

Changes Under Consideration for the 2004 Guidelines and Administrative Provisions

Section Page Number		Description	Reason for Change
State Contract	Local Contract		
N/A	I. Page 1-2 <i>and</i> Article 3.1 (2), (4), (5) & (6) Pgs 3-39 & 3-40 <i>and</i> Article 3.2 (3) Page 3-40	Revise the required participation level for local governments defined as "small employers" under Wis. Stat. § 635.02 (7) to be in accordance with Wis. Adm. Code § INS 8.46 (2).	See memo, discussion item #1
II., D., 4. Page 1-6 <i>and</i> Addendum 1C Page 2-36	Same	Require plans to demonstrate efforts in encouraging and/or requiring network hospitals to participate in quality standards such as Leapfrog and others as identified by the Department.	See memo, discussion item #2
II., G., 3., I. Page 1-14	Same	Clarify that plans keep a record of social security numbers for providing data and other reports to the Department.	This is in response to a question from a plan as to whether it was still required to track the social security number if it assigned an alternative ID number as requested by the subscriber.
II., G., 3., o. Page 1-14	Same	Add that coverage is to be provided for eligible children as required under the National Medical Support Notice, a State and Federal law providing for a special enrollment opportunity for eligible children in certain cases when ordered by a court.	To incorporate specific language confirming our existing practice as per State and Federal law.
Addendum 2 Page 2-37	Same	Define formal disciplinary action under the provider guarantee as that which relates to quality of care	See memo, discussion item #3
Article 1.6 (2) Page 3-4	Article 1.6 (2) Page 3-32	Clarify the definition of "dependents" to indicate that they must be attending the institution they're enrolled in and that intersession courses are not included when determining full-time student status.	See memo, discussion item #4

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Article 1.11 Page 3-5	Article 1.11 Page 3-33	Clarify the definition of "inpatient" to include those receiving 24-hour home care in addition to those confined in a facility.	To clarify that a person requiring 24-hour home care is considered an inpatient as defined in the contract.
Article 2.3 (4) Page 3-6	Article 2.3 (4) Page 3-34	<p>Add unreported death and Medicare data match to the list of exceptions for retrospective adjustments to premium or claims for coverage not validly in force prior to January 1 of the previous calendar year.</p> <p>Also add that in situations where coverage is validly in force, the employer has not paid premium and the employee does not have a contribution, retroactive premium will be made for the entire period of coverage, regardless of the discovery date.</p>	<p>To clarify that retrospective adjustments to premium can be made prior to January 1 of the previous calendar year for unreported deaths and Medicare data matches.</p> <p>To clarify that in the event of clerical and administrative error, retroactive premium is to be made for the entire period that coverage is validly in force, the employer has not paid premium and the employee does not have a required contribution.</p>
Article 2.5 (2) Page 3-8	Article 2.5 (2) Page 3-36	<p>Add statement that appropriate informational materials are as defined by the Department.</p> <p>Adjust the \$.16 PMPM for plans as appropriate</p>	<p>To keep the focus on the medical aspect of plans, rather than other perks, such as fitness discounts.</p> <p>PMPM is reviewed annually and adjusted as appropriate.</p>
Article 2.9 (1) Page 3-9	Article 2.9 (1) Page 3-37	Add that the maximum of 36 months to continue group coverage under continuation or conversion of insurance is from the date of the qualifying event or the date of the employer notice, whichever is later.	To clarify existing practice of determining the maximum of 36 months.
Article 2.10 (6) Page 3-10	Article 2.10 (6) Page 3-38	Clarify the language for timeframe to request a Department review and/or determination.	Reworded for clarity.
N/A	Article 3.1 (1) Page 3-39	Add language that, if it is recommended by the actuary and approved by the Board, underwriting requirements may apply to municipalities joining the program.	See memo, discussion item #5

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N/A	Article 3.1 (2) Page 3-39	Add that the employer shall adopt a resolution for regular or deductible option coverage. Add that employees not insured under the employer's group health plan at the time the resolution to participate is filed require evidence of insurability.	See memo, discussion item #6
N/A	Article 3.2 (4) Page 3-40	Add that the local employer is responsible for notifying annuitants and continuants of coverage termination if the employer terminates participation in our program.	To clarify existing practice of ensuring annuitants and continuants are notified of coverage termination when a local employer terminates participation in our program.
Article 3.3 (4) Page 3-11	N/A	Clarify to include enrollment periods as required under Wis. Stat. §40.05 (4g) for those employees whose coverage lapses.	See memo, discussion item #7
Article 3.4 (4) Page 3-13	Article 3.4 (4) Page 3-42	Clarify that a move from a medical facility to another facility by the subscriber is not considered a residential move that would create an enrollment opportunity in order to switch plans.	See memo, discussion item #8
Article 3.15 (2) (a) & (b) Page 3-17	Article 3.15 (2) (a) & (b) Page 3-46	Change the timeframe a member has to submit a health insurance application to be within 30 days after the date of the DEPARTMENT'S benefit approval notice. Clarify that it also applies in situations when insurance was continued under COBRA continuation through our program.	This change is necessitated by the Benefit Payment System (BPS), which has resulted in moving the payroll cut-off later in the month, thereby shortening the time a participant has to complete and return an application.
Article 3.16 (4) Page 3-18	Article 3.16 (4) Page 3-46	Clarify that enrollment under federal plans is waived if the employee remains covered as an active employee.	Reworded for clarity.
Article 3.16 (5) Page 3-18	Article 3.16 (5) Page 3-46	Add that a dependent's enrollment under the federal plans is waived if required to pay a premium to enroll in Medicare Part A. Add that the reduced premium rate is not available if Part A is not elected.	To clarify as current language lists employees and annuitants and is silent on dependents. To clarify existing practice.

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Article 3.16 (7) Page 3-18	Article 3.16 (7) Page 3-47	Add a statement that there is no reduction in premium for active employees under this section.	Clarification of existing practice.
Article 3.18 (1) (e) Page 3-19	Article 3.18 (1) (e) Page 3-48	Add that the employer may collect premium retroactively from the subscriber if a divorce was not reported in a timely manner and there were no other eligible dependents for family coverage to remain in effect.	See memo, discussion item #9
N/A	Article 3.21 (4) Page 3-49	Add that if the amount of the local employer contribution changes, a new dual-choice offering may be made as determined by the Department.	To clarify our intent in response to several questions from local employers and their employees.