



Payment Integrity Review Program Executive Summary

Problem

Public assistance health care fraud, waste, and abuse affect everyone, diverting essential program resources away from the necessary care of members. Across the nation, losses from improper Medicaid provider payments cost taxpayers billions of dollars annually. This includes but is not limited to: 1) Billing for items or services that were not rendered, 2) Using incorrect or excessive billing practices, and 3) Prescribing services that are not covered or lack medical necessity. Educating and alerting providers about claims billing requirements and potential issues is a federally supported way to address unnecessary program costs.

Program Integrity Solution

On April 1, 2023, the Wisconsin Department of Health Services (DHS) – Office of the Inspector General (OIG) is implementing a new Payment Integrity Review (PIR) program for ForwardHealth providers to help safeguard DHS-administered public assistance programs, like Wisconsin Medicaid and BadgerCare Plus, from unnecessary expenditures, service overutilization, and other compliance issues. The goal of this innovative program is to prevent potential fraud, waste, and abuse by allowing the OIG to:

- Proactively review select, provider-submitted claims prior to payment to ensure that federal and state requirements are met.
- Offer enhanced, compliance-based technical assistance to meet the specific needs of providers.
- Increase the monitoring of high-risk benefit and services areas.

How PIR Works

When a provider electronically submits a claim via the ForwardHealth Portal, the system will display a warning message if the claim is subject to PIR. The warning message instructs providers to attach supporting documentation to the claim within seven calendar days to substantiate payment. This documentation is already required to be maintained in the provider's medical file for the member. If supporting documentation is not attached within this timeframe, the claim is automatically denied.

Claims that meet PIR requirements may be eligible for payment once they are accurate and complete. However, claims that do not meet PIR requirements may be denied or repriced. In these cases, providers are encouraged to:

- Review the Explanation of Benefits for billing errors.
- Refer to ForwardHealth Online Handbooks for claims documentation and program policy requirements.
- Correct billing errors and resubmit the claim.

It is important to note that PIR-reviewed claims are not precluded from future OIG post-payment audits or review, even if the claim was deemed eligible for payment.

PIR Review Types:

The PIR program consists of three review types: 1) Claims Review; 2) Pre-Payment Review; and 3) Intermediate Sanction. The table below explains how claims are selected, providers notified, and what is required to successfully exit each review type:

	CLAIMS REVIEW	PRE-PAYMENT REVIEW	INTERMEDIATE SANCTION
How the review of claims is allowed	Wis. Admin. Code § DHS 107.02 (2)	Wis. Admin. Code § DHS 106.11	Wis. Admin. Code § DHS 106.08(3)(d)
How claims are selected for review	The OIG selects a sampling of claims from providers or by provider types, benefit areas, or service codes.	The OIG has reasonable suspicion that a provider is violating program rules.	The OIG has established cause that a provider is violating program rules.
How providers are notified that selected claims are under review	The provider receives a warning message on the ForwardHealth Portal.	The provider receives a warning message on the ForwardHealth Portal and a Provider Notification letter.	The provider receives a warning message on the ForwardHealth Portal and a Notice of Intermediate Sanction letter.
How to successfully exit the review	Claims are selected for review based on a pre-determined percentage of claim submissions of specific criteria. All providers who bill the service codes that are part of this criteria are subject to review, regardless of their compliance rates.	Seventy-five percent of a provider's reviewed claims over a three-month period must be paid as submitted, and the provider's claim volume must not drop more than 10 percent.	The provider must meet parameters set during the sanction process. These parameters are individualized according to the program violations and issues identified by the OIG.

Resources to Assist Providers During PIR:

A number of resources have been developed to assist providers during the PIR process, including, a ForwardHealth PIR Update and a PIR training video. In addition, providers are encouraged to review [ForwardHealth Portal User Guides](#) for information on submitting claims and claim attachments. For assistance, providers also may call Provider Services at 800-947-9627 or contact the OIG through a dedicated PIR email inbox.

Contact Information:

For more information about the OIG's PIR program and other program integrity efforts, please contact Deputy Inspector General Tabitha Ramminger at 608-261-8308 or tabithaa.ramminger@dhs.wisconsin.gov.

Report Fraud:

The OIG encourages everyone to report suspected fraud concerns by calling 877-865-3432 or visiting www.reportfraud.wisconsin.gov.