

# Nevada Medicaid News

First Quarter 2008

Volume 5, Issue 1



**First Health**  
Services Corporation®

A Coventry Health Care Company

Nevada Medicaid and Nevada Check Up  
Fiscal Agent  
P.O. Box 30042  
Reno, NV 89520-3042  
(877) 638-3472

## Training Scheduled for Pre-Admission Screening and Resident Review (PASRR)

The Division of Health Care Financing and Policy (DHCFP), First Health Services and the Division of Mental Health and Developmental Services (MHDS) invite providers to attend training for Pre-Admission Screening and Resident Review (PASRR). This training is pertinent to the following provider types: nursing facilities, acute hospitals, rehabilitation hospitals, and home health and hospice agencies.

The *half day* training sessions will update providers on: policy related to PASRR; proper completion and timely submission of PASRR; and resources for Specialized Services and Services of Lesser Intensity.

### *Training Schedule:*

**Reno:** Thursday, May 8, 2008 (7:30 a.m. and 12:30 p.m.)

**Las Vegas:** Thursday, May 15, 2008 (7:30 a.m. and 12:30 p.m.)

**Carson City:** Thursday, May 22, 2008 (7:30 a.m.)

**Elko:** (via teleconference) Thursday, May 22, 2008 (7:30 a.m.)

This training program will be submitted for continuing education credits (CEUs) for nurses, social workers and long-term care administrators.

**For more information or to register, contact Pam Asis** by calling (775) 684-3619 or by sending an e-mail to [PAsis@dhcfp.nv.gov](mailto:PAsis@dhcfp.nv.gov).

## Full Implementation of NPI Scheduled for May 23, 2008

Nevada Medicaid/Nevada Check Up will require only National Provider Identifiers (NPIs) or Atypical Provider Identifiers (APIs) on all claims received at First Health Services on and after May 23, 2008. Provider Medicaid Numbers/legacy numbers will no longer be valid for use and NPIs/APIs must be used.

If you have not already done so, please report your NPI and Taxonomy Code(s) to First Health Services as soon as possible by completing and mailing the Provider Information Change Form (FH-33) posted at <https://medicaid.nv.gov> (select "Forms" from the "Providers" menu).

Contact your service center (clearinghouse) or practice management staff regarding NPI compliance if you have not already done so.

Providers may apply for their NPI online at <https://nppes.cms.hhs.gov> (click on "National Provider Identifier (NPI)" and follow the instructions). A paper application may be obtained online at the same website or by calling (800) 465-3203 or TTY 1-800-692-2326.

## Pharmacy Providers: NPI Required for Prescriber ID Beginning May 23, 2008

Pharmacy providers will be required to use the prescriber's National Provider Identifier (NPI) instead of the prescriber's Provider Medicaid Number/legacy number when entering the prescriber's ID on claims received at First Health Services on and after May 23, 2008. **Prescriber "dummy" identification numbers used in the past will no longer be accepted on claims received at First Health Services on and after May 23, 2008.**

Please ask the provider for the appropriate NPI. The Centers for Medicare & Medicaid Services (CMS) has published the NPI Registry, which Pharmacy providers may access to look up a prescriber's NPI. A link to the NPI Registry is posted at <https://medicaid.nv.gov> (select "Prescriber List" from the "Pharmacy" menu).

Please contact your software vendor or your corporate compliance department regarding NPI readiness.

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

### CONTENTS:

National Drug Codes Page 2  
NDC Unit of Measure Page 2

Online PA for Drugs Page 2  
Contact Information Page 2

Recent MSM Changes Page 2  
Prescription Pads back cover

## Physician/Outpatient-Facility Administered Drug Claims Require NDC & NDC Quantity

Effective on claims received at First Health Services on and after Jan. 1, 2008, Nevada Medicaid now requires National Drug Codes (NDC) and NDC quantities be included on claims for physician/-outpatient-facility administered drugs. This requirement applies to paper claim forms CMS-1500 and UB-04 and electronic transactions 837P and 837I.

Provider types affected by this change are: 12, 14, 17, 20, 21, 22, 24, 25, 27, 29,

36, 45, 64, 72, 74 and 77.

Please refer to the NDC billing information in the CMS-1500 (08/05) and UB-04 claim form instructions and in the 837P and 837I companion guides. At <https://medicaid.nv.gov> select "Billing Information" or "Electronic Claims/EDI" from the "Providers" menu. You may also select "NDC" from the "Providers" menu for additional NDC billing resources.

## Tools to Help Determine NDC Unit of Measure

First Health Services offers two tools to assist providers in determining the National Drug Code (NDC) unit of measure when billing for physician-administered drugs.

**Tool 1:** The NDC Billing Reference posted at <https://medicaid.nv.gov> contains complete billing requirements along with a list of commonly administered drugs and the corresponding NDC unit of measure (from the "Providers" menu select "NDC," then select "Billing Reference").

**Tool 2:** Providers may submit a list of their top NDCs via e-mail to First Health Services. In return they will receive via e-mail the corresponding unit of measure for each NDC submitted.

To take advantage of this second tool, place your list of NDCs (please limit your

request to 150 drugs) in an Excel® spreadsheet form at. Provide the 11-digit NDC as you would on the claim, i.e., **without any dashes, hyphens or other punctuation.** For instructions on entering leading zeros, please refer to the claim form instructions specified in Field 24A of CMS-1500 (version 08/05) and Field 43 of UB-04.

Attach the spreadsheet to an e-mail addressed to [nevadamedicaid@fhsc.com](mailto:nevadamedicaid@fhsc.com) and place "NDC Unit of Measure" in the subject line of the e-mail.

If you do not have access to Excel format or have further questions regarding NDC, please send an e-mail with your questions to [nevadamedicaid@fhsc.com](mailto:nevadamedicaid@fhsc.com) and place "NDC Inquiry" in the subject line of the e-mail.

## Online Authorizations for Prescription Drugs

Nevada Medicaid/Nevada Check Up providers now have an alternative way to submit prior authorization (PA) requests for prescription drugs. Pharmacy Web PA allows providers to request PAs online and receive real-time approvals.

Providers may still call in or fax PA requests, but the advantages of using the online process include: creating a PA online and receiving authorization instantly in many cases; accessing Pharmacy Web PA 24 hours a day; receiving prompts to enter information; checking the status of the request; saving data and returning later to enter additional data; and printing a completed

copy for your records.

Individuals must be prescribers or be authorized by the provider to use Pharmacy Web PA. Providers may register for Pharmacy Web PA through the User Administration Console (UAC). At <https://medicaid.nv.gov>, click on the "User Administration" link in the top right corner of the webpage or click on the "Reference" link for UAC or Pharmacy Web PA information. See Web Announcement 147 at <https://medicaid.nv.gov> for UAC details.

The "Pharmacy Web PA Login" is located under "Pharmacy" (at <http://medicaid.nv.gov>).

## CONTACT INFORMATION

If you have a question concerning the manner in which a claim was adjudicated, please contact First Health Services by calling (877) 638-3472 or sending an e-mail to [nevadamedicaid@fhsc.com](mailto:nevadamedicaid@fhsc.com).

If you have questions about Medicaid Service Policy or Rates, you can go to the Division of Health Care Financing and Policy (DHC FP) website: <http://www.dhcfp.nv.gov>. Under the "DHC FP Index" box, move your cursor over "Contact Us" and select "Policy and Rate Staff contacts." Follow the directions to find the person at DHC FP who can answer your question. You can either phone the contact person or send an e-mail.

## Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$283,504,912.59 in claims during the three-month period of October, November and December 2007.

Nearly 100 percent of current claims continue to be adjudicated within 30 days. The DHC FP and First Health Services thank you for participating in Nevada Medicaid and Nevada Check Up.

## Recent MSM Changes

The following chapters in the Medicaid Services Manual (MSM) were revised between December 2007 and February 2008.

- Chapter 600 - Physicians
- Chapter 700 - Rates
- Chapter 1200 - Prescription Services
- Chapter 1400 - Home Health Agency
- Chapter 3300 - SURs
- Chapter 3600 - Managed Care

MSM Chapter 3700 has changed to Nevada Check Up Manual 1000 (at <http://dhcfp.nv.gov> under "DHC FP Index" select "Medicaid Manuals" then select "Nevada Check Up Manual").

# CMS Provides NPI Enumeration Misconceptions & Facts

In conversations and correspondence with health care providers, health plans and others within the health care industry, the Centers for Medicare & Medicaid Services (CMS) has discovered misconceptions concerning the National Plan and Provider Enumeration System (NPPES) and the National Provider Identifier (NPI) Enumerator. In the table shown below, CMS has distributed some common misconceptions and the facts that correct those misconceptions.

For more information regarding the NPPES, visit the CMS website at <https://nppes.cms.hhs.gov>. For the text of the NPI Final Rule, visit <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPIfinalrule.pdf>.

Misconception Fact	
NPPES sends data directly to the Medicare and Medicaid provider enrollment systems.	NPPES does not send data to the Medicare or Medicaid provider enrollment systems or to the provider enrollment system of any health plan. As explained in the NPI Final Rule, applying for enrollment in a health plan [such as Nevada Medicaid/Nevada Check Up] is a completely separate process from the process of applying for an NPI.
NPPES sends data directly to Medicare or Medicaid claims systems.	NPPES does not send data to Medicare or Medicaid claims systems or to the claims system of any health plan.
NPPES is part of the Medicaid and Medicare provider enrollment systems.	Obtaining an NPI is required in order for a health care provider to enroll in Medicaid or Medicare; however, the NPPES does not function as a part of the Medicaid or Medicare provider enrollment systems.
Obtaining an NPI guarantees payment to the health care provider by a health plan.	As explained in the NPI Final Rule, obtaining an NPI does not guarantee payment to the health care provider by any health plan. NPI assignment simply establishes the uniqueness of an enumerated health care provider among all other enumerated health care providers. Most health plans will not pay a health care provider that is not enrolled in that health plan.
NPPES verifies licenses and credentials that are reported by health care providers when applying for NPIs.	NPPES does not verify licenses or credentials. NPPES verifies only two things: (1) It verifies a health care provider's Social Security Number (SSN) if the health care provider furnished his/her SSN when applying for the NPI; and (2) Using special software, it verifies that the health care provider's business mailing and practice location addresses are legitimate Postal Service addresses, but not that the health care provider is actually associated with or located at either of those addresses. Licensure and credentials must be verified by health plans as part of their enrollment processes. Health care providers are reminded that the information they send to NPPES must be true, correct and complete, in accordance with the Certification Statement of the NPI Application/Update Form (paper form and web-based form). <b>Reminder:</b> SSNs should not be reported in the NPPES fields that are disclosable under the Freedom of Information Act (FOIA) [for details on this reminder see Web Announcement 177 posted at <a href="https://medicaid.nv.gov">https://medicaid.nv.gov</a> ].
NPPES is a Medicare and Medicaid system.	NPPES is not a Medicare or Medicaid system; it belongs to no health plan. NPPES is maintained by CMS for the health care industry in general, in accordance with the NPI Final Rule and as part of CMS' delegated HIPAA authority. Health care providers who apply for NPIs are not required to furnish any information about their enrollment in any health plan.
The NPI Enumerator can update Medicaid and Medicare claims and enrollment systems.	The NPI Enumerator cannot view, update or interact with Medicaid or Medicare claims or their enrollment systems, nor can it do so with any health plan's claims or enrollment systems.
The NPI Enumerator can view and update/change the Medicare NPI Crosswalk.	The NPI Enumerator cannot view or update/change the Medicare NPI Crosswalk. The NPI Enumerator can assist providers with certain aspects of updating their NPPES records, and some of that information in those NPPES records could be used by Medicare in the Medicare NPI Crosswalk.
The NPI Enumerator serves only Medicaid and Medicare providers and supports only Medicaid and Medicare operations, not other providers or health plans.	The NPI Enumerator operates under contract to CMS in accordance with the NPI Final Rule and as part of CMS' delegated HIPAA authority. The NPI Enumerator serves the entire health care provider community for NPI purposes, not just Medicaid and Medicare providers. The functions of the NPI Enumerator are not specific to any health plan.

### Tamper-Resistant Prescription Pads Required April 1, 2008

On Sept. 29, 2007, President George W. Bush signed the “Extenders Law” delaying the implementation date to April 1, 2008, for the requirement that all written prescriptions for fee-for-service Medicaid recipients be written on tamper-resistant prescription pads.

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 Medicaid to receive Federal Financial Participation.

**The provision, originally scheduled to be implemented Oct. 1, 2007, will become effective April 1, 2008.**

According to the Centers for Medicare & Medicaid Services (CMS), a prescription must contain at least one of the following three characteristics to be considered tamper resistant on April 1, 2008:

1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;

2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber; and/or
3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Effective April 1, 2008, the Nevada Medicaid Program requires the use of tamper-resistant pads that meet one of the above criteria on all non-electronic, outpatient prescriptions. No later than Oct. 1, 2008, a prescription pad must contain all of the above three characteristics to be considered tamper-resistant.

Nevada Medicaid does not recommend or endorse any particular vendor for tamper-resistant prescription pads. It is the prescriber’s responsibility to use a tamper-resistant pad that meets the CMS criteria. Nevada Medicaid suggests that prescribers contact their suppliers regarding tamper-resistant pads. If your current supplier is unable to provide tamper-resistant pads, the California Office of the Attorney General’s website provides a list of approved security prescription printers: [http://www.ag.ca.gov/bne/security\\_printer\\_list.php](http://www.ag.ca.gov/bne/security_printer_list.php).

The **2008 Provider Training Catalog** is online at <https://medicaid.nv.gov>