

Nevada Medicaid and Nevada Check Up News



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News Regarding Direct Data Entry Claims Solution for Providers and Allscripts-Payerpath Access

The Division of Health Care Financing and Policy (DHCFP) will implement a new, modernized Medicaid Management Information System (MMIS) by early 2019. One of the opportunities the modernization of the MMIS will offer to providers is a Direct Data Entry (DDE) solution allowing providers to submit claims electronically through the Nevada Medicaid Provider Web Portal themselves. This will include the submission of Professional (CM-1500), Dental (ADA) and Institutional (UB-04) claims, as well as any corresponding attachments.

Providers should be aware that effective February 2019, Nevada Medicaid will no longer provide free electronic claims submission through Allscripts-Payerpath for Medicaid providers. Providers will continue to have the option of submitting electronic claims through an approved Nevada Medicaid Trading Partner. Allscripts-Payerpath is still one of many DHCFP-approved Trading Partners/clearinghouses who provide claims management and claims submission for Nevada Medicaid providers, but it will no longer be free.

Future web announcements and newsletter articles posted at www.medicaid.nv.gov will provide additional details regarding the DDE, including provider training opportunities to assist providers in preparing to use the DDE solution.

Where to Find Provider Training Opportunities

The Division of Health Care Financing and Policy (DHCFP) and the Nevada Medicaid Provider Training team conduct provider training sessions throughout the year that include information regarding the Nevada Medicaid Program, prior authorization request (PAR) submission, website navigation, provider enrollment, billing information and program information specific to certain provider types.

Details regarding the training opportunities are available in the following locations at www.medicaid.nv.gov:

- Web Announcements on the [Providers Announcements](#) webpage and the [Provider Training](#) webpage
- Listings on the website [Calendar](#)
- The [2018 Provider Training Registration Website](#)

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$1,098,872,601.93 in claims during the three-month period of January, February and March 2018. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

Self-Surveys for Civil Rights and Advanced Directive Compliance

By federal regulation, the Division of Health Care Financing and Policy (DHCFP) monitors certain provider types for compliance to Civil Rights and Advance Directive regulations every three years. Those provider types and regulations are as follows:

| Facility Type | Civil Rights | Rehabilitation Act | Age Discrimination Act | Americans with Disabilities Act (ADA) | Patient Self Determination |
|---|--------------|--------------------|------------------------|---------------------------------------|----------------------------|
| Hospitals (does not distinguish public/private) | X | X | X | X | X |
| Nursing Facilities | X | X | X | X | X |
| Intermediate Care Facilities for Individuals with Intellectual Disabilities | X | X | X | X | |
| Hospice Programs | | | | | X |
| Home Health Agencies | | | | | X |
| Personal Care Services (PCS) Providers | | | | | X |

The DHCFP sent emails to each of these provider types on April 17, 2018, and May 24, 2018, and thanks those who have already submitted their self-surveys.

If you are one of the provider types above and haven't received or submitted your survey, here is what you need to do:

- Complete and submit the self-surveys online under “Forms” at the bottom of the page at the following links:
[Advance Directives](#)
[Civil Rights](#)
- The surveys also are available in PDF at the following links:
[Advance Directive Compliance Self-Evaluation](#)
[Civil Rights Compliance Self-Evaluation](#)
- You can print, fill out and submit the forms by email to civilrights@dhcfp.nv.gov or by mail to:
 Division of Health Care Financing and Policy
 1100 E. William Street, Suite 101
 Carson City, Nevada 89701
- If you are licensed with the Bureau of Health Care Quality and Compliance and your current email address has changed, you will need to manually update your account at myhealthfacilitylicense.nv.gov.

You'll find information on all of these regulations and sample policies and notifications, plus Nevada's “Patient Information on Advance Directives,” on the DHCFP website, dhcfp.nv.gov, under “Resources.” If you have questions, please contact Michele Belkin at (775) 684-3157.

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.

Changes Coming to Provider Web Portal and Paper Remittance Advice to Support New Medicare Number Project

In an effort to combat identity theft and safeguard taxpayer dollars, the United States Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 directing the Centers for Medicare & Medicaid Services (CMS) to remove any reference to a Social Security Number (SSN) from all Medicare cards by April 2019. This mandated national undertaking, formerly referred to by CMS as the Social Security Number Removal Initiative (SSNRI), is now known simply as the New Medicare Card replacement initiative.

The focal point of the New Medicare Card replacement initiative is the *Medicare Beneficiary Identifier (MBI)*, which will replace a recipient's existing SSN-based Health Insurance Claim Number (HICN) currently inscribed on their Medicare benefits card. The MBI will be used for all Medicare transactions including eligibility status, claims and billing. CMS will begin issuing MBIs and mailing new Medicare cards to active recipients in 2018.

In preparation for the national transition from HICN to MBI, state agencies across the country are in the process of readying their respective Medicaid Management Information System (MMIS) to support usage of the MBI for "dual eligible" (Medicare and Medicaid) recipients. The Nevada Department of Health and Human Services' Division of Health Care Financing and Policy (DHCFP) will make programmatic changes in support of CMS' issuance of new Medicare cards.

Provider Web Portal Change:

One change that will be made by DHCFP to support the new Medicare number conversion will impact the policy number (HICN) of the recipient. The HICN display in the Electronic Verification System (EVS) will be masked when the system change goes into effect on July 16, 2018.

- Until **July 16, 2018**, the HICN will always be returned in EVS responses, regardless of whether or not an MBI was indicated in the enrollment inquiry. This includes EVS responses for individuals newly enrolled in Medicare who are only aware of their MBI, but have been assigned a HICN for internal processing only.
- After **July 16, 2018**, if a member has an MBI on file with DHCFP, an MBI will always be returned in the enrollment response, regardless of whether or not the HICN was indicated in the enrollment inquiry.

Paper Remittance Advice (RA) Change:

A second change that will be made by DHCFP to support the new Medicare number conversion will impact the paper remittance advice. Beginning July 16, 2018, the HICN will be masked on the paper RA. On and after **January 1, 2020**, the HICN may not be submitted on Nevada Medicaid or Medicare claims. The MBI must be used in place of the HICN on all claim submissions.

Recent Online Provider Enrollment Portal and Provider Web Portal Enhancements

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 – Group Enrollment Application: Providers using the Online Provider Enrollment (OPE) Portal to enroll as a group were previously unable to progress to the "Associate Providers" panel when resuming the application. This issue occurred when providers saved their applications and later resumed the application process. The issue was resolved and providers who experienced this issue are requested to continue their enrollment process in the OPE Portal.

Online Provider Enrollment Portal – Application Resets: The OPE Portal was updated to allow providers to reset their OPE application online using the "Reset" button on the Provider Enrollment Status page for applications with a status of Submitted. This new functionality will enable providers to use the OPE Portal to resubmit their provider enrollment applications if they need to make changes or add additional information for review. Refer to the [OPE User Manual Chapter 1 Getting Started](#), which is posted on the [Provider Enrollment](#) webpage, for detailed steps on how to reset an OPE application.

Provider Web Portal Update – "Create Authorization" Function: 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."*

Attention Electronic Billing Trading Partners: Preparations Continue for the Medicaid Management Information System Modernization Project – Inbound Companion Guides Now Available

The Division of Health Care Financing and Policy (DHCFP) is proceeding with plans to implement a new, modernized Medicaid Management Information System (MMIS) in February 2019. The changes will improve the electronic claims submission and claims search functionalities that Trading Partners and providers use.

In preparation for the new, modernized MMIS, Nevada Medicaid has created new Inbound Companion Guides for Fee-for-Service and Encounter claims. (Inbound files are those sent from Trading Partners to Nevada Medicaid.) Trading Partners will need to make changes to their interface files per instructions in the new EDI Companion Guides. The new Companion Guides have been posted to the Nevada Medicaid website at <https://www.medicaid.nv.gov/providers/edi.aspx> under “Inbound” EDI Companion Guides.

Notes:

- Inbound and Outbound transactions will be validated through Strategic National Implementation Process (SNIP) Level 4 as of the go-live date of February 2019. This is a change from the SNIP level 3 validation currently applied to Inbound and Outbound transactions.
- The Trading Partner and Receiver IDs noted in the Companion Guides will not be used in the Production environment until the go-live date of February 2019. Please review the details, but do not use them in Production until February 2019.
- The website hyperlinks listed in the Inbound Companion Guides should not be used until February 2019 or until further notice.
- Electronic submitters will be able to enroll as a Trading Partner for the new, modernized MMIS project beginning in August 2018. Existing Trading Partners must re-enroll in order to receive a new Trading Partner ID. The new Trading Partner ID will be used during the certification process, as well as the Receiver ID noted in the new Companion Guides. Future communications will notify Trading Partners when enrollment opens and provide information about the enrollment process.

If you have any questions regarding the Companion Guides or Trading Partner enrollment and testing, please send an email to: nvmed.editestingsupport@dxc.com.

More information will be communicated to Trading Partners in the coming months. In preparation for the MMIS modernization project, please make sure your Trading Partner contact information with Nevada Medicaid is up to date. To update your contact information, download a copy of the Service Center Operational Information form FA-36 at <https://www.medicaid.nv.gov/providers/edi.aspx>.

The form may be emailed to nvmmis.edisupport@dxc.com Attention: Nevada Medicaid EDI Coordinator or faxed to (775) 335-8502.

Tips for Submitting Claims Appeals to Nevada Medicaid

All providers have the right to appeal a claim that has been *denied*. Instructions for submitting a claims appeal are detailed in the “Claims Appeals, Adjustments and Voids Provider Training” presentation and the “Tip Sheet for Claims Appeals.” Both of these documents are posted on the [Provider Training](#) webpage under “Workshop Materials.”

The presentation and the tip sheet remind providers of the following instructions:

- Appeals **must** be postmarked no later than 30 calendar days from the date on the remittance advice.
- Fill out a Formal Claim Appeal Request (FA-90) form in its entirety. FA-90 is available online on the Provider Forms webpage at www.medicaid.nv.gov.
- For each appealed claim, a separate FA-90 must be attached. If the provider has multiple appeals, the provider must complete an FA-90 for each appeal.
- Appeals may be e-mailed to: ProviderClaimAppeals@dxc.com. Please send a separate secured e-mail for each appeal and indicate “Claim Appeal” in the subject line. Appeals may be mailed to: Nevada Medicaid, Attn: Claim Appeals, P.O. Box 30042, Reno, NV 89520