

Nevada Medicaid and Nevada Check Up News



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Attention All Providers and Electronic Billing Trading Partners:

Medicaid Management Information System Enhancements Will Improve Claims and Enrollment Processes

The Division of Health Care Financing and Policy (DHCFP) will implement a new, modernized Medicaid Management Information System (MMIS) by early 2019. The changes will improve electronic claims submission and enhance electronic options for users to alleviate the need for paper communications.

Some new and improved functionalities that will benefit providers and electronic billing Trading Partners (service centers or clearinghouses) by saving steps, time and paper are:

- Direct online claim submission through the Provider Web Portal Direct Data Entry (DDE)
- Ability to upload claims attachments via the Provider Web Portal
- Online submission of claim adjustments
- Ability to research claims and identify adjudication status in almost real-time
- Enhanced Remittance Advice available online
- Access to provider correspondence online, including prior authorization letters, provider enrollment letters and revalidation notices
- Ability to re-access a submitted enrollment application, make corrections and resubmit the application

More information will be communicated through web announcements, email notifications and the Nevada Medicaid and Nevada Check Up News provider newsletter in the coming months regarding preparations needed to use the new system; training for users to review the benefits and workings of the new system; and reference documents to assist users.

Providers who use a Trading Partner to submit their claims will want to make sure your Trading Partner is also aware of these upcoming changes.

This is an exciting time for the Nevada Medicaid provider community. DHCFP's decision to implement these enhancements in the MMIS will benefit providers by improving claims processing, reducing administrative challenges and expediting payment for authorized services. Stay tuned for more details.

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$990,143,676.69 in claims during the three-month period of October, November and December 2017. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

Medicaid Recipients Gain Medical Nutrition Therapy Options

Medicaid recipients who are fighting diabetes, obesity, heart disease and hypertension can seek Medical Nutrition Therapy (MNT) to try to maintain good health. Licensed and registered dietitians help their patients find the most beneficial foods and eating habits and align preventive services to supplement their health.

The 2017 Nevada Legislature authorized additional MNT coverage for its state Medicaid recipients. The approved policy took effect January 1, 2018.

“Under this legislation and state Medicaid policy, registered dietitians can practice independently and bill independently when they offer Medical Nutrition Therapy services while working in a coordinated, multidisciplinary team with a physician, physician assistant or advanced practice registered nurse,” said Jodi Patton, a Social Services Program Specialist III with the state’s Division of Health Care Financing and Policy (DHCFP).

DHCFP administers the Nevada Medicaid program.

“We can target more components of population health,” Patton said. “We’ll be able to help patients get treatment for their medical needs and support a holistic approach tied to their nutritional health and dietary choices.”

For example, registered dietitians can assist people with diabetes, obesity, heart disease and hypertension to find an eating and exercise plan that fits their unique nutritional and lifestyle needs. This partnership with doctors and nurses may help to stem an ongoing public health issue affecting the country. According to the Academy of Nutrition and Dietetics, 30.3 million children and adults in the United States have diabetes, which increases their risk of developing heart disease and other potentially life-threatening conditions.

DHCFP Phases Out Health Care Guidance Program

On June 30, 2018, the Health Care Guidance Program (HCGP) will end. The HCGP began operation in Nevada July 1, 2013, through a 1115(a) research and demonstration waiver granted by the Department of Health and Human Services. The program was approved for five years.

The waiver’s purpose was to connect Nevada Medicaid Fee-for-Service (FFS) individuals diagnosed with a qualifying chronic health condition or those patients utilizing medical services at a high rate with a care management program. The HCGP care management program is managed by AxisPoint Health. Only FFS recipients, and not individuals using Nevada Medicaid Managed Care Organizations, are eligible for this program. Participation is mandatory, except for American Indians and Alaska natives, for whom participation is voluntary.

Per the waiver’s Special Terms and Conditions, the Centers for Medicare & Medicaid Services (CMS) requires the Division of Health Care Financing and Policy (DHCFP) to develop a Phase-Out Plan, follow public posting requirements, conduct tribal consultation and gather public comment. The DHCFP administered the 30-day public comment period from January 29 through February 27, 2018. On March 1, 2018, the DHCFP submitted the required Phase-Out Plan and all public comments to CMS for its review. Phase-Out implementation was approved, starting April 1, 2018.

The DHCFP will also be conducting a series of public workshops throughout Nevada to review the Phase-Out Plan and discuss options for care management services. The Division is researching different care management models to fit Nevadans’ future needs.

The HCGP phase-out does not affect an individual’s Medicaid benefits or eligibility. Phase-out affects the care management value-added services members receive through the program. These services include:

- Help in locating and scheduling medical appointments
- Help with scheduling transportation assistance to appointments
- Help with finding resources such as food, housing and utility assistance
- Reminders for annual flu shots and other preventive health care

The DHCFP is collaborating with agencies within the Department of Health and Human Services and AxisPoint Health to create a transition plan, ensuring current HCGP recipients will receive appropriate medical services from providers.

For more information, visit the HCGP webpage: <http://dhcfnv.gov/Pgms/BLU/HCGP/>.

Notification Regarding Reprocessed and Mass Adjusted Claims

When Nevada Medicaid reprocesses claims and completes mass adjustments for claims, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and claim denials may be received. Please review your remittance advice (RA) for additional detail concerning the adjudication of claims impacted by mass adjustments or claim reprocessing.

Additionally, if a claim that was reprocessed or mass adjusted is reflected on your RA as pending, please allow 30 days for the edit to be reviewed and for the claim to complete the adjudication process.

Reminders for All Providers:

Requirements Regarding Ordering, Prescribing or Referring Provider on Claims

If the service you are billing was ordered, prescribed or referred by another physician or other eligible professional, you must enter that Ordering, Prescribing or Referring (OPR) provider's National Provider Identifier (NPI) on the claim form. The following provider types are always required to include the NPI of the OPR provider on their claim:

Provider Type	Provider Type Description
15	Registered Dietitian
16	Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public
17 (specialties 167 and 196)	Special Clinics (Genetics and Special Children's Clinic)
19 (specialties 184 and 186)	Nursing Facility (Free Standing and Veterans Facility)
23	Hearing Aid Dispenser & Related Supplies
27	Radiology and Non-invasive Diagnostic Centers
28	Pharmacy
29	Home Health Agency
33	Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)
34	Therapy
43	Laboratory, Pathology Clinical
45	End Stage Renal Disease (ESRD) Facility
46	Ambulatory Surgical Centers
55	Home Based Habilitation Services
60	School Based
63	Residential Treatment Centers (RTC)
64	Hospice
68	Intermediate Care Facilities for Individuals with Intellectual Disabilities / Private
85	Applied Behavior Analysis (ABA)

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Requirements Regarding Ordering, Prescribing or Referring Provider on Claims

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At a future date, the following provider types will be required to include the NPI of the attending and OPR provider, as applicable, on their claim. Future web announcements at www.medicaid.nv.gov will notify providers of the effective date and provide additional details.

Provider Type	Provider Type Description
10	Outpatient Surgery, Hospital Based
11	Hospital, Inpatient
12	Hospital, Outpatient
13	Psychiatric Hospital, Inpatient
19 (specialty 185)	Nursing Facility (Hospital Based)
44	Swing-bed, Acute Hospital
51	Indian Health Service Hospital, Inpatient (Tribal)
52	Indian Health Service Hospital, Outpatient (Tribal)
56	Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals
75	Critical Access Hospital (CAH), Inpatient
78	Indian Health Service Hospital, Inpatient (Non-Tribal)
79	Indian Health Service Hospital, Outpatient (Non-Tribal)
81	Hospital Based ESRD Provider

[Electronic Verification System \(EVS\) User Manual Chapter 7 \(Search Provider\)](#) provides instructions on how to search the Provider Web Portal for OPR providers.

It is the responsibility of the billing provider to ensure that the NPI which they enter on a claim belongs to an **individual provider** (not an organization or group): who ordered, prescribed or referred the service being billed; is authorized to do so; and is an active Nevada Medicaid provider on the date of service. Any claims which do not conform to these requirements may deny, and if they pay in error, they are subject to recoupment.

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.

Enhancements Facilitate Use of the Online Provider Enrollment Portal and Provider Web Portal

The following updates have been implemented to assist providers when using the Online Provider Enrollment Portal and the prior authorization functions of the Provider Web Portal.

Online Provider Enrollment Portal Attachments Page:

On December 4, 2017, the Online Provider Enrollment Portal attachments page was corrected to allow providers to upload attachments up to the allowable 15 MB size limit. Previously when providers tried to upload attachments that were more than 8 MBs, an error message would display and the enrollment application could not be submitted through the Portal. The issue has been resolved and attachments up to the allowable 15 MB size limit will be accepted. See the [Online Provider Enrollment User Manual Chapter 2](#) for instructions on uploading attachments with enrollment applications.

“Create Authorization” Function Enhancement for Prior Authorization Requests:

On February 19, 2018, the “Create Authorization” function of the Provider Web Portal was enhanced to save a step for users and to notify providers if the prior authorization request is not complete. Providers will no longer need to click the (+) sign to open the “Attachments” section on the panel. The “Attachments” section will automatically be open to allow the entry of attachments. Providers will receive an error message if they click the “Submit” button without providing an attachment if the electronic transmission method is selected. The error message will be: “*Error: At least one attachment must be entered.*” See the [Electronic Verification System \(EVS\) User Manual Chapter 4](#) for instructions on creating prior authorization requests.

Training Resource for Providers:

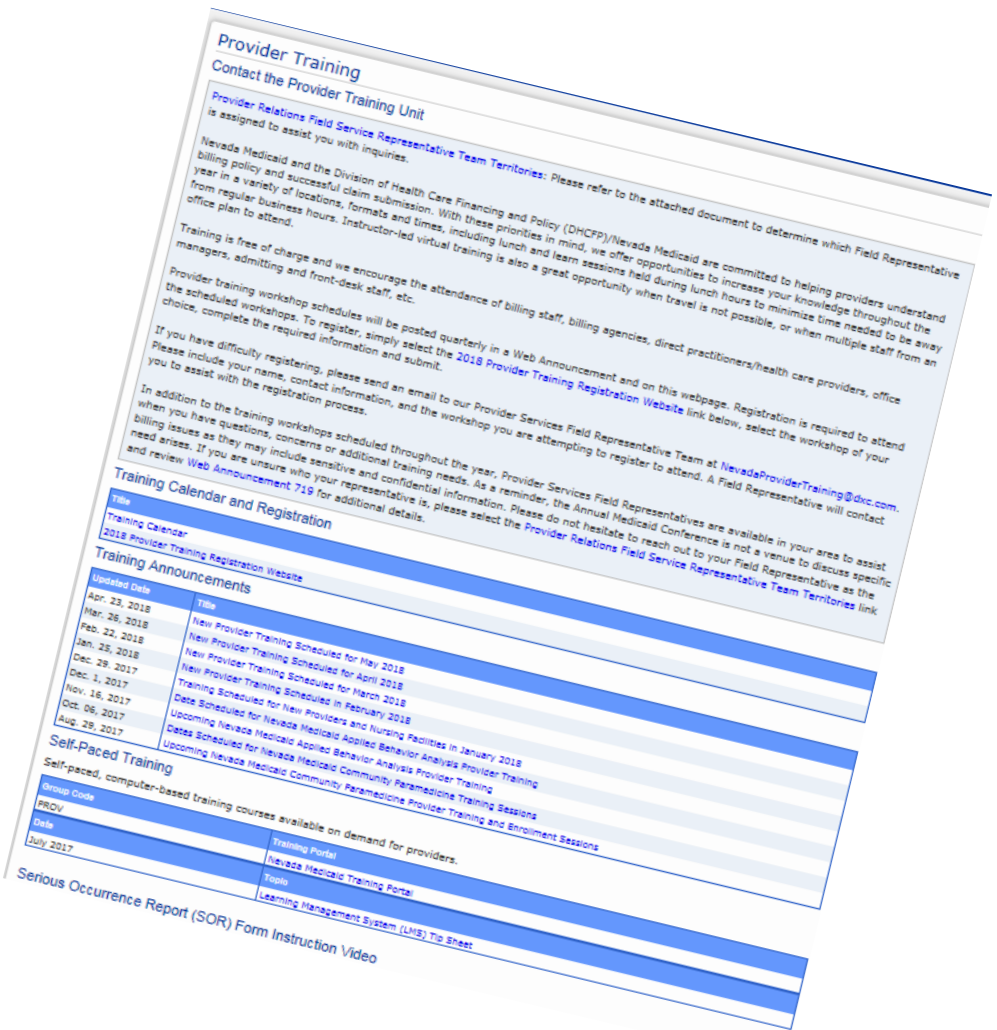
Provider Relations Field Service Representatives

The Nevada Medicaid Provider Relations Field Service Representatives are available to assist providers one-on-one with your Nevada Medicaid training needs or questions. The Field Service Representatives are assigned to providers based upon your provider type and the zip code of your servicing National Provider Identifier (NPI). The assignments have recently been re-structured to provide more focused assistance and improve the overall experience for providers.

Please see the updated [Provider Relations Field Service Representative Team Territories](#) to determine which Field Service Representative is assigned to you and for the correct email address or telephone number to use to contact your representative. Contact the representative assigned to your provider type and the zip code for your servicing NPI. For any provider types and zip codes not listed on the Team Territories document, please send an email to: NevadaProviderTraining@dxc.com.

Providers may contact their assigned Field Service Representative with inquiries, and to schedule virtual room sessions or on-site visits at your professional place of business. Requests for on-site visits should be made at least two weeks in advance.

Scheduled training courses are available to you and your staff members. Visit the [Provider Training](#) webpage to view the Training Calendar, the Provider Training Registration Website and Training Announcements.



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