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The following MSM chapters are in draft stage and will be added to the MSM once approved in public hearing:

Chapter 2000 - Audiology
Chapter 3000 - Disability
Chapter 3800 - Subrogation
Chapter 3900 - Assisted Living Waivers

Watch for updates to Chapter 800 – Nevada HIPAESI Subsidy Pro - gram in the Nevada Medicaid Operations Manual (MOM). The chapter has been revised and the changes will be posted soon.

2008 Will Bring Regulation Changes for PCA Agencies

In early 2008, regulatory changes will be adopted that will require agencies that provide personal care services in the home (Personal Care Aide – Provider Agencies) to apply for a license through the Nevada Health Division of the Nevada Department of Health and Human Services and pay newly established fees. An immediate effect on PCA agencies is that they will be required to become licensed and pay associated fees. A long-term effect on agencies will be that they may be reviewed for compliance with regulations every three years.

For additional information, visit the Bureau of Licensure and Certification webpage on the Health Division’s website at http://health.nv.gov.
The Centers for Medicare & Medicaid Services (CMS) will measure the accuracy of Medicaid and the Children’s Health Insurance Program (CHIP) claims submitted by each state for serv en cede d to recipients ti through the Payment Error Rate Measurement (PERM) program. PERM is a measure of the error rate of Medicaid and CHIP payments being made under the Medicaid and CHIP Demonstration and waiver programs. Such errors may result from mistakes in data collection, coding, or processing. NPI Registry:

The Centers for Medicare & Medicaid Services (CMS) has made available the National Provider Identifier (NPI) Registry at https://nppesdata.cms.hhs.gov/npi-search/npi.html. The NPI Registry is the tool for identifying and making available NPIs to providers. Each provider who does business with CMS must have a unique NPI. The NPI is a unique 10-digit identifier, comprised of 5 digits of the provider’s professional license or business number, followed by 5 digits. Each individual must be assigned an NPI.

The NPI Registry and the Down-loadable File are tools Nevada Medicaid providers may use to obtain a provider's NPI when entering the provider’s ID on claims. The NPI Registry is used to assign a unique 10-digit number to each provider. The Down-loadable File is available at http://nppesdata.cms.hhs.gov/npi-search/npi.html.

These tools are used to integrate a provider's NPI into the system. If a provider has questions about the Medicaid Service Policy or rates, can go to the Division of Health Care Financing and a nd Policy (DHCFP) website: http://www. dhcfp.nv.gov.

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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers $289,370,542.49 in claims during the three-month period of July, August and September 2007. 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.

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Paper Claim Forms:

Do not write any unnecessary com- ments (i.e., “EHM attached”) or descriptions anywhere on your claim.

Billing Tips and Reminders

Electronic Billing:

Did you know that billing claims electronically saves you time and reduces errors? For infor- mation, call (877) 638-3472.

Electronic Verification System (EVS) at (877) 638-3472.

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PERM Review

The PERM review for Nevada Medi- care and Nevada Check Up will be con- ducted on claims paid during federal fiscal year 2008 (October 2007 through September 2008).

Medical records are needed to support the medical review of PERM conducted by HealthDataInsights, who is the federal contractor reviewing medical records. HealthDataInsights must deter- mine if the service selected for review was medically necessary and correctly paid in accordance with established policy. If a claim in which your provider number was identified to receive re-in- bursemens is selected for review, the federal contractor will request the med- ical documentation, Livanta LLC, will contact you for a copy of all the med- ical records needed to support that claim.

If the federal contractor determines the claim under review needs additional supple- mentary documentation, you, the provider, will be contacted again by Livanta LLC. You will only have 15 days to respond to their request for additional informa- tion. It is important that you, the provider, cooperate by submitting all requested information in a timely and a complete manner.

A Message from DHCFP Regarding Prevention: Diabetes Awareness

Nearly 21 million children and adults in the United States have diabetes, and another 54 million are at risk for the disease. It is possible to delay or even prevent type 2 diabetes by making changes in one’s diet and increasing their level of physical activity.

Pre-diabetes

People before develop type 2 diabetes, they almost always have pre-diabetes, which is bLD blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes. There are 54 million people in the United States who have pre-diabetes. Diabetes is more common in African Americans, Latinos, Native Americans, Asian Americans and Pacific Islanders. If you are a member of one of these ethnic groups you need to pay special attention and speak with your healthcare provider.

How to prevent or delay diabetes

Pre-diabetes is a serious medical condition that can be treated. The good news is that a recently completed study conclusively showed that people with pre-diabetes can prevent the development of type 2 diabetes by making changes in their diet and increasing their level of physical activity. - American Diabetes Association - http://www.diabetes.org/diabetes-prevention.jsp

Diabetic supplies

Nevada Medicaid reimburses for diabetic supplies. Diabetic supplies are reimbursed through the Pharmacy Program – Chapter 1200 of the Nevada Administrative Code (NAC). The supplies include items such as strips, lancets, insulin syringes and external ambulances in dialysis centers. Nevada Medicaid reimburses for the costs of items. Diabetic supplies are covered by Medicare and Medicaid recipients who meet the criteria. See Chapter 1300 of the Medicaid Manual of Operations for information.
Nevada Medicaid News

Nevada Medicaid/Nevada Check Up and MCOs Work to Reduce Racial and Ethnic Disparity in Health Care

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For additional information, visit the Bureau of Licensure and Certification webpage on the Health Division’s website at http://health.nv.gov.

Jan. 1, 2008

Physician/Outpatient Administered Drug Claims to Require NDC & NDC Quantities

The Deficit Reduction Act of 2005 requires fee-for-service State Medicaid programs to capture and report National Drug Codes (NDC) for physician/outpatient-facility administered drugs beginning Jan. 1, 2008, in order for the State to receive federal financial participation.

To facilitate this federal mandate, Nevada Medicaid will require NDC and NDC quantity be entered for physician/outpatient-facility administered drugs on claims received at First Health Services on and after Jan. 1, 2008. This requirement applies to paper claim forms CMS-1500 and UB-04 and electronic transactions 837P and 837L.

Details, billing instructions and training information providers may access are posted on the First Health Services website at http://nevada.fhsc.com.