

1985 Assembly Bill 673

Date of enactment: April 15, 1986
Date of publication: April 29, 1986

1985 Wisconsin Act 269

AN ACT to renumber and amend 49.45 (14) (title) and 49.45 (14); to repeal and recreate 49.49 (4); and to create 49.49 (3m) (b) and 49.49 (4m) of the statutes, relating to creating medical assistance penalties.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 49.45 (14) (title) of the statutes is renumbered 49.49 (3m) (title) and amended to read:

49.49 (3m) (title) PROHIBITED PROVIDER CHARGES.

SECTION 2. 49.45 (14) of the statutes is renumbered 49.49 (3m) (a), and 49.49 (3m) (a) (intro.), 2 and 3, as renumbered, are amended to read:

49.49 (3m) (a) (intro.) No provider may knowingly impose upon a recipient charges in addition to payments received for services under ~~this section~~ ss. 49.45 to 49.47 or knowingly impose direct charges upon a recipient in lieu of obtaining payment under ~~this section~~ ss. 49.45 to 49.47 except under the following conditions:

2. If an applicant is determined to be eligible retroactively under s. 49.46 (1) (b) and a provider bills the applicant directly for services and benefits rendered during the retroactive period, the provider shall, upon notification of the applicant's retroactive eligibility, submit claims for reimbursement under ~~this section~~ s. 49.45 for covered services or benefits rendered during the retroactive period. Upon receipt of payment, the provider shall reimburse the applicant or other person who has made prior payment to the provider. No provider may be required to reimburse the applicant or

other person in excess of the amount reimbursed under ~~this section~~ s. 49.45.

3. Benefits or services for which recipient copayment, coinsurance or deductible is required under ~~sub-s. 49.45~~ (18), not to exceed maximum amounts allowable under 42 CFR 447.53 to 447.58.

SECTION 3. 49.49 (3m) (b) of the statutes is created to read:

49.49 (3m) (b) A person who violates this subsection may be fined not more than \$25,000 or imprisoned not more than 5 years or both.

SECTION 4. 49.49 (4) of the statutes is repealed and recreated to read:

49.49 (4) PROHIBITED FACILITY CHARGES. (a) No person, in connection with the medical assistance program when the cost of the services provided to the patient is paid for in whole or in part by the state, may knowingly and wilfully charge, solicit, accept or receive, in addition to any amount otherwise required to be paid under a medical assistance program, any gift, money, donation or other consideration, other than a charitable, religious or philanthropic contribution from an organization or from a person unrelated to the patient, as a precondition of admitting a patient to a hospital, skilled nursing facility or intermediate care facility, or as a requirement for the patient's continued stay in such a facility.

(b) A person who violates this subsection may be fined not more than \$25,000 or imprisoned not more than 5 years or both.

SECTION 5. 49.49 (4m) of the statutes is created to read:

49.49 (4m) PROHIBITED CONDUCT; FORFEITURES. (a) No person, in connection with medical assistance, may:

1. Knowingly make or cause to be made any false statement or representation of a material fact in any application for a benefit or payment.

2. Knowingly make or cause to be made any false statement or representation of a material fact for use in determining rights to a benefit or payment.

3. Knowingly conceal or fail to disclose any event of which the person has knowledge that affects his or her initial or continued right to a benefit or payment or affects the initial or continued right to a benefit or payment of any other person in whose behalf he or she has applied for or is receiving a benefit or payment.

(b) A person who violates this subsection may be required to forfeit not less than \$100 nor more than \$15,000 for each statement, representation, concealment or failure.
