
MEDICAID ENROLLMENT & BILLING

Medicaid waiver services

Directive 1.61

Authorizing Code: [26B-6-403](#)

Rule: n/a

Version Date: May 2025

Next Review: May 2027

Federal code: 42 CFR 441.301(c)(4)(2024)

PURPOSE

This directive establishes policy and procedures for Medicaid provider enrollment expectations. This policy also outlines circumstances that permit the use of the division's Medicaid identification number on behalf of an unenrolled provider. Under certain circumstances billing for the waiver services may be done by using the division's Medicaid identification number on behalf of the unenrolled provider

DEFINITIONS:

Division - means the the Division of Services for People with Disabilities as defined in Section 26B-6-401.

HCBS waiver (or waiver) - means home and community-based services, which are long term services and support provided to individuals in their homes or other community settings that satisfy the requirements of 42 CFR 441.301(c)(4) (2024). An HCBS waiver includes the: Acquired Brain Injury Waiver; Community Supports Waiver; Community Transitions Waiver; Limited Supports Waiver; and the Physical Disabilities Waiver.

Medicaid ID - means the identification number assigned by Medicaid to an organization after the organization has been approved as an enrolled Medicaid provider.

Office of Inspector General (OIG) exclusion list - means a list of individuals and entities that are excluded from participating in federal Medicaid programs.

Person - means an eligible individual receiving a division service; or on the waiting list.

Provider Reimbursement Information System for Medicaid (PRISM) - means the web-based Medicaid enrollment and billing platform used by Utah Medicaid.

PRISM staff - means an individual employed by DHHS who works on the PRISM team.

Systems for Award Managment (SAM) database - means a database that contains records of individuals and entities that are excluded from participating in federal programs due to reasons such as fraud, abuse, or other violations.

I. Policy

The Utah Medicaid provider manual and state implementation plans all require that organizations who provide waiver services must be enrolled as a Medicaid provider before providing waiver services to a Person. Waiver services must be billed to Medicaid using the organization's Medicaid ID. Under certain circumstances, the organization will not be required to enroll as a Medicaid provider. Those exceptions are detailed in the procedure section below.

II. Procedure

1. Once an organization receives an award of a contract to provide waiver services, but prior to the contract being fully executed, the division's contract team shall:
 - a. Complete the Medicaid enrollment process in PRISM on behalf of the organization. This shall include entering required data received from the organization and uploading the required imaged documents as attachments; and
 - b. Coordinate any remaining issues between the organization and DHHS PRISM staff as needed until the organization has been approved for Medicaid enrollment and has been issued a Medicaid ID.
2. **Use of division Medicaid ID:** Under the circumstances described in this section, the organization shall not be required to enroll as a Medicaid provider. Instead, the division's Medicaid ID number shall be used to bill Medicaid for the waiver service that was provided. The following circumstances constitute the exceptions for when the organization shall not be required to enroll as a Medicaid provider:
 - a. The division has determined that a Person who receives a waiver service needs an item to be purchased, which is essential to fulfilling the purpose of their waiver services, and the item cannot be obtained from a Medicaid enrolled provider. Such purchased items may include the following:
 - i. environmental adaptations to the home or vehicle;
 - ii. specialized medical equipment; or
 - iii. other assistive technology.
 - b. The division has determined that a Person who receives a waiver service needs a good or service to be purchased under the Limited Supports Waiver (LSW), which is essential to fulfilling the purpose of their waiver services, and the good or service cannot be obtained from a Medicaid enrolled provider. Such goods and services purchase shall be in compliance with [Directive 1.57 Limited Supports Waiver Individual Goods and Services](#).

3. Controls: to ensure that there are controls in place for when the division shall allow an unenrolled provider to bill for waiver services using the division's Medicaid ID, the following conditions shall be met:

- a. The division's contract administrator shall train all new staff hired to the contract team on this directive. The completed training shall be recorded in the new staff's onboarding checklist;
- b. Any purchase from a non-enrolled provider that does not clearly satisfy the above criteria listed above in (2) must be approved by the division's director of finance.
- c. The division research team shall provide data annually to the contracts and finance teams to ensure that payments are billed using the correct Medicaid ID.
- d. The contract team shall be responsible for ensuring that providers who otherwise meet all required criteria for Medicaid enrollment, as determined by the approved state implementation plan, retain the necessary documentation to support that eligibility. This documentation includes:
 - i. the OIG exclusion list, and
 - ii. the SAM database.
- e. The division research team shall perform an annual review of payments that were made by using the division Medicaid number.