

# Nevada Medicaid and Nevada Check Up News



Division of Health Care Financing and  
Policy (DHCFP)

HP Enterprise Services  
(HPES)



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## Ordering, Prescribing and Referring (OPR) Providers Will Be Required to Enroll with Individual NPI

Effective August 18, 2014, the Division of Health Care Financing and Policy is implementing the requirement for Ordering, Prescribing and Referring (OPR) providers to be enrolled in Nevada Medicaid.

One of the basic enrollment requirements for Ordering, Prescribing and Referring (OPR) providers is that the provider's National Provider Identifier (NPI) must be for an individual physician or non-physician practitioner (not an organizational NPI).

If providers do not have an individual NPI, they will need to obtain one before enrolling as an OPR provider. The federal government issues NPIs for health care providers. Please visit the following website for NPI information: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

Please refer to the Frequently Asked Questions (FAQs) for Ordering, Prescribing and Referring Providers for additional details regarding the requirements and the implementation. The FAQs are available at the following link [Ordering, Prescribing and Referring Provider Enrollment Frequently Asked Questions](#) and are also posted on the Provider Enrollment and Pharmacy Announcements webpages at [www.medicaid.nv.gov](http://www.medicaid.nv.gov).

### **Attention Pharmacies: How the OPR Requirements will affect you:**

The practitioner writing a prescription for a Medicaid Fee-for-Service recipient will need to be enrolled as a full Medicaid service provider or an OPR-only provider by October 15, 2014.

To comply with these provisions, Nevada Medicaid, with the implementation of the OPR claims adjudication process, will verify both the presence of a valid practitioner NPI and the practitioner's enrollment in Nevada Medicaid as either a full Medicaid service provider or an OPR-only provider. Pharmacy claims will post a soft edit 30 days prior to the implementation date informing the billing provider if the NPI for the prescriber is not present or if the prescriber is not enrolled in Nevada Medicaid. Effective on and after the implementation date, if the prescriber does not have prescriptive authority or if the prescriber is not enrolled as a full Nevada Medicaid service provider or an OPR-only provider, then the edit will result in a claim denial. If a claim hits the soft edit, pharmacies should notify the recipient to contact their prescriber because after implementation their claims will deny.

# Nevada Incentive Payments Program for Electronic Health Records (EHR)

## What is the Nevada Incentive Payments Program for Electronic Records?

Currently, the federal government, through the Centers for Medicare & Medicaid Services (CMS), is encouraging eligible professionals (EPs) to transition to Electronic Health Records systems by providing *financial incentives of up to \$63,750 for Medicaid providers* as they adopt, implement, upgrade or demonstrate meaningful use of certified systems. The Nevada Incentive Payments Program for Electronic Records is part of this program through the Division of Health Care Financing and Policy (DHCFP) and, as of June 4, 2014, has paid a total of 337 providers and 27 hospitals more than *\$34 million* through this program. Additionally, a total of 147 providers have successfully passed the post-payment audit. No payments have been held or withdrawn as a result of audits performed by Nevada Medicaid.

Medicaid providers can receive their first year's incentive payment for adopting, implementing or upgrading certified EHR technology:

- Adopting – Purchasing a certified EHR system;
- Implementing – Beginning implementation of a previously purchased certified EHR system; or
- Upgrading – Purchasing or implementing an upgraded version of a certified system.

During this first year, you only need to obtain a certified EHR system and get it ready for implementation of meaningful use or upgrade an existing certified system. And of course, you need to meet the minimum participation percentage of Medicaid patients. The first year's EHR incentive payment is \$21,250 if you have a minimum of 30% Medicaid patient volume.

However, Medicaid providers must demonstrate meaningful use in subsequent years in order to qualify for additional payments.

## What is an Electronic Health Record?

An electronic health record (EHR) — sometimes called an electronic medical record (EMR) — allows healthcare providers to record patient information electronically instead of using paper records. However, EHRs are often capable of doing much more than just recording information. The EHR Incentive Program asks providers to use the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care.

## Do I qualify for the program?

The program has many resources to assist providers in determining if they might be eligible to participate as well as identify the participation requirements.

Eligible provider types include:

- Physicians
- Nurse Practitioners
- Certified Nurse Mid-Wives
- Dentists
- Physician Assistants (furnishing services in a Federally Qualified Health Center, Rural Health Clinic, or Indian Health Programs Center led by a Physician Assistant)
- Acute Care/Critical Access/Cancer/Children's Hospitals

Find out if you might be eligible for this program by visiting: <http://www.browserspring.com/widgets/cms/test.html>.

## What are my next steps?

### Learn:

Read more about the Nevada Incentive Payments Program for Electronic Records by visiting: <https://dhcfp.nv.gov/EHRIncentives.htm> or <https://www.cms.gov/EHRIncentivePrograms>

### Register:

1. Enroll in the program at CMS' EHR Incentive Program registration website: <https://ehrincentives.cms.gov/hitech/login.action>
2. Enroll at the State site through the Nevada Medicaid Provider Web Portal: <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>

### Other Resources:

EHR Program Support: (888) 639-3452 or  
[NV\\_Support@NVEHRSupport.com](mailto:NV_Support@NVEHRSupport.com)

CMS Helpline: (888) 734-6433 (7:30 a.m. – 6:30 p.m. (Central Time)  
Monday through Friday,  
except federal holidays)

CMS Information site: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

CMS EHR FAQs: <https://questions.cms.gov/faq.php?id=5005&rtopic=1979>

Nevada HIT: Email your questions to:  
[NevadaHIT@dhcfp.nv.gov](mailto:NevadaHIT@dhcfp.nv.gov)

REC - HealthInsight: (800) 483-0932

DHCFP Website: <https://dhcfp.nv.gov/EHRIncentives.htm>

## Verify Recipient Eligibility Before Submitting Prior Authorization

Providers are reminded to verify recipient eligibility before submitting a prior authorization request.

Providers may now perform an eligibility inquiry through the Provider Web Portal online prior authorization system using CAQH CORE Service Type codes and receive eligibility responses that include the CAQH CORE Service Type codes. [Web Announcement 688](#) provides the steps for performing an eligibility inquiry in the Provider Web Portal using CAQH CORE Service Type codes.

The other options available to providers for verifying recipient eligibility are:

- **Electronic Verification System (EVS):** To access EVS, visit the Nevada Medicaid website at [www.medicaid.nv.gov](http://www.medicaid.nv.gov). Select the “EVS” tab to review the User Manual and to register or login to EVS. EVS is available 24 hours a day, 7 days a week, except during maintenance periods. For assistance with obtaining a secured login, contact the HP Enterprise Services Field Representatives at [NevadaProviderTraining@hp.com](mailto:NevadaProviderTraining@hp.com) or by calling (877) 638-3472. Select option 2 for provider, then option 0, then option 4 for Provider Training.
- **Automated Response System (ARS):** To access ARS, call (800) 942-6511. The ARS provides eligibility information via the phone. Your NPI/API is required to log on.
- **Swipe Card System:** To implement a swipe card system, please contact a swipe card vendor directly. Vendors that are certified to provide this service are listed in the Service Center Directory located on the [Electronic Claims/EDI](#) webpage.

During periods when the above tools are not functioning, providers may contact the Customer Service Center by calling (877) 638-3472. Select option 2 for provider, then option 0, then option 2. Please have your servicing NPI, or API, recipient’s Medicaid ID and date of service for the claim available.

## *Updates to the Provider Web Portal Online Prior Authorization System Improve User Experience*

The Provider Web Portal online prior authorization system is updated periodically with expanded features and options to improve the user experience. Please review the following web announcements to learn about the recent updates:

- [Web Announcement 754](#): “Authorization Status” has been removed from the View Authorization Status search options. This was done because prior authorization requests can have multiple service lines that often have different statuses, so this search was not always able to locate the desired prior authorization request.
- [Web Announcement 755](#): New Authorization and Service/Facility Type Options have been added to the Authorization Type drop-down list.
- [Web Announcement 756](#): Additional special characters are allowed in the Medical Justification field.
- [Web Announcement 760](#): The View Original Request page for inpatient prior authorizations will now display the service line “from” and “through” dates.

### Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$515,496,247.20 in claims during the three-month period of January, February and March 2014. Nearly 100 percent of current claims continue to be adjudicated within 30 days. DHCFP and HPES thank you for participating in Nevada Medicaid and Nevada Check Up.

## PayerPath Claim Submission Training

The HP Enterprise Services' Electronic Data Interchange (EDI) department has scheduled virtual room training sessions for providers who have recently signed up to use PayerPath for their Nevada Medicaid claim submissions. This training will cover claim set up, submission, reviewing your claims, reporting and remittance advice review.

In order to participate in the training, you will need to select a date from the calendar below for the claim form you use and send in your request with your name, National Provider Identifier (NPI) and contact information to the following email address: [nvmmis.edisupport@hp.com](mailto:nvmmis.edisupport@hp.com). Please send in your request at least 5 days prior to the training you have selected as space is limited. If you have any questions, please call the EDI department: (877) 638-3472, option 2, option 0 and option 3.

A confirmation email will be sent to you with the conference line for the training as well as the link you will use to access the virtual room for the training session.

Web announcements posted at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) will provide additional PayerPath training dates scheduled for 2014.

Claim Form	Day	Date	Time*
ADA	Wednesday	July 23	7 to 8 a.m.
CMS-1500	Thursday	July 24	7 to 8 a.m.
UB	Tuesday	July 29	7 to 8 a.m.
CMS-1500	Wednesday	July 30	7 to 8 a.m.
CMS-1500	Tuesday	August 5	7 to 8 a.m.
ADA	Thursday	August 7	3 to 4 p.m.
UB	Tuesday	August 12	7 to 8 a.m.
CMS-1500	Wednesday	August 13	7 to 8 a.m.

\*All times indicated are Pacific Time (PT).

## *Provider Services Field Representative Team Territories Updated*

The HP Enterprise Services (HPES) Provider Services Field Representatives are available to assist providers one-on-one with your Nevada Medicaid issues. The Field Representatives are assigned to providers based upon the zip code of your servicing National Provider Identifier (NPI) or Atypical Provider Identifier (API), or your provider type. The assignments have recently been restructured to provide more focused assistance and improve the overall experience. Please see the attached updated "[Provider Services Field Representative Team Territories](#)" to determine which Field Representative is assigned to you.

Providers may contact their assigned field representative by telephone or email ([NevadaProviderTraining@hp.com](mailto:NevadaProviderTraining@hp.com)) with inquiries. On-site visits at your Nevada professional place of business and virtual room sessions can also be scheduled by contacting your field representative. Requests for on-site visits should be made at least two weeks in advance. Please allow a minimum of 48 hours for telephone calls and emails to be returned. In addition, the Customer Service Call Center and scheduled training courses remain available to you and your staff members.

<b>Rep Name: Jennifer Shaffer</b>		<b>Phone: 775-313-2811</b>	
<b>Assignments:</b>		<b>Hospital and facility provider types:</b>	
<ul style="list-style-type: none"> <li>• All hospitals and facilities statewide</li> <li>• All out-of-state providers</li> </ul>		<ul style="list-style-type: none"> <li>• 10</li> <li>• 11</li> <li>• 12</li> <li>• 19</li> <li>• 56</li> <li>• 65</li> <li>• 75</li> </ul>	

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<b>Rep Name: Ismael Lopez-Ferratt</b>		<b>Phone: 702-334-1622</b>	
<b>Assignments:</b>		<b>Provider types:</b>	
<ul style="list-style-type: none"> <li>• All Behavioral Health providers statewide, including Substance Abuse Agency Model (SAAM) providers, Psychiatric Hospitals-Inpatient and Residential Treatment Centers</li> </ul>		<ul style="list-style-type: none"> <li>• 13</li> <li>• 14</li> <li>• 17 Specialty 215</li> <li>• 26</li> <li>• 63</li> <li>• 82</li> </ul>	

<b>Rep Name: Kim Teixeira</b>		<b>Phone: 775-323-9667</b>					
<b>Assignments:</b>							
<ul style="list-style-type: none"> <li>• All provider type 47s – Indian Health Services (IHS) and Tribal Clinics statewide</li> <li>• All provider type 60s – School Based statewide</li> <li>• Plus the following Northern Nevada zip codes:</li> </ul>							
89301	89407	89426	89440	89451	89511	89703	89822
89310	89408	89427	89441	89460	89512	89704	89825
89311	89410	89429	89442	89501	89519	89705	89832
89314	89415	89430	89444	89502	89521	89706	89835
89316	89419	89431	89445	89503	89523	89801	89883
89317	89421	89433	89447	89506	89557	89815	
89403	89423	89434	89448	89508	89701	89820	
89406	89424	89436	89449	89509	89702	89821	

### Southern Nevada Field Representatives (Las Vegas Area):

<b>Rep Name: Hasani Jackson</b>		<b>Phone: 702-239-4933</b>	
89031	89106	89129	89144
89032	89107	89130	89145
89081	89108	89131	89149
89084	89110	89134	89156
89085	89115	89138	89166
89086	89124	89142	89178
89101	89128	89143	89193

<b>Rep Name: Tiffani Hart</b>		<b>Phone: 702-266-6923</b>		
89001	89014	89030	89049	89120
89002	89015	89040	89052	89121
89003	89018	89041	89060	89122
89005	89020	89042	89074	89123
89008	89021	89043	89103	89141
89011	89025	89044	89104	89169
89012	89027	89045	89109	89183
89013	89029	89048	89114	

<b>Rep Name: Jassamine Haughton</b>		<b>Phone: 702-274-6616</b>	
89102	89118	89139	89148
89113	89119	89146	89179
89117	89135	89147	

## PERM CYCLE 3 Resource: Provider Webpage Created by CMS

The Centers for Medicare & Medicaid Services (CMS) has created a webpage for the purpose of providing learning opportunities and information for providers of Medicaid and Children’s Health Insurance Program (CHIP) services about the Payment Error Rate Measurement (PERM) program and process. Providers may access the PERM website at: <http://cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html>.

This webpage contains downloadable material and related links such as:

- Provider Education Frequently Asked Questions (FAQ)
- PERM Overview for Providers
- CMS PERM State Contact List
- PERM: Responding to Medical Records/Documentation Requests



The Division of Health Care Financing and Policy (DHCFP) advises all Medicaid and Chip providers to take advantage of this valuable resource offered by CMS.

## Claim Form Submission Reminders

Please review the following reminders when submitting claims to HP Enterprise Services to help ensure your claim is processed quickly and correctly:

- The 2012 ADA Claim Form must be used effective May 1, 2014. The 2006 ADA Claim form is not accepted.
- The CMS-1500 (02-12) Claim Form must be used effective May 3, 2014. The CMS-1500 (version 08/05) is not accepted.
- Valid ICD-9 diagnosis codes and/or principal diagnosis codes are required on all paper and electronic CMS-1500, UB and ADA claims submitted by any provider type.
- On the CMS-1500 (02-12) Claim Form:
  - ⇒ In Field 24E, the Diagnosis pointers must be alpha characters.
  - ⇒ In Field 30, the space is labeled as reserved for NUCC use, but the **Balance Due is required**.
- Claims on the 2012 ADA form will deny if valid diagnosis codes and diagnosis pointers (Fields 29a and 34a) and place of treatment codes (Field 38) are not included on the claim.
- Please refer to the claim form instructions posted on the Provider Billing Information webpage at [www.medicaid.nv.gov](http://www.medicaid.nv.gov).
- Electronic billers: Refer to the Companion Guides available on the [Electronic Claims/EDI](#) webpage.

## Contact Information

If you have a question concerning the manner in which a claim was adjudicated, please contact HPES by calling (877) 638-3472, press option 2 for providers, then option 0, then option 2 for claim status.

If you have a question about Medicaid Service Policy or Rates, you can go to the DHCFP website at <http://dhcfp.nv.gov>. Under the “DHCFP 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.