

WISCONSIN CHRONIC RENAL DISEASE PROGRAM LIABILITY CHART

Liability for services received on or after July 1, 2022, based on current policy.

Deductibles: Before payment is made by the Wisconsin Chronic Renal Disease Program for inpatient and outpatient services, you must meet an annual deductible.

| Annual Deductible Amount | | |
|----------------------------|-----------|------------|
| Dates of Service | Inpatient | Outpatient |
| July 1, 2023–June 30, 2024 | \$1,600 | \$226 |
| July 1, 2022–June 30, 2023 | \$1,556 | \$233 |

Liability Based on Percentage of Charges:

| Annual Family Income | Percentage of charges for which member is liable, by number of dependent family members* | | | | | | | | | |
|----------------------|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| \$0–\$7,000 | 1% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| \$7,001–\$10,000 | 2% | 1% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| \$10,001–\$15,000 | 4% | 2% | 1% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| \$15,001–\$20,000 | 7% | 4% | 2% | 1% | 0% | 0% | 0% | 0% | 0% | 0% |
| \$20,001–\$25,000 | 11% | 7% | 4% | 2% | 1% | 0% | 0% | 0% | 0% | 0% |
| \$25,001–\$30,000 | 14% | 10% | 7% | 5% | 3% | 2% | 1% | 0% | 0% | 0% |
| \$30,001–\$35,000 | 17% | 13% | 10% | 8% | 6% | 4% | 2% | 1% | 0% | 0% |
| \$35,001–\$40,000 | 20% | 16% | 13% | 11% | 9% | 7% | 5% | 3% | 2% | 1% |
| \$40,001–\$45,000 | 24% | 19% | 15% | 13% | 11% | 9% | 7% | 5% | 3% | 2% |
| \$45,001–\$50,000 | 29% | 24% | 20% | 17% | 15% | 13% | 11% | 9% | 7% | 5% |
| \$50,001–\$55,000 | 34% | 29% | 25% | 21% | 19% | 17% | 15% | 13% | 11% | 9% |
| \$55,001–\$60,000 | 39% | 34% | 29% | 25% | 23% | 21% | 19% | 17% | 15% | 13% |
| \$60,001–\$65,000 | 44% | 39% | 34% | 30% | 28% | 25% | 22% | 20% | 18% | 16% |
| \$65,001–\$70,000 | 49% | 44% | 39% | 35% | 32% | 29% | 27% | 25% | 23% | 21% |
| \$70,001–\$75,000 | 55% | 49% | 44% | 40% | 37% | 34% | 32% | 30% | 28% | 26% |
| \$75,001–\$80,000 | 61% | 55% | 50% | 46% | 43% | 40% | 37% | 35% | 33% | 31% |
| \$80,001–\$85,000 | 67% | 61% | 56% | 52% | 49% | 46% | 43% | 40% | 38% | 36% |
| \$85,001–\$90,000 | 74% | 68% | 63% | 59% | 56% | 53% | 50% | 47% | 45% | 43% |
| \$90,001–\$95,000 | 81% | 75% | 70% | 66% | 63% | 60% | 57% | 55% | 53% | 51% |
| \$95,001–\$100,000 | 88% | 82% | 77% | 73% | 70% | 67% | 64% | 62% | 60% | 58% |
| Over \$100,000 | 97% | 91% | 86% | 82% | 79% | 76% | 73% | 71% | 69% | 67% |

| Annual Cap Amount on Liability | |
|--------------------------------|---------------|
| Annual Income | "Cap" Percent |
| Up to \$10,000 | 3% |
| \$10,001–\$20,000 | 4% |
| \$20,001–\$40,000 | 5% |
| \$40,001–\$60,000 | 6% |
| \$60,001–\$80,000 | 7% |
| \$80,001–\$100,000 | 9% |
| Over \$100,000 | 10% |

*To determine who is a dependent family member, refer to the application or Financial Need Statement Instructions.



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

Division of Medicaid Services
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