

Introduction to HealthCheck and HealthCheck Other Services

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Presentation Purpose

- Clarify details of HealthCheck benefit
- Define HealthCheck “Other Services”
- Share updated prior authorization (PA) process to enhance member access to HealthCheck “Other Services”

HealthCheck Benefit

What is HealthCheck?

- Federal law requires state Medicaid programs to provide Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for Medicaid members under 21 years of age.
- The purpose is to prevent, diagnose, and treat health problems as early as possible.
- HealthCheck is the term used for EPSDT in Wisconsin.

What services are included?

HealthCheck provides comprehensive and preventive health care services, including:

- Medical services
- Vision services
- Hearing services
- Dental services
- “Other services”

What services are included?

- Comprehensive health screening exams
- Interperiodic health screens
- Outreach and case management
- Medically necessary follow-up services

HealthCheck Screens

- **Comprehensive screens** (or “well child” exams) include a head-to-toe physical exam with specific components, according to the American Academy of Pediatrics (AAP) periodicity schedule.
- **Interperiodic screens** are visits with qualified providers that occur outside the AAP periodicity schedule, such as problem-focused visits.

Follow-Up Services

- If a child needs treatment or follow-up for a condition, a qualified provider must write an order or prescription for the service.
- Many follow-up services are already covered by Wisconsin Medicaid.
- If a needed follow-up service is not typically covered by Wisconsin Medicaid, it may be covered under HealthCheck “Other Services.”

HealthCheck “Other Services”

HealthCheck “Other Services”

Social Security Act 1905(r)(5)

“...such other necessary health care, diagnostic services, treatment, and other measures described in section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the state plan.”

HealthCheck “Other Services” Benefits in Wisconsin

- Child and adolescent mental health day treatment
- Intensive in-home psychotherapy
- Behavioral treatment
- Orthodontia
- Certain over-the-counter medications
- Certain dental services

HealthCheck “Other Services”

For members under age 21, states must provide any additional health services that are:

- Coverable under the federal Medicaid program.
- Found to be medically necessary for the individual.

“Medically Necessary” HealthCheck Other Services

- Determined on a case-by-case basis based on the member’s unique needs
- May include services that prevent, correct, improve, or maintain the member’s physical or mental condition
- Must meet medical necessity criteria in Wis. Admin. Code § 101.03(96m)

PA for HealthCheck
“Other Services”

Determining Medical Necessity

- PA is the process used by Wisconsin Medicaid to determine whether a specific requested service is medically necessary.
- Because HealthCheck “Other Services” must be medically necessary for the individual, most HealthCheck “Other Services” require PA.

Barriers to Access

- In the past, some providers regarded Wisconsin Medicaid's PA process as a barrier to HealthCheck "Other Services" because they were unclear how to submit a PA.
- Wisconsin Medicaid has streamlined its PA process for HealthCheck "Other Services" to improve member access.

Streamlined PA Process

- Conditions identified during either a comprehensive or interperiodic screen can trigger referral for HealthCheck “Other Services.”
- PA requests for HealthCheck “Other Services” no longer require “pink cards” or special forms.

Two Types of PA Requests

- Two types of PA requests are possible for HealthCheck “Other Services”
 - ◆ Requests for exceptions to coverage limitations
 - ◆ Requests for federally allowable Medicaid services not routinely covered by Wisconsin Medicaid

Exceptions to Coverage Limitations

- The provider requests a PA for a benefit with established policy.
- The PA is reviewed according to HealthCheck “Other Services” criteria when necessary.
- The provider doesn’t have to identify the request as HealthCheck “Other Services” or submit an additional PA.

Services Not Routinely Covered

- The provider requests PA for a service that is federally allowable but not routinely covered.
- The provider requests the desired procedure code even if the code is not routinely covered by Wisconsin Medicaid.
- The provider can submit either a service-specific PA attachment form or a clinical rationale and documentation for the service.

HealthCheck Communications

Public Awareness

To enhance public awareness and understanding of the HealthCheck benefit, Wisconsin Medicaid is developing materials and sharing information with providers, families, county waiver agencies, and other stakeholders.

Our Goal

Our communication efforts are designed to help us achieve the goal of HealthCheck to ensure the **right care** to the **right child** at the **right time** in the **right setting**.

Resources



Resources

Coming soon!

HealthCheck Resources page on the
ForwardHealth portal:

www.forwardhealth.wi.gov