

Nevada Medicaid – Modernization System Implementation Frequently Asked Questions (FAQs)

General Topics

1. **Question:** When will the new Medicaid Management Information System (MMIS) be implemented?

Answer: February 1, 2019.

2. **Question:** What Browsers can be used with the new MMIS?

Answer:

- o Microsoft Internet Explorer version 9.0 and later
- o Mozilla Firefox
- o Google Chrome
- o Safari

3. **Question:** Who will be required to use the new system?

Answer: Any entity currently using the Nevada MMIS will use the new Nevada MMIS at the time of implementation (February 2019).

4. **Question:** How will I get training on the new system?

Answer: Multiple training options will be available: in-person instructor led training (the recommended option), Webinars and Computer Based Self-Paced trainings. Please monitor the Web Announcements posted to the Nevada Medicaid Modernization webpage: (<https://www.medicaid.nv.gov/providers/Modernization.aspx>) for details.

5. **Question:** When will training be available?

Answer: For training details please monitor Web Announcements posted to the Nevada Medicaid Modernization webpage (<https://www.medicaid.nv.gov/providers/Modernization.aspx>) for dates, times and venues.

6. **Question:** Is it true that the new system will not accept paper?

Answer: It is accurate that Nevada Medicaid is moving in the direction of paperless processes. For details please review the specific sections below (Claims, Enrollment, etc.), and monitor Web Announcements posted to the Nevada Medicaid Modernization webpage (<https://www.medicaid.nv.gov/providers/Modernization.aspx>) for details.

7. **Question:** What are my options for determining a recipient's eligibility?

Answer: Providers with a valid provider number can use any of the following:

- o A Point-of-Sale (POS) device through an approved Nevada Medicaid MEVS vendor.
- o The Nevada Medicaid Web Portal.
- o The Automated Voice Response System (AVRS).
- o X12 270/271 eligibility transactions via EDI.

Provider Web Portal

- 1. Question:** Can a provider register multiple delegates?

Answer: Yes.

- 2. Question:** Does the provider still need to reach out to HMS if other insurance is not updated in a timely fashion?

Answer: Yes. Nothing is changing to the current process.

- 3. Question:** How do we find our field rep?

Answer: The Provider Relations Field Service Representative Team Territories is posted on the [Provider Training webpage](#) in the Contact the Provider Training Unit section.

- 4. Question:** What do we do if the Provider Web Portal goes down?

Answer: Watch for web announcements at www.medicaid.nv.gov for direction.

- 5. Question:** What is the turnaround time for Secure Correspondence?

Answer: Turnaround time for all Secure Correspondence, other than Claim Appeals, is two business days. Claim Appeal turnaround time is 30 days.

- 6. Question:** Will I need to re-register for the Provider Web Portal once the system is live?

Answer: No. The only action to take is to reset your password when you first log in on or after January 29, 2019.

Electronic Data Interchange (EDI)

- 1. Question:** How do I enroll as a Trading Partner in the new, modernized system?

Answer: The Trading Partner enrollment process can be completed online, using the Provider Web Portal, at the following location:

<https://portaluat.medicaid.nv.gov/hcp/provider/Home>. Information on enrollment can be found in the Trading Partner User Guide located at: <https://www.medicaid.nv.gov/providers/edi.aspx> under the Trading Partner Enrollment and Certification (Testing) Documents section.

- 2. Question:** After I enroll as a Trading Partner, is testing required?

Answer: Yes. Testing is required. Information on testing can be found in the Trading Partner User Guide located at: <https://www.medicaid.nv.gov/providers/edi.aspx> under the Trading Partner Enrollment and Certification (Testing) Documents section.

- 3. Question:** What is the deadline for Trading Partners to recertify and retest transaction files?

Answer: Trading Partners must complete recertification and testing prior to go-live, February 1, 2019. It is recommended that Trading Partners begin this process immediately.

- 4. Question:** Will Trading Partners receive a new Trading Partner ID or Service Center ID?

Answer: Existing Trading Partners (formerly known as Service Centers) **must** re-enroll in order to receive a new 8-digit Trading Partner (TP) ID. The new 8-digit TP ID will be used (1) during the certification process for the new modernized system and (2) **after** go-live in February 2019. The current 4-digit TP ID, or Service Center number, will continue to be used, in our current MMIS, for Production files.

5. Question: Where can I obtain a copy of the Trading Partner Agreement for the new, modernized system?

Answer: To review a copy of the Trading Partner Agreement prior to beginning the enrollment process, please go to <https://www.medicaid.nv.gov/providers/edi.aspx> and look under Trading Partner Enrollment and Certification (Testing) Documents.

6. Question: I am a Trading Partner who only picks up the 835 (electronic remit), do I need to enroll and certify?

Answer: Yes. If a Trading Partner exchanges only 835s (electronic remits), no certification of this transaction type is needed, but enrollment is still required. Nevada Medicaid has provided a sample SNIP 4 compliant 835 electronic remit, located at <https://www.medicaid.nv.gov/providers/edi.aspx>, for Trading Partners to download and use for testing. Refer to Trading Partner Enrollment and Certification (Testing) Documents.

7. Question: Are companion guides for the new modernized MMIS available?

Answer: The new Companion Guides have been posted to the Nevada Medicaid website at <https://www.medicaid.nv.gov/providers/edi.aspx> under “Inbound” or “Outbound” EDI Companion Guides.

8. Question: Who do I contact if I have questions about EDI or other related Trading Partner questions?

Answer: For all EDI questions, contact the EDI Help Desk at: nvmmis.edisupport@dxc.com.

9. Question: What do I do if I am currently using the free Payerpath submission method to electronically submit my claims?

Answer:

- a. The new MMIS will provide a free option for electronic claim submission known as Direct Data Entry (DDE).
- b. Providers may also contact Allscripts Payerpath to determine what options are available.

10. Question: What do I do if I am currently using Allscripts Payerpath as my Trading Partner?

Answer: The new MMIS will accept electronic files from approved Trading Partners, of which Allscripts will continue to be an option.

11. Question: What will be the last date I can submit through Allscripts Payerpath?

Answer: Please monitor Web Announcements posted to the Nevada Medicaid Modernization webpage: (<https://www.medicaid.nv.gov/providers/Modernization.aspx>) for details.

12. Question: Do Trading Partners need to recertify and retest for each provider they submit for?

Answer: No, Trading Partners certify and test as the Trading Partner, not for the individual providers for whom they support.

13. Question: What does a provider need to do for a Trading Partner to submit claims on their behalf?

Answer: The provider needs to add their National Provider Identifier (NPI) to the Trading Partner's ID.

14. Question: How does a provider add a Trading Partner ID?

Answer: Instructions for a provider adding a Trading Partner can be found in the EVS User Manual for Modernization Chapter 1 Getting Started, Section 1.6.3 Adding a Trading Partner. The EVS User Manual is online at

<https://www.medicaid.nv.gov/providers/evsusermanual.aspx>.

Enrollment

1. **Question:** Will I need a National Provider Identifier (NPI) or an Atypical Provider Identifier (API) in order to be enrolled in the Nevada Medicaid program?

Answer: Effective with the new system, providers will need to use an NPI. For providers currently using an API, they will be required to apply for and use an NPI upon their revalidation.

2. **Question:** If a provider is currently enrolled with an API, how can they obtain an NPI?

Answer: An NPI can be obtained at the NPPES website: <https://nppes.cms.hhs.gov/>

3. **Question:** Can a group register a Group NPI?

Answer: If a provider is enrolling as a group, they will have the option to link group members.

4. **Question:** How do I submit an FA-33 change form on the Provider Web Portal?

Answer: Providers will log into their account, navigate to Provider Services to find the option "Revalidate-Update Provider" to update information for Nevada Medicaid.

Prior Authorization (PA)

1. **Question:** Will prior authorizations (PAs) be accepted via paper submission with the new system?

Answer: Effective with the new MMIS, prior authorizations will no longer be accepted via paper or fax and must be submitted electronically.

2. **Question:** Will the PA submission process on the portal be changing?

Answer: No. There will be some minor enhancements, such as the ability to edit a denied PA (in order to add an additional line), and the searchability of the Notice of Decision (NOD) letters, but the submittal process is not changing.

3. **Question:** Are FA forms still required with PA submission via the portal?

Answer: Yes. You can load them on the Attachments panel when submitting a PA.

Claims

1. **Question:** Will paper claims be accepted in the new system?

Answer: Effective with the new system, February 1, 2019, all claims must be submitted electronically, via Direct Data Entry (DDE), or via an approved Trading Partner.

2. **Question:** Will past information (claims, PAs, etc.) be available in the new system after go-live?

Answer: Yes, historical information will be migrated to the new system.

3. **Question:** How do I handle special batch requests if all claim submissions are required to be performed electronically?

Answer: The new system will allow for attachments to be added to claims submitted directly through the Provider Web Portal via DDE. This will allow additional documentation to be included with claims.

4. Question: Will providers still be required to split crossover claims (Medicare and Third Party Liability [TPL]) into individual claim forms per billing line?

Answer: No, crossover claims will be accepted directly into the new system.

5. Question: Do I have to submit all claims via DDE?

Answer: Electronic claims will be accepted via DDE or via an approved Trading Partner.

6. Question: What are my options for receiving a Remittance Advice (RA)?

Answer: The two options available for receiving an RA include:

- o Electronic RA image available on the Web Portal.
- o X12 835 file.

7. Question: Can TPL now be billed with multiple lines on a single claim?

Answer: Yes.

8. Question: If a recipient has brand new TPL, and it is added to the claim upon submission, will this claim pay?

Answer: The TPL information entered for that claim will be considered when determining payout. Be aware TPL entered will not be saved for future use.

9. Question: How many service lines are allowed on a Professional claim?

Answer: 50 service lines are allowed on a Professional claim.

10. Question: Can we still special batch our claims?

Answer: No. This is no longer necessary in the new system. If a claim has been denied, an appeal can still be requested.

11. Question: What happens if I meet the 4-megabyte limit when submitting a claim?

Answer: Reduce the amount of information submitted to only what is necessary.

12. Question: Will providers be able to submit attachments through their clearinghouse?

Answer: No. Batch files submitted by a clearinghouse do not include attachments. These would need to be submitted through the provider web portal.

Finance

1. Question: If a provider was already signed up and receiving payments electronically before the modernization implementation, do they need to re-enroll with direct deposit after implementation?

Answer: No. If you have already provided your Electronic Funds Transfer (EFT) enrollment you will not be required to re-enroll.

2. Question: Where should refund checks be mailed?

Answer: All provider refunds can be mailed to Nevada Medicaid, Finance, P.O. Box 30042 Reno NV 89520-3042. Please include a cover letter and a copy of the remittance with the claim details.