Nevada Medicaid News

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First Health Services Corporation®

Nevada Medicaid and Nevada Check Up
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Adjudication of Medicare Crossover Claims

Medicare crossover claims that had been pended due to Medicare-related edits have been successfully reprocessed by First Health Services. The adjudication process has been able to move forward with the assistance of providers who have supplied First Health Services with their correct Medicare Provider Numbers.

Earlier this year, we mailed to all providers a request for your Medicare Provider Number and the name of your Medicare Carrier. The completed form provides First Health Services with correct billing information to assist us in adjudicating crossover claims. Please return the form if you haven't already, or you may access a revised "Request for Provider's Medicare Billing Information" form online at https://medicaid.nv.gov from the Web Announcements page. Click on "View all web announcements" and click on announcement 36. Prior to completing the form, you may verify that First Health Services has your correct Medicare Provider Number by calling (877) 638-3472; once the recorded message begins press **2** for "Providers" and then **4** to reach a "Provider Enrollment" Customer Service Representative (CSR). The CSR can also answer any questions you have regarding information requested on the form.

Medicare Crossover Claims Update:

- If you receive a claim denial due to a Medicare-related edit code that you feel is in error: **1.** Research the edit code for which the claim denied. Code descriptions are listed toward the end of the Remittance Advice (RA). **2.** Make any corrections or additions specified by the edit code. **3.** Resubmit a hard copy (paper) claim form using a CMS-1500 with the Medicare Explanation of Benefits attached or a Medicare Crossover Claim Form FH-40 for a single date of service.
- If you previously submitted a UB-92 claim form with an attached Medicare Explanation of Benefits for Medicare Part A services, after September 30, 2004, you must submit using a Medicare Crossover Claim Form FH-40 for the dates of service. Starting October 1, 2004, Medicare Part A services submitted on a UB-92 with the Medicare Explanation of Benefits attached will be returned to the provider for resubmission on the FH-40 form.
- If you have submitted a Medicare Part B claim electronically and have not received a remittance advice within 60 days, you may resubmit the claim in hard copy (paper) form to First Health Services using a CMS-1500 with Medicare Explanation of Benefits attached or a Medicare Crossover Claim Form FH-40 for a single date of service.

Progress on Claims Paid and Edits Analyzed

Currently, 97 percent of Nevada Medicaid and Nevada Check Up claims are being paid within 30 days. The State Medicaid program paid out to providers more than $204,513,747 in claims in July and August 2004.

In an effort to continue in this positive direction, First Health Services Corporation has been working with the Nevada Division of Health Care Financing and Policy (DHCFP) to further customize the Medicaid Management Information System (MMIS) for the State of Nevada.

The effort includes continuing the process of analyzing every edit code to improve the timeliness of claims adjudication and decrease the amount of pended claims. Edit Codes are validated or modified as needed, and then affected claims are recycled (sent back through the system) to reflect the modifications. (Edit Codes indicate the reason why a claim is denied or pended. Each Edit Code is assigned a number and a description. For example, Edit Code 0142 carries the description "The Medicare Allowed Amount is Missing.")

Watch for Remittance Advice messages that appear on the first page of your RA, as well as Web Announcements that appear on the homepage of our website: https://medicaid.nv.gov. These messages notify you of issues such as the adjudication of Medicare crossover claims or modifications we are making to edit codes, and advise you of any action required on your part, such as resubmitting specific claims.

EDI: an Easier, Faster, Better Way to File Claims

Electronic Data Interchange **is the method for electronically submitting Medicaid claims to First Health Services.**

More and more providers are discovering that EDI remarkably improves their claim submission process. In October 2003, only 5.42 percent of Nevada Medicaid and Nevada Check Up providers utilized EDI. As of April 2004, this grew to more than 35 percent, and currently more than 45 percent of providers are submitting their claims electronically.

Providers have three options to utilize EDI: You can submit claims directly to us via the Internet by signing a Trading Partner Agreement; you can pay a service center to submit your claims (a directory of HIPAA-certified centers appears on our website at https://medicaid.nv.gov); or you can enroll with Payerpath, which is a free web-based clearinghouse (see the adjoining article on this page). Benefits of EDI vary according to which option you choose.

Benefits of EDI typically include:

- Faster reimbursement: First Health Services processes an electronic claim within 24 hours of submission, compared to the time it takes you to complete a paper claim, to mail it, for delivery of mail to us, and for us to manually open and scan each piece. Only after each of these steps can a paper claim be processed and the payment amount be determined.
- Claim error detection: You are notified if a claim has incorrect or incomplete information. For example, if you typed eight digits instead of nine digits for your Provider Medicaid Number, the computer automatically alerts you. If you use Payerpath, validation checks are run on your claim before it is ever submitted to us.

- Save time: Your staff doesn't have to spend time preparing and mailing paper documents, or researching, then resending claims that are returned due to incomplete or inaccurate information.
- Save money: You won't have postage or claim purchase costs.
- Ready when you are: Claims can be submitted 24 hours a day, 7 days a week.
- Easy access: Claims filed in the past are accessible.

Be sure the EDI method you select offers the features that are important to you.

Another benefit to EDI is that claims filed electronically can now be recycled. Periodically, First Health Services and the Nevada Division of Health Care Financing and Policy (DHCFP) find it necessary to recycle claims (send them back through the Medicaid Management Information System (MMIS)) due to edit modifications. Previously, the system recycled only paper claims, which meant providers who used EDI were asked to resubmit claims in order for us to recycle the claims.

In addition to allowing you to file your claims electronically, the EDI program provides access to: request and response functions for eligibility, claims status and prior authorization; enrollment or disenrollment to an HMO; pharmacy point-of-sale transactions; and electronic remittance advices.

It's easy to get started: Our Service Center User Manual provides details regarding Health Insurance Portability and Accountability Act (HIPAA)-compliant electronic transactions, the EDI enrollment process, transaction testing, login and password problems, and equipment requirements. The DHCFP Companion Guides describe the technical details of specific electronic transactions. The User Manual and Companion Guides are accessed online at https://medicaid.nv.gov by selecting "EDI" from the "Providers" drop-down menu.

If you have signed up for the EDI program, but have yet to file claims electronically due to specific questions not answered here, please e- mail our EDI department at nvedi@fhsc.com or call (877) 638-3472; once the recorded message begins press **2** for "Providers" then **5** to reach our "Electronic Billing" department.

Follow the Path to Payerpath… It's Free

It may not be a yellow brick road, but it may just make your life easier. First Health Services wants to improve your life and your bottom line – at least when it comes to filing Medicaid claims. To do this, we have contracted with Payerpath to provide a **free** electronic claims submission service for Nevada Medicaid and Nevada Check Up providers' claims.

You may receive, or have already received, a call from a representative of Payerpath explaining the services and benefits the company provides. Payerpath offers providers the ability to key enter claims or to submit a batch file of claims, and transmit the data in a HIPAA-compliant format to First Health Services for processing. All you need to get started is an Internet-enabled PC and Internet service.

Advantages of using Payerpath include:

- Recipient privacy by utilizing state-of-the-art encryption and security technology.
- Assistance in submitting claims correctly, resulting in fewer denied claims and faster adjudication.
- Claims are edited against Medicaid-specific edits.
- **Last but not least: Payerpath is free, courtesy of First Health Services. You get the services of a clearinghouse without having to pay for them.**

A Payerpath demonstration and training session can be accessed online at https://medicaid.nv.gov by selecting "Electronic Claims/EDI" from the "Providers" drop-down menu.

Welcome to Warren Ingalls

First Health Services Corporation would like to introduce Nevada Medicaid and Nevada Check Up providers to Warren Ingalls, who is First Health Services' new Director of Operations effective Aug. 4, 2004.

Warren's varied experience in healthcare management will provide the leadership needed to resolve issues affecting providers. A large part of Warren's career has been spent in health care for state agencies, including managing healthcare plans for the State of Illinois. He has worked for UniCare Life & Health Insurance Company, a division of WellPoint Health Networks Inc., and more recently with WellCare Health Plans, a Medicaid HMO providing managed care services in Florida, Illinois, Indiana, Connecticut and New York.

Warren said, "The provider is a key client for First Health Services and a valuable asset to the Nevada Medicaid and Nevada Check Up programs." With this in mind, he said, "I will be taking a serious interest in the expeditious resolution of the outstanding edits we have on claims submitted. I am happy to report that the majority of edits affecting large numbers of claims have been resolved or are in the process of being recycled."

Under Warren's leadership, First Health Services will continue to make progress and provide optimum service to providers and to the State of Nevada as fiscal agent for Nevada Medicaid and Nevada Check Up.

Reminders from the Prior Authorization Department

For Dental Providers:

All dental prior authorization requests should be submitted on an ADA claim form. First Health Services accepts all ADA claim forms except versions 1988, 1994 and 2002.

Field 12 – Enter the recipient's date of birth here.

Field 13 – Enter the recipient's 11-digit Medicaid Recipient Id Number in this field as found on the recipient's Medicaid card.

Field 44 – Enter the 9-digit Provider Medicaid Number here.

Field 46 – Enter the dental provider's address (In **Fields 50-52** enter city, state and zip code).

Field 48 – If recipient transitions to an HMO (Clark County only), enter the date of the first visit for current dental treatment.

Field 55 – If you are requesting dentures, crowns, bridges or partials indicate in this field if it is an initial placement; if it is a replacement prosthesis then indicate the reason.

Field 60 – If you are requesting partials, indicate in this field (with an X) which teeth are missing.

Also, if you are requesting initial placement of prostheses, please provide FMX (full mouth) or panoramic X-rays.

The Dental Provider Billing Manual is available online at https://medicaid.nv.gov by selecting "Billing Manuals" from the "Providers" drop-down menu.

For All Providers:

Share the PA with your billing department: If one member of your staff places calls for prior authorizations and a different staff member submits claims, please ensure that the requesting party gives the PAs to the billing department. The Notice of Determination or PA will specify the PA number, the date(s) of service authorized, the correct procedure codes, etc. The billing staff needs this information to bill correctly, otherwise the claim may deny. For example, if the claim specifies different dates of service than what was authorized, the claim will deny.

The billing staff may also check PA details online in the Electronic Verification System (EVS) at https://medicaid.nv.gov by selecting "EVS Logon" from the "Providers" drop-down menu or selecting "EVS User Manual" for instructions.

Last, but not least: First Health Services is constantly revising and clarifying Prior Authorization forms and making them even more user-friendly. Updated PA forms can be accessed on our website at https://medicaid.nv.gov by selecting "Prior Authorization" from the "Providers" drop-down menu.

PCG is on the TPL Case

Public Consulting Group (PCG) is under contract with First Health Services to perform Third Party Liability (TPL) identification and recovery functions for Nevada Medicaid and Nevada Check Up effective July 2004.

The Nevada Medicaid program by law is intended to be the payer of last resort after all other available third-party resources have met their legal obligation to pay medical claims. PCG identifies third-party insurance coverage and initiates post-payment recovery activities on select Medicaid claims covered by other health insurance plans.

PCG is contacting providers directly through a letter of introduction that invites you to call PCG if you have questions or concerns regarding TPL coverage for Medicaid recipients. You may call PCG at (800) 856-8839.

2004 Coding Update

First Health Services is presently in the process of entering rates for the 2004 Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes. This process has taken longer than estimated due to system limitations. We hope to have the process completed by the end of September 2004. Upon completion, claims with 2004 codes with dates of service January 1, 2004, and thereafter will be recycled. There is no need for you to resubmit your claims. When this process is complete, an updated fee schedule will be posted to the DHCFP website at: http://dhcfp.state.nv.us/RatesUnit.htm

Nevada Medicaid has already begun work on the 2005 CPT and HCPCS update to prevent this delay from occurring next year. Thank you for your patience.

Top Billing Reminders for All Providers

Edit Code 0318 "Recipient Not Eligible on DOS (Date of Service)" Have you received this edit on your Remittance Advice (RA) lately? If so, please keep the following information handy.

The Electronic Verification System (EVS) offers an online method to verify recipient eligibility for Medicaid services. For a full introduction to EVS, review the EVS User Manual, which is accessed online at https://medicaid.nv.gov by selecting "EVS User Manual" from the "Providers" drop-down menu.

You may also check recipient eligibility by telephone: call the Automated Response System (ARS) at (800) 942-6511.

Billing Manual Tips: All of the Nevada Medicaid and Nevada Check Up provider billing manuals are constantly being updated with revised information. Please review the Revision History of the billing manual you use, then refer to the online billing manual. You will see that the revisions have been incorporated into the manual itself. You can print the section or pages that have been revised, and replace those specific pages in your hard copy of the billing manual.

An option would be to periodically print out the entire billing manual to replace your outdated one. Check the "Last updated" date on page one to determine if you have the current version.

Final Reminder: Review and print the billing manual appendices, too. The appendices list the appropriate form codes to enter on your claims, display sample remittance advices along with field definitions, and provide updates on sterilization and abortion policies and requirements.

Billing manuals and their appendices are accessed online at https://medicaid.nv.gov by selecting "Billing Manuals" from the "Providers" drop-down menu.