FAQs About HealthCheck for County Waiver Agencies

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This document addresses FAQs about the HealthCheck and HealthCheck "Other Services" benefit.

For questions and answers regarding an overview of HealthCheck, refer to the Provider-Specific FAQs for HealthCheck Services on the Resources for HealthCheck Providers page of the ForwardHealth Portal.

Topic Category Guide

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HealthCheck Technical Support

Question: What types of help can Member Services provide?
Answer: Member Services can help provide information about program requirements and member enrollment, and try to resolve member concerns. Member Services can also help find Medicaid-enrolled providers of services and products. The Member Services phone number, 800-362-3002, is for members or individuals calling on behalf of a member. If you need to discuss member-specific information, the member must be present with you on the call to authorize sharing their personal information.

Question: What types of help can Provider Services provide?
Answer: The Provider Services Call Center, available by calling 800-947-9627, provides program-specific and service-specific assistance to providers regarding enrollment, policy, and billing questions. Refer to the Provider Services topic (#474) in the ForwardHealth Online Handbook for more information about how Provider Services can help and the information you should have ready before making a call.

Question: What is the role of the Provider Relations field representatives?
Answer: The Provider Relations representatives, also known as field representatives, are located throughout the state. They provide training and assistance to ForwardHealth providers on provider enrollment, prior authorization (PA), billing, and claims processing questions. They can also help county waiver agencies (CWAs) by providing training on Medicaid benefits such as HealthCheck, helping to locate Medicaid-enrolled providers, answering questions about coverage policy, and helping with more complex questions than Provider Services can address. Refer to the Provider Relations Representatives topic (#473) in the Online Handbook for more information about how field representatives may help you.

Question: What are the specialty groups identified on the Provider Relations Field Representatives map?
Answer: Service areas are placed into either specialty group 1 or specialty group 2; for example, HealthCheck is part of specialty group 2. Field representatives are assigned to provide support for a

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

specific specialty group within a specific region. Refer to the map to find the specialty group 2 (HealthCheck) field representative for your area.

Question: How do members access HealthCheck services?
Answer: Members access HealthCheck services through their ForwardHealth card. Members may receive HealthCheck screen reminder letters to prompt them to make an appointment. Rides to and from HealthCheck appointments are available through Wisconsin's non-emergency medical transportation manager, Medical Transportation Management, Inc., by calling 866-907-1493.

HealthCheck Coverage

Question: How do I find a provider who will cover services and supplies?
Answer: For Medicaid reimbursement, you need to find a Medicaid-enrolled provider of the needed services and supplies. There are a few different ways to do this:

- You or the member can use the Find a Provider function on the ForwardHealth Portal.
- The member can call Member Services at 800-362-3002, 8 a.m.–6 p.m. CST Monday–Friday, for assistance.
- You can call Provider Services at 800-947-9627, 7 a.m.–6 p.m. CST Monday–Friday, for assistance.
- You can contact your field representative for assistance.

Once a provider is identified for products or services, the provider handles the PA paperwork.

Question: How do I know if a product or service could be covered under HealthCheck or HealthCheck "Other Services"?
Answer: Coverage for HealthCheck "Other Services" is always determined on a case-by-case basis, based on the individual's medical needs and circumstances. For this reason, there is not a list of specific products or services that can or cannot be covered under HealthCheck "Other Services." Remember that HealthCheck "Other Services" may be covered whether or not the service is typically covered under Wisconsin Medicaid, as long as the service is coverable under the federal Medicaid program and found to be medically necessary for the child or young adult.

For more information about what is covered under HealthCheck and HealthCheck "Other Services," refer to the February 2019 ForwardHealth Update (2019-05), titled "Clarifications to HealthCheck Services."

Question: Does the HealthCheck benefit apply to over-the-counter medications and specialized supplements?
Answer: Some over-the-counter drugs, including medications, vitamins, and minerals, are covered by HealthCheck "Other Services." The Over-the-Counter Drugs Covered by HealthCheck "Other Services" data table contains a list of over-the-counter drugs available without PA. A valid prescription is required. For items not included on the data table, the pharmacist can submit a PA request to ForwardHealth. Members must find a participating provider or pharmacy in order to have Wisconsin Medicaid pay for

the product. Members can call Member Services at 800-362-3002, 8 a.m.–6 p.m. CST Monday–Friday, for help with finding a participating provider or pharmacy.

Question: Can personal care wipes be covered under HealthCheck "Other Services"?
Answer: Yes. Personal care wipes may be covered under HealthCheck "Other Services" with PA. Any willing Medicaid-certified provider may submit a PA request for wipes, which will be reviewed on an individual basis for medical necessity.

J&B Medical Supply holds the ForwardHealth sole-source, mail order contract for urologic and incontinence supplies. The contract does not include personal care wipes. J&B Medical Supply is neither required to supply personal care wipes nor submit a PA request for personal care wipes. Members may use a different Medicaid-enrolled supplier to obtain personal care wipes.

Note: Skin barrier wipes, which act as a skin barrier when an adhesive is applied, are available for use with urologic supplies under the J&B Medical Supply contract. This is a different product type than personal care wipes.

Prior Authorization

Question: How do I know if a PA request should be submitted for a product or service?
Answer: Generally, a PA request should be submitted by an enrolled ForwardHealth provider for all medically oriented products and services. However, the following are noncovered products and services:

- Structural or home modifications (such as ramps, stair lifts, fences, permanent fixtures for ceiling lifts)
- Vehicles and vehicle modifications (such as vehicle lifts or carriers)
- Previously purchased items
- Experimental services and products

Note: A list of noncovered durable medical equipment and supplies does not exist for HealthCheck "Other Services."

Question: Does a child need to have a HealthCheck comprehensive screen (also known as a HealthCheck comprehensive exam or "well-child check") in order to be approved for HealthCheck "Other Services"?
Answer: No, evidence of a HealthCheck comprehensive screen is not required for PA approval. However, a prescription for the service is necessary.

Question: Where do I find descriptions of procedure codes? The interactive maximum allowable fee schedule contains procedure codes but not their descriptions.
Answer: It is recommended that you call Provider Services at 800-947-9627, 7 a.m.–6 p.m. CST Monday–Friday, or connect with a billing and coding expert for help understanding the proper use of Current Procedural Terminology and Healthcare Common Procedure Coding System procedure codes.

Question: What if a family needs a service immediately and the waiting period for ForwardHealth to make a decision on a PA request is a barrier for them?
Answer: For emergency requests, CWAs should encourage the provider to contact Provider Services at 800-947-9627, 7 a.m.–6 p.m. CST Monday–Friday, and request an expedited review. The provider can also reach out to their Provider Relations field representative for this request.

Question: What does it mean when a PA request has been "approved with modifications"?
Answer: "Approved with modifications" means that the request has been approved but something has been changed or modified from the services originally requested by the provider. Common modifications include, but are not limited to, changes in the frequency or intensity of the service requested, changes in the duration of the treatment period, or changes to the reimbursement rate for products. When a PA request is modified, both the provider and the member are notified, and the member has the right to appeal the decision.

Question: How can I support a member whose PA request has been modified or denied by ForwardHealth?
Answer: First, confirm with the member that the PA request was submitted and modified or denied. Whenever a PA request is modified or denied, the member will receive a decision letter. If the member did not receive a letter, there may be a misunderstanding about the PA decision. Some providers think a request for additional information (also called a "return") is a denial. A returned PA request has not been denied. Members do not receive letters when a PA request is returned to the provider for more information.

If the member received a decision letter indicating the PA request was modified or denied, the member is encouraged to connect with their provider to understand the final PA and any terms of the modification or denial. For children enrolled in the Children's Long-Term Support Waiver Program, CWAs can help members connect with their provider to understand the terms of the final PA decision. The explanation of benefits codes in the final decision letter provide information about the reason for the decision. Both the provider and member receive final decision letters for modifications and denials.

If a member disagrees with ForwardHealth's decision about a PA request, the member, or authorized person acting on behalf of the member, has the right to appeal the decision. The member receives a Notice of Appeal Rights letter that includes a brief statement of the reason PA was denied and information about their right to a fair hearing.

Question: Can I purchase an item before obtaining PA and then get reimbursed?
Answer: Reimbursement is only available if a PA request is submitted by a Medicaid-enrolled provider and is approved first. ForwardHealth does not reimburse for items the member purchases on their own.