Nevada Medicaid News

First Health Services Corporation®

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More Service Centers are Ready to Serve

Nevada Medicaid and Nevada Check Up providers have the option of contracting with a service center (also referred to as a claims clearinghouse) to submit their claims electronically. A service center may be a one-person provider office or a clearinghouse servicing thousands of providers.

First Health Services maintains a Directory of Approved Service Centers for providers online at https://medicaid.nv.gov (select "Electronic Claims/EDI" from the "Providers" drop-down menu).

Additional commercial clearinghouses have recently registered with First Health Services and have been added to the directory. Every listing includes the service center name, telephone number, website address and electronic services each company furnishes to providers. Click on any line and you will be linked to that company's website. All of the clearinghouses listet meet Nevada Medicaid's requirements for the electronic services specified.

The services of one clearinghouse – Payerpath – are available free for Nevada Medicaid and Nevada Check Up claims courtesy of First Health Services. A link to Payerpath is available from the "Electronic Claims /EDI" webpage mentioned above.

Apply Now for Your NPI

The Division of Health Care Financing and Policy (DHCFP) and First Health Services are asking Nevada Medicaid providers to apply now for their National Provider Identifier (NPI).

NPI is the national standard health care identifier number mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The 10-digit NPI will replace health care provider numbers in use today, including your Provider Medicaid Number. By implementing NPI, the Centers for Medicare & Medicaid Services (CMS) strives to simplify administrative processes for providers and to make Electronic Data Interchange (EDI) a preferable alternative to submitting paper claims.

Health plans such as Medicaid, Medicare, private health insurance issuers and health care clearinghouses must accept and use NPI in standard transactions by May 23, 2007. In order to meet the compliance deadline, during the 4th quarter of 2006, First Health Services will be mailing to Nevada Medicaid providers a letter that will either 1) Request that they re-enroll as a Medicaid provider by completing a Provider Enrollment Packet or 2) Request that they provide their NPI number and Taxonomy Code to First Health Services. (The Taxonomy Code defines provider type, classification and area of specialization.) Please submit the information to First Health Services within 15 days of receiving the letter.

NPI Application Options

1. Providers may apply for an NPI online at https://nppes.cms.hhs.gov (click on "National Provider Identifier (NPI)" and follow the instructions).

2. Providers may submit a paper application, which may be obtained online at https://nppes.cms.hhs.gov or by calling the enumerator (the contractor that assigns NPI) at (800) 465-3203 or TTY 1-800-692-2326. CMS has contracted with Fox Systems Inc. to serve as NPI enumerator.

3. With provider permission, an organization may submit a request for an NPI on behalf of a provider via an electronic file. For details, review page 3 of the Medlearn Matters article number SE0555 posted on the CMS website (https://www.cms.hhs.gov/MedlearnMattersArticles/downloads/SE0555.pdf).

Neither First Health Services nor the DHCFP assign NPI. Please call the enumerator (Fox Systems Inc.) at the above telephone number(s) or send an e-mail to customerservice@npienumerator.com for questions concerning the NPI application.

Please note that while you may apply for and receive your NPI now, please continue to use your Nevada Provider Medicaid Number until the DHCFP and First Health Services notify you to begin using your NPI.

CONTENTS:

Useful Tips & Reminders for All Providers

Claims with Third Party Liability

Revised billing procedures have been implemented for providers who bill with Third Party Liability (TPL). Please review the Claim Form Instructions for the form you use. The instructions are posted on the https://medicaid.nv.gov website (select "Billing Manuals" from the "Providers" drop-down menu).

Please implement the revised TPL billing procedures to ensure that claims will be adjudicated properly. The new claim form instructions went into effect on the following dates:

ADA – Nov. 18, 2005.

CMS-1500 – Jan. 13, 2006.

UB-92 – Feb. 24, 2006, for paper claim forms and March 4, 2006, for claims submitted electronically.

First Health Services' training staff offers courses that discuss TPL billing. Please see the course titled "MCD 103 Third Party Liability" listed in the 2006 Provider Training Catalog posted at https://medicaid.nv.gov (select "Provider Training" from the "Providers" drop-down menu.)

FH-40 Medicare Crossover Claim Form Discontinued

The implementation of new billing procedures for TPL has rendered the FH-40 Medicare Crossover Claim Form obsolete. Please do not use FH-40.

Claims that "cross over" from Medicare should now be billed the same as any other claim with TPL. All Medicare crossover claims must be forwarded electronically from your Medicare carrier or submitted on the appropriate paper claim form with the Explanation of Benefits (EOB) attached.

Please review the revised billing information in the Claim Form Instructions posted at https://medicaid.nv.gov (select "Billing Manuals" from the "Providers" drop-down menu).

Forms and Applications are Now Active

All forms and applications posted on the First Health Services website are now active, which makes it possible to complete them on a computer.

To view and print the necessary forms, you will need Adobe® Reader® installed on your computer. The software will enable you to complete the forms on a computer, print them out, sign and date them, then mail/fax them to the appropriate address/number. A free copy of the software may be downloaded from the http://www.adobe.com website, or use convenient links posted on the https://medicaid.nv.gov website (scroll to the bottom of the "Forms" webpage).

In order to save a copy of the active forms once they are completed, it is necessary to use Adobe Acrobat Standard or Adobe Acrobat Professional software. Instructions are posted at https://medicaid.nv.gov (select "Electronic Claims/EDI" from the "Providers" drop-down menu and click on "How to Complete First Health Services Active Forms").

Please Verify Your Recipient's Eligibility

Remember to verify your recipient's Nevada Medicaid and Nevada Check Up eligibility benefits before rendering services.

Information is accessible regarding eligibility, managed care, recipient restrictions and Third Party Liability through the following methods:

- First Health Services' Electronic Verification System (EVS) – log on to https://medicaid.nv.gov (from the "Providers" drop-down menu select "EVS Logon" or "EVS User Manual").
- The Nevada Medicaid Audio Response System (ARS) – call (800) 942-6511.
- A swipe card system – contact your swipe card vendor for details.

Quarterly Update on Claims Paid

The Nevada Medicaid program paid out to providers more than $264,300,720 in claims during the three-month period of October, November and December 2005. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

The DHCFP and First Health Services thank you for participating in Nevada Medicaid and Nevada Check Up.

Reminder for Personal Care Aide Providers

Provider Types 30 (Personal Care Aide – Provider Agency), 58 (Physically Disabled Waiver – Attendant Services – Provider Agency) and 83 (Personal Care Aide – Intermediary Service Organization) were notified in December 2005 that certain rate increases became effective July 1, 2005.

In order to take advantage of the rate increases on claims previously submitted and/or paid with dates of service on or after July 1, 2005, providers must resubmit affected claims as an adjustment using Reason Code 1053. Web Announcement 71 posted at https://medicaid.nv.gov provides instructions and the amounts of the rate increases. For new claim submissions and claim adjustments, please bill using the new rates.

News from First Health Services' Training Staff

2006 Nevada Medicaid Provider Training Catalog

First Health Services in cooperation with the Division of Health Care Financing and Policy (DHCFP) has developed an annual training catalog for Nevada Medicaid providers. The catalog, which lists training options for all of 2006, allows providers to choose to attend only those classes that would suit their needs rather than attend classes that furnish little new information.
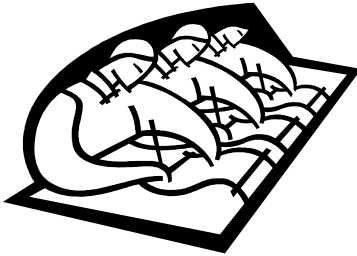
The following examples show by city and date some of the classes offered in the second quarter of 2006:

Reno on May 10, 2006 – Top 20 Edits for Beginners, Adjustments and Voids, Introduction to EDI, Electronic Verification System, and Managed Care Organizations.

Elko on May 13, 2006 – IHS/Tribal, Payerpath Billing, Physicians/ANPs/EPSDT, Obstetrics/Mid Wives, Radiology, and Therapy.

Las Vegas on June 14, 2006 – Medicaid for Managers, Medicaid for Admitting & Case Management Staff, Home Health PDN, and Payerpath Billing.

The Provider Training Catalog includes a registration form that can be completed and faxed or mailed to First Health Services. All registrations will receive a confirmation number to secure a seat for the classes selected.

For the full class schedule, class descriptions and registration forms, please review the catalog posted at https://medicaid.nv.gov (select "Provider Training" from the "Providers" drop-down menu). Online registration will be available soon. Watch the website for further developments.

Training Staff to Visit State Associations

To provide additional support and program updates to Nevada Medicaid providers, First Health Services' training staff will be working with associations statewide to schedule brief presentations and fairs that will enhance existing training sessions and allow an additional forum for discussion and comment.

These presentations, with topics ranging from Nevada Medicaid's work with the National Provider Identifier (NPI) to First Health Services' promotion of Electronic Data Interchange (EDI), will be provided in addition to regularly scheduled training sessions through a coordinated effort between state associations, First Health Services and the DHCFP.

If your association would like to participate in this type of training presentation, e-mail a request to nvtraining@fhsc.com with suggested dates, times and subject matter specified. First Health Services will post scheduled presentations on the https://medicaid.nv.gov website under "Provider Training" separate from the 2006 Training Catalog and will include any instructions for registration as needed.

Processing Pharmacy Claims for Dual-Eligible Recipients

The Medicare Part D Prescription Program took effect Jan. 1, 2006. Nevada Medicaid dual-eligible recipients (recipients eligible for both Medicaid and Medicare benefits) now receive prescription drug coverage through a Medicare Part D Prescription Drug Plan (PDP) or Medicare Advantage Plan. Listed below are pharmacists' frequently asked questions regarding dual-eligible transactions followed by answers from the Centers for Medicare & Medicaid Services (CMS).

Q: What if a dual-eligible recipient presents at the pharmacy and does not know what plan he or she has been auto-enrolled in?

A: The pharmacist should send an E1 query to determine Part D plan enrollment. If the E1 query returns the RxBIN, RxPCN, RxGRP and RxID (the "4Rx" data) and 800 number of a Part D plan, the pharmacist should bill the plan. If the E1 query returns just the 800 number of the plan, the pharmacist should call the 800 number to obtain the billing information from the plan. If the E1 query returns no match, the pharmacist should check for Medicare eligibility by submitting an expanded E1 query and Medicaid eligibility through the patient history, a Medicaid card, or a current Medicaid letter. Pharmacists can also call the dedicated pharmacy eligibility line at (866) 835-7595.

Q: What if a dual-eligible recipient who has been auto-enrolled presents at a pharmacy with a plan acknowledgement letter indicating that the recipient has switched plans?

A: If the person has his or her plan acknowledgement letter in hand, that letter should include the RxBIN, RxPCN, RxGRP and RxID, which is generally in the upper left hand area above the greeting. The pharmacist should use that information for billing or, if the letter does not include this information, the pharmacy should call the plan to get the information needed to send in a claim.

Q: What if a dual-eligible recipient who has been auto-enrolled presents at a pharmacy without a plan acknowledgement letter, but indicates that he or she has switched plans?

A: The pharmacist should send an E1 query or call the dedicated pharmacy eligibility line at (866) 835-7595 to determine Part D plan enrollment.

Q: What if a recipient presents at a pharmacy with a Medicaid card and appears to be Medicare eligible, but the pharmacist cannot determine that the recipient has been auto-enrolled in any plan?

A: Once the E1 query has failed and the pharmacist has reasonable basis for believing the recipient is dually eligible, the Point of Sale (POS) contractor (Anthem) should be billed. This will allow for the prescription to be filled and begin the process of enrolling the recipient into a Part D plan (via POS-facilitated enrollment).

Online Resources – Billing and Policy Manuals

Improved Provider Billing Manual

The Billing Manual For All Provider Types and the Claim Form Instructions have been reorganized to be easier and faster for Nevada Medicaid providers to access the information they need.

The Billing Manuals webpage, posted on First Health Services' website at https://medicaid.nv.gov (select "Billing Manuals" from the "Providers" drop-down menu), displays the following sections:

Billing Manual – this section furnishes a link to the Billing Manual For All Provider Types which contains information pertinent to all providers, such as recipient eligibility, prior authorization, third party liability and Electronic Data Interchange.

Claim Form Instructions – this section furnishes links to information regarding ADA, CMS-1500 and UB-92 claim forms.

Remittance Advices – this section furnishes links to examples of Professional and Institutional remittance advices complete with field numbers, names and definitions.

Billing Guidelines by Provider Type – this section furnishes links to billing instructions pertinent to each provider type.

Other Services – this section furnishes links to billing guidelines for Anesthesia and Sterilization and Abortion services.

Updated Medicaid Services Manual

To keep up to date on Nevada Medicaid policies and descriptions of service benefits, review the Division of Health Care Financing and Policy's (DHCFP) Medicaid Services Manual on a weekly basis. Red-colored text indicates the content has been updated. The date in red at the bottom of a page indicates when changes were posted.

The Medicaid Services Manual is available from First Health Services' website (select "Medicaid Services Manual" from the "Quick Links" drop-down menu) or from the DHCFP website (http://dhcfp.state.nv.us).

The DHCFP's web site posts notices of public hearings that discuss changes regarding Nevada Medicaid and Nevada Check Up policy. To access these notices, select "Public Notices" from the DHCFP homepage.

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