

Nevada Medicaid and Nevada Check Up News



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DHCFP Searches for Ways to Extend Children's Health Services

The Centers for Medicare & Medicaid Services (CMS) will allow Nevada's Children's Health Insurance Program (CHIP) to use its reserve funds and continue program operations through at least mid-February 2018. Federal funding has not been renewed by Congress yet for the state CHIP program, which served an average of 25,699 Nevada children monthly in State Fiscal Year 2017.

The Nevada Division of Health Care Financing and Policy (DHCFP) administers the Nevada Medicaid and CHIP programs (the latter known as Nevada Check Up). Congress had authorized funding of CHIP programs only through September 30, 2017. CHIP provides low-cost health coverage to children in families who earn too much to qualify for Medicaid.

"This program is so critical to the children that are covered and their families," said Cody Phinney, the DHCFP Deputy Administrator for Compliance. "We are doing everything we can to preserve that coverage."

Phinney said the Division regularly has contingency plans in place for such wide-ranging health care programs. The DHCFP and its statewide children's health services partners received a boost from the 2017 Legislature, which passed Senate Bill 325, adding additional populations eligible to receive Medicaid and Nevada Check Up services. That bill eliminates a five-year residency requirement for children who are non-citizens to receive this aid.

Eligible children from birth through 18 years old can be enrolled in Medicaid and Nevada Check Up programs, including preventive health care exams and screenings. Some recipients are receiving treatment for serious medical conditions and ending the program may jeopardize their health care.

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$913,218,732.01 in claims during the three-month period of July, August and September 2017. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

Thank you for participating in Nevada Medicaid and Nevada Check Up.

Changes to Medicaid Managed Care Dental Services Implemented January 1, 2018

Effective **January 1, 2018**, LIBERTY Dental Plan of Nevada (LIBERTY) is the new Dental Benefits Administrator (DBA) to serve recipients enrolled in a Managed Care Organization (MCO) in Washoe and Clark counties.

The following information will assist Medicaid dental services providers serving managed care recipients.

Dental Provider Enrollment and Credentialing:

To be a Medicaid dental services provider for **managed care recipients**, you must:

- Be enrolled as a Fee-for-Service (FFS) Nevada Medicaid provider. If you are currently enrolled, there is no need to make any changes to your FFS enrollment. If you need to enroll or have questions, information can be found at www.medicaid.nv.gov by clicking on the “Providers” drop-down menu and selecting “Provider Enrollment” or by calling Provider Enrollment at (877) 638-3472, Option 2.
- Be credentialed through LIBERTY. Details regarding the credentialing process can be found at <https://www.libertydentalplan.com/NVMedicaid> by clicking on the “Providers” drop-down menu, selecting “Join Our Network” and clicking on the Credentialing link or by calling LIBERTY Provider Services at (866) 609-0418.

Prior Authorizations

- The final day to request prior authorizations (PAs) for dental procedures for managed care recipients from Fee-for-Service (FFS) Nevada Medicaid was December 26, 2017. PAs submitted to FFS Nevada Medicaid on or after December 27, 2017, via the Provider Web Portal, fax or mail will be rejected.
- **Beginning January 1, 2018, all prior authorization requests for dental procedures for managed care recipients must be sent to LIBERTY.** LIBERTY’s normal PA turnaround time frame to review and provide a decision is five business days.
- **Please Note: LIBERTY will honor prior authorizations for dental services approved under FFS Nevada Medicaid prior to January 1, 2018, for up to 120 days following the January 1, 2018, effective date with LIBERTY.**

The following methods can be used to submit prior authorization requests to LIBERTY:

- Mail: P.O. Box 401086, Las Vegas, NV 89140
- Fax: (888) 401-1129
- WEB Portal: Create an account via the LIBERTY webpage at www.libertydentalplan.com/NVMedicaid
- Clearinghouse: Use LIBERTY Payor ID: CX083
- For urgent requests: Contact LIBERTY Member Services at (888) 700-0643

Claims:

- All dental claims for managed care recipients for **dates of service between July 1, 2017, and December 31, 2017**, should be sent to **FFS Nevada Medicaid**. Claims within this date of service range received after January 1, 2018, will continue to be processed by **FFS Nevada Medicaid**.
- All dental claims for managed care recipients for **dates of service on or after January 1, 2018**, should be sent to LIBERTY electronically via **Payor ID – CX083**, or sent directly to LIBERTY Dental Plan of Nevada, P.O. BOX 401086, Las Vegas, Nevada 89140.
 - ◇ Claims submitted to **FFS Nevada Medicaid for dates of service on or after January 1, 2018**, will be denied with edit code 0463 (Enrolled in DBA).

LIBERTY Dental Plan of Nevada Contact Information:

- (866) 609-0418
- <https://www.libertydentalplan.com/NVMedicaid>

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 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.

New Provider Type 15 (Registered Dietitian) Established to Provide Medical Nutrition Therapy Services

During the 2017 Nevada Legislative Session, the Division of Health Care Financing and Policy (DHCFP) received approval to establish Registered Dietitian as a new provider type to provide Medical Nutrition Therapy (MNT) services to Nevada Medicaid recipients effective January 1, 2018. The DHCFP held a [Public Hearing](#) on December 21, 2017, to solicit public comment. After the Public Hearing, the changes were submitted to the Centers for Medicare & Medicaid Services (CMS) for review and approval. The DHCFP will be able to begin reimbursing the new provider type (PT) 15 for MNT services with dates of service on or after January 1, 2018, after CMS provides the approval. Please see the note below.

[Medicaid Services Manual \(MSM\) Chapter 600](#) has been updated to include the policy, coverage and limitations for MNT.

Please review the following dates and information regarding provider enrollment, billing, prior authorizations and training related to this new provider type:

- Providers may enroll online through the [Online Provider Enrollment Portal](#) as PT 15 beginning January 1, 2018. The PT 15 Provider Enrollment Checklist has the enrollment requirements and is posted on the [Enrollment Checklists](#) webpage.
- Once enrolled, providers may bill MNT services with dates of service on or after January 1, 2018. Please review the new PT 15 Registered Dietitian Billing Guide for the list of procedure codes and additional information. The Billing Guide is posted on the [Providers Billing Information](#) webpage.



Provider Enrollment Checklist for Provider Type 15

Registered Dietitian

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment or Revalidation Packet.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- Documentation showing provider's Taxpayer Identification Number (SS-4, CP575, W-9 or Social Security Card)
- Nevada State Board of Registered Dietitians License
- National Provider Identifier (NPI) validation: Printed page from the National Plan and Provider Enumeration System (NPPES) NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI

* **NOTE:** While PT 15 may submit claims for MNT procedure codes beginning January 1, 2018, the claims will deny until CMS gives the DHCFP the approval to pay the claims. These claims that deny with edit codes 0148 (Rendering provider is not certified to perform procedure), 0210 (No pricing segment is on file) and/or 0309 (Services not covered) will be automatically reprocessed for reimbursement after the DHCFP receives the CMS approval. Providers do not need to resubmit or appeal the denied claims. A future web announcement will notify providers when the denied claims will be reprocessed.

- Prior authorization is required to exceed the limitation of four hours for the first rolling year and two hours in subsequent rolling years per recipient. Beginning January 15, 2018, providers may submit form FA-9 (Ocular Services or Medical Nutrition Therapy Services) to request authorization to exceed the limitation. Requests for authorization submitted prior to January 15, 2018, will be rejected. Authorization requests will not be held to timeliness requirements for these services from January 1, 2018, through March 31, 2018, submission dates. Beginning April 1, 2018, prior authorization submission timeliness requirements will be enforced. Form FA-9 is posted on the [Providers Forms](#) webpage.
- Training will be scheduled to assist providers with the enrollment, billing and prior authorization processes. Web announcements at www.medicaid.nv.gov will provide the locations, dates and times of the training sessions.

Diabetic Supply Program Changes for Nevada Medicaid

Effective January 1, 2018, the Nevada Medicaid preferred diabetic blood-glucose monitors and test strips are products from LifeScan Inc. and Trividia Health. Products from Abbott Diabetes Care, Inc. are no longer preferred by Nevada Medicaid. Recipients with an Abbott Diabetes Care monitor can obtain a one-time replacement monitor at no cost from one of the preferred companies. This monitor may be obtained through a pharmacy or by contacting the manufacturer directly.

Below is the list of the only monitors covered for Nevada Medicaid recipients effective January 1, 2018:

LifeScan Inc. <i>a Johnson & Johnson company</i>	Trividia Health
OneTouch® Ultra®2 System OneTouch® UltraMini® System OneTouch® Verio® Flex System OneTouch® Verio® System OneTouch® Verio®IQ System	TRUE METRIX® Meter Kit TRUE METRIX® AIR Meter Kit
To receive a OneTouch® brand monitor, call (866) 359-5433 and reference order code 446NVM001 or visit www.OneTouch.orderpoints.com	To receive a TRUE METRIX® brand monitor, call (866) 788-9618 Monday through Friday between 5 a.m. and 4 p.m. Pacific Time

Recipients who are legally blind may obtain specialized monitors through the prior authorization process.

For additional information, review the [Billing Information and Covered Diabetic Supplies \(Effective January 1, 2018\)](#) and [FAQs for Recipients \(Updated for January 1, 2018, effective date\)](#) located on the [Pharmacy Diabetic Supplies](#) webpage.

Training Opportunities for Nevada Medicaid Providers

Monthly training opportunities have been scheduled for Nevada Medicaid providers on the following topics:

- **Payerpath Claim Submission Training**
- **New Provider Orientation**
- **Nursing Facility Training**

The virtual workshops will be held monthly to ensure providers have the opportunity to attend.

- The Payerpath training is open to providers who have recently signed up to use Payerpath for their Nevada Medicaid claim submissions. The training will cover claim set up, submission, reviewing your claims, reporting and remittance advice review.
- The New Provider Orientation virtual workshop is open to all providers. This 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 the benefits of using Electronic Billing (the Electronic Data Interchange (EDI) program).
- The Nursing Facility Training virtual workshop will focus on the changes to the Nursing Facility Tracking Form. Information will include navigating the form, resolving validation errors and submitting attachments. This workshop also includes an overview of Pre-Admission Screening and Resident Review (PASRR) and Level of Care (LOC).

See [Web Announcement 1490](#) for the January Payerpath training dates. See [Web Announcement 1491](#) for the January New Provider Orientation and Nursing Facility training dates.

Monthly web announcements posted at www.medicaid.nv.gov will list the dates and times of the future training sessions, as well provide registration information. Future web announcements will also notify providers of special training scheduled throughout the year.