Nevada Medicaid and Nevada Check Up News

Volume 18, Issue 2
Second Quarter 2021

Inside This Issue:

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers $1,148,645,076.58 in claims during the three-month period of January, February and March 2021. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

Help Nevada Medicaid Improve Low COVID-19 Vaccination Rates

As of May 20, 2021, only 15.8% of the Nevada Medicaid recipients in both Fee-for-Service (FFS) and Managed Care have received at least one COVID-19 vaccination. In the general population, 39.5% have received at least one dose. The Nevada Department of Health and Human Services is asking providers to encourage their patients to get fully vaccinated against COVID-19 and to assist in directing them on where to go to get vaccinated. With help from Nevada's providers, these COVID-19 vaccination rates can be improved.

The Nevada Medicaid provider website has posted several Web Announcements with flyers to help recipients find out which COVID-19 services are covered by Nevada Medicaid, how to make a COVID-19 vaccination appointment, how to find transportation to get vaccinated, and more. Helpful information is included in Web Announcements 2485, 2475, 2450, 2424 and 2409.

Other resources that provide COVID-19 flyers include:

- Immunize Nevada has COVID-19 flyers available at www.NVCOVIDfighter.org, under Partner Resources.
- The Centers for Disease Control and Prevention (CDC) has COVID-19 Communication Resources at www.cdc.gov/coronavirus/2019-ncov/vaccines/resource-center.html.

Patients Without Insurance Who Need COVID-19 Services

Providers might have patients who do not have insurance or are underinsured, but also need COVID-19 services. Below are several programs and resources that can assist.

- Nevada Medicaid / Nevada Check Up – If a patient is of low-income, they might qualify for Nevada Medicaid – Fee-for-Service or Managed Care or Nevada Check Up. All applications must be submitted through the Nevada Division of Welfare and Supportive Services (DWSS) Access Nevada at https://accessnevada.dwss.nv.gov.
- Nevada Medicaid – "COVID-19 Temporary" aid code. This aid category is only available from 3/18/2020 to the end of the public health emergency. In order to be eligible, the person must be uninsured. Services are limited to Evaluation and Management (E/M) assessments, diagnostic and serology antibody testing, and chest x-rays. This does not include any coverage for COVID-19 treatment or vaccine administration. All applications must be submitted through DWSS Access Nevada at https://accessnevada.dwss.nv.gov.

Continued on page 2

Patients Without Insurance Who Need COVID-19 Services

Continued from page 1

- Nevada Medicaid – "Emergency Medicaid Only" aid code. This aid category is only for non-citizens and only covers the treatment of a sudden onset of an emergency condition. An emergency condition means a medical condition (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: 1) Placing the person's health in serious jeopardy; 2) Serious impairment to bodily functions; or 3) Serious dysfunction of any bodily organ or part. Non-citizens can apply on a monthly basis through DWSS Access Nevada at https://accessnevada.dwss.nv.gov or during a medical emergency.
- Nevada Health Link – Nevadan's can search and apply for health plans that fit their needs. Open enrollment closes on August 15, 2021. The website is: https://nevadahealthlink.com.
- Federally Qualified Health Centers (FQHCs) – FQHCs serve underserved areas and populations. They accept insurance or offer a sliding fee scale for those that are uninsured. All Nevada FQHCs can be found at www.nvpca.org/health-centers.
- Volunteers in Medicine of Southern Nevada – Volunteers in Medicine provides care and support at no cost to people of low-income with jobs that do not include insurance. Located in Las Vegas only. Visit: www.vmsn.org.
- Access to Healthcare Network – Access to Healthcare Network is not insurance but provides healthcare services at a discounted cost. Visit: www.accesstohealthcare.org.
- Health Resources Services Administration (HRSA) – COVID-19 Uninsured Program. HRSA will provide claims reimbursement to health care providers generally at Medicare rates for testing, vaccinating and treating uninsured individuals. For more information on this program, please visit www.hrsa.gov/coviduninsuredclaim.
- U.S. Department of Health and Human Services / HRSA – COVID-19 Coverage Assistance Fund. HHS through HRSA has announced a new program to cover the cost of administering the COVID-19 vaccine to patients enrolled in health plans that either do not cover vaccination fees or cover them with patient cost-sharing. Details are available at www.hhs.gov/about/news/2021/05/03/hhs-launches-new-reimbursement-program-for-covid19-vaccine-adminsitration-fees-not-covered-by-insurance.html.

Claims and Claims Appeals Submission Reminders

Claims and Claims Appeals Must Be Submitted Electronically:

Providers are reminded that with the implementation of the modernized Medicaid Management Information System (MMIS) on February 1, 2019, all claims and claims appeals **must** be submitted electronically to Nevada Medicaid. Nevada Medicaid no longer accepts paper claims and paper claims appeals. Providers who have partnered with outsourced billing agencies/vendors are encouraged to ensure that claims are submitted electronically.

Claims and claims appeals submitted on paper are securely destroyed and no longer returned to providers or their vendors.

The Electronic Verification System (EVS) User Manual Chapter 1 Getting Started and Chapter 3 Claims provide the instructions for submitting claims and appeals electronically. The Formal Claim Appeal Request form (FA-90) is located on the Providers Forms webpage. The Electronic Data Interchange (EDI) Companion Guides provide instructions for submitting electronic transactions.

Claims Submission Time Frame Reminders:

Providers are required to submit claims to Nevada Medicaid within the specific time frame set by Medicaid. To be considered timely, claims must be received by Nevada Medicaid within 180 days from the date of service or the date of eligibility decision, whichever is later. For out-of-state providers or when a third-party resource exists, the timely filing period is 365 days.

Please note that the timely filing period is not extended on appropriately denied claims. Stale date criteria are strictly adhered to whether the claim is initially received or being appealed for a stale date override.

Providers are responsible for submitting clean, accurate and complete claims to ensure accurate payment within Medicaid time frames.

For additional information, please refer to "What is the timely filing (stale date) period?" in Chapter 7: Frequently asked billing questions in the Billing Manual for Nevada Medicaid and Nevada Check Up.

Register Now for Upcoming Provider Training Sessions

Providers are invited to attend the provider training sessions that are scheduled throughout 2021. The following sessions are open to all provider types and are offered each month throughout the year:

- The **New Provider Orientation** virtual workshop includes a high-level overview of the Nevada Medicaid program, website navigation including locating billing information, forms and other helpful resources, getting started on the Electronic Verification System (EVS) and an overview of the EVS secure Provider Web Portal. New and current providers may attend.
- The **Reading a Remittance Advice** training session reviews the basics for viewing and reading a remittance advice.
- The **Claims Appeals, Adjustments and Voids** session includes how to properly appeal a denied claim, adjust or void a previously paid claim and locate valuable resources on the Nevada Medicaid website.
- The **Individual Revalidation and Changes** and **Group Revalidation and Changes** sessions include step-by-step instructions on how to properly fill out the Revalidation/Change applications located in the Electronic Verification System (EVS).
- The **Professional Secondary Claims** and **Institutional Secondary Claims** sessions include a high-level overview of how to submit Medicare crossover claims and claims with Third Party Liability (TPL).

The Training Announcements section on the Provider Training webpage lists all web announcements published regarding upcoming sessions. The website Calendar lists each session with a link to the announcement that describes the content of the training. Register to attend provider training by using the following link: 2021 Provider Training Registration Website.

Updates to Provider Web Portal Regarding Registration, Report Downloads and Inactive Delegate Accounts

Provider Web Portal Registration Process:

Registering for Provider Web Portal (PWP) access is required for providers to be able to use the secured features of the PWP and is a separate registration process from enrolling as a Nevada Medicaid provider. The PWP relies on the Nevada Medicaid Management Information System (MMIS) to validate whether the user/provider is permitted access.

Only one provider registration will have the ability to assign delegate access. Upon completion of the PWP registration, the provider will have the ability to assign delegates to perform secure transactions on the provider's behalf. Providers are responsible for maintaining their account, delegate access and updating the user profile as necessary.

For more information and instructions regarding the PWP registration process, refer to the Electronic Verification System (EVS) User Manual Chapter 1 Getting Started.

Use Report Download Feature to Obtain Copy of Nevada Medicaid Contract:

The Nevada Medicaid and Nevada Check Up Provider Web Portal allows providers, or their delegates, the ability to download and print out provider contracts, letters and documents using the Report Download page.

For more information and detailed instruction on how to use the Report Download feature, refer to the Electronic Verification System (EVS) User Manual Chapter 10: Report Download. The instructions will assist providers in obtaining a copy of their contract to keep on file.

Inactive Delegate Accounts on the Provider Web Portal Disabled:

Effective on and after May 17, 2021, inactive delegate accounts on the Provider Web Portal (PWP) are disabled. Delegate accounts are considered inactive when the last log in date is greater than 60 days from the current date. After 60 days of inactivity, the delegate account will be disabled and the user will not be able to log into the PWP. To regain access to the PWP, the delegate will be required to have their provider or administrator update their delegate status from inactive to active.

For more information on managing provider/delegate accounts, refer to Electronic Verification System (EVS) User Manual Chapter 1: Getting Started.

Authorized User Information Update in Online Provider Enrollment Application:

Effective April 19, 2021, Nevada Medicaid added to the Online Provider Enrollment application fields which require input of the Authorized User's date of birth (DOB) and Social Security Number (SSN). The Authorized User is the person designated to make changes to the provider's enrollment status and billing information.

Top Prior Authorization Denial Reasons for the First Quarter of 2021

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent have reviewed all prior authorization (PA) submissions and have compiled a list of the top reasons for which prior authorizations were denied in the first quarter of 2021. The table below lists the top denial reasons for prior authorizations and instructions to providers on how to avoid future prior authorization denials.

Denial Reason Description	Suggested Action to Avoid Future Denials
Request does not meet medical necessity criteria **OR** Requested service does not meet DHCFP necessity criteria **OR** Medical information provided does not meet medical necessity criteria	Providers should review their Provider Type Medicaid Services Manual Policy Chapter as well as their Provider Type Billing Guidelines and generally accepted standards of care. Providers must document all relevant clinical aspects that should be considered when reviewing the request for medical necessity.
Additional information request not received **OR** Preauthorization request rejected	Providers **must** review their prior authorization requests in the Electronic Verification System (EVS) portal. Providers should check the portal frequently; if a PA is in a "Pending" status, please review the notes to determine if additional information has been requested. Providers can review Chapter 4: Prior Authorization of the EVS User Manual in order to learn about how to review the status of a PA as well as additional information regarding submitting additional documents that are requested by Nevada Medicaid.
Recipient is no longer eligible for coverage **OR** Recipient not eligible on requested dates of service	Providers should review the recipient's eligibility information prior to PA submission. This is done through the EVS portal. Review Chapter 2: Eligibility Benefit Verification of the EVS User Manual for more information.
Late notification; prior authorization timelines not met	Prior authorization was submitted outside of timely filing rules and Nevada Medicaid is unable to accept any requests that are not within the appropriate time frame. Providers should review Chapter 4 of the Nevada Medicaid Billing Manual for prior authorization timely filing information.
Invalid preauthorization request form submitted **OR** Resubmit request with a current form	Providers should review their Provider Type Billing Guidelines for more information regarding which form should be submitted. Providers must also review the Forms Page to determine that the most current version of a form is being used.
Documentation Illegible	Providers must submit documentation, forms, notes, etc., that are legible by Nevada Medicaid in order to have their PA request reviewed. Providers should review all information submitted to verify if documentation is legible and resubmit with legible information.

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, then Option 0 and then Option 2 for claim status. 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 "Resources" and then select "Telephone Directory" for the telephone number of the Administration Office you would like to contact.