

2001 DRAFTING REQUEST

Bill

Received: **01/12/2001**

Received By: **kenneda**

Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget 267-7980**

By/Representing: **Mullikin**

This file may be shown to any legislator: **NO**

Drafter: **kenneda**

May Contact:

Alt. Drafters:

Subject: **Public Assistance - med. assist.**

Extra Copies: **ISR**

Pre Topic:

DOA:.....Mullikin -

Topic:

MA payment of coinsurance on outpatient hospital services under Medicare B

Instructions:

See Attached.

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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FE Sent For:

<END>

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1?	kenneda	1/12 jld	2/1/12	2/1/12			

FE Sent For:

<END>

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON
GOVERNOR

GEORGE LIGHTBOURN
SECRETARY



~~1898~~
2012
Office of the Secretary
Post Office Box 7864
Madison, WI 53707-7864
Voice (608) 266-1741
Fax (608) 267-3842
TTY (608) 267-9629

Date: January 8, 2001
To: Steve Miller
Legislative Reference Bureau
From: Melissa Mullikin *mm*
State Budget Office
Subject: Statutory Language Budget Draft for DHFS

Please prepare a statutory language draft that reflects the intent of the following request submitted by DHFS.

The DHCF recommends the following statutory language modifications to make statutory provisions for Medicaid payment of coinsurance on outpatient hospital services under Part B of Medicare consistent with current practice.

Affect **Sections 49.46(2)(c)2. and 4. and 5m. (and any other sections identified by legal counsel)** by including language that exempts the coinsurance for outpatient hospital services under Part B of Medicare from the current provision in each of these sections that states:

Payment of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w may not exceed the allowable charge for the service under medical assistance minus the medicare payment.

This modification would allow the Department to define the cutback methodology for crossover claims for outpatient hospital services in the state plan, rather than in statute. A reference to this sort (iethe Department shall include in its Medicaid state plan a methodology for payment of coinsurance on) could also be included in the statutes.

Thank you for your attention to this request. I can be reached at 267-7980.

1/10/01 From Melissa Mullikin, in answer to DAK's question:
Add ss. 49.468(1)(b) & 49.47(6)(a) G. b., d. and f. amendments



SOON - credit #1/2
State of Wisconsin
2001 - 2002 LEGISLATURE

2016/1
LRB-1898/1-
DAK.../1:....
KMG

DOA:.....Mullikin – MA payment of coinsurance on outpatient hospital services under Medicare B

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

1

AN ACT ^{DON'T GEN. CAT} relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current law, Medicare Part A and Part B beneficiaries who are medical assistance (MA) recipients with incomes at or below 100% of the federal poverty line or are elderly or disabled persons with low incomes and resources receive payment for Medicare deductible and insurance amounts, monthly Medicare premiums, and, if applicable, late enrollment penalties for Medicare Part A premiums. (Medicare Part A provides inpatient hospital coverage for persons who are aged 65 or disabled, and Medicare Part B provides coverage for outpatient services for those persons.) MA recipients whose incomes are above 100% of the federal poverty line receive MA payment of Medicare deductible and coinsurance amounts; if they are beneficiaries of only Part A or Part B of Medicare, they receive MA payment of the applicable Medicare Part A or Part B deductible and coinsurance amounts. However, for all these MA recipients, MA payment for the coinsurance for a service under Medicare Part B may not exceed the allowable charge for the service under MA minus the Medicare payment amount.

This bill permits MA payment to be made, on behalf of MA recipients and elderly or disabled persons with low incomes and resources, for their coinsurance for

Medicare Part B outpatient hospital services that exceed the MA allowable charge for the services. The bill requires that DHFS include in the state plan for MA a methodology for payment of the Medicare Part B outpatient hospital services coinsurance amounts.

For further information see the *state and local* 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:

1 SECTION 1. 49.45 (48) of the statutes is created to read:

2

49.45 (48) PAYMENT OF MEDICARE PART B OUTPATIENT HOSPITAL SERVICES
3 COINSURANCES. The department shall include in the state plan for medical assistance
4 a methodology for payment of the Medicare part B outpatient hospital services
5 coinsurance amounts that ^{are} authorized under ss. 49.46 (2) (c) 2., 4., and 5m, 49.468
6 (1) (b), and 49.47(6) (a) 6. b., d., and f.

7 SECTION 2. 49.46 (2) (c) 2. of the statutes is amended to read:

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49.46 (2) (c) 2. For an individual who is entitled to coverage under part A of
medicare, entitled to coverage under part B of medicare, meets the eligibility criteria
under sub. (1) and meets the limitation on income under subd. 6., medical assistance
shall include payment of the deductible and coinsurance portions of medicare
services under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to
1395zz, including those medicare services that are not included in the approved state
plan for services under 42 USC 1396; the monthly premiums payable under 42 USC
1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
enrollment penalty, if applicable, for premiums under part A of medicare. Payment
of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
other than payment of coinsurance for outpatient hospital services, may not exceed

P.W.F. (handwritten note with arrow pointing to line 18)

no comma after (handwritten note with arrow pointing to '1395w')

1 the allowable charge for the service under medical assistance minus the medicare
2 payment.

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9.

3 **SECTION 3. 49.46 (2) (c) 4. of the statutes is amended to read:**

4 49.46 (2) (c) 4. For an individual who is entitled to coverage under part A of
5 medicare, entitled to coverage under part B of medicare and meets the eligibility
6 criteria for medical assistance under sub. (1), but does not meet the limitation on
7 income under subd. 6., medical assistance shall include payment of the deductible
8 and coinsurance portions of medicare services under 42 USC 1395 to 1395zz which
9 are not paid under 42 USC 1395 to 1395zz, including those medicare services that
10 are not included in the approved state plan for services under 42 USC 1396. Payment
11 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
12 other than payment of coinsurance for outpatient hospital services, may not exceed
13 the allowable charge for the service under medical assistance minus the medicare
14 payment.

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9.

15 **SECTION 4. 49.46 (2) (c) 5m. of the statutes is amended to read:**

16 49.46 (2) (c) 5m. For an individual who is only entitled to coverage under part
17 B of medicare and meets the eligibility criteria under sub. (1), but does not meet the
18 limitation on income under subd. 6., medical assistance shall include payment of the
19 deductible and coinsurance portions of medicare services under 42 USC 1395j to
20 1395w, including those medicare services that are not included in the approved state
21 plan for services under 42 USC 1396. Payment of coinsurance for a service under
22 part B of medicare, other than payment of coinsurance for outpatient hospital

1 services, may not exceed the allowable charge for the service under medical
2 assistance minus the medicare payment.

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9.

3 **SECTION 5.** 49.468 (1) (b) of the statutes is amended to read:

4 49.468 (1) (b) For an elderly or disabled individual who is entitled to coverage
5 under part A of medicare, entitled to coverage under part B of medicare and who does
6 not meet the eligibility criteria for medical assistance under s. 49.46 (1), 49.465 or
7 49.47 (4) but meets the limitations on income and resources under par. (d), medical
8 assistance shall pay the deductible and coinsurance portions of medicare services
9 under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to 1395zz,
10 including those medicare services that are not included in the approved state plan
11 for services under 42 USC 1396; the monthly premiums payable under 42 USC
12 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
13 enrollment penalty, if applicable, for premiums under part A of medicare. Payment
14 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
15 other than payment of coinsurance for outpatient hospital services, may not exceed
16 the allowable charge for the service under medical assistance minus the medicare
17 payment.

History: 1989 a. 31, 336; 1991 a. 39, 269; 1993 a. 16.

18 **SECTION 6.** 49.47 (6) (a) 6. b. of the statutes is amended to read:

19 49.47 (6) (a) 6. b. An individual who is entitled to coverage under part A of
20 medicare, entitled to coverage under part B of medicare, meets the eligibility criteria
21 under sub. (4) (a) and meets the income limitation, the deductible and coinsurance
22 portions of medicare services under 42 USC 1395 to 1395zz which are not paid under
23 42 USC 1395 to 1395zz, including those medicare services that are not included in

1 the approved state plan for services under 42 USC 1396; the monthly premiums
2 payable under 42 USC 1395v; the monthly premiums, if applicable, under 42 USC
3 1395i-2 (d); and the late enrollment penalty, if applicable, for premiums under part
4 A of medicare. Payment of coinsurance for a service under part B of medicare under
5 42 USC 1395j to 1395w, other than payment of coinsurance for outpatient hospital
6 services, may not exceed the allowable charge for the service under medical
7 assistance minus the medicare payment.

History: 1971 c. 125; 1971 c. 213 s. 5; 1971 c. 215; 1973 c. 90, 147, 333; 1977 c. 29 ss. 593, 1656 (18); 1977 c. 105 s. 59; 1977 c. 273, 418; 1979 c. 34; 1981 c. 20, 93; 1981 c. 314 s. 144; 1983 a. 27, 245; 1985 a. 29; 1987 a. 27, 307, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1462k to 1466d, 2909c to 2909i; 1989 a. 173, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 269, 277, 437; 1995 a. 27 ss. 3026 to 3028, 9126 (19); 1995 a. 225, 289, 295; 1997 a. 27; 1999 a. 9.

8 **SECTION 7.** 49.47 (6) (a) 6. d. of the statutes is amended to read:

9 49.47 (6) (a) 6. d. An individual who is entitled to coverage under part A of
10 medicare, entitled to coverage under part B of medicare and meets the eligibility
11 criteria for medical assistance under sub. (4) (a) but does not meet the income
12 limitation, the deductible and coinsurance portions of medicare services under 42
13 USC 1395 to 1395zz which are not paid under 42 USC 1395 to 1395zz, including those
14 medicare services that are not included in the approved state plan for services under
15 42 USC 1396. Payment of coinsurance for a service under part B of medicare under
16 42 USC 1395j to 1395w, other than payment of coinsurance for outpatient hospital
17 services, may not exceed the allowable charge for the service under medical
18 assistance minus the medicare payment.

History: 1971 c. 125; 1971 c. 213 s. 5; 1971 c. 215; 1973 c. 90, 147, 333; 1977 c. 29 ss. 593, 1656 (18); 1977 c. 105 s. 59; 1977 c. 273, 418; 1979 c. 34; 1981 c. 20, 93; 1981 c. 314 s. 144; 1983 a. 27, 245; 1985 a. 29; 1987 a. 27, 307, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1462k to 1466d, 2909c to 2909i; 1989 a. 173, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 269, 277, 437; 1995 a. 27 ss. 3026 to 3028, 9126 (19); 1995 a. 225, 289, 295; 1997 a. 27; 1999 a. 9.

19 **SECTION 8.** 49.47 (6) (a) 6. f. of the statutes is amended to read:

20 49.47 (6) (a) 6. f. For an individual who is only entitled to coverage under part
21 B of medicare and meets the eligibility criteria under sub. (4), but does not meet the
22 income limitation, medical assistance shall include payment of the deductible and
23 coinsurance portions of medicare services under 42 USC 1395j to 1395w, including

1 those medicare services that are not included in the approved state plan for services
2 under 42 USC 1396. Payment of coinsurance for a service under part B of medicare,
3 other than payment of coinsurance for outpatient hospital services, may not exceed
4 the allowable charge for the service under medical assistance minus the medicare
5 payment.

History: 1971 c. 125; 1971 c. 213 s. 5; 1971 c. 215; 1973 c. 90, 147, 333; 1977 c. 29 ss. 593, 1656 (18); 1977 c. 105 s. 59; 1977 c. 273, 418; 1979 c. 34; 1981 c. 20, 93; 1981 c. 314 s. 144; 1983 a. 27, 245; 1985 a. 29; 1987 a. 27, 307, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1462k to 1466d, 2909c to 2909i; 1989 a. 173, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 269, 277, 437; 1995 a. 27 ss. 3026 to 3028, 9126 (19); 1995 a. 225, 289, 295; 1997 a. 27; 1999 a. 9.

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(END)



State of Wisconsin
2001 - 2002 LEGISLATURE

LRB-2016/1
DAK:kmg:jf

DOA:.....Mullikin - MA payment of coinsurance on outpatient hospital services under Medicare B

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

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

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current law, medicare part A and part B beneficiaries who are medical assistance (MA) recipients with incomes at or below 100% of the federal poverty line or are elderly or disabled persons with low incomes and resources receive payment for medicare deductible and insurance amounts, monthly medicare premiums, and, if applicable, late enrollment penalties for medicare part A premiums. (Medicare part A provides inpatient hospital coverage for persons who are aged 65 or disabled, and medicare part B provides coverage for outpatient services for those persons.) MA recipients whose incomes are above 100% of the federal poverty line receive MA payment of medicare deductible and coinsurance amounts; if they are beneficiaries of only part A or part B of medicare, they receive MA payment of the applicable medicare part A or part B deductible and coinsurance amounts. However, for all of these MA recipients, MA payment for the coinsurance for a service under medicare part B may not exceed the allowable charge for the service under MA minus the medicare payment amount.

This bill permits MA payment to be made, on behalf of MA recipients and elderly or disabled persons with low incomes and resources, for their coinsurance for

medicare part B outpatient hospital services that exceed the MA allowable charge for the services. The bill requires that DHFS include in the state plan for MA a methodology for payment of the medicare part B outpatient hospital services coinsurance amounts.

For further information see the *state and local* 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:

1 **SECTION 1.** 49.45 (48) of the statutes is created to read:

2 **49.45 (48) PAYMENT OF MEDICARE PART B OUTPATIENT HOSPITAL SERVICES**
3 **COINSURANCES.** The department shall include in the state plan for medical assistance
4 a methodology for payment of the medicare part B outpatient hospital services
5 coinsurance amounts that are authorized under ss. 49.46 (2) (c) 2., 4., and 5m., 49.468
6 (1) (b), and 49.47 (6) (a) 6. b., d., and f.

7 **SECTION 2.** 49.46 (2) (c) 2. of the statutes is amended to read:

8 **49.46 (2) (c) 2.** For an individual who is entitled to coverage under part A of
9 medicare, entitled to coverage under part B of medicare, meets the eligibility criteria
10 under sub. (1) and meets the limitation on income under subd. 6., medical assistance
11 shall include payment of the deductible and coinsurance portions of medicare
12 services under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to
13 1395zz, including those medicare services that are not included in the approved state
14 plan for services under 42 USC 1396; the monthly premiums payable under 42 USC
15 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
16 enrollment penalty, if applicable, for premiums under part A of medicare. Payment
17 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
18 other than payment of coinsurance for outpatient hospital services, may not exceed

1 the allowable charge for the service under medical assistance minus the medicare
2 payment.

3 **SECTION 3.** 49.46 (2) (c) 4. of the statutes is amended to read:

4 49.46 (2) (c) 4. For an individual who is entitled to coverage under part A of
5 medicare, entitled to coverage under part B of medicare and meets the eligibility
6 criteria for medical assistance under sub. (1), but does not meet the limitation on
7 income under subd. 6., medical assistance shall include payment of the deductible
8 and coinsurance portions of medicare services under 42 USC 1395 to 1395zz which
9 are not paid under 42 USC 1395 to 1395zz, including those medicare services that
10 are not included in the approved state plan for services under 42 USC 1396. Payment
11 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
12 other than payment of coinsurance for outpatient hospital services, may not exceed
13 the allowable charge for the service under medical assistance minus the medicare
14 payment.

15 **SECTION 4.** 49.46 (2) (c) 5m. of the statutes is amended to read:

16 49.46 (2) (c) 5m. For an individual who is only entitled to coverage under part
17 B of medicare and meets the eligibility criteria under sub. (1), but does not meet the
18 limitation on income under subd. 6., medical assistance shall include payment of the
19 deductible and coinsurance portions of medicare services under 42 USC 1395j to
20 1395w, including those medicare services that are not included in the approved state
21 plan for services under 42 USC 1396. Payment of coinsurance for a service under
22 part B of medicare, other than payment of coinsurance for outpatient hospital
23 services, may not exceed the allowable charge for the service under medical
24 assistance minus the medicare payment.

25 **SECTION 5.** 49.468 (1) (b) of the statutes is amended to read:

1 49.468 (1) (b) For an elderly or disabled individual who is entitled to coverage
2 under part A of medicare, entitled to coverage under part B of medicare and who does
3 not meet the eligibility criteria for medical assistance under s. 49.46 (1), 49.465 or
4 49.47 (4) but meets the limitations on income and resources under par. (d), medical
5 assistance shall pay the deductible and coinsurance portions of medicare services
6 under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to 1395zz,
7 including those medicare services that are not included in the approved state plan
8 for services under 42 USC 1396; the monthly premiums payable under 42 USC
9 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
10 enrollment penalty, if applicable, for premiums under part A of medicare. Payment
11 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
12 other than payment of coinsurance for outpatient hospital services, may not exceed
13 the allowable charge for the service under medical assistance minus the medicare
14 payment.

15 **SECTION 6.** 49.47 (6) (a) 6. b. of the statutes is amended to read:

16 49.47 (6) (a) 6. b. An individual who is entitled to coverage under part A of
17 medicare, entitled to coverage under part B of medicare, meets the eligibility criteria
18 under sub. (4) (a) and meets the income limitation, the deductible and coinsurance
19 portions of medicare services under 42 USC 1395 to 1395zz which are not paid under
20 42 USC 1395 to 1395zz, including those medicare services that are not included in
21 the approved state plan for services under 42 USC 1396; the monthly premiums
22 payable under 42 USC 1395v; the monthly premiums, if applicable, under 42 USC
23 1395i-2 (d); and the late enrollment penalty, if applicable, for premiums under part
24 A of medicare. Payment of coinsurance for a service under part B of medicare under
25 42 USC 1395j to 1395w, other than payment of coinsurance for outpatient hospital

1 services, may not exceed the allowable charge for the service under medical
2 assistance minus the medicare payment.

3 **SECTION 7.** 49.47 (6) (a) 6. d. of the statutes is amended to read:

4 49.47 (6) (a) 6. d. An individual who is entitled to coverage under part A of
5 medicare, entitled to coverage under part B of medicare and meets the eligibility
6 criteria for medical assistance under sub. (4) (a) but does not meet the income
7 limitation, the deductible and coinsurance portions of medicare services under 42
8 USC 1395 to 1395zz which are not paid under 42 USC 1395 to 1395zz, including those
9 medicare services that are not included in the approved state plan for services under
10 42 USC 1396. Payment of coinsurance for a service under part B of medicare under
11 42 USC 1395j to 1395w, other than payment of coinsurance for outpatient hospital
12 services, may not exceed the allowable charge for the service under medical
13 assistance minus the medicare payment.

14 **SECTION 8.** 49.47 (6) (a) 6. f. of the statutes is amended to read:

15 49.47 (6) (a) 6. f. For an individual who is only entitled to coverage under part
16 B of medicare and meets the eligibility criteria under sub. (4), but does not meet the
17 income limitation, medical assistance shall include payment of the deductible and
18 coinsurance portions of medicare services under 42 USC 1395j to 1395w, including
19 those medicare services that are not included in the approved state plan for services
20 under 42 USC 1396. Payment of coinsurance for a service under part B of medicare,
21 other than payment of coinsurance for outpatient hospital services, may not exceed
22 the allowable charge for the service under medical assistance minus the medicare
23 payment.

24

(END)