

# Nevada Medicaid and Nevada Check Up News



Division of Health Care Financing and  
Policy (DHCFP)

HP Enterprise Services  
(HPES)



Volume 9, Issue 1

First Quarter 2012

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## New Requirements for Providers to Re-Enroll Once Every 36 Months

As directed by the Nevada Division of Health Care Financing and Policy (DHCFP), HP Enterprise Services (HPES) will perform provider re-enrollment for Nevada Medicaid and Nevada Check Up providers on a recurring basis to ensure that every provider is re-enrolled at least every 36 months.

The frequency of re-enrollment is based upon requirements of the Patient Protection and Affordable Care Act (PPACA), also known as the Health Care Reform Act or H.R. 3590, and as a result of federal audits that mandated that certain health care professionals re-enroll with state Medicaid programs.

The re-enrollment process will be performed in phases starting June 1, 2012, so that not all providers have to re-enroll at the same time. A re-enrollment letter will be sent to providers 60 days prior to the provider's enrollment end date. The letter will include the Provider Web Portal location of the [Provider Enrollment Application and Contract](#) and the [Enrollment Checklist](#) for each provider type. The re-enrollment packet must be submitted within the requested time frames or the provider's contract will be terminated.

Providers who have been enrolled the longest length of time will be notified and re-enrolled first. For example, providers who have recently completed re-enrollment activities, such as Durable Medical Equipment (DME) and Behavioral Health providers, will be notified to re-enroll toward the end of the 36-month period that starts June 1, 2012.

Please review the [Provider Re-Enrollment Frequently Asked Questions \(FAQs\)](#) on the Provider Enrollment webpage for additional information. Call (877) 638-3472 (select option 2 and then option 6 for provider enrollment) to discuss any further questions you may have.

## Recovery Audit Contractor (RAC)

Health care reform legislation, formally known as the Patient Protection and Affordable Care Act (PPACA), calls for expansion of the Recovery Audit Contractor (RAC) program to the Medicaid program. The contractor is tasked with identification of underpayments and overpayments and the recovery of overpayments. Nevada has contracted with Health Management Systems (HMS) to perform this service. The contract was approved by the Board of Examiners and became effective on January 10, 2012.

The Medicaid RAC program will not replace the State's other Program Integrity initiatives. In accordance with the statute, States must coordinate the RAC's efforts with those of existing State entities and law enforcement authorities, as well as with federal authorities. This will ensure that cases of fraud, waste and abuse are processed through the appropriate channels. HMS will be communicating with provider associations and provider education will be offered as this project continues.

## End Date for Dual Use of NCPDP 5.1/D.0 and Extension of Dual Use for 4010/5010 Formats

In December 2011, the State of Nevada Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP) announced that, effective January 1, 2012, Nevada would accept both Accredited Standards Committee (ASC) X12 Version 5010 and Version 4010 transactions, as well as National Council of Prescription Drug Programs (NCPDP) Version D.0 and Version 5.1 transactions. Nevada announced that it would support Dual Use of these transactions at a minimum for the duration of the Discretion Period announced by the Centers for Medicare & Medicaid Services (CMS), which began January 1, 2012, and continues through March 31, 2012.

### Effective April 1, 2012:

- DHCFP will **no longer accept pharmacy claims in the NCPDP 5.1 format**. From that date forward, only the NCPDP D.0 format will be accepted.
- DHCFP will **continue to accept X12 transactions in both the 4010 and 5010** versions until June 30, 2012. Nevada Medicaid and Nevada Check Up

providers and trading partners (aka Service Centers) who wish to continue to conduct business with Nevada using electronic transactions must transition to the new formats before July 1, 2012.

Testing opportunities for both of the new telecommunications standards **are still** available to Nevada Medicaid and Nevada Check Up providers and trading partners as follows:

- Testing for pharmacy transactions in the NCPDP D.0 format is supported by SXC Health Solutions Inc. For more information regarding testing with SXC, you may send an email to [Nevada.Medicaid@sxc.com](mailto:Nevada.Medicaid@sxc.com) or call (775) 335-8537.
- Testing for ASC X12 5010 transactions is supported by EDIFECS Inc. through the EDIFECS Ramp Management Testing Solution. If you have not already received an invitation to test through Ramp Management, you may contact the help desk via email at [nvmmis.ediramp.support@hp.com](mailto:nvmmis.ediramp.support@hp.com) to request access to the tool and instructions.

### Reminder: Enhancements Implemented in the Online Prior Authorization and Electronic Verification Systems

Enhancements were implemented February 20, 2012, to make the online prior authorization system and the Electronic Verification System (EVS) more user friendly. The enhancements include:

- Provider's ability to submit continued stay or additional service requests on existing prior authorization requests.
- Improved error messaging throughout the system. For example, when you attach documents to a prior authorization request and the 4MB limit (total of all documents) is reached, new messages will inform you when the limit has been exceeded.
- Increased space to add medical justification and goals when submitting prior authorization requests. The "Medical Justification" field has been expanded to a maximum 6,000 characters and the goals field has been expanded to a maximum 200 characters.
- Removal of the "release of information" checkbox for prior authorizations.
- Added "Pending Eligibility" message when users are verifying eligibility for recipients whose eligibility is pending. Pending eligibility is available under the "Eligibility" tab using the recipient's ID. Pending eligibility is not currently available using the "Member Focused Viewing" tab.
- Proper display of Third Party Liability (TPL) data in eligibility responses for dates of service that occurred in the past.

### UPDATE FROM THE TRAINING TEAM:

## Training Topics for 2012, Prior Authorization Tips and Billing Tips

### *Training Topics*

The topics for the 2012 provider training sessions are listed here and are published in the [2012 Provider Training Catalog](#) and on the [2012 Provider Training Registration Form](#).

### **Reno and Las Vegas Training Topics**

March	Eligibility on the Web Portal; Billing for CMS-1500/UB04/ADA (afternoon)
May	Personal Care Service (PCS) Provider Training; Allscripts-Payerpath
July	Appeals Process, Submitting Special Batches (morning); Billing for CMS-1500/UB04/ADA (afternoon)
September	Using the Medicaid Services Manual (MSM)
November	To Be Determined (TBD) based on Provider input*

### **Elko Training Topics**

June	Provider Web Portal Refresher, Submission of Prior Authorizations; Billing for CMS-1500/UB04/ADA (afternoon)
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### **Virtual Room Topics**

April	Behavioral Health Training – Policies and Procedures
June	TBD based on Provider input*
August	Introduction to Nevada Medicaid and Nevada Check Up
December	TBD based on Provider input*

\* Providers are encouraged to submit suggestions for topics to be considered for the November training. Please send your suggestions via email to: [NevadaProviderTraining@hp.com](mailto:NevadaProviderTraining@hp.com).

### **Annual Medicaid Conference in October**

HP Enterprise Services (HPES) is actively working on topics and breakout sessions for the October conference in Reno and Las Vegas. Providers are invited to suggest topics you would like included in the General Session, as well as for the breakout sessions.

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### *Training Tips*

The following tips will assist providers when using the online prior authorization (PA) system and submitting paper claim forms.

#### **1. Prior Authorization**

- a. PA Searches
  - i. If you are searching for a PA that was submitted more than 30 days ago, and you are using only the member information, you must have the beginning date of the PA and it must be entered into the “Service Date” field. This is the only way results display.
  - ii. When using the member information to search for a PA, you will use EITHER the 11-digit recipient ID OR the recipient’s last name, first name and date of birth.
- b. Viewing PA Authorization Status
  - i. Search results are just a summary. You should always click the authorization tracking number to see full details.
  - ii. Even though the decision may display “Pended,” you need to click the authorization tracking number to view the details of the PA. The PA may have been partially certified or HPES may need additional information from you.
- c. Use “Member Focused Viewing” to start your prior authorization submission. This will save time and help to eliminate mismatched recipient information. Don’t forget to click “Close Member” when you are ready to

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### Training Tips from the Training Team

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- start another authorization for a different recipient.
- d. Click the box next to the statement to proceed with the authorization process. Notice that the verbiage in this section has changed slightly; “if applicable” has been added.
  - e. Select your “Authorization Type.” Behavioral Health providers (PT 14, 26 and 82) should select “Outpatient.”
  - f. The servicing provider information will depend on the NPI to which the PA number is issued. If your provider type requires you to request the PA under your group NPI, you should sign into the Provider Web Portal using your group information and click the box that states, “Service Provider same as Requesting Provider.”
  - g. **REMINDER:** The service type and location selected dictate what the required fields will be on subsequent pages (screens).
  - h. If you know the diagnosis code, enter it in the fields without any decimals.
  - i. The “Diagnosis” field has a predictive search feature built into it. If you know the description of the diagnosis, type the first few letters and a drop-down list displays with codes that match the description. Simply click a code to select. It also performs numeric searches in the same manner.
  - j. **REMINDER:** Watch out for invalid diagnosis codes. This is indicated in the description of the code and “INVALID” displays.
  - k. If you need to request more than one CPT or HCPCS code on the same authorization request, click “Add Service” after you have added any attachments. This displays another line for services and ensures that your attachment is linked to the first line item.
  - l. **REMINDER:** Don’t forget to enter the units; the number is critical for determining service.
  - m. Attachments
    - i. The Web Portal allows up to 10 attachments. The cumulative total size for all 10 attachments is 4MB. Once you have added your document, the file size is shown in the “File” column. If it is too big, you can remove it at this point. If you are having difficulty with file sizes, contact your internal IT department and see if they can assist in compressing your documents.
    - ii. Use the current FA forms as attachments. This can be done by completing the form, saving it to your desktop, then attaching the document to the online submission. Examples of forms that can be used in this manner are: FA-1 (DME), FA-8 (Inpatient Med/Surg) or the FA-11A (Behavioral Health). Forms are located on this website. Select “[Forms](#)” from the “Providers” tab.
    - iii. If you are requesting multiple CPT/HCPCS codes on the same authorization request and the same document/form applies to all the codes, submit only one attachment. You do not need to submit the same attachment for each service detail.
  - n. Always print a copy of either the authorization receipt or the print preview to keep for your records.
  - o. **The easiest way to search for a PA is by the authorization tracking number.**
  - p. Prospective Authorizations
    - i. Prospective authorizations identifying you as the requesting or servicing provider display. These results include the first 20 authorizations with a beginning service date of today or greater.
    - ii. If you are using “Member Focused Viewing” for a specific recipient, only prospective authorizations for that recipient and your NPI display.
    - iii. If you want to see all prospective authorizations for your NPI, click “Close Member.” This displays the last 20 authorizations on file for your NPI with a begin date of today or greater.
  - q. When you initially submit your PA request, it always defaults to “Pended” and the “Reason” field defaults to “Additional Information is Needed.” This means that your PA request has not yet been reviewed and no further action is needed at this point.
  - r. The “Remaining Units” field displays as claims are processed and units are subtracted from the total approved units.

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## Dates Set for 2012 Pharmacy Provider Training and Forums

SXC Health Solutions has set the dates and times for quarterly pharmacy provider training and pharmacy provider forums for 2012. All sessions will be virtual to make it easy for providers to attend.

Registration is required for the training portion. Please register online using the [2012 Pharmacy Provider Training Registration Form](#). Upon successful registration, a link to the virtual classroom will be provided.

Topics for training will include general billing information for pharmacies, a review of Nevada Medicaid policy and recently added or future enhancements to the program.

<b>Pharmacy Provider Training (virtual)</b>	
<b>The call-in number and web address for the sessions will be provided.</b>	
March 27, 2012	1:00 p.m. to 2:30 p.m. Pacific Time
June 21, 2012	9:00 a.m. to 10:30 a.m. Pacific Time
September 19, 2012	1:00 p.m. to 2:30 p.m. Pacific Time
December 11, 2012	9:00 a.m. to 10:30 a.m. Pacific Time

After each virtual classroom session, an open Pharmacy Provider Forum will be held for providers to ask questions, raise concerns and give the SXC staff suggestions for future enhancements to the program.

<b>Pharmacy Provider Forum (virtual)</b>	
<b>Call-in number: (800) 466-7920 Access Code: 7774018</b>	
March 27, 2012	3:00 p.m. to 4:00 p.m. Pacific Time
June 21, 2012	11:00 a.m. to 12:00 p.m. Pacific Time
September 19, 2012	3:00 p.m. to 4:00 p.m. Pacific Time
December 11, 2012	11:00 a.m. to 12:00 p.m. Pacific Time

For questions regarding the training or the forums, please send an email to [Nevada.medicaid@sxc.com](mailto:Nevada.medicaid@sxc.com).

### Training Tips from the Training Team

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- s. If additional information is needed, or your PA has been denied, details display in the “Medical Citation” field.
- t. In order to view the request, select “View Original Request” if the PA request was submitted through the Provider Web Portal. Select “Print Preview” if the request was faxed.
- u. The following table shows the former PA approval/denial terms and the current terms:

Former Term	Current Term
Pended	Pending awaiting clinical information
Approved	Certified
Approved and modified	Partially certified
Denied	Not certified
Transaction number	Prior Authorization number

### 2. Paper Claim Forms

- a. A common error is submitting an unsigned claim form. When submitting a CMS-1500 claim form, field 31 must be signed. When submitting a Dental claim form, field 53 must be signed.

## Customer Service Telephone Number Options Change

Effective January 26, 2012, the Customer Service Center telephone number options have changed to assist providers with questions regarding electronic billing and the Provider Web Portal.

After dialing (877) 638-3472, press 2 for “Providers” and please listen for the two options below:

- “For electronic billing (EDI) questions, please press 4.” This option continues to be staffed by EDI representatives who assist providers with electronic billing inquiries.
- “For questions and assistance with the Provider Web Portal, please press 7.” This option is staffed by customer service representatives who will assist providers in accessing and navigating the Provider Web Portal.

For a [script](#) listing all of the options available when you call the customer service line, please review the [Contact Us](#) webpage.



### Contact Information

If you have a question concerning the manner in which a claim was adjudicated, please contact HP Enterprise Services by calling (877) 638-3472, press 2 for providers, then press 3.

If you have a question about Medicaid Service Policy or Rates, you can go to the Division of Health Care Financing and Policy (DHC FP) website at <http://dhcftp.nv.gov>. Under the “DHC FP 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.

## Attend DHC FP Public Hearings/Workshops and HPES Training Sessions to Provide Your Input

The Division of Health Care Financing and Policy (DHC FP) and HP Enterprise Services (HPES) remind providers that your input is valued at the DHC FP’s Public Hearings and Workshops and at Provider Training sessions presented by HPES.

You have an opportunity to communicate your opinions regarding Nevada Medicaid and Nevada Check Up policy at the Hearings and Workshops. Your input at the Training Sessions will assist HPES in determining the topics for future sessions; in addition, you will learn the most up-to-date prior authorization, billing and policy information.

Public Hearings and Workshops are posted on the DHC FP’s [Public Notices](#) webpage (at <http://dhcftp.nv.gov> select “Public Notices” from the “DHC FP Index.”) The 2012 Provider Training Catalog and the 2012 Provider Training Registration Form are on this website ([www.medicaid.nv.gov](http://www.medicaid.nv.gov)) on the [Provider Training](#) webpage.

## Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers **\$383,934,676.06** in claims during the three-month period of October, November and December 2011. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

DHC FP and HP Enterprise Services thank you for participating in Nevada Medicaid and Nevada Check Up.