Nevada Medicaid and Nevada Check Up News

Division of Health Care Financing and Policy (DHCFP)

Hewlett Packard Enterprise

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Inside This Issue:

Attention All Providers, Including Dental/Orthodontia, Adult Day Health Care and Personal Care Services Providers:

Nevada Medicaid Provider Web Portal (PWP) Upgrades in Progress

Hewlett Packard Enterprise, in partnership with the Division of Health Care Financing and Policy (DHCFP), is currently working on upgrading the Nevada Medicaid Provider Web Portal (PWP) from version 4.0 to version 5.0. All user information will be automatically migrated over to the new version 5.0. This information includes: last member viewed information that is stored in Member Focused Viewing, Favorite Providers and Provider/Delegate information.

The Nevada Medicaid PWP upgrades will include:

- increased role-based security features
- simplified, one-page Create Authorization process for prior authorization requests
- enhanced prior authorization process with the ability to create Dental/ Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) prior authorization requests
- ability to upload and submit prior authorization reconsideration requests
- ability for PCS providers to upload and submit requests for Update Visit (annual), Significant Change in Condition, Temporary Service Authorization, Cancel Authorization, One-Time Service, Information Only, Self-Directed Skilled, and Transfers

Role Based Security:

- The new role-based security features will allow provider users the ability to select the level of access they want to grant to their assigned delegates. Providers can control the functions that their delegates can access within the provider portal. For example, if the provider user only wanted a dele-

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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers $941,662,789.28 in claims during the three-month period of October, November and December 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.

Managed Care Organization (MCO) Changes Effective July 1, 2017

Effective July 1, 2017, the Division of Health Care Financing and Policy (DHCFP) will offer four (4) Managed Care Organizations (MCOs) for Medicaid Managed Care recipients, which include the following vendors: Aetna Better Health of Nevada (AET), Amerigroup Community Care (AGP), Health Plan of Nevada (HPN) and Silver-Summit Healthplan (SSH).

Beginning this year (2017) and going forward, Open Enrollment will run from April 1 through June 30, with lock in effective July 1. Any household requesting a change during Open Enrollment may make one final change to another MCO within ninety (90) days from July 1. The DHCFP's goal for Open Enrollment is to fulfill requirements outlined in the Code of Federal Regulations (CFR) 42 CFR 438.56(c). Open Enrollment is the process which allows recipients to change their MCO choice once per year without having to show good cause for changing.

One Open Enrollment letter is mailed per managed care household for recipients currently enrolled in an MCO. Any recipient requesting to change their MCO choice after the close of Open Enrollment must contact their current MCO to request a "Good Cause" for disenrollment. Any household requesting a change during Open Enrollment may make one final change to another MCO within ninety (90) days from July 1.

Effective July 1, 2017, all dental services will be provided through Fee-for-Service until a Dental Benefits Administrator (DBA) contract is awarded. The DHCFP is currently in the procurement process for selection of a single DBA vendor to serve recipients included in the mandatory MCO coverage areas of urban Washoe and urban Clark counties.

Nevada Medicaid Provider Web Portal (PWP) Upgrades in Progress

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gate to perform eligibility transactions on the PWP, they would select the eligibility function for that delegate on the Manage Accounts page. When the delegate logs into the PWP, they would only have access to the Eligibility page. The delegate would not see the Claims, Care Management or File Exchange pages.

Create Authorization:

- The Create Authorization page is being redesigned to allow for a simplified one-page prior authorization creation process. Once the PWP upgrade is complete, users will be able to enter all of the required prior authorization information on one page.
- Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers will have the ability to create prior authorizations in the portal. This will eliminate the need to mail or fax in dental/ orthodontia, ADHC and PCS prior authorizations. There will be provider specific web announcements and training sessions to provide more information about this new prior authorization process.

File Exchange:

- Once the PWP upgrade is complete, two new fields will be added to the Upload Files page: Recipient ID and Tracking Number. These fields will be required and only appear when the File Type selected is FA-21 PASRR and LOC Data Correction Form, Reconsideration Request or NMO-7073 Functional Assessment Service Plan.

Additional Information:

- Provider training sessions will be available beginning in May 2017 to provide a review of the simplified prior authorization request process and enhanced PWP features, with focused training available for Dental/ Orthodontia, ADHC and PCS providers. Future web announcements will include the dates of the sessions and registration information.
- Future web announcements at www.medicaid.nv.gov will notify providers of the implementation date for the Nevada Medicaid Provider Web Portal upgrade.

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

Effective July 1, 2017, the Division of Health Care Financing and Policy (DHCFP) will implement a mandatory fingerprint-based criminal background check (FCBC) for certain providers, as part of the Nevada Medicaid provider enrollment process. This change is in response to the enhanced enrollment screening provisions contained in the Affordable Care Act (ACA) and the DHCFP's compliance with these requirements.

As defined in 42 CFR 455.434, the FCBC will be applied to providers and suppliers in the "high" risk category as defined by Nevada Medicaid. This includes newly enrolling and re-enrolling Durable Medical Equipment, Prosthetics/ Orthotics and Supplies (DMEPOS) suppliers and Home Health Agency (HHA) providers, in addition to providers who have been elevated to the "high" risk category in accordance with enrollment screening regulations. The requirement is applicable to any "high" risk provider who enrolled August 1, 2015, and forward.

For DMEPOS suppliers and HHA providers, the FCBC will be completed on all individuals with a 5 percent or greater ownership interest in the provider; this includes any individual that has any partnership (general or limited) in a DMEPOS supplier or HHA.

FCBCs are also required for any provider that has been elevated to the "high" risk category for any of the following reasons:

- A payment suspension has been imposed on a provider based on credible allegation of fraud, waste or abuse. The provider's risk level remains "high" for 10 years beyond the date of the payment suspension.
- Providers who have an existing overpayment of $1500* or greater and the overpayment is **all** of the following:
  - ◊ more than 30 days old
  - ◊ has not been repaid at the time the application was filed
  - ◊ not currently being appealed
  - ◊ not part of a DHCFP-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.
- The provider has been excluded by the OIG or another state's Medicaid Program within the previous 10 years.

A notification letter will be sent to providers that have been determined to be in the "high" risk category or whose risk level has been adjusted to "high". The notification will include instructions and information regarding where to obtain fingerprints, associated costs, how to submit fingerprints and the time frame for response. If the provider is an organization or group, information will also be provided regarding which associated individuals are required to submit fingerprints.

Failure to comply with any portion of the FCBC requirements shall result in provider (individual/entity) termination.

Attention New Providers: Welcome to Nevada Medicaid!

New Provider Orientation courses are available on a bi-weekly basis to providers who are new to Nevada Medicaid. New providers are encouraged to enroll for the sessions, which will explain the following:

- Navigating the Medicaid Provider Web Portal
- Enrolling for the Electronic Verification System (EVS)
- Understanding the benefits of electronic billing
- Information about the assistance that Provider Services Field Representatives offer to providers
- Future training opportunities

The Provider Services Field Representatives look forward to meeting new providers. Register to attend a New Provider Orientation session at the 2017 Nevada Medicaid Provider Training Registration Site. For additional information, send an email to NevadaProviderTraining@hpe.com.

Skilled Nursing Facility Provider Tax: New Way to Submit Monthly Reports

All Free-Standing Nursing Facilities licensed in Nevada are required by NRS 422.3755 to pay a fee assessed by the Division of Health Care Financing and Policy (DHCFP) to increase the quality of nursing care. Each facility currently receives a template each month with their tax rate, which they fill out, sign and send back to DHCFP. It will soon be easier to submit the monthly report for Provider Tax through DocuSign®.

Beginning July 1, 2017, DHCFP will send a link each month to all Free-Standing Nursing Facilities in Nevada that will direct them to their reporting form in DocuSign to submit and sign their reports in just two easy steps. Once the facility representative clicks on the link for their report, they will enter all pertinent information on the invoice report and, next, the report will be automatically sent via email to the authorized signer for the facility. Once the authorized signer has verified the information and has signed off, the report will be sent directly to DHCFP. The facility representative will not need to print the report for signature or email the document.

Training for all new and existing providers for the Provider Tax program will be held Wednesday, June 21, 2017, at 2:00 p.m., which will walk providers through the new step-by-step process for the submittal of the reports using DocuSign. For more information on Provider Tax, visit the DHCFP website at http://dhcfp.nv.gov/Resources/Rates/RatesSupplementalPymt1/. Additional information, including registration instructions, regarding the training will be sent to all facilities via email. All training questions can be directed to Kelly Frantz at k.frantz@dhcfp.nv.gov.

Attention Provider Types 64 and 65:

Prior Authorization Required for Hospice Services

Per the Division of Health Care Financing and Policy (DHCFP) Public Hearing held on February 23, 2017, prior authorization is required for admission to hospice services effective with dates of service on or after March 1, 2017. The hospice agency is not reimbursed for hospice services unless all signed paperwork has been submitted to Hewlett Packard Enterprise and prior authorization has been obtained. It is the responsibility of the hospice provider to ensure that prior authorization is obtained for services unrelated to the hospice benefit. Please review the policy in Medicaid Services Manual (MSM) Chapter 3200 - Hospice.

A Hospice Prior Authorization request form (FA-95) has been posted on the Provider Forms webpage under Hospice Forms. Hospice forms FA-92 (Election Notice – Adults) or FA-93 (Election Notice - Pediatrics), and FA-94 (Hospice Program Physician Certification of Terminal Illness) must be submitted with FA-95 (the prior authorization request). For extended hospice services past twelve (12) months, FA-96 (Extended Care Physician Review Form) must be submitted with FA-95.

Hospice PAs must be submitted through the Provider Web Portal.

The Hospice Provider Training presentation posted on the Provider Training webpage in the Workshop Materials table provides information regarding the new policy, use of the forms and submitting the authorization requests through the Provider Web Portal. For additional assistance with submitting PAs through the Provider Web Portal, please contact the Provider Services Field Representative staff by sending an email to NevadaProviderTraining@hpe.com.

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. Select “Resources” and then select “Telephone Directory” for the telephone number of the Administration Office you would like to contact.