Recipient Data Available to Help You Prescribe Electronically

Do you use electronic medical record (EMR) or other software to prepare and submit electronic prescriptions to pharmacies? Or are you planning to start submitting prescriptions electronically, but you want to know the benefits?

If you or a navored yes to either of the above questions, the Division of Health Care Financing and Policy (DHCFP) and First Health Services are pleased to announce that they are making data available to fee-for-service Nevada Medicaid and Nevada Check Up program members through the electronic prescribing system. The data that will be available through practice management software vendors include recipient pharmacy claims history, eligibility and the Nevada Medicaid Preferred Drug List (PDL).

Additional information and valuable resources will be available soon at http://nevada.fhsc.com.

Budget Reductions

Continued from front cover

then the provider may bill the parent/guardian for these additional charges at the rates listed on their e-contracted fee schedule with the MCO. If the child is a Medicaid recipient, the provider would bill the charges at the Medicaid FFS fee schedule rates.

- Elimination of the Early Periodic Screening, Diagnostic and Treatment Services (EPSDT) benefit. Medical extensions to Medicaid’s benefit plan will not be included, other than medically necessary transplants.

We regret the steps we’ve been necessitated by the current budget shortfall the State continues to experience. If and when the economic outlook improves, the need for further reductions in services and payments will be negated, and we will seek to make whole the adjustments that have been necessary during these trying times.

Thank you for continuing to serve those who need your help in Nevada.

PDL - Changes to the Preferred Drug List were effective Sept. 25, 2008. The PDL is posted at http://nevada.fhsc.com.

A Message from DHCFP:

Budget Reductions Affecting Nevada Medicaid and Nevada Check Up

As you are all painfully aware, the State of Nevada is experiencing its worst decline in tax revenues in recent history. As of Aug. 1, 2008, the State is expecting $1.2 billion (14 percent) less revenue from what was budgeted for State Fiscal Year 2008 and 2009. It has been reported this represenst the largest percentage decline in state revenue of any state government in the United States over the current economic downturn.

Nevada Medicaid and Nevada Check Up are not immune from this revenue shortfall. As a result of this troubling revenue picture, we have reduced spending during three rounds of budget cuts. In all, the Division of Health Care Financing and Policy (DHCFP) has reduced its budget by more than $57 million in State General Funds (SGF) as a result of these cuts.

As Medicaid and Nevada Check Up are federal matching programs, the loss of SGF has resulted in an additionnal $67 million in federal and other fund reductions as well. Together, these cuts to the budget reduce our budget during the present fiscal biennium is now $124 million.

In addition, as the economy continues to slide and unemployment deepens, we are seeing a n increase in our Medicaid caseload. Currently, we are projecting that we may need as much as $90 million more in SGF to cover over existing expenses. All of this is further exacerbated by the fact that Neva da’s Federal Matching Assistance Percentage (FMAP), the percentage the federal government pays to each state as part of its Medicaid program, is declining effective Oct. 1, 2008, to the minimum statutory rate of 50 percent on medical claims. The drop in FMAP, which also affects Nevada Check Up, is estimated to cost the State an additional $19 million in revenue.

To statutorily comply with our budget limits, changes are required in Medicaid and Nevada Check Up. Although the State has taken numerous steps to protect payments for vital services - such as the use of G and D reserves and trust funds, cancellation of one-time and capital projects, canceling discretionary program expenses, and freezing State hiring - further reductions to services and payments are necessary.

In an effort to provide as much information as possible to our customers, we receive funding from DHCFP, we want to make you aware of some of the changes proposed by the State. We are working with NEVADA’s other parent/guardian to help ensure that we are providing as much information as possible about the changes that may impact you or your recipients.

For Medicaid:
- 5 percent reduction in inpatient hospital rates - $4.6 million in SGF.
- Elimination of special payments to hospitals for Graduate Medical Education - $308,000 in SGF.
- Elimination of pediatric rate enhancement for professional services as well as elimination of obstetric rate enhancement - $2.7 million in SGF.
- Limits on per sonal care serv ices - $2.15 million in SGF.
- Limits on adult vision services - $567,000 in SGF.

For Nevada Check Up:
- Nevada Check Up Fee-For-Service recipients – Hospital and professional fee reductions described above will affect these recipients.
- Elimination of orthodontia services.
- Elimination of routine eye exams and eyeglass coverage.
- An annual dental benefit of $600 to each recipient per State Fiscal Year.

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(Pln) Reimbursement Policies

You are encouraged to review the Nevada Medicaid and Nevada Check Up Reimbursement Policies for further information regarding these proposed changes.

For more information, contact the Division of Health Care Financing and Policy (DHCFP) at (775) 684-4670.

Contact Information

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Vaccines for Children
Contact Information

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Section 1402, Nevada Revised Statutes
P.O. Box 30042
Reno, NV 89520-3042
(775) 684-4670

The Nevada Medicaid and Nevada Check Up Medicaid and Medicaid programs are federal matching programs, the loss of SGF has resulted in an additional $67 million in federal and other fund reductions as well. Together, these cuts to the budget reduce our budget during the present fiscal biennium is now $124 million.

In addition, as the economy continues to slide and unemployment deepens, we are seeing an increase in our Medicaid caseload. Currently, we are projecting that we may need as much as $90 million more in SGF to cover our growing caseloads. All of this is further exacerbated by the fact that Nevada’s Federal Matching Assistance Percentage (FMAP), the percentage the federal government pays to each state as part of its Medicaid program, is declining effective Oct. 1, 2008, to the minimum statutory rate of 50 percent on medical claims. The drop in FMAP, which also affects Nevada Check Up, is estimated to cost the State an additional $19 million in revenue.

To statutorily comply with our budget limits, changes are required in Medicaid and Nevada Check Up. Although the State has taken numerous steps to protect payments for vital services — such as the use of G and D reserves and trust funds, cancellation of one-time and capital projects, cancelling discretionary program expenses, and freezing State hiring — further reductions to services and payments are necessary.

In an effort to provide as much information as possible to our customers, we receive funding from DHCFP, we want to make you aware of some of the changes proposed by the State. We are working with Nevada’s other parent/guardian to help ensure that we are providing as much information as possible about the changes that may impact you or your recipients. Most of these changes are effective Sept. 1 or Sept. 8, 2008.

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- 5 percent reduction in inpatient hospital rates - $4.6 million in SGF.
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(Please see policy for full text)
Prescription Pads for Medicaid Must Be Tamper Resistant as of Oct. 1, 2008

According to the Centers for Medicare & Medicaid Services (CMS), as of Oct. 1, 2008, all fee-for-service Medicaid prescription pads are required to be tamper resistant to prevent unauthorized copying of a prescription or tampering with the prescription form. The Centers for Medicare & Medicaid Services (CMS) is the division of the U.S. Department of Health and Human Services that administers the Medicare and Medicaid programs. The Centers for Medicare & Medicaid Services requires all Medicaid prescription pads to be tamper resistant to prevent unauthorized copying of a prescription or tampering with the prescription form.

Electronic Health Records

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PERM Record Requests Begin

The Payment Error Rate Measurement (PERM) program is under way. Certain Medicaid/Nevada Check Up providers began receiving record requests in the middle of August.

PERM is a federal program mandated by the Division of Health Care Financing and Administration (DHCFP) and administered by the Centers for Medicare & Medicaid Services (CMS), as of October 2007 through December 2007. Once providers receive a record claim documentation, they must submit them in the documentation for the Medicaid program to be considered. If a Medicaid program determines that the submission is incomplete, it will not answer any questions.

If you have questions about the Medicaid Service Policy or Rates, you can go to the Division of Health Care Financing and Administration (DHCFP) website at http://dhcfp.nv.gov. Under the “DHCFP Services” drop down menu select “Policy and Rate Staff contacts.” Follow the directions to find the person who can answer your questions. You can either e-mail or phone the contact person or send an e-mail.

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid providers $2,126,127.12 in claims during the three-month period of April, May and June 2008. Nearly 93 percent of the claims were paid within 60 days.

Recent Manual Changes

The following Medicaid manuals were revised in May, June or July 2008:

Service Manuals (MSM): Chapter 1300 Durable Medical Equipment (DME); Chapter 2300 Ho Me and Community Based Waiver Program (HCWB) Program - Waiver for Persons With Physical Disabilities; Chapter 2700 HCW Program - Waiver for the Elderly in Home and Community Based Waiver 2; Chapter 3500 Personal Care Services.


Health Care Information Technology Act (HIT) Implementation

The Division of Health Care Financing and Administration (DHCFP) and First Health Services (FHS) are working together to make great strides in the development of the new clinical claim enhancement to the FPA system. The clinical claim enhancement is scheduled to go live in December 2008.

This clinical claim enhancement will utilize an nationallyrecognizedmedicationdatabaseofprescriptionsbythe pharmacy. This database will verify the drug code and quantity of the prescription for one provider to another and will allow for the electronic billing of the claim.

Use EVS, ARS and CSRs to Answer Your Claims Status Questions

The Electronic Verification System (EVS) and the Automated Response System (ARS) are two useful inquiry tools for providers who need assistance with claims status. EVS is accessible at https://medicaid.nv.gov and ARS is accessible by calling (800) 942-6511.

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If you are a provider who already uses electronic prescribing or want to get connected for the first time, contact your practice management software vendor to enable your system for Nevada Medicaid/Nevada Check Up e-prescriptions.

Additional information and valuable resources will be available soon at https://medicaid.nv.gov.

PDL - Changes to the Preferred Drug List were effective Sept. 25, 2008. The PDL is posted at https://medicaid.nv.gov.

Budget Reductions

Continued from front cover

The provider may bill the parent/guardian for the additional charges at the rates listed on the applicable Managed Care Organization (MCO) or Medicaid Fee For Service (FFS) fee schedules. For example, if the child is in Managed Care, the provider would bill the child’s additional charges at the rates listed on their contracted fee schedule with the MCO. If the child is FFS, the provider would bill the charges at the Medicaid FFS fee schedule rates.
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We regret the steps we have been necessitated by the current budget shortfall the State continues to experience.

If and when the economic outlook improves, the need for further reductions in services and payments will be negated, and we will seek to make whole the adjustments that have been necessary during these trying times.

Thank you for continuing to serve those who need your help in Nevada.

As you are all probably aware, the State of Nevada is experiencing its worst decline in tax revenues in recent history. As of Aug. 1, 2008, the State is expecting $1.2 billion (14 percent) less revenue from what was budgeted for State Fiscal Years 2008 and 2009. It has been reported this represents the largest percentage decline in state revenue in the United States during the current economic downturn.

Nevada Medicaid and Nevada Check Up are not immune to this revenue shortfall. As a result, the State has taken numerous steps to protect funding for vital services including:

- Elimination of per diem payments to hospitals for Graduate Medical Education - $308,000 in SGF.
- Elimination of special payments to nursing homes for Medicaid - $4.6 million in SGF.
- Elimination of payment to dental providers for services as well as elimination of obstetric rate enhancement - $2.7 million in SGF.
- Limits on per capita care services - $2.15 million in SGF.
- Limit on Medicaid/adult health services - $567,000 in SGF.

As a result of these cuts, the State will seek to make whole the adjustments that have been necessary during these trying times.

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- • Elimination of orthodontia services.
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- • A new annual dental benefit limit of $600 per recipient per State Fiscal Year.

The first $600 cap year will run Sept. 1, 2008, through June 30, 2009. Each year thereafter, the cap will be indexed to inflation as per federal law. As a result of these cuts, the State will seek to make whole the adjustments that have been necessary during these trying times.

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