Nevada Medicaid and Nevada Check Up News

Division of Health Care Financing and Policy (DHCFP)

Volume 13, Issue 2
Second Quarter 2016

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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers $852,181,657.36 in claims during the three-month period of January, February and March 2016. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

DHCFP and Hewlett Packard Enterprise thank you for participating in Nevada Medicaid and Nevada Check Up.

Provider Revalidation Requirements

The federal regulation at 42 CFR 455.414 requires that state Medicaid agencies revalidate the enrollment of all providers, regardless of provider types, at least every five (5) years, with the exception of DMEPOS suppliers which will remain at every three (3) years per 42 CFR 424.57.

Providers will receive notices via mail and email when it is time for them to revalidate. If a revalidation application is not completed, submitted and received by the due date on the letter, the provider will be terminated from the Medicaid program on that date.

If the provider contract is terminated:

- The provider will be ineligible to provide services to any Nevada Medicaid or Nevada Check Up recipients, including both Fee-for-Service and Managed Care Organization (MCO) enrolled recipients.
- The provider will need to submit a new enrollment application in order to participate in Nevada Medicaid and Nevada Check Up.

Provider revalidation can be completed online by accessing the Provider Web Portal or by completing a paper application. Please review the Online Provider Enrollment User Manual and Revalidation Documents located on the Provider Enrollment webpage for instructions to complete revalidation.

2016 Medicaid Provider Survey Results

During the first quarter of 2016, Nevada Medicaid invited providers to offer feedback and rate their overall experience with Medicaid. The results have been compiled and are published on the www.medicaid.nv.gov website on the Provider Training webpage. Providers were given an opportunity to give their direct comments and feedback as well as respond to questions. Here’s what some providers said about Nevada Medicaid in response to a request for feedback on “Things Going Well”:

- “Overall customer service is great.”
- “Much improved service versus 8 years ago. Bravo!”
- “HP has done an excellent job of updating the Medicaid system and helping providers keep up with the changes. It is getting easier.”

Providers that participated in the survey also offered important feedback on “Suggestions for Improvement” to enhance their experience. An area providers were passionate about was the Provider Web Portal. Providers want to see enhancements to the portal that include updates around prior authorizations, ability to submit claim appeals online, and a place to report third party liabilities. The enhancements would give providers the accessibility they are looking for while continuing to focus on a better experience with Nevada Medicaid.

The survey also asked participants to rate their overall experience from the claim

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2016 Medicaid Provider Survey Results

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adjudication process to customer service. Results indicated providers are satisfied with their overall experience, but offered suggestions for improvement. These suggestions are being implemented in call center training programs, provider field representative communications, and future enhancements to the claim submission process.

Provider feedback is critical to a successful Medicaid program. The 2016 Provider Survey results yielded useful insight to the provider community's overall experience with Nevada Medicaid. As the program continues to grow, so will the outreach efforts to gain feedback from the providers.

Please take a moment to review the results of the 2016 Provider Survey and reach out to Hewlett Packard Enterprise if you have any questions. Hewlett Packard Enterprise staff looks forward to provider comments and participation in the 2017 survey.

Plan to Attend Annual Medicaid Conference

The Division of Health Care Financing and Policy (DHCFP) and Hewlett Packard Enterprise are planning the next Annual Medicaid Conference, which will be held in the fall of 2016. Health care professionals are highly encouraged to attend. Please monitor upcoming web announcements posted at www.medicaid.nv.gov for details regarding the topics to be covered, conference dates, hours and locations, and registration instructions.

See you there!

Fingerprint-based Criminal Background Checks (FCBC) for "High" Risk Providers

Section 6401 of the Affordable Care Act (ACA) established procedures for screening providers and suppliers under Medicare, Medicaid and the Children's Health Insurance Program (CHIP). 42 CFR 455.410(a) provides that a state Medicaid agency must require all enrolled providers to be screened according to the provisions of Part 455 subpart E. Under 42 CFR 455.450, a state Medicaid agency is required to screen all applications, including initial applications, applications for a new practice location, and applications for re-enrollment or revalidation, based on a categorical risk level of "limited," "moderate" or "high." Under 42 CFR 455.434, a state Medicaid agency must establish categorical risk levels for providers and provider categories who pose an increased financial risk of fraud, waste or abuse to the Medicaid program. When the agency determines that a provider's categorical risk level is "high" or when the agency is otherwise required to do so under State law, the agency must require providers, or any person with a 5 percent or greater direct or indirect ownership in the provider, to consent to criminal background checks, including fingerprinting.

The Division of Health Care Financing and Policy (DHCFP) has deemed the following providers as "high" risk:

- Newly enrolling PT 29 - Home Health Agency.
- Newly enrolling PT 33 - Durable Medical Equipment (DME) Disposable, Prosthetics.
- Providers who have/had a payment suspension imposed due to a credible allegation of fraud, waste or abuse. The provider's risk remains "high" for 10 years beyond the date of the payment suspension.
- Providers who have an existing overpayment of $1500* or greater and all of the following:
    - ◊ Is more than 30 days old
    - ◊ Has not been repaid at the time the application was filed
    - ◊ Is not currently being appealed
    - ◊ Is not part of a state Medicaid agency-approved extended repayment scheduled for the entire outstanding overpayment

*Note: The $1500 threshold is an aggregate of all outstanding debts and interest, to include the principal overpayment balance amount and the accrued interest amount for a given provider.

In the coming months, notifications and instructions will be sent to providers who have categorically been deemed as a "high" risk. Watch for web announcements at www.medicaid.nv.gov and emails providing more information.

Health Management Systems, Inc. (HMS) Provides Nevada Medicaid TPL Services Effective July 1, 2016

Health Management Systems, Inc. (HMS) under contract with Hewlett Packard Enterprise provides third party liability (TPL) services for the Division of Health Care Financing and Policy (DHCFP) effective July 1, 2016.

The following questions and answers will assist providers with this change:

Q: Who do I contact for Third Party Liability matters?

A: Effective July 1, 2016, HMS has taken over all services, including identification and recovery, related to third party liability from the former TPL vendor, Change Healthcare, formerly known as Emdeon. HMS will research issues and update recipient files as necessary, with the exception of Medicare eligibility file updates.

Q: What has changed regarding TPL processes and billing?

A: Routine TPL processes and billing procedures have not changed. The only change is that starting July 1, 2016, providers will contact HMS (rather than Change Healthcare) when there are questions on a Nevada Medicaid recipient's other health care coverage. The State Medicaid program is intended by law to be the payer of last resort; that is, all other available third party resources must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for Medicaid. Third party liability refers to the legal obligation of third parties to pay all or part of the expenditures for medical assistance furnished under a State plan. States are required to take all reasonable measures to ascertain the legal liability of third parties to pay for care and services available under the State plan. Please note: Medicaid is primary payer to Indian/Tribal Health Services (IHS), Children with Special Care Needs and State Victims of Crime programs as specified in Nevada Medicaid Services Manual (MSM) Chapter 100.

Q: Who do I contact if I am notified that a Nevada Medicaid recipient has other coverage or if I believe a recipient's other health care insurance (private insurance) records are incorrect in the Medicaid Management Information System (MMIS)?

A: If you are notified that a recipient has other coverage or you believe a recipient's other health care insurance (private insurance) records are incorrect, please contact HMS by using the address, phone or fax information below.

HMS – NV Third Party Liability
P.O. Box 12610
Reno, NV 89510
Phone: (775) 335-1040
Toll Free: (855) 528-2596
Fax: (972) 284-5959

Q: Who do I contact if I believe a recipient's Medicare records are incorrect?

A: If you believe a recipient's Medicare records are incorrect, please contact the DHCFP at:

Email: TPL@dhcfp.nv.gov

Medical Transportation Management (MTM) Provides Nevada's Non-Emergency Transportation Effective July 1, 2016

Effective July 1, 2016, Medical Transportation Management (MTM) is the new non-emergency transportation (NET) broker for Nevada Medicaid recipients. NET is provided to Medicaid recipients when they require transportation to Medicaid eligible services.

MTM's phone line is open to take reservations.

Recipients and medical staff can schedule rides Monday through Friday, 7 a.m. to 5 p.m. An after-hours call center is also available 24 hours a day, seven days a week for hospital discharges, urgent calls or for late rides.

MTM's Education, Training, and Outreach (ETO) Team has contacted medical facilities throughout the State of Nevada to schedule in-service sessions with staff, to introduce MTM's forms, answer questions, and to offer training on

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Reminder for Provider Types 19 and 68: Tracking Process Changed on July 1, 2016

The Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) tracking process has changed as of July 1, 2016. Providers must submit the tracking form to Hewlett Packard Enterprise via the Long Term Care (LTC)/PASRR online system. Tracking forms are not accepted by the Division of Health Care Financing and Policy (DHCFP) as of July 1, 2016.

Provider training sessions were held to assist providers in learning the new process (Web Announcement 1141). Additional training sessions are scheduled. Please check the 2016 Provider Training Registration Website for the upcoming sessions. Providers may reference the training presentations used in the training sessions, which are posted on the Provider Training webpage under "Workshop Materials":

- Nevada Medicaid Nursing Facility PASRR/LOC Training
- Nevada Medicaid Nursing Facility and ICF/IID Tracking Process Training

The following guides posted on the Prior Authorization Training Materials webpage will assist providers in completing the tracking form:

- Nursing Facility Tracking Form Validation Guide
- CF/IID Tracking Form Validation Guide

Effective July 1, 2016, providers are required to submit Level of Care (LOC) and Pre Admission Screening and Resident Review (PASRR) screenings through the Long Term Care (LTC)/PASRR online system. For providers not already using the LTC/PASRR system, please be advised that you must be registered to use the Electronic Verification System (EVS) in order to access the LTC/PASRR system. If you have not registered to use EVS, please go to www.medicaid.nv.gov and select the "EVS" tab to register or review the EVS User Manual Chapter 1 for step-by-step Instructions. For assistance with obtaining a secured EVS login, contact the Hewlett Packard Enterprise Field Representatives at NevadaProviderTraining@hpe.com.

After registering through EVS, facilities may then register for access to the LTC/PASRR system. A Quick Reference Guide has been published that includes instructions regarding requesting a role within an organization, approving roles and removing users. The "Instructions for Requesting Roles, Approving Roles and Removing Users in the PASRR Web Portal" is on the Prior Authorization Training Materials webpage. For assistance with registering for the LTC/PASRR system, contact the Hewlett Packard Enterprise PASRR/LOC staff at (800) 525-2395.

Medical Transportation Management (MTM)

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MTM's Service Management Portal (SMP). SMP allows medical personnel to arrange transportation for recipients online in lieu of calling MTM. To contact a member of MTM's ETO Team, please send an e-mail to #ETO-NV@mtm-inc.net.

The MTM staff looks forward to working with Nevada health care providers to provide high-quality NET services to Medicaid recipients.

MTM contact information:

Website: www.mtm-inc.net/nevada
To schedule a ride (reservations): 1-844-879-7341
We Care Line (complaints): 1-866-436-0457
Education, training and outreach for Nevada Medicaid providers: #ETO-NV@mtm-inc.net

Contact Information

If you have a question concerning the manner in which a claim was adjudicated, please contact Hewlett Packard Enterprise 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. From the "Resources" tab select "Telephone Directory" and call the Administration Office of the area you would like to contact.