

BadgerCare Plus and/or Medicaid SSI HMO Services Contract Specified Reports and Due Dates

This document lists reports due from HMOs to the Wisconsin Department of Health Services (DHS) on a weekly, monthly, quarterly, annual, or other basis. This is not an all-inclusive list. Quality due dates can be found in the [HMO Quality Guide](#). Questions regarding these files should be directed to: dhsdmshmo@dhs.wisconsin.gov.

Updated: April 2025

DAILY REPORTS				
Report	Due Date	Report or Requirement Description	Send to	Contract Reference
Daily EVV Authorization File	Daily	HMOs are required to send a daily file for authorizations for personal care services	Information to assist in reporting can be found Electronic Visit Verification (EVV) for Personal Care Services: Information for Program Payers Wisconsin Department of Health Services	Article IV.E.11.
Daily EVV Visit File	Daily	HMOs are required to utilize a daily file that contains all verified provider network EVV visits	Information to assist in reporting can be found Electronic Visit Verification (EVV) for Personal Care Services: Information for Program Payers Wisconsin Department of Health Services	Article IV.E.11.



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MONTHLY REPORTS				
Healthcare Provider Network and Healthcare Facility Network	Due by the last business day of the month, upon significant changes, or upon Department request	The HMO must submit complete and accurate Healthcare Provider Network and Healthcare Facility Network files.	Send via the SFTP. The ForwardHealth HMO Provider Network Universe includes file submission specifications	Article V.E.; Article XI.C.3.
Summary Non-Critical Access Hospital Access Payment Report	Within 15 calendar days of receipt of payment from the Department	Summary of prior month's access payment	Use Access Payment Portal https://wihmo.pcghealthservices.com	Article XVI.I.2.
Summary Critical Access Hospital (CAH) Access Payment Report	Within 15 calendar days of receipt of payment from the Department	Summary of prior month's access payment	Use the Access Payment Portal https://wihmo.pcghealthservices.com	Article XVI.J.2.
Supplier Diversity Report	Monthly, no later than the 15 th of the following month	Send monthly reports regarding the HMO's subcontracts with DOA certified MBEs and DVBs	Send on the following link: https://www.dhs.wisconsin.gov/business/compliance.htm	Article XII.O.



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QUARTERLY REPORTS				
1 st QUARTER: (Jan–March), 2 nd QUARTER: (April–June); 3 rd QUARTER: (July–Sept); 4 th QUARTER (Oct–Dec)				
Encounter Data File in (837I, 837P, 837D) format.	No less frequently than monthly		Send to Fiscal Agent via the SFTP, host name ftpb.forwardhealth.wi.gov, port 22. The report requires attestation. (Information to assist in reporting can be found https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Encounters_and_Reporting/Home.htm.spage)	Article XII.D and E; Article XI.C.3.; Article XII.A.2.a.; Article XIV.D.5.c. Article XII.F.
HMO Grievance & Appeal Reports	Due within 30 days of end of quarter	Quarterly grievance and appeal reports include PHI. Must include any member grievances and appeals processed by subcontractors.	Send to DHS by password protected attached email. Forms are found at https://www.dhs.wisconsin.gov/library/f-03112.htm and https://www.dhs.wisconsin.gov/library/f-03112a.htm	Article IX.I.2.; Article XII.F.
Coordination of Benefit Report	Due within 45 days of the end of quarter		Send quarterly Coordination of Benefit reports to your DHS managed care analyst and the Department’s fiscal agent, by password protected attached email. Use form in contract in Addendum IV.A.	Article XVI.G.4.; Addendum IV. A.



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QUARTERLY REPORTS				
Quarterly Financial Report	Due within 45 days after the end of each quarter	The HMO is required to send financial information on emerging trends in service delivery	Send to BRS email inbox dhsdmsbrs@dhs.wisconsin.gov using the quarterly template distributed to the HMO. Requires attestation. (Reference https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Encounters_and_Reporting/Home.htm.spage for submission instructions)	Article XII.I.2.
Provider Appeal Log	1st Quarter: Due the last business day of April 2nd Quarter: Due the last business day of July 3rd Quarter: Due the last business day of October 4th Quarter: Due the last business day of January	The HMO is required to send provider appeal log and must include any provider claim appeals processed by subcontractors	Send via the SFTP and email to the Managed Care Analyst or securely email the Managed Care Analyst directly. (Reference: Provider Appeal Qtly Rpt data dictionary 2024.docx)	Article VIII.B.7.
Provider Credentialing Data Report		The HMO is required to send a quarterly report to its Managed Care Analyst that includes the information listed in Article X.E.3.	Send via the SFTP with an email to your Managed Care Analyst. (Reference: HMO Provider Credentialing Report Template)	Article X.E.3.



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QUARTERLY REPORTS				
Quarterly Program Integrity Report (QPIR)	Due the last business day of the month following the end of the calendar year quarter (April, July, October, January)	The Quarterly Program Integrity Report consists of the program integrity log, provider education log, overpayment recovery log, termination/sanctions/suspensions log, subcontractor log, and cost avoidance/prepay log	Send the Quarterly Program Integrity Report (F-02250) to DHS OIG on the OIG SharePoint site	Article XII.L.13.; Article XII.L.2.e.i.f.
Out-of-Network Provider Utilization Report	Quarter 1: Due by the last business day in July Quarter 2: Due by the last business day in October Quarter 3: Due by the last business day in January Quarter 4: Due by the last business day in April	The HMO is required to send an out-of-network utilization log.	Send via the SFTP with an email to your Managed Care Analyst. (Reference: Out of Network Qtly Rpt Data Dictionary)	Article XII.Q.



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ANNUAL REPORTS				
Annual Financial Report	Due on May 30th	The HMO is required to submit financial templates for the previous year per the schedule and instructions provided in the financial template found on the ForwardHealth Portal.	Send to BRS email inbox dhsdmsbrs@dhs.wisconsin.gov . The Financial Template can be found on the ForwardHealth Portal. The report requires attestation. https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Encounters_and_Reporting/Home.htm.spage	Article XII.I.1.
Medical Loss Report (MLR)	Due on May 30th	The HMO is required to calculate and report a Medical Loss Ratio (MLR) each year consistent with MLR standards as specified by the Department and described in 42 C.F.R. § 438.8.	Send with the annual financial reporting submission in the designated worksheet within the HMO Financial Reporting Template	Article XII.N.
Business Continuity Plan	Due on June 30th	The HMO must maintain a business continuity plan which includes a collection of resources, actions, procedures, and information that is developed, tested, and held in readiness for use to continue operations in the event of a major disruption of operations due to a federal or state declared disaster or State of Emergency.	Send to the Managed Care Analyst	Article XI.C.13.



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ANNUAL REPORTS				
SUPPORT Act Compliance Report (BadgerCare Plus Only)	Due on July 1st	The HMO must report on specific tools and/or protocols used by primary care providers when screening children on behavioral health	Send to DHSDMSBBPAdmin@dhs.wisconsin.gov , Attn: Behavioral Health Policy Section in Excel format	Article IV.F.4.
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results Submission	Due in June Visit https://www.ahrq.gov/cahps/cahps-database/hp-database/participate.html for the specific deadline each year	The HMO must send CAHPS Surveys results annually during the June submission period.	Send to the Agency for Healthcare Research and Quality's survey database.	Article X.F.5.
Performance Improvement Project (PIP) Final Project	Due on the first business day of July for the prior calendar year	After implementing the PIP over one calendar year, the HMO must submit to the Department their completed PIP reports utilizing the format provided by the Department.	Send to DHSDMSHMO@dhs.wisconsin.gov and EQRO contact. The PIP Template can be found on the ForwardHealth Portal https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Quality for BCP and Medicaid SSI/word/2023 PIP Report Template.docx.page	Article X.B.3.; Article X.K.7.



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ANNUAL REPORTS				
Proposed Fraud, Waste, and Abuse (FWA) Strategic Plan	Due by November 15th	The HMO must have a Fraud Waste and Abuse (FWA) Strategic Plan and must send any mid-year changes for approval.	Send via the DHS OIG SharePoint site.	Article XII.L.4.b.i.
Initial Performance Improvement Project (PIP) aka PIP Proposal	Due by the first business day of December	The HMO must meet the PIP guidelines issued by the EQRO as described in the HMO Quality Guide for the applicable measurement year.	Send to DHSDMSHMO@dhs.wisconsin.gov and EQRO contact. The PIP Template can be found on the ForwardHealth Portal https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Quality for BCP and Medicaid SSI/word/2023_PIP_Report_Template.docx.sp	Article X.K.4.
Program Integrity Compliance Plan and Crosswalk	Due by November 15th or the last business day of the calendar year	The HMO must have a Program Integrity compliance plan.	Send via the DHS OIG SharePoint site.	Article XII.L.3.



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OTHER REPORTS				
Fraud, Waste and Abuse Investigations	Report all cases of suspected or substantiated fraud, waste, or abuse within 2 business days of the conclusion of the preliminary investigation	The HMO must report all cases of suspected or substantiated fraud, waste, and abuse (both provider and member) to the Department OIG.	Send a preliminary investigation summary at the time the complaint is filed. Report substantiated fraud using F-02296	Article XII.L.6.
Court Ordered Birth Cost Report	Due within 14 business days from the date the request was received by the HMO	When requested by the Department of Wisconsin Child Support Agency, the HMO must provide a detailed cost of the delivery of the infant. Birth cost information must be submitted to the DHS within 14 days from the date the request was received by the HMO.	Send report to DHS Administrative Staff and return via method specified in the request for report	Article XII.F.3.



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OTHER REPORTS				
Managed Care Demographic Form and Disclosure of Ownership or Controlling Interest	Due upon the HMO executing the contract with the DHS, upon renewal or extension of the contract, within 35 days after any change in ownership of the managed care entity, or upon DHS request	Pursuant to 42 CFR § 455.104, HMOs must provide the disclosures listed in XVII.B.1. to the Department	Send per instructions on the form.	Article XVII.B.1.e.
OB Medical Home Information	Upon request	The HMO must submit information about its OB MH Initiative upon request of the Department.		Article IV.H.2.



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OTHER REPORTS				
Civil Rights Compliance Letter of Assurance and Plan	Upon request	The HMO receiving federal and/or state funding to administer programs, services and activities through DHS must file a Civil Rights Compliance Letter of Assurance (CRC LOA). All HMOs with fifty (50) or more employees AND who receive over \$50,000 in funding must complete a Civil Rights Compliance Plan (CRC Plan).	Send to AA/CRC Coordinator dhscontractcompliance@dhs.wisconsin.gov in the format specified in Article XI, C.4.b.	Article XI. C.4.b.
Affirmative Action Plan	Send every 3 years	All recipients of federal and/or state funding to administer programs, services and activities through the Department must comply with the Department's CRC Plan requirements.	Send to dhscontractcompliance@dhs.wisconsin.gov AA/CRC Office in the format specified on Vendor Net.	Article XI.C.4.
Newborn Report	Send within 60 days of the date of the infant's birth	The HMO must complete the HMO Newborn Report for infants born to mothers who are BadgerCare Plus eligible and enrolled in the HMO on the infant's birth date.	Send through the ForwardHealth Portal	Article XII.R.



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OTHER REPORTS				
State Directed Payment for Ambulance Services Report	Send within 120 days of the date of payment	The HMO must report to the Department qualifying ambulance payments in a format as prescribed by the Department.	Send to dhsdmsems@dhs.wisconsin.gov	Article XVI.O.
Physician Incentive Plan Report	Upon request	The HMO must make incentive payment contracts and any quality metrics related to the incentive payment contracts available to the Department upon request.	Send to BRS email inbox dhsdmsbrs@dhs.wisconsin.gov .	Article XV.B.

Any reports that are due on a weekend or holiday are due the following business day.

DHS electronically produces multiple reports and resources for use by BadgerCare Plus and Medicaid SSI HMOs, which are listed at the following website:

https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Managed%20Care%20Organization/reports_data/hmomatrix.htm.spage.

