

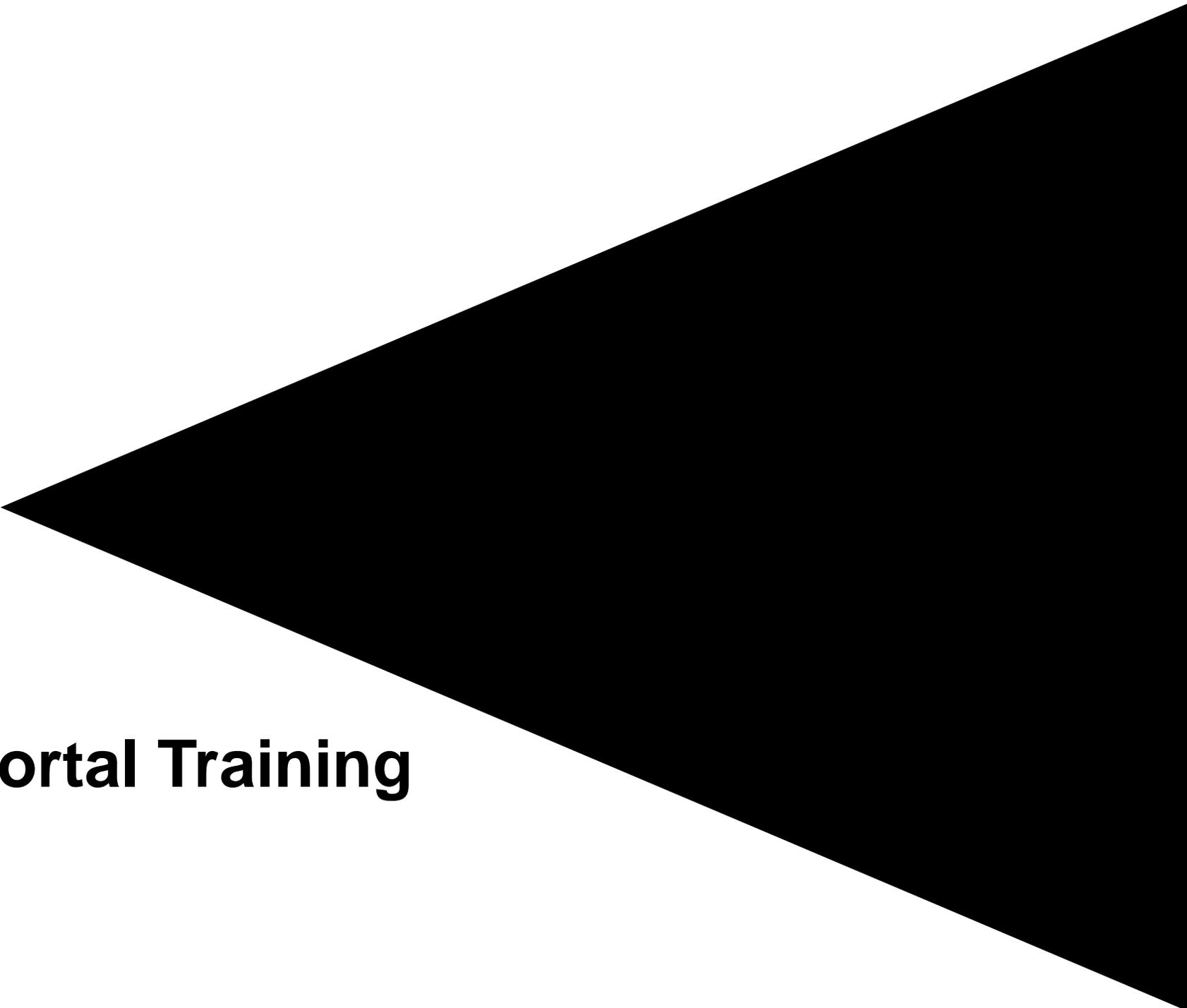
**Nevada Provider Training
Provider Web Portal**

Objectives

This session will cover:

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





Provider Web Portal Training

Objectives

This session will cover:

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



Acronyms/Commonly Used Terms

CTN: Contact Tracking Number

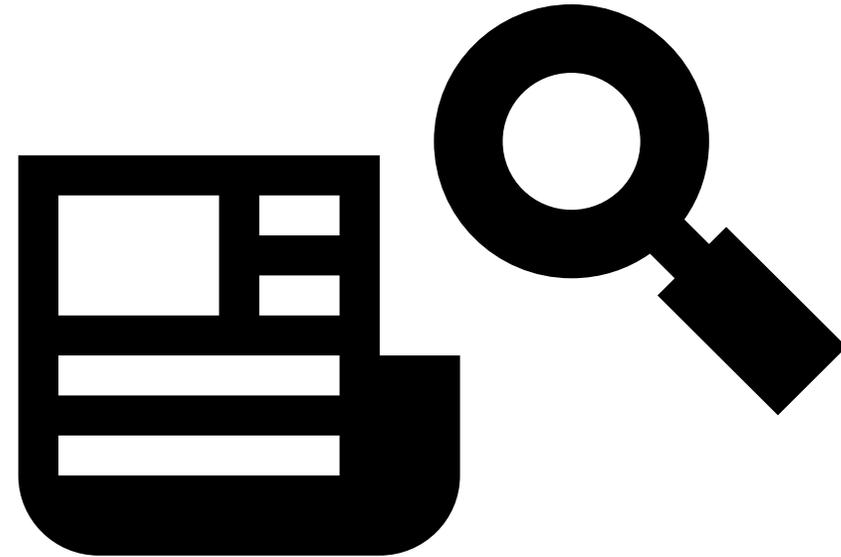
PA: Prior Authorizations

PWP: Provider Web Portal

TP: Trading Partner

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

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



Registering for the Provider Web Portal (PWP)

Registering for the PWP

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal of Nevada. The header text reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". On the top right are links for "Contact Us" and "Login". A blue navigation bar contains the word "Home". Below this, the main content area features a "Provider Login" section with a text input field for the "User ID" and a "Log In" button. Links for "Forgot User ID?", "Register Now", and "Where do I enter my password?" are also present. 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 functions for healthcare providers. Below the text is a photograph of five diverse healthcare professionals in white coats. A "Web Announcements" section on the left lists two recent updates: "Web Announcement 1123 Online Provider Enrollment Summary Page Updated" and "Web Announcement 1122 Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by".

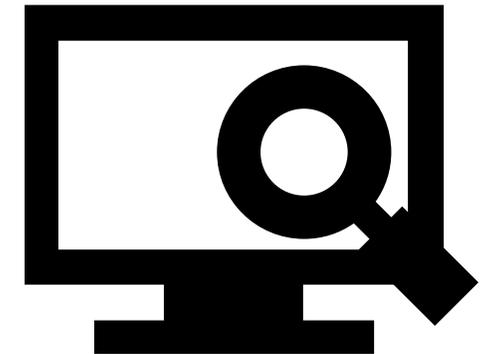
Registering for the PWP, cont.

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

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

To begin the registration process, the user will:

1. Click the **Register Now** link



Registering for the PWP, cont.

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

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

Home

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

Registration

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

 Provider An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.	2	 Delegate An individual Designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons. Note that although there can only be one provider administrator (who registered as a provider), the administrator can register many delegates to utilize the website from different physical locations. These delegates must be identified and registered by the provider administrator.
 Trading Partner An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.		 Managed Care Org An entity, authorized by the state, to operate a prepaid healthcare delivery plan (as a health maintenance organization - HMO). This entity arranges, administers, and pays for the delivery of healthcare services to members, as designated by the state.

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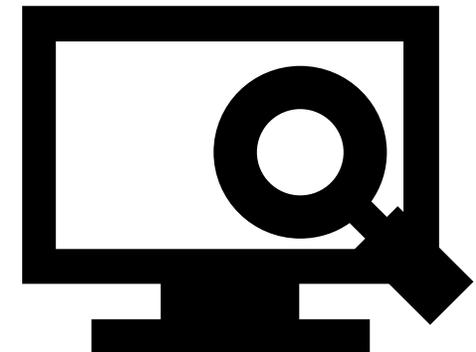
CPT is a registered trademark ® of the AMA. CDT is a registered trademark ® of the ADA. Applicable FARS/DFARS apply.

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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

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?"/>

*Challenge Question #1:

*Answer to #1:

*Challenge Question #2:

*Answer to #2:

*Challenge Question #3:

*Answer to #3:

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 with the following content:

User Agreement

Access Policy

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

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

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

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

12

Numbered callouts: 10 points to the 'Access Policy' section, 11 points to the acknowledgment checkbox, and 12 points 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 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](#)

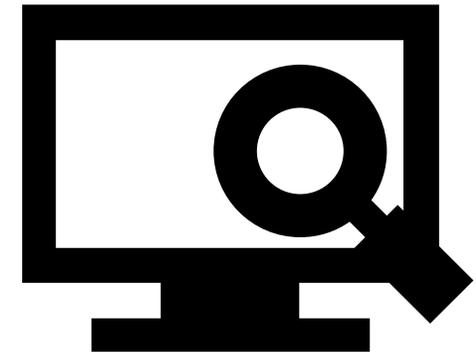
Broadcast Messages

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 care providers can...

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

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



Navigating the PWP, cont.

Computer and Challenge Question

Site Key

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

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

Answer the challenge question to verify your identity.

Challenge Question In what city were you born?

3 *Your Answer

[Forgot answer to challenge question?](#)

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

5 **Continue**

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

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

Navigating the PWP, cont.

Home > Challenge Question > Site Token Password

Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

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

Make sure your site key token and passphrase are correct.

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

6 Site Key: 

Passphrase Answer

7 *Password

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

The user will continue providing identity verification as follows:

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

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

Navigating the PWP, cont.

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

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

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

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

Provider

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

Broadcast Messages

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

[Contact Us](#)

[Secure Correspondence](#)

Provider Services

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

Welcome Health Care Professional!

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

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

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

From there, the user will need to:

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

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

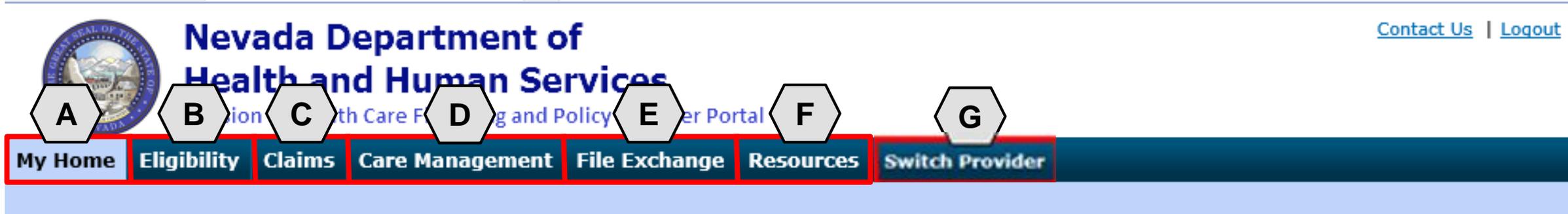
Navigating the PWP, cont.

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

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

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

Navigating the PWP, cont.



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

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

Managing PWP Profiles

Managing Profile

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

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

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

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

Provider

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

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

Broadcast Messages

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

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

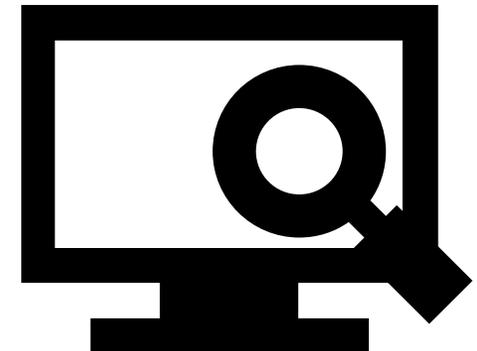
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Prior Authorization Quick Reference Guide [\[Review\]](#)
Provider Web Portal Quick Reference Guide [\[Review\]](#)

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

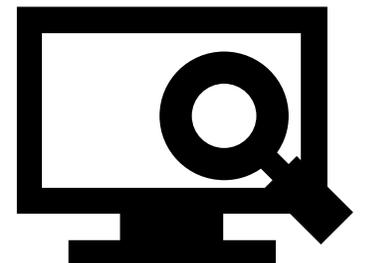
Passphrase:

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

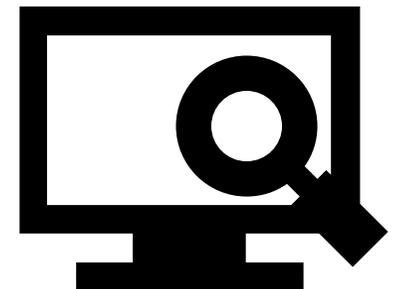
Passphrase

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.



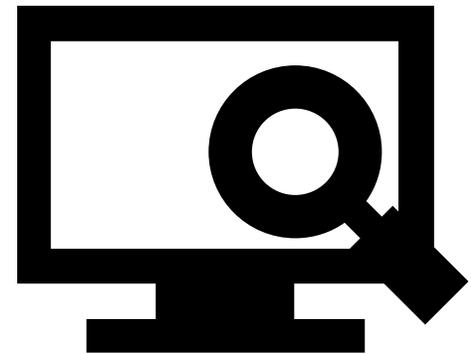
Managing Profile, cont.

My Profile ?	
Contact Information	
Display Name	hosizona
Phone Number	1-111-111-1111
Current Email	aaron.barger@dxc.com
Edit	
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	
Edit	
Site Key Token	
Site Key:	
Passphrase	
Password	Change Password

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 an 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 is a hexagon pointing to the 'Current Password' field; 3 is a hexagon pointing to the 'New Password' field; 4 is a hexagon pointing to the 'Confirm New Password' field; and 5 is a hexagon pointing 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
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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**

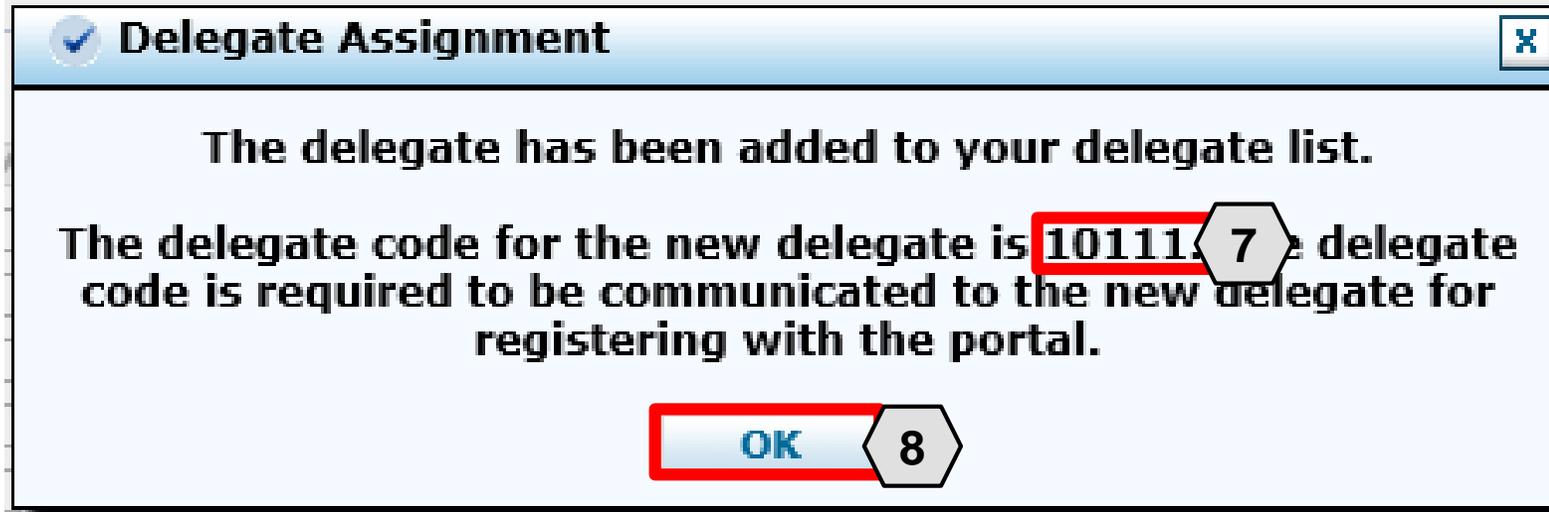
Once the user has clicked the **Submit** button, they will be asked to review and confirm the details.

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	delegate_test	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

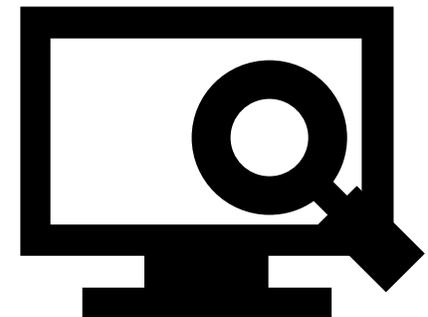
5

Edit Confirm Cancel

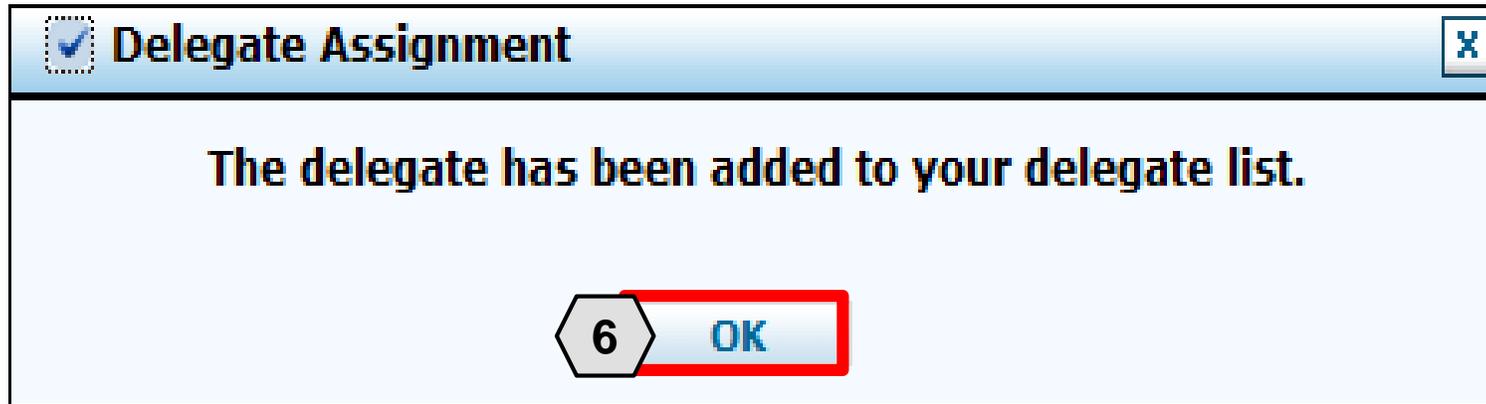
Once the user clicks the **Submit** button, the user will need to confirm the request.

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 [delegate's name](#) to change the status of the delegate.

#	Name ▲	Display Name	Birth Date	Last 4 of DLN	Delegate Code	Decision
1	barger, aaron	bargera	01/01/1980	1234	10103	Active
2	delegate, test	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**

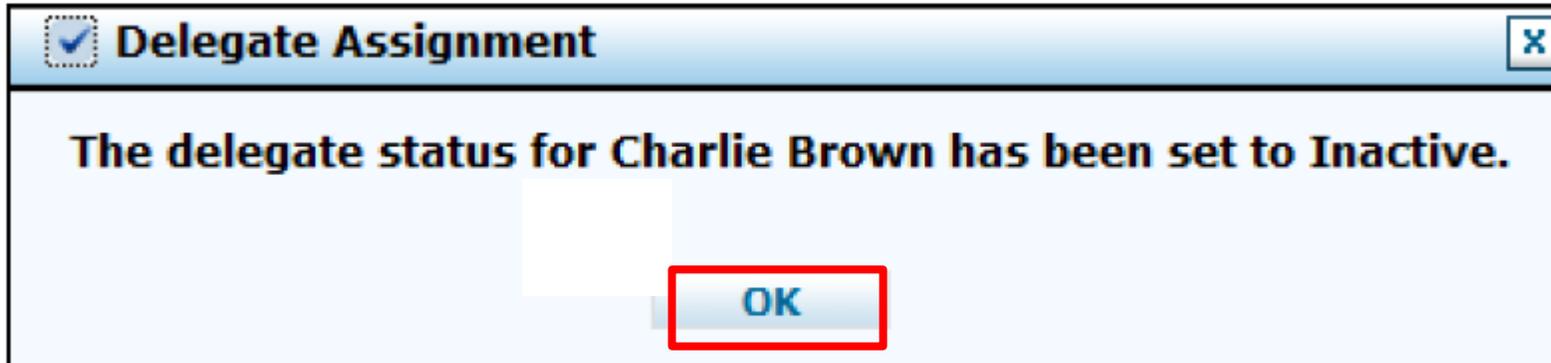
- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus 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	9999	ALM EDI Testers

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

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

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

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

Adding Trading Partners, cont.

Manage Accounts [Back to My Home](#)

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

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

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

Trading Partner Name Trader 1
Trading Partner ID 23113726

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

Transactions

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

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

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

To do this, the user will:

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

Adding Trading Partners, cont.

Manage Accounts Back to My Home ?

Add Registered Trading Partner

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

Trading Partner Name Trader 1
Trading Partner ID 23113726

Transactions

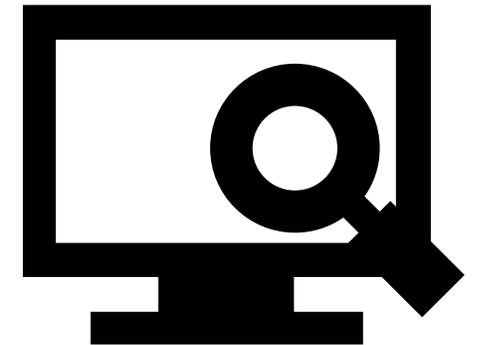
- 270/271 Health Care Eligibility Request/Response Batch
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837P Health Care Claim: Professional
- D.0 - NCPDP - Batch Standard 1.2

Edit **Confirm** **Cancel**

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

The user will:

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



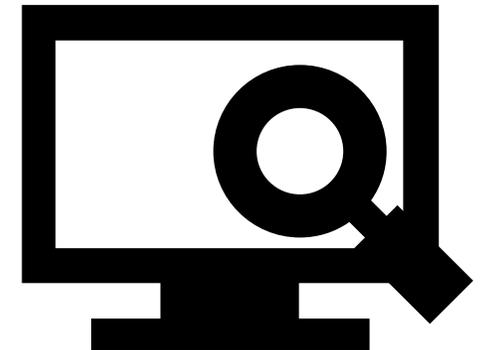
Adding Trading Partners, cont.



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

From here, the user will need to:

8. Click **OK**



Adding Trading Partners, cont.

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

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

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

Trading Partner Name

Trading Partner ID

[Validate](#)

Trading Partners

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

#	Trading Partner ID	Trading Partner Name ▲	Action
1	23113726	Trader 1	Remove
2	9999	ALM EDI Testers	Remove

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

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

Accessing Help

Accessing Help

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

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

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

* Indicates a required field.

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

*First Name

*Last Name

*Birth Date 

*Last 4 of DLN

Select the functions that the delegate is authorized to access

*Functions

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

No Delegates are assigned to the User.

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

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

To use this help feature, the user will:

1. Click the icon

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

Accessing Help, cont.

Delegate Assignment - Internet Explorer

2

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.

3

4

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

From here the user will:

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

Accessing Help, cont.

Text Size Decrease Text Size Increase Text Size
--

Delegate Assignment

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

Adding a New Delegate

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

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

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

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

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

Accessing Help – Guides

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

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

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

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

Provider

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

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

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.

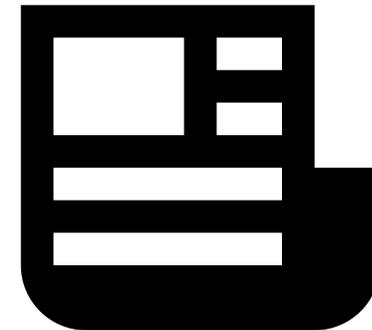
Prior Authorization Quick Reference Guide	Review
Provider Web Portal Quick Reference Guide	Review

1

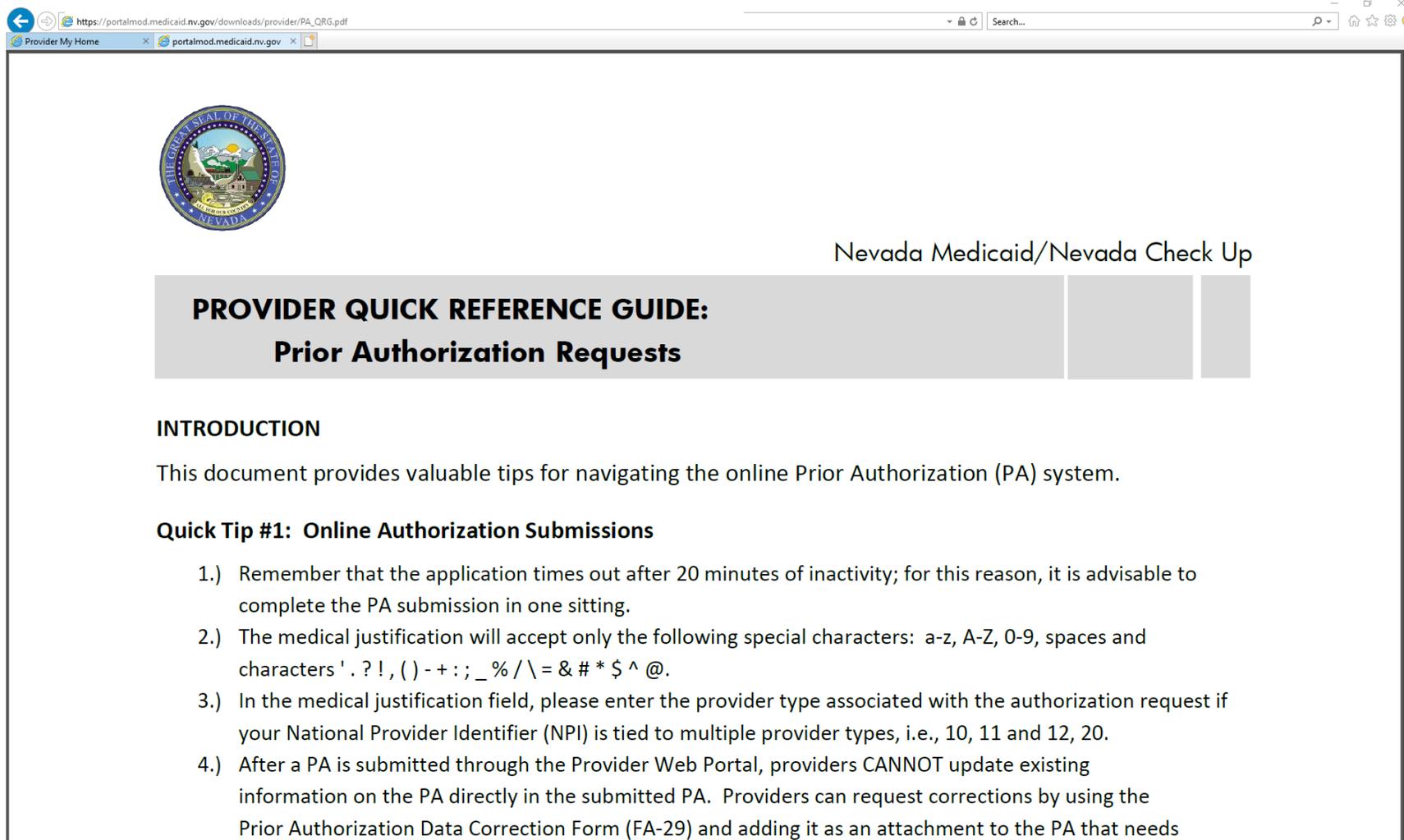
Toward the bottom of the PWP “Home” page, the user will find quick reference guides.

To access one of these guides, the user will:

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



Accessing Help – Guides, cont.

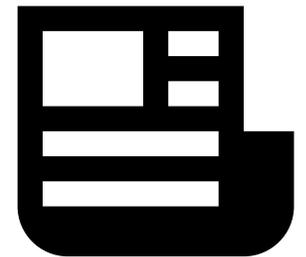


The screenshot shows a web browser window with the address bar displaying https://portalmod.medicaid.nv.gov/downloads/provider/PA_QRG.pdf. The page content includes the Nevada State Seal, the text 'Nevada Medicaid/Nevada Check Up', and a prominent grey header with the title 'PROVIDER QUICK REFERENCE 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 features 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 Exchange **Resources**

Search Providers | Search Fee S **Downloads**

My Home

Provider

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

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

Provider Services

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

Broadcast Messages

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

Welcome Health Care Professional!

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

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



Accessing Help – Resources, cont.



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

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

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

[Resources](#) > Downloads

Prior Authorization Tutorials

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

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

From here, the user may:

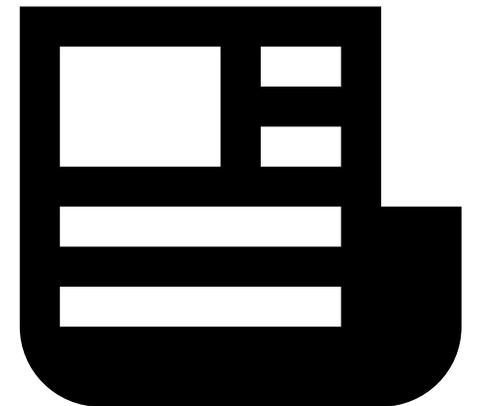
3. Click the desired resource



Accessing Help – Resources, cont.



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



Accessing Help – Help Desk

Department of Health and Human Services

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

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.

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

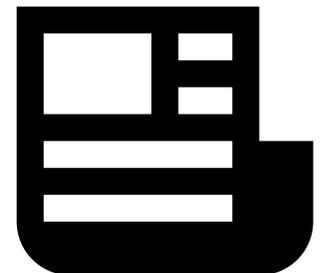
State policy inquiries and Fair Hearing requests

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!

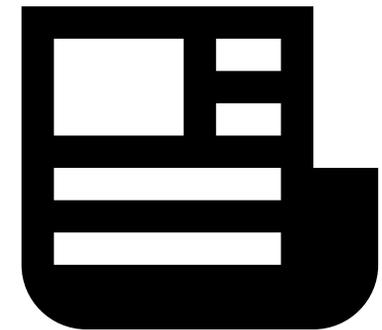


We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently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

Total Records: 2

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4215	Help	Other	07/06/2018	07/06/2018
Open	4214	Help	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 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	Help	Other	07/06/2018	07/06/2018
Open	4216	Help	Other	07/06/2018	07/06/2018
Open	4215	Help	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	Help	Other	07/06/2018	07/06/2018
Open	4216	Help	Other	07/06/2018	07/06/2018
Open	4215	Help	Other	07/06/2018	07/06/2018

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.

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.

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	Help	Other	07/06/2018	07/06/2018
Open	4216	Help	Other	07/06/2018	07/06/2018
Open	4215	Help	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.

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

6

7

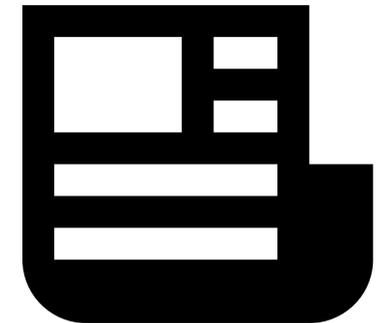
Correspondence

Message Received	Date: 07/06/2018 02:55:20 PM Answer provided.
Message Sent	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.

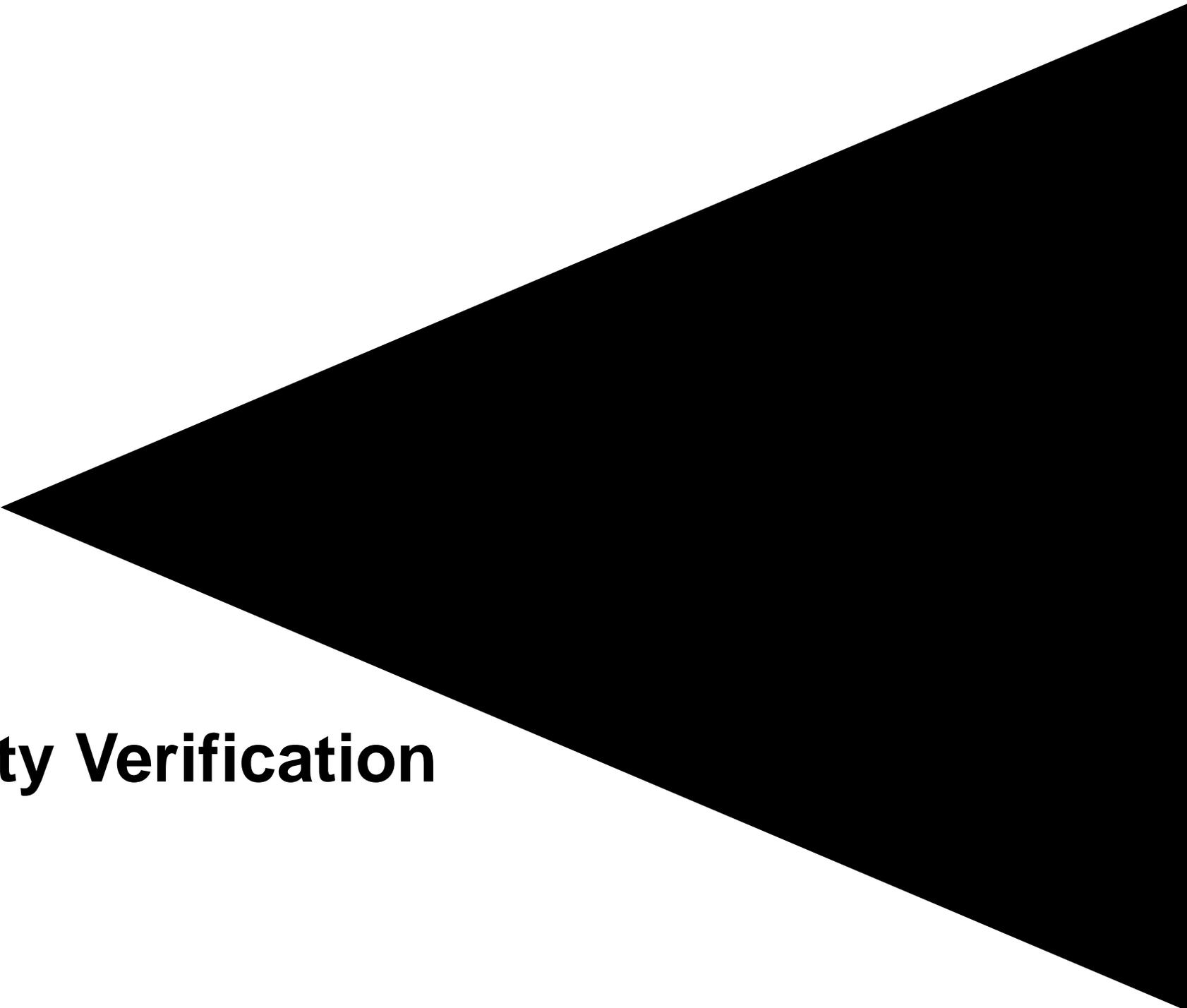
To continue the correspondence, the user may:

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:

Welcome	Hillary Evans
Name	VALLEY VIEW MEDICAL CENTER
Provider ID	1538178801 (NPI)
Location ID	1088016

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

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

Searching for a Member's Benefit Eligibility, cont.

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

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

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

Viewing a Member's Benefit Details

Eligibility Verification Request

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

Recipient ID Last Name First Name

SSN Birth Date

*Effective From Effective To

Service Type Code Search

Service Type Code

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

Recipient ID	48317469498	Birth Date	03/06/1939
Coverage	Effective Date	End Date	
Medicaid Fee For Service	12/05/2018	12/31/2018	000000000
Qualified Medicare Beneficiaries	12/05/2018	12/31/2018	000000000
Special Low Income Medicare Beneficiaries	12/05/2018	12/31/2018	000000000
Other Insurance Detail Information			

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	
Medicaid Fee For Service	12/05/2018	12/31/2018	0000000000
Qualified Medicare Beneficiaries	12/05/2018	12/31/2018	0000000000
Special Low Income Medicare Beneficiaries	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	Coinsurance Details			
	Coverage	Service Type		Percentage
	Medicaid Fee For Service	Hospital - Inpatient		0%
	Medicaid Fee For Service	Hospital		0%
D	Deductible Details			
	Coverage	Service Type		Amount
	Medicaid Fee For Service	Hospital - Inpatient		\$0.00
	Medicaid Fee For Service	Hospital		\$0.00
E	Managed Care Assignment Details			
	Primary Care Provider	Type	Provider Phone	Benefit Plan
	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
	Current MCO and DBA			NPI/API
	Anthem Blue Cross and Blue Shield			
	LIBERTY DENTAL PLAN OF NEVADA INC			1740706985
	MEDICAL TRANSPORTATION MANAGEMENT INC			1134260078
F	Demographic Details			
	Street Address	5965 UJHHACA FRXRQM QVF		
	City	N LAS VEGAS	State	NEVADA
			Zip Code	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	
Medicaid Fee For Service	12/05/2018	12/31/2018	0000000000
Qualified Medicare Beneficiaries	12/05/2018	12/31/2018	0000000000
Special Low Income Medicare Beneficiaries	12/05/2018	12/31/2018	0000000000
Other Insurance Detail Information			

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

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

[Print Preview](#)

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

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

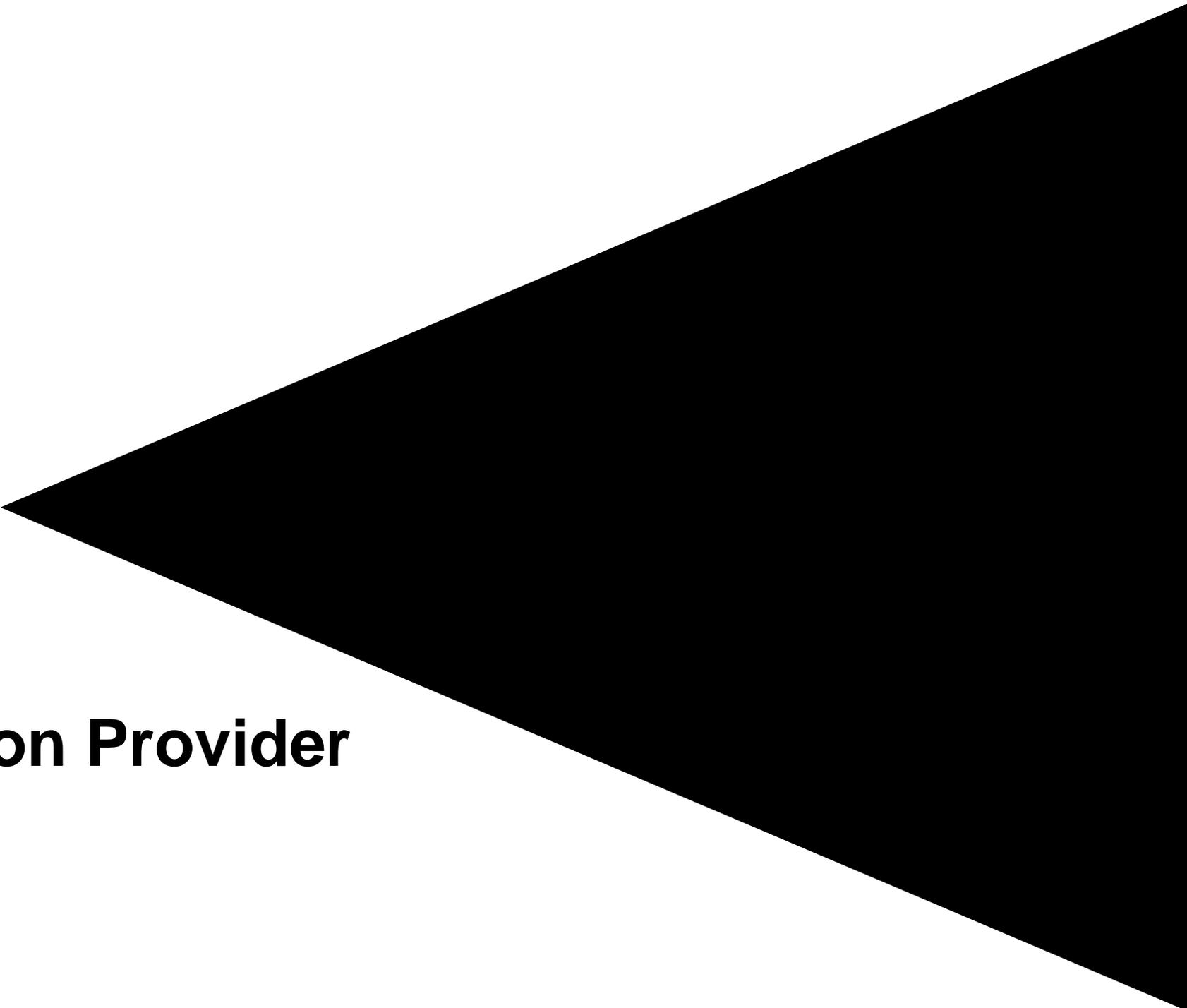
[Print Preview](#)

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

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

Questions & Answers





Prior Authorization Provider Training

Objectives

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

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





Acronyms

ATN: Authorization Tracking Number

NPI: National Provider Identifier

PA: Prior Authorization

Submitting a PA Request

Submitting a PA Request

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

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

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

My Home

Provider

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

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

Broadcast Messages

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

Welcome Health Care Professional!

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

Submitting a PA Request, cont.

Create Authorization

* Indicates a required field.

Medical Dental

4 *Process Type

3

Requester Information

Provider ID **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANAVIA

Recipient Information

*Recipient ID **Last Name** **First Name** **Birth Date**

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**

Location

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

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

Submitting a PA Request, cont.

Create Authorization ?

* Indicates a required field.

Medical Dental

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

5 **Requesting Provider Information** -

Provider ID	1831573690	ID Type	NPI	Name	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 -

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

Recipient Information -

6	*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" value=""/>	Add to Favorites	<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 -

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

Recipient Information -

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

Referring Provider Information -

Referring Provider same as Requesting Provider

Select from Favorites

Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	<input type="text"/>	Add to Favorites	<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	Remove

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	Remove

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	Copy Remove

Click to collapse.

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

Modifiers

***Units**

***Medical Justification**

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

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

Submitting a PA Request, cont.

Attachments [-]

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

[Prior Authorization Forms](#)

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

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

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

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

Submitting a PA Request, cont.

Attachments

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

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select the appropriate Transmission Method. Attachments that were sent using another method will appear in the table below.

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

Transmission Method	Attachment Type
<input type="checkbox"/> Click to collapse.	
*Transmission Method	
*Upload File	
*Attachment Type	
<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

Current Procedural Terminology
American Dental Association (ADA)

and data are copyrighted by the
ability for data contained or not c

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. Below these are sections for Modifiers, *Units, *Medical Justification, and Attachments. The Attachments section has a "Browse..." button highlighted with a red box and a callout box labeled "15". A file upload dialog box is open, showing the Desktop folder with several files. The file "Nurse Notes.docx" is selected and highlighted with a red box and a callout box labeled "16". The "Open" button in the dialog box is also highlighted with a red box and a callout box labeled "17". At the bottom of the form, there is a *Transmission Method dropdown menu set to "EL-Electronic Only", an *Upload File field, and an *Attachment Type dropdown menu set to "NN-Nursing Notes". There are "Add" and "Cancel" buttons at the bottom of the form.

15. Click the **Browse** button.

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

17. Click the **Open** button.

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

Submitting a PA Request, cont.

Attachments

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

[Prior Authorization Forms](#)

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

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

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

18

18. Click the **Add** button.

Submitting a PA Request, cont.

Attachments

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

[Prior Authorization Forms](#)

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

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

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

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	Remove

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](#) [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.

21

Submitting a PA Request, cont.



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

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

Submitting a PA Request, cont.

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

- 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'. Below the navigation bar, there is a 'My Home' section with a dashed line. Below that, there are two main sections: 'Provider' and 'Broadcast Messages'. The 'Provider' section shows the following information:

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

Below the provider information, there are two links: [My Profile](#) and [Manage Accounts](#). The 'Broadcast Messages' section shows a message about the Nevada Provider Web Portal being unavailable. Below the broadcast messages, there is a 'Welcome Health Care Professional' banner with a photo of a person.

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

Viewing the Status of PAs, cont.

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

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

Care Management > View Authorization Status

View Authorization Status

Prospective Authorizations

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

Prospective Authorizations

<u>Authorization Tracking Number</u>	<u>Service Date</u> ▲	<u>Recipient Name</u>	<u>Recipient ID</u>	<u>Process Type</u>	<u>Requesting P</u>
45181270003	01/01/2018 - 01/01/2019	ABIEGUT, ABYNNRYP	43827875678	Home Health	HOSPITALIST SERV NEVADA-MANDAVIA
43180110001	01/11/2018 - 01/11/2019	QROTB, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERV NEVADA-MANDAVIA
41180120002	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	View	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	View	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 C 1573690 D		ID Type NPI E		Name HOSPITAL SERVICES OF NEVADA- F MANDATE G				
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-MANNAVIA

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.

2 Authorization Tracking Number 43180110001

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

Search Reset

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.	
D	Status
<ul style="list-style-type: none">CancelCertified In TotalCertified PartialNot CertifiedPended	
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.

E	Recipient ID	<input type="text"/>	F	Birth Date	<input type="text"/>	
G	Last Name	<input type="text"/>	First Name	<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>
43180110001 4	01/11/2018 - 01/11/2019	QROTB, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERVICES NEVADA-MANDEAVIA

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 1 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	Copy

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	Remove
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter	Remove

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](#)

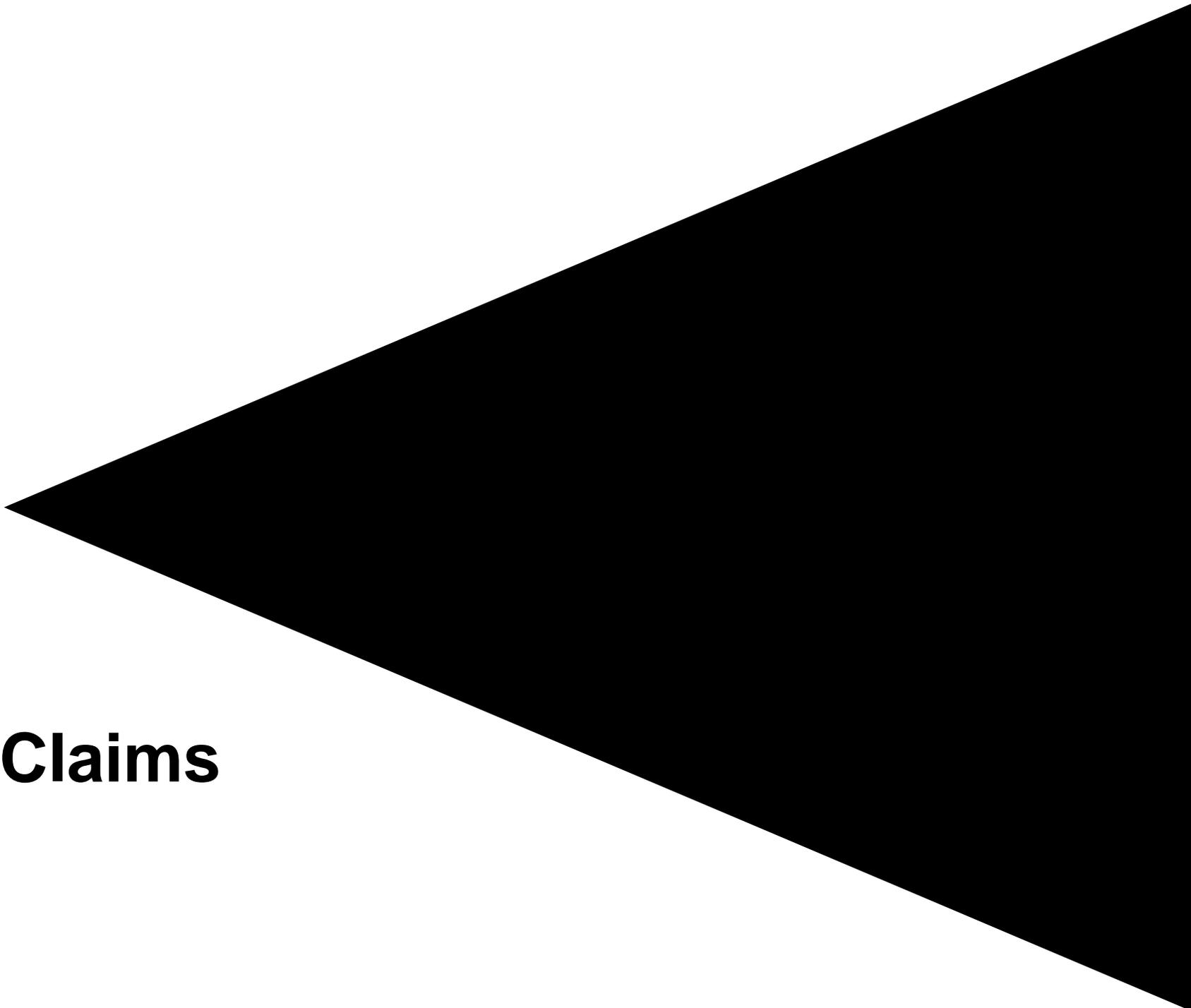
4. Review the information.
5. Click the **Confirm** button.

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

Questions & Answers



Provider Dental Claims



Objectives

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

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

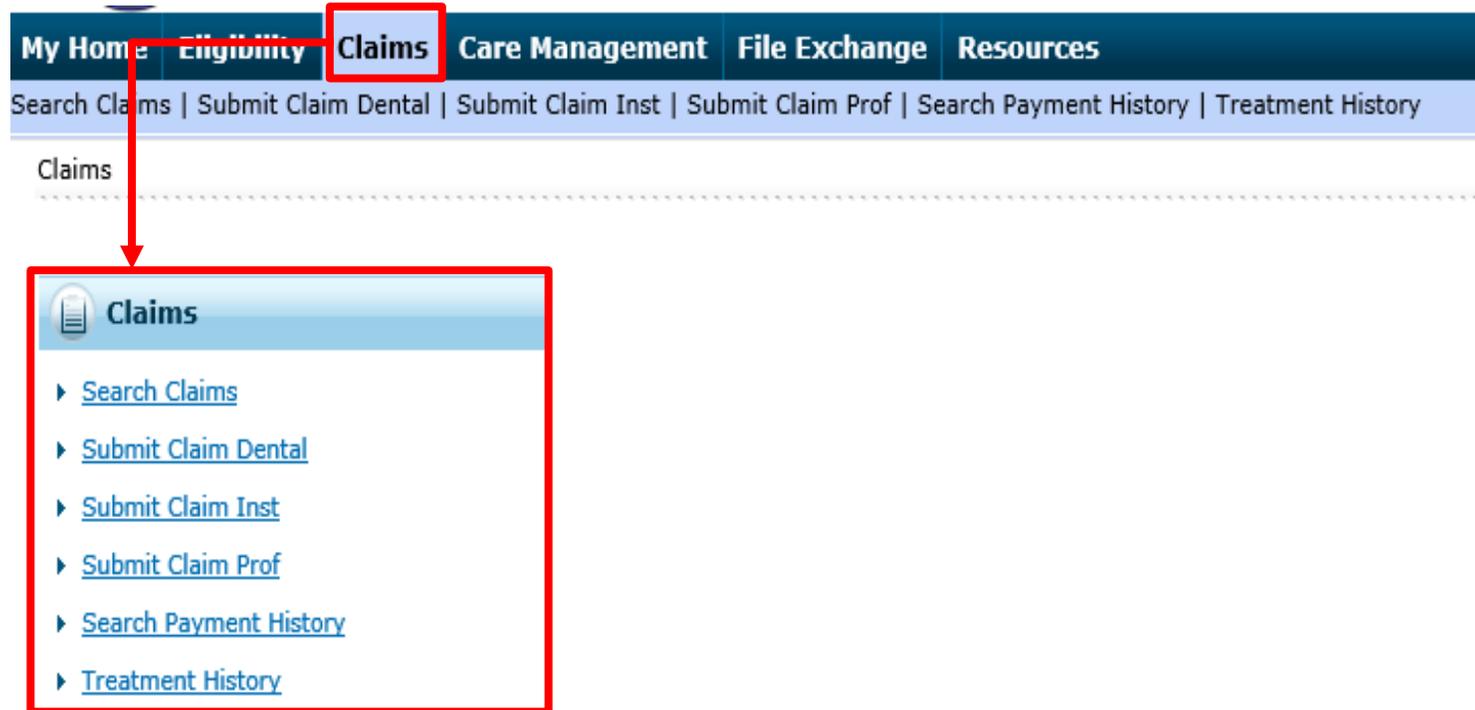
Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

Wednesday 06/21

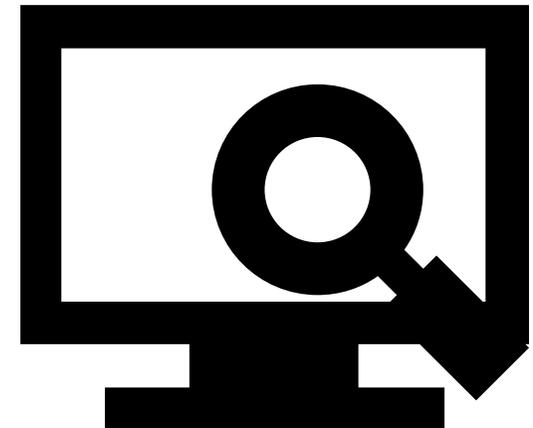
Provider Broadcast Messages Contact Us

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

Understanding Claims Sub Menus, cont.



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





Submitting a Dental Claim

Submitting a Dental Claim

The Dental 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 Dental 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 for "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, the "Claims" section is visible, with a callout box labeled "2" pointing to the "Submit Claim Dental" link. A dropdown menu is open under "Claims", listing several options: "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 Dental**

Submitting a Dental Claim: Step 1, cont.

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 Dental Wednesday 08/22/2018 04:30 PM EST

Submit Dental Claim: Step 1 ?

* Indicates a required field.

Provider Information

Billing Provider ID	1407146111	ID Type	NPI
*Billing Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,89169		
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"/>
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>

A

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

A. **Provider Information**

Submitting a Dental Claim: Step 1, cont.

B

Patient Information

*Recipient ID

Last Name First Name

Birth Date

C

Claim Information

Accident Related

Accident Date

*Place of Treatment

*Patient Number

Authorization Number

Include Other Insurance

Total Charged Amount \$0.00

B. Patient Information

C. Claims Information

Submitting a Dental Claim: Step 1, cont.

Provider Information

Submit Dental Claim: Step 1 ?

* Indicates a required field.

3

Provider Information

Billing Provider ID	1407146111	ID Type	NPI
*Billing Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,89169		
Rendering Provider ID	<input type="text"/>	<input type="button" value="🔍"/>	4 Type <input type="text"/>
Rendering Provider Service Location	-		
Referring Provider ID	<input type="text"/>	<input type="button" value="🔍"/>	ID Type <input type="text"/>
Service Facility Location ID	<input type="text"/>	<input type="button" value="🔍"/>	ID Type <input type="text"/>

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

Submitting a Dental Claim: Step 1, cont.

Provider ID Search

5 Search By ID Search By Name Search By Organization

* Indicates a required field.

*Provider ID 1043400534 6 Provider ID Type NPI

7 Search Cancel

Search Results: NPI 1043400534

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

8

Provider ID	Provider Name	Provider Type	Address	City	State
1043400534 (NPI)	JOHN F MACK	Dentist	1580 E DESERT INN RD	LAS VEGAS	NEVAD

5. Select the desired search tab
6. Enter **Provider ID** and **Provider ID Type**
7. Click the **Search** button, and the search results will populate at the bottom
8. Click the [blue](#) link in the **Provider ID** column with correct Provider ID

NOTE: This example uses the **Search By ID** tab. Users can also search by the **Search By Organization** or **Search By Name** tabs.

Submitting a Dental Claim: Step 1, cont.

Submit Dental Claim: Step 1

* Indicates a required field.

Provider Information

Billing Provider ID	1407146111	ID Type	NPI
*Billing Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,891692548		
Rendering Provider ID	1043400534	ID Type	NPI
*Rendering Provider Service Location	22-MACK, JOHN F-1580 E DESERT INN RD,LAS VEGAS,NEVADA,891692548		
Referring Provider ID		ID Type	

Once the user clicks the Provider ID, it will populate in the **Rendering Provider ID** field.

NOTE: If needed, the user may enter a referring, supervising, or service facility location the same way the **Rendering Provider ID** was entered.

Submitting a Dental Claim: Step 1, cont.

Patient Information

Patient Information	
*Recipient ID	97338188081
Last Name	MUZAE
Birth Date	05/02/1967
First Name	WXEBVG

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

Submitting a Dental Claim: Step 1, cont.

Claim Information

Claim Information

10 Accident Related Accident Date

*Place of Treatment 11-Physician's Office

*Patient Number 12345 11

Authorization Number

Include Other Insurance Total Charged Amount \$

12 Continue Cancel

The following fields with a red asterisk (*) must be completed as follows:

10. Select the **Place of Treatment** from the drop-down list
11. Enter the **Patient Number**
12. Click the **Continue** button

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

Submitting a Dental Claim: Step 2

Submit Dental Claim: Step 2 ?

* Indicates a required field.

Provider Information

Billing Provider ID 1407146111 ID Type NPI

Patient and Claim Information

Recipient ID 97338188081
Recipient WXE BVG MUZAE Gender Female
Birth Date 05/02/1967 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 ICD-10-CM *Diagnosis Code

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

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

Submitting a Dental Claim: Step 2, cont.

Submit Dental Claim: Step 2 ?

* Indicates a required field.

Provider Information

Billing Provider ID 1407146111 ID Type NPI

Patient and Claim Information

Recipient ID 97338188081
Recipient WXE BVG MUZAE Gender Female
Birth Date 05/02/1967 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 ICD-10-CM 1	*Diagnosis Code <input type="text" value="K03"/> 2	
	3 <input type="button" value="Add"/> <input type="button" value="Reset"/>		
<input type="button" value="Back to Step 1"/>			

1. Choose a **Diagnosis Type** (Auto-populates as “ICD-10-CM”)
2. Enter the **Diagnosis Code**. Diagnosis codes are searchable by entering the first three letters or the first three numbers of the code to use a predictive search feature.
3. Click the **Add** button

Submitting a Dental Claim: Step 2, cont.

[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>	ICD-10-CM	K0381-Cracked tooth	Remove
<u>2</u>			

2 *Diagnosis Type *Diagnosis Code

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

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

[Go to Top](#)

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 Dental Claim: Step 3

Enter the following service details for the claim:

1. The date - **Svc Date** field
2. The **Procedure Code**
3. **Units**
4. **Charge Amount**
5. **Diagnosis Pointers**
6. **Tooth Number** from the dropdown (if applicable)
7. Click the **Add** button to add each service detail

Service Details

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

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1							

1. *Svc Date 08/21/2018

Oral Cavity Area

6. Tooth Number 14-1st Molar -UL-Permanent

Tooth Surface

2. *Procedure Code D0191-Assessment of a pati

Modifiers

3. *Units 1

*Charge Amount 225.35

4.

Diagnosis Pointers 1

5.

Rendering Provider ID

ID Type

7. Add Reset

Submitting a Dental Claim: Step 3, cont.

Service Details

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

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1	08/21/2018		14-1st Molar -UL-Permanent	D0191	1	\$225.35	Remove
2							

2

*Svc Date Oral Cavity Area Tooth Number

Tooth Surface

*Procedure Code Modifiers

*Units *Charge Amount Diagnosis Pointers

Rendering Provider ID ID Type

Rendering Provider Service Location

Attachments

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

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

8

8. Click the **Submit** button

Submitting a Dental Claim: Step 3, cont.

[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 #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
<u>1</u>	08/21/2018		14-1st Molar -UL-Permanent		D0191		1	\$225.

No Other Insurance Details exist for this claim

No Attachments exist for this claim

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) 9 Confirm [Cancel](#)

9. Click the **Confirm** button

Submitting a Dental Claim: Step 3, cont.

Submit Dental Claim: Confirmation

Dental Claim Receipt

Your Dental Claim was successfully submitted. The claim status is Finalized Payment.
The Claim ID is **2218267000014**.

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

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

The “Submit Dental Claim: Confirmation” page 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 **Adjust** button to adjust the claim
- Click the **New** button to submit a new claim
- Click the **View** button to view the details of the submitted claim



Submitting a Dental Claim: Attachments

Submitting a Dental Claim: Attachments

Attachments					
Click the Remove link to remove the entire row.					
#	Transmission Method	File	Control #	Attachment Type	A
	Click to add attachment.				

1

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

To upload attachments to a dental claim:

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

Submitting a Dental Claim: Attachments, cont.

Attachments

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

#	Transmission Method
<input type="checkbox"/>	Click to collapse.

***Transmission Method** FT-File Transfer

***Upload File**

***Attachment Type**

Description

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

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

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

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

Submitting a Dental Claim: Attachments, cont.

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			
	*Upload File	C:\Users\scarson8\Desktop\nv mmis modernization n Browse...			
5	*Attachment Type	[Dropdown menu]			
	Description	[List of attachment types]			
6	Add	Cancel			
Back to Step 1		Back to Step 2		Submit	Cancel

5. Select the type of attachment from the **Attachment Type** drop-down list
6. Click the **Add** button to attach the file or click 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 Dental Claim: Attachments, cont.

Attachments					
Click the Remove link to remove the entire row.					
#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	nv mmis modernization member operations training qa review v2.docx (124K)	20180924721523	DA-Dental Models	Remove
+ Click to add attachment.					
Back to Step 1 Back to Step 2		7		Submit	Cancel

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

NOTE: To view an attachment the user will click the number in the # column and the attachment will open in a new window. To remove any attachments that were attached incorrectly, use the **Remove** link.



Submitting a Dental Claim: Other Insurance Details

Submitting a Dental Claim: Other Insurance Details

Rendering Provider ID	1043400534	ID Type	NP1
*Rendering Provider Service Location	22-MACK, JOHN F-1580 E DESERT INN RD,LAS VEGAS,NEVADA,891692548		
Referring Provider ID		ID Type	
Service Facility Location ID		ID Type	
Patient Information			
*Recipient ID	00000000004		
Last Name	CLMGLZ	First Name	ALEJANDRA
Birth Date	01/01/1995		
Claim Information			
Accident Related		Accident Date	
*Place of Treatment	11-Physician's Office		
*Patient Number	12345		
Authorization Number			
Include Other Insurance	<input checked="" type="checkbox"/>	Total Charged Amount	\$300.25
		Continue	Cancel

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

Submitting a Dental Claim: Other Insurance Details, cont.

<u>1</u>	ICD-10-CM	K030-Excessive attrition of teeth
<u>2</u>		

2 *Diagnosis Type *Diagnosis Code

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 code details section.

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

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

To add a policy or other insurance carrier information:

3. Click (+) in the **Other Insurance Details** panel at the bottom of the Step 2 page

NOTE: If the recipient has other insurance carrier information on file with Nevada Medicaid, the policy information will auto-populate in the **Other Insurance Details** panel.

Submitting a Dental Claim: Other Insurance Details, cont.

After clicking the (+):

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
<div style="border: 2px solid red; padding: 5px;"><p>*Carrier Name <input type="text" value="Cigna Healthcare"/> *Carrier ID <input type="text" value="00526"/></p><p>*Policy Holder Last Name <input type="text" value="TWGQFBZ"/> *First Name <input type="text" value="PJOL"/> MI <input type="text" value="C"/></p><p>*Policy ID <input type="text" value="12345"/></p><p>Insurance Type <input type="text"/></p><p>*Responsibility <input type="text" value="P-Primary"/> *Patient Relationship to Insured <input type="text" value="18-Self"/></p><p>Payer Paid Amount <input type="text"/> *Paid Date <input type="text" value="09/24/2018"/></p><p>Remaining Patient Liability <input type="text"/></p><p>*Claim Filing Indicator <input type="text" value="CI-Commercial Insurance Co."/></p><p>4 <input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/></p></div>						
<input type="button" value="Back to Step 1"/>			<input type="button" value="Continue"/> <input type="button" value="Cancel"/>			

4. The user must complete all required fields
5. Click the **Add Insurance** button to add the Other Insurance details to the claim

NOTE: Click the **Cancel Insurance** button to cancel any updates to the claims adjustment details.

Submitting a Dental 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	Cigna Healthcare	00526	12345		09/24/2018	Remove

Click to add a new other insurance.

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

Continue to Step 3 of the submission process:

6. Click the **Continue** button

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

Searching for a Dental Claim

Searching for a Dental Claim

The screenshot shows the 'Search Claims' page. At the top, a navigation bar contains 'My Home', 'Eligibility', 'Claims', 'Management', 'File Exchange', and 'Resources'. The 'Claims' link is highlighted with a red box and a callout '1'. Below it, a secondary navigation bar contains 'Search Claims', 'Claim Dental', 'Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The 'Search Claims' link is highlighted with a red box and a callout '2'. The main content area is titled 'Search Claims' and contains a search form. The form has a dropdown menu set to 'Medical/Dental'. Below the dropdown, there is a message: 'A minimum one field is required. Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered. Claim searches are limited to a maximum range of 45 days.' The form is divided into three sections: 'Claim Information' with a 'Claim ID' field; 'Recipient Information' with a 'Recipient ID' field; and 'Service Information' with fields for 'Rendering Provider ID', 'ID Type' (dropdown), 'Claim Type' (dropdown), 'Service From' (calendar), 'To' (calendar), and 'Claim Status' (dropdown). At the bottom of the form are 'Search' and 'Reset' buttons.

To search for a specific Claim, the user will:

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

Searching for a Dental 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

4 Rendering Provider ID ID Type Claim Type

Service From To Claim Status

5

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

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

3. Enter **Recipient ID**
4. Enter the **Service From** and **To** date range
5. 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 Dental 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

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
6	+ 221823500007		Dental	Finalized Denied	08/21/2018	97338188081	1407146111	\$0.00	-	

6. Click the [blue](#) link of the desired claim to access

Searching for a Dental Claim, cont.

View Dental Claim - ID 2218235000007		Back to Search Results ?
Provider Information		
Billing Provider ID	1407146111	ID Type NPI
Billing Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD, LAS VEGAS, NEVADA, 89169	
Rendering Provider ID	1407146111	ID Type NPI
Rendering Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD, LAS VEGAS, NEVADA, 89169	
Referring Provider ID	_	ID Type _
Service Facility Location ID	_	ID Type _
Patient Information		
Claim Status	Finalized Denied	
Recipient ID	97338188081	
Recipient	WXEBVG MUZAE	Gender Female
Birth Date	05/02/1967	
Claim Information		
Accident Related	_	Accident Date _
Place of Treatment	11-Physician's Office	
Patient Number	12345	
Authorization Number	_	
Related Claim ICN	_	
Previous Claim ICN	_	
Note	_	
Total Allowed Amount	\$0.00	Total Co-pay Amount \$0.00
		Total Charged Amount \$725.25
		Total Paid Amount \$0.00
		Expand All Collapse All
Adjudication Errors +		

The user can view the **Status** of the claim and the **Adjudication Errors**.

Searching for a Dental Claim, cont.

View Dental Claim - ID 221823500007 [Back to Search Results](#) ?

Provider Information

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

Patient Information

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

Claim Information

Accident Related _ **Accident Date** _
Place of Treatment 11-Physician's Office
Patient Number 12345
Authorization Number _
Related Claim ICN _
Previous Claim ICN _
Note _
Total Charged Amount \$725.25
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	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL	1630
Service # 2	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL	1630

- Click **Expand All** on the **Adjudication Errors** panel to view the **EOB** codes



Searching for a Dental Claim, cont.

Claim Information											
Accident Related		_									
Place of Treatment		11-Physician's Office									
Patient Number		12345									
Authorization Number		_									
Related Claim ICN		_									
Previous Claim ICN		_									
Note		_									
Total Allowed Amount		\$0.00		Total Co-pay Amount		\$0.00		Total Charged Amount		\$725.25	
								Total Paid Amount		\$0.00	
Expand All Collapse All											
Adjudication Errors											
Claim / Service #	HIPAA Adj	Description									EOB
Service # 1	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL									1630
Service # 2	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL									1630
Diagnosis Codes											
Service Details											
Select the row number to edit the row. Click the Remove link to remove the entire row.											
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
<u>1</u>	08/21/2018		2-2nd Molar-UR-Permanent		D1110		1	\$500.25	\$0.00	\$0.00	\$0.00
8	8/21/2018		10-Lateral Incisor-UL-Permanent		D1351		1	\$225.00	\$0.00	\$0.00	\$0.00

8. User will select the service number in the **Svc #** column to view



Viewing Dental Claim Remittance Advice (RA)

Viewing Dental Claims: RA

The screenshot shows the 'Search Payment History' page in the Provider Portal. The navigation menu at the top includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The 'Claims' menu item is highlighted with a red box and a callout '1'. Below the navigation, there are links for 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The 'Search Payment History' link is highlighted with a red box and a callout '2'. The breadcrumb trail shows 'Claims > Search Payment History'. The page title is 'Search Payment History' and the date/time is 'Tuesday 08/28/2018 10:11 AM PST'. The 'Provider Information' section displays: 'Provider ID 1407146111', 'ID Type NPI', 'Name SMILES TODAY DENTAL GROUP LLC', and 'Location ID 100522270'. A red box highlights the search criteria section, which includes a note '* Indicates a required field.', a placeholder for configurable text, and fields for 'Payment Method' (All), 'Payment Type' (All), 'Check # / RA #' (empty), 'Issue Date *From' (05/30/2018), and '*To' (08/28/2018). A callout '3' points to this section. At the bottom, there are 'Search' and 'Reset' buttons, with the 'Search' button highlighted by a red box and a callout '4'.

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 Dental Claims: 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 Record

Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
08/10/2018	CHK	C	000000000/100005164	\$0.00	
08/03/2018	CHK	C	000000000/100005122	\$0.00	
06/15/2018	CHK	C	000000000/100004758	\$0.00	
06/08/2018	CHK	C	000000000/100004686	\$0.00	
06/08/2018	CHK	C	000000000/100004601	\$0.00	

5

5. Click on the RA Copy (PDF) icon



PDF Files require [Adobe Acrobat Reader](#)

Viewing Dental Claims: 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: 5
Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
08/10/2018	CHK	C	000000000/100005164	\$0.00	
08/03/2018	CHK	C	000000000/100005122	\$0.00	
06/15/2018	CHK	C	000000000/100004758	\$0.00	
06/08/2018	CHK	C	000000000/100004686	\$0.00	
06/08/2018	CHK	C	000000000/100004601	\$0.00	

PDF Files require [Adobe Acrobat Reader](#)

6. User will select **Open**

urrent 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.

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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

Do you want to open or save RA 100004601.pdf (4.78 KB) from portalmod.nvad.xnv.dcs-usps.com?

6

Viewing Dental Claims: RA, cont.

1580 E DESERT INN RD				NPI		1407146111	
LAS VEGAS, NV 89169-2548				CHECK/EFT NUMBER		000000000	
				PAYMENT DATE		09/21/2018	
REPORT:	CRA-DNDN-R	NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY				DATE: 09/14/2018	
RA#:	100005481	NEVADA MEDICAID (TXIX)				PAGE: 3	
PAYER:	TXIX	PROVIDER REMITTANCE ADVICE					
		DENTAL CLAIMS DENIED					
MILES TODAY DENTAL GROUP LLC				PAYEE ID		100522270 MCD	
	RENDERING	SERVICE DATES		BILLED	OTH INS	SPENDDOWN	
--ICN--	PROVIDER	FROM	TO	AMOUNT	AMOUNT	AMOUNT	
MEMBER NAME: ALEJANDRA CLMGLZ		MEMBER NO.: 000000000004					
	2218257000018 MCD 100513255	082818	082818	300.25	0.00	0.00	
PROC CD	TOOTH	SURFACE	AREA OF	SERVICE	PA NUMBER	BILLED	
			ORAL CAV	DATE		AMOUNT	
D2140	14	FFFFF		082818		300.25 0192	
	RENDERING	SERVICE DATES		BILLED	OTH INS	SPENDDOWN	
--ICN--	PROVIDER	FROM	TO	AMOUNT	AMOUNT	AMOUNT	
MEMBER NAME: ALEJANDRA CLMGLZ		MEMBER NO.: 000000000004					
	2218257000019 MCD 100513255	082818	082818	300.25	0.00	0.00	
PROC CD	TOOTH	SURFACE	AREA OF	SERVICE	PA NUMBER	BILLED	
			ORAL CAV	DATE		AMOUNT	
D2140	14	FFFFF		082818		300.25 0192	

The user can then print or save the RA to his/her computer.



Copying Dental Claims

Copying Dental Claims

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The 'Claims' menu item is highlighted with a red box and labeled '1'. Below it, the 'Search Claims' link is also highlighted with a red box and labeled '2'. The search form includes a 'Claim ID' field and a 'Recipient ID' field, with the latter containing the value '97338188081' and labeled '3'. A note indicates that at least one field is required and that Recipient ID, Service From, and To Date are required when Claim ID is not entered. A disclaimer states that claim searches are limited to a maximum range of 45 days.

To copy a claim, the user will:

1. Hover over **Claims**
2. Select **Search Claims**
3. Enter the **Recipient ID**

NOTE: The **To** date will automatically populate to the same date as **Service From**.

Copying Dental Claims, 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

6. Click the [blue](#) link under **Claim ID**

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
+	2218239000005	Dental	Finalized Denied	08/27/2018	97338188081	1073539177	\$0.00	-	

Copying Dental Claims, cont.

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

Adjudication Errors											
Claim / Service #	HIPAA Adj	Description									EOB
Service # 1	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL									1630
Service # 1	261	TOOTH NUMBER MISSING									1800
Service # 1	1010	RENDERING PROV NOT MEMBER OF BILLING PROV GROUP									3110
Service # 2	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL									1630
Service # 2	1010	RENDERING PROV NOT MEMBER OF BILLING PROV GROUP									3110
Diagnosis Codes											
Service Details											
Select the row number to edit the row. Click the Remove link to remove the entire row.											
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	08/27/2018				D1351		1	\$275.25	\$0.00	\$0.00	\$0.00
2	08/27/2018				D1354		1	\$1,275.00	\$0.00	\$0.00	\$0.00
No Other Insurance Details exist for this claim											
No Attachments exist for this claim											
<div style="display: flex; justify-content: space-between; align-items: center;"> 8 <div style="display: flex; gap: 10px;"> Copy Print Preview </div> </div>											

7. Scroll down and expand:
 - Adjudication Errors
 - Service Details

8. Click the **Copy** button at the bottom of the page

Copying Dental Claims, cont.

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 Dental Claim > Copy Claim Monday 08/27/2018 11:39 AM PST

Copy Dental Claim ?

Select the information you would like to have copied to the new claim. Press Copy to initiate the claim and continue entering claim information.

<input type="radio"/> Recipient Information Recipient ID Last Name First Name Birth Date Patient Number Address	<input type="radio"/> Service Information Service Facility Location Place of Treatment Procedure Code(s) Modifier(s) Units Detail Charge Amount(s) Rendering Provider(s)	<input type="radio"/> Recipient and Service Information Copies data listed in previous 2 columns.	<input checked="" type="radio"/> Entire Claim Copies data listed in columns 1 and 2 PLUS: Referring Provider Accident Related Accident State Accident Country Oral Cavity Area(s) Tooth Number(s) Tooth Surface(s) Other Insurance Details All Dates
--	--	---	---

10 Copy Cancel

9. The user will select what portion to copy

For this example the user has selected **Entire Claim.**

10. Click **Copy**

Copying Dental Claims, cont.

Submit Dental Claim: Step 1 ?

* Indicates a required field.

Provider Information

Billing Provider ID	1407146111	ID Type	NPI
*Billing Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,89169		
Rendering Provider ID	1073539177	ID Type	NPI
*Rendering Provider Service Location	20-SMITH, JASON C-11234 ANDERSON ST,LOMA LINDA,CALIFORNIA,92354		
Referring Provider ID		ID Type	
Service Facility Location ID		ID Type	

Patient Information

*Recipient ID	97338188081		
Last Name	MUZAE	First Name	WXEBVG
Birth Date	05/02/1967		

Claim Information

Accident Related		Accident Date	
*Place of Treatment	11-Physician's Office		
*Patient Number	12345		
Authorization Number			
Include Other Insurance	<input type="checkbox"/>	Total Charged Amount	\$1,550.25

11 Continue Cancel

Fields will be populated with the information selected to copy. Additional changes can be made as needed.

11. Click **Continue**

Copying Dental Claims, cont.

Service Details								
Select the row number to edit the row. Click the Remove link to remove the entire row.								
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
1	08/27/2018				D1351		1	\$275.25
2	08/27/2018				D1354		1	\$1,275.00
3	08/28/2018				D1110		1	\$500.25

No Other Insurance Details exist for this claim

No Attachments exist for this claim

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) 12 [Confirm](#) [Cancel](#)

12. Click the **Confirm** button

Copying Dental Claims, cont.

Submit Dental Claim: Confirmation

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 Tuesday 08/28/2018 09:22 AM PST

Submit Dental Claim: Confirmation ?

Dental Claim Receipt

Your Dental Claim was successfully submitted. The claim status is Finalized Denied.

The Claim ID is **221824000007**.

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](#)

13. Note the Claim ID, under the **Submit Dental Claim: Confirmation** section
14. May also use the provided buttons to:
 - Print Preview
 - Copy Claim Information
 - Create new claim
 - View the details of the submitted claim

Adjusting a Dental Claim

Adjusting a Dental Claim, cont.

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

3. 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.

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="+"/>	5918261000001	3	Dental	Finalized Payment	08/14/2018 - 08/28/2018	000000000004	1043400534	\$24.58	-	

Adjusting a Dental Claim, cont.

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code
1	ICD-10-CM	K029-Dental caries, unspecified

Service Details

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

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
<u>1</u>	12/12/2018			D0210	2	\$34.90	

1 *Svc Date 12/12/2018 Oral Cavity Area Tooth Number

Tooth Surface

*Procedure Code D0210-Intraor complete film Modifiers

4 *Units 2 *Charge Amount 34.90 *Diagnosis Pointers 1 Authorization Number

Rendering Provider ID ID Type NPI

*Rendering Provider Service Location

5

4. Make any necessary adjustments to your claim fields.

5. Once all changes have been made, click **Save**.

Adjusting a Dental Claim, cont.

Service Details

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

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
<u>1</u>	12/12/2018			D0210	2	\$34.90	
2							

2 *Svc Date Oral Cavity Area Tooth Number

Tooth Surface

*Procedure Code Modifiers

*Units *Charge Amount *Diagnosis Pointers

Authorization Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="button" value="+"/>	Click to add attachment.				

6

6. Click the Resubmit button

Adjusting a Dental Claim, cont.

Patient Information								
Claim Status	Finalized Payment							
Recipient ID	00000000004							
Recipient	ALEJANDRA CLMGLZ				Gender	Female		
Birth Date	01/01/1995							
Claim Information								
Accident Related	_				Accident Date	_		
Place of Treatment	11-Physician's Office							
Patient Number	12345							
Authorization Number	_							
Related Claim ICN	_							
Previous Claim ICN	5918261000001							
Note	_							
					Total Charged Amount	\$295.23		
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 #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
1	08/14/2018		14-1st Molar -UL-Permanent		D0190		1	\$220.23
2	08/28/2018		7-Lateral Incisor-UR-Permanent		D0191		1	\$75.00
No Adjudication Errors exist for this claim								
No Other Insurance Details exist for this claim								
No Attachments exist for this claim								
Back to Step 1				Back to Step 2		Back to Step 3		Print Preview
				7		Confirm		Cancel

7. Click the **Confirm** button

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

Adjusting a Dental Claim, cont.

Resubmit Dental Claim: Confirmation

Dental Claim Receipt

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

The Claim ID is **5918261000002**.

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 Claim: Confirmation** message will appear after the claim has been submitted. It will display the claim status and new Claim ID.



Submitting an Appeal for a Claim

Submitting an Appeal for a Claim

Delegate for Carson Tahoe Role IDs Provider - In Network - 1255360160 (NPI) Location 1013843 - CARSON TAHOE

Provider
Welcome Carson
Name CARSON TAHOE
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.

Secure Correspondence

Contact Us

1

Welcome Health Care Professional!



All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration
P.O.Box 30042
Reno, NV 89520-3042

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

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

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

From the home page, the user will:

1. Select **Secure Correspondence** to start the Appeal process

Submitting an Appeal for a Claim, cont.

The screenshot shows the 'Secure Correspondence - Create Message' form. The form includes 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.

The screenshot shows a web interface titled "Attachments". At the top, there is a header bar with the title and a close button. Below the header, there is a table with columns: #, Transmission Method, File, Control #, Attachment Type, and Action. The table is currently empty. Below the table, there is a section for adding a new attachment. This section contains a form with the following fields: "Transmission Method" (a dropdown menu with "EL-Electronic Only" selected), "Upload File" (a text input field with a "Browse..." button), "Attachment Type" (a dropdown menu), and "Description" (a text input field). Below the form, there are two buttons: "Add" and "Cancel". At the bottom of the form, there are two more buttons: "Send" and "Cancel". A red box highlights the "Add" and "Cancel" buttons, and a red box highlights the "Send" and "Cancel" buttons. A hexagonal callout with the number "3" points to the "Add" button, and a hexagonal callout with the number "4" points to the "Send" button.

Next, the user will:

3. Click the **Browse** button and locate the file supporting the appeal request and select **Add**
4. Click the **Send** button

NOTE: Once the user clicks **Send** and the appeal has been created, the system will create a Contact Tracking Number (CTN). The user can use the CTN to check on the status of the appeal.

Submitting an Appeal for a Claim, cont.

Secure Correspondence - Message Box

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

Status	CTN #	Subject	Category	Open Date	Last Modified
Open	4256	Appeal of a denial		09/18/2018	
Open	4255	testing		09/18/2018	
Open	4253	Testing from MO		09/18/2018	
Open	4252	Testing 6268 in MO	Level 2 Support - Account Issues	09/18/2018	
Open	4251	Testing 6268	Claims - Appeals	09/06/2018	

Confirmation

5 Your secure message was successfully sent.

OK

After clicking **Send**, a confirmation message will populate with “Your secure message was successfully sent”

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

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	Appeal of a denied claim	Claims - Appeals	10/02/2018	10/02/2018
Open	4255	testing	Claims - Appeals	09/27/2018	09/27/2018
Open	4253	Testing from MO	Level 2 Support - Account Issues	09/19/2018	09/19/2018
Open	4252	Testing 6268 in MO	Level 2 Support - Account Issues	09/18/2018	09/18/2018
Open	4251	Testing 6268	Claims - Appeals	09/06/2018	09/06/2018
Open	4227	Testing sample for 5916	Level 2 Support - Account Issues	08/14/2018	08/14/2018
Closed	4217	Help	Other	07/08/2018	08/03/2018
Open	4218	Testing Help	Other	07/08/2018	07/08/2018
Open	4219	Testing help..	Other	07/08/2018	07/08/2018
Open	4188	Testing in Model	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 Dental Claim

Voiding a Dental Claim

The screenshot displays the 'Claims Management' section of a web application. The navigation bar includes 'My Home', 'Eligibility', 'Claims', 'Management', 'File Exchange', and 'Resources'. The 'Claims' tab is highlighted with a red box and a callout '1'. Below the navigation bar, a secondary menu contains 'Search Claims', 'Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The 'Search Claims' link is highlighted with a red box and a callout '2'. The main content area is titled 'Search Claims' and contains several sections: 'Medical/Dental' (with a dropdown menu), a note stating '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.', and 'Claim searches are limited to a maximum range of 45 days.' Below this are four sections: 'Claim Information' (with a 'Claim ID' field containing '5918261000002' highlighted by a red box and callout '3'), 'Recipient Information' (with a 'Recipient ID' field), 'Service Information' (with 'Rendering Provider ID', 'ID Type', 'Claim Type', 'Service From', 'To', and 'Claim Status' fields), and a 'Search' button highlighted with a red box and callout '4' next to a 'Reset' button.

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 Dental 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

5. 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		Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
<input type="button" value="+"/>	5918261000002	5	Dental	Finalized Payment	08/14/2018 - 08/28/2018	00000000004	1043400534	\$24.58	09/21/2018	

PDF Files require [Adobe Acrobat Reader](#)

Voiding a Dental Claim, cont.

Total Allowed Amount \$24.58 Total Co-pay Amount \$0.00 Total Paid Amount \$24.58

[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 #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	08/14/2018		14-1st Molar -UL-Permanent		D0190		1	\$220.23	\$14.34	\$0.00	\$14.34
2	08/28/2018		7-Lateral Incisor-UR-Permanent		D0191		1	\$75.00	\$10.24	\$0.00	\$10.24

No Adjudication Errors exist for this claim

No Other Insurance Details exist for this claim

No Attachments exist for this claim

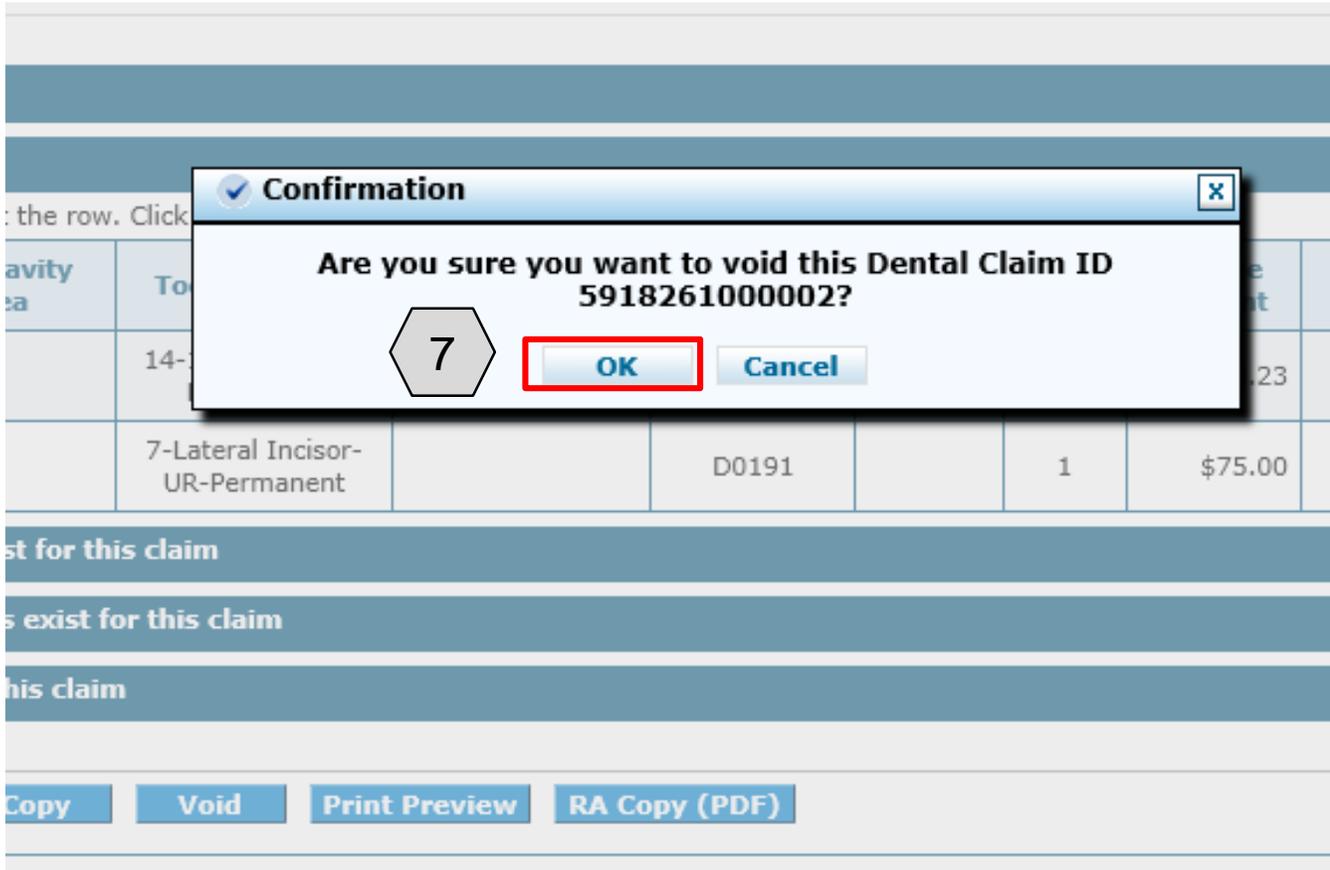
6

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

To void the claim, the user will:

6. Click the **Void** button

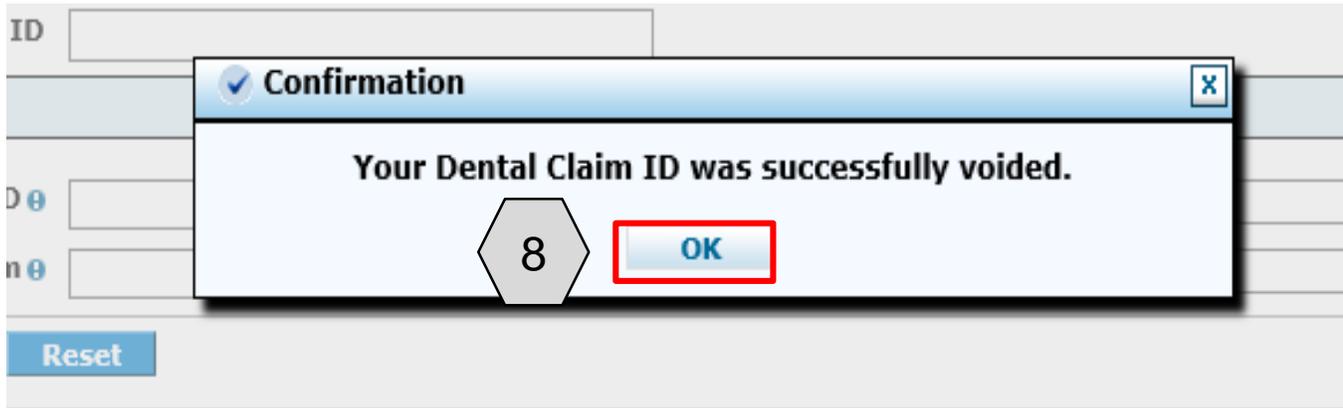
Voiding a Dental Claim, cont.



The screenshot shows a web application interface with a confirmation dialog box overlaid. The dialog box has a title bar with a checkmark and the word "Confirmation". The main text inside the dialog asks, "Are you sure you want to void this Dental Claim ID 5918261000002?". Below the text is a hexagonal icon containing the number "7". To the right of the icon are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red rectangular border. In the background, a table is partially visible with columns for "Activity", "To", "14-", "7-Lateral Incisor-UR-Permanent", "D0191", "1", and "\$75.00". Below the table, there are sections with headers like "st for this claim", "s exist for this claim", and "his claim". At the bottom of the interface, there are four buttons: "Copy", "Void", "Print Preview", and "RA Copy (PDF)".

7. Click the **OK** button

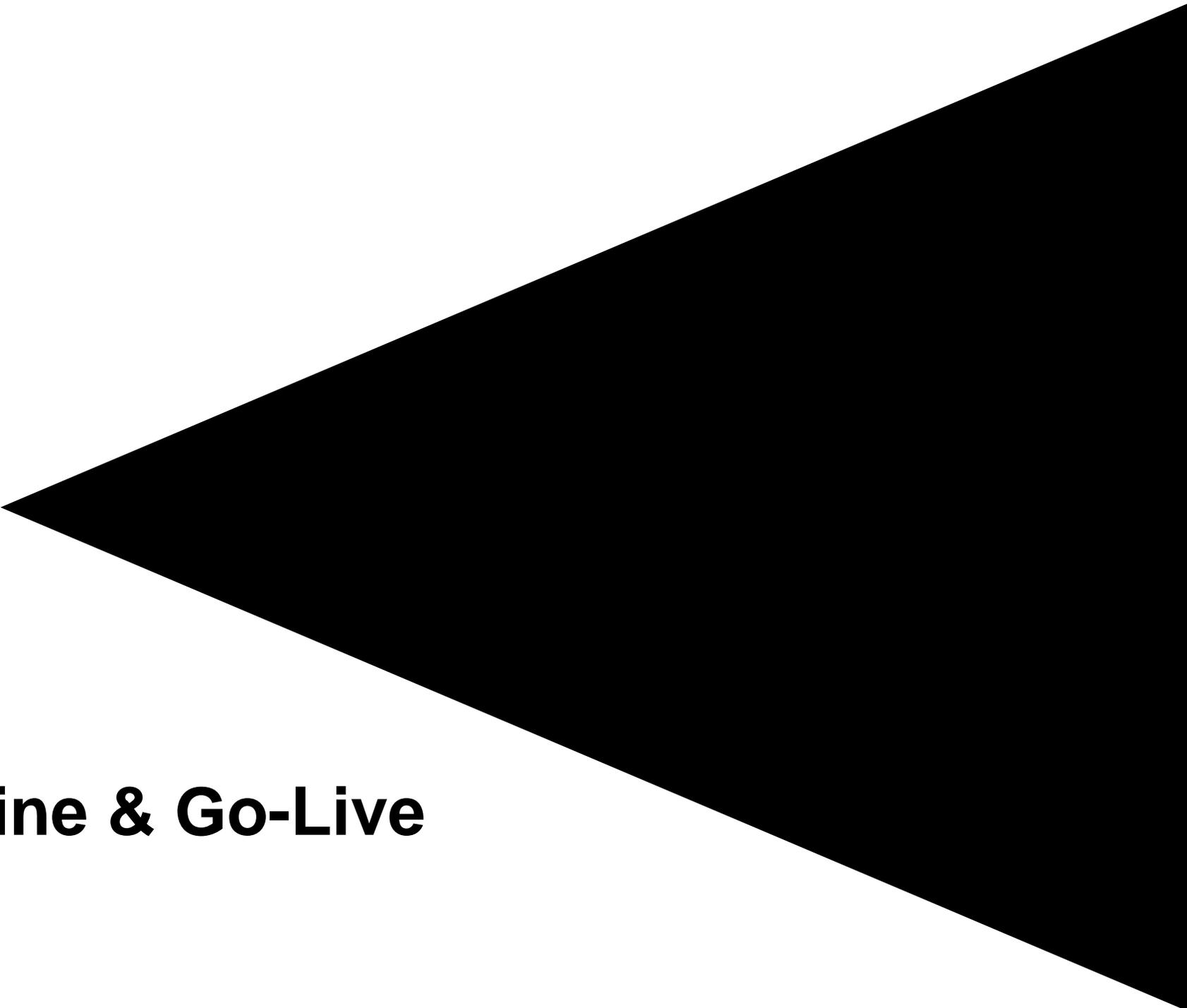
Voiding a Dental Claim, cont.



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	Modernization: Attention All Providers: Prior Authorization Requests and Related Documents Will Not Be Accepted by Fax or Mail as of January 26, 2019
Dec 28, 2018	1791	Modernization: Attention All Providers: New MMIS is Going Paperless!
Dec 28, 2018	1788	Modernization: Reminder with Dates All Providers and Delegates Need to Know to Prepare for Paperless Processes
Dec 28, 2018	1787	Modernization: Trading Partner Enrollment and Certification (Testing) Must Be Completed NOW to Avoid Any Service Interruptions
Dec 18, 2018	1781	Modernization: Attention All Providers: Changes Regarding Physician-Administered Drug Claims
Dec 13, 2018	1776	Modernization: Attention All Providers: Changes Regarding Claims Submission of Medicare Crossover Claims
Dec 13, 2018	1775	Modernization: Attention Inpatient Services Providers: Changes Regarding Patient Liability on Inpatient Claims
Dec 07, 2018	1769	Modernization: Provider Training Enrollment Closes on December 31, 2018

Modernization (New) Medicaid System Web Announcements have been captured in one place to make viewing easy.

Questions & Answers





Thank you!