



Using the Medicaid Services Manual (MSM)

Presented by: DHCFP and HPES
September 2012

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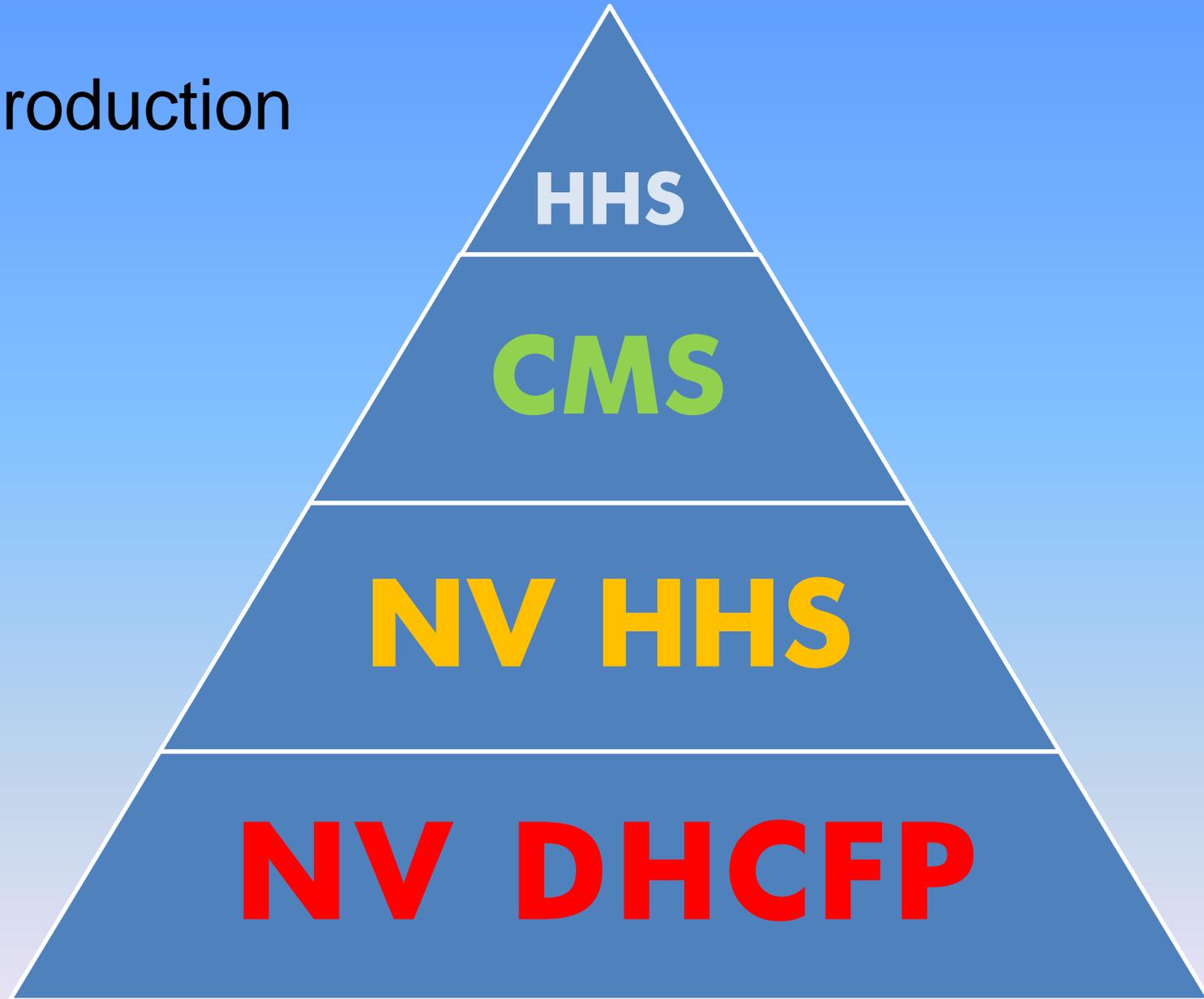


Objective

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



Introduction



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



Public Notices

Nevada Department of Health and Human Services Division of Health Care Financing and Policy



www.dhcfp.nv.gov

[Nevada Department of Health and Human Services](#)

[DHCFP Home](#)

[Telephone Directory](#)

[Sitemap](#)

[About Us](#)

PUBLIC NOTICES

[DHCFP Home](#)
[Audit Information](#)
[Behavioral Health](#)
[Boards & Committe](#)
[Care Management](#)
[Civil Rights and Ad](#)
[Dental Health Serv](#)
[Employment Oppor](#)
[EPSDT/Healthy Kid](#)
[Fact Sheets/Repor](#)
[Forms](#)
[Grants](#)
[Hearings](#)
[HIPAA](#)
[HPES](#)
[Home and Commu](#)
[Indian Health Prog](#)
[Managed Care Org](#)
[Medicaid Estate Re](#)
[Medicaid Manuals](#)
[Medicaid State Pla](#)
[Medical Services](#)
[Nevada Check Up](#)
[Nursing Facility Inf](#)
[Pharmacy](#)
[Provider Incentive](#)
[Provider Support](#)
[Providers](#)
[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 89416

[Agenda](#)

[Attachment 1](#)

[PUBLIC HEARINGS SCHEDULE 2011](#)

[PUBLIC HEARINGS SCHEDULE 2012](#)

[MCAC MEETING SCHEDULE 2011](#)

Agenda example

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



DHCFC INDEX

- DHCFC Home
- Audit Information
- Behavioral Health Services
- Boards & Committees
- Care Management Organization & 111
- Civil Rights and Advance Directives
- Dental Health Services
- Employment Opportunities
- EPSDT/Healthy Kids Program
- Fact Sheets/Reports
- Forms
- Grants
- Hearings
- HIPAA
- HPES
- Home and Community-Based Waivers
- Indian Health Programs
- Managed Care Organizations
- Medicaid Estate Recovery (MER)
- Medicaid Manuals**
- Medicaid State Plan
- Medical Services
- Nevada Check Up
- Nursing Facility Information
- Pharmacy
- Provider Incentive Program for EHRs
- Provider Support
- Providers
- Public Notices
- Rates & Cost Containment-Util/Fin. Re

Medicaid Services Manual - [Complete Document in PDF Format](#) (1360 pages - 4.8 MB) Current Version 7-12-2012

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 user 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. Once they have been approved through the public hearing process the changes are then incorporated into the Chapter. A history of all MTLs 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)

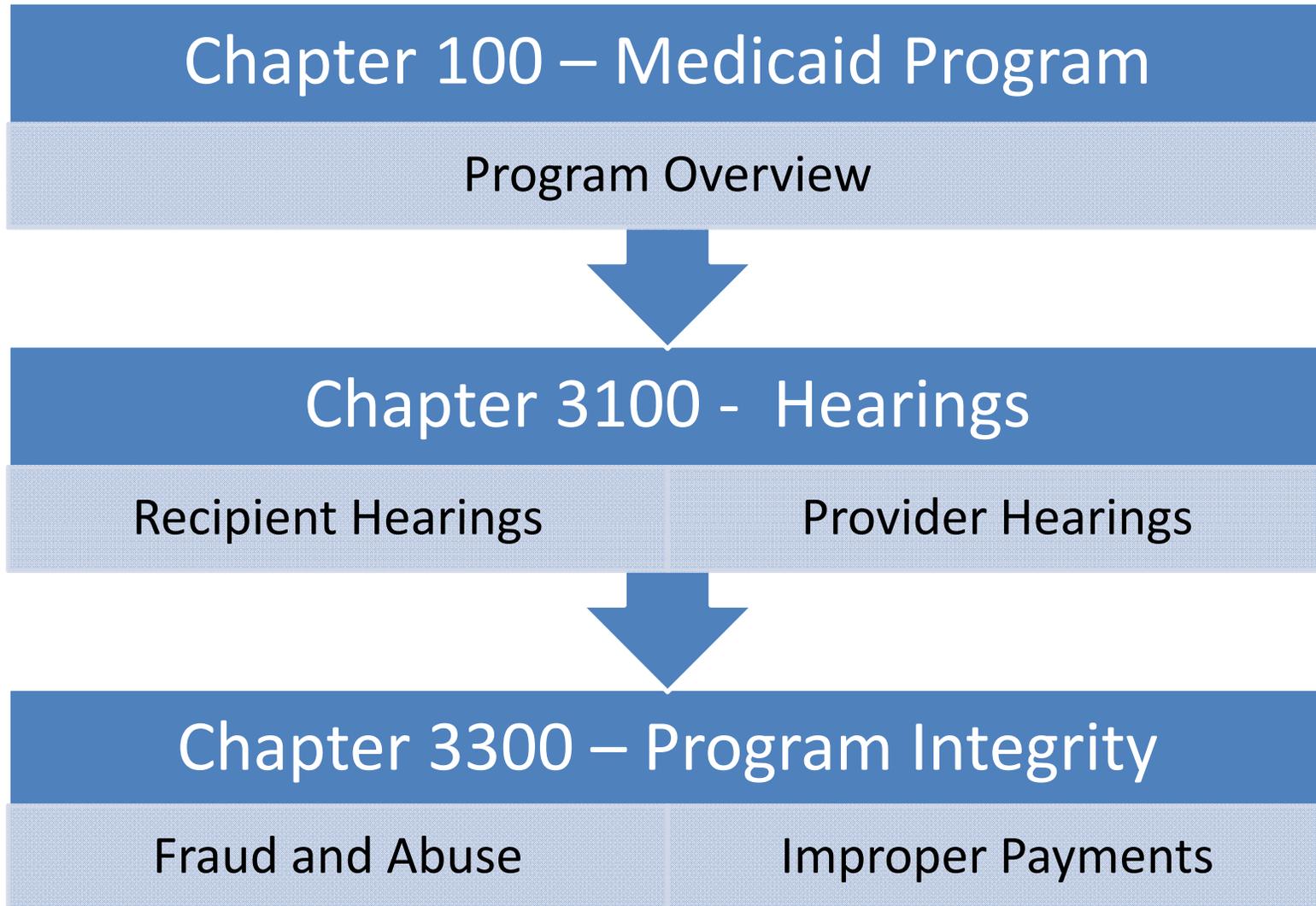
- Nevada Check Up Manual
- NV Medicaid Operations Manual ([ARCHIVES](#))
- NV Medicaid Services Manual ([ARCHIVES](#))

- [Chapter](#) (2-14-12)
- [Table of Contents](#) (2-14-12)
- [MTL](#) (2-14-12)

400-Mental Health and Alcohol/Substance Abuse Services ([ARCHIVES](#))

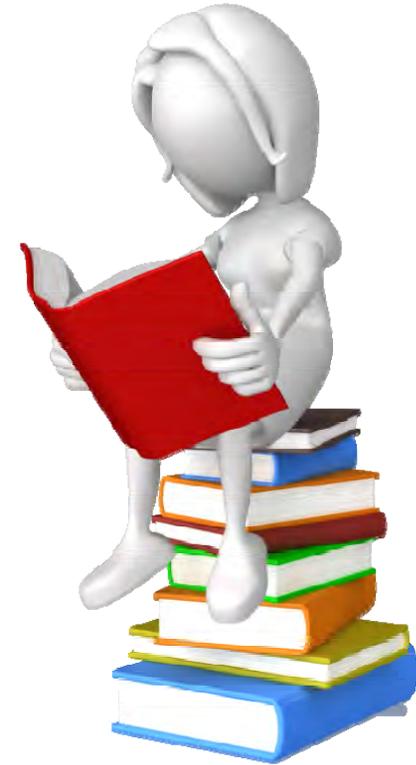
- [Chapter](#) (4-10-12)
- [Table of Contents](#) (4-10-12)

Requirements



Chapter 100 – Program Overview

- Eligibility
- Provider enrollment
- Rules and requirements
- Billing time frames
- Provider types



Section 101a

Division of Welfare and Supportive Services (DWSS)

- Accepts applications for Medicaid assistance (not Nevada Check Up)
- Determines eligibility
- Creates and updates recipient case files



Division of Health Care Financing and Policy (DHCFP)

- Establishes policies for administration of the Nevada Medicaid programs
- Determines eligibility for Nevada Check Up and advises recipients in all aspects of Nevada Check Up coverage



HP Enterprise Services (HPES)

- Fiscal agent
- Receive and process provider enrollments and claims
- Customer Service Center
- Provide training
- Prior authorization (PA)
- Follow policy and guidelines in the MSM



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

DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: <p style="text-align: center;">110</p>		
MEDICAID SERVICES MANUAL	Subject: <p style="text-align: center;">NEVADA MEDICAID PROVIDER TYPES</p>		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top; padding-bottom: 10px;">110</td> <td style="padding-bottom: 10px;"> NEVADA MEDICAID PROVIDER TYPES <ul style="list-style-type: none"> 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 </td> </tr> </table>		110	NEVADA MEDICAID PROVIDER TYPES <ul style="list-style-type: none"> 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
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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.



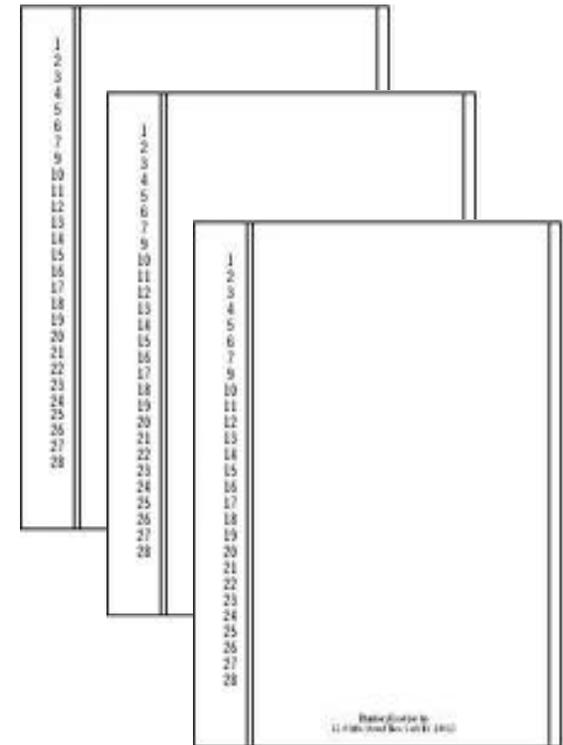
Section 3105.1

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.



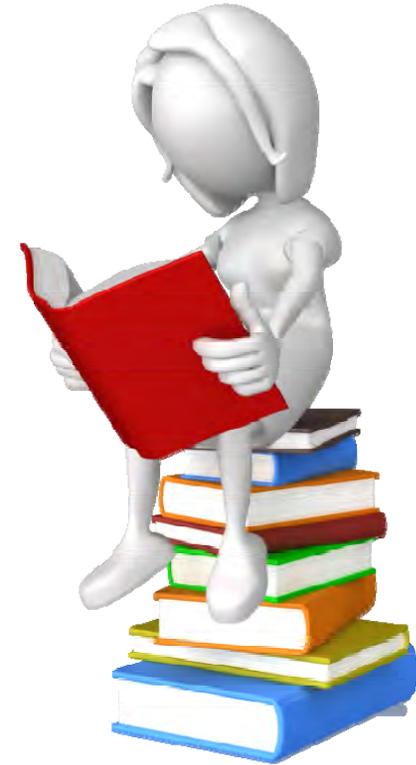
Sections 3104.11 and 3105.9

- 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

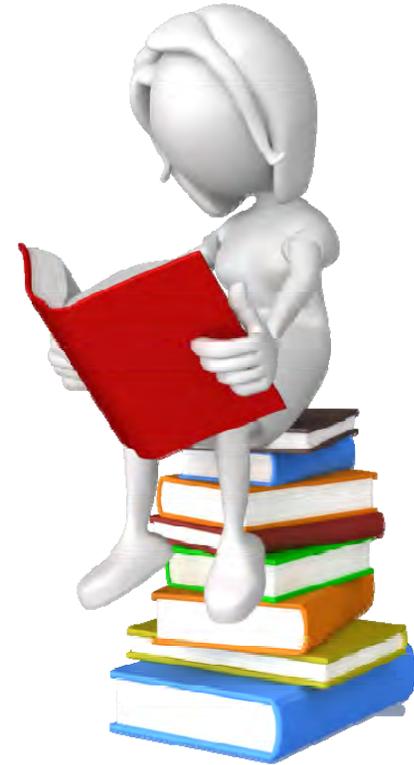
Administrative Actions:

- 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)

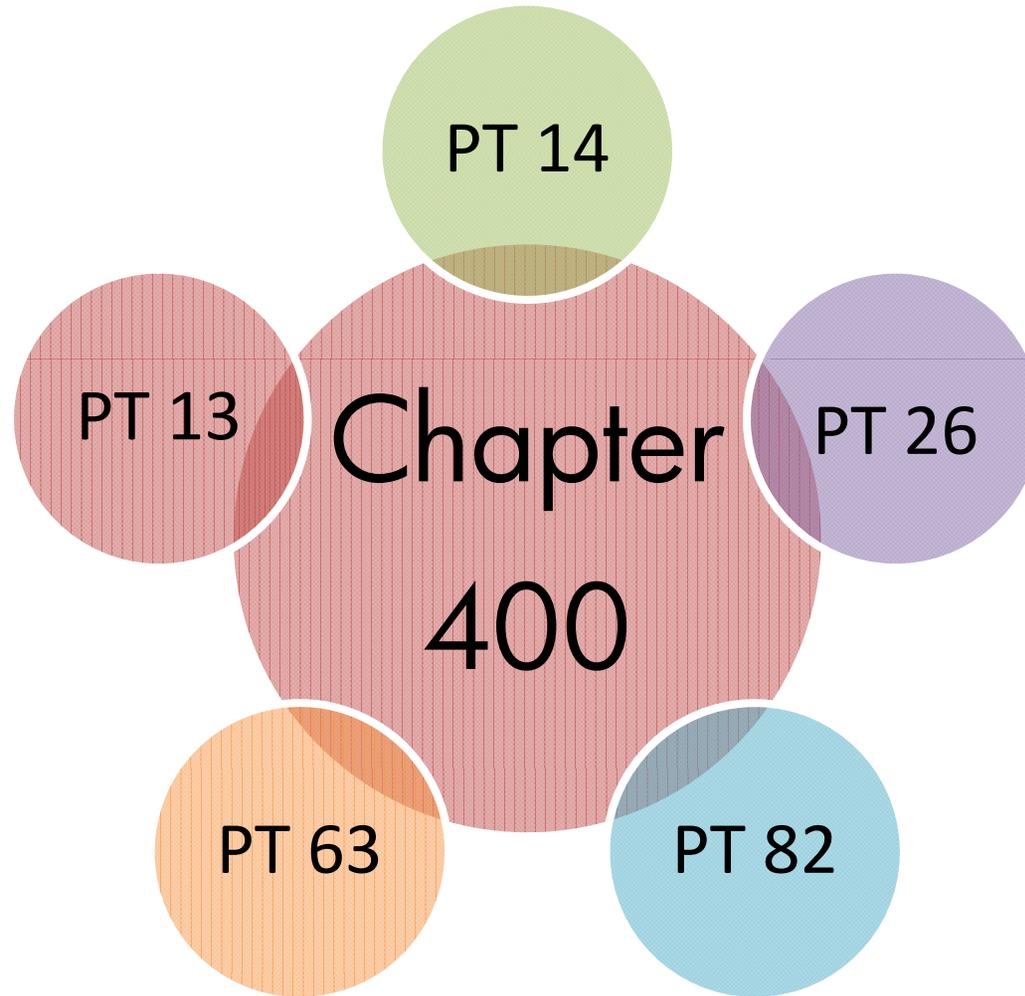


Provider standards, continued

- 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)



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



Search example

QMHP

1 of 54



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



403.7A COVERAGE AND LIMITATIONS

- I. 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.

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 dhcftp@dhcftp.nv.gov

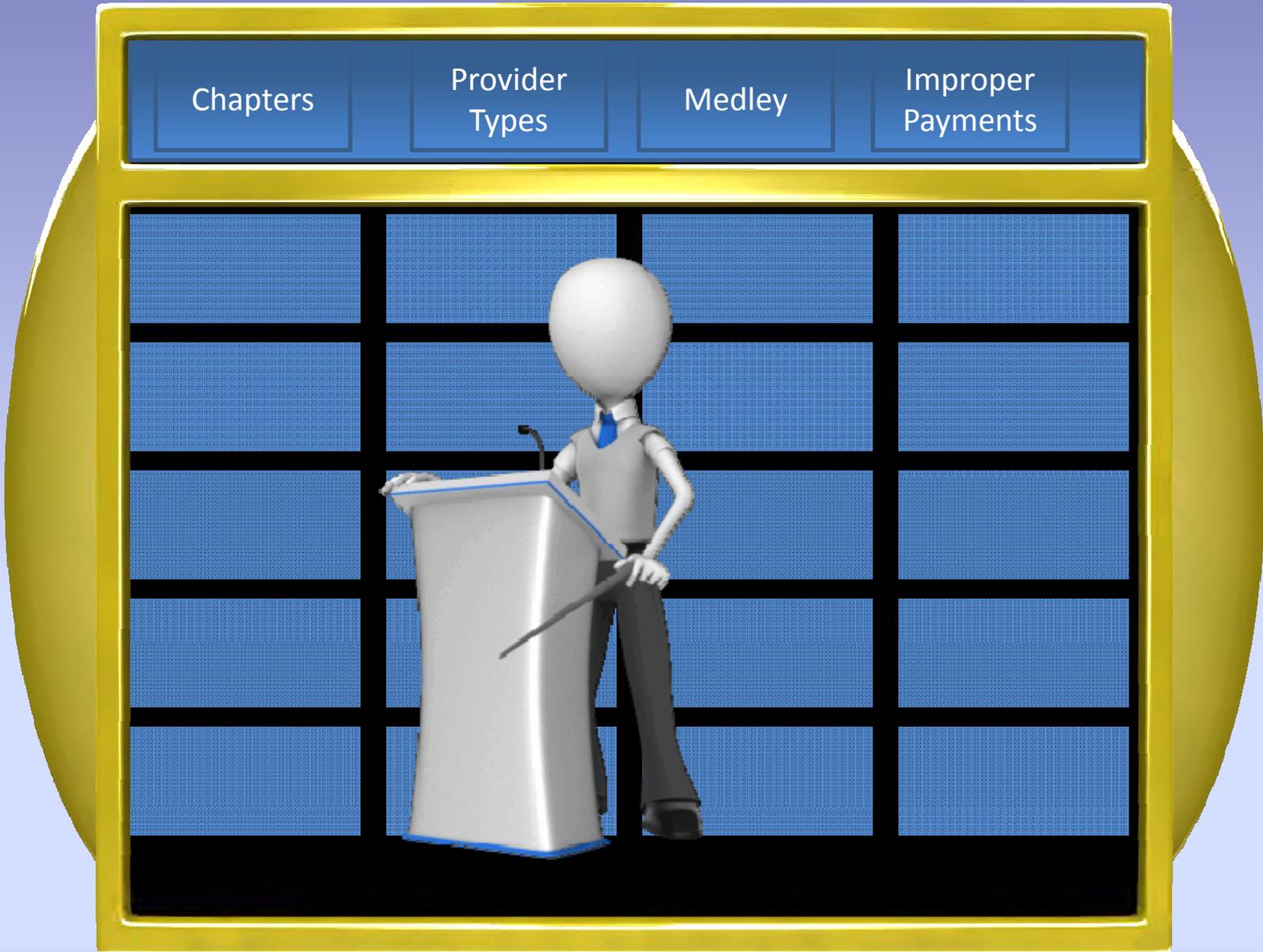


Chapters

Provider
Types

Medley

Improper
Payments



Learning Check



Chapters	Provider Types	Medley	Improper Payments
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400
500	500	500	500



Chapters

What is the MSM chapter number for Nursing Facilities?

[Return to Main Board](#)

[Answer](#)



Chapters

Chapter 500

[Return to Main Board](#)



Chapters

What is the MSM chapter number for Dental Services?

Return to Main Board

Answer



Chapters

Chapter 1000

[Return to Main Board](#)



Chapters

What is the MSM chapter number for Behavioral Health Services?

[Return to Main Board](#)

[Answer](#)



Chapters

Chapter 400

[Return to Main Board](#)



Chapters

MTL
What does this acronym
stand for?

Return to Main Board

Answer



Chapters

Manual Transmittal Letter

[Return to Main Board](#)



Chapters

A _____ is posted on the DHCFP website when changes to the MSM are being reviewed.

[Return to Main Board](#)

[Answer](#)



Chapters

Public Notice

[Return to Main Board](#)



Provider Types

What is the Provider Type number for Durable Medical Equipment (DME), Disposable, Prosthetics?

[Return to Main Board](#)

[Answer](#)



Provider Types

33

[Return to Main Board](#)



Provider Types

A Provider Type 22 is a ?

Return to Main Board

Answer



Provider Types

Dentist

[Return to Main Board](#)



Provider Types

A Provider Type 29 is a Home Health Agency and the relevant MSM chapter numbers are?

[Return to Main Board](#)

[Answer](#)



Provider Types

900 and 1400

[Return to Main Board](#)



Provider Types

Behavioral Health
Outpatient is which
Provider Type?
and
Behavioral Health
Rehabilitative is which
Provider Type?

[Return to Main Board](#)

[Answer](#)



Provider Types

14
and
82

[Return to Main Board](#)



Provider Types

All providers should be familiar with these three (3) MSM chapters.

[Return to Main Board](#)

[Answer](#)



Provider Types

100
3100
3300

[Return to Main Board](#)



Medley

SUR

What does this acronym
stand for?

Return to Main Board

Answer



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



Medley

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

True or False

Return to Main Board

Answer



Medley

True

[Return to Main Board](#)



Medley

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

True or False

[Return to Main Board](#)

[Answer](#)



Medley

True

[Return to Main Board](#)



Medley

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

True or False

[Return to Main Board](#)

[Answer](#)



Medley

False

[Return to Main Board](#)



Improper Payments

A type of improper
payment:

Payment over Medicaid
_____ amounts.

[Return to Main Board](#)

[Answer](#)



Improper Payments

Allowable

[Return to Main Board](#)



Improper Payments

A type of improper payment:

Payments where an incorrect number of _____ were billed.

[Return to Main Board](#)

[Answer](#)



Improper Payments

Units

[Return to Main Board](#)



Improper Payments

A type of improper payment:

Data entry errors resulting in ____ payments.

[Return to Main Board](#)

[Answer](#)



Improper Payments

Over

[Return to Main Board](#)



Improper Payments

A type of improper payment:

Payments for non-covered, ineligible or _____ services.

[Return to Main Board](#)

[Answer](#)



Improper Payments

Unauthorized

[Return to Main Board](#)



Improper Payments

Improper payments can
also be classified as
_____ and/or _____.

[Return to Main Board](#)

[Answer](#)



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