Co-Payment Claims for Part D/Medicaid Dual-Eligible Recipients

Co-payment functionality is now available, making it possible for pharmacies to submit co-payment claims to Nevada Medicaid for dual-eligible recipients eligible for both Medicare and Medicaid. The change may require alterations to point-of-sale (POS) system software. Please contact your software vendor to ensure that you will be able to submit claims without interruption. Co-payments not previously collected from recipients may be billed going back to Jan. 1, 2006. If co-payments have been collected, pharmacies are eligible to now submit claims without interruption. Co-payments are waived per federal Medicare regulations.

All co-payment claims for dual-eligible recipients should be submitted to Medicaid via the First Health Services point-of-sale system using the珠海 Part y Liability (TPL) processing. Nevada Medicaid will reimburse co-pays at $1 for generic drugs and $3 for brand drugs.

After the implementation of Medicare Part D, it is required to notify the State’s attention that a small number of individuals considered to be fully dual eligible by Medicaid are viewed as having income over the 100% Federal Poverty Level (FPL). As such, their Medicare status will cause their co-payments at $2 for generics and $5 for brands. Pharmacy providers are already able to obtain reimbursement for the $2 co-payment and $5 if the pharmacy system will pay up to $5. Nevada Medicaid will reimburse co-pays at $5. When the system is reprogrammed, providers will be notified via an announcement posted on First Health Services’ website (http://nevada.fhsc.com select “Announcements/Meetings” from the “Pharmacy” drop-down menu). At that time, providers are eligible to begin charging the higher co-payments to Nevada Medicaid and process any claims they have been holding while the State has been addressing this issue.

In addition, Nevada Medicaid will not reimburse Part D co-pays for recipients in long-term care facilities as these co-pays are waived per federal Medicare regulations. Billing in formation can be found at http://nevada.fhsc.com (select “Billing Information” from the “Pharmacy” drop-down menu).

Please direct questions regarding this billing process to First Health Services’ Technical Call Center at (800) 884-3238.

Submit Medicare Information to Nevada Medicaid - Nevada Medicaid will soon accept electronic Medicare crossover claims from all Medicare carriers. If you have not done so already, please submit your Medicare Number and the name of your Medicare carrier to First Health Services. You may submit or verify the information by calling (877) 638-3472, or complete and fax the REQUEST FOR TITLE XVIII (MEDICARE) INFORMATION form, which is available at http://medicaid.nv.gov (select “Electronic Claims/EDI” from the “Providers” drop-down menu).
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Helpful Details to Keep You Up-to-Date Regarding NPI

NPI Application Options
1. Providers may apply for an NPI on line at https://nppes.cms.hhs.gov (click on “Medicare Provider Identifier Number” (NPI) and follow the instructions).

A paper application may be obtained online at http://nppes.cms.hhs.gov or by calling the NPI Enumerator at (800) 465-3203 or TTY 1-800-692-2326. CMS has contracted with First Health Services Inc. to serve as NPI enumerator.

With provider performance, an organization may submit a request for an NPI on behalf of a provider via an electronic file. For example, pharmacy providers may apply for an NPI through the National Council for Prescription Drug Programs (NCPDP). The application must contain the correct NPI number.

Quarterly Update on Claims Paid
The Nevada Medicaid program paid out providers $250,950,121.23 in claims during the three-month period of January, February and March 2006. 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.

Tips Especially for Personal Care Providers
1. When sending in an audit origination request for a Medicaid recipient, please notify First Health Services if there are other Medicaid recipients in the same household for whom you are providing Personal Care Services. The DHCFP and First Health Services will be communicating via the “Benefit Plan” to the recipient that the recipient is eligible for these services to be provided via the Medicaid program.

2. When you are no longer providing care for a recipient, please notify First Health Services if there are other Medicaid recipients in the same household for whom you are providing Personal Care Services. The DHCFP and First Health Services will be communicating via the “Benefit Plan” to the recipient that the recipient is no longer eligible for these services to be provided via the Medicaid program.

3. When receiving a Remittance Advice (RA) from the Electronic Verification System (EVS) – log into the “Providers’” drop-down menu select “EVS Logon” or “EVS User Manual”, the Nevada Medicaid Electronic Response System (ARS) – call (800) 942-6511, a swipe card system – contact your swipe card vendor for details.

For Room & Board Payments
Reimbursement Update for Provider Type 61
First Health Serv ies has completed changes and updates on the Room and Board Mangement Information System’s (MMIS) Fi nancial Subsystem to allow payments for Room and Board related to Provider Type (PT) 61 (Mental Health Rehabilitation/Treatment Services). Providers will need to submit a separate claim for PT 99 Room and Board payments. These payments will be generated manually by the Division of Health Care Financing and Policy (DHCFP) on PT 99 numbers based on paid claims for the provider’s PT 61 number. Room and Board payments are paid to providers on behalf of the DH Vision of Child and Family Services (DCFS). Room and Board is not a Medicaid covered service.

The first scheduled payments for Room and Board based on PT 61 paid claims from 01/01/06 through 03/31/06 should have been received by providers on or about 05/23/06. Payment will be made for the period that includes PT 61 paid dates from 04/01/06 through 06/02/06 on approximately 06/23/06. Providers will be paid on a weekly basis thereafter for PT 61 claims paid the previous week. Remittance Advices (RAs) will show lump sum payments for PT 99. Providers will not see claim level detail. First Health Services will not be able to provide any further detail concerning these payments than what is printed on the RA. For more detail on payments received for Room and Board, please contact the DCFS at (775) 687-9010.

CONTACT INFORMATION
If you have a question on Claims Payment, please contact First Health Services Corporation by calling (877) 638-3472 or e-mailing Medicaidadmin@fthc.com.

If you have questions about Medicaid Service Policy or Rates, you can go to the Division of Health Care Financing and Policy (DHCFP) website: www.dchp.state.nv.us and look for the item labeled “Contact Information.” Move your cursor to “Provider Service.” You are now on the directions to find the person at DHCFP who can answer your question.

You can either phone the contact person or send an e-mail.

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2. When you are no longer providing care for a recipient, please notify First Health Services if there are other Medicaid recipients in the same household for whom you are providing Personal Care Services. The DHCFP and First Health Services will be communicating via the “Benefit Plan” to the recipient that the recipient is no longer eligible for these services to be provided via the Medicaid program.

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Remittance Advices (RAs) will show lump sum payments for PT 99. Providers will not see the amount d eferred. First Health Service s will w rite o r b e e-mail to provide any f urther d et ail with regard to this payment process.

3. At the time of the evaluation appointment, a legally responsible adult (which includes a parent, step-parent, foster parent, spouse or legal guardian) may be required to supply documentation showing the reason he/she is not available or cannot provide verification.

Tips Especially for Personal Care Providers

1. When sending in an authorization request for a Medicaid service, please notify First Health Services if there are other Medicaid recipients in the same household. This information is needed for providing Personal Care Services (PCS). The information will help First Health Services verify the assistance the recipient is eligible for and the appropriate coordination of services.

2. When you are no longer providing a service for a recipient, please notify First Health Services. They may need to ensure the recipient is correctly coded.

3. When transferring a recipient to your agency, the “Transfer Start Date” on the authorization must be verified and updated if your agency is actually taking over care. If the “transfer date” is the same as the “date you apply for authorization,” please notify First Health Services.

4. If the recipient is not eligible for services anymore, please notify First Health Services immediately.

5. If the recipient’s address or phone number change, please notify First Health Services.

6. If the recipient is not receiving services, please notify First Health Services.

For more information, please contact your local Medicaid office.

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Co-payment functionality is now available making it possible for pharmacies to submit co-payment claims to Nevada Medicaid for dual-eligible recipients (recipients eligible for both Medicaid and Medicare Part D). The change may require alterations to point-of-sale (POS) system software. Please contact your software vendor to ensure that you will be able to submit it claims without interruption. Co-payments not previously collected from recipients may be billed going back to Jan. 1, 2006. If co-payments have been collected, pharmacies are being asked to now bill Medicaid for these amounts and provide refunds to the recipients.

All co-payment claims for dual-eligible recipients should be submitted to Medicaid via the First Health Services point-of-sale system using standard Third Party Liability (TPL) processing. Nevada Medicaid will reimburse co-pays at $1 for generic drugs and $3 for brand drugs. After the implementation of Medicare Part D, it came to the State’s attention that a small number of individuals considered to be fully dual eligible by Medicaid are viewed as having income over the 100% Federal Poverty Level (FPL). As such, their Medicare status puts their co-payments at $2 for generics and $5 for brands. Pharmacy providers are a re already able to obtain reimbursement for the $2 generic co-payments since the point-of-sale system will pay up to $3. Nevada Medicaid is currently reprogramming the system to begin paying up to $5. When the system has been reprogrammed, providers will be notified via an announcement posted on First Health Services’ website (https://medicaid.nv.gov select “Announcements/Meetings” from the “Pharmacy” drop-down menu). At that time providers are invited to begin charging the higher co-payments to Nevada Medicaid and process any claims they have been holding while the State has been addressing this issue.

In addition, Nevada Medicaid will not reimburse Part D co-payments for recipients in long-term care facilities as the co-payments are waived per federal Medicare regulations. Billing in formation can be found at https://medicaid.nv.gov (select “Billing Information” from the “Pharmacy” drop-down menu). Please direct questions regarding this billing process to First Health Services’ Technical Call Center at (800) 884-3238.

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