Payment Integrity Review (PIR) Program Frequently Asked Questions

About PIR

Q. Who is the target audience for this program?
A. The Wisconsin Department of Health Services (DHS) – Office of the Inspector General (OIG) is implementing a new PIR program for ForwardHealth providers.

Q. When does it start?
A. The PIR program starts on April 1, 2023.

Q. What is the program's goal?
A. 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.

Q. What is the program's purpose?
A. The PIR program allows the OIG to proactively review select, provider-submitted claims prior to payment to ensure that federal and state requirements are met. Through PIR, 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 services areas.

How PIR Works

Q. How are providers notified about claims under review?
A. 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.

Q. Are providers that submit paper claims subject to PIR?
A. Yes. Providers that submit paper claims are subject to PIR. Please refer to the Claim Submission chapter on the ForwardHealth Portal for more information on submitting paper claims.

Q. Why is supporting documentation necessary?

A. The OIG uses provider-submitted supporting documentation to substantiate payment of the claim. Since providers are required to maintain this supporting documentation in the member's medical file, submitting the information should not significantly change or alter workflows.

Q. How long do providers have to submit supporting documentation?

A. Providers have 7 calendar days to attach and submit supporting documentation.

Q. What happens if supporting documentation is not submitted within 7 calendar days?

A. If supporting documentation is **not** submitted within this timeframe, the claim is automatically denied.

Q. How do providers get paid for claims under review?

A. Claims that meet PIR requirements may be eligible for payment once they are accurate and complete.

Q. How do providers know if a claim has billing errors?

A. To help identify billing errors on a claim, providers are encouraged to review the Explanation of Benefits, which is located on the Remittance Advice. Providers also are encouraged to call Provider Services at 800-947-9627 for additional information.

Q. What does repricing mean?

A. In PIR, repricing is adjustments on the claim, such as amount of paid units, the service code or modifier, and custom price when no Max Fee is available. These adjustments are based the documentation submitted to substantiate payment of the claim. Please refer to the ForwardHealth Portal interactive Max Fee Schedule and your Prior Authorization (PA) decision to verify rates.

Q. Can providers resubmit the claim after denial?

A. Yes. Providers may resubmit the claim with new information or to correct an error.

Q. How do providers appeal a claim decision?

A. If a provider disagrees with a claim decision, the provider may resubmit a previously denied claim or submit an adjustment for repriced claims. However, there are no formal fair hearing rights for claims decisions according to Wis. Admin. Code § DHS 106.03(3)(b)5.

Q. Does a PIR-approved claim guarantee medical necessity?

A. No. PIR involves the collection and clinical review of medical records and related information to ensure that payment is only made for services that meet all Medicaid coverage, coding, billing, and medical necessity requirements. A PIR claims reviewer may use any relevant and necessary information to make a claim determination prior to payment.

Q. Does PIR exempt providers from PA?

A. No. PIR does not exempt providers from PA. Please follow ForwardHealth policies on PA.

Q. Are PIR-reviewed claims precluded from future audits?

A. No. Claims reviewed through the PIR program are not precluded from future OIG post-payment audits or review, even if the claim was deemed eligible for payment.

PIR Review Types

Q. What types of reviews are conducted under the PIR program?

A. The PIR program consists of 3 review types: 1) Claims Review; 2) Pre-Payment Review; and 3) Intermediate Sanctions.

Q. What is Claims Review?

A. Authorized through Wis. Admin. Code § DHS 107.02 (2), Claims Review 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.

Q. How are providers notified about Claims Review?

A. Under Claims Review, providers with selected claims are notified through a warning message on the ForwardHealth Portal.

Q. How do providers successfully exit Claims Review?

A. 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.

Q. What is Pre-Payment Review?

A. 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.

Q. How are providers notified about Pre-Payment Review?

A. Just like Claims Review, providers with selected claims are notified through a warning message on the ForwardHealth Portal. These providers also receive a Pre-Payment Review Provider Notification letter.

Q. How do providers successfully exit Pre-Payment Review?

A. In order 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.

Q. What is an Intermediate Sanction?

A. 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.

Q. How are providers notified about an Intermediate Sanction through the PIR process?

A. As with other PIR review types, providers are notified through a warning message on the ForwardHealth Portal. These providers also receive a Notice of Intermediate Sanction letter.

Q. How do providers successfully exit an Intermediate Sanction?

A. 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

Q. What resources have been developed to assist providers during the PIR process?

A. The OIG has developed a number of resources to assist providers during the PIR process, including a ForwardHealth PIR Update and a PIR training video.

Q. Where do providers go if they need help with submitting claims and claim attachments?

A. Providers should visit the ForwardHealth Portal to review the Claims Submission chapter and visit the User Guide page for information on submitting claims and claim attachments. If you have questions or need assistance, please call Provider Services at 800-947-9627.

Q. Who should providers contact for help during the PIR process?

A. For assistance during the PIR process, providers may call Provider Services at 800-947-9627. Providers also may email to the OIG at dhsoigpaymentintegrityreview@dhs.wisconsin.gov. Please include your case number in the subject line.

Q. I have fraud concerns. How do I report it?

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