Nevada Medicaid News

Nevada Medicaid Mail To Providers
No Longer Forwarded

As providers were notified by Web Announcement 303 dated Jan. 12, 2010 (at http://nevada.fhsc.com select “Announcements”/Newsletters”/ “FQ 2010”/ “Providers” menu), Nevada Medicaid has requested the United States Postal Service to no longer forward mail to a new provider address.

Instead, it has been requested that the mail be returned to the sender (Nevada Medicaid or First Health Services).

When mail is returned, the provider’s Medicaid enrollment may be terminated in accordance with Medicaid Services Manual (MSM) Chapter 100, Section 10.3.3. Providers are required to report in writing with five working days after receipt of a notification from the provider’s Medicaid enrollment manager of the provider’s decision to no longer participate in Medicaid.

Failure to report timely receipt of a notification will result in the termination of the Medicaid contract at the time of discovery.

OT/PT PCS Assessment
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with an accurate functional assessment, ensuring that the recipients with the greatest need receive appropriate care. This is not an employment position but is a State, but can be done by Nevada-licensed OTs/PTs or eligible hospitals, clinics, or agencies enrolled as Medicaid providers.

If you are an OT/PT provider interested in assisting the Nevada Medicaid Personal Care Services (PCS) program to complete the continuation of the initial functional assessment for PCS by an Occupational or Physical Therapist (OT/PT),

In order for OT/PT providers to begin completing functional assessments on the program’s start date, March 1, 2010, they were required to attend training sessions presented by DHCFP and First Health Services. The training sessions reviewed instructions for completing the assessments and billing Nevada Medicaid for services, in addition to State policy regarding the program.

In addition to attending specialized training, OT/PT providers must be currently enrolled as a Nevada Medicaid provider, visit http://medicaid.nv.gov (select “Provider Enrollment” from the “Providers” menu).

By participating in the program and assisting with “hands-on” assessments, OTs/PTs are providing Medicaid recipients with an accurate functional assessment, ensuring that the recipients with the greatest need receive appropriate care. This is not an employment position but is a State, but can be done by Nevada-licensed OTs/PTs or eligible hospitals, clinics, or agencies enrolled as Medicaid providers.

Reminder: All Providers Required To Resubmit Provider Contract

The State of Nevada Division of Health Care Financing and Policy (DHCFP) is requiring all Nevada Medicaid/Check Up providers to complete and resubmit the Provider Contract. Providers were originally notified through Web Announcement 266 dated June 29, 2009, and the Nevada Medicaid News provider newsletter Volume 6, Issue 2 to complete and resubmit a Provider Contract.

Providers who have not submitted an updated Contract since June 29, 2009, are required to do so immediately. Failure to comply with this requirement may result in termination of your participation in Nevada Medicaid/Check Up.

The Provider Contract is available at https://medicaid.nv.gov (select “Provider Enrollment” from the “Providers” menu). The “Provider Enrollment Packet” contains the four-page Provider Enrollment Application. Please mail all four pages of the Provider Contract to the following address: First Health Services, Attn: Provider Enrollment, P.O. Box 30042, Reno NV 89520-3042. Original signatures are required. A countersigned contract will be returned to you. If you have submitted an updated Provider Contract since June 29, 2009, please disregard this request.

State Budget Revenue Shortfall Requires Coverage And/Or Rate Changes To Certain Medicaid Services

Due to the continuing State of Nevada budget revenue shortfall, the Division of Health Care Financing and Policy (DHCFP) is required to make coverage and/or rate changes to certain Nevada Medicaid services. Please monitor the web announcements posted at https://medicaid.nv.gov for notices regarding any specific coverage and/or rate changes. The DHCFP will update any new policy in the Medicaid Services Manual (MSM) and any rate changes on the Rates Unit webpage posted at http://dhcfp.nv.gov.
Preferred Drug List (PDL) Changes Effective March 16, 2010

On Dec. 17, 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 to review new and existingPrior Authorization andwaived procedures on the Nevada Medicaid Pediatric Drug List (PDL). All act ions taken by the Committee are effective March 16, 2010.

Please note the following change to existing classes, effective March 16, 2010:

- Preventi® HFA will be b the so preferred agent in the Respiratory: Short Acting Beta Adrenergic Inhalers therapeutic class.
- The age exemption for Clarinex® Syrup has been eliminated in the Antihistamines: 2nd Generation therapeutic class. Prior authorization is now required for all age groups.

Please review all PDL changes, which are indicated in the web announcement titled “Preferred Drug List (PDL) Changes Effective March 16, 2010,” posted at http://medicaid.nv.gov (select “Announcements/Training” or “Preferred Drug List” from the “Pharmacy” menu). The complete PDL is also posted on the “Preferred Drug List” webpage.

New Prior Authorization Requirement For Dispense As Written/DAW = 1 Claims

Effective April 14, 2010, all claims submitted with a DAW = 1 in the NCPDP 408- D8 Field (DAW/Product Selection Field) will re-ceive an NCPDP 75P or Authorization Required Denial code unless a prior authorization has been obtained.

The necessary authorization forms are posted at http://medicaid.nv.gov (select “Forms” from the “Pharmacy” menu).

Quarterly Update On Claims Paid

Nevada Medicaid and the Nevada Medicaid providers paid out to providers $338,505,989.08 in claim payments during the three-month period of Oct. 2010 to Dec. 2010. Nearly 98 percent of the severest claims continue to be adjudicated within 30 days.

The DHCP FP n & Fi First Health Services thank you for your participation in Nevada Medicaid and Nevada Check Up.

Medicaid Manual Changes

The following Medicaid Manual chapters were updated during the period of December 2009 through February 2010. Please review the current Medicaid Manuals at http://dhcfp.nv.gov.

December 2009:
- MSN 600 – Physician Services
- MSN 800 – Laboratory Services

January 2010:
- MSM 1000 – Dental
- MSM 2100 – Home and Community Based Waiver (HC/BBW)
- MSM 3500 – Personal Care Services Program

February 2010:
- MSM 300 – Radiology Services
- MSM 400 – Mental Health and Alcohol/ Substance Abuse Services
- MSM 600 – Physician Services
- MSM 2600 – Interim Service Organization (ISO)

A Message From DHCFP Regarding Prevention: Lead Testing And Immunizations

Lead Scree ning:

As children are considered at risk a child must be screened for lead poiso ning. HCFIA (CMS) requires that all children receive a screen between the ages of 1 and 2 months of age and 24 months of age.

Children between the ages of 6 months and 24 months of age must receive a screening blood lead test if they have not been previously screened or if they have lead poisoning.

A blood lead test must be used when screening Me dicaid-eligible children 2 months of age. An abnormal screening result at 2 months of age may require a follow-up test at 6 months of age.

Diagnosis, Treatment and Follow-Up

If a child is confirmed to have lead poisoning, a health care provider is required to provide a referral for the child to a local health care provider for the appropriate treatment, including follow-up blood tests and investigations in an attempt to determine the source of lead, where indicated.

Immunizations: Nevida Medicaid providers are encouraged to administer VFC-eligible vaccinations. The project is intended to gather information on the existing EHR capabilities of hospitals and providers, their use and early EHR adoption is encouraged. Please ensure that all information is entered correctly and legibly in the Patient’s Medical Record.

Register no w f or upcoming training sessions in Reno and Las Vegas that will cover UB, CMS-1500 and ADA claims, current and upcoming policy, electronic billing and the behavioral health program.

Attention providers located in Elko and the surrounding areas:

The next training classes scheduled for your area will be July 13 (for CMS providers), July 14 (for UB providers) and July 15 (for Dental providers).

New Form FH-26A Must Be Used To Request Dental History

Providers who wi want to e a receipt’s identity from Fi rst Health Services are required to submit Form FH-26A, Dental History.

All history sub mitted on by b e r q e rs will be reviewed to determine whether the procedures to be performed are identified. First Health Serv ices has re quired to use electronic documentation of the services rendered to the history request.

First Health Serv ices has up to fi ve business days from the date of receipt to respond to the further details and instructions, see FH-26A (at h ttp:// esa nevdasc.com/e sv “Forms” from the “Providers’ menu”).

For questions about re questing a record’s dental history, please call First Health Services’ Prior Authorization Department at (800) 648-7593.
A Message From DHCFP Regarding Prevention: Lead Testing And Immunizations

Lead Screening: Nevada Medicaid reminds all Early Periodic Screening, Diagnosis & Treatment (EPSDT) providers performing Healthy Kids exams that blood lead testing is federally mandated for all 12 and 24 month olds as part of the Healthy Kids exam, without exception.

The EPSDT section of CMS’ State Medicaid Manual states the following:

- If children are considered at risk and must be screened for lead poisoning, HCFA (CMS) requires that all children receive a screening blood lead test if they have not been previously screened or do not lead poisoning.
- A blood lead test must be used when screening Me dicable children. A blood lead test result is equal to or greater than 10 μg/dL to be bined by capillary specimen (fingerstick) must be confirmed using a venous blood sample.

Diagnosis, Treatment and Follow-Up
- If a child’s lead level is elevated to 70 μg/dL, the child must be treated with chelation therapy. The child’s family must be referred to a certified chelation therapy provider.
- The child’s blood lead level must be retested 3 months after the initial treatment.

Immunizations: Nevada Medicaid also encourages providers to become VFC (Vaccines for Children Program) in order to receive free vaccines for Medicaid children.

Providers may bill for the administration fee for the vaccine. Medicaid cannot bill for the cost of a vaccine obtained through VFC (even if the provider is not enrolled with VFC). For more information, go to http://health.nv.gov/Vaccine_VFCProgram.htm.

Vaccinations and testing in the provider’s office:

- It is highly recommended that EPSDT recipients be vac-cinated at the time of the Healthy Kids exam, if possible, rather than being referred to a local health department for their immunizations.
- Many Medicaid recipients/families have difficulty with transportation or getting time off work, so vaccinating at the time of the Healthy Kids exam is much more desirable and will increase the chance of the child receiving the necessary immunizations. The same holds true for the lead test.

Study Will Evaluate Provider Readiness For Electronic Health Records

In April 2010, the State will begin an environmental scan or study of hospital and medical providers for Electronic Health Records (EHRs).

The project is intended to gather infor-mation on the existing EHR capabilities of hospitals and provi-sors, their pl ans for EHR ad option, eligibility for Medicaid EHR incentive payments, and other details that will assist in the analysis of the State’s landscape or readiness concerning EHRs and in developing its own Health Infor-mation Technology (HIT) strategy.

The State has contracted with Public treatment, including follow-up blood tests and investigations in ventigations to determine the source of lead, where indicated.

Immunizations: Nevada Medicaid also encourages providers to become VFC (Vaccines for Children Program) in order to receive free vaccines for Medicaid children.

The vaccine is made available to providers free of charge by the Nevada State Health Division.

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If you are an OT/PT provider interested in assisting the Nevada Medicaid PC S program and completing these functional assessments, please contact the PC S program at (800) 648-7593. The DHCFP reports a special need for OT/PT pr ofid er s to serve in the rural areas. If you would like to assist in the rural areas, please call the number above. Mileage reimbursement is available.

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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 render inpatient hospital services (provider type 11) as well as outpatient hospital services (provider type 12), 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.

Please mail all four pages of the Provider Contract to the following address: First Health Services, Attn: Provider Enrollment, P.O. Box 30042, Reno NV 89520-3042. Original signatures are required. A countersigned contract will be returned to you. If you have submitted an updated Provider Contract since June 29, 2009, please disregard this request.

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