

Nevada Medicaid News

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**First Health
Services Corporation®**

A Magellan Health Company

Nevada Medicaid and Nevada Check Up
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Occupational/Physical Therapy PCS Assessment Program Implemented

March 1, 2010

The Division of Health Care Financing and Policy (DHCFP) modified the Nevada Medicaid Personal Care Services (PCS) program to require the completion 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 to participate in the PCS assessment program. To enroll as a Nevada Medicaid provider, please visit <https://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

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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/Nevada 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/Nevada 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 Contract. Resubmit only the Provider Contract; do not resubmit the Provider Enrollment Application.

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.

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>.

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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 existing therapeutic drug classes on the Nevada Medicaid Preferred Drug List (PDL). All actions taken by the Committee are effective March 16, 2010.

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

- Proventil® HFA will be the sole preferred agent in the Respiratory: Short Acting Beta Adrenergic Inhalers therapeutic drug class.
- The age exemption for Clarinex® Syrup has been eliminated in the Antihistamines: 2nd Generation therapeutic drug 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 <https://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 receive an NCPDP 75 Prior Authorization Required Denial unless a prior authorization has been obtained.

The necessary authorization forms are posted at <https://medicaid.nv.gov> (select "Forms" from the "Pharmacy" menu).

Training Catalog And Registration Form Are Available Online

The Nevada Medicaid and Nevada Check Up 2010 Training Catalog and the 2010 Provider Training Registration Form are online at <https://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, 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 and early registration is encouraged. 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.

Register now for 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).

Register now using the 2010 Training Registration Form.

CONTACT INFORMATION

If you have a question concerning the manner in which a claim was adjudicated, please contact First Health Services by calling (877) 638-3472.

If you have questions about Medicaid Service Policy or Rates, you can go to the Division of Health Care Financing and Policy (DHCFP) website at <http://dhcfp.nv.gov>. Under the "DHCFP Index" box, move your cursor over "Contact Us" and select "Policy and Rate Staff contacts." Follow the instructions 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

Nevada Medicaid and Nevada Check Up paid out to providers \$358,505,989.08 in claims during the three-month period of October, November and December 2009. 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.

Medicaid Manual Changes

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

December 2009:

MSM 600 – Physician Services
MSM 800 – Laboratory Services

January 2010:

MSM 1000 – Dental
MSM 2100 – Home and Community Based Waiver (HCBW)
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 – Intermediary Service Organization (ISO)

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:

Lead Toxicity Screening - "All children are considered at risk and must be screened for lead poisoning. HCFA (CMS) requires that all children receive a screening blood lead test at 12 months and 24 months of age.

"Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning.

"A blood lead test must be used when screening Medicaid-eligible children. A blood lead test result equal to or greater than 10 ug/dL obtained by capillary specimen (fingerstick) must be confirmed using a venous blood sample."

Diagnosis, Treatment and Follow-Up - "If a child is found to have blood lead levels equal to or greater than 10 ug/dL, providers are to use their professional judgment, with reference to CDC guidelines covering patient management and

treatment, including follow-up blood tests and initiating investigations to determine the source of lead, where indicated."

Immunizations: Nevada Medicaid also encourages providers to become VFC providers (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.

Providers may bill for the administration fee for the vaccine. Medicaid cannot be billed 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 vaccinated at the time of the Healthy Kids exam, if possible, rather than being referred on 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' readiness for Electronic Health Records (EHRs).

The project is intended to gather information on the existing EHR capabilities of hospitals and providers, their plans for EHR adoption, 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 Information Technology (HIT) strategy.

The State has contracted with Public

Knowledge to assist with the study and anticipates completing the project by July 2010.

In order to obtain a broad representation of provider readiness, various provider types will be contacted, including, but not limited to, practitioners, psychiatrists, Rural Health Centers/Federally Qualified Health Centers (RHCs/FQHCs) and medical facilities such as Residential Treatment Centers (RTCs).

Providers may be asked to complete secure, online surveys and/or participate in interviews or focus groups.

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

Providers who wish to request a recipient's dental history from First Health Services are required to submit form FH-26A Dental History Request.

Dental history should only be requested once the recipient has been seen and the procedures to be performed are identified. First Health Services may request supporting medical necessity documentation of the services related to the history request.

First Health Services has up to five business days from the date of receipt to respond to the request. For further details and instructions, see FH-26A (at <https://medicaid.nv.gov> select "Forms" from the "Providers" menu).

For questions about requesting a recipient's dental history, please call First Health Services' Prior Authorization Department at (800) 648-7593.

Helpful Tips For Submitting Paper Claim Forms

The following reminders will assist providers who submit paper claim forms. Failure to follow any of these reminders may cause claims to be denied or returned to the provider.

- When billing claims with Third Party Liability (TPL), bill only one claim line per paper form. Claims will deny if multiple lines are billed for TPL.
- Be sure to enter your National Provider Identifier/Atypical Provider Identifier (NPI/API) correctly and in the correct fields of the claim form.
- Claim attachments must be on 8½-inch by 11-inch sheets of paper. Do not attach any other size of paper, i.e., 5 inches by 8 inches.
- Please ensure that your paper claim form is suitable for imaging. If the form and/or data entered on the form appear too light or the form is smudged, the claim will be returned to you to resubmit on another claim form.

Nevada Medicaid Mail To Providers No Longer Forwarded

As providers were notified by Web Announcement 303 dated Jan. 12, 2010 (at <https://medicaid.nv.gov> select “Announcements/Newsletters” from the “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, Sections 103.3A.2 and 106.2.

To ensure that your current address in-

formation is on file and your enrollment continues, please contact the Provider Enrollment Unit at First Health Services to validate your information. Call (877) 638-3472 (select the option for “Provider Enrollment”).

In accordance with MSM Chapter 100, Section 103.3, providers are required to report in writing within five (5) working days any change in ownership, address, addition or removal of a practitioner or any other information pertinent to the receipt of Medicaid funds.

Failure to report these changes may 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 with the 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 PCS program and completing these functional assessments, please contact the PCS program at (800) 648-7593.

The DHCFP reports a special need for OT/PT providers 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.