Wisconsin Chronic Disease Program

Chronic Renal Disease Program Brochure



Wisconsin Chronic Renal Disease Program P.O. Box 6410 Madison, WI 53716-0410 (800) 362-3002

P-01147A (08/10)

| What is The Wisconsin Chronic Renal Disease Program? | The Wisconsin Chronic Renal Disease (CRD) Program pays Wisconsin health care providers for the treatment of chronic renal disease for certified CRD Program participants after all other sources of payment have been used. The Wisconsin Chronic Renal Disease Program was established by statute in 1974 and is administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services. |
|---|--|
| Am I Eligible? | To be eligible you must be: Diagnosed as having chronic renal disease defined as "that stage of renal impairment which is irreversible and requires a regular course of dialysis or kidney transplantation to maintain life." A permanent Wisconsin resident. Paying Medicare Part B premiums if eligible for Medicare. |
| What if I Have Other Coverage? | If you have Medicare, private insurance or any other health insurance program, you are still eligible for the Chronic Renal Disease (CRD) Program. However, the CRD Program is a payer of last resort and will only provide reimbursement for covered services after all other sources have contributed. If you are covered by the Wisconsin BadgerCare Plus or Medicaid Programs (Medical Assistance, Title XIX, T-19), continue to use the same ForwardHealth card as long as you remain eligible, as this is the same card and number you'll use for WCDP. The CRD Program will not cover services already covered by BadgerCare Plus / Medicaid. |
| What Services are Covered? | Inpatient and outpatient hospital services for the treatment of chronic renal disease. Inpatient and outpatient dialysis and transplant treatments. Laboratory and x-ray services for chronic renal disease. Certain prescribed medications. Physician services for the treatment of chronic renal disease. Certain home dialysis supplies and services ordered by a nephrologist. Ambulance services for CRD emergency situations. One pre-transplant dental exam, diagnosis, and x-ray. Kidney donor related medical services. |

| What Services are Not Covered? | Services provided outside your eligibility dates. Charges in excess of CRD allowable rates. Medical treatment not specifically for the treatment of chronic renal disease. Dialysis and transplant services provided in unapproved facilities. Indirect dialysis and transplant charges including travel, lodging and meals. Insurance and Medicare premiums. Nursing home services. Home health services. Dental restoration, extraction, and dentures. Glasses or contact lenses. Hearing aids. Prescription medications not covered by the program. |
|---|--|
| What are My Responsibilities if Accepted? | Notify all health care providers of your CRD Program eligibility. Pay the CRD Program deductible and a required percentage of each claim. Pay the CRD Program income deductible (out-of-pocket expense) if your annual income exceeds 200% of the federal poverty level. Notify the CRD program within 30 days of any change in your name, address, telephone number, insurance coverage, Medicare coverage or income. Give copies of any insurance or Medicare explanation of benefits to your health care providers to enable them to bill the CRD Program. Complete and return the annual financial Need Statement sent to you by the CRD program. |
| What are My Rights? | All information provided by and about you will remain confidential and may not be used for any purpose other than to determine eligibility for CRD benefits. You will not be discriminated against or denied benefits on the basis of race, sex, age, national origin, marital status, creed, disability, sexual orientation or ancestry. You have the right to an administrative hearing in the event that benefits are terminated or payment for services beyond your own share of the cost is denied by the program. |

| How Do I Apply? | Applications are available at CRD approved dialysis and transplantation facilities. The social workers or financial counselors at these facilities can supply you with an application and answer questions. Your renal care provider must complete the medical history portion of the form before sending it to the Wisconsin CRD Program. |
|-------------------------------------|--|
| | To be certified for the CRD Program you must show proof of Medicare eligibility (include either a Medicare card or a letter of eligibility with your application). If you are not eligible for Medicare, you can still be certified by the CRD Program, but you must include a copy of the Medicare denial letter with your CRD Program application form. |
| | Your application will be processed the week it is received by the Wisconsin CRD Program. When you are certified with the CRD Program, you will receive an identification card indicating your name, identification number, and eligibility dates. Your eligibility date is retroactive to either your first date of chronic dialysis or date of transplant. Services covered by the CRD Program which are provided after your eligibility date will be considered for payment by the CRD Program. Retroactive claims up to 24 months will be considered for payment. |
| For More Information Contact: | Wisconsin Chronic Renal Disease Program P.O. Box 6410 Madison, WI 53716-0410 (800) 362-3002 |