Nevada Medicaid and Nevada Check Up News

Division of Health Care Financing and Policy (DHCFP)

HP Enterprise Services (HPES)

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Third Quarter 2014

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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers $648,226,014.04 in claims during the three-month period of April, May and June 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.

NPI of Ordering, Prescribing and Referring Provider Must be on Claims Effective October 15, 2014

Effective for claims received by HP Enterprise Services (HPES) on or after October 15, 2014, the valid National Provider Identifier (NPI) of the Ordering, Prescribing or Referring (OPR) provider must be included on Nevada Medicaid/Nevada Check Up claims **or those claims will be denied**.

Important notes:

- The following provider types **are required** to include the NPI of the OPR provider on their claim: 16, 17, 19, 23, 27, 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.
- The NPI of the OPR provider is mandatory for certain provider types because the services they provide are always ordered or referred. However, for the remaining provider types the OPR provider's NPI should only be included on the claim when the service being provided has been referred by another provider. Provider types eligible to order and refer include, but are not limited to: 14 (specialty 305), 20, 24, 25, 26 (specialty 162), 74 and 77. Interns, residents and fellows must have an NPI to order, prescribe and refer for Nevada Medicaid recipients.
- 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 enrolled in Nevada Medicaid.

In order for Medicaid to reimburse for services or medical supplies that require a provider's order, prescription or referral, the *Affordable Care Act (42 CFR Parts 405, 447, 455, 457 and 498)* requires that the ordering, prescribing or referring provider be enrolled in Medicaid. Providers may enroll by submitting a Provider Enrollment Application for Ordering, Prescribing and Referring Providers, which is posted on the Provider Enrollment webpage at www.medicaid.nv.gov.

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:

- On September 15, 2014, a workshop was held to gain stakeholder input on ABA policy development of medical coverage policy, reimbursement and provider qualifications.
- On the DHCFP website, http://www.dhcfp.nv.gov, a webpage is being 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.

School Based Health Centers

A School Based Health Center (SBHC) is a clinic that has been certified by the Division of Public and Behavioral Health as a Nevada School Based Health Center. A SBHC performs a comprehensive array of preventive services to help improve access to care for low-income, underserved school-aged youth. This delivery model will assist in ensuring this population will receive comprehensive, interdisciplinary preventive and primary care to which they may not normally have access.

SBHC's are health centers located on or near a school facility of a school district, independent school, or board of an Indian tribe or tribal organization. The medical coverage policy for this service is anticipated to go to Public Hearing in November of 2014.

CAQH CORE 350:

Health Care Claim Payment/Advice (835) Infrastructure Rule

Effective January 30, 2015, the Nevada Medicaid program will implement the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Operating Rules CAQH CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule.

This CAQH CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule supports the CORE "Safe Harbor" connectivity requirement.

By requiring the delivery and use of these CORE infrastructure requirements when conducting the v5010 X12 835, the Phase III CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule helps provide the information that is necessary to electronically process a claim payment and corresponding remittance details and thus reduce the current cost of today's paper-based transaction process.

The solution will not require trading partners to remove existing connections that do not match the rule, nor will it require that all covered entities use only this method for all new connections. A trading partner may decide to continue to use the current connection or use the new "Safe Harbor" connectivity method at their discretion.

Claim Form Submission Reminders

Please review the following claim form submission reminders that will assist in your claims being processed quickly and correctly.

1. Valid ICD-9 diagnosis codes and/or principal diagnosis codes are required on all paper and electronic CMS-1500, UB and ADA claims submitted by any provider type.

   - On the CMS-1500 (02-12) Claim Form:
     - ◊ In Field 24E, the diagnosis pointers must be alpha characters.
     - ◊ In Field 30, the space is labeled as reserved for NUCC use, but the **Balance Due is required.**
   - Claims on the 2012 ADA form will deny if valid diagnosis codes and diagnosis pointers (Fields 29a and 34a) and place of treatment codes (Field 38) are not included on the claim.

2. Be sure to obtain prior authorization (PA) for services requiring PA. Enter the PA number in the appropriate field on your claim form:

   - Field 23 on the CMS-1500 (02-12) Claim Form
   - Field 2 on the 2012 ADA Claim Form
   - Field 63A-C on the UB Claim Form

3. Medicaid is the payer of last resort and must be billed after all other payment sources with the exceptions listed in the Billing Manual under "When Medicaid can be billed first."

   - You can access a recipient's Third Party Liability (TPL) information in the same ways you verify eligibility:
     - ◊ Through the Electronic Verification System (EVS),
     - ◊ Through a swipe card system, or
     - ◊ By calling the Audio Response System (ARS) at (800) 942-6511.

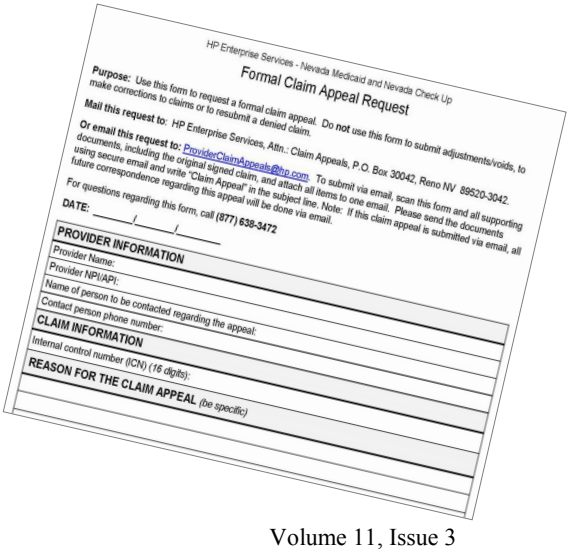
4. Claims with two or more payers in addition to Medicaid must be billed on a paper claim form.

5. Please refer to the claim form instructions and the Billing Manual posted on the Provider Billing Information webpage at www.medicaid.nv.gov. Electronic billers: Refer to the Companion Guides available on the Electronic Claims/EDI webpage.

Streamlined Claim Appeal Request Process Implemented

A provider claim appeal request now requires less information and fewer documents from the provider. The required documents providers must submit to request a claim appeal are:

- Form FA-90 (Formal Claim Appeal Request) or a cover letter addressing the specific reason for the appeal, which includes the provider name and National Provider Identifier (NPI) or Atypical Provider Identifier (API), the ICN of the claim, and the name and telephone number of the person to be contacted regarding the appeal.
- Documentation to thoroughly support the appeal request.
- A completed, original signed paper claim that may be used for processing should the appeal be approved.


HP Enterprise Services - Nevada Medicaid and Nevada Check Up

Formal Claim Appeal Request

Purpose: Use this form to request a formal claim appeal. Do **not** use this form to submit adjustments/voids, to make corrections to claims or to resubmit a denied claim.

Mail this request to: HP Enterprise Services, Attn.: Claim Appeals, P.O. Box 30042, Reno NV 89520-3042.

Or email this request to: ProviderClaimAppeals@hp.com. To submit via email, scan this form and all supporting documents, including the original signed claim, and attach all items to one email. Please send the documents using secure email and write "Claim Appeal" in the subject line. Note: If this claim appeal is submitted via email, all future correspondence regarding this appeal will be done via email.

For questions regarding this form, call **(877) 638-3472**

DATE: __/__/__

PROVIDER INFORMATION

Provider Name:

Provider NPI/API:

Name of person to be contacted regarding the appeal:

Contact person phone number:

CLAIM INFORMATION

Internal control number (ICN) *(16 digits)*:

REASON FOR THE CLAIM APPEAL *(be specific)*

Claim appeals may be submitted via mail to HP Enterprise Services, Attn.: Claim Appeals, P.O. Box 30042, Reno NV 89520-3042 or **via email** to ProviderClaimAppeals@hp.com. To submit via email, scan form FA-90 or the cover letter, all supporting documents, and the completed signed original claim, and attach all items to one email. Please send the documents using secure email and write "Claim Appeal" in the subject line. Please note: If the claim appeal is submitted via email, all future correspondence regarding the appeal will be done via email.

Form FA-90 is available on the Provider Forms webpage at www.medicaid.nv.gov.

Don't Miss Out on PayerPath Claim Submission Training

The HP Enterprise Services' Electronic Data Interchange (EDI) department is continuing virtual room training sessions for providers who have recently signed up to use PayerPath for their Nevada Medicaid claim submissions. This training covers claim set up, submission, reviewing your claims, reporting and remittance advice review.

In order to participate in the training, you will need to select a date from the calendar below for the claim form you use and send in your request with your name, National Provider Identifier (NPI) and contact information to the following email address: nvmmis.edisupport@hp.com. Please send in your request at least 5 days prior to the training you have selected as space is limited. If you have any questions, please call the EDI department: (877) 638-3472, option 2, option 0 and option 3.

A confirmation email will be sent to you with the conference line for the training as well as the link you will use to access the virtual room for the training session.

Web announcements posted at www.medicaid.nv.gov will provide additional PayerPath training dates scheduled for 2014.

Claim Form	Day	Date	Time*
CMS-1500	Thursday	October 23	3 to 4 p.m.
UB	Tuesday	October 28	7 to 8 a.m.
CMS-1500	Thursday	October 30	7 to 8 a.m.
CMS-1500	Tuesday	November 4	7 to 8 a.m.
UB	Thursday	November 6	7 to 8 a.m.
ADA	Wednesday	November 12	3 to 4 p.m.
CMS-1500	Thursday	November 13	7 to 8 a.m.
CMS-1500	Thursday	November 20	3 to 4 p.m.

*All times indicated are Pacific Time (PT).

ICD-10 Compliance Date Scheduled for October 1, 2015

The ICD-9 code sets used to report medical diagnosis and inpatient procedures will be replaced by ICD-10 code sets on **October 1, 2015**. Congress delayed the implementation of ICD-10 code sets from October 1, 2014, to October 1, 2015.

ICD-9 codes must continue to be used for all procedures and diagnoses dates of service (outpatient services) or dates of discharge (inpatient services) before October 1, 2015. **Claims with ICD-10 codes dates of service or discharge before October 1, 2015, will be rejected.**

Providers are advised to talk with your software vendor to ensure your system will be upgraded to support ICD-10 by October 1, 2015. Resources and additional information are available on the CMS ICD-10 website.

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 http://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.