Prior Authorization Online

Provider Web Portal Training

Spring 2017
Objectives
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- Understand how to submit a prior authorization (PA) request via the Web Portal.
- Understand how to:
  - View the status of a PA.
  - Search for PAs.
  - Copy a PA.
  - Submit additional PA attachments via fax or mail.
Provider Web Portal
Provider Web Portal
http://www.Medicaid.nv.gov

EVS

EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period, Monday–Saturday from 12:00–12:30 a.m. Pacific Time (PT) and Sunday 8:00 p.m.–12:30 a.m. PT

System Requirements

To access EVS, you must have internet access and a computer with a web browser. (Microsoft Internet Explorer 9.0 or higher, Mozilla Firefox, or Google Chrome is recommended.)
Logging in to the Provider Web Portal

- Enter your User ID.
- Click Log In.
Logging in to the Provider Web Portal (Cont.)

Answer the challenge question to verify your identity the first time you log in from a personal computer or every time you use a public computer.

Select personal computer or a public computer.

Click Continue.
— Confirm that your **site key token** and **passphrase** are correct. If you recognize your site key token and passphrase, you can be assured that you are at the valid Provider Web Portal website and it is safe to enter your password.

— Enter your **Password**.
Welcome Screen

Verify all provider information on left margin of screen.

It is important to verify all of the information to ensure that you are logged in correctly.

Provider Services information

Links to contacts via telephone and secure email.
Navigation Bar

The navigation bar contains six different tabs that allow you to move throughout the Provider Web Portal.

- **My Home**: Confirm provider information and contact information and check messages.
- **Eligibility**: Search recipient eligibility information.
- **Claims**: Search claims and payment history.
- **Care Management**: Create authorizations, view authorization status, and maintain favorite providers.
- **File Exchange**: Upload forms online.
- **Resources**: Download forms and documents.

Nevada Medicaid Provider Web Portal – Prior Authorization Training
Care Management Tab

Create Authorization
- Create authorizations for eligible recipients.

View Authorization Status
- Prospective authorizations that identify you as the requesting or servicing provider are listed.

Maintain Favorite Providers
- Create a list of frequently used providers.
- Select the facility or servicing provider from the providers on the list when you are creating an authorization.
- Maintain a favorites list of up to 20 providers.
Role-Based Security
Delegate Access — Role-Specific
Granting Access to a Delegate

A new delegate is a person who does not currently have a delegate code, including a code that was created by someone else.

Each delegate (person) should only have one delegate code, which is created by the first provider to add them as a delegate.

- Log in to Provider Web Portal.
- Click Manage Accounts.

Ask the person to whom you would like to delegate access if they have a delegate code before deciding whether to add a new delegate or link to an existing delegate.

Don’t See the Manage Accounts Link?

Verify that you are using the correct Provider ID.
Delegate Assignment Tabs

- Add New Delegate.
- Add Registered Delegate.

Required fields are marked with a red asterisk (*).
Delegate Assignment

Add New Delegate

Enter the delegate’s:

- First Name.
- Last Name.
- Birth Date.
- Last four digits of the delegate’s Driver’s License Number.
- Click Submit.
Delegate Assignment (Cont.)

You can now select role-based functions that a delegate is authorized to access.

- Choose the Functions you want the delegate to be able to perform.
- Click Confirm.
Delegate Code
Delegate Assignment

The delegate needs a code to register for their own Provider Web Portal account. Once registered, they can access and switch between all providers who have assigned them as a delegate.

The Delegate Assignment screen displays with the Delegate Code for the new delegate. The delegate must enter this code to register. They should maintain this code in case another provider would like to add him or her as a delegate.

— Click **OK** to return to the Delegate Assignment screen to add another delegate or add a delegate that is already registered.
Linking to an Existing Delegate

An existing delegate is a person who already has a delegate code, including a code that was created by someone else, and has registered for a Provider Web Portal account as a delegate.

- A provider’s office may have more than one provider of services but utilize the same staff to perform administrative duties.
- Each provider will register in EVS and may want to delegate administrative duties to the same staff as the other provider.
- Although each provider registers separately, the delegate only needs to register once. The provider can add a registered delegate to perform administrative duties on their behalf.
Linking to an Existing Delegate (Cont.)

Add Registered Delegate

— On the Home page, click **Manage Account**.

— Click **Add Registered Delegate**.

Required fields are marked with a red asterisk (*).
Linking to an Existing Delegate (Cont.)

Enter the delegate’s Last Name.

Enter the Delegate Code.

Select the delegate’s role-based functions.

Click **Submit**.
Linking to an Existing Delegate (Cont.)
Make Changes to Delegate Assignments

Click Edit, Confirm, or Cancel

- Click **Cancel** to return to the Delegate Assignment page.
- Click **Edit** to make any changes in the Delegate Assignment page. After making changes, click Submit.
- Click **Confirm** to confirm the delegate information.
Linking to an Existing Delegate (Cont.)
Confirm Delegate Assignment

— A Delegate Assignment box will be displayed to confirm that the delegate was added to the provider’s delegate list.

— Click OK. The delegate will be added to the Delegate Assignment page.
Before You Create

A Web Portal Prior Authorization Request
Verify eligibility to ensure that the recipient is eligible on the date of service for the requested services.

Use the Provider Web Portal’s PA search function to see if a request for the dates of service, units, and service(s) already exist and is associated with your individual, state or local agency, or corporate or business entity.

Review the coverage, limitations, and PA requirements for the Nevada Medicaid Program before submitting PA requests.

Use the Provider Web Portal to check PAs in pending status for additional information.
Before You Create a Prior Authorization Request (Cont.)

Recipient’s Eligibility Changes from Managed Care Organization (MCO) to Fee-for-Service (FFS)

— Submit the most current authorization letter that specifies the dates of service and the number hours approved by the MCO.

— Submit an FA-24 marked as “Information Only” and on lines beneath. State that this recipient’s eligibility has now changed from an MCO to Medicaid FFS.
Create a Prior Authorization Request
Key Information

Recipient Demographics

— First Name, Last Name, and Birth Date will be auto-populated based on the recipient ID entered.

Diagnosis Codes

— All PAs will require at least one valid diagnosis code.

Searchable Diagnosis, Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Current Dental Terminology (CDT) Codes

— Enter the first three letters or the first three numbers of the code to use the predictive search.

PA Attachments

— Attachments are required with all PA requests. Attachments can be submitted electronically, by mail, or by fax.
— PA requests received without an attachment will remain in pended status for 30 days.
— If no attachment is received within 30 days, the PA request will automatically be cancelled.
Create Authorization

- Log in to the Provider Web Portal.
- Click **My Home**.
- Hover over the Care Management tab, click **Create Authorization** from the sub-menu.
One Page Process for Prior Authorization Requests

Authorization Types
Select Medical.
Process Types
Select the appropriate process type from the drop-down list.
Create Medical Prior Authorization
Provider, Recipient, and Referring Provider Information

Requesting Provider Information
The information in this section is automatically populated.

Recipient Information
Enter the Recipient ID.

Referring Provider Information
If there is a referring provider, complete one of the following options:

- Check the Referring Provider same as Requesting Provider box.
- Use the Select from Favorites drop-down list to select a provider from your favorites list.
- Enter the Provider ID and select the ID Type from the drop-down list.

The Last Name, First Name, and Birth Date will be automatically populated based on the Recipient ID that is entered.
Create Medical Prior Authorization (Cont.)
Service Provider Information

- Check the Service Provider same as Requesting Provider box.
- Use the Select from Favorites drop-down list to select a provider from your favorites list.
- Enter Provider ID and select an ID Type from the drop-down list.
- Check the Add to Favorites box to add the entered provider to the favorite providers list.
- Select service location from the Location drop-down list (optional).

Required fields are marked with a red asterisk (*).
Diagnosis Information

The first diagnosis code entered is considered to be the principal or primary diagnosis code.

Portal allows up to nine diagnosis codes.

Click **Add** to add each diagnosis code.

**Do not** key any decimals into the diagnosis code fields.
Invalid diagnosis codes are not acceptable.

Do not key any decimals into the diagnosis code fields.
Diagnosis Information (Cont.)

A valid diagnosis code must be entered.

Do **not** key any decimals into the diagnosis code fields.
Service Details — Unsaved Data Warning

If you have entered information on the PA and have not clicked the Add button, you will get the message below when you click the Submit button.

The prior page contained unsaved Service Detail changes. If changes needed to be saved, navigate back to the page, reapply the changes to the table, and save.
Attachment Requirements

All PA requests require an attachment.

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EL-Electronic Only</td>
<td>FA-1.pdf (1018K)</td>
<td>Remove</td>
</tr>
</tbody>
</table>

Allowable file types include: doc, .docx, .gif, .jpeg, .pdf, .txt, .xls, .xlsx, .bmp, .tif, and .tiff.
Attachment Requirements (Cont.)

Choose the type of attachment being submitted from the drop-down list.
Uploading Attachments

To include attachments electronically with a PA request:

- Select the Transmission Method — Electronic Only.
- Upload File — click **Browse** and locate the file to be attached and click to attach.
- Attachment type — select the type of attachment being sent from the drop-down list.
- Select **Add** to attach the file.
- Additional attachments - click **Browse**. Locate the file to be attached, then click to attach.
  
  *(Note: The combined size of all attachments cannot exceed 4 MB per submission.)*
- Once attachments are added, the file name will be visible in the attachment grid.
- To remove any attachments that were attached incorrectly, click **Remove**.

**File Upload Size Limit Reached**

- To add additional attachments, reopen the PA request by clicking **Edit** on the View Authorization Response page.
- Once the PA is reopened, additional attachments can be added.
- Resubmit the PA request.
Uploading Attachments (Cont.)

File Upload Naming Convention Guidelines

- Forms being uploaded must be in an approved format.
- Files should be saved using the form name as the prefix (e.g., FA-XX).
- Non-compliant file uploads may be rejected or cause a delay in processing the request.

<table>
<thead>
<tr>
<th>Form Name</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>FA-24A</td>
<td>FA-24A_01152017MP.jpeg</td>
<td>24Amarypoppins.jpeg</td>
</tr>
<tr>
<td>FA-24B</td>
<td>FA-24B_PMacct1015.doc</td>
<td>MPAact1015.doc</td>
</tr>
</tbody>
</table>
Submitting Attachments

- **All** attachments should be submitted via the Provider Web Portal.
- If the maximum upload file size has been reached and additional attachments need to be submitted, click **Edit** to reopen the PA request on the View Authorization Response page.
- When the PA is reopened, add any additional attachments and resubmit the PA.
- If the PA has been submitted via the Provider Web Portal and attachments are being submitted by fax, the original PA tracking number must be referenced on all documents. The process must be followed to ensure that the documents will be matched to the correct request.
Submitting Attachments (Cont.)

— Include your National Provider Identifier (NPI) and provider type (e.g., 10, 11, 12, 20) on the faxed documents. These requirements can be written or typed on the fax cover sheet or the documents being faxed (e.g., “FA-” for the prior authorization form).

— If attachments are submitted by fax, the PA will not be reviewed until all attachments are received. If attachments are not received within 30 days, the PA will be automatically cancelled.

If an attachment is not submitted, your request will be cancelled after 30 days.
Submitting a Prior Authorization

Once all of the required information, service details lines, and attachment information has been added, click **Submit** to go to the Confirm Authorization page.
Finalizing a Prior Authorization

- Review the information for accuracy.
- If errors are present, click **Back** to return to the Create Authorization page.
- After all of the information has been reviewed, click **Confirm** to submit the PA for processing.

### Confirm Authorization

<table>
<thead>
<tr>
<th>Requesting Provider Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient Information and Process Type</td>
<td></td>
</tr>
<tr>
<td>Referring Provider Information</td>
<td></td>
</tr>
<tr>
<td>Service Provider Information</td>
<td></td>
</tr>
</tbody>
</table>

### Diagnosis Information

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10-CM</td>
<td>A3790-Whooping cough, unspecified species with</td>
</tr>
</tbody>
</table>

### Service Details

<table>
<thead>
<tr>
<th>Line #</th>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Modifiers</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>04/01/2017</td>
<td>04/30/2017</td>
<td>CPT/HCPCS 99214-Office/outpatient visit est</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

### Attachments

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File</th>
<th>Attachment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EL-Electronic Only</td>
<td>FA-29A.pdf (36K)</td>
<td>06-Initial Assessment</td>
</tr>
</tbody>
</table>
An authorization tracking number (ATN) receipt is generated upon successfully submitting the PA request.

Click **Print Preview** to view the PA details and receipt.

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

Click **New** to create a new PA request for a different recipient.
Example of an Unsuccessful Authorization

- Duplicate service lines that already exist on another PA for the same recipient
Copying an Authorization
Copying an Authorization

A PA request can be copied, either for the same recipient or the same service, from the Authorization Receipt screen once the original PA request has been successfully submitted.
Copy a PA request for an existing recipient when requesting a new service.

— Only the recipient data is copied.
Copy a PA request by service in order to submit a PA request for similar services but for a different recipient.

All of the authorization data is copied with the exception of the recipient data and the Attachments section.
Viewing Authorizations
Viewing Authorizations

— Select the Care Management tab.
— Click View Status of Authorizations.
Prospective Authorizations and Search Options tabs will be displayed.

The Prospective Authorizations tab displays PAs by either the requesting or servicing provider.

The Search Options tab allows a search by either recipient or provider information.

To view the details of an authorization, click the ATN. It will be blue in color and underlined.
The ATN is the same as the PA number. If a claim is submitted before the PA is approved, the claim will deny.

The PA status always defaults to “Pended” until a determination is complete.
Viewing Authorizations (Cont.)

Under the Decision/Date field:
- Certified in Total — The PA request was approved for exactly as requested.
- Not Certified — The PA was not approved.

Under the Reason field:
- Disposition pending review — The PA request is still in process, which appears when the PA request is in “Pended” status.
- Always check the details of your PA request by expanding all fields and reviewing the information.
Remaining Units/Days — The amount counts down as claims are processed. A dash indicates that a claim is not processed for the authorization.

The Medical Citation field indicates if additional information is needed for all authorizations (including denied). Click View to see the details.

PA requests submitted through the Provider Web Portal are viewable. Faxed authorizations may limit the amount of information that is viewable (summary, status of request).

Note: If you are searching for a PA number by the Recipient ID when the PA request is more than 60 days old and you do not know the start date of the authorization, you will need to call 800-525-2395 to get the PA number.
Submitting Additional Information
How to Submit Additional Information

If you have submitted a PA request via the Provider Web Portal but need to submit additional information such as:

- Requests for additional services.
- Attachments that were not submitted with the original PA submission.
- An FA-29 Prior Authorization Data Correction Form.
- An FA-29A Request for Termination of Service

Use the approved naming convention when uploading attachments. For instance, “Form Name” as the prefix, FA-XX.
How to Submit Additional Information (continued)

Resubmission Process

- Search for the PA using the View Authorization Status search page.
- Click the ATN in the Search Results grid.
- Click Edit on the View Authorization Response page.
- The PA is re-opened, and new diagnosis codes, service details, and/or attachments can be added.

Changes cannot be made to previously submitted information. If you need to update previously submitted information, attach the FA-29 Prior Authorization Data Correction Form to the PA request that needs to be updated.
How to Submit Additional Information (continued)

— Once the new information has been added to the PA request, click **Resubmit** to review the PA information.
— Click **Confirm** to resubmit the PA.
— The ATN will remain the same.

**Note:**
PA requests with a status of Not Certified or Cancel cannot be resubmitted. The **Edit** button will not appear on the View Authorization Response page.
Searching Authorization Status
Searching Authorization Status

Providers have the ability to search for specific PA requests. Click **Search Options** on the View Authorization Status page. To search for a PA, enter at least one of the following:

- Enter the ATN.
- Select the Day Range from the drop-down list.
- Enter the Service Date.

*Note:* The Service Date field cannot be blank unless an ATN was entered. If the PA start date is more than 60 days ago, a starting service date of the authorization must be entered in the Service Date field.
Searching Authorization Status (Cont.)

**Recipient Information**
- Enter the recipient’s information.
- Enter only the recipient’s ID number or the recipient’s Last name, First name, and Date of Birth.
Searching Authorization Status (Cont.)

Provider Information

— Enter the provider’s NPI in the Provider ID field.
— Select the ID Type from the drop-down list.
— Select whether the provider is the servicing or referring provider on the PA request.
— Click **Search**.
— Search results will display at the bottom of the screen.
Forms
Attach the appropriate FA Form(s) for the Authorization Type Being Requested

- Refer to https://www.medicaid.nv.gov/providers/forms/forms.aspx for the forms options.
- Verify that all fields are completed on the appropriate form(s) for the requested service.
- Type information into the form. Illegible forms will not be processed.
- The explanation of the reason that a request is being made and any special circumstances should be explicit and concise.
- All information including start dates and procedure codes must be consistent with information entered on the Provider Web Portal — Prior Authorization Request. If information is not consistent, it will cause delays.
Prior Authorization Reconsideration Request Form — 29B

Steps to Upload Forms

— Select the File Exchange.

— From the File Type drop-down list, select the form to be uploaded. (Note: Prior Authorization forms will require additional input of the appropriate Authorization Tracking Number and recipient ID.)

— Enter the ATN for the PA request.

— Enter the Recipient ID associated with the Authorization Tracking Number.
Prior Authorization Reconsideration Request Form – 29B (Cont.)

— Upload File – Click **Browse** to initiate a browser window from which you can select the file you want to upload.

— Choose a file that you want to upload from the appropriate location and click **Open**. The file name and location appears on the upload file section. (*Note:* Clicking the **Cancel** button or selecting the X icon on the browser window closes the browser window without selecting any files to upload.)

— Click **Upload**.

— If applicable, an error message will appear either saying that there is a recipient or tracking number mismatch or there was a problem processing your last request.
Resources
Additional Resources

– For Forms:  https://www.medicaid.nv.gov/providers/forms/forms.aspx
– For EVS General Information:  https://www.medicaid.nv.gov/providers/evsusermanual.aspx
– For Secure EVS Web Portal:  

DHCFP Contact Information

– Division of Health Care Financing and Policy:  http://dhcfp.nv.gov/
– Medicaid Services Manuals, MSM Chapters:  
  http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/
Contact Us
Contact Us — Nevada Medicaid
Customer Service

Customer Service Center
Telephone: 877-638-3472

Provider Web
Portal Technical Assistance
877-638-3472
Web Portal Option 6
Contact Us — Nevada Medicaid
Prior Authorization

Customer Service Telephone: 877-638-3472
Dental fax: 855-709-6848

Prior Authorization Telephone: 800-525-2395
PCS/ADHC fax: 855-709-6846
All other PA fax: 866-480-9903
Contact Us — Nevada Medicaid
Provider Training — Field Service Representatives

Contact the Provider Training Unit
Team Territories

Upcoming Training Events
2017 Provider Training
Registration Website

Provider Services Email Us
NevadaProviderTraining@dxc.com

Onsite training

Virtual instructor-led

Self-paced Web-based course
Thank You