represent the smallest portion of those enrolled in STLDPs. This may reflect their continuing eligibility for coverage under their parents' plans, and access to other sources of low-cost coverage via ACA catastrophic plans and college-sponsored student health plans.[50] However, young adults are also most likely to remain uninsured.[51]

Figure 5. Age Composition of Enrolled Members



Further analysis of factors that lead individuals to purchase STLDPs is out of scope for this report, but BerryDunn had explored this question in a previous consumer survey conducted for OCI.[52] The 18 respondents who reported that they were enrolled in an STLDP frequently referenced lower prices, limited options, and not expecting to need much health care. (Figure 6)

Figure 6. Reported Reasons for Enrolling in Short-Term Limited Duration Plan



Key Findings

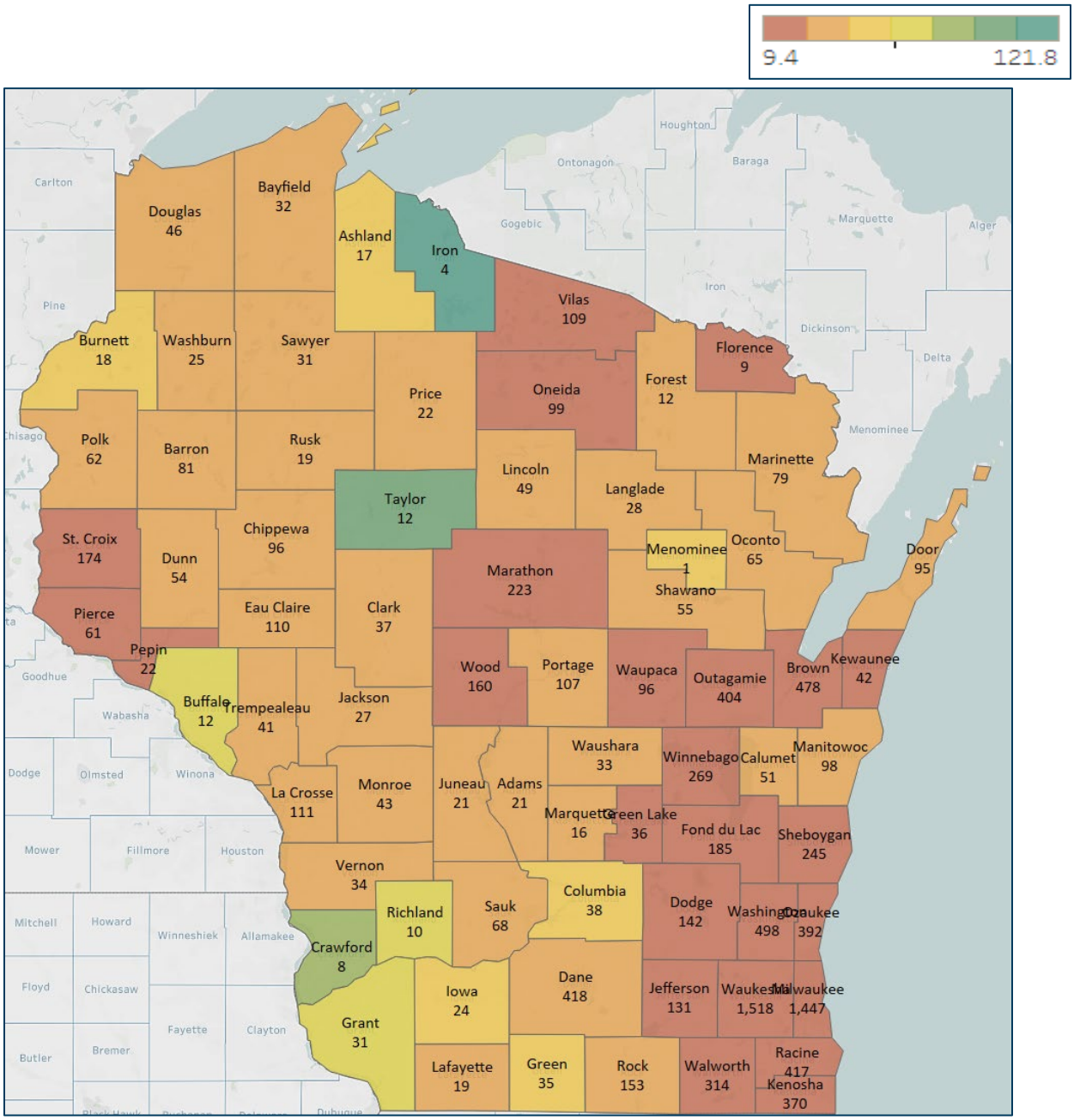
Enrollment & Coverage ♦ Consumer Purchasers

- In 2021, 12 insurers sold STLDPs in Wisconsin.
- Overall, STLDP enrollment is decreasing. Carriers had 10,310 enrolled members in December 2021 compared to 13,731 in December 2019.
- Factors contributing to the decline in STLDP enrollment may include expanded federal subsidies for ACA plans, resulting from the COVID-19 public health emergency, increased federal funding directed toward ACA plan outreach, and continuous enrollment in Medicaid during the public health emergency.
- Consumers ages 55 – 65 account for the largest group of members enrolled in STLDPs, with consumers ages 26 – 35 as the next largest group.

C. Geography and Market Share

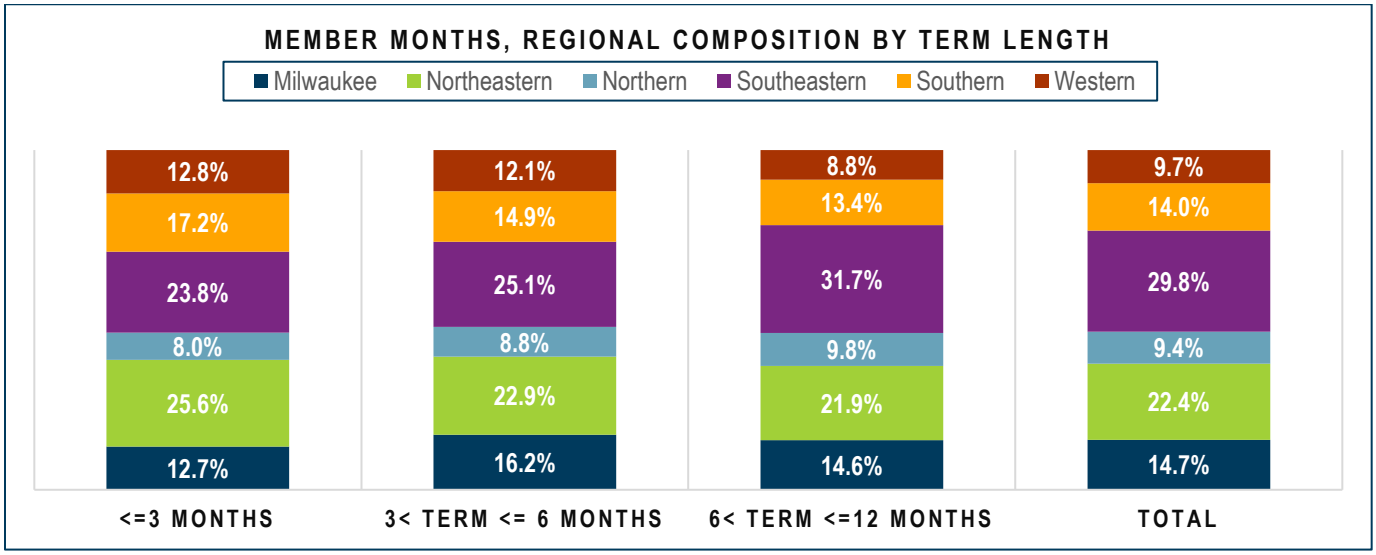
Figure 7 displays the number of STLDP members enrolled in each Wisconsin county as of December 2021. The colors within the map reflect the ratio within the county of Marketplace plan enrollment relative to STLDP enrollment. The counties in green show a high ratio of Marketplace plan selections relative to STLDP participation, while those in darker red show the higher relative participation in STLDPs. While the ACA-compliant individual market far surpasses STLDP plan enrollment in all counties, those counties with a relatively higher rate of STLDP enrollment may merit further investigation.

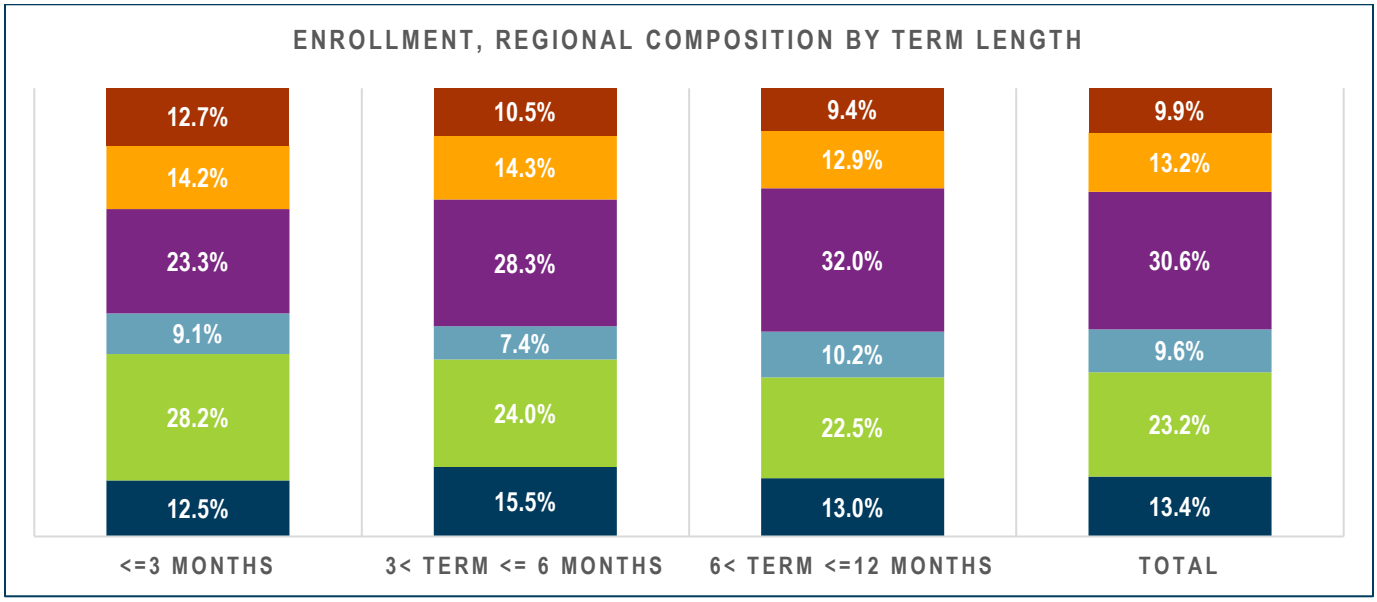
Figure 7. STLDP Enrollment by County: Ratio of Marketplace to STLDP Enrollment



Northeastern and Southeastern regions account for the largest share of member months in each of the plan term categories, with the Northeastern region accounting for about a quarter of total enrollment and member months, and the Southeastern region accounting for about a third of total enrollment and member months. The same composition holds for number of enrolled members. (Figure 8)

Figure 8. Member Months and Number of Enrolled Members, by Region and Term Length





Beyond population size, STLDP enrollment may relate to various characteristics in the region, such as the age and workforce composition of the population, employment dynamics, Marketplace plans and premiums, the strength of the individual and employer-sponsored markets. A full exploration of such factors is beyond the scope of this report. The following figures and tables provide a survey view of these relationships.

Table 2 displays the total populations of each of the regions, and the population below age 65, and Figure 9 displays the regions in order of largest to smallest total population and in total enrolled. The relative number of members enrolled in STLDPs across regions does not align with the overall total populations in these regions. For example, the

Southeastern region has the largest total number of members enrolled in STLDPs but ranks third among the five regions in total population ages 18 – 64.

Table 2. Health Region Total Population

Region	Total Population	Population Ages 18-64	Number Enrolled in STLDP, December 2021
Milwaukee	949,180	584,724	1,447
Northeastern	1,301,502	801,835	2,508
Northern	524,125	314,555	1,037
Southeastern	992,202	602,881	3,308
Southern	1,288,696	814,666	1,430
Western	751,270	462,978	1,067

Figure 9. Largest to Smallest Number: Health Regions' Total Population and Total Enrolled

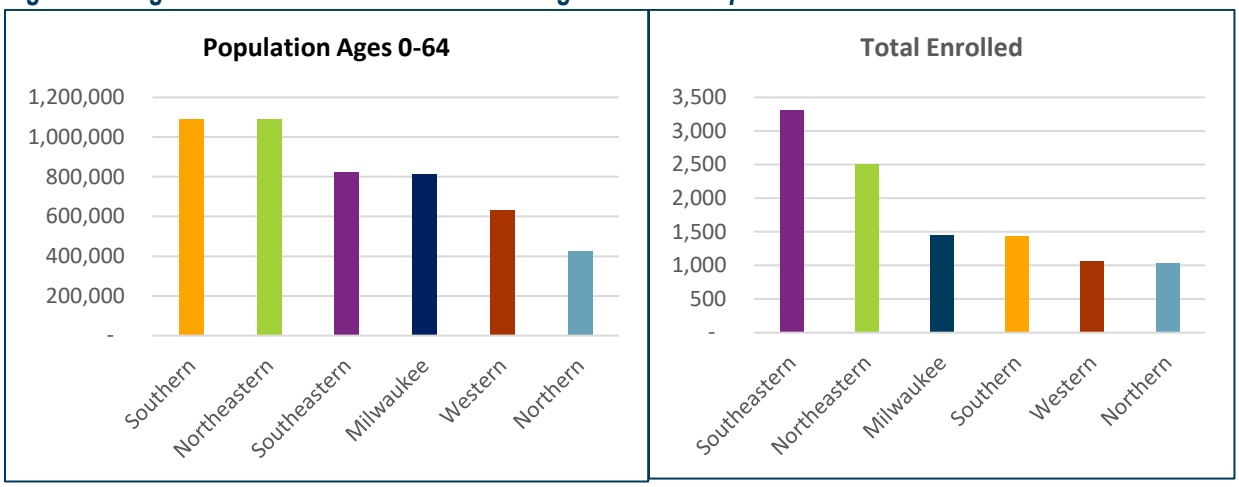


Figure 10 and Figure 11 present data to reflect whether and how STLDP enrollment may relate to the size of the total comprehensive individual and group insurance markets.[iii] Figure 10 displays STLDPs relative to the individual market, compared to the individual market's share of the total population. The Southeastern and Milwaukee regions have a smaller proportion of residents participating in the individual market. But, of the individual market coverage in these regions, STLDP enrollment accounts for a larger proportion relative to STLDP enrollment in other regions. In other words, while a smaller proportion of residents in those regions participate in the individual market, residents are more likely to purchase STLDPs.

[iii] The comprehensive individual health insurance market includes single risk pool, transitional, and grandfathered plan enrollment, as reported by Wisconsin OCI. Comprehensive Health Insurance Enrollment Reports. Last updated February 24,2023. https://oci.wi.gov/Pages/Companies/CompHealthEnrollment.aspx

Figure 11 displays the proportion that employer-sponsored insurance (ESI) accounts for in the total population, compared to STLDPs in the individual market. Here, the regions with the highest level of ESI — the Southern and Southeastern regions — show inconsistent enrollment in STLDPs, with the Southern Region showing a relatively low proportion of its population (2.9%) and the Southeastern region showing a relatively high proportion of its population (9.5%) enrolled in STLDPs.

Figure 10. STLDPs as Percent of Individual Market and Individual Market as Percent of Population < Age 65

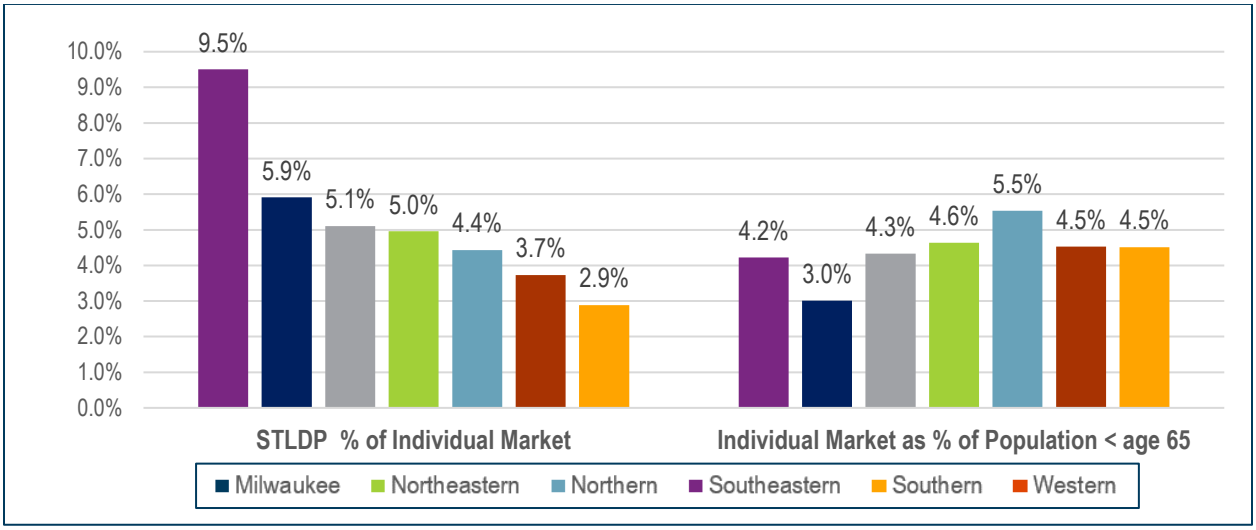
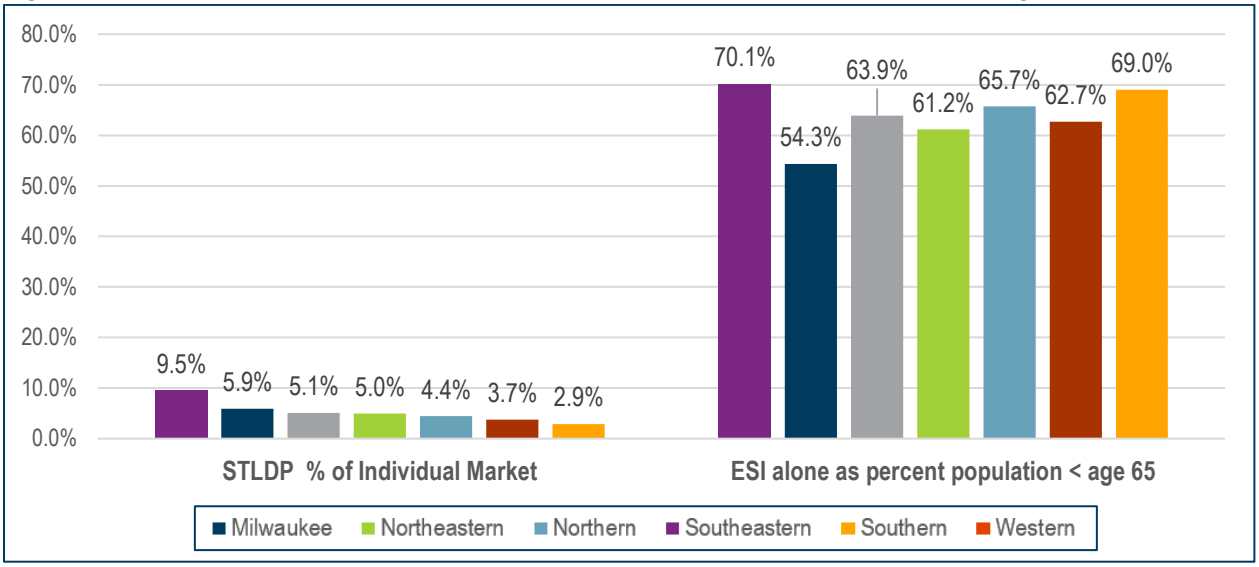


Figure 11. STLDP as Percent of Individual Market, and ESI[53] as Percent of Population < Age 65



Key Findings

Geography & Market Share

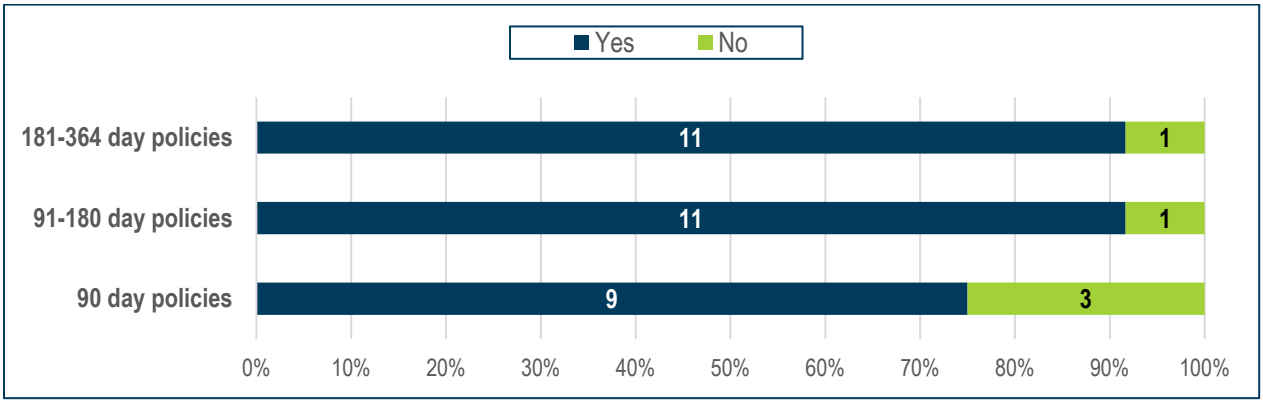
- Purchase of STLDPs varies across geographic regions, with the Northeastern and Southeastern regions accounting for the largest share of member months in each of the plan term categories.
  - Beyond population size, STLDP enrollment may relate to various characteristics in the region, such as the age and workforce composition of the population, employment dynamics, Marketplace plans and premiums, the strength of the individual and employer-sponsored markets.
- The Southeastern and Milwaukee regions have a smaller proportion of residents participating in the individual market. But, of the individual market coverage in these regions, STLDP enrollment accounts for a larger proportion relative to STLDP enrollment in other regions. In other words, while a smaller proportion of residents in those regions participate in the individual market, residents are more likely to purchase STLDPs.

D. Plan Design and Term Length

D1. Plan Designs of Enrolled Members

The 12 carriers selling plans in Wisconsin offer plans of varying lengths from 30 days to 364 days. Figure 12 displays the proportion of carriers that report offering products of the various term lengths.

Figure 12. Proportion of Carriers Offering Products of Varying Term Lengths



Within each region, the longer of the STLDPs (6 – 12-month policies) account for most of the enrollment, ranging from two-thirds to three-quarters of enrolled members and member months. Figure 13 and Figure 14 display the member months and enrollment by plan term length by region.

- Southeastern and Northern regions have the highest proportion of member months and members in longer-term policies
- Western region has the highest proportion of member months and members in shorter term (< 3 month) policies

Figure 13. Member Months, Term Composition by Region

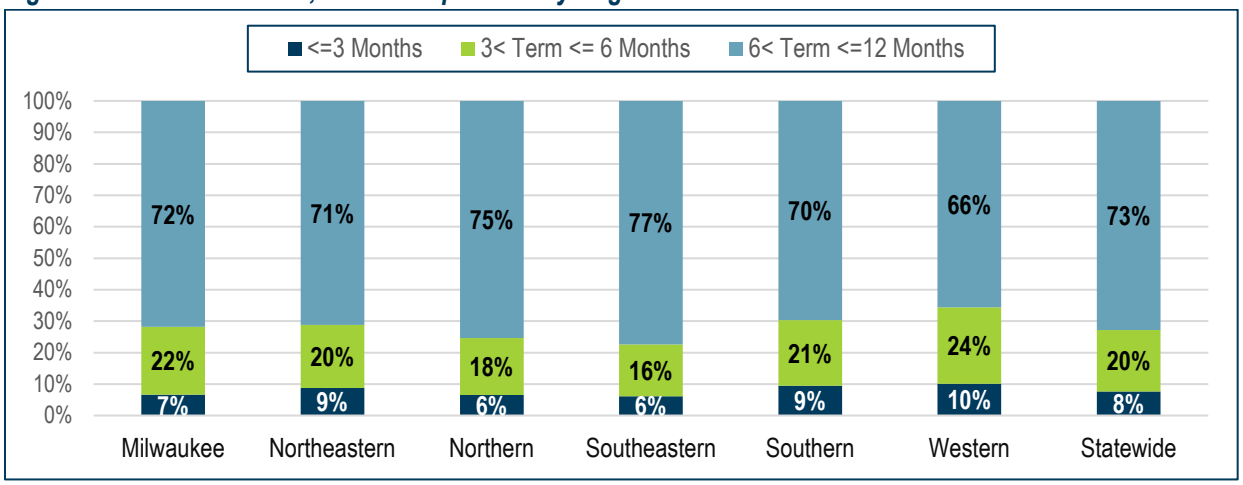
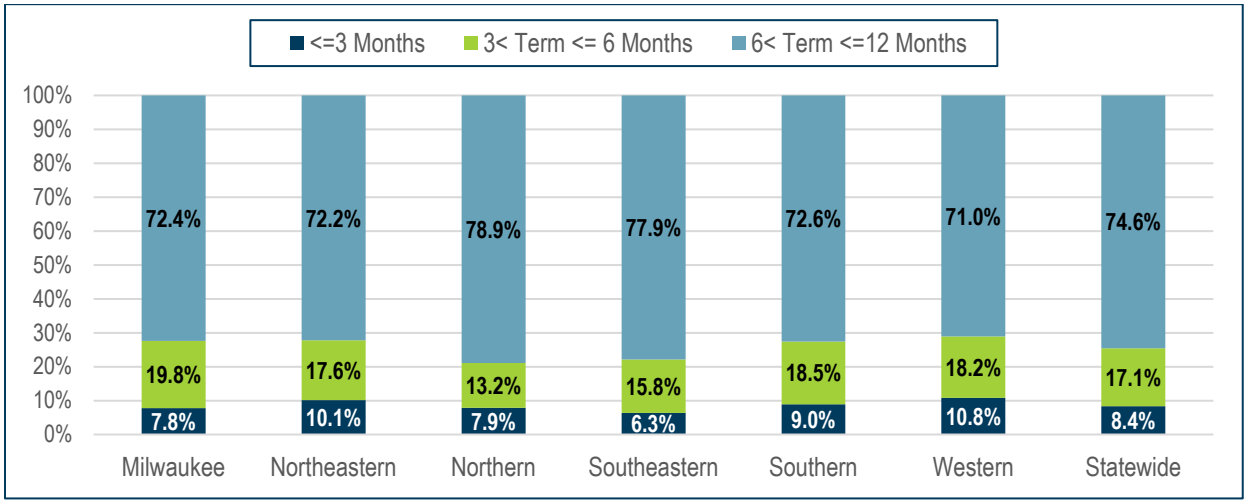


Figure 14. Enrollment, Plan Term Composition by Region



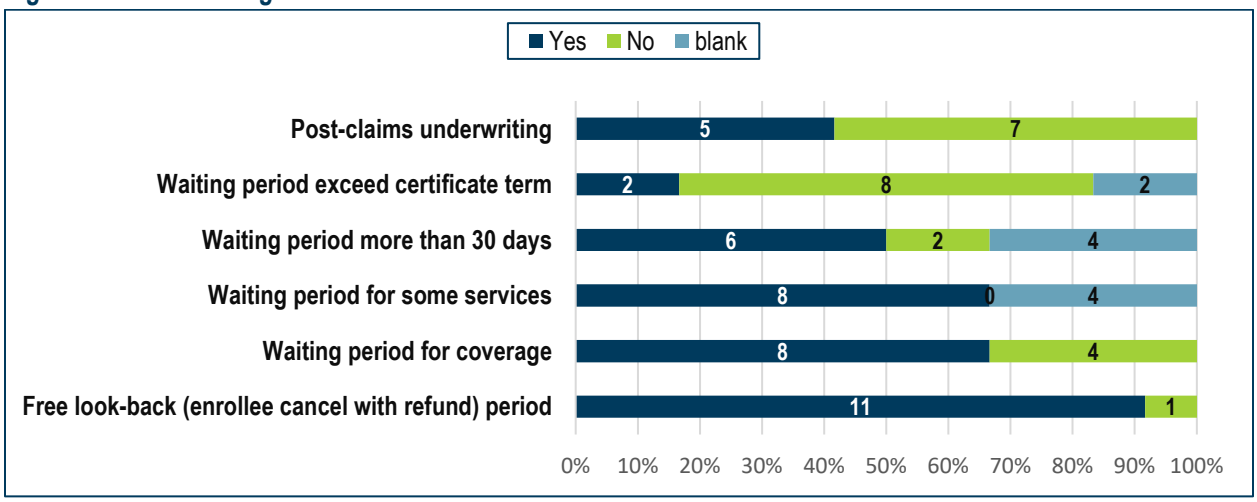
D2. Plan Design: Covered Benefits

STLDPs are not subject to ACA regulations of the comprehensive individual market, and carriers maintain the ability to impose exclusions based on pre-existing conditions, impose waiting and look-back periods, and other underwriting and enrollment practices that limit their insured pool and insurance risk.[54, 55]

Figure 15 displays the frequency that carriers report using these practices. These percentages reflect the proportion of 12 carriers reporting their coverage policies. This does not indicate the proportion of enrolled members subject to these coverage policies, which will differ based on the relative number of members enrolled in each of the carriers' plans. Note that all carriers except one report offering a free look-back period. Wisconsin statute requires offering a free look-back period, whereby a policyholder may return a policy within 10 days after receipt and receive a refund.[iv] However, insurers selling STLDPs through Associations that have less than 25% of their Association policyholders residing in Wisconsin are not subject to this requirement.

[iv] Wisconsin Statutes Section 632.73 (1).

Figure 15. Underwriting and Enrollment Practices



STLDPs are not required to cover the ACA's designated essential health benefits.[56] Carriers may determine the benefit design and coverage exclusions. Figure 16 displays the coverage inclusions and exclusions for prescription drug coverage (Rx), cancer treatment, maternity services, and mental health/substance use disorder (MH/SUD) services. Nearly all the carriers cover prescription drugs and cancer treatment. None of the carriers report covering maternity care. Carriers were split in reporting coverage of MH/SUD services.

Figure 17 displays detail about how covered services differ by plan term. For longer term (6 – 12 month) plans, compared to very short term (<3 month) plans, fewer carriers report providing prescription drug coverage, while more carriers report covering MH/SUD services. Term length does not change the number of carriers reporting coverage for cancer treatment (most) and general exclusions for maternity services.

Figure 16. Covered Services: Prescription (Rx), Cancer, MH/SUD, Maternity

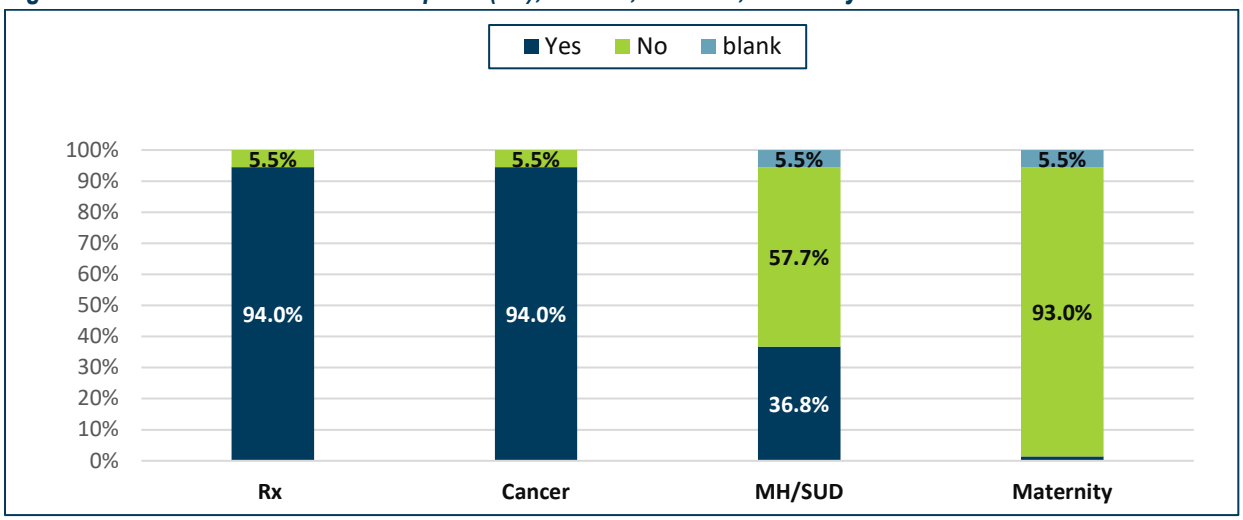
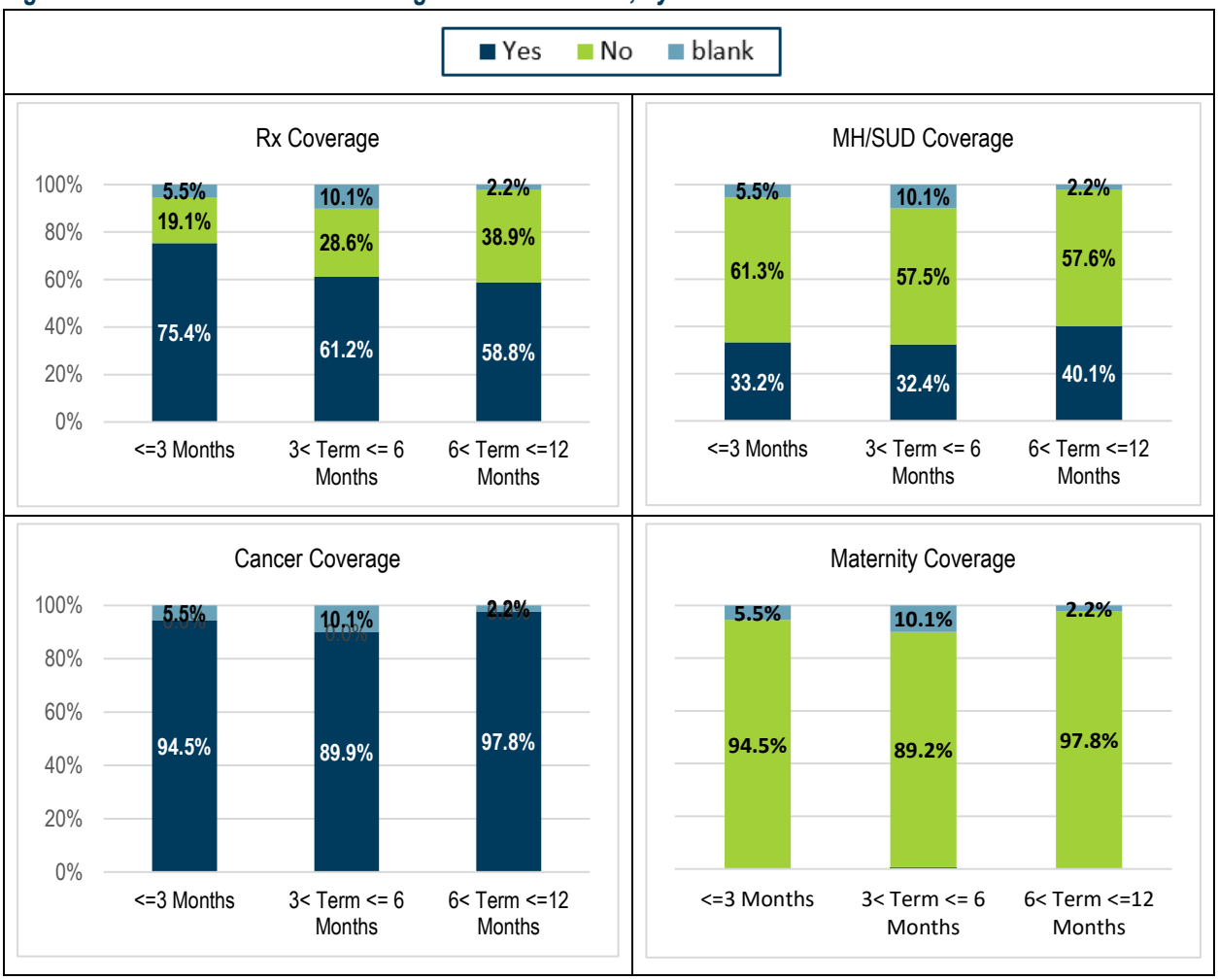


Figure 17. Percent of Carriers Offering Covered Services, by Plan Term



Carriers also reported further detail about services excluded from coverage and where coverage is limited. Figure 18 displays the services that carriers report as excluded. All carriers report excluding coverage for obesity treatment. Some carriers report excluding coverage for high-cost conditions, including HIV/AIDS, heart conditions, seizure disorder, stroke, and insulin or diabetes care. These conditions are likely subject to pre-existing condition exclusions for all the carriers; the answers in this survey did not clearly differentiate between those carriers that report excluding coverage for treatment based on enrollment exclusions and those carriers that exclude coverage for enrolled members who develop these conditions while enrolled. Also important to note: two-thirds of the carriers report excluding coverage for specialty drugs, about half of carriers report excluding coverage for preventive services, and one-third report excluding coverage for pediatric services.

Figure 19 displays various services to which coverage limits apply. The responses for this group include those carriers that report covering the specified service. Here, coverage limits apply to common services, including preventive, laboratory, and emergency services. Note here: Coverage for HIV/AIDS drug treatment and coverage for

insulin/diabetes care are among mandated benefits for all Wisconsin health insurers, in certain circumstances.[v] The coverage reported by these carriers fall within compliance for the mandates, in that the mandates allow for exclusions and only apply in specific health plan benefit packages.

Figure 18. Services Excluded from Coverage

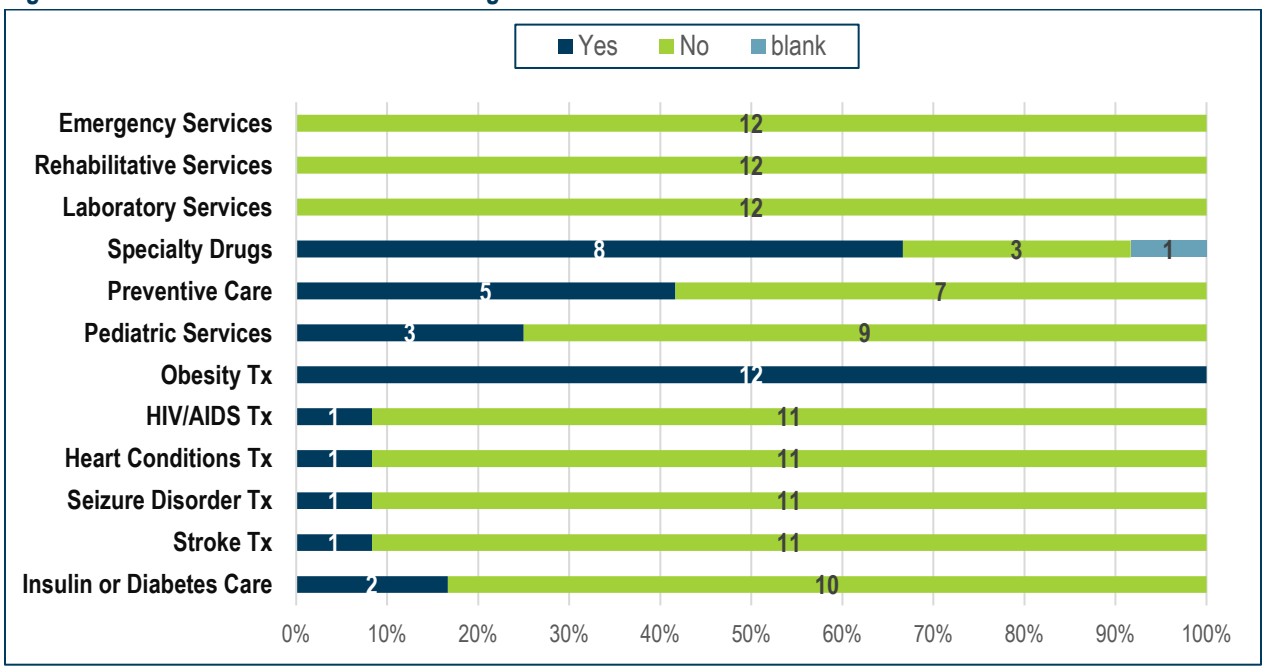
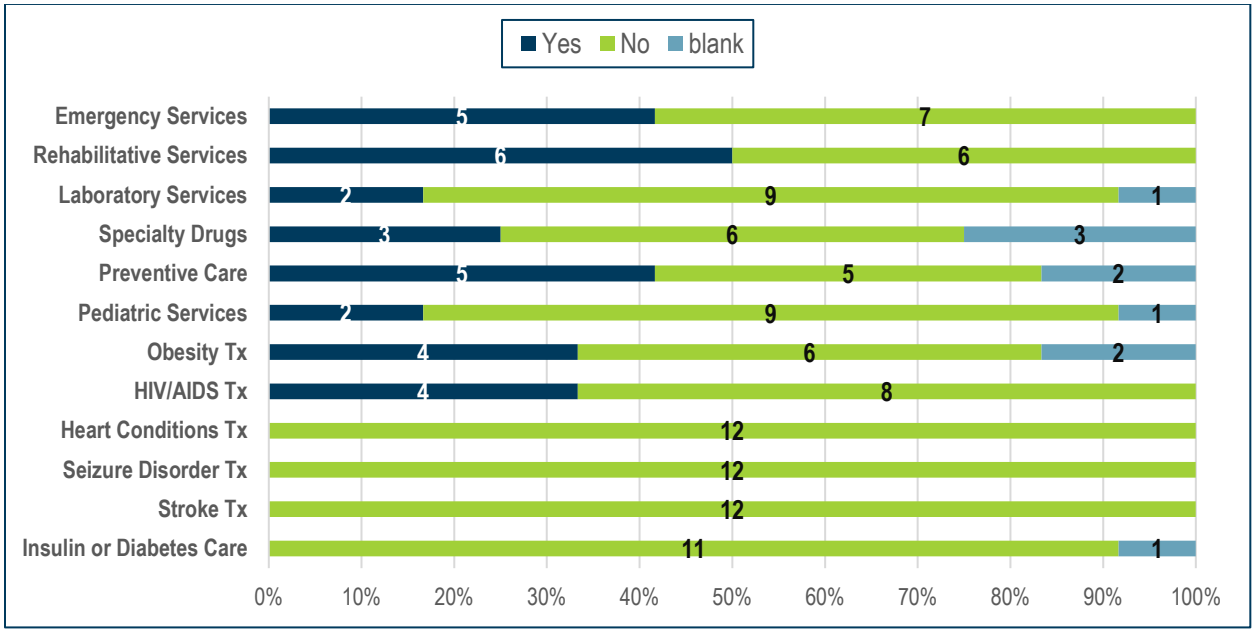


Figure 19. Limited/Reduced Coverage



[v] Wis Stat. 632.895 (6) (Treatment of Diabetes) and 632.895 (9) (Treatment of HIV). See also Wisconsin Commissioner of Insurance. Mandated Benefits in Health Insurance Policies. Fact Sheet. PI-019 (R 08/2021). https://oci.wi.gov/Documents/Consumers/PI-019.pdf

D3. Plan Design: Average Premiums

The statewide average premium, based on carriers' individual reported premiums in 2021, was $157 per month. (Figure 20) Premiums ranged by region from $147 to $179 per month. Figure 21 displays the variation in premiums across plan terms, with the less-than-3-month plans averaging $101 per month statewide, 3 – 6-month plans averaging $130 per month statewide, and the plans up to 364 days (12 months) averaging $191 per month. The variation in premium prices across regions ranges from $24 per month for 12-month plans to $37 per month for shorter-term plans.

Figure 20. Average STLDP Premium Across Regions

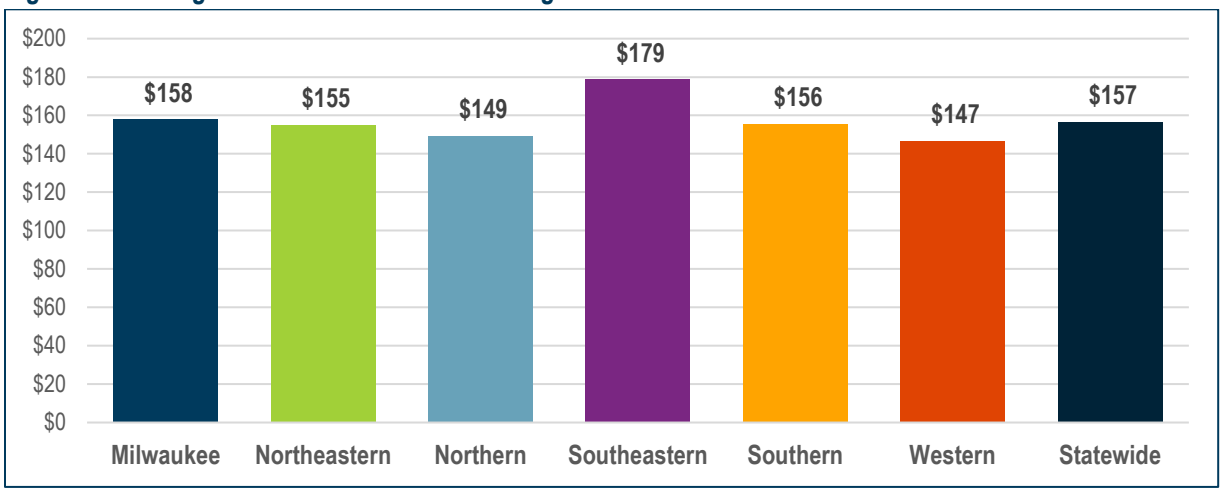
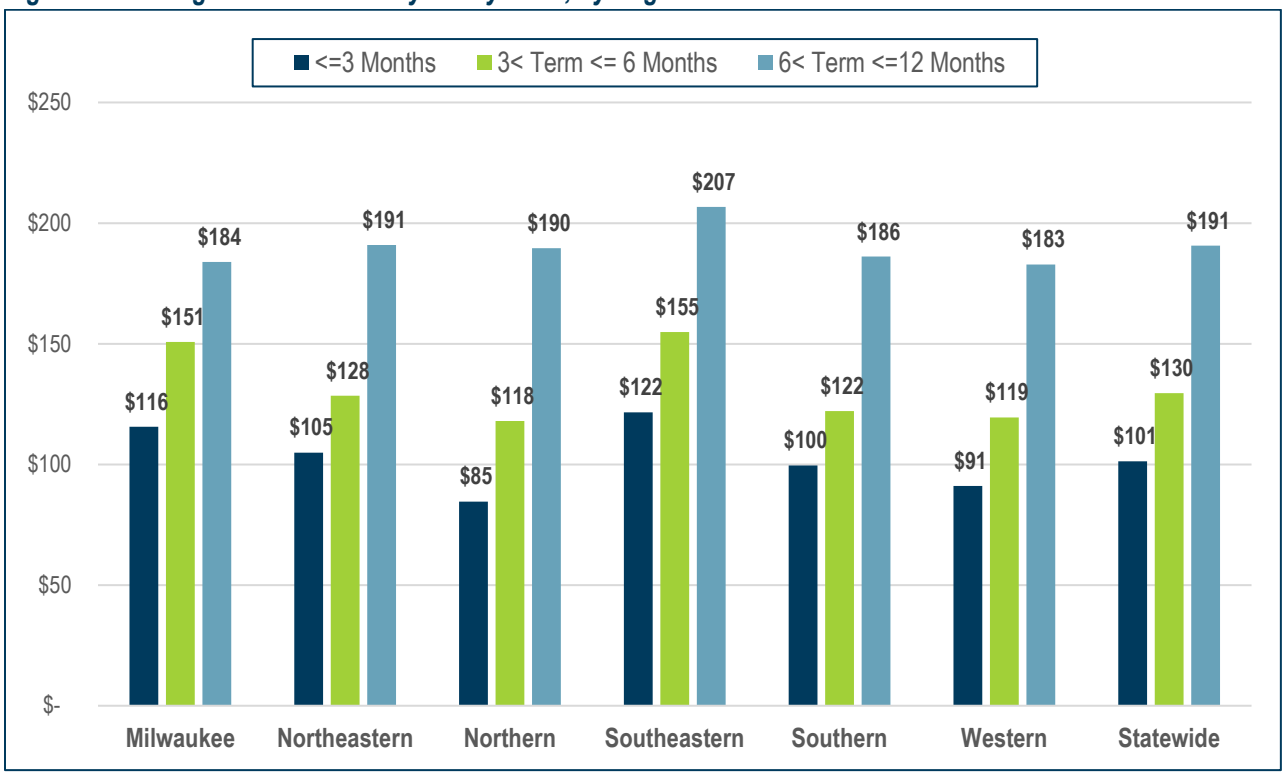


Figure 21. Average Plan Premium by Policy Term, by Region



Key Findings

Plan Design & Term Length

- The 12 carriers selling plans in Wisconsin offer plans of varying lengths.
- Within each region, the longer of the STLDPs (6 – 12-month policies) account for most of the enrollment, ranging from two-thirds to three-quarters of enrolled members and member months.
- Nearly all STLDPs offered in Wisconsin cover prescription drugs and cancer treatment. Less than half cover MH/SUD, and none cover maternity care.
- Some carriers report excluding coverage for high-cost conditions, including HIV/AIDS, heart conditions, seizure disorder, stroke, and insulin or diabetes care.
- Two-thirds of the carriers report excluding coverage for specialty drugs, about half of carriers report excluding coverage for preventive services, and one-third report excluding coverage for pediatric services.
- Statewide average premium in 2021 was $157.00 per month, ranging by region from $147 to $179.
- Monthly STLDP premium may be higher than a subsidized ACA Marketplace plan for many consumers.

E. Claims Experience and Medical Loss Ratio

In calendar year 2021, Wisconsin STLDP carriers report 124,050 member months and report handling 77,967 claims, both paid and denied. Figure 22 displays the number of member months and number of claims for 2021 by region. Consistent with the relative number of members enrolled, the Southeastern and Northeastern regions report the largest number of member months and claims.

Figure 23 displays the percentage of member months and of claims accounted for by each region – again, showing the Southeastern and Northeastern regions accounting for the largest share of member months and claims, with the two regions at about one-third and one-fifth respectively.

Figure 22. Member Months and Claims by Region

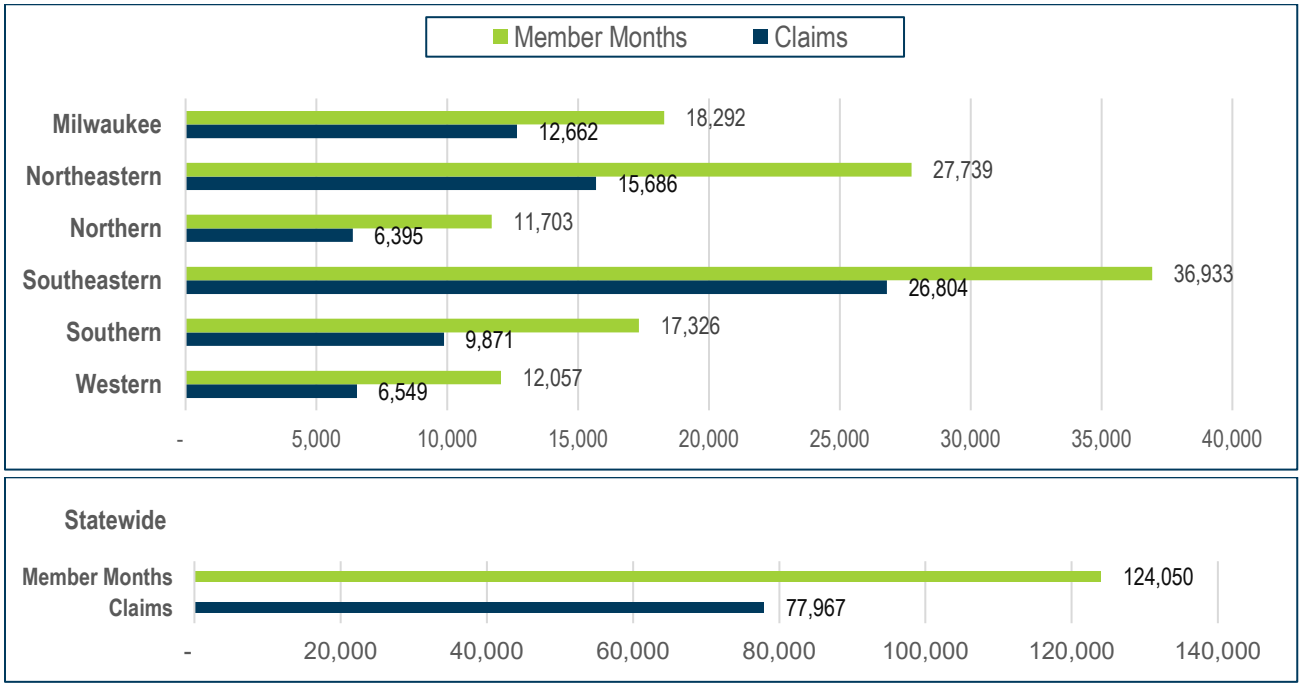
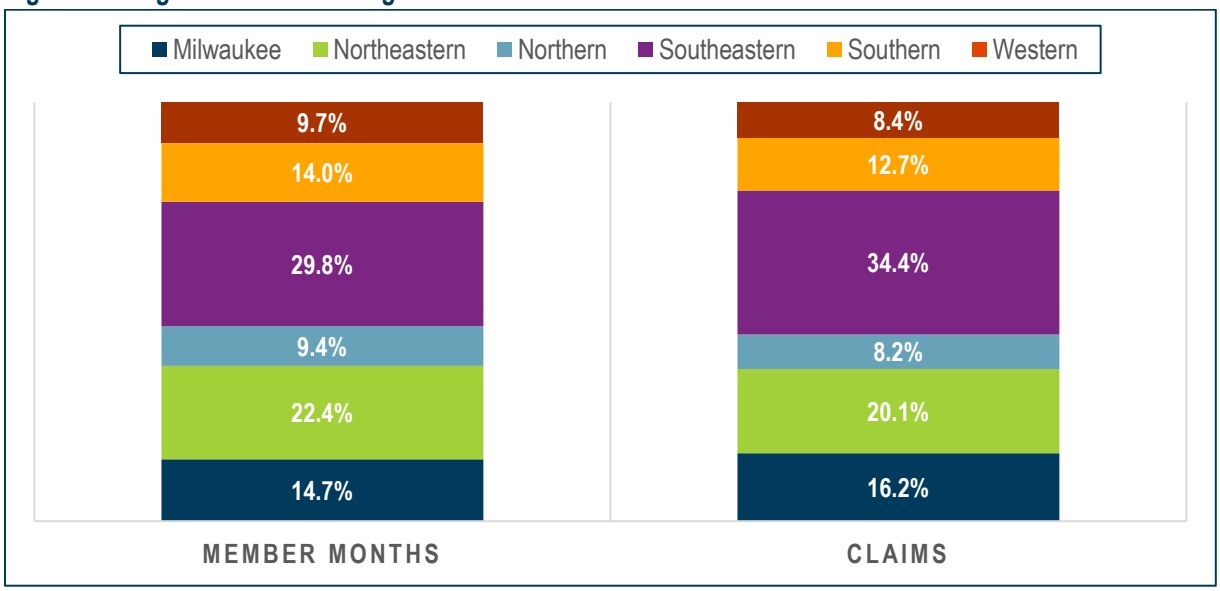


Figure 23. Regions as a Percentage of Statewide Member Months and Claims



Claims Disposition

Carriers report paying about two-thirds of claims and denying or returning about one-third of claims for calendar year 2021. (Figure 24) The STLDP rate of claims denials far exceeds the average denial rate for in-network claims by Wisconsin's ACA Marketplace plans, reported at 11.7% for 2021.[57] The proportion of STLDP claims denials remains consistent with that reported to NAIC in 2019. Non-covered benefits account for about 55% of denied claims. Over a third did not have a reason reported. Other less frequent reasons for denied or returned claims include pre-existing condition exclusions, falling within the waiting period, exceeding maximum dollar coverage limits, and out-of-network providers. (Figure 25)

The medical loss ratio (MLR) represents the percentage of premium dollars spent on health care services for members. Carriers report a broad range of MLRs for 2022, from an average MLR of 18.6% in the Northern region to an average of 76.3% in the Southeastern Region (Figure 26). Generally, Carriers report an overall average MLR of 40.5%, compared to 43.3% reported by NAIC in 2019 (Table 3).

In either case, these MLRs show that carriers of STLDPs spend a substantially lower percentage of their premium revenue out in health care services than do carriers in the ACA regulated market, which requires carriers to price their products in the individual market such that they attain a minimum MLR of 80%, after various adjustments.[58] Note, however, that MLRs for STLDPs may be subject to volatility due to their enrollment size and shorter term of policy. Indeed, MLR analyses under the ACA are subject to credibility adjustments.[vi] Some plans are deemed "partially credible" or "noncredible" due to lower enrollment, while "credible" plans are subject to the MLR requirement.[59]

[vi] Insurers with fewest enrollees (less than 1,000 life years) are called "noncredible" and presumed in compliance with ACA's MLR requirements. Insurers with moderately low enrollment (1,000 to less than 75,000 life years) are called "partially credible." These insurers receive an adjustment that increases their MLR. Insurers with partially credible experience that have higher average deductibles receive further upward adjustments. This deductible factor adjusts the MLR by increasing the insurer's credibility adjustment by a multiplier. Insurers with 75,000 life years or more are considered "fully credible." *Source: Explaining Health Care Reform: Medical Loss Ratio (MLR). Kaiser Family Foundation. February 29, 2012.*

Figure 24. Number and Percent of Claims Received and Claims Paid

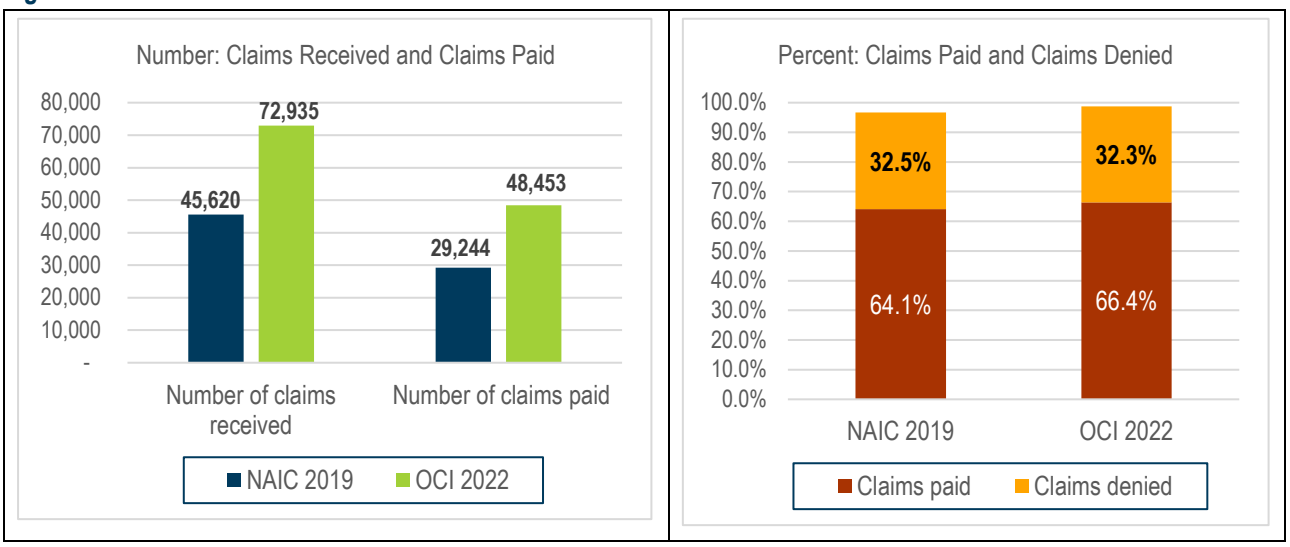


Figure 25. Reported Reason for Claims Denied or Returned

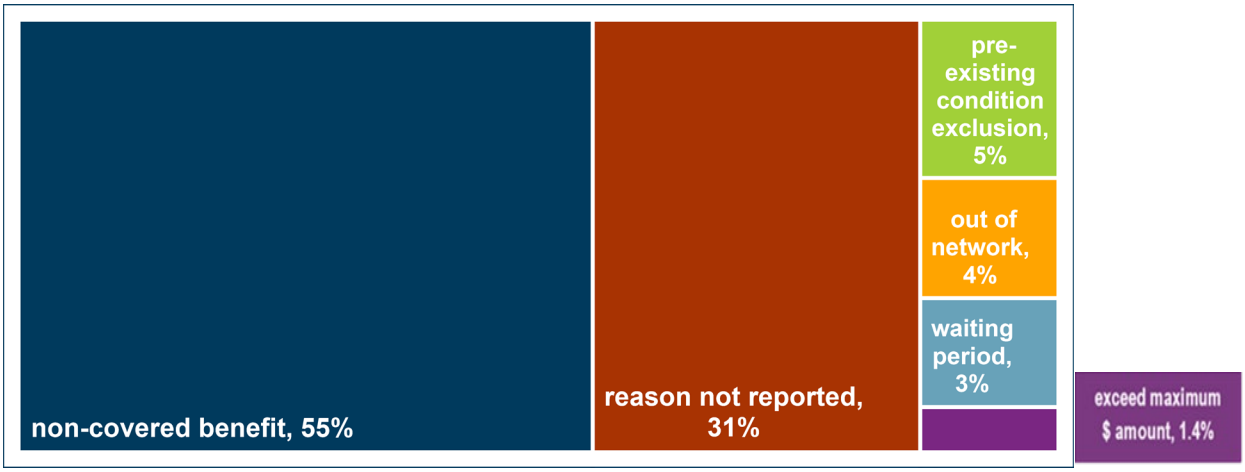


Figure 26. Average Medical Loss Ratio, by Region and Statewide

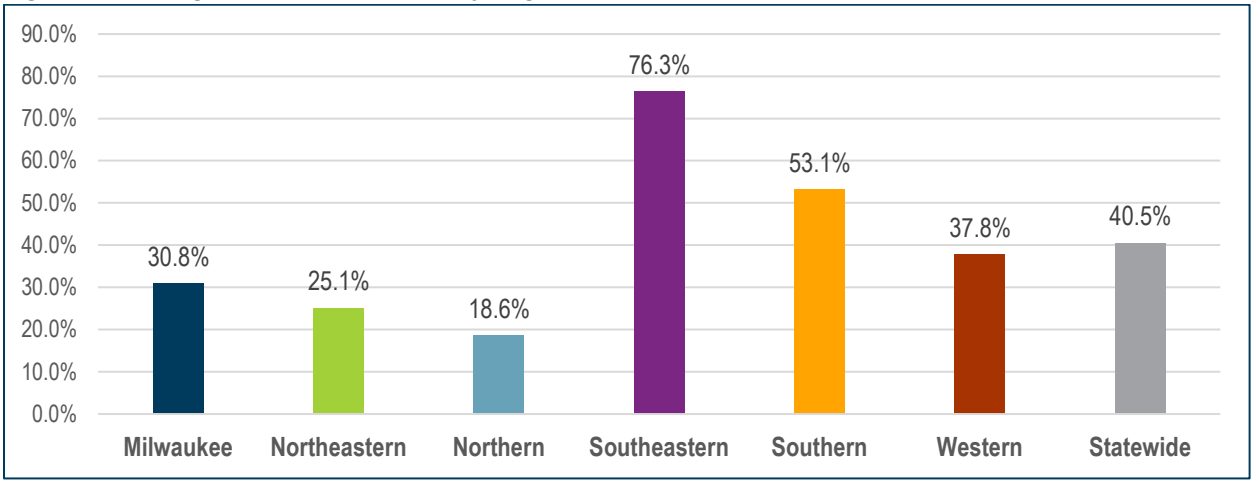


Table 3. MLR Ranges and Average, NAIC 2019 Survey and OCI 2022 Survey

	MLR Range	MLR Average
NAIC 2019	2.5% - 53.7%	43.3%
OCI 2022	18.6 % – 76.3%	40.5%

Key Findings

Claims Paid ♦ Medical Loss Ratio (MLR)

- In 2021, STLDP insurers paid about two-thirds of claims and denied about one-third.
  - The STLDP rate of claims denials far exceeds the average denial rate for in-network claims by Wisconsin's ACA Marketplace plans, reported at 11.7% for 2021.
  - Non-covered benefits account for 55% of STLDP denied claims.
- The STLDP carriers report an overall average MLR of 40.5%.
  - While STLDPs may be subject to volatility due to their relatively small enrollment and short length, the MLR indicates that STLDPs spend a substantially lower percentage of their premium on healthcare services than ACA-compliant plans (required to attain MLR of 80%).

F. Marketing Practices

The STLDP carriers vary in their reported use of associations, trusts, administrators, third-party marketing organizations (TPMO) and lead generators, as displayed in Figure 27. About half of carriers report issuing policies through associations and selling through associations outside of Wisconsin. No carriers report issuing policies through trusts. Carriers commonly rely on agents and brokers to sell their plans (Figure 28). All carriers that report using brokers report paying their brokers a commission based on a percentage of the premium.

Figure 27. Reported Sales Venues

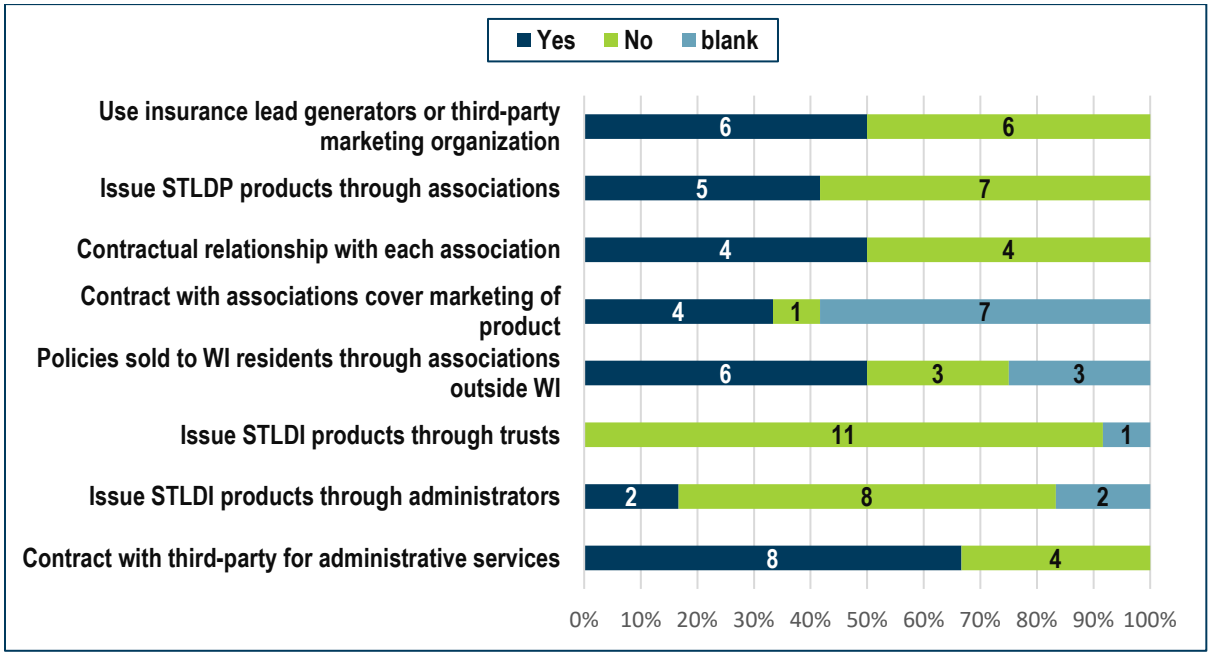
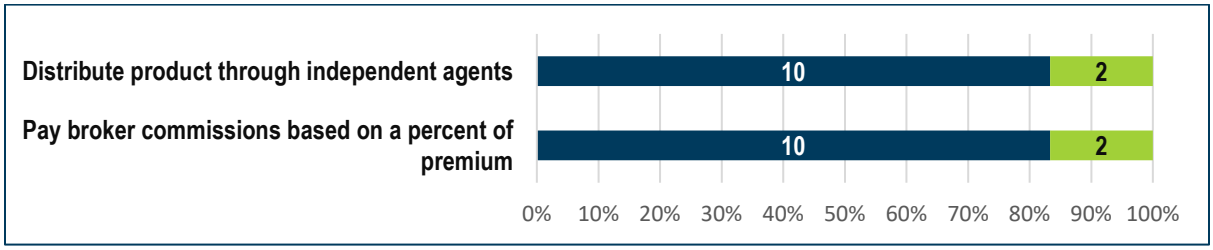


Figure 28. Reported Use of Agents and Brokers



Five (5) of the 12 STLDP carriers submitted sample marketing materials for review as part of the OCI study. A review of the marketing materials yields various findings. The marketing materials consistently emphasize the limits on STLDPs, and that they do not provide minimum essential coverage under the ACA and are subject to various exclusions and coverage limits. All STLDP carriers reviewed market their products to consumers as a bridge between other coverage circumstances with language directed to persons who are between jobs or who have been laid off; for those waiting for employer benefits; for those with seasonal, part-time, or temporary employment; for those who recently graduated. These messages note that STLDPs may "help protect you during coverage gaps" and provide an affordable option "when circumstances leave you temporarily uninsured."

Additional language appears in some materials that suggests promotion of the plans as a substitute for comprehensive coverage. Messages state that STLDPs may be "for others who lack adequate health insurance" and STLDPs help meet "your life's needs" and that STLDPs provide "freedom of choice." One carrier's materials specifically direct its messaging to healthy adults who might want to "[t]ailor health coverage to just what you need and not spend money on services you might not need." Such framing suggests targeted marketing of STLDPs as a substitute for ACA-compliant comprehensive coverage.

Insurers selling STLDPs must include in their marketing materials a consumer disclosure Notice, in 14 point font, as prescribed by the federal Department of Health and Human Services.[60]

> This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

Key Findings
Marketing Practices

- Insurers selling STLDPs must include in their marketing materials a consumer disclosure that advises about the limitations of STLDP policies, as prescribed by the federal Department of Health and Human Services.
- While marketing materials consistently emphasize STLDP limits, some also include messaging that may suggest STLDPs as a substitute for ACA-compliant coverage. Such statements target STLDPs "for others who lack adequate health insurance" or for consumers seeking to "tailor health coverage to just what you need and not spend money on services you might not need."
- State law defines STLDPs as an insurance product bridge between coverages. Marketing suggesting other purposes for the product may be an area for OCI to review use of compliant messaging by insurers.
  - Price sensitive consumers, lacking full information about available ACA subsidies, may gravitate toward enrolling in relatively low premium STLDPs. However, consumers eligible for federal premium tax credits will have options for accessing ACA compliant plans at lower or comparable premiums as STLDPs.
  - Consumer outreach and education is essential to ensuring consumers understand their options.

G.Impact on the purchase of comprehensive coverage in the individual market

Wisconsin OCI reports data from its Health Insurer Market Survey (HIMS) for grandfathered, transitional, single risk pool, and market segment (individual, small group, large group).[61] The data are reported by carrier and county level, although small numbers prohibit public reporting at that level. Regional and statewide reporting provides a view of the trend in individual market ACA-compliant plan enrollment, and how it has changed since the onset of the pandemic.

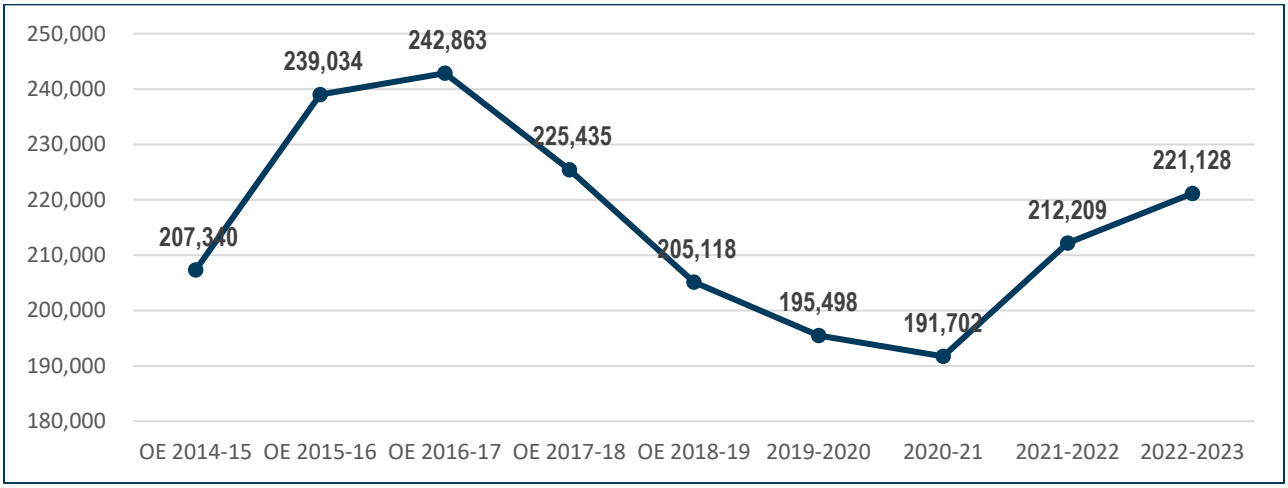
Table 4 displays the substantial growth in the ACA-compliant individual market statewide (8% from 2018 to 2021), and in five of the six regions of the state. Along with this, enrollment in non-compliant plans continues to decline, with under 13,000 Wisconsin residents remaining enrolled in transitional and grandfathered plans at the end of 2021.

Plan enrollment through the ACA Marketplace has increased in the past year as well. Open enrollment for plan year 2022 resulted in 212,209 Wisconsin consumers selecting plans through the ACA Marketplace, and plan selections increased again to 221,129 during open enrollment for plan year 2023.[62] Most (88%) of these consumers qualified for premium subsidies. Figure 29 displays the trend in plan selections for open enrollment for plan years 2014 through 2023. The substantial increase since 2021 reflects the expansion of premium subsidies under the COVID-19 public health emergency.

Table 4. Individual Market, Single Risk Pool, Transitional, and Grandfathered Plans, 2019-2021

		12/31/2019	12/31/2020	12/31/2021	Change 2019-2021	% Change 2019-2021
Single Risk Pool: fully compliant with the ACA.	Milwaukee	22,113	21,574	23,473	1,360	6.2%
	Northeastern	44,274	42,693	48,520	4,246	9.6%
	Northern	22,789	21,412	22,685	-104	-0.5%
	Southeastern	28,618	28,656	31,524	2,906	10.2%
	Southern	40,226	41,386	44,546	4,320	10.7%
	Western	26,226	26,319	27,879	1,653	6.3%
	Statewide	184,246	182,040	198,627	14,381	7.8%
Transitional: subject to limited provisions of the ACA.	Milwaukee	1,153	968	774	-379	-32.9%
	Northeastern	2,635	2,217	1,853	-782	-29.7%
	Northern	992	812	668	-324	-32.7%
	Southeastern	3,694	3,119	2,645	-1,049	-28.4%
	Southern	6,477	5,445	4,646	-1,831	-28.3%
	Western	1,006	779	625	-381	-37.9%
	Statewide	15,957	13,340	11,211	-4,746	-29.7%
Grandfathered: not subject to most provisions of the ACA	Milwaukee	388	318	203	-185	-47.7%
	Northeastern	558	451	232	-326	-58.4%
	Northern	238	207	61	-177	-74.4%
	Southeastern	1,206	1,022	629	-577	-47.8%
	Southern	674	561	359	-315	-46.7%
	Western	336	284	94	-242	-72.0%
	Statewide	3,400	2,843	1,578	-1,822	-53.6%

Figure 29. Open Enrollment Marketplace Plan Selection Trend, Plan Years 2015-2023



Individual insurance market enrollment trends vary by geography. The total number of residents who enroll depends on the total size of the county population, and will also reflect other demographics such as age, income, and citizenship composition of the population. The economic and employment circumstances in an area will affect the degree to which residents have access to and enroll in ESI or are Medicaid-eligible and therefore not seeking individual market coverage. And the amount and form of outreach, consumer education, and enrollment assistance will also affect trends and variation in enrollment.

ACA Marketplace Rate Filing Review

The Kaiser Family Foundation, in a 2018 study, reviewed rate filings to assess the impact of the change in the individual mandate and other factors.[63] This study, for Wisconsin, reports for 2018 that two carriers show a rate impact of the individual mandate uncertainty of 3% and 10%. For 2019, four Wisconsin carriers' rate filings show an impact ranging from 4 – 11%, attributed in aggregate to changes in the individual mandate penalty, STLDPs, and association health plans (AHPs).

BerryDunn, for the current OCI study in 2022, reviewed ACA-compliant rate filings for the top 10 carriers in the individual market in Wisconsin. (The top 10 carriers represent between 93% and 97% of the membership in the individual ACA compliant market.) The review aimed to understand any morbidity and pricing impacts of the STLDPs on the ACA market. BerryDunn reviewed filings for plan years with effective dates of 2020 through 2023 using data in the Unified Rate Review Templates (URRTs) and the Actuarial Memorandums.

The carriers used 2018 claims experience to set rates for the 2020 plan year rate flings. The 2020 plan year filings occurred in 2019 and include prospective factors -- adjusting the claims experience based upon the anticipated impact of policy changes on the morbidity factor. The morbidity factor is an estimate of the change in a carrier's risk pool morbidity, from the experience period to the rating period. The 2020 plan year rate filings reflect such changes, including loss of the individual mandate penalty and AHP changes. Only three carriers explicitly mentioned a morbidity factor adjusting for STLDPs in their Actuarial Memorandums, and only one carrier provided an explicit STLDP factor, reporting 0.3%. The range in the total morbidity factors was 0.0% to 19.0%, and the weighted average total morbidity factor was 4.3%.

Although most insurance carriers did not explicitly identify an STLDP component to their morbidity factor, they likely considered the impact. Overall, however, the magnitude of the STLDP contribution to the morbidity factor adjustment remains uncertain; The available data indicate that carriers did not anticipate as significant impact to their risk pools specifically related to STLDPs.[vii] Overall, the loss ratio for carriers in this market improved in 2019 from the 2018 experience, coinciding with the initiation of Wisconsin's high-cost claim reinsurance program in 2019.[64] Incurred claims include reinsurance recoveries, which significantly contributed to improving the 2019 loss ratio. Through the COVID -19 public health emergency, the individual ACA-compliant market remained stable, bolstered by federal measures to promote enrollment.[65]

BerryDunn also reviewed geographic area factors, to assess whether STLDPs may have had an impact on the individual market in particular regions where STLDPs have stronger enrollment. Carriers file geographic area factors that adjust ACA-compliant individual rates for cost differences in geographic regions throughout the state. These differences stem from different provider reimbursement rates in Wisconsin's sixteen rating areas. BerryDunn reviewed the data by carrier and found that the data show consistency with some carriers but annual fluctuations with others, with no clear pattern. Based on these data, expansion of STLDPs has an indeterminate effect on area factors. The pattern of change in area factors among regions does not align with the enrollment of STLDPs among the regions. This suggests STLDPs' limited influence on these factors.

Key Findings

Impact on the Purchase of ACA Plans

- Overall, STLDP enrollment has remained relatively small in comparison to the size of Wisconsin's individual insurance market, and this has limited STLDP impact on the ACA compliant health insurance market.
- Available data also indicate that carriers did not anticipate a significant impact to their risk pools specifically related to STLDPs.
- The 2020 plan year rate filings reflect other changes along with STLDP expansion, including loss of the individual mandate penalty and AHP changes, that also affected the carriers' morbidity factors. Only three carriers explicitly mentioned a morbidity factor adjusting for STLDPs in their Actuarial Memorandums, and only one carrier provided an explicit STLDP factor, reporting 0.3%.
- Plan enrollment through the ACA Marketplace has increased in recent years. Open enrollment for plan year 2022 resulted in 212,209 Wisconsin consumers selecting plans through the ACA Marketplace, and plan selections increased again to 221,129 during open enrollment for plan year 2023. Most (88%) of these consumers qualified for premium subsidies.

[vii] BerryDunn also reviewed the individual ACA rating filings with 2021-2023 effective dates in detail, including morbidity factors, claim trends, pricing trends, loss ratios, and other pricing factors, and found no evidence that any anticipated migration to STLDPs significantly impacted ACA plan rates.

V. Conclusion

The impact of STLDPs on the individual insurance market remains limited.

STLDP enrollment has been slowing, while the state's individual market has expanded over recent years, bolstered by federal measures to promote enrollment in the ACA marketplace. In terms of total enrollment, the STLDP market has remained relatively small in comparison to the size of Wisconsin's individual insurance market and Wisconsin's overall population. A review of ACA individual market rate filing materials for plan years 2020 to 2023 did not identify a specific impact of STLDPs apart from other regulatory actions and market conditions.

The data indicate that many residents who enroll in STLDPs use them as a bridge to other coverage.

Consumers who enroll in STLDPs ages 55 – 65 account for a quarter of STLDP members. The age group 26 – 35 represents the next largest group of enrolled members, accounting for about one-fifth. This group includes those most likely to face a disruption in insurance coverage with a recent loss of eligibility for coverage under their parents' plans. OCI's 2022 individual market analysis had also identified these two age groups as underinsured.

Risk exists that STLDPs may be used as a substitute for more comprehensive coverage.

In a changing environment, STLDPs may potentially divert more consumers from comprehensive coverage options: STLDP marketing materials, while adhering to state and federal guidelines, need caution to avoid suggesting that STLDPs might substitute for comprehensive coverage. Consumers, particularly those in transition, will benefit from focused outreach about options for affordable comprehensive coverage. The coming changes in federal and state Medicaid coverage provisions with the Medicaid unwinding will bring many consumers – often with lower or fluctuating incomes -- to lose Medicaid and need other coverage.[66] Price sensitive consumers, lacking full information about available ACA subsidies, may gravitate toward enrolling in STLDPs, despite their limited coverage protections.[67]

STLDPs may not offer the low-cost premium option for coverage.

Current federal policy has expanded federal premium subsidies for Marketplace plans to include consumers with incomes above 400% of the federal poverty level, and an estimated 69% of Wisconsin's uninsured consumers with lower incomes have access to plans with no premiums ("zero-premium plans") or premiums for $50 or less per month ("low-premium plans").[68] This compares favorably to the STLDP statewide average premium based on carriers individual reported premiums in 2021, at $157 per month.

Consumers depend on OCI's licensed enrollment workforce

Consumers, as they consider their coverage options, need to understand the terms, benefits, and limits of STLDPs, and the broader coverage options available in the individual market. Annual changes in premiums, cost-sharing, benefit design, and participating carriers, along with economic changes and eligibility changes, often require consumers to regularly re-assess and seek new coverage. OCI may want to ensure that agents and brokers selling STLDPs promote consumer awareness of multiple individual market options, -- that consumers are fully aware of the difference between STLDPs and ACA compliant plans, differences in premiums, benefits, and cost-sharing, where consumers may qualify for federal subsidies, and the potential benefits of ACA compliant coverage.

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