

Nevada Medicaid and Nevada Check Up News



Volume 16, Issue 2
Second Quarter 2019

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Reminder for Every Provider: Nevada Medicaid Processes Are Paperless!

All Nevada Medicaid processes became paperless when the new Medicaid Management Information System (MMIS) was implemented on February 1, 2019. As part of this paperless initiative, all providers, including their out-sourced billing agencies and vendors, must:

- Submit provider enrollment applications electronically via the Online Provider Enrollment (OPE) tool
- Enroll in Electronic Funds Transfer (EFT)
- Obtain and use a National Provider Identifier (NPI), instead of an Atypical Provider Identifier (API)
- Submit all prior authorizations via the Provider Web Portal
- Submit all claims, including adjustments and voids, electronically using Direct Data Entry (DDE) through the secure Provider Web Portal or use an approved Trading Partner
- Submit claim appeals electronically through Secure Correspondence on the Provider Web Portal

Additional information about the paperless initiative can be found in the following previously published web announcements:

- [Web Announcement 1834](#): New MMIS is Now Live!
- [Web Announcement 1829](#): Attention Providers Using Outsourced Billing Agencies/Vendors
- [Web Announcement 1801](#): New Instructions for Submitting Claim Adjustment and Void Requests as Paperless Processes Are Implemented
- [Web Announcement 1792](#): Prior Authorization Requests and Related Documents Will Not Be Accepted by Fax or Mail as of January 26, 2019
- [Web Announcement 1791](#): New MMIS is Going Paperless!

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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$1,070,595,505.22 in claims during the three-month period of January, February and March 2019. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

Nevada Medicaid Processes Are Paperless!

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Providers are encouraged to review the following documents for the latest instructions and reminders:

- [Billing Manual](#) (for all provider types)
- [Billing Guides \(by provider type\)](#)
- [Online Provider Enrollment User Manual](#)
- [Electronic Verification System \(EVS\) User Manual](#)
- [Electronic Claims Companion Guides](#)
- [Nevada Provider Training presentations for Dental, Professional and Institutional Claims](#)

These resources are posted on the Nevada Medicaid website at www.medicaid.nv.gov.

Attention Provider Type 85 (Applied Behavior Analysis) Specialty 314 (Registered Behavior Technician (RBT)):

State Board Registration Deadline Was June 30, 2019

All Applied Behavior Analysis Registered Behavior Technician (RBT) providers enrolled with Nevada Medicaid must be registered with the Nevada State Board of Applied Behavior Analysis as of June 30, 2019. Any RBT provider who did not submit their application to the Aging and Disability Services Division (ADSD) by June 30, 2019, will have their Nevada Medicaid enrollment terminated by the Division of Health Care Financing and Policy (DHCFP) and the provider will need to re-enroll.

Effective January 1, 2019, all RBT providers are required to register with the Nevada State Board of Applied Behavior Analysis in accordance with NRS 437. The ADSD, in coordination with the Nevada State Board, allowed a six-month grace period for the registration.

For any questions, please contact the Nevada State Board of Applied Behavior Analysis at (775) 687-4210 or send an email to ABABoard@adsd.nv.gov.

Revalidate Timely to Avoid Provider Contract Termination

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 are encouraged to revalidate within 60 days of the date on their notification to avoid termination. **Providers may revalidate up to a year in advance of their revalidation due date.**

Providers must 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.

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 regarding prior authorizations, please call (800) 525-2395.

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

All Providers:

Use Current Forms for Requesting Prior Authorization

Prior authorization (PA) forms have been updated for use with the new Medicaid Management Information System (MMIS). Please meet the following criteria for submitting PAs to ensure the process is completed accurately and timely:

1. All services that require PA must be requested on the most current version of the PA form. Current forms are available on the [Provider Forms](#) webpage.
2. Providers are requested to discontinue use of previous versions of the forms immediately. Beginning May 31, 2019, any requests using previous versions of the forms are being denied.
3. Forms can no longer be faxed. They must be submitted electronically through the [Provider Web Portal](#).

Special Instructions for Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)) in addition to the requirements listed above:

1. For items which require prior authorization and have a Nevada Medicaid assigned rate of less than \$500, use the [Durable Medical Equipment Prior Authorization Request \(form FA-1\)](#).
2. For items which require prior authorization and have a Nevada Medicaid assigned rate of \$500 or more, use the [Mobility Assessment and Prior Authorization \(PA\) \(form FA-1B\)](#).

Provider Signatures on Nevada Medicaid Prior Authorization Forms

Providers altering a document in any way after it has been signed defeats the purpose of the signature. Do not copy documents with a signature and then change any of the information including, but not limited to, requested dates or recipient information without the original signee initialing the changes. As an example, a Certificate of Medical Need requires an original physician signature.

Nevada Medicaid prior authorization forms will accept electronic signatures using a tool that allows for electronic signatures (i.e., Adobe Sign® or DocuSign®) to be applied to the document and includes the necessary information.

If a provider chooses to use electronic signatures, that provider is responsible for the technical support of the signature tool being utilized.

Providers are always accountable for the validity of all signatures (wet or electronic) that appear on prior authorization forms.

New and Updated Pharmacy Prior Authorization Forms

Nevada Medicaid is in the process of adding new Pharmacy prior authorization (PA) forms and updating existing forms to better align with current policy. Prior authorization forms are available on the following webpage: <https://www.medicaid.nv.gov/providers/rx/rxforms.aspx>

Please use the currently posted forms. The forms that have been added and posted to the website recently include:

Form Number	Prior Authorization Form Name
FA-150	Compounded Medication
FA-151	Calcitonin Gene-Related Peptide (CGRP) Receptor Inhibitor Medications
FA-152	Epidiolex® (Cannabidiol)
FA-153	Opioids Prescribed to Under Age 18
FA-154	Pulmonary Arterial Hypertension Agents
FA-155	Oral Oncology Agents
FA-156	Short-Acting Bronchodilator Quantity Limit
FA-157	Immunomodulator Drugs

Requirements for Completing an Application, Revalidation or Re-enrollment Differ for Individual Providers and Group Providers

The Division of Health Care Financing and Policy (DHCFP) implemented a new, modernized Medicaid Management Information System (MMIS) on February 1, 2019, that included the requirement to enroll on the Online Provider Enrollment (OPE) tool instead of via paper.

The OPE tool has similar yet different fields and requirements based on whether the provider is an individual or a group. Therefore, it is very important to know what is required to prevent an application from being returned. Below is an excerpt from the [Provider Enrollment Information Booklet](#) under Reporting Business Information, which explains the information that is required.

Reporting Business Information

For the Individual (Servicing) Provider:

Individuals must enroll with their individual information instead of reporting the group's information. The individual will enroll with their own information then be linked to the group or billing provider for claims processing, payment and reporting purposes. If you are an individual linking to a group, the tax liability of income received from Nevada Medicaid will be on the billing provider. You would only receive tax documents if you are receiving payment directly from Nevada Medicaid.

As an individual provider you will need to answer the following questions related to how you report doing business as:

- If you would like to be linked to a group, please enter the group provider's National Provider Identifier (NPI).
- Only enter your personal Social Security Number and/or personal tax ID if you have one in the provider information section under "Tax and Business Information."
- Your legal name and "Doing Business As" will be your own name as recognized by the Internal Revenue Service (IRS) for tax purposes.
- Only report "Secretary of State" name and business ID if you personally have a business license under your name. It is not required for an individual enrollment linking to a group.
- For the Electronic Funds Transfer (EFT) Information section, select "Yes" if you will be receiving payment through the group.
- You would not need to report owners as you are not enrolling as a business. Note, you will need to still report a managing individual. This could be yourself or anyone that can report changes on your behalf.

For the Group (Billing) Provider:

Group enrollments are for businesses that will be billing for services provided by the servicing provider.

As a group/billing provider you will need to answer the following as a group applicant:

- Enter the Federal Tax ID recognized by the IRS for the business.
- Enter the Provider Legal Name as recognized by the IRS.
- Select individual/servicing provider(s) by NPI(s) to be linked to the group applicant.
- Enter EFT information and include the EFT authorization form and proof of account information in the attachments panel.
- Enter owners (individuals or parent corporations) of 5% or more direct or indirect interest, Board Members, Managing individuals and/or Agents in the entity information. Note if a parent corporation is listed, then Nevada Medicaid will need the owners, managing individuals or agents of that parent corporation. Please see Ownership and Disclosure section of the Medicaid Provider Enrollment Compendium (MPEC) for additional instructions via: <https://www.medicaid.gov/affordable-care-act/program-integrity/index.html>

Should a provider require additional information, please review the [Provider Enrollment Information Booklet](#), [OPE User Manual Chapter 2](#) or [Chapter 3](#) or contact Nevada Medicaid by calling (877) 638-3472 (select the option for Provider Enrollment).

Required Enrollment Documents

- **Provider Enrollment Information Booklet:** UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- **Enrollment Checklists:** Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- **Business Associate Addendum (NMH-3820):** This document must be signed and submitted with your Provider Enrollment/Revalidation Packet if it is listed on the Provider Enrollment Checklist for your Provider Type and when requested by the Division of Health Care Financing and Policy (DHCFP) or Nevada Medicaid.
- **Advance Directives Compliance Self-Evaluation & Certification (NMH-3827):** This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- **Civil Rights Compliance Self-Evaluation & Certification (NMH-3828):** This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

Online Provider Enrollment User Manual

- [Chapter 1: Getting Started](#)
- [Chapter 2: Initial Enrollment Application](#)
- [Chapter 2 Addendum: Ownership & Relationships Example](#)
- [Chapter 3: Revalidation and Updates](#)