

2025 Medicaid Statewide Provider Training

Managed Care

Agenda

- ❑ Overview of Managed Care
- ❑ Billing
- ❑ Dental
- ❑ Q&A

Managed care

Managed care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid and CHIP managed care provides for the delivery of health benefits and additional services through contracted arrangements between the Department of Health and Human Services (DHHS) and Managed Care Entities (MCE).

Medicaid managed care programs:

- ACO - Accountable Care Organizations (physical health)
- UMIC - Utah Medicaid Integrated Care (physical health and behavioral health)
 - Only in five counties: Weber, Davis, Salt Lake, Utah, and Washington counties
- HOME - Healthy Outcomes, Medical Excellence (physical health and behavioral health)
- Dental
- PMHP - Prepaid Mental Health Plans (behavioral health)

CHIP managed care programs:

- MCO - Managed Care Organizations (physical health and behavioral health)
- Dental

For more information and latest managed care information, please visit:

<https://medicaid.utah.gov/managed-care/>

Billing a managed care plan

- Providers must contract as a network provider or be enrolled as a paneled provider in each managed care plan (and with Utah Medicaid) prior to rendering services to a member enrolled in a managed care plan.
- Providers must ensure that any prior authorizations or criteria required by the managed care plan are followed.
- Providers are required to utilize the **Eligibility Lookup Tool** prior to rendering services to verify a member is enrolled in a managed care plan on the date of service.
 - The tool can be found at: <https://medicaid.utah.gov/eligibility/>
- Providers must contact the member's managed care plan for billing and claims questions.

Managed care entity contact information

Managed Care plan name	Plan type	Phone	Website
Health Choice	ACO/Integration	1-877-358-8797	www.healthchoiceutah.com
Healthy U	ACO/Integration/CHIP	1-833-981-0212 1-833-404-4300 (CHIP)	www.uhealthplan.utah.edu/medicaid uhealthplan.utah.edu/chip
Molina Healthcare of Utah	ACO/Integration/CHIP	1-888-483-0760	www.molinahealthcare.com
Select Health Community Care	ACO/Integration/CHIP	1-800-538-5038	www.selecthealth.org/plans/medicaid
HOME Program	HOME	1-800-824-2073	healthcare.utah.edu/hmhi/programs/home
MCNA Dental	Dental	1-844-904-6262	www.MCNAUT.net
Premier Access Dental	Dental/CHIP Dental	1-877-541-5415 1-877-854-4242 (CHIP)	www.premierlife.com/utmedicaid

Managed care entity contact information

Prepaid Mental Health Plans

County	Inpatient & Outpatient Mental Health Services	Outpatient Substance Use Disorder Services
Box Elder, Cache, Rich	Bear River Mental Health 1-800-620-9949; 435-752-0750	Fee-for-Service Network (any Medicaid provider), including Bear River Health Department: 435-792-6500
Beaver, Garfield, Kane, Iron, Washington	Southwest Behavioral Health Center 1-800-574-6763; 435-634-5600 (hospital prior authorization: 435-705-1388)	Southwest Behavioral Health Center 1-800-574-6763; 435-634-5600
Carbon, Emery, Grand	Four Corners Community Behavioral Health 1-866-216-0017; 435-637-7200 (hospital prior authorization: 435-637-2358 & after hours: 435-637-0893)	Four Corners Community Behavioral Health 1-866-216-0017; 435-637-7200
Daggett, Duchesne, Uintah, San Juan	Northeastern Counseling Center 1-844-824-6776 435-789-6300 – Vernal 435-725-6300 – Roosevelt San Juan Counseling – San Juan County 1-888-833-2992; 435-678-2992	Northeastern Counseling Center 1-844-824-6776 435-789-6300 – Vernal 435-725-6300 – Roosevelt San Juan Counseling – San Juan County 1-888-833-2992; 435-678-2992
Davis	Davis Behavioral Health 1-844-305-4782; 801-773-7060	Davis Behavioral Health 1-844-305-4782; 801-773-7060
Piute, Juab, Wayne, Millard, Sanpete, Sevier	Central Utah Counseling Center 1-800-523-7412; 435-283-8400; 1-877-469-2822	Central Utah Counseling Center 1-800-523-7412; 435-283-8400; 1-877-469-2822
Salt Lake	Salt Lake County Division of Behavioral Health Services/Optum Salt Lake County: 385-468-4707; Optum: 1-877- 370-8953	Salt Lake County Division of Behavioral Health Services/Optum Salt Lake County: 385-468-4707; Optum: 1-877- 370-8953
Summit	Healthy U Behavioral 1-833-981-0212; 801-213-4104	Healthy U Behavioral 1-833-981-0212; 801-213-4104
Tooele	Optum Tooele County 1-800-640-5349	Optum Tooele County 1-800-640-5349
Utah	Wasatch Behavioral Health 1-866-366-7987; 801-373-4760 (prior approvals: 801-494-0880)	Wasatch Behavioral Health 1-844-773-7128; 385-268-5000
Wasatch	Fee-for-Service Network (any Medicaid provider), including Wasatch County Family Clinic/Wasatch Behavioral Health - 435-654-3003	Fee-for-Service Network (any Medicaid provider), including Wasatch County Family Clinic/Wasatch Behavioral Health, 435-654-3003
Weber, Morgan	Weber Human Services 1-844-625-3700; 801-625-3700; (after-hours hospital prior authorization: 801-513-9641)	Weber Human Services 1-844-625-3700; 801-625-3700

Medicaid dental services

Medicaid dental managed care

Utah Medicaid contracts with two dental plans statewide to provide dental services to eligible Medicaid enrollees.

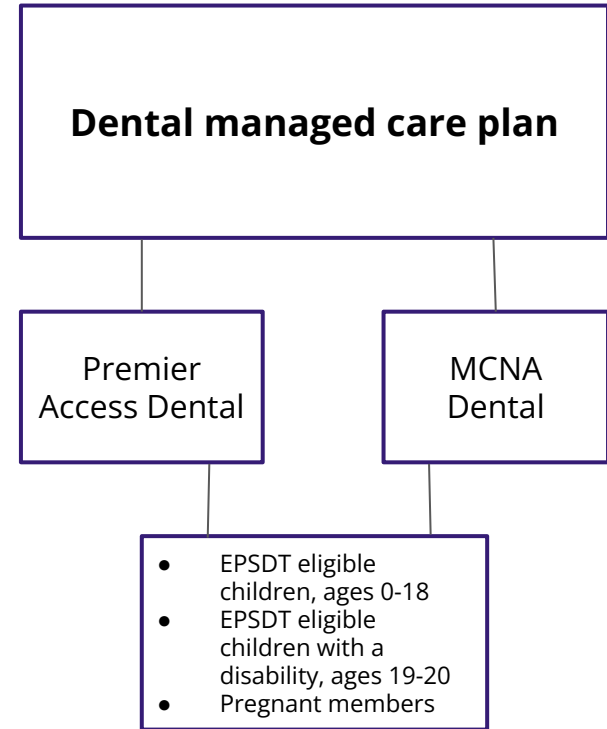
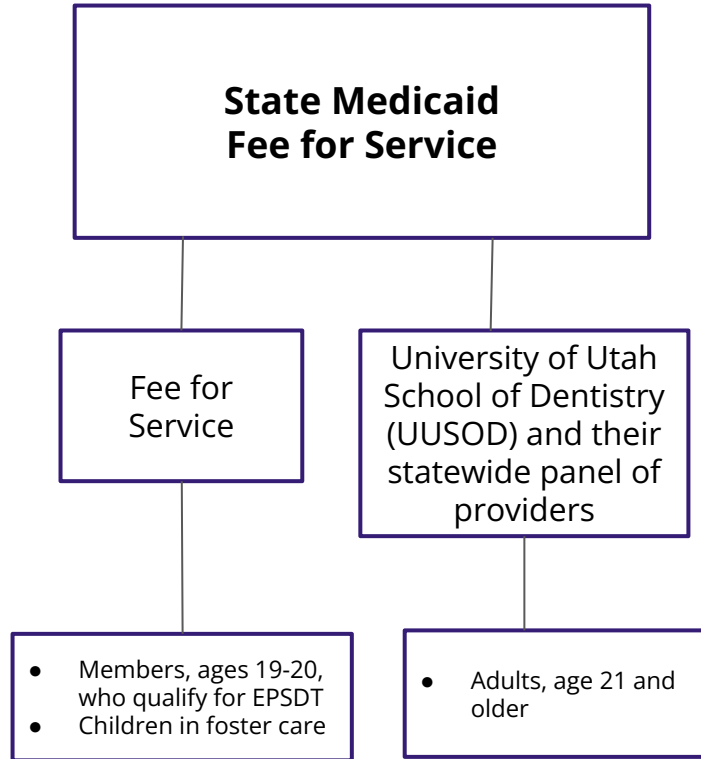
In the subsequent slides we will discuss:

- Services covered by dental managed care plans
- Services not covered by dental managed care plans

Utah Medicaid dental delivery networks

- Member's are assigned to a delivery network based on their Medicaid eligibility.
- The three Medicaid dental networks are:
 - Managed care dental
 - Fee for Service
 - University of Utah School of Dentistry (UUSOD)
- Utah Medicaid contracts with two dental managed care plans to provide dental services statewide:
 - Premier Access
 - MCNA Dental
- Members assigned to a dental managed care plan must see a dental provider listed in their dental plan network.
- Once they choose a dental managed care plan, members have 60-days to make a different selection and after that they must wait until the annual open enrollment if they want to change their plan.
- Members assigned to the UUSOD must use dentists who are on the UUSOD statewide panel of providers.

Dental delivery by model and population



Dental managed care plan services

In addition to paying for dental services, dental managed care plans can help:

- Coordinate dental care for members with special healthcare needs.
- Arrange for and provide interpretive services.
 - Members must use an interpreter contracted with their dental plan.
 - Providers can and should refer Medicaid patients to their dental plan to arrange for an interpreter.
- Provide case management for members who need to see a specialist.
- Help providers and members find dental specialists on their network.
- Resolve billing and third party liability (TPL) problems.
 - Providers and members should contact their dental plan if they have questions about a bill or an unpaid claim.

Services not covered by the dental managed care plan

There are some services that are not covered by the dental managed care plan but may be covered by the medical plan or FFS. These are called “carve-out” services.

Some carve-out services from the dental managed care plans are:

- The facility fees for dental anesthesia in a hospital or ambulatory surgical center.
- Transportation services, both emergent and non emergent.
- Dental services related to the correction of oral maxillofacial anomalies.

The False Claims Act

Federal: § § 3729-3733] prohibits individuals or entities from submitting inaccurate claims to a government payer (i.e., Medicare, Medicaid). Entities can violate this law by knowingly presenting a false or fraudulent claim to one of these programs or causing a false claim to be presented.

Utah State: A person may not enter into an agreement, combination, or conspiracy to defraud the state by obtaining or aiding another to obtain the payment or allowance of a false, fictitious, or fraudulent claim for a medical benefit. 26B-3-1106 False claims for medical benefits prohibited.

Examples of potential false claims include, but are not limited to: (a) billing of items or services that were never rendered by the health care provider; (b) billing for services that are medically unnecessary; (c) upcoding (practice of billing for Medicare/Medicaid using a billing code providing a higher payment rate than the billing code intended to be used for the service or item furnished to the patient); (d) billing separately for services that should be bundled; (e) billing separately for outpatient services that were provided within 72 hours (before or after) an inpatient stay; (f) billing for a discharge in lieu of a transfer.

Contact us

For additional questions, please email:

Dental managed care

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ACO and HOME plans

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UMIC plans

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