

ForwardHealth **UPDATE**

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COVERAGE POLICY CHANGES, CONTRACTING WITH HMOS, AND CLAIMS PROCESS UPDATES FOR CHILD CARE COORDINATION PROVIDERS

Beginning July 1, 2025, Wisconsin Medicaid HMOs will reimburse claims for child care coordination (CCC) services delivered to BadgerCare Plus and Medicaid members in their health plans.

- CCC providers must be enrolled with Wisconsin Medicaid and contracted with an HMO to receive payment.
- ForwardHealth will continue to reimburse for CCC covered services delivered fee for service for members who are not enrolled with a health plan.

CCC services are available to Medicaid and BadgerCare Plus members who live in Milwaukee County or the City of Racine.

This ForwardHealth Update outlines the upcoming transition to HMOs reimbursing contracted CCC providers for covered services including:

- [Background Information on Child Care Coordination Provider Enrollment](#)

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Child Care Coordination Providers, Prenatal Care Coordination Providers, HMOs and Other Managed Care Programs

QUICK LINKS

- [ForwardHealth Portal](#)
- [Trainings page](#)
- [Forms page](#)

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(44).

- [Contracting With HMOs](#)
- [Claims Process Updates](#)

It also includes information about upcoming changes to CCC benefit policy based on the new [emergency rule](#) created under Wis. Admin. Code §§ DHS 105.525 and 107.345. These benefit policy changes include:

- [Improvements to the Child Care Coordination Service Area of the Online Handbook](#)
- [Policy Enhancements](#)
- [Noncovered Services](#)

This Update doesn't detail current CCC policy that has not changed. Providers are required to follow all existing ForwardHealth policies and procedures in the [ForwardHealth Online Handbook](#).

Background Information on Child Care Coordination Provider Enrollment

On February 1, 2025, ForwardHealth allowed currently enrolled prenatal care coordination (PNCC) providers to begin a second enrollment as CCC providers as described in Update [2025-02](#), "New Enrollment Required for Child Care Coordination Services." In that Update, PNCC providers who were currently providing CCC services were instructed to enroll under the new CCC provider type by June 30, 2025, to continue to be reimbursed for those services by ForwardHealth.

Contracting With HMOs

Beginning July 1, 2025, Medicaid HMOs are required to reimburse contracted Medicaid-enrolled providers for CCC services provided to members enrolled in their health plans. **CCC providers must have a contract with a member's HMO to receive reimbursement.** Contracts with HMOs may cover information such as:

- Scope of services
- Payment terms
- Billing processes and timelines
- Quality standards and reporting
- Dispute resolution processes
- Termination and renewal terms

Resources for enrolling as a Medicaid CCC provider and contracting with HMOs can be found in the [Child Care Coordination Enrollment Provider Checklist \(PDF\)](#).

REMINDER

ForwardHealth requires providers to follow all existing policies and procedures in the [Online Handbook](#).

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Claims Process Updates

Claims Submission Under the New Child Care Coordination Provider Type

Effective for dates of service on and after July 1, 2025, providers must submit claims for CCC services under the new CCC provider type. Claims submitted for CCC services under the PNCC provider type will be denied.

Beginning July 1, 2025, providers must either:

- Submit claims to ForwardHealth for CCC services provided to Medicaid and BadgerCare Plus fee-for-service members
- Submit claims to the HMO that the member is enrolled in for CCC services provided to Medicaid and BadgerCare Plus HMO members

ForwardHealth will only pay claims submitted for fee-for-service members.

ForwardHealth will deny CCC claims for HMO members.

“Beginning July 1, 2025, providers must either:

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NEW CHILD CARE COORDINATION CLAIM SUBMISSION PROCESS

Type of Coverage of the Member Receiving Child Care Coordination Services	Claim Submission
Fee-for-Service Medicaid or BadgerCare Plus	Claims are submitted to ForwardHealth.
Medicaid or BadgerCare Plus HMO	Claims are submitted to the member's HMO.

ForwardHealth Billing

Claims must include the appropriate Healthcare Common Procedure Coding System (HCPCS) procedure code, diagnosis codes, place of service codes, and modifiers. These codes are not changing with the claims process updates and will be reimbursed according to the maximum allowable fee schedule when billed to ForwardHealth.

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HMO Billing

Billing processes may vary among HMOs. CCC providers should work with each HMO to understand their specific billing requirements and ensure accurate and timely payment, including claim submission timelines, coding standards, audit procedures, and the need for additional documentation.

More Information About Codes and Reimbursement

Refer to the [fee schedules](#) for current reimbursement rates.

Note: The procedure code and reimbursement rates for CCC covered services are located under the Prenatal Care Coordination service area in the interactive fee schedule.

Providers may refer to the Billing and Reimbursement chapter of the Key Child Care Coordination Requirements section of the [Child Care Coordination](#) service area in the Online Handbook for more information about codes and reimbursement.

Improvements to the Child Care Coordination Service Area of the Online Handbook

The Child Care Coordination service area has been revised for clarification and easier navigation, including the new Key Child Care Coordination Requirements section. This new section highlights Medicaid requirements that are unique to CCC providers.

Note: CCC providers must also meet all requirements outlined in other sections of the Child Care Coordination service area.

Policy Enhancements

ForwardHealth has revised CCC policy around staff roles and responsibilities and added information related to required forms. These enhancements are effective for dates of service on and after July 1, 2025.

Staff Roles and Responsibilities

Staff roles and responsibilities for CCC services have been clarified.

- **The CCC Provider Agency** enrolls as a CCC provider and submits claims for CCC services.
- **Qualified Professionals** have education or experience to provide care coordination and supervision to paraprofessional agency staff. These staff or subcontractors are responsible for:
 - Supervising tasks assigned to care coordinators.

QUICK LINKS

- Overview and Best Practices topic #[23839](#)
- Provider Enrollment Requirements topic #[962](#)
- Procedure Codes and Modifiers topic #[971](#)
- Diagnosis Codes on Claims for Child Care Coordination Services #[976](#)

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- Administering or reviewing and signing each comprehensive assessment and assessment update performed.
- Developing and signing the individualized plan of care based on the needs identified in the assessment.
- Collaborating with the care coordinator regarding member progress toward identified goals and outcomes.
- **Care Coordinators** may be qualified professionals, paraprofessional staff, or subcontractors who meet with members and their support systems to help them access needed resources and services. Care coordinators are responsible for:
 - Performing tasks assigned by the qualified professional supervisor.
 - Performing assessments and assessment updates and reporting these in writing to their qualified professional supervisor.
 - Coordinating with their qualified professional supervisor on the member's progress toward goals and outcomes identified in the care plan.

IN THE KNOW

Stay current by [signing up](#) for ForwardHealth's email subscription service. Select from a list of service areas to receive policy, training, and benefit information specific to those areas.

Child Care Coordination Forms

CCC forms are available for providers on the [Forms](#) page of the Portal.

NEW AND REVISED CHILD CARE COORDINATION FORMS			
Form Name	Optional/ Required	Purpose	Form Number
Child Care Coordination (CCC) Family Questionnaire Domains and Questions (revised)	Required	Use for assessments and assessment updates.	F-01118 (07/2025)
Child Care Coordination (CCC) Care Plan form template (new) Note: A CCC care plan is required; however, use of this care plan template is optional.	Optional	Use as a blank model of a care plan.	F-03391 (07/2025)
Child Care Coordination Care Coordinator Visit Checklist (new)	Optional	Use to prepare for and document member visits.	F-03390 (07/2025)

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NEW AND REVISED CHILD CARE COORDINATION FORMS

Child Care Coordination Referral form (revised)	Optional	Use for record-keeping and sharing information with the member.	F-03256 (07/2025)
Child Care Coordination Monthly Time Log for Ongoing Care Coordination and Monitoring	Optional	Use to track time spent with Medicaid members receiving CCC services.	F-03257 (12/2023)

Child Care Coordination Family Questionnaire

CCC providers must use the required CCC Family Questionnaire to complete assessments and assessment updates. The assessment informs care plan development and connects members to needed resources and services. Use this form to identify the member’s and their family’s needs.

The CCC Family Questionnaire:

- Is administered to the member, parent, legal guardian, and/or caregiver(s).
- May be administered by a care coordinator or qualified professional.
- Must be reviewed and signed by a qualified professional.
- Must be maintained in the member’s file.
- Must be administered at least every 365 days or earlier if the member’s needs change.

The CCC Family Questionnaire is on the [Forms](#) page of the Portal.

Note: A provider is not required to give a new assessment to a member who is currently receiving CCC services unless their needs have changed or the member is due for reassessment after 365 days.

Child Care Coordination Care Plan

ForwardHealth created an optional Child Care Coordination Care Plan template (a blank model of a care plan).

Care plan development is a CCC service. The care plan is based on the physical, social, and emotional needs and strengths identified during the initial assessment conducted using the CCC Family Questionnaire. A copy of the assessment should be attached to the plan.

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Care plans must:

- Be developed by a qualified professional.
- Be developed with the member and, as much as possible, with the family or other supportive people.
- Be signed and dated by the member, parent, legal guardian, and/or caregiver(s).
- Include the member's strengths, needs, and possible services that will reduce the probability of adverse outcomes.
- Include all services related to the needs identified in the needs assessment, regardless of the funding source.
- Identify and prioritize all needs found during the needs assessment.
- Identify and prioritize all services to be arranged for the member by the care coordinator and the names of service providers, including medical providers.
- Describe the member's informal support system, including:
 - Collateral contacts (for example, formal and informal supportive persons outside the member's immediate family).
 - Any activities to strengthen that system.
- Identify individuals who participated in the development of the plan.
- Include arrangements to make various services available to the member, the frequency of those services, and the expected outcome for each service.
- Document unmet needs and gaps in service.
- Include responsibilities of the family and child.
- Be updated:
 - At least every 60 days during the child's first year of life and at least every 180 days thereafter.
 - By the qualified professional in consultation with the care coordinator and with the member and their parent, guardian, or caregiver(s).
 - In writing and signed by the parent or guardian, qualified professional, and care coordinator.

Refer to the Online Handbook Care Plan Development topic [#984](#) for additional requirements.

Noncovered Services

ForwardHealth does not cover these CCC services:

- Child day care
- A physical or mental illness diagnosis
- Clinical symptoms follow-up



TRAINING AVAILABLE

The recorded [Child Care Coordination Overview](#) and [Child Care Coordination Claim Submission](#) training sessions are available on the [Trainings](#) page of the Portal under the Provider/Service Area Specific drop-down menu.

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- Medication administration
- Any other professional health or clinical service such as nutrition counseling, health screenings, health education, or behavioral health services
- Member vocational training
- Legal advocacy by an attorney or paralegal
- Transportation
- Goods and supplies
- Personal care services
- Home health services
- Supportive home care and respite services
- Collateral contacts regarding non-member-specific issues or general program issues
- Care coordination and monitoring not based on the plan of care
- Care coordination and monitoring that isn't reasonable and necessary to improve child health outcomes
- General classroom instruction and programming equal to that licensed or administered by the Department of Public Instruction
- Any other covered service provided by an enrolled Medicaid provider
- Any services that constitute the direct delivery of underlying medical, educational, social, or other services that an eligible individual has been referred to, including foster care programs

More information about non-reimbursable services is available in the [Noncovered Services](#) chapter and the Service Limitations topic [#10857](#).

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

CONTACT INFORMATION

[Professional Field Representatives](#) can help providers with complex enrollment, policy, and billing questions. Field representatives are located throughout the state to offer detailed assistance to all ForwardHealth providers and all ForwardHealth programs.

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Refer to the Ongoing Documentation Requirements topic #[961](#) for specific CCC documentation requirements.

Information Regarding Managed Care Organizations

This Update applies to CCC services provided to Medicaid and BadgerCare Plus fee-for-service and HMO members. For information about the HMOs implementation of the updated policy, CCC providers should contact the appropriate HMO. HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.