

Nevada Medicaid and Nevada Check Up News



Volume 14, Issue 3
Third Quarter 2017

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Attention All Providers:

Reminder to Enter Ordering, Prescribing or Referring Provider's National Provider Identifier on Claims

As providers were reminded in [Web Announcement 1372](#): If the service you are billing was ordered, prescribed or referred by another physician or other eligible professional, you must enter that Ordering, Prescribing or Referring (OPR) provider's National Provider Identifier (NPI) on the claim form.

The following provider types are always required to include the NPI of the OPR provider on their claim: 16, 17 (specialties 167, 169, 196 and 215), 19 (specialties 184 and 186), 23, 27, 28, 29, 33, 34, 37, 43, 45, 46, 55, 63, 64, 68 and 85. [Electronic Verification System \(EVS\) User Manual Chapter 7 \(Search Provider\)](#) provides instructions on how to search the Provider Web Portal for OPR providers.

It is the responsibility of the billing provider to ensure that the NPI which they enter on a claim belongs to an individual provider (not an organization or group): who ordered, prescribed or referred the service being billed; is authorized to do so; and is an active Nevada Medicaid provider on the date of service. **Any claims which do not conform to these requirements may be denied, and if the claims are paid in error, they are subject to recoupment.**

If an OPR provider's NPI is submitted on the claim when it is not mandatory, the NPI will still be validated by the system and the claim will deny if the OPR provider's NPI is not valid or the OPR provider is not enrolled in Nevada Medicaid.

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$935,315,949.12 in claims during the three-month period of April, May and June 2017. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

Thank you for participating in Nevada Medicaid and Nevada Check Up.

LIBERTY Dental Plan of Nevada (LIBERTY) Selected as New Managed Care Dental Benefits Administrator

The Division of Health Care Financing and Policy (DHCFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, to serve Medicaid recipients enrolled in a Managed Care Organization (MCO) in urban Washoe and urban Clark counties. As of July 1, 2017, all dental services including prior authorizations and claims are being processed through Fee-for-Service (FFS) until LIBERTY begins operations on January 1, 2018.

Dental providers serving Medicaid recipients must be enrolled with Nevada Medicaid. Dental providers who are fully enrolled with Nevada Medicaid may begin the credentialing process with LIBERTY effective immediately, to serve the MCO recipients (members).

Providers may learn more about LIBERTY at <https://www.libertydentalplan.com/Nevada/LIBERTY-Dental-Plan-of-Nevada.aspx>.

Providers Appreciate Nevada Medicaid's Streamlined Online Prior Authorization Process

Providers in the health care community are finding that working with prior authorizations (PAs) is much easier this year through the Nevada Medicaid Management Information System (MMIS) Modernization Project.

The Division of Health Care Financing and Policy (DHCFP) set a goal of making online PA submission a less onerous task for providers, and feedback is positive two-thirds of the way through the process. Nevada Medicaid activated a more streamlined online submission process on July 24, 2017, and system users appreciate the upgrade.

Andrea Brooks with Nevada Adult Day HealthCare is a new user to the online system. She said, "The portal is super easy to use and we've had no problems with it. It has eliminated multiple faxes and uncertainty around fax receipt. What this has meant is increased access to our services. The portal has reduced the wait time for starting our services, which means so much to our patients and their families."

Reviews are being completed with less turnaround time, which is a benefit for providers and recipients. "I am working on behavioral health outpatient/rehabilitation ... two separate requests for authorization that had six lines in each," said Ann, a nurse reviewer for Nevada Medicaid. "It's so much quicker."

In December 2016, Nevada Medicaid introduced a new system for online provider enrollment. The second phase, focusing on PAs, went live this summer, and a final phase featuring configurable, web-based core claims processing is set to debut by early 2019.

"It's gratifying to be so far along in the process," said Brian Kagele, an official with the DHCFP's Project Management Office. "We want to provide solutions, and if that can help providers do their job more efficiently, our Nevada Medicaid team is doing its job."

Contact Information

If you have a question concerning the manner in which a claim was adjudicated, please contact the Nevada Medicaid Provider Customer Service Center by calling (877) 638-3472, press Option 2 for providers, then Option 0 and then Option 2 for claim status.

If you have a question about Medicaid Service Policy, you can go to the DHCFP website at <http://dhcfp.nv.gov>. Select "Resources" and then select "Telephone Directory" for the telephone number of the Administration Office you would like to contact.

Division of Health Care Financing and Policy Partners with Center for Health Information Analysis to Develop Reporting Software Upgrade

The Division of Health Care Financing and Policy (DHCFP) along with the Center for Health Information Analysis (CHIA) has announced an upcoming reporting system software upgrade. CHIA is contracted by the DHCFP to collect financial and utilization data for various providers licensed in Nevada required per Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC). The reporting system is set to launch a software upgrade for the fourth quarter calendar year 2017 and in early January 2018.

The intent of the upgrade is to automate and simplify some of the data collections and relieve the providers of unnecessary duplicative reporting whenever possible. The new software will also have an automatic review to promote efficiency within the data entry process. Additionally, the software will require a signature of authority to review the data before the final reports can be transmitted. Both process upgrades have been established to work toward obtaining and generating more accurate reports.

Beta testing will begin in mid-October 2017; the beta test group participants have been selected and notified via letter. Training is scheduled for all providers that are affected by this upgrade; they will be contacted in mid-December to participate. All questions can be submitted via email to reports@dchcfp.nv.gov.

Revalidation Application Must Be Processed and Approved Before Provider's Termination Due Date

If you are a Medicaid provider whose revalidation application has not been processed **and approved** by your termination due date, you will be ineligible to provide services to any Nevada Medicaid or Nevada Check Up recipients, including both Fee-for-Service (FFS) and Managed Care Organization (MCO) enrolled recipients. You will also not have access to the Provider Web Portal the day after your termination date, which will prevent any prior authorizations (PAs) from being submitted for approval.

In order for your revalidation application to be completed and approved, all required and/or requested information must be submitted with your application. If your application is returned for clarification or further information, please ensure that you re-submit the requested information to Nevada Medicaid at least 10 business days prior to your termination date to ensure that your application is processed on time.

Provider revalidation can be completed online by accessing the [Provider Web Portal](#). Please review the Online Provider Enrollment User Manual and Revalidation Documents located on the [Provider Enrollment webpage](#) for instructions to complete revalidation.

If your contract is terminated due to not completing the revalidation process, you will need to submit an initial application. You can request the initial application be back dated up to six months to prevent any lapse of enrollment with Nevada Medicaid.

If you have not received a notice to revalidate, a notice will be sent when you need to take action.

Should you need assistance in completing the revalidation application or if you have questions regarding this process, please contact Nevada Medicaid Provider Enrollment at (877) 638-3472, press Option 2 for providers, then Option 0 to speak with a provider representative.

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Provider Revalidation Application (Individuals)

This Provider Revalidation Application is to be used only by active individual providers who have received a revalidation letter. All questions must be completed by all providers unless otherwise marked. Attach additional sheets if necessary to answer each question completely. Changes to enrollment information presented herein (except changes in business ownership) must be updated via form FA-33 within five business days of the change. Business ownership changes must be reported within five business days by resubmitting a complete, new set of enrollment documents and a copy of the purchase agreement.

Section 1: General Information

1. Provider name: _____
2. Provider date of birth: _____
3. Social Security Number: _____
4. To become affiliated or remain with an existing Medicaid Provider Group, enter the Group's NPI and the date to begin the affiliation. Otherwise, leave this field blank. **This is required for provider types 14 and 82.**
Group NPI: _____ Affiliation begin date: _____
5. Enter the 2-digit number for the provider type you are revalidating. See the Provider Enrollment Information Booklet for the list of provider types and corresponding 2-digit numbers.
provider types 14, 17, 19, 20, 34, 38, 48, 57, 58 and 82. It is recommended for provider types 22, 26, 54 and 76 when applicable. All other provider types may leave this question blank. **For provider types 14, 17 and 82 only, enter one specialty code per Application. A Provider Revalidation Packet must be submitted for each specialty being revalidated. See the Provider Enrollment Information Booklet for the list of specialty codes.**
6. Name your board certified specialties that pertain to the provider type you are revalidating. This is required for Primary Specialty: _____ Specialty Code: _____
Board Name: _____
7. Enter the following information for the licenses that pertain to the provider type you are revalidating.
License Number: _____ Board Name: _____
8. Are you enrolled in Medicare? Yes No
9. Applicant's National Provider Identifier (NPI) as issued by NPPES: _____

Section 2: Tax and Business Information

10. Check the box that most closely describes the entity you are revalidating:
 Individual Provider Hospital-Based Physician Sole Proprietorship
 Corporation Limited Liability Company Non-Profit
11. Legal Name as registered with the Internal Revenue Service (IRS): _____
Nevada Medicaid uses information in questions 11-13 to generate the annual 1099 form for tax reporting purposes. Individual providers may provide a Social Security Number if a Federal Tax ID Number is not available.
12. Doing Business As: _____
13. Tax Identifier (either Federal Tax ID Number or Social Security Number): _____
14. Nevada Secretary of State Registered Name (in-state providers only): _____
15. Nevada Secretary of State Issued Business ID (in-state providers only): _____
16. Days and Hours of operation: _____

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FA-318: Provider Revalidation Application (Individuals)
02/18/2014 (v04/12/2013)

Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

This bulletin is informational only and does not supersede any policy or information documented in the Fee-for-Service (FFS) or Managed Care Organization (MCO) policy and billing manuals.

Nevada Medicaid currently consists of four different health care plans:

1. Fee-for-Service (FFS)
2. Amerigroup Community Care (AGP) (MCO)
3. Health Plan of Nevada (HPN) (MCO)
4. SilverSummit Healthplan (SSH) (MCO)

Before providing any services to a Medicaid recipient, it is important to verify in which plan the recipient is enrolled, and that the recipient is currently eligible. Both eligibility status and plan enrollment are subject to change.

All pharmacies and servicing providers must be actively enrolled in the FFS system even if they do not intend to see FFS recipients. They must also enroll with each MCO for whose recipients they wish to provide services. The same rules apply to medical prescribers, except that they may complete an abbreviated enrollment as an Ordering/Prescribing/Referring (OPR) provider if they do not wish to bill for any services themselves.

Medicaid-Covered Outpatient Drugs used for Opioid Addiction

These drugs may be subject to prior authorization (PA) approval and/or quantity limits (QL) and Preferred Drug List (PDL) status.

- Refer to the Medicaid Services Manual (MSM) Chapter 1200, Prescribed Drugs, for more FFS information: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>
- Refer to the following website for more AGP information: https://www.myamerigroup.com/Documents/NVNV_CAID_PDL_ENG.pdf
- Refer to the following website for more HPN information: <https://www.myhpnmedicaid.com/Provider>
- Refer to the following website for more SSH information: https://www.silversummithealthplan.com/content/dam/centene/Nevada/Medicaid/PDFs/NV_SilverSummit-PDL.pdf

| Drug | FFS | HPN | AGP | SSH |
|---|---------------------------------|---|-------------------------------------|---------------------------------|
| Drugs Used for Counteracting Opioid Overdose: | | | | |
| Naloxone (Narcan®) | X | X | X (Has QL†) | X (Has QL†) |
| Naloxone Auto-Injector (Evzio®) | X | X (NP**) | X (NP**Requires Clinical PA* & QL†) | X (NP**/ Requires Clinical PA*) |
| Naloxone Nasal Spray (Narcan®) | X | X (NP**) | X | X |
| Drugs Used for Treating Opioid Dependence: | | | | |
| Naltrexone ER Susp (Vivitrol®) | X (Requires Clinical PA* & QL†) | X (Requires Clinical PA*) | X (Requires Clinical PA*) | X (Requires Clinical PA*) |
| Naltrexone Tab (ReVia®) | X | X (Generic Preferred) | X (Generic Preferred) | X (NP**/ Requires Clinical PA*) |
| Buprenorphine/naloxone (Suboxone®, Zubsolv®, Bunavail®) | X (Requires Clinical PA* & QL†) | X (Requires Clinical PA* & QL†) | X (Requires Clinical PA* & QL†) | X (Requires Clinical PA* & QL†) |
| Buprenorphine (Subutex®) | X (Requires Clinical PA* & QL†) | X (Requires Clinical PA* & QL† Generic Preferred) | X (Has QL†) | X (Requires Clinical PA*) |

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| Drug | FFS | HPN | AGP | SSH |
|---|--------------|---|------------------------------------|-------------------------------------|
| Drugs Used for Detoxification/Withdrawal: | | | | |
| Methadone (Dolphine®, Methadose®) | X (NP‡) | X(‡PA requirement can be overridden when prescribed for treatment of detoxification/withdrawal) | X (Requires Clinical PA* & QL†) | X (NP**/ Requires Clinical PA*/QL†) |
| Abuse-Deterrent Opioids: (Drugs with physical barriers that can prevent chewing, crushing, cutting, grating or grinding of the dosage form. Dosage forms with chemical barriers that resist extraction of the opioid through use of common solvents including water, alcohol or other organic solvents.) | | | | |
| Oxycodone ER Tab (OxyContin®) | X (NP**) | X (NP**) | X (Requires Clinical PA* ST & QL†) | X (NP**) |
| Morphine/Naltrexone ER Cap (Embeda®) | X (QL†) | X (NP**) | X (Requires Clinical PA* ST & QL†) | X (Has QL†) |
| Hydrocodone ER Tab (Hysingla ER®) | X (QL†) | X (NP**) | X (Requires Clinical PA* ST & QL†) | X (Has QL†) |
| Oxycodone ER Cap (Xtampza ER®) | X (QL†/NP**) | X (NP**) | X, NP, QL†, ST | |

| Drugs for Alcohol Dependence: | | | | |
|--------------------------------------|---|---------------------------|---------------|---------------------------|
| Acamprosate Tab | X | X (NP**) | X (Has QL†) | X (NP**) |
| Naltrexone Tab (ReVia®) | X | X (Generic Preferred) | X (NP, QL†,‡) | X (NP**) |
| Naltrexone ER Susp (Vivitrol®) | X | X (Requires Clinical PA*) | X(NP‡) | X (Requires Clinical PA*) |
| Alcohol Sensitizing Drug: | | | | |
| Disulfiram | X | X | X | X |

| Methadone Clinics: Payment for the direct observation of oral medications to treat opioid dependence/ withdrawal given at methadone clinics. | | | | |
|---|---|---|---|---|
| Direct Observation | X | X | X | X |

| Lock-In: When a recipient has demonstrated drug seeking behaviors, they are locked-in to one specific pharmacy for all controlled substance scripts. | | | | |
|---|---|---|---|---|
| Lock-In Program | X | X | X | X |

*Clinical PA = PA required

‡PA requirement can be overridden when prescribed for treatment of detoxification/withdrawal.

QL† = Quantity Limit

**Requires a Standard Preferred Drug List Exception Criteria Prior Authorization.

NP = Nonpreferred.

ST = Step Therapy

OON=Out of Network

X = Covered

Medication-Assisted Treatment

Medication-assisted treatment (MAT), including opioid treatment programs, combines behavioral therapy and medications to treat substance use disorders as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA). MAT is a combination of medications and services that are provided in concert to assist recipients with a substance use disorder.

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- Refer to MSM Chapter 400, [Mental Health and Alcohol and Substance Abuse Services](http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C400/Chapter400/), at the following web address for more FFS information:
<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C400/Chapter400/>
- Refer to this website for more AGP information:
<https://www.myamerigroup.com/nv/benefits/nevada-medicaid.html>
- Refer to this website for more HPN information:
<https://www.myhpnonline.com/Member/Mental-Health>
- Refer to this website for more SSH information:
<https://www.silversummithealthplan.com/providers/pharmacy.html>

| Behavioral Therapies/Services | | | | |
|---|--------------------------------|--------------------------------|---|---|
| Service | FFS | HPN | AGP | SSH |
| Individual Therapy: 90832, 90834, 90837 | X (Requires Clinical PA*, †QL) | X | X (Requires Clinical PA* for OON provider only) | X (Requires Clinical PA* & †QL for OON provider only) |
| Family Therapy: 90846, 90847, 90849 | X (Requires Clinical PA*, †QL) | X | X (Requires Clinical PA* for OON provider only) | X (Requires Clinical PA* & †QL for OON provider only) |
| Group Therapy: 90853 | X (Requires Clinical PA*, †QL) | X | X (Requires Clinical PA* for OON provider only) | X (Requires Clinical PA* & †QL for OON provider only) |
| Therapy in Home or Community Setting: H004, H004 HQ | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA* for OON provider only) | X (Requires Clinical PA* & †QL for OON provider only) |
| Skills Training & Development: H2014, H2014 HQ | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA*) | X (Requires Clinical PA*, †QL) |
| Psychosocial Rehabilitation: H2017, H2017 HQ | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA*) | X (Requires Clinical PA*, †QL) |
| Self-Help/Peer-Support: H0038, H0038 HQ | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA* for OON provider only) | X (Requires Clinical PA*, †QL) |

| Medications |
|--|
| Refer to the Medicaid-Covered Outpatient Drugs used for Opioid Addiction table beginning on Page 1 of this bulletin. |
| NV Physician Administered Drugs (NVPAD): These are drugs administered in places such as a physician's office, outpatient clinic, End-Stage Renal Disease (ESRD) facility, etc. These drugs are not subject to PDL requirements. |

| Detoxification - Inpatient substance abuse services are those services delivered in freestanding substance abuse treatment hospitals or general hospitals with a specialized substance abuse treatment unit which includes a secure, structured environment, 24-hour observation and supervision by mental health substance abuse professionals and a structured multidisciplinary clinical approach to treatment. These hospitals provide medical detoxification and treatment services for individuals suffering from acute alcohol and substance abuse conditions. | | | | |
|--|--------------------------------|--------------------------------|---------------------------|---------------------------|
| Services | FFS | HPN | AGP | SSH |
| Inpatient detoxification | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA*) | X (Requires Clinical PA*) |
| Outpatient Observation (not to exceed 48 hrs.) | X (Requires Clinical PA*, †QL) | X (Requires Clinical PA*, †QL) | X | X |

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| Screening, Brief Intervention and Referral to Treatment (SBIRT) - SBIRT is an evidence based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs. | | | | |
|---|------------|------------|------------|------------|
| Services | FFS | HPN | AGP | SSH |
| Alcohol and/or substance (other than tobaccos) abuse structured screening (e.g. AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes: 99408 | X | X | X | X |
| Greater than 30 minutes: 99409 | X | X | X | X |
| Brief face-to-face behavior counseling for alcohol misuse; 15 minutes: G0443 | X | X | X | X |

Resources and Links:

Resources for Providers:

Quantity Limits and Policy Guidelines for FFS:

MSM Chapter 400: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C400/Chapter400/>

MSM Chapter 600: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C600/Chapter600/>

MSM Chapter 1200: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>

Provider Billing Guides for Quantity Limits for FFS: <https://www.medicaid.nv.gov/providers/rx/billinginfo.aspx>

Preferred Drug List (PDL) for FFS: <https://www.medicaid.nv.gov/providers/rx/PDL.aspx>

Citations:

Information Bulletin on MAT <https://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-07-11-2014.pdf>

Fact Sheet for SBIRT: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf

Resources for Recipients:

Crisis Call Center – 24-hour crisis line is available to provide a safe, non-judgmental source of support for individuals in any type of crisis. In addition to a 24-hour crisis hotline, Crisis Call Center also offers crisis intervention through text messaging. <http://crisiscallcenter.org/> 1-775-784-8090 1-800-273-8255 Text "ANSWER" to 839863

Medicaid District Office staff can assist with recipient benefit questions or problems

Nevada 2-1-1 Services – Nevada 2-1-1, a program of the Financial Guidance Center, is committed to helping Nevada citizens connect with the services they need. If it's not an emergency, recipients may call 2-1-1 to find a hotline to services such as mental health, housing and shelter, addiction and family support. The 2-1-1 operator will help recipients find health and service resources in Nevada. Or recipients may go to the website at: <http://www.nevada211.org/>

Substance Abuse Prevention and Treatment Agency (SAPTA) – SAPTA administers programs and activities that provide community-based prevention and treatment. http://dpbh.nv.gov/Programs/ClinicalSAPTA/Home_-_SAPTA/

Medicaid District Office Staff Assistance:

Carson City District Office
1000 East William Street, Suite 111
Carson City, NV 89701
Telephone: (775) 684-3651

Las Vegas District Office
1210 S. Valley View, Suite 104
Las Vegas, NV 89102
Telephone: (702) 668-4200

Elko District Office
1010 Ruby Vista Drive, Suite 103
Elko, NV 89801
Telephone: (775) 753-1191

Reno District Office
560 Hammill Lane
Reno, NV 89511
Telephone: (775) 687-1900

For eligibility questions, contact:

State of Nevada, Division of Welfare and Supportive Services
P.O. Box 15400
Las Vegas NV 89114-5400
Telephone: (800) 992-0900 ext. 47200