Utah Department of
Health & Human Services
Integrated Healthcare

MEDICAID RESTRICTION PROGRAM
ACO FAQ
02/02/2024

I. **How can I contact or communicate with Utah Medicaid Restriction Team?**
   A. Hours of Operation:
      1. Monday – Friday (excluding State and Federal Holidays)
      2. 8:00 AM to 5:00 PM
   B. Phone: 801-538-9045
      1. Outside of hours of operation, you may leave a message on the line and the Medicaid Restriction Staff will return your call on the next working day.
   C. Email: medicaidrestriction@utah.gov
      1. Emails received from an ACO outside the hours of operations will be responded to within the next 1-3 working days.
   D. PRISM Messaging System (refer to # 15 ACO FAQ)
      1. Messages received outside hours of operations will be responded to between the next 1 – 3 working days.
   E. **For an Immediate Response to Questions or Needs During Working Hours**
      1. Call 801-538-9045

II. **What is the 935 and how do I use it to enroll an ACO member in the Restriction Program?**
      1. The 935 are rules to follow when ACOs enroll members into the Restriction Program
         a) **ADD** – When adding a Restriction, you must take 10-day notice into account. You should be using the 1st day of the month, of the following month if you are enrolling the member in Restriction before the 10-day notice. If you are enrolling the member after a 10-day notice, you will use the 1st day of the month succeeding the next month.
            1) Example: Using the scenario of 10-day notice is 6/20/2023 and today is 6/13/2023, the start date of restriction would be 7/1/2023, but if today is 6/25/2023 the Restriction start date would be 8/1/2023.
            2) The system will default on the End date to be 12/31/2999 if the end-date field is left blank. The end

date must be in the future and not prior to the Begin (start) date if it is a date other than the 12/31/2999.

b) **TERMINATE** – The end date cannot be before the system date and cannot equal the begin date (start date) of the restriction. The system will use the end date provided and if it is not the last day of the month of a future month, it will apply the month's benefit issuance date and end the restriction accordingly. If the end date is before or on the day of benefit issuance, the system will end the restriction on the last day of the current month. If the end date is after benefit issuance, the system will end the restriction on the last day of the following month.

  1) Example: In the scenario where benefit issuance is 6/20/2023 and the end date of 6/30/2023 is sent on 6/15/2023 the system will end the Restriction as of 6/30/2023.

  2) In the same scenario, if the end date of 6/30/2023 is sent on 6/25/2023, then the system will consider benefit issuance of 6/20/2023 and default the end date to 7/31/2023.

  3) Again, in the same scenario, if an end date is not provided on a Terminate, the system will consider benefit issuance and default to the last day of the month to the system date's current month or to the last day of the month of the succeeding month, if the terminate is sent after benefit issuance.

c) **DELETE** – You can only delete a member's restriction record if the Begin (Start) Date is in the future. The Begin (start) date is required and needs to match the Begin (start) date that is already in the system. The End date is not required.

III. **What is the 936 and how do I use it to add or end date providers through the ACO interface?**

  A. The 936 are rules to follow when ACOs add or end date provers through the ACO interface.

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1. **ADD** – Begin (start) Date and End Date are required. They need to be within the Member's Restriction start and end date.
2. **UPDATE**- Begin (start)Date and End date are required for the original Provider Restriction to be updated. New Begin Date and New End Date are required. You should not enter a retroactive New Begin Date or New End Date when doing an update.
   a) You should not backdate. If a back date is necessary, contact the State Restriction Team for assistance.
   NOTE: Currently the system will incorrectly allow retro-dating when changing start and end dates, but a change will be made in the future to not allow retro-dating. Changing start or end dates may affect whether a claim should have been paid or denied. When changing start and end dates that are already in the past, all claims that were denied or paid, concerning the original date, must be rectified so the claims either pay or deny according to the newly submitted retro-date.
3. **TERMINATE**- Begin (start) Date and End Date of the original Provider restriction are required. New End date is required and should be the system date or greater. **A new Begin Date should not be submitted.**
4. **DELETE**- The existing Begin (start) Date must be in the future for a delete. The Begin and End date need to match what is in the system for a deleted transaction.

IV. **When can I start making changes to a member's Restriction case who has been made newly eligible for an ACO on the date of benefit issuance?**
   A. Changes cannot be made to a member's Restriction case by an ACO, until the first day of the month in which a member gains eligibility with the ACO

V. **How do I enroll an ACO member in the Restriction Program through the ACO interface?**
   A. See ADD under 935 above.

VI.   **How do I add current providers to the MC Authorized Provider(s) (MAP) section that are in the FFS Authorized Provider(s) (FFSAP) section in PRISM, when a member is transferred from FFS to an ACO?**

A.   An example of the steps to take to add providers to the MAP section from the FFSAP section in PRISM are (dates are for this example only):

1.   End date current PCP on 01/31/2023.
2.   End date current Primary Pharmacy on 01/31/2023.
3.   Start same PCP on 02/01/2023.
4.   Start same Primary Pharmacy on 02/01/2023.
5.   Continue with secondary providers in the same manner.

VII.   **How do I add and end date primary providers through the ACO interface?**

A.   An example of the steps to take to add and end date primary providers (PCP and Primary pharmacies) through the ACO interface is as follow: (dates are for this example only):

1.   Add the new PCP mid-month (say 01/09/2023 - 01/31/2023) as a secondary
2.   End date the current PCP on 01/31/2023.
3.   Add the new PCP as primary with a start date of 02/01/2023.

VIII.   **Is there an appropriate order that I need to add PCPs, Primary Pharmacies, and Secondary Providers?**

A.   YES.

1.   Add the PCP first
2.   Add the Primary Pharmacy second
3.   Add all secondary provider ONLY after you have added the PCP and Primary Pharmacy.

IX.   **What is a "Carved-out" medication?**

A.   A medication that Medicaid pays for instead of the ACO when a member is enrolled in an ACO.

X.   **What do I do if a pharmacy claim denies payment by Medicaid, when I have already submitted through the interface, the approved provider who wrote**

the Rx and the approved pharmacy from which the ACO member is trying to fill the Rx?

    A. Refer to #11 and # 12 below prior to contacting the Medicaid Restriction staff.

    B. Trouble Shooting:

        1. Once you have verified that you have added the specialty and subspecialty to the providers and pharmacies AND have verified that the "send to PBM" box was checked, call the Medicaid Restriction Staff at 801-538-9045. It may be that the Medicaid PBM has not updated since you added the provider and pharmacy to PRISM. The Medicaid Restriction Staff can "force" payment for the carved-out medication after you also submit the request in writing through the PRISM messaging system as described below in #15.

        2. Verify that the date on which the pharmacy is billing is within the date span that you have approved the prescriber and/or the pharmacy filling the Rx.

XI. When will the Medicaid PBM update?

    A. Currently the PBM updates at the following times: 12 midnight, 02:00, 04:00, 06:00, 8:00, 10:00, 12 Noon, 14:00, 16:00, 18:00, midnight

    B. If you find that the Medicaid PBM may not be updating at the above times, call State Restriction at 801-538-9045

    C. On occasion, it is necessary for these times to differ as system updates are made. The State will make every effort to notify the ACOs before these changes and provide needed accommodation by forcing carved-out prescriptions as necessary.

    D. Contact the State Restriction team if they need to force carved-out prescriptions for ACO members using the PRISM messaging system.

    E. If there is an emergent need to have medications forced by the State Restriction team for an ACO member please call 801-538-9045 during regular working hours.

XII. What happens if I don't include the specialty or subspecialty for providers and pharmacies when I add a provider (both primary and secondary)?

A. Providers and pharmacies will not transfer to the Medicaid Pharmacy Benefit Manager (PBM)
B. Carved out pharmacy claims will not pay if the member is trying to fill carved out prescribed medications.
C. Refer to the Utah Medicaid Website/Provider Manual/Pharmacy for more information https://medicaid.utah.gov/utah-medicaid-official-publications/

XIII. **Why do I need to check the "Send to PBM" box when I add a provider or pharmacy through the ACO interface?**

A. If the "Send to PBM" is not checked, the provider or pharmacy will not cross to the Medicaid Pharmacy Benefit Management System (PBM) and carved out medications will not be paid by Medicaid. Pharmacy Claims will be denied.

XIV. **Why do I have to add the "Primary Indicator" when I add PCP or Primary pharmacy when submitting them through the ACO interface?**

A. If the Primary Indicator is not added to the PCP and Primary Pharmacy, you will not be able to add any of the secondary providers to the member's case through the ACO interface. (Refer to #8 ACO FAQ)

XV. **How do I find the restricted member's approved providers, as well as the start and end dates for each provider in PRISM?**

A. Change your PRISM Profile to "EXT CM MCO Provider Access".
B. Navigate to" View Enrollment Roster" under "Contract-MC" at the top of the page in PRISM.
C. Search by ACO member's ID. Navigate to the far-right, "filter by" drop-down menu. Select the appropriate year and quarter. Select Go.
D. Click on the Member ID hyperlink
E. Navigate to the "Show" drop down menu.
F. Select Restrictions
G. Observe all approved providers and pharmacies on the restricted ACO member's case in its entirety.

XVI.   **What is the Messaging System in PRISM?**
A. A means by which the ACO Restriction staff can communicate within the PRISM system with the Medicaid Restriction staff. This messaging system allows for communication that is much like an "Instant Message" tool.
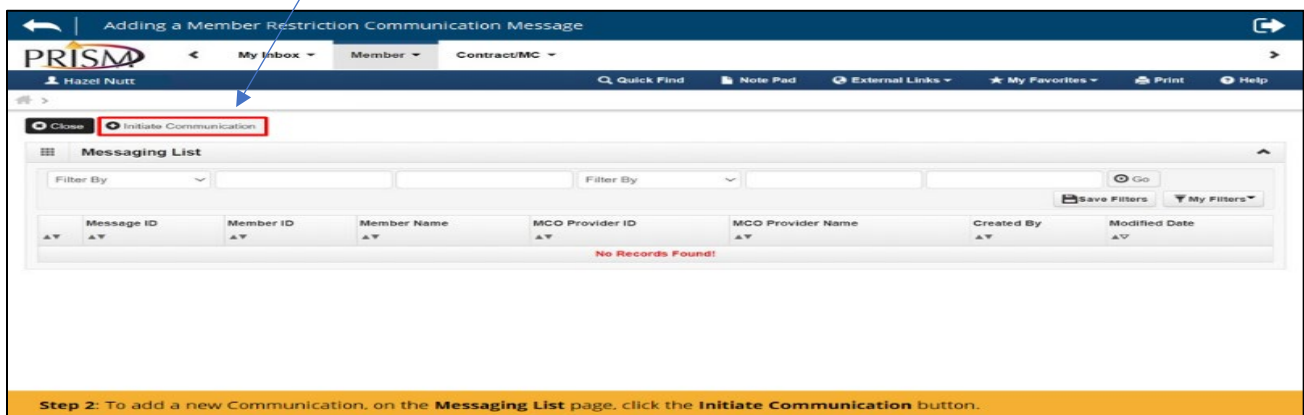
XVII.   **How do I use the Messaging System in PRISM?**
A. **Adding a Member Restriction Communication Message**
1. Log into PRISM
2. Click the Member drop down at the top of the screens.
3. Select COMMUNICATION MESSAGING – Messaging List
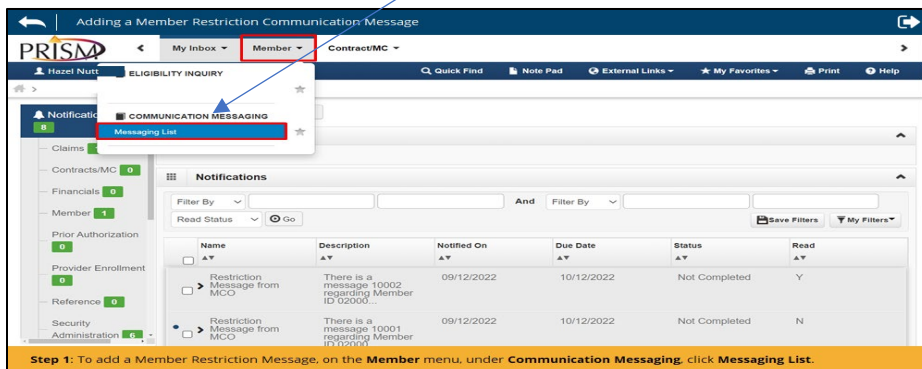
4. Click Initiate Communication

5. Note pop-up screen "Adding a Member Restriction Communication Message
B. Populate Data onto the screen.

1. Click the "Message Type" drop-down.
2. Choose "Restriction Messaging"
3. Enter Medicaid Member ID and then Tab on the keyboard.
4. Member Name will automatically populate in the "MEMBER NAME" field.
5. Click the carrot ⬚◀▸ in the "MCO PROVIDER ID" field.
6. MCO Provider name will automatically populate in the "MCO PROVIDER NAME" field.
7. Scroll Down to choose the appropriate MCO Provider ID
8. Add contact person in the "CONTACT PERSON" field if desired.
    a) The contact person is the person whom the receiver of the message should contact regarding this message if needed.
9. Add the contact person's phone number in the "CONTACT PERSON PHONE NUMBER" field if desired.
10. Add a communication message in the "COMMUNICATION TEXT" field.
    a) Note: Start the message with the time of day that the message is being sent. This is because the messages do not have a time stamp and it can be difficult to understand multiple messages on the same member without knowing the order in which the messages were sent.
    b) Note: There is a 4000-character limit in the COMMUNICATION TEXT "field
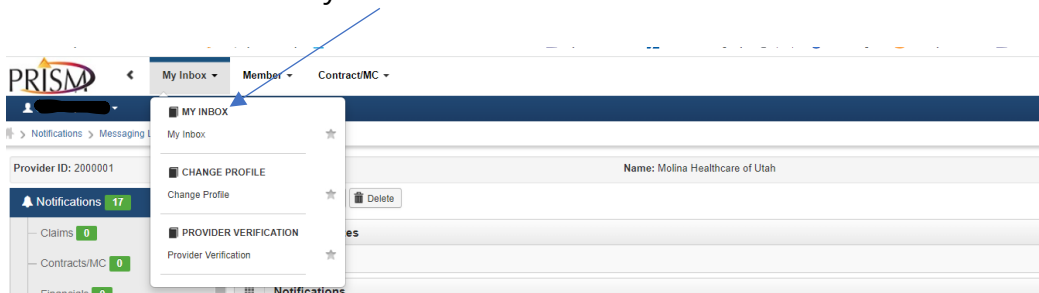

11. Click "OK at the bottom of the screen.

XVIII. Retrieving and Managing Restriction Communication Messages
A. Log into PRISM
B. Click the "MY INBOX" dropdown.

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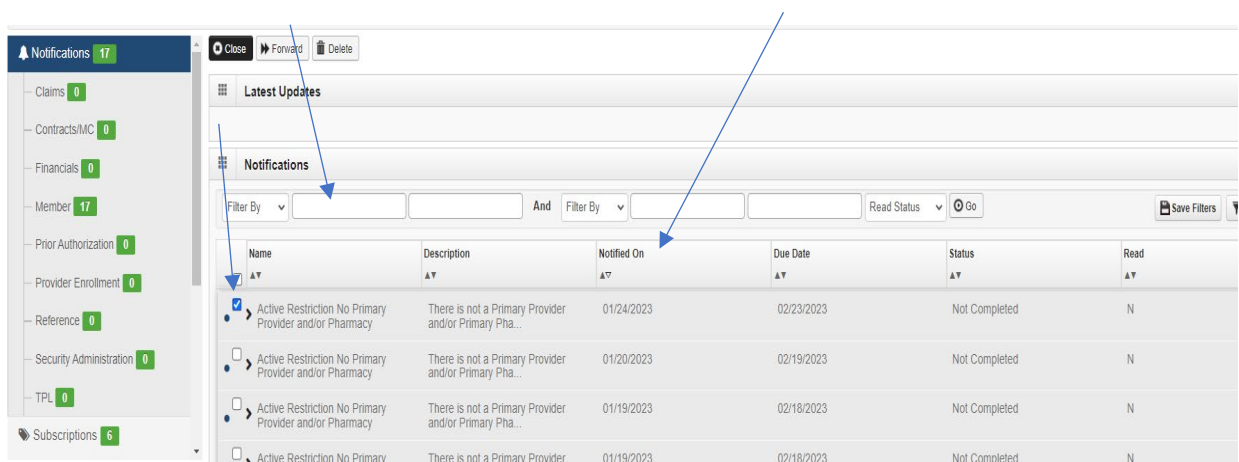ACO FAQ
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C. Select "My Inbox"

D. View the "Notifications" screen.
E. Identify the message to be retrieved.
1. Populate appropriate filter data if desired to search for a message.
2. Alternatively, sort with the carrot ![Notified On] on the desired column such as "Notified On" to bring the most recently sent message to the top.
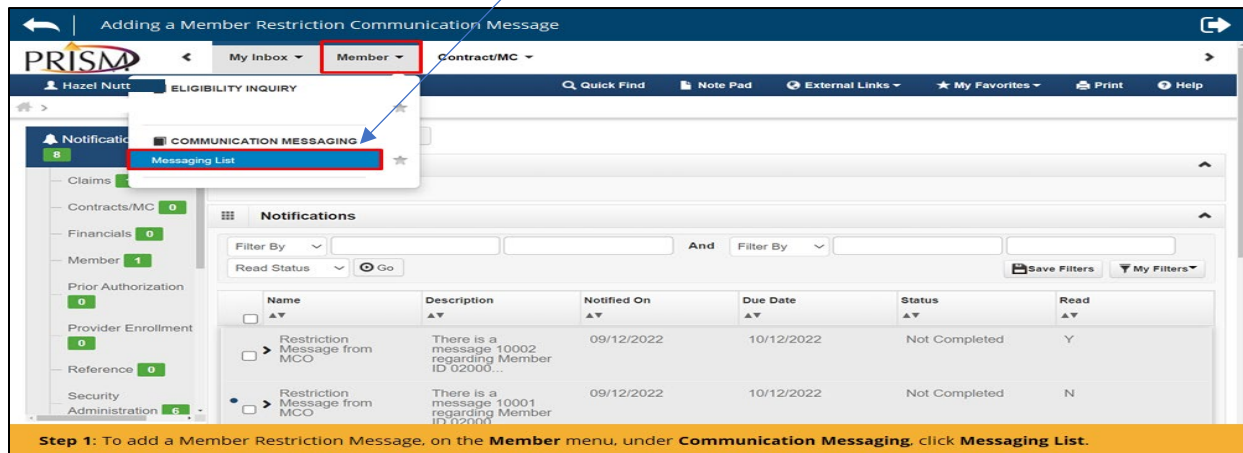3. Click in the checkbox to the left of the desired notification.

4. Double click on the notification of interest
5. Observe Notification
6. Copy the message ID number or the Medicaid Member ID

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7. Return to Member dropdown.
   a) Click Messaging List

   b) Click on "Filter By"
   c) Choose "Member ID"
      1) Alternatively, choose "Message ID."
   d) Populate the field with the "Medicaid Member ID" or "Message ID"
   e) Click "Go"
   f) Double-click on the icon to the left on the screen
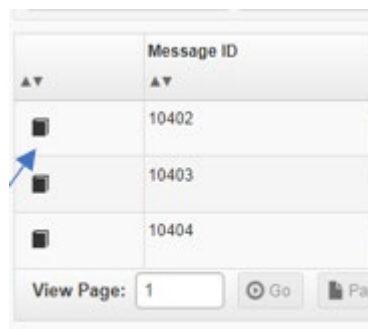
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g) Observe: Message will populate to the screen to read the message.

h) Read and respond to the message as described in "I" of this training document.

IMPORTANT NOTE: PLEASE CONFIRM THAT THE MESSAGE THAT YOU ARE RETRIEVING AND SENDING ARE NOTED AS BEING FROM AND TO THE APPROPRIATE MCO.

XIX. **Can I download all of "My Inbox" Notifications to an Excel spreadsheet?**
    A. YES.
        1. To use this function, navigate to "My Inbox", once the screen opens, scroll down to the bottom of the toolbar and you will find an icon that is labeled "Save to XLS".
        2. Click on the icon and you will get this message below:
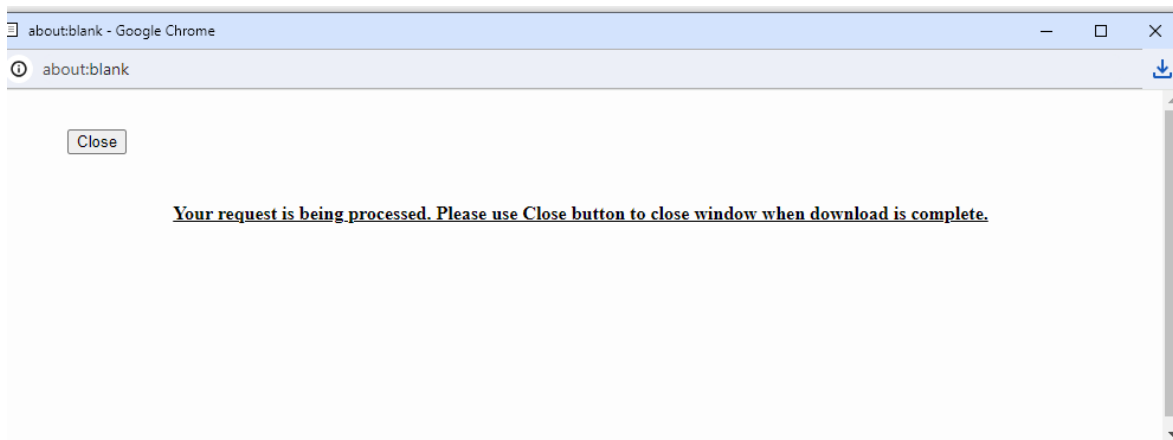
3. This message signifies that the Excel spreadsheet has been downloaded.
4. To access the downloaded spreadsheet, navigate to the right-hand top corner of the screen where the downward arrow is located.
5. Click on the arrow and the drop-down will show a list of your downloads.
6. Select the spreadsheet of interest by double-clicking on it.
7. The spreadsheet will then open.
8. Alternatively, after completing steps 1 and 2, you can navigate to the location on your computer where downloads are stored to find the downloaded spreadsheet.