Nevada Medicaid and Nevada Check Up News

Division of Health Care Financing and Policy (DHCFP)

HP Enterprise Services (HPES)

Volume 12, Issue 2
Second Quarter 2015

Inside This Issue:

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid claims totaling $782,663,987.19 to providers during the three-month period of January, February and March 2015. 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.

Hospital Presumptive Eligibility Annual Training Calendar Dates and Sign-up Guidelines

The Division of Welfare and Supportive Services (DWSS) will be conducting Hospital Presumptive Eligibility (HPE) trainings for providers who would like to participate in the Hospital Presumptive Eligibility determination process. The HPE trainings will be held on a quarterly basis. The next three-day training sessions are scheduled for:

Northern Nevada DWSS – Carson City District Office 2533 N. Carson St. Carson City, NV 89706	**Southern Nevada** DWSS - Southern Professional Development Center 701 N Rancho Rd Las Vegas, NV 89107
August 10 – August 12	August 10 – August 12
October 19 – October 21	October 21 – October 23

In an effort to maximize state resources, as training time and space is very limited, it has been requested by DWSS that the minimum requirements be established as follows:

- In order to qualify for HPE enrollment training, Addendums and sign-up sheets must be completed, signed by the Hospital Administrator and approved by the Division of Health Care Financing and Policy (DHCFP) 10 business days prior to the date of the requested training. If the 10-day deadline is not met, the provider will need to wait to sign up for the next available training session.
- A minimum enrollment of 5 individuals is required for the training to be held, not to exceed 18 attendees (Northern Nevada) and 15 attendees (Southern Nevada).
- If the minimum class size cannot be met in either Northern Nevada or Southern Nevada, the provider will have the option of sending their attendees to the location that has the largest attendance. For instance, if there are 3 individuals registered to attend the Northern class and 10 individuals are registered for the Southern class, the training will be held in the South and the provider has the option of sending the attendees from the North to the location in the South or waiting for the next quarterly training.

The HPE Provider Addendum and the associated training sign-up sheet can be found on the Provider Enrollment webpage at www.medicaid.nv.gov. Please ensure all registration information is submitted to DHCFP@DHCFP.nv.gov within 10 business days prior to the date of each training session.

Once your registration has been approved, a confirmation email will be sent to you regarding the time and location of the training.

If you have any questions or concerns, please contact Ashley Barton at ashley.barton@dhcfp.nv.gov.

Services for Children with Autism Spectrum Disorder

On July 7, 2014, the Centers for Medicare & Medicaid Services (CMS) released guidance (CIB 07-07-2014) on approaches available under the Medicaid program for providing medically necessary diagnostic and treatment services to children with Autism Spectrum Disorder (ASD). CMS is not singling out Applied Behavior Analysis (ABA) or any other specific treatment in its directive to states, but is indicating the services must be comprehensive and include behavioral intervention.

The Nevada Division of Health Care Financing and Policy (DHCFP) is proposing coverage for ABA services for categorically needy individuals under age 21, identifying Early and Periodic Screening, Diagnostic and Treatment (EPSDT) as the coverage authority. Currently, Nevada Medicaid covers screenings under EPSDT. See Web Announcement 892 for details.

The DHCFP is taking the following steps:

- A series of workshops were held to gain stakeholder input on ABA policy development of medical coverage policy, reimbursement and provider qualifications. The workshop agendas and associated materials can be found on the DHCFP website at: https://dhcfp.nv.gov/Public/Home.
- Ongoing information regarding the medical coverage policy development for ABA services can be found on the DHCFP ABA webpage at: https://dhcfp.nv.gov/Pgms/CPT/ABA.
- A Public Hearing will be held on the State Plan Amendment (SPA) and medical coverage policy with an anticipated effective date for the first quarter of Calendar Year 2016.
- Policy and Rates SPA's will be submitted for CMS approval. CMS has 90 days for comment.
- Provider enrollment training sessions were held in June 2015.

Upcoming Activities:

- ABA provider enrollment and credentialing began July 1, 2015.
- A Rates Workshop was held on July 1, 2015. If you missed it, the past Agendas, Minutes and Meeting Materials are available on the DHCFP Public Notices webpage at https://dhcfp.nv.gov/Public/Home.
- Prior authorization and billing training sessions will be scheduled for the fall of 2015.

ICD-10 Testing and Information for October 1, 2015, Implementation

As Nevada Medicaid approaches the ICD-10 implementation on October 1, 2015, trading partners and providers are asking about testing with Nevada Medicaid. Trading partners and providers who are interested in testing ICD-10 claim transactions may contact HP Enterprise Services (HPES) at nvicd10testing@hp.com and HPES will send additional testing information. Testing began the week of July 6, 2015.

Trading partners and providers are encouraged to test prior to the federal mandate date for ICD-10, which is October 1, 2015. It is critical that trading partners and providers test with Nevada Medicaid prior to the mandated date to ensure readiness for all parties and reduce the impact of this implementation for all parties.

Providers who use a clearinghouse to submit claims are encouraged to contact their clearinghouse to make sure they test with HPES prior to the mandated date for ICD-10.

ICD-10 Facts

- Federal mandate under Health Insurance Portability and Accountability Act (HIPAA) regulations
- National impact: mandatory for all HIPAA-covered entities such as hospitals, physicians, dental providers, long-term care providers, DME providers, small provider offices, laboratories, clearinghouses, hardware/software vendors and billing agencies
- **Mandatory compliance date October 1, 2015**

Web Portal Enhancements Continue to Improve Provider Experience

The Provider Web Portal has been modified with enhancements that are improving the prior authorization and billing experience for providers.

Recently, security modifications have been added to the Provider Web Portal to enhance security settings and update password requirements. See Web Announcement 919 for the details and instructions, which have also been added to Chapter 1 of the Electronic Verification System (EVS) User Manual.

The most recent enhancement allows providers to submit the following forms online using the new "Upload Files" page on the Provider Web Portal:

- FA-17 Adult Day Health Care Services Prior Authorization Request
- FA-21 PASRR and LOC Data Correction Form
- FA-24 Personal Care Services (PCS) Prior Authorization/PCS Assessment Forms
- FA-24A Coordination of Hospice and Waiver or Personal Care Services (PCS)
- FA-24B Legally Responsible Individual (LRI) Availability Determination for the Personal Care Service Program
- FA-25 Handicapping Labiolingual Deviation (HLD) Index Report
- FA-26 Client Treatment History Report (For Medicaid Orthodontic Treatment)
- FA-26A Dental History Request
- FA-29 Prior Authorization Data Correction Form
- FA-31A Provider Re-Enrollment Application Packet (Individuals)
- FA-31B Provider Re-Enrollment Application Packet (Group/Facilities)
- FA-31C Provider Initial Enrollment Application Packet (Individuals)
- FA-31D Provider Initial Enrollment Application Packet (Group/Facilities)
- FA-31E Provider Enrollment Application for Ordering, Prescribing, Referring (OPR) Providers
- FA-32 Electronic Funds Transfer Agreement
- FA-33 Provider Information Change Form
- FA-34 Written Notice of Provider Termination
- FA-35 Electronic Transaction Agreement for Service Centers
- FA-36 Service Center Operational Information
- FA-37 Service Center Authorization
- FA-39 Payerpath Enrollment
- FA-60 MAC Pricing Appeal Form

See Web Announcement 938 and the new EVS User Manual Chapter 8 for additional information and instructions for uploading forms using the Provider Web Portal.

Other useful enhancements made to the Provider Web Portal earlier this year that are available on the unsecured and secured areas of the Provider Portal include:

- "Authorization Criteria": Providers and their delegates have the ability to search criteria for prior authorization requirements for a procedure or revenue code based on provider type and specialty.
- "Search Fee Schedule": Providers and their delegates have the ability to search fee schedules online. See the new EVS User Manual Chapter 6 for full instructions.
- "Search Providers": Users have the ability to find other Nevada Medicaid participating providers. See the new EVS User Manual Chapter 7 for full instructions.

The above enhancements can be accessed by selecting the "HPES Login" page from the "EVS" tab at www.medicaid.nv.gov.

In the secure area of the Provider Web Portal, providers may use the "View Authorization Response" feature. After logging in to the Provider Web Portal, users may see additional prior authorization denial information, the dates and units requested by the provider, as well as all of the diagnosis, service lines and attachments added since the prior authorization was initially submitted.

Please review the current EVS User Manual. It has been updated with information and instructions pertaining to all of the Provider Web Portal enhancements mentioned here.

An upcoming enhancement providers can look forward to utilizing includes the implementation in 2015 of the *Automated, Online Provider Enrollment/Revalidation function.*

- HP Enterprise Services (HPES), in partnership with the Nevada Division of Health Care Financing and Policy (DHCFP), is working on a web-based Provider Enrollment Portal to automate provider enrollment. The Provider Enrollment Portal will allow providers to complete new enrollment, revalidation and provider changes using a web-based application. See web announcements at www.medicaid.nv.gov for more information as the implementation date nears.

Non-Emergency Transportation (NET) Quick Facts

Pursuant to 42 CFR 431.53 and NRS 422.270, non-emergency transportation is provided to Nevada Medicaid recipients, including those enrolled in Fee-for-Service and Managed Care (Amerigroup Community Care or Health Plan of Nevada). The service does not extend to Nevada Check Up recipients. NET transportation is provided to non-emergency Medicaid-covered services, including trips to the pharmacy, and certain Medicaid-covered waiver services, such as Jobs and Day Training. Net services are provided throughout the entire state; out-of-state eligible medical appointments are also accommodated. An overview of Nevada's Medicaid transportation program is as follows:

- Non-emergency transportation requires authorization from Nevada's transportation broker, LogistiCare. Medicaid recipients must call LogistiCare to place a transportation reservation or to receive prior authorization for mileage reimbursement. LogistiCare may be reached 24 hours a day, seven days a week at (888) 737-0833. After an initial reservation with LogistiCare, subsequent reservations can be created online at: https://member.logisticare.com. If your transportation provider is late, you may call "Where's My Ride?" at: (888) 737-0829. Hearing-impaired recipients are able to schedule reservations, or check on the status of their ride, by calling (866) 288-3133.
- Recipients are encouraged to provide LogistiCare with 5 days' notice prior to the date of their appointment. LogistiCare will make every attempt to accommodate a reservation without a 5-day notice, but transportation cannot be guaranteed. Transportation for urgent medical appointments and for discharge from hospitals without a 5-day notice will be provided.
- Transportation service levels include: mileage reimbursement, bus tickets, curb-to-curb, taxi, train, commercial air, and stretcher. Transportation services may also include travel expenses for escorts that are medically necessary for the transport of the Medicaid recipient; the transport of escort(s) for minor children; and the reimbursement of meals and lodging for both the recipient and their escorts.
- LogistiCare can only provide transportation when the recipient is medically stable; that is, the recipient must not require any of the following during transport:
  - ✓ Attendance of any medical personnel including paramedics or emergency medical technicians;
  - ✓ Attachment to any medical apparatus, including those provided for basic life support or advanced life support; or
  - ✓ A recipient that requires observation during transport.

Some exceptions may apply. Contact LogistiCare for a determination of medical suitability.

How do I become a transportation provider?

A transportation vendor may contract with LogistiCare to provide rides to Medicaid recipients to eligible, medical services. LogistiCare reimburses the vendor as prescribed by their mutual agreement. The selective criteria to become an eligible driver are listed below.

- Transportation Companies:
  - ✓ May not have any history of Medicaid/ Medicare fraud or disqualification;
  - ✓ Must be registered to do business and in good standing with the state and local municipality;
  - ✓ Possess and maintain all required licenses and certifications as provided by law; and
  - ✓ Maintain and provide insurance coverage in compliance with state and federal law, in addition to coverage that may be required by LogistiCare.
- Drivers:
  - ✓ Valid driver's license;
  - ✓ Satisfactory driving record;
  - ✓ Clean criminal record;
  - ✓ Pass drug testing; and
  - ✓ Complete required training.
- Vehicles:
  - ✓ Must be owned or leased by the vendor;
  - ✓ Valid registration;
  - ✓ Equipped with a two-way communication system;
  - ✓ Meet various interior and exterior standards as determined by LogistiCare, including safety equipment and signage; and
  - ✓ Comply with the Americans with Disabilities Act, if applicable.
- Insurance:
  - ✓ $2,000,000 coverage that includes General Liability, Automobile Liability, Comprehensive Coverage (including Sexual Abuse and Molestation).

For further information, send an email to LogistiCare at: network@logisticare.com or visit the website at: http://www.logisticare.com/provider-requirements.php

General information and frequently asked questions regarding non-emergency transportation can viewed at: https://memberinfo.logisticare.com.

Condition Prevalence among Nevada HCGP Enrollees

Who We Are

The Nevada Medicaid Health Care Guidance Program (HCGP), launched June 1, 2014, is a Care Management Organization (CMO) that supports providers in their care of qualifying Fee-for-Service (FFS) Medicaid recipients. By offering additional support to patients and their provider, this no-cost program can help improve health outcomes for individuals who live with chronic or medically complex health conditions.

As the HCGP program gains momentum and compiles insight on the managed Medicaid FFS population, the HCGP will be providing providers with updates, program highlights and educational information. With the program under way and in its first year of operation, beneficiary data is being collected and analyzed to provide valuable information.

At a Glance: Nevadan FFS Disease Prevalence

As of February 2015, 37,500 FFS Medicaid beneficiaries have been enrolled in the HCGP.

HCGP statistics as of December 2014:

- 76% of FFS Medicaid beneficiaries in the HCGP can be linked to a PCP or primary care home; 57% of enrolled beneficiaries with behavioral health issues can be linked to a behavioral health specialist.
- 6% of currently enrolled beneficiaries are frequent emergency department users (>3 ED visits in 6 months or inappropriate use).
- 5% are pregnant women.
- Approximately 45% of enrollees are between the ages of 0-18; 14% are between 20-29; 10% are between the ages of 30-39; while 9% are between 40-49; and 14% are between 50-59 years of age. See Figure 1.
- Identified gaps in care include functional needs such as visual and speech impairment, a basic need for food, and clinical/lifestyle needs such as hospital post-discharge reinforcement, and lack of influenza vaccination.

Figure 1: Gender Distribution by Age Group

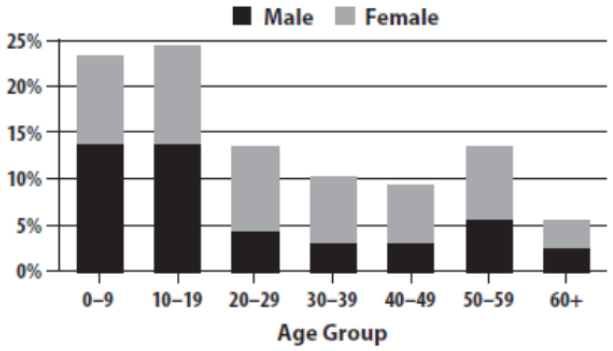
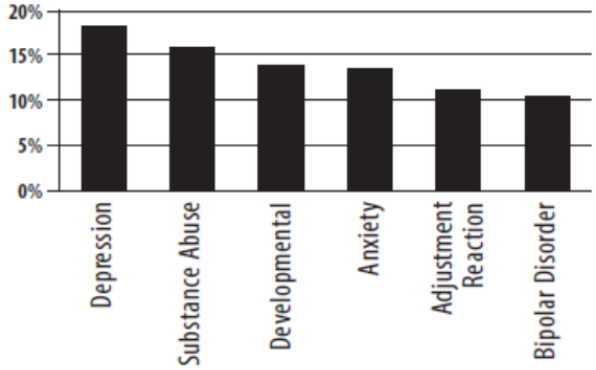


Figure 2: Top Six Behavioral Health Conditions



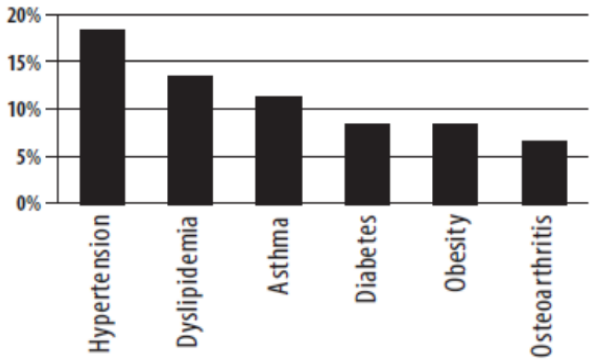
TESTIMONIALS

"Thank you so much for helping with this [wheelchair]. I am so glad our patients have the Health Care Guidance Program to help them now."
— Referring Provider

"This mother is excited that the Little Miss Hannah [Foundation] Grant was arranged for them; they came through with a hospital bed for free; her daughter is now getting occupational therapy for the first time in her life."
— Primary Care Provider

Providers who have questions about the Nevada Medicaid Health Care Guidance Program may contact Cheri Glockner at Cheri.Glockner@mckesson.com or (775) 434-1876, or visit the Nevada Medicaid Health Care Guidance Program website at http://www.nvguidance.vitalplatform.com/providerportal/nev.

Figure 3: Top Six Medical Conditions



Electronic Claim Submission Speeds Payment and Saves Time and Money

Electronic billing (also called Electronic Data Interchange or "EDI") speeds payment and eliminates costs associated with paper claims. Providers can submit electronic claims through a clearinghouse or through their existing, HIPAA-compliant business management software.

The benefits of submitting claims electronically include:

- Faster reimbursement
- Claim error detection
- Claims submission 24 hours a day, 7 days a week
- Time savings by not having to prepare paper documents
- Money savings on postage and claim purchase costs

If you have not yet enrolled to bill electronically, you can do so by completing forms located on the Provider Forms or Electronic Claims/EDI webpages.

A list of HIPAA-certified service centers/clearinghouses that submit claims for providers appears on the EDI webpage. The Payerpath service center is a free service for all Nevada Medicaid providers. 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 covers claim set up, submission, reviewing your claims, reporting and remittance advice review. See Web Announcements posted at www.medicaid.nv.gov for the dates and times of the training and registration instructions.

Companion Guides containing technical specifications for each electronic transaction have been published to assist providers and clearinghouses in submitting claims. The EDI Companion Guides are available on the Electronic Claims/EDI webpage at https://www.medicaid.nv.gov/providers/edi.aspx

For assistance with enrolling or questions regarding the EDI enrollment forms, please contact the EDI department by calling (877) 638-3472, option 2, then option 0, then option 3.

Verify Recipient Eligibility, Benefits, and MCO or Fee-for-Service Enrollment Prior to Rendering Service, Submitting a PA or Submitting a Claim

Common edit codes providers receive when claims are denied are edit code 0318 (Recipient not eligible on date of service) and edit code 0453 (Enrolled in HMO). Providers can avoid claim denials for these reasons by verifying recipient eligibility prior to rendering service, submitting a prior authorization request or submitting a claim.

The online Electronic Verification System (EVS) on the Provider Web Portal allows providers to view recipient eligibility, third party liability (TPL), claim status, and submit and view prior authorizations. EVS is useful in identifying if a recipient has dual Medicaid and Medicare benefits or if a recipient is enrolled in Fee-for-Service or a Managed Care Organization (MCO).

- **EVS:** To access EVS, visit the Nevada Medicaid website at 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.

Another option providers may use to obtain recipient eligibility, as well as recent payment details, claim status and prior authorization information, is the Automated Response System (ARS).

- **ARS:** To access ARS, call (800) 942-6511. The ARS provides the same information as EVS, only via the phone. Your NPI/API is required to log on.

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. Policy information may be obtained from the Medicaid Services Manual (MSM), which is located on the DHCFP website at http://dhcfp.nv.gov.