UTAH DEPARTMENT OF HEALTH MEDICAID

DIVISION OF MEDICAID & HEALTH FINANCING

2020 Statewide Provider Training

Agenda

UTAH DEPARTMENT OF HEALTH MEDICAID

- PRISM
- Provider Enrollment
- Medicaid
  - Plans
  - Benefits
  - Claims
  - Billing
  - Hearings
- Prior Authorization
- Pharmacy Benefits
- Utah Office of Inspector General

Division of Medicaid and Health Financing

UTAH DEPARTMENT OF HEALTH MEDICAID

The Utah Department of Health (UDOH) is designated by the Centers for Medicare and Medicaid Services (CMS) as the "Single State Agency" to administer and supervise the administration of the State's Medicaid program.

The Division of Medicaid and Health Financing (DMHF), within the Department, is responsible for implementing, organizing, and maintaining the Medicaid program and the Children's Health Insurance Program (CHIP).

6 Bureaus:

> Medicaid Operations Support

> Managed Health Care

> Healthcare Policy & Authorization

> Long Term Services and

> Eligibility Policy

> Financial Services

UTAH DEPARTMENT OF HEALTH MEDICAID

PRISM
Provider Reimbursement Information System for Medicaid

Utah PRISM Project

PRISM Project Overview

UTAH DEPARTMENT OF HEALTH MEDICAID

- Utah Medicaid is replacing the Utah Medicaid Management Information System (MMIS)
- The new system is called **PRISM**, which is the Provider Reimbursement Information System for Medicaid
- The Provider Enrollment web based system of PRISM was implemented in July 2016 with changes implemented June 29, 2020
- PRISM is a multi-year project, continuing through the end of 2022

PRISM
Provider Reimbursement Information System for Medicaid

PRISM Provider Enrollment

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- Providers have been using the existing PRISM system since July 2016
  - New enrollments
    - 10,000 + newly enrolled providers in PRISM since July 2016
  - Modifying enrollment information
  - Revalidation (re-credential) of their enrollment
  - Applying for Medicaid Promoting Interoperability (Meaningful Use) incentive payments

PRISM
Provider Reimbursement Information System for Medicaid

PRISM Provider Enrollment Changes in June 29, 2020

UTAH DEPARTMENT OF HEALTH MEDICAID

- Provider Enrollment changes implemented on June 29, 2020 include:
  - Initial log-in process
  - Re-enrollment process
  - Updated enrollment types and enrollments steps
  - Auto generated reminder and closure notices to providers
    - Revalidation
    - License expiration
- PRISM website has a list of frequently asked questions (FAQs) related to the changes implemented on June 29, 2020

  https://medicaid.utah.gov/prism-faq

PRISM
Provider Reimbursement Information System for Medicaid

Providers Currently Using PRISM

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- Current Medicaid Providers:
  - In June 2020, providers were sent a letter with instructions for:
    - accessing PRISM
    - validating enrollment information and making necessary changes
- Claims will continue to be paid out of the Legacy MMIS System until the beginning of 2022

PRISM
Provider Reimbursement Information System for Medicaid

Communication and Training

UTAH DEPARTMENT OF HEALTH MEDICAID

- To learn more about the changes implemented in June 2020 to PRISM's Provider Enrollment
  - Read the quarterly Medicaid Information Bulletin (MIB) articles regarding PRISM
  - Check the PRISM website for updates regarding the upcoming changes: https://medicaid.utah.gov/prism
- eLearning courses are available for Providers
  - Courses give step by step instructions
  - eLearning courses are located on the Medicaid website: https://medicaid.utah.gov/prism-provider-training
  - Frequently asked questions are available at: https://medicaid.utah.gov/prism-faq

PRISM
Provider Reimbursement Information System for Medicaid

PRISM Project Timeline

UTAH DEPARTMENT OF HEALTH MEDICAID

- The core components of PRISM scheduled to be implemented in early 2022 include:
  - Managed Care Processes
  - Prior Authorization
  - Member Eligibility
  - Claims Adjudication
  - Claims Payments
- The last major component of PRISM is scheduled to be implemented at the end of 2022, which will include:
  - Member Web Portal
  - Audit Studio (Fraud and Abuse System)

PRISM
Provider Reimbursement Information System for Medicaid

UTAH DEPARTMENT OF HEALTH MEDICAID

DIVISION OF MEDICAID & HEALTH FINANCING

Provider Enrollment

New Enrollment

UTAH DEPARTMENT OF HEALTH MEDICAID

- The updated version of PRISM went live June 29, 2020.
- You will need to have the NPI, SSN/FEIN, date of birth, licenses, and ownership information ready for each new application
- An application can be started by visiting our website: https://medicaid.utah.gov
- Click on the 'Health Care Providers' box
  - Click on the first link titled 'Become a Medicaid Provider'
- A Utah ID will be required to start a new application
  - To obtain a Utah ID visit login.utah.gov

New Enrollment

UTAH DEPARTMENT OF HEALTH MEDICAID

- Choose the enrollment type that is appropriate for the provider
  - If your NPI is for an individual, please be sure to select Individual/Sole Proprietor
  - Group Practice and Facility/Agency/Organization will need a group NPI with a Tax ID to enroll
- A page will appear asking for the name of the provider, Tax ID, Provider Requested Effective Date, etc. All fields marked with an asterisk need to be completed. **Always maximize the windows that pop up.**
  - An Individual/Sole Proprietor will need to choose an applicant type.
    - If billing as part of a group choose Rendering/Servicing only
    - If billing with your own Tax ID, without a group choose Individual/Sole Proprietor
    - If the provider will only be writing prescriptions and referring choose Ordering, Referring, and Prescribing
    - Unlicensed Mental Health providers that are supervised choose Student and other Unlicensed providers
    - Providers that will only be billing Medicare crossover claims will choose QMB only.

New Enrollment

UTAH DEPARTMENT OF HEALTH MEDICAID

- Enter the address on line one and then enter the zip code. Click the ‘Validate Address” button.
- Once all of the information is entered, press the ‘Finish’ button (For enrollment types: Individual, Group, Facility/Agency/Organization) in the lower right corner of the screen. (Use FAO if you are an IHS facility.

New Enrollment

UTAH DEPARTMENT OF HEALTH MEDICAID

- Complete all required steps
  - The “Billing Providers” step is optional
  - If your provider practices as part of a group, you will need to add the group NPI to the Billing Providers step
- Every new application will need a Provider Agreement and Provider User Access Agreement
  - The forms can be obtained here: https://medicaid.utah.gov/utah-medicaid-forms
- If the application is not submitted within 60 days of the day it was started, it will be purged from the system
  - At this point the provider will need to start over again

Re-Validating

UTAH DEPARTMENT OF HEALTH MEDICAID

- All providers are required to re-validate every 3-5 years depending on their risk level with CMS
- Utah follows CMS guidelines for re-validation
- Revalidation is done through the PRISM system
- Letters will be generated 90 days prior to re-validation cycle date
  - Providers can view their revalidation cycle on the basic information screen

Retroactive Enrollment

UTAH DEPARTMENT OF HEALTH MEDICAID

- Providers enrolling in Utah Medicaid will receive the date their application is correctly and completely submitted as their effective date
- A backdate can be requested for extenuating circumstances
  - As part of the enrollment checklist, you can request a retroactive enrollment date
  - You will also be required to submit the request to: providerenroll@utah.gov
  - The email must include the requested begin date, provider's NPI, and a detailed justification of why the request is needed

PRISM Troubleshooting

UTAH DEPARTMENT OF HEALTH MEDICAID

- **Question:** I need to update my EDI and provider information. How do I log into PRISM?
- **Answer:** If the provider validated in the earlier version of PRISM, a validation letter is not required. If the provider did not validate in the earlier version of PRISM, a one time validation letter is required to log into PRISM. You can request a copy of the one time validation letter by emailing providerenroll@utah.gov or calling 1-800-662-9651, press option 3 and then option 4
- In order to complete the validation process, all steps that are marked as required and optional inside the Business Process Wizard, need to be updated

PRISM Troubleshooting

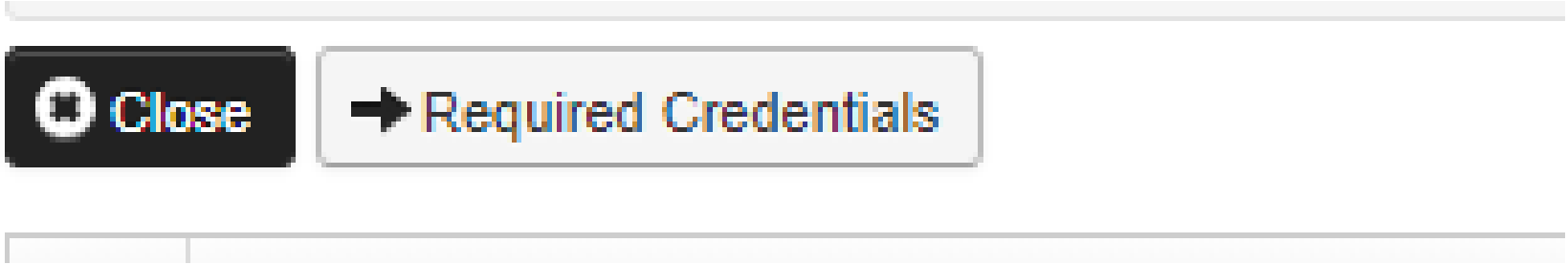
UTAH DEPARTMENT OF HEALTH MEDICAID

- **Question:** I can't get the Upload Documents step to complete. What am I missing?
- **Answer:** All new validations require a Provider Agreement and Provider User Access Agreement. You can find a list of the required documents that need to be uploaded.
  - Click on the 'required credentials' button within the 'Upload Documents' step.

PRISM Troubleshooting

UTAH DEPARTMENT OF HEALTH MEDICAID

- At the top of the page there is a ‘Required Credential’ button. Click the button to see what is required.



PRISM Troubleshooting

UTAH DEPARTMENT OF HEALTH MEDICAID

Step 4: Provider Controlling Interest/Ownership details

You will be required to define the relationship between each owner(s) and managing employee(s) (excluding corporations).

- If relationships are not set, an error message will show up under Step Remark on the BPW page. To add a relationship, click on “Step 4: Provider Controlling Interest/Ownership Details”.
- If the owner(s)/managing employee(s) are not related, please choose none.

PRISM Troubleshooting

UTAH DEPARTMENT OF HEALTH MEDICAID

All owners and managing employees will be required to complete the Final Adverse Legal Actions/Convictions Disclosure. The link is located at the bottom of each user's entry. This must be updated anytime a change is made to the ownership page.

Final Adverse Legal Actions/Convictions Disclosure

Question	Answer
Click the link "Final Adverse Legal Actions/Convictions Disclosure" to read and answer the disclosure.	Not Completed

PRISM Troubleshooting

UTAH DEPARTMENT OF HEALTH MEDICAID

Multiple Bank Accounts/Multiple Locations

- If a facility has multiple locations under the same NPI and need to split payments between 2 or more bank accounts, they will need to submit a separate enrollment with a different NPI.

UTAH DEPARTMENT OF HEALTH MEDICAID

DIVISION OF MEDICAID & HEALTH FINANCING

Medicaid

Traditional Medicaid Benefits

UTAH DEPARTMENT OF HEALTH MEDICAID

Members eligible for Traditional Medicaid include:

- Children (0-18)
- Foster Care and Subsidized Adoption (all ages)
- Members who are pregnant
- Aged Adults (65 and older)
- Blind or Disabled (all ages)
- Members eligible under the Cancer Program

Non-Traditional Medicaid Benefits

UTAH DEPARTMENT OF HEALTH MEDICAID

Members eligible for Non-Traditional Medicaid include:

- Adults on Family Medicaid programs (with dependent children)
- Adult caretaker relatives on Family Medicaid
- Adults with dependent children on Adult Expansion Medicaid, ages 21-64

Targeted Adult Medicaid (TAM)

UTAH DEPARTMENT OF HEALTH MEDICAID

On November 1, 2017, CMS approved the program to provide Medicaid coverage for adults without dependent children earning up to 5% of the federal poverty level (FPL) who meet one of the three criteria below:

- Chronically homeless - defined as an individual who has a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, or chronic illness or disability, who:
  - has been homeless for at least 12 months, or on at least 4 different occasions totaling at least 12 months in the last 3 years; or
  - has been homeless for 6 months within a 12-month period, or;
  - is a victim of domestic violence and is homeless; or
  - is currently living in supportive housing and has met one of the above.

Targeted Adult Medicaid (TAM)

UTAH DEPARTMENT OF HEALTH MEDICAID

Involved in the justice system and in need of substance use disorder or mental health treatment, defined as an individual who:

- is involved with a drug or mental health court; or
- is courted ordered to receive substance abuse or mental health treatment through a district or tribal court; or
- has complied with substantially completing a substance use disorder treatment program while incarcerated; or
- was discharged from the State Hospital and was admitted to a civil unit in connection with a criminal charge; or
- is on probation or parole with a serious mental illness or substance use disorder.

Targeted Adult Medicaid (TAM)

UTAH DEPARTMENT OF HEALTH MEDICAID

In need of substance use disorder or mental health treatment, defined as an individual who:

- is discharged from the State Hospital due to a civil commitment; or
- is currently receiving General Assistance from DWS and has been diagnosed with a substance use or serious mental health disorder.

Targeted Adult Medicaid (TAM) Dental Benefits

UTAH DEPARTMENT OF HEALTH MEDICAID

- Dental services are available to eligible Targeted Adult Medicaid (TAM) members who are actively receiving treatment in a substance abuse treatment program
- TAM clients ages 19-20 are eligible for EPSDT dental benefits regardless of SUD treatment status as of 1/1/2020
- Services include porcelain and porcelain-to-metal dental crowns
- Services must be received through the University of Utah School of Dentistry Network
- Program coverage and limitations are found in Utah Administrative Rule R414-49, Utah Medicaid Provider Manual: Dental, Oral Maxillofacial, and Orthodontia Services, and the Utah Medicaid Coverage and Reimbursement Code Lookup

Blind and Disabled Dental Benefits

UTAH DEPARTMENT OF HEALTH MEDICAID

- Dental services are available to adults who are eligible for Medicaid due to a disability or visual impairment
- These members may be enrolled in a dental plan and may choose to receive their dental benefits through their dental plan or University of Utah School of Dentistry Network
- Blind and disabled members who are 65+ years old are eligible to receive porcelain and porcelain-to-metal dental crowns only through the University of Utah School of Dentistry and their statewide network of contracted dentists
- Program coverage and limitations are found in Utah Administrative Rule R414-49, Utah Medicaid Provider Manual: Dental, Oral Maxillofacial, and Orthodontia Services, and the Utah Medicaid Coverage and Reimbursement Code Lookup

Aged Dental Benefits

UTAH DEPARTMENT OF HEALTH MEDICAID

- Dental services are available to Medicaid eligible individuals age 65 and over
- Services include porcelain and porcelain-to-metal dental crowns
- Services must be received through the University of Utah School of Dentistry Network
- Program coverage and limitations are found in Utah Administrative Rule R414-49, Utah Medicaid Provider Manual: Dental, Oral Maxillofacial, and Orthodontia Services, and the Utah Medicaid Coverage and Reimbursement Code Lookup

Managed Care

UTAH DEPARTMENT OF HEALTH MEDICAID

Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid and CHIP managed care, provides for the delivery of health benefits and additional services through contracted arrangements between the Department of Health and Managed Care Entities (MCE).

Medicaid Managed Care Programs:

- ACO - Accountable Care Organizations (physical health)
- UMIC - Utah Medicaid Integrated Care (physical health and behavioral health)
  - New program, effective January 1, 2020
- HOME - Healthy Outcomes, Medical Excellence (physical health and behavioral health)
- Dental
- PMHP - Prepaid Mental Health Plans (Behavioral Health)

CHIP Managed Care Programs:

- MCO - Managed Care Organizations (physical health and behavioral health)
- Dental

Accountable Care Organization (ACO) County Update

UTAH DEPARTMENT OF HEALTH MEDICAID

- Effective January 1, 2020, the Steward Health Choice Medicaid ACO plan became available statewide to all voluntary and mandatory enrollment counties
- With this change, each of the four ACO plans is an option in every county in the state of Utah
- As a reminder, Medicaid members living in voluntary counties have the option to choose an available ACO health plan or use the Fee for Service Network, while those living in mandatory counties must choose an ACO health plan or they will be assigned to one
- An updated ACO plan chart by county, effective January 1, 2020, is listed in the table on the next slide

Accountable Care Organization (ACO) County Update

UTAH DEPARTMENT OF HEALTH MEDICAID

ACO Health Plans and Fee-for-Service

County	Health Choice Utah 1-877-358-8797 stewardhealthchoiceut.org	Healthy U 1-888-271-5870 uhealthplan.utah.edu	Molina 1-888-483-0760 molinahealthcare.com	SelectHealth Community Care 1-855-442-3234 selecthealth.org	Fee for Service (FFS) Network 1-866-608-9422 medicaid.utah.gov
Beaver	•	•	•	•	•
Box Elder	•	•	•	•	
Cache	•	•	•	•	
Carbon	•	•	•	•	•
Daggett	•	•	•	•	•
Davis	•	•	•	•	
Duchesne	•	•	•	•	•
Emery	•	•	•	•	•
Garfield	•	•	•	•	•
Grand	•	•	•	•	•
Iron	•	•	•	•	
Juab	•	•	•	•	•
Kane	•	•	•	•	•
Millard	•	•	•	•	•
Morgan	•	•	•	•	
Piute	•	•	•	•	•
Rich	•	•	•	•	
Salt Lake	•	•	•	•	
San Juan	•	•	•	•	•
Sanpete	•	•	•	•	•
Sevier	•	•	•	•	•
Summit	•	•	•	•	
Tooele	•	•	•	•	
Uintah	•	•	•	•	•
Utah	•	•	•	•	
Wasatch	•	•	•	•	
Washington	•	•	•	•	
Wayne	•	•	•	•	•
Weber	•	•	•	•	

Members living in purple-highlighted counties must have a health plan. Other members can choose a health plan or use FFS.
Call a Health Program Representative (HPR) at 1-866-608-9422 to make your plan choice.
Updated: 01/01/2020

Managed Care Entity Contact Information

Managed Care Plan Name	Plan Type	Phone	Website
Health Choice	ACO/Integration	1-877-358-8797	www.stewardhealthchoiceut.org
Healthy U	ACO/Integration	1-888-271-5870	www.uhealthplan.utah.edu/medicaid
Molina Healthcare of Utah	ACO/Integration	1-888-483-0760	www.molinahealthcare.com
SelectHealth Community Care	ACO/Integration	1-800-538-5038	www.selecthealth.org/plans/medicaid
HOME Program	HOME	1-800-824-2073	healthcare.utah.edu/uni/programs/home/
MCNA Dental	Dental	1-844-904-6262	www.MCNAUT.net
Premier Access Dental	Dental	1-877-541-5415	www.premierlife.com/utmedicaid

PMHP Contact Information and Area

UTAH DEPARTMENT OF HEALTH MEDICAID

County	Inpatient & Outpatient Mental Health Services	Outpatient Substance Use Disorder Services
Box Elder, Cache, Rich	Bear River Mental Health 1-800-620-9949; 435-752-0750	Fee for Service Network (any Medicaid provider), including Bear River Health Department: 435-792-6500
Beaver, Garfield, Kane, Iron, Washington	Southwest Behavioral Health Center 1-800-574-6763; 435-634-5600 (hospital prior authorization: 435-705-1388)	Southwest Behavioral Health Center 1-800-574-6763; 435-634-5600
Carbon, Emery, Grand	Four Corners Community Behavioral Health 1-866-216-0017; 435-637-7200 (hospital prior authorization: 435-637-2358 & after hours: 435-637-0893)	Four Corners Community Behavioral Health 1-866-216-0017; 435-637-7200
Daggett, Duchesne, Uintah, San Juan	Northeastern Counseling Center 1-844-824-6776 435-789-6300 – Vernal 435-725-6300 – Roosevelt San Juan Counseling – San Juan County 1-888-833-2992; 435-678-2992	Northeastern Counseling Center 1-844-824-6776 435-789-6300 – Vernal 435-725-6300 – Roosevelt San Juan Counseling – San Juan County 1-888-833-2992; 435-678-2992
Davis	Davis Behavioral Health 1-844-305-4782; 801-773-7060	Davis Behavioral Health 1-844-305-4782; 801-773-7060
Piute, Juab, Wayne, Millard, Sanpete, Sevier	Central Utah Counseling Center 1-800-523-7412; 435-283-8400; 1-877-469-2822	Central Utah Counseling Center 1-800-523-7412; 435-283-8400; 1-877-469-2822
Salt Lake	Salt Lake County Division of Behavioral Health Services/Optum SL Co: 385-468-4707; Optum: 1-877- 370-8953	Salt Lake County Division of Behavioral Health Services/Optum SL Co: 385-468-4707; Optum: 1-877- 370-8953
Summit	Healthy U Behavioral 1-833-981-0212; 801-213-4104	Healthy U Behavioral 1-833-981-0212; 801-213-4104
Tooele*	Valley Behavioral Health 1-888-949-4864; Tooele clinic: 435-843-3520	Valley Behavioral Health 1-888-949-4864; Tooele clinic: 435-843-3520
Utah	Wasatch Behavioral Health 1-866-366-7987; 801-373-4760 (prior approvals: 801-494-0880)	Wasatch Behavioral Health 1-844-773-7128; 385-268-5000
Wasatch	Fee for Service Network (any Medicaid provider), including Wasatch County Family Clinic/Wasatch Mental Health - 435-654-3003	Fee for Service Network (any Medicaid provider), including Wasatch County Family Clinic/Wasatch Mental Health, 435-654-3003
Weber, Morgan	Weber Human Services 1-844-625-3700; 801-625-3700; (after hours hospital prior authorization: 801-513-9641)	Weber Human Services 1-844-625-3700; 801-625-3700

***Effective November 1, 2020**: Optum will be the Mental Health and Substance Use Disorder Provider in Tooele County. Additional information will be published in the October Medicaid Information Bulletin (MIB).

Medicaid Expansion

UTAH DEPARTMENT OF HEALTH MEDICAID

- On December 23, 2019, the Centers for Medicare and Medicaid Services (CMS) authorized the Utah Department of Health to implement full Medicaid Expansion
  - Full Medicaid expansion was implemented on January 1, 2020
- This expansion extends Medicaid eligibility to parents and adults without dependent children earning up to 138% federal poverty level (approximately $17,608 annual income for an individual or $36,156 for a family of four)
  - Up to 120,000 Utah residents may become eligible for the expansion program
- Individuals may submit their applications to the Department of Workforce Services (DWS) to enroll in the Adult Expansion Medicaid program: https://medicaid.utah.gov/apply-medicaid
  - Submitting an application for benefits does not guarantee coverage

Medicaid Expansion Benefits

UTAH DEPARTMENT OF HEALTH MEDICAID

- Under Medicaid Expansion:
  - Adults with dependent children receive the Non-Traditional Medicaid benefit package
  - Adults without dependent children receive the Traditional Medicaid benefit package
- Effective January 1, 2020, the Utah Medicaid Integrated Care (UMIC) program started managing physical and behavioral health benefits through integrated managed care plans for individuals living in five counties (Davis, Salt Lake, Utah, Washington and Weber)
- Individuals living in other mandatory counties continue to enroll in one of four managed care plans for their physical health services, and are enrolled in a Prepaid Mental Health Plan for their behavioral health services
- Individuals living in non-mandatory counties may choose a managed care plan or may choose fee for service; they will also be enrolled in a Prepaid Mental Health Plan for their behavioral services

Hierarchy Governing Medicaid Policy

UTAH DEPARTMENT OF HEALTH MEDICAID

CFR	The Code of Federal Regulations (CFR) is a regulation established under the authority of the Social Security Act (42 U.S.C. 1302) which directs states to maintain a written agreement describing the nature and scope of its Medicaid program and giving assurance that it will be administered in conformity with Federal laws and regulations.
State Plan	The Utah State Plan is the written agreement between the State of Utah and the federal government about how Utah will operate its Medicaid Program.
Rule	The Utah Administrative Code, or Rule, are legally binding policies defined, implemented, and overseen by the agency responsible.

Hierarchy Governing Medicaid Policy

UTAH DEPARTMENT OF HEALTH MEDICAID

Manuals	The Medicaid Provider Manuals describe service coverage and limitations in greater detail to provide guidance for delivering services to Medicaid members.
Lookup Tool	The Coverage and Reimbursement Lookup Tool provides coverage definitions and limitations for specific medical and pharmacy codes.
Forms	Medicaid documents authorized for specific processes and service authorizations which also contain additional guidance on Medicaid requirements.
MIBs	The Medicaid Information Bulletin is released quarterly to enrolled Medicaid providers to inform of policy and program updates.

Medicaid Provider Manuals and Administrative Rules

UTAH DEPARTMENT OF HEALTH MEDICAID

The Bureau of Healthcare Policy and Authorization (BHPA) medical policy team continues to make changes to their designated Provider Manuals throughout the year.

- Provider Manuals contain coverage policy and instructional information
- Any changes or updates to the Provider Manuals are detailed in the quarterly publication of the Medicaid Information Bulletin (MIB)

Coverage policy is also located in Administrative Rule - R414, Health, Health Care Financing, Coverage and Reimbursement Policy

- Any changes to Utah Administrative Rules are detailed in the Utah State Bulletin as they go through the rulemaking process

Medicaid Provider Manuals

UTAH DEPARTMENT OF HEALTH MEDICAID

Provider manuals and attachments may be found under the 'Administration' tab under 'Publications' on the Medicaid website.

- Provider Manuals contain coverage policy for the fee for service Medicaid program
- Providers are encouraged to become familiar with the updated manuals noting changes in the structure, formatting, and content of the manuals
- Attachments to the manuals are located within the list of Provider Manuals titled "All Providers General Attachments"

Medicaid Provider Manuals

UTAH DEPARTMENT OF HEALTH MEDICAID

https://medicaid.utah.gov

UTAH DEPARTMENT OF HEALTH MEDICAID

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Medicaid Ex
Engagement R

- Providers Home
- Become a Medicaid Provider
- Claims
- Coverage and Reimbursement
- Managed Care
- Medicaid Pharmacy Program
- Patient Eligibility Verification
- Presumptive Eligibility Portal Access
- Prior Authorization
- Provider Portal Access
- Provider Resources and Information
- Provider Training

Medicaid Provider Manuals

UTAH DEPARTMENT OF HEALTH MEDICAID

https://medicaid.utah.gov

Provider Resources and Information

- Manuals
- Medicaid Information Bulletins (MIBs)
- Forms
- Contact Information for Providers
- Utah Administrative Rule R414-23 – Provider Enrollment

Medicaid Provider Manuals

UTAH DEPARTMENT OF HEALTH MEDICAID

Manuals

If you have a suggestion concerning the information in the provider manuals, please let us know. We want the manuals and the Medicaid Information Bulletins to assist you as a Medicaid provider. We appreciate and consider your suggestions. Comments about the manuals and bulletins may be directed to: medicaidops@utah.gov

Utah Medicaid Provider Manual

This manual is intended to give you basic information about Utah's Medicaid Program and other medical assistance programs administered by the Utah Department of Health. It contains three sections. SECTION 1 contains general information for all providers. SECTION 2 contains information pertinent to your provider type. The last section contains attachments for all providers and any additional attachments pertinent to your provider type.

Baby Your Baby Training Manual

Hospital Presumptive Eligibility Training Manual

Baby Your Baby Brochure

Medicaid Provider Manuals

UTAH DEPARTMENT OF HEALTH MEDICAID

UTAH DEPARTMENT OF HEALTH MEDICAID

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Utah Medicaid Official Publications

The Medicaid Information Bulletins (MIB) and Medicaid Provider Manuals are available below. Click on the desired directory at the bottom of this page

The criteria for medical, surgical, imaging, and medical supplies are found on a secure web page. Click here to access all Utah Medicaid Criteria.

Get Adobe Acrobat Reader

To request hard copies of official Medicaid materials, please email MedicaidOps@utah.gov.

Name	Type
Medicaid Information Bulletins	Folder
Medicaid Provider Manuals	Folder

Utah Medicaid Newsletter

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Medicaid Provider Manuals

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Parent Directory	
All Providers General Attachments	Folder
All Providers General Information Section I	Folder
Archives	Folder
Autism Spectrum Disorder Services	Folder
Dental, Oral Maxillofacial, And Orthodontia	Folder
EPSDT (Formerly Child Health Evaluation And Care (CHEC))	Folder
Home And Community-Based Waiver Services	Folder
Home Health Services	Folder

Attachments to Provider Manuals

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

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Attachments to Provider Manuals

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

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Name	Type
Parent Directory	
AccessNow_FaxList1-16.pdf	pdf
CMS1500Instruct4-15.pdf	pdf
COB10-18.pdf	pdf
DocSubmission4-18.pdf	pdf
EOB_Dialysis_Coverage_Instructions2-20.pdf	pdf

Coverage and Reimbursement Code Lookup

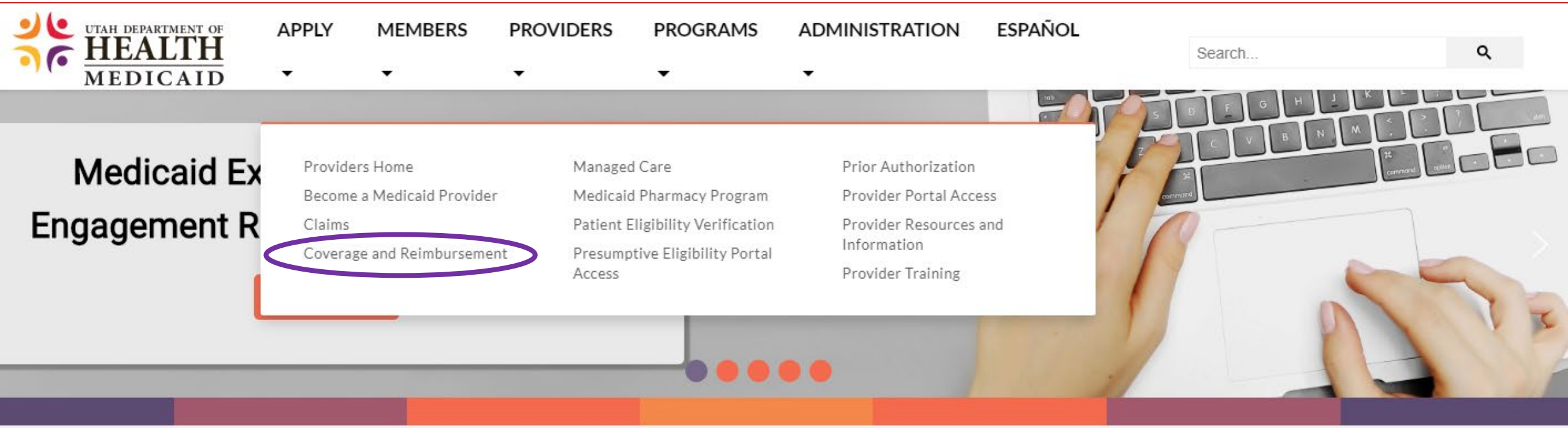
UTAH DEPARTMENT OF HEALTH MEDICAID

Specific coverage policy for 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
- Providers may also download various fee schedules by:
  - Plan Type
  - Provider Type
  - Provider Pricing File
  - HCPCS/NDC Crosswalk
  - Revenue code by Plan Type

Coverage and Reimbursement Code Lookup

https://medicaid.utah.gov



Coverage and Reimbursement Code Lookup

https://medicaid.utah.gov

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Coverage and Reimbursement

Coverage and Reimbursement Look-up Tool

Coverage and Reimbursement Policy Resources

Criteria

Medicaid Health Information Technology (HIT) Incentive Payment Program

Coverage and Reimbursement Code Lookup

https://medicaid.utah.gov

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Coverage and Reimbursement

Bureau of Healthcare Policy and Authorization

Coverage and Reimbursement Code Lookup

IMPORTANT NOTICE

Utah Medicaid is committed to ensuring our members continue to receive products and services with no interruptions or delays due to the novel coronavirus (COVID-19) outbreak. In response, Utah Medicaid is temporarily modifying certain policy conditions to allow for increased quantity limits for those medical supplies that are refilled on a monthly basis. This action is not intended to allow for unnecessary stockpiling of medical supplies but rather to help those vulnerable populations that have been directed to limit contact with other persons as part of the CDC guidance for "social distancing" or when required to be quarantined due to an active infection. Furthermore, PA requirements have been removed from CPAP, BiPAP, and sip and puff equipment in order to increase the ease of access to these items when determined to be medically necessary by a physician as outlined in the Utah Administrative Code R414-10-2(3).

The information provided by this lookup tool does not guarantee reimbursement, but is intended to provide coverage and reimbursement information for selected

Medicaid Forms

UTAH DEPARTMENT OF HEALTH MEDICAID

https://medicaid.utah.gov

UTAH DEPARTMENT OF HEALTH MEDICAID

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Medicaid Ex
Engagement R

- Providers Home
- Become a Medicaid Provider
- Claims
- Coverage and Reimbursement
- Managed Care
- Medicaid Pharmacy Program
- Patient Eligibility Verification
- Presumptive Eligibility Portal Access
- Prior Authorization
- Provider Portal Access
- Provider Resources and Information
- Provider Training

Medicaid Forms

UTAH DEPARTMENT OF HEALTH MEDICAID

https://medicaid.utah.gov

UTAH DEPARTMENT OF HEALTH MEDICAID

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Provider Resources and Information

- Manuals
- Medicaid Information Bulletins (MIBs)
- Forms
- Contact Information for Providers
- Utah Administrative Rule R414-23 – Provider Enrollment

Medicaid Forms

https://medicaid.utah.gov

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Forms for Providers

The forms are updated on a quarterly basis when necessary. They have been alphabetized for your convenience. If you have questions, call Medicaid Information at (801) 538-6155 or 1-800-662-9651.

Provider Form Directory

For examples on properly filling out paper claim forms, click here.

Medicaid Forms

UTAH DEPARTMENT OF HEALTH MEDICAID

https://medicaid.utah.gov

UTAH DEPARTMENT OF HEALTH MEDICAID

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Utah Medicaid Forms

Utah Medicaid Forms

The forms below are updated on a quarterly basis when necessary. They have been alphabetized for your convenience. If you have questions, contact the webmaster or call Medicaid Information at (801) 538-6155 or 1-800-662-9651.

If you are a Medicaid member, you can access literature, forms, and other publications at the Utah Medical Benefits website; click here.

Forms

Select Below

Medicaid Information Bulletin (MIB)

UTAH DEPARTMENT OF HEALTH MEDICAID

Providers are encouraged to review any and all Medicaid Information Bulletins (MIBs)

- MIBs are published quarterly and include updated provider information
- At times, special interim MIBs are published, out-of-cycle, to provide important updated information

Medicaid Information Bulletin (MIB)

https://medicaid.utah.gov

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Medicaid Ex
Engagement R

- Providers Home
- Become a Medicaid Provider
- Claims
- Coverage and Reimbursement
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Medicaid Information Bulletin (MIB)

UTAH DEPARTMENT OF HEALTH MEDICAID

https://medicaid.utah.gov

Provider Resources and Information

- Manuals
- Medicaid Information Bulletins (MIBs)
- Forms
- Contact Information for Providers
- Utah Administrative Rule R414-23 – Provider Enrollment

Medicaid Information Bulletin (MIB)

UTAH DEPARTMENT OF HEALTH MEDICAID

https://medicaid.utah.gov

Medicaid Information Bulletins

The Division of Medicaid and Health Financing issues quarterly Medicaid Information Bulletins in January, April, July, and October. These bulletins contain clarifications to existing policy, changes in policy and procedure, and information of interest to Medicaid providers. Medicaid follows the policy, procedures and requirements contained in the provider manuals or as changed by information issued in the Medicaid Information Bulletins.

Medicaid Information Bulletin (MIB) Directory

Medicaid Information Bulletin (MIB)

UTAH DEPARTMENT OF HEALTH MEDICAID

https://medicaid.utah.gov

Utah Medicaid Official Publications

Utah Medicaid Newsletter

Email

Subscribe

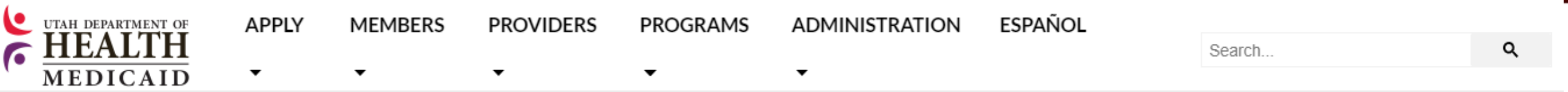
The Medicaid Information Bulletins (MIB) and Medicaid Provider Manuals are available below. Click on the desired directory at the bottom of this page

The criteria for medical, surgical, imaging, and medical supplies are found on a secure web page. Click here to access all Utah Medicaid Criteria.

To request hard copies of official Medicaid materials, please email MedicaidOps@utah.gov.

Name	Type
Medicaid Information Bulletins	Folder
Medicaid Provider Manuals	Folder

Medicaid Information Bulletin (MIB)



Utah Medicaid Official Publications

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Get Adobe Acrobat Reader

To request hard copies of official Medicaid materials, please email MedicaidOps@utah.gov.

Name	Type
Parent Directory	
Non-Traditional Medicaid Program	Folder
Primary Care Network	Folder
Traditional Medicaid Program	Folder

Utah Medicaid Provider Training Center

UTAH DEPARTMENT OF HEALTH MEDICAID

The Utah Medicaid Provider Training Center contains on-demand videos that offer instruction and training for providers on varied subjects

Current topics include:

- Nursing Home (NH) UPL QI Compliance Form Training
- NH BCRP Resources Training
- NH Quality Improvement Incentive 1 (QII1) Training
- Telemedicine Policy Training
- Capital Improvement Incentive (CII) Training for ICF/IID facilities

Check back frequently for new content: https://medicaid.utah.gov/training-videos

Patient Eligibility Lookup Tool

UTAH DEPARTMENT OF HEALTH MEDICAID

https://medicaid.utah.gov

Need Utah ID to access the tool

Utah.gov | Utah Department of Health | Settings

UTAH DEPARTMENT OF HEALTH MEDICAID

APPLY | MEMBERS | PROVIDERS | PROGRAMS | ADMINISTRATION | ESPAÑOL | Search...

Providers Home
Become a Medicaid Provider
Claims
Coverage and Reimbursement
Managed Care
Patient Eligibility Verification
Prior Authorization
Provider Portal Access
Provider Resources and Information
Provider Training

Medicaid Exp
Engagement Re
Learn More

Members
Helpful links and information for Medicaid Members

Health Care Providers
Helpful Provider Resources

Managed Care
Learn more about Managed Care

PRISM
Helpful PRISM Resources

Eligibility Lookup Tool

UTAH DEPARTMENT OF HEALTH MEDICAID

https://elt.medicaid.utah.gov/EligibilityLookupTool/

UTAH DEPARTMENT OF HEALTH MEDICAID

English | Español

Eligibility Lookup Tool Login

ATTENTION!

Utah Medicaid has recently upgraded our security for the Eligibility Lookup Tool. All users must re-register in order to use the system. Click the Register now link.

Email

Password

SIGN ON

Forgot password?

Don't have a login? Register now.

ATTENTION!

Utah Medicaid has recently upgraded our security for the Eligibility Lookup Tool. All users must re-register in order to use the system. Click Register now link.

Eligibility Lookup Tool

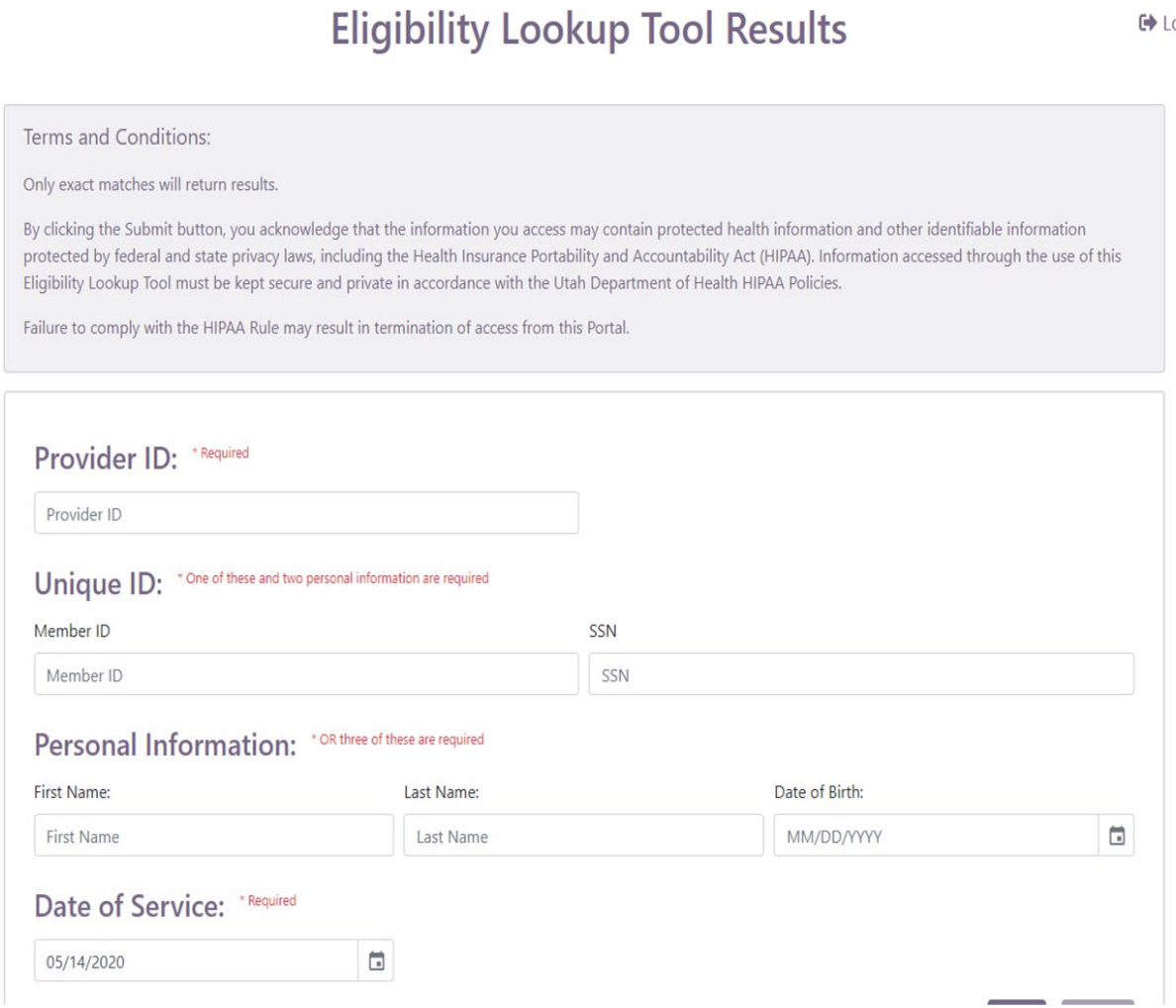
UTAH DEPARTMENT OF HEALTH MEDICAID

https://elt.medicaid.utah.gov/EligibilityLookupTool/

- To submit an eligibility inquiry on a specific member, enter your Provider ID, date of service and a combination of the following search criteria:
  - One value from the 'Unique Identifiers' column, and two values from the 'Demographics' column

    OR
  - All three values from the 'Demographics' column

- Only exact matches will return results



Fee For Service Network

UTAH DEPARTMENT OF HEALTH MEDICAID

- Fee For Service claims should be billed to Utah Medicaid

Fee For Service Network

UTAH DEPARTMENT OF HEALTH MEDICAID

Request date: 05/14/2020

Eligibility Lookup Tool Results

New Search | Print Results | Logout

Show Coverage Calendar

Member	Member Benefit Type	Service Date
	Traditional	05/14/2020

Member Information

First Name:

Last Name:

Gender:

DOB:

Age:

Member ID:

Case Number:

Coverage Information

Eligibility Date Span: 05/01/2020 - 05/31/2020

Benefit Type:	Traditional	**Health Plan:**	FEE FOR SERVICE NETWORK 1-866-608-9422
Eligibility Program Type:		**Dental Plan:**	PREMIER ACCESS 1-877-541-5415
Co-Pay Information:	Co-pay/Co-Ins for non-emergency use of ER, Pharmacy, Outpatient Hospital and Physician Services & Inpatient Hospital	**Mental Health Provider:**	WASATCH MENTAL HEALTH 1-866-366-7987
Eligible Services:	This member is eligible for medical, dental, pharmacy and waiver services.	**Substance Use Disorder Provider:**	UTAH COUNTY DRUG & ALCOHOL SVCS 801-851-7128

Fee For Service Network

UTAH DEPARTMENT OF HEALTH MEDICAID

Request date: 05/14/2020

Eligibility Lookup Tool Results

New Search | Print Results | Logout

Hide Coverage Calendar

Please select a date of service within the calendar to accurately view eligibility, plan enrollment, restrictions, and benefit information.

Legend: Traditional | Non-Traditional | Emergency Only | QMB Only | UPP | CHIP | PCN

‹ 2018 2019 **2020**

January

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
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19	20	21	22	23	24	25
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February

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29	30	31				

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31						

June

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July

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August

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September

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October

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

Su	Mo	Tu	We	Th	Fr	Sa
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Medicaid Member

UTAH DEPARTMENT OF HEALTH MEDICAID

- A Medicaid member is required to present the Medicaid Member Card before each service
- Provider's must verify each member's eligibility every visit before rendering services
- Presentation of the Medicaid Member Card does not guarantee a member is eligible for Medicaid
- Verify the member's eligibility; determine whether the member is enrolled in a Managed Care plan, Emergency Only Program, or the Restriction Program; assigned to a Primary Care Provider; covered by a third party; or responsible for a co-payment or co-insurance
- Eligibility and health plan enrollment may change from month to month
- Retain documentation of the verified eligibility for billing purposes
- Verify member eligibility using Access Now, Eligibility Lookup Tool, or ANSI 270/271

Member Cost Sharing

UTAH DEPARTMENT OF HEALTH MEDICAID

- Cost sharing in the Medicaid program can include co-insurance, co-payment, deductibles, and premiums
- Some Medicaid members share the cost for certain services including:
  - prescription drugs
  - inpatient hospital services
  - non-emergent use of emergency department services

Member Cost Sharing

UTAH DEPARTMENT OF HEALTH MEDICAID

- The Utah Medicaid State Plan change updated cost sharing amounts to align with requirements in 42 CFR §447.50, Sections 1902(a)(14), 1916, and 1916A of the Act
- The cost sharing amounts are as follows:
  - $8 for each non-emergency use of the emergency department
  - $75 for each inpatient hospital stay (episode of care)
  - $4 for each outpatient services visit (urgent care, physician visit, podiatry visit, physical therapy, etc.)
  - $4 for each outpatient hospital service visit (maximum of one per person, per hospital, per date of service)
  - $4 for each prescription
  - $1 for each chiropractic visit (maximum of one per date of service)
  - $3 for each pair of eyeglasses

Services Exempt from Co-payment

UTAH DEPARTMENT OF HEALTH MEDICAID

- **Some services are exempt from co-payment**
- **Even if a member ordinarily has a co-payment, do not collect a co-payment for the following services:**
  - Family planning
  - Preventive services, including vaccinations and health education
  - Pregnancy-related (including tobacco cessation)
  - Emergency services
  - Provider-preventable condition (PPC) services
  - Outpatient behavioral health services

Note: Non-emergent use of an emergency room requires a co-pay

Out of Pocket Cost Exemptions

UTAH DEPARTMENT OF HEALTH MEDICAID

The following groups and services are exempt from out of pocket costs:

Groups

- Children under the age of 19
- Any individual whose medical assistance for services are furnished in an institution
- American Indian and Alaska Native (AI/AN) individuals
- Individuals receiving hospice care
- Individuals whose total gross income, before exclusions and deductions, is below the temporary assistance to needy families (TANF) standard payment allowance
- Qualified Medicare Beneficiaries (QMB)
- Individuals who are enrolled in Medicaid under the Breast and Cervical Cancer Treatment Program

Services

- Emergency Services (emergency use of an emergency room)
- Family Planning Services (including contraceptives and pharmaceuticals)
- Pregnancy-related Services (including tobacco cessation)
- Preventive Services (including vaccinations and health education)
- Provider Preventable Condition (PPC) Services

Per State Plan & Federal Regulations 42 CFR 447.56(a)(1)

Member Responsibilities

UTAH DEPARTMENT OF HEALTH MEDICAID

A Medicaid member is responsible for certain costs, including:

- Charges incurred during a time of ineligibility
- Charges for non-covered services, including services received in excess of Medicaid benefit limitations
- Charges for services which the member has chosen to receive and agreed in writing to pay as a private-pay member
- Spenddown liability
- Cost sharing amounts such as premiums, deductibles, co-insurance, or co-payments imposed by the Medicaid program

Billing Medicaid Members

UTAH DEPARTMENT OF HEALTH MEDICAID

- Payment made by Medicaid for a service is considered payment in full
  - Once the payment is made to the provider for covered services, no additional reimbursement can be requested from the member
- Medicaid members may be billed for co-payments and co-insurance
- Medicaid members may only be billed for broken appointments if the provider has a policy in place to bill for broken appointments that applies to all patients (not just Medicaid members) and the member has signed an agreement to pay for broken appointments
- Charges for services which the member has chosen to receive and agreed in writing to pay as a private pay member

Billing Medicaid Members

UTAH DEPARTMENT OF HEALTH MEDICAID

- A Traditional and Non Traditional Medicaid member may be billed for non-covered services when **all four of the conditions below** are met**:**
  - The provider has an established policy for billing all patients for services not covered by a third party
  - The member is advised **prior** to receiving a non-covered service
  - The member agrees to be personally responsible for the payment
  - That agreement is **in writing** between the provider and the member which details the service and the amount to be paid by the member

For complete information regarding billing Medicaid members see Utah Medicaid provider manual Section 1, Chapter 7

Billing Medicaid Members

UTAH DEPARTMENT OF HEALTH MEDICAID

Sample of financial agreement form is available on the website

https://medicaid.utah.gov/utah-medicaid-forms

AGREEMENT OF FINANCIAL RESPONSIBILITY- MEDICAID

Patient Name Last, First, Mi	Date of Birth (Mo/Day/Yr)	Medicaid ID #

Section 1 (Provider completes this section)

Description of non-covered service(s), for which the patient agrees to accept financial responsibility:

_____

_____

Expected cost of non-covered service(s) $_____

Expected date of service_____/_____/_____

The provider of services,_____, certifies that this office has an established policy for billing all patients, for services not covered by a third party. In accordance with state Medicaid provider billing guidelines, the patient has been advised prior to services being rendered the specific non-covered services(s) to be provided and the expected cost.

Completed by (print)_____for the above provider.

Signature:_____Date_____

Section 2 (Patient or responsible party completes this section)

I am the patient or responsible party. I understand my health plan may not pay for the services described in Section 1. I have been told what the expected cost will be. I have been informed and have signed this agreement before receiving the described services. I have been told why I may be billed and agree to pay the bill as described in Section 1.

Signature of Patient or Responsible Party:_____Date_____

Responsible Party, if other than patient (print):_____

Relationship to Patient:_____

Billing for Emergency Services Provided to a Non-Citizen

UTAH DEPARTMENT OF HEALTH MEDICAID

- The Emergency Services Program for Non-Citizens has a very restricted scope of services and does not have some of the same restrictions on billing the individual, as is the case with other Medicaid covered services
- If a provider does not receive payment from Medicaid because the provider failed to follow procedure to get a service covered, the provider is prohibited from pursuing payment from the individual
  - However, if payment is not made because the service was not an emergency or the service is not covered under the program, then the individual can be billed for those services
- If a service is a covered service and meets the Medicaid definition of “emergency,” Medicaid will pay for the service (subject to correct coding)
  - However, if a non-citizen eligible for emergency services only presents at the ED with symptoms that do not appear to be emergent in nature, the provider would be prudent to inform the individual prior to the service that the service might not be covered by Medicaid
  - In this case the individual will be financially responsible for paying the bill

Charges That Are Not the Responsibility of the Member

UTAH DEPARTMENT OF HEALTH MEDICAID

Except for the cost sharing responsibilities discussed previously, members are not responsible for the following charges:

- A claim or portion of a claim that is denied for lack of medical necessity (for exceptions refer to *Chapter 3, Provider Participation and Requirements, Exceptions to Prohibition on Billing Members*)
- Charges in excess of Medicaid maximum allowable rate
- A claim or portion of a claim denied due to provider error
- A service for which the provider did not seek prior authorization or did not follow up on a request for additional documentation
- A claim or portion of a claim denied due to changes made in state or federal mandates after services were performed
  - The difference between the Medicaid cost sharing responsibility, if any, and the Medicare or Medicare Advantage co-payments

Charges That Are Not the Responsibility of the Member

UTAH DEPARTMENT OF HEALTH MEDICAID

- Medicaid pays the difference, if any, between the Medicaid maximum allowable fee and the total of all payments previously received by the provider for the same service by a responsible third party
- Members are not responsible for deductibles, co-payments, or co-insurance amounts if such payments when added to the amounts paid by third parties, equal or exceed the Medicaid maximum for that service, even if the Medicaid amount is zero
- The member is not responsible for private insurance cost share amounts if the claim is for a Medicaid covered service by a Medicaid enrolled provider who accepted the member as a Medicaid member
- Medicaid pays the difference between the amount paid by private insurance and the Medicaid maximum allowed amount
- Medicaid will not make any payment if the amount received from the third party insurance is equal to or greater than the Medicaid allowable rate

Coordination of Benefits

UTAH DEPARTMENT OF HEALTH MEDICAID

- Before submitting a claim to Medicaid, a provider must submit and secure payment from all other liable parties such as Medicare Part A and B
- For more information, refer to the Medicaid General Information Section 1, Chapter 11
- Claims denied from Medicare as non-covered services should be submitted to Medicaid Fee For Service, not to the crossover mailbox
- If the primary payer made line level payments on the claim, please report line level data in addition to the claim level data to Medicaid

Coordination of Benefits

UTAH DEPARTMENT OF HEALTH MEDICAID

- Medicaid is the payer of last resort
- Reimbursement for crossover claims or other TPL will be limited to the Medicaid Fee Schedule for all types of service, including FQHC and Indian Health Services
  - HT000004-001 Medicaid Fee For Service electronic mailbox
  - HT000004-005 Utah Medicaid Crossovers (NOT when Medicare denies as non-covered) electronic mailbox
    - Corresponding EOB for Zero Pay from Medicare go to fax (801) 323-1584, not to ORS
    - Corresponding EOB for Zero Pay for other than Medicare goes to ORS fax 801 536-8513

Interpretive Services

UTAH DEPARTMENT OF HEALTH MEDICAID

1. **Determine if member is eligible for health care service**
   - Verify the member is eligible for a federal or state medical assistance program Programs include Medicaid, CHIP, and/or services authorized on a State Medical Services Reimbursement Agreement Form (MI-706)
   - To verify member eligibility use the Eligibility Lookup Tool (https://medicaid.utah.gov/medicaid-online), or call Medicaid Information to access AccessNow at (801) 538-6155 or 1-800-662-9651 or ANSI 270 and ANSI 276
2. **If not eligible, the member is NOT ELIGIBLE for interpretive services**
3. **Determine if member is in managed care**
   - Is the member enrolled in an ACO, Prepaid Mental Health Plan, and/or dental plan?
     - YES: Member is enrolled in a plan, go to step 4
     - NO: Member is not enrolled in a plan, go to step 5 (the member is Fee For Service)
4. **Service covered by an ACO, Prepaid Mental Health Plan, and/or dental plan?**
   - YES: ACO, Prepaid Mental Health Plan and dental plans must also cover interpretive services
     - Contact the plan directly for more information

Interpretive Services

UTAH DEPARTMENT OF HEALTH MEDICAID

5. Service covered by Fee For Service medical program for which the member is eligible?

- To determine CPT coverage, refer to the online Coverage and Reimbursement Lookup Tool available on the Medicaid website at: http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php
  - YES -The service is covered, interpretive service is also covered
  - NO - The service is NOT covered, the member does not qualify for interpretive service

6. When both the member and the service qualify, call one of the contractors listed in the General Attachments section, Interpretive Guide on our website. Give the required information below:

- Member's first and last name spelled exactly as on the Medicaid Member Card
- Member's date of birth: six digits only (mm/dd/yy)
- Member's Medicaid ID number
- Your NPI number
- Language requested

Telehealth Policy Information

UTAH DEPARTMENT OF HEALTH MEDICAID

- Telehealth policy information is found in the Utah Medicaid Provider Manual Section I: General Information Chapter 8-4.2 *Telehealth* and R414-42 *Telehealth* which provide information related to coverage and limitations of this service.

- Utah Medicaid covers medically necessary, non-experimental and cost-effective services provided via telehealth. There are no geographic restrictions for telehealth services. Telehealth communications may occur through interactive audio or video transmission.

- Services can be provided between a member and a distant site provider when a member is in their home or other location of their choice. Additionally, the distant site provider may participate in the telehealth interaction from any appropriate location.

Telepsychiatric Consultations

UTAH DEPARTMENT OF HEALTH MEDICAID

Telepsychiatric consultations, as described in Utah Code 26-18-13.5, between a physician and a board certified psychiatrist are a covered service. Psychiatrists should report the following time-based CPT codes:

- 99446 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 5-10 minutes of medical consultative discussion and review
- 99447 11-20 minutes of medical consultative discussion and review
- 99448 21-30 minutes of medical consultative discussion and review
- 99449 31 minutes or more of medical consultative discussion and review

The requesting physician should report CPT code 99358

This service will be covered by all physical health Managed Care Entities (MCE). If a member receiving the service is part of an MCE, then the provider must be enrolled with the member's MCE in order to receive reimbursement.

Teledentistry

UTAH DEPARTMENT OF HEALTH MEDICAID

Teledentistry services are covered for eligible members statewide. Providers must bill the appropriate teledentistry code, **D9995-** *Teledentistry synchronous,* on a line in addition to one of the three associated dental codes below:

- **D0140** –*Limited oral evaluation - problem focused*
- **D0170** - *Re-evaluation - limited, problem focused (established patient; not post-operative visit)*
- **D0171** – *Re-evaluation - post-operative office visit.*

The teledentistry code will be reimbursed at $0 and will be used for tracking purposes only. Rates for approved teledentistry services are the same as rates for the in-person dental services.

Telehealth Billing Requirements

UTAH DEPARTMENT OF HEALTH MEDICAID

Refer to the following when billing for services provided via telehealth:

Distant Provider:

- CMS 1500 Professional Claims- Provider must indicate that the service(s) were provided via telehealth by indicating Place of Service 02 on the CMS 1500 claim form with the service's usual billing codes
- UB-04 Institutional Claims- Providers must indicate that the service(s) were provided via telehealth by appending the GT (*Via interactive audio and video telecommunication systems)* modifier to the UB-04 institutional claim form with the service's usual billing codes

Services provided via telehealth have the same service thresholds, authorization requirements and reimbursement rates as services delivered via face-to-face

EOP Dialysis Program

UTAH DEPARTMENT OF HEALTH MEDICAID

UTAH DEPARTMENT OF HEALTH MEDICAID

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Utah Medicaid Official Publications

The Medicaid Information Bulletins (MIB) and Medicaid Provider Manuals are available below. Click on the desired directory at the bottom of this page

The criteria for medical, surgical, imaging, and medical supplies are found on a secure web page. Click here to access all Utah Medicaid Criteria.

Get Adobe Acrobat Reader

To request hard copies of official Medicaid materials, please email MedicaidOps@utah.gov.

Name	Type
Parent Directory	
AccessNow_FaxList1-16.pdf	pdf
CMS1500Instruct4-15.pdf	pdf
COB10-18.pdf	pdf
DocSubmission4-18.pdf	pdf
EOP_Dialysis_Coverage_Instructions2-20.pdf	pdf

Emergency Services Program for Non-Citizens Dialysis Program

UTAH DEPARTMENT OF HEALTH MEDICAID

Individuals who are eligible for the Emergency Services Program for Non-Citizens (otherwise known as the Emergency Only Program or EOP) may now receive outpatient hemodialysis services when they meet financial and clinical eligibility. They must:

- Be eligible for the EOP program
- Be diagnosed with End Stage Renal Disease (ESRD)
- Have a qualifying Emergency Department event

In order to determine the individual's eligibility for this service, providers must follow the instructions given in the “EOP Dialysis Coverage2-20” information sheet found under “All Providers General Attachments.”

EOP Dialysis Program

UTAH DEPARTMENT OF HEALTH MEDICAID

UTAH DEPARTMENT OF HEALTH MEDICAID

A Bridge to Wellness for Utah's Vulnerable

Provider Instructions for Emergency Services Program for Non-Citizens Dialysis Coverage

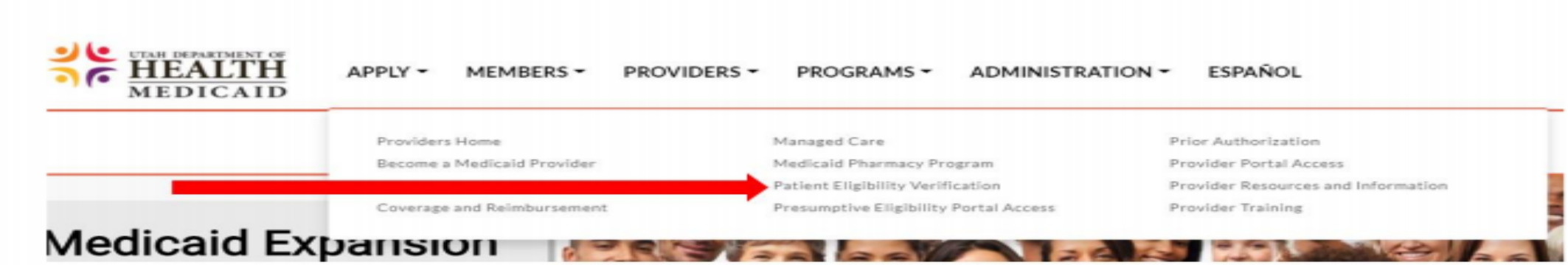
Eligible individuals for the Emergency Services Program for Non-Citizens (otherwise known as the Emergency Only Program or EOP) can receive outpatient hemodialysis services when diagnosed with End-Stage Renal Disease (ESRD), after experiencing a qualifying Emergency Department (ED) event identified by Medicaid. Not all those who are "financially" eligible for EOP are "clinically" eligible to receive outpatient hemodialysis. By following the instructions below, providers can verify an individual's eligibility to receive coverage for outpatient hemodialysis.

Step 1:

Go to the Medicaid website at https://medicaid.utah.gov/

Step 2:

Under the PROVIDERS drop down tab, click the "Patient Eligibility Verification" link.



Step 3:

Click on the "Eligibility Lookup Tool" link.

Billing a Managed Care Entity

UTAH DEPARTMENT OF HEALTH MEDICAID

- Medicaid contracts with Managed Care Entities (MCE) to deliver medical, dental, mental health, and substance use disorder (SUD) services to Medicaid members
- Medicaid members may have Fee For Service (FFS) Medicaid, or an MCE depending on where they reside
- Members may have a combination of FFS Medicaid and MCE enrollment for different programs and benefits.
- Providers are responsible for verifying Medicaid eligibility and determining if a member is enrolled with an MCE before rendering services
- Providers can verify a member's Medicaid eligibility by using the Eligibility Lookup Tool (ELT) located at: https://Medicaid.Utah.gov/eligibility
- A provider who accepts Medicaid agrees to accept the MCE payment as payment in full; this includes any deductible, co-insurance, or co-payment owed by the Medicaid member
- Medical and dental services received from an Indian Health care provider will continue to be billed directly to FFS Medicaid regardless of the member's MCE plan

Billing an Accountable Care Organization

If a Medicaid member received a physical health service, and is enrolled with an ACO, send the claim to the Accountable Care Organization (ACO). An ACO contracts with Medicaid to pay for physical health services provided to Medicaid members enrolled with the ACO.

- Currently over 80% of Medicaid members receive their physical health benefit from an ACO
- In order to provide services to members enrolled in an ACO, providers must contract directly with the specific ACO plan where the member is enrolled
- When required, providers must obtain prior authorization directly from the ACO plan
- Utah Medicaid's ACOs include: Health Choice, Healthy U, Molina, and Select Health
- Enrollment in an ACO is mandatory in Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber counties
- Enrollment in an ACO for Medicaid members in other counties is voluntary
- ACOs are required to cover the same services that the Medicaid Fee For Service Network covers

Billing an Integrated Care Plan

UTAH DEPARTMENT OF HEALTH MEDICAID

Utah Medicaid Integrated Care (UMIC) plans contract with Medicaid to manage the behavioral and physical health benefit.

- Only Adult Expansion Medicaid members are enrolled in UMIC plans
- Bill the UMIC plan that the patient is enrolled in for behavioral and physical health services
- UMIC plans are only in Weber, Davis, Salt Lake, Utah, and Washington counties
- UMIC plans are managed by: Health Choice, Healthy U, Molina, and Select Health
- In order to provide services to members enrolled in a UMIC plan, providers must contract directly with the UMIC plan in which the member is enrolled
- When required, providers must obtain prior authorization directly from the UMIC plan
- Healthy U is not available in Washington County
- Enrollment in a UMIC plan is mandatory for Adult Expansion Medicaid members in Weber, Davis, Salt Lake, Utah, and Washington counties
- UMIC plans cover the same services that the Medicaid Fee for Service Network covers

Billing a Dental Plan

UTAH DEPARTMENT OF HEALTH MEDICAID

Utah Medicaid contracts with two dental managed care plans statewide to deliver dental services provided to Medicaid members.

- Utah Medicaid's dental plans include: Premier Access and MCNA Dental
- The following members who are eligible for full dental services are required to be enrolled in a dental plan:
  - Members who are age 0-20 and eligible for EPSDT
  - Members who are pregnant
  - Members who qualify for Medicaid due to a disability or blindness
- In order to provide services to members enrolled in a dental plan, providers must be contracted with the dental plan listed for the member on the ELT
- Dental services received from an Indian Health care provider will billed directly to FFS Medicaid regardless of the member's dental plan

Billing a Dental Plan

UTAH DEPARTMENT OF HEALTH MEDICAID

- The dental plans cover all the same services that the Medicaid Fee For Service (FFS) Network covers except the following carved out services:
  - General anesthesia performed at a hospital or ambulatory surgical center
  - Medical and surgical services of a dentist performed at a hospital or ambulatory surgical center
  - Craniofacial Anomalies and Cleft Lip or Palate Surgeries
- The dental plans may have their own utilization requirements for covered benefits. For example, they can require a prior authorization (PA) or request documentation be submitted with a claim even if FFS does not have those same requirements. Providers should refer to the dental plan provider manual for utilization and PA requirements.
  - If a service requires a PA, the provider must obtain the PA from the members dental plan listed on the ELT.
- Adults who are eligible for Medicaid due to a disability or visual impairment and 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 FFS for these services.
  - For more information regarding U of U School of Dentistry services and locations, call (801) 587-6453

Billing a Dental Plan

UTAH DEPARTMENT OF HEALTH MEDICAID

Coverage for Dental Crowns through the Dental Plan

- Stainless Steel Crowns
  - Dental plans cover stainless steel crowns for all of their enrolled members.
    - Please visit the dental plan website or contact the dental plan for information on their authorization requirements for stainless steel crowns.

- Porcelain Crowns and Porcelain Fused to Metal Crowns
  - For pregnant women and children covered under EPSDT porcelain crowns and porcelain fused crowns are only covered under a spendup agreement between the provider and member.
  - Adults 65+ who are on Medicaid due to a disability or blindness can have a porcelain crown or porcelain fused to metal crown covered through the University of Utah Provider School of Dentistry (SOD) network.
    - If they choose to use a provider that is not enrolled with the SOD they can only have the crown covered by the dental plan under a dental spendup agreement with their dental provider.

Coverage for Teledentistry Services through a Dental Plan

- As of 3/1/2020, synchronous teledentistry services are covered by the dental plans. The teledentistry code D9995 must be billed in conjunction with D0140, D0170 or D0171.

Billing a Prepaid Mental Health Plan

UTAH DEPARTMENT OF HEALTH MEDICAID

Under the Prepaid Mental Health Plan (PMHP), Medicaid contracts with local county mental health and substance abuse authorities to provide mental health and SUD services to Medicaid members.

- Prior to delivering services, providers must verify the member's PMHP through the Medicaid Eligibility Lookup Tool (https://Medicaid.Utah.gov/eligibility)
- If a Medicaid member is enrolled in the PMHP, the provider must either refer the member to his or her PMHP for services, or ask the PMHP for authorization before providing services
  - Otherwise, the PMHP might not pay the provider
- All Medicaid members enrolled in the PMHP may also get their services directly from a federally qualified health center (FQHC)
  - PMHP authorization is not required
- American Indian and Alaska Native Medicaid members may get their services directly from Indian Health Services (IHS), or a tribal or Urban Indian Organization (UIO) facility
  - PMHP authorization is not required
- Medicaid members with Subsidy Adoption Medicaid may be disenrolled from their PMHP on a case-by-case basis for outpatient mental health and outpatient SUD services
  - They remain enrolled in the PMHP for inpatient psychiatric hospital care

FQHC & RHC

UTAH DEPARTMENT OF HEALTH MEDICAID

Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) have two options for payment:

- 100% billed charges
  - All edits apply
- By Encounter
  - Must bill T1015
  - Must bill all CPT codes that apply
  - At least one CPT code must be an approved encounter code
  - If only the T1015 or only the CPT codes are billed the claim will be denied

Void/Replacement Claims

UTAH DEPARTMENT OF HEALTH MEDICAID

- Providers should submit their own corrections to claims less than 3 years old by submitting either a replacement or void claim
- The data elements needed to identify a replacement or void claim are:
  - Claim Frequency Code (7 For Replacement, 8 For Void)
    - Electronic: X12 Element 2300 CLM05-3
    - Paper: UB04 - Form Locator 4, Position
    - CMS1500 - Box 22 (Code)
  - Transaction Control Number (TCN) of original claim to be replaced/voided
    - Electronic: X12 Element 2300 REF02
    - Paper: UB04 - Form Locator 37 A-C
    - CMS1500 - Box 22 (Original transaction control number)

Payment Adjustment / Over Payment or Credit Balance

UTAH DEPARTMENT OF HEALTH MEDICAID

- An electronic 'Payment Adjustment Request Form' for **Fee For Service** is available for issues regarding overpayments and credit balance on claims more than 3 years old
- If a payment adjustment is required on a claim that is less than 3 years old, a replacement claim must be submitted
- The form is located at: https://medicaid.utah.gov/utah-medicaid-forms
- The form may be filled out online before printing
  - One form is required per claim
  - All required fields must be appropriately filled out or it will be returned to provider

Payment Adjustment Request Form

- Checks for Medicaid Operations related to:
  - Credit Balance
  - Third Party Liability for crossover claim payments
  - Overpayments older than three years
- Mail to:

  Bureau of Medicaid Operations, Payment Adjustments
  PO BOX 143106
  Salt Lake City, UT 84114-3106

- Checks for Third Party Liability payments (TPL) EXCLUDING crossover claim adjustments mail to:

  Office of Recovery Services
  Medicaid Section Team 85
  PO BOX 45025
  Salt Lake City, UT 84145-5025

Timely Filing

UTAH DEPARTMENT OF HEALTH MEDICAID

- All claims and adjustments for services must be received by Medicaid within twelve months from the date of service
- New claims received past the twelve month filing deadline will be denied
  - Any corrections to a claim must also be received and/or adjusted within the same 12-month time frame
- If a correction is received after the deadline, no additional funds will be reimbursed
  - In the case of Medicare Crossovers, all claims and adjustments must be received within six months of the Medicare decision
- The twelve month timely filing period is determined from the date of service or “from” date on the claim
  - The exception to this is for institutional claims that include a date of service span (i.e., a different “from” and “through” date on the claim)
    - The “through” date of service on the claim is used for determining the timely filing for institutional claims
- For additional information, see 42 CFR 447.45

Grievances, Appeals, and Hearings

States are required to have a fair hearing system that complies with the provisions of 42 CFR 431, Subpart E. The Department's administrative hearing procedures are described in Utah Administrative Code R410-14.

A provider can request a hearing to challenge an action. An **Action** is defined as:

- a denial, termination, suspension, or reduction of medical assistance for a recipient
- a reduction, denial or revocation of reimbursement for services for a provider
- a denial or termination of eligibility for participation as a provider
- a determination by skilled nursing facilities and nursing facilities to transfer or discharge residents
- an adverse determination, meaning a determination made that the individual does not require the level of services provided by a nursing facility or that the individual does not require specialized services
- an adverse benefit determination made by an MCE (see next slide)

The purpose of the fair hearing will be to determine whether the Action taken was in accordance with Medicaid policy. Requests for a hearing, other than those challenging an adverse benefit determination made by an MCE, must be filed within **30 calendar days** of the date the Department sent the provider notice of its intended action. Request for Hearing forms can be found on the Department's website.

Grievances, Appeals, and Hearings

MCEs are required by federal regulations to have a Grievance and Appeals System.

Appeals of Adverse Benefit Determinations: An appeal is a review by an MCE of an adverse benefit determination (ABD). ABDs include, but are not limited to MCE's denying payment in whole or part, denying or limiting authorization of a requested service, etc.

- If an MCE makes an ABD, the MCE must send notice of the ABD explaining how to request an appeal of the ABD. An appeal request must be filed with the MCE within 60 calendar days from the date on the notice of the ABD.
- If the MCE's appeal decision is adverse, a State fair hearing with the Medicaid agency may be requested. A hearing must be requested within 120 calendar days from the date of the MCE's notice of ABD resolution.

Grievances: A grievance is an expression of dissatisfaction about any matter other than an ABD. Grievances may include, but are not limited to the quality of care or services provided by the MCE, rudeness of MCE providers or employees, failure to respect Medicaid member's rights, etc.

- Grievances may be filed with the MCE at any time. MCEs must address the grievance within 90 calendar days from the date the MCE receives the grievance.

Electronic Visit Verification (EVV)

UTAH DEPARTMENT OF HEALTH MEDICAID

- Electronic Visit Verification (EVV) requirements, defined in section 12006 of the 21st Century Cures Act, were effective for Utah Medicaid beginning July 1, 2019
- EVV requirements apply to all personal care services and home health care services provided under the State Plan or a 1915 (c) Home and Community Based Waiver
- The effective date is for both personal care services and home health services; however, disallowance for claims with incomplete records did not occur until January 1, 2020, for personal care services and will occur January 1, 2023, for home health care services

Electronic Visit Verification (EVV)

UTAH DEPARTMENT OF HEALTH MEDICAID

Choice of reporting systems for EVV are by provider preference but must meet all federal requirements, including the standards set in the Health Insurance Portability Accountability Act. The State will not implement a mandatory model for use. All provider choice EVV systems must be compliant with requirements of the Cures Act including:

1) type of service performed;
2) individual receiving the service;
3) date of the service;
4) location of service delivery;
5) individual providing the service; and
6) time the service begins and ends.

For inquiries, feedback, and questions regarding Electronic Visit Verification, email: dmhf_evv@utah.gov

Record Keeping

UTAH DEPARTMENT OF HEALTH MEDICAID

- The Utah Department of Health, Division of Medicaid and Health Financing, follows the provisions of the Government Records Access and Management Act (GRAMA) in classifying records and releasing information
- Medicaid providers must comply with all disclosure requirement in 42 CFR 455, Subpart B, such as those concerning practice ownership and control, business transactions, and persons convicted of fraud or other crimes
- Every provider must comply with the following rules regarding records noted in Section I: General Information, Chapter 4, on the Utah Medicaid website https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf

Questions and Answers

UTAH DEPARTMENT OF HEALTH MEDICAID

UTAH DEPARTMENT OF HEALTH MEDICAID

DIVISION OF MEDICAID & HEALTH FINANCING

Prior Authorization

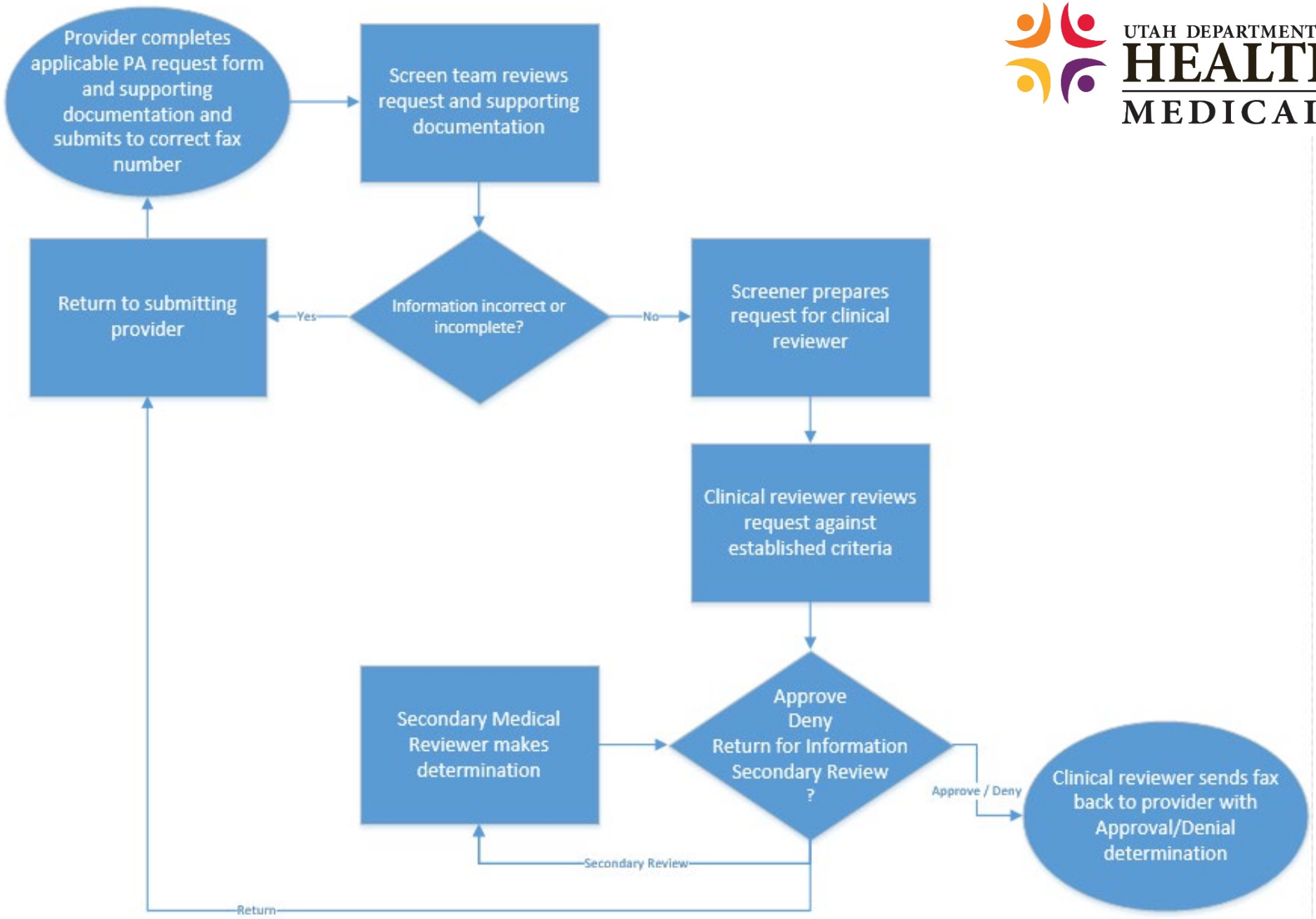
Bureau of Healthcare Policy & Authorization

UTAH DEPARTMENT OF HEALTH MEDICAID

Medical Prior Authorization Team

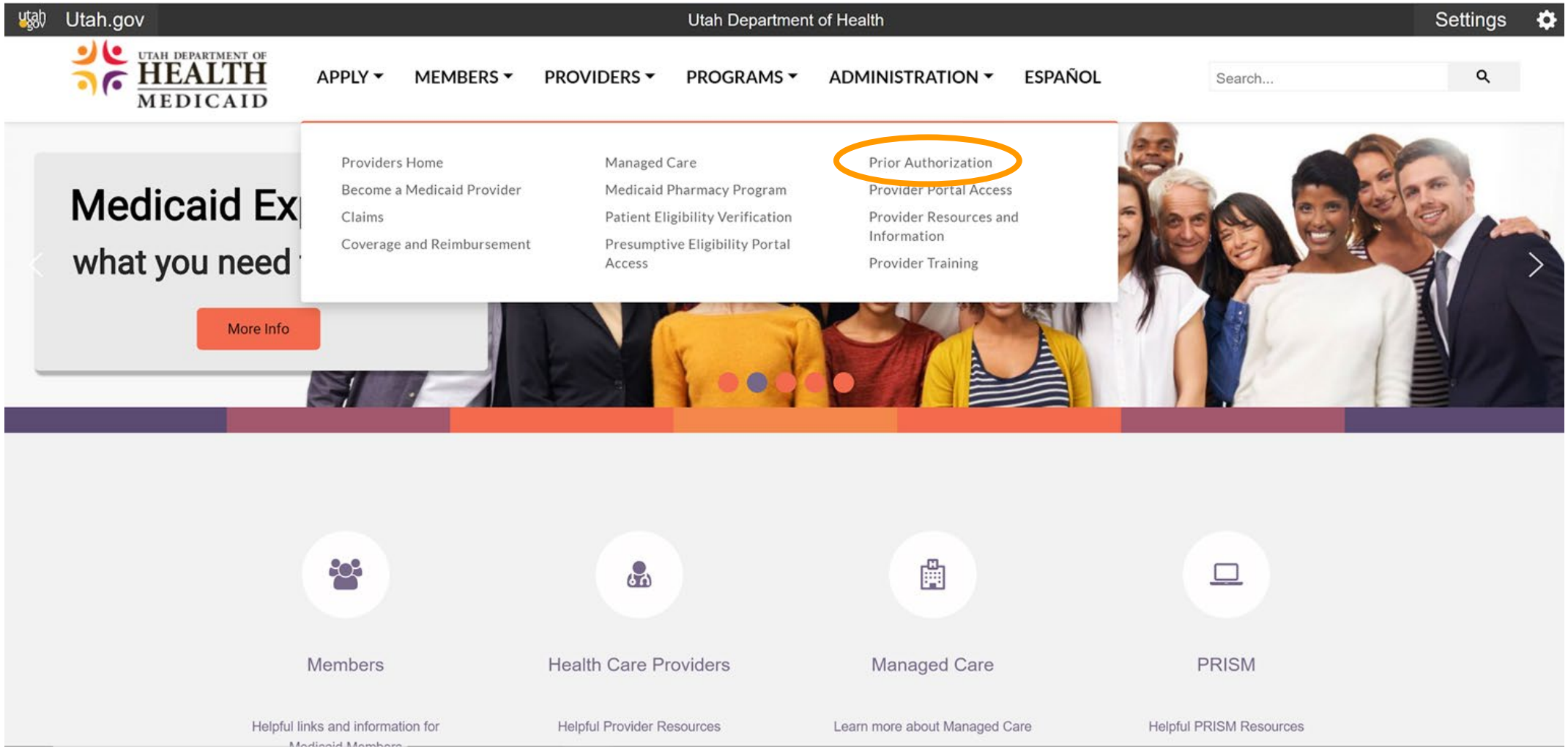
- Receive and review prior authorization requests and clinical documentation in order to determine if the requested service meets established policy
- Correspond with providers on whether service is approved, denied, or more information is required

MEDICAL PRIOR AUTHORIZATIO N PROCESS



UTAH DEPARTMENT OF HEALTH MEDICAID

Prior Authorization on the Website



Where Do I Locate Forms?

UTAH DEPARTMENT OF HEALTH MEDICAID

UTAH DEPARTMENT OF HEALTH MEDICAID

APPLY MEMBERS PROVIDERS PROGRAMS ADMINISTRATION ESPAÑOL

Search...

Prior Authorization

- Pharmacy Criteria Forms
- Medical Criteria
- General PA Forms
- Resident Assessment Forms
- Coverage and Reimbursement Lookup Tool
- Contact Us
- Frequently Asked Questions
- Manuals

Prior Authorization Request Forms

UTAH DEPARTMENT OF HEALTH MEDICAID

Forms

- Prior Authorization Request Form
- Abortion Acknowledgment Form
- Applied Behavior Analysis (ABA) Services Prior Authorization Request Form
- Autism Spectrum Disorder Diagnostic Confirmation Form
- Enteral Formula Request Form
- Genetic Testing Prior Authorization Request Form
- Home Health Prior Authorization Form
- Hospice Independent Physician Review for Extended Care
- Hospice Post-Authorization for Service Intensity Add-On (SIA)
- Hospice Prior Authorization Request Form
- Hysterectomy Acknowledgment Form
- Hysteroscopic Tubal Occlusive Device
- Out of Area Food and Lodging Form
- Out of State Travel Form
- Personal Care Agency Functional Assessment Form
- Personal Care Services Worksheet
- Physical Therapy and Occupational Therapy Prior Authorization Request Form
- Private Duty Nursing Acuity Grid
- Private Duty Nursing Acuity Grid (Printable)
- Sterilization Consent Form
- Sterilization Consent Form (Spanish)
- SUD Residential Treatment Services Prior Authorization Request Form
- Wheelchair Initial Evaluation Form
- Wheelchair Initial Evaluation Form (Printable)

- Forms listed in alphabetical order
- General form at top
- Service specific forms
  - Use most appropriate

Other PA Forms

UTAH DEPARTMENT OF HEALTH MEDICAID

Forms

- Prior Authorization Request Form
- Abortion Acknowledgment Form
- Applied Behavior Analysis (ABA) Services Prior Authorization Request Form
- Autism Spectrum Disorder Diagnostic Confirmation Form
- Enteral Formula Request Form
- Genetic Testing Prior Authorization Request Form
- Home Health Prior Authorization Form
- Hospice Independent Physician Review for Extended Care
- Hospice Post-Authorization for Service Intensity Add-On (SIA)
- Hospice Prior Authorization Request Form
- Hysterectomy Acknowledgment Form
- Hysteroscopic Tubal Occlusive Device
- Out of Area Food and Lodging Form
- Out of State Travel Form
- Personal Care Agency Functional Assessment Form
- Personal Care Services Worksheet
- Physical Therapy and Occupational Therapy Prior Authorization Request Form
- Private Duty Nursing Acuity Grid
- Private Duty Nursing Acuity Grid (Printable)
- Sterilization Consent Form
- Sterilization Consent Form (Spanish)
- SUD Residential Treatment Services Prior Authorization Request Form
- Wheelchair Initial Evaluation Form
- Wheelchair Initial Evaluation Form (Printable)

- Other forms in same list
- Consent forms
- Ancillary required forms

Request Form Basics

UTAH DEPARTMENT OF HEALTH MEDICAID

- Use correct form for requested service
- Use most current request forms
- Fill in required fields
- Use spaces provided
- Fax to appropriate number
- Forms can be typed
- Fee For Service and carve-out requests only

- **Example PA's available**

Prior Authorization Helpful Tips

UTAH DEPARTMENT OF HEALTH MEDICAID

- Check member eligibility: https://medicaid.utah.gov/eligibility-lookup-tool
- Check Coverage and Reimbursement Lookup Tool: http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php
- Only submit clinical documentation that is current and relevant
- Include all required documents, forms, and/or consents
- Include required modifiers (e.g. LL, RR, RT, LT)
- Include conservative treatment documentation, including type of treatment and length of treatment

What Happens to My Request?

UTAH DEPARTMENT OF HEALTH MEDICAID

- **Approved**
  - You will receive a fax stating the request is approved with the prior authorization attached
- **Returned**
  - **Data Entry –** You will receive a return letter addressing the data entry items that are incomplete or incorrect (e.g. outdated form, incorrect Medicaid ID#, missing a required field)
  - **Clinical -** You will receive a return letter addressing what clinical documentation is missing, upon resubmission, you must include the following:
    - Address every issue that was mentioned in the return letter and include all original documentation
    - Update your PA request form (e.g. date of request)
- **Denied**
  - You will receive a denial letter explaining what was denied and why
  - A Request for Hearing form will be attached and must be submitted within 30 days of the date of denial

What Happens to My Request?

UTAH DEPARTMENT OF HEALTH MEDICAID

- **Pended (temporary internal status)**
  - **Data Entry Review –** Requests that have been verified to have all data entry items completed on the correct form and are pending a primary clinical review for medical necessity
  - **Secondary Review -** Requests that have undergone a primary clinical review and have been referred on for a higher level review (e.g. review by physician or utilization review committee)

Retroactive Authorization

UTAH DEPARTMENT OF HEALTH MEDICAID

- There are limited circumstances when a prior authorization would be given after a service is rendered:
  - Retroactive Medicaid eligibility
    - Retroactive authorization must be requested within 90 days of Medicaid eligibility determination
  - Medical supplies provided in a medical emergency
    - Retroactive authorization must be requested within 90 days of the medical emergency
  - Medical emergency
    - Retroactive authorization must be requested within 90 days of medical emergency

Retroactive Authorization

UTAH DEPARTMENT OF HEALTH MEDICAID

- Surgical exceptions (e.g. surgical procedure changed or discovered intraoperatively)
  - Retroactive authorization must be requested within 90 days of surgical procedure
- Anesthesia exceptions (e.g. surgeon did not obtain prior authorization)
  - Retroactive authorization must be requested within 90 days of surgical procedure
- Complete the request for prior authorization and include the reason the service was provided without prior authorization
- Include all required medical record documentation and send the request to the appropriate fax number listed on the request form or form instructions
  - See the Section 1 Medicaid manual for complete details

Where Can I Find Criteria?

UTAH DEPARTMENT OF HEALTH MEDICAID

UTAH DEPARTMENT OF HEALTH MEDICAID

Apply Members Providers Programs Administration Español

Prior Authorization

- Pharmacy Criteria Forms
- Medical Criteria
- General PA Forms
- Resident Assessment Forms
- Coverage and Reimbursement Lookup Tool
- Contact Us
- Frequently Asked Questions
- Manuals

Other Sources

- Coverage and Reimbursement Lookup Tool
- Email medicaidcriteria@utah.gov for specific criteria that can't be found on the web (24 hour response time)

What's New in Prior Authorization

UTAH DEPARTMENT OF HEALTH MEDICAID

- Updated PA request forms
  - New urgent request option
- New PA request forms
  - Durable Medical Equipment
- Update to InterQual criteria and provider manuals
- Updated PA requirements (Check Coverage and Reimbursement Look-up Tool for PA requirements)
- New staffing and method for how prior authorization requests are processed

PA Data

UTAH DEPARTMENT OF HEALTH MEDICAID

- Medical PA
  - Process an average of 2,700 prior authorizations per month
  - Receive approximately 1,000 phone calls per month
  - 35-40% of requests are returned on the initial request
  - Utilizing data to drive decision making

- Pharmacy
  - Processes an average of 1,445 prior authorizations per month
  - Receives an average of 621 phone calls per month
  - Utilizing data to drive decision making

FAQ's

UTAH DEPARTMENT OF HEALTH MEDICAID

- Pharmacy Criteria Forms
- Medical Criteria
- General PA Forms
- Resident Assessment Forms
- Coverage and Reimbursement Lookup Tool
- Contact Us
- Frequently Asked Questions
- Manuals

What do I need to send in with my request?

How do I know if my request was received?

My claim was denied because it required prior authorization, what do I do now?

I already received a prior authorization but the code that I asked for is not the code that I needed?

How do I know which fax box to use?

Can you pull this request (out of order) and process it?

Questions and Answers

UTAH DEPARTMENT OF HEALTH MEDICAID

If you have questions...

UTAH DEPARTMENT OF HEALTH MEDICAID

The following email addresses are managed by each team and can be used to get answers to your questions in these respective areas:

- Customer Service - 801-538-6155 Option 3, Option 2
- Medical Policy - dmhfmedicalpolicy@utah.gov
- Pharmacy - medicaidpharmacy@utah.gov
  801-538-6155 Option 3, Option 3, Option 2
- Prior Authorization - medicaidcriteria@utah.gov
  801-538-6155 Option 3, Option 3, Listen for appropriate program

UTAH DEPARTMENT OF HEALTH MEDICAID

DIVISION OF MEDICAID & HEALTH FINANCING

Medicaid Pharmacy Program

Bureau of Healthcare Policy & Authorization

UTAH DEPARTMENT OF HEALTH MEDICAID

Pharmacy Program Team

- Manages the pharmacy benefit for Fee For Service(FFS) Medicaid members to ensure the safe, appropriate, and cost-efficient use of medications
- Pharmacy team members:
  - Clinical pharmacists
  - Pharmacy technicians
  - Clinical consultants
- Functions
  - Determining pharmacy program coverage
  - Reviewing prior authorizations
  - Creating pharmacy policy in conjunction with DUR and P&T Committees
  - Interacting with pharmacy providers, prescribers, and members
  - Coordinating with other Medicaid bureaus

Did You Know?

UTAH DEPARTMENT OF HEALTH MEDICAID

- Pharmacy services are a covered benefit for Medicaid members but is optional
  - Emergency Medicaid members (non-citizens) do not have pharmacy benefits
- Outpatient drugs included in contracts with the Accountable Care Organization (ACO) must be obtained through the ACO for their members. Carved-out services will be through the FFS benefit.
- Preferred Drug List (PDL) has been consolidated in the Resource Library: PDL, Criteria Limits Document, Brand over Generic List, Over-the-Counter (OTC) Drug list, Mandatory 3 Month Supply List, and Prior Authorization Forms list are now in one document
  - PDL vs Formulary:
    - Formulary lists what is covered and not covered
    - PDL is more inclusive, lists covered products that are either preferred or non-preferred
    - Definitions:
      - Preferred: covered products, need to be trialed first, may or may not require a prior authorization (PA)
      - Non-Preferred: covered products, requires a PA
- Medicaid Information Bulletins (MIBs) and Pharmacy Manual updated quarterly
- Fax Blasts, Utah Administrative Code R414-60 Medicaid Policy for Pharmacy Program (R414-60A DUR and R414-60B PDL)

Pharmacy Program Website

UTAH DEPARTMENT OF HEALTH MEDICAID

Utah.gov | Utah Department of Health

UTAH DEPARTMENT OF HEALTH MEDICAID

APPLY ▾ MEMBERS ▾ PROVIDERS ▾ PROGRAMS ▾ ADMINISTRATION ▾ ESPAÑOL

Search...

Welcome to the Utah Medicaid Pharmacy Program! Here you will find information regarding the Utah Medicaid Drug Program, the Drug Utilization Review Board (DUR), and the Drug Regimen Review Center (DRRC) project through the University of Utah. Click to Contact the Pharmacy Program

- Preferred Drug List
- P&T Committee
- Prior Authorization
- Drug Regimen Review Center
- Drug Utilization Review Board
- Resource Library

Pharmacy Prior Authorization(PA) Information

UTAH DEPARTMENT OF HEALTH MEDICAID

- PA forms located: https://medicaid.utah.gov/pharmacy/prior-authorization/
- 24 hours turnaround time within normal business hours in accordance with **Utah Code 26-18-105**
- 72-Hour Override: When a medical emergency occurs for a medication that requires a PA, a pharmacy provider may dispense up to a 72-hour supply of medication without obtaining a PA
- Retroactive prior authorization is not permitted, except in cases of retroactive Medicaid eligibility
  - Refer to Utah Medicaid Provider Manual, General Information, Section 1 for more information

Pharmacy Services Updates

UTAH DEPARTMENT OF HEALTH MEDICAID

- Prior Authorization Services started May 2019
- Peer to peer outreaches are to support improved clinical outcomes
- Mandatory 3 Month Supply: applies to maintenance medications
- HCPCS Billing versus Retail: Refer to the Lookup Tool
- 340B Billing: correct POS billing in Pharmacy Manual
- Hemophilia Sole Contract with the U of U ended 12/31/19
  - Changes to SPA and Rule
  - Case management services started 1/1/2020
- Hepatitis C Adherence Program started 4/1/2020
- Program Integrity Work
- Breast and Cervical Cancer cost sharing waived
- Maximum Acquisition Cost (MAC) pricing contract started 5/1/2020

Pharmacy Services Updates

UTAH DEPARTMENT OF HEALTH MEDICAID

- Comprehensive Opioid Policy
  - Morphine Milligram Equivalents (MME) Limits
    - 120 MME down to 90 MME, effective 7/1/2020
      - Exempted in members with an active cancer diagnosis G89.3
  - Concomitant Opioids and Benzodiazepines (bzd)
    - No concurrent use of long-acting opioid and bzd, effective 7/1/2019
    - Hit DUR override flag for short-acting opioids and bzd, effective 10/1/2019
  - Gabapentin/Pregabalin limits, effective 4/1/2020
    - Daily dose limits: Gabapentin 3600 mg/day and Pregabalin/Lyrica 600 mg/day
    - Concurrent use of gabapentin and pregabalin is not permitted
  - Opioids in Children, effective 7/1/2019
    - No more than 7 day supply of opioid in children
  - Opioids in Pregnancy, effective 10/1/2019
    - No more than 7 day supply of opioid in pregnancy
- Refill tolerance to 85% for all controlled substances, effective 4/1/2020

Pharmacy Services Updates

UTAH DEPARTMENT OF HEALTH MEDICAID

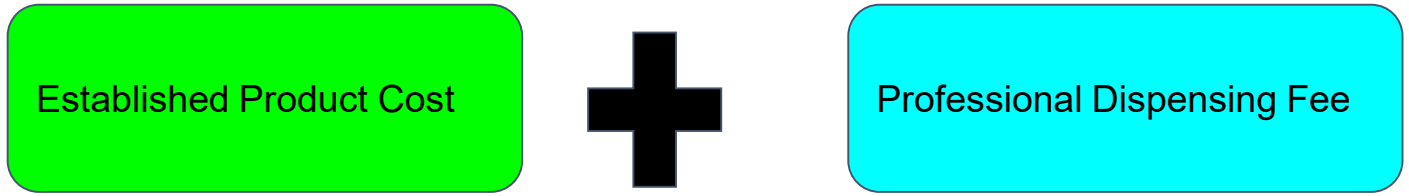
- Antipsychotics in Children
  - Dose limits for children under 20 yrs old
  - Prior authorization (PA) required for use in very young children (< 6 years old)
  - Diagnosis code required on all initial antipsychotic prescriptions
  - PA required for concurrent use with other antipsychotics

- Attention-Deficit/Hyperactivity Disorder (ADHD)
  - Effective July 1, 2020, quantity limits that align with FDA approved pharmaceutical package insert or approved compendia
  - PA required for concurrent use of amphetamine drug class with methylphenidate drug class, use of 3 or more stimulants, and stimulant use for patients under the age of 4

Reimbursement Methodology

UTAH DEPARTMENT OF HEALTH MEDICAID

- Covered outpatient drugs will be reimbursed based on:



- The payment for individual prescriptions shall not exceed the amount billed. The amount billed must be no more than the usual and customary charge (U&C) to the private pay patient. The “lesser of” methodology is used to establish Medicaid payments.
  - “Lesser of” logic : Reimbursement for brand and generic covered outpatient drugs will be as follows:

The lesser of the Utah Estimated Acquisition Cost (UEAC), Federal Upper Limit, National Average Drug Acquisition Cost (NADAC), Utah Maximum Allowable Cost (UMAC), or the Ingredient Cost Submitted.

Reimbursement Methodology

UTAH DEPARTMENT OF HEALTH MEDICAID

The Utah Medicaid professional dispensing fees are as follows:

1. $9.99 for urban pharmacies located in Utah;
2. $10.15 for rural pharmacies located in Utah;
3. $9.99 for pharmacies located in any state other than Utah; and
4. $716.54 for hemophilia clotting factor.

Urban pharmacies are pharmacies physically located in Weber, Davis, Utah and Salt Lake counties.

- One dispensing fee per 24 days per covered outpatient drug per pharmacy

Scenarios

UTAH DEPARTMENT OF HEALTH MEDICAID

Scenario #1: The pharmacy has a rejection for “PA required” on Trulicity. How do you know which product is preferred?

Answer: Refer to the Preferred Drug List. You will see that Trulicity is listed as Non Preferred under the GLP-1 Agonists. The preferred products are listed above it, under Preferred Drugs (Bydureon, BCise, Ozempic, Victoza).

Scenarios

UTAH DEPARTMENT OF HEALTH MEDICAID

Scenario #2: The pharmacy has a rejection for “PA required” on Quetiapine for a patient under 20 years old. What form do you fill out?

Answer: Navigate to the Medicaid Pharmacy Prior Authorizations form page online (Medicaid.utah.gov, Providers, Prior Authorization, Pharmacy Criteria Forms). The correct form is under “Antipsychotics in Children.” Please fill out the form and submit updated chart notes or a letter of medical necessity, supporting the criteria listed on the form.

Scenarios

UTAH DEPARTMENT OF HEALTH MEDICAID

Scenario #3: The diabetic testing supply you are looking for is not on the PDL. What does this mean? What do you do?

Answer: Diagnostic products not listed on the PDL are non-preferred products and cannot be processed through the pharmacy benefit. These products must be billed through the medical benefit as Durable Medical Equipment (DME).

Scenarios

UTAH DEPARTMENT OF HEALTH MEDICAID

Scenario #4: How do I know if a medication can be billed through POS or Medical (HCPCS Billing)?

Answer:

1) Refer to the PDL. Note that not all HCPCS codes are included in the PDL.

2) Refer to the Coverage and Reimbursement Lookup Tool. Enter the Provider Type and appropriate HCPCS code. The Lookup Tool will let you know whether it is billable under that specific Provider Type and if it will require a prior authorization.

COVID-19 Updates

UTAH DEPARTMENT OF HEALTH MEDICAID

- SCC 13 Fax Blast: Refill too soon related to COVID-19
- Co-pays waived for COVID-19 Diagnosis Codes
- Postage and Delivery Fees for COVID-19
- Some medications on shortage are removed off of the Mandatory 3 Month Supply List Resources Library
- Proof of delivery requirements are waived during the COVID-19 Emergency Period for non-CII prescriptions

Questions and Answers

UTAH DEPARTMENT OF HEALTH MEDICAID

Utah Office of Inspector General of Medicaid Services

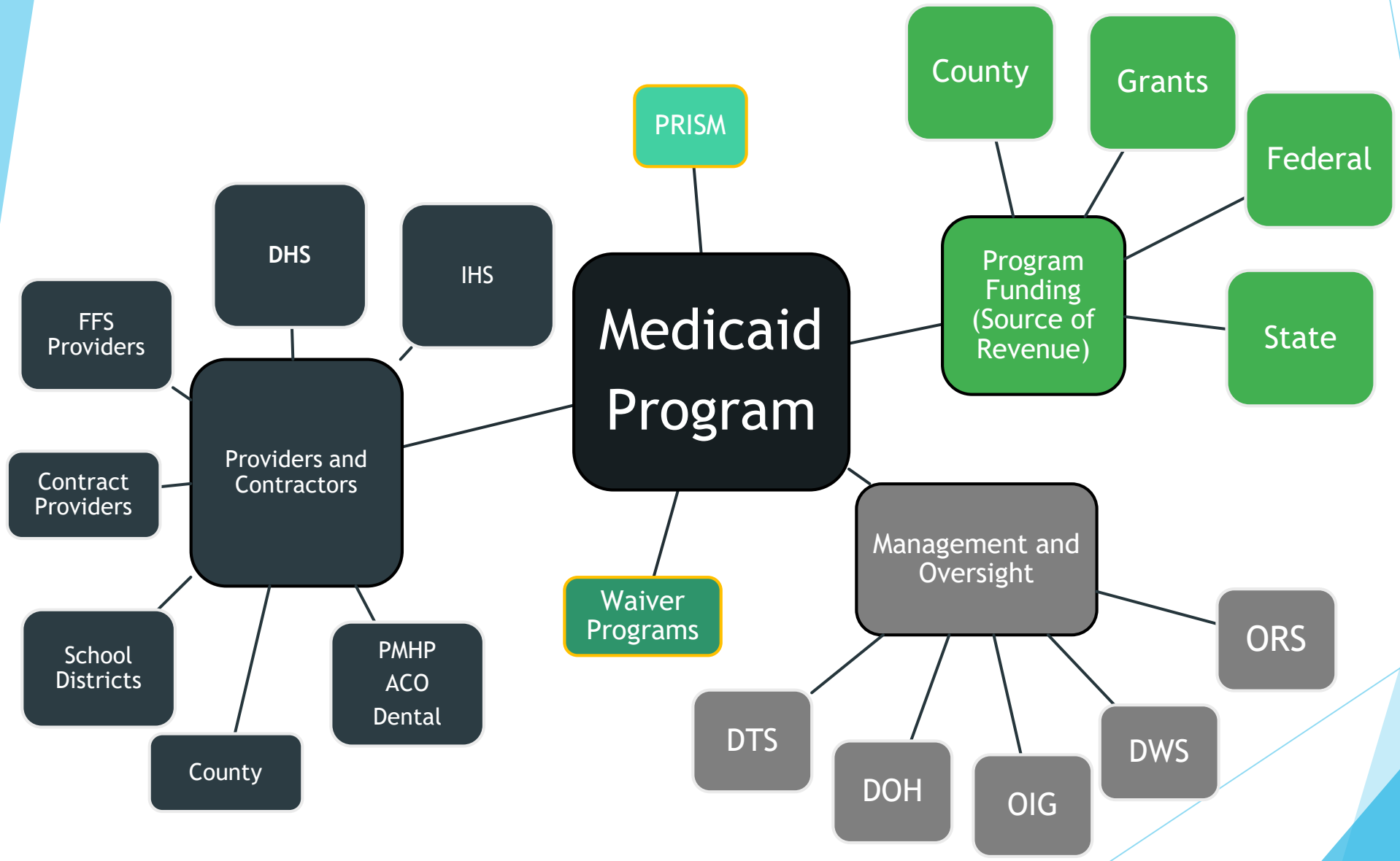
Utah Office of
Inspector General

About Utah OIG

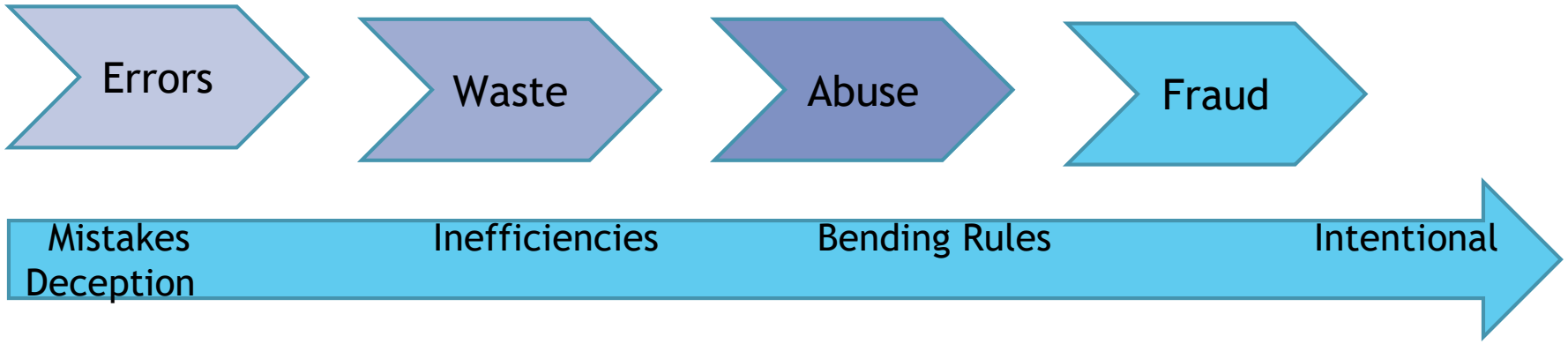
The Utah Office of Inspector General (Utah OIG) is an independent government agency tasked by statute to conduct oversight of the Utah Medicaid program. This includes audits, inspections, investigations, monitoring, education and training, and policy reviews.

Utah OIG is able to make recommendations to Medicaid about how to improve operations and efficiency of the program. The office works to identify, prevent and recover taxpayer monies that are expended as the result of fraud, waste and abuse.

Utah OIG Oversight Universe



Causes of Improper Payments



- Common errors include insufficient documentation:
  - CMS reported that insufficient documentation was the most common error
  - Overpayments may have been proper, but lack of documentation caused recovery as overpayment
- Majority of improper payments are unintentional errors
- Utah OIG identifies all causes of improper payments:
  - From mistakes to intentional deception

Utah OIG Statute – §63A-13-102 Definitions

- **Fraud**:
  - "intentional or knowing:
    (a) Deception, misrepresentation, or upcoding in relation to Medicaid funds, costs, a claim, reimbursement, or services; or
    (b) a violation of a provision of Sections 26-20-3 through 26-20-7."
- **Waste**:
  - "Overutilization of resources or inappropriate payment."
- **Abuse**:
  - "(a) an action or practice that:
    (i) is inconsistent with sound fiscal, business, or medical practices; and
    (ii) results, or may result, in unnecessary Medicaid related costs; or
  - (b) reckless or negligent upcoding."

Most Common Fraud and Abuse

- Billing for unnecessary services and equipment/supplies
- Billing for services or items not rendered
- Upcoding
- Unbundling
- Billing for non-covered services or items
- Kickbacks
- Recipient fraud (identity theft, eligibility, card sharing, doctor shopping, drug diversion)

Taxpayer Dollars and Resources

- **Utah OIG Mission**:
  - Protect taxpayer resources
  - Promote success of the Medicaid program through best practices, policy support and training
  - Manage careful balance between:
    - Proper payment of claims; and
    - Limiting burden on provider community through investigations and reviews to identify and prevent fraud, waste and abuse.
    - 63A-13-202(1)(L)(ii):
      - "balance efforts to reduce costs and avoid or minimize increased costs of the state Medicaid program with the need to encourage robust health care professional and provider participation in the state Medicaid program."

Audit

- Performs audits (i.e. determines the nature, scope and direction of the audit; reviews and analyzes available information, identifies potential issues, schedules audit, prepares audit work papers, etc.)
- Analyzes, summarizes and/or reviews data; reports findings, interprets results and/or makes recommendations.
- Writes or drafts correspondence, reports, documents and/or other written materials.
- Ensures compliance with applicable federal and/or state laws, regulations, and/or agency rules, standards and guidelines, etc.
- Plans and manages projects and/or programs. Writes (or discusses) project/program plan(s), recommendation(s) and/or finding(s) with departments or organizations.

Data

- Access to Medicaid Claims data
- Data can confirm credible allegation of fraud
- Assist nurse investigators and auditors in investigations
- Have ability to look at data for reported or suspected billing inconsistencies
- Pull monthly random samples to check for billing inconsistencies
- Data is not a standalone tool for fraud detection, but can identify patterns of fraudulent behavior not otherwise apparent. Together with other tools, can help identify suspected fraud

Program Integrity (PI)

Medicaid Program Integrity is a system of reasonable and consistent oversight of the Medicaid program. Program Integrity effectively:

- Encourages compliance
- Maintains accountability
- Protects public funds, both federal and state
- Supports awareness and responsibility
- Ensures that providers meet participation requirements
- Ensures that services are medically necessary
- Ensures payments are for the correct amount and for covered services

The goal of Program Integrity is to reduce and eliminate fraud, waste, and abuse in the Medicaid program. The program integrity function seeks to fulfill that goal through prevention, investigations, education, audits, recovery of improper payments, and cooperation with the Medicaid Fraud Control Unit (MFCU)

Program Integrity

- 42 CFR § 455.13 – Methods for identification, investigation and referral. The UOIG must ***create methods and criteria for identifying suspected fraud cases***.
- 42 CFR § 455.14 – Preliminary Investigation. The UOIG ***investigates all allegations of fraud, waste, or abuse referred to the office***.
- 42 CFR § 455.15 – Full Investigation. If the preliminary investigation leads the agency to believe that fraud or abuse has occurred, we must ***refer the case to the Medicaid Fraud Control Unit (MFCU)***
- 42 CFR § 455.20 – ***Beneficiary Verification***. The UOIG fields referrals from recipients who received an EOMB from Utah Medicaid, but are concerned that they did not receive the services.
- 42 CFR § 455.21 – Cooperation with State Medicaid Fraud Control Unit. ***The UOIG must refer all suspected cases of provider fraud to the MFCU***.
- 42 CFR § 455.23 – Suspension of payments in cases of fraud. The UOIG must ***suspend all Medicaid payments to a provider after the agency determines there is a credible allegation of fraud*** for which an investigation is pending, unless the agency has good cause to not suspend payments or to suspend payment only in part.
- 42 CFR § 456.23 – Post payment review process. The UOIG must ***develop and review beneficiary utilization profiles, provider service profiles, and exceptions criteria***. This allows us to correct misutilization practices of beneficiaries and providers.

Program Integrity

- Intake of complaints
- Conducts preliminary reviews to verify complaints
- Makes referrals to other entities and makes termination recommendations
- Performs comprehensive reviews on providers
- Conducts site visits
- Educates providers
- Participates in OIG-initiated focused reviews and special projects

Policy

Policy Reviews:

- Required by Utah OIG Statute
- Review and advise on Policy questions for audits and investigations
- Conduct reviews of draft Medicaid policies prior to publication:
  - MIBs, Provider Manuals, Rules and State Plan Amendments
  - Identify potential conflicts or concerns in policy

Training

Provider Training:

- Improve the program for the providers and recipients
- Protect taxpayer resources through efficiencies
- Share policy recommendations and changes
- Information sharing about current oversight trends
- Develop audit, policy and investigation leads and contacts

Utah OIG can participate in training, seminars and conferences.

Current Trends

- Telehealth
- COVID 19 Lab “extra services”
- Providing services not requested by patient
- Poor or missing documentation

Reporting to the Utah OIG

SUSPECTED FRAUD, WASTE OR ABUSE MAY BE REPORTED TO THE UTAH OFFICE OF INSPECTOR GENERAL. REPORTS CAN COME FROM ANYBODY AND CAN BE ANONYMOUS. PLEASE CALL THE UTAH OIG HOTLINE:

(855) 403-7283

OR COMPLETE A REFERRAL ON THE UTAH OIG WEBSITE:

https://oig.utah.gov/

Reporting Medicaid Fraud, Waste, Abuse or Neglect

Utah Office of Inspector General of Medicaid Services
Provider & Recipient
Fraud, Waste & Abuse
Telephone: 801-538-6087/855-403-7283
https://oig.utah.gov/

Medicaid Fraud Control Unit (MFCU)
Provider Fraud, Waste, Abuse, Neglect & Financial Exploitation
Telephone: 801-281-1259
https://attorneygeneral.utah.gov/uncategorized/mfcu/

Utah Department of Workforce Services
Recipient Eligibility Fraud
Email: wsinv@utah.gov
Telephone: 800-955-2210

Utah Adult Protective Services
Abuse, Neglect & Exploitation of Vulnerable Adults
Telephone: 800-371-7897
https://daas.utah.gov/adult-protective-services/

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