



Introduction to: HealthCheck and HealthCheck “Other Services”

HealthCheck “Other Services” Bulletin

The Wisconsin Department of Health Services (DHS) is continuing its focus on viewing children holistically and developing ways to clarify and promote HealthCheck and HealthCheck “Other Services” via the ForwardHealth card. County waiver agencies (CWAs) provide a critical link for children with Medicaid who are on the Children’s Long Term Support Waiver Program. This bulletin provides CWAs information on developments that reflect DHS commitment to children and their access to services, HealthCheck and HealthCheck “Other Services,” the prior authorization process, and how to help maximize HealthCheck and HealthCheck “Other Services” benefits for children.

Viewing Children Holistically

To meet a holistic view of children, DHS has revised the interpretation of what is covered under HealthCheck “Other Services” by fully considering the needs of eligible children under 21 and implementing policies in a child-centered way. Coverage decisions under HealthCheck “Other Services” are based on the unique needs of the individual child to cover medically necessary services as allowed by the federal government, not only for improving their current health status, but also for correcting or maintaining it.

Understanding and Accessing HealthCheck

HealthCheck is the Wisconsin Medicaid term for comprehensive, preventive health checkups and services for children under the age of 21 through the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. The goal of HealthCheck is to prevent illnesses and find health issues early. HealthCheck covers most diagnostic and intervention services a child may need. Understanding the difference between HealthCheck and HealthCheck “Other Services” gives CWAs a foundation of information to help families navigate the process to access the right services for each child.

Disclaimer: This publication is intended as a resource for county waiver agencies only. It is not intended to be used as coverage policy for providers. ForwardHealth coverage policy is subject to change. Providers should refer to the Forward Health Online Handbook for current coverage policy.

What HealthCheck Provides

Periodic, comprehensive health screening exams (also known as “well-child checks”)

- Exams include age-appropriate head-to-toe examinations, laboratory tests, immunizations, and referrals to dentists.
- Exams can be accessed through primary care providers, including pediatricians, nurse practitioners, local health departments, and physician clinics.
- Providers do not have to be enrolled in Medicaid to provide the screening service. However, if they want to receive reimbursement from Medicaid, then they must be enrolled in Medicaid.
- Comprehensive health screens do not need a prior authorization.
- No special forms, such as a “pink card,” are required.

Interperiodic screens: visits occurring outside the periodic schedule

- Screens may be required to diagnose a new illness or condition, or to determine whether a previously diagnosed illness or condition requires additional services.
- The screens may be recommended by any professional who comes into contact with the child, such as physicians, dentists, health officials, or educators.
- Any Medicaid-enrolled provider can conduct the screens.
- Interperiodic screens do not need a prior authorization.
- No special forms, such as a “pink card,” is required.
- If a screen discovers that the child needs treatment or other follow-up for a condition, the provider should write an order or prescription for the recommended service. The member can then seek a prior authorization for services from any Medicaid-enrolled provider who provides the service or product that was recommended.

Outreach and case management services

- They help children obtain HealthCheck services by helping with scheduling, arranging transportation to a HealthCheck visit, or ensuring that appropriate referrals and follow-ups occur following a HealthCheck visit, and other duties.
- Outreach and case management services are available without prior authorization.
- Medicaid-enrolled outreach and case management agencies may initiate outreach, or the member can contact these agencies for information and assistance.

Both periodic well-child checks and interperiodic visits are gateways for children to access HealthCheck “Other Services.” The Children Long-Term Support Waiver Program should not be used to authorize or pay for services that can be covered through HealthCheck “Other Services” eligible enrollees.

How CWAs Can Help Guide Families

CWAs can help guide families by understanding what is already covered under the ForwardHealth card. A link to the Covered Services section of the ForwardHealth Online Handbook is listed under in Resources in this bulletin. In addition, DHS will be providing resources, supports, and training to help you. Because HealthCheck considers the child's needs, there is no list of services under HealthCheck.

Your Children Long-Term Support technical assistance lead, ForwardHealth field representative, or the Provider Services call center can provide direction or answer your questions about general ForwardHealth coverage as you are familiarizing yourself with HealthCheck and card services.

Understanding and Accessing HealthCheck “Other Services”

HealthCheck “Other Services” is the Wisconsin Medicaid term for a federal requirement to allow coverage of services that are not routinely covered, but are medically necessary to prevent, correct, improve, or maintain a child's physical or mental condition.

- HealthCheck “Other Services” applies to all Medicaid members under the age of 21, including dependent children and childless adults.
- Health conditions identified during a HealthCheck comprehensive screen or an interperiodic screen can be referred for further services through HealthCheck “Other Services.”
- HealthCheck “Other Services” usually requires prior authorization since the determination of medical necessity is made on a case-by-case basis, depending on the needs of the child.
- Wisconsin Medicaid does not set hard limits on the covered services and supplies provided to individuals under 21.

Introducing the Streamlined Prior Authorization Process for HealthCheck “Other Services”

DHS has implemented a streamlined prior authorization process to remove roadblocks and to support consistent access to HealthCheck “Other Services” for the individualized needs of children under the age of 21.

Submission process changes include:

- All prior authorization requests for children under age 21 no longer require “pink cards,” other special forms, or multiple prior authorization submissions by the provider.
- Eliminating multiple steps to obtain prior authorization for HealthCheck “Other Services.”
- Providers only need to submit a single prior authorization request and the outcome of that request will be the definitive decision.

Filling Out the Prior Authorization Request

There are two paths for filling out the prior authorization form, each has different requirements.

Prior Authorization Submission for Exceptions to Coverage Limitations	Prior Authorization Submission for Services Not Routinely Covered
<p>This prior authorization request is for:</p> <ul style="list-style-type: none">• Additional coverage for a service where there is established policy. It is listed as a benefit.• It is listed as a benefit• Service is routinely covered.	<p>This prior authorization request is for:</p> <ul style="list-style-type: none">• Coverage for a service with no established Wisconsin policy.• It is not listed as a benefit but has been identified as medically necessary.• Service is not routinely covered.
<ul style="list-style-type: none">• This type of prior authorization is automatically processed under HealthCheck “Other Services.”• Provider does not need to check HealthCheck “Other Services” box on the prior authorization.	<ul style="list-style-type: none">• This type of prior authorization is not automatically processed under HealthCheck “Other Services.”• Provider must check HealthCheck “Other Services” box on the prior authorization.

What a Returned Prior Authorization Request Means

When a provider receives a returned HealthCheck “Other Services” prior authorization request, it doesn’t mean it has been or will be denied. Typically, a return means more information is needed to make a determination. It is the provider’s responsibility to resubmit the prior authorization updated with the requested information.

How CWAs Can Help the Review Process

CWAs can help the review process by advising providers to fully document the child's medical need for the service and encouraging families to contact the provider requesting the authorization of a service with questions about coverage decisions.

Resources

ForwardHealth Portal

Resources for HealthCheck providers: www.forwardhealth.wi.gov/WIPortal/content/provider/medicaid/HealthCheck/resources_72.htm.spage

Prior Authorization Submission Forms

- Prior Authorization Request Form (PA/RF), F-11018 (5/13) www.dhs.wisconsin.gov/library/F-11018.htm
- Prior Authorization/Dental Request Form (PA/DRF), F-11035 (07/12) www.dhs.wisconsin.gov/library/F-11035.htm
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1), F-11020 (07/18) www.dhs.wisconsin.gov/library/F-11020.htm

HealthCheck Online Handbook

Covered Services and Requirements Chapter: www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=24&s=2&c=61

