



UNIVERSITY OF UTAH
HEALTH PLANS

PROVIDER CONNECTION

University of Utah Health Plans Provider Relations Publication



INSIDE
THIS
ISSUE

Spring 2016

APPEALS POLICY
UPDATE | **PAGE 3**

UNIVERSITY OF UTAH HEALTH PLANS
WELCOMES A NEW CHIEF MEDICAL
OFFICER | **PAGE 6**

PROVIDER CONNECTION

IN THIS ISSUE

Medicare Compliance Training	3
Appeals Policy Update	3
B-Bundled Status Codes for Healthy U	4
Cultural Sensitivity Responsibilities	4
Medical Drug Prior Authorization	5
New Provider Relations and Contracting Staff	5
Prism 3 Release	6
New Codes	6
University of Utah Health Plans Welcomes a New Chief Medical Officer	6
Tobacco Cessation Counseling for Healthy U Members	7
Introducing UUHP Individual and Family Health Insurance Plans	8
Credentialing Requirements	8
Health Plan Member Rights	9
Electronic Health Records	9
All Kids Deserve a Winning Smile	10

University
HealthCare *Plus*
Commercial

Healthy *Premier*
Commercial

Healthy 
Medicaid

HealthyAdvantage *Plus*
Medicare Advantage

HealthyAdvantage
Medicare Advantage Special
Needs Plan

MEDICARE COMPLIANCE TRAINING

University of Utah Health Plans partners with Molina Healthcare for our Medicare Advantage Plans. If you are a contracted provider with our Healthy Advantage SNP or Healthy Advantage Plus plans, you are required to comply with the Centers for Medicare and Medicaid (CMS) regulations for Part C or Part D training requirements. Per CMS, Medicare Advantage Organizations must have an effective training program for employees, managers and directors, as well as their first tier, downstream, and related entities (FDR) at time of contracting and on an annual basis (42 CFR 422.503 & 42 CFR 423.504). The effective program includes measures to prevent, detect and correct Medicare non-compliance as well as measures to prevent, detect and correct fraud, waste, and abuse (FWA).

Molina Healthcare mailed out letters to all contracted providers requiring attestation for the following compliance trainings:

- Medicare Compliance Training
- Compliance Program and Code of Conduct
- Fraud Waste and Abuse Training
- Review of OIG/GSA Exclusion Lists

The attestations are also available at www.MolinaMedicare.com. To locate them, please logon and select "Provider". Scroll down to the "Compliance Training" dropdown menu and make your selection.

If you have not completed the required attestations, please complete them right away and return to Molina Healthcare.

Mail to:

Molina Healthcare Medicare Compliance
Attention: Joanne Valenzuela
200 Ocean Gate Ste.100 Long Beach, CA 90802

Email:

MDO@MolinaHealthCare.com

If you have any questions, please call Joanne Valenzuela, Molina Medicare Compliance Dept. at 562-528-5049 extension 115049.

APPEALS POLICY UPDATE

Effective January 1, 2016, the University of Utah Health Plans (UUHP) will require that providers obtain consent from a Healthy U or UHCP member, to appeal on their behalf, for denied claims or referrals, relating to clinical services. A Clinical appeal includes services that were denied in a pre-service review, or services that were billed and require medical review, which were denied.

Utilization Review Guidelines and information about the Appeals process, including the new consent form can be found on our website: uhealthplan.utah.edu



B-BUNDLED STATUS CODES FOR HEALTHY U

B-bundled status codes are Medicare codes considered part of the procedure and not paid separately under Medicare to the physician (e.g. spinal bone graft, spine fixation device, conscious sedation). Healthy U Medicaid follows B-bundled status code editing, with the exception of evaluation and management after-hours service codes 99050, 99051, and 99058. Medicaid will continue to pay these codes.



CULTURAL SENSITIVITY PROVIDER RESPONSIBILITIES

Providers are required contractually to render covered services to University of Utah Health Plan members in an appropriate, timely, cost-effective manner, consistent with customary medical care standards and practices. Services will be delivered in a culturally and linguistically appropriate manner, thereby including those with limited English proficiency or reading skills, those with diverse cultural and ethnic backgrounds, the homeless and individuals with physical or mental disabilities. To arrange translation services please contact the UUHP member services at 801-587-6480, option 1.

Provider shall also, in compliance with Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II of the Americans with Disabilities Act of 1990, and the University of Utah Policy and Procedures 1999, provide access and treatment without regard to race, color, sex, sexual orientation, religion, national origin, disability or age.

Additionally provider shall not, within their lawful scope of practice, discriminate against members from high-risk populations or who require treatment of costly conditions. Any provider with concerns regarding the provision of services or employment on the basis of disability, or compliance questions should be referred to the Civil Rights Coordinator at telephone number 801-587-6480, option 1.



MEDICAL DRUG PRIOR AUTHORIZATION

University of Utah Health Plans (UUHP) is developing prior authorization requirements and quantity levels for select medications in order to promote their appropriate use, while deterring experimental or unproven usages. This will eliminate retrospective medical review and help UUHP monitor the appropriateness of the dosage and the frequency of specialty drugs for our members. Later this spring UUHP will require prior authorization for the medications that will be listed on our website. The website will also contain the prior authorization forms. A notification will be mailed to all contracted providers with the details later this spring.



NEW PROVIDER RELATIONS AND CONTRACTING STAFF

The Provider Relations and Contracting team at University of Utah Health Plans continues to expand! We have several new staff members. Kyle Norris, Provider Credentialing Coordinator, Brenda Groves, Provider Relations Consultant, and Kimberly Mortensen, Provider Relations Coordinator. We are excited to have these three additions to our team. For assistance, please contact Provider Relations at provider.relations@hsc.utah.edu or 801-587-2838.

We have two provider consultants to assist your offices with education and escalated issues.

SANDRA CAMPBELL

Provider Relations Consultant

sandra.campbell@hsc.utah.edu | 801-587-2943

RESPONSIBLE FOR:

- Professional Providers including Physicians, Practitioners, Physical Therapy Providers, Chiropractic, Behavioral Health Providers, Audiologists, Podiatrists, Optometrists, Dentists: any location south of 5300 South in Salt Lake County and Utah County.
- HCA MountainStar Hospital System
- HCA Physicians
- IASIS Hospitals
- Physician Group of Utah (PGU)
- Independent Hospitals
- Ambulatory Surgical Centers
- Durable Medical Equipment Companies
- Pathology Labs
- Anesthesia Groups

BRENDA GROVES

Provider Relations Consultant

brenda.groves@hsc.utah.edu | 801-587-2881

RESPONSIBLE FOR:

- Professional Providers including Physicians, Practitioners, Physical Therapy Providers, Chiropractors, Behavioral Health Providers, Audiologists, Podiatrists, Optometrists, Dentists: any location north of 5300 South in Salt Lake, Box Elder, Weber, Davis, Summit, Wasatch and Tooele counties.
- Shriners Hospital
- Intermountain Health Care
- Mountain West Medical Center
- Dialysis Centers
- Home Health, Hospice
- Skilled Nursing Facilities
- Ambulance Companies
- Interpreting Agencies
- LTACS

Todd Randall is our Provider Contracting Executive for the state of Utah and surrounding areas.

TODD RANDALL

Provider Contracting Executive

todd.randall@hsc.utah.edu | 801-587-2774

PRISM 3 RELEASE

The Division of Medicaid and Health Financing (DMHF) implemented a new Medicaid Management Information System to better serve providers and members. The new system is called PRISM (Provider Reimbursement Information System for Medicaid). PRISM will assist with delivering high quality healthcare services, reducing fraud and abuse, and improving health outcomes for Utah residents. There are four releases associated with PRISM. DMHF is currently working toward the implementation of Release 3.

PRISM's Release 3 Go-Live date has been rescheduled for July 1, 2016. You can find additional information in the upcoming January MIB.

[Click Here to Learn More](#)

NEW CODES

We will require the new –PO modifier and PLACE OF SERVICE codes for all lines of business effective January 1, 2016. CMS is distinguishing on-campus vs. off-campus provider-based outpatient hospitals by redefining POS 22 and creating a new POS (19) along with a new modifier.

- The –PO modifier will be used by hospitals to identify off-campus provider-based clinics.
- POS 22 is being redefined from “outpatient hospital” to “on-campus outpatient hospital”.
- POS 19 was created for “off-campus outpatient hospital”.

UNIVERSITY OF UTAH HEALTH PLANS WELCOMES A NEW CHIEF MEDICAL OFFICER

Recently, University of Utah Health plans welcomed Dr. Russell Vinik as Chief Medical Officer. Previously, Dr. Vinik was Chief Medical Utilization Officer at the University of Utah Hospitals and Clinics. He began working as a full time Hospitalist in the Division of General Internal Medicine in 2002. He received a Bachelor of Arts from the University of Texas Austin. He subsequently went to medical school at the University of Texas Southwestern Medical Center at Dallas. His internship in Internal Medicine was done at the University of Texas Medical Branch at Galveston, and he completed his residency in Internal Medicine at Yale-Greenwich Hospital in 2002. His academic interests are improving care in perioperative medical management, anticoagulation management, and diabetes management in hospitalized patients. His personal interests include biking, sailing and skiing.



RUSSELL G. VINIK, MD

Chief Medical Officer

russell.vinik@hsc.utah.edu | 801-587-7822

TOBACCO CESSATION COUNSELING FOR HEALTHY U MEMBERS

Providers with personnel trained to provide in-office tobacco cessation counseling may bill code S9453, smoking cessation classes per session, in addition to the E&M. This code is used on the date the patient initially decides to quit smoking and on follow-up counseling visits.

For the E&M and S9453 to pay, medical record documentation must include all of the following:

The provider/trained personnel will:

- Advise tobacco users to quit and inform users of the health benefits of tobacco cessation.
- Provide positive, practical behavioral coaching as part of a quit plan:
 - > The **STAR** acronym may be used as a guide:
 - Set a quit date
 - Tell family, friends, and co-workers (importance of support systems)
 - Anticipate challenges (withdrawals and triggers)
 - Remove tobacco products from environment
 - Also advise the user to consider oral alternatives for the habit of smoking and suggest keeping a log of progress.
- Discuss options for tailored pharmacotherapy treatments:
 - > FDA-approved tobacco cessation medications include nicotine replacement therapy (patch, gum, lozenge, inhaler, nasal spray), and bupropion and varenicline.
- Inform the patient of additional resources available between office visits:
 - > Utah Tobacco Quit Line (1-800-QUIT-NOW) provides free and confidential phone-based counseling to Utah callers. Eligible callers may receive nicotine replacement therapy (patch or gum) at no cost.
 - > Way To Quit website (www.waytoquit.org) provides information about free quitting resources, including a text-to-quit program and online coaching.
- Arrange for a follow-up visit starting the first week after the patient's quit date. Follow-up counseling visits may be paid under S9453, but an E&M service will not be paid in addition. Follow-up visits must be documented and address the progress and counseling that was completed at that session. There is a limit of four counseling visits per year with manual review.

Health care providers can receive free training and materials from local health departments. For more information call **1-877-220-3466**, or email waytoquit@utah.gov.

INTRODUCING UUHP INDIVIDUAL & FAMILY HEALTH INSURANCE PLANS

University of Utah Health Plans (UUHP) introduced new individual and family health insurance plans this month, making a debut on the nation's Health Insurance Marketplace. The new plans make the insurer one of four to offer coverage to Utahns on the marketplace.

The move represents an important step forward in the growth of the insurer, according to UUHP CEO Chad Westover. UUHP now serves more than 155,000 members across a Wasatch Front network that includes access to 5,000 providers.

The individual and family plans offer key health benefits including outpatient/inpatient care, trips to the emergency room, pre- and post-natal care, mental health and substance use treatment, and prescription drug coverage.

The number of plans offered in Utah through the marketplace has declined in the lead up to the Nov. 1 start of an open enrollment period. Arches Health Plan recently closed its doors. BridgeSpan Health and Altius Health Plans have exited the marketplace in Utah.

That adds up to new opportunities for UUHP, which is looking forward to offering high-quality health insurance on and off the exchange in nine Utah counties including; Salt Lake, Utah, Weber, Davis, Tooele, Box Elder, Wasatch, Morgan and Summit counties.



WANT TO LEARN MORE?

Visit UUHP at
uhealthplan.utah.edu/individual



CREDENTIALING REQUIREMENTS

University of Utah Health Plans strive to uphold the high standards of health care adopted by the University. The purpose of the UUHP Credentialing Program is to ensure that the UUHP provider networks consist of high quality providers that have met clearly defined standards.

The decision to accept or reject a practitioner's application is based on information generated through primary source verifications, complaints and grievances, malpractice history, board certifications and peer recommendations. Other sources of information may be considered as appropriate and relevant.

Initial credentialing and re-credentialing every three years is required for all physicians and other types of health care professionals practicing under their own license as permitted by state law.

HEALTH PLAN MEMBER RIGHTS

Members have the right to be treated with respect and dignity by practitioners/providers, nurses, medical staff, administrative staff and other employees.

Members also have the right to know about any procedures that need to be followed for the member to receive care. They have the right to be informed about their health in a way that they can understand. If the member is sick, they have the right to be told about their illness, care options and prospects for recovery. They should be able to openly discuss with their practitioner/provider all appropriate or medically necessary treatment options and be involved in decisions about their healthcare. Members have the right to approve any medical service after receiving the information needed to make a choice. Members have the right to refuse medical treatment even when the practitioner/provider says the member needs it.

Members have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation. Members have the right to keep their medical information and records confidential subject to Federal and State law. They also have the right to see their medical record. Members also have the right to ask for corrections to it and receive a copy of it. Members may voice complaints or appeals about the care provided by calling Member Services at 801-587-6480, option 1.

Some additional member rights include:

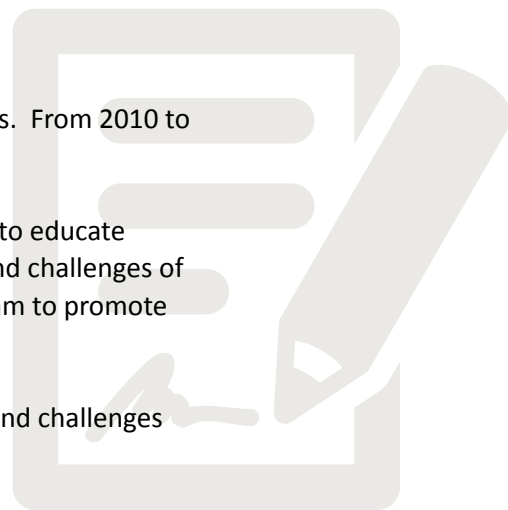
- Appealing University of Utah Health Plan decisions
- Receive a reasonable and timely response to a request for service, including evaluations and referrals
- Dis-enroll from one of the Plans offered
- Ask for a second opinion about their medical condition
- Receive interpreter services, and not be asked to bring a friend or family member with them to act as an interpreter
- Request information about their Plan, their practitioners/providers, or their health in the member's preferred language
- Receive a copy of their Plan's drug formulary on request
- Receive nondiscriminatory medical care from University of Utah Health Plan providers (applicable to provider's scope of practice) regardless of age, gender, color, ethnic origin, sexual orientation, marital status, income status or medical diagnosis or condition
- Continue enrollment in their selected Plan without regard to adverse changes in health or medical condition
- Receive the appropriate, highest quality of medical care
- Members are free to exercise their rights without any fear of retaliation or being treated differently

ELECTRONIC HEALTH RECORDS

The use of Electronic Health Records (EHRs) is steadily growing in the United States. From 2010 to 2013, physician use of EHRs increased from 25 to 50 percent.

The Centers for Medicare and Medicaid Services (CMS) created a [toolkit](#) designed to educate State providers, managed care plans, and other stakeholders about the benefits and challenges of EHRs, best practices, how to mitigate risks, and how to create a compliance program to promote Medicaid program integrity.

Medicaid provider education is critical for creating awareness about the benefits and challenges associated with EHRs and how to mitigate those challenges.



ALL KIDS DESERVE A WINNING SMILE

WHY DOES DENTAL CARE MATTER?

- About 1 in 5 kids has an untreated cavity
- Tooth decay can be prevented
- A winning smile increases self-esteem
- Dental problems cause kids to miss school
- Good oral health improves nutrition

WHAT CAN YOU DO?

- Recommend children have their first dental visit by age one
- Conduct an oral health risk assessment at each well-child visit
- Apply fluoride varnish to qualifying patients' teeth (staff can do this under provider supervision)

All Kids Deserve a Winning

Smile!

RECENT CHANGES FOR MEDICAID INCLUDE:

- Reimbursement rates have increased (Medicaid fee-for-service only)
- CPT 99188 (application of fluoride varnish by a physician or other qualified health care provider) is open effective July 1, 2015 for children birth to four years of age
- Increased frequency limitations for fluoride varnish application to 4 per calendar year

SERVICES MUST BE BILLED WITH ONE OF THESE WELL-CHILD VISIT CODES:

CODE	SERVICE	FREQUENCY
99381: Infant - less than 1 year of age, new patient	Fluoride Varnish Application	4 times per calendar year
99382: Early childhood - age 1 through 4 years, new patient	Fluoride Varnish Application	4 times per calendar year
99391: Infant - less than 1 year of age, established patient	Fluoride Varnish Application	4 times per calendar year
99392: Early childhood - age 1 through 4 years, established patient	Fluoride Varnish Application	4 times per calendar year

DOES YOUR PATIENT NEED TO FIND A CHIP OR MEDICAID DENTIST?

Have them call a Health Program Representative at 1-866-608-9422.

THANK YOU

We hope you have enjoyed the University of Utah Health Plans Provider Connection Newsletter. We look forward to keep providing you the most timely and useful content. If you have suggestions or success stories you would like to share, please contact us.

The information that is contained in this newsletter does not guarantee benefits or change contractual status. If you have questions about benefits or claims issues, please call Customer Service at 801-587-6480 or toll free 888-271-5870.

WEBSITE AND ELECTRONIC SUPPORT

Please visit our website at uhealthplan.utah.edu/for_providers for additional resources and access to:

- Providers Updates
- Provider Manual
- Provider Newsletters
- University of Utah Health Plans Updates
- Electronic Data Interchange (EDI) Info
- ...And much more

HAVE EDI QUESTIONS?

EDI SUPPORT:



801-587-2638 or 801-587-2639



801-281-6121



uuhpedi@hsc.utah.edu

Utah Health Information Network (UHIN):

801-466-7705 | uhin.org

Email provider changes to:

provider.relations@hsc.utah.edu

PROVIDER CUSTOMER SERVICE NUMBERS

CUSTOMER SERVICE

801-587-6480, Option 1
Toll Free/Out of Salt Lake:
888-271-5870
Fax: 801-281-6121

CLAIMS / ELIGIBILITY

801-587-6480, Option 1

CARE MGMT. UTILIZATION REVIEW

801-587-6480, Option 2
Fax: 801-281-6121

PROVIDER RELATIONS

801-587-2838
provider.relations@hsc.utah.edu

EDI SUPPORT

801-587-2638
uuhpedi@hsc.utah.edu

PROVIDER CREDENTIALING

801-587-2769