

Wis. Stat. § 146.816. Uses and Disclosures of Protected Health Information: Miscellaneous Health Provisions

A certain part of WI's HIPAA law does not apply if the covered entity or its business associate makes the use, disclosure, or request for disclosure in compliance with 45 CFR 164.500 to 164.534 AND if they make use of the disclosure for certain reasons, including for the purposes of payment.

Wis. Stat. § 146.89. Volunteer Health Care Provider Program: Miscellaneous Health Provisions

Definitions for this section and regulations for volunteer and non-profit organizations, including schools.

Wis. Stat. § 631.17. Written Reason for Coverage Denial

An insurer that denies coverage under an individual or group life or disability insurance policy or a certificate of group life or disability insurance shall advise the applicant or proposed insured in writing of the reasons for the denial.

Wis. Stat. § 146.96. Uniform Claim Processing Form: Miscellaneous Health Provisions

Beginning no later than July 1, 2004, every health care provider, as defined in s. 146.81 (1) (a) to (p), shall use the uniform claim processing form developed by the commissioner of insurance under s. 601.41 (9) (b) when submitting a claim to an insurer.

Wis. Stat. § 146.81. Health Care Records; Definitions: Miscellaneous Health Provisions

Definitions for sections 146.81 to 146.84.

Wis. Stat. § 609.91. Restrictions on Recovering Health Care Costs: Defined Network Plans

Except as provided in sub. (1m) or (1p), an enrollee or policyholder of a health maintenance organization insurer is not liable for health care costs that are incurred on or after January 1, 1990, and that are covered under a policy or certificate issued by the health maintenance organization insurer, if any of the conditions laid out in the section apply.

Wis. Stat. § 609.92. Hospitals, Individual Practice Associations and Providers of Physician Services: Defined Network Plans

Except as provided in s. 609.93, a hospital, an individual practice association or other provider described in s. 609.91 (1) (b) may elect to be exempt from s. 609.91 (1) (b) for the purpose of recovering health care costs arising from health care provided by the hospital, individual practice association or other provider, if the conditions under sub. (2) or (3), whichever is applicable, are satisfied.

Wis. Stat. § 609.925. Election to be Subject to Restrictions: Defined Network Plans

Except as provided in s. 609.93, a provider described in s. 609.91 (1) (c) is subject to s. 609.91 (1) (c) for purposes of recovering health care costs arising from health care provided by the provider, if the provider files with the office a written notice stating that the provider elects to be subject to s. 609.91 (1) (c) with respect to a specified health maintenance organization insurer. The notice shall comply with the rules, if any, promulgated under s. 609.935. The notice is effective on the date that it is received by the office or the date specified in the notice, whichever is later.

Wis. Stat. § 609.93. Scope of Election by an Individual Practice Association or Clinic: Defined Network Plans

The election by an individual practice association under s. 609.92 to be exempt from s. 609.91 (1) (b) or the failure of the individual practice association to so elect applies to health care costs arising from health care provided by any provider, other than a hospital, under a

contract with, or through membership in, the individual practice association. A provider, other than a hospital, may not exercise an election under s. 609.92 or 609.925 separately from an individual practice association with respect to health care costs arising from health care provided under a contract with, or through membership in, the individual practice association.

Wis. Stat. § 609.94. Summary of Restrictions: Defined Network Plans

Includes regulations a health insurance provider must follow and give notice for, including what other contracts they are involved in and with who.