Occupational And Physical Therapists Needed To Complete Personal Care Functional Assessments

The State of Nevada Division of Health Care Financing and Policy (DHCFP) is currently seeking Nevada Medicaid Occupational and Physical Therapists (OTs/PTs) to assist with the Nevada Medicaid Personal Care Services program.

DHCFP needs OTs/PTs experienced in functional skills assessment to assist in the personal care services which each individual qualifies. This is not an employment position with the State, but can be done by Nevada licensed OTs/PTs or eligible home health agencies to assist with the task, do not have the appropriate services they need, or do not have the proper home equipment to assist in their care.

To be attentive to program funding and at the same time preserve services for those who truly need them to remain living in their community and not be forced to live in an institution to receive necessary self care. If in need of assistance with self care to remain in the community, and not be forced to live in an institution to receive necessary self care.

The program currently utilizes an interview format to determine the amount of assistance and time allocated for self care, activities of daily living and instrumental activities of daily living services provided to Medicaid recipients. Through quality assurance processes, including post-service reviews and reports from external individuals, it has been determined many persons receiving services can complete the care themselves, have a natural support system. It has been determined many persons receiving services can complete the care themselves, have a natural support system.

The Nevada Medicaid Personal Care Services program is a care-giving program versus a therapy program. The goal is to provide quality, time-efficient care to enable persons who need assistance with self care to remain in the community and not be forced to live in an institution to receive necessary self care. The Nevada Medicaid Personal Care Services program is a care-giving program versus a therapy program. The goal is to provide quality, time-efficient care to enable persons who need assistance with self care to remain in the community and not be forced to live in an institution to receive necessary self care.

If interested in assisting in Medicaid and completing these functional assessments, please contact the Personal Care Services program at (775) 684-3757 or bowman@dhcfp.nv.gov for information on how to become a Medicaid provider if you are not currently enrolled and receiving training in program policy and assessments. If you know of other OTs/PTs who may be interested in completing these assessments, please share this information.

HMS Begins Federal Provider Audits As Medicaid Integrity Contractor

The Medicaid Integrity Group (MIG) of the Centers for Medicare & Medicaid Services (CMS) has entered into a contract with Health Management Systems (HMS) to conduct audits of providers enrolled in the Nevada Medicaid Program. In November 2009, CMS' Medicaid Integrity Contractor (MIC), HMS, began performing audits of provider records according to Generally Accepted Government Auditing Standards (Yellow Book). If selected for an audit, providers will be required to submit records in a timely manner.

The records request letters will be issued on the letterhead of HMS. Providers' full cooperation in responding with the requested documentation will be required, or action will be taken by the Division of Health Care Financing and Policy (DHCFP) Surveillance and Utilization Review (SURS) Unit. Further information can be found at http://www.cms.hhs.gov/Provider Audits/.

2010 Provider Training Catalog Will Be Available Soon

The Nevada Medicaid and Nevada Check Up 2010 Training Catalog will be online soon at http://medicaid.nv.gov (select "Provider Training" from the "Providers" menu). The 2010 Catalog provides information on the types of training offered, course schedule, training locations, information about the Annual Medicaid Conference and registration instructions.

All training is free of charge to Nevada Medicaid and Nevada Check Up providers and staff. Providers may register any time for any course offered throughout the year by using the 2010 Provider Training Registration Form. The Registration Form can be found on the last page of the Catalog and is also available separately on the "Provider Training" web page and on the "Forms" page (select "Forms" from the "Providers" menu).

Early registration is encouraged for any training. Please ensure that all information is entered correctly and legibly on the Registration Form, including your e-mail address. All training is free of charge to Nevada Medicaid and Nevada Check Up providers and staff. Providers may register any time for any course offered throughout the year by using the 2010 Provider Training Registration Form. The Registration Form can be found on the last page of the Catalog and is also available separately on the "Provider Training" web page and on the "Forms" page (select "Forms" from the "Providers" menu).

For further information, call (877) 638-3472. For questions about training, contact the Provider Training Unit (select the option for "Provider Enrollment" and then select the option for "Provider Training"). For claim inquiries, contact the Customer Service Center (select the option to verify the status of a claim).
**Conditions When PASRRs May Be Cancelled**

The Division of Health Care Financing and Policy (DHCFP) and First Health Services would like to provide providers who submit Pre-admission Screening Resident Reviews (PASRRs) to be aware that in some circumstances PASRRs may be canceled. Please review the following reasons for cancellation of a PASRR.

1. The recipient is not being admitted to a nursing facility.
   - Only reci pients b eing ad mitted to a nu rsing facility require PASRRs.
   - Recipients who are discharged to any other setting do not require PASRRs.
   - Current co sts are ru nning approximat ely $1.5 mi llion per year for PASRR screenings, ex cluding the cost of Level II reviews.
   - Current s atistics show that 45.5% of al l M edicaid recipients screened are never ad mitted in to a nu rsing facility.

2. The contact information is incorrect and First Health Services is unable to reach you for additional information and/or medical records.
   - The name and/or l ice nce (c redentials) of th e te lephon e co m March PASRRs are not listed on the request for m.
   - Notes: A PASRR is a clinical assessment of a patient and must be completed by a licen sed health care provider per Medicaid policy as noted in the Nevada Medicaid Services Manual (M SM) Chapter 500, 503.2.B.
   - If you have l isted a pr ovider th ey ha ve th e ca r e ni ce to s the recipient, the PASRR may be canceled:
     - In the event a Level II PASRR is required; and/or
     - In the event additional medical or demographic information is required; and/or
   - Notes: A first Health Services staff must be able to locate the recipient to complete the Level II review.

For non facility pr oviders, please contact the Medicaid Information Center at (877) 638-3472.

3. A PASRR is associated with a pre-existing condition.
   - The recipient was not a new admission during the month of PASRR request.
   - Current statistics show that 44% of all Medicaid recipients screened are never admitted in to a nursing facility.

4. The recipient has a Level I PASRR.
   - Current statistics show that 45% of all Medicaid recipients screened are never admitted in to a nursing facility.

5. PASRR determinations contain PHI (Protected Health Information) and are covered under all HIPAA (Health Insurance Portability and Accountability Act) standards. PASRRs may be canceled if HIPAA rules are not followed.
   - Notes: Due to the sen sitive nat ure of PAS RR determin ations, DHCFP and FIrst Heal th Services would like to remind you to only request on e when a definitive decision has been made.

**Online Users Have Transfer/Tracking Option For PASRR Requests**

When utilizing th e On line Pri or Au thorization System (OPAS), you can c hec k fo r p reviously c ollected PASRRs regard less of where the PASRR was co mpleted by utilizing the transfer/tracking option.

For assistance with c heck e cking for pr eviously c ollected PASRRs, or for assistance on how to complete a transfer request, please call First Health Services at (888) 648-7593.

When utilizing the transfer/tracking option, please verify that the determination received on your screening is still applicable to the clinical presentation of the recipient.

If the determination has changed, please submit a new Level I request for a Resident Review. First Health Serv ic es will evalu ate the new medical information to advise whether or not a new determination is needed.

**Coverage And Limitations For Personal Care Services**

The Personal Care Servi ces (PCS) program is an optional Medicaid benefit designed to assist, support and maintain Medicaid recipients in their ability to live independently within their home.

The program provides personal care assistance to recipients who would normally provide their own care in the absence of a disability or and/or chronic condition.

**Covered services include:**
- Bathing, dressing and grooming
- Assistance with toileting needs
- Assistance with mobility issues
- Assistance with transferring (the m ovement from o ne s tation or another with assistance with repositioning)
- Assistance with eating (feeding)
- When there are significant deficits in the a bove areas, tim e may be avai lable for h ou sekeeping. I undry, s hoppi ng a nd mea l preparation
- Shopping is intended for essential needs only, such as ob-

**Co-payment Reminder For Pharmacy Providers**

Per your contract with Nevada Medicaid/Nevada Check Up, you may not collect from recipients the co-payments that are indicated on private insurance cards.

If you have a question regarding which recipients you may collect co-payments from or you receive a rejection when billing Medicaid as secondary payer, please contact the First Health Services Technical Call Center at (800) 884-3238. The Tech call Center is available 24 hours per day, 7 days per week, 365 days per year.

Co-payment information is also available in the Pharmacy Provider Billing Manual, Section 9 Recipient Eligibility and Benefits (http://medicaid.nv.gov select “Billing Information” from the Pharmacy menu).
Conditions When PASRRs May Be Canceled

The Division of Health Care Financing and Policy (DHCFP) and First Health Services would like providers who submit Pre-Submission Screening Resident Reviews (PASRRs) to be aware that in some circumstances PASRRs may be canceled. Please review the following five reasons for cancellation of a PASRR.

1. The recipient is not being admitted to a nursing facility.

- Only recipients residing in a skilled nursing facility require PASRRs.
- Recipients who are discharged to another setting do not require PASRR.
- Current co-pays are running approximately $1.5 million per year for PASRR screenings, excluding the cost of Level II reviews.
- Current statistics show that 45% of all Medicaid recipients screened are never admitted to a nursing facility.

2. The contact information is incorrect and First Health Services is unable to reach the provider for additional information.

3. The name and license (c reds) of the provider completing the PASRR are not listed in the correct form.

Notes:
- A PASRR is a clinical assessment of a patient and must be completed by a licensed health care provider per Medicaid policy as noted in the Nevada Medicaid Services Manual (MSM) Chapter 500, 503.2.B.
- If you have listed a provider or facility as the requesting provider, the PASRR may be canceled.
- a. In the event a Level II PASRR is required, and/or
- b. In the event additional medical or demographic information is required and/or
- c. For compliance and statistical purposes.

Notes:
- First Health Services staff must be able to locate the recipient to complete the Level II review.
- For non-facility providers, please indicate your provider name and where the recipient is currently located that include your direct phone and fax numbers.
- PASRR determinations contain PHI (Protected Health Information) and are covered under all HIPAA (Health Insurance Portability and Accountability Act) standards. PASRRs may be canceled if HIPAA rules are not followed.
- Notes: Due to the sensitive nature of PASRR determinations, DHCFP and First Health Services would like to remind you to only request one when a definitive decision has been made that the recipient will be transferred to a nursing facility and the specific corresponding facility has been identified.

Coverage And Limitations For Personal Care Services

The Personal Care Services (PCS) program is an optional Medicaid benefit designed to assist, support and maintain Medicaid recipients in their ability to live independently within their home. The program provides personal care assistance to recipients who would normally provide their own care in the absence of a disability and/or chronic condition.

Covered services include:
- Bathing, dressing and grooming
- Assistance with toileting needs
- Assistance with mobility issues
- Assistance with transferring (the movement of one from the sitting position to another or assistance with repositioning)
- Assistance with meals and medication
- Assistance with activities of daily living, in the a.bove areas, time may be available for housekeeping, I undoing, shop ping and meal preparation

Shopping is intended for essential needs only, such as obtaining medications, medical supplies and maintaining nutrition.

The following services are not covered under the personal care services program:
- Tasks that the recipients can reasonably perform themselves
- Services normally provided by a legally responsible adult or other willing caregiver
- Skilled services (services that normally require a health care provider to be licensed)
- Chore, companionship care, respite or babysitting services
- Supervisory services that include, but are not limited to:
  - Providing a personal care aide (PCA) to be present during meals
  - Administering the policy of encouraging intake or socialization
  - Providing 24-hour/day or nighttime company for the recipient

- Transportation services for (for covered transportation services, please call LogistCare (888) 737-3083)
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DHCFP needs OTs/PTs experienced in functional skills assessment to assist in "hands-on" assessments to provide an accurate determination of the personal care services for which an individual qualifies. This is not an employment position with the State, but can be done by Nevada-licensed OTs/PTs or eligible hospitals, clinics or ag encies enrolled as Med icaid providers.

The program currently utilizes an in-person interview to determine the amount of assistance and time allocated for self care, activities of daily living and in personal care services provided to Medicaid recipients. Through quality assurance processes, including post-service reviews and reports from persons involved with the assessment process, it has been determined that many persons receiving services can complete the task themselves, have natural supports able to assist with the task, do not have the appropriate services they need, or do not have the proper equipment to assist in their care.

To be attentive to program funding and at the same time preserve services for those who truly need them to remain living in the community, DHCFP is transitioning to a "hands-on" therapy assessment.

The Nevada Medicaid Personal Care Services program is a community-based program that provides service to those who need assistance with self care to remain in the community and not be forced to live in an institution to receive necessary self care.

If interested in assisting Medicaid and completing these functional assessments, please contact the Personal Care Services program at (775) 684-3757 or Bowmanj@dhcfp.nv.gov for information on how to become a Medicaid provider if you are not currently enrolled and to receive training in program policy and assessments. If you know of other OTs/PTs who may be interested in completing these assessments, please share this information.

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The records request letters will be issued on the letterhead of HMS. Providers’ full cooperation in responding with the requested documentation will be required, or action will be taken by the Division of Health Care Financing and Policy (DHCFP) Surveillance and Utilization Review (SURS) Unit.

Further information can be found at http://www.cms.hhs.gov/ProviderAudits/.

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Early registration is encouraged for any training. Please ensure that all information is entered correctly and legibly on the Registration Form, including your e-mail address. Course/Medicaid Conference confirmations will be returned via e-mail.

Claim type training for UB, CMS-1500 and ADA submitters covers billing instructions for the specified claim form, as well as current and upcoming policy. The sessions include helpful, everyday billing tips, an overview of available resources and tools, and much more.

It is recommended that new and experienced staff attend the claim type trainings at least once a year to learn about any changes to billing guidelines and policy. Attendance will assist providers in submitting claims accurately, which will aid in claims processing smoothly and paying timely.

The Annual Medicaid Conference is an additional training option for providers. The Conference presents current and upcoming policy information for all providers followed by break-out sessions where provider type specific instruction is provided in individual conference rooms.

Thank you to those providers who took the time to participate in the 2009 Medicaid Conferences in Reno and Las Vegas. Your input on the evaluations was appreciated and helpful in planning and improving the event for 2010.

For further information, call (877) 638-3472. For questions about training, contact the Provider Training Unit (select the option for “Provider Enrollment” and then select the option for “Provider Training”). For claim inquiries, contact the Customer Service Center (select the option to verify the status of a claim).