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13-107 Children's Health Insurance Program (CHIP) Changes

Dear Medicaid and/or CHIP Provider:

We are writing to let you know about changes to the **Children's Health Insurance Program (CHIP)**. These changes may impact your pediatric patients' health insurance coverage as early as **January 1, 2014**.

WHAT IMPACT DOES THE AFFORDABLE CARE ACT HAVE ON CHILDREN ENROLLED IN CHIP?

On January 1, 2014, the Affordable Care Act (**Health Care Reform**) goes into effect. Health Care Reform changes the income limit to qualify for Medicaid. Also, Medicaid will no longer look at assets for children age 6 and older.

As a result, many children who are now on CHIP will qualify for Medicaid. Children who qualify for Medicaid cannot be on CHIP.

WHAT DOES THIS POTENTIALLY MEAN FOR YOU AND YOUR PATIENTS?

In **February 2014**, the State will determine if children who are currently eligible for CHIP will qualify for Medicaid.

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

If a child qualifies for Medicaid, the child will be placed on Medicaid no later than **March 2014**. If a child qualifies for Medicaid before March 2014, the child will be moved to Medicaid before March 1, 2014, upon request of the child's parent or guardian.

By federal regulation, a child who is eligible for Medicaid cannot be on CHIP.

There are no co-pays for children on Medicaid. Children get more services on Medicaid.

WILL YOUR PATIENT HAVE TO CHANGE HEALTH PLANS?

If your CHIP patient qualifies for Medicaid and your patient lives in Weber, Davis, Salt Lake or Utah counties your patient will be required to choose a Medicaid health plan and a Medicaid dental plan by the middle of February 2014 that will be effective March 1, 2014. If they do not choose a plan, they will be assigned to a health plan and dental plan effective March 1, 2014.

If your patient lives in another county, the patient **may** choose to enroll in a health or dental plan if one is available in that county. If the patient does not choose a plan or a plan is not available in their county of residence, the child will be on Medicaid and may receive services from any enrolled Medicaid provider. In this case, providers will bill the state directly for services provided.

Some of the Medicaid health and dental plans are the same as CHIP plans.

CHIP Health Plans

**Molina Healthcare of Utah
SelectHealth**

Medicaid Health Plans

**Health Choice Utah
Healthy U
Molina Healthcare of Utah
SelectHealth Community Care**

CHIP Dental Plans

**DentaQuest
Premier Access**

Medicaid Dental Plans

**Delta Dental
Premier Access**

WILL YOUR PATIENT HAVE TO CHANGE HIS OR HER MEDICAL PROVIDERS?

Hopefully, most children will not have to change medical providers. If you are a Medicaid provider, your patient may not need to change providers. **If you are a CHIP provider and not a Medicaid provider, we strongly encourage you to enroll as a Medicaid provider so you can continue to be reimbursed for services provided to your patient.** If you are interested in enrolling as a Medicaid provider please refer to the following website for more information:

<http://www.health.utah.gov/medicaid/provhtml/providerenroll.htm>.

In addition, if your patient is either required to or chooses to enroll in a health or dental plan, you will need to be on the plan's panel to continue to be reimbursed for services you provide to your patient. Contact information for all four Medicaid health plans is listed at the end of this notice.

If you are currently a CHIP provider and you do not want to become a Medicaid provider, you will not be reimbursed for services you continue to provide to your patient.

WILL MY PATIENT HAVE TO FIND A NEW DENTAL PROVIDER?

Many dental providers offer services for both Medicaid and CHIP. If you are currently a CHIP dental provider, but are not a Medicaid dental provider, we encourage you to enroll as a dental provider with Medicaid. Please refer to the website above for information on how to enroll as a Medicaid provider. In addition, contact information for the Medicaid dental plans is listed at the end of this notice. If your patient is required to enroll in a Medicaid dental plan, you will need to enroll with Medicaid **and** with the dental plan to continue to be reimbursed for services you provide to your patient.

WILL MY PATIENT NEED TO FIND A NEW BEHAVIORAL HEALTH PROVIDER?

If your patient receives mental health or substance use disorder services through CHIP, and your patient qualifies for Medicaid **January 1, 2014 or later**, your patient will begin receiving these services through a Medicaid prepaid mental health plan (PMHP). These are plans administered by local county behavioral health authorities.

Your patient will be automatically enrolled in a PMHP based on their county of residence. In some cases, such as children in state custody, the child is exempt from enrolling in a PMHP.

If you are a CHIP behavioral health provider and not a Medicaid behavioral health provider, you must enroll as a provider with Medicaid and with the applicable PMHP to continue to be paid for services you provide to your patient. Please refer to the website above for information regarding Medicaid provider enrollment. In addition, we encourage you to contact the PMHP in your patient's county of residence to discuss arrangements to continue to provide services and be reimbursed for services for you provide to your patient.

WHAT HAPPENS NEXT?

In December 2013, the State will identify children enrolled in CHIP who will transition to Medicaid after January 1, 2014. CHIP families will receive official notice of this change in December 2013. Families whose children are required to enroll in a Medicaid health and dental plan (**Weber, Davis, Salt Lake and Utah counties**) will also receive a notice of Medicaid plan open enrollment in January 2014. Enrollment will be open until the middle of February 2014. These enrollments will go into effect March 1, 2014. If a family does not choose a plan, the child will be auto enrolled in a plan. Families have ninety (90) days after enrollment to change their plan.

Again, if you are a CHIP provider, but not a Medicaid provider, we encourage you to enroll with Medicaid. A list of helpful contacts is included with this notice. Please contact us if you have questions.

THANK YOU!

Finally and most importantly, we thank you for your dedicated and tireless service to Utah's children in need. Your efforts and sacrifice are appreciated each and every day.

NAME	SUBJECT	CONTACT INFORMATION
Medicaid Information Line	Medicaid claims, billing questions and provider enrollment	1-800-662-9651 801-538-6155
Bureau of Managed Health Care	Medicaid and CHIP Managed Health Care	801-538-6358
MEDICAID HEALTH PLANS		
HealthChoice Utah	Medicaid Health Plan	1-877-358-8797 www.HealthChoiceUtah.com
Healthy U	Medicaid Health Plan	1-888-271-5870 www.uhealthplan.utah.edu
Molina Healthcare of Utah	Medicaid Health Plan	1-888-483-0760 www.molinahealthcare.com
SelectHealth Community Care	Medicaid Health Plan	1-800-538-5038 www.selecthealth.org
MEDICAID DENTAL PLANS		
Delta Dental	Medicaid Dental Plan	1-866-467-4219 www.deltadentalins.com/utmedicaid
Premier Access	Medicaid Dental Plan	1-877-541-5415 www.premierlife.com/utmedicaid
MEDICAID BEHAVIORAL HEALTH PLANS		
Bear River Mental Health	Box Elder, Cache, Rich	435-752-0750
Central Utah Counseling Center	Piute, Sevier, Juab, Wayne, Millard, Sanpete	1-800-523-7412
Davis Behavioral Health	Davis	801-773-7060

Four Corners Community Behavioral Health	Carbon, Emery, Grand	435-637-7200
Northeastern Counseling Center	Duchesne, Uintah, Daggett	435-789-6300
Salt Lake County Behavioral Health/ Optum Health	Salt Lake County	1-877-370-8953
San Juan Counseling Center	San Juan	435-678-2992
Southwest Behavioral Health	Beaver, Garfield, Iron, Kane, Washington	435-634-5600
Valley Mental Health	Summit	435-649-8347
Valley Mental health	Tooele	435-843-3520
Wasatch Mental Health	Utah	801-373-4760
Weber Mental Health	Morgan, Weber	801-625-3700

13-108 PCN and NTM Changes

Changes to the Primary Care Network Program Effective January 1, 2014

The Primary Care Network (PCN) program was created in 2002 under the authority of Utah’s 1115 Primary Care Network Demonstration Waiver approved by CMS. This program was intended to provide primary care and emergency room care (for certain emergencies) for adults who do not qualify for Medicaid.

With the implementation of the Affordable Care Act (ACA), the CMS is in the process of approving an extension of the waiver only through December 31, 2014. In addition CMS is requiring Utah to make the following changes to the program:

- Effective January 1, 2014, the income level to qualify for PCN will be reduced from 150% of the federal poverty level (FPL) to 100% FPL.
- Effective January 1, 2014, the State will no longer charge an annual enrollment fee up to \$50.00 at the time of application or renewal.
- Effective January 1, 2014, co-pays for the PCN program will change to be the same as Traditional Medicaid. Please see the chart below for co-pay changes.

Transition of PCN Beneficiaries

The State is in the process of notifying PCN beneficiaries of these changes. PCN beneficiaries who are due for an eligibility review between now and April 2014 will have their eligibility determined based on the new income level of 100% FPL. Individuals whose incomes are above 100% FPL, but are not due for an eligibility review until April 2014, may be allowed to remain on the program until April 30, 2014. All PCN beneficiaries with incomes above 100 % FPL will be provided information regarding how to obtain commercial insurance coverage either through the Federal Marketplace or through Avenue H (State Small Employer Marketplace).

If you have a patient who is eligible for PCN, please note that this could change after January 1, 2014. We encourage you to always verify eligibility for PCN (or Medicaid) before providing service or submitting your claim for payment.

Changes to the Non-Traditional Medicaid Program Effective January 1, 2014

The Non-Traditional Medicaid program was created in 2002 under the authority of Utah’s 1115 Primary Care Network Demonstration Waiver approved by CMS. The program was created primarily as a way to generate savings from the Medicaid program to provide funding for the Primary Care Network (PCN) program.

With the implementation of the Affordable Care Act (ACA), CMS is in the process of approving an extension of the waiver only through December 31, 2014. CMS is also requiring Utah to make the following changes to cost sharing for the Non-Traditional Medicaid program:

Non-Traditional Medicaid Cost Sharing Changes Effective January 1, 2014

Benefit	2013 Benefit Year	2014 Benefit Year
Out-of-Pocket Maximum	\$500.00 per year	Pharmacy - \$15 per month Inpatient - \$220 per year Physician and Outpatient - \$100 per year combined
Occupational and Physical Therapy	\$3 co-pay Limit to a combined 16 visits per year	No co-pay Limit to a combined 10 visits per year
Pharmacy	\$3 co-pay per prescription No limitation	\$3 co-pay per prescription limited to \$15 monthly
Vision Services	Annual coverage limited to \$30 for annual eye exam	Optometrist – no co-pay for annual eye exam Ophthalmologist - \$3 co-pay for annual eye exam

13-109 New Electronic Funds Transfer (EFT) Form

Effective January 1, 2014, a new Electronic Funds Transfer (EFT) enrollment form will be required for all enrollments received on or after January 1, 2014. The new EFT form meets the requirements set forth by CAQH CORE 380 EFT Data Rule which contains an industry mandate for the use of operating rules to support implementation of the HIPAA standards, in Section 1104 of the Affordable Care Act.

The new EFT form, and instructions for completion of the form, are located on the Utah Medicaid website at www.health.utah.gov/medicaid; click on *Enroll as a Utah Medicaid Provider*.

If you have questions regarding the new EFT form, contact Provider Enrollment at (801) 538-6155, or 1-800-662-9651, menu option 3, then option 4.

13-110 Baby Your Baby (BYB) Cards

Effective January 1, 2014, qualified providers will no longer issue the Baby Your Baby (BYB) cards. Instead, the BYB cards will be issued through the eREP eligibility system. The cards will look different from the old BYB cards; however, the benefits will not change. The new BYB cards will have the same appearance as the current Medicaid cards and will display the Medicaid ID number for the individual.

Although the new BYB cards will be issued within one or two days, Medicaid will still honor the start date at which the qualified provider determines the BYB eligibility. Please note that you may still see the old BYB cards that were issued in 2013. We ask that you honor these cards during this transition. This new process will help us move towards real-time issuance in preparation for the new medical cards in 2014.

If you have questions, contact the Bureau of Eligibility Policy at (801) 538-6707.

13-111 Non-Emergency Medical Transportation (NEMT)

A new contractor has been awarded the contract for NEMT. LogistiCare Solutions, LLC, will assume responsibility for statewide NEMT on February 1, 2014.

LogistiCare is a brokerage model provider. Beneficiaries will contact the LogistiCare call center to schedule their transportation. Actual transportation will be arranged by LogistiCare with eligible transportation providers.

More information will be forthcoming to assist all beneficiaries eligible for NEMT to understand the new pathway to arrange for NEMT.

Beneficiaries will need to contact the LogistiCare call center no less than **3 business days prior** to scheduled appointments.

- LogistiCare will officially start taking February 2014 NEMT appointments on January 20, 2014.
- Beneficiaries needing to schedule appointments for February 1, 2014, will need to call no later than January 29, 2014.

Questions and concerns may be directed to LogistiCare as follows:

Utah Reservations (855) 563-4403
Utah Ride Assist (855) 563-4404

13-112 Home Health Services Manual Update

Section 9, Telehealth, of the Home Health Agencies Provider Manual has been updated.

13-113 Application Fee Increase

Utah Medicaid is required to collect an application fee for all institutional providers, as defined in 42 CFR 455.460, prior to executing a provider agreement from a prospective or re-enrolling provider.

Effective January 1, 2014, the application fee for all institutional providers that are initially enrolled in the Medicare program, the Medicaid program, or the Children's Health Insurance Program (CHIP), or are revalidating their Medicare, Medicaid or CHIP enrollment, or are adding a new Medicare practice location has increased to \$542.00. This fee is required with any institutional provider enrollment application submitted on or after January 1, 2014, and on or before December 31, 2014, unless the fee has already been paid to Medicare, another State Medicaid agency, or CHIP.

A list of provider types that Utah Medicaid considers to be institutional is located on the Medicaid website at: <http://health.utah.gov/medicaid/provhtml/providerenroll.htm>. For further questions, please contact Medicaid Provider Enrollment at (801) 538-6155 or 1-800-662-9651, menu option 3, then 4.