

Chapter 8. File Exchange

The Nevada Medicaid and Nevada Check Up Provider Web Portal (formerly EVS) allows providers, or their delegates, the ability to upload forms online.

8.1 Forms that can be submitted online

The following forms can be submitted online using the Upload Files page on the Provider Web Portal (PWP):

- FA-21 PASRR and LOC Data Correction Form
- NMO7073 Functional Assessment Service Plan
- FA-29B Prior Authorization Reconsideration Request
- Claim Attachment
- FA-110 Attestation Form on the Appropriateness of the Qualified Clinical Trial (QCT)
Note: This form is to identify recipients that are participating in a QCT.

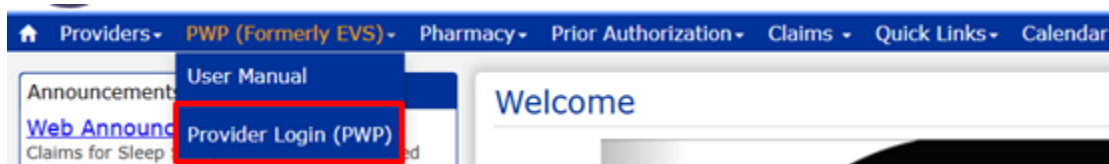
The following types of forms may not be uploaded using the Upload Files page:

- **Prior Authorization Forms:** Submit through the PWP's Care Management tab as attachments when prior authorization requests are created. Note: This does not apply to PASRR prior authorizations that cannot be submitted using the Provider Web Portal.
- **Sterilization/Abortion Forms:** Submit with appropriate claim form.
- **Appeal Forms:** Submit electronically using Secure Correspondence. For more information on Secure Correspondence, refer to [PWP User Manual Chapter 1](#).
- **Initial Emergency Dialysis Case Certification FA-100:** Submit with appropriate claim form.

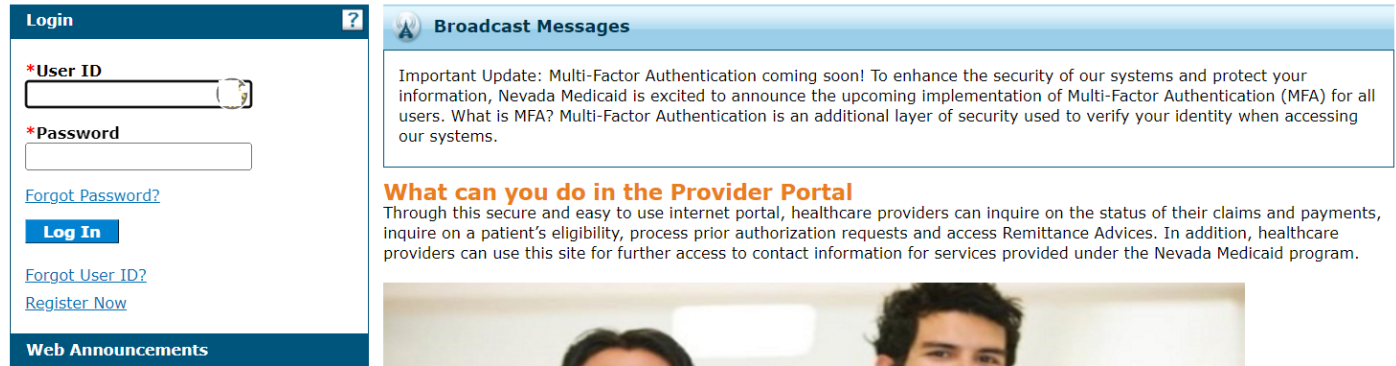
8.2 Instructions for Uploading Forms using the Provider Web Portal

To upload forms using the Provider Web Portal:

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter www.medicaid.nv.gov in the address bar.
3. The Nevada Medicaid Provider website opens as shown below. Click **PWP**. The submenu displays "User Manual" or "Provider Login (PWP)."



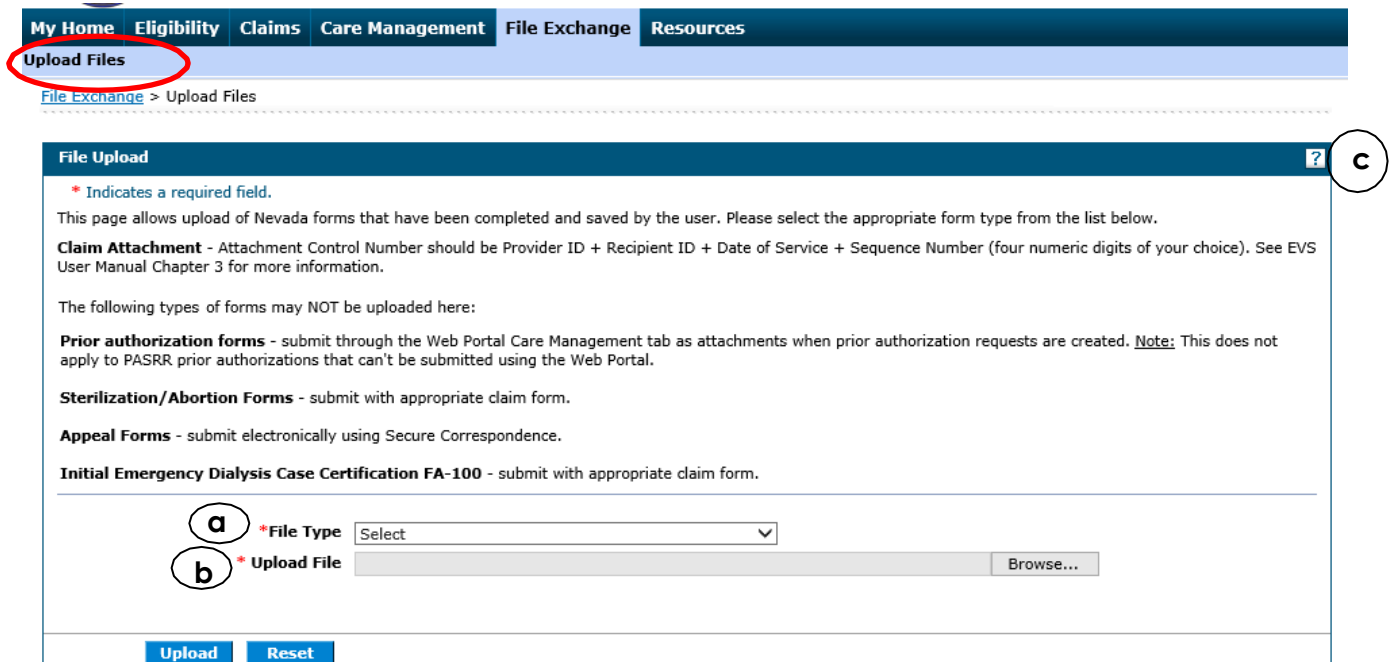
4. Click **Provider Login (PWP)**. The PWP Home page opens.



5. Log into the Provider Web Portal.
6. On the “My Home” page, click the “File Exchange” tab to open the “Upload Files” page.



Upload Files page for providers and delegates:



Upload Files page for Trading Partners:

?

C

* Indicates a required field.

Transaction files uploaded here must be in a HIPAA format -- Health Insurance Portability and Accountability Act. HIPAA is the United States Health Insurance Portability and Accountability Act of 1996. There are two sections to the Act. HIPAA Title I deals with protecting health insurance coverage for people who lose or change jobs. HIPAA Title II includes an administrative simplification section which deals with the standardization of healthcare-related information systems. In the information technology industries, this section is what most people mean when they refer to HIPAA.

HIPAA establishes mandatory regulations that require extensive changes to the way that health providers conduct business. HIPAA seeks to establish standardized mechanisms for electronic data interchange (EDI), security, and confidentiality of all healthcare-related data. The Act mandates: standardized formats for all patient health, administrative, and financial data; unique identifiers (ID numbers) for each healthcare entity, including individuals, employers, health plans and healthcare providers; and security mechanisms to ensure confidentiality and data integrity for any information that identifies an individual.

The upload file must be in one of these formats: .txt, .dat, .zip

a

*File Type

Select

b

* Upload File

Browse...

Upload

Reset

- File Type – The drop-down list contains all of the forms that can be uploaded using the Provider Web Portal.
- Upload File – Click on the “Browse” button to select the file you are uploading.
- Click on the (?) to display the Help page.

Note: Prior authorization forms will require additional input of the appropriate authorization tracking number and recipient ID.

- Recipient ID – Enter the recipient ID associated with the authorization tracking number.
- Authorization Tracking Number – Enter the authorization tracking number for the prior authorization.

?

* Indicates a required field.

This page allows upload of Nevada forms that have been completed and saved by the user. Please select the appropriate form type from the list below. The following types of forms may NOT be uploaded here:

Prior authorization forms - submit through the Web Portal Care Management tab as attachments when prior authorization requests are created. Note: This does not apply to PASRR prior authorizations that can't be submitted using the Web Portal.

Sterilization/Abortion Forms - submit with appropriate claim form.

Appeal Forms - submit electronically using Secure Correspondence.

Initial Emergency Dialysis Case Certification FA-100 - submit with appropriate claim form.

d

*File Type

FA-29B Prior Authorization Reconsideration Request

e

*Recipient ID

*Tracking Number

* Upload File

Browse...

Upload

Reset

Note: Claim Attachments will require additional input of the appropriate Attachment Control Number (ACN). The ACN entered in the portal **MUST** match the ACN used in the Paperwork (PWK) segment of the 837 X12 transaction. The following approach can be used to ensure a unique ACN is created.

- f. Attachment Control Number = Provider ID (National Provider Identifier/Atypical Provider Identifier [NPI/API]) + Recipient ID + Date of Service + Sequence Number (four numeric digits of your choice).

File Upload

* Indicates a required field.

This page allows upload of Nevada forms that have been completed and saved by the user. Please select the appropriate form type from the list below.

Claim Attachment - Attachment Control Number should be Provider ID + Recipient ID + Date of Service + Sequence Number (four numeric digits of your choice). See EVS User Manual Chapter 3 for more information.

The following types of forms may NOT be uploaded here:

Prior authorization forms - submit through the Web Portal Care Management tab as attachments when prior authorization requests are created. Note: This does not apply to PASRR prior authorizations that can't be submitted using the Web Portal.

Sterilization/Abortion Forms - submit with appropriate claim form.

Appeal Forms - submit electronically using Secure Correspondence.

Initial Emergency Dialysis Case Certification FA-100 - submit with appropriate claim form.

f

*File Type

Claim Attachment

*Attachment Control Number

* Upload File

Browse...

Upload

Reset

Note: Qualified Clinical Trial forms will require additional input of the appropriate recipient ID and recipient’s date of birth.

- g. Recipient ID – Enter the recipient ID associated with the Qualified Clinical Trial.
- h. Date of Birth – Enter the recipient’s date of birth.

File Upload

* Indicates a required field.

This page allows upload of Nevada forms that have been completed and saved by the user. Please select the appropriate form type from the list below.

Claim Attachment - Attachment Control Number should be Provider ID + Recipient ID + Date of Service + Sequence Number (four numeric digits of your choice). See EVS User Manual Chapter 3 for more information.

FA-110 Qualified Clinical Trial - Enter Recipient ID + Date of Birth

The following types of forms may NOT be uploaded here:

Prior authorization forms - submit through the Web Portal Care Management tab as attachments when prior authorization requests are created. Note: This does not apply to PASRR prior authorizations that can't be submitted using the Web Portal.

Sterilization/Abortion Forms - submit with appropriate claim form.

Appeal Forms - submit electronically using Secure Correspondence.

Initial Emergency Dialysis Case Certification FA-100 - submit with appropriate claim form.

g

*File Type

FA-110 Qualified Clinical Trial

*Recipient ID

h

*Date of Birth

* Upload File

Choose File

No file chosen

Upload

Reset

7. File Type – Select the form that will be uploaded using the drop-down list.

Providers and Delegates

File Upload

* Indicates a required field.

This page allows upload of Nevada forms that have been completed and saved by the user. Please select the appropriate form type from the list below.

Claim Attachment - Attachment Control Number should be Provider ID + Recipient ID + Date of Service + Sequence Number (four numeric digits of your choice). See EVS User Manual Chapter 3 for more information.

FA-110 Qualified Clinical Trial - Enter Recipient ID + Date of Birth

The following types of forms may NOT be uploaded here:

Prior authorization forms - submit through the Web Portal Care Management tab as attachments when prior authorization requests are created. Note: This does not apply to PASRR prior authorizations that can't be submitted using the Web Portal.

Sterilization/Abortion Forms - submit with appropriate claim form.

Appeal Forms - submit electronically using Secure Correspondence.

Initial Emergency Dialysis Case Certification FA-100 - submit with appropriate claim form.

* File Type

Select

* Upload File

Select

FA-21 PASRR and LOC Data Correction Form

NMO 7073 Functional Assessment Service Plan

FA-29B Prior Authorization Reconsideration Request

Claim Attachment

FA-110 Qualified Clinical Trial

Upload

Reset

Trading Partners

File Upload

* Indicates a required field.

Transaction files uploaded here must be in a HIPAA format -- Health Insurance Portability and Accountability Act. HIPAA is the United States Health Insurance Portability and Accountability Act of 1996. There are two sections to the Act. HIPAA Title I deals with protecting health insurance coverage for people who lose or change jobs. HIPAA Title II includes an administrative simplification section which deals with the standardization of healthcare-related information systems. In the information technology industries, this section is what most people mean when they refer to HIPAA.

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The upload file must be in one of these formats: **.txt, .dat, .zip**

* File Type

Select

* Upload File

270/271 Health Care Eligibility Request/Response Batch

276/277 Health Care Claim Status Request/Response Batch

837D Health Care Claim: Dental

837I Health Care Claim: Institutional

837P Health Care Claim: Professional

D.0 - NCPDP - Batch Standard 1.2

Browse...

Upload

Reset

8. Upload File – Upload the form from your computer to start the upload process. **Please note:** If multiple documents are being uploaded, please place all forms in a WinZip® file. For example, if a form needs to be signed, please scan the signature page(s) and include that scan along with the completed PDF in the same WinZip file.

* File Type

Claim Attachment

* Attachment Control Number

4589112345678901070120190001

* Upload File

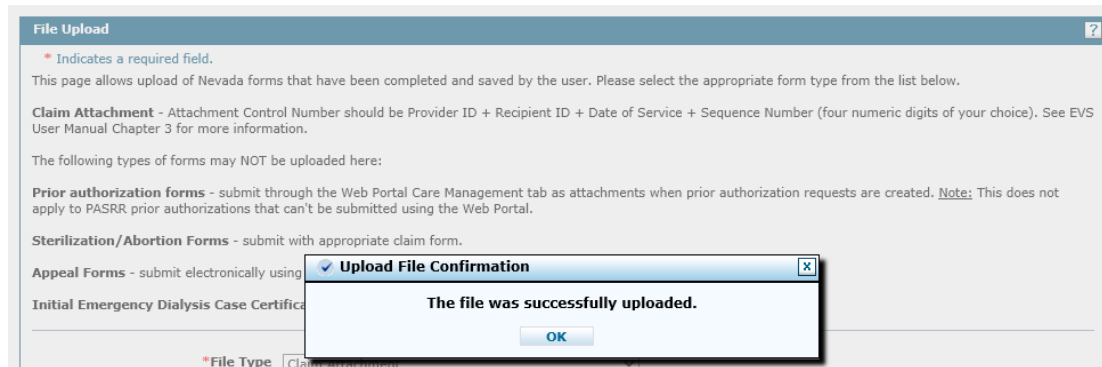
C:\Documents\Phys Order Doc.docx

Browse...

Upload

Reset

- Click the “Upload” button to upload the form. The following confirmation message will display to confirm the file was successfully uploaded.



Reminders for submitting claim attachments using the PWP:

- Upload the attachment using the File Exchange panel in the PWP. It is recommended that the attachment should be uploaded prior to the 837 X12 claim being submitted.
- Use a unique Attachment Control Number (ACN) for each claim. The provider is responsible for creating the unique ACN for each attachment uploaded through the PWP. The ACN on the 837 X12 claim MUST match the ACN used on the attachment uploaded using the PWP. The following approach can be used to ensure a unique ACN is created.
 - ACN = Provider ID (NPI or API) + Recipient ID + Date of Service + Sequence Number (four numeric digits of your choice)
 - Examples of the recommended file naming standard are shown below:
 - 10-digit Provider NPI/API example 0000000000
 - Plus 11-digit Recipient Medicaid ID example 11111100000
 - Plus 6- or 8-digit date of service example 010120 or 01012020
 - Plus 4-digit sequence number of your choice example 6789
 - Example of a unique ACN showing all digits and no spaces:
 - 0000000000111111000000101206789
- The 837 X12 claim is submitted with the ACN in the Paperwork (PWK) segment of the transaction indicating the claim has an attachment.
 - The 837 X12 claim must include the following fields:
 - PWK01 – Report Type code (Selected from the list of valid codes in the ASC X12 Guide; your vendor/Clearinghouse should have the list of valid codes.)
 - PWK02 – Must contain 'EL'
 - PWK05 – Must contain 'AC'
 - PWK06 – Attachment Control Number (The number used to identify the attachment uploaded using the Provider Web Portal)
- 837 X12 claims will suspend and recycle for up to 35 days waiting to find a matching attachment based on the ACN.
- If a match is not found by the end of the recycle period, the claim will deny, regardless of whether the attachment is required for payment or not.
- Submitting an EDI 837 X12 claim for Exception Batch processing

- The 837 X12 claim must include the following fields:
 - REF01 – Reference identification qualifier must contain “4N”
 - REF02 – Must contain ‘7’ for special handling

Please note: For instructions on submitting a claim for exception batch processing via the Provider Web Portal, see [PWP User Manual Chapter 3 Claims](#).