

The HealthCheck Program

Going the extra mile for Medicaid patients

by Jacob J. Olson, PharmD

Has this ever happened to you? A mother walks in to your pharmacy with a prescription for the following medications for her child:

Co-Enzyme Q-10, 100 mg BID

Alpha-Lipoic Acid 100 mg BID

Vitamin B-50 complex, 1 tablet daily

Vitamin C, 500 mg BID

Her child has a mitochondrial disorder and has Wisconsin Medicaid. What would you tell her? I know that you are thinking: "Please go across the street to the other pharmacy." But what is the correct answer? The correct answer is that all of these things are covered under a Wisconsin Medicaid program called HealthCheck "Other Services."

The purpose of HealthCheck is to identify health problems early and assure comprehensive care for children and young adults who are eligible for Medicaid. Beginning Feb. 1, 2008, Wisconsin chose to carve out pharmacy benefits that were provided through managed care contracts. In other words, there are no longer HMOs within Wisconsin Medicaid that provide pharmacy benefits. Prior to February, medications that qualified for HealthCheck "Other Services" were handled by the individual HMO. Now, all the prior authorizations must be handled by the HealthCheck "Other Services" program. Therefore, the need for pharmacists to understand how to utilize this program has significantly increased. This article is meant to help pharmacists understand this program and their role in providing this important service for special needs children.

In 1967, the Social Security Act called for the creation of the Early and Periodic Screening Diagnosis and Treatment Program (EPSDT). In 1990, Wisconsin

chose the term HealthCheck "Other Services" to refer to the EPSDT program. In 1989, the Federal Omnibus Budget Reconciliation Act (OBRA 1989) required that Medicaid provide medically necessary services that are not otherwise covered by Wisconsin Medicaid. According to the Wisconsin Medicaid Pharmacy Handbook, the conditions for these services are as follows:

1. the recipient is under 21 years of age,
2. the provider verifies that a comprehensive HealthCheck screening has been performed within the previous 365 days,
3. the service is allowed under the Social Security Act as a "medical service,"

4. the service is "medically necessary" and "reasonable" to correct or improve a condition or defect,
5. the service is not covered under the current Medicaid State Plan, and
6. a service currently covered by Medicaid is not appropriate to treat the identified condition.

The exact wording of OBRA 1989 requires that state Medicaid programs must provide

"such other necessary health care, diagnostic services, treatment and other measures...whether or not such services are covered under the state plan."

Because of this extremely vague wording, it is left up to each state's Medicaid program to decide which "services" to cover and how to cover them. These services range from intensive in-home psychotherapy, adolescent day treatment, certain dental services, otherwise not covered OTC medications, vitamins, herbals, and anything else that isn't covered as long as it meets the requirements of the six conditions above. What is meant by "anything else?" If it meets the requirements, it

Responsibilities of the individuals involved in the HealthCheck "Other Services" to receive prior authorization for a service

PHYSICIAN

1. Complete a HealthCheck exam of the patient.
2. Provide the patient with documentation of a completed HealthCheck exam.
3. Provide the patient with a prescription for the service that is to be covered by HealthCheck "Other Services."
4. Provide the patient with either a letter of medical necessity for the service and/or a study proving evidence that this is the best treatment for the condition and that there is not another Medicaid covered service that is appropriate to best treat the patient.

PATIENT

1. Contact a licensed Medicaid provider to schedule a HealthCheck screening.
2. Bring all of the documentation to the pharmacy (proof of the HealthCheck screening, prescription, letter of medical necessity).
3. If the service is denied, file an appeal within 45 days.

PHARMACIST

1. Fill out a Prior Authorization Request Form (PA/RF).
2. Fill out a Prior Authorization / Drug Attachment Form (PA/DGA).
3. Submit the PA/RF, PA/DGA, prescription, documentation of the HealthCheck exam, and the letter of medical necessity/study to Wisconsin Medicaid prior authorization department with the phrase "HealthCheck Other Services" written at the top of each page.
4. Wait for 30-60 days.

should be covered. Providers and pharmacists just have to figure out how.

Some of these services are covered without prior authorization. These are listed in the Pharmacy Data Tables section of the Medicaid handbook and are published quarterly to the Medicaid pharmacy web page. These medications do not require a prior authorization (PA); however they do still require evidence of a HealthCheck screening.

The general categories of medications include:

- multiple vitamins (with and without iron)
- laxatives (docusate, senna)
- lactase products
- probiotics (acidophilus, lactobacillus)
- glycerin suppositories

Unfortunately, most HealthCheck "Other Services" require a PA. This is the step that provides the biggest barrier to patients receiving the services. It is very time consuming for everyone involved. Prior authorization approval is necessary BEFORE any service may be provided for reimbursement. From the physician, it requires a HealthCheck screen. A provider must assess and document all of the following components for Wisconsin Medicaid to recognize it as a comprehensive HealthCheck screen:

1. a comprehensive health and development history,
2. a comprehensive unclothed physical exam,
3. an age-appropriate vision screen,
4. an age-appropriate hearing screen,
5. an oral assessment plus direct referral to a dentist beginning at age three,
6. appropriate immunizations, and
7. appropriate laboratory tests

The physician must also provide documentation of the date that this screening occurred, and the document must be signed by the screener. The exam must have been performed within one year from the date of receipt of the PA request by Wisconsin Medicaid. The physician must also provide a prescription for the service that is to be covered by HealthCheck. According to the Wisconsin Medicaid Pharmacy Handbook, "additional information documenting the individual's need for the service and the appropriateness of the service being delivered may be requested from the provider." If you

want to save about 60 days reprocessing a denial, it is a good idea to have this the first time. Have the physician include a letter of medical necessity for the service stating that there is not another Medicaid-covered service that is appropriate and/or citing a study providing evidence that this is the best treatment for the condition.

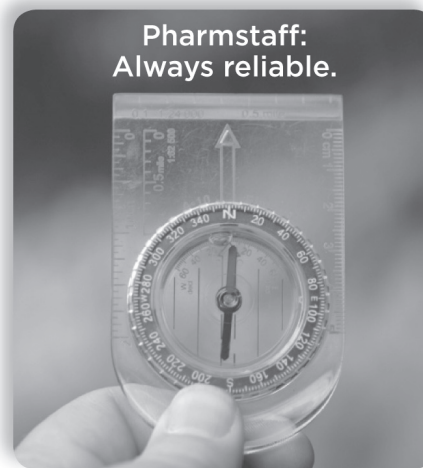
The patient must schedule the exam and bring all of the documents to the pharmacy. The pharmacy then has the responsibility to fill out a Prior Authorization Request form (PA/RF) and a Prior Authorization/Drug Attachment form (PA/DGA). These then must be submitted along with the prescription, HealthCheck Screen documentation, and the letter of medical necessity to Wisconsin Medicaid for an approval of the PA. This process takes 30 to 60 days to receive either an approval or a denial or the PA will be returned for further information. If the PA is approved, the pharmacy bills the state on a CMS 1500 form with the procedure code that will be assigned by the state. If the PA is denied, the parent/legal guardian must file an appeal within 45 days.

The provider cannot do this. If the PA is returned, the state will ask for further information which must be provided.

HealthCheck "Other Services" is a program designed to help children with Medicaid pay for services that are necessary, but are not otherwise covered. It is a noble program that has good intentions, but it very difficult to access. Pharmacies that are unaware of the program, or just simply refuse to participate due to the large time commitment, overwhelming paperwork and low reimbursement rates, provide the largest barrier for families to receive these services. ●

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The information contained in this article is available in the Wisconsin Medicaid Pharmacy Handbook which can be accessed at [HTTP://DHS.WISCONSIN.GOV/MEDICAID2/HANDBOOKS/PHARMACY/COVERED/COVEREDFRAME.HTM](http://DHS.WISCONSIN.GOV/MEDICAID2/HANDBOOKS/PHARMACY/COVERED/COVEREDFRAME.HTM). For further questions, you may contact Rita Hallet, Division of Health Care Access and Accountability, (608) 266-2522 or Jacob Olson, Skywalk Pharmacy, (414) 266-1893 or jake@skywalkpharmacy.com.



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