



# **Wisconsin Chronic Disease Program Member Handbook**



Department of Health Services  
Division of Medicaid Services  
P-01147 (08/2017)



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## Preface

The Wisconsin Chronic Disease Program (WCDP) is a state-funded program that helps Wisconsin residents with chronic renal disease, adult cystic fibrosis, and hemophilia. The program pays health care providers for disease-related services, drugs, and supplies provided to WCDP members after all other sources of payment have been exhausted.

The Wisconsin Department of Health Services (DHS) administers WCDP. Within DHS, the Division of Medicaid Services is directly responsible for management of WCDP. It is DHS' responsibility to do the following:

- Develop policy
- Determine member eligibility criteria
- Certify members for enrollment in WCDP
- Enroll or disenroll providers for participation in WCDP
- Investigate program abuse
- Pay providers

The state laws that govern WCDP are Wis. Stat. § 49.68 for the Chronic Renal Disease Program, Wis. Stat. § 49.683 for the Cystic Fibrosis Program, and Wis. Stat. § 49.685 for the Hemophilia Home Care Program. In addition to state laws, WCDP is also governed by a set of regulations known as the Wisconsin Administrative Code: Wis. Admin. Code chs. DHS 152-154.

These regulations are interpreted for member use in this handbook. This handbook gives members the important information needed to receive the appropriate benefits from WCDP. It contains the following information:

- Program background
- Member eligibility
- Member rights and responsibilities

In addition to this handbook, members are occasionally sent letters about policy changes.

For current information about WCDP, go to the DHS website at [www.dhs.wisconsin.gov/forwardhealth/wcdp.htm](http://www.dhs.wisconsin.gov/forwardhealth/wcdp.htm).

WCDP members with questions about WCDP may call Member Services at 1-800-362-3002, Monday through Friday, from 8:00 a.m.–6:00 p.m. Voicemail is also available after hours or when representatives are helping other members.

## Background Information

- A. Program Purpose** WCDP is composed of three programs that address specific medical needs. These programs are:
- The Chronic Renal Disease Program for Wisconsin residents who have chronic renal disease
  - The Adult Cystic Fibrosis Program for Wisconsin residents who have cystic fibrosis
  - The Hemophilia Home Care Program (limited to blood derivatives and supplies) for Wisconsin residents who have hemophilia
- B. Covered Services** WCDP only pays for those services, drugs, and supplies that are directly related to the treatment of the chronic disease. Payments are made to WCDP-enrolled providers based on the following:
- DHS specifications for limited covered services, drugs, and supplies that are directly related to the treatment of the chronic diseases
  - Medical necessity for the health of an eligible WCDP member

All claims for services that do not match the covered benefits list are denied. Payment to providers for WCDP-covered services rendered to WCDP members is made directly to the provider or to the provider's designated payee. WCDP provides payment after all other payment sources, like health insurance and Medicare, have been used.

### **Chronic Renal Disease Program**

Chronic Renal Disease Program members are eligible to receive the following covered services:

- Inpatient and outpatient dialysis and transplant treatments
- One pretransplant dental examination, diagnosis, and X-ray
- Kidney donor transplant-related medical services
- Certain prescription medications
- Certain home supplies
- Certain laboratory and X-ray services

### **Adult Cystic Fibrosis Program**

Adult Cystic Fibrosis Program members are eligible to receive the following covered services:

- Inpatient and outpatient services directly related to the disease
- Certain physician services
- Certain laboratory and X-ray services
- Certain prescription medications
- Certain home supplies

### **Hemophilia Home Care Program**

Hemophilia Home Care Program members are eligible to receive blood derivatives and supplies required for home care.

**C. Noncovered Services** The following services are examples of services **not** covered by WCDP:

- Medical treatment not related to the chronic disease
- Services in unapproved facilities
- Nursing home services
- Home health services
- Dental restoration, extraction, and dentures
- Glasses or contact lenses
- Hearing aids
- Certain prescription medications
- Podiatry services
- Chiropractic services
- Transplants
- Services related to car accidents or work injuries

**D. How to Make  
Inquiries**

Members may visit the DHS website at [www.dhs.wisconsin.gov/forwardhealth/wcdp.htm](http://www.dhs.wisconsin.gov/forwardhealth/wcdp.htm) for more information about WCDP.

Members who have questions about WCDP may also call Member Services at 1-800-362-3002, Monday through Friday, from 8:00 a.m.–6:00 p.m. Voicemail is available after hours or when representatives are helping other members.

## Member Eligibility

### A. Before Applying for WCDP

To become eligible for WCDP, people must first apply for Medicaid, BadgerCare Plus, or SeniorCare (SeniorCare is for those 65 years old or older.), if they are potentially eligible, before applying to WCDP.

### B. Application Requirement

Applicants must provide DHS with full, truthful, and correct information necessary for DHS to determine eligibility and liability on forms specified by DHS. An applicant may be ineligible for WCDP enrollment if he or she does any of the following:

- Refuses to provide information
- Withholds information
- Provides inaccurate information

DHS may verify any information on the application.

WCDP has separate applications for the Chronic Renal Disease Program, Adult Cystic Fibrosis Program, and Hemophilia Home Care Program.

All applicants must fill out an application to become a WCDP member. Members who need help filling out their application should contact their treatment facility social worker. Once found eligible, the member will get the following:

- A letter of notification
- A ForwardHealth card
- An estate recovery letter

### C. Financial Need Statement Requirement

A Financial Need Statement must be completed **annually** for a person to remain eligible for WCDP. Members who need help filling out their Financial Need Statement should contact their treatment facility social worker. Financial Need Statements are available on the DHS website at [www.dhs.wisconsin.gov/forwardhealth/wcdp.htm](http://www.dhs.wisconsin.gov/forwardhealth/wcdp.htm).

### D. State Residency Requirement

WCDP applicants must be residents of Wisconsin and intend to remain permanent residents in order to be eligible. Applicants should provide **copies** of the following documents:

- Wisconsin income tax return with all attachments
- The most recent rental agreement or property tax bill
- Wisconsin driver's license, state identification card, or school identification card showing current address
- If not a U.S. citizen, a green card issued by U.S. Citizenship and Immigration Services.

If the applicant is not a Wisconsin resident or does not intend to remain a resident of Wisconsin, the application will be denied.

## **E. ForwardHealth Card**

All members enrolled in WCDP receive a white plastic [ForwardHealth card](#) (see [Appendix 1](#)).

The ForwardHealth card includes the member's name, 10-digit identification number, magnetic stripe, signature panel, and the Member Services telephone number. The card also has a unique, 16-digit number on the front for internal program use.

This card should **not** be thrown out. It will remain active and usable as long as the member is eligible for WCDP or another ForwardHealth program.

A member may request an additional ForwardHealth card if a replacement is needed, up to a maximum of three times per year. Members may call Member Services at 1-800-362-3002 to request a replacement ForwardHealth card.

## **F. Eligibility for Specific WCDP Programs**

### **Chronic Renal Disease Program**

To be eligible for the Chronic Renal Disease Program, a member must be:

- A Wisconsin resident
- Diagnosed as having end-stage renal disease
- Enrolled in Medicare Part A
- Paying Medicare Part B and Medicare Part D premiums, if he or she is eligible
- Enrolled in Medicaid, BadgerCare Plus, or SeniorCare, if he or she is eligible

If a member is eligible for one of the above mentioned programs (such as Medicaid) and chooses not to enroll as required, then the member:

- Is not eligible for WCDP
- May not use the ForwardHealth card for services
- Must return the ForwardHealth card
- Will be personally liable for any costs incurred by WCDP on behalf of the member

### **Adult Cystic Fibrosis Program**

To be eligible for the Adult Cystic Fibrosis Program, a member must be:

- A Wisconsin resident
- Diagnosed by the medical director of a cystic fibrosis treatment center as having cystic fibrosis
- Enrolled in Medicaid, BadgerCare Plus, or SeniorCare, if he or she is eligible
- 18 years old or older



If a member is eligible for one of the above mentioned programs (such as Medicaid) and chooses not to enroll as required, then the member:

- Is not eligible for WCDP
- May not use the ForwardHealth card for services
- Must return the ForwardHealth card
- Will be personally liable for any costs incurred by WCDP on behalf of the member

### **Hemophilia Home Care Program**

To be eligible for the Hemophilia Home Care Program, a member must:

- Be a Wisconsin resident
- Be diagnosed by a comprehensive hemophilia treatment center as having hemophilia
- Be enrolled in Medicaid, BadgerCare Plus, or SeniorCare, if he or she is eligible
- Have a written agreement with a comprehensive hemophilia treatment center for compliance with a maintenance program. The agreement must specify the following:
  - The services to be provided
  - The responsibilities of the member and the center relating to the development of the plan of treatment and conformance of the member to applicable center policies
  - The manner in which services are to be controlled, coordinated, and evaluated by the center
  - Procedures for semiannual evaluation of the maintenance program and for verification that the member is complying with the established treatment regimen

If a member is eligible for one of the above mentioned programs (such as Medicaid) and chooses not to enroll as required, then the member:

- Is not eligible for WCDP
- May not use the ForwardHealth card for services
- Must return the ForwardHealth card
- Will be personally liable for any costs incurred by WCDP on behalf of the member

### **G. Eligibility Effective Dates**

#### **Chronic Renal Disease Program**

Once a Chronic Renal Disease Program member becomes enrolled in WCDP, he or she may have retroactive coverage for chronic renal disease-related medical bills incurred prior to the date of application. If a member was receiving treatment for chronic renal disease prior to the application date and he or she would have met eligibility requirements during that time, then past medical bills may be paid back to the member's first treatment date up to 730 days prior to the application date.

If a Chronic Renal Disease Program member is a Medicare member at the time of application, the eligibility date is determined to be the date of the initial treatment.

If a member is Medicare-eligible but has chosen not to pay for premiums, the WCDP eligibility date is designated as the date the member applied for Medicare.

When a member receives retroactive eligibility, the member has the right to request return of payments for covered services made to a WCDP-enrolled provider during the period of retroactive eligibility. For those medical charges already paid by a member, the provider must pay the member the lesser of the amount received from WCDP or the amount paid by the member, minus any applicable WCDP copayment, upon receipt of such WCDP payment. DHS does not pay members directly.

#### **Adult Cystic Fibrosis and Hemophilia Home Care Program**

Adult Cystic Fibrosis Program and Hemophilia Home Care Program members become eligible for WCDP benefits on the date the application is received by WCDP.

#### **H. Eligibility for Medicaid, BadgerCare Plus, and SeniorCare**

If a member is enrolled in Medicaid or BadgerCare Plus at the time of application, the member is considered eligible only for over-the-counter prescription drugs that are listed on the WCDP formulary that are not covered by Medicaid or BadgerCare Plus.

## Member Rights and Responsibilities

### A. Member Responsibilities

Members must inform a provider that they are receiving benefits under WCDP. Members must show a valid ForwardHealth card **before** receiving medical services.

#### Personal Information

Members have the following responsibilities:

- A member is responsible for giving providers full and accurate information necessary for the correct submission of claims to WCDP.
- A member has an obligation to give full and accurate information to providers regarding coverage by health insurance carriers and Medicaid, BadgerCare Plus, and SeniorCare.
- After becoming eligible for WCDP, a member is required to submit a Financial Need Statement to WCDP every year. A member is not eligible for benefits until this completed statement is on file with WCDP. Financial Need Statements are available on the DHS website at [www.dhs.wisconsin.gov/forwardhealth/wcdp.htm](http://www.dhs.wisconsin.gov/forwardhealth/wcdp.htm).
- A member must inform WCDP within 30 days of any changes in address, eligibility, mode of treatment, health insurance coverage, Medicare coverage, an income change (up or down) of 10 percent or more, or family size.

#### Member Payments

Members are responsible for paying a portion of their medical costs when receiving WCDP benefits. These costs include:

- Medicare inpatient or outpatient deductibles (Chronic Renal Disease Program only)
- Income deductible
- Drug copayments
- Liability for percent of charge (coinsurance)

**Note:** All member payments are figured for dates of service during the state fiscal year, which is July 1 through June 30.

#### *Medicare Inpatient or Outpatient Deductibles (Chronic Renal Disease Program Only)*

Chronic Renal Disease Program members must first meet the Medicare annual deductibles for inpatient and outpatient medical services before WCDP will begin to pay providers. Claims that count toward the outpatient deductible include physician, laboratory, and outpatient hospital services. Claims that count toward the inpatient deductible are hospital claims for inpatient stays. The deductible amounts are based on those set by Medicare and are subject to change. For further information about Medicare deductibles, go to the DHS website at [www.dhs.wisconsin.gov/forwardhealth/wcdp.htm](http://www.dhs.wisconsin.gov/forwardhealth/wcdp.htm), or call Member Services at 1-800-362-3002.

### ***Income Deductible***

WCDP has an income deductible for members whose estimated total family income is greater than or equal to 200 percent of the federal poverty level. These members must spend a specific percentage of their income to pay the cost of medical treatment and take-home drugs for their chronic disease before WCDP helps pay for the cost of treatment. For further information about WCDP income deductibles, go to [www.dhs.wisconsin.gov/forwardhealth/wcdp.htm](http://www.dhs.wisconsin.gov/forwardhealth/wcdp.htm). To request paper copies of the WCDP income deductible amounts, members may call Member Services at 1-800-362-3002.

Providers should send claims to WCDP after all other payment sources have acted on a claim. WCDP needs these charges to “credit” the member for any amounts that apply toward the income deductible amount. After the WCDP income deductible amount has been reached, providers begin to receive payment from the program, minus the annual deductibles, member liability, and/or copayment.

### ***Drug Copayment***

Members must pay a copayment for each prescription filled or refilled when receiving covered prescriptions or over-the-counter drugs. To see if a drug is covered by WCDP, use the interactive Drug Search Tool on the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/Subsystem/Provider/DrugSearch.aspx](http://www.forwardhealth.wi.gov/WIPortal/Subsystem/Provider/DrugSearch.aspx)

### ***Liability for Percent of Charges (Coinsurance)***

The member liability for percent of charges is the amount the member needs to pay per claim after all deductibles have been met. Liability percentage is determined by the family size and income level reported to WCDP in the initial application or yearly Financial Need Statement. For further information about liability percentage amounts, go to:

- [www.dhs.wisconsin.gov/publications/p0/p01191.pdf](http://www.dhs.wisconsin.gov/publications/p0/p01191.pdf) for the Hemophilia Home Care Program
- [www.dhs.wisconsin.gov/publications/p0/p01192.pdf](http://www.dhs.wisconsin.gov/publications/p0/p01192.pdf) for the Adult Cystic Fibrosis Program.
- [www.dhs.wisconsin.gov/publications/p0/p01193.pdf](http://www.dhs.wisconsin.gov/publications/p0/p01193.pdf) for the Chronic Renal Disease Program.

To request paper copies of the liability percentage amounts, members may call Member Services at 1-800-362-3002.

WCDP pays the provider the WCDP reimbursement rate minus the member’s percent of liability amount. Members should be aware of the following:

- Payment is made only for that portion of the allowable cost remaining after all payments from other state programs, federal programs, health

insurance coverage and other sources have been received and the member's liability has been determined.

- A provider may **not** hold a member responsible for any charges that exceed the amount allowed by the DHS in the Chronic Renal Disease Program, in accordance with Wis. Admin. Code § DHS 152.06(3)(g).
- A provider may hold a member responsible for any charges that exceed the amount allowed by DHS in the Adult Cystic Fibrosis Program and Hemophilia Home Care Program.

After the annual deductible has been met, when a claim is received, the amount the program pays the provider for each claim is reduced by the member's liability percentage. Payment to the provider is always reduced by the member's percent of charges until a cap amount is met.

The cap does not apply to prescription drugs. The copayments must be paid by the member.

## **B. Civil Rights**

The Wisconsin Department of Health Services (DHS) is an equal opportunity employer and service provider. If you need special assistance to access this material in an alternate format or need it to be translated to a different language, please call 608-266-3356, (Voice); deaf and/or hearing impairments, call Wisconsin Relay at 711 or 888-701-1251 (Textnet).

This institution is prohibited from discriminating on the basis of race, color, national origin, disability age, sex, and in some cases religion and political beliefs.

The U.S. Department of Agriculture (USDA) also prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. Wisconsin Fair Employment statutes prohibit discrimination on the basis of ancestry, arrest record, conviction record, genetic testing, honesty testing, military service, pregnancy or childbirth, use or nonuse of lawful products off the employee's premise during nonworking hours. (Not all prohibited bases will apply to all programs and/or employment activities.)

For information regarding the Supplemental Nutrition Assistance Program (SNAP), contact the USDA SNAP Hotline Number at 800-221-5689, or follow the link to see a list of all Wisconsin consortiums and tribes contact numbers: [www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm).

You may file an informal discrimination complaint with your local service provider, or you may file a formal discrimination complaint with DHS. Any consumer that receives services and benefits funded by the U.S. Department of Health and Human Services (HHS) or USDA may file a civil rights complaint by contacting DHS, Civil Rights Compliance. To file a complaint, write to the Department of Health Services, Civil Rights Compliance; Attn: Attorney Pamela McGillivray; 1 West Wilson Street, Room 651; P.O. Box 7850; Madison, WI 53707-7850; 608-266-1258 (Voice), 608-267-1434 (Fax), Wisconsin Relay Services 711 or 888-701-1251 (TTY) if you are deaf or hearing impairment.

If you wish, you may also file a Civil Rights program complaint of discrimination with USDA. To file a complaint with USDA complete the USDA Program Discrimination Complaint form ([www.ocio.usda.gov/sites/default/files/docs/2012/Complain\\_combined\\_6\\_8\\_12.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf)) found online at Filing a Discrimination Complaint as a USDA Customer ([www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)) or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA at U.S. Department of Agriculture, Director, Office of Adjudication 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, by fax 202-690-7442 or by email ([program.intake@usda.gov](mailto:program.intake@usda.gov)). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Services at 800-877-8339; or 800-845-6163 (Spanish).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office of Civil Rights, Room 509-F HHH Bldg., 200 Independence Avenue, S.W., Washington, D.C. 20201 or call 202-619-0403 (Voice) or 800-537-7697 (TTY).

Complaints can also be directed to: HHS Office for Civil Rights-Region V 233 N. Michigan Avenue, Chicago, IL 060601, 312-886-2359 (Voice), 315-353-5693 (TTY).

DHS, USDA and HHS are equal opportunity service providers and employers.

#### **C. Privacy Practices**

WCDP is committed to protecting the privacy of your medical information. Go to [www.dhs.wisconsin.gov/publications/p1/p13091.pdf](http://www.dhs.wisconsin.gov/publications/p1/p13091.pdf) for the Wisconsin Chronic Disease Program Notice of Privacy Practices.

#### **D. Right to Appeal**

Members have the right to an administrative hearing if benefits are terminated or payment for services is denied by WCDP. The appeal must be filed with the Division of Hearings and Appeals within 90 days after the date of the payment or decision to deny payment. A request for a hearing is

considered filed upon its receipt by the Office of Administrative Hearings. All appeals shall include written documentation and any information deemed necessary by WCDP.

Member appeals may be mailed to the following address:

Department of Administration  
Division of Hearings and Appeals  
P.O. Box 7875  
Madison, WI 53707-7875

#### **E. Estate Recovery**

Through the Estate Recovery Program, the state seeks repayment of WCDP benefits provided to members. Recovery is made from the estate of the member or the estate of the member's spouse. Collection of this repayment will not occur until the member is no longer survived by a spouse, child younger than 21 years old, or a disabled or blind child of any age. Members should refer to the Estate Recovery Program Handbook available at [www.dhs.wisconsin.gov/library/P-13032.htm](http://www.dhs.wisconsin.gov/library/P-13032.htm). Members with further questions about the Estate Recovery Program may call Member Services at 1-800-362-3002. Members may send written inquiries to the following address:

Department of Health Services  
Estate Recovery Program  
P.O. Box 309  
Madison, WI 53701-0309

## Appendix 1: Sample ForwardHealth Card

The following is a sample ForwardHealth card:



Your name and identification number will be on your ForwardHealth card.

Present this card to your health care providers and request that they bill WCDP for medications or services related to chronic renal disease. **Note:** You may be responsible for certain copayments and deductibles.

You can use the same card if you are enrolled in other ForwardHealth programs, such as BadgerCare Plus.



## **Appendix 2: Sample WCDP Claims History Report**

A sample WCDP Claims History Report is available on the following page.  
This sample report should be used for reference only.

**Wisconsin Chronic Disease Program  
Claims History Report**

Date: mm/dd/yyyy

**THIS IS NOT A BILL**

**NAME:** FIRST LAST

**WCDP ID:** X999999999

For your information, the services listed below have recently been paid for you by the state of Wisconsin. Services paid after the date shown at the top of this page are not listed. If you have questions about the information listed below, you may call Recipient Services at 1-800-362-3002. TTY and translation services are available.

Provider Name	Date of Service	Service Performed	Billed Amount	Allowed Amount	OI/Medicare Paid	Applied To Spenddown	Applied to IP/OP Deductible	Copay Amount	Co-Insurance Amount	Paid Amount
XXXXXXXXXX XXXXXX XXXXXXXXXX	m/d/yyyy y	XXXXXXXXXX XXXXXXXXXX XXX	\$999.99	\$999.99	\$999.99	\$999.99	\$999.99	\$999.99	\$999.99	\$999.99
<b>TOTALS</b>			\$999.99	\$999.99	\$999.99	\$999.99	\$999.99	\$999.99	\$999.99	\$999.99

## **Appendix 3: Instructions on How to Read the WCDP Claims History Report**

Instructions on How to Read the WCDP Claims History Report are available on the following page.

## Instructions on How to Read the WCDP Claims History Report

The WCDP Claims History Report is sent to members once a month when at least one claim has been paid.

The Claims History Report provides members with a summary of claims paid on the member's behalf by WCDP during the previous month.

Members should review the report to ensure it contains the correct information. Members should notify Member Services of any errors within 30 days of receipt of the report at 1-800-362-3002.

The following item-by-item description explains the basic information that always appears on the report.

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1. **Name:** Member's first name and last name. The member's most current name on file will always appear on the Claims History Report. If the member has changed names, the name on the Claims History Report will not necessarily be the name on the claim submitted by the provider.

2. **Member ID** – Member's 10-digit identification number, found on the ForwardHealth card.

### **Paid/Denied Claim Adjustment Information**

1. **Provider Name** – The name of the provider who submitted the claim.

2. **Date of Service** – The date when the service was provided to the member.

3. **Service Performed** – The covered service(s) provided for the member.

4. **Billed Amount** – The total billed amount for the service(s) or supply item(s) shown on that line.

5. **Allowed Amount** – The payable amount for services covered by WCDP.

6. **OI/Medicare Paid** – Amount paid from other payment sources such as other health insurance, which includes Medicare and any inpatient/outpatient deductibles, income deductibles, or patient liability amounts.

7. **Applied to Spenddown** – Amount applied to a member's liability and coinsurance based on the member's income and family size. This is determined during the member's annual recertification for WCDP.

8. **Applied to IP/OP Deductible** – The amount applied to a member's annual Inpatient and Outpatient Hospital deductible, as determined by the federal government.

9. **Copay Amount** – Amount of copayment for this service, if any.

10. **Co-Insurance Amount** – Amount of member co-insurance payment, if any.

11. **Paid Amount** – The total amount paid to the provider from WCDP.

## Appendix 4: Glossary of Common Terms

<b>Adult Cystic Fibrosis</b>	Cystic fibrosis is an inherited disorder of the exocrine or outward secreting glands of the body, causing those glands to produce abnormally thick secretions of mucus.
<b>BadgerCare Plus</b>	<p>BadgerCare Plus extends Medicaid coverage through a Medicaid expansion under Titles XIX and XXI of the Social Security Act to uninsured children and parents with incomes at or below 185 percent of the federal poverty level and who meet other program requirements. The goal of BadgerCare Plus is to fill the gap between Medicaid and private insurance without supplanting or “crowding out” private insurance.</p> <p>BadgerCare Plus benefits are identical to the benefits and services covered by Wisconsin Medicaid and members’ health care is administered through the same delivery system.</p>
<b>Cap</b>	The annual maximum dollar amount a member is responsible for paying for services covered by the Wisconsin Chronic Disease Program (WCDP). Once a member has met his or her cap by paying both liability percentage and deductible, WCDP will pay for the remaining WCDP-covered services for the year without additional charges to the member. The cap does not apply to prescription drugs.
<b>Chronic Renal Disease</b>	The state of renal impairment which is virtually irreversible and requires a regular course of dialysis or kidney transplantation to maintain life.
<b>Division of Medicaid Services</b>	The Division of Medicaid Services administers the WCDP Program for the Wisconsin Department of Health Services (DHS) under statutory provisions and administrative rules.
<b>Department of Health Services (DHS)</b>	The Division of Medicaid Services, which administers WCDP, is a part of DHS.
<b>Federal Poverty Level</b>	The annually updated poverty income thresholds by family size published each year by the U.S. Department of Health and Human Services.
<b>Fiscal Agent</b>	The organization under contract to DHS to process claims and determine eligibility for services provided under the WCDP program.
<b>Hemophilia Home Care</b>	Hemophilia is a bleeding disorder resulting from a genetically determined clotting factor, protein, or platelet function abnormality or deficiency. Home care is a patient’s self-infusion of blood products on an outpatient basis by a person trained in that procedure.

**Medicaid**

Medicaid is a joint federal and state program established in 1965 under Title XIX of the Social Security Act to pay for medical services for people with disabilities, people 65 years old or older, children and their caretakers, and pregnant women who meet the program's financial requirements.

The purpose of Wisconsin Medicaid is to provide reimbursement for and assure the availability of appropriate medical care to people who meet the criteria for Medicaid. Wisconsin Medicaid is also known as the Medical Assistance Program, Title XIX, or TI9.

**Medicare**

A federal health insurance program for people 65 years old or older, certain young people with disabilities, or people with end-stage renal disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD). Medicare coverage is made up of two parts:

- Medicare hospital insurance (Part A) that pays for inpatient hospital stays, care in a skilled nursing facility, home health care, and hospice care.
- Medicare medical insurance (Part B) that helps pay for doctors' services, outpatient hospital care, and other medical services that are not covered by Part A.

**SeniorCare**

SeniorCare is a prescription drug assistance program for Wisconsin residents who are 65 years old or older who meet the eligibility criteria. The program is designed to help seniors with their prescription drug costs.

SeniorCare members are eligible only for prescription drug benefits and over-the-counter insulin. Wisconsin Medicaid-enrolled pharmacies are required by law to participate in SeniorCare.

**Wisconsin Chronic Disease Program (WCDP)**

WCDP is a state-funded program that offers assistance to Wisconsin residents with chronic renal disease, adult cystic fibrosis, and hemophilia. It consists of the following programs:

- Chronic Renal Disease
- Adult Cystic Fibrosis
- Hemophilia Home Care