

Glossary of Terms

Appeal – If Care Wisconsin does not grant an *exception* to your request in the *coverage determination*, you may file an appeal. An appeal means that other people will look at your request to see if you need an exception. There are multiple possible levels in the appeal process. Contact Customer Service or see the form that is included with your *denial of services* for more information.

Coverage Determination – A formal way of asking Care Wisconsin to pay for a drug that does not meet the usual *formulary* guidelines. For example, this can include asking to skip a *step therapy* step, to get more drugs than the *quantity limit*, to bypass other *prior authorizations*, or to get a *non-formulary drug*. Coverage determinations can only be requested on medications your doctor or nurse practitioner has prescribed. If you think you need a medication that your doctor or nurse will not prescribe, you should file a *grievance*. When you ask for a coverage determination, Care Wisconsin will look at your request to see if there is a special situation. If Care Wisconsin decides to pay for the drug, an *exception* will be granted. If Care Wisconsin decides not to pay for the drug, a *denial of services* will be issued.

Denial of Services – If you do not qualify for an *exception*, Care Wisconsin will issue a letter telling you that your *coverage determination* request has been denied. If this happens, you may file an *appeal*.

Exception – A special type of permission that lets you get a drug that does not follow our *formulary* rules. You may ask for an exception by filing a *coverage determination* form.

Excluded Drugs – Medicare does not allow Part D *formularies* to include certain drugs, including prescription vitamins, niacin and benzodiazepines. Excluded drugs may be covered by the Medicaid formulary, if you are eligible for Medicaid.

Formulary – A list of all the drugs Care Wisconsin normally uses and the rules that are followed when using those drugs. Some drugs are on the formulary but require a *prior authorization* before they can be used. The formulary has drugs from every drug class except for a few types of drugs that are not allowed to be included on any Medicare Part D formulary (*excluded drugs*).

Grievance – If you are not happy with a Care Wisconsin employee or policy, you may file a grievance (complaint). Contact Customer Service or see the form that is included with your *denial of services* for more information.

Inquiry – When you ask us for information about our formulary or other procedures, this is an inquiry. If you would like to ask us to do something different from our usual formulary procedure, you need to file a *coverage determination*.

Non-Formulary Drug – A drug that is not on the list of drugs Care Wisconsin normally uses. Care Wisconsin does not pay for non-formulary drugs. However, the *formulary* usually includes drugs that will do the same thing as your non-formulary drug. If the formulary does not include your drug, talk to your doctor or nurse practitioner to find out if you can switch to a formulary drug.

Prior Authorization – A special type of permission needed before Care Wisconsin will pay for a drug. Sometimes your doctor or nurse practitioner just needs to tell Care Wisconsin what problem he or she is treating. Other times you may need to see a specialist or have a special need before getting a prior authorization. *Step therapy* and *quantity limit* restrictions are also types of prior authorizations.

Quantity Limit – A type of *prior authorization* that means you may only get a limited number of doses per month unless your doctor or nurse practitioner says you need more.

Step Therapy – A type of *prior authorization* that means you must try one or more other drugs before getting the step therapy drug.