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18-101 Molina Healthcare of Utah (Molina) Provider Network Change

Effective September 1, 2018, the University of Utah Hospital and Clinics are no longer on Molina’s Medicaid and CHIP provider networks.

Access to the University of Utah clinics and providers affiliated with Primary Children’s Hospital is still available to Molina Medicaid and CHIP members.

In addition, the Intermountain Medical Center (IMC) and McKay Dee Hospital and associated providers became part of Molina’s network on September 1, 2018.

If you have a Medicaid or CHIP patient who has questions about their plan, you may refer the patient to a Medicaid/CHIP Health Program Representative (HPR) by calling 1-866-608-9422.

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

18-102 340B Pharmacy Claims

The Division has received several inquiries related to 340B program and duplicate discounts. The claims in question were submitted by the covered entity as being non-340B claims. Based on that information, the state correctly invoiced for a drug rebate. The following is provided for clarification:

- States have an obligation to collect Medicaid rebates for covered outpatient drugs, unless the drug was subject to a 340B Drug Discount Program discount (42 U.S.C. § 1396r-8(j)(1)) and indicated as such per the state's policies.
- Manufacturers have the right to audit claims data.
- **340B covered entities** are responsible for ensuring duplicate discounts do not occur, and can be sanctioned for causing duplicate discounts (42 U.S.C. § 256B).
- The state excludes claims from the drug rebate process if the provider indicates on the claim that a 340B drug was dispensed. By law, non-340B claims must be submitted for the Medicaid drug rebate.
 - For point of sale claims, this is indicated by using Submission Clarification Code = 20 and Basis of Cost = 08.
 - For provider administered claims, this is indicated by adding the "UD" modifier to claim.
 - For provider administered Medicare crossover claims, this is indicated by adding the "JG" or "TB" modifiers.

Recent inquiries have asked if the covered entity can resubmit claims to add the 340B indicator. 42 CFR 447.45 requires providers to timely submit claims to Medicaid. The [Utah Medicaid Provider Manual, Section I: General Information, Section 11-6.5](#) reiterates this requirement. The provider manual states, in part, that *Federal regulations require that a claim must be submitted to Medicaid within 365 days from the date of service. The date of service, or "from" date on the claim, begins the count for the 365 days to determine timely filing.* Accordingly, if claims are within the timely filing window, then the covered entity may resubmit claims for processing. If the covered entity resubmits the claims, with the required indicator, the state will credit the labeler in the ordinary course of processing quarterly invoices.

If the covered entity is unable (due to timely filing or otherwise) or unwilling to submit a corrected claim, the 340B covered entity must work directly with the manufacturer to resolve the duplicate discount issue that resulted from its actions.

Note:

More information related to the 340B program billing for Utah Medicaid may be found in Section 7.8 and 7.9 of the Pharmacy Provider Manual found at:

<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy/Pharmacy.pdf>

18-103 Statewide Changes in Medicaid Dental Service Delivery System

Effective January 1, 2019, the following changes will occur for the delivery of Medicaid dental benefits for members who receive dental services:

- All Medicaid members who are eligible for full dental services will be required to enroll in a dental plan. If a member does not choose a dental plan, one will be assigned.
- Members will have two Medicaid dental plans to choose from
 - Managed Care of North America Dental (MCNA); or
 - Premier Access
- Adults who are eligible for Medicaid due to a disability or visual impairment who want to receive services through the University of Utah School of Dentistry may do so, regardless of the dental plan they are enrolled in. The University of Utah will bill the state directly for these services.
 - For more information regarding U of U School of Dentistry services and locations call (801) 587-6453
- Dental services received from an Indian Health Services provider will continue to be billed directly to Medicaid regardless of the member's dental plan.

Becoming a Network Provider for a Medicaid Dental Plan

- Dental providers who wish to provide care to Medicaid members eligible for dental services are encouraged to enroll as a network provider in one or both dental plans by contacting provider relations at the following:
 - MCNA Dental – (844) 353-6262
 - Premier Access – (888) 620-2447
- Based on federal regulation, all providers must also be enrolled directly with Utah Medicaid. For more information on Utah Medicaid provider enrollment,
 - Call 1-800-662-9651 (option 3 then 4); or
 - Visit <https://medicaid.utah.gov/become-medicaid-provider>

Verifying Medicaid Eligibility and Member Plan Enrollment

- To verify if your patient is currently Medicaid-eligible and what dental plan your patient is enrolled in,
 - Visit <https://medicaid.utah.gov/eligibility>; or
 - Call 1-800-662-9651