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15-42 Expansion of Mandatory Enrollment in an Accountable Care Organization (ACO)

Effective July 1, 2015, Utah Medicaid will require Medicaid members living in nine (9) additional counties to enroll in an Accountable Care Organization (ACO) for their physical health care. Currently, only Medicaid members in Davis, Salt Lake, Utah, and Weber Counties must enroll in an ACO.

Note: Medicaid members in long-term care facilities with a prognosis of longer than 30 days, or those in the Utah State Hospital or Utah State Developmental Center are not enrolled in an ACO.

A minimum of two and as many as four ACO health plans will be available in each county. The ACOs are Health Choice Utah (Health Choice), Healthy U, Molina Healthcare of Utah (Molina), and SelectHealth Community Care (SelectHealth).

The counties in which ACO enrollment will become mandatory and the ACOs that will be available in those counties are as follows:

- Box Elder:** Health Choice, Healthy U, Molina, and SelectHealth
- Cache:** Health Choice, Healthy U, Molina, and SelectHealth
- Iron:** Health Choice, Molina, and SelectHealth
- Morgan:** Health Choice, Healthy U, and Molina
- Rich:** Health Choice, and Molina
- Summit:** Health Choice, Healthy U, Molina, and SelectHealth
- Tooele:** Health Choice, Healthy U, and Molina
- Wasatch:** Health Choice, Healthy U, Molina, and SelectHealth
- Washington:** Health Choice, Molina, and SelectHealth

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

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

The following benefits provided to Medicaid members in the counties listed above with dates of services after June 30, 2015, will need to be billed to the appropriate ACO:

- Inpatient Hospital Services
- Outpatient Hospital Services
- Emergency Department Services
- Physician Services
- General Preventative Services
- Pharmacy (except as otherwise listed below)
- 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 Sterilization
- Medical Detoxifications in a Facility Only
- Organ Transplant
- Skilled Nursing Facility, Intermediate Care Facility and Long Term Acute Care Stays when the prognosis for the stay in 30 days or less
- Services to CHEC Enrollees
- Family Planning Services
- High Risk Prenatal Services
- Services for Children with Special Health Care Needs
- Facility Charges for Medical and Surgical Services of a Dentist
- Diabetes Education Services
- HIV Prevention Services

Pharmacy Benefit

Effective July 1, 2015, pharmacy benefits will be primarily administered by the ACOs in the counties listed above. 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, 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 these exceptions.

Each ACO may develop its own preferred drug list (PDL) and develop its own prior authorization (PA) criteria.

Each ACO makes its PDL and corresponding criteria available to prescribers, pharmacies and their enrollees. Please note that an ACO may:

- Require a PA for drugs for which Medicaid fee-for-service does not.
- Not require a PA for drugs that Medicaid currently does.
- Use different criteria for drugs than fee-for-service Medicaid, even though both require a PA.

Pharmacy Coverage for Dual Eligible

Some Medicaid members are eligible for both Medicare and Medicaid. These individuals are referred to as “dual eligibles.” Medicare reimburses for almost all drugs for these individuals. Medicare drug coverage for “dual eligibles” is not affected by the individual’s enrollment in an ACO.

Other Carved-Out Services

The following services are Medicaid State Plan services; however, the Medicaid member’s ACO is not responsible to pay for these services. These services should continue to be billed directly to the State, unless otherwise noted:

1. Dental services, including orthodontia and anesthesia for dental services
2. Targeted case management (CPT codes T1017, T1023)
3. Ambulance transportation services (ground or air)
4. Oxygen concentrators -
 - Bill directly to the **ACO ONLY** for Health Choice, Healthy U and Molina members in Davis, Salt Lake, Weber, and Utah counties
 - Bill directly to **State Medicaid** for **SelectHealth enrollees** in **Davis, Salt Lake, Weber, and Utah** counties and for **ALL ACO** enrollees in **ALL OTHER COUNTIES**
5. Apnea monitors - Bill directly to the **State Medicaid** for **ALL ACO** enrollees in **ALL COUNTIES**

6. Care in a nursing facility or a long-term care hospital if the prognosis indicates a stay longer than 30 days will be required
7. Waiver services
 - Home and Community Based Waiver Services under the Community Supports Waiver
 - Home and Community Based Waiver Services for individuals 65 or Older
 - Home and Community Based Services for Individuals with Acquired Brain Injury Age 18 and Older
 - Home and Community Based Services for Individuals with Physical Disabilities
 - Home and Community Based Waiver Services – New Choices Waiver
 - Home and Community Based Services for Technology Dependent, Medically Frail Individuals
 - Autism Waiver Services
8. Specialized mental health services - An ACO primary care provider may treat a mental health condition. If the PCP provides treatment, the ACO is responsible for reimbursement. The PCP may refer the enrollee 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, with the exception of medical detoxification in a facility
10. Certain drugs and drug classes (please see above)
11. Services, drugs, and ancillary supplies provided under the hemophilia waiver program
12. Methadone maintenance treatment services
13. Non-emergency medical transportation
14. Psychological evaluations and testing
15. Any services performed at an Indian Health Services (IHS) facility, tribal facility, or an Urban Indian facility (I/T/U)
16. Early Intervention Services
17. School Based skills development program services
18. Chiropractic services
19. Services at the Utah State Hospital
20. Services at the Utah State Developmental Center

Prior Authorizations and Claims Adjudication

ACOs are responsible for prior authorization, claims adjudication, and utilization review and management for services provided to their enrollees. Prior authorizations issued by State Medicaid, in effect as of June 30, 2015, will generally be honored by the ACOs if the service is provided on or before September 30, 2015. Prior authorizations obtained through State Medicaid for members enrolled with an ACO as of July 1, 2015, may be re-evaluated and/or reissued.

15-43 Password Policy Update for Providers Accessing Medicaid Systems

The MMCS web application is accessed by providers through Utah-ID user credentials. As of May 14, 2015, all non-state users logging into MMCS will be subject to the State of Utah enterprise password policy. The password policy requires passwords to be changed every 90 days.

The next time a user attempts to access MMCS after May 14, 2015, they will see the following:

1. Users with a Utah-ID password that does not meet the password policy complexity requirement will see a message on the page that the application requires a stronger password. The user will see an option to type in their current password and select a new password. The user can click a question mark to pop up a password requirements box.
2. After selecting a sufficient password, users get a second notification that to access the application, their password must expire at least every 90 days. They must select a password expiration interval from a drop-down list. Although the user can see and choose from multiple options, only three of the options are valid (30, 60, or 90 days). Once a change interval is selected, the reset counter starts for that account.

Note: If the user's password is already sufficiently complex, they will not see option 1 above, but will see option 2.

The password policy will be applied to the New Choice Waiver site as of May 15, 2015. The password policy will be applied to the Eligibility Lookup Tool site as of June 9, 2015. All password requirements are available on the Utah-ID account maintenance website. Technical assistance is available at (801) 538-3440.

15-44 Medicaid Telehealth Equipment Funding Opportunity

The 2014 Utah Legislature approved one-time funding for telehealth equipment for Medicaid. Funding will be available, through an application process, for telehealth equipment and infrastructure accessible to target Medicaid populations to facilitate the use of telehealth and telemedicine in the delivery of health care. There is potential for a federal match. The Utah Department of Health has contracted with the Utah Telehealth Network and University of Utah, to procure, deploy, manage and support equipment purchased using these funds.

Details on the criteria and process can be found in the "Medicaid Telehealth Equipment Funding Process and Criteria" document at <https://medicaid.utah.gov> and <http://utn.org/downloads/Medicaidequipmentcriteria.pdf>.

The window for submitting proposals will be May 16, 2015, through June 22, 2015, on the UTN website (<http://utn.org/>). Please note that equipment purchased through the University of Utah remains the property of the University. There is a health care organization/provider match of approximately 15% of actual total cost, which will go towards the cost of vendor maintenance for the equipment.

The Utah Telehealth Network staff (<http://utn.org/about/staff.shtml>) are available to assist with equipment or infrastructure selection, including room design and technical recommendations. The UTN has an expert technical and clinical team, which provides customized consultative services to assist you in your program development for

network design, mobile technologies, and interactive video-conferencing for educational and administrative meetings, special events, and clinical telemedicine.

For more information, please contact Patricia Carroll, UTN Telehealth Development Manager, at Patricia.Carroll@utn.org or (801) 587-6075.

15-45 Coverage Changes for Physician Administered Drugs

Effective October 1, 2015, Utah Medicaid will implement programming to compare physician administered drugs to the submitted National Drug Code (NDC). The program will compare the submitted information to a crosswalk of physician administered drugs and NDCs. If the submitted combination is unmatched, the claim will deny. The NDCs must be rebateable and active to be considered for reimbursement. This applies to claims administered in physician offices or in outpatient settings.

Please review the proposed crosswalk and the associated effective dates on our website at:

<https://medicaid.utah.gov/pharmacy/resource-library>.

Providers interested in submitting requests for consideration of additional NDCs, or to make changes to existing drugs may do so via the *Physician Administered Drug List Review Request Form*, available on our website at:

<https://medicaid.utah.gov/pharmacy/prior-authorization>

Requests to consider coverage of additional drugs, or to make changes to existing drugs, will be addressed in the order received.

The Physician Administered Drug List is comprised of FDA approved drugs that are to be administered in physicians' offices or outpatient facilities by doctors or eligible staff. The drugs must be reasonable, necessary, and indicated for the diagnoses, or effective treatments of specific illnesses or injuries based on accepted standards of medical practice. All other program plan coverage and limitations still apply. For specific program and plan coverage information, please refer to the Utah Medicaid Lookup Tool at:

<http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

15-46 340B Participation of HCPCS Physician Administered Claims

Providers enrolled in a Utah Medicaid program that purchase drugs pursuant to the 340B pricing schedule must bill Utah Medicaid the actual acquisition cost of all drugs. For 340B HCPCS drugs, the UD modifier must be placed after the HCPCS code on each claim per CMS billing standards.

Covered entities that choose to utilize 340B drugs for their Medicaid patients must inform Utah Medicaid and Health Resources and Services Administration (HRSA) to ensure that their provider number is placed on the Medicaid Exclusion List. Covered entities are subject to audit by the manufacturer, the Federal Government, as well as other oversight agencies/groups. Failure to comply may make the 340B covered entity liable to manufacturers for refunds of discounts, or cause the covered entity to be removed from the 340B Program.

For further information, please see the HRSA website at: www.hrsa.gov/opa/index.html

15-47 Utah Medicaid Pharmacy Provider Portal

All Utah Medicaid prescribers, once registered with the pharmacy portal, may submit and manage Prior Authorizations (PA) within the Utah Pharmacy Provider Portal interface. Once logged into the portal, the prescriber can select the Web PA option on the site. The provider can then select the patient name, drug, diagnosis code, and pharmacy. If the drug requires a PA, the prescriber can either fax or submit the PA online and obtain a PA tracking number. Once the PA has a tracking number, pertinent documents (including .doc, .pdf, .jpg and other formats) relating to the PA can be uploaded to the portal. In addition, providers can choose how they wish to be contacted concerning updates on the status of the submitted PA, including email, fax, or even text message.

In the event that a PA is denied or incomplete, additional documentation can be submitted to the existing PA using the tracking found in the patient profile in the portal. All attachments are thoroughly inspected for malware or viruses to ensure data security of Utah Medicaid's computer systems and Personal Health Information (PHI) is secure.

The portal is designed to improve patient care and can be accessed via any device that can run a web browser, including iPads and tablets, smartphones or Blackberry devices. It is anticipated that these new features will encourage prescribers to take advantage of the online portal and will improve patient care through more efficient and accurate health care. The portal may be found at <http://www.utahrportal.org>.

15-48 Medical Records Requirements and Utilization Control

The Utah Office of Inspector General for Medicaid services conducts Utilization Control, in accordance with R414-1-14, which allows the Utah Department of Health to request records that support provider claims for payment under programs funded through the Department. Utah Administrative Code R414-1-14 (2) requires responses to include the complete record of all services for which reimbursement is claimed and all supporting services. Additionally, Utah Administrative Code R414-2-1 outlines general requirements for documentation of services and the requirements that records be maintained and produced in response to a records request.

In accordance with 42 CRF §482.23(c), the documentation that must be contained within a medical record is regulated by federal and state law, accepted standards of practice, orders of the practitioners responsible for the patient's care, and medical staff-approved policies and procedures.

For additional information about medical records compliance, please refer to Utah provider manuals at <https://medicaid.utah.gov/publications>.