Medicaid Provider Summary

Introduction:

Select Health administers a managed Medicaid plan known as Select Health Community Care® that is available to eligible members living in all Utah counties. This plan is one of three, including Select Health Medicare® and Select Health Share®, that support shared accountability between Select Health and Intermountain Health. Select Health and Intermountain are responsible for ensuring access, service, and quality for the enrolled population.

Medicaid Service Area & Network

Select Health Community Care operates in all Utah counties. The Utah Department of Health implemented full Medicaid expansion on **January 1, 2020**. As a result, adults with household incomes up to 138% of the federal poverty level (FPL) are now eligible for Medicaid coverage.

As part of this expansion, some Medicaid members qualify for an integrated physical and mental health plan administered by an Accountable Care Organization (ACO). The integrated benefit covers Select Health members living in **Davis, Salt Lake, Utah, Washington, and Weber counties** who qualified for Medicaid under the expansion criteria. See **page 3** for more information on integrated Medicaid plans.

Covered Services

All services covered by the Utah Medicaid Program are included in Select Health Community Care. Only services provided for the care of an emergency condition are covered outside of the service area, unless previously authorized.

Preventative Services

Comprehensive Annual Exams

Annual exams are available to all Select Health members. Adults can get one visit every 12 months. Refer to the **Utah Medicaid Coverage and Reimbursement Tool** for covered codes.

Other Preventive Services

Other preventive services are consistent with United States Preventive Services Task Force (USPSTF) recommendations:

- Pap tests
- Mammograms
- Nutrition visits for obesity
- Colon cancer screening
- Bone density testing
- AAA screening
- STD screening

Never Events/Hospital-Acquired Conditions

Preventable conditions that occur in a facility are not covered. Access lists of:

- **Never Events**
- **Hospital-acquired Conditions (HACs) (download)**

Member Billing

Contracted providers may not balance bill members. Members are only required to pay the applicable copays for covered services. **A provider must satisfy all of the criteria below to bill a member:**

- The member is clearly advised prior to receiving a noncovered service that the plan will not pay for the service and that the member will be responsible to pay the full cost of the service.
- The member agrees to be personally responsible for the payment. The agreement is made in writing between the provider and the member and details the service and the amount to be paid by the member.
- The provider has an established policy for billing all patients for services not covered by a third party.

NOTE: A broken appointment is considered a non-covered service and billable to the patient/member.

Continued on page 2

Carved-Out Services

Utah Medicai Program manages these services:

- Mental Health medications*
- Emergency transportation
- Long-term care
- Apnea monitors
- Dental services

Utilization Management

Preauthorization

Preauthorization criteria were developed in careful consultation with Select Health physician leadership. Access online:

- A complete online **list of services requiring preauthorization**
- **Preauthorization forms**
- **CareAffiliate® training** (Care Affiliate offers an online, streamlined process that results in a shorter turnaround time for submissions.)

Submit completed preauthorization forms with relevant clinical notes and medical necessity information for Medicaid members via:

- Care Affiliate: 24/7 Help Desk at **800-442-4566**
- Email: **medicaidUMintake@imail.org**

Only urgent requests are accepted by phone at **800-442-5305**. Turnaround time will be 14 days for standard requests and 72 hours for urgent requests.

For a list of pharmacy services with special requirements, including preauthorization, visit **Select Health Drugs with Special Requirements**.

When Preauthorization Is Not Obtained

If a contracted provider submits a claim without preauthorization for a service that requires it, payment will be denied to the provider. If the provider resubmits the claim with records, the claim will undergo retrospective medical review. Appropriate preauthorization criteria will be applied.

If the service is found to be a medically necessary covered service, the claim will be paid, but the provider will receive a payment reduction of 25% of the allowed amount. Members may not be balance billed for this amount when either of the following occurs:

- If the service is found to be not medically necessary or not a covered service, the claim will be denied to the provider.
- If the provider is unwilling or unable to provide medical records, the claim will be denied for lack of information.

Services Provided by Select Health

Care Management

Care managers are registered nurses (RNs) and licensed clinical social workers (LCSWs) who provide support and resources for members with complex or chronic diseases. Care managers may also:

- Evaluate members with high utilization patterns
- Review ER visits for conditions that can be referred to a primary care provider
- Manage a high-risk prenatal program for expectant mothers
- Provide hospital discharge assessments for:
  - Appropriate placement in a skilled nursing facility (SNF) or home care
  - Evaluation of resources to meet outpatient needs

Inpatient versus Outpatient/Observation Status

Select Health will perform retrospective reviews to confirm that hospital stays greater than 24 hours are appropriately designated.

Continued on page 3

* Effective **January 1, 2020**, Mental Health services are covered in five Utah counties as part of an integrated plan; see **page 3** for details.

Utah Medicaid Expansion

Identifying Those with Integrated Plans

Look for the word “integrated” in the plan name (e.g., Select Health Community Care Integrated or Integrated Select Health). Providers can verify eligibility and plan information by:

- Using either of these tools:
  - **Utah Medicaid Patient Eligibility Lookup Tool**
  - **The Provider Benefit Tool** (secure content login required)
- Submitting an **EDI Eligibility Benefit Inquiry and Response (270/271)** transaction
- Calling Select Health Member Services at **800-538-5038**

Mental Health Services Require Preauthorization with an Integrated Plan

Residential and inpatient treatment require preauthorization. For more information, call Member Services at **800-538-5038**.

Where Medicaid Members Can Get Mental Health Care

Members on an integrated Medicaid plan may receive care at any in-network provider. Members on other Medicaid plans may continue to receive care through the county mental health system or a Federally Qualified Health Center (FQHC).

Several Intermountain Health clinics are contracted for mental healthcare with county mental health systems and can provide services to our Medicaid members.

Select Health