Attention Pharmacies: Claims adjudication process to validate ordering, prescribing and referring (OPR) practitioners

In order for Medicaid to reimburse for services or medical supplies that require a provider’s order, prescription or referral, the Affordable Care Act (42 CFR Parts 405, 447, 455, 457, and 498) requires that the ordering, prescribing or referring provider be enrolled in Medicaid. Compliance with this requirement necessitates future changes to Nevada Medicaid claims and provider enrollment processes. The Division of Health Care Financing and Policy (DHCFP) is actively working on the implementation of this new requirement, which is anticipated to occur the fourth quarter of 2014.

How will this affect you?

The practitioner writing a prescription for a Medicaid Fee-for-Service recipient needs to be enrolled as a full Medicaid service provider or an OPR-only provider by the last quarter of 2014.

To comply with these provisions, Nevada Medicaid, with the implementation of the OPR claims adjudication process, will verify both the presence of a valid practitioner NPI and the practitioner’s enrollment in Nevada Medicaid as either a full Medicaid service provider or an OPR-only provider. Pharmacy claims will post an edit informing the billing provider if the NPI for the prescriber is not present. If the prescriber does not have prescriptive authority, or is not enrolled as either a full Nevada Medicaid service provider or an OPR-only provider, the edit will result in a claim denial.

Every prescriber must include their personal NPI on each prescription. Every pharmacy must accurately submit this prescriber NPI with each prescription claim. If a provider intentionally submits a claim with a prescriber NPI which they know to be inaccurate, they are committing a fraudulent act, and may be subject to administrative, civil and/or criminal actions.

For more information about the changes to billing and the new OPR provider enrollment category, call the Catamaran Technical Call Center at (866) 244-8554.