

# ForwardHealth **UPDATE**

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## ENROLLMENT CERTIFICATION AND CLAIMS CHANGES FOR CHILD CARE COORDINATION SERVICES

Effective November 10, 2023, the Wisconsin Department of Health Services (DHS) is changing enrollment certification and claim submission processes for prenatal care coordination (PNCC) providers that provide child care coordination (CCC) services. CCC services are offered only in Milwaukee County and the city of Racine.

PNCC and CCC are important services that help BadgerCare Plus and Wisconsin Medicaid members and their families access medical, social, educational, vocational, and other services related to the member's pregnancy and their child's development. DHS is making changes to enhance program integrity related to CCC services. There are no changes to PNCC services or claims submission processes at this time.

ForwardHealth will be hosting a webinar about these changes on November 17, 2023, at 1 p.m. and providers are encouraged to [join](#). Providers can also listen to the webinar by phone by calling 669-254-5252.

## AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

## TO

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

## QUICK LINKS

- [ForwardHealth Portal](#)
- [Provider Enrollment Information page](#)

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

## Newly Enrolled Prenatal Care Coordination Providers Are No Longer Automatically Certified to Provide Child Care Coordination Services

Effective November 10, 2023, ForwardHealth will no longer automatically certify newly enrolled PNCC providers to provide and submit claims for CCC services.

If a PNCC provider obtains a new certification on or after November 10, 2023, they will be certified to only provide PNCC services. DHS will no longer enroll new PNCC providers to provide CCC services. PNCC provider certification requirements are listed under Wis. Admin. Code § [DHS 105.52](#). Newly enrolled PNCC providers must review the PNCC service area of the ForwardHealth [Online Handbook](#) and Wis. Admin. Code § [DHS 107.34](#) for allowable services. All CCC service claims billed by PNCC providers enrolled on or after November 10, 2023, will be denied.

PNCC providers certified to provide CCC services are only those who were enrolled in Wisconsin Medicaid on November 9, 2023, or earlier. Those with pending applications on November 10, 2023, will not be certified to provide CCC services.

## All Child Care Coordination Service Claims Will Be Processed Through Payment Integrity Review

Effective November 10, 2023, **all** claims submitted by currently enrolled providers that include CCC service procedure codes and modifiers will be reviewed through the Payment Integrity Review (PIR) program. This means claims will not be paid until each claim submission and any supporting documentation are reviewed individually and approved. Refer to the Payment Integrity Review Overview section of this ForwardHealth Update for more information.

Under PIR, ForwardHealth will review CCC claims to ensure the claims and services meet program requirements. These include claims for the following services using the codes and modifiers listed:

- Assessment: Procedure code T1016 with required modifiers U1, UB, UC.
- Care plan development: Procedure code T1016 with required modifiers U2, UB, UC.
- Ongoing care coordination: Procedure code T1016 with required modifiers U3, UB, UC.

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Providers are reminded to review the CCC service area of the [Online Handbook](#) for program requirements, including covered services and allowable procedure codes and modifiers for CCC services.

### Payment Integrity Review Program Overview

The PIR program allows the Office of the Inspector General (OIG) in DHS to review claims prior to payment and requires providers to submit all required documentation to support approval and payment of PIR-selected claims.

The goal of the PIR program is to further safeguard the integrity of DHS-administered public assistance programs, such as BadgerCare Plus or Wisconsin Medicaid programs, from fraud, waste, and abuse by:

- Proactively reviewing claims prior to payment to ensure federal and state requirements are met.
- Providing enhanced, compliance-based technical assistance to meet the specific needs of providers.
- Increasing the monitoring of benefit and service areas that are at high risk for fraud, waste, and abuse.
- Ensure members are receiving covered services that meet their individual needs.

Fraud, waste, and abuse includes the potential overutilization of services or other practices that directly or indirectly result in unnecessary program costs. Some examples of claims that do not meet CCC program requirements include but are not limited to:

- Billing for items or services that were not provided.
- Billing for members who are not eligible to receive CCC services.
- Billing for services not covered by the CCC benefit.
- Billing for services that are not supported by the member's risk assessment and care plan.
- Incorrect or excessive billing of Current Procedural Terminology or Healthcare Common Procedure Coding System procedure codes.
- Unit errors, duplicate charges, and redundant charges.
- Billing for services outside the provider specialty.
- Insufficient documentation in the medical record to support the charges billed.
- Lack of medical necessity or noncovered services.

## CALL TO ACTION

The misuse of public funds affects each person who lives in Wisconsin. Providers, members, and the general public are encouraged to report suspected fraud, waste, and abuse to the DHS OIG at 877-865-3432 or [www.reportfraud.wisconsin.gov](http://www.reportfraud.wisconsin.gov).

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## Provider Resources for Payment Integrity Review

To better understand the PIR program, providers are encouraged to review the following resources:

- Update [2023-05](#), titled “New Payment Integrity Review Program”
- The [Payment Integrity Review Program](#) provider training

Additionally, providers with billing questions should seek help before submitting claims by contacting Provider Services at 800-947-9627.

## 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 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.

## Information Regarding Managed Care Organizations

This Update applies to services members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs 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 AIDS 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/](http://www.forwardhealth.wi.gov/).