Additional Provider Types: First Health Services has developed a free, innovative web-based registration and user management tool for Nevada Medicaid providers who use the Electronic Verification System (EVS), the Online Prior Authorization System (OPAS) and the Pharmacy Web PA, the system ongoing so for all providers who submit prior authorization (PA) requests for prescription drugs. The example, if you enter PA requests: Psychiatric Hospital, Inpatient (PT 13), Psychiatric Hospital, Outpatient (PT 20), Specialty (PT 63), and Residential Treatment Centers (RTC) (PT 63). These providers, who will receive an invitation to register for OPAS in the coming weeks, will use the above-mentioned UAC to complete the registration process.

Additional information and updates on UAC, OPAS and submitting online PA requests for prescription drugs will be posted at http://nevada.fhsc.com.

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

Second Quarter/Spring 2007 Volume 4, Issue 2

Don’t Miss Out: Free “All Provider” Workshops This Summer

First Health Services and the Division of Health Care Financing and Policy are hosting “All Provider” Workshops this summer in Reno (July 11 and 12), Las Vegas (Aug. 8 and 9) and Elko (Aug. 22 and 23). Sessions for all providers will cover: the National Provider Identifier (NPI)/Atypical Provider Identifier, electronic data interchange, electronic verification, reciprocal eligibility, third party liability, prior authorization, claim submission tips, and submitting appeals, adjustments and voids.

Break-out sessions will be held for provider types (PT): Dentist (PT 22), Nursing Facility including PASRR and Level of Care (PT 19), Physician and Paypath presentation (all providers), Waivers (PT 57, 58, 59), Behavioral Health (PT 14, 61, 82), Home Health Private Duty Nursing (PT 29), Hospital/ASC/ESRD Facility (PT 11, 12, 13, 24, 44, 45, 46, 55, 63, 75), Anesthesia, Physicians, EPSDT, CRNP, Radiology, Obstetric/Midwife and Special Clinics (PT 17, 26, 24, 27, 74, 75).

Registration is required. The “All Provider” Workshop Registration Form (FH-42) and the 2007 Nevada Medicaid and Nevada Check Up Provider Training Catalog are posted at https://medicaid.nv.gov.

NPI on Pharmacy Claims:
As of May 23, 2007, the DHCFP now requires pharmacy providers to enter the pharmacy’s (not pharmacist’s) National Provider Identifier (NPI) on Nevada Medicaid/Nevada Check Up claims, instead of the Provider Medicaid Number. Additionally, when entering the prescriber’s ID, pharmacy providers may continue to enter the prescriber’s Provider Medicaid Number or may enter the prescriber’s NPI without further notice. Ultimately, only the prescriber’s NPI will be allowed.

For more details and transaction instructions, see the notice titled “NPI Required on Nevada Medicaid/Nevada Check Up Claims May 23, 2007” posted on the “Pharmacy Announcements/Meetings” page at https://medicaid.nv.gov.
The Medicaid Integrity Program (MIP), established by t he Deficit Reduction Act (DRA) of 2005, is the Centers for Medicare & Medicaid Services (CMS) integrity program that focuses on payment integrity and quality of care, and St ate pro gra m Grant li ght Oper ate ions, which includes provid ing the states with assistance to States to improve Medicaid integrity act ivity in ves and co nduct over-sight of St ate M edicaid integ rity pro- grams.

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- Billing for services not provided;
- Billing for a higher level of service than was actually performed.
- Submitting a claim under one patient’s name when services were actually provided to another person, usually a no-Medicaid eligible patient;
- Altering claim form s and pati ent information.
- Billing for no-covered services as if they were covered services;
- Changing claim tm aps to a claim f or rm so that it w is hit a patient’s benefit period; and/or
- Performing services that are not authorized or on medical necessity.

To comply w ith the MIP, Medicaid providers may be asked to o engage in n activities such as:

- Self-assessments of claim s records and billing practices (i.e., provider self-audit);
- Examinations of exi sting co mpli ance programs, policies and procedures; and/or
- Participation in Medicaid Integrity Contractor (MIC) audits.

Payment Error Rate Measurement (PERM) Notification

The Division of Health Care Financing and Po l icy (DHCFP) wants to inform all Nevada Medicaid and Nevada Check Up health care providers of its upcomi ng Payment Error Rate Measurement (PERM) audit. PER M 1 is a federal y mandated program ad ministered by the Centers for Medicare & Medicaid Services (CMS). All states will undergo a PER M audit once ever y three years.

At the conc lusion of each annual audit, CMS will calculate state and national error rates and this information, along with a sample of Medicaid and Nevada Chec k Up claims paid by the DHCFP during federal fiscal y ears 2006 (October 2007 through September 2008).

CMS is utilizing federal contractors to conduct the claims processing and medical record review portions of the audit. These reviews will determine whether or not the sampled claims were paid accurately and in accordance with federal an d state policy. Managed care capitation payments will undergo a c laim s processi ng revi ew only. The PER M audit al so includes an eligibility review.

Failure to submit any documentation or submittal of insuf ficient document ation, within the PERM program time lines, will result in the claim(s) being de-identified and submitted for review with no payment.

For further information about the Federal Medical Role in Combating Medicaid Fraud, Waste and Abuse, see the following:

What MIP Is and Does:

The Medicaid Integrity Program (MIP) is a mandatory program that encompasses reviewing the actions of Medicaid providers, conducting audits of Medicaid el is, identifying overpay -

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What MIP Is and Does:

The Medicaid Integrity Program (MIP), established by t he Deficit Reduction Act (DRA) of 2005, is the Centers for Medicare & Medicaid Services (CMS). All providers will be notified as soon as this information is available. Please review Web Announcements at https://medicaid.nv.gov weekly for updates.

Claims recei ved at First Health Services on or after January 1, 2008, for office-administered drugs without corresponding NDCs will be denied.

PHARMACY NEWS...

Pharmacy Provider Training: Free Pharmacy Provider Forums and Pharmacy Provider Training sessions have been scheduled in Reno, Las Vegas and Elko. The Pro vider Forums present updates to the top billing issues facing Nevada Medicaid/Nevada Check Up providers and present the opportunity to ask questions concerning these issues. The Provider Training classes concentrate on point-of-sale claim processing, drug coverage and limitations, Medicare covered drugs and Multi-Ingredient Compound (MIC) claims.

The 2007 Nevada Medicaid and Ne vada Check Up Pro vider Training Catalog at [https://medicaid.nv.gov select “Provider Training” from the “Providers” menu] lists the dates, times, locations and registration information for forums and classes.

Updates / Updates: Visit the Nevada Medicaid website regularly for updates to the Preferred Drug List; the 2007 Meeting Schedule for the Drug Use Review (DUR) Board and the Pharmacy & Therapeutics Committee; and results from the Annual Preferred Drug & Review (scheduled for June 21, 2007). Select the appropriate topics posted under the “Pharmacy” menu at [https://medicaid.nv.gov]....
Nevada Medicaid News

The Medicaid Integrity Program: Enhancing the Federal Government’s Role in Combating Medicaid Fraud, Waste and Abuse

What Meds and Does:

The Medicaid Integrity Program (MIP), established by the Deficit Reduction Act (DRA) of 2005, is the Centers for Medicaid and Medicare Services’ (CMS) program to detect, deter, and respond to fraud, waste, and abuse in the Medicaid program administered by the Centers for Medicare & Medicaid Services (CMS). All states will undergo a PERM audit once every five years.

At the conclusion of each annual audit, CMS will calculate state and national error rates with a comprehensive corrective action report, which will be presented to Congress. The PERM audit will review a random sample of Medicaid and Nevada Check Up fee-for-service and managed care claims paid by the DHCFP during a federal fiscal year (October 2007 through September 2008).

Medicaid Integrity Contracting, which encompasses reviewing the actions of Medicaid providers, conduct, audit of Medicaid claims, identifying overpayment, and recovering improper payments. This will also include auditing providers’ systems and processes on payment integrity and quality of care; and State Program Integrity Operations, which includes auditing providers’ systems and processes to ensure that the claim is properly submitted to a state agency for Medicaid integrity investigations and conducting oversight and evaluation of State Medicaid integrity programs.

What Providers Need to Know and Do:

CMS and its federal and state partners are committed to combating Medicaid fraud, waste, and abuse. CMS recognizes the important role of the provider community in identifying potentially fraudulent practices in their respective industries. Medicaid fraud, waste and abuse can take many forms, such as:

- Billing for services not provided;
- Billing for a higher level of service;
- Billing for services not eligible under a patient’s name when services were actually provided to another person, usually a non-Medicaid eligible patient;
- Altering claim forms and patient information;
- Billing for non-covered services as if they were covered services;
- Charging for services provided prior to a date on the claim form that is after a patient’s benefit period; and/or
- Performing services that are not authorized or not medically necessary.

To comply with the MIP, providers may be asked to engage in activities such as:

- Self-assessments of claims records and billing practices (i.e., provider self-audits);
- Examinations of existing compliance programs, policies and procedures; and/or
- Participation in Medicaid Integrity Contractor (MIC) audits.

Providers may send questions or requests for additional information about MIP to: Medicaid_IntegrityProgram@cmhs.hhs.gov.

Payment Error Rate Measurement (PERM) Notification

The Division of Health Care Financing and Policy (DHCFP) wants to inform all Nevada Medicaid and Nevada Check Up health care providers of the upcoming Payment Error Rate Measurement (PERM) audit. PERM is a federally mandated program ad ministered by the Centers for Medicare & Medicaid Services (CMS). All states will undergo a PERM audit once every five years.

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CMS is utilizing federal contractors to conduct the claims processing and medical record review portions of the audit. These reviews will determine whether or not the sampled claims were paid accurately and in accordance with federal and state policies. Managed care contract payments will undergo a claims processing review ewly. The PERM audit also includes an eligibility audit of claims to determine whether or not the sampled claim(s) were actually paid. This will be conducted by the Division of Welfare and Supportive Services.

During the last few months of 2008, federal contractors will begin the process of contacting Nevada Medicaid and Nevada Check Up providers for documents about the sampled claim(s) under review. The medical records request is a permissive disclosure under Health Insurance Portability and Accountability Act (HIPAA) privacy regulations, as well as a mandatory compliance statement contained in all provider agreements with the DHCFP. Providers must submit all requested information substantiate the claim(s) billed and paid by the DHCFP within ninety (90) days of the initial request for documentation.

Failure to submit any documentation or submittal of insufficient documentation, within the allotted time frame, will result in the claim(s) being denied an error or an improper payment. The federal share of all improper payments discovered during the course of these reviews must be returned to CMS by the DHCFP. The DHCFP will recover all provider-related errors or improper payments discovered during the PERM audit from the provider.

For further information about the federal PERM program, see http://www.cms.hhs.gov. Medicaid providers are encouraged to read this article to learn about the measures that states use to ensure that the claims paid are not erroneous.

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Online Tools to Make Your Job Easier

User Administration Console: First Health Services has developed a free, innovative web-based registration and user management tool for Nevada Medicaid/Nevada Check Up providers who use the Electronic Verification System (EVS), the Online Prior Authorization System (OPAS) and Pharmacy Web PA, the system coming so on for providers who submit prior authorization (PA) requests for prescription drugs.

The User Administration Console (UAC), which will be available soon at https://medicaid.nv.gov, is an application that puts the control and maintenance of user access in the hands of the organization (provider). Access to UAC is obtained through a secure registration request and Personal Identification Number (PIN) registration process. Instead of requesting access for each staff member through First Health Services, each provider will choose a Delegated Administrator who will register through UAC and be responsible for creating users, granting users appropriate access to EVS, OPAS and/or Pharmacy Web PA, and assigning secondary administrators (Local Administrators) to assist with managing the users for sizeable organizations.

Existing EVS/OPAS users may continue to use their existing user ID(s) to access EVS/OPAS.

OPAS Now Serves Additional Provider Types: First Health Services’ Online Prior Authorization System (OPAS) continues to expand to be available to more provider types.

OPAS is a valuable, HIPAA-compliant tool so some providers are using it for facilitating prior authorization (PA) requests and tracking. Providers can submit PA requests through a secure website instead of faxing or mailing requests. OPAS provides 24/7 access, quicker responses for insufficient information and reduction of provider overhead.

Providers recently invited to register to use OPAS include those who request PASR Level 1 and Level of Care screenings.

In the near future, the system will be available to the following provider types (PT) who submit PA requests: Psychiatric Hospital, Inpatient (PT 13), Psychiatric hospital, Outpatient (PT 20 Specialties 146 Psychiatric and 147 Psychiatric-Child), Psychologist (PT 26) and Residential Treatment Centers (RTC) (PT 63). These providers, who will receive an invitation to register for OPAS in the coming weeks, will use the above-mentioned UAC to complete the registration process.

Additional information and updates on UAC, OPAS and submitting online PA requests for prescription drugs will be posted at https://medicaid.nv.gov.

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Don’t Miss Out: Free “All Provider” Workshops this Summer

First Health Services and the Nevada Division of Health Care Financing and Policy (DHCFP) have chosen to implement a contingency plan for the National Provider Identifier (NPI)/API. Providers will be notified of the ending date of the contingency period at which time NPI/API will be required. Please review the Web Announcements posted at http://nevada.fhsc.com on a weekly basis for updated information.

Until further notice, providers may enter either their Nevada Medicaid Number or their NPI/API in the appropriate fields on Nevada Medicaid/Nevada Check Up claims. This applies to both paper and electronic claims.

Important note: If NPI/API is used on the claim, then the entire claim must be NPI compliant. For example, if you enter NPI for “Rendering/Servicing Provider ID,” you must enter NPI (not Nevada Medicaid Number) for “Billing Provider.” The DHCFP and First Health Services strongly urge providers to begin using their NPI immediately to ensure smooth transition to full implementation.

If you have not already done so, please report your NPI and Taxonomy Code(s) to First Health Services by completing and mailing the Provider Information Change Form (FH-33) (at http://nevada.fhsc.com select “Forms” from the “Providers” menu).

NPI on Pharmacy Claims:
As of May 23, 2007, the DHCFP now requires pharmacy providers to enter the pharmacy’s (not pharmacist’s) National Provider Identifier (NPI) on Nevada Medicaid/Nevada Check Up claims, instead of the Provider Medicaid Number. Additionally, when entering the prescriber’s NPI, pharmacy providers may continue to enter the prescriber’s Provider Medicaid Number or may enter the prescriber’s NPI until further notice. Ultimately, only the prescriber’s NPI will be allowed. For more details and transaction instructions, see the notice titled “NPI Required on Nevada Medicaid/Nevada Check Up Claims May 23, 2007” posted on the “Pharmacy Announcements/Meetings” page at http://nevada.fhsc.com.

Claim Forms:
Beginning June 1, 2007, all claims received at First Health Services must now be submitted on the new claim forms: CMS-1500 (version 08/02), UB-04 or ADA 2006. Please review the current claim in forms instructions posted at http://nevada.fhsc.com for the requirements for each field of the forms.

Contingency Plan for NPI/API:
The Nevada Division of Health Care Financing and Policy (DHCFP) has chosen to implement a contingency plan for the National Provider Identifier (NPI)/API. Providers will be notified of the ending date of the contingency period at which NPI/API will be required. Please review the Web Announcements posted at http://nevada.fhsc.com on a weekly basis for updated information.

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Pharmacy News

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