

TABLE OF CONTENTS

14-71	CORRECT BILLING FOR IN-OFFICE VACCINE ADMINISTRATION	1
14-72	NURSE PRACTITIONERS (NPS)	2
14-73	ATTENTION: MEDICAID PROVIDERS ENROLLED WITH A SHARED FEIN	2
14-74	NEW MEDICAID MEMBER CARD - FAQs	3
14-75	PRIMARY CARE NETWORK (PCN) OPEN ENROLLMENT	5
14-76	UTAH MEDICAID PROVIDER MANUALS REVISED	5
14-77	PHYSICIAN AND VFC ENHANCEMENT PAYMENTS UPDATE	5

14-71 Correct Billing for In-Office Vaccine Administration

On January 1, 2013, new Procedure to Procedure (PTP) edits were implemented in the Medicare and Medicaid National Correct Coding Initiative (NCCI) methodologies that paired the immunization administration codes as column one codes with preventative medicine Evaluation & Management (E&M) codes as column two codes. All of the edits have a Correct Coding Modifier Indicator (CCMI) of "1", which permits the edits to be bypassed, if a PTP-associated modifier is correctly appended to one of the CPT codes. The edits are based on the instruction in the section on "Immunization Administration for Vaccine/Toxoids" in the 2013 CPT Manual.

Historically, and up until this mandated policy change, Utah Medicaid policy would allow reimbursement of the E&M code and deny the immunization administration code if billed together on the same date of service.

With the implementation of this NCCI PTP edit, Utah Medicaid will permit payment of both codes, if a significant, separately identifiable E&M service is provided on the same day and a PTP-associated modifier (i.e., modifier 25) is appended to the E&M code.

The change will be retroactive to January 1, 2013, per CMS and NCCI. Utah Medicaid will automatically reprocess all claims submitted with the 25 modifier since that date, without any action on the part of providers.

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

14-72 Nurse Practitioners (NPs)

A State Plan amendment was recently approved by the Centers for Medicare and Medicaid Services. As a result, effective April 1, 2014, Medicaid will allow Licensed Nurse Practitioners (NP) in any specialty to enroll as a Medicaid provider and to bill independently for their service. This is in addition to the four NPs (i.e., pediatric, family, CRNM, CRNA) currently allowed to bill Medicaid independently.

The following limitations apply:

- To participate in the Utah Medicaid Program, an NP must complete an enrollment application which is located at <https://medicaid.utah.gov/become-medicaid-provider>.
- The additional NP types may only bill and be directly reimbursed for those services open to their provider type, as listed in the Medicaid Coverage and Reimbursement Lookup Tool located at <https://medicaid.utah.gov/health-care-providers>.
- The NP will bill with a National Provider Identifier (NPI), and the billed services must not appear on a facility cost report.
- The NP will bill independently for the services they provide. Services provided by the NP and a physician on the same day to the same patient are not separately reportable. When an inpatient hospital, outpatient, or emergency department visit is shared between a physician and NP in the same specialty and the physician provides any face-to-face portion of the E&M encounter the visit may be billed under the physician's NPI. If there was not face-to-face time with the physician, the requirements for "incident to" are not met; therefore, services must be billed directly by the NP.
- NPs will be reimbursed at 100% of the physician fee schedule with the exception of Certified Nurse Midwives which will continue to be reimbursed at 75% of the physician fee schedule.

14-73 Attention: Medicaid Providers Enrolled with a Shared FEIN

In the process of reviewing Utah Medicaid's current provider information, it has been identified that some providers are enrolled with a Federal Employer Identification Number (FEIN) /Tax ID that is shared with other providers, and the FEIN does not belong to the individual provider. The FEIN may belong to a corporation, group, or facility.

If you are a provider enrolled with a shared FEIN, please submit a group application packet, along with the required documents and a list of names and NPIs that are currently enrolled that you would like affiliated to your group. The deadline for submitting the required information is August 31, 2014.

It is mandatory to enroll as a group to continue sharing a FEIN, to ensure that you are enrolled correctly and that money is reported to the correct FEIN for IRS reporting. Please note that a delay in complying with this requirement may result in your claims not being processed.

The application packet can be found on the Medicaid website at <https://medicaid.utah.gov/become-medicaid-provider>. If you have further questions, please contact Provider Enrollment at (801) 538-6155, or 1-800-662-9651, option 3 then 4.

14-74 New Medicaid Member Card - FAQs

Starting **July 2014**, Medicaid and Primary Care Network (PCN) members will receive a new wallet-sized plastic Medicaid card. The new card will replace the current color-coded, full sheet of paper that shows the member's eligibility each month. Below are some frequently asked questions to help in the transition of using the new Medicaid member card.

What information is on the new card?

The new wallet-sized cards will not have eligibility information listed on them. Instead, they will have the member's **name, Medicaid ID number, and date of birth**. The back of the card has helpful contact information and websites for both providers and members.

Who will receive a new card?

Each Medicaid member in a household will receive their own card. The new Medicaid member card will be used whenever the member is eligible for Medicaid. A new card will NOT be mailed each month. Replacement cards will be issued if a card is lost or damaged.

How do I know if my patients are eligible for Medicaid?

Before providing services to card holders, you will need to verify you patients' Medicaid eligibility. There are two ways to help you do so:

- 1) The Eligibility Lookup Tool: <https://medicaid.utah.gov/eligibility>
- 2) AccessNow: 1-800-662-9651

What is the Eligibility Lookup Tool?

The Eligibility Lookup Tool is a website that allows a provider to electronically view a member's Medicaid eligibility and plan enrollment information. The Lookup Tool will also tell you if the patient is restricted to a specific provider and if the patient is responsible for co-pays. In addition, the Eligibility Lookup Tool can be used to verify PCN and Children's Health Insurance Program (CHIP) eligibility.

What do I need to do to get access to the Eligibility Lookup Tool?

In order to be in compliance with HIPAA, we must assure that only those that have the right to this information have access. A provider will have to register with the State of Utah Master Directory (UMD). Upon selecting "Eligibility Lookup Tool" (<https://medicaid.utah.gov/eligibility>) you will be prompted to log into the UMD before accessing the tool.

If you have not previously created a UMD Utah-ID and password, you can create an account from the login screen. The system will walk you through the activation process after you have selected "Create Account" in the shaded box to the left.

What information will I need to verify my patient's eligibility?

To verify your patient's eligibility on the portal you will need the information off of the Medicaid card which includes **member's name, Medicaid ID and date of birth**. A provider must also have a Provider ID (NPI or API) known to Medicaid.

What information is produced by the Eligibility Lookup Tool?

Providers can view:

- Member demographics
- Member eligibility (including the past 36 months)
- Eligibility for the next month (after benefit issuance which is 6 business days before the end of the month)
- Plan enrollment information
- Provider restrictions
- Patient co-pays
- TPL and other health insurance

How will my patients know their health/dental plans, co-payments or benefit information?

Members will receive a Benefit Letter in the mail that contains all their plan information. When there are changes, Medicaid will send a new Benefit Letter. In the near future, they will also have a web tool, similar to the Eligibility Lookup Tool, to check their eligibility online.

Will this card be used for hospital presumptive eligibility and Baby Your Baby programs?

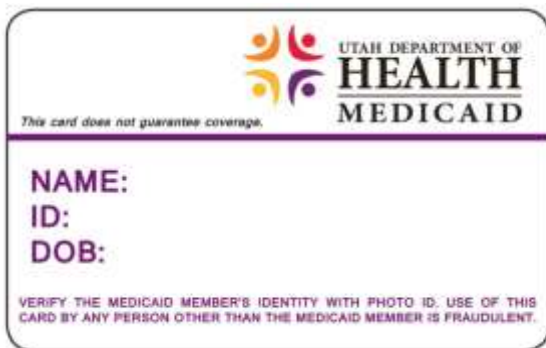
Yes, the card will be used for presumptive eligibility programs, which includes Hospital Presumptive Eligibility and Baby Your Baby.

Will clients receive a different medical card once their presumptive eligibility ends and they are approved for ongoing Medicaid?

No, they will not. They will continue to use the same card.

What will the new card look like?

FRONT



BACK



For more information about the new Medicaid member card, please visit medicaid.utah.gov.

14-75 Primary Care Network (PCN) Open Enrollment

Utah's Primary Care Network (PCN) opens enrollment on June 2 for all eligible, uninsured adults. PCN is a primary preventive health coverage plan for uninsured adults whose incomes do not exceed 100% of the Federal Poverty Level and who do not otherwise qualify for Medicaid. Benefits include, but are not limited to primary care physician services, up to four prescriptions per month, dental services, eye exams, family planning services, and general preventive services.

Since May 2013, PCN has been closed for enrollment and has not accepted new applications. Beginning June 2, all uninsured Utah adults may apply online, by mail, or in person to receive primary healthcare. PCN will remain open and accepting applications until further notice.

Those who apply during open enrollment and meet program eligibility criteria will be enrolled in the program. For more information call 1-888-222-2542, or visit www.health.utah.gov/pcn.

14-76 Utah Medicaid Provider Manuals Revised

The Certified Family Nurse Practitioner and Pediatric Nurse Practitioner Utah Medicaid Provider Manual has been revised and reformatted. To review the complete manual, refer to the Utah Medicaid website at: <https://medicaid.utah.gov>. Previous versions of this manual will be archived.

The manual has a new title:

- ***Licensed Nurse Practitioner Utah Medicaid Provider Manual*** –
Formerly Certified Family Nurse Practitioner and Pediatric Nurse Practitioner

The Physician Manual has been updated to include the correct billing procedures for in-office vaccine administration. To review the updated manual, refer to the Utah Medicaid website at: <https://medicaid.utah.gov>.

14-77 Physician and VFC Enhancement Payments Update

As last noted in the April 2014 MIB article 14-51, physicians could self-attest to program eligibility based on either board certification or 60% claim history (based on all paid Medicaid services, including managed care) within the approved code set for the Physician Enhancement program. Originally, it was determined that eligibility based on 60% code history would only be tested once (when the provider originally self-attests). Based on recent CMS guidance, it has been determined that eligibility based on 60% testing may be re-evaluated each calendar year if a physician attests/re-attests in calendar year 2014.

With this updated guidance, providers, who are not currently approved for these payments, may attest/re-attest based on the 60% criteria. Physicians, who attest/re-attest prior to June 30, 2014, and who meet or exceed the 60% threshold, as described above, will be eligible for payments for services back to the beginning of calendar

year 2014. After June 30, 2014, a provider who attests and passes this 60% threshold will be retro-eligible for enhanced payments back to the beginning of the calendar year quarter in which they completed the self-attestation. For example, if a physician were to attest on July 15, 2014, and met the 60% threshold, the physician would only be eligible for enhanced payments for services rendered on or after July 1, 2014.