

## CHILD CARE COORDINATION CLAIMS SUBMISSION CHECKLIST FOR PAYMENT INTEGRITY REVIEW

**Purpose:** This checklist is an optional, self-help tool to assist Prenatal Care Coordination (PNCC) providers with preventing common Child Care Coordination (CCC) service claim errors identified through Payment Integrity Review (PIR). It is not to be used as legal advice or an exhaustive resource for complying with Medicaid rules and regulations. For more information on PIR or provider requirements, please refer to ForwardHealth Portal [online handbooks](#), [updates](#), and the [PNCC](#) and [CCC](#) resource pages.

**Instructions:** To aid in the approval and payment of covered services, please use the checklist to verify CCC claims are correctly submitted, including attaching all required documentation. The completed checklist should be retained for recordkeeping purposes only. It does not need to be submitted with claims. Call Provider Services at 800-947-9627 with any questions about PIR or this checklist.

### RECORD PREPARATION

Use these recommendations to help prepare medical record documentation according to program requirements:

- Records have been created for each specific service rendered. The records are complete and comply with Medicaid rules and regulations.
- All pages for each billed service are present and properly organized.
- Each page includes the agency's name, the member's first and last name or Medicaid ID, and page numbers to help prevent mismatched paperwork.
- Any information written on records is legible or clear, including signatures.
- Staff job titles are listed with required signatures (Example: Qualified Professional or Care Coordinator).
- Record corrections include a line through errors so all words are still legible, the correct information, a signature or initials of the individual making the correction, and the correction date.

### CLAIM PREPARATION

Use the following recommendations to help prepare claims according to program requirements:

- Submitted claims are for Medicaid-eligible members residing in Milwaukee County or the City of Racine on the date of service (DOS).
- All information is accurate, complete, and no fields are blank.
- Correct procedure codes and modifiers are used and accurately represent billed services.
- All details match member record documentation, including the DOS, procedure code used, and time billed for each rendered service (Example: The claim and member record have the same care plan development date).
- Time billed follows rounding guidelines in ForwardHealth Online Handbook Topic [#970](#).
- All current Qualified Professional(s) working for the agency are listed under the Staff Information panel in ForwardHealth's [Demographic Maintenance Tool](#).
- The following records are attached to claims before submission:
  - The current and most recently completed Family Questionnaire.
  - The current Individualized Care Plan.
  - Service logs for each DOS on the claim.
  - Service notes, if used.
  - Signature sheet, if used.
  - Copies of written referrals made during the DOS on the claim.
- All scanned documents are clear and complete, including no blurry information or missing pages.

### COMPREHENSIVE ASSESSMENT AND FAMILY QUESTIONNAIRE ([F-01118](#))

Use these recommendations to help complete the assessment according to program requirements:

- The current and most recently completed Family Questionnaire form version is used to conduct the assessment.
- All entries are legible and clearly written.
- The listed information accurately and completely represents the family's current situation.
- Under Question 9 in Section IV – Health, "Yes" is selected only if Wisconsin Medicaid was billed for PNCC services the mother received during this pregnancy.
- Information is properly and accurately scored, including calculating page point subtotals and the total score.
- The signature, title, and date signed by the Care Coordinator and Qualified Professional are included.
- Details were reviewed with the member's mother/guardian in a face-to-face meeting as evidenced in the service log.

For more information on PIR, please review ForwardHealth Handbook Update [2023-05](#) and the [training video](#).

**INDIVIDUALIZED CARE PLAN**

Use the following recommendations to help complete the care plan according to program requirements:

- The template used contains all required data and information.
- All entries are legible and clearly written.
- Goals are based on needs identified in the Family Questionnaire and the CCC objectives below:
  - Improving family functioning; parenting skills; and positive parenting, employment, and future birth outcomes.
  - Increasing understanding of infant and child development, as well as accessing and appropriately using the health care delivery system.
  - Encouraging planned pregnancies.
- The plan is signed and dated by the member's mother/guardian.
- The plan is signed or initialed and dated by the provider who created it. If the Care Coordinator created the plan, it is also signed or initialed and dated by the reviewing Qualified Professional. The role of each individual is specifically listed.
- If any required signature is not legible or initials were used, a signature page was completed that includes the:
  - Individual's printed name.
  - Individual's role in the member's case.
  - Individual's full signature.
  - Individual's initials.
  - Date this information was added to the signature page
- The plan is reviewed and updated every 60 days for the first year of the child's life, and every 180 days thereafter. Any edits and changes are documented on the plan and signed and dated by the member and the provider.

**SERVICE/TIME LOG, NOTES, AND REFERRALS**

Use these recommendations to help complete service logs, notes, and referrals according to program requirements:

- All care coordination activities are clearly and concisely documented.
- Each log entry has all required details as defined in ForwardHealth Online Handbook Topic [#978 & 961](#), including:
  - The member's full name.
  - The date of contact.
  - The full name and title of the person who made contact.
  - The detailed reason for and nature of the contact. The description must link the contact to a specific care plan goal or activity.
  - The exact length of time of the contact (Example: 9:15 AM – 10:05 AM).
  - Where or how the contact was made.
- Any "urgent services" provided before the Family Questionnaire ([F-01118](#)) was completed were to address immediate care coordination needs, like shelter and food security. All details and referrals are clearly documented in the service logs or notes.
- Referrals made during care coordination sessions are documented in service logs or notes and include the required details below:
  - The care coordinator's name, address, and telephone number.
  - The member's name.
  - The date that the referral is made.
  - The name, address, and telephone number of the agency/provider to which the member is being referred to.
  - The reason for the referral including an explanation of how referred services relate to current goals on the care plan.
- Service logs for all DOS are included, complete, and describe how services align with these covered activities:
  - Time spent updating care plans.
  - Documenting member and collateral contacts.
  - Preparing and responding to correspondence with members or collaterals.
  - Documenting the member's activities in relation to their care plan.
- The Care Coordinator signed and dated every DOS on the date the service occurred.
- If any required signature is not legible or initials were used, a signature page was completed that includes the:
  - Individual's printed name.
  - Individual's role in the member's case.
  - Individual's full signature.
  - Individual's initials.
  - Date this information was added to the signature page.