

Provider Instructions for Emergency Services Program for Non-Citizens Dialysis Coverage

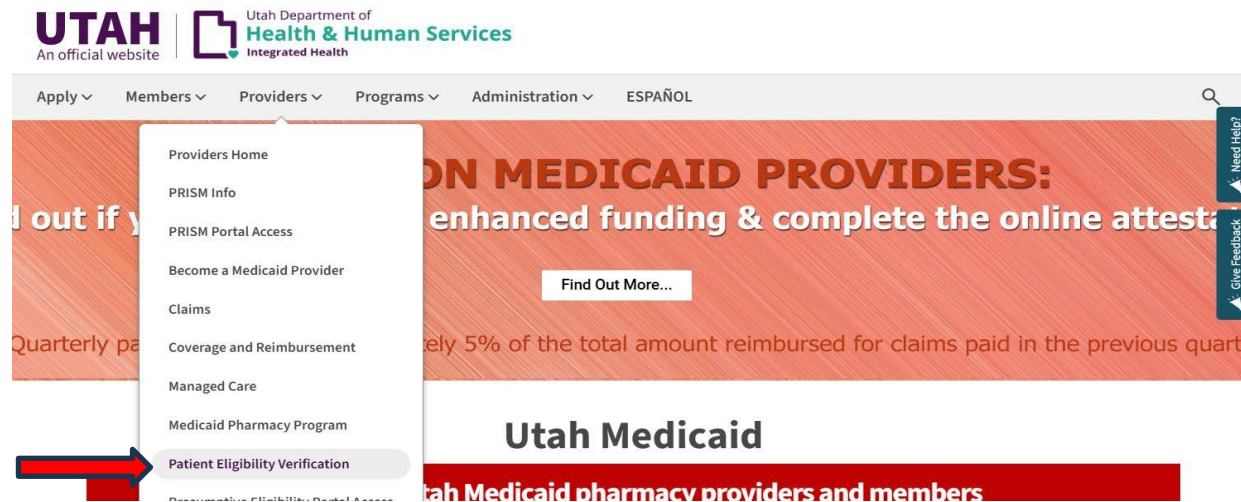
Eligible individuals for the Emergency Services Program for Non-Citizens (otherwise known as the Emergency Only Program or EOP) can receive outpatient hemodialysis services when diagnosed with End-Stage Renal Disease (ESRD), after experiencing a qualifying Emergency Department (ED) event identified by Medicaid. Not all those who are “financially” eligible for EOP are “clinically” eligible to receive outpatient hemodialysis. By following the instructions below, providers can verify an individual’s eligibility to receive coverage for outpatient hemodialysis.

Step 1:

Go to the Medicaid website at <https://medicaid.utah.gov/>

Step 2:

Under the PROVIDERS drop down tab, click the “Patient Eligibility Verification” link.



Step 3:

Click on the “Eligibility Lookup Tool” link.

Starting May 1, 2023, DHHS began issuing a new Medicaid card to replace the old Utah Department of Health (UDOH) card for newly enrolled Medicaid members. Each new Medicaid member will receive their own card. Existing members should continue to use their old UDOH Medicaid card. **Please accept both DHHS and UDOH Medicaid cards.** [Learn more in the New Medicaid Card FAQ for Providers](#).

The Eligibility Lookup Tool is a website that allows a provider to electronically view a member’s Medicaid eligibility and plan enrollment information. The Eligibility Lookup Tool will also tell you if the patient is restricted to a specific provider and if the patient is responsible for co-pays.

To verify your patient’s eligibility on the portal you will need the information off of the Medicaid card which includes member’s name, Medicaid ID and date of birth. A provider must also have a Provider ID (NPI or API) known to Medicaid.

In order to be in compliance with HIPAA, we must assure that only those that have the right to this information have access. A provider will have to register with the State of Utah by creating an account. If not currently logged in, you will be redirected and prompted to log in. Due to security, there is a 20-minute inactivity timeout feature on the Eligibility Lookup Tool.



Step 4:

Enter the indicated “provider” and “personal information” into the required fields as indicated below.

Eligibility Lookup Tool Results

LC

Terms and Conditions:

Only exact matches will return results.

By clicking the Submit button, you acknowledge that the information you access may contain protected health information and other identifiable information protected by federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). Information accessed through the use of this Eligibility Lookup Tool must be kept secure and private in accordance with the Utah Department of Health HIPAA Policies.

Failure to comply with the HIPAA Rule may result in termination of access from this Portal.

Provider ID: * Required

Provider ID

Unique ID: * One of these and two personal information are required

Member ID

Member ID

SSN

SSN

Personal Information: * OR three of these are required

First Name:

First Name

Last Name:

Last Name

Birthday:

MM/DD/YYYY

Date of Service: * Required

MM/DD/YYYY

Clear Submit

Step 5: Financial eligibility will be listed in the “Coverage Information” area of the “Eligibility Lookup Tool Results.” Clinical eligibility will be indicated in the “Special Instructions” in the “Coverage Information” area.

Eligibility Lookup Tool Results

Home Print Results Logout

Show Coverage Calendar

Member

Member Benefit Type

Service Date

Emergency Only

11/18/2019

Member Information

First Name:

Middle Initial:

Last Name:

Gender:

DOB:

Member ID:

Case Number:

Coverage Information

Eligibility Date Span: 11/01/2019 - 11/30/2019

Benefit Type:

Emergency Only

Health Plan:

FEE FOR SERVICE NETWORK

Eligibility Program Type:

Emergency Medicaid

Co-Pay Information:

No Co-pay required

Eligible Services:

This member is eligible for emergency services only.

Special Instructions:

This member is valid for emergency services only (as defined in Section 1 of the Provider Manual). All services will be reviewed prior to payment by the Division of Medicaid and Health Financing.

Restrictions

None

Other Insurance

None

Pharmacy Billing Info

None

Medicare

None

Member Responsibility

None

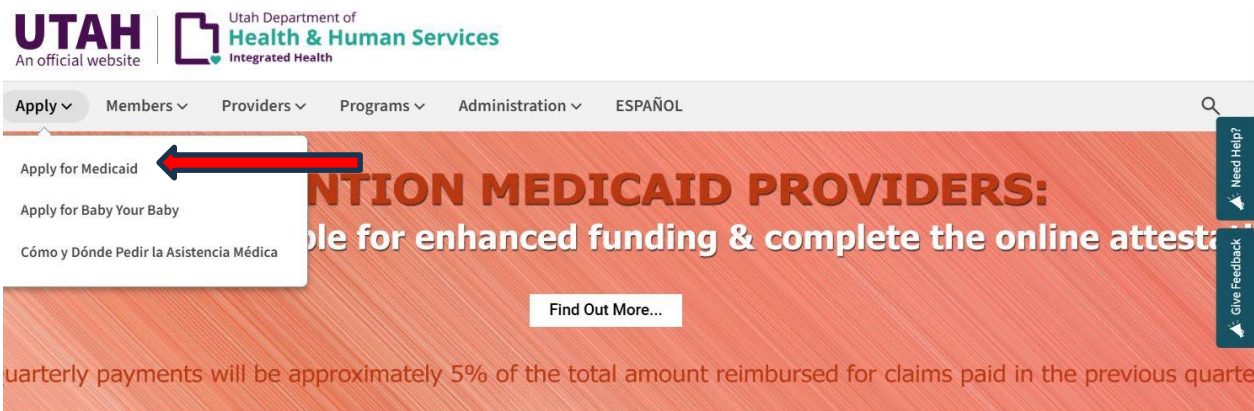
After the individual has been verified as financially and clinically eligible, the provider may then schedule outpatient hemodialysis. Providers must continue to check eligibility requirements prior to rendering services as outlined in Chapter 6 “Member Eligibility” of the [Section I: General Information Provider Manual](#).

Additional Instructions to Hospital Providers

Newly Presenting Individuals with ESRD

1. When a non-citizen with ESRD presents to the ED for the first time, if the person is not already enrolled in EOP at the time services were provided, the services may not be covered until both financial and clinical eligibility have been determined.
 - a. Providers may help facilitate the enrollment of individuals into EOP by going to the Medicaid website and following these steps.

Go to the “APPLY” drop down and click the “Apply for Medicaid” link. Follow the instructions found on the link.



Utah Medicaid

If the non-citizen is applying for themselves, and are non-English speaking, go to the “APPLY” drop down and click “Cómo y Dónde Pedir la Asistencia Médica” link. Follow the instructions found on the link.



Utah Medicaid

2. In the interim of applying for financial eligibility for EOP, providers can determine if an individual meets the clinical eligibility requirements for coverage of outpatient hemodialysis by completing the following steps:
 - a. Fax substantiating clinical documentation to eop_dialysis@utah.gov or 801-237-0776.
 - i. This process allows for an expediated review and waives the 60-day waiting period Medicaid requires for all other EOP claims review.
 - ii. Providers must contact Medicaid by calling **801-538-6149** after documentation has been submitted.

1. Request to speak with an EOP Nurse Reviewer, who will review the documentation to determine clinical eligibility.
 - a. This process may take up to two business days.
- b. Clinical eligibility will be determined by evaluating the individual's condition in one or more of the following areas:
 - i. Electrolyte abnormalities
 - ii. Acid-base abnormalities
 - iii. Inability to control volume status
 - iv. Hypertension / lack of blood pressure control
 - v. Cognitive impairment

Please Note:

Establishing clinical eligibility does not guarantee financial eligibility. Submission of clinical documentation provides the opportunity to establish clinical eligibility only.

Providers that begin outpatient hemodialysis, prior to the establishment of both financial and clinical eligibility, do so at their own risk, and understand that services provided may not be covered by Medicaid.

Additional Instructions to Dialysis Centers

Individuals enrolled in EOP generally require substantiating documentation supporting the treatment of emergency medical conditions. When Medicaid has identified clinically eligible EOP individuals who receive outpatient hemodialysis, the submission of documentation is not required. This only applies to outpatient hemodialysis performed in a dialysis center.

Due to programming surrounding EOP, the Medicaid system will automatically send out remittance advice denying claims that are submitted without documentation. Medicaid requests, in this instance, that these denials for documentation be disregarded. Medicaid will manually review these EOP claims identifying financial and clinical eligibility of each individual. If an individual has been treated who is not financially eligible, the claim will be denied.

A dialysis center may be reimbursed for providing outpatient hemodialysis only if the facility is enrolled as a Dialysis Center. For more information see the [Hospital Services Provider Manual](#).

1. Hemodialysis services are reimbursed as part of a composite rate.
 - a. The composite rate includes all training, services, evaluations, laboratory tests, items, supplies, medications, and equipment necessary to treat ESRD and perform hemodialysis.
2. Provider should report hemodialysis services using an institutional claim (837I) and Revenue Code 0821 (Hemodialysis).
 - a. Each dialysis session should be reported as one (1) unit of Revenue Code 0821.
 - i. Limited to one unit per day.

Office of Healthcare Policy and Authorizations contact information:

Email: eop_dialysis@utah.gov

Fax: 801-237-0776

Telephone: 801-538-6149