

Nevada Medicaid News

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E-Prescribing And Electronic Health Record (EHR) Incentives

For providers who do not use electronic prescriptions, now is the time to get connected.

Nevada Medicaid/Nevada Check Up Fee For Service providers may save valuable time, build staff efficiency and enhance the safety of the prescribing process by connecting to the e-prescribing service offered by the Nevada Division of Health Care Financing and Policy (DHCFP) and Magellan Medicaid Administration, Inc. through SureScripts® Pharmacy Health Information Exchange™.

SureScripts does not charge prescribers transaction fees to access or use the Pharmacy Health Information Exchange. Nevada Medicaid/Nevada Check Up does not charge to access its data. However, check with your software vendor to see if they have a setup or transaction fee associated with this functionality.

The American Recovery and Reinvestment Act (ARRA) of 2009 offers new support and funding to advance the use of Health Information Technology (HIT) as a means to improve health care quality, assure recipient safety, increase efficiency in health care delivery, and improve population health.

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First Health Services Changes Name To Magellan Medicaid Administration

As providers were notified in the Third Quarter 2009 Newsletter (Nevada Medicaid News Volume 6, Issue 3, posted at <https://medicaid.nv.gov> and dated Sept. 23, 2009), Magellan Health Services, Inc. (NASDAQ:MGLN) acquired First Health Services as a wholly owned subsidiary. Due to this acquisition, the name of the fiscal agent for Nevada Medicaid/Nevada Check Up has changed to Magellan Medicaid Administration, Inc.

The name change is simply in response to the acquisition agreement; it does not signify a shift in the company's focus, products or services moving forward. Most importantly, the company remains 100 percent committed to providing high-quality service to Nevada Medicaid/Nevada Check Up providers.

Providers are seeing the new Magellan Medicaid Administration company logo on faxed/mailed correspondence, envelopes, forms and documents, and on the Nevada Medicaid website (<https://medicaid.nv.gov>).

Telephone and fax numbers and mailing addresses currently used to contact First Health Services/Magellan Medicaid Administration remain unchanged.

Magellan Health Services' experience in the health care management field and expertise in customer service, claims payment, clinical management, and information technology tools and connectivity have been beneficial for Nevada's providers over the past year and will continue to be beneficial as Magellan Medicaid Administration moves forward as fiscal agent for Nevada Medicaid/Nevada Check Up. For more information about Magellan Health Services, visit <http://magellanhealth.com>.

New Online DWSS Form Helps Providers Bill Sooner And Claims Process Faster

Providers using a new online form from the Division of Welfare and Supportive Services (DWSS) should see a much faster response on case updates. The "Admit/Discharge/Death Notice for Nursing, ICF/MR, and ACUTE Facility Tracking Use" form (3058) makes updating cases easier for DWSS Eligibility Workers and streamlines processes.

Using form 3058 will speed up the process of adding newborns, ensure the correct date of death, and ensure that recipients residing in a facility are evaluated for the appropriate level of eligibility. The form has been updated to include the newborn's mother's information, which

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New Therapeutic Drug Classes Added To PDL Effective July 1, 2010

On May 3, 2010, 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 therapeutic drug classes for the Nevada Medicaid Preferred Drug List (PDL).

Effective July 1, 2010, all currently marketed, anti-diabetic and anti-convulsant agents will be listed as preferred agents on the PDL. The complete PDL is posted at <http://medicaid.nv.gov> (select "Preferred Drug List" from the "Pharmacy" menu).

Also effective July 1, 2010, the Psychotropics: Antipsychotics, Oral Atypical class was added to the PDL. Below are the preferred and non-preferred agents:

Preferred	Non-Preferred
Clozapine (generic Clozaril®)	Abilify®
Fanapt® C	lozaril®
Geodon® Fazclo®	
Risperidone (generic Risperdal®) In	vega®
Seroquel® Risperdal®	
Seroquel XR®	Saphris®
Zypre	xa®

Please note: No changes were made to the typical (1st generation) antipsychotics class.

All recipients currently taking a non-preferred agent will be "grandfathered." Prior authorization may be obtained by calling the Magellan Medicaid Administration, Inc. Clinical Call Center at (800) 505-9185 or by faxing the FH-59/FA-59 Pharmacy Authorization form, which is available on the website (select "Forms" from the "Pharmacy" menu).

E-Prescribing

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ARRA funding includes new Medicare and Medicaid programs that will provide incentives to physicians and hospitals to use Electronic Health Record (EHR) technology.

For health care providers to qualify for the programs, the law requires that they make "meaningful use" of EHRs. E-prescribing can serve as an important step in the movement to ward fully in tegrated EHRs and the electronic exchange of health information, as meaningful use requires that eligible physicians and hospitals use e-prescribing.

E-prescribing enables health care providers to electronically generate and submit prescriptions directly to a pharmacist. An e-prescribing system also allows providers to evaluate a recipient's medication history, allergies, possible drug interactions and drug coverage information. This can ensure that informed choices are made for recipients. Pharmacies can also communicate with physicians through e-prescribing systems to clarify prescription orders and process renewal requests.

For more information on the e-prescribing service offered to Nevada Medicaid/ Nevada Check Up Fee For Service providers, please visit Magellan Medicaid Administration, Inc.'s Nevada Medicaid E-Prescribing website (at <http://medicaid.nv.gov> select "E-Prescribing" from the "Providers" menu).

More information about Nevada's HIT planning efforts can be found at <http://dhhs.nv.gov/HIT.htm>.

CONTACT INFORMATION

If you have a question concerning the manner in which a claim was adjudicated, please contact Magellan Medicaid Administration, Inc. by calling (877) 638-3472.

If you have a question 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 call the contact person or send an e-mail.

Quarterly Update On Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$365,831,678.67 in claims during the three-month period of January, February and March 2010. Nearly 100 percent of current claims continue to be adjudicated within 30 days. The DHCFP and Magellan Medicaid Administration thank you for participating in Nevada Medicaid and Nevada Check Up.

Medicaid Manual Changes

The following Medicaid Manual chapters were approved for revision and/or revised during the period March through May 2010. Please review the current Medicaid Manuals at <http://dhcfp.nv.gov>.

March 2010:

MSM 600 – Physician Services
MSM 1300 – DME
MSM 2100 – Home and Community Based Waiver (HCBW) for Persons with MRRC
NCU 1000 – Nevada Check Up Program

April 2010:

Medicaid Operations Manual Chapter 200
MSM 600 – Physician Services
MSM 1200 – Prescribed Drugs (Pharmacy)
MSM 1300 – DME
MSM 3600 – Managed Care Organization

May 2010:

MSM 200 – Hospital Services
MSM 400 – Mental Health and Alcohol/Substance Abuse Services
MSM 1200 – Prescribed Drugs (Pharmacy)
NCU 1000 – Nevada Check Up Program

Hands-on OPAS Training Available For PT 14

Hands-on training is under way to assist Behavioral Health Outpatient Treatment (PT 14) providers in their utilization of the On line Prior Authorization System (OPAS).

The training is available to these providers once they have registered to use OPAS and their Delegated Administrator has set up the organization's users.

Several PT 14 providers have registered for access to OPAS. These users can

schedule the hands-on training with Magellan Medicaid Administration, Inc.'s HCMweb trainer and then submit prior authorization requests.

Providers may register for OPAS through the User Administration Console (UAC). At <https://medicaid.nv.gov> click on the "User Administration" icon in the top right corner of the webpage.

To schedule the hands-on training, call (775) 784-3935.

Prior Authorization For Rehabilitative Mental Health Services

The following reminders are for providers submitting prior authorization requests (PARs) for Rehabilitative Mental Health (RMH) services:

- Prior authorization (PA) is required for all RMH services. The coordinating Qualified Mental Health Professional (QMHP), a licensed professional, is responsible for gathering and submitting necessary clinical information and the appropriate justification for the requested services, obtaining the PA and reporting units approved and determinations to all providers on the PAR.
- Initial requests for RMH services must be submitted no more than 15 business days before and no more than 15 calendar days after the start date of service.
- Submit continued service requests no more than 15 days and no less than 5 days prior to the end date of the existing authorization.
- Submit unscheduled revision requests whenever a significant change in the recipient's condition warrants a change to previously authorized services.
- Submit retrospective authorizations no later than 90 days from the date of decision (applies to Medicaid recipients only and not Nevada Check Up recipients).
- The coordinating QMHP is expected to stay timely for all continued service requests.
- Use the recently updated form FH-11A/FA-11A Behavioral Health Authorization to request PA for RMH services (at <https://medicaid.nv.gov> select "Forms" from the "Providers" menu). Authorization requirements are specified in Medicaid Services Manual (MSM) Chapter 400 (at <http://dhcfp.nv.gov> select "Medicaid Manuals") and in the Billing Manual (at <https://medicaid.nv.gov> select "Billing Information" from the "Providers" menu).

New Online DWSS Form

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makes it easier and faster for DWSS to update the case.

Once updated by DWSS, the information on form 3058 will be reflected in the Medicaid Management Information System (MMIS) and then into the Electronic Verification System (EVS) within 24 hours. This will allow you, as the provider, to bill sooner and ensure that claims will be processed in a timely manner. Incorrect or incomplete information on the form may cause delays in the information being reflected in MMIS and EVS.

Form 3058 is posted on the DWSS website (at <http://dwss.nv.gov> select "Welfare Forms" located under the "Public Information" menu on the left hand side). On the forms page, simply scroll down to the "3058-SM: Admin/Discharge/Death Notice" form.

Print and complete the form, then submit it to your local DWSS office. You can find your local office on the same website: <http://dwss.nv.gov>. Select "Locate DWSS Offices" from the "Public Information" menu and a list of the local DWSS offices will appear. If you have more than one office in your area, the right hand side of the page shows an option to "Locate by City/Zip" for both northern and southern Nevada.

A Message From DHCFP Regarding Prevention: HPV Vaccines

Genital human papillomavirus (also called HPV) is the most common sexually transmitted infection (STI). More than 40 HPV types exist that can infect the genital areas of males and females. These HPV types can also infect the mouth and throat.

Most people who become infected with HPV do not even know they have it.

HPV vaccines ("shots") are available for males and females to protect against

the types of HPV that most commonly cause health problems.

Nevada Medicaid covers two vaccines, Cervarix® (bivalent vaccine) and Gardasil® (quadrivalent vaccine), which are now available to protect females against the types of HPV that cause most cervical cancers. Nevada Medicaid will also reimburse for the administration of Gardasil for males ages 9 through 26.

Tips For All Providers

Recipient Eligibility Files: If a recipient presents a confirmation showing they are eligible for Nevada Medicaid/Nevada Check Up and the Eligibility Verification System (EVS) does not reflect the correct eligibility status, providers are asked to call the Magellan Medicaid Administration, Inc. Customer Service Center at (877) 638-3472.

Special Batch Claims: Please follow these instructions when asked to submit claims as a special batch, i.e., a request to manually review and process the claims:

- Include a cover letter that describes the reason for the special batch request.
- Mail the claims and the cover letter to:
Magellan Medicaid Administration
Attn: Customer Service
P.O. Box 30042
Reno, NV 89520-3042

Public Hearings: Providers are encouraged to attend public hearings and voice their opinions on policy changes. Hearings are scheduled for the second Tuesday of each month.

Public hearing announcements are posted on the Division of Health Care Financing and Policy (DHCFP) web site as they become available (at dhcfp.nv.gov select “Public Notices” from

the “DHCFP Index” list). The “Public Notices” webpage contains meeting agendas with dates, times and locations of each meeting or hearing, any pertinent documents, the public hearings schedule, past agendas and past meeting minutes.

To request e-mail notices for scheduled public hearings, send an e-mail to Rita Mackie at rmackie@dhcfp.nv.gov.

Did You Register To Attend Medicaid Training?

Magellan Medicaid Administration, Inc. provides free training for all Medicaid provider types throughout the year.

The training is popular with providers and registrations often exceed the class size. Once sessions are filled, registration closes and any additional providers who wish to register are placed on a waiting list.

If you register for a training session, please make every effort to attend. Please notify the training unit at nvtraining@magellanhealth.com at least 48 hours before your scheduled training if you need to cancel. Your advance notification will assist Magellan Medicaid Administration in accommodating providers who are on the waiting list.

Magellan Medicaid Administration strives to make every effort to meet your training needs. Please feel free to contact the training unit with your suggestions on session scheduling.

The Provider Training Catalog and Registration Form are posted at <https://medicaid.nv.gov> (select “Provider Training” from the “Providers” menu).