

Prenatal Care Coordination (PNCC) Frequently Asked Questions

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ForwardHealth Portal - Questions and Contacts

What information is found on the ForwardHealth portal?

The [ForwardHealth portal](#) contains:

- Provider enrollment request and login pages
- Wisconsin Medicaid policy handbooks
- Max fee schedules
- Trainings
- User guides

Note: To access secure information (e.g., claims submission and status, enrollment or revalidation status, etc.), providers must create an account and log in.

Who sets up the ForwardHealth portal account for an organization?

Sign up for a ForwardHealth portal account should be completed by the Account Administrator. See the [ForwardHealth Provider Portal Account User Guide](#) for more information.

Are providers of Medicaid or BadgerCare Plus services required to enroll in Wisconsin Medicaid?

Providers who request reimbursement for services provided to Wisconsin Medicaid and BadgerCare Plus members MUST be enrolled in Wisconsin Medicaid per Wisconsin Administrative Code Chapter [DHS 105](#).

Enrollment information specific to prenatal care coordination (PNCC) providers can be found in Wis. Admin. Code Chapter [DHS 105.52](#).

Note: It is any enrolled provider's responsibility to understand and follow Medicaid rules and requirements. Providers agree to comply with federal and state laws, rules, regulations, and policies as a requirement of enrolling as a ForwardHealth provider.

Who should PNCC providers contact for specific questions about ForwardHealth policy and billing?

For ForwardHealth Policy questions:

- **ForwardHealth Provider Services Call Center** – available M-F, 7am-6pm at 1-800-947-9627

- **Field representatives** – locate the assigned PNCC Field Representative on the [Provider Relations Field Representatives Map](#)
- **ForwardHealth Managed Care Ombudsmen** – 1-800-760-0001

For ForwardHealth Portal questions and technical assistance:

- **ForwardHealth Portal Helpdesk** – available M-F, 8:30 a.m.-4:30 p.m. at 1-866-908-1363

See additional ForwardHealth contact numbers [here](#).

Prenatal Care Coordination Services – Policy, Forms, and Training Resources

Where can prenatal care coordination (PNCC) providers get the most up-to-date ForwardHealth policy?

The [PNCC Online Handbook](#) contains all the policy requirements for PNCC services, including:

- Enrollment and documentation requirements
- Service requirements
- Billing and reimbursement requirements

Changes to ForwardHealth policy are announced via [ForwardHealth Updates](#). Sign up to receive relevant ForwardHealth Updates [here](#).

What are some resources to help PNCC providers be compliant with ForwardHealth policy and requirements?

The [PNCC Provider Resources page](#) on the ForwardHealth portal contains several types of resources for providers and is regularly updated. Types of resources on this page include:

- Trainings
 - [PNCC Enrollment Training](#) – gives an overview of general AND PNCC-specific provider enrollment requirements.
 - [PNCC Overview](#) – gives a detailed overview of the PNCC benefit.
 - [The Perinatal Health Video Series](#) – while not specific to PNCC, this series provides education on a range of topics relevant to all providers who work with pregnant and postpartum members.
 - [Office of the Inspector General \(OIG\) Trainings](#) – overviews of the function of the OIG, how provider fraud, waste, and abuse are investigated, and how to enroll and self-audit as a Medicaid provider.
- Required forms – these forms must be used by PNCC providers when providing PNCC services.
 - [Prenatal Care Coordination Pregnancy Questionnaire](#), F-01105
- Supplemental materials – these forms are optional templates, but PNCC policy requires the information in these forms be documented.
 - [Prenatal Care Coordination Care Plan](#), F-03183
 - [Prenatal Care Coordination Training Plan](#) F-03184
 - [Prenatal Care Coordination Plan of Operation](#), F-03188

- [Prenatal Care Coordination Referral](#), *F-03187*

PNCC providers who are authorized to render child care coordination (CCC) services in Milwaukee County or the city of Racine are encouraged to reference the [CCC Provider Resources page](#) on the ForwardHealth Portal.

Prenatal Care Coordination - Documentation Requirements

What are the Memorandum of Understanding (MOU) requirements for prenatal care coordination (PNCC) providers?

PNCC providers **must** have a signed MOU with each state-contracted HMO in the county in order to enroll with ForwardHealth.

- See [Topic #972](#) (Wisconsin Medicaid Managed Care) for additional information about MOUs.

PNCC providers may contact Provider Services with questions or for updates regarding their MOU or enrollment.

Are the ForwardHealth PNCC service forms on the PNCC Provider Resources page required or optional?

The only required form for PNCC services is the [Prenatal Care Coordination Pregnancy Questionnaire](#) used for the initial assessment.

- See [Topic #953](#) (Initial Assessment) for additional information.

To assist providers in meeting program requirements, ForwardHealth created the [Prenatal Care Coordination Care Plan](#) and the [Prenatal Care Coordination Referral](#).

These two template forms are optional; providers may use their own forms to meet these requirements as long as they include the necessary components to meet policy requirements.

- See [Topic #947](#) (Care Plan Development) for additional information on requirements for the Care Plan.

Note: If providers are using a records system such as SPHERE, they can continue to do so as long as they included the necessary components to meet policy requirements.

Are the ForwardHealth PNCC forms mentioned in ForwardHealth Update 2023-27 required or optional?

[ForwardHealth Update 2023-27](#) introduced 3 new documentation requirements for PNCC providers:

- Documentation that each PNCC agency owner has at least the minimum educational requirements.
- **A documented and implemented training plan for all agency staff.**

- **A documented and implemented plan of operation that describes the service provision process.**

Providers are required to maintain these documents in their files. To assist providers in meeting these requirements, ForwardHealth created the [Prenatal Care Coordination Training Plan](#) and the [Prenatal Care Coordination Plan of Operation](#).

These two template forms are optional; providers may use their own forms to meet these requirements as long as they included the necessary components to meet policy requirements.

- See [Topic #927](#) (Provider Enrollment Requirements) and [Topic #929](#) (Ongoing Documentation Requirements) for additional information on requirements for the Training Plan and Plan of Operation.

What types of training or classes are required to meet the new enrollment and revalidation requirements in ForwardHealth Update 2023-27?

[ForwardHealth Update 2023-27](#) introduced 3 new documentation requirements for PNCC providers:

- **Documentation that each PNCC agency owner has at least the minimum educational requirements.**
- A documented and implemented training plan for all agency staff.
- A documented and implemented plan of operation that describes the service provision process.

PNCC agency owners must provide documentation that shows they have experience in maternal health and prenatal care through either education or at least one year of work experience. This education or experience must demonstrate they have the skills to provide ongoing prenatal care coordination to high-risk pregnant individuals and ensure that members receive all necessary services per Wis. Admin. Code Chapter [DHS 105.52\(4\)\(h\)](#).

Examples of education:

- College degree
- Professional certification/licensure in a related field:
 - Midwifery programs
 - Doula certification
 - Social work

Examples of relevant work experience:

- Labor and delivery nurse
- Lactation consultant
- Doula
- Midwife
- Maternal health support staff

When are PNCC providers required to submit the documentation to meet the new requirements listed in ForwardHealth Update 2023-27?

[ForwardHealth Update 2023-27](#) introduced 3 new documentation requirements for PNCC providers:

- Documentation that each PNCC agency owner has at least the minimum educational requirements.
- A documented and implemented training plan for all agency staff.
- A documented and implemented plan of operation that describes the service provision process.

New PNCC providers will be required to submit the documentation when applying for initial enrollment.

- [ForwardHealth Provider Enrollment](#)

Existing PNCC providers will be required to submit this new documentation at their next revalidation. Providers who completed revalidation prior to July 14, 2023, will not be required to update their revalidation until the next scheduled date (every 3 years).

- [ForwardHealth Provider Revalidation](#)

To assist providers in meeting these requirements, ForwardHealth created the [Prenatal Care Coordination Training Plan](#) and the [Prenatal Care Coordination Plan of Operation](#). **These two template forms are optional;** providers may use their own forms to meet these requirements as long as they included the necessary components to meet policy requirements.

- See [Topic #927](#) (Provider Enrollment Requirements) *and* [Topic #929](#) (Ongoing Documentation Requirements) for additional information on requirements for the Training Plan and Plan of Operation.

Prenatal Care Coordination - Provider Revalidation

How can prenatal care coordination (PNCC) providers check their revalidation date?

ForwardHealth has a [Check My Revalidation Date](#) link available on the [ForwardHealth Provider Revalidation Page](#).

How will PNCC providers be notified of their revalidation? What is the timing requirement for submission?

Providers receive a Provider Revalidation Notice in the mail from ForwardHealth when it is time to undergo revalidation. The Provider Revalidation Notice specifies the provider's revalidation date.

Providers have 30 days from their revalidation date to submit their revalidation application and pay their enrollment application fee.

Note: Providers will not be able to revalidate their enrollment prior to their revalidation date or after the 30-day deadline for revalidating. Providers should maintain up-to-date contact information, including their mailing address, in the ForwardHealth Portal to avoid missing important communications regarding revalidation.

What happens if a PNCC provider fails to submit their revalidation enrollment and application fee on time?

Providers who fail to submit their revalidation application by the deadline will be terminated.

- See [Provider Termination of Enrollment](#) for additional information.

The provider may be required to complete a re-enrollment application and undergo additional screening activities. The provider may be required to pay another application fee.

- See [Provider Re-Enrollment Application](#) for additional information.

Note: ForwardHealth will **not** backdate a provider's enrollment to cover enrollment gaps due to failure to revalidate enrollment in a timely manner. Providers should maintain up-to-date contact information, including their mailing

address, in the ForwardHealth Portal to avoid missing important communications regarding revalidation.

Prenatal Care Coordination - Covered Services

What services are considered reimbursable for prenatal care coordination (PNCC) providers?

Outreach: includes identifying eligible, low-income individuals who may not be aware of or have access to PNCC services.

- Outreach activities are covered services under [DHS 107.34\(1\)\(b\)](#), but are not separately reimbursable.
- ForwardHealth includes the reimbursement for outreach activities in the reimbursement for the initial assessment.
- See [Topic #931](#) (Outreach) for more information on outreach activities and requirements.

Initial assessment: required to identify if a pregnant member is eligible to receive PNCC services. This assessment helps identify the member's physical, social, and emotional strengths and needs.

- The initial assessment is a covered service under [DHS 107.34\(1\)\(c\)](#).
- **ForwardHealth requires that the [Prenatal Care Coordination Pregnancy Questionnaire](#) form be used for the initial assessment.**
- One assessment is reimbursable per pregnancy.
- Updates to an assessment (appropriate when the member experiences significant changes that may inform changes to their care plan) may be done at any time and are reimbursed under ongoing care coordination and monitoring services.
- See [Topic #953](#) (Initial Assessment) for additional information on the initial assessment requirements.

Care plan development: creation of member's written plan of care based on the strengths and needs identified in the assessment. A care plan should identify and prioritize the member's needs and identify all services that could meet those needs regardless of funding source.

- The care plan is a covered service under [DHS 107.34\(1\)\(d\)](#).
- Services should include those that will be coordinated by the PNCC provider and activities that the member will complete.
- Planned frequency, time, and place of contacts with the member should be identified.
- Services outlined in the care plan should be those which will reduce the probability of the recipient having a preterm birth, low birth weight baby or other negative birth outcome.

- See [Topic #947](#) (Care Plan Development) for additional information on care plan development.

Ongoing care coordination and monitoring: includes all other contacts with the member and collateral contacts not associated with the initial assessment or initial development of the care plan, such as updating the care plan and record keeping.

- Ongoing care coordination is a covered service under [DHS 107.34\(1\)\(e\)](#).
- See [Topic #954](#) (Ongoing Care coordination and Monitoring) for additional information on ongoing care coordination and monitoring requirements.

Postpartum services: available if the member was already receiving PNCC services on the last day of their pregnancy.

- Postpartum services are covered services under [DHS 107.34\(1\)\(a\)2](#).
- Postpartum services may be provided up to the sixty-first day after delivery.
- See [Topic #944](#) (Postpartum Services) for additional information about what topics may be included in the postpartum period.

What type of community resources and agency services can PNCC providers connect members to?

Part of the provision of services for PNCC during care plan development and ongoing care coordination and monitoring is to refer the member, when appropriate, to medical, social, educational, and other services needed for a successful pregnancy outcome for the member and their baby. Services that PNCC providers *could* refer a member to include but are not limited to:

- Adoption
- AIDS (Acquired Immune Deficiency Syndrome)/HIV (Human Immunodeficiency Virus)
- Adult protective services
- Alcohol, tobacco, and other drug abuse
- Child welfare services
- Children with special health care needs program
- Day care centers
- Domestic/family violence
- Early childhood intervention programs (e.g., Head Start, Birth to 3 Program)
- Education
- Employment/job training
- Family planning

- Food pantries/other food services
- Housing and shelters for the homeless
- Legal assistance
- Social services (e.g., family/marriage counseling, family support services, clothing for newborns)
- Parenting education (including fathers)
- Perinatal loss/grief counseling
- Respite/family resource centers
- Transportation
- WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) programs

Prenatal Care Coordination - Billing and Reimbursement

How often should a prenatal care coordination (PNCC) initial assessment be administered and submitted in a claim?

An initial assessment should be administered using the [Prenatal Care Coordination Pregnancy Questionnaire](#) to identify the member's eligibility for PNCC services and submitted on a claim using procedure code H1000.

- Only one assessment is reimbursable per pregnancy.
- Updates to an assessment (appropriate when the member experiences significant changes that may inform changes to their care plan) may be done at any time and are reimbursed under ongoing care coordination and monitoring services (T1016 with modifiers UA and U3).
- See [Topic #953](#) (Initial Assessment), [Topic #22882](#) (Service Limitations), [Topic #940](#) (Procedure Codes and Modifiers) and [Topic #954](#) (Ongoing Care Coordination and Monitoring) for more information.

How are breastfeeding consultations billed for postpartum visits?

The way breastfeeding consultation is billed under PNCC during post-partum depends on the situation and who is providing the consultation.

- Qualified professionals can provide breastfeeding education and/or lactation consultation under nutrition counseling services (H1003).
- A care coordinator can refer members to breastfeeding consultation and bill the referral time under ongoing care coordination and monitoring services (T1016 with modifiers UA and U3).
- See [Topic #942](#) (Health Education and Nutrition Counseling) and [Topic #954](#) (Ongoing Care Coordination and Monitoring) for more information.

Can PNCC providers bill ForwardHealth for doula services?

ForwardHealth only reimburses providers for those services that are covered under the Medicaid program. Therefore, the PNCC benefit does not allow for reimbursement for *all* the services doulas provide in their work. However, *some* services doulas provide may fall under the scope of the PNCC Medicaid benefit.

- See Wisconsin Admin. Code [DHS 101.03\(35\)](#) and [DHS 107.34](#) and the [ForwardHealth PNCC Provider Handbook](#) for more information on PNCC covered services.

Can PNCC providers bill ForwardHealth for interpreter services needed to provide PNCC services?

Yes. PNCC providers may bill for interpreter services if they meet ForwardHealth requirements.

- See [Topic #22917](#) (Interpretive Services) for more information on policy requirements for claims for interpreters.

How can a PNCC provider correct a billing error (e.g., wrong place of service, modifier, diagnosis code)?

To resubmit a claim that was denied due to an error, see the [Resubmitting a Denied Claim](#) user guide for additional information on how to resubmit the claim. To correct an error on a claim that was not denied, see the [Adjusting a Claim](#) user guide for additional information.

- See [Topic #5017](#) (Correct Errors on Claims and Resubmit in the ForwardHealth Portal) for additional information about denied claims and how to resubmit.

How can PNCC providers avoid duplicate and concurrent billing? Will a shared system for all providers be required?

There will not be a shared system required for all PNCC providers. It is the providers' responsibility to prevent concurrent services by communicating with the member and with each other to determine which provider will provide services.

- See [Topic #22880](#) (Concurrent Services) for additional information.

Providers may contact ForwardHealth Provider Services for limited assistance with determining if a member may have received previously reimbursed services from another provider. Since PNCC services are billed once per month, ForwardHealth information regarding previously paid claims is transitional and information may only be current for that date.

- **ForwardHealth Provider Services Call Center** – available M-F, 7am-6pm at 1-800-947-9627 **Field representatives** – locate the assigned PNCC Field Representative on the [Provider Relations Field Representatives Map](#)

What is payment integrity review?

Payment integrity review is a process that allows the Office of the Inspector General (OIG) to review claims prior to payment and requires providers to submit all the required documentation to support approval and payment of claims.

For more information on payment integrity review, see the [Payment Integrity Review Training](#) or the [Payment Integrity Review Executive Summary, P-03409](#).