

2013 De3 DRAFTING REQUEST

Bill

Received:	11/19/2013	Received By:	pkahler
Wanted:	Soon	Same as LRB:	
For:	Governor	By/Representing:	Waylon Hurlburt
May Contact:		Drafter:	pkahler
Subject:	Health - miscellaneous Insurance - health Medical Assistance	Addl. Drafters:	jkreye tdodge

Extra Copies:

Submit via email: **YES**
 Requester's email: **Waylon.Hurlburt@wisconsin.gov**
 Carbon copy (CC) to: **Tamara.Dodge@legis.wisconsin.gov
 pam.kahler@legis.wisconsin.gov
 Charlie.Morgan@legis.wisconsin.gov
 Grant.Cummings@legis.wisconsin.gov
 Brian.Larson@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Delay for three months the dissolution of HIRSP and the changes to BadgerCare Plus

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 11/21/2013	kfollett 11/21/2013	jfrantze 11/20/2013	_____			
/P1	pkahler	jdyer	jfrantze	_____	srose		

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1	pkahler 11/25/2013	jdyer 11/25/2013	rschluet 11/25/2013	_____	mbarman 11/25/2013	mbarman 11/26/2013	State

FE Sent For:

12-02-2013
(1/1")

<END>

per
Waylon

2013 De3 DRAFTING REQUEST

Bill

Received:	11/19/2013	Received By:	pkahler
Wanted:	Soon	Same as LRB:	
For:	Governor	By/Representing:	Waylon Hurlburt
May Contact:		Drafter:	pkahler
Subject:	Health - miscellaneous Insurance - health Medical Assistance	Addl. Drafters:	jkreye tdodge

Extra Copies:

Submit via email: **YES**
 Requester's email: **Waylon.Hurlburt@wisconsin.gov**
 Carbon copy (CC) to: **Tamara.Dodge@legis.wisconsin.gov
 pam.kahler@legis.wisconsin.gov
 Charlie.Morgan@legis.wisconsin.gov
 Grant.Cummings@legis.wisconsin.gov
 Brian.Larson@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Delay for three months the dissolution of HIRSP and the changes to BadgerCare Plus

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 11/21/2013	kfollett 11/21/2013	jfrantze 11/20/2013	_____			
/P1	pkahler	jdye	jfrantze	_____	srose		

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
	11/25/2013	11/22/2013	11/22/2013	_____	11/22/2013		
/1	pkahler 11/25/2013	jdye 11/25/2013	rschluet 11/25/2013	_____	mbarman 11/25/2013		State

FE Sent For:

<END>

2013 De3 DRAFTING REQUEST

Bill

Received: 11/19/2013 Received By: pkahler
 Wanted: Today Same as LRB:
 For: Governor By/Representing: Waylon Hurlburt
 May Contact: Drafter: pkahler
 Subject: Health - miscellaneous Addl. Drafters: jkreye
 Insurance - health tdodge
 Medical Assistance

Extra Copies: JLD

Submit via email: YES
 Requester's email: Waylon.Hurlburt@wisconsin.gov
 Carbon copy (CC) to: Tamara.Dodge@legis.wisconsin.gov
 pam.kahler@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Delay for three months the dissolution of HIRSP and the changes to BadgerCare Plus

Instructions:

See attached

Drafting History:

Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
/?	pkahler 11/21/2013	kfollett 11/21/2013	jfrantze 11/20/2013	_____			
/P1	pkahler 11/22/2013	jdye 11/22/2013	jfrantze 11/22/2013	_____	srose 11/22/2013		

Handwritten notes: 11/25 jld, R3, 25

FE Sent For:

<END>

2013 De3 DRAFTING REQUEST

Bill

Received: 11/19/2013

Received By: pkahler

Wanted: Soon

Same as LRB:

For: Governor

By/Representing: Waylon Hurlburt

May Contact:

Drafter: pkahler

Subject: Health - miscellaneous
Insurance - health
Medical Assistance

Addl. Drafters: tdodge
jkreye

Extra Copies:

Submit via email: YES
Requester's email: Waylon.Hurlburt@wisconsin.gov
Carbon copy (CC) to: Tamara.Dodge@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Delay for three months the dissolution of HIRSP and the changes to BadgerCare Plus

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler	PI 11/22 JLD	PI/KF 11/21	JLD WJ			

FE Sent For:

<END>

Kahler, Pam

From: Walsh, Julie E - OCI <Julie.Walsh@wisconsin.gov>
Sent: Tuesday, November 19, 2013 5:06 PM
To: Kahler, Pam
Subject: HIRSP 9122 recreated leg draft 11 19.docx
Attachments: HIRSP 9122 recreated leg draft 11 19.docx

Pam,

Attached please find the draft of the HIRSP language. The Governor's office would like this to be combined with the DHS Medicaid changes so to be presented as one piece of legislation. I have sent a copy of this to Amie Goldman as well. I will finish the abbreviated version with corrections tomorrow if you need it. My cell is 417-0281 as I will be in various meetings tomorrow but will be available to you if you have questions or concerns. Edits will be coming hopefully by noon tomorrow from Dan Schwartz, Deputy Commissioner. Thank you in advance for your assistance.

Julie E. Walsh
Senior Attorney

Office of the Commissioner of Insurance - Wisconsin
125 S. Webster Street, Madison WI 53703-3474
P.O. Box 7873, Madison WI 53707-7873
Phone (608) 264-8101 **Fax** (608) 264-6228

****CONFIDENTIAL****This is a communication intended to be transmitted to or from the OCI legal unit and may contain information which is privileged, confidential and protected by the attorney-client, attorney work product or s. 601.465, Wis. Stat., privileges. If you are not the intended recipient note that any disclosure, copying, distribution, or use of this message is prohibited. If you have received this message in error, please destroy it and notify me immediately at (608) 264-8101.

Kahler, Pam

From: Walsh, Julie E - OCI <Julie.Walsh@wisconsin.gov>
Sent: Wednesday, November 20, 2013 10:05 AM
To: Kahler, Pam; Goldman, Amie - HIRSP
Subject: Emailing: HIRSP 9122 recreated leg draft 11 19.docx
Attachments: HIRSP 9122 recreated leg draft 11 19.docx

Pam,

Amie caught a few errors/typos -- this document (unfortunately still titled the same as I am out of the office at a meeting). Please use this version. I will also forward to you Amie's comments in case you have already started to put into format.

Julie E. Walsh
Senior Attorney
Office of the Commissioner of Insurance - Wisconsin
125 S. Webster Street, Madison WI 53703-3474 P.O. Box 7873, Madison WI 53707-7873 Phone (608) 264-8101 Fax (608) 264-6228

****CONFIDENTIAL****This is a communication intended to be transmitted to or from the OCI legal unit and may contain information which is privileged, confidential and protected by the attorney-client, attorney work product or s. 601.465, Wis. Stat., privileges. If you are not the intended recipient note that any disclosure, copying, distribution, or use of this message is prohibited. If you have received this message in error, please destroy it and notify me immediately at (608) 264-8101.

The message is ready to be sent with the following file or link attachments:

HIRSP 9122 recreated leg draft 11 19.docx

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

1 **Section 5. Section 9122 of 2013 Wis. Act 20 is repealed and recreated to read:**

2 **(1L) DISSOLUTION OF THE HEALTH INSURANCE RISK-SHARING PLAN AND AUTHORITY.**

3 (a) *Definitions.* In this subsection:

4 1. "Authority" means the Health Insurance Risk-Sharing Plan Authority under subchapter III of
5 chapter 149 of the statutes.

6 2. "Board" means the board of directors of the authority.

7 3. "Commissioner" means the commissioner of insurance.

8 4. "Covered person" means a person who has coverage under the plan.

9 5. "Office" means the office of the commissioner of insurance.

10 6. "Plan" means the Health Insurance Risk-Sharing Plan under subchapter II of chapter 149 of the
11 statutes.

12 (b) *Dissolution of the plan and authority.* Notwithstanding any statute, administrative rule, or
13 provision of a policy or contract or of the plan to the contrary, the plan and the authority shall be
14 dissolved in accordance with the following:

15 1. 'Coverage provisions.'

16 a. New coverage under the plan may not be issued to any person after December 31, 2013, except
17 that new coverage under the plan that is funded under a contract with the federal department of health and
18 human services may not be issued to any person after December 1, 2013.

19 b. Coverage under the policies issued under the plan terminates at 11:59 pm on December 31, 2013,
20 except as provided in (1r) (a) 1. a. At least 60 days before coverage terminates, the authority shall
21 provide notice of the date on which coverage terminates to all covered persons, all insurers and providers
22 that are affected by the termination of the coverage, the office, the legislative audit bureau, and the
23 insurers described in subsection (1m) (b) 1.

24 c. Covered persons whose coverage under the plan is funded under a contract with the federal
25 department of health and human services terminates at 11:59 pm on December 31, 2013, except as

1 provided in subsection (1r) (a) 1. b. At least 60 days before coverage terminates, the authority shall
2 provide notice of the date on which coverage terminates to all covered persons, all insurers and
3 providers that are affected by the termination of the coverage, the office, the legislative audit
4 bureau, and the insurers described in subsection (1m) (b) 1.

5 2. 'Provider claims.' Providers of medical services and devices and prescription drugs to covered
6 persons must file claims for payment that are received no later than June 1, 2014. Any claim filed after
7 that date is not payable and may not be charged to the covered person who received the service, device, or
8 drug. Except for copayments, coinsurance, or deductibles required under the plan, consistent with section
9 149.14 (3) of the statutes and section 149.142 (2m) of the statutes, a provider may not bill a covered
10 person who receives a covered service or article and shall accept as payment in full the payment rate
11 determined under section 149.142 (1) of the statutes.

12 3. 'Grievances and review.'

13 a. Except for a grievance related to a prior authorization denial, a covered person must submit any
14 grievance, in writing, no later than 180 days after the date coverage terminates under subdivision 1. b. or
15 be barred from submitting the grievance, except as provided in subsection (1r) (a) 3. a.

16 b. A covered person must submit any grievance related to a prior authorization denial no later than
17 45 days before the date on which coverage terminates under subdivision 1. b. or be barred from
18 submitting the grievance, except that a grievance related to a prior authorization denial that meets the
19 requirements for an expedited grievance must be submitted no later than the date on which coverage
20 terminates under subdivision 1. b. or be barred.

21 c. A covered person who submits a grievance after the date coverage terminates under subdivision 1.
22 b., except as provided in subsection (1r) (a) 3. b., must request an independent review, if any, with respect
23 to the grievance no later than 60 days after he or she receives notice of the disposition of the grievance or
24 be barred from requesting an independent review with respect to the grievance.

1 4. 'Payment of plan costs.' The authority shall pay plan costs incurred in 2013, except as provided in
2 subsection (1r) (a) 4. b., and all other costs associated with dissolving the plan that are incurred before
3 administrative responsibility for the dissolution of the plan is transferred to the office under subdivision 8,
4 to the extent possible. The authority and the office shall make every effort to pay plan costs in
5 accordance with, or as closely as possible to, the manner provided in section 149.143 of the statutes.

6 5. 'Contracts.' The authority may extend any administrative contracts that are in effect into 2014,
7 regardless of a contract's expiration date and without having to comply with the requirements under
8 section 149.47 of the statutes for the extension.

9 6. 'Report to legislature.' The authority shall submit a final report on plan operation to the legislature
10 under section 13.172 of the statutes no later than September 30, 2013.

11 7. 'Board responsibilities.' The board shall do all of the following:

12 a. Develop a proposal for the dispensation of the plan's cash assets after all financial obligations of
13 the plan and authority are satisfied. To the extent feasible and practical, the proposal shall provide for the
14 return of any remaining equity to the source from which derived, including insurers, providers, and
15 covered persons. The proposal shall provide for alternative dispensations in the event that returning any
16 remaining equity is not feasible or practical, such as using remaining cash assets in support of activities
17 providing an indirect benefit to the insurers, providers, and covered persons.

18 b. Dispose of the noncash assets of the authority as soon as possible after the administrative offices
19 of the authority are closed.

20 c. Make any other decisions and take any other actions necessary to effectively wind up the
21 operations and affairs of the authority and plan and transfer responsibility to the office. All actions taken
22 by the board must be consistent with the purpose of, and may not endanger the solvency of, the plan.

23 8. 'Transfer to the office.' On February 28, 2014, all of the following shall occur:

24 a. Administrative responsibility for the operations and dissolution of the plan is transferred to the
25 office. The commissioner shall take any action necessary or advisable to manage and wind up the affairs
26 of the plan and shall notify the legislative audit bureau when the windup is completed and provide to the

1 legislative audit bureau the final financial statements of the plan. For purposes of chapter 177 of the
2 statutes, as affected by this act, the dissolution, and winding up of the affairs, of the plan shall be
3 considered a dissolution of an insurer in accordance with section 645.44 of the statutes, except that a court
4 order of dissolution is not required to effect the dissolution of the plan.

5 b. All remaining cash assets of the plan, including the balance in the Health Insurance Risk-Sharing
6 Plan fund, are transferred to the appropriation account under section 20.145 (5) (g) of the statutes, as
7 created by this act.

8 c. All tangible personal property, including records, of the authority not already disposed of by the
9 board is transferred to the office.

10 d. All contracts and agreements entered into by the board that are in effect are transferred to the
11 office. The office shall carry out any contractual obligations under such a contract or agreement until the
12 contract or agreement terminates or is modified or rescinded by the office to the extent allowed under the
13 contract or agreement. The office may enter into such other contracts as are necessary to carry out the
14 dissolution of the plan.

15 e. Any matters pending with the authority or plan, including grievances and independent reviews,
16 payment claims, subrogation claims, drug rebate claims, and legal actions or causes of action, are
17 transferred to the office and all materials submitted to and actions taken by the office with respect to a
18 pending matter are considered as having been submitted to or taken by the authority or plan.

19 9. 'Health Insurance Risk-Sharing Plan advisory committee.'

20 a. On March 1, 2014, there is created a Health Insurance Risk-Sharing Plan advisory committee
21 consisting of the commissioner, or his or her designee, and the other 13 members of the board holding
22 office on the date the advisory committee is created.

23 b. If a vacancy occurs on the Health Insurance Risk-Sharing Plan advisory committee, the governor
24 shall appoint a successor, who must meet the same qualifications and criteria as the member who is being
25 replaced.

1 c. The Health Insurance Risk-Sharing Plan advisory committee shall advise and assist the office with
2 its duties under subdivision 8. related to the dissolution and winding up of the plan. The office shall staff
3 and provide funding for the Health Insurance Risk-Sharing Plan advisory committee.

4 d. The Health Insurance Risk-Sharing Plan advisory committee shall terminate 60 days after the final
5 audit of the plan is conducted by the legislative audit bureau under subdivision 11. b.

6 10. 'Dissolution notice, claims, and updates.'

7 a. On behalf of the commissioner, the authority shall provide notice of the plan's dissolution to all
8 persons known, or reasonably expected from the plan's records, to have claims against the plan, including
9 all covered persons. The notice shall be sent by first class mail to the last-known addresses at least 60
10 days before the date on which coverage terminates under subdivision 1. b., or as provided in subsection
11 (1r) (a) 5. a. Notice to potential claimants of the plan shall require the claimants to file their claims,
12 together with proofs of claims, by June 1, 2014. The notice shall be consistent with any relevant terms of
13 the policies under the plan and contracts and with section 645.47 (1) (a) of the statutes. The notice shall
14 serve as final notice consistent with section 645.47 (3) of the statutes.

15 b. Proofs of all claims must be filed with the office in the form provided by the office consistent with
16 the proof of claim, as applicable, under section 645.62 of the statutes, on or before the last day for filing
17 specified in the notice. For good cause shown, the office shall permit a claimant to make a late filing if the
18 existence of the claim was not known to the claimant and the claimant files the claim within 30 days after
19 learning of the claim, but not later than September 1, 2014, Any such late claim that would have been
20 payable under the policy under the plan if it had been filed timely and that was not covered by a
21 succeeding insurer shall be permitted unless the claimant had actual notice of the termination of the plan
22 or the notice was mailed to the claimant by first class mail at least 10 days before the insured event
23 occurred.

24 c. The commissioner shall provide periodic updates to the Health Insurance Risk-Sharing Plan
25 advisory committee under subdivision 9. regarding the plan's dissolution, including, at a minimum,
26 information about expenses and claims paid.

1 11. 'Audits.' The legislative audit bureau shall do all of the following:

2 a. Conduct its annual audit of the plan under section 13.94 (1) (dh) of the statutes for calendar year
3 2013 by June 30, 2014.

4 b. Complete a final audit of the plan, after the termination of the plan in 2014, by June 30, 2015.

5 c. File copies of the reports of both audits with the distributees specified in section 13.94 (1) (b) of
6 the statutes. The costs of the audits shall be paid from the funds of the authority or from the appropriation
7 under section 20.145 (5) (g) or (k) of the statutes, as created by this act, or from any combination of those
8 payment sources.

9 (1m) MEDICARE SUPPLEMENT AND REPLACEMENT POLICY ISSUANCE.

10 (a) *Definitions.* In this subsection:

11 1. "Medicare" has the meaning given in section 149.10 (7) of the statutes.

12 2. "Medicare replacement policy" has the meaning given in section 600.03 (28p) of the statutes.

13 3. "Medicare supplement policy" has the meaning given in section 600.03 (28r) of the statutes.

14 4. "Plan" means the Health Insurance Risk-Sharing Plan under subchapter II of chapter 149 of the
15 statutes.

16 (b) *Time-limited guaranteed issue.*

17 1. An insurer offering a Medicare supplement policy or a Medicare replacement policy in this state
18 shall provide coverage under the policy to any individual who satisfies all of the following:

19 a. The individual is eligible for Medicare.

20 b. The individual had coverage under the plan.

21 c. The individual's coverage under the plan terminated on the date specified in subsection (1L) (b) 1.
22 b., except as provided in subsection (1r) (b) 1.

23 d. The individual applies for coverage under the policy before the date that is 63 days after the date
24 specified in subsection (1L) (b) 1. b., except as provided in subsection (1r) (b) 2.

25 e. The individual pays the premium for the coverage under the policy.

1 2. An insurer under subdivision 1. may not deny coverage to any individual who satisfies the criteria
2 under subdivision 1. a. to e. on the basis of health status, receipt of health care, claims experience, or
3 medical condition, including disability.

4 (c) *Notice of requirement.* In addition to the requirement under subsection (1L) (b) 1. b. to provide
5 notice to the insurers described in paragraph (b) 1. of the date on which coverage under the plan
6 terminates, within 60 days after the effective date of this paragraph the Health Insurance Risk-Sharing
7 Plan Authority under subchapter III of chapter 149 of the statutes shall provide notice to the insurers
8 described in paragraph (b) 1. of the requirement under this subsection.

9 (1r) COVERAGE EXTENSION OF THE HEALTH INSURANCE RISK-SHARING PLAN AND AUTHORITY.

10 (a) *Extension of the plan and authority.* Notwithstanding any statute, administrative rule, or
11 provision of a policy or contract or of the plan to the contrary, a covered person may continue to
12 elect coverage under the policies for the period beginning January 1, 2014, and shall not extend
13 past 11:59 pm on March 31, 2014, if the any of the following occur:

14 1. 'Coverage provisions.'

15 a. The covered person who had coverage in effect on December 1, 2013 and paid their
16 December premium may elect to obtain a policy from the Health Insurance Risk-Sharing
17 Plan by making a timely payment of the January 2014 premium. The covered person must
18 maintain the same policy benefits including same deductible amount that was in effect on
19 December 1 2013. Effective January 1, 2014, a new deductible period will commence.
20 The premium for January 2014 shall be paid by or before February 1, 2014. Thereafter,
21 the covered person shall pay premium in accordance with the terms of the contract for
22 coverage not to extend beyond 11:59 pm on March 31, 2014. Any medical claims
23 incurred after December 31, 2013 and prior to the receipt of 2014 premium payments shall

1 be pended and the Health Insurance Risk-Sharing Plan shall not be responsible for
2 payment.

3 b. 1. If coverage under the policies issued under the plan is funded under a contract with the
4 federal department of health and human services, the covered persons coverage will end as
5 provided in subsection (1L) (b) 1. c., unless all of the following requirements are met:

6 i. The federal department of health and human services issues a contract amendment
7 that extends the contract and coverage to a date later than December 31, 2013; and

8 ii. The terms of the contract amendment are such that the federal government shall be
9 financially liable for all costs related to the operation of the contract that exceed
10 member premium collections.

11 2. Covered persons funded under a contract with the federal department of health and
12 human services and who had coverage in effect on December 1, 2013 and paid their
13 December premium may elect to obtain a policy from the Health Insurance Risk-Sharing
14 Plan by making a timely payment of the January 2014 premium. The covered person must
15 maintain the same policy benefits including same deductible amount that was in effect on
16 December 1 2013. Effective January 1, 2014, a new deductible period will commence. The
17 premium for January 2014 shall be paid by or before February 1, 2014. Any medical claims
18 incurred after December 31, 2013 and prior to the receipt of premium payments shall be
19 pended and the Health Insurance Risk-Sharing Plan shall not be responsible for payment.
20 Thereafter, the covered person shall pay premium in accordance with the terms of the
21 contract for coverage not to extend beyond 11:59 pm on March 31, 2014.

22 3. On or before February 1, 2014, the authority shall provide notice that coverage shall
23 terminate on March 31, 2014, to all covered persons, all insurers, and providers that are

1 affected by the termination of the coverage, the office, the legislative audit bureau, and the
2 insurers described in subsection (1m) (b) 1.

3 2. 'Provider claims.' Providers of medical services and devices and prescription drugs to covered
4 persons must file claims for payment that are received no later than June 1, 2014. Any claim filed
5 after that date is not payable and may not be charged to the covered person who received the
6 service, device, or drug. Except for copayments, coinsurance, or deductibles required under the
7 plan, consistent with section 149.14 (3) of the statutes and section 149.142 (2m) of the statutes, a
8 provider may not bill a covered person who receives a covered service or article and shall accept as
9 payment in full the payment rate determined under section 149.142 (1) of the statutes.

10 3. 'Grievances and review.'

11 a. A covered person must submit any grievance, in writing, that is received no later than
12 July 1, 2014, or be barred from submitting the grievance.

13 b. A covered person who submits a grievance after March 31, 2014 must request an
14 independent review, if any, with respect to the grievance no later than August 1, 2014, after
15 he or she receives notice of the disposition of the grievance or be barred from requesting an
16 independent review with respect to the grievance.

17 4. 'Payment of plan costs.'

18 a. The authority shall pay plan costs incurred in 2013, 2014 and all other costs associated
19 with operating and dissolving the plan that are incurred to the extent possible before
20 administrative responsibility for the dissolution of the plan is transferred to the office on
21 February 28, 2014 and requirements are met as provided in subsection (1L) (b) 8.

22 b. By February 28, 2014 the authority, or on or after March 1, 2014, the office shall pay
23 plan costs in the manner provided in section 149.143 of the statutes, however the authority

1 or office may use all available surplus, notwithstanding section 149.143 of the statutes
2 allocation prior to issuing a 2014 insurer assessment as described in par. c. All claims shall
3 be adjudicated on or before September 30, 2014.

4 c. By February 28, 2014 the authority, or on or after March 1, 2014, the office, shall
5 determine by July 1, 2014 if an assessment of the insurers provided in section 149.143 of
6 the statutes is required in order to cover in full the Health Insurance Risk-Sharing Plans
7 expenses related to operations, winding up operations and dissolution of the Plan. Such
8 assessment shall be based upon the 2013 filed Health Insurance Risk-Sharing Plan
9 assessment form.

10 5. 'Dissolution notice, claims and updates.'

11 a. On behalf of the commissioner, the authority shall provide notice of the plan's
12 dissolution to all persons known, or reasonably expected from the plan's records, to have
13 claims against the plan, including all covered persons. The notice shall be sent by first class
14 mail to the last-known addresses no later than February 1, 2014. Notice to potential
15 claimants of the plan shall require the claimants to file their claims, together with proofs of
16 claims, by June 1, 2014. The notice shall be consistent with any relevant terms of the
17 policies under the plan and contracts and with section 645.47 (1) (a) of the statutes. The
18 notice shall serve as final notice consistent with section 645.47 (3) of the statutes.

19 b. Proofs of all claims must be filed with the office in the form provided by the office
20 consistent with the proof of claim, as applicable, under section 645.62 of the statutes, on or
21 before the last day for filing specified in the notice. For good cause shown, the office shall
22 permit a claimant to make a late filing if the existence of the claim was not known to the
23 claimant and the claimant files the claim within 30 days after learning of the claim, but no

1 later than September 1, 2014. Any such late claim that would have been payable under the
2 policy under the plan if it had been filed timely and that was not covered by a succeeding
3 insurer shall be permitted unless the claimant had actual notice of the termination of the
4 plan or the notice was mailed to the claimant by first class mail at least 10 days before the
5 insured event occurred.

6 (b) MEDICARE SUPPLEMENT AND REPLACEMENT POLICY ISSUANCE. 1. The individual covered
7 under the plan as described in subsection (1m) (b) who had coverage in effect on December
8 1, 2013 and paid the December premium may elect to obtain a policy from the Health
9 Insurance Risk-Sharing Plan under subchapter II of chapter 149 of the statutes by making a
10 timely payment of the January 2014 premium. The covered person must maintain the same
11 policy benefits including same deductible amount as was in effect on December 1 2013.
12 Effective January 1, 2014, a new deductible period will commence. The premium for
13 January 2014 shall be paid by or before February 1, 2014. Any medical claims incurred
14 after December 31, 2013 and prior to the receipt of premium payments shall be pended and
15 the Health Insurance Risk-Sharing Plan shall not be responsible for payment. Thereafter,
16 the individual shall pay premium in accordance with the terms of the contract for coverage
17 not to extend beyond 11:59 pm on March 31, 2014.

18 2. An insurer offering a Medicare supplement policy or a Medicare replacement policy in
19 this state shall provide coverage under the policy to any individual who satisfies all of the
20 following:

- 21 a. The individual is eligible for Medicare.
- 22 b. The individual had coverage under the plan as of December 1, 2013.
- 23 c. The individual's coverage under the plan terminated on March 31, 2014.

1 d. The individual applies for coverage under the policy before 63 days after the date
2 specified in subdivision 1. c.

3 e. The individual pays the premium for the coverage under the policy.

4 3. An insurer under subdivision 1. may not deny coverage to any individual who satisfies
5 the criteria under subdivision 1. a. to e. on the basis of health status, receipt of health care,
6 claims experience, or medical condition including disability.

7 4. In addition to any other notice requirements to insurers, no later than February 1, 2014,
8 the Health Insurance Risk-Sharing Plan Authority under subchapter III of chapter 149 of
9 the statutes shall provide notice to the insurers described in paragraph (b) 2. of the
10 requirements under this subparagraph.

Kahler, Pam

From: Walsh, Julie E - OCI <Julie.Walsh@wisconsin.gov>
Sent: Wednesday, November 20, 2013 10:12 AM
To: Kahler, Pam
Subject: FW: HIRSP 9122 recreated leg draft 11 19.docx

Attached are Amie's corrections. I agree with all of her changes except

(1r)(b)(2) line 13 - leftover phrase likely from earlier edits "from the He" can be deleted.

This one should have read "from the Health Insurance Risk-Sharing Plan" -- please do not delete but rather insert the name of HIRSP. I trust the draft was not too cumbersome.

Julie E. Walsh
Senior Attorney
Office of the Commissioner of Insurance
Phone: (608) 264-8101
Fax: (608) 264-6228

-----Original Message-----

From: Goldman, Amie - HIRSP
Sent: Tuesday, November 19, 2013 8:06 PM
To: Walsh, Julie E - OCI; Wieske, JP - OCI; Zito, Mollie K - OCI; Frank, Gina M - OCI; Hinkel, Richard - OCI
Subject: RE: HIRSP 9122 recreated leg draft 11 19.docx

Hi Julie -

Thanks again for the opportunity to review the draft and for taking the time to meet with us today. Its hard to believe you were able to get this all done today between meetings!

It looks good - just caught a couple of things - mostly typos or clean-up from earlier edits:

✓ (1L)(11)(b) the date just needs to be changed to 2015 from 2014. This is in reference to the final audit of 2014 activity.

➤ (1r)(a) lines 1 and 2 just before (b) - can be deleted as they are in the paragraph (lines 20 and 21) from previous page.
This is re: to paying premium in accordance with the contract.

✓ (1r)(b)(ii) "financial liability" should be "financially liable"

(1r)(b)(2) line 13 - leftover phrase likely from earlier edits "from the He" can be deleted.

(1r) 3. Grievances and Review - delete intro phrase "Except for a grievance related to prior authorization denial" since we no longer have a separate timeline for those under the extension.

(1r)4. Payment of Plan Costs - I think its the 2013 HIRSP assessment form, rather than the 2012 form (i.e. 2012 data filed on 2013 forms).

I appreciate you working with us to come up with language to operationalize OCI's proposal to use member and provider surplus to fund the insurer portion of any costs that exceed the available insurer surplus. I think it works as drafted, but will take another look at it in the morning with Mary to be sure.

Do you think the LRB draft will be ready in time for our Monday board meeting? If not, maybe we can use the final version you submit to LRB for the meeting?

Thanks again,

Amie

From: Walsh, Julie E - OCI

Sent: Tuesday, November 19, 2013 5:02 PM

To: Goldman, Amie - HIRSP; Wieske, JP - OCI; Zito, Mollie K - OCI; Frank, Gina M - OCI; Hinkel, Richard - OCI

Subject: HIRSP 9122 recreated leg draft 11 19.docx

Attached please find the draft of the HIRSP language as revised. Please let me know if you would like additional edits. This draft will be provided to LRB to begin drafting with instruction to expect edits.

Julie E. Walsh

Senior Attorney

Office of the Commissioner of Insurance - Wisconsin

125 S. Webster Street, Madison WI 53703-3474 P.O. Box 7873, Madison WI 53707-7873 Phone (608) 264-8101 Fax (608) 264-6228

****CONFIDENTIAL****This is a communication intended to be transmitted to or from the OCI legal unit and may contain information which is privileged, confidential and protected by the attorney-client, attorney work product or s. 601.465, Wis. Stat., privileges. If you are not the intended recipient note that any disclosure, copying, distribution, or use of this message is prohibited. If you have received this message in error, please destroy it and notify me immediately at (608) 264-8101.

Kahler, Pam

From: Walsh, Julie E - OCI <Julie.Walsh@wisconsin.gov>
Sent: Wednesday, November 20, 2013 2:58 PM
To: Kahler, Pam
Subject: RE: HIRSP 9122 recreated leg draft 11 19.docx

Pam,

The only other change requested also relates to (1r) (b) 1. -- can we modify the beginning of that par. as follows:

(1r) (b) 1. Insert after 2013 ", paid the December premium, and had not enrolled in Medicare Advantage during open the federal open enrollment period in 2013 or earlier" before " may elect to obtain a policy from HIRSP."

Julie E. Walsh
Senior Attorney
Office of the Commissioner of Insurance
Phone: (608) 264-8101
Fax: (608) 264-6228

-----Original Message-----

From: Kahler, Pam [mailto:Pam.Kahler@legis.wisconsin.gov]
Sent: Wednesday, November 20, 2013 2:45 PM
To: Walsh, Julie E - OCI
Subject: RE: HIRSP 9122 recreated leg draft 11 19.docx

Well, I'm going to assume they were all made because I can't find anything to change.

-----Original Message-----

From: Walsh, Julie E - OCI [mailto:Julie.Walsh@wisconsin.gov]
Sent: Wednesday, November 20, 2013 2:41 PM
To: Kahler, Pam
Subject: RE: HIRSP 9122 recreated leg draft 11 19.docx

Yes, this morning's draft included Amie's changes but I didn't use track change so I forwarded her changes to you separately.

Julie E. Walsh
Senior Attorney
Office of the Commissioner of Insurance
Phone: (608) 264-8101
Fax: (608) 264-6228

-----Original Message-----

From: Kahler, Pam [mailto:Pam.Kahler@legis.wisconsin.gov]
Sent: Wednesday, November 20, 2013 2:08 PM
To: Walsh, Julie E - OCI
Subject: RE: HIRSP 9122 recreated leg draft 11 19.docx

Julie:

I take it that you've included Amie's suggestions in the word document you sent, correct?

-----Original Message-----

From: Walsh, Julie E - OCI [mailto:Julie.Walsh@wisconsin.gov]

Sent: Wednesday, November 20, 2013 10:12 AM

To: Kahler, Pam

Subject: FW: HIRSP 9122 recreated leg draft 11 19.docx

Attached are Amie's corrections. I agree with all of her changes except

(1r)(b)(2) line 13 - leftover phrase likely from earlier edits "from the He" can be deleted.

This one should have read "from the Health Insurance Risk-Sharing Plan" -- please do not delete but rather insert the name of HIRSP. I trust the draft was not too cumbersome.

Julie E. Walsh

Senior Attorney

Office of the Commissioner of Insurance

Phone: (608) 264-8101

Fax: (608) 264-6228

-----Original Message-----

From: Goldman, Amie - HIRSP

Sent: Tuesday, November 19, 2013 8:06 PM

To: Walsh, Julie E - OCI; Wieske, JP - OCI; Zito, Mollie K - OCI; Frank, Gina M - OCI; Hinkel, Richard - OCI

Subject: RE: HIRSP 9122 recreated leg draft 11 19.docx

Hi Julie -

Thanks again for the opportunity to review the draft and for taking the time to meet with us today. Its hard to believe you were able to get this all done today between meetings!

It looks good - just caught a couple of things - mostly typos or clean-up from earlier edits:

(1L)(11)(b) the date just needs to be changed to 2015 from 2014. This is in reference to the final audit of 2014 activity.

(1r)(a) lines 1 and 2 just before (b) - can be deleted as they are in the paragraph (lines 20 and 21) from previous page. This is re: to paying premium in accordance with the contract.

(1r)(b)(ii) "financial liability" should be "financially liable"

(1r)(b)(2) line 13 - leftover phrase likely from earlier edits "from the He" can be deleted.

(1r) 3. Grievances and Review - delete intro phrase "Except for a grievance related to prior authorization denial" since we no longer have a separate timeline for those under the extension.

(1r)4. Payment of Plan Costs - I think its the 2013 HIRSP assessment form, rather than the 2012 form (i.e. 2012 data filed on 2013 forms).

I appreciate you working with us to come up with language to operationalize OCI's proposal to use member and provider surplus to fund the insurer portion of any costs that exceed the available insurer surplus. I think it works as drafted, but will take another look at it in the morning with Mary to be sure.

Do you think the LRB draft will be ready in time for our Monday board meeting? If not, maybe we can use the final version you submit to LRB for the meeting?

Thanks again,

Amie

From: Walsh, Julie E - OCI

Sent: Tuesday, November 19, 2013 5:02 PM

To: Goldman, Amie - HIRSP; Wieske, JP - OCI; Zito, Mollie K - OCI; Frank, Gina M - OCI; Hinkel, Richard - OCI

Subject: HIRSP 9122 recreated leg draft 11 19.docx

Attached please find the draft of the HIRSP language as revised. Please let me know if you would like additional edits. This draft will be provided to LRB to begin drafting with instruction to expect edits.

Julie E. Walsh

Senior Attorney

Office of the Commissioner of Insurance - Wisconsin

125 S. Webster Street, Madison WI 53703-3474 P.O. Box 7873, Madison WI 53707-7873 Phone (608) 264-8101 Fax (608) 264-6228

****CONFIDENTIAL****This is a communication intended to be transmitted to or from the OCI legal unit and may contain information which is privileged, confidential and protected by the attorney-client, attorney work product or s. 601.465, Wis. Stat., privileges. If you are not the intended recipient note that any disclosure, copying, distribution, or use of this message is prohibited. If you have received this message in error, please destroy it and notify me immediately at (608) 264-8101.

2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3678/?ins JK
JK:.....

Insert JK

already incorporated
in draft

1 **SECTION 1.** 71.07 (5g) (b) of the statutes, as affected by 2013 Wisconsin Act 20,
2 is amended to read:

3 71.07 (5g) (b) *Filing claims.* Subject to the limitations provided under this
4 subsection, for taxable years beginning after December 31, 2005, and before January
5 1, 2014 2015, a claimant may claim as a credit against the taxes imposed under s.
6 71.02 an amount that is equal to the amount of the assessment under s. 149.13, 2011
7 stats., that the claimant paid in the claimant's taxable year, multiplied by the
8 percentage determined under par. (c) 1.

History: 1987 a. 312; 1987 a. 411 ss. 63, 79 to 82, 85, 86; 1987 a. 419, 422; 1989 a. 31, 44, 56, 100, 359; 1991 a. 39, 269, 292; 1993 a. 16, 112, 204, 471, 491; 1995 a. 27
ss. 3377m to 3393m, 9116 (5); 1995 a. 209, 227, 400, 453; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9, 10, 32; 1999 a. 150 s. 672; 1999 a. 198; 2001 a. 16, 109; 2003 a. 72, 99, 135,
183, 255, 267, 326; 2005 a. 25, 49, 72, 74, 97, 177, 254, 361, 387, 479, 483, 487; 2007 a. 11, 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401;
2011 a. 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 s. 80; 2013 a. 20 54; s. 35.17 correction in (2dr) (a), (5n) (a) (intro.).

9 **SECTION 2.** 71.07 (5g) (d) 2. of the statutes, as created by 2013 Wisconsin Act
10 20, is amended to read:

11 71.07 (5g) (d) 2. No credit may be claimed under this subsection for taxable
12 years beginning after December 31, 2013 2014. Credits under this subsection for
13 taxable years that begin before January 1, 2014 2015, may be carried forward to
14 taxable years that begin after December 31, 2013 2014.

History: 1987 a. 312; 1987 a. 411 ss. 63, 79 to 82, 85, 86; 1987 a. 419, 422; 1989 a. 31, 44, 56, 100, 359; 1991 a. 39, 269, 292; 1993 a. 16, 112, 204, 471, 491; 1995 a. 27
ss. 3377m to 3393m, 9116 (5); 1995 a. 209, 227, 400, 453; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9, 10, 32; 1999 a. 150 s. 672; 1999 a. 198; 2001 a. 16, 109; 2003 a. 72, 99, 135,
183, 255, 267, 326; 2005 a. 25, 49, 72, 74, 97, 177, 254, 361, 387, 479, 483, 487; 2007 a. 11, 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401;
2011 a. 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 s. 80; 2013 a. 20 54; s. 35.17 correction in (2dr) (a), (5n) (a) (intro.).

15 **SECTION 3.** 71.28 (5g) (b) of the statutes, as affected by 2013 Wisconsin Act 20,
16 is amended to read:

17 71.28 (5g) (b) *Filing claims.* Subject to the limitations provided under this
18 subsection, for taxable years beginning after December 31, 2005, and before January
19 1, 2014 2015, a claimant may claim as a credit against the taxes imposed under s.
20 71.23 an amount that is equal to the amount of assessment under s. 149.13, 2011

1 stats., that the claimant paid in the claimant's taxable year, multiplied by the
2 percentage determined under par. (c) 1.

History: 1987 a. 312; 1987 a. 411 ss. 88, 130 to 139; 1987 a. 422; 1989 a. 31, 44, 56, 100, 336, 359; 1991 a. 39, 292; 1993 a. 16, 112, 232, 491; 1995 a. 2; 1995 a. 27 ss. 3399r to 3404c, 9116 (5); 1995 a. 209, 227; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9; 2001 a. 16; 2003 a. 72, 99, 135, 255, 267, 326; 2005 a. 25, 74, 97, 361, 387, 452, 479, 483, 487; 2007 a. 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 3, 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 s. 80; 2013 a. 20, 54; s. 35.17 correction in (1dm) (a) 1.

3 **SECTION 4.** 71.28 (5g) (d) 2. of the statutes, as created by 2013 Wisconsin Act
4 20, is amended to read:

5 71.28 (5g) (d) 2. No credit may be claimed under this subsection for taxable
6 years beginning after December 31, ~~2013~~ 2014. Credits under this subsection for
7 taxable years that begin before January 1, ~~2014~~ 2015, may be carried forward to
8 taxable years that begin after December 31, ~~2013~~ 2014.

History: 1987 a. 312; 1987 a. 411 ss. 88, 130 to 139; 1987 a. 422; 1989 a. 31, 44, 56, 100, 336, 359; 1991 a. 39, 292; 1993 a. 16, 112, 232, 491; 1995 a. 2; 1995 a. 27 ss. 3399r to 3404c, 9116 (5); 1995 a. 209, 227; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9; 2001 a. 16; 2003 a. 72, 99, 135, 255, 267, 326; 2005 a. 25, 74, 97, 361, 387, 452, 479, 483, 487; 2007 a. 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 3, 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 s. 80; 2013 a. 20, 54; s. 35.17 correction in (1dm) (a) 1.

9 **SECTION 5.** 71.47 (5g) (b) of the statutes, as affected by 2013 Wisconsin Act 20,
10 is amended to read:

11 71.47 (5g) (b) *Filing claims.* Subject to the limitations provided under this
12 subsection, for taxable years beginning after December 31, 2005, and before January
13 1, ~~2014~~ 2015, a claimant may claim as a credit against the taxes imposed under s.
14 71.43 an amount that is equal to the amount of assessment under s. 149.13, 2011
15 stats., that the claimant paid in the claimant's taxable year, multiplied by the
16 percentage determined under par. (c) 1.

History: 1987 a. 312, 411, 422; 1989 a. 31, 44, 56, 100, 336, 359; 1991 a. 39, 292, 315; 1993 a. 16, 112; 1995 a. 27 ss. 3407m to 3412m, 9116 (5); 1995 a. 209, 227, 417; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9; 2001 a. 16; 2003 a. 72, 99, 135, 255, 267, 326; 2005 a. 25, 74, 97, 361, 387, 452, 479, 483, 487; 2007 a. 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 3, 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 ss. 80, 81; 2013 a. 20.

17 **SECTION 6.** 71.47 (5g) (d) 2. of the statutes, as created by 2013 Wisconsin Act
18 20, is amended to read:

19 71.47 (5g) (d) 2. No credit may be claimed under this subsection for taxable
20 years beginning after December 31, ~~2013~~ 2014. Credits under this subsection for

1 taxable years that begin before January 1, ~~2014~~ 2015, may be carried forward to
2 taxable years that begin after December 31, ~~2013~~ 2014.

History: 1987 a. 312, 411, 422; 1989 a. 31, 44, 56, 100, 336, 359; 1991 a. 39, 292, 315; 1993 a. 16, 112; 1995 a. 27 ss. 3407m to 3412m, 9116 (5); 1995 a. 209, 227, 417; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9; 2001 a. 16; 2003 a. 72, 99, 135, 255, 267, 326; 2005 a. 25, 74, 97, 361, 387, 452, 479, 483, 487; 2007 a. 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 3, 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 ss. 80, 81; 2013 a. 20.

3 **SECTION 7. 76.655 (2)** of the statutes, as affected by 2013 Wisconsin Act 20, is
4 amended to read:

5 **76.655 (2) FILING CLAIMS.** Subject to the limitations provided under this section,
6 for taxable years beginning after December 31, 2005, and before January 1, ~~2014~~
7 2015, a claimant may claim as a credit against the fees imposed under ss. 76.60,
8 76.63, 76.65, 76.66 or 76.67 an amount that is equal to the amount of assessment
9 under s. 149.13, 2011 stats., that the claimant paid in the claimant's taxable year,
10 multiplied by the percentage determined under sub. (3).

History: 2005 a. 74; 2013 a. 20.

11 **SECTION 8. 76.655 (5)** of the statutes, as created by 2013 Wisconsin Act 20, is
12 amended to read:

13 **76.655 (5) SUNSET.** No credit may be claimed under this section for taxable
14 years beginning after December 31, ~~2013~~ 2014. Credits under this section for taxable
15 years that begin before January 1, ~~2014~~ 2015, may be carried forward to taxable
16 years that begin after December 31, ~~2013~~ 2014.

History: 2005 a. 74; 2013 a. 20.



State of Wisconsin
2013 - 2014 LEGISLATURE

December 2013 Special Session



LRB-3678/ PI
PJK/TJD/JK: jf

Handwritten notes and initials: E, jld + eev

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

needed ~~to go~~
Friday A.M.
D-note

LPS - create auto refs + check components

✓

gen cost

1 AN ACT [✓]; relating to: extending the deadline for the dissolution of the Health
2 Insurance Risk-Sharing Plan. ✓

✓ **Analysis by the Legislative Reference Bureau**

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

3 SECTION 1. 20.145 (5) (k) [✓] of the statutes, as created by 2013 Wisconsin Act 20,
4 is amended to read:

5 20.145 (5) (k) *Operational expenses.* All moneys transferred from the
6 appropriation account under par. (g) for operational expenses related to [✓]winding up
7 the affairs of the Health Insurance Risk-Sharing Plan, including hiring consultants,
8 limited-term employees, and experts.

9 SECTION 2. 71.07 (5g) (b) [✓] of the statutes, as affected by 2013 Wisconsin Act 20,
10 is amended to read:

1 71.07 (5g) (b) *Filing claims*. Subject to the limitations provided under this
2 subsection, for taxable years beginning after December 31, 2005, and before January
3 1, ~~2014~~ 2015[✓], a claimant may claim as a credit against the taxes imposed under s.
4 71.02 an amount that is equal to the amount of the assessment under s. 149.13, 2011
5 stats., that the claimant paid in the claimant's taxable year, multiplied by the
6 percentage determined under par. (c) 1.

History: 1987 a. 312; 1987 a. 411 ss. 63, 79 to 82, 85, 86; 1987 a. 419, 422; 1989 a. 31, 44, 56, 100, 359; 1991 a. 39, 269, 292; 1993 a. 16, 112, 204, 471, 491; 1995 a. 27 ss. 3377m to 3393m, 9116 (5); 1995 a. 209, 227, 400, 453; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9, 10, 32; 1999 a. 150 s. 672; 1999 a. 198; 2001 a. 16, 109; 2003 a. 72, 99, 135, 183, 255, 267, 326; 2005 a. 25, 49, 72, 74, 97, 177, 254, 361, 387, 479, 483, 487; 2007 a. 11, 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 s. 80; 2013 a. 20 54; s. ~~35.17~~ correction in (2dr) (a), (5n) (a) (intro.).

7 **SECTION 3.** 71.07 (5g) (d) 2. of the statutes, as created by 2013 Wisconsin Act
8 20, is amended to read:

9 71.07 (5g) (d) 2. No credit may be claimed under this subsection for taxable
10 years beginning after December 31, ~~2013~~ 2014[✓]. Credits under this subsection for
11 taxable years that begin before January 1, ~~2014~~ 2015[✓], may be carried forward to
12 taxable years that begin after December 31, ~~2013~~ 2014[✓].

History: 1987 a. 312; 1987 a. 411 ss. 63, 79 to 82, 85, 86; 1987 a. 419, 422; 1989 a. 31, 44, 56, 100, 359; 1991 a. 39, 269, 292; 1993 a. 16, 112, 204, 471, 491; 1995 a. 27 ss. 3377m to 3393m, 9116 (5); 1995 a. 209, 227, 400, 453; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9, 10, 32; 1999 a. 150 s. 672; 1999 a. 198; 2001 a. 16, 109; 2003 a. 72, 99, 135, 183, 255, 267, 326; 2005 a. 25, 49, 72, 74, 97, 177, 254, 361, 387, 479, 483, 487; 2007 a. 11, 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 s. 80; 2013 a. 20 54; s. ~~35.17~~ correction in (2dr) (a), (5n) (a) (intro.).

13 **SECTION 4.** 71.28 (5g) (b) of the statutes, as affected by 2013 Wisconsin Act 20,
14 is amended to read:

15 71.28 (5g) (b) *Filing claims*. Subject to the limitations provided under this
16 subsection, for taxable years beginning after December 31, 2005, and before January
17 1, ~~2014~~ 2015[✓], a claimant may claim as a credit against the taxes imposed under s.
18 71.23 an amount that is equal to the amount of assessment under s. 149.13, 2011
19 stats., that the claimant paid in the claimant's taxable year, multiplied by the
20 percentage determined under par. (c) 1.

History: 1987 a. 312; 1987 a. 411 ss. 88, 130 to 139; 1987 a. 422; 1989 a. 31, 44, 56, 100, 336, 359; 1991 a. 39, 292; 1993 a. 16, 112, 232, 491; 1995 a. 2; 1995 a. 27 ss. 3399r to 3404c, 9116 (5); 1995 a. 209, 227; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9; 2001 a. 16; 2003 a. 72, 99, 135, 255, 267, 326; 2005 a. 25, 74, 97, 361, 387, 452, 479, 483, 487; 2007 a. 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 3, 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 s. 80; 2013 a. 20, 54; s. 35.17 correction in (1dm) (a) 1.

1 **SECTION 5.** 71.28 (5g) (d) 2. of the statutes, as created by 2013 Wisconsin Act
2 20, is amended to read:

3 **71.28 (5g) (d) 2.** No credit may be claimed under this subsection for taxable
4 years beginning after December 31, ~~2013~~ 2014. Credits under this subsection for
5 taxable years that begin before January 1, ~~2014~~ 2015, may be carried forward to
6 taxable years that begin after December 31, ~~2013~~ 2014.

History: 1987 a. 312; 1987 a. 411 ss. 88, 130 to 139; 1987 a. 422; 1989 a. 31, 44, 56, 100, 336, 359; 1991 a. 39, 292; 1993 a. 16, 112, 232, 491; 1995 a. 2; 1995 a. 27 ss. 3399r to 3404c, 9116 (5); 1995 a. 209, 227; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9; 2001 a. 16; 2003 a. 72, 99, 135, 255, 267, 326; 2005 a. 25, 74, 97, 361, 387, 452, 479, 483, 487; 2007 a. 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 3, 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 s. 80; 2013 a. 20, 54; s. 35.17 correction in (1dm) (a) 1.

7 **SECTION 6.** 71.47 (5g) (b) of the statutes, as affected by 2013 Wisconsin Act 20,
8 is amended to read:

9 **71.47 (5g) (b) Filing claims.** Subject to the limitations provided under this
10 subsection, for taxable years beginning after December 31, 2005, and before January
11 1, ~~2014~~ 2015, a claimant may claim as a credit against the taxes imposed under s.
12 71.43 an amount that is equal to the amount of assessment under s. 149.13, 2011
13 stats., that the claimant paid in the claimant's taxable year, multiplied by the
14 percentage determined under par. (c) 1.

History: 1987 a. 312, 411, 422; 1989 a. 31, 44, 56, 100, 336, 359; 1991 a. 39, 292, 315; 1993 a. 16, 112; 1995 a. 27 ss. 3407m to 3412m, 9116 (5); 1995 a. 209, 227, 417; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9; 2001 a. 16; 2003 a. 72, 99, 135, 255, 267, 326; 2005 a. 25, 74, 97, 361, 387, 452, 479, 483, 487; 2007 a. 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 3, 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 ss. 80, 81; 2013 a. 20.

15 **SECTION 7.** 71.47 (5g) (d) 2. of the statutes, as created by 2013 Wisconsin Act
16 20, is amended to read:

17 **71.47 (5g) (d) 2.** No credit may be claimed under this subsection for taxable
18 years beginning after December 31, ~~2013~~ 2014. Credits under this subsection for
19 taxable years that begin before January 1, ~~2014~~ 2015, may be carried forward to
20 taxable years that begin after December 31, ~~2013~~ 2014.

History: 1987 a. 312, 411, 422; 1989 a. 31, 44, 56, 100, 336, 359; 1991 a. 39, 292, 315; 1993 a. 16, 112; 1995 a. 27 ss. 3407m to 3412m, 9116 (5); 1995 a. 209, 227, 417; 1997 a. 27, 41, 237, 299; 1999 a. 5, 9; 2001 a. 16; 2003 a. 72, 99, 135, 255, 267, 326; 2005 a. 25, 74, 97, 361, 387, 452, 479, 483, 487; 2007 a. 20, 96, 97, 100; 2009 a. 2, 11, 28, 180, 185, 265, 267, 269, 276, 294, 295, 332, 401; 2011 a. 3, 15, 32, 67, 212, 213, 232, 237; 2011 a. 260 ss. 80, 81; 2013 a. 20.

21 **SECTION 8.** 76.655 (2) of the statutes, as affected by 2013 Wisconsin Act 20, is
22 amended to read:

1 **76.655 (2) FILING CLAIMS.** Subject to the limitations provided under this section,
2 for taxable years beginning after December 31, 2005, and before January 1, 2014
3 2015✓, a claimant may claim as a credit against the fees imposed under ss. 76.60,
4 76.63, 76.65, 76.66 or 76.67 an amount that is equal to the amount of assessment
5 under s. 149.13, 2011 stats., that the claimant paid in the claimant's taxable year,
6 multiplied by the percentage determined under sub. (3).

7 History: 2005 a. 74; 2013 a. 20.

7 **SECTION 9.** 76.655 (5)^X of the statutes, as created by 2013 Wisconsin Act 20, is
8 amended to read:

9 **76.655 (5) SUNSET.** No credit may be claimed under this section for taxable
10 years beginning after December 31, ~~2013~~ 2014✓. Credits under this section for taxable
11 years that begin before January 1, 2014 2015✓, may be carried forward to taxable
12 years that begin after December 31, ~~2013~~ 2014✓.

13 History: 2005 a. 74; 2013 a. 20.

13 **SECTION 10.** 177.075 (3)^X of the statutes, as created by 2013 Wisconsin Act 20,
14 is amended to read:

15 **177.075 (3)** Any intangible property distributable in the course of the
16 dissolution of the Health Insurance Risk-Sharing Plan under 2013 Wisconsin Act
17 20, section 9122 (1L), and✓ 2013 Wisconsin Act[⊖] (this act), section ~~X~~ (1) (b), is
18 presumed abandoned as otherwise provided under this chapter if sub. (1) (a), (b), or
19 (c) does not apply with respect to the distribution.

A.R. 4

a.r. y a.r. z

20 History: 2003 a. 33; 2013 a. 20.

20 **SECTION 11.** 895.514 (2)^X of the statutes, as created by 2013 Wisconsin Act 20,
21 is amended to read:

22 **895.514 (2)** No cause of action of any nature may arise against, and no liability
23 may be imposed upon, the authority, plan, or board; or any agent, employee, or
24 director of any of them; or insurers participating in the plan; or the commissioner;

1 or any agent, employee, or representative of the commissioner, for any act or
2 omission by any of them in the performance of their powers and duties under ch. 149,
3 2011 stats., [✓] or under 2013 Wisconsin Act 20, section 9122 (1L), [✓] or under 2013
4 Wisconsin Act ... (this act), section X (1) (b), unless the person asserting liability
5 proves that the act or omission constitutes willful misconduct.

History: 2013 a. 20.

6 **SECTION 12.** 895.514 (3) (a) [✓] of the statutes, as created by 2013 Wisconsin Act
7 20, is amended to read:

8 895.514 (3) (a) Except as provided in 2013 Wisconsin Act 20, section 9122 (1L),
9 and 2013 Wisconsin Act ... (this act), section X (1) (b), neither the state nor any
10 political subdivision of the state nor any officer, employee, or agent of the state or a
11 political subdivision acting within the scope of employment or agency is liable for any
12 debt, obligation, act, or omission of the authority.

History: 2013 a. 20.

13 **SECTION 13.** 895.514 (3) (b) [✓] of the statutes, as created by 2013 Wisconsin Act
14 20, is amended to read:

15 895.514 (3) (b) All of the expenses incurred by the authority, or the
16 commissioner, or any agent, employee, or representative of the commissioner, in
17 exercising its duties and powers under ch. 149, 2011 stats., [✓] or under 2013 Wisconsin
18 Act 20, section 9122 (1L), or under 2013 Wisconsin Act ... (this act), section X (1) (b),
19 shall be payable only from funds of the authority or from the appropriation under s.
20 20.145 (5) (g) or (k), or from any combination of those payment sources.

NOTE: NOTE: This section is created eff. 1-1-15 by 2013 Wis. Act 20. NOTE:

History: 2013 a. 20.

21 **SECTION 14. Nonstatutory provisions.**
22 (1) COVERAGE EXTENSION OF THE HEALTH INSURANCE RISK-SHARING PLAN;
23 ISSUANCE OF MEDICARE SUPPLEMENT AND REPLACEMENT POLICIES.

Insert 5-20 ✓

1 (a) *Definitions.* In this subsection:

2 1. "Authority" means the Health Insurance Risk-Sharing Plan Authority
3 under subchapter III of chapter 149 of the statutes.

4 2. "Commissioner" means the commissioner of insurance.

5 3. "Covered person" means a person who has coverage under the plan.

6 4. "Medicare" has the meaning given in section 149.10 (7) of the statutes.

7 5. "Medicare Advantage" has the meaning given in section INS 3.39 (3) (r),
8 Wisconsin Administrative Code.

9 6. "Medicare replacement policy" has the meaning given in section 600.03 (28p)
10 of the statutes.

11 7. "Medicare supplement policy" has the meaning given in section 600.03 (28r)
12 of the statutes.

13 8. "Office" means the office of the commissioner of insurance.

14 9. "Plan" means the Health Insurance Risk-Sharing Plan under subchapter II
15 of chapter 149 of the statutes.

16 (b) *Extension of the plan and authority.* Notwithstanding any statute,
17 administrative rule, or provision of a policy or contract or of the plan to the contrary,
18 the dissolution of the plan and the authority as provided in 2013 Wisconsin Act 20,
19 section 9122 (1L), is modified as follows:

20 1. 'Coverage provisions.'

21 a. A covered person whose coverage under the plan was in effect on December
22 1, 2013, and who paid his or her December premium may elect to obtain a policy
23 under the plan by making a timely payment of the January, 2014 premium. The
24 covered person must maintain the same policy benefits, including the same
25 deductible amount, that were in effect on December 1, 2013. A new deductible period

1 will commence on January 1, 2014. The premium for January 2014 must be paid
2 no later than February 1, 2014. Thereafter, the covered person must pay premiums
3 in accordance with the terms of the contract for coverage, which may not extend
4 beyond 11:59 p.m. on March 31, 2014. Any medical claims that the covered person
5 incurs after December 31, 2013, and before the plan receives the premium payment
6 for January 2014 shall be held in abeyance and the plan shall not be responsible for
7 payment.

****NOTE: I used "held in abeyance" instead of "pending." Will the plan pay for these claims after the premium is received? If so, it should be stated "until premium payment is received."

a.r. BC

8 b. If a covered person's coverage under the plan is funded under a contract with
9 the federal department of health and human services, the covered person's coverage
10 will end as provided in 2013 Wisconsin Act 20, section 9122 (1L) (b) 1. b., unless the
11 federal department of health and human services issues a contract amendment that
12 extends the contract and coverage to a date later than December 31, 2013, and the
13 terms of the contract amendment are such that the federal government will be
14 financially liable for all costs related to the operation of the contract that exceed
15 member premium collections.

a.r. A a.r. B

a.r. C

16 c. If the requirements under subdivision 1. b. are satisfied, a covered person
17 whose coverage is funded under a contract with the federal department of health and
18 human services, whose coverage under the plan was in effect on December 1, 2013,
19 who paid his or her December premium, and who had not enrolled in Medicare
20 Advantage during the federal open enrollment period in 2013 or earlier may elect to
21 obtain a policy under the plan by making a timely payment of the January 2014
22 premium. The covered person must maintain the same policy benefits, including the
23 same deductible amount, that were in effect on December 1, 2013. A new deductible

1 period will commence on January 1, 2014. The premium for January 2014 must be
2 paid no later than February 1, 2014. Thereafter, the covered person must pay
3 premiums in accordance with the terms of the contract for coverage, which may not
4 extend beyond 11:59 p.m. on March 31, 2014. Any medical claims that the covered
5 person incurs after December 31, 2013, and before the plan receives the premium
6 payment for January 2014 shall be held in abeyance and the plan shall not be
7 responsible for payment.

****NOTE: I used "held in abeyance" instead of "pending." Will the plan pay for these claims after the premium is received? If so, it should be stated "until premium payment is received."

****NOTE: "During the open enrollment period in 2013 or earlier" is a bit vague. Is that limited to earlier in 2013?

8 d. No later than February 1, 2014, the authority shall provide notice that
9 coverage shall terminate on March 31, 2014, to all covered persons, all insurers and
10 providers that are affected by the termination of the coverage, the office, the
11 legislative audit bureau, and the insurers described in paragraph (c) 1.

****NOTE: I thought it would be more relevant to the insurers in paragraph (c) in this subsection.

12 2. 'Provider claims.' Any claim for payment from a provider of medical services
13 and devices and prescription drugs to a covered person whose coverage is extended
14 as provided in this paragraph must be filed no later than June 1, 2014. Any claim
15 filed after that date is not payable and may not be charged to the covered person who
16 received the service, device, or drug. Except for copayments, coinsurance, or
17 deductibles required under the plan, consistent with section 149.14 (3) of the statutes
18 and section 149.142 (2m) of the statutes, a provider may not bill a covered person who
19 receives a covered service or article and shall accept as payment in full the payment
20 rate determined under section 149.142 (1) of the statutes.

****NOTE: I limited this to claims for services, etc., provided to persons whose coverage is extended, or it would not make sense to include this here since it is the same

as when claims must be filed for persons whose coverage is not extended under Act 20, as amended by this bill. Note that I required claims to be filed rather than received by June 1, 2014.

1

3. 'Grievances and review.' ✓
a.r. D

2

a. Any grievance by a covered person whose coverage is extended as provided in this paragraph must be in writing and received by the plan no later than July 1, 2014, or be barred. ✓

3

5

b. A covered person whose coverage is extended as provided in this paragraph who submits a grievance after March 31, 2014, must request an independent review, if any, with respect to the grievance no later than August 1, 2014, or be barred from requesting an independent review with respect to the grievance. ✓

9

4. 'Payment of plan costs.' ✓
a.r. G

10

11

12

13

a. To the extent possible, the authority shall pay plan costs incurred in 2013 and 2014 and all other costs associated with operating and dissolving the plan that are incurred before administrative responsibility for the dissolution of the plan is transferred to the office on February 28, 2014. ✓

***NOTE: I removed the language about "requirements are met as provided in subsection (1L) (b) 8." because I didn't know what requirements were being referred to and what the relationship was to the rest of the sentence. If you want some language back in, please clarify the meaning.

14

b. The authority, before March 1, 2014, and the office, on and after March 1, 2014, shall pay plan costs in the manner provided in section 149.143 of the statutes, ✓

17

except that the authority or office may use all available surplus before imposing an assessment against insurers, as described in subdivision 4. c. All claims shall be adjudicated on or before September 30, 2014. ✓
a.r. Hm
a.r. G

19

c. The authority, before March 1, 2014, and the office, on and after March 1, 2014, but by no later than July 1, 2014, shall determine whether an assessment of insurers under section 149.13 of the statutes is necessary to cover in full the plan's

20

21

1 expenses related to operations, winding up operations, and dissolution of the plan.

2 Such assessment shall be based on the 2013 filed plan assessment form.

3 5. 'Dissolution notice, claims, and updates.' ✓
← a.r. I

4 a. On behalf of the commissioner, the authority shall provide notice of the plan's

5 dissolution to all persons known, or reasonably expected from the plan's records, to

6 have claims against the plan, including all covered persons. The notice shall be sent

7 by ^{e 1st} first class mail to the last-known addresses ✓ no later than February 1, 2014. ✓

8 Notice to potential claimants of the plan shall require the claimants to file their

9 claims, together with proofs of claims, by June 1, 2014. ✓ The notice shall be consistent

10 with any relevant terms of the policies under the plan and contracts and with section

11 645.47 (1) (a) ✓ of the statutes. The notice shall serve as final notice consistent with

12 section 645.47 (3) ✓ of the statutes.

13 b. Proofs of all claims must be filed with the office in the form provided by the

14 office consistent with the proof of claim, as applicable, under section 645.62 ✓ of the

15 statutes, on or before the last day for filing specified in the notice. For good cause

16 shown, the office shall permit a claimant to make a late filing if the existence of the

17 claim was not known to the claimant and the claimant files the claim within ✓ 30 days

18 after learning of the claim, but not later than September 1, 2014. ✓ Any such late claim

19 that would have been payable under the policy under the plan if it had been filed

20 timely and that was not covered by a succeeding insurer shall be permitted unless

21 the claimant had actual notice of the termination of the plan or the notice was mailed

22 to the claimant by ^{e 1st} first class mail at least 10 ✓ days before the insured event occurred.

****NOTE: Should this be limited to persons who extend coverage? This is the same
as under Act 20, as amended. Why are two identical provisions necessary?

23 (c) Medicare supplement and replacement policy issuance. ✓
← a.r. K

a.s. Z a.s. A a.r. BC a.r. C

a.r. A

paragraph

***NOTE: Are the people affected by this provision the same people described in par. (b) 1. b. and c. above? If so, all that is needed are the following provisions. I removed the proposed subdivision extending their HIRSP coverage because it is not needed. Coverage has already been extended under par. (b) 1. b. and c. above. The provision in Act 20 that is similar to this was intended for the purpose of guaranteeing issue under Medicare supplement and replacement policies to persons eligible for Medicare whose coverage under HIRSP was ending. It was separate from the provisions related to terminating coverage under HIRSP and so this paragraph should not include any HIRSP coverage extension. If I am mistaken and the people to whom this paragraph applies are not the same people described in par. (b) 1. b. and c. above, please let me know. There is no description of individuals in Act 20's subsection (1m) (b), as the proposed language suggested.

paragraph

a.r. B

- 1. In addition to the requirement under 2013 Wisconsin Act 20, section 9122
- (1m), an insurer offering a Medicare supplement policy or a Medicare replacement
- policy in this state shall provide coverage under the policy to any individual who
- satisfies all of the following:

- 1.
- a. The individual is eligible for Medicare.
- a.
- b. The individual had coverage under the plan.

***NOTE: It should not be necessary to specify that the individual had coverage on December 1, 2013, because that is a requirement for extended coverage that ends on March 31, 2014, as provided in below.

- c. The individual's coverage under the plan terminated on March 31, 2014.
- d. The individual applies for coverage under the policy before 63 days after the date specified in subdivision 1. c.
- e. The individual pays the premium for the coverage under the policy.
- 2. An insurer under subdivision 1. may not deny coverage to any individual who satisfies the criteria under subdivision 1. a. to e. on the basis of health status, receipt of health care, claims experience, or medical condition including disability.

7

a.r. MA

a.r. M

a.r. N

subdivision 1. c. a.r. N

a.r. P

a.r. N

a.r. M

a.r. P

a.r. M

a.r. MA

Insert 5-20

1088

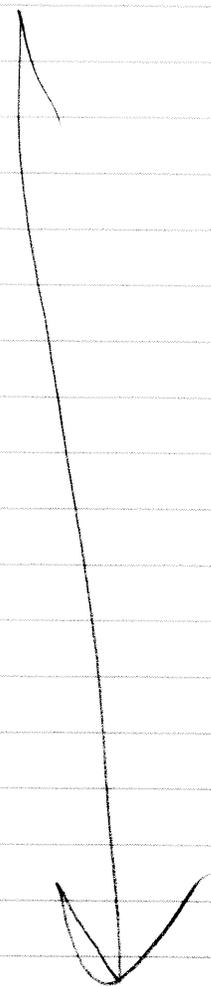
Action: ACT:
RP+CP

SECTION #. 2013 Wisconsin Act 20, section

9122 (1L) (b) 1. b. ~~and 2~~

letter

is repealed and recreated to read:



Insert 5-20 cont.

A.R.X

207

A.F.C.

LRBb0097/2
PJH&JK rev:jf

Except as provided in 2013 Wisconsin Act ... (this act), section X (1)(b) i.a.t.c. (A.F.C.)

[2013 Wisconsin Act 20] Section 9122 (1)(b) 1.

Insert (1)(c) at end of this insert

(at 11:59 p.m. on December 31, 2013)

1 with the federal department of health and human services may not be issued to any
2 person after December 1, 2013.

3 b. Coverage under the policies issued under the plan terminates on January
4 1, 2014, or on the date that any health insurance coverage that is accessed through
5 an American health benefit exchange, as described in 42 USC 18031, in this state is
6 effective, if later than January 1, 2014. At least 60 days before coverage terminates,
7 the authority shall provide notice of the date on which coverage terminates to all
8 covered persons, all insurers and providers that are affected by the termination of
9 the coverage, the office, the legislative audit bureau, and the insurers described in
10 subsection (1m) (b) 1.

11 c. If coverage under the policies issued under the plan terminates on a date that
12 is later than January 1, 2014, because no health insurance coverage that is accessed
13 through an American health benefit exchange, as described in 42 USC 18031, in this
14 state is effective on January 1, 2014, the authority may allow covered persons whose
15 coverage under the plan is funded under a contract with the federal department of
16 health and human services to elect to be covered, until coverage under the plan
17 terminates, under the same coverage provided under the plan to covered persons
18 whose coverage under the plan is not funded under a contract with the federal
19 department of health and human services.

20 2. 'Provider claims.' Providers of medical services and devices and prescription
21 drugs to covered persons must file claims for payment no later than 90 days after the
22 date coverage terminates under subdivision 1. b. Any claim filed after that date is
23 not payable and may not be charged to the covered person who received the service,
24 device, or drug. Except for copayments, coinsurance, or deductibles required under
25 the plan, during the 90 days after the date coverage terminates under subdivision

[2013 Wisconsin Act 20] Section 9122 (1)(b)

Insert 5-20 cont. 3/7/8

1. b., consistent with section 149.14 (3) of the statutes and section 149.142 (2m) of the statutes, a provider may not bill a covered person who receives a covered service or article and shall accept as payment in full the payment rate determined under section 149.142 (1) of the statutes.

action: act: am

Section 9122 (1)(b) 3.

SECTION# . 2013 Wisconsin Act 20, section 9122 (1)(b) 3. a. and c.

a. Except for a grievance related to a prior authorization denial, a covered person must submit any grievance, in writing, no later than 180 days after the date coverage terminates under subdivision 1. b. or be barred from submitting the grievance.

b. A covered person must submit any grievance related to a prior authorization denial no later than 45 days before the date on which coverage terminates under subdivision 1. b. or be barred from submitting the grievance, except that a grievance related to a prior authorization denial that meets the requirements for an expedited grievance must be submitted no later than the date on which coverage terminates under subdivision 1. b. or be barred.

c. A covered person who submits a grievance after the date coverage terminates under subdivision 1. b. must request an independent review, if any, with respect to the grievance no later than 60 days after he or she receives notice of the disposition of the grievance or be barred from requesting an independent review with respect to the grievance.

4. 'Payment of plan costs.' The authority shall pay plan costs incurred in 2013 and all other costs associated with dissolving the plan that are incurred before administrative responsibility for the dissolution of the plan is transferred to the office under subdivision 8. The authority and the office shall make every effort to pay

amend 4. (b) amended to read: (this act), section

SCORE



*Insert 5-20
CONT 4078*

1 plan costs in accordance with, or as closely as possible to, the manner provided in
2 section 149.143[✓] of the statutes.

3 5. 'Contracts.' The authority may extend any administrative contracts that are
4 in effect into 2014, regardless of a contract's expiration date and without having to
5 comply with the requirements under section 149.47 of the statutes for the extension.

6 6. 'Report to legislature.' The authority shall submit a final report on plan
7 operation to the legislature under section 13.172 of the statutes no later than
8 September 30, 2013.

9 7. 'Board responsibilities.' The board shall do all of the following:

10 a. Develop a proposal, which shall be followed by the office, for the dispensation
11 of the plan's cash assets after all financial obligations of the plan and authority are
12 satisfied. To the extent feasible and practical, the proposal shall provide for the
13 return of any remaining equity to the source from which derived, including insurers,
14 providers, and covered persons. The proposal shall provide for alternative
15 dispensations in the event that returning any remaining equity is not feasible or
16 practical, such as using remaining cash assets in support of activities providing an
17 indirect benefit to the insurers, providers, and covered persons.

18 b. Dispose of the noncash assets of the authority as soon as possible after the
19 administrative offices of the authority are closed.

20 c. Make any other decisions and take any other actions necessary to effectively
21 wind up the operations and affairs of the authority and plan and transfer
22 responsibility to the office. All actions taken by the board must be consistent with
23 the purpose of, and may not endanger the solvency of, the plan.

24 8. 'Transfer to the office.' On the date that is 60 days after the date coverage
25 under the plan terminates under subdivision 1. b., all of the following shall occur:



SECTION # 2013 Wisconsin Act 20, section 9122(1L)(b) 8. (intro.) is repealed and reinserted to read:

1 plan costs in accordance with, or as closely as possible to, the manner provided in
2 section 149.143 of the statutes.

3 5. 'Contracts.' The authority may extend any administrative contracts that are
4 in effect into 2014, regardless of a contract's expiration date and without having to
5 comply with the requirements under section 149.47 of the statutes for the extension.

6 6. 'Report to legislature.' The authority shall submit a final report on plan
7 operation to the legislature under section 13.172 of the statutes no later than
8 September 30, 2013.

9 7. 'Board responsibilities.' The board shall do all of the following:

10 a. Develop a proposal, which shall be followed by the office, for the dispensation
11 of the plan's cash assets after all financial obligations of the plan and authority are
12 satisfied. To the extent feasible and practical, the proposal shall provide for the
13 return of any remaining equity to the source from which derived, including insurers,
14 providers, and covered persons. The proposal shall provide for alternative
15 dispensations in the event that returning any remaining equity is not feasible or
16 practical, such as using remaining cash assets in support of activities providing an
17 indirect benefit to the insurers, providers, and covered persons.

18 b. Dispose of the noncash assets of the authority as soon as possible after the
19 administrative offices of the authority are closed.

20 c. Make any other decisions and take any other actions necessary to effectively
21 wind up the operations and affairs of the authority and plan and transfer
22 responsibility to the office. All actions taken by the board must be consistent with
23 the purpose of, and may not endanger the solvency of, the plan.

[2013 Wisconsin Act 20] Section 9122(1L)(b)

24 (24) 8. 'Transfer to the office.' (intro.) On the date that is 60 days after the date coverage
25 under the plan terminates under subdivision 1. b), all of the following shall occur:

February 28, 2014

is repealed and reinserted to read:

4 (2013 Wisconsin Act 20) Section 7122 (1L) (b) 8.

SECTION #. 2013 Wisconsin Act 20, section 7122 (1L) (b) 8.a., 9.a., 10. operations and

a. and b. and 11. b. of amendment to read:

1 a. Administrative responsibility for the dissolution of the plan is transferred
 2 to the office. The commissioner shall take any action necessary or advisable to ~~wind~~ ^{manage and}
 3 up the affairs of the plan ~~in accordance with the proposal developed by the board~~
 4 ~~under subdivision 7.a.~~ and shall notify the legislative audit bureau when the windup
 5 is completed and provide to the legislative audit bureau the final financial
 6 statements of the plan. For purposes of chapter 177 of the statutes, as affected by
 7 this act, the dissolution, and winding up of the affairs, of the plan shall be considered
 8 a dissolution of an insurer in accordance with section 645.44 of the statutes, except
 9 that a court order of dissolution is not required to effect the dissolution of the plan.

10 b. All remaining cash assets of the plan, including the balance in the Health
 11 Insurance Risk-Sharing Plan fund, are transferred to the appropriation account
 12 under section 20.145 (5) (g) of the statutes, as created by this act.

13 c. All tangible personal property, including records, of the authority not already
 14 disposed of by the board is transferred to the office.

15 d. All contracts and agreements entered into by the board that are in effect are
 16 transferred to the office. The office shall carry out any contractual obligations under
 17 such a contract or agreement until the contract or agreement terminates or is
 18 modified or rescinded by the office to the extent allowed under the contract or
 19 agreement. The office may enter into such other contracts as are necessary to carry
 20 out the dissolution of the plan.

21 e. Any matters pending with the authority or plan, including grievances and
 22 independent reviews, payment claims, subrogation claims, drug rebate claims, and
 23 legal actions or causes of action, are transferred to the office and all materials
 24 submitted to and actions taken by the office with respect to a pending matter are
 25 considered as having been submitted to or taken by the authority or plan.



Insert 5-20 cont 8 of 8

1 under the plan and contracts and with section 645.47 (1) (a) of the statutes. The
2 notice shall serve as final notice consistent with section 645.47 (3) of the statutes.

3 b. Proofs of all claims must be filed with the office in the form provided by the
4 office consistent with the proof of claim, as applicable, under section 645.62 of the
5 statutes, on or before the last day for filing specified in the notice. For good cause
6 shown, the office shall permit a claimant to make a late filing if the existence of the
7 claim was not known to the claimant and the claimant files the claim within 30 days
8 after learning of the claim, but not ~~more than 210 days after the date on which~~
9 ~~coverage terminates under subdivision 1. b.~~ *later than September 1, 2014* Any such late claim that would have
10 been payable under the policy under the plan if it had been filed timely and that was
11 not covered by a succeeding insurer shall be permitted unless the claimant had
12 actual notice of the termination of the plan or the notice was mailed to the claimant
13 by first class mail at least 10 days before the insured event occurred.

14 c. The commissioner shall provide periodic updates to the Health Insurance
15 Risk-Sharing Plan advisory committee under subdivision 9. regarding the plan's
16 dissolution, including, at a minimum, information about expenses and claims paid.

17 11. 'Audits.' The legislative audit bureau shall do all of the following:

18 a. Conduct its annual audit of the plan under section 13.94 (1) (dh) of the
19 statutes for calendar year 2013 by June 30, 2014.

20 *11* b. Complete a final audit of the plan, after the termination of the plan in 2014,
21 ~~within 90 days after the office provides the final financial statements of the plan~~
22 ~~under subdivision 8. a.~~ *by June 30, 2015* *score period*

23 c. File copies of the reports of both audits with the distributees specified in
24 section 13.94 (1) (b) of the statutes. The costs of the audits shall be paid from the
25 funds of the authority or from the appropriation under section 20.145 (5) (g) or (k)

(end of insert 5-20)

Insert (1L) (b) (to Ins 5-20)

^{NO}
, including to persons whose coverage
under the plan is funded under a contract
with the federal department of health
and human services, ^{NO}
#

(end of insert (1L)(b))

Insert (1L)(c) (to Ins 5-20)

action: Act: RP

SECTION #. 2013 ^x Wisconsin Act 20, ^x section
9122(1L)(b)1.c. is repealed.

action: Act:
RP + CR

SECTION #. 20^x13 Wisconsin Act 20,
section 9122(1L)(b)2. is repealed and
recreated and recreated to read:

(end of ins. (1L)(c))

**2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-3678/2^A Ins
PJK:.....

v must run

INSERT (1L) (D) (to Ins 5-20)

****NOTE: You can't mix filing and receiving. Which do you want, that the claims must be filed or received on June 1, 2014? I have retained the "filed" language from Act 20.

(END OF INSERT (1L) (D))