

# Nevada Medicaid News

Second Quarter 2009

Volume 6, Issue 2



**First Health  
Services Corporation**<sup>®</sup>

*A Coventry Health Care Company*

Nevada Medicaid and Nevada Check Up

Fiscal Agent

P.O. Box 30042

Reno, NV 89520-3042

(877) 638-3472

## *Diabetic Supply Program Under Way*

Through the new Diabetic Supply Program, two manufacturers (Abbott Diabetes Care, Inc. and LifeScan, Inc., a Johnson & Johnson company) provide the State with rebates for preferred blood-glucose monitors and test strips. The savings is allowing the State to lower diabetic supply expenditures without reducing rates or affecting quality and access to care.

The program, which was implemented on March 1, 2009, allows for a one-time replacement of a Nevada Medicaid Fee For Service or Nevada Check Up Fee For Service recipient's current monitor for a new one from a preferred list of products from the two manufacturers named above.

A new webpage devoted to the Diabetic Supply Program (at <https://medicaid.nv.gov> select "Diabetic Supplies" from the "Pharmacy" menu) provides billing information, communications to providers and recipients, and convenient links to the manufacturers' websites and the Medicaid Services Manual, Chapter 1200-Prescription Services.

## **Providers Required To Resubmit Medicaid 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 a Provider Contract. Newly signed Provider Contracts must be received at First Health Services no later than July 30, 2009. Failure to comply with this requirement by July 30, 2009, may result in termination of your participation in Nevada Medicaid/Nevada Check Up.

Providers must submit the recently revised version of the Provider Contract, which is available on the First Health Services Nevada Medicaid website (<https://medicaid.nv.gov>). Refer to the "Latest News" notice on the homepage of the website **or** from the "Providers" menu select "Provider Enrollment." The "Provider Enrollment Packet" contains the four-page Provider Contract. The new version of the Provider Contract is dated 06/01/09. The 06/01/09 date appears in the bottom, left corner of each page of the document. 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 supply Durable Medical Equipment (provider type 33) as well as pharmaceutical drugs (provider type 28), 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.

All four pages of the Provider Contract must be mailed to the following address: First Health Services, Provider Enrollment Unit, P.O. Box 30042, Reno NV 89520-3042. Original signatures are required.

A countersigned contract will be returned to you. Thank you in advance for your prompt attention to this requirement.



### **Reminder:**

It is the provider's responsibility to notify Nevada Medicaid within five days of knowledge of changes to information provided to Nevada Medicaid, including professional licenses, addresses, provider group membership, business ownership, name of the contact person, and days and hours of operation. Use form FH-33 (select "Forms" from the "Providers" menu at <https://medicaid.nv.gov>) to report changes to your information on file with Nevada Medicaid.

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## Clinical Claim Editor Enhances The Claim Adjudication Process

The clinical claim editor is now part of the claim adjudication process for professional and outpatient services. Remittance advice (RAs) dated on and after March 27, 2009, show the results of any claims reviewed and adjudicated by the clinical claim editor.

Clinical claim editor enhances the Medicaid Management Information System (MMIS) claim adjudication process by ensuring that nationally recognized billing guidelines, industry standards and Nevada Medicaid policy are followed.

Providers who follow standard billing and coding practices will see no difference in the adjudications reported on their RAs. Providers who do not follow standard billing and coding practices may see claims adjudicated differently than in the past. For example, if two or more procedure codes are billed when a single, comprehensive code should have been billed, the first codes will show as denied on the RA and the single, comprehensive code will show as paid.

New edit/reason codes specific to clinical claim editor have been added to the MMIS. The new codes are in the 4000 series for paper RAs and are mapped to be Health Insurance Portability and Accountability Act (HIPAA)-compliant for electronic RAs.

The Frequently Asked Questions (FAQs) posted at <https://medicaid.nv.gov> (see Web Announcement 241) provide further explanation on the types of claims clinical claim editor analyzes.

## Prior Authorization Policy For Psychotropic Drugs For Children And Adolescents

Effective April 15, 2009, Nevada Medicaid policy now requires prior authorization (PA) for all psychotropic medications prescribed for the following Nevada Medicaid/Nevada Check Up recipients:

- All recipients ages 5 years and younger.
- Recipients ages 6 through 17 when more than one medication is prescribed from within the same class within the same 30-day period or when three or more psychotropic medications are prescribed (regardless of therapeutic class) within the same 30-day period.

When a PA is needed for psychotropic agents for children and adolescents, prescribing physicians must either use form FH-70 Psychotropic Agents for Children and Adolescents Prior Authorization, which is posted at <https://medicaid.nv.gov> (select "Forms" from the "Providers" or "Pharmacy" menus), or call the First Health Services Clinical Call Center at (800) 505-9185.

Refer to the Nevada Medicaid Services Manual (MSM), Chapter 1200-Prescription Services, Appendix A, for the policy regarding these requirements. The MSM is available at <http://dhcfp.nv.gov> (select "NV Medicaid Services Manual" from the "Medicaid Manuals" menu).

## A Message From DHCFP Regarding Prevention: Home Safety

June was Home Safety Month and providers are on the forefront of raising recipients' awareness of safety issues in the home.

Year-round during routine visits, health care professionals are advised to take the time to help recipients understand some simple hands-on steps to create a safer home environment from the five leading causes of home injury: falls, poisonings, fires and burns, choking/suffocation and drowning.

The Home Safety Council (HSC) offers turnkey resources to which providers can refer families in order to help them learn how to be hands-on with proper home safety practices. The HSC website offers booklets and materials in both English and Spanish and can be found at: <http://www.homesafetycouncil.org/homesafetymonth/homesafetymonth.aspx>.

## 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 \$332,307,429.16 in claims during the three-month period of January, February and March 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 in April and June 2009. Please review the current Medicaid Manuals at <http://dhcfp.nv.gov>.

- MSM 1300 – DME, Disposable Supplies and Supplements
- MSM 1400 – Home Health Agency
- MSM 2000 – Audiology (new chapter)
- MSM 2200 – Home and Community Based Waiver (HCBW) for the Frail Elderly
- MSM 2300 – HCBW for Persons with Physical Disabilities
- MSM 2700 – HCBW for the Elderly in Adult Residential Care
- MSM 3500 – Personal Care Services
- MSM 3900 – HCBW for Assisted Living

**Effective  
Oct. 1, 2009**

# 12-Month Recipient Lock-in Policy To Begin For Managed Care

The Division of Health Care Financing and Policy (DHCFP) has announced that beginning October 1, 2009, it will institute a recipient lock-in requirement for managed care. This is a change from the current policy of allowing recipients to switch plans at any time and for any, or no, reason.

The lock-in will require managed care recipients to remain in their Managed Care Organization (MCO) for a 12-month period unless they can prove good cause for switching between plans.

During the initial enrollment of new Medicaid TANF/CHAP or Nevada Check Up recipients, they will have 90 days to change plans with or without cause. Recipients will also be allowed to change plans once per year, for any reason, during a common open enrollment period. All recipients will have 60 days notice of the open enrollment period in which they may choose to change their health plan.

Recipients wishing to change their health plan outside of the open enrollment period must notify their MCO in writing and must show good cause for the change.

The MCO will determine if there is good cause to allow disenrollment. Good causes for disenrollment include:

- The recipient moves out of the MCO service area.
- The plan does not, because of moral or religious objections, cover the service the recipient seeks.
- The recipient needs related services (for example a cesarean section and a tubal ligation) to be performed at the same time; not all related services are available within the network; and the recipient's primary care provider or another provider determines that receiving the services separately would subject the recipient to unnecessary risk.
- Other reasons include, but are not limited to, poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with the recipient's health care needs.

If the change request is approved by the MCO, the MCO will notify DHCFP. If a recipient's request to change health plans is denied, the recipient has the right to appeal.

**A recipient may always change plans for good cause.**

## **REGISTER NOW:**

## **Annual Medicaid Conference Scheduled For October 2009**

First Health Services and the Division of Health Care Financing and Policy (DHCFP) will host the Annual Medicaid Conference in October 2009.

Two Conference sessions will be held Wednesday, Oct. 14, at the Reno/Sparks Convention Center in Reno and two Conference sessions will be held Wednesday, Oct. 21, at the Cashman Center in Las Vegas.

Each of the four, three-hour sessions will include current and upcoming policy information for all providers, followed by break-out sessions where provider type specific instruction is available. The three-hour morning and afternoon sessions are identical.

One of the break-out sessions will cover electronic claims submission using the Allscripts-Payerpath clearing house in a lecture format (no hands-on computer training is available at the Conference).

The other break-out sessions address the following provider types:

- Hospital, ASC, ESRD Facility (provider types 10, 11, 12, 13, 44, 45, 46, 55, 56, 63 and 75).
- Behavioral Health (provider types 14 and 82).
- Dentist (provider type 22).
- Nursing Facility including PASRR and LOC (provider type 19).

- Physician, CRNP, Anesthesia, Radiology, Special Clinics, Obstetrical/Midwife (provider types 17, 20, 24, 27, 74 and 77).

If your provider type is not specified above, please review other training options listed in the Provider Training Catalog or call the First Health Services Provider Training Unit at (877) 638-3472 (press option 2, then option 4, then option 1).

Registration is required to attend the Conference. To register, complete the Provider Training Registration Form, which is posted at <https://medicaid.nv.gov> (select "Provider Training" from the "Providers" menu).

### **PDL Changes Effective June 23, 2009**

The Pharmacy and Therapeutics (P&T) Committee of the Division of Health Care Financing and Policy (DHCFP) met on March 26, 2009, to review the Preferred Drug List (PDL). The actions taken by the committee are listed in the web announcement titled "Preferred Drug List (PDL) Changes Effective June 23, 2009."

The web announcement and complete PDL are posted on the "Preferred Drug List" page under "Pharmacy" at <https://medicaid.nv.gov>.

# WebIZ Training Prepares Providers For New Immunization Reporting Regulations

The WebIZ program of the Nevada State Health Division has been in effect since 2003. WebIZ is a secure online registry databank that records immunizations for specific individuals. Access to the registry is only available to providers and the Health Division's WebIZ team, and not to the general public.

**Per NRS 439.265, as of July 1, 2009, all providers in the State of Nevada who administer vaccinations to children younger than 18 years of age must report the data to the immunization registry.** This data may be electronically entered into the WebIZ registry by the provider or completed via a paper form to have information manually entered into the system.

Nevada providers who may immunize children and adults and may need to access WebIZ include doctors, nurses, physician/medical assistants, pharmacists, staff and other medical personnel.

Training is recommended for providers who do not already use WebIZ. Health Division trainers travel the state to educate providers on how to use WebIZ to record immunizations (no desktop software is required).

Continuing education units are now available for nurses and pharmacists who complete a WebIZ training session.

Additional information on Nevada's Immunization Information System and training is available on the Nevada State Health Division's website:

**[http://health.nv.gov/Immunization\\_WebIZ\\_Info.htm](http://health.nv.gov/Immunization_WebIZ_Info.htm)**

For upcoming WebIZ training dates and more information, contact the trainer located in your area:

**Northern Nevada** - Cathy Robinson at [crobinson@health.nv.gov](mailto:crobinson@health.nv.gov).

**Southern Nevada** - Marie Tasker at [mtasker@health.nv.gov](mailto:mtasker@health.nv.gov).