

Nevada Medicaid News

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CMS Billers:

Enter NDC on Claims for Office-Administered Drugs

The federal Deficit Reduction Act (DRA) of 2005 includes a new provision requiring State Medicaid programs to collect National Drug Code (NDC) information on claims for drugs administered in an office setting. This requirement will facilitate Nevada Medicaid's recovery of drug manufacturer rebates.

As communicated to affected provider types through letter (dated Dec. 4, 2006), through Web Announcements 116 and 122 (posted at <https://medicaid.nv.gov>) and through messages on Remittance Advices (throughout December 2006 and January 2007), the Division of Health Care Financing and Policy and First Health Services are asking CMS-1500 billers to submit both the Healthcare Common Procedure Coding System (HCPCS) code and the NDC when billing for physician-administered drugs.

On the new CMS-1500 version 08/05 claim form, enter the NDC (one per claim line) in the top, shaded half of Field 24D and enter the HCPCS code (one per claim line) in the bottom, white half of Field 24D. The CMS-1500 Claim Forms Instructions have been updated to reflect this procedure and are posted at <https://medicaid.nv.gov> (select "Billing Information" from the "Providers" menu).

During 2007, HCPCS codes and billing units, not NDCs, will be used for claims payment purposes. Do not enter NDC quantities until 2008.

Claims received at First Health Services on and after **Jan. 1, 2008**, for office-administered drugs without corresponding NDCs will be denied.



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NPI Implementation: May 23, 2007, Is Approaching Quickly

The May 23, 2007, National Provider Identifier (NPI) implementation date is approaching quickly. The Division of Health Care Financing and Policy and First Health Services strongly encourage providers to apply for their NPI now, to report their NPI to First Health Services, to enter their NPI on claim forms in addition to their Provider Medicaid Number and to test compliance with their clearinghouses.

NPI Application Process

NPIs are available by applying online at <https://nppes.com.hhs.gov>. A copy of the paper NPI Application/Update Form (CMS-10114) is available by calling the NPI enumerator at (800) 465-3203 or sending an e-mail to customerservice@npienumerator.com. NPIs are free, but not having one can be costly.

Furnish Your NPI to First Health Services

All providers who are required or eligible to obtain an NPI must report their NPI to First Health Services by May 1, 2007. Please return the questionnaire that is mailed monthly to providers who have not yet reported their NPI or complete and mail the Provider Information Change Form (FH-33) posted at <https://medicaid.nv.gov>.

Enter NPI on Claim Forms Now

Providers are asked to enter their NPI on the new CMS-1500 (version 08/05) and the 2006 ADA claim forms immediately **in addition to their Provider Medicaid Number** to assist in the full implementation of NPI on May 23, 2007. Please enter both the NPI and Provider Medicaid Number on the UB-04 when it becomes valid for use.

Coordinate Compliance to Submit Electronic Files

Electronic claim submitters are strongly urged to coordinate NPI compliance with their software vendors, service centers/clearinghouses and practice management staff, if this has not already been done. All service centers submitting electronic files to First Health Services are required to test and certify for NPI compliance before May 23, 2007, or they will be decertified and First Health Services will no longer accept Electronic Data Interchange (EDI) transactions from them.

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Updates on New Claim Forms

UB Billers: The March 1, 2007, Nevada Medicaid/Nevada Check Up implementation date for the new UB-04 form has been temporarily delayed. Until further notice, please continue to use the UB-92 form for paper and electronic claims. Web Announcements posted at <https://medicaid.nv.gov> will provide updates as they become available.

CMS-1500 Billers: The new CMS-1500 version 08/05 became valid for use beginning Jan. 2, 2007. Through April 1, providers who submit the CMS-1500 may use either version 12/90 or the new 08/05. Claims received at First Health Services on and after April 2, 2007, must be on version 08/05.

ADA Billers: The new 2006 ADA claim form became valid for use beginning Jan. 2, 2007. Through May 22, dental providers may submit the 2006 ADA form or the ADA 1999 version 2000 or ADA 2002, 2004. Dental claims received at First Health Services on and after May 23, 2007, must be on the 2006 ADA.

Instructions for all claim forms and Companion Guides for electronic billers are posted at <https://medicaid.nv.gov>.

API: A New Number for Atypical Providers

The Division of Health Care Financing and Policy (DHCFP) does not require a National Provider Identifier (NPI) from providers whose services can be considered atypical and/or non-traditional. The HIPAA NPI Final Rule defines atypical or non-traditional as “Services that are indirectly health care related, such as taxi, home and vehicle modifications, insect control, habilitation and respite services.”

For operational consistency, the DHCFP developed new provider numbers for organizations/individuals that are not required to obtain an NPI. The new provider number, referred to as an Atypical Provider Identifier (API), contains 10 numeric digits similar to the NPI and effective May 23, 2007, replaces the current Provider Medicaid Numbers.

First Health Services has mailed to atypical providers a notification with an assigned API. The API is required on all Medicaid claims submitted to First Health Services with a date of receipt on and after May 23, 2007. **Please note:** Due to a systems error, some providers may have received a letter showing an incorrect API and/or an incorrect Provider Medicaid Number. Affected providers were sent a second letter, titled “Urgent Message Regarding Recent API Notification,” that shows the correct numbers to use on Medicaid claims and correspondence to First Health Services.

If you obtain an NPI after you were issued an API, please submit the NPI to First Health Services.

CONTACT INFORMATION

If you have a question on Claim Services Payment, please contact First Health Services 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

Nevada Medicaid and Nevada Check Up paid out to providers \$263,601,495.51 in claims during the three-month period of October, November and December 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.

A Message from DHCFP Regarding Prevention



Medicaid would like to invite you to join with us as we strive to heighten the awareness of colorectal cancer prevention and encourage early detection and treatment of such cancer. In an effort to increase the public's awareness of the second leading cause of cancer death among men and women, the U.S. Senate passed a resolution in 1999 making March, National Colorectal Cancer Awareness Month.

Medicaid provides coverage for colonoscopy screenings (i.e. CPT 45378) and

fecal occult blood, e.g. guaiac (i.e. CPT 82270). One of the main goals of Nevada Medicaid is to prevent colorectal cancer from developing and/or preventing serious complications of the disease. Early detection is the key.

Also, the U.S. Centers for Disease Control and Prevention (CDC) said testing for the human immunodeficiency virus (HIV) should become about as common as a cholesterol check for all Americans between the ages of 13 and 64. Nearly half of new HIV infections

are discovered when doctors are trying to diagnose a sick patient who has come for care, CDC officials said.

Dr. Timothy Mastro, acting director of the CDC's division of HIV/AIDS prevention, stated, “By identifying people earlier through a screening program, we'll allow them to access life-extending therapy, and also through prevention services, learn how to avoid transmitting HIV infection to others.”

Nevada Medicaid reimburses for HIV testing and early screening of HIV.

HIFA Waiver Benefits:

Additional Pregnancy Services and New Check Up Plus

The Nevada Health Insurance Flexibility and Accountability (HIFA) waiver program, which was initiated on Dec. 1, 2006, provides two unique benefit programs to those meeting the eligibility guidelines.

The first component, the pregnancy program, extends existing Medicaid pregnancy-related coverage. The waiver raises the allowable income level from 133 percent to 185 percent of the federal poverty level. Services include routine pre-natal care, delivery services, two months of post partum coverage, as well as many other services deemed necessary during pregnancy.

The Division of Welfare and Supportive Services (DWSS) completes pregnancy program eligibility determinations. For questions regarding HIFA coverage

for pregnant women, call DWSS in Las Vegas at (702) 486-1646 or in the Reno/Carson City area at (775) 684-7200. You can also call (800) 992-0900 and ask for extension 61646 (Southern Nevada) or extension 47200 (Northern Nevada).

The second component, the Employer Sponsored Insurance Subsidy program (called Nevada Check Up Plus), helps defray the increasing cost of private medical insurance for parents who work for small employers. The waiver provides up to \$100 per month per parent (maximum of \$200 per family) to help offset the cost of the premium payment.

To qualify for Nevada Check Up Plus, **an individual must meet the following conditions:**

- Be a parent, related caretaker, or

legal guardian of a child residing in the same household

- Not be eligible for Medicaid
- Not currently be covered by medical insurance
- Be employed with an eligible employer
- Be within the program's income requirements
- Be a U.S. citizen or legal alien

Eligible employers must:

- Have 2 to 50 employees
- Sponsor a group health plan
- Pay at least 50 percent of their employees' monthly insurance premiums

The Division of Health Care Financing and Policy completes Nevada Check Up Plus eligibility determinations.

Further information about Nevada Check Up Plus and applications (English and Spanish) may be found at <http://nevadacheckup.state.nv.us> or by calling (877) 543-7669 (local: 775-684-3777).

“Employee Education” – New Approach to Fraud Prevention

The federal Deficit Reduction Act of 2005 included regulations for the prevention of fraud and abuse in Medicaid programs. One such policy, under Section 6032, targets health care organizations that receive \$5 million or more in annual payments from Medicaid. These organizations are required to develop written policies to educate their employees and subcontractors on false claims recovery, fraud prevention, and the whistleblowers protections under

state and federal law.

To ensure compliance with this new regulation, the Division of Health Care Financing and Policy (DHC FP) will be sending letters to providers who received payments of \$5 million or more during the period Oct. 1, 2005, through Sep. 30, 2006. The letter will provide instructions on how to certify compliance. The new regulation was effective Jan. 1, 2007; however, providers will have 90 days after receipt of the letter to submit

their certification of compliance to the DHC FP.

The Medicaid Services Manual is being revised to include the policy requirements associated with the new regulation and an amendment to the State Plan has been submitted to the Centers for Medicare & Medicaid Services (CMS).

For any questions, please contact Michelle Walters, DHC FP Surveillance and Utilization Review Supervisor, at (775) 684-3648.

Pharmacy News: *Regarding the PDL, PA Edits and DUR/P&T Meetings*

Update to the PDL:

The Pharmacy and Therapeutics Committee of the Nevada Department of Health and Human Services' Division of Health Care Financing and Policy met on Dec. 14, 2006, to review several drug classes. The actions taken by the committee included removing from the Preferred Drug List (PDL) Opana ER® and Daytrana®; adding Rozerem®; and removing age and diagnosis restriction from sertraline (Zoloft®). These changes were effective Jan. 30, 2007.

The complete, updated PDL is posted at <https://medicaid.nv.gov> (select “Preferred Drug List” from the “Pharmacy” menu).

Clinical PA Edits:

Specific details as well as updates to Clinical Prior Authorization (PA) Edits can be found at the following website: <http://www.dhcfp.state.nv.us> (click on “Medicaid Manuals,” select “Chapter” under “1200-Prescription Services (Rx)” and then scroll down to “Appendix A”).

If you have questions regarding the

PDL or the Clinical PA Edits, please contact the First Health Services Clinical Call Center at (800) 505-9185.

DUR and P&T Meetings:

The 2007 Meeting Schedule for the DHC FP's Drug Use Review (DUR) Board and the Pharmacy & Therapeutics Committee is posted on the “Pharmacy Announcements/Meetings” webpage at <https://medicaid.nv.gov>. Please review the schedule for meeting dates, times and locations.

Reminders for all Medicaid Providers

Mailing Address Change for First Health Services

Effective immediately, please mail all correspondence to First Health Services at the following address: P.O. Box 30042, Reno, NV 89520-3042. Please discontinue the use of all other post office box addresses.

This address applies to claim forms, enrollment forms, letters of inquiry, prior authorization forms, written correspondence, etc. On your envelope, specify the department to which you are directing the correspondence (e.g. Claims, Claim Appeals, Dental Prior Authorization, Finance, Provider Enrollment, etc.).

Sources for Claim Questions and Recipient Eligibility

Please refer to your Remittance Advice for claim status information, which can also be accessed through the Electronic Verification System (EVS) or the Nevada Medicaid Audio Response System (ARS). EVS is an online tool found at <https://medicaid.nv.gov> (select "EVS Logon" or "EVS User Manual" from the "Providers" menu). ARS is available by calling (800) 942-6511. EVS and ARS can also be used to check recipient eligibility, **which must be verified before rendering services.**

First Health Services' Customer Service Representatives are available to answer your questions concerning the manner in which a claim was adjudicated or other claim issues. Please call (877) 638-3472.

Do We Have Your Correct Address?

Please verify that your "Mail To" address on file with First Health Services is the appropriate address for your correspondence. In addition to general correspondence such as the Nevada Medicaid News newsletter, paper Remittance Advices (RA) are sent to the "Mail To" address. If a provider has contracted with a billing agency, it is the provider's responsibility to forward the RA and other relevant correspondence to the billing agency.

To check your address on file, call First Health Services' Provider Enrollment Unit at (877) 638-3472.

2007 Provider Training Catalog Posted

The 2007 First Health Services Provider Training Catalog for Nevada Medicaid and Nevada Check Up providers is posted at <https://medicaid.nv.gov> (select "Provider Training" from the "Providers" menu). Free training sessions are sponsored by the DHCFP. Registration is required for all sessions.

Visit <https://medicaid.nv.gov> weekly for important updates and information

