

# Nevada Medicaid and Nevada Check Up News



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## Upcoming Medicaid Management Information System (MMIS) Changes Include Electronic Claims Submission Requirement

The Division of Health Care Financing and Policy (DHCFP) will implement a new, modernized Medicaid Management Information System (MMIS) by early 2019. As part of the modernization, a new feature on the Provider Web Portal will be available for free electronic claims submission: Direct Data Entry (DDE). DDE will allow providers to electronically submit claims directly to Nevada Medicaid, which will create improved claims processing times, as this process will eliminate the need to mail paper claims.

The DDE feature supports the DHCFP direction to move to a paperless environment. As part of the modernized MMIS, **ALL claims will be required to be submitted electronically.**

In addition, providers will be able to submit claim appeals, claim adjustments and claim voids directly through the Provider Web Portal. Claims adjudication status will be available to providers in almost real time, and providers will be able to submit attachments, such as Letters of Agreement (LOAs) or Explanation of Benefits (EOBs), through the Provider Web Portal.

Nevada Medicaid will provide web announcements at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) with detailed information regarding the many training opportunities that will be available to providers to learn the new modernized MMIS in early 2019. This training will include how to submit, adjust and void claims via DDE, along with other information related to the new system. Please watch the Provider Web Portal for training registration information including times, dates and locations.

Providers will also have the option to work with an approved Trading Partner for claims submissions. Providers will need to contact the Trading Partner directly for that option. Providers should be aware that effective February 2019, Nevada Medicaid will no longer provide free electronic claims submission through Allscripts-Payerpath for Medicaid providers. Allscripts-Payerpath is one of many DHCFP-approved Trading Partners/clearinghouses who provide claims management and claims submission for Nevada Medicaid providers.

For questions regarding the change in electronic claims submission, providers are encouraged to monitor the Provider Web Portal for announcements or contact Nevada Medicaid at [nevadaprovidertraining@dx.com](mailto:nevadaprovidertraining@dx.com).

## Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$987,227,435.05 in claims during the three-month period of April, May and June 2018. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

# Nevada Medicaid Provider Revalidation Report Available for Providers' Reference

A new tool is available to assist providers in completing the provider revalidation process in a timely manner. The new Nevada Medicaid Provider Revalidation Report lists each provider and the date their next revalidation is due. The new report is posted on the [Provider Enrollment](#) webpage under Revalidation Documents and Reports. The report is updated each month.

Be advised a large number of providers are due for revalidation in the months of July, August and September of 2019. Please submit your revalidation early as there may be delays in processing time to complete revalidation. You can submit your revalidation up to a year in advance through the [Provider Web Portal](#).

**Please note:** To avoid contract termination, your revalidation application **must** be processed and approved prior to the revalidation due date.

## Revalidation Documents and Reports

- [Provider Revalidation Report](#): The Nevada Medicaid Provider Revalidation Report lists each provider and the date their next revalidation is due. To avoid contract termination, your revalidation application must be processed and approved prior to the revalidation due date.
- [Provider Revalidation Application Packet \(Individuals\) \(FA-31A\)](#): The forms in this packet must be submitted by active individual providers who have received a revalidation letter. This packet contains instructions, application and contract.
- [Provider Revalidation Application Packet \(Groups/Facilities\) \(FA-31B\)](#): The forms in this packet must be submitted by active group/facility providers who have received a revalidation letter. This packet contains instructions, application and contract.
- [Using the New Provider Re-Enrollment Applications](#): Training presentation.
- [Provider Re-Enrollment Frequently Asked Questions \(FAQs\) \(Updated July 5, 2012\)](#)

## New Preventive Services Billing Instructions Published

Nevada Medicaid providers are reimbursed for preventive medicine services for men, women and children as recommended by the U.S. Preventive Services Task Force (USPSTF). The new Preventive Services Billing Instructions present an overview of preventive health services, hyperlinks to Nevada Medicaid policy, covered services, non-covered services, prior authorization requirements and billing instructions. The instructions also include service grades, definitions and suggestions for practice, and certainty levels regarding net benefits.

### Billing Instructions (by Service Type)

Title	Last Update
<a href="#">Anesthesia</a>	12/05/11
<a href="#">Preventive Services</a>	07/06/18
<a href="#">Sterilization and Abortion Policy</a>	03/08/14
<a href="#">Telehealth</a>	06/27/18

The new [Preventive Services Billing Instructions](#) are located on the [Providers Billing Information](#) webpage under Billing Instructions (by Service Type).

## 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.

## Modernization Project Webpage Created

A new webpage has been created to assist providers in preparing for the new, modernized Medicaid Management Information System (MMIS). The new Modernization Project webpage, which launched on September 17, 2018, is located on the Nevada Medicaid website at [www.medicaid.nv.gov](http://www.medicaid.nv.gov). To open the new webpage, click on the “Modernization Project” link under “Featured Links” on the left-hand side of each page of the website.

This page will include information about modernization in areas such as training registration, training materials, web announcements and known issues.

Please refer to the new Modernization Project webpage often to stay aware of upcoming changes and details that impact the provider community.

### **Attention Electronic Billing Trading Partners:**

## **Trading Partner Enrollment and Certification (Testing) for Medicaid Management Information System Modernization Project**

The Division of Health Care Financing and Policy (DHCFP) will implement a new, modernized Medicaid Management Information System (MMIS) by early 2019. Nevada Medicaid existing and new Trading Partners (TPs) should begin the enrollment and certification process. A step-by-step description of the enrollment process can be found in the Trading Partner User Guide at <https://www.medicaid.nv.gov/providers/edi.aspx>. In addition to assisting with the enrollment process, the User Guide will provide information on viewing TP application status, registering as a TP, connectivity, testing and submission of test files with Nevada Medicaid.

Existing Trading Partners (formerly known as Service Centers) **must** re-enroll to receive a new 8-digit TP ID. The new 8-digit TP ID will be used (1) during the certification process for the new modernized system and (2) **after** go-live in February 2019. The current 4-digit TP ID, or Service Center number, will continue to be used for Production files in the current MMIS.

The Trading Partner enrollment process can be completed at the following location:  
<https://portaluat.medicaid.nv.gov/hcp/provider/Home>.

### **Notes:**

- Existing associations between providers and TPs, also known as Service Center Authorizations, will be migrated to the new, modernized system for all TPs that have enrolled by the end of 2018. The current 4-digit Service Center ID in the association will be replaced with the new 8-digit TP ID. Associations **will not** be migrated for Trading Partners that do not enroll by the end of 2018. For these Trading Partners, providers will have to manually enter the associations through the Provider Web Portal (PWP) after go-live in February 2019.
- Inbound and Outbound transactions will be validated through Strategic National Implementation Process (SNIP) Level 4 as part of TP certification. The new TP and Receiver IDs must be used in the submission of test files, but should not be used for Production files until go-live in February 2019.
- New Inbound and Outbound Companion Guides have been created for Modernization Fee-for-Service and Encounter claims. TPs will need to make changes to their interface files per instructions in the new EDI Companion Guides. The new Companion Guides have been posted to the Nevada Medicaid website at <https://www.medicaid.nv.gov/providers/edi.aspx> under “Inbound” or “Outbound” EDI Companion Guides.
- If a TP exchanges **only 835s** (electronic remits), no certification of this transaction type is needed, but enrollment is still required.
- Nevada Medicaid has provided a sample SNIP 4 compliant 835 electronic remit, located at <https://www.medicaid.nv.gov/providers/edi.aspx>, for TPs to download and use for testing. Refer to the Trading Partner Enrollment and Certification (Testing) Documents section.

It is highly encouraged that existing TPs begin the enrollment and certification process as soon as possible to work through any issues that may occur. Nevada Medicaid (DXC Technology) will be reaching out to TPs who have not yet enrolled and/or certified for the new, modernized system.

If you have any questions regarding Trading Partner Enrollment and Certification, please send an email to:  
[nvmed.editestingsupport@dxc.com](mailto:nvmed.editestingsupport@dxc.com)

## Reminders for Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies)

### *KU Modifier on Medicaid and Crossover Claims:*

Effective on claims with dates of service on or after September 1, 2018, provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies, DMEPOS) may bill the procedure codes listed below with the KU modifier (DMEPOS item subject to DMEPOS competitive bidding program number 3). The KU modifier must be reported on the prior authorization (PA) and the claim for the provider to receive the correct payment.

When submitting claims for Medicaid, providers will only use the KU modifier. For crossovers, a combination will be required as Medicare has other rate options available. For example, instead of billing using the NU/KU modifier combination to receive the enhanced rate, the billing claim should include KU as the first modifier. Nevada Medicaid has set the rate for the KU option at the NU/KU rate Medicare uses.

More detailed billing information/instruction will be provided in a future announcement to be posted on the [Division of Health Care Financing and Policy \(DHCFP\)](#) website on the Rates webpage.

E0705	E2207	E2364	E2389	E2620	K0040
E0951	E2208	E2365	E2390	E2621	K0041
E0953	E2209	E2366	E2391	E2622	K0042
E0954	E2210	E2367	E2392	E2623	K0043
E0955	E2310	E2368	E2394	E2624	K0044
E0956	E2311	E2369	E2395	E2625	K0045
E0957	E2321	E2370	E2396	E2626	K0046
E0960	E2322	E2371	E2601	E2627	K0047
E0973	E2323	E2373	E2602	E2628	K0051
E0978	E2324	E2374	E2603	E2629	K0052
E0981	E2325	E2375	E2604	E2630	K0053
E0982	E2326	E2376	E2605	E2631	K0056
E0985	E2327	E2377	E2606	E2632	K0065
E0995	E2328	E2378	E2607	E2633	K0069
E1002	E2329	E2381	E2608	K0015	K0070
E1003	E2330	E2382	E2611	K0017	K0071
E1004	E2351	E2383	E2612	K0018	K0072
E1005	E2359	E2384	E2613	K0019	K0073
E1006	E2360	E2385	E2614	K0020	K0077
E1007	E2361	E2386	E2615	K0037	K0098
E1008	E2362	E2387	E2616	K0038	K0105
E1010	E2363	E2388	E2619	K0039	K0733

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## Federal Drug Administration (FDA) Public Hearing: Future Format of the National Drug Code

*Reproduced from DHCFP's Pharmacy and DME In The News bulletin:*

The FDA is holding a public hearing November 5, 2018, regarding the future format of the National Drug Code (NDC). An NDC is a unique 10-digit, 3-segment identifier which is assigned to all drugs in U.S. commercial distribution. An NDC is proposed by companies and assigned by the FDA through the drug listing process.

The FDA recognizes the importance of the NDC in many aspects of health care today and is aware that any change to its format or code length will have an impact on the health system. Recognizing that a change to NDC length and/or format will be necessary when FDA runs out of 5-digit labeler codes, the agency is holding the hearing to receive input from stakeholders on how to maximize the benefit and minimize this impact well in advance of any forthcoming change.

A streaming webcast of the Public Hearing will be available, as well as a video record. For further details, see the Office of Federal Register website at: <https://www.federalregister.gov/documents/2018/08/07/2018-16807/future-format-of-the-national-drug-code-public-hearing-request-for-comments>

## Reminders for Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies)

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### **Void/Resubmit Claims for Zero Rate Items:**

In order for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) providers to be paid the correct rates for zero rate DME items per Nevada State Plan Amendment 17-017, providers are requested to void and resubmit paid claims that had dates of service on or after October 1, 2017, through June 26, 2018.

The Division of Health Care Financing and Policy (DHCFP) has approved timely filing to be bypassed for these claims that did not pay the correct rate as specified in Nevada SPA 17-017. In order for the claims with dates of service on and after October 1, 2017, through June 26, 2018, to process without denying for timely filing, please void and resubmit these claims between September 1, 2018, and November 30, 2018. The [CMS-1500 Claim Form Instructions](#) provide instructions for voiding claims. If the claim received a prior authorization, submit a [Prior Authorization Data Correction Form \(FA-29\)](#) with the Manufacturer's Suggested Retail Pricing (MSRP) invoice through the Provider Web Portal. When the PA is corrected, resubmit the claim.

**Note:** If there is no fee schedule available (\$0 rate), reimbursement will be the lowest of: a) manufacturer's suggested retail price (MSRP) less 25%, verifiable with quote or manufacturer's invoice that clearly identifies MSRP; b) if there is no MSRP, reimbursement will be acquisition cost plus 20%, verifiable with manufacturer's invoice; or c) the actual charge submitted by the provider.

The claims may be voided electronically or by paper submission. Providers must verify that the void for the old claim has processed before resubmitting the revised claim. Electronic claims processing may take up to one week. Paper claims may take up to 30 days to process if submitted correctly. Electronic claims submitted before the Thursday 4 p.m. Pacific Time deadline will be processed that week and may be resubmitted the following week upon invoice verification if submitted correctly.

Claims with dates of service on or after October 1, 2017, through June 26, 2018, submitted after November 30, 2018, will be subject to timely filing denial.