



WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

2009 Senate Bill 484

**Senate Amendments 1, 3,
and 8 and Assembly
Amendments 1 and 4**

Memo published: April 22, 2010

Contact: Laura Rose, Deputy Director (266-9791)

2009 Senate Bill 484

2009 Senate Bill 484 authorizes the Department of Health Services (DHS) to establish and operate, no sooner than March 1, 2010, a health care benefit plan for individuals who are on the waiting list for the BadgerCare Plus Core Plan. The health care benefit plan, which is not Medical Assistance (MA) and which will be known as the BadgerCare Plus Basic Plan (Basic Plan), and will provide primary and preventive care. The benefits may not exceed those provided under the Core Plan. The Basic Plan, including both benefits and administration, will be funded entirely from premiums set by DHS and paid by individuals with coverage under the Basic Plan.

Among other provisions, the bill states that the DHS will pay a provider that provides services to individuals with coverage under the Basic Plan if the provider is certified by DHS to provide services under MA. For those services, DHS will pay a certified provider an amount that is no higher than the amount that is payable for the service under MA. A certified provider may not bill the individual who received the service for any additional amount, other than cost sharing established by DHS, a certified provider may not charge a covered individual an amount that is higher than the amount that DHS would pay the provider for inpatient or nonemergency outpatient hospital services to which a deductible applies.

Senate Amendment 1

Senate Amendment 1 makes the following changes to the bill:

- Specifies that hospital assessments required to be paid under s. 49.45 (3) (e) 11., Stats., cannot be used to fund this plan.
- Requires that payments to providers under this plan may be not less than MA rates, except for payments to federally qualified health centers, and hospital outlier payments, which may

be paid in an amount that is no higher than the amount that is payable under the MA program.

- Requires the DHS to submit a quarterly report to the Joint Committee on Finance that includes information on the solvency of the Basic Plan and that describes any changes that have been made under the plan since the last report was submitted to premiums, benefits, or provider payment rates.

Senate Amendment 3

Senate Amendment 3 requires the Legislative Audit Bureau (LAB) to perform a performance evaluation audit of the Basic Plan no later than one year after the effective date of the Act, and requires the LAB to submit copies of the audit report to the chief clerk of each house of the Legislature for distribution to the appropriate standing committees.

Senate Amendment 8

Senate Amendment 8 requires DHS to:

- Verify monthly that an individual with coverage under the plan meets the eligibility criteria.
- Provide to an applicant information about the Health Insurance Risk Sharing Plan; notice of possible eligibility for coverage as a dependent under any parental health care plan, if the applicant is under age 17; and information about the applicant's right to purchase COBRA coverage or eligibility for any tax credits or premium subsidies.
- Report quarterly to the Joint Finance on Committee with information on plan solvency; a description of any changes to the plan premiums, benefits, costing-sharing, or provider payment rates; demographic information about applicants and enrollees; and a description of the process for verifying eligibility of applicants and enrollees and information about the number of applicants and enrollees found to be eligible and the number found to be ineligible.

Assembly Amendment 1

Assembly Amendment 1 provides that the Basic Plan shall terminate on January 1, 2014, and DHS shall not pay any claim for services provided after December 31, 2013, to an individual with coverage under the plan.

Assembly Amendment 4

Assembly Amendment 4 provides that when an individual applies for coverage under the Basic Plan, that DHS must provide to the individual a written disclosure of Basic Plan benefits, and the premiums, deductibles, copayments, and any other required cost sharing.

Legislative History

On February 5, 2010, Senate Amendments 1 and 8 were adopted by the Senate on a voice vote; and Senate Amendment 3 was adopted on a vote of Ayes, 23; Noes, 10. On the same date, the bill, as amended, was passed by the Senate on a vote of Ayes, 17; Noes, 16.

On April 2, 2010, the Assembly Committee on Health and Health Care Reform recommended adoption of Assembly Amendment 1 on a vote of Ayes, 12; Noes, 0.

On April 20, 2010, the Assembly adopted Assembly Amendments 1 and 4 on voice votes, and concurred in the bill, as amended, on a vote of Ayes, 50; Noes, 47; and Paired, 2.

LR:ty