



State of Wisconsin
2011 - 2012 LEGISLATURE



LRB-1156/1
PJK;jld:rs

DOA:.....Skwarczek, BB0247 – Provider reimbursement for end stage renal disease aid program

FOR 2011-13 BUDGET -- NOT READY FOR INTRODUCTION

AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

PUBLIC ASSISTANCE

Under current law, DHS pays the cost of medical treatment for persons with chronic kidney disease at a rate equal to the allowable charges under Medicare. This bill provides that DHS will pay for medical treatment for such persons at a rate that is determined by DHS and that does not exceed the allowable charges under Medicare.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

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

SECTION 1. 49.68 (3) (b) of the statutes is amended to read:

49.68 (3) (b) From the appropriation accounts under ss. 20.435 (4) (e) and (je), the state shall pay ~~the cost of~~, at a rate determined by the department under par. (e),

for medical treatment that is required as a direct result of chronic renal disease of certified patients from the date of certification, including ~~the cost of~~ administering recombinant human erythropoietin to appropriate patients, whether the treatment is rendered in an approved facility in the state or in a dialysis or transplantation center ~~which~~ that is approved as such by a contiguous state, subject to the conditions specified under par. (d). Approved facilities may include a hospital in-center dialysis unit or a nonhospital dialysis center ~~which~~ that is closely affiliated with a home dialysis program supervised by an approved facility. Aid shall also be provided for all reasonable expenses incurred by a potential living-related donor, including evaluation, hospitalization, surgical costs, and postoperative follow-up to the extent that these costs are not reimbursable under the federal medicare program or other insurance. In addition, all expenses incurred in the procurement, transportation, and preservation of cadaveric donor kidneys shall be covered to the extent that these costs are not otherwise reimbursable. All donor-related costs are chargeable to the recipient and reimbursable under this subsection.

SECTION 2. 49.68 (3) (e) of the statutes is amended to read:

49.68 (3) (e) ~~State aids~~ Payment for services provided under this section shall be equal to at a rate determined by the department that does not exceed the allowable charges under the federal Medicare program. In no case shall state rates for individual service elements exceed the federally defined allowable costs. The rate of charges for services not covered by public and private insurance shall not exceed the reasonable charges as established by ~~medicare~~ Medicare fee determination procedures. A person that provides to a patient a service for which aid is provided under this section shall accept the amount paid under this section for the service as payment in full and may not bill the patient for any amount by which the charge for

the service exceeds the amount paid for the service under this section. The state may not pay for the cost of travel, lodging, or meals for persons who must travel to receive inpatient and outpatient dialysis treatment for kidney disease. This paragraph shall not apply to donor related costs as defined in par. (b).

SECTION 9321. Initial applicability; Health Services.

(1) PAYMENT FOR SERVICES FOR RENAL DISEASE. The treatment of section 49.68 (3) (b) and (e) of the statutes first applies to services that are provided on the effective date of this subsection.

(END)