

2003 SENATE BILL 515

March 1, 2004 – Introduced by Senators ROESSLER and DARLING, cosponsored by Representatives UNDERHEIM, JESKEWITZ, GIELOW and MUSSER. Referred to Committee on Health, Children, Families, Aging and Long Term Care.

1 **AN ACT** *to create* 609.32 (3) of the statutes; **relating to:** satisfaction of quality
2 assurance requirements through accreditation.

Analysis by the Legislative Reference Bureau

Under current law, defined network plans (formerly called managed care plans in the statutes) are required to develop quality assurance standards that include various specified features and to develop a process for selecting and evaluating participating providers. Under administrative rules promulgated by the commissioner of insurance (commissioner), a defined network plan must annually submit to the commissioner a quality assurance plan that is consistent with the requirements under the statutes.

This bill provides that, if a defined network plan is accredited by a private national accrediting organization that is approved by the federal Centers for Medicare and Medicaid Services for establishing quality assurance standards and submits written verification to the commissioner of its accreditation, the defined network plan satisfies the quality assurance requirements under the statutes and is not required to submit a quality assurance plan to the commissioner while its accreditation is current.

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

3 **SECTION 1.** 609.32 (3) of the statutes is created to read:

