Nevada Medicaid and Nevada Check Up News

Division of Health Care Financing and Policy (DHCFP)

HP Enterprise Services (HPES)

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Inside This Issue:

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid claims totaling $843,891,024.63 to providers during the three-month period of April, May and June 2015. Nearly 100 percent of current claims continue to be adjudicated within 30 days. DHCFP and HPES thank you for participating in Nevada Medicaid and Nevada Check Up.

Don't Miss Your Opportunity to Attend
"One Medicaid for a Healthier Nevada"
Annual Medicaid Conference

Health care professionals are highly encouraged to attend the Annual Medicaid Conference that will provide education and information on how Nevada Medicaid/Nevada Check Up providers, the Nevada Division of Health Care Financing and Policy (DHCFP) and HP Enterprise Services can work together to make a healthier Nevada.

Topics planned for this year's conference are:

- Forward Vision for a Healthier Nevada
- Legislative Updates
- Break and time to visit vendor booths
- Nevada's State Innovation Model (SIM)
- Policy Updates from the Division of Welfare and Supportive Services
- Partner Introductions
  ◊ HP Enterprise Services
  ◊ Amerigroup
  ◊ Health Plan of Nevada
  ◊ Health Care Guidance Program
- Policy Updates from the Division of Health Care Financing and Policy
- Program Integrity

Conference dates and locations:

- **Wednesday, October 7, 2015, in Reno/Sparks:** Nugget Casino Resort, 1100 Nugget Ave., Sparks (in the Rose Ballroom) *Concluded*
- **Thursday, October 22, 2015, in Las Vegas:** Sam's Town Hotel & Casino, 5111 Boulder Highway, Las Vegas (in the Ponderosa Ballroom)

A morning and afternoon session will be held at each location. The content will be the same in each session.

- Registration for the morning sessions will be from 7:30-8:00 a.m., with the conference running from 8 to 11:50 a.m.
- Registration for the afternoon sessions will be from 12:30-1:00 p.m., with the conference running from 1 to 4:50 p.m.

There will be time to visit vendor booths after registration and at the end of each session.

Registration is required to attend the conference; please visit 2015 Annual Medicaid Conference (http://starcite.smarteventscloud.com/hp/Annual_Medicaid_NV2015) for the agenda and to register for the session of your choice. **Remember: Please print and bring your registration confirmation with you to the conference.**

Like last year's event, the 2015 Medicaid Conference will be "green." The presentations will not be printed and distributed; instead, they will be available for downloading and printing from the Provider Training webpage at http://www.medicaid.nv.gov/providers/training/training.aspx following the conference.

Use of ICD-10 Codes Implemented October 1, 2015

The use of the ICD-10 code sets was implemented on October 1, 2015. Please be sure you and your clearinghouse are billing appropriately.

- Claims with dates of service on or after October 1, 2015, must use ICD-10 codes.
- Claims with dates of service prior to October 1, 2015, must use ICD-9 codes.
- If ICD-9 codes are used with a date of service on or after October 1, 2015, the claims will be denied.

For inpatient hospital claims (provider types 11, 13, 19, 44, 56, 63 and 75) with dates of service that span from a previous month through October 2015 with the discharge date on or after October 1, 2015, the entire claim should be billed using ICD-10 codes. Inpatient hospital providers are not required to split bill these claims.

For inpatient hospital prior authorization requests (provider types 11, 13, 19, 44, 56, 63 and 75) with dates of service that span from a previous month through October 2015:

- Use ICD-9 codes for PAs with dates of service with a **through** date prior to October 1, 2015.
- Use ICD-10 codes for PAs with dates of service with a **through** date on or after October 1, 2015.

See Web Announcement 976 for additional prior authorization and billing tips for ICD-10 codes.

Pharmacy Dispensing Fee Increase and Pricing Methodology Using National Average Drug Acquisition Cost (NADAC) Files

ffective November 1, 2015, Nevada Medicaid will increase the professional dispensing fee and implement a new drug pricing methodology using National Average Drug Acquisition Cost (NADAC) files. This is a two-part change to be in compliance with the Patient Protection and Affordable Care Act of 2010.

1. The professional dispensing fee for outpatient and retail pharmaceuticals will be increased.

   a. The State's dispensing fee for all outpatient retail pharmacies is increasing from $4.76 to $10.17 per prescription.

   b. IV therapy and long term care (LTC) will receive the same dispensing fee as the retail pharmacies; per policy their rate will be daily.

   c. The dispensing fee for supplies, including diabetic supplies, will remain unchanged.

2. The Actual Acquisition Cost (AAC) will be modified to utilize the NADAC fee schedule in the pharmacy pricing algorithm.

   a. NADAC pricing will be added to the pharmacy pricing algorithm for retail and Nevada physician-administered drug (NVPAD) claims. Wholesale Acquisition Cost (WAC) is being changed from WAC +2% to WAC +0%, which will be offered for those drugs not available on NADAC.

   b. The Incentive Fee Program will remain unchanged.

The above changes will have no impact on the Omnibus Budget Reconciliation Act (OBRA) of 1987 and supplemental rebate programs.

Billing Information Reminders

Remember to review billing instruction documents periodically for updates to ensure your claims are not denied for billing errors.

Please refer to the claim form instructions, the Billing Manual and the Billing Guidelines (by Provider Type) posted on the Provider Billing Information webpage at www.medicaid.nv.gov. Electronic billers should refer to the Companion Guides that are available on the Electronic Claims/EDI webpage.

Services for Children with Autism Spectrum Disorder Update

On July 7, 2014, the Centers for Medicare & Medicaid Services (CMS) released guidance (CIB 07-07-2014) on approaches available under the federal Medicaid program for providing medically necessary diagnostic and treatment services to children with Autism Spectrum Disorder (ASD). CMS is not singling out Applied Behavior Analysis (ABA) or any other specific treatment in its directive to states, but is indicating the services must be comprehensive and include behavioral intervention.

The Nevada Division of Health Care Financing and Policy (DHCFP) is proposing coverage for ABA services for categorically needy individuals under age 21, identifying Early and Periodic Screening, Diagnostic and Treatment (EPSDT) as the coverage authority. Currently, Nevada Medicaid covers screenings under EPSDT. See Web Announcement 892 for details.

Upcoming Activities:

- Provider enrollment and credentialing is now open. Provider enrollment checklists are online on the Provider Type 85 Applied Behavior Analysis (ABA) enrollment checklist webpage. See Web Announcements 940 and 951 for enrollment instructions.
- Prior authorization and billing training sessions for providers will be scheduled for the fall of 2015. Please check web announcements at www.medicaid.nv.gov for details.
- The PT 85 Billing Guideline will be posted under Billing Guidelines (by Provider Type) on the Billing Information webpage.
- A Public Hearing will be held on the Policy State Plan Amendment (SPA), Rates State Plan Amendment (SPA), and the medical coverage policy on October 19, 2015. See the DHCFP Public Notices webpage for details.
- Policy and Rates SPA's will be submitted for CMS approval. CMS has 90 days for comment.
- Ongoing information regarding the medical coverage policy development for ABA services can be found on the DHCFP ABA webpage at: http://dhcfp.nv.gov/Pgms/CPT/ABA/.
- ABA services are anticipated to be effective January 1, 2016. Any billing for services provided prior to the effective date are non-reimbursable by Nevada Medicaid.

Primary Care Physician (PCP) Rate Increase Program: Final Payments to be Processed in January 2016

The PCP Rate Increase Program that began January 1, 2013, officially ended June 30, 2015. The Division of Health Care Financing and Policy (DHCFP) processed the second quarter payments for calendar year 2015 for the PCP program in mid-July that included billed claims received through June 30, 2015.

The DHCFP will be processing a final payment in January 2016 for the PCP Rate Increase Program that will capture billed claims for services delivered through June 30, 2015. This will allow ample time for providers to submit claims for dates of service through the June 30, 2015, end date.

The eligible claims will be determined by using the reimbursement methodology found in Attachment 4.19-B (Page 1c through 1c-3) of the Nevada Medicaid State Plan and will include only those providers who had submitted self-attestation forms prior to June 30, 2015.

During the last Nevada State Legislative session, the DHCFP received approval for a rate increase as part of the 2016-2017 biennial budget. The rate methodologies for provider types (PTs) 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse) and 77 (Physician's Assistant) have been updated to positively impact the most frequently utilized services provided to the most Medicaid recipients. This will bring Nevada more in line with the Centers for Medicare & Medicaid Services (CMS) and national Medicaid reimbursement.

CMS approved the Nevada Medicaid State Plan Amendment (SPA) that revises the rate methodology for PTs 20, 24 and 77. As part of the amendment, the DHCFP is updating the Medicare conversion factor from 2002 to the 2014 conversion factor and updating the applicable percentages for each of the CPT code ranges.

Non-Emergency Transportation (NET) Quick Facts

Pursuant to 42 CFR 431.53 and NRS 422.270, non-emergency transportation is provided to Nevada Medicaid recipients, including those enrolled in Fee-for-Service or enrolled with one of the managed care organizations (Amerigroup or Health Plan of Nevada). The service does not extend to Nevada Check Up recipients. NET transportation is provided to non-emergency Medicaid covered services, including trips to the pharmacy, and certain Medicaid covered waiver services, such as Jobs and Day Training. NET services are provided throughout the entire state; out-of-state eligible medical appointments are also accommodated. An overview of Nevada's Medicaid transportation program is as follows:

- Non-emergency transportation requires authorization from Nevada's transportation broker, LogistiCare. Medicaid recipients must call LogistiCare to place a transportation reservation or to receive prior authorization for mileage reimbursement. LogistiCare may be reached 24 hours a day, seven days a week at (888) 737-0833. After an initial reservation with LogistiCare, subsequent reservations can be created online at: https://member.logisticare.com. If your transportation provider is late, you may call "Where's My Ride?", (888) 737-0829. Hearing-impaired recipients are able to schedule reservations, or check on the status of their ride by calling (866) 288-3133.

- Recipients are encouraged to provide LogistiCare with 5 days notice prior to the date of their appointment. LogistiCare will make every attempt to accommodate a reservation without a 5-day notice but transportation cannot be guaranteed. Transportation for urgent medical appointments and for hospital discharges will be provided the same day.

- Transportation service levels include: mileage reimbursement, bus tickets, curb-to-curb, taxi, train, commercial air, and stretcher. Transportation services may also include travel expenses for escorts that are medically necessary for the transport of the Medicaid recipient; the transport of escort(s) for minor children; and the reimbursement of meals and lodging for both the recipient and their escorts.

- LogistiCare can only provide transportation when the recipient is medically stable; that is, the recipient must not require any of the following during transport:

  - ✓ Attendance of any medical personnel including paramedics or emergency medical technicians;

  - ✓ Attachment to any medical apparatus, including those provided for basic life support or advanced life support; or

  - ✓ A recipient that requires observation during transport.

Some exceptions may apply. Contact LogistiCare for a determination of medical suitability.

How do I become a transportation provider?

A transportation vendor may contract with LogistiCare to provide rides to Medicaid recipients to eligible, medical services. LogistiCare reimburses the vendor as prescribed by their mutual agreement. The selective criteria to become an eligible driver are listed below.

- Transportation Companies:
  - ✓ May not have any history of Medicaid/Medicare fraud or disqualification;
  - ✓ Must be registered to do business and in good standing with the state and local municipality;
  - ✓ Possess and maintain all required licenses and certifications as provided by law; and
  - ✓ Maintain and provide insurance coverage in compliance with state and federal law, in addition to coverage that may be required by LogistiCare.

- Drivers:
  - ✓ Valid driver's license;
  - ✓ Satisfactory driving record;
  - ✓ Clean criminal record;
  - ✓ Pass drug testing; and
  - ✓ Complete required training.

- Vehicles:
  - ✓ Must be owned or leased by the vendor;
  - ✓ Valid registration;
  - ✓ Equipped with a two-way communication system;
  - ✓ Meet various interior and exterior standards as determined by LogistiCare, including safety equipment and signage; and
  - ✓ Comply with the Americans with Disabilities Act, if applicable.

- Insurance:
  - ✓ $2,000,000 coverage that includes General Liability, Automobile Liability, Comprehensive Coverage (including Sexual Abuse and Molestation).

For further information, send an email to LogistiCare at: network@logisticare.com or visit the website at: http://www.logisticare.com/provider-requirements.php

General information and frequently asked questions regarding non-emergency transportation can viewed at: https://memberinfo.logisticare.com.

Recent Provider Web Portal Enhancements Include Secure Submission of Forms

E nhancements to the Provider Web Portal are making it easier and quicker for providers to obtain information and utilize the portal.

Secure Submission of Forms: Most of the forms providers use can now be submitted securely to HP Enterprise Services (HPES) using the "Upload Files" page on the Provider Web Portal instead of printing and faxing. See Web Announcement 938 and the EVS User Manual Chapter 8 for the list of forms that can be uploaded and instructions for submitting the forms online.

Search Fee Schedule: New messages at the top of the Search Fee Schedule page explain where providers may obtain rates if the rates are not available in the Search Fee Schedule application. See Web Announcement 970 for additional details. Search Fee Schedule is available on the secure and unsecure areas of the website from the "HPES Login" page under the "EVS" tab at www.medicaid.nv.gov.

Response Time: An enhancement was made to the Provider Web Portal prior authorization (PA) system that improves the system's response time for PAs submitted with attachments. Users should notice, after clicking submit, an improved response time for receiving the automatic Prior Authorization Tracking Number for PAs submitted with attachments. The process for submitting PAs has not changed, and the enhancement will have no impact on the turnaround times for completion of reviews.

> ## *Coming Soon:*
> ## *Nevada Medicaid Online Provider Enrollment*
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> H P Enterprise Services (HPES) in partnership with the Division of Health Care Financing and Policy (DHCFP) is currently working on a web-based Provider Enrollment Portal to automate provider enrollment. The Provider Enrollment Portal will be available on November 1, 2015. It will allow providers to complete new enrollment, revalidation and provider changes using a web-based application.

Provider Revalidation

H P Enterprise Services (HPES) is currently performing provider revalidation for Nevada Medicaid and Nevada Check Up providers.

Previous web announcements have used the term "provider re-enrollment" to refer to the requirement for providers to re-enroll in Nevada Medicaid when requested by the Division of Health Care Financing and Policy (DHCFP) and HP Enterprise Services (HPES). This process is now referred to as "provider revalidation."

Please note the following definitions:

- "Re-enrollment" is the process for providers to re-enroll in the Medicaid program if they were previously enrolled, but were terminated or deactivated for any reason, and are now eligible to enroll again.

- "Revalidation" is the process for active Nevada Medicaid providers to validate the information on their current provider enrollment application to extend their agreement with Nevada Medicaid.

If you have any questions about enrollment, re-enrollment or revalidation, please call HPES at (877) 638-3472. When calling, select the prompts for "Nevada Medicaid Provider," then 0 for all other calls, and then 5 for "Provider Enrollment." Your Provider Services Field Representatives are also available for assistance. Locate the information for your representative at https://www.medicaid.nv.gov/Downloads/provider/Team_Territories.pdf.

> ## *Contact Information*
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> I f you have a question concerning the manner in which a claim was adjudicated, please contact HPES by calling (877) 638-3472, press option 2 for providers, then option 0, then option 2 for claim status. Policy information may be obtained from the Medicaid Services Manual (MSM), which is located on the DHCFP website at https://dhcfp.nv.gov.