

Medicaid Information Bulletin

Interim February 2020

Medicaid Information: 1-800-662-9651 | www.medicaid.utah.gov

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20-19 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 who 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 services are not covered at this time for this population.

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

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

20-20 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
 - Root canals on most teeth
 - Dentures and partial dentures
 - Extractions
 - o 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. The following codes will be open 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, 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://www.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 questions.

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

20-21 Pharmacy Programs Updates

UMAC Pharmacy Pricing Program

The Utah Medicaid Pharmacy Program has contracted with Myers and Stauffer LC, 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 April 1, 2020.

UMAC Pharmacy Pricing Program Webinar Training

In conjunction with the UMAC implementation effective April 1, 2020, Myers and Stauffer LC will offer a webinar to familiarize pharmacy providers with the new program. This webinar will be offered on Monday, March 16, at 4:00 pm MT and again on Thursday, March 19, at 9:00 am MT. If you wish to participate in either of these webinars using the WebEx platform, please use the following:

- Monday, March 16, at 4:00 pm MT
 - WebEx Link: <https://mslc.webex.com/mslc/j.php?MTID=m9676051bfd4eb701d6a49338341696f1>
 - Meeting Number: 641 127 116
- Thursday, March 19, at 9:00 am MT
 - WebEx Link: <https://mslc.webex.com/mslc/j.php?MTID=m830e443d820d750063092aae23562696>
 - Meeting Number: 647 663 787

You may also listen to either webinar by calling (844) 740-1264 and entering the meeting numbers referenced above when prompted.

340B Pharmacy Claims

Covered entities participating in the 340B program must comply with all 340B program requirements (<https://www.hrsa.gov/opa/program-requirements/index.html>). 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. Medicaid excludes claims from drug rebate invoicing if the provider indicates on the claim that a 340B drug was dispensed.

For medications purchased through the 340B program, Medicaid claims must be submitted as follows:

- ❖ For point of sale claims
 - claims must be submitted with the provider's 340B actual acquisition cost in the Ingredient Cost field
 - a value of "8" in the Basis of Cost field
 - and a value of "20" in the Submission Clarification Code field
- ❖ For provider administered claims
 - claims must be submitted with the provider's 340B actual acquisition cost in the Ingredient Cost field and
 - the "UD" modifier after the HCPCS code on each claim line
- ❖ For provider administered Medicare crossover claims
 - claims must be submitted with the provider's 340B actual acquisition cost in the Ingredient Cost field and
 - a "JG" or "TB" modifier after the HCPCS code on each claim line

Claims submitted without the provider's 340B actual acquisition cost in the Ingredient Cost field and appropriate modifiers on the claim indicate that the covered entity purchased the medication outside the 340B program. Accordingly, Utah Medicaid will pursue the federal Medicaid drug rebate and, as appropriate, supplemental rebate on those claims.

340B program compliance rests entirely on the covered entity. 340B-covered entities can be sanctioned for causing duplicate discounts or drug diversion (42 U.S.C. § 256B).

Each 340B-covered entity should carefully review its claims to ensure the indicators and actual acquisition costs were correctly billed. A covered entity identifying 340B claims that were billed inappropriately should resubmit claims to Medicaid to correct the 340B indicator(s) or correct the actual acquisition cost submitted within timely filing.

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.

See Utah [MIB article 18-102 from November 2018](#) and other previous MIB articles on the subject for more information.

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

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