



## **Women, Infants and Children (WIC) and Prenatal Care Coordination (PNCC) Collaboration Guidance**

The purpose of this document is to provide clarification, guidance, and best practices regarding the collaboration between WIC and PNCC services when the two programs coordinate within the same agency. In 2011, a U.S. Department of Agriculture (USDA) audit provided recommendations to the Wisconsin WIC program regarding the implementation of rules and procedures for the sharing of WIC participant information. In addition, the Department of Health Services' Office of the Inspector General (OIG) requires PNCC providers to maintain thorough documentation of PNCC activities. This document, created in collaboration with the OIG, Division of Medicaid Services, and the WIC program, provides recommendations to address privacy protections of WIC participants while providing strong documentation to support successful participation in OIG audit activities.

### **Purpose of WIC**

The purpose of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to promote and maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding, and postpartum women, infants, and children.

Based on a health and nutritional assessment, WIC provides nutrition education, breastfeeding education and support, supplemental nutritious foods, and referrals to other health and nutrition services.

### **Purpose of PNCC**

Prenatal Care Coordination (PNCC) is a Medicaid BadgerCare Plus benefit intended to support women during pregnancy by enhancing the support they receive, support that is complimentary to their medical, prenatal care. PNCC consists of:

- Assisting women in accessing care
- Personal support contacts
- Education on good eating habits and health practices
- Identifying and referring women to needed services in the community

The purpose of the Medicaid PNCC benefit is to provide access to medical, social, educational, and other services to pregnant women considered high risk for adverse pregnancy outcomes. The components of this benefit include outreach, assessment, care plan development, ongoing care coordination and monitoring, and health education and nutrition counseling. Some key outcome indicators include: tobacco exposure, alcohol use, breastfeeding, safe infant sleep practices, perinatal depression, family planning, and involved father. Nutrition education and counseling are specifically identified in the guidelines, emphasizing the original intent of the benefit. The goal is to address health issues relating to nutritional status such as anemia, gestational diabetes, folic acid, and other vitamin deficiencies.



PNCC is available to women receiving Medicaid who have four identified risk factors on the initial assessment or are under the age of 18. PNCC coverage includes the time a woman is pregnant through 60 days after delivery.

### **WIC and PNCC Coordination**

The WIC program is a key partner in helping women access PNCC services. Over 80% of PNCC referrals come from the WIC program. In Wisconsin, 86% of pregnant women participating in WIC have Medicaid benefits/BadgerCare Plus, making them potentially eligible for PNCC services.<sup>1</sup> WIC and PNCC are encouraged to work together to create a wraparound service for high-risk pregnant woman. However, sharing of participant information and documentation must meet USDA and Medicaid requirements.

### **Confidentiality**

WIC must comply with USDA Regulations in all aspects of operation, including confidentiality. Additionally, Wisconsin's WIC Program must comply with state statutes related to confidentiality, described in the WIC Operations Manual, *Policy 10.41 Confidentiality*. Federal regulations do not allow the sharing of information between programs without a signed release of information or an approved Memorandum of Understanding (MOU). The WIC program is allowed to release participant information only by one of these two means:

1. Signed release of information (ROI)—Before releasing participant information to PNCC, WIC staff must obtain, from potentially eligible PNCC participants, a signature on a form stating the purpose of the ROI. The ROI form must clearly define which data element(s) will be shared and meet the provisions of WIC Operations Manual *Policy 10.41 Confidentiality Section 7*.
2. Approved MOU—An MOU between the WIC Program and the PNCC Program may also be used to share participant information. Participants are informed of potential information shared when signing the WIC Rights and Responsibilities document (at each certification appointment). The MOU must define what, how, and why participant information will be shared between programs.

Medicaid PNCC is expected to follow Wisconsin confidentiality law unless the agency is considered a covered entity under the Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security regulation (see the Forward Health Portal Online Handbook Topic # 200 for more information). Assuming the legal entity that administers the local WIC Program is not subject to HIPAA or is designated as a hybrid entity under HIPAA (45 CFR 164.105), the WIC Program is considered exempt from HIPAA because the program is not considered a health plan under HIPAA. HIPAA specifically indicates that government funded programs that do not have as their principal purpose of provision of, or payment for, the cost of health care but which do incidentally provide such services are not considered health plans (for example, programs such as the WIC program and the Food Stamp program, which provide or pay for nutritional services, are not considered to be health plans). (FR 82479 page. December 28, 2000)

## Documentation

WIC and PNCC staff may work closely together or play a dual role within the agency, functioning in both programs. Documentation systems vary between PNCC providers; however, WIC confidentiality regulations and the results of Medicaid audits provide the following guidance regarding documentation of the PNCC activities completed with WIC participants:

- Do not use ROSIE (State of Wisconsin WIC data system) to document PNCC visits. WIC confidentiality does not allow Medicaid auditors to access ROSIE. The entire PNCC note must remain intact within the PNCC documentation system.
- Do not document medical data in the PNCC record. PNCC is a care coordination program. Medicaid will not reimburse PNCC providers for clinical interventions such as height, weight, hemoglobin, fundal height, etc. Therefore, this information is not needed as part of the referral from WIC.
- Medicaid stipulates that a complete PNCC client record is maintained. It is recommended that all PNCC providers involved in ongoing care have access to the client record in order to document directly into the PNCC client's file. For example, if the nutritionist is part of the client's ongoing care team, they should document directly into the client's care plan. However, if that nutritionist is not providing ongoing care, but is instead providing a one-time nutrition consult, these are options:
  - It is acceptable to print and scan the relevant information from ROSIE into the client's care plan (following the agency's MOU and/or ROI form).
  - It is acceptable for the nutritionist to chart the visit on an agency-developed form and then give the form, to the PNCC provider to be scanned into the client's care plan.
- Documentation must be clear and complete. Medicaid auditors are not necessarily medical professionals; therefore, avoid acronyms and abbreviations. Clearly mark each page of the care plan as "care plan" to provide clarity to auditors.
- If an issue is identified in the assessment but the client does not want to address the issue, it must be clearly documented in the care plan that it was the client's choice not to address the issue.

## Process and Billing Components

The most up-to-date policy and billing information should be obtained through the ForwardHealth Portal. PNCC consists of five main components: outreach; initial assessment (also called pregnancy questionnaire); care plan development; ongoing care coordination, monitoring, and health education; and nutrition counseling services. Medicaid auditors note that some PNCC providers complete a disproportionate number of assessments compared to enrollments. Providers must be prepared to offer all five components of the PNCC benefit and not just the initial assessment.

- Initial assessment/pregnancy questionnaire: It is recommended that before administering the questionnaire, PNCC staff completing the assessment introduce and explain the program and process. Since the questionnaire contains sensitive information, this is an opportune time for PNCC staff to explain confidentiality and that participation is voluntary. The PNCC benefit recommends person-centered services. In fact, the questionnaire is best completed in person, by the PNCC provider with the client. When the WIC and PNCC assessment take place in the

same visit, it is recommended that the pregnancy questionnaire be completed after the WIC Competent Professional Authority (CPA) completes the WIC enrollment. Mailing the pregnancy questionnaire for completion, as a self-assessment prior to a WIC appointment, is not recommended.

- Care plan development: The questionnaire and care plan must be finalized, face to face, prior to provision of and billing for ongoing care services. The care plan must link to the initial assessment and function as the driver of all PNCC services.
- Ongoing care coordination and monitoring must include documented contacts, every 30 days (missed contacts must be documented but do count). The care plan must be updated every 60 days—some projects document directly into the care plan to ensure it is updated regularly. Every referral must receive follow up within 10 business days.
- Health education and nutrition counseling services are provided based on the client’s needs as identified in the care plan.

### **Participant’s Rights**

- WIC and PNCC must be presented as separate programs and the WIC participant must be offered a choice to either accept or decline PNCC enrollment.
- The participant has the right to understand why she is completing the PNCC pregnancy questionnaire and how the results will be used. She may choose to decline the assessment process.
- Staff must offer participants a choice of PNCC providers when available options exist. In a rural county, only one PNCC provider may exist; however, when multiple providers exist, women must receive that information to make an informed choice. It is the responsibility of the PNCC program to offer the choice of providers.
- Participants must receive information regarding the type of information shared by WIC with PNCC. WIC cannot give PNCC access to the full WIC record. Access to ROSIE is for WIC purposes only and permissions cannot be granted to PNCC staff. Sharing of information must follow the provisions of the WIC/PNCC MOU or signed ROI.

### **Recommendations for Successful Collaboration**

- Agencies providing WIC and PNCC have experienced higher PNCC enrollment rates when PNCC staff is available to WIC participants at the clinic. When possible, ensure PNCC staff availability during WIC clinic hours, to meet PNCC-eligible women and explain the program.
- Medicaid covers nutrition counseling if the need is identified in the pregnancy questionnaire and included in the member's individualized care plan. Pregnant women with nutrition-related needs may require a more in-depth nutritional assessment, nutrition education, and counseling by a registered dietitian or other qualified professional. PNCC can refer back to WIC for nutrition counseling. WIC must receive reimbursement for this service.
- Only one provider can bill Medicaid for PNCC services for a woman. Agencies must have a system in place to reimburse other programs (i.e., nutrition services or health education) for PNCC-billable services provided. For example, if public health nursing provides the majority of care coordination, an agency must maintain a system to reimburse WIC for a nutrition counseling visit. This system can

look different among agencies. If the nutritionist provides a nutrition counseling visit, a county system might allow a separate billing code to allocate the time spent in PNCC to a code separate from WIC.

- Not all WIC-eligible pregnant women will meet the criteria for PNCC enrollment. WIC can be used as a screening and referral program for PNCC. It is recommended that each agency discuss PNCC enrollment criteria with WIC staff so potentially eligible woman will be appropriately referred to PNCC. Strong collaboration between programs will save PNCC staff time spent assessing pregnant women who do not meet PNCC eligibility criteria.
- Dual WIC and PNCC appointments: Some agencies choose to coordinate WIC and PNCC appointments on the same day. If the same staff person provides services for both programs, documentation must be specific to each program and housed in separate documentation systems. Remember to keep the PNCC chart fully intact and separate from ROSIE documentation. Keep the documentation true to the nature of the program. Also, remember to inform the participant that the visit includes WIC and PNCC services.
- PNCC contacts containing nutrition and breastfeeding information may meet WIC's need for a non-certification nutrition education contact. The WIC Project must establish a procedure for verifying contact content and attendance to include these contacts in the ROSIE record. This documentation is in addition to the documentation within the PNCC document, as documented by the PNCC provider.
- PNCC's rate of required contacts likely differs from WIC's. When the number of PNCC contacts, including those related to nutrition, exceeds the rate necessary for WIC's purposes, these visits should not be documented in ROSIE.
- It is considered a best practice for PNCC providers to conduct client satisfaction surveys (if agencies choose to not provide WIC and PNCC separately). The survey should include questions that assess the client's opinions regarding the length of the visits.
- Marketing PNCC: WIC and PNCC staff should collaborate to discuss effective marketing strategies for building interest in PNCC services for eligible women. Consider a marketing strategy that engages pregnant women. Ensure WIC staff is knowledgeable about the way the program works in your agency so they can confidently discuss the program with eligible women.
- Some agencies bill WIC and PNCC when the nutritionist visits with a dually enrolled participant. In these situations, the agency must ensure and clearly document the offering of services beyond a standard WIC appointment. Here are some examples i:
  - The needs of a PNCC client might require additional time to address complex nutrition and health issues. In this situation, WIC could schedule additional time to spend with the client, beyond the traditional 15-minute WIC appointment. The additional time spent with the client could be billed to PNCC if the purpose of the visit aligns with the needs identified in the member's PNCC care plan.
  - Generally, PNCC requires more frequent follow-up than WIC. If WIC visits with a participant more often than required by program standards, the additional visits can be billed as PNCC contacts.

- PNCC uses the term “collateral contact” to describe time spent educating the member’s critical support person (see ForwardHealth Topic #990 for more information on collateral contacts). Collateral contacts cannot be billed to PNCC if the contact is for health or nutrition counseling. Therefore, if the WIC nutritionist spends significant time educating the client’s direct support figure (father of infant, mother, guardian, etc.) or sharing information with another service provider, that time may not be billed to PNCC as a collateral contact.

### **WIC Staff as the PNCC Provider**

- Separate WIC from PNCC. A WIC participant must receive information that PNCC is a Medicaid benefit, separate from the WIC program; participants should receive the option to either accept or decline participation.
- When a woman is enrolled in WIC and PNCC and seen for both programs at one visit, program staff should inform the woman of the dual purpose of the visit—for example, “today’s visit is for both WIC and PNCC.”
- Staff should be mindful of the woman’s time and offer options that best fit her needs. WIC pregnancy certification appointments are generally lengthy visits; it may or may not be appropriate to extend the length of visit by adding a PNCC appointment following a certification appointment. Keep the participant informed of her options and allow her to direct the services that best meet her needs.

### **Common Findings from Recent PNCC Audits**

- Incomplete records: The entire PNCC record must remain intact.
- Clinical interventions documented within PNCC records: PNCC is a care coordination program. Avoid documenting height, weight, hgb, etc., in the PNCC record.
- Health education and nutrition counseling needs not identified in the care plan: The PNCC care plan must be client driven. If an intervention is not identified as a need in the care plan, then Medicaid will not reimburse for related services.
- PNCC providers not communicating with HMOs and medical providers: In response, PNCC providers are now required to have an MOU with each HMO they bill for services. This promotes better communication with providers.

For additional WIC or PNCC questions, please contact your regional consultant.

### **Reference**

1. Statewide Project Summary Report. Run date 10/1/2015.
2. WIC Operations Manual, Policy 10.41

ForwardHealth Portal’s Online Handbook, topics #941, #966, #44, #990.

<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=54&s=2&c=61>