

Nevada Medicaid and Nevada Check Up News



Division of Health Care Financing and
Policy (DHCFP)

HP Enterprise Services
(HPES)



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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$709,651,806.08 in claims during the three-month period of July, August and September 2014. Nearly 100 percent of current claims continue to be adjudicated within 30 days. DHCFP and HPES thank you for participating in Nevada Medicaid and Nevada Check Up.

Reminders for All Providers:

Requirements on When to Use the NPI of an Ordering, Prescribing or Referring (OPR) Provider on Claims

The requirement to submit the National Provider Identifier (NPI) of an Ordering, Prescribing or Referring (OPR) provider on your claim applies **only if the service you are providing to a Medicaid recipient was ordered, prescribed or referred by another physician or other eligible professional.**

Things to consider regarding OPR:

- The NPI of the OPR provider is mandatory for certain provider types because the services they provide are always ordered or referred.
- The following provider types **are required** to include the NPI of the OPR provider on their claim: **16, 17, 19, 23, 27, 28, 29, 33, 34, 37, 43, 45, 46, 55, 63, 64 and 68.**
- The NPI of the OPR provider listed on the claim must be valid. If the NPI of the OPR provider is not a valid NPI, the claim will not be paid.
- If the NPI of the OPR provider is not enrolled in the Nevada Medicaid program, the claim will not be paid.
- **If the service you are providing to a Medicaid recipient was ordered, prescribed or referred by another physician or other eligible professional, you must enter the NPI of the OPR on your claim form.**
- Refer to [Web Announcement 830](#) for specific claim form field instructions.

However, if you are **NOT** one of the above-mentioned mandatory provider types and the service you are providing was **NOT** ordered, prescribed or referred by another physician or other eligible professional:

- Do not enter an NPI in the referring provider field on your claim if there is no referring provider.
- Do not enter your own NPI as the referring provider.
- If an OPR provider's NPI is submitted on the claim when it is not mandatory, the NPI will still be validated by the system and the claim will deny if the OPR provider's NPI is not valid or the OPR provider is not enrolled in Nevada Medicaid.

Medicare Crossover Claims May Deny by Medicaid if National Provider Identifier (NPI) of Ordering, Prescribing and Referring (OPR) Provider is not on the Claim

Providers are advised that claims that cross over from Medicare to Nevada Medicaid may deny for Ordering, Prescribing and Referring (OPR) provider requirement edits put in place by Nevada Medicaid that Medicare may not yet have implemented. Providers who are required to place the National Provider Identifier (NPI) of the OPR provider on their Nevada Medicaid claims are instructed to include the NPI of the OPR provider on their Medicare claims. Claims that cross over from Medicare that do not have the NPI of the OPR provider may deny by Nevada Medicaid with edit codes 0091 (Referring NPI is required and has not been submitted) or 0092 (Referring NPI cannot be the same as the servicing NPI). Providers will need to rebill the denied claims to Medicaid as a secondary claim either electronically or on paper.

The following provider types **are required** to include the NPI of the OPR provider on their claim: **16, 17, 19, 23, 27, 28, 29, 33, 34, 37, 43, 45, 46, 55, 63, 64 and 68.**

Lists of Ordering, Prescribing and Referring (OPR) Providers and Fully Enrolled Providers Available Online

The Division of Health Care Financing and Policy (DHCFP) has posted lists to assist providers in determining Ordering, Prescribing and Referring (OPR) only providers and fully enrolled Nevada Medicaid providers.

- The Provider OPR List displays the name, address and National Provider Identifier (NPI) of providers who have enrolled as OPR providers only.
- The list of fully enrolled Nevada Medicaid providers lists the provider's name, provider type and specialty, telephone number and address.

The lists are available on the DHCFP website at <https://dhcfp.nv.gov/index.htm>. From the left "Index" box, select "Providers" and then select "[Provider OPR List](#)" or "[Provider Lists](#)."

Claim Form Submission Reminders

Please review the following reminders, which may assist in your claims being processed quickly and correctly.

- On the CMS-1500 claim form, all Third Party Liability (TPL) related claims require the balance due amount to be entered in **Field 30**. The claim may pay a zero dollar amount or pay an incorrect amount if the balance due is not entered.
- The CMS-1500 and UB claim form instructions and the Billing Manual have been updated. Please review the billing instruction documents posted on the Provider Billing Information webpage at <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.
- Reasons why a paper claim form will be returned to you to resubmit may include but are not limited to:
 - ✓ Missing signature on the ADA or CMS-1500 claim forms.
 - ✓ Claim is not legible, i.e., the type is smudged and is not legible.
 - ✓ Data on the claim has shifted and is not aligned within the fields.
 - ✓ The provider's National Provider Identifier (NPI) is missing.
- The Explanation of Benefits (EOB), just like the claim form, must be suitable for scanning so that data can be accurately captured. If the data is printed too light or is smudged, the claim will be returned to you.

Implementation of Hospital Presumptive Eligibility Option for Acute Care Hospitals

The Affordable Care Act (ACA) gives qualified hospitals the opportunity to determine presumptive eligibility (PE) for certain Medicaid eligible populations. PE enables hospitals to temporarily enroll individuals in the Medicaid program. The temporary enrollment provides individuals immediate access to medical care and a pathway to longer-term Medicaid coverage. This enrollment ensures provider compensation for all covered services, including hospital-based services, while a final eligibility determination is made.

Only acute care hospitals (provider types 11 and 75) are eligible to enroll as a PE qualified provider. To be eligible to make PE determinations, a qualified hospital must:

- Participate in the Medicaid program as an active provider.
- Complete the Nevada Medicaid Hospital Presumptive Eligibility Provider Addendum.
- Attend mandatory training.
- Agree to make PE determinations consistent with state policies and procedures.
- Agree to be listed on the Division of Welfare and Supportive Services (DWSS) website as an authorized site for application assistance.
- Provide application assistance for anyone requesting coverage under PE, not just those in need of hospital services.
- Meet performance standards established by the state.

Acute care hospitals interested in enrolling as a PE provider may do so by submitting a completed Nevada Medicaid Hospital Presumptive Eligibility Provider Addendum and the sign-up sheet listing the employees that will be participating in the mandatory training. These items can be sent to the DHCFP@DHCFP.nv.gov email address or faxed to the attention of the Division of Health Care Financing and Policy (DHCFP) – Provider Support at (775) 684-3720 for consideration. The PE Provider Addendum and the associated training sign-up list can be found on the Provider Enrollment webpage at www.medicaid.nv.gov.

The mandatory training sessions will be held at the DWSS offices located in Carson City and Las Vegas on:

- January 12-15, 2015
- March 2-3, 2015 (*three-day session*)
- March 23-25, 2015 (*three-day session*)

If you have questions regarding presumptive eligibility policy or regulations, contact Nova Murray at namurray@dwss.nv.gov. For enrollment questions, contact DHCFP@DHCFP.nv.gov.

DHCFP Expands Telehealth Policy

The Division of Health Care Financing and Policy (DHCFP) has announced an expansion of our Telehealth policy. An update to Medicaid Services Manual (MSM) Chapter 3400, Telehealth Services, was approved at Public Hearing on Thursday, November 13, 2014. This revision removed geographic barriers from originating sites for Telehealth Services. Originating sites, or the location where an eligible Medicaid recipient is at the time service is being furnished via a telecommunications system, will include rural, suburban and urban locations. Facilities must continue to meet all other requirements in order to qualify as originating sites.

Nevada Medicaid's expansion of its Telemedicine policy will improve access to care for our recipients. By eliminating the distance barrier, telemedicine is a pathway to earlier treatment which equates to improved outcomes and less costly treatment. Now, not only can telemedicine assist in serving patients in remote, underserved areas, but it also can now allow patients better access to medical specialists regardless of location.

The DHCFP will continue to research innovative uses for Telehealth Services to determine the best policies for our state. The current Telehealth policy, MSM Chapter 3400, Telehealth Services, can be found on the DHCFP website at <https://dhcfp.nv.gov>.

Applied Behavior Analysis (ABA) Services for Children with Autism Spectrum Disorder

On July 7, 2014, the Centers for Medicare & Medicaid Services (CMS) released guidance (CIB 07-07-2014) on approaches available under the federal Medicaid program for providing medically necessary diagnostic and treatment services to children with Autism Spectrum Disorder (ASD). CMS is not singling out Applied Behavior Analysis (ABA) or any other specific treatment in its directive to states, but is indicating the services must be comprehensive and include behavioral intervention.

The Division of Health Care Financing and Policy (DHCFP) is proposing coverage for ABA services for categorically needy individuals under age 21, identifying Early and Periodic Screening, Diagnostic and Treatment (EPSDT) as the coverage authority. The DHCFP is taking the following steps:

- A series of workshops scheduled to gain stakeholder input on ABA policy development of medical coverage policy, reimbursement and provider qualifications. The workshops were scheduled for:
 - ◊ September 15, 2014
 - ◊ November 13, 2014
 - ◊ November 18, 2014
 - ◊ December 10, 2014
- The workshop agendas and associated materials can be found on the DHCFP website, <https://dhcfp.nv.gov/publicnotices.htm>
- The ABA webpage, <https://dhcfp.nv.gov/ABA.htm>, has been developed to provide ongoing information regarding the medical coverage policy development for ABA services.
- A Public Hearing will be held on the State Plan Amendment (SPA) and medical coverage policy with an anticipated effective date for the fourth quarter of Calendar Year 2015.
- Policy and rates SPA's will be submitted for CMS approval. CMS has 90 days for comment.

Future newsletters and web announcements will provide additional information regarding the medical coverage policy development for ABA services as the implementation date approaches. Newsletters and web announcements are posted on the Providers Announcements/Newsletters webpage at <https://www.medicaid.nv.gov>.

Provider Web Portal Update:

Search Fee Schedule Available Online for Providers

On November 24, 2014, an enhancement was made to the Provider Web Portal to allow providers and their delegates the ability to search fee schedules online. The online fee schedule can be accessed through the unsecured and secured areas of the Provider Portal. Please see [Web Announcement 854](#) for the locations of the schedules and further details. [Electronic Verification System \(EVS\) User Manual](#) Chapter 6 has been created to provide further details and step-by-step instructions. Provider training will be scheduled during the first quarter of 2015. Web announcements at www.medicaid.nv.gov will provide the details for the training sessions.

Contact Information

If you have a question concerning the manner in which a claim was adjudicated, please contact HPES by calling (877) 638-3472, press option 2 for providers, then option 0, then option 2 for claim status.

If you have a question about Medicaid Service Policy or Rates, you can go to the DHCFP website at <https://dhcfp.nv.gov>. Under the "DHCFP Index" box, move your cursor over "Contact Us" and select "[Main Phone Numbers](#)." Call the Administration Office of the area you would like to contact.

Comprehensive Provider Training Includes Monthly Sessions and One-On-One Visits

HP Enterprise Services (HPES) offers comprehensive provider training free of charge. Health care providers, direct practitioners, billing staff, billing agencies, office managers, admitting or front-desk staff, utilization review staff, case management staff, etc., are encouraged to attend the regularly scheduled training sessions. Web announcements posted at <https://www.medicaid.nv.gov> provide the description and schedule for the upcoming sessions.

The HPES Provider Services Field Representatives are available to assist providers one-on-one with your Nevada Medicaid issues. The Field Representatives are assigned to providers based upon the zip code of your servicing National Provider Identifier (NPI) or Atypical Provider Identifier (API), or your provider type. The assignments have been structured to provide focused assistance and improve the overall experience for providers. Please see the attached (also shown below) "[Provider Services Field Representative Team Territories](#)" to determine which Field Representative is assigned to you.

Providers may contact their assigned field representative by telephone or email with inquiries. On-site visits at your Nevada professional place of business and virtual room sessions can also be scheduled by contacting your field representative. Requests for on-site visits should be made at least two weeks in advance. Please allow a minimum of 48 hours for telephone calls and emails to be returned. In addition, the Customer Service Call Center and scheduled training courses remain available to you and your staff members.

Field Representatives are available to assist you with a wide variety of areas and topics including:

- Complex claim inquiries (for general claim questions please contact the Customer Service Call Center at (877) 638-3472)
- Submitting a claim for special handling
- Submitting a claim appeal
- Correct completion of claim forms
- Navigating the Provider Web Portal
- Use of the automated Audio Response System (ARS)
- Submitting claims electronically via Allscripts-Payerpath
- Provider enrollment and re-enrollment
- Understanding recipient eligibility

Field Representatives are not able to assist with coding claims or clinical information.

Rep Name: Jennifer Shaffer Email: jennifer.lou.shaffer@hp.com Phone: 775-313-2811	
Assignments: <ul style="list-style-type: none"> • All hospitals and facilities statewide • All out-of-state providers 	Hospital and facility provider types: 10 11 12 19 56 65 75

Rep Name: Ismael Lopez-Ferratt Email: ismael.lopez-ferratt@hp.com Phone: 702-334-1622	
Assignments: All Behavioral Health providers statewide, including Substance Abuse Agency Model (SAAM) providers, Psychiatric Hospitals-Inpatient and Residential Treatment Centers	Provider types: 13 14 17 Specialty 215 26 63 82

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Comprehensive Provider Training

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Rep Name: Kim Teixeira Email: kim.nal.teixeira@hp.com Phone: 775-323-9667							
Assignments: All provider type 47s – Indian Health Services (IHS) and Tribal Clinics statewide All provider type 60s – School Based statewide Plus the following Northern Nevada zip codes:							
89301	89407	89426	89440	89451	89511	89703	89822
89310	89408	89427	89441	89460	89512	89704	89825
89311	89410	89429	89442	89501	89519	89705	89832
89314	89415	89430	89444	89502	89521	89706	89835
89316	89419	89431	89445	89503	89523	89801	89883
89317	89421	89433	89447	89506	89557	89815	
89403	89423	89434	89448	89508	89701	89820	
89406	89424	89436	89449	89509	89702	89821	

Southern Nevada Field Representatives (Las Vegas Area):

Rep Name: Hasani Jackson Email: hasani.jackson-carroll@hp.com Phone: 702-239-4933			
89031	89106	89129	89144
89032	89107	89130	89145
89081	89108	89131	89149
89084	89110	89134	89156
89085	89115	89138	89166
89086	89124	89142	89178
89101	89128	89143	89193

Rep Name: Tiffani Hart Email: tiffani.m.hart@hp.com Phone: 702-266-6923				
89001	89014	89030	89049	89120
89002	89015	89040	89052	89121
89003	89018	89041	89060	89122
89005	89020	89042	89074	89123
89008	89021	89043	89103	89141
89011	89025	89044	89104	89169
89012	89027	89045	89109	89183
89013	89029	89048	89114	

Rep Name: Jassamine Haughton Email: jassamine.haughton@hp.com Phone: 702-274-6616			
89102	89118	89139	89148
89113	89119	89146	89179
89117	89135	89147	

If you are unsure who your provider representative is, please send an email to NevadaProviderTraining@hp.com.