

1989 Assembly Bill 347

Date of enactment: **April 23, 1990**

Date of publication\*: **May 7, 1990**

## 1989 WISCONSIN ACT 294

AN ACT *to amend* 343.20 (2m) and 343.50 (4); *to repeal and recreate* 16.009 (1); and *to create* 16.009 (2) (k), 16.009 (2) (L), 16.009 (2) (m), 16.009 (2) (n), 29.095 (6), 71.55 (10), 146.88, 343.025 and 343.14 (8) of the statutes, **relating to:** the provision of certain information on voluntary physician acceptance of assignment and requiring the submittal of certain reports to the legislature.

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

**SECTION 1.** 16.009 (1) of the statutes is repealed and recreated to read:

16.009 (1) In this section:

(a) "Beneficiary" means an individual who is eligible for coverage.

(b) "Homestead credit program" means the program under ss. 71.51 to 71.55.

(c) "Household" has the meaning given in s. 71.52 (4).

(d) "Household income" has the meaning given in s. 71.52 (5).

(e) "Income" has the meaning given in s. 71.52 (6).

(f) "Long-term care insurance" means insurance that provides coverage both for an extended stay in a nursing home and home health services for a person with a chronic condition. The insurance may also provide coverage for other services that assist the insured person in living outside a nursing home, including but not limited to adult day care and continuing care retirement communities.

(g) "Medicare Part B" means the federal supplementary medical insurance program under 42 USC 1395j to 1395w-2.

(h) "Physician" has the meaning given in s. 448.01 (5).

**SECTION 2.** 16.009 (2) (k) of the statutes is created to read:

16.009 (2) (k) After consulting with the department of regulation and licensing and obtaining from that department a listing of all practicing physicians in this state, by January 1, 1991, and annually thereafter, send an inquiry to each of those physicians as to whether he or she is a full-time physician who practices in this state and who treats beneficiaries of medicare Part B in this state. If the answer is affirmative, the inquiry shall be whether he or she voluntarily accepts, from each of his or her patients in this state who is a beneficiary and who had household income in the beneficiary's taxable year prior to the year in which treatment is received that was within the household income requirements under s. 71.54 (1) (c) 3. for the homestead credit program, assignment of the beneficiary's benefits for reimbursement for the provision of medical or other health service authorized under medicare Part B. The inquiry shall also be whether the physician does not require payment of any amount that is in excess of the reasonable charge, as determined by the federal health care financing administration through the insurance carrier for medicare Part B in this state, for the medicare Part B authorized medical or other health service that the physician renders to the beneficiaries in this state.

**SECTION 3.** 16.009 (2) (L) of the statutes is created to read:

16.009 (2) (L) From the information obtained in answer to the inquiry under par. (k), provide to beneficiaries of medicare Part B in this state information with respect to those practicing physicians who voluntarily

accept assignment of beneficiaries' benefits for reimbursement and do not require additional payment, as specified in par. (k).

**SECTION 4.** 16.009 (2) (m) of the statutes is created to read:

16.009 (2) (m) Inquire of and obtain from the carrier for medicare Part B in this state, by January 1, 1991, and annually thereafter, information concerning the percentage of the claims in this state for payment of services covered by medicare Part B, for which full-time physicians who practice in this state voluntarily accept, from each of their patients in this state who is a medicare Part B beneficiary and who had household income in the beneficiary's taxable year prior to the year in which treatment is received that was within the household income requirements under s. 71.54 (1) (c) 3 for the homestead credit program, assignment of the beneficiary's benefits for reimbursement for the provision of medical or other health service authorized under medicare Part B.

**SECTION 5.** 16.009 (2) (n) of the statutes is created to read:

16.009 (2) (n) From the information obtained in answer to the inquiries under pars. (k) and (m), determine all of the following and, beginning July 1, 1991, and annually thereafter, submit a report to the chief clerk of each house of the legislature for distribution under s. 13.172 (2) concerning:

1. Whether at least 80% of the full-time physicians who practice in this state and who treat beneficiaries of medicare Part B in this state voluntarily accept, from each of their patients in this state who is a beneficiary of medicare Part B and who had household income in the beneficiary's taxable year prior to the year in which treatment is received that was within the household income requirements under s. 71.54 (1) (c) 3. for the homestead credit program, assignment of the beneficiaries' benefits and do not require payment of any amount in excess of the reasonable charge. If the percentage determined under this subdivision is less than 80%, the board on aging and long-term care shall determine the applicable percentage.

2. Whether, for at least 80% of the claims specified in par. (m) and at least 80% of the claims in this state for payment of services covered by medicare Part B, full-time physicians who practice in this state voluntarily accept assignment of the benefits of beneficiaries in this state and do not require payment of any amount in excess of the reasonable charge. If the percentage determined under this subdivision is less than 80%, the board on aging and long-term care shall determine the applicable percentage.

**SECTION 6.** 29.095 (6) of the statutes is created to read:

29.095 (6) (a) The department shall annually distribute materials, as provided by the department, explaining the voluntary program that is specified in s. 71.55 (10) (b)

to a senior citizen who is issued a senior citizen recreation card under sub. (1).

(c) Beginning in 1991, the department shall annually submit a report to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) concerning the numbers of individuals, by counties in this state, to whom the department distributed explanatory materials under par. (a).

**SECTION 7.** 71.55 (10) of the statutes is created to read:

71.55 (10) MEDICARE ACCEPTANCE OF ASSIGNMENT INFORMATION. (a) In this subsection:

1. "Beneficiary" means an individual who is enrolled in medicare Part B for coverage.

2. "Medicare Part B" means the federal supplementary medical insurance program under 42 USC 1395j to 1395w-2.

3. "Physician" has the meaning given in s. 448.01 (5).

(b) Beginning in 1990, the department of revenue shall annually distribute enrollment cards for and materials explaining a program in this state under which a physician voluntarily agrees to all of the following:

1. Accept assignment of a beneficiary's benefits for reimbursement for the provision of medical or other health service authorized under medicare Part B from a beneficiary of medicare Part B to whom all of the following apply:

a. He or she is age 65 or older.

b. His or her household income, as defined in s. 71.52 (5) and (6), for the beneficiary's taxable year prior to the year in which treatment is received, did not exceed the household income limitation specified under s. 71.54 (1) (c) 3.

2. Not require payment of any amount that is in excess of the medicare Part B allowed amount, as determined by the federal health care financing administration through the carrier for medicare Part B in this state, for the medicare Part B authorized medical or other health service that the physician renders to the beneficiary under subd. 1.

(c) Distribution under par. (b) shall be made to an individual in this state who meets all of the following requirements:

1. Is age 65 or older.

2. Has a household income, as defined in s. 71.52 (5), if known to the department of revenue, for the individual's taxable year prior to the year in which distribution is made, that does not exceed the household income limitation specified under s. 71.54 (1) (c) 3.

(d) The Wisconsin state medical society shall provide the department of revenue with the enrollment cards and explanatory materials for distribution under par. (b).

(e) Beginning in 1991, the department of revenue shall annually submit a report to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) concerning the numbers of individu-

**1989 Assembly Bill 347**

– 3 –

als, by counties in this state, to whom the department distributed enrollment cards under par. (b).

**SECTION 8.** 146.88 of the statutes is created to read:

**146.88 Acceptance of assignment for medicare.**

The department shall annually provide aging units, as defined in s. 46.81 (1) (a), with enrollment cards for and materials explaining the voluntary program that is specified in s. 71.55 (10) (b), for distribution to individuals who are eligible or potentially eligible for participation in the program. The state medical society shall supply the department with the enrollment cards and the explanatory materials for distribution under this section.

**SECTION 9.** 343.025 of the statutes is created to read:

**343.025 Medicare acceptance of assignment; information; report. (2)** Beginning in 1991, the department shall annually submit a report to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) concerning the numbers of individuals, by counties in this state, to whom the department distributed explanatory materials under ss. 343.14 (8), 343.20 (2m) and 343.50 (4).

**SECTION 10.** 343.14 (8) of the statutes is created to read:

343.14 (8) The department shall annually distribute materials, as provided by the department, explaining the

voluntary program that is specified in s. 71.55 (10) (b) to applicants for a license who are aged 65 years or older.

**SECTION 10m.** 343.20 (2m) of the statutes, as created by 1989 Wisconsin Act 31, is amended to read:

343.20 (2m) The department shall include with the notice that it mails under sub. (2) information regarding the requirements of s. 347.48 (4) and, for licensees aged 65 years or older, material, as provided by the department, explaining the voluntary program that is specified in s. 71.55 (10) (b).

**SECTION 11.** 343.50 (4) of the statutes is amended to read:

343.50 (4) APPLICATION. The application for an identification card shall include the information required under s. 343.14 (2) (a) and (b) ~~and~~, such further information as the department may reasonably require to enable it to determine whether the applicant is entitled by law to an identification card and, for applicants who are aged 65 years or older, material, as provided by the department, explaining the voluntary program that is specified in s. 71.55 (10) (b). The department shall, as part of the application process, take a photograph of the applicant to comply with sub. (3). No application may be processed without the photograph being taken. Misrepresentations are punishable as provided in s. 343.14 (5).