Introduction to Becoming a Nevada Medicaid Provider

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Agenda

- How to Enroll as a Nevada Medicaid Provider
- Provider Training
- Division of Health Care Financing and Policy (DHCFP)
- Contact Information





National Provider Identifier (NPI)

https://nppes.cms.hhs.gov/NPPES/Welcome.do



Help

National Provider Identifier

News & Announcements

This is VDC PROD Environment as of September 1, 2014.

The Administrative Simplification provisions of the Health Insurance Portability and Accountability and Accountability Act of 1996 (HIPAA) mendated the adoption of standard unique identifiers for health oare providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicare & Medicare (AMS) has developed the National Plan and Provider Enumeration System (NPPEs) to assion these unique identifiers.

How to apply for an NPI

Individual Providers: Healthcare Provider Organizations:

As an Individual Provider, you may only have a single NPI, which will be associated with your unique, individual information. Once you login to NPPES, you will be able to complete your NPI application.

- 1. Create a Login through the Identity & Access Management System (I&A).
- Login to NPPES with your I&A Username and password.
- 3. Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

- Healthcare Organizations are currently required to have a separate Username and password for each NPI associated with the organization.
- Create an NPPES ONLY Username and password for the NPI you are applying for.
 Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.



Search the NPI Registry

The NPI Registry enables you to search for a provider's NPPES Information. All information produced by the NPI Registry is provided in accordance with the NPPES Data Dissemination Notice. Information in the NPI Registry is updated daily. You may run simple queries to retrieve this read-only data. For example, users may search for a provider by the NPI or Legal Business Name. There is no charge to use the NPI Registry.





Taxonomy Code

http://www.wpc-edi.com/reference/



Reference

Code Lists and X12 Registry

Code Lists

ASC X12 assists several organizations in the maintenance and distribution of code lists external to the X12 family of standards. The lists are maintained by the Centers for Medicare and Medicaid Services (CMS), The National Uniform Claim Committee (NUCC), and committees that meet during standing X12 meetings.

Health Care Code Lists

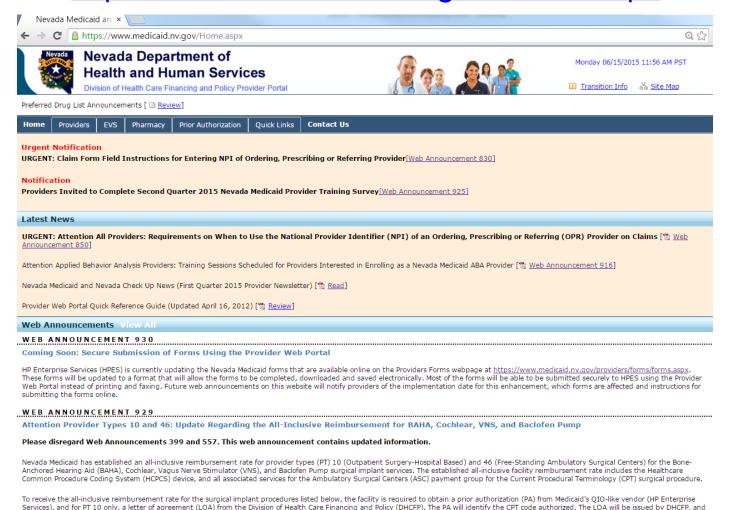
- > Claim Adjustment Reason Codes (CARC)
- > Remittance Advice Remark Codes (RARC)
- > Claim Status Category Codes
- > Claim Status Codes
- > Health Care Service Type Codes
- > Health Care Services Decision Reason Codes
- > Health Care Provider Taxonomy Code Set
- > Provider Characteristics Codes
- > Insurance Business Process Application Error Codes





Nevada Medicaid Provider Website

https://www.medicaid.nv.gov/Home.aspx



will identify the following: provider name and National Provider Identifier (NPI); recipient name and Medicaid identification number; and the established all-inclusive facility reimbursement rate for the

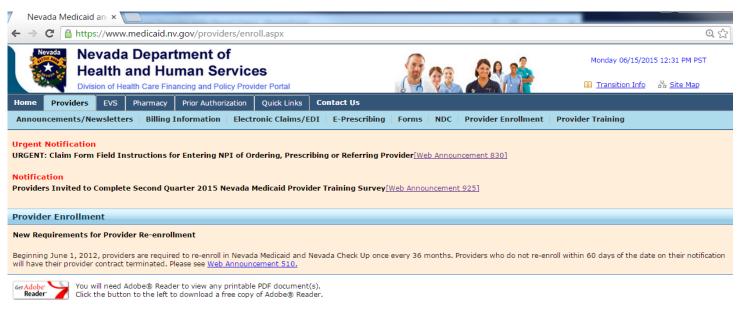




procedure. Medicaid will not provide an LOA until/unless a PA has been issued to the facility by HP Enterprise Services.

Provider Enrollment Documents

https://www.medicaid.nv.gov/providers/enroll.aspx



Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. This page contains all of the information and forms you will need to become a Nevada Medicaid provider. If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday.

All enrollment documents including attachments require an original signature from the provider or an authorized representative (use dark blue or black ink).

Changes to Provider Information

Changes to any information presented on your enrollment documents must be reported to HP Enterprise Services within five business days.

- · To report a change in business ownership, resubmit a completed Provider Enrollment Application.
- . For all other changes, the Provider Information Change Form (FA-33) may be used.

Mailing Address

Mail completed enrollment forms and required documentation to HP Enterprise Services, Provider Enrollment Unit, P.O. Box 30042, Reno, NV 89520-3042

Required Enrollment Documents

- <u>Provider Enrollment Information Booklet</u>: All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- Enrollment Checklists: Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- Business Associate Addendum (NMH-3820): This document must be signed and submitted with your Provider Enrollment/Re-Enrollment Packet if it is listed on the Provider Enrollment Checklist for your Provider Type and when requested by the Division of Health Care Financing and Policy (DHCFP) or HP Enterprise Services (HPES).



Recommended Enrollment Documents

Enrolled providers may submit electronic Nevada Medicaid and Nevada Check Up claims free of charge through Allscripts Payerpath.

Simply complete the **Service Center Authorization** form **(FA-37)** and the **Payerpath Enrollment** form **(FA-39)** located on the Provider Enrollment webpage and mail in with your completed Provider Enrollment Application.









Provider Enrollment Summary

- 1. Review the Provider Enrollment Information Booklet
- 2. Choose your provider type and primary specialty (if applicable) from the Provider Enrollment Information Booklet
- 3. Review the Enrollment Checklist for your provider type
- 4. Complete the appropriate Provider Enrollment Application Packet and attach all required documents
- 5. Complete applicable Recommended Enrollment Documents
- 6. Mail or email the completed Provider Enrollment Packet to HP Enterprise Services (HPES)





Managed Care Organizations (MCOs)

- The State of Nevada Managed Care Program requires the mandatory enrollment in an MCO of some recipients found eligible for Medicaid or Nevada Check Up.
- Providers must enroll with Fee For Service Medicaid prior to enrolling with the Managed Care plans.





Future Provider Training Modules



HP Enterprise Services • Nevada Medicaid

Applied Behavioral Analysis Provider Training Modules

Nevada Medicaid 101 and Provider Enrollment Training

Reno: June 5, 2015 Las Vegas: June 26, 2015 Provider Enrollment Training Virtual Room: July 29, 2015

New Provider Training

Reno: August 24, 2015

Las Vegas: September 21, 2015

Virtual Room: August 30, 2015

Prior Authorization Submission Training

September 2015 - Dates to be Announced

PayerPath Claim Form Submission Training October 2015 - Dates to be

Announced

Paper Claim Form Submision Training

October 2015 - Dates to be Announced

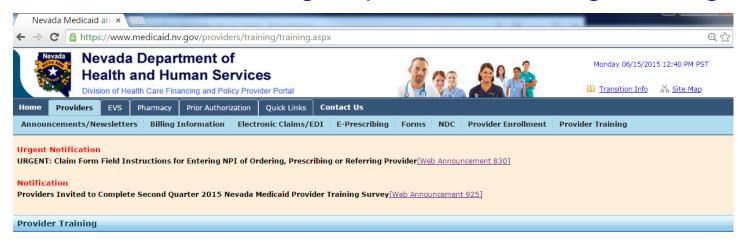
become available at www.medicaid.nv.gov. Please direct inquiries to the HP Enterprise Services Field Representatives at nevadaprovidertraining@hp.com





Nevada Provider Training

https://www.medicaid.nv.gov/providers/training/training.aspx



Contact the Provider Training Unit

Provider Services Field Representative Team Territories: Please refer to the attached document to determine which Field Representative is assigned to assist you with inquiries.

HP Enterprise Services (HPES) and the Division of Health Care Financing and Policy (DHCFP)/Nevada Medicaid are committed to helping providers understand billing policy and successful claim submission. With these priorities in mind, we offer opportunities to increase your knowledge throughout the year in a variety of locations, formats and times, including lunch and learn sessions held during lunch burning lunch burning time needed to be away from regular business hours. Instructor-led virtual training is also a great opportunity when travel is not possible, or when multiple staff from an office plan to attend.

Training is free of charge and we encourage the attendance of billing staff, billing agencies, direct practitioners/health care providers, office managers, admitting and front-desk staff, etc.

Provider training workshop schedules will be posted quarterly in a Web Announcement and on this webpage. Registration is required to attend the scheduled workshops. To register, simply select the 2015 Provider Training Registration Website link below, select the workshop of your choice, complete the required information and submit.

If you have difficulty registering, please send an email to our Provider Services Field Representative Team at NevadaProviderTraining@hp.com. Please include your name, contact information, and the workshop you are attempting to register to attend. A Field Representative will contact you to assist with the registration process.

In addition to the training workshops scheduled throughout the year, Provider Services Field Representatives are available in your area to assist when you have questions, concerns or additional training needs. As a reminder, the Annual Medicaid Conference is not a venue to discuss specific billing issues as they may include sensitive and confidential information. Please do not hesitate to reach out to your Field Representative as the need arises. If you are unsure who your representative is, please select the <u>Provider Services Field Representative Team Territories</u> link and review <u>Web Announcement 719</u> for additional details.

Training Module Calendar and Registration

Date	Title
January 2015	□ 2015 Provider Training Registration Website
Jan. 15, 2015	in First Quarter 2015 Provider Workshops
April 9, 2015	☐ Second Quarter 2015 Provider Workshops
May 15, 2015	Attention Applied Behavior Analysis Providers: Training Sessions Scheduled for Providers Interested in Enrolling as a Nevada Medicaid ABA Provider
June 10, 2015	☐ June Provider Training Sessions Scheduled in Elko and Onsite Visits in Elko and Winnemucca
Date	Title





Division of Health Care Financing and Policy

https://dhcfp.nv.gov/index.htm



Nevada Department of Health and Human Services Division of Health Care Financing and Policy



Nevada Department of Health and Human Services DHCFP Home Telephone Directory

DHICED THREY DHCFP Home Audit Information Boards & Committees Civil Rights and Advance Directives EHR Provider Incentive Payment Program **Employment Opportunities** Fact Sheets/Reports Grants Health Care Guidance Program & 1115 Waiver Hearings нтрад HPES Indian Health Program Managed Care Managed Care Organizations Medicaid Estate Recovery (MER) Medicaid Manuals Medicaid Programs Medicaid State Plan Medical Services Nevada Check Up NGA-Youth Behavioral Health in NV Provider Support Providers Public Notices Rates & Cost Containment-Util/Fin. Reports Requests for Proposals (RFPs) Resource Link State Innovative Model (SIM) Program Subrogation Surveillance and Utilization Review Section (SURS)

Transportation Services

Sitemap-Text Version Questions? Contact Us

Workshops

Division of Health Care Financing and Policy (DHCFP)

The Division of Health Care Financing and Policy (DHCFP) works in partnership with the Centers for Medicare & Medicaid Services to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. The medical programs are known as Medicaid and Nevada Check Up.

Medicaid

Provides health care coverage for many people including low income families with children whose family income is at or below 133% percent of poverty, Supplemental Security Income (SSI) recipients, certain Medicare beneficiaries, and recipients of adoption assistance, foster care and some children aging out of foster care. The DHCFP also operates five Home or Community-Based Services waivers offered to certain persons throughout the state. The Division of Welfare and Supportive Services (DWSS) determines eligibility for the Medicaid program. Information regarding eligibility is available on line at https://dwss.nv.gov/ or by calling toll free at 1-800-992-0900.

Nevada Check Up

Provides health care benefits to uninsured children from low-income families who are not eligible for Medicaid but whose family income is at or below 200% of the Federal Poverty Level, Information regarding the Nevada Check Up program is available at www.nevadacheckup.nv.gov or by calling toll free at 1-877-543-7669.

Services for both Medicaid and Nevada Check Up are provided through a combination of traditional fee-for-service provider networks and managed care.

Report Provider Identified Overpayment

Apply for Medical Assistance Programs

Report Medicaid Fraud!

Press Releases from the Office of the Attorney General

EHR Provider Incentive Payment Program

Hours of operation:

Monday - Friday

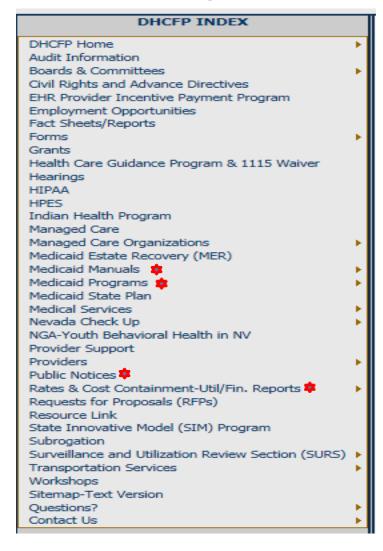
Para asistencia de Eligibilidad de Medicaid, por favor contacte las oficinas de Welfare en Carson City al (775) 684-0800 o las Vegas al (702) 486-5000. Para asistencia de aseguranza de salud para niños (Check Up), por favor contacte al 1 (877) 543-7669.





Division of Health Care Financing and Policy Index

https://dhcfp.nv.gov/index.htm







HP Enterprise Services (HPES) Contact Information

Customer Service Center General information Phone: (877) 638-3472

Nevada Provider Training

Email: NevadaProviderTraining@hp.com





