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### **12-120 Physician and VFC Enhancement Payments**

On November 6, 2012, the Centers for Medicare and Medicaid Services (CMS) published a final rule (CMS-2370-F) titled, *Medicaid Program; Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program*. In short, the rule, beginning January 1, 2013, and continuing through December 31, 2014, will allow the state to increase payments to qualifying physicians for E&M services up to the Medicare rates and also increase the VFC admin rate allowed.

The rule publication may be reviewed on the Federal Register page. The link is as follows:

<http://www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf>

#### **Additional Medicaid Information**

Salt Lake City Area: (801) 538-6155

Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona, Nevada: 1-800-662-9651

Other States: (801) 538-6155

#### **Request a Medicaid Publication**

Send a Publication Request form:

**By Fax:** (801) 536-0476

**By Mail:** Division of Medicaid and Health Financing  
PO Box 143106, Salt Lake City, UT 84114

Physician Enhancement and Self-Attestation

The enhanced rate will be available during the program period as noted above. In order to qualify for the enhanced rate, physicians must:

1. Provide self-attestation that they have a specialty designation in family medicine, general internal medicine, pediatric medicine or a sub-specialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA).

OR,

2. A provider may qualify for the enhanced payment if 60% or more of all Medicaid services they bill (including Medicaid managed care environments) are for the following codes: 99201 - 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474.

**These enhanced payments will not begin for a provider until the provider's self-attestation is received and is complete.** For example, a physician completing his/her self-attestation on March 5, 2013, will not receive enhanced payments for services before that date. As such, it is critical that you complete your self-attestation as soon as possible.

The attestation form can be accessed through the following link:

[Utah Medicaid Physician Enhancement Attestation](#)

Providers qualifying under #1 above must also fax a copy of their board certification and any subspecialty certifications to (801) 536-0484 in order to complete the self-attestation. The fax cover sheet should include the provider's name, NPI, and a contact phone number.

Providers that only serve Utah Medicaid Managed Care must still self-attest through this process as Utah Medicaid will collect all of this information.

For new providers that enroll over time, Utah Medicaid Provider Enrollment will request self-attestation information with the enrollment packet.

*Please note that self-attestation to either of these criteria is subject to audit.*

VFC Enhanced Payments

Qualifying providers may receive payments up to the new maximum allowed by the new rule.

### Payment Methods

The details related to how these enhanced payments will be made are still being finalized with CMS. It is anticipated that these will be made as quarterly lump sum payment amounts to each qualifying provider based on their claims data.

## **12-121 Medicaid Accountable Care Organizations (ACOs)**

Effective January 1, 2013, Utah Medicaid clients in Weber, Davis, Salt Lake, and Utah counties will be enrolled in Accountable Care Organizations (ACOs). Medicaid clients in all other counties may choose to enroll in an ACO if an approved plan is available in their county of residence. There will be four ACOs serving Utah Medicaid clients:

- HealthChoice Utah
- Healthy U
- Molina HealthCare of Utah
- Select Health Community Care

This change will apply to Traditional and Non-Traditional Medicaid clients. This change does NOT apply to Primary Care Network (PCN) clients. Services for PCN clients will continue to be provided by Utah Medicaid on a fee-for-service basis.

### ACO Covered Services

The ACOs will be responsible for providing benefits listed below for their Medicaid enrollees. Effective January 1, 2013, providers will need to bill the appropriate ACO for the following services:

- Inpatient Hospital Services
- Outpatient Hospital Services
- Emergency Department Services
- Physician Services
- General Preventative Services
- Pharmacy
- Vision Care
- Laboratory and Radiology Services
- Physical Therapy
- Occupational Therapy
- Speech and Hearing Services
- Podiatry Services
- End Stage Renal Disease—Dialysis
- Home Health Services

- Hospice Services
- Private Duty Nursing
- Medical Supplies and Medical Equipment
- Abortions and Sterilizations
- Treatment for Substance Use (medical detoxification in a facility only)
- Organ Transplants
- Skilled Nursing Facility, Intermediate Care Facility and Long Term Acute Care Stays 30 Days or Less
- Services to CHEC (EPSDT) Enrollees
- Family Planning Services
- High-Risk Prenatal Services
- Services for Children with Special Needs
- Facility Charges for Medical and Surgical Services of a Dentist
- Diabetes Education Services
- HIV Prevention Services

### Pharmacy Benefit

Currently, pharmacy benefits are “carved out” of managed care and billed as fee-for-service. Effective January 1, 2013, most pharmacy benefits will be administered by the ACOs for their enrollees. There are a few important exceptions:

- Hemophilia drugs
- Organ transplant immunosuppressants
- Mental health-related drugs, including treatments for attention deficit and hyperactivity disorders (ADD and ADHD), anxiety, depression, psychotic disorders, seizure disorders, and substance use treatment drugs: naltrexone products, Suboxone® and generics, Disulfiram products, and Campral®

Utah Medicaid will continue to administer pharmacy benefits on a fee-for-service basis for those Medicaid clients not enrolled in an ACO.

### Drug Coverage

1. Some Medicaid clients are eligible for both Medicaid and Medicare. These clients are called “dual eligibles”. Medicare reimburses for most drugs for these clients. This Medicare drug coverage will not be affected by ACOs.
2. Each ACO may:
  - Develop its own Preferred Drug List (PDL).
  - Develop its own clinical PA criteria.
3. Each ACO will make its list of drugs and corresponding criteria known to prescribers, pharmacies, and clients. Please note that:

- An ACO might require a PA for drugs for which Medicaid currently does not.
  - An ACO might not require a PA for drugs for which Medicaid currently does.
  - If both an ACO and Medicaid require a PA for a drug, the criteria might differ.
4. Each ACO must transition (or “grandfather”) current Utah Medicaid PAs.

Other Carved Out Services

The following services are Medicaid State Plan services; however, the ACOs are not responsible to cover them:

- (1) Dental services including orthodontics and anesthesia for dental services in the provider’s office.
- (2) Targeted case management: Specific codes: T1017, T1023
- (3) Ambulance transportation services.
- (4) Oxygen concentrators.
- (5) Apnea monitors.
- (6) Care in a nursing facility, or a Long Term Acute Care hospital when the prognosis indicates that a stay longer than 30 days will be required.
- (7) Waiver Services:
  - (i) Home and Community – Based Waiver Services for Individuals 65 or Older
  - (ii) Home and Community – Based Waiver Services for Individuals with Acquired Brain Injury Age 18 and Older
  - (iii) Community Supports Waiver Services For Individuals with Intellectual Disabilities or Other Related Conditions
  - (iv) Home and Community – Based Waiver Services for Individuals with Physical Disabilities
  - (v) Home and Community – Based Waiver Services - New Choices Waiver
  - (vi) Home and Community – Based Waiver Services for Technology Dependent, Medically Fragile Individuals.
  - (vii) Autism Waiver Services

(8) Specialized mental health services. Mental health conditions may be handled by the contractor's Primary Care Providers, or referred to the enrollee's Prepaid Mental Health Plan when more specialized services are required for the enrollee.

(9) Substance use disorder services are carved out, except for medical detoxification in a facility.

(10) Specific classes of drugs: Transplant Immunosuppressive Drugs, Attention Deficit Hyperactivity Disorder Stimulant Drugs, Anti-psychotic Drugs, Anti-depressant Drugs, Anti-anxiety Drugs, Anti-convulsant Drugs, Hemophilia Drugs, and the following Substance Use Disorder Treatment Drugs and their associated generics (if any) indicated for the same uses:

- (a) Vivitrol®
- (b) Revia®
- (c) Suboxone®
- (d) Campral®
- (e) Antabuse®

(11) Services provided under the hemophilia waiver (disease management waiver).

(12) Methadone maintenance treatment services.

(13) Transportation.

(14) Psychological evaluations and testing.

(15) Any services performed at an Indian Health Services (IHS), tribal facility or an Urban Indian Facility (UIF).

(16) Early intervention services.

(17) School-based skills development program services.

(18) Chiropractic services.

(19) Services performed at the state hospital.

(20) Services performed at the state developmental center.

#### Prior Authorizations and Claims Adjudication

ACOs will be responsible for prior authorization, claims adjudication, and utilization management and review for services provided to their enrollees. Prior authorizations in affect as of December 31, 2012, will generally be honored by the ACOs until the service is provided, or until March 31, 2013. Prior authorizations obtained by providers who are not on the ACO's panel as of January 1, 2013, may be re-evaluated and/or reissued.

ACOs are responsible for payment of claims for their enrollees unless the service is “carved out.” Information regarding carved out services is available in the Utah Medicaid Provider Manual General Information. The manual is available online at [www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid).

Eligibility and Identification Cards

Eligibility for all Utah Medicaid clients (whether enrolled in an ACO or not) is determined monthly. Medicaid identification (ID) cards will continue to be issued monthly by Utah Medicaid for all Medicaid clients. Utah Medicaid policy requires client proof of eligibility when services are provided. A current Utah Medicaid ID card satisfies this requirement. ACO affiliation will be printed on the cards. Some ACOs may also issue a plan card. Only the Utah Medicaid Identification (ID) card should be used to verify eligibility.

For More Information

**HealthChoice Utah**

1-877-358-8797

[www.healthchoiceutah.com](http://www.healthchoiceutah.com)

**Healthy U**

1-888-271-5870

801-587-6480

[www.uhealthplan.utah.edu](http://www.uhealthplan.utah.edu)

**MolinaHealthCare of Utah**

1-888-483-0760

801-858-0400

[www.molinahealthcare.com](http://www.molinahealthcare.com)

**SelectHealth Community Care**

1-800-515-2220

801-442-4993

[www.selecthealth.org](http://www.selecthealth.org)

**Medicaid Information**

1-800-662-9651

801-538-6155

[www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid)