HEALTHCHECK: BETTER HEALTH FOR WISCONSIN'S VULNERABLE CHILDREN

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Abstract

Background: HealthCheck is a Wisconsin Medicaid feature intended to provide early and periodic screening, diagnosis and treatment (EPSDT) for the nation's children, especially those with special health care needs. HealthCheck requires that Wisconsin provide comprehensive screening, administrative case management and treatment for Medicaid-eligible individuals under age 21. However, many barriers have kept the program from adequately delivering these services. **Goals**: Project aims, all incorporating state-level partnerships and collaboration with stakeholder groups, included: 1) to assess baseline knowledge of HealthCheck among stakeholder groups, 2) to determine how HealthCheck is currently functioning on individual and state levels, 3) to identify barriers to HealthCheck access and utilization, especially for children and youth with special healthcare needs, 4) to research, design and implement strategies toward dissolving these barriers, especially education about program services beyond screening exams and 5) to suggest future action steps that build on these efforts. **Methods**: Following creation of an interdisciplinary HealthCheck Task Force, stakeholder interviews, literature and resource review, policy analysis and direct legal experience provided insight into current and ideal HealthCheck program implementation. **Results**: This project confirmed that the full scope of HealthCheck benefits are not well-known among stakeholders while identifying multiple other program barriers, including inadequate outreach and education opportunities, a burdensome prior authorization (PA) process, inadequate data monitoring, insufficient case management services and inappropriate denial of services, among others. **Recommendations**: If implemented as intended, with adequate oversight and enforcement of rules and provisions, HealthCheck can act as an important contribution toward providing equitable health care to all Wisconsin's children. Actions that may decrease barriers to HealthCheck access include: quality, tailored stakeholder

education efforts, further streamlining of the prior authorization process, accountability among organizations responsible for outreach to HealthCheck-eligible families, improved EPSDT data collection and analysis, more tailored case management services for children who require them and, most importantly, continued partnerships with stakeholder groups and visibility of families' stories and experiences to policymakers and researchers.

Introduction

HealthCheck is Wisconsin's name for a federal Medicaid program called Early and Periodic Screening, Diagnosis and Treatment (EPSDT) that provides medical, vision, hearing and dental preventative care and treatment as well as case management services for Medicaid-eligible children up to age 21. Each state is required to have an EPSDT program, which go by various names. The screening component of EPSDT requires that states provide comprehensive health and developmental assessments ("well-child check-ups") according to the most up-to-date American Academy of Pediatrics (AAP) periodicity schedule (Appendix A). The program also requires that children (and childless adults) under 21 years of age have access to administrative case management, "activities that help the program operate effectively and ensure that children receive needed healthcare,"[5] as well as medically necessary treatments, services and/or products, *even if they would not normally be covered under the state's Medicaid plan*.[6] Medical providers may provide HealthCheck services if they are Medicaid-enrolled. No additional certification is necessary.[8]

As important as HealthCheck is for Wisconsin's most vulnerable children, many healthcare providers, parents and patient advocates are unaware of the program's benefits. In response, ABC for Health Inc., a nonprofit public interest law firm in Madison, Wisconsin, has created a HealthCheck Task Force (HCTF) to assess awareness and knowledge of HealthCheck

among stakeholders, address program barriers and promote HealthCheck outreach and education to all stakeholder groups. The HCTF has also outlined future action steps to assure that the state's children receive available and necessary HealthCheck services.

What is HealthCheck?

The foundation for HealthCheck's overarching law, EPSDT, was built from a 1964 government study aiming to identify why nearly 50% of young men were rejected from the United States military service. It was determined that many of these rejections occurred due to lacking early identification and treatment of congenital and preventable conditions and that children from low-income homes were more likely to suffer such ailments.[2] In 1967, President Lyndon Johnson proposed expansion of Medicaid funding "to discover, as early as possible, the ills that handicap our children."[10] This proposal "gained bipartisan support due to concerns over military readiness and national security,"[2] and EPSDT services became mandatory Medicaid benefits in 1969. The law granted access to regular, comprehensive health screenings for low-income children and mandated that states actively seek out and serve these families with goals of prevention, early detection and expedited care. After it was determined that EPSDT outreach and utilization varied significantly between states, amendments passed in 1989 clarified EPSDT outreach and service obligations, established minimum performance standards for health screenings and, most importantly, made all federal Medicaid benefits available for coverage if medically necessary for treatment of health conditions identified through EPSDT screenings.[2] In other words, it is illegal for states to deny a medically necessary service that falls under the scope of Medicaid law. In Wisconsin, this broad coverage mandate is called "HealthCheck Other Services" (HCOS) and serves as a powerful tool for covering health needs of children, especially children and youth with special healthcare needs (CYSHCN) who often require advanced care.

Every Medicaid-eligible individual under age 21, including those enrolled in managed care, is eligible for free, comprehensive health screenings according to the most up-to-date AAP periodicity schedule (Appendix A) which recommends 30 preventative screening visits ("well-child check-ups") between birth and the 21st birthday.[3] Additional, "interperiodic" screens with Medicaid-enrolled providers, occurring outside of periodicity schedule (e.g. "problem" or specialist visits), may also lead to recommendations for HealthCheck services, whether or not these visits included all components of a comprehensive HealthCheck screen.[8] The components of a comprehensive, age- and developmentally-appropriate HealthCheck screen broadly include a health and developmental history, physical exam, hearing screen, vision screen, oral assessment, dental referral, immunizations, labs and health education. More screening details may be found in Figure 1.[8] As can be deduced from this guidance, a complete HealthCheck screen requires interdisciplinary collaboration among healthcare providers.

Figure 1. Components of a Comprehensive HealthCheck Screening.

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Age-appropriate vision screen
- Age-appropriate hearing screen
- Oral assessment plus referral to a dentist beginning at age 1 or within 6 months of first tooth
- Appropriate immunizations (according to age and health history)
- Appropriate laboratory tests (including blood lead level when appropriate for age)
- Anticipatory guidance

Medical issues identified during free screens are often too costly for families to adequately address. This led to questioning of the ethicality of HealthCheck screens in the program's early years and is how HealthCheck "Other Services (HCOS), a second component of Wisconsin EPSDT, came to be.[2] As mentioned above, HCOS requires that the state cover medically necessary treatments for Medicaid-eligible children under the age of 21, even if they are not typically covered by the state program. This is especially vital for CYSHCN and their families given many of these children require services not typically covered by Medicaid, including but not limited to those mentioned in Figure 2.[5] CYSHCN may also access treatment

services usually subject to visit, service, cost or diagnostic limitations when medically necessary, meaning they "correct, ameliorate or stabilize the condition, including preventing regression,"[8] if other requirements for reimbursement are met (Figure 3[4]).

Figure 2. Examples of Services That May be Covered by HCOS.

- Durable medical equipment
- Speech, language, hearing, occupational and physical therapies
- Mental health services – in-home and day treatment
- Eyeglasses
- Hearing aids
- Augmentative communication devices
- Medical supplies
- Orthodontia
- Rehabilitation services
- Certain dental services
- Certain over-the-counter and prescription medications and supplements

Figure 3. Requirements for Reimbursement through HCOS.

- Condition being treated was identified during a HealthCheck screening within 365 days of the PA request for the service.*
- Member is under 21 years of age.
- Service may be covered under federal Medicaid law.
- Service is medically necessary and reasonable.
- Service is prior authorized before it is provided.
- Services currently covered are not acceptable to treat the condition.

*What qualifies as a "HealthCheck screen" was recently expanded to include interperiodic visits.

Federal enforcement of EPSDT rules and regulations is dependent on the "Form CMS-416." On this form, states must annually provide the Centers for Medicaid and Medicare Services (CMS) with the number of children for whom they provided EPSDT screenings, the number of children who were then referred for corrective treatment and the number of EPSDT-eligible children receiving dental services.[6] States are required to screen 80% of children eligible for EPSDT.[2] The CMS-416 does not provide data on what HCOS services are being utilized by whom, what services are denied coverage and why or the completeness of screens.

The HealthCheck program also mandates administrative case management and outreach services. This may be described as "access management" as opposed to targeted case management, or "care management." This means that case management services are aimed exclusively at educating members about HealthCheck services as well as ensuring they access and follow through with HealthCheck screens, follow-up visits and treatments (Figure 4).[5] According to public interest attorney, Rich Lavigne, Wisconsin "is required to have a system in

place to identify enrollees with special health care needs." Because the majority of Wisconsin's Medicaid population accesses medical services through managed care organizations (MCOs), HealthCheck case management is primarily delegated to MCOs, namely health maintenance organizations (HMOs). Local health and human or social services departments certified as case management agencies may also provide these services.[2] The state is responsible for case management under HealthCheck for children on fee-for-service Medicaid.

Figure 4. Case Management Services Through HealthCheck.

- Assisting with scheduling
- Connecting to a primary care provider (PCP)
- Arranging transportation to a HealthCheck visit
- Tracking and reaching out when check-ups are missed (according to AAP periodicity schedule)
- Assessing medical and other health service needs and making appropriate referrals
- Assisting with language and cultural barriers
- Acting as a liaison when other public health programs should be involved in care (i.e. blood lead screening or nutrition programs)
- Ensuring referrals and follow-up visits are made and kept

"Although the EPSDT mandate of federal Medicaid law promises to make preventative and corrective care services available to all Medicaid-eligible children,"[2] it appears that many HealthCheck services go unused, especially the treatment component. Notably, "the goals of EPSDT are not met if childhood health conditions are merely identified and not treated to yield improved adult health outcomes."[2] According to administrators of the Wisconsin Children's Long-term Support Waiver, "HCOS…has long been a mystery to WI families and providers and consequently difficult to access."[11] With 25 years of experience in direct client services, ABC for Health has long proposed that the reasons for this fall into two categories: a complex Medicaid bureaucracy and lack of effective education and outreach about HealthCheck to stakeholders. Therefore, the goals of ABC for Health's HCTF were 1) to assess baseline knowledge of HealthCheck among stakeholder groups, 2) to determine how HealthCheck is currently functioning on individual and state levels, 3) to identify barriers to HealthCheck access and utilization, especially for children and youth with special healthcare needs, 4) to research, design

and implement strategies toward dissolving these barriers, especially education about program services beyond screening exams and 5) to suggest future action steps that build on these efforts.

What is ABC for Health?

ABC for Health, Inc. (Advocacy and Benefits Counseling, Inc.) is a "Wisconsin-based nonprofit public interest law firm dedicated to linking children and families, particularly those with special needs, to health care benefits and services."[1] It was founded by attorney and Executive Director, Bobby Peterson, JD; additional staff include other attorneys and multiple health benefits counselors. ABC for Health has championed an integrated model of health benefits counseling, advocates for health policy that "promotes access to healthcare coverage and services for all"[1] and, through financial support from a variety of private foundations, provides legal services for low-income populations. Interactions with clients give ABC for Health a view into families' lives that policymakers often lack, allowing them to "recommend credible and tangible policy solutions."[1] ABC for Health has been helping families navigate barriers to the HealthCheck program since its start in 1994. Please see case scenarios highlighting these issues below (Appendix B).

Project Description

As mentioned above, anecdotal data from families served by ABC for Health over the past 25 years has suggested that awareness of the full scope of HealthCheck benefits is significantly lacking among stakeholders. According to the Executive Director of the firm, "ABC for Health's direct client casework with families and providers reflects a significant lack of awareness [of HealthCheck]." He also adds, "when I meet with pediatric and family practice residents, we discuss HealthCheck. They have never heard of the program." The Council for Children with Long-term Support (CLTS), having come across many similar situations, has also

strongly advocated for accessible information about HealthCheck for families, providers and patient advocates.

To analyze and address what appears to be a significant deficit in Wisconsin's EPSDT outcomes, an interdisciplinary HealthCheck Task Force (HCTF) (Figure 5) was created and met weekly. In its beginning stages, the HCTF applied for a Wisconsin Medical Society grant in September 2018 and was awarded $5,000 for development and dissemination of HealthCheck educational materials to healthcare providers. The HCTF also began by reaching out to and collaborating with the Wisconsin Department of Health Services (DHS), community groups and coalitions, academic institutions, healthcare organizations, local providers and additional public interest attorneys. Partnerships were established throughout the duration of the project. Figure 5 includes a complete list of partners and their unique roles.

Figure 5. Key partnerships and interviews.
***Bolded are part of the HCTF.**

ABC for Health Inc.
- **Bobby Peterson**, JD, Executive Director
- **Rich Lavigne**, JD, Managing Attorney
- **Mike Rust**, ABC for Rural Health, Chief Operating Officer

Department of Health Services
- Jim Jones, Wisconsin Medicaid Director
- Pam Appleby, Associate Director of Programs
- Pam Lano, Clinical Consultant
- Eileen McRae, Division of Healthcare Access and Accountability
- Emily Mortl, Division of Healthcare Access and Accountability

Maternal Child Health Bureau
- Debra Schmit, MSSC, Adolescent Health Consultant
- Karen Morris, RN, BSN, Women's Health Nurse Consultant
- Catherine Sandelbach, MS, CHES, Family Planning/Reproductive Health Consultant

University of Wisconsin
- **Kali Kramolis**, University of Wisconsin School of Medicine and Public Health, MD/MPH Candidate
- **Elizabeth Hecht**, Waisman Center, Parent Leadership and Community Partnerships, UCEDD Specialist in Policy and Systems Change; Children's Long-Term Support Council, Chair

Community Organizations

- **William Parke Sutherland**, Kids Forward, Health Policy Engagement Coordinator
- Susan Stein, Rock County Nutrition and Health Associates Program, Executive Director
- Wisconsin Health Matters (local non-profit promoting access to healthcare and coverage)
- HealthWatch Coalition (variety of healthcare and community groups advocating for quality, accessible healthcare and coverage)

Physician Groups
- The Wisconsin Medical Society (awarded $5,000 grant)
- Dr. Mala Mathur, MD, MPH, President of the Wisconsin Chapter of the American Academy of Pediatrics and primary care physician
- Dr. Dipesh Navsaria, MPH, MSLIS, MD, Vice President of the Wisconsin Chapter of the American Academy of Pediatrics and former primary care physician

Local Healthcare Providers
- Kathleen Kastner, MD, Waisman Center, Developmental-Behavioral Pediatrician
- Ryan Coller, MD, MPH, American Family Children's Hospital, Complex Care Pediatrician
- Mary Ehlenbach, MD, American Family Children's Hospital, Complex Care Pediatrician

Community Attorneys
- Chan Stroman, JD, Law and Principle Landlord Counsel LLC; Research Director, ParSEC Wisconsin LLC; family advocate
- Megan Sprecher, JD, Immigration and Poverty Law, End Domestic Abuse Wisconsin

The primary purpose of the project's first stage was information gathering. Very little quantitative data exists regarding stakeholder awareness of the HealthCheck program aside from a survey completed by the Survival Coalition of Wisconsin Disability Organizations that showed that 80% of families and 90% of providers have not heard of it.[9] Many families (n = 213), representing 50 of 72 Wisconsin counties and in a wide variety of disability-related Medicaid programs, responded to the survey; however, only 21 Madison-area providers completed it. Although the HCTF still thinks this is important information, it lacks statistical power. Therefore, despite ABC for Health's direct patient advocacy experience that strongly suggests significant barriers to HealthCheck access and utilization, multimodal information gathering was a necessary first step. This included 1) informal interviews with key stakeholders, 2) review of current literature and available HealthCheck resources, 3) analysis of ABC for Health's past and current cases relating to CYSHCN and/or HealthCheck and 4) policy analysis.

Stakeholders were broadly separated into three groups: families, advocates and providers. "Families" included low-income children and childless adults up to age 21, especially those with complex care needs, as well as their parents, other caregivers and communities as a whole. "Advocates" usually represented HMOs but also referred to local health departments, clinic/hospital billing administrators, referral specialists, case managers and social workers. Lastly, "providers" included healthcare providers of all types and disciplines who provide care to patients under age 21 with a special focus on pediatricians since they are most often who completes HealthCheck screens and/or refers to or provides other HealthCheck services. A series of casual interviews (Figure 5) were completed during which members of each stakeholder group were asked about awareness and knowledge of the HealthCheck program, including HCOS and case management components, as well as concerns about HealthCheck implementation and barriers to accessing HealthCheck services. Conversations and stories told during stakeholder interviews were used to guide recommendations for outreach and education strategies.

Understanding how HealthCheck policy is written and carried out on a state administrative level was necessary to determine if and how it should be changed. To obtain this information, a meeting with DHS was arranged early in the project timeline; eight unique DHS perspectives related to health coverage and outreach were represented. The HCTF and DHS staff exchanged concerns about barriers to and goals of the HealthCheck program in attempt to address the root systems-level causes of its shortcomings. Special focus was given to the burdensome HealthCheck prior authorization (PA) process. Because DHS had already recognized that HealthCheck was not functioning as intended, early collaboration allowed the HCTF to contribute to changes intended to streamline the program to make it more accessible for

healthcare providers and their patients. DHS has communicated recent process changes through two EPSDT Provider Education and Updates bulletins (Appendix D).

Another especially important stakeholder group that the HCTF maintained communications with throughout the project is physician organizations, notably the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) and the Wisconsin Medical Society. The HCTF also reached out to Dr. Mala Mathur, MD, MPH, and Dr. Dipesh Navsaria, MPH, MSLIS, MD, President and Vice President of the WIAAP, respectively, in the first weeks of the project to determine the WIAAP Executive Board's understanding of HealthCheck, discuss barriers to its success reported by providers statewide and determine how the WIAAP may best promote HealthCheck outreach and education. The WIAAP was supportive of the HCTF's efforts throughout the project and provided opportunities to use their platform for HealthCheck education and broadening partnerships.

Throughout the duration of this project, especially during the information-collecting phase, a "HealthCheck Issues and Strategies" Outline was created and expanded upon. This outline organized perceived barriers to HealthCheck access and utilization, by stakeholder group, according to ABC for Health's patient advocacy and legal experience, data and literature review and stakeholder opinions. It will act as a living document for ABC for Health to continue expanding upon as they gain insight into HealthCheck barriers and their solutions.

Findings and Discussion

Perceived Barriers

Stakeholder input confirmed barriers to HealthCheck access that ABC for Health had perceived for years and brought new issues to light. Multiple broad themes regarding barriers to HealthCheck access were discovered through data gathering and input from families, healthcare

providers, advocates and policy makers. These themes are discussed below. It is important to remember that access to HealthCheck services is ultimately dependent on access to healthcare as a whole. Systems-level barriers limiting overall healthcare access are beyond the scope of this paper but are critical to future HealthCheck efforts.

Lacking Awareness of HealthCheck due to Insufficient Outreach and Education

Stakeholder interviews, ABC for Health's direct client experience and the 2017 Survival Coalition survey suggest that a surprising number of health care providers, families and HMO advocates in Wisconsin are unaware of or underinformed about HealthCheck and its benefits and requirements.[9] This suggests a lack of quality, accessible outreach and education for these groups, potentially stemming from inadequate reimbursement for outreach efforts, lack of reliable funding or compelling incentive for provider education and/or failure of the state and HMOs to hold staff accountable for required HealthCheck knowledge. Unfortunately, this is not a new problem, as states have a history of failing to live up to outreach obligations that dates back to the '80s.[2]

From ABC for Health's experience, low-income families of CYSHCN have rarely heard of any component of HealthCheck (or EPSDT) and seldomly report HealthCheck being offered as an option for coverage of their child's specialized medical needs. If they do happen to know about HealthCheck or HCOS, they often find themselves having to explain the program to providers and advocates who should be well-versed on it. Cases presented in Appendix B exemplify these issues.

The lack of HealthCheck outreach and education for providers of all types also became evident through ABC's direct client services and interviews of both primary care and specialist providers. As stated above, most providers interviewed are pediatricians, likely one of the most

knowledgeable groups about HealthCheck. Despite this, it was found that even experienced Medicaid pediatricians often did not understand the implications of also being an EPSDT provider. As expected, no interviewed providers were aware of the full scope of HealthCheck benefits nor how to access them for patients with complex care needs. This included pediatricians on the Executive Board and policy committees of the WIAAP and those specializing in complex care. While all providers were very familiar with general well-child exams and the necessity of additional steps for it to qualify as, what some termed, a "Medicaid screen," the majority were not familiar with the terms "EPSDT" or "HealthCheck" and denied training related to the program. While all providers reported that the majority of their patients receive screening exams that now qualify as a HealthCheck screen, only two pediatricians, both specialized in complex care, knew about HCOS. However, even these pediatricians thought they had to become "HealthCheck-certified" to refer for or provide HCOS, even when these services, products or treatments were medically necessary for their low-income patients. An interview with the Vice President of the WIAAP, Dr. Dipesh Navsaria, was especially insightful in this area. It clarified that most provider knowledge gaps and misconceptions about HealthCheck relate to HCOS; however, even though the vast majority of primary care pediatricians are completing annual comprehensive health supervision visits, they are not recognizing these exams as "HealthCheck screens." He confirmed that the majority would not likely recognize the terms "HealthCheck" or "EPSDT," giving the illusion that they are not completing these screening exams. Dr. Navsaria also confirmed that very few pediatricians are aware of the ability of HCOS to increase access to treatments, equipment, products and services for CYSHCN or that a comprehensive "HealthCheck screen" is necessary to do this. These knowledge gaps make providers less likely to recognize the ability to appeal and overturn denials of medically

necessary services for their Medicaid-eligible patients. From this conversation, messaging to providers will focus on the basics of HCOS and case management services, highlighting the importance of awareness among providers so they may appeal inappropriately-denied services.

Burdensome Prior Authorization Process to Access HealthCheck Other Services

Past and current communications with advocates of all types, including HMO advocates, referral specialists, case managers, billing administrators, local health departments and others revealed similar issues involving a lack of name recognition of HealthCheck and EPSDT and poor understanding of the PA process. Discussions with the Wisconsin Children's Long-term Support Council (LTSC), a group intimately familiar with HealthCheck, highlighted that advocates who do understand the HealthCheck process feel it is unnecessarily complex and burdensome. This is likely also contributing to low program utilization.

Providers and advocates who were aware of HealthCheck services almost always reported that a complex, burdensome PA process coupled with a general lack of time kept them from utilizing HCOS frequently. They reported that, even after taking the time to submit a HealthCheck-specific PA for a medically necessary service, it is frequently denied. CLTS administration discussed the need for improved and/or increased training on HCOS to PA reviewers who are not familiar with the EPSDT definition of medical necessity.[11] The same issue is seen with administrative law judges during the PA appeals process. Other process-specific critiques from stakeholders include:

- Ambiguity around the PA process and documentation needed to access HCOS (e.g. Do children need a well-child exam first? How should HCOS be coded?)

- Slow PA review process even for subsequent requests for a previously-approved service for the same child and for children who meet a significant level of care through the Katie Beckett Program, Supplemental Security Income (SSI), BadgerCare and Care4Kids[11]
- Lack of understanding among PA reviewers of the expanded definition of medical necessity under HCOS
- No point staff who may streamline communication with county agencies so decisions about covered services are timely[11]
- "Pushing" of PAs back-and-forth (when denied then resubmitted) instead of using a timelier form of communication (e.g. phone call) to determine reimbursement status
- Ambiguity regarding current outreach and case management strategies

The HCTF and CTLS have made these administrative barriers clear to DHS and are working with them as they streamline HealthCheck policy implementation. Until this is achieved in its entirety, administrative and policy barriers appear to unnecessarily complicate HealthCheck access, making it even more essential that healthcare providers and advocates understand all aspects of the program, so they may best advocate for patients when HealthCheck coverage is denied.

Inadequate Data Monitoring

The HCTF's communications with DHS have also revealed concerns regarding data metrics and monitoring. It is extremely difficult to access information related to HealthCheck and HCOS, including metrics for measuring access and utilization of HCOS and data reports on the number of HCOS PA requests and denials, time from request to approval/denial, the number of children accessing HCOS and what services they are accessing. Aside from the CMS-416[6], which does not verify the completeness of reported screenings or give specific data, it is

currently unknown how outcomes related to HealthCheck implementation are measured. The HCTF also believes there have been issues with questionable data monitoring in the past. Wisconsin has consistently claimed to achieve the target 80% performance standard for EPSDT screenings; however, DHS only recently began counting these screens using most recent AAP Bright Futures periodicity schedule.[8] Until then, outdated screening guidelines from 1988, which required fewer screenings, were used to analyze performance standards.

Insufficient Case Management Services

According to Rich Lavigne, attorney at ABC for Health who is on the HCTF, "Federal policies and HMO contracts require states to identify enrollees with special health care needs, engage in active efforts to educate eligible populations about EPSDT benefits and ensure recipients have access to and actually receive the full scope of benefits." However, it is currently difficult to assess how HealthCheck-eligible children are identified, how the state fulfills its obligation to inform them about the program and how HMO compliance with these care coordination requirements is monitored. From ABC for Health's experiences, HMOs are often not compliant with care coordination requirements. This may be partially due to a lack of HealthCheck knowledge among advocates, as mentioned above, but the HMO contract also appears to lack adequate compliance monitoring procedures and non-compliance penalties.

The HCTF is also concerned that targeted case management, which provides person-centered support, and coverage management, which proactively helps families maintain and coordinate health coverage, are not included as "Other Services" even when medically necessary for a child. The complex health needs of CYSHCN often require a variety of clinic visits, specialty services, treatments and therapies, making skilled care coordination essential to their care. It is important to remember, however, that many families may not be able to access

affordable care in the first place due to coverage barriers. This leads to financial, emotional and physical hardships for families and uncompensated care for hospitals. Therefore, ABC for Health believes that healthcare coverage coordination is vital to care coordination and, as such, is frequently medically necessary for CYSHCN who are part of low-income families.

Denied Coverage of Medically Necessary Services

The issue of inappropriate denials of medically necessary services through HCOS is regularly brought up in ABC for Health's direct case work and was a prominent theme of provider and advocate interviews. Additionally, according to HCTF member Elizabeth Hecht, Regional Centers for CYSHCN, CLTS and community organizations who work with families with CYSHCN "regularly hear from families getting denials for things they need that should be covered by HCOS." The two most commonly discussed denied services were residential mental health treatment and enteral nutrition.

Most providers interviewed were well aware of the inability to get residential psychiatric treatment covered for patients who need it. While inpatient psychiatric hospitalization is an optional service under the Medicaid Act, these services, including room and board, should be mandatory through HCOS for children and youth under 21 when medically necessary (e.g. severe eating disorders, prolonged active suicidality). HCOS currently includes "therapies," yet medically necessary residential therapies are not being included in this in Wisconsin. A likely contributing issue involves a lack of accredited Psychiatric Residential Treatment Facilities (PRTFs) in the state. A major Wisconsin residential mental health treatment facility claimed it does not have to accept Medicaid without official PRTF status. However, a lack of official PRTFs does not relieve the state of its obligation to cover medically necessary services under EPSDT. This has been communicated to DHS, and ABC for Health is currently working on

multiple cases involving this issue. An example is highlighted in the case scenarios below (Appendix B).

As the most recent list of HealthCheck questions and suggestions for DHS (Appendix C) states, "[c]urrent ForwardHealth policy restricts coverage of oral enteral nutrition products to individuals meeting specific clinical and diagnostic criteria (e.g. severe swallowing disorder, gastrointestinal pathologies, or transitioning from tube feeding)…[These] types of diagnostic limitations may not be enforced where a requested service is medically necessary to correct or ameliorate health conditions for a Medicaid-eligible child." Yet, the Provider Handbook states that enteral nutrition products do not qualify as HCOS. It is unclear how this complies with the EPSDT mandate if these services are medically necessary.

Insufficient Dental Referrals and Services

Dental referral is a mandatory component of HealthCheck screens for children over one year of age (or starting at age of first tooth eruption)[8] but seems to occur very rarely. The HCTF believes this is primarily due to lack of awareness among providers that it is an obligatory part of the screen and a shortage of Wisconsin dental providers who accept Medicaid, deterring dental care even when a referral is made. The combination of these barriers leads to only 25% of EPSDT-eligible children receiving dental care each year, placing Wisconsin well below the national median rate of 46%.[6]

Low Screening Rates for Young Adults

The percent of HealthCheck-eligible patients receiving screens substantially drops for children ages 10 and older, with another sharp drop for eligible young adults between the ages of 19 and 21.[6] This "suggests that HealthCheck [screenings] may be effectively identifying preventable or correctable health concerns in young children, but older children may not be

receiving adequate continuing care services while health concerns arising in preadolescence or adolescence may be at a higher risk of going undetected and untreated."[2] It is evident that additional outreach efforts targeted toward young adults and the families of teenage children are necessary.

Policy Guidance

To begin addressing these barriers, the HCTF met with DHS to learn specifics of HealthCheck policy, relay narratives about points of confusion for families and providers and suggest potential process improvements. Through early partnership, the HCTF had the opportunity to share concerns regarding how HealthCheck is currently functioning and provide guidance toward DHS's efforts to update the program process and increase stakeholder awareness. DHS has used these recommendations in program updates which are outlined in two ForwardHealth provider bulletins published recently (Appendix D). The HCTF was allowed to review and edit these bulletins prior to their publication. Below are important updates and clarifications to the HealthCheck process that have occurred throughout the HCTF's conversations with DHS.

- The HCOS definition of medical necessity has been expanded to also include services that prevent regression or maintain health status.[8]
- Conditions identified (or followed up on if chronic) during either a comprehensive *or* interperiodic screen in the past 365 days can trigger referral for HCOS.
- No special forms are required to submit a HCOS PA (aside from a prescription or order from a Medicaid-enrolled provider).
- PA requests are reviewed according to HCOS criteria whenever necessary whether or not the request was identified as a HealthCheck PA. For example, if a PA requesting

Medicaid coverage for a service is denied and the patient is under 21, it will automatically be reviewed through a HCOS lens.

- The most recent Bright Futures periodicity schedule is used.
- According to DHS, "ForwardHealth is working to increase the focus on viewing children holistically and to develop ways to get them quicker access to appropriate [HCOS]."

Outreach and Education Efforts

Along with streamlining the PA process for HCOS, DHS described an ongoing HealthCheck public awareness campaign to improve program access. The state claims to be addressing this through creation of multiple educational resources, including:

- A three-step series of HealthCheck policy and process clarifications for various stakeholders: 1) bulletins specific to providers (published), 2) materials for advocates, including county waiver agencies (pending) and 3) user-friendly materials for families and communities (pending)
- Internal educational efforts, especially among PA reviewers
- Materials and training for Member and Provider Services call centers
- A "Resources for HealthCheck Providers" webpage: https://www.forwardhealth.wi.gov/WIPortal/Subsystem/SW/StaticContent/Provider/medicaid/HealthCheck/resources_72.htm.spage

These efforts are far from complete, but the HCTF is optimistic that they are being discussed. Many questions remain for DHS on these process changes and other HealthCheck issues (Appendix C); the Executive Director of ABC for Health is in communication with the current Wisconsin Medicaid Director, Jim Jones, who is interested in working on these issues. Along with partnering with DHS and engaging in direct case work to contest inappropriate

denials, the HCTF has brainstormed and organized multiple ways to partner on and create HealthCheck outreach and education materials for various groups of stakeholders. These include:

- *Completed*:
    - Disseminated information about HealthCheck during stakeholder interviews
    - Published an op-ed in the Cap Times, *The Promise of HealthCheck in Wisconsin*: https://madison.com/ct/opinion/column/robert-a-peterson-jr-and-kali-a-kramolis-valuable-child/article_1b1927d0-94aa-50e9-988b-01177e67d3df.html
    - Created a HealthCheck webpage with resources organized by stakeholder group and contact information for the HCTF (Multiple interested individuals have reached out this way to learn more about our efforts.): https://safetyweb.org/healthwatchwi/Health-Check.html
    - Wrote a transition memo for Governor Evers's Administration emphasizing the need to focus on improving HealthCheck (Appendix E)
    - Presented on HealthCheck, including recent PA process changes, and facilitated HealthCheck case examples at the annual HealthWatch Conference put on by ABC for Health
    - Sent educational materials to interested parties, including community groups for families of CYSHCN
    - Led discussion of HealthCheck at the State Maternal and Child Health (MCH) Advisory Committee meeting as well as biweekly HealthWatch Wisconsin meetings
    - Used social media to share HealthCheck materials
- *In process*:

- Co-authoring a WIAAP position statement emphasizing the importance of EPSDT and supporting process improvement, outreach and education efforts
- Using the Wisconsin Medical Society grant, organizing and filming two webinars, "HealthCheck 101" and "HealthCheck Prior Authorizations," with the WIAAP Vice President, Dr. Dipesh Navsaria
- Writing articles on HealthCheck for the WIAAP paper and online newsletters

Conclusion

Wisconsin's EPSDT program, HealthCheck, does not appear to be meeting its goal of "[assuring] that individual children get the healthcare they need when they need it – the right care to the right child at the right time in the right setting."[4] Reaching this will not be a quick or easy task and will require continued advocacy and education efforts on the part of ABC for Health and others, but the HCTF has laid important groundwork in partnering with multiple groups of stakeholders, determining how the HealthCheck program is currently functioning, guiding recommendations for improvement at a state policy level and creating various public-facing educational materials. Below are next steps to further improve access to and utilization of HealthCheck. All CYSHCN and their families should have access to medically necessary treatments, services and products. HealthCheck has the potential to get them the healthcare they need and deserve.

Recommendations

- Continue communicating with policy and decision makers, including DHS, about concerns with HealthCheck and holding the system accountable for implementing EPSDT according to federal law
  - Identify family and community advocates to be involved in this process

- Continue direct legal services and sharing clients' stories with government and managed care administrators
- Continue partnering with DHS to identify metrics for measuring and evaluating HealthCheck and to advocate for improved data recording on program outcomes
- Continue expanding stakeholder partnerships, especially among interdisciplinary provider groups (particularly family medicine), HMO advocates and community advocates
- Continue creating and disseminating HealthCheck educational resources that are accessible and understandable to all stakeholder groups
- Continue advocating for targeted care management, residential treatment and enteral nutrition as services that should be covered under HCOS when medically necessary
- Continue advocating against Medicaid block grants and per capita caps which would drop the EPSDT requirement for states choosing this option[10]
- Continue advocating for and working with DHS to reinstate the annual HealthCheck Conference
- Follow-up with the MCH Advisory Board to promote using MCH as an avenue for dissemination of HealthCheck information
- Find models of successful HealthCheck implementation
    - Follow-up with Sue Stein, a champion of this issue to Rock County's WIC families
- Determine if changes to EPSDT in California have improved child health outcomes
- Ensure that providers know about the updated HealthCheck PA process and are sharing recent ForwardHealth bulletins on this topic

- Clarify distinctions between how HealthCheck functions as part of managed care versus fee-for-service Medicaid
- Learn more about the residential treatment facility accreditation process and identify examples of alternative accreditations providing EPSDT services outside of Wisconsin
- Advocate for policy that improves access to Medicaid dental providers in the state
- Look into reimbursement for outreach efforts and provider incentives to provide HealthCheck services
- Focus on improving HealthCheck screening rates for young adults through outreach and education efforts tailored to this population
- Re-do Survival Coalition Survey, ideally with a larger provider group, to obtain more recent quantitative data regarding families' and providers' awareness of HealthCheck
- Brainstorm ways to hold HMOs accountable for contract compliance regarding HealthCheck outreach and case management

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Appendix A. The American Academy of Pediatrics Bright Futures Periodicity Schedule.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE									
AGE[1]	**Prenatal**[2]	**Newborn**[3]	**3-5 d**[4]	**By 1 mo**	**2 mo**	**4 mo**	**6 mo**	**9 mo**	**12 mo**	**15 mo**	**18 mo**	**24 mo**	**30 mo**	**3 y**	**4 y**	**5 y**	**6 y**	**7 y**	**8 y**	**9 y**	**10 y**	**11 y**	**12 y**	**13 y**	**14 y**	**15 y**	**16 y**	**17 y**	**18 y**	**19 y**	**20 y**	**21 y**
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																			
Weight for Length		●	●	●	●	●	●	●	●	●	●																				
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																															
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★
Hearing		●[8]	●[9]	←	→	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←	●	[11]	→	←	●	→	←	●	→	
DEVELOPMENTAL/BEHAVIORAL HEALTH																															
Developmental Screening[11]								●			●		●																		
Autism Spectrum Disorder Screening[12]											●	●																			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[14]																					★	★	★	★	★	★	★	★	★	★	★
Depression Screening[15]																						●	●	●	●	●	●	●	●	●	●
Maternal Depression Screening[16]				●	●	●	●																								
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																															
Newborn Blood		●[19]	●[20]	→																											
Newborn Bilirubin[21]		●																													
Critical Congenital Heart Defect[22]		●																													
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[25]		★	★	★	★														
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	←	→	★	★	★	★	★	←	→	★	★	★	★
Sexually Transmitted Infections[29]																					★	★	★	★	★	★	★	★	★	★	★
HIV[30]																					★	★	★	★	←	→	★	★	★	★	★
Cervical Dysplasia[31]																															●
ORAL HEALTH[32]							●[33]	●[33]	★		★	★	★	★	★	★	★														
Fluoride Varnish[34]							←	—	—	—	●	—	—	—	→																
Fluoride Supplementation[35]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).
11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
12. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://pediatrics.aappublications.org/content/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://crafft.org.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
16. Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice" (http://pediatrics.aappublications.org/content/126/5/1032).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
18. These may be modified, depending on entry point into schedule and individual need.

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided

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Appendix B. HealthCheck Case Scenarios.

*Assuming patients are Medicaid-eligible

1. "Benji" is three years old and has dental issues that are causing pain and difficulty with chewing and biting. Due to difficulty eating, Benji's doctors are concerned with his nutrition and development, as he is already well below average weight for his age and height. Doctors recommended orthodontia to ameliorate the condition. Benji's parents have been told that Medicaid does not cover orthodontic treatment, and they cannot afford it out of pocket. Benji also needs a primary dentist, but the family is having trouble finding one on their own.
    - Given this patient's age and obvious medical necessity of orthodontia, it should be covered by HCOS. His PCP should fill out a PA with details on why the treatment is medically necessary for Benji. Additionally, his PCP should have referred him at age one to a primary dentist for regular visits.
2. "Jocelyn" is a BadgerCare Plus HMO Advocate working with a family whose child requires liquid vitamins that are not covered by Medicaid. Jocelyn was told the child's HealthCheck screening had "expired," so the provider could not accept the prior authorization for the vitamins, but she knows the child had a "well-child visit" with her pediatrician a few months earlier. After speaking with the child's primary care clinic, they submitted the prior authorization just as they would any other.
    - A "well-child visit" (sometimes called an "annual physical") qualifies as a HealthCheck screen. Since the visit was in the last 365 days, it is not "expired" so HCOS can be accessed when medically necessary. Many over-the-counter medications are covered by HCOS (Figure 2[5]). Even though they are over the counter, the patient will still need a prescription and documentation of the last

HealthCheck screening. Most services provided by HCOS require a PA that can be submitted like any other, but over-the-counter medications do not.

3. "Jodi" is a 13-year-old in need of long-term, residential psychiatric care for her mental health diagnosis. After being told that Medicaid would not cover residential treatment, Jodi's parents paid for her first two weeks out-of-pocket. Jodi's doctors have recommended another two weeks at the residential program followed by eight weeks of outpatient day treatment. Since they were told Medicaid will not cover either service and spent most of their savings to cover their daughter's past treatment, Jodi's parents are distraught.
    - As mentioned above, ABC for Health believes that residential mental health treatment should be covered by HCOS when medically necessary. Although this is an ongoing struggle, the provider who knows the most about Jodi's mental health condition(s) should still submit PAs detailing why residential and outpatient day treatment is necessary for her health and even survival.

Appendix C. HealthCheck Questions and Suggestions for DHS. (Authored by HCTF)

Advocacy & Benefits Counseling for Health, Inc. | 32 N. Bassett St. Madison, WI 53703

Pam,

Thank you for working with the HealthCheck Task Force organized by ABC for Health and HealthWatch Wisconsin. We appreciate your willingness to hear our and HealthWatch Conference attendees' input and questions and are encouraged by the recent changes to streamline the HealthCheck process. We look forward to future collaboration to further improve HealthCheck education and outreach efforts and increase access to and utilization of this vital program by our state's most vulnerable members. To continue our dialogue, below are several HealthCheck-related issues we have encountered. Please reach out if anything needs further clarification.

Thank you,

ABC for Health's HealthCheck Task Force

Education and Outreach

We understand that DHS agrees with our task force that comprehensive and ongoing education and outreach are critical element to success of HealthCheck. Lack of accessible information tailored to individual stakeholder groups has been a significant deficit for the program in recent years. Below are questions and suggestions for HealthCheck promotion:

- **What is DHS's outreach and awareness campaign beyond the provider bulletins? What is the timeline?**
- **How are you providing HealthCheck education, especially regarding the recent changes, to billing administrators?**
- **Suggestions for program promotion**:
  - A HealthCheck Conference similar to what was held annually years ago
  - Regional and local workshops for providers, advocates and billing administrators
  - Culturally sensitive resources for families

Data Tracking

Measuring progress and outcomes of our combined efforts to improve HealthCheck program services and results and address knowledge and service barriers for stakeholders will promote ongoing process improvement. To promote these outcomes, certain data tracking and measurement questions emerge:

- **How will staff measure and track the frequency and demographics of HealthCheck and HCOS utilization and resulting health outcomes?**
- **How will staff measure the effectiveness of HealthCheck procedural changes?**
- **How will staff measure outreach and education efforts?**
- **When is the CMS-416 report submitted? Will it reflect the most recent AAP Bright Futures periodicity schedule?**

Accountability and Enforcement

Patient and provider confidence in the HealthCheck process is a critical success factor. HealthCheck policy requirements are only as effective as monitoring and enforcement of these rules. Clear guidance and consequences for failure to follow program requirements must be provided to all stakeholders. **Specifically, we suggest**:

- Ongoing clarifications of policy and procedures in the MCO contracts and the state Provider Updates
- Measures of compliance with new procedures
- Identification of issues resulting in fair hearing and resolutions.
- Reports on issues and barriers identified by consumers and providers

Case Management

Both "case management" and "primary care case management" (as opposed to targeted or outreach case management) are categories of optional medical assistance services identified in the Social Security Act. As such, either should be a covered service under HealthCheck Other Services (HCOS) when medically necessary to correct or ameliorate a child's health condition.

"Primary care case management" services are defined at 42 USC 1396d(t) to mean "case-management related services (including locating, coordinating, and monitoring of health care services) provided by a primary care case manager under a primary care case management contract." "Case management services" are defined at 42 USC 1396n(g) to include: assessment to determine the need for any medical, educational, social, or other services, development of a specific plan of care, referrals and appointment scheduling for other medical, social, or educational needs and monitoring and follow up to ensure the adequacy of plan services

- **Do contracted providers exist to offer either type of case management to fee-for-service Medicaid children?**

HMOs are required by contract and by federal regulation (42 CFR 432.308) to provide care coordination services, including coordination of community and social support services to all enrollees. In addition, the state is required to have a system in place to identify enrollees with special health care needs to HMOs. For those individuals, the HMO is required to produce a treatment/service plan developed by an individual trained in person-centered planning. The HMO contract describes compliance monitoring procedures and non-compliance penalties for BC+ childless adult and SSI managed care populations, but not for other populations including children and non-SSI adults/parents with special health needs.

- **What systems are in place for identifying HC eligible enrollees with special needs and monitoring HMO compliance with care coordination requirements?**
- **Do the HMOs provide names of trained staff responsible for in person-centered care and responsible for developing treatment and service plans?**
- **Which HMOs contract with external entities to provide these services? Who are the existing contracted case management and outreach agencies**
- **Are the state managed care contract monitors appropriate contacts for identifying compliance with HealthCheck referrals and screening/treatment requirements?**
- **What objective measures are in place to ensure that HMOs fulfill the state's obligation to inform families about the availability of HealthCheck services? How will staff monitor performance?**

Targeted case management may be a medical necessity for certain children with exceptional needs – in which case the state would presumably be obligated to provide those services irrespective of current limitations on service availability to certain populations and geographic regions. We hope to encourage some forward thinking toward possible solutions.

- **What resources are currently available to provide comprehensive case management services to Medicaid eligible children for whom those services are medically necessary?**
- **How can the state, in partnership with managed care organizations, ensure that comprehensive case management services are available to children for whom those services are identified as a medical necessity?**
- **What options are viable for identifying populations in need and expanding the availability of case management services?**

Residential Mental Health Treatment

There are currently major issues with getting residential psychiatric treatment covered by HCOS. We believe this issue deserves urgent attention by the state. While inpatient psychiatric

hospitalization and PRTFs are option services under the Medicaid Act, these services are mandatory for children and youth under 21 when medically necessary. Coverage extends to all services provided at these facilities, including psychiatric and non-psychiatric treatment, as well as costs associated with room and board. Medicaid services must be provided consistently with the Americans with Disabilities Act (ADA) community integration mandate and the Olmstead decision.

- **Is there a code for residential treatment for adolescents (or anybody)?**
- One of the bulletins states that "other services" includes "therapies."
  - **What types of therapies are these?**
  - **Why is medically-necessary residential therapy (severe eating disorders, active suicidality) not included in this?**
- **Has the State considered all of the following accreditations as qualifying for full Medicaid coverage of residential treatment as described at 42 CFR §441.151**: Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities, Council on Accreditation of Services for Families and Children or by any other accrediting organization with comparable standards that is recognized by the state?
- **Have Wisconsin county agencies been informed that this is a required benefit even in the absence of state-licensed PRTFs or other facilities with qualifying accreditation?**

Enteral Nutrition

Current ForwardHealth policy restricts coverage of oral enteral nutrition products to individuals meeting specific clinical and diagnostic criteria; e.g. severe swallowing disorder, gastrointestinal pathologies, or transitioning from tube feeding. Federal Medicaid law generally allows the state to impose reasonable limits on coverage for a particular type of service. However, those types of diagnostic limitations may not be enforced where a requested service is medically necessary to correct or ameliorate health conditions for a Medicaid-eligible child. The Provider Handbook says, "Enteral nutrition products are not HealthCheck Other Services. Prior authorization requests submitted for enteral nutrition products for HCOS members will be returned as noncovered services."

- **How does this comply with the EPSDT mandate if these services are medically necessary?**

Dental

We are very concerned about the lack of mandatory dental referrals being made during HealthCheck screens, although we understand this is complicated given the lack of Wisconsin dental providers accepting Medicaid.

- **What is the state doing to improve this issue?**
- **What efforts are being made to spread the word to families, providers and advocates about the scope of HealthCheck dental benefits?**

Over-the-counter (OTC) Medications

Families face challenges in securing over-the-counter (OTC) medications covered by HCOS. Those who know about it may take script in and have to pay for it, or the doctor may recommend an OTC med but does not write a script. Many have no idea that they can get these OTCs through HealthCheck with no PA. Many important medications fall into this category, including antidiarrheals, anti-fungals, anti-parasitics, electrolyte replacement, iron supplements, laxatives and multivitamins. We maintain that a lack of program awareness exacerbates these issues. We noticed OTC medications were not addressed in the recent bulletin.

- **How does getting OTC medications covered by HCOS work, especially in the context of the recent updates?**
- **Will patients need a prescription specifying coverage through HCOS?**
- **Will pharmacists know how this works?**
- **How is the state ensuring this need is met?**

Logistics

At our original meeting with DHS, staff indicated that everything found wrong/incomplete with a PA will be noted at one time and that the PA will be sent back only once to prevent poor efficiency of back-and-forth communication.

- **How is compliance with this policy enforced?**

The Forward Health HealthCheck resource page for providers includes a link to HealthCheck forms. We were under the impression that these forms are no longer required (but encouraged to ensure comprehensive screening?). **Is that correct?**

As time permits, we identified previous question after we reviewed the latest provider bulletins:

General questions:

- The bulletin did not include a screening requirement in the previous 365 days. **Is this still a requirement?**
- **Where is an accessible list of HealthCheck requirements?**
- **What is the process to update the list of HCOS benefits?**

Specific to first bulletin:

- References "experimental or investigational treatments" as not included in HCOS coverage. **How does DHS determine experimental or investigational treatments? What is the responsibility of the Department to investigate any alleged experimental or investigational services?**
- Mentions "services prohibited by policy," but no list or examples of these services are provided. **What are the current services prohibited by policy? Are any of these services eligible for federal match (FFP)?**
- Similarly, "services covered with limitations" are mentioned. **What are the services covered with limitations? What are the limitations?**
- States that the requested service and/or product has "proven to be of medical value or usefulness." **What does this requirement mean for services that a provider is recommending for the first time?** Would it be better to say something like "requested services and/or product has proven to be of medical value or usefulness to others with similar conditions and treatment needs"?
- "Forward Health is responsible for medically necessary services not included in the managed care contract." **What medically necessary services are not included in the managed care contract?**

Specific to second bulletin (PA-specific):

- References "current research and/or safety of an intervention" that may be submitted with PAs. **What is the duty of the state to initially investigate medical options and review and update current standards of practice?**
- In defining the elements of a completed PA request, "unlisted procedure codes" are mentioned. **Where are these unlisted codes kept/referenced from? How are they updated?**
- States that "rationale must be given for why services typically covered by Wisconsin Medicaid are not considered acceptable" for each individual case. **What if the author of**

the request does not know what services might be covered? This will slow down the process.

- States that "providers are encouraged to...note the codes or code-modifier combinations that have been approved." **Where are the approved codes located? Will you keep a record of procedure codes for other providers to see/use?**

Appendix D. ForwardHealth HealthCheck Provider Bulletins.

ForwardHealth
Wisconsin serving you

Update
February 2019

No. 2019-05

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and other Managed Care Programs

Clarifications to HealthCheck Services

This *ForwardHealth Update* provides clarifications to providers regarding HealthCheck services, including HealthCheck comprehensive screens, HealthCheck interperiodic screens, outreach and case management, and HealthCheck "Other Services." ForwardHealth will follow this *Update* with separate HealthCheck publications for members and their families, county waiver agencies, and other stakeholders, as well as provide guidance to providers for submitting prior authorization (PA) requests for HealthCheck "Other Services."

Overview

The purpose of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is to ensure that children receive early detection and care, so that health problems are prevented or diagnosed and treated as early as possible. HealthCheck is the term used for EPSDT in Wisconsin. The HealthCheck benefit provides periodic, comprehensive health screening exams (also known as "well child checks"), as well as interperiodic screens, outreach and case management, and additional medically necessary services (referred to as HealthCheck "Other Services") for members under 21 years of age.

ForwardHealth is working to increase the focus on viewing children holistically and to develop ways to get them quicker access to appropriate HealthCheck "Other Services." The intent of this *Update* is to help providers understand HealthCheck coverage and when services may be covered under HealthCheck "Other Services." Federal law requires state Medicaid programs to provide EPSDT services for Medicaid members under 21 years of age.

Information from this *Update* is included in the HealthCheck (EPSDT) service area of the ForwardHealth Online Handbook on the ForwardHealth Portal at *www.forwardhealth.wi.gov/*.

HealthCheck Comprehensive Screens

HealthCheck provides access to comprehensive medical, vision, hearing, and dental screens according to the periodicity schedule recommended by the American Academy of Pediatrics (AAP). Refer to the AAP website at *https://www.aap.org/en-us/Documents/periodicity_schedule.pdf* for the current schedule.

Comprehensive HealthCheck screens are age-appropriate medical wellness check-ups that occur on a regular basis and include the following components:

- A comprehensive health and developmental history, including:
  - ✓ A health history
  - ✓ A nutritional assessment
  - ✓ A developmental-behavioral assessment
  - ✓ Health education and anticipatory guidance for the member and caregiver
- A comprehensive unclothed physical exam
- A hearing screen
- A vision screen
- An oral assessment, plus referral to a dentist beginning when the first tooth erupts or by age 1

- Appropriate immunizations (according to age and health history per the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices guidelines)
- Appropriate laboratory tests (including blood lead level testing when appropriate for age)

Conditions identified during a HealthCheck screen may be referred for additional evaluation, which is covered by Wisconsin Medicaid. These conditions may result in recommendations for services that may be covered. Refer to the HealthCheck "Other Services" section of this *Update* for details.

Accessing Comprehensive Screens

Comprehensive HealthCheck screens are available without PA. Primary care providers, including pediatricians, nurse practitioners, local health departments, and physician clinics, should provide the appropriate components of a HealthCheck screen, based on AAP or other best practice guidelines, as part of a comprehensive well child exam. No special forms are required.

Note: Medicaid reimbursement is limited to Medicaid-enrolled providers.

Refer to the Comprehensive HealthCheck Screening Components and Periodicity topic (topic #2402) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the HealthCheck (EPSDT) service area of the Online Handbook for more information.

HealthCheck Interperiodic Screens

Interperiodic screens are visits with qualified providers that occur outside the AAP periodicity schedule. They may be recommended by any professional who comes into contact with the child, such as physicians, dentists, health officials, or educators. An interperiodic screen can be problem-focused or may include any or all components of the comprehensive screen. These visits may be required to diagnose a new illness or condition or to determine whether a previously diagnosed illness or condition requires additional services. Interperiodic screens ensure that access to a necessary service is not delayed by waiting until the next scheduled wellness check-up.

Like comprehensive HealthCheck screens, conditions identified during an interperiodic screen may result in recommendations for services that may be covered. Refer to the HealthCheck "Other Services" section of this *Update* for details.

Accessing Interperiodic Screens

Interperiodic HealthCheck screens are available without PA, and any Medicaid-enrolled provider, within the scope of their license, may provide these screens. No special forms are required.

Refer to the Interperiodic Visits topic (topic #2396) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the HealthCheck (EPSDT) service area of the Online Handbook for more information.

HealthCheck Outreach and Case Management

Medicaid-enrolled HealthCheck outreach and case management agencies and HMOs provide outreach and basic case management services to inform and assist members in obtaining HealthCheck services. These agencies may identify when a member has missed a check-up according to the periodicity schedule or may identify health needs through other public health programs such as blood lead screening or nutrition programs. Case management services are specifically related to helping the member obtain HealthCheck services such as assisting with scheduling, arranging transportation to a HealthCheck visit, or ensuring that appropriate referrals and follow-ups occur following a HealthCheck visit.

Accessing Outreach and Case Management Services

HealthCheck outreach and case management services are available without PA. Medicaid-enrolled outreach and case management agencies or the member's HMO may initiate outreach to the member, or the member can contact these agencies for information and assistance in obtaining HealthCheck screens or services.

Refer to the Outreach and Case Management Services chapter of the Covered and Noncovered Services section of the HealthCheck (EPSDT) service area of the Online Handbook for more information.

HealthCheck "Other Services"

Wisconsin Medicaid covers most diagnostic and intervention services a member may need. However, federal law requires that states provide any additional health care services that are coverable under the federal Medicaid program and found to be medically necessary to treat, correct, or reduce illnesses and conditions discovered regardless of whether or not the service is covered in a state's Medicaid program. HealthCheck "Other Services" is Wisconsin's term for this federal requirement. These "other services" include a broad array of interventions, such as physician services, dental care, therapies, home health services, and medical equipment and supplies, which improve the member's condition, prevent regression, or maintain the member's status.

The needed service must be allowable under federal Medicaid law, per § 1905(a) of the Social Security Act, and must be medically necessary and reasonable for a particular child to be covered by Wisconsin Medicaid. Most HealthCheck "Other Services" require PA, per Wis. Admin. Code § DHS 107.02.

Note: A forthcoming *Update* will explain the PA process for providers submitting a PA request for HealthCheck "Other Services."

Accessing HealthCheck "Other Services"

When a member's need for additional services is identified during a HealthCheck comprehensive check-up or an interperiodic screen, the qualified provider should write an order or prescription for the recommended services. Providing the member with a written order or prescription is important since Wisconsin Medicaid requires one for many services. In addition, HealthCheck "Other Services" usually require PA, since the determination of coverage is typically made on a case-by-case basis, depending on the needs of the member.

A comprehensive HealthCheck screen is generally the first step to accessing HealthCheck "Other Services" not otherwise covered by Wisconsin Medicaid; however, providers should note that coverage for HealthCheck "Other Services" may also be allowed after follow-up screens or other health care visits. For example, a screen provided by a dental professional is sufficient to allow coverage of medically necessary dental services under HealthCheck "Other Services" even if the need for the service was not identified during the comprehensive screen. Likewise, a hearing or vision professional could determine that a child needs additional services under HealthCheck "Other Services" to correct a hearing or vision problem, which may result in coverage for services.

Refer to the HealthCheck "Other Services" chapter of the Covered and Noncovered Services section of the HealthCheck (EPSDT) service area of the Online Handbook for more information.

Determining Medical Necessity for HealthCheck "Other Services"

HealthCheck "Other Services" allows coverage that goes beyond Wisconsin Medicaid limitations to provide services that are needed to address the individual medical circumstances of the member, but services covered under HealthCheck "Other Services" must be coverable under federal Centers for Medicare and Medicaid Services guidelines.

Every PA request for a member under age 21 is first processed according to standard Medicaid guidelines. Requests that can be approved according to standard Medicaid guidelines are not considered HealthCheck "Other Services" requests.

If a PA request for a member under age 21 does not meet standard Medicaid guidelines (e.g., the requested procedure code is not currently covered), includes services that are prohibited by policy, or is not expected to result in a favorable change in the member's condition, the request is processed under the HealthCheck "Other Services" benefit to evaluate whether the requested service is likely to correct or ameliorate the member's condition, including maintaining current status or preventing regression. The provider is not required to submit a second PA request to ForwardHealth.

In accordance with Wis. Admin. Code § DHS 107.02(3)(e) and based on the individual circumstances described in the PA request, HealthCheck "Other Services" requests may be approved when **all** of the following are true:

- The requested service does not appear to be for the convenience of caregivers (including parents and guardians) or providers and is medically necessary.
- The requested service requires the skills of a licensed clinician for planning or implementation.
- There are not more cost-effective alternative services available to address the member's condition.
- The requested service is expected to result in favorable improvement, reduced regression of skills, stabilization, or increased tolerability of the member's condition.
- The requested service has proven to be of medical value or usefulness.

ForwardHealth determines which service to cover among equally effective, available alternative treatments. ForwardHealth has the authority to do all of the following:

- Review the medical necessity of all requests.
- Establish criteria for the provision of such services.
- Determine the amount, duration, and scope of services as long as the authorized amount is reasonable and maintains the intent of the HealthCheck benefit.

Refer to the Requirements topic (topic #41) in the HealthCheck "Other Services" chapter of the Covered and Noncovered Services section of the HealthCheck (EPSDT) service area of the Online Handbook for more information.

HealthCheck "Other Services" Limitations

HealthCheck "Other Services" provides additional access to other services a member might require to meet the medical needs or concerns that have been identified and/or prescribed by a medical professional. Coverage under HealthCheck "Other Services" does not include:

- Services that are not Medicaid coverable under federal law
- Experimental or investigational treatments
- Non-medical services and products
- Services for caregiver or provider convenience
- Services not generally accepted as effective and/or not within the normal course and duration of treatment
- Reimbursement in excess of ForwardHealth's published maximum allowable fees

Refer to the interactive maximum allowable fee schedules on the Portal. To access the fee schedules, click the Fee Schedules link in the Providers quick links box of the Portal home page, and then click the Interactive Max Fee Search link in the Quicklinks box.

All PA requests and claims for HealthCheck "Other Services" must follow National Correct Coding Initiative standards. Refer to the National Correct Coding Initiative topic (topic #11537) in the Responses chapter of the Claims section of the Online Handbook for more information.

HealthCheck and Managed Care

All HealthCheck requirements must be adhered to for members who receive services under managed care arrangements. ForwardHealth is responsible for medically necessary services not included in the managed care contract. It is the responsibility of the managed care organization to ensure members are aware of HealthCheck and to assist members with accessing benefits and services.

ForwardHealth
Wisconsin serving you

Update
February 2019

No. 2019-08

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Programs

Explanation of Prior Authorization Requirements for HealthCheck "Other Services"

HealthCheck Overview

The purpose of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is to ensure that children receive early detection and care, so that health problems are prevented or diagnosed and treated as early as possible. HealthCheck is the term used for EPSDT in Wisconsin. The HealthCheck benefit provides periodic, comprehensive screening exams (also known as "well child checks"), as well as interperiodic screens, outreach and case management, and additional medically necessary services, referred to as HealthCheck "Other Services," for members under 21 years of age.

ForwardHealth continues to focus on viewing children holistically while developing ways to get members under age 21 quicker access to appropriate HealthCheck "Other Services." The intent of this *ForwardHealth Update* is to help providers understand the documentation requirements for submitting prior authorization (PA) requests for HealthCheck "Other Services" and to explain the two types of PA requests.

For additional information regarding HealthCheck and HealthCheck "Other Services," providers should review the February 2019 *Update* (2019-05), titled "Clarifications to HealthCheck Services."

HealthCheck "Other Services" PA

Providers submitting PA requests for HealthCheck "Other Services" should review the two types of PA requests. The following types of PA requests have their own submission requirements:

- Requests for exceptions to coverage limitations
- Requests for federally allowable Medicaid services not routinely covered by Wisconsin Medicaid

PA Submission Requirements for Exceptions to Coverage Limitations

HealthCheck "Other Services" may additionally cover established Medicaid health care services that are limited in coverage.

If a PA request is submitted requesting additional coverage for a benefit where there is established policy, the request is automatically processed under the HealthCheck "Other Services" benefit to evaluate whether the requested service is likely to correct or ameliorate the member's condition, including maintaining current status or preventing regression.

Examples of coverage limitations include service amounts that are prohibited by policy, or the requested service is not expected to result in a favorable change in the member's condition or diagnosis.

Every PA request for a member under age 21 is first processed according to standard Medicaid guidelines and

then reviewed under HealthCheck "Other Services" guidelines. For these reasons, providers do **not** need to take additional action to identify the PA request as a HealthCheck "Other Services" request. Do not check the HealthCheck "Other Services" box in Element 1 of the Prior Authorization Request Form (PA/RF), F-11018 (05/13).

If an established benefit will be requested at a level that exceeds Wisconsin Medicaid coverage limits, in addition to the required PA documentation detailed in the appropriate service area of the ForwardHealth Online Handbook on the ForwardHealth Portal at *www.forwardhealth.wi.gov/*, the request should provide:

- The rationale detailing why standard coverage is not considered acceptable to address the identified condition.
- The rationale detailing why the requested service is needed to correct or ameliorate the member's condition.

PA Submission Requirements for Services Not Routinely Covered by Wisconsin Medicaid

HealthCheck "Other Services" allows coverage of health care services that are not routinely covered by Wisconsin Medicaid, but are federally allowable and medically necessary to maintain, improve, or correct the child's physical and mental health, per § 1905(a) of the Social Security Act. These HealthCheck "Other Services" require PA since the determination of medical necessity is made on a case-by-case basis depending on the needs of the child.

If a PA request is submitted requesting coverage for a service that does **not** have established policy and is not an exception to coverage limitations, the provider is required to identify the PA as a HealthCheck "Other Services" request by **checking the HealthCheck "Other Services" box** and submit the following information:

- A current, valid order or prescription for the service being requested:
  - ✓ Prescriptions are valid for 12 or fewer months from the date of the signature (depending on the service area).
  - ✓ Updated prescriptions may be required more frequently for some benefits.
- A completed PA/RF, for most service areas, including the following:
  - ✓ For Element 1, **check the HealthCheck "Other Services" box**. This selection will allow clinical documentation to be submitted on the Portal without including a PA attachment form.
  - ✓ For Element 19, enter the procedure code that most accurately describes the service, even though the code is not covered by Wisconsin Medicaid. Unlisted procedure codes can be requested if the service is not accurately described by existing procedure codes. For ForwardHealth policy on unlisted procedure codes, refer to the Unlisted Procedure Codes topic (topic #643) of the Codes chapter of the Covered and Noncovered Services section of the Online Handbook.
  - ✓ For Element 20, enter informational procedure code modifier EP (Service provided as part of Medicaid early periodic screening diagnosis and treatment [EPSDT] program) to indicate that the service is requested as a HealthCheck "Other Services" benefit.
  - ✓ For Element 22, include the description of the service.
- A completed Prior Authorization Dental Request Form (PA/DRF), F-11035 (07/12) or Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1), F-11020 (05/13), when the PA/RF is not applicable
- A PA attachment form(s) for the related service area, if known, or clinical documentation substantiating the medical necessity of the requested procedure code and give:
  - ✓ The rationale detailing why services typically covered by Wisconsin Medicaid are not considered acceptable to address the identified condition or why services were discontinued.
  - ✓ The rationale detailing why the requested service is needed to correct or ameliorate the member's condition.

- Evidence the requested service is clinically effective and not harmful (If the requested service is new to Wisconsin Medicaid, additional documentation regarding current research and/or safety of the intervention may be submitted.)
- The manufacturer's suggested retail price (only when the request is for equipment)
- The 11-digit National Drug Code (NDC) for any dispensed over-the-counter drugs on pharmacy PA requests

Important PA Submission Reminders

Refer to the Prior Authorization section of the Online Handbook or the Forms page in the Providers area of the Portal for PA attachment forms. If the provider is unclear which PA attachment form to use, the provider can submit the rationale and clinical documentation (e.g., test results or clinical notes).

If the PA request is incomplete or additional information is needed to substantiate the necessity of the requested service, the PA request will be returned to the provider. **A return for more information is not a denial.**

For more information about submitting PA requests via the Portal, fax, or mail, refer to the ForwardHealth Provider Portal Prior Authorization User Guide. To access the user guide, click the Portal User Guides link on the Providers home page of the Portal.

Providers are encouraged to review all PA responses and note the codes or code-modifier combinations that have been approved.

For proper claims adjudication, when services are approved through HealthCheck "Other Services," providers are required to submit claims with the procedure codes and modifiers or NDCs as indicated on the PA response.

Information Regarding HealthCheck and Managed Care Organizations

All HealthCheck requirements must be adhered to for members who receive services under managed care arrangements. ForwardHealth is responsible for medically necessary services not included in the managed care contract. It is the responsibility of the managed care organization to ensure members are aware of HealthCheck and to assist members with accessing benefits and services.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at *www.forwardhealth.wi.gov/*.

P-1250

Appendix E. Transition Memo for Governor-Elect Evers's Team. (Authored by the HCTF)

Recommendations from ABC for Health, Inc. to
Limit Barriers to Access and Utilization of Wisconsin's HealthCheck Program

To: Governor-Elect Evers Transition Team

From: ABC for Health, Inc., HealthWatch Wisconsin, ABC for Rural Health Inc.

Date: November 28, 2018

Background: HealthCheck is the name of Wisconsin's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, Under federal Medicaid law, HealthCheck requires the state to provide comprehensive medical, vision, hearing and dental preventative care services (broadly defined as "screening") as well as outreach/case management for Medicaid eligible children up to age 21. Medically necessary treatments, services and/or products required "to correct or ameliorate defects, and physical and mental illnesses and conditions discovered by the screening services" (42 U.S.C. § 1396d(r)(5)) must also covered by the state through HealthCheck "Other Services," even they would not typically be covered under Wisconsin's Medicaid plan. This may include services that maintain functional status or prevent regression.

Unfortunately, The HealthCheck program in Wisconsin is virtually unknown to many providers, advocates and parents. ABC for Health has identified multiple barriers that contribute to failure of Wisconsin's HealthCheck program to address the healthcare needs of children. Unfortunately, essential medical necessary services available through HealthCheck are buried in a complex Medicaid bureaucracy, resulting in woefully inadequate program participation in Wisconsin compared to other states. Shortcomings in state implementation and outreach efforts and limit the program's ability to achieve its full potential. A recent survey by the Survival Coalition demonstrated that 80% of families and 90% of providers had no knowledge of the benefits of HealthCheck

ABC for Health asks the Evers Administration to prioritize efforts to partner with ABC for Health and HealthWatch Wisconsin to promote and increase access to HealthCheck services and treatment.

Support funding to enhance HealthCheck outreach and education in the following areas:

- Development of state-wide provider education programs that incentivize provider participation
- Development of culturally sensitive materials for effective outreach to minority populations
- Improvement of HMO compliance with care coordination requirements
- Separation of outreach reimbursement from screening participation outcomes and expansion of limits on reimbursable activities to allow for more comprehensive case management and care coordination activities
- Development of reimbursement models that incentivize comprehensive screening and referrals and enhance provider participation
- Enforcement of dental referral mandates and improvement in dental health outcomes for Wisconsin's children
- Re-establishment of the annual HealthCheck Conference to increase community, family and provider awareness

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Moreover, specific HealthCheck services and service gateways need attention and reform:

Address Inadequate Case Management

Federal policies require states to identify enrollees with special health care needs, engage in active efforts to educate eligible populations about EPSDT benefits and ensure recipients have access to and actually receive the full scope of benefits. Wisconsin, delegated most HealthCheck outreach to Medicaid HMO management and local health, human services or social services departments. However, a lack of education and oversight means that HMOs may not be compliant with all care coordination requirements. Unfortunately, HMO contracts lacks adequate compliance monitoring procedures and non-compliance penalties, as well as a structure for providing individualized case management services to children and families who would benefit from comprehensive care coordination services.

Use HealthCheck to Provide Coverage of Psychiatric Hospitalizations and Residential Treatment

Residential Care Centers (RCC) that serve adolescent boys and girls are scattered across Wisconsin. Typically, these facilities provide psychological assessments, individualized programming and therapy, group and family therapy, and accredited educational services for adolescents experiencing significant emotional and behavioral disorders. An initial assessment period of several days is usually followed by a treatment stay of at least 30 days and in some cases longer even several months. County staff have typically been unaware of the existence of HealthCheck Other Services HealthCheck Other Services could cover not only the cost of treatment, but also the cost of room and board. In 2016, however, Congress enacted the 21st Century Cures Act, which authorizes federal financial participation for *any* EPSDT services received by individuals receiving inpatient psychiatric services, beginning January 1, 2019.[i]

Expand Dental Referrals and Services

HealthCheck requires a dental screen and referral as a mandatory service for every child over three years of age. Providers and families overlook HealthCheck services and treatment options. Even when a family secures a referral, they face a short supply of dental and mental health providers that accept Medicaid patients. Reports indicate that only one quarter of EPSDT eligible children receive dental care each year, placing Wisconsin well below the national median rate of 46%.

Provide Coverage for Vital Enteral Nutrition Products

Current ForwardHealth policy restricts coverage of oral enteral nutrition products to individuals meeting specific clinical and diagnostic criteria such as severe swallowing disorders, gastrointestinal pathologies or transitioning from tube feeding. Federal Medicaid law generally allows the state to impose reasonable limits on coverage for a particular type of service; however, diagnostic limitations may not be enforced where the requested service is medically necessary to correct or ameliorate health conditions for a Medicaid eligible child. Enteral nutrition products are medically necessary in more diagnoses than those listed above, including disordered eating due to food aversion associated with autism spectrum disorder; however, they are not considered HealthCheck Other Services. The published policy states, "Enteral nutrition products are not HealthCheck 'Other Services.' Atete Medicaid returns Prior authorization requests submitted for enteral nutrition products for HealthCheck 'Other Services' members as noncovered services." This does not comply with the HealthCheck (EPSDT) mandate.

Eliminate Deceptive Data Monitoring

Wisconsin claims to achieve the target 80% performance standard for EPSDT screenings; however, this reflects a falsely inflated indicator of success through the use of outdated screening guidelines no longer recommended by the American Academy of Pediatrics. Additionally, participation reports do not verify the completeness of reported screenings. A 2010 survey of nine states' EPSDT programs by the Department of Health and Human Services concluded that more than three quarters of children receiving EPSDT screenings did not receive all required components. As such, a high participation rate does not necessarily reflect a high rate of performance. Incomplete screenings will likely fail to identify treatable child health conditions—hardly a measure of success.

ABC for Health, Inc. and our partners at HealthWatch Wisconsin and ABC for Rural Health initiated a multi-pronged approach to alleviate these barriers and improve access to and utilization of HealthCheck. Our HealthCheck Task Force focuses on broad outreach and education efforts to healthcare providers, families and advocates (HMOs, county waiver agencies, local health departments and other stakeholders) as well as promoting accountability of the state to make EPSDT services available to all Medicaid eligible children.

Conclusion:

HealthCheck currently fails to meet the promise of better health for children, especially those of marginalized populations and with special healthcare needs. Actions required to ensure an effective HealthCheck program will take a change of culture and policy at the Department of Health Services, Managed Care Organizations and the individual provider level. However, such actions are required to ensure our most vulnerable populations have equitable access to affordable healthcare and to allow health care providers to take medically necessary actions to reduce avoidable disease, saving taxpayers and healthcare systems money. Wisconsin *can* and *must* take necessary steps to ensure correct and efficient application of the HealthCheck program in order to provide our children the health care services they *need* and *deserve*.

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[i] Hector Hernandez-Delgado and Kim Lewis, Fact Sheet: Medicaid Coverage of Inpatient Psychiatric Treatment for Individuals under 21, National Health Law Program, September 19, 2018, page 3

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