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#### **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

## 20-22 Find a Provider Directory

In compliance with the 21<sup>st</sup> Century Cures Act, Utah Medicaid hopes to release an online provider directory tool called the Find a Provider Directory. The purpose of the Find a Provider Directory is to help Medicaid and CHIP members find different providers, specialists, and clinics. More details to follow soon.

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## 20-23 Updates to PRISM System on June 29, 2020

**Changes to the PRISM Provider Enrollment system are coming on June 29, 2020. Much of the system will remain the same, however, there will be changes which include:**

- Changes to the business process wizard steps that guide providers in the enrollment process. Providers will see changes to the sequence of steps and types of questions asked.
- The auto generation of letters to providers when it is time to complete the revalidation/re-credential process and prior to a provider's professional license expiring.
- Changes to the re-enrollment process for providers. Providers will need to contact the Provider Enrollment Team for additional guidance.
- Providers will need to upload their documents in PRISM. Providers will not have the option to fax documents to Provider Enrollment.

### **May 14, 2020: Freeze Date for New Medicaid Provider Enrollment Applications and Modifications**

In preparation for the **June 29, 2020** update to the Provider Enrollment component of PRISM, the system will be unavailable between **May 14** and **June 28, 2020**. Medicaid is unable to accept any new provider enrollment applications or modifications during this period. **Beginning June 29**, providers will be able to enter new enrollment applications and submit modifications to PRISM online at: <https://medicaid.utah.gov/become-medicaid-provider/>.

If you have questions, please contact the Provider Enrollment Team at 1-800-662-9651. Press option 3, then option 4.

### **Providers can prepare for the PRISM updates by completing the following steps:**

Even if you are able to log into the current PRISM system and feel that your information is up-to-date, the following steps will still apply:

#### **1. Keep your information up to date in PRISM.**

Keeping your information updated in PRISM helps ensure that we send important information to you at the right provider address. It will also ensure that the PRISM system has the correct license expiration date so that it does not auto close your provider enrollment.

Unless otherwise noted, all changes take effect on April 1, 2020

**2. If you have not used the current PRISM system, log in!**

Those providers who have not used the current PRISM system received a letter from Medicaid giving instruction on how to log into the PRISM system. Logging in, reviewing, and updating your data will help for a smoother transition to the updated system coming on June 29, 2020.

**3. Read and stay current on information about PRISM updates.**

We will continue to share information about these updates through the Medicaid Information Bulletin and through the Medicaid PRISM website at <https://medicaid.utah.gov/prism/>.

**4. Make time to go over PRISM trainings for providers.**

At go-live, provider web-based trainings will be replaced with updated trainings to reflect the changes. It will guide providers through the updated system. Go to <https://medicaid.utah.gov/prism-provider-training/> and bookmark this training page.

**5. Check your web browsers.**

PRISM is accessible through certain web browsers only. To ensure system security, the following are the **minimum** web browser and OS requirements for PRISM to work adequately.

- Chrome – Latest Version - Recommended
- Firefox – Latest Version
- Internet Explorer 11.x or greater

**\*\* Note: Safari will not be supported. Edge, Chrome on Linux, and Firefox on Linux is not officially supported. \*\***

- All browsers must support:
  - HTML 4.01+
  - Enable Cookies
  - Enable JavaScript

**6. Contact us by email at [PRISM@utah.gov](mailto:PRISM@utah.gov) if you have questions regarding the PRISM updates coming on June 29, 2020.****Emergency Enrollment or Change to Enrollment Due to COVID-19**

Prior to May 14, if you have an emergency enrollment or change request please contact the Provider Enrollment Team at [providerenroll@utah.gov](mailto:providerenroll@utah.gov). Please put COVID-19 as the subject line. Your request should include provider name, NPI, a detailed statement regarding the emergency request, and call-back information. You will be contacted by a Provider Enrollment Team member with additional instructions.

If you have an emergency enrollment or change between May 14 and June 29, email [debiwalker@utah.gov](mailto:debiwalker@utah.gov) or [sdmoore@utah.gov](mailto:sdmoore@utah.gov) for instructions during the dates above.

For the duration of the national emergency, Utah Medicaid has taken the following actions as allowed by the Utah 1135 Waiver:

Unless otherwise noted, all changes take effect on April 1, 2020

- The following requirements are temporarily waived:
  - Application fees pursuant to 42 CFR §455.460;
  - Criminal background checks associated with fingerprint-based Criminal Background Checks pursuant to 42 C.F.R §455.434;
  - Site visits pursuant to 42 C.F.R §455.432;
  - Screening levels pursuant to 42 CFR §424.518;
  - In-state/territory licensure requirements 42 C.F.R §455.412;
  - Disclosures and disclosure statements pursuant to 42 CFR §455.104
  
- **Revalidation/Re-credentialing** – Utah Medicaid will temporarily cease the revalidation of and waive provider renewal requirements during this state of emergency.
  
- **Site visits** – Utah Medicaid will waive requirements for site visits designated as ‘moderate’ or ‘high’ categorical risks to the Medicaid program.
  
- **Out-of-state Providers** – Utah Medicaid will temporarily waive requirements that out-of-state providers be licensed in Utah when they are licensed by another state Medicaid agency or by Medicare. If a provider is enrolled with another state’s Medicaid program.

### Provider Payments in Alternative Settings

#### Is Utah Medicaid able to accommodate alternate settings due to COVID-19?

Utah Medicaid will allow providers to receive payments for services provided to Medicaid members in alternative physical settings, such as mobile testing sites, temporary shelters or other care facilities, including but not limited to, commandeered hotels, other places of temporary residence, and other facilities that are suitable for use as places of temporary residence or medical facilities as necessary for quarantining, isolating or treating individuals who test positive for COVID-19 or who have had a high-risk exposure.

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## 20-24 Provider Education Corner

Utah Medicaid is continuing to make substantial changes to the provider manuals. Medicaid is moving policy from the provider manuals to the appropriate Utah Administrative Rule within [R414, Health, Health Care Financing, Coverage and Reimbursement Policy](#). We anticipate this process to continue for several quarters.

The specific changes are detailed in the [Utah State Bulletin](#) as the changes go through the rule-making process. Providers are encouraged to become familiar with Administrative Rule in order to find Medicaid coverage policy for specific services.

Unless otherwise noted, all changes take effect on April 1, 2020

Specific coverage on CPT or HCPCS codes is found in the Utah Medicaid [Coverage and Reimbursement Code Lookup](#). The [Coverage and Reimbursement Code Lookup](#) allows providers to search for coverage and reimbursement information by procedure code, date of service, and provider type.

Information regarding modifiers can be found in the Utah Medicaid Provider Manual [Section I: General Information](#). Provider manuals and attachments may be found at [Utah Medicaid Official Publications](#).

Providers are encouraged to become familiar with the updated rules and manuals noting changes in the structure, formatting, and content of the manuals.

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## **20-25 Tables of Authorized Emergency Diagnoses**

The tables of authorized emergency inpatient diagnoses and authorized emergency department diagnoses are updated regularly. The current authorized diagnoses lists are available on the Medicaid website at [Utah Medicaid Table of Authorized Emergency Department Diagnoses](#).

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## **20-26 Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT)**

The Utah Medicaid CHEC Program was renamed to align with the federally mandated Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. Effective January 1, 2019, the [CHEC Provider Manual](#) was renamed to [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) Provider Manual](#).

Medicaid will continue updating information referencing the CHEC program with EPSDT. These updates will occur over the next several quarters.

Specific coverage on CPT or HCPCS codes are found in the [Utah Medicaid Coverage and Reimbursement Code Lookup](#). The Coverage and Reimbursement Code Lookup allows providers to search for coverage and reimbursement information by procedure code, date of service, and provider type.

Providers are encouraged to become familiar with this manual.

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## **20-27 Billing Medicaid and Record Retention**

The following and additional information may be found in [Section I: General Information Provider Manual](#) and in the [Provider Agreement for Medicaid](#).

**Billing Medicaid**

Medicaid providers may only bill for services that are medically indicated and necessary for the member and either personally rendered or rendered incident to his professional service. The billed charge may not exceed the usual and customary rate billed to the general public, such as individual member accounts or third party payer accounts.

Utah Medicaid follows correct coding guidelines and are adopted as long as they are consistent with the application of Utah Medicaid policy.

**Unacceptable Billing Practices**

The use of any device or strategy that may have the effect of increasing the total amount claimed or paid for any service beyond the maximum allowable amount payable for such service is not allowed.

The following are examples of unacceptable billing practices:

- Duplicate billing or billing for services not provided
- Submitting claims for services or procedures that are components of a global procedure
- Submitting claims under an individual practitioner's provider number for services performed by the practitioner as an employee of or on behalf of a group practice or clinic when the service has been billed under the group or clinic number
- Use of more intensive procedure code than the medical record indicates or supports
- Separate charges for freight, postage, delivery, installation, set-up, instruction, fitting, adjustment, measurement, facility visits, or transportation since these services are considered to be all-inclusive in a provider's charge unless otherwise specified, e.g., shipping cost for hearing aid repair

**Record Keeping and Disclosure**

Medicaid providers must comply with all disclosure requirements in 42 CFR §455, Subpart B, such as those concerning practice ownership and control, business transactions, and persons convicted of fraud or other crimes. A provider must also disclose fully to Utah Medicaid information about the services furnished to Medicaid members, as circumstances may warrant.

Every provider must comply with the following rules regarding records:

- Maintain for a minimum of five years all records necessary to document and disclose fully the extent of all services provided to Medicaid members and billed, charged, or reported to the State under Utah's Medicaid Program
- Promptly disclose or furnish all information regarding any payment claimed for providing Medicaid services upon request by the State and its designees, including the Office of Inspector General (OIG) and the Medicaid Fraud Control Unit, or the Secretary of the United States Department of Health and Human Services
  - This includes any information or records necessary to ascertain, disclose, or substantiate all actual income received or expenses incurred in providing services

Unless otherwise noted, all changes take effect on April 1, 2020

- In addition, all providers must comply with the disclosure requirements specified in 42 CFR, Part 455, Subpart B as applicable, except for individual practitioners or groups of practitioners (a copy of these requirements will be furnished upon request)
  - Allow for reasonable inspection and audit of financial or member records for non-Medicaid members to the extent necessary to verify usual and customary expenses and charges
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## 20-28 Policy, Rules, and Regulations

Providers must be aware of and comply with policies and procedures in the provider manuals and MIBs in effect when the service was rendered. Providers have agreed to comply with all appropriate and applicable state and federal rules and regulations per the Provider Agreement. Additional information may be found in [Section I: General Information](#), Chapter 3-1.2 Provider Agreement.

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## 20-29 Emergency Services Program for Non-Citizens (EOP)

The Emergency Services Program for Non-Citizens (EOP) has been updated. Effective February 1, 2020, outpatient hemodialysis services, in a dialysis center, will be covered for individuals that meet the following criteria:

- Eligible for EOP
- Have a diagnosis of End-Stage Renal Disease (ESRD)
- Have had a qualifying event through an emergency department or inpatient hospitalization
  - A qualifying event means any individual who seeks immediate medical attention for an emergency medical condition that results in the diagnosis and treatment of ESRD with dialysis and meets the requirements of [42 CFR 440.255\(c\)](#)

Dialysis centers may verify eligibility using the [Eligibility Lookup Tool](#). If an individual is not identified as clinically eligible, in the “Special Instructions” area of the Eligibility Lookup Tool, providers may call the Bureau of Healthcare Policy and Authorizations at (801) 538-6094 and request to speak to a nurse reviewer. Providers are reminded to verify eligibility prior to rendering services, as outlined in Chapter 6-1 “Verifying Medicaid Eligibility” of the [Section I: General Information Provider Manual](#).

This service does not include clinical follow up appointments or ongoing care that does not fall within the composite rate for outpatient dialysis centers. The [Pharmacy Services](#) Manual delineates service coverage within the composite rate. At-home or peritoneal dialysis are not covered at this time for this population.

General information regarding EOP is found in Chapter 8-2.11 “Emergency Services Program for Non-Citizens” of the Section I: General Information Provider Manual as well as a link to the attachment document, “Provider

Unless otherwise noted, all changes take effect on April 1, 2020

Instructions for EOP Dialysis Coverage.” Related policy is found in Utah Administrative Code R414-518 Emergency Services Program for Non-Citizens.

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## 20-30 Code Updates

Please note that **coverage for porcelain and porcelain-to-metal crowns is authorized for eligible Aged Medicaid Members and eligible Targeted Adult Medicaid members who are undergoing Substance Use Disorder (SUD) treatment.** The open codes are as follows:

- D2740 – crown – porcelain/ceramic
- D6740 – retainer crown – porcelain/ceramic
- D2752 – crown – porcelain fused to noble metal
- D6752 – retainer crown – porcelain fused to noble metal

Please note that effective March 15, 2020, prior authorization has been removed from the following codes:

- 73721 Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material
  - 73722 Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; with contrast material(s)
  - 73723 Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
- 

## 20-31 Pharmacy Program Updates

### Gabapentin / Pregabalin Pharmacy Point of Sale Edits

In December 2019, the FDA issued a safety warning, noting that serious breathing difficulties may occur when gabapentin or pregabalin are combined with opioid and other drugs that depress the central nervous system.<sup>1</sup> High dose of gabapentin or pregabalin has not shown any additional benefits and are associated with an increase in side effects and abuse potential.<sup>2,3,4</sup> The Drug Utilization Review Board reviewed safety and misuse/abuse potential of gabapentin and pregabalin during the January 2020 meeting. To promote best practice and safety standards that align with the Food and Drug Administration (FDA) labeling, Utah Medicaid will set prospective drug utilization review quantity limits for gabapentin at 3,600 mg/day and pregabalin at 600 mg/day effective April 1, 2020.<sup>3,4</sup> In addition, concurrent use of gabapentin and pregabalin will not be permitted. Claims processed through the point of sale system that exceeds established quantity limits or use standards will require a prior authorization. Retrospective Drug Utilization Review will identify members who are concurrently prescribed

Unless otherwise noted, all changes take effect on April 1, 2020

gabapentin or pregabalin with opioid pain medications and prescriber educational outreach interventions will be conducted.

#### References:

1. U.S. Food & Drug Administration. FDA warns about serious breathing problems with seizure and nerve pain medicines gabapentin (Neurontin, Gralise, Horizant) and pregabalin (Lyrica, Lyrica CR). December 2019. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-serious-breathing-problems-seizure-and-nerve-pain-medicines-gabapentin-neurontin>. Accessed January 22, 2020
2. Evoy, K.E., Morrison, M.D. & Saklad, S.R. Abuse and Misuse of Pregabalin and Gabapentin. *Drugs* 77, 403–426 (2017) doi:10.1007/s40265-017-0700-x. <https://www.ncbi.nlm.nih.gov/pubmed/28144823>. Accessed January 22, 2020
3. Lyrica package insert. Revised October 2017. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2018/021446s035,022488s013lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021446s035,022488s013lbl.pdf). Accessed January 22, 2020
4. Neurontin package insert. Revised May 2018. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2017/020235s064\\_020882s047\\_021129s046lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/020235s064_020882s047_021129s046lbl.pdf). Accessed January 22, 2020

### **Chronic Proton Pump Inhibitor Use**

Proton Pump Inhibitors (PPIs) have become one of the most commonly prescribed medications in the United States. PPIs are widely utilized, with or without a prescription, for the treatment of acid-related disorders. Some Food and Drug Administration (FDA) approved indications include: gastric/duodenal ulcers, Barrett's esophagus, treatment and prevention of nonsteroidal anti-inflammatory drug (NSAID) induced ulcers, Zollinger-Ellison syndrome, gastroesophageal reflux disease (GERD), etc.<sup>1</sup> Although these highly efficacious agents have a low incidence of side effects for short term therapy, long-term medication use raises safety concerns.<sup>1</sup>

Over the years, the U.S. Food and Drug Administration has released multiple safety alerts:

- 2010- Possible increased risk of fractures of the hip, wrist, and spine with use of PPIs<sup>2</sup>
- 2011- Low magnesium levels can be associated with long-term use of PPIs<sup>3</sup>
- 2012- Clostridium difficile associated diarrhea can be associated with PPIs<sup>4</sup>

Other risks associated with long-term use may include, but not limited to, small intestine bacterial overgrowth and vitamin B deficiency. National Guidelines [American Gastroenterological Association (AGA) and American College of Gastroenterology (ACG)] advise that long-term PPI use should be periodically re-evaluated and the lowest effective dose should be utilized based upon indication.<sup>5,6</sup>

Abruptly discontinuing a PPI may cause rebound acid reflux. This rebound reflux is often mistaken for the continued PPI use that ultimately leads to overutilization.<sup>7</sup> To avoid this, gradually discontinue the PPI; a histamine-2 receptor blocker (H2RA) may be used to control GERD symptoms during the tapering process.<sup>7</sup>

Unless otherwise noted, all changes take effect on April 1, 2020

#### References:

1. O'Neill L W, Culpepper B L, and Galdo J A 2013 Long-term consequences of chronic proton pump inhibitor use US Pharmacist 38(12) 38–42 <https://www.medscape.com/viewarticle/820136>.
2. FDA Drug Safety Communication: Possible increased risk of fractures of the hip, wrist, and spine with the use of proton pump inhibitors. FDA. March 28, 2011. [www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm213206.htm](http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm213206.htm).
3. FDA Drug Safety Communication: Low magnesium levels can be associated with long-term use of proton pump inhibitor drugs (PPIs). FDA. March 14, 2011. [www.fda.gov/drugs/drugsafety/ucm245011.htm](http://www.fda.gov/drugs/drugsafety/ucm245011.htm).
4. FDA Drug Safety Communication: Clostridium difficile associated diarrhea can be associated with stomach acid drugs known as proton pump inhibitors (PPIs). FDA. March 14, 2011. <http://www.fda.gov/Drugs/DrugSafety/ucm290510.htm>.
5. Kahrilas, Peter J. et al. American Gastroenterological Association Medical Position Statement on the Management of Gastroesophageal Reflux Disease. *Gastroenterology*, Volume 135, Issue 4, 1383 - 1391.e5.
6. Katz, P. O., Gerson, L. B., & Vela, M. F. (2013). Guidelines for the diagnosis and management of gastroesophageal reflux disease. *American Journal of Gastroenterology*, 108(3), 308-328. <https://doi.org/10.1038/ajg.2012.444>.
7. Bundeff AW, Zaiken K. Impact of clinical pharmacists' recommendations on proton pump inhibitor taper protocol in an ambulatory care practice. *J Manag Care Pharm*. 2013;19(4):325-333.

### **Pharmacy and Therapeutics Committee**

The Pharmacy and Therapeutics (P&T) Committee reviewed Cystic Fibrosis Gene Therapies in March. Committee recommendations regarding updates to the preferred drug list (PDL) will go into effect with the July 2020 PDL. The P&T Committee will be discussing abortive therapies for migraines at the June P&T Committee meeting. Minutes for P&T Committee meetings can be found at <https://medicaid.utah.gov/pharmacy/pt-committee>.

### **Refill Tolerance for Controlled Substances**

Effective April 1, 2020, Utah Medicaid will establish a refill tolerance of 85% for all controlled substances, including opioids. MME limits will still apply to opioid prescriptions.

### **UMAC Pharmacy Pricing Program**

The Utah Medicaid Pharmacy Program has contracted with Myers and Stauffer LLC, a national accounting firm, to assist in the development, implementation, and maintenance of Utah Maximum Allowable Cost (UMAC) rates to incorporate into the ingredient reimbursement calculation. New UMAC rates will be published and effective on May 1, 2020.

## **Drug Utilization Review**

The Drug Utilization Review (DUR) Board met in January to review abuse and misuse of gabapentin and pregabalin. Safety edits were established and are planned to be implemented at the pharmacy point of sale later this year. For additional information, please review the sub-heading titled “Gabapentin / Pregabalin Pharmacy Point of Sale Edits” in this MIB or see meeting minutes that can be found at <https://medicaid.utah.gov/pharmacy/drug-utilization-review-board>.

In February, the DUR Board reviewed safety and appropriate medication use for Attention-deficit/hyperactivity disorder (ADHD) in children. After deliberation, the following safety edits will be implemented. One, quantity limits aligning with the maximum recommended dose from the FDA approved pharmaceutical package insert or literature based. Second, the following will require a prior authorization: use of cross-class utilization of an agent from the amphetamine drug class concomitantly with an agent from the methylphenidate drug class or vice versa for more than 30 days of continuous use, use of 3 or more stimulants, or stimulant use for patients under the age of 4. Additionally, medication refill tolerance was discussed. For more information, see above header “Refill Tolerance for Controlled Substances”.

In March, the DUR Board reviewed safety edits, abuse and misuse of ADHD medication in adults. Meeting minutes will be posted on the Utah Medicaid website and can be found after the scheduled meetings at <https://medicaid.utah.gov/pharmacy/drug-utilization-review-board>.

In April, the DUR Board will review opioid use disorder medications (use in pregnancy, safety edits establishing quantity limits, and co-prescribing with opioids). In May, the DUR Board plans to review the new oral glucagon-like peptide-1 agonist, Rybelsus, for type-2 diabetes.

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## **20-32 Dental, Oral Maxillofacial and Orthodontia Services**

Effective March 1, 2020, Utah Administrative Code R414-49 and the Dental, Oral Maxillofacial and Orthodontia Manual are updated to expand dental services to specified Medicaid members. Providers are encouraged to become familiar with the updates noting:

- As a result of Senate Bill 11 Medicaid Dental Coverage Amendments passing in the January 2019 General Legislative Session and approval of Utah’s 1115 Demonstration Waiver changes to dental services will occur as follows:
  - o Expand Medicaid dental coverage to Medicaid members age 65 and older receiving Aged Medicaid. The dental services that eligible members may receive are traditional Medicaid dental coverage, such as:
    - Examinations and x-rays
    - Cleanings
    - Fillings and other restorations

Unless otherwise noted, all changes take effect on April 1, 2020

- Root canals on most teeth
- Dentures and partial dentures
- Extractions
- Provide coverage for porcelain and porcelain-to-metal crowns to eligible Aged Medicaid Members and eligible Targeted Adult Medicaid members who are undergoing Substance Use Disorder (SUD) treatment opening the following codes to eligible members:
  - D2740 – crown – porcelain/ceramic
  - D6740 – retainer crown – porcelain/ceramic
  - D2752 – crown – porcelain fused to noble metal
  - D6752 – retainer crown – porcelain fused to noble metal
- Dental services for Aged Medicaid and Targeted Adult Medicaid members shall be provided through the University of Utah School of Dentistry and their associated statewide network. Aged members who are categorized as Blind and Disabled shall receive crown services through the University of Utah, and may otherwise receive all other dental benefits from any eligible Medicaid enrolled provider. For questions regarding provider network access, please contact the University of Utah School of Dentistry at (801) 587-7174.
- Additional information can be found at [medicaid.utah.gov/dental-coverage-and-plans/](https://medicaid.utah.gov/dental-coverage-and-plans/).
- If a member does not have access to transportation for dental and medical visits, they may qualify for Non-Emergency Medical Transportation (NEMT). For information regarding NEMT, members may contact a Department of Workforce Services eligibility worker at (866) 435-7414.
- Interpretive services are available to members. Please call (866) 608-9422 if you have any questions.

Specific code coverage is found in the [Utah Medicaid Coverage and Reimbursement Code Lookup](#).

### **20-33 Alcohol and Drug Centers (Provider Type 50) and Mental Health Centers/Entities (Provider Type 56) Requirement to Enroll and Affiliate Servicing Providers**

As Utah Medicaid continues to update and prepare for the 2020 PRISM provider enrollment go-live date, it is necessary for organizations enrolled as a Provider Type 50 and/or Provider Type 56 to enroll and affiliate their servicing providers. Enrollment of servicing providers, updates to their enrollment, and affiliating them with your organization should be done as soon as possible to prevent any delays or issues with future payments.

Letters were recently mailed to all Provider Type 50 and Provider Type 56 organizations notifying them that servicing providers must be enrolled and affiliated to the organization. If your organization did not receive the letter, please contact Sarah Miles at (801) 538-6012 or Karen Ford at (801) 538-6637 if you would like a copy.

Unless otherwise noted, all changes take effect on April 1, 2020

If you have questions or need assistance with the enrollment or affiliation processes, contact Medicaid Provider Enrollment at 1-800-662-9651 (option 3, then option 4).

Later in 2020, Medicaid will implement an edit to deny fee for service claims if the servicing provider is not an enrolled Medicaid provider or is not affiliated to the PT 50 or PT 56 submitting the claim. Providers will be notified of the implementation date for the edit prior to implementation.

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## **20-34      Rehabilitative Mental Health and Substance Use Disorder Services Provider Manual Updated**

The *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services* has been updated for April.

Throughout the manual, the name of the 1115 Waiver has been updated from the 1115 Primary Care Network Demonstration Waiver to the 1115 Demonstration Waiver.

In Chapter 1-2, *Definitions*, the definitions for Non-Traditional Medicaid and Traditional Medicaid have been removed, as these terms are no longer used in the manual.

In Chapter 1-3, *Medicaid Behavioral Health Service Delivery System*, the two tables contained in this section have been labeled for clarification, and Table 2 has been revised slightly for clarification. Also, duplicative information on Adult Expansion Medicaid members has been consolidated.

Under the 'Limits' section in Chapter 2-13, *Substance Use Disorder (SUD) Treatment in Licensed SUD Residential Treatment Programs (ASAM Levels 3.1, 3.3, 3.5, 3.7)*, limits #9 and #11 have been removed. The correct policy is contained in the section below titled, Prior Authorization for 30-Day and 60-Day Periods.

Under the 'Limits' section in Chapter 2-16, *Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM)*, the second limitation has been removed as this service has also been available to Medicaid members regardless of county of residence.

Effective January 1, 2020, the 1115 Demonstration Waiver authorized 'Additional Services' otherwise known as "b3 Services" for Medicaid members eligible for Medicaid under this waiver and enrolled in the Prepaid Mental Health Plan or in Integrated Care Plans. In Chapter 3, the name of the chapter and the content have been updated to reflect this.

In Chapter 5, *Prior Authorization Policies and Procedures for Licensed Substance Use Disorder Residential Treatment Programs*, in the 'Initial Non-Clinical PA Request' section, #3 has been clarified. In the 'Clinical PA Request' section, #4 has been clarified.

## 20-35 Rate Updates for the Aging and New Choices Waivers

CMS has approved rate increases retroactively back to July 1, 2019, for several Aging and New Choices Waiver services.

The rate increases for the Aging Waiver are for the following services: Personal Attendant Services (S5125), Homemaker (S5130), Adult Companion (S5135), Unskilled Respite (S5150), Skilled Respite (T1005), Personal Attendant Services, Agency (T1019), and Supportive Maintenance Home Health Aide (T1021).

The rate increases for the New Choices Waiver are the following services: Attendant Care Services (S5125), Homemaker Services (S5130), Respite Care Services (S5150), and Supportive Maintenance Services (T1021).

Providers who would like to seek increased reimbursement for claims that were previously sent with dates of service on or after July 1, 2019, will need to submit corrected claims. The corrected claims will need to include an update to the 'submitted charge'. Corrected claims will need to be submitted prior to one year from the date of service in order to be considered for the additional reimbursement.

The New Choices Waiver rates can be found on the Medicaid for Long-Term Care and Waiver Programs website by selecting the appropriate waiver program: <https://medicaid.utah.gov/ltc/>. Contact the local Area Agency on Aging (AAA) office for the Aging Waiver rates. The Aging Waiver rates will also be added to the Medicaid for Long-Term Care and Waiver Programs website soon.

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## 20-36 New Choices Waiver Provider Manual Updated

The New Choices Waiver Provider Manual has been updated. Providers are encouraged to become familiar with the following updates:

- Updated website addresses throughout.
- Bureau of Authorization and Community Based Services (BACBS) replaced with Bureau of Long Term Services and Supports (BLTSS).
- Updates to the assisted living pathway application process in Section 3-3:
  - Individuals applying from licensed assisted living or small health care (Type N) facilities are not required to have Medicaid financial eligibility in place at the time of application to the NCW program, but the NCW program office will verify that a Medicaid financial eligibility application has been submitted to DWS within 30 days of the level of care assessment performed by the case management agency. Individuals must establish financial eligibility for Medicaid within 180 days following the first level of care assessment performed by a case

Unless otherwise noted, all changes take effect on April 1, 2020

management agency. If either of the above requirements are not met within the specified time frames, the application will be denied and hearing rights provided.

- If any of the applicants selected to be processed further in the July and November open application periods are determined ineligible for enrollment or withdraw their application, these slots may be filled from the pool of applications received from individuals residing in licensed assisted living facilities and small health care (Type N) facilities during the final open application period in the current fiscal year, March 1-14.
- Addition of requirement in Section 5-1 that new providers be compliant with the HCBS Settings Rule:
  - Any setting in which services were not being provided under an approved state plan, waiver or demonstration as of March 1, 2014, must be in compliance with regulations for the HCBS Settings Rule by the effective date of the program (the time the state submits a claim for Federal HCBS reimbursement).
- Clarification Section 5-2, Section 6, and Section 7-1 to include the scope of services authorized:
  - Case management agencies may be held financially responsible for issuing a service authorization form to a provider that does not match the HCPCS code, service scope, start and end date, number of service units, frequency of service, and/or provider name listed on an individual's approved care plan with an end date of July 1, 2019, or later.
- Addition of Section 5-5 addressing Provider Non-Compliance, Contract Termination, Corrective Action Plans, and Assurance of Freedom of Choice.