Nevada Medicaid and Nevada Check Up News

Division of Health Care Financing and Policy (DHCFP)

HP Enterprise Services (HPES)

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Provider Web Portal Registration and Navigation

The Provider Web Portal homepage (http://www.medicaid.nv.gov) is the starting point for providers to register for and access the electronic verification and online prior authorization tools. Providers are encouraged to monitor the homepage and the Login Page for important messages regarding these systems.

The following tips and information will assist providers in registering for and navigating in the online systems.

Registration:

- To register for the Provider Web Portal systems, log on to http://www.medicaid.nv.gov. Click on either the "EVS" or "Prior Authorization" tabs. If you click "EVS," then select "HPES Login." If you click "Prior Authorization," then select "PA Login."
- The System Administrator chosen for the provider/facility must be the first to register.
- If a facility or organization is the provider, the System Administrator must enter the facility or organization name across the first and last name spaces.
- Enter only one System Administrator per NPI-Tax ID-Zip.
- The System Administrator registers all of the Delegates for each NPI-Tax ID-Zip and maintains user access for the facility.
- After System Administrators and Delegates register, a pop-up message will display indicating they have successfully registered for the Provider Web Portal. Select "OK" to close this message. A confirmation email containing login information will be sent within 15-30 minutes.

Navigation:

- Passwords expire every 60 days.
- Systems will time out after 30 minutes of inactivity.
- System Administrators and Delegates have the same level of user access within the Provider Web Portal.
- When you log in, if you receive a challenge question that you did not select when you registered, this is an indication that you may have entered your "User ID" incorrectly. Return to the EVS/PA login page and enter your "User ID" again.
- If you would like to print a remittance advice (RA) that is larger than 2 MB, please contact the Customer Service Call Center for assistance at (877) 638-3472.

Additional tips and information are available in Quick Reference Guides on the homepage at http://www.medicaid.nv.gov and in Frequently Asked Questions on the Transition Info page. Helpful documents include "Instructions for Looking up Prior Authorizations on the Provider Web Portal" and the "Provider FAQs: General Prior Authorization Information for all Providers."

NCPDP D.0 Implementation Update

Summary:

- Nevada Medicaid and Nevada Check Up began accepting NCPDP Version D.0 claims beginning January 1, 2012.
- The Centers for Medicare & Medicaid Services (CMS) has announced a Dual Use period.
- Significant changes include:
  - Prescription Number expanding to 12 characters
  - Transactions
  - Customer Location and Route of Administration (ROA) code changes
  - Compound Processing changes
  - Professional Service Fee changes
- The Payer Sheet is available on the web: http://www.medicaid.nv.gov
- Contact SXC for questions: Nevada.Medicaid@SXC.com

Nevada Medicaid and Nevada Check Up began accepting Pharmacy Point of Sale NCPDP version D.0 claims beginning January 1, 2012. The Centers for Medicare & Medicaid Services (CMS) has recently announced that it will not be enforcing the sole use of version D.0 beginning January 1, 2012, and will instead allow a grace (Dual Use) period until March 31, 2012, to assure everyone is compliant. During this time, both NCPDP Version 5.1 and Version D.0 will be accepted.

During the Dual Use period, logic will be applied to match historical prescription numbers with the new number format (12 characters) so reversals and rebills will be recognized. For B3 transactions (rebilling), the system will reverse as a B2 transaction (reversal), but the pharmacy will have to submit another transaction as a B1 (billing) so the system will recognize the new D.0 version.

Although some new transaction data elements have been added, Nevada Medicaid still uses only B1, B2, B3 and E1 (eligibility inquiry). Other transaction types transmitted to Nevada Medicaid will not be recognized.

Customer Location has been renamed to Place of Service with new values assigned. Another new field was added called Patient Residence (there are 43 values).

For compound claims, the ROA code is changed to an 11-digit **S**ystematized **No**menclature of **Med**icine (SNOMED) code. There are 21 new values available. There are also changes to the Compound Ingredient Modifier Code and Compound Ingredient Modifier Code Count.

Professional Service Fee is being removed from billing claims. This fee has been rolled in to the Incentive Fee.

EDI 4010/5010 Transaction Implementation Update

The State of Nevada Department of Health and Human Services Division of Health Care Financing and Policy (DHCFP) has determined that, effective January 1, 2012, Nevada will accept Accredited Standards Committee (ASC) X12 Version 5010 **and** Version 4010 transactions.

Nevada will support the old and new formats of these transactions (Dual Use) at a minimum for the duration of the Discretion Period that was announced by the Centers for Medicare & Medicaid Services (CMS), which began January 1, 2012, and continues through March 31, 2012.

Testing for ASC X12 5010 transactions is supported by EDIFECS Inc. through the EDIFECS Ramp Management Testing Solution. If you have not already received an invitation to test through Ramp Management, you may contact the help desk via email at nvmmis.edirampsupport@hp.com to request access to the tool and instructions.

Monitor web announcements at http://www.medicaid.nv.gov for updates.

Therapists Needed to Perform Functional Assessments for PCS Program

The Division of Health Care Financing and Policy's (DHCFP) pilot project requiring that all initial Personal Care Services (PCS) functional assessments be completed by an occupational or physical therapist (OT/PT) has been successful; therefore, effective December 5, 2011:

- All functional reassessments are also to be completed by OTs/PTs.
- OTs/PTs are no longer required to complete the service plan following the functional assessment.
- OTs/PTs are reimbursed $150.62 per assessment performed in the recipient's home and $75.31 per assessment performed in a clinical setting. Therapists may be reimbursed for mileage to and from the recipient's home at a rate of 28 cents per mile.

A PCS program goal is to enable all Medicaid recipients to have a functional assessment completed by a Nevada Medicaid physical or occupational therapist. In order to accomplish this goal, additional OTs and PTs are needed to provide functional assessments to recipients living in all areas of the state.

To participate in this initiative, OTs/PTs who are not currently enrolled as Medicaid providers need to begin the enrollment process. To enroll as a Nevada Medicaid provider, please see the instructions and forms on the Provider Enrollment webpage.

Functional assessment training is one of the requirements to participate. To obtain more information about this opportunity, please contact Pam Loomis at (775) 335-8564 or pamela.j.loomis@hp.com.

Third Party Liability (TPL) Contact Changes

Effective with the fiscal agent transition on December 5, 2011, Emdeon provides all services related to Third Party Liability (TPL) identification and recovery. While processes remain the same, the contact information has changed. Please be sure to use the post office box noted below and not the one listed in previous communications to providers.

If you believe a recipient's *private* insurance records are incorrect, please contact Emdeon at:

Emdeon TPL Unit
P.O. Box 148029
Nashville TN 37214
Phone: (855) 528-2596
Fax: (855) 650-5753
Email: TPL-NV@Emdeon.com

If you have any issues or concerns regarding Medicare TPL, send an email to TPL@dhcfp.nv.gov.

Customer Service Inquiries

HP Enterprise Services (HPES) Customer Service is available to respond to all provider inquiries at (877) 638-3472. Please listen carefully to prevent selecting an incorrect option for the service you desire, because the options have changed due to the fiscal agent transition.

When calling please have pertinent information ready (for example, a claim internal control number (ICN), recipient ID, National Provider Identifier (NPI) or Atypical Provider Identifier (API), and authorization number, if applicable).

To check recipient eligibility, please use a swipe card system, the electronic verification system (EVS) or the automated response system (ARS) at (800) 942-6511.

To check the status of a claim, please use EVS or ARS.

A New Year Welcome from the HPES Training Team

The HP Enterprise Services (HPES) Training Team is looking forward to an exciting 2012. The 2012 training sessions will provide new topics and updates to current topics.

January started with a continuation of the Provider Web Portal, Prior Authorization and PASRR training sessions. We received such a positive response to the November and December sessions that we were not able to accommodate everyone who wanted to attend; thus, additional sessions were held in January.

The next training is listed in the 2012 Provider Training Catalog. Please use the 2012 Provider Training Registration Form to enroll in the requested sessions.

We have a different approach to training this year. Beginning in March 2012, a regular bi-monthly schedule of training sessions with different topics will be set up. These session topics will be based on input from providers and will include common questions/ concerns that may arise, any DHCFP program updates, and federal regulation updates. These sessions will also be presented in the virtual classroom format five (5) times each year, with a new topic each time.

Next, we will offer special sessions to providers new to Nevada Medicaid and Nevada Check Up. We will be able to offer this five (5) times each year in Reno and Las Vegas, and one (1) time each year in Elko. Topics covered for new providers will include an overview of the Medicaid program, billing guidelines and other basic topics. We will provide useful information that will keep the process easy for the provider community.

One topic we cannot forget is billing! We will do claims billing workshops twice each year in Reno and Las Vegas and once each year in Elko. This is an important topic to all and a refresher course never hurts.

Please review the 2012 Provider Training Catalog and the 2012 Provider Training Registration Form for the full list of sessions scheduled in 2012.

We have some great plans in place, some hard work ahead, and a TON of enthusiasm to ensure you get the quality training you want and deserve. We look forward to a rewarding partnership.

-Your HPES Training Team

Report Your Change of Address to HPES

Please ensure that all provider address information on file with HP Enterprise Services (HPES) is current. Mail is not forwarded to a provider's new address.

In accordance with Medicaid Services Manual (MSM) Chapter 100, Section 103.3, providers are required to report in writing within five (5) working days any change in ownership, address, addition or removal of a practitioner or any other information pertinent to the receipt of Medicaid funds.

Use form FA-33 to report provider changes. When reporting a change of address, be sure to indicate which address you are updating. HPES can record four addresses for each provider: service address, mail-to address, remittance advice address and pay-to address.

Failure to report provider changes and/or provider mail returned to Nevada Medicaid or HPES due to change of address may result in the termination of the Medicaid contract.

Tips for Submitting Paper Claim Forms

Copies of paper claim forms may be submitted, but please ensure that the copy you submit is legible. Reasons why a paper claim form will be returned to you to resubmit may include but are not limited to:

- The font is too light or too small to be legible.
- The type is smudged and is not legible.
- The background is dark and cannot be read by the scanner.
- The claim is printed at a reduced size and appears smaller than CMS-approved forms.