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specific to their provider types. The Conference gives providers the opportunity to familiarize themselves with the Medicaid billing process their staff must follow to ensure that claims are submitted accurately and are paid in a timely manner.

The three-hour morning and afternoon Conferences are identical. If you have not yet registered for the Conference, you can still complete and faxing the 2009 Provider Training Registration Form, which is online at http://nevada.fhsc.com (select “Provider Training” from the “Providers” menu).

First Health Services and DHCFP also present claim type training sessions throughout the year. The sessions include helpful billing tips, an overview of available resources and tools, and much more.

The claim type classes are recommended for Medicaid billing personnel as well as front office staff. Staff members that are new to Medicaid billing will learn Medicaid program guidelines and proper billing guidelines. The classes are a useful refresher for the seasoned billing personnel to keep up to date with recent changes to billing guidelines. Front office staff attendance is also recommended to ensure a seamless process in each office from intake through billing.

Register for the claim type classes using the Provider Training Registration Form. Please ensure that all information is entered correctly and legible so that the registration is accurate, including your e-mail address. Course/Conference confirmations will be returned via e-mail.

All training is free of charge to Nevada Medicaid/Nevada Check Up providers and staff.

Watch the website for the 2010 Provider Training Catalog, which will be online before the end of this year. Providers may register at any time for any course offered throughout the year. Early registration is encouraged.

New for 2010: Look for an easier way to submit your Medicare Part B claims.

Invited To Attend Annual Medicaid Conference

The Annual Medicaid Conference will be held Oct. 14, 2009, at the Reno/Sparks Convention Center in Reno and Oct. 21, 2009, at the Cashman Center in Las Vegas. The Division of Health Care Financing and Policy (DHCFP) will be mailing letters to providers who have a license expiring within 30 days from the date of the letter. Providers who receive these letters are required to submit a copy of their updated license(s) to First Health Services by the due date noted. Failure to submit the updated license by the due date may result in the termination of their Medicaid contract.

A copy of the license must be mailed to: First Health Services, Provider Enrollment Unit, P.O. Box 36042, Reno, NV 89520-3842. Please write your NPI/API on the license. Please note: any provider who has renewed a license within the last 12 months is asked to ensure that a copy has been submitted to First Health Services.

PCS Agency Enrollment Moratorium In The Greater Las Vegas Area

A moratorium is in effect on new enrollments for Personal Care Services (PCS) - Provider Type (PT) 30 agencies in the greater Las Vegas area. This area includes North Las Vegas, Las Vegas, Las Vegas-Henderson and Boulder City.

This moratorium has been enacted because, at this time, there are sufficient PCS agencies in this area to meet the needs of Medicaid recipients.

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Providers themselves are encouraged to attend the Conference to learn about new Medicaid policy, prior authorization procedures, and Medicaid coverage changes.
Reminders To Request Ongoing Services Are Discontinued For Provider Types 30 And 83

Effective for Personal Care Functional Assessments with expiration dates of Sept. 30, 2009, or after, First Health Services will no longer send reminders to provider agencies to request ongoing services. Providers were originally notified of this change on July 17, 2009, through web announcement 275, which is online at https://medicaid.nv.gov. Web announcement 275 was also faxed to all Personal Care Service agencies.

Per Medicaid Services Manual (MMS) section 3503.1D.1 b, requests for on going services must be submitted to First Health Services at least 30 days prior to the expiration of the current authorization.

Requests should be submitted with the most current demographic information. Authorizations that expire will not be ad justed or eligible for reimbursement until a new Functional Assessment and Service Plan are completed and a new authorization can be issued.

CMS Program Requires States To Post A List Of Medicaid Dental Providers

Effective Aug. 4, 2009, the Centers for Medicare & Medicaid Services (CMS) is requiring each state to post online a list of all dentists (provider type 22) who are actively enrolled in the Nevada Medicaid Dental Provider program.

The list will be updated quarterly and must contain the provider’s address, phone number, specialty, and indicates if he/she is accepting new patients and can accommodate special needs.

Some of this information may not be readily available to Medicaid; therefore, dentists may receive a phone call from First Health Services and/or State Medicaid staff asking for this information in the near future.

A Message From DHCFP Regarding Prevention: Breast Cancer Awareness

For over 20 years, October has been designated as National Breast Cancer Awareness Month in order to educate women about early breast cancer detection, diagnosis and treatment. Nevada Medicaid invites providers to join the effort to heighten the awareness of breast cancer prevention.

Mammography screenings are a woman’s best chance for detecting breast cancer early. Medicaid provides coverage for mammography screenings, along with yearly gynecologic exams, including breast examinations.

Medicaid encourages women to practice regular self-breast exams. One of Medicaid’s main goals is to prevent the disease from developing or prevent serious complications of the disease.

Early detection is the key.

Preferred Drug List (PDL) Changes Effective Sept. 29, 2009

The Pharmacy and Therapeutics (P&T) Committee of the Nevada Department of Health and Human Services’ Division of Health Care Financing and Policy met for the annual review of the Nevada Medicaid Preferred Drug List (PDL) on June 25, 2009.

All action items were effective Sept. 29, 2009. The change inhaled g epiradronate t HDD el ar e ci nicated in the web annuncer temnt titled “Preferred Drug List (PDL) Changes Effective Sept. 29, 2009,” which is on line at https://medicaid.nv.gov/Announcements/Training or “Preferred Drug List” from the “Pharmacy” menu. The complete PDL is also posted on the “Preferred Drug List” webpage.

If you have a question concerning a matter in which a claim was denied, you are subject to: a) contact First Health Services by calling (877) 638-3472; b) if you have questions about Medicaid Service Policy or Rates, you can go to the Division of Health Care Financing and Policy (DHCFP) website at http://dhcfp.nv.gov. Under the “DHCFP Index” box, move your cursor over “Contact Us” and select “Provider Help Desk Rate Review.” Follow the instructions to find the person at DHCFP 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 $326,612,281.05 in claims during the three-month period of April, May and June 2009. Ninety-four 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.

Medicaid Manual Changes

The following Medicaid Manual chapters were revised in July and August 2009. Please review the current Medicaid Manuals at http://dhcfp.nv.gov.

MMS 100 – Medicaid Programs
MMS 600 – Physician Services
MMS 700 – Rates and Cost Containment
MMS 1000 – Dental
MMS 1100 – Ocular Services
MMS 3200 – Hospice
MMS 3600 – Managed Care Organization
MMS 3630 – Nevada Check Up Program Manual

HMS Contracted To Conduct Medicaid Integrity Program Provider Audits For Nevada

All DH CF P Ne vada Medica id/Nevada Check Up fee-for-service providers, inst itutional and non-institutional providers and managed care plans are subject to audit under the federal Medicaid Integrity Program (MIP). The MIP audits are not to be confused with the Payment Error Rate Measurement Program (PERM) audits.

The MIP was created by the Deficit Reduction Act of 2005 and Section 1936 of the Social Security Act (42 U.S.C. § 1396u-6) as an indirect method to control the improper Medicare and Medicaid payments. MIP audits are required by Section 4.2 of the DHCFP provider contract and the Medicaid Services Manual Chapter 3303.2B to cooperate and provide any and all documentation requested by f ederal officials or their authorized agents.

Disclosure of protected health information to HMS is permitted under t he Health Insurance Portability and Accountability Act (HIPAA), reference 45 C FR 164.512 (d) (1) (ii). Requested documentation must be produced within 30 calendar days.

NPLs/APIs Impact The Prior Authorization Process

First Health Services receives and processes hundreds of data corrections per month on an per occasion theses are a result of administrative errors, documentation issues, or overpayments. The data corrections are processed and done as quickly as possible, and are not required by the Division of Health Care Financing and Policy (DHCFP) to be completed within a certain time frame.

Providers are urged to take the following steps to prevent data correction requests and, therefore, reduce payment delays.

• Double check e NHS/AEI and ensure that the National Provider ID is correct for the office that is billing.

• Ensure that the PA and AEI on the PDL match the NPI/AEI on the claim.

• If the data correction is not completed within one week, do not re-submit another data correction request. An ad ditional data correction request for a claim that is detailed with NPI, is denied.

• It is the provider’s responsibility to ensure that information on the prior authorization request is accurate and complete. Please take the time to review the e PA form for accuracy to help First Health Services pay you in a timely manner.

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THIRD QUARTER 2009

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

THIRD QUARTER 2009

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Page 3
INFORMATION

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If you have a question concerning the manner in which a claim was adjudicated or eligible for reimbursement under a new Functional Assessment and Service Plan are completed and a new authorization can be issued. Agencies must ensure that care is continued and the recipient is not placed at risk if an authorization is allowed to expire.

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NPIs/APIs Impact The Prior Authorization Process

First Health Services receives and processes hundreds of data corrections, adds and removes surgery from the PDL and processes these after initial and final authorization processes. First Health Services pay you in a timely manner. A common error in the PA process occurs when the National Provider Identifier/Atypical Provider Identifier (NPI/API) indicated on the request for PA does not match the NPI/API on the claim. Claims are paid in accordance with all state and federal laws, regulations and policies. The DHCFP’s role in the MIP provider audit process is to ensure the MIP audits do not conflict with other state audits; review draft reports produced by CMS; ensure MIP reaud findings are in accordance with state and federal laws, regulations and policies; collect overpayments from providers; and adjudicate provider appeals.

Additional information on the Medicaid Integrity Program provider audits can be found at:

http://www.cms.hhs.gov/MedicaidIntegrityProgram
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New for 2010: Look for an easier way to submit the Training Registration Form.

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**Magellan Acquires First Health Services From Coventry**

Magellan Health Services, Inc. (Nasdaq:MGLN) has acquired First Health Services Corporation from Coventry Health Care, Inc. (NYSE:CVH) effective Aug. 1, 2009.

Magellan Health Services, Inc. is the country’s leading diversified specialty health care management organization. Magellan operates in the behavioral health, radiology, and specialty pharmacy and oncology management arenas. Its customers include health plans, corporations and government agencies.

Magellan’s corporate goals include empowering health plans, employers, governments and providers to efficiently improve the health, wellness and productivity of the people they serve.

While the change in ownership of First Health Services will be seamless for Nevada Medicaid/Nevada Check Up providers, Magellan’s experience in the health care management field and expertise in customer service, claims payment, clinical management, and information technology tools and connectivity should be beneficial for Nevada’s providers.

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