Nevada Medicaid News

First Health
Services Corporation®

NPI/API Reminders

- All Nevada Medicaid/Nevada Check Up claims and correspondence submitted to First Health Services now require the use of the National Provider Identifier/-Atypical Provider Identifier (NPI/API) in all provider fields.
- The Provider Medicaid/legacy Number is no longer accepted.
- Please be sure NPI/API is entered correctly on all claims and correspondence.
- The forms providers use to communicate with First Health Services have been updated to request NPI/API instead of the Provider Medicaid/legacy Number. The updated forms are posted at https://medicaid.nv.gov (select "Forms" from the "Providers" menu).
- Changes to any information presented on your enrollment documents must be reported to First Health Services within five business days using the Provider Information Change Form (FH-33). The NPI Final Rule requires covered providers to update their required National Plan and Provider Enumeration System (NPPES) data within 30 days of the change (https://nppes.cms.hhs.gov).
- The full implementation of NPI also applies to the use of NPI/API for prescriber's ID on pharmacy claims**.** A link to the NPI Registry (a list of provider NPIs published by the Centers for Medicare & Medicaid Services) is posted at https://medicaid.nv.gov (select "Prescriber List" from the "Pharmacy" menu).

New Clinical Claim Editor Will Enhance Claims Payment Process

The Division of Health Care Financing and Policy (DHCFP) and First Health Services will enhance the claims adjudication process by adding a state-of-the-art clinical claim editor to the Medicaid Management Information System (MMIS) in December 2008.

The clinical edit software utilizes a nationally recognized, standardized method of processing claims that ensures consistent adjudication for all providers, as well as faster claims processing. The software uses clinical logic based on CPT, HCPCS, ICD-9-CM, AMA and CMS guidelines.

Providers will notice the enhancement when they review their remittance advices (RAs) and see that some claim adjudications will be indicated differently on RAs than in the past. By reviewing in detail the claims status and summary sections of the RA, providers will be assisted in using consistent, standard billing practices on future claim submissions.

Providers are encouraged to watch this Nevada Medicaid News newsletter, web announcements (at https://medicaid.nv.gov) and messages on paper remittance advices over the next six months for updates regarding the claim processing enhancement. Details will also be provided in the free comprehensive training sessions and the Annual Medicaid Conference presented by First Health Services and DHCFP. The Nevada Medicaid and Nevada Check Up 2008 Provider Training Catalog contains training and Conference information and registration instructions (at https://medicaid.nv.gov select "Provider Training" from the "Providers" menu).

Pharmacy Provider Training and PDL Information

The 2008 Pharmacy Provider Forums and Pharmacy Provider Training are under way in Reno and Las Vegas. The 2008 Pharmacy Provider Training Registration Form lists the dates, times, locations and registration information for the sessions. The form is posted at https://medicaid.nv.gov (select "Announcements/Training" from the "Pharmacy" menu).

The website also provides recent updates to the Preferred Drug List (PDL), the complete PDL, and the 2008 meeting schedules for the Drug Use Review (DUR) Board and the Pharmacy & Therapeutics (P&T) Committee (select "Preferred Drug List" or "Meetings" from the "Pharmacy" menu).

Phase Two for Tamper-Resistant Prescription Pads Begins Oct. 1, 2008

Phase one of regulations requiring partial implementation of tamper-resistant prescription pads went into effect April 1, 2008. Phase two requiring full implementation of tamper-resistant prescription pads is scheduled fo r Oct . 1, 20 08. Al l written, non-electronic prescriptions for Medicaid outpatient dr ugs must be executed on tamper-resistant pads in ord er for Ne vada M edicaid t o rec eive Fede ral Financial Participation.

According to the Centers for Medicare & Medicaid Services (CMS) and Nevada Medicaid req uirements, as of Ap ril 1 all non-electronic, outpatient prescriptions **must now c ontain at least one** of th e following three characteristics to be considered tamper resistant:

1. One or more industry-recognized features designed to prevent un authorized copying of a completed or blank prescription form. One exa mple of this ch aracteristic is a repetitive watermark (the name of the company printing th e prescription fo rm o r th e word "secu rity") printed on the backside of the prescription form that can only be seen at a 45-degree angle.
2. One or more industry-recognized features designed to prev ent the erasu re or m odification of i nformation written on the prescription by the pre -

scriber. One e xample of this cha rac-teristic is a p rescription form contain-ing a word or symbol printed with ink that di sappears i f rubbed or scratched briskly.

3. One or more industry-recognized fea-tures d esigned to p revent the u se of counterfeit prescription fo rms. On e example of this characteristic is a serial or b atch num ber enc oded i n a bar code on the prescription form.

No later th an Oct . 1, 2008, the Nevada Medicaid Pr ogram requi res presc ription pads to conta in all of the above three CMS characteristics to be considered tamper-resistant. Web Announcement 187 posted at https://medicaid.nv.gov lists additional examples o f the three charac-teristics.

Please note that Managed Care Organi-zations (MC Os) are e xempt from the tamper-resistant presc ription pad re quire-ments.

Nevada M edicaid su ggests t hat pre -scribers co ntact their su ppliers re garding tamper-resistant pa ds. Alth ough CM S is not pr oviding l ists of ven dors that meet the prescription p ad requirements, the following link may assist providers in finding a v endor: h ttp://www.nasmd.org/issues/docs/Tamper-Resistant_Pad_Vend ors.doc.

Password Upgrades for Users of UAC, OPAS, EVS and Pharmacy Web PA

Starting June 2, 2 008, p roviders began seeing t he results of a n upgra de t o the secure l ogin proces s when t hey accessed the following First Health Services' online app lications: User Ad ministration Console (UAC), First HCM/Online Prior Authorization System (OPAS), Electronic Verification System (EVS) a nd Pharmacy Web PA.

The upgrade, which included re - designed password m anagement screen s, is requ iring existin g u sers t o re-esta blish their respo nses to th e ch allenge qu estions that are used to id entify the u ser t o th e system. The challenge questions and responses all ow users to res et their own password after responding to one or more

of t he qu estions. Ex isting users m ay re-establish their responses to the qu estions by cl icking on t he "Need t o modify y our challenge res ponses?" link on any of t he application login screens.

Password management instructions will lead use rs through the ne w secure login process wh en any of t he following condi-tions occur: the user 's password ex pires; the user click s on th e "Forgot your password?" l ink; the user clicks on the "Need t o c hange y our pas sword?" link; the user clicks on the " Need to modify your ch allenge r esponses?" lin k; or the user's password i s re set by t heir L ocal or Delegated Administrator or the Web Support Call Center.

If you have a question con-cerning the manner in which a claim was adjudicated, please contact First Health Services by calling (877) 63 8-3472 o r sending an e-mail to nevadamedicaid@ fhsc.com.

If y ou have questions a bout Medicaid Service Policy or Rates, you can go to the Di vision of Health C are Fi nancing an d Policy (DHCFP) website at http://dhcfp. nv.gov. Under the "DHCFP Index" box, m ove your cursor over "Contact Us" and select " Policy and Rate Staff contacts." Follow the di rections t o fi nd t he 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 M edicaid and Nevada Check Up paid out to providers $290,594,429.25 in claims during the three-month peri od of January, February and M arch 20 08. Nearl y 100 percent of current claims continue to be ad judicated within 30 d ays. Th e DH CFP and Fir st Health Services thank you for participating in Nevada Medicaid and Nevada Check Up.

Recent MSM Changes

The following chapters in the Medicaid Se rvices Manual (MSM) were re vised i n M arch and April 2008.

March:
Chapter 800 – Laboratory Services
Chapter 2800 – School Based Child Health Services (SBCHS)
April:
Chapter 600 - Physicians
Nevada C heck Up M anual (at http://dhcfp.nv.gov under "DHCFP Index" select "Medicaid manuals" then select " Nevada Check Up Manual").

Payment Error Rate Measurement (PERM) Update

The Payment Error Rate Measurement (PERM) program measures the accuracy of payments made for services rendered to Medicaid and SCHIP (Nevada Check Up) recipients. This is a federal program mandated by the Office of Management and Budget (OMB) and administered by the Centers for Medicare & Medicaid Services (CMS).

The PERM review for Nevada Medicaid and Nevada Check Up will be conducted on claims paid during federal fiscal year 2008 (October 2007 through September 2008) and will consist of a system review as well as a medical record review. The medical record review will determine if the service selected for review was medically necessary and correctly paid in accordance with established policy.

If a claim in which your provider number was identified to receive reimbursement is selected for review, the federal contractor requesting the medical record documentation, Livanta LLC, will contact you for a copy of ALL medical records needed to support that claim. Once you receive this initial request you must submit the information electron-

> **IMPORTANT NOTICE – Providers will start receiving requests for medical record documentation from the federal contractor, Livanta LLC, at the end of August 2008.**

ically or in hard copy to Livanta LLC within 60 days. **Please note that it will be the responsibility of the provider receiving payment to ensure that any and all supporting medical records, from any and all provider(s) who rendered a service on the claim under review, are submitted within the specified time frame.**

Please be sure to send all information at the same time as the 60-day clock stops when Livanta LLC receives your initial documentation packet. If the federal contractor determines the claim under review needs additional supporting documentation, you, the provider, will be contacted again by Livanta LLC. You will have only 15 days to respond to this request for additional information.

It is important that you, the provider, cooperate by submitting all requested documentation in a timely

and complete manner. No response or submittal of insufficient documentation within the stated time frames will result in the claim being counted as an error and the DHCFP will initiate recovery of the claim payment.

Providers are required by Section 1902(a)(27) of the Social Security Act to retain records necessary to disclose the extent of services provided to individuals receiving assistance and furnish CMS or their designee with information regarding any payments claimed by the provider for rendering services.

Since CMS is responsible for oversight activities related to Medicaid and SCHIP programs, the collection and review of protected health information contained in individual-level medical records for payment review purposes is permissible by the HIPAA regulation at 45 CFR 164.512 (d).

A Reminder from DHCFP Regarding Prevention: *"Healthy Kids"*

Medicaid would like to remind providers about Early Periodic Screening, Diagnosis and Treatment (EPSDT), also known in Nevada as "Healthy Kids." Enacted in 1967, EPSDT has been instrumental to ensuring needed access to care for Medicaid and Nevada Check Up children.

Healthy Kids is a package of Medicaid benefits for children and requires that states provide comprehensive health and developmental assessments, along with vision, dental and hearing services to children under the age of 21. For Nevada Check Up, the benefits are for children up to the age of 19.

The goal of Healthy Kids is early identification of conditions that can impede children's natural growth and development. In addition to screening services, EPSDT also covers the diagnostic and treatment services to ameliorate acute and chronic physical and mental health conditions.

Healthy Kids is a free benefit for children enrolled in Medicaid and Nevada Check Up (SCHIP). The benefit is dedicated to giving Nevada's children regular, preventive health care, such as physicals, immunizations, laboratory testing and referrals for health problems.

For more information, please contact Marti Coté, R.N., at (775) 684-3748 or mcote@dhcfp.nv.gov.

EDI & EFT: Faster Claims Processing and Payment

EDI: Electronic billing (also called Electronic Data Interchange or "EDI") speeds claims payment and eliminates costs associated with paper claims. Providers can submit electronic claims through a clearinghouse or through their existing, HIPAA-compliant business management software. Instructions for EDI enrollment are posted at https://medicaid.nv.gov (select "Electronic Claims/EDI" from the "Providers" menu). If you have any questions, call (877) 638-3472 or send an e-mail to nvedi@fhsc.com.

EFT: Electronic Funds Transfer (EFT) allows providers to elect to have First Health Services deposit your Nevada Medicaid/Nevada Check Up payments directly into your bank account. For details, see the Electronic Funds Transfer Agreement (FH-32) posted at https://medicaid.nv.com (select "Forms" from the "Providers" menu).

Sign Up Now for the Free Annual Medicaid Conference

First Health Services and the Division of Health Care Financing and Policy (DHCFP) are hosting the Annual Medicaid Conference this summer at two locations:

- **Reno – July 23 and 24**
- **Las Vegas – Aug. 13 and 14**

Each free, three-hour session will provide current and upcoming policy information for all providers, followed by "break-out" sessions where provider type specific billing instruction will be presented in individual conference rooms. The morning and afternoon conferences are identical.

The general session for all providers will present an overview on many topics, including: National Provider Identifier/ Atypical Provider Identifier (NPI/API), electronic billing, electronic verification and recipient eligibility, drug billing using National Drug Codes (NDCs), diagnosis codes, tamper-resistant prescription pad requirements, third party liability, prior authorization, claim submission tips, submitting appeals, adjustments and voids, and the new clinical claim editor and lock-in programs.

The break-out sessions will be held for the following **specific pro vider types** (PT):

- Hospital, ASC, ESRD Facility (PT 10,11,12,13,44,45,46,55,56, 63,75).
- Behavioral Health (PT 14,61,82).
- Dentist (PT 22).
- Nursing Facility including PASRR and LOC (PT 19).
- Physician, CRNP, Anesthesia, Radiology, Special Clinic, Obstetrical/Midwife (PT 17,20, 24,27,74,77).
- Durable Medical Equipment (PT 33).

Registration for the Conference is required by completing the 2008 Provider Training Registration Form (FH-41), which specifies the session times for each day.

Comprehensive training offered throughout the year focuses on claim forms and specific provider service types. The Nevada Medicaid and Nevada Check Up 2008 Provider Training Catalog contains the class calendar, locations and registration details. The catalog also provides instructions for contacting the Training Unit if you would like specialized training or have questions regarding the Conference or the comprehensive classes.

The Registration Form and Catalog are posted at https://medicaid.nv.gov (select "Provider Trai ning" from t he "Providers" menu).