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Purpose. Survival Coalition wanted to understand how Medicaid prior authorization impacts access to needed services for children ages 0-21 and specifically access to HealthCheck Other Services, also known as EPSDT (Early Periodic Screening Diagnosis and Treatment). Prior authorization is the process by which a provider of services that have been prescribed by a doctor requests reimbursement from Medicaid. Based on federal guidance, an increasing number of children will need to access services through EPSDT rather than under the Children’s waiver, yet according to respondents, few families and providers are aware of this benefit.

Respondents. During Aug -Sept 2017, 213 families and providers, representing 50 of the 72 counties responded to a survey. Respondents were participants in a wide variety of disability related Medicaid programs including Katie Beckett, Children’s Waiver, CCS, SSI disability, SSDI, IRIS, Family Care, Partnership, and BadgerCare.

Families and providers are unsatisfied with the prior authorization process. When asked about their satisfaction with the prior authorization process nearly half of families, and three-quarters of providers were very unsatisfied or unsatisfied. Nearly one-third of families waited more than 2 months for a response to their service request, some waiting much longer.

“Multiple months of back and forth between the provider and Medicaid. Ended up taking over a year to get the approval.”
Survey respondent

Many prior authorization requests result in denials. For those families receiving a response to their request, 2 out of every 5 were either denied, modified, required additional documentation or were appealed. Of those denied, 1 in every 2 requests were considered not medically necessary or too expensive. The most frequently denied services for children were occupational, physical and speech therapies (48%), medical equipment (21%) prescription medication (19%) and adaptive equipment (15%).

Knowledge of HealthCheck Other Services is lacking.

HealthCheck Other Services (HCOS) requires Medicaid review prior authorization requests for children ages 0-21 using a broader definition of medical necessity than that for adults. Providers requesting services have to intentionally label a prior authorization request and file a specific form to be reviewed for HCOS. When asked about their knowledge of this benefit more than three quarters of families and providers had no knowledge and 70% of providers had never requested funding through HCOS.

Knowledge of HCOS

Providers	91% report no knowledge
Families	80% report no knowledge

**“What can Medicaid do to make HealthCheck Other Services easier to use and better understood?”
Recommendations from 116 individuals fall into 3 areas.**



Develop audience specific outreach and education about HCOS to families, providers and helping organizations such as counties and ADRCs.



Train providers, specifically for those services most often denied, on submitting successful prior authorizations for HCOS.



Improve the prior authorization process by reviewing all child prior authorization requests using the broader EPSDT definition of medical necessity.