Nevada Medicaid and Nevada Check Up News

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Second Quarter 2023

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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers $1,173,111,380.62 in claims during the three-month period of January, February and March 2023. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

COVID-19 UNWIND:

Attention Hospitals: How You Can Help People Who Are Disenrolled from Medicaid

Nevada Medicaid would like to help hospitals prepare as **Medicaid eligibility renewals** resume for recipients now that the COVID-19 public health emergency has ended. This process may result in some of your patients being disenrolled from Medicaid as they may no longer meet the eligibility requirements for the program.

Some patients who are disenrolled from Medicaid may already have health insurance through their employer or need to purchase their own health insurance through the private market. Additionally, some recipients may not have updated their contact information in the last three years, resulting in disenrollment due to a loss of contact.

This renewal process is ongoing, but the initial renewals following the COVID-19 public health emergency will continue through **May 31, 2024.** Hospitals are encouraged to use the **Hospital Presumptive Eligibility (HPE)** process for patients seeking care who may have recently lost their Medicaid coverage as a result of the renewal process. Some patients may be able to re-enroll into Medicaid through the HPE process, which allows hospitals to receive payment for services rendered.

Training for hospitals on the HPE process is required for hospital staff. Here is the link to the training schedule and sign-up instructions. Please note: The next training is September 18-20, 2023.

Providers and other concerned individuals may refer patients in need of care who may be eligible for coverage for Medicaid through HPE to the following hospitals offering HPE:

Battle Mountain General Hospital	North Vista Hospital
Carson Tahoe Hospital	Pershing General Hospital
Carson Valley Medical Center	Renown Regional Medical Center
Centennial Hills Hospital	Saint Mary's Regional Medical Center
Desert Springs Medical Center	Southern Hills Hospital
Grover C Dils Medical Center	Summerlin Hospital Medical Center
Mt. Grant General Hospital	Spring Valley Medical Center
Mountain View Hospital	University Medical Center (UMC)
Northern Nevada Hospital	Valley Hospital Medical Center
	William Bee Ririe Hospital

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COVID-19 UNWIND: Hospitals

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Hospitals interested in offering HPE for patients who have recently lost coverage through the renewal process may learn more about this option at: Hospital Presumptive Eligibility website.

Hospitals are also encouraged to provide information to patients enrolled in Medicaid about the renewal process to avoid a gap in coverage. This information includes:

- Giving patients a copy of the Renewals are Coming Back flyer
- Looking up the renewal date for current Medicaid recipients. Staff can look it up in the Electronic Verification System (EVS). See Web Announcement 3045 for instructions.
- Letting Medicaid recipients know that a renewal packet from the Division of Welfare and Supportive Services should be sent to them in the mail two months before their renewal date.
- Connecting Medicaid recipients with the Division of Welfare and Supportive Services for questions about their renewal: https://dwss.nv.gov/Medical/2_General_Information/

For patients who may have lost their coverage as a result of the renewal, please inform them that they may be eligible to re-apply at AccessNevada.DWSS.nv.gov or shop for low-cost health insurance at NevadaHealthLink.com.

Nevada Medicaid Implements Gabby™: A New Interactive Voice Response (IVR) System

Nevada Medicaid has introduced Gabby™, Nevada Medicaid's new interactive voice response (IVR) system that is a part of the provider services call center (877-638-3472). Gabby is a verbal interactive virtual agent that can help you, your staff or your billing companies with answers and information regarding the following topics:

- Recipient eligibility status, dates of coverage, Third-Party Liability (TPL) and Medicare coverage information.
- Claim information, including status, 4-digit Explanation of Benefits (EOB) code, timely filing limits, etc.
- Prior authorization (PA) status information, which is spoken by Gabby line-by-line to ensure that you know the status of each line of your PA.
- Payment information.

Gabby utilizes conversational artificial intelligence (AI), including Natural Language Processing/Understanding (NLP/U) to perform tasks and deliver immediate and accurate answers to provider inquiries 24/7, and will also ensure that the interaction is routed to the most appropriate destination. If Gabby is unable able to assist you with your inquiry, you will be routed to the next available live representative if you are calling during the normal call center hours.

Provider Enrollment Reminder Regarding Expired Enrollment Applications, Change Requests and Revalidations

Provider enrollment applications, change requests and revalidations, which have been started in the Online Provider Enrollment (OPE) tool or returned for corrections and have been inactive for the last 120 days, will automatically expire in OPE. The application, change request or revalidation is considered active when the last save is less than 120 days from the current date.

After 120 days of inactivity, the request will expire and providers will not be able to re-access their application, change request, revalidation or returned application/change request/revalidation to resume the process. Once the request has expired, a new provider enrollment application, change request or revalidation will be required. Providers are encouraged to log in to the OPE Portal, check any Application Tracking Numbers (ATNs) in C or G status and resume/complete the submission process to ensure their ATNs do not automatically expire.

For more information, refer to the Online Provider Enrollment User Manual Chapter 1: Getting Started.

Instructor-Led Virtual Provider Training Sessions Available

The Division of Health Care Financing and Policy (DHCFP) and the Nevada Medicaid Provider Training team are committed to helping providers understand Medicaid policy, claims submission, the enrollment process, authorization submission, and other processes to ensure successful interaction with the Nevada Medicaid program.

With these priorities in mind, Nevada Medicaid offers instructor-led virtual training sessions. Web announcements listing the sessions are published on the Provider Training webpage in the Training Announcements section. The sessions are also listed on the website Calendar and on the Provider Training Registration Website.

Registration is required to attend the scheduled instructor-led training sessions. To register, simply select the Provider Training Registration Website link, select the training session of your choice, complete the required information and submit.

Some of the upcoming training sessions scheduled in July 2023 include:

Workshop	Day	Date	Time*
Applied Behavior Analysis (ABA) Provider Workshop (provider type 85)	Tuesday	July 11, 2023	1 p.m. to 3 p.m.
Enrollment Overview for Groups	Wednesday	July 12, 2023	9 a.m. to 10:30 a.m.
Outpatient Behavioral Health Workshop	Thursday	July 13, 2023	1 p.m. to 3 p.m.
Submitting Secondary Claims – Professional	Tuesday	July 18, 2023	9 a.m. to 10 a.m.
Claim Appeals, Adjustments and Voids	Thursday	July 20, 2023	10 a.m. to 11 a.m.
Submitting Secondary Claims – Institutional	Tuesday	July 25, 2023	1 p.m. to 2 p.m.
Home Health Provider Workshop (provider type 29)	Wednesday	July 26, 2023	9 a.m. to 11 a.m.
Dental Provider Workshop (provider type 22)	Thursday	July 27, 2023	10 a.m. to noon

*All times indicated are Pacific Time (PT).

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. 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://dhcfp.nv.gov. Select the "Resources" drop-down list, then select "Telephone Directory" and look for the telephone number of the Administration Office you would like to contact.

Top Denial Reasons and Corresponding Resolutions/Workarounds for Professional Claims

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent review claim submissions to monitor the common reasons for professional claim denials. The table below lists the top error codes that providers have been receiving recently for their denied professional claims. For each error code, the table also lists the corresponding Explanation of Benefits (EOB) code that appears on the remittance advice for the claim denials, the error code descriptions, and instructions to providers on how to resolve the claim denials.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
452	452	No Medicare Coinsurance, Deductible or Copay Due	Provider will need to verify the co-insurance, deductible or co-pay amount in the Medicare crossover details fields. See the Submitting Secondary Claims to Nevada Medicaid Training Video for more billing information when Third-Party Liability (TPL) is present.
2003	3006	Client ineligible on DTL DOS (detail level date of service)	Provider will need to verify that the recipient is eligible for the dates of service and has the appropriate Benefit Plan. This may be completed in the Electronic Verification System (EVS) by reviewing the Member Eligibility tab or by utilizing the Automated Response System (ARS) at 800-942-6511.
4021	0698	No CVG (Coverage) Rule for Procedure	Provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
908	0908	PAD (Physician Administered Drug) Detail Denied by PBM (Pharmacy Benefits Manager)	The National Drug Code (NDC) on the Physician Administered Drug claim was denied by the Pharmacy Benefit Manager. Provider will need to verify that the NDC is a payable and covered code. Providers may reach out to the Pharmacy Benefits Manager at: (800) 695-5526 or visit https://nevadamedicaid.magellanrx.com/home
1974	0030	OPR (Ordering, Prescribing, Referring) Prov not Enrolled	OPR provider may need to submit an enrollment application to Nevada Medicaid via the Online Provider Enrollment (OPE) tool. For a list of provider types that require the OPR to be listed on the claim, refer to Web Announcement 2832. Visit the Provider Enrollment webpage for more information.
2017	0038	Client Services Covered by HMO Plan	Provider will need to submit the claim to the appropriate Nevada Medicaid HMO/Managed Care Organization (MCO) for processing. Provider may find out which MCO the recipient belongs to by viewing the Member Eligibility tab in EVS or utilizing the ARS at (800) 942-6511.

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Top Professional Claim Denial Reasons

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Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
3340	3340	Service not covered by NV Medicaid	Provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
4801	116	No billing rule for procedure	If no active billing rules exist for the procedure, provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
1076	1012	Prov Contract not Valid on DOS – DTL (detail level date of service)	Indicates that the provider is not contracted with Nevada Medicaid for the dates of service listed on the claim detail. Providers should check their status via the OPE tool. If not contracted, you will need to submit a new enrollment application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information.
1009	1009	Contract Could not be Determined	Review provider contract dates to verify provider is contracted with Nevada Medicaid for dates in question. Provider may need to submit a new enrollment application to Nevada Medicaid via the OPE tool to be able to bill for dates of service. Visit the Provider Enrollment webpage for more information.
1047	0205	Provider Terminated – DTL Performing	Provider should ensure that the performing National Provider Identifier (NPI) is enrolled with Nevada Medicaid for the dates of service.
1048	0025	Provider Terminated – DTL DOS (detail level date of service)	Indicates that the provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. Providers should check their status via the OPE tool. If not contracted, you will need to submit a new enrollment application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information.
7215	7215	Procedure Code is Incidental	Providers should review the recipient's benefit plan to ensure that the code being billed is a code covered by the recipient's benefit plan and has not already been billed and paid.