

Chapter Ins 18

HEALTH INSURANCE RISK-SHARING PLAN

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Ins 18.01 Purpose. This chapter is intended to implement and interpret subch. II of ch. 619, Stats., and s. 632.785, Stats., for the purpose of establishing procedures and requirements for a health insurance risk-sharing plan, in accordance with ss. 619.11 and 601.41 (3), Stats.

History: Cr. Register, December, 1980, No. 300, eff. 1-1-81.

Ins 18.02 Creation of plan and title. In accordance with ss. 619.11 and 601.41 (3), Stats., a plan of health insurance coverage which meets the requirements of subch. II of ch. 619, Stats., and s. 632.785, Stats., is established. The title of the plan shall be "Health Insurance Risk-Sharing Plan", and shall be referred to in this chapter as the plan.

History: Cr. Register, December, 1980, No. 300, eff. 1-1-81.

Ins 18.03 Scope. This chapter shall apply to all insurers as defined in s. 619.10 (5), Stats.

History: Cr. Register, December, 1980, No. 300, eff. 1-1-81.

Ins 18.04 Definitions. For the purpose of this chapter, the definition of terms used shall be those definitions set forth in s. 619.10, Stats.

History: Cr. Register, December, 1980, No. 300, eff. 1-1-81.

Ins 18.05 Eligibility. Eligibility shall be determined in accordance with s. 619.12, Stats.

(1) **CRITERIA.** The administering carrier shall certify as eligible any resident as defined in s. 619.10 (9), Stats., upon written receipt from the plan applicant of evidence of any of the eligibility criteria set forth in s. 619.12 (1), Stats.

(2) **NON-ELIGIBILITY.** (a) Exclusions from eligibility for the plan shall be as set forth in s. 619.12 (2), Stats.

(b) For purposes of s. 619.12 (2) (b) 1, Stats., a person is considered to have voluntarily terminated coverage under the plan if the policy terminates because of failure to pay the premium.

(3) **BOARD REVIEW.** Any person denied coverage under the plan or whose coverage is terminated by the administering carrier is entitled to a review by the board under the grievance procedures established by the board under s. 619.15 (3) (a), Stats. Persons denied the premium or deductible reductions under s. Ins 18.12 are entitled to a review under this section.

(4) **DATE OF ELIGIBILITY.** Except as provided in s. 619.14 (1) (b), Stats., persons certified as eligible for the plan shall be deemed eligible for coverage from the date of application for coverage by the plan. Any individual anticipating termination under an individual plan or group health insurance policy or any other plan providing coverage similar to that under a health insurance policy, including medical assistance, may seek to establish eligibility for the plan prior to termination of existing coverage, in order to maintain continuous coverage to the greatest extent possible.

History: Cr. Register, December, 1980, No. 300, eff. 1-1-81; am. (3), Register, August, 1986, No. 368, eff. 9-1-86; r. and recr. (1), am. (3), Register, February, 1989, No. 398, eff. 3-1-89; (2) renum. (2) (a), cr. (2) (b), Register, April, 1991, No. 424, eff. 5-1-91.

Ins 18.06 Participation of insurers. Every insurer shall participate in the cost of administering the plan in accordance with the formula established in s. 619.13 (1) (b), Stats. The commissioner shall have the authority to waive assessments for insurers or any class of insurers for any year when it is determined that the administrative costs would exceed the amount of the assessment.

History: Cr. Register, December, 1980, No. 300, eff. 1-1-81.

Ins 18.07 Coverage. Coverage shall conform with s. 619.14, Stats.

(1) **LIMITATIONS ON COVERAGE OFFERED TO ELIGIBLE PERSONS ALSO ELIGIBLE FOR MEDICARE.** Limitations on coverage offered shall conform with s. 619.14 (1), Stats. In accordance with s. 619.14 (2) (b), the plan shall offer an alternative to the major medical policy for individuals who are eligible for the plan and also eligible for medicare.

(2) **MAJOR MEDICAL EXPENSE COVERAGE.** Major medical expense coverage shall conform with s. 619.14 (2), Stats.

(3) **COVERED EXPENSES.** Covered expenses shall be those services and articles enumerated in s. 619.14 (3), Stats. The formula for determining usual and customary charges shall be developed by the administering carrier and approved by the board.

(4) **EXCLUSIONS.** Exclusions from coverage shall conform with s. 619.14 (4), Stats.

(a) The formula for determining the prevailing charge in the locality where the service is provided shall be developed by the administering carrier and approved by the board.

(b) The medical necessity of the service shall be determined by the administering carrier and shall be subject to board review under the grievance procedures established by the board under s. 619.15 (3) (a), Stats.

(5) **PREMIUMS, DEDUCTIBLES AND COINSURANCE.** (a) Premiums, deductibles and coinsurance shall conform with ss. 619.14 (5) and 619.17, Stats.

(b) 1. The schedule of premiums, based on data compiled from the health insurance industry, shall be as follows:

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