

# Nevada Medicaid News

Fourth Quarter 2009

Volume 6, Issue 4



**First Health  
Services Corporation®**

*A Magellan Health Company*

Nevada Medicaid and Nevada Check Up  
Fiscal Agent  
P.O. Box 30042  
Reno, NV 89520-3042  
(877) 638-3472

## HMS Begins Federal Provider Audits As Medicaid Integrity Contractor

The Medicaid Integrity Group (MIG) of the Centers for Medicare & Medicaid Services (CMS) has entered into a contract with Health Management Systems (HMS) to conduct audits of providers enrolled in the Nevada Medicaid Program.

In November 2009, CMS' Medicaid Integrity Contractor (MIC), HMS, began performing audits of provider records according to Generally Accepted Government Auditing Standards (Yellow Book). If selected for an audit, providers will be required to submit records in a timely manner.

The records request letters will be issued on the letterhead of HMS. Providers' full cooperation in responding with the requested documentation will be required, or action will be taken by the Division of Health Care Financing and Policy (DHCFP) Surveillance and Utilization Review (SURS) Unit.

Further information can be found at <http://www.cms.hhs.gov/ProviderAudits/>.

## 2010 Provider Training Catalog Will Be Available Soon

The Nevada Medicaid and Nevada Check Up 2010 Training Catalog will be online soon 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, information about 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 by using the 2010 Provider Training Registration Form. The Registration Form can be found on the last page of the Catalog and is also available separately on the "Provider Training" web page and on the "Forms" page (select "Forms" from the "Providers" menu).

Early registration is encouraged for any training. 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.

Claim type training for UB, CMS-1500 and ADA submitters covers billing instructions for the specified claim form, as well as current and upcoming policy. The sessions include helpful, everyday billing tips, an overview of available resources and tools, and much more.

It is recommended that new and experienced staff attend the claim type trainings at least once a year to learn about any changes to billing guidelines and policy. Attendance will assist providers in submitting claims accurately, which will aid in claims processing smoothly and paying timely.

The Annual Medicaid Conference is an additional training option for providers. The Conference presents current and upcoming policy information for all providers followed by break-out sessions where provider type specific instruction is provided in individual conference rooms.

Thank you to those providers who took the time to participate in the 2009 Medicaid Conferences in Reno and Las Vegas. Your input on the evaluations was appreciated and helpful in planning and improving the event for 2010.

For further information, call (877) 638-3472. For questions about training, contact the Provider Training Unit (select the option for "Provider Enrollment" and then select the option for "Provider Training"). For claim inquiries, contact the Customer Service Center (select the option to verify the status of a claim).

### CONTENTS:

Prevention: Dental Services Page 2  
Pharmacy Co-Payments Page 2

Contact Information Page 2  
Medicaid Manual Changes Page 2  
PASRR Reminders Page 3

Online PASRR Tracking Page 3  
Personal Care Services Page 3  
Functional Assessments Page 4

## A Message From DHCFP Regarding Prevention: *Dental Services Through Healthy Kids Program*

Medicaid/DHCFP would like to remind providers about the dental services available for children through the Healthy Kids Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services program.

Preventive dental visits are an important part of a child's oral health routine. When a Primary Care Physician (PCP) sees a child who is enrolled in the Medicaid or Nevada Check Up/CHIP program for their well child exam, the provider should also evaluate the child's oral health and refer them to a dentist if they are not already established with one.

To increase the opportunity for a child to receive oral health care, Medicaid also authorizes approved medical staff in PCP offices to administer topical fluoride varnish during the visit.

Under the Healthy Kids Program, eligible Medicaid and Nevada Check Up children are allowed a preventive dental visit every six months once they are one year of age or older. This dental visit includes, but is not limited to: X-rays, cleanings, evaluation of overall oral health, fluoride treatments and dental sealants, if necessary.

Providers and their staff need to review the current Medicaid fee schedule and verify recipient benefits to determine which services the child is eligible for at the time of the visit.

During the holiday season, it is important to remember that a child's oral health can suffer due to the increased availability of sweets. Holiday sweets can increase a child's susceptibility to dental caries and preventive dental visits are needed to maintain good oral health.

It is important for children to have a positive relationship with their dentist and for children and their parents to receive oral health education.

If children and their parents understand the importance of oral health and how it impacts their overall health, it will drastically increase their chances to maintain good oral health for life.

The Dental Periodicity Schedule can be located in the Nevada Medicaid Services Manual (MSM) Chapter 1 500-Healthy Kids Program, Attachment A, on the Division of Health Care Financing and Policy's website at <http://dhcfnv.gov>.

### Co-Payment Reminder For Pharmacy Providers

Per your contract with Nevada Medicaid/Nevada Check Up, you may **not** collect from recipients the co-payments that are indicated on private insurance cards.

If you have a question regarding which recipients you may collect co-payments from or you receive a rejection when billing Medicaid as secondary payer, please call the First Health Services Technical Call Center at (800) 884-3238. The Technical Call Center is available 24 hours per day, 7 days per week, 365 days per year.

Co-payment information is also explained in the Pharmacy Provider Billing Manual, Section 9 Recipient Eligibility and Benefits (at <https://medicaid.nv.gov> select "Billing Information" from the "Pharmacy" menu).

## 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) web site at <http://dhcfnv.gov>. Under the "DHC FP 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 \$368,817,618.26 in claims during the three-month period of July, August and September 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 September, October and/or November 2009. Please review the current Medicaid Manuals at <http://dhcfnv.gov>.

#### September:

MSM 100 – Medicaid Program

#### October:

MSM 700 – Rates and Cost Containment

MSM 1200 – Prescribed Drugs

MOM 100 – Medicaid Estate Recovery (MER) Program

NCU – Nevada Check Up Program

#### November:

MSM 100 – Medicaid Program

MSM 600 – Physician Services

MSM 1300 – DME, Disposable Supplies and Supplements

## Conditions When PASRRs May Be Canceled

The Division of Health Care Financing and Policy (DHCFP) and First Health Services would like providers who submit Pre-admission Screening Resident Reviews (PASRRs) to be aware that in some circumstances PASRRs may be canceled. Please review the following five reasons for cancellation of a PASRR.

1. The recipient is not being admitted to a nursing facility.

**Notes:**

- Only recipients being admitted to a nursing facility require PASRRs.
- Recipients who are discharged to any other setting do not require PASRRs.
- Current costs are running approximately \$ 1.5 million per year for PASRR screenings, excluding the cost of Level II reviews.
- Current statistics show that 45.5% of all Medicaid recipients screened are never admitted in to a nursing facility.

2. The contact information is incorrect and First Health Services is unable to reach you for additional information and/or medical records.

3. The name and license (credentials) of the person completing the PASRR are not listed on the request form.

**Notes:** A PASRR is a clinical assessment of a patient and must be completed by a licensed health care provider per Medicaid policy as noted in the Nevada Medicaid Services Manual (MSM) Chapter 500, 503.2.B.

4. If you have listed a provider other than yourself as the requesting provider, the PASRR may be canceled:

- a. in the event a Level II PASRR is required; and/or
- b. in the event additional medical or demographic information is required; and/or
- c. for compliance and statistical purposes.

**Notes:**

- **First Health Services staff must be able to locate the**

**recipient to complete the Level II review.**

- For non-facility providers, please indicate your provider name and where the recipient is currently located. Include your direct phone and fax numbers.

5. PASRR determinations contain PHI (Protected Health Information) and are covered under all HIPAA (Health Insurance Portability and Accountability Act) standards. PASRRs may be canceled if HIPAA rules are not followed.

**Notes:** Due to the sensitive nature of PASRR determinations, DHCFP and First Health Services would like to remind you to only request one when a definitive decision has been made that the recipient will be transferred to a nursing facility, and the specific nursing facility has been identified.

## Online Users Have Transfer/Tracking Option For PASRR Requests

When utilizing the Online Prior Authorization System (OPAS), you can check for a previously completed PASRR regardless of where the PASRR was completed by utilizing the transfer/tracking option.

For assistance with checking for previously completed PASRRs, or for assistance on how to complete a transfer request, please call First Health Services at (800) 648-7593.

When utilizing the transfer/tracking option, please verify that the determination received on your screening is still applicable to the clinical presentation of the recipient.

If the determination has changed, please submit a new Level I request for a Resident Review. First Health Services will evaluate the new clinical information to advise whether or not a new determination is needed.

## Coverage And Limitations For Personal Care Services

The Personal Care Services (PCS) program is an optional Medicaid benefit designed to assist, support and maintain Medicaid recipients in their ability to live independently within their home.

The program provides personal care assistance to recipients who would normally provide their own care in the absence of a disability and/or chronic condition.

**Covered services include:**

- Bathing, dressing and grooming
- Assistance with toileting needs
- Assistance with mobility issues
- Assistance with transferring (the movement from one stationary position to another or assistance with repositioning)
- Assistance with eating (feeding)
- When there are significant deficits in the above areas, time may be available for housekeeping, laundry, shopping and meal preparation
  - Shopping is intended for essential needs only, such as ob-

taining medications, medical supplies and maintaining nutrition

**The following services are not covered under the personal care services program:**

- Tasks that the recipients can reasonably perform themselves
- Services normally provided by a legally responsible adult or other willing caregiver
- Skilled services (services that normally require a health care provider to be licensed)
- Chore, companion care, respite or babysitting services
- Supervisory services that include, but are not limited to:
  - Providing a personal care aide (PCA) to be present during meals for the purpose of encouraging intake or socialization
  - Providing 24-hour/day or nighttime company for the recipient
- Transportation services (for covered transportation services, please call LogistiCare at (888) 737-0833)

# *Occupational And Physical Therapists Needed To Complete Personal Care Functional Assessments*

The State of Nevada Division of Health Care Financing and Policy (DHCFP) is currently seeking Nevada Medicaid Occupational and Physical Therapists (OTs/PTs) to assist with the Nevada Medicaid Personal Care Services program.

DHCFP needs OTs/PTs experienced in functional skills assessment to assist in “hands-on” assessments to provide an accurate determination of the personal care services for which an individual qualifies. 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.

The program currently utilizes an interview format to determine the amount of assistance and time allocated for self care, activities of daily living and instrumental activities of daily living services provided to Medicaid recipients. Through quality assurance processes, including post-service reviews and reports from external individuals, it has been shown that this method does not produce an accurate assessment of actual need.

It has been determined many persons receiving services cannot complete the care themselves, have natural supports able to

assist with the task, do not have the appropriate services they need, or do not have the proper home equipment to assist in their care.

To be attentive to program funding and at the same time preserve services for those who truly need them to remain living in the community, DHCFP is transitioning the assessment for this program from a social work/nursing assessment to a “hands-on” therapy assessment.

The Nevada Medicaid Personal Care Services program is a care-giving program versus a therapy program. The goal is to provide quality, time-efficient care to enable persons who need assistance with self care to remain in the community and not be forced to live in an institution to receive necessary self care.

If interested in assisting Medicaid and completing these functional assessments, please contact the Personal Care Services program at (775) 684-3757 or [lbowman@dhcp.nv.gov](mailto:lbowman@dhcp.nv.gov) for information on how to become a Medicaid provider if you are not currently enrolled and to receive training in program policy and assessments. If you know of other OTs/PTs who may be interested in completing these assessments, please share this information.