

Partnerships in Care (PiC) Program

PROVIDER INFORMATION & WHAT TO EXPECT



Our Purpose

The Partnerships in Care (PiC) Program is designed to support you as you deliver high-quality, coordinated care to individuals we mutually serve. We conduct documentation reviews to support strong clinical and documentation practices, identify opportunities to improve care delivery, and promote alignment with MHS Health Wisconsin expectations. Our goal is to positively impact outcomes by working with you and other providers to ensure clarity and consistency in care documentation.

Our Approach

Collaboration and support set the foundation for our work. The PiC team works alongside providers, sharing feedback to promote clarity and consistency in documentation. We identify opportunities constructively, always focusing on partnership and continuous improvement. Our approach is rooted in respect for the vital work providers do every day to care for our members.

The Selection Process

Providers are selected for participation in the PiC program through a standardized data review process that evaluates utilization patterns and service trends across the provider network. This process compares providers delivering similar services to identify opportunities for additional support. Selection may be based on factors such as:

- ✓ Patterns in service utilization, including frequency or intensity of services.
- ✓ Length of time members remain in treatment.
- ✓ Trends in claims activity compared to similar providers in the same market.

The program is designed to engage providers who may benefit from additional collaboration, clinical support, and shared best practices to further enhance care quality and documentation consistency.

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Participation & Engagement

Participation in the PiC program is a requirement of the provider's contract with the health plan. The program is part of the health plan's broader utilization management and quality oversight responsibilities, which are aligned with state and Medicaid program expectations. As such, providers are expected to participate in reviews, respond to documentation requests, and engage in follow-up activities as part of routine program processes. While participation is required, the approach remains focused on partnership, transparency, and shared goals for high-quality member care. Providers can expect to work with PiC for approximately one year or more.

What to Expect During a Review

During a PiC review, you can expect to receive documentation requests for medical records to assess care coordination and clinical practices. We provide feedback on clinical documentation and care coordination to support alignment with program requirements. Follow-up questions may be asked to better understand the services provided and the context of care delivery. All review activities are intended to support alignment, enhance clarity, and promote quality of care for members. As part of this work, the PiC team will share feedback on clinical quality and documentation practices, identify opportunities for process improvement and care coordination, and support positive member outcomes through enhanced clarity and consistency of services being provided. Resources may include training and education, tip sheets and guidance documents, and information related to plan benefits and accessing them.

Transparency Around Findings

We are committed to transparency throughout the review process. Some findings may require additional follow-up to ensure a comprehensive understanding. When clinical quality considerations arise, we may partner with Quality of Care (QOC) teams to address concerns collaboratively. If findings meet specific criteria requiring additional evaluation, the Special Investigations Unit (SIU) may conduct a review. These are standard Medicaid processes designed to ensure program integrity and member safety. These reviews may lead to additional levels of review and, in some cases, recoupment or further action as allowable by the state guidelines and applicable program requirements.



Potential Next Steps

While many findings are resolved through collaboration and education, some cases may involve additional steps. These can include:

- Additional records requests to clarify documentation.
- Clinical or operational reviews to understand care processes more fully.
- Follow-ups from internal teams to provide guidance and support.
- Service reviews to confirm that documentation supports the services provided and aligns with program requirements.

Our aim is always to work together toward resolution.

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Our Commitment

The PiC Program is committed to maintaining a collaborative and respectful approach in all interactions. We prioritize transparency and consistency, ensuring that expectations are clear and communication is open. Our focus remains on supporting quality care and clear documentation that accurately reflects the excellent work providers do for our members. We view providers as essential partners in achieving shared goals.

Working Together

We deeply value our partnership with providers and recognize the dedication and expertise you bring to caring for our members. Our shared goal is to ensure high-quality care supported by clear and complete documentation. Thank you for your commitment to excellence and for working alongside us to achieve the best possible outcomes for the individuals and families we serve together.



Questions or Support

We encourage open communication throughout the review process. If you have questions, need clarification, or require support at any point, please reach out to the PiC team at **Partnerships_In_Care@Centene.com**. Our goal is to work together to ensure clarity and resolution, and we are here to support you in meeting program expectations while continuing to deliver exceptional care.