Modernization: Instructions for Nursing Facilities, Intermediate Care Facilities and Hospice Providers Regarding Benefit Plan Details

The Division of Health Care Financing and Policy (DHCFP) implemented a new, modernized Medicaid Management Information System (MMIS) on February 1, 2019, that included updates to the Electronic Verification System (EVS) secure Provider Web Portal regarding checking recipient eligibility.

Please be advised some benefit plan details are located in different coverage sections as noted below:

- Nursing Facility (provider type (PT) 19) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (provider types 16 and 68) details are in the Living Arrangement Coverage section.
- Routine Hospice (provider type 64) details are in the Lock-In Detail Coverage section.
- Hospice Room and Board (provider type 65) details are now combined with Hospice, when applicable, and are in the Lock-In Detail Coverage section.

Another change was made where Routine Hospice and Hospice Room and Board are no longer separate eligibility lines. Prior authorizations should be obtained for both provider types. When submitting claims for either service, the National Provider Identifier (NPI) on the claim needs to match the NPI within the Lock-In Detail.

Should a provider or a delegate require additional information, please review Chapter 2 of the EVS User Manual or contact Nevada Medicaid.