Happy 2019!

This year has started with exciting changes at Children's Community Health Plan.

- Dawn Rady has joined the Provider Relations team as the Provider Relations Manager. Dawn has worked in the health care industry for over 38 years. Before taking on her new role, Dawn was the Utilization Manager for CCHP. In addition, Dawn has experience in case management, quality improvement, health management, training, and women's health. If you have any questions, she can be reached at drady@chw.org.

- Other exciting changes include a new look to the provider portal and streamlining the medication prior authorization process for Together with CCHP.

CCHP has made these changes to help make the process of submitting prior authorizations and accessing our portal easier.

New to our plan or not sure how to submit prior authorizations?

In this issue of Provider Notes, you will able to:

- Find links to training videos on topics like "How to submit prior authorizations" and "Understanding Inpatient Notifications." We will be hosting two training events this Spring.

- Register for two training events being held this Spring to assist you with submitting prior authorizations and inpatient notifications.

- Find a step-by-step guide on how to submit an authorization depending on if you are submitting a medical or pharmacy benefit.
What else will you find in this issue?
Are you looking for the BadgerCare Plus prior authorization list for 2019 and Together with CCHP's prior authorization list for 2019? You will find both of these lists in this issue!

Do you have a question that we haven't addressed? Please email us at CCHP-providernews@chw.org.

In this issue of Provider Notes:

- BadgerCare Plus Authorization Lists update
- 1099 Forms
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NOTICE TO PROVIDERS ABOUT AUTHORIZATION LISTS

BadgerCare Plus - CCHP

These genetic codes will be added to the prior authorization list with an effective date of March 1, 2019: 81163; 81164; 81165; 81166; 81167; 81173; 81174; 81177; 81178; 81179; 81180; 81181; 81182; 81183; 81184; 81185; 81186; 81187; 81188; 81189; 81190; 81204; 81233; 81234; 81239; 81271; 81274; 81284; 81285; 81286; 81289; 81305; 81312; 81329; 81336; 81337; 81518; 81595; and E0470.

These codes will be added to the no prior authorization list with an effective date of March 1, 2019: 10004; 10005; 10006; 10007; 10008; 10009; 10010; 10011; 10012; 11102; 11103; 11104; 11105; 11106; 11107;
Provider Manuals were updated

The BadgerCare Plus Provider Manual and Together with CCHP Provider Manual have been updated. These manuals can be found on the website in the Provider Section under Provider Resources. The manuals can also be found in the provider portal in the menu under Forms / Manuals.

**BadgerCare Plus:**
- Contact Information
- Enrollment
- Provider Responsibilities
- Health Management
- Utilization Management
- Prior Authorizations
- Credentialing
- Appeals

**Together with CCHP:**
- Introduction
- Medical claims
- Coding
- Confidentiality
- Coverage
- Credentialing
- Urgent Care
- Health Management Programs
- Pharmacy Benefits
- Prior Authorizations
- Member ID
- Plan Descriptions
- Provider Resources

View the Provider Manuals

1099 Forms are in the mail

Providers who provided services to our members in 2018 will receive their 1099 forms in the mail.

Providers may receive up to three (3) different 1099 forms and possibly one duplicate form for BadgerCare Plus from us. We apologize if there is any confusion.
BadgerCare Plus
Providers may receive duplicate 1099 forms. These forms will have identical information on both forms so please disregard the second mailing.

The BadgerCare Plus 1099 forms will have this mailing address:
9000 W Wisconsin Ave
Milwaukee, WI 53226

These will be mailed from the zip code of 53266. In addition, the phone number associated with the form will be 800-482-2010.

Together with CCHP
Together with CCHP’s 1099 form will have this mailing address:
9000 W Wisconsin Ave.
PO Box 1997
Milwaukee, WI 53201

These forms will be mailed from the zip code 53201. In addition, the phone number associated with the form will be 412-434-1200.

Children’s Community Health Plan
Miscellaneous Payments from Children’s Community Health Plan will have a mailing address of:
PO Box 1997
Milwaukee, WI 53201

The 1099 form for miscellaneous payments will have Children’s Community Health Plan as the payer even though the checks will be mailed from Children’s Hospital of Wisconsin and Affiliates.

If you have any questions, please call 844-229-2775.

Updated look to CCHP Provider Portal
Children’s Community Health Plan has updated the look of the Provider Portal. The portal now has collapsible menu options that make it easier to find which tool you are looking for.

You will need to hover your mouse over the blue title and click on it in order to access: CareWeb Qi Authorization, BadgerCare Plus Claims look-up, BadgerCare Plus Claims Submission, BadgerCare Plus Confirmation, or the Together with CCHP Provider Tools.

To minimize the descriptions to each link, hover your mouse over the name of the tool and click on the blue title.

**CareWeb Qi Authorization Tool**

Communication between the UM staff and the provider will occur in the message section of the CareWeb Qi Authorization tool after the prior authorization or inpatient notification is submitted. The UM staff will request additional clinical information by messaging the provider in the messaging section of the CareWeb Qi Authorization Tool.

**Training Opportunities**

**Upcoming webinar trainings**

CCHP is starting 2019 with exciting webinars! In 2018, CCHP held several in-person trainings and webinars.

Here are few tips on registering for our webinars:
When you register for the trainings please include specific questions you have for the webinar. Our trainers use this feedback to customize the training sessions.

- The week of the webinars you will receive a link to the Webex.
- If for some reason you have to miss a webinar you can watch a recap on our website.

Here is a list of upcoming webinars:

February 15, 2019 - "How to submit a medication prior authorization for Together with CCHP"

Register for the February 15 Webinar

March 15, 2019 - "Tips and Tricks to submitting an authorization to CareWeb Qi Authorization Tool"

Register for the March 15 Webinar

Training videos

Do you have a new staff member that will be submitting prior authorizations or inpatient notifications? CCHP has webinars available on its website that cover an introduction to CareWeb Qi Authorization Tool and provider portal, submitting prior authorizations and inpatient notifications.

View training videos

HEDIS 2019

CCHP will begin requesting medical records from providers in February via a fax.

The fax will contain:
• A cover letter with contact information your office can use to contact us with questions.
• A member list, which includes the member and HEDIS measures, the member was selected for.
• An instruction sheet listing the details for each HEDIS measure.

Releasing PHI for HEDIS data collection is permitted by HIPAA and does not require patient consent or authorization. HEDIS and release of information is permitted under HIPAA since the disclosure is part of the quality assessment and improvement activities [45 CFR 164.506(c) (4)]. For more information please visit www.hhs.gov/ocr/privacy.

HEDIS review is time sensitive, so please submit the medical records within the indicated time frame.

Please return the medical record documentation to CCHP by:

• IOD Account for Children's Community Health Plan is #3688162
• CiOX / HealthPort Connect Account for Children's Community Health Plan #1986806
• Send a secure fax to 414-266-4721
• Mail via US Postal Service to:
  Children's Community Health Plan
  Quality Improvement Department
  P.O. Box 1997 MX 6280
  Milwaukee, WI 53201-1997

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**Submitting Claims Electronically**

Providers can submit claims electronically through the BadgerCare Plus Claims Submission Tool and the Together with CCHP Tool. These tools can be found in the CCHP's Provider Portal. In addition to the password needed to sign into the CCHP's Provider Portal, these tools require a separate password.

**BadgerCare Plus Claims Submission Tool:**

Providers can use this tool to submit claims, correct rejected claims, and resubmit claims. When registering for the tool you will need the BadgerCare Plus payer ID, 39113.
If you need help registering, please call Smart Data Solutions at 855-297-4436. Please review the Submission Tool Guide for more information on the tool.

**BadgerCare Plus Submission Tool Guide**

**Together with CCHP Submission Tool:**
Providers can use this tool to submit claims, search claims, check member eligibility, chat with customer service, and view explanation of payments. Please speak with your portal administrator if you need to register for this tool. If you have questions, please call 844-202-0117. Please review the Portal User Guide for more information on this tool.

**Together with CCHP's Portal User Guide**

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**BadgerCare Plus expansion**
BadgerCare Plus has expanded its service area for 2019!

As of January 1 2019, BadgerCare Plus is available in 28 counties in Wisconsin. These counties are: Green Lake, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, Waukesha, Brown, Calumet, Door, Fond du Lac, Forest, Kewaunee, Lincoln, Manitowoc, Marinette, Oconto, Oneida, Outagamie, Rock, Shawano, Sheboygan, Vilas, Waupaca, Waushara, and Winnebago.

BadgerCare Plus is a Medicaid health care coverage program for low-income Wisconsin residents. CCHP covers the same benefits as BadgerCare Plus. BadgerCare Plus provider directory has been updated to include providers in these counties.
Children's Community Health Plan's website's section on claims has been updated. Providers can find out more information about paper claims, electronic claims, corrected claims and appealing claims.

**BadgerCare Plus Claims**

To allow for more efficient processing of claims, we ask for your cooperation with the following:

- When submitting claims use the correct and complete member number.
- Submit claims in a timely manner.
- CCHP does not accept faxed claims. Claims should be sent electronically or by paper. Providers are encouraged to submit claims electronically.
- CCHP asks providers to allow 45 days to pass from the date of submission before calling to check the status of claims.
- Review rejection reports. Correct and resubmit rejected claims.
- Claims must include the correct billing and rendering NPI and taxonomy. If the information submitted on the claim is different than what is registered with ForwardHealth, your claim will reject.

**Together with CCHP's Claims**

A correct and complete member number must be submitted on the claim. Using the correct member number on the claim helps ensure correct and timely claim payment.

Important items to remember when submitting claims:
Submit claims electronically or type claims. Handwritten claims may be returned.

Claims with eraser marks or whiteout corrections may be returned.

Only clean claims containing all required information will be processed within the required time limits. Rejected claims that have missing or incorrect information may not be resubmitted. A new claim form must be generated for resubmission.

Use proper place-of-service codes.

Use modifier code “25” when it’s necessary to indicate that the member’s condition required a significant, separately identifiable evaluation and management service above and beyond the other procedure or service performed on the same date by the same provider.

Bill anesthesia claims with the correct codes from the American Society of Anesthesiologists with appropriate anesthesia modifiers and time units, if applicable.

Submit only one payee address per tax identification number.

If a claim is submitted with an error, the provider must submit a new claim. Claims must be submitted within the timely filing requirements or the claim will be denied.

Services for the same patient with the same date of service may not be unbundled. For example, an office visit, a lab work-up, and a venipuncture by the same provider on the same day must be billed on the same claim.

Submit all provider appeals within the time frame outlined in your Provider Network Agreement.

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**Provider Appeals**

**We want your feedback!**

Providers have the right to file an appeal to Together with CCHP and BadgerCare Plus within the time frame outlined in your Provider Network Agreement. In an effort to improve our process, we would like to hear what you think about our provider appeals process.

*If you submitted a provider appeal in 2018 or 2019, please complete this survey.*

[Provider Appeal Survey]

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**How to submit a provider appeal**

CCHP does not accept claims or appeals via fax. Please review the following instructions
on how to submit a provider appeal for BadgerCare Plus and Together with CCHP.

**BadgerCare Plus:**
Provider appeals must be submitted using [CCHP’s Provider Appeal/Claim Review Request Form](#). Please send one form and supporting documentation per claim review request.

Mail claim appeals to:
Children’s Community Health Plan
PO Box 56099
Madison, WI 53705

**Together with CCHP:**
For questions regarding claims and Explanation of Payment (EOP), providers can chat online through the Together portal or contact Together with CCHP Provider Service at 844-202-0117.

After contacting Customer Service, please complete the [Together with CCHP Provider Appeal / Claim Request Review Form](#).

Submit the form, along with copies of any supporting documentation to:
Together with CCHP
ATTN: Appeals Department
P.O. Box 1997, MS 6280
Milwaukee, WI 53201-1997

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**Here are some tips on filing appeals:**

1. Please contact customer service regarding claims payments issues before appealing. You can reach Together with CCHP Provider Services at 844-202-0117, and BadgerCare Plus Provider Services at 800-482-8010.
2. We do not accept faxed appeals. Appeals that are faxed will be returned.
3. The comments on the appeal form should have detailed information as to why you are appealing. Please do not notate "Please review medical records attached."
4. Corrected claims are not appeals. These should be sent to the claims address. For BadgerCare Plus corrected claims please review this guide. For Together with
CCHP claims please stamp and notate that it is a corrected claim before mailing it in.

5. Sending a primary insurance EOB with claims is not an appeal. This should be sent to the claims address.

6. If you have multiple claims for the same member denying for the same reason they can all go on the same appeal form. Put a list of claim numbers and detailed information in the comment area or on a separate sheet of paper if necessary.

7. Please wait 30 days to follow up on appeals. Status questions can be emailed to DSchneider2@chw.org. Please include in the email: member name, member ID number, date of service, and claim number.

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Together with CCHP

**Losartan recall for Together with CCHP**

Torrent Pharmaceuticals Limited is recalling 10 lot numbers of Losartan because of an impurity found in the product. The impurity—N-nitrosodiethylamine (NDEA)—is classified as a probable human carcinogen.

For more information about this recall:

- Contact Torrent Pharmaceuticals Limited at 1-800-912-9561 from 8 a.m. to 5 p.m. Voicemail is available 24 hours a day, 7 days a week.
- Visit the U.S. Food and Drug Administration website at [www.fda.gov/Safety/Recalls/ucm629261.htm](http://www.fda.gov/Safety/Recalls/ucm629261.htm).

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Together with CCHP Member ID Cards

Keep an eye out for new insurance cards this year! All Together with CCHP members received a new identification card for 2019. Members are required to show their ID cards before they receive
The member identification (ID) card includes the following enrollment related information:

- Plan name.
- Full name of the member: Each member / dependent is listed under “member name.
- 11-digit member ID number.
- Issue date: This is the date the ID card was printed.
- It identifies the subscriber’s most current benefits.
- Cost sharing amounts: This lists benefit coverage, including any office visit copayments and prescription drug coverage.
- Pharmacy information.
- Pediatric vision Customer Service information
- Claims submission information.
- Customer Service information.

Together with CCHP Authorization Lists for 2019


This is effective January 1, 2019.

Prior Authorization list:

Codes added:

- Autism: 97151; 97152; 97153; 97154; 97155; 97156; 97157; and 97158.
- Elective surgery: 58354.
- Durable medical equipment: L1815 and L1852.
- Genetics: 81163; 81164; 81165; 81166; 81167; 81171; 81172; 81173; 81174; 81177; 81178; 81179; 81180; 81181; 81182; 81183; 81184; 81185; 81186; 81187; 81188; 81189; 81190; 81204; 81233; 81238; 81236; 81237; 81239; 81271; 81274; 81284;
81285; 81286; 81289; 81305; 81306; 81312; 81320; 81329; 81333; 81336; 81337; 81343; 81344; 81345; 81443; and 81518

- Transplant: 0537T; 0538T; 0539T; 0540T; 20932; 20933; and 20934.

**Codes Removed:**

- Autism list: 0359T; 0360T; 0361T; 0363T; 0364T; 0365T; 0366T; 0367T; 0368T; 0369T; 0370T; and 0372T.
- Durable medical equipment: K0901 and K0902
- Elective surgery: 46762
- Genetics: 81211, 81213, and 81214
- Pain management: 64508.

**No Prior Authorization list:**

*These codes were added to the No Prior Authorization list:* 10004; 10005; 10006; 10007; 10008; 10009; 10010; 10011; 10012; 11102; 11103; 11104; 11105; 11106; 11107; 27369; 33274; 33275; 33285; 33286; 33440; 33866; 36572; 36573; 38531; 43762; 43763; 50436; 50437; 77046; 77047; 77048; 77049; 81596; 82642; 83722; 92273; 93264; 95836; 95976; 95977; 95983; 95984; 96112; 96113; 96121; 96130; 96131; 96132; 96133; 96136; 96137; 96138; 96139; 96146; 99453; 99454; and 99491.

*These codes were removed from the No Prior Authorization list:* 10022; 11100; 11101; 20005; 27370; 31595; 33282; 33284; 41500; 43760; 61332; 61480; 61610; 61612; 63615; 64550; 66220; 76001; 77058; 77059; 78270; 78271; 78272; 92275; 95974; 95975; 95978; 95979; 96101; 96102; 96103; 96111; 96118; 96119; and 96120.

**Non-Covered Codes:**

*These codes were added to the Non-Covered Codes list:* 0509T; 0510T; 0511T; 0512T; 0513T; 0514T; 0515T; 0516T; 0517T; 0518T; 0520T; 0521T; 0522T; 0523T; 0524T; 0525T; 0526T 0527T; 0528T; 0529T; 0530T; 0531T; 0532T 0533T; 0534T; 0535T; 0536T; 0541T; 0542T; 33289; 76391; 76978; 76979; 76981; 76985; 76983; 99451; 99452; and 99457.

*These codes were removed to the Non-Covered Codes list:* 0159T; 0188T; 0189T; 0190T; 0195T; 0196T; 0337T; 0346T; 0387T; 0388T; 0389T; 0390T; 0391T; 0406T; 0407T; and 99090.

If you have any questions, please contact CCHP Clinical Services Department at 844-450-1926.
Pharmacy / Medical Benefits Update

Certain medications previously covered under the Together with CCHP medical benefit have been moved to the pharmacy benefit, and some medications have been moved from the pharmacy benefit to the medical benefit.

Effective January 1, 2019, your office may need to submit prior authorization requests for medications differently, if the drug falls to the medical benefit or the pharmacy benefit.

What does this mean for you?
The attached grid lists all the drugs that require prior authorization and if that drug is considered a medical or pharmacy benefit. If there is an indication that the medication can be obtained by either pharmacy or medical benefit please review the notes section of the provided grid for further instruction.

Pharmacy benefit changes:
Items that are now covered under the pharmacy benefit and require prior authorization must be completed by downloading an authorization form from Together with CCHP's website. After filling out this form, please fax it to CCHP Pharmacy Services at 844-201-4675.

If you have questions regarding medications that are covered under the pharmacy benefit please contact Pharmacy Services at 844-201-4677. After the authorization is received the provider needs to request the medication from Accredo Specialty Pharmacy.

Accredo Specialty Pharmacy will mail the prescription. Providers can contact Accredo Specialty Pharmacy at 866-759-1557 for prescriptions and renewals after authorization has been received. In addition, a provider can check the status of a prescription by calling 844-516-3319. Accredo Specialty Pharmacy will bill Express Scripts.

Medical benefit changes:
Items that are covered under the medical benefit and require prior authorization must be
completed through the CareWeb Qi Authorization Tool which can be found in the CCHP Provider Portal.

Providers that are not registered on the portal will need to contact their organization’s designated site administrator to obtain a registration code. Site administrators can call CCHP’s Provider Portal administrator at 414-266-5747 to request their registration code.

After submitting the prior authorization request through the CareWeb Qi Authorization Tool, CCHP’s Utilization Management (UM) Staff will review the request. The assigned UM Staff member may reach out for additional clinical information through the CareWeb Qi Authorization Tool. Providers can view the status of their request in the CareWeb Qi Authorization Tool.

Additional training is available for providers that have not submitted a prior authorization request through the CareWeb Qi Authorization Tool. In addition, providers can find several helpful tutorial videos on submitting authorization requests on Together with CCHP’s website.

Please review the attached list to see if the medication requires a prior authorization and if it will be processed through the pharmacy or medical benefit:

View the list of medications

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**Nutritional Therapy for Together with CCHP**

Effective January 1, 2019, nutritional counseling will be only covered for home health care, diabetes, and eating disorders. Nutritional counseling for other services, including obesity, will no longer be covered in 2019.

In addition, Medical Nutrition Therapy visits under CPT 97802 and 97803 are limited to three (3) days of service per calendar year. No single date of service may exceed 8 units of either code. CPT 97802 is only covered for the first date of service in a calendar year.

If you have any questions, please call Together with CCHP Provider Customer Service at
**Opioid Policy**

Effective January 1, 2019, members taking 70-90 mg of long-acting narcotic analgesics will require a prior authorization. This is part of Together with CCHP's opioid policy that went into effect on July 1, 2018. Impacted providers received a letter in the mail from Together with CCHP with more information.

Providers will need to fill out this [form](#) for prior authorization and reauthorization. Once it is completed, please fax it to 844-201-4675. If you have questions on how to fill out this form, please feel free to contact Together with CCHP Pharmacy Services at 844-201-4677. If this is an urgent request, a provider can contact pharmacy services and request over the phone.

What are the steps for this process?

1. Provider will fax in the prior authorization form.
2. Within 48 hours of receiving the prior authorization it will be reviewed. Urgent requests will be reviewed within 24 hours.
3. Once we receive a request and it is reviewed and approved, an authorization override is placed in the prescription claims system. That override will allow the pharmacy to fill the opioid prescription. The override must be in place for it to process.
4. Providers will receive a fax with the prior authorization decision.

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**Bilateral Billing**

Together with CCHP will reimburse contracted providers for covered, medically necessary bilateral services.

**What are bilateral services?**

Bilateral services are procedures that are performed on both sides of the body during the same procedure or on the same day. Services in this category are generally radiology procedures or other diagnostic tests. Payments are made based on the member’s benefit and the provider agreement.
Billing information:
When the bilateral indicator is "3," the standard bilateral reduction does not apply and Medicare allows the procedure to be reported with modifier 50 (1 unit) or with RT and LT modifiers (1 unit each). The bilateral "3" procedures are configured in our claim system to reimburse with the RT and LT modifiers only. If modifier 50 is used for one of these codes, the claim is held for manual pricing causing potential delays or manual errors.

Example of acceptable methods of billing bilateral:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One claim line and code 73630-RT, LT (2 units)</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>One claim line and code 73630-50 (1 unit)</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Two claim lines: Claim line 1: 73630-RT (1 unit) Claim line 2: 73630-LT (1 Unit)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Training Event
Together with CCHP held an in-house provider training on December 14, 2018. Did you miss the event? If you would like to see what was covered at the presentation please visit Together with CCHP's website. Also, stay tuned for more events!

View the provider training powerpoint

Care4Kids

For kids in foster care, Care4Kids offers medical stability through care coordination

By Evan Solocheck, writer, Children's Hospital of Wisconsin
It was a chilly November afternoon in 2017 and then 16-year-old Unique once again found herself in the Emergency Department at Children’s Hospital of Wisconsin. In fact, over the last few years of her life, Unique was going to the Emergency Department once or twice a month.

Just a few hours earlier, Unique was riding her bike around her neighborhood when she suddenly struggled to breathe. She had battled severe asthma her entire life and she knew she shouldn’t be exerting herself like that. But as teenagers do, she didn’t always heed those instructions.

Unique actually didn’t mind the hospital so much. She had been there so often that it began to feel a bit like home. It was comfortable. People cared for her. They brought her food. She could watch all the TV she wanted.

Suddenly a woman she had never seen before appeared in her doorway. “Hi, I’m Tricia Blum,” the woman said. “I’m your Care4Kids outreach coordinator.”

Wisconsin’s Care4Kids Foster Care Medical Home is a voluntary Medicaid program operated and administered by Children’s Hospital of Wisconsin and Children’s Community Health Plan that is designed to ensure children in “out of home care” have their health needs met. Through a team of professionals who coordinate care and build relationships between the child, their caregivers and medical providers, Care4Kids helps kids in foster care receive consistent care. In short, the program creates a “medical home” for these kids.

**An innovative approach to wellness**

It is the vision of Children’s Hospital of Wisconsin for the kids of our state to be the healthiest in the nation — and that bold aspiration includes kids in foster care. Children in foster care are especially vulnerable and face many unique health challenges. The trauma of instability early in life can have untold physical, mental and behavioral consequences later.

“Many people hear of Children’s and immediately think of our phenomenal hospital-based services,” said Michael Boeder, director of Care4Kids for Children’s Community Health Plan. “But this program demonstrates how Children’s Hospital of Wisconsin, with the support of many community partners, is focused on improving the health of all kids in the state, especially the most vulnerable. Care4Kids is in direct alignment with our
Around 30 percent of kids in foster care have a chronic medical condition. For kids younger than 5, 60 percent have developmental health issues. More than 40 percent of school-aged children have educational difficulties. Up to 80 percent have a significant mental health need and nearly 40 percent have significant oral health issues. Overall, kids in foster care are prescribed psychotropic medications at a rate 3 times that of other children enrolled in Medicaid.

To help combat this, Care4Kids was launched in 2014. This innovative program is a partnership between Children’s Hospital of Wisconsin and the Wisconsin Department of Children and Families and Department of Health Services that aims to provide children in foster care with access to stable and reliable health care, including medical, acute, behavioral, vision and dental services.

“This is a unique population of kids who often have complex needs that are involved in a complicated system of care,” said Boeder. “Our job is to untangle all of that and organize the information to ensure that these kids’ needs are understood and met.”

Care4Kids coordinates multiple systems, including county child welfare, state child welfare and medical providers, behavioral health providers and caregivers, foster parents, biological families and school systems. The goal is to keep the focus on the health and well-being of the kids.

When a child is placed in the program, within two days they’ll receive an Out of Home Health Care Screen and within 30 days they’ll receive an Initial Comprehensive Health Exam (ICHE) with a primary care provider specially trained in trauma informed principles. They’ll be assigned a Care4Kids outreach coordinator and health care coordinator who work closely with the child’s assigned child welfare team, the primary care provider, any specialty providers, the child’s caregivers and legal guardians to create a care plan tailored to that child’s individual needs.

Care4Kids currently serves kids in the six county metro Milwaukee area: Milwaukee, Racine, Kenosha, Ozaukee, Washington and Waukesha. In that relatively small geographical footprint, Care4Kids manages approximately 3,200 of the 7,700 children in foster care in Wisconsin.

To meet those needs, Care4Kids has a large, diverse staff, including three intake coordinators, 30 outreach coordinators and 15 registered nurses or advanced practice
social workers. Care4Kids also has an internal assessment team consisting of a physical therapist, an occupational therapist, a speech/language pathologist and a behavioral health therapist who evaluate the children’s needs when they enter the program and identify ongoing developmental or mental health needs if appropriate.

The positive outcomes have been impressive. For kids enrolled in Care4Kids, from 2014 to 2017:

- Inpatient admission declined from 234.9 per 1,000 to 112.5.
- Emergency Department visits dropped from 1,015.4 per 1,000 to 801.4.
- Childhood immunizations increased from 92 percent to 98 percent.
- Adolescent immunizations increased from 94 percent to 99 percent.
- Developmental and mental health screenings increased from 37 percent to 93 percent.
- Mental health assessments jumped from 31 percent to 79 percent.
- 82.6 percent of children saw a dental professional in 2017.

“Improving the health of this population is our primary goal, and we have seen significant improvements in outcomes since we started in 2014. What’s interesting is we have seen a reduction in certain health care expenditures, as well,” said Boeder. “For example, we have seen a 19 percent reduction in overall medical costs for our population. That’s nearly $13 million in savings for Wisconsin. We think that clearly demonstrates the value of care coordination.”

**A unique relationship**

Unique is one out of 110 kids whose care Tricia currently manages. Every kids’ needs are different and Tricia knows how to manage them accordingly.

“I don’t have relationships with the other kids I work with like I do with her. I have good relationships, but they just need little check-ins,” said Blum. “With Unique, she is in a special situation and has additional needs. I’m trying to support her and help her learn to be responsible for herself.”

Tricia will call Unique every day to remind her to take her medication. One time Unique had an infection and was prescribed an antibiotic. The infection wasn’t going away and Tricia figured out that Unique wasn’t taking the medicine correctly, so she sat down with her and walked her through it: “This is how you take the medicine. This is when you need to take it. Do we need to set up a reminder? Let’s call and make an appointment.”
In the year before Unique enrolled in Care4Kids and got connected with Tricia, she visited the Children’s Hospital of Wisconsin Emergency Department 12 times for her asthma. In the year since, she’s only gone once.

“It is the focus of Children’s Hospital of Wisconsin for all kids in Wisconsin to be the healthiest in the nation and that includes kids who are enrolled in Care4Kids,” said Boeder. “Unique’s ability to maintain her asthma treatment plan and not require emergency medical support is an amazing indication of how her relationship with Tricia has impacted her health in a very positive way.”

Aside from the daily medication reminders and drives to and from doctor appointments, many times Tricia and Unique will just get together to talk and eat a meal together. Unique is every bit your typical 17-year-old girl. She likes to go shopping, eat out and spend time on her phone. Her life has often lacked stability and because of that it can take her a little time to warm up to new people. But talk to her for just a few minutes and that warm soul underneath can’t help but crack through.

For the longest time, Unique didn’t understand why Tricia cared. She’d always ask, “Why do you do this? Why do you call me? Why do you want me to go to the doctor?” She simply hadn’t experienced that caring adult presence very often.

Children crave stability. They thrive in it. And for large stretches of her life, Unique didn’t have it. But for the last year of her life Tricia has been that steady presence. She always answers the phone when Unique calls. She’s always there when Unique needs her. And that companionship, perhaps as much as any medication or doctor visit, has been a blessing for Unique’s health and well-being.