



**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

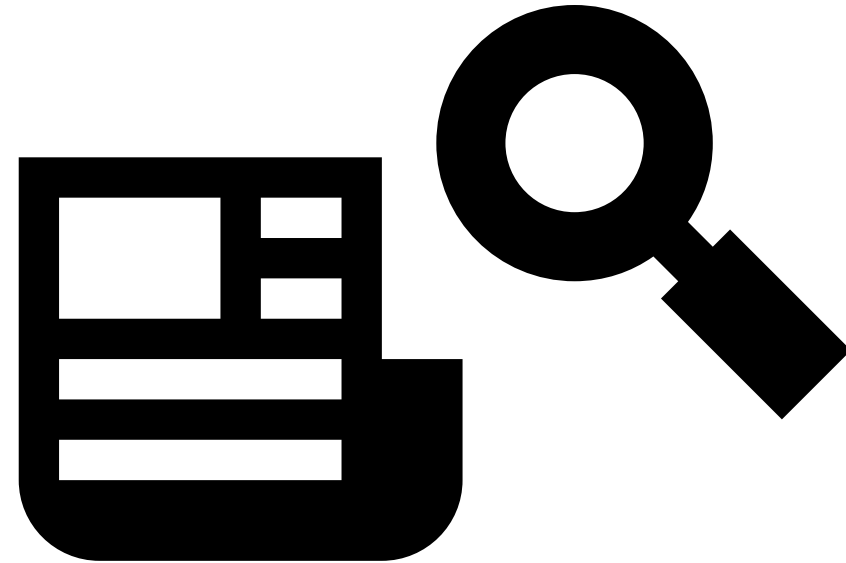
**PA:** Prior Authorizations

**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 includes the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". On the top right, there are links for "Contact Us" and "Login". Below the header is a navigation bar with "Home" selected. The main content area features a "Provider Login" section with a "User ID" input field and a "Log In" button. To the right of the login section is a heading "What can you do in the Provider Portal" followed by a paragraph describing the portal's capabilities. Below the login section is a "Web Announcements" section with two entries. At the bottom right of the main content area is a photograph of five healthcare professionals in white coats.

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

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

Home

Home

**Provider Login** ?

\*User ID

**Log In**

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

**Web Announcements**

[Web Announcement 1123](#)  
Online Provider Enrollment Summary Page Updated

[Web Announcement 1122](#)  
Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by

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

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.



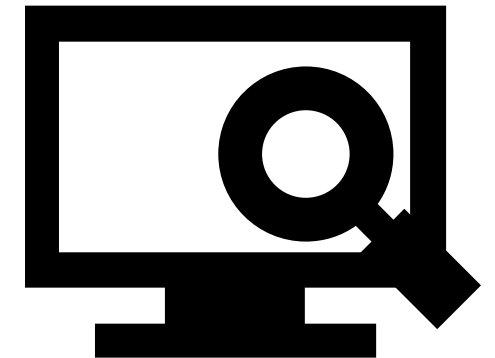
# Registering for the PWP, cont.

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". A "Home" button is visible. The main content area is titled "What can you do in the Provider Portal" and includes a description of the portal's features. A "Provider Login" section contains a "User ID" input field, a "Log In" button, a "Forgot User ID?" link, and a "Register Now" link highlighted with a red box and a callout box containing the number "1". Below the login section is a "Web Announcements" section with three links. A photograph of five healthcare providers in white coats is shown. At the bottom, there is a "Website Requirements" link.

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.

 <b>Provider</b> An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.	<b>2</b>	 <b>Delegate</b> 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.
 <b>Trading Partner</b> An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.		 <b>Managed Care Org</b> 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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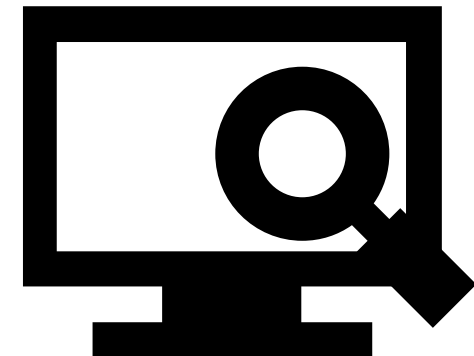
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The Nevada Division of Health Care Financing adheres to all applicable privacy policies and standards, including HIPAA rules and regulations, regarding protected health information. Click here to see the State of [Nevada Online Privacy Policy](#)

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:   Apple  Balloon  Balloons  Baseball  Billiards

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

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 the following text: '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.' Below this text is a list of bullet points: '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.', and '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.' A scroll bar is visible on the right side of the text area, with a callout '10' pointing to it. Below the text area, there is a checkbox with a callout '11' pointing to it. The checkbox is checked and contains the text: '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.' At the bottom of the form, there are two buttons: 'Submit' and 'Cancel', with a callout '12' pointing to the 'Submit' button.

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**

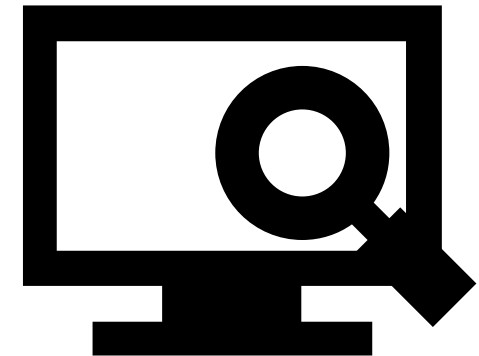
The Nevada Provider Web Portal is unavailable between 12:25 AM PST on Sunday.

**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

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](#)

**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.

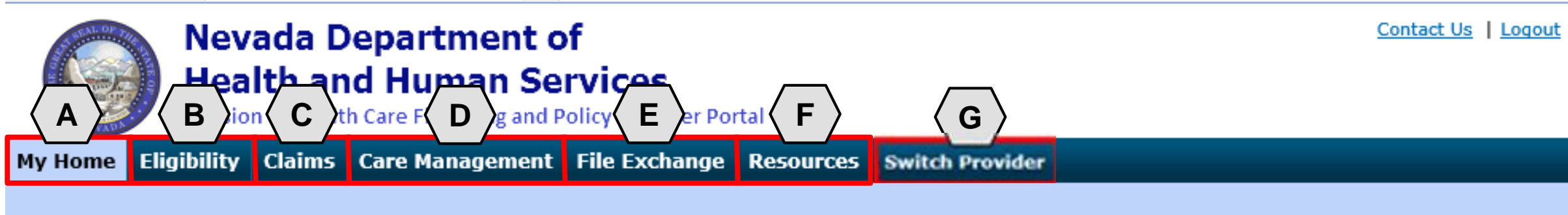
The screenshot shows the Nevada Department of Health and Human Services Provider Web Portal. The header includes the department name and a navigation menu with items: My Home, Eligibility, Claims, Care Management, File Exchange, and Resources (labeled A). Below the header, there is a 'My Home' section with the date and time. The main content area is divided into several sections:

- Provider Information:** Name (HOSPITALIST SERVICES OF NEVADA-MANDAVIA), Provider ID (1831573690), and Location ID (100543194). Navigation links for 'My Profile' and 'Manage Accounts' are shown (labeled D).
- Broadcast Messages:** A section titled 'Broadcast Messages' (labeled B) containing 'Hours of Availability' information and links for 'Contact Us' and 'Secure Correspondence' (labeled C).
- Provider Services:** A list of services including 'Member Focused Viewing', 'Search Payment History', 'Revalidate-Update Provider', 'Pharmacy PA', 'PASRR', 'EHR Incentive Program', 'EPSDT', and 'Presumptive Eligibility' (labeled E).
- Welcome Message:** A section titled 'Welcome Health Care Professional!' with a photo of healthcare workers and a paragraph of text.
- Quick Reference Guides:** Links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide' (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](#)

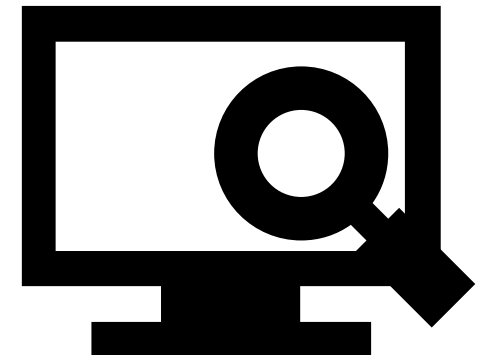
### Welcome Health Care Professional!

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

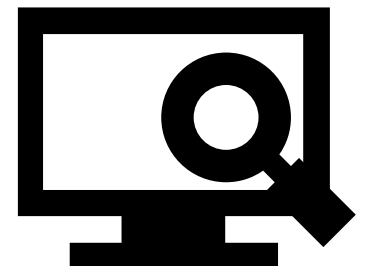
Passphrase

**Save** **Cancel**

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

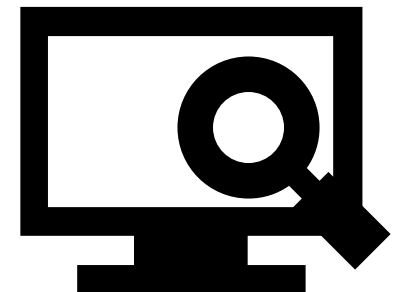
**Passphrase**

**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.



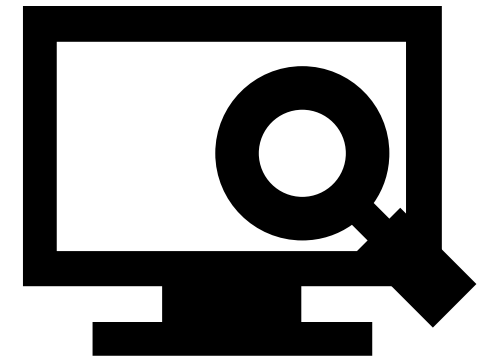
# Managing Profile, cont.

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 'Change Password' form with a blue header. Below the header, there is a note: '\* Indicates a required field.' and a instruction: 'Enter 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'. A red box highlights the three input fields and the 'Submit' button. Numbered callouts are placed as follows: 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.

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**

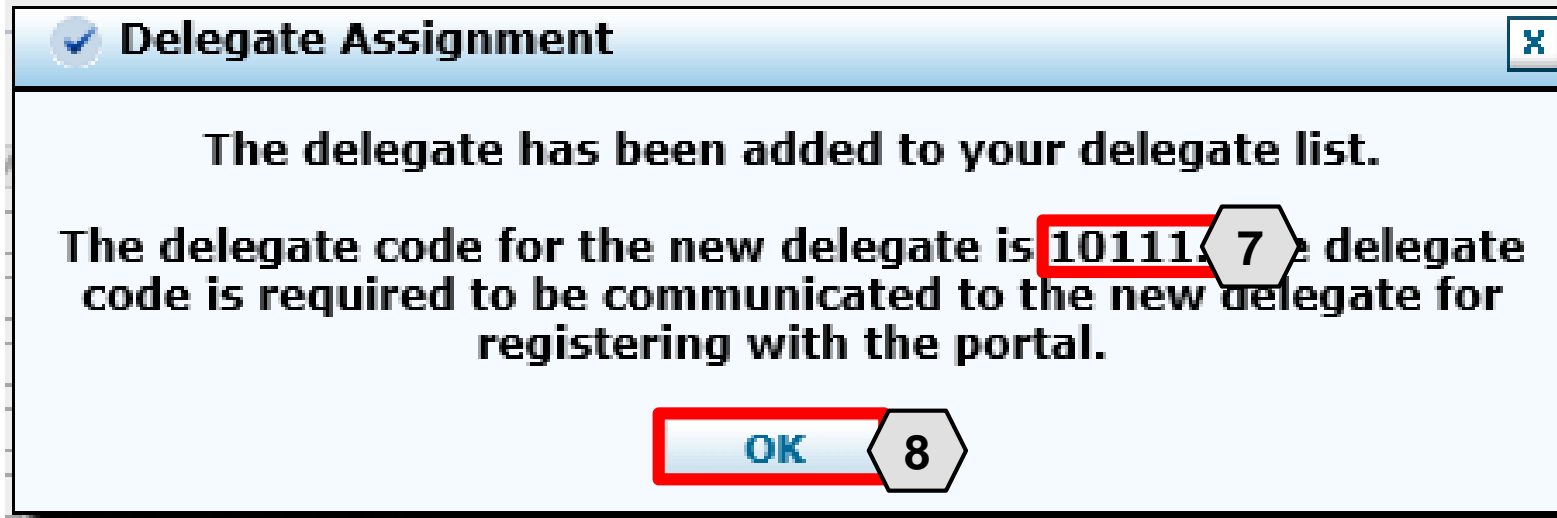
Once the user has clicked the **Submit** button, they will be asked to review and confirm the details.

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

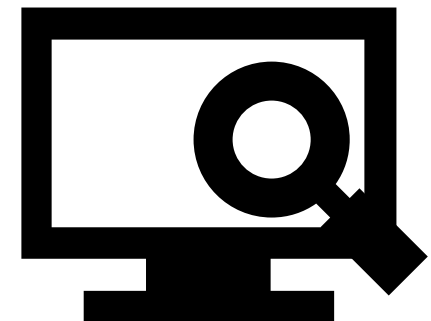
**5**

Edit Confirm Cancel

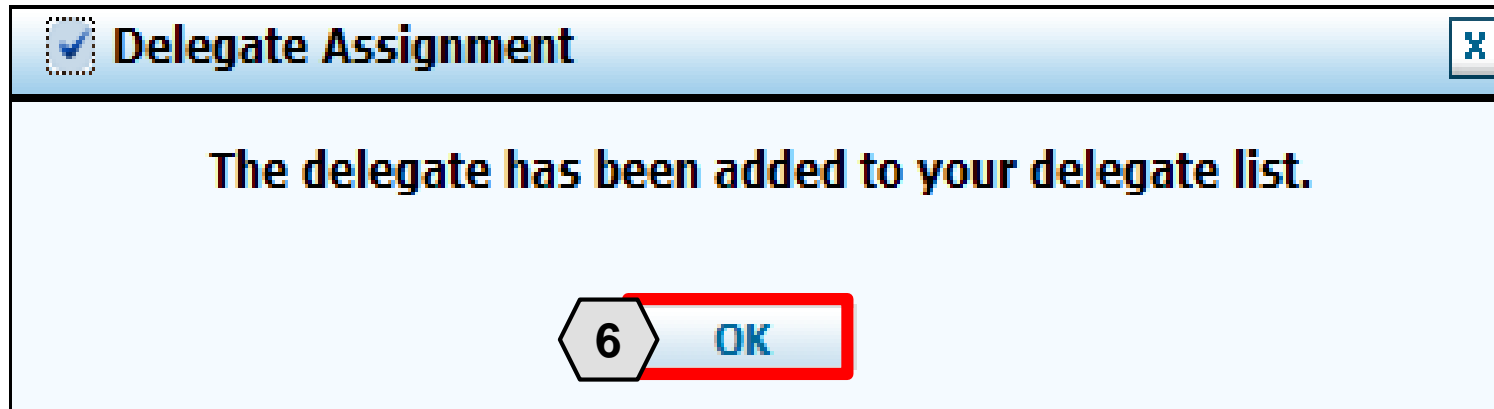
Once the user clicks the **Submit** button, the user will need to confirm the request.

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 the link in the Name field](#) 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**

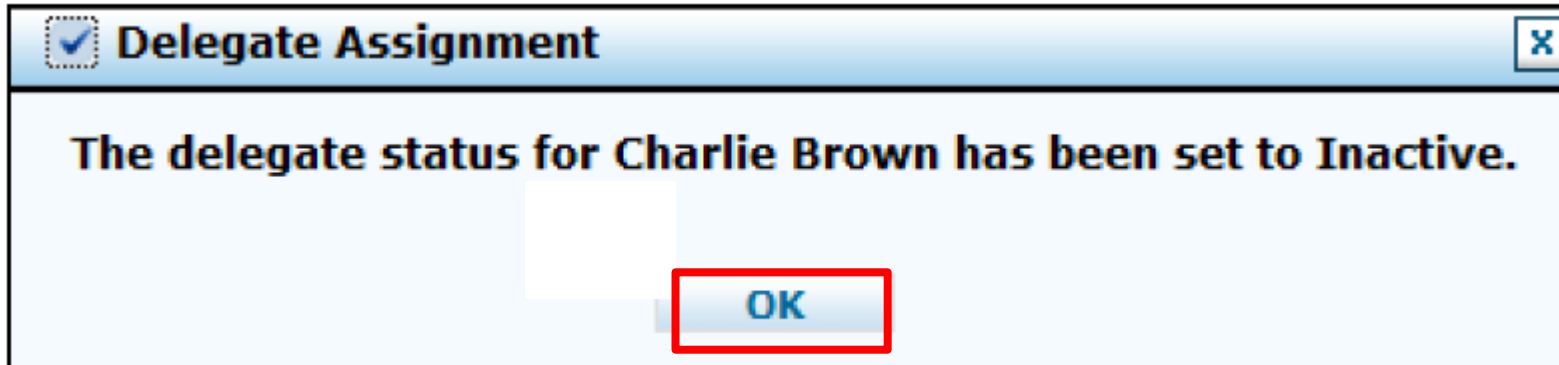
- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus 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**

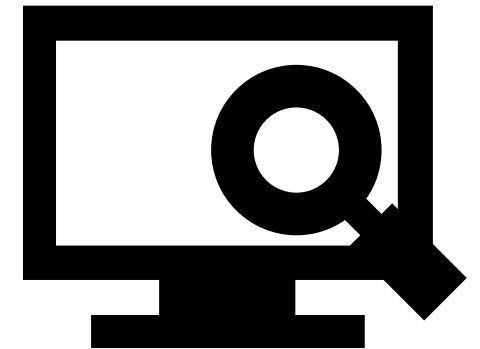
6

7

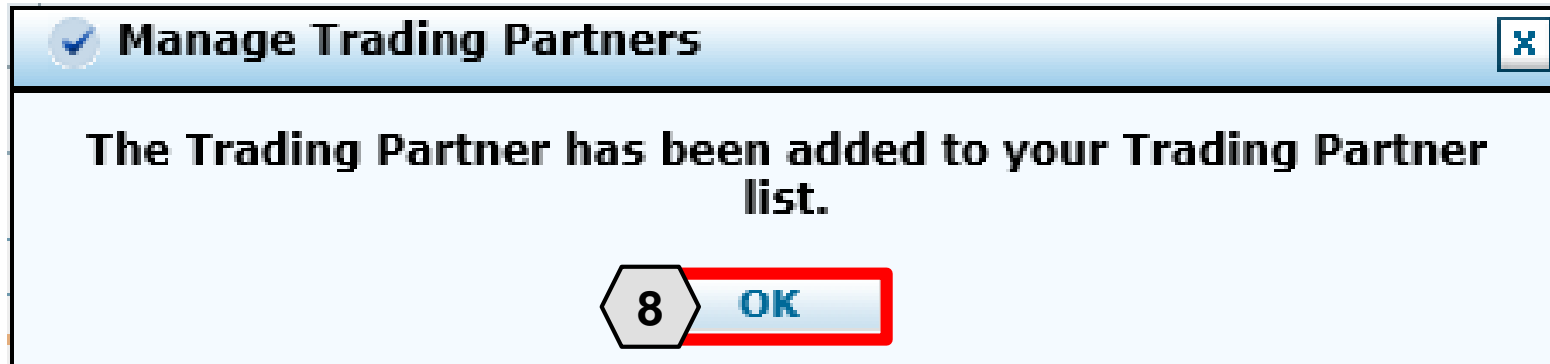
Next, the user will be prompted to confirm the information.

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



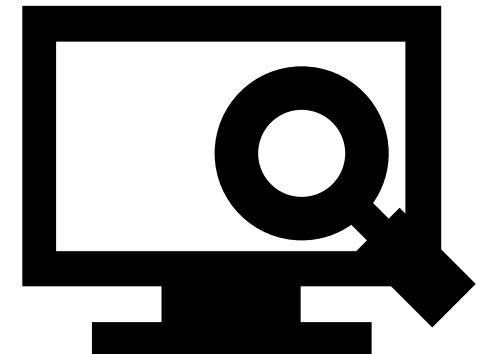
# Adding Trading Partners, cont.



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.

2

4

3

Delegate Assignment - Internet Explorer

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.

### 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.

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](#)

**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.

[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.

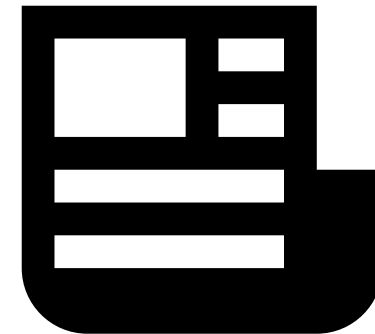
Prior Authorization Quick Reference Guide	<a href="#">Review</a>
Provider Web Portal Quick Reference Guide	<a href="#">Review</a>

1

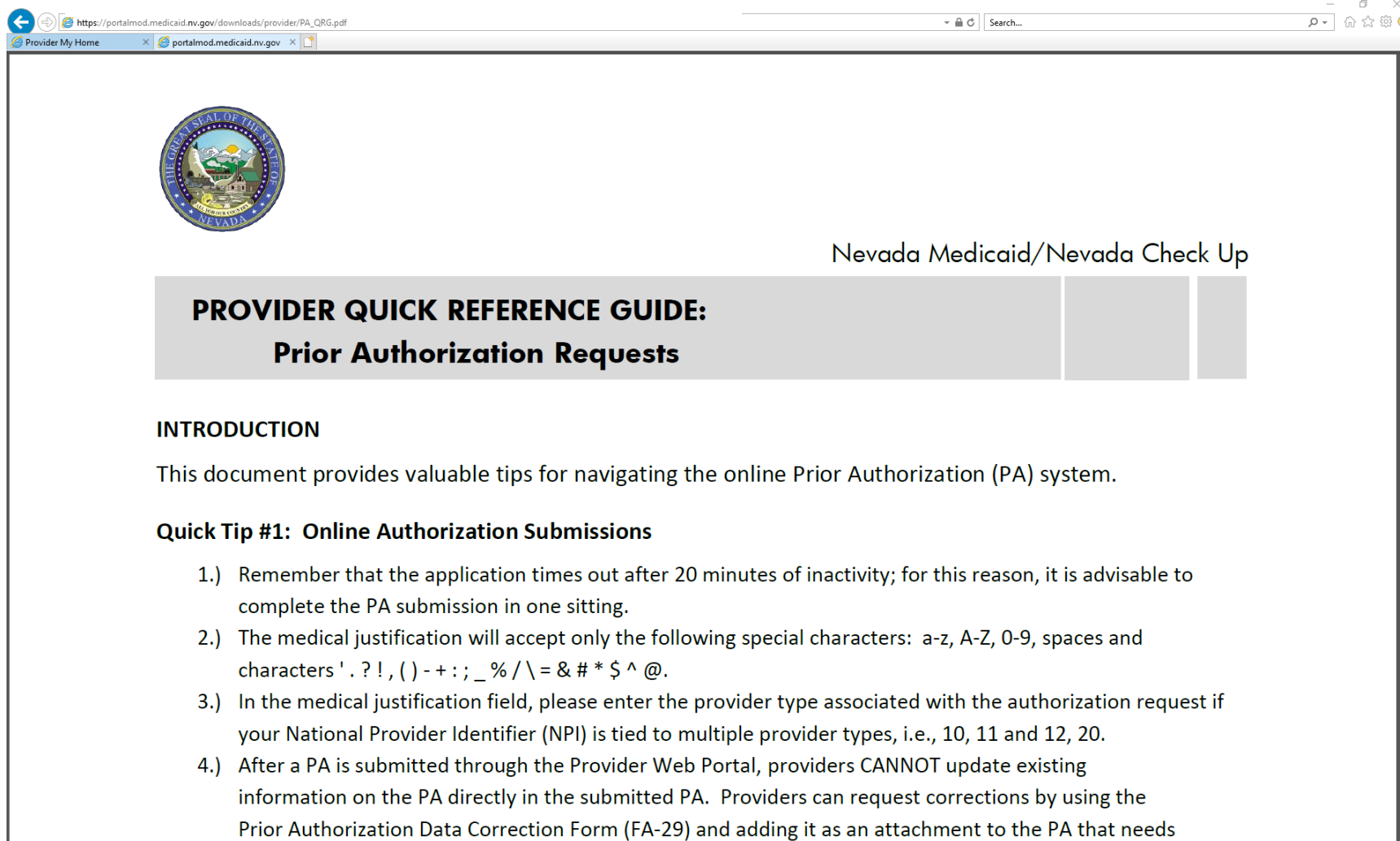
Toward the bottom of the PWP “Home” page, the user will find quick reference guides.

To access one of these guides, the user will:

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



# Accessing Help – Guides, cont.

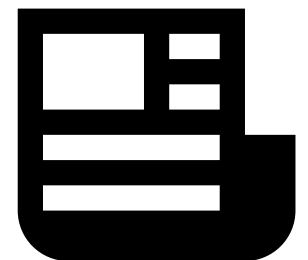


The screenshot shows a web browser window with the address bar displaying [https://portalmod.medicaid.nv.gov/downloads/provider/PA\\_QRG.pdf](https://portalmod.medicaid.nv.gov/downloads/provider/PA_QRG.pdf). The page content includes the Nevada State Seal, the text "Nevada Medicaid/Nevada Check Up", and a prominent grey header with the title "PROVIDER QUICK REFERENCE GUIDE: Prior Authorization Requests". Below the header, the document is titled "INTRODUCTION" and contains the following text: "This document provides valuable tips for navigating the online Prior Authorization (PA) system." It also includes a "Quick Tip #1: Online Authorization Submissions" section with 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 Excl **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

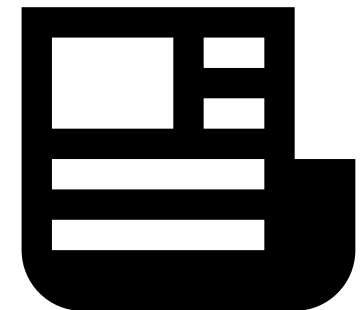
**Prior Authorization Tutorials**

- [▶ 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:

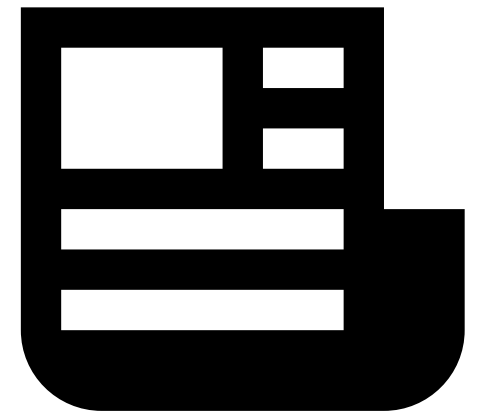
3. Click the desired resource



# 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

of Health Care Financing and Policy Provider Portal

Claims Care Management File Exchange Resources

Friday 07/06/2018 12:33 PM PST

Contact Us Logout

### Broadcast Messages

#### Hours of Availability

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### 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.

Contact Us

1

Secure Correspondence

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

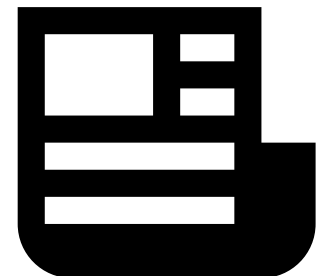
State policy inquiries and Fair Hearing requests

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!

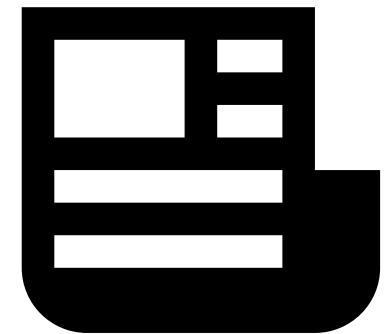


We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently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

**2** [Create New Message](#)

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**


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](#) [?](#)

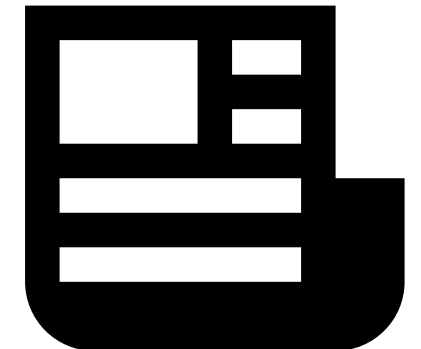
Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us. [Create New Message](#)

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

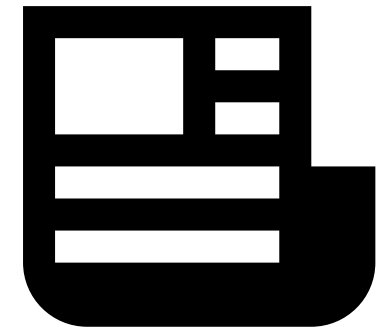
**Correspondence**

<b>Message Received</b>	Date: 07/06/2018 02:55:20 PM Answer provided.
<b>Message Sent</b>	Date: 07/06/2018 01:39:02 PM 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". The "Eligibility" item is highlighted with a red box and a callout bubble containing the number "1". Below this bar, a light blue sub-menu is visible, with "Eligibility Verification" highlighted by a red box and a callout bubble 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 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. Numbered callouts (3-6) highlight: 3. The recipient information fields (Recipient ID, Last Name, First Name, SSN, Birth Date); 4. The effective date range fields; 5. The Service Type Code dropdown; 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	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>			

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 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** +

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 KRXOXE						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-MANAVIA

**Recipient Information**

\*Recipient ID **Last Name** **First Name**

**Referring Provider Information**

Referring Provider same as Requesting Provider **Provider ID** **ID Type** **Name** **Add to Favorites**

**Service Provider Information**

Service Provider same as Requesting Provider **Provider ID** **ID Type** **Name** **Add to Favorites**

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** -

**6** \*Recipient ID

<b>Last Name</b>	ABIEGUT	<b>First Name</b>	ABYNNRYP
<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"/>
--------------------	----------------------	----------------	----------------------	-------------	----------------------	-------------------------	--------------------------

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 and lines highlight these specific elements. A red box surrounds the checkbox in A. A red line connects the dropdown in B to the "Add to Favorites" checkbox in D. A red box surrounds the "Provider ID" and "ID Type" fields in C.

- 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 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 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
	01/01/2018	01/01/2019	CPT/HCPCS			

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 an appropriate Transmission Method. Attachments that were sent using another method will appear in this list.

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. 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 (CPT/HCPCS), and \*Code. There are sections for Modifiers, \*Units, \*Medical Justification, and Attachments. A file upload dialog box is open, showing the Desktop folder with several files. The file "Nurse Notes.docx" is selected, and the "Open" button is highlighted. The "Browse..." button in the form is also highlighted. The "Add" and "Cancel" buttons are visible at the bottom.

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 -

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

Recipient Information and Process Type -

Recipient ID 43827875678	Gender Female	
Recipient ABYNNRYP ABIEGUT		
Birth Date 04/10/1928		
Process Type Home Health		

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	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.

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

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

[Care Management](#) > Authorization Receipt Tuesday 03/06/2018 06:01 PM EST

---

**Authorization Receipt** ?

Your Authorization Tracking Number **45180650011** was successfully submitted.

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.  
General Authorization Receipt Instructions

[Print Preview](#) | [Copy](#) | [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, and 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 dark blue navigation bar at the top. The tabs are: 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 in red and a callout '2'. The main content area is divided into two columns. The left column has a 'Provider' section with a profile card for 'HOSPITALIST SERVICES OF NEVADA-MANAVIA'. The right column has a 'Broadcast Messages' section with a message about the portal's availability. At the bottom, there is a 'Welcome Health Care Professional' banner and a partial image of a person's face.

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

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

My Home

**Provider**

**Name** HOSPITALIST SERVICES OF NEVADA-MANAVIA

**Provider ID** 1831573690 (NPI)

**Location ID** 100543194

▶ [My Profile](#)

▶ [Manage Accounts](#)

**Broadcast Messages**

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

**Welcome Health Care Professional**

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.

# 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 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 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 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 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 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 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-MANAVIA

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 01/12/2018	-

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

- 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

Prospective Authorizations Search Options **1**

Enter at least one of the following fields to search for an authorization.

**Authorization Information**

**2** Authorization Tracking Number

Select a Day Range or specify a Service Date

Day Range  OR Service Date

**Status Information**

Select status to return authorization service lines with the chosen status.

Status

**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


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> <b>4</b>	01/11/2018 - 01/11/2019	QROT, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERVICES NEVADA-MANAVIA

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.

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 '4' points to the Service Provider Information section, and a callout '5' points to the Confirm button at the bottom.

**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](#)

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

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

# Questions & Answers





# **Provider Professional Claims**

# Objectives

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

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





# **Understanding Claim Sub Menus**



# Understanding Claims 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

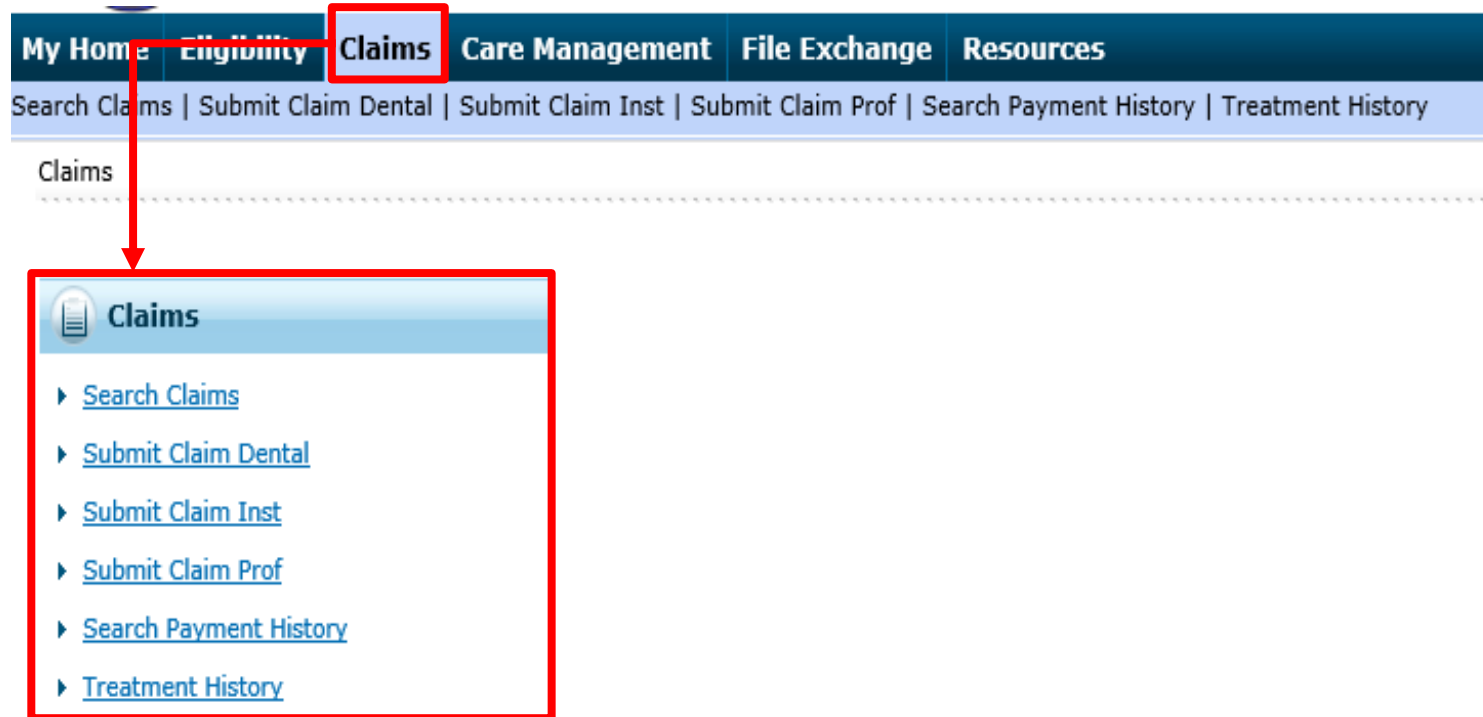
Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

Wednesday 06/21

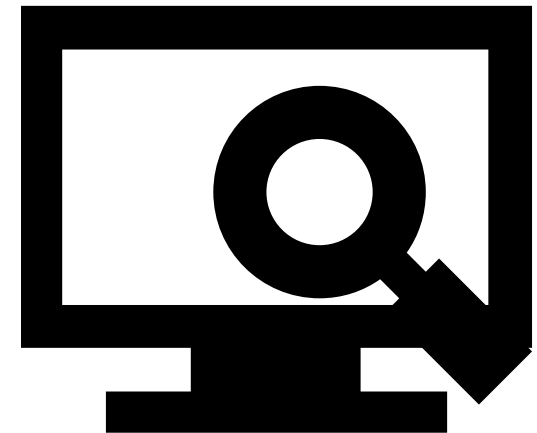
Provider Broadcast Messages Contact Us

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

# Understanding Claims Sub Menus, cont.



The page will display a list of Claims activities for the user to choose from.





# **Submitting a Professional Claim**

# Submitting a Professional Claim

The Professional 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

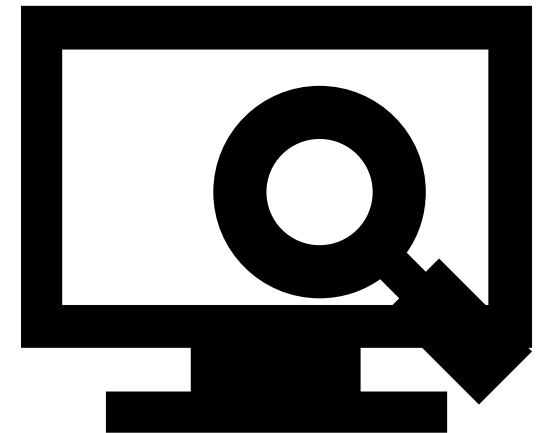


# Submitting a Professional Claim: Step 1



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 box labeled "1". Below the navigation bar, a secondary menu contains links: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", and "Search Payment His". The "Submit Claim Prof" link is highlighted with a red box and a callout box labeled "2". Below this, a "Claims" section is visible with a sub-header "Claims" and 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 Prof**



# Submitting a Professional Claim: Step 1

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

Claims > Submit Claim Prof Wednesday 09/12/2018 01:10 PM EST

**Submit Professional Claim: Step 1** ?

\* Indicates a required field.

Claim Type

**Provider Information**

Billing Provider ID  ID Type

\*Billing Provider Service Location

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

Supervising Provider ID  ID Type

Service Facility Location ID  ID Type

**Patient Information**

\*Recipient ID

Last Name  First Name

Birth Date

**Claim Information**

Date Type  Date of Current

Accident Related  Admission Date

\*Patient Number  Authorization Number

\*Transport Certification  Yes  No

\*Does the provider have a signature on file?  Yes  No

Include Other Insurance  Total Charged Amount \$0.00

“Submit Professional Claim: Step 1” page sub-sections to complete:

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

# Submitting a Professional Claim: Step 1, cont.

## Provider Information


**Submit Professional Claim: Step 1** ?


\* Indicates a required field.


Claim Type

**Provider Information**

Billing Provider ID  ID Type

\*Billing Provider Service Location   **3**

Rendering Provider ID   ID Type

Rendering Provider Service Location  

Referring Provider ID  ID Type


Supervising Provider ID  ID Type

Service Facility Location ID  ID Type

**Patient Information**

\*Recipient ID

Last Name  First Name

3. Select the appropriate provider type/service location being billed from the **Billing Provider Service Location** drop-down option
4. Enter the Rendering ID and ID Type. If the Rendering ID is unknown, click the  button adjacent to the **Rendering Provider ID** field

NOTE: If the Billing Provider has multiple locations, the user will use the drop-down option to locate and select the correct location for the claim.

# Submitting a Professional Claim: Step 1, cont.

## Provider Information

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

Search By ID Search By Name Search By Organization **5**

\* Indicates a required field.

\*Last Name  First Name  **6**

**7**

**Search Results: Smith** ?

Duplicate providers may appear in the results since a unique row is created for each specialty. Total Records: 174

Provider ID	Provider Name	Provider Type	Address	City	State	Zip Code
<a href="#">1003195538 (NPI)</a> <b>8</b>	CHAE A SMITH	Mental Health Outpatient Services	6130 ELTON AVE	LAS VEGAS	NEVADA	89107-2538
<a href="#">1013228659 (NPI)</a>	GWEN M SMITHSON	Mental Health Outpatient Services	224 E WINNIE LN STE 222	CARSON CITY	NEVADA	89706-2251
<a href="#">1013901529 (NPI)</a>	WILLIAM R SMITH	Nurse, Anesthetist	1050 E SOUTH TEMPLE	SALT LAKE CITY	UTAH	84102-1507
<a href="#">1013905793 (NPI)</a>	JEFFERY D SMITH	Physician Assistant	520 S EAGLE RD STE 2209	MERIDIAN	IDAHO	83642-6354
<a href="#">1013907096 (NPI)</a>	AMY P SMITH	Nurse, APRN	2201 SOUTH AVE	S LAKE TAHOE	CALIFORNIA	96150-7025
<a href="#">1023298254 (NPI)</a>	COURTNEY M SMITH	Audiologist	3150 N TENAYA WAY STE 112	LAS VEGAS	NEVADA	89128-0446

5. Select the desired search method
6. Enter the provider's last name
7. Click the **Search** button, and the search results populate at the bottom
8. Click the [blue](#) link in the **Provider ID** column with correct Provider ID

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



# Submitting a Professional Claim: Step 1, cont.

## Provider Information

**Submit Professional Claim: Step 1** ?

\* Indicates a required field.

Claim Type

---

**Provider Information**

Billing Provider ID	1578564860	ID Type	NPI
*Billing Provider Service Location	<input type="text" value="20-HOSPITALISTS OF ARIZONA-2510 W DUNLAP AVE STE 290,PHOENIX,ARIZONA,850212759"/>		
Rendering Provider ID	<input type="text" value="1003195538"/> 🔍	ID Type	<input type="text" value="NPI"/>
Rendering Provider Service Location	<input type="text" value="14-SMITH, MICHAEL A-6130 ELTON AVE,LAS VEGAS,NEVADA,891072538"/>		
Referring Provider ID	<input type="text"/> 🔍	ID Type	<input type="text"/>
Supervising Provider ID	<input type="text"/> 🔍	ID Type	<input type="text"/>
Service Facility Location ID	<input type="text"/> 🔍	ID Type	<input type="text"/>

---

**Patient Information**

\*Resident ID

9. Select a Rendering Provider Service Location from the drop-down

NOTE: If needed, the user may enter a Referring Provider, Supervising Provider, or Service Facility Location ID the same way the Rendering Provider ID was entered.

# Submitting a Professional Claim: Step 1, cont.

## Patient Information

Service Facility Location ID  ID Type

**Patient Information**

\*Recipient ID  **10**

Last Name TRNXEUK First Name UGNWLA

Birth Date 02/11/1985

**Claim Information**

Date Type  Date of Current

Accident Related  Admission Date

\*Patient Number  Authorization Number

\*Transport Certification  Yes  No

\*Does the provider have a signature on file?  Yes  No

Include Other Insurance  Total Charged Amount \$0.00

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

# Submitting a Professional Claim: Step 1, cont.

## Claim Information

Birth Date 02/11/1985

**Claim Information**

Date Type

Accident Related

**\*Patient Number** 123456789 11

**\*Transport Certification**  Yes  No 12

**\*Does the provider have a signature on file?**  Yes  No

Include Other Insurance

Date of Current

Admission Date

Authorization Number

Total Charged Amount \$0.00

The following fields with an (\*) must be completed as follows:

11. Enter the **Patient Number**
12. Choose “Yes” or “No” to indicate a **Transport Certification** (If “Yes,” additional details will be required. These are illustrated on the next slide).

NOTE: Other fields can be completed based on additional details known about the claim.

# Submitting a Professional Claim: Step 1, cont.

## Claim Information

Claim Information

Date Type

Accident Related

\*Patient Number

Date of Current

Admission Date

Authorization Number

\*Transport Certification  Yes  No

\*Certification Condition Indicator  Yes  No

\*Condition Indicator

\*Transport Distance

\*Ambulance Transport Reason

\*Does the provider have a signature on file?  Yes  No

Include Other Insurance

Total Charged Amount \$0.00

If the user selects “Yes” in the **Transport Certification** field, additional details must be entered.

13. Choose “Yes” or “No” as the **Certification Condition Indicator**
14. Indicate the patient’s condition from the **Condition Indicator** dropdowns (up to five options may be selected)
15. Enter the distance (in miles) that the patient traveled into the **Transport Distance** field
16. Select the **Ambulance Transport Reason**

# Submitting a Professional Claim: Step 1, cont.

## Claim Information

**Claim Information**

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Admission Date	<input type="text"/>
*Patient Number	<input type="text" value="123456789"/>	Authorization Number	<input type="text"/>
*Transport Certification	<input checked="" type="radio"/> Yes <input type="radio"/> No		
*Certification Condition Indicator	<input checked="" type="radio"/> Yes <input type="radio"/> No		
*Condition Indicator	<input type="text" value="Patient was admitted to a hospital"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
*Transport Distance	<input type="text" value="1.00"/>		
*Ambulance Transport Reason	<input type="text" value="Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the patient was transported to nearest facility for care of symptoms, complaints, or both."/>		
*Does the provider have a signature on file?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Include Other Insurance	<input type="checkbox"/>	Total Charged Amount	\$0.00

**17**

**18**

17. Indicate whether the provider has a signature on file

18. Click the **Continue** button

# Submitting a Professional Claim: Step 2

## Diagnosis Codes

**Submit Professional Claim: Step 2** ?

\* Indicates a required field.

**Claim Type** Professional

---

**Provider Information**

**Billing Provider ID** 1578564860      **ID Type** NPI

---

**Patient and Claim Information**

**Recipient ID** 67770816236      **Gender** Male  
**Recipient** UGNWLA TRNXEUK  
**Birth Date** 02/11/1985      **Total Charged Amount** \$0.00

[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	Action
<u>1</u>			
1	*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

[Add](#)   [Reset](#)

---

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

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

# Submitting a Professional Claim: Step 2, cont.

## Diagnosis Codes

**Submit Professional Claim: Step 2** ?

\* Indicates a required field.

Claim Type Professional

---

**Provider Information**

Billing Provider ID 1578564860 ID Type NPI

---

**Patient and Claim Information**

Recipient ID 67770816236 Gender Male  
Recipient UGNWLA TRNXEUK  
Birth Date 02/11/1985 Total Charged Amount \$0.00

[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	Action
1	*Diagnosis Type ICD-10-CM ▾	*Diagnosis Code R40	

**1** **3** **2**

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

[Back to Step 1](#)

R400-Somnolence  
R401-Stupor  
R4020-Unspecified coma  
R402110-Coma scale, eyes open, never, unspecified time  
R402111-Coma scale, eyes open, never, in the field  
R402112-Coma scale, eyes open, never, EMR  
R402113-Coma scale, eyes open, never, at hospital admission  
R402114-Coma scale, eyes open, never, 24+hrs  
R402120-Coma scale, eyes open, to pain, unspecified time  
R402121-Coma scale, eyes open, to pain, in the field  
\*\* 104 matches found. Select entry or refine search text. \*\*

1. Choose a **Diagnosis Type**
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.

Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes, descriptions and American Dental Association (ADA) respectively, all rights reserved. AMA and ADA assume no liability for data contained or not contained on this website and on documents

# Submitting a Professional Claim: Step 2, cont.

## Diagnosis Codes

**Submit Professional Claim: Step 2** ?

\* Indicates a required field.

**Claim Type** Professional

---

**Provider Information**

**Billing Provider ID** 1578564860      **ID Type** NPI

---

**Patient and Claim Information**

**Recipient ID** 67770816236      **Gender** Male  
**Recipient** UGNWLA TRNXEUK  
**Birth Date** 02/11/1985      **Total Charged Amount** \$0.00

[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	Action
<a href="#">1</a>	ICD-10-CM	R401-Stupor	<a href="#">Remove</a>
<a href="#">2</a>			

2      \*Diagnosis Type       \*Diagnosis Code

[Add](#)   [Reset](#)

---

[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



# Submitting a Professional Claim: Step 3

## Service Details

**Submit Professional Claim: Step 3** ?

\* Indicates a required field.

Claim Type Professional

**Provider Information**

Billing Provider ID 1578564860 ID Type NPI

**Patient and Claim Information**

Recipient ID 67770816236 Gender Male  
Recipient UGNWLA TRNXEUK  
Birth Date 02/11/1985 Total Charged Amount \$0.00

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

**Diagnosis Codes** +

**Service Details** -

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1						0.000	

1 \*From Date 09/12/2018 To Date 09/12/2018

\*Place of Service

- 01-Pharmacy
- 02-Telehealth
- 03-School
- 04-Homeless Shelter
- 05-Indian Health Service Free-standing Facility
- 06-Indian Health Service Provider-based Facility
- 07-Tribal 638 Free-standing Facility
- 08-Tribal 638 Provider-based Facility
- 09-Prison-Correctional Facility
- 11-Office
- 12-Home
- 13-Assisted Living Facility
- 14-Group Home \*
- 15-Mobile Unit
- 16-Temporary Lodging
- 17-Walk-in Retail Health Clinic

Procedure Code Modifiers

\*Charge Amount \*Units 0.000 \*Unit T

Clia Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring ID Type

Enter the following service details for the claim:

1. Enter the **From Date** and **To Date** that services were rendered
2. Select the **Place of Service** from the dropdown

# Submitting a Professional Claim: Step 3, cont.

## Service Details

Diagnosis Codes

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1						0.000	

1 \*From Date 09/12/2018 To Date 09/12/2018 \*Place of Service 11-Office EMG

\*Procedure Code 201 Modifiers

20100-Explore wound neck  
20101-Explore wound chest  
20102-Explore wound abdomen  
20103-Explore wound extremity  
2010F-Vital signs recorded  
2014F-Mental status assess  
20150-Excise epiphyseal bar  
2015F-Asthma impairment assessed  
2016F-Asthma risk assessed  
2018F-Hydration status assess  
\*\* 11 matches found. Select entry or refine search text. \*\*

\*Diagnosis Pointers 1

EPSDT Family Plan

NDCs for Svc. # 1

Add Reset

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to add attachment.

3. Enter the **Procedure Code**, which is searchable by entering at least the first three letters or numbers of the code description.

4. Enter at least one **Diagnosis Pointer**

NOTE: **Diagnosis Pointers** are used to show what diagnosis is applicable to a service detail.

# Submitting a Professional Claim: Step 3

## Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1						0.000	

1 \*From Date 09/12/2018 To Date 09/12/2018 \*Place of Service 11-Office EMG

\*Procedure Code 2018F-Hydration st Modifiers \*Diagnosis Pointers 1

\*Charge Amount 100.00 \*Units 1.000 \*Unit Type Unit Minutes EPSDT Family Plan

5 6 7

NDCs for Svc. # 1

8 Add Reset

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 Submit Cancel

With the **Procedure Code** and **Diagnosis Pointers** entered, the user will need to:

5. Enter a **Charge Amount**
6. Enter the number of **Units**
7. Select a **Unit Type** from the drop down
8. Click the **Add** button to add the procedure to the claim

NOTE: The user may enter any additional details, such as **Modifiers**, prior to clicking **Add**. Repeat Steps 1-8 in this section for each additional procedure.

# Submitting a Professional Claim: Step 3, cont.

## Service Details

Service Details							
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.							
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<a href="#">1</a>	09/12/2018	09/12/2018	11-Office	2018F-Hydration status assess	\$100.00	1.000 Unit	<a href="#">Remove</a>

1 \*From Date 09/12/2018 To Date 09/12/2018 \*Place of Service 11-Office EMG

\*Procedure Code 2018F-Hydration st Modifiers \*Diagnosis Pointers 1

\*Charge Amount 100.00 \*Units 1.000 \*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. # 1							
<a href="#">Save</a> <a href="#">Reset</a> <a href="#">Cancel</a>							
<a href="#">2</a>	01/12/2018	01/12/2018	11-Office	96361-Hydrate iv infusion add-on	\$200.00	1.000 Unit	<a href="#">Remove</a>
<a href="#">3</a>						0.000	

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

When editing a Service Detail, three buttons are available:

**Save:** Saves any changes made to the detail.

**Reset:** Clears all fields in the selected service detail.

**Cancel:** Cancels any updates and closes the service detail.

# Submitting a Professional Claim: Step 3, cont.

**Service Details**

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<a href="#">1</a>	09/12/2018	09/12/2018	11-Office	2018F-Hydration status assess	\$100.00	1.000 Unit	<a href="#">Remove</a>

1 \*From Date 09/12/2018 To Date 09/12/2018 \*Place of Service 11-Office EMG

\*Procedure Code 2018F-Hydration st Modifiers \*Diagnosis Pointers 1

\*Charge Amount 100.00 \*Units 1.000 \*Unit Type Unit EPSDT Family Plan


Clia Number Rendering Provider ID ID Type Referring Provider ID ID Type


**NDCs for Svc. # 1**

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type, Prescription Date).

Code Type HIBC  
NDC/UPN 123456789  
Quantity 1.000 Unit of Measure Milliliter

Save Reset Cancel

Optionally, if the user needs to enter a National Drug Code for a Service Detail, the user will click the  symbol to expand the **NDC for Svc.** panel.

From here, the user may enter and save NDC information to the service detail. To close this panel, the user will click the  symbol.

# Submitting a Professional Claim: Step 3, cont.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<a href="#">1</a>	09/12/2018	09/12/2018	11-Office	2018F-Hydration status assess	\$100.00	1.000 Unit	<a href="#">Remove</a>
<a href="#">2</a>	01/12/2018	01/12/2018	11-Office	96361-Hydrate iv infusion add-on	\$200.00	1.000 Unit	<a href="#">Remove</a>
<a href="#">3</a>						0.000	

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

\*Procedure Code  Modifiers    \*Diagnosis Pointers

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

Clia Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

NDCs for Svc. # 3

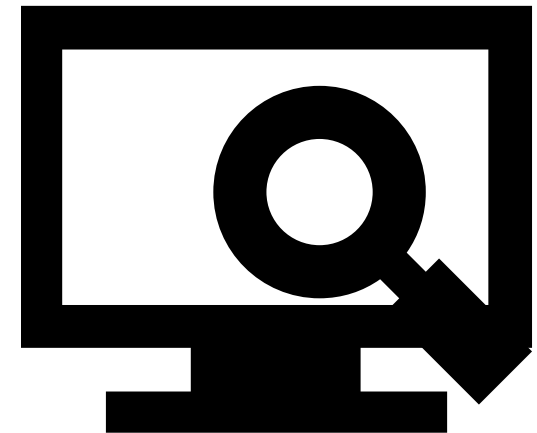
**Attachments**

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

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

9

9. Click the **Submit** button



# Submitting a Professional Claim: Step 3, cont.

Date Type       Date of Current   
 Accident Related       Admission Date   
 Patient Number 123456789      Authorization Number

**Transport Certification** Yes  
**Certification Condition Indicator** Yes  
**Condition Indicator** Patient was admitted to a hospital  
 -  
 -  
 -  
**Transport Distance** 1.00  
**Ambulance Transport Reason** Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the patient was transferred to a residential facility.  
**Previous Claim ICN**   
**Note**   
 Does the provider have a signature on file? Yes

**Total Charged Amount** \$300.00

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

**Diagnosis Codes**

**Service Details**

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
<a href="#">1</a>	09/12/2018	09/12/2018	11		2018F		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
<a href="#">2</a>	01/12/2018	01/12/2018	11		96361		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$200.00

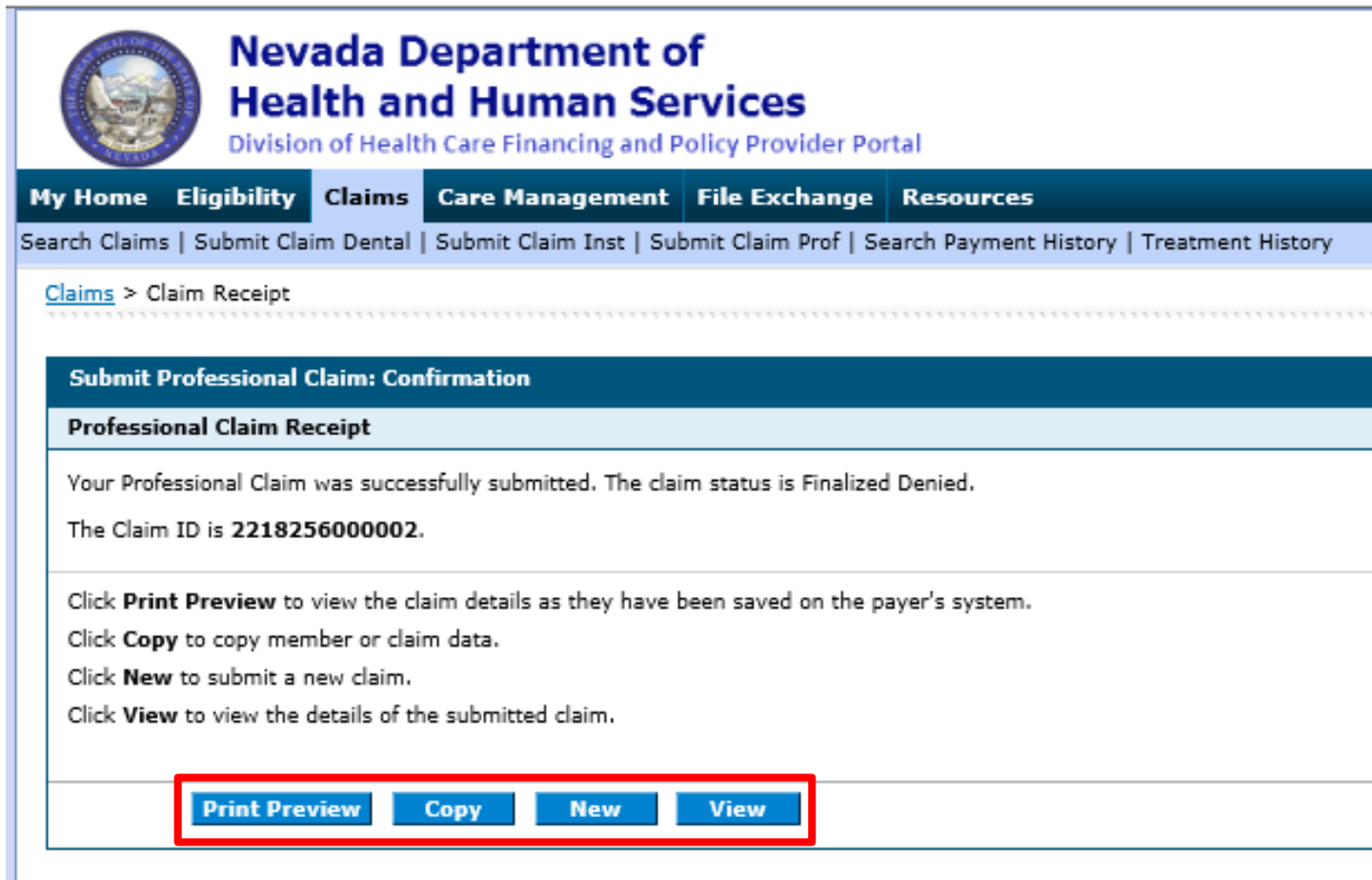
**No Other Insurance Details exist for this claim**

**No Attachments exist for this claim**

10

10. Click the **Confirm** button

# Submitting a Professional Claim: Step 3, 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 Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > Claim Receipt

**Submit Professional Claim: Confirmation**

**Professional Claim Receipt**

Your Professional Claim was successfully submitted. The claim status is Finalized Denied.  
The Claim ID is **2218256000002**.

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 **New** to submit a new claim.  
Click **View** to view the details of the submitted claim.

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

The **Submit Professional 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
- 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 a Professional Claim: Attachments**

# Submitting a Professional Claim: Attachments

1	09/12/2018	09/12/2018	11-Office	2018F-Hydration status assess	\$100.00	1.000 Unit	<a href="#">Remove</a>
2	01/12/2018	01/12/2018	11-Office	96361-Hydrate iv infusion add-on	\$200.00	1.000 Unit	<a href="#">Remove</a>
3						0.000	

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

\*Procedure Code  Modifiers     \*Diagnosis Pointers

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

Clia Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

**NDCs for Svc. # 3**

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

**Attachments**

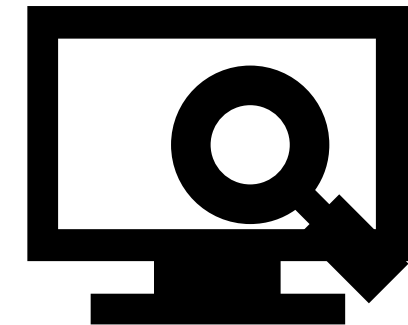
Click the **Remove** link to remove the entire row.

#	Transmission Message #	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 a professional claim:

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



# Submitting a Professional Claim: Attachments, cont.

Clia Number

Rendering  ID Type

Choose File to Upload

This PC > Desktop

Search Desktop

Organize New folder

This PC

3D Objects

Desktop

Documents

Downloads

Music

Pictures

Videos

Name

HPE MyRoom

Internet Explorer

Test doc.docx

Test doc.pdf

File name: Test doc.pdf

All Files (\*.\*)

Open

Cancel

\*Transmission Method FT-File Transfer

Upload File

\*Attachment Type

Description

Add

Cancel

Control #

Attachment Type

Action

Back to Step 1

Back to Step 2

Submit

Cancel

2. Click **Browse** button and locate the file on your computer to be attached

A window will then pop up. From there:

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 a Professional Claim: Attachments, cont.

Charge Amount  Units 0.000 Unit type Unit EPST  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
Click to collapse.					
	*Transmission Method	FT-File Transfer		*Attachment Type	
	*Upload File	C:\Users\abarger\Desktop\Test doc.pdf	Browse...	NN-Nursing Notes	
	Description	<input type="text"/>			

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.

# Submitting a Professional 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

Add Reset

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>

Click to add attachment.

Back to Step 1 Back to Step 2

7 Submit Cancel

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

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



# **Submitting a Professional Claim: Other Insurance Details**

# Submitting a Professional Claim: Other Insurance Details

**Patient Information**

\*Recipient ID 67770816236  
Last Name TRNXEUK First Name UGNWLA  
Birth Date 02/11/1985

**Claim Information**

Date Type  Date of Current   
Accident Related  Admission Date 09/12/2018  
\*Patient Number 123456789 Authorization Number   
\*Transport Certification  Yes  No  
\*Certification Condition Indicator  Yes  No  
\*Condition Indicator Patient was admitted to a hospital  
  
  
  
  
\*Transport Distance 1.00  
\*Ambulance Transport Reason Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the pat  
\*Does the provider have a signature on file?  Yes  No

**Include Other Insurance**  **1**

Total Charged Amount \$300.00

**2** **Continue** **Cancel**

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

# Submitting a Professional Claim: Other Insurance Details, cont.

Billing Provider ID 1578564860 ID type NPI

**Patient and Claim Information**

Recipient ID 36596364392  
 Recipient ALMA SMITH Gender Male  
 Birth Date 10/15/1999 Total Charged Amount \$300.00

[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	Action
<a href="#">1</a>	ICD-10-CM	R401-Stupor	<a href="#">Remove</a>
<a href="#">2</a>			

2 \*Diagnosis Type  \*Diagnosis Code

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

**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>	HEALTH PLAN OF NEVADA	07762	05060442803		-	<a href="#">Remove</a>
<a href="#">2</a>	HEALTH PLAN OF NEVADA	07762	050604428-00		-	<a href="#">Remove</a>

[+](#) Click to add a new other insurance. **3**

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

To add a policy or other insurance carrier information:

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



# Submitting a Professional 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	HEALTH PLAN OF NEVADA	07762	05060442803		-	<a href="#">Remove</a>
2	HEALTH PLAN OF NEVADA	07549	050604428-00		-	<a href="#">Remove</a>

Click to collapse.

**\*Carrier Name** Insurance Plan **\*Carrier ID** 123456789

**\*Policy Holder Last Name** Smith **\*First Name** John **MI**

**\*Policy ID** 987654321

**Insurance Type** 12-Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan

**\*Responsibility** S-Secondary **\*Patient Relationship to Insured** 01-Spouse

**Payer Paid Amount**  **\*Paid Date** 08/01/2018

**Remaining Patient Liability**

**\*Claim Filing Indicator** DS-Disability

**4**

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

4. The user must enter 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 or other health insurance details.

# Submitting a Professional 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](#)

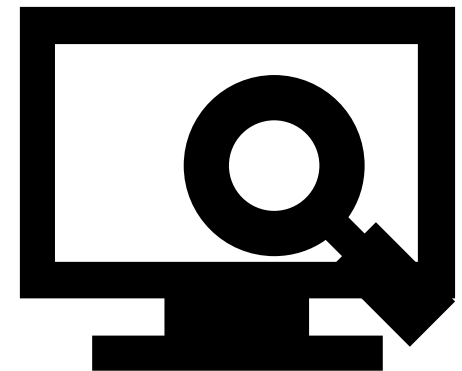
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<a href="#">1</a>	HEALTH PLAN OF NEVADA	07762	05060442803		-	<a href="#">Remove</a>
<a href="#">2</a>	HEALTH PLAN OF NEVADA	07549	050604428-00		-	<a href="#">Remove</a>
<a href="#">3</a>	Insurance Plan	123456789	987654321		08/01/2018	<a href="#">Remove</a>

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

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

[Go to Top](#)

After the user clicks the **Add Insurance** button, the new insurance will populate at the bottom of the list of carriers.



# Submitting a Professional 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 HEALTH PLAN OF NEVADA	07762	05060442803		-	<a href="#">Remove</a>

Carrier Name HEALTH PLAN OF NEVADA Carrier ID 07762  
 Policy Holder Last Name VOVJ First Name XBFD MI V  
 Policy ID 05060442803  
 Insurance Type -  
 Responsibility U-Unknown Patient Relationship to Insured 19-Child

Payer Paid Amount 100.00 \*Paid Date 08/07/2018  
 Remaining Patient Liability 10.00

\*Claim Filing Indicator

**Claim Adjustment Details**

You can enter up to five unique groups of adjustment details for each service line. Enter the amount with each group code.

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

#	Claim Adjustment Group Code	Adjustment Amount	Adjusted Units	Action
	11-Other Non-Federal Programs			
	12-Preferred Provider Organization (PPO)			
	13-Point of Service (POS)			
	14-Exclusive Provider Organization (EPO)			
	15-Indemnity Insurance			
	16-Health Maintenance Organization (HMO) Medicare Risk			
	17-Dental Maintenance Organization			
	AM-Automobile Medical			
	BL-Blue Cross/Blue Shield			
	CH-Champus			
	CI-Commercial Insurance Co.			
	DS-Disability			
	FI-Federal Employees Program			
	HM-Health Maintenance Organization			
	LM-Liability Medical			
	MA-Medicare Part A			
	MB-Medicare Part B			

\*Claim Adjustment Group Code  
 \*Reason Code

To update existing other insurance carrier information, the user will:

1. Select the sequence number of any other insurance line item
2. Update the payment and liability details
3. Select a **Claim Filing Indicator** from the dropdown

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

# Submitting a Professional Claim: Other Insurance Details, cont.

Responsibility U-Unknown Patient Relationship to Insured 19-Child

Payer Paid Amount 100.00  
Remaining Patient Liability 10.00  
\*Paid Date 08/07/2018  
\*Claim Filing Indicator 11-Other Non-Federal Programs

**Claim Adjustment Details**

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.  
Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
	*Claim Adjustment Group Code	CO-Contractual Obligations			
	*Reason Code	12-The diagnosis is inconsistent with the provider type. Note: Refer to the 835 Healthcare Policy Identification Segme			
	*Adjustment Amount	10.00	Adjusted Units	1	
	<a href="#">Add Adjustment</a>	<a href="#">Cancel Adjustment</a>			
	<a href="#">Save Insurance</a>	<a href="#">Cancel Insurance</a>			
2	HEALTH PLAN OF NEVADA	07549	050604428-00		<a href="#">Remove</a>
3	Insurance Plan	123456789	987654321	08/01/2018	<a href="#">Remove</a>

Click to add a new other insurance.

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

To add an adjustment:

4. Enter the details of the adjustment
5. Click the **Add Adjustment** button to add claim adjustment details
6. Click the **Save Insurance** button to save the information to the other insurance details line OR click the **Cancel Insurance** button to cancel all changes

# Submitting a Professional Claim: Other Insurance Details, cont.

**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	R401-Stupor	<a href="#">Remove</a>
2			

2    \*Diagnosis Type     \*Diagnosis Code

[Add](#)   [Reset](#)

**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](#)

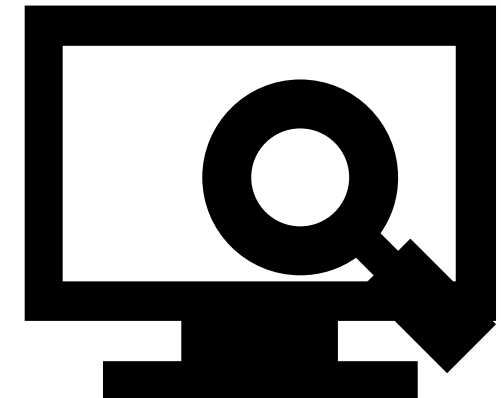
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HEALTH PLAN OF NEVADA	07762	05060442803	\$100.00	08/07/2018	<a href="#">Remove</a>
2	HEALTH PLAN OF NEVADA	07549	050604428-00		-	<a href="#">Remove</a>
3	Insurance Plan	123456789	987654321		08/01/2018	<a href="#">Remove</a>

Click to add a new other insurance.

[Back to Step 1](#)    7   [Continue](#)   [Cancel](#)

Continue to Step 3 of the claim submission process:

7. Click the **Continue** button





# **Submitting a Crossover Professional Claim**

# Submitting a Crossover Professional Claim

**Submit Professional Claim: Step 1** ?

\* Indicates a required field.

**Claim Type** Crossover Professional 1

---

**Provider Information**

Billing Provider ID	1952455032	ID Type	NPI
*Billing Provider Service Location	20-LESTER, LINDA B-1664 N VIRGINIA ST MAIL STOP 1,RENO,NEVADA,895577777		
Rendering Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Rendering Provider Service Location	-		
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Supervising Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>

---

**Patient Information**

*Recipient ID	<input type="text" value="80733203496"/>	First Name	FERADRF
Last Name	FICDTF	Birth Date	01/26/1943

---

**Claim Information**

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Admission Date	<input type="text"/>
*Patient Number	<input type="text" value="12345"/>	Authorization Number	<input type="text"/>
*Transport Certification	<input type="radio"/> Yes <input checked="" type="radio"/> No		
*Does the provider have a signature on file?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Include Other Insurance	<input type="checkbox"/>		
Total Charged Amount	\$0.00		

---

**Medicare Crossover Details**

Allowed Medicare Amount	<input type="text" value="5,000.00"/>	Co-insurance Amount	<input type="text" value="950.00"/>
Deductible Amount	<input type="text" value="250.00"/>	Psychiatric Services Amount	<input type="text" value="0.00"/>
Medicare Payment Amount	<input type="text" value="3,800.00"/>	Medicare Payment Date	<input type="text" value="10/12/2018"/>

1. Select the **Claim Type: Crossover Professional**

NOTE: The user will follow the same steps as previously shown in the “Submitting a Professional Claim” section.

# Submitting a Crossover Professional Claim, cont.

Medicare Crossover Details

Allowed Medicare Amount	<input type="text" value="5,000.00"/>	2	Co-insurance Amount	<input type="text" value="950.00"/>
Deductible Amount	<input type="text" value="250.00"/>		Psychiatric Services Amount	<input type="text" value="0.00"/>
Medicare Payment Amount	<input type="text" value="3,800.00"/>		Medicare Payment Date	<input type="text" value="10/12/2018"/>

3

2. Enter the **Medicare Crossover**

**Details:**

- **Allowed Medicare Amount**
- **Deductible Amount**
- **Medicare Payment Amount**
- **Medicare Payment Date**

3. Click the **Continue** button



# Submitting a Crossover Professional Claim, cont.

Diagnosis Codes

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1						0.000	

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

\*Procedure Code  Modifiers    \*Diagnosis Pointers

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

Clia Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

4

Medicare Crossover Details

Allowed Medicare Amount	<input type="text" value="5,000.00"/>	Co-insurance Amount	<input type="text" value="950.00"/>
Deductible Amount	<input type="text" value="250.00"/>	Psychiatric Services Amount	<input type="text" value="0.00"/>
Medicare Payment Amount	<input type="text" value="3,800.00"/>	Medicare Payment Date	<input type="text" value="10/12/2018"/>

NDCs for Svc. # 1

5

4. Enter applicable service detail information. Required fields are marked with a red asterisk (\*)
5. Click the **Add** button

# Submitting a Crossover Professional Claim, cont.

Medicare Crossover Details							
Allowed Medicare Amount	\$5,000.00	Co-insurance Amount	\$950.00	Psychiatric Services Amount	\$0.00	Medicare Payment Date	10/12/2018
Deductible Amount	\$250.00						
Medicare Payment Amount	\$3,800.00						
<a href="#">Expand All</a>   <a href="#">Collapse All</a>							
Diagnosis Codes							
Service Details							
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.							
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	09/20/2018	09/20/2018	21-Inpatient Hospital	01210-Anesth hip joint surgery	\$6,500.00	120.000 Unit	<a href="#">Remove</a>
2						0.000	
Attachments							
<a href="#">Back to Step 1</a> <a href="#">Back to Step 2</a> <span style="border: 1px solid gray; padding: 2px 10px;">6</span> <span style="border: 2px solid red; padding: 2px 10px;">Submit</span> <a href="#">Cancel</a>							

6. Click the **Submit** button

# Submitting a Crossover Professional Claim, cont.

Medicare Crossover Details												
<b>Allowed Medicare Amount</b>	\$5,000.00			<b>Co-insurance Amount</b>	\$950.00							
<b>Deductible Amount</b>	\$250.00			<b>Psychiatric Services Amount</b>	\$0.00							
<b>Medicare Payment Amount</b>	\$3,800.00			<b>Medicare Payment Date</b>	10/12/2018							
<a href="#">Expand All</a>   <a href="#">Collapse All</a>												
Diagnosis Codes												+
Service Details												-
#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount	
1	09/20/2018	09/20/2018	21		01210		1	120.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$6,500.00	
No Other Insurance Details 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>7</b>						<a href="#">Confirm</a>		<a href="#">Cancel</a>				

7. Click the **Confirm** button

# Submitting a Crossover Professional Claim, cont.

**Submit Crossover Professional Claim: Confirmation** ?

**Crossover Professional Claim Receipt**

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

The Claim ID is 2218297000010.

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 **Professional Claim Receipt**

# **Searching for a Professional Claim**

# Searching for a Professional Claim

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

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

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

**Search Claims** | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

Search Claims Thursday 08/23/2018 06:14 PM EST

### 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

To search for a claim the user will need to:

1. Hover over **Claims**
2. Select **Search Claims**

# Searching for a Professional 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**

3 Recipient ID

**Service Information**

Rendering Provider ID   ID Type  Claim Type

Service From  To  Claim Status

4

The fastest way to locate a claim is by entering the **Claim ID**.

To search without using the **Claim ID**:

3. Enter the search parameters
4. Click the **Search** button

NOTE: When searching for a claim without using the **Claim ID**, the user must enter the **Recipient ID** along with the **Service From** and **To** date range as shown in this example.

# Searching for a Professional 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 below. From there, the user may:

5. 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
5	<a href="#">2218256000002</a>		Professional	Finalized Denied	09/12/2018	67770816236	1003195538	\$0.00	09/14/2018	



# Searching for a Professional 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
<a href="#">2218256000002</a>		Professional	Finalized Denied	09/12/2018	67770816236	1003195538	\$0.00	09/14/2018	

**Professional Claim Information**

<b>Recipient</b> UGNWLA TRNXEUK	<b>Total Charge Amount</b> \$300.00
<b>Birth Date</b> 02/11/1985	<b>Total Paid Amount</b> \$0.00
<b>Rendering Provider</b> MICHAEL A SMITH	<b>Paid Date</b> 09/14/2018
<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	Procedure/Modifiers	Charge	Paid
1	09/12/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	2018F	\$100.00	\$0.00
2	01/12/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	96361	\$200.00	\$0.00

[RA Copy \(PDF\)](#)

- Click the [blue Claim ID](#) link to open a specific claim

NOTE: The user may view the RA by clicking the **RA Copy (PDF)** button. Searching for RAs will be covered later in the training.

# Searching for a Professional Claim, cont.

[Claims](#) > [Search Claims](#) > View Dental Claim

Thursday 08/23/2018 03:29 PM PST

[Print Preview](#)

View Dental Claim - ID 221823500007

[Back to Search Results](#) ?

## Provider Information

<b>Billing Provider ID</b>	1407146111	<b>ID Type</b>	NPI
<b>Billing Provider Service Location</b>	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD, LAS VEGAS, NEVADA, 89169		
<b>Rendering Provider ID</b>	1407146111	<b>ID Type</b>	NPI
<b>Rendering Provider Service Location</b>	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD, LAS VEGAS, NEVADA, 89169		
<b>Referring Provider ID</b>	_	<b>ID Type</b>	_
<b>Service Facility Location ID</b>	_	<b>ID Type</b>	_

## Patient Information

<b>Claim Status</b>	Finalized Denied		
<b>Recipient ID</b>	97338188081		
<b>Recipient</b>	WXEBVG MUZAE	<b>Gender</b>	Female
<b>Birth Date</b>	05/02/1967		

## Claim Information

<b>Accident Related</b>	_	<b>Accident Date</b>	_
<b>Place of Treatment</b>	11-Physician's Office		
<b>Patient Number</b>	12345		
<b>Authorization Number</b>	_		
<b>Related Claim ICN</b>	_		
<b>Previous Claim ICN</b>	_		
<b>Note</b>	_		
<b>Total Allowed Amount</b>	\$0.00	<b>Total Co-pay Amount</b>	\$0.00
		<b>Total Charged Amount</b>	\$725.25
		<b>Total Paid Amount</b>	\$0.00

[Expand All](#) All

## Adjudication Errors

7

## Diagnosis Codes

If the claim is denied, the user may review the errors as follows:

7. Click the (+) symbol adjacent to the **Adjudication Errors** panel

# Searching for a Professional Claim, cont.

**Certification Condition Indicator** Yes

**Condition Indicator** Patient was admitted to a hospital

—

—

—

**Transport Distance** 1.00

**Ambulance Transport Reason** Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the patient was transferred to a residential facility.

**Previous Claim ICN** —

**Note** —

**Does the provider have a signature on file?** Yes

**Total Charged Amount** \$300.00

**Total Allowed Amount** \$0.00      **Total Co-pay Amount** \$0.00      **Total Paid Amount** \$0.00

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

## Adjudication Errors

Claim / Service #	HIPAA Adj	Description	EOB
Service # 1	1010	RENDERING PROV NOT MEMBER OF BILLING PROV GROUP	3110
Service # 2	1010	RENDERING PROV NOT MEMBER OF BILLING PROV GROUP	3110

## Diagnosis Codes

## Service Details

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	09/12/2018	09/12/2018	11	N	2018F		1	1.000 Unit	\$100.00	\$0.00	\$0.00	\$0.00
2	01/12/2018	01/12/2018	11	N	96361		1	1.000 Unit	\$200.00	\$0.00	\$0.00	\$0.00

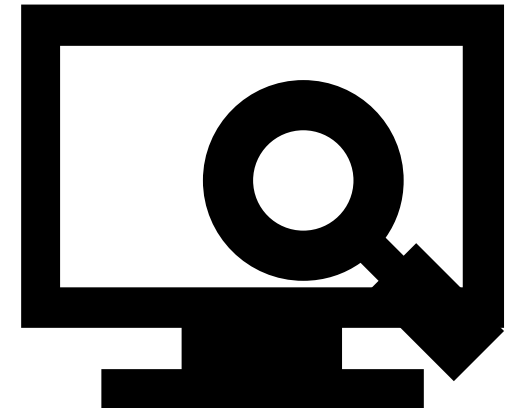
No Other Insurance Details exist for this claim

No Attachments exist for this claim

[Copy](#)   [Print Preview](#)   [RA Copy \(PDF\)](#)

With the **Adjudication Errors** panel expanded, the user may review the errors associated with the claim's denial.

NOTE: User will be shown how to adjust a claim later in the training.





# **Viewing Professional Claim Remittance Advice (RA)**

# Viewing a Professional Claim's RA

The screenshot shows the Provider Portal interface. The navigation menu at the top includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', 'Resources', and 'My Provider'. The 'Claims' menu item is highlighted with a red box and a callout '1'. Below the navigation menu, the 'Search Payment History' link is highlighted with a red box and a callout '2'. The main content area shows the 'Search Payment History' form. The form includes a 'Provider Information' section with fields for 'Provider ID', 'ID Type', 'Name', and 'Location ID'. Below this, there is a search form with the following fields: 'Payment Method' (dropdown menu), 'Payment Type' (dropdown menu), 'Check # / RA #' (text input), 'Issue Date' (date picker), and 'To' (date picker). The 'Search' button is highlighted with a red box and a callout '4'. A callout '3' points to the search form area.

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: Users can only search for RAs on the Provider Portal for the past 6 months. The default search range is for the past 90 days.











# Viewing a Professional Claim's RA, cont.

**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.

5 Total Records: 11

Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
09/14/2018	CHK	C	000000000/100005447	\$0.00	
09/07/2018	CHK	C	000012397/100005394	\$30.00	
09/07/2018	ACH	E	000930866/100005361	\$130.00	
08/31/2018	CHK	C	000000000/100005323	\$0.00	
08/17/2018	CHK	C	000000000/100005263	\$0.00	
08/10/2018	ACH	E	000930835/100005216	\$300.00	
08/10/2018	ACH	E	000930819/100005155	\$610.00	
07/13/2018	ACH	E	000930802/100004985	\$50.00	
07/06/2018	ACH	E	000930797/100004953	\$20.00	
06/29/2018	ACH	E	000930789/100004925	\$10.00	

1 2

5. Click on the RA Copy (PDF) icon











# Viewing a Professional Claim's RA, cont.

## 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: 11

Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
09/14/2018	CHK	C	000000000/100005447	\$0.00	
09/07/2018	CHK	C	000012397/100005394	\$30.00	
09/07/2018	ACH	E	000930866/100005361	\$130.00	
08/31/2018	CHK	C	000000000/100005323	\$0.00	
08/17/2018	CHK	C	000000000/100005263	\$0.00	
08/10/2018	ACH	E	000930835/100005216	\$300.00	
08/10/2018	ACH	E	000930819/100005155	\$610.00	
07/13/2018	ACH	E	000930802/100004985	\$50.00	
07/06/2018	ACH	E	000930797/100004953	\$20.00	
06/29/2018	ACH	E	000930789/100004925	\$10.00	

1 2

PDF Files require [Adobe Acrobat Reader](#)

Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes, descriptions and data are copyrighted by the American Medical Association (AMA) and the American Dental Association (ADA), respectively, all rights reserved. AMA and ADA assume no liability for data contained or not contained on this website and on documents posted herein.

CPT is a registered trademark ® of the AMA. CDT is a registered trademark ® of the ADA. Applicable FARS/DFARS apply.

6. User will click the **Open** button

Do you want to open or save **RA 100005447.pdf** (4.10 KB) from **portalmod.nvad.xnv.dcs-usps.com**?

6

Open

Save

Cancel

×

# Viewing a Professional Claim's RA, cont.

REPORT: CRA-HCDN-R	NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY				DATE: 09/13/2018	
RA#: 100005447	NEVADA MEDICAID (TXIX)				PAGE: 2	
PAYER: TXIX	PROVIDER REMITTANCE ADVICE					
	PROFESSIONAL SERVICES CLAIMS DENIED					
GONZALEZ KAREN S					PAYEE ID 100506939 MCD	
PO BOX 748356					NPI 1205806429	
LOS ANGELES, CA 90074-4444					CHECK/EPT NUMBER 000000000	
					PAYMENT DATE 09/14/2018	
--ICN--	PCN	MRN	SERVICE DATES	BILLED	OTH INS	SPENDDOWN
			FROM TO	AMOUNT	AMOUNT	AMOUNT
MEMBER NAME: ARS EAUNSXK			MEMBER NO.: 97131704238			
218256000001 UNLINK			091318 091318	10.00	0.00	0.00
			SERVICE DATES		PA NUMBER	
PROC CD MODIFIERS ALLW UNITS	FROM TO	RENDERING PROVIDER	BILLED AMT	DETAIL	BOBS	
65436	0.00	091318 091318 MCD 100506939		3006		
NCPDP REJ:				10.00		
TOTAL PROFESSIONAL SERVICE CLAIMS DENIED:				10.00	0.00	0.00
TOTAL NO. DENIED:	1					

After clicking **Open**, the user can review the RA.





# **Copying Professional Claims**

# Copying a Professional Claim

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

1 Search Claims Wednesday 09/19/2018 03:25 PM PST

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 2218262000035

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

3 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	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	<a href="#">2218262000035</a>	4	Professional	Finalized Payment	09/18/2018	67032685329	1841251725	\$44.62	-	

To copy a claim, the user will:

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 [blue Claim ID](#) link

# Copying a Professional Claim, cont.

Recipient: FRODOLEY V GIBSON  
Birth Date: 05/01/2002

**Claim Information**

Claim Status: Finalized Payment  
Date Type: \_  
Accident Related: \_  
Patient Number: 053036404FKE  
Related Claim ICN: \_  
Transport Certification: No  
Previous Claim ICN: \_  
Note: \_  
Date of Current: \_  
Admission Date: 09/18/2018  
Authorization Number: \_  
Does the provider have a signature on file? Yes

Total Charged Amount: \$175.00  
Total Allowed Amount: \$44.62  
Total Co-pay Amount: \$0.00  
Total Paid Amount: \$44.62

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

**Adjudication Errors** +

**Diagnosis Codes** +

**Service Details** -

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	09/18/2018	09/18/2018	32	N	99308		1	1.000 Unit	\$175.00	\$44.62	\$0.00	\$44.62

No Other Insurance Details exist for this claim

No Attachments exist for this claim

[Adjust](#) [Copy](#) [Void](#) [Print Preview](#)

After the user has viewed the claim, user will:

5. Scroll down to the bottom of the "Claim Information" page
6. Click the **Copy** button

# Copying a Professional Claim, 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**

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > [Search Claims](#) > [View Professional Claim](#) > Copy Claim

Thursday 09/20/2018 12:01 PM EST

### Copy Professional 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.

**Recipient Information**  
Recipient ID  
Last Name  
First Name  
Birth Date  
Patient Number

**Service Information**  
Service Facility Location  
Diagnosis Code(s)  
Place(s) of Service  
Procedure Code(s)  
Modifier(s)  
Diagnosis Pointer(s)  
Detail Charge Amount(s)  
Units  
Unit Type(s)  
Rendering Provider(s)  
NDC Code Type(s)  
NDC Code(s)  
NDC Unit Price(s)  
NDC Quantity(s)  
NDC Unit of Measure(s)


**Recipient and Service Information**  
Copies data listed in previous 2 columns.

**Entire Claim**  
Copies data listed in columns 1 and 2 PLUS:  
Referring Provider  
Accident Related  
Accident State  
Accident Country  
Pregnancy Indicator  
Authorization Number  
Emergency Indicator(s)  
EPSDT Indicator(s)  
Family Plan Indicator(s)  
NDC Prescription #(s)  
NDC Prescription Type(s)  
Other Insurance Details  
All Dates

**8**

7. Select what portion of the claim to copy (for this example, the user has selected **Entire Claim**)
8. Click the **Copy** button

# Copying a Professional Claim, cont.

**Submit Professional Claim: Step 1** 

\* Indicates a required field.

Claim Type

---

**Provider Information**

Billing Provider ID  ID Type

\*Billing Provider Service Location

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

Supervising Provider ID  ID Type

Service Facility Location ID  ID Type

---

**Patient Information**

\*Recipient ID

Last Name  First Name

Birth Date


---


**Claim Information**

Date Type

Accident Related

\*Patient Number

Date of Current  

Admission Date  

Authorization Number

\*Transport Certification  Yes  No

\*Does the provider have a signature on file?  Yes  No

Include Other Insurance

Total Charged Amount \$175.00

---

**9**

As the user goes through Steps 1-3, the user may make updates.

9. Click the **Continue** button



# **Adjusting a Professional Claim**

# Adjusting a Professional Claim

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

Search Claims Wednesday 09/19/2018 03:25 PM PST

1

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 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="#">2218262000035</a>	Professional	Finalized Payment	09/18/2018	67032685329	1841251725	\$44.62	-	

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 [blue Claim ID](#) link

NOTE: Denied Claims cannot be adjusted. The **Claim Status** column will indicate “Finalized Payment” if a claim is paid.

# Adjusting a Professional Claim, cont.

recipient: FRODOLEY, GREGOR  
 Birth Date: 05/01/2002

---

**Claim Information**

Claim Status: Finalized Payment  
 Date Type: \_ Date of Current: \_  
 Accident Related: \_ Admission Date: 09/18/2018  
 Patient Number: 053036404FKE Authorization Number: \_  
 Related Claim ICN: \_  
 Transport Certification: No  
 Previous Claim ICN: \_  
 Note: \_  
 Does the provider have a signature on file? Yes

**5**

Total Charged Amount: \$175.00  
 Total Allowed Amount: \$44.62 Total Co-pay Amount: \$0.00 Total Paid Amount: \$44.62

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

**Adjudication Errors** +

**Diagnosis Codes** +

**Service Details** -

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	09/18/2018	09/18/2018	32	N	99308		1	1.000 Unit	\$175.00	\$44.62	\$0.00	\$44.62

No Other Insurance Details exist for this claim

No Attachments exist for this claim

**6**

[Adjust](#) [Copy](#) [Void](#) [Print Preview](#)

On the “View Professional Claim” page, the user will:

5. Scroll down to the bottom of the page
6. Click the **Adjust** button



# Adjusting a Professional Claim, cont.

Resubmit Professional Claim ID 2218262000035: Step 1

\* Indicates a required field.

Claim Type Professional

**7** **Provider Information**

Billing Provider ID 1578564860 ID Type NPI  
\*Billing Provider Service Location 20-HOSPITALISTS OF ARIZONA-2510 W DUNLAP AVE STE 290,PHOENIX,ARIZONA,850212759  
Rendering Provider ID 1841251725 ID Type NPI  
Rendering Provider Service Location 24-SHAVER, NANCY C-1919 E THOMAS RD EAST BLDG,PHOENIX,ARIZONA,850167710  
Referring Provider ID ID Type  
Supervising Provider ID ID Type  
Service Facility Location ID ID Type

**Patient Information**

Claim Status Finalized Payment  
\*Recipient ID 67032685329  
Last Name GIOXBIK First Name MROBMLV  
Birth Date 05/01/2002

**Claim Information**

Date Type Date of Current  
Accident Related Admission Date 09/18/2018  
\*Patient Number 053036404FKE Authorization Number  
\*Transport Certification Yes No  
\*Does the provider have a signature on file? Yes No  
Include Other Insurance Total Charged Amount \$175.00

**8** **Adjudication Errors**

Claim / Service #	HIPAA Adj	Description	EOB
Claim	7499	CLAIM PROCESSED BY CLINICAL CLAIM EDITOR	7499
Service # 1	4084	ALLOWED AMT LESS THAN BILLED AMOUNT VARIANCE	0507

**9** Continue Cancel

From here, the user may:

7. Review and make any necessary edits to the provider, patient, or claim information
8. Review the **Adjudication Errors** panel to identify any issues that may need to be resolved
9. Click on the **Continue** button at the bottom of the page to proceed to the next step

# Adjusting a Professional Claim, cont.

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

**Adjudication Errors** +

**Diagnosis Codes** +

**Service Details** -

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	09/18/2018	09/18/2018	32-Nursing Facility	99308-Nursing fac care subseq	\$175.00	1.000 Unit	
2						0.000	

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

\*Procedure Code  Modifiers    \*Diagnosis Pointers

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

Cla Number  Authorization Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

**NDCs for Svc. # 2** -

**Attachments** -

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

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

**10**

10. Click the **Resubmit** button

# Adjusting a Professional Claim, cont.

Patient Information											
Recipient ID	67032685329					Gender	Female				
Recipient	MROBMLV V GIOXBIK										
Birth Date	05/01/2002										
Claim Information											
Claim Status	Finalized Payment					Date of Current	_				
Date Type	_					Admission Date	09/18/2018				
Accident Related	_					Authorization Number	_				
Patient Number	053036404FKE										
Related Claim ICN	_										
Transport Certification	No										
Previous Claim ICN	2218262000035										
Note	_										
Does the provider have a signature on file?	Yes										
Total Charged Amount	\$175.00										
<a href="#">Expand All</a>   <a href="#">Collapse All</a>											
Adjudication Errors											
+											
Diagnosis Codes											
+											
Service Details											
-											
#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
<u>1</u>	09/18/2018	09/18/2018	32	N	99308		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$175.00
No Other Insurance Details exist for this claim											
No Attachments exist for this claim											
11											
<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> <a href="#">Confirm</a> <a href="#">Cancel</a>											

11. Click the **Confirm** button

NOTE: Click the **Cancel** button to cancel the adjustment.

# Adjusting a Professional Claim, 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**

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > Claim Receipt Thursday 09/20/2018 10:47 AM PST

**Resubmit Professional Claim: Confirmation** ?

**Professional Claim Receipt**

Your Professional Claim was successfully resubmitted. The claim status is Finalized Payment.

The Claim ID is 5918263000001.

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](#)

The “Resubmit Professional Claim: Confirmation” page will appear after the claim has been submitted. 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](#)

**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.

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

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

[Contact Us](#)

1

[Secure Correspondence](#)

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 Nevada Department of Health and Human Services portal. The page title is "Secure Correspondence - Create Message". The form contains the following fields:

- \*Subject:** Appeal of a denied claim
- \*Message Category:** Claims - Appeals (highlighted with a red box and a callout bubble containing the number 2)
- 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.

The user will then:

2. Select "Claims – Appeals" from the **Message Category** dropdown 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
Click to collapse.					
3	*Transmission Method	EL-Electronic Only			
	*Upload File	Browse...			
	*Attachment Type				
	Description				
	Add	Cancel			
4	Send	Cancel			

Next, the user will need to:

3. Click the **Browse** button and locate the file supporting the appeal request
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 information, contact us.

Status	CTN #	Subject	Category	Open Date	Last Modified
Open	4256	<a href="#">Appeal of a denial</a>		09/18/2018	
Open	4255	<a href="#">testing</a>		09/18/2018	
Open	4253	<a href="#">Testing from MO</a>		09/18/2018	
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 the user clicks the **Send** button, a confirmation message will populate with “Your secure message was successfully sent”

User will then need to:  
5. Click the **OK** button

# 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.



# **Voiding a Professional Claim**

# Voiding a Professional Claim

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

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

Search Claims

### 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

To search for a claim the user will need to:

1. Hover over **Claims**
2. Select **Search Claims**
3. Enter **Claim ID**
4. Click the **Search** button

# Voiding a Professional 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 below.

To open the claim, the user will:

- Click the [blue Claim ID](#) link to open the claim

NOTE: Denied Claims cannot be voided. The **Claim Status** column will indicate “Finalized Payment” if a claim is paid.

**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="button" value="+"/>	<a href="#">5918263000001</a>	5	Professional	Finalized Payment	09/18/2018	67032685329	1841251725	\$44.62	09/21/2018	

# Voiding a Professional Claim, cont.

**Claim Information**

**Claim Status** Finalized Payment  
**Date Type** \_ **Date of Current** \_  
**Accident Related** \_ **Admission Date** 09/18/2018  
**Patient Number** 053036404FKE **Authorization Number** \_  
**Related Claim ICN** \_  
**Transport Certification** No  
**Previous Claim ICN** 2218262000035  
**Note** \_  
**Does the provider have a signature on file?** Yes

**Total Allowed Amount** \$44.62      **Total Co-pay Amount** \$0.00      **Total Charged Amount** \$175.00  
**Total Paid Amount** \$44.62

[Expand A](#)

**Adjudication Errors**

**Diagnosis Codes**

**Service Details**

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	Charge Amount	Allowed Amount	Co-pay Amount
<u>1</u>	09/18/2018	09/18/2018	32	N	99308		1	1.000 Unit	\$175.00	\$44.62	\$0

**No Other Insurance Details exist for this claim**

**No Attachments exist for this claim**

**6**

[Adjust](#) [Copy](#) [Void](#) [Print Preview](#) [RA Copy \(PDF\)](#)

To void the claim, the user will:

6. Click the **Void** button

# Voiding a Professional Claim, cont.

Does the provider have a signature on file? Yes

Total Charged Amount \$175.00  
Total Paid Amount \$44.62  
Total Co-pay Amount \$0.00  
Allowed Amount \$44.62

Confirmation

Are you sure you want to void this Professional Claim ID 5918263000001?

7 OK Cancel

To Date	Place of Service	Ptrs	Unit	Charged Amount	Co-pay		
09/18/2018	32	N	99308	1	1.000 Unit	\$175.00	\$44.62

Insurance Details exist for this claim

Insurance Details exist for this claim

Just Copy Void Print Preview

7. Click the **OK** button

# Voiding a Professional Claim, cont.

The screenshot displays a web application interface with a confirmation dialog box overlaid. The dialog box has a title bar with a checkmark icon and the text "Confirmation". The main text inside the dialog reads "Your Professional Claim ID was successfully voided." Below this text is an "OK" button, which is highlighted with a red rectangular border. A grey hexagonal callout containing the number "8" points to the "OK" button. The background shows a form with fields for "m ID" (containing "5918263000001"), "nt ID", "ID", "ID Type", "Claim Type", "om", "To", and "Claim Status".

8. 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!**