Frequently Asked Questions: Wisconsin Medicaid (MA) and BadgerCare Plus (BC+) Case Management Benefit Programs

Both Targeted Case Management (TCM) and Prenatal Care Coordination (PNCC):
- Require Freedom of Choice: Participants must have free choice of case management providers and free choice of providers of other needed services.
- Require that services be provided voluntarily: Participants may not be forced to accept case management services, even if it may be in their best interest to do so.
- Require Medicaid to be treated as the payer of last resort in most cases (exceptions include, Birth to Three, Indian Health Services, and Title V programs).
- Prohibit duplicate payments for case management/care coordination services made under other programs
- Include, but are not limited to the following core activities: assessment, individualized care plan, ongoing care coordination, monitoring, referral and follow-up.
- Require participants to be included, to the extent that they can, in all decisions regarding appropriate services and providers of services.

Targeted Case Management (TCM)

What is TCM?
Case management services that assist members and, when appropriate, their families gain access to and coordinate a full array of services, including medical, social, educational, vocational, and other services.

Broadly, TCM is defined as:
- Assessment (person’s abilities, needs, deficits: educational, medical, rehabilitative, social, vocational)
- Case plan development (support system, service gaps and problems, planning participants, goals, service frequencies and costs, )
- Ongoing monitoring and service coordination.

TCM billing is limited to case management activities – no direct provision of services. Assessments are reimbursable only if the participant meets the eligibility requirement for a target group. It is possible for non-Medicaid services to be covered under TCM. Examples include assisting members in accessing housing, energy assistance, legal advocacy.

Examples of services not covered:
- Diagnosis, evaluation, or treatment of a physical, dental, or mental illness
- Client education and training
- Information and referral services that are not based on a member's current care plan
**Who qualifies for TCM?**
Participants must be enrolled in MA/BC+ (though not a specific HMO). TCM services are covered under Medicaid and the BadgerCare Plus Standard Plan. All children enrolled in the Birth to Three Program are eligible for case management.

Eligibility for services varies depending on target group – there are 13 target groups. The most likely group receiving TCM through home visiting is:
- Families with a child at risk of serious physical, mental, or emotional dysfunction (also referred to as family case management). This target population has 5 subgroups:
  - Families with a child with special health care needs, including children with lead poisoning.
  - Families with a child/children who is/are at risk of maltreatment.
  - Families with a child/children involved in the juvenile justice system. Families where the primary caregiver has a mental illness, developmental disability, or substance abuse disorder.
  - Families where the mother required PNCC services.

**Who can provide TCM services?**
Providers of TCM are limited to public entities (counties, tribes, municipalities)
- Two exceptions: AIDS Service Organizations (ASOs) and Independent Living Centers (ILCs)
- Public entities may contract with private providers.
- Only public entities can bill Medicaid for TCM

Individual case managers must meet the following requirements:
- Knowledge of the local service delivery system, the target group's needs, the need for integrated services, and the resources available or needing to be developed.
- A degree in a human services-related field (e.g. nursing) and one year of supervised experience, or two years of supervised experience working with people in the target population, or an equivalent combination of training and experience.

**How do providers become certified?**
To provide case management services, the case management provider's county, village, or town board of supervisors, city council, or Indian tribal government must elect to provide the services, as outlined in s. 49.45(25)(am), Wis. Stats. Eligible private, nonprofit entities do not need this approval.

A provider must apply with Wisconsin Medicaid to become certified for TCM services. Providers may submit applications by mail or online through the ForwardHealth Portal. The portal provides more detailed information about the criteria specific providers need to meet, as well as updates to policies and procedures.

The initial effective date may be as early as the date of online application submission or request for a paper application. Certain conditions must be met.
**What is important to know about documenting TCM services?**

Providers are required to maintain case records, in writing or in electronic format, which indicate all case management contacts with, and on behalf of, members (a sample monthly log is available on ForwardHealth). The case manager or individuals providing assessment and case planning must individually list the services in the case record. The case records must document the following:

- Name of member
- The full name and title of the person who made the contact. Additionally, if initials are used in the case records, the file must contain a signature page showing the full name of the person who initialed the record
- What the content of the contact was
- Why the contact was made
- How much time was spent
- The date the contact was made
- Where the contact was made

Use or disclosure of any information concerning applicants and members for any purpose not connected with program administration, including contacts with third-party payers that are necessary for pursuing third-party payment and the release of information as ordered by the court, is prohibited unless authorized by the applicant or member.

Providers are required to allow members access to their health care records, including those related to ForwardHealth services, maintained by a provider in accordance with Wisconsin Statutes, excluding billing statements.

DHS has the right to inspect, review, audit, and photocopy providers’ records.

**What is important to know about filing claims for reimbursement?**

Medical providers must have a National Provider Identifier, which can be obtained through the National Plan and Provider Enumeration System website.

Wisconsin Medicaid offers electronic billing software through the ForwardHealth Portal at no cost to providers. For assistance installing and using PES software, providers may call the EDI Helpdesk.

**Where can I find more information about TCM?**

This document does not serve as a complete account of providers’ responsibilities when providing TCM services. Comprehensive information regarding rules and regulations can be found at:

Click on “Online Handbooks” in the left hand menu. Then using the drop down menus on the right hand, select “BadgerCare Plus and Medicaid” and “Case Management, Targeted”

Additional information about case management can be found in a frequently asked questions document in ForwardHealth.

Providers are encouraged to contact their regional Provider Relations Representatives with questions. They may also contact representatives assigned to specific programs.

Prenatal Care Coordination (PNCC)

What is PNCC?
PNCC services help a Medicaid member and, when appropriate, the member's family, gain access to medical, social, educational, and other services related to the member's pregnancy. The goal of the PNCC benefit is to improve birth outcomes among women who are deemed at high risk for poor birth outcomes.

PNCC services include all of the following:
- Outreach.
- Initial Assessment.
- Care plan development.
- Ongoing care coordination and monitoring.
- Health education and nutrition counseling services (for members with an identified need)

Outreach involves identifying eligible, low-income pregnant women, who may be unaware of or not have access to PNCC services, and informing them about the benefit. Providers may use a variety of strategies to market and promote PNCC services in the community, such as informational brochures or community presentations.

Providers are not reimbursed separately for outreach activities. Wisconsin Medicaid includes the reimbursement for outreach activities in the reimbursement for the initial assessment.

Providers should be prepared to offer all five components of the PNCC benefit — not just the initial assessment — to eligible members. The initial assessment (i.e., Pregnancy Questionnaire) is reimbursable even if the woman is determined ineligible for services.

The following services are not reimbursable:
- The provision of diagnostic, treatment, or other direct services, except for health education and nutrition counseling for PNCC providers. Direct services include, but are not limited to, diagnosis of a physical or mental illness and administration of medications.
- Member vocational training.
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- Legal advocacy by an attorney or paralegal.
- Ongoing care coordination and monitoring services that are not based on the member's current care plan.
- Ongoing care coordination and monitoring services that are not necessary to meet the CCC or PNCC benefit goal.
- Transportation (provider or member mileage or travel time).
- Interpreter services.
- Missed appointments (no shows).

Providers are encouraged to use the Guidelines and Performance Measurements for PNCC to help ensure that quality services are provided and activities are directed toward the program's objectives and goal.

Wisconsin Medicaid also uses the guidelines to monitor the administration of the benefit.

**Who qualifies for PNCC?**
Medicaid-eligible pregnant women (do not have to be enrolled in a specific HMO) with a high risk for adverse pregnancy outcomes during pregnancy and through the first 60 days following delivery. PNCC services are covered under Medicaid, BadgerCare Plus Standard and Benchmark plans.

All pregnant women enrolled in BadgerCare Plus and Wisconsin Medicaid are eligible for mental health and substance abuse screening. This also includes brief preventive mental health counseling and/or substance abuse intervention if the woman is identified as being at risk for experiencing mental health or substance abuse disorders. More information on this benefit is available here.

**Who can provide PNCC services?**
PNCC includes a wide range of eligible providers - both public and private. They must have staff available to provide health and nutritional education. The following types of providers and agencies as eligible for Medicaid certification as PNCC providers:

- A community-based health organization.
- A community-based social services agency or organization.
- A county, city, or combined city and county public health agency.
- A county department of human services under s. 46.23, Wis. Stats., or social services under s. 46.215 or s. 46.22, Wis. Stats.
- A family planning agency certified under DHS 105.36, Wis. Admin. Code.
- An FQHC as defined in 42 CFR 405.2401(b).
- An HMO.
- An IPA.
- A hospital.
- A physician's office or clinic.
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- A private case management agency.
- A certified nurse or nurse practitioner.
- A tribal agency health center.
- A WIC program under 42 USC 1786.

Providers are defined in one of two ways:
- Care Coordination Provider — The entity that meets the requirements as a certified care coordination provider, is assigned a Medicaid billing provider number, and has legal liability for the provision of care coordination services.
- Care Coordinator — The individual who is providing care coordination services to members.

**How do providers become certified?**

To become Medicaid certified, providers are required to:
- Meet all certification requirements for their provider type.
- Submit a properly completed provider application, provider agreement, and other forms, as applicable, that are included in the certification packet.

Providers may submit applications by mail or online through the ForwardHealth Portal. The portal provides more detailed information about the criteria specific providers need to meet, as well as updates to policies and procedures. Providers may call Provider Services for assistance with completing these materials.

Providers who offer a variety of services may be required to complete a separate Medicaid certification packet for each specified service/provider type.

If a Medicaid-certified provider begins offering a new service after becoming initially certified, it is recommended that he or she call Provider Services to inquire if another application must be completed.

Medicaid-certified PNCC providers may subcontract with agencies not certified by Wisconsin Medicaid for PNCC services. However, the Medicaid-certified provider retains all legal and fiscal responsibility for the services provided by subcontractors.

The initial effective date may be as early as the date of online application submission or request for a paper application. Certain conditions must be met.

An agency must submit an outreach plan to receive certification for providing PNCC services. These requirements are the standard certification expectations. Agencies may apply for certification if they do not meet these standards. Application approval in such cases depends on the agency's demonstration that it has developed reasonable alternative means to assure adequacy and quality of the PNCC services.
What is important to know about documenting PNCC services?

Providers are required to maintain case records, in writing or in electronic format, which indicate all case management contacts with, and on behalf of, members (a sample monthly log is available on ForwardHealth).

The member's file must include the following information, as appropriate:
- Verification of the member's pregnancy.
- The member's completed Prenatal Care Coordination Pregnancy Questionnaire. The questionnaire must be scored, signed, and dated. The member's care plan, signed and dated as required. The provider may initial the care plan if a signature page is included in the member's record.
- Completed consent document(s) for release of information.
- A written record of all member-specific care coordination and monitoring activities. The record must include documentation of the following information:
  - The member's name.
  - The date of the contact.
  - The full name and title of the person who made the contact.
  - A clear description of the reason for and nature of the contact.
  - The results of the contact.
  - The length of time of the contact (the number of minutes or the exact time; e.g., 9:15-10:05 a.m.).
  - Where or how the contact was made.
  - Referrals and follow up.
  - All pertinent correspondence relating to coordination of the member's prenatal care.

Use or disclosure of any information concerning applicants and members for any purpose not connected with program administration, including contacts with third-party payers that are necessary for pursuing third-party payment and the release of information as ordered by the court, is prohibited unless authorized by the applicant or member.

Providers are required to allow members access to their health care records, including those related to ForwardHealth services, maintained by a provider in accordance with Wisconsin Statutes, excluding billing statements.

DHS has the right to inspect, review, audit, and photocopy providers’ records.

What is important to know about filing claims for reimbursement?

Medical providers must have a National Provider Identifier, which can be obtained through the National Plan and Provider Enumeration System website.

Wisconsin Medicaid is the payer of last resort for most covered services (there are a few exceptions), even when a member is enrolled in a BadgerCare Plus HMO or Medicaid SSI HMO.
Electronic claims for PNCC services submitted using any transaction other than the 837P transaction will be denied. Providers should use the companion document for the 837P transaction when submitting these claims. Wisconsin Medicaid offers electronic billing software through the ForwardHealth Portal at no cost to providers. For assistance installing and using PES software, providers may call the EDI Helpdesk.

All counties certified as Medicaid providers of community-based services are required to submit cost reports to ForwardHealth for the following services:

- Case management services
- Child/adolescent day treatment
- Community support program services
- Home health services
- Medical day treatment services
- Mental health crisis intervention services
- Outpatient mental health and substance abuse services, including evaluation, psychotherapy, and substance abuse counseling and intensive in-home mental health services for children under HealthCheck
- Outpatient mental health and substance abuse services provided in the home and community. (The non-federal share of this service is provided by the county.)
- Personal care services
- PNCC services
- Substance abuse day treatment

If Wisconsin Medicaid is not billed by the county for case management services, no cost report is required. Cost reports may be submitted online.

**Where can I find more information about PNCC?**

This document does not serve as a complete account of providers’ responsibilities when providing PNCC services. Comprehensive information regarding rules and regulations can be found at:


Click on “Online Handbooks” in the left hand menu. Then using the drop down menus on the right hand, select “BadgerCare Plus and Medicaid” and “Prenatal Care Coordination”

Additional information about case management can be found in a frequently asked questions document in ForwardHealth.

Providers are encouraged to contact their regional Provider Relations Representatives with questions. They may also contact representatives assigned to specific programs.