2007 ASSEMBLY BILL 445

July 3, 2007 – Introduced by Representative F. LASEE, cosponsored by Senator BRESKE. Referred to Committee on Insurance.

AN ACT to repeal 149.14 (2) (c) 2., 149.165 (2) (bc) and subchapter IV of chapter 149; to renumber 149.14 (2) (c) 1.; to renumber and amend 149.12 (2) (e) and 149.165 (2) (a); to amend 149.14 (3) (intro.), 149.14 (5) (a), 149.142 (1) and 149.165 (3m); and to create 149.14 (3c) and 149.14 (3m) of the statutes; relating to: changes to the Health Insurance Risk-Sharing Plan.

Analysis by the Legislative Reference Bureau

Under current law, the Health Insurance Risk-Sharing Plan (HIRSP) Authority administers HIRSP, which provides health insurance coverage for persons who are covered under Medicare because they are disabled, persons who have tested positive for human immunodeficiency virus (HIV), persons who have been refused coverage, or coverage at an affordable price, in the private health insurance market because of their mental or physical health condition, and persons who do not currently have health insurance coverage, but who were covered under certain types of health insurance coverage (creditable coverage) for at least 18 months in the past. HIRSP is funded by premiums paid by covered persons, insurer assessments, and provider payment discounts.

This bill makes the following changes to HIRSP and the HIRSP Authority:
1. Currently, for payment under HIRSP, all providers of services and articles must be certified to provide those services and articles under the Medical Assistance...
(MA) program. The bill allows prescription drugs to be provided by a network of
pharmacists and pharmacies that are approved by the HIRSP Authority Board of
Directors, regardless of whether the pharmacists and pharmacies in the network are
certified to provide prescription drugs under MA. In addition, the bill authorizes the
HIRSP Authority to certify providers on a temporary basis to provide services or
articles to HIRSP enrollees. These providers would not be certified to provide
services and articles under MA; they would have to be licensed to provide the services
or articles that they are providing to HIRSP enrollees but not necessarily licensed
in this state; and the certification could be done retroactively after the services or
articles were provided.

2. Currently, payments to providers must consist of the allowable charges for
services and articles under MA with an enhancement determined by the HIRSP
Authority. The adjustments must take into account provider discounts. The bill
requires payments to providers to consist of usual and customary payment rates,
determined by the HIRSP Authority, with adjustments that take into account
provider discounts.

3. Under current law, HIRSP enrollees with incomes below a specified level who
are covered under certain HIRSP coverage options are eligible for premium and
deductible subsidies. The bill makes all persons with coverage under HIRSP with
incomes below that specified level eligible for the premium and deductible subsidies.

4. For HIRSP enrollees who receive premium subsidies, current law describes
the amount of the reduction in an enrollee’s premium in terms of requiring an
enrollee’s regular HIRSP premium to be reduced to a specified percentage of the rate
that a standard risk would be charged under an individual policy providing
substantially the same coverage and deductibles as HIRSP. The bill changes the way
the premium reduction is described by establishing discounts, so that an enrollee’s
regular premium is reduced by a specified percentage of the premium, such as 30
percent or 20 percent.

5. Under current law, the HIRSP Authority is required to design and
administer a Health Care Tax Credit Program that satisfies requirements under
federal law enabling persons covered under this health care program to receive an
income tax credit for a portion of premiums paid for the coverage. The HIRSP
Authority has determined that such a health care program would not be
economically feasible as a stand-alone program. The bill repeals the requirement
for the HIRSP Authority to design and administer the program.

6. Under current law, with certain exceptions, anyone who is eligible for certain
types of health care coverage provided by an employer is ineligible for coverage under
HIRSP. The bill authorizes the HIRSP Authority Board to specify other exceptions.

The people of the state of Wisconsin, represented in senate and assembly, do
enact as follows:
SECTION 1. 149.12 (2) (e) of the statutes is renumbered 149.12 (2) (e) 1. and amended to read:

149.12 (2) (e) 1. No person who is eligible for creditable coverage, other than those benefits specified in s. 632.745 (11) (b) 1. to 12., that is provided by an employer on a self-insured basis or through health insurance is eligible for coverage under the plan.

SECTION 2. 149.12 (2) (e) 2. of the statutes is created to read:

149.12 (2) (e) 2. The board may specify other types of coverage provided by an employer that do not render a person ineligible for coverage under the plan.

SECTION 3. 149.14 (2) (c) 1. of the statutes is renumbered 149.14 (2) (c).

SECTION 4. 149.14 (2) (c) 2. of the statutes is repealed.

SECTION 5. 149.14 (3) (intro.) of the statutes is amended to read:

149.14 (3) COVERED EXPENSES. (intro.) Covered expenses for coverage under the plan shall be the payment rates established by the authority for services provided by persons licensed under ch. 446 and certified under s. 49.45 (2) (a) 11. Covered expenses for coverage under the plan shall also be the payment rates established by the authority for, at a minimum, the following services and articles if the service or article is prescribed by a physician who is licensed under ch. 448 or in another state and who is certified under s. 49.45 (2) (a) 11. and, except as provided in sub. (3m), if the service or article is provided by a provider certified under s. 49.45 (2) (a) 11.: 

SECTION 6. 149.14 (3c) of the statutes is created to read:

149.14 (3c) TEMPORARY PROVIDER CERTIFICATION. Notwithstanding the provider licensing and certification requirements under sub. (3) (intro.), for coverage of services or articles provided to an eligible person the authority may certify on a temporary basis a provider that is not licensed under ch. 446 or 448 but that is
licensed in another state to provide the service or article, or a provider that is not
certified under s. 49.45 (2) (a) 11. The certification under this subsection may be
retroactive.

**SECTION 7.** 149.14 (3m) of the statutes is created to read:

149.14 (3m) PHARMACY NETWORK. Covered expenses for prescription drugs
shall be the payment rates established by the authority for prescription drugs that
are provided to eligible persons by a network of pharmacists and pharmacies
approved by the board, regardless of whether the provider of the drug is certified
under s. 49.45 (2) (a) 11.

**SECTION 8.** 149.14 (5) (a) of the statutes is amended to read:

149.14 (5) (a) The authority shall establish and provide subsidies for
deductibles paid by eligible persons with coverage under s. 149.14 (2) (a) and
household incomes specified in s. 149.165 (2) (a) 1. to 5.

**SECTION 9.** 149.142 (1) of the statutes is amended to read:

149.142 (1) ESTABLISHMENT OF RATES. The authority shall establish provider
payment rates for covered expenses that consist of the allowable charges paid under
s. 49.46 (2) usual and customary payment rates, as determined by the authority, for
the services and articles provided plus an enhancement adjustment determined by
the authority. The rates shall be based on the allowable charges paid under s. 49.46
(2), projected plan costs, and trend factors. Using the same methodology that applies
to medical assistance under subch. IV of ch. 49, the authority shall establish hospital
outpatient per visit reimbursement rates and hospital inpatient reimbursement
rates that are specific to diagnostically related groups of eligible persons. The
adjustments to the usual and customary rates shall be sufficient to cover the portion
of plan costs specified in s. 149.143 (1) (c) and (2) (b).
SECTION 10. 149.165 (2) (a) of the statutes is renumbered 149.165 (2) and amended to read:

149.165 (2) Subject to sub. (3m), if the household income, as defined in s. 71.52 (5) and as determined under sub. (3), of an eligible person with coverage under s. 149.14 (2) (a) is equal to or greater than the first amount and less than the 2nd amount listed in any of the following, the authority shall reduce the premium for the eligible person to the rate by the percentage of the premium shown after the amounts:

(a) If equal to or greater than $0 and less than $10,000, to 100% of the rate that a standard risk would be charged under an individual policy providing substantially the same coverage and deductibles as provided under s. 149.14 (2) (a) and (5) (a) by at least 30 percent.

(b) If equal to or greater than $10,000 and less than $14,000, to 106.5% of the rate that a standard risk would be charged under an individual policy providing substantially the same coverage and deductibles as provided under s. 149.14 (2) (a) and (5) (a) by at least 25 percent.

(c) If equal to or greater than $14,000 and less than $17,000, to 115.5% of the rate that a standard risk would be charged under an individual policy providing substantially the same coverage and deductibles as provided under s. 149.14 (2) (a) and (5) (a) by at least 20 percent.

(d) If equal to or greater than $17,000 and less than $20,000, to 124.5% of the rate that a standard risk would be charged under an individual policy providing substantially the same coverage and deductibles as provided under s. 149.14 (2) (a) and (5) (a) by at least 15 percent.
(e) If equal to or greater than $20,000 and less than $25,000, to 130% of the rate that a standard risk would be charged under an individual policy providing substantially the same coverage and deductibles as provided under s. 149.14 (2) (a) and (5) (a) by at least 10 percent.

SECTION 11. 149.165 (2) (bc) of the statutes is repealed.

SECTION 12. 149.165 (3m) of the statutes is amended to read:

149.165 (3m) The authority may approve adjustment of the household income dollar amounts listed in sub. (2) (a) 1. to 5. to (e), except for the first dollar amount listed in sub. (2) (a) 1., to reflect changes in the consumer price index for all urban consumers, U.S. city average, as determined by the U.S. department of labor.

SECTION 13. Subchapter IV of chapter 149 [precedes 149.60] of the statutes is repealed.


(1) PREMIUM DISCOUNTS. The treatment of sections 149.14 (2) (c) 1. and 2. and (5) (a) and 149.165 (2) (a) and (bc) and (3m) of the statutes first applies to policy years beginning on January 1, 2008.

(END)