

PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions

SECTION I: The Frequently Asked Questions (FAQs) in this section will assist providers in preparing for the implementation of the Provider Web Portal upgrade.

1. Q: When will the Provider Web Portal be upgraded from version 4.0 to version 5.0?

A: The new version 5.0 Provider Web Portal will be available on June 26, 2017.

2. Q: Will providers and delegates need to register for Provider Web Portal access when it is upgraded to version 5.0?

A: No. All user information will be automatically migrated over to the new version 5.0. This information includes: last member viewed information that is stored in Member Focused Viewing, Favorite Providers and Provider/Delegate information.

3. Q: What benefits will the Provider Web Portal upgrade have for providers?

A: 1. Benefits all providers will experience with the Nevada Medicaid Provider Web Portal upgrades will include:

- increased role-based security features
- simplified, one-page Create Prior Authorization process
- ability to upload and submit Prior Authorization Reconsiderations

2. **Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS)** providers will be able to generate a prior authorization request via the Provider Web Portal. As a result, these providers will know that their requests for authorization have been received and are in process.

3. PCS providers will also have the ability to upload and submit requests for Update Visit (annual), Significant Change in Condition, Temporary Service Authorization, Cancel Authorization, One-Time Service, Information Only, Self-Directed Skilled and Transfers

For more information regarding the Provider Web Portal upgrade and provider training opportunities refer to Web Announcement 1333 and Web Announcement 1347 at www.medicaid.nv.gov.

4. Q: Will provider training be available regarding the upgrades to the Nevada Medicaid Provider Web Portal?

A: Provider training sessions will be available soon to provide a review of the simplified prior authorization request process and enhanced Provider Web Portal features, with focused training available for Dental/Orthodontia, ADHC and PCS providers. Please watch for future web announcements for training details and schedule.

5. Q: Is there going to be a time frame when the Provider Web Portal will not be available?

A: The Provider Web Portal will be available without any downtime. However, the Create Authorization page will not be available starting at 5 p.m. Pacific Time on June 23, 2017, through 8 a.m. Pacific Time on June 26, 2017, during the upgrade process.

6. Q: Is there going to be a time frame when providers will not be able to submit prior authorizations by fax or through the Provider Web Portal?

A: During the upgrade process, the prior authorization system will be unavailable to process any prior authorizations until the upgrade process is completed. Where possible, it is recommended to wait until June 26 to submit prior authorizations via the portal or if necessary submit prior authorizations by fax.

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7. Q: When can providers start submitting Dental, ADHC and PCS prior authorizations on the Provider Web Portal?

A: Dental, ADHC and PCS prior authorizations can be submitted on the Provider Web Portal starting at 8:00 a.m. Pacific Time on June 26, 2017.

8. Q: What is role-based security? Who can assign roles and/or update roles for delegates?

A: The new role-based security features will allow provider users the ability to select the level of access they want to grant to their assigned delegates. Providers can control the functions that their delegates can access within the Provider Web Portal. For example, if the provider user only wanted a delegate to perform eligibility transactions on the Provider Web Portal, they would select the eligibility function for that delegate on the Manage Accounts page. When the delegate logs into the Provider Web Portal, they would only have access to the Eligibility page. The delegate would not see the Claims, Care Management or File Exchange pages.

9. Q: Will providers be able to request additional services on prior authorizations that were submitted prior to June 26, 2017?

A: Providers have the ability to request additional services or add additional attachments on prior authorizations that were submitted prior to June 26, 2017. To add additional services, or attachments, search for the prior authorization using the View Authorization Status page, and then click on the PA Number to view the prior authorization on the View Authorization Response page. Reopen the authorization using the “Edit” button on the View Authorization Response page.

The “Edit” button will not appear for authorizations that have a status of “Not Certified” or “Cancel.” Authorizations that are Not Certified or Canceled cannot be reopened to add additional information.

10. Q: If we have additional questions regarding the Provider Web Portal upgrade, who can we contact for more information?

A: For assistance with submitting prior authorizations or navigating the Provider Web Portal, please contact your Hewlett Packard Enterprise Provider Services Field Representative. The [Team Territories](#) document posted on the [Provider Training](#) webpage lists the Field Representative who is assigned to you.

SECTION II: The FAQs in this section will assist providers in using the Provider Web Portal after the upgrades have been implemented.

1. Q: I used to upload my PCS forms using the File Upload page on the Provider Web Portal. The PCS forms have been removed from the File Type drop-down list. How do I submit by PCS forms now?

A: PCS providers will have the ability to create prior authorizations in the portal using the Create Authorization option under the Care Management tab. This will eliminate the need to upload or fax in PCS authorization requests.

2. Q: Are new forms required for the new prior authorization process?

A: No. There are no new forms for the new prior authorization process. All authorizations require attachments. The current “FA” forms can be utilized as attachments to the online prior authorizations. For a complete list of the current “FA” forms, visit the [Forms](#) webpage on the Nevada Medicaid website. Please use the most current forms as they are updated periodically. You can type into the form, save it to your desktop, and then upload it as an attachment.

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- 3. Q: How can I submit a prior authorization Reconsideration request using the Provider Web Portal?**
A: The FA-29B [Prior Authorization Reconsideration Request](#) can be uploaded using the File Exchange – Upload Files page on the Portal.
- 4. Q: I used to upload the FA-29 Prior Authorization Data Correction Form using the File Upload page on the Provider Web Portal. How can I request a Prior Authorization Data Correction?**
A: After a request for authorization is submitted through the Provider Web Portal, providers CANNOT update existing information on the authorization. Providers can request corrections by using the Prior Authorization Data Correction Form (FA-29) and by adding it as an attachment to the prior authorization that needs to be corrected. To add the FA-29 form as an attachment to the authorization request, reopen the authorization request using the “Edit” button on the View Authorization Response page.
- 5. Q: I am a Physical Therapist or Occupational Therapist (PT/OT) provider authorized to perform in-home functional assessments (T1023) for the PCS program. How can I submit the [NMO - 7073 Functional Assessment Service Plan](#) using the Provider Web Portal?**
A: The [NMO - 7073 Functional Assessment Service Plan](#) can be uploaded using the File Exchange – Upload Files page on the Portal.
- 6. Q: Can I continue to submit Dental/Orthodontia, ADHC and PCS prior authorizations by mail or fax?**
A: Yes, you can continue to submit prior authorizations by mail or fax, but starting June 26, 2017, Dental/Orthodontia, ADHC and PCS providers will have the ability to create prior authorizations in the Provider Web Portal. If providers choose to use the Provider Web Portal, they will eliminate the need to mail or fax Dental/Orthodontia, ADHC and PCS prior authorizations. Hewlett Packard Enterprise strongly encourages Dental/Orthodontia, ADHC and PCS providers to submit their prior authorization requests using the Provider Web Portal to improve efficiency, reduce the number of prior authorizations that get returned to providers requesting additional information, and reduce overall processing time.
- 7. Q: I am a dental provider and our office does not use digital x-rays at this time. How can I submit dental x-rays?**
A: You can submit attachments by mail or by fax. If you will not be sending attachments electronically, select the Transmission Method of “By Fax” or “By Mail” in the attachments panel on the Create Authorization page. You MUST reference the original prior authorization tracking number on your documents to ensure the documents will be matched up to the correct request.
Note: The prior authorization request will not be reviewed until the attachments are received.
- 8. Q: What are the instructions for including attachments to my prior authorization request?**
A: To include attachments electronically with a prior authorization request, follow these steps:
1. Enter Transmission Method EL-Electronically Only
 2. Upload File – click browse button and locate file to be attached and click to attach
 - Allowable file types include- .doc, .docx, .gif, .jpeg, .pdf, .txt, .xls, .xlsx, .bmp, .tif and .tiff
 3. Attachment type – select from the drop-down box the type of attachment being sent
 4. Select the ADD button to attach your file
 5. Repeat for additional attachments if needed (Note: the combined size of all attachments cannot exceed 4 MB)
 6. Once attachments are added, a file name will be visible
 7. You will have an option to remove if you attached incorrectly

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- 9. Q: Is there a size limit or limit to the number of attachments that can be added to a prior authorization?**
A: The combined size of all attachments added to a prior authorization cannot exceed 4 MB per submission, i.e., when you complete the request and click on submit. Once the 4 MB limit has been reached on the prior authorization you have open, you cannot add any additional attachments to your prior authorization and the following message will display: “Total file size cannot be more than 4,194,304 bytes after compression.” See the next question for options.
- 10. Q: If I have reached the allowable size limit for attachments, how can I submit additional attachments to be added to my prior authorization?**
A: Providers have the ability to add additional attachments to existing prior authorization requests. If additional attachments need to be added, the prior authorization can be reopened and additional attachments added up to the 4 MB limit per submission. To add additional attachments, reopen the prior authorization using the “Edit” button on the View Authorization Response page. Once the prior authorization is reopened, additional attachments can be added to the request and the prior authorization can be submitted again. You may continue to follow this process until all needed attachments have been added to the prior authorization request.
- 11. Q: If we have additional questions regarding submitting prior authorizations or navigating the Provider Web Portal, who can we contact for more information?**
A: For assistance with submitting prior authorizations or navigating the Provider Web Portal, please contact your Hewlett Packard Enterprise Provider Services Field Representative. The [Team Territories](#) document posted on the [Provider Training](#) webpage lists the Field Representative who is assigned to you, or you can send an email to NevadaProviderTraining@hpe.com.