Medicaid Update

Utah Health Care Association
Spring Conference

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and
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Utah Department of Health

New Tools for Providers from the PRISM Project

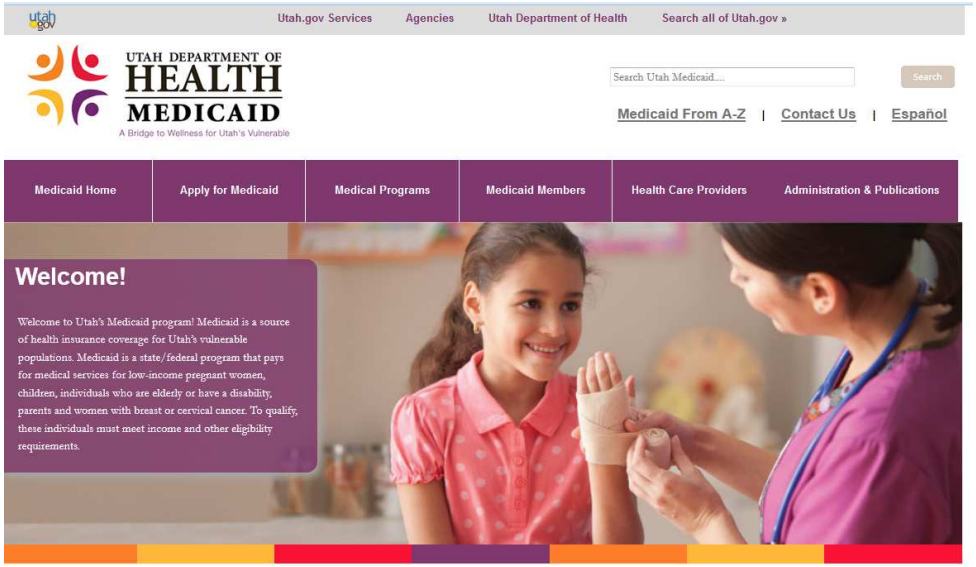
Tools for Providers Overview

UTAH DEPARTMENT OF HEALTH MEDICAID

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

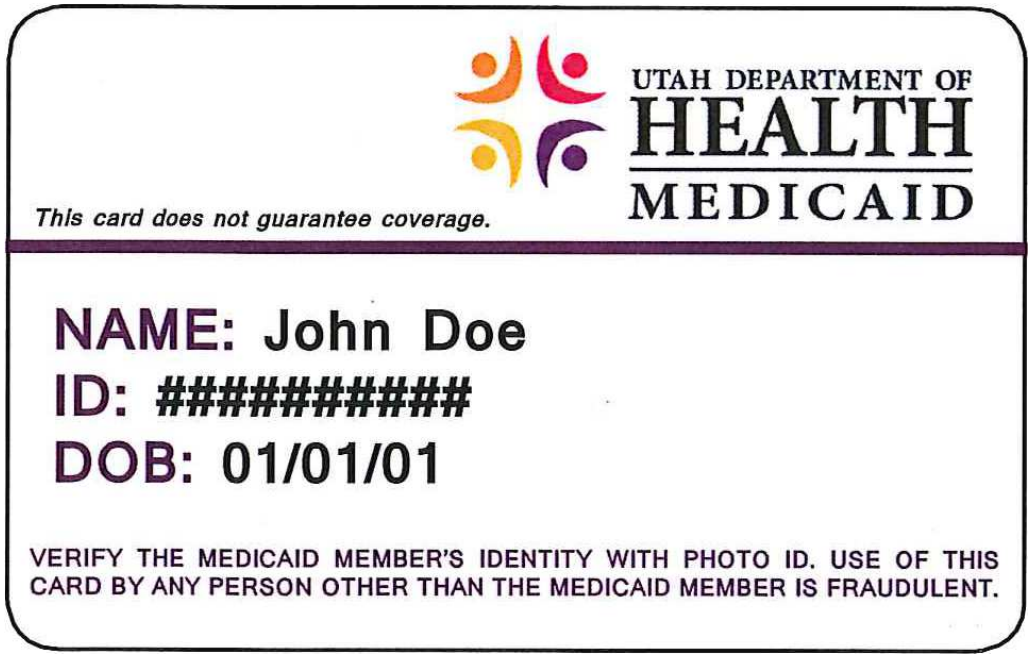
Key Medicaid Website Features

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



New Medicaid Medical 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 member re-applies for Medicaid

Eligibility

UTAH DEPARTMENT OF HEALTH MEDICAID

- 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 portal to check eligibility
- Providers have *AccessNow* and a new electronic Eligibility Lookup Tool

All contact information is on the back of the new card.

Provider Eligibility Lookup Tool

UTAH DEPARTMENT OF HEALTH MEDICAID

- www.health.utah.gov/medicaid/providers
- Electronically view and print eligibility and plan enrollment information
- See restriction and plan information for members
- View current or past eligibility for up to 36 months
- Provider must be registered with a valid NPI with Medicaid
- Tool will be available by May 2014

Tools for Providers Overview

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Most Visited | Getting Started | Suggested Sites | Web Slice Gallery | Hotmail | Verizon Mobile Broadb... | DOHnet | eCFR

Utah.gov Services | Agencies | Utah Department of Health | Search all of Utah.gov »

UTAH DEPARTMENT OF HEALTH MEDICAID

A Bridge to Wellness for Utah's Vulnerable

Search Utah Medicaid... Search

Medicaid From A-Z | Contact Us | Español

Medicaid Home | Apply for Medicaid | Medical Programs | Medicaid Members | Health Care Providers | Administration & Publications

- Become a Medicaid Provider
- Provider Training
- Coverage and Reimbursement Tools
- Eligibility
- Prior Authorization
- Managed Care
- Pharmacy Program
- Administrative Information

Welcome!

Welcome to Utah's Medicaid program! Medicaid is a source of health insurance coverage for Utah's vulnerable populations. Medicaid is a state/federal program that pays for medical services for low-income pregnant women, children, individuals who are elderly or have a disability, parents and women with breast or cervical cancer. To qualify, these individuals must meet income and other eligibility requirements.

What's New?

Who is eligible for Medicaid?

Medicaid is a program that covers medical expenses for certain

How to Apply?

You can apply for medical assistance today. You will need to

https://medicaid.utah.gov/eligibility

Eligibility Lookup Tool

UTAH DEPARTMENT OF HEALTH MEDICAID

Provider ID *

(NPI/Atypical Provider ID)

Unique Identifiers		Demographics	
Member ID		First Name	
SSN		Last Name	
		Date of Birth	(mm/dd/yyyy)

Date of Service * 04/02/2014 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

Submit Clear

Updates…

- Nursing Facility Rates
- NSGO UPL Supplemental Payments
- QII(2)

Nursing Facility Rates

- Recent legislative session added **one-time** funding ($6,405,800)
- Assessment rate will be retargeted beginning July 1, 2014
  - Watch for updates to R414-401
  - Retargeting occurs each July 1
- Flat Rate portion of the rate will increase using half of the added monies

NSGO NF UPL

Non-State Government Owned Nursing Facility Upper Payment Limit (or NSGO NF UPL)

- Difference between the annual estimated Medicare per diem rate and the adjusted annual Medicaid per diem rate = UPL Gap
- Quarterly lump-sum payments
- Facility must provide "seed" for payments
- For questions, always check with your legal counsel, then Steve or John

NSGO NF UPL (cont.)

NF	Daily Rate UPL Gap	Period of Interest Paid Days	State Fiscal Quarter UPL Gap	Amount if UPL > 0	Amount if UPL > 0 percent of Total	UPL Gap Allocation
A	($5.00)	100	($500.00)	$0.00	0.00%	$0.00
B	$80.00	200	$16,000.00	$16,000.00	21.62%	$15,891.89
C	$120.00	300	$36,000.00	$36,000.00	48.65%	$35,756.76
D	$55.00	400	$22,000.00	$22,000.00	29.73%	$21,851.35
Totals		1,000	$73,500.00	$74,000.00	100%	$73,500.00

Quality Improvement Incentives (QII)

Current State

Fiscal Year

NF Quality Improvement Incentive Programs

- QII(1) ensures that quality programs are implemented at the facilities
- QII(2) reimburses the facilities for expenses made to improve the environment for the patients
  - QII(1) and QII(2) are independent of each other.
  - You don't have to qualify for (1) to qualify for (2)
- QII(3) ensures patient choices are available
  - QII(3) is dependent on QII(1) and QII(2)

NF QII(1)

- Same requirements as last year
  - Be sure to address:
    - Survey items rated below average for the year
    - Culture Change
    - Employee satisfaction program
  - Please pay careful attention to the application and ensure **all** items are addressed in your submission
- Total Payout dollars remain at $1,000,000

NF QII(2)

Submissions through March 31

Plan Year	Appl#	Title	Approved $
2014	1	Nurse Call System	$176,255
2014	2	Patient Lifts	$26,039
2014	3	Patient Bathing Systems	$31,376
2014	4	Patient Life Enhancing Devices	$930,068
2014	5	Educating Staff on Quality	$28,532
2014	6	Vans and Van Equipment	$110,555
2014	7	HVAC	$146,832
2014	8	Improved Dining Experience	$95,621
2014	9	Outcome Proven Awards	$0
2014	10	Worker Immunization	$3,619
2014	11	Clinical Software/Hardware	$281,777

Total Approved (to date): **$1,654,419**

Total Available: **$4,275,900**

Quality Incentives

What qualifies for Patient-Life Enhancing?

(A) Telecommunication must be primarily for patient use

(B) Wander management systems and patient security enhancement devices

(C) Computers and game consoles for patient use

(D) Garden enhancements

(E) Furniture enhancements for patients

Quality Incentives

What qualifies for Patient-Life Enhancing? (cont.)

(F) Wheelchair washers

(G) Automatic doors

(H) Flooring enhancements

(I) Automatic Electronic Defibrillators (AED devices)

(J) Energy efficient windows

(K) Exercise equipment for fitness classes

Quality Incentives
What Qualifies as Furniture?

Yes (For Patients)

- Desk
- Bed, mattress
- Dresser
- Night stand
- Wardrobe
- Couch
- Chair
- TVs

No

- Office furniture
- Bed covers
- Fish tanks
- Fireplaces
- Pictures
- Drapes
- Wallpaper
- Window treatment

NF QII(3)

- Requirements
  - Be sure to document residents' choice program:
    - Awake Time
    - Meal Time
    - Bath Time
  - Please pay careful attention to the application and ensure **all** items are addressed in your submission
- Payout dollars are dependent on remaining QII(2) amounts and calculated at the same time as the QII(1) payment

Quality Incentive Deadlines

- Applications must be faxed, emailed, or mailed with a postmark on or before May 31 each year
- Address applications as per the website
- The fax number is on the application
- Applications may also be delivered to our office on or before May 31
  - 288 N 1460 W, Salt Lake City, Utah
- Applications may be emailed to stjones@utah.gov on or before the due date

Quality Improvement Incentives

Future State Fiscal Year - Proposed

Disclaimer

Proposed QI programs are pending CMS approval.

NF QII(1): Requirements

- Same as previous year
- Process to assess and measure the plan
  - Describe the process
  - Give a specific example
- Customer Satisfaction Survey
  - Graphs of quarterly results
  - An action plan to address survey items rated below average for the year
- Employee satisfaction program – Be sure to note how it has been implemented.

Proposal
Quality Incentive 2

- Potential payouts per Medicaid Certified bed (still being finalized)

  - Overall Limit

  ~$ 575.80 /bed

  (TBD for SFY 2015)

- Payment limited to Documented Costs
- Look back period – For All QI 2 (2-years)

Proposal
Quality Incentive 2

- Added category of Patient Dignity

#	Category	Per Bed Sub Limits
i	Nurse Call System	$291
ii	Patient Lifts	$90
iii	Patient Bathing System	$110
iv	Patient Life Enhancing Devices	$495
v	Education on Quality	#110
vi	Vans	$320
vii	Clinical I.S. Software/Hardware/**Backup Power**	Overall Limit
viii	HVAC	$162
ix	Improved Dining	$200
x	Quality Awards	$100
xi	Worker Immunizations	$15
Xii	**Patient Dignity**	$100

Watch the website for updates.

http://health.utah.gov/medicaid/stplan/longtermcare.htm

Proposal
Quality Incentive 2

Patient Life Enhancing Devices

- Computers, game consoles, or personal music system for patient use

Clinical Software/Hardware/Backup Power

- Facilitates continuous serving of patients' needs
- Meets all the life safety code requirements for HFLC

Patient Dignity

- Bladder Scanner
- Bariatric Scale capable of weighing patients up to 600 pounds

NF QII(3): Requirements

- Same as previous year
- Facility needs to:
  - Qualify for QII(1) (100%)
  - Qualify for at least one QII(2) sub-category
  - Demonstrate residents' choice
- Show options available to residents and document how the selections are implemented
- All qualified facilities will receive a percentage of remaining QII(2) amounts based on proportionate Medicaid patient days (like QII(1) distribution)

Case Mix

Minimum Data Set (MDS)

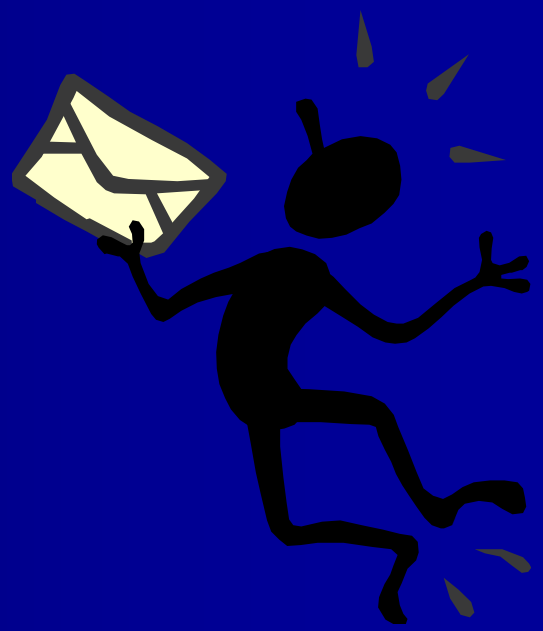
Case Mix Detail Report
Request Letter

- Submit a request on your facility's letterhead or email from work email
- Two months prior to the rate Effective Date
- To: Steven Jones
- **Using the template provided** (on the CRP Bureau's website)
  http://health.utah.gov/medicaid/stplan/NursingHomes/CaseMixRpt.htm
- Pay attention to the details
  - Facility Medicaid ID, email, Address, Request period, Secondary recipients
- Previous report must have been destroyed

http://health.utah.gov/medicaid/stplan/longtermcare.htm

Case Mix Detail Report
Destruction Letter

- Submit letter within 60 days of Report Date. Don't wait for or count on a reminder
- Send next quarter's request in same envelope or email
- Pay attention to the details
  - CRP #
  - Facility Medicaid ID



Case Mix Detail Report Feedback

Please send any feedback, suggestions, or comments to:

Steven Jones
Bureau of Coverage and Reimbursement Policy
stjones@utah.gov
Tel: (801) 538-6862

Questions?

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