WebIZ Training Prepares Providers For New Immunization Reporting Regulations

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Nevada providers who may immunize children and adults and may need to access WebIZ include doctors, nurses, physician/medical assistants, pharmacists, staff and other medical personnel.

Training is recommended for providers who do not already use WebIZ. Health Division trainers travel the state to educate providers on how to use WebIZ to record immunizations (no desktop software is required).

Continuing education units are now available for nurses and pharmacists who complete a WebIZ training session.

Additional information on Nevada’s Immunization Information System and training is available on the Nevada State Health Division’s website: http://health.nv.gov/Immunization_WebIZ_Info.htm

For upcoming WebIZ training dates and more information, contact the trainer located in your area:

Northern Nevada - Cathy Robinson at crobinson@health.nv.gov
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Providers Required To Resubmit Medicaid Provider Contract

The State of Nevada Division of Health Care Financing and Policy (DHCFP) is requiring all Nevada Medicaid/Nevada Check Up providers to complete and resubmit a Provider Contract. Newly signed Provider Contracts must be received at First Health Services no later than July 30, 2009. Failure to comply with this requirement by July 30, 2009, may result in termination of your participation in Nevada Medicaid/Nevada Check Up.

Providers must submit the recently revised version of the Provider Contract, which is available on the First Health Services Nevada Medicaid website (https://medicaid.nv.gov). Refer to the “Latest News” notice on the homepage of the website or from the “Providers” menu select “Provider Enrollment.” The “Provider Enrollment Packet” contains the four-page Provider Contract. The new version of the Provider Contract is dated 06/01/09. The 06/01/09 date appears in the bottom, left corner of each page of the document. Resubmit the only Provider Contract; do not resubmit the Provider Enrollment Application.

If you are enrolled as a Nevada Medicaid/Nevada Check Up provider under more than one provider type, a separate original contract must be submitted for each provider type. For example, if you supply Durable Medical Equipment (provider type 33) as well as pharmaceutical drugs (provider type 28), two original contracts must be submitted. If you have more than one National Provider Identifier/Atypical Provider Identifier (NPI/API), an original contract for each NPI/API must be submitted. For example, if you have an individual NPI and a group NPI, submit a contract for each NPI.

All four pages of the Provider Contract must be mailed to the following address:

First Health Services, Provider Enrollment Unit, P.O. Box 30042, Reno NV 89520-3042.

Original signatures are required. A countersigned contract will be returned to you. Thank you in advance for your prompt attention to this requirement.

Reminder:
It is the provider’s responsibility to notify Nevada Medicaid within five days of knowledge of changes to information provided to Nevada Medicaid, including professional licenses, addresses, provider group membership, business ownership, name of the contact person, and days and hours of operation. Use form FH-33 (select “Forms” from the “Providers” menu at https://medicaid.nv.gov) to report changes to your information on file with Nevada Medicaid.

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Clinical Claim Editor Enhances The Claim Adjudication Process

The clinical claim editor is now part of the claim adjudication process for professional and out-patient services. Remittance advices (RAs) dated on and after March 27, 2009, show the results of any claims reviewed and adjudicated by the clinical claim editor. Clinical claim editor enhances the Medicaid Management Information System (MMIS) claim adjudication process by ensuring that nationally recognized billing guidelines, industry standards and Nevada Medicaid policy are followed.

Prior Authorization Policy For Psychotropic Drugs For Children And Adolescents

Effective April 15, 2009, Nevada Medicaid policy now requires prior authorization (PA) for all psychotropic medications prescribed for the following Nevada Medicaid/Nevada Check Up recipients:

- All recipients ages 5 years and younger.
- Recipients ages 6 through 17 when more than one medication is prescribed from within the same class within the same 30-day period or three or more psychotropic medications are prescribed (regardless of type of therapeutic class) within the same 30-day period.

When a PA is required for psychotropic agents for children and adolescents, prescribing physicians must either use PA forms or contact the provider type specific PA Division of Health Care Services Clinical Call Center at (800) 505-9185.

A Message From DHCFP Regarding Prevention: Home Safety

June was Home Safety Month and providers are reminded to remind the forefront of raising recipients’ awareness of safety issues in the home.

Year-round during routine visits, home health care professionals are advised to take the time to help recipients understand some simple hands-on steps to create a safer home environment from the five leading causes of home injury: falls, poisonings, fires and burns, choking/suffocation and drowning.

The Home Safety Council (FSC) offers turnkey resources to which providers can refer families in order to help them learn how to be hands-on with proper home safety practices. The FSC website offers booklets and materials in both English and Spanish and can be found at: http://www.homesafetycouncil.org/homesafetymonth/home-safety-month.aspx.

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Clinical claim editor enhances the Medicaid Management Information System (MMIS) claim adjudication process by ensuring that nationally recognized billing guidelines, industry standards and Nevada Medicaid policy are followed.

Providers who follow standard billing and coding practices will see no difference in the adjudications reported on their RAs. Providers who do not follow standard billing and coding practices may see claims adjudicated differently than in the past. For example, if two or more procedure codes are billed when a single, comprehensive code should have been billed, the first codes will show as denied on the RA and the single, comprehensive code will show as paid.

New edit/ reason codes specific to clinical claim editor have been added to the MMIS. The new codes are in the 4000 series for paper RAs and are mapped to Health Insurance Portability and Accountability Act (HIPAA)-compliant for electronic RAs.

The Frequently Asked Questions (FAQs) posted at https://medicaid.nv.gov (see Web Announcement 241) provide further explanation on the types of claims clinical claim editor analyzes.

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Diabetic Supply Program Under Way

Through the new Diabetic Supply Program, two manufacturers (Abbott Diabetes Care, Inc. and LifeScan, Inc., a Johnson & Johnson company) provide the State with rebates for preferred blood-glucose monitors and test strips. The savings is allowing the State to lower diabetic supply expenditures without reducing rates or affecting quality and access to care.

The program, which was implemented on March 1, 2009, allows for a one-time replacement of a Nevada Medicaid Fee For Service or Nevada Check Up Fee For Service recipient’s current monitor for a new one from a preferred list of products from the two manufacturers named above.

A new webpage devoted to the Diabetic Supply Program (at http://nevada.fhsc.com select “Diabetic Supplies” from the “Pharmacy” menu) provides billing information, communications to providers and recipients, and convenient links to the manufacturers’ websites and the Medicaid Services Manual, Chapter 1200-Prescription Services.

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