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

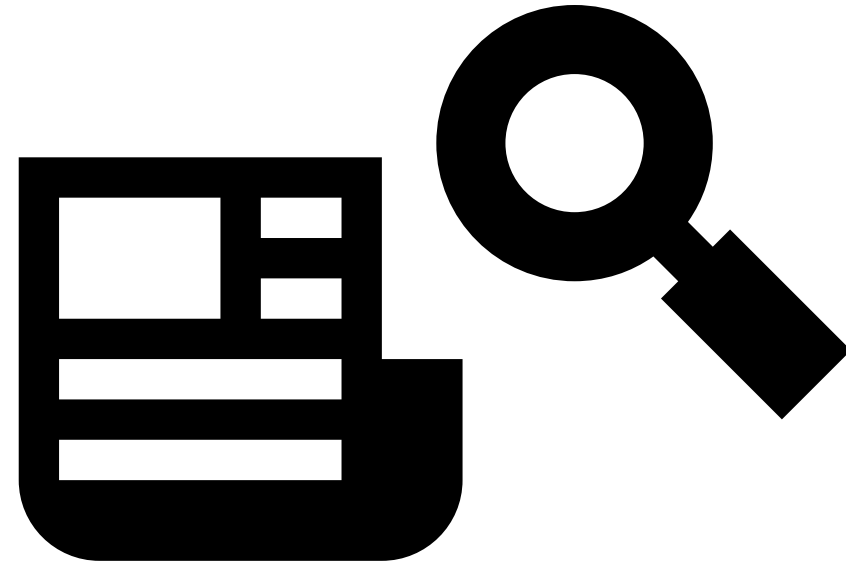# Acronyms/Commonly Used Terms

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

Registering for the PWP, cont.

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

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Registering for the PWP, cont.

From the "Registration Selector" page, the user will:

2. Click on the appropriate **Role** you wish to register
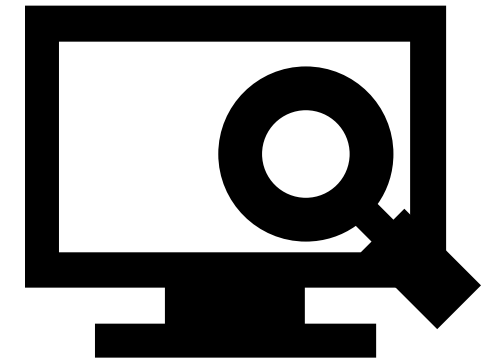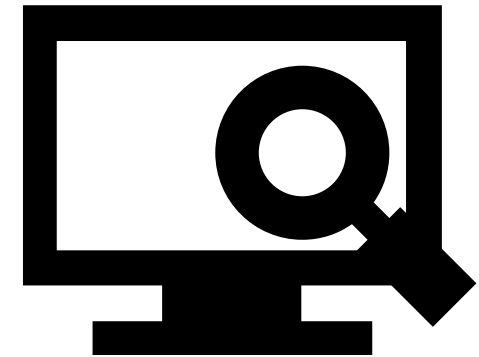
Registering for the PWP, cont.

**Nevada Department of
Health and Human Services**

Division of Health Care Financing and Policy Provider Portal

Contact Us | Login

Home

Home > Registration Selector > Registration   Thursday 07/05/2018 07:15 AM PST

Registration Step 1 of 2 – Personal Information   ?

* Indicates a required field.

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

3

*Provider First Name

*Provider Last Name

*NPI/API

*Tax ID (FEIN or SSN)

*Zip Code ⓘ

4

Continue   Cancel

From the "Registration" page, the user will:

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

Registering for the PWP, cont.

Continuing on the "Registration" page, the user will:

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

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Version 2.0 as of August 9, 2018

Registering for the PWP, cont.

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.

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

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Registering for the PWP, cont.

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   **1**

Log In   **2**

Forgot User ID?

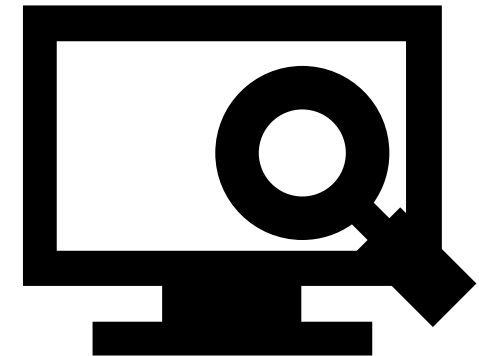Register Now

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable betwee
12:25 AM PST on Sunday.

What can you do in the Provider Po
Through this secure and easy to use internet portal, hea

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   Mo

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.

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.

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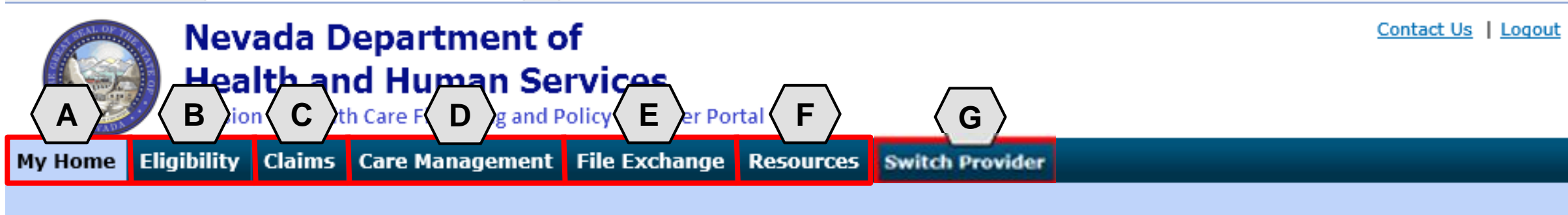
The tabs at the top of the page provide users quick access to helpful pages and information:

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

To manage their profile, the user will:

1. Click the **My Profile** link

Managing Profile, cont.

To update their profile information, the user will:

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

Managing Profile, cont.

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".
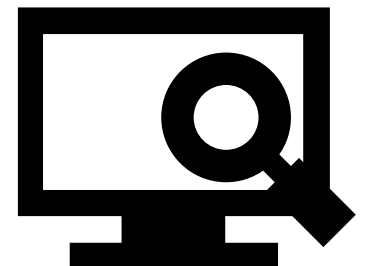
Managing Profile, cont.

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.
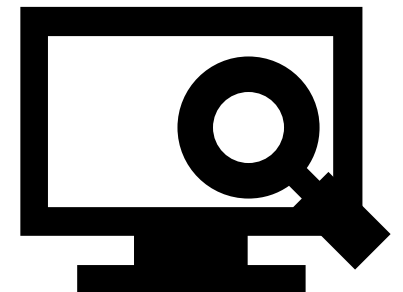
🟠 Site Key:

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.
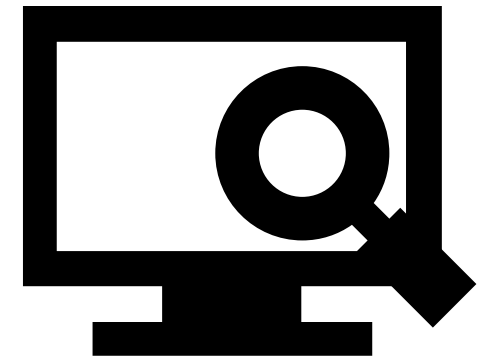
Managing Profile, cont.

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 characters 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 Confirm

*Current Password [   ]

*New Password [   ]

*Confirm New Password [   ]

Submit   **Cancel**

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.

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

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.

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
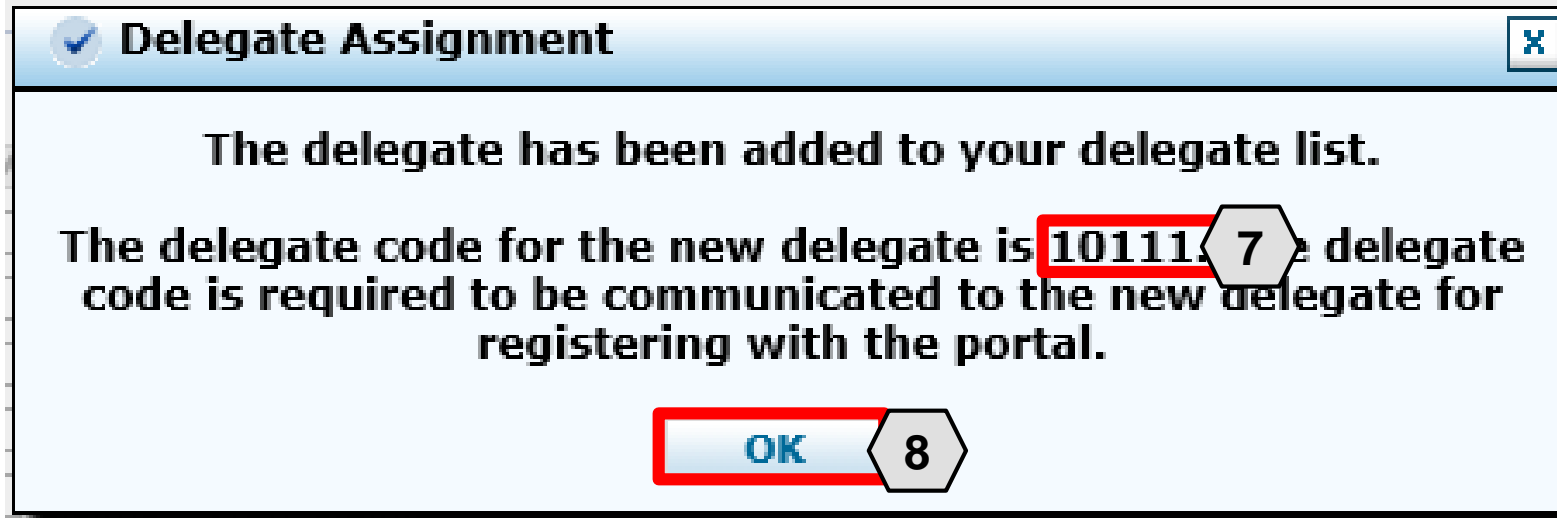- ☐ Provider Enrollment - Revalidate/Update

4

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.

Delegate Assignment ☑

The delegate has been added to your delegate list.

The delegate code for the new delegate is 10111... ⑦ e delegate code is required to be communicated to the new delegate for registering with the portal.

OK ⑧

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

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Version 2.0 as of August 9, 2018   **35**

Adding Delegates – New, cont.

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

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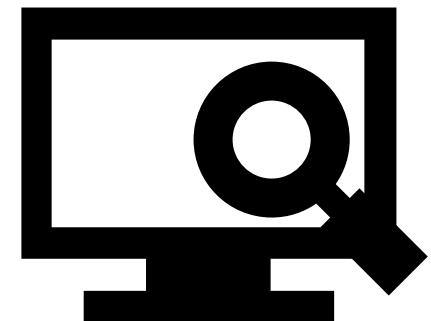
Adding Delegates – Registered, cont.
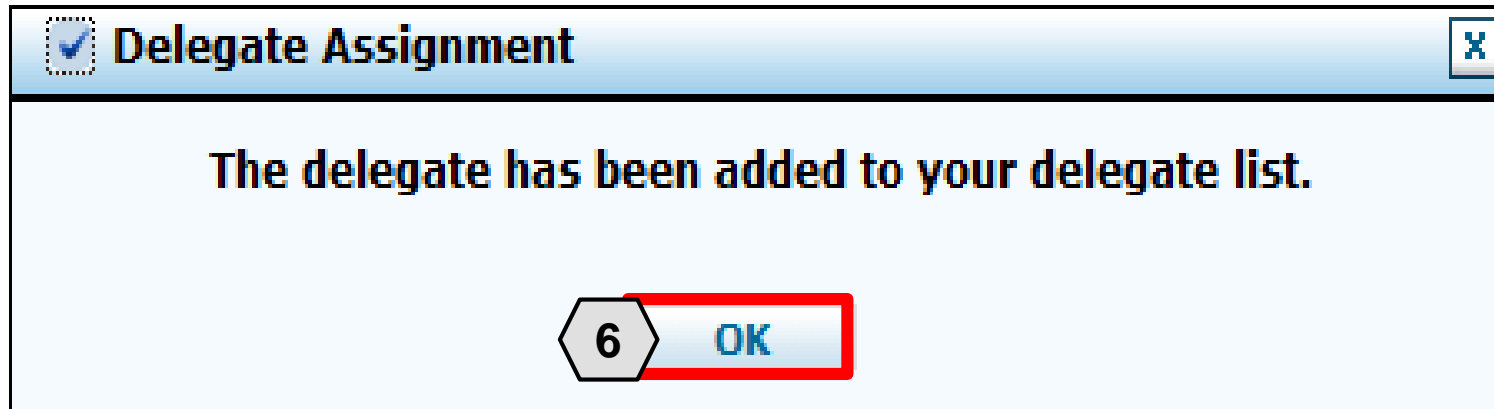
Once the user has clicked the **Confirm** button, a pop-up box will appear confirming that the delegate has been registered to the provider's account.

From there, the user will:
6. Click the **OK** button

Adding Delegates – Registered, cont.

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   **2**

Select the functions that the delegate is authorized to access

3

*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

4   **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.

To remove a delegate, the user will:
- Select "Inactive" next to **Decision**
- Click **Submit.**

Removing Delegates – Registered, cont.

Delegate Assignment ☑ ✕

The delegate status for Charlie Brown has been set to Inactive.

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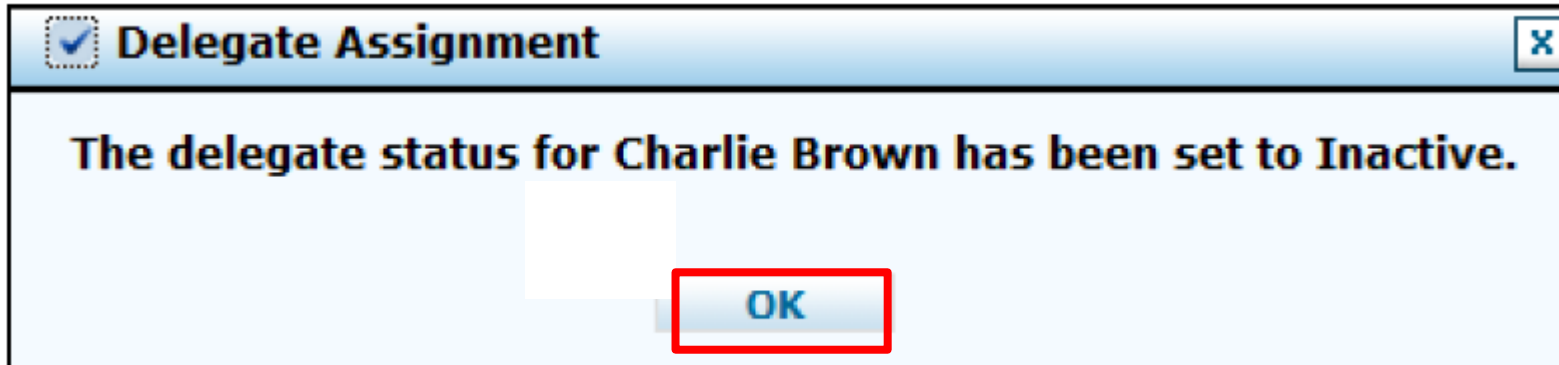
Once the user has clicked **Submit**, a pop-up box will appear confirming that the delegate's status has been set to "Inactive".

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

Adding Trading Partners (TPs)

Adding Trading Partners

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.

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.

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.

Manage Trading Partners

The Trading Partner has been added to your Trading Partner list.

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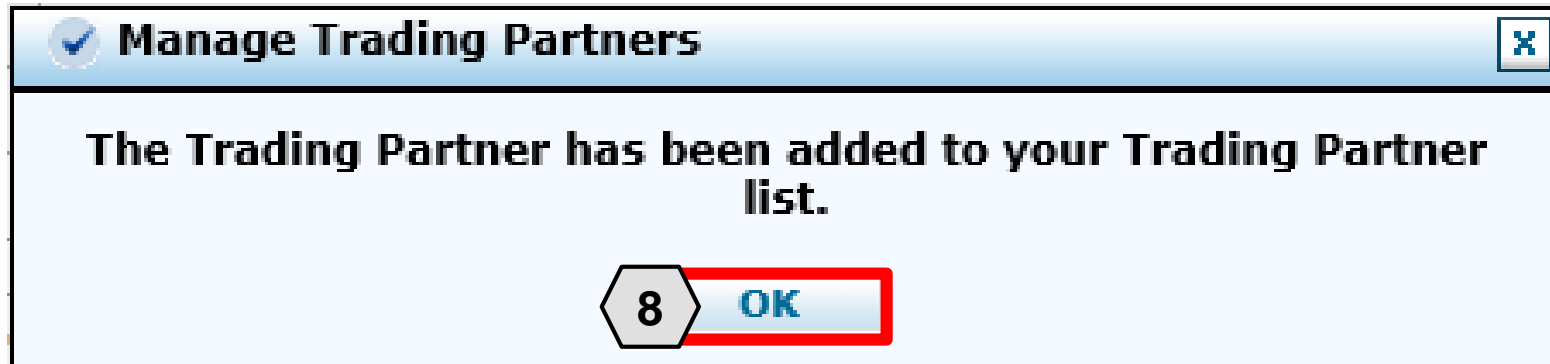
Once the user clicks the **Confirm** button, the TP will be added and a pop-up box will appear as confirmation.

From here, the user will need to:

8. Click **OK**

Adding Trading Partners, cont.

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

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.

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Accessing Help, cont.

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

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.

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.
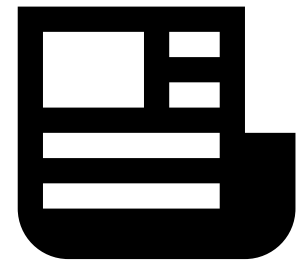
Accessing Help – Resources

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**
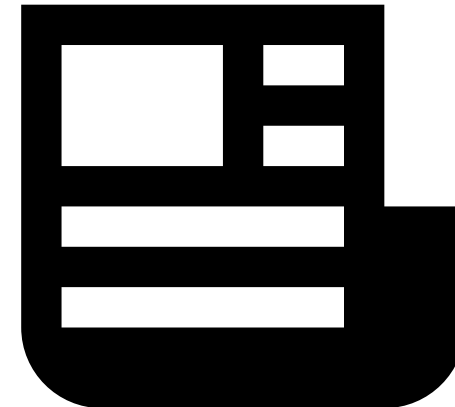
Accessing Help – Resources, cont.

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
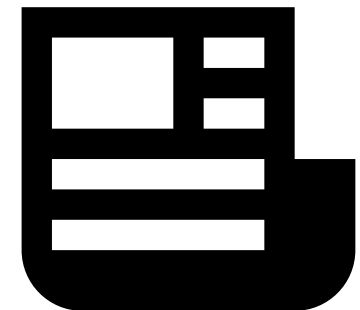
Accessing Help – Resources, cont.

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.

Prior Authorization Online

Provider Web Portal Training

2017

Accessing Help – Help Desk

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.

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Accessing Help – Help Desk, cont.

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

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.

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.

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.

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.
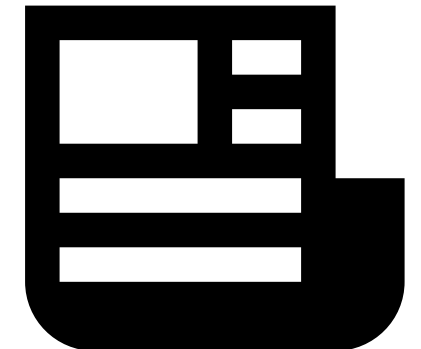
Accessing Help – Secure Correspondence, cont.

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.

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

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

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

Accessing Help – Secure Correspondence, cont.

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.

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.

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

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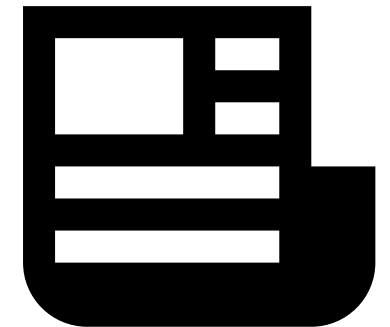
Member Eligibility Verification

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

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

Searching for a Member's Benefit Eligibility, cont.

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	48317469498	Last Name		First Nam
SSN		Birth Date		
*Effective From	12/05/2018	Effective To	12/31/2018	

Service Type Code Search

Service Type Code: 30-Health Benefit Plan Coverage

Submit   Reset

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: 48317469498
Last Name:
First Nan

SSN:
Birth Date:

*Effective From: 12/05/2018
Effective To: 12/31/2018

Service Type Code Search

Service Type Code: 30-Health Benefit Plan Coverage

Submit   Reset

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 KRXOXE from 12/05/2018 to 12/31/2018
Verification Response ID 1833900004

Expand All   Collapse All

Benefit Details   −

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

Copayment Details   +
Coinsurance Details   +
Deductible Details   +
Demographic Details   +

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 KRXOXE from 12/05/2018 to 12/31/2018

Verification Response ID 1833900004

Expand All | Collapse All

Benefit Details

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

Copayment Details

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.

Coinsurance Details

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

Deductible Details

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

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

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.

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	48317469498	**Last Name**		**First Nan**
SSN ❶		**Birth Date** ❶		
***Effective From** ❶	12/05/2018	**Effective To** ❶	12/31/2018	

Service Type Code Search

Service Type Code   30-Health Benefit Plan Coverage ▼

Submit   **Reset**

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

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

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

Print Preview

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

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

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

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.

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.

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

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

Submitting a PA Request, cont.

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.

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.

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 Home Health

Expand All | Collapse All

Requesting Provider Information

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

Recipient Information

*Recipient ID 43827875678

Last Name ABIEGUT   **First Name** ABYNNRYP

Birth Date 04/10/1928

Referring Provider Information

Referring Provider same as Requesting Provider ☐

Select from Favorites No favorite providers available.

Provider ID [blank] 🔍   **ID Type** [blank]   **Name**   **Add to Favorites** ☐

7

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

Submitting a PA Request, cont.

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.

For **Medical** authorization type:

8. Enter **Service Provider Information.**

Submitting a PA Request, cont.

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.

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.

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.

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.

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   ▼

Add   Cancel

Submit   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 Attachm...

Prior Authorization Forms

If you will not be sending an a... t were sent using another metho...
appropriate Transmission Met...

Click the **Remove** link to rem...

| | **Transmission I...** | | | Att... |

☐ Click to collapse.

*Transmission Method
*Upload File
(14) *Attachment Type

Add

Drop-down list:
59-Benefit Letter
03-Report Justifying Treatment Beyond Utilization Guidlines
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... and data are copyrighted by th...
American Dental Association (AD... bility for data contained or not...

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

Submitting a PA Request, cont.

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.

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Submitting a PA Request, cont.

18. Click the **Add** button.

Submitting a PA Request, cont.

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.

Submitting a PA Request, cont.

20. Review the information on the PA request.

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

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

Submitting a PA Request, cont.

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.

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

1. Hover over the **Care Management** tab.

2. Click **View Authorization Status**.

Viewing the Status of PAs, cont.

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

Viewing the Status of PAs, cont.

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.

6. 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

A   **B**

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.

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.

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

1. Click the **Search Options** tab.

2. Enter search criteria into the search fields.

Searching for PAs, cont.

Authorization Information

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

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
F — Birth Date
G — Last Name — First Name

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

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

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   ...ovider 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.

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Submitting Additional Information, cont.

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

Submitting Additional Information, cont.

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 Institutional Claims

Objectives

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

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

Understanding Claims Sub Menus

Understanding Claim Sub Menus

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

Understanding Claim Sub Menus, cont.
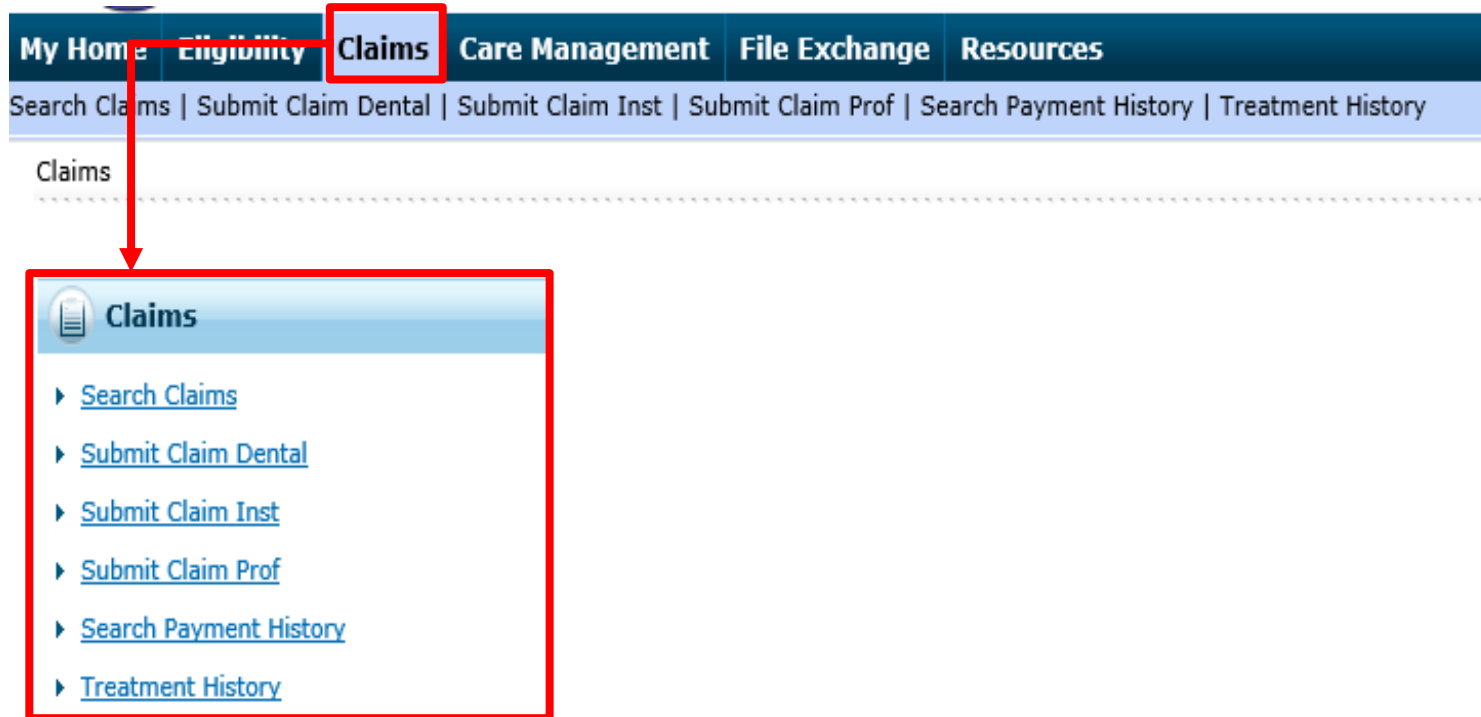
The page displays a listing of Claim activities for the user to choose from.
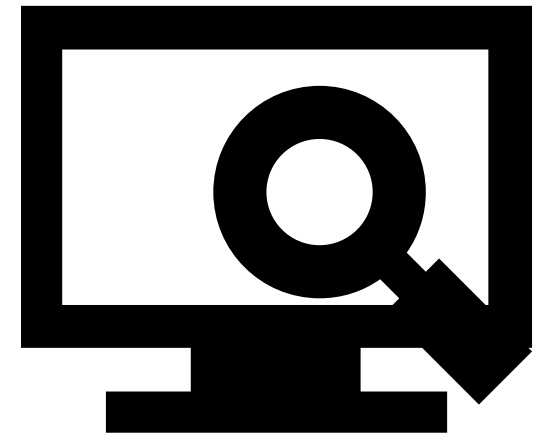
Submitting an Institutional Inpatient Claim

Submitting an Institutional Inpatient Claim

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

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

Submitting an Institutional Inpatient Claim, cont.

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

Submitting an Institutional Inpatient Claim – Step 1

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

A. Provider Information

B. Patient Information

C. Claim Information

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

To begin Step 1, the user will:

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

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Submitting an Institutional Inpatient Claim – Step 1, cont.

Provider Information

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

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

For this type of claim, the user will:

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

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Submitting an Institutional Inpatient Claim – Step 1, cont.

Provider Information

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

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

Submitting an Institutional Inpatient Claim – Step 1, cont.

Provider Information

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

Submitting an Institutional Inpatient Claim – Step 1, cont.

Patient Information

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

Submitting an Institutional Inpatient Claim – Step 1, cont.

Claim Information

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

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

11. Click the **Continue** button

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

Submitting an Institutional Inpatient Claim – Step 2

Diagnosis Codes

?

* Indicates a required field.

Claim Type Inpatient

Provider Information

Billing Provider ID 1154317964 **ID Type** NPI

Patient and Claim Information

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

Expand All | Collapse All

Diagnosis Codes —

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

#	Diagnosis Type	Diagnosis Code	POA	Action
1				

1   *Diagnosis Type [ICD-10-CM ▾]   *Diagnosis Code ℹ [_____]

Present on Admission [No   ▾]

[Add] [Reset]

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

Submitting an Institutional Inpatient Claim – Step 2, cont.

Diagnosis Codes

To add a code, the user will:

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

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

Submitting an Institutional Inpatient Claim – Step 2, cont.

Diagnosis Codes

1	ICD-10-CM	B088-Oth viral infections with skin and mucous membrane lesions	Yes	Remove
2	ICD-10-CM	B012-Varicella pneumonia	Yes	Remove
3				

3 ***Diagnosis Type** ICD-10-CM ⌄ ***Diagnosis Code** 🛈 [_____]
Present on Admission No ⌄

[Add] [Reset]

External Cause of Injury Diagnosis Codes ➕

Other Insurance Details ➖

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance]

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Medicare	123456987	12345678910		10/01/2018	Remove

➕ Click to add a new other insurance.

Condition Codes ➕

Occurrence Codes ➕

Value Codes ➕

Surgical Procedures ➕

[Back to Step 1]   ④ [Continue] | [Cancel]

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

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

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

Submitting an Institutional Inpatient Claim – Step 3

Service Details

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

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

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Version 2.0 as of November 19, 2018

Submitting an Institutional Inpatient Claim, cont.

Other Insurance Details

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date
1	Medicare	123456987	12345678910		10/01/2018

Service Details

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

No External Cause of Injury Diagnosis Codes exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

[Back to Step 1] [Back to Step 2] [Back to Step 3] [Print Preview]   4   [Confirm] [Cancel]

At this point, the user has the option to:

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

To continue, the user must:

4. Click the **Confirm** button

Submitting an Institutional Inpatient Claim, cont.

Submit Inpatient Claim: Confirmation

Inpatient Claim Receipt

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

The Claim ID is **2218269000008**.

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

| Print Preview | Copy | Adjust | New | View |

NOTE: The Claim ID is the same as ICN

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

The user may then:

- Click the **Print Preview** button to view the claim details

- Click the **Copy** button to copy claim data and start a new claim using identical details

- Click the **Adjust** button to adjust a submitted claim

- Click the **New** button to submit a new claim

- Click the **View** button to view the details of the submitted claim, including adjudication errors

Submitting an Institutional Outpatient Claim

Submitting an Institutional Outpatient Claim – Step 1

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

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

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

Submitting an Institutional Outpatient Claim – Step 2

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

To add a code, the user will:

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

Submitting an Institutional Outpatient Claim – Step 3

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

8. Enter the required fields

9. Click the **Add** button

10. Click the **Submit** button

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Submitting an Institutional Outpatient Claim, cont.

At this point the user has the option to:

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

To continue, the user must:

11. Click the **Confirm** button

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Submitting an Institutional Outpatient Claim, cont.

Claims > Claim Receipt

Submit Inpatient Claim: Confirmation

Inpatient Claim Receipt

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

The Claim ID is **2218269000008**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **Adjust** to resubmit the claim.

Click **New** to submit a new claim.

Click **View** to view the details of the submitted claim.

Print Preview | Copy | Adjust | New | View

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

The user may then:

- Click the **Print Preview** button to view claim details

- Click the **Copy** button to copy claim data and start a new claim using identical details

- Click the **Adjust** button to adjust the claim

- Click the **New** button to submit a new claim

- Click the **View** button to view the details of the submitted claim, including adjudication errors

Submitting an Institutional Claim: Attachments

Submitting an Institutional Claim: Attachments

Service Details

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

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

2 *Revenue Code ⓘ [_____] HCPCS/Proc Code ⓘ [_____]

Modifiers ⓘ [_____] [_____] [_____] [_____]

From Date ⓘ [_____] 🔲 To Date ⓘ [_____] 🔲 *Units [0.000] *Unit Type [Unit ▾]

*Charge Amount [_____]

Add **Reset**

Attachments

① e **Remove** link to remove the entire row.

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

Back to Step 1 **Back to Step 2** **Submit** **Cancel**

To upload attachments to an institutional claim:

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

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Submitting an Institutional Claim: Attachments, cont.
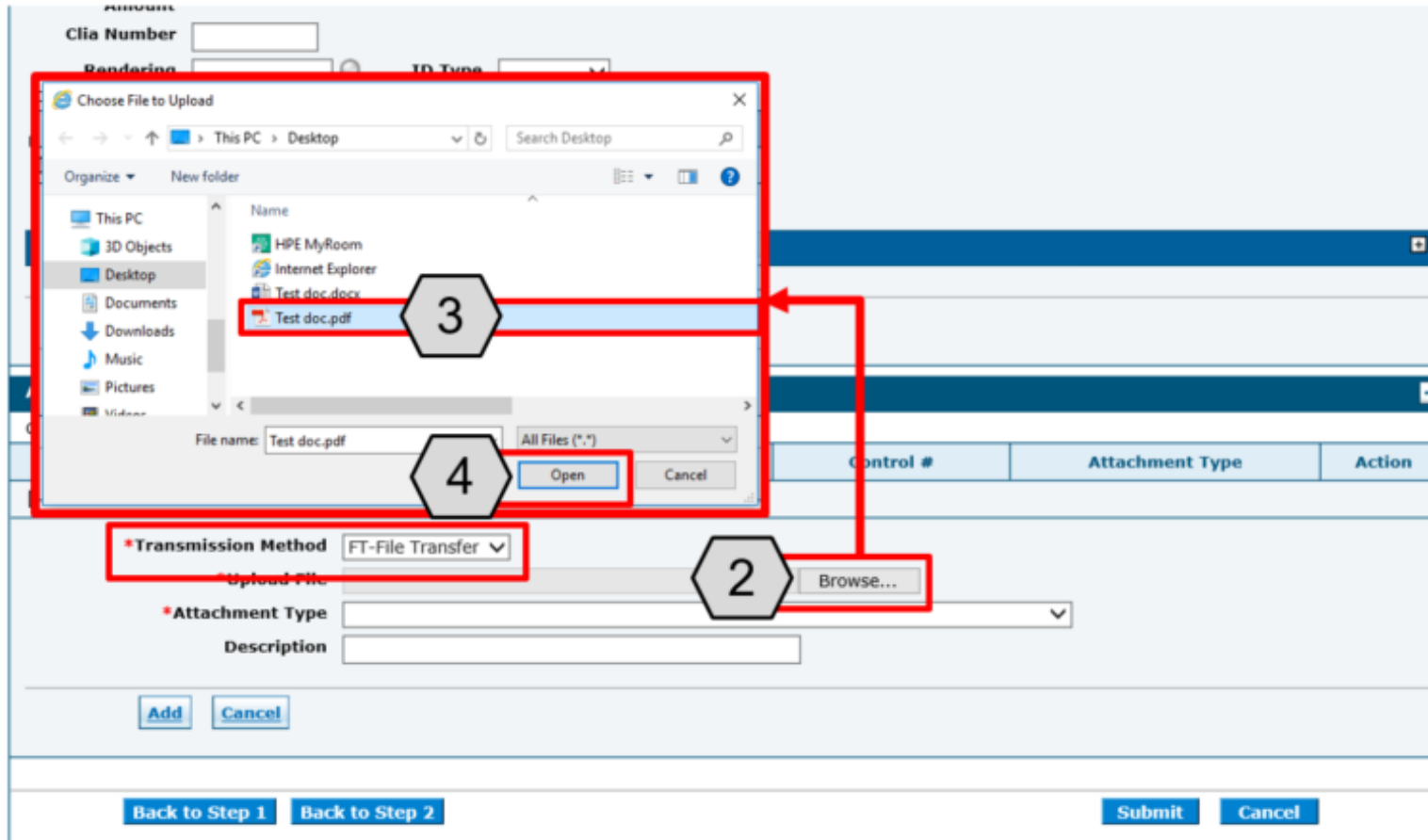
2. Click the **Browse** button and locate the file on the user's computer to attach

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

3. Locate and select the file

4. Click the **Open** button

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

Submitting an Institutional Claim: Attachments, cont.

Once the Attachment has been uploaded, the user will:

5. Select the type of attachment from the **Attachment Type** drop-down list

6. Click the **Add** button to attach the file or click on the **Cancel** button to cancel and close the attachment line

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

Submitting an Institutional Claim: Attachments, cont.

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

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

Submitting an Institutional Claim: Other Insurance Details

Submitting a Professional Claim: Other Insurance Details

Claim Information

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

① Include Other Insurance ☑

②

Total Charged Amount $2,972.08

Continue **Cancel**

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

Submitting an Institutional Claim: Other Insurance Details, cont.

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

2   *Diagnosis Type [ICD-10-CM ▾]   *Diagnosis Code ❶ [   ]
Present on Admission [No   ▾]

[Add] [Reset]

External Cause of Injury Diagnosis Codes

Other Insurance Details

Enter the carrier and policy holder information below.

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

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

Carrier Name	Carrier ID	Policy ID	Payer Paid A
⊞ Click to add a new other insurance.			

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

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

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

Submitting an Institutional Claim: Other Insurance Details, cont.

After clicking the (+), the user must:

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

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

Submitting an Institutional Claim: Other Insurance Details, cont.

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

Submitting an Institutional Claim: Other Insurance Details, cont.

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

The user will:

6. Click the **Continue** button

Submitting an Institutional Claim: Other Insurance Details, cont.

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

7. Click the **Submit** button

Submitting an Institutional Claim: Other Insurance Details, cont.

At this point, the user has the option to:

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

To continue, the user must:

8. Click the **Confirm** button

Submitting an Institutional Claim: Other Insurance Details, cont.

Submit Inpatient Claim: Confirmation

Inpatient Claim Receipt

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

The Claim ID is **2218269000008**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **Adjust** to resubmit the claim.

Click **New** to submit a new claim.

Click **View** to view the details of the submitted claim.

| Print Preview | Copy | Adjust | New | View |

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

The user may then:

- Click the **Print Preview** button to view claim details
- Click the **Copy** button to copy claim data
- Click the **Adjust** button to adjust the claim
- Click the **New** button to submit a new claim
- Click the **View** button to view the details of the submitted claim

Submitting an Institutional Crossover Claim

Submitting an Institutional Crossover Claim

Step 1

To start the process for a Crossover Institutional claim, the user will:

1. Select the **Claim Type**

NOTE: The user will follow the same steps as previously shown in the Submitting an Institutional Inpatient Claim section.

Submitting an Institutional Crossover Claim, cont.

Step 1

2. Enter the Medicare Crossover Details:
- **Deductible Amount**
- **Blood Deductible Amount**
- **Medicare Payment Amount**
- **Co-insurance Amount**
- **Medicare Payment Date**

3. Click the **Continue** button

NOTE: After adding the Medicare Crossover Details, the claims submission process is the same for Steps 2 and 3 as detailed in earlier sections.

Submitting an Institutional Crossover Claim, cont.

Step 3

The user will:

4. Enter information in all of the required fields (*)
5. Click the **Add** button

Submitting an Institutional Crossover Claim, cont.

Medicare Crossover Details

Deductible Amount	$1,340.00	Co-insurance Amount	$1,132.00
Blood Deductible Amount	$0.00	Medicare Payment Date	10/01/2018
Medicare Payment Amount	$4,528.00		

Expand All | Collapse All

Diagnosis Codes ➕

Service Details ➖

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/12/2018	09/17/2018	5.000 Days	$7,500.00
2	0300-Laboratory (Lab)-General			09/12/2018	09/17/2018	22.000 Unit	$2,800.00
3	0320-Dx X-Ray-General			09/12/2018	09/17/2018	33.000 Unit	$3,225.85
4	0350-CT Scan-General			09/13/2018	09/13/2018	2.000 Unit	$1,500.00
5	0250-Pharmacy (Drugs)-General			09/12/2018	09/17/2018	5.000 Unit	$2,885.50

No External Cause of Injury Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Back to Step 1   Back to Step 2   Back to Step 3   Print Preview   **6**   Confirm   Cancel

Then the user will:
6. Click the **Confirm** button

Submitting an Institutional Crossover Claim, cont.

The user will receive a Confirmation with the **Crossover Inpatient Claim Receipt.**

Searching for Institutional Claims

Searching for an Institutional Claim

To search for a claim, the user will need to:

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

Searching for an Institutional Claim, cont.

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

To search without using the Claim ID:

3. Enter the **Recipient ID**
4. Enter the **Service From** and **To**
5. Click the **Search** button

NOTE: To clear the screen and access claim status on another claim, click the **Reset** button found at the bottom of the "Search Claims" page.

Searching for an Institutional Claim, cont.

Once the user has clicked the **Search** button, the results will display at the bottom of the page.

From there, the user may:

6. Click the **(+)** symbol to expand the claim details

Searching for an Institutional Claim, cont.

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
−	2218276000016		Inpatient	Finalized Denied	09/24/2018 - 09/28/2018	96536412536	1255360160	$0.00	_	

Inpatient Claim Information

Recipient QPRB VBLWNBF	**Total Charge Amount** $2,575.00
Birth Date 10/03/1983	**Total Paid Amount** $0.00
Rendering Provider CARSON TAHOE REGIONAL HEALTHCARE	**Paid Date** _
Claim Status Finalized Denied	**Reason Code** Finalized/Denial-The claim/line has been denied.

Service Information

Service	Service Date	Line Status	Reason Code	Units	Revenue	Procedure/ Modifiers	Charge	Paid
1	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	120		$1,500.00	$0.00
2	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	250		$500.00	$0.00
3	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	320		$300.00	$0.00
4	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	2	300		$275.00	$0.00

Once the user has clicked the **+** symbol, the **Inpatient Claim Information** and **Service Information** panels will populate.

Searching for an Institutional Claim, cont.

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
–	2218276000016	7	Inpatient	Finalized Denied	09/24/2018 - 09/28/2018	96536412536	1255360160	$0.00	_	

7. Click the **Claim ID** hyperlink to open the claim

Inpatient Claim Information

Recipient	QPRB VBLWNBF		**Total Charge Amount**	$2,575.00
Birth Date	10/03/1983		**Total Paid Amount**	$0.00
Rendering Provider	CARSON TAHOE REGIONAL HEALTHCARE		**Paid Date**	_
Claim Status	Finalized Denied		**Reason Code**	Finalized/Denial-The claim/line has been denied.

Service Information

Service	Service Date	Line Status	Reason Code	Units	Revenue	Procedure/ Modifiers	Charge	Paid
1	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	120		$1,500.00	$0.00
2	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	250		$500.00	$0.00
3	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	320		$300.00	$0.00
4	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	2	300		$275.00	$0.00

Searching for an Institutional Claim, cont.

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

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

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Searching for an Institutional Claim, cont.

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

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Viewing an Institutional Claim's Remittance Advice (RA)

Viewing an Institutional Claim's RA

To begin locating an RA, the user will:

1. Hover over **Claims**
2. Select **Search Payment History**
3. Enter search criteria to refine the search results
4. Click the **Search** button

NOTE: RAs can only be searched in the Provider Portal. The default search range is for the past 90 days.

Viewing an Institutional Claim's RA, cont.

The user will:

5. Click on the image in the **RA Copy** column to view the RA.

Viewing an Institutional Claim's RA, cont.

Search Payment History ?

Provider Information

Provider ID 1104870187	**ID Type** NPI	**Name**	MOUNTAINVIEW HOSPITAL AND MEDICAL CENTER

Location ID 1002006

* Indicates a required field.

Placeholder for configurable text.

Payment Method [All ∨]   **Payment Type** [All ∨]   **Check # / RA #** [_____]

Issue Date *From ❶ [06/01/2018] 🗓   *To ❶ [08/01/2018] 🗓

[Search] [Reset]

Search Results

To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.

If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.

Total Records: 2

Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
06/22/2018	CHK	C	000000000/100004855	$0.00	🖺
06/15/2018	CHK	C	000000000/100004767	$0.00	🖺

PDF Files require [Adobe Acrobat Reader](#)

Do you want to open or save **RA 100004855.pdf** (14.6 KB) from **portalmod.medicaid.nv.gov**? ⬡6 [Open] [Save ▾] [Cancel] ✕

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

Viewing an Institutional Claim's RA, cont.


```
REPORT:   CRA-IPDN-R              NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY          DATE:  10/05/2018
  RA#:    100005607                          NEVADA MEDICAID (TXIX)                            PAGE:         3
PAYER:    TXIX                           PROVIDER REMITTANCE ADVICE
                                          INPATIENT CLAIMS DENIED

CARSON TAHOE HOSPITAL                                                    PAYER ID      1013843    MCD
PO BOX 2168                                                             NPI                1255360160
CARSON CITY, NV 89702-2168                                             CHECK/EFT NUMBER    000000000
                                                                       PAYMENT DATE        10/12/2018

              PCN        SERVICE DATES  ADMIT DT  C DAYS          BILLED       OTH INS
  --ICN--     MRN        FROM    TO            DRG CD   SOI       AMOUNT       AMOUNT
MEMBER NAME: QPRS VRLWNGF                MEMBER NO.: 96536412536
2218277000005 123456789    091718 092118  091718      0          2,972.08       0.00


HEADER EOBS:  0609 1011
              PCN        SERVICE DATES  ADMIT DT  C DAYS          BILLED       OTH INS
  --ICN--     MRN        FROM    TO            DRG CD   SOI       AMOUNT       AMOUNT
MEMBER NAME: QPRS VRLWNGF                MEMBER NO.: 96536412536
2218277000006 123456789    091718 092118  091718      0          2,972.08       0.00
```

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

Copying an Institutional Claim

Copying an Institutional Claim

To copy a claim, the user will need to:

1. Return to the "Search Claims" page
2. Enter the search criteria
3. Click the **Search** button

Search results will populate at the bottom of the screen.

From the search results:

4. Click the **Claim ID** link

Copying an Institutional Claim, cont.

After the user has viewed the claim, user will:

5. Scroll down to the bottom of the page
6. Click the **Copy** button, that opens the copied claim

Copying an Institutional Claim, cont.

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

Copying an Institutional Claim, cont.

The user may edit and submit the claim as covered in prior sections.

Version 2.0 as of November 19, 2018

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Adjusting an Institutional Claim

Adjusting an Institutional Claim

To begin the claim adjustment process:

1. Return to the "Search Claims " page
2. Enter the search criteria
3. Click the **Search** button
4. Click the **Claim ID** hyperlink

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

Adjusting an Institutional Claim, cont.

Step 1

On the "View Institutional Claim: Step 1" page, the user will:

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

Adjusting an Institutional Claim, cont.

Step 1

From here, the user may:

7. Review and make any necessary edits to the Step 1 Provider, Recipient, or Claim information

8. For this example, the user will change the Medicare **Deductible Amount** field

9. Click on the **Continue** button at the bottom of the page to proceed to the next step

Adjusting an Institutional Claim, cont.

Step 1

For this example, the user has removed the Medicare **Deductible Amount** (step 10) from the adjusted claim.

To continue, the user will:

11. Click the **Continue** button to proceed to Step 2

Adjusting an Institutional Claim, cont.

Once the user has clicked the **Continue** button, Step 2 will populate and the user will:

12. Click the **Continue** button again at the bottom of the page and Step 3 will populate

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

Adjusting an Institutional Claim, cont.

13. Click the **Resubmit** button

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

Adjusting an Institutional Claim, cont.

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/12/2018	09/17/2018	5.000 Days	$7,500.00
2	0300-Laboratory (Lab)-General			09/12/2018	09/17/2018	22.000 Unit	$2,800.00
3	0320-Dx X-Ray-General			09/12/2018	09/17/2018	33.000 Unit	$3,225.85
4	0350-CT Scan-General			09/13/2018	09/13/2018	2.000 Unit	$1,500.00
5	0250-Pharmacy (Drugs)-General			09/12/2018	09/17/2018	5.000 Unit	$2,885.50

Service Details

No Adjudication Errors exist for this claim

No External Cause of Injury Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Back to Step 1   Back to Step 2   Back to Step 3   Print Preview   **14**   Confirm   Cancel

14. Click the **Confirm** button

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

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Adjusting an Institutional Claim, cont.

Once the user clicks the **Confirm** button, the "Resubmit Crossover Inpatient Claim: Confirmation" page will appear.

It will display the claim status and adjusted Claim ID.

Submitting an Appeal for a Claim

Submitting an Appeal for a Claim

From the home page, the user will:

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

Submitting an Appeal for a Claim, cont.

2. The user will select from the **Message Category** dropdown "Claims – Appeals" and fill out all of the required fields.

Submitting an Appeal for a Claim, cont.

Next, the user will:

3. Click the **Browse** button and locate the file supporting the appeal request on their computer to attach

4. Click the **Send** button

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

Submitting an Appeal for a Claim, cont.

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

User will then need to:

5. Click the **OK** button

NOTE: A confirmation email will be sent preceding the request.

Submitting an Appeal for a Claim, cont.

Secure Correspondence - Message Box					Back to My Home ?

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

Create New Message

Total Records: 13

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4256	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.

NOTE: After initial email confirmation, subsequent notifications of correspondence will not be sent.

Voiding an Institutional Claim

Voiding an Institutional Claim

Submit Crossover Inpatient Claim: Confirmation

Crossover Inpatient Claim Receipt

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

The Claim ID is **2218277000011**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **Adjust** to resubmit the claim.

Click **New** to submit a new claim.

Click **View** to view the details of the submitted claim.

| Print Preview | Copy | Adjust | New | View | 1 |

Should a claim need to be voided immediately after submitting for payment, the user will

1. Click the **View** button to begin the void process.

NOTE: Additionally, a claim can be voided by searching for a previously submitted claim, as shown in the Searching for an Institutional Claim section.

Voiding an Institutional Claim, cont.

View Institutional Claim - ID 2218277000011				Back to Search Results ?

Claim Type Crossover Inpatient

Provider Information

Billing Provider ID 1801152566		**ID Type** NPI	
Billing Provider Service Location 11-SAINT MARYS REGIONAL MEDICAL CENTER-235 W 6TH ST, RENO, NEVADA, 89503-4548			
Institutional Provider ID 1801152566		**ID Type** NPI	
Attending Provider ID 1952455032		**ID Type** NPI	
Operating Provider ID _		**ID Type** _	
Other Operating Provider ID _		**ID Type** _	
Referring Provider ID _		**ID Type** _	

Patient Information

Recipient ID 80733203496	
Recipient FERADRF FICDTF	**Gender** Male
Birth Date 01/26/1943	

Claim Information

Claim Status Finalized Payment	
Covered Dates 09/25/2018 - 09/28/2018	**Admission Date/Hour** 09/25/2018 - 08:00
Admission Type 3-Elective	**Admission Source** 2-Clinic or Physician's Office
Admitting Diagnosis Type ICD-10-CM	**Discharge Hour** 10:00
Admitting Diagnosis I10	**Facility Type Code** 111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim
Patient Status 01-Discharged to Home or Self Care (Routine Discharge)	**Authorization Number** _
Patient Number 2222	**Related Claim ICN** _
Previous Claim ICN _	
Note _	
	Total Charged Amount $11,772.22
Total Allowed Amount $4,500.00 **Total Co-pay Amount** $0.00	**Total Paid Amount** $0.00

Once the user has clicked the **View** button, the claim will display.

Voiding an Institutional Claim, cont.

To void the claim, the user will:

2. Click the **Void** button at the bottom of the page

Voiding an Institutional Claim, cont.

The system will ask if the user is sure and will list the Crossover Inpatient Claim ID that will be voided.

The user will then:

3. Click the **OK** button

Voiding an Institutional Claim, cont.

d.
To Date are required fields for the search when Claim ID is not entered.

maximum range of 45 days.

Confirmation

Your Crossover Inpatient Claim ID was successfully voided.

OK

80733201

09/12/2018   To ❶ 09/17/2018   **Claim Status**

eset

The system will send a confirmation message that the claim has been successfully voided.

The user will:

4. Click the **OK** button

Questions & Answers

Paperless Timeline & Go-Live Considerations

Paperless Timeline

Paperless Timeline

- **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

- **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!