

MedNotes

For Managed Care Medicaid and Nevada Check Up Providers

Keeping Your Information Updated

We're committed to providing our members with accurate information about our network.

To provide our members with current provider information and maintain compliance, we require our network providers to update or attest their information we have on file is accurate. To verify your information, please complete the **Provider Demographic Request Form**. You may access this form on our website at myHPNmedicaid.com/provider and select **forms**.

You may send us this form by email at pri@sierrahealth.com or fax to **702-266-8782**.

If your practice experiences any of the following changes, please notify us in writing 30 days prior to the effective date:

- Tax ID changes (requires W-9 form)
- New service locations
- Addition of health care providers

If you have any questions, please contact your provider advocate directly or call **702-242-7088** or toll-free **1-800-745-7065**, TTY **711**, Monday through Friday, 8 a.m. to 5 p.m. local time.



News

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- HEDIS and the Clinical Practice Consultant Program
- Termination of MCO Dental Contract Effective July 1, 2017



HEDIS and the Clinical Practice Consultant Program

Thank you for participating in our annual data collection for Healthcare Effectiveness Data and Information Set (HEDIS) 2017. We're in the process of winding down our HEDIS project and results will be available in the near future.

HEDIS is a widely used set of performance measures mandated by the National Committee for Quality Assurance (NCQA). Health plans across the nation use HEDIS to gauge performance on an extensive range of care and services. HEDIS 2017 consists of 88 measures across several domains of care including:

- Effectiveness of care
- Access/availability of care
- Experience of care
- Utilization and risk adjusted utilization
- Relative resource use
- Health plan descriptive information
- Measures collected using electronic clinical data systems

We conduct an annual HEDIS medical record review each spring to try and meet/exceed established benchmarks for these measures. Evaluation of the HEDIS results are analyzed and used to set new goals, improve processes and encourage better care for our members.

In addition, we implemented a Clinical Practice Consultant (CPC) Program in the fall of 2016. This program supports your busy practice in providing appropriate, evidence-based care to our members. Our CPC team works with your clinical team to share innovative best practices to comply with the Healthcare Effectiveness Data and Information Set (HEDIS).

Your CPC is the primary point of contact with Health Plan of Nevada Medicaid to:

- Support member access to care
- Improve member outcomes by developing a deeper understanding of unique community/population needs, barriers to care and care opportunities
- Assist in management of the clinical requirements that are part of HEDIS and other regulatory requirements and measures
- Provide a list of assigned patients who are in need of preventive services or chronic condition management

Your consultant can help achieve better coordinated member care and, ultimately, improved member health outcomes.

To request an on-site session or to learn more about the CPC program, please contact Angela Bredenkamp at angela_bredenkamp@uhc.com or **702-240-8730**.



Termination of MCO Dental Contract Effective July 1, 2017

Effective **July 1, 2017**, the dental services provided to Medicaid Managed Care recipients in urban Clark and urban Washoe counties is no longer managed by the current Managed Care Organizations (MCO). As of **July 1, 2017**, dental services and claims are administered through Fee-for-Service (FFS) until a Dental Benefits Administrator (DBA) is selected to manage dental services in the future.

All claims with **dates of service on or before June 30, 2017** should be sent to Health Plan of Nevada. Per the MCO contract guidelines, all claims must be submitted within 90 days for timely filing.

All dental prior authorizations (PA) authorized through Health Plan of Nevada will expire June 30, 2017 and require a new PA to be submitted to Nevada Medicaid FFS.

Dental Requests:

- Use the ADA Claim Form and list all dental procedures
- X-rays are recommended and can save time with the review process when submitted for dental services including, but not limited to:
 - Anchors for partial dentures
 - Restorative services being provided under pregnancy-related services
- Do not submit original X-rays, as they will not be returned

Dental Claims Submission:

Instructions on submitting dental claims under the FFS program can be found on the Nevada Medicaid website at **medicaid.nv.gov** under Provider Billing Information.

Dental Prior Authorizations Submission:

Any dental service that requires a PA under FFS for dates of service on July 1, 2017 and going forward will need to have a **new** PA submitted and authorized through Nevada Medicaid FFS. Also, please note that a PA does not guarantee reimbursement for dental services.

Instructions for requesting prior authorizations can be found on the Nevada Medicaid website at **medicaid.nv.gov** under Provider Type 22 Billing

Guide-Dentist. Providers are also referred to the Coverage and Limitations Prior Authorization Requirements for PA requirements and frequency limitations. Authorizations may be viewed on the EVS system accessed through the Nevada provider portal.

Requests for review for medical necessity may be submitted by mail or fax. Coming soon providers may submit requests for review through the portal. Check for future announcements addressing this upgrade at **medicaid.nv.gov**. Please see address and fax number below. X-rays and photographs must be of diagnostic quality, so faxing is not recommended.

Providers must use the Treatment History search function on the portal to view claim history for dental procedures that have limitations. See Web Announcement 1261 regarding the FFS dental history search available through the portal.

If you have any questions, please call the Nevada Medicaid Prior Authorization Department at **1-800-525-2395**.

For provider training, please contact the Nevada Provider Training Department at **nevadaprovidertraining@dxc.com**.

Prior Authorization for Dental Contacts:

Mailing Address:

Nevada Medicaid
Dental PA
P.O. Box 30042
Reno, NV 89520-3042

Phone: **1-800-525-2395**
Dental Fax: **1-855-709-6848**

Customer Service Center:

Claim inquiries and general information
Call: **1-877-638-3472**

Mailing Address:

Nevada Medicaid
Customer Service
P.O. Box 30042
Reno, NV 89520-3042

Member Services Department

Health Plan of Nevada Medicaid/
Nevada Check Up.....**1-800-962-8074**
Business Hours:
Mon.–Fri., 8 a.m.–5 p.m.

Provider Services

Toll-Free.....**1-800-745-7065**
Business Hours:
Mon.–Fri., 8 a.m.–5 p.m.


Pharmacy Services

Pharmacy.....**1-800-443-8197**
Fax Toll-Free.....**1-800-997-9672**
Business Hours:
Mon.–Fri., 8 a.m.–5 p.m.

Prior Authorization

Toll-Free.....**1-800-288-2264**
Fax Toll-Free.....**1-800-282-8845**
Business Hours:
Mon.–Fri., 8 a.m.–5 p.m.

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