

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-3357/P1dn
PJK:cmh:jf

August 26, 1999

1. Be sure to review this draft carefully. (Notice one note embedded in the draft.) For some of the draft I followed the Georgia law language but do not know if I interpreted the law correctly, since different states have different drafting conventions, terms and phrases have different definitions and usages in different states and different writers use punctuation differently.

2. Because the definition of "managed care plan" in ch. 609 does not include limited service health organizations or every type of preferred provider plan, these two entities are specifically included in the draft separately. Let me know if you do not want to include them, that is, if you want the draft to apply only to managed care plans as defined in ch. 609.

3. There is no limit on how long an enrollee has to request independent review after receiving notification of an unfavorable grievance disposition under s. 609.15. Do you want to specify a time limit?

4. OCI may need an appropriation for its administration. In addition, we will need to add a fee to s. 601.31 for certifying an independent review organization.

5. Note where I used "expert reviewers" instead of "independent review organization". Is this okay?

6. Note that I assumed that the treatment that is the subject of a review, and for which coverage has been denied, may have been either merely proposed or actually provided. Is this okay?

7. Note that s. 609.16 (7) (d) in the draft was not discussed at our meeting as being included in this draft. I thought this may have been an oversight, so I included it. You may not want it included, however.

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