



## 1999 SENATE BILL 155

May 13, 1999 - Introduced by LAW REVISION COMMITTEE. Referred to Committee on Human Services and Aging.

1     **AN ACT to repeal** 16.009 (2) (k), 16.009 (2) (L), 16.009 (2) (m) and 16.009 (2) (n);  
2             and **to amend** 16.009 (4) (e) (intro.) of the statutes; **relating to:** elimination  
3             of requirements concerning information about physicians who voluntarily  
4             accept assignment for payment of Medicare claims and authorizing release of  
5             certain information by the designated representative of the long-term care  
6             ombudsman (suggested as remedial legislation by the board on aging and  
7             long-term care).

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### ***Analysis by the Legislative Reference Bureau***

Under current federal law, Medicare is a federal program of insured health care for aged, blind and disabled persons. A physician who provides services to a Medicare Part B beneficiary may charge for the services at the physician's fee-for-service rate, for which the beneficiary is reimbursed by Medicare at 80% of the Medicare rate (the reasonable charge, as determined by the federal health care financing administration through the insurance carrier for Medicare Part B in this state); thus, the beneficiary must pay 20% of the Medicare rate, plus the difference remaining between the Medicare rate and the amount that the physician charges under fee-for-service. Alternatively, if the physician voluntarily agrees to "accept assignment" (to accept payment in full at the Medicare rate), the beneficiary needs only to pay 20% of the Medicare rate.

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Under current state law, the board on aging and long-term care (BOALTC) must annually inquire of each practicing physician in this state whether the physician practices full-time and treats beneficiaries of Medicare Part B. If the physician's answer is affirmative, BOALTC must inquire whether the physician "accepts assignment" for his or her patients who are Medicare beneficiaries and whose incomes are at the level of eligibility for homestead tax credit or does not charge in excess of the Medicare rate. From the information received from these inquiries, BOALTC must provide information to Medicare Part B beneficiaries in this state as to the practicing physicians who voluntarily accept assignment and do not require additional payment for their services from Medicare beneficiaries. BOALTC also must annually report to the legislature on the percentage of full-time practicing physicians in this state who voluntarily accept assignment under these conditions. In addition, BOALTC must annually obtain from the insurance carrier for Medicare Part B information on the percentage of claims in this state for payment of services under Medicare Part B for which physicians voluntarily accept assignment from their patients who are Medicare beneficiaries and whose incomes are at the level of eligibility for homestead tax credit. BOALTC must annually report to the legislature on the percentage of Medicare Part B claims in this state that are paid in this manner.

This bill eliminates these state law provisions.

Under current state law, information of the office of the long-term care ombudsman in BOALTC that relates to a client or to complaints or investigations under the long-term care ombudsman program may be disclosed only at the discretion of the ombudsman. Identity of a client, named witness or nonclient resident of a long-term care facility may be revealed only under certain written authorization or under a court order.

The bill authorizes the designated representative of the long-term care ombudsman to disclose information of the office of the ombudsman that relates to a client or to complaints or investigations under the ombudsman program.

For further information, see the NOTES provided by the law revision committee of the joint legislative council.

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

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

LAW REVISION COMMITTEE PREFATORY NOTE: This bill is a remedial legislation proposal, requested by the board on aging and long-term care and introduced by the law revision committee under s. 13.83 (1) (c) 4., stats. After careful consideration of the various provisions of the bill, the law revision committee has determined that this bill makes minor substantive changes in the statutes, and that these changes are desirable as a matter of public policy.

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1           **SECTION 2.** 16.009 (2) (L) of the statutes is repealed.

2           **SECTION 3.** 16.009 (2) (m) of the statutes is repealed.

3           **SECTION 4.** 16.009 (2) (n) of the statutes is repealed.

NOTE: SECTIONS 1 to 4 eliminate provisions in current law which require the board on aging and long-term care to gather information and report to the legislature on physicians in Wisconsin who accept medicare part B and "accept assignment" of medicare reimbursement as payment in full for services provided to medicare beneficiaries. According to the board on aging and long-term care, this requirement should be repealed because this information is readily available from other sources, and requiring board staff to gather this information is duplicative.

4           **SECTION 5.** 16.009 (4) (e) (intro.) of the statutes is amended to read:

5           16.009 (4) (e) (intro.) Information of the office relating to a client, complaints  
6 or investigations under the program may be disclosed only at the discretion of the  
7 ombudsman or his or her designated representative. The identity of a client or  
8 named witness or of a resident who is not a client may be revealed under this  
9 paragraph only if one of the following conditions is met:

NOTE: This SECTION allows the designated representative of the long-term care ombudsman to disclose information relating to a client or to complaints or investigations at the designated representative's discretion. Currently, only the long-term care ombudsman (interpreted to mean the executive director of the board on aging and long-term care) is authorized to make such disclosures. This prevents regional ombudsmen employed by the board from releasing such information. The amendment to this SECTION would permit the regional ombudsman to make decisions regarding the release or withholding of information regarding clients.