

# Nevada Provider Training Provider Web Portal (Professional Claims)



Nevada Medicaid Provider Training

**2020**

# Objectives

This session will cover:

- Navigating the Provider Web Portal
- Member/Recipient Eligibility
- Prior Authorizations
- Professional Claim Submissions

# Provider Web Portal



# 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

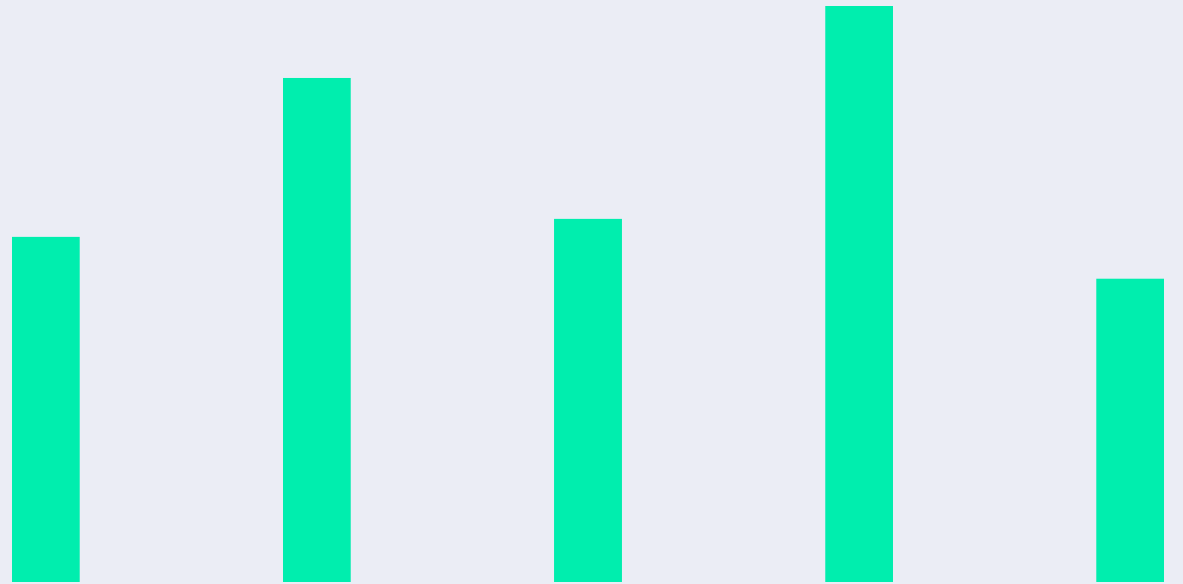
**PWP:** Provider Web Portal

**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



The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal of Nevada. The main header reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". In the top right corner, there are links for "Contact Us" and "Login". Below the header is a navigation bar with "Home" selected. The main content area features a "Provider Login" section on the left with a text input field for the "User ID" and a "Log In" button. Below the login field are links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". To the right of the login section is a heading "What can you do in the Provider Portal" followed by a paragraph describing the portal's features. Below the text is a photograph of five diverse healthcare professionals in white coats.

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

[Contact Us](#) | [Login](#)

**Home**

Home

**Provider Login** ?

**\*User ID**

**Log In**

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

**Web Announcements**

[Web Announcement 1123](#)  
Online Provider Enrollment Summary Page Updated

[Web Announcement 1122](#)  
Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.



# Registering for the PWP, continued

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

[Contact Us](#) | [Login](#)

Home

Home

**Provider Login** ?

\*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

**Web Announcements**

[Web Announcement 1123](#)  
Online Provider Enrollment Summary Page Updated

[Web Announcement 1122](#)  
Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016

[Web Announcement 1121](#)  
Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

[Website Requirements](#)

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, continued

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

Home > Registration Selector Thursday 07/05/2018 07:11 AM PST

**Registration**

Select one of the following options that best describes your role.

**Provider**  
An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.

**Delegate**  
An individual Designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons. Note that although there can only be one provider administrator (who registered as a provider), the administrator can register many delegates to utilize the website from different physical locations. These delegates must be identified and registered by the provider administrator.

**Trading Partner**  
An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.

**Managed Care Org**  
An entity, authorized by the state, to operate a prepaid healthcare delivery plan (as a health maintenance organization - HMO). This entity arranges, administers, and pays for the delivery of healthcare services to members, as designated by the state.

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The Nevada Division of Health Care Financing adheres to all applicable privacy policies and standards, including HIPAA rules and regulations, regarding protected health information. Click here to see the State of [Nevada Online Privacy Policy](#)

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

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

# Registering for the PWP, continued

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

[Contact Us](#) | [Login](#)

Home

[Home](#) > [Registration Selector](#) > Registration

Thursday 07/05/2018 07:15 AM PST

### Registration Step 1 of 2 - Personal Information

\* Indicates a required field.

Please provide the following information to get started!  
**Important:** If you are registering as a provider, enter the provider's first and last name, or split the facility or organization name across the first and last names. If you have chosen to register as a delegate, you must have already provided your birth date and driver's license number (DLN) to a registered provider, who will add you as a delegate and obtain the delegate code for you.  
If you have chosen to register as a Trading Partner, enter the Trading Partner ID.  
If you have chosen to register as a Managed Care Org, enter the NPI/Provider ID and Zip Code.

**3**

\*Provider First Name

\*Provider Last Name

\*NPI/API

\*Tax ID (FEIN or SSN)

\*Zip Code

**4**

[Continue](#) [Cancel](#)

From the “Registration” page, the user will:

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

# Registering for the PWP, continued

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

[Contact Us](#) | [Logi](#)

Home

Home > [Registration Selector](#) > Registration

Thursday 07/05/2018 07:56 AM PST

### Registration Step 2 of 2 - Security Information

\* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

**5**

\*User ID

\*Password

\*Confirm Password

Please provide your contact information below.

**6**

\*Display Name

Phone Number

\*Email


\*Confirm Email

Continuing on the “Registration” page, the user will:

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

# Registering for the PWP, continued

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

**7** Site Key:   
 Apple  Balloon  Balloons  Baseball  Billiards

**8** Passphrase:

Please select a unique challenge question and provide an answer for each of the question groups below.

**9**

*Challenge Question #1	Select a Challenge Question
*Answer to #1	<input type="text" value="What is your favorite sports team?"/>
*Challenge Question #2	<input type="text" value="In what city were you born?"/>
*Answer to #2	<input type="text" value="What is your mother's maiden name?"/>
*Challenge Question #3	<input type="text" value="What was the name of the first school you attended?"/>
*Answer to #3	<input type="text" value="What is the name of your favorite pet?"/>

\*Challenge Question #1:

\*Answer to #1:

\*Challenge Question #2:

\*Answer to #2:

\*Challenge Question #3:

\*Answer to #3:

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, continued

The screenshot shows a web form titled "User Agreement". The form contains an "Access Policy" section with several paragraphs of text and a bulleted list of terms. A red box highlights a checkbox with the text "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." Below this, there are two buttons: "Submit" and "Cancel".

**10** 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.

**11**  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.

**12**

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, continued

**13** User Successfully Registered

You have successfully registered for the provider portal!

A confirmation email containing your login information has been sent to the email address provided. Email notifications can take 15 to 30 minutes to be delivered.

**14** Thu 7/5/2018 10:25 AM

Division of Health Care Financing and Policy Provider Portal  
Registration Confirmation

To

Welcome hospizona! This email was sent to confirm that you have successfully registered with the DXC USHC Web Portal. Your login credentials are listed below. Please keep a copy of this email in a safe place for future reference.

User ID: hospizona1  
Password: Password123

If you have any questions or concerns regarding this email, feel free to email [NVMMIS.EDIsupport@dxc.com](mailto:NVMMIS.EDIsupport@dxc.com) or call us at +1 (877) 638-3472. Do not attempt to reply to this automated email.

Sincerely,

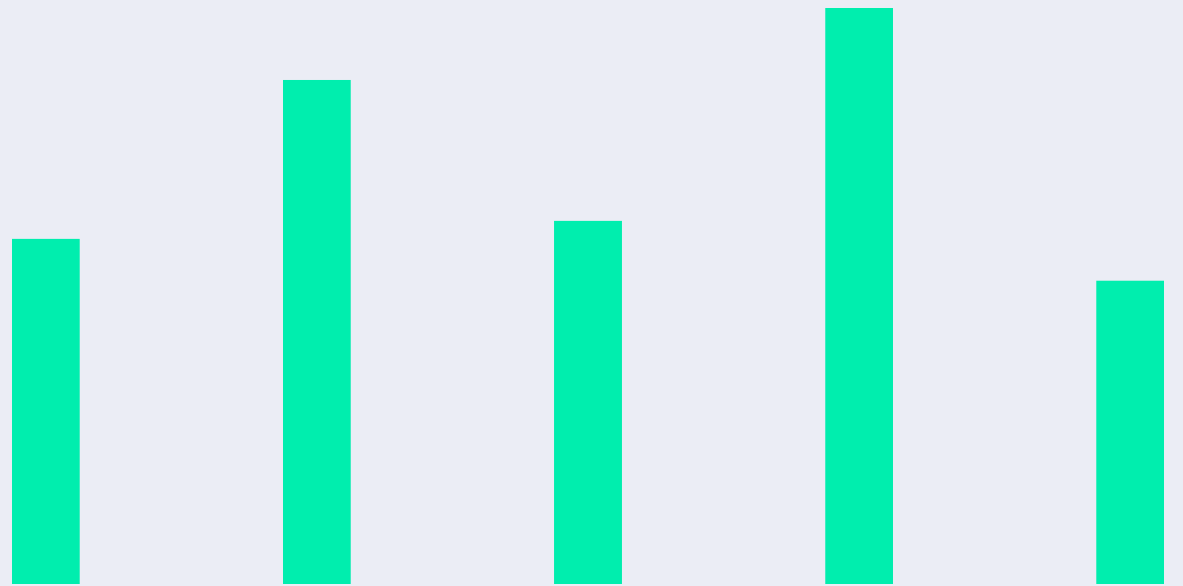
DXC USHC Web Portal  
New Accounts Division

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

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

Home

Home

**Login** ?

\*User ID  
hospizona1

**Log In**

[Forgot User ID?](#)

[Register Now](#)

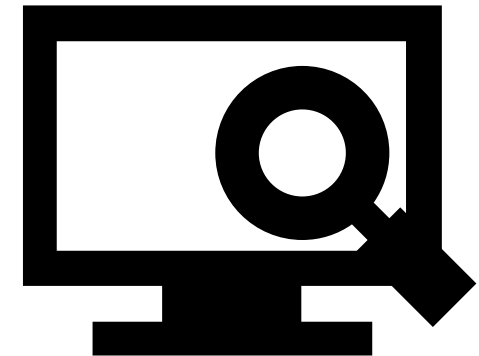
**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between 12:25 AM PST on Sunday.

**What can you do in the Provider Portal**  
Through this secure and easy to use internet portal, health care providers can...

- 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, continued

**Computer and Challenge Question**

**Site Key**  
The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

**Answer the challenge question to verify your identity.**

**Challenge Question** In what city were you born?

**3** \*Your Answer

[Forgot answer to challenge question?](#)

**4** **Select**  This is a personal computer. Register it now.  
 This is a public computer. Do not register it.

**5** **Continue**

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, continued

Home > Challenge Question > Site Token Password


### Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

**Make sure your site key token and passphrase are correct.**

If the site key token and passphrase are correct, type your password and click **Sign In**.  
If this is not your site key token or passphrase, do not type your password.  
Call the [customer help desk](#) to report the incident.

6 Site Key: 

Passphrase Answer

7 \*Password

8 [Sign In](#) [Forgot Password?](#)

- 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, continued

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

My Home Eligibility Claims Care Management File Exchange Resources

My Home Thursday 07/05/2018 09:45 AM PST

**Provider**

Name  
Provider ID  
Location ID

**Broadcast Messages**

Hours of Availability  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)

[Secure Correspondence](#)

My Profile  
Manage Accounts

**Provider Services**

- Member Focused Viewing
- Search Payment History
- Revalidate-Update Provider
- Pharmacy PA
- PASRR
- EHR Incentive Program
- EPSDT
- Presumptive Eligibility

**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)  
Provider Web Portal Quick Reference Guide [\[Review\]](#)

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, continued

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top, there is a navigation bar with tabs: My Home, Eligibility, Claims, Care Management, File Exchange, Resources, and a Contact Us | Logout link. Below this is a 'My Home' section with a date and time. A 'Provider' section contains fields for Name, Provider ID, and Location ID, with links for My Profile and Manage Accounts. A 'Broadcast Messages' section shows a message about the portal's availability and links for Contact Us and Secure Correspondence. A 'Provider Services' section lists various services like Member Focused Viewing, Search Payment History, Revalidate-Update Provider, Pharmacy PA, PASRR, EHR Incentive Program, EPSDT, and Presumptive Eligibility. A central image of healthcare professionals is followed by a welcome message and a paragraph of text. At the bottom, there are links for Prior Authorization and Provider Web Portal Quick Reference Guides.

**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

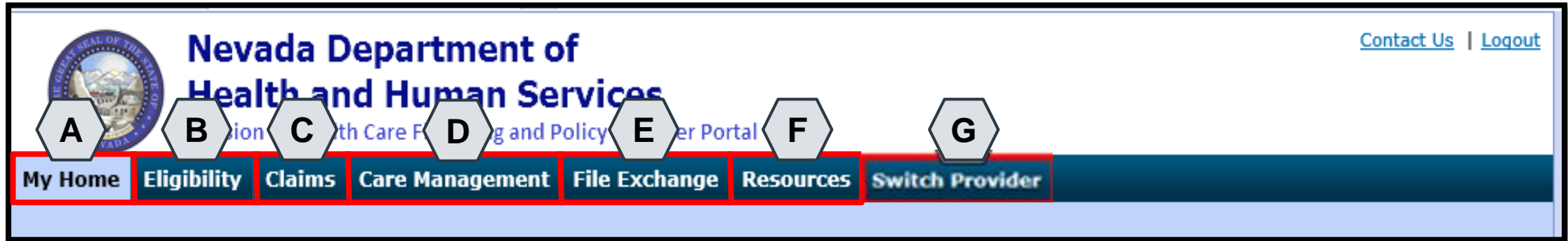
**E**: Links to additional information regarding Medicaid programs and services

**F**: Links to additional PWP resources

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, continued



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

**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 Monday 05/07/2018 01:23 PM EST

**Provider**

Name

Provider ID

Location ID

[My Profile](#)

[Manage Accounts](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)

[Secure Correspondence](#)

**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

To manage their profile, the user will:

1. Click the **My Profile** link

# Managing Profile, continued

**My Profile** ?

**Contact Information**

Display Name: hosizona  
Phone Number: 1-111-111-1111  
Current Email: aaron.barger@dxc.com

**Roles**

Current Roles: Providers

**Preferences**

Primary Language: English (US)


**Challenge Questions**

Challenge Question #1: What is your favorite sports team?  
Answer to #1

Challenge Question #2: In what city were you born?  
Answer to #2

Challenge Question #3: What is your mother's maiden name?  
Answer to #3

**Site Key Token**

Site Key: 

Passphrase

**Password**

Change Password

To update their profile information, the user will:

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



# Managing Profile, continued

The screenshot shows a web form titled "Site Key Token". At the top, there is a header bar with the title. Below the header, a red asterisk indicates a required field. A blue instruction text reads: "Select a Site Key and enter a Pass Phrase then click the Save button, or click Cancel to go back." Below this, the "Site Key:" label is followed by a horizontal list of five site key options, each with a radio button and an image: "Apple" (red apple), "Balloon" (yellow balloon, selected with a blue dot and a red box around it), "Balloons" (two balloons), "Baseball" (baseball), and "Billiards" (billiard balls). A grey hexagon with the number "3" is overlaid on the "Balloons" option. Below the site key options is a "Passphrase" input field. At the bottom of the form, there are two buttons: "Save" and "Cancel". A grey hexagon with the number "4" is overlaid on the "Save" button, which is also highlighted with a red box.

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, continued

The screenshot shows a form titled "Site Key Token". Below the title, there is a blue header bar. Underneath, a blue text box contains the instruction: "Update field labels are marked with a '●' icon." Below this, a grey text box says: "Review your changes and click the **Confirm** button to save your information." The main form area contains a "Passphrase" field with a yellow balloon image. A red box highlights the "Site Key:" label and the balloon image, with a grey hexagon containing the number "5" next to it. At the bottom of the form, there are three buttons: "Edit", "Confirm", and "Cancel", all highlighted with red boxes. A grey hexagon containing the number "6" is positioned below the "Confirm" button.

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, continued

The screenshot shows a 'My Profile' page with the following sections:


- Contact Information:** Display Name: hosizona, Phone Number: 1-111-111-1111, Current Email: aaron.barger@dxc.com. Includes an 'Edit' button.
- Roles:** Current Roles: Providers.
- Preferences:** Primary Language: English (US).
- Challenge Questions:** Three questions with their respective answers.
  - Challenge Question #1: What is your favorite sports team? Answer to #1
  - Challenge Question #2: In what city were you born? Answer to #2
  - Challenge Question #3: What is your mother's maiden name? Answer to #3Includes an 'Edit' button.
- Site Key Token:** Site Key: [Image of a yellow balloon].
- Password:** Passphrase: [Image of a hexagon with the number 1]. Includes a 'Change Password' button highlighted with a red box.

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, continued



## 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 character 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.

## Change Password

\* Indicates a required field.

Enter your Current Password, New Password, New Password Confirm

\*Current Password

\*New Password

\*Confirm New Password

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, continued

**Change Password**

\* Indicates a required field.

Enter your Current Password, New Password, New Password Confirmation and click the **Submit** button.

2 \*Current Password

3 \*New Password

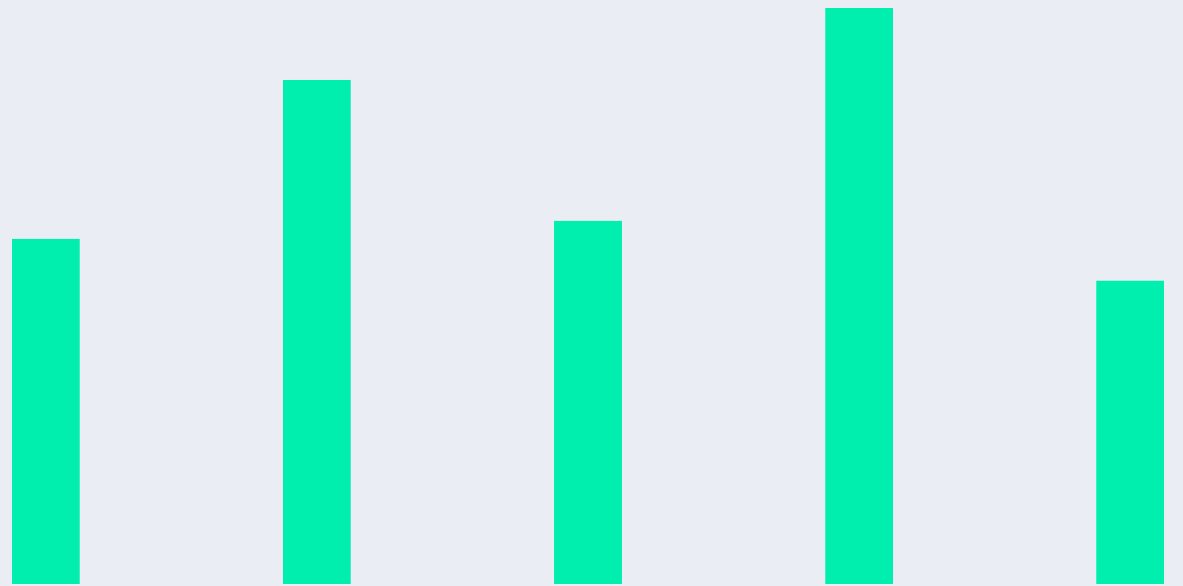
4 \*Confirm New Password

5

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

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

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

My Home

**Provider**

Name  
Provider ID  
Location ID

▶ [My Profile](#)  
▶ [Manage Accounts](#) **1**

**Provider Services**

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [Revalidate-Update Provider](#)
- ▶ [Pharmacy PA](#)
- ▶ [PASRR](#)
- ▶ [EHR Incentive Program](#)
- ▶ [EPSDT](#)
- ▶ [Presumptive Eligibility](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

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, continued

**Manage Accounts**

**2** Add New Delegate Registered Delegate Add Registered Trading Partner

A new delegate is defined as office staff and/or other support staff employed by the provider who will have access to new delegates by completing the required fields and giving the code generated to the delegate. Delegates then have access to the provider's information (claims, reports, eligibility inquiries, or other functions).

\* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to receive (on zip code), must be added separately.

**3**

\* First Name

\* Last Name

\* Birth Date

\* Last 4 of DLN

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, continued

**Manage Accounts**

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

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

**5** **Submit** **Cancel**

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, continued

**Manage Accounts**

Add New Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

**First Name** Test  
**Last Name** Delegate  
**Birth Date** 01/01/1980  
**Last 4 of DLN** 9999  
**Decision** Active

**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

**6**

**Edit** **Confirm** **Cancel**

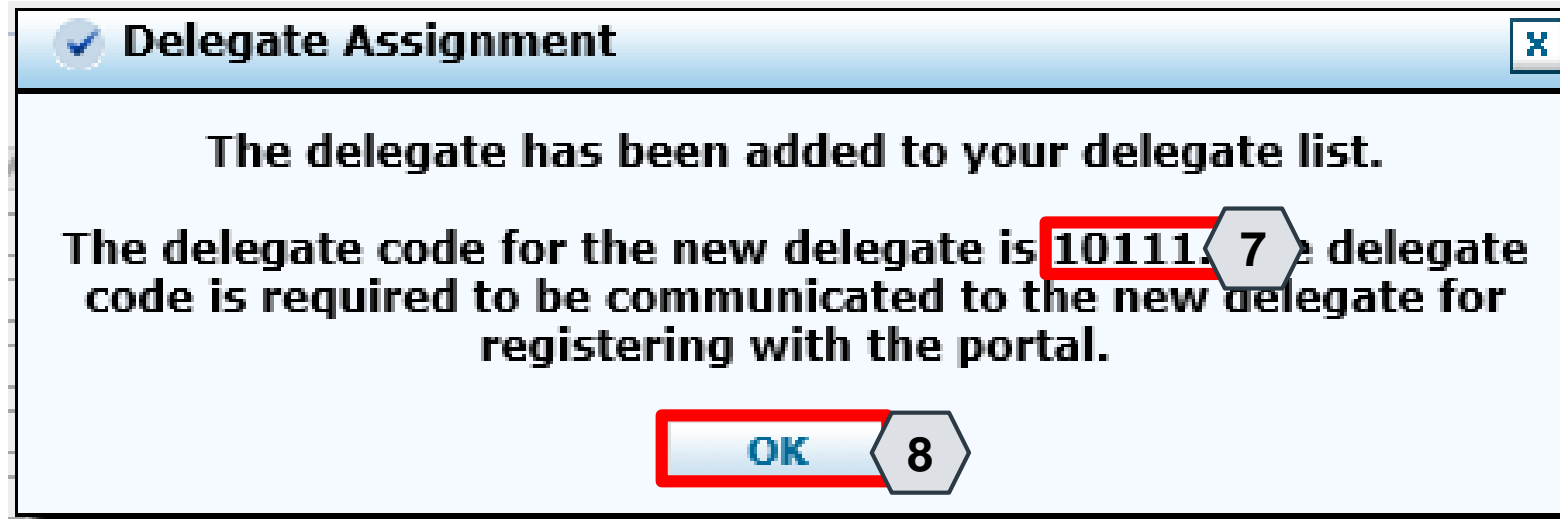
Once the user has clicked the **Submit** button, they will be asked to review and confirm the details.

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, continued



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, continued

**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

**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	<a href="#">delegate, test</a>	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

**Manage Accounts**

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

1

A registered delegate is defined as office staff and/or other support staff employed by the provider who have previously registered in the Portal. Providers may authorize Portal access to a registered delegate by completing the required fields using the delegate's assigned code. The 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 Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

2

\*Last Name: Barger  
\*Delegate Code: 10103

Select the functions that the delegate is authorized to access

3

\*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

4

**Submit** | Cancel

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, continued

**Manage Accounts** [Back to My Home](#) ?

Edit Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

**First Name** aaron  
**Last Name** barger  
**Birth Date** 01/01/1980  
**Last 4 of DLN** 1234  
**Delegate Code** 10103  
**Decision** Active

**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

**5**

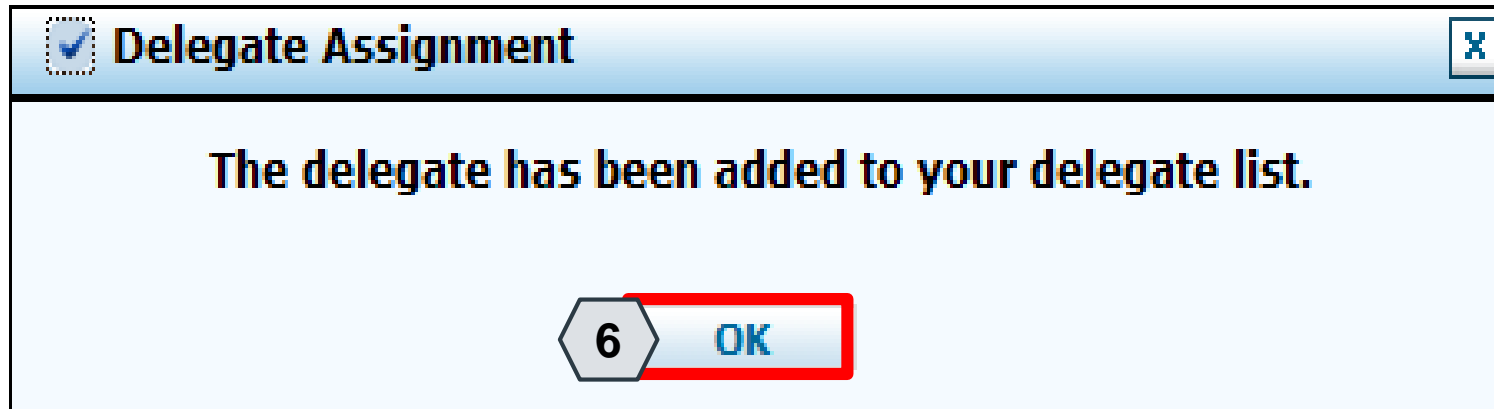
[Edit](#) [Confirm](#) [Cancel](#)

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, continued



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, continued

**Manage Accounts** [Back to My Home](#) ?

[Add New Delegate](#) [Add Registered Delegate](#) [Add Registered Trading Partner](#)

A registered delegate is defined as office staff and/or other support staff employed by the provider who have previously registered in the Portal. Providers may authorize Portal access to a registered delegate by completing the required fields using the delegate's assigned code. The 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 Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

\*Last Name

\*Delegate Code

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

1 [delegate's name](#) to change the status of the delegate.

#	Name ▲	Display Name	Birth Date	Last 4 of DLN	Delegate Code	Decision
1	<a href="#">barger, aaron</a>	bargera	01/01/1980	1234	10103	Active
2	<a href="#">delegate, test</a>	test delegate	01/01/1980	9999	10111	Active - Pending

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

**Manage Accounts**

Edit Delegate

Select Active or Inactive to change the status and/or modify the functions below, then click the **Submit** button to update the information.

**First Name** test  
**Last Name** delegate  
**Birth Date** 01/01/1980  
**Last 4 of DLN** 9999  
**Delegate Code** 10111

**\*Decision**  Active  Inactive

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**

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

# Adding Delegates – Updating, continued

**Manage Accounts** [Back to My Home](#) ?

**Edit Delegate**

Select Active or Inactive to change the status and/or modify the functions below, then click the **Submit** button to update the information.

**First Name** charlie  
**Last Name** brown  
**Birth Date** 01/01/1980  
**Last 4 of DLN** 1234  
**Delegate Code** 10112

**\*Decision**  Active  Inactive

Select the functions that the delegate is authorized to access

**\*Functions**

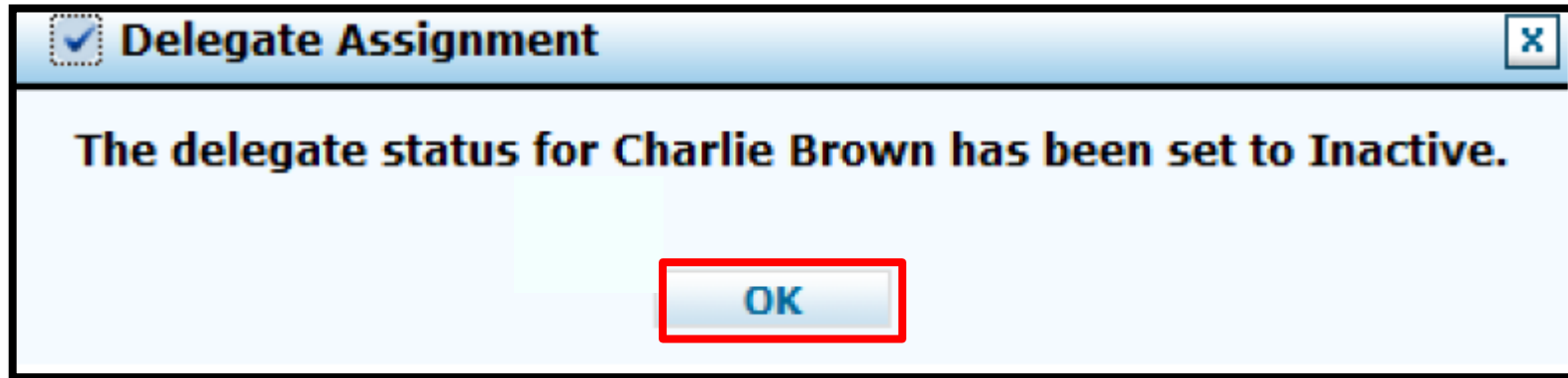
- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus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

**Submit** **Cancel**

To remove a delegate, the user will:

- Select “Inactive” next to **Decision**
- Click **Submit**.

# Adding Delegates – Updating, continued



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

**Manage Accounts**

Add New Delegate | Add Registered Delegate | **Add Registered Trading Partner** 1

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.  
Note: You will not be able to add a Trading Partner until they have been registered and approved.

**Trading Partner Name** Trader 1 x 2  
**Trading Partner ID** 23113726  
**Validate** 3

**Trading Partners**

Click on the Trading Partner ID to edit the transactions. Click the Remove link to remove all transactions allowed for the Trading Partner.

#	Trading Partner ID	Trading Partner Name ▲
1	<a href="#">9999</a>	ALM EDI Testers

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, continued

**Manage Accounts** [Back to My Home](#)

[Add New Delegate](#) [Add Registered Delegate](#) [Add Registered Trading Partner](#)

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.

Note: You will not be able to add a Trading Partner until they have been registered and approved.

**Trading Partner Name** Trader 1  
**Trading Partner ID** 23113726

Select the transaction type that you are authorizing the Trading Partner to submit on your behalf. The list of transaction types shown are the transactions this Trading Partner is approved for.

**Transactions**

- 270/271 Health Care Eligibility Request/Response Batch
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837P Health Care Claim: Professional
- D.0 - NCPDP - Batch Standard 1.2

[Submit](#) [Cancel](#)

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, continued

Manage Accounts [Back to My Home](#) ?

Add Registered Trading Partner

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

**Trading Partner Name** Trader 1  
**Trading Partner ID** 23113726

**6** Transactions

- 270/271 Health Care Eligibility Request/Response Batch
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837P Health Care Claim: Professional
- D.0 - NCPDP - Batch Standard 1.2

**7**

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

The user will:

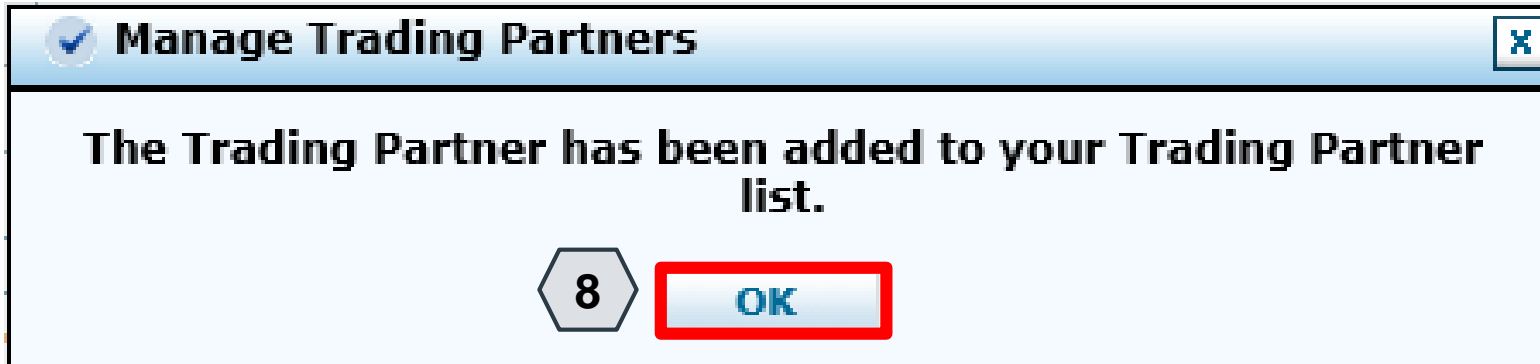
6. Confirm the information
7. Click the **Confirm** button to complete the process OR click the **Edit** button to adjust the information provided

# Adding Trading Partners, continued

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, continued

The screenshot shows the 'Manage Accounts' interface. At the top, there are three tabs: 'Add New Delegate', 'Add Registered Delegate', and 'Add Registered Trading Partner'. Below the tabs, there is a form with the following fields and instructions:

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.  
Note: You will not be able to add a Trading Partner until they have been registered and approved.

Trading Partner Name   
Trading Partner ID   
[Validate](#)

Below the form, there is a table titled 'Trading Partners' with the following data:

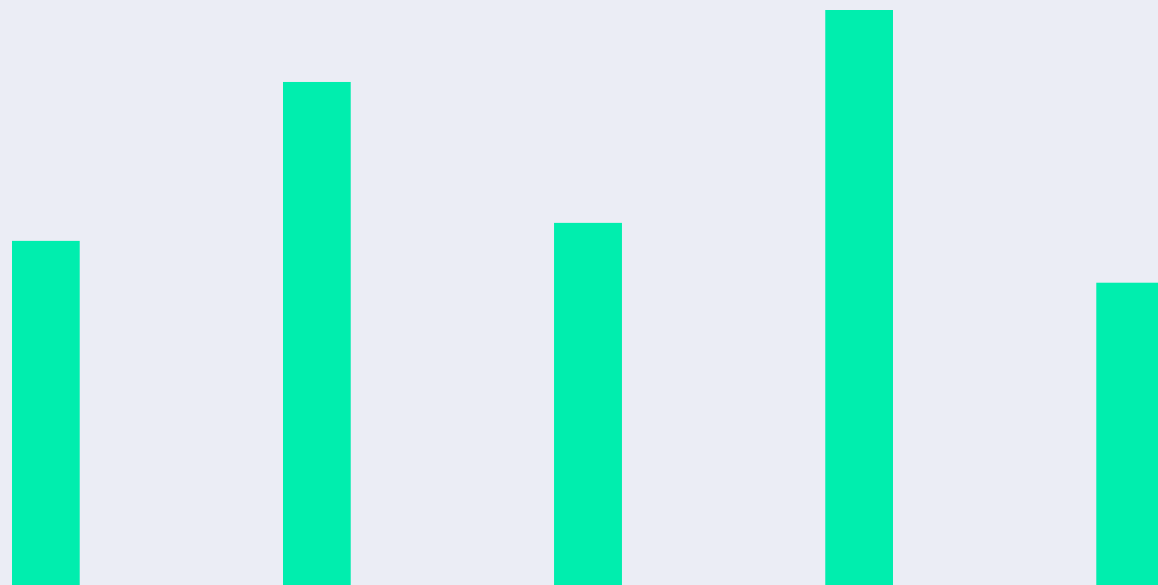
#	Trading Partner ID	Trading Partner Name ▲	Action
1	<a href="#">23113726</a>	Trader 1	<a href="#">Remove</a>
2	<a href="#">9999</a>	ALM EDI Testers	<a href="#">Remove</a>

Red arrows point from the 'Validate' button and the 'Remove' links in the table to the text on the right.

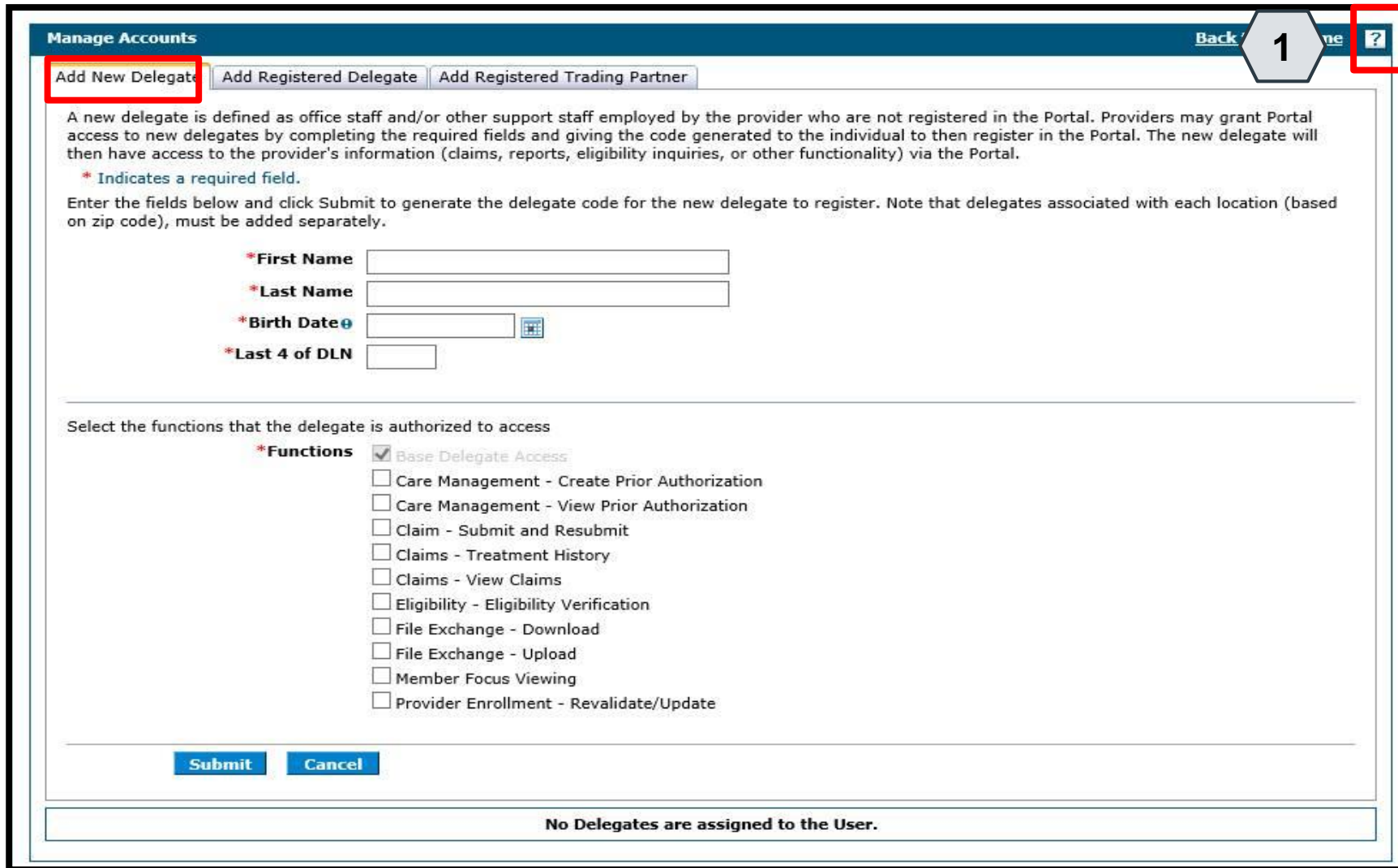
Once added, the TP will appear in a list at the bottom of the **Add Registered Trading Partner** panel. Similar to updating delegates, users may update TP details and permissions by clicking the corresponding link located in the **Trading Partner ID** column.

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



**Manage Accounts** Back 1 ?

**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**

No Delegates are assigned to the User.

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, continued

2

4

3

Delegate Assignment - Internet Explorer

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.

### Adding a Registered Delegate

A delegate may perform clerical functions for multiple providers. An existing delegate is someone who is currently associated with one or more providers registered with the Portal. The provider must obtain the existing delegate's delegate code that was issued when the delegate initially registered with the Portal in order to add them as a delegate.

1. Enter the existing delegate's last name.
2. Enter the existing delegate's delegate code.
3. Click **Submit** or press the Enter key to have the system associate the existing delegate to the new provider.

Note: A table of existing, or previously added delegates appears at the bottom of the panel.

### Inactivate delegate

The provider can release a delegate from their current list of delegates. A delegate may perform clerical functions for multiple providers, therefore inactivating a delegate will only release the individual for the current provider's list.

Click Inactivate or press the Enter key to have the system release the delegate from the provider.

A confirmation message appears stating that the delegate status was set to Inactive.

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, continued

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

**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 Friday 07/06/2018 12:33 PM PST

**Provider**

Name  
Provider ID  
Location ID

[My Profile](#)  
[Manage Accounts](#)

**Provider Services**

- [Member Focused Viewing](#)
- [Search Payment History](#)
- [Revalidate-Update Provider](#)
- [Pharmacy PA](#)
- [PASRR](#)
- [EHR Incentive Program](#)
- [EPSDT](#)
- [Presumptive Eligibility](#)

**Broadcast Messages**

[Contact Us](#)

[Secure Correspondence](#)

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [Review](#)

Provider Web Portal Quick Reference Guide [Review](#)

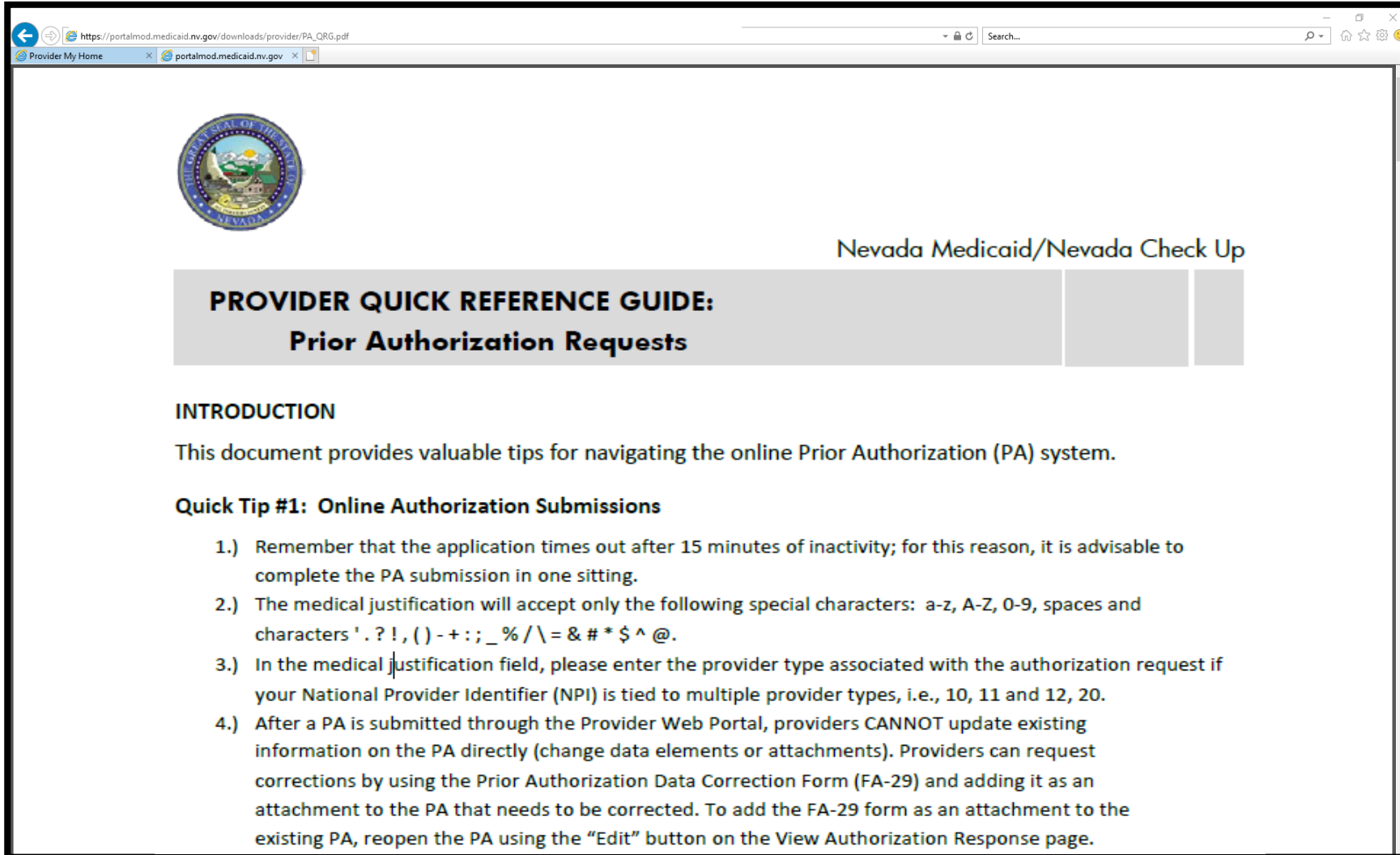
1

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, continued



The screenshot shows a web browser window with the URL [https://portalmod.medicaid.nv.gov/downloads/provider/PA\\_QRG.pdf](https://portalmod.medicaid.nv.gov/downloads/provider/PA_QRG.pdf). The page features the Nevada State Seal on the left and the text "Nevada Medicaid/Nevada Check Up" on the right. Below this is a grey header box with the text "PROVIDER QUICK REFERENCE GUIDE: Prior Authorization Requests". The main content area is titled "INTRODUCTION" and contains the following text: "This document provides valuable tips for navigating the online Prior Authorization (PA) system." Below this is a section titled "Quick Tip #1: Online Authorization Submissions" with a list of four numbered tips.

**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 15 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 (change data elements or attachments). 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 to be corrected. To add the FA-29 form as an attachment to the existing PA, reopen the PA using the "Edit" button on the View Authorization Response page.

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, continued



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

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

Search Providers | Search Fee Schedule | **Downloads**

[Resources](#) > Downloads

**Prior Authorization Tutorials**

▶ [Prior Authorization Tutorial](#) **3**

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, continued



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

The screenshot shows the Nevada Department of Health and Human Services website. At the top right, there is a [Contact Us](#) link and a [Logout](#) link. Below the navigation bar, there is a [Contact Us](#) link with a telephone icon, which is highlighted with a red box. A red arrow points from a hexagon containing the number '1' to this link, and another red arrow points from the hexagon to the [Contact Us](#) link at the top right. Below the [Contact Us](#) link is a [Secure Correspondence](#) link. The main content area includes a 'Broadcast Messages' section with 'Hours of Availability' information, a 'Welcome Health Care Professional!' message with a photo of healthcare workers, and a paragraph of text at the bottom.

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, continued

**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](#) > [Contact Us](#) Friday 07/06/2018 04:07 PM EST

### Contact Us

Use this directory to contact us by phone or mail.  
General questions, comments or technical assistance may be [submitted online](#) by clicking the Online link at the bottom of the page:

- [Electronic Billing](#)
- [Electronic Health Records \(EHR\) Incentive Program](#)
- [General Information](#)
- [Mailing Address](#)
- [Managed Care](#)
- [PASRR/LOC](#)
- [Pharmacy](#)
- [Prior Authorization](#)
- [Provider Enrollment](#)
- [Provider Training](#)
- [Public Hearings](#)
- [TPL Identification and Recovery](#)
- [Web Sites](#)

### General Information

**Customer Service Center**  
Claim inquiries and general information

Phone: (877) 638-3472

**Nevada Medicaid Central Office**  
State policy inquiries and Fair Hearing requests

Mailing Address:  
1100 East William St.

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

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

Claims Care Management File Exchange Resources

Friday 07/06/2018 12:33 PM PST

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)

[Secure Correspondence](#) 1

**Welcome Health Care Professional!**

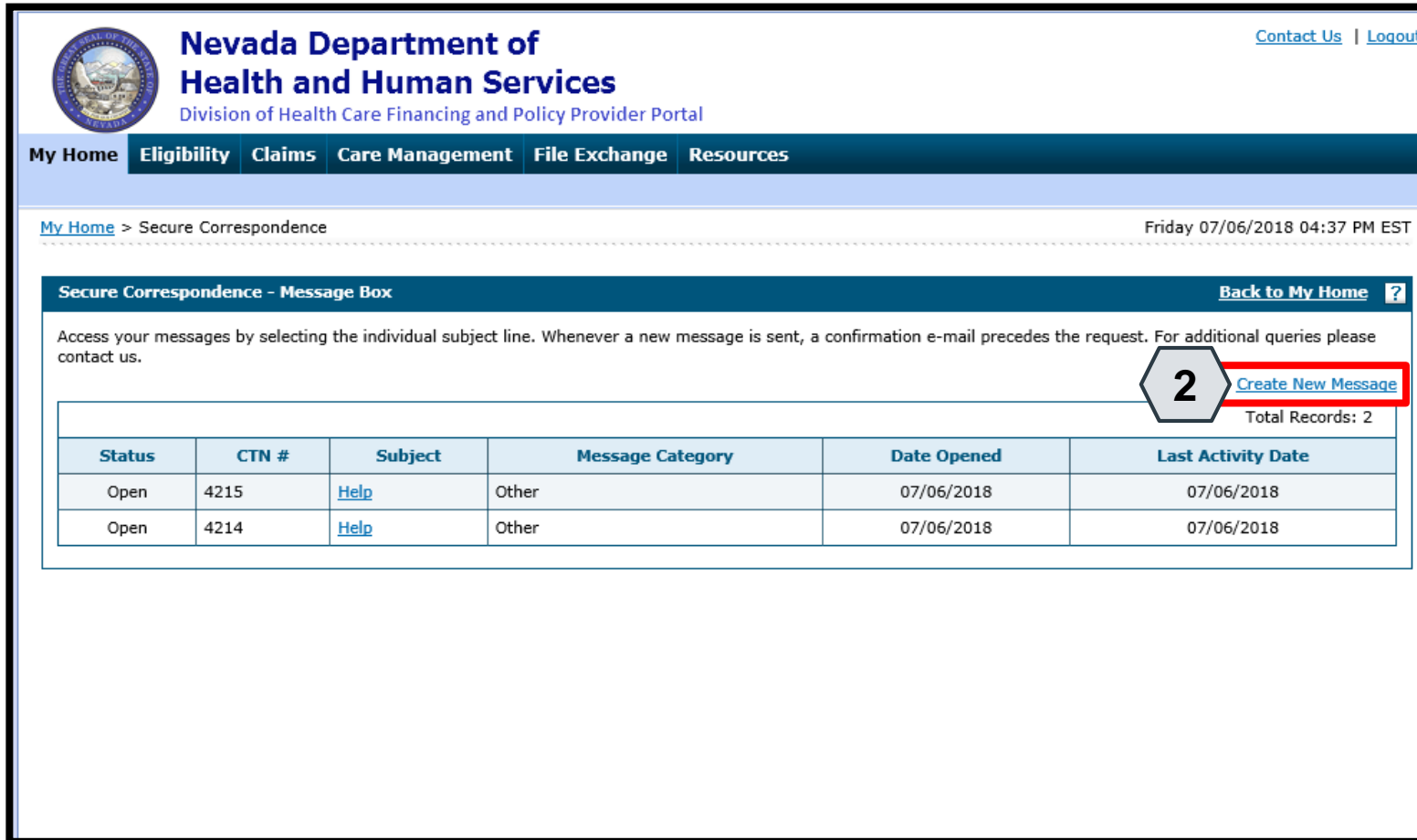
We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

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, continued



**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 04:37 PM EST

**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.

2 [Create New Message](#)

Total Records: 2

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4215	<a href="#">Help</a>	Other	07/06/2018	07/06/2018
Open	4214	<a href="#">Help</a>	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, continued

**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](#) > Create Message Friday 07/06/2018 04:32 PM EST

**Secure Correspondence - Create Message** [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call 855-455-3311. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov) or call 1-877-638-3472.

\* Indicates a required field.

*Subject	Help
*Message Category	Other
Email	<a href="mailto:hospizona@provider.com">hospizona@provider.com</a>
Confirm Email	<a href="mailto:hospizona@provider.com">hospizona@provider.com</a>
*Preferred Method of Communication	Email
*Message	Test message...

**3**

**4**

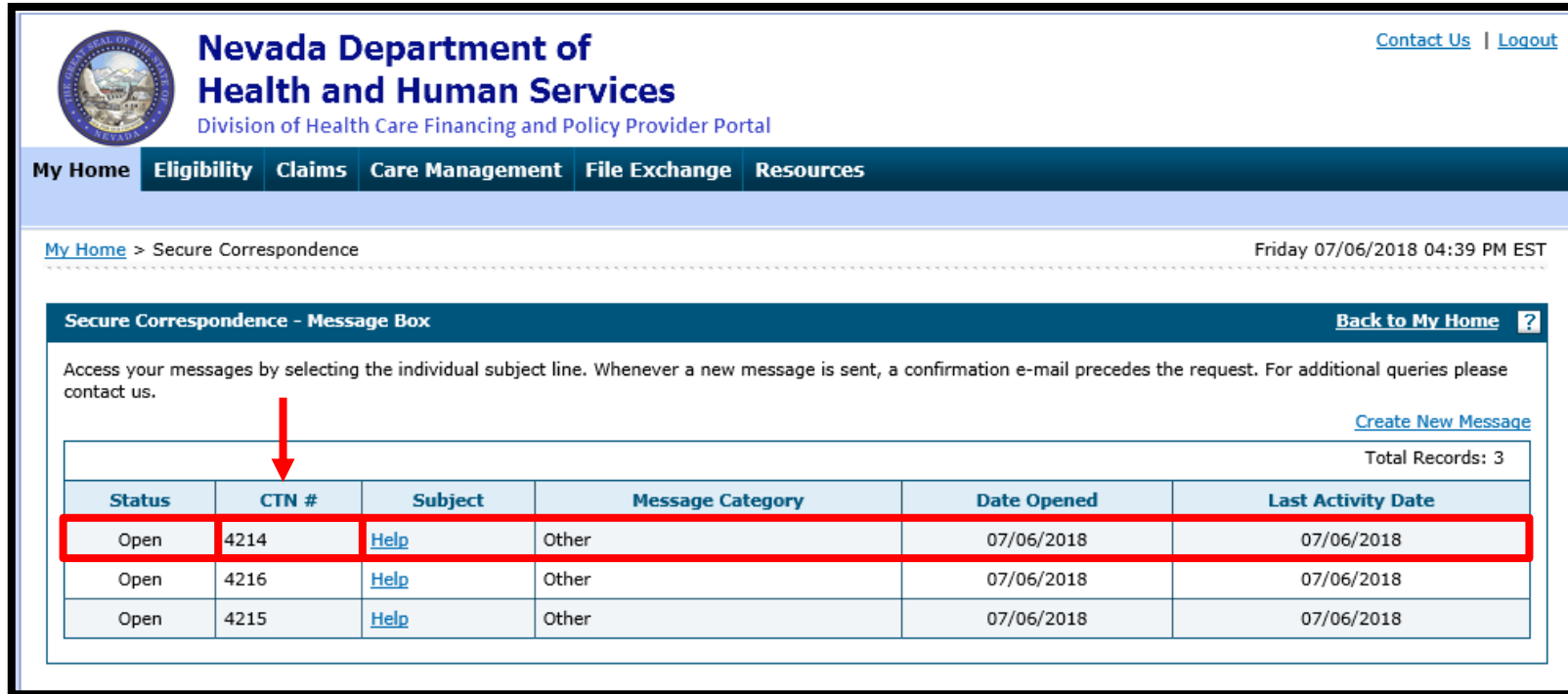
Once the user clicks the **Create New Message** link, the “Create Message” page will appear.

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, continued



The screenshot displays the Nevada Department of Health and Human Services portal. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". Navigation tabs include "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The current page is "Secure Correspondence" as indicated by the breadcrumb "My Home > Secure Correspondence". The page title is "Secure Correspondence - Message Box" with a "Back to My Home" link. A message box contains instructions: "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." Below this is a table of messages with columns: Status, CTN #, Subject, Message Category, Date Opened, and Last Activity Date. The first row is highlighted with a red border, and a red arrow points to the "CTN #" cell of this row. A "Create New Message" link is visible in the top right of the message box area.

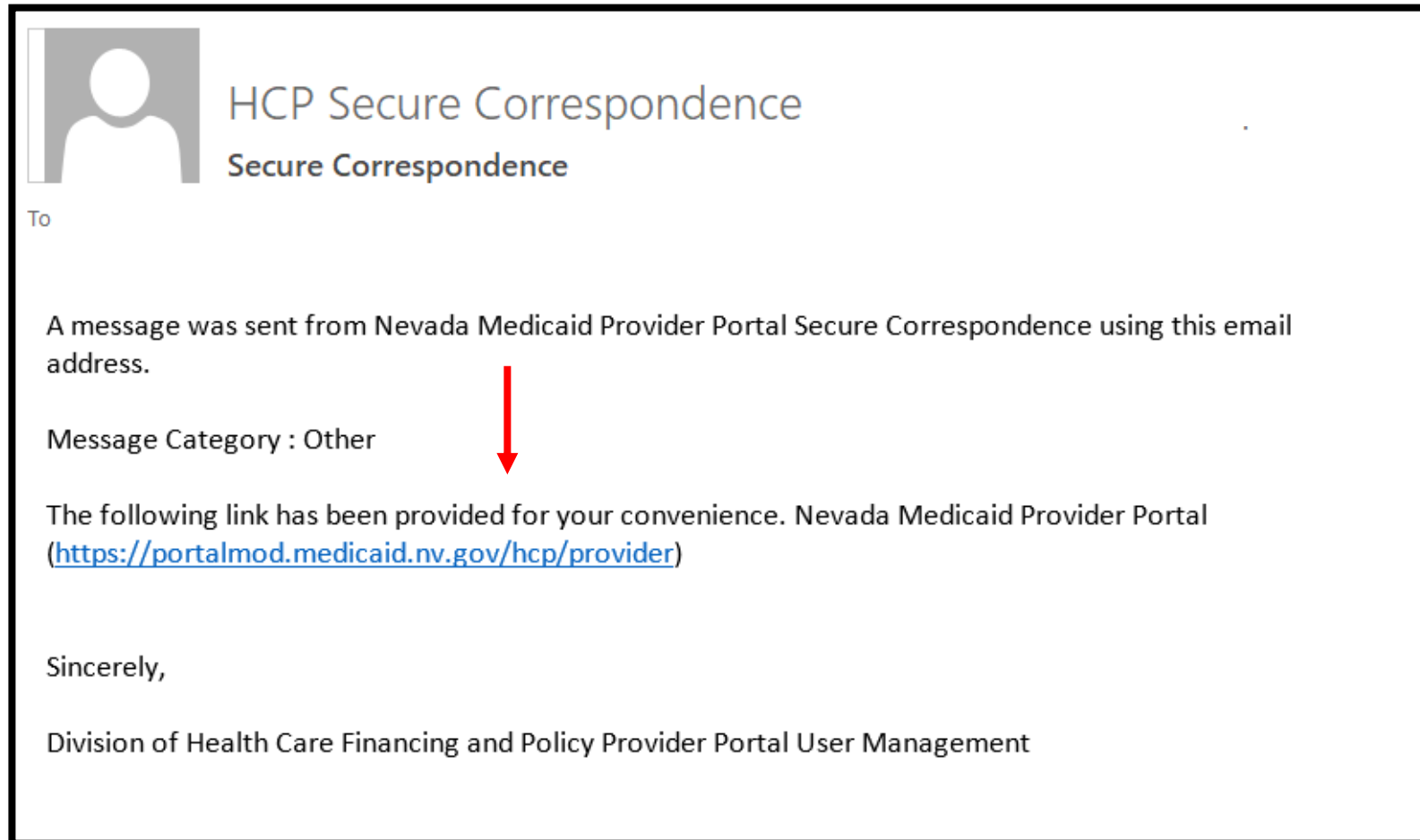
Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4214	<a href="#">Help</a>	Other	07/06/2018	07/06/2018
Open	4216	<a href="#">Help</a>	Other	07/06/2018	07/06/2018
Open	4215	<a href="#">Help</a>	Other	07/06/2018	07/06/2018

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, continued



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, continued

**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.

[Create New Message](#)  
Total Records: 3

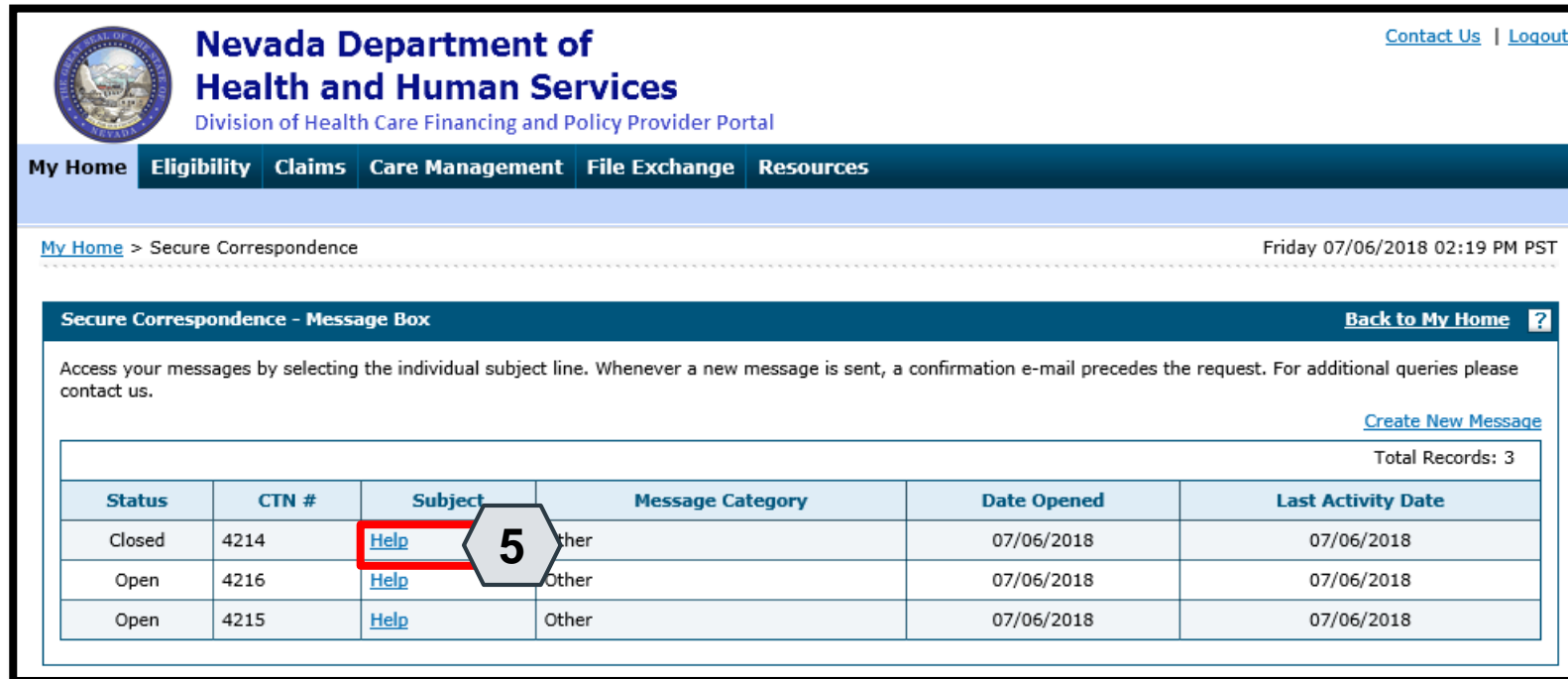
Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Closed	4214	<a href="#">Help</a>	Other	07/06/2018	07/06/2018
Open	4216	<a href="#">Help</a>	Other	07/06/2018	07/06/2018
Open	4215	<a href="#">Help</a>	Other	07/06/2018	07/06/2018

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.

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.

# Accessing Help – Secure Correspondence, continued



**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.

[Create New Message](#)

Total Records: 3

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Closed	4214	<a href="#">Help</a>	Other	07/06/2018	07/06/2018
Open	4216	<a href="#">Help</a>	Other	07/06/2018	07/06/2018
Open	4215	<a href="#">Help</a>	Other	07/06/2018	07/06/2018

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, continued

**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](#) > Secure Correspondence Detail Monday 07/09/2018 07:23 AM PST

**Secure Correspondence - Message Detail** [Back to Message Box](#) ?

\* Indicates a required field.

<b>CTN #</b>	4216	<b>Status</b>	Closed				
<b>Subject</b>	Not Specified	<b>Date Opened</b>	07/06/2018				
<b>Message Category</b>	Other	<b>Date of Last Activity</b>	07/06/2018				
<b>Correspondence</b>	<table><tr><td><b>Message Received</b></td><td>Date: 07/06/2018 02:55:20 PM Answer provided.</td></tr><tr><td><b>Message Sent</b></td><td>Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...</td></tr></table>			<b>Message Received</b>	Date: 07/06/2018 02:55:20 PM Answer provided.	<b>Message Sent</b>	Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...
<b>Message Received</b>	Date: 07/06/2018 02:55:20 PM Answer provided.						
<b>Message Sent</b>	Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...						

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, continued

**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](#) > Secure Correspondence Detail Monday 07/09/2018 07:49 AM PST

**Secure Correspondence - Message Detail** [Back to Message Box](#) ?

\* Indicates a required field.

CTN #	4216	Status	Open
Subject	Not Specified	Date Opened	07/06/2018
Message Category	Other	Date of Last Activity	07/06/2018

\*Reply

**6**

**7**

**Correspondence**

<b>Message Received</b>	Date: 07/06/2018 02:55:20 PM Answer provided.
<b>Message Sent</b>	Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...

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/Recipient Eligibility Verification

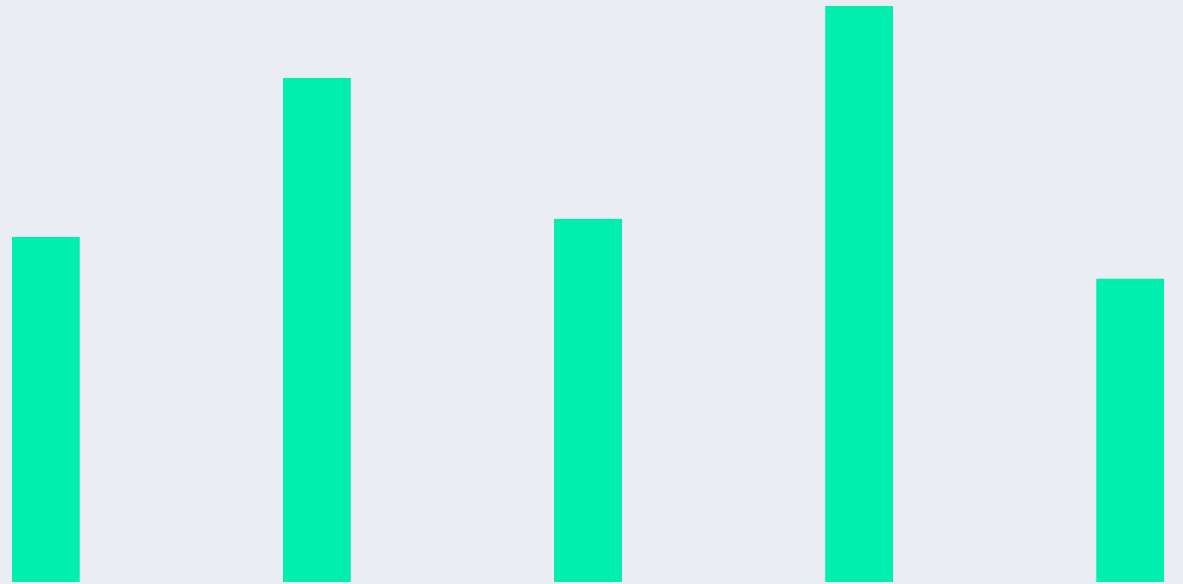


# Objectives

1. 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



# Searching for a Member's Benefit Eligibility



# Searching for a Member's Benefit Eligibility

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains "My Home", "Eligibility", "Forms", "Care Management", "File Exchange", and "Resources". The "Eligibility" menu is highlighted with a red box and a callout "1". A sub-menu is visible below it, with "Eligibility Verification" highlighted by a red box and a callout "2". The main content area features a "Welcome Health Care Professional!" message and a photo of five healthcare professionals. On the left, there is a "Provider" profile section with fields for "Welcome Name", "Provider ID", and "Location ID", and a "My Profile" link.

1. Hover over Eligibility
2. Select Eligibility Verification

# Searching for a Member's Benefit Eligibility, continued

The screenshot shows a web form titled "Eligibility Verification Request" with a help icon in the top right. Below the title is a note: "\* Indicates a required field. Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please verify response below as not all information is currently used during search." The form contains several input fields: "Recipient ID", "Last Name", "First Name", "SSN", "Birth Date", "\*Effective From", and "Effective To". The "Effective From" field is pre-filled with "12/05/2018" and "Effective To" with "12/31/2018". Below these fields is a "Service Type Code Search" section with a dropdown menu currently showing "30-Health Benefit Plan Coverage". At the bottom of the form are two buttons: "Submit" and "Reset".

3

4

5

6

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

**Eligibility Verification Request**

\* Indicates a required field.  
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please note that Recipient ID information is currently used during search.

Recipient ID       Last Name       First Name   
 SSN       Birth Date    
 \*Effective From        Effective To

---

**Service Type Code Search**

Service Type Code  ▼

---

**Eligibility Verification Information for NYEPCPPY KRXOXE from 12/05/2018 to 12/31/2018**

Recipient ID     Birth Date 03/06/1939

Coverage	Effective Date	End Date	
<a href="#">Medicaid Fee For Service</a>	12/05/2018	12/31/2018	0000000000
<a href="#">Qualified Medicare Beneficiaries</a>	12/05/2018	12/31/2018	0000000000
<a href="#">Special Low Income Medicare Beneficiaries</a>	12/05/2018	12/31/2018	0000000000

[Other Insurance Detail Information](#)

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

**Eligibility Verification Request**

\* Indicates a required field.  
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please note that Recipient ID information is currently used during search.

Recipient ID  Last Name  First Name   
SSN  Birth Date

**Effective From**  **Effective To**

**Service Type Code Search**

Service Type Code

**Eligibility Verification Information for NYEPCPPY KRXXE from 12/05/2018 to 12/31/2018**

Recipient ID  Birth Date 03/06/1939

Coverage	Effective Date	End Date	
<a href="#">Medicaid Fee For Service</a>	12/05/2018	12/31/2018	0000000000
<a href="#">Qualified Medicare Beneficiaries</a>	12/05/2018	12/31/2018	0000000000
<a href="#">Special Low Income Medicare Beneficiaries</a>	12/05/2018	12/31/2018	0000000000

[Other Insurance Detail Information](#)

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, continued

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](#)

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, continued

[Print Preview](#)

**Coverage Details** [Back to Eligibility Verification Request](#) ?

Coverage Details for NYEPCPPY KRXXOXE from 12/05/2018 to 12/31/2018  
Verification Response ID 1833900004

**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**

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, continued

	Medicaid Fee For Service	Hospital - Inpatient		\$0.00
	Medicaid Fee For Service	Hospital		\$0.00
<b>C</b>	<b>Coinsurance Details</b>			
	<b>Coverage</b>	<b>Service Type</b>		<b>Percentage</b>
	Medicaid Fee For Service	Hospital - Inpatient		0%
	Medicaid Fee For Service	Hospital		0%
<b>D</b>	<b>Deductible Details</b>			
	<b>Coverage</b>	<b>Service Type</b>		<b>Amount</b>
	Medicaid Fee For Service	Hospital - Inpatient		\$0.00
	Medicaid Fee For Service	Hospital		\$0.00
<b>E</b>	<b>Managed Care Assignment Details</b>			
	<b>Primary Care Provider</b>	<b>Type</b>	<b>Provider Phone</b>	<b>Benefit Plan</b>
	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
	<b>Current MCO and DBA</b>			<b>NPI/API</b>
	Anthem Blue Cross and Blue Shield			
	LIBERTY DENTAL PLAN OF NEVADA INC			1740706985
	MEDICAL TRANSPORTATION MANAGEMENT INC			1134260078
<b>F</b>	<b>Demographic Details</b>			
	<b>Street Address</b> 5965 UJHHACA FRXRQM QVF			
	<b>City</b> N LAS VEGAS	<b>State</b> NEVADA	<b>Zip Code</b> 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, continued

[Print Preview](#)

[Back to Eligibility Verification Request](#) ?

Coverage Details for NYEPCPPY KRXXOXE from 12/05/2018 to 12/31/2018

Verification Response ID 1833900004

[Expand All](#) | [Collapse All](#)

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](#) +

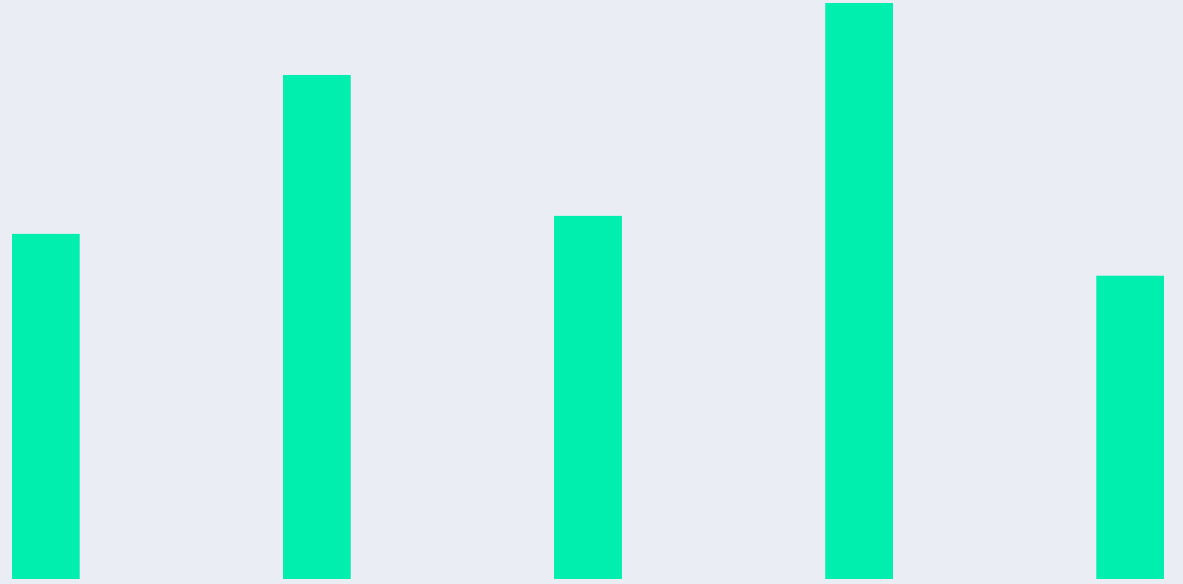
[Deductible Details](#) +

[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

**Eligibility Verification Request**

\* Indicates a required field.  
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please note that Recipient ID information is currently used during search.

Recipient ID  Last Name  First Name   
SSN  Birth Date    
\* Effective From   Effective To  

**Service Type Code Search**

Service Type Code

**Eligibility Verification Information for NYEPCPPY KRXOXE from 12/05/2018 to 12/31/2018**

Recipient ID  Birth Date 03/06/1939

Coverage	Effective Date	End Date	
<a href="#">Medicaid Fee For Service</a>	12/05/2018	12/31/2018	0000000000
<a href="#">Qualified Medicare Beneficiaries</a>	12/05/2018	12/31/2018	0000000000
<a href="#">Special Low Income Medicare Beneficiaries</a>	12/05/2018	12/31/2018	0000000000
<a href="#">Other Insurance Detail Information</a>			

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, continued

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

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.

Other Insurance Information for NYEPCPPY KRXXOXE		Back to Eligibility Verification Request ?	
There is no information available for the Other Insurance. Contact Us for more information.			

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.

NOTE: When there are no benefit records to display, the system provides a message indicating that there is no information available.

# Questions & Answers

# Prior Authorization Provider Training



# Objectives

1. 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

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

My Home Eligibility Claims **Care Management** Change Resources

Create Authorization **2** Authorization Status | Maintain Favorite Providers | Authorization Criteria

My Home

**Provider**

Name

Provider ID

Location ID

▶ [My Profile](#)

▶ [Manage Accounts](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

**Welcome Health Care Professional!**

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

# Submitting a PA Request, continued

The screenshot shows the 'Create Authorization' form with the following sections and callouts:

- Callout 3:** Points to the radio buttons for 'Medical' (selected) and 'Dental'.
- Callout 4:** Points to the '\*Process Type' dropdown menu, which is open and shows a list of options including ABA, ADHC, Audiology, BH Inpt, BH Outpt, BH PHP/IOP, BH Rehab, BH RTC, DME, Home Health, Hospice, Inpt M/S, Ocular, Outpt M/S, PCS Annual Update, PCS One-Time, PCS SDS, PCS Significant Change, PCS Temporary Auth, PCS Transfer, Retro ABA, Retro ADHC, Retro Audiology, Retro BH Inpt, Retro BH Outpt, Retro BH PHP/IOP, Retro BH Rehab, Retro BH RTC, and Retro DME.

The form includes sections for Requester Information, Recipient Information, Referring Provider Information, and Service Provider Information, each with fields for ID, Name, and other details. There are also 'Add to Favorites' checkboxes and search icons for provider selection.

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, continued

The screenshot shows a web form titled "Create Authorization". At the top, there is a header bar with the title and a help icon. Below the header, a note states "\* Indicates a required field." There are two radio buttons for "Medical" (selected) and "Dental". A dropdown menu for "\*Process Type" is visible, along with "Expand All" and "Collapse All" links. The "Requesting Provider Information" section is highlighted with a red border and contains a hexagon with the number "5". This section includes fields for "Provider ID" (1234567890), "ID Type" (NPI), "Name", and "\*Service Location" (a dropdown menu). Below this is the "Recipient Information" section, which includes fields for "\*Recipient ID", "Last Name", "Birth Date", and "First Name".

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.

- NOTE: If there is more than one Service Location associated with this NPI, select the applicable location detail from the drop down.

# Submitting a PA Request, continued

**Create Authorization** ?

\* Indicates a required field.

Medical  Dental

\*Process Type  [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** [-]

Provider ID 1234567890 ID Type NPI Name

\*Service Location

**Recipient Information** [-]

**6** \*Recipient ID

Last Name First Name

Birth Date

6. Enter the 11-digit Recipient ID. The Last Name, First Name, and Birth Date will populate automatically.



# Submitting a PA Request, continued

The screenshot shows a form titled "Referring Provider Information" with a close button in the top right corner. The form contains the following elements:

- A:** A checkbox labeled "Referring Provider same as Requesting Provider".
- B:** A drop-down menu labeled "Select from Favorites".
- C:** Two input fields: "Provider ID" and "ID Type" (a drop-down menu).
- D:** A checkbox labeled "Add to Favorites".

A red line highlights the "Referring Provider same as Requesting Provider" checkbox, the "Select from Favorites" drop-down, and the "Add to Favorites" checkbox. A red box highlights the "Provider ID" and "ID Type" fields.

- Check the Referring Provider Same as Requesting Provider box.
- Choose an option from the Select from Favorites drop-down. This drop-down displays a list of providers that the user has indicated as favorites.
- Enter the Provider ID and ID Type. Both fields must be completed when using this option.
- Click the Add to Favorites check box. Use this after entering a provider ID to add it to the Select from Favorites drop-down.



# Submitting a PA Request, continued

**Referring Provider Information**

Referring Provider same as Requesting Provider

Select from Favorites

Provider ID   ID Type  Name  Add to Favorites

**Service Provider Information**

Service Provider same as Requesting Provider

Select from Favorites

\*Provider ID   \*ID Type  Name  Add to Favorites

\*Service Location

Location

8

8. Enter Service Provider Information.

# Submitting a PA Request, continued

**Service Provider Information**

Service Provider same as Requesting Provider

Select from Favorites

\*Provider ID  \*ID Type  Name  Add to Favorites

\*Service Location

Location

**Diagnosis Information**

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

Diagnosis Type	Diagnosis Code	Action
*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

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, continued

**Diagnosis Information**

**Error**  
Diagnosis Code not found.

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

Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
*Diagnosis Type ICD-10-CM	*Diagnosis Code 1234 Diagnosis Code not found.	

- 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, continued

**Diagnosis Information** [-]

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

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T7500XA-Unspecified effects of lightning, initia	<a href="#">Remove</a>

Click to collapse.

\*Diagnosis Type  \*Diagnosis Code

- 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, continued

**Diagnosis Information**

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

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter	<a href="#">Remove</a>

Click to collapse.

\*Diagnosis Type  \*Diagnosis Code

[Add](#) [Cancel](#)

---

**Service Details**

+ 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	Code	Modifiers	Units	Action
	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2019"/>	<input type="text" value="A6413-Adhesive bandage, first-aid"/>	<input type="text"/>	<input type="text" value="1"/>	

Click to collapse.

\*From Date  To Date  Code Type  \*Code

Modifiers

\*Units

\*Medical Justification

**12** [Add Service](#) [Cancel Service](#)

**13** [Add Service](#) [Cancel Service](#)

- 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, continued

**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	Code	Modifiers	Units	Action
<input type="checkbox"/>	1	01/01/2018	01/01/2019	A6413-Adhesive bandage, first-aid		1	<a href="#">Copy</a>   <a href="#">Remove</a>

Click to collapse.

**\*From Date**   **To Date**   **Code Type** CPT/HCPCS **\*Code**

**Modifiers**

**\*Units**

**\*Medical Justification**

- 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, continued

**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	Action
Click to collapse.		
*Transmission Method	EL-Electronic Only ▼	
*Upload File	Choose File No file chosen	
*Attachment Type		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

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

# Submitting a PA Request, continued

**Attachments**

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type, and upload the file. Attachments that were sent using another method will not be available for upload.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select the appropriate Transmission Method.

Click the **Remove** link to remove an attachment.

Transmission Method	Attachment Type
<input type="checkbox"/> Click to collapse.	
<b>*Transmission Method</b>	
<b>*Upload File</b>	
<b>14 *Attachment Type</b>	
<input type="button" value="Add"/>	

59-Benefit Letter  
03-Report Justifying Treatment Beyond Utilization Guidelines  
11-Chemical Analysis  
04-Drug Administered  
05-Treatment Diagnosis  
06-Initial Assessment  
07-Functional Goals  
08-Plan of Treatment  
09-Progress Report  
10-Continued Treatment  
13-Certified Test Report  
15-Justification for Admission  
21-Recovery Plan  
48-Social Security Benefit Letter  
55-Rental Agreement  
77-Support Data for Verification  
A3-Allergies/Sensitivities Document  
A4-Autopsy Report  
AM-Ambulance Certification  
AS-Admission Summary  
AT-Purchase Order Attachment  
B2-Prescription  
B3-Physician Order  
BR-Benchmark Testing Results  
BS-Baseline  
BT-Blanket Test Results  
CB-Chiropractic Justification  
CK-Consent Form(s)  
D2-Physician Order  
DA-Dental Models

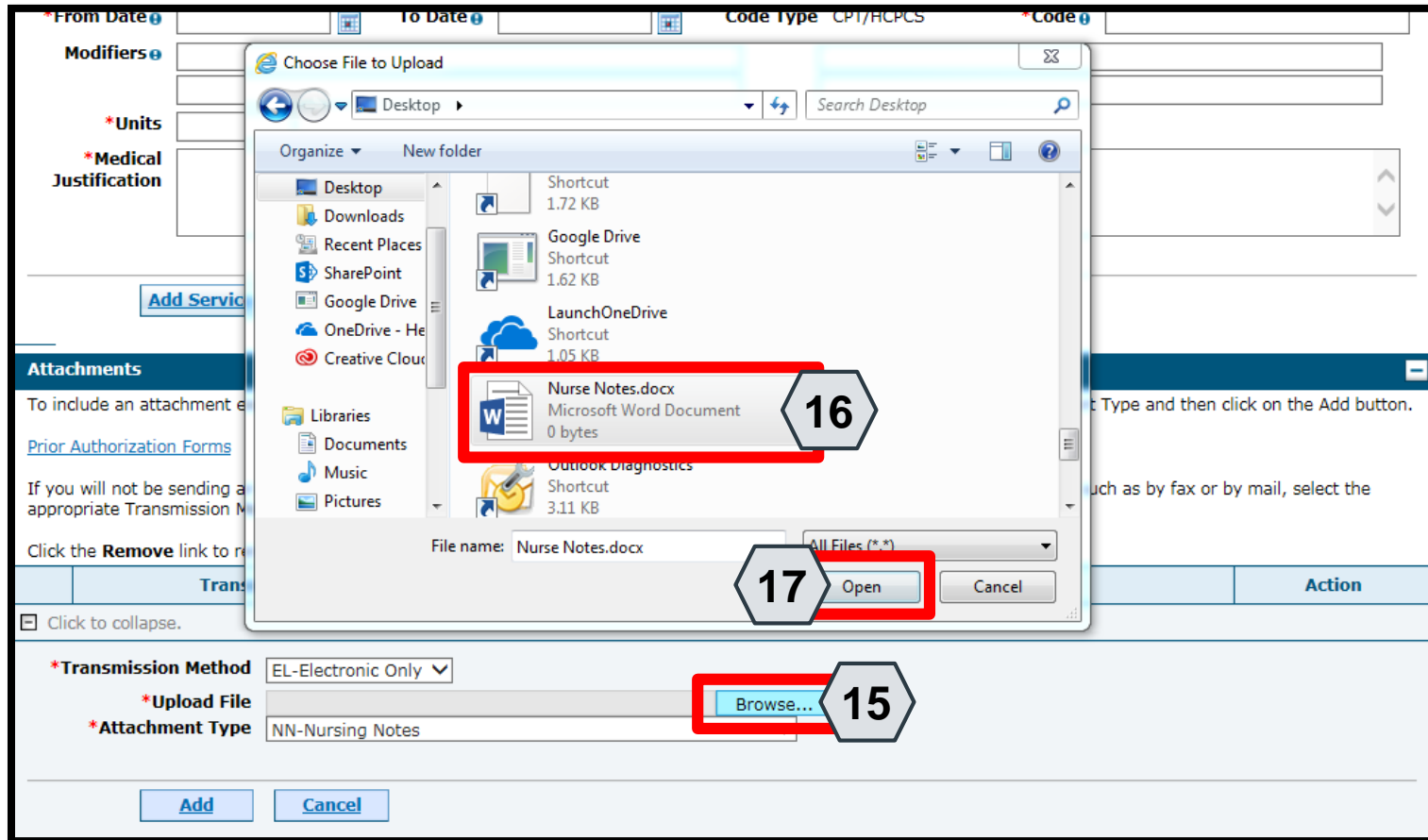
Current Procedural Terminology  
American Dental Association (ADA)

and data are copyrighted by the  
ability for data contained or not c

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



# Submitting a PA Request, continued



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, continued

18. Click the Add button.

### 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	Action
Click to collapse.		
*Transmission Method	<input type="text" value="EE - Electronic Only"/>	
*Upload File	<input type="text" value="C:\Users\bargera\Desktop\Nurse Notes.docx"/> <input type="button" value="Browse..."/>	
*Attachment Type	<input type="text" value=""/>	

**18**

# Submitting a PA Request, continued

**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	Action
<input type="checkbox"/>	EL-Electronic Only	Nurse Notes.docx	<a href="#">Remove</a>

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

- 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, continued

19. Click the Submit button.

**Justification**

[Add Service](#) [Cancel Service](#)

**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	Action
<input type="checkbox"/>	EL-Electronic Only	Nurse Notes.docx	<a href="#">Remove</a>

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

[Add](#) [Cancel](#)

**19** [Submit](#) [Cancel](#)

# Submitting a PA Request, continued

**Confirm Authorization** ?

**20** [Expand All](#) | [Collapse All](#)

**Provider Information**

Provider ID  ID Type NPI Name

**Recipient Information and Process Type**

Recipient ID  Recipient Birth Date  Gender Female Process Type

**Referring Provider Information**

Provider ID  ID Type NPI Name

**Service Provider Information**

Provider ID  ID Type NPI Name  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

[Back](#) **21** [Confirm](#) [Cancel](#)

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, continued

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

Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria

[Care Management](#) > Authorization Receipt Tuesday 03/06/2018 06:01 PM EST

---

**Authorization Receipt** ?

Your Authorization Tracking Number **45180650011** was successfully submitted.

Click **Print Preview** to view authorization details and receipt.  
Click **Copy** to copy member data or authorization data.  
Click **New** to create a new authorization for a different member.  
General Authorization Receipt Instructions

[Print Preview](#) | [Copy](#) | [New](#)

- 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, continued

The screenshot displays a web application interface for 'Authorization Receipt'. At the top, there is a navigation bar with tabs for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. Below this, a secondary navigation bar contains links for 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', and 'Authorization Criteria'. The main content area shows the breadcrumb 'Care Management > Authorization Receipt' and the date 'Tuesday 03/06/2018 06:01 PM EST'. A dark blue header for the section reads 'Authorization Receipt' with a help icon. The main message states: 'Your Authorization Tracking Number 45180650011 was successfully submitted.' Below this, instructions are provided: 'Click **Print Preview** to view authorization details and receipt.', 'Click **Copy** to copy member data or authorization data.', and 'Click **New** to create a new authorization for a different member.' At the bottom, there are three buttons: 'Print Preview', 'Copy', and 'New', each with a corresponding label (A, B, C) above it. The buttons are highlighted with a red rectangular box.

- 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

The screenshot displays the top navigation bar of the Nevada Medicaid Professional Provider Training portal. The navigation tabs are: My Home, Eligibility, Claims, Care Management, Exchange, and Resources. The 'Care Management' tab is highlighted with a red box and a callout '1'. Below the navigation bar, the 'View Authorization Status' link is highlighted with a red box and a callout '2'. The main content area includes a 'My Home' section, a 'Provider' section with fields for Name, Provider ID, and Location ID, and a 'Broadcast Messages' section with a message about the Nevada Provider Web Portal being unavailable. A 'Welcome Health Care Professional' banner is also visible at the bottom.

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

# Viewing the Status of PAs, continued

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

Create Authorization | **View Authorization Status** | Maintain Favorite Providers | Authorization Criteria

[Care Management](#) > View Authorization Status

### View Authorization Status

Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response or click the ATN hyperlink to search for a different authorization.

#### Prospective Authorizations

<a href="#">Authorization Tracking Number</a>	<a href="#">Service Date</a> ▲	<a href="#">Recipient Name</a>	<a href="#">Recipient ID</a>	<a href="#">Process Type</a>	<a href="#">Requesting P</a>
<a href="#">45181270003</a>	01/01/2018 - 01/01/2019			Home Health	
<a href="#">43180110001</a>	01/11/2018 - 01/11/2019			Outpt M/S	
<a href="#">41180120002</a>	01/12/2018 - 01/12/2019			Outpt M/S	

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

# Viewing the Status of PAs, continued

View Authorization Response for AOWPEW KWLVDTYRXW [Back to View Authorization Status](#) ?

Authorization Tracking # 41180120002 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information


Service Provider / Service Details Information

5

Provider ID  ID Type NPI Name

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	-

[Edit](#) [View Provider Request](#) [Print Preview](#)

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, continued

**View Authorization Response for AOWPEW KWLVDTYRXW** [Back to View Authorization Status](#) ?

Authorization Tracking # 41180120002 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID  ID Type NPI Name

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	<b>6</b>	Certified In Total 01/12/2018	-

- Review the details listed in the Decision / Date and Reason columns.

# Viewing the Status of PAs, continued

**Service Provider / Service Details Information**

Provider ID  ID Type NPI Name

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, continued

Service Provider / Service Details Information

Provider ID  ID Type NPI Name

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	<a href="#">View</a>	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	<a href="#">View</a>	Not Certified 06/11/2018	Non-covered Service

- 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, continued

Service Provider / Service Details Information								
C		D		E		F		G
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, continued

**View Authorization Response for AOWPEW KWLVDYRXW** [Back to View Authorization Status](#) ?

Authorization Tracking # 41180120002 Process Type Outpt M/S [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
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

**Edit** **View Provider Request** **Print Preview**

- 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

The screenshot shows a web interface for searching for Prospective Authorizations. At the top, there are two tabs: "Prospective Authorizations" and "Search Options". A red box highlights the "Search Options" tab, with a callout '1' pointing to it. Below the tabs, there is a text prompt: "Enter at least one of the following fields to search for an authorization." The main form is divided into several sections, each with a light blue header: "Authorization Information", "Status Information", "Recipient Information", and "Provider Information". A large red box encompasses the "Authorization Information" and "Provider Information" sections, with a callout '2' pointing to the "Authorization Tracking Number" field. The "Authorization Information" section includes a text input for "Authorization Tracking Number" (containing "43180110001"), a "Day Range" dropdown menu, and a "Service Date" text input with a calendar icon. The "Status Information" section has a "Status" dropdown menu. The "Recipient Information" section includes fields for "Recipient ID", "Last Name", "Birth Date" (with a calendar icon), and "First Name". The "Provider Information" section includes a "Provider ID" text input with a magnifying glass icon, an "ID Type" dropdown menu, and radio buttons for "This Provider is the" (with options "Servicing Provider on the Authorization" and "Requesting Provider on the Authorization"). At the bottom of the form are "Search" and "Reset" buttons.

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

# Searching for PAs, continued

The screenshot shows a search interface titled "Authorization Information". It features three main input areas, each highlighted with a red box and a callout letter in a hexagon:

- A:** A text input field labeled "Authorization Tracking Number".
- B:** A dropdown menu labeled "Day Range" with the current selection "Last 30 days". Above this dropdown is the text "Select a Day Range or specify a Service Date".
- C:** A date input field labeled "Service Date" with a calendar icon to its right.

The word "OR" is positioned between the "Day Range" and "Service Date" fields, indicating that either one can be used for searching.

- 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, continued


Status Information	
Select status to return authorization service lines with the chosen status.	
<b>D</b>	<b>Status</b> Cancel Certified In Total Certified Partial Not Certified Pended
Recipient Information	
Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.	

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

# Searching for PAs, continued

**Recipient Information**

Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.

<b>E</b>	<b>Recipient ID</b>	<input type="text"/>	<b>F</b>	<b>Birth Date</b>	<input type="text"/>	
<b>G</b>	<b>Last Name</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>		

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, continued

The screenshot shows a form titled "Provider Information" with three highlighted sections:

- H**: A text input field labeled "Provider ID" with a search icon to its right.
- I**: A dropdown menu labeled "ID Type" with a downward arrow.
- J**: A section titled "This Provider is the" with two radio button options: "Servicing Provider on the Authorization" (selected) and "Referring Provider on the Authorization".

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, continued

**Recipient Information**

Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.

Recipient ID  Birth Date

Last Name  First Name

**Provider Information**

Provider ID  ID Type

This Provider is the  Servicing Provider on the Authorization  
 Requesting Provider on the Authorization

**3**

**Search results**

<u>Authorization Tracking Number</u>	<u>Service Date</u> ▼	<u>Recipient Name</u>	<u>Recipient ID</u>	<u>Process Type</u>	<u>Requesting Provider</u>
<a href="#">43180110001</a> <b>4</b>	01/11/2018 - 01/11/2019	<input type="text"/>	<input type="text"/>	Outpt M/S	<input type="text"/>

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	ID Type	NPI	Name

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** **Provider 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, continued

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

**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  \*Diagnosis Code

**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	<a href="#">Copy</a>

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

# Submitting Additional Information, continued

### 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
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes	<a href="#">Remove</a>
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter	<a href="#">Remove</a>

Click to collapse.

**\*Transmission Method**

**\*Upload File**

**\*Attachment Type**

**3**

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

# Submitting Additional Information, continued

The screenshot shows a web form with several sections. A red border highlights the entire form area. A callout box with the number '4' points to the 'Provider Information' and 'Service Provider Information' sections. Another callout box with the number '5' points to the 'Confirm' button at the bottom right of the form.

**4** Provider Information

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

Service Provider Information

Provider ID	ID Type	NPI	Name
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

**5**

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 Crossover Professional Claim
- Submit a Professional Claim: Other Insurance Details
- 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

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

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

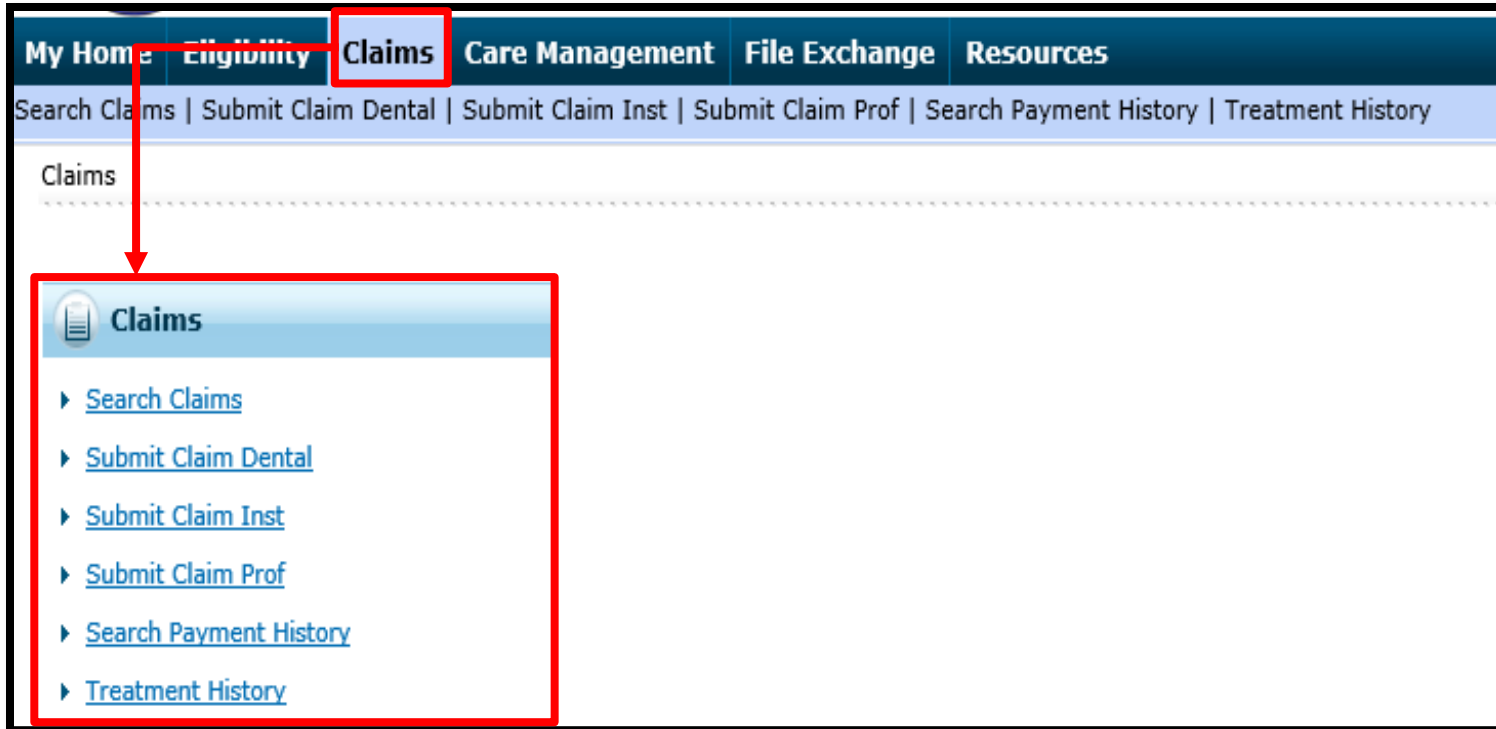
Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

Wednesday 06/2:

Provider Broadcast Messages Contact Us

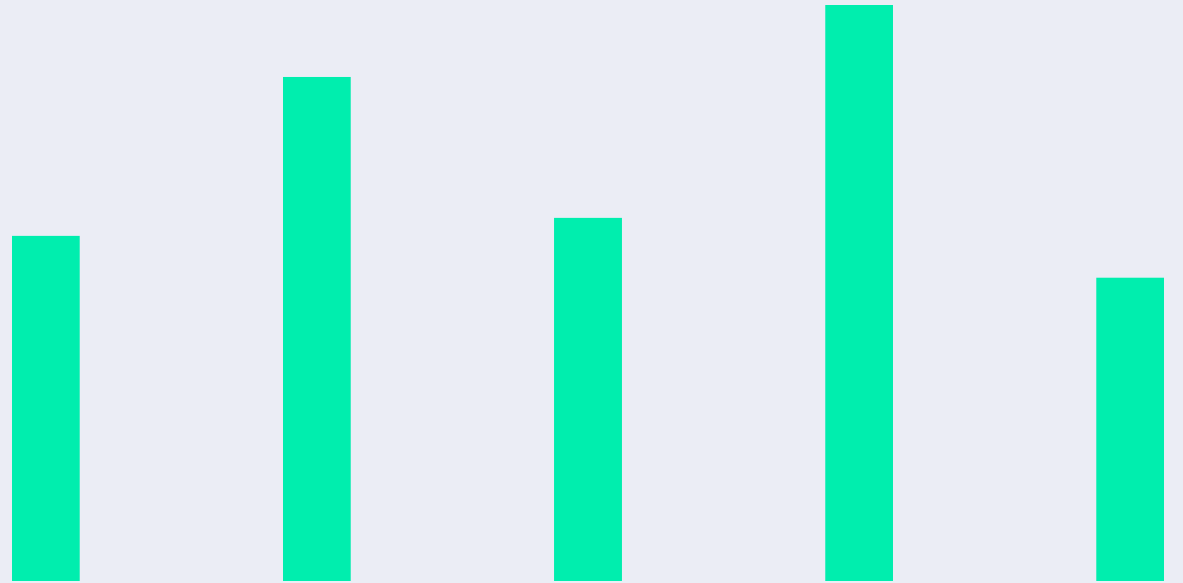
1. Hover over **Claims**
2. Select the appropriate sub menu from the options

# Understanding Claims Sub Menus, continued



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

The screenshot displays the Nevada Department of Health and Human Services website. At the top left is the state seal. The main header reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains tabs: "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The "Claims" tab is highlighted with a red box and a callout box labeled "1". Below the navigation bar is a search bar with options: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", and "Search Payment His". The "Submit Claim Prof" option is highlighted with a red box and a callout box labeled "2". Below the search bar, the "Claims" section is expanded, showing a list of links: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", "Search Payment History", and "Treatment History".

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

# Submitting a Professional Claim: Step 1, continued

Once the user clicks on the **Submit Claim Prof** tab, this “Submit Professional Claim: Step 1” page is displayed, with all three sub-sections included:

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

NOTE: All of the fields marked with a red asterisk (\*) are required.

To begin Step 1, the user will:

- Select **Professional** from the **Claims Type** drop-down

**My Home** **Eligibility** **Claims** **Care Management** **File Exchange** **Resources**  
Search Claims | Submit Claim Dental | Submit Claim Inst | **Submit Claim Prof** | Search Payment History | Treatment History

Claims > Submit Claim Prof Wednesday 09/12/2018 01:10 PM EST

**Submit Professional Claim: Step 1** ?

\* Indicates a required field.

Claim Type

**Provider Information**

Billing Provider ID  ID Type

\*Billing Provider Service Location

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

Last Name  First Name

Birth Date

**Claim Information**

Date Type  Date of Current

Accident Related  Admission Date

\*Patient Number  Authorization Number

\*Transport Certification  Yes  No

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

Include Other Insurance  Total Charged Amount \$0.00

# Submitting a Professional Claim: Step 1, continued

Submit Professional Claim: Step 1

\* Indicates a required field.

Claim Type Professional

**Provider Information**

Billing Provider ID ID Type NPI

\*Billing Provider Service Location 20-HOSPITALISTS OF .

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

Last Name First Name

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, continued

The screenshot shows the 'Provider ID Search' interface. At the top, there are three tabs: 'Search By ID', 'Search By Name', and 'Search By Organization'. A red box highlights the 'Search By Name' tab, with a callout '5' pointing to it. Below the tabs, there is a search form with two input fields: '\*Last Name' (containing 'Smith') and 'First Name'. A red box highlights the '\*Last Name' field, with a callout '6' pointing to it. Below the input fields are two buttons: 'Search' and 'Cancel'. A red box highlights the 'Search' button, with a callout '7' pointing to it. Below the search form, there is a section titled 'Search Results: Smith' with a sub-header 'Duplicate providers may appear in the results since a unique row is created for each specialty.' and 'Total Records: 174'. Below this is a table with the following columns: 'Provider ID', 'Provider Name', 'Provider Type', 'Address', 'City', 'State', and 'Zip Code'. A red box highlights the first row of the table, with a callout '8' pointing to the 'Provider ID' cell, which contains the value '5538 (NPI)'.

Provider ID	Provider Name	Provider Type	Address	City	State	Zip Code
5538 (NPI)	MICHAEL A SMITH	Mental Health Outpatient Services				

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, continued

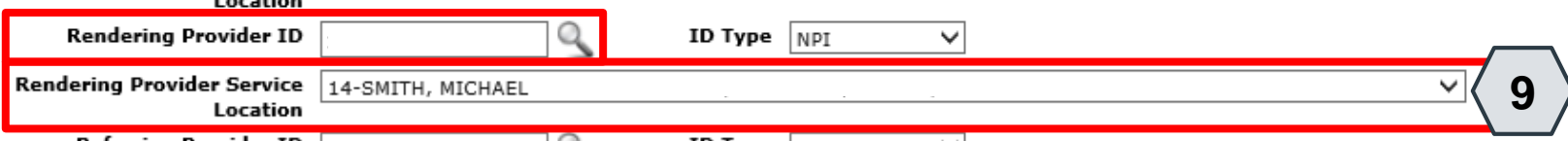
**Submit Professional Claim: Step 1** ?

\* Indicates a required field.

Claim Type

**Provider Information**

Billing Provider ID	ID Type	NPI
*Billing Provider Service Location	<input type="text" value="20-HOSPITALISTS OF"/>	
Rendering Provider ID	ID Type	NPI
Rendering Provider Service Location	<input type="text" value="14-SMITH, MICHAEL"/>	
Referring Provider ID	ID Type	<input type="text"/>
Supervising Provider ID	ID Type	<input type="text"/>
Service Facility Location ID	ID Type	<input type="text"/>



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, continued

**Patient Information**

\*Recipient ID

Last Name TRNXEUK First Name UGNWLA

Birth Date 02/11/1985

**Claim Information**

Date Type

Accident Related

\*Patient Number

\*Transport Certification  Yes  No

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

Include Other Insurance

Date of Current

Admission Date

Authorization Number

Total Charged Amount \$0.00

10

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, continued

Birth Date 02/11/1985

**Claim Information**

Date Type

Accident Related

**\*Patient Number** 123456789

**\*Transport Certification**  Yes  No

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

Include Other Insurance

Total Charged Amount \$0.00

11. The following fields with an (\*) must be completed as follows:
- **Patient Number**
  - Choose “Yes” or “No” to indicate a **Transport Certification** (If “Yes,” additional details will be required. These are illustrated on the next slide)
  - Indicate whether the provider has a **Signature on File**
  - Click the **Continue** button

NOTE: Other fields can be completed if applicable to the claim.

# Submitting a Professional Claim: Step 1, continued

**Claim Information**

Date Type  Date of Current

Accident Related  Admission Date

\*Patient Number 123456789 Authorization Number

\*Transport Certification  Yes  No

**12** \*Certification Condition Indicator  Yes  No

\*Condition Indicator Patient was admitted to a hospital

**13**

**14** \*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 pa

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

Include Other Insurance  Total Charged Amount \$0.00

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

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

# Submitting a Professional Claim: Step 2

**Submit Professional Claim: Step 2** ?

\* Indicates a required field.

Claim Type Professional

**Provider Information**

Billing Provider ID 1578564860 ID Type NPI

**Patient and Claim Information**

Recipient ID Recipient Gender Male  
Birth Date Total Charged Amount \$0.00

[Expand All](#) | [Collapse All](#)

**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			

1 \*Diagnosis Type ICD-10-CM \*Diagnosis Code

[Add](#) [Reset](#)

[Back to Step 1](#) [Continue](#) [Cancel](#)

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, continued

**Submit Professional Claim: Step 2** ?

\* Indicates a required field.

Claim Type Professional

---

**Provider Information**

Billing Provider ID \_\_\_\_\_ ID Type NPI

---

**Patient and Claim Information**

Recipient ID \_\_\_\_\_ Gender Male  
Recipient \_\_\_\_\_ Total Charged Amount \$0.00  
Birth Date \_\_\_\_\_

[Expand All](#) | [Collapse All](#)

---

**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	*Diagnosis Type ICD-10-CM	*Diagnosis Code R40	

**1** (points to Diagnosis Type dropdown)

**3** (points to Add button)

**2** (points to dropdown menu)

[Add](#) [Reset](#)

[Back to Step 1](#)

Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes, descriptions and American Dental Association (ADA), respectively. All rights reserved. AMA and ADA assume no liability for data contained or not contained on this website and on documents.

To add a Diagnosis Code, the user will:

1. Choose a **Diagnosis Type** (Auto-populates as “ICD-10-CM”, but “ICD-9-CM” is also available)
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, continued

**Submit Professional Claim: Step 2** ?

\* Indicates a required field.

Claim Type Professional

---

**Provider Information**

Billing Provider ID ID Type NPI

---

**Patient and Claim Information**

Recipient ID Recipient Birth Date Gender Male Total Charged Amount \$0.00

[Expand All](#) | [Collapse All](#)

---

**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	<a href="#">Remove</a>
2			

2 \*Diagnosis Type  \*Diagnosis Code

[Add](#) [Reset](#)

---

[Back to Step 1](#) 4 [Continue](#) [Cancel](#)

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

**Submit Professional Claim: Step 3** ?

\* Indicates a required field.

Claim Type Professional

**Provider Information**

Billing Provider ID D Type NPI

**Patient and Claim Information**

Recipient ID Recipient Birth Date Gender Male Total Charged Amount \$0.00

[Expand All](#) | [Collapse All](#)

**Diagnosis Codes** +

**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						0.000	

1 \*From Date 09/12/2018 To Date 09/12/2018 \*Place of Service

Procedure Code Modifiers \*Charge Amount \*Units 0.000 \*Unit Type

Clia Number Rendering Provider ID ID Type Rendering Provider Service Location Referring ID Type

- 01-Pharmacy
- 02-Telehealth
- 03-School
- 04-Homeless Shelter
- 05-Indian Health Service Free-standing Facility
- 06-Indian Health Service Provider-based Facility
- 07-Tribal 638 Free-standing Facility
- 08-Tribal 638 Provider-based Facility
- 09-Prison-Correctional Facility
- 11-Office
- 12-Home
- 13-Assisted Living Facility
- 14-Group Home
- 15-Mobile Unit
- 16-Temporary Lodging
- 17-Walk-in Retail Health Clinic

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, continued

**Diagnosis Codes**

**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						0.000	

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

\*Procedure Code 201 Modifiers

\*Diagnosis Pointers 1

20100-Explore wound neck  
20101-Explore wound chest  
20102-Explore wound abdomen  
20103-Explore wound extremity  
2010F-Vital signs recorded  
2014F-Mental status assess  
20150-Excise epiphyseal bar  
2015F-Asthma impairment assessed  
2016F-Asthma risk assessed  
2018F-Hydration status assess  
\*\* 11 matches found. Select entry or refine search text. \*\*

**NDCs for Svc. # 1**

Add Reset

**Attachments**

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

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, continued

The screenshot shows a 'SERVICE DETAILS' form. At the top, there is a table with columns: Svc #, From Date, To Date, Place of Service, Procedure Code, Charge Amount, Units, and Action. Below the table, the form contains several input fields and dropdown menus. Red boxes and numbered callouts (5-8) highlight the following elements:

- 5:** \*Charge Amount field (value: 100.00)
- 6:** \*Units field (value: 1.000)
- 7:** \*Unit Type dropdown menu (selected: Unit Minutes)
- 8:** Add button in the NDCs for Svc. # 1 section

Other visible fields include: \*From Date (09/12/2018), To Date (09/12/2018), \*Place of Service (11-Office), \*Procedure Code (2018F-Hydration st), \*Diagnosis Pointers (1), EPSDT checkbox, Family Plan checkbox, and Referring Provider ID fields.

At the bottom of the form, there are buttons for 'Back to Step 1', 'Back to Step 2', 'Submit', and 'Cancel'.

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, continued

**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						0.000	

1 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers  \*Diagnosis Pointers

\*Charge Amount  \*Units  \*Unit Type  EPSDT  Family Plan

Clia Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID  ID Type  Ordering Provider  Yes  No


**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  National Drug Code in 5-4-2 Format

NDC/UPN

Quantity  Unit of Measure

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, continued

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<a href="#">1</a>	09/12/2018	09/12/2018	11-Office	2018F-Hydration status assess	\$100.00	1.000 Unit	<a href="#">Remove</a>
<a href="#">2</a>	01/12/2018	01/12/2018	11-Office	96361-Hydrate iv infusion add-on	\$200.00	1.000 Unit	<a href="#">Remove</a>
<a href="#">3</a>						0.000	

3 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers    \*Diagnosis Pointers

\*Charge Amount  \*Units  \*Unit Type  EPSDT  Family Plan

Clia Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

NDCs for Svc. # 3

[Add](#) [Reset](#)

**Attachments**

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="button" value="⊕"/>	Click to add attachment.				

[Back to Step 1](#) [Back to Step 2](#) **9** [Submit](#) [Cancel](#)

9. Click the **Submit** button

# Submitting a Professional Claim: Step 3, continued

Date Type \_ Date of Current \_  
Accident Related \_ Admission Date \_  
Patient Number 123456789 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
<a href="#">1</a>	09/12/2018	09/12/2018	11		2018F		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
<a href="#">2</a>	01/12/2018	01/12/2018	11		96361		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$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](#)

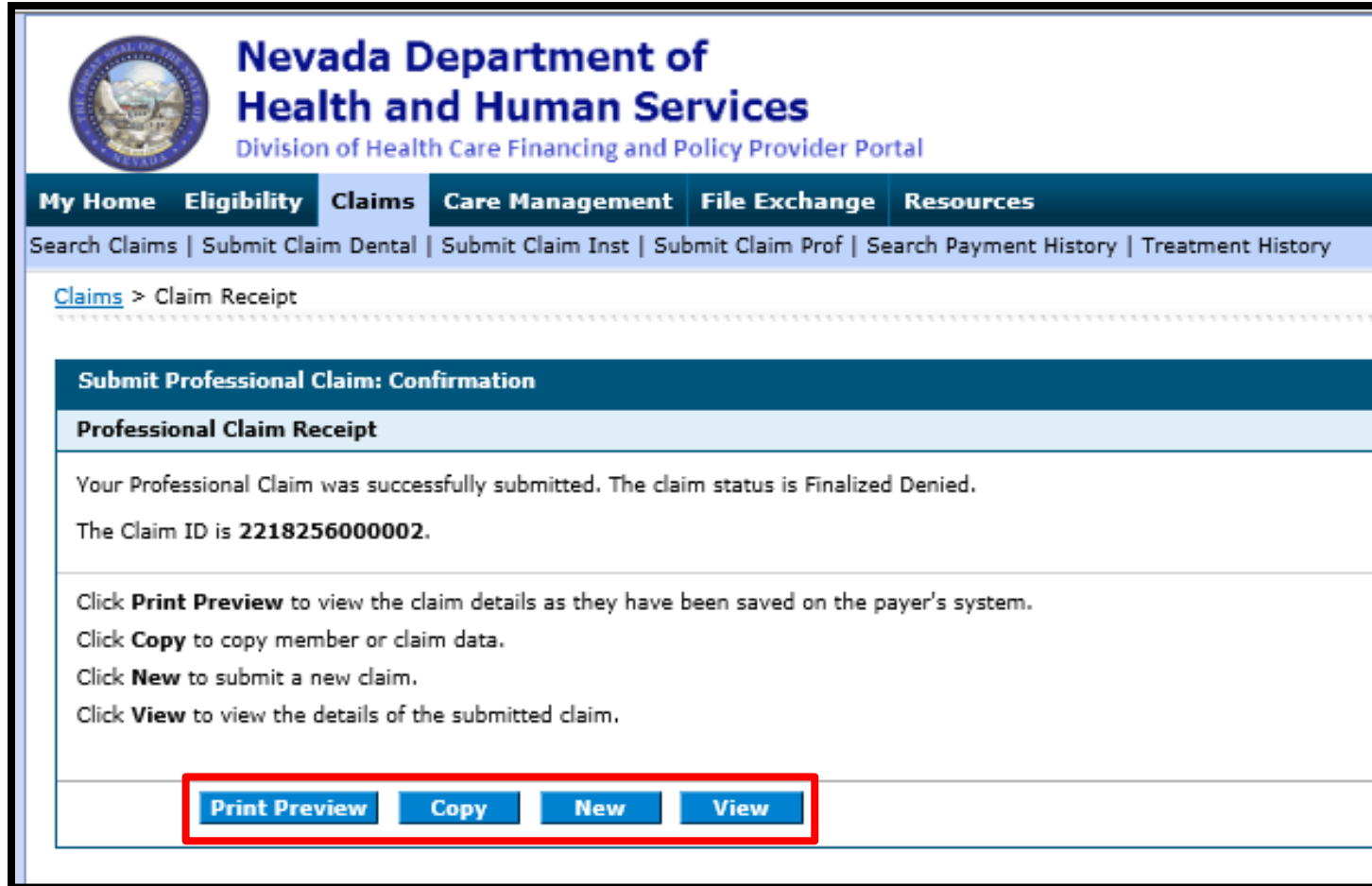
At this point, the user has the option to:

- Go back to any previous step if needed by clicking one of the **Back to Step...** buttons
- Print a copy of the page by clicking the **Print Preview** button
- Cancel the claim submission by clicking the **Cancel** button

To continue:

10. Click the **Confirm** button

# Submitting a Professional Claim: Step 3, continued



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

[My Home](#) [Eligibility](#) [Claims](#) [Care Management](#) [File Exchange](#) [Resources](#)

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > Claim Receipt

**Submit Professional Claim: Confirmation**

**Professional Claim Receipt**

Your Professional Claim was successfully submitted. The claim status is Finalized Denied.  
The Claim ID is **2218256000002**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **New** to submit a new claim.  
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [New](#) [View](#)

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

1	09/12/2018	09/12/2018	11-Office	2018F-Hydration status assess	\$100.00	1.000 Unit	<a href="#">Remove</a>
2	01/12/2018	01/12/2018	11-Office	96361-Hydrate iv infusion add-on	\$200.00	1.000 Unit	<a href="#">Remove</a>
3						0.000	

3 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers     \*Diagnosis Pointers

\*Charge Amount  \*Units  \*Unit Type  EPSDT  Family Plan

Clia Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

NDCs for Svc. # 3

[Add](#) [Reset](#)

**Attachments**

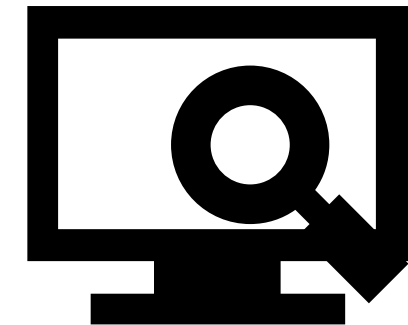
Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/>	Click to add attachment.				

[Back to Step 1](#) [Back to Step 2](#) [Submit](#) [Cancel](#)

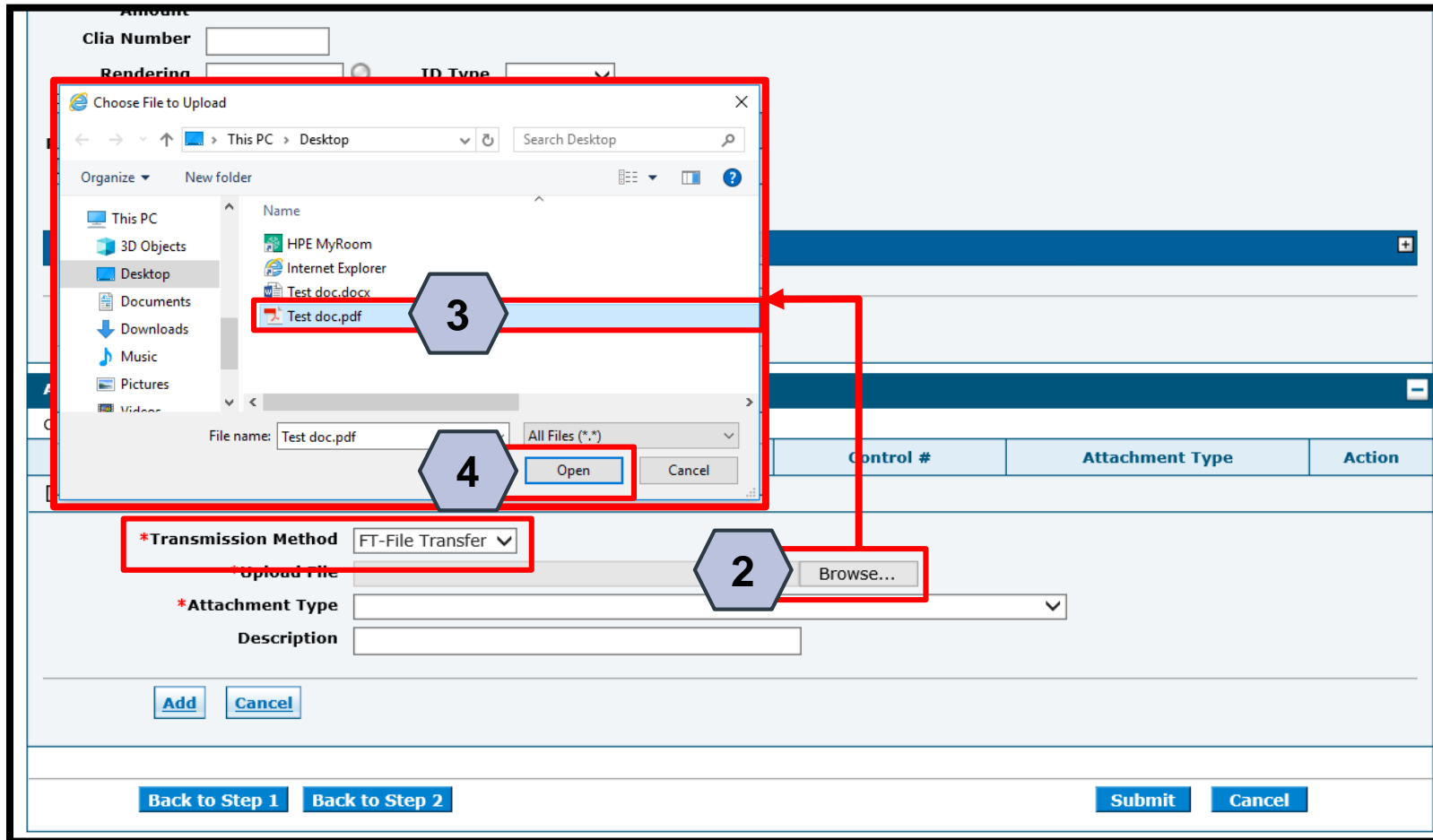
To upload attachments to a professional claim, in Step 3 of the claim submission:

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





# Submitting a Professional Claim: Attachments, continued



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, continued

Charge Amount  Units 0.000 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. # 3

**Attachments**

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/>	Click to collapse.				
	*Transmission Method	FT-File Transfer			
	*Upload File	C:\Users\abarger\Desktop\Test doc.pdf	Browse...		
	*Attachment Type	NN-Nursing Notes			
	Description	<input type="text"/>			

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, continued

3 0.000

3 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers    \*Diagnosis Pointers

\*Charge Amount  \*Units 0.000 \*Unit Type Unit EPSDT  Family Plan

Cia Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

NDCs for Svc. # 3

[Add](#) [Reset](#)

**Attachments**

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

#	Transmission Method	File	Control #	Attachment Type	Action
<a href="#">1</a>	FT-File Transfer	Test doc.pdf (39K)	20180918859657	NN-Nursing Notes	<a href="#">Remove</a>

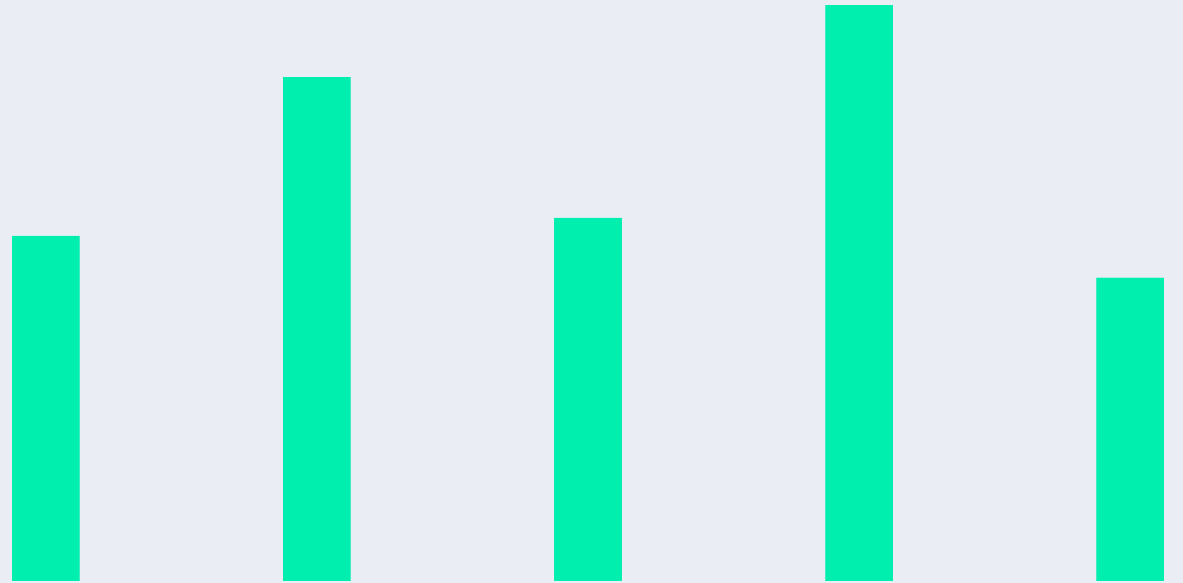
[+](#) Click to add attachment.

[Back to Step 1](#) [Back to Step 2](#) **7** [Submit](#) [Cancel](#)

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

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

# Submitting a Crossover Professional Claim



# Claim Submission: Medicare Crossover

This section will cover the submission of Medicare Crossover claims in EVS where Medicare is the primary payer. ***Failure to submit claims properly may result in denial***, so please be aware of the following rules prior to submission:

- A. When Medicare has made a payment on the claim, or has left an amount to patient responsibility (i.e. coinsurance, copay, deductible)
  - a. Claim must be submitted as “Crossover Professional”
  - b. Crossover details must be filled out
  - c. No EOB attachment needed
- B. If Medicare denies the claim, the “Other Insurance” rules must be followed
  - a. Medicare will need to be added as an Other Insurance carrier
  - b. Carrier/ payment information must be listed at the header
  - c. CARC details must be submitted with each detail level
  - d. No EOB attachment needed

# Submitting a Crossover Professional Claim

**Submit Professional Claim: Step 1**

\* Indicates a required field.

**1** Claim Type: Crossover Professional

**Provider Information**

Billing Provider ID: 20-HOSPITALIST SERVICES OF NEVADA  
Billing Provider Service Location: 20-HOSPITALIST SERVICES OF NEVADA  
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: [ ]  
Last Name: [ ] First Name: [ ]  
Birth Date: [ ]

**Claim Information**

Date Type: [ ] Date of Current: [ ]  
Accident Related: [ ] Admission Date: [ ]  
\*Patient Number: [ ] 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: 0.00 Co-insurance Amount: 0.00  
Deductible Amount: 0.00 Psychiatric Services Amount: 0.00  
Medicare Payment Amount: 0.00 Medicare Payment Date: [ ]

Continue Cancel

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

Once crossover is selected, the page will refresh and a new panel, **Medicare Crossover Details**, will appear at the bottom.

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

# Submitting a Crossover Professional Claim, continued

The screenshot shows a form titled "Medicare Crossover Details" with a light blue header. The form contains several input fields: "Allowed Medicare Amount" (5,000.00), "Deductible Amount" (250.00), "Medicare Payment Amount" (3,800.00), "Co-insurance Amount" (950.00), "Psychiatric Services Amount" (0.00), and "Medicare Payment Date" (10/12/2018). A red rectangular box highlights the entire form area. A grey hexagon with the number "2" is placed over the "Allowed Medicare Amount" field. Another grey hexagon with the number "3" is placed over the "Continue" button at the bottom right of the form.

Medicare Crossover Details	
Allowed Medicare Amount	5,000.00
Deductible Amount	250.00
Medicare Payment Amount	3,800.00
Co-insurance Amount	950.00
Psychiatric Services Amount	0.00
Medicare Payment Date	10/12/2018
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

2. Enter the **Medicare Crossover Details**:

- **Allowed Medicare Amount**
- **Deductible Amount**
- **Medicare Payment Amount**
- **Medicare Payment Date**

3. Click the **Continue** button

NOTE: At least one (1) of the **Medicare Crossover Details** fields must be completed.

# Submitting a Crossover Professional Claim, continued

After Step 1 is completed, the user will enter claim information in Step 2. Once all applicable information is added, the user will continue to Step 3.

In Step 3, the user will:

4. Input all applicable Procedure Codes
5. Complete the **Medicare Crossover Details** for each individual Service Line (This information is specific to that Service Line (**Svc #**) and must match the EOB)
6. Click **Submit**

NOTE: It is not necessary to upload the EOB.

Diagnosis Codes

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						0.000	

1 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers  \*Diagnosis Pointers

\*Charge Amount  \*Units  \*Unit Type  EPSDT  Family Plan

Clia Number

Rendering Provider ID  ID Type  4

Rendering Provider Service Location

Referring Provider ID  ID Type

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

NDCs for Svc. # 1

5



# Submitting a Crossover Professional Claim, continued

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								
<a href="#">Expand All</a>   <a href="#">Collapse All</a>											
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	<input type="checkbox"/>	<input type="checkbox"/>	\$6,500.00
No Other Insurance Details exist for this claim											
No Attachments exist for this claim											
<a href="#">Back to Step 1</a> <a href="#">Back to Step 2</a> <a href="#">Back to Step 3</a> <a href="#">Print Preview</a> <span style="border: 1px solid gray; padding: 2px 10px; font-weight: bold;">7</span> <span style="border: 2px solid red; padding: 2px 10px; font-weight: bold;">Confirm</span> <a href="#">Cancel</a>											

7. Click the **Confirm** button to finalize the claim submission.

# Submitting a Crossover Professional Claim, continued

**Submit Crossover Professional Claim: Confirmation** ?

**Crossover Professional Claim Receipt**

Your Crossover Professional Claim was successfully submitted. The claim status is Finalized Payment.

The Claim ID is 2218297000010.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **Adjust** to resubmit the claim.  
Click **New** to submit a new claim.  
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [New](#) [View](#)

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

# Submitting a Professional Claim: Other Insurance Details



# Claim Submission: TPL

This section will cover the submission of claims in EVS where there is Other Healthcare Coverage. ***Failure to submit claims properly may result in denial***, so please be aware of the following rules prior to submission:

- A. Claim must be submitted as “Professional” (*Not Crossover*)
  - a. “Include Other Insurance” box in Step 1 of claim must be checked
- B. In Step 2, the applicable TPL carrier should be selected from the list
  - a. Remove any carriers that are not applicable to the claim
  - b. If the carrier is not on the list, click to add new other insurance
  - c. Input payment information, but *do not* include Adjustment Reason codes
- C. In Step 3, input service details
  - a. Enter TPL carrier/ payment information
  - b. Claim Adjustment Detail must be entered for each service detail
  - c. No EOB attachment is needed

# Submitting a Professional Claim: Other Insurance Details

**Claim Information**

Date Type

Accident Related

\*Patient Number

\*Transport Certification  Yes  No

\*Certification Condition Indicator  Yes  No

\*Condition Indicator

\*Transport Distance

\*Ambulance Transport Reason

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

**Include Other Insurance**  **1**

Total Charged Amount \$300.00

**2**

In Step 1, after selecting the appropriate claim type and completing the provider, patient, and claim information, the user will:

1. Select the “**Include Other Insurance**” checkbox to indicate that there is Other Healthcare Coverage to be included on the claim
2. Select **Continue**

# Submitting a Professional Claim: Other Insurance Details, continued

[Expand All](#) | [Collapse All](#)

**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	<a href="#">Remove</a>
2			

2      \*Diagnosis Type       \*Diagnosis Code

---

**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.

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HEALTH PLAN OF NEVADA				-	<a href="#">Remove</a>
2	HEALTH PLAN OF NEVADA				-	<a href="#">Remove</a>

If the recipient has other insurance carrier information on file with Nevada Medicaid, the policy information will auto populate in the Other Insurance Details panel.

If no recipient TPL information is loaded, select “+ Click to add a new other insurance”.

# Submitting a Professional Claim: Other Insurance Details, continued

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	BLUE CROSS BLUE SHIELD	02593			-	<a href="#">Remove</a>

**Carrier Name** BLUE CROSS BLUE SHIELD      **Carrier ID** 02593

**Policy Holder Last Name**      **First Name**      **MI** \_

**Policy ID**

**Insurance Type** \_

**Responsibility** U-Unknown      **Patient Relationship to Insured** 19-Child

**Payer Paid Amount**       **\*Paid Date**

**Remaining Patient Liability**

**\*Claim Filing Indicator**

**Claim Adjustment Details**

You can enter up to five claim adjustment groups. Enter the adjustment amount with each group code.

Click the [Remove](#) link to remove a claim adjustment group.

#	Claim Adjustment Group Code	Adjustment Amount	Adjusted Units	Action
	BL-Blue Cross/Blue Shield			

Click to collapse.

**\*Claim Adjustment Group Code**

**\*Reason Code**

**\*Adjustment Amount**

[Add Adjustment](#)

- 11-Other Non-Federal Programs
- 12-Preferred Provider Organization (PPO)
- 13-Point of Service (POS)
- 14-Exclusive Provider Organization (EPO)
- 15-Indemnity Insurance
- 17-Dental Maintenance Organization
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability
- FI-Federal Employees Program
- HM-Health Maintenance Organization
- LM-Liability Medical
- OF-Other Federal Program
- TV-Title V
- VA-Veterans Affairs Plan
- WC-Worker's Compensation Health Claim
- ZZ-Mutually Defined

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

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

# Submitting a Professional Claim: Other Insurance Details, continued

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	BLUE CROSS BLUE SHIELD	02593			-	<a href="#">Remove</a>

Carrier Name BLUE CROSS BLUE SHIELD Carrier ID 02593  
Policy Holder Last Name Policy ID  
Insurance Type MI \_  
Responsibility U-Unknown Patient Relationship to Insured 19-Child  
Payer Paid Amount 100.00 \*Paid Date 09/01/2019  
Remaining Patient Liability 50.00  
\*Claim Filing Indicator BL-Blue Cross/Blue Shield

**Claim Adjustment Details** [-]

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.  
Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					

\*Claim Adjustment Group Code  
\*Reason Code  
\*Adjustment Amount Adjusted Units

[Add Adjustment](#) [Cancel Adjustment](#)

When updating existing Other Insurance details, the user must **collapse** the Claim Adjustment Details panel before moving forward. Once all payment details are added:

6. Select **Save Insurance**

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	BLUE CROSS BLUE SHIELD	02593			-	<a href="#">Remove</a>

Carrier Name BLUE CROSS BLUE SHIELD Carrier ID 02593  
Policy Holder Last Name Policy ID  
Insurance Type MI \_  
Responsibility U-Unknown Patient Relationship to Insured 19-Child  
Payer Paid Amount 100.00 \*Paid Date 09/01/2019  
Remaining Patient Liability 50.00  
\*Claim Filing Indicator BL-Blue Cross/Blue Shield

**Claim Adjustment Details** [+]

[Save Insurance](#) [Cancel Insurance](#)



# Submitting a Professional Claim: Other Insurance Details, continued

**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
Click to collapse.						
	<b>*Carrier Name</b>	Third Party Insurance	<b>*Carrier ID</b>	123456		
	<b>*Policy Holder Last Name</b>	Last	<b>*First Name</b>	First	MI <input type="checkbox"/>	
	<b>*Policy ID</b>	123456				
<b>7</b>	<b>Insurance Type</b>					
	<b>*Responsibility</b>	P-Primary	<b>*Patient Relationship to Insured</b>	18-Self		
	<b>Payer Paid Amount</b>		<b>*Paid Date</b>	05/31/2019		
	<b>Remaining Patient Liability</b>					
	<b>*Claim Filing Indicator</b>	12-Preferred Provider Organization (PPO)				
<b>8</b>	<a href="#">Add Insurance</a>	<a href="#">Cancel Insurance</a>				

When adding a new Other Insurance detail, after clicking the (+), the user must:

7. Complete all required fields (\*)
8. Click the **Add Insurance** button to add the Other Insurance details to the claim

**NOTE:** The **Carrier ID** is information that is listed on the recipient's ID card and should be 5 digits. This is also known as the Electronic Payer ID

# Submitting a Professional Claim: Other Insurance Details, continued

**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	<a href="#">Remove</a>
2			

2    \*Diagnosis Type     \*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		\$100.00	08/07/2018	<a href="#">Remove</a>
2	HEALTH PLAN OF NEVADA	07549			-	<a href="#">Remove</a>
3	Insurance Plan	123456789	987654321		08/01/2018	<a href="#">Remove</a>

Click to add a new other insurance.

**Back to Step 1**
**9**
**Continue**
**Cancel**

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

To continue to Step 3 of the claim submission process:

9. Click the **Continue** button

# Submitting a Professional Claim: Other Insurance Details, continued

**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						0.000	

1 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers    \*Diagnosis Pointers

\*Charge Amount  \*Units  \*Unit Type  EPSDT  Family Plan

Cia Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID  ID Type  Ordering Provider  Yes  No

NDCs for Svc. # 1

**11**

10. Enter all applicable **Service Detail** information as reviewed in previous steps
11. Select **Add**

# Submitting a Professional Claim: Other Insurance Details, continued

**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	04/15/2018	04/15/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	<a href="#">Remove</a>

**12** (Callout pointing to row 1)

From Date: 04/15/2018 To Date: 04/15/2018  
\*Place of Service: 11-Office EMG  
\*Procedure Code: 99213-OFFICE/OUT Modifiers:   
\*Charge Amount: 350.00 \*Units: 1.000 \*Unit Type: Unit EPSDT:  Family Plan:   
Cia Number:   
Rendering Provider ID:   
Rendering Provider Service Location:   
Referring / Ordering Provider ID:   
ID Type:   
ID Type:   
Ordering Provider:  Yes  No

**13** (Callout pointing to 'Other Insurance for Service Detail' section)

**Other Insurance for Service Detail**

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	12345-Blue Shield	99213-OFFICE/OUTPATIENT VISIT EST		15.00	01/01/2019	1.00	100.00	

**14** (Callout pointing to 'Add Insurance' button)

[Add Insurance](#) [Cancel Insurance](#)

[Save](#) [Reset](#) [Cancel](#)

12. Select the appropriate Service Line Detail (Svc)
13. Enter **Other Insurance for Service Detail** information
14. Click **Add Insurance** to add insurance information to the service detail

NOTE: The amounts in **Payer Paid Amount** and **Remaining Patient Liability** are specific to this service detail.

# Submitting a Professional Claim: Other Insurance Details, continued

**Other Insurance for Service Detail**

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	12345	99213-OFFICE/OUTPATIENT VISIT EST		\$15.00	01/01/2019	1.00	\$100.00	<a href="#">Remove</a>

**15**

\*Other Carrier: 12345-Blue Shield  
Procedure Code: 99213-OFFICE/OUTPATIENT VISIT EST  
Modifiers:   
Payer Paid Amount: 15.00 \*Paid Date: 01/01/2019 Paid Units: 1.00  
Remaining Patient Liability: 100.00

**Claim Adjustment Details**

You can enter up to five units per procedure code. You can repeat six combinations of reason code and adjustment amount with each group code.  
Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
---	-----------------------------	-------------	-------------------	----------------	--------

Click to collapse.

\*Claim Adjustment Group Code:   
\*Reason Code:   
\*Adjustment Amount: Adjusted Units:

[Add Adjustment](#) [Cancel Adjustment](#)

[Save Insurance](#) [Cancel Insurance](#)

15. Select the sequence number of the applicable Carrier
16. Enter the **Claim Adjustment Details** as indicated on the EOB from the primary carrier.

# Submitting a Professional Claim: Other Insurance Details, continued

**Other Insurance for Service Detail**

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
<a href="#">1</a>	12345	99213-OFFICE/OUTPATIENT VISIT EST		\$15.00	01/01/2019	1.00	\$100.00	<a href="#">Remove</a>

**\*Other Carrier**

**\*Procedure Code**

**Modifiers**

**Payer Paid Amount**       **\*Paid Date**       **Paid Units**

**Remaining Patient Liability**

**Claim Adjustment Details**

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
<input type="checkbox"/> Click to collapse.					
	<b>*Claim Adjustment Group Code</b> <input type="text" value="PR-Patient Responsibility"/>	<b>*Reason Code</b> <input type="text" value="1-Deductible Amount"/>	<b>*Adjustment Amount</b> <input type="text" value="100.00"/>	<b>Adjusted Units</b> <input type="text"/>	
	<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 2em; font-weight: bold; border: 1px solid gray; border-radius: 50%; padding: 5px;">17</span> <span style="border: 1px solid red; padding: 2px 5px; font-weight: bold;">Add Adjustment</span> <span style="border: 1px solid gray; padding: 2px 5px; font-weight: bold;">Cancel Adjustment</span> </div>				
	<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 2em; font-weight: bold; border: 1px solid gray; border-radius: 50%; padding: 5px;">18</span> <span style="border: 1px solid red; padding: 2px 5px; font-weight: bold;">Save Insurance</span> <span style="border: 1px solid gray; padding: 2px 5px; font-weight: bold;">Cancel Insurance</span> </div>				

- 17. Click **Add Adjustment** to add the adjustment details
- 18. Click **Save Insurance** to save all insurance details to the claim line

NOTE: Users can add a maximum of 10 adjustment details per claim.

# Submitting a Professional Claim: Other Insurance Details, continued

**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
<u>1</u>	04/15/2018	04/15/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	<a href="#">Remove</a>

1 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers  \*Diagnosis Pointers

\*Charge Amount  \*Units  \*Unit Type  EPSDT  Family Plan

Clia Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID  ID Type  Ordering Provider  Yes  No

**NDCs for Svc. # 1**

**Other Insurance for Service Detail**

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
<u>1</u>	12345	99213-OFFICE/OUTPATIENT VISIT EST		\$15.00	01/01/2019	1.00	\$100.00	<a href="#">Remove</a>

19

19. Once all Other Insurance information is complete, the user will select **Save** to save the Service Detail.

The user may add any necessary attachments in this step before clicking **Submit**.

NOTE: It is not necessary to upload the EOB.

# Searching for a Professional Claim





# Searching for a Professional Claim

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

[Contact Us](#) | [Logout](#)

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

**Search Claims** | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

Search Claims Thursday 08/23/2018 06:14 PM EST

**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

**Service Information**

Rendering Provider ID   ID Type  Claim Type

Service From  To  Claim Status

**Search** **Reset**

To search for a claim the user will need to:

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

# Searching for a Professional Claim, continued

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**

3 Recipient ID

**Service Information**

Rendering Provider ID   ID Type  Claim Type

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

Search Reset

4

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, continued

**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

**Service Information**

Rendering Provider ID    ID Type  Claim Type

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

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

**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
<b>5</b>	<a href="#">+ 2218256000002</a>		Professional	Finalized Denied	09/12/2018	67770816236	1003195538	\$0.00	09/14/2018	

# Searching for a Professional Claim, continued

**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
<a href="#">2218256000002</a>		Professional	Finalized Denied	09/12/2018	67770816236	1003195538	\$0.00	09/14/2018	

**Professional Claim Information**

<b>Recipient</b>	<b>Total Charge Amount</b> \$300.00
<b>Birth Date</b> 02/11/1985	<b>Total Paid Amount</b> \$0.00
<b>Rendering Provider</b> MICHAEL A SMITH	<b>Paid Date</b> 09/14/2018
<b>Claim Status</b> Finalized Denied	<b>Reason Code</b> 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 \(PDF\)](#)

- 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, continued

Claims > Search Claims > View Dental Claim Thursday 08/23/2018 03:29 PM PST

[Print Preview](#)

**View Dental Claim - ID 221823500007** [Back to Search Results](#) ?

---

**Provider Information**

<b>Billing Provider ID</b>		<b>ID Type</b> NPI
<b>Billing Provider Service Location</b>	22-SMILES 1	
<b>Rendering Provider ID</b>		<b>ID Type</b> NPI
<b>Rendering Provider Service Location</b>	22-SMILES	
<b>Referring Provider ID</b>	_	<b>ID Type</b> _
<b>Service Facility Location ID</b>	_	<b>ID Type</b> _

---

**Patient Information**

<b>Claim Status</b>	Finalized Denied	
<b>Recipient ID</b>		
<b>Recipient</b>		<b>Gender</b> Female
<b>Birth Date</b>	05/02/1967	

---

**Claim Information**

<b>Accident Related</b>	_	<b>Accident Date</b>	_
<b>Place of Treatment</b>	11-Physician's Office		
<b>Patient Number</b>	12345		
<b>Authorization Number</b>	_		
<b>Related Claim ICN</b>	_		
<b>Previous Claim ICN</b>	_		
<b>Note</b>	_		
<b>Total Allowed Amount</b>	\$0.00	<b>Total Co-pay Amount</b>	\$0.00
		<b>Total Charged Amount</b>	\$725.25
		<b>Total Paid Amount</b>	\$0.00

[Expand All](#) All

---

**Adjudication Errors** 7 +

**Diagnosis Codes** +

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, continued

**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
<u>1</u>	09/12/2018	09/12/2018	11	N	2018F		1	1.000 Unit	\$100.00	\$0.00	\$0.00	\$0.00
<u>2</u>	01/12/2018	01/12/2018	11	N	96361		1	1.000 Unit	\$200.00	\$0.00	\$0.00	\$0.00

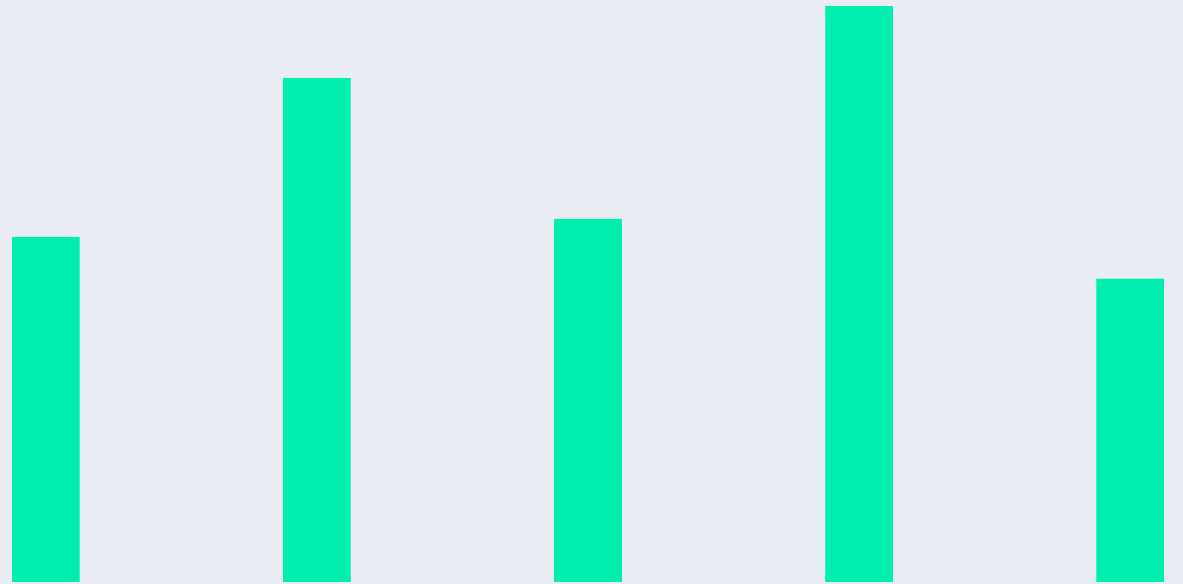
**No Other Insurance Details exist for this claim**

**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.

# Viewing Professional Claim Remittance Advice (RA)



# Viewing a Professional Claim's RA

The screenshot shows the Provider Portal interface. The navigation bar at the top includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', 'Resources', and 'My Provider'. The 'Claims' tab is highlighted with a red box and a callout '1'. Below the navigation bar, there are links for 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The 'Search Payment History' link is highlighted with a red box and a callout '2'. The breadcrumb trail shows 'Claims > Search Payment History'. The date and time are 'Thursday 09/20/2018 02:02 PM EST'. The user is logged in as 'Karen' with role 'Provider - In Network - (NPI)'. The search form is titled 'Search Payment History' and includes a 'Provider Information' section with columns for 'Provider ID', 'ID Type', 'NPI', and 'Name'. The search criteria section includes a 'Payment Method' dropdown (set to 'All'), a 'Payment Type' dropdown (set to 'All'), a 'Check # / RA #' text field, and 'Issue Date' fields for '\*From' (06/22/2018) and '\*To' (09/20/2018). A red box highlights the search criteria section. At the bottom, there is a 'Search' button highlighted with a red box and a callout '4', and a 'Reset' button. A callout '3' points to the search criteria section.

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, continued

**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.

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	
09/07/2018	CHK	C	000012397/100005394	\$30.00	
09/07/2018	ACH	E	000930866/100005361	\$130.00	
08/31/2018	CHK	C	000000000/100005323	\$0.00	
08/17/2018	CHK	C	000000000/100005263	\$0.00	
08/10/2018	ACH	E	000930835/100005216	\$300.00	
08/10/2018	ACH	E	000930819/100005155	\$610.00	
07/13/2018	ACH	E	000930802/100004985	\$50.00	
07/06/2018	ACH	E	000930797/100004953	\$20.00	
06/29/2018	ACH	E	000930789/100004925	\$10.00	

1 2

5. Click on the RA Copy (PDF) icon











# Viewing a Professional Claim's RA, continued

**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	
09/07/2018	CHK	C	000012397/100005394	\$30.00	
09/07/2018	ACH	E	000930866/100005361	\$130.00	
08/31/2018	CHK	C	000000000/100005323	\$0.00	
08/17/2018	CHK	C	000000000/100005263	\$0.00	
08/10/2018	ACH	E	000930835/100005216	\$300.00	
08/10/2018	ACH	E	000930819/100005155	\$610.00	
07/13/2018	ACH	E	000930802/100004985	\$50.00	
07/06/2018	ACH	E	000930797/100004953	\$20.00	
06/29/2018	ACH	E	000930789/100004925	\$10.00	

1 2

PDF Files require [Adobe Acrobat Reader](#)

Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes, descriptions and data are copyrighted by the American Medical Association (AMA) and the American Dental Association (ADA), respectively, all rights reserved. AMA and ADA assume no liability for data contained or not contained on this website and on documents posted herein.

CPT is a registered trademark ® of the AMA. CDT is a registered trademark ® of the ADA. Applicable FARS/DFARS apply.

Do you want to open or save **RA 100005447.pdf** (4.10 KB) from **portalmod.nvad.xnv.dcs-usps.com**? 6

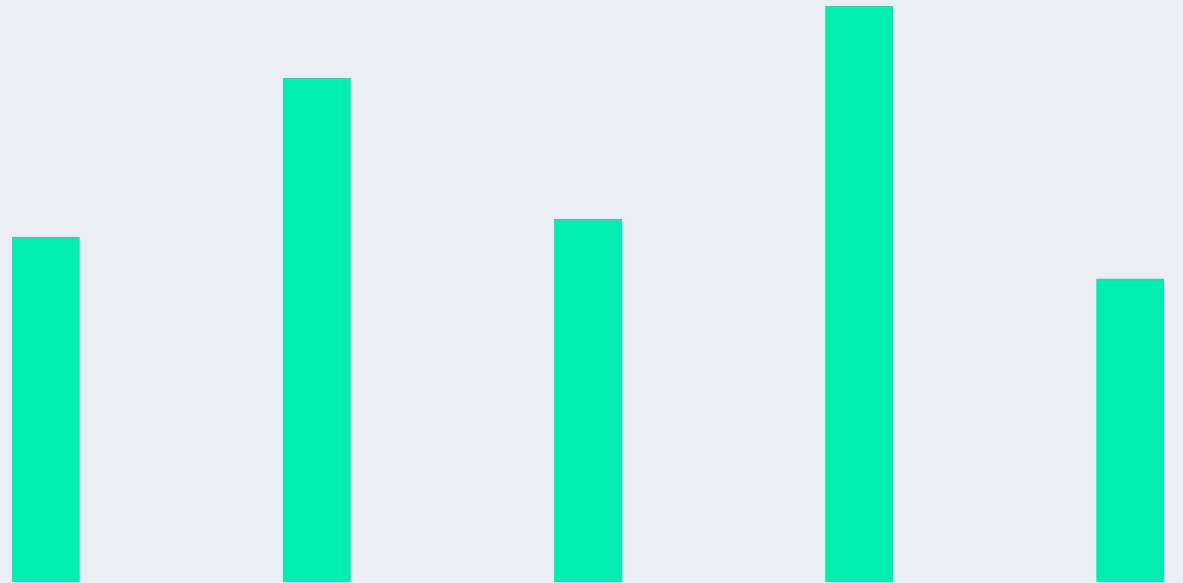
6. User will click the **Open** button

# Viewing a Professional Claim's RA, continued

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					
						PAYEE ID	MCD
						NPI	
						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:		MEMBER NO.					
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 BOBS
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

My Home Eligibility Claims Care Management File Exchange Resources

Search Claims Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

1 Search Claims Wednesday 09/19/2018 03:25 PM PST

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 2218262000035

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

3 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
<a href="#">2218262000035</a>	4	Professional	Finalized Payment	09/18/2018	67032685329	1841251725	\$44.62	-	

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, continued

**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 Allowed Amount \$44.62 Total Co-pay Amount \$0.00 Total Charged Amount \$175.00 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

**5**

**6**

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, continued

**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**

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > [Search Claims](#) > [View Professional Claim](#) > Copy Claim

Thursday 09/20/2018 12:01 PM EST

### Copy Professional Claim

Select the information you would like to have copied to the new claim. Press Copy to initiate the claim and continue entering claim information.

**Recipient Information**  
Recipient ID  
Last Name  
First Name  
Birth Date  
Patient Number

**Service Information**  
Service Facility Location  
Diagnosis Code(s)  
Place(s) of Service  
Procedure Code(s)  
Modifier(s)  
Diagnosis Pointer(s)  
Detail Charge Amount(s)  
Units  
Unit Type(s)  
Rendering Provider(s)  
NDC Code Type(s)  
NDC Code(s)  
NDC Unit Price(s)  
NDC Quantity(s)  
NDC Unit of Measure(s)

**Recipient and Service Information**  
Copies data listed in previous 2 columns.

**Entire Claim**  
Copies data listed in columns 1 and 2 PLUS:  
Referring Provider  
Accident Related  
Accident State  
Accident Country  
Pregnancy Indicator  
Authorization Number  
Emergency Indicator(s)  
EPSDT Indicator(s)  
Family Plan Indicator(s)  
NDC Prescription #(s)  
NDC Prescription Type(s)  
Other Insurance Details  
All Dates

**8**

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, continued

**Submit Professional Claim: Step 1** ?

\* Indicates a required field.

Claim Type

---

**Provider Information**

Billing Provider ID	<input type="text" value="20-HOSPITALISTS OF"/>	ID Type	<input type="text" value="NPI"/>
*Billing Provider Service Location	<input type="text" value="24-SHAVER,"/>	ID Type	<input type="text" value="NPI"/>
Rendering Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Rendering Provider Service Location	<input type="text"/>	ID Type	<input type="text"/>
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Supervising Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>

---

**Patient Information**

*Recipient ID	<input type="text"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Birth Date	<input type="text" value="05/01/2002"/>

---

**Claim Information**

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Admission Date	<input type="text" value="09/18/2018"/>
*Patient Number	<input type="text" value="053036404FKE"/>	Authorization Number	<input type="text"/>
*Transport Certification	<input type="radio" value="Yes"/> Yes <input checked="" type="radio" value="No"/> No		
*Does the provider have a signature on file? <input type="radio" value="Yes"/> Yes <input type="radio" value="No"/> No			
Include Other Insurance	<input type="checkbox"/>	Total Charged Amount	\$175.00

---

**9**

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

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

Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

Search Claims Wednesday 09/19/2018 03:25 PM PST

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

**Service Information**

Rendering Provider ID  ID Type  Claim Type

Service From  To  Claim Status

**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	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
<a href="#">+ 2218262000035</a>	Professional	Finalized Payment	09/18/2018	67032685329	1841251725	\$44.62	-	

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, continued

Receipt # 11000167 V GIOVANNI  
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 for this claim

**Adjust** Copy Void Print Preview

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, continued

Resubmit Professional Claim ID 2218262000035: Step 1

\* Indicates a required field.

Claim Type Professional

**7** **Provider Information**

Billing Provider ID  ID Type NPI

\*Billing Provider Service Location 20-HOSPITALISTS OF

Rendering Provider ID  ID Type NPI

Rendering Provider Service Location 24-SHAVER,

Referring Provider ID  ID Type

Supervising Provider ID  ID Type

Service Facility Location ID  ID Type

**Patient Information**

Claim Status Finalized Payment

\*Recipient ID

Last Name  First Name

Birth Date 05/01/2002

**Claim Information**

Date Type

Accident Related

\*Patient Number 053036404FKE

Date of Current

Admission Date 09/18/2018

Authorization Number

\*Transport Certification  Yes  No

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

Include Other Insurance

Total Charged Amount \$175.00

**8** **Adjudication Errors**

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**

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, continued

[Expand All](#) | [Collapse All](#)

**Adjudication Errors** +

**Diagnosis Codes** +

**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	09/18/2018	09/18/2018	32-Nursing Facility	99308-Nursing fac care subseq	\$175.00	1.000 Unit	
2						0.000	

2 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers    \*Diagnosis Pointers

\*Charge Amount  \*Units  \*Unit Type  EPSDT  Family Plan

Cla Number  Authorization Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring Provider ID  ID Type

**NDCs for Svc. # 2** -

[Add](#) [Reset](#)

**Attachments** -

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

[Back to Step 1](#) [Back to Step 2](#) **10** [Resubmit](#) [Cancel](#)

10. Click the **Resubmit** button

# Adjusting a Professional Claim, continued

**Patient Information**

Recipient ID \_\_\_\_\_ Gender Female  
Recipient \_\_\_\_\_  
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
<u>1</u>	09/18/2018	09/18/2018	32	N	99308		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$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, continued

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

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

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > Claim Receipt Thursday 09/20/2018 10:47 AM PST

**Resubmit Professional Claim: Confirmation** ?

**Professional Claim Receipt**

Your Professional Claim was successfully resubmitted. The claim status is Finalized Payment.

The Claim ID is 5918263000001.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **Adjust** to resubmit the claim.  
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [View](#)

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

Delegate for Carson Tahoe Regional    Role IDs Provider - In Network - 1255360160 (NPI)    Location 1013843 - CARSON TAHOE HOSPITAL

**Provider**

Welcome

Name

Provider ID

Location ID

▶ My Profile

▶ Switch Provider

**Provider Services**

▶ Member Focused Viewing

▶ Search Payment History

▶ Revalidate-Update Provider

▶ Pharmacy PA

▶ PASRR

▶ EHR Incentive Program

▶ EPSDT

▶ Presumptive Eligibility

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

**Contact Us**

**1**

**Secure Correspondence**

**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

From the home page, the user will:

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

# Submitting an Appeal for a Claim, continued

The screenshot shows the 'Secure Correspondence - Create Message' form. The 'Message Category' dropdown menu is highlighted with a red box, and a callout bubble with the number '2' points to it. The form contains the following fields:

- \* Subject:** Appeal of a denied claim
- \* Message Category:** Claims - Appeals
- Email:** john.doe@myhealth.com
- Confirm Email:** john.doe@myhealth.com
- Phone Number:** [Empty]
- \* Preferred Method of Communication:** Email
- \* Service Provider ID:** 1234567890
- \* Provider Type:** 20 - Physician
- \* Denial Reason:** Denied with EOB 0245.
- \* Message:** Claim was Denied. Please review additional documentation.

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, continued

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					
3	*Transmission Method	EL-Electronic Only			
	*Upload File				Browse...
	*Attachment Type				
	Description				
	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>			
4	<input type="button" value="Send"/>	<input type="button" value="Cancel"/>			

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, continued

Secure Correspondence - Message Box

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

Status	CTN #	Subject	Category	Open Date	Last Modified
Open	4256	<a href="#">Appeal of a denial</a>		09/18/2018	
Open	4255	<a href="#">testing</a>		09/18/2018	
Open	4253	<a href="#">Testing from MO</a>		09/18/2018	
Open	4252	<a href="#">Testing 6268 in MO</a>	Level 2 Support - Account Issues	09/18/2018	
Open	4251	<a href="#">Testing 6268</a>	Claims - Appeals	09/06/2018	

Confirmation

5 Your secure message was successfully sent.

OK

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, continued

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](#)

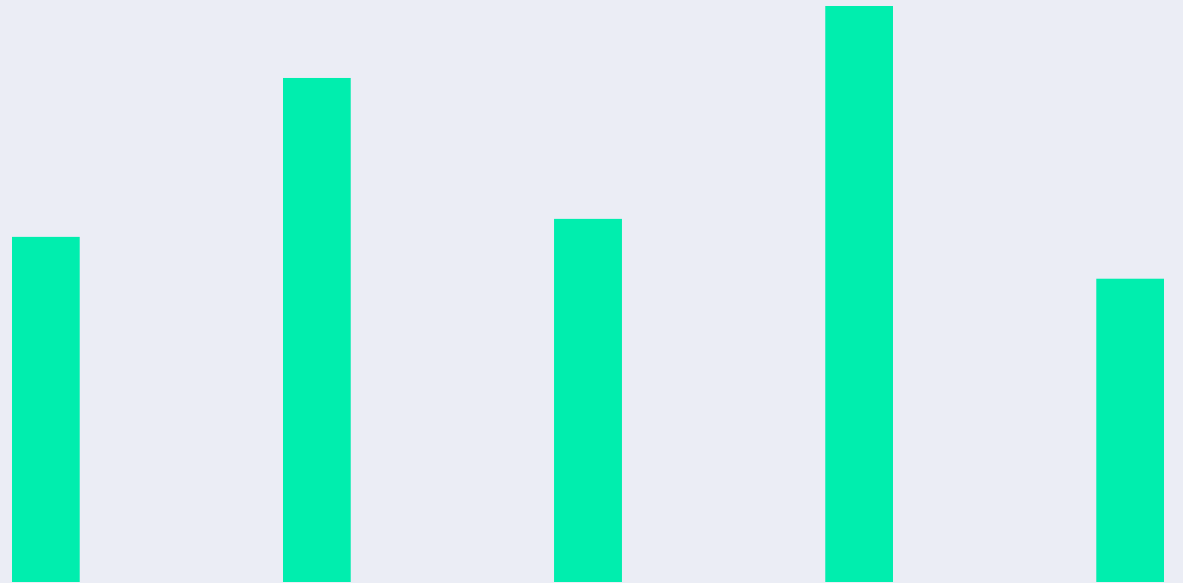
Total Records: 13

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

The screenshot shows a web application interface for searching claims. At the top, a navigation bar contains 'My Home', 'Eligibility', 'Claims', 'Management', 'File Exchange', and 'Resources'. The 'Claims' menu item is highlighted with a red box and a callout '1'. Below the navigation bar, a sub-menu contains 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The 'Search Claims' link is highlighted with a red box and a callout '2'. The main content area is titled 'Search Claims' and contains a search form. The form has a dropdown menu set to 'Medical/Dental'. Below the dropdown, there is a message: '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.' The form is divided into sections: 'Claim Information' with a 'Claim ID' field containing '5918263000001' (highlighted with a red box and callout '3'); 'Recipient Information' with a 'Recipient ID' field; and 'Service Information' with 'Rendering Provider ID', 'ID Type' (dropdown), 'Claim Type', 'Service From', 'To', and 'Claim Status' fields. At the bottom of the form, there is a 'Search' button (highlighted with a red box and callout '4') and a 'Reset' button.

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, continued

### 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

**Service Information**

Rendering Provider ID  ID Type  Claim Type

Service From  To  Claim Status

### 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
<input type="button" value="+"/>	<a href="#">5918263000001</a>	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, continued

**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 Allowed Amount** \$44.62      **Total Co-pay Amount** \$0.00      **Total Charged Amount** \$175.00  
**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 Amount
<u>1</u>	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, continued

Does the provider have a signature on file? Yes

Allowed Amount \$44.62      Total Co-pay Amount \$0.00      Total Charged Amount \$175.00      Total Paid Amount \$44.62

ors

Confirmation ✕

Are you sure you want to void this Professional Claim ID 5918263000001?

**7**

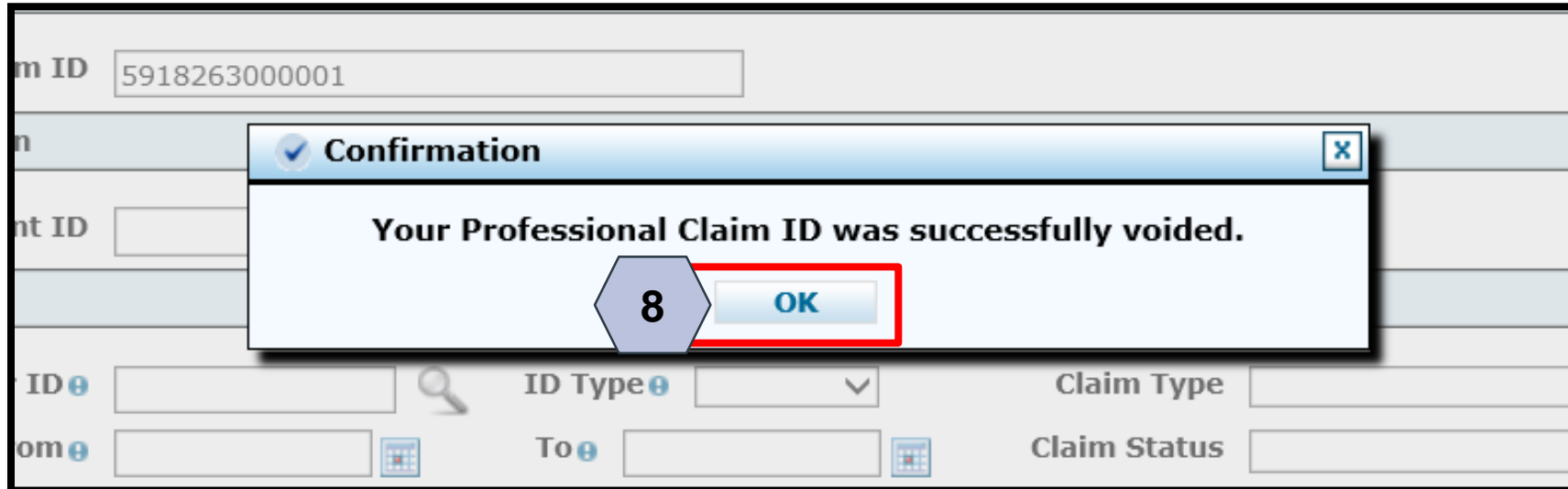
To Date	Place of Service			Ptrs				
09/18/2018	32	N	99308	1	1.000 Unit	\$175.00	\$44.62	

nce Details exist for this claim

exist for this claim

7. Click the **OK** button

# Voiding a Professional Claim, continued



The screenshot shows a software interface with a confirmation dialog box. The dialog box has a title bar with a checkmark icon and the text "Confirmation". The main text inside the dialog box reads "Your Professional Claim ID was successfully voided." Below this text is an "OK" button, which is highlighted with a red rectangular border. A blue hexagonal callout containing the number "8" points to the "OK" button. The background of the interface shows a form with several fields: "m ID" with the value "5918263000001", "nt ID", "ID" with a search icon, "ID Type" with a dropdown arrow, "Claim Type", "om" with a calendar icon, "To" with a calendar icon, and "Claim Status".

8. Click the **OK** button

# Questions & Answers

**Thank you**