2001 Jr2 DRAFTING REQUEST

Senate Amendment (SA-SSA1-AB1)

Wanted: Soon				Received By: kahlepj				
					Identical to LRB	to LRB:		
For: Le	For: Legislative Fiscal Bureau 6-5347				By/Representing: Jackel (CM)			
This file	e may be shown	to any legislate	or: NO		Drafter: kahlepj			
May Co	ontact:				Addl. Drafters:	s:		
Subject	Insurar	ice - health			Extra Copies:			
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LFB:	Jackel (CM) -							
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Instruc	etions:							
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Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required	
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For: Legislative Fiscal Bureau 6-5347				
This file may be shown to any legislator: NO				
May Contact:	Addl. Drafters:			
Subject: Insurance - health	Extra Copies:			
Submit via email: NO				
Pre Topic:				
LFB:Jackel (CM) -				
Topic: Uniform claim procession form and employee application				
Instructions: See Attached				
Drafting History:				
Vers. Drafted Reviewed Typed Proofed /? kahlepj / - 6/8	Submitted Jacketed Required			

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State of Misconsin 2001 - 2002 LEGISLATURE

LRBb2412/2

January 2002 Special Session

LFB:......Jakel (CM) - Small business health insurance reform

For 2001-03 Budget — Not Ready For Introduction

SENATE **ASSEMBLY AMENDMENT**,

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO ASSEMBLY BILL 1

Rolling of Salarian Salar Sala

At the locations indicated, amend the substitute amendment as follows:

1. Page 10, line 8: after that line insert:

3 "Section 14j. 15.735 of the statutes is created to read:

15.735 Same; attached boards. (1) SMALL EMPLOYER CATASTROPHIC

5 REINSURANCE BOARD. (a) There is created a small-employer catastrophic reinsurance

6 board that is attached to the office of the commissioner of insurance under s. 15.03.

The board shall consist of the commissioner of insurance and the following members:

1. Two-members who represent small employers, as defined in s. 635.02.(7), and

who are selected from a list of nominees submitted by organizations representing

small businesses.

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1	2. Four members who represent small employer insurers, as defined in s.
2	635.02 (8), and who are selected from a list of nominees submitted by organizations
3	representing health insurers.
4	3. One member who is a physician, as defined in s. 448.01 (5), and who is
5	selected from a list of nominees submitted by organizations representing physicians.
6	4. One member who is a nurse, as defined in s. 441.11 (2), who works in an
7	executive position, and who is selected from a list of nominees submitted by
8	organizations representing nurses.
9	5. Two members who represent hospitals, including one member from a rural
10	hospital and one member from an urban hospital, and who are selected from a list
11	of nominees submitted by organizations representing hospitals.
12	(b) The members under par. (a) 1. to 5. shall be appointed for 3—year terms. Any
13	such member may be removed by the governor for just cause.".
14	2. Page 11, line 9: after that line insert:
15	"SECTION 21e. 16.735 of the statutes is created to read:
16	16.735 Negotiations for purchase of prescription drugs; rebates. (1)
17	In this section:
18	(a) Health care provider" has the meaning given in s. 146.81 (1).
19	(b) "Insurer" has the meaning given in s. 632.745 (15).
20	(c) "Labeler" means a person that receives prescription drugs from a
21	manufacturer or wholesaler, repackages the prescription drugs for later retail sale,
22	and has a labeler code issued by the federal food and drug administration under 21
23	CFR 207.20 (b).
'	

- (d) "Manufacturer" means a manufacturer of prescription drugs and includes 1 2 a subsidiary or affiliate of the manufacturer. (e) "Pharmacist" has the meaning given in s. 450.01 (15). 3 (f) "Prescription drug" has the meaning given in s. 450.01 (20). 4 (g) "Self-insurer" means an employer or labor organization acting solely or 5 acting jointly with a labor organization or an employer to provide employee health 6 care benefits on a self-insured basis. 7 (2) The department or an entity with which the department contracts may do 8 9 all of the following: 10 (a) Assist a health care provider, insurer, or self-insurer that acts in this state or that seeks to act in conjunction with associations of health care providers, 11 insurers, or self-insurers in states other than this state to negotiate rebate 12 agreements with manufacturers or labelers for prescription drugs that are produced 13 14 by the manufacturers or repackaged by the labelers and are sold for prescribed use. (b) Assist a health care provider, insurer, or self-insurer to develop an in-state 15 purchasing group or, in conjunction with associations of health care providers, 16 insurers, or self-insurers in states other than this state, a multistate purchasing 17 group, for the direct negotiation with prescription drug manufacturers and labelers 18 19 of reduced charges for prescription drugs that are produced by the manufacturers or 20 repackaged by the labelers and are sold for prescribed use.".
- 21 Page 13, line 13: after that line insert:
- 22 "Section 30c. 20.145 (1) (j) of the statutes is created to read:

1	20.145 (1) (j) Small employer insurer catastrophic reimbursements. All moneys
2	received under s. 635.25 (3) (b), to reimburse small employer insurers as provided in
3	s. 635.25 (2) (c).".
4	4. Page 19, line 20: after that line insert:
5	"SECTION 52im. 20.515 (2) (g) of the statutes is amended to read:
6	20.515 (2) (g) Private employer health care coverage plan. All moneys received
7	under subch. X of ch. 40 from employers who elect to participate in the private
8	employer health care coverage program under subch. X of ch. 40 and from any other
9	person under s. 40.98 (2) (h), for the costs of designing, marketing, and contracting
10	for or providing administrative services for the program and for lapsing to the
11	general fund the amounts required under s 40.98 (6m).".
2	5. Page 32, line 23: after that line insert:
13	"Section 100hp. 40.51 (6) of the statutes is renumbered 40.51 (6) (a) and
14	amended to read:
15	
	40.51 (6) (a) This Except as provided in par. (b), the state shall offer to all of
16	40.51 (6) (a) This Except as provided in par. (b), the state shall offer to all of its employees at least 2 insured or uninsured health care coverage plans providing
16 17	
	its employees at least 2 insured or uninsured health care coverage plans providing
17	its employees at least 2 insured or uninsured health care coverage plans providing substantially equivalent hospital and medical benefits including a health
17 18	its employees at least 2 insured or uninsured health care coverage plans providing substantially equivalent hospital and medical benefits including a health maintenance organization or a preferred provider plan, if those health care plans are
17 18 19	its employees at least 2 insured or uninsured health care coverage plans providing substantially equivalent hospital and medical benefits including a health maintenance organization or a preferred provider plan, if those health care plans are determined by the group insurance board to be available in the area of the place of
17 18 19 20	its employees at least 2 insured or uninsured health care coverage plans providing substantially equivalent hospital and medical benefits, including a health maintenance organization or a preferred provider plan, if those health care plans are determined by the group insurance board to be available in the area of the place of employment and are approved by the group insurance board.

a defined contribution plan that permits employees to choose the level of premiums,

deductibles, and co-payments and to select the hospital and medical benefits offered 1 under the plan, but only if the group insurance board determines that such a defined 2 contribution plan is available in the area of the place of employment and approves 3 the plan. [']5, SECTION 100ic. 40.98 (2) (h) of the statutes is created to read 65 40.98 (2) (h) The department may seek funding from any person for the payment of costs of designing, marketing, and contracting for or providing 7 administrative services under the health care coverage program and for lapsing to 8, the general fund any amount required under sub (6m). Any moneys received by the 0 department under this paragraph shall be credited to the appropriation account under s. 20.515 (2) (g). 11 12 SECTION 100ix. 40.98 (6m) of the statutes is created to read: 40.98 (6m) The secretary of administration shall lapse from the appropriation 13 under/s. 20.515 (2) (g) to the general fund the amounts necessary to repay the loan 14 15 under s. 601.34 when the secretary of administration, after consulting with the board, determines that funds in the appropriation under s. 20.515 (2) (g) are 16 sufficient to make the lapse. The amounts that are required to be lapsed under s. 17 20.515 (2) g) shall equal the amount necessary to pay all principal and interest costs 18 19 on the loan, less any amount that is lapsed to the general fund under s, 20,515 (2) (a) at the end of the 2001-03 fiscal biennium. The secretary of administration may 20 21 lapse the amounts under s/20.515 (2) (g) in installments.". Page 62, line 25-after by" insert "P.L. 106 554 Mad And subsequent federal <u>(22</u>)

7. Page 63, line 2: after "by" insert "P.L. 106-554 and any subsequent federal 2 law related to Archer medical savings accounts under 26 USC 220,". 8. Page 63, line 8: after "2001," insert "and as amended by any subsequent 3 federal law related to Archer medical savings accounts under 26 USC 220,". 4 **9.** Page 63, line 19: after "106–554," insert "and any subsequent federal law 5 related to Archer medical savings accounts under 26 USC 220,". 6 10. Page 63, line 23: after "2001," insert "except amendments related to 7 Archer medical savings accounts under 26 USC 220, 8 11. Page 76, kine 1: on lines 1 and 3, after "by" insert "P.L. 106–554 and any 9 subsequent federal law related to Archer medical savings accounts under 26 USC 10 220,". 11 12. Page 76, line 9: after "2001," insert "and as amended by any subsequent 12 13 federal law related to Archer medical savings accounts under 26 USC 220,". 13. Page 76, line 22: After "106, 554," insert "and any subsequent federal law 14 related to Archer medical savings accounts under 26 USC 220,". 15 16 14. Page 77, I'me 1: after "2001," insert "except amendments related to Archer medical savings accounts under 26 USC 220,". 17 15. Page 85, line 25: after "by" insert "P.L. N6-554 and any subsequent 18 federal law related to Archer medical savings accounts under 26 USC 220,". 19 16. Page 86, line 2: after "by" insert "P.L. 106-554 and any subsequent federal 20 law related to Archer medical savings accounts under 26 USC 220, 212217. Page 86, line 8: after "2001," insert "and as amended by any subsequent

federal law related to Archer medical savings accounts under 26 USC 220,"

#	18. Page 86, line 19: after "106–554," insert "and any subsequent federal law
2	related to Archer medical savings accounts under 26 USC 220,".
3	19. Page 86, line 22: after "2001," insert "except amendments related to
4	Archer medical savings accounts under 26 USC 220,".
5	$oldsymbol{20}$. Page 110, line 12: on lines 12 and 14, after "by" insert "P.L. 106–55 $\overset{4}{4}$ and
6	any subsequent federal law related to Archer medical savings accounts under 26
7	USC 220,".
8	21. Page 110, line 22: after "2001," insert "and as amended by any subsequent
9	federal law related to Archer medical savings accounts under 26 USC 220,".
.0	22. Page 111, line 8: after "106-554," insert "and any subsequent federal law
l 1	related to Archer medical savings accounts under 26 USC 220,".
.2	23. Page 111, line 14: after "2001," insert "and as amended by any subsequent
.3	federal law related to Archer medical savings accounts under 26 USC 220,".
4	24. Page 111, line 25: after "106–554," insert "and any subsequent federal law
.5	related to Archer medical savings accounts under 26 USC 220,".
6	25. Page 112, line 9: after "2001," insert "and as amended by any subsequent
L 7	federal law related to Archer medical savings accounts under 26 USC 220,".
18	26. Page 112, line 20: after "106–554," insert "and any subsequent federal law
.9	related to Archer medical savings accounts under 26 USC 220,".
20	27. Page 112, line 23: after "2001," insert "except amendments related to
21	Archer medical savings accounts under 26 USC 220,".

36. Page 172, line 10: after that line insert:

Archer medical savings accounts under 26 USC 220."

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"Section 336d. 146.96 of the statutes is created to read:

146.96 Uniform claim processing form. Beginning no later than July 1, 2004, every health care provider, as defined in s. 146.81 (1), shall use the uniform

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- claim processing form developed by the commissioner of insurance under s. 601.41

 (9) (b) when submitting a claim to an insurer."
 - \checkmark 37. Page 221, line 13: after that line insert:
- 4 "Section 508r. 601.34 of the statutes is created to read:
 - after the effective date of this section [revisor inserts date], an amount equal to \$850,000 shall be lapsed from the appropriation account under s. 20.145 (1) (g) to the general fund. The amount lapsed from the appropriation account shall be considered a loan to the general fund and interest shall accrue on the amount lapsed at the average rate earned by the state on its deposits in the state investment fund during the period of the loan. The general fund shall repay the loan from moneys lapsed to the general fund from the appropriation under s. 20.515 (2) (a) at the end of the 2001–03 fiscal biennium, if any, and from moneys lapsed to the general fund from the appropriation under s. 20.515 (2) (g) in the amounts specified in s. 40.98 (6m). If the secretary of administration determines that the moneys lapsed from these appropriations will not be sufficient to repay the loan within a reasonable period of time as determined by the secretary and the commissioner, the secretary shall credit the appropriation account under s. 20.145 (1) (g) from moneys in the general fund an amount sufficient to repay the loan.
- (20) Section 508s. 601.41 (8) of the statutes is created to read:
- 21 601.41 (8) Uniform employee application form. (a) In this subsection:
- 22 1. "Group health benefit plan" has the meaning given in s. 632.745 (9).
- 23 2. "Small employer" has the meaning given in s. 635.02 (7).
- 3. "Small employer insurer" has the meaning given in s. 635.02 (8).

(b) In consultation with the life and disability advisory council established by the commissioner, the commissioner shall by rule develop a uniform employee application form that a small employer insurer must use when a small employer applies for coverage under a group health benefit plan offered by the small employer insurer. The commissioner shall revise the form at least every 2 years.

Section 508t. 601.41 (9) of the statutes is created to read:

601.41 (9) UNIFORM CLAIM PROCESSING FORM. (a) In this subsection, "health care provider" has the meaning given in s. 146.81 (1).

- (b) If the federal government has not developed by July 1, 2003, a uniform claim processing form that must be used by all health care providers for submitting claims to insurers and by all insurers for processing claims submitted by health care providers, the commissioner shall develop, by no later than December 31, 2003, a uniform claim processing form for that purpose.".
 - √ 38. Page 221, line 22: after that line insert:
- "Section 509cm. 610.65 of the statutes is created to read:
 - 610.65 Uniform claim processing form. Beginning no later than July 1, 2004, every insurer shall use the uniform claim processing form developed by the commissioner under s. 601.41 (9) (b) when processing a claim submitted by a health care provider, as defined in s. 146.81 (1)."
 - √ **39.** Page 221, line 25: after that line insert:

21 "Section 509gc. 632.835 (2) (b) of the statutes, as created by 1999 Wisconsin

22 Act 155, is amended to read:

632.835 (2) (b) Whenever If an adverse determination or an experimental treatment determination is made, the insurer involved in the determination shall

provide notice to the insured of the insured's right to obtain the independent review required under this section, how to request the review, and the time within which the review must be requested. The notice shall include a current listing of independent review organizations certified under sub. (4). An independent review under this section may be conducted only by an independent review organization certified under sub. (4) and selected by the insured.

SECTION 509gd. 632.835 (2) (bg) of the statutes is created to read:

632.835 (2) (bg) Notwithstanding par. (b), an insurer is not required to provide the notice under par. (b) to an insured until the insurer sends notice of the disposition of the internal grievance, if all of the following apply:

- 1. The health benefit plan issued by the insurer contains a description of the independent review procedure under this section, including an explanation of the insured's rights under par. (d), how to request the review, the time within which the review must be requested, and how to obtain a current listing of independent review organizations certified under sub. (4).
- 2. The insurer includes on its explanation of benefits form a statement that the insured may have a right to an independent review after the internal grievance process and that an insured may be entitled to expedited independent review with respect to an urgent matter. The statement shall also include a reference to the section of the policy or certificate that contains the description of the independent review procedure as required under subd. 1. The statement shall provide a toll–free telephone number and website, if appropriate, where consumers may obtain additional information regarding internal grievance and independent review processes.

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3. For any adverse determination or experimental treatment determination for which an explanation of benefits is not provided to the insured, the insurer provides a notice that the insured may have a right to an independent review after the internal grievance process and that an insured may be entitled to expedited, independent review with respect to an urgent matter. The notice shall also include a reference to the section of the policy or certificate that contains the description of the independent review procedure as required under subd. 1. The notice shall provide a toll–free telephone number and website, if appropriate, where consumers may obtain additional information regarding internal grievance and independent review processes.

SECTION 509jm. 635.10 of the statutes is created to read:

day of the 13th month beginning after the effective date of this section [revisor inserts date], every small employer insurer shall use the uniform employee application form developed by the commissioner by rule under s. 601.41 (8) (b) when a small employer applies for coverage under a group health benefit plan offered by the small employer insurer.

Section 509mp. 635.25 of the statutes is created to read:

635.25 Catastrophic risk. (1) Definition. In this section, "board" means the small employer catastrophic reinsurance board.

(2) THRESHOLDS FOR COVERED BENEFITS. (a) By December 1, 2002, and every 2 years thereafter until December 1, 2006, every small-employer insurer that chooses to participate in the program under this section shall select, and submit a report to the commissioner that specifies, the small employer insurer's threshold level of covered benefits, which may be any of the following:

- 1. Fifty thousand dollars in a calendar year.
 - 2. One hundred thousand dollars in a calendar year.
 - 3. One hundred fifty thousand dollars in a calendar year.
 - 4. Two hundred fifty thousand dollars in a calendar year.
- (b) The threshold level of benefits specified in a report under par. (a) shall apply to each insured under every group health benefit plan issued to a small employer in this state by the small employer insurer submitting the report. In addition, the small employer insurer max in the report limit the covered benefits to which the threshold level applies, which may be costs of one or more types of health care facilities, as defined in s. 146.997 (1) (c), costs of one or more types of health care professionals, as defined in s. 180.1901 (1m), or any combination of those costs.
- (c) For each of the 2 calendar years after the year in which a small employer insurer submits a report under par. (a), if the amount of applicable covered benefits paid in a calendar year, beginning with 2003 and ending with 2007, by the small employer insurer on behalf of any insured under any group health benefit plan to which this section applies exceeds the threshold level of covered benefits specified in the report, the commissioner, at the direction of the board, shall reimburse the small employer insurer from the appropriation under s. 20.145 (1) (j), in accordance with the procedures established by rule under sub. (5) (e), for 80% of the amount paid by the small employer insurer in that calendar year in excess of the threshold level specified in the report.
- (3) PREMIUMS FOR REIMBURSEMENTS. (a) For every group health benefit plan issued or renewed to a small employer in this state on or between the dates specified by rule under sub. (5) (b), a small employer insurer that chooses to participate in the

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program under this section shall charge a total premium that includes the premium 1 2 amount established by rule under sub. (5) (a). (b) By the date specified by rule under sub. (5) (c), a small employer insurer that 3 4 chooses to participate in the program under this section shall forward to the board the premiums established by rule under sub. (5) (a), in the manner required by rule 5 under sub. (5) (d). The board shall credit all premium amounts received under this 6 7 paragraph to the appropriation account under s. 20.145 (1) (i). (c) In addition to the disclosures required under s. 635.11, before the issuance 8 9 or renewal of a group health benefit plan to a small employer in this state on or 10 between the dates specified by rule under sub. (5) (b), a small employer insurer that 11 chooses to participate in the program under this section shall disclose to the small 12 employer all of the following: 13 1. The small employer insurer's current threshold level of covered benefits under sub. (2) (a), the covered benefits to which the threshold level applies, and the 14 calendar years to which the threshold level applies. 15· 16 2. The amount of the total premium that is attributable to coverage for the 17 small employer insurer's threshold level of covered benefits and 20% of covered benefits in excess of that threshold level. 18 3. The amount of the total premium that is the premium amount established 19 20 by rule under sub. (5) (a). PROVIDER DISCOUNTS. (a) The commissioner shall promulgate a rule 21 determined by the board that establishes provider discount rates for charges for 22 covered services provided to insureds under group health benefit plans that are 23

issued or renewed to small employers in this state on or between the dates specified

by rule under sub. (5) (b). The rule may provide for higher provider discount rates

for covered benefits under group health benefit plans that are issued by small employer insurers that specify higher threshold levels under sub. (2) (a). The rule shall provide that a provider's charges for which a small employer insurer seeks reimbursement shall be discounted in the same proportion that the provider's charges bears to the total amount of provider charges for which the small employer insurer seeks reimbursement. The provider discount rates under this paragraph apply only to services for which the commissioner provides reimbursement under sub. (2) (c).

- (b) Except for copayments, coinsurance, or deductibles required or authorized under a group health benefit plan, a provider of a covered service, drug, or device shall accept as payment in full for the covered service, drug, or device the discounted payment rate under par. (a) and may not bill the insured under the group health benefit plan who receives the service, drug, or device for any amount by which the charge is reduced under par. (a)
- (5) RULES. The commissioner shall promulgate rules developed by the board for the operation of this section, including rules that do all of the following:
- (a) Establish and periodically adjust the premium amounts that must be charged to small employers under sub. (3) (c) 3. by small employer insurers that choose to participate in the program under this section. The premium amounts under sub. (3) (c) 3. shall be based on an actuarily sound charge per covered individual that is calculated to generate sufficient moneys, in conjunction with provider discounts under sub. (4), to cover the reimbursements required under sub. (2) (c).
- (b) Specify the dates that apply in sub. (3) (a), subject to the dates specified in par. (c) and sub. (2) (c).

drugs in this state.

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1	(c) Specify the dates by which a small employer insurer must forward to the
2	board the premiums established under par. (a). The first date by which the
3	premiums must be forwarded to the board may not be later than July 1, 2003.
4	(d) Specify the procedures that small employer insurers must use for collecting,
5	segregating, holding in trust, and forwarding to the board the premiums established
6	under par. (a).
7	(e) Specify the procedures that small employer insurers must use for obtaining
8	reimbursement under sub. (2) (c), including requirements for documenting the
9	payment of covered benefits for determining whether a small employer insurer has
10	paid its threshold level of covered benefits.".
11	40. Page 352 tine 12: after that line insert:
12	"(9q) Prescription drug cost reduction; report. (a) By January 1, 2003, the
13	department of administration shall submit a report that identifies all of the
14	following:
15	1. The participation by health care providers, insurers, and self-insurers in
16	negotiating relate agreements under section 16.735 (2) (a) of the statutes, as created
17	by this act, and in developing in-state or multistate purchasing groups to negotiate
18	reduced charges under section 16,735 (2) (b) of the statutes, as created by this act.
19	2. Strategies that the department of administration proposes to pursue to
20	reduce costs for prescription drugs in this state.
21	(b) By January 1, 2005, the department of administration shall submit a report
22	that specifies the status of implementing section 16.735 of the statutes, as created
23	by this act, including any success or lack of success in reducing costs for prescription

- (c) The department of administration shall submit the reports specified in paragraphs (a) and (b) to the legislature in the manner provided under section 13 172
 - (3) of the statutes, to the members of the joint committee on finance, and to the governor."

${\bf ^{'}41.}$ Page 358, line 21: after that line insert:

- "(1q) SMALL EMPLOYER CATASTROPHIC REINSURANCE BOARD. Notwithstanding the length of terms specified for the members of the small employer catastrophic reinsurance board under section 15.735 (1) (b) of the statutes, as created by this act, the initial members shall be appointed for the following terms:
- (a) One member representing small employers, one member representing small employer insurers, and one member representing hospitals, for terms expiring on May 1, 2005.
- (b) Two members representing small employer insurers and the member who is a physician, for terms expiring on May 1, 2006.
- (c) One member representing small employers, one member representing small employer insurers, one member representing hospitals, and the member who is a nurse, for terms expiring on May 1, 2007.
- (2q) Rules related to small employer insurer carastrophic risk. Using the procedure under section 227.24 of the statutes, the commissioner of insurance may promulgate the rules required under section 635.25 (4) (a) and (5) of the statutes, as created by this act, for the period before the effective date of the permanent rules required under section 635.25 (4) (a) and (5) of the statutes, as created by this act, but not to exceed the period authorized under section 227.24 (1) (c) and (2) of the statutes. Notwithstanding section 227.24 (1) (a), (2) (b), and (3) of the statutes, the

2001 – Jan. 20

1 commissioner is not required to provide evidence that promulgating a rule under this
2 subsection as an emergency rule is necessary for the preservation of public peace,
3 health, safety, or welfare and is not required to provide a finding of emergency for a
4 rule promulgated under this subsection.

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UNIFORM EMPLOYEE APPLICATION FORM RULES. The commissioner of insurance shall submit in proposed form the rules required under section 601.41 (8) (b) of the statutes, as created by this act, to the legislative council staff under section 227.15 (1) of the statutes no later than the first day of the 5th month beginning after the effective date of this subsection."

42. Page 359, line 1: after that line insert:

"(1q) Health insurance costs study. The joint legislative council is requested to conduct a study on the rising costs of health insurance. If the joint legislative council conducts the study, it shall report its findings and conclusions to the legislature in the manner provided under section 13.172 (2) of the statutes."

43. Page 388, line 16: after that line insert:

"(2q) Private employer health care coverage program. In the schedule under section 20,005 (3) of the statutes for the appropriation to the department of employee trust funds under section 20.515 (2) (a) of the statutes as affected by the acts of 2001, the dollar amount is increased by \$850,000 for fiscal year 2001–02 to increase funding for the purpose for which the appropriation is made.

(2r) HIRING FREEZE EXEMPTION. Notwithstanding any action of the governor or the secretary of administration under section 16.505 (3) of the statutes before the effective date of this subsection, the department of employee trust funds may fill 3.5 FTE GPR positions that are vacant on the effective date of this subsection, that are

1	authorized to the department under section 16.505 of the statutes, and that are	
2	funded from the appropriation under section 20.512 (2) (a) of the statutes.	
3	44. Page 446, line 13: after that line insert:	<u>`</u>
4	"(1q) NOTICE OF INDEPENDENT REVIEW. The treatment of section 632.835 (2) (b)	
5	and (bg) of the statutes takes effect on the date stated in the notice published by the	
6	commissioner of insurance in the Wisconsin Administrative Register under section	
7	632.835 (8) of the statutes.".	J

(END)



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State of Wisconsin **2001 – 2002 LEGISLATURE**

January 2002 Special Session

LRBb3041/1 PJK:kmg:rs

LFB:.....Jackel (CM) - Uniform claim processing form and employee application

FOR 2001-03 BUDGET -- NOT READY FOR INTRODUCTION SENATE AMENDMENT,

TO SENATE SUBSTITUTE AMENDMENT 1, TO ASSEMBLY BILL 1

1	At the locations indicated, amend the substitute amendment as follows:
2	1. Page 172, line 10: after that line insert:
3	"Section 336d. 146.96 of the statutes is created to read:
4	146.96 Uniform claim processing form. Beginning no later than July 1,
5	2004, every health care provider, as defined in s. 146.81 (1), shall use the uniform
6	claim processing form developed by the commissioner of insurance under s. 601.41
7	(9) (b) when submitting a claim to an insurer.".

"Section 508s. 601.41 (8) of the statutes is created to read:

2. Page 221, line 13: after that line insert:

1	601.41 (8) Uniform employee application form. (a) In this subsection:
2	1. "Group health benefit plan" has the meaning given in s. 632.745 (9).
3	2. "Small employer" has the meaning given in s. 635.02 (7).
4	3. "Small employer insurer" has the meaning given in s. 635.02 (8).
5	(b) In consultation with the life and disability advisory council established by
6	the commissioner, the commissioner shall by rule develop a uniform employee
7	application form that a small employer insurer must use when a small employer
8	applies for coverage under a group health benefit plan offered by the small employer
9	insurer. The commissioner shall revise the form at least every 2 years.
10	SECTION 508t. 601.41 (9) of the statutes is created to read:
11	601.41 (9) Uniform claim processing form. (a) In this subsection, "health care
12	provider" has the meaning given in s. 146.81 (1).
13	(b) If the federal government has not developed by July 1, 2003, a uniform claim
14	processing form that must be used by all health care providers for submitting claims
15	to insurers and by all insurers for processing claims submitted by health care
16	providers, the commissioner shall develop, by December 31, 2003, a uniform claim
17	processing form for that purpose.".
18	3. Page 221, line 22: after that line insert:
19	"Section 509cm. 610.65 of the statutes is created to read:
20	610.65 Uniform claim processing form. Beginning no later than July 1

610.65 Uniform claim processing form. Beginning no later than July 1, 2004, every insurer shall use the uniform claim processing form developed by the commissioner under s. 601.41 (9) (b) when processing a claim submitted by a health care provider, as defined in s. 146.81 (1).".

4. Page 221, line 25: after that line insert:

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"Section 509jm. 635.10 of the statutes is created to read:

635.10 Uniform employee application. Beginning no later than the first day of the 13th month beginning after the effective date of this section [revisor inserts date], every small employer insurer shall use the uniform employee application form developed by the commissioner by rule under s. 601.41 (8) (b) when a small employer applies for coverage under a group health benefit plan offered by the small employer insurer.".

5. Page 358, line 21: after that line insert:

"(1x) Uniform employee application form rules. The commissioner of insurance shall submit in proposed form the rules required under section 601.41 (8) (b) of the statutes, as created by this act, to the legislative council staff under section 227.15 (1) of the statutes no later than the first day of the 5th month beginning after the effective date of this subsection.".