

Nevada Medicaid and Nevada Check Up News



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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$1,058,975,274.39 in claims during the three-month period of July, August and September 2018. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

Upcoming Dates Providers Need to Know to Prepare for Mandatory Paperless Processes

The Division of Health Care Financing and Policy (DHCFP) will implement a new, modernized Medicaid Management Information System (MMIS) on February 1, 2019. With the implementation of the modernized MMIS, all claims, claim appeals, prior authorizations and provider enrollment/revalidation applications will be required to be submitted electronically.

Nevada Medicaid encourages providers to move toward electronic submission now, where applicable, as follows:

- **Claims** can be submitted electronically today, with the exception of Letters of Agreement (LOA) and claims requiring special batch. These scenarios will be available to be submitted electronically on the Provider Web Portal starting February 1, 2019.
- **Provider Enrollment** applications can be submitted today via the [Online Provider Enrollment \(OPE\) tool](#). Change requests and revalidations can be submitted today via the [secure web portal](#).
- **Prior Authorizations** can be submitted via the Provider Web Portal today. Please note: The paperless instructions and dates in this newsletter article do not apply to pharmacy requests. The pharmacy prior authorization process will not change as providers will continue to call, fax or use the portal for medication authorization requests.

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Reminder: Refer to the Modernization Project Webpage for Announcements and Resources

The Modernization Project webpage was created to assist providers with preparing for the new, modernized Medicaid Management Information System (MMIS). The Modernization Project webpage is located on the Nevada Medicaid website at www.medicaid.nv.gov. To open the new webpage, click on the "Modernization Project" link under "Featured Links" on the left-hand side of each page of the website.

This webpage includes Important System Dates all providers need to know, Known System Issues and Identified Workarounds, Training Opportunities, Helpful Resources and all of the Modernization Web Announcements that have been published. The Helpful Resources include Frequently Asked Questions.

Please refer to the new Modernization Project webpage often to stay aware of upcoming changes, reminders and details that impact the provider community.

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Paper submission cut-off dates have been planned and are listed below for providers and delegates to prepare for the new paperless environment.

Impacted Area	Paper Submission Cut-off Date	Details and Instructions
Claims	January 11, 2019	<ul style="list-style-type: none"> • January 11, 2019, will be the last day to submit paper (mailed, faxed and e-mailed) claims to Nevada Medicaid. Therefore, beginning January 12, 2019, paper claims submissions received by Nevada Medicaid will be returned to providers. • Between January 12, 2019, and January 24, 2019, providers are advised to submit their claims electronically via an approved Trading Partner or the free Payerpath option. • January 25, 2019, through January 31, 2019, will be a blackout period for claim submissions as Nevada Medicaid prepares for the go-live of the new system on February 1, 2019. • Beginning February 1, 2019, all claims will be required to be submitted to Nevada Medicaid using Direct Data Entry (DDE) on the portal or via an approved Trading Partner. • If you are planning to continue to use a Trading Partner February 1, 2019, and going forward, you will want to validate that your Trading Partner is ready for claims submission with the new MMIS starting February 1, 2019. • If you are planning to use the free Direct Data Entry (DDE) option to submit claims electronically on the web portal, this feature will be available starting February 1, 2019. • The free Payerpath option will no longer be available starting January 24, 2019.
Claim Appeals	January 11, 2019	<ul style="list-style-type: none"> • January 11, 2019, will be the last day that paper (mailed, faxed and e-mailed) claim appeals will be accepted by Nevada Medicaid. Therefore, beginning January 12, 2019, paper claim appeals submissions received by Nevada Medicaid will be returned to providers. • January 12, 2019, through January 31, 2019, is a blackout period for claim appeals as Nevada Medicaid prepares for the go-live of the new system on February 1, 2019. Therefore, Nevada Medicaid will extend the claims appeal window from 30 days to 60 days for claims remittance advice (RA) denials dated between December 7, 2018, and February 8, 2019. Claims RA dates after February 8, 2019, will follow the normal 30-day claims appeal policy. • Beginning February 1, 2019, all claim appeal submissions will be required to be completed electronically via the Provider Web Portal.
Provider Enrollment	January 11, 2019	<ul style="list-style-type: none"> • January 11, 2019, will be the last day that paper (mailed, faxed and e-mailed) provider enrollment, change requests, and revalidation applications will be accepted by Nevada Medicaid. Therefore, beginning January 12, 2019, provider enrollment, change requests, and revalidation applications received by Nevada Medicaid via paper will be returned to providers. • January 26, 2019, through January 28, 2019, will be a blackout period for provider enrollment submissions as Nevada Medicaid prepares for the go-live of the new system. • Providers are encouraged to submit their provider enrollment applications now via the Online Provider Enrollment (OPE) tool and Change Requests and Revalidations can be submitted via the secure web portal. • Effective January 12, 2019, all provider enrollment applications must be submitted via the OPE tool and all Change Requests and Revalidations must be submitted via the secure web portal.

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Upcoming Dates Providers Need to Know to Prepare for Mandatory Paperless Processes

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Impacted Area	Paper Submission Cut-off Date	Details and Instructions
Prior Authorizations	January 25, 2019	<ul style="list-style-type: none"> • Faxed and mailed prior authorization requests or documents will not be accepted by Nevada Medicaid beginning January 26, 2019. • Providers are encouraged to submit their prior authorizations electronically via the Provider Web Portal now. • January 26, 2019, through January 28, 2019, will be a blackout period for prior authorization submissions as Nevada Medicaid prepares for the go-live of the new MMIS. Therefore, Nevada Medicaid will extend the timeliness submission requirements on prior authorization requests due January 28, 2019, by 3 business days. • Beginning January 29, 2019, all prior authorization requests must be submitted on the Provider Web Portal. • These paperless instructions and dates do not apply to pharmacy requests. The pharmacy prior authorization process will not change as providers will continue to call, fax or use the portal for medication authorization requests.

Helpful Information:

- Please be aware that as of January 29, 2019, all providers and their delegates who attempt to log into the Provider Web Portal will be asked to reset their passwords.
- You can view the Trading Partners that are fully certified with the new modernization system under the helpful resources on the [Modernization Project webpage](#).
- Further details regarding this information will be provided in future web announcements posted on the [Modernization Project webpage](#).
- If you have any questions, please refer to the [Contact Us page](#) on the Nevada Medicaid website.

Electronic Funds Transfer Required for All Providers

In December 2018, the Division of Health Care Financing and Policy (DHCFP) held a Public Hearing to present a requirement for all providers who are currently contracted with Nevada Medicaid to be enrolled in Electronic Funds Transfer (EFT) in order to receive payment for properly submitted and adjudicated claims.

When the modernization of the Medicaid Management Information System (MMIS) is implemented on February 1, 2019, all providers who are currently contracted with Nevada Medicaid will need to be enrolled in EFT in order to receive payment for claims. If a provider is not enrolled by February 1, 2019, that provider will no longer be able to receive payments for their claims.

- If you are already receiving payments via EFT, there is nothing additional that is required of you regarding receiving payments.
- If you are not currently receiving payments via EFT, enroll as soon as possible. You may update your provider information through the Online Provider Enrollment Portal, or you may obtain and complete an [Electronic Funds Transfer Agreement \(FA-32\)](#). Upload the form into the Electronic Verification System (EVS) Secure Web Portal or email to: nv.providerapps@dxc.com. FA-32 is available on the [Providers Forms](#) webpage.

If there are any questions, please contact the Nevada Medicaid Customer Service Center at (877) 638-3472.

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.

Provider Revalidation Requirement Reminders

The federal regulation at 42 CFR 455.414 requires that state Medicaid agencies revalidate the enrollment of all providers, regardless of provider types, at least every five (5) years, with the exception of Durable Medical Equipment (DMEPOS) suppliers which must revalidate every three (3) years per 42 CFR 424.57. Nevada Medicaid and Nevada Check Up providers will receive a letter notifying them when to revalidate. Providers who do not revalidate within 60 days of the date on their notification will have their provider contract terminated. **Providers may revalidate up to a year in advance of their revalidation due date.**

Providers may revalidate online by logging into the Provider Web Portal through the Provider Login (EVS) link and click on the “Revalidate-Update Provider” link on the My Home page.

The Nevada Medicaid Provider Revalidation Report on the [Provider Enrollment](#) webpage lists each provider and the date their next revalidation is due. To avoid contract termination, your revalidation application must be processed and approved prior to the revalidation due date.

Attention Providers Enrolled with Atypical Provider Identifiers (APIs)

In December 2018, the Division of Health Care Financing and Policy (DHCFP) held a Public Hearing to present a proposed requirement for all new initial provider enrollment applications and any revalidations to be submitted with a National Provider Identifier (NPI).

When the modernization of the Medicaid Management Information System (MMIS) is implemented on February 1, 2019, the Atypical Provider Identifier (API) will no longer be accepted by Nevada Medicaid. All providers currently enrolled with an API will need to obtain an NPI. Any new provider not currently enrolled with Nevada Medicaid will be required to obtain an NPI to enroll.

Please note:

- If a provider is currently enrolled using an NPI, there are no changes necessary.
- If any initial enrollment or revalidation is received on or after February 1, 2019, using an API, the application will be rejected by Nevada Medicaid.
- At the time of revalidation, a valid NPI will need to be used on the revalidation documentation as the API will no longer be accepted at the time of revalidation.
- If a provider does not have an NPI, the provider can navigate to the following link to create their account and obtain an NPI: <https://nppes.cms.hhs.gov>

If there are any questions, please contact the Nevada Medicaid Customer Service Center at (877) 638-3472.

Attention Behavioral Health Providers:

Moratorium in Progress on Enrollment for Specialty 301 (Qualified Mental Health Associates) and Specialty 302 (Qualified Behavioral Aides)

The Division of Health Care Financing and Policy (DHCFP), pursuant to 42 CFR § 455.470(b)(c), is imposing a temporary moratorium on new enrollments for provider type (PT) 14 Behavioral Health Outpatient Treatment and PT 82 Behavioral Health Rehabilitative Treatment, Specialties 301 (Qualified Mental Health Associates - QMHA) and 302 (Qualified Behavioral Aides - QBA).

This is a statewide moratorium that began December 1, 2018, and will continue for a minimum period of six months.

The DHCFP is taking this action to work in collaboration with the Division of Public and Behavioral Health to develop certifications and oversights to rehabilitative mental health services and the providers that render such services.

Trading Partner Enrollment and Certification (Testing) Must Be Completed Immediately to Avoid Any Service Interruptions

Nevada Medicaid existing and new Trading Partners (TPs) must be enrolled and certified **now** with Nevada Medicaid to submit electronic transactions when the modernized Medicaid Management Information System (MMIS) is implemented on February 1, 2019, in order to avoid any interruptions in claims processing. The deadline for enrollment and certification has been extended to January 18, 2019, but Trading Partners should begin the process immediately if they have not already done so. Trading Partners will not be approved to submit transactions in the new system until enrollment and certification are complete.

A step-by-step description of the enrollment process can be found in the Trading Partner User Guide at <https://www.medicaid.nv.gov/providers/edi.aspx>. In addition to assisting with the enrollment process, the User Guide will provide information on viewing TP application status, registering as a TP, connectivity, and the submission of test files with Nevada Medicaid. Trading Partner training is also available on the [Modernization Project webpage](#) under Training Opportunities. (Click the Training Registration Site link, click on the catalog icon and select the Trading Partner Training catalog.)

Existing Trading Partners (formerly known as Service Centers) **must** re-enroll to receive a new 8-digit TP ID. The new 8-digit TP ID will be used (1) during the certification process for the new modernized system and (2) **after** go-live in February 2019. The current 4-digit TP ID, or Service Center number, will continue to be used for Production files in the current MMIS.

The Trading Partner enrollment process can be completed at the following location: <https://portaluat.medicaid.nv.gov/hcp/provider/Home>.

Important Dates:

- **January 18, 2019** – cutoff date for enrollment and certification prior to go-live.
- **January 24, 2019** – last day to submit electronic claims using the 4-digit Service Center ID before the blackout period.
- **January 25, 2019, through January 31, 2019** – blackout period for claims submissions as Nevada Medicaid prepares for the go-live of the new system on February 1, 2019. Trading Partners cannot submit or receive transactions during this blackout period.
- **February 1, 2019** – live date of the new, modernized system. Trading Partners must use their new 8-digit Trading Partner ID to submit or receive transactions in the Production environment.

Notes:

- Existing associations between Providers and Trading Partners, also known as Service Center Authorizations, will be migrated to the new, modernized MMIS for all Trading Partners that enrolled and certified by January 18, 2019. The current 4-digit Service Center ID in the association will be replaced with the new 8-digit TP ID. Associations **will not** be migrated for Trading Partners that did not enroll and certify by January 18, 2019. Providers will have to manually reenter these associations through the Provider Web Portal (PWP) after go-live in February 2019.
- Inbound and Outbound transactions will be validated through Strategic National Implementation Process (SNIP) Level 4 as part of TP certification. The new TP and Receiver IDs must be used in the submission of test files but should **not** be used for Production files until go-live on February 1, 2019.
- New Inbound and Outbound Companion Guides have been created for Modernization Fee-for-Service and Encounter claims. Trading Partners will need to make changes to their interface files per instructions in the new EDI Companion Guides. The new Companion Guides have been posted to the Nevada Medicaid website at <https://www.medicaid.nv.gov/providers/edi.aspx> under “Inbound” or “Outbound” EDI Companion Guides.
- If a Trading Partner exchanges **only 835s** (electronic remits), no certification of this transaction type is needed, but enrollment is still required.
- Nevada Medicaid has provided a sample SNIP 4 compliant 835 electronic remit, located at <https://www.medicaid.nv.gov/providers/edi.aspx>, for Trading Partners to download and use for testing. Refer to the Trading Partner Enrollment and Certification (Testing) Documents section.

If you have any questions regarding Trading Partner Enrollment and Certification, please send an email to: nvmed.editestingsupport@dxc.com.