



# HPES Transition FAQs Update

November 2011

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## Key transition contact information:

**Training:** [NevadaProviderTraining@hp.com](mailto:NevadaProviderTraining@hp.com)

**Provider Services:**  
[NVMMS.ProviderServices@hp.com](mailto:NVMMS.ProviderServices@hp.com)

**Transition questions (October 3 – December 2 only):** 1-800-626-6535

## New Nevada Medicaid and Nevada Check Up fiscal agent takes over on December 5, 2011

This document updates the HPES Transition FAQs dated October 2011 with new information for providers regarding the fiscal agent transition, which will occur on December 5, 2011.

As the fiscal agent selected by the Nevada Division of Health Care Financing and Policy (DHCFP), HP Enterprise Services (HPES) is on track to assume all responsibility for claims processing and payments, pharmacy claims and drug rebate processing, provider enrollment, call center questions, provider training, appeals/grievance information, prior authorization, utilization management, application maintenance and hosting, as well as other services.

The methods currently in use to process and pay claims will remain unchanged. DHCFP has maintained the existing claims processing system, and HPES is simply assuming that system.

### Is there a resource for transition information?

Yes. Web announcements, HPES Transition Bulletins and Frequently Asked Questions (FAQs) regarding the transition and information such as the new features, training opportunities, address and phone number updates (and more) are currently available at <https://nevada.fhsc.com> under a new link at the top of the page called "Transition Info." Check this webpage regularly for new and updated information.

### Is training available?

HPES is conducting training workshops for providers and their representatives to demonstrate how the new tools function, show providers how to enroll in and use the new Provider Web Portal, and provide contact and mailing information. Training will be held in Las Vegas, Reno and Elko in November and December. Please refer to the HPES Transition Bulletins at <https://nevada.fhsc.com/> for the training schedule, registration forms and the process to register for these valuable sessions.

## **How do I contact HPES during the transition?**

Providers may contact HPES regarding questions about the transition through December 2, 2011, at 1-800-626-6535. This temporary HPES contact number is for questions regarding the transition; for example, information about training opportunities and the new Provider Web Portal registration. Additionally, providers may contact HPES via email with transition questions October 3, 2011, through December 2, 2011, at [NVMMS.ProviderServices@hp.com](mailto:NVMMS.ProviderServices@hp.com).

Providers may contact HPES via email for training questions, the November 2011 training sessions and to register for training at [NevadaProviderTraining@hp.com](mailto:NevadaProviderTraining@hp.com).

## **What will not change?**

- Response to provider calls and provider enrollment. The HPES Call Center will begin taking calls from providers on December 5, 2011.
- Providers will continue to use 1-877-638-3472 for customer service. Please listen to the options presented, as some option messages will change.
- Providers will continue to use 1-800-942-6511 for telephone access to the Automated Response System (ARS) for self-service information regarding recipient eligibility, provider payments, claim status and prior authorization status.
- The process and addresses for claims submission for both paper and electronic claims will remain the same.
- For information about training sessions or contact information, please refer to the "Transition Info" page at <https://nevada.fhsc.com/>. Additionally, beginning December 5, 2011, you may check the new Provider Web Portal (<https://www.medicaid.nv.gov>) for all contact information.

## **What is new?**

Providers can look forward to the following features and programs.

### *Provider Web Portal:*

- HPES will be replacing the existing Magellan Medicaid Administration website with the new Provider Web Portal (<https://www.medicaid.nv.gov>) as described in an HPES Transition Bulletin at <https://nevada.fhsc.com>. Providers will use the new website to access forms, billing guidelines, remittance advices (RAs), training schedules, web announcements, newsletters, contact information, and all other Medicaid-related documentation.
- The Provider Web Portal will be the source through which providers can check Medicaid recipient eligibility, and monitor claims status beginning December 5, 2011; however, providers can begin registering to use the portal beginning November 11, 2011. Training workshops for the new Provider Web Portal functions will be available throughout November (the training schedule can be found at <https://nevada.fhsc.com>.)

Note: Providers newly enrolled with Magellan Medicaid Administration after November 10, 2011, will not be able to use early registration on the HPES Provider Web Portal. They will be able to register beginning December 5, 2011.

- In the new Provider Web Portal, Delegated Administrators will not experience a limit to the number of users they can have within one Administrator ID; however, it should be noted that if there is an increase in fraud cases related to an excess number of users, DHCFP may exercise the option of reversing their decision and limiting the number of users per Administrator ID.
- One of the features of the new Provider Web Portal is that providers will be able to

download remittance advices (RAs). RAs will be posted on the Provider Web Portal within 24 hours of the weekly claims cycle completion. Six months of RA history will be available.

*Pharmacy Benefit Management program:*

- Effective December 5, 2011, SXC will provide all services related to Pharmacy Benefit Management (PBM).
- Check <https://nevada.fhsc.com> for FAQs regarding PBM information. Detailed PBM information will also be available on the new Provider Web Portal beginning December 5, 2011.

*Third Party Liability (TPL):*

- Effective December 5, 2011, Emdeon will provide all services related to TPL. While processes will remain the same, the contact information is changing. Check <https://nevada.fhsc.com/> for FAQs regarding TPL information and on the new Provider Web Portal beginning December 5, 2011, for specific billing information.

*Prior Authorization (PA) and Pre-Admission Screening and Residential Review (PASRR):*

- Detailed FAQs regarding PA and PASRR processes and procedures are located on the "Transition Info" page at <https://nevada.fhsc.com>. Attend training sessions to learn more about changes for PA and PASRR procedures. Check the new Provider Web Portal beginning December 5, 2011, for detailed information.

*Recipient ID Cards:*

- Nevada Medicaid and Nevada Check Up recipients are receiving new ID cards during the month of November. The new cards are light blue in color and replace the previous white cards. New contact information is printed on the card. The "old" white card will not function for magnetic swiping purposes starting December 5, 2011. The new light blue ID cards must be provided for magnetic swiping starting December 5, 2011.
- Important Note: Pharmacy providers will need to use the new BIN 001553, also displayed on the card, starting December 2, 2011.

Please review the Recipient ID Cards FAQ on the "Transition Info" page at <https://nevada.fhsc.com> for further details.

*Implementation of 5010 and NCPDP D.O. in MMIS:*

- Implementation activities are under way to convert the Medicaid Management Information System (MMIS) to the Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12 version 5010 and National Council for Prescription Drug Programs (NCPDP) version D.O. The anticipated start date is January 2012.
- Updates and FAQs will be provided on the <https://nevada.fhsc.com> webpage and beginning December 5, 2011, on the new Provider Web Portal (<https://www.medicaid.nv.gov>).

**Will claims processing timelines change during the transition in late November and early December?**

Yes. Some claims will be affected during the transition period. Please review the following claims processing timeline.

First, please remember that the address to send paper claims will not change. The address remains P.O. Box 30042, Reno, NV 89520-3042.

Paper claims received November 19 through November 23 will be adjudicated by Magellan Medicaid Administration and will appear on remittance advices (RAs) beginning December 10. Paper claims received November 24 through December 9 will be

adjudicated by HPES and will appear on RAs beginning December 16.

Electronic claims submitted by noon December 1 will be adjudicated by Magellan Medicaid Administration and will appear on RAs beginning December 10. Electronic claims submitted after noon on December 1 and until noon on December 8 will be adjudicated by HPES and will appear on RAs dated December 16.

For further details, review the "Claims Processing Transition Timeline" web announcement at <https://nevada.fhsc.com/> (select "Announcements/Newsletters" from the "Providers" menu).

**How much historical claim data will HPES have on file?**

All historical claim data will be migrated for HPES to process claims.

**Coming soon!**

Look for even more changes to be announced on the <https://nevada.fhsc.com/> website through December 2, 2011, and on the new Provider Web Portal beginning December 5, 2011, regarding implementation of the ICD-10-CM codes and the National Correct Coding Initiative (NCCI).