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- Reno – July 23 and 24
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Each free, three-hour session will provide current and upcoming policy information for all providers, followed by “break-out” sessions where provider type specific billing instruction will be presented in individual conference rooms. The morning and afternoon conferences are identical.

The general session for all providers will present an overview on many topics, including:

- National Provider Identifier/Atypical Provider Identifier (NPI/API), electronic billing, electronic verification clinical and recipient eligibility, drug billing using National Drug Codes (NDCs),
- diagnosis codes, tamper-resistant prescription pad requirements, third party liability, prior authorization, claim submission tips, submitting appeals, adjustments and voids, and the new clinical claim editor and lock-in programs.

The break-out sessions will be held for the following specific provider types (PT):

- Hospital, ASC, ESRD Facility (PT 10,11,12,13,44,45,46,55,56, 63,75).
- Behavioral Health (PT 14,61,82).
- Dentist (PT 22).
- Nursing Facility including PASSR and LOC (PT 19).
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Registration for the Conference is required by completing the 2008 Provider Training Registration Form (FH-41), which specifies the session times for each day.

Comprehensive training offered throughout the year focuses on claim forms and specific provider service types. The Nevada Medicaid and Nevada Check Up 2008 Provider Training Catalog contains the class calendar, locations and registration details. The catalog also provides instructions for contacting the Training Unit if you would like specialized training or have questions regarding the Conference or the comprehensive classes.

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- Please be sure NPI/API is entered correctly on all claims and correspondence.
- The forms providers use to communicate with First Health Services have been updated to request NPI/API instead of the Provider Medicaid/legacy Number. The updated forms are posted at https://medicaid.nv.gov (select “Forms” from the “Providers” menu).
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New Clinical Claim Editor Will Enhance Claims Payment Process

The Division of Health Care Financing and Policy (DHCFP) and First Health Services will enhance the claims adjudication process by adding a state-of-the-art clinical claim editor to the Medicaid Management Information System (MMIS) in December 2008.

The clinical edit software utilizes a nationally recognized, standardized method of processing claims that ensures consistent adjudication for all providers, as well as faster claims processing. The software uses clinical logic based on CPT, HCPCS, ICD-9-CM, AMA and CMS guidelines.

Providers will notice the enhancement when they review their remittance advices (RAs) and see that some claim adjudications will be indicated differently on RAs than in the past. By reviewing in detail the claims status and summary sections of the RA, providers will be assisted in using consistent, standard billing practices on future claim submissions.

Providers are encouraged to watch this Nevada Medicaid News newsletter, web announcements (https://medicaid.nv.gov) and messages on paper remittance advices over the next six months for updates regarding the claim processing enhancement. Details will also be provided in the free comprehensive training sessions and the Annual Medicaid Conference presented by First Health Services and DHCFP. The Nevada Medicaid and Nevada Check Up 2008 Provider Training Catalog contains training and Conference information and registration instructions (at https://medicaid.nv.gov select “Provider Training” from the “Providers” menu).

Pharmacy Provider Training and PDL Information

The 2008 Pharmacy Provider Forums and Pharmacy Provider Training are under way in Reno and Las Vegas. The 2008 Pharmacy Provider Training Registration Form lists the dates, times, locations and registration information for the sessions. The form is posted at https://medicaid.nv.gov (select “Announcements/Training” from the “Pharmacy” menu).

The website also provides recent updates to the Preferred Drug List (PDL), the complete PDL, and the 2008 meeting schedules for the Drug Use Review (DUR) Board and the Pharmacy & Therapeutics (P&T) Committee (select “Preferred Drug List” or “Meetings” from the “Pharmacy” menu).

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Phase Two for Tamper-Resistant Prescription Pads Begins Oct. 1, 2008

Phase one of a regulations requiring partial implementation of tamper-resistant prescription pads went into effect April 1, 2008. Phase two requiring full implementation of tamper-resistant prescription pads is scheduled for Oct. 1, 2008. As all written, non-electronic prescriptions for Medicaid outpatient drugs must be executed on tamper-resistant pads and for Nevada Medicaid to recite Federal Financial Participation.

According to the Centers for Medicare & Medicaid Services (CMS) and Nevada Medicaid requirements, as of April 1 all non-electronic, outpatient prescription pads must now contain one of the following three characteristics to be considered tamper-resistant:

1. One or more industry-recognized features designed to prevent an authorized copying of a completed or blank prescription form. One example of this characteristic is a text “tamper resistant” printed on the backside of the prescription form that can only be seen at a 45-degree angle.

2. One or more industry-recognized features designed to prevent the erasure or molderin of information written on the prescription by the prescriber. One example of this characteristic is a prescription form imprinted with a word or symbol printed with ink that disappears if rubbed or scratched easily.

3. One or more industry-recognized features designed to prevent the use of counterfeit prescription form. One example of this characteristic is a serial or auto ternum ber encoded in a bar code on the prescription form.

No later than Oct. 1, 2008, the Nevada Medicaid Program requests prescribers to count all of the above three CMS characteristics to be considered tamper-resistant. Web Announcement 187 posted at https://medicaid.nv.gov lists additional examples of the three characteristics.

Please note that Managed Care Organizations (MCOs) are exempt from the tamper-resistant prescription pad requirements.

Provider, cooperate by submitting all required documentation to support that claim.

Quarterly Update on Claims Paid
Nevada Medicaid and Nevada Check Up have conducted a review of payments made for services rendered to Medicaid and Check Up (Nevada Check-Up) recipients. This is a federal program mandated by the Office of Management and Budget (OMB) and advised by the Centers for Medicare & Medicaid Services (CMS).

The Payment Error Rate Measurement (PERM) program measures the accuracy of payments made for services rendered to Medicaid and a Medicaid SCHIP (Nevada Check-Up) recipients. This is a federal program mandated by the Office of Management and Budget (OMB) and advised by the Centers for Medicare & Medicaid Services (CMS). The PERM review for Nevada Medicaid and Nevada Check-Up will be conducted on claims paid during federal fiscal year 2008 (October 2007 through September 2008) and will co n sist of a system review as well as a medical record review. The medical record review will be conducted on claims paid during 2008. For review was m edically edicable and n errily paid in accordance with established policy.

If a claim in wh ich you r provider was involved in a re imbursement is selected for review, the federal contractor requesting the medical record documentation, Livanta LLC, will contact you for a copy of all medical records to be updated on that claim. Once you receive this initial request you must submit the in formation electronically or by hard copy to Livanta LLC within 60 days.

Please note that it will be imperative that you make sure that you have received payment to ensure that any and all supporting medical records, from any a nd al pro vider(s) wh o rendered services, are reviewed by the contractor within the specified time frame.

Please be sure to send all in formation in the same e-mail address to Livanta LLC that was identified to receive reimbursement of a completed or blank prescription pad or form. Existing users may re-establish their user’s password by clicking on the “Forgot your password?” link in the login screen. New users must first register at the Nevada Medicaid website before they can submit an electronic claim.

A Reminder from DHCFP Regarding Prevention: “Healthy Kids”
Nevada Medicaid wa s established to provide children and require that states provide comprehensive health and development assessment, along with vision, dental and hearing services to children under the age of 21. The Department of Health and Human Services (DHSS) also known in Nevada as “Healthy Kids.” The goal of Healthy Kids is to improve the health of children and to ensure that children are cared for by Medicaid and Nevada Check Up.

Healthy Kids is a package of Medicaid benefits for children and requires that states provide comprehensive health and developmental assessments, along with vision, dental and hearing services to children under the age of 21. The Department of Health and Human Services (DHSS) also known in Nevada as “Healthy Kids.” The goal of Healthy Kids is to improve the health of children and to ensure that children are cared for by Medicaid and Nevada Check Up.

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If a claim in your provider number was identified to re ceive rebursement is selected for review, the federal contractor requesting the medical record documentation, Livanta LLC, will contact you for a copy of all medical records needed to support that claim. Once you receive this initial request you must submit the necessary documentation to the contractor receiving payment to ensure that any errors identified are corrected.

For more information, please contact Marti Coté, R.N., at (775) 684-2124 or mcote@dhcfp.nv.gov.
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