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Correspondence Memorandum

Date: April 18, 2024

To: Group Insurance Board

From: Douglas Wendt, Health Policy Advisor
Office of Strategic Health Policy

Subject: Follow-Up on the 2024 Open Enrollment Results

This memo is for informational purposes only. No Board action is required.

Introduction

While discussing the "2024 Open Enrollment Results" item during the February 21, 2024, Group Insurance Board (Board) meeting (Ref. GIB | 02.21.24 | 7A), Board had a few enrollment questions. This memo is a follow-up to those questions.

High Deductible Health Plan (HDHP)

One of the questions related to differences in HDHP enrollment across all health plans, as well as the cause of growth in HDHP enrollment. Employees consider many factors when choosing whether to enroll in an HDHP, including the employee's personal budget to cover the additional out-of-pocket costs, up-front savings in premiums, employer contribution, understanding of how HDHP and HSA programs work, health status, etc. Examination of enrollment data can help make some inferences, but it is not able to provide concrete conclusions on why an individual employee may or may not choose an HDHP. The Department of Employee Trust Funds (ETF) has an HDHP workgroup performing ongoing analysis of the program and will provide a detailed evaluation at a future Board meeting.

Since the February Board meeting, a comparison of HDHP enrollment as a proportion of each health plan's total enrollment was examined, as well as factors such as location, family size, and average age. Table 1 shows a comparison of State HDHP enrollment for each health plan. It only includes State enrollment because decision factors for HDHP are different between the State and Local programs. In the State program, employees have a choice between HDHP and non-HDHP plans. Local employees do not have a choice, as Local employers only offer one or the other (HDHP or non-HDHP). Additionally, whether Local employers offer an HDHP is more of a business/budgetary decision. The Medicare plans were excluded from this analysis

because HDHP enrollment for Medicare members is severely restricted. Access Plan and State Maintenance Plan (SMP) were also excluded because these plans have additional dynamics in play when choosing one of those plans. SMP enrollment is also almost exclusively limited to Local members.

Table 1 shows a range of percentages of HDHP enrollment by plan, but there are no notable outliers. Notably, the plans that have a lower percentage of HDHP enrollment tend to be in the southern part of the state, while the northern plans tend to have a higher percentage of HDHP enrollment. It is unclear how geography influences HDHP enrollment, as provider networks and provider availability do not seem to be a clear factor in choosing HDHP versus non-HDHP.

Table 1

Heath Plan	Total Members	HDHP Members	HDHP % of Plan Members
HealthPartners West	3,500	956	27.31%
Aspirus HP	3,643	928	25.47%
Dean HP Prevea360 East	1,124	268	23.84%
GHC-EC Greater WI	4,696	1,100	23.42%
Robin With HealthPartners	8,161	1,880	23.04%
GHC-SCW Neighbors	292	67	22.95%
Dean HP Prevea360 West	9,105	2,069	22.72%
GHC-EC River Region	1,589	329	20.70%
Quartz West	4,541	933	20.55%
Security HP	1,581	318	20.11%
Common Ground (GHC-EC)	2,662	502	18.86%
Quartz Central	8,196	1,534	18.72%
Network HP	23,321	4,256	18.25%
MercyCare HP	1,401	254	18.13%
HealthPartners Southeast	5,244	906	17.28%
Quartz UW Health	62,655	9,869	15.75%
GHC-SCW Dane Choice	10,412	1,527	14.67%
Medical Associates HP	810	115	14.20%
Dean HP	31,714	3,916	12.35%
Grand Total	**184,647**	**31,727**	**17.18%**

Access Plan

The Board also asked a question related to the increase in Access Plan enrollment for 2024. Access plan enrollment was examined from 2015 to present. From 2015 to 2022, Access Plan enrollment included Medicare Plus, so it is hard to make an apples-to-apples comparison with 2023 and 2024 enrollment. In the period examined, Access Plan enrollment has trended lower, with a net decrease of 21.09% (when including Medicare Plus in the 2023 and 2024 counts). There have been two notable swings in

enrollment, which both coincided with a change in Access Plan administrator. When WEA Trust took over the plan from WPS in 2018, there was a large one-year increase in membership that corrected itself the following year. Then, in 2023 when Dean Health Plan took over Access Plan from WEA Trust, there was a large decrease in enrollment, which now seems to also be experiencing a correction.

Access Plan is also one of the smaller plans, representing only 1.7% of total membership. Thus, a small increase in membership will be represented by a higher percentage change. Although Access Plan had a 14.17% increase, that was only an increase of 493 members out of 244,243 total members at the time the analysis for the February memo was completed.

Aspirus and Security Health Plans
Finally, the Board asked if there was a correlation between the membership increase for Aspirus and the membership decrease for Security, since they had almost the same percentage change, +11.26% and -11.77% respectively. No correlation was found. The net change in count was an increase of 373 members for Aspirus compared to a loss of 211 members for Security. Of the net 211 members lost by Security, only 60 moved to Aspirus. GHC of Eau Claire gained 178 members from Security. Note that members lost to Aspirus and GHC of Eau Claire total more than 211, but Security gained other members that offset those losses.

Staff will be at the Board meeting to answer any questions.