Nevada Medicaid News

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First Health Services Corporation®

A Coventry Health Care Company

Nevada Medicaid and Nevada Check Up
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Reminders for All Providers Regarding Claim Forms and Submitting Inquiries

Cover Letters Must Accompany Claim Inquiries

When mailing a claim inquiry to First Health Services' Customer Service Center, please include a cover letter that specifies the reason for your inquiry. A claim sent to First Health Services without a cover letter will be processed as a new claim submission. Reasons for inquiries include requesting the status of a claim or asking for an explanation about a claim denial. Along with the cover letter, please include copies of supporting documentation, e.g., the original claim and the Remittance Advice (RA). You also have the option of calling Customer Service at (877) 638-3472 regarding claim inquiries.

Enter Amount Due in Correct Field

When completing claim forms, all providers must enter the amount due in Field 30 of the CMS-1500 and on the appropriate line of Field 55 of the UB-92. Please follow these instructions for all dates of service and whether or not the recipient has other insurance. **If these fields are left blank, the claim will pay zero and the provider will need to submit an adjustment for the claim to pay correctly.**

Field Reserved for PA Number

If a service rendered required prior authorization (PA), enter the

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News Regarding Claims Submitted Electronically

Third Party Liability - Providers who submit Nevada Medicaid claims with Third Party Liability (TPL) electronically versus submitting paper claims are saving time and resources for two reasons:

1. When submitting a paper claim form (a CMS-1500 or a Dental form) with TPL, you may submit only one claim line per claim form. The process of filing claims electronically eliminates this task of completing a new paper claim form for each procedure when billing with TPL.
2. When submitting a paper claim form (a CMS-1500, a UB-92 or a Dental form) with TPL, a copy of the Explanation of Benefits (EOB) must be attached to the claim form. If multiple paper claim forms refer to the same EOB, the EOB must be photocopied and attached to each paper claim form. An EOB is not required when claims are submitted electronically.

Consult your software vendor for alterations that will facilitate submitting TPL claims electronically through a clearinghouse or directly to First Health Services.

For questions regarding electronic claim submission, call First Health Services' Electronic Data Interchange (EDI) Coordinator at (877) 638-3472.

Submit Medicare Information to Nevada Medicaid - Nevada Medicaid will soon accept electronic Medicare crossover claims from all Medicare carriers. If you have not done so already, please submit your Provider Medicare Number and the name of your Medicare carrier to First Health Services. You may submit or verify the information by calling (877) 638-3472, select the option for "Nevada Medicaid Provider," then select the option for "Provider Enrollment." Or, you may complete and fax the REQUEST FOR TITLE XVIII (MEDICARE) INFORMATION form, which is available at https://medicaid.nv.gov (see Web Announcement 76 posted on the "Newsletters/Announcements" webpage under the "Providers" drop-down menu).

837P Transactions with TPL Denying for Edit 0870 - Since the implementation of the new Third Party Liability (TPL) billing guidelines, a number of providers submitting Medicare crossover claims electronically using 837P Professional Health Care Claim and Encounter transactions have received denials for Edit Code 0870 (Unable to Match Provider Medicare Number). Research has determined that in the majority of cases, providers are receiving the denial because their clearinghouses (or Information Technology (IT) staffs for those billing direct) have not incorporated the requirements listed in the EDI Companion Guide for the 837P. If you have received this denial, contact your vendor or IT staff to request an update. The Companion Guide for Transaction 837P – Professional Healthcare Claim and Encounter can be found at https://medicaid.nv.gov (select "Electronic Claims/EDI" from the "Providers" drop-down menu).

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11-digit PA number in Field 23 of the CMS-1500 claim form or Field 63 Line A of the UB-92 claim form leave the field blank if a PA was not required. Claims will deny if these fields contain anything other than a PA number, such as notes, the words "no PA required" or physician names. Only one authorization number may be entered per claim form.

Field 29 of CMS-1500 is not for Medicaid Payments

Do not include Medicaid payments in Field 29 of the CMS-1500. In Field 29, enter the total amount paid to the provider by all other insurance carriers(s) for the one procedure on the claim (not the amount received for all services on the Explanation of Benefits (EOB)). When billing paper claims with other insurance, remember that only one line is allowed per claim form. The same instructions apply when submitting adjusted claims; do not include Medicaid payments in this field.

Payer/Insurance Plan Name when Billing TPL

When submitting a CMS-1500 claim form with Third Party Liability (TPL) and Medicare is the primary or secondary carrier, please enter in Field 9d the word "Medicare" followed by the Medicare plan name (e.g., Medicare Senior Dimensions, Medicare Senior Care Plus, etc.). When submitting a UB-92 claim form with TPL and Medicare is a carrier, enter the same information on the appropriate line of Field 50.

Revised billing procedures have been implemented for providers who bill with TPL. Please review the TPL billing procedures in the Claim Form Instructions for the ADA, CMS-1500 and UB-92 forms online at https://medicaid.nv.gov (select "Billing Manuals" from the "Providers" drop-down menu).

Is Your Recipient Eligible for Services?

Recipients must be eligible for Nevada Medicaid and Nevada Check Up benefits before you render services.

Providers have access to information regarding recipient eligibility, managed care, recipient restrictions and Third Party Liability through the following methods:

- First Health Services' Electronic Verification System (EVS) – log on to https://medicaid.nv.gov (from the "Providers" drop-down menu select "EVS Logon" or "EVS User Manual").
- The Nevada Medicaid Audio Response System (ARS) – call (800) 942-6511.
- A swipe card system – contact your swipe card vendor for details.

CONTACT INFORMATION

If you have a question on Claims Payment, please contact Frrst Health Services Corporation by calling (877) 638-3472 or e-mailing nevadamedicaid @fhsc.com.

If you have questions about Medicaid Service Policy or Rates, you can go to the Division of Health Care Financing and Policy (DHCFP) website: www.dhcfp.state.nv.us and look for the item labeled: Contact Information. Move your cursor to that item and follow the directions 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

The Nevada Medicaid program paid out to providers $ 250,595,121.23 in claims during the three-month period of January, February and March 2006. Nearly 100 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.

For Room & Board Payments

Reimbursement Update for Provider Type 61

First Health Services has completed changes to the Medicaid Management Information System's (MMIS) Financial Subsystem to allow payments for Room and Board related to Provider Type (PT) 61 (Mental Health Rehabilitative Treatment Services). Providers will not need to submit a separate claim for PT 99 Room and Board payments. These payments will be generated manually by the Division of Health Care Financing and Policy (DHCFP) on PT 99 numbers based on paid claims for the provider's PT 61 number.

Room and Board payments are paid to providers on behalf of the Division of Child and Family Services (DCFS). Room and Board is not a Medicaid covered service.

The first scheduled payments for Room and Board based on PT 61 paid claims from 01/01/06 through 03/31/06 should have been received by providers on or about 05/23/06. Payment will be made for the period that includes PT 61 payment dates from 04/01/06 through 06/02/06 on approximately 06/23/06. Providers will be paid on a weekly basis thereafter for PT 61 claims paid the previous week.

Remittance Advices (RAs) will show lump sum payments for PT 99. Providers will not see claim level detail. First Health Services will not be able to provide any further detail concerning these payments than what is printed on the RA. For more detail on payments received for Room and Board, please contact the DCFS at (775) 687-9010.

Helpful Details to Keep You Up-to-Date Regarding NPI

Please note: You may apply for and receive your National Provider Identifier (NPI) now, but continue to use your Nevada Provider Medicaid Number until the Division of Health Care Financing and Policy (DHCFP) and First Health Services notify you to begin using your NPI.

NPI is the national standard health care identifier number mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The 10-digit NPI will replace health care provider numbers in use today, including your Provider Medicaid Number and the National Council for Prescription Drug Programs (NCPDP) Provider Identification Number used by pharmacy providers.

Health plans such as Medicaid, Medicare, private health insurance issuers and health care clearinghouses must accept and use NPI in standard transactions by May 23, 2007.

NPI Application Options

1. Providers may apply for an NPI on line at https://nppes.cms.hhs.gov (click on "National Provider Identifier (NPI)" and follow the instructions).
2. A paper application may be obtained online at https://nppes.com.hhs.gov or by calling the enumerator (the contractor that assigns NPI) at (800) 465-3203 or TTY 1-800-692-2326. CMS has contracted with Fox Systems Inc. to serve as NPI enumerator.
3. With provider permission, an organization may submit a request for an NPI on behalf of a provider via an electronic file. For example, pharmacy providers may apply for their NPI through the National Council for Prescription Drug Programs (NCPDP). For details, pharmacy providers may review information posted on the Council's website at http://www.ncpdp.org or call (480) 477-1000.

Neither First Health Services nor the DHCFP assign NPI. Call Fox Systems at the above telephone number(s) or send an e-mail to customerservice@npienumerator.com for questions concerning the NPI application.

Application Tip from CMS

When applying for your NPI, include your legacy identifiers for all payers (identification numbers you use to submit claims to Medicaid, Medicare and other insurance issuers). When reporting your Medicaid number, indicate the state name associated with the number.

Enter NPI on Form FH-33

Once you have your NPI, take the opportunity to complete FH-33 (Provider Information Change Form). Form FH-33 was recently updated to include fields for provider NPI and Taxonomy Codes. Nevada Medicaid and Nevada Check Up require that all providers submit this form within five business days of any change to their provider information on file with First Health Services. Form FH-33 is posted at https://medicaid.nv.gov (select "Forms" from the "Providers" drop-down menu).

Tips Especially for Personal Care Providers

1. When sending in an authorization request for a Medicaid recipient, please notify First Health Services if there are other Medicaid recipients in the same household for whom your agency is providing Personal Care Services (PCS). The information will help First Health Services ensure the correct coordination of services.

2. When you are no longer providing care for a recipient, please notify First Health Services of the date your agency last provided service and the reason service ended. On the PCS Prior Authorization Form, place a checkmark in the "Cancel Authorization" box, enter the date you last provided service in the area marked "Cancellation Date" and check or enter the reason for the cancellation.

3. At the time of the evaluation appointment, any legally responsible adult (which includes a parent, step-parent, foster parent, spouse or legal guardian) may be required to supply documentation showing the reason he/she is not available or not capable of providing services. First Health Services may require employment verification confirming the days and times the legally responsible adult reports to work and/or a doctor's letter stating the specific limitations and duration of a disability that prevents him/her from assisting the recipient. Authorization of services will be delayed whenever there is a question of availability or capability. Agencies can assist clients in obtaining this documentation prior to the assessment to prevent any potential delays.

4. When transferring a recipient to your agency, the "Transfer Start Date" on the authorization request form refers to the date your agency is actually taking over care and the other agency has been notified and has stopped service.

5. Please be sure to verify recipient eligibility before submitting a Prior Authorization request for service. When you access the Electronic Verification System (EVS) to inquire about eligibility, if a "D" is displayed in the "Exception Indicator" column next to the "Benefit Plan" it means the recipient is eligible for the Physically Disabled Waiver (WIN) program. If a "C" is displayed in the "Exception Indicator" column, it means the recipient is eligible for the Community Home-based Initiative Program (CHIP), also known as the Aging Waiver or Waiver for the Frail Elderly. The recipient has full Medicaid Fee-For-Service coverage and is a qualified beneficiary for the PCS program only if "01-01-0100" appears in the "Benefit Plan" column. Please fax the PA request to the appropriate agency.

6. When calling First Health Services with questions or concerns, please have available your agency's Provider Medicaid Number, the recipient's Medicaid ID Number, the prior authorization number and any other details pertinent to the issue. The correct telephone number is (800) 648-7593 and the fax number is (775) 784-7935.

Co-Payment Claims for Part D/Medicaid Dual-Eligible Recipients

Co-payment functionality is now available making it possible for pharmacies to submit co-payment claims to Nevada Medicaid for dual-eligible recipients (recipients eligible for both Medicaid and Medicare Part D).

The change may require alterations to point-of-sale (POS) system software. Please contact your software vendor to ensure that you will be able to submit claims without interruption. Co-payments not previously collected from recipients may be billed going back to Jan. 1, 2006. If co-payments have been collected, pharmacies are being asked to now bill Medicaid for these amounts and provide refunds to the recipients.

All co-payment claims for dual-eligible recipients should be submitted to Medicaid via the First Health Services point-of-sale system using standard Third Party Liability (TPL) processing. Nevada Medicaid will reimburse co-pays at $1 for generic drugs and $3 for brand drugs.

After the implementation of Medicare Part D, it came to the State's attention that a small number of individuals considered to be fully dual eligible by Medicaid are viewed as having income over the 100% Federal Poverty Level (FPL). As such, their Medicare status puts their co-payments at $2 for generics and $5 for brands. Pharmacy providers are already able to obtain reimbursement for the $2 generic co-payments since the point-of-sale system will pay up to $3. Nevada Medicaid is currently reprogramming the system to begin paying up to $5. When the system has been reprogrammed, providers will be notified via an announcement posted on First Health Services' website (at https://medicaid.nv.gov select "Announcements/Meetings" from the "Pharmacy" drop-down menu). At that time providers are invited to begin charging the higher co-payments to Nevada Medicaid and process any claims they have been holding while the State has been addressing this issue.

In addition, Nevada Medicaid will not reimburse Part D co-pays for recipients in long-term care facilities as these co-pays are waived per federal Medicare regulations.

Billing information can be found at https://medicaid.nv.gov (select "Billing Information" from the "Pharmacy" drop-down menu).

Please direct questions regarding this billing process to First Health Services' Technical Call Center at (800) 884-3238.

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