Using the Medicaid Services Manual (MSM)

Presented by: DHCFP and HPES
September 2012
Objective

- What is it and why it is important
- How chapters apply to providers
- Where to find information
- Using the search function
- Learning check
Introduction

HHS

CMS

NV HHS

NV DHCFP
Disclaimer

- Policies are updated on a regular and ongoing basis. To assure you are in compliance with the Division of Health Care Financing and Policy’s (DHCFP’s) policies, always use current versions of all policies.

- The slides in this handout are not designed to replace current policies and may not be used as a policy reference.
Medicaid Manuals

Nevada Medicaid Operations Manual

Nevada Medicaid Services Manual

Nevada Check Up Manual

REFERENCES
Public Notices

Nevada Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)

NOTICE OF MEETING TO SOLICIT PUBLIC COMMENTS AND INTENT TO ACT UPON AMENDMENTS TO THE MEDICAID SERVICES MANUAL ( MSM)

Date and Time of Meeting:  August 14th, 2012 at 9:00 AM
Location: Nevada State Legislature Building
401 So. Carson Street Room 2135
Carson City, Nevada 89701

Video Conference to:  Grant Sawyer Office Building
555 E. Washington Avenue Suite 4412E
Las Vegas, Nevada 89146

Agenda
Attachment 1

PUBLIC HEARINGS SCHEDULE 2011
PUBLIC HEARINGS SCHEDULE 2012
MCAC MEETING SCHEDULE 2011
2. For Possible Action: Discussion and Proposed Adoption of MSM 100 – Medicaid Program

a. Presentation of proposed Chapter 100 changes

Revisions to MSM Chapter 100 have been made as a result of the April 10, 2012 public hearing. During the April public hearing, while being read into record, it was noticed that the wording in Section 102, Provider Enrollment, was not grammatically correct. Revisions include spelling corrections. In addition, in MSM 102.4A, Provider Disclosure, the work “permanent” is being removed; as providers are not permanently enrolled. If enrollment is granted, it is for a period of no more than 36 months.

Financial Impact: None Known

Local Government Impact: None Known

Effective Date: August 15, 2012

b. Public comment on proposed chapter changes
c. Adoption of proposed changes

3. General Public Comments (Limited to 5 minutes per person or organization)
Medicaid Manuals


Table of Contents

Medicaid services and the policies that govern those services can be found in the chapters of the Medicaid Services Manual (MSM). As a provider, you should be familiar with your specific chapter, as well as Chapter 100, Eligibility, Coverage and Limitations, Chapter 3100, Hearings, and Surveillance, Utilization and Review Subsystem. Manual Transmittal Letters (MTLs) are chapters or sections of the chapter that are pending approval. Once they have been approved through the public hearing process the changes are then incorporated into the Chapter. A history of all changes are kept under each Chapter.

100-Medicaid Program (ARCHIVES)
   • Chapter (6-12-12)
   • Table of Contents (6-12-12)
   • MTL (6-12-12)

200-Hospital Services (ARCHIVES)
   • Chapter (5-8-12)
   • Table of Contents (5-8-12)

Nevada Check Up Manual (ARCHIVES)
   • Chapter (2-14-12)
   • Table of Contents (2-14-12)
   • MTL (2-14-12)

400-Mental Health and Alcohol/Substance Abuse Services (ARCHIVES)
   • Chapter (4-10-12)
   • Table of Contents (4-10-12)
Requirements

Chapter 100 – Medicaid Program

Program Overview

Chapter 3100 - Hearings

Recipient Hearings
Provider Hearings

Chapter 3300 – Program Integrity

Fraud and Abuse
Improper Payments
Chapter 100 – Program Overview

- Eligibility
- Provider enrollment
- Rules and requirements
- Billing time frames
- Provider types
# Section 101a

<table>
<thead>
<tr>
<th>Division of Welfare and Supportive Services (DWSS)</th>
<th>Division of Health Care Financing and Policy (DHCFP)</th>
<th>HP Enterprise Services (HPES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Accepts applications for Medicaid assistance (not Nevada Check Up)</td>
<td>▪ Establishes policies for administration of the Nevada Medicaid programs</td>
<td>▪ Fiscal agent</td>
</tr>
<tr>
<td>▪ Determines eligibility</td>
<td>▪ Determines eligibility for Nevada Check Up and advises recipients in all aspects of Nevada Check Up coverage</td>
<td>▪ Receive and process provider enrollments and claims</td>
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<td>▪ Creates and updates recipient case files</td>
<td>▪ Customer Service Center</td>
<td>▪ Provide training</td>
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<td>▪ Prior authorization (PA)</td>
<td>▪ Follow policy and guidelines in the MSM</td>
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Section 102

Medicaid may reimburse only enrolled providers. The following are conditions of enrollment:

- Provides their NPI/API number on the application and requests for payment;
- Meets all of the professional credentialing requirements or other conditions of participation for the provider type;
- Completes the Nevada Medicaid Provider Application and Contract; and
- Received notice from Nevada Medicaid that the credentials have been met and the provider agreement has been accepted.
Section 103d

Rules and requirements:

All Medicaid providers who accept Medicaid reimbursement for treatment accept responsibility for understanding and comprehending their provider contract and all chapters of the MSM that pertain to their individual provider type and services they provide. This applies to all institutions and medical groups as well.
Section 105.2b

Billing Time Frames (Stale Dates):

- 180-day deadline (from date of service or date of decision whichever is later) for claims without Third Party Liability (TPL) from in-state providers

- 365-day deadline for claims with TPL and from out-of-state providers from date of service or date of decision, whichever is later
## Section 110

<table>
<thead>
<tr>
<th>MEDICAID SERVICES MANUAL</th>
<th>Section: 110</th>
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</thead>
<tbody>
<tr>
<td>110 - NEVADA MEDICAID PROVIDER TYPES</td>
<td>Subject: NEVADA MEDICAID PROVIDER TYPES</td>
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10 - Outpatient Surgery  
11 - Hospital, Inpatient  
12 - Hospital, Outpatient  
13 - Psychiatric Hospital, Inpatient  
14 - Mental Health, Outpatient/Public  
16 - Intermediate Care Facility/MR  
17 - Special Clinics  
18 - Nursing Facility/Skilled Level  
19 - Nursing Facility/Intermediate Level  
20 - Physician/Osteopath  
21 - Podiatrist  
22 - Dentist  
23 - Hearing Aid Dispenser & Related Supplies  
24 - Certified Registered Nurse Practitioner, Nurse  
25 - Optometrist  
26 - Psychologist  
27 - Radiology & Noninvasive Diagnostic Centers  
28 - Pharmacy  
29 - Home Health Agency - (persons 21 years old and older)  
30 - Personal Care Aide (Home Care) Provider Agency
Chapter 3100 – Hearings

- Recipient fair hearings
- Service provider fair hearings
- Hearing decision
Section 3103.1

The DHCFP will provide an opportunity for a Fair Hearing to any person whose claim for assistance is denied, reduced, suspended, terminated or not acted upon promptly.
Section 3105.1

A Nevada Medicaid/Nevada Check Up provider may request a Fair Hearing when they disagree with an adverse determination taken against them by the agency, the Quality Improvement Organization (QIO) vendor/fiscal agent or the Health Plan.
Sections 3104.11 and 3105.9

- The Hearing Officer’s decision must be in writing and comply with Medicaid/Nevada Check Up program policy.
- At the conclusion of the Fair Hearing, the Hearings Officer will close the record and render a final decision within 30 days.
- A copy of the Hearing Officer’s Decision is provided to both parties.
- An unfavorable decision may be petitioned for Judicial Review by either party.
- Reference Nevada Revised Statute (NRS) 422.306.
Chapter 3300 – Program Integrity

- Compliance audits
- Surveillance and Utilization Review (SUR)
- Abuse and fraud
- Improper payment
- Civil and Criminal Penalties
Financial and policy compliance audits

- DHCFP will conduct regular financial and policy compliance audits of programs and services provided under the Medicaid and Nevada Check Up programs.
- These audits consist of a thorough review of program policy, claims processing and/or medical or service record documentation.
Surveillance and Utilization Review (SUR)

- Statewide program to safeguard against unnecessary or inappropriate use of services
- Prevent excess payments in the Nevada Medicaid and Nevada Check Up programs
- Develop statistical provider profiles
- Analyze claims data to identify potential fraud, waste, over-utilization and abuse
- Collect provider overpayments and refer appropriate cases to the Medicaid Fraud Control Unit (MFCU) for criminal investigation and prosecution
- A Fair Hearing process is available to dispute some actions by SUR
Section 3302.1

Abuse:

Provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid or Nevada Check Up programs.

Includes reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid or Nevada Check Up programs. (42 CFR 455.2)
Section 3302.3

Fraud:

Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable federal or state law. (42 CFR 455.2)
Section 3302.4

- An improper payment is any payment that is billed to or paid by the DHCFP that is not in accordance with:
  - The Medicaid or Nevada Check Up policy governing the service provided
  - Fiscal agent billing manuals
  - Contractual requirements
  - Standard record keeping requirements of the provider discipline
  - Federal law or state statutes

- An improper payment can be an overpayment or an underpayment
Examples of improper payments

• Payments for ineligible recipients
• Payments for ineligible, non-covered or unauthorized services
• Duplicate payments
• Payments for services that were not provided or received
• Payments for unbundled services when an all-inclusive bundled code should have been billed
• Payments not in accordance with applicable pricing or rates
• Data entry errors resulting in incorrect payments
• Payments where the incorrect procedure code was billed (up-coding)
Examples of improper payments, continued

• Payments over Medicaid allowable amounts
• Payments for non-medically necessary services
• Payments where an incorrect number of units were billed
• Submittal of claims for unauthorized visits
• Payments that cannot be substantiated by appropriate or sufficient medical or service record documentation

*Improper payments can also be classified as fraud and/or abuse*
Section 3303.3A

Administrative Actions:

- Issuance of warning letters
- Issuance of recoupment/recovery letters
- Recovery of improper payments
- Special claims reviews or on-site audits
- Suspension and termination of provider status
- Civil Monetary and Criminal Penalties
- Referral to the Medicaid Fraud Control Unit
Provider specific chapters

- Provider standards
- References by provider type
- Using the search feature
Provider standards

• Provide medically necessary services
• Adhere to the regulations prescribed in the chapter and all applicable Division chapters
• Provide only those services within the scope of their practice and expertise
• Ensure care coordination to recipients with higher intensity of needs
• Comply with recipient confidentiality laws and Health Insurance Portability and Accountability Act (HIPAA)
Provider standards, continued

- Maintain required records and documentation
- Comply with requests from the QIO-like vendor
- Ensure client’s rights
- Cooperate with DHCFP’s review process
Reference by Provider Type (PT)

Chapter 400

PT 14
PT 13
PT 63
PT 26
PT 82
Search-this-page feature

To locate a specific term or phrase in the Medicaid Services Manual:

1. Go to: www.dhcfp.nv.gov
2. Open the .pdf of the document in your web browser or select the specific chapter to narrow the search field
3. On your keyboard – press CTRL+F
4. In the search box type your phrase
403.7A COVERAGE AND LIMITATIONS

1. Nevada Medicaid may reimburse for:

   a. Outpatient alcohol/substance abuse treatment services within the context of services discussed in Section 403.4 of this Chapter (individual and family therapy is limited to one hour per session. Group therapy is limited to two (2) hours per session).

   b. Psychiatrist (MD) - Office and clinic visits provided by a psychiatrist are a Medicaid benefit. There are no limitations to services and prior authorization is not required.

   c. Psychologist - Initial office and clinic visits for psychological evaluation and testing require a signed referral from a physician, licensed QMHP, or a signed referral through a Healthy Kids (EPSDT) screening. All services (psychological evaluation, testing and subsequent individual, group, and family therapies) provided by psychologists must be prior authorized using the PAR form. For children under age 21 only services beyond 26 sessions per calendar year may be provided if:

      1. prior authorized by the QIO-like vendor; or

      2. resulted from an EPSDT referral.
Search example, continued

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      1. prior authorized by the QIO-like vendor; or
      2. resulted from an EPSDT referral.

Testing services may also include an initial psychological evaluation,
Reminders

• Required chapters
  – 100 Program overview
  – 3100 Hearings
  – 3300 Program integrity
• Reference provider specific chapters
• Use the search-this-page feature
• DHCFP Provider Support
  – (775) 684-3701 or dhcfp@dhcfp.nv.gov
Improper Payments Medley Provider Types Chapters Improper Payments

Learning Check
<table>
<thead>
<tr>
<th>Chapters</th>
<th>Provider Types</th>
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<th>Improper Payments</th>
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What is the MSM chapter number for Nursing Facilities?
Chapters

Chapter 500

Return to Main Board
What is the MSM chapter number for Dental Services?
What is the MSM chapter number for Behavioral Health Services?
Chapter 400
MTL
What does this acronym stand for?
Manual Transmittal Letter
A ________ is posted on the DHCFP website when changes to the MSM are being reviewed.
Public Notice
What is the Provider Type number for Durable Medical Equipment (DME), Disposable, Prosthetics?
A Provider Type 22 is a?
A Provider Type 29 is a Home Health Agency and the relevant MSM chapter numbers are?
Provider Types

900 and 1400
Provider Types

Behavioral Health Outpatient is which Provider Type?

and

Behavioral Health Rehabilitative is which Provider Type?
Provider Types

14 and 82

Return to Main Board
All providers should be familiar with these three (3) MSM chapters.
Medley

SUR

What does this acronym stand for?
Medley

Surveillance and Utilization Review

Return to Main Board
Medley

Use this keyboard feature to search-this-page

Return to Main Board

Answer
Medley

CTRL + F

Return to Main Board
www.dhcfp.nv.gov includes a link to the Medicaid Services Manual

True or False
Public Hearings are held and/or teleconferenced in both Las Vegas and Carson City locations.

True or False
Medley

True

Return to Main Board
DHCFP will *not* provide an opportunity for a fair hearing to a person whose request for assistance is denied.

True or False
A type of improper payment: Payment over Medicaid _______ amounts.
Improper Payments

Allowable

Return to Main Board
A type of improper payment:

Payments where an incorrect number of ____ were billed.
Improper Payments

A type of improper payment:

Data entry errors resulting in ____ payments.
Improper Payments

Over

Return to Main Board
A type of improper payment:
Payments for non-covered, ineligible or __________ services.
Improper payments can also be classified as ______ and/or ______.
Improper Payments

Fraud and/or Abuse

Return to Main Board
Questions?
Contact information

**Customer Service Center**
Claim inquiries and general information
Phone: (877) 638-3472

**Automated Response System (ARS)**
Phone: (800) 942-6511

**Requests for Provider Training**
Email: NevadaProviderTraining@hp.com
Thank you for your attention

Please complete the course evaluation before leaving class

Enjoy the remainder of your day