

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 \$1,082,182,768.00 in claims during the three-month period of April, May and June 2021. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

Reminder:

Resources for Novel Coronavirus (COVID-19) Public Health Emergency Information

Providers are reminded that multiple resources offer current information and instructions regarding the Novel Coronavirus (COVID-19) public health emergency as it pertains to Nevada Medicaid recipients and providers.

- The Division of Health Care Financing and Policy (DHCFP) has created a webpage at <http://dhcfp.nv.gov/covid19/> to answer frequently asked questions and to share information and resources pertaining to the status of COVID-19 and its impact on Nevada Medicaid recipients and providers. The webpage provides the Nevada Medicaid Response to Novel Coronavirus (COVID-19), as well as many useful links for recipients and providers.
- Multiple web announcements have been posted on the provider website at <https://www.medicaid.nv.gov>. For example, [Web Announcement 2589](#) notified providers of the additional Provider Relief Fund payments available due to COVID-19 pandemic. Providers may view all COVID-19 related web announcements by selecting the "COVID-19" category from the drop-down list on the Announcements/Newsletters webpage. The full list of COVID-related announcements will appear for providers to review.
- Valuable information is also available in three COVID-19 billing guides: 1) COVID-19 General Billing Guide; 2) COVID-19 Community-Based Testing & Vaccination Billing Guide; and 3) the Provider Type 22 Dentist: COVID-19 Vaccination Administration Claim Reimbursement Guide, which contains information and instructions specific to dentists and dental hygienists. All Nevada Medicaid Fee-for-Service billing guides, including the three related to COVID-19, can be found on the Providers/Claims Billing Information webpage at: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>. The COVID-19 Billing Guides section is located at the top of the webpage.

COVID-19 Billing Guides

Title	Last Update
COVID-19 General Billing Guide	05/05/2021
COVID-19 Community-Based Testing & Vaccination Billing Guide	05/05/2021
Provider Type 22 Dentist: COVID-19 Vaccination Administration Claim Reimbursement Guide	05/05/2021

The COVID-19 Billing Guides on the Providers/Claims Billing Information webpage.

Useful Tools on the Public Website Provide Revalidation Dates and Claims Adjudication Information

Revalidation Report on Provider Enrollment Webpage:

As all providers are aware, Nevada Medicaid requires every provider to revalidate their contract with Nevada Medicaid every 5 years (every 3 years for Durable Medical Equipment (DME), Disposable, Prosthetics providers) in order to continue rendering services to Nevada Medicaid recipients. Should a provider need to know when their contract is due to terminate, the provider can review the Provider Revalidation Report.

The [Provider Revalidation Report](#) is a PDF document that lists providers by revalidation due date. The Report, located on the [Provider Enrollment](#) webpage, is updated each month. Users can easily search for their name or National Provider Identifier (NPI) to find their revalidation due date. The provider can then complete revalidation timely and avoid their contract being terminated by Nevada Medicaid.

When a contract terminates, providers will have limited access to their Electronic Verification System (EVS) secure Provider Web Portal account. Also, if a contract terminates, the provider's NPI will not be active with Nevada Medicaid and, therefore, claims submissions will not be paid. It is essential that all providers begin the revalidation process early in order to avoid future delays in claims payment.

Claim Error/EOB Codes and Corresponding ANSI Claim Adjustment Codes List and Accounts Receivable Reason Codes List:

Two documents on the Billing Information webpage provide information that assists providers in understanding the adjudication of their claims as they are reviewing their remittance advices.

- The "[Claim Error/EOB/ANSI Code Crosswalk](#)" is a detailed listing of Nevada Medicaid claim error codes, Explanation of Benefits (EOB) codes, and the corresponding American National Standards Institute (ANSI) claim adjustment reason and remark codes. The list includes descriptions of each code. Providers may reference the list to understand why claims are reported as denied on their remittance advice and to assist with reducing claim denials. This list is updated each month to ensure providers are receiving the most current information.
- The "[Accounts Receivable Financial Reason Codes](#)" provides a list of the reason codes that may appear on a remittance advice and the description of each code. Providers may reference this document to understand the definitions of the reason codes that appear on their remittance advice.

Providers may access the "Claim Error/EOB/ANSI Code Crosswalk" and the "Accounts Receivable Financial Reason Codes" from the "Remittance Advice Reference Material" section on the [Providers Billing Information](#) webpage and the [Claims Billing Information](#) webpage.

Updates Regarding Expired Provider Enrollment Applications and Electronic Funds Transfer Form

Expired Provider Enrollment Applications and Change Requests:

As of July 19, 2021, provider enrollment applications and change requests, which have been started in the Online Provider Enrollment (OPE) tool or returned for corrections and have been inactive for 120 days, automatically expire in OPE. The application or change request is considered active when the last save is less than 120 days from the current date.

After 120 days of inactivity, the request will expire, and the user will not be able to re-access their application, change request or returned application/change request to resume the process. Once expired, a new provider enrollment application or change request will be required. For more information, refer to the [Online Provider Enrollment User Manual Chapter 1: Getting Started](#).

Electronic Funds Transfer (EFT) Authorization Form:

Providers are required to complete the Electronic Funds Transfer (EFT) Authorization form when adding a new EFT account or changing an existing EFT on file. Effective July 19, 2021, two additional fields were added to the EFT Authorization form: the printed name and title of the person authorized to sign the form. All fields are required to be completed on the EFT form. All EFT changes must include the completed Authorization Form and a Voided Check or Bank Letter. The application or change/update will be returned if the EFT Authorization form is not completed and/or the Voided Check or Bank Letter is not included. The EFT Authorization form is available in the Online Provider Enrollment (OPE) tool and is posted on the [Provider Enrollment](#) webpage under Required Enrollment Documents.

Free Provider Training Sessions Scheduled Each Month

Providers are reminded that provider training sessions are scheduled throughout the year. The following sessions are open to all provider types and are offered each month:

- The **New Provider Orientation** virtual workshop includes a high-level overview of the Nevada Medicaid program, website navigation including locating billing information, forms and other helpful resources, getting started on the Electronic Verification System (EVS) and an overview of the EVS secure Provider Web Portal. New and current providers may attend.
- The **Reading a Remittance Advice** training session reviews the basics for viewing and reading a remittance advice.
- The **Claims Appeals, Adjustments and Voids** session includes how to properly appeal a denied claim, adjust or void a previously paid claim and locate valuable resources on the Nevada Medicaid website.
- The **Individual Revalidation and Changes** and **Group Revalidation and Changes** sessions include step-by-step instructions on how to properly fill out the Revalidation/Change applications located in the Electronic Verification System (EVS).
- The **Professional Secondary Claims** and **Institutional Secondary Claims** sessions include a high-level overview of how to submit Medicare crossover claims and claims with Third Party Liability (TPL).

The Training Announcements section on the [Provider Training](#) webpage lists all web announcements published regarding upcoming sessions. The website [Calendar](#) lists each session with a link to the announcement that describes the content of the training. Register to attend provider training by using the following link: [2021 Provider Training Registration Website](#).

NEW:

In addition to the above sessions scheduled each month, providers are invited to view the self-paced, computer-based training available on the new [Nevada Medicaid YouTube® Training Channel](#). A variety of videos are being posted, including short videos that provide step-by-step instructions on completing provider enrollment applications.

Event Calendar							Legend
<		today		November 2021			month week day
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
31	1	2	3	4 1p New Provider Orientation	5 11a Professional Secondary Claims Billing	6	
7	8 1p Reading A Remittance Advice Training	9 1p Group Revalidation and Changes Training	10	11	12 11a Institutional Secondary Claims Billing	13	
14	15	16	17	18 10a New Provider Orientation	19 2p Claims Appeals, Adjustments and Voids	20	
21	22	23	24	25	26	27	
28	29	30 1p Individual Revalidation and Changes Training	1	2	3	4	

November page of the website Calendar.

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.