



**Nevada Provider Training  
Provider Web Portal**

# Objectives

This session will cover:

- Navigating the Provider Web Portal
- Member Eligibility
- Prior Authorizations
- Institutional Claim Submissions
- Paperless Timeline
- Go-Live Considerations





# **Provider Web Portal Training**

# Objectives

This session will cover:

- Registering for the Provider Web Portal
- Navigating the Provider Web Portal
- Managing Provider Web Portal Profiles
- Adding Delegates
- Adding Trading Partners
- Accessing Help



# Acronyms/Commonly Used Terms

**CTN:** Contact Tracking Number

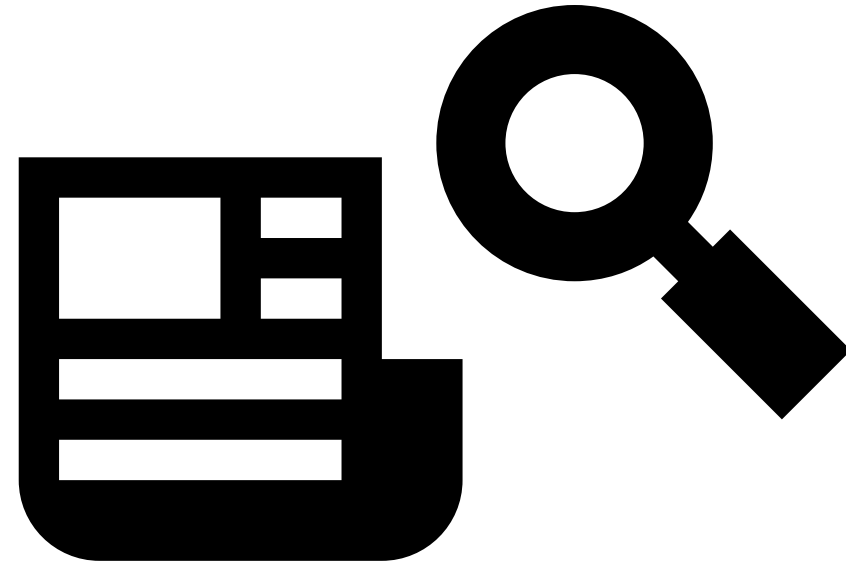
**PA:** Prior Authorizations

**PWP:** Provider Web Portal

**TP:** Trading Partner

**Delegate:** an individual to whom a provider has given permission to complete various tasks on their behalf, such as submitting claims or PAs.

**Trading Partner:** is an individual or entity that is authorized to submit and download documentation on behalf of a Nevada Medicaid Provider.



# Registering for the Provider Web Portal (PWP)

# Registering for the PWP



The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal of Nevada. The header text reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". On the top right are links for "Contact Us" and "Login". A blue navigation bar contains the word "Home". Below this, the page content is divided into several sections:

- Provider Login:** A box containing a text input field for "\*User ID", a blue "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?".
- What can you do in the Provider Portal:** A section with a heading and a paragraph explaining that healthcare providers can use the portal to inquire on claim status, process authorization requests, and access Remittance Advices.
- Web Announcements:** A list of two announcements: "Web Announcement 1123 Online Provider Enrollment Summary Page Updated" and "Web Announcement 1122 Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by".
- Image:** A photograph of five diverse healthcare professionals (three women and two men) in white lab coats, smiling.

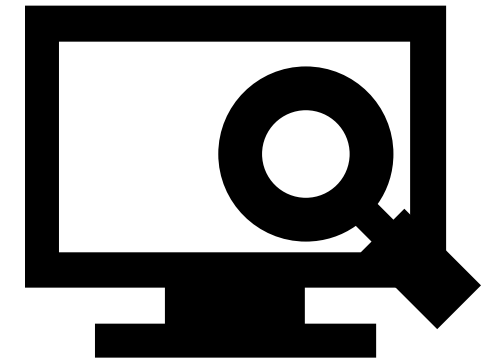
# Registering for the PWP, cont.

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Login". Below the header is a "Home" navigation bar. The main content area has a "Provider Login" section with a "User ID" input field, a "Log In" button, and a "Register Now" link highlighted with a red box and a callout box containing the number "1". To the right of the login section is a "What can you do in the Provider Portal" section with a descriptive paragraph and a photo of healthcare providers. Below the photo is a "Website Requirements" link. On the left side, there is a "Web Announcements" section with three links to various announcements.

To register for a PWP account, the user must first be enrolled as a provider of services in the NV State Medicaid program and possess an active, enrolled National Provider Identifier (NPI).

To begin the registration process, the user will:

1. Click the **Register Now** link





# Registering for the PWP, cont.

 **Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)

Home

Home > Registration Selector Thursday 07/05/2018 07:11 AM PST

### Registration

Select one of the following options that best describes your role.

  
**Provider**  
An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.



  
**Delegate**  
An individual Designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.  
Note that although there can only be one provider administrator (who registered as a provider), the administrator can register many delegates to utilize the website from different physical locations. These delegates must be identified and registered by the provider administrator.

  
**Trading Partner**  
An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.

  
**Managed Care Org**  
An entity, authorized by the state, to operate a prepaid healthcare delivery plan (as a health maintenance organization - HMO). This entity arranges, administers, and pays for the delivery of healthcare services to members, as designated by the state.

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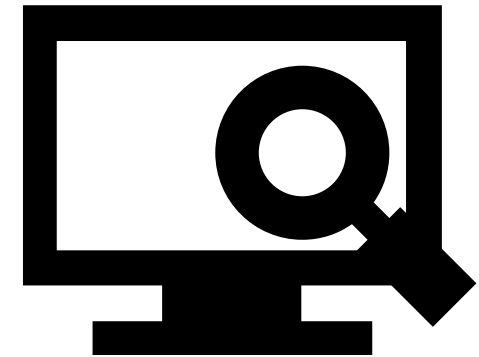
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The Nevada Division of Health Care Financing adheres to all applicable privacy policies and standards, including HIPAA rules and regulations, regarding protected health information. Click here to see the State of [Nevada Online Privacy Policy](#)

From the “Registration Selector” page, the user will:

2. Click on the appropriate **Role** you wish to register



# Registering for the PWP, cont.

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)

Home

Home > [Registration Selector](#) > Registration

Thursday 07/05/2018 07:15 AM PST

### Registration Step 1 of 2 - Personal Information

\* Indicates a required field.

Please provide the following information to get started!  
**Important:** If you are registering as a provider, enter the provider's first and last name, or split the facility or organization name across the first and last names. If you have chosen to register as a delegate, you must have already provided your birth date and driver's license number (DLN) to a registered provider, who will add you as a delegate and obtain the delegate code for you.  
If you have chosen to register as a Trading Partner, enter the Trading Partner ID.  
If you have chosen to register as a Managed Care Org, enter the NPI/Provider ID and Zip Code.

**3**

\*Provider First Name

\*Provider Last Name

\*NPI/API

\*Tax ID (FEIN or SSN)

\*Zip Code

**4**

[Continue](#) [Cancel](#)

From the “Registration” page, the user will:

3. Enter all identifying personal information
4. Click the **Continue** button

# Registering for the PWP, cont.

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)

Home

Home > [Registration Selector](#) > Registration

Thursday 07/05/2018 07:56 AM PST

### Registration Step 2 of 2 - Security Information

\* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

**5**

\*User ID

\*Password

\*Confirm Password

Please provide your contact information below.

**6**

\*Display Name

Phone Number

\*Email


\*Confirm Email

Continuing on the “Registration” page, the user will:

5. Create a unique **User ID** and **Password**
6. Enter contact information

# Registering for the PWP, cont.

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

7 Site Key: 

8 Passphrase:

Please select a unique challenge question and provide an answer for each of the question groups below.

9

|                        |   |
|------------------------|---|
| *Challenge Question #1 | Select a Challenge Question                                     |
| *Answer to #1          | <input type="text" value="What is your favorite sports team?"/> |
|                        | In what city were you born?                                     |
|                        | What is your mother's maiden name?                              |
|                        | What was the name of the first school you attended?             |
| *Challenge Question #2 | What is the name of your favorite pet?                          |
| *Answer to #2          | <input type="text" value="Who was your first employer?"/>       |
|                        | What is the name of your favorite school teacher?               |
| *Challenge Question #3 | Select a Challenge Question                                     |
| *Answer to #3          | <input type="text"/>  |

Continuing on the “Registration” page, the user will:

7. Select a **Site Key** image
8. Enter a unique **Passphrase**
9. Choose 3 **Challenge Questions** from the dropdown list and create a unique answer for each

NOTE: Your passphrase must be up to 20 characters and cannot contain invalid characters. Acceptable characters include [a-z], [A-Z], [0-9] and characters [ '?!,( )-+].

# Registering for the PWP, cont.

The screenshot shows a 'User Agreement' form. At the top, there is a header 'User Agreement'. Below it, the 'Access Policy' section contains several paragraphs of text and a bulleted list of terms. A vertical scrollbar on the right side of the text area has a callout '10' pointing to it. Below the text area, there is a checkbox with a callout '11' pointing to it. At the bottom of the form, there are two buttons: 'Submit' and 'Cancel', with a callout '12' pointing to the 'Submit' button.

**User Agreement**

Access Policy

This application and computer system are the property of Nevada Medicaid. The use of this system is for authorized users only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Users consent via utilization of this application or system to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of Nevada Medicaid and the Nevada Division of Health Care Financing and Policy (DHCFP).

The information transmitted, received and access through this website may include confidential information whose disclosure is governed by federal and or state law.

- Unauthorized use is prohibited;
- Usage may be subject to security testing and monitoring;
- Misuse is subject to criminal prosecution;
- No expectation of privacy except as otherwise provided by applicable privacy laws.
- Improper use of this application or system may result in disciplinary action, termination of employment and/or civil and criminal penalties, and may be disclosed to law enforcement authorities.

By checking this box, you acknowledge that you have read and understood the User Agreement, and agree to the terms and conditions as described about the role which you will perform.

**12**

Continuing on the “Registration” page, to complete their registration, the user will need to agree to the terms of registration.

The user will:

10. Read the “Access Policy”
11. Read and check the acknowledgment box
12. Click the **Submit** button

# Registering for the PWP, cont.

**13** User Successfully Registered

You have successfully registered for the provider portal!

A confirmation email containing your login information has been sent to the email address provided. Email notifications can take 15 to 30 minutes to be delivered.

**14** Registration Confirmation

Thu 7/5/2018 10:25 AM

Division of Health Care Financing and Policy Provider Portal

Registration Confirmation

To

Welcome hospizona! This email was sent to confirm that you have successfully registered with the DXC USHC Web Portal. Your login credentials are listed below. Please keep a copy of this email in a safe place for future reference.

User ID: hospizona1  
Password: Password123

If you have any questions or concerns regarding this email, feel free to email [NVMMIS.EDIsupport@dxc.com](mailto:NVMMIS.EDIsupport@dxc.com) or call us at +1 (877) 638-3472. Do not attempt to reply to this automated email.

Sincerely,

DXC USHC Web Portal  
New Accounts Division

To confirm their registration, the user will:

13. Click the **OK** button
14. Check email for the registration confirmation

**NOTE:** Once the user receives their email confirmation, they may log in to the PWP.

# Navigating the PWP

# Navigating the PWP



## Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Home

Home

Login

\*User ID

hospizona1

Log In

[Forgot User ID?](#)

[Register Now](#)

Broadcast Messages

**Hours of Availability**

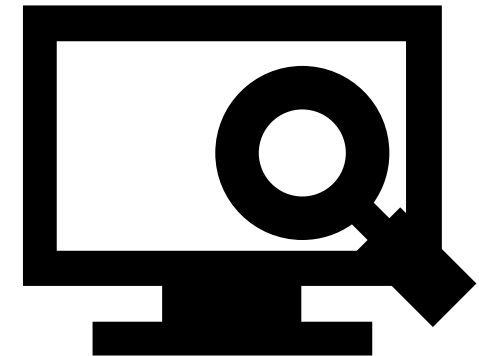
The Nevada Provider Web Portal is unavailable between 12:25 AM PST on Sunday.

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, health

Once registered, users may access their accounts from the PWP “Home” page by:

1. Entering the **User ID**
2. Clicking the **Log In** button





# Navigating the PWP, cont.

## Computer and Challenge Question

### Site Key

The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

## Answer the challenge question to verify your identity.

**Challenge Question** In what city were you born?

**3** \*Your Answer

[Forgot answer to challenge question?](#)

**4** **Select**  This is a personal computer. Register it now.  
 This is a public computer. Do not register it.

**5** **Continue**

Once the user has clicked the **Log In** button, they will need to provide identity verification as follows:

3. Type in their answer to the **Challenge Question** to verify identity
4. Choose whether log in is on a **personal computer** or **public computer**
5. Click the **Continue** button

# Navigating the PWP, cont.

Home > Challenge Question > Site Token Password


### Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

**Make sure your site key token and passphrase are correct.**

If the site key token and passphrase are correct, type your password and click **Sign In**. If this is not your site key token or passphrase, do not type your password. Call the [customer help desk](#) to report the incident.

**6** Site Key: 

Passphrase Answer

**7** \*Password

**8** [Sign In](#) [Forgot Password?](#)

The user will continue providing identity verification as follows:

6. Confirming that the **Site Key** and **Passphrase** are correct
7. Entering **Password**
8. Clicking the **Sign In** button

NOTE: If this information is incorrect, users should not enter their password. Instead, they should contact the help desk by clicking the **Customer help desk** link.

# Navigating the PWP, cont.

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

My Home **Eligibility** Claims Care Management File Exchange Resources

My Home Thursday 07/05/2018 09:45 AM PST

**Provider**

**Name** HOSPITALISTS OF ARIZONA  
**Provider ID** 1578564860 (NPI)  
**Location ID** 100535838

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)

[Secure Correspondence](#)

**9**

[My Profile](#)  
[Manage Accounts](#)

**Provider Services**

- [Member Focused Viewing](#)
- [Search Payment History](#)
- [Revalidate-Update Provider](#)
- [Pharmacy PA](#)
- [PASRR](#)
- [EHR Incentive Program](#)
- [EPSDT](#)
- [Presumptive Eligibility](#)

**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)  
Provider Web Portal Quick Reference Guide [\[Review\]](#)

Once the user has provided identity verification and entered their password, the “My Home” page will display.

From there, the user will need to:

9. Verify all provider information located on the left margin of the screen

NOTE: If this provider information is incorrect, users should contact the Help Desk by clicking the **Contact Us** link in the right side of this page.

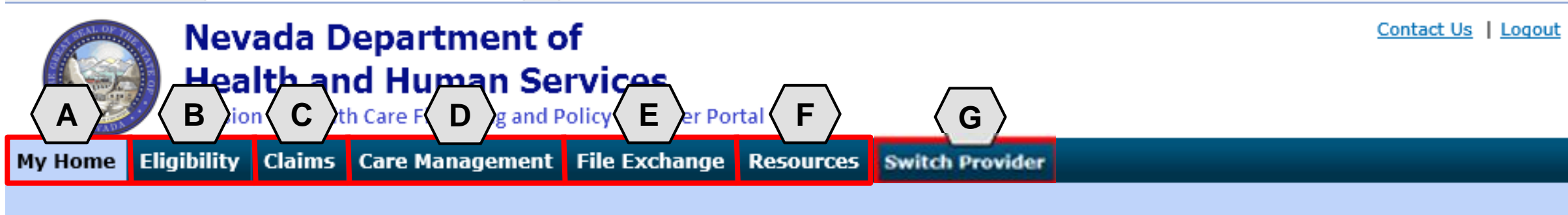
# Navigating the PWP, cont.

The screenshot shows the Nevada Department of Health and Human Services Provider Web Portal. The header includes the department logo and name, along with 'Contact Us' and 'Logout' links. A navigation bar contains 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources', with 'Resources' highlighted and labeled 'A'. Below the navigation bar, the user's name 'My Home' and the date 'Monday 05/07/2018 01:23 PM EST' are displayed. The main content area is divided into several sections: 'Provider' information (Name: HOSPITALIST SERVICES OF NEVADA-MANDAVIA, Provider ID: 1831573690, Location ID: 100543194) with 'My Profile' and 'Manage Accounts' links labeled 'D'; 'Broadcast Messages' with 'Hours of Availability' information and 'Contact Us' and 'Secure Correspondence' links labeled 'C'; 'Welcome Health Care Professional!' with a photo of healthcare professionals and a paragraph of text labeled 'E'; and 'Provider Services' with a list of links including 'Member Focused Viewing', 'Search Payment History', 'Revalidate-Update Provider', 'Pharmacy PA', 'PASRR', 'EHR Incentive Program', 'EPSDT', and 'Presumptive Eligibility' labeled 'E'. At the bottom, there are links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide', both labeled 'F'.

Once the provider information has been verified, the user may explore the features of the PWP, including:

- A. Additional tabs for users to research eligibility, submit claims and PAs, access additional resources, and more
- B. Important broadcast messages
- C. Links to contact customer support services
- D. Links to manage user account settings, such as passwords and delegate access
- E. Links to additional information regarding Medicaid programs and services
- F. Links to additional PWP resources

# Navigating the PWP, cont.



The tabs at the top of the page provide users quick access to helpful pages and information:

- A. My Home:** Confirm and update provider information and check messages
- B. Eligibility:** Search for recipient eligibility information
- C. Claims:** Submit claims, search claims, view claims and search payment history
- D. Care Management:** Request PAs, view PA statuses, and maintain favorite providers
- E. File Exchange:** Upload forms online
- F. Resources:** Download forms and documents
- G. Switch Providers:** Where **delegates** can switch between providers to whom they are assigned. The tab is only present when the user is logged in as a delegate

# Managing PWP Profiles

# Managing Profile

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

**My Home** | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

My Home Monday 05/07/2018 01:23 PM EST

**Provider**

**Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA  
**Provider ID** 1831573690 (NPI)  
**Location ID** 04

[My Profile](#) **1**  
[Manage Accounts](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)  
[Secure Correspondence](#)

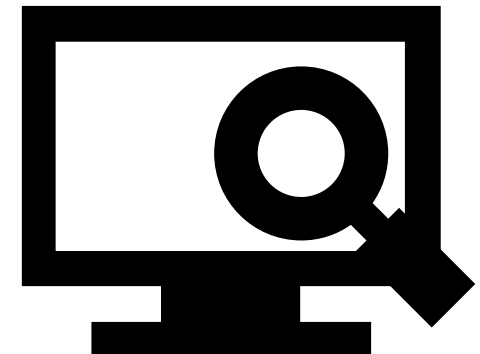
**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)  
Provider Web Portal Quick Reference Guide [\[Review\]](#)

To manage their profile, the user will:

1. Click the **My Profile** link



# Managing Profile, cont.

**My Profile** [?]

**Contact Information**

Display Name: hosizona  
Phone Number: 1-111-111-1111  
Current Email: aaron.barger@dxc.com

**Roles**

Current Roles: Providers

**Preferences**

Primary Language: English (US)


**Challenge Questions**

Challenge Question #1: What is your favorite sports team?  
Answer to #1

Challenge Question #2: In what city were you born?  
Answer to #2

Challenge Question #3: What is your mother's maiden name?  
Answer to #3

**Site Key Token**

Site Key: 

Passphrase

**Password**

Change Password

To update their profile information, the user will:

2. Click the appropriate **Edit** button in the desired section



# Managing Profile, cont.


**My Profile** ?


**Site Key Token**


\* Indicates a required field.


Select a Site Key and enter a Pass Phrase then click the **Save** button, or click **Cancel** to go back.

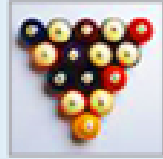
\* Site Key:

 Apple

 Balloon

 Balloons

 Baseball

 Billiards

Passphrase

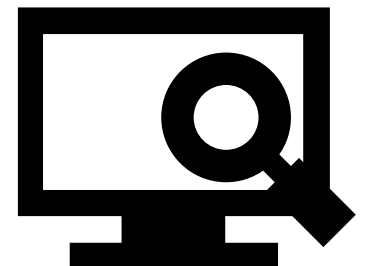
**Save** **Cancel**

*Note: In the image, a red box highlights the 'Balloon' option and the 'Save' button. A hexagon with the number '3' is placed over the 'Balloon' option, and a hexagon with the number '4' is placed over the 'Save' button.*

Once the user has chosen the profile information and section to be edited, the field(s) will activate. The user will then:

3. Make the desired changes
4. Click the **Save** button

NOTE: In this example, the user has changed the **Site Key** image in the **Site Key Token** section from an “Apple” to a “Balloon”.




# Managing Profile, cont.

**My Profile** ?

**Site Key Token**

Update field labels are marked with a "●" icon.

Review your changes and click the **Confirm** button to save your information.

Site Key:  5

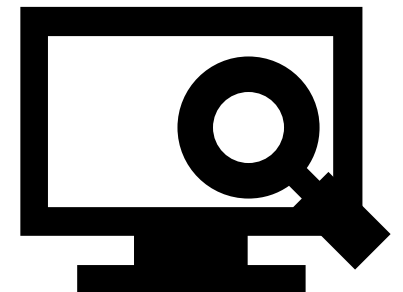
Passphrase

Edit Confirm Cancel 6



Once the user clicks the **save** button, they will need to confirm their change(s). The user will:

5. Review their change(s) to ensure accuracy
6. Click the **Confirm** button

NOTE: The user may click the **Edit** button to make additional Profile changes or click the **Cancel** button to discard changes made.



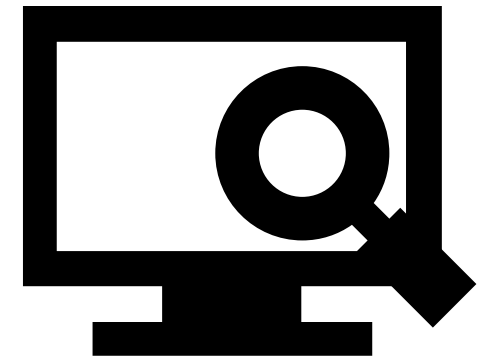
# Managing Profile, cont.

| My Profile <span>?</span>  |   |
|----------------------------|---|
| <b>Contact Information</b> |   |
| Display Name               | hosizona  |
| Phone Number               | 1-111-111-1111  |
| Current Email              | aaron.barger@dxc.com  |
| <a href="#">Edit</a>       |   |
| <b>Roles</b>               |   |
| Current Roles              | Providers   |
| <b>Preferences</b>         |   |
| Primary Language           | English (US)  |
| <b>Challenge Questions</b> |   |
| Challenge Question #1      | What is your favorite sports team?  |
| Answer to #1               |   |
| Challenge Question #2      | In what city were you born?   |
| Answer to #2               |   |
| Challenge Question #3      | What is your mother's maiden name?  |
| Answer to #3               |   |
| <a href="#">Edit</a>       |   |
| <b>Site Key Token</b>      |   |
| Site Key:                  |  |
| Passphrase                 |  |
| Password                   | <a href="#">Change Password</a>   |

In addition to the other profile features, the user may wish to change their login password.

To do this, the user will:

1. Click the **Change Password** button



# Managing Profile – Password

### Change Password Assistance

1. The Password cannot be the same as your User ID.
2. The Password must be between 8-20 characters.
3. Passwords must contain at least 1 character from **three** of the following categories below:
  - Uppercase letters
  - Lowercase letters
  - Numeric digits (0 through 9)
  - Nonalphanumeric characters: ~!  
@#%&\*\_+ = ` \(){}  
[]:;'"<> , . ? /
4. The password cannot be the same as any of the previous 24 passwords.
5. The password cannot be changed more than once in a 24-hour period.

### Change Password

\* Indicates a required field.

Enter your Current Password, New Password, New Password Confir

\*Current Password

\*New Password

\*Confirm New Password

Once the user clicks the **Change Password** button, the “Change Password” page will display.

NOTE: The **Change Password Assistance** section of the “Change Password” page provides helpful information about system rules and restrictions that users must follow when creating a new password.

# Managing Profile – Password, cont.

The screenshot shows a web form titled "Change Password". At the top, there is a blue header bar with the title. Below the header, a note states "\* Indicates a required field." followed by instructions: "Enter your Current Password, New Password, New Password Confirmation and click the **Submit** button." The form contains three input fields: "\*Current Password", "\*New Password", and "\*Confirm New Password". Each field is highlighted with a red border. A red box also surrounds the "Submit" button. Five numbered callouts (2, 3, 4, 5) are placed around the form: 2 points to the "Current Password" field, 3 points to the "New Password" field, 4 points to the "Confirm New Password" field, and 5 points to the "Submit" button. A "Cancel" button is also visible next to the "Submit" button.

From the “Change Password” page, users can change their password as follows:

2. Enter their current login password into the **Current Password** field
3. Enter their **New Password**
4. Enter their new password a second time into the **Confirm New Password** field
5. Click the **Submit** button

# Adding Delegates

# Adding Delegates – New

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

My Home | Eligibility | Claims | Care Management | File Exchange | Resources

My Home

**Provider**

Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA  
Provider ID 1831573690 (NPI)  
Location ID 100543194

My Profile  
**Manage Accounts** 1

**Provider Services**

- Member Focused Viewing
- Search Payment History
- Revalidate-Update Provider
- Pharmacy PA
- PASRR
- EHR Incentive Program
- EPSDT
- Presumptive Eligibility

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

To add a new delegate to the system, the user must:

1. Click the **Manage Accounts** link located on their “My Home” page

NOTE: The user must be logged on as a provider. A delegate cannot add another delegate to the system.

# Adding Delegates – New, cont.

**Manage Accounts**


**2** Add New Delegate Registered Delegate Add Registered Trading Partner

A new delegate is defined as office staff and/or other support staff employed by the provider with access to new delegates by completing the required fields and giving the code generated to the delegate. Delegates then have access to the provider's information (claims, reports, eligibility inquiries, or other functions).

\* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to receive (on zip code), must be added separately.

**3**

|                 |   |
|-----------------|---|
| * First Name    | <input type="text" value="Test"/>   |
| * Last Name     | <input type="text" value="Delegate"/>   |
| * Birth Date    | <input type="text" value="01/01/1980"/>  |
| * Last 4 of DLN | <input type="text" value="9999"/>   |

This will take the user to the “Manage Accounts” page.

From there, the user will:

2. Ensure that the **Add New Delegate** tab is selected
3. Enter the **new delegate's information**: first and last name, date of birth, and the last four digits of their driver's license number



# Adding Delegates – New, cont.

**Manage Accounts**

**Add New Delegate** | Add Registered Delegate | Add Registered Trading Partner

Select the functions that the delegate is authorized to access

\*Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

**5** **Submit** **Cancel**

Continuing on the “Manage Accounts” page, the user will:

4. Check the boxes to indicate the functions for which the delegate will receive permissions (in this example the user has permitted the delegate access to PA and claims functions)
5. Click the **Submit** button

**NOTE:** The **Base Delegate Access** check box will automatically be selected. This ensures that the delegate will have basic user access, allowing them to log in to the PWP.

# Adding Delegates – New, cont.

**Manage Accounts**

Add New Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

**First Name** Test  
**Last Name** Delegate  
**Birth Date** 01/01/1980  
**Last 4 of DLN** 9999  
**Decision** Active

---

**Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

**6**

**Edit** **Confirm** **Cancel**

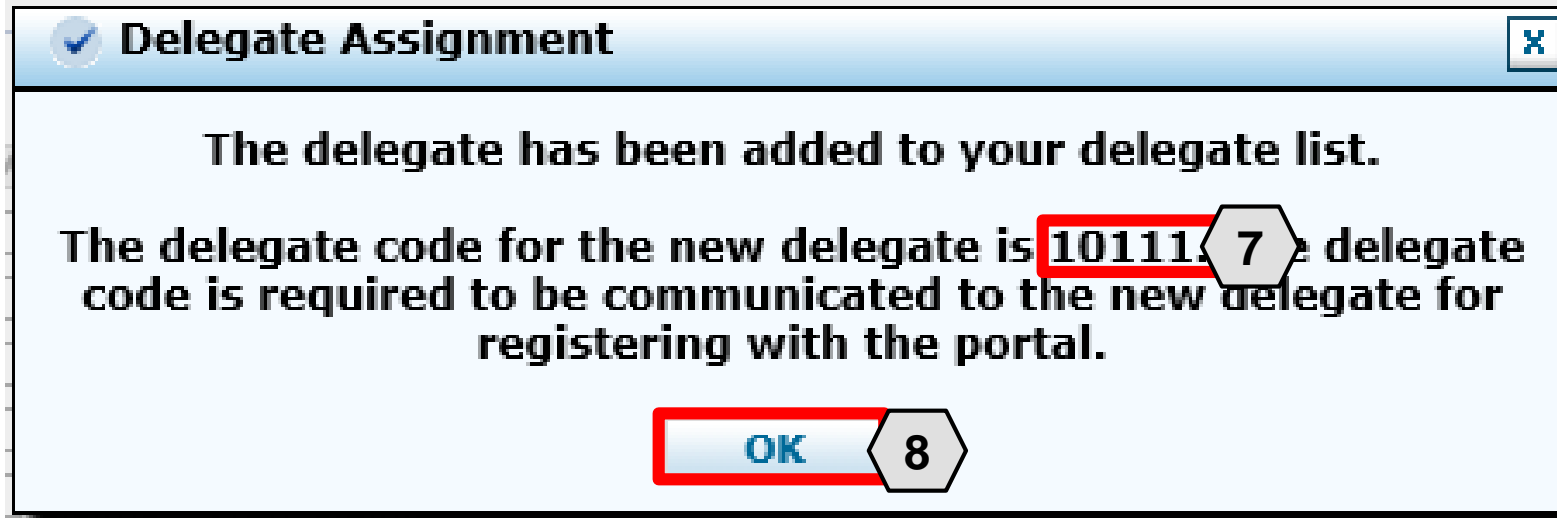
Once the user has clicked the **Submit** button, they will be asked to review and confirm the details.

Once the user has reviewed the information, they will:

6. Click the **Confirm** button to complete the process OR click the **Edit** button to adjust the information provided

NOTE: The user may also click the **Cancel** button to cancel adding the delegate to the system.

# Adding Delegates – New, cont.



Once the user clicks the **Confirm** button, the delegate will be added to the system, and a pop-up box will appear.

The box will display a delegate code that the delegate will need to use when registering for an account in the PWP.

From here, the user will need to:

7. Make note of the code to share with the new delegate
8. Click the **OK** button

# Adding Delegates – New, cont.

**Manage Accounts** [Back to My Home](#) ?

**Add New Delegate** | Add Registered Delegate | Add Registered Trading Partner

A new delegate is defined as office staff and/or other support staff employed by the provider who are not registered in the Portal. Providers may grant Portal access to new delegates by completing the required fields and giving the code generated to the individual to then register in the Portal. The new delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

\* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to register. Note that delegates associated with each location (based on zip code), must be added separately.

\*First Name

\*Last Name

\*Birth Date

\*Last 4 of DLN

Select the functions that the delegate is authorized to access

\*Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

**Delegates**

Click the Delegate's name to change the status of the delegate.

| # | Name                          | Display Name  | Birth Date | Last 4 of DLN | Delegate Code | Decision         |
|---|-------------------------------|---------------|------------|---------------|---------------|------------------|
| 1 | <a href="#">delegate_test</a> | test delegate | 01/01/1980 | 9999          | 10111         | Active - Pending |

Once the delegate is registered, the delegate information, including the **Delegate Code**, will display at the bottom of the “Manage Accounts” page.

The **Decision** field will display the status of the delegate.

- When first registered, this field will display: “Active – Pending”.
- Once the delegate has registered in the PWP using the unique delegate ID, the **Decision** field will display: “Active”.

# Adding Delegates – Registered

**Manage Accounts**

Add New Delegate **Add Registered Delegate** 1 Registered Trading Partner

A registered delegate is defined as office staff and/or other support staff employed by the provider who have previously registered in the Portal. Providers may authorize Portal access to a registered delegate by completing the required fields using the delegate's assigned code. The delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

\* Indicates a required field.

Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

2 \*Last Name Barger  
\*Delegate Code 10103

Select the functions that the delegate is authorized to access

\*Functions  Base Delegate Access

3  Care Management - Create Prior Authorization  
 Care Management - View Prior Authorization

Claim - Submit and Resubmit  
 Claims - Treatment History  
 Claims - View Claims  
 Eligibility - Eligibility Verification  
 File Exchange - Download  
 File Exchange - Upload  
 Member Focus Viewing  
 Provider Enrollment - Revalidate/Update

4 **Submit** Cancel

A registered delegate is an individual or entity that already has a delegate code and has registered for a PWP account as a delegate.

To grant an existing registered delegate access to a specific provider's account from the "Manage Accounts" page, the user will:

1. Click the **Add Registered Delegate** tab
2. Enter the delegate's information: **Last Name** and **Delegate Code**
3. Check the desired boxes in the **Functions** section
4. Click the **Submit** button

# Adding Delegates – Registered, cont.

Manage Accounts Back to My Home ?

Edit Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

**First Name** aaron  
**Last Name** barger  
**Birth Date** 01/01/1980  
**Last 4 of DLN** 1234  
**Delegate Code** 10103  
**Decision** Active

**Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

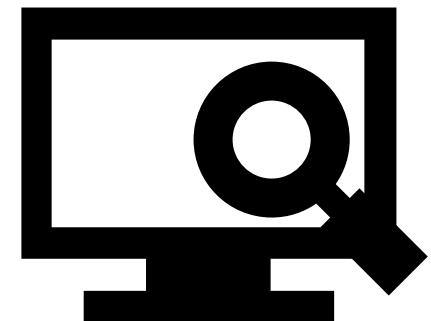
**5**

Edit Confirm Cancel

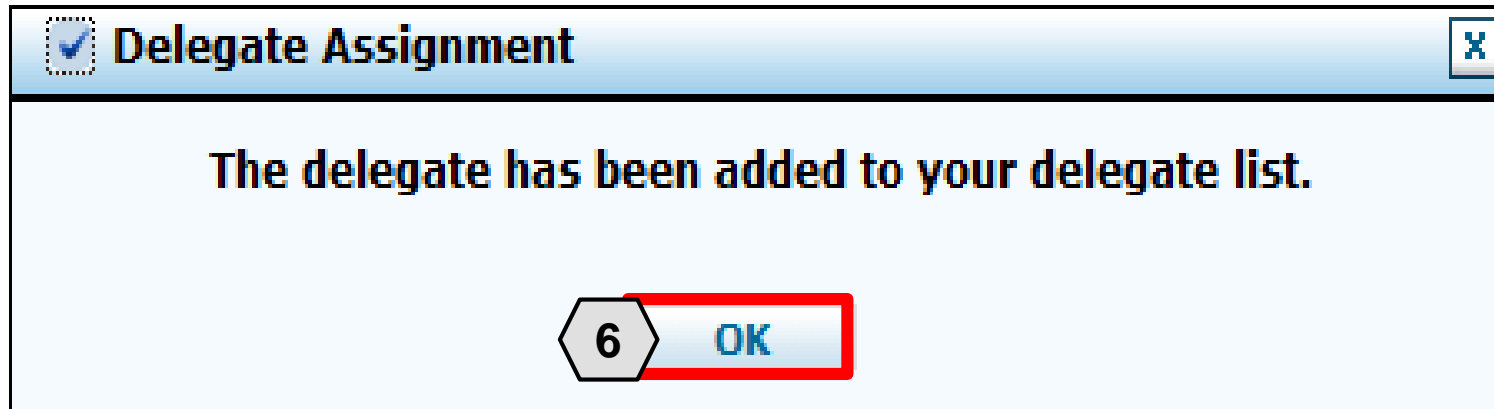
Once the user clicks the **Submit** button, the user will need to confirm the request.

The user will:

5. Click the **Confirm** button



# Adding Delegates – Registered, cont.



Once the user has clicked the **Confirm** button, a pop-up box will appear confirming that the delegate has been registered to the provider's account.

From there, the user will:

6. Click the **OK** button

# Adding Delegates – Registered, cont.

**Manage Accounts** [Back to My Home](#) ?

[Add New Delegate](#) [Add Registered Delegate](#) [Add Registered Trading Partner](#)

A registered delegate is defined as office staff and/or other support staff employed by the provider who have previously registered in the Portal. Providers may authorize Portal access to a registered delegate by completing the required fields using the delegate's assigned code. The delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

\* Indicates a required field.

Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

\*Last Name

\*Delegate Code

Select the functions that the delegate is authorized to access

\*Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

1 [Click here](#) to change the status of the delegate.

| # | Name ▲                         | Display Name  | Birth Date | Last 4 of DLN | Delegate Code | Decision         |
|---|--------------------------------|---------------|------------|---------------|---------------|------------------|
| 1 | <a href="#">barger, aaron</a>  | bargera       | 01/01/1980 | 1234          | 10103         | Active           |
| 2 | <a href="#">delegate, test</a> | test delegate | 01/01/1980 | 9999          | 10111         | Active - Pending |

Once a delegate has been registered to a provider's account, the information will display at the bottom of the "Manage Accounts" page.

The **Decision** field will display an "Active" status, since this delegate is already a registered PWP user.

To update the delegate's information and functions, the user will:

1. Click the link in the **Name** field



# Adding Delegates – Updating

**Manage Accounts**

Edit Delegate

Select Active or Inactive to change the status and/or modify the functions below, then click the **Submit** button to update the information.

**First Name** test  
**Last Name** delegate  
**Birth Date** 01/01/1980  
**Last 4 of DLN** 9999  
**Delegate Code** 10111

**\*Decision**  Active  Inactive

Select the functions that the delegate is authorized to access

**\*Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

**Submit** **Cancel**

Once the user selects the delegate's name whose account they wish to edit, an **Edit Delegate** panel will appear.

- From here, the user may:
2. Review/update the delegate's access under the **Decision** section
  3. Review/update the delegate's permissions under the **Functions** section
  4. Click the **Submit** button to save any changes OR click the **Cancel** button to cancel any changes

# Removing Delegates – Updating, cont.

Manage Accounts [Back to My Home](#) ?

**Edit Delegate**

Select Active or Inactive to change the status and/or modify the functions below, then click the **Submit** button to update the information.

**First Name** charlie  
**Last Name** brown  
**Birth Date** 01/01/1980  
**Last 4 of DLN** 1234  
**Delegate Code** 10112

**\*Decision**  Active  Inactive

Select the functions that the delegate is authorized to access

**\*Functions**

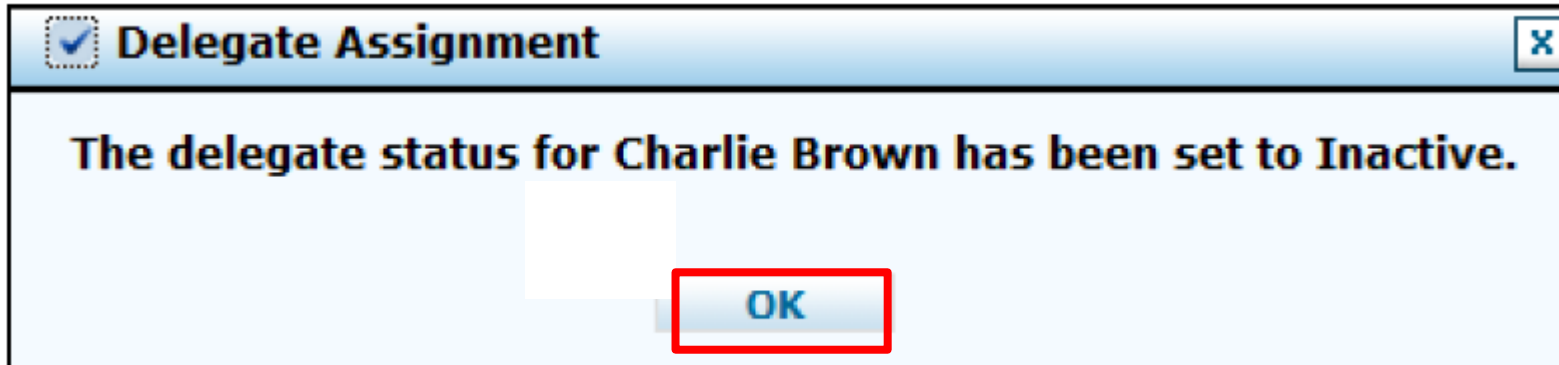
- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

**Submit** **Cancel**

To remove a delegate, the user will:

- Select “Inactive” next to **Decision**
- Click **Submit**.

# Removing Delegates – Registered, cont.



Once the user has clicked **Submit**, a pop-up box will appear confirming that the delegate's status has been set to "Inactive".

From there, the user will click the **OK** button.

# Adding Trading Partners (TPs)

# Adding Trading Partners

**Manage Accounts**

Add New Delegate | Add Registered Delegate | **Add Registered Trading Partner** 1

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.

Note: You will not be able to add a Trading Partner until they have been registered and approved.

**Trading Partner Name** Trader 1 x 2  
**Trading Partner ID** 23113726

**Validate** 3

**Trading Partners**

Click on the Trading Partner ID to edit the transactions. Click the Remove link to remove all transactions allowed for the Trading Par

| # | Trading Partner ID   | Trading Partner Name ▲ |
|---|----------------------|------------------------|
| 1 | <a href="#">9999</a> | ALM EDI Testers        |

A TP is an individual or entity that is authorized to submit and download documentation on behalf of a Nevada Medicaid Provider.

Users may authorize TPs to do this from the “Manage Accounts” page:

1. Click the **Add Registered Trading Partner** tab
2. Enter the trading partner’s name and ID
3. Click the **Validate** button

NOTE: Unlike delegates, TPs must enroll in the Medicaid program to receive a Trading Partner Medicaid ID.

# Adding Trading Partners, cont.

**Manage Accounts** [Back to My Home](#)

[Add New Delegate](#) [Add Registered Delegate](#) [Add Registered Trading Partner](#)

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.

Note: You will not be able to add a Trading Partner until they have been registered and approved.

**Trading Partner Name** Trader 1  
**Trading Partner ID** 23113726

Select the transaction type that you are authorizing the Trading Partner to submit on your behalf. The list of transaction types shown are the transactions this Trading Partner is approved for.

**Transactions**

- 270/271 Health Care Eligibility Request/Response Batch
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837P Health Care Claim: Professional
- D.0 - NCPDP - Batch Standard 1.2

[Submit](#) [Cancel](#)

Once the user clicks on the **Validate** button, they will need to select the transactions that the TP will be able to submit on the provider's behalf.

To do this, the user will:

4. Select the checkbox adjacent to the desired transactions
5. Click the **Submit** button

# Adding Trading Partners, cont.

Manage Accounts Back to My Home ?

Add Registered Trading Partner

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

**Trading Partner Name** Trader 1  
**Trading Partner ID** 23113726

**Transactions**

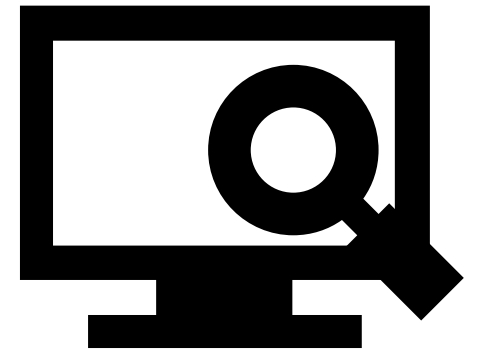
- 270/271 Health Care Eligibility Request/Response Batch
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837P Health Care Claim: Professional
- D.0 - NCPDP - Batch Standard 1.2

**Edit** **Confirm** **Cancel**

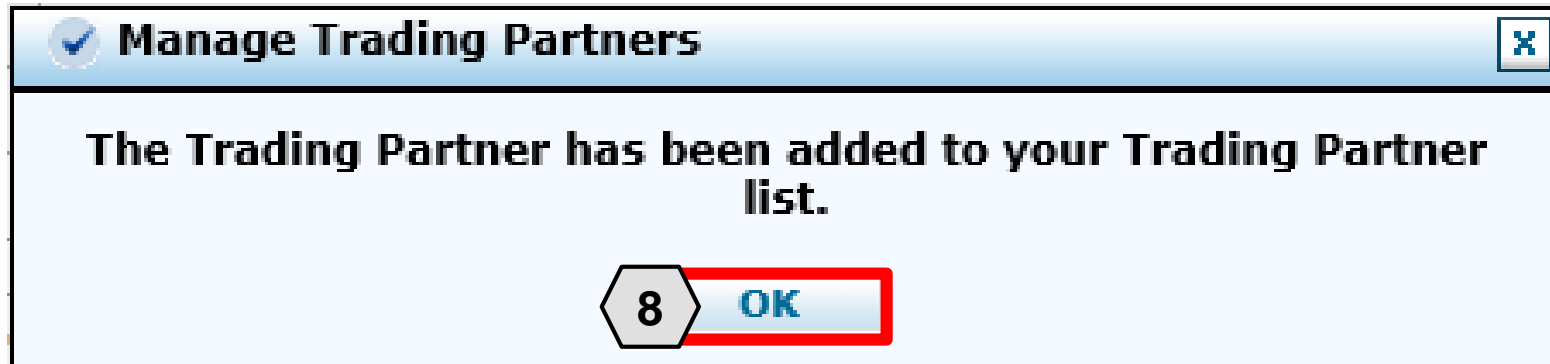
Next, the user will be prompted to confirm the information.

The user will:

6. Confirm the information
7. Click the **Confirm** button to complete the process OR click the **Edit** button to adjust the information provided



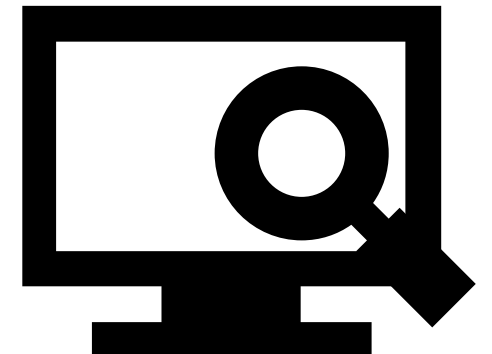
# Adding Trading Partners, cont.



Once the user clicks the **Confirm** button, the TP will be added and a pop-up box will appear as confirmation.

From here, the user will need to:

8. Click **OK**





# Adding Trading Partners, cont.

**Manage Accounts** [Back to My Home](#) ?

[Add New Delegate](#) [Add Registered Delegate](#) [Add Registered Trading Partner](#)

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.  
Note: You will not be able to add a Trading Partner until they have been registered and approved.

Trading Partner Name

Trading Partner ID

[Validate](#)

---

**Trading Partners**

Click on the Trading Partner ID to edit the transactions. Click the Remove link to remove all transactions allowed for the Trading Partner.


| # | Trading Partner ID       | Trading Partner Name ▲ | Action                 |
|---|--------------------------|------------------------|------------------------|
| 1 | <a href="#">23113726</a> | Trader 1               | <a href="#">Remove</a> |
| 2 | <a href="#">9999</a>     | ALM EDI Testers        | <a href="#">Remove</a> |

Once added, the TP will appear in a list at the bottom of the **Add Registered Trading Partner** panel. Similar to updating delegates, users may update TP details and permissions by clicking the corresponding link located in the **Trading Partner ID** column.

To remove a TP from the provider's account, the user can click the **Remove** link located under the **Action** column.

# Accessing Help

# Accessing Help

**Manage Accounts** [Back](#) **1** 

**Add New Delegate** | Add Registered Delegate | Add Registered Trading Partner


A new delegate is defined as office staff and/or other support staff employed by the provider who are not registered in the Portal. Providers may grant Portal access to new delegates by completing the required fields and giving the code generated to the individual to then register in the Portal. The new delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

\* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to register. Note that delegates associated with each location (based on zip code), must be added separately.

\*First Name

\*Last Name

\*Birth Date  

\*Last 4 of DLN

---


Select the functions that the delegate is authorized to access

\*Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

No Delegates are assigned to the User.

There are a variety of methods by which a user may get help for the PWP.

First, on many pages and panels throughout the PWP, the user will find a question mark icon .

To use this help feature, the user will:

1. Click the icon

NOTE: In this example, the user is accessing help for the **Add New Delegate** panel.

# Accessing Help, cont.

Delegate Assignment - Internet Explorer

2

## Delegate Assignment

Once a provider has successfully logged on to the provider portal, the provider can add new or registered delegates for the purpose of performing clerical functions on their behalf.

### Adding a New Delegate

A new delegate is someone who is not currently associated with any other provider registered with the Portal and currently has no delegate code. A delegate code is system generated by the Portal. This code will be given to the new user by the provider and will be requested at the time of user registration by the Portal for validation.

1. Enter the new delegate's first name.
2. Enter the new delegate's last name.
3. Enter the new delegate's date of birth, or click the calendar icon to select the date.
4. Enter the last four digits of the new delegate's driver's license number.
5. Click **Submit**.

Note: A table of existing and previously added delegates appears at the bottom of the panel.

### Adding a Registered Delegate

A delegate may perform clerical functions for multiple providers. An existing delegate is someone who is currently associated with one or more providers registered with the Portal. The provider must obtain the existing delegate's delegate code that was issued when the delegate initially registered with the Portal in order to add them as a delegate.

1. Enter the existing delegate's last name.
2. Enter the existing delegate's delegate code.
3. Click **Submit** or press the Enter key to have the system associate the existing delegate to the new provider.

Note: A table of existing, or previously added delegates appears at the bottom of the panel.

### Inactivate delegate

The provider can release a delegate from their current list of delegates. A delegate may perform clerical functions for multiple providers, therefore inactivating a delegate will only release the individual for the current provider's list.

Click Inactivate or press the Enter key to have the system release the delegate from the provider.

A confirmation message appears stating that the delegate status was set to Inactive.

3

4

Once the user clicks the **help** icon, a new window will pop-up and display information on how to perform tasks using the panels or pages in question.

From here the user will:

2. Review the help file as needed
3. Click the **slider bar** to scroll for more information
4. Click the **X** button to close the window when finished

# Accessing Help, cont.

Text Size    Decrease Text Size    Increase Text Size  
--

## Delegate Assignment

Once a provider has successfully logged on to the provider portal, the provider can add new or registered delegates for the purpose of performing clerical functions on their behalf.

### Adding a New Delegate

A new delegate is someone who is not currently associated with any other provider registered with the Portal and currently has no delegate code. A delegate code is system generated by the Portal. This code will be given to the new user by the provider and will be requested at the time of user registration by the Portal for validation.

1. Enter the new delegate's first name.
2. Enter the new delegate's last name.
3. Enter the new delegate's date of birth, or click the calendar icon to select the date.
4. Enter the last four digits of the new delegate's driver's license number.
5. Click **Submit**.

Note: A table of existing and previously added delegates appears at the bottom of the panel.

Each help file page includes step-by-step instructions on how to perform tasks.

This example lists the five specific steps for **Adding a New Delegate**.

# Accessing Help – Guides

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

**My Home** | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

My Home Friday 07/06/2018 12:33 PM PST

**Provider**

**Name:** HOSPITALISTS OF ARIZONA  
**Provider ID:** 1578564860 (NPI)  
**Location ID:** 100535838

[My Profile](#)  
[Manage Accounts](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)  
[Secure Correspondence](#)

**Welcome Health Care Professional!**

**Provider Services**

- [Member Focused Viewing](#)
- [Search Payment History](#)
- [Revalidate-Update Provider](#)
- [Pharmacy PA](#)
- [PASRR](#)
- [EHR Incentive Program](#)
- [EPSDT](#)
- [Presumptive Eligibility](#)

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

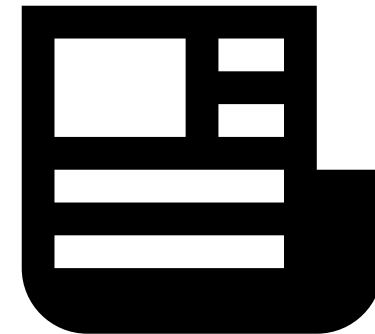
|   |                        |
|---|------------------------|
| Prior Authorization Quick Reference Guide | <a href="#">Review</a> |
| Provider Web Portal Quick Reference Guide | <a href="#">Review</a> |

1

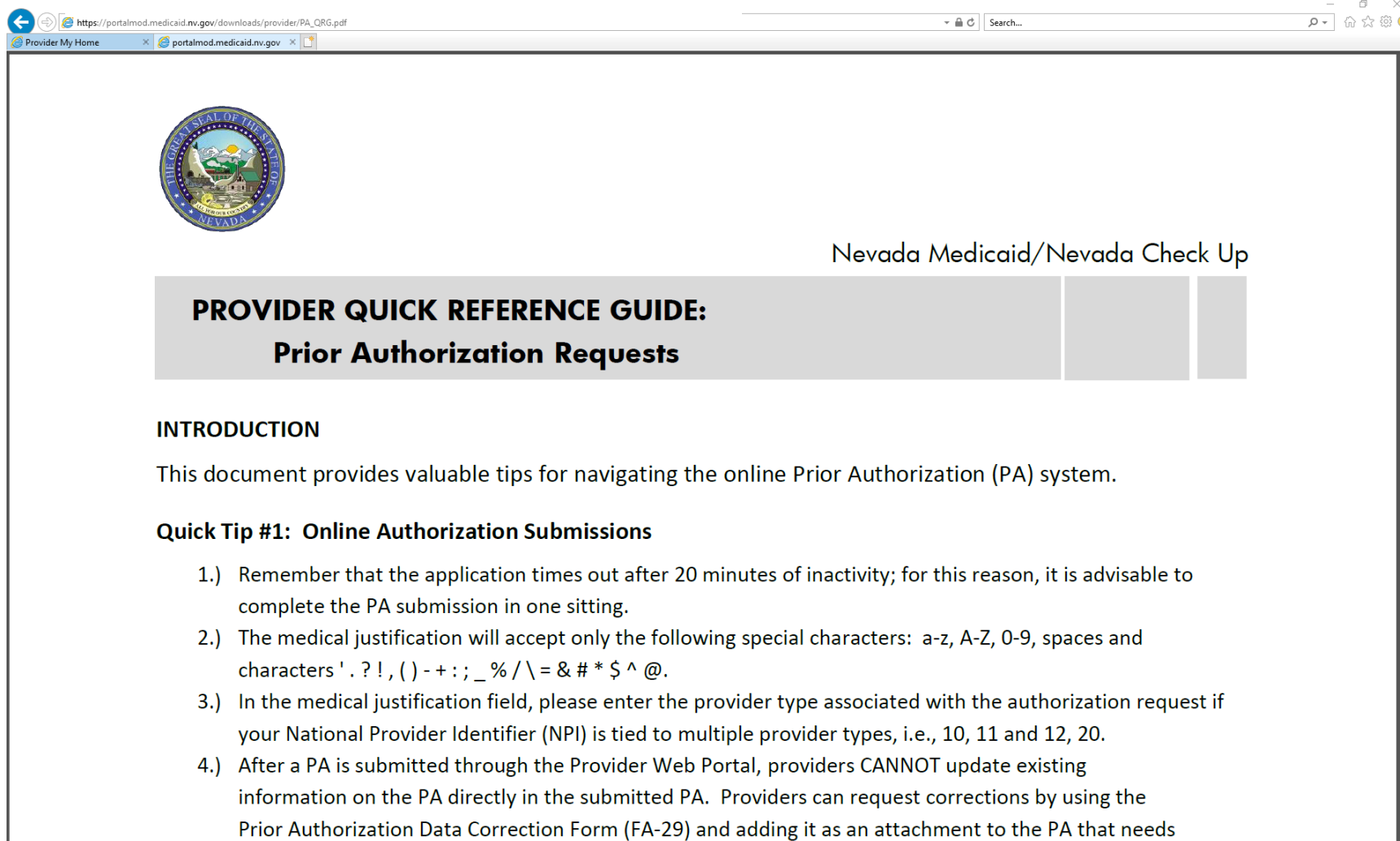
Toward the bottom of the PWP “Home” page, the user will find quick reference guides.

To access one of these guides, the user will:

1. Click the **Review** button adjacent to the desired guide



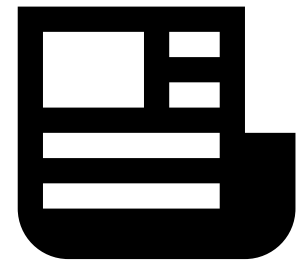
# Accessing Help – Guides, cont.



The screenshot shows a web browser window with the address bar displaying [https://portalmod.medicaid.nv.gov/downloads/provider\\_PA\\_QRG.pdf](https://portalmod.medicaid.nv.gov/downloads/provider_PA_QRG.pdf). The page content includes the Nevada State Seal, the text 'Nevada Medicaid/Nevada Check Up', and a prominent grey header with the title 'PROVIDER QUICK REFERENCE GUIDE: Prior Authorization Requests'. Below the header, the document begins with an 'INTRODUCTION' section stating that it provides tips for navigating the online Prior Authorization (PA) system. A 'Quick Tip #1: Online Authorization Submissions' section follows, containing four numbered instructions: 1.) Remember that the application times out after 20 minutes of inactivity; for this reason, it is advisable to complete the PA submission in one sitting. 2.) The medical justification will accept only the following special characters: a-z, A-Z, 0-9, spaces and characters ' . ? ! , ( ) - + : ; \_ % / \ = & # \* \$ ^ @ . 3.) In the medical justification field, please enter the provider type associated with the authorization request if your National Provider Identifier (NPI) is tied to multiple provider types, i.e., 10, 11 and 12, 20. 4.) After a PA is submitted through the Provider Web Portal, providers CANNOT update existing information on the PA directly in the submitted PA. Providers can request corrections by using the Prior Authorization Data Correction Form (FA-29) and adding it as an attachment to the PA that needs

Once the user clicks to open the desired guide, it will appear in a new browser window.

This example shows the quick reference guide for submitting PA requests.



# Accessing Help – Resources

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

My Home Eligibility Claims Care Management File Exchange **Resources**

Search Providers | Search Fee S **Downloads**

My Home

**Provider**

**Name** HOSPITALISTS OF ARIZONA  
**Provider ID** 1578564860 (NPI)  
**Location ID** 100535838

▶ [My Profile](#)  
▶ [Manage Accounts](#)

**Provider Services**

▶ [Member Focused Viewing](#)  
▶ [Search Payment History](#)  
▶ [Revalidate-Update Provider](#)  
▶ [Pharmacy PA](#)

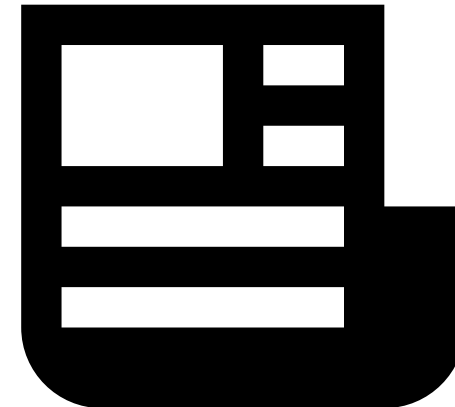
**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between AM PST Monday-Saturday and between 8 PM and 12:2

**Welcome Health Care Professional!**

Additional help resources like the quick reference guides will be available from the **Resources** tab. To access these, the user will:

1. Hover over **Resources**
2. Click **Downloads**





# Accessing Help – Resources, cont.



 **Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[My Home](#) [Eligibility](#) [Claims](#) [Care Management](#) [File Exchange](#) [Resources](#)

[Search Providers](#) | [Search Fee Schedule](#) | [Downloads](#)

[Resources](#) > Downloads

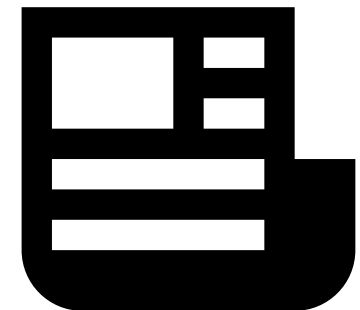
**Prior Authorization Tutorials**

- [▶ Prior Authorization Tutorial](#) **3**

Once the user clicks the **Downloads** link, the “Downloads” page will appear with a list of available downloads.

From here, the user may:

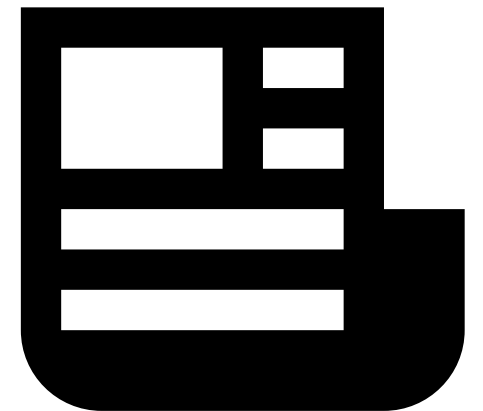
3. Click the desired resource



# Accessing Help – Resources, cont.



The resource will then open in a separate browser window. The document may be downloaded from there. Depending upon the user's chosen browser, the download process may vary.



# Accessing Help – Help Desk

Department of Health and Human Services  
Nevada Provider Web Portal

Claims Care Management File Exchange Resources

Friday 07/06/2018 12:33 PM PST

**Contact Us** Logout

**Contact Us** 1

**Contact Us** 1

**Secure Correspondence**

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

If the user is unable to locate the information or resources, they need from the documentation in the PWP, the user may contact the help desk. From the “Home” page, the user will:

1. Click one of the **Contact Us** links

An additional **Contact Us** link is located at the top of the PWP. This link is present on any page throughout the system and is always accessible when the user is logged in.

# Accessing Help – Help Desk, cont.

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > [Contact Us](#) Friday 07/06/2018 04:07 PM EST

### Contact Us

Use this directory to contact us by phone or mail.  
General questions, comments or technical assistance may be [submitted online](#) by clicking the Online link at the bottom of the page:

- [Electronic Billing](#)
- [Electronic Health Records \(EHR\) Incentive Program](#)
- [General Information](#)
- [Mailing Address](#)
- [Managed Care](#)
- [PASRR/LOC](#)
- [Pharmacy](#)
- [Prior Authorization](#)
- [Provider Enrollment](#)
- [Provider Training](#)
- [Public Hearings](#)
- [TPL Identification and Recovery](#)
- [Web Sites](#)

### General Information

#### Customer Service Center

Claim inquiries and general information

Phone: (877) 638-3472

#### Nevada Medicaid Central Office

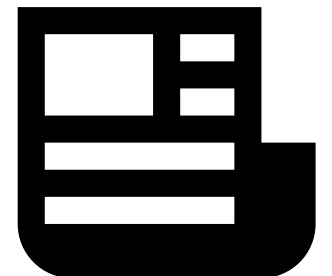
State policy inquiries and Fair Hearing requests

Mailing Address:  
1100 East William St.

Once the user clicks the **Contact Us** link, the “Contact Us” page will appear.

From here, the user may:

2. Scroll through the directory OR click the desired option from the list to navigate directly to the selected section



# Accessing Help – Secure Correspondence

Nevada Department of  
Health and Human Services

Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[Claims](#) [Care Management](#) [File Exchange](#) [Resources](#)

Friday 07/06/2018 12:33 PM PST

 **Broadcast Messages**

#### Hours of Availability

The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

 [Contact Us](#)

 [Secure Correspondence](#)

1

Welcome Health Care Professional!

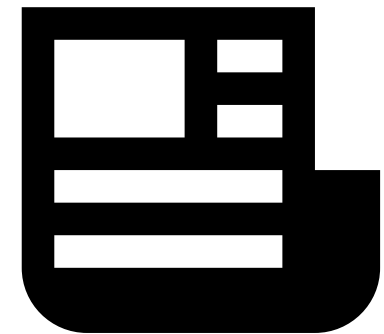


We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

The user may also communicate with the provider help desk via Secure Correspondence. This feature will allow the user to send a message securely without calling.

To access this feature, the user will:

1. Click the **Secure Correspondence** link on the “Home” page



# Accessing Help – Secure Correspondence, cont.



**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > Secure Correspondence Friday 07/06/2018 04:37 PM EST

**Secure Correspondence - Message Box** [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

Total Records: 2

| Status | CTN # | Subject              | Message Category | Date Opened | Last Activity Date |
|--------|-------|----------------------|------------------|-------------|--------------------|
| Open   | 4215  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |
| Open   | 4214  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |

Once the user clicks the **Secure Correspondence** button, the “Secure Correspondence” page will appear. On this page, users will be able to review any previously submitted correspondence and create new ones.

From there, the user will:

2. Click the **Create New Message** link

# Accessing Help – Secure Correspondence, cont.

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

**My Home** | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > [Secure Correspondence](#) > Create Message Friday 07/06/2018 04:32 PM EST

**Secure Correspondence - Create Message** [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call 855-455-3311. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov) or call 1-877-638-3472.

\* Indicates a required field.

\***Subject** Help

\***Message Category** Other

**Email** hospizona@provider.com

**Confirm Email** hospizona@provider.com

\***Preferred Method of Communication** Email

\***Message** Test message...

**4**

**3**

Once the user clicks the **Create New Message** link, the “Create Message” page will appear.

From there, the user will:

3. Complete all fields
4. Click the **Send** button

**NOTE:** The **Email** and **Confirm Email** fields are optional but will be necessary if the user wishes to receive a response by email.

# Accessing Help – Secure Correspondence, cont.



**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > Secure Correspondence Friday 07/06/2018 04:39 PM EST

**Secure Correspondence - Message Box** [Back to My Home](#) [?](#)

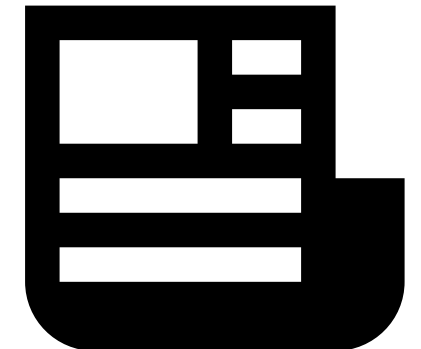
Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us. [Create New Message](#)

Total Records: 3

| Status | CTN # | Subject              | Message Category | Date Opened | Last Activity Date |
|--------|-------|----------------------|------------------|-------------|--------------------|
| Open   | 4214  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |
| Open   | 4216  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |
| Open   | 4215  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |

Once the user clicks **Send**, the message will be sent to the Help Desk to be reviewed and will also appear in the **Message Box** list.

**Once the message is created**, it receives a Contact Tracking Number (CTN) that uniquely identifies the correspondence.





# Accessing Help – Secure Correspondence, cont.



Fri 7/6/2018 3:40 PM

HCP Secure Correspondence

Secure Correspondence

To

A message was sent from Nevada Medicaid Provider Portal Secure Correspondence using this email address.

Message Category : Other



The following link has been provided for your convenience. Nevada Medicaid Provider Portal (<https://portalmod.medicaid.nv.gov/hcp/provider>)

Sincerely,

Division of Health Care Financing and Policy Provider Portal User Management

Additionally, once the correspondence has been submitted, the user will receive an email confirmation. The email will also contain a link to the correspondence for convenience.

**NOTE:** Once the user clicks the link in the email, they will need to log in to the portal to review the correspondence.

# Accessing Help – Secure Correspondence, cont.



**Nevada Department of Health and Human Services**

Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > Secure Correspondence

Friday 07/06/2018 02:19 PM PST

**Secure Correspondence - Message Box** [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#) Total Records: 3

| Status | CTN # | Subject              | Message Category | Date Opened | Last Activity Date |
|--------|-------|----------------------|------------------|-------------|--------------------|
| Closed | 4214  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |
| Open   | 4216  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |
| Open   | 4215  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |

NOTE: The user will not receive an email when a response is provided. The user will need to monitor the correspondence by checking the “Secure Correspondence” page periodically.

To quickly determine if a response has been provided, the user will return to the “Secure Correspondence” page and note two columns:

- A. Status:** Shows whether the correspondence is “Open” or “Closed”.
- B. Last Activity Date:** Shows the last date of activity on the correspondence. This will allow the user to identify when any new updates have been made.

# Accessing Help – Secure Correspondence, cont.



**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > Secure Correspondence

Friday 07/06/2018 02:19 PM PST

Secure Correspondence - Message Box

[Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

Total Records: 3

| Status | CTN # | Subject              | Message Category | Date Opened | Last Activity Date |
|--------|-------|----------------------|------------------|-------------|--------------------|
| Closed | 4214  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |
| Open   | 4216  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |
| Open   | 4215  | <a href="#">Help</a> | Other            | 07/06/2018  | 07/06/2018         |



Once a correspondence has been updated, the user may review the response:

5. Click the link located in the **Subject** column

# Accessing Help – Secure Correspondence, cont.



**Nevada Department of Health and Human Services**

Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) [Eligibility](#) [Claims](#) [Care Management](#) [File Exchange](#) [Resources](#)

[My Home](#) > [Secure Correspondence](#) > Secure Correspondence Detail

Monday 07/09/2018 07:23 AM PST

**Secure Correspondence - Message Detail** [Back to Message Box](#) ?

\* Indicates a required field.

|                         |  |                              |            |                         |  |                     |   |
|-------------------------|--|------------------------------|------------|-------------------------|--|---------------------|---|
| <b>CTN #</b>            | 4216   | <b>Status</b>                | Closed     |                         |  |                     |   |
| <b>Subject</b>          | Not Specified  | <b>Date Opened</b>           | 07/06/2018 |                         |  |                     |   |
| <b>Message Category</b> | Other  | <b>Date of Last Activity</b> | 07/06/2018 |                         |  |                     |   |
| <b>Correspondence</b>   | <table><tr><td><b>Message Received</b></td><td>Date: 07/06/2018 02:55:20 PM<br/>Answer provided.</td></tr><tr><td><b>Message Sent</b></td><td>Date: 07/06/2018 01:39:02 PM<br/>Subject: Help, Email: aaron.barger@dxc.com Message: Test message...</td></tr></table> |                              |            | <b>Message Received</b> | Date: 07/06/2018 02:55:20 PM<br>Answer provided. | <b>Message Sent</b> | Date: 07/06/2018 01:39:02 PM<br>Subject: Help, Email: aaron.barger@dxc.com Message: Test message... |
| <b>Message Received</b> | Date: 07/06/2018 02:55:20 PM<br>Answer provided.   |                              |            |                         |  |                     |   |
| <b>Message Sent</b>     | Date: 07/06/2018 01:39:02 PM<br>Subject: Help, Email: aaron.barger@dxc.com Message: Test message...  |                              |            |                         |  |                     |   |

Once the user clicks the link, the correspondence will open, and the response message will appear in the **Message Received** field.

If the status is marked as “Closed”, then the issue is considered resolved and the user will not be able to respond to this correspondence.

# Accessing Help – Secure Correspondence, cont.

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

My Home | **Eligibility** | Claims | Care Management | File Exchange | Resources

[My Home](#) > [Secure Correspondence](#) > Secure Correspondence Detail Monday 07/09/2018 07:49 AM PST

**Secure Correspondence - Message Detail** [Back to Message Box](#) ?

\* Indicates a required field.

CTN # 4216 **Status** Open  
Subject Not Specified Date Opened 07/06/2018  
Message Category Other Date of Last Activity 07/06/2018

\*Reply [Response...]

6

7 **Send** **Cancel**

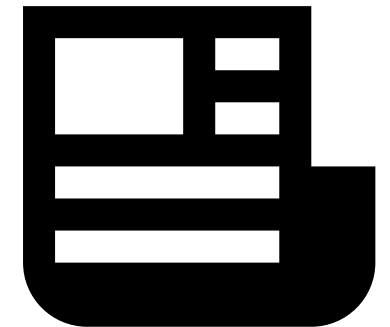
**Correspondence**

|                         |   |
|-------------------------|---|
| <b>Message Received</b> | Date: 07/06/2018 02:55:20 PM<br>Answer provided.  |
| <b>Message Sent</b>     | Date: 07/06/2018 01:39:02 PM<br>Subject: Help, Email: aaron.barger@dxc.com Message: Test message... |

If the status remains “Open”, then the **Reply** field will be available.

To continue the correspondence, the user may:

6. Enter the response
7. Click the **Send** button



# Questions & Answers





# **Member Eligibility Verification**

# Objectives

**At the end of this training, participants will be able to:**

- Search for a Member's Benefit Eligibility
- View a Member's Benefit Details
- View a Member's Third-Party Coverage







# **Searching for a Member's Benefit Eligibility**

# Searching for a Member's Benefit Eligibility

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A dark blue navigation bar contains the following items: "My Home", "Eligibility", "Forms", "Care Management", "File Exchange", and "Resources". A red box highlights the "Eligibility" menu item, with a callout box containing the number "1". Below the navigation bar, a light blue sub-menu is visible, with a red box highlighting the "Eligibility Verification" option, accompanied by a callout box containing the number "2". The main content area features a "Welcome Health Care Professional!" message and a "Provider" section with the following details:

|                    |                               |
|--------------------|-------------------------------|
| <b>Welcome</b>     | Hillary Evans                 |
| <b>Name</b>        | VALLEY VIEW<br>MEDICAL CENTER |
| <b>Provider ID</b> | 1538178801 (NPI)              |
| <b>Location ID</b> | 1088016                       |

Below the provider information is a link for "My Profile" and a photograph of five healthcare professionals.

1. Hover over **Eligibility**
2. Select **Eligibility Verification**

# Searching for a Member's Benefit Eligibility, cont.

The screenshot shows a web form titled "Eligibility Verification Request" with a help icon. Below the title is a note: "\* Indicates a required field. Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please verify response below as not all information is currently used during search." The form contains several input fields: "Recipient ID" (with value 48317469498), "Last Name", "First Name", "SSN", "Birth Date", "\*Effective From" (with value 12/05/2018), and "Effective To" (with value 12/31/2018). Below these is a "Service Type Code Search" section with a dropdown menu showing "30-Health Benefit Plan Coverage". At the bottom are "Submit" and "Reset" buttons. Red boxes and numbered callouts (3, 4, 5, 6) highlight the following areas: 3. The recipient information fields (Recipient ID, Last Name, First Name, SSN, Birth Date). 4. The effective date range fields (Effective From, Effective To). 5. The Service Type Code dropdown menu. 6. The Submit button.

3. Enter a **Recipient ID**; **SSN** and **Birth Date**; or **First Name**, **Last Name**, and **Birth Date**.
4. Select the **Effective From** and **To** date range (defaults to current date).
5. Select the **Service Type Code**.
6. Click the **Submit** button.

NOTE: Click the **Reset** button to clear the fields and start a new search.

# Viewing a Member's Benefit Details

**Eligibility Verification Request**

\* Indicates a required field.  
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please information is currently used during search.

Recipient ID       Last Name       First Name

SSN       Birth Date

\*Effective From        Effective To

**Service Type Code Search**

Service Type Code

**Eligibility Verification Information for NYEPCPPY KRXOXE from 12/05/2018 to 12/31/2018**

| Recipient ID  | 48317469498    | Birth Date | 03/06/1939 |
|---|----------------|------------|------------|
| Coverage  | Effective Date | End Date   |            |
| <a href="#">Medicaid Fee For Service</a>                  | 12/05/2018     | 12/31/2018 | 000000000  |
| <a href="#">Qualified Medicare Beneficiaries</a>          | 12/05/2018     | 12/31/2018 | 000000000  |
| <a href="#">Special Low Income Medicare Beneficiaries</a> | 12/05/2018     | 12/31/2018 | 000000000  |
| <a href="#">Other Insurance Detail Information</a>        |                |            |            |

The results display below the **Eligibility Verification Request** panel. Verify the recipient displayed matches the recipient for whom you were searching.

Information in this panel lists all eligible coverage from Managed Care Organizations (MCOs) and a link to other health coverage (OHC) and third-party insurance details.

NOTE: The system will display an error message if the member is not found or does not have eligible benefits during the given effective date range.



# **Viewing a Member's Benefit Details**

# Viewing a Member's Benefit Details

**Eligibility Verification Request**

\* Indicates a required field.  
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please information is currently used during search.

Recipient ID       Last Name       First Name

SSN       Birth Date

\* Effective From       Effective To

**Service Type Code Search**

Service Type Code

**Eligibility Verification Information for NYEPCPPY KRXOXI from 12/05/2018 to 12/31/2018**

Recipient ID 48317469498      Birth Date 03/06/1939

| Coverage  | Effective Date | End Date   |            |
|---|----------------|------------|------------|
| <a href="#">Medicaid Fee For Service</a>                  | 12/05/2018     | 12/31/2018 | 0000000000 |
| <a href="#">Qualified Medicare Beneficiaries</a>          | 12/05/2018     | 12/31/2018 | 0000000000 |
| <a href="#">Special Low Income Medicare Beneficiaries</a> | 12/05/2018     | 12/31/2018 | 0000000000 |

[Other Insurance Detail Information](#)

From the **Eligibility Verification Request** panel:

1. Select any of the **Coverage** links to view details about all available coverage benefits.

NOTE: The Effective and End Dates in the results panel match the range you used in the search criteria.

# Viewing a Member's Benefit Details, cont.

[Print Preview](#)

**Coverage Details** [Back to Eligibility Verification Request](#) ?

Coverage Details for NYEPCPPY KRXXOXE from 12/05/2018 to 12/31/2018

**Verification Response ID** 1833900004 [Expand All](#) [Collapse All](#)

**Benefit Details** -

| Coverage                                  | Description  | Effective Date | End Date   |
|---|--|----------------|------------|
| Medicaid Fee For Service                  | The Medicaid Program is a State administered, federal grant-in-aid program. Its purpose is to help meet the cost of medical services of those individuals receiving public assistance payments, and those individuals and families with low income. The program objective is to provide a broad range of medical and related services to assist individuals to attain or retain an optimal level of health care. Medicaid is jointly funded by the federal and state governments and is administered by the State. | 12/05/2018     | 12/31/2018 |
| Qualified Medicare Beneficiaries          | Individual is eligible for Medicare Part A. Special category of Medicaid members for whom Medicaid pays Medicare premiums (Part A and/or Part B), coinsurance and deductibles for Medicare services provided by Medicare providers.  | 12/05/2018     | 12/31/2018 |
| Special Low Income Medicare Beneficiaries | Medicaid covers only Part B Medicare premium payment for aged and disabled individuals with income 100-120% of FPL who are entitled (eligible to enroll) to Medicare Part A.   | 12/05/2018     | 12/31/2018 |

**Copayment Details** +

**Coinsurance Details** +

**Deductible Details** +

**Demographic Details** +

After clicking any of the coverage links, the “Coverage Details” page displays, listing details about each coverage benefit in sections.

The available sections will depend on the types of coverage the member has.

Most sections initially display as hidden. Click the (+) symbol to expand the section and view the details or click the **Expand All** link to expand all sections.

**NOTE:** Log the **Verification Response ID** for future reference. The ID identifies this specific eligibility verification instance.

# Viewing a Member's Benefit Details, cont.

[Print Preview](#)

**Coverage Details** [Back to Eligibility Verification Request](#) ?

Coverage Details for NYEPCPPY KRXXOXE from 12/05/2018 to 12/31/2018  
 Verification Response ID 1833900004

**Benefit Details**

| Coverage                                  | Description  | Effective Date | End Date   |
|---|--|----------------|------------|
| Medicaid Fee For Service                  | The Medicaid Program is a State administered, federal grant-in-aid program. Its purpose is to help meet the cost of medical services of those individuals receiving public assistance payments, and those individuals and families with low income. The program objective is to provide a broad range of medical and related services to assist individuals to attain or retain an optimal level of health care. Medicaid is jointly funded by the federal and state governments and is administered by the State. | 12/05/2018     | 12/31/2018 |
| Qualified Medicare Beneficiaries          | Individual is eligible for Medicare Part A. Special category of Medicaid members for whom Medicaid pays Medicare premiums (Part A and/or Part B), coinsurance and deductibles for Medicare services provided by Medicare providers.  | 12/05/2018     | 12/31/2018 |
| Special Low Income Medicare Beneficiaries | Medicaid covers only Part B Medicare premium payment for aged and disabled individuals with income 100-120% of FPL who are entitled (eligible to enroll) to Medicare Part A.   | 12/05/2018     | 12/31/2018 |

**Copayment Details**

| Coverage                 | Service Type         | Amount |
|--------------------------|----------------------|--------|
| Medicaid Fee For Service | Hospital - Inpatient | \$0.00 |
| Medicaid Fee For Service | Hospital             | \$0.00 |

**Coinsurance Details**

| Coverage                 | Service Type         | Percentage |
|--------------------------|----------------------|------------|
| Medicaid Fee For Service | Hospital - Inpatient | 0%         |
| Medicaid Fee For Service | Hospital             | 0%         |

**Deductible Details**

A

B

A. The **Benefit Details** section will always be available. This section lists all active coverage for the date range and provides descriptions of each coverage type.

B. The **Copayment Details** section lists all copayments that a member could have for services during the date range

NOTE: Most sections list all applicable service types and their associated amounts or percentages on separate lines. Only a few lines are shown in these examples.



# Viewing a Member's Benefit Details, cont.

|   |  |                              |                       |                              |
|---|--|------------------------------|-----------------------|------------------------------|
|   | Medicaid Fee For Service               | Hospital - Inpatient         |                       | \$0.00                       |
|   | Medicaid Fee For Service               | Hospital                     |                       | \$0.00                       |
| C | <b>Coinsurance Details</b>             |                              |                       |                              |
|   | Coverage                               | Service Type                 |                       | Percentage                   |
|   | Medicaid Fee For Service               | Hospital - Inpatient         |                       | 0%                           |
|   | Medicaid Fee For Service               | Hospital                     |                       | 0%                           |
| D | <b>Deductible Details</b>              |                              |                       |                              |
|   | Coverage                               | Service Type                 |                       | Amount                       |
|   | Medicaid Fee For Service               | Hospital - Inpatient         |                       | \$0.00                       |
|   | Medicaid Fee For Service               | Hospital                     |                       | \$0.00                       |
| E | <b>Managed Care Assignment Details</b> |                              |                       |                              |
|   | <b>Primary Care Provider</b>           | <b>Type</b>                  | <b>Provider Phone</b> | <b>Benefit Plan</b>          |
|   | Anthem Blue Cross and Blue Shield      | Health Benefit Plan Coverage | 1-999-999-9999        | Managed Care Organization    |
|   | LIBERTY DENTAL PLAN OF NEVADA INC      | Health Benefit Plan Coverage | 0                     | Dental Benefit Administrator |
|   | MEDICAL TRANSPORTATION MANAGEMENT INC  | Health Benefit Plan Coverage | 1-999-999-9999        | Non Emergency Transportation |
|   | <b>Current MCO and DBA</b>             |                              |                       | <b>NPI/API</b>               |
|   | Anthem Blue Cross and Blue Shield      |                              |                       |                              |
|   | LIBERTY DENTAL PLAN OF NEVADA INC      |                              |                       | 1740706985                   |
|   | MEDICAL TRANSPORTATION MANAGEMENT INC  |                              |                       | 1134260078                   |
| F | <b>Demographic Details</b>             |                              |                       |                              |
|   | <b>Street Address</b>                  | 5965 UJHHACA FRXRQM QVF      |                       |                              |
|   | <b>City</b>                            | N LAS VEGAS                  | <b>State</b>          | NEVADA                       |
|   |  |                              | <b>Zip Code</b>       | 89086                        |

- C. The **Coinsurance Details** section lists all coinsurance payments that a member could have for services during the date range.
- D. The **Deductible Details** section lists all deductibles that a member could have for services during the date range.
- E. The **Managed Care Assignment Details** section lists information about a member's managed care providers and their contact details.
- F. The **Demographic Details** will always be available. This section lists the member's address.

# Viewing a Member's Benefit Details, cont.

[Print Preview](#)

[Back to Eligibility Verification Request](#) ?

**Coverage Details**

Coverage Details for NYEPCPPY KRXOXE from 12/05/2018 to 12/31/2018

Verification Response ID 1833900004

[Expand All](#) | [Collapse All](#)

**Benefit Details** -

| Coverage                                  | Description  | Effective Date | End Date   |
|---|--|----------------|------------|
| Medicaid Fee For Service                  | The Medicaid Program is a State administered, federal grant-in-aid program. Its purpose is to help meet the cost of medical services of those individuals receiving public assistance payments, and those individuals and families with low income. The program objective is to provide a broad range of medical and related services to assist individuals to attain or retain an optimal level of health care. Medicaid is jointly funded by the federal and state governments and is administered by the State. | 12/05/2018     | 12/31/2018 |
| Qualified Medicare Beneficiaries          | Individual is eligible for Medicare Part A. Special category of Medicaid members for whom Medicaid pays Medicare premiums (Part A and/or Part B), coinsurance and deductibles for Medicare services provided by Medicare providers.  | 12/05/2018     | 12/31/2018 |
| Special Low Income Medicare Beneficiaries | Medicaid covers only Part B Medicare premium payment for aged and disabled individuals with income 100-120% of FPL who are entitled (eligible to enroll) to Medicare Part A.   | 12/05/2018     | 12/31/2018 |

**Copayment Details** +

**Coinsurance Details** +

**Deductible Details** +

**Demographic Details** +

When you are finished reviewing the member's benefit details, you have the option to print the page by clicking the **Print Preview** button at the top of the page.

You may also click the **Back to Eligibility Verification Request** link to return to the results page and view third-party details for the member.



# **Viewing a Member's Third-Party Coverage**

# Viewing a Member's Third-Party Coverage

**Eligibility Verification Request**

\* Indicates a required field.  
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please information is currently used during search.

Recipient ID       Last Name       First Name   
SSN       Birth Date    
\*Effective From        Effective To

**Service Type Code Search**

Service Type Code  ▼

From the results display below the **Eligibility Verification Request** panel, select the **Other Insurance Detail Information** link to view third-party coverage benefits.

**Eligibility Verification Information for NYEPCPPY KRXOXE from 12/05/2018 to 12/31/2018**

Recipient ID 48317469498      Birth Date 03/06/1939

| Coverage  | Effective Date | End Date   |            |
|---|----------------|------------|------------|
| <a href="#">Medicaid Fee For Service</a>                  | 12/05/2018     | 12/31/2018 | 0000000000 |
| <a href="#">Qualified Medicare Beneficiaries</a>          | 12/05/2018     | 12/31/2018 | 0000000000 |
| <a href="#">Special Low Income Medicare Beneficiaries</a> | 12/05/2018     | 12/31/2018 | 0000000000 |
| <a href="#">Other Insurance Detail Information</a>        |                |            |            |

# Viewing a Member's Third-Party Coverage, cont.

| Other Insurance Information for HVXQOSDCN I IRAPSEU |             |              |                |             |                 | Back to Eligibility Verification Request ? |                |            |
|---|-------------|--------------|----------------|-------------|-----------------|--|----------------|------------|
| Carrier Name  | Policy ID   | Group ID     | Policy Holder  | Policy Type | Coverage Type   | Primary                                    | Effective Date | End Date   |
| HPN HEALTH PLAN OF NEVADA, INC (01091)              | 15006254801 | 10000846A001 | GXCTBX IRAPSEU | HEALTH      | HOSPITALIZATION | Unknown                                    | 05/01/2015     | 12/31/2299 |
| OPTUMRX (09363)                                     | 15006254801 | 10000846A001 | GXCTBX IRAPSEU | HEALTH      | PHARMACY        | Unknown                                    | 05/01/2015     | 12/31/2299 |

Print Preview

After clicking the **Other Insurance Detail Information** link, the system will display any active third-party details available for the effective date range you used in the search.

| Other Insurance Information for NYEPCPPY KRXXOXE  |  |  |  |  |  | Back to Eligibility Verification Request ? |  |  |
|---|--|--|--|--|--|--|--|--|
| There is no information available for the Other Insurance. Contact Us for more information. |  |  |  |  |  |  |  |  |

Print Preview

When you are finished reviewing the member's third-party details, you have the option to print the page by clicking the **Print Preview** button at the top of the page. You may also click the **Back to Eligibility Verification Request** link to return to the results page and view coverage benefit details for the member.

NOTE: When there are no benefit records to display, the system provides a message indicating that there is no information available.

# Questions & Answers





# **Prior Authorization Provider Training**

# Objectives

**At the end of this training, participants will be able to:**

- Submit a Prior Authorization (PA) Request
- View the Status of PAs
- Search for PAs
- Submit Additional Information







# Acronyms

**ATN:** Authorization Tracking Number

**NPI:** National Provider Identifier

**PA:** Prior Authorization

# Submitting a PA Request

# Submitting a PA Request

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

My Home | Eligibility | Claims | **Care Management** | Change | Resources

Create Authorization | Authorization Status | Maintain Favorites | Providers | Authorization Criteria

My Home

**Provider**

**Name** HOSPITALIST SERVICES OF NEVADA-MANDEAVIA  
**Provider ID** 1831573690 (NPI)  
**Location ID** 100543194

[My Profile](#)  
[Manage Accounts](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

**Welcome Health Care Professional!**

1. Hover over the **Care Management** tab.
2. Click **Create Authorization** from the sub-menu.

# Submitting a PA Request, cont.

**Create Authorization**

\* Indicates a required field.

**Medical**  Dental

**4** \*Process Type

**3**

**Requester Information**

Provider ID  ID Type NPI Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA

**Recipient Information**

\*Recipient ID  First Name

**Referring Provider Information**

Referring Provider same as Requesting Provider

Select from Favorites

Provider ID  ID Type  Name  Add to Favorites

**Service Provider Information**

Service Provider same as Requesting Provider

Select from Favorites

\*Provider ID  \*ID Type  Name  Add to Favorites

Location

3. Select the authorization type.
4. Choose an appropriate **Process Type** from the drop-down list.

NOTE: Some sections will be different depending on whether the authorization type is **Medical** or **Dental**.

# Submitting a PA Request, cont.

**Create Authorization** ?

\* Indicates a required field.

Medical  Dental

\*Process Type  [Expand All](#) | [Collapse All](#)

**5** **Requesting Provider Information** -

|                    |            |                |     |             |  |
|--------------------|------------|----------------|-----|-------------|--|
| <b>Provider ID</b> | 1831573690 | <b>ID Type</b> | NPI | <b>Name</b> | HOSPITALIST SERVICES OF NEVADA-MANAVIA |
|--------------------|------------|----------------|-----|-------------|--|

**Recipient Information** -

|               |  |            |          |
|---------------|--|------------|----------|
| *Recipient ID | <input type="text" value="43827875678"/> |            |          |
| Last Name     | ABIEGUT                                  | First Name | ABYNNRYP |
| Birth Date    | 04/10/1928                               |            |          |

**Referring Provider Information** -

Referring Provider same as Requesting Provider

Select from Favorites

|             |                      |                               |         |                               |      |                      |                  |                          |
|-------------|----------------------|-------------------------------|---------|-------------------------------|------|----------------------|------------------|--------------------------|
| Provider ID | <input type="text"/> | <input type="text" value=""/> | ID Type | <input type="text" value=""/> | Name | <input type="text"/> | Add to Favorites | <input type="checkbox"/> |
|-------------|----------------------|-------------------------------|---------|-------------------------------|------|----------------------|------------------|--------------------------|

5. The **Requesting Provider Information** is automatically populated with the Provider ID and Name of the provider that the signed-in user is associated with.

# Submitting a PA Request, cont.

**Create Authorization** ?

\* Indicates a required field.

**Medical**  **Dental**

\*Process Type  [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** -

|                    |            |                |     |             |  |
|--------------------|------------|----------------|-----|-------------|--|
| <b>Provider ID</b> | 1831573690 | <b>ID Type</b> | NPI | <b>Name</b> | HOSPITALIST SERVICES OF NEVADA-MANAVIA |
|--------------------|------------|----------------|-----|-------------|--|

**Recipient Information** -

|          |               |  |            |          |
|----------|---------------|--|------------|----------|
| <b>6</b> | *Recipient ID | <input type="text" value="43827875678"/> |            |          |
|          | Last Name     | ABIEGUT                                  | First Name | ABYNNRYP |
|          | Birth Date    | 04/10/1928                               |            |          |

**Referring Provider Information** -

Referring Provider same as Requesting Provider

Select from Favorites

|                    |                      |                |                      |             |                      |                         |                          |
|--------------------|----------------------|----------------|----------------------|-------------|----------------------|-------------------------|--------------------------|
| <b>Provider ID</b> | <input type="text"/> | <b>ID Type</b> | <input type="text"/> | <b>Name</b> | <input type="text"/> | <b>Add to Favorites</b> | <input type="checkbox"/> |
|--------------------|----------------------|----------------|----------------------|-------------|----------------------|-------------------------|--------------------------|

For **Medical** authorization type:

6. Enter the **Recipient ID**. The Last Name, First Name, and Birth Date will populate automatically.

# Submitting a PA Request, cont.

**Create Authorization** ?

\* Indicates a required field.

Medical  Dental

\*Process Type  [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** -

|                    |            |                |     |             |  |
|--------------------|------------|----------------|-----|-------------|--|
| <b>Provider ID</b> | 1831573690 | <b>ID Type</b> | NPI | <b>Name</b> | HOSPITALIST SERVICES OF NEVADA-MANAVIA |
|--------------------|------------|----------------|-----|-------------|--|

**Recipient Information** -

|                   |  |                   |          |
|-------------------|--|-------------------|----------|
| *Recipient ID     | <input type="text" value="43827875678"/> | <b>First Name</b> | ABYNNRYP |
| <b>Last Name</b>  | ABIEGUT                                  |                   |          |
| <b>Birth Date</b> | 04/10/1928                               |                   |          |

**Referring Provider Information** -

Referring Provider same as Requesting Provider

Select from Favorites

|                    |                      |                |                      |             |                      |                         |                          |
|--------------------|----------------------|----------------|----------------------|-------------|----------------------|-------------------------|--------------------------|
| <b>Provider ID</b> | <input type="text"/> | <b>ID Type</b> | <input type="text"/> | <b>Name</b> | <input type="text"/> | <b>Add to Favorites</b> | <input type="checkbox"/> |
|--------------------|----------------------|----------------|----------------------|-------------|----------------------|-------------------------|--------------------------|

7

7. Enter **Referring Provider Information** using one of three ways.

# Submitting a PA Request, cont.

The screenshot shows a web form titled "Referring Provider Information". The form contains several fields and controls:

- A:** A checkbox labeled "Referring Provider same as Requesting Provider".
- B:** A dropdown menu labeled "Select from Favorites".
- C:** Two input fields: "Provider ID" and "ID Type".
- D:** A checkbox labeled "Add to Favorites".

Red boxes highlight these specific elements, and grey hexagonal callouts with letters A, B, C, and D point to them.

- A. Check the **Referring Provider Same as Requesting Provider** box
- B. Choose an option from the **Select from Favorites** dropdown. This dropdown displays a list of providers that the user has indicated as favorites.
- C. Enter the **Provider ID** and **ID Type**. Both fields must be completed when using this option.
- D. Click the **Add to Favorites** check box. Use this after entering a provider ID to add it to the **Select from Favorites** dropdown.



# Submitting a PA Request, cont.

**Referring Provider Information**

Referring Provider same as Requesting Provider

Select from Favorites

Provider ID  ID Type  Name  Add to Favorites

**Service Provider Information**

Service Provider same as Requesting Provider

Select from Favorites

\*Provider ID  \*ID Type  Name  Add to Favorites

Location

8

For **Medical** authorization type:  
8. Enter **Service Provider Information**.

# Submitting a PA Request, cont.

**Service Provider Information**

Service Provider same as Requesting Provider

Select from Favorites: No favorite providers available.

\*Provider ID: 1831573690 \*ID Type: NPI Name: HOSPITALIST SERVICES OF NEVADA-MANDAVIA Add to Favorites

Location: FEDERALLY QUALIFIED HEALTH CENTER

**Diagnosis Information**

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the **Remove** link to remove the entire row.

| Diagnosis Type                         | Diagnosis Code  | Action |
|--|-----------------|--------|
| *Diagnosis Type: ICD-10-CM<br>ICD-9-CM | *Diagnosis Code |        |

Click to collapse.

**9** **10** **11** Add Cancel

**Service Details**

9. Select a **Diagnosis Type** from the drop-down list.
10. Enter the **Diagnosis Code**. Once the user begins typing, the field will automatically search for matching codes.
11. Click the **Add** button.

NOTE: Repeat steps 9-11 to enter up to nine codes. The first code entered will be considered the primary.

# Submitting a PA Request, cont.

**Diagnosis Information**

**Error**  
Diagnosis Code not found.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.  
Click the **Remove** link to remove the entire row.

| Diagnosis Type            | Diagnosis Code                                    | Action |
|---------------------------|---|--------|
| Click to collapse.        |   |        |
| *Diagnosis Type ICD-10-CM | *Diagnosis Code 1234<br>Diagnosis Code not found. |        |

[Add](#) [Cancel](#)

If you click the **Add** button with an invalid diagnosis code, an error will display. You must ensure the diagnosis code is correct, up-to-date with the selected **Diagnosis Type**, and does not include decimals.

# Submitting a PA Request, cont.

**Diagnosis Information** [-]

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.  
Click the **Remove** link to remove the entire row.

| Diagnosis Type | Diagnosis Code                                   | Action                 |
|----------------|--|------------------------|
| ICD-10-CM      | T7500XA-Unspecified effects of lightning, initia | <a href="#">Remove</a> |

Click to collapse.

\*Diagnosis Type  \*Diagnosis Code

Once a diagnosis code has been entered accurately, and the **Add** button has been clicked, the diagnosis code will display under the **Diagnosis Information section**. If you wish to remove the code from the PA request, click **Remove** located in the **Action** column.

# Submitting a PA Request, cont.

### Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the **Remove** link to remove the entire row.

| Diagnosis Type | Diagnosis Code  | Action                 |
|----------------|---|------------------------|
| ICD-10-CM      | T7500XA-Unspecified effects of lightning, initial encounter | <a href="#">Remove</a> |

Click to collapse.

\*Diagnosis Type  \*Diagnosis Code

[Add](#) [Cancel](#)

### Service Details

+ to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

| Line # | From Date                               | To Date                                 | Code   | Modifiers                              | Units                          | Action   |
|--------|---|---|--|--|--------------------------------|--|
|        | <input type="text" value="01/01/2018"/> | <input type="text" value="01/01/2019"/> | <input type="text" value="A6413-Adhesive bandage, first-aid"/> | <input type="text" value="CPT/HCPCS"/> | <input type="text" value="1"/> | <input type="text" value="Bandage required for burns."/> |

Click to collapse.

\*From Date  To Date  Code Type  \*Code

Modifiers

\*Units

\*Medical Justification

[Add Service](#) [Cancel Service](#)

- For **Medical** authorization type:
12. Enter detail regarding the service(s) provided into the **Service Details** section.
  13. Click the **Add Service** button.

# Submitting a PA Request, cont.

**Service Details** [-]  
Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

|                          | Line # | From Date  | To Date    | Code                              | Modifiers | Units | Action  |
|--------------------------|--------|------------|------------|-----------------------------------|-----------|-------|---|
| <input type="checkbox"/> | 1      | 01/01/2018 | 01/01/2019 | A6413-Adhesive bandage, first-aid |           | 1     | <a href="#">Copy</a>   <a href="#">Remove</a> |

Click to collapse.

**\*From Date**   **To Date**   **Code Type** CPT/HCPCS **\*Code**

**Modifiers**

**\*Units**

**\*Medical Justification**

After clicking the **Add Service** button, the service details will display in the list.

NOTE: You may enter additional details as needed. If you wish to copy a service detail, click **Copy** located in the **Action** column. To remove the detail, click **Remove**.

# Submitting a PA Request, cont.

**Attachments** [-]

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

| Transmission Method   | File                       | Action |
|---|----------------------------|--------|
| [-] Click to collapse.  |                            |        |
| *Transmission Method  | EL-Electronic Only ▾       |        |
| *Upload File  | Choose File No file chosen |        |
| *Attachment Type  | ▾                          |        |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/>    |                            |        |
| <input type="button" value="Submit"/> <input type="button" value="Cancel"/> |                            |        |

The **Transmission Method** will default to EL-Electronic Only as attachments must be sent via the portal.

# Submitting a PA Request, cont.

**Attachments**

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type, and click the **Add** button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select the appropriate Transmission Method. Attachments that were sent using another method will be marked as such.

Click the **Remove** link to remove an attachment.

| Transmission Method                         | Attachment Type |
|---|-----------------|
| <input type="checkbox"/> Click to collapse. |                 |
| <b>*Transmission Method</b>                 |                 |
| <b>*Upload File</b>                         |                 |
| <b>*Attachment Type</b>                     |                 |
| <input type="button" value="Add"/>          |                 |

59-Benefit Letter  
03-Report Justifying Treatment Beyond Utilization Guidelines  
11-Chemical Analysis  
04-Drug Administered  
05-Treatment Diagnosis  
06-Initial Assessment  
07-Functional Goals  
08-Plan of Treatment  
09-Progress Report  
10-Continued Treatment  
13-Certified Test Report  
15-Justification for Admission  
21-Recovery Plan  
48-Social Security Benefit Letter  
55-Rental Agreement  
77-Support Data for Verification  
A3-Allergies/Sensitivities Document  
A4-Autopsy Report  
AM-Ambulance Certification  
AS-Admission Summary  
AT-Purchase Order Attachment  
B2-Prescription  
B3-Physician Order  
BR-Benchmark Testing Results  
BS-Baseline  
BT-Blanket Test Results  
CB-Chiropractic Justification  
CK-Consent Form(s)  
D2-Physician Order  
DA-Dental Models

14

14. Choose the type of attachment being submitted from the **Attachment Type** drop-down list.



# Submitting a PA Request, cont.

The screenshot shows a web application interface for submitting a PA request. The interface includes fields for "From Date", "To Date", "Code Type" (set to "CPT/HCPCS"), and "Code". Below these are sections for "Modifiers", "Units", "Medical Justification", and "Attachments". The "Attachments" section has a "Browse..." button highlighted with a red box and a callout "15". A "Choose File to Upload" dialog box is open, showing a file list with "Nurse Notes.docx" highlighted by a red box and callout "16". The "Open" button in the dialog is also highlighted with a red box and callout "17". At the bottom of the form, there is a "Transmission Method" dropdown set to "EL-Electronic Only", an "Upload File" field, and an "Attachment Type" dropdown set to "NN-Nursing Notes". There are "Add" and "Cancel" buttons at the bottom of the form.

15. Click the **Browse** button.

16. Select the desired attachment from your computer using the window that pops up.

17. Click the **Open** button.

Allowable file types include:  
.doc, .docx, .gif, .jpeg, .pdf, .txt,  
.xls, .xlsx, .bmp, .tif, and .tiff.

# Submitting a PA Request, cont.

### Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

| Transmission Method  | File  | Action |
|----------------------|---|--------|
| Click to collapse.   |   |        |
| *Transmission Method | <input type="text" value="EE Electronic Only"/>   |        |
| *Upload File         | <input type="text" value="C:\Users\bargera\Desktop\Nurse Notes.docx"/> <input type="button" value="Browse..."/> |        |
| *Attachment Type     | <input type="text" value=""/>   |        |

**18**

18. Click the **Add** button.

# Submitting a PA Request, cont.

**Attachments**

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

|                          | Transmission Method | File             | Action                 |
|--------------------------|---------------------|------------------|------------------------|
| <input type="checkbox"/> | EL-Electronic Only  | Nurse Notes.docx | <a href="#">Remove</a> |

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

The added attachment displays in the list.

To remove the attachment, click **Remove** in the **Action** column.

Add additional attachments by repeating steps 14-18.

NOTE: The total attachment file size limit before submitting a PA is 4 MB. When more attachments are needed beyond this capacity, the user will first submit the PA. Afterwards go back into the PA using the View Authorization Response page, click the edit button to open the PA and then add more attachments.

# Submitting a PA Request, cont.

19. Click the **Submit** button.

**Justification**

[Add Service](#) [Cancel Service](#)

**Attachments**

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

|                          | Transmission Method | File             | Action                 |
|--------------------------|---------------------|------------------|------------------------|
| <input type="checkbox"/> | EL-Electronic Only  | Nurse Notes.docx | <a href="#">Remove</a> |

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

[Add](#) [Cancel](#)

**19** [Submit](#) [Cancel](#)

# Submitting a PA Request, cont.

20

**Confirm Authorization** Expand All | Collapse All

**Requesting Provider Information**

|                    |            |                |     |             |   |
|--------------------|------------|----------------|-----|-------------|---|
| <b>Provider ID</b> | 1831573690 | <b>ID Type</b> | NPI | <b>Name</b> | HOSPITALIST SERVICES OF NEVADA-MANDAVIA |
|--------------------|------------|----------------|-----|-------------|---|

**Recipient Information and Process Type**

|                     |                  |               |        |
|---------------------|------------------|---------------|--------|
| <b>Recipient ID</b> | 43827875678      | <b>Gender</b> | Female |
| <b>Recipient</b>    | ABYNNRYP ABIEGUT |               |        |
| <b>Birth Date</b>   | 04/10/1928       |               |        |
| <b>Process Type</b> | Home Health      |               |        |

**Referring Provider Information**

|                    |            |                |     |             |   |
|--------------------|------------|----------------|-----|-------------|---|
| <b>Provider ID</b> | 1831573690 | <b>ID Type</b> | NPI | <b>Name</b> | HOSPITALIST SERVICES OF NEVADA-MANDAVIA |
|--------------------|------------|----------------|-----|-------------|---|

**Service Provider Information**

|                    |            |                |     |             |   |
|--------------------|------------|----------------|-----|-------------|---|
| <b>Provider ID</b> | 1831573690 | <b>ID Type</b> | NPI | <b>Name</b> | HOSPITALIST SERVICES OF NEVADA-MANDAVIA |
| <b>Location</b>    | _          |                |     |             |   |

**Diagnosis Information** Expand All | Collapse All

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

| Diagnosis Type | Diagnosis Code  |
|----------------|---|
| ICD-10-CM      | T7500XA-Unspecified effects of lightning, initial encounter |

**Service Details**

| Line # | From Date  | To Date    | Code  | Modifiers | Units |
|--------|------------|------------|---|-----------|-------|
| 1      | 01/01/2018 | 01/01/2019 | CPT/HCPCS A6413-Adhesive bandage, first-aid |           | 1     |

**Attachments**

| Transmission Method | File             | Attachment Type  |
|---------------------|------------------|------------------|
| EL-Electronic Only  | Nurse Notes.docx | NN-Nursing Notes |

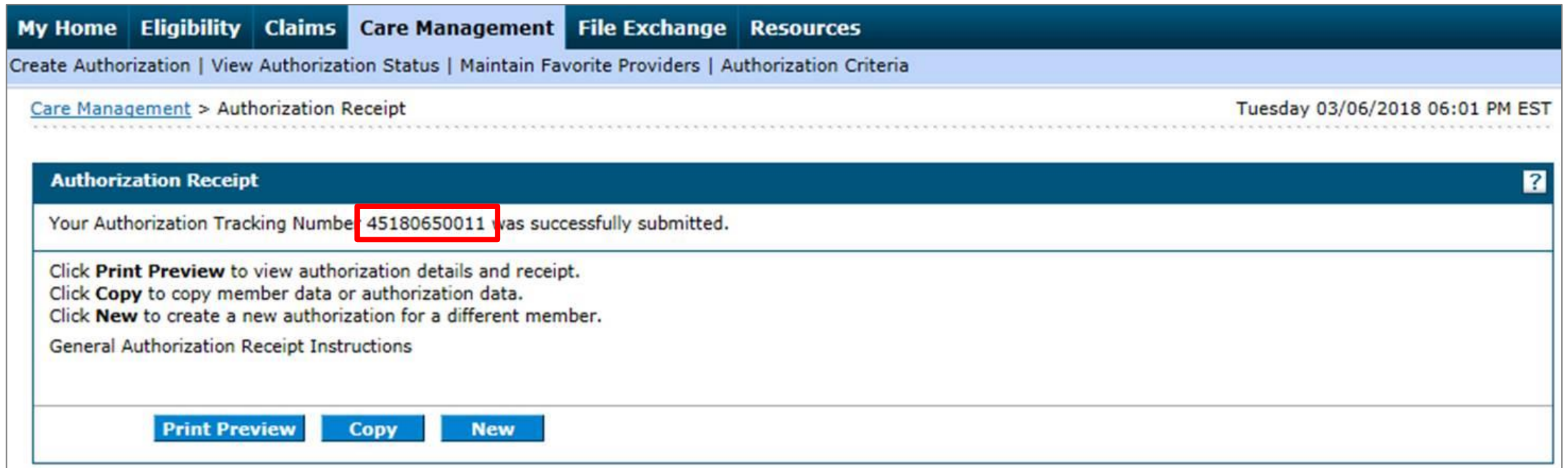
**Back** 21 **Confirm** **Cancel**

20. Review the information on the PA request.

21. Click the **Confirm** button to submit the PA for processing.

NOTE: If updates are needed prior to clicking the **Confirm** button, you can click the **Back** button to return to the “Create Authorization” page.

# Submitting a PA Request, cont.



The screenshot displays a web application interface with a dark blue navigation bar at the top containing the following menu items: My Home, Eligibility, Claims, Care Management, File Exchange, and Resources. Below the navigation bar is a light blue breadcrumb trail: Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria. The main content area has a sub-breadcrumb: Care Management > Authorization Receipt, and a timestamp on the right: Tuesday 03/06/2018 06:01 PM EST. A dark blue header for the main content area reads "Authorization Receipt" with a help icon (question mark) on the right. The main message states: "Your Authorization Tracking Number 45180650011 was successfully submitted." The number 45180650011 is highlighted with a red rectangular box. Below this message are three instructions: "Click **Print Preview** to view authorization details and receipt.", "Click **Copy** to copy member data or authorization data.", and "Click **New** to create a new authorization for a different member." Below the instructions is a link for "General Authorization Receipt Instructions". At the bottom of the content area are three blue buttons: "Print Preview", "Copy", and "New".

After you click the **Confirm** button, an “Authorization Tracking Number” will be created. This message signifies that the PA request has been successfully submitted.

# Submitting a PA Request, cont.

The screenshot shows a web application interface with a navigation bar at the top containing 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. Below the navigation bar is a sub-menu with 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', and 'Authorization Criteria'. The main content area is titled 'Care Management > Authorization Receipt' and shows a success message: 'Your Authorization Tracking Number 45180650011 was successfully submitted.' Below the message are instructions: 'Click **Print Preview** to view authorization details and receipt. Click **Copy** to copy member data or authorization data. Click **New** to create a new authorization for a different member.' At the bottom of the instructions are three buttons: 'Print Preview', 'Copy', and 'New', each with a corresponding label (A, B, C) above it. The buttons are highlighted with a red border.

- A. **Print Preview:** Allows you to view the PA details and receipt for printing.
- B. **Copy:** Allows you to copy member or authorization data for another authorization.
- C. **New:** Allows you to begin a new PA request for a different member.

# Viewing the Status of PAs



# Viewing the Status of PAs

The screenshot shows a web portal with a top navigation bar containing tabs: My Home, Eligibility, Claims, Care Management, Exchange, and Resources. The 'Care Management' tab is highlighted with a red box and a callout '1'. Below the navigation bar, there is a sub-menu with 'View Authorization Status' highlighted by a red box and a callout '2'. The main content area is divided into two columns. The left column is titled 'Provider' and displays the following information: Name: HOSPITALIST SERVICES OF NEVADA-MANAVIA, Provider ID: 1831573690 (NPI), and Location ID: 100543194. Below this information are links for 'My Profile' and 'Manage Accounts'. The right column is titled 'Broadcast Messages' and contains a message about the Nevada Provider Web Portal being unavailable. Below the messages is a 'Welcome Health Care Professional' banner with a photo of a person.

1. Hover over the **Care Management** tab.
2. Click **View Authorization Status**.

# Viewing the Status of PAs, cont.

My Home | Eligibility | Claims | Care Management | File Exchange | Resources

Create Authorization | **View Authorization Status** | Maintain Favorite Providers | Authorization Criteria

Care Management > View Authorization Status

### View Authorization Status

Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response search for a different authorization.

#### Prospective Authorizations

| <u>Authorization Tracking Number</u> | <u>Service Date</u> ▲   | <u>Recipient Name</u> | <u>Recipient ID</u> | <u>Process Type</u> | <u>Requesting P</u>              |
|--------------------------------------|-------------------------|-----------------------|---------------------|---------------------|----------------------------------|
| <a href="#">45181270003</a>          | 01/01/2018 - 01/01/2019 | ABIEGUT, ABYNNRYP     | 43827875678         | Home Health         | HOSPITALIST SERV NEVADA-MANDAVIA |
| <a href="#">43180110001</a>          | 01/11/2018 - 01/11/2019 | QROTB, FENKTPVI       | 54409179444         | Outpt M/S           | HOSPITALIST SERV NEVADA-MANDAVIA |
| <a href="#">41180120002</a>          | 01/12/2018 - 01/12/2019 | KWLVDTYRXW, AOWPEW H  | 80335695037         | Outpt M/S           | HOSPITALIST SERV NEVADA-MANDAVIA |

3. Click the **ATN** hyperlink of the PA you wish to view.

3

# Viewing the Status of PAs, cont.

View Authorization Response for AOWPEW KWLVDTYRXW [Back to View Authorization Status](#) ?

Authorization Tracking # 41180120002 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

**5** Provider ID 1831573690 ID Type NPI Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA

| From Date  | To Date    | Units | Remaining Units | Amount | Code  | Medical Citation | Decision / Date                  | Reason |
|------------|------------|-------|-----------------|--------|---|------------------|----------------------------------|--------|
| 01/12/2018 | 01/12/2019 | 10    | 10              | -      | CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING | -                | Certified In Total<br>01/12/2018 | -      |

4. Click the **plus**  symbol to the right of a section to display its information.
5. Review the information as needed.

# Viewing the Status of PAs, cont.

**View Authorization Response for AOWPEW KWLVDTYRXW** [Back to View Authorization Status](#) ?

**Authorization Tracking #** 41180120002 **Process Type** Outpt M/S [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** +

**Recipient Information** +

**Referring Provider Information** +

**Diagnosis Information** +

**Service Provider / Service Details Information** -

**Provider ID** 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

| From Date  | To Date    | Units | Remaining Units | Amount | Code  | Medical Citation | Decision / Date                  | Reason |
|------------|------------|-------|-----------------|--------|---|------------------|----------------------------------|--------|
| 01/12/2018 | 01/12/2019 | 10    | 10              | -      | CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING | 6                | Certified In Total<br>01/12/2018 | -      |

[Edit](#) [View Provider Request](#) [Print Preview](#)

- Review the details listed in the **Decision / Date** and **Reason** columns.

# Viewing the Status of PAs, cont.

| Service Provider / Service Details Information |            |       |                 |        |   |                  |                                  |        |
|--|------------|-------|-----------------|--------|---|------------------|----------------------------------|--------|
| Provider ID 1831573690                         |            |       | ID Type NPI     |        | Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA      |                  |                                  |        |
| From Date                                      | To Date    | Units | Remaining Units | Amount | Code  | Medical Citation | Decision / Date                  | Reason |
| 01/12/2018                                     | 01/12/2019 | 10    | 10              | -      | CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING | -                | Certified In Total<br>01/12/2018 | -      |

In the **Decision / Date** column, you may see one of the following decisions:

- **Certified in Total:** The PA request is approved for exactly as requested.
- **Certified Partial:** The PA request has been approved, but not as requested.
- **Not Certified:** The PA request is not approved.
- **Pended:** The PA request is pending approval.
- **Cancel:** The PA request has been canceled.

# Viewing the Status of PAs, cont.

| Service Provider / Service Details Information |            |       |                 |          |                                      |                      |                                 |  |
|--|------------|-------|-----------------|----------|--------------------------------------|----------------------|---------------------------------|--|
| Provider ID 1306097878                         |            |       | ID Type NPI     |          | Name KHOSSROW HAKIMPOUR              |                      |                                 |  |
| From Date                                      | To Date    | Units | Remaining Units | Amount   | Code                                 | Medical Citation     | Decision / Date                 | Reason   |
| 08/29/2017                                     | 08/29/2017 | 1     | 1               | \$125.00 | CPT/HCPCS 80061-Lipid panel          | <a href="#">View</a> | Certified Partial<br>06/11/2018 | Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months) |
| 08/30/2017                                     | 08/30/2017 | 1     | 0               | -        | CPT/HCPCS 36415-Routine venipuncture | <a href="#">View</a> | Not Certified<br>06/11/2018     | Non-covered Service  |

When the **Decision / Date** column is not “Certified in Total”, information will be provided in the **Reason** column. For example, if a PA is not certified (A), the reason why it was not certified displays (B).

# Viewing the Status of PAs, cont.

| Service Provider / Service Details Information |            |                      |                 |   |   |                  |                                  |        |
|--|------------|----------------------|-----------------|---|---|------------------|----------------------------------|--------|
| Provider <b>C</b> 1573690 <b>D</b>             |            | ID Type NPI <b>E</b> |                 | Name HOSPITAL SERVICES OF NEVADA- <b>F</b> MANDATE <b>G</b> |   |                  |                                  |        |
| From Date                                      | To Date    | Units                | Remaining Units | Amount  | Code  | Medical Citation | Decision / Date                  | Reason |
| 01/12/2018                                     | 01/12/2019 | 10                   | 10              | -   | CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING | -                | Certified In Total<br>01/12/2018 | -      |

- C. **From Date** and **To Date**: Display the start and end dates for the PA.
- D. **Units**: Displays the number of units originally on the PA.
- E. **Remaining Units** or **Amount**: Display the units or amount left on the PA as claims are processed.
- F. **Code**: Displays the CPT/HCPCS code on the PA.
- G. **Medical Citation**: Indicates when additional information is needed for authorizations (including denied).

# Viewing the Status of PAs, cont.

**View Authorization Response for AOWPEW KWLVDTYRXW** [Back to View Authorization Status](#) ?

Authorization Tracking # 41180120002 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID 1831573690 ID Type NPI Name HOSPITALIST SERVICES OF NEVADA-  
MANDAVIA

| From Date  | To Date    | Units | Remaining Units | Amount | Code   | Medical Citation | Decision / Date                     | Reason |
|------------|------------|-------|-----------------|--------|--|------------------|-------------------------------------|--------|
| 01/12/2018 | 01/12/2019 | 10    | 10              | -      | CPT/HCPCS 0003F-INACTIVE TOBACCO USE,<br>NON-SMOKING | -                | Certified In<br>Total<br>01/12/2018 | -      |

**H** **I** **J**

[Edit](#) [View Provider Request](#) [Print Preview](#)

H. **Edit:** Edit the PA.

I. **View Provider Request:**  
Expand all sections to view  
the information.

J. **Print Preview:** Display a  
printable version of the PA  
with options to print.



# Searching for PAs

# Searching for PAs

The screenshot shows a web application interface for searching prospective authorizations. At the top, there are two tabs: "Prospective Authorizations" and "Search Options". A red box highlights the "Search Options" tab, with a callout '1' pointing to it. Below the tabs, there is a text prompt: "Enter at least one of the following fields to search for an authorization." The main search area is divided into several sections, each with a blue header: "Authorization Information", "Status Information", "Recipient Information", and "Provider Information". A large red box encompasses the entire search form area, with a callout '2' pointing to it. The "Authorization Information" section includes a text input for "Authorization Tracking Number" (containing "43180110001"), a "Day Range" dropdown, and a "Service Date" input with a calendar icon. The "Status Information" section has a "Status" dropdown. The "Recipient Information" section includes "Recipient ID", "Last Name", "Birth Date" (with a calendar icon), and "First Name" inputs. The "Provider Information" section includes a "Provider ID" input with a magnifying glass icon, an "ID Type" dropdown, and radio buttons for "This Provider is the" (with options "Servicing Provider on the Authorization" and "Requesting Provider on the Authorization"). At the bottom of the form are "Search" and "Reset" buttons.


1. Click the **Search Options** tab.
2. Enter search criteria into the search fields.

# Searching for PAs, cont.

**Authorization Information**

**A** Authorization Tracking Number

Select a Day Range or specify a Service Date

**B** Day Range  **OR** **C** Service Date  

- A. **Authorization Tracking Number:** Enter the ATN to locate a specific PA.
- B. **Day Range:** Select an option from this list to view PA results within the selected time period.
- C. **Service Date:** Enter the date of service to display PA with that service date.

NOTE: Without an ATN, a **Day Range** or a **Service Date** must be entered. If the PA start date is more than 60 days ago, a **Service Date** must be entered.

# Searching for PAs


| Status Information   |               |
|--|---------------|
| Select status to return authorization service lines with the chosen status.  |               |
| <b>D</b>   | <b>Status</b> |
| <ul style="list-style-type: none"><li>Cancel</li><li>Certified In Total</li><li>Certified Partial</li><li>Not Certified</li><li>Pended</li></ul> |               |
| Recipient Information  |               |
| Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.                     |               |

D. **Status:** Select a status from this list to narrow search results to include only the selected status.

# Searching for PAs

**Recipient Information**

Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.

|          |                     |                      |                   |                      |                      |   |
|----------|---------------------|----------------------|-------------------|----------------------|----------------------|---|
| <b>E</b> | <b>Recipient ID</b> | <input type="text"/> | <b>F</b>          | <b>Birth Date</b>    | <input type="text"/> |  |
| <b>G</b> | <b>Last Name</b>    | <input type="text"/> | <b>First Name</b> | <input type="text"/> |                      |   |

E. **Recipient ID:** Enter the unique Medicaid ID of the client.


F. **Birth Date:** Enter the date of birth for the client.

G. **Last Name** and **First Name:** Enter the client's first and last name.

NOTE: Enter only the **Recipient ID** number **or** the client's last name, first name, and date of birth.

# Searching for PAs

**Provider Information**

**H** Provider ID  

**I** ID Type

**J** This Provider is the  Servicing Provider on the Authorization  
 Referring Provider on the Authorization

**H. Provider ID:** Enter the provider's unique NPI number.

**I. ID Type:** Select the provider's ID type from the drop-down list.

**J. This Provider is the:** Select whether the provider is the servicing or referring provider on the PA request.

# Searching for PAs

**Recipient Information**

Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.

Recipient ID  Birth Date

Last Name  First Name

**Provider Information**

Provider ID  ID Type

This Provider is the  Servicing Provider on the Authorization  
 Requesting Provider on the Authorization

**3**

**Search results**

| <u>Authorization Tracking Number</u> | <u>Service Date</u> ▼   | <u>Recipient Name</u> | <u>Recipient ID</u> | <u>Process Type</u> | <u>Requesting Provider</u>           |
|--------------------------------------|-------------------------|-----------------------|---------------------|---------------------|--------------------------------------|
| <a href="#">43180110001</a>          | 01/11/2018 - 01/11/2019 | QROTB, FENKTPVI       | 54409179444         | Outpt M/S           | HOSPITALIST SERVICES NEVADA-MANDAVIA |

3. Click the **Search** button.
4. Select an **ATN** hyperlink to review the PA.

# Submitting Additional Information



# Submitting Additional Information

**View Authorization Response for ABYNNRYP ABIEGUT** [Back to View Authorization Status](#)

Authorization Tracking # 45181270003      Process Type Home Health      [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID 1831573690      ID Type NPI      Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA

| From Date  | To Date    | Units | Remaining Units | Amount | Code  | Medical Citation | Decision / Date | Reason |
|------------|------------|-------|-----------------|--------|---|------------------|-----------------|--------|
| 01/01/2018 | 01/01/2019 | 1     | 0               | -      | CPT/HCPCS A6413-Adhesive bandage, first-aid | -                | Pended          | -      |

[Edit](#) [Provider Request](#) [Print Preview](#)

1. Click the **Edit** button to edit a submitted PA request.

Additional information may include:

- Requests for additional services
- Attachments
- “FA-29 Prior Authorization Data Correction” form
- “FA-29A Request for Termination of Service” form

# Submitting Additional Information, cont.

2. Add additional diagnosis codes, service details, and/or attachments.

**Diagnosis Information**

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Insert decimals as needed.  
Click the **Remove** link to remove the entire row.

| Diagnosis Type | Diagnosis Code  | Action |
|----------------|---|--------|
| ICD-10-CM      | T7500XA-Unspecified effects of lightning, initial encounter |        |

Click to collapse.

\*Diagnosis Type  \*Diagnosis Code

---

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

| Line # | From Date  | To Date    | Decision | Code                              | Modifiers | Units | Action               |
|--------|------------|------------|----------|-----------------------------------|-----------|-------|----------------------|
| 1      | 01/01/2018 | 01/01/2019 | Pended   | A6413-Adhesive bandage, first-aid |           | 1     | <a href="#">Copy</a> |

Click to collapse.

**Attachments**

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.  
[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

| Transmission Method | File | Attachment Type | Action |
|---------------------|------|-----------------|--------|
| Click to collapse.  |      |                 |        |

2

# Submitting Additional Information, cont.

**Attachments**

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

| Transmission Method | File                | Attachment Type   | Action                 |
|---------------------|---------------------|-------------------|------------------------|
| EL-Electronic Only  | Nurse Notes.docx    | NN-Nursing Notes  | <a href="#">Remove</a> |
| EL-Electronic Only  | Benefit Letter.docx | 59-Benefit Letter | <a href="#">Remove</a> |

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

**3**

3. Click the **Resubmit** button to review the PA information.

# Submitting Additional Information, cont.

4. Review the information.
5. Click the **Confirm** button.

The screenshot shows a web form with several sections: Referring Provider Information, Service Provider Information, Diagnosis Information, Service Details, and Attachments. A red border highlights the entire form area. A callout box with the number '4' points to the Service Provider Information section. A callout box with the number '5' points to the Confirm button at the bottom of the form.

**Referring Provider Information**

|             |            |         |     |      |   |
|-------------|------------|---------|-----|------|---|
| Provider ID | 1831573690 | ID Type | NPI | Name | HOSPITALIST SERVICES OF NEVADA-MANDAVIA |
|-------------|------------|---------|-----|------|---|

**Service Provider Information**

|             |            |         |     |      |   |
|-------------|------------|---------|-----|------|---|
| Provider ID | 1831573690 | ID Type | NPI | Name | HOSPITALIST SERVICES OF NEVADA-MANDAVIA |
| Location    | _          |         |     |      |   |

[Expand All](#) | [Collapse All](#)

**Diagnosis Information**

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

| Diagnosis Type | Diagnosis Code   |
|----------------|--|
| ICD-10-CM      | T750XA-Unspecified effects of lightning, initial encounter |

**Service Details**

| Line # | From Date  | To Date    | Code  | Modifiers | Units |
|--------|------------|------------|---|-----------|-------|
| 1      | 01/01/2018 | 01/01/2019 | CPT/HCPCS A6413-Adhesive bandage, first-aid |           | 1     |

**Attachments**

| Transmission Method | File                | Attachment Type   |
|---------------------|---------------------|-------------------|
| EL-Electronic Only  | Nurse Notes.docx    | NN-Nursing Notes  |
| EL-Electronic Only  | Benefit Letter.docx | 59-Benefit Letter |

[Back](#) [Confirm](#) [Cancel](#)

NOTE: The PA number remains the same as the original PA request when resubmitting the PA request.

# Questions & Answers





**Provider Institutional Claims**

# Objectives

**At the end of this training, participants will be able to:**

- Understand Claim Sub Menus
- Submit an Institutional Inpatient Claim
- Submit an Institutional Outpatient Claim
- Submit an Institutional Claim: Attachments
- Submit an Institutional Claim: Other Insurance Details
- Submit an Institutional Crossover Claim
- Search for Institutional Claims
- Verify an Institutional Claim's Status
- View an Institutional Claim's Remittance Advice (RA)
- Copy an Institutional Claim
- Adjust an Institutional Claim
- Submit an Institutional Claim Appeal
- Void an Institutional Claim



# **Understanding Claims Sub Menus**



# Understanding Claim Sub Menus

Nevada Department of Health and Human Services  
Division of Health Care Financing and Policy Provider Portal

My Home Eligibility **Claims** Care Management File Exchange Resources

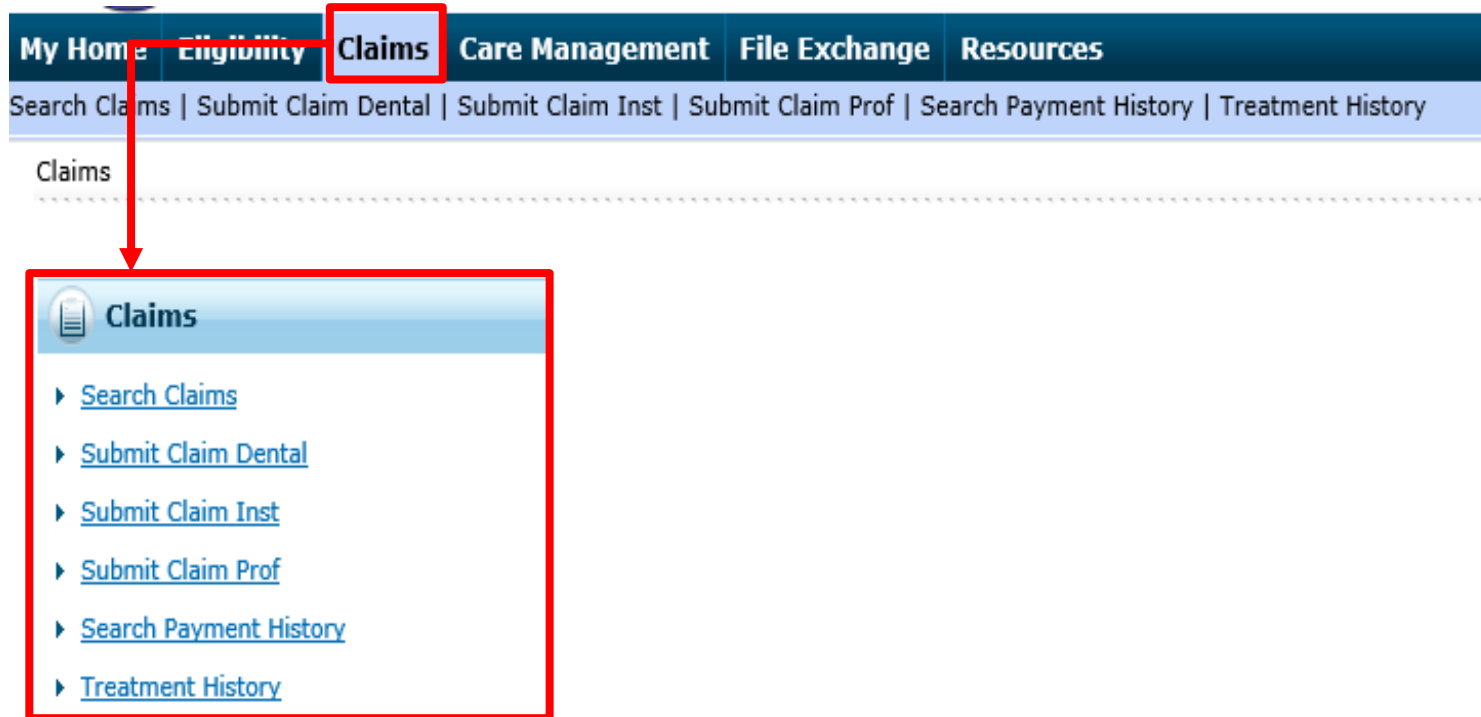
Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

Wednesday 06/21

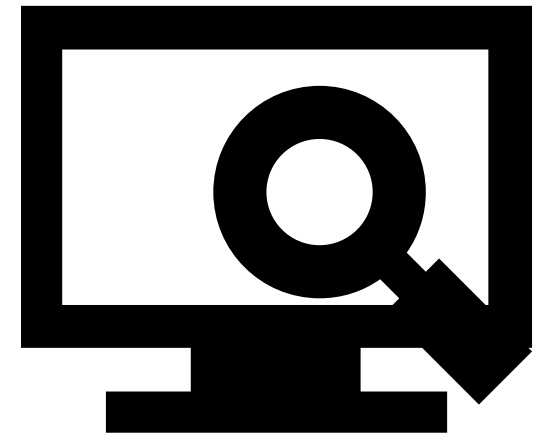
Provider Broadcast Messages Contact Us

1. Hover over **Claims**
2. Select the appropriate sub menu from the options

# Understanding Claim Sub Menus, cont.



The page displays a listing of Claim activities for the user to choose from.





# **Submitting an Institutional Inpatient Claim**

# Submitting an Institutional Inpatient Claim

The Institutional Claim submission process is broken out into three main steps:

- **Step 1** - Provider, Patient, and Claim Information plus an option to add Other Insurance details
- **Step 2** - Diagnosis Codes
- **Step 3** - Service Details and Attachments

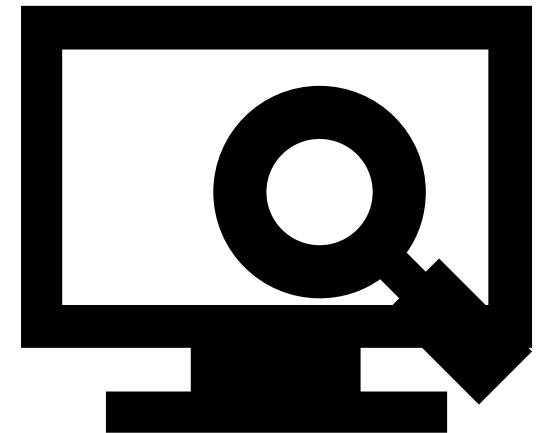


# Submitting an Institutional Inpatient Claim, cont.



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains tabs: "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The "Claims" tab is highlighted with a red box and a callout "1". Below the navigation bar, a sub-menu is visible with options: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", and "Search Payment History". The "Submit Claim Inst" option is highlighted with a red box and a callout "2". Below the sub-menu, there is a "Claims" section with a list of links: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", "Search Payment History", and "Treatment History".

1. Hover over the **Claims** tab
2. Select **Submit Claim Inst**



# Submitting an Institutional Inpatient Claim – Step 1

**Submit Institutional Claim: Step 1**

\* Indicates a required field.

**Claim Type** Inpatient

**Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

**Billing Provider ID** 1255360160 **ID Type** NPI

\* **Billing Provider Service Location** 10-CARSON TAHOE HOSPITAL-1600 MEDICAL PARKWAY,CARSON CITY,NEVADA,897034625

**Institutional Provider ID**  **ID Type**

**Attending Provider ID**  **ID Type**

**Operating Provider ID**  **ID Type**

**Other Operating Provider ID**  **ID Type**

**Referring Provider ID**  **ID Type**

**Patient Information**

\* **Recipient ID**

**Last Name**  **First Name**

**Birth Date**

**Claim Information**

\* **Covered Dates**  -

\* **Admission Date/Hour**  (hh:mm) **Discharge Hour**  (hh:mm)

\* **Admission Type**

\* **Admission Source**

\* **Admitting Diagnosis Type** ICD-10-CM **Admitting Diagnosis**

\* **Patient Status**

\* **Facility Type Code**

\* **Patient Number**

**Authorization Number**

**Total Charged Amount** \$0.00

**Include Other Insurance**

Once the user clicks on the **Submit Claim Inst** tab, this “Submit Institutional Claim: Step 1” page is displayed, with all three sub-sections included:

- A. Provider Information
- B. Patient Information
- C. Claim Information

NOTE: All of the fields marked with a red asterisk (\*) are required.

To begin Step 1, the user will:

- Select **Inpatient** from the **Claims Type** drop-down

# Submitting an Institutional Inpatient Claim – Step 1, cont.

## Provider Information

**Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

|   |                                    |            |         |     |
|---|------------------------------------|------------|---------|-----|
| 3 | Billing Provider ID                | 1104870187 | ID Type | NPI |
|   | *Billing Provider Service Location |            |         | ▼   |
| 4 | Institutional Provider ID          |            | ID Type | ▼   |
|   | Attending Provider ID              |            | ID Type | ▼   |
|   | Operating Provider ID              |            | ID Type | ▼   |
|   | Other Operating Provider ID        |            | ID Type | ▼   |
|   | Referring Provider ID              |            | ID Type | ▼   |

If the Billing Provider has multiple locations, as in this example of an Institutional Inpatient claim associated with a hospital, the **Billing Provider Service Location** field does not pre-populate.

For this type of claim, the user will:

3. Select the appropriate **Billing Provider Service Location** from the drop-down option
4. Enter the **Attending Provider ID**.

NOTE: If Surgical Procedure Code(s) are to be submitted with the claim, an **Operating Provider ID** is required.

# Submitting an Institutional Inpatient Claim – Step 1, cont.

## Provider Information

5 **Provider ID Search** [Back to Claims](#) ?

Search By ID Search By Name Search By Organization

\* Indicates a required field.

6 Provider ID 1952455032 Provider ID Type NPI

7 Search Cancel

---

Search Results: NPI 1952455032 ?

Duplicate providers may appear in the results since a unique row is created for each specialty. Total Records: 1

| Provider ID      | Provider Name | Provider Type                       | Address                           | City | State  | Zip Code   |
|------------------|---------------|-------------------------------------|-----------------------------------|------|--------|------------|
| 1952455032 (NPI) | IDA B LESTER  | Physician, M.D.,<br>Osteopath, D.O. | 1664 N VIRGINIA ST<br>MAIL STOP 1 | RENO | NEVADA | 89557-7777 |

5. Select the desired search method
6. Enter Provider ID and Provider ID Type
7. Click the **Search** button, and the search results populate at the bottom
8. Click the hyperlink in the **Provider ID** column with correct Provider ID

NOTE: The user can also search by the **Search By Name** or **Search By Organization** tabs.



# Submitting an Institutional Inpatient Claim – Step 1, cont.

## Provider Information

**Provider Information**


If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

|                                    |  |         |                      |
|------------------------------------|--|---------|----------------------|
| Billing Provider ID                | 1255360160   | ID Type | NPI                  |
| *Billing Provider Service Location | 10-CARSON TAHOE HOSPITAL-1600 MEDICAL PARKWAY,CARSON CITY,NEVADA,897034625 |         |                      |
| Institutional Provider ID          | <input type="text"/>   | ID Type | <input type="text"/> |
| Attending Provider ID              | 1952455032   | ID Type | NPI                  |
| Operating Provider ID              | <input type="text"/>   | ID Type | <input type="text"/> |
| Other Operating Provider ID        | <input type="text"/>   | ID Type | <input type="text"/> |
| Referring Provider ID              | <input type="text"/>   | ID Type | <input type="text"/> |

Once the user clicks the Provider ID, it will populate into the **Attending Provider ID** field.

# Submitting an Institutional Inpatient Claim – Step 1, cont.

## Patient Information

| Patient Information   |  |
|---|--|
|  *Recipient ID | <input type="text" value="96536412536"/> |
| Last Name   | VBLWNBF                                  |
| Birth Date  | 10/03/1983                               |
| First Name  | QPRB                                     |

9. Enter the 11-digit recipient ID into the **Recipient ID** field and click outside the field to populate **Last Name**, **First Name**, and **Birth Date**

# Submitting an Institutional Inpatient Claim – Step 1, cont.

## Claim Information

Claim Information

|                           |                                  |                      |  |
|---------------------------|----------------------------------|----------------------|--|
| *Covered Dates            | 09/17/2018 - 09/21/2018          |                      |  |
| *Admission Date/Hour      | 09/17/2018 (hh:mm)               | Discharge Hour       | (hh:mm)  |
| *Admission Type           | 1-Emergency                      | *Admission Source    | 1-Non - Health Care Facility Point of Origin   |
| *Admitting Diagnosis Type | ICD-10-CM                        | *Admitting Diagnosis | G40011-Local-rel idio epi w seiz of loc onset, |
| *Patient Status           | 01-Discharged to Home or Self Ca | *Facility Type Code  | 111-Hospital Inpatient (Including Medicare     |
| *Patient Number           | 123456                           | Authorization Number |  |

Include Other Insurance

Total Charged Amount \$0.00

11 Continue Cancel

10. The following required fields (\*) must be completed:

- Covered Dates
- Admission Date/Hour
- Admission Type
- Admitting Diagnosis Type
- Patient Status
- Patient Number
- Admission Source
- Admitting Diagnosis
- Facility Type Code

11. Click the **Continue** button

NOTE: For this example, the user has checked the **Include Other Insurance** field to indicate that additional insurance will be added in subsequent steps.

# Submitting an Institutional Inpatient Claim – Step 2

## Diagnosis Codes

**Submit Institutional Claim: Step 2** ?

\* Indicates a required field.

Claim Type Inpatient

**Provider Information**

Billing Provider ID 1154317964 ID Type NPI

**Patient and Claim Information**

Recipient ID 96536412536  
Recipient QPRB VBLWNBFB Gender Female  
Birth Date 10/03/1983 Total Charged Amount \$0.00  
Covered Dates 09/11/2018 - 09/14/2018 Admission Date/Hour 09/11/2018 - -  
Admitting Diagnosis Type ICD-10-CM Admitting Diagnosis G40011-Local-rel idio epi w seiz of loc onset, ntrct, w stat epi

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.  
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

| #        | Diagnosis Type | Diagnosis Code | POA | Action |
|----------|----------------|----------------|-----|--------|
| <u>1</u> |                |                |     |        |

1 \*Diagnosis Type  \*Diagnosis Code

Present on Admission

Once the user clicks the **Continue** button, the “Submit Institutional Claim: Step 2” page is displayed with all the panels expanded.

# Submitting an Institutional Inpatient Claim – Step 2, cont.

## Diagnosis Codes

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes** [-]

Select the row number to edit the row. Click the **Remove** link to remove the entire row.  
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

| #        | Diagnosis Type | Diagnosis Code  | POA | Action                 |
|----------|----------------|---|-----|------------------------|
| <u>1</u> | ICD-10-CM      | B088-Oth viral infections with skin and mucous membrane lesions | Yes | <a href="#">Remove</a> |
| 2        | ICD-10-CM      | B012-Varicella pneumonia  | Yes | <a href="#">Remove</a> |
| 3        |                |   |     |                        |

1 \*Diagnosis Type ICD-10-CM  Present on Admission No

3

2 \*Diagnosis Code B01

- B010-Varicella meningitis
- B0111-Varicella encephalitis and encephalomyelitis
- B0112-Varicella myelitis
- B012-Varicella pneumonia
- B0181-Varicella keratitis
- B0189-Other varicella complications
- B019-Varicella without complication

External Cause of Injury Diagnosis Codes +

Other Insurance Details [-]

To add a code, the user will:

1. Choose a **Diagnosis Type** (Auto-populates as “ICD-10-CM”, but “ICD-9-CM” is also available)
2. Enter the **Diagnosis Code**
3. Click the **Add** button

NOTE: The **Diagnosis Code** field contains a predictive search feature using the first three characters of the code or code description.

# Submitting an Institutional Inpatient Claim – Step 2, cont.

## Diagnosis Codes

|   |           |   |     |                        |
|---|-----------|---|-----|------------------------|
| 1 | ICD-10-CM | B088-Oth viral infections with skin and mucous membrane lesions | Yes | <a href="#">Remove</a> |
| 2 | ICD-10-CM | B012-Varicella pneumonia  | Yes | <a href="#">Remove</a> |
| 3 |           |   |     |                        |

3 \*Diagnosis Type  \*Diagnosis Code

Present on Admission

[Add](#) [Reset](#)

**External Cause of Injury Diagnosis Codes** [+](#)

**Other Insurance Details** [-](#)

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| # | Carrier Name | Carrier ID | Policy ID   | Payer Paid Amount | Paid Date  | Action                 |
|---|--------------|------------|-------------|-------------------|------------|------------------------|
| 1 | Medicare     | 123456987  | 12345678910 |                   | 10/01/2018 | <a href="#">Remove</a> |

Click to add a new other insurance.

**Condition Codes** [+](#)

**Occurrence Codes** [+](#)

**Value Codes** [+](#)

**Surgical Procedures** [+](#)

[Back to Step 1](#) **4** [Continue](#) [Cancel](#)

Click the **Remove** link to remove a diagnosis code from the claim

Once all the diagnosis codes have been entered, the user will:

4. Click the **Continue** button to proceed to Step 3

# Submitting an Institutional Inpatient Claim – Step 3

## Service Details

| Other Insurance Details |              |            |             |                   |            |
|-------------------------|--------------|------------|-------------|-------------------|------------|
| #                       | Carrier Name | Carrier ID | Policy ID   | Payer Paid Amount | Paid Date  |
| 1                       | Medicare     | 123456987  | 12345678910 |                   | 10/01/2018 |

| Service Details   |                                 |                 |           |         |            |               |                        |
|---|---------------------------------|-----------------|-----------|---------|------------|---------------|------------------------|
| Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row. |                                 |                 |           |         |            |               |                        |
| Svc #   | Revenue Code                    | HCPCS/Proc Code | From Date | To Date | Units      | Charge Amount | Action                 |
| 1   | 0120-R&B-Semi-Pvt-2 Bed-General |                 |           |         | 4.000 Unit | \$350.00      | <a href="#">Remove</a> |
| 2   | 0250-Pharmacy (Drugs)-General   |                 |           |         | 1.000 Unit | \$500.25      | <a href="#">Remove</a> |
| 3   | 0320-Dx X-Ray-General           |                 |           |         | 1.000 Unit | \$1,500.31    | <a href="#">Remove</a> |
| 4   | 0300-Laboratory (Lab)-General   |                 |           |         | 1.000 Unit | \$621.52      | <a href="#">Remove</a> |
| 5   |                                 |                 |           |         | 0.000      |               |                        |

5 \*Revenue Code  HCPCS/Proc Code

1 Modifiers

From Date  To Date  \*Units  \*Unit Type

\*Charge Amount

2

| Attachments                                   |   |
|---|---|
| <input type="button" value="Back to Step 1"/> | <input type="button" value="Back to Step 2"/> |
| 3 <input type="button" value="Submit"/>       | <input type="button" value="Cancel"/>         |

The user will enter the Service Details using the same process below:

1. Enter the required fields
2. Click the **Add** button
3. Click the **Submit** button

# Submitting an Institutional Inpatient Claim, cont.

| Other Insurance Details |              |            |             |                   |            |  |
|-------------------------|--------------|------------|-------------|-------------------|------------|--|
| #                       | Carrier Name | Carrier ID | Policy ID   | Payer Paid Amount | Paid Date  |  |
| 1                       | Medicare     | 123456987  | 12345678910 |                   | 10/01/2018 |  |

| Service Details |                                 |                 |     |           |         |            |               |
|-----------------|---------------------------------|-----------------|-----|-----------|---------|------------|---------------|
| Svc #           | Revenue Code                    | HCPCS/Proc Code | Mod | From Date | To Date | Units/Type | Charge Amount |
| 1               | 0120-R&B-Semi-Pvt-2 Bed-General |                 |     |           |         | 4.000 Unit | \$350.00      |
| 2               | 0250-Pharmacy (Drugs)-General   |                 |     |           |         | 1.000 Unit | \$500.25      |
| 3               | 0320-Dx X-Ray-General           |                 |     |           |         | 1.000 Unit | \$1,500.31    |
| 4               | 0300-Laboratory (Lab)-General   |                 |     |           |         | 1.000 Unit | \$621.52      |

|  |
|--|
| No External Cause of Injury Diagnosis Codes exist for this claim |
| No Condition Codes exist for this claim                          |
| No Occurrence Codes exist for this claim                         |
| No Value Codes exist for this claim                              |
| No Surgical Procedures exist for this claim                      |
| No Attachments exist for this claim                              |

Back to Step 1 Back to Step 2 Back to Step 3 Print Preview

4

Confirm Cancel

At this point, the user has the option to:

- Go back to any previous step if needed by clicking one of the **Back to Step...** buttons
- Print a copy of the page by clicking the **Print Preview** button
- Cancel the claim submission by clicking the **Cancel** button

To continue, the user must:

4. Click the **Confirm** button



# Submitting an Institutional Inpatient Claim, cont.

**Submit Inpatient Claim: Confirmation**

**Inpatient Claim Receipt**

Your Inpatient Claim was successfully submitted. The claim status is Finalized Payment.

The Claim ID is 2218269000008.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **Adjust** to resubmit the claim.  
Click **New** to submit a new claim.  
Click **View** to view the details of the submitted claim.

**Print Preview** **Copy** **Adjust** **New** **View**

NOTE: The Claim ID is the same as ICN

The **Submit Inpatient Claim: Confirmation** will appear after the claim has been submitted. It will display the claim status and Claim ID.

The user may then:

- Click the **Print Preview** button to view the claim details
- Click the **Copy** button to copy claim data and start a new claim using identical details
- Click the **Adjust** button to adjust a submitted claim
- Click the **New** button to submit a new claim
- Click the **View** button to view the details of the submitted claim, including adjudication errors



# **Submitting an Institutional Outpatient Claim**

# Submitting an Institutional Outpatient Claim – Step 1

**Submit Institutional Claim: Step 1**

\* Indicates a required field.

**1** Claim Type: Outpatient

**2** **Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID: 1255360160 ID Type: NPI  
\*Billing Provider Service Location: 10-CARSON TAHOE HOSPITAL-1600 MEDICAL PARKWAY,CARSON CITY,NEVADA,897034625  
Institutional Provider ID: [ ] ID Type: [ ]  
Attending Provider ID: [ ] ID Type: [ ]  
Operating Provider ID: [ ] ID Type: [ ]  
Other Operating Provider ID: [ ] ID Type: [ ]  
Referring Provider ID: [ ] ID Type: [ ]

**Patient Information**

\*Recipient ID: 67032685329  
Last Name: GIOXBIK First Name: MROBMLV  
Birth Date: 05/01/2002

**Claim Information**

\*Covered Dates: 09/24/2018 - \*09/29/2018  
Admission Date/Hour: [ ] (hh:mm) Discharge Hour: [ ] (hh:mm)  
\*Admission Type: 1-Emergency \*Admission Source: 1-Non - Health Care Facility Point of Origin  
Admitting Diagnosis Type: ICD-10-CM Admitting Diagnosis: [ ]  
\*Patient Status: 01-Discharged to Home or Self Ca \*Facility Type Code: 132-Hospital Outpatient: Interim - First CL  
\*Patient Number: 123456 Authorization Number: [ ]  
Include Other Insurance:  Total Charged Amount: \$0.00

**3** Continue Cancel

To submit an Outpatient Institutional Claim, the user will proceed with the same steps as shown on the previous slides.

To complete **Step 1**, the user will:

1. Select the **Claim Type** “Outpatient”
2. Complete all three sub-sections:
  - A. Provider Information
  - B. Patient Information
  - C. Claim Information
3. Click the **Continue** button

# Submitting an Institutional Outpatient Claim – Step 2

**Submit Institutional Claim: Step 2**

\* Indicates a required field.

Claim Type: Outpatient

**Provider Information**

Billing Provider ID: 1255360160 ID Type: NPI

**Patient and Claim Information**

Recipient ID: 67032685329 Recipient: MROBMLV V GIOXBIK Gender: Female  
Birth Date: 05/01/2002 Total Charged Amount: \$0.00  
Covered Dates: 09/24/2018 - 09/29/2018

**Diagnosis Codes**

Select the row number to edit the row. Click the **Remove** link to remove the entire row. Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

| # | Diagnosis Type | Diagnosis Code  | Action                 |
|---|----------------|---|------------------------|
| 1 | ICD-10-CM      | G40009-Local-rel idio epi w seiz of loc onst,not ntrct,w/o stat epi | <a href="#">Remove</a> |
| 2 | ICD-10-CM      | G40111-Local-rel symptc epi w simple part seiz, ntrct, w stat epi   | <a href="#">Remove</a> |

4 **Diagnosis Type** ICD-10-CM **Diagnosis Code** 5

6 **Add** **Reset**

7 **Continue** **Cancel**

To complete Step 2, the user will need to enter diagnosis codes.

To add a code, the user will:

4. Choose a **Diagnosis Type** (Auto-populates as “ICD-10-CM”, but “ICD-9-CM” is also available)
5. Enter the **Diagnosis Code**
6. Click the **Add** button
7. Click the **Continue** button

# Submitting an Institutional Outpatient Claim – Step 3

**Submit Institutional Claim: Step 3**

\* Indicates a required field.

Claim Type: Outpatient

**Provider Information**

Billing Provider ID: 1255360160 ID Type: NPI

**Patient and Claim Information**

Recipient ID: 67032685329  
Recipient: MROBMLV V GIOXBIK Gender: Female  
Birth Date: 05/01/2002 Total Charged Amount: \$900.00  
Covered Dates: 09/24/2018 - 09/29/2018

**Diagnosis Codes**

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

| Svc # | Revenue Code                  | HCPSC/Proc Code | From Date | To Date | Units      | Charge Amount | Action                 |
|-------|-------------------------------|-----------------|-----------|---------|------------|---------------|------------------------|
| 1     | 0300-Laboratory (Lab)-General |                 |           |         | 2.000 Unit | \$525.00      | <a href="#">Remove</a> |
| 2     | 0320-Dx X-Ray-General         |                 |           |         | 2.000 Unit | \$375.00      | <a href="#">Remove</a> |
| 3     |                               |                 |           |         | 0.000      |               |                        |

3 \*Revenue Code  HCPSC/Proc Code

Modifiers

From Date  To Date  \*Units  \*Unit Type

\*Charge Amount

NDCs for Svc. # 3

**Attachments**

Click the **Remove** link to remove the entire row.

| #                        | Transmission Method | File | Control # | Attachment Type | Action |
|--------------------------|---------------------|------|-----------|-----------------|--------|
| Click to add attachment. |                     |      |           |                 |        |

[Back to Step 1](#) [Back to Step 2](#) **10** [Submit](#) [Cancel](#)

To complete Step 3, the user will enter the Service Details, using the process below:

8. Enter the required fields
9. Click the **Add** button
10. Click the **Submit** button

# Submitting an Institutional Outpatient Claim, cont.

**Claim Information**

|  |  |
|--|--|
| <b>Covered Dates</b> 09/24/2018 - 09/29/2018 | <b>Admission Date/Hour</b> _ _   |
| <b>Admission Type</b> 1-Emergency            | <b>Admission Source</b> 1  |
| <b>Admitting Diagnosis Type</b> _            | <b>Discharge Hour</b> _  |
| <b>Admitting Diagnosis</b> _                 | <b>Facility Type Code</b> 132-Hospital Outpatient: Interim - First Claim |
| <b>Patient Status</b> 01                     | <b>Authorization Number</b> _  |
| <b>Patient Number</b> 123456                 |  |
| <b>Previous Claim ICN</b> _                  |  |
| <b>Note</b> _                                |  |
| <b>Total Charged Amount</b> \$900.00         |  |

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes** +

**Service Details** -

| Svc # | Revenue Code                  | HCPCS/Proc Code | Mod | From Date | To Date | Units/Type | Charge Amount |
|-------|-------------------------------|-----------------|-----|-----------|---------|------------|---------------|
| 1     | 0300-Laboratory (Lab)-General |                 |     |           |         | 2.000 Unit | \$525.00      |
| 2     | 0320-Dx X-Ray-General         |                 |     |           |         | 2.000 Unit | \$375.00      |

No External Cause of Injury Diagnosis Codes exist for this claim

No Patient Reason for Visit Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

**11**

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) [Confirm](#) [Cancel](#)

At this point the user has the option to:

- Go back to any previous step if needed by clicking one of the **Back to Step...** buttons
- Print a copy of the page by clicking the **Print Preview** button
- Cancel the claim submission by clicking the **Cancel** button

To continue, the user must:

11. Click the **Confirm** button

# Submitting an Institutional Outpatient Claim, cont.

[Claims](#) > Claim Receipt

**Submit Inpatient Claim: Confirmation**

**Inpatient Claim Receipt**

Your Inpatient Claim was successfully submitted. The claim status is Finalized Payment.  
The Claim ID is **2218269000008**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **Adjust** to resubmit the claim.  
Click **New** to submit a new claim.  
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [New](#) [View](#)

The **Submit Outpatient Claim: Confirmation** will appear after the claim has been submitted. It will display the claim status and Claim ID.

The user may then:

- Click the **Print Preview** button to view claim details
- Click the **Copy** button to copy claim data and start a new claim using identical details
- Click the **Adjust** button to adjust the claim
- Click the **New** button to submit a new claim
- Click the **View** button to view the details of the submitted claim, including adjudication errors



# **Submitting an Institutional Claim: Attachments**



# Submitting an Institutional Claim: Attachments

### Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

| Svc #             | Revenue Code                    | HCPCS/Proc Code | From Date  | To Date    | Units      | Charge Amount | Action                 |
|-------------------|---------------------------------|-----------------|------------|------------|------------|---------------|------------------------|
| <a href="#">1</a> | 0120-R&B-Semi-Pvt-2 Bed-General |                 | 09/17/2018 | 09/21/2018 | 5.000 Days | \$2,500.62    | <a href="#">Remove</a> |
| <a href="#">2</a> |                                 |                 |            |            | 0.000      |               |                        |

2 \*Revenue Code  HCPCS/Proc Code

Modifiers

From Date   To Date   \*Units  \*Unit Type

\*Charge Amount

[Add](#) [Reset](#)

### Attachments

[1](#) [Remove](#) link to remove the entire row.

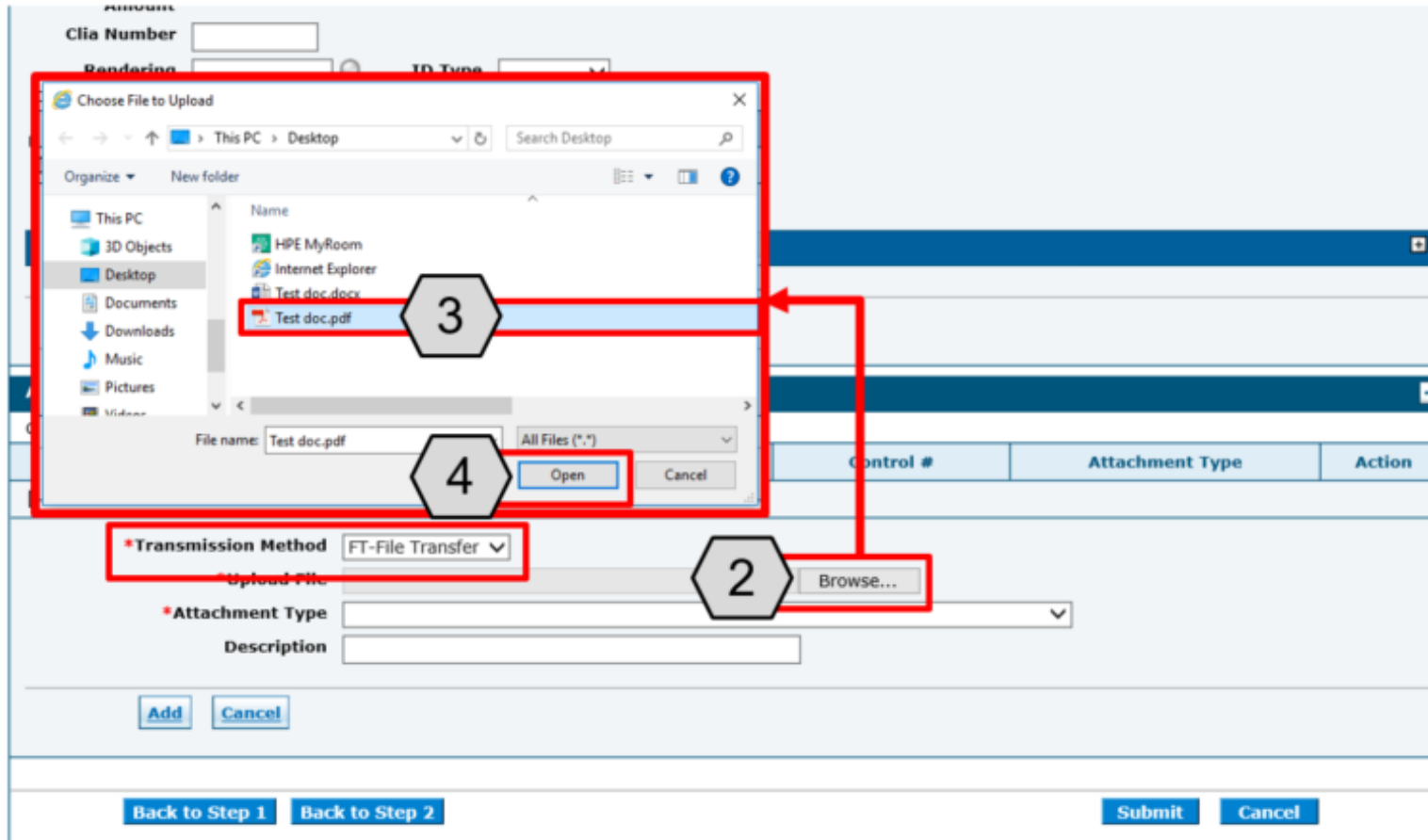
| Transmission Method                        | File | Control # | Attachment Type | Action |
|--|------|-----------|-----------------|--------|
| <a href="#">+</a> Click to add attachment. |      |           |                 |        |

[Back to Step 1](#) [Back to Step 2](#) [Submit](#) [Cancel](#)

To upload attachments to an institutional claim:

1. Click the (+) sign on the **Attachments** panel.

# Submitting an Institutional Claim: Attachments, cont.



2. Click the **Browse** button and locate the file on the user's computer to attach

A window will then pop up. From there, the user will:

3. Locate and select the file
4. Click the **Open** button

NOTE: The **Transmission Method** field will populate with "FT - File Transfer" by default and does not need to be changed.

# Submitting an Institutional Claim: Attachments, cont.

Once the Attachment has been uploaded, the user will:

5. Select the type of attachment from the **Attachment Type** drop-down list
6. Click the **Add** button to attach the file or click on the **Cancel** button to cancel and close the attachment line

NOTE: A description of the attachment may be entered into the **Description** field, but it is not required.

The screenshot shows a web form for submitting institutional claim attachments. The form includes fields for Charge Amount, Units (0.000), Unit Type (Unit), EPST, Family Plan, Clia Number, Rendering Provider ID, ID Type, Referring Provider ID, and ID Type. Below these fields is a section for 'Attachments' with a table and an 'Add' button. The 'Add' button is circled in red and labeled with a hexagon containing the number 6. The 'Attachment Type' dropdown is also circled in red and labeled with a hexagon containing the number 5. The 'Add' button is labeled with a hexagon containing the number 6.

| # | Transmission Method  | File                                  | Control # | Attachment Type  | Action |
|---|----------------------|---------------------------------------|-----------|------------------|--------|
|   | *Transmission Method | FT-File Transfer                      |           | *Attachment Type |        |
|   |                      | C:\Users\abarger\Desktop\Test doc.pdf |           | NN-Nursing Notes |        |

Buttons: Add, Cancel, Back to Step 1, Back to Step 2, Submit, Cancel

# Submitting an Institutional Claim: Attachments, cont.

3 0.000

3 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers    \*Diagnosis Pointers

\*Charge Amount  \*Units 0.000 \*Unit Type Unit EPSDT  Family Plan

Clia Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

NDCs for Svc. # 3

**Attachments**

Click the **Remove** link to remove the entire row.

| # | Transmission Method | File               | Control #      | Attachment Type  | Action                 |
|---|---------------------|--------------------|----------------|------------------|------------------------|
| 1 | FT-File Transfer    | Test doc.pdf (39K) | 20180918859657 | NN-Nursing Notes | <a href="#">Remove</a> |

7

7. Click the **Submit** button to proceed

NOTE: To remove any attachments, click the **Remove** link.



# **Submitting an Institutional Claim: Other Insurance Details**

# Submitting a Professional Claim: Other Insurance Details

**Claim Information**

|                           |                                  |                      |  |
|---------------------------|----------------------------------|----------------------|--|
| *Covered Dates            | 09/17/2018 - 09/21/2018          | Discharge Hour       | (hh:mm)                                      |
| *Admission Date/Hour      | 09/17/2018 (hh:mm)               | *Admission Source    | 1-Non - Health Care Facility Point of Origin |
| *Admission Type           | 1-Emergency                      | *Admitting Diagnosis | G40111-Local-rel symptc epi w simple part s  |
| *Admitting Diagnosis Type | ICD-10-CM                        | *Facility Type Code  | 111-Hospital Inpatient (Including Medicare   |
| *Patient Status           | 01-Discharged to Home or Self Ca | Authorization Number |  |
| *Patient Number           | 123456789                        | Total Charged Amount | \$2,972.08                                   |

1 **Include Other Insurance**

2 **Continue** **Cancel**

1. Check the **Include Other Insurance** checkbox located at the bottom of the page
2. Click the **Continue** button

# Submitting an Institutional Claim: Other Insurance Details, cont.

| # | Diagnosis Type | Diagnosis Code                   |
|---|----------------|----------------------------------|
| 1 | ICD-10-CM      | G041-Tropical spastic paraplegia |
| 2 |                |                                  |

2 \*Diagnosis Type  \*Diagnosis Code

Present on Admission

### External Cause of Injury Diagnosis Codes

#### Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as Details section.

Click the **Remove** link to remove the entire row.

| 3                                | Carrier Name                        | Carrier ID | Policy ID | Payer Paid A |
|----------------------------------|-------------------------------------|------------|-----------|--------------|
| <input type="button" value="+"/> | Click to add a new other insurance. |            |           |              |

To add a policy or new other insurance, the user will:

3. Click the (+) in the **Other Insurance Details** panel at the bottom of the page

NOTE: If the recipient has other insurance carrier information on file with Nevada Medicaid, the policy information will auto-populate in the **Other Insurance Details** panel. If not, no policy information will display.

# Submitting an Institutional Claim: Other Insurance Details, cont.

**Other Insurance Details** [-]

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| # | Carrier Name | Carrier ID | Policy ID   | Payer Paid Amount | Paid Date  | Action                 |
|---|--------------|------------|-------------|-------------------|------------|------------------------|
| 1 | Medicare     | 123456789  | 12365478910 |                   | 10/01/2018 | <a href="#">Remove</a> |

**4**

Carrier Name: Medicare  
Carrier ID: 123456789

\*Policy Holder Last Name: VBLWNB  
\*First Name: QPRB MI

\*Policy ID: 12365478910

\*Responsibility: P-Primary  
\*Patient Relationship to Insured: 18-Self

Payer Paid Amount:   
Remaining Patient Liability:

\*Paid Date: 10/01/2018

\*Claim Filing Indicator: 12-Preferred Provider Organization (PPO)

**5**

[Add Insurance](#) [Cancel Insurance](#)

[Back to Step 1](#) [Continue](#) [Cancel](#)

After clicking the (+), the user must:

4. Complete all required fields (\*)
5. Click the **Add Insurance** button to add the Other Insurance details to the claim

NOTE: Click the **Cancel Insurance** button to cancel addition of a new other health insurance detail.



# Submitting an Institutional Claim: Other Insurance Details, cont.

### Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| #                 | Carrier Name | Carrier ID | Policy ID   | Payer Paid Amount | Paid Date  | Action                 |
|-------------------|--------------|------------|-------------|-------------------|------------|------------------------|
| <a href="#">1</a> | Medicare     | 123456789  | 12365478910 |                   | 10/01/2018 | <a href="#">Remove</a> |

[+](#) Click to add a new other insurance.

After the user clicks the **Add Insurance** button, the new insurance will populate.

# Submitting an Institutional Claim: Other Insurance Details, cont.

**Other Insurance Details**

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| #        | Carrier Name | Carrier ID | Policy ID   | Payer Paid Amount | Paid Date  | Action                 |
|----------|--------------|------------|-------------|-------------------|------------|------------------------|
| <u>1</u> | Medicare     | 123456789  | 12365478910 |                   | 10/01/2018 | <a href="#">Remove</a> |

Click to add a new other insurance.

**Condition Codes**

**Occurrence Codes**

**Value Codes**

**Surgical Procedures**

[Back to Step 1](#) 6 Continue [Cancel](#)

Click the **Remove** link to remove any other insurance details unrelated to the claim.

The user will:

6. Click the **Continue** button

# Submitting an Institutional Claim: Other Insurance Details, cont.

| Provider Information   |                                 |   |             |   |            |               |                        |
|--|---------------------------------|---|-------------|---|------------|---------------|------------------------|
| Billing Provider ID  |                                 | 1255360160  |             | ID Type NPI   |            |               |                        |
| Patient and Claim Information  |                                 |   |             |   |            |               |                        |
| Recipient ID   |                                 | 96536412536   |             | Gender Female   |            |               |                        |
| Recipient  |                                 | QPRB VBLWNB   |             | Total Charged Amount \$2,972.08   |            |               |                        |
| Birth Date   |                                 | 10/03/1983  |             | Admission Date/ Hour 09/17/2018   |            |               |                        |
| Covered Dates  |                                 | 09/17/2018 - 09/21/2018   |             | Admitting Diagnosis G40111-Local-rel symptc epi w simple part seiz, ntrct, w stat epi   |            |               |                        |
| Admitting Diagnosis Type   |                                 | ICD-10-CM   |             |   |            |               |                        |
| <a href="#">Expand All</a>   <a href="#">Collapse All</a>  |                                 |   |             |   |            |               |                        |
| Diagnosis Codes  |                                 |   |             |   |            |               |                        |
| Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.   |                                 |   |             |   |            |               |                        |
| #  | Diagnosis Type                  | Diagnosis Code  | POA         |   |            |               |                        |
| 1  | ICD-10-CM                       | B088-Oth viral infections with skin and mucous membrane lesions | Yes         |   |            |               |                        |
| 2  | ICD-10-CM                       | B012-Varicella pneumonia  | Yes         |   |            |               |                        |
| Other Insurance Details  |                                 |   |             |   |            |               |                        |
| #  | Carrier Name                    | Carrier ID  | Policy ID   | Payer Paid Amount   | Paid Date  |               |                        |
| 1  | Medicare                        | 123456789   | 12365478910 |   | 10/01/2018 |               |                        |
| Service Details  |                                 |   |             |   |            |               |                        |
| Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.  |                                 |   |             |   |            |               |                        |
| Svc #  | Revenue Code                    | HCPCS/Proc Code   | From Date   | To Date   | Units      | Charge Amount | Action                 |
| 1  | 0120-R&B-Semi-Pvt-2 Bed-General |   | 09/17/2018  | 09/21/2018  | 4.000 Unit | \$350.00      | <a href="#">Remove</a> |
| 2  | 0250-Pharmacy (Drugs)-General   |   | 09/17/2018  | 09/21/2018  | 1.000 Unit | \$500.25      | <a href="#">Remove</a> |
| 3  | 0320-Dx X-Ray-General           |   | 09/17/2018  | 09/21/2018  | 1.000 Unit | \$1,500.31    | <a href="#">Remove</a> |
| 4  | 0300-Laboratory (Lab)-General   |   | 09/17/2018  | 09/21/2018  | 1.000 Unit | \$621.52      | <a href="#">Remove</a> |
| 5  |                                 |   |             |   | 0.000      |               |                        |
| 5 *Revenue Code <input type="text"/> HCPCS/Proc Code <input type="text"/><br>Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>From Date <input type="text"/> To Date <input type="text"/> *Units <input type="text" value="0.000"/> *Unit Type <input type="text" value="Unit"/><br>*Charge Amount <input type="text"/><br><input type="button" value="Add"/> <input type="button" value="Reset"/> |                                 |   |             |   |            |               |                        |
| Attachments  |                                 |   |             |   |            |               |                        |
| <a href="#">Back to Step 1</a>   |                                 | <a href="#">Back to Step 2</a>                                  |             | <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">7</div> <input type="button" value="Submit"/> <input type="button" value="Cancel"/> |            |               |                        |

After the user clicks the **Continue** button, the user will:

7. Click the **Submit** button

# Submitting an Institutional Claim: Other Insurance Details, cont.

Patient Number 123456789  
Previous Claim ICN \_  
Note \_

Total Charged Amount \$2,972.08

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes** +

**Other Insurance Details** -

| # | Carrier Name | Carrier ID | Policy ID   | Payer Paid Amount | Paid Date  |
|---|--------------|------------|-------------|-------------------|------------|
| 1 | Medicare     | 123456789  | 12365478910 |                   | 10/01/2018 |

**Service Details** -

| Svc # | Revenue Code                    | HCPCS/Proc Code | Mod | From Date  | To Date    | Units/Type | Charge Amount |
|-------|---------------------------------|-----------------|-----|------------|------------|------------|---------------|
| 1     | 0120-R&B-Semi-Pvt-2 Bed-General |                 |     | 09/17/2018 | 09/21/2018 | 4.000 Unit | \$350.00      |
| 2     | 0250-Pharmacy (Drugs)-General   |                 |     | 09/17/2018 | 09/21/2018 | 1.000 Unit | \$500.25      |
| 3     | 0320-Dx X-Ray-General           |                 |     | 09/17/2018 | 09/21/2018 | 1.000 Unit | \$1,500.31    |
| 4     | 0300-Laboratory (Lab)-General   |                 |     | 09/17/2018 | 09/21/2018 | 1.000 Unit | \$621.52      |

No External Cause of Injury Diagnosis Codes exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) **8** [Confirm](#) [Cancel](#)

At this point, the user has the option to:

- Go back to any previous step if needed by clicking one of the **Back to Step...** buttons
- Print a copy of the page by clicking the **Print Preview** button
- Cancel the claim submission by clicking the **Cancel** button

To continue, the user must:

8. Click the **Confirm** button

# Submitting an Institutional Claim: Other Insurance Details, cont.

**Submit Inpatient Claim: Confirmation**

**Inpatient Claim Receipt**

Your Inpatient Claim was successfully submitted. The claim status is Finalized Payment.

The Claim ID is 2218269000008.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **Adjust** to resubmit the claim.  
Click **New** to submit a new claim.  
Click **View** to view the details of the submitted claim.

**Print Preview** **Copy** **Adjust** **New** **View**

The **Submit Inpatient Claim: Confirmation** will appear after the claim has been submitted. It will display the claim status and adjusted Claim ID.

The user may then:

- Click the **Print Preview** button to view claim details
- Click the **Copy** button to copy claim data
- Click the **Adjust** button to adjust the claim
- Click the **New** button to submit a new claim
- Click the **View** button to view the details of the submitted claim



# **Submitting an Institutional Crossover Claim**

# Submitting an Institutional Crossover Claim

## Step 1

**Submit Institutional Claim: Step 1**

\* Indicates a required field.

**Claim Type**  1

**Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

|   |   |                |                                  |
|---|---|----------------|----------------------------------|
| <b>Billing Provider ID</b>                | 1801152566  | <b>ID Type</b> | NPI                              |
| <b>*Billing Provider Service Location</b> | 11-SAINT MARYS REGIONAL MEDICAL CENTER-235 W 6TH ST,RENO,NEVADA,895034548 |                |                                  |
| <b>Institutional Provider ID</b>          | <input type="text" value="1801152566"/>                                   | <b>ID Type</b> | <input type="text" value="NPI"/> |
| <b>Attending Provider ID</b>              | <input type="text" value="1952455032"/>                                   | <b>ID Type</b> | <input type="text" value="NPI"/> |
| <b>Operating Provider ID</b>              | <input type="text"/>  | <b>ID Type</b> | <input type="text"/>             |
| <b>Other Operating Provider ID</b>        | <input type="text"/>  | <b>ID Type</b> | <input type="text"/>             |
| <b>Referring Provider ID</b>              | <input type="text" value="1073637203"/>                                   | <b>ID Type</b> | <input type="text" value="NPI"/> |

**Patient Information**

|                      |  |                   |         |
|----------------------|--|-------------------|---------|
| <b>*Recipient ID</b> | <input type="text" value="80733203496"/> | <b>First Name</b> | FERADRF |
| <b>Last Name</b>     | FICDTF                                   |                   |         |
| <b>Birth Date</b>    | 01/26/1943                               |                   |         |

**Claim Information**

|                                  |  |                             |   |
|----------------------------------|--|-----------------------------|---|
| <b>*Covered Dates</b>            | <input type="text" value="09/12/2018"/> - <input type="text" value="09/17/2018"/>    | <b>Discharge Hour</b>       | <input type="text" value="11:00"/> (hh:mm)                                |
| <b>*Admission Date/Hour</b>      | <input type="text" value="09/12/2018"/> - <input type="text" value="10:00"/> (hh:mm) | <b>*Admission Source</b>    | <input type="text" value="1-Non - Health Care Facility Point of Origin"/> |
| <b>*Admission Type</b>           | <input type="text" value="1-Emergency"/>   | <b>*Admitting Diagnosis</b> | <input type="text" value="I5030-Unspecified diastolic (congestive) hea"/> |
| <b>*Admitting Diagnosis Type</b> | <input type="text" value="ICD-10-CM"/>   | <b>*Facility Type Code</b>  | <input type="text" value="111-Hospital Inpatient (Including Medicare)"/>  |
| <b>*Patient Status</b>           | <input type="text" value="01-Discharged to Home or Self Ca"/>                        | <b>Authorization Number</b> | <input type="text"/>  |
| <b>*Patient Number</b>           | <input type="text" value="1125"/>  |                             |   |
| <b>Include Other Insurance</b>   | <input type="checkbox"/>   | <b>Total Charged Amount</b> | \$17,911.35   |

To start the process for a Crossover Institutional claim, the user will:

### 1. Select the **Claim Type**

NOTE: The user will follow the same steps as previously shown in the Submitting an Institutional Inpatient Claim section.

# Submitting an Institutional Crossover Claim, cont.

## Step 1

2

Medicare Crossover Details

|                         |          |                       |            |
|-------------------------|----------|-----------------------|------------|
| Deductible Amount       | 1,340.00 | Co-insurance Amount   | 1,132.00   |
| Blood Deductible Amount | 0.00     | Medicare Payment Date | 10/01/2018 |
| Medicare Payment Amount | 4,528.00 |                       |            |

3 Continue Cancel

2. Enter the Medicare Crossover Details:

- **Deductible Amount**
- **Blood Deductible Amount**
- **Medicare Payment Amount**
- **Co-insurance Amount**
- **Medicare Payment Date**

3. Click the **Continue** button

NOTE: After adding the Medicare Crossover Details, the claims submission process is the same for Steps 2 and 3 as detailed in earlier sections.



# Submitting an Institutional Crossover Claim, cont.

## Step 3

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

| Svc #    | Revenue Code | HCPCS/Proc Code | From Date | To Date | Units | Charge Amount | Action |
|----------|--------------|-----------------|-----------|---------|-------|---------------|--------|
| <u>1</u> |              |                 |           |         | 0.000 |               |        |

1 \*Revenue Code  HCPCS/Proc Code

4 Modifiers

From Date  To Date  \*Units  \*Unit Type

\*Charge Amount

5

The user will:

4. Enter information in all of the required fields (\*)
5. Click the **Add** button

# Submitting an Institutional Crossover Claim, cont.

| Medicare Crossover Details   |                                 |                 |                       |  |            |             |               |
|--|---------------------------------|-----------------|-----------------------|--|------------|-------------|---------------|
| Deductible Amount  |                                 | \$1,340.00      | Co-insurance Amount   |  | \$1,132.00 |             |               |
| Blood Deductible Amount  |                                 | \$0.00          | Medicare Payment Date |  | 10/01/2018 |             |               |
| Medicare Payment Amount  |                                 | \$4,528.00      |                       |  |            |             |               |
| <a href="#">Expand All</a>   <a href="#">Collapse All</a>  |                                 |                 |                       |  |            |             |               |
| Diagnosis Codes  |                                 |                 |                       |  |            |             |               |
| Service Details  |                                 |                 |                       |  |            |             |               |
| Svc #  | Revenue Code                    | HCPCS/Proc Code | Mod                   | From Date                                      | To Date    | Units/Type  | Charge Amount |
| 1  | 0120-R&B-Semi-Pvt-2 Bed-General |                 |                       | 09/12/2018                                     | 09/17/2018 | 5.000 Days  | \$7,500.00    |
| 2  | 0300-Laboratory (Lab)-General   |                 |                       | 09/12/2018                                     | 09/17/2018 | 22.000 Unit | \$2,800.00    |
| 3  | 0320-Dx X-Ray-General           |                 |                       | 09/12/2018                                     | 09/17/2018 | 33.000 Unit | \$3,225.85    |
| 4  | 0350-CT Scan-General            |                 |                       | 09/13/2018                                     | 09/13/2018 | 2.000 Unit  | \$1,500.00    |
| 5  | 0250-Pharmacy (Drugs)-General   |                 |                       | 09/12/2018                                     | 09/17/2018 | 5.000 Unit  | \$2,885.50    |
| No External Cause of Injury Diagnosis Codes exist for this claim   |                                 |                 |                       |  |            |             |               |
| No Other Insurance Details exist for this claim  |                                 |                 |                       |  |            |             |               |
| No Condition Codes exist for this claim  |                                 |                 |                       |  |            |             |               |
| No Occurrence Codes exist for this claim   |                                 |                 |                       |  |            |             |               |
| No Value Codes exist for this claim  |                                 |                 |                       |  |            |             |               |
| No Surgical Procedures exist for this claim  |                                 |                 |                       |  |            |             |               |
| No Attachments exist for this claim  |                                 |                 |                       |  |            |             |               |
| <a href="#">Back to Step 1</a> <a href="#">Back to Step 2</a> <a href="#">Back to Step 3</a> <a href="#">Print Preview</a> |                                 |                 |                       | <b>6</b>                                       |            |             |               |
|  |                                 |                 |                       | <a href="#">Confirm</a> <a href="#">Cancel</a> |            |             |               |

Then the user will:  
6. Click the **Confirm** button

# Submitting an Institutional Crossover Claim, cont.

**Submit Crossover Inpatient Claim: Confirmation** ?

**Crossover Inpatient Claim Receipt**

Your Crossover Inpatient Claim was successfully submitted. The claim status is Finalized Payment.

The Claim ID is 2218276000022.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **Adjust** to resubmit the claim.  
Click **New** to submit a new claim.  
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [New](#) [View](#)

The user will receive a Confirmation with the **Crossover Inpatient Claim Receipt**.

# **Searching for Institutional Claims**

# Searching for an Institutional Claim

The screenshot shows the Nevada Department of Health and Human Services portal. The header includes the department logo and name, along with navigation links for 'Contact Us' and 'Logout'. A dark blue navigation bar contains several menu items: 'My Home', 'Eligibility', 'Claims', 'Management', 'File Exchange', 'Resources', and 'Switch Provider'. The 'Claims' menu item is highlighted with a red box and a callout bubble containing the number '1'. Below this bar, a light blue sub-menu contains 'Search Claims', 'Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The 'Search Claims' item is also highlighted with a red box and a callout bubble containing the number '2'. Below the navigation bar, a status bar shows 'Delegate for Carson Tahoe Regional', 'Role IDs Provider - In Network - 1255360160 (NPI)', and 'Location 1013843 - CARSON TAHOE HOSPITAL'. The main content area is titled 'Search Claims' and contains a form with the following sections: 'Medical/Dental' (with a dropdown menu), a text area with instructions: 'A minimum one field is required. Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered. Claim searches are limited to a maximum range of 45 days.', 'Claim Information' (with a 'Claim ID' input field), 'Recipient Information' (with a 'Recipient ID' input field), and 'Service Information' (with 'Rendering Provider ID', 'ID Type', 'Claim Type', 'Service From', 'To', and 'Claim Status' input fields). At the bottom of the form are 'Search' and 'Reset' buttons.

To search for a claim, the user will need to:

1. Hover over **Claims**
2. Select **Search Claims**

# Searching for an Institutional Claim, cont.

The screenshot shows a web form titled "Search Claims" with a blue header. Below the header, there is a tab labeled "Medical/Dental". A message states: "A minimum one field is required. Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered. Claim searches are limited to a maximum range of 45 days." The form is divided into three sections: "Claim Information", "Recipient Information", and "Service Information". In the "Claim Information" section, there is a "Claim ID" text box. In the "Recipient Information" section, the "Recipient ID" text box contains the value "96536412536" and is highlighted with a red box and a callout "3". In the "Service Information" section, the "Service From" and "To" date pickers are set to "09/17/2018" and "09/21/2018" respectively, and this area is highlighted with a red box and a callout "4". At the bottom of the form, there are "Search" and "Reset" buttons, with the "Search" button highlighted by a red box and a callout "5". Other fields include "Rendering Provider ID", "ID Type", "Claim Type", and "Claim Status", all with dropdown menus.

The fastest way to locate a claim is by entering the **Claim ID**.

To search without using the Claim ID:

3. Enter the **Recipient ID**
4. Enter the **Service From** and **To**
5. Click the **Search** button

NOTE: To clear the screen and access claim status on another claim, click the **Reset** button found at the bottom of the "Search Claims" page.

# Searching for an Institutional Claim, cont.

**Search Claims** ?

Medical/Dental

A minimum one field is required.  
 Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

**Claim Information**

Claim ID

**Recipient Information**

Recipient ID

**Service Information**

Rendering Provider ID   ID Type  Claim Type

Service From  To  Claim Status

Once the user has clicked the **Search** button, the results will display at the bottom of the page.

From there, the user may:

- Click the (+) symbol to expand the claim details

**Search Results**

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 1

| Claim ID                      | TCN | Claim Type | Claim Status     | Service Date                  | Recipient ID | Rendering Provider ID | Medicaid Paid Amount | Paid Date | Recipient Responsibility |
|-------------------------------|-----|------------|------------------|-------------------------------|--------------|-----------------------|----------------------|-----------|--------------------------|
| <a href="#">2218276000016</a> |     | Inpatient  | Finalized Denied | 09/24/2018<br>-<br>09/28/2018 | 96536412536  | 1255360160            | \$0.00               | -         |                          |

6

# Searching for an Institutional Claim, cont.

| Search Results   |                               |     |            |                  |                               |              |                       |                      |           |                          |
|--|-------------------------------|-----|------------|------------------|-------------------------------|--------------|-----------------------|----------------------|-----------|--------------------------|
| To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. |                               |     |            |                  |                               |              |                       |                      |           | Total Records: 1         |
|  | Claim ID                      | TCN | Claim Type | Claim Status     | Service Date                  | Recipient ID | Rendering Provider ID | Medicaid Paid Amount | Paid Date | Recipient Responsibility |
| <input type="checkbox"/>   | <a href="#">2218276000016</a> |     | Inpatient  | Finalized Denied | 09/24/2018<br>-<br>09/28/2018 | 96536412536  | 1255360160            | \$0.00               | -         |                          |

Once the user has clicked the + symbol, the **Inpatient Claim Information** and **Service Information** panels will populate.

| Inpatient Claim Information |                                  |                  |  |                            |  |                     |            |        |  |  |
|-----------------------------|----------------------------------|------------------|--|----------------------------|--|---------------------|------------|--------|--|--|
| <b>Recipient</b>            | QPRB VBLWNB                      |                  |  | <b>Total Charge Amount</b> | \$2,575.00                                       |                     |            |        |  |  |
| <b>Birth Date</b>           | 10/03/1983                       |                  |  | <b>Total Paid Amount</b>   | \$0.00   |                     |            |        |  |  |
| <b>Rendering Provider</b>   | CARSON TAHOE REGIONAL HEALTHCARE |                  |  | <b>Paid Date</b>           | -  |                     |            |        |  |  |
| <b>Claim Status</b>         | Finalized Denied                 |                  |  | <b>Reason Code</b>         | Finalized/Denial-The claim/line has been denied. |                     |            |        |  |  |
| Service Information         |                                  |                  |  |                            |  |                     |            |        |  |  |
| Service                     | Service Date                     | Line Status      | Reason Code                                      | Units                      | Revenue  | Procedure/Modifiers | Charge     | Paid   |  |  |
| 1                           | 09/24/2018 - 09/28/2018          | Finalized Denied | Finalized/Denial-The claim/line has been denied. | 4                          | 120  |                     | \$1,500.00 | \$0.00 |  |  |
| 2                           | 09/24/2018 - 09/28/2018          | Finalized Denied | Finalized/Denial-The claim/line has been denied. | 4                          | 250  |                     | \$500.00   | \$0.00 |  |  |
| 3                           | 09/24/2018 - 09/28/2018          | Finalized Denied | Finalized/Denial-The claim/line has been denied. | 1                          | 320  |                     | \$300.00   | \$0.00 |  |  |
| 4                           | 09/24/2018 - 09/28/2018          | Finalized Denied | Finalized/Denial-The claim/line has been denied. | 2                          | 300  |                     | \$275.00   | \$0.00 |  |  |



# Searching for an Institutional Claim, cont.

| Search Results   |                               |     |            |                  |                               |              |                       |                      |           |                          |
|--|-------------------------------|-----|------------|------------------|-------------------------------|--------------|-----------------------|----------------------|-----------|--------------------------|
| To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. |                               |     |            |                  |                               |              |                       |                      |           |                          |
|  |                               |     |            |                  |                               |              |                       |                      |           | Total Records: 1         |
|  | Claim ID                      | TCN | Claim Type | Claim Status     | Service Date                  | Recipient ID | Rendering Provider ID | Medicaid Paid Amount | Paid Date | Recipient Responsibility |
| <input type="checkbox"/>   | <a href="#">2218276000016</a> | 7   | Inpatient  | Finalized Denied | 09/24/2018<br>-<br>09/28/2018 | 96536412536  | 1255360160            | \$0.00               | -         |                          |

| Inpatient Claim Information |                                  |  |  |                            |  |  |  |  |  |  |
|-----------------------------|----------------------------------|--|--|----------------------------|--|--|--|--|--|--|
| <b>Recipient</b>            | QPRB VBLWBNF                     |  |  | <b>Total Charge Amount</b> | \$2,575.00                                       |  |  |  |  |  |
| <b>Birth Date</b>           | 10/03/1983                       |  |  | <b>Total Paid Amount</b>   | \$0.00   |  |  |  |  |  |
| <b>Rendering Provider</b>   | CARSON TAHOE REGIONAL HEALTHCARE |  |  | <b>Paid Date</b>           | -  |  |  |  |  |  |
| <b>Claim Status</b>         | Finalized Denied                 |  |  | <b>Reason Code</b>         | Finalized/Denial-The claim/line has been denied. |  |  |  |  |  |

| Service Information |                         |                  |  |       |         |                     |            |        |  |  |
|---------------------|-------------------------|------------------|--|-------|---------|---------------------|------------|--------|--|--|
| Service             | Service Date            | Line Status      | Reason Code                                      | Units | Revenue | Procedure/Modifiers | Charge     | Paid   |  |  |
| 1                   | 09/24/2018 - 09/28/2018 | Finalized Denied | Finalized/Denial-The claim/line has been denied. | 4     | 120     |                     | \$1,500.00 | \$0.00 |  |  |
| 2                   | 09/24/2018 - 09/28/2018 | Finalized Denied | Finalized/Denial-The claim/line has been denied. | 4     | 250     |                     | \$500.00   | \$0.00 |  |  |
| 3                   | 09/24/2018 - 09/28/2018 | Finalized Denied | Finalized/Denial-The claim/line has been denied. | 1     | 320     |                     | \$300.00   | \$0.00 |  |  |
| 4                   | 09/24/2018 - 09/28/2018 | Finalized Denied | Finalized/Denial-The claim/line has been denied. | 2     | 300     |                     | \$275.00   | \$0.00 |  |  |

7. Click the **Claim ID** hyperlink to open the claim

# Searching for an Institutional Claim, cont.

View Institutional Claim - ID 2218276000016 [Back to Search Results](#)

**Claim Type** Inpatient

**Provider Information**

|  |   |                |     |
|--|---|----------------|-----|
| <b>Billing Provider ID</b>               | 1255360160  | <b>ID Type</b> | NPI |
| <b>Billing Provider Service Location</b> | 11-CARSON TAHOE REGIONAL HEALTHCARE-1600 MEDICAL PARKWAY, CARSON CITY, NEVADA, 89703-4625 |                |     |
| <b>Institutional Provider ID</b>         | -   | <b>ID Type</b> | -   |
| <b>Attending Provider ID</b>             | -   | <b>ID Type</b> | -   |
| <b>Operating Provider ID</b>             | -   | <b>ID Type</b> | -   |
| <b>Other Operating Provider ID</b>       | -   | <b>ID Type</b> | -   |
| <b>Referring Provider ID</b>             | -   | <b>ID Type</b> | -   |

**Patient Information**

|                     |             |               |        |
|---------------------|-------------|---------------|--------|
| <b>Recipient ID</b> | 96536412536 | <b>Gender</b> | Female |
| <b>Recipient</b>    | QPRB VBLWNB |               |        |
| <b>Birth Date</b>   | 10/03/1983  |               |        |

**Claim Information**

|                                 |  |                             |   |
|---------------------------------|--|-----------------------------|---|
| <b>Claim Status</b>             | Finalized Denied                                       | <b>Admission Date/ Hour</b> | 09/24/2018 - _  |
| <b>Covered Dates</b>            | 09/24/2018 - 09/28/2018                                | <b>Admission Source</b>     | 1-Non - Health Care Facility Point of Origin                                      |
| <b>Admission Type</b>           | 1-Emergency  | <b>Discharge Hour</b>       | -   |
| <b>Admitting Diagnosis Type</b> | ICD-10-CM  | <b>Facility Type Code</b>   | 111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim |
| <b>Admitting Diagnosis</b>      | R079   | <b>Authorization Number</b> | 451826900002  |
| <b>Patient Status</b>           | 01-Discharged to Home or Self Care (Routine Discharge) | <b>Related Claim ICN</b>    | -   |
| <b>Patient Number</b>           | 123456   |                             |   |
| <b>Previous Claim ICN</b>       | -  |                             |   |

**Total Allowed Amount** \$0.00      **Total Co-pay Amount** \$0.00      **Total Charged Amount** \$2,575.00      **Total Paid Amount** \$0.00

[Expand All](#) | [Collapse All](#)

**Adjudication Errors** [+](#)

8

If the claim is denied, the user may review the errors as follows:

8. Click the (+) symbol adjacent to the **Adjudication Errors** panel

# Searching for an Institutional Claim, cont.

| Claim Information               |  |   |
|---------------------------------|--|---|
| <b>Claim Status</b>             | Finalized Denied                                       |   |
| <b>Covered Dates</b>            | 09/24/2018 - 09/28/2018                                | <b>Admission Date/ Hour</b> 09/24/2018 - _  |
| <b>Admission Type</b>           | 1-Emergency  | <b>Admission Source</b> 1-Non - Health Care Facility Point of Origin  |
| <b>Admitting Diagnosis Type</b> | ICD-10-CM  | <b>Discharge Hour</b> _   |
| <b>Admitting Diagnosis</b>      | R079   | <b>Facility Type Code</b> 111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim |
| <b>Patient Status</b>           | 01-Discharged to Home or Self Care (Routine Discharge) | <b>Authorization Number</b> 451826900002  |
| <b>Patient Number</b>           | 123456   | <b>Related Claim ICN</b> _  |
| <b>Previous Claim ICN</b>       | _  |   |
| <b>Note</b>                     | _  |   |
| <b>Total Allowed Amount</b>     | \$0.00   | <b>Total Charged Amount</b> \$2,575.00  |
| <b>Total Co-pay Amount</b>      | \$0.00   | <b>Total Paid Amount</b> \$0.00   |

With the **Adjudication Errors** panel expanded, the user may review the errors associated with the claim's denial.

| Adjudication Errors |           |                               |      |
|---------------------|-----------|-------------------------------|------|
| Claim / Service #   | HIPAA Adj | Description                   | EOB  |
| Claim               | 381       | ATTENDING NPI REQUIRED        | 1390 |
| Claim               | 1022      | REFERRING NPI REQUIRED        | 1024 |
| Claim               | 3347      | NO PAYABLE ACCOMMODATION CODE | 0609 |

| Service Details |                                 |                 |     |            |            |            |               |                |               |             |
|-----------------|---------------------------------|-----------------|-----|------------|------------|------------|---------------|----------------|---------------|-------------|
| Svc #           | Revenue Code                    | HCPCS/Proc Code | Mod | From Date  | To Date    | Units/Type | Charge Amount | Allowed Amount | Co-pay Amount | Paid Amount |
| 1               | 0120-R&B-Semi-Pvt-2 Bed-General |                 |     | 09/24/2018 | 09/28/2018 | 4.000 Unit | \$1,500.00    | \$0.00         | \$0.00        | \$0.00      |
| 2               | 0250-Pharmacy (Drugs) -General  |                 |     | 09/24/2018 | 09/28/2018 | 4.000 Unit | \$500.00      | \$0.00         | \$0.00        | \$0.00      |
| 3               | 0320-Dx X-Ray-General           |                 |     | 09/24/2018 | 09/28/2018 | 1.000 Unit | \$300.00      | \$0.00         | \$0.00        | \$0.00      |
| 4               | 0300-Laboratory (Lab) -General  |                 |     | 09/24/2018 | 09/28/2018 | 2.000 Unit | \$275.00      | \$0.00         | \$0.00        | \$0.00      |



# **Viewing an Institutional Claim's Remittance Advice (RA)**

# Viewing an Institutional Claim's RA

The screenshot displays the 'Claims' section of a web portal. A red box highlights the 'Claims' menu item (1) and the 'Search Payment History' link (2). Below, the 'Search Payment History' form is shown with a red box around the search criteria fields (3) and the 'Search' button (4). The form includes fields for 'Payment Method', 'Payment Type', 'Check # / RA #', 'Issue Date' (with 'From' and 'To' date pickers), and a 'Reset' button. The provider information is displayed above the form: Mountain View Hospital, Role IDs: Provider - In Network - 1104870187 (NPI), Location: 1002006 - MOUNTAINVIEW HOSPITAL AND MEDICAL CENTER.

To begin locating an RA, the user will:

1. Hover over **Claims**
2. Select **Search Payment History**
3. Enter search criteria to refine the search results
4. Click the **Search** button

NOTE: RAs can only be searched in the Provider Portal. The default search range is for the past 90 days.

# Viewing an Institutional Claim's RA, cont.

**Search Payment History** ?

**Provider Information**

**Provider ID** 1104870187      **ID Type** NPI      **Name** MOUNTAINVIEW HOSPITAL AND MEDICAL CENTER

**Location ID** 1002006

\* Indicates a required field.

Placeholder for configurable text.

**Payment Method** All      **Payment Type** All      **Check # / RA #**

**Issue Date** **\*From** 06/01/2018      **\*To** 08/01/2018

Search    Reset

**Search Results**

To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.

If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service 5 for assistance.

| Issue Date | Payment Method | Payment Type | Check # / RA #      | Total Paid Amount | RA Copy (PDF) |
|------------|----------------|--------------|---------------------|-------------------|---------------|
| 06/22/2018 | CHK            | C            | 000000000/100004855 | \$0.00            |               |
| 06/15/2018 | CHK            | C            | 000000000/100004767 | \$0.00            |               |

PDF Files require [Adobe Acrobat Reader](#)

The user will:

5. Click on the image in the **RA Copy** column to view the RA.

# Viewing an Institutional Claim's RA, cont.

**Search Payment History** ?

**Provider Information**

|                               |                    |  |
|-------------------------------|--------------------|--|
| <b>Provider ID</b> 1104870187 | <b>ID Type</b> NPI | <b>Name</b> MOUNTAINVIEW HOSPITAL AND MEDICAL CENTER |
| <b>Location ID</b> 1002006    |                    |  |

\* Indicates a required field.

Placeholder for configurable text.

**Payment Method** All

**Payment Type** All  **Check # / RA #**



**Issue Date** **\*From** 06/01/2018  **\*To** 08/01/2018

**Search Results**

To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.

If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.

Total Records: 2

| Issue Date | Payment Method | Payment Type | Check # / RA #      | Total Paid Amount | RA Copy (PDF)   |
|------------|----------------|--------------|---------------------|-------------------|---|
| 06/22/2018 | CHK            | C            | 000000000/100004855 | \$0.00            |   |
| 06/15/2018 | CHK            | C            | 000000000/100004767 | \$0.00            |  |

6. User will click the **Open** button

PDF Files require [Adobe Acrobat Reader](#)

Do you want to open or save RA 100004855.pdf (14.6 KB) from portalmod.medicaid.nv.gov?

6

# Viewing an Institutional Claim's RA, cont.

|                            |   |                         |                            |        |                  |               |
|----------------------------|---|-------------------------|----------------------------|--------|------------------|---------------|
| REPORT: CRA-IPDN-R         | NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY |                         |                            |        | DATE: 10/05/2018 |               |
| RA#: 100005607             | NEVADA MEDICAID (TXIX)                              |                         |                            |        | PAGE: 3          |               |
| PAYER: TXIX                | PROVIDER REMITTANCE ADVICE                          |                         |                            |        |                  |               |
|                            | INPATIENT CLAIMS DENIED                             |                         |                            |        |                  |               |
| CARDON TAYLOR HOSPITAL     |   |                         | PAYER ID 1013843 MCD       |        |                  |               |
| PO BOX 2168                |   |                         | NPI 1255360160             |        |                  |               |
| CARDON CITY, NV 89702-2168 |   |                         | CHECK/RPT NUMBER 000000000 |        |                  |               |
|                            |   |                         | PAYMENT DATE 10/12/2018    |        |                  |               |
|                            | PCN   | SERVICE DATE            | ADMIT DT                   | C DAYS | BILLED           | OTH INS       |
| --ICN--                    | MRN   | FROM TO                 |                            | DRG CD | SOI              | AMOUNT        |
| MEMBER NAME: QPFR VRLWNGP  |   | MEMBER NO.: 96536412536 |                            |        |                  |               |
| 2218277000005              | 123456789   | 091718 092118           | 091718                     | 0      |                  | 2,972.08 0.00 |
| HEADER ROGE: 0609 1011     |   |                         |                            |        |                  |               |
|                            | PCN   | SERVICE DATE            | ADMIT DT                   | C DAYS | BILLED           | OTH INS       |
| --ICN--                    | MRN   | FROM TO                 |                            | DRG CD | SOI              | AMOUNT        |
| MEMBER NAME: QPFR VRLWNGP  |   | MEMBER NO.: 96536412536 |                            |        |                  |               |
| 2218277000006              | 123456789   | 091718 092118           | 091718                     | 0      |                  | 2,972.08 0.00 |

After clicking the **Open** button, the user can review the RA.



# **Copying an Institutional Claim**

# Copying an Institutional Claim

My Home | **Claims** | Care Management | File Exchange | Resources | Switch Provider

Search Claims | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

Thursday 10/04/2018 03:14 PM EST

Delegate for Carson Tahoe Regional | Role IDs Provider - In Network - 1255360160 (NPI) | Location 1013843 - CARSON TAHOE HOSPITAL

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID  ID Type

Service From  To

Claim Type

Claim Status

To copy a claim, the user will need to:

1. Return to the “Search Claims” page
2. Enter the search criteria
3. Click the **Search** button

Search results will populate at the bottom of the screen.

From the search results:

4. Click the **Claim ID** link

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 3

| Claim ID                      | TCN | Claim Type             | Claim Status     | Service Date             | Recipient ID | Rendering Provider ID | Medicaid Paid Amount | Paid Date | Recipient Responsibility |
|-------------------------------|-----|------------------------|------------------|--------------------------|--------------|-----------------------|----------------------|-----------|--------------------------|
| <a href="#">2218271000015</a> |     | Crossover Professional | Finalized Denied | 09/17/2018               | 96536412536  | 1255360160            | \$0.00               | -         |                          |
| <a href="#">2218277000005</a> |     | Inpatient              | Finalized Denied | 09/17/2018<br>09/21/2018 | 96536412536  | 1255360160            | \$0.00               | -         |                          |
| <a href="#">2218277000006</a> |     | Inpatient              | Finalized Denied | 09/17/2018<br>09/21/2018 | 96536412536  | 1255360160            | \$0.00               | -         |                          |

# Copying an Institutional Claim, cont.

**5**

**Claim Information**

**Claim Status** Finalized Denied  
**Covered Dates** 09/17/2018 - 09/21/2018  
**Admission Type** 1-Emergency  
**Admitting Diagnosis Type** ICD-10-CM  
**Admitting Diagnosis** G40111  
**Patient Status** 01-Discharged to Home or Self Care (Routine Discharge)  
**Patient Number** 123456789  
**Previous Claim ICN** -  
**Note** -

**Admission Date/Hour** 09/17/2018 - -  
**Admission Source** 1-Non - Health Care Facility Point of Origin  
**Discharge Hour** -  
**Facility Type Code** 111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim  
**Authorization Number** -  
**Related Claim ICN** -

**Total Charged Amount** \$2,972.08  
**Total Allowed Amount** \$0.00  
**Total Co-pay Amount** \$0.00  
**Total Paid Amount** \$0.00

[Expand All](#) | [Collapse All](#)

**Adjudication Errors**

**Diagnosis Codes**

**Service Details**

| Svc # | Revenue Code                    | HCPCS/Proc Code | Mod | From Date  | To Date    | Units/Type | Charge Amount | Allowed Amount | Co-pay Amount | Paid Amount |
|-------|---------------------------------|-----------------|-----|------------|------------|------------|---------------|----------------|---------------|-------------|
| 1     | 0120-R&B-Semi-Pvt-2 Bed-General |                 |     | 09/17/2018 | 09/21/2018 | 4.000 Unit | \$350.00      | \$0.00         | \$0.00        | \$0.00      |
| 2     | 0250-Pharmacy (Drugs) -General  |                 |     | 09/17/2018 | 09/21/2018 | 1.000 Unit | \$500.25      | \$0.00         | \$0.00        | \$0.00      |
| 3     | 0320-Dx X-Ray-General           |                 |     | 09/17/2018 | 09/21/2018 | 1.000 Unit | \$1,500.31    | \$0.00         | \$0.00        | \$0.00      |
| 4     | 0300-Laboratory (Lab) -General  |                 |     | 09/17/2018 | 09/21/2018 | 1.000 Unit | \$621.52      | \$0.00         | \$0.00        | \$0.00      |

**No External Cause of Injury Diagnosis Codes exist for this claim**

**No Other Insurance Details exist for this claim**

**No Condition Codes exist for this claim**

**No Occurrence Codes exist for this claim**

**No Value Codes exist for this claim**

**No Surgical Procedures exist for this claim**

**No Attachments exist for this claim**

**6**

[Copy](#) [Print Preview](#)

After the user has viewed the claim, user will:

5. Scroll down to the bottom of the page
6. Click the **Copy** button, that opens the copied claim

# Copying an Institutional Claim, cont.

Delegate for Carson Tahoe Regional    Role IDs Provider - In Network - 1255360160 (NPI)    Location 1013843 - CARSON TAHOE HOSPITAL

### Copy Inpatient Claim

Select the information you would like to have copied to the new claim. Press Copy to initiate the claim and continue entering claim information.

|   |   |   |  |
|---|---|---|--|
| <input type="radio"/> Recipient Information                                 | <input type="radio"/> Service Information   | <input type="radio"/> Recipient and Service Information | <input checked="" type="radio"/> Entire Claim  |
| Recipient ID<br>Last Name<br>First Name<br>Birth Date<br>Condition Codes(s) | Inpatient/Outpatient Ind.<br>Admission Source<br>Admission Type<br>Admitting Diagnosis<br>Place of Service<br>Diagnosis Code(s)<br>Revenue Code(s)<br>HCPCS/Proc Code(s)<br>Modifier(s)<br>Detail Charge Amount(s)<br>Units<br>Unit Type(s)<br>NDC Code Type(s)<br>NDC Code(s)<br>NDC Quantity(s)<br>NDC Unit of Measure(s) | Copies data listed in previous 2 columns.               | Copies data listed in columns 1 and 2 PLUS:<br>All Providers<br>Admission Date/Hour<br>Discharge Hour<br>Patient Status<br>Authorization Number<br>Occurrence Code(s)<br>Value Code(s)<br>Surgical Procedure Code(s)<br>NDC Prescription #(s)<br>NDC Prescription Type(s)<br>Other Insurance Details<br>All Dates<br>All Amounts |

7

8

Copy    Cancel

7. Select what portion of the claim to copy (for this example, the user has selected **Entire Claim**)
8. Click the **Copy** button

# Copying an Institutional Claim, cont.

**Submit Institutional Claim: Step 1** ?

\* Indicates a required field.

Claim Type

---

**Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

|  |  |                |                      |
|--|--|----------------|----------------------|
| <b>Billing Provider ID</b>                 | 1255360160   | <b>ID Type</b> | NPI                  |
| * <b>Billing Provider Service Location</b> | <input type="text" value="11-CARSON TAHOE REGIONAL HEALTHCARE-1600 MEDICAL PARKWAY,CARSON CITY,NEVADA,897034625"/> |                |                      |
| <b>Institutional Provider ID</b>           | <input type="text"/>   | <b>ID Type</b> | <input type="text"/> |
| <b>Attending Provider ID</b>               | <input type="text" value="1952455032"/>  | <b>ID Type</b> | NPI                  |
| <b>Operating Provider ID</b>               | <input type="text"/>   | <b>ID Type</b> | <input type="text"/> |
| <b>Other Operating Provider ID</b>         | <input type="text"/>   | <b>ID Type</b> | <input type="text"/> |
| <b>Referring Provider ID</b>               | <input type="text"/>   | <b>ID Type</b> | <input type="text"/> |

---

**Patient Information**

|                       |  |                   |      |
|-----------------------|--|-------------------|------|
| * <b>Recipient ID</b> | <input type="text" value="96536412536"/> | <b>First Name</b> | QPRB |
| <b>Last Name</b>      | VBLWNBF                                  |                   |      |
| <b>Birth Date</b>     | 10/03/1983                               |                   |      |

---

**Claim Information**

|                                   |   |                              |  |
|-----------------------------------|---|------------------------------|--|
| * <b>Covered Dates</b>            | <input type="text" value="09/04/2018"/> - <input type="text" value="09/07/2018"/> | <b>Discharge Hour</b>        | <input type="text"/> (hh:mm)                 |
| * <b>Admission Date/Hour</b>      | <input type="text" value="09/04/2018"/> (hh:mm)                                   | * <b>Admission Source</b>    | 1-Non - Health Care Facility Point of Origin |
| * <b>Admission Type</b>           | 1-Emergency   | * <b>Admitting Diagnosis</b> | R079-Chest pain, unspecified                 |
| * <b>Admitting Diagnosis Type</b> | ICD-10-CM   | * <b>Facility Type Code</b>  | 111-Hospital Inpatient (Including Medicare)  |
| * <b>Patient Status</b>           | 01-Discharged to Home or Self Ca  | <b>Authorization Number</b>  | 451826900002                                 |
| * <b>Patient Number</b>           | 1111  |                              |  |
| <b>Include Other Insurance</b>    | <input type="checkbox"/>  | <b>Total Charged Amount</b>  | \$12,100.00                                  |

The user may edit and submit the claim as covered in prior sections.



# **Adjusting an Institutional Claim**

# Adjusting an Institutional Claim

Search Claims

Medical/Dental

A minimum one field is required.  
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.  
Claim searches are limited to a maximum range of 45 days.

**Claim Information**

Claim ID

**Recipient Information**

Recipient ID

**Service Information**

Rendering Provider ID  ID Type  Claim Type

Service From  To  Claim Status

**Search** **Reset**

**Search Results**

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. Total Records: 1

| Claim ID                        | Claim Type          | Claim Status      | Service Date            | Recipient ID | Rendering Provider ID | Medicaid Paid Amount | Paid Date | Recipient Responsibility |
|---------------------------------|---------------------|-------------------|-------------------------|--------------|-----------------------|----------------------|-----------|--------------------------|
| <a href="#">+ 2218276000022</a> | Crossover Inpatient | Finalized Payment | 09/12/2018 - 09/17/2018 | 80733203496  | 1801152566            | \$2,472.00           | -         |                          |

To begin the claim adjustment process:

1. Return to the “Search Claims ” page
2. Enter the search criteria
3. Click the **Search** button
4. Click the **Claim ID** hyperlink

NOTE: Denied Claims cannot be adjusted. The **Claim Status** column will indicate Finalized Payment if a claim is paid.

# Adjusting an Institutional Claim, cont.

## Step 1

View Institutional Claim - ID 221827600022 [Back to Search Results](#) ?

**Claim Type** Crossover Inpatient

**Provider Information**

|                                    |   |                |     |
|------------------------------------|---|----------------|-----|
| <b>Provider ID</b>                 | 1801152566  | <b>ID Type</b> | NPI |
| <b>Billing Provider Location</b>   | 11-SAINT MARYS REGIONAL MEDICAL CENTER-235 W 6TH ST, RENO, NEVADA, 89503-4548 |                |     |
| <b>Institutional Provider ID</b>   | 1801152566  | <b>ID Type</b> | NPI |
| <b>Attending Provider ID</b>       | 1952455032  | <b>ID Type</b> | NPI |
| <b>Operating Provider ID</b>       | -   | <b>ID Type</b> | -   |
| <b>Other Operating Provider ID</b> | -   | <b>ID Type</b> | -   |
| <b>Referring Provider ID</b>       | 1073637203  | <b>ID Type</b> | NPI |

**Patient Information**

|                     |                |               |      |
|---------------------|----------------|---------------|------|
| <b>Recipient ID</b> | 80733203496    | <b>Gender</b> | Male |
| <b>Recipient</b>    | FERADRF FICDTF |               |      |
| <b>Birth Date</b>   | 01/26/1943     |               |      |

**Claim Information**

|                                 |  |                             |   |
|---------------------------------|--|-----------------------------|---|
| <b>Claim Status</b>             | Finalized Payment                                      | <b>Admission Date/Hour</b>  | 09/12/2018 - 10:00  |
| <b>Covered Dates</b>            | 09/12/2018 - 09/17/2018                                | <b>Admission Source</b>     | 1-Non - Health Care Facility Point of Origin                                      |
| <b>Admission Type</b>           | 1-Emergency  | <b>Discharge Hour</b>       | 11:00   |
| <b>Admitting Diagnosis Type</b> | ICD-10-CM  | <b>Facility Type Code</b>   | 111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim |
| <b>Admitting Diagnosis</b>      | I5030  | <b>Authorization Number</b> | -   |
| <b>Patient Status</b>           | 01-Discharged to Home or Self Care (Routine Discharge) | <b>Related Claim ICN</b>    | -   |
| <b>Patient Number</b>           | 1125   |                             |   |
| <b>Previous Claim ICN</b>       | -  |                             |   |
| <b>Note</b>                     | -  |                             |   |
| <b>Total Allowed Amount</b>     | \$7,500.00   | <b>Total Co-pay Amount</b>  | \$0.00  |
|                                 |  | <b>Total Charged Amount</b> | \$17,911.35   |
|                                 |  | <b>Total Paid Amount</b>    | \$2,472.00  |

**Medicare Crossover Details**

|                                |            |                              |            |
|--------------------------------|------------|------------------------------|------------|
| <b>Deductible Amount</b>       | \$1,340.00 | <b>Co-insurance Amount</b>   | \$1,132.00 |
| <b>Blind Deductible Amount</b> | \$0.00     | <b>Medicare Payment Date</b> | 10/01/2018 |
| <b>Medicare Payment Amount</b> | \$4,528.00 |                              |            |

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes** [+](#)

No Surgical Procedures exist for this claim

No Attachments exist for this claim

**Adjust** **Void** **Print Preview**

On the “View Institutional Claim: Step 1” page, the user will:

5. Scroll down to the bottom of the page
6. Click the **Adjust** button



# Adjusting an Institutional Claim, cont.

## Step 1

\* Indicates a required field.

Claim Type Crossover Inpatient

**Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

|                                    |   |         |     |
|------------------------------------|---|---------|-----|
| Billing Provider ID                | 1801152566  | ID Type | NPI |
| *Billing Provider Service Location | 11-SAINT MARYS REGIONAL MEDICAL CENTER-235 W 6TH ST,RENO,NEVADA,895034548 |         |     |
| Institutional Provider ID          | 1801152566  | ID Type | NPI |
| Attending Provider ID              | 1952455032  | ID Type | NPI |
| Operating Provider ID              |   | ID Type |     |
| Other Operating Provider ID        |   | ID Type |     |
| Referring Provider ID              | 1073637203  | ID Type | NPI |

**Patient Information**

|               |             |            |            |
|---------------|-------------|------------|------------|
| *Recipient ID | 80733203496 | First Name | FERADRF    |
| Last Name     | FICDTF      | Birth Date | 01/26/1943 |

**Claim Information**

|                           |                                  |                      |   |
|---------------------------|----------------------------------|----------------------|---|
| Claim Status              | Finalized Payment                | Discharge Hour       | 11:00 (hh:mm)                                 |
| *Covered Dates            | 09/12/2018 - 09/17/2018          | *Admission Source    | 1-Non - Health Care Facility Point of Origin  |
| *Admission Date/Hour      | 09/12/2018 - 10:00 (hh:mm)       | *Admitting Diagnosis | I5030-Unspecified diastolic (congestive) hear |
| *Admission Type           | 1-Emergency                      | *Facility Type Code  | 111-Hospital Inpatient (Including Medicare)   |
| *Admitting Diagnosis Type | I10-I20-Ischemic heart disease   | Authorization Number |   |
| *Patient Status           | 01-Discharged to Home or Self Ca | Total Charged Amount | \$17,911.35                                   |
| *Patient Number           | 1125                             |                      |   |

Include Other Insurance

**Medicare Crossover Details**

|                         |          |                       |            |
|-------------------------|----------|-----------------------|------------|
| Deductible Amount       | 1,340.00 | Co-insurance Amount   | 1,132.00   |
| Blood Deductible Amount | 0.00     | Medicare Payment Date | 10/01/2018 |
| Medicare Payment Amount | 4,528.00 |                       |            |

No Adjudication Errors exist for this claim

**9** [Continue](#) [Cancel](#)

From here, the user may:

7. Review and make any necessary edits to the Step 1 Provider, Recipient, or Claim information
8. For this example, the user will change the Medicare **Deductible Amount** field
9. Click on the **Continue** button at the bottom of the page to proceed to the next step

# Adjusting an Institutional Claim, cont.

## Step 1

| Medicare Crossover Details |            |
|----------------------------|------------|
| Deductible Amount          | 1,340.00   |
| Co-insurance Amount        | 1,132.00   |
| Blood Deductible Amount    | 0.00       |
| Medicare Payment Date      | 10/01/2018 |
| Medicare Payment Amount    | 4,528.00   |

No Adjudication Errors exist for this claim

[Continue](#) [Cancel](#)

For this example, the user has removed the Medicare **Deductible Amount** (step 10) from the adjusted claim.

To continue, the user will:

11. Click the **Continue** button to proceed to Step 2

| Medicare Crossover Details |            |
|----------------------------|------------|
| Deductible Amount          |            |
| Co-insurance Amount        | 3,000.00   |
| Blood Deductible Amount    | 0.00       |
| Medicare Payment Date      | 10/01/2018 |
| Medicare Payment Amount    | 7,000.00   |

No Adjudication Errors exist for this claim

[Continue](#) [Cancel](#)

# Adjusting an Institutional Claim, cont.

**Resubmit Institutional Claim ID 221827600022: Step 2** ?

\* Indicates a required field.

**Claim Type** Crossover Inpatient

---

**Provider Information**

**Billing Provider ID** 1801152566 **ID Type** NPI

---

**Patient and Claim Information**

**Claim Status** Finalized Payment  
**Recipient ID** 80733203496  
**Recipient** FERADRF FICDTF  
**Birth Date** 01/26/1943  
**Covered Dates** 09/12/2018 - 09/17/2018  
**Admitting Diagnosis Type** ICD-10-CM

**Gender** Male  
**Total Charged Amount** \$17,911.35  
**Admission Date/Hour** 09/12/2018 - 10:00  
**Admitting Diagnosis** I5030-Unspecified diastolic (congestive) heart failure

---

**Medicare Crossover Details**

**Deductible Amount** - **Co-insurance Amount** \$3,000.00  
**Blood Deductible Amount** \$0.00 **Medicare Payment Date** 10/01/2018  
**Medicare Payment Amount** \$7,000.00

[Expand All](#) | [Collapse All](#)

---

**Diagnosis Codes** -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.  
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

| # | Diagnosis Type | Diagnosis Code   | POA     | Action                 |
|---|----------------|--|---------|------------------------|
| 1 | ICD-10-CM      | I5030-Unspecified diastolic (congestive) heart failure | Yes     | <a href="#">Remove</a> |
| 2 | ICD-10-CM      | I10-Essential (primary) hypertension                   | Yes     | <a href="#">Remove</a> |
| 3 | ICD-10-CM      | I509-Heart failure, unspecified                        | Unknown | <a href="#">Remove</a> |
| 4 |                |  |         |                        |

4 \***Diagnosis Type**  \***Diagnosis Code**

**Present on Admission**

[Add](#) [Reset](#)

---

**Surgical Procedures** +

---

No Adjudication Errors exist for this claim

---

[Back to Step 1](#) **12** [Continue](#) [Cancel](#)

Once the user has clicked the **Continue** button, Step 2 will populate and the user will:

12. Click the **Continue** button again at the bottom of the page and Step 3 will populate

NOTE: Click the **Cancel** button to cancel the adjustment.

# Adjusting an Institutional Claim, cont.

**Resubmit Institutional Claim ID 221827600022: Step 3** ?

\* Indicates a required field.

**Claim Type** Crossover Inpatient

**Provider Information**

**Billing Provider ID** 1801152566 **ID Type** NPI

**Patient and Claim Information**

**Claim Status** Finalized Payment  
**Recipient ID** 80733203496  
**Recipient** FERADRF FICDTF  
**Birth Date** 01/26/1943  
**Covered Dates** 09/12/2018 - 09/17/2018  
**Admitting Diagnosis Type** ICD-10-CM

**Gender** Male  
**Total Charged Amount** \$17,911.35  
**Admission Date/Hour** 09/12/2018 - 10:00  
**Admitting Diagnosis** I5030-Unspecified diastolic (congestive) heart failure

**Medicare Crossover Details**

**Deductible Amount** \_  
**Blood Deductible Amount** \$0.00  
**Medicare Payment Amount** \$7,000.00

**Co-insurance Amount** \$3,000.00  
**Medicare Payment Date** 10/01/2018

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes** +

**Service Details** -

**Attachments** -

Click the **Remove** link to remove the entire row.

| #                          | Transmission Method | File | Control # | Attachment Type | Action |
|----------------------------|---------------------|------|-----------|-----------------|--------|
| + Click to add attachment. |                     |      |           |                 |        |

**No Adjudication Errors exist for this claim**

[Back to Step 1](#) [Back to Step 2](#) **13** [Resubmit](#) [Cancel](#)

13. Click the **Resubmit** button

NOTE: Click the **Cancel** button to cancel the adjustment.

# Adjusting an Institutional Claim, cont.

| Service Details |                                 |                 |     |            |            |             |               |
|-----------------|---------------------------------|-----------------|-----|------------|------------|-------------|---------------|
| Svc #           | Revenue Code                    | HCPCS/Proc Code | Mod | From Date  | To Date    | Units/Type  | Charge Amount |
| 1               | 0120-R&B-Semi-Pvt-2 Bed-General |                 |     | 09/12/2018 | 09/17/2018 | 5.000 Days  | \$7,500.00    |
| 2               | 0300-Laboratory (Lab)-General   |                 |     | 09/12/2018 | 09/17/2018 | 22.000 Unit | \$2,800.00    |
| 3               | 0320-Dx X-Ray-General           |                 |     | 09/12/2018 | 09/17/2018 | 33.000 Unit | \$3,225.85    |
| 4               | 0350-CT Scan-General            |                 |     | 09/13/2018 | 09/13/2018 | 2.000 Unit  | \$1,500.00    |
| 5               | 0250-Pharmacy (Drugs)-General   |                 |     | 09/12/2018 | 09/17/2018 | 5.000 Unit  | \$2,885.50    |

No Adjudication Errors exist for this claim

No External Cause of Injury Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Back to Step 1 Back to Step 2 Back to Step 3 Print Preview

14 Confirm Cancel

14. Click the **Confirm** button

NOTE: Click the **Cancel** button to cancel the adjustment.

# Adjusting an Institutional Claim, cont.

**Resubmit Crossover Inpatient Claim: Confirmation** ?

**Crossover Inpatient Claim Receipt**

Your Crossover Inpatient Claim was successfully resubmitted. The claim status is Finalized Payment.

The Claim ID is 5918277000001.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **Adjust** to resubmit the claim.  
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [View](#)

Once the user clicks the **Confirm** button, the “Resubmit Crossover Inpatient Claim: Confirmation” page will appear.

It will display the claim status and adjusted Claim ID.



# **Submitting an Appeal for a Claim**

# Submitting an Appeal for a Claim

Delegate for Carson Tahoe Regional    Role IDs Provider - In Network - 1255360160 (NPI)    Location 1013843 - CARSON TAHOE HOSPITAL

**Provider**

Welcome Carson

Name CARSON TAHOE HOSPITAL

Provider ID 1255360160 (NPI)

Location ID 1013843

[My Profile](#)

[Switch Provider](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)

**1**

[Secure Correspondence](#)

**Welcome Health Care Professional!**



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

From the home page, the user will:

1. Select **Secure Correspondence** to start the Appeal process



# Submitting an Appeal for a Claim, cont.

The screenshot shows the 'Secure Correspondence - Create Message' form from the Nevada Department of Health and Human Services. The form includes the following fields:

- \*Subject:** Appeal of a denied claim (highlighted with a red box and a callout bubble containing the number '2')
- \*Message Category:** Claims - Appeals
- Email:** john.doe@myhealth.com
- Confirm Email:** john.doe@myhealth.com
- Phone Number:** (empty)
- \*Preferred Method of Communication:** Email
- \*Service Provider ID:** 1234567890
- \*Provider Type:** 20 - Physician
- \*Denial Reason:** Denied with EOB 0245.
- \*Message:** Claim was Denied. Please review additional documentation.

2. The user will select from the **Message Category** dropdown “Claims – Appeals” and fill out all of the required fields.

# Submitting an Appeal for a Claim, cont.

Attachments

Click the **Remove** link to remove the entire row.

| # | Transmission Method | File | Control # | Attachment Type | Action |
|---|---------------------|------|-----------|-----------------|--------|
|   | EL-Electronic Only  |      |           |                 |        |

Click to collapse.

3

\*Transmission Method: EL-Electronic Only

\*Upload File:  Browse...

\*Attachment Type:

Description:

Add Cancel

4

Send Cancel

Next, the user will:

3. Click the **Browse** button and locate the file supporting the appeal request on their computer to attach
4. Click the **Send** button

NOTE: Once the user clicks **Send** and the appeal has been created, the system will create a Contact Tracking Number (CTN). The user can use the CTN to check on the status of the appeal.

# Submitting an Appeal for a Claim, cont.

Secure Correspondence - Message Box

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional contact us.

| Status | CTN # | Subject                            | Opened                           | Last       |
|--------|-------|------------------------------------|----------------------------------|------------|
| Open   | 4256  | <a href="#">Appeal of a denial</a> | /2018                            |            |
| Open   | 4255  | <a href="#">testing</a>            | /2018                            |            |
| Open   | 4253  | <a href="#">Testing from MO</a>    | /2018                            |            |
| Open   | 4252  | <a href="#">Testing 6268 in MO</a> | Level 2 Support - Account Issues | 09/18/2018 |
| Open   | 4251  | <a href="#">Testing 6268</a>       | Claims - Appeals                 | 09/06/2018 |

Confirmation

5 Your secure message was successfully sent.

OK

After clicking **Send**, a confirmation message will populate with “Your secure message was successfully sent”

User will then need to:

5. Click the **OK** button

NOTE: A confirmation email will be sent preceding the request.

# Submitting an Appeal for a Claim, cont.

Secure Correspondence - Message Box [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us. [Create New Message](#)

Total Records: 13

| Status | CTN # | Subject                                  | Message Category                 | Date Opened | Last Activity Date |
|--------|-------|--|----------------------------------|-------------|--------------------|
| Open   | 4256  | <a href="#">Appeal of a denied claim</a> | Claims - Appeals                 | 10/02/2018  | 10/02/2018         |
| Open   | 4255  | <a href="#">testing</a>                  | Claims - Appeals                 | 09/27/2018  | 09/27/2018         |
| Open   | 4253  | <a href="#">Testing from MO</a>          | Level 2 Support - Account Issues | 09/19/2018  | 09/19/2018         |
| Open   | 4252  | <a href="#">Testing 6268 in MO</a>       | Level 2 Support - Account Issues | 09/18/2018  | 09/18/2018         |
| Open   | 4251  | <a href="#">Testing 6268</a>             | Claims - Appeals                 | 09/06/2018  | 09/06/2018         |
| Open   | 4227  | <a href="#">Testing sample for 5916</a>  | Level 2 Support - Account Issues | 08/14/2018  | 08/14/2018         |
| Closed | 4217  | <a href="#">Help</a>                     | Other                            | 07/08/2018  | 08/03/2018         |
| Open   | 4218  | <a href="#">Testing Help</a>             | Other                            | 07/08/2018  | 07/08/2018         |
| Open   | 4219  | <a href="#">Testing help..</a>           | Other                            | 07/08/2018  | 07/08/2018         |
| Open   | 4188  | <a href="#">Testing in Model</a>         | Level 2 Support - Account Issues | 04/09/2018  | 04/09/2018         |

1 2

After the user clicks the **OK** button, they will be directed to the **Secure Correspondence - Message Box**, where the new CTN can be seen.

NOTE: After initial email confirmation, subsequent notifications of correspondence will not be sent.



# **Voiding an Institutional Claim**

# Voiding an Institutional Claim

**Submit Crossover Inpatient Claim: Confirmation** ?

**Crossover Inpatient Claim Receipt**

Your Crossover Inpatient Claim was successfully submitted. The claim status is Finalized Payment.  
The Claim ID is 2218277000011.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **Adjust** to resubmit the claim.  
Click **New** to submit a new claim.  
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [New](#) [View](#) 1

Should a claim need to be voided immediately after submitting for payment, the user will

1. Click the **View** button to begin the void process.

**NOTE:** Additionally, a claim can be voided by searching for a previously submitted claim, as shown in the Searching for an Institutional Claim section.

# Voiding an Institutional Claim, cont.


| View Institutional Claim - ID 221827700011 |   | <a href="#">Back to Search Results</a> ?  |
|--|---|---|
| <b>Claim Type</b> Crossover Inpatient      |   |   |
| <b>Provider Information</b>                |   |   |
| <b>Billing Provider ID</b>                 | 1801152566  | <b>ID Type</b> NPI  |
| <b>Billing Provider Service Location</b>   | 11-SAINT MARYS REGIONAL MEDICAL CENTER-235 W 6TH ST, RENO, NEVADA, 89503-4548 |   |
| <b>Institutional Provider ID</b>           | 1801152566  | <b>ID Type</b> NPI  |
| <b>Attending Provider ID</b>               | 1952455032  | <b>ID Type</b> NPI  |
| <b>Operating Provider ID</b>               | _   | <b>ID Type</b> _  |
| <b>Other Operating Provider ID</b>         | _   | <b>ID Type</b> _  |
| <b>Referring Provider ID</b>               | _   | <b>ID Type</b> _  |
| <b>Patient Information</b>                 |   |   |
| <b>Recipient ID</b>                        | 80733203496   |   |
| <b>Recipient</b>                           | FERADRF FICDTF  | <b>Gender</b> Male  |
| <b>Birth Date</b>                          | 01/26/1943  |   |
| <b>Claim Information</b>                   |   |   |
| <b>Claim Status</b>                        | Finalized Payment   |   |
| <b>Covered Dates</b>                       | 09/25/2018 - 09/28/2018   | <b>Admission Date/Hour</b> 09/25/2018 - 08:00   |
| <b>Admission Type</b>                      | 3-Elective  | <b>Admission Source</b> 2-Clinic or Physician's Office  |
| <b>Admitting Diagnosis Type</b>            | ICD-10-CM   | <b>Discharge Hour</b> 10:00   |
| <b>Admitting Diagnosis</b>                 | I10   | <b>Facility Type Code</b> 111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim |
| <b>Patient Status</b>                      | 01-Discharged to Home or Self Care (Routine Discharge)                        | <b>Authorization Number</b> _   |
| <b>Patient Number</b>                      | 2222  | <b>Related Claim ICN</b> _  |
| <b>Previous Claim ICN</b>                  | _   |   |
| <b>Note</b>                                | _   |   |
| <b>Total Allowed Amount</b>                | \$4,500.00  | <b>Total Charged Amount</b> \$11,772.22   |
| <b>Total Co-pay Amount</b>                 | \$0.00  | <b>Total Paid Amount</b> \$0.00   |

Once the user has clicked the **View** button, the claim will display.

# Voiding an Institutional Claim, cont.

To void the claim, the user will:

2. Click the **Void** button at the bottom of the page

| Medicare Crossover Details   |                                 |                 |     |                       |            |             |               |                |               |             |
|--|---------------------------------|-----------------|-----|-----------------------|------------|-------------|---------------|----------------|---------------|-------------|
| Deductible Amount  |                                 | \$1,340.00      |     | Co-insurance Amount   |            | \$1,320.00  |               |                |               |             |
| Blood Deductible Amount  |                                 | \$0.00          |     | Medicare Payment Date |            | 10/03/2018  |               |                |               |             |
| Medicare Payment Amount  |                                 | \$4,528.00      |     |                       |            |             |               |                |               |             |
| <a href="#">Expand All</a>   <a href="#">Collapse All</a>                                      |                                 |                 |     |                       |            |             |               |                |               |             |
| Diagnosis Codes  |                                 |                 |     |                       |            |             |               |                |               |             |
| Service Details  |                                 |                 |     |                       |            |             |               |                |               |             |
| Svc #  | Revenue Code                    | HCPSC/Proc Code | Mod | From Date             | To Date    | Units/Type  | Charge Amount | Allowed Amount | Co-pay Amount | Paid Amount |
| 1  | 0120-R&B-Semi-Pvt-2 Bed-General |                 |     | 09/25/2018            | 09/28/2018 | 3.000 Days  | \$3,600.00    | \$4,500.00     | \$0.00        | \$0.00      |
| 2  | 0300-Laboratory (Lab)-General   |                 |     | 09/25/2018            | 09/28/2018 | 22.000 Unit | \$2,800.00    | \$0.00         | \$0.00        | \$0.00      |
| 3  | 0320-Dx X-Ray-General           |                 |     | 09/25/2018            | 09/28/2018 | 3.000 Unit  | \$3,250.00    | \$0.00         | \$0.00        | \$0.00      |
| 4  | 0250-Pharmacy (Drugs)-General   |                 |     | 09/25/2018            | 09/28/2018 | 3.000 Unit  | \$2,122.22    | \$0.00         | \$0.00        | \$0.00      |
| No Adjudication Errors exist for this claim  |                                 |                 |     |                       |            |             |               |                |               |             |
| No External Cause of Injury Diagnosis Codes exist for this claim                               |                                 |                 |     |                       |            |             |               |                |               |             |
| No Other Insurance Details exist for this claim  |                                 |                 |     |                       |            |             |               |                |               |             |
| No Condition Codes exist for this claim  |                                 |                 |     |                       |            |             |               |                |               |             |
| No Occurrence Codes exist for this claim   |                                 |                 |     |                       |            |             |               |                |               |             |
| No Value Codes exist for this claim  |                                 |                 |     |                       |            |             |               |                |               |             |
| No Surgical Procedures exist for this claim  |                                 |                 |     |                       |            |             |               |                |               |             |
| No Attachments exist for this claim  |                                 |                 |     |                       |            |             |               |                |               |             |
|             |                                 |                 |     |                       |            |             |               |                |               |             |
| <a href="#">Adjust</a> <a href="#">Copy</a> <a href="#">Void</a> <a href="#">Print Preview</a> |                                 |                 |     |                       |            |             |               |                |               |             |



# Voiding an Institutional Claim, cont.

Total Allowed Amount \$4,500.00    Total Co-pay Amount \$0.00    Total Paid Amount \$0.00

**Medicare Crossover Details**

Deductible Amount \$1,340.00    Co-insurance Amount \$1,320.00  
Blood Deductible Amount \$0.00    Medicare Payment Date 10/03/2018  
Medicare Payment Amount \$4,528.00

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes** [+](#)

**Service Details** [-](#)

| Svc # | Revenue Code                    | HCP/CS/Proc Code | Mod | From Date  | To Date    | Units/Type  | Charge Amount | Allowed Amount | Co-pay Amount | Paid Amount |
|-------|---------------------------------|------------------|-----|------------|------------|-------------|---------------|----------------|---------------|-------------|
| 1     | 0120-R&B-Semi-Pvt-2 Bed-General |                  |     | 09/25/2018 | 09/28/2018 | 3.000 Days  | \$3,600.00    | \$4,500.00     | \$0.00        | \$0.00      |
| 2     | 0300-Laboratory (Lab) -General  |                  |     | 09/25/2018 | 09/28/2018 | 22.000 Unit | \$2,800.00    | \$0.00         | \$0.00        | \$0.00      |
| 3     | 0320-Dx X-Ray-General           |                  |     | 09/25/2018 | 09/28/2018 | 3.000 Unit  | \$3,250.00    | \$0.00         | \$0.00        | \$0.00      |
| 4     | 0250-Pharmacy (Drugs) -General  |                  |     | 09/25/2018 | 09/28/2018 | 3.000 Unit  | \$2,122.22    | \$0.00         | \$0.00        | \$0.00      |

No Adjudication Errors exist for this claim  
No External Cause of Injury Diagnosis Codes exist for this claim  
No Other Insurance Details exist for this claim  
No Condition Codes exist for this claim  
No Occurrence Codes exist for this claim  
No Value Codes exist for this claim  
No Surgical Procedures exist for this claim  
No Attachments exist for this claim

[Adjust](#)   [Copy](#)   [Void](#)   [Print Preview](#)

[Go to Top](#)

**Confirmation**

Are you sure you want to void this Crossover Inpatient Claim ID 2218277000011?

3

The system will ask if the user is sure and will list the Crossover Inpatient Claim ID that will be voided.

The user will then:

3. Click the **OK** button

# Voiding an Institutional Claim, cont.

The screenshot shows a web application interface with a confirmation dialog box overlaid. The dialog box has a title bar that says "Confirmation" with a checkmark icon and a close button. The main text inside the dialog reads "Your Crossover Inpatient Claim ID was successfully voided." Below the text is a single button labeled "OK", which is highlighted with a red rectangular border. In the background, a search form is visible with fields for "From" (09/12/2018), "To" (09/17/2018), and "Claim Status". A "Reset" button is also visible at the bottom left of the form area.

The system will send a confirmation message that the claim has been successfully voided.

The user will:

4. Click the **OK** button

# Questions & Answers





# **Paperless Timeline & Go-Live Considerations**



# Paperless Timeline

# Paperless Timeline

**Review WA 1733 and  
1791 for more details**

- **Claim Submissions**

- January 11, 2019 is the last day to submit paper claims to Nevada Medicaid. Any received afterwards will be returned to the provider.
- Effective February 1, 2019 claims must be submitted via the Provider Web Portal (PWP).

- **Claim Appeals**

- January 11, 2019 is the last day to submit paper claim appeals
- Beginning February 1, 2019 all claim appeal submissions must be completed via the PWP.

# Paperless Timeline

**Review WA 1733 and  
1791 for more details**

- **Provider Enrollment**

- January 11, 2019 is the last day that paper provider enrollment, change requests, and revalidation applications will be accepted.
- Effective January 12, 2019, all applications must be submitted via the Online Provider Enrollment tool. Paper enrollments will no longer be accepted.

- **Prior Authorizations**

- January 26, 2019 is the last day paper requests will be accepted.
- Starting January 29, 2019 all prior authorization requests must be submitted via the PWP.
  - EXCEPTION: This does not apply to pharmacy requests as that process is not changing.



# **Go-Live Considerations**



# Go-Live Considerations

## Provider Web Portal Black Out Periods

- **Claims**

- Between January 12, 2019, and January 24, 2019, providers are advised to submit their claims electronically via an approved Trading Partner or the free Payer Path option.
- January 25, 2019, through January 31, 2019, will be a blackout period for claim submissions.

- **Claims Appeals**

- January 12, 2019, through January 31, 2019, is a blackout period for claim appeals. Nevada Medicaid will extend the claims appeal window from 30 days to 60 days for claims remittance advice (RA) denials dated between December 7, 2018, and February 8, 2019. Claims RA dates after February 8, 2019, will follow the normal 30-day claims appeal policy.

# Go-Live Considerations

## Provider Web Portal Black Out Periods

- **Provider Enrollment**

- January 26, 2019, through January 28, 2019, will be a blackout period for provider enrollment submissions.

- **Prior Authorization**

- January 26, 2019, through January 28, 2019, will be a blackout period for prior authorization submissions as Nevada Medicaid prepares for the go-live of the new MMIS. Web Announcement 1788 December 28, 2018 Page 3 of 3 Therefore, Nevada Medicaid will extend the timeliness submission requirements on prior authorization requests due January 28, 2019, by 3 business days.

# Go-Live Considerations

## Actions to Take

- **Passwords**

- As of January 29, 2019 all providers and their delegates who attempt to log into the Provider Web Portal will be asked to reset their passwords

- **Electronic Funds Transfer (EFT)**

- Providers will need to sign up for EFT if they haven't done so already

- **Provider Enrollment**

- Effective with the new system, providers will need to use a National Provider Identifier (NPI) to revalidate their enrollment with Nevada Medicaid. Providers currently using an Atypical Provider Identifier (API) will be required to apply for and use an NPI upon their revalidation.

- **Trading Partners**

- If a provider users a trading partner now, they should ensure that trading partner is certified to submit on their behalf at go-live. A link to this list can be found on the Modernization Project page on the Nevada Medicaid website.

- **Web Announcements**

- There are also many other communications related to policy and enforcement that are important to know.

# Modernization Project Webpage

## Modernization Project

### Important System Dates

- Legacy (Old/Current) Medicaid System Code Freeze Starting Date: August 4, 2018
- Modernization (New) Medicaid System Go-Live: February 1, 2019
- Paper Claims Submission Cut-off Date: January 11, 2019 [See Web Announcement: [1733](#)]
- Paper Claims Appeals Submission Cut-off Date: January 11, 2019 [See Web Announcement: [1733](#)]
- Paper Provider Enrollment Submission Cut-off Date: January 11, 2019 [See Web Announcement: [1733](#)]
- Paper Prior Authorizations Submission Cut-off Date: January 25, 2019 [See Web Announcement: [1733](#)]

### Known System Issues and Identified Workarounds

- [Legacy \(Old/Current\) Medicaid System](#)
- [Modernization \(New\) Medicaid System](#)

### Training Opportunities

- Register for Training
  - a. [Training Registration Site](#)
  - b. [Instructions to Sign-up for Training Classes](#)
- [Training Announcements](#)
- [Training Workshop Materials](#)

### Helpful Resources

- [Latest Companion Guides](#)
- [Trading Partner Fully Certified Report](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [EVS User Manual for MMIS Modernization](#)

Important System Dates section refers to cut-off dates for paperless.

Known System Issues and Identified Workarounds provide details for the current system and the new system after go-live.

Training Opportunities includes information about training sessions.

Helpful Resources includes links to:

- Latest Companion Guides
- Trading Partner Fully Certified Report
- Frequently Asked Questions (FAQS)
- EVS User Manual

# Modernization Project Webpage

## Modernization (New) Medicaid System Web Announcements

| Date         | Announcement Number | Topic   |
|--------------|---------------------|---|
| Dec 28, 2018 | 1792                | <a href="#">Modernization: Attention All Providers: Prior Authorization Requests and Related Documents Will Not Be Accepted by Fax or Mail as of January 26, 2019</a> |
| Dec 28, 2018 | 1791                | <a href="#">Modernization: Attention All Providers: New MMIS is Going Paperless!</a>  |
| Dec 28, 2018 | 1788                | <a href="#">Modernization: Reminder with Dates All Providers and Delegates Need to Know to Prepare for Paperless Processes</a>  |
| Dec 28, 2018 | 1787                | <a href="#">Modernization: Trading Partner Enrollment and Certification (Testing) Must Be Completed NOW to Avoid Any Service Interruptions</a>                        |
| Dec 18, 2018 | 1781                | <a href="#">Modernization: Attention All Providers: Changes Regarding Physician-Administered Drug Claims</a>  |
| Dec 13, 2018 | 1776                | <a href="#">Modernization: Attention All Providers: Changes Regarding Claims Submission of Medicare Crossover Claims</a>  |
| Dec 13, 2018 | 1775                | <a href="#">Modernization: Attention Inpatient Services Providers: Changes Regarding Patient Liability on Inpatient Claims</a>  |
| Dec 07, 2018 | 1769                | <a href="#">Modernization: Provider Training Enrollment Closes on December 31, 2018</a>   |

Modernization (New) Medicaid System Web Announcements have been captured in one place to make viewing easy.

# Questions & Answers





**Thank you!**