Payment Integrity Review Program
General Talking Points

About PIR

- 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, including but not limited to:
  - Billing for items or services that were not rendered.
  - Using incorrect or excessive billing practices.
  - 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.

Innovative 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.

- The goal of this innovative program is to help safeguard DHS-administered public assistance programs, like Wisconsin Medicaid and BadgerCare Plus, from unnecessary expenditures, service overutilization, and other compliance issues.

- To prevent potential fraud, waste, and abuse within these vital programs, PIR allows the OIG to proactively review select, provider-submitted claims prior to payment to ensure that federal and state requirements are met.

- In addition, the OIG will offer enhanced, compliance-based technical assistance to meet the specific needs of providers, as well as increase monitoring of high-risk benefit and service areas.

How PIR Works

- Providers that electronically submit PIR-selected claims via the ForwardHealth Portal will see a system-generated warning message, instructing them to attach supporting documentation to the claim within 7 calendar days to substantiate payment.

- Since ForwardHealth policy already requires all providers to maintain this supporting documentation in the member's medical file, submitting the information should not significantly change or alter workflows.

- If supporting documentation is not attached within 7 calendar days, 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. If this occurs, 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.

- While the PIR program seeks to enhance the integrity of provider billing practices, it is important to note that 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.

- Claims Review, which is authorized through Wis. Admin. Code § DHS 107.02 (2), allows the OIG to use specific criteria for selecting a pre-determined percentage of claims from providers or by provider types, benefit areas, or service codes.
    - This means all providers billing for the identified service codes are subject to review.
    - Providers with claims selected for this review type are notified through a warning message on the ForwardHealth Portal.
    - Unlike Pre-Payment Review and Intermediate Sanctions, providers cannot exit Claims Review based on performance. Due to the sampling nature of this review type, the OIG may add or discontinue reviews based on the risk in a particular benefit area.

- When the OIG has reasonable suspicion a provider is violating program rules, claims may be selected for Pre-Payment Review in accordance with Wis. Admin. Code § DHS 106.11.
    - Like with Claims Review, providers are notified about the Pre-Payment Review of claims through a warning message on the ForwardHealth Portal.
    - They also receive a Pre-Payment Review Provider Notification letter.
    - To successfully exit Pre-Payment Review, 75% of a provider's reviewed claims over a 3-month period must be paid as submitted and their claim volume must not drop more than 10%. The OIG reserves the right to adjust criteria based on case facts.

- According to Wis. Admin. Code § DHS 106.08(3)(d), Intermediate Sanction is allowed when the OIG has established cause that a provider is violating program rules.
    - As with other PIR review types, providers are notified through a warning message on the ForwardHealth Portal.
    - They also will receive a Notice of Intermediate Sanction letter.
    - To successfully exit this type of review, providers must meet Intermediate Sanction process parameters, which are specific to the program violations and issues identified by the OIG.

PIR Resources for Providers

- 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 PIR assistance, providers may call Provider Services at 800-947-9627 or email the OIG using the dedicated PIR inbox at dhsoigpaymentintegrityreview@dhs.wisconsin.gov. Please include your case number in the subject line.

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