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:

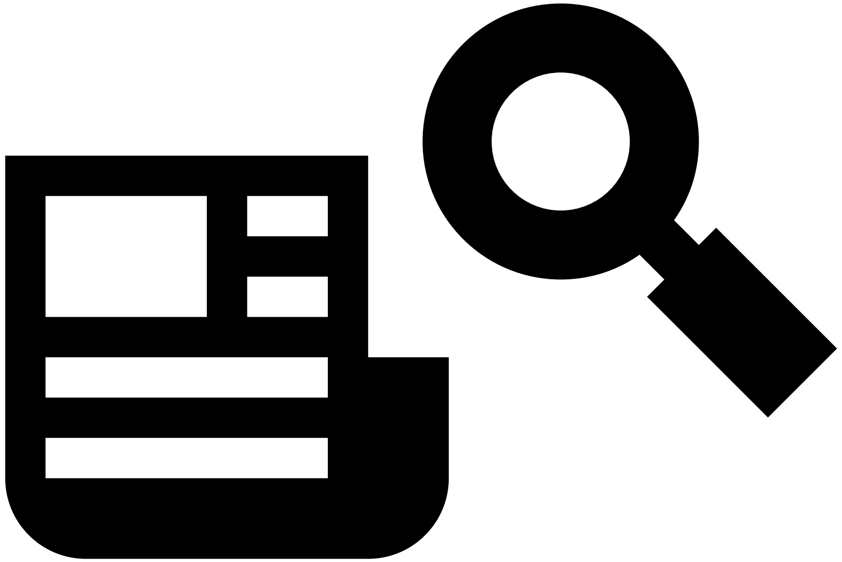
- Registering for the Provider Web Portal
- Navigating the Provider Web Portal
- Managing Provider Web Portal Profiles
- Adding Delegates
- Adding Trading Partners
- Accessing Help

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

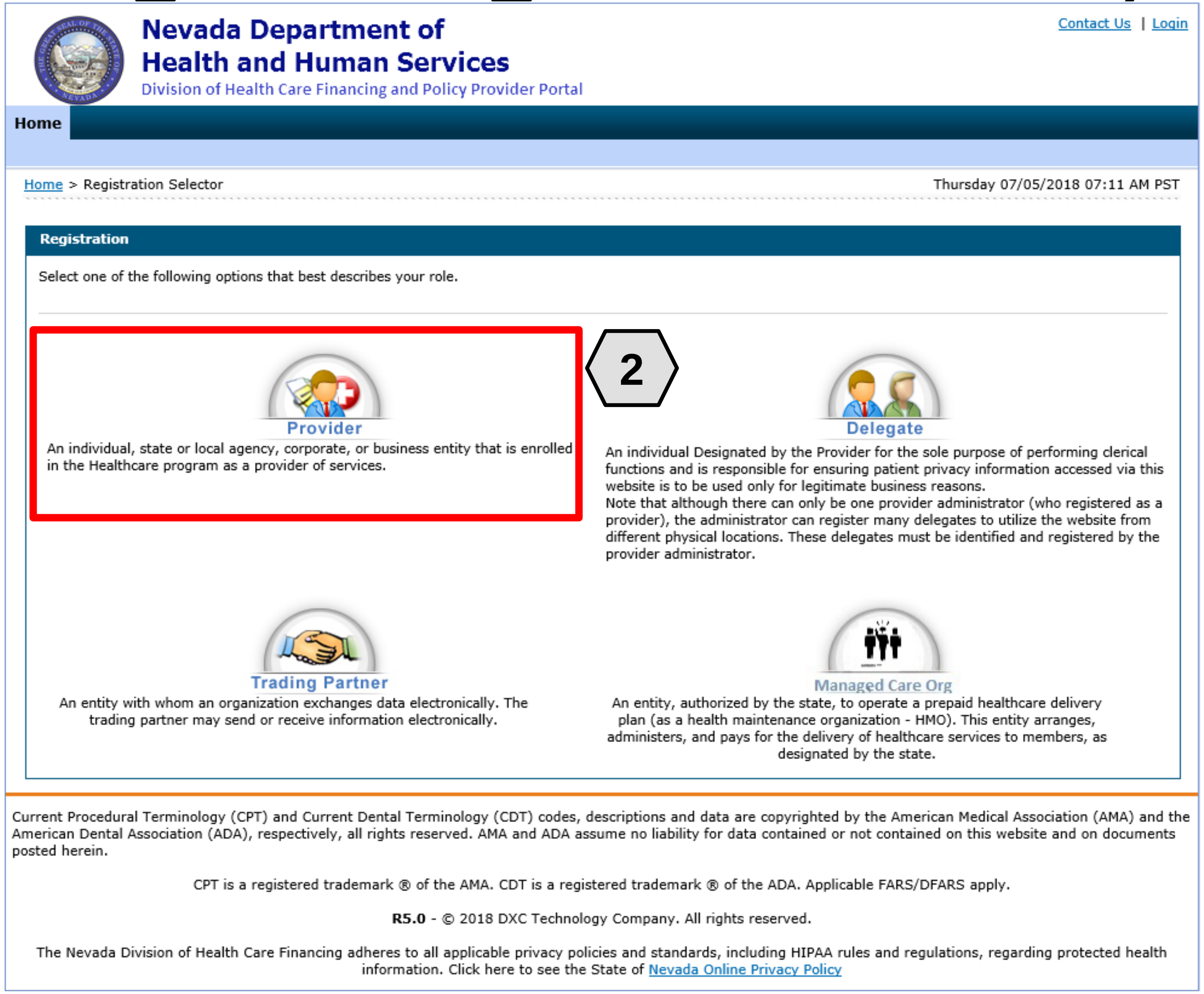
Registering for the PWP, cont.

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

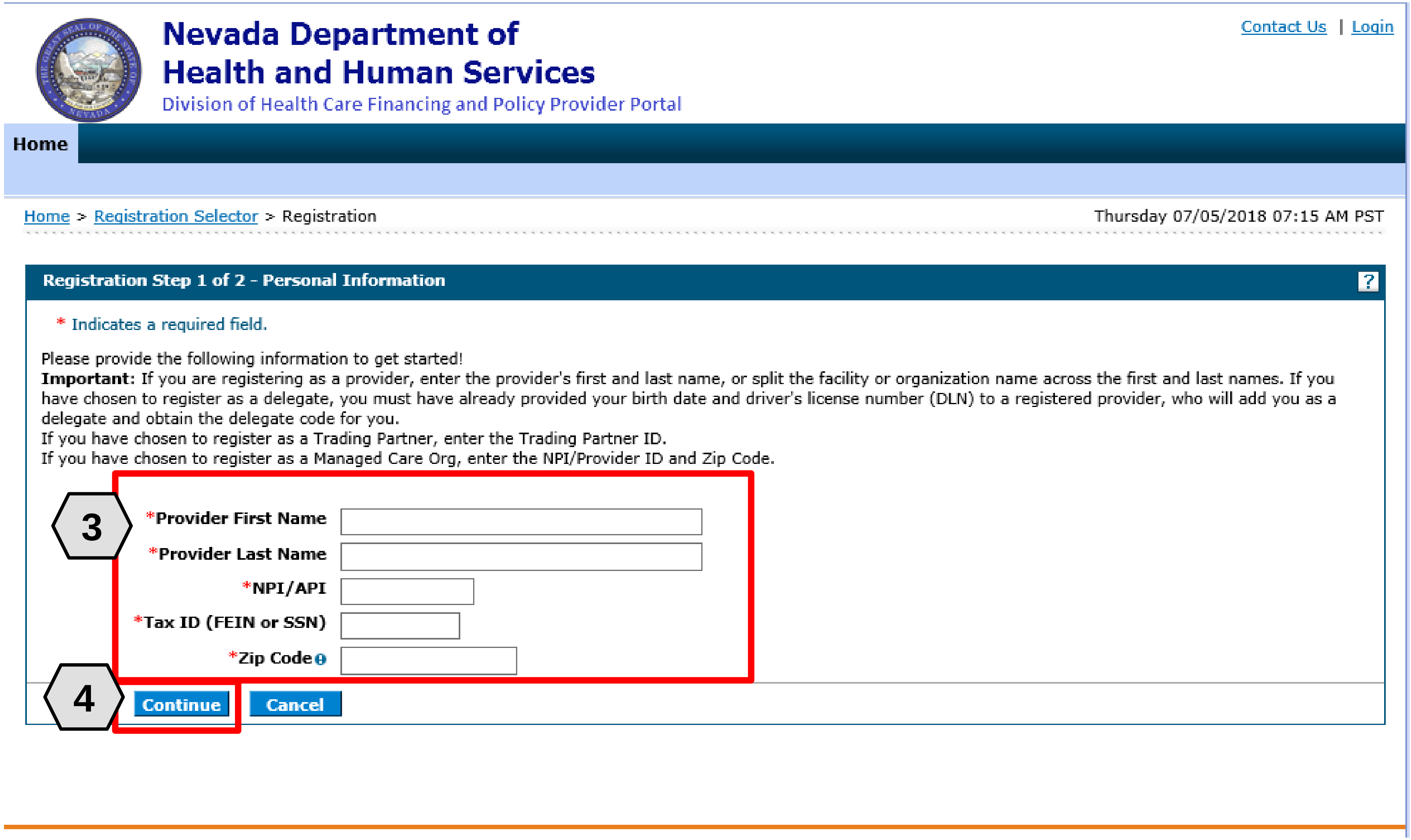
Registering for the PWP, cont.



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

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

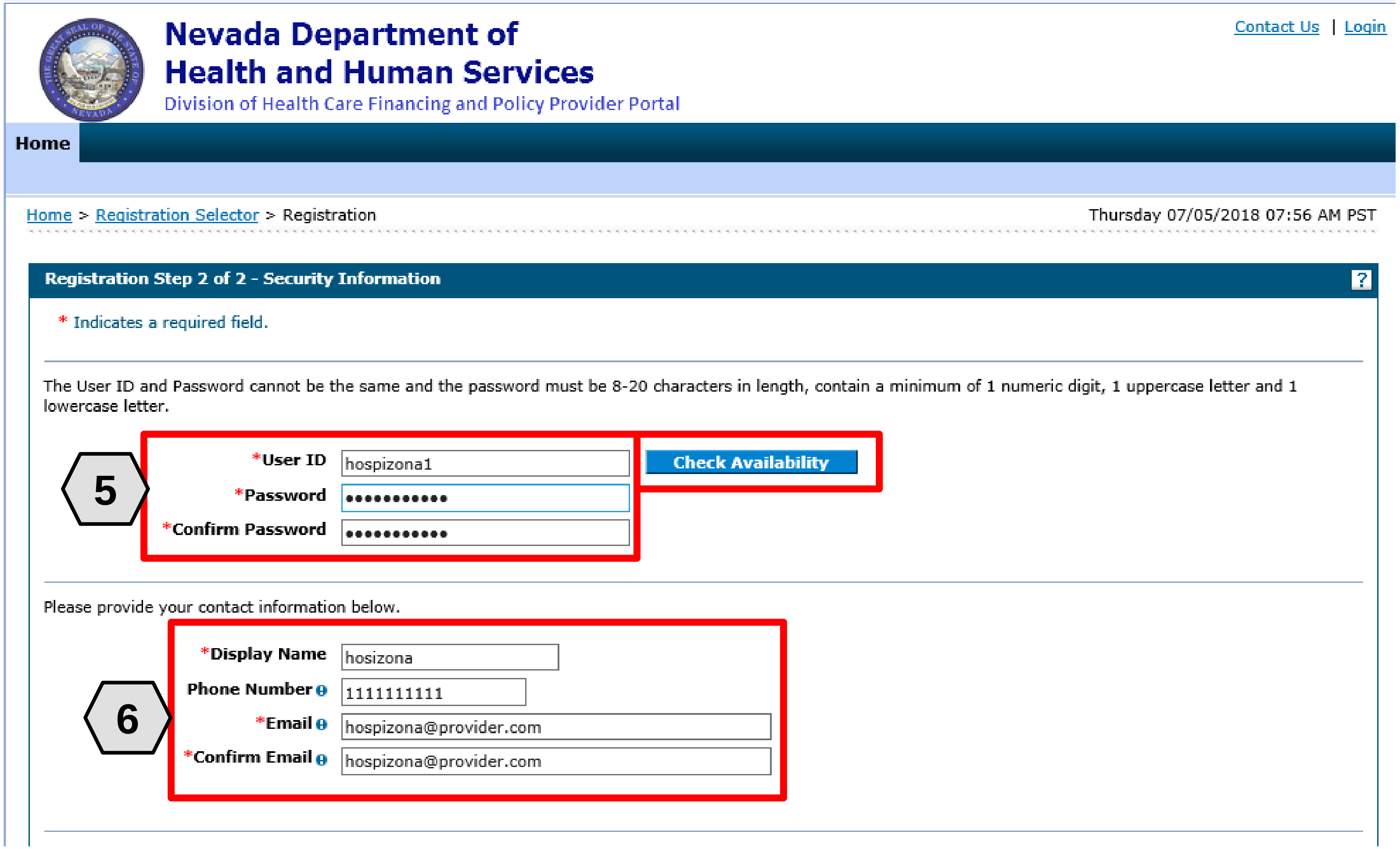
Registering for the PWP, cont.



From the "Registration" page, the user will:

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

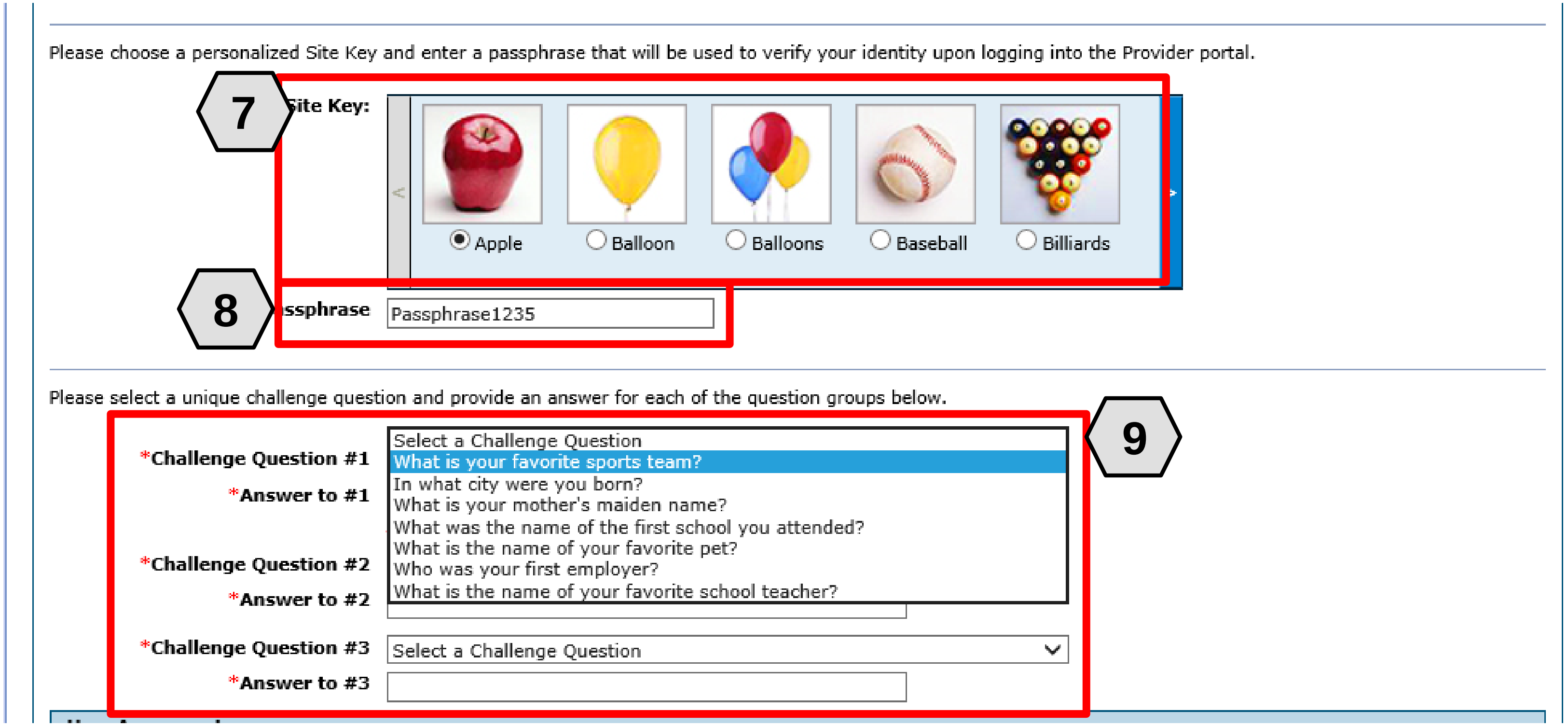
Registering for the PWP, cont.



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

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

Registering for the PWP, cont.

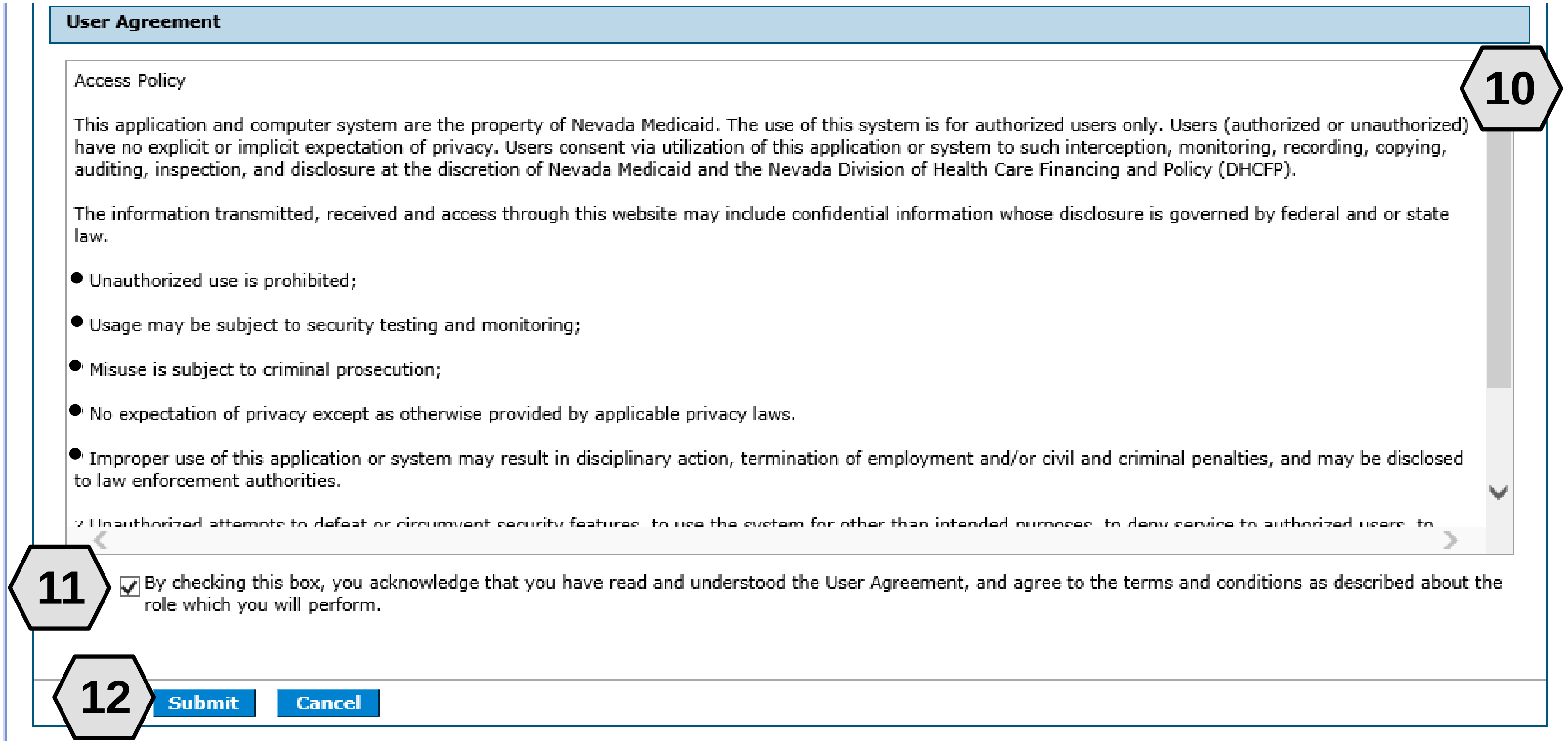


Continuing on the "Registration" page, the user will:

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.


User Agreement

Access Policy

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

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

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

Unauthorized attempts to defeat or circumvent security features, to use the system for other than intended purposes, to deny service to authorized users, to

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

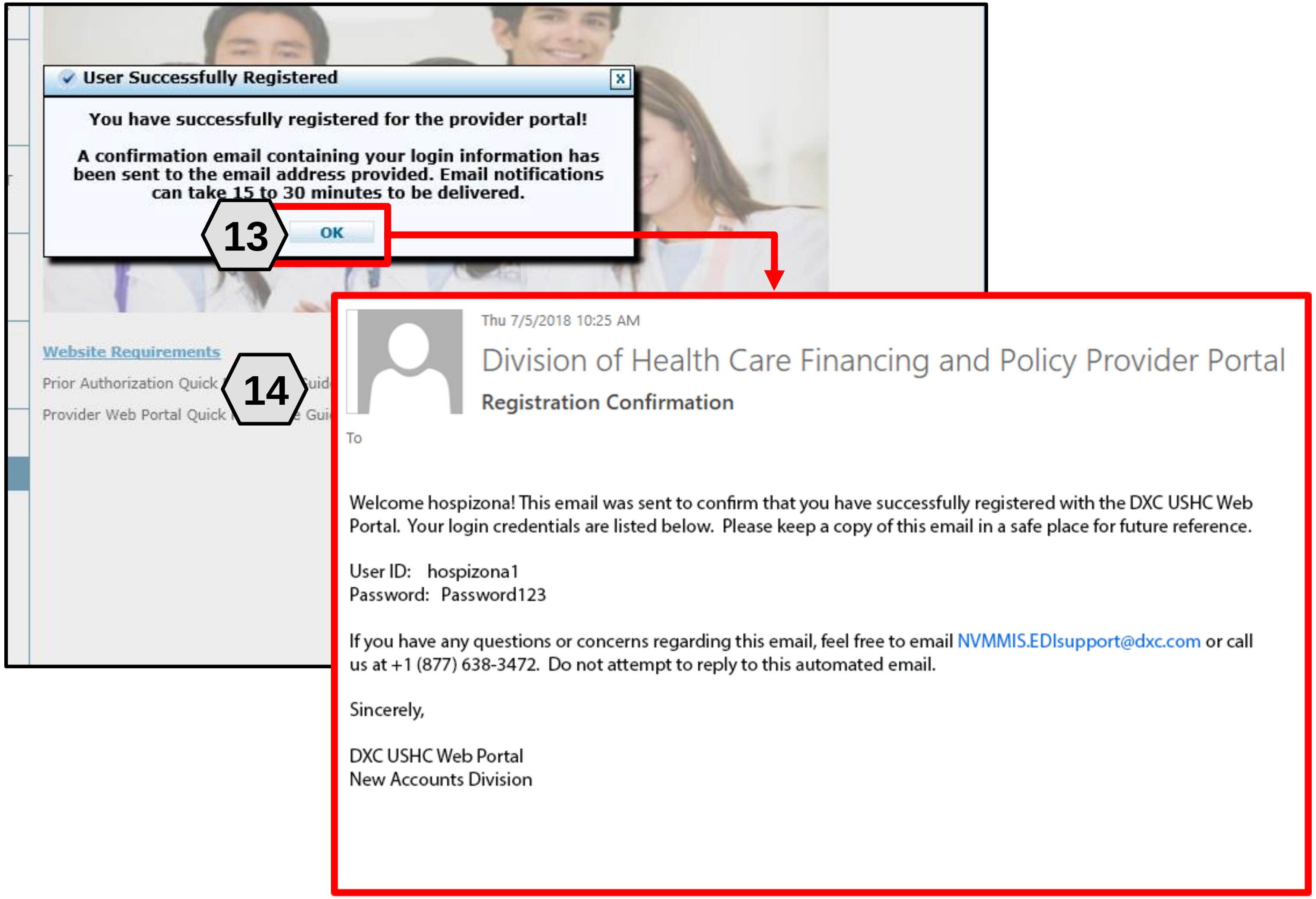
Submit Cancel

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

The user will:

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

Registering for the PWP, cont.



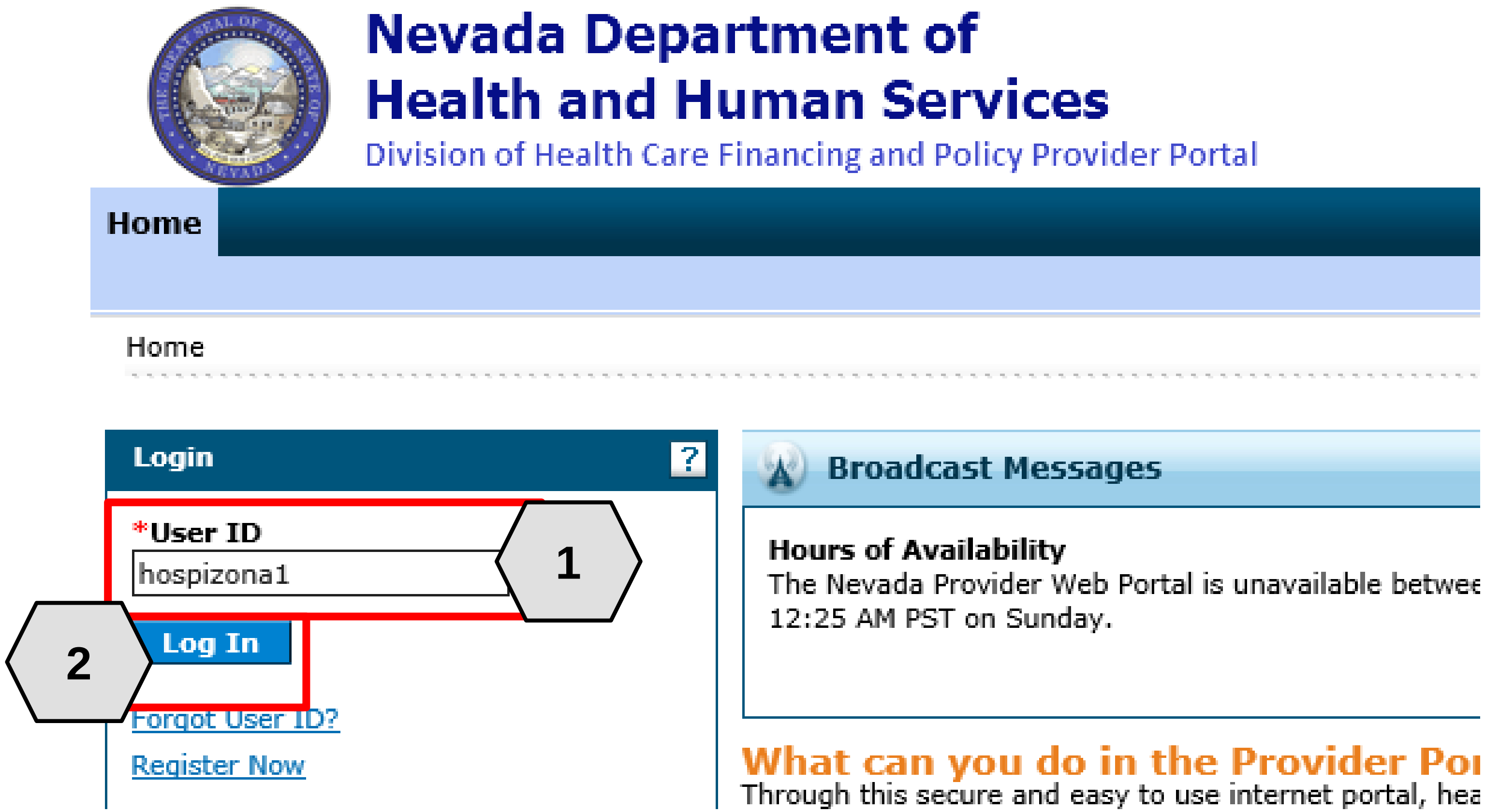
To confirm their registration, the user will:

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

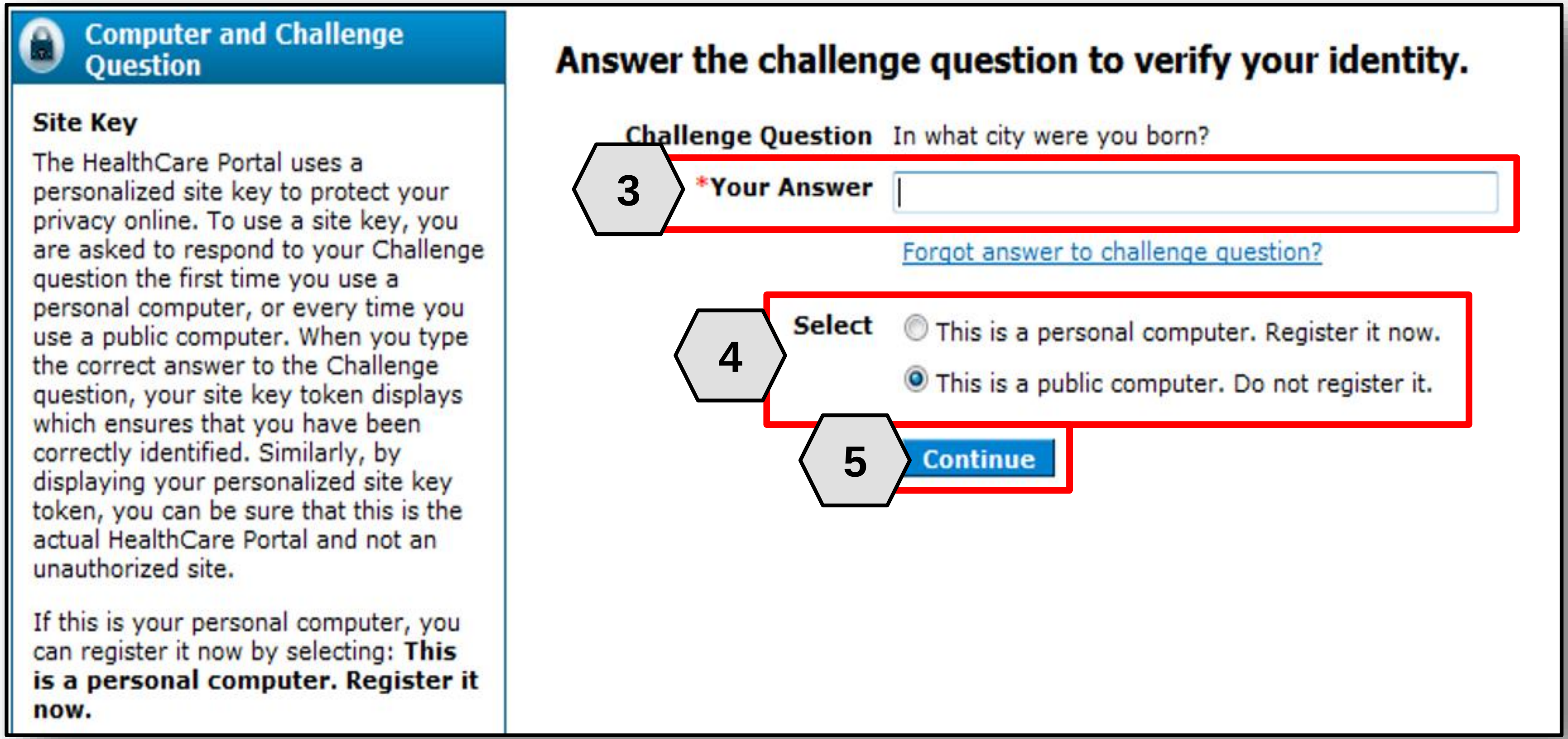
Navigating the PWP



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

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

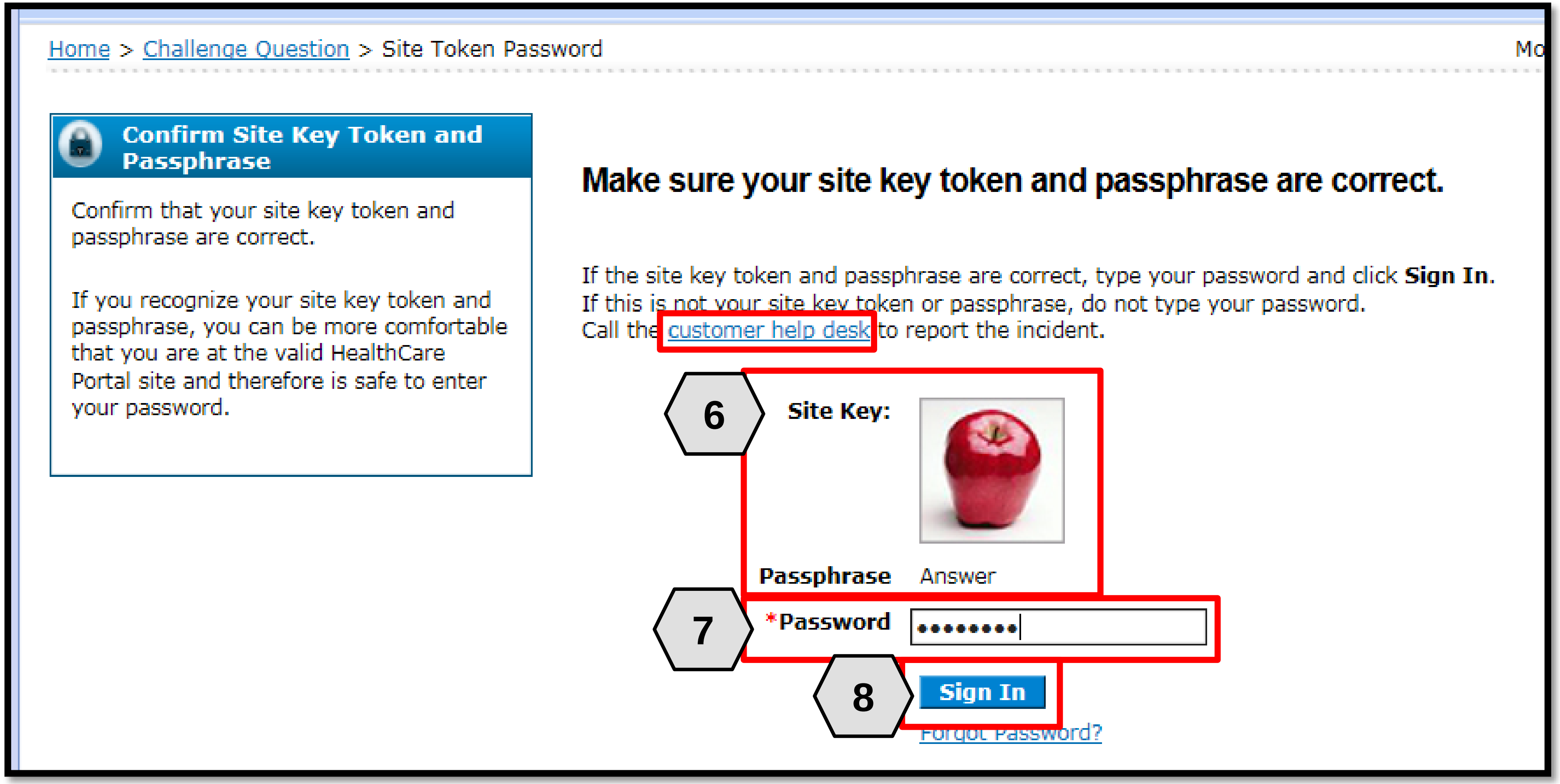
Navigating the PWP, cont.



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.

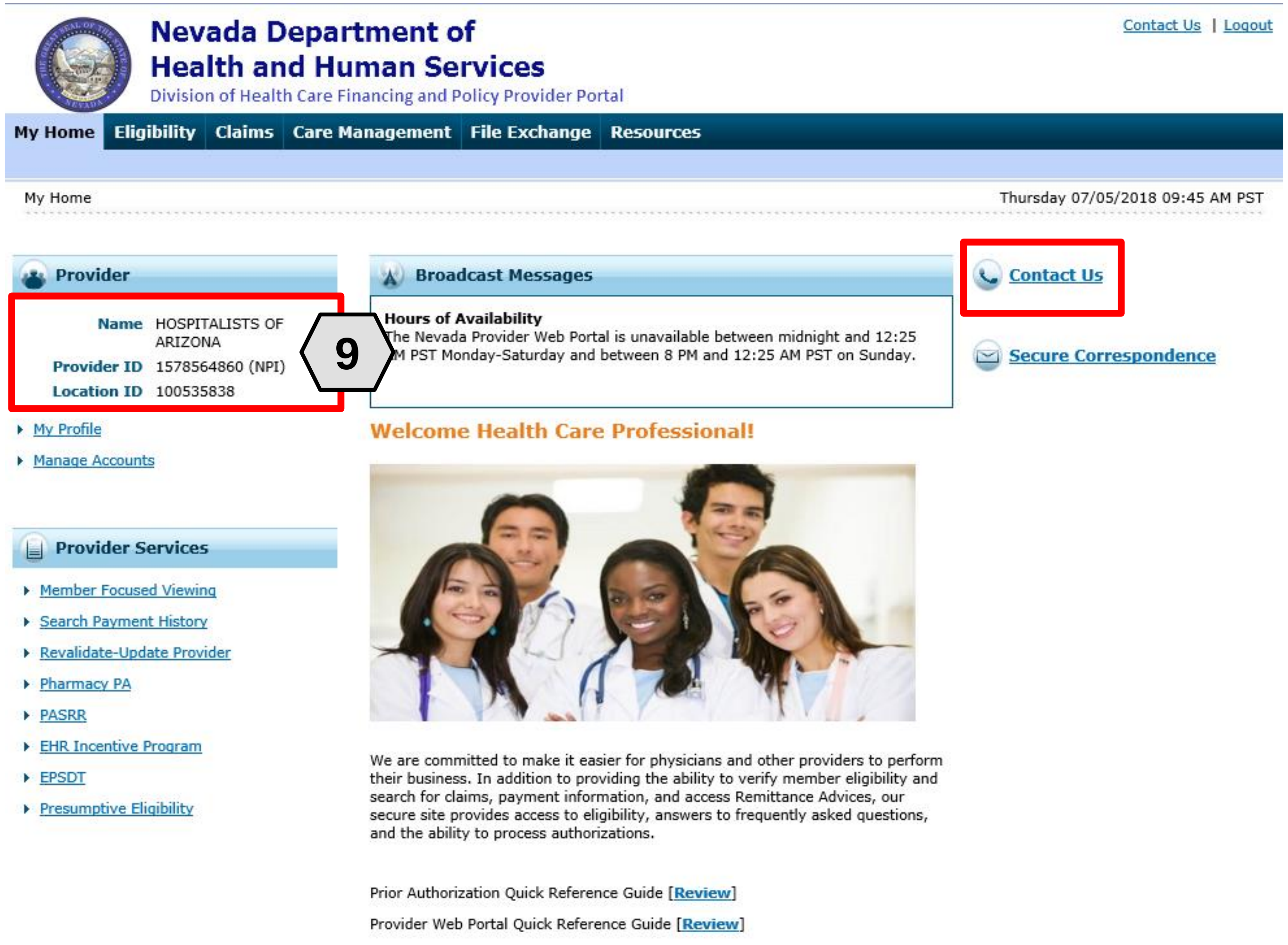


The user will continue providing identity verification as follows:

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.



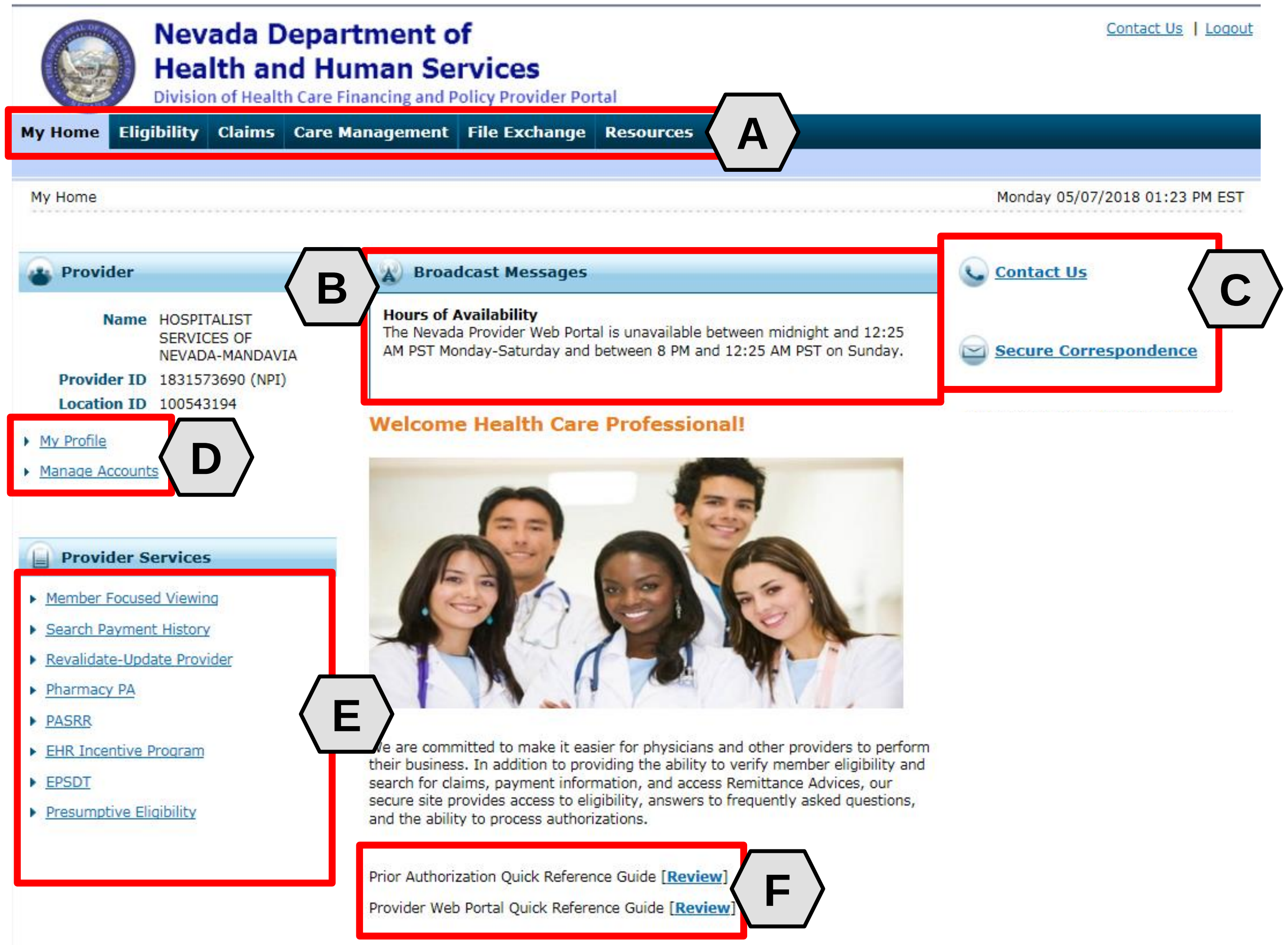
Once the user has provided identity verification and entered their password, the “My Home” page will display.

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.

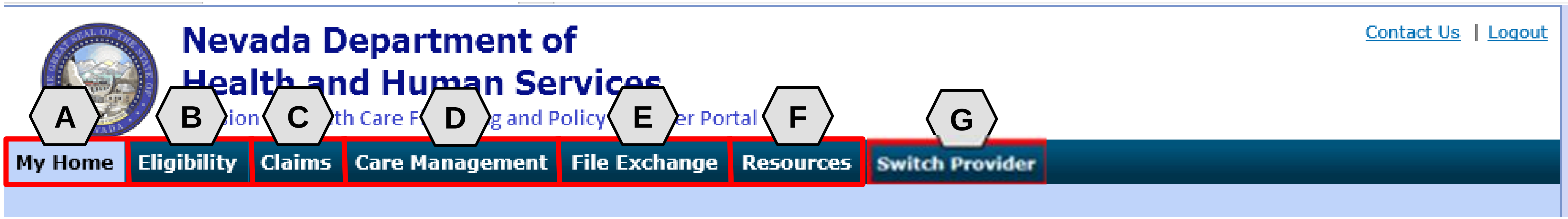
Navigating the PWP, cont.



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.

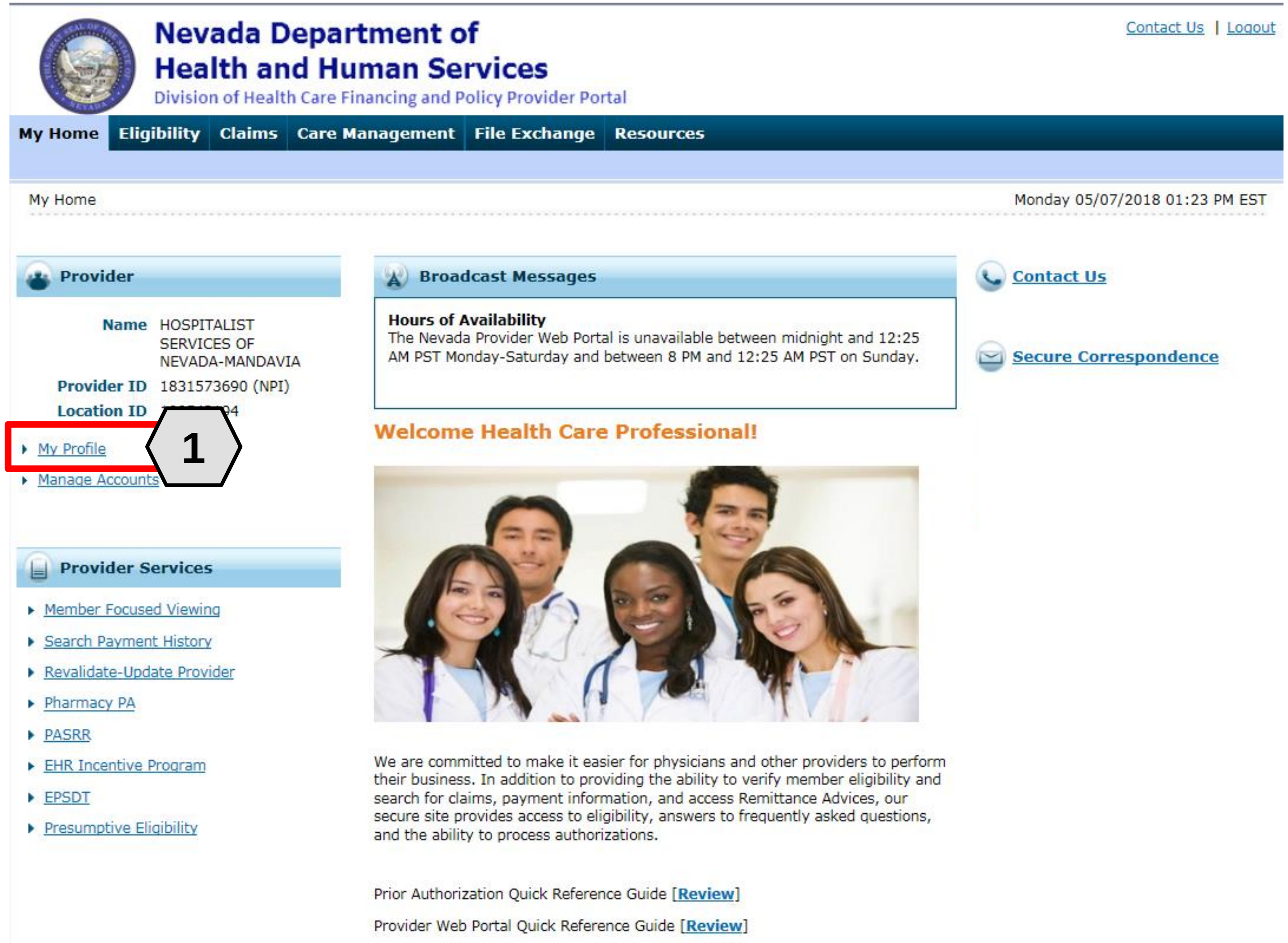


The tabs at the top of the page provide users quick access to helpful pages and information:

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

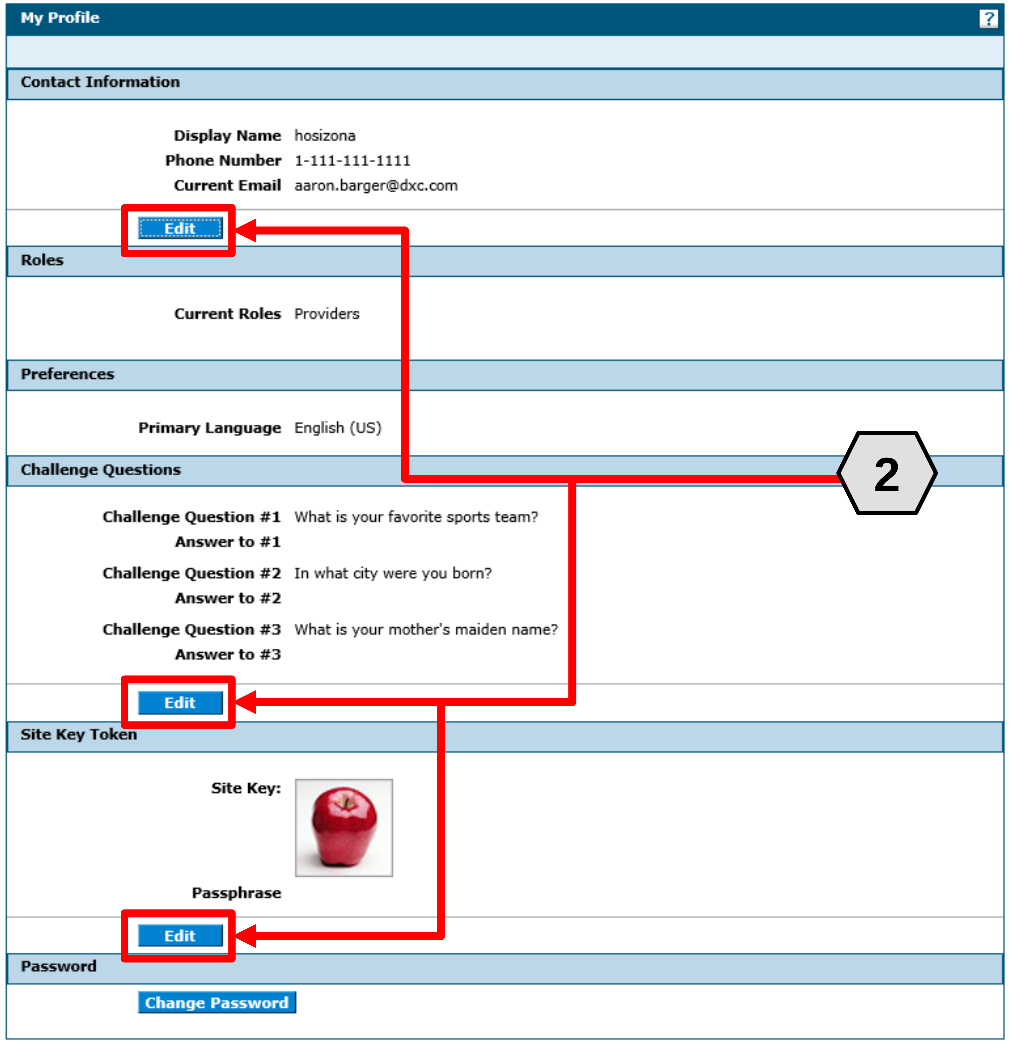
Managing Profile



To manage their profile, the user will:

1. Click the **My Profile** link

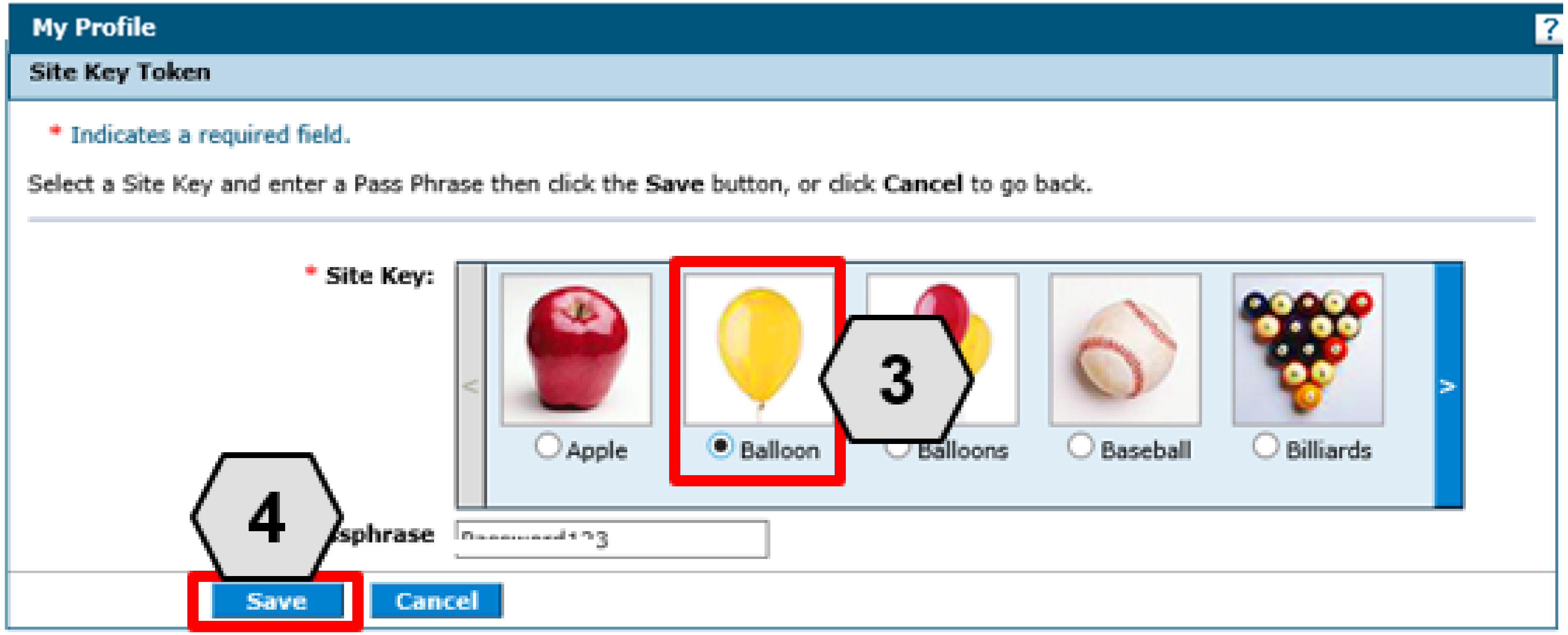
Managing Profile, cont.



To update their profile information, the user will:

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

Managing Profile, cont.

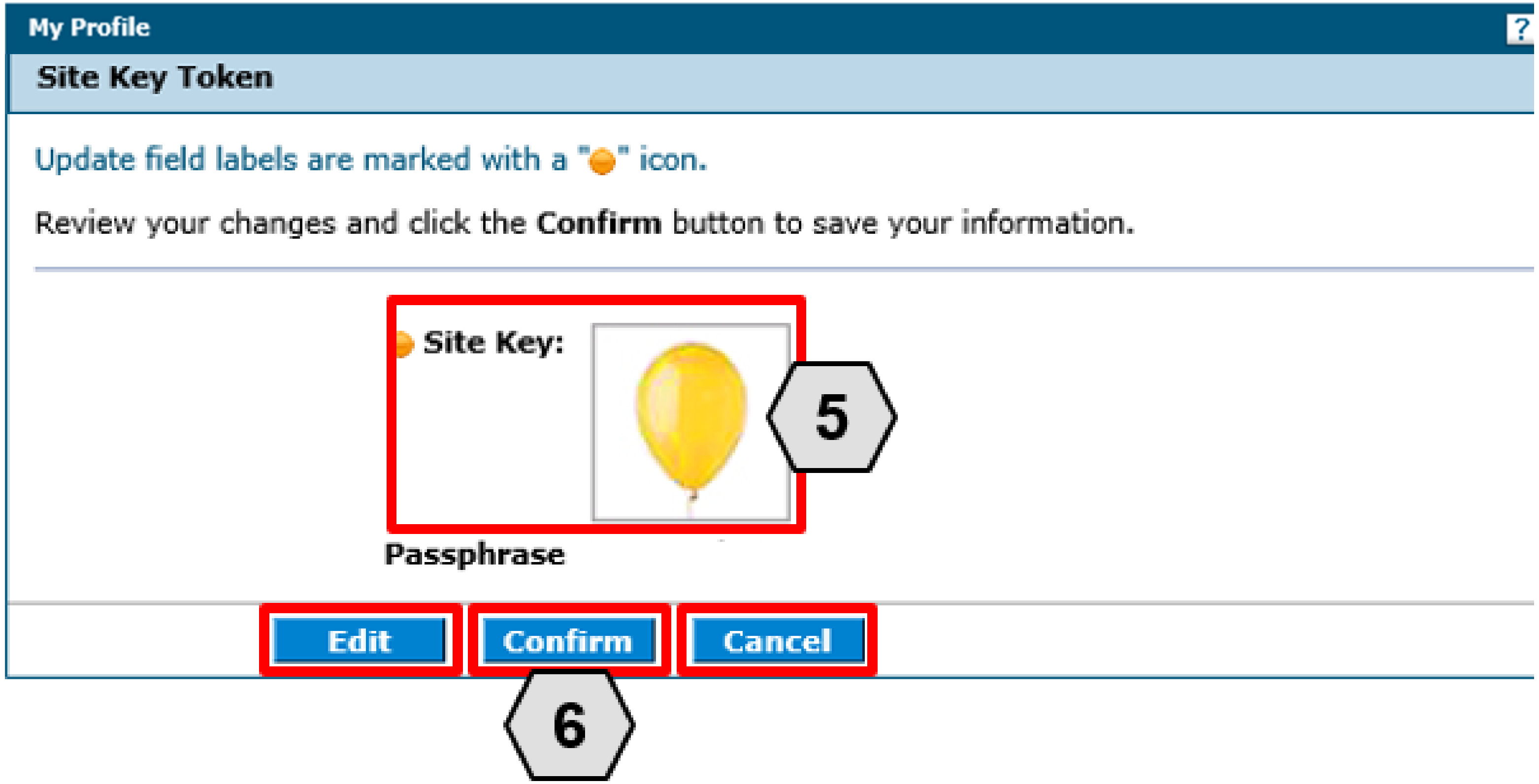


Once the user has chosen the profile information and section to be edited, the field(s) will activate. The user will then:

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.

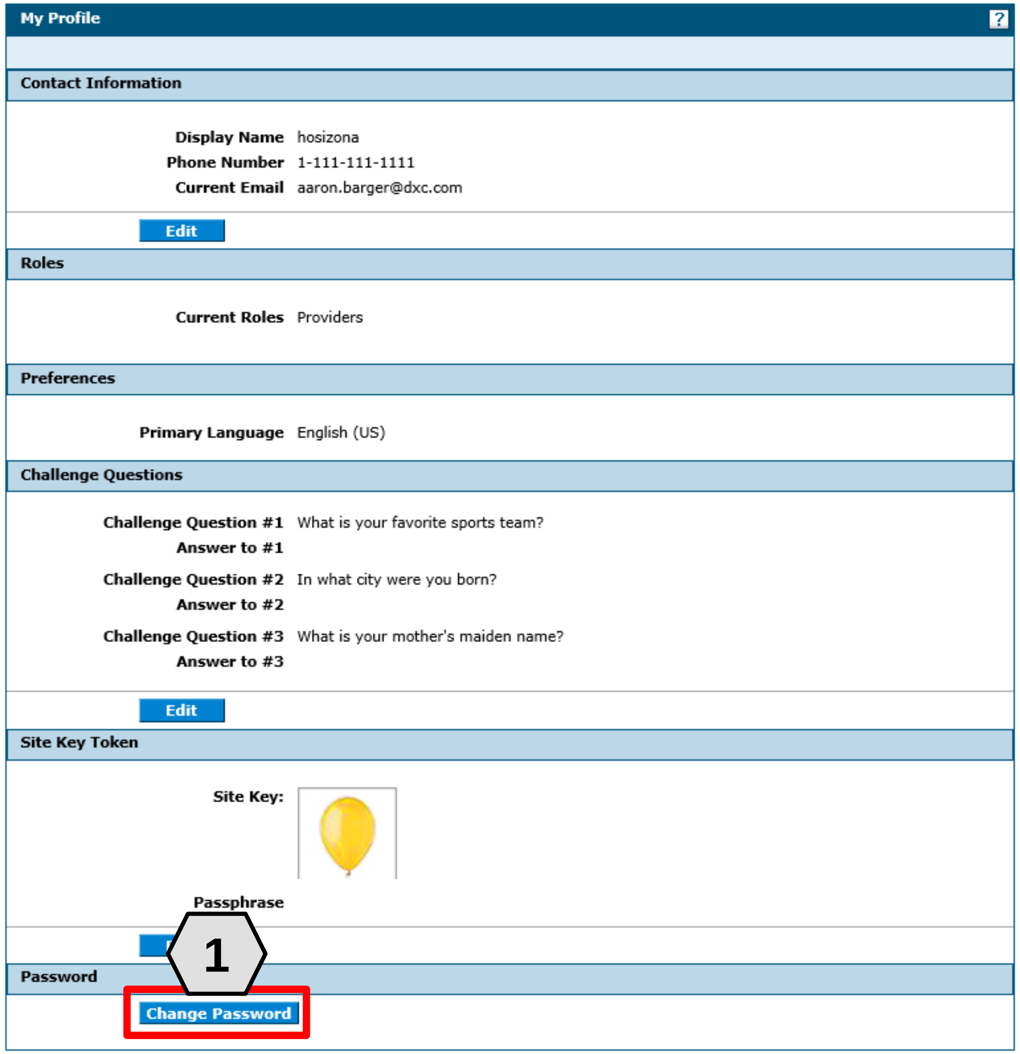


Once the user clicks the **save** button, they will need to confirm their change(s). The user will:

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.



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

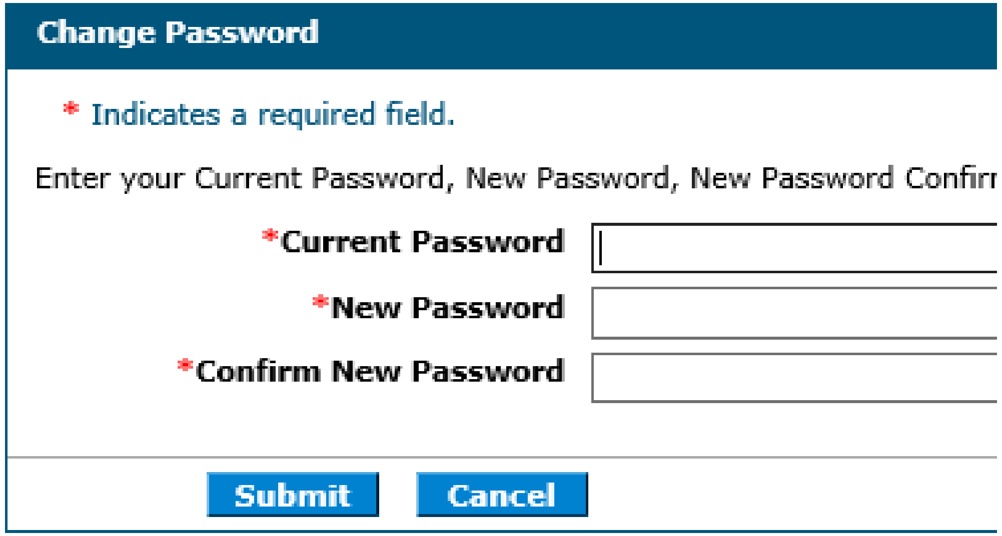
To do this, the user will:

1. Click the **Change Password** button

Managing Profile – Password

Change Password Assistance

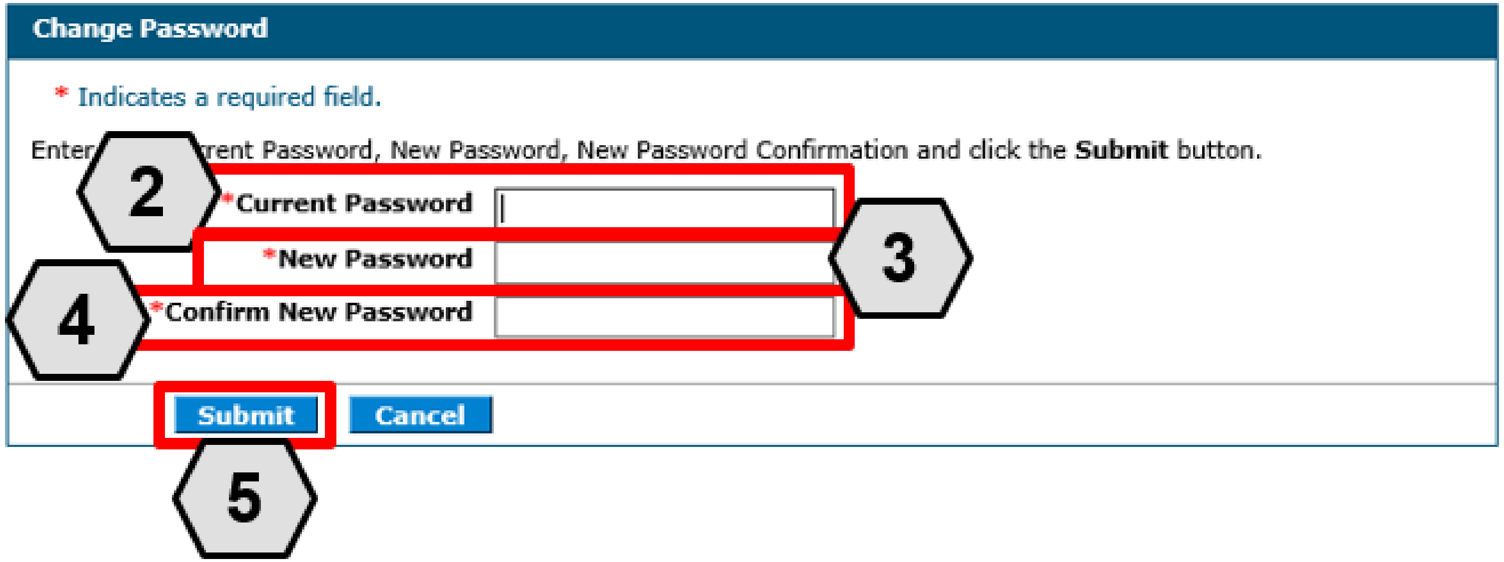
1. The Password cannot be the same as your User ID.
2. The Password must be between 8-20 characters.
3. Passwords must contain at least 1 characters from **three** of the following categories below:
   - Uppercase letters
   - Lowercase letters
   - Numeric digits (0 through 9)
   - Nonalphanumeric characters: ~! @#$%^&*_-+=`|\(){}[]:;"'<>,.?/
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.



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

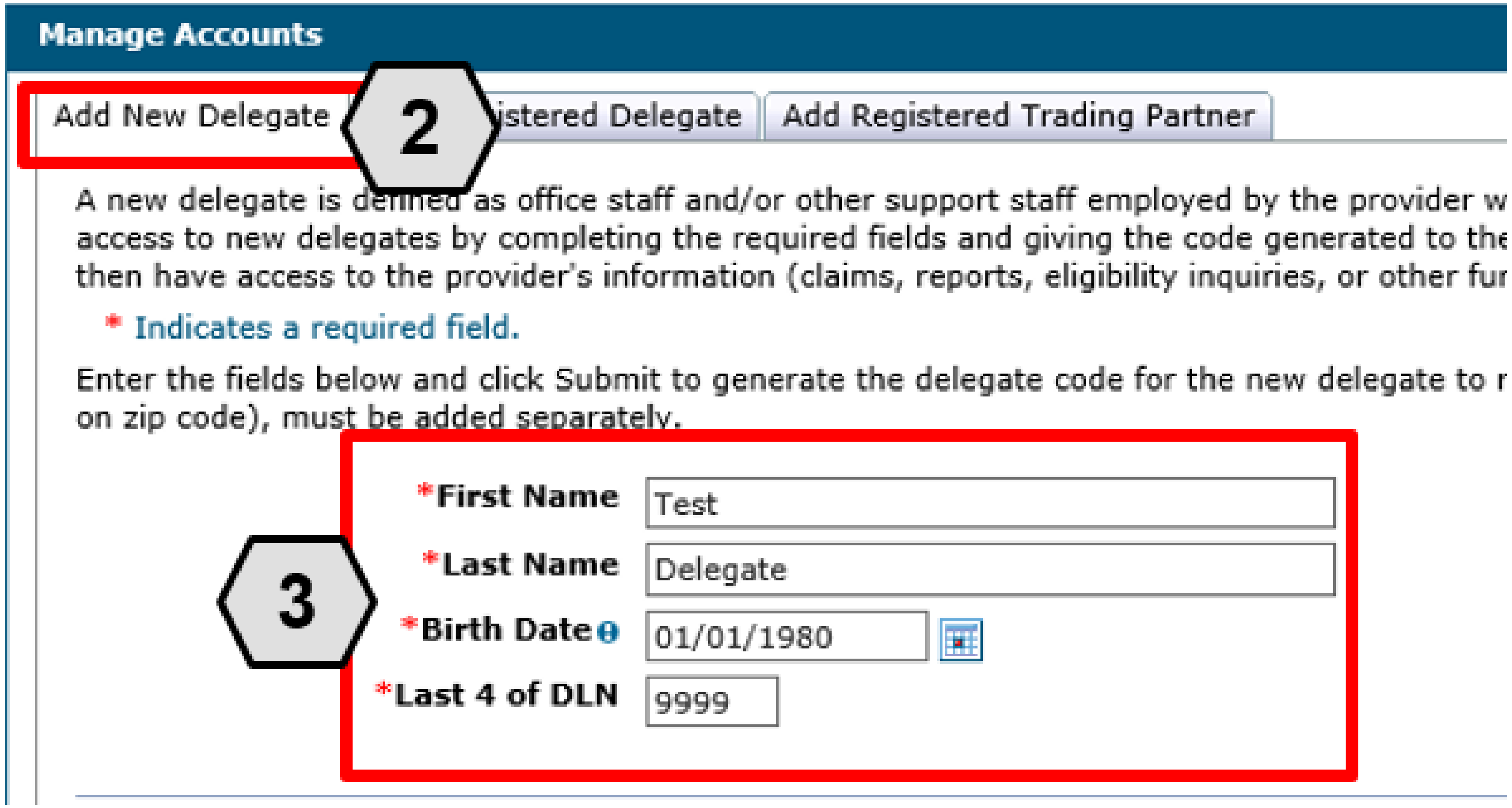
Adding Delegates – New

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.

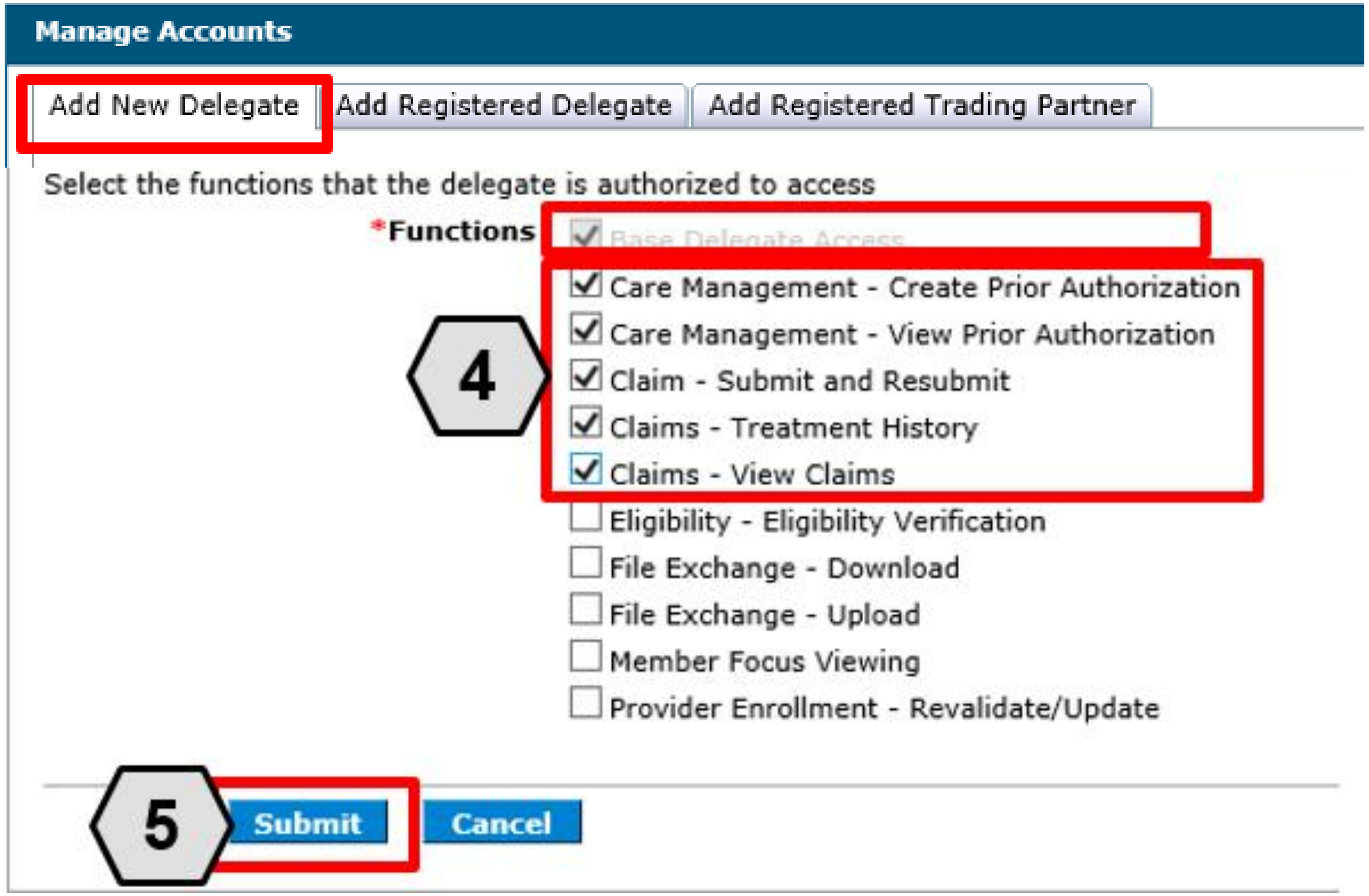


This will take the user to the "Manage Accounts" page.

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.

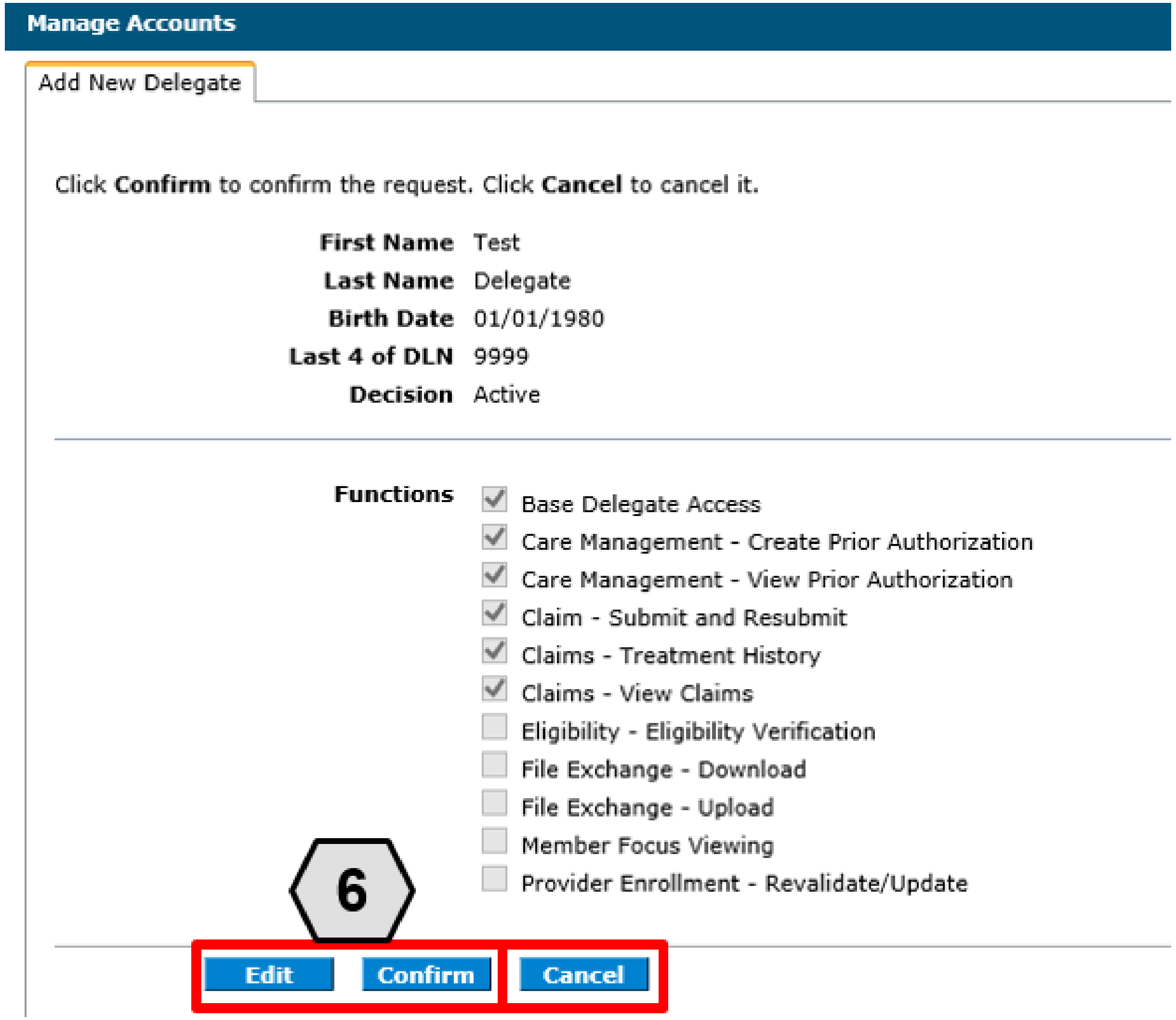


Continuing on the "Manage Accounts" page, the user will:

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.



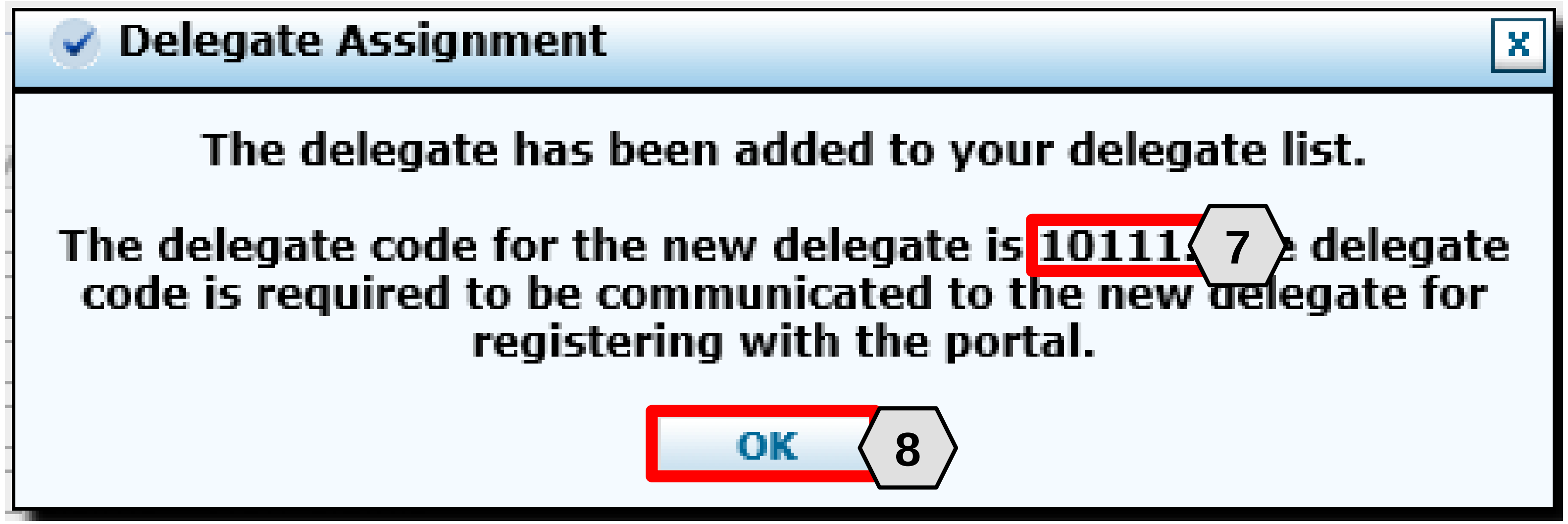
Once the user has clicked the **Submit** button, they will be asked to review and confirm the details.

Once the user has reviewed the information, they will:

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

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

Adding Delegates – New, cont.



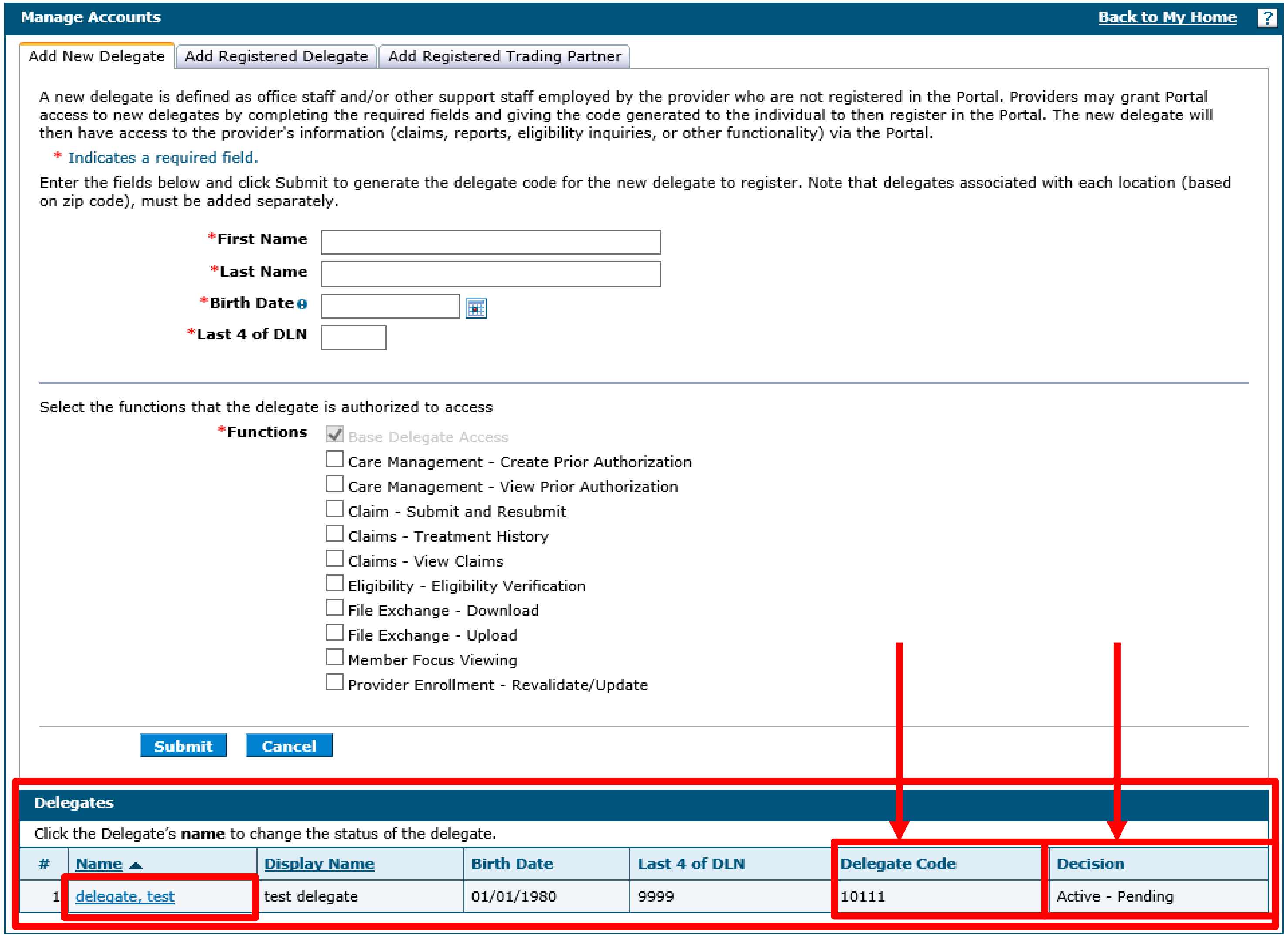
Once the user clicks the **Confirm** button, the delegate will be added to the system, and a pop-up box will appear.

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

From here, the user will need to:

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

Adding Delegates – New, cont.



Manage Accounts Back to My Home ?

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

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

* Indicates a required field.

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

*First Name

*Last Name

*Birth Date

*Last 4 of DLN

Select the functions that the delegate is authorized to access

*Functions

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

Submit Cancel

Delegates

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

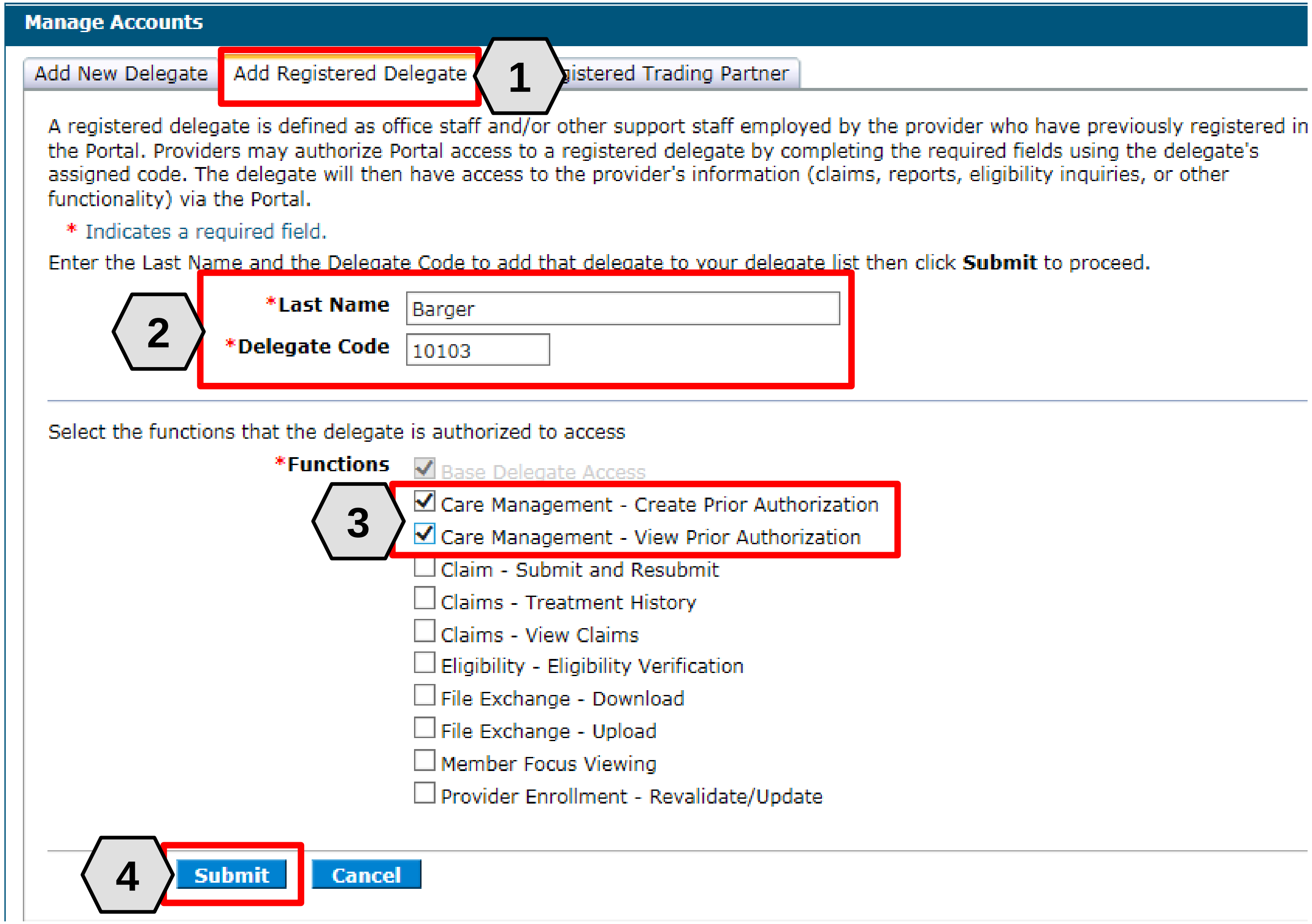
#	Name	Display Name	Birth Date	Last 4 of DLN	Delegate Code	Decision
1	delegate, test	test delegate	01/01/1980	9999	10111	Active - Pending

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

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

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

Adding Delegates – Registered

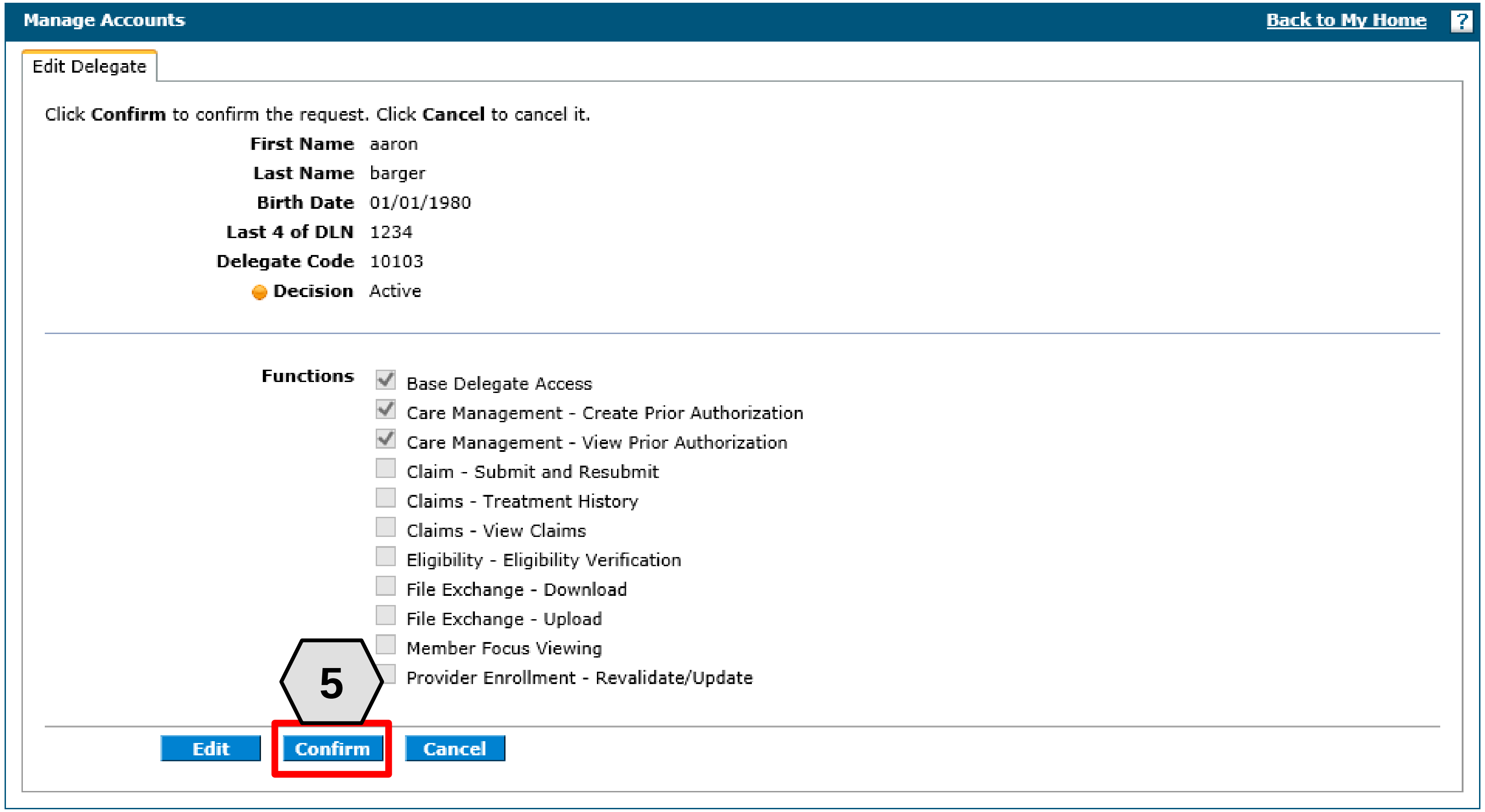


A registered delegate is an individual or entity that already has a delegate code and has registered for a PWP account as a delegate.

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

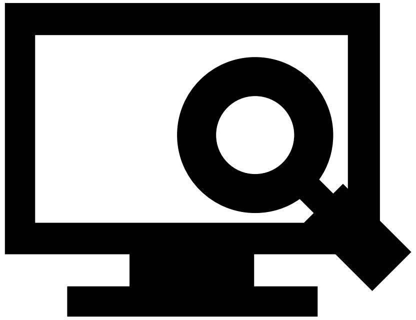
Adding Delegates – Registered, cont.



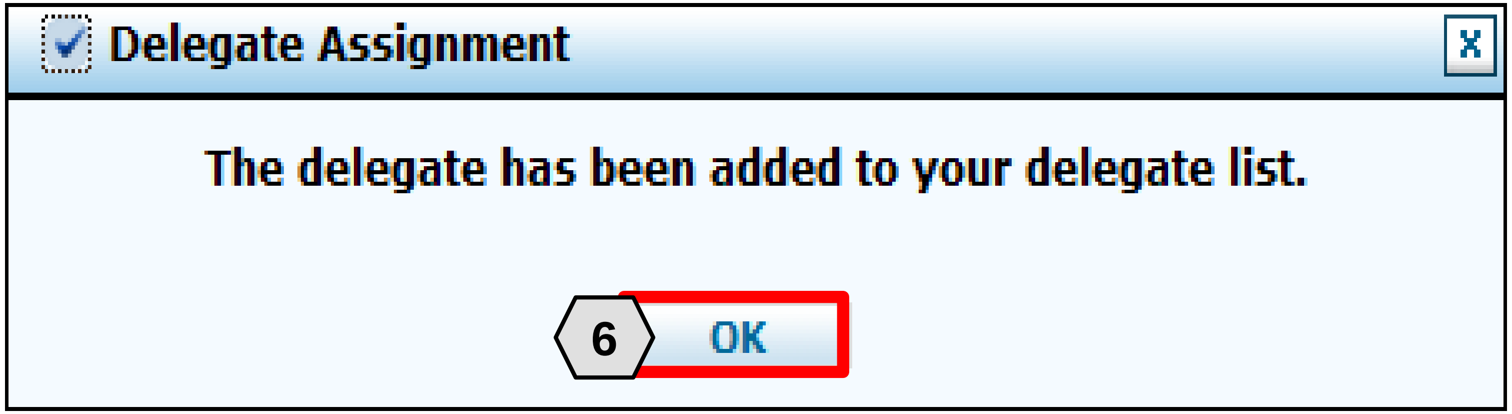
Once the user clicks the **Submit** button, the user will need to confirm the request.

The user will:

5. Click the **Confirm** button



Adding Delegates – Registered, cont.

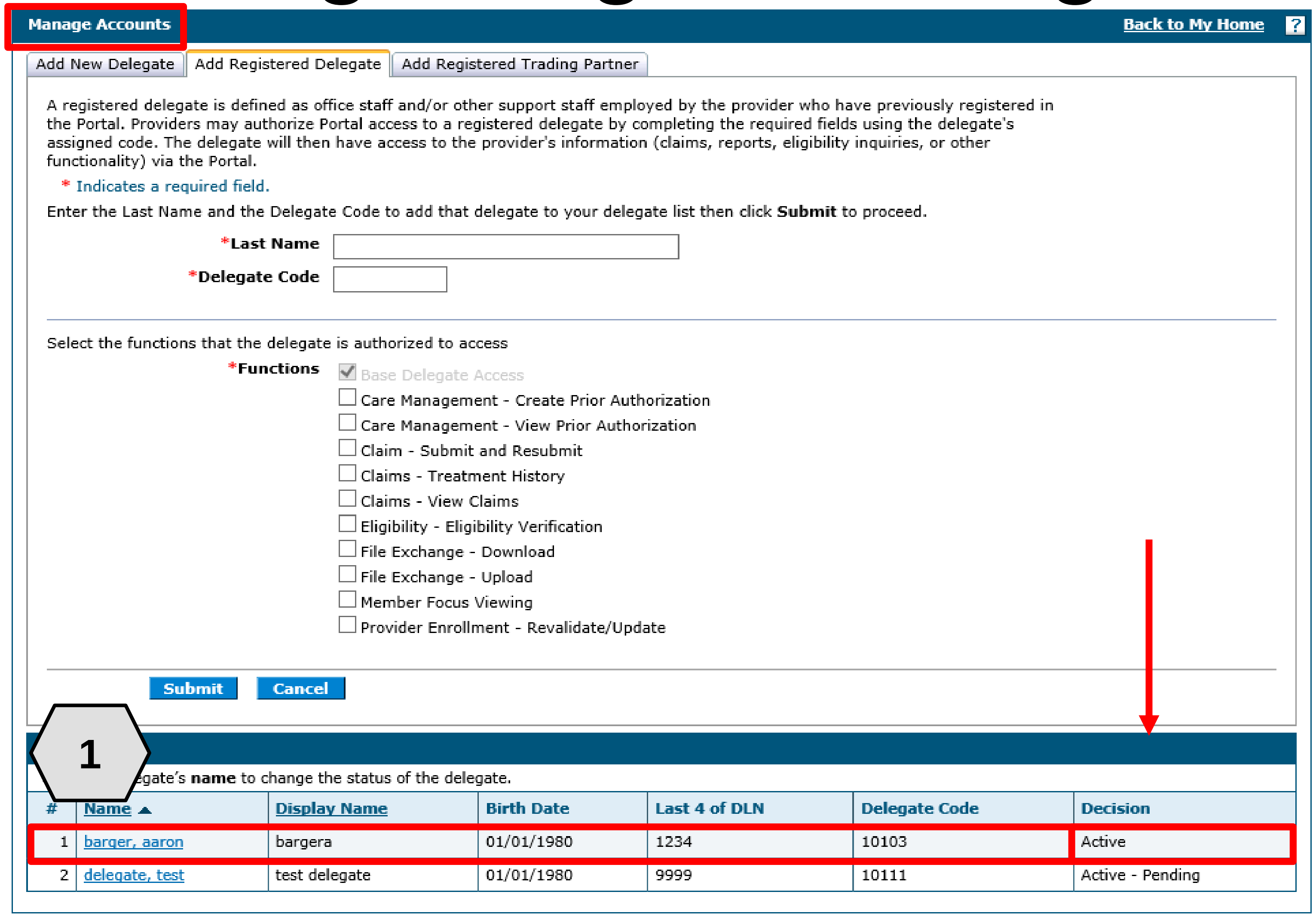


Once the user has clicked the **Confirm** button, a pop-up box will appear confirming that the delegate has been registered to the provider's account.

From there, the user will:

6. Click the **OK** button

Adding Delegates – Registered, cont.



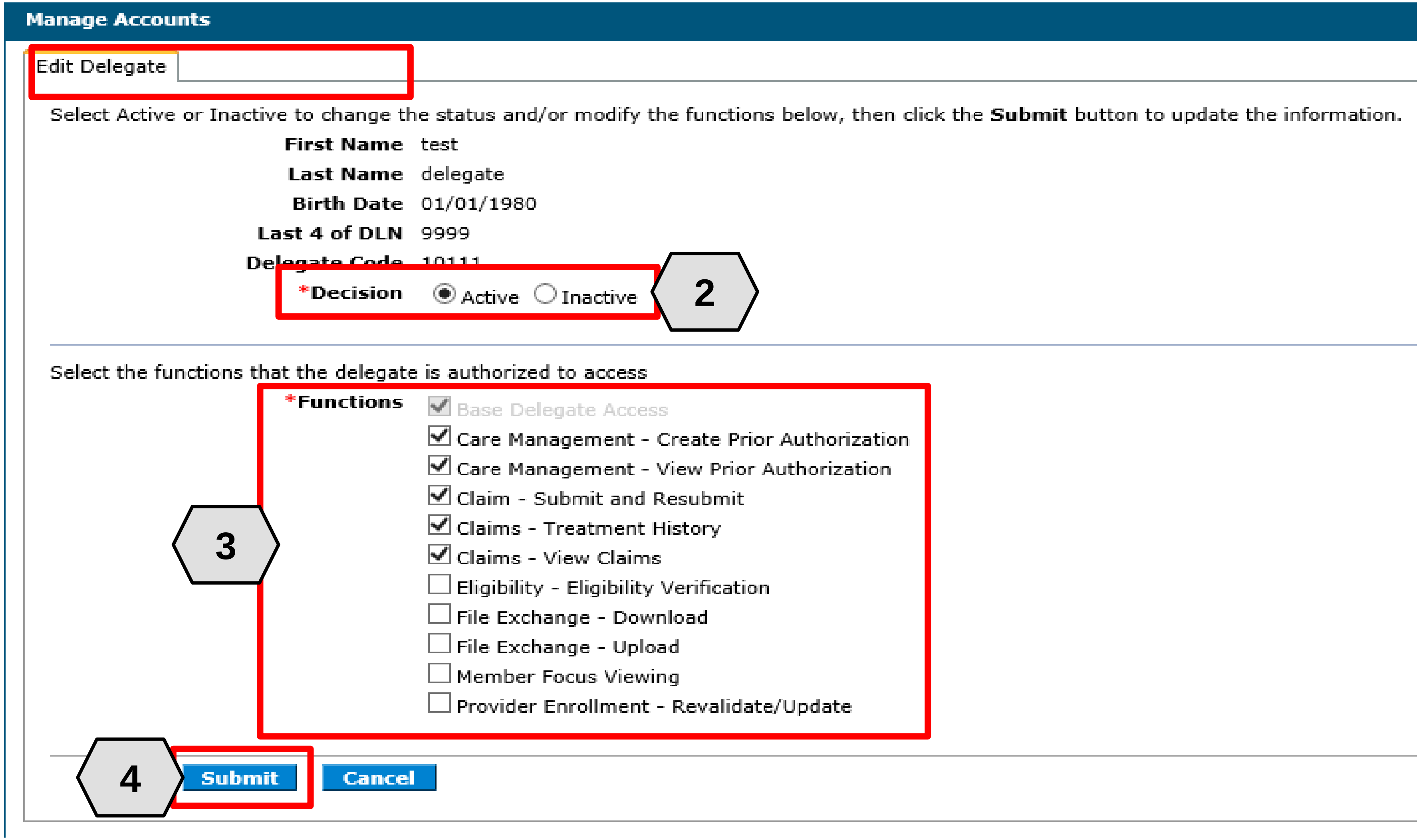
Once a delegate has been registered to a provider's account, the information will display at the bottom of the "Manage Accounts" page.

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

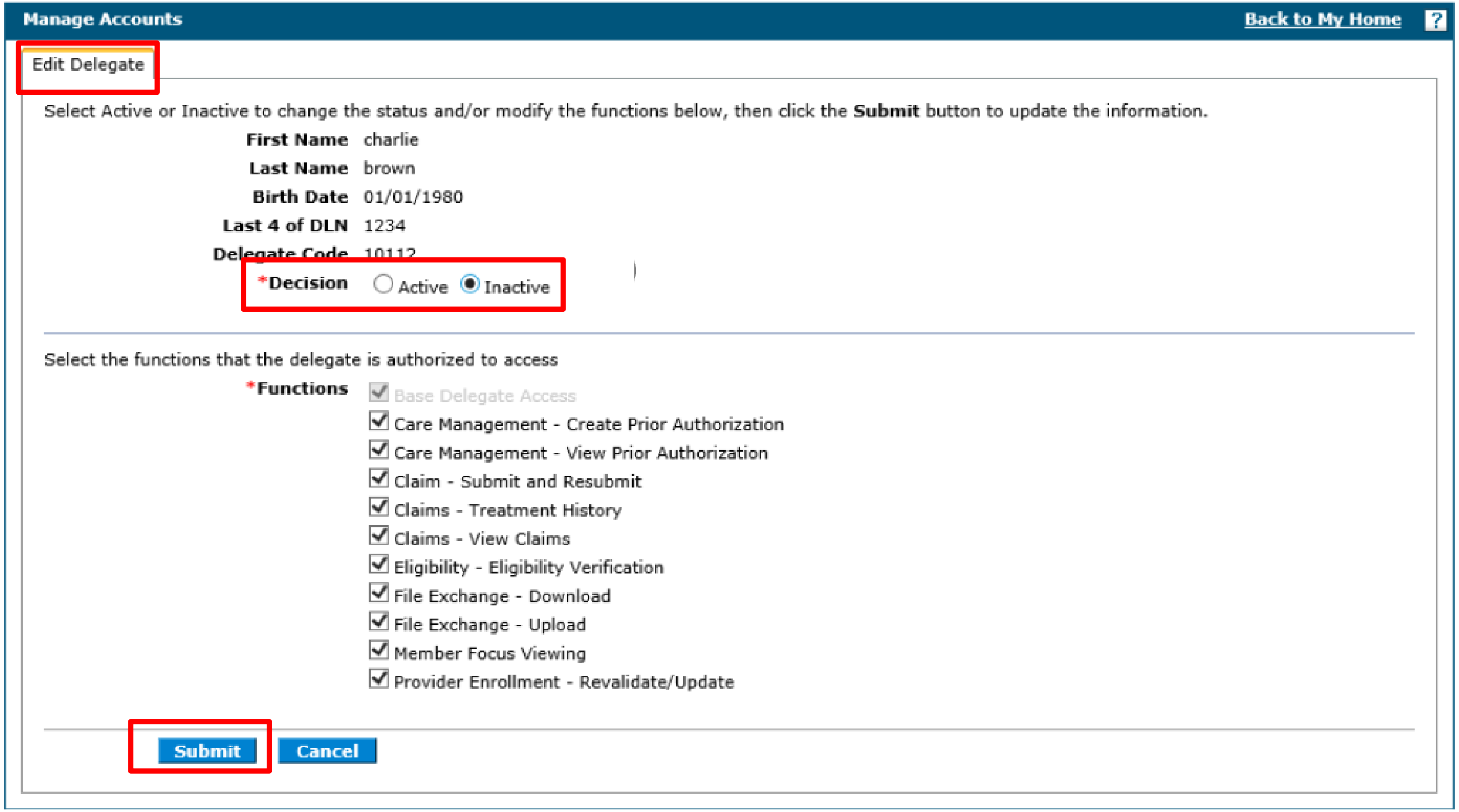


Once the user selects the delegate's name whose account they wish to edit, an **Edit Delegate** panel will appear.

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

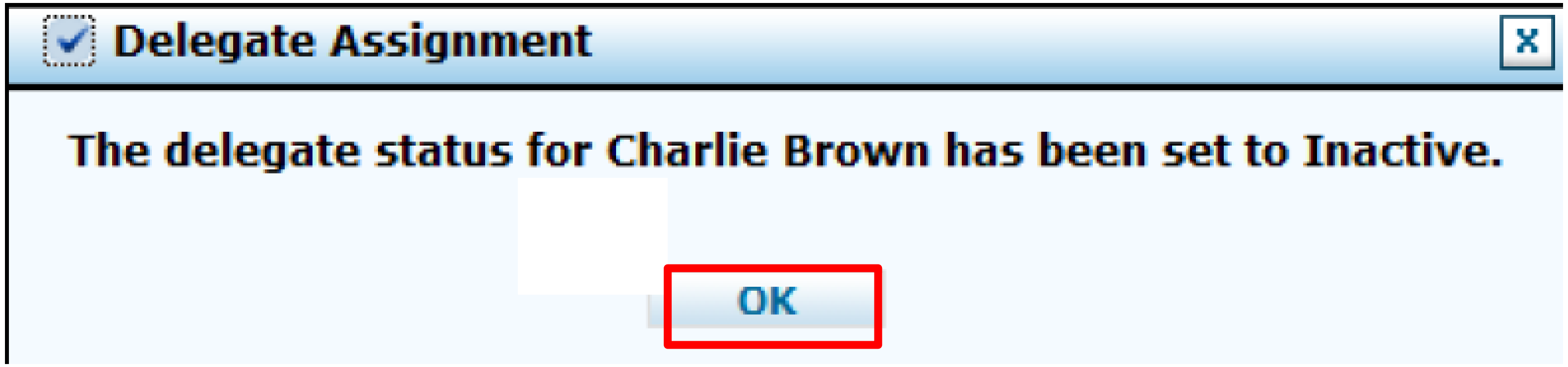
Removing Delegates – Updating, cont.



To remove a delegate, the user will:

- Select "Inactive" next to **Decision**
- Click **Submit.**

Removing Delegates – Registered, cont.

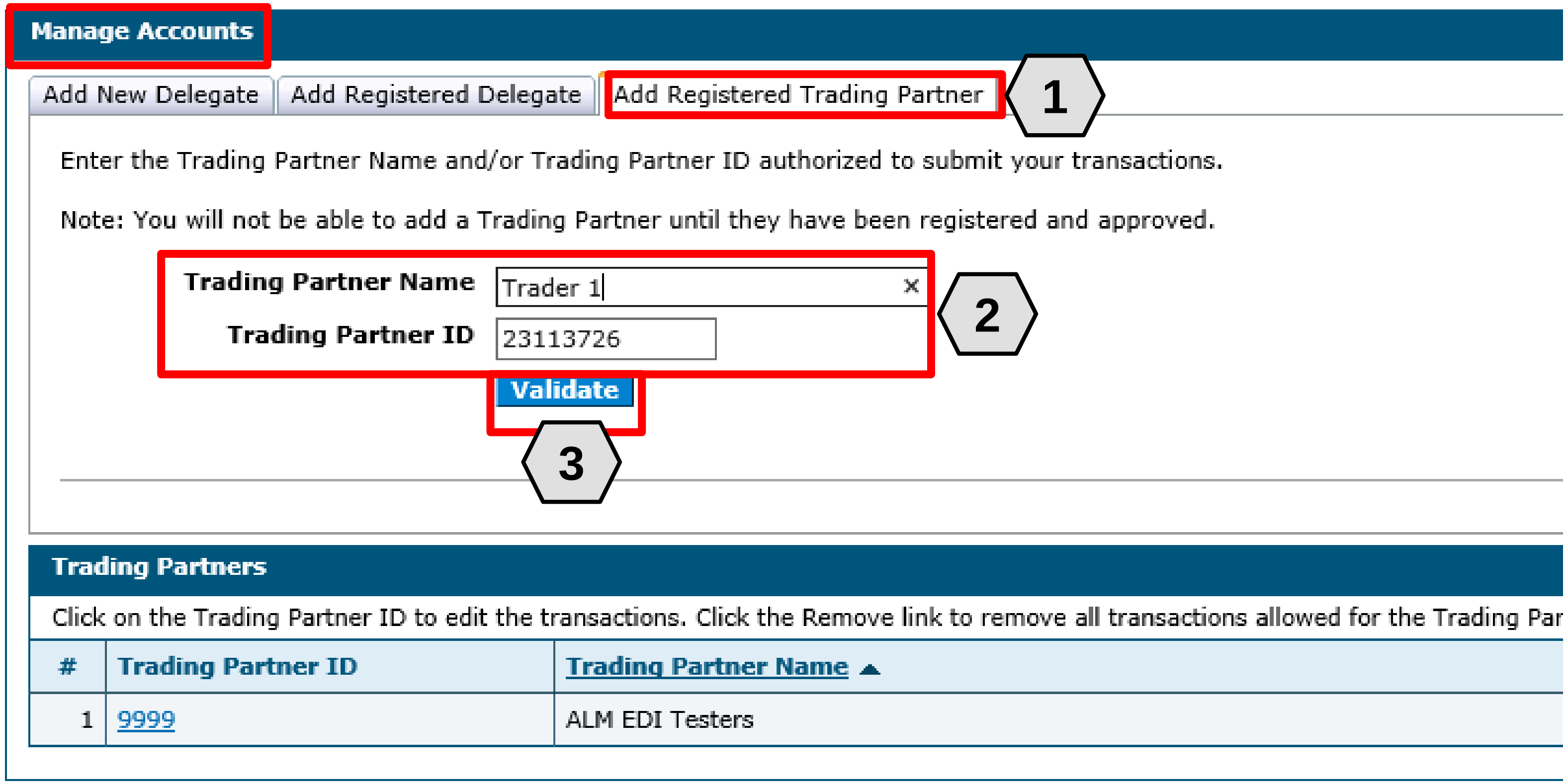


Once the user has clicked **Submit**, a pop-up box will appear confirming that the delegate's status has been set to "Inactive".

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

Adding Trading Partners (TPs)

Adding Trading Partners



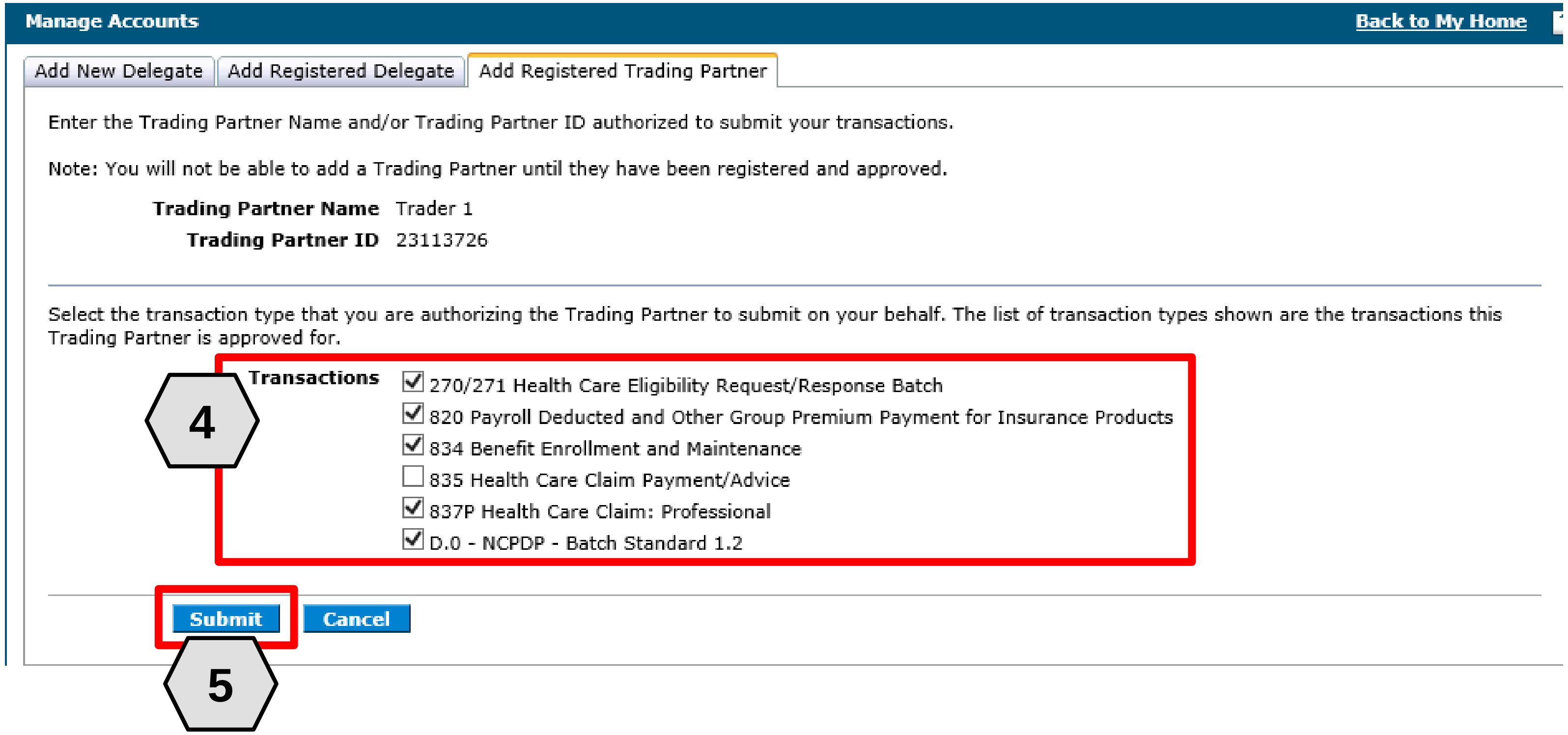
A TP is an individual or entity that is authorized to submit and download documentation on behalf of a Nevada Medicaid Provider.

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.

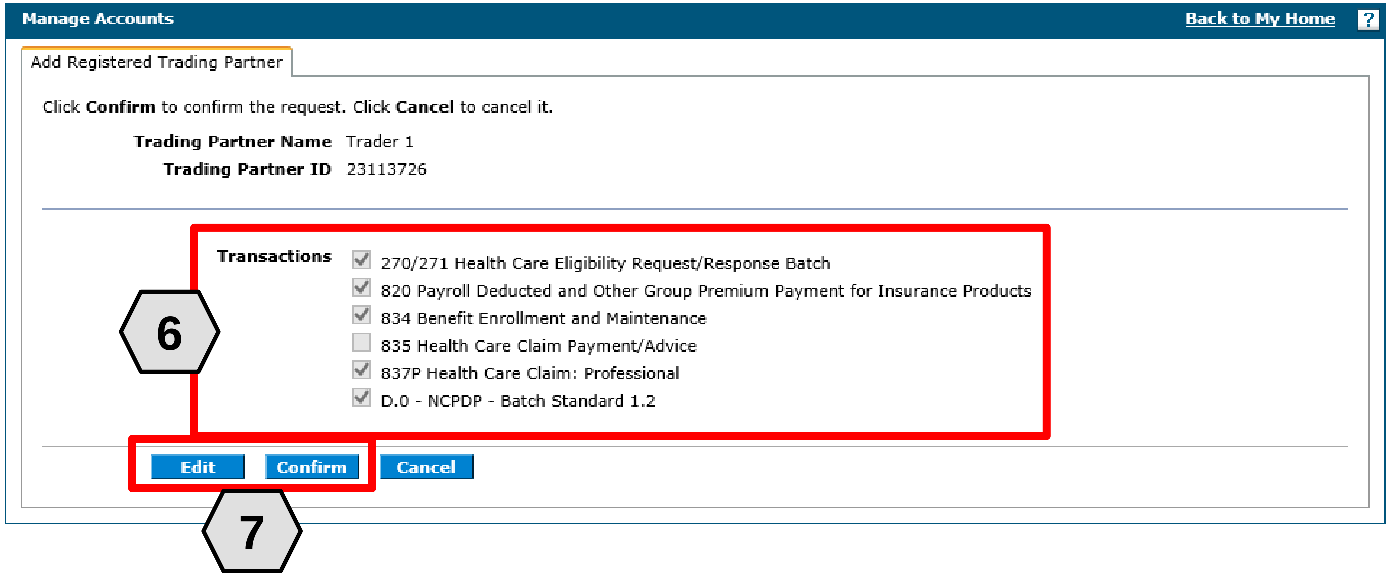


Once the user clicks on the **Validate** button, they will need to select the transactions that the TP will be able to submit on the provider's behalf.

To do this, the user will:

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

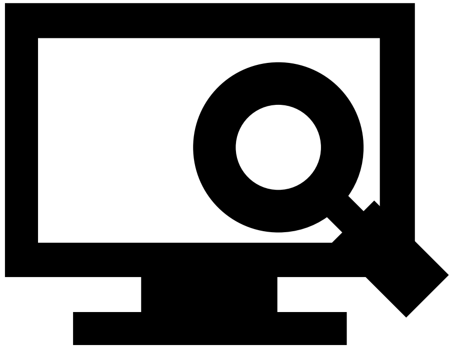
Adding Trading Partners, cont.



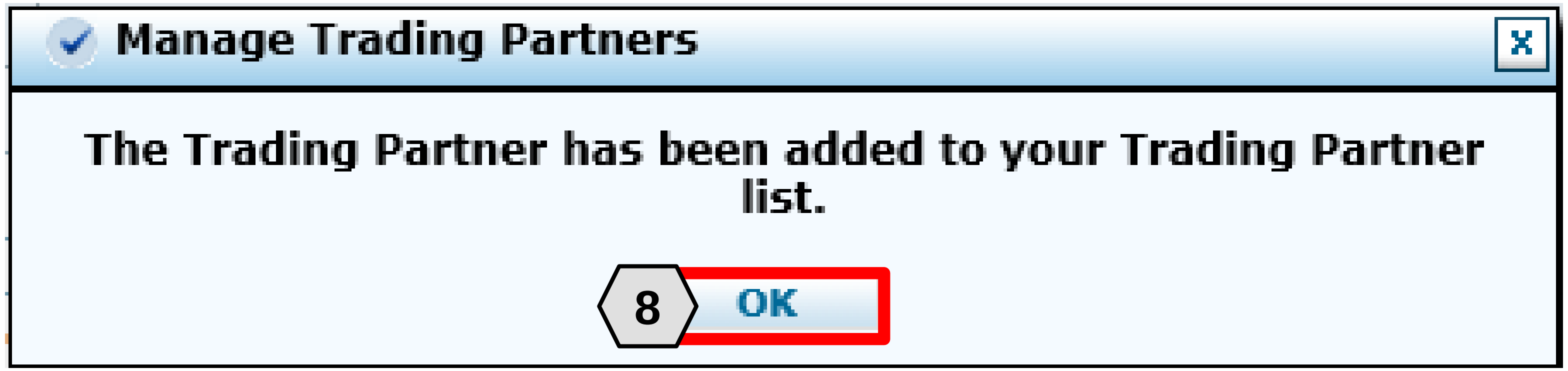
Next, the user will be prompted to confirm the information.

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.

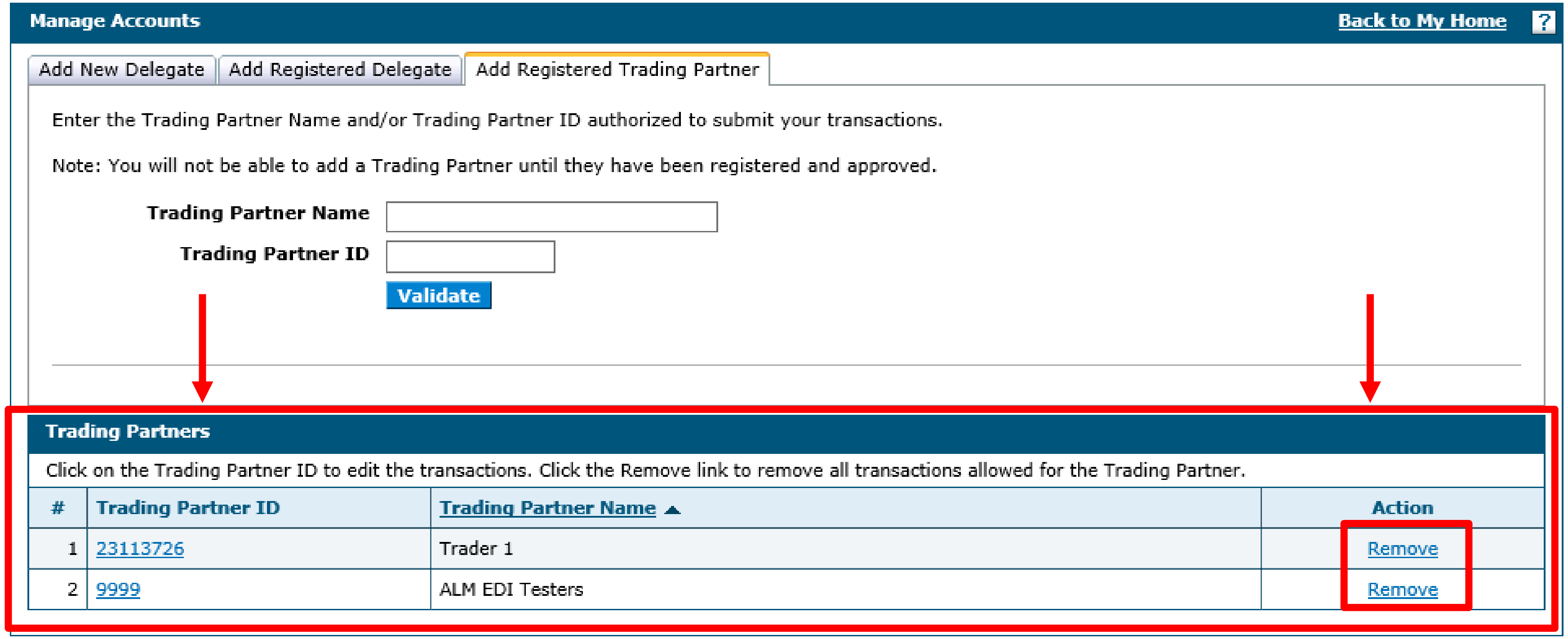


Once the user clicks the **Confirm** button, the TP will be added and a pop-up box will appear as confirmation.

From here, the user will need to:

8. Click **OK**

Adding Trading Partners, cont.

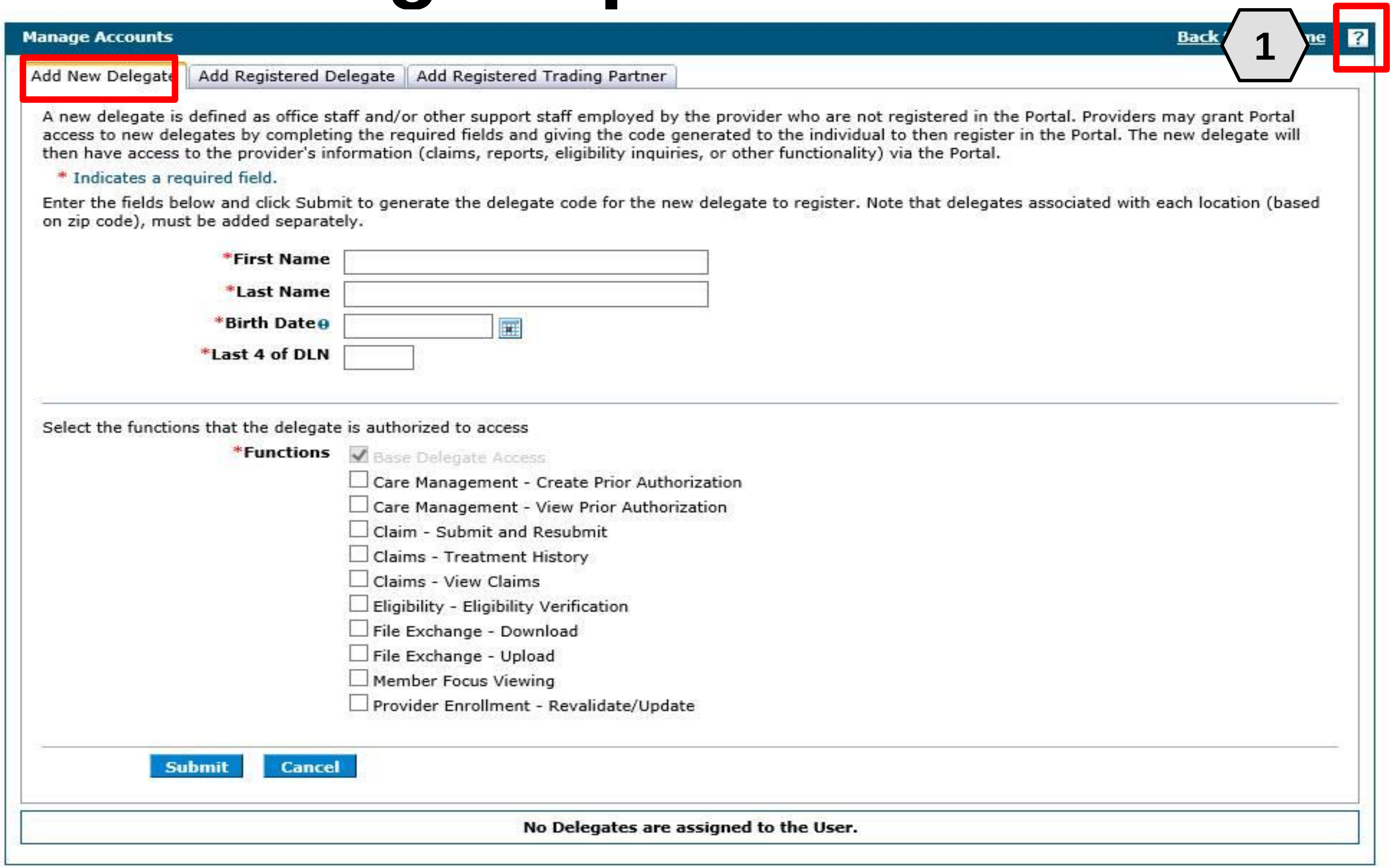


Once added, the TP will appear in a list at the bottom of the **Add Registered Trading Partner** panel. Similar to updating delegates, users may update TP details and permissions by clicking the corresponding link located in the **Trading Partner ID** column.

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.

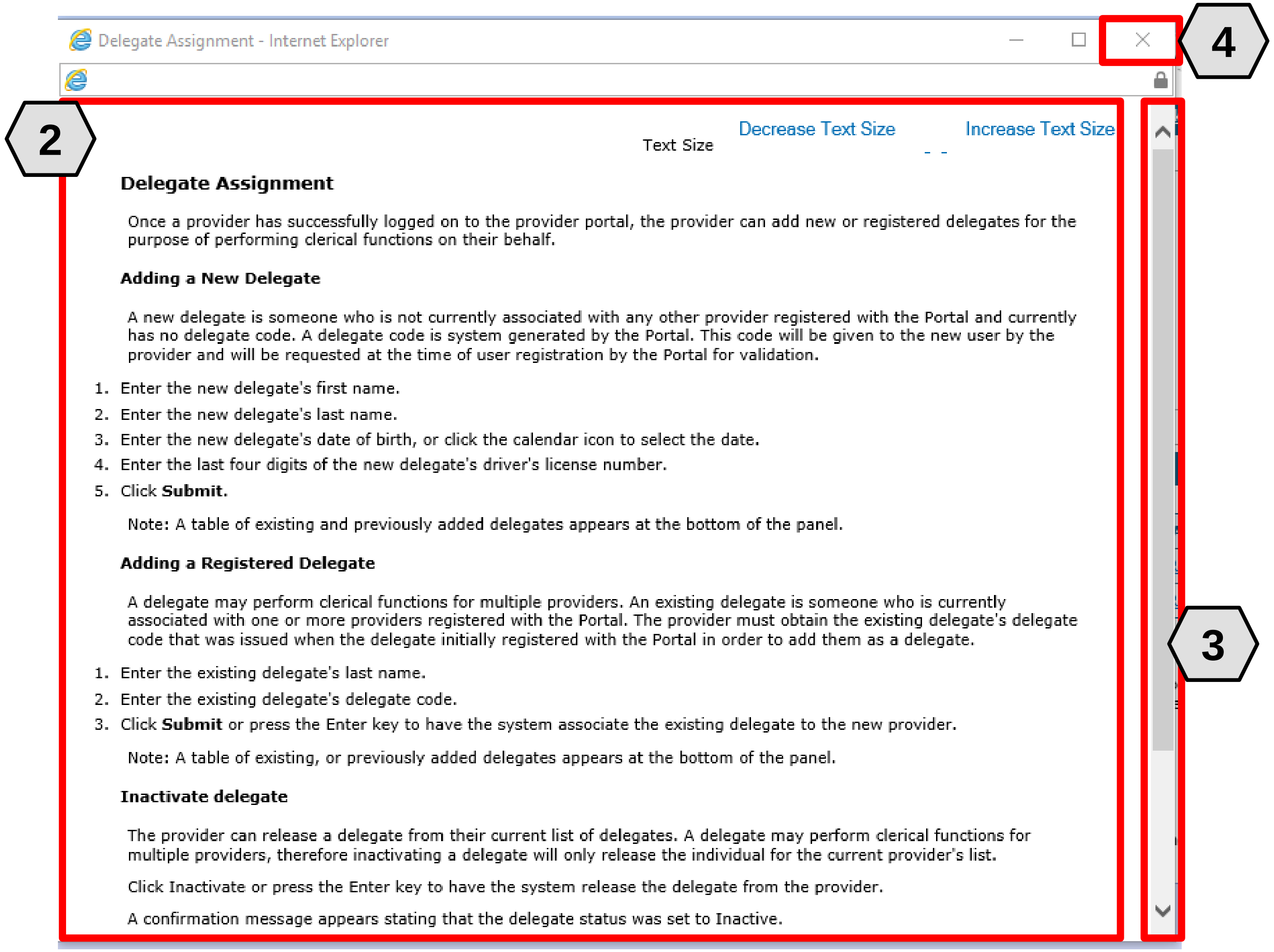
First, on many pages and panels throughout the PWP, the user will find a question mark icon ?.

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.

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.**

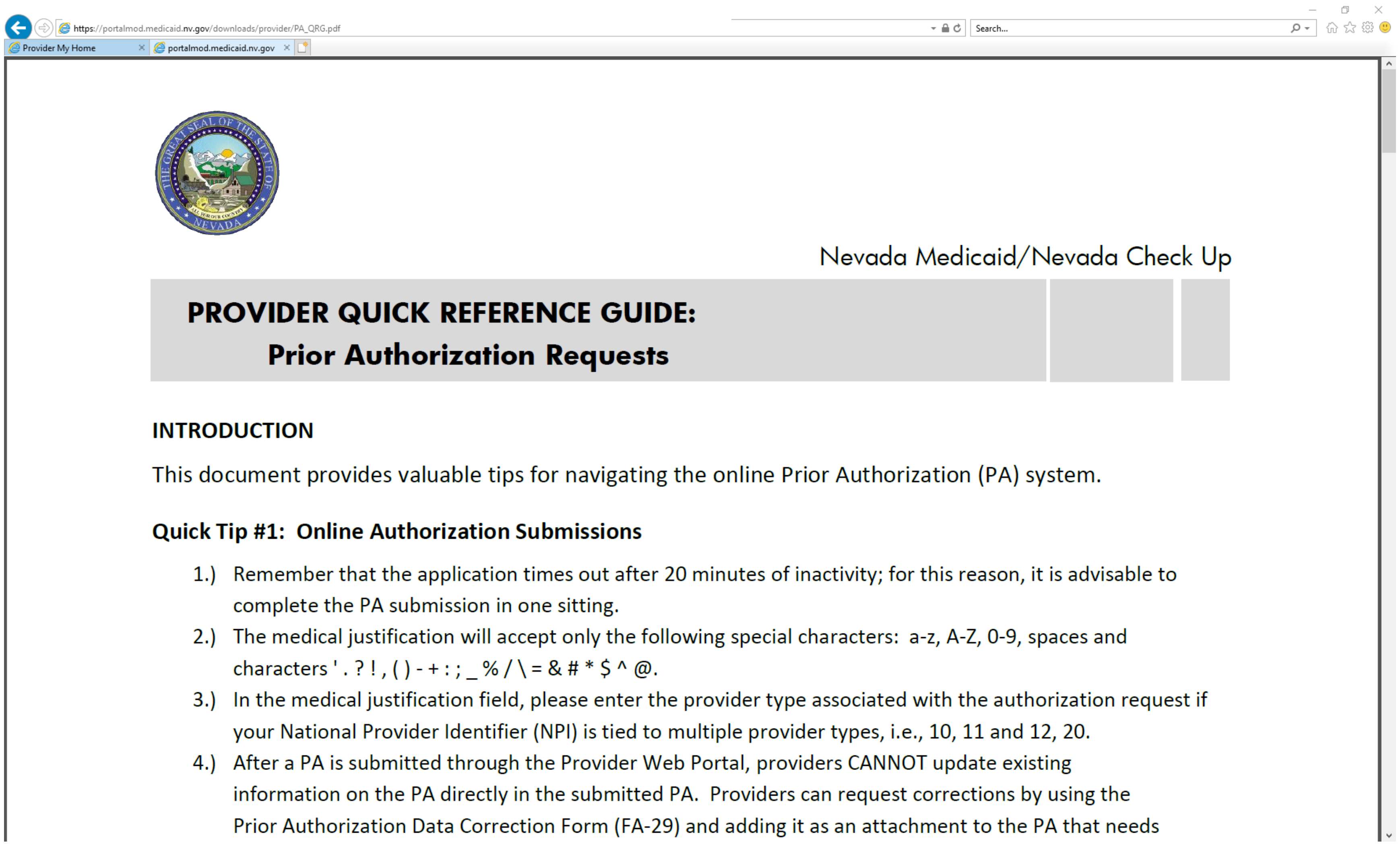
Accessing Help – Guides

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.



Nevada Medicaid/Nevada Check Up

PROVIDER QUICK REFERENCE GUIDE:
Prior Authorization Requests

INTRODUCTION

This document provides valuable tips for navigating the online Prior Authorization (PA) system.

Quick Tip #1: Online Authorization Submissions

1.) Remember that the application times out after 20 minutes of inactivity; for this reason, it is advisable to complete the PA submission in one sitting.
2.) The medical justification will accept only the following special characters: a-z, A-Z, 0-9, spaces and characters ' . ? ! , ( ) - + : ; _ % / \ = & # * $ ^ @.
3.) In the medical justification field, please enter the provider type associated with the authorization request if your National Provider Identifier (NPI) is tied to multiple provider types, i.e., 10, 11 and 12, 20.
4.) After a PA is submitted through the Provider Web Portal, providers CANNOT update existing information on the PA directly in the submitted PA. Providers can request corrections by using the Prior Authorization Data Correction Form (FA-29) and adding it as an attachment to the PA that needs

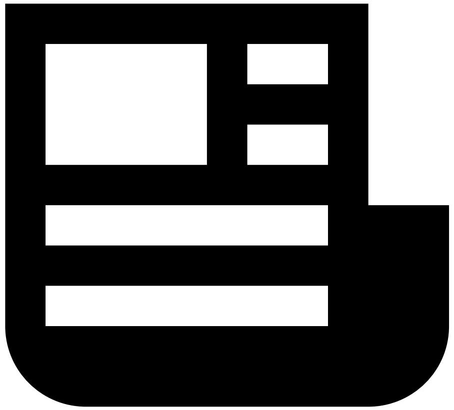
Once the user clicks to open the desired guide, it will appear in a new browser window.

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

Accessing Help – Resources

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.

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.

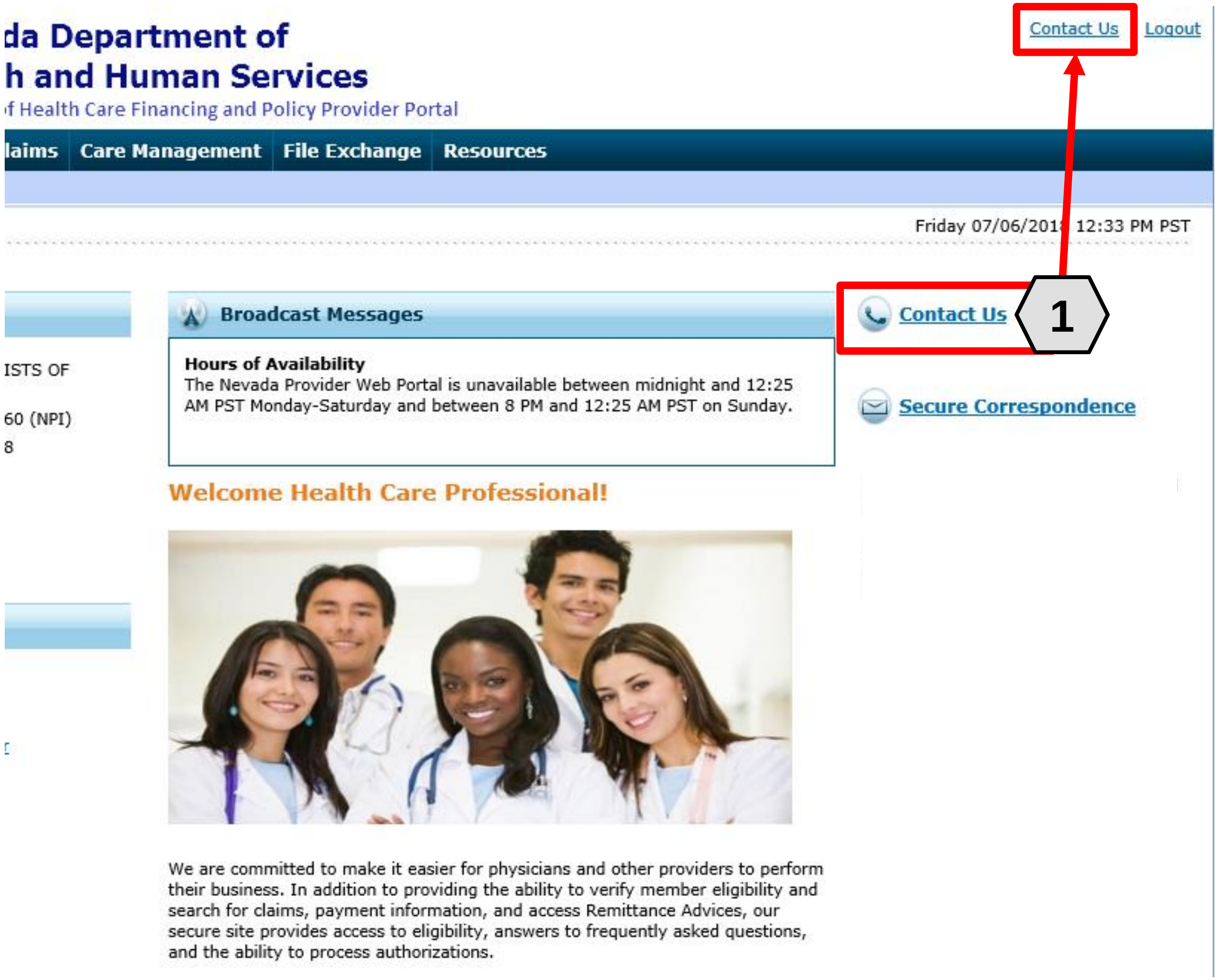

Prior Authorization Online

Provider Web Portal Training

2017

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

Accessing Help – Help Desk

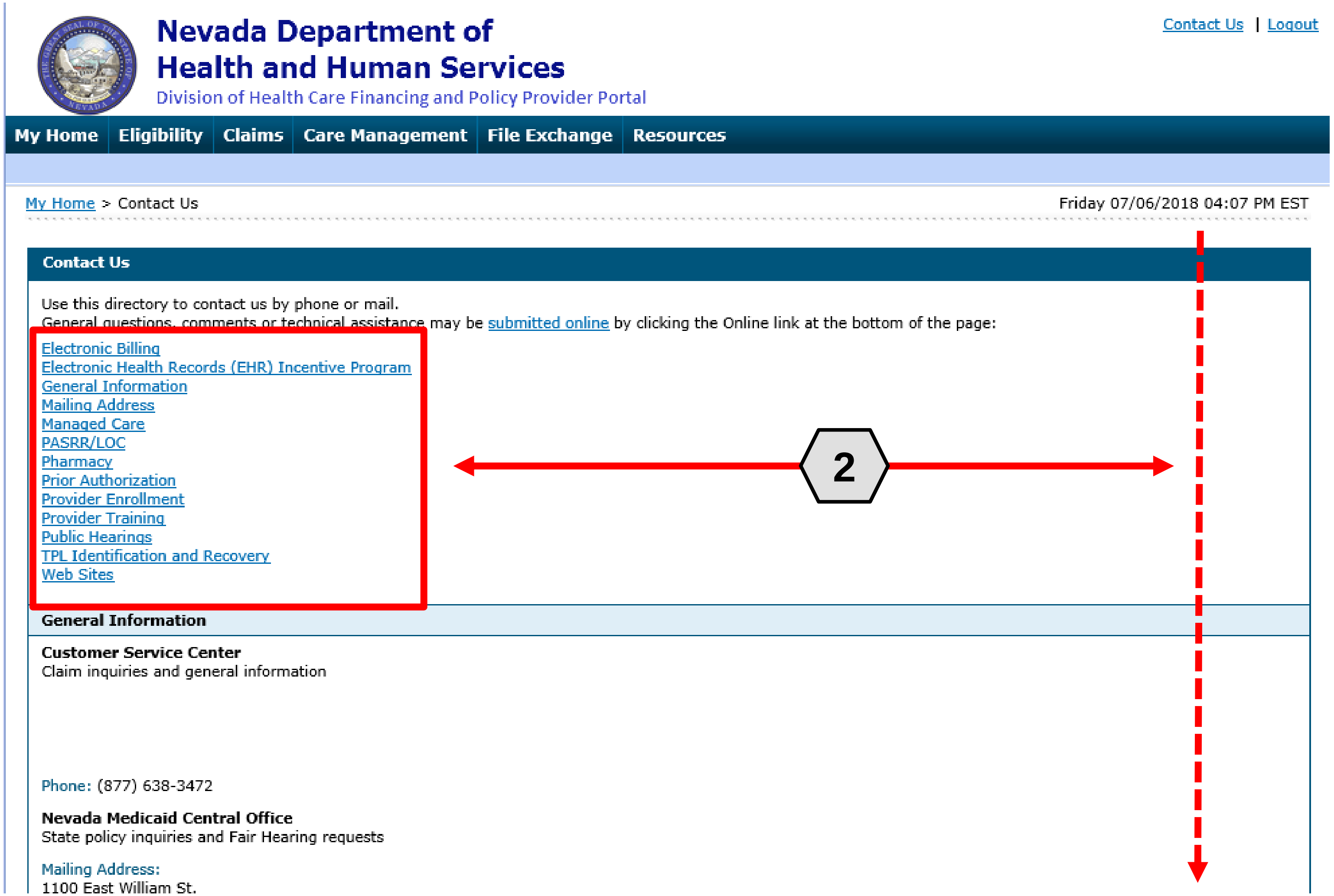


If the user is unable to locate the information or resources, they need from the documentation in the PWP, the user may contact the help desk. From the “Home” page, the user will:

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

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

Accessing Help – Help Desk, cont.

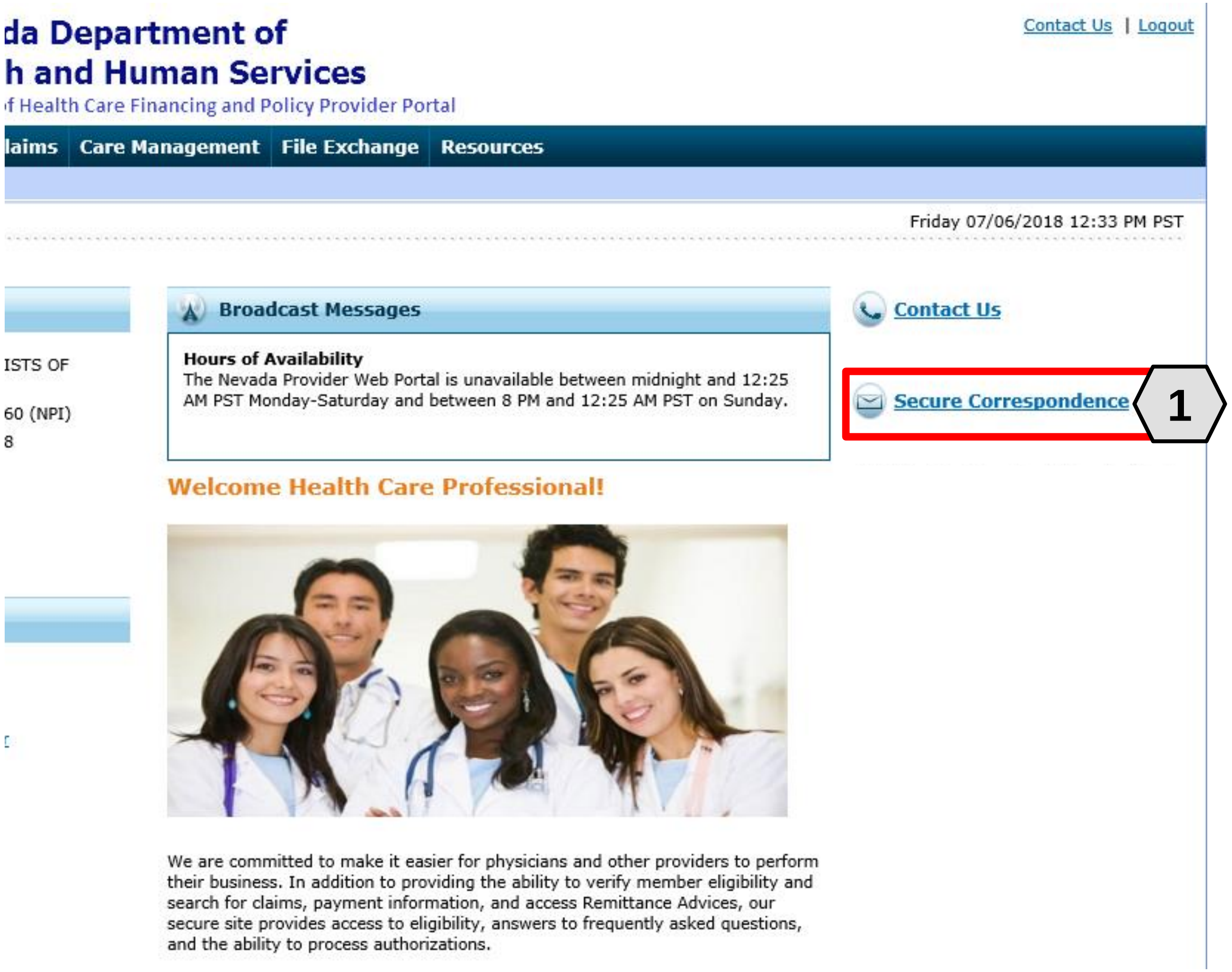


Once the user clicks the **Contact Us** link, the “Contact Us” page will appear.

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

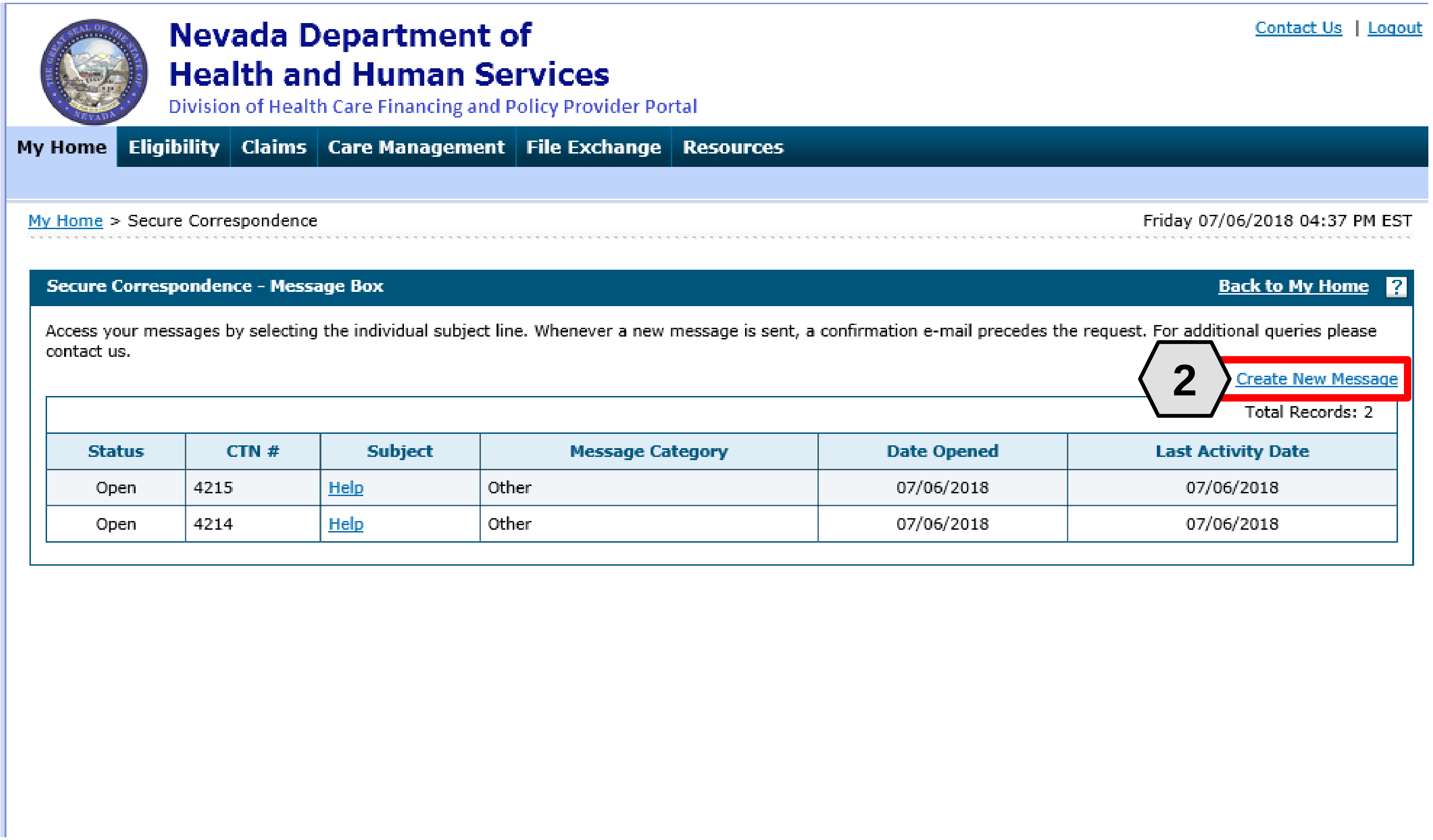


The user may also communicate with the provider help desk via Secure Correspondence. This feature will allow the user to send a message securely without calling.

To access this feature, the user will:

1. Click the **Secure Correspondence** link on the "Home" page

Accessing Help – Secure Correspondence, cont.



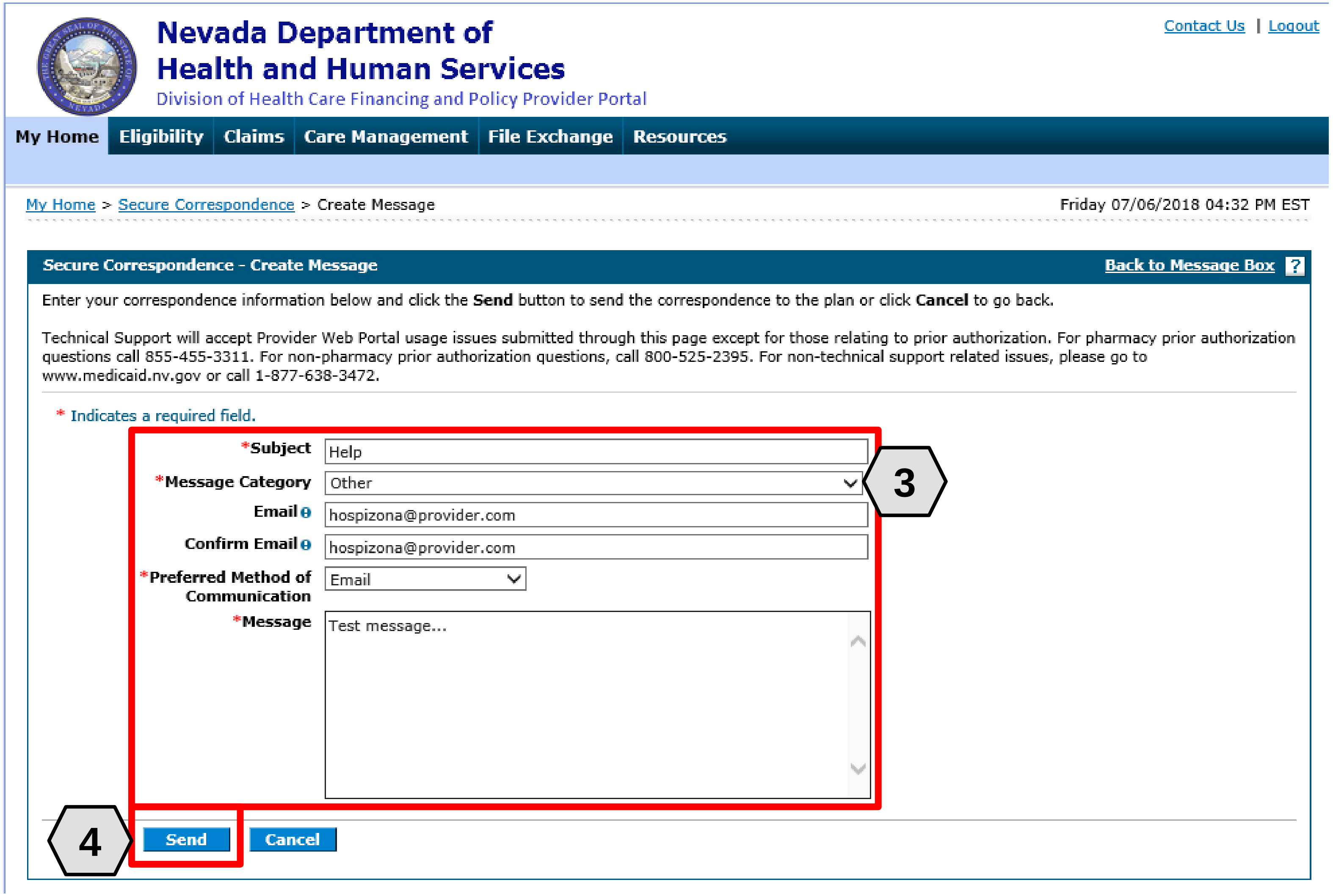
Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4215	Help	Other	07/06/2018	07/06/2018
Open	4214	Help	Other	07/06/2018	07/06/2018

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

From there, the user will:

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

Accessing Help – Secure Correspondence, cont.



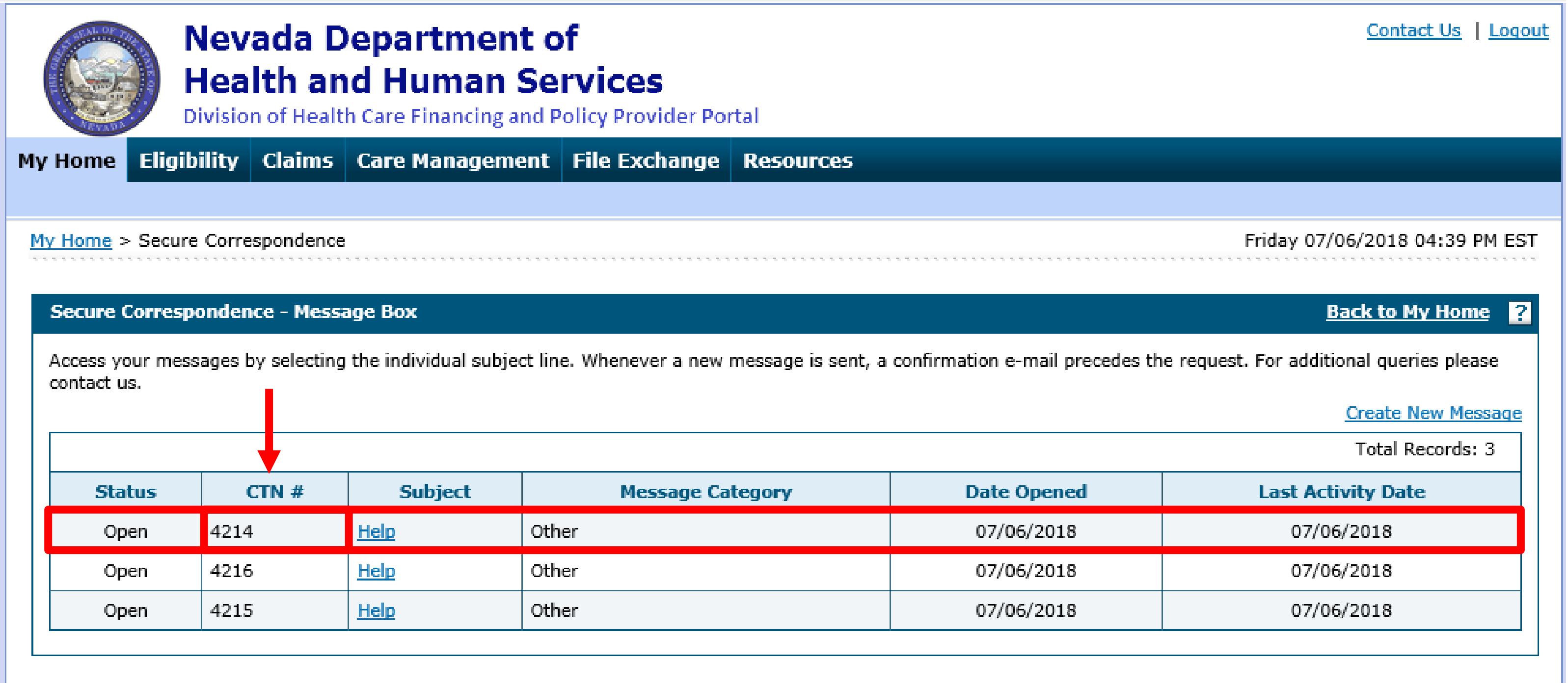
Once the user clicks the **Create New Message** link, the “Create Message” page will appear.

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.



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

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

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

Accessing Help – Secure Correspondence, cont.

Fri 7/6/2018 3:40 PM

HCP Secure Correspondence

Secure Correspondence

To

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

Message Category : Other

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

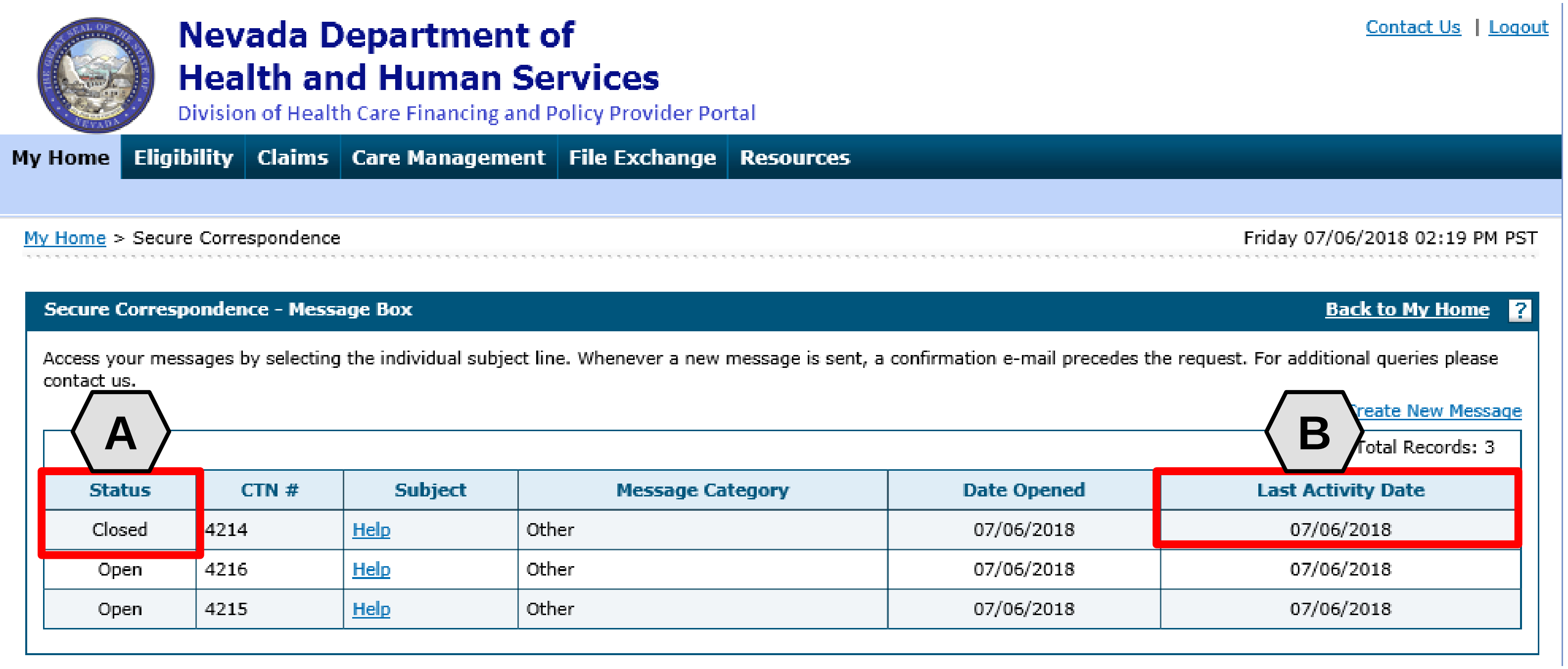
Sincerely,

Division of Health Care Financing and Policy Provider Portal User Management

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

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

Accessing Help – Secure Correspondence, cont.


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

Contact Us | Logout

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

My Home > Secure Correspondence

Friday 07/06/2018 02:19 PM PST

Secure Correspondence - Message Box

Back to My Home

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

A

B

Create New Message

Total Records: 3

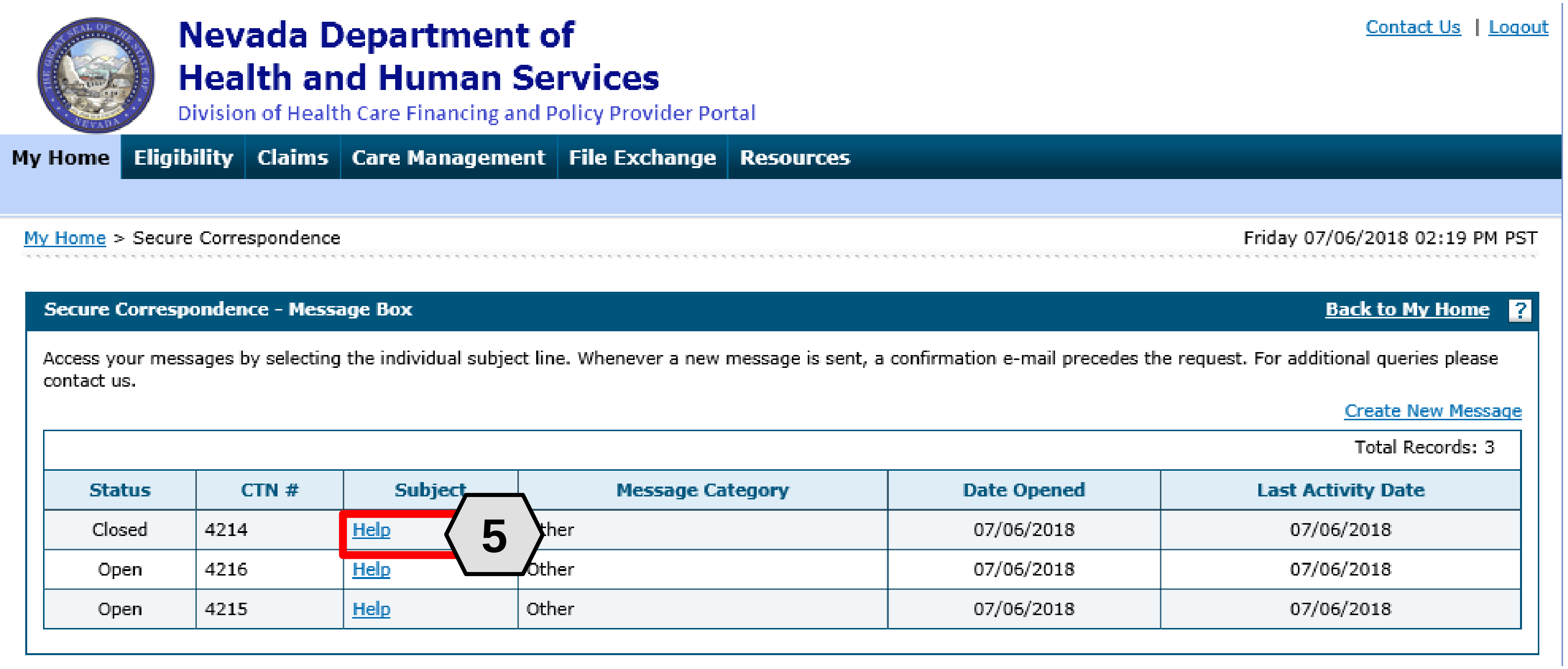
Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Closed	4214	Help	Other	07/06/2018	07/06/2018
Open	4216	Help	Other	07/06/2018	07/06/2018
Open	4215	Help	Other	07/06/2018	07/06/2018

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.

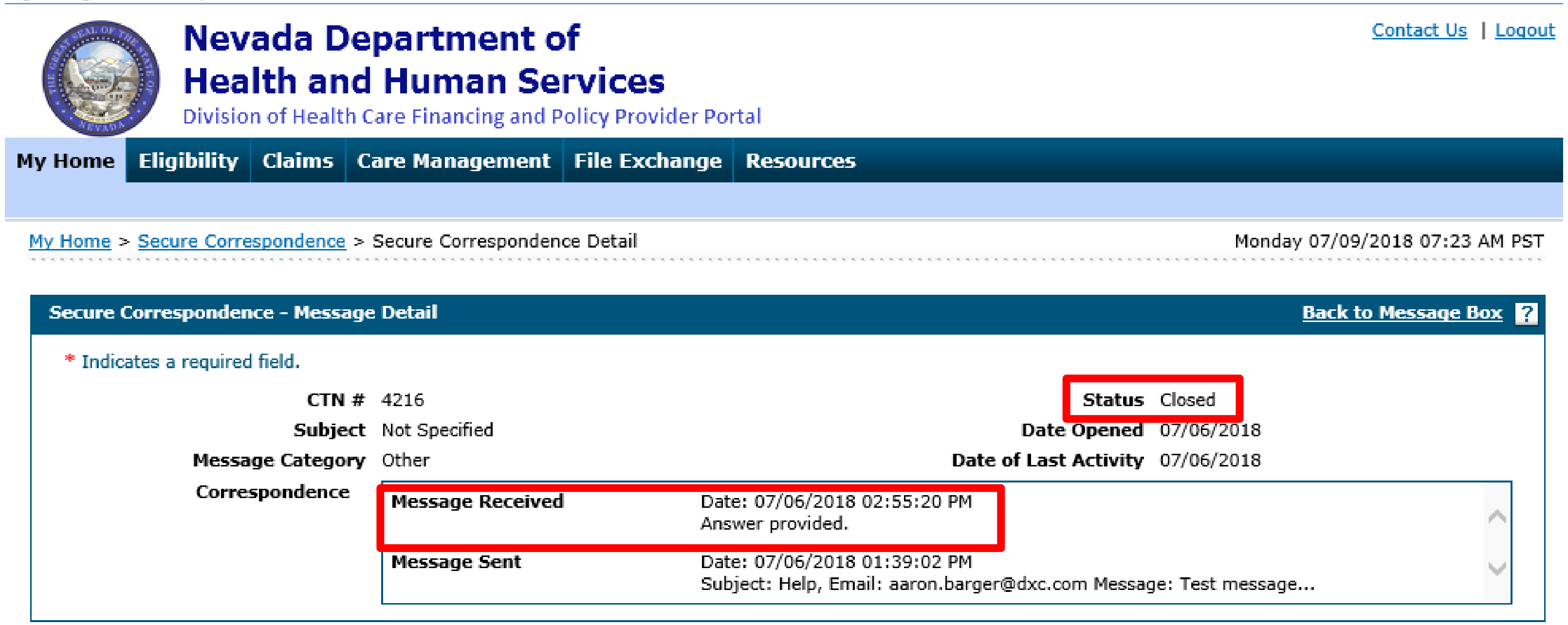
Accessing Help – Secure Correspondence, cont.



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

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

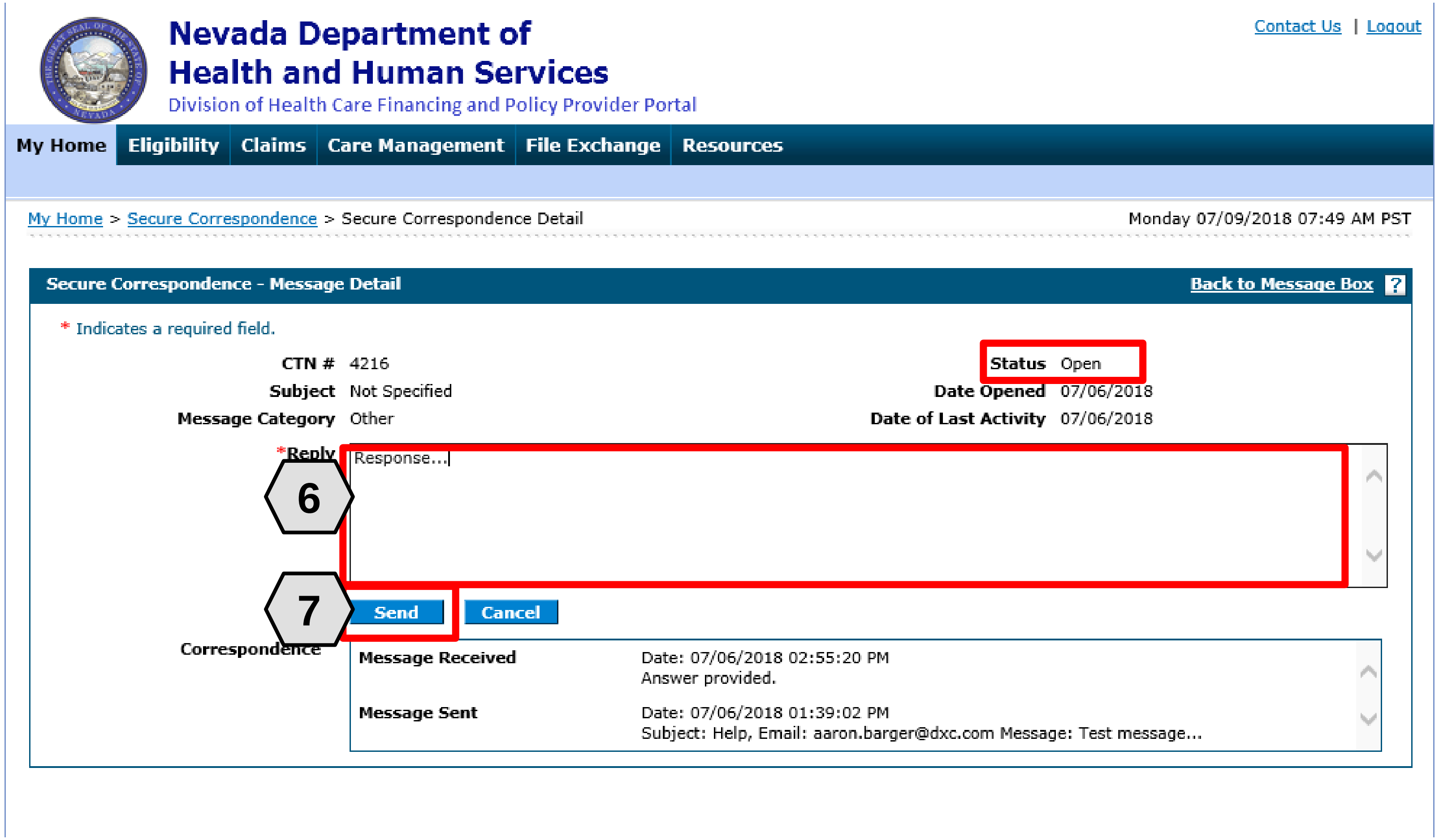
Accessing Help – Secure Correspondence, cont.



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

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

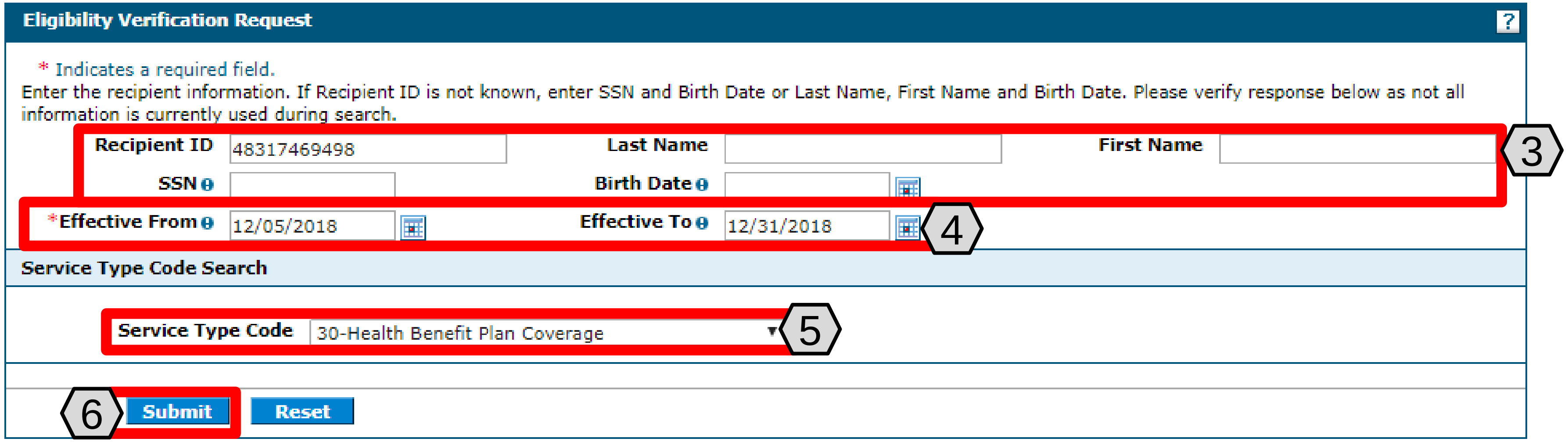
DXC.technology

Searching for a Member’s Benefit Eligibility

Searching for a Member's Benefit Eligibility

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

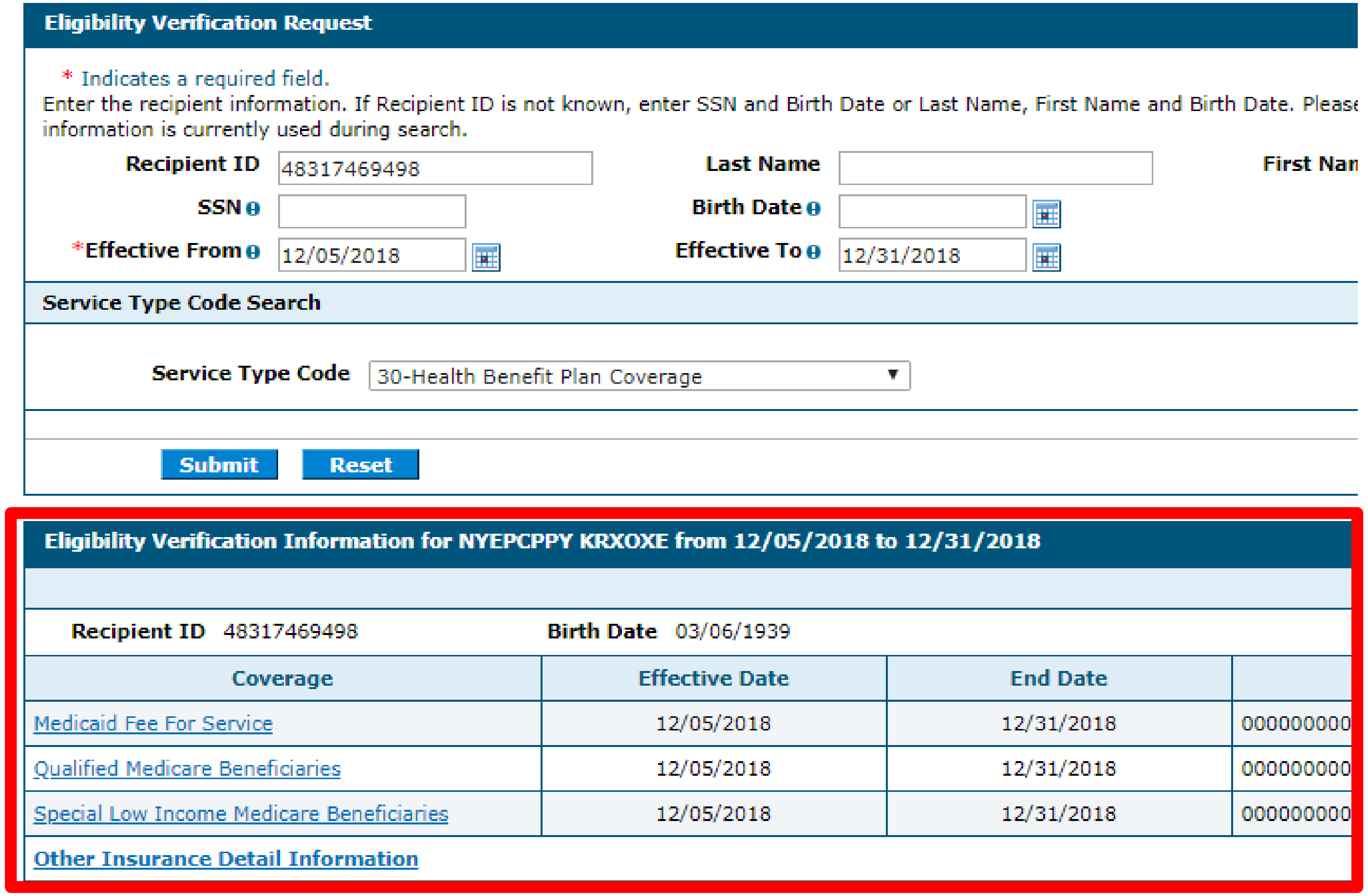
Searching for a Member's Benefit Eligibility, cont.



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



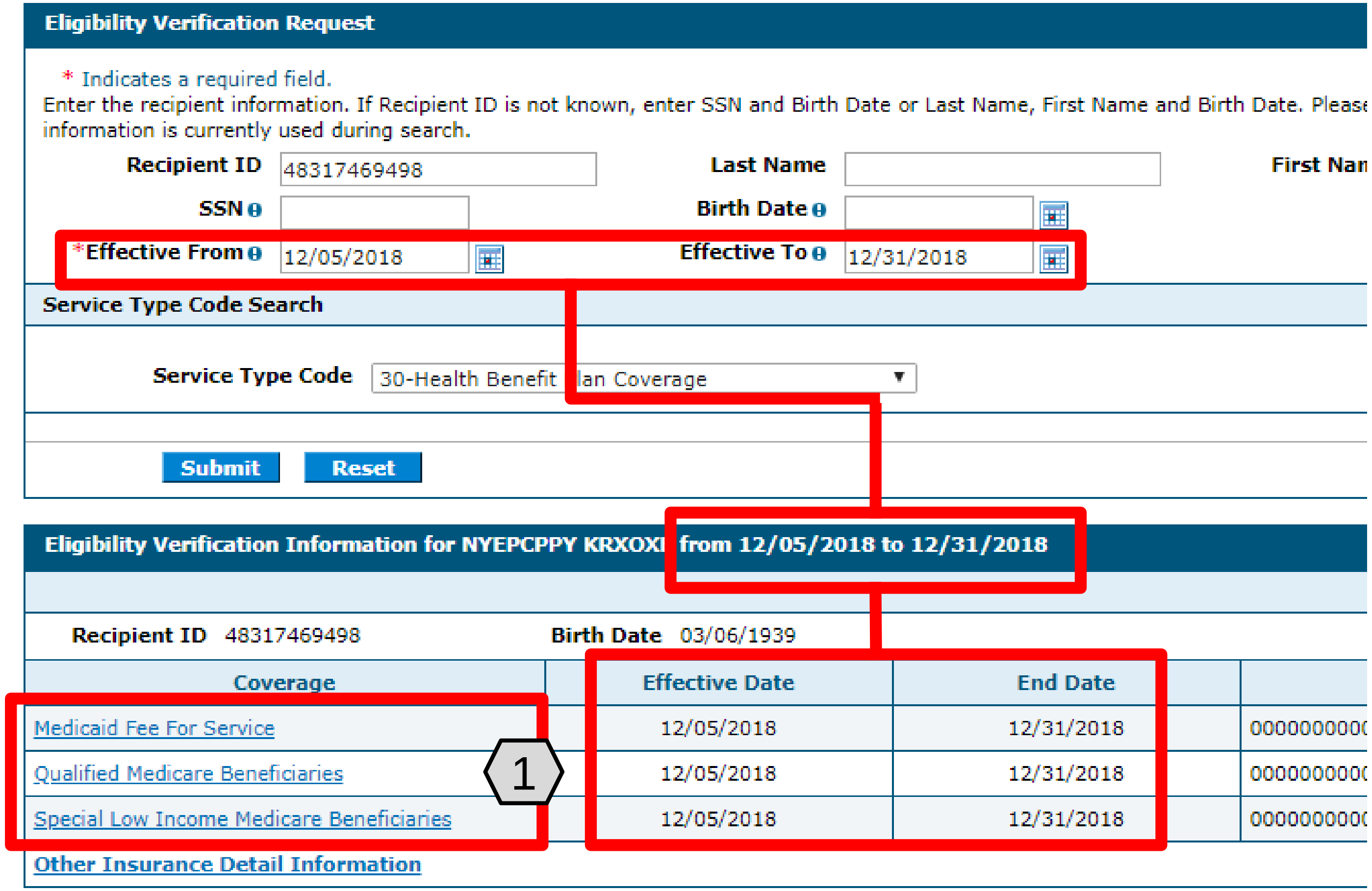
The results display below the **Eligibility Verification Request** panel. Verify the recipient displayed matches the recipient for whom you were searching.

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

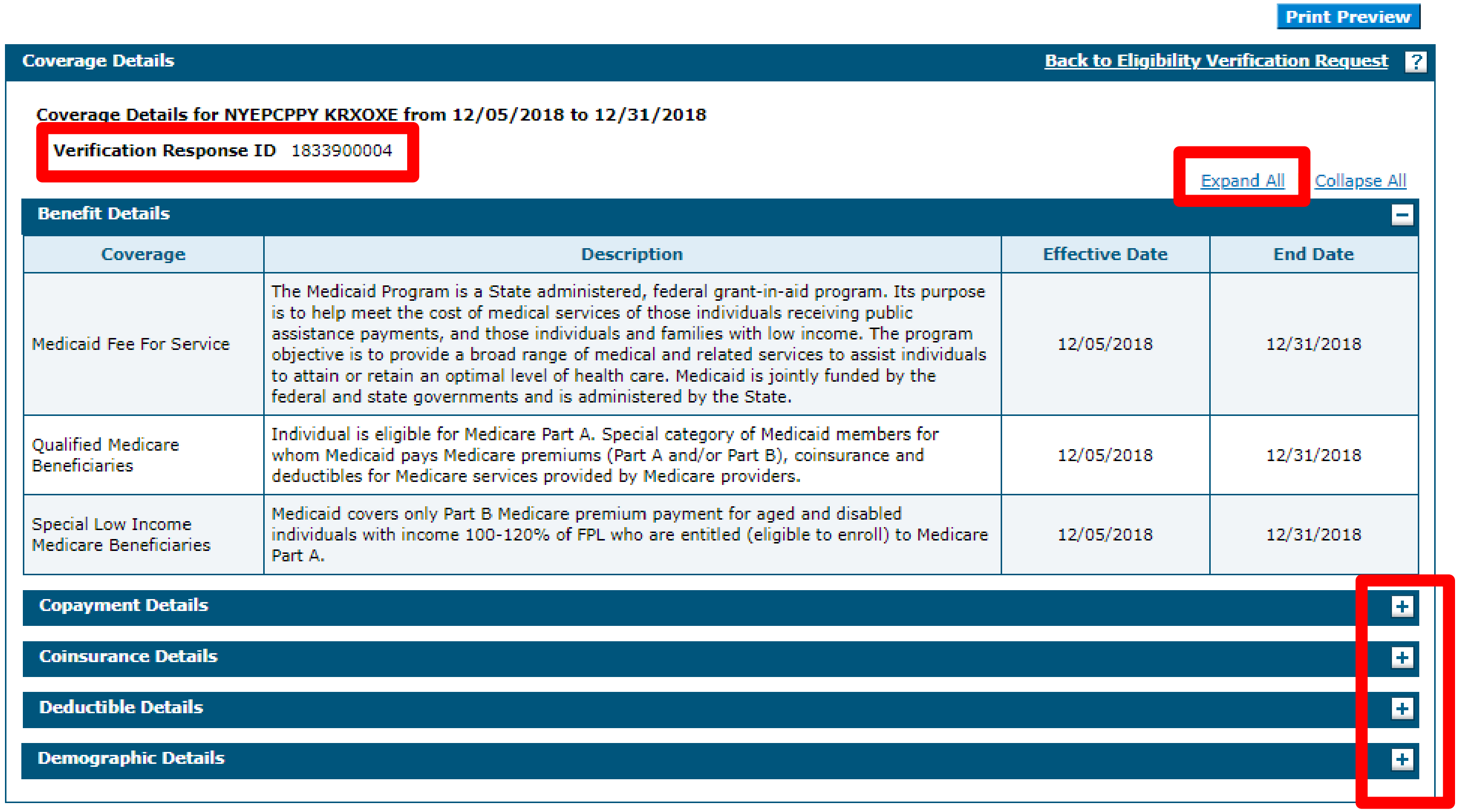


From the **Eligibility Verification Request** panel:

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 +

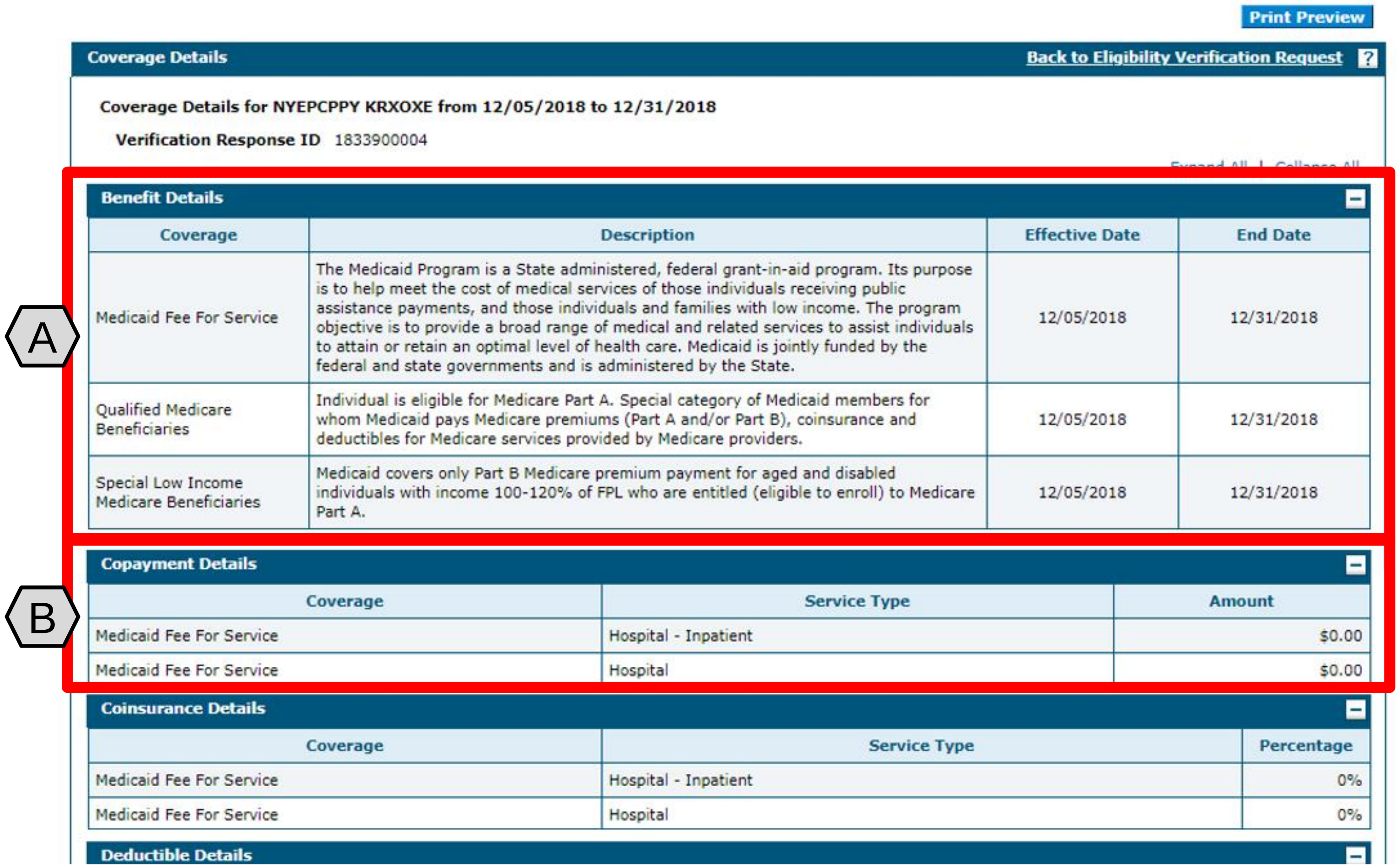
After clicking any of the coverage links, the “Coverage Details” page displays, listing details about each coverage benefit in sections.

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

A

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

B

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

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

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

Viewing a Member's Benefit Details, cont.

Medicaid Fee For Service	Hospital - Inpatient	$0.00
Medicaid Fee For Service	Hospital	$0.00

C

Coinsurance Details

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

D

Deductible Details

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

E

Managed Care Assignment Details

Primary Care Provider	Type	Provider Phone	Benefit Plan
Anthem Blue Cross and Blue Shield	Health Benefit Plan Coverage	1-999-999-9999	Managed Care Organization
LIBERTY DENTAL PLAN OF NEVADA INC	Health Benefit Plan Coverage	0	Dental Benefit Administrator
MEDICAL TRANSPORTATION MANAGEMENT INC	Health Benefit Plan Coverage	1-999-999-9999	Non Emergency Transportation

Current MCO and DBA	NPI/API
Anthem Blue Cross and Blue Shield	
LIBERTY DENTAL PLAN OF NEVADA INC	1740706985
MEDICAL TRANSPORTATION MANAGEMENT INC	1134260078

F

Demographic Details

Street Address 5965 UJHHACA FRXRQM QVF
City N LAS VEGAS **State** NEVADA **Zip Code** 89086

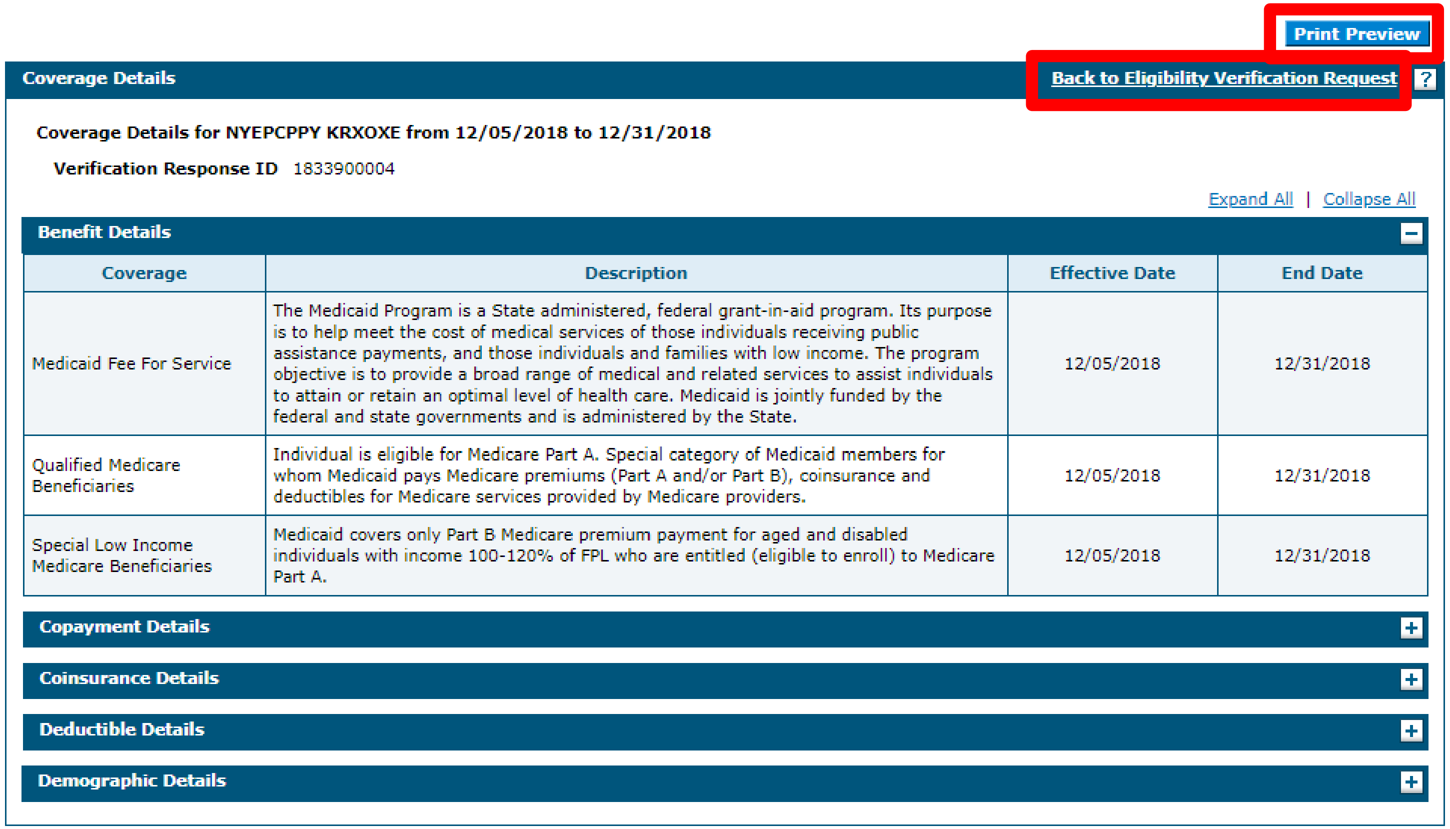
C. The **Coinsurance Details** section lists all coinsurance payments that a member could have for services during the date range.

D. The **Deductible Details** section lists all deductibles that a member could have for services during the date range.

E. The **Managed Care Assignment Details** section lists information about a member's managed care providers and their contact details.

F. The **Demographic Details** will always be available. This section lists the member's address.

Viewing a Member's Benefit Details, cont.



Print Preview

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

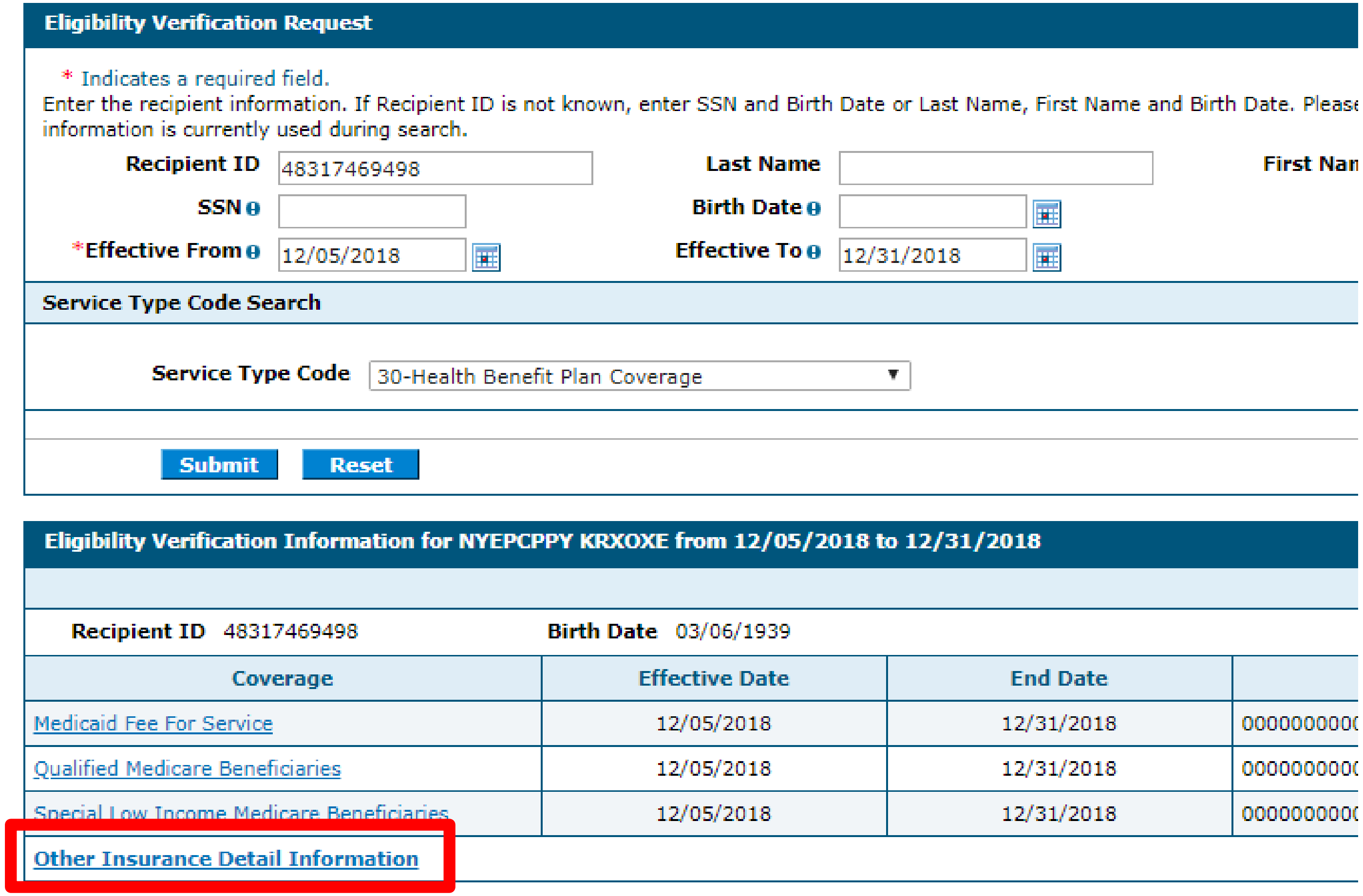
Demographic Details

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



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

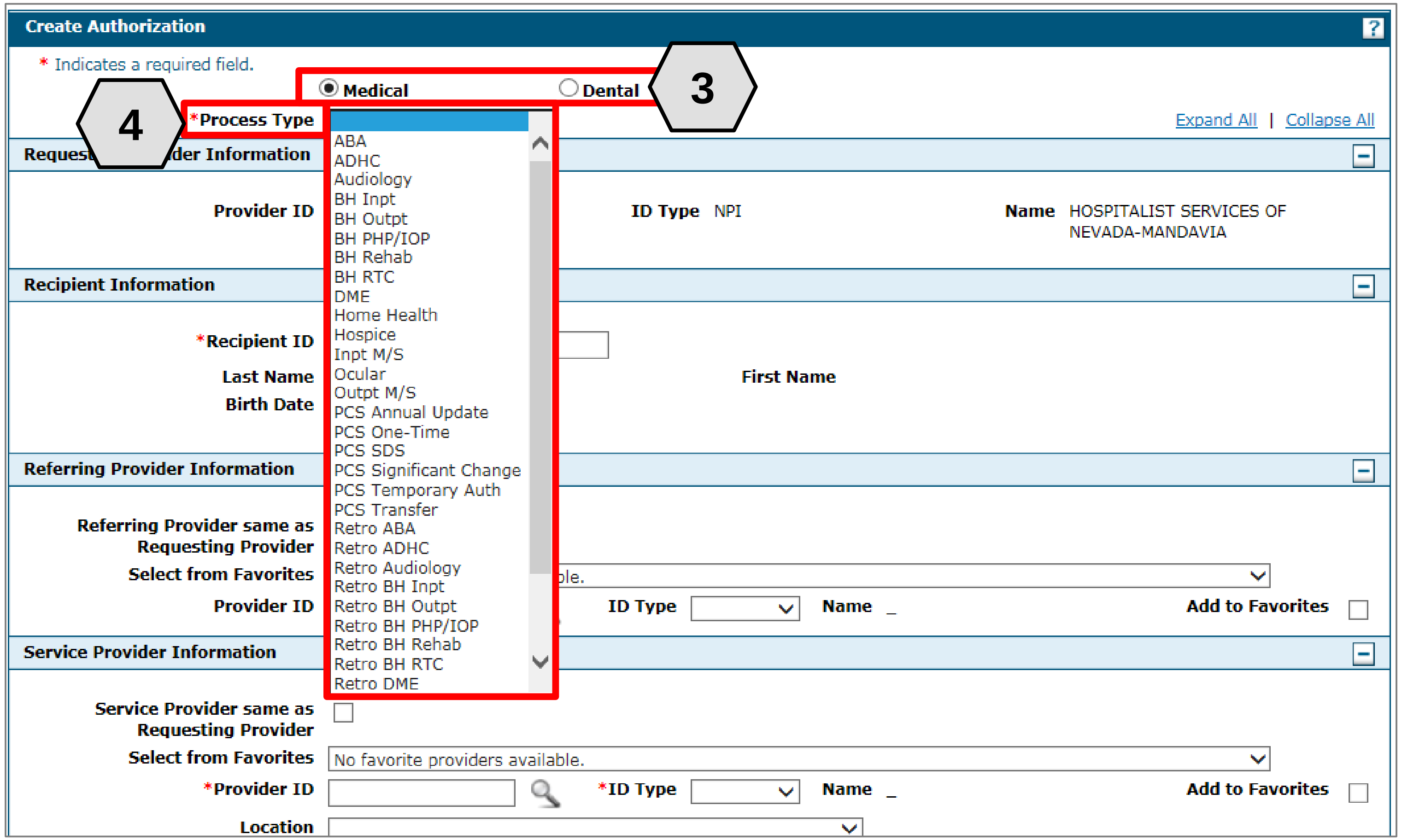
PA: Prior Authorization

Submitting a PA Request

Submitting a PA Request

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

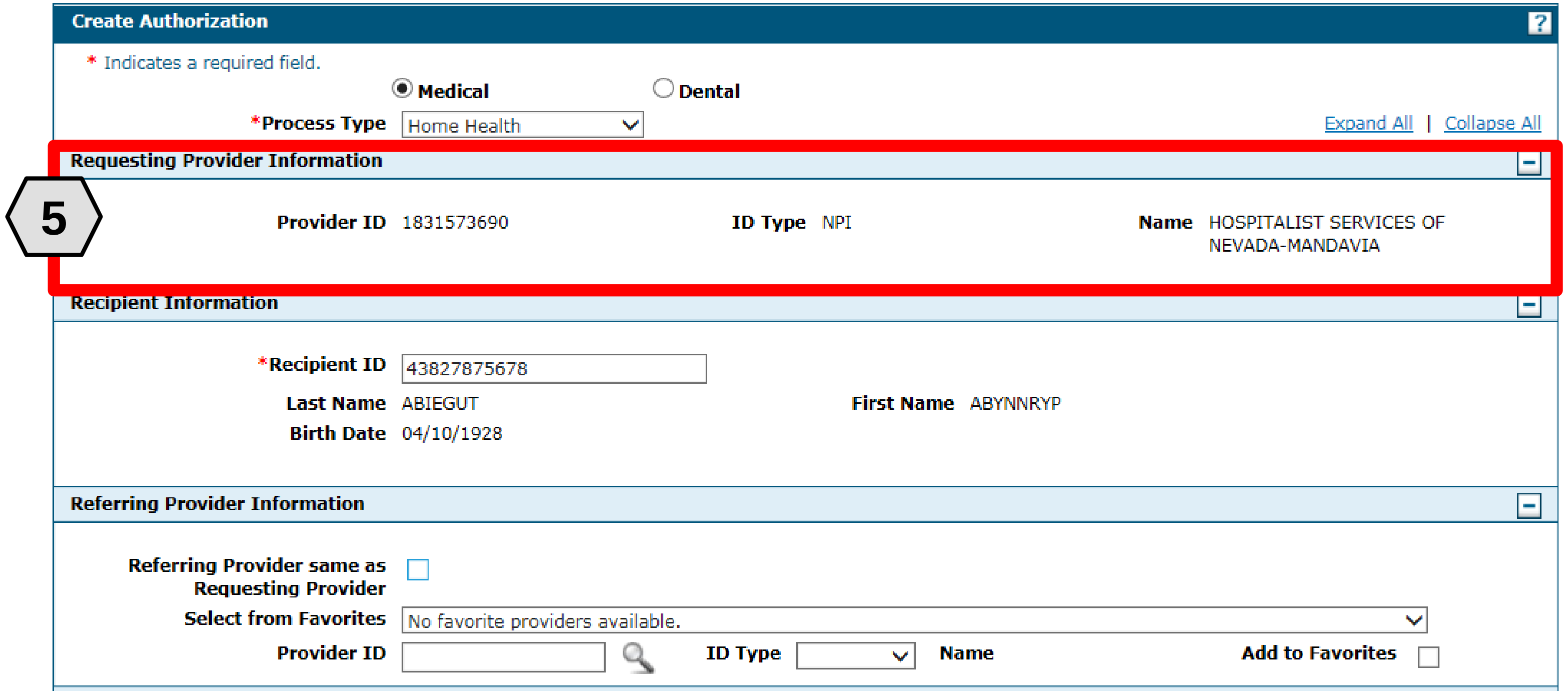
Submitting a PA Request, cont.



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

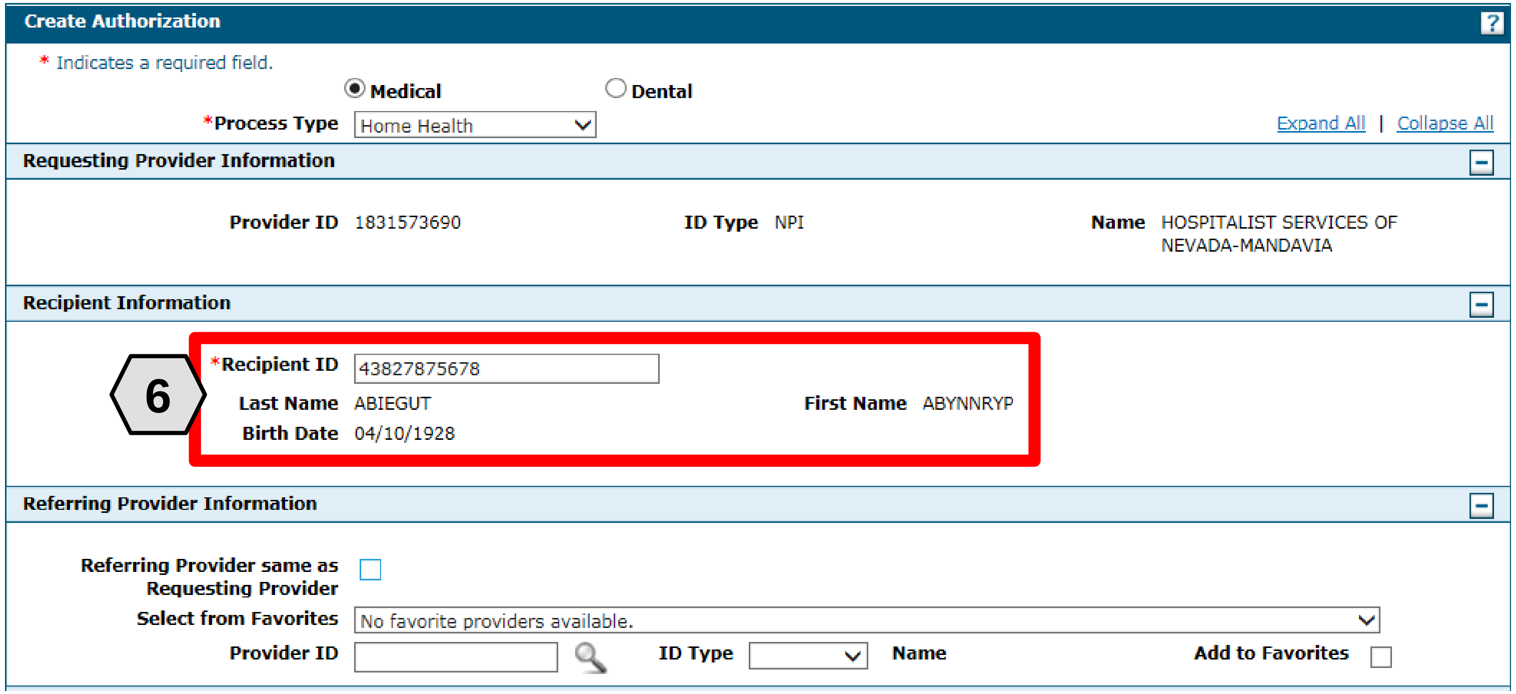
NOTE: Some sections will be different depending on whether the authorization type is **Medical** or **Dental.**

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.

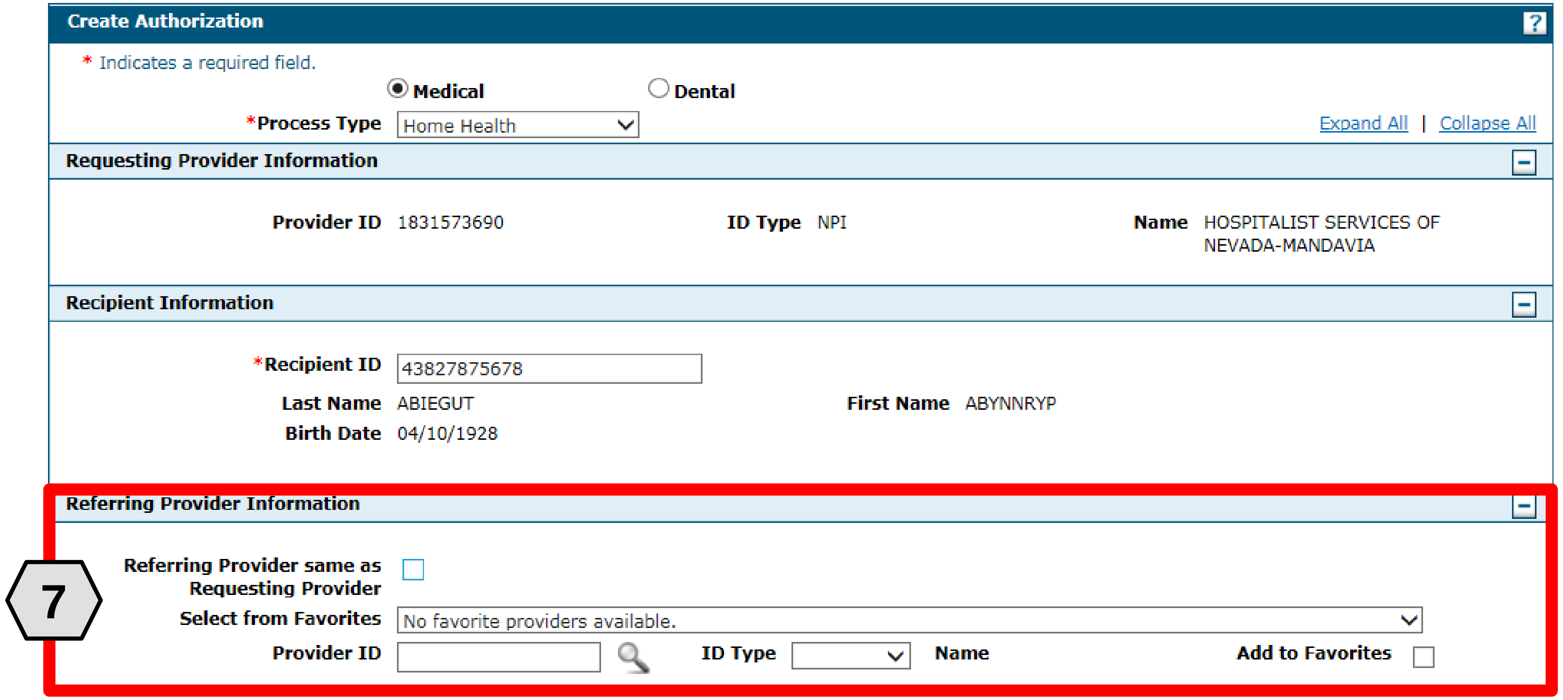
Submitting a PA Request, cont.



For **Medical** authorization type:

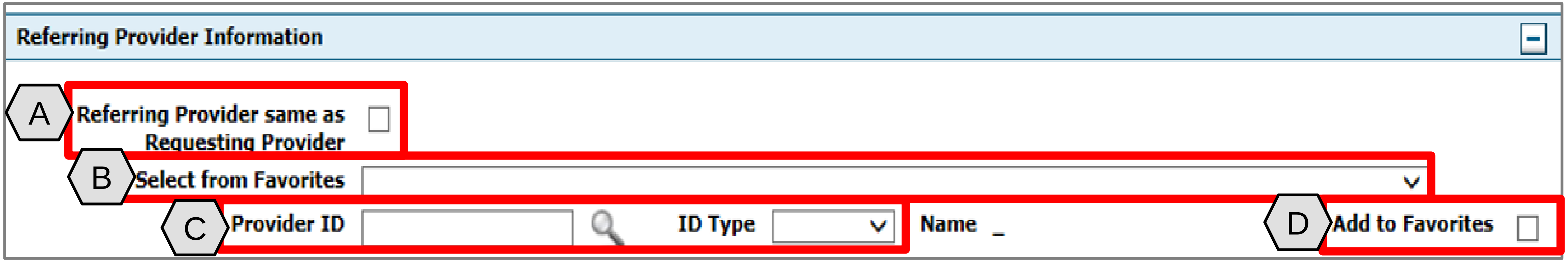
6. Enter the **Recipient ID.** The Last Name, First Name, and Birth Date will populate automatically**.**

Submitting a PA Request, cont.



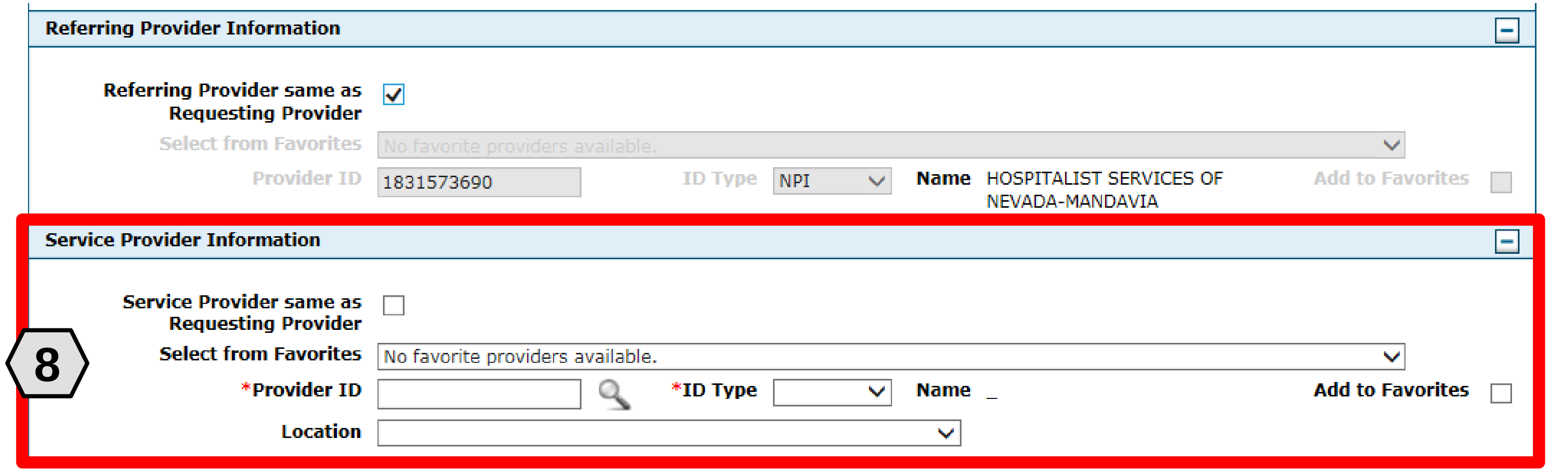
7. Enter **Referring Provider Information** using one of three ways.

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.

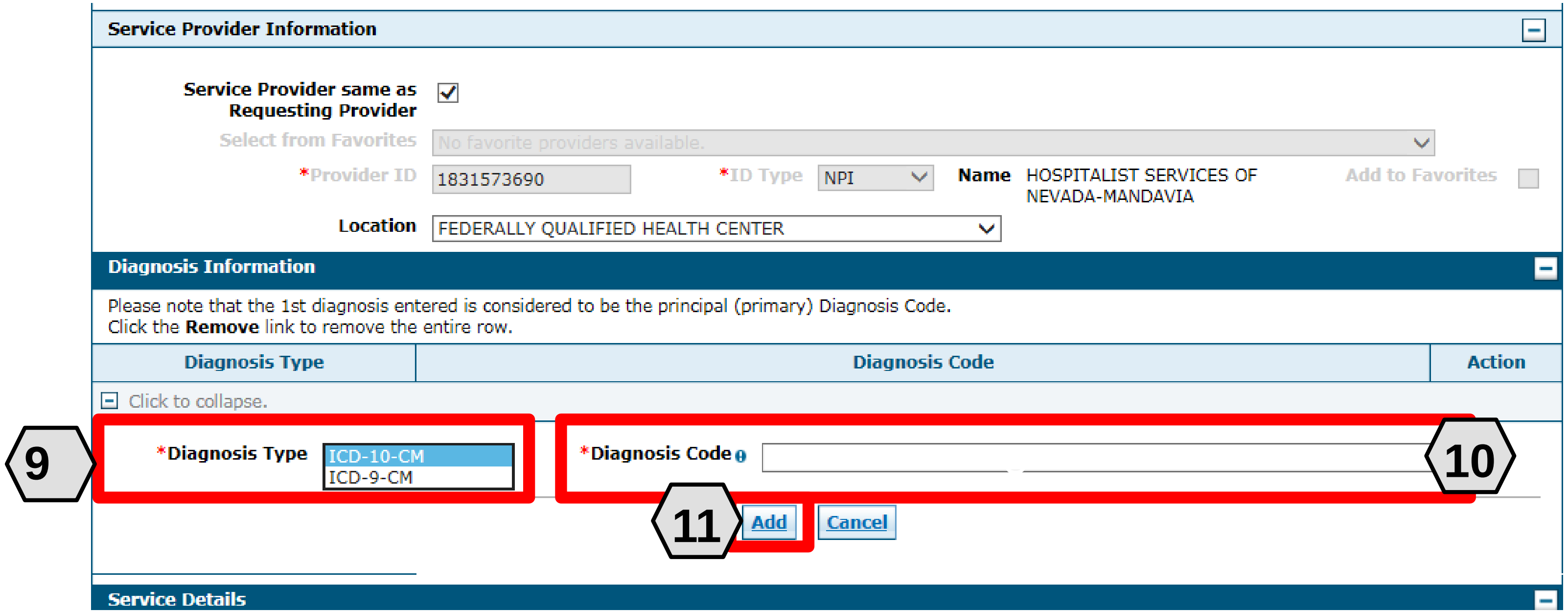
Submitting a PA Request, cont.



For **Medical** authorization type:

8. Enter **Service Provider Information.**

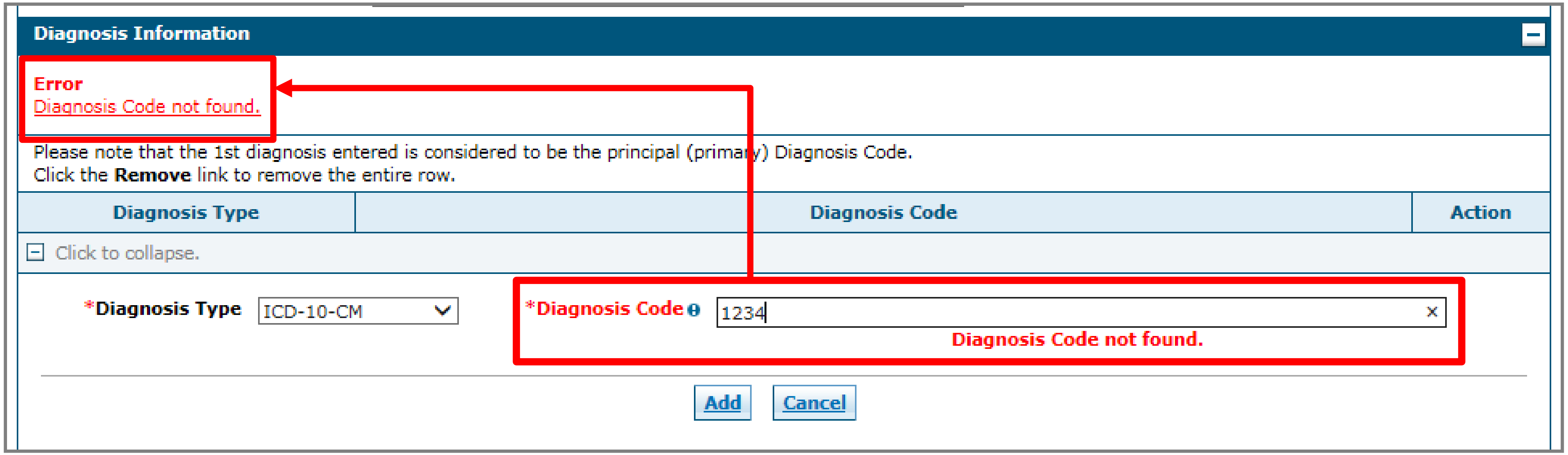
Submitting a PA Request, cont.



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.

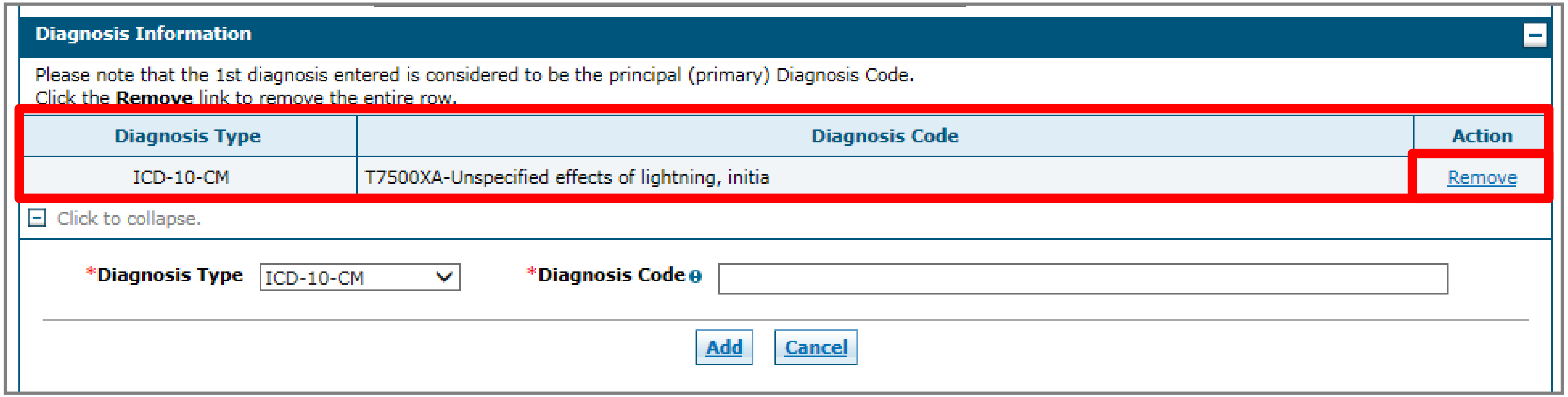
NOTE: Repeat steps 9-11 to enter up to nine codes. The first code entered will be considered the primary.

Submitting a PA Request, cont.



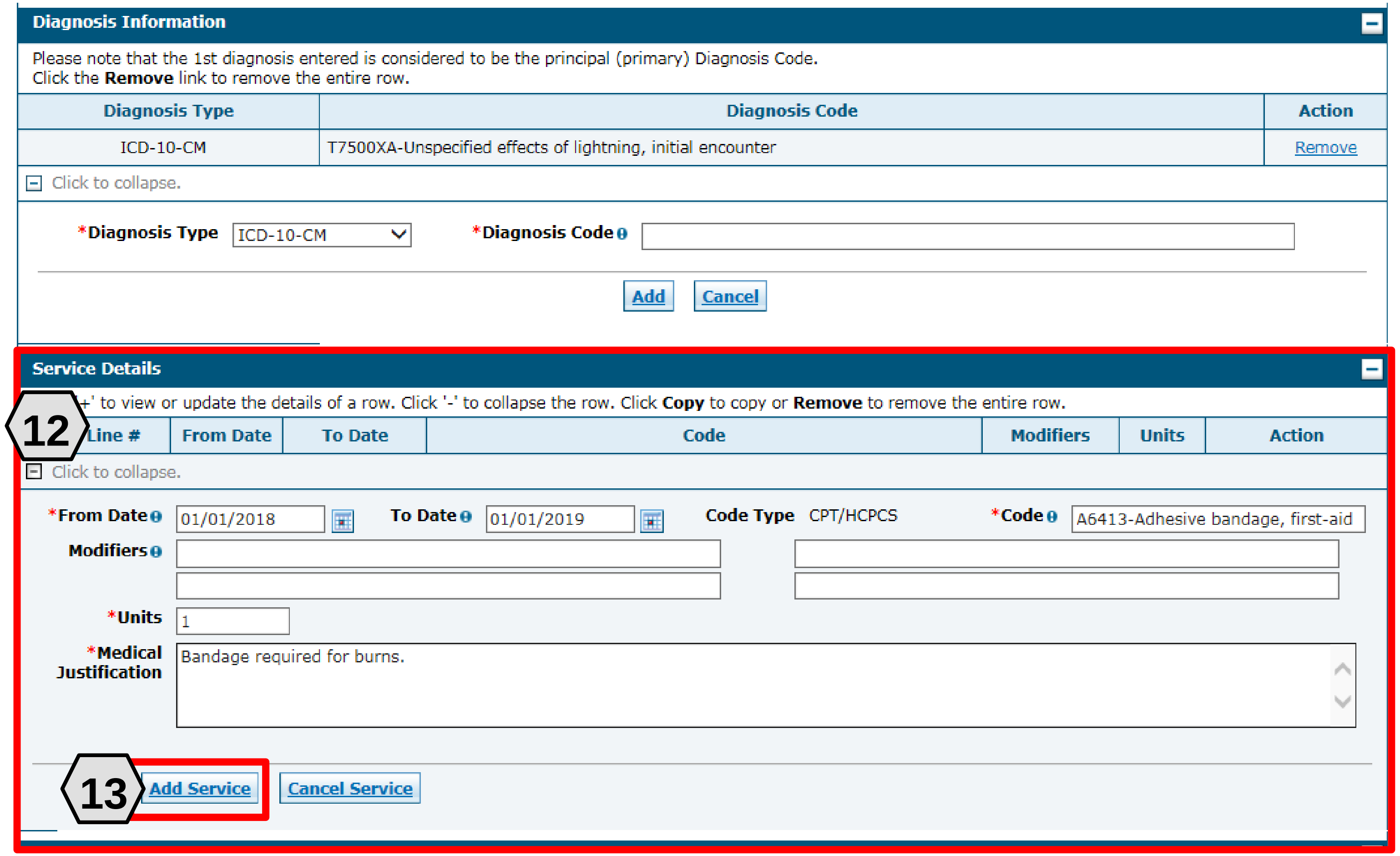
If you click the **Add** button with an invalid diagnosis code, an error will display. You must ensure the diagnosis code is correct, up-to-date with the selected **Diagnosis Type**, and does not include decimals.

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.

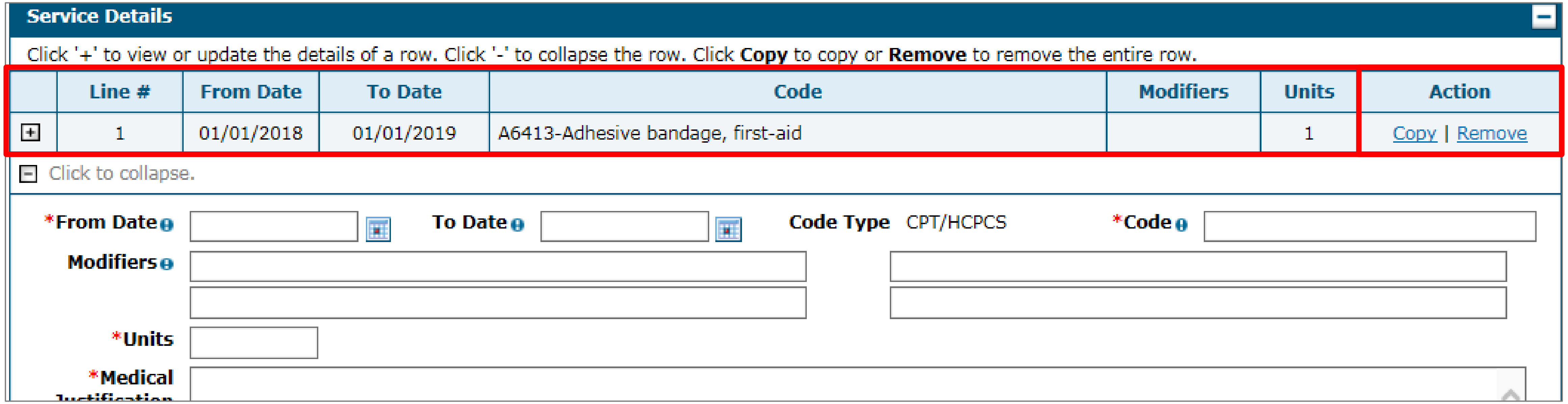
Submitting a PA Request, cont.



For **Medical** authorization type:

12. Enter detail regarding the service(s) provided into the **Service Details** section.
13. Click the **Add Service** button.

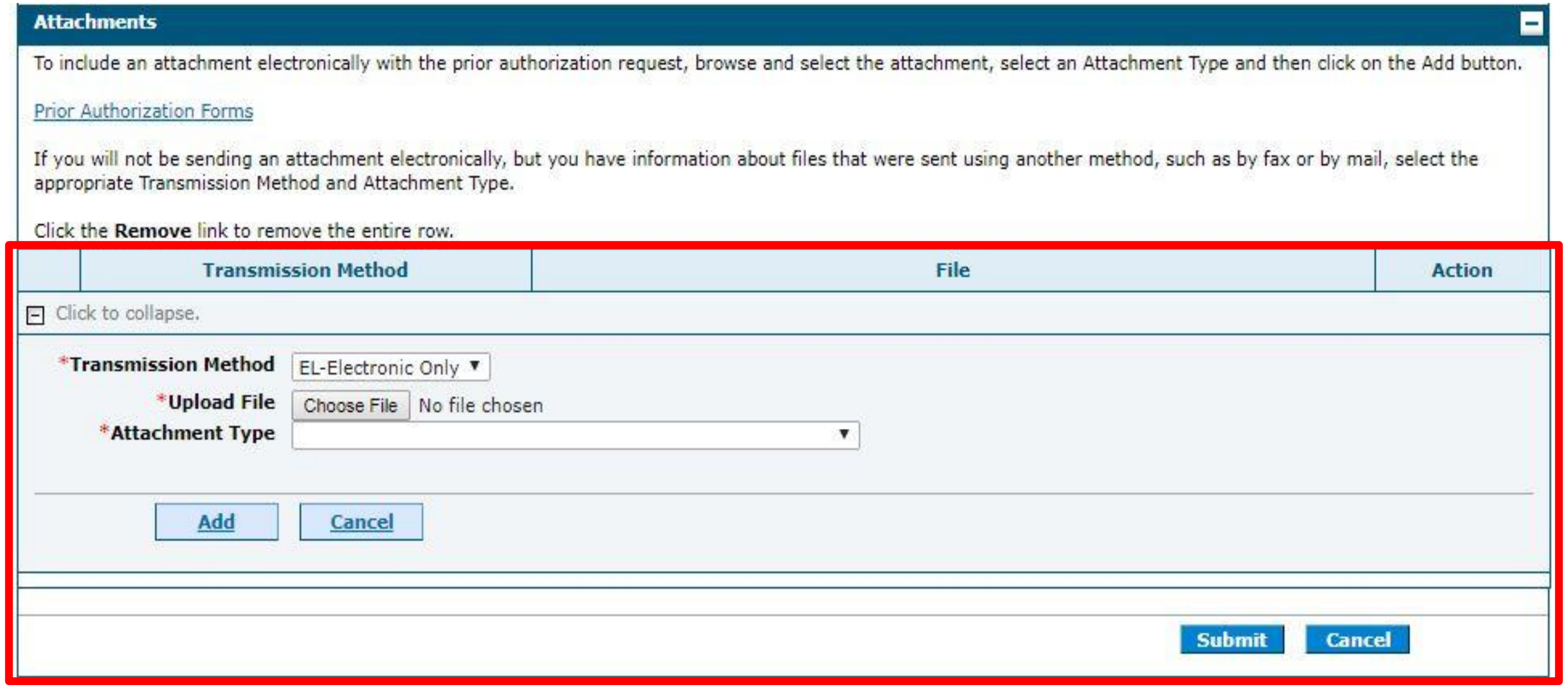
Submitting a PA Request, cont.



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

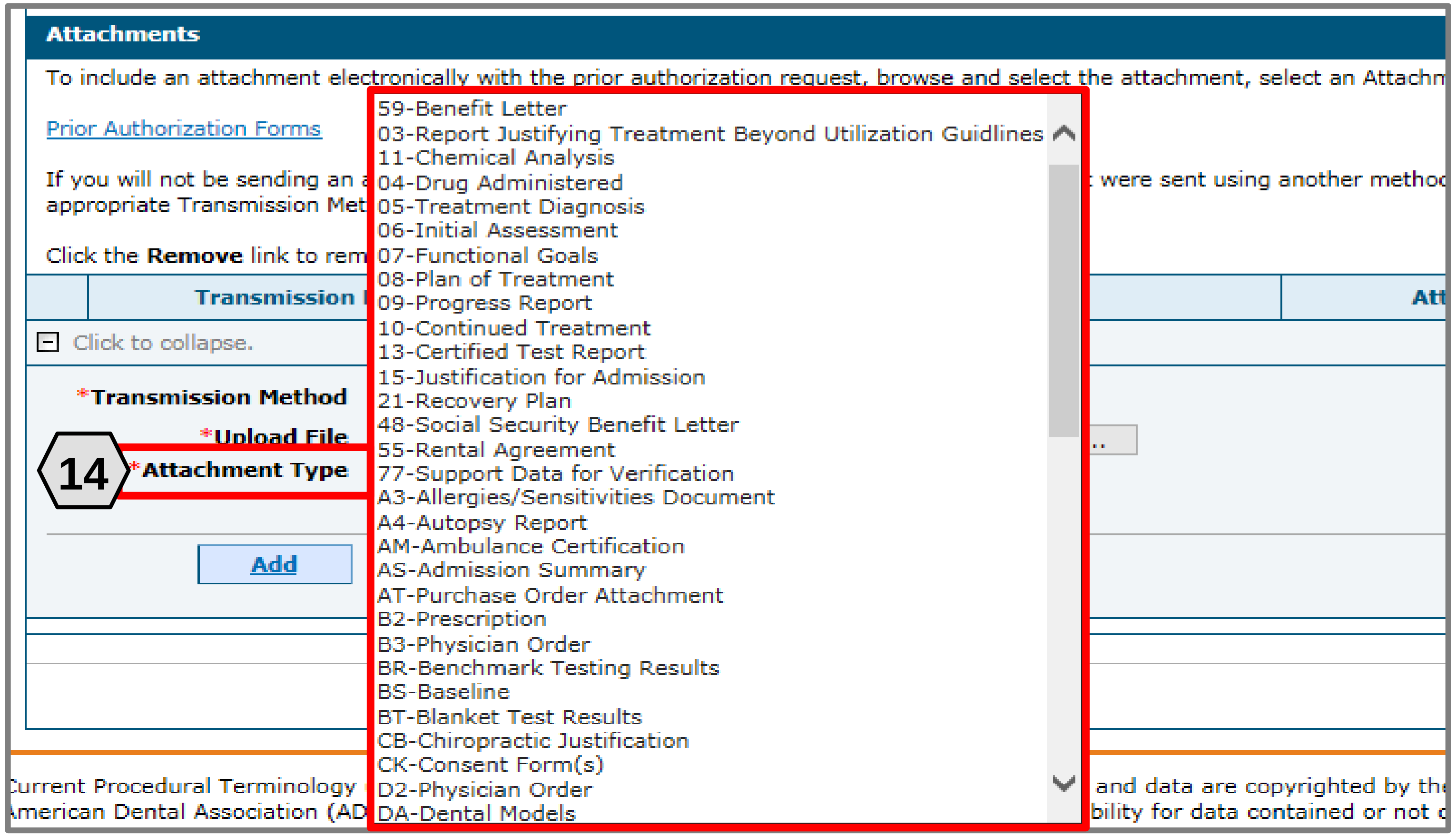
NOTE: You may enter additional details as needed. If you wish to copy a service detail, click **Copy** located in the **Action** column. To remove the detail, click **Remove**.

Submitting a PA Request, cont.



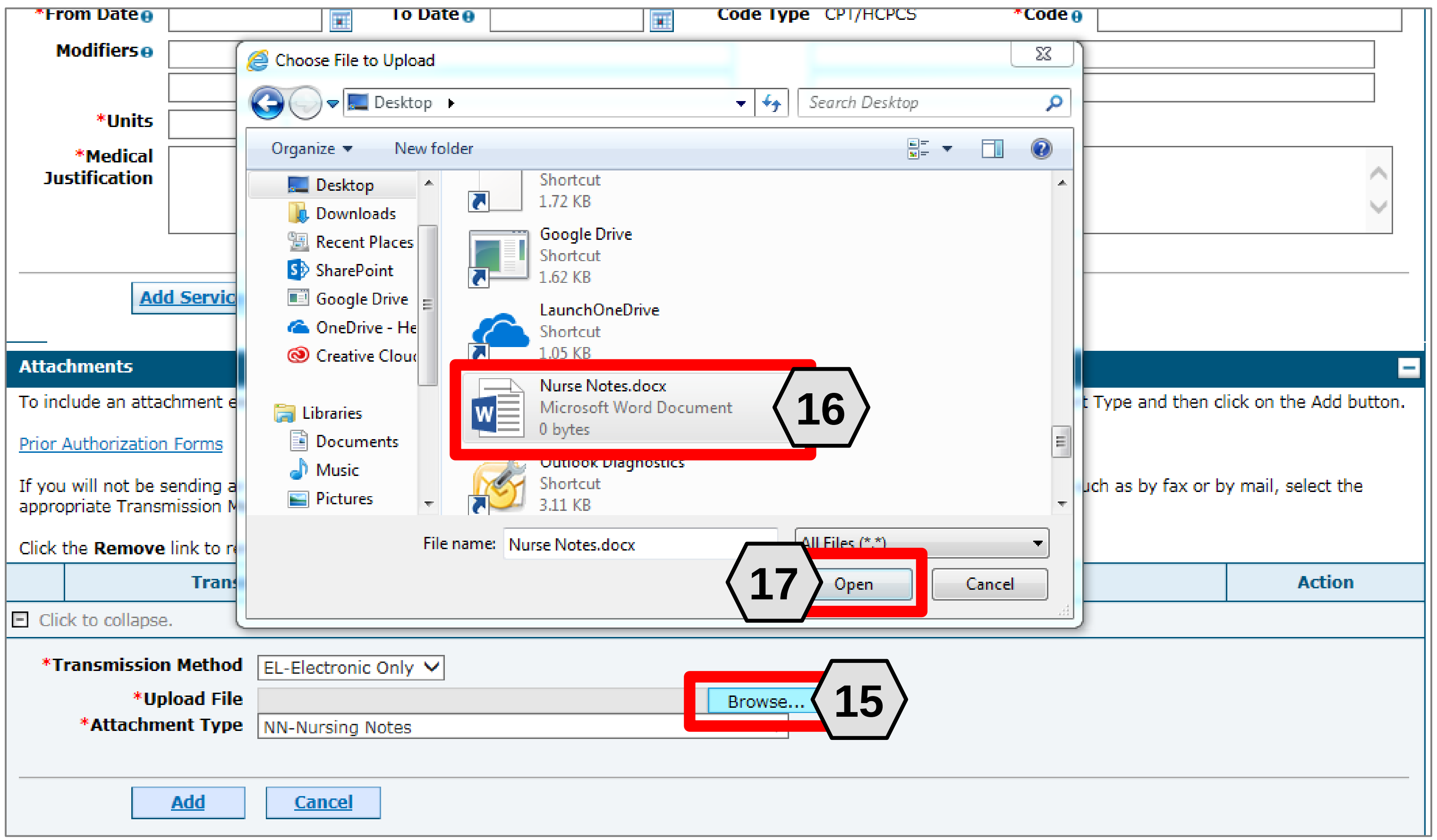
The **Transmission Method** will default to EL-Electronic Only as attachments must be sent via the portal.

Submitting a PA Request, cont.



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

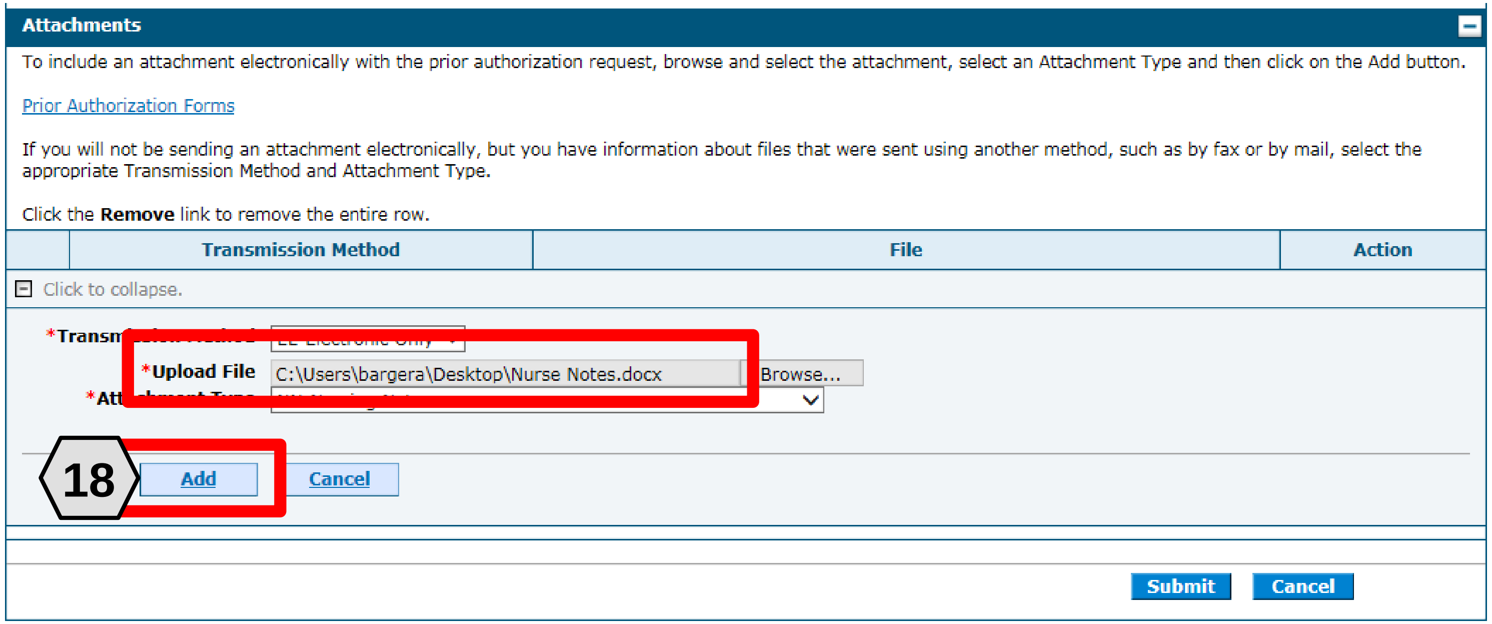
Submitting a PA Request, cont.



15. Click the **Browse** button.
16. Select the desired attachment from your computer using the window that pops up.
17. Click the **Open** button.

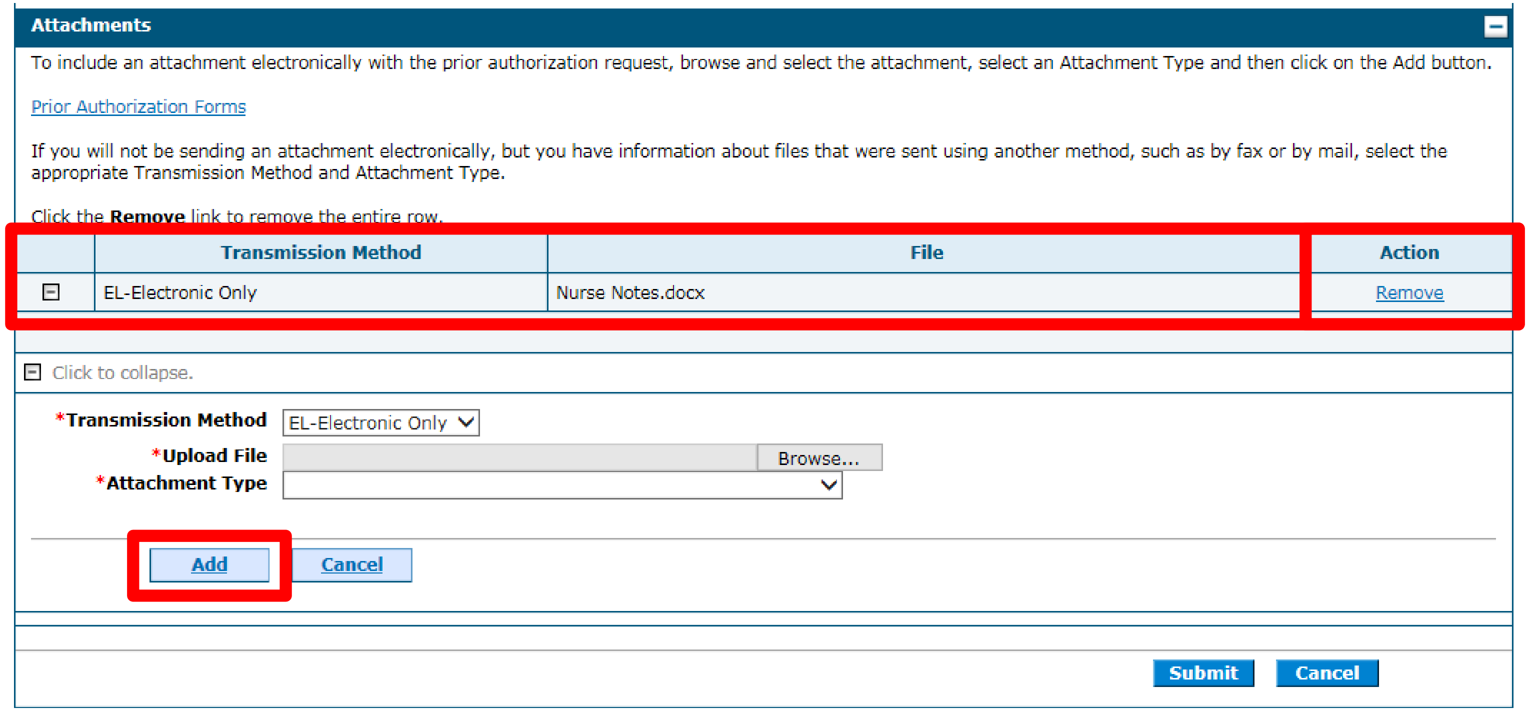
Allowable file types include: .doc, .docx, .gif, .jpeg, .pdf, .txt, .xls, .xlsx, .bmp, .tif, and .tiff.

Submitting a PA Request, cont.



18. Click the **Add** button.

Submitting a PA Request, cont.



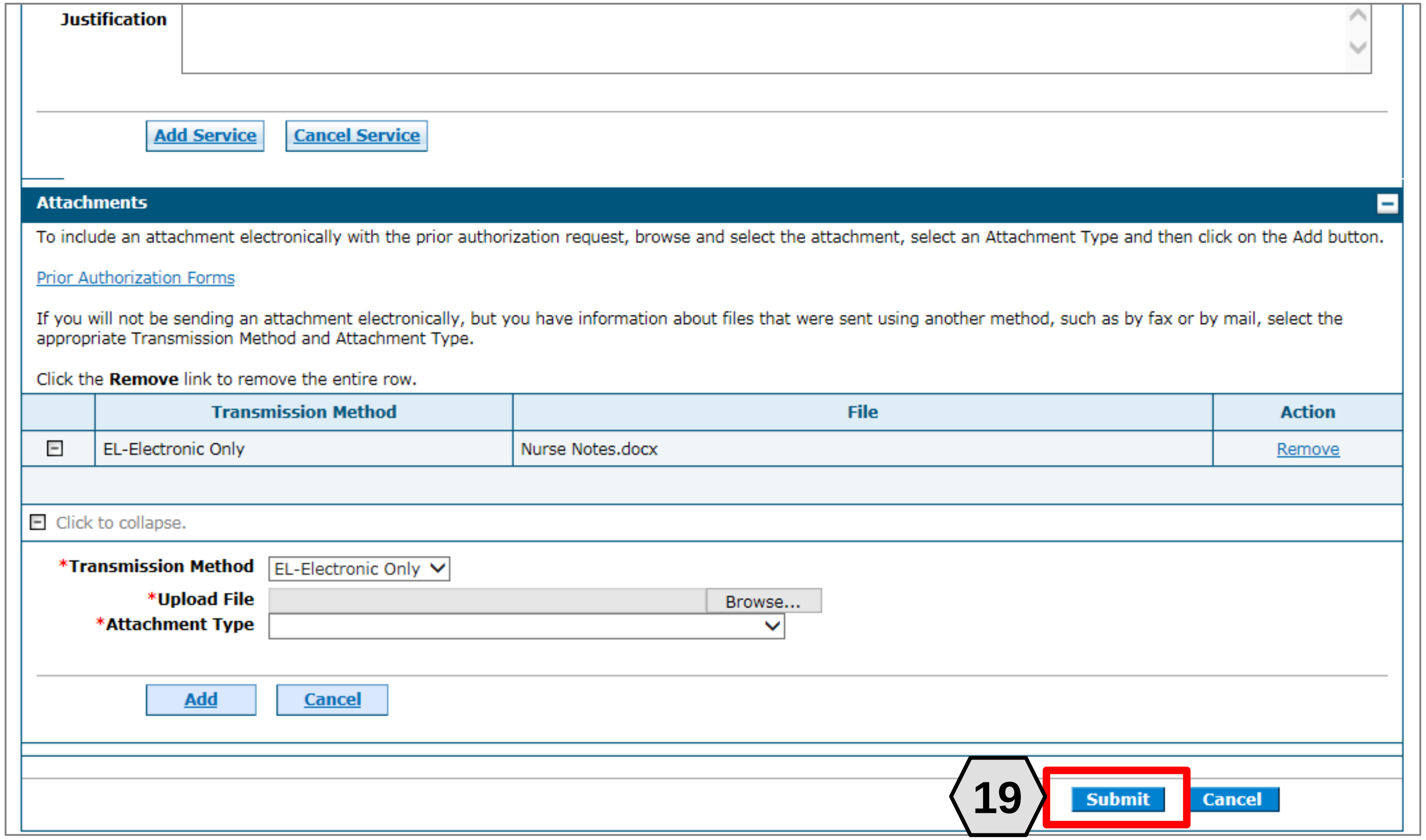
The added attachment displays in the list.

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

Add additional attachments by repeating steps 14-18.

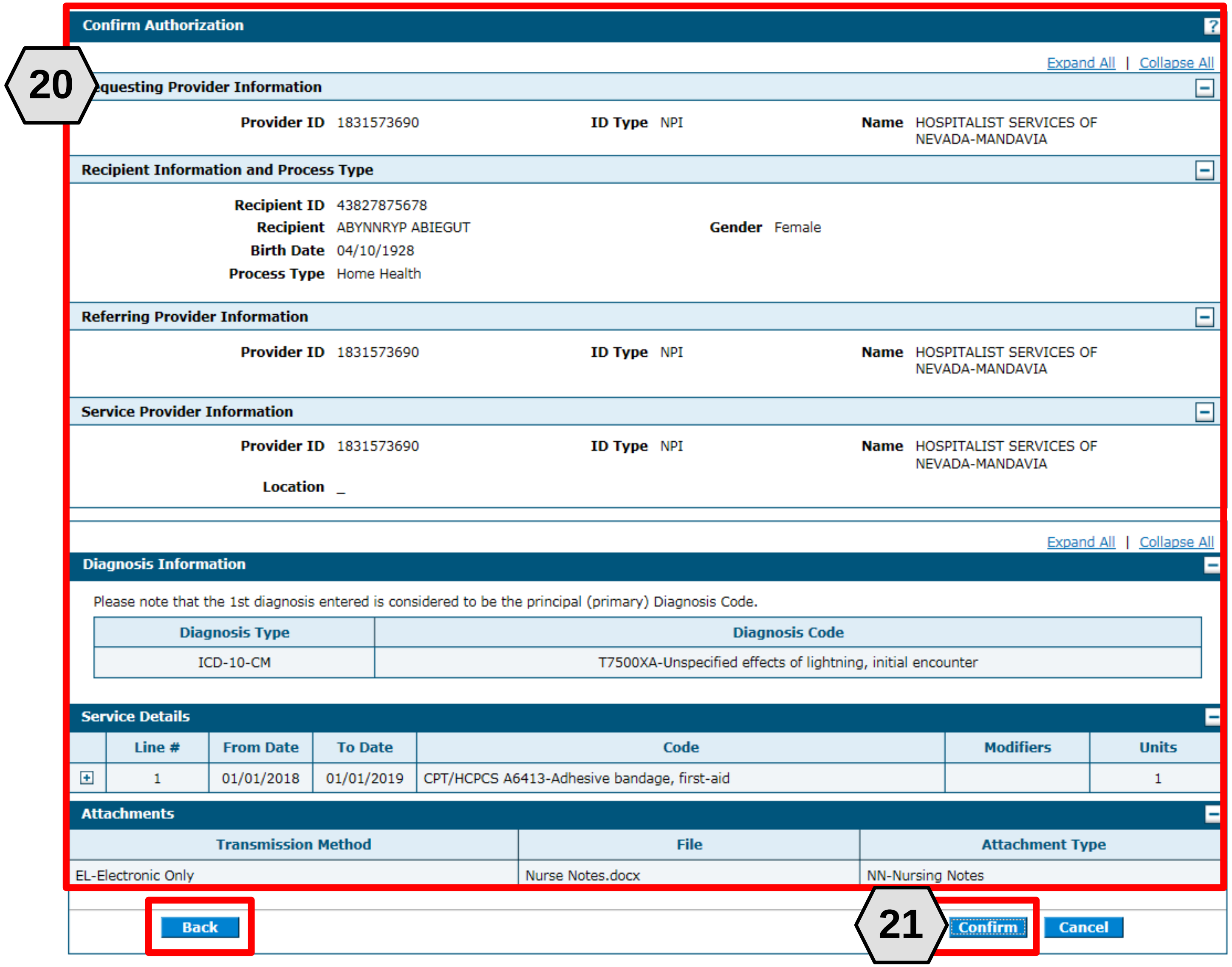
NOTE: The total attachment file size limit before submitting a PA is 4 MB. When more attachments are needed beyond this capacity, the user will first submit the PA. Afterwards go back into the PA using the View Authorization Response page, click the edit button to open the PA and then add more attachments.

Submitting a PA Request, cont.



19. Click the **Submit** button.

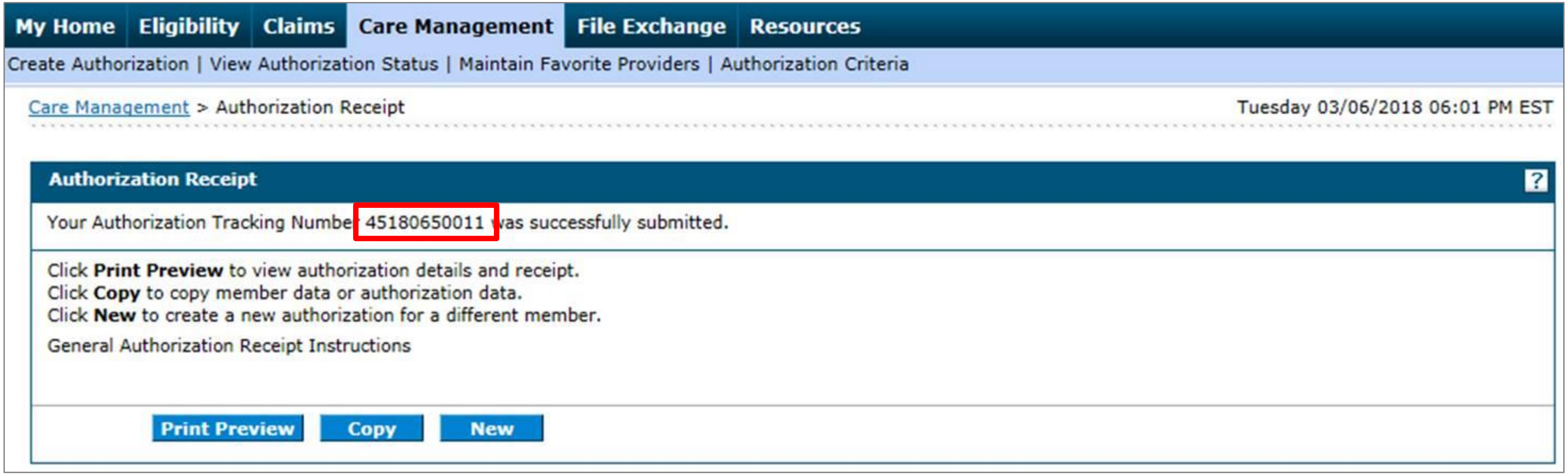
Submitting a PA Request, cont.



20. Review the information on the PA request.
21. Click the **Confirm** button to submit the PA for processing.

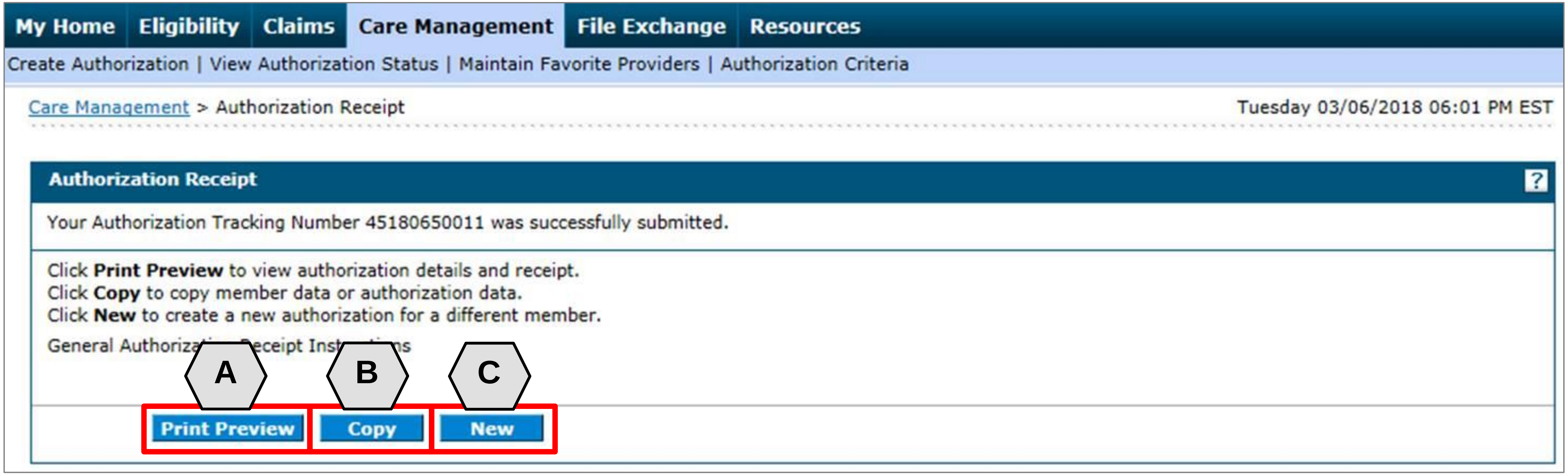
NOTE: If updates are needed prior to clicking the **Confirm** button, you can click the **Back** button to return to the “Create Authorization” page.

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.

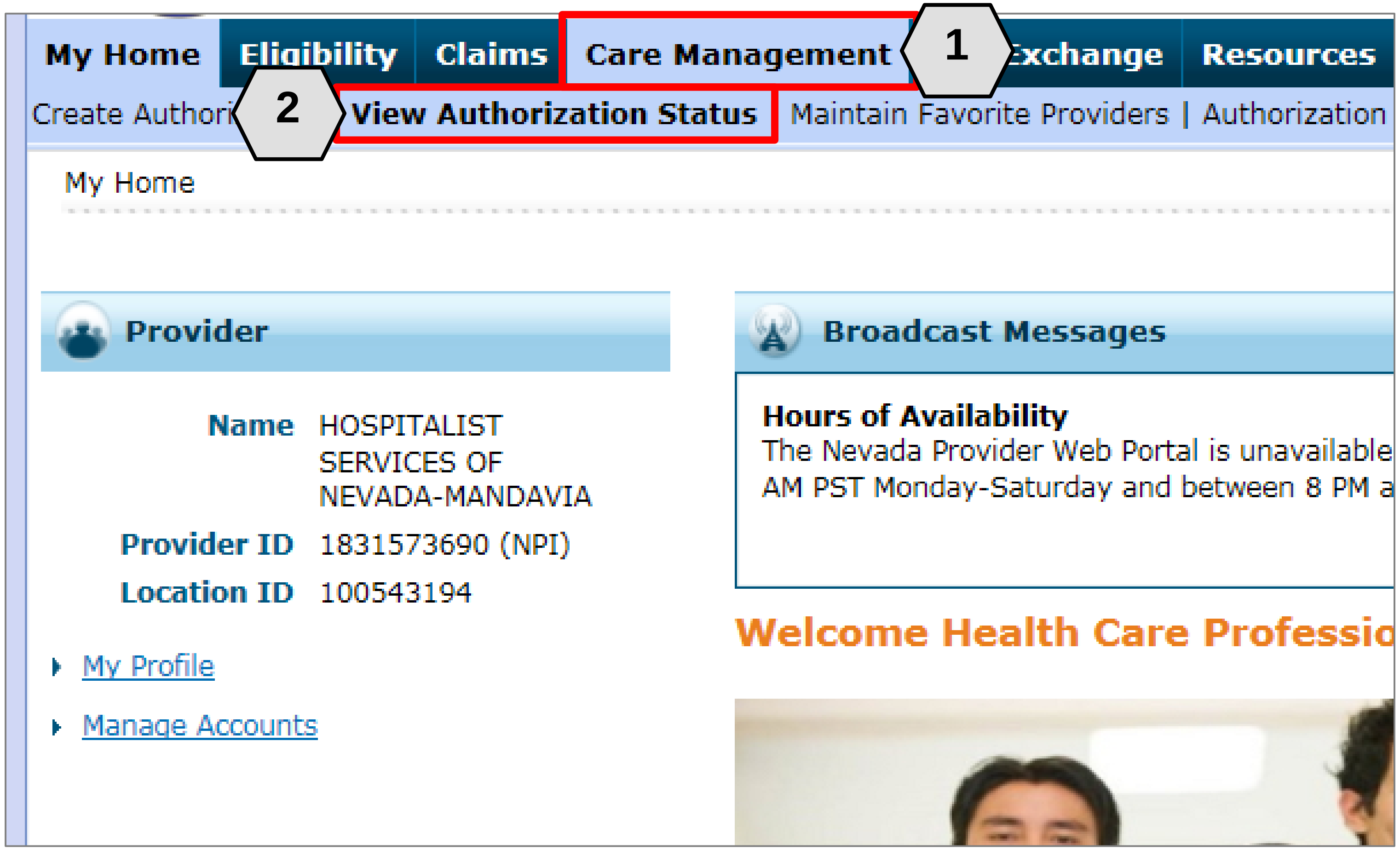
Submitting a PA Request, cont.



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

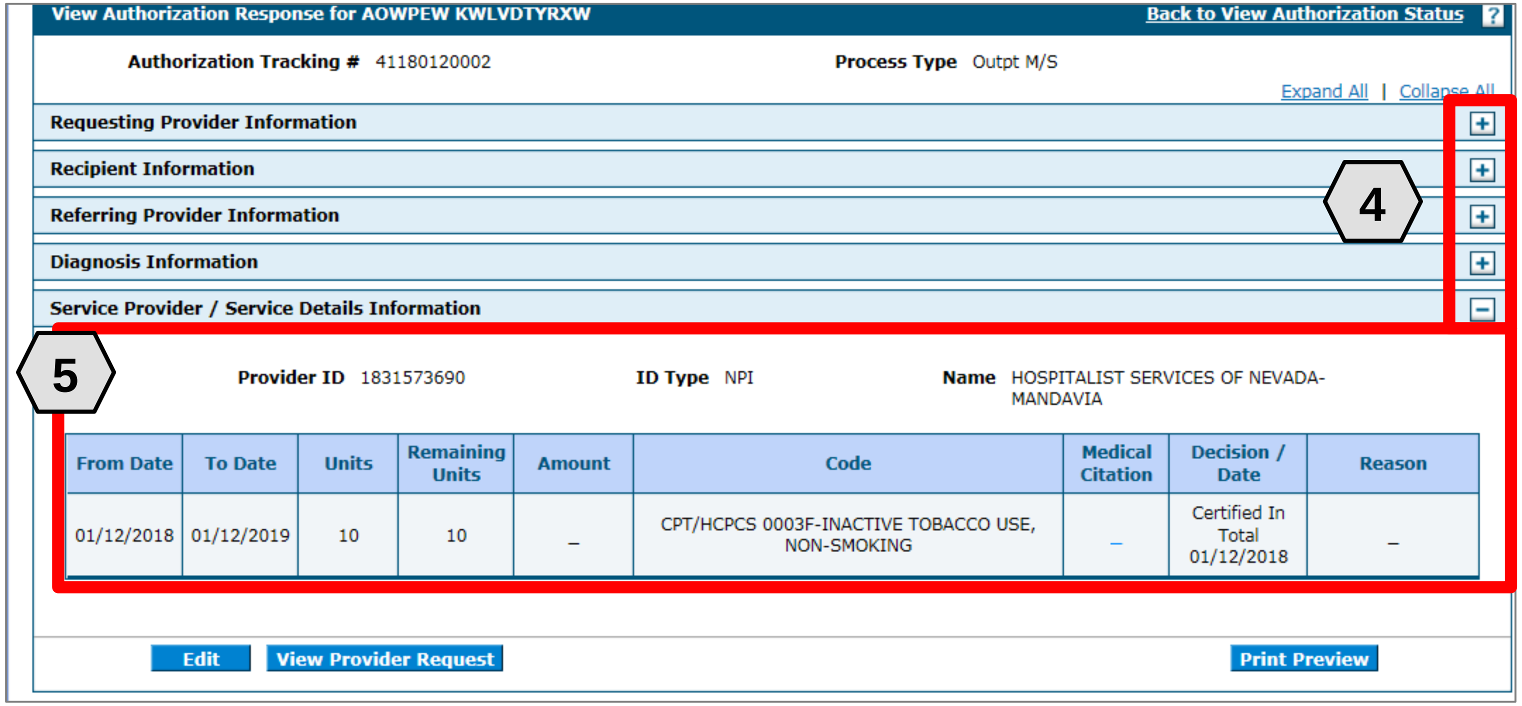


1. Hover over the **Care Management** tab.
2. Click **View Authorization Status**.

Viewing the Status of PAs, cont.

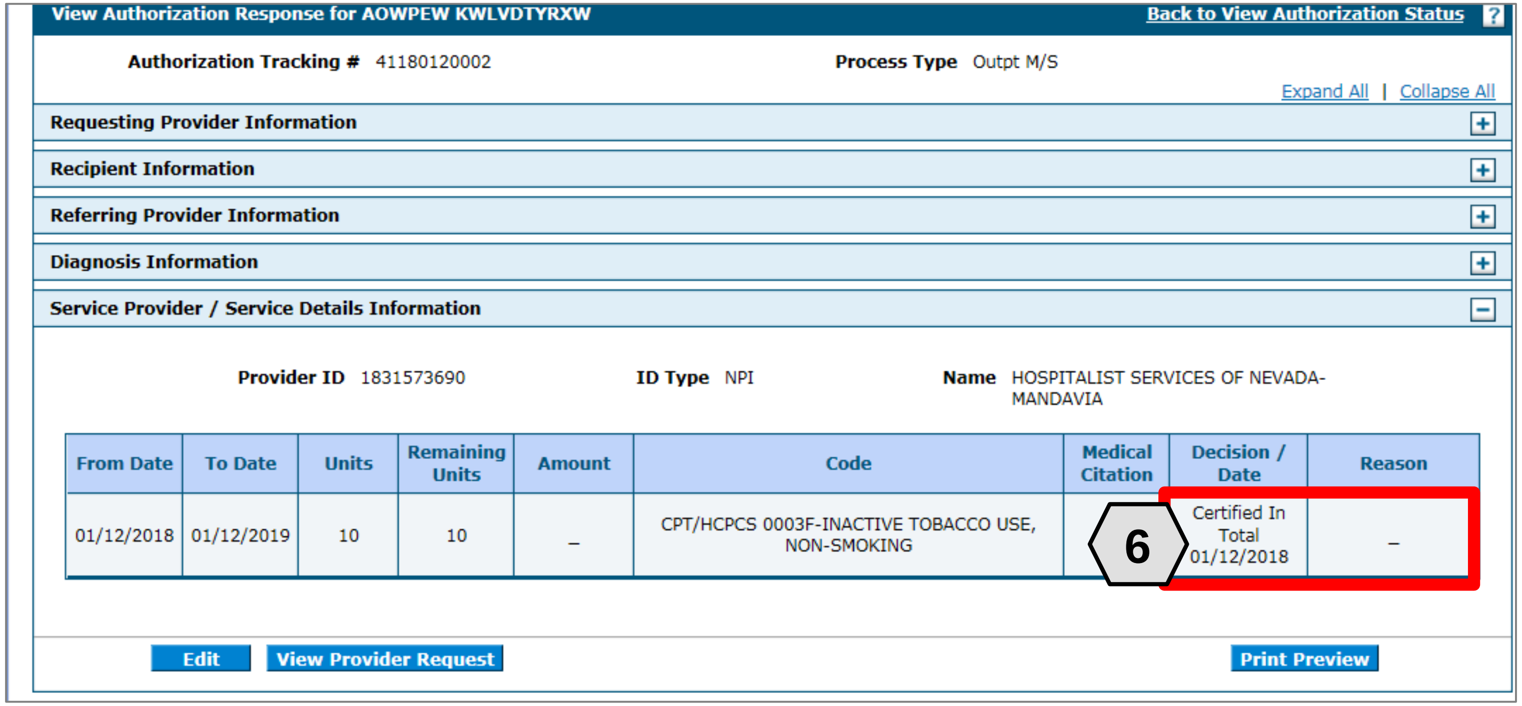
3. Click the **ATN** hyperlink of the PA you wish to view.

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

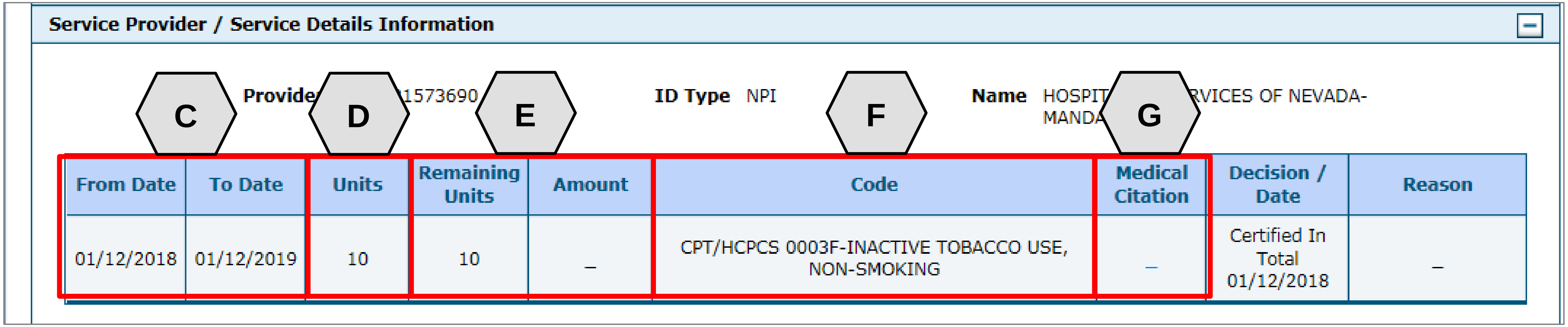
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
08/29/2017	08/29/2017	1	1	$125.00	CPT/HCPCS 80061-Lipid panel	View	Certified Partial 06/11/2018	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)
08/30/2017	08/30/2017	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.


Service Provider / Service Details Information

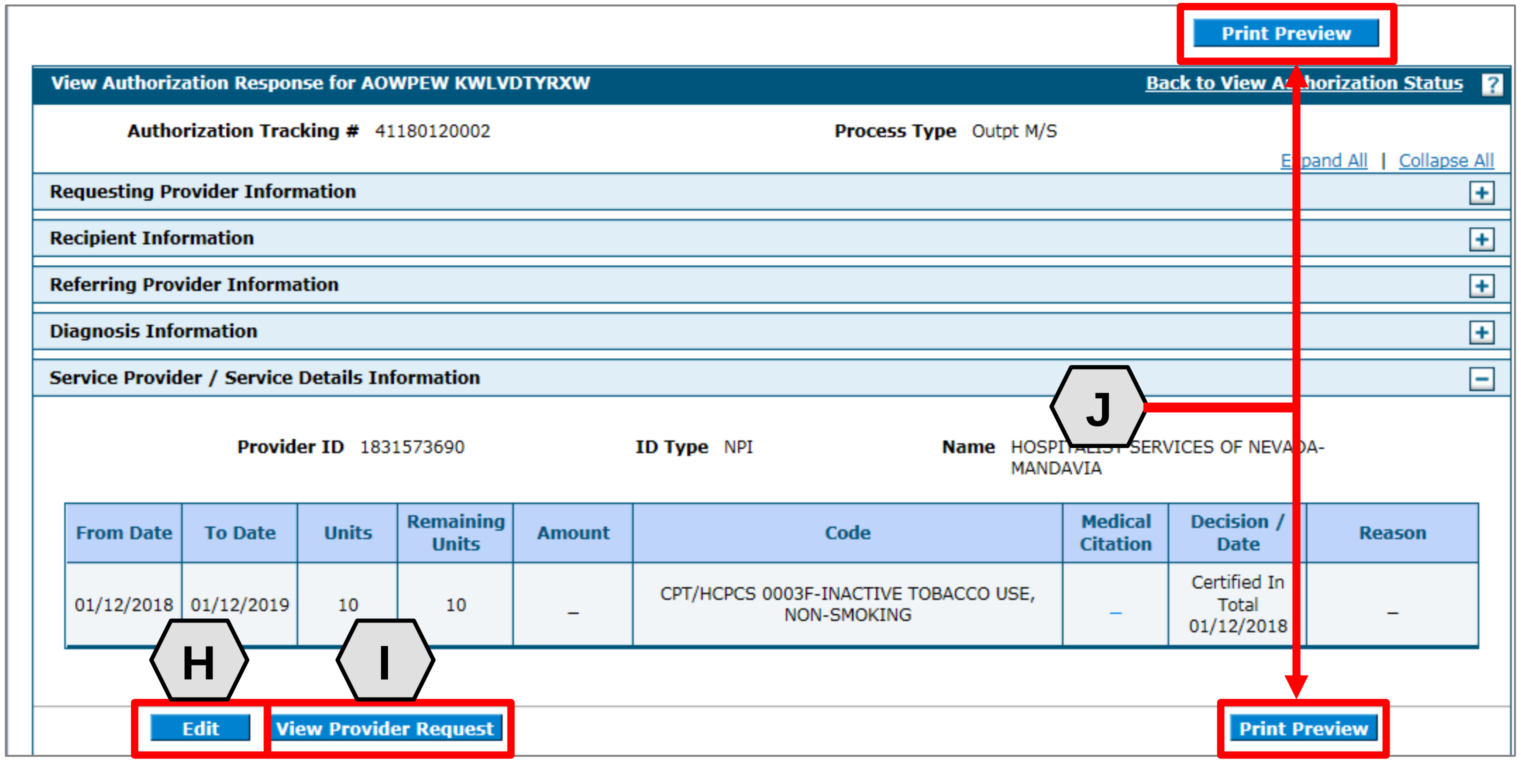
C D E F G

Provide 1573690 ID Type NPI Name HOSPIT RVICES OF NEVADA-
MANDA

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

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

Viewing the Status of PAs, cont.



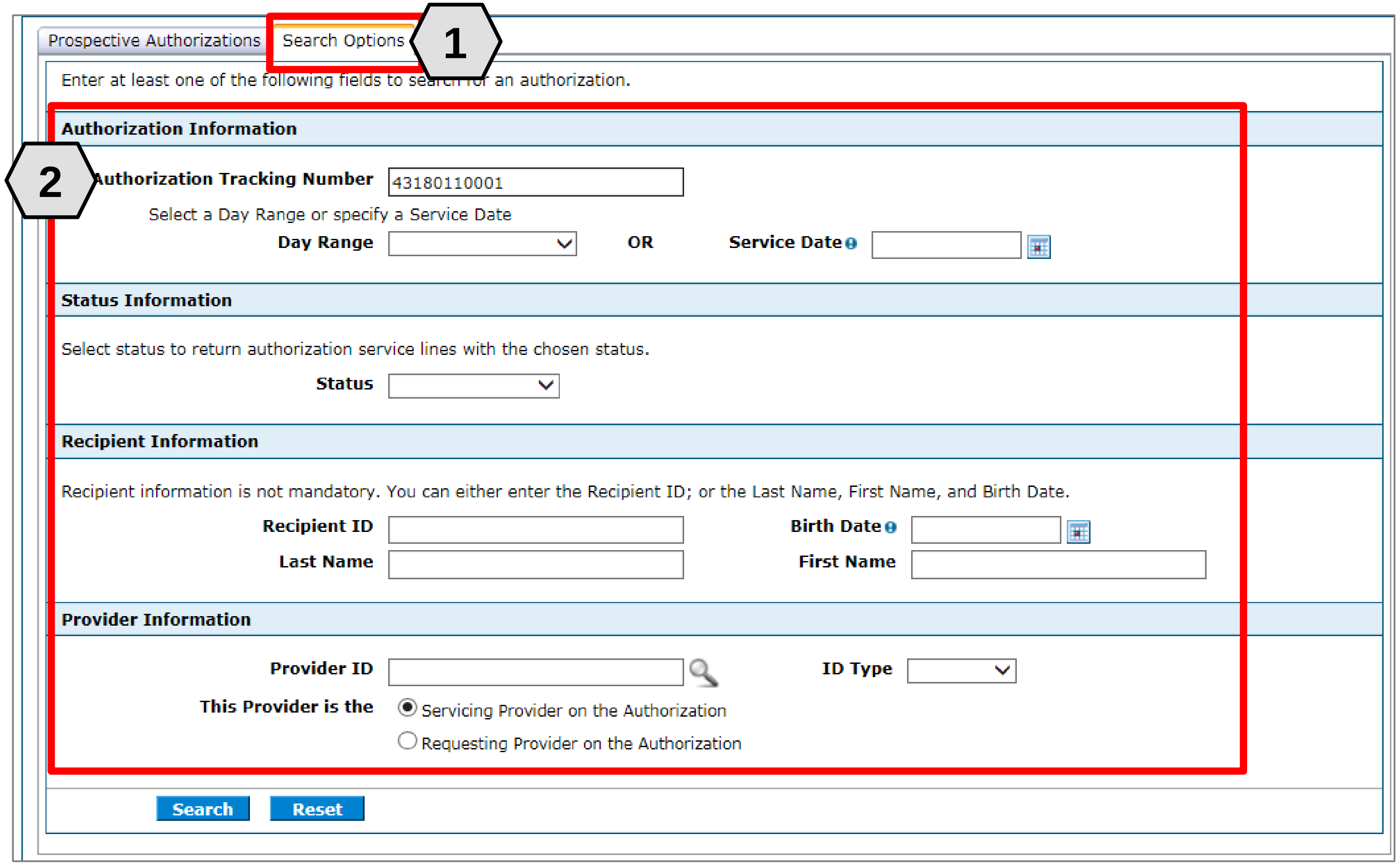
H. **Edit:** Edit the PA.

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.

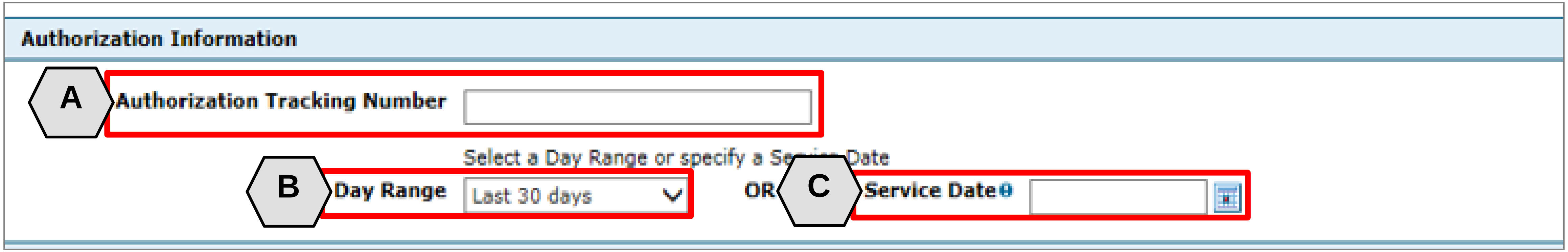
Searching for PAs

Searching for PAs



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

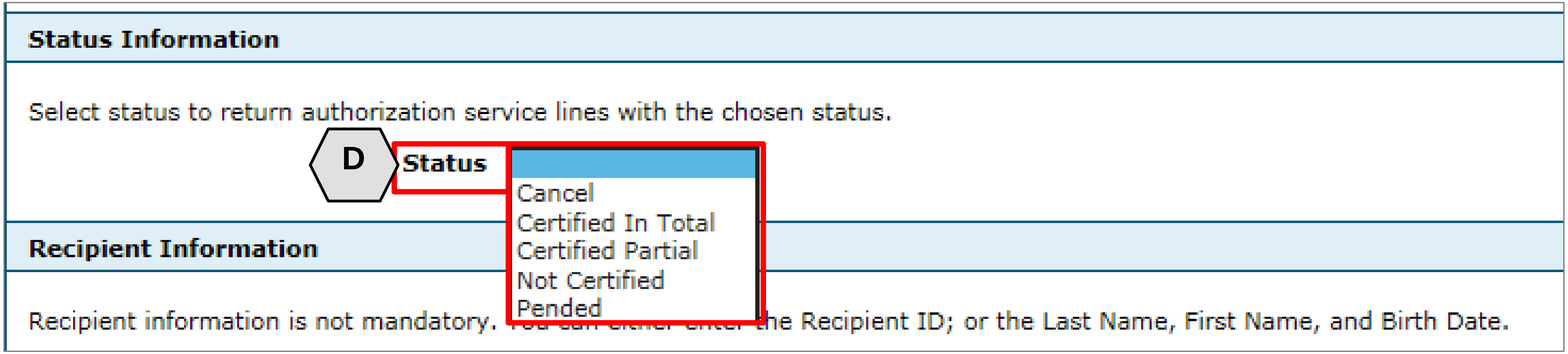
Searching for PAs, cont.



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.

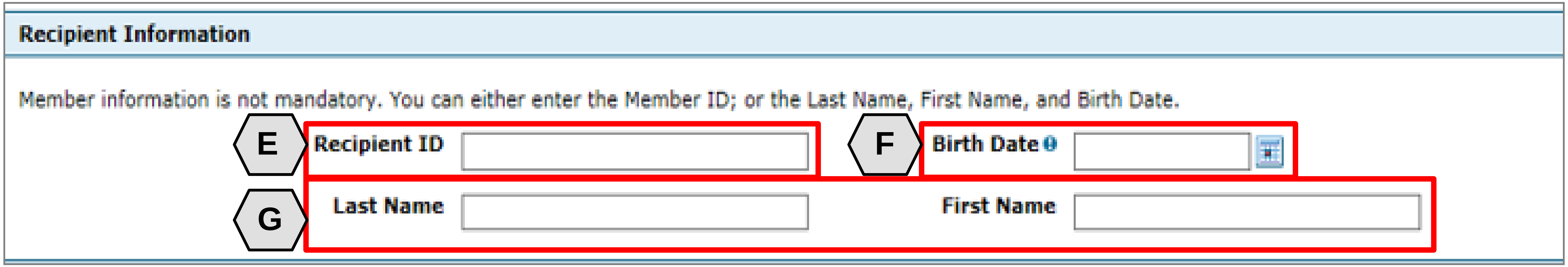
NOTE: Without an ATN, a **Day Range** or a **Service Date** must be entered. If the PA start date is more than 60 days ago, a **Service Date** must be entered.

Searching for PAs



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

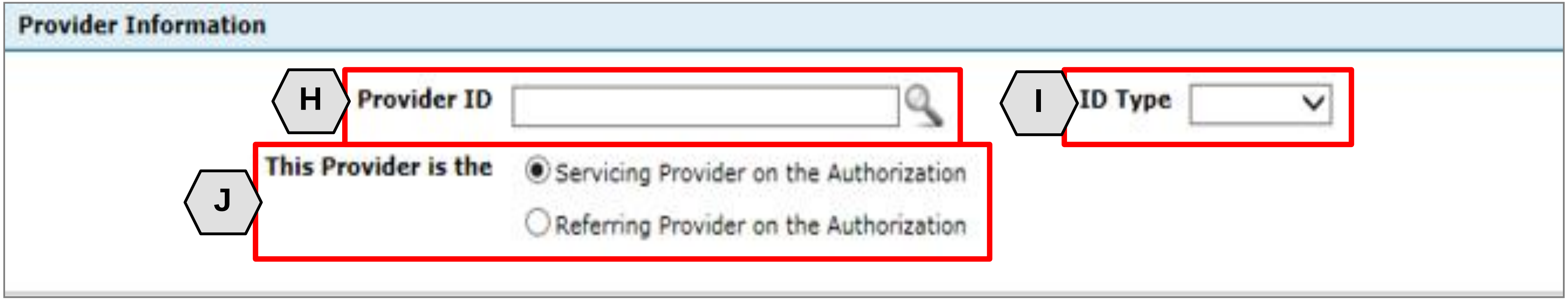
Searching for PAs



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

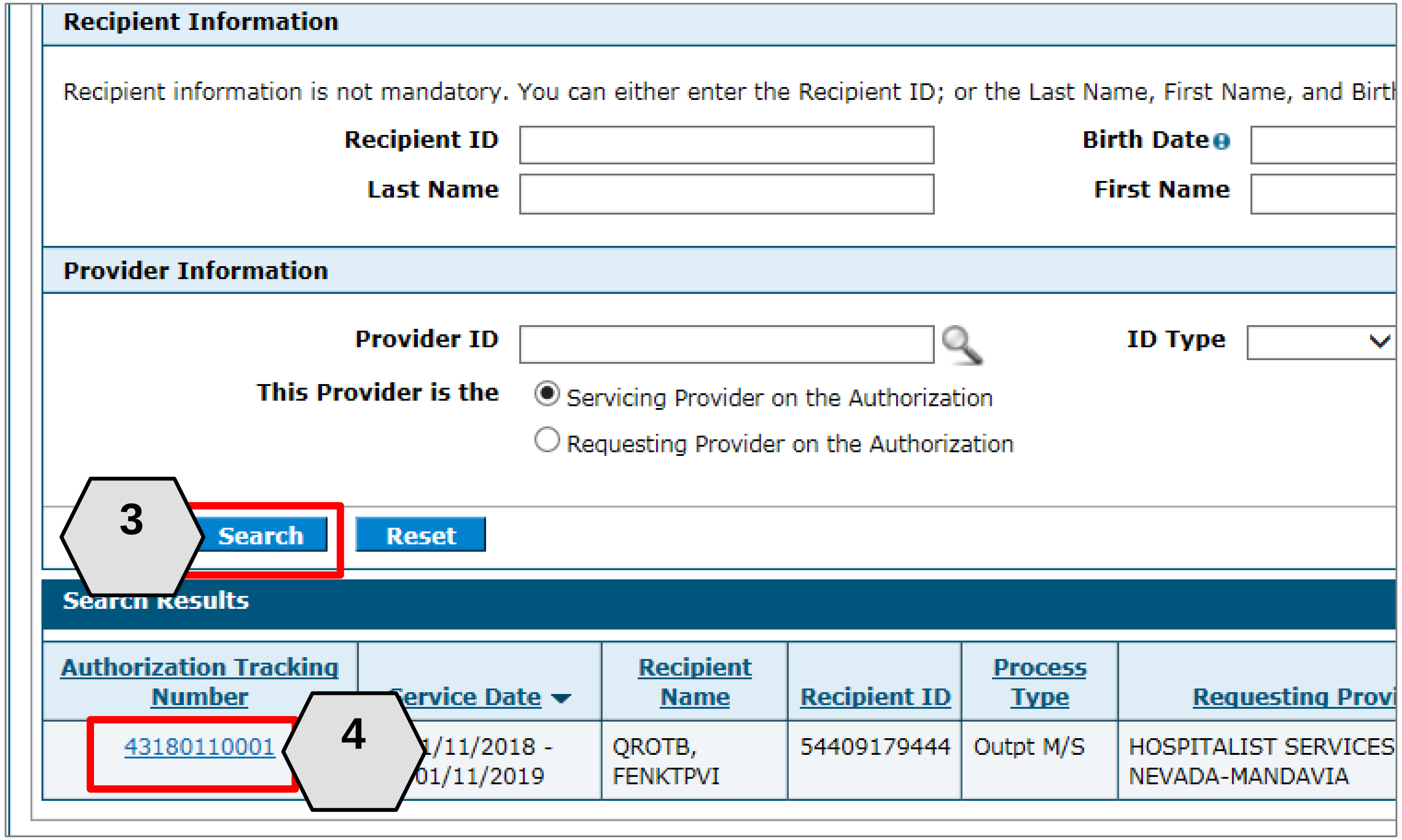


H. **Provider ID:** Enter the provider's unique NPI number.

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.

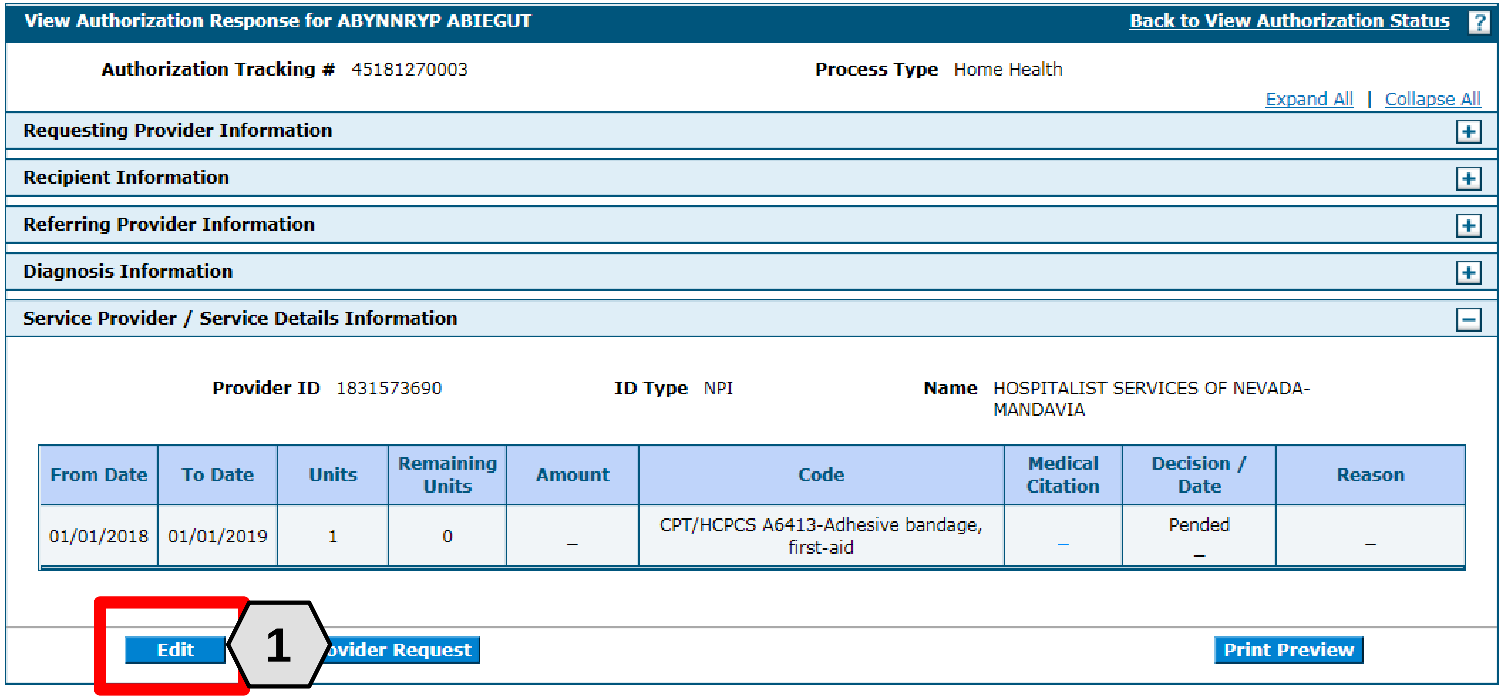
Searching for PAs



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 | 1 | ovider Request | Print Preview

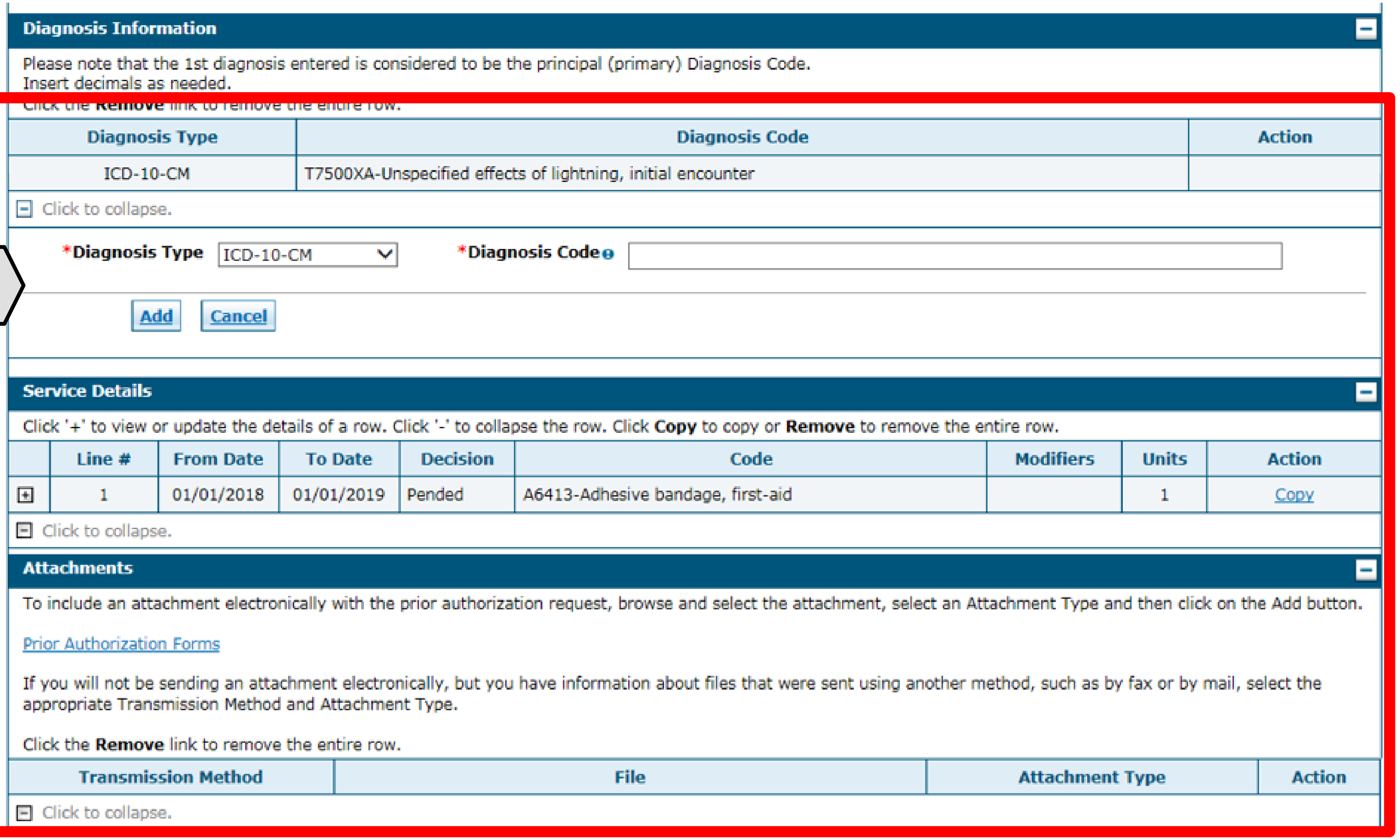
1. Click the **Edit** button to edit a submitted PA request.

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



Diagnosis Information

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

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

Click to collapse.

*Diagnosis Type ICD-10-CM *Diagnosis Code

Add Cancel

Service Details

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

	Line #	From Date	To Date	Decision	Code	Modifiers	Units	Action
+	1	01/01/2018	01/01/2019	Pended	A6413-Adhesive bandage, first-aid		1	Copy

Click to collapse.

Attachments

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

Prior Authorization Forms

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

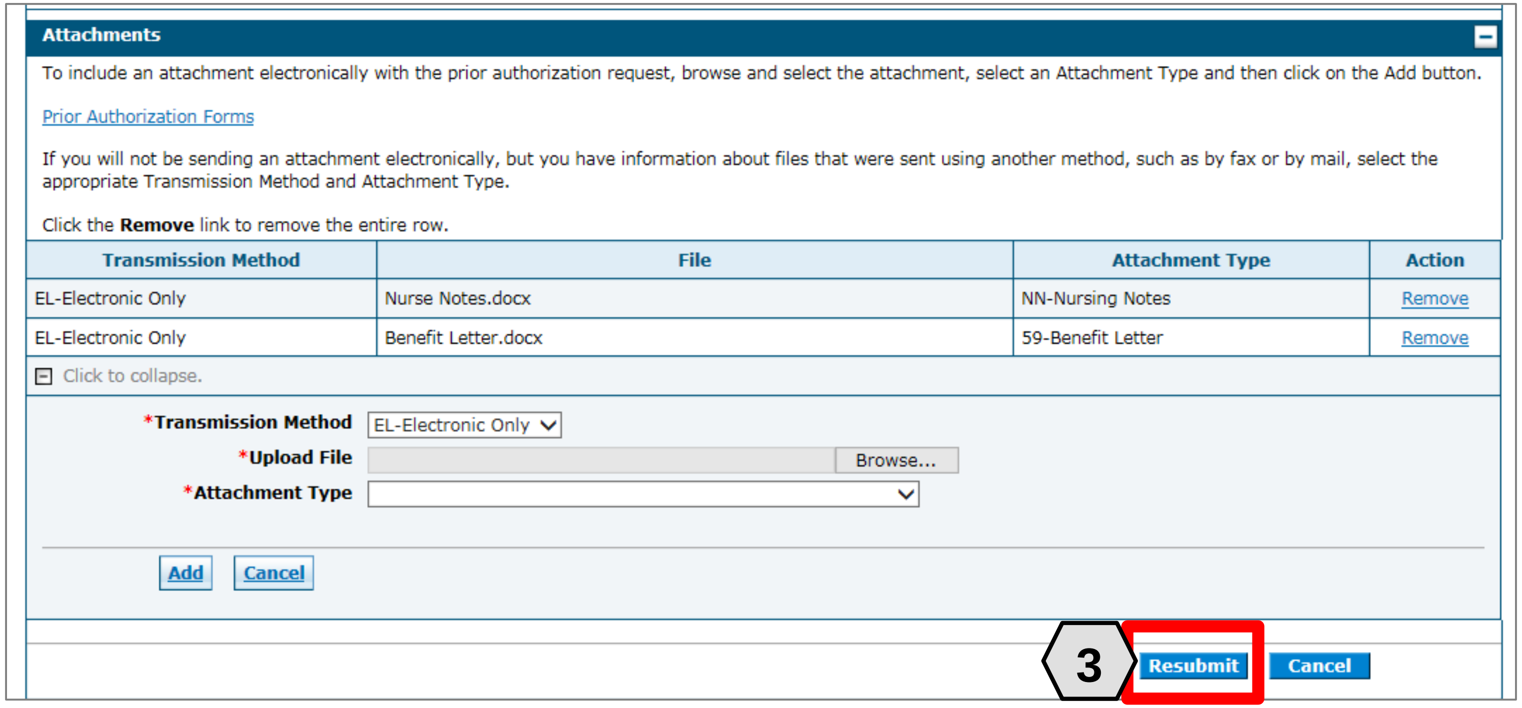
Click the **Remove** link to remove the entire row.

Transmission Method	File	Attachment Type	Action

Click to collapse.

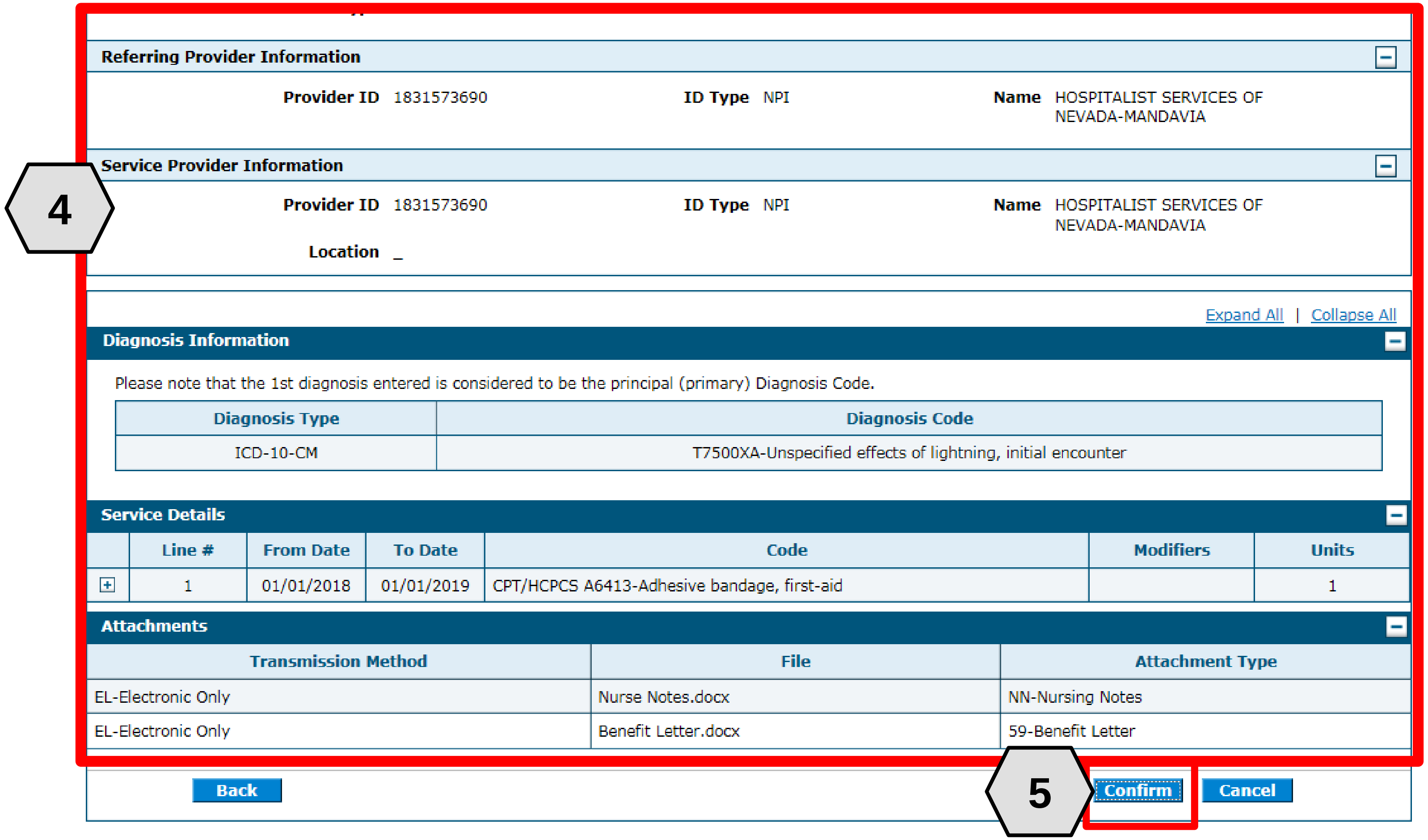
2. Add additional diagnosis codes, service details, and/or attachments.

Submitting Additional Information, cont.



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

Submitting Additional Information, cont.



4

Referring Provider Information

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

Service Provider Information

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

Location _

Expand All | Collapse All

Diagnosis Information

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

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

Service Details

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

Attachments

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

Back 5 Confirm Cancel

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

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

Questions & Answers

Provider Professional Claims

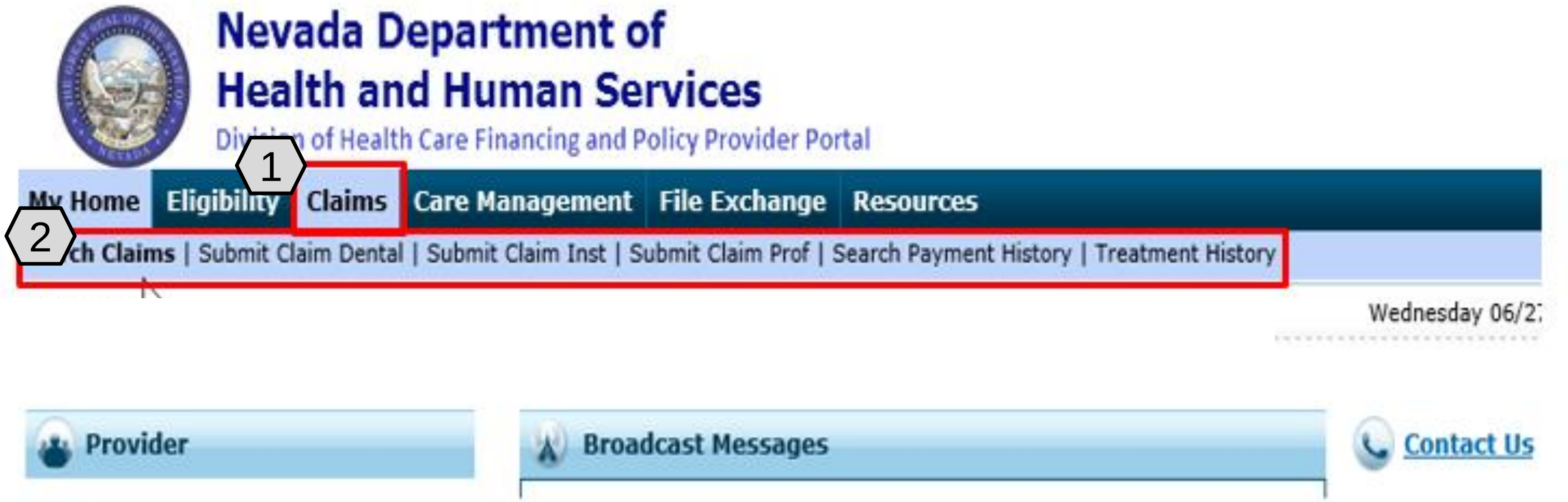
Objectives

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

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

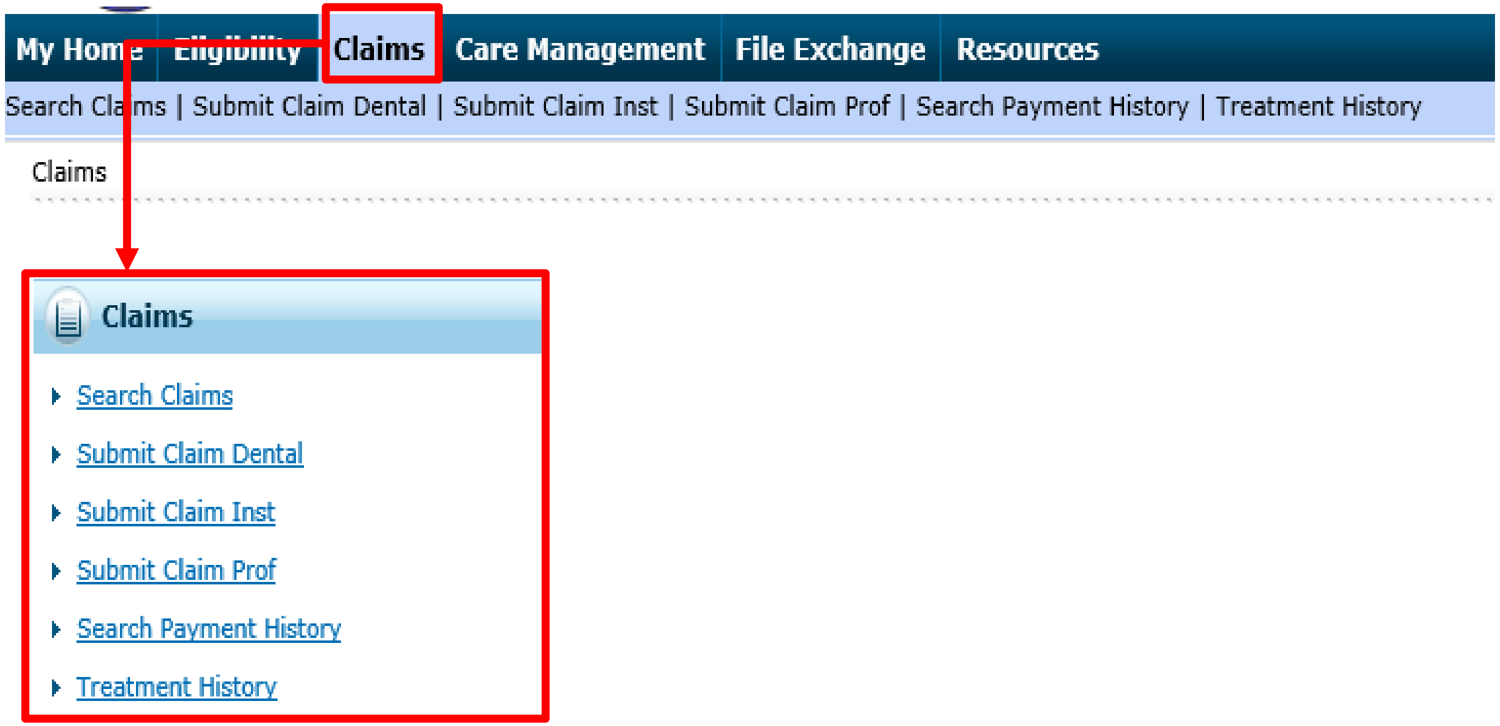
Understanding Claim Sub Menus

Understanding Claims Sub Menus

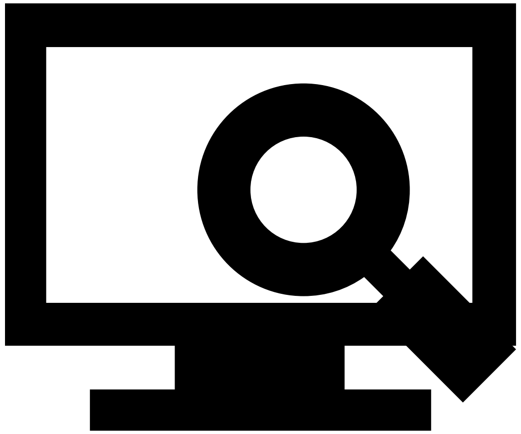


1. Hover over **Claims**
2. Select the appropriate sub menu from the options

Understanding Claims Sub Menus, cont.



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



Submitting a Professional Claim

Submitting a Professional Claim

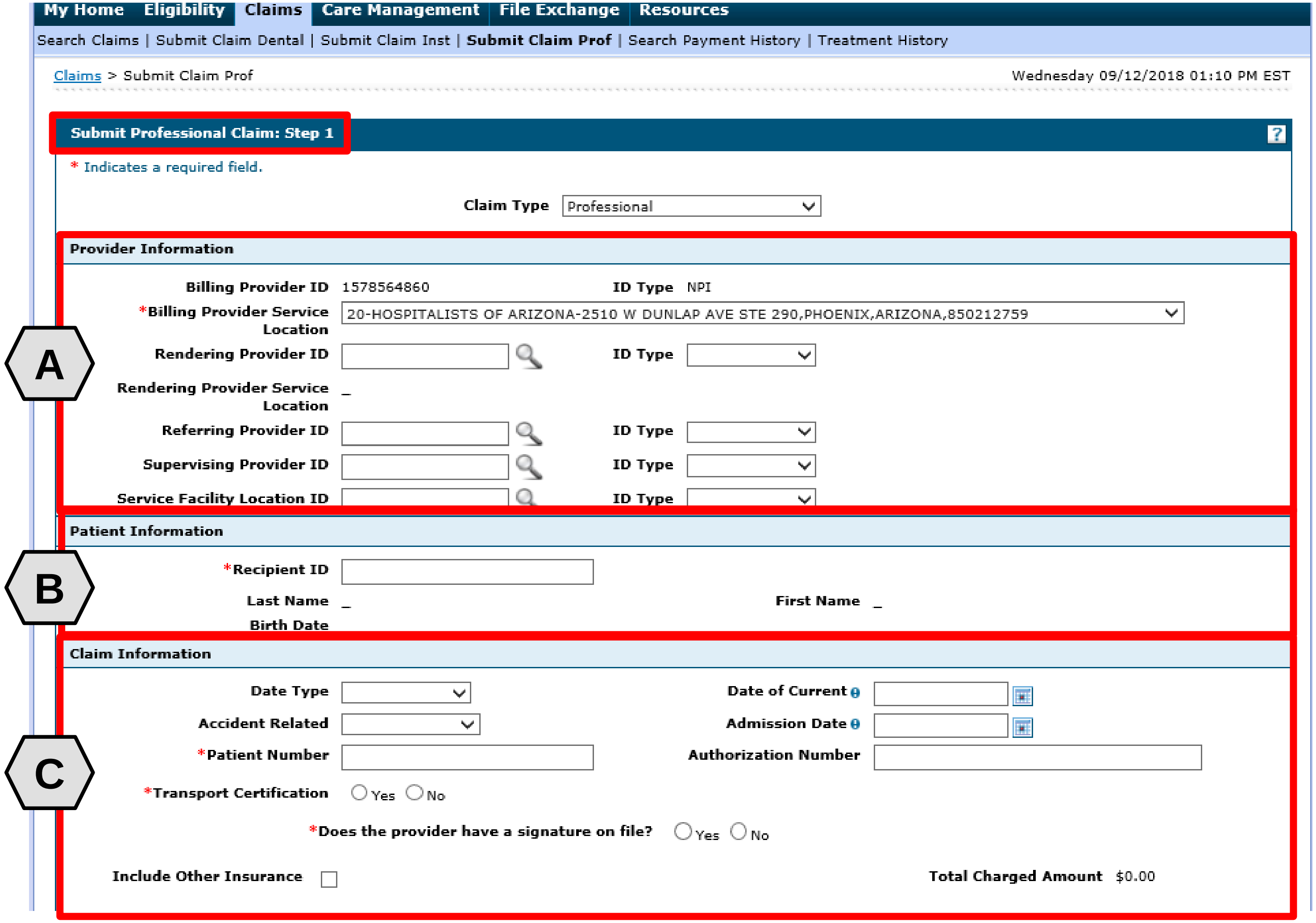
The Professional Claim submission process is broken out into three main steps:

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

Submitting a Professional Claim: Step 1

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

Submitting a Professional Claim: Step 1

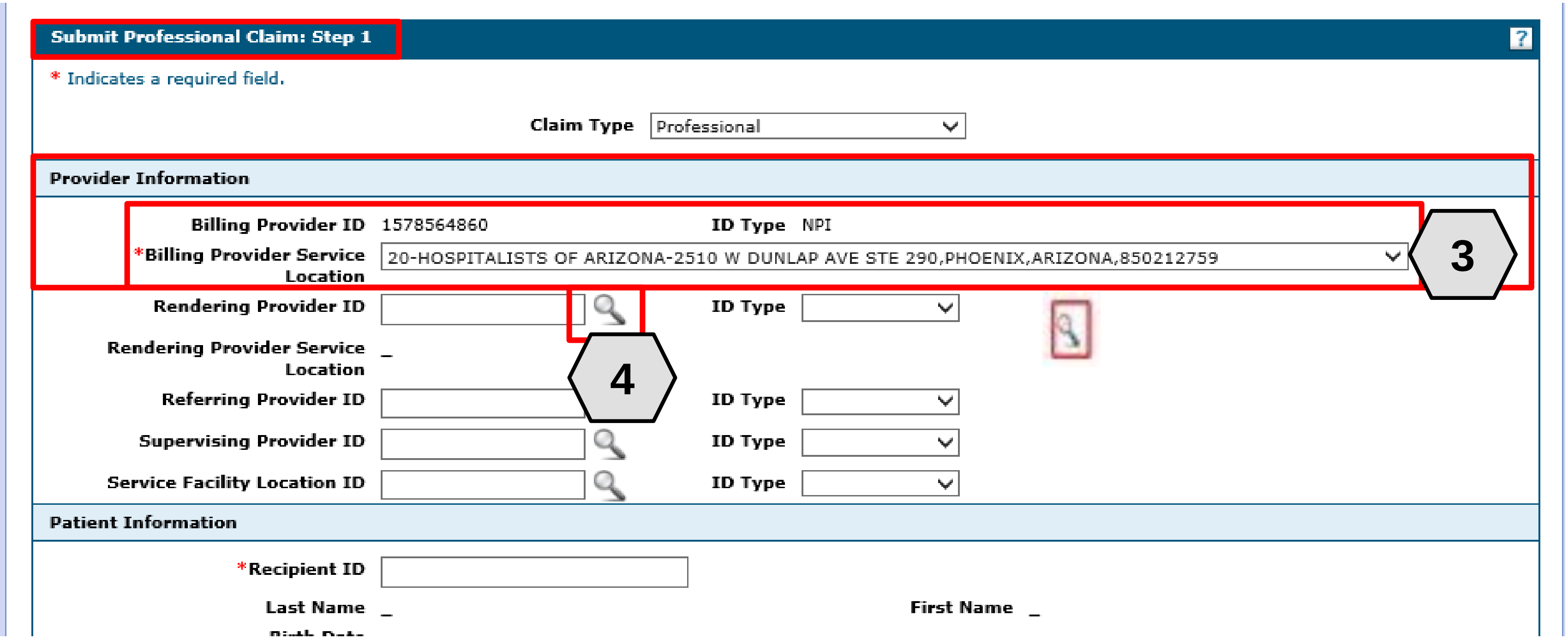


"Submit Professional Claim: Step 1" page sub-sections to complete:

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

Submitting a Professional Claim: Step 1, cont.

Provider Information



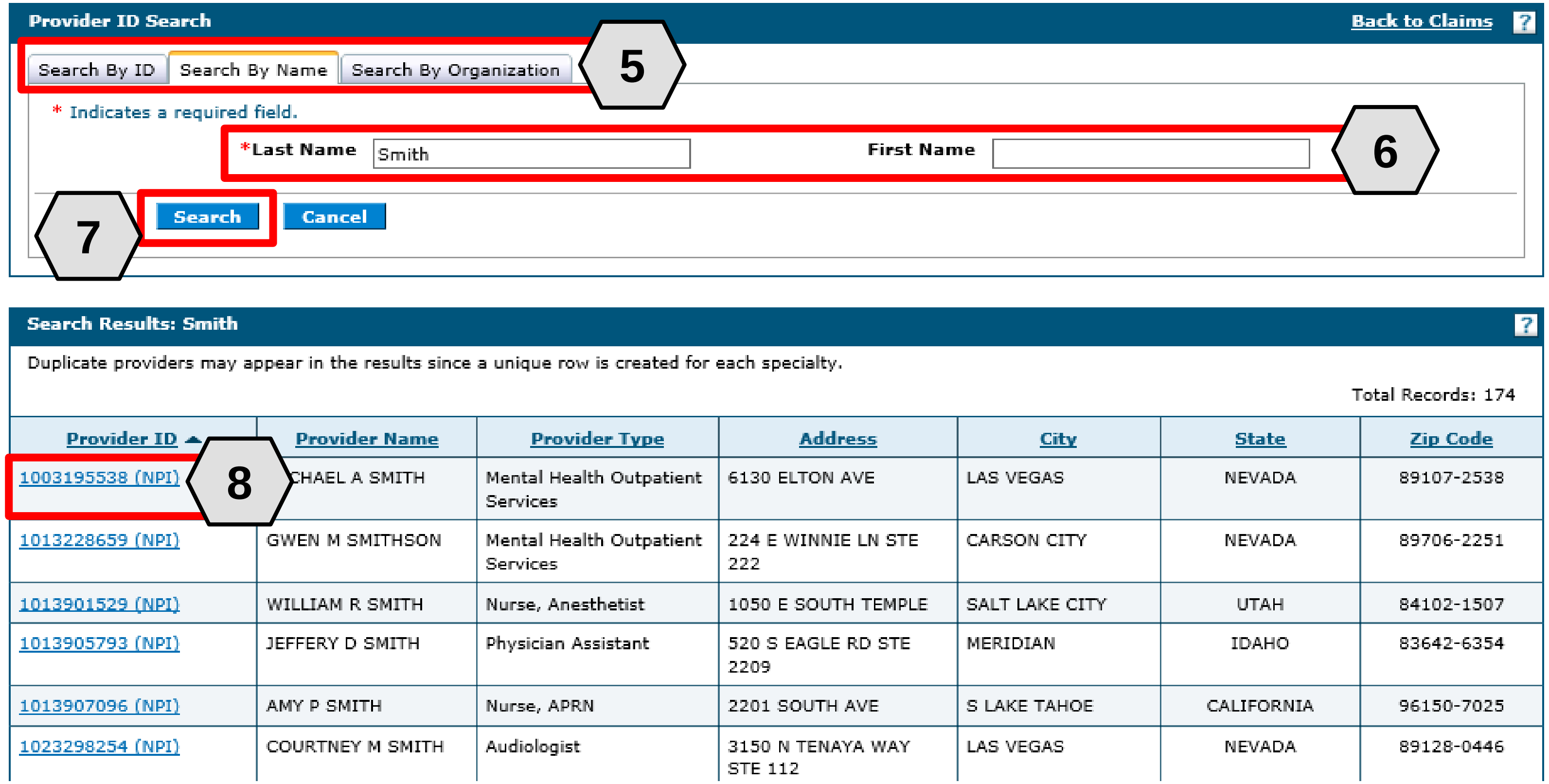
3. Select the appropriate provider type/service location being billed from the **Billing Provider Service Location** drop-down option

4. Enter the Rendering ID and ID Type. If the Rendering ID is unknown, click the  button adjacent to the **Rendering Provider ID** field

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

Submitting a Professional Claim: Step 1, cont.

Provider Information



Provider ID Search Back to Claims ?

Search By ID | Search By Name | Search By Organization

* Indicates a required field.

*Last Name: Smith First Name:

Search Cancel

Search Results: Smith ?

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

Total Records: 174

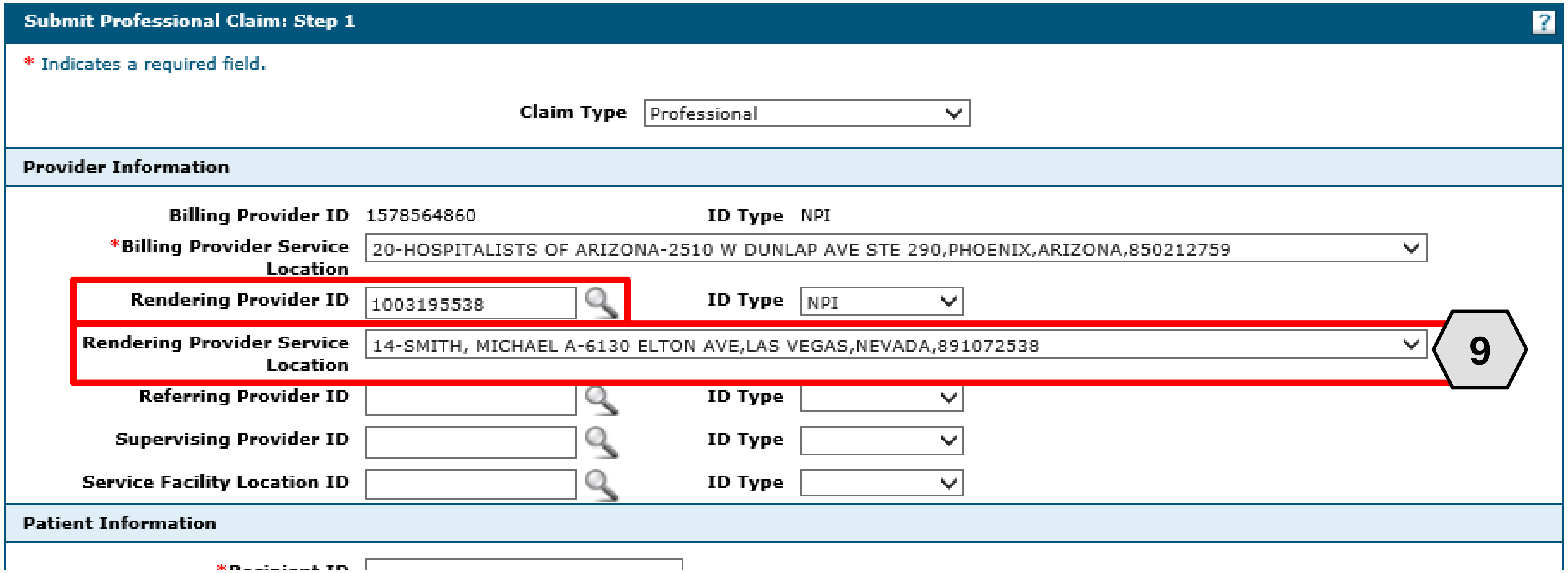
Provider ID	Provider Name	Provider Type	Address	City	State	Zip Code
1003195538 (NPI)	CHAEL A SMITH	Mental Health Outpatient Services	6130 ELTON AVE	LAS VEGAS	NEVADA	89107-2538
1013228659 (NPI)	GWEN M SMITHSON	Mental Health Outpatient Services	224 E WINNIE LN STE 222	CARSON CITY	NEVADA	89706-2251
1013901529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

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

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

Submitting a Professional Claim: Step 1, cont.

Provider Information



Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type: Professional

Provider Information

Billing Provider ID: 1578564860 — ID Type: NPI

*Billing Provider Service Location: 20-HOSPITALISTS OF ARIZONA-2510 W DUNLAP AVE STE 290,PHOENIX,ARIZONA,850212759

Rendering Provider ID: 1003195538 — ID Type: NPI

Rendering Provider Service Location: 14-SMITH, MICHAEL A-6130 ELTON AVE,LAS VEGAS,NEVADA,891072538

Referring Provider ID — ID Type

Supervising Provider ID — ID Type

Service Facility Location ID — ID Type

Patient Information

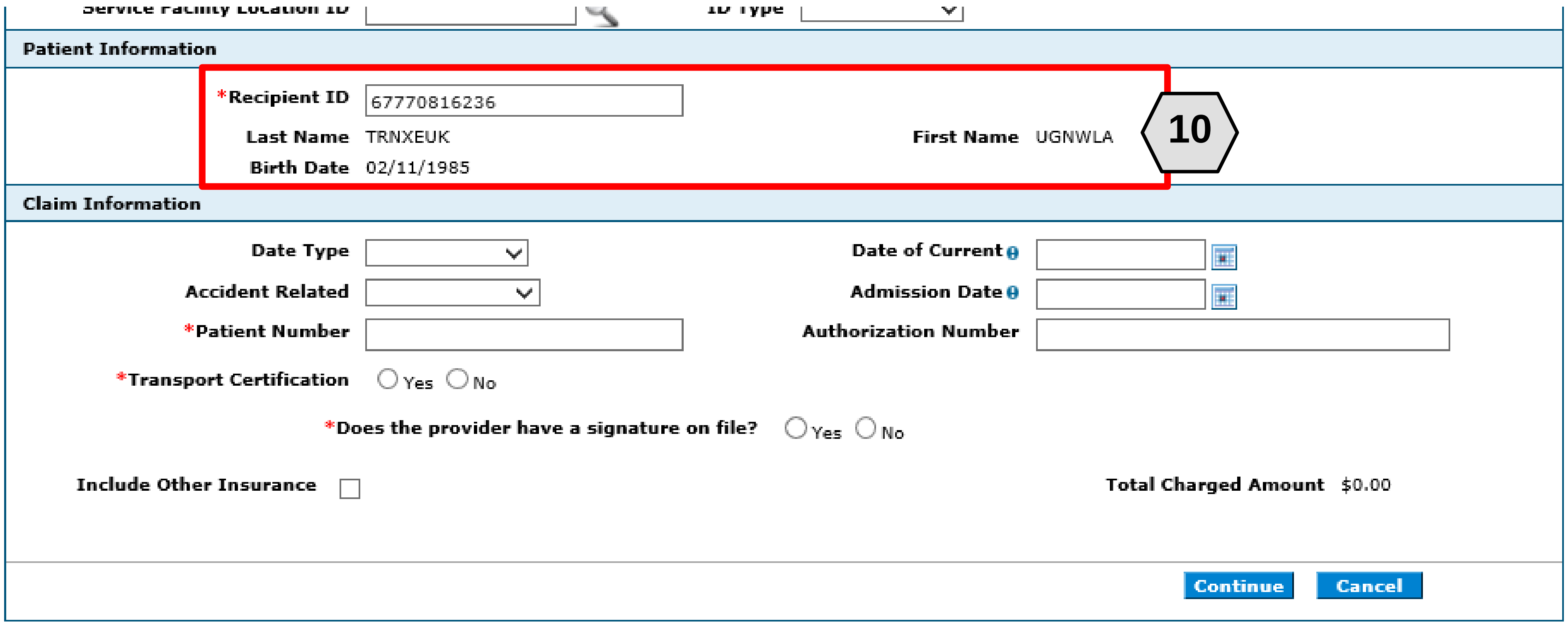
*Recipient ID

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

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

Submitting a Professional Claim: Step 1, cont.

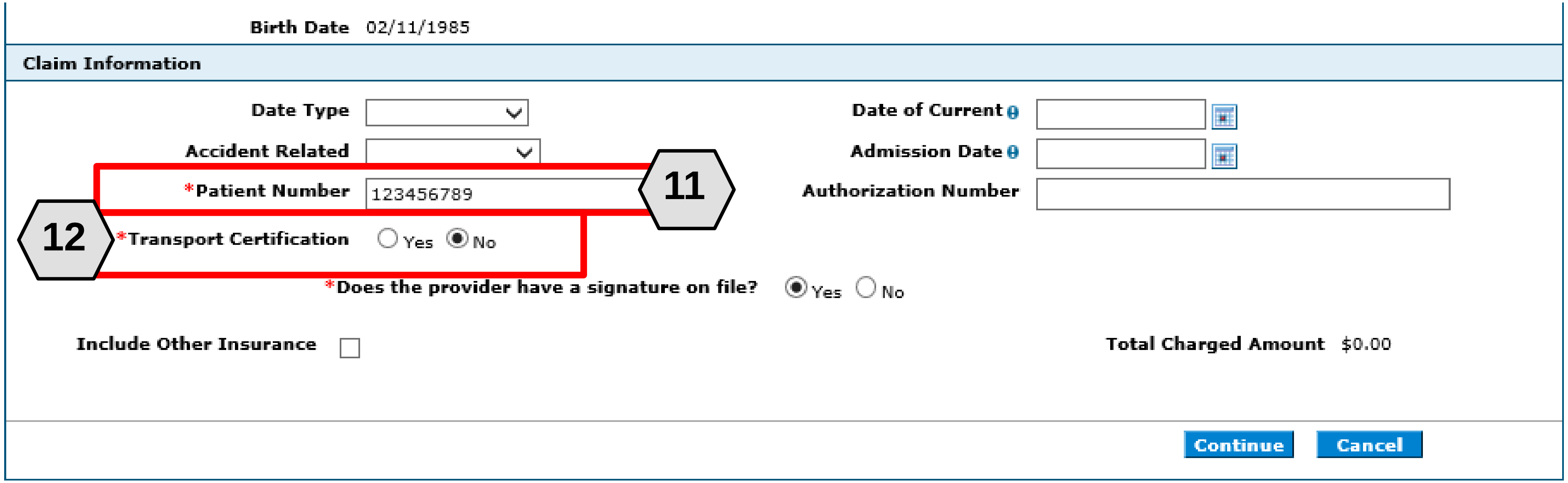
Patient Information



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

Submitting a Professional Claim: Step 1, cont.

Claim Information



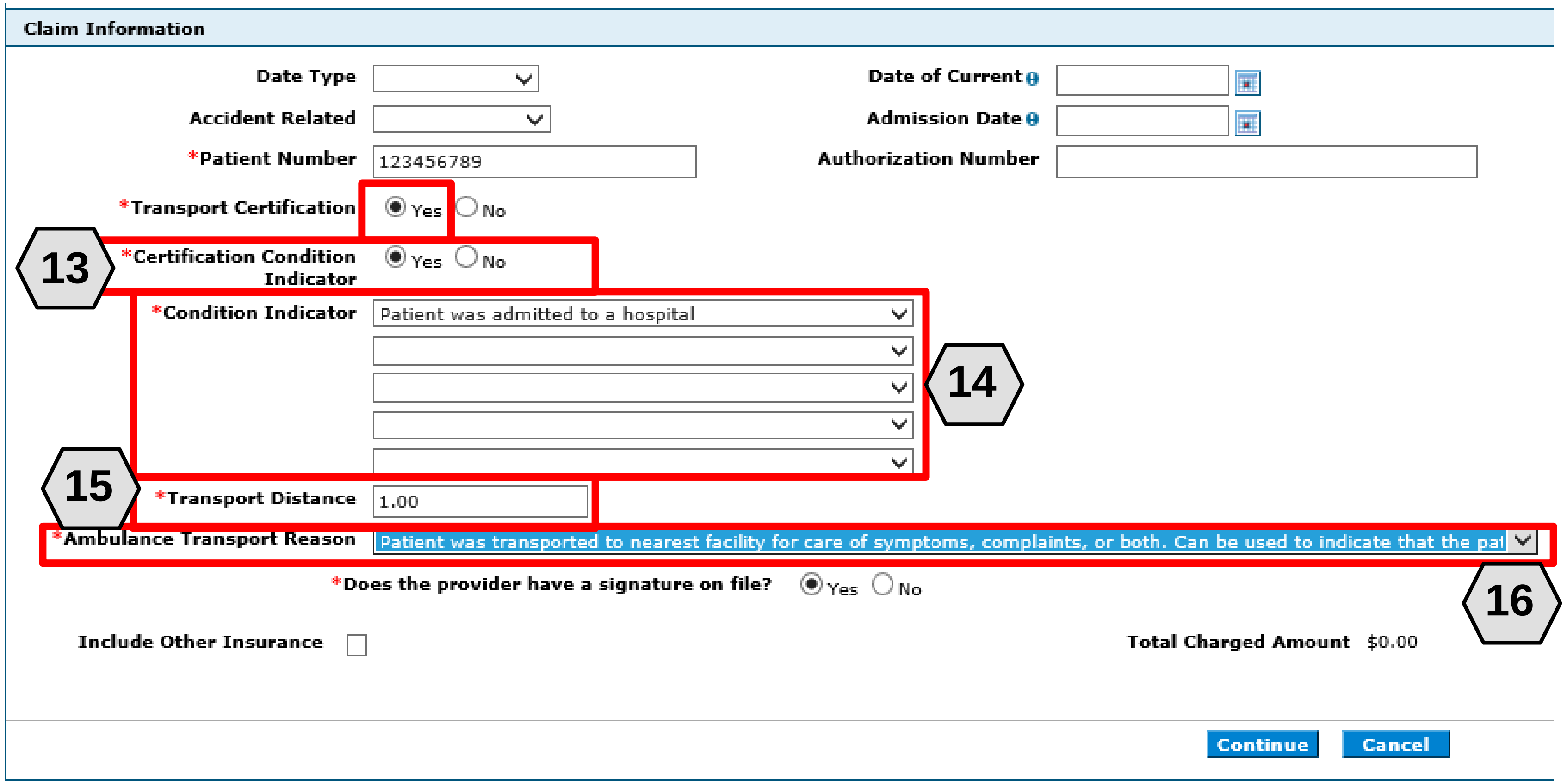
NOTE: Other fields can be completed based on additional details known about the claim.

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

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

Submitting a Professional Claim: Step 1, cont.

Claim Information

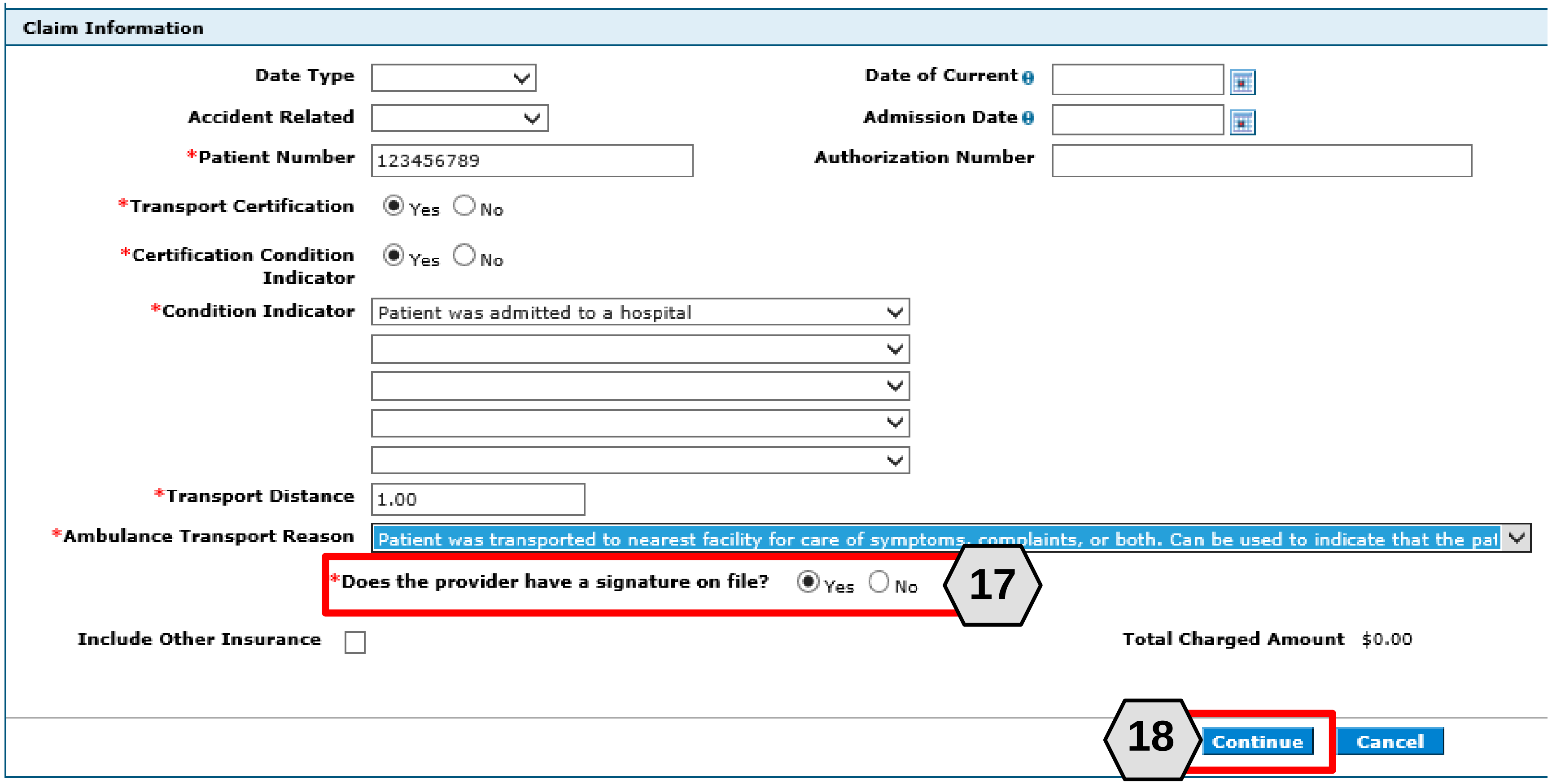


If the user selects “Yes” in the **Transport Certification** field, additional details must be entered.

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

Submitting a Professional Claim: Step 1, cont.

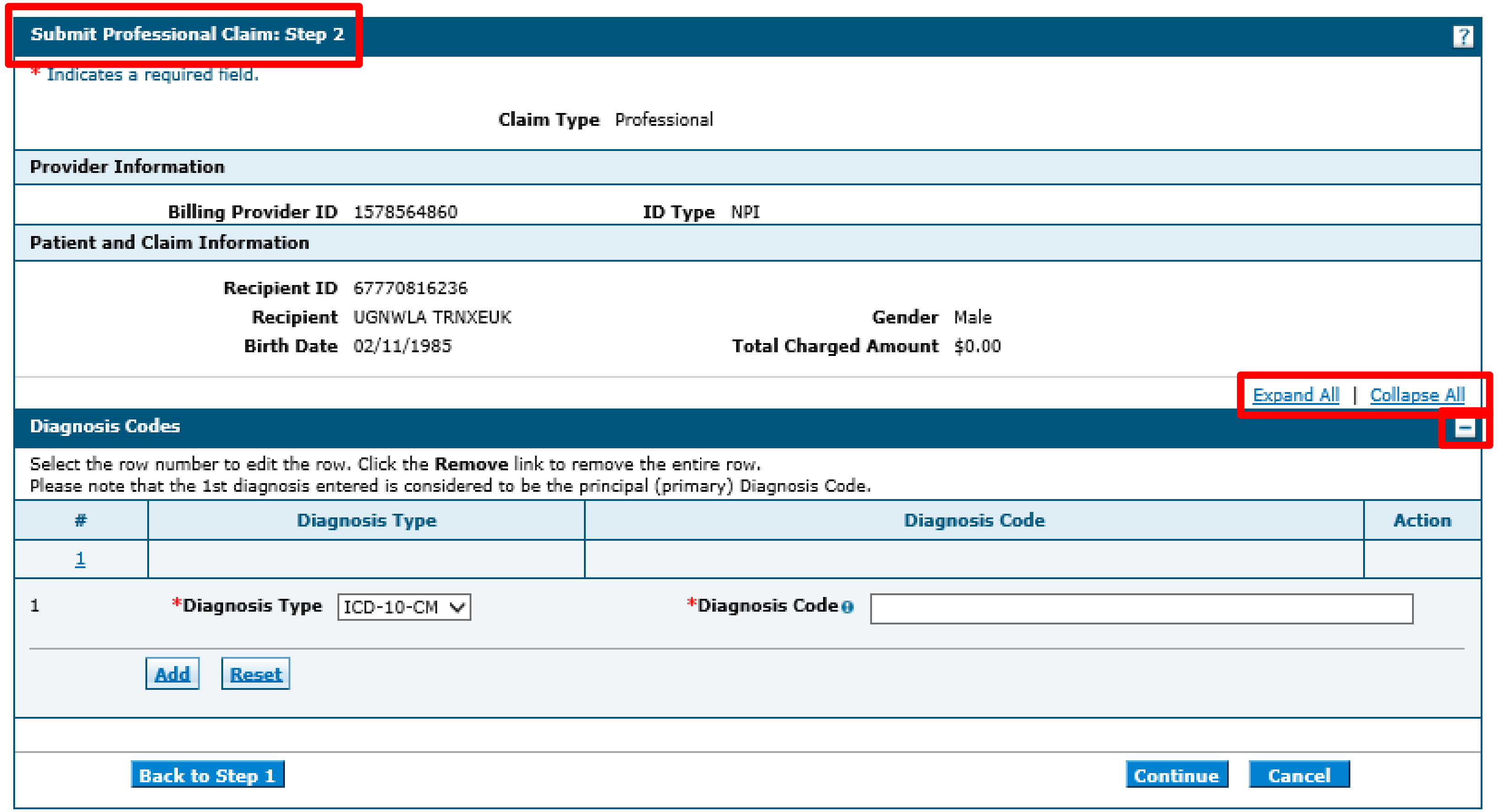
Claim Information



17. Indicate whether the provider has a signature on file
18. Click the **Continue** button

Submitting a Professional Claim: Step 2

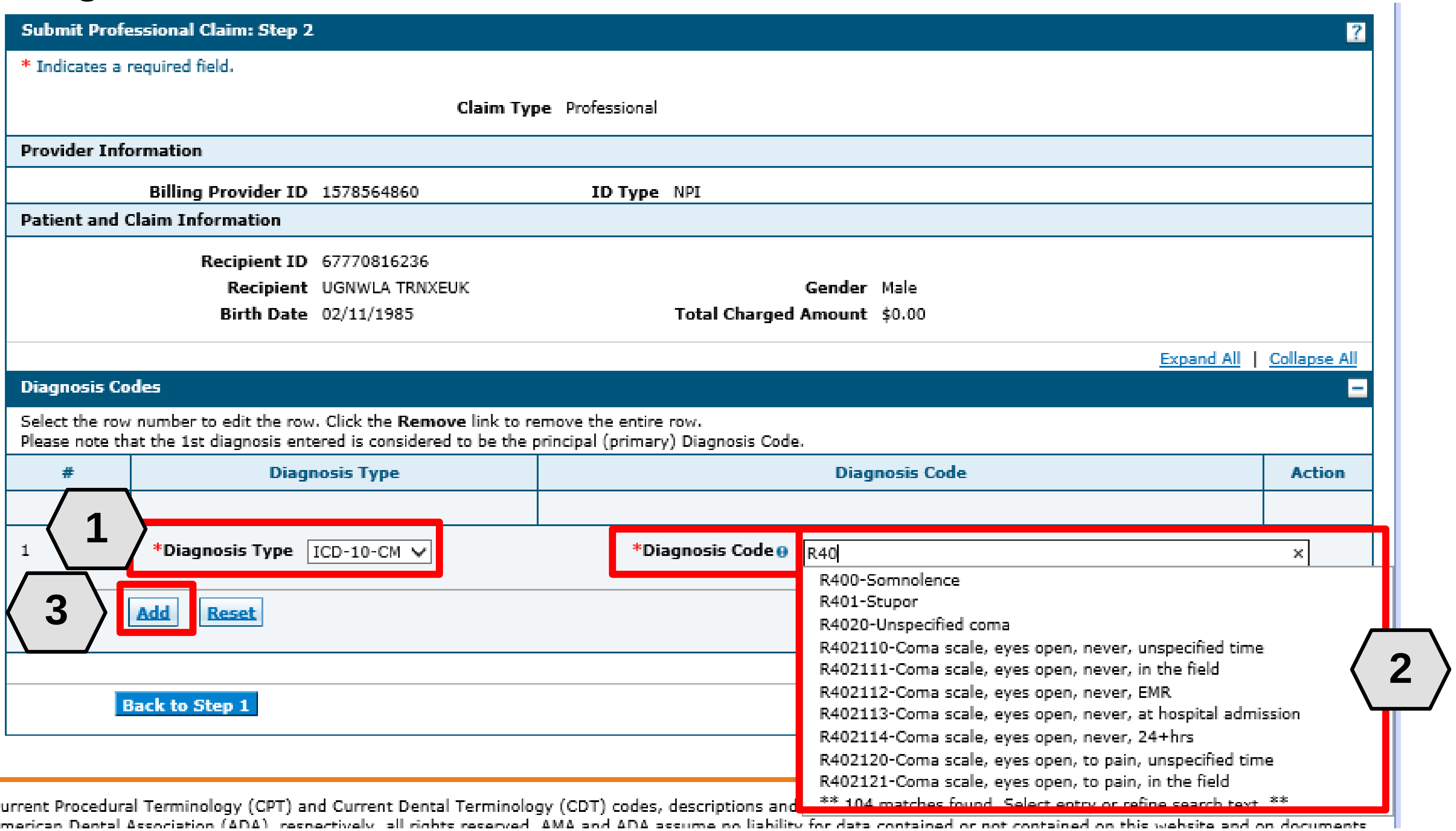
Diagnosis Codes



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

Submitting a Professional Claim: Step 2, cont.

Diagnosis Codes

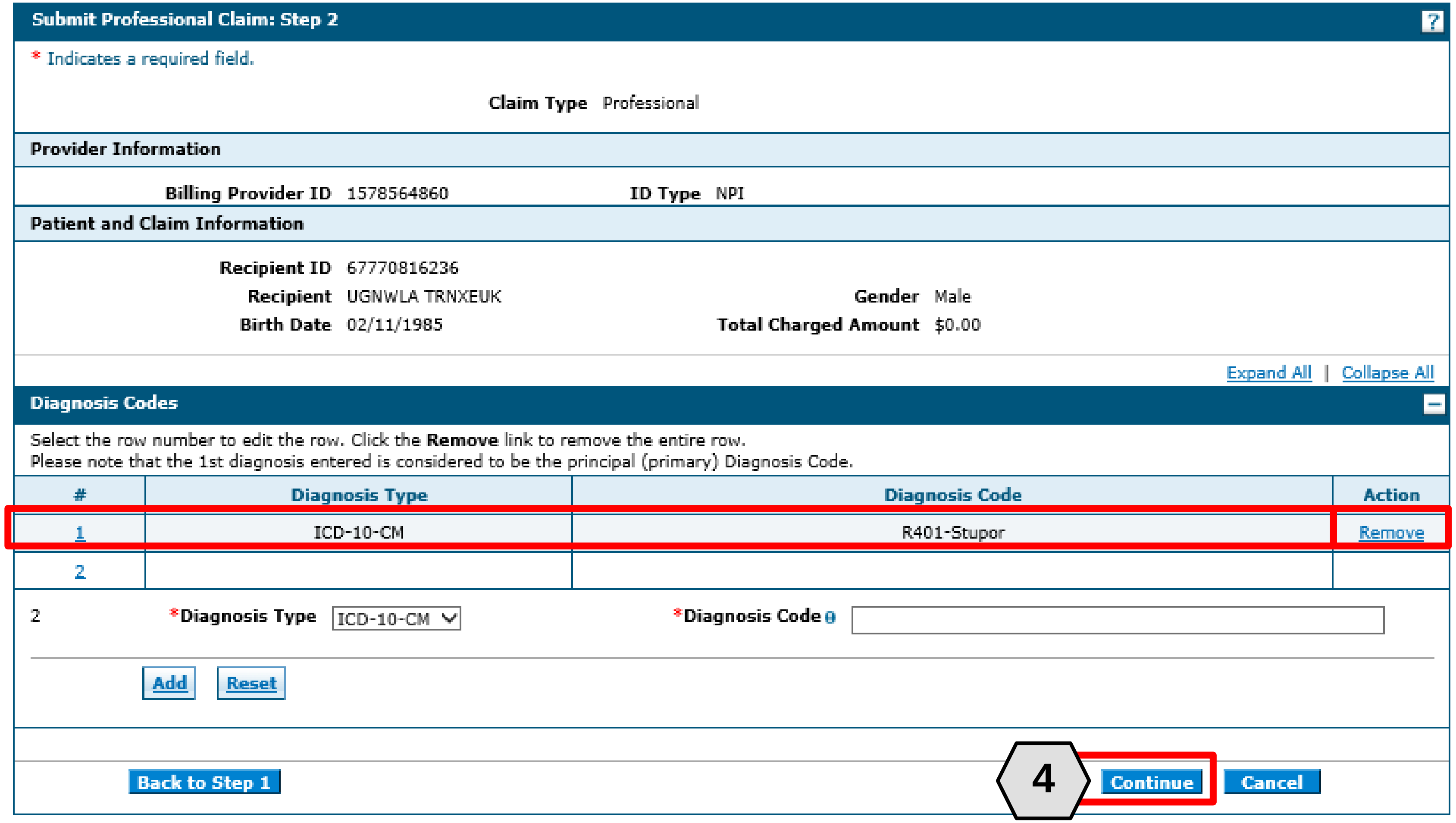


1. Choose a **Diagnosis Type**
2. Enter the **Diagnosis Code**
3. Click the **Add** button

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

Submitting a Professional Claim: Step 2, cont.

Diagnosis Codes



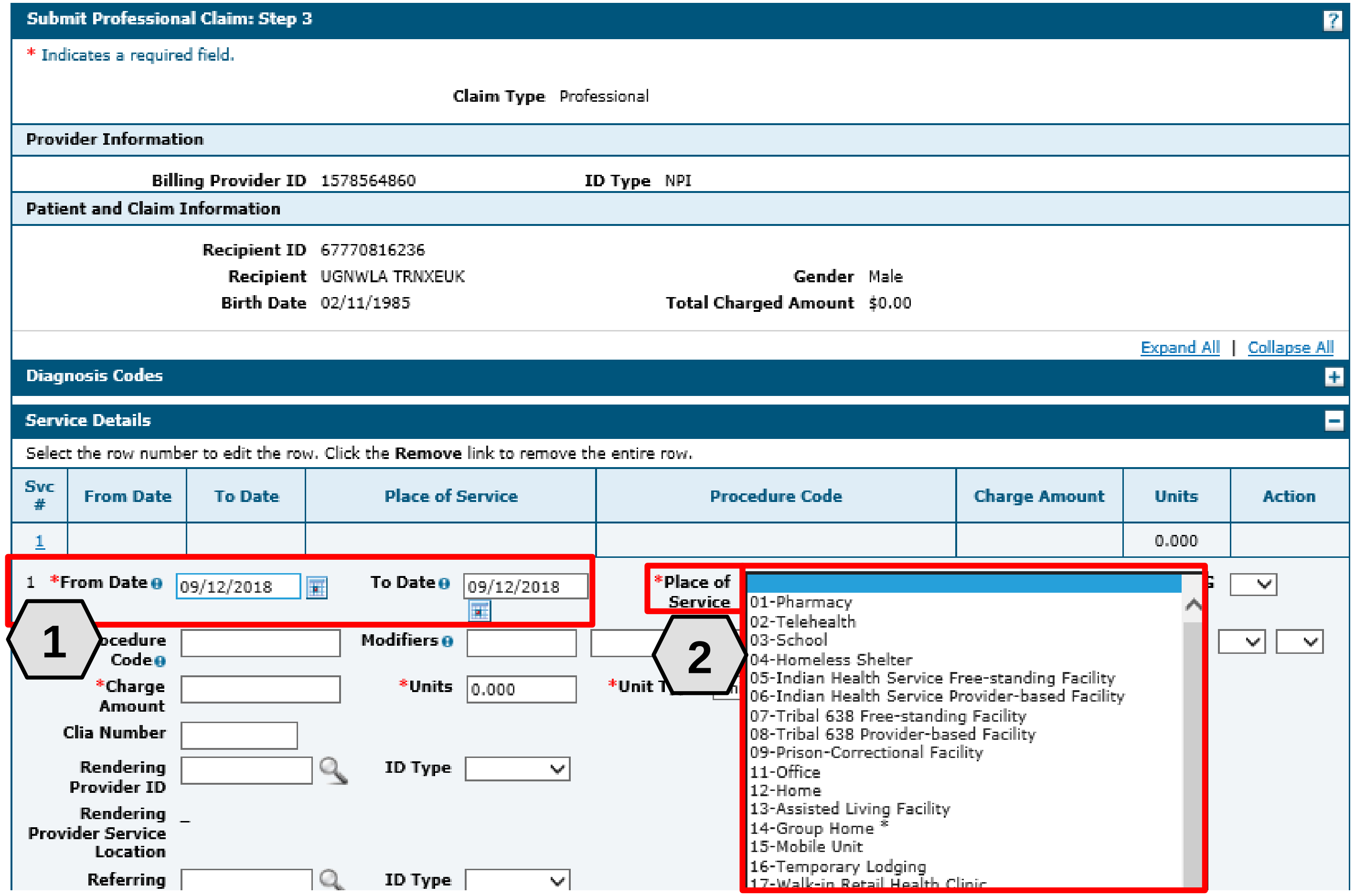
Click the **Remove** link to remove a diagnosis code from the claim

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

4. Click the **Continue** button

Submitting a Professional Claim: Step 3

Service Details

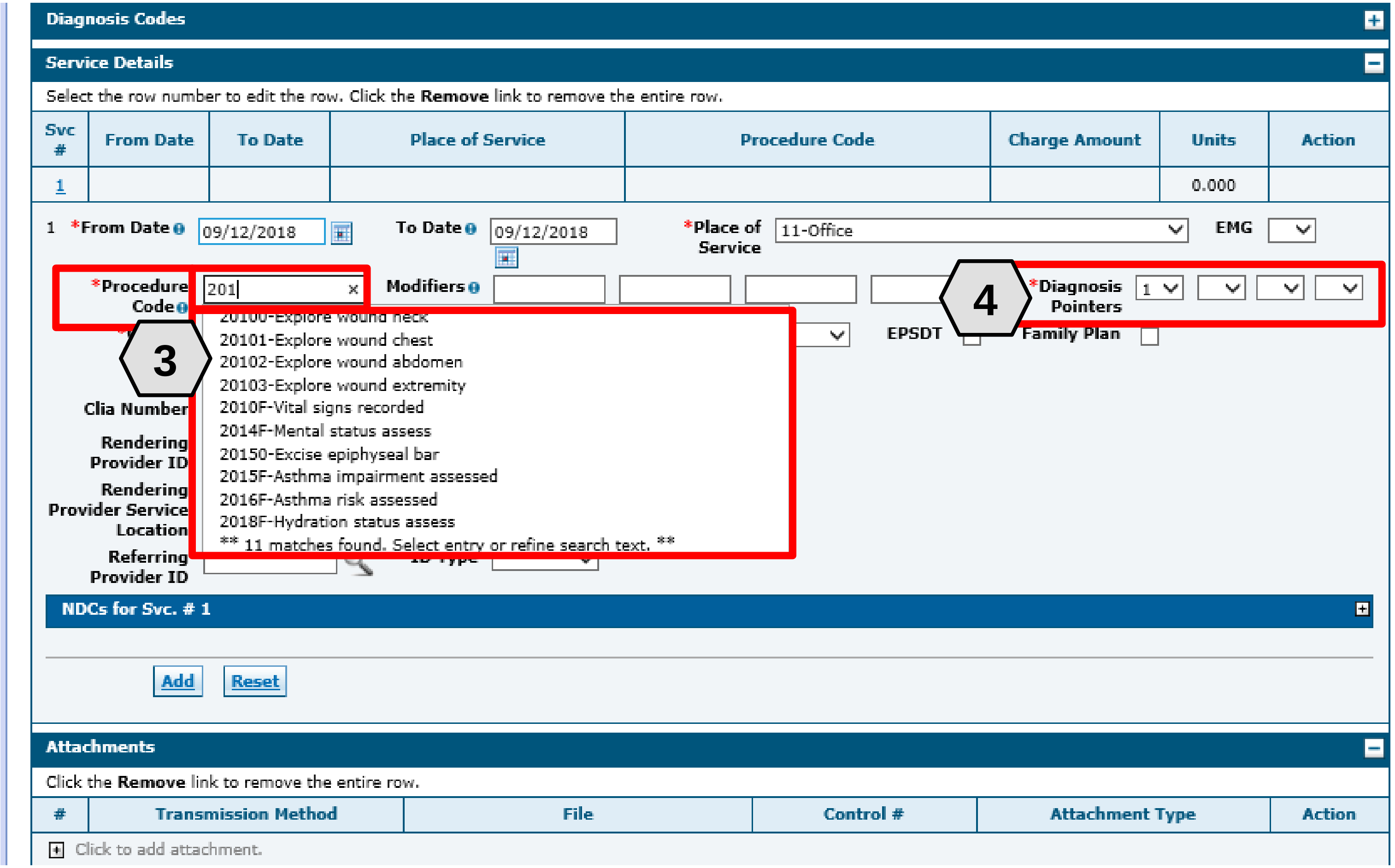


Enter the following service details for the claim:

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

Submitting a Professional Claim: Step 3, cont.

Service Details



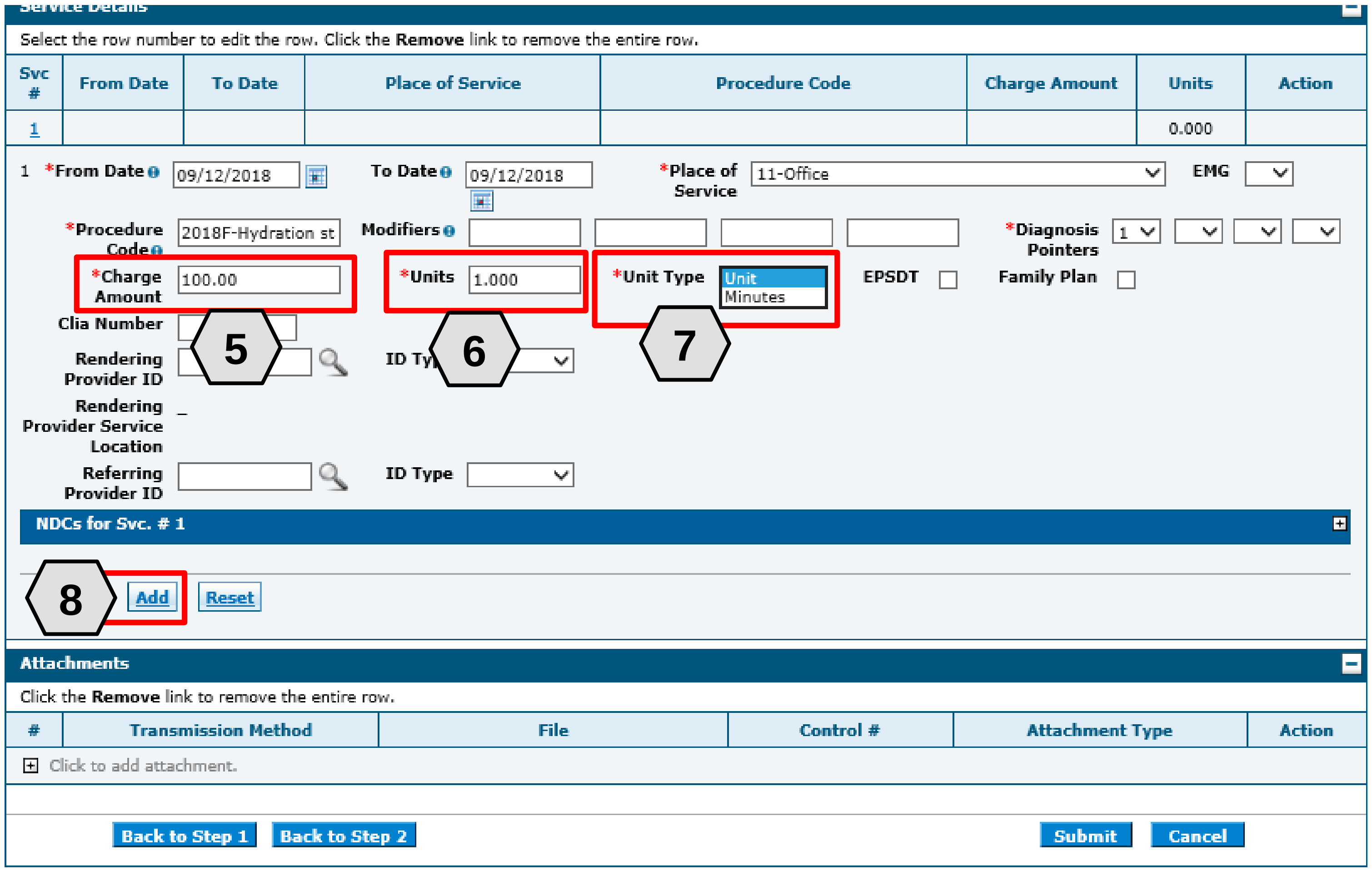
3. Enter the **Procedure Code**, which is searchable by entering at least the first three letters or numbers of the code description.

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

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

Submitting a Professional Claim: Step 3

Service Details



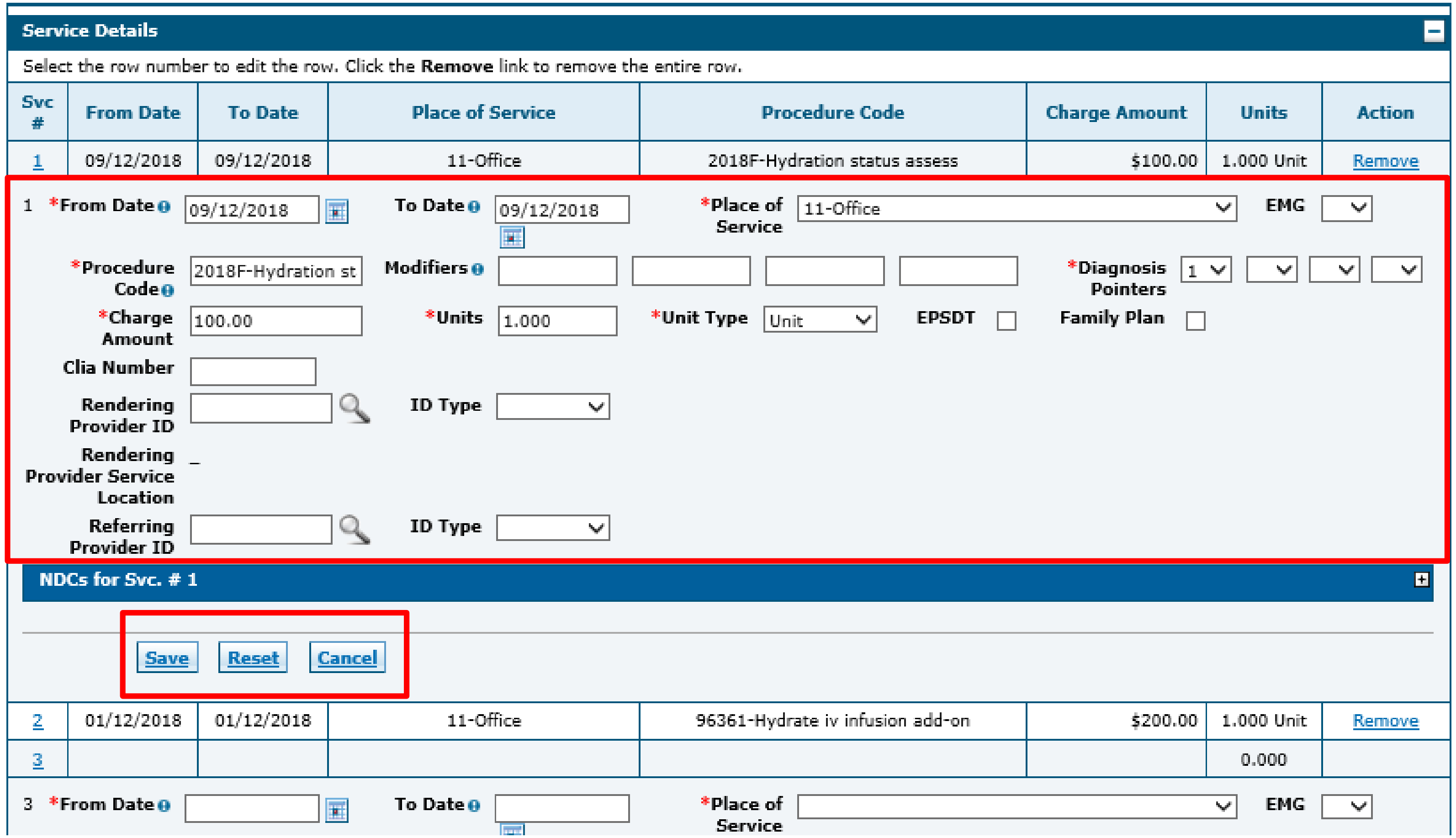
With the **Procedure Code** and **Diagnosis Pointers** entered, the user will need to:

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

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

Submitting a Professional Claim: Step 3, cont.

Service Details



Service Details

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

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

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

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

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

Clia Number

Rendering Provider ID ID Type

Rendering Provider Service Location _

Referring Provider ID ID Type

NDCs for Svc. # 1

Save Reset Cancel

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
2	01/12/2018	01/12/2018	11-Office	96361-Hydrate iv infusion add-on	$200.00	1.000 Unit	Remove
3						0.000	

3 *From Date To Date *Place of Service EMG

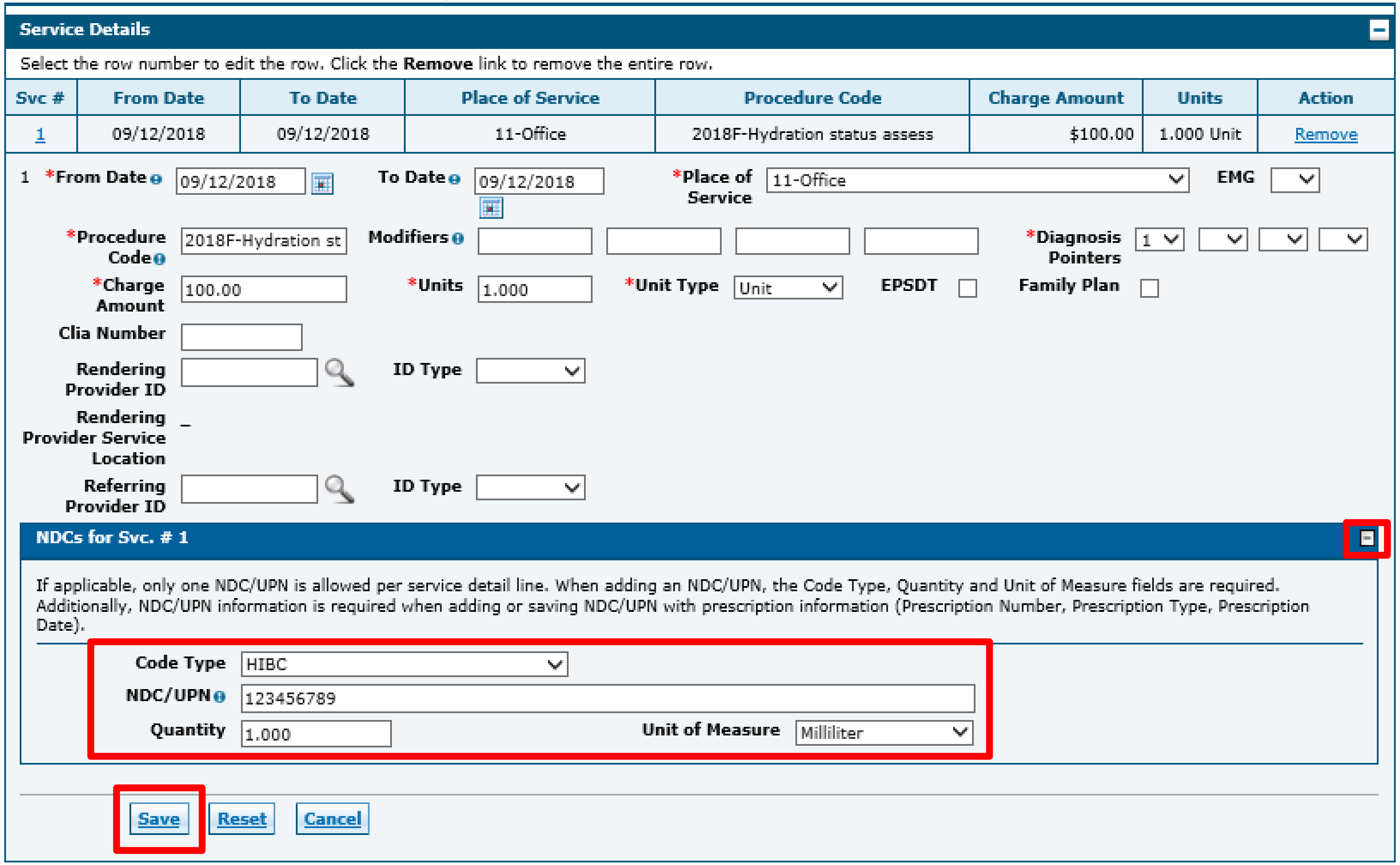
When editing a Service Detail, three buttons are available:

Save: Saves any changes made to the detail.

Reset: Clears all fields in the selected service detail.

Cancel: Cancels any updates and closes the service detail.

Submitting a Professional Claim: Step 3, cont.



Service Details

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

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

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

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

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

Clia Number

Rendering Provider ID ID Type

Rendering Provider Service Location _

Referring Provider ID ID Type

NDCs for Svc. # 1

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

Code Type HIBC

NDC/UPN 123456789

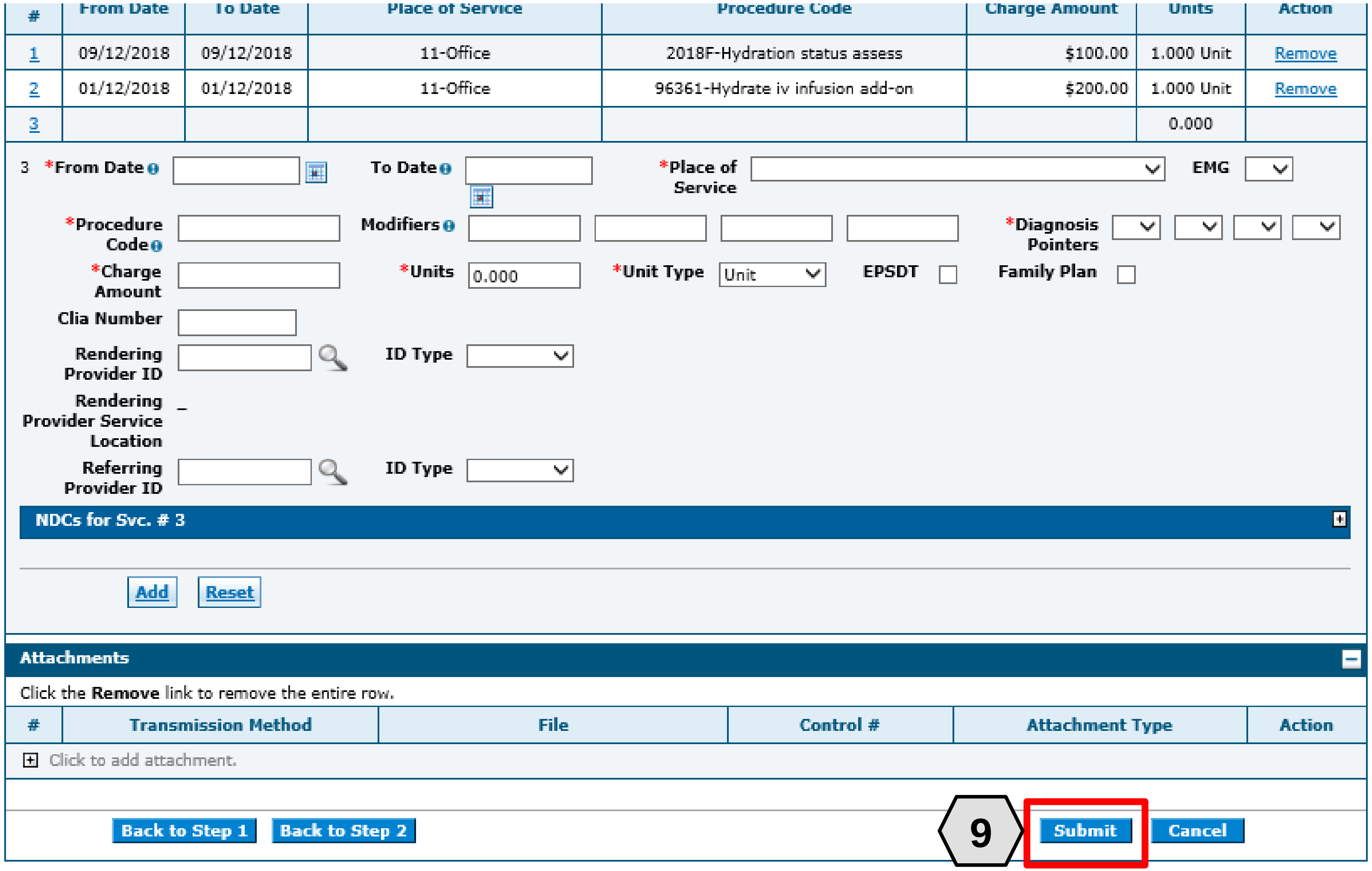
Quantity 1.000 Unit of Measure Milliliter

Save Reset Cancel

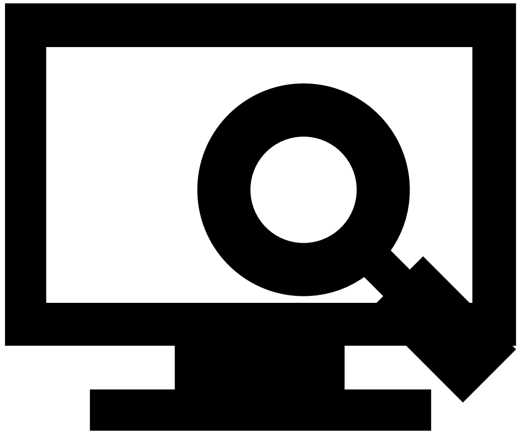
Optionally, if the user needs to enter a National Drug Code for a Service Detail, the user will click the symbol to expand the **NDC for Svc.** panel.

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

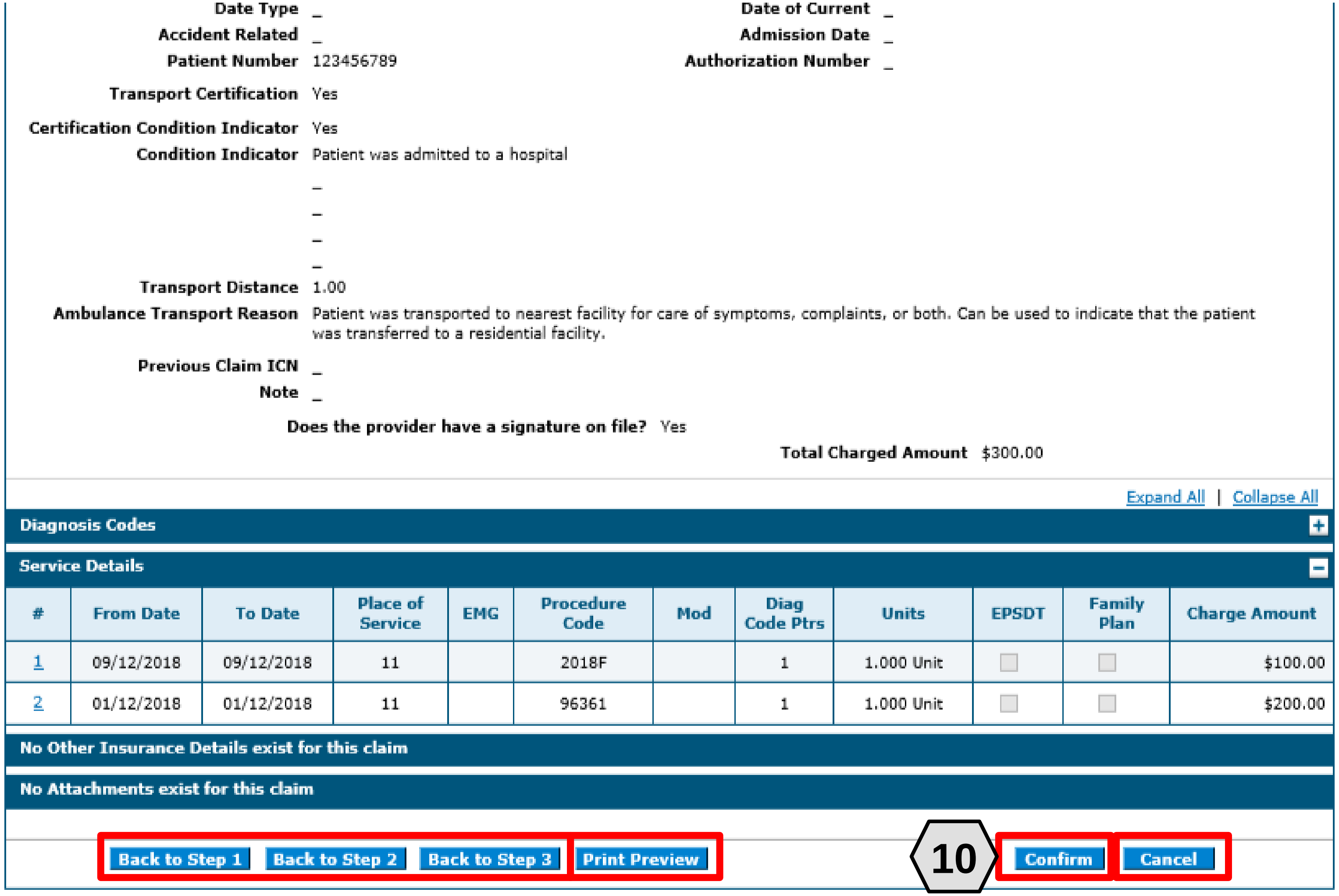
Submitting a Professional Claim: Step 3, cont.



9. Click the **Submit** button



Submitting a Professional Claim: Step 3, cont.



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

Transport Certification Yes

Certification Condition Indicator Yes
Condition Indicator Patient was admitted to a hospital
_
_
_
_

Transport Distance 1.00
Ambulance Transport Reason Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the patient was transferred to a residential facility.

Previous Claim ICN _
Note _

Does the provider have a signature on file? Yes

Total Charged Amount $300.00

Expand All | Collapse All

Diagnosis Codes

Service Details

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
1	09/12/2018	09/12/2018	11		2018F		1	1.000 Unit			$100.00
2	01/12/2018	01/12/2018	11		96361		1	1.000 Unit			$200.00

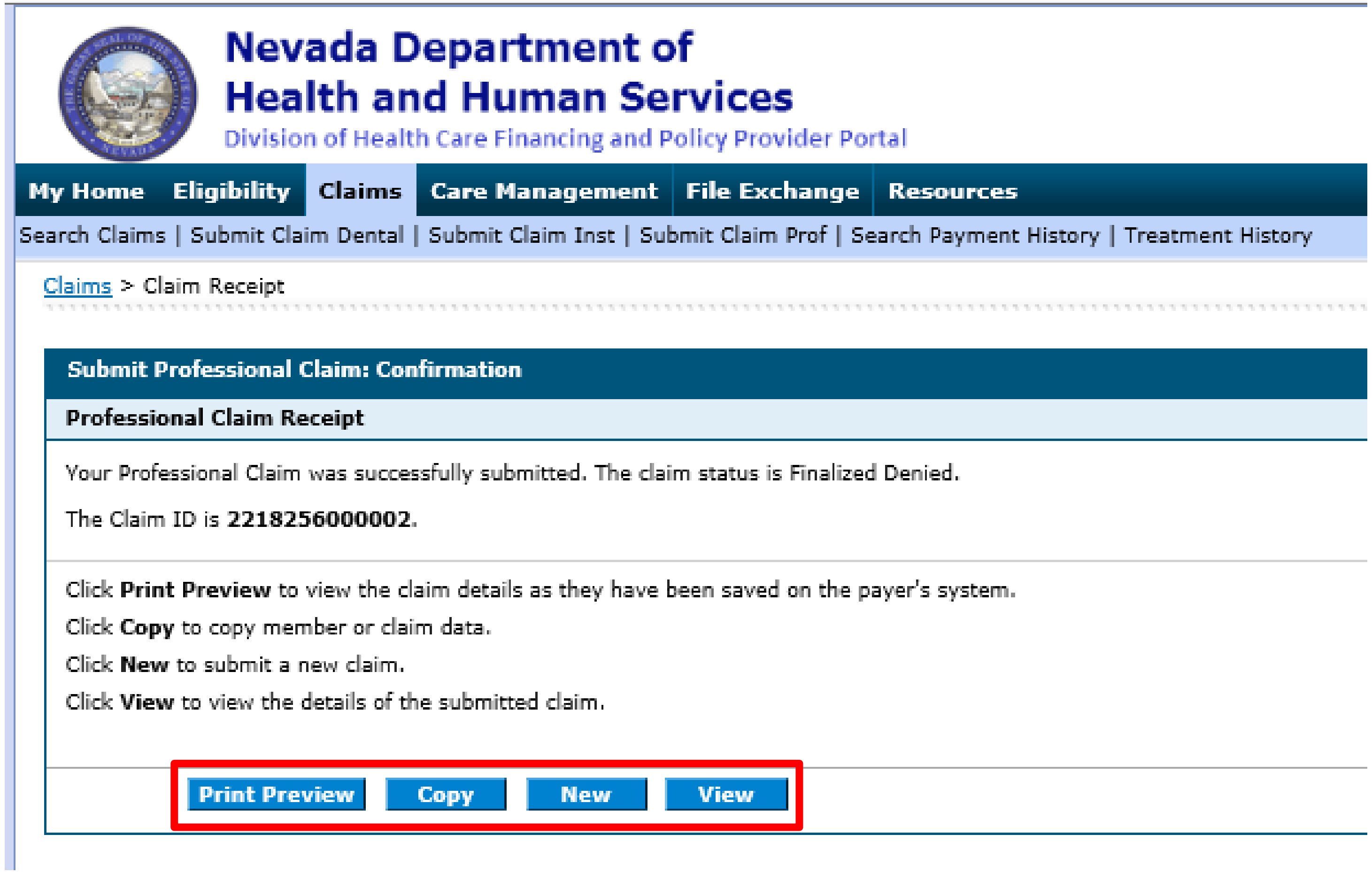
No Other Insurance Details exist for this claim

No Attachments exist for this claim

Back to Step 1 Back to Step 2 Back to Step 3 Print Preview 10 Confirm Cancel

10. Click the **Confirm** button

Submitting a Professional Claim: Step 3, cont.



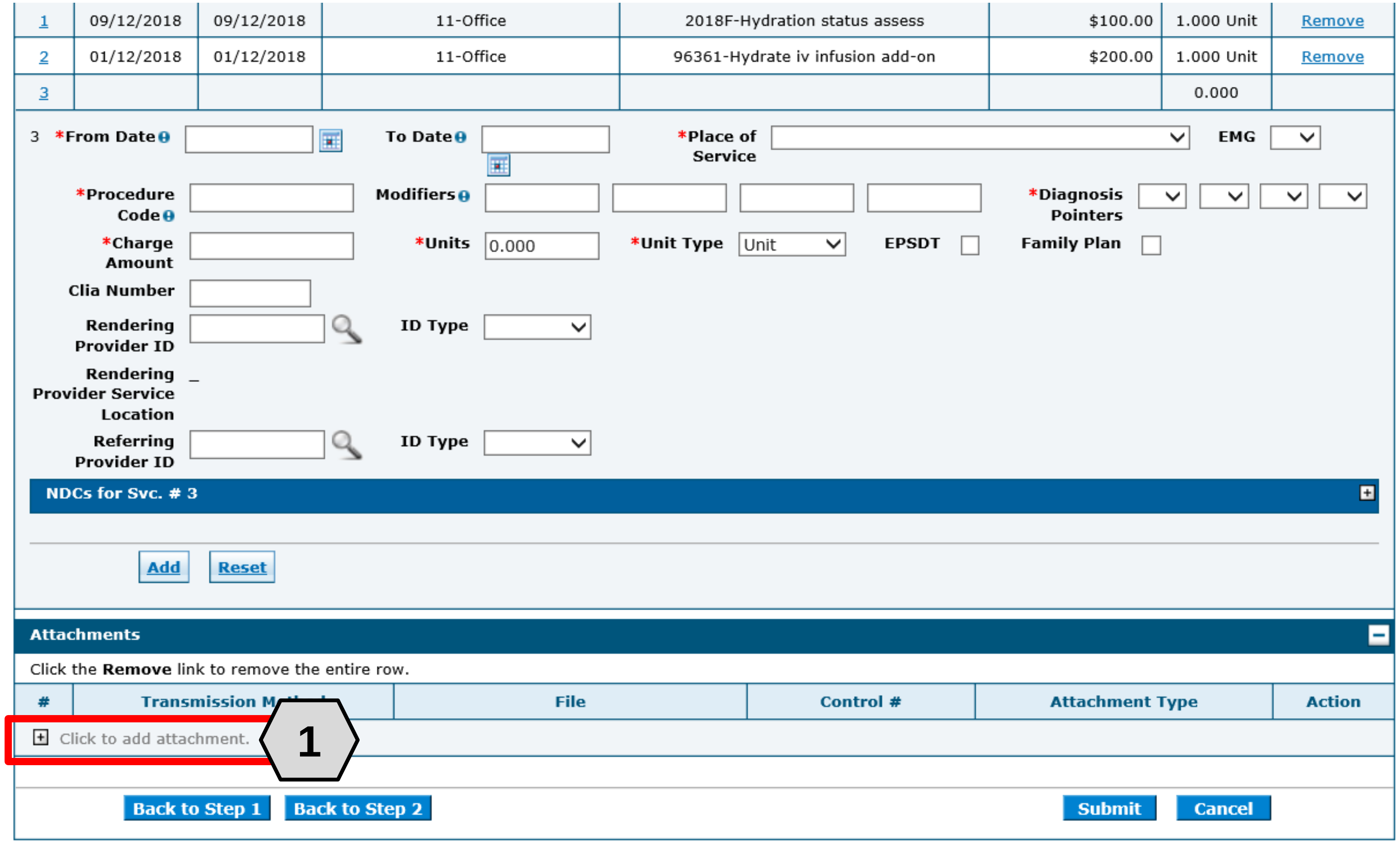
The **Submit Professional Claim: Confirmation** will appear after the claim has been submitted. It will display the claim status and **Claim ID**.

The user may then:

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

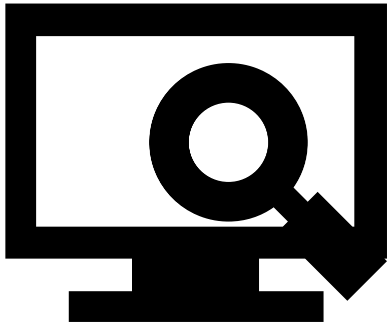
Submitting a Professional Claim: Attachments

Submitting a Professional Claim: Attachments

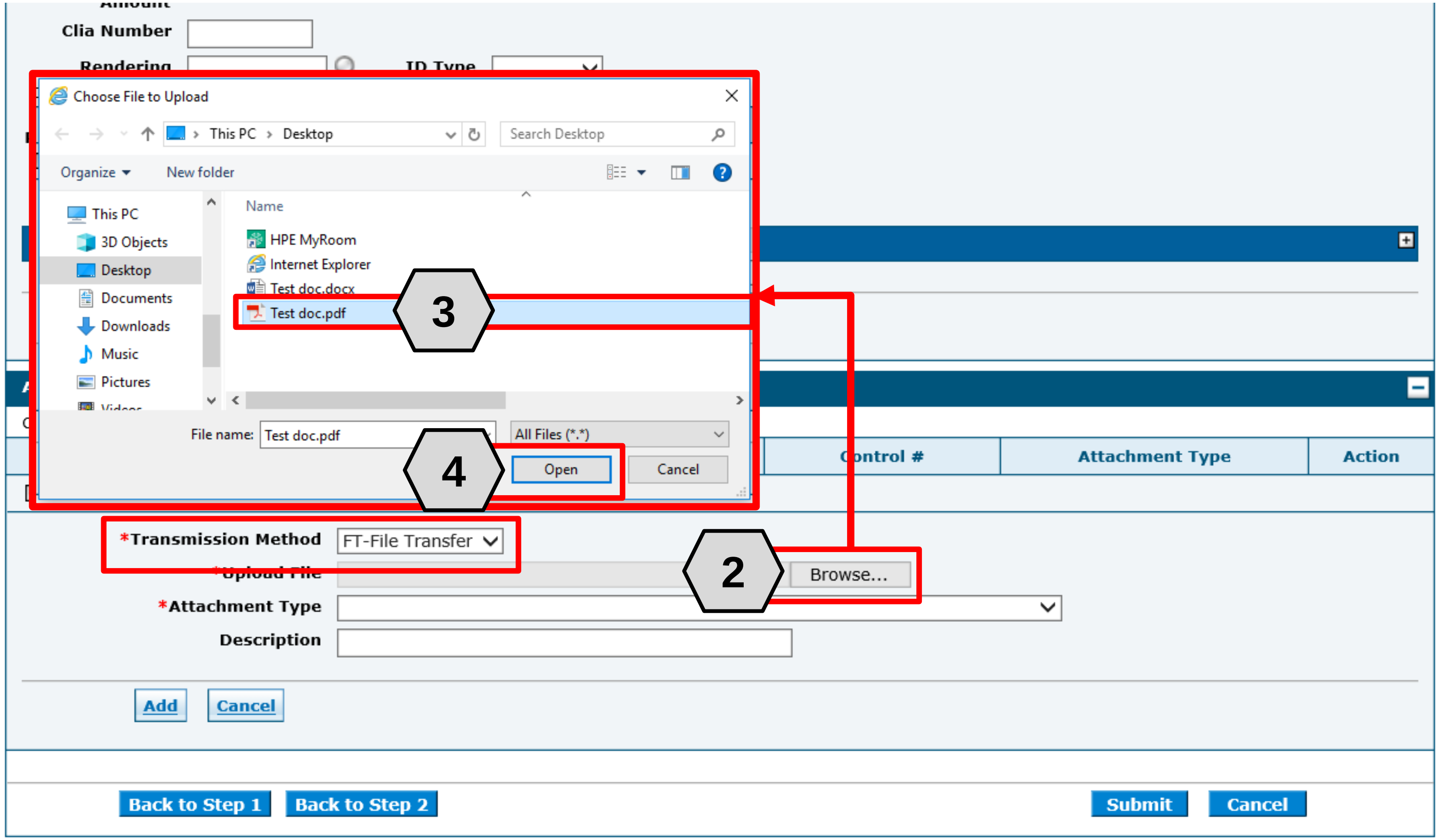


To upload attachments to a professional claim:

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



Submitting a Professional Claim: Attachments, cont.



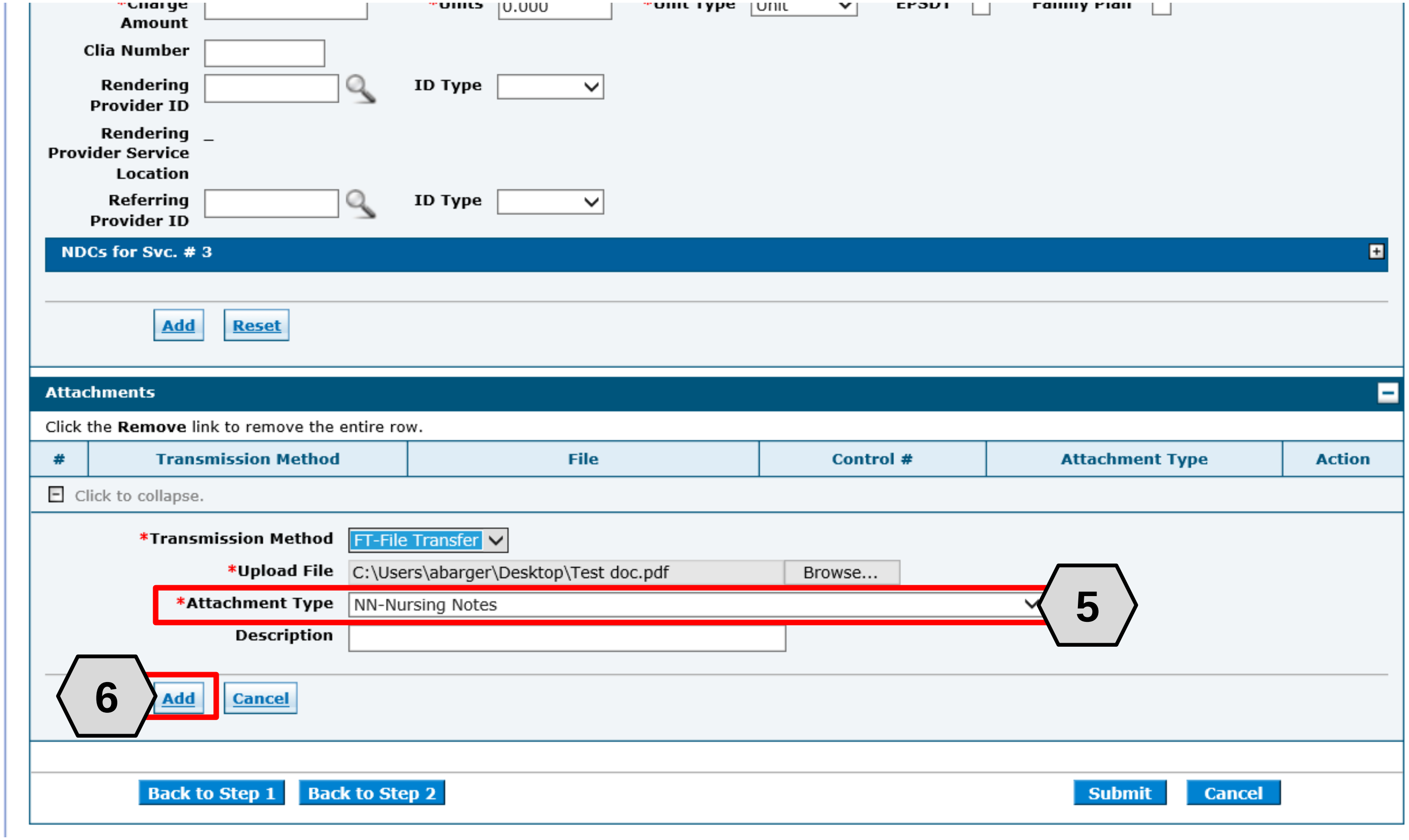
2. Click **Browse** button and locate the file on your computer to be attached

A window will then pop up. From there:

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

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

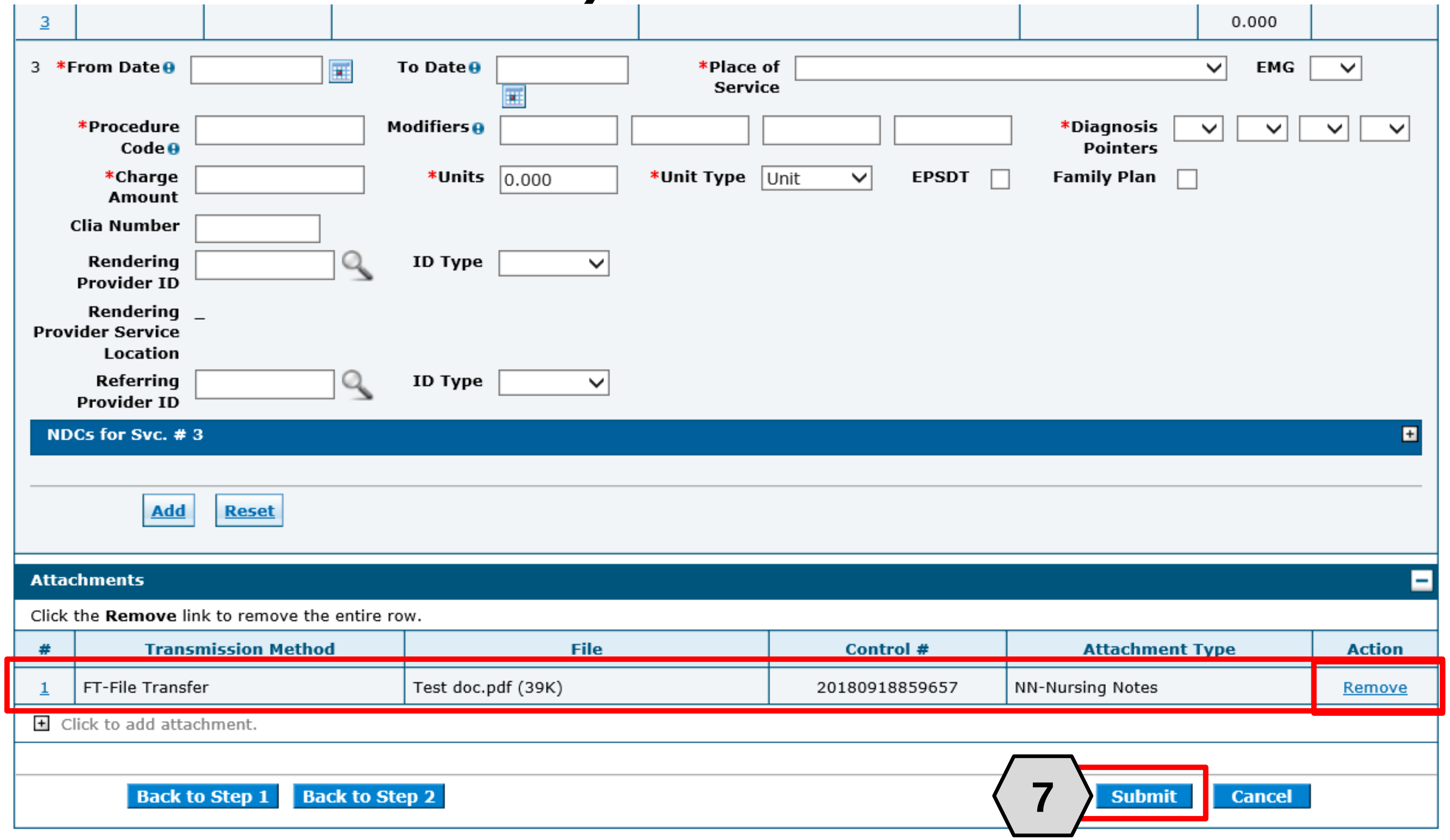
Submitting a Professional Claim: Attachments, cont.



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

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

Submitting a Professional Claim: Attachments, cont.

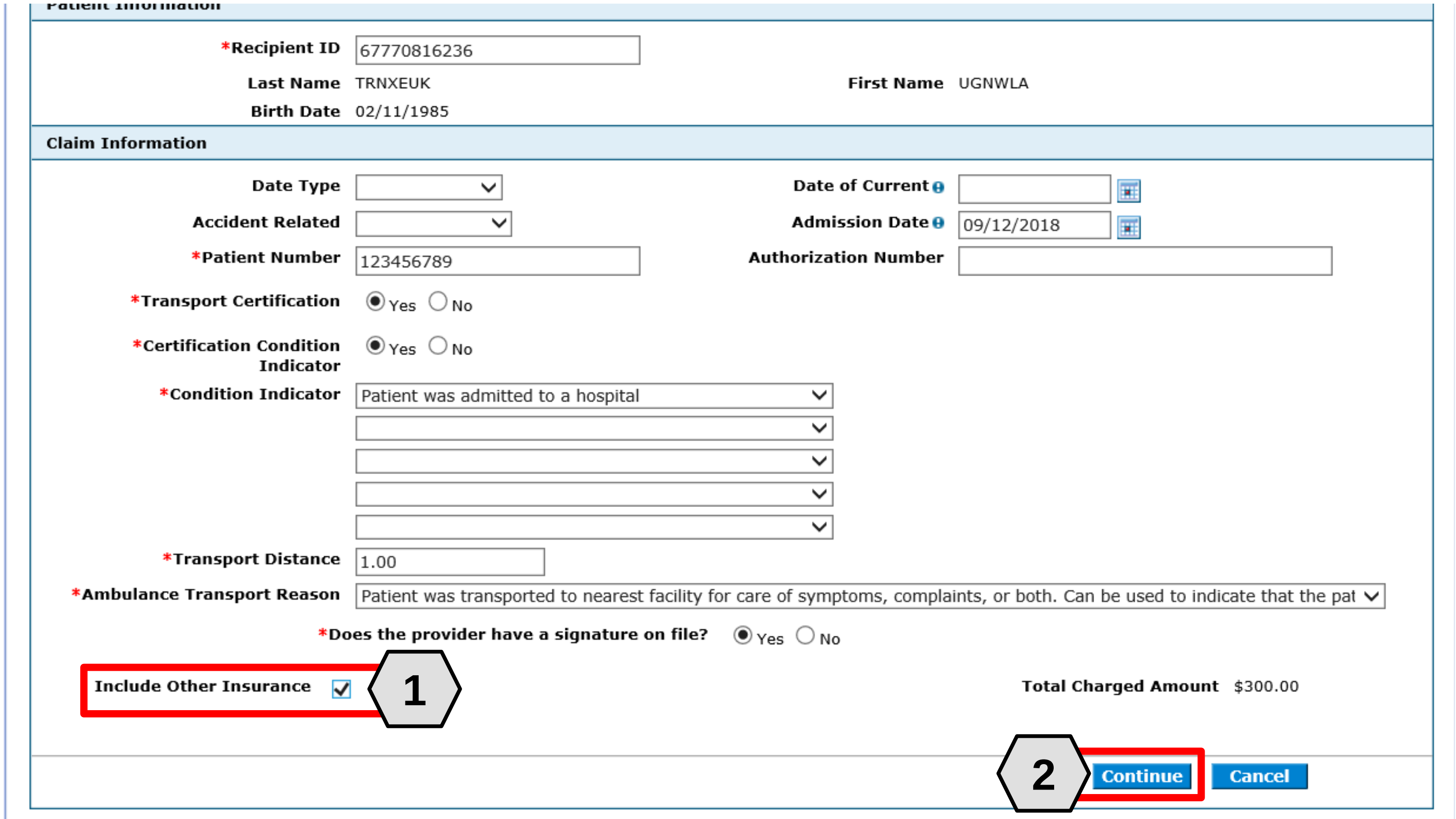


7. Click the **Submit** button to proceed

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

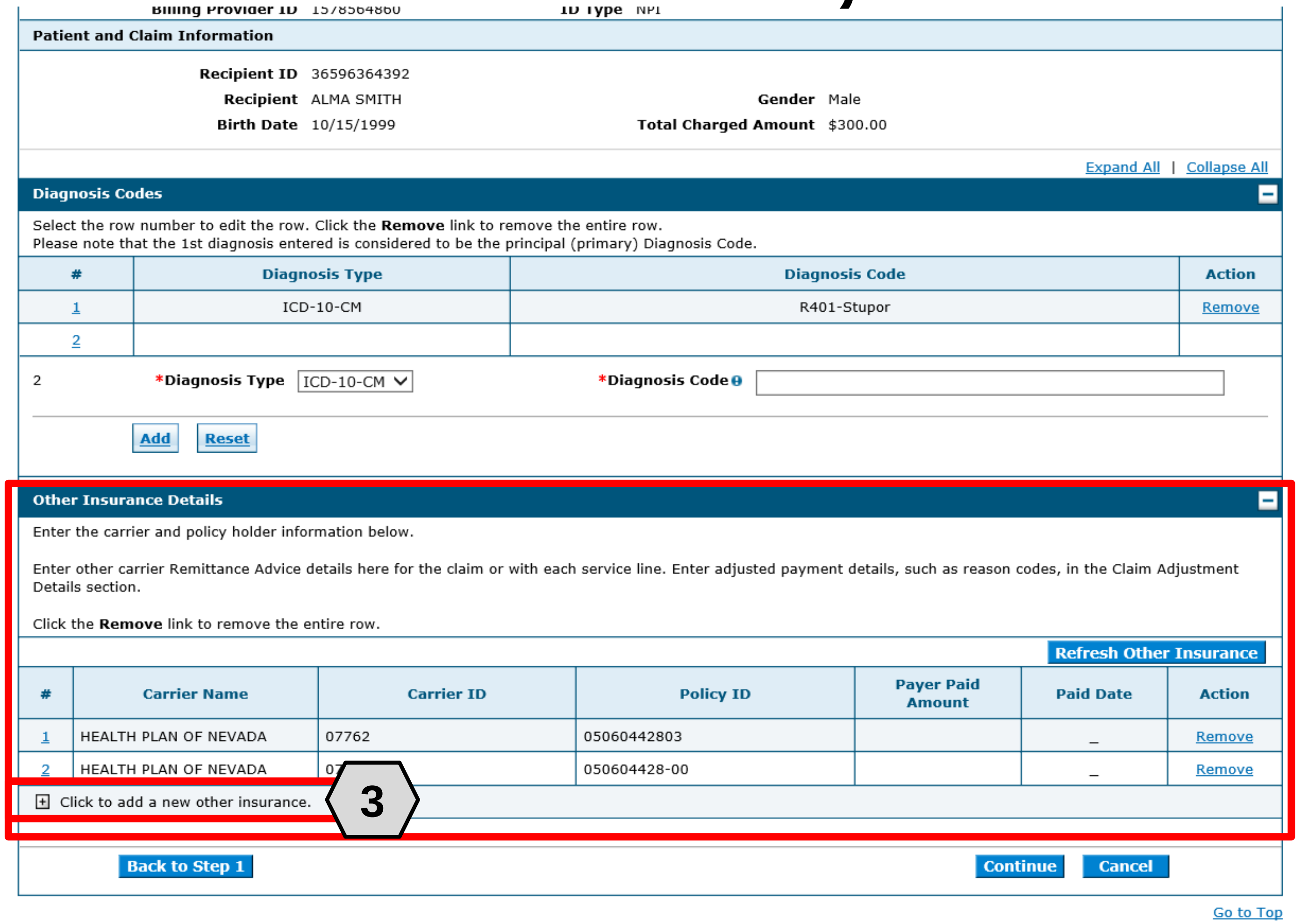
Submitting a Professional Claim: Other Insurance Details

Submitting a Professional Claim: Other Insurance Details



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

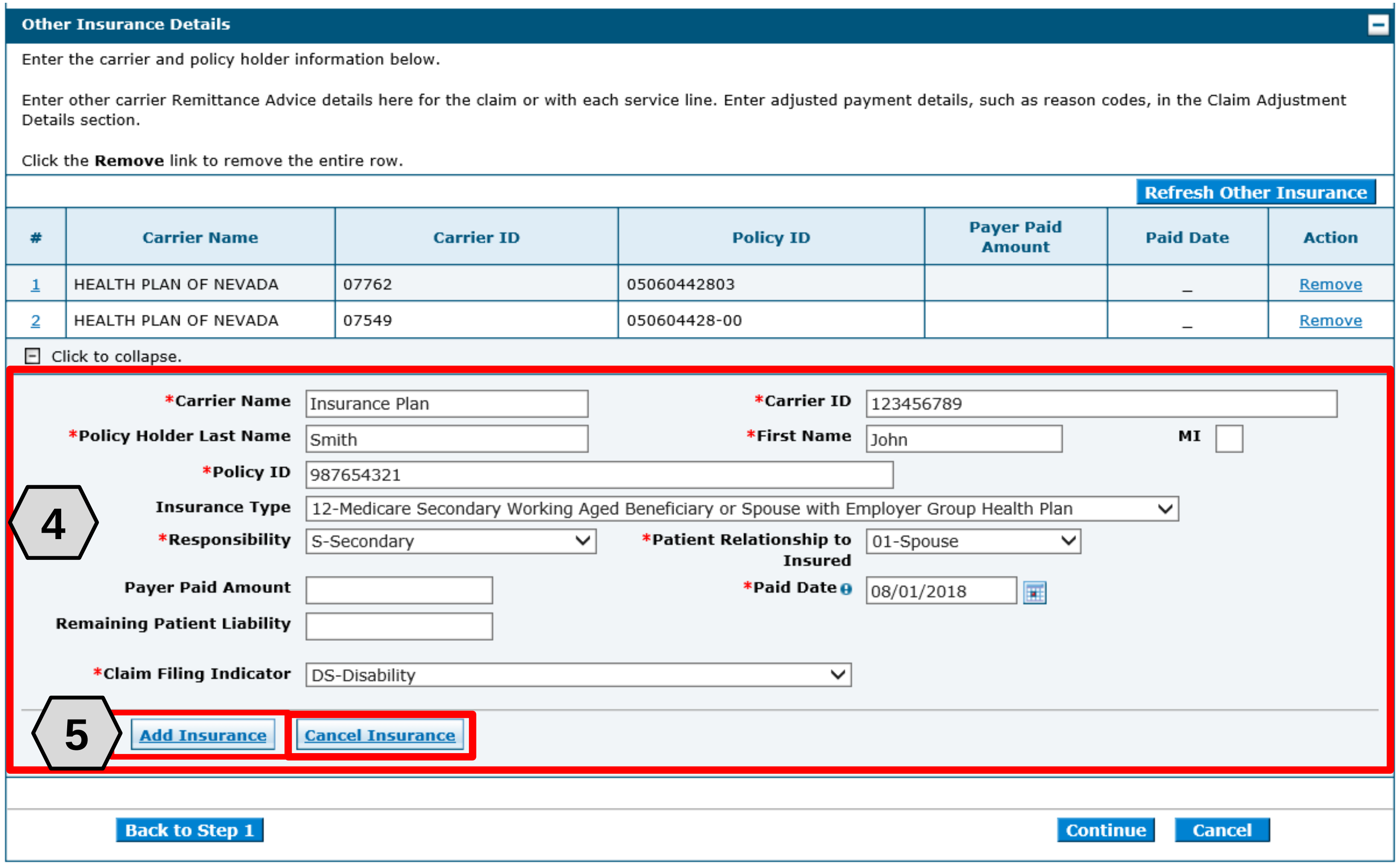
Submitting a Professional Claim: Other Insurance Details, cont.



To add a policy or other insurance carrier information:

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

Submitting a Professional Claim: Other Insurance Details, cont.



Other Insurance Details

Enter the carrier and policy holder information below.

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

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

Refresh Other Insurance

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HEALTH PLAN OF NEVADA	07762	05060442803		_	Remove
2	HEALTH PLAN OF NEVADA	07549	050604428-00		_	Remove

Click to collapse.

*Carrier Name	Insurance Plan	*Carrier ID	123456789
*Policy Holder Last Name	Smith	*First Name	John; MI
*Policy ID	987654321		
Insurance Type	12-Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan		
*Responsibility	S-Secondary	*Patient Relationship to Insured	01-Spouse
Payer Paid Amount		*Paid Date	08/01/2018
Remaining Patient Liability			
*Claim Filing Indicator	DS-Disability		

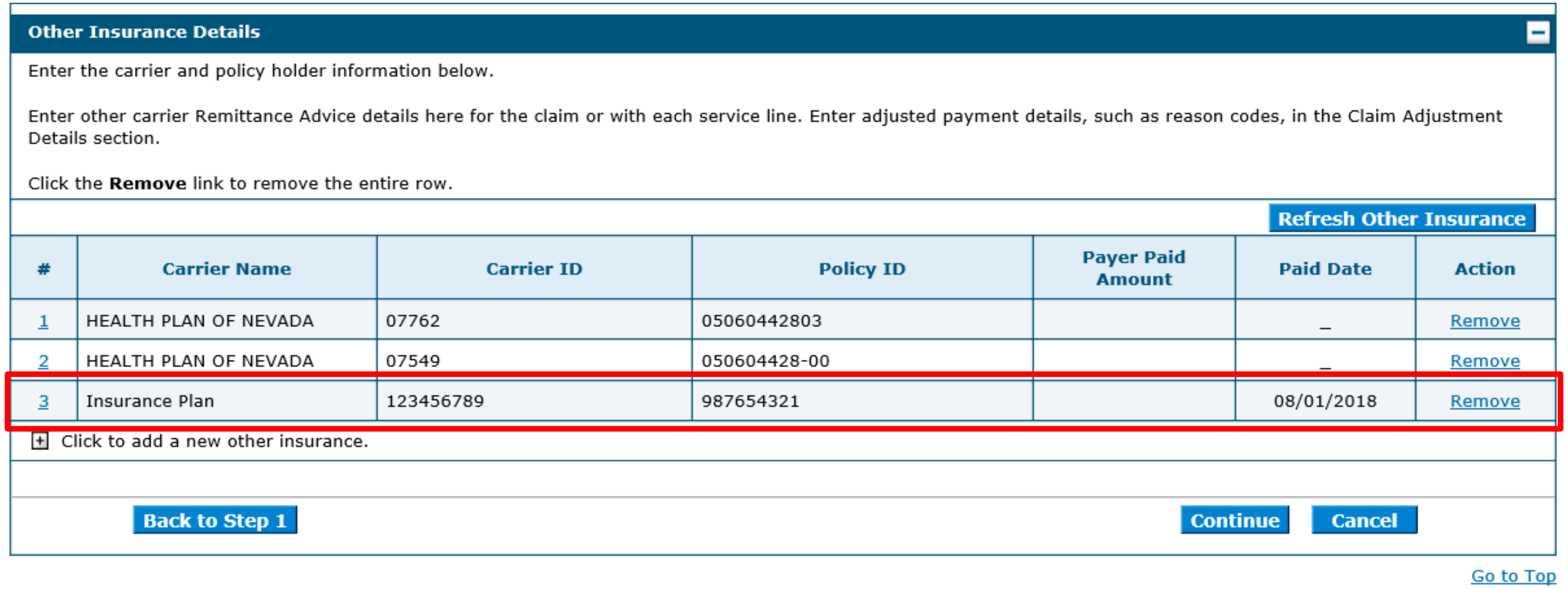
Add Insurance Cancel Insurance

Back to Step 1 Continue Cancel

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

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

Submitting a Professional Claim: Other Insurance Details, cont.


Other Insurance Details

Enter the carrier and policy holder information below.

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

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

Refresh Other Insurance

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

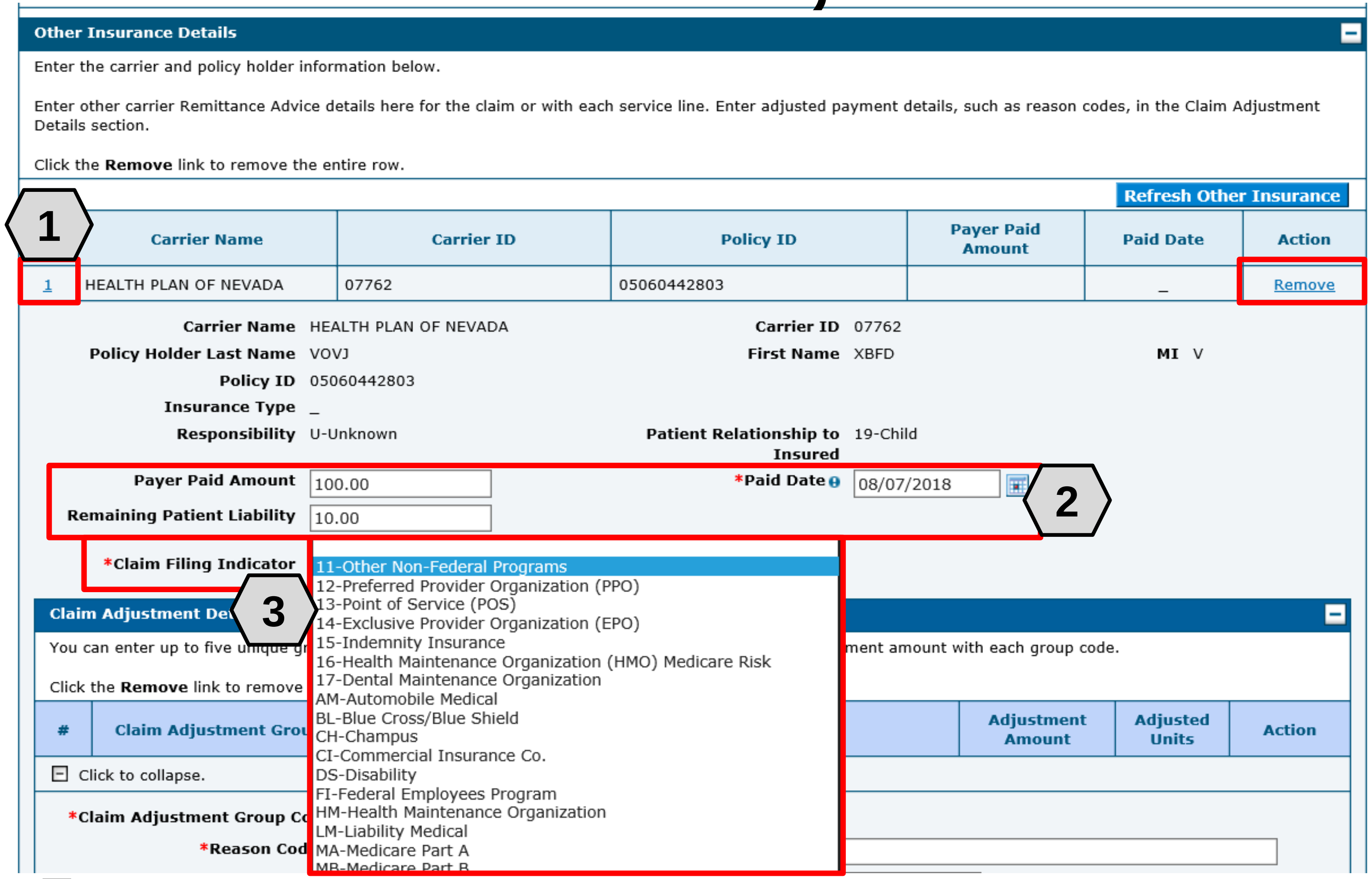
Click to add a new other insurance.

Back to Step 1 | Continue | Cancel

Go to Top

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

Submitting a Professional Claim: Other Insurance Details, cont.

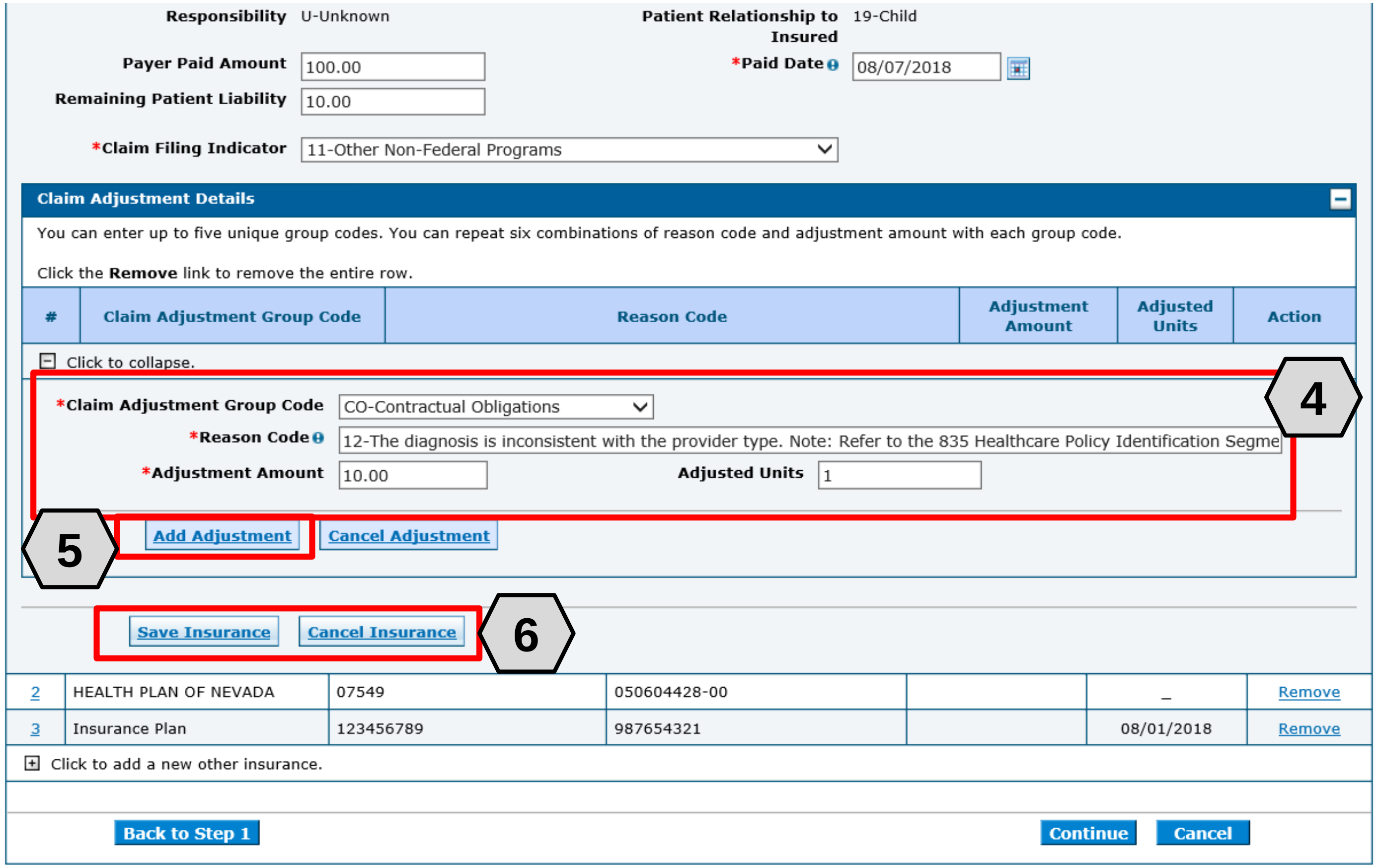


To update existing other insurance carrier information, the user will:

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

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

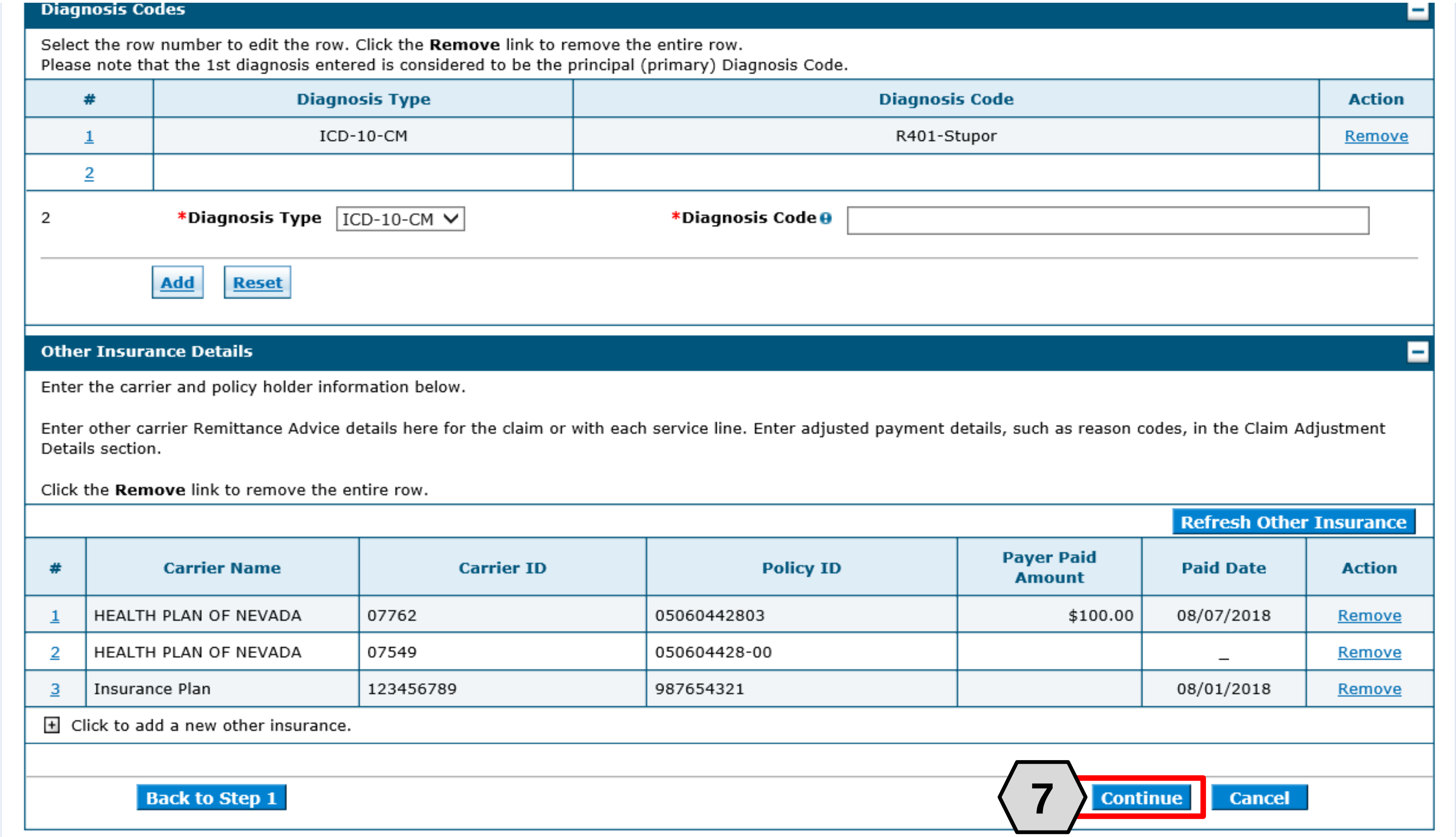
Submitting a Professional Claim: Other Insurance Details, cont.



To add an adjustment:

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

Submitting a Professional Claim: Other Insurance Details, cont.



Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	R401-Stupor	Remove
2			

2 *Diagnosis Type ICD-10-CM *Diagnosis Code

Add Reset

Other Insurance Details

Enter the carrier and policy holder information below.

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

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

Refresh Other Insurance

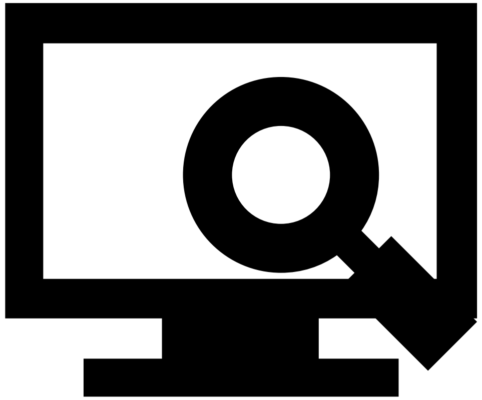
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HEALTH PLAN OF NEVADA	07762	05060442803	$100.00	08/07/2018	Remove
2	HEALTH PLAN OF NEVADA	07549	050604428-00		_	Remove
3	Insurance Plan	123456789	987654321		08/01/2018	Remove

Click to add a new other insurance.

Back to Step 1 7 Continue Cancel

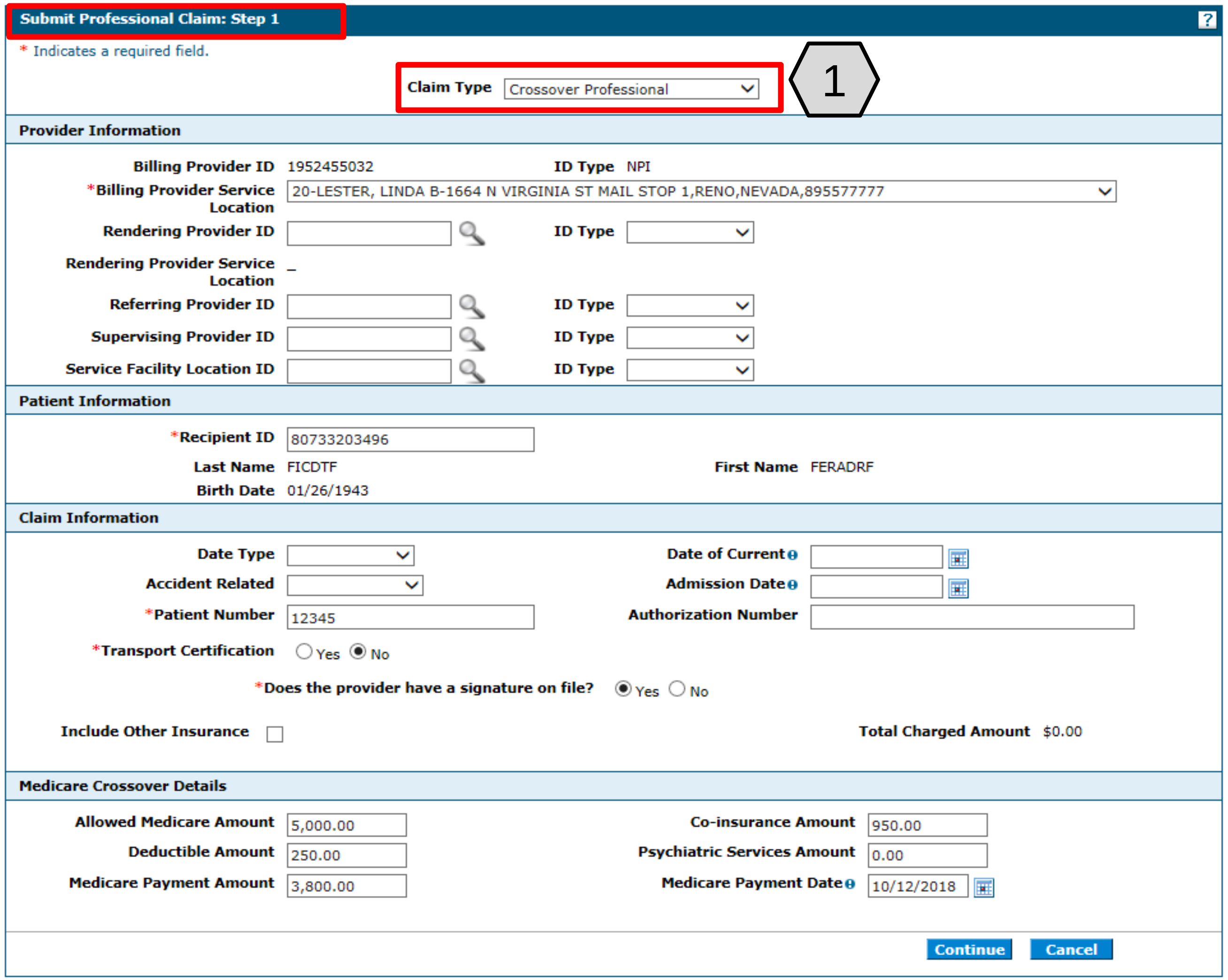
Continue to Step 3 of the claim submission process:

7. Click the **Continue** button



Submitting a Crossover Professional Claim

Submitting a Crossover Professional Claim


Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type: Crossover Professional

1

Provider Information

Billing Provider ID: 1952455032 — ID Type: NPI

*Billing Provider Service Location: 20-LESTER, LINDA B-1664 N VIRGINIA ST MAIL STOP 1,RENO,NEVADA,895577777

Rendering Provider ID — ID Type

Rendering Provider Service Location: _

Referring Provider ID — ID Type

Supervising Provider ID — ID Type

Service Facility Location ID — ID Type

Patient Information

*Recipient ID: 80733203496

Last Name: FICDTF — First Name: FERADRF

Birth Date: 01/26/1943

Claim Information

Date Type — Date of Current

Accident Related — Admission Date

*Patient Number: 12345 — Authorization Number

*Transport Certification: Yes / No

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

Include Other Insurance — Total Charged Amount: $0.00

Medicare Crossover Details

Allowed Medicare Amount: 5,000.00 — Co-insurance Amount: 950.00

Deductible Amount: 250.00 — Psychiatric Services Amount: 0.00

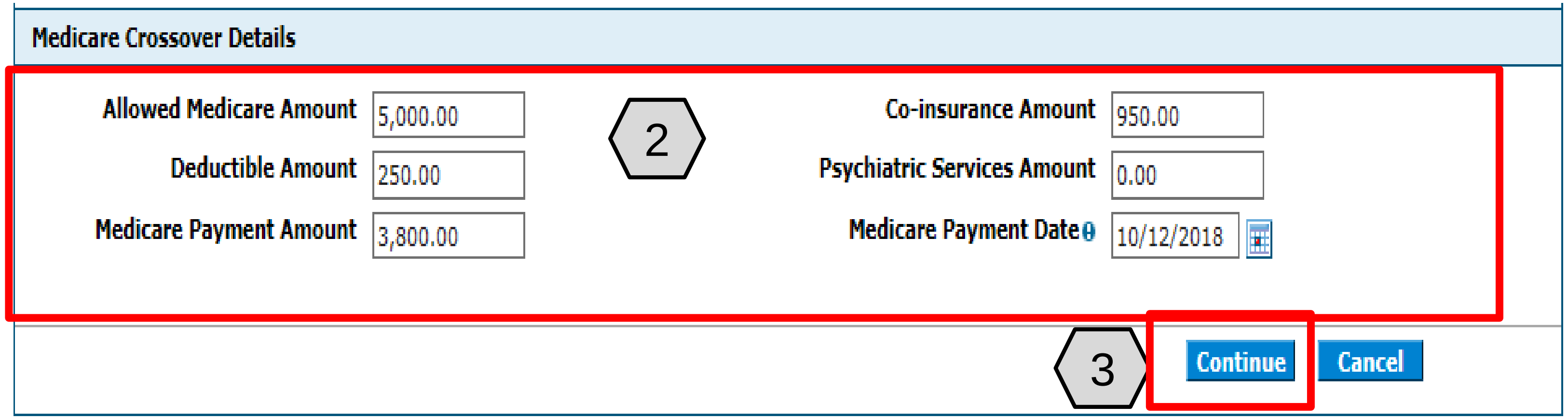
Medicare Payment Amount: 3,800.00 — Medicare Payment Date: 10/12/2018

Continue | Cancel

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

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

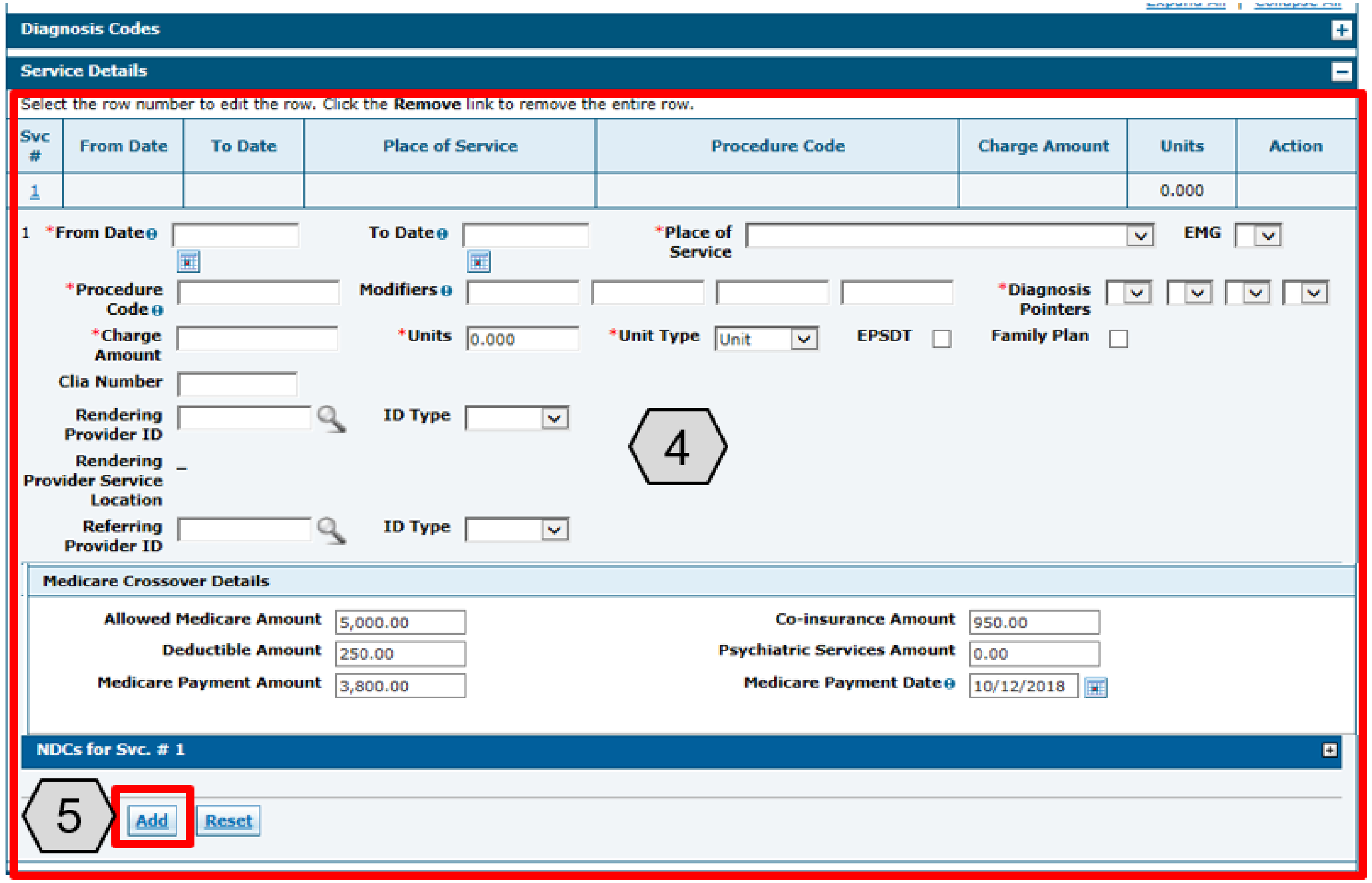
Submitting a Crossover Professional Claim, cont.



2. Enter the **Medicare Crossover Details:**
   - **Allowed Medicare Amount**
   - **Deductible Amount**
   - **Medicare Payment Amount**
   - **Medicare Payment Date**

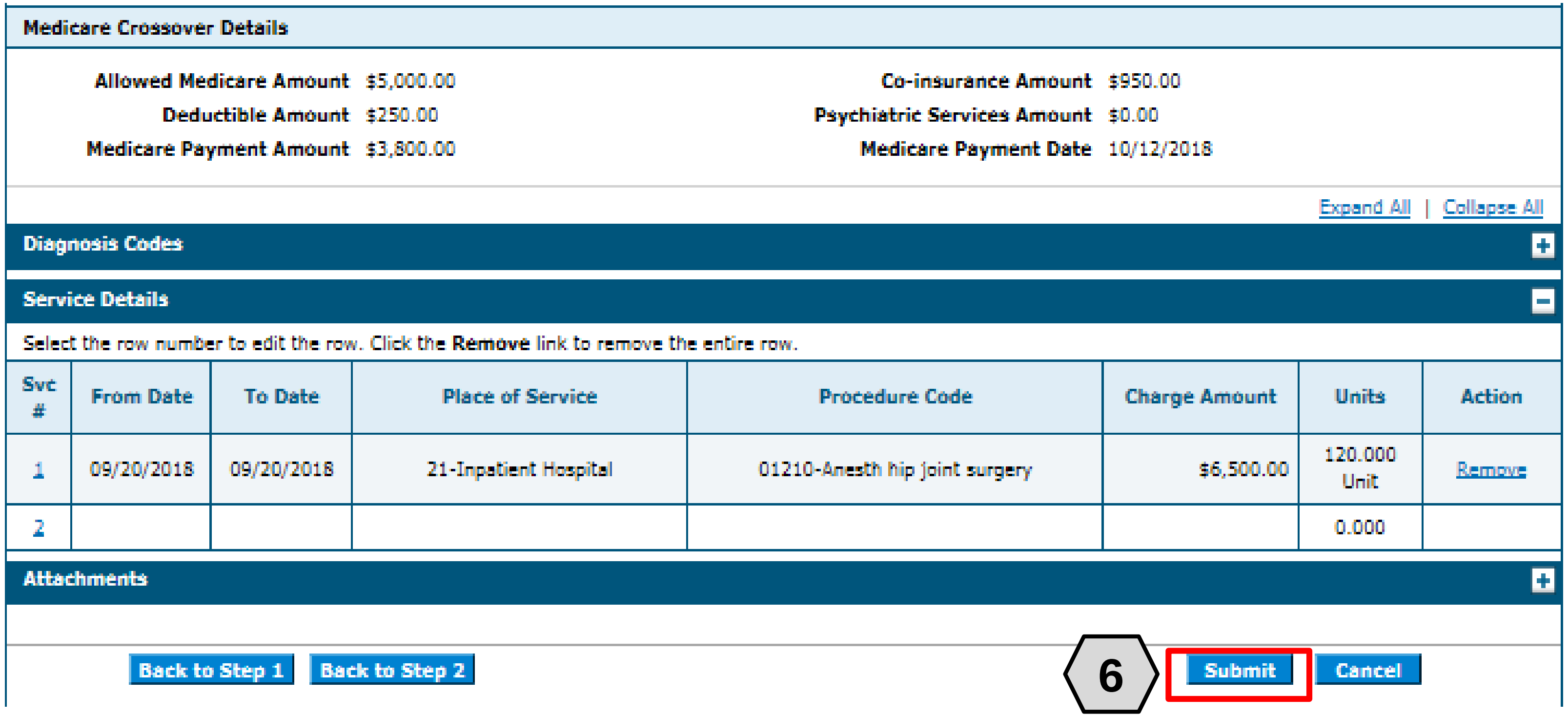
3. Click the **Continue** button

Submitting a Crossover Professional Claim, cont.



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

Submitting a Crossover Professional Claim, cont.



6. Click the **Submit** button

Submitting a Crossover Professional Claim, cont.

Medicare Crossover Details

Allowed Medicare Amount	$5,000.00	**Co-insurance Amount**	$950.00
Deductible Amount	$250.00	**Psychiatric Services Amount**	$0.00
Medicare Payment Amount	$3,800.00	**Medicare Payment Date**	10/12/2018

Expand All | Collapse All

Diagnosis Codes

Service Details

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
1	09/20/2018	09/20/2018	21		01210		1	120.000 Unit	☐	☐	$6,500.00

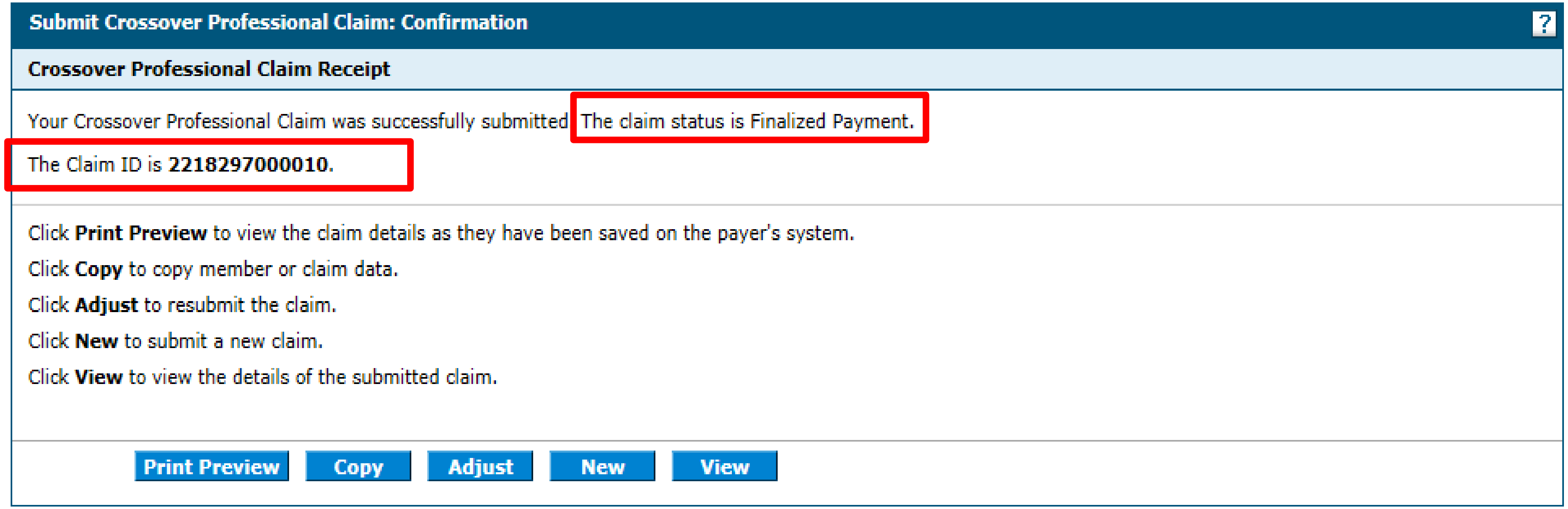
No Other Insurance Details exist for this claim

No Attachments exist for this claim

Back to Step 1 | Back to Step 2 | Back to Step 3 | Print Preview | 7 | Confirm | Cancel

7. Click the **Confirm** button

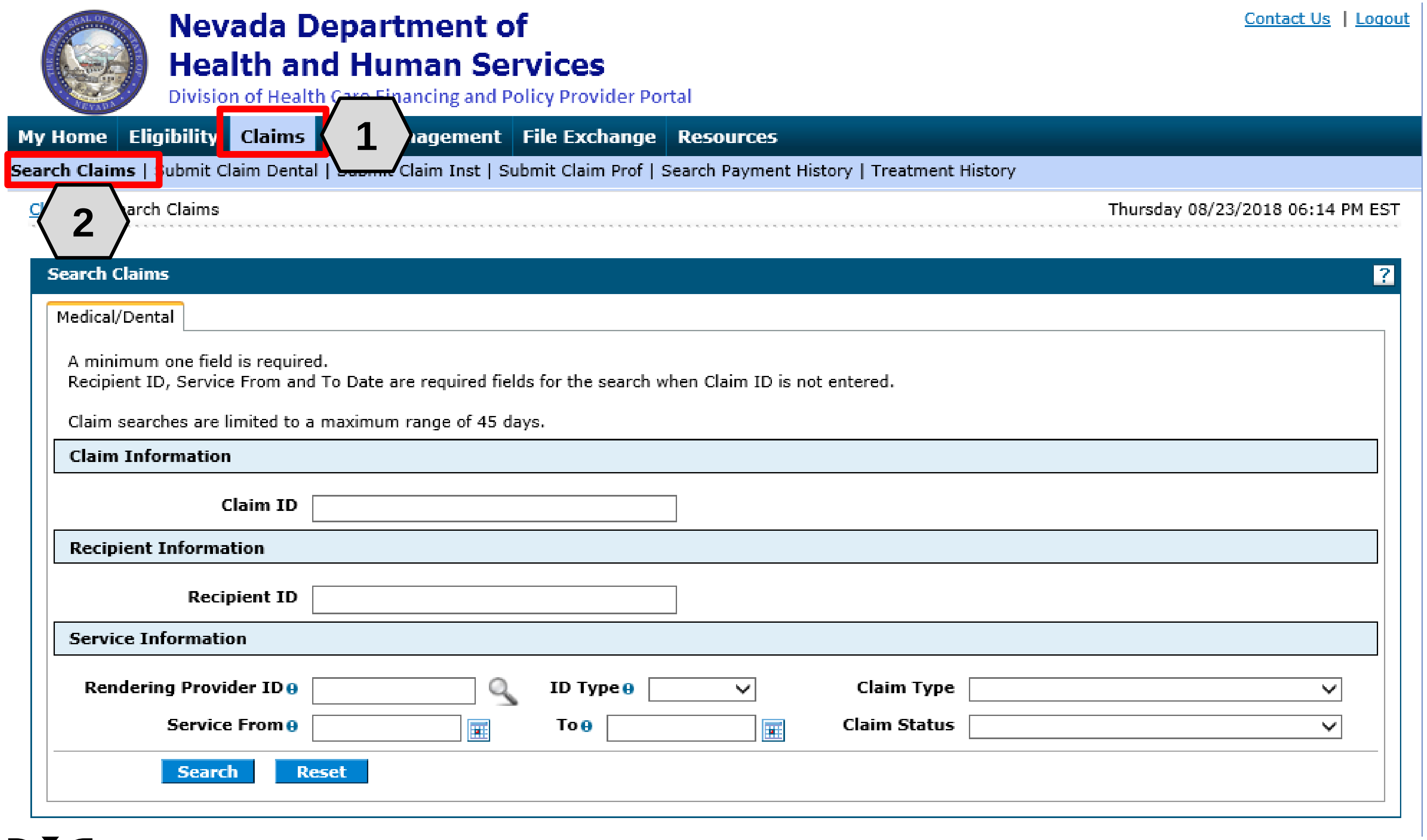
Submitting a Crossover Professional Claim, cont.



The user will receive a **Confirmation** with the **Professional Claim Receipt**

Searching for a Professional Claim

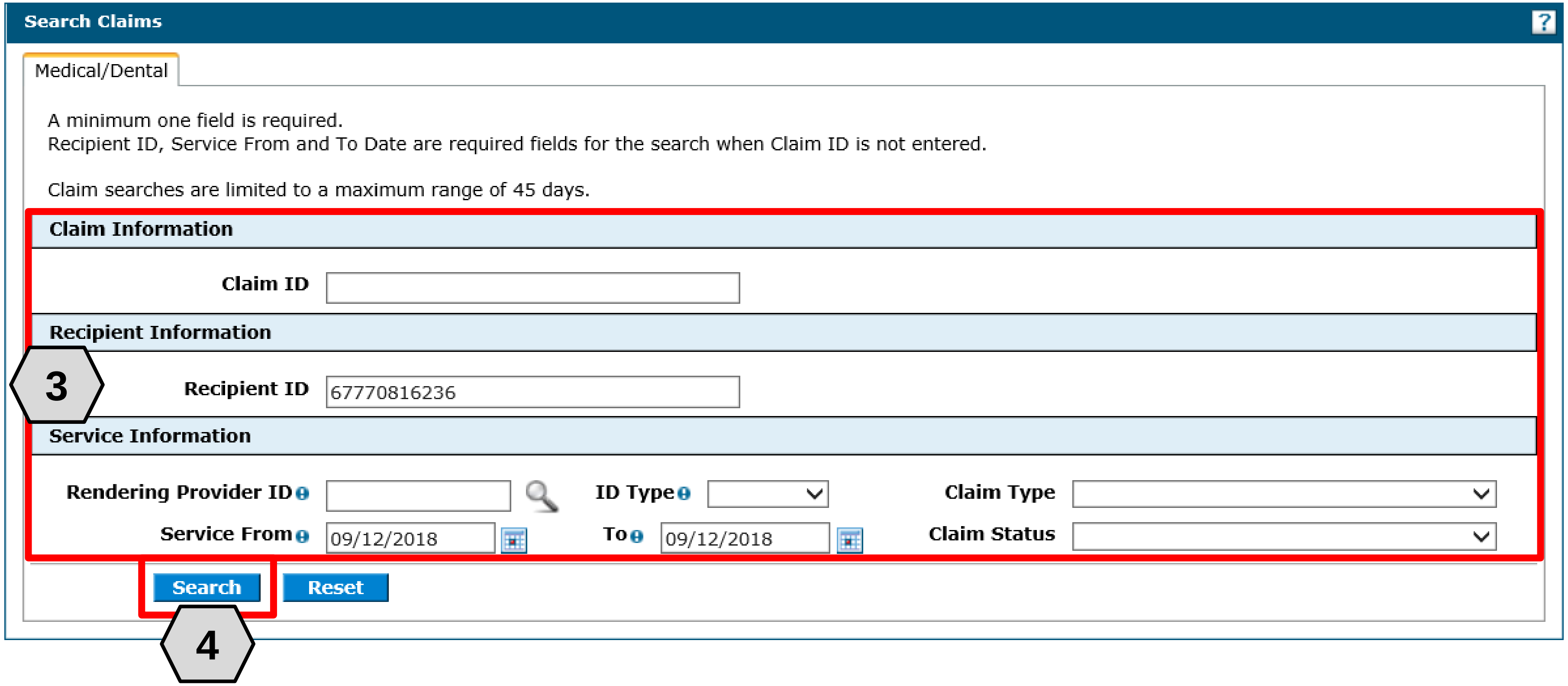
Searching for a Professional Claim



To search for a claim the user will need to:

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

Searching for a Professional Claim, cont.



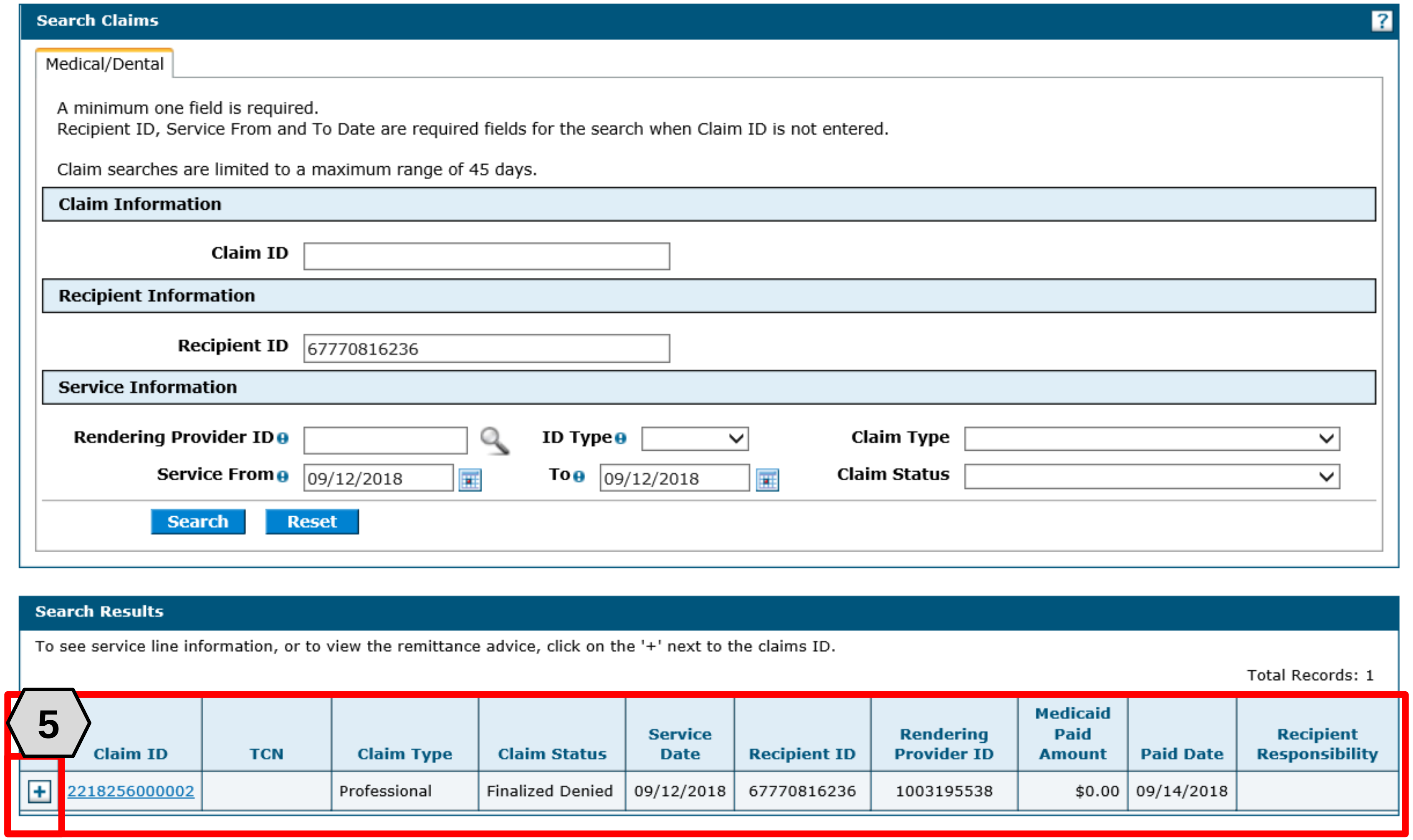
The fastest way to locate a claim is by entering the **Claim ID.**

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

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

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

Searching for a Professional Claim, cont.


Search Claims

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

Recipient ID 67770816236

Service Information

Rendering Provider ID | **ID Type** | **Claim Type**

Service From 09/12/2018 | **To** 09/12/2018 | **Claim Status**

Search | Reset

Search Results

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

Total Records: 1

5

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	2218256000002		Professional	Finalized Denied	09/12/2018	67770816236	1003195538	$0.00	09/14/2018	

Once the user has clicked the **Search** button, the results will display below. From there, the user may:

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

Searching for a Professional Claim, cont.

Search Results

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

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
−	2218256000002		Professional	Finalized Denied	09/12/2018	67770816236	1003195538	$0.00	09/14/2018	

6

Professional Claim Information

Recipient	UGNWLA TRNXEUK	**Total Charge Amount**	$300.00
Birth Date	02/11/1985	**Total Paid Amount**	$0.00
Rendering Provider	MICHAEL A SMITH	**Paid Date**	09/14/2018
Claim Status	Finalized Denied	**Reason Code**	Finalized/Denial-The claim/line has been denied.

Service Information

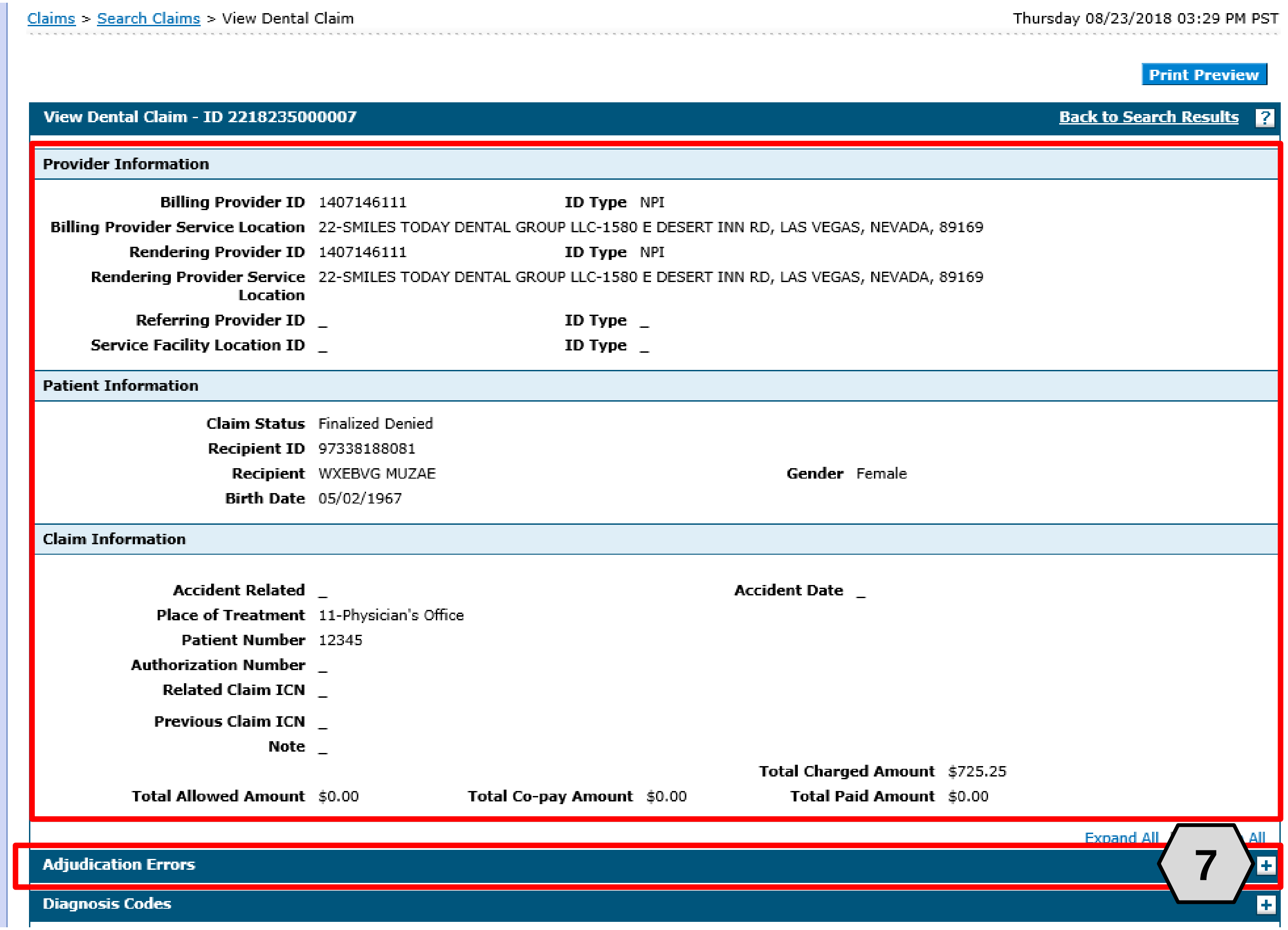
Service	Service Date	Line Status	Reason Code	Units	Procedure/ Modifiers	Charge	Paid
1	09/12/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	2018F	$100.00	$0.00
2	01/12/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	96361	$200.00	$0.00

RA Copy (PDF)

6. Click the blue **Claim ID** link to open a specific claim

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

Searching for a Professional Claim, cont.



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

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

Searching for a Professional Claim, cont.

Certification Condition Indicator Yes
Condition Indicator Patient was admitted to a hospital
_
_
_
_
Transport Distance 1.00
Ambulance Transport Reason Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the patient was transferred to a residential facility.

Previous Claim ICN _
Note _

Does the provider have a signature on file? Yes

Total Charged Amount $300.00
Total Allowed Amount $0.00 **Total Co-pay Amount** $0.00 **Total Paid Amount** $0.00

Expand All | Collapse All

Adjudication Errors

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

Diagnosis Codes

Service Details

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

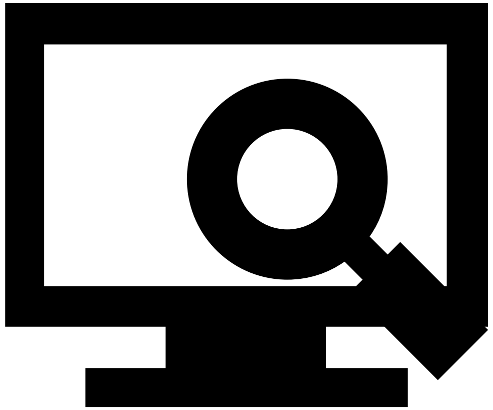
No Other Insurance Details exist for this claim

No Attachments exist for this claim

Copy | Print Preview | RA Copy (PDF)

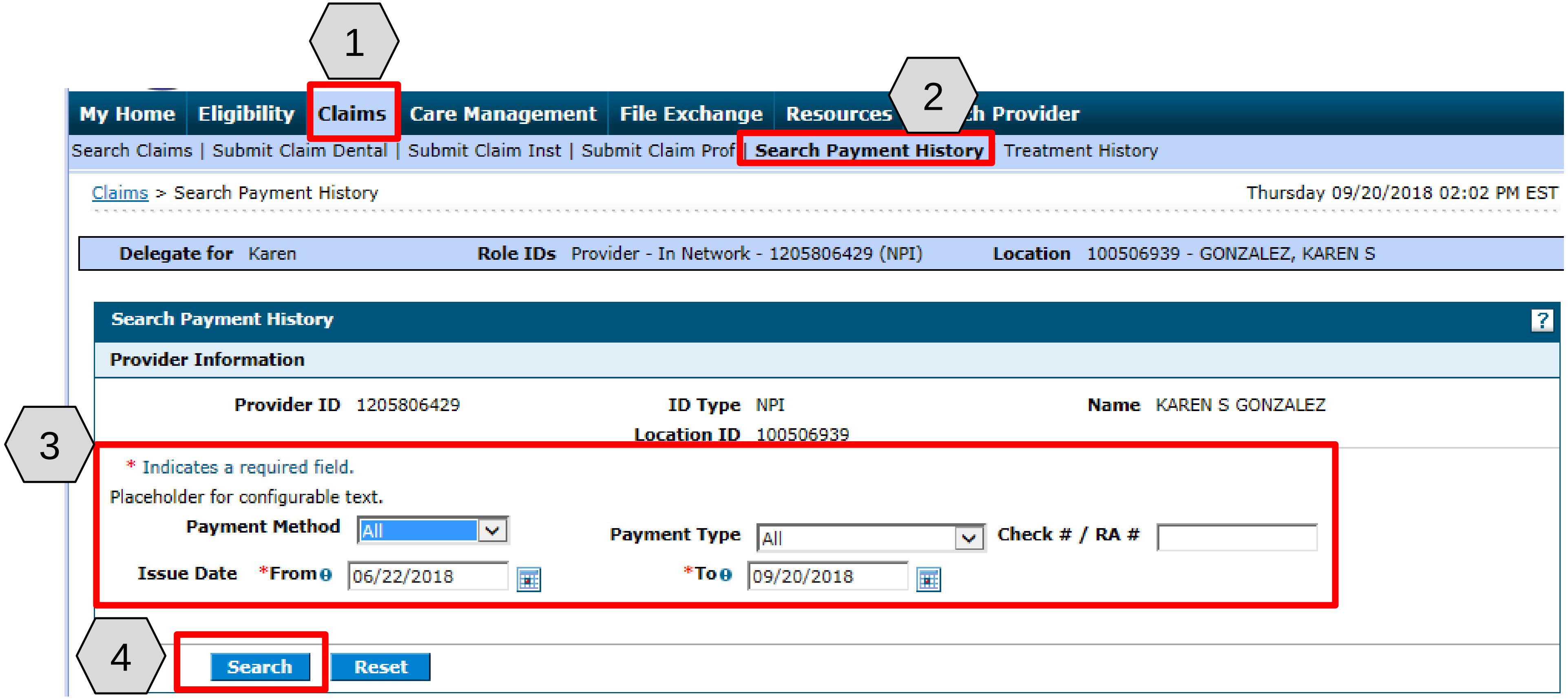
With the **Adjudication Errors** panel expanded, the user may review the errors associated with the claim's denial.

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



Viewing Professional Claim Remittance Advice (RA)

Viewing a Professional Claim's RA



To begin locating an RA, the user will:

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

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

Viewing a Professional Claim's RA, cont.

Search Results

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

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

5

Total Records: 11

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

1 2

5. Click on the **RA Copy (PDF)** icon

Viewing a Professional Claim's RA, cont.

Search Results

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

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

Total Records: 11

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

1 2

PDF Files require Adobe Acrobat Reader

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

6

Open | Save | Cancel

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

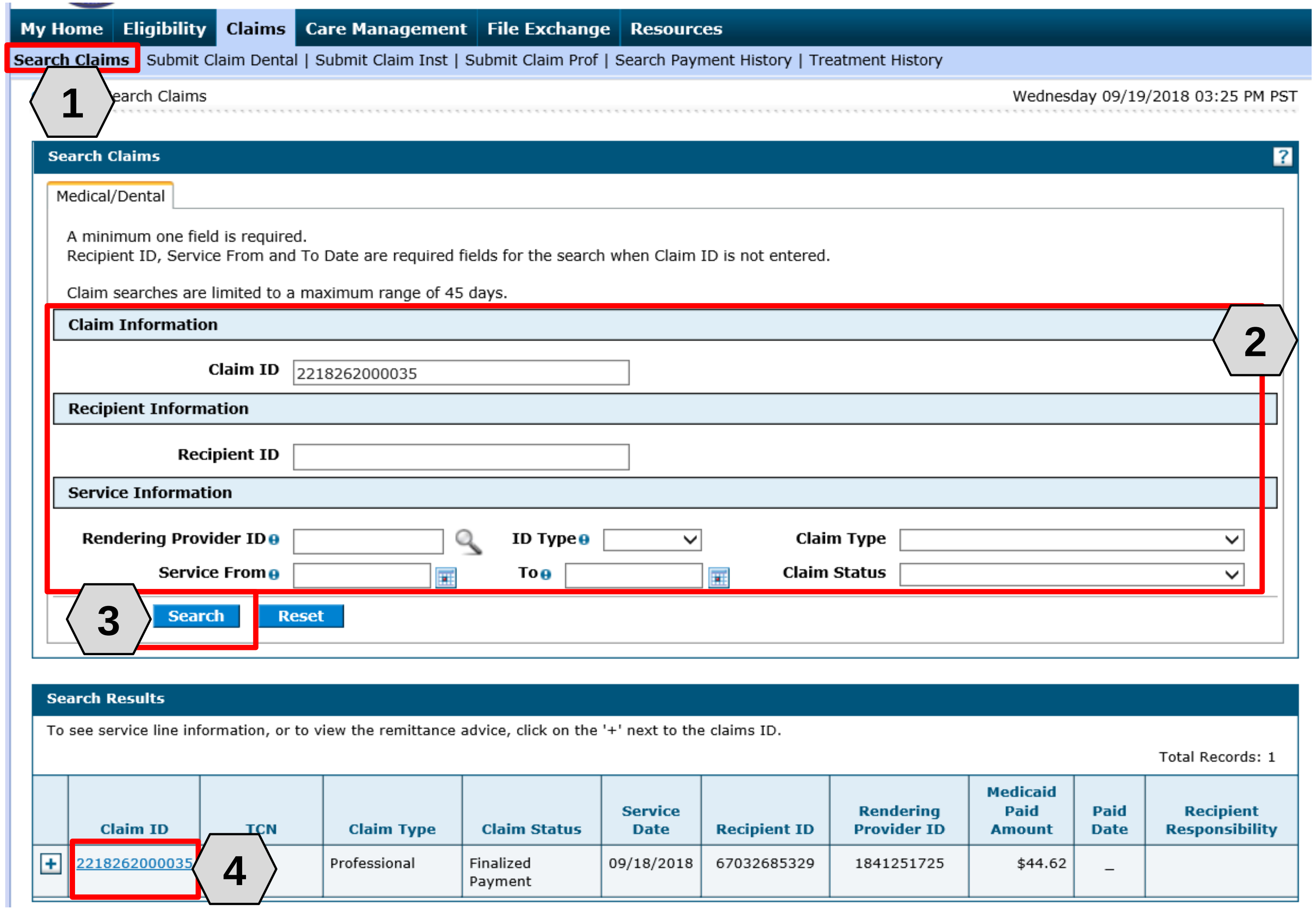
Viewing a Professional Claim’s RA, cont.

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

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

Copying Professional Claims

Copying a Professional Claim



To copy a claim, the user will:

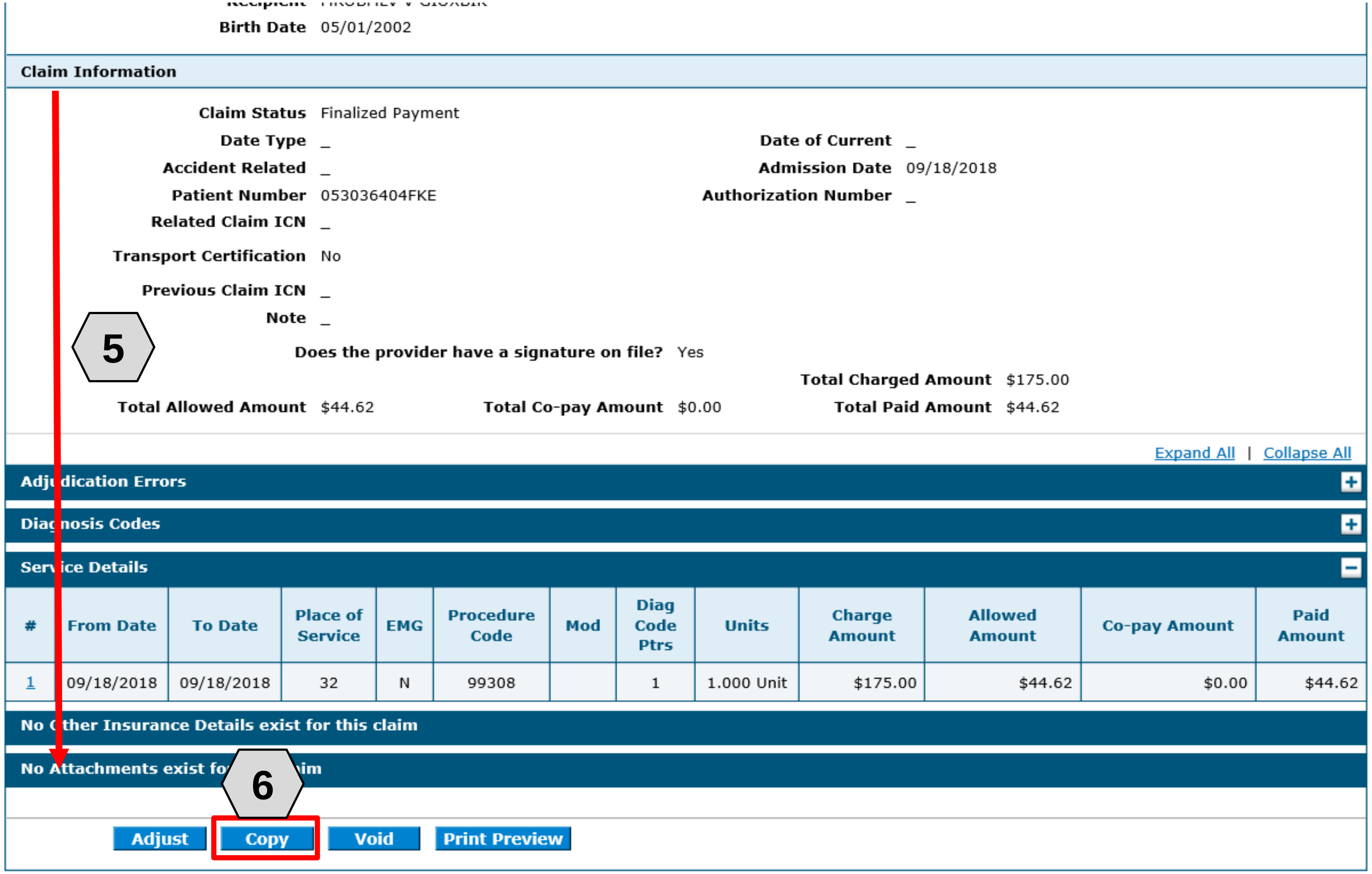
1. Return to the "Search Claims" page
2. Enter the search criteria
3. Click the **Search** button

Search results will populate at the bottom of the screen.

From the search results:

4. Click the blue **Claim ID** link

Copying a Professional Claim, cont.


Birth Date 05/01/2002

Claim Information

Claim Status	Finalized Payment		
Date Type	_	Date of Current	_
Accident Related	_	Admission Date	09/18/2018
Patient Number	053036404FKE	Authorization Number	_
Related Claim ICN	_		
Transport Certification	No		
Previous Claim ICN	_		
Note	_		

Does the provider have a signature on file? Yes

Total Charged Amount $175.00

Total Allowed Amount $44.62 Total Co-pay Amount $0.00 Total Paid Amount $44.62

Expand All | Collapse All

Adjudication Errors

Diagnosis Codes

Service Details

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

No Other Insurance Details exist for this claim

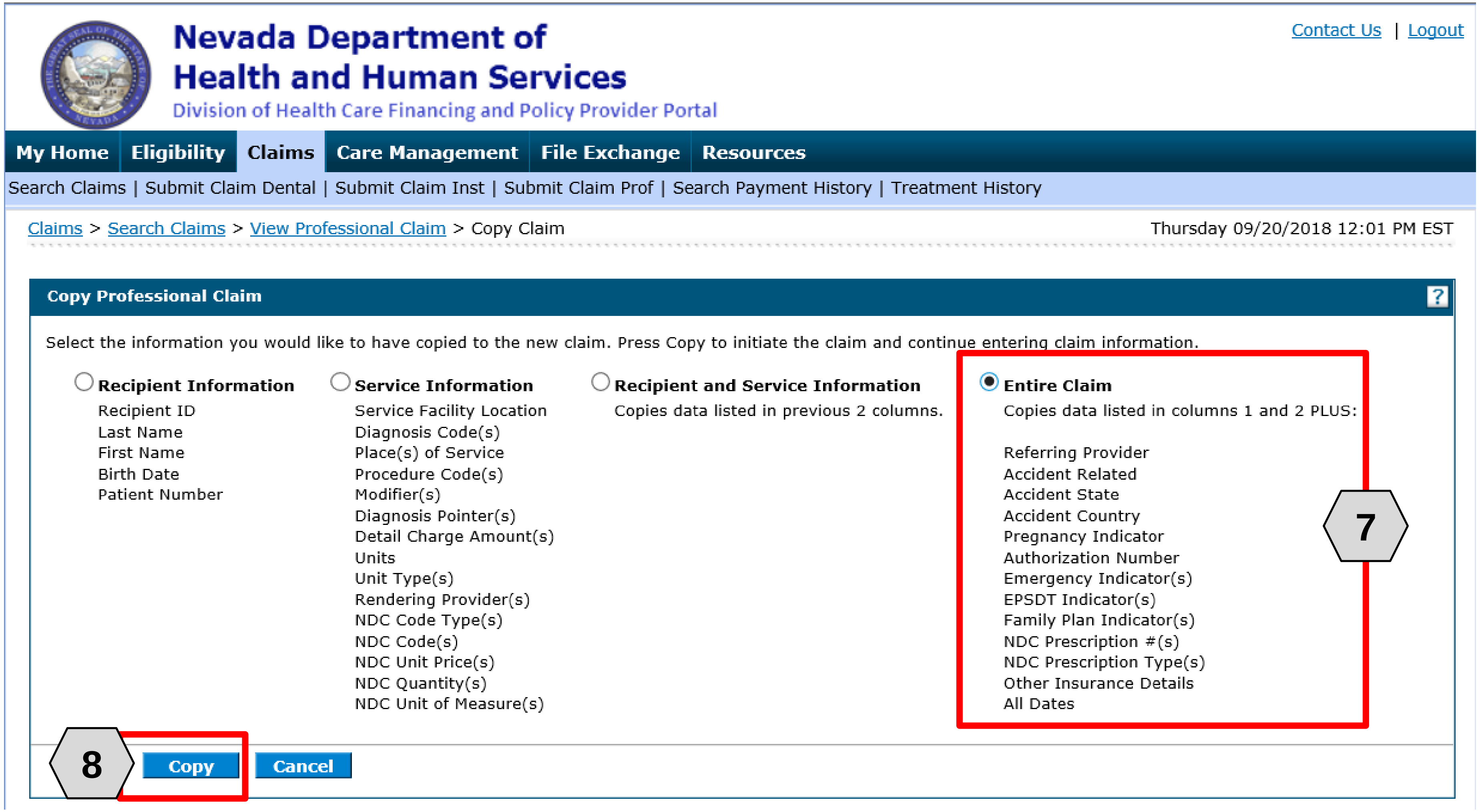
No Attachments exist for this claim

Adjust Copy Void Print Preview

After the user has viewed the claim, user will:

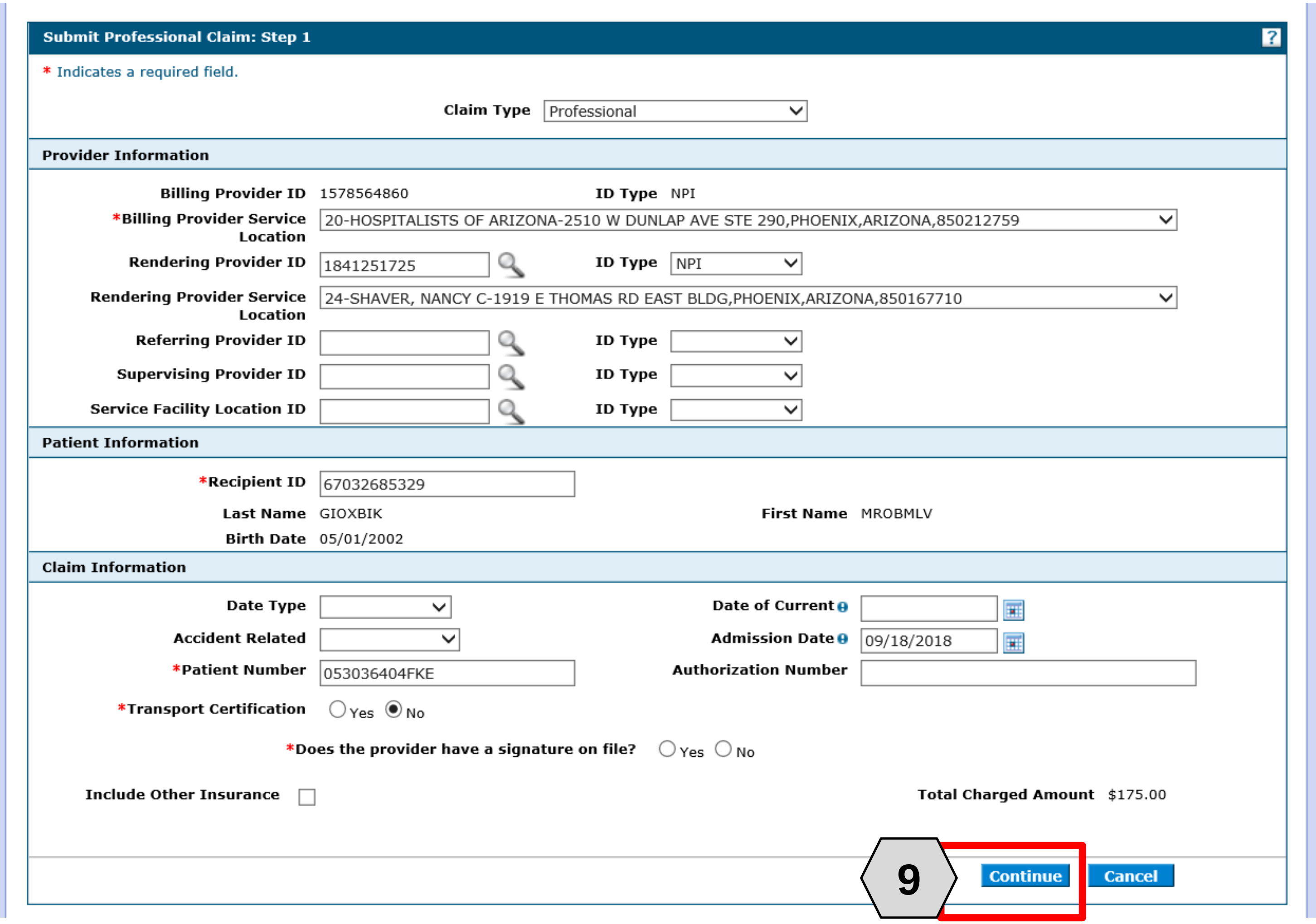
5. Scroll down to the bottom of the “Claim Information” page
6. Click the **Copy** button

Copying a Professional Claim, cont.



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

Copying a Professional Claim, cont.


Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type: Professional

Provider Information

Billing Provider ID: 1578564860 | ID Type: NPI

*Billing Provider Service Location: 20-HOSPITALISTS OF ARIZONA-2510 W DUNLAP AVE STE 290,PHOENIX,ARIZONA,850212759

Rendering Provider ID: 1841251725 | ID Type: NPI

Rendering Provider Service Location: 24-SHAVER, NANCY C-1919 E THOMAS RD EAST BLDG,PHOENIX,ARIZONA,850167710

Referring Provider ID | ID Type

Supervising Provider ID | ID Type

Service Facility Location ID | ID Type

Patient Information

*Recipient ID: 67032685329

Last Name: GIOXBIK | First Name: MROBMLV

Birth Date: 05/01/2002

Claim Information

Date Type | Date of Current

Accident Related | Admission Date: 09/18/2018

*Patient Number: 053036404FKE | Authorization Number

*Transport Certification: Yes / No

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

Include Other Insurance | Total Charged Amount: $175.00

9

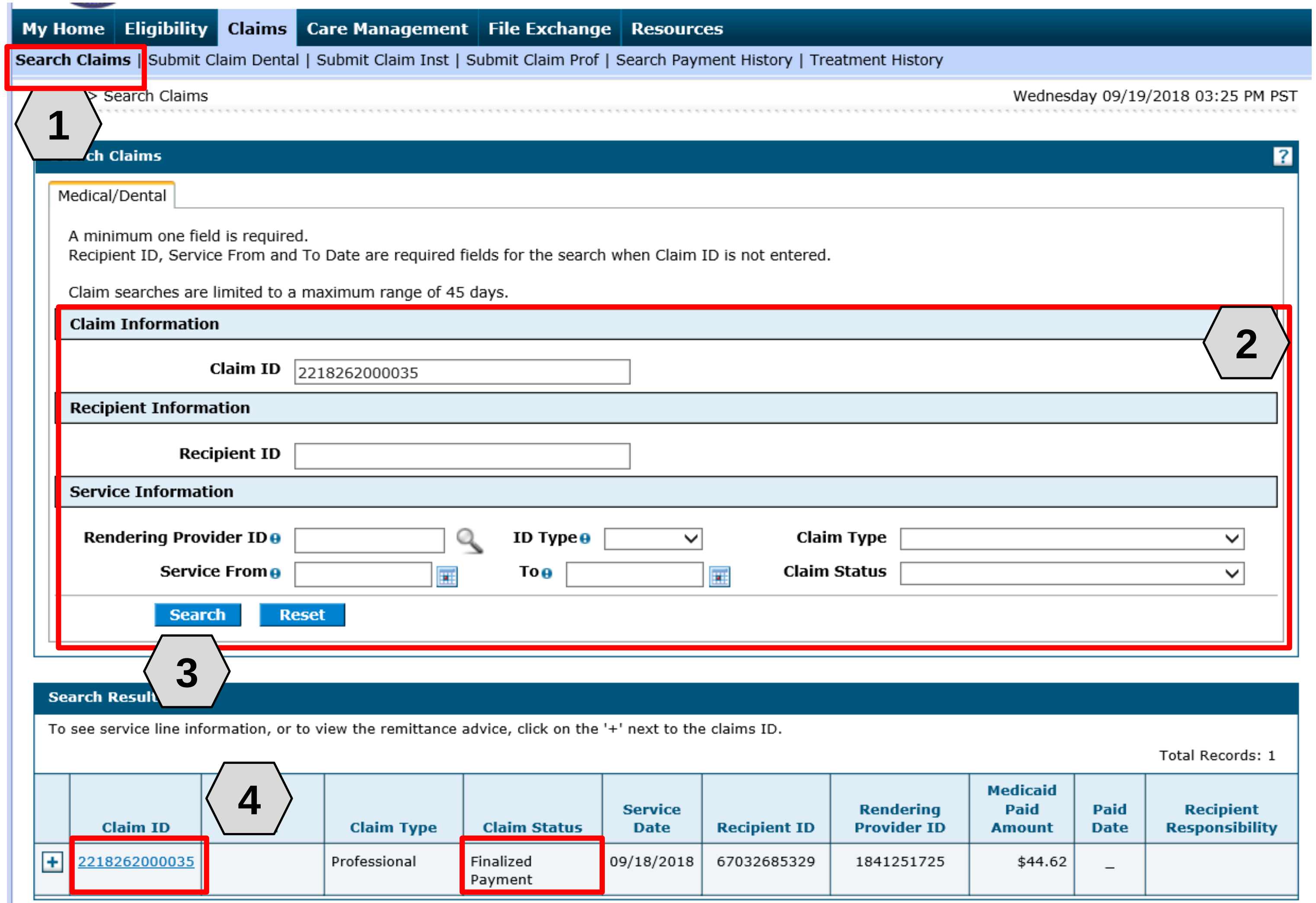
Continue | Cancel

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

9. Click the **Continue** button

Adjusting a Professional Claim

Adjusting a Professional Claim

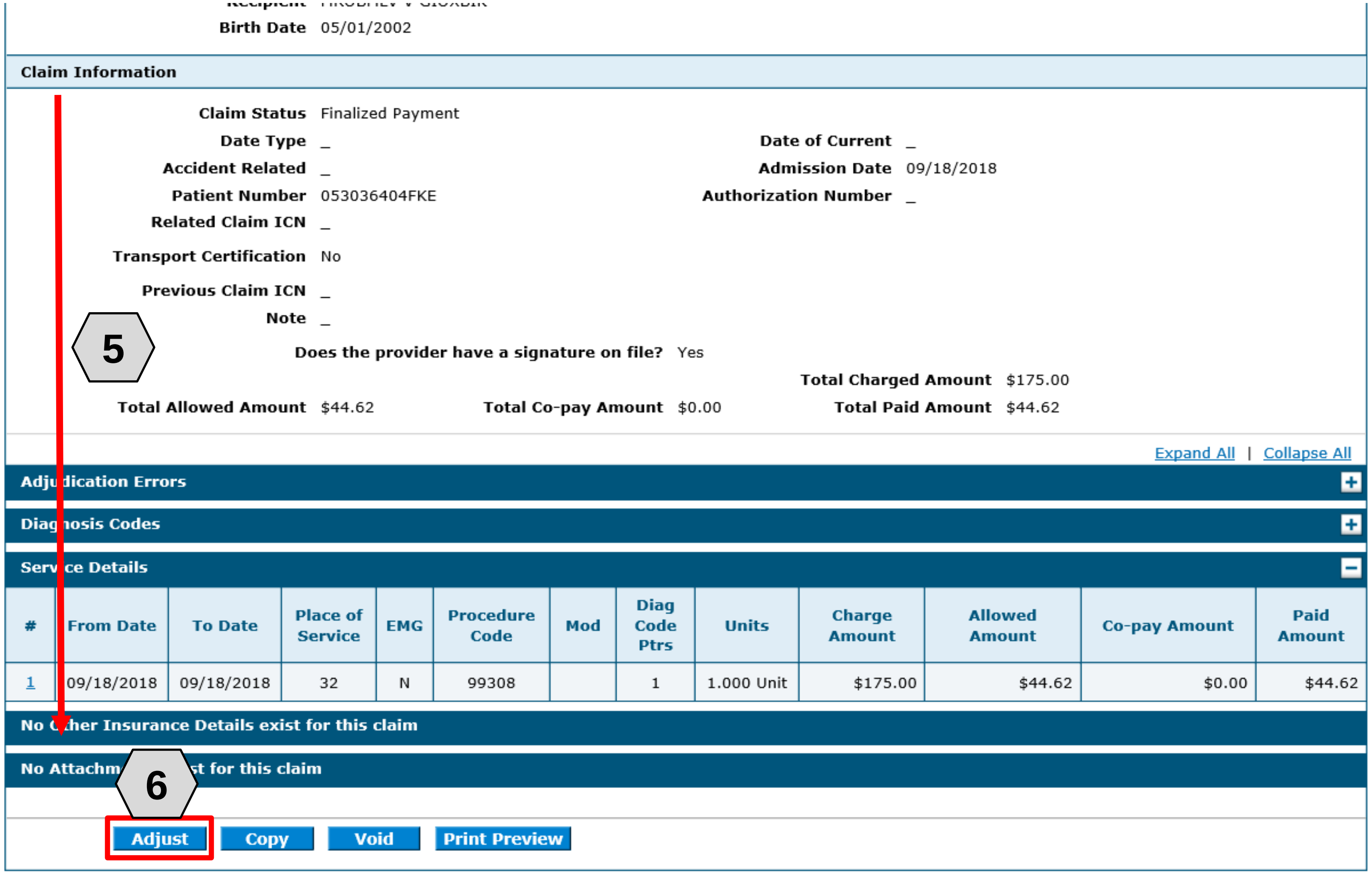


To begin the claim adjustment process:

1. Return to the “Search Claims” page
2. Enter the search criteria
3. Click the **Search** button
4. Click the blue **Claim ID** link

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

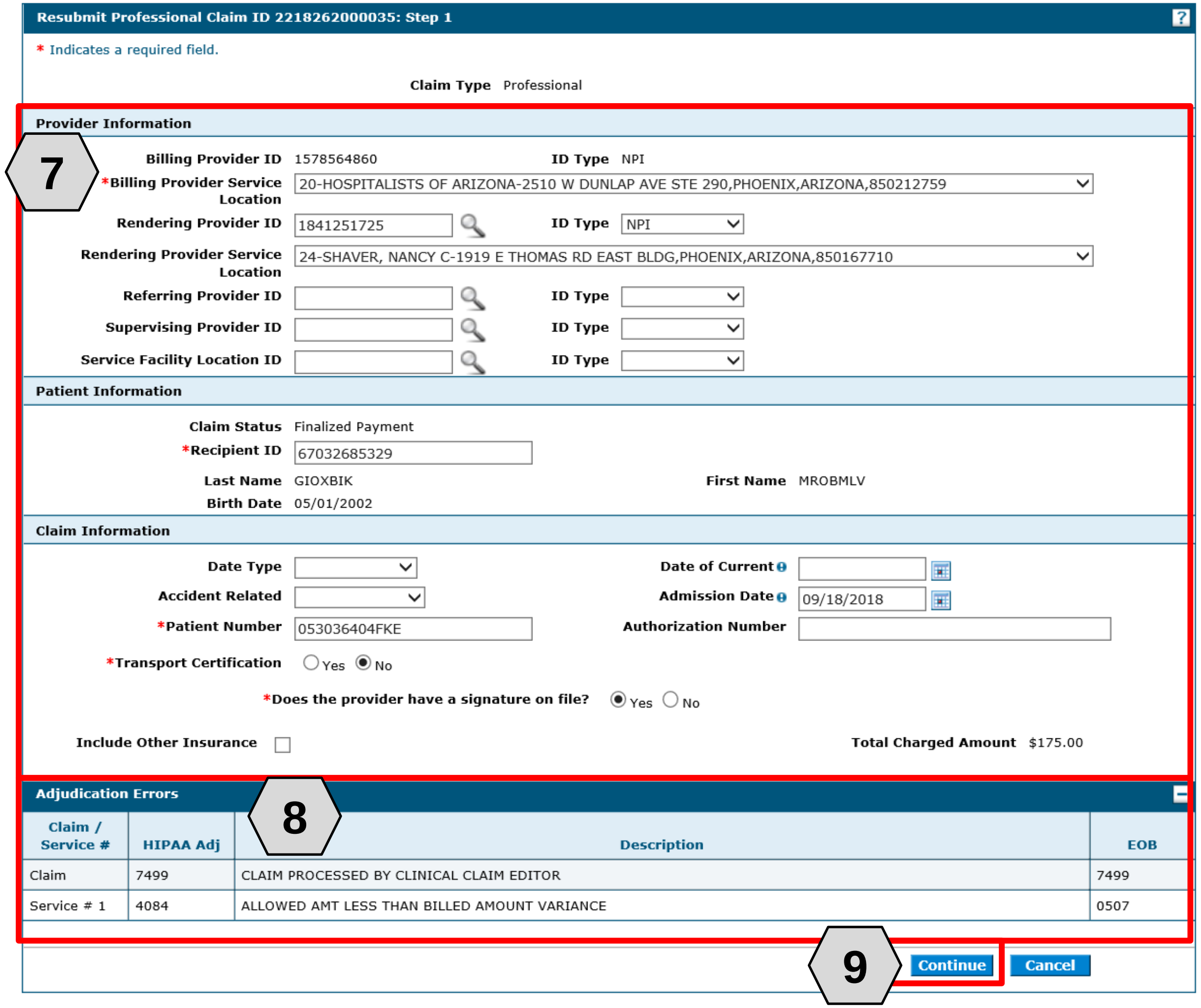
Adjusting a Professional Claim, cont.



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

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

Adjusting a Professional Claim, cont.


Resubmit Professional Claim ID 2218262000035: Step 1

* Indicates a required field.

Claim Type Professional

Provider Information

7

Billing Provider ID 1578564860 ID Type NPI

*Billing Provider Service Location 20-HOSPITALISTS OF ARIZONA-2510 W DUNLAP AVE STE 290,PHOENIX,ARIZONA,850212759

Rendering Provider ID 1841251725 ID Type NPI

Rendering Provider Service Location 24-SHAVER, NANCY C-1919 E THOMAS RD EAST BLDG,PHOENIX,ARIZONA,850167710

Referring Provider ID ID Type

Supervising Provider ID ID Type

Service Facility Location ID ID Type

Patient Information

Claim Status Finalized Payment

*Recipient ID 67032685329

Last Name GIOXBIK First Name MROBMLV

Birth Date 05/01/2002

Claim Information

Date Type Date of Current

Accident Related Admission Date 09/18/2018

*Patient Number 053036404FKE Authorization Number

*Transport Certification Yes No

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

Include Other Insurance Total Charged Amount $175.00

Adjudication Errors

8

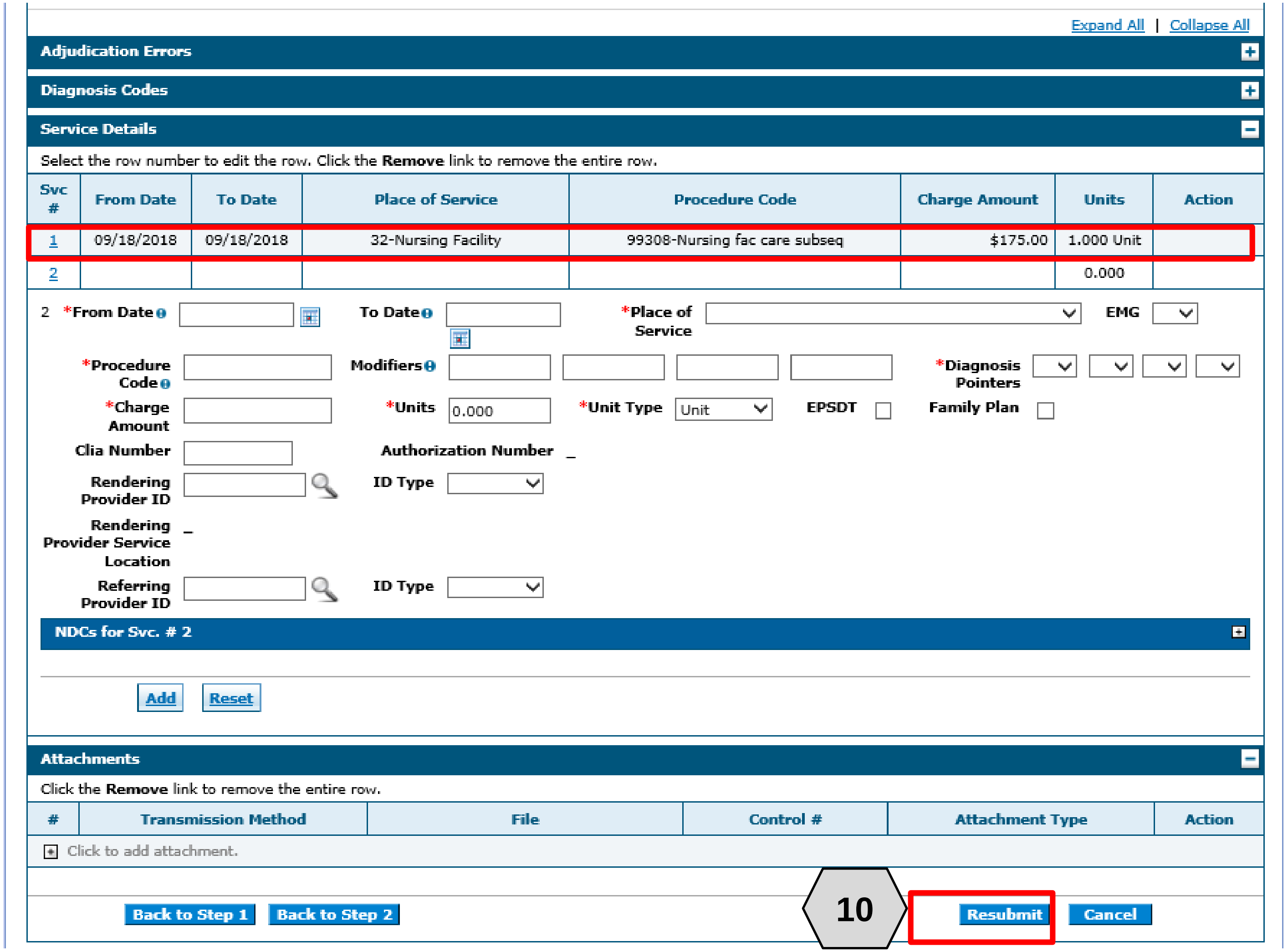
Claim / Service #	HIPAA Adj	Description	EOB
Claim	7499	CLAIM PROCESSED BY CLINICAL CLAIM EDITOR	7499
Service # 1	4084	ALLOWED AMT LESS THAN BILLED AMOUNT VARIANCE	0507

9 Continue Cancel

From here, the user may:

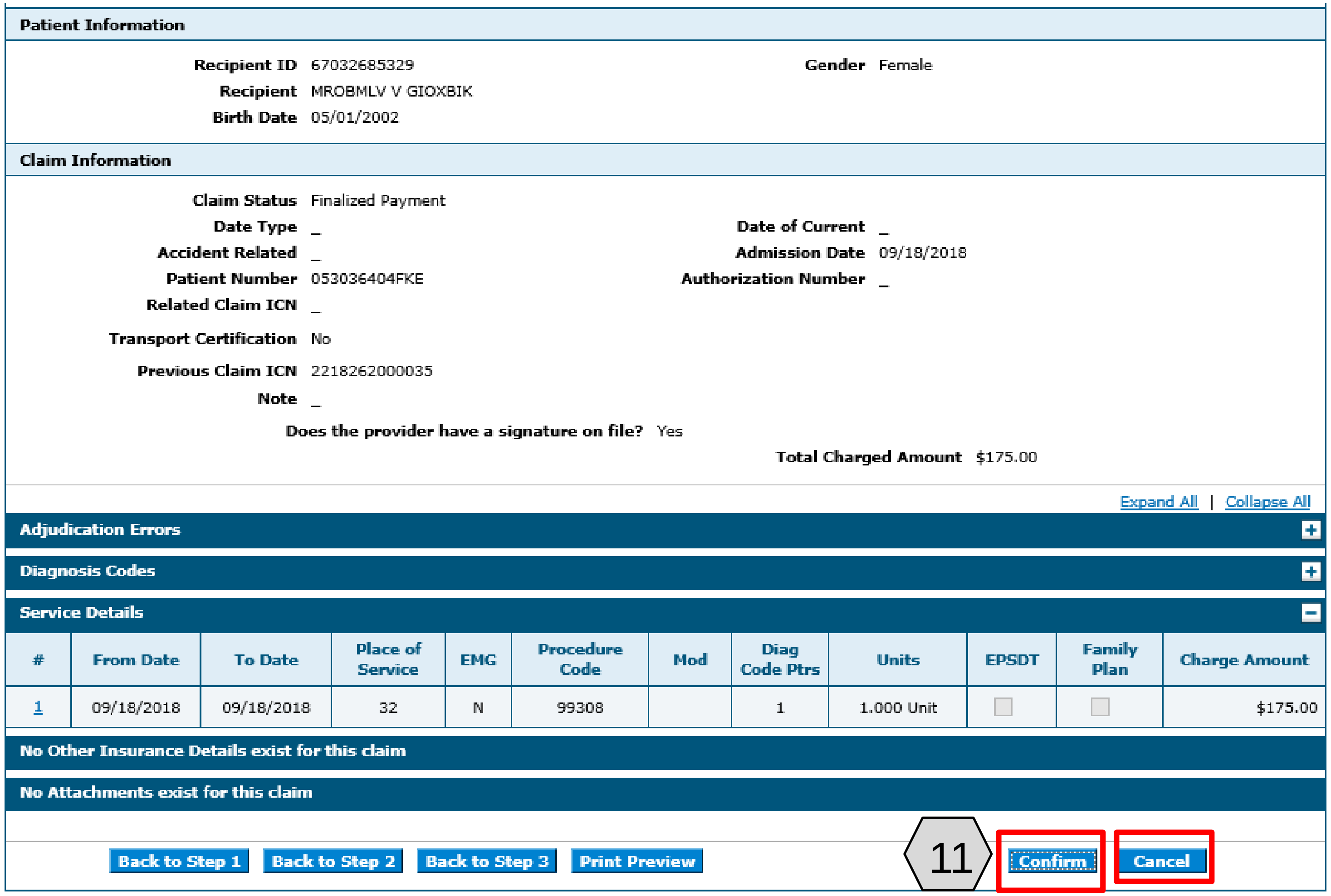
7. Review and make any necessary edits to the provider, patient, or claim information
8. Review the **Adjudication Errors** panel to identify any issues that may need to be resolved
9. Click on the **Continue** button at the bottom of the page to proceed to the next step

Adjusting a Professional Claim, cont.



10. Click the **Resubmit** button

Adjusting a Professional Claim, cont.



Patient Information

Recipient ID 67032685329 **Gender** Female
Recipient MROBMLV V GIOXBIK
Birth Date 05/01/2002

Claim Information

Claim Status Finalized Payment
Date Type _ **Date of Current** _
Accident Related _ **Admission Date** 09/18/2018
Patient Number 053036404FKE **Authorization Number** _
Related Claim ICN _
Transport Certification No
Previous Claim ICN 2218262000035
Note _
Does the provider have a signature on file? Yes
Total Charged Amount $175.00

Expand All | Collapse All

Adjudication Errors

Diagnosis Codes

Service Details

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
1	09/18/2018	09/18/2018	32	N	99308		1	1.000 Unit	☐	☐	$175.00

No Other Insurance Details exist for this claim

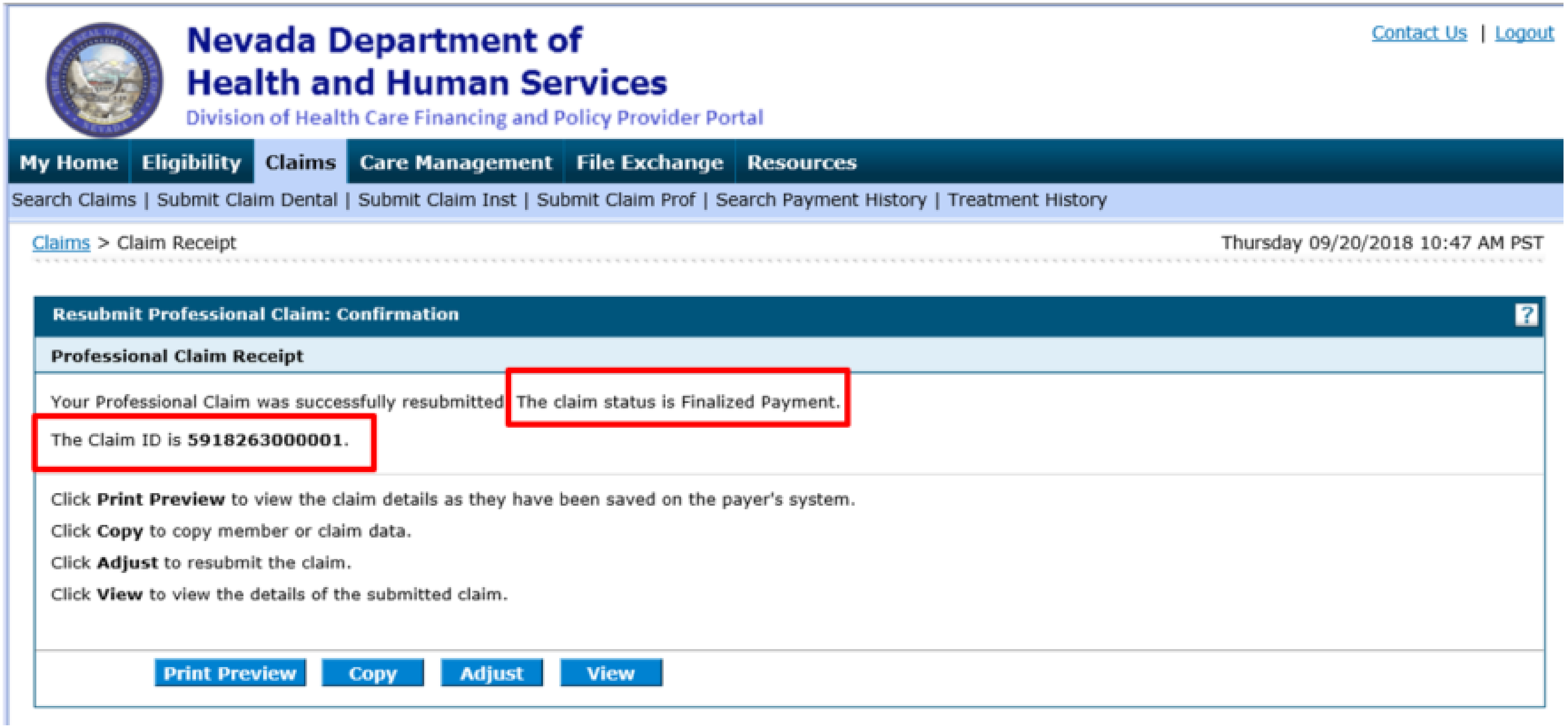
No Attachments exist for this claim

Back to Step 1 | Back to Step 2 | Back to Step 3 | Print Preview | 11 | Confirm | Cancel

11. Click the **Confirm** button

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

Adjusting a Professional Claim, cont.



The "Resubmit Professional Claim: Confirmation" page will appear after the claim has been submitted.

It will display the claim status and adjusted Claim ID.

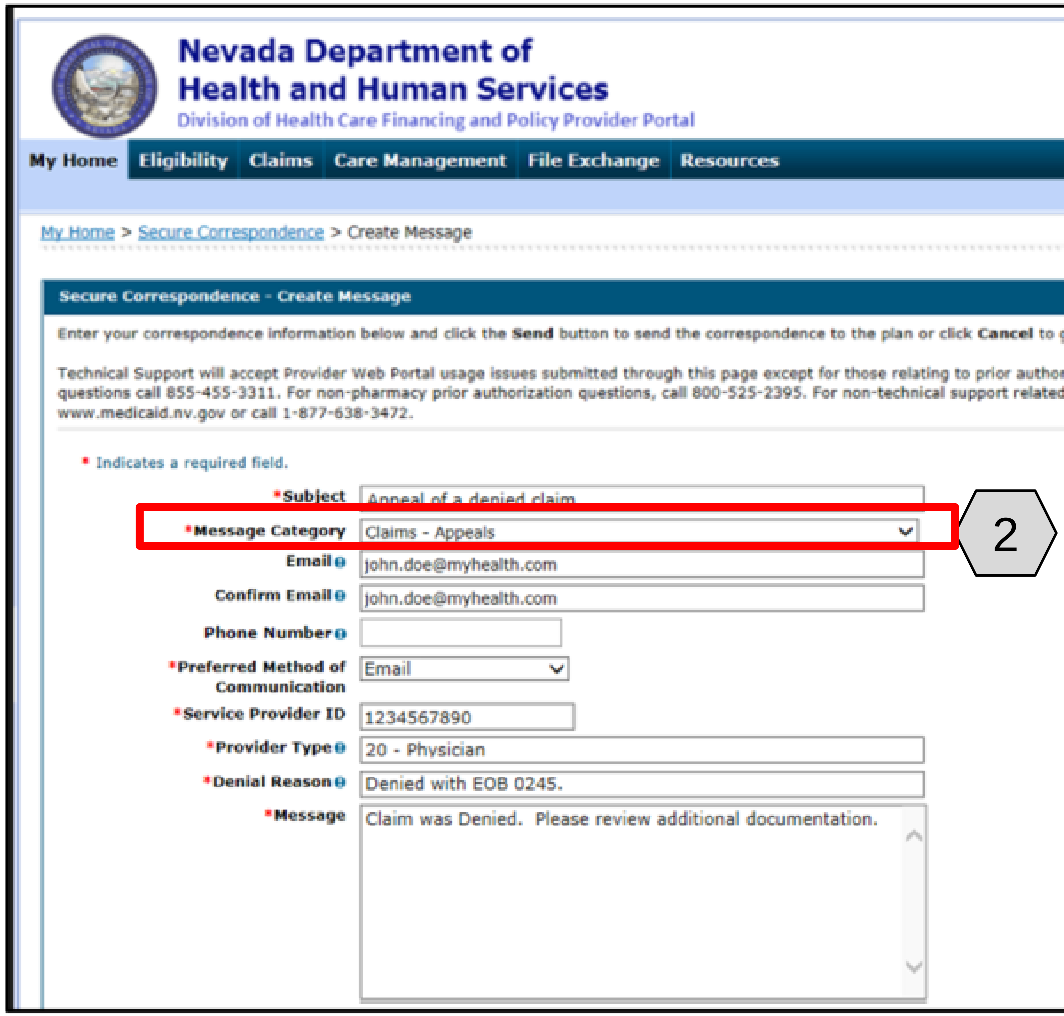
Submitting an Appeal for a Claim

Submitting an Appeal for a Claim

From the home page, the user will:

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

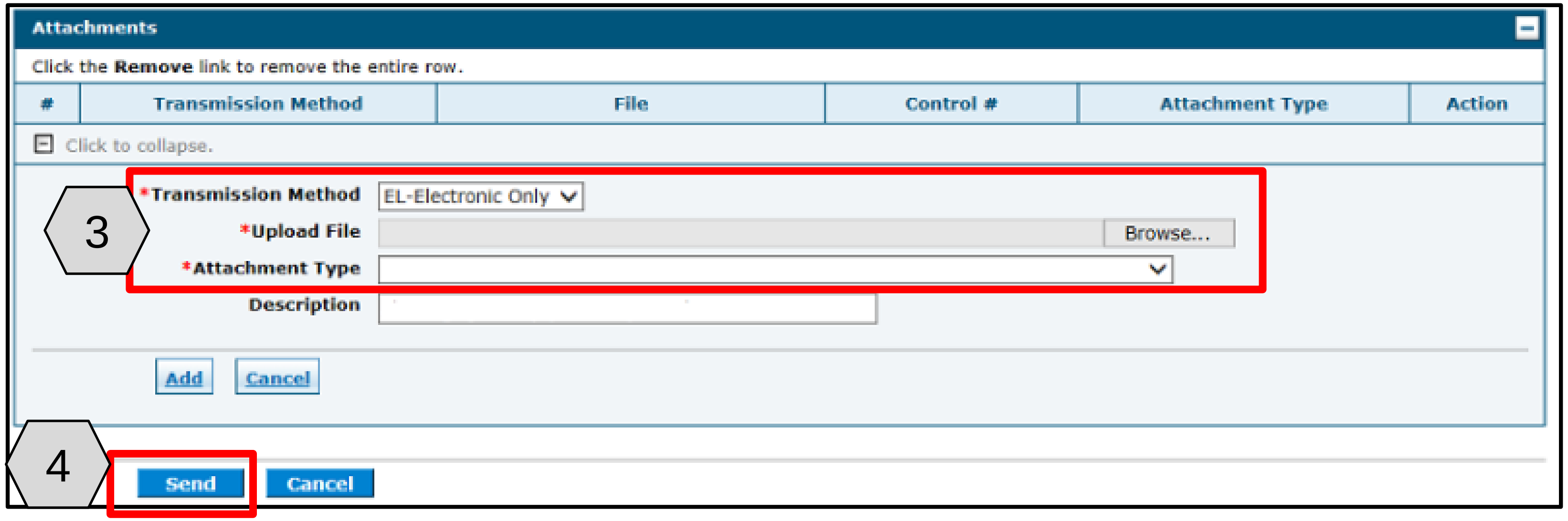
Submitting an Appeal for a Claim, cont.



The user will then:

2. Select “Claims – Appeals” from the **Message Category** dropdown and fill out all of the required fields.

Submitting an Appeal for a Claim, cont.



Next, the user will need to:

3. Click the **Browse** button and locate the file supporting the appeal request

4. Click the **Send** button

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

Submitting an Appeal for a Claim, cont.

After the user clicks the **Send** button, a confirmation message will populate with “Your secure message was successfully sent”

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

Submitting an Appeal for a Claim, cont.

Secure Correspondence - Message Box Back to My Home ?

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

Create New Message

Total Records: 13

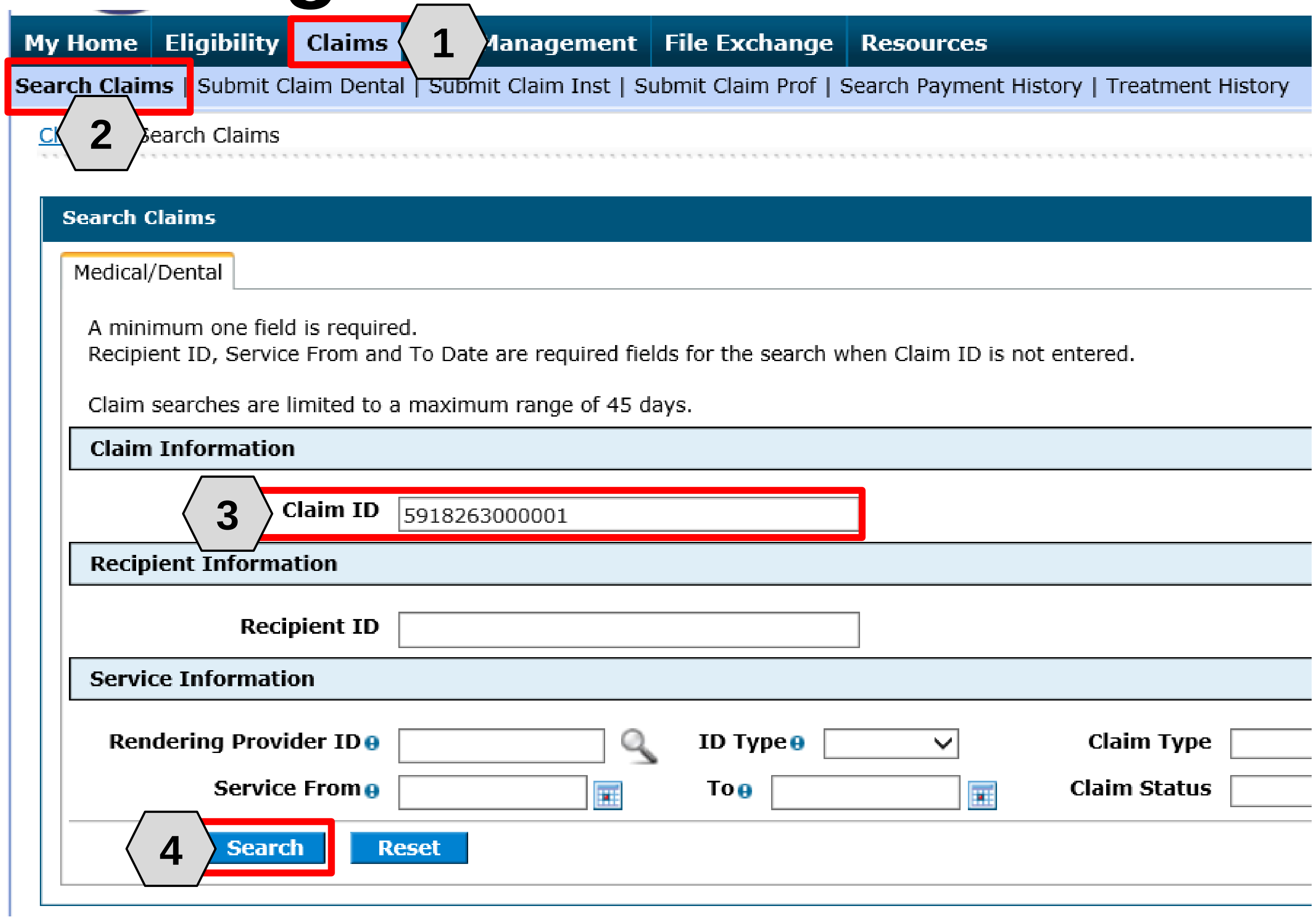
Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4256	Appeal of a denied claim	Claims - Appeals	10/02/2018	10/02/2018
Open	4255	testing	Claims - Appeals	09/27/2018	09/27/2018
Open	4253	Testing from MO	Level 2 Support - Account Issues	09/19/2018	09/19/2018
Open	4252	Testing 6268 in MO	Level 2 Support - Account Issues	09/18/2018	09/18/2018
Open	4251	Testing 6268	Claims - Appeals	09/06/2018	09/06/2018
Open	4227	Testing sample for 5916	Level 2 Support - Account Issues	08/14/2018	08/14/2018
Closed	4217	Help	Other	07/08/2018	08/03/2018
Open	4218	Testing Help	Other	07/08/2018	07/08/2018
Open	4219	Testing help..	Other	07/08/2018	07/08/2018
Open	4188	Testing in Model	Level 2 Support - Account Issues	04/09/2018	04/09/2018

1 2

After the user clicks the **OK** button, they will be directed to the **Secure Correspondence - Message Box**, where the new CTN can be seen.

Voiding a Professional Claim

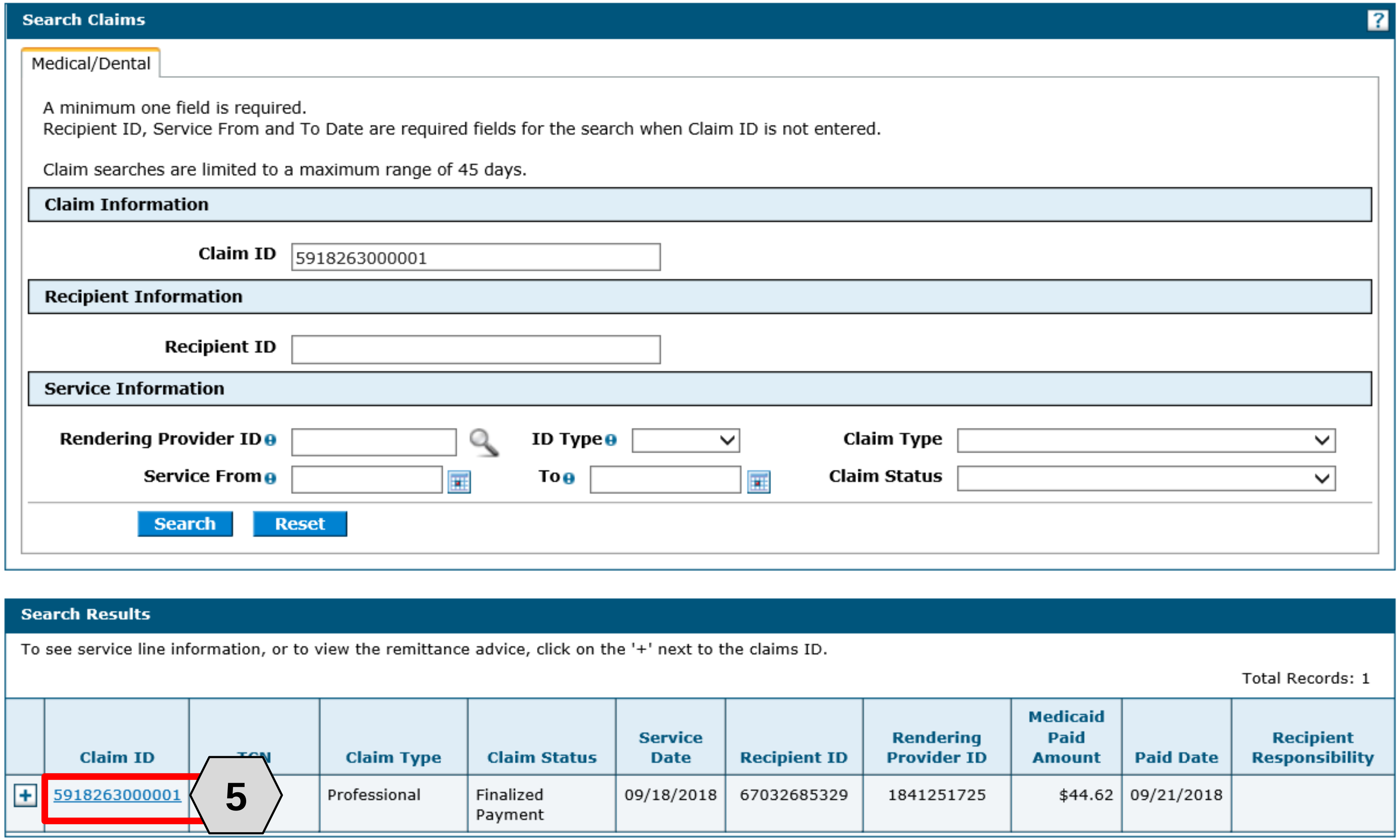
Voiding a Professional Claim



To search for a claim the user will need to:

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

Voiding a Professional Claim, cont.



Search Claims

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID 5918263000001

Recipient Information

Recipient ID

Service Information

Rendering Provider ID **ID Type** **Claim Type**

Service From **To** **Claim Status**

Search Reset

Search Results

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

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	5918263000001	5	Professional	Finalized Payment	09/18/2018	67032685329	1841251725	$44.62	09/21/2018	

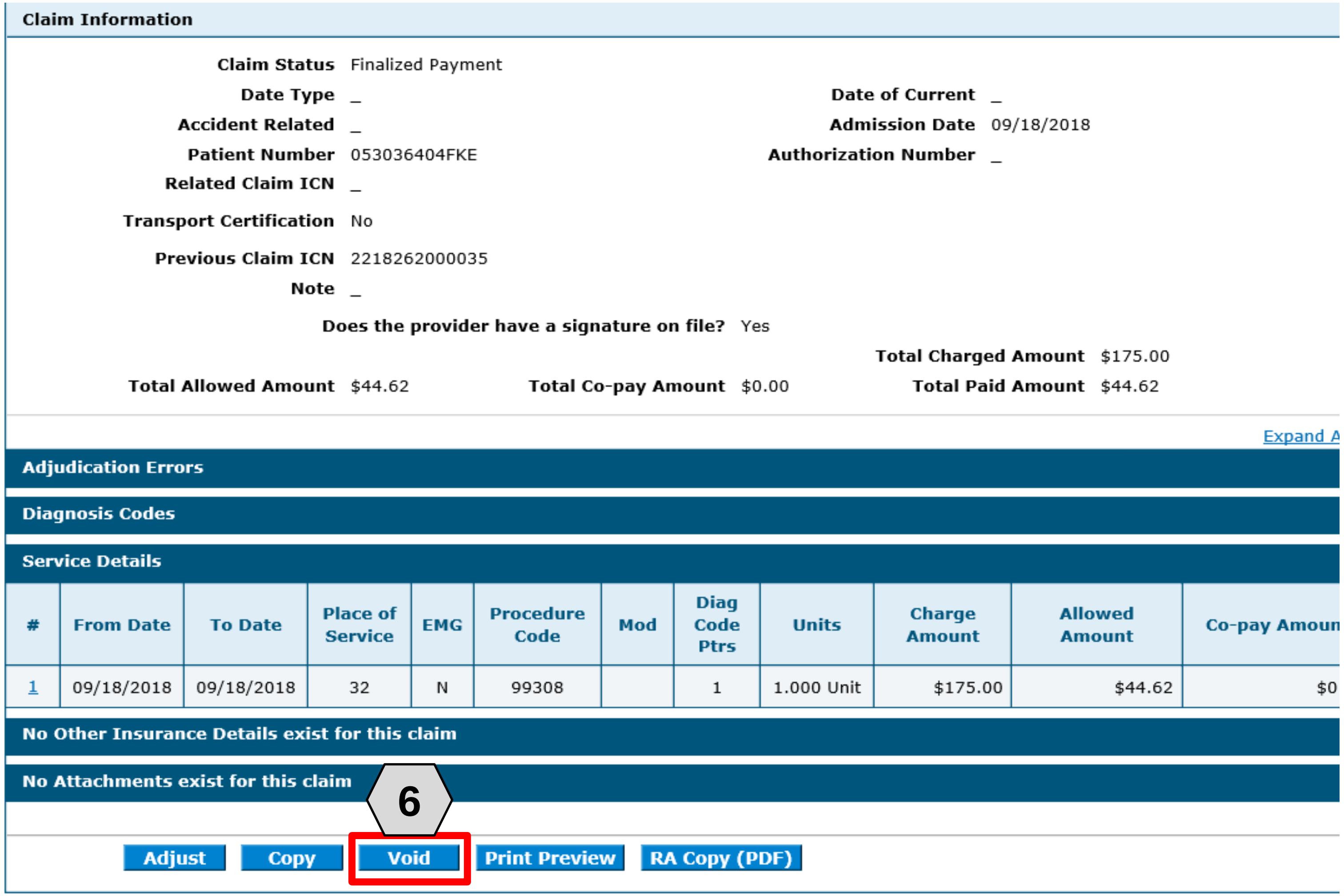
Once the user has clicked the **Search** button, the results will display below.

To open the claim, the user will:

5. Click the blue **Claim ID** link to open the claim

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

Voiding a Professional Claim, cont.



Claim Information

Claim Status	Finalized Payment		
Date Type	_	**Date of Current**	_
Accident Related	_	**Admission Date**	09/18/2018
Patient Number	053036404FKE	**Authorization Number**	_
Related Claim ICN	_		
Transport Certification	No		
Previous Claim ICN	2218262000035		
Note	_		

Does the provider have a signature on file? Yes

Total Charged Amount $175.00

Total Allowed Amount $44.62 **Total Co-pay Amount** $0.00 **Total Paid Amount** $44.62

Expand A

Adjudication Errors

Diagnosis Codes

Service Details

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

No Other Insurance Details exist for this claim

No Attachments exist for this claim

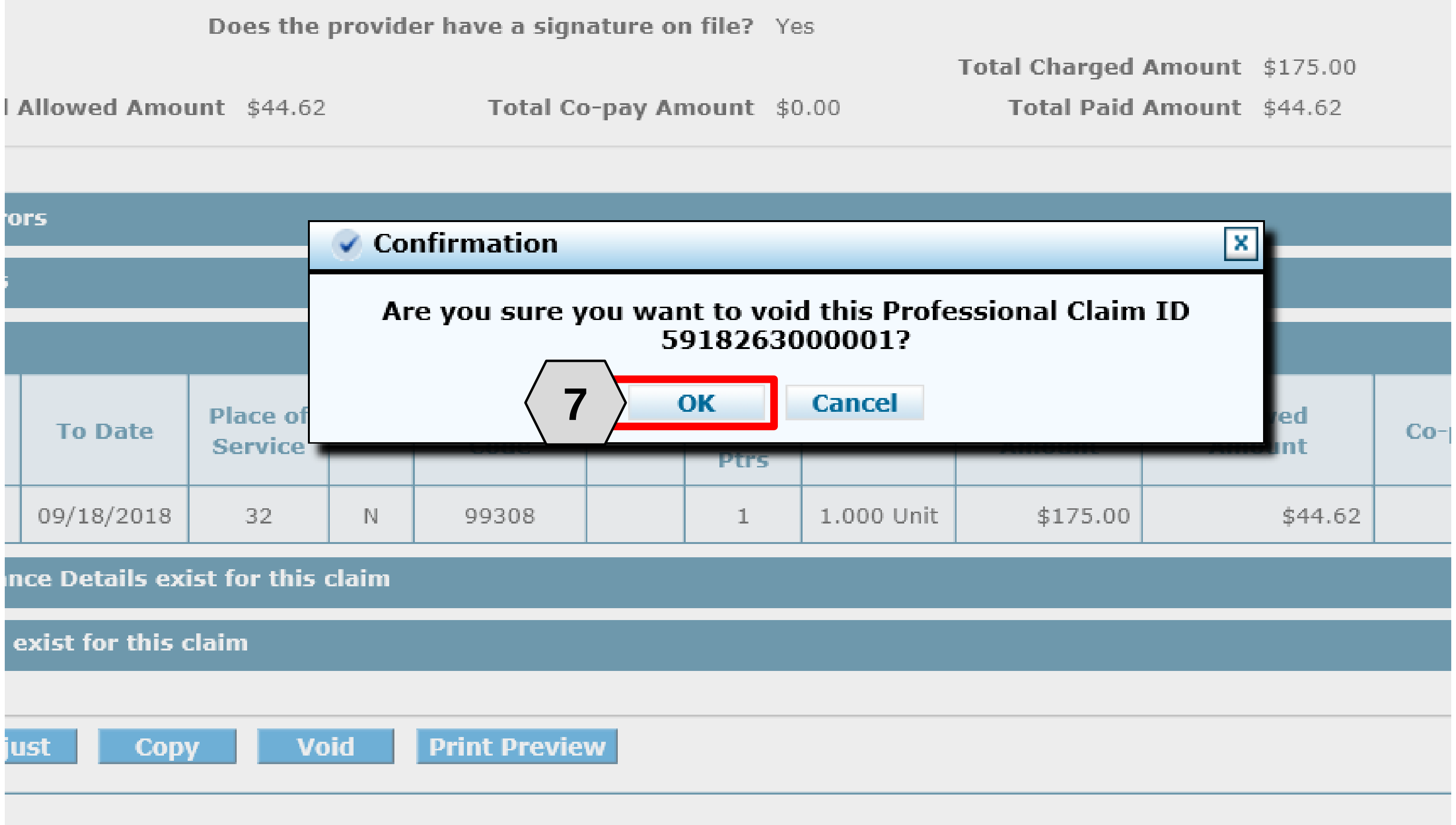
6

Adjust Copy Void Print Preview RA Copy (PDF)

To void the claim, the user will:

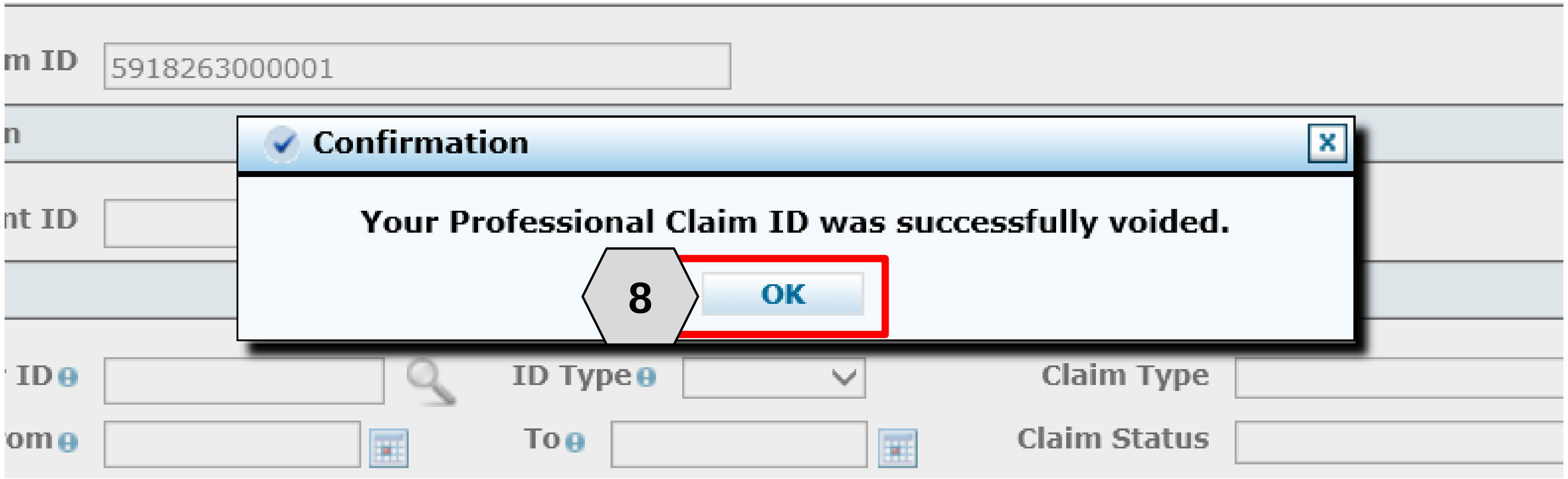
6. Click the **Void** button

Voiding a Professional Claim, cont.



7. Click the **OK** button

Voiding a Professional Claim, cont.



8. Click the **OK** button

Questions & Answers

Paperless Timeline & Go-Live Considerations

Paperless Timeline

Paperless Timeline

Review WA 1733 and 1791 for more details

- **Claim Submissions**
  - January 11, 2019 is the last day to submit paper claims to Nevada Medicaid. Any received afterwards will be returned to the provider.
  - Effective February 1, 2019 claims must be submitted via the Provider Web Portal (PWP).
- **Claim Appeals**
  - January 11, 2019 is the last day to submit paper claim appeals
  - Beginning February 1, 2019 all claim appeal submissions must be completed via the PWP.

Paperless Timeline

Review WA 1733 and 1791 for more details

- **Provider Enrollment**
  - January 11, 2019 is the last day that paper provider enrollment, change requests, and revalidation applications will be accepted.
  - Effective January 12, 2019, all applications must be submitted via the Online Provider Enrollment tool. Paper enrollments will no longer be accepted.
- **Prior Authorizations**
  - January 26, 2019 is the last day paper requests will be accepted.
  - Starting January 29, 2019 all prior authorization requests must be submitted via the PWP.
    - EXCEPTION: This does not apply to pharmacy requests as that process is not changing.

Go-Live Considerations

Go-Live Considerations
Provider Web Portal Black Out Periods

- **Claims**
  - Between January 12, 2019, and January 24, 2019, providers are advised to submit their claims electronically via an approved Trading Partner or the free Payer Path option.
  - January 25, 2019, through January 31, 2019, will be a blackout period for claim submissions.
- **Claims Appeals**
  - January 12, 2019, through January 31, 2019, is a blackout period for claim appeals. Nevada Medicaid will extend the claims appeal window from 30 days to 60 days for claims remittance advice (RA) denials dated between December 7, 2018, and February 8, 2019. Claims RA dates after February 8, 2019, will follow the normal 30-day claims appeal policy.

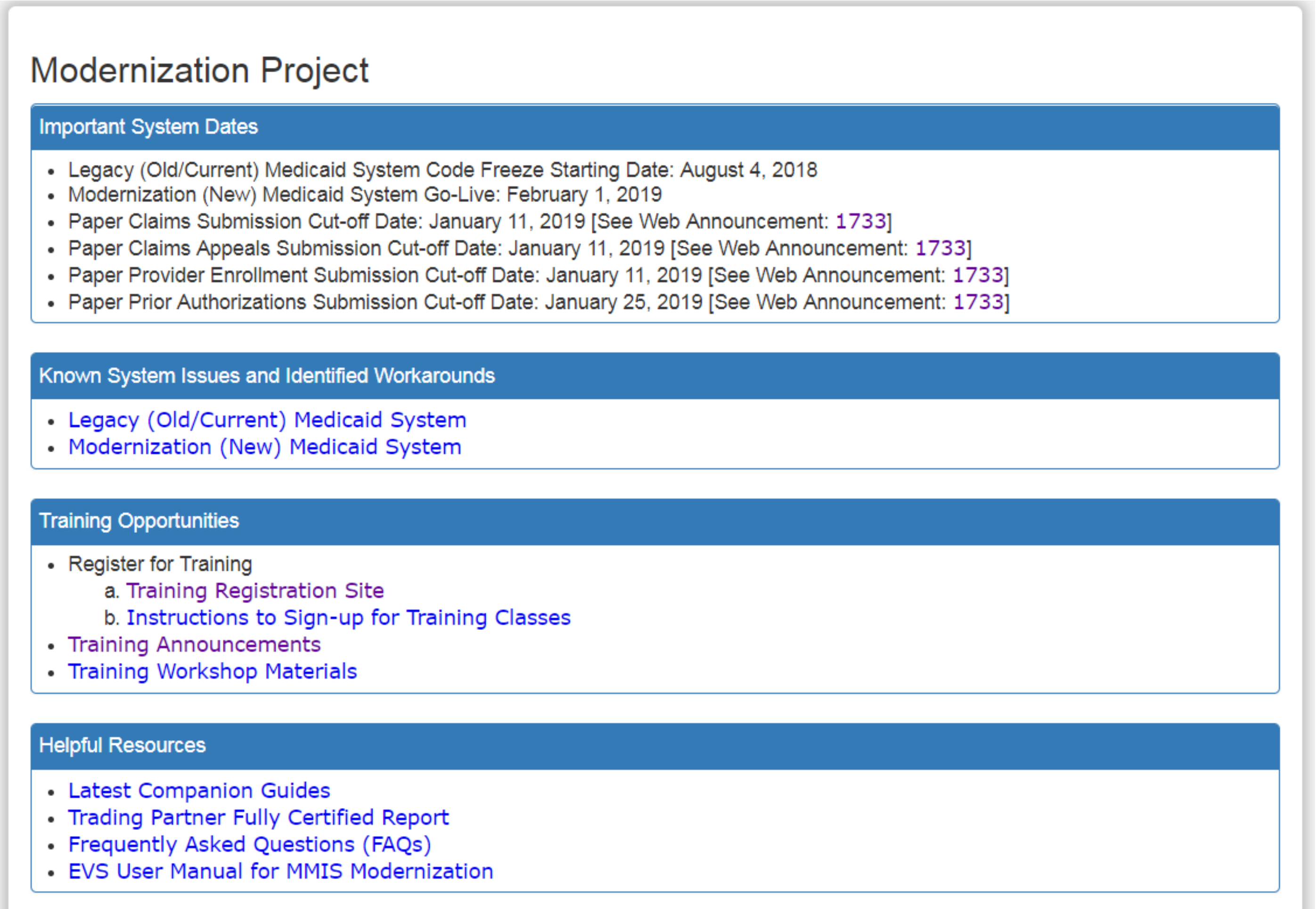
Go-Live Considerations
Provider Web Portal Black Out Periods

- **Provider Enrollment**
  - January 26, 2019, through January 28, 2019, will be a blackout period for provider enrollment submissions.
- **Prior Authorization**
  - January 26, 2019, through January 28, 2019, will be a blackout period for prior authorization submissions as Nevada Medicaid prepares for the go-live of the new MMIS. Web Announcement 1788 December 28, 2018 Page 3 of 3 Therefore, Nevada Medicaid will extend the timeliness submission requirements on prior authorization requests due January 28, 2019, by 3 business days.

Go-Live Considerations
Actions to Take

- **Passwords**
  - As of January 29, 2019 all providers and their delegates who attempt to log into the Provider Web Portal will be asked to reset their passwords
- **Electronic Funds Transfer (EFT)**
  - Providers will need to sign up for EFT if they haven’t done so already
- **Provider Enrollment**
  - Effective with the new system, providers will need to use a National Provider Identifier (NPI) to revalidate their enrollment with Nevada Medicaid. Providers currently using an Atypical Provider Identifier (API) will be required to apply for and use an NPI upon their revalidation.
- **Trading Partners**
  - If a provider users a trading partner now, they should ensure that trading partner is certified to submit on their behalf at go-live. A link to this list can be found on the Modernization Project page on the Nevada Medicaid website.
- **Web Announcements**
  - There are also many other communications related to policy and enforcement that are important to know.

Modernization Project Webpage



Modernization Project

Important System Dates

- Legacy (Old/Current) Medicaid System Code Freeze Starting Date: August 4, 2018
- Modernization (New) Medicaid System Go-Live: February 1, 2019
- Paper Claims Submission Cut-off Date: January 11, 2019 [See Web Announcement: 1733]
- Paper Claims Appeals Submission Cut-off Date: January 11, 2019 [See Web Announcement: 1733]
- Paper Provider Enrollment Submission Cut-off Date: January 11, 2019 [See Web Announcement: 1733]
- Paper Prior Authorizations Submission Cut-off Date: January 25, 2019 [See Web Announcement: 1733]

Known System Issues and Identified Workarounds

- Legacy (Old/Current) Medicaid System
- Modernization (New) Medicaid System

Training Opportunities

- Register for Training
  a. Training Registration Site
  b. Instructions to Sign-up for Training Classes
- Training Announcements
- Training Workshop Materials

Helpful Resources

- Latest Companion Guides
- Trading Partner Fully Certified Report
- Frequently Asked Questions (FAQs)
- EVS User Manual for MMIS Modernization

Important System Dates section refers to cut-off dates for paperless.

Known System Issues and Identified Workarounds provide details for the current system and the new system after go-live.

Training Opportunities includes information about training sessions.

Helpful Resources includes links to:

- Latest Companion Guides
- Trading Partner Fully Certified Report
- Frequently Asked Questions (FAQS)
- EVS User Manual

Modernization Project Webpage

Modernization (New) Medicaid System Web Announcements

Date	Announcement Number	Topic
Dec 28, 2018	1792	Modernization: Attention All Providers: Prior Authorization Requests and Related Documents Will Not Be Accepted by Fax or Mail as of January 26, 2019
Dec 28, 2018	1791	Modernization: Attention All Providers: New MMIS is Going Paperless!
Dec 28, 2018	1788	Modernization: Reminder with Dates All Providers and Delegates Need to Know to Prepare for Paperless Processes
Dec 28, 2018	1787	Modernization: Trading Partner Enrollment and Certification (Testing) Must Be Completed NOW to Avoid Any Service Interruptions
Dec 18, 2018	1781	Modernization: Attention All Providers: Changes Regarding Physician-Administered Drug Claims
Dec 13, 2018	1776	Modernization: Attention All Providers: Changes Regarding Claims Submission of Medicare Crossover Claims
Dec 13, 2018	1775	Modernization: Attention Inpatient Services Providers: Changes Regarding Patient Liability on Inpatient Claims
Dec 07, 2018	1769	Modernization: Provider Training Enrollment Closes on December 31, 2018

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

Questions & Answers

Thank you!