Nevada Medicaid and Nevada Check Up News

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First Quarter 2024

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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers $1,466,253,292.60 in claims during the three-month period of October, November and December 2023. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

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

Reminder: Register Now to Use New Training Platform to Attend the 2024 Training Sessions

Nevada Medicaid moved to a new training registration platform effective January 2024. If you have not yet registered for the new training platform, please see the LMS Training Portal Tip Sheet for instructions or reach out to the Nevada Medicaid Provider Training team at nevadaprovidertraining@gainwelltechnologies.com for assistance.

Monthly web announcements listing upcoming training sessions provide the link to the new Provider Training Registration Website. The link to the new website is also posted on the Provider Training webpage and the Provider Enrollment webpage.

The new portal is named Absorb and is an industry-leading tool for learning management. Absorb allows for **effortless registration, simpler navigation** and **streamlined communication**.

If you have any questions about this new tool, please send an email to: nevadaprovidertraining@gainwelltechnologies.com.

Use Current Forms to Request Prior Authorizations for Services

Providers are reminded to always use the current Nevada Medicaid forms when requesting prior authorization (PA) for services as the forms are updated periodically. Forms are updated when policy changes are implemented or to clarify the information that needs to be entered.

For example, the Authorization Request for Personal Care Services (PCS) (form FA-24) has been updated for providers to easily indicate the relationship of the Personal Care Attendant (PCA) to the recipient. The corresponding FA-24 Instructions were also updated to explain the details that need to be entered in "Section 7: Personal Care Attendant (PCA) Information" of the form.

The updated form FA-24, the FA-24 Instructions and all current PA forms are available online on the Providers Forms webpage.

Two New Enhancements Facilitate Communication Between Nevada Medicaid and Providers

The Nevada Medicaid Call Centers and the Secure Correspondence Tool in the Electronic Verification System (EVS) have been upgraded with tools that are assisting providers when reaching out to Nevada Medicaid with questions. The two upgrades below have been implemented and are assisting with the communication process.

New Call Center Virtual Hold/Callback Option

Effective January 25, 2024, the Division of Health Care Financing and Policy (DHCFP) and the Nevada Medicaid fiscal agent have implemented a Virtual Hold/Callback option for providers calling the Customer Service (877-638-3472) or the Prior Authorization (800-525-2395) call centers during peak and busy times. This new option allows the caller to keep their place in the phone queue and receive a return call.

After a specific amount of time in the queue, if there is a longer wait time than normal, providers will be prompted with the option to keep their place in line, leave their phone number, and can disconnect the call. The provider will receive a callback from Nevada Medicaid when the next customer service representative is available.

New Email Notification in Secure Correspondence Tool

Effective February 21, 2024, providers and delegates who create a Secure Correspondence in the Electronic Verification System (EVS) will receive an email from "AutoLetterGenerator@gainwelltechnologies.com" when a response is ready for them to review. After the provider or delegate creates a secure message using their EVS account, the email notification from Nevada Medicaid will be sent to the email address entered on the Secure Correspondence Message when a response is ready to your inquiry.

The provider or delegate user will need to log in to their EVS account to review their Secure Correspondence messages. For more information regarding accessing EVS, and creating and viewing Secure Correspondence, please refer to the EVS User Manual Chapter 1: Getting Started.

Top Prior Authorization Denial Reasons for the Fourth Quarter of 2023

The Division of Health Care Financing and Policy (DHCFP) and the Nevada Medicaid fiscal agent have reviewed all prior authorization (PA) submissions for the fourth quarter of 2023 and have compiled a list of the top reasons for which prior authorizations have been denied. The table below lists the top denial reasons for prior authorizations and instructions to providers on how to avoid future prior authorization denials.

Denial Reason Description	Suggested Action to Avoid Future Denials
Request does not meet medical necessity criteria **OR** Requested service does not meet DHCFP necessity criteria for reimbursement	Providers should review their Provider Type Medicaid Services Manual Policy Chapter as well as their Provider Type Billing Guidelines and generally accepted standards of care. Providers must document all relevant clinical aspects that should be considered when reviewing the request for medical necessity.
Additional information request not received; preauthorization request rejected	Providers **must** review their prior authorization (PA) requests in the Electronic Verification System (EVS) portal. Providers should check the portal frequently; if a PA is in a "Pending" status, please review the notes to determine if additional information has been requested. Providers can review Chapter 4: Prior Authorization of the EVS User Manual in order to learn about how to review the status of a PA as well as additional information regarding submitting additional documents that are requested by Nevada Medicaid.
Recipient is no longer eligible for coverage **OR** Recipient not eligible on requested dates of service	Providers should review the recipient's eligibility information prior to PA submission. This is done through the EVS portal. Review Chapter 2: Eligibility Benefit Verification of the EVS User Manual for more information.

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Top Prior Authorization Denial Reasons… *Continued from page 2*

Denial Reason Description	Suggested Action to Avoid Future Denials
Late notification; prior authorization timelines not met	Prior authorization was submitted outside of timely filing rules and Nevada Medicaid is unable to accept any requests that are not within the appropriate time frame. Providers should review Chapter 4 of the Nevada Medicaid Billing Manual for prior authorization timely filing information.
Invalid preauthorization request form submitted; resubmit request with a current form	Providers should review their Provider Type Billing Guidelines for more information regarding which form should be submitted. Providers must also review the Forms webpage to determine that the most current version of a form is being used.
Documentation illegible	Providers should re-review the information that was submitted to make sure that the documentation is clear and accurate before submitting to Nevada Medicaid.

Professional Claim Denial Reasons and Corresponding Resolutions/Workarounds

The Division of Health Care Financing and Policy (DHCFP) and the Nevada Medicaid fiscal agent review claim submissions to monitor the common reasons for professional claim denials. The table below lists some of the error codes providers have been receiving recently for their denied professional claims. For each error code, the table also lists the corresponding Explanation of Benefits (EOB) code that appears on the remittance advice for the claim denials, the error code descriptions, and instructions to providers on how to resolve the claim denials.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
1047	0205	Provider Terminated – DTL Performing	Providers should ensure that the performing National Provider Identifier (NPI) is enrolled with Nevada Medicaid for the dates of service. Providers should check their status via the Online Provider Enrollment (OPE) tool. If not contracted, you will need to submit a new application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information.
1048	0025	Provider Terminated – DTL DOS (detail level date of service)	Indicates that the provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. Providers should check their status via the OPE tool. If not contracted, you will need to submit a new enrollment application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information.
452	452	No Medicare Coinsurance, Deductible or Copay Due	Provider will need to verify the co-insurance, deductible or co-pay amount in the Medicare crossover details fields. See the Submitting Secondary Claims to Nevada Medicaid Training Video for more billing information when Third-Party Liability (TPL) is present.
2003	3006	Client ineligible on DTL DOS (detail level date of service)	Provider will need to verify that the recipient is eligible for the dates of service and has the appropriate Benefit Plan. This may be completed in the Electronic Verification System (EVS) by reviewing the Member Eligibility tab, or by utilizing Gabby™ by calling the Customer Service Center at (877) 638-3472 or the Automated Response System (ARS) at (800) 942-6511.

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Professional Claim Denial Reasons… *Continued from page 3*

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
1076	1012	Prov Contract not Valid on DOS – DTL (detail level date of service)	Indicates that the provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. Providers should check their status via the OPE tool. If not contracted, you will need to submit a new application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information.
4021	0698	No CVG (Coverage) Rule for Procedure	Provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
908	0908	PAD (Physician Administered Drug) Detail Denied by PBM (Pharmacy Benefits Manager)	The National Drug Code (NDC) on the Physician Administered Drug claim was denied by the Pharmacy Benefit Manager. Provider will need to verify that the NDC is a payable and covered code. Providers may reach out to the Pharmacy Benefits Manager at: (800)-695-5526 or visit https://nevadamedicaid.magellanrx.com/home
5046	5046	Exact Duplicate: Lab to Lab	Claim is an exact duplicate of a previously paid claim. Provider will need to review claim history and submit an adjustment or void the claim if changes are needed. This may be completed in the EVS. Please review the EVS User Manual Chapter 3: Claims for instructions.
1974	0030	OPR (Ordering, Prescribing, Referring) Prov not Enrolled	OPR provider may need to submit an enrollment application to Nevada Medicaid via the OPE tool. For a list of provider types that require the OPR to be listed on the claim, refer to Web Announcement 2832. Visit the Provider Enrollment webpage for information.
3340	3340	Service not covered by NV Medicaid	Provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
2502	2590	Client Covered by Medicare B	The recipient has Medicare Part B. Charges must be billed to Medicare before billing Nevada Medicaid. Complete the Medicare payment information fields on the claim and retain a copy of the explanation of benefits. For more information on submitting claims, please review EVS User Manual Chapter 3: Claims.

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, and press Option 2 for providers. If you have a question regarding prior authorizations, please call (800) 525-2395.

If you have a question about Medicaid Service Policy, you can go to the DHCFP website at http://dhcfp.nv.gov. Select the "Resources" drop-down list, then select "Telephone Directory" and look for the telephone number of the Administration Office you would like to contact.