This document lists reports due from BadgerCare Plus and/or Medicaid HMOs to the Department of Health Services (DHS) on a weekly, monthly, quarterly, annual, or other basis. This list is intended to be a helpful resource. It is not an all-inclusive list. HMOs are directed to refer to their current contracts with DHS, the current HMO Quality Guide, and any other binding agreements with DHS as the authoritative sources of all reporting requirements HMOs are expected to follow.  Due dates for quality-related reports and deliverables can be found in the HMO Quality Guide.

Questions should be directed to: [dhsdmshmo@dhs.wisconsin.gov](mailto:dhsdmshmo@dhs.wisconsin.gov)

Updated: December 15, 2023

| **DAILY REPORTS** | | | | |
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| **Report** | **Due Date** | **Report Description** | **Submit to** | **Contract Reference** |
| Daily EVV Authorization File | Daily | HMOs are required to submit 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](https://www.dhs.wisconsin.gov/evv/programadmin.htm) | Article IV.E.10. |
| 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](https://www.dhs.wisconsin.gov/evv/programadmin.htm) | Article IV.E.10. |

| **MONTHLY REPORTS** | | | | |
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| **Report** | **Due Date** | **Report Description** | **Submit to** | **Contract Reference** |
| Healthcare Provider Network and Healthcare Facility Network | Due by the last business day of the month, upon significant changes, or upon Department request | List of all providers in the HMO network | Submit via the SFTP. The ForwardHealth [HMO Provider Network Universe](https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Encounters_and_Reporting/Home.htm.spage#HMOPNU) includes file submission specifications | Article V. E.; Article XI.C.3.; Article XII.I. |
| 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.c. |
| 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.c. |
| Supplier Diversity Report | Monthly, no later than the 15th of the following month | Send monthly reports regarding the HMO’s subcontracts with DOA certified MBEs and DVBs | Submit on the following link: <https://www.dhs.wisconsin.gov/business/compliance.htm> | Article XII.P. |

| **QUARTERLY REPORTS** | | | | |
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| 1st QUARTER: (Jan-March), 2nd QUARTER: (April – June); 3rd QUARTER: (July – Sept); 4th QUARTER (Oct – Dec) | | | | |
| **Report** | **Due Date** | **Report Description** | **Submit to** | **Contract Reference** |
| 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, E; Article XI.C.3.; Article XII.A.2.a.; Article XIV.D.6.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. |
| Quarterly Financial Report | Due within 45 days after the end of each quarter | The HMO is required to submit financial information on emerging trends in service delivery | Submit to BRS email inbox [dhsdmsbrs@dhs.wisconsin.gov](mailto: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.J.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 submit provider appeal log and must include any provider claim appeals processed by subcontractors | Submit 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](https://www.forwardhealth.wi.gov/WIPortal/content/word/Provider_Appeal_Qtly_Rpt_data_dictionary_2024.docx.spage)) | Article VIII.B.7. |
| 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 | Submit the Quarterly Program Integrity Report (F-02250) to DHS OIG on the OIG SharePoint site | Article XII.M.13.; Article XII.M.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 submit an out-of-network utilization log | Submit via the SFTP with an email to your Managed Care Analyst. (Reference: [Out\_of\_Network\_Qtly\_Rpt\_data\_dictionary\_2024.docx](https://www.forwardhealth.wi.gov/WIPortal/content/word/Out_of_Network_Qtly_Rpt_data_dictionary_2024.docx.spage)) | Article XII.Q. |

| **ANNUAL REPORTS** | | | | |
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| **Report** | **Due Date** | **Report Description** | **Submit to** | **Contract Reference** |
| Program Integrity Staff Assignment Form | Due by January 21st |  | Submit through general documents section of the DHS OIG SharePoint site | Article XII.M.1.iii.b. |
| Annual Financial Report | Due on May 30th | Financial report for the previous calendar year | Send to BRS email inbox [dhsdmsbrs@dhs.wisconsin.gov](mailto: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. J.1.; Article XII.E.3. |
| Medical Loss Report (MLR) | Due on May 30th |  | Must submit with the annual financial reporting submission in the designated worksheet within the HMO Financial Reporting Template | Article XII.O. |
| Business Continuity Plan | Due on June 30th |  | Submit to the Managed Care Analyst | Article XI.C.13. |
| 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 | This report must be submitted to [DHSDMSBBPAdmin@dhs.wisconsin.gov](mailto:DHSDMSBBPAdmin@dhs.wisconsin.gov), Attn: Behavioral Health Policy Section in Excel format | Article IV.F.4. |
| Performance Improvement Project (PIP) Final Project | Due on the first business day of July for the prior calendar year |  | Send to [DHSDMSHMO@dhs.wisconsin.gov](mailto: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.spage> | Article X.B.3.; Article X.K.7. |
| Proposed Fraud, Waste, and Abuse (FWA) Strategic Plan | Due by November 15th |  | Submit via the DHS OIG SharePoint site.  Must submit any mid-year changes for approval. | Article XII.M.4.b.i. |
| Initial Performance Improvement Project (PIP) aka PIP Proposal | Due by the first business day of December | 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](mailto: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.spage> | Article X.K.4. |
| Compliance Plan and Crosswalk | Due by December 31st or the last business day of the calendar year |  |  | Article XII.M.3. |

| **OTHER REPORTS** | | | | |
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| **Report** | **Due Date** | **Report Description** | **Submit to** | **Contract Reference** |
| Fraud, Waste and Abuse Investigations | Report all cases of suspected or substantiated fraud, waste, or abuse within 3 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.  Submit a preliminary investigation summary at the time the complaint is filed.  Report substantiated fraud using F-02296 | Article XII. M.6. |
| Court Ordered Birth Cost Report. | Due within 14 business 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.; Addendum IV. B. |
| 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 |  | Submit per instructions on the form. | Article XVII.B.1.e. |
| OB Medical Home Annual Report | Upon request |  |  | Article IV.I.1.k. |
| Civil Rights Compliance Letter of Assurance and Plan | As requested |  | Send to AA/CRC Coordinator [dhscontractcompliance@dhs.wisconsin.gov](mailto:dhscontractcompliance@dhs.wisconsin.gov) in the format specified in Article XI, C.4.b. | Article XI. C.4.b. |
| Affirmative Action Plan | Submit every 3 years |  | AA/CRC Office in the format specified on Vendor Net. Send to [dhscontractcompliance@dhs.wisconsin.gov](mailto:dhscontractcompliance@dhs.wisconsin.gov) | Article XI.C.4. |

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

The Department 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/content/Managed%20Care%20Organization/reports_data/ReportMatrix.xlsx.spage>