

Welcome to the 10th Annual Medicaid Conference

MEDICAID



2014 Annual Medicaid Conference

Provider Training Overview

MEDICAID



HP Enterprise Services (HPES)

HPES is the Fiscal Agent for the Fee For Service (FFS) side of the Nevada Medicaid Program

- Claims Processing
- Provider Call Center
- Prior Authorizations (Medical Management)
- Provider Enrollment
- Third Party Liability (TPL)
- Pharmacy
- Provider Services (Provider Services Field Reps/Training)
- Electronic Data Interchange
- Finance



HPES follows the Policies and Guidelines of the Nevada Medicaid Program



HP Enterprise Services (HPES)

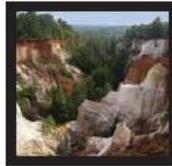
HPES also provides Fiscal Agent services in 19 other states.





ALABAMA

Since 1979
25,900 Providers
1,132,000 Members
34,258,000 Claims



GEORGIA*

Since 1987
97,600 Providers
1,700,000 Members
53,000,000 Claims
1,200,000 Managed Care Population
\$3,126,900,000 Managed Care Capitations
25,900,000 Encounters



OHIO

Since 2007
94,900 Providers
2,390,400 Members
62,398,000 Claims
1,703,700 Managed Care Population
\$7,180,700,000 Managed Care Capitations
60,400,000 Encounters



VERMONT

Since 1981
12,600 Providers
183,400 Members
9,700,000 Claims



ARKANSAS

Since 1985
40,300 Providers
798,100 Members
40,369,000 Claims
434,000 Managed Care Population
\$51,423,000 Managed Care Capitations
895,960 Encounters



INDIANA

Since 1991
52,200 Providers
1,042,000 Members
45,732,000 Claims
753,700 Managed Care Population
\$1,213,000,000 Managed Care Capitations
8,180,000 Encounters



OKLAHOMA

Since 2000
38,400 Providers
827,400 Members
60,817,000 Claims
554,300 Managed Care Population
\$33,615,000 Managed Care Capitations
418,900 Encounters



WISCONSIN

Since 1977
73,000 Providers
1,150,000 Members
41,000,000 Claims
730,000 Managed Care Population
\$3,300,000,000 Managed Care Capitations
32,000,000 Encounters



COLORADO

Awarded in 2014
Provider Enrollment Portal Underway
MMIS Implementation Underway
1,089,078 Members
39,700 Providers



KANSAS*

Since 1978
27,000 Providers
390,000 Managed Care Population
(includes all Members)
6,100,000 Claims
\$1,800,000,000 Managed Care Capitations
20,100,000 Encounters



OREGON

Since 2005
77,700 Providers
692,900 Members
8,428,200 Claims
601,800 Managed Care Population
\$2,545,200,000 Managed Care Capitations
15,853,000 Encounters



CONNECTICUT

Since 1981
31,500 Providers
650,000 Members
37,000,000 Claims



KENTUCKY*

Since 1983
31,500 Providers
873,000 Members
25,700,000 Claims
753,000 Managed Care Population
\$4,000,000,000 Managed Care Capitations
57,300,000 Encounters



PENNSYLVANIA

Since 1992
68,000 Providers
2,231,500 Members
44,536,000 Claims
1,731,500 Managed Care Population
\$10,793,700,000 Managed Care Capitations
84,809,000 Encounters



DELAWARE

Since 1989
10,000 Providers
220,500 Members
19,158,900 Claims
189,500 Managed Care Population
\$1,139,907,900 Managed Care Capitations
6,016,100 Encounters



MASSACHUSETTS

Since 2005
52,900 Providers
1,889,000 Members
45,775,000 Claims
1,508,000 Managed Care Population
\$5,030,380,000 Managed Care Capitations



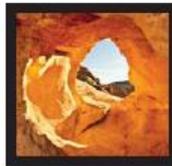
RHODE ISLAND

Since 1992
12,600 Providers
201,900 Members
5,300,000 Claims
147,700 Managed Care Population
\$423,919,000 Managed Care Capitations
6,900,000 Encounters



FLORIDA*

Since 2006
159,700 Providers
3,300,000 Members
90,511,000 Claims
2,934,000 Managed Care Population
\$4,829,400,000 Managed Care Capitations
53,768,000 Encounters



NEVADA*

Since 2011
22,500 Providers
338,800 Members
16,994,000 Claims
216,400 Managed Care Population
\$345,174,000 Managed Care Capitations



TENNESSEE*

Since 1995
90,900 Providers
1,200,000 Managed Care Population
(includes all Members)
12,578,000 Claims
\$5,070,000,000 Managed Care Capitations
43,824,000 Encounters

2013 GRAND TOTAL FOR ALL STATES

Years: 387
Providers: 1,019,200
Members: 19,620,900
Claims: 659,355,100
Managed Care Population: 15,047,600
Managed Care Capitations: \$50,883,318,900
Encounters: 416,364,960

*Several states—Florida, Georgia, Kansas, Kentucky, and Tennessee—have come back to HP after being with other vendors.

Provider Services Field Representatives



Provider Services Field Representatives

Rep Name: Jennifer Shaffer Email: jennifer.lou.shaffer@hp.com Phone: 775-313-2811	
Assignments: <ul style="list-style-type: none">• All hospitals and facilities statewide• All out-of-state providers	Hospital and facility provider types: <ul style="list-style-type: none">• 10• 11• 12• 19• 56• 65• 75

Rep Name: Ismael Lopez-Ferratt Email: ismael.lopez-ferratt@hp.com Phone: 702-334-1622	
Assignments: <ul style="list-style-type: none">• All Behavioral Health providers statewide, including Substance Abuse Agency Model (SAAM) providers, Psychiatric Hospitals-Inpatient and Residential Treatment Centers	Provider types: <ul style="list-style-type: none">• 13• 14• 17 Specialty 215• 26• 63• 82



Provider Services Field Representatives

Rep Name: Kim Teixeira Email: kim.nal.teixeira@hp.com Phone: 775-323-9667							
Assignments: <ul style="list-style-type: none"> • All provider type 47s – Indian Health Services (IHS) and Tribal Clinics statewide • All provider type 60s – School Based statewide • Plus the following Northern Nevada zip codes: 							
89301	89407	89426	89440	89451	89511	89703	89822
89310	89408	89427	89441	89460	89512	89704	89825
89311	89410	89429	89442	89501	89519	89705	89832
89314	89415	89430	89444	89502	89521	89706	89835
89316	89419	89431	89445	89503	89523	89801	89883
89317	89421	89433	89447	89506	89557	89815	
89403	89423	89434	89448	89508	89701	89820	
89406	89424	89436	89449	89509	89702	89821	

Rep Name: Jassamine Haughton Email: jassamine.haughton@hp.com Phone: 702-274-6616			
89102	89118	89139	89148
89113	89119	89146	89179
89117	89135	89147	



Provider Services Field Representatives

Rep Name: Hasani Jackson Email: hasani.jackson-carroll@hp.com Phone: 702-239-4933			
89031	89106	89129	89144
89032	89107	89130	89145
89081	89108	89131	89149
89084	89110	89134	89156
89085	89115	89138	89166
89086	89124	89142	89178
89101	89128	89143	89193

Rep Name: Tiffani Hart Email: tiffani.m.hart@hp.com Phone: 702-266-6923				
89001	89014	89030	89049	89120
89002	89015	89040	89052	89121
89003	89018	89041	89060	89122
89005	89020	89042	89074	89123
89008	89021	89043	89103	89141
89011	89025	89044	89104	89169
89012	89027	89045	89109	89183
89013	89029	89048	89114	



Provider Services Field Representatives

Representatives are available to assist you with a wide variety of areas and topics including, but not limited to:

- Complex claim inquiries
- Submitting a claim for special handling
- Correct claim form completion
- Regularly scheduled training workshops



Representatives are not able to assist with coding claims or clinical information.

Provider Services Field Representatives

continued...

The Team can also assist you with:

- Use of the Automated Response System (ARS)
- Navigation of the Provider Web Portal (PWP)
- Use of the Electronic Verification System (EVS)
- Provider enrollment and re-enrollment inquiries



2014 Provider Training



**Nevada Department of
Health and Human Services**

Division of Health Care Financing and Policy Provider Portal



Save money. Save time. E-Prescribe. [[Details](#)]

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[Announcements/Newsletters](#) [Billing Information](#) [Electronic Claims/EDI](#) [E-Prescribing](#) [Forms](#) [NDC](#) [Provider Enrollment](#) [Provider Training](#)

- 1,520 providers registered for 75 provider workshops through September 2014.
- Workshops were held onsite at the Reno HP office, in Las Vegas at the Grant Sawyer Building, and using our virtual rooms.

Medicaid Highlights and Updates

2014

Total Enrolled Providers

Nevada Medicaid has over 24,500 enrolled providers, as of 9/1/14. This includes In State providers and Out of State providers.



Provider Re-Enrollment



Provider Re-Enrollment

The Division of Health Care Financing and Policy and The Centers for Medicaid and Medicare Services require that providers re-enroll in Nevada Medicaid and Nevada Check Up once every 36 months.



Ordering, Prescribing and Referring (OPR) Providers



Who Is an OPR Provider?

An OPR provider is a practitioner who:

- May occasionally see an individual who is a Medicaid recipient who needs additional services or supplies that will be covered by the Medicaid program.
- Does not want to be enrolled as a fully enrolled Nevada Medicaid provider.
- Does not plan to submit claims for payment of services rendered.



Why Are OPR Providers Required to Enroll in Nevada Medicaid?

- Traditionally, most providers have enrolled in the Nevada Medicaid program to furnish covered services to Medicaid recipients and to submit claims for such services. However, the Affordable Care Act (ACA) now requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe and refer items or services for Medicaid recipients, even when they do not submit claims to Medicaid.



What if an OPR Provider Does Not Enroll as Required?

- It is important for OPR providers to understand the implications of failing to enroll in Medicaid. If you are an OPR provider, the physicians, other practitioners and facilities who actually render services to Medicaid recipients based on your order, prescription or referral, will not be paid for such items or services unless you enroll in Medicaid and your NPI is included on the claim submitted to Medicaid by the rendering provider (42 CFR 455.440).



Total Claims Paid

Find quarterly claims payment information in the Nevada Medicaid and Nevada Check Up Quarterly Newsletter, located at www.medicaid.nv.gov. From the Providers tab, select Announcements/Newsletters.

- \$648,226,014.04 in claim payments were paid to providers in the Fourth Quarter of State Fiscal Year 2014

PERM Time Again?

- The Improper Payments Act of 2002 (IPIA) requires the Centers for Medicare & Medicaid Services (CMS) to estimate improper payments in all state Medicaid and State Children's Health Insurance Programs (Nevada Check Up)
- PERM is the Payment Error Rate Measurement Program
- Every 3 years PERM reviews consist of:
 - Recipient eligibility
 - Claims processing
 - Medical record or service documentation



PERM Process

- CMS conducts a medical record review of FFS payments to determine the appropriateness of the payment.
- Not every provider will be contacted to provide medical documentation; only those providers that provided services for the random sample of FFS claims selected will be contacted.
- Medical records are requested from the provider by the PERM Review Contractor for all fee-for-service claims in the sample.
- A+ Government Solutions is the PERM Review Contractor.



PERM Process

- A+ customer service representatives (CSRs) will call all providers in the sample to explain the purpose of the call, the authority for CMS to collect medical records for audit purposes, and identify the appropriate point of contact for each provider.
- CSRs will identify which patient's record is needed for review for a specific date of service that matches the provider's claim.
- After confirming that the correct provider has been reached and the location of the medical record needed, a written request will be faxed or mailed to the provider's office.



PERM Process

- **Errors:** All claims with no documentation or insufficient documentation from the provider will be determined to be paid in error.
- **Sanctions:** If a claim is determined an error, state Medicaid agencies may pursue recovery of payment for this claim. DHCFP will recover claims paid in error.
- **Appeals:** The normal state appeal rights apply to each claim.



Thank you for your attention
and enjoy the Conference as
we move on to our next
presentation.

