

Reframing Aging and Disability in Wisconsin

With the advent of evidence-based framing strategies through the [National Center to Reframe Aging \(NCRA\)](#) and their research partner, the [Frameworks Institute](#), industry leaders and advocates see an opportunity to make a meaningful impact that advances age and disability-inclusive policies and practices.

Reframing matters because...

✓ **We are all aging.**

Positive attitudes about aging can extend lifespan and quality of life by an average of 7.5 years, [according to research from Yale School of Public Health](#)

✓ **We are committed to promoting the well-being of older adults and people with disabilities.**

Eliminating ageism would significantly benefit the psychological health of older adults according to a [2022 study](#).

✓ **We can prioritize and invest in our health.**

A [2018 study](#) estimated that ageism in the United States costs \$63 billion annually in healthcare

✓ **We believe that change is possible.**



Through the leadership of the Wisconsin Department of Health Services and the Wisconsin Aging Advocacy Network, we are taking steps to advance effective communication strategies about aging. Part of our activities include presentations from NCRA. The following free webinars will introduce the key concepts of reframing and provide proven communications strategies that will reduce the negative health and policy impacts of ageism and ableism.

General introductory sessions:

- Tuesday, October 28, 2025 from 1 – 2 pm
https://zoom.us/webinar/register/WN_iNw7Tvm0Qky11NbDJI6v7Q
- Wednesday, February 11, 2026 from 9 – 10 am
https://zoom.us/webinar/register/WN_FzVArKUXSISUw0LZUn0HHw

Introductory session tailored for health care professionals:

- Thursday, January 15, 2026 from 12 – 1 pm
https://zoom.us/webinar/register/WN_TFO4fZzFSIO81sEKhjRaeQ

Current NCRA training is sponsored by the Wisconsin Department of Health Services, Division of Public Health, Bureau of Aging and Disability Resources.

Please direct any questions to Helen Sampson, helen.sampson@dhs.wisconsin.gov

For future trainings and resources, sign up for the Champions List to stay informed:

<https://wiha.wufoo.com/forms/w152jg3f0s6pwd6/>

Payment Integrity Review Overview

Tabitha Ramminger, Deputy Inspector General

About the OIG

- The Office of the Inspector General (OIG) protects the taxpayers of Wisconsin by preventing, detecting, and investigating fraud, waste, and abuse in public assistance programs administered by the Department of Health Services (DHS).
- OIG's program integrity activities uphold DHS' mission, vision, and values to protect and promote the health and safety of the people of Wisconsin while managing public resources responsibly.



Program Integrity Focus

Providers	Conducts enrollment reviews, technical assistance, trainings, claims reviews, investigations, pre- and post-payment audits, and more.
Members	Monitors and investigates suspected fraud affecting members in DHS programs, as well as retailers in the FoodShare and Women, Infants, and Children (WIC) programs.
Internal Audit	Conducts independent audits of DHS providers, offers consultation services on DHS operations, and investigates improper employee activities.



Payment Integrity Review Program

Reviewing Medicaid Claims Prior to Payment

Program Purpose and Goals

- **Purpose:**

- ◆ PIR safeguards the integrity of the Medicaid program through the proactive review of claims prior to payment and educating Medicaid providers on proper billing practices.
- ◆ Serves as an additional layer of protection to help contain program costs, such as claims system restrictions and prior authorization.

- **Goals:**

- ◆ Ensure provider claims meet federal and state requirements.
- ◆ Support provider compliance through technical assistance.
- ◆ Monitor high risk benefit areas.

Program Benefits

- Offers providers the opportunity to cure claims that can be corrected to prevent recoupment in future audits.
- Corrects billing behaviors in need of change.
- Prevent future inappropriate billing.
- Supports providers in developing better billing practices.
- Ensures Medicaid dollars are properly paid.
- Reduces state costs to “pay and chase” method.

Improper Claims Billing Examples

- PIR seeks to prevent billing concerns, including but not limited to:
 - ◆ Billing for items or services not rendered.
 - ◆ Using incorrect CPT/HCPCS procedure codes, including upcoding and unbundling.
 - ◆ Billing for services outside of the provider specialty.
 - ◆ Providing insufficient medical record documentation to support billed charges.
 - ◆ Billing for services that are non-covered, overutilized, or lack medical necessity.

Selecting Cases for Review

- OIG selects and reviews provider and service specific cases based on the following:

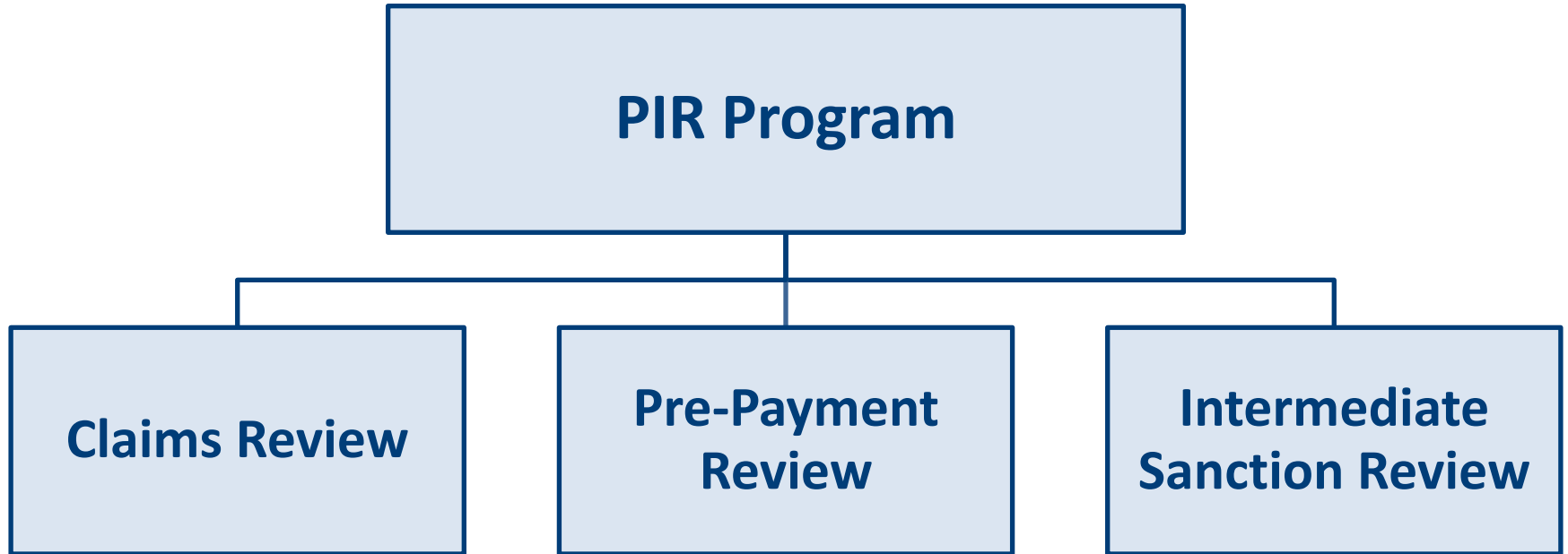
Provider Specific Review

Data analysis, case investigation, or other methods indicate risk or presence of aberrant billing from a specific provider.

Service Specific Review

The same or similar problematic billing behavior is widespread and affects a particular service benefit or procedure code.

Review Types



Pre-Payment Review Case Example

Provider	ABC Personal Care Agency Benefit Area: Personal Care Services Service Code: T1019
Reason for Selecting Claims	Post-payment audit identifies billing of travel time services without a corresponding personal care service on the same day.
How Provider is Notified	OIG sends notice letter and ForwardHealth Portal message appears on claims
How Provider Exits Review	Provider uses technical assistance and demonstrates improvements in billing practices

Claim Message

- The following ForwardHealth Portal message immediately appears after a claim is submitted if it is selected for PIR:

The following messages were generated:

Warning: This claim is under Payment Integrity Review (PIR). To substantiate payment, attach all required documentation within 7 calendar days. Please see the ForwardHealth Handbook on PIR or contact Provider Services at 800-047-9627 for details.

Continue

Ignore

- Providers have **7 calendar days** from this point to attach supporting documentation to the claim or it will be denied.
- Only accurate and complete claims that meet PIR requirements may be eligible for payment.
- Claims that do not meet PIR requirements may be denied or repriced.

Claim Decisions

- Payments may be fully paid, partially paid, or denied.
- Refer to Explanation of Benefits (EOB) for the payment decision reason code.
- Also refer to Remittance Advice Addendum (RAA) for a detailed, custom message from OIG PIR team on claim decision.
- Providers can resubmit curable claims for reconsideration.

Looking Ahead for PIR



- OIG is planning to use PIR to review personal care claims in the future.
- Additional resources are being created to assist providers.
- OIG will issue a benefit-wide communication when resources are ready.

How to Prepare - Self-Audit

- Preventing Medicaid Waste – Provider Self-Audits:
<https://www.dhs.wisconsin.gov/publications/p02790.pdf>
- Federal Self-Disclosure Information:
<https://oig.hhs.gov/compliance/self-disclosure-info/>
- Self-Audit Snapshot E-Bulletin:
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/ebulletins-self-audit.pdf>
- Sanctions for Provider Misconduct:
<https://www.cms.gov/medicare-medicoid-coordination/fraud-prevention/medicaid-integrity-education/downloads/ebulletins-sanctions.pdf>

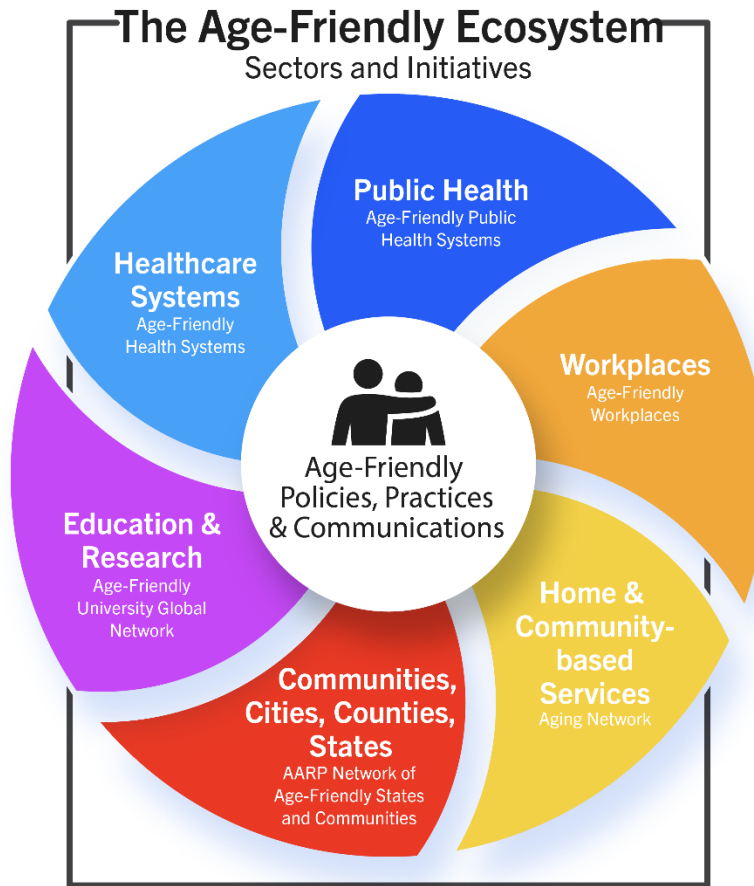
Report Fraud, Waste, and Abuse



Help DHS combat program fraud, waste, and abuse by reporting suspected concerns to the OIG at:

- **Phone:** 877-865-3432
- **Online:** www.reportfraud.wisconsin.gov

WI Age and Disability Friendly Ecosystem



Age Friendly Ecosystem model is from the [John A. Hartford Foundation](#)

WHAT WE HAVE	WHO (*Backbone Organization)
AF Health Systems	The Wisconsin Geriatric Education Center* (WGEC), led by Marquette University. Funding through John A. Hartford Foundation, certification through Institute for Healthcare Improvement (IHI).
AF Public Health	Local Health Departments: Eau Claire, Wauwatosa, Greendale National certification through Trust for America’s Health (TFAH).
AF Communities	*AARP, UW-Extension Life Span (Aging Friendly Communities – Life Span)
AF Universities	UW Superior, UW Green Bay, UW La Crosse (pending confirmation). Global certification through Age Friendly University Global Network.
WHAT WE NEED	
AF Workplaces	Age Friendly Institute Certified Age Friendly Employer (CAFE) established in 2006
AF HCBS (Aging Network)	No designation exists



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Workforce Charge: Updates & Input

Tuesday, September 9, 2025



Workforce Charge

▪ **Short-Term Goals (2025)**

○ **1. Policy & Funding Advocacy**

- Goal: Secure sustainable investment and legislative support for workforce initiatives.
 - The Long Term Care Advisory Council (LTCAC) will support the Governor's 2025–27 biennial budget, which includes critical funding for all direct care workforce initiatives.
 - Align all workforce activities with budget priorities to ensure long-term support and measurable impact.



Workforce Charge Continued

■ Short-Term Goals (2025)

○ 2. Recruitment & Career Awareness

- Goal: Attract new talent into the direct care workforce through educational pipelines and targeted outreach.
 - Expand and build upon the WisCaregiver Careers High School, Tech College and University initiative, making it a statewide model for early-career engagement.
 - Engage underrepresented populations, including refugees and immigrants, through community outreach and awareness campaigns.



Workforce Charge Continued

■ Short-Term Goals (2025)

○ 3. Workforce Support & Retention

- Goal: Improve job satisfaction and stability for current care workers.
 - Implement emergency retention bonuses and wage stabilization programs to retain existing direct care workers (DCWs and PCWs).
 - Expand access to mental health and well-being supports tailored for care workers.



Update

- Biennial Budget
- Changes to the WisCaregiver Certified Nurse Aide (CNA) Program



Group Discussion/Next Steps



Thank you!

Protecting and promoting
the health and safety of
the people of Wisconsin



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Medicaid Long-Term Care Charge

Tuesday, September 9, 2025



Charge #2 – Medicaid Long-Term Care

- Recommend ways to make Wisconsin's Medicaid long-term care programs better. Make sure everyone feels included and their voices are heard. The goal is to have an efficient system that gives everyone fair access, choices, and quality care.



Medicaid Long-Term Care Recommendations

■ Short-Term Goal (2025)

○ Program Authority & Contracts

- Review and recommend updates to waiver and contract language
 - Proposed MCO contract language (batch 2) was sent to the committee on August 15 with comments due Monday September 8.
 - LTCAC received the briefing on the IRIS waiver last meeting. Submission of the waiver should be this week.



Medicaid Long-Term Care Recommendations

- **Short-Term Goal (2025)**

- **Program Transparency & Education**
 - Create a connection with the newly established Medicaid Member Experience Committee to align and maximize efforts
 - Medicaid Advisory Committee | Wisconsin Department of Health Services



Medicaid Long-Term Care Recommendations

■ Short-Term Goal (2025) Continued

○ Program Sustainability

- Advise on any decisions/impacts related to Medicaid funding reductions or changes to eligibility requirements
 - MAPP
 - No changes to renewals at this point, the department would let members know if there were changes to renewal timelines



Medicaid Long-Term Care Recommendations

- **Mid-Term Goals (1-2 Years)**

- **Program Authority & Contracts**

- Recommend a clearer definition of provider network adequacy for Managed Care Organizations



MCO Network Adequacy

- External Quality Review (EQRO)
 - Define standards & scope
 - Collect & Validate Data
 - Access Information Systems
 - Validate Methods & Results
 - Provide Feedback to MCOs
 - Report to DHS
- Department of Health Services (DHS)
 - Performed by DHS staff
 - Structured similarly to EQR
 - Ensure compliance and accountability



Thank you!

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