

NEW CARRIER INSURANCE DISCLOSURE ONBOARDING

USE OF FORM: The use of this form is not required for submission of the below requested information. If this form is not used, then an alternate format to document the same information must be submitted. The information on this form will be used to assign Wisconsin carrier code(s) to the carrier for the insurance disclosure program and to ensure the quality and accuracy of the coverage information submitted on the insurance disclosure production file.

INSTRUCTIONS: This form is completed by carriers for the purpose of gathering information outlined in the Account Setup and Content of the Insurance Disclosure File sections of the Wisconsin Insurance Disclosure Data Dictionary. Please reference these sections when completing this form. Definitions for benefits can be found at the end of the form.

Note: Unique identification numbers (group numbers) requested for certain coverages will be added to an exemption table to ensure they are not added to the ForwardHealth System. Carrier information provided will ensure we do not use duplicate data received from other sources. Submit the completed form to the following email addresses:

VEDSDECoordinator@wisconsin.gov and dhstpl@dhs.wisconsin.gov.

Carrier Contact Information

Name – Carrier

Name – Primary Technical Contact	Phone Number	Email Address
Name – Secondary Technical Contact	Phone Number	Email Address

Claims Mailing Address – (if more than two addresses, please attach another sheet)

Does the carrier have multiple claims mailing addresses? Yes No

Street Address

City	State	Zip Code
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Street Address

City	State	Zip Code
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Types of Health Benefits Offered (see next page for definitions)

1. Does the carrier provide drug benefits? Yes No

2. Does the carrier use a pharmacy benefit manager (PBM) to provide drug benefits? Yes No

If yes, provide the name of the PBM:

3. Does the carrier provide dental benefits? Yes No

4. Does the carrier use a vendor to provide dental benefits? Yes No

If yes, provide the name of the vendor:

5. Does the carrier provide vision benefits? Yes No

6. Does the carrier use a vendor to provide vision benefits? Yes No

If yes, provide the name of the vendor:

7. Does the carrier provide Medicare Part D benefits? Yes No

If yes, provide the group numbers associated with these plans:

8. Does the carrier provide contraceptive-only benefits? Yes No

If yes, provide the group numbers associated with these benefits:

9. Does the carrier provide the following benefits:

Accidental Death or Dismemberment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid Managed Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Critical Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Advantage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Durable Medical Equipment – Purchase	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No
Durable Medical Equipment – Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Supplement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outpatient Hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital Indemnity or Other Indemnity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physician Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inpatient Hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skilled Nursing Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-Term Care – Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veterans/Military	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-Term Care – Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Services – Specify below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Definitions

Accidental Death or Dismemberment	Insurance coverage that pays benefits to the beneficiary if the cause of death is an accident or in the event of loss of limbs, fingers, toes, sight, and permanent paralysis.
Commercial Health Insurance	Any type of health benefit not obtained from Medicare or Wisconsin Medicaid. The insurance may be employer-sponsored or privately purchased. Commercial health insurance may be provided on a fee-for-service basis or through a managed care plan. The Department of Health Services expects commercial health insurance to cover essential health services minimally within the following categories: Major Medical Physician Services, Inpatient Hospital, Outpatient Hospital, Skilled Nursing Home, Durable Medical Equipment Rentals and Purchases, and Home Health. In addition, commercial health insurance may include plans for prescription drugs, dental, and/or vision.
Contraceptive-Only	Coverage that only provides services and medications which prevent pregnancy. These plans are offered to members of a group health plan whose employer is not required to provide this service due to religious affiliations.
Critical Illness	Insurance coverage in which the insurer is contracted to typically make a lump sum cash payment if the policyholder is diagnosed with one of the specific illnesses.
Dental Coverage	Insurance for dental costs, including the routine preventive care, treatment, and care of dental disease and accidents to teeth.
DME Rental Coverage	Insurance for medical equipment used in the course of treatment or home care, including such items as crutches, knee braces, wheelchairs, hospital beds, or prostheses that a plan member can rent.
Drug Coverage (Commercial)	A prescription drug plan that covers all or some of the cost of pharmaceutical medications. Generally, these plans are part of a commercial health insurance plan defined above. Insurers can provide these benefits in house or contract with a pharmacy benefit manager (PBM) to provide these benefits. These plans do not include: discount drug programs or drug coverage associated with Medicare Advantage or Medicare Cost Plans.
Durable Medical Equipment (DME) Purchase Coverage	Insurance for medical equipment used in the course of treatment or home care, including such items as crutches, knee braces, wheelchairs, hospital beds, or prostheses that a plan member can purchase.
Home Health Coverage	Insurance for intermittent home nursing care, home health aide services, various types of therapy, medical supplies, medication prescribed under the home care plan, and nutrition counseling.
Hospital Indemnity	Insurance that pays for damages or losses in the event of a health emergency that confines a person to a hospital.

Inpatient Coverage	Insurance for the admission to health facilities which provide board and room for the purpose of observation, care, diagnosis, or treatment. Inpatient care tends to be directed toward more serious ailments and trauma that require one or more days of overnight stay at a hospital. For the purposes of healthcare coverage, health insurance plans require the member to be formally admitted into a hospital for a stay for a service to be considered inpatient.
Life Insurance	Insurance that pays out a sum of money either on the death of the insured person or after a set period of time.
Long-Term Care – Cash Benefit	Insurance purchased to aid in the performance of basic activities of daily living (ADLs), such as dressing, bathing, eating, toileting, continence, transferring (getting in and out of a bed or chair), or walking, or due to a severe cognitive impairment. The cash benefit version will provide the member with a certain dollar amount per day to apply to their expenses related to home care, assisted living, adult daycare, respite care, hospice care, nursing home and Alzheimer’s facilities.
Long-Term Care – Claim Reimbursement Benefit	The reimbursement benefit version will reimburse the member’s actual costs associated with the member’s care related to home care, assisted living, adult day care, respite care, hospice care, nursing home, and Alzheimer’s facilities.
Medicaid Managed Care	The state contracts with several insurers who provide health coverage on the behalf of the state. If you provide coverage for members who have both Medicaid coverage and commercial insurance, send the commercial coverage only
Medicare	<p>The health insurance program administered by the federal Centers for Medicare and Medicaid Services (CMS) for people 65 years of age or older, people of any age with permanent kidney failure, and some disabled individuals under age 65. Medicare is divided into four types of coverage, Part A, Part B, Part C (Medicare Advantage and Medicare Cost), and Part D.</p> <ul style="list-style-type: none">• Medicare Part A is commonly known as hospitalization insurance. It helps pay for inpatient hospital stays, skilled nursing, clinical trials, and hospice.• Medicare Part B is commonly known as medical insurance. It helps pay the member’s doctors’ bills and certain other charges, such as surgical care, diagnostic tests and procedures, some hospital outpatient services, laboratory services, physical and occupational therapy, and durable medical equipment.• Review definitions of Medicare Part C (Medicare Advantage and Medicare Cost) below.• Medicare Part D provides some assistance for Medicare beneficiaries to pay for outpatient prescription drug costs. It is an optional program available to Medicare beneficiaries eligible for Medicare Part A and/or enrolled in Medicare Part B.
Medicare Advantage	A type of Medicare Part C coverage offered by commercial insurance companies who contract with Medicare to take the place of Medicare when providing members with Medicare Part A and Medicare Part B benefits, except for hospice and clinical trials. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. There are limitations on coverage received outside the insurance carrier’s provider network.
Medicare Cost	A type of Medicare Part C coverage offered by commercial insurance companies who contract with Medicare to take the place of Medicare when providing members with Medicare Part A and Medicare Part B benefits, except for hospice and clinical trials. The level of benefits allowed when a member goes out of network is the difference between Medicare Advantage and Medicare Cost plans. For members with Medicare Cost, Medicare-covered services received outside of the insurance carrier’s provider network revert to Medicare Part A or Medicare Part B if the service was not an emergency or obtained with a referral.
Medicare Supplemental	Insurance coverage, sold by commercial insurance carriers, intended to help pay some of the health care costs that Medicare Part A and/or Medicare Part B "Original Medicare" does not cover (i.e., copayments, coinsurance, deductibles, and Wisconsin mandated benefits).

Outpatient Coverage	Insurance for ambulatory care at an outpatient department or clinic without room and board provided for 24 hours or less. Outpatient care is medical service that does not require a prolonged stay at a facility. This can include routine services, such as checkups or visits to clinics. Surgical procedures, so long as they allow the member to leave the hospital or facility on the same day, can still be considered as outpatient care.
Physician Coverage	Insurance for acute care and routine preventive care. This can include primary care visits and specialty care.
Skilled Nursing Home Coverage	Insurance for medical services rendered by registered or licensed practical nurses, physical therapists, occupational therapists, and speech therapists for members who have often been recently hospitalized. Examples are patients with complicated diabetes, recent stroke resulting in speech or ambulatory difficulties, fractures of the hip, and patients requiring complicated wound care.
Veterans Administration / Department of Defense	Services provided under a subcontract with the Department of Defense for active and retired members of the armed forces and their families. These records are optional on the Insurance Disclosure file.
Vision Coverage	Insurance for routine preventive eye care and prescription eyewear. These plans typically provide specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Some vision insurance policies also offer discounts on refractive surgery, such as LASIK and PRK.
