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IMPORTANT NOTICE FOR MEDICAID, PCN and CHIP PROVIDERS

16-90   Section 1557 of the Affordable Care Act - Nondiscrimination in Health Programs and Activities

About Section 1557 of the Affordable Care Act

Section 1557 is the nondiscrimination law in the Affordable Care Act (ACA). Section 1557 addresses the ACA's goals of expanding access to health care and coverage, eliminating barriers, and reducing health disparities.

Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities. Section 1557 builds upon longstanding nondiscrimination laws and provides new civil rights protections. The final rule implementing Section 1557 can be found at 45 C.F.R. Part 92.

What Entities Must Comply?

All health programs and activities that receive Federal financial assistance from the U.S. Department of Health and Human Services. Examples of types of covered entities: hospitals, health clinics, physicians' practices, community health centers, nursing homes, rehabilitation centers, health insurance issuers, State Medicaid agencies and enrolled Medicaid providers, etc. Federal financial assistance includes grants, property, Medicaid and Medicare.

What Must Covered Entities Do?

Section 1557 requires covered entities to do the following:

- Ensure protection of individuals against sex discrimination
- Ensure meaningful access for individuals with Limited English Proficiency
- Ensure effective communication with and accessibility for individuals with disabilities
- Provide protection for coverage of health insurance
- Notify individuals that the covered entity does not discriminate on the basis of race, color, national origin, sex, age, or disability by posting notices of nondiscrimination
- Notify individuals that the covered entity provides qualified interpreters to ensure meaningful access by posting taglines in at least the top 15 non-English languages spoken in the State
- Entities who employ 15 or more persons must designate a compliance coordinator, and develop a grievance procedure

What is the Utah Department of Health Doing to Comply?

The Utah Department of Health has posted the nondiscrimination notice and language taglines in the top 15 languages in the Cannon Building. The Department also added the same information to our webpage at https://medicaid.utah.gov. The information is available from the home page, under the "Medicaid Members" menu and the "Administration and Publications" menu. In addition, the Department is in the process of reviewing coverage and reimbursement policy for any necessary changes needed to comply with requirements.

More Information on Section 1557 Requirements and Enforcement

Detailed information regarding the requirements of Section 1557, as well as enforcement of the requirements, fact sheets on key provisions, and sample resources in English and other languages can be found at www.hhs.gov/civil-rights/for-individuals/section-1557.

16-91   Medicaid System Upgrade Scheduled November 10 - November 13, 2016

On Thursday, November 10 at 5:00 PM, Utah Medicaid will begin upgrading several computer systems used for various functions associated with the Medicaid program. The upgrade, as well as our regularly scheduled processes, are expected to be completed on Sunday, November 13. During the upgrade, some of the normal day to day operations will be impacted.

Verifying Member Eligibility and Coverage

During the upgrade, the online Provider Eligibility Lookup Tool will not be available. However, member eligibility as of Friday, November 4, 2016, will be available by calling customer service and using Access Now.

Calling Access Now

Dial the Medicaid information line:

(801) 538-6155 or **1-800-662-9651**

- To select Access Now, press "1" at the first menu.
- Press "1" to access client eligibility information.
- Enter your NPI or for atypical providers, enter your 12-digit Medicaid provider number, followed by a # sign AND either:
  - the member's 10-digit Medicaid identification number, or
  - 9-digit Social Security number and date of birth.

The online Provider Eligibility Lookup Tool will be available on Monday, November 15, 2016.

Pharmacy

Pharmacy claims will continue to adjudicate; however, eligibility information for new members who are made eligible on Thursday, November 10, will not be loaded into the pharmacy claims processing system until the upgrade is completed. As a result, anyone made eligible on Thursday, November 10, will not appear in the pharmacy claims processing system until Monday, November 15, 2016.

If a Medicaid member provides a pharmacy with documentation that they are eligible for the month of November 2016, and the member needs a covered prescription medication during the upgrade, a pharmacy may issue a prescription for a 72-hour supply to the member. The pharmacy may submit the claim for the 72-hour supply to Medicaid on November 15 when the eligibility files load into the pharmacy claims processing system.

Any provider or pharmacy needing assistance in submitting a claim on or after November 15 can call the Customer Service Unit at (800) 662-9651.

Please note that Friday, November 11, 2016, is Veterans Day. All state offices are closed on that date.

16-92   Constituent Services Contact Information

Medicaid members may provide feedback to the Medicaid agency by contacting constituent services at: medicaidmemberfeedback@utah.gov or by calling (801) 538-6417 or 1-877-291-5583.

16-93   Post-Payment Review of Inpatient Claims

Utah Medicaid, along with our claims editing contractor, Verscend, is currently implementing analytic services for specific high-dollar-identified inpatient claims. In efforts to include overpayment prevention services, Verscend will review and process inpatient claims and related documentation through proprietary software and make recommendations back to Utah Medicaid of the inpatient claims' accuracy and compliance with industry coding norms, billing and reimbursement methodologies, as well as state policy-specific payment rules.

Providers will be notified of a post-payment review via email with specific details and instructions. Additional documentation will be requested from the provider, such as the itemized bill. If the documentation is not received within thirty days, Utah Medicaid will retract the payment. See *Utah Medicaid Provider Manual Section I – General Information*, Chapter 4-4, 'Access to Records'.