

Autism Waiver Provider Meeting

May 8, 2014

Agenda

- Welcome
- Medicaid Card Change & Eligibility Look-up Tool
- New Enrollees & Open Enrollments
- VB-MAPP
- VB-MAPP Reporting
- Hour Banking
 - ABA Services
 - Respite Utilization
- Supervision by BCBA for In-Home Treatment
- In-Home Treatment Exception Request Form
- Professionalism & Coordination with Schools
- Clinical Review Contract
- Rural Rates
- Establishing Work Groups



UTAH DEPARTMENT OF
HEALTH

MEDICAID

New Tools for Providers from the PRISM Project

What is PRISM?

- PRISM: Provider Reimbursement Information System for Medicaid
- Medicaid is engaged in a multi-year project to replace the current Medicaid Management Information System (MMIS)
- PRISM is the new Medicaid system that will allow us to better serve providers and members

Overview: Tools for Providers



- New Medicaid Website (3/31/2014)
- Medicaid Member Card (7/1/2014)
- New Eligibility Lookup Tool for Providers (3/31/2014)

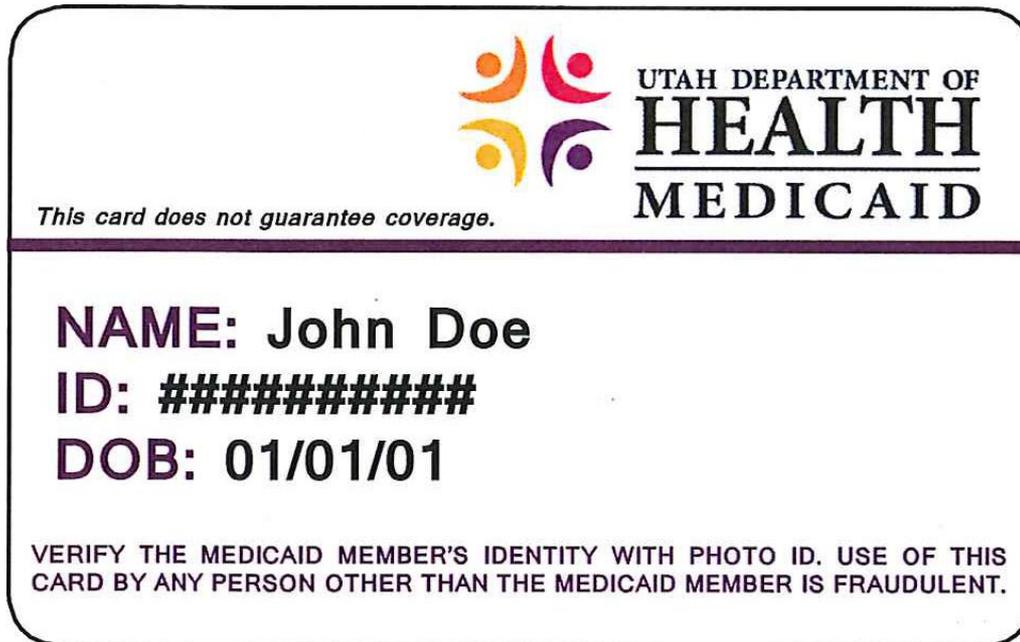
Key Features: Medicaid Website

- User-friendly navigation by subject areas
- Enhanced “Search” capability powered by Google
- Medicaid A to Z
- Dedicated area just for providers
- Quick links feature on Provider page



New Medicaid Member Card

- July 1st Medicaid members will no longer receive the color coded, full paper cards that show eligibility information
- Wallet sized medical cards, consistent with other insurance providers, will list the member's **name, Medicaid ID number, and date of birth**



- Providers will need to verify identity with a picture ID
- New cards will only be issued when card is lost or damaged and a new card is requested

Eligibility Verification

- Eligibility should be verified before any service is provided
- Members have a phone number to check eligibility
 - In the near future, they will also have a web tool to check eligibility
- Providers have *AccessNow* and a new electronic Eligibility Lookup Tool located on our website

All benefits, claims, and eligibility contact information is on the back of the new card.

Medicaid Members:

- Show this card with your photo ID before you get medical care
- For information about your Medicaid benefits or claims, call toll-free 1-844-238-3091
- To verify your Medicaid eligibility, visit mybenefits.utah.gov
- For changes affecting your eligibility, visit jobs.utah.gov/mycase or call 1-866-435-7414
- If you have other insurance, report changes to ORS at 1-800-821-2237

Medicaid Providers:

- Most members are enrolled in a health plan
- To verify eligibility, health plan enrollment, coverage dates, and covered benefits, call *AccessNow* at 1-800-662-9651 or visit medicaid.utah.gov/eligibility

Eligibility Lookup Tool

Home: Health Care Providers>Eligibility>Eligibility Lookup Tool

Provider ID *

(NPI/Atypical Provider ID)

Unique Identifiers	Demographics
Member ID <input type="text"/>	First Name <input type="text"/>
SSN <input type="text"/>	Last Name <input type="text"/>
	Date of Birth <input type="text"/> (mm/dd/yyyy)

Date of Service * Eligibility inquiries are limited to 36 months from the current date

If you need additional assistance, please contact Customer Service at
1(800)662-9651 OR (801)538-6155

Also available in Provider Quick Links on
the Health Care Providers page

Provider Quick Links

Eligibility Lookup Tool

Key Features: Eligibility Lookup Tool



Enables providers to view:

- Member demographics
- Member eligibility (including the past 36 months)
- Eligibility for the next month (after benefit issuance which is 6 business days before the end of the month)
- Plan enrollment information
- Provider restrictions
- Patient co-pays
- TPL and other health insurance

Summary: New Tools for Providers



For Provider Training for the New Medicaid
Website Visit:

<https://medicaid.utah.gov/provider-training-0>

For Website Tips and Tricks Visit:

[https://medicaid.utah.gov/Documents/pdfs/Tips
%20and%20Tricks.pdf](https://medicaid.utah.gov/Documents/pdfs/Tips%20and%20Tricks.pdf)



Q: WHAT WILL BE DIFFERENT ABOUT THE NEW MEDICAID MEMBER CARD?

A: Starting July 2014, Medicaid and PCN members will start receiving a new wallet-sized plastic Medicaid card. The new card will replace the current color-coded, full sheet of paper that shows the member's eligibility each month. You will no longer see a card for each month of a Medicaid member's eligibility.

Q: WHAT INFORMATION IS ON THE NEW CARD?

A: The new wallet-sized cards will not have eligibility information listed on them. Instead, they will have the member's **name, Medicaid ID number, and date of birth**. The back of the card has helpful contact information and websites for both providers and members.

Q: WHO WILL RECEIVE A NEW CARD?

A: Each Medicaid member in a household will receive their own card. The new Medicaid member card will be used whenever the member is eligible for Medicaid. A new card will NOT be mailed each month. Replacement cards will be issued if a card is lost or damaged.

Q: HOW DO I KNOW IF MY PATIENTS ARE ELIGIBLE FOR MEDICAID?

A: Before providing services to card holders, you will need to verify you patients' Medicaid eligibility. There are two ways to help you do so:

- 1) The Eligibility Lookup Tool: <https://medicaid.utah.gov/eligibility>
- 2) *AccessNow*: 1-800-662-9651

Q: WHAT IS THE ELIGIBILITY LOOKUP TOOL?

A: The Eligibility Lookup Tool is a website that allows a provider to electronically view a member's Medicaid eligibility and plan enrollment information. The Eligibility Lookup Tool will also tell you if the patient is restricted to a specific provider and if the patient is responsible for co-pays. In addition, the Eligibility Lookup Tool can be used to verify Primary Care Network (PCN) and Children's Health Insurance Program (CHIP) eligibility.

Q: WHAT DO I NEED TO DO TO GET ACCESS TO THE ELIGIBILITY LOOKUP TOOL?

A: In order to be in compliance with HIPAA, we must assure that only those that have the right to this information have access. A provider will have to register with the State of Utah Master Directory (UMD). Upon selecting "Eligibility Lookup Tool" (<https://medicaid.utah.gov/eligibility>) you will be prompted to log into the UMD before accessing the tool.

If you have not previously created a UMD Utah-ID and password, you can create an account from the login screen. The system will walk you through the activation process after you have selected "Create Account" in the shaded box to the left.

Q: WHAT INFORMATION WILL I NEED TO VERIFY MY PATIENT'S ELIGIBILITY?

A: To verify your patient's eligibility on the portal you will need the information off of the Medicaid card which includes member's **name, Medicaid ID and date of birth**. A provider must also have a Provider ID (NPI or API) known to Medicaid.

Q: CAN I STILL CALL ACCESSNOW FOR ELIGIBILITY INFORMATION?

A: Yes, *AccessNow* is still be available at 1-800-662-9651; however, the Eligibility Lookup Tool is faster, with more complete information that can be printed for your records.

Q: WHEN WILL THE ELIGIBILITY LOOKUP TOOL BE AVAILABLE?

A: The Eligibility Lookup Tool is available now at <https://medicaid.utah.gov/eligibility>.

Q: WHAT INFORMATION IS PRODUCED BY THE ELIGIBILITY LOOKUP TOOL?

A: Providers can view:

- Member demographics
- Member eligibility (including the past 36 months)
- Eligibility for the next month (after benefit issuance which is 6 business days before the end of the month)
- Plan enrollment information
- Provider restrictions
- Patient co-pays
- TPL and other health insurance

Q: WHY DOES THE NEW CARD SAY “VERIFY THE MEDICAID MEMBER’S IDENTITY WITH A PHOTO ID”?

A: To prevent someone else from fraudulently using a Medicaid card to get health care services, please verify the Medicaid card with photo ID, like a driver’s license.

Q: HOW WILL MY PATIENTS KNOW THEIR HEALTH/DENTAL PLANS, CO-PAYMENTS OR BENEFIT INFORMATION?

A: Members will receive a Benefit Letter in the mail that contains all their plan information. When there are changes, Medicaid will send a new Benefit Letter. In addition, members can call the Medicaid Member Services hotline at 1-844-238-3091 to check eligibility. In the near future, they will also have a web tool, similar to the Eligibility Lookup Tool, to check their eligibility online.

Q: WHAT IF MY PATIENT’S MEDICAID CARD GETS LOST OR DAMAGED?

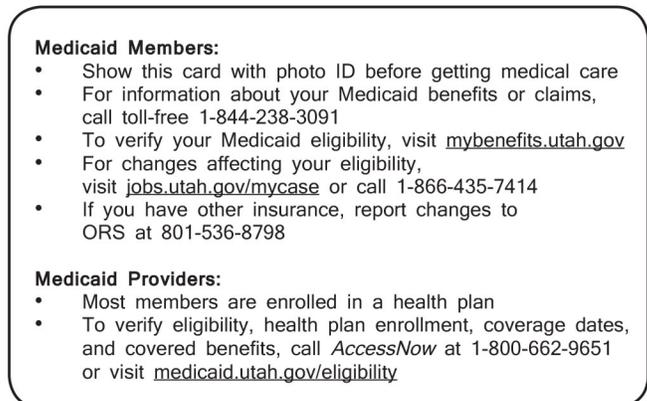
A: A Medicaid member can call the Department of Workforce Services at 1-866-435-7414 for a new card.

Q: WHAT WILL THE NEW CARD LOOK LIKE?

A: FRONT

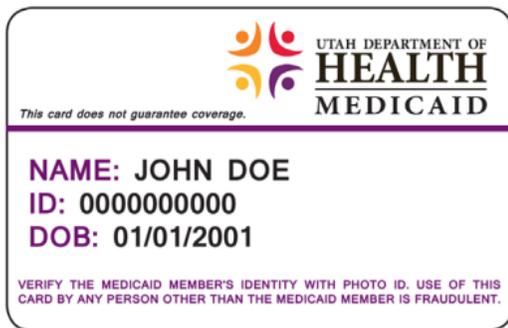


BACK



Coming Soon: New Medicaid Member Card

Starting **July 2014**, Medicaid and PCN members will get a different type of Medicaid card. Medicaid cards will no longer be mailed each month. **Please DO NOT lose or damage your card.** You will use this card whenever you are eligible for Medicaid.



Each Medicaid member in your household will get their own card.

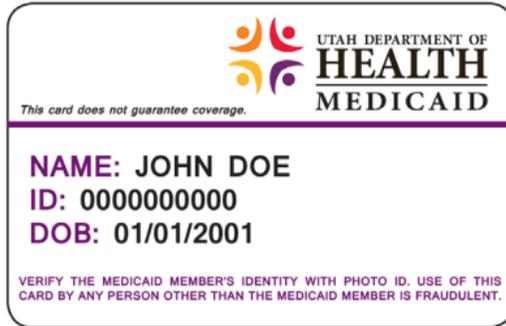
Your new card will replace the current full sheet of paper that shows your eligibility each month. Your new wallet-sized cards (like the one on the left) will not have eligibility information listed on it. Instead, it will have your name, Medicaid ID number, and date of birth.

Providers have a new website to verify eligibility and benefit information. Show your Medicaid card **BEFORE** you get medical care from a doctor, hospital, or pharmacy.



Próximamente: Nueva Tarjeta de Medicaid

Empezando en **julio de 2014**, los miembros de Medicaid y PCN recibirán un tipo diferente de tarjeta de Medicaid. Las tarjetas de Medicaid ya no van a salir mensualmente. **Por favor NO PIERDA ni dañe su tarjeta.** Usted va a usar esta tarjeta siempre que sea elegible para Medicaid.



Cada miembro de Medicaid en su hogar recibirá su propia tarjeta.

Su nueva tarjeta va a reemplazar la actual tarjeta de papel tamaño carta que muestra su elegibilidad cada mes. Su nueva tarjeta tamaño billetera (como la que aparece en la foto) no tendrá la información de su elegibilidad impresa en ella. Solamente tendrá su nombre, número de identificación de Medicaid, y fecha de nacimiento.

Los proveedores tienen un nuevo sitio web para verificar su elegibilidad y la información sobre sus beneficios. Enseñe su tarjeta de Medicaid ANTES de recibir los servicios médicos, tales como de doctor, de hospital, o de visitas a la farmacia.



Eligibility Lookup Tool Quick Start Card

To navigate to the Eligibility Lookup Tool go to **medicaid.utah.gov** and click on the **Health Care Providers** menu.



In the Health Care Providers section of the website, click **Eligibility Lookup Tool** in the Provider Quick Links area of the web page.

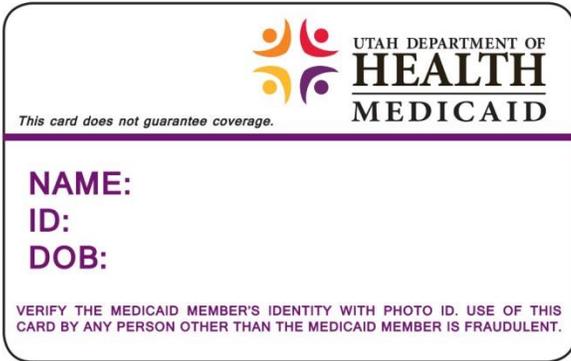


To proceed to the Eligibility Lookup Tool, login using your **Utah-ID and password**, or create an account if you had not previously created a Utah-ID and password.

The screenshot shows the login page on **medicaid.utah.gov**. The page title is 'Please Login'. There are two input fields: 'Email or Utah-ID' and 'Password'. The 'Email or Utah-ID' field is circled in red. Below the input fields is a 'Remember Me?' checkbox and a 'Login' button. On the left side, there are links for 'Create Account' and 'Forgot Password?'. At the bottom, there are links for 'Privacy Policy' and 'Ask for Help'.

Enter your Utah-ID and password or Click Create Account. When you are creating an account, the system will walk you through the activation process.

When the new Medicaid cards come out in July 2014, they will look like this with the member's name, Medicaid ID number, and date of birth.



- Medicaid Members:**
- Show this card with photo ID before getting medical care
 - For information about your Medicaid benefits or claims, call toll-free 1-844-238-3091
 - To verify your Medicaid eligibility, visit mybenefits.utah.gov
 - For changes affecting your eligibility, visit jobs.utah.gov/mycase or call 1-866-435-7414
 - If you have other insurance, report changes to ORS at 801-536-8798
- Medicaid Providers:**
- Most members are enrolled in a health plan
 - To verify eligibility, health plan enrollment, coverage dates, and covered benefits, call *AccessNow* at 1-800-662-9651 or visit medicaid.utah.gov/eligibility

In addition to your Provider ID, (NPI or API) the information off of the Medicaid card is all you need to use the Eligibility Lookup Tool!

Provider Lookup Tool

Enter:

- Provider ID
- One value in the Unique Identifiers column and two values from the Demographics column

or

- All three values from the Demographics column

and

- Date of Service
- Click **Submit**

Provider ID *

(NPI/Atypical Provider ID)

Unique Identifiers		Demographics	
Member ID	<input type="text"/>	First Name	<input type="text"/>
SSN	<input type="text"/>	Last Name	<input type="text"/>
		Date of Birth	<input type="text"/> (mm/dd/yyyy)

Date of Service * Eligibility inquiries are limited to 36 months from the current date

If you need additional assistance, please contact Customer Service at 1(800)662-9651 OR (801)538-6155

Results Page

Results include:

- Member Information
- Coverage Information
 - Eligibility Date Span
 - Benefit type
 - Program Type
 - Co-Pays
 - Health Plans
- Restriction
- Other Insurance
- Pharmacy Billing

Member Information			
First Name:	Wilma	DOB:	08/11/1973
Middle Initial:		Age:	40
Last Name:	Flintstone	Member ID:	1010101010
Gender:	F	Case Number:	42424242
Coverage Information			
Eligibility Date Span: 01/01/2014 - 01/31/2014			
Benefit Type:	Non-Traditional		
Eligibility:	Family Medicaid - Adult	Health Plan:	MOLINA-UT Phone: 888-483-0760
Program Type:			
Co-Pay:	Co-pay required for non-emergency use of ER, Dental Plan:		Phone:
Information:	Outpatient hospital and Physician services, Pharmacy & Inpatient Hospital		
Eligible Services:	This member is eligible for medical and pharmacy services.	Mental Health:	WASATCH MENTAL HEALTH Phone: 866-366-7987
		Substance Use Disorder:	UTAH COUNTY DRUG & ALCOHOL SVCS Phone: 801-851-7128
Restrictions	None		
Other Insurance	None		
Pharmacy Billing Info	None		
Today's Date: 04/08/2014		Date of Service: 01/01/2014	

Expectations for VB-MAPP Reporting

Name, Correct Age Associated with Test #

Accurate Dates & Milestone Totals

VB-MAPP Milestones Master Scoring Form

Child's Identifying Number:					Sample Child				
Test Number:	1	2	3	4					
Age at Testing:	2	2.5	3	3.5					

Key:	Score	Date	Color	Tester
1st Test	8.5	1/1/2013		BCBA
2nd Test	22	7/1/2013		BCBA
3rd Test	38.5	1/1/2014		BCBA
4th Test	55.5	7/1/2014		BCBA

Level 3

	Mand	Tact	Listener	VP/MTS	Play	Social	Reading	Writing	LRFFC	IV	Group	Linguistics	Math
15													
14													
13													
12													
11													

Level 2

	Mand	Tact	Listener	VP/MTS	Play	Social	Imitation	Echoic	LRFFC	IV	Group	Linguistics
10												
9												
8												
7												
6												

Level 1

	Mand	Tact	Listener	VP/MTS	Play	Social	Imitation	Echoic	Vocal
5									
4									
3									
2									
1									

Information on areas of improvement



MEMORANDUM

Division of Medicaid and Health Financing
Bureau of Authorization and Community Based
Services

DATE: May 8, 2014

TO: Medicaid Autism Waiver Service Providers

FROM: Tonya Hales, RN, Director,
Bureau of Authorization and Community Based Services

RE: Prohibition of Banking/Saving Authorized Service Hours

To provide additional clarification to Medicaid Autism Waiver service providers the following language will be added to the Medicaid Autism Waiver Provider Manual. The purpose of this memo is to provide guidance to the providers during the interim.

Intensive Individual Supports:

Intensive Individual Supports (IIS) are intended to be provided on a regular and ongoing basis. Banking of hours to be used at a later time is prohibited.

As the treating profession, the Board Certified Behavior Analyst (BCBA), in consultation with the family, is responsible to seek authorization to provide the amount of weekly IIS services that will meet the typical, ongoing needs of the child over a one year period. For example, if the BCBA has determined that the service utilization will realistically follow one pattern during the school months and a different pattern when the child is out of school for the summer, the BCBA's recommendation must reflect both utilization patterns. The anticipated utilization information will be displayed in the child's service plan to include the differences in utilization during the two periods.

In the above example, it is not acceptable to informally reduce the number of approved hours used during the school year then increase utilization during the summer months. Through the conscientious efforts of those involved in service planning, the service plan must reflect realistic utilization.

Because of the chronic nature of the services provided, in any given week, and due to a variety of unforeseen circumstances, it is understood that a child may receive slightly more or slightly less service than the typical utilization pattern listed on the service plan. These minor fluctuations in service utilization do not require further authorization from DSPD as long as the ratio of *Intensive Individual Supports – Consultant Service* to *Intensive Individual Supports – Direct Service* units is not changed, and the provider does not exceed annual budget amounts.

It is permissible to make up the treatment time a child has missed due to an illness or other temporary event.

During the year, if the BCBA identifies that the child's utilization needs have changed and the change is likely to be ongoing, the BCBA must submit the anticipated change to DSPD for approval.

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

**In-Home Treatment Exception Request
Medicaid Autism Waiver**

[Signatures to immediately Follow]

Requesting Person's Signature

Date

Parent/Guardian Signature

Date

Local Education Authority
(Signature only required if treatment is taking place in the school)

Date

Support Coordinator's Signature

Date

To be completed by the Department of Health

Request for Exception is: Approved Not Approved

Comments by Department of Health Representative:

Department of Health Signature

Date

Rural Rate Enhancement

Medicaid Autism Waiver

What will the effective rates be?

HCPCS Code	Urban	Rural
T1023 (U9)	\$20.00	\$22.40
T2013 (U9)	\$7.08	\$7.93

What will the enhancement be?

It will be a 12% enhancement to ABA services provided to the client. FMS and respite services will be excluded from the enhancement.

When will the rural rate enhancement apply?

The rural rate enhancement will apply when services are provided to a client who resides outside of the four Wasatch Front counties (Salt Lake, Utah, Davis, and Weber).