A Message from DHCFP: Periodontal Coverage for Pregnant Adult Women

The Division of Health Care Financing and Policy (DHCFP) has recently received legislative approval to provide periodontal coverage for pregnant adult women. Effective Oct. 1, 2007, any adult recipient will now qualify for certain periodontal services during her pregnancy.

Studies have linked periodontal disease during pregnancy to both premature births and low-birth-weight babies. DHCFP feels it would be both beneficial to our recipients and cost-saving for the State if we included certain periodontal benefits which were previously not covered for pregnant Medicaid recipients over the age of 21 (such as periodontal exams/screenings and scaling/root planning procedures).

The DHCFP will be distributing flyers, sharing the news at various coalition meetings, and doing outreach to targeted groups (such as OBGYN providers) regarding these changes. Our hope is that we can reach as many pregnant adult recipients with this periodontal disease as possible.

By introducing periodontal benefits to our pregnant adult Medicaid population, we hope to reduce future expenditures on expensive hospital care for premature births and low-birth-weight babies. In addition, the newly expanded benefits will help to provide access to services for pregnant women (and their unborn babies) whose health and quality of life are at risk if the disease is left untreated.

We would like to request our providers’ support in this endeavor. You can help by sharing this news with your colleagues, patients and staff members. This is an opportunity to improve the care of all our pregnant patients, DHCFP feels it would be both beneficial to our recipients and cost-saving for the State.

The Medicaid Fee Schedule will be revised showing the changes to covered benefits in the Medicaid Services Manual (MSM). Chapter 1000 – Dental Services (the Medicaid dental policy) must go through a public hearing process before adoption. For those interested in this list of the new periodontal benefits, please refer to MSM Chapter 1000 on or after Oct. 1, 2007, at www.dhcfp.state.nv.us.

Updates on Major Issues

NPI/API: If you have not already done so, please provide First Health Services with your National Provider Identifier (NPI) by completing and mailing the Provider Information Change Form (FH-33). Enter your NPI in Field 4.a. and your Taxonomy Code(s) in Field 4.b. FH-33 is posted at https://medicaid.nv.gov (select “Forms” from the “Providers” menu).

Provider: Until further notice, providers may enter their Provider Medicaid Number or their NPI or their Atypical Provider Identifier (API) in the appropriate fields on claims received at First Health Services. These instructions apply to both paper and electronic claims. Providers will be notified of the effective date when only NPI/API will be accepted.

Reminder: If NPI/API is used on the claim, then the entire claim must be NPI/API compliant. For example, if you enter NPI for “Rendering/Servicing Provider ID” please enter NPI for “Billing Provider.”

CMS-1500 (version 08/05) Billers: When using your NPI in the bottom, white half of Field 24J and in Field 33A, you must use qualifier ZZ in Field 24J and in Field 33A. Qualifier ZZ is valid for claims showing NPI in these fields.

When using your API in Fields 24J and 33A, please enter qualifier NS in Field 24J.

National Drug Codes (NDC): The federal Deficit Reduction Act (DRA) of 2005 requires State Medicaid programs to collect National Drug Code (NDC) information on claims for all drugs administered in an outpatient setting. This mandate requires Nevada Medicaid’s compliance with federal regulations regarding recovery of drug manufacturer rebates. NDC and NDC billing units will be required on CMS-1500 (version 08/05) and UB-04 claims beginning Jan. 1, 2008. Please visit https://medicaid.nv.gov for claim form instructions and web announcements concerning this requirement.

Prescriber NPI on Pharmacy Claims: When entering the prescriber’s ID on claims, pharmacy providers are encouraged to use the prescriber’s NPI immediately instead of the prescriber’s Provider Medicaid Number. Providers will be notified of the effective date when the prescriber’s NPI will be mandatory.

Tamper-Resistant Prescription Pads Due in October 2007: Section 7002(b) of the U.S. Troop Readiness, Veterans’ Care, Katrina Recovery and Iraq Accountability Appropriations Act of 2007 requires that all written, non-electronic prescriptions for Medicaid outpatient drugs be executed on tamper-resistant pads in order for the drugs to be reimbursable by the federal government. Please see Web Announcement 157 at https://medicaid.nv.gov for details and links to Chapter 1200 of the Medicaid Services Manual and the Centers for Medicare & Medicaid Services (CMS) website.

Visit http://nevada.fhsc.com weekly for important updates & information.
OIG’s Authorities Regarding Exclusion from Participation in Federal Programs

September 1999 – The Office of Inspector General (OIG) was established in the U.S. Department of Health and Human Services to identify and eliminate fraud, waste and abuse in the Department’s programs to promote efficiency and economy in Departmental operations. The OIG carries out this mission through a nationwide program of audits, inspections and investigations.

In addition, the OIG has been given the authority to exclude from participation in Medicare, Medicaid and other Federal health care programs individuals and entities who have engaged in fraud, waste and abuse, and to impose civil money penalties (CMPs) for certain misconduct related to Federal health care programs (sections 1128 and 1128A of the Social Security Act).

To enhance the OIG’s ability to protect the Medicare and Medicaid programs and recipients, the Medicare and Medicaid Patient and Program Protection Act of 1987, Public Law 100-63, further expanded the OIG’s sanctioning authorities beyond programs funded by the Department to all programs funded by the Department.

The enactment of HIPAA in 1996 and the Balanced Budget Act (BBA) of 1997, Public Law 105-33, further expanded the OIG’s sanctioning authorities by, among other things, establishing certain mandatory and discretionary exclusions for various types of misconduct.

The Centers for Medicare & Medicaid Services (CMS) will measure the accuracy of Medicaid and State Children’s Health Insurance Program (SCHIP) payments made by each state for services rendered to recipients through the Payment Error Rate Measurement (PERM) program. Livanta LLC will conduct this review, and CMS will use national contractors to measure improper Medicaid and SCHIP (Nevada Check Up) payments. The Lewin Group will provide statistical support to the program by producing the claims to be reviewed and by calculating Nevada’s error rate. Livanta LLC will provide the documentation/database support by collecting medical policies from the State and by collecting medical records from providers. HealthDataInsights Inc. will conduct the medical and processing reviews for sampled claims following CMS guidance.

The PERM review for Nevada will be conducted on claims paid Oct. 1, 2007, through Sept. 30, 2008.

Medical records are needed to support the reviews conducted by HealthDataInsights to determine if the service provided was medically necessary and correctly paid in accordance with established policy. For claims selected in the PERM sampling process, Livanta LLC will contact the provider for a copy of the medical records to support the claim billed to and paid by the Division of Health Care Financing and Policy (DHCFP). To obtain the appropriate medical record documentation, Livanta LLC will contact the provider to verify name and address and to determine how the provider wants to receive the medical record request(s) via facsimile or U.S. mail.

The initial provider contacts will occur in the first few months of 2008. Once the provider receives the request for medical records, the provider must submit the information electronically or in hard copy within 90 days. Livanta LLC and, if necessary, State PERM staff will follow up to ensure that providers submit the documentation before the 90-day timeframe has expired.

It is very important that providers cooperate by sending in all requested documentation. Under the CMP authority, providers may be assessed penalties (CMPs) for certain misconduct.

In addition, the collection and review of health information contained in individual-level medical records for payment review purposes is permissible by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations at 45 Code of Federal Regulations, parts 160 and 164.
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The Centers for Medicare & Medicaid Services (CMS) will measure the accuracy of Medicare and State Children’s Health Insurance Program (SCHIP) payments made by each state for services rendered to recipients through the Payment Error Rate Measurement (PERM) program.

Under the OIG’s administrative sanction authorities, Federal health care providers who submit claims to Medicare for services that are false or fraudulent may be subject to a CMS-imposed penalty.

The OIG urges health care providers to check the OIG List of Excluded Individuals or Entities on the OIG website before hiring or contracting with individuals or entities. Providers should also periodically check the OIG website for determining the participation/exclusion status of current employees and contractors.

**Quarterly Update on Claims Paid**

Nevada Medicaid and Nevada Check Up paid out to providers $26,063,750.75 in claims during the three-month period ending June 30, 2007.

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**Paper Claim Forms – Before sending your claim forms to First Health Services:**

- Enter all Provider Medicaid Numbers and/or National Provider Identifiers (NPI) in the correct fields on claim forms.
- Enter claim form information exactly, especially digits, so the data is centered in the form fields. Data that overlaps lines (top, bottom or sides) may not be entered correctly into the system for processing.

**Billable Tips and Reminders:**

- Be sure to sign the CMS-1500 (version 00201) once the claim form is completed. Unsigned claims will be returned as incomplete. Do not sign the UB-04.
- Checking Recipient Eligibility – Prior authorizations do not confirm recipient eligibility. Remember to verify recipient eligibility before rendering services. Eligibility may be checked online through the Electronic Verification System (EVS) (http://nevada.fhscc.com from the EVS menu) or by calling the Nevada Medicaid Response System (ARS) at (800) 942-6511.

The new toll-free fax number is (800) 846-7971. The new toll-free customer service number is (800) 648-7593.

**Payment Error Rate Measurement (PERM) Update on Federal Contractors and Medical Record Requests**

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Effective July 30, 2007, new fax and telephone numbers must now be used by Provider Types 11 (Hospital, Inpatient), 12 (Ambulatory Surgical Center), 20 (Pediatric Dental Health Care) when submitting Pre-Admission Screening Resident Review (PASRR) and Level of Care (LOC) screening requests or when requesting an authorization for Adult Day Health Care. The process providers use to submit a request has not changed.

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Nevada Medicaid News

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The DHCFP will be distributing flyers, sharing the news at various coalition meetings, and doing outreach to targeted groups (such as OBGYN providers) regarding these changes. Our hope is that we can reac h as many pregnant adult reci pients wi th periodontal disease or gingivitis as possible.

By introducing periodontal benefits to the pregnant adult Medicaid population, we hope to reduce future expenditures on expensive hospital care for premature births and low-birth-weight babies. In addition, these newly expanded benefits will help to provide access to services for pregnant women (and their unborn babies) whose health and quality of life are at risk if the disease is left untreated.

We would like to request our providers’ support in this endeavor. You can help by sharing the news with your colleagues, patients and staff members. This is a one-time based upon the principle that the more women we reach, the more premature births we can prevent, which will be a benefit for everyone – Nevada Medicaid, our providers, our taxpayers and, most certainly, the recipients – in the long run.

The Medicaid Fee Schedule will be revised showing the periodontal benefits at will be available to pregnant females over the age of 21.


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