

# Nevada Medicaid and Nevada Check Up News



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## **Quarterly Update on Claims Paid**

Nevada Medicaid and Nevada Check Up paid out to providers \$1,414,853,969.20 in claims during the three-month period of October, November and December 2021. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

## **COVID-19 UNWIND:**

### **Assistance Requested from Providers Regarding Recipient Outreach to Plan for End of the COVID-19 Public Health Emergency**

While no date has been announced for the declaration of the end of the COVID-19 Public Health Emergency, many Nevadans may be at risk of losing their health insurance when the Public Health Emergency ends. To ensure access to health care during the COVID-19 pandemic, the Division of Welfare and Supportive Services (DWSS) suspended member/recipient eligibility redeterminations. DWSS is preparing to resume eligibility reviews. DWSS, Nevada Medicaid and their partners want to ensure that recipients continue to receive the information they need.

**Nevada Medicaid is asking providers, partners, Managed Care Organizations (MCOs) and others to encourage Medicaid recipients to update their contact information with DWSS, get ready to renew their coverage, or be prepared to transition to other health insurance.**

Please see [Web Announcement 2740](#) for additional information and helpful suggestions when reaching out to your Nevada Medicaid recipients.

### **New Recipient/Enrollee Webpage Created Regarding Digital Medicaid ID Card Application**

A new webpage has been created on the Nevada Medicaid website to assist recipients/enrollees with the new web-based application that allows recipients to obtain digital Medicaid Identification cards. See [Web Announcement 2679](#) for information about the NVMedicaid Application (App). The new webpage is accessed by clicking on the “Enrollees” tab at the top of the Nevada Medicaid website: <https://www.medicaid.nv.gov>, then selecting the “NVMedicaid App Information” link. Providers may direct their Medicaid recipients to the new NVMedicaid App webpage.

The new NV Medicaid App will provide Nevada Medicaid recipients/members with a digital Medicaid identification card that can be presented for services under the Medicaid program. The application provides the ability for the recipient to securely share the digital card with a provider, including the option to print, if needed, for record purposes. Providers are asked to notify your staff that digital cards may be presented by recipients.

Providers may learn more about the application by reviewing the [NVMedicaid Application \(Digital Recipient Medicaid ID Cards\) Provider Quick Reference Guide](#), which is designed as a quick reference for Nevada Medicaid providers to assist recipients in using the new NVMedicaid App.

### New Provider Types Created

The Division of Health Care Financing and Policy (DHCFP) has implemented three new provider types to render services to Nevada Medicaid recipients.

- Effective February 23, 2022, providers may enroll with Nevada Medicaid to provide services as a Crisis Stabilization Center (provider type 12 (Hospital, Outpatient) specialty 250). See [Web Announcement 2722](#) for details. After providers complete the provider enrollment process, they may submit claims with dates of service on or after February 23, 2022, for procedure code S9485 (Crisis Intervention Mental Health Services, per diem).
- Effective February 23, 2022, providers may enroll with Nevada Medicaid to provide Community Health Worker services (provider type 89). After providers complete the provider enrollment process, they may submit claims with dates of service on or after February 1, 2022. See [Web Announcement 2723](#) for details.
- Effective April 1, 2022, providers may enroll with Nevada Medicaid to provide Doula services (provider type 90). After providers complete the provider enrollment process, they may submit claims with dates of service on or after April 1, 2022. See [Web Announcement 2753](#) for details.

### Reminder to Review Provider Type Specific Billing Guides

Provider type specific billing guides are available to help ensure that your claims are submitted properly. The provider type specific billing guides may include some of the following details:

- Policy Information
- Rates Information
- Prior Authorization Requirements
- Covered and Non-Covered Services
- Special Billing Instructions, if applicable

All persons submitting claims to Nevada Medicaid should be familiar with their provider type specific guides, as understanding this information may reduce claim denials, claim appeals and the need to contact Nevada Medicaid.

Billing guides by provider type are posted on the [Billing Information](#) webpage.

### Secure Correspondence Communication Tool

The Division of Health Care Financing and Policy (DHCFP) and Nevada Medicaid would like to remind all providers, delegates and staff about the Secure Correspondence tool located within the Electronic Verification System (EVS). The Secure Correspondence tool allows any user with an EVS account to contact Nevada Medicaid via secure, electronic communications and can be used in place of calling the Nevada Medicaid Call Center as callers may be placed on hold for necessary research or due to large call volumes.

Secure Correspondence allows users to submit questions regarding any type of inquiry to Nevada Medicaid. When submitting communication through the Secure Correspondence link, a Reference Number will be automatically generated for your records. The Reference Number will allow the Call Center agent to reply to you with the requested information after conducting the necessary research.

For more information regarding Secure Correspondence, please refer to the [EVS User Manual Chapter 1: Getting Started](#). See below for the basic navigation steps to submit a message via Secure Correspondence.

#### **Submitting Secure Correspondence to Nevada Medicaid**

Step 1: Login to your EVS account.

Step 2: Locate Secure Correspondence from the right-hand side of your home page.

Step 3: Select Create New Message.

Step 4: Complete all required fields and provide details. Please be as specific as possible. Information that is too general will delay a response as Nevada Medicaid may have to reach out to you for more details.

Step 5: Click the Send button to submit to Nevada Medicaid.

Step 6: You will need to login to your EVS account to review the answer to your inquiry as a notification will not be sent. Follow the instructions provided by Nevada Medicaid.

## Reminder of the Self-Service Options Available to Providers

The Division of Health Care Financing and Policy (DHCFP) and Nevada Medicaid would like to remind all providers, delegates and staff that they have access to several self-service options that eliminate the need to contact the Nevada Medicaid Call Centers as these self-service options are available at all times. The self-service options listed below are currently available:

Topic	Self-Service Option	Link
Submit and check the status of your Provider Enrollment application	Online Provider Enrollment tool	<a href="#">Online Provider Enrollment tool</a>
Provider enrollment information	Provider Enrollment webpage	<a href="#">Provider Enrollment</a>
Revalidation dates	Electronic Verification System (EVS) or Revalidation Report	<a href="#">EVS</a> or <a href="#">Revalidation Report</a>
Check recipient eligibility	EVS and refer to EVS User Manual Chapter 2 (Eligibility Benefit Verification) for information and instructions	<a href="#">EVS</a> and <a href="#">EVS User Manual</a>
Does a code require a PA?	Authorization Criteria tool	<a href="#">Authorization Criteria</a>
Submit, edit and check the status of a prior authorization	EVS	<a href="#">EVS</a>
Submit, edit and check the status of a claim or update a denied claim	EVS	<a href="#">EVS</a>
Check recipient eligibility, provider payments, claim and prior authorization status	Automated Response System (ARS)	Call (800) 942-6511
Locate your billing information	Billing Instructions webpage contains the Billing Manual and provider type specific Billing Guidelines	<a href="#">Billing Instructions webpage</a>
Payable codes	Search Fee Schedule to search by specific codes or Refer to the DHCFP Rates Unit to search by provider type and codes (Select Fee-for-Service xls Fee Schedules)	<a href="#">Search Fee Schedule</a> or <a href="#">DHCFP Rates Unit</a>
Remain up-to-date with news about and from Nevada Medicaid	Web Announcements webpage	<a href="#">Web Announcements</a>
Training needs	Self-Paced Trainings via the Nevada Medicaid YouTube® Channel or Instructor-Led Trainings	<a href="#">Self-Paced Trainings</a> or <a href="#">Instructor-Led Trainings</a>

### Contact Information

If you have a question concerning the manner in which a claim was adjudicated, please contact the Nevada Medicaid Provider Customer Service Center by calling (877) 638-3472, press Option 2 for providers, then Option 0 and then Option 2 for claim status. If you have a question regarding prior authorizations, please call (800) 525-2395.

If you have a question about Medicaid Service Policy, you can go to the DHCFP website at <http://dhcfp.nv.gov>. Select “Resources” and then select “Telephone Directory” for the telephone number of the Administration Office you would like to contact.

**Attention All Providers:**

## Refer to Electronic Verification System (EVS) User Manual to Assist with Navigating EVS

The Electronic Verification System (EVS) User Manual provides step-by-step processes and procedures on navigating the EVS portal. Contents in the chapters include screenshots of each step to assist you in following the correct process.

The EVS User Manual is online on the [EVS User Manual](#) webpage. The table below lists some of the contents of each chapter of the manual.

EVS User Manual Chapter	Topic(s) Covered	
<b>Chapter 1: Getting Started</b>	<ul style="list-style-type: none"> <li>• Accessing and logging into EVS</li> <li>• Updating Provider Profile</li> <li>• Adding a Trading Partner</li> <li>• Resetting your password</li> <li>• Secure Correspondence</li> </ul>	<ul style="list-style-type: none"> <li>• Registering as a provider</li> <li>• Home Page overview</li> <li>• Adding a Delegate</li> <li>• Retrieving your User ID</li> </ul>
<b>Chapter 2: Eligibility Benefit Verification</b>	<ul style="list-style-type: none"> <li>• Verifying recipient eligibility</li> <li>• Coverage / benefit plans</li> <li>• Coverage codes</li> </ul>	<ul style="list-style-type: none"> <li>• Viewing recipient’s Other Insurance / Third Party Liability</li> <li>• Member Focused Viewing overview</li> </ul>
<b>Chapter 3: Claims</b>	<ul style="list-style-type: none"> <li>• Submitting dental, institutional and professional claims</li> <li>• Viewing a claim</li> <li>• Voiding a claim</li> <li>• Appealing a claim</li> <li>• Checking claim status</li> </ul>	<ul style="list-style-type: none"> <li>• Submitting secondary claims</li> <li>• Adding National Drug Code (NDC) information</li> <li>• Adjusting a claim</li> <li>• Copying a claim</li> <li>• Obtaining a claim appeal letter</li> </ul>
<b>Chapter 4: Prior Authorization</b>	<ul style="list-style-type: none"> <li>• Creating and submitting a prior authorization (PA)</li> <li>• Submitting additional information</li> </ul>	<ul style="list-style-type: none"> <li>• Copying an authorization</li> <li>• Checking PA status</li> <li>• Using the Authorization Criteria tool</li> </ul>
<b>Chapter 5: Searching Payment History and RA Access</b>	<ul style="list-style-type: none"> <li>• Accessing payment history</li> </ul>	<ul style="list-style-type: none"> <li>• Viewing your Remittance Advice (RA)</li> </ul>
<b>Chapter 6: Search Fee Schedule</b>	<ul style="list-style-type: none"> <li>• Accessing the Search Fee Schedule tool</li> </ul>	<ul style="list-style-type: none"> <li>• Viewing search results</li> </ul>
<b>Chapter 7: Search Provider</b>	<ul style="list-style-type: none"> <li>• Accessing the Search Provider tool</li> </ul>	<ul style="list-style-type: none"> <li>• Viewing search results</li> </ul>
<b>Chapter 8: File Exchange</b>	<ul style="list-style-type: none"> <li>• Uploading forms</li> </ul>	
<b>Chapter 9: Treatment History</b>	<ul style="list-style-type: none"> <li>• Viewing a recipient’s treatment history for Durable Medical Equipment (DME), Vision, Audiology or Dental services</li> </ul>	
<b>Chapter 10: Report Download</b>	<ul style="list-style-type: none"> <li>• Viewing and downloading reports / letters for Prior Authorizations, Provider Enrollment and Claim Appeals</li> </ul>	