

# **A Step-by-Step Guide to Accessing Services and Supplies through the HealthCheck Other Services (HCOS) Component of Medicaid**

## **I. Setting Up a HealthCheck Screen/Exam**

(Note: Screen and Exam are synonymous within Wisconsin's HealthCheck Program. The term screen/ing is used in this handout)

### **a. What Needs to Be Done?**

- i. Parent/Guardian needs to contact a medical provider to schedule a HealthCheck screen. This screen is very similar to a complete annual physical exam or a well-baby exam.
- ii. HealthCheck screens can be performed, at least, every 365 days. (Wisconsin has a recommended number of screens, based on recommendations from the American Academy of Pediatrics.)
- iii. It is important to make sure that the provider is a licensed Medicaid provider.

### **b. Who is responsible?**

- i. Two of seven required components of a HealthCheck screen are called "anticipatory guidance" and "physical exam." Medicaid guidelines require they are completed by a "health care professional." This is defined as a Medical Doctor (M.D.), Registered Nurse/Nurse Practitioner (RN PNP), or Physician Assistant (PA). The other five components of a screen may be delegated.
- ii. The following types of providers and agencies are eligible for HealthCheck screening certification:
  1. Physician/ Physicians Assistant
  2. Outpatient hospital facility
  3. Health Maintenance Organizations (HMOs)
  4. Visiting nurse association
  5. Local public health agency
  6. Home health agency
  7. Rural health clinic
  8. Indian health agency
  9. Neighborhood health center
  10. Nurse practitioner
  11. Clinic operated under a physician's supervision
- iii. HMOs and Local Public Health Departments (LPHD) typically play a large role related to outreach efforts and case management to assure that, otherwise underserved, children receive comprehensive screening, follow-up services and access to care.

### **c. What documentation is needed?**

### **d. What are some tips that might help with this step?**

- i. When setting up this visit, parent/guardian should specify they need a HealthCheck screen.

### **III. Obtaining a Prescription**

HealthCheck Other Services can be requested by a variety of providers, including Mental Health, Durable Medical Equipment and medical specialists. The need can be identified during the comprehensive HealthCheck exam or within 365 days of that HealthCheck exam, during an interperiodic visit.

#### **a. What needs to be done?**

- i. All HealthCheck services and/or supplies require a prescription.

#### **b. Who is responsible?**

- i. The person providing the HealthCheck screen or interperiodic visit who is requesting the service and/or supply needs to write the prescription.

#### **c. What documentation is needed?**

- i. The prescription or supporting documents must state "HealthCheck screen conducted on (date) by (whom)," e.g., vit. E 1xday; HealthCheck screen done 10-18-04 by Dr. Wm. Smith of Anytown clinic.
- ii. If a generic, over the counter (OTC) medication is recommended, then "generic" needs to be written on the prescription. Pharmacists may not substitute "generic" for OTC medications as they can for legend, or prescription, medications.
- iii. If a brand name OTC medication is recommended, then a letter from the medical provider saying why this is needed must be attached to the prescription, e.g., a reaction to a generic OTC.

#### **d. What are some tips that will help with this step?**

- i. It is a common role for LPHDs to conduct community- based HealthCheck clinics. There may not be a prescribing provider on site. Prior to these HealthCheck events, LPHD staff can obtain signed blank prescriptions for specific prescriptions following a specific protocol approved by the medical director. These can be fill out at the community HealthCheck site, as needed.
- ii. Some rural LPHD have established close relationships with area HealthCheck providers so staff can phone-in a suggestion and if appropriate that prescribing provider will write the needed prescription.
- iii. A common mistake is to believe a prescription is not needed when a person has Medicaid/ a Forward card.
- iv. If you have a prescription for an OTC medication or supply, you need to present the item(s) and the prescription(s) at the pharmacy check-out register. This is especially important if you are purchasing items, such as iron supplements or anti-diarrheals, in a mass retailer, as the general registers will not be able to bill Medicaid.

### **IV. Finding a HealthCheck Other Service Provider**

#### **a. What needs to be done?**

- i. The service provider sought for the HealthCheck Other Service must be a certified MA provider.
  - ii. The referring provider, the Regional Children and Youth with Special Health Care Needs (CYSHCN) Centers and Wisconsin First Step can assist with finding a certified provider.
- b. Who is responsible?**
- i. Together, the family and referring provider can work together to identify a provider of supply and/or service.
  - ii. HealthCheck Other Services must be available to children in Medicaid HMOs. However, HMOs create their own guidelines regarding how they will make these available. Families and or providers can contact the HMO ombudsman for coverage guidelines. It is helpful to clarify coverage is for Medicaid HMO rather than commercial HMO.
- c. What documentation is needed?**
- i. In most cases, Prior Authorization (PA) for a service and/or supply through HealthCheck Other Services is needed from Wisconsin Medicaid. The only exception to this is certain OTC medications identified in Appendix 2 within the Medicaid Pharmacy Handbook-Covered Services and Reimbursement Section.  
(<http://dhfs.wisconsin.gov/Medicaid2/handbooks/pharmacy/pdf/frame.htm>)
- d. What are some tips that will help with this step?**
- i. It can be difficult to find a provider who will request Health Check Other Services. Providers may need support and encouragement to make this request.

## **V. Requesting Approval for Reimbursement**

Most services and/or supplies require Prior Authorization (PA) from Wisconsin Medicaid.

### **a. What needs to be done?**

- i. A provider must request the correct form. A standard Prior Authorization Request Form (PA/RF) must be completed, indicating the service and/or supply requested. The PA/RFs must be obtained directly from EDS (not copied), as each is individualized and numbered. A written request for this form must be submitted to:  
 Wisconsin Medicaid  
 Prior Authorization Unit  
 Suite 88  
 6406 Bridge Road  
 Madison WI 53784-0088  
 FAX (608) 221-8616
- ii. Dental providers are required to instead submit the PA/DRF.
- iii. Hearing Aid providers are required to instead submit the PA/HIASI.
- iv. Pharmacy, Psychiatry, Rehabilitation, providers of Durable Medical Equipment (DME) and providers of Disposable Medical Supplies (DMS) should submit the usual and customary forms (PA and PA attachments)

as needed for PA. There are no separate PA or PA attachment forms specific to HealthCheck Other Services.

- v. The provider of the service and/or supply must verify that a comprehensive HealthCheck screening has been performed within the previous 365 days.
- vi. A PA may be submitted by mail or FAX.

**b. Who is responsible?**

- i. The provider providing the supply and/or service must write the PA.
- ii. However, other providers and/or parent/guardian can submit supporting documentation to the PA. ie., pharmacist gets a prescription for a drug they have to compound for a child with a serious metabolic disorder, the pharmacist does not know the details.....

**c. What documentation is needed?**

- i. "HealthCheck Other Services" must be written across the top of the prior authorization in red ink. This is done so that it will bypass the reviewers at Electronic Data Systems (EDS) provider services, and will go straight to the HealthCheck reviewer at the Department of Health and Family Services (DHFS) for review.
- ii. On the PA or PA attachment, the provider must include the following information:
  - 1. The medical necessity of the service,
  - 2. Verification of HealthCheck screen, date and by whom. This can be written directly on the PA or a copy of a signed written verification can be attached to the PA,
  - 3. Information about the service itself,
  - 4. Any other information that will help define the recipient's need and the type of service or item to be provided.

**d. What are some tips that will help with this step?**

- i. Wisconsin Medicaid reports one reason a PA is denied or returned is that it does not include verification of a HealthCheck screen within the past 365 days, including the date and by whom it was performed.
- ii. Make sure the recipient's Medicaid number (is correctly recorded onto the PA. The correct Medicaid number is not the Forward Card number.
- iii. A service must meet the MA definition of "medical necessity" and "medical service". If a request were denied through MA card services because of lack of evidence of medical necessity, HealthCheck Other Services would also deny it. e.g., wipes are not covered because they do not meet the definition of medical service or medical necessity. Soap and water are needed; wipes are a convenience.
- iv. A request will be denied if it does not meet the definition of a medical service, e.g., A child is found to have very high lead levels as a result of lead paint in the home. A PA requesting money for rent was denied, as "payment of rent" is not a medical service.
- v. If a provider of a service and/or supply does not have verification of HealthCheck screen, s/he may call the HealthCheck provider to obtain verbal verification. For example, when a parent is standing at a

pharmacy counter holding a prescription and does not have written verification, the pharmacist will not be able to complete the PA without further verification. A phone call could allow the process to continue without a return visit or delay.

- vi. Food, such as non-specialized formula, is not covered unless it is administered via tube feeding.
- vii. Diapers for a child over the age of four are covered through Medicaid card services. Diapers for a child under the age of four may be covered by HealthCheck Other Services, e.g., if more than a typical amount is used due to a medical condition.
- viii. An incorrect procedure code is a common reason for a return of a PA request. It is recommended that providers not complete the procedure code area on the PA. The DHFS consultant will assign one for approved requests.
- ix. Some brands of medication are not covered if the manufacturer of that medication has not chosen to offer a rebate to Medicaid. Medicaid will not pay for medications if the manufacturer does not offer a rebate. Pharmacists can refer to data tables within the Medicaid Pharmacy Handbook (handbook available at <http://dhfs.wisconsin.gov/Medicaid2/index.htm>) to stay current on this information.

## **VI. Following-Up on a Prior Authorization Denial or Return**

### **a. What needs to be done?**

- i. Providers need to look carefully at the returned PA and verify whether it has been marked "denied" or "returned." Returned implies the information was not complete. Denied means the request does not meet requirements of HealthCheck Other Services.
  - 1. If the PA request was marked "returned," add the additional information required and resubmit the same form. Do not submit a new PA/RF unless the request has been denied.
  - 2. If the PA request was marked "denied" an appeal needs to be filed if Medicaid reimbursement is requested.
- ii. The parent/guardian needs to file an appeal. Though providers cannot file an appeal, they are encouraged to remain in contact with the family during the appeal process. Providers may offer the family information necessary to file an appeal and help present his or her case during a fair hearing.
- iii. A requested service that was denied can still be provided if a parent is able to pay or a provider is willing to provide service without reimbursement.

### **b. Who is responsible?**

- i. The provider of the service and/or supply is responsible for resubmitting a returned document.

- ii. The parent/guardian is responsible for requesting an appeal within 45 days of the date on the letter of denial.
- c. What documentation is needed?**
  - i. If a request is denied, the parent/guardian receives a letter informing them that the request is denied and providing information on filing an appeal.
  - ii. The recipient must be eligible for Medicaid on the date(s) the service is provided.
- d. What are some tips that will help with this step?**
  - i. Prior Authorization approval from Medicaid is necessary before any supply and/or service may be reimbursed.
  - ii. A PA may be returned because the item is covered by Medicaid without PA for HealthCheck Other Services. (This would only apply to certain OTC medications.) In this case, the provider should submit the bill through usual channels, e.g., iron supplements, laxatives.
  - iii. A PA may be returned because the item is covered by Medicaid card for all Medicaid recipients. Resubmit to Medicaid, but not through the HealthCheck Other Services channel, e.g., lice products for family members, insulin, analgesics.
  - iv. Additional information about how to file an appeal or schedule a fair hearing can be found at:  
<http://dhfs.wisconsin.gov/Medicaid2/handbooks/all-provider/pa/pa42.htm>

**All steps for accessing a HealthCheck Other Services apply to those needs identified during a comprehensive HealthCheck screen and/or subsequent interperiodic visits.**