

Nevada Medicaid and Nevada Check Up News



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Inside This Issue:

- 2 [Reminder: Resources for Novel Coronavirus \(COVID-19\) Public Health Emergency Information](#)
- 2 [Use Current Forms for Requesting Prior Authorization](#)
- 2 [Contact Information](#)
- 3 [Recipient/Enrollee Webpage Created](#)
- 3 [Provider Web Portal Tip Regarding Inactive Delegate Accounts: Delegate Must Log In The Same Day They Are Activated](#)
- 4 [Medicaid Managed Care Enrollment Changes: Summary and Strategy](#)

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$1,538,889,186.71 in claims during the three-month period of July, August and September 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.

New Managed Care Organization (MCO) Contract and Caseload Redistribution Effective January 1, 2022

The Nevada Division of Health Care Financing and Policy's (DHCFP) new contract with four managed care entities is effective January 1, 2022. With the addition of Molina Healthcare as the fourth Managed Care Organization (MCO) providing services to Nevada Medicaid recipients, the DHCFP has redistributed some recipients randomly and evenly among the four MCOs. In December, Medicaid recipients who are members of MCOs received notifications from the DHCFP of their MCO assignment for January 2022.

Reminders for Providers

The four MCO vendors were not notified of their assigned membership in time to communicate to providers which members will be moving to another vendor. Thus, it is imperative that all providers utilize the Nevada Medicaid Electronic Verification System (EVS) to determine member eligibility and MCO assignment, and to facilitate appropriate billing to the correct MCO.

If providers have questions on how to appropriately bill an MCO that you are not currently credentialed with or would like credentialing instructions, please contact the specific MCO via their provider services telephone number located below.

It may be beneficial for providers to share with your patients which MCOs you are credentialed with, as this may inform their decision on whether to select a different plan within the 90-day period as allowed. All four MCOs will reimburse out-of-network providers during the initial transition period in order to ensure members receive the appropriate medically necessary care. MCOs will share prior authorization information on members that are transitioning. MCOs are expected to honor prior authorizations and referrals through the transition period. After the transition period, members will be re-assigned to in-network providers for further care and coverage.

Reminders Regarding MCO Caseload Redistribution

To minimize member disruption due to the caseload redistribution, approximately 60% of managed care members stayed with their assigned MCOs, but they still have a choice for coverage under any of the plans. All members were provided a choice form. The DHCFP will process the requests received no later than the next administrative month. For example, if the choice form is received in January, it will be processed, and the MCO choice will become effective no later than February. The final day for managed care members to switch plans for 2022 is March 31, 2022. If members do not wish to change plans, then no action is required.

The MCO Change Form is also attached here: [Member Choice Form](#)

Continued on page 3

Reminder:

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

As the Novel Coronavirus (COVID-19) Public Health Emergency continues, providers are reminded that multiple resources offer current information and instructions. **The following resources will also provide updates regarding the unwinding of the Public Health Emergency when an end date is determined.**

- The Division of Health Care Financing and Policy (DHCFP) has created a webpage at <http://dhcfnv.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>. 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 the three COVID-19 billing guides: 1) COVID-19 General Billing Guide; 2) COVID-19 Community-Based Testing & Vaccination Billing Guide; and 3) Provider Type 22 Dentist: COVID-19 Vaccination Administration Claim Reimbursement Guide. 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.

Use Current Forms for Requesting Prior Authorization

Providers are reminded to always use the current Nevada Medicaid forms when requesting prior authorization (PA) for services as the forms are updated periodically.

For example, the following provider type (PT) 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) forms were updated in November 2021:

- FA-1 (Durable Medical Equipment Prior Authorization Request)
- FA-1B (Mobility Assessment and Prior Authorization (PA))
- FA-1D (Wheelchair Repair Form)

Form FA-13 (Residential Treatment Center Concurrent Review) used by PT 63 (Residential Treatment Center) was updated in September 2021.

Current forms are available on the [Providers Forms](#) webpage.

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://dhcfnv.gov>. Select “Resources” and then select “Telephone Directory” for the telephone number of the Administration Office you would like to contact.

Recipient/Enrollee Webpage Created

A new webpage has been created on the Nevada Medicaid website to assist recipients/enrollees. The webpage is accessed by clicking on the “Enrollees” tab at the top of the Nevada Medicaid website: <https://www.medicaid.nv.gov>. Providers may direct their Medicaid recipients to the new webpage for information regarding the Managed Care Organization (MCO) reassignment, MCO Comparison Charts and Frequently Asked Questions. Information will be added and updated to provide helpful up-to-date details.

New MCO Contract and Caseload Redistribution Effective January 1, 2022

Continued from page 1

The DHCFP will be receiving forms for processing as described below:

Email: MCORedistribution@dhefp.nv.gov (for members only starting January 1, 2022; requests from providers will not be processed)

Mail: Nevada Medicaid, Attn: MCO Changes • PO Box 30042 • Reno, NV, 89520

Phone: Nevada Medicaid and Nevada Check Up District Offices:

Northern Nevada: (775) 684-1900 Southern Nevada: (702) 668-4200

To process a change request, the minimum information required is:

- Name of the Head of Household (HOH)
- Name of the member requesting the switch (if other than HOH)
- Medicaid ID (of the HOH or member requesting switch)
- New MCO the member wants to switch to
- Case ID (if available)

Members interested in learning more about each managed care entity can be referred to the MCO websites for additional information.

Anthem Blue Cross and Blue Shield Nevada Medicaid

<https://mss.anthem.com/nevada-medicaid/home.html>

- Member Services (844) 396-2329
- Provider Services (844) 396-2330

Molina HealthCare

<https://www.meetmolina.com/nv-medicaid>

- Member Services (833) 685-2109
- Nevada Provider Line (877) 902-1207

Health Plan of Nevada (HPN)

<https://myhpnmedicaid.com/Provider>

- Member Services (800) 962-8074
- Provider Services (800) 745-7065

SilverSummit Healthplan

<https://www.silversummithealthplan.com/>

- Member & Provider Services (844) 366-2880

Additional information, including Frequently Asked Questions (FAQs), MCO change form, flyers and more, are posted on the DHCFP website: <https://dhefp.nv.gov/Members/BLU/MCOMain/>

Provider Web Portal Tip Regarding Inactive Delegate Accounts:

Delegate Must Log In The Same Day They Are Activated

Inactive delegate accounts on the Provider Web Portal (PWP) will be disabled. Delegate accounts are considered inactive when the last log in date is greater than 60 days from the current date. After 60 days of inactivity, the delegate account will be disabled and the user will not be able to log into the PWP. To regain access to the PWP, the delegate will be required to have their provider or administrator update their delegate status from inactive to active.

Please note: The delegate must log in to the PWP on the day that the delegate is made active by their provider or administrator. If the delegate does not log into the PWP on the same day that the provider or administrator activated the delegate, the delegate will go into inactive status again the following day.

For more information on managing provider/delegate accounts, refer to [Electronic Verification System \(EVS\) User Manual Chapter 1: Getting Started](#).



Medicaid Managed Care Enrollment Changes

Nevada Medicaid
September 30, 2021

Summary

- **630,000** Nevadans are enrolled in Medicaid Managed Care Organizations (MCOs).

- **3** MCOs currently serve all enrollees.



- **4th** MCO was added to offer enrollees more options. New MCO has no enrollees.



- **Redistribute** enrollees equally to ensure equal opportunity for MCOs & enhanced choices for Nevadans.



For more information, write to: ManagedCare@DHCFP.nv.gov