

CMS Guidance on State High-Risk Pool Plans (WHIP)

CMS has designated State High Risk Pools as meeting minimum essential coverage (MEC) for plans beginning on or before December 31, 2014. CMS initially provided that this designation was for a one year transition period only; however, that designation has been continued unless the sponsor or government agency makes a substantial change to the benefits provided by the high risk plan. Substantial change includes reduction in benefits, increase in cost sharing, or the plan no longer complies with the ACA.

The Wyoming Health Insurance Pool (WHIP) was created in 1991 to assist Wyoming consumers who did not have access to health insurance due to pre-existing conditions. The Non-Disabled Plan worked similar to traditional health insurance, and the Under 65 Disabled Plan offered coverage similar to a Medicare supplement insurance plan. Each of these plans has different "levels" of premium rates based on the income of the applicant, and each plan has different deductibles. The WHIP was deemed not necessary for the non-disabled population because of insurance availability through the ACA, and the Commissioner was given the authority to disenroll the non-disabled population.¹

WHIP was statutorily scheduled to sunset June 30, 2015, but the Wyoming Legislature extended the WHIP sunset date to June 30, 2020. The Insurance Commissioner was given statutory authority to disenroll any individual who has reasonable access to health insurance, through the ACA or through Medicare for those members over age 65. As of January 1, 2016, WHIP has been exclusively utilized to help people who are on Medicare due to a disability, but are unable to get a Medicare Supplement due to being under the age of 65.

¹ Wyoming Statute Section 26-43-103(e)(i)