



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

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CLEARINGHOUSE RULE 10-150

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated September 2008.]

1. Statutory Authority

Throughout the analysis and text of the rule, “examinations or laboratory tests” should replace “tests or procedures”. Section 632.895 (16m) (a), Stats., requires coverage for examinations and laboratory tests, but does not require coverage for procedures.

2. Form, Style and Placement in Administrative Code

Section Ins 3.35 (4) (c) should end with a period.

4. Adequacy of References to Related Statutes, Rules and Forms

a. In s. Ins 3.35 (4) (d) and (5) (c), the phrase, “as provided by ch. Ins 18”, should be added to the end of the paragraph.

b. In s. Ins 3.35 (6), the citation to “45 CFR Part 147” should be corrected, as this does not appear to be an accurate cite.

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. Throughout the text of the rule, there are many references to the “most current” version of the designated guideline; however, it would be preferable to give a specific designation in order to remove any doubt of compliance. This could be clarified in a revised second sentence of s. Ins 3.35 (7), to provide that the designated guideline shall be reviewed

annually and the plans shall use the designated guideline “in effect on the first day of the plan year, unless a newer guideline is adopted during the plan year by the insurer or self-insured governmental health plan”.

b. It appears that “including Medicare supplement and cost plans” could be removed from the first sentence of s. Ins 3.35 (1), since these plans are covered by the second sentence.

c. In s. Ins 3.35 (1) (b) 2., at the end of the subdivision, “on or after December 1, 2010” should be inserted after “renewed”.

d. In s. Ins 3.35 (2) (b), “governmental” should be deleted from the text of the definition for the term “self-insured governmental health plan”.

e. In s. Ins 3.35 (4) (intro.) and (c), and (5) (a), “governmental” should be inserted between “self-insured” and “health plans”.

f. In s. Ins 3.35 (4) (intro.), “which may be” should be inserted between “cancer” and “subject”.

g. In s. Ins 3.35 (4) (intro.) and (a), (5) (a) and (b), and (6), “shall” should replace “must”.

h. In s. Ins 3.35 (4) (b):

- The phrase, “except as provided for in sub. (5) (b)”, should be deleted. Subsection (5) (b) is not an exception; it gives additional circumstances for coverage.
- Also, is it necessary to include the phrase, “as determined to be medically appropriate or medically necessary”? It seems that phrase should modify which of the screening procedures would be used in a particular case, not which of the screening procedures must be offered under the coverage.
- Lastly, “at least” should be moved to follow “include”.

i. Section Ins 3.35 (4) and (5) refers to an “enrollee”, “enrollees”, and “enrollee’s”. Should each of these references also include an “insured”, “insureds”, and “insured’s”? For example, “for insureds and enrollees who are 50 years of age”.

j. In s. Ins 3.35 (5) (a), “at a minimum” should be deleted.

k. Section Ins 3.35 (5) (b) could be deleted as the coverage “no later than the earliest recommended age” appears to duplicate par. (a) of this subsection, which already requires coverage “at recommended ages”.

l. The first sentence of s. Ins 3.35 (7) should be deleted, as this is duplicative of the requirements made throughout the rule.