STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

DESCRIPTION OF THE ORGANIZATION AND FUNCTIONS OF THE MEDICAL ASSISTANCE UNIT AND AN ORGANIZATIONAL CHART OF THE UNIT

Attached is the description, function and organizational chart of the Medical Assistance Unit.

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MEDICAL ASSISTANCE UNIT DESCRIPTION

The Department of Health has designated the Division of Health Care Financing as the Medical Assistance Unit responsible for administration of the Medicaid program. Responsibilities include:

1. Overall management of the Medicaid program that includes budgeting, supervising, monitoring, and reporting.

2. Developing and maintaining Medicaid program policy.

3. Developing and pursuing cost management functions to assure reasonable and equitable reimbursement to providers, and to provide management information on related costs.

4. Processing and adjudication of provider invoices and encounter records.

5. Processing and monitoring contracts for administrative and medical services.

6. Promoting effective and positive relationships with Medicaid providers and responding to their inquiries regarding payment problems and notices.

7. Conducting and monitoring utilization review, utilization control and medical review functions carried out pursuant to federal regulations.

8. Controlling fraud and abuse by Medicaid clients and providers.

9. Adjudicating appeals.

10. Managing the contract for eligibility determination.

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ORGANIZATION AND FUNCTIONS
MEDICAL ASSISTANCE UNIT

PURPOSE - Utah Medicaid program:

The primary purpose of the Medicaid program is to provide eligible recipients access to quality health care services.

PROGRAM GOALS

The basic goals of the Utah Medicaid program are to accomplish the following in relation to Medicaid recipients.

1. Promote a healthy state population.
2. Prevent illness and premature death.
3. Correct or limit disability.
4. Treat illnesses and provide medical services.

PROGRAM OBJECTIVES

1. Develop and maintain a comprehensive program that focuses on medical and social concepts which allow individuals to attain or retain independence and self-care.
2. Establish appropriate standards to ensure quality medical services and adopt administrative methods that are furnished in a sympathetic, dignified and cost effective manner.
3. Provide adequate reimbursement mechanisms and fee schedules that allow access to medical providers who treat all illnesses.
4. Focus on medical social care as part of a comprehensive plan for service, not just on the payment of medical bills.

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ADMINISTRATION

The Division of Medicaid and Health Financing is responsible for the management and administration of the Medicaid program.

The Division Director and the division's six bureaus administer and coordinate program responsibilities to develop, maintain and administer the Medicaid program to comply with Title XIX of the Social Security Act, the laws of the state of Utah, and the appropriated budget. The Director's Office coordinates contract development, monitoring, staff training, and inventory control. The six bureaus have the following responsibilities:

1. Bureau of Coverage and Reimbursement Policy
   The general responsibilities of this bureau include medical policy development and interpretation, pharmacy program policy development and interpretation, medical and pharmacy service coverage determination, State Plan management, and rate setting.

2. Bureau of Financial Services
   The objectives and responsibilities of this bureau include monitoring, coordinating and facilitating the division's efforts to operate economical and cost effective medical assistance programs. The bureau is responsible for coordinating and monitoring federally mandated quality control systems, including internal and external audits to monitor Medicaid service programs, providers, and all third party liability activity. The bureau also performs budget forecasting and preparation, appropriation requests, legislative presentations, monitoring of program and administration expenditures, and federal reporting.

3. Bureau of Managed Health Care
   The general responsibilities of this bureau include cost effective managed care systems, educating Medicaid recipients, and providing recipients access to health care services. This bureau also oversees the Children's Health Insurance Program (CHIP), the Primary Care Network (PCN) and Utah's Premium Partnership for Health Insurance (UPP). It also provides advocacy for Medicaid, CHIP, PCN and UPP recipients, child access to EPSDT services, monitoring services of contracted entities, and collaborating with other entities to promote wellness among the Medicaid population.

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ADMINISTRATION (Continued)

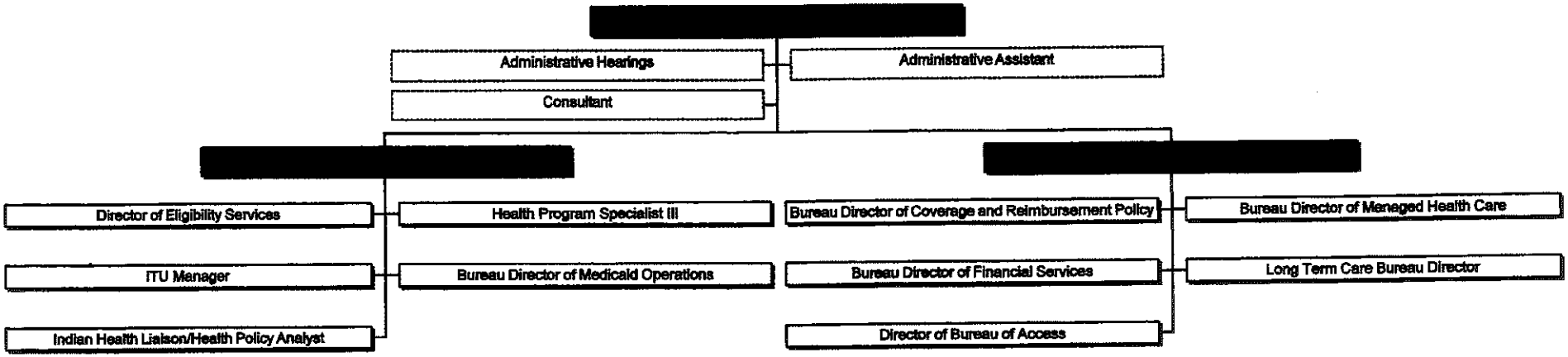
4. Bureau of Medicaid Operations
The bureau's main objectives are accurate and expeditious processing of claims submitted for covered services on behalf of eligible beneficiaries and training of providers regarding allowable Medicaid expenditures and billing practices.
The general responsibilities of this bureau include all functions that relate directly to the receipt, processing and adjudication of medical claims; publishing all provider manuals, training providers concerning allowable Medicaid expenditures and billing practices; and being the single point of telephone contact for information regarding client eligibility, claims problems and general questions about the Medicaid program.

5. Bureau of Access
The bureau's general responsibility is to oversee the Children's Health Insurance Program (CHIP), the Primary Care Network (PCN) and Utah's Premium Partnership for Health Insurance (UPP) program.

6. Long Term Care Bureau
The bureau's general responsibility is to promote quality, cost effective long term care services that meet the needs and preferences of Utah's low income citizens.

7. Bureau of Eligibility Policy
The bureau's primary responsibility is interpreting, analyzing and writing Medicaid eligibility policy.

8. Bureau of Program Integrity
The bureau's primary responsibilities are to ensure that services are sufficient in amount, duration and scope to achieve their purpose, to ensure that services are medically necessary, and to assess the quality of services.


Administrative Hearings
Administrative Assistant
Consultant
Director of Eligibility Services
Health Program Specialist III
ITU Manager
Bureau Director of Medicaid Operations
Indian Health Liaison/Health Policy Analyst
Bureau Director of Coverage and Reimbursement Policy
Bureau Director of Managed Health Care
Bureau Director of Financial Services
Long Term Care Bureau Director
Director of Bureau of Access