First Health Services’ Customer Service Representatives are available to answer your questions or complaints in person or by phone, as a listed address—P.O. Box 30042, Reno, NV 89520-3042. Please do not leave confidential information in outgoing mail.

This address applies to claim forms, enrollment forms, letters of inquiry, prior authorization forms, written correspondence, etc. On your envelope, specify the department to which you are directing the correspondence (e.g., Claim Appeals, Dental Prior Authorization, Finance, Provider Enrollment, etc.).

Sources for Claim Questions and Recipient Eligibility

Please refer to the Nevada Medicaid Provider manual, published biannually by the Nevada Department of Health and Human Services. The manual is available at the Nevada Medicaid website (http://medicaid.nv.gov) and through the Provider Informationline at (877) 638-3472. Free training sessions are sponsored by the Department of Health and Human Services. Registration is required for all sessions.

Visit http://nevada.fhsc.com weekly for important updates and information.

Winter/First Quarter 2007 Volume 4, Issue 1

CMS Billers:
Enter NDC on Claims for Office-Administered Drugs

The federal Deficit Reduction Act (DRA) of 2005 includes a new provision requiring State Medicaid programs to collect National Drug Code (NDC) information on claims for drugs administered in an office setting. This requirement will facilitate Nevada Medicaid’s recovery of drug manufacturer rebates.

As communicated to affected providers through letters dated Dec. 4, 2006, through Web Announcements 116 and 122 and posted at https://medicaid.nv.gov and through messages on Remittance Advice (http://nevada.fhsc.com (select “Provider Training” from the “Providers” menu), free training sessions are sponsored by the DHCFP. Registration is required for all sessions.

Furnish Your NPI to First Health Services

All providers who are required or eligible to obtain an NPI must report their NPI to First Health Services on or before May 23, 2007. Please enter both the NPI and Provider Medicaid Number when it becomes valid for use.

First Health Services is the appropriate address for your correspondence. In addition to general correspondence such as the Nevada Medicaid News newsletter, paper Remittance Advices (RA) are sent to the “Mail To” address. If a provider has contracted with a billing agency, it is the provider’s responsibility to forward the RA and other relevant correspondence to the billing agency.

To check your address on file, call First Health Services’ Provider Enrollment Unit at (877) 638-3472.

For further information, which can also be accessed through the Electronic Verification System (EVS) from the “Providers” menu). Free training sessions are sponsored by the DHCFP. Registration is required for all sessions.

NPI Implementation:
May 23, 2007, Is Approaching Quickly

The May 23, 2007, National Provider Identifier (NPI) implementation date is approaching quickly. The Division of Health Care Financing and Policy and First Health Services strongly encourage providers to apply for their NPI now, to report their NPI to First Health Services, to enter their NPI on claim forms in addition to their Provider Medicaid Number and to test compliance with their clearinghouses.

NPI Application Process

NPIs are available by applying online at https://nppes.com.hhs.gov. A copy of the paper NPI Application Update Form (CMS-10114) is available by calling the NPI enumerator at (800) 465-3203 or sending an e-mail to customerservice@npienumerator.com. NPIs are free, but not having one can be costly.

Coordinate Compliance to Submit Electronic Files

Electronic claim submitters are strongly urged to coordinate NPI compliance with their software vendors, service centers/clearinghouses and practice management staff. As this has not already been done. All service centers submitting electronic files to First Health Services are required to test and certify for NPI compliance before May 23, 2007, or they will be decertified and First Health Services will no longer accept Electronic Data Interchange (EDI) transactions from them.
HIFA Waiver Benefits: Additional Pregnancy Services and New Check Up Plus

The Nevada Department of Health and Human Services (DHHS)’s Medicaid Services Manual is posted on the DHCFP’s website (http://www.dhcfp.state.nv.us) under “Pharmacy and Therapeutics Committee,” select “Preferred Drug List” from the “Pharmacy Manual” menu.

Quarterly Update of Claims Paid
Nevada Medicaid and Nevada Check Up paid out to providers $263,601,495.51 in claims during the three-month period of October, November, and December 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.

aatypical Provider Identifier (API) is required on all Medicaid claims submitted to First Health Services with a date of receipt on and after May 23, 2007. Please note: Due to a systems error, some providers may have received a letter showing an incorrect API and/or an incorrect Provider Medicaid Number. Affected providers were sent a second letter, titled “Urgent Message Regarding API Notification,” that shows the correct numbers to use on Medicaid claims and correspondence to First Health Services. If you obtain an API after you were issued an API, please submit the new API to First Health Services.

The federal Deficit Reduction Act of 2005 included regulations for the prevention of FUD and abuse of Medicaid providers. One such policy, Section 6022, targets health care organizations that receive $5 million or more in annual payments from Medicaid. These entities are required to develop written policies to educate their employees and subcontractors on false claims recovery, fraud and prepayment, and the whi blowers/petitioners under state and federal law.

The Medicaid Services Manual is being revised to include the policy requirements associated with the new regulation and an amendment to the State Plan has been submitted to the Centers for Medicare and Medicaid Services. For any questions, please contact Michelle Walters, DHCFP Surveillance and Utilization Review Supervisor, at (775) 684-3648.

“Employee Education” – New Approach to Fraud Prevention

The DHCFP developed new provider numbers for organizations/individuals that are not required to obtain an API. The new provider number, referred to as an Atypical Provider Identifier (API), contains 10 numeric digits similar to the first number on your Claim 2006. Check 2007. Through May 22, dental providers may submit the 2006 ADA form or the ADA 1999 version 2000 or ADA 2002, 2004. Dental claims received at First Health Services after and on May 23, 2007, must be on version 08/05.

The Division of Health Care Financing and Policy (DHCFP) does not require a National Provider Identifier (NPI) from providers whose services can be considered atypical and/or non-traditional. The HIPAA NPI Final Rule defines atypical or non-traditional as “Services that are indirectly health related, such as taxi, home and vehicle modifications, insect control, habilitation and respite services.”

For operational consistency, the DHCFP developed new provider numbers for organizations/individuals that are not required to obtain an NPI. The new provider number, referred to as an Atypical Provider Identifier (API), contains 10 numeric digits similar to the first number on your Claim 2006. Check 2007. Through May 22, dental providers may submit the 2006 ADA form or the ADA 1999 version 2000 or ADA 2002, 2004. Dental claims received at First Health Services after and on May 23, 2007, must be on version 08/05.

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Contact Information
If you have a question on Claims Payment, please contact First Health Services by calling (877) 638-3472 or e-mailing nevadamedicaid@fhs.c.

If you have questions about Medicaid Service Policy or Rate, you can go the Division of Health Care Financing and Policy (DHCFP) website: www.dhcfp.state.nv.us and look for the item labeled: Contact Information. Follow your cursor and directions to the item that list the directions to the person that can answer your question. You can either place the contact person or send an e-mail.

If you have a question on Claims Payment, please contact First Health Services by calling (877) 638-3472 or e-mailing nevadamedicaid@fhs.c.

The Medicaid Services Manual is posted on the DHCFP’s website (http://www.dhcfp.state.nv.us) under “Pharmacy and Therapeutics Committee,” select “Preferred Drug List” from the “Pharmacy Manual” menu.

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**Updates on New Claim Forms**

**CB Billers:** The March 1, 2007, Nevada Medicaid/NC Medicaid Check Up implementation date for the B-04 form has been temporarily delayed. Until further notice, please continue to use the UB-92 form for paper and electronic claims. Web Announcements posted at nevada.fhsc.com will provide updates as information becomes available.

**CMS-1500 Billers:** The new CMS-1500 version on 08/05 became valid for UB-04 claims beginning Jan. 2, 2007. Through May 22, dental providers may submit the CMS-1500 version 2000 or 2002 ADA 2004. Dental claims received at First Health Services on and after May 23, 2007, must be on version 08/05.

**ADA Billers:** The new 2006 ADA claim form became valid for use beginning Jan. 2, 2007. Through May 22, dental providers may submit the 2006 ADA form or the ADA version 2000 or 2002 ADA 2004. Dental claims received at First Health Services on and after May 23, 2007, must be on the 2006 ADA. Instructions for all claim forms and Co-Impanions Guides for electronic billers are posted at nevada.fhsc.com.

**API: A New Number for Atypical Providers**

The Division of Health Care Finance and Policy (DHCFP) does not require a National Provider Identifier (NPI) for providers whose services can be considered atypical and/or non-traditional. The HIPAA NPI Final Rule defines atypical or non-traditional services as: Services that are indirectly health care related, such as taxi, home and vehicle modifications, insect control, habilitation and respite services.

For operational consistency, the DHCFP developed new provider numbers for organizations/individuals that are not required to obtain an NPI. The DHCFP now issues a number, referred to as an API, that is similar to an NPI but is not an NPI. First Health Services has mailed to atypical providers a notification with an assigned API.

The API is required on all Medicaid claims submitted to First Health Services with a date of receipt on and after May 23, 2007. Nearly 100 percent of current claims continue to be adjudicated within 30 days. The DHCFP and all First Health Services thank you for participating in the Medicaid Services program, which was initiated on Dec. 1, 2006, and provides two unique benefit programs to those meeting the eligibility guidelines.

The first component, the existing pregnancy program, extends the Medicaid pregnancy-related coverage. The waiver raises the allowable income level from 133 percent to 185 percent of the federal poverty level. Services include routine prenatal care, delivery and postpartum care. The waiver provides up to $100 per month per parent (maximum of $200 per family) to help offset the cost of the premium payment. To qualify for Nevada Check Up Plus, an individual must meet the following conditions:

- Be a parent, related caretaker, or legal guardian of a child residing in the same household.
- Not be eligible for Medicaid
- Not currently be covered by another source of health insurance.
- Be employed with an eligible employer.
- Be covered in the program’s income requirements.

**HIFA Waiver Benefits:**

**Additional Pregnancy Services and New Check Up Plus**

The Nevada Health Insurance Flexibility and Accountability (HIFA) waiver program, which was in effect until Dec. 2006, provides two unique benefit programs to those meeting the eligibility guidelines.

The Division of Health and Welfare and Supportive Services (DWSS) completes pregnancy program eligibility determinations. For questions regarding HI PA coverage for pregnant women, call 1-855-WVHDSW (1-855-WVHDSW) in Las Vegas at (702) 486-1646 or in the Reno/Carson City area at (775) 684-7200. You can also call (800) 992-0900 and ask for extension 61646 (Southern Nevada) or extension 47200 (Northern Nevada).

Eligible employers must:

- Explain HI PA to employees.
- Sponsor a group health plan.
- Pay at least 50 percent of their employees’ monthly insurance premiums.

The Division of Health Care Finance and Policy completes Nevada Check Up Plus eligibility determinations. Further information about Nevada Check Up Plus and applications (English and Spanish) may be found at http://nevadacheckup.state.nv.us or by calling (877) 543-7699 (local: 775-684-3777).

**A Message from DHCFP Regarding Prevention**

Medicaid would like to invite you to join with us as we strive to heighten the awareness of colorectal cancer prevention and early detection and treatment of such cancer. In an effort to increase the public’s awareness of colorectal cancer, the Division of Health Care Financing and Policy (DHCFP) is conducting a colorectal cancer screening and education campaign. The campaign, called “Employee Education,” is intended to provide employers with strategies to heighten the awareness of colorectal cancer prevention and early detection among employees and to encourage employees to get regular colorectal cancer screenings.

Medicaid will work with employers to encourage employees to participate in the annual colorectal cancer screening and education campaign. As an incentive to increase participation, DHCFP is piloting a colorectal cancer screening incentive payment for employers. Upon request, DHCFP will provide employers with a summary of the colorectal cancer screening and education campaign and related employment, insurance and business considerations.

**Quarterly Update: Claims Paid**

Nevada Medicaid and NC Medicaid Check Up aid out to providers $263,610,495.11 in claims during the three-month period of October, November and December 2006. Nearly 100 percent of current claims continue to be adjudicated within 30 days. The DHCFP and all First Health Services thank you for participating in Nevada Medicaid and Check Up.

**“Employee Education” – New Approach to Fraud Prevention**

To ensure the Medicaid program’s integrity and to minimize improper payments, DHCFP’s Division of Health Care Financing and Policy (DHCFP) is introducing the Employee Education program. This program, intended to educate employees about fraud, is expected to increase the number of employees reporting fraud-related issues to DHCFP.

The federal Department of Health and Human Services (DHHS) recently announced a new rule (73 Fed. Reg. 43081) effective July 1, 2008, that changes the laws requiring health care organizations to report any instance of fraud or abuse to the Department of Health and Human Services. The required reports must be submitted by the health care organization and must contain the information listed in the rule.

The DHCFP expects to implement its Employee Education program in the near future. The DHCFP will provide employers with a summary of the employee education program and related employment, insurance and business considerations.

**Pharmacy News: Regarding the PDL, PA Edits and DUR/P&T Meetings**

**Update to the PDL**

The Pharmacy and Therapeutics Committee of the Nevada Medicaid Services Division of Health and Human Services’ Division of Health Care Financing and Policy met on Dec. 14, 2006, to review several drug classes. The actions taken by the Committee included removing from the Preferred Drug List (PDL) Opna ER® and Dynatran®; adding Roxeran®; and removing age and diagnosis restriction from Zoloft®. These changes were effective Jan. 1, 2007.

The complete, updated PDL is posted at medicaid.nv.gov (select “Preferred Drug List” from the “Pharmacy” menu). The PDL, or Clinical PAs, please contact the Clinical PAs (CPCA) at (775) 414-8488.

**Clinical PA Edits**

Specific details as updates to Clinical Prior Authorization (PA) edits can be found at the following website: http://www.dhcp.state.nv.us/ on the Medicaid Manuals, select “Chapter” under “120 O-Prescription Serv vices (Rx)” and then scroll down to “Appendix A.” If you have questions regarding the PDL or the Clinical PA Edits, please contact the Clinical PAs (CPCA) at (775) 414-8488.

**DUR and P&T Meetings**

The 2007 M.Eeting Se hexe for the DUR’s Drug Use Review (DUR) Board and the Pharmacy & Therapeutics Committee is posted on the “Pharmacy & Therapeutics Meetings/Announcements” webpage at https://medicaid.nv.gov. Please review the schedule of meeting dates, times and locations.
Reminders for all Medicaid Providers

Mailing Address Change for First Health Services

Effective immediately, please mail all correspondence to First Health Services at the following address: P.O. Box 30042, Reno, NV 89520-3042. Please discontinue the use of all of your post office box addresses. This address applies to claim forms, enrollment forms, letters of inquiry, prior authorization forms, written correspondence, etc. On your envelope, specify the department to which you are directing the correspondence (e.g. Claims, Claim Appeals, Dental Prior Authorization, Finance, Provider Enrollment, etc.).

Sources for Claim Questions and Recipient Eligibility

Please refer to your Remittance Advice for claim status information, which can also be accessed through the Electronic Verification System (EVS) or the Nevada Medicaid Audio Response System (ARS). EVS is an on line tool found at https://medicaid.nv.gov (select “EVS Logon” or “EVS User Manual” from the “Providers” menu). ARS is available by calling (800) 942-6511. EVS and ARS can also be used to check recipient eligibility, which must be verified before rendering services.

Visit https://medicaid.nv.gov weekly for important updates and information.

First Health Services’ Customer Service Representatives are available to answer your questions concerning the manner in which a claim was adjudicated or other claim issues. Please call (877) 638-3472.

Do We Have Your Correct Address?

Please verify that your “Mail To” address on file with First Health Services is the appropriate address for your correspondence. In addition to general correspondence such as the Nevada Medicaid News or electronic Remittance Advises (RA) are sent to the “Mail To” address. If a provider has contracted with a billing agency, it is the provider’s responsibility to forward the RA and other relevant correspondence to the billing agency.

To check your address on file, call First Health Services’ Provider Enrollment Unit at (877) 638-3472. The 2007 Provider Training Catalog Posted

The 2007 First Health Services Provider Training Catalog for Nevada Medicaid and Nevada Check Up is posted at https://medicaid.nv.gov (select “Provider Training” from the “Providers” menu). Free training sessions are sponsored by the DHCFP. Registration is required for all sessions.

CONTENTS:

- New Claim Forms
- Atypical Provider IDs
- Fraud Prevention Policy
- Pharmacy News
- HIFA Waiver Benefits
- Reminders for Billing Staff

Visit https://medicaid.nv.gov weekly for important updates and information.

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VOLUME 4, ISSUE 1

CMS Billers:
Enter NDC on Claims for Office-Administered Drugs

The federal Deficit Reduction Act (DRA) of 2005 includes a new provision requiring State Medicaid programs to collect National Drug Code (NDC) information on claims for drugs administered in an office setting. This requirement will facilitate Nevada Medicaid’s recovery of drug manufacturer rebates. As communicated to affected providers, this provision is effective Dec. 4, 2006. To comply, use the NDC number on claims for drugs administered in the practice setting. The CMS-1500 Claim Form Instructions have been updated to reflect this procedure and are posted at http://nevada.fhsc.com. Updates are available through First Health Services’ paper and electronic Remittance Advises.

DO YOU HAVE YOUR CORRECT ADDRESS?

Please verify that your “Mail To” address is correct. This address is used for correspondence from Nevada Medicaid. The address on file with First Health Services is the appropriate address for your correspondence. If your mailing address has changed, please contact your Provider Enrollment Unit at (877) 638-3472 to update your record. This will ensure that we have the correct contact information for all correspondence.

ENTER NDC ON CLAIMS FOR OFFICE-ADMINISTERED DRUGS

Effective July 1, 2007, all claims for drugs administered in the office setting will be submitted with the National Drug Code (NDC) number. This requirement is part of the Federal Deficit Reduction Act (DRA) of 2005. The NDC number is a unique code for each drug and is used to identify the drug and its dosage form.

In addition to the Nevada Medicaid News, paper Remittance Advises (RA) are sent to the “Mail To” address. If you have contracted with a billing agency, it is your provider’s responsibility to forward the RA and other relevant correspondence to the billing agency.

To check your address on file, call First Health Services’ Provider Enrollment Unit at (877) 638-3472. The 2007 Provider Training Catalog is posted at https://medicaid.nv.gov. Free training sessions are sponsored by the DHCFP. Registration is required for all sessions.

REMEMBERS FOR BILLING STAFF

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