

PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
Special Medicaid Edition – 2023



PROVIDER CONNECTION: YOUR NEED-TO-KNOW SOURCE

Provider Connection delivers timely updates regarding University of Utah Health Plans provider networks and products every quarter: February, May, August, and November.

This special edition of *Provider Connection* addresses changes that impact your administrative processes in relation to Healthy U Medicaid, as well as Utah Medicaid business.

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HEALTH PLANS
UNIVERSITY OF UTAH

MEDICAID TRANSITIONS FROM MMIS TO PRISM

After many years of planning, Utah Medicaid is transitioning from their Medicaid Management Information System (MMIS) to the Provider Reimbursement Information System for Medicaid (PRISM) tool, **effective April 3, 2023**. Providers have been using the enrollment component of PRISM since 2016; beginning in April, PRISM will replace all MMIS operations.

As with any implementation of a new system, there are several notable changes—some of which impact the University of Utah Health Plans Healthy U (Medicaid) plans—as well as Utah Medicaid Fee-For-Service (FFS). **Changes outlined in this special-edition newsletter will impact Healthy U claims with an adjudication date of February 27, 2023, regardless of the date of service.**

Note: Providers must be enrolled with Utah Medicaid prior to rendering service to ANY Medicaid member, including Healthy U or other ACO-plan members, to ensure claims are processed appropriately. Enrollment with Medicaid does not mean you must care for Medicaid Fee-For-Service (FFS) members, or any ACO with which you are not contracted. Once enrolled, you can choose with which managed-care network(s) you wish to contract. However, if you see any Medicaid-eligible member prior to enrolling with Utah Medicaid, those claims will be denied.

KEY DATES IMPACTING YOUR BUSINESS WITH HEALTHY U MEDICAID

New claims criteria applied to all Healthy U claims **adjudicated** beginning February 27, 2023

Utah Medicaid "freeze" period

PRISM go-live for eligibility and other enhancements

February 27, 2023

March 13 to April 2, 2023

April 3, 2023

BEGINNING FEBRUARY 27, 2023

CLAIMS AND PAYMENT

All Healthy U claims **adjudicated beginning February 27, 2023** will be processed in accordance with Utah Medicaid's new criteria, regardless of the date of service. Adjustments may occur after PRISM "go live," based on updated information from Utah Medicaid.

PAPER CLAIM SUBMISSION

Medicaid will no longer accept FFS claims submitted on a paper claim form.

Although University of Utah Health Plans **will** continue to accept paper claims for services rendered to our Healthy U members, it is much more efficient to submit claims and receive payments and remittance advices electronically through Electronic Data Interchange (EDI) transactions.

Visit the [EDI page on our Provider Website](#) to learn more about EDI and enroll.

- » If already enrolled in EDI, work with your clearinghouse to comply with electronic claims submission requirements.
- » **Paper claims sent directly to Utah Medicaid after February 22, 2023 will be destroyed.** Medicaid will not notify the provider when this occurs.
- » Submit claims as soon as possible to avoid any timely filing denials or issues.

ORDERING/REFERRING PROVIDER REQUIRED

The ordering/referring provider and their NPI is required, **AND** the provider must be enrolled with Utah Medicaid for the following claim types:

- » **Home health**
- » **Durable medical equipment**
- » **Hospice**
- » **Lab and x-ray**

The following message codes will be displayed on the RA if the ordering/referring provider **does not have a valid Medicaid enrollment**.

Claim Adjustment Reason Code (CARC)	CARC Description	Remittance Advice Reason Code (RARC)	RARC Description
183	The referring provider is not eligible to refer the service billed.	N767	The Medicaid state [Utah] requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.
184	The prescribing/ordering provider is not eligible to prescribe/order the service billed.	N767	The Medicaid state [Utah] requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.

OPERATING PROVIDERS REQUIRED TO BE ENROLLED

The following message code will be displayed on the RA if the **operating provider** reported by the hospital **does not have a valid Medicaid enrollment**.

Claim Adjustment Reason Code (CARC)	CARC Description	Remittance Advice Reason Code (RARC)	RARC Description
16	Claim/service lacks information	N262	Missing/incomplete/invalid operating provider primary identifier

In addition, we've received many claims with an operating provider being reported when no operation took place. Operating providers should **ONLY** be reported on claims for an operation.

BILLING PROVIDERS REQUIRED TO BE ENROLLED

Likewise, the **billing provider must be enrolled with Utah Medicaid.**

CARC	CARC Description	RARC	RARC Description
299	The billing provider is not eligible to receive payment for the service billed.	N767	The Medicaid state [Utah] requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.

SERVICING/RENDERING PROVIDER REQUIRED

Every claim submitted by **Mental Health and Substance Use Disorder providers** must include the **servicing/rendering provider** AND the provider must be enrolled with Utah Medicaid. Claims submitted without the servicing/rendering provider will be denied.

To avoid denied claims, we encourage all impacted offices to proactively review your provider rosters to ensure providers are enrolled with Utah Medicaid.

POSSIBLE CHANGE IN PAYMENTS TO GROUP PRACTICES

With the PRISM updates, **procedure codes will only be payable at the servicing/rendering-provider level.** Please make certain the rendering provider is **enrolled with Medicaid AND the procedure code is payable.** Otherwise, group practices may not be paid for certain procedures **if they are billing for provider types not authorized to perform that service**—based on Medicaid guidelines.

The following message codes will be displayed on the remittance advice if the rendering/attending provider is not eligible to perform the service.

CARC	CARC Description	RARC	RARC Description
185	The rendering provider is not eligible to perform the service billed.	N767	The Medicaid state [Utah] requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.
283	Attending provider is not eligible to provide direction of care.	N767	The Medicaid state [Utah] requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.

SUBMITTING CORRECTED CLAIMS

As we announced in the [End-of-Year, 2018 edition of the Provider Connection newsletter](#), submitting corrected claims via EDI 837 transmissions helps you avoid denials for duplicate claims, and enables us to process corrected claims much more efficiently.

Healthy U will no longer accept corrected claims unless submitted via EDI.

In Loop 2300 of an X-837:

- » In segment **CLM05-3**, insert the appropriate "Claim Frequency Type" code (i.e., **7 Replacement of prior claim**, or **8 Void/cancel prior claim**)
- » In segment **REF02**, enter the correct "Payer Claim Control Number" (claim number)

Note: It is the responsibility of the billing provider to submit corrected claims. Corrections requested via email, phone, or other means outside of the standard EDI transactions will not be accepted.

340B BILLING AND UD MODIFIER DISCONTINUATION

Claims billed to Medicaid under the 340B program will no longer accept **Modifier UD Drug or Biological Drug Acquired with 340B Discount Modifier**. Claims must be submitted using **Modifier TB Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes, and/ or JG Drug or biological acquired with 340B drug pricing program discount**.

LONG-TERM CARE STAYS (SNF, ICF/ID, LTAC)

For Medicaid-eligible stays in Skilled Nursing Facilities (SNF), Intermediate Care Facilities for the Intellectually Disabled (ICF/ID), or Long-Term Acute Care (LTAC) hospitals, **effective with new authorization requests or reports of long-term care stays, March 13, 2023* or later:**

- » Prognosis of recovery and discharge **within 30 calendar days** –
 - Coordinate with Healthy U. Stays of 30 days or less are the responsibility of the ACO.
- » Prognosis of recovery and discharge **greater than 30 days** –
 - Coordinate with Healthy U **and** the Department of Health and Human Services (DHHS).
 - DHHS will initiate disenrollment of the member from their managed care plan, **effective the FIRST day of the month following admission**.
 - Healthy U is responsible for the month of admission.

*Date is subject to change; DHHS will provide additional updates in a future MIB.

REPORTING DISCHARGE DATES ON CLAIMS FROM NURSING FACILITIES, ICF/IDS, AND SWING BEDS

The **Patient Status Code** is required to determine if the resident has been discharged. Facilities are required to: **(1)** correctly identify the **Patient Status Code**, in box 17 on the claim, and **(2)** report the **discharge hour** in box 16.

READMISSION AFTER HOSPITALIZATION

When a Healthy U member who is a resident of a nursing facility is admitted to a hospital, then is able to return to the original nursing facility, report the proper value code in **Loop 2300, Segment HI "Condition Information"** of the claim as follows:

- » **Within three consecutive days** – Do not report the date of discharge from the nursing facility. The days in hospital should be reported as noncovered days using **value code 81**.
- » **Readmission four or more days** – Report the interruption as a discharge and include the discharge status on their claims.

Only days when the member is actively in the nursing facility's care should be reported with **value code 80**.

PROVIDER ENROLLMENT

The PRISM system requires all Medicaid FFS providers to **select at least one specialty designation**. This can be accomplished via the PRISM Portal at the time of enrollment or during revalidation. While U of U Health Plans requires providers to declare their specialty during credentialing, we recommend providers also declare their specialty in PRISM to reduce the need for claims adjudication and possible denial.

Remember: Providers must be enrolled with Utah Medicaid prior to rendering service to ANY Medicaid member, including Healthy U or other ACO-plan members. If you have contracted with Healthy U or any other ACO prior to enrolling with Medicaid, be sure to let the ACO know when you do enroll, so claims are not delayed or denied pending enrollment.

PROVIDER TRAINING

To aid provider offices in navigating the many recent PRISM system changes, Medicaid has developed a [Comprehensive provider training for new PRISM system changes](#). This is an excellent opportunity to gather staff impacted by the changes to view the training and discuss how your business operations may be affected. Visit [PRISM Provider Training](#) to view a scheduled session, or email PRISMtraining@utah.gov to request a training.

Utah Medicaid and Healthy U are also encouraging providers to test the new system with the state prior to PRISM go live. If interested in testing, email PRISMtraining@utah.gov.

ADMINISTRATIVE HEARINGS DURING PRISM FREEZE

Beginning March 13, 2023 through April 2, 2023, the Department of Health and Human Services Office of Administrative Hearings will freeze day-to-day operations as they transition their systems to PRISM. This transition should not impact any fair-hearing cases for Medicaid members or providers. The fair hearing fax line will remain open. During the transition period, a member or provider can file a hearing request, inquiry, motion, and evidence on their case by faxing the Hearing Office at **801-536-0143**, or by email at utmedicaidhearings@utah.gov. The Hearing Office will continue to hold hearings as well as prehearing conferences. A member or provider can also call the Hearing Office at **801-538-6576**.

BEGINNING APRIL 3, 2023

CHECKING MEMBER ELIGIBILITY AND BENEFITS

As has always been best practice regarding Medicaid enrollees, remember to verify eligibility prior to every visit. Since Medicaid eligibility can change from month to month—or during the month—verify eligibility in the month of the visit, and no more than 10 days prior to the visit.

There are now three methods by which eligibility can be verified:

- » [PRISM Portal](#) (preferred, beginning April 3)

Particularly during the Medicaid freeze period:

- » [Medicaid Eligibility Lookup Tool](#)
- » Phone:
 - Salt Lake City area – **801-538-6155**
 - Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona, and Nevada – **800-662-9651**
 - From other states – **801-538-6155**

QUESTIONS?

We appreciate the care you provide our Healthy U members. In addition to the information in this newsletter, we encourage you to carefully study the following information.

UTAH MEDICAID RESOURCES

- » [PRISM Project Go Live](#)
- » [Utah Medicaid System Freeze – FAQ](#)
- » [PRISM Provider Training](#)

Utah Medicaid Enrollment – **801-538-6155** or **800-662-9651** option 3 then 4

U OF U HEALTH PLANS PRISM RESOURCES

Watch our "[Newsletter, Education & Resources](#)" pages for additional PRISM information and Healthy U impacts.

- » Click on the "**Newsletters**" link to view the latest *Provider Connection* newsletters
- » Click on the "**Educational**" link to view additional information as it becomes available

Healthy U Customer Service – **801-213-4104** or **833-981-0212**