Hospice Provider Training: Provider Types 64 and 65

Nevada Medicaid Provider Training

2019

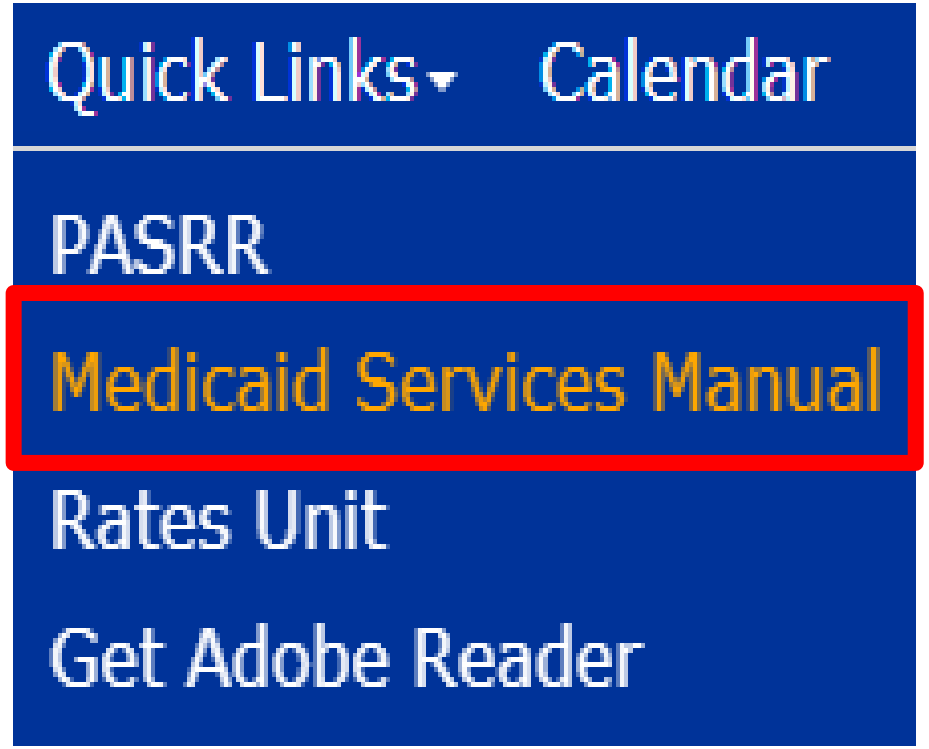
Objectives

Objectives:

- Locate Medicaid Policy
- Review Policy Updates
- Review Helpful Web Announcements
- Locate and properly fill out Hospice Prior Authorization Forms
- Submit a Prior Authorization via the Electronic Verification System (EVS) secure Provider Web Portal
- Locate Billing Manual
- Locate Hospice Billing Guidelines
- Submit Claims via the EVS secure Provider Web Portal
- Contact Nevada Medicaid

Medicaid Services Manual

Locating the Medicaid Services Manual



- Step 1: Highlight “Quick Links” from top blue tool bar
- Step 2: Select “Medicaid Services Manual” from the drop-down menu
- Note: Medicaid Services Manual (MSM) Chapters will open in a new webpage through the DHCFP website

Medicaid Services Manual, continued

- Medicaid Services Manual - Complete
- 100 Medicaid Program
- 200 Hospital Services
- 300 Radiology Services
- 400 Mental Health and Alcohol and Substance Abuse Services
- 500 Nursing Facilities
- 600 Physician Services
- 700 Reimbursement, Analysis and Payment
- 800 Laboratory Services
- 900 Private Duty Nursing
- 1000 Dental
- 1100 Ocular Services
- 1200 Prescribed Drugs
- 1300 DME Disposable Supplies and Supplements
- 1400 Home Health Agency
- 1500 Healthy Kids Program
- 1600 Intermediate Care for Individuals with Intellectual Disabilities
- 1700 Therapy
- 1800 Adult Day Health Care
- 1900 Transportation Services
- 2000 Audiology Services
- 2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities
- 2200 Home and Community Based Waiver for the Frail Elderly
- 2300 Waiver for Persons with Physical Disabilities
- 2400 Home Based Habilitation Services
- 2500 Case Management
- 2600 Intermediary Service Organization
- 2700 Certified Community Behavioral Health Clinic
- 2800 School Based Child Health Services
- 3000 Indian Health
- 3100 Hearings
- 3200 Hospice
- 3300 Program Integrity
- 3400 Telehealth Services
- 3500 Personal Care Services Program
- 3600 Managed Care Organization
- 3800 Care Management Organization
- 3900 Home and Community Based Waiver for Assisted Living
- Addendum

– For Hospice policy, select Chapter 3200
  – PT 65 will also utilize Chapter 500

– From the next page, always make sure that the “Current” policy is selected

Policy Information

Policy Information

The information contained in this section is not all encompassing regarding policy. Providers will need to read and understand the entirety of the policy and policy information is subject to change.

- Reference Chapter 3200 of the Medicaid Services Manual (MSM)
- Updated language to better coincide with the Code of Federal Regulations
- Conditions of Participation for Non-Cancer Terminal Illness
- Clarify criteria for pediatric hospice recipients

Policy Information, continued

- The hospice agency will not be reimbursed for hospice services unless all signed paperwork has been submitted to the Quality Improvement Organization (QIO)-like vendor (DXC Technology, which is referred to as Nevada Medicaid) and prior authorization has been obtained. It is the responsibility of the hospice provider to ensure that prior authorization has been obtained for services unrelated to the hospice benefit. Authorization requests for admission to Hospice services must be submitted as soon as possible, but not more than eight business days following admission.

- Please note: If the authorization request is submitted after admission, the Hospice provider is assuming responsibility for program costs if the authorization request is denied. Prior authorization only approves the existence of medical necessity, not recipient eligibility.

Policy Information, continued

- Medicaid hospice benefits are reserved for terminally ill recipients who have a medical prognosis to live no more than six months if the illness runs its normal course.

- When an adult recipient (21 years of age or older) reaches 12 months in hospice care, an independent face-to-face physician review is required. Independent reviews are subsequently required every 12 months thereafter if the recipient continues to receive extended hospice care. Hospice agencies should advise recipients of this requirement and provide the “Nevada Medicaid Independent Physician Review for Extended Care” form to take with them to each independent review.
  - Prior authorization requests for extended hospice care will be denied if this form is not submitted along with the PA request or if this form indicates the recipient does not continue to meet program eligibility requirements.

- The following medical professionals may conduct the independent physician review:
  1. Physician (MD)
  2. Doctor of Osteopathic Medicine (D.O.)
  3. Physician’s Assistant (PA)
  4. Advanced Practice Registered Nurse (APRN)

Policy Information, continued

- The independent physician review can occur at a physician's office or at the recipient's place of residence, whether it be a private home or a nursing facility.
- The review must be completed no sooner than 30 days before the end of the recipient's 12-month certification period.
- In cases when the independent physician reviewer claims the recipient should no longer be appropriate for hospice services, the hospice provider will be notified. The hospice physician has seven days to submit a narrative update on the recipient to staff at the DHCFP Long Term Services and Support (LTSS) unit for further review.
- The independent physician review is not required for dual-eligible recipients.
- Due to concurrent care allowed for the pediatric recipient of hospice services, the independent physician review is required for the pediatric hospice recipient who has elected not to pursue curative treatment.

Policy Information, continued

Please review MSM Chapter 3200 Section 3209.1 (Non-Cancer Terminal Illnesses) for guidance on the following:

- Adult Failure to Thrive Syndrome
- Adult HIV Disease
- Adult Pulmonary Disease
- Adult Alzheimer’s disease, Dementia & Related Disorders
- Adult Stroke and/or Coma
- Adult Amyotrophic Lateral Sclerosis (ALS)
- Adult Heart Disease
- Adult Liver Disease
- Adult Renal Disease

Policy Information, continued

- Pediatric hospice care is both a philosophy and an organized method for delivering competent, compassionate and consistent care to children with terminal illnesses and their families. This care focuses on enhancing quality of life, minimizing suffering, optimizing function and providing opportunities for personal and spiritual growth, planned and delivered through the collaborative efforts of an interdisciplinary team with the child, family and caregivers as its center.

- Recipients under the age of 21 are entitled to concurrent care under the Affordable Care Act (ACA); that is curative care and palliative care at the same time while an eligible recipient of the Medicaid Hospice Program, and shall not constitute a waiver of any rights of the child to be provided with, or to have payment made for services that are related to the treatment of the child's terminal illness.

- Upon turning 21 years of age, the recipient will no longer have concurrent care benefits and will be subject to the rules governing adults who have elected Medicaid hospice care. Upon turning 21 years of age, the recipient must sign a Nevada Medicaid Hospice Program Election Notice - Adult (FA-93), continuing in the certification period currently in place.

Web Announcements

Web Announcement 1841

Web Announcement 1841 provides hospice providers with information regarding reviewing recipient eligibility in the Electronic Verification System (EVS) secure Provider Web Portal.

February 12, 2019

Announcement 1841

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

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

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

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

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

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

Prior Authorization Requirements

Prior Authorization Requirements

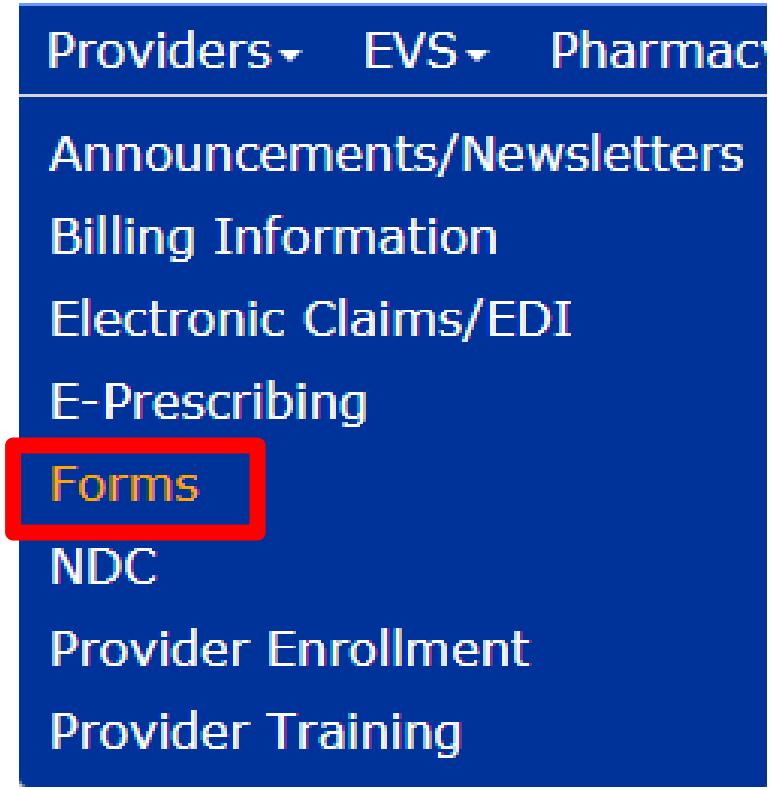
- Effective with dates of service on or after March 1, 2017, prior authorization is required for hospice services.
  - The hospice agency will not be reimbursed for hospice services unless all signed paperwork has been submitted to Nevada Medicaid and prior authorization has been obtained.
  - It is the responsibility of the hospice provider to ensure that prior authorization is obtained for services unrelated to the hospice benefit.
- Authorization requests for admission to hospice services must be submitted as soon as possible, but not more than eight business days following admission.
  - Please note if the authorization request is submitted after admission, the hospice provider is assuming responsibility for program costs if the authorization request is denied.

Prior Authorization Requirements, continued

- Prior authorization only approves the existence of medical necessity, not recipient eligibility.
- Prior authorization for medical necessity is not required for dual-eligible (Medicare/Medicaid eligible) recipients.
- Hospice forms FA-92 (Hospice Program Election Notice – Adults) or FA-93 (Hospice Program Election Notice – Pediatric), and FA-94 (Hospice Program Physician Certification of Terminal Illness) must be submitted with FA-95 (Hospice Prior Authorization Request Form).
- For extended hospice services past 12 months, FA-96 (Hospice Extended Care Physician Review Form) must be submitted with FA-95.

Prior Authorization Forms

Hospice Prior Authorization Forms



- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Forms” from the drop-down menu

Hospice Prior Authorization Forms, continued

Hospice Forms

The following forms are for the use of Nevada Medicaid Hospice providers.

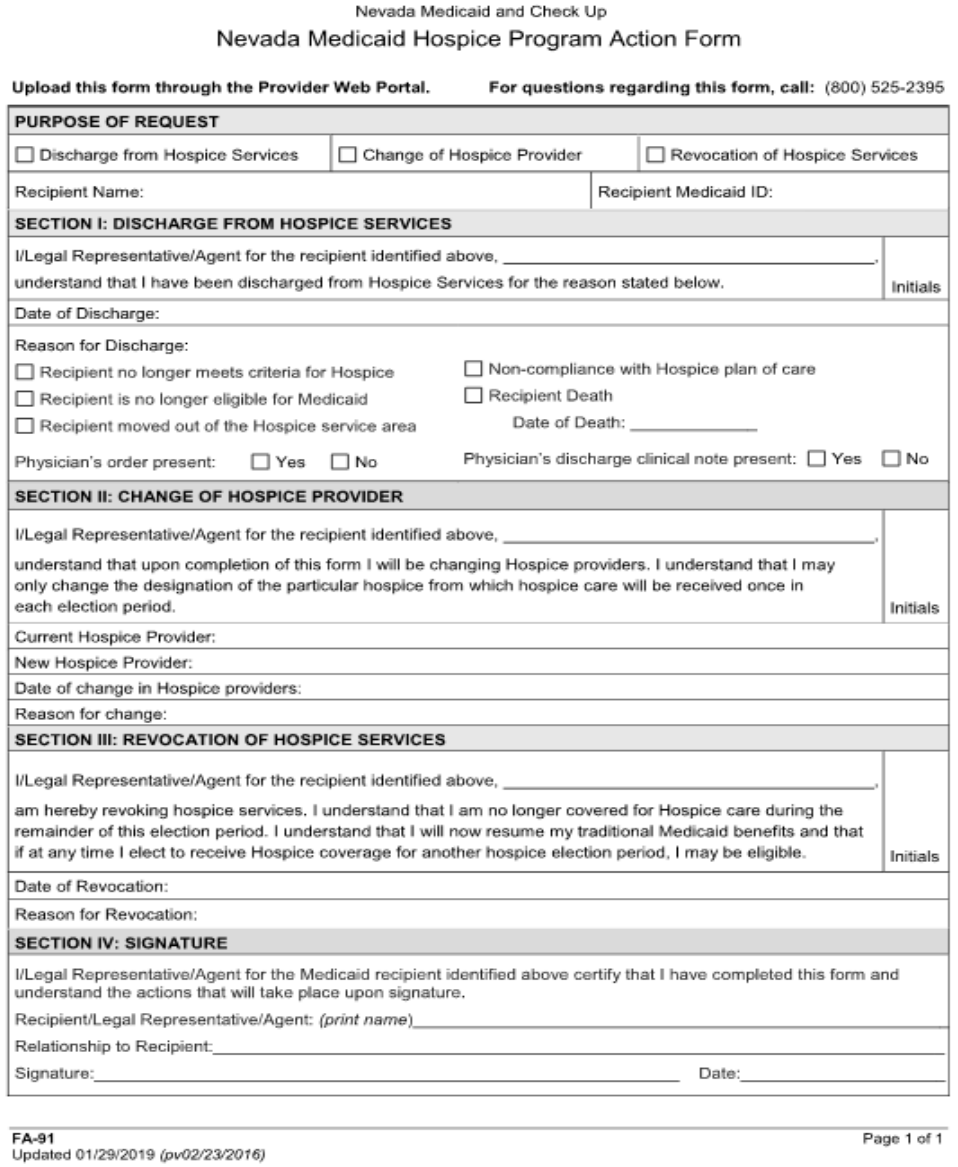
Form Number	Title
FA-91	Nevada Medicaid Hospice Program Action Form
FA-92	Nevada Medicaid Hospice Program Election Notice - Adults
FA-93	Nevada Medicaid Hospice Program Election Notice - Pediatric
FA-94	Nevada Medicaid Hospice Program Physician Certification of Terminal Illness
FA-95	Nevada Medicaid Hospice Prior Authorization Request
FA-96	Nevada Medicaid Hospice Extended Care Physician Review Form

- While on the “Forms” page, locate the “Hospice Forms” section and choose appropriate forms.
- Make sure that all instructions are followed.
- All active forms are fillable forms for easy uploading into the Electronic Verification System (EVS) for PA submission online.

Nevada Medicaid Hospice Program Action Form (FA-91)

Hospice Program Action Form (FA-91)

- Each section must be filled out according to the purpose of the form.
- Must indicate Purpose of Request: Discharge from Hospice Services (includes recipient death), Change of Hospice Provider or Revocation of Hospice Services.
- This form must be signed and dated by the recipient or legal representative/Durable Power of Attorney (DPOA).
  - If there is no legal representative or DPOA available to sign, please explain the circumstances.
- The hospice provider representative must also sign and date accordingly.
- Please do not forget:
  - Discharge Date
  - Requesting provider National Provider Identifier (NPI)
  - Recipient/Responsible Party signature
  - Recipient ID number



Nevada Medicaid and Check Up

Nevada Medicaid Hospice Program Action Form

Upload this form through the Provider Web Portal. **For questions regarding this form, call:** (800) 525-2395

PURPOSE OF REQUEST

☐ Discharge from Hospice Services ☐ Change of Hospice Provider ☐ Revocation of Hospice Services

Recipient Name: Recipient Medicaid ID:

SECTION I: DISCHARGE FROM HOSPICE SERVICES

I/Legal Representative/Agent for the recipient identified above, _____, understand that I have been discharged from Hospice Services for the reason stated below. Initials

Date of Discharge:

Reason for Discharge:

☐ Recipient no longer meets criteria for Hospice ☐ Non-compliance with Hospice plan of care

☐ Recipient is no longer eligible for Medicaid ☐ Recipient Death

☐ Recipient moved out of the Hospice service area Date of Death: _____

Physician's order present: ☐ Yes ☐ No Physician's discharge clinical note present: ☐ Yes ☐ No

SECTION II: CHANGE OF HOSPICE PROVIDER

I/Legal Representative/Agent for the recipient identified above, _____, understand that upon completion of this form I will be changing Hospice providers. I understand that I may only change the designation of the particular hospice from which hospice care will be received once in each election period. Initials

Current Hospice Provider:

New Hospice Provider:

Date of change in Hospice providers:

Reason for change:

SECTION III: REVOCATION OF HOSPICE SERVICES

I/Legal Representative/Agent for the recipient identified above, _____, am hereby revoking hospice services. I understand that I am no longer covered for Hospice care during the remainder of this election period. I understand that I will now resume my traditional Medicaid benefits and that if at any time I elect to receive Hospice coverage for another hospice election period, I may be eligible. Initials

Date of Revocation:

Reason for Revocation:

SECTION IV: SIGNATURE

I/Legal Representative/Agent for the Medicaid recipient identified above certify that I have completed this form and understand the actions that will take place upon signature.

Recipient/Legal Representative/Agent: *(print name)*_____

Relationship to Recipient:_____

Signature:_____ Date:_____

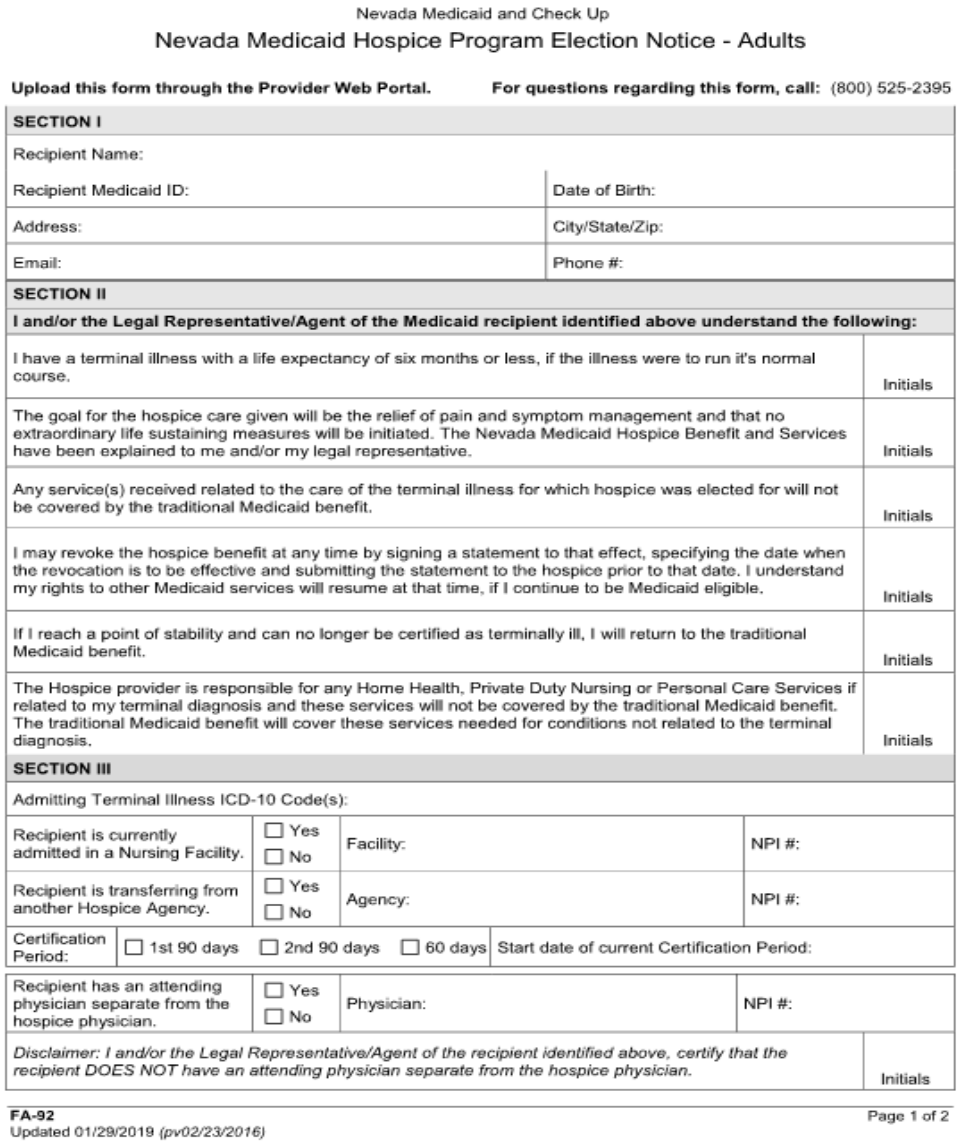
FA-91 Page 1 of 1

Updated 01/29/2019 *(pv02/23/2016)*

Nevada Medicaid Hospice Program Election Notice – Adults (FA-92)

Hospice Program Election Notice – Adults (FA-92)

- This is a required form. Nevada Medicaid will return requests to provider when old forms are submitted.
- Sections I, II, III and IV must be filled out completely.
- This form must be signed and dated by the recipient or legal representative/DPOA and hospice representative.
- The original notice of election can be resubmitted for all subsequent prior authorization/benefit periods. Recipient/responsible party/hospice representative does not need to sign a new FA-92 for each certification period. Be clear on the benefit period being requested.



Nevada Medicaid and Check Up

Nevada Medicaid Hospice Program Election Notice - Adults

Upload this form through the Provider Web Portal. **For questions regarding this form, call:** (800) 525-2395

SECTION I	
Recipient Name:	
Recipient Medicaid ID:	Date of Birth:
Address:	City/State/Zip:
Email:	Phone #:

SECTION II	
I and/or the Legal Representative/Agent of the Medicaid recipient identified above understand the following:	
I have a terminal illness with a life expectancy of six months or less, if the illness were to run it's normal course.	Initials
The goal for the hospice care given will be the relief of pain and symptom management and that no extraordinary life sustaining measures will be initiated. The Nevada Medicaid Hospice Benefit and Services have been explained to me and/or my legal representative.	Initials
Any service(s) received related to the care of the terminal illness for which hospice was elected for will not be covered by the traditional Medicaid benefit.	Initials
I may revoke the hospice benefit at any time by signing a statement to that effect, specifying the date when the revocation is to be effective and submitting the statement to the hospice prior to that date. I understand my rights to other Medicaid services will resume at that time, if I continue to be Medicaid eligible.	Initials
If I reach a point of stability and can no longer be certified as terminally ill, I will return to the traditional Medicaid benefit.	Initials
The Hospice provider is responsible for any Home Health, Private Duty Nursing or Personal Care Services if related to my terminal diagnosis and these services will not be covered by the traditional Medicaid benefit. The traditional Medicaid benefit will cover these services needed for conditions not related to the terminal diagnosis.	Initials

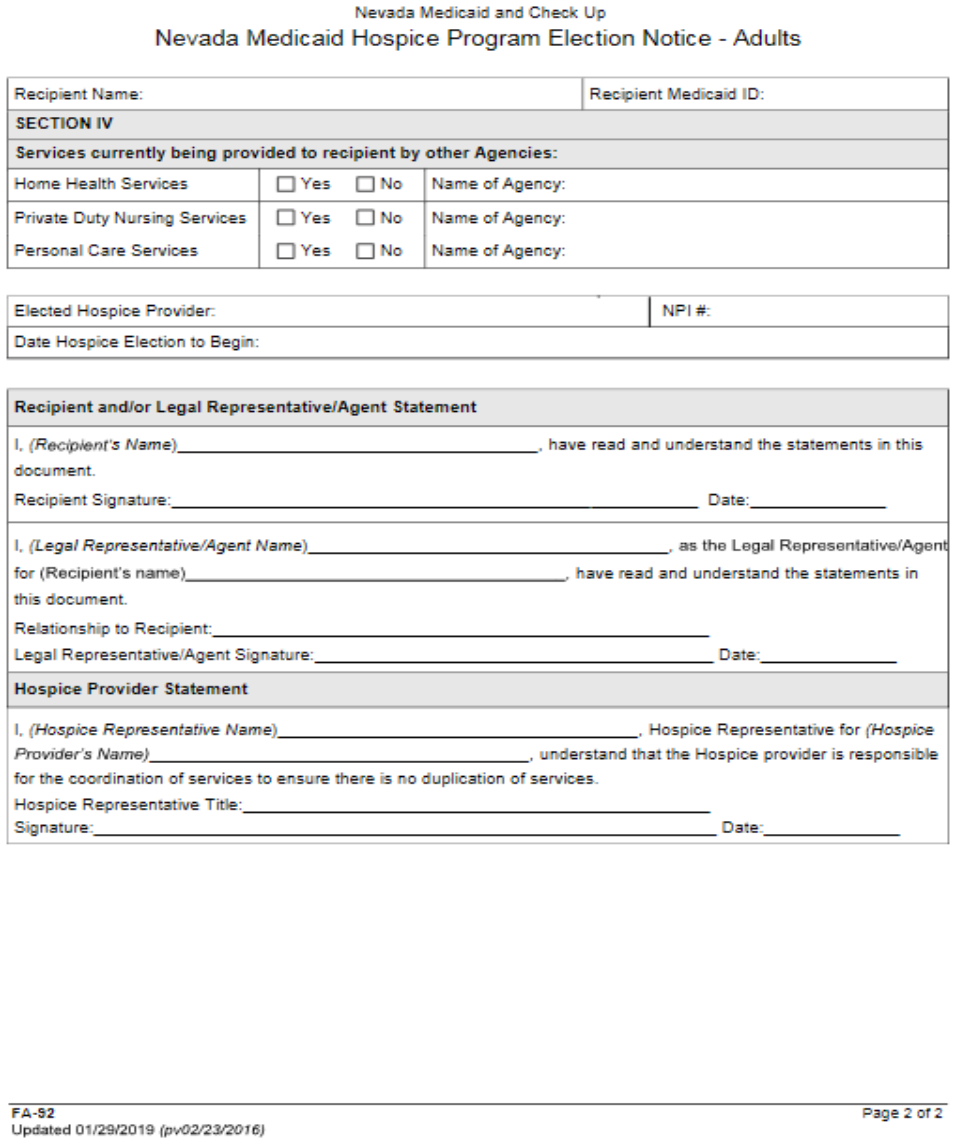
SECTION III			
Admitting Terminal Illness ICD-10 Code(s):			
Recipient is currently admitted in a Nursing Facility.	☐ Yes ☐ No	Facility:	NPI #:
Recipient is transferring from another Hospice Agency.	☐ Yes ☐ No	Agency:	NPI #:
Certification Period: ☐ 1st 90 days ☐ 2nd 90 days ☐ 60 days		Start date of current Certification Period:	
Recipient has an attending physician separate from the hospice physician.	☐ Yes ☐ No	Physician:	NPI #:
Disclaimer: I and/or the Legal Representative/Agent of the recipient identified above, certify that the recipient DOES NOT have an attending physician separate from the hospice physician.			Initials

FA-92 Page 1 of 2

Updated 01/29/2019 *(pv02/23/2016)*

Hospice Program Election Notice – Adults (FA-92)

- Section I: Recipient information (ID, name, date of birth)
- Section II: Initials
- Section III: Long Term Care (LTC) facility information (if the nursing facility box is checked, include LTC name and National Provider Identifier - NPI)
- Section III: Transfer from another agency information
- Section III: Certification period designation or start date of hospice service
- Section IV: Elected hospice provider and NPI, date to begin
- Section IV: Names and signatures



Nevada Medicaid and Check Up

Nevada Medicaid Hospice Program Election Notice - Adults

Recipient Name:		Recipient Medicaid ID:
SECTION IV		
Services currently being provided to recipient by other Agencies:		
Home Health Services	☐ Yes ☐ No	Name of Agency:
Private Duty Nursing Services	☐ Yes ☐ No	Name of Agency:
Personal Care Services	☐ Yes ☐ No	Name of Agency:

Elected Hospice Provider:	NPI #:
Date Hospice Election to Begin:	

Recipient and/or Legal Representative/Agent Statement

I, *(Recipient's Name)*_____, have read and understand the statements in this document.

Recipient Signature:_____ Date:_____

I, *(Legal Representative/Agent Name)*_____, as the Legal Representative/Agent for (Recipient's name)_____, have read and understand the statements in this document.

Relationship to Recipient:_____

Legal Representative/Agent Signature:_____ Date:_____

Hospice Provider Statement

I, *(Hospice Representative Name)*_____, Hospice Representative for *(Hospice Provider's Name)*_____, understand that the Hospice provider is responsible for the coordination of services to ensure there is no duplication of services.

Hospice Representative Title:_____

Signature:_____ Date:_____

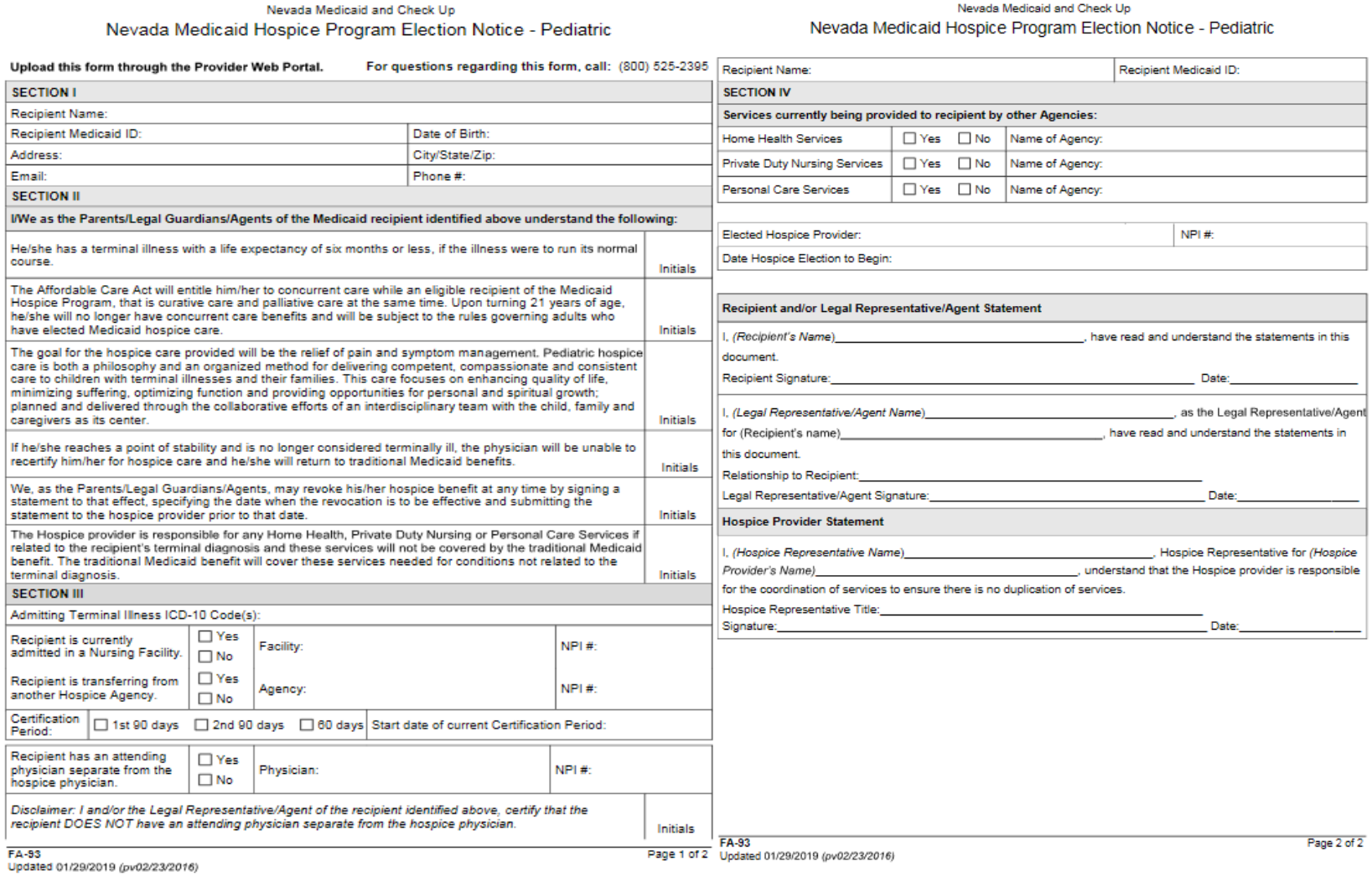
FA-92 Page 2 of 2

Updated 01/29/2019 *(pv02/23/2016)*

Nevada Medicaid Hospice Program Election Notice – Pediatric (FA-93)

Hospice Program Election Notice - Pediatric (FA-93)

- This is a required form. Nevada Medicaid will cancel requests back to provider when old forms are submitted.
- Sections I, II, III and IV must be filled out completely.
- This form *must* be signed and dated by the recipient or legal representative/DPOA and hospice representative.
- Section IV: Services currently being provided to recipient by other agencies must be entered.



Nevada Medicaid and Check Up

Nevada Medicaid Hospice Program Election Notice - Pediatric

Upload this form through the Provider Web Portal. **For questions regarding this form, call:** (800) 525-2395

SECTION I	
Recipient Name:	
Recipient Medicaid ID:	Date of Birth:
Address:	City/State/Zip:
Email:	Phone #:

SECTION II

I/We as the Parents/Legal Guardians/Agents of the Medicaid recipient identified above understand the following:

He/she has a terminal illness with a life expectancy of six months or less, if the illness were to run its normal course.	Initials
The Affordable Care Act will entitle him/her to concurrent care while an eligible recipient of the Medicaid Hospice Program, that is curative care and palliative care at the same time. Upon turning 21 years of age, he/she will no longer have concurrent care benefits and will be subject to the rules governing adults who have elected Medicaid hospice care.	Initials
The goal for the hospice care provided will be the relief of pain and symptom management. Pediatric hospice care is both a philosophy and an organized method for delivering competent, compassionate and consistent care to children with terminal illnesses and their families. This care focuses on enhancing quality of life, minimizing suffering, optimizing function and providing opportunities for personal and spiritual growth; planned and delivered through the collaborative efforts of an interdisciplinary team with the child, family and caregivers as its center.	Initials
If he/she reaches a point of stability and is no longer considered terminally ill, the physician will be unable to recertify him/her for hospice care and he/she will return to traditional Medicaid benefits.	Initials
We, as the Parents/Legal Guardians/Agents, may revoke his/her hospice benefit at any time by signing a statement to that effect, specifying the date when the revocation is to be effective and submitting the statement to the hospice provider prior to that date.	Initials
The Hospice provider is responsible for any Home Health, Private Duty Nursing or Personal Care Services if related to the recipient's terminal diagnosis and these services will not be covered by the traditional Medicaid benefit. The traditional Medicaid benefit will cover these services needed for conditions not related to the terminal diagnosis.	Initials

SECTION III

Admitting Terminal Illness ICD-10 Code(s):

Recipient is currently admitted in a Nursing Facility.	☐ Yes ☐ No	Facility:	NPI #:
Recipient is transferring from another Hospice Agency.	☐ Yes ☐ No	Agency:	NPI #:

Certification Period:	☐ 1st 90 days ☐ 2nd 90 days ☐ 60 days	Start date of current Certification Period:

Recipient has an attending physician separate from the hospice physician.	☐ Yes ☐ No	Physician:	NPI #:

Disclaimer: I and/or the Legal Representative/Agent of the recipient identified above, certify that the recipient DOES NOT have an attending physician separate from the hospice physician.	Initials

FA-93
Updated 01/29/2019 *(pv02/23/2016)*
Page 1 of 2

Nevada Medicaid and Check Up

Nevada Medicaid Hospice Program Election Notice - Pediatric

Recipient Name:	Recipient Medicaid ID:

SECTION IV

Services currently being provided to recipient by other Agencies:

Home Health Services	☐ Yes ☐ No	Name of Agency:
Private Duty Nursing Services	☐ Yes ☐ No	Name of Agency:
Personal Care Services	☐ Yes ☐ No	Name of Agency:

Elected Hospice Provider:	NPI #:
Date Hospice Election to Begin:	

Recipient and/or Legal Representative/Agent Statement

I, *(Recipient's Name)*_____, have read and understand the statements in this document.

Recipient Signature:_____ Date:_____

I, *(Legal Representative/Agent Name)*_____, as the Legal Representative/Agent for (Recipient's name)_____, have read and understand the statements in this document.

Relationship to Recipient:_____

Legal Representative/Agent Signature:_____ Date:_____

Hospice Provider Statement

I, *(Hospice Representative Name)*_____, Hospice Representative for *(Hospice Provider's Name)*_____, understand that the Hospice provider is responsible for the coordination of services to ensure there is no duplication of services.

Hospice Representative Title:_____

Signature:_____ Date:_____

FA-93
Updated 01/29/2019 *(pv02/23/2016)*
Page 2 of 2

Nevada Medicaid Hospice Program Physician Certification of Terminal Illness (FA-94)

Physician Certification of Terminal Illness (FA-94)

This form must indicate the Purpose of Request (Initial Certification, 60 Day Certification, 1st 90 Day Certification or 2nd 90 day or Subsequent Certification) and the Effective Date of Certification

- **Sections I, II and III:** Must be filled out completely. If not completed, the prior authorization will be pended for five business days requesting additional information.
- **Section II, PHYSICIAN EVALUATION RESULTS:** Must include a brief narrative explanation of the clinical findings that support a life expectancy of six months or less as part of the certification and re-certification.
- **Section III PHYSICIAN CERTIFICATION STATEMENT:** The face-to-face encounter must occur no more than 30 calendar days prior to the 180th day benefit period recertification and no more than 30 calendar days prior to every subsequent recertification thereafter.
- Must include the attending provider's signature and date; please include license number if available. If no attending provider, then Exclusion Statement must be signed and dated by the hospice medical director and the hospice representative.

Nevada Medicaid and Check Up

Nevada Medicaid Hospice Program Physician Certification of Terminal Illness

Upload this form through the Provider Web Portal. **For questions regarding this form, call:** (800) 525-2395

PURPOSE OF REQUEST			
☐ Initial Certification	☐ 60 Day Certification	☐ 1st 90 Day Certification	☐ 2nd 90 Day Certification
Effective Date of Certification:			

SECTION I: PATIENT INFORMATION

Recipient Name:	
Recipient Medicaid ID:	Date of Birth:
Parent/Legal Guardian/Agent:	Relationship to Recipient:
Hospice Provider Name:	Hospice Provider NPI:

SECTION II: PHYSICIAN EVALUATION RESULTS ***(Please note: Principal diagnoses of "debility" or "adult failure to thrive" will not be accepted as meeting the eligibility criteria for Medicaid hospice care.)***

Terminal Diagnoses ICD-10 Codes:

Provide an explanation of the clinical findings supporting a life expectancy of 6 months or less if the terminal illness were to run its normal course. You may add this as an attachment if more room is needed. This physician narrative should paint a picture of the recipient's condition by illustrating the recipient's decline in detail per 42 CFR 418.22 (b)(3)(iv). Documentation should show last month's status compared to this month's status and should not merely summarize the recipient's condition for a month with generalized statements of the disease or definitions. Documentation should demonstrate why the recipient is considered to be terminal and not chronic, explaining why the recipient's diagnosis has created a terminal prognosis and show how the systems of the body are in a terminal condition as evidenced by current clinical data specific to the recipient, assessment findings, and other pertinent data to support this request.

SECTION III: PHYSICIAN CERTIFICATION STATEMENT

I certify that I am a physician licensed in the State of Nevada. I further certify that I entered the evaluation results listed above and that they are based on a face to face evaluation performed on *(date of certification)* _____. The conclusions listed are unbiased and free from influence. I certify that this recipient has a life expectancy of 6 months or less if the terminal illness runs its normal course.

Attending Provider: Signature:	License #: Date:
Hospice Medical Director: Signature:	License #: Date:

FA-94 Page 1 of 2

Updated 01/29/2019 *(pv04/03/2017)*

Nevada Medicaid and Check Up

Nevada Medicaid Hospice Program Physician Certification of Terminal Illness

Exclusion Statement

I certify that the recipient identified above DOES NOT have an attending physician separate from the hospice physician.

Hospice Medical Director:	License #:
Signature:	Date:
Hospice Representative:	Title:
Signature:	Date:

Physician Certification of Terminal Illness (FA-94)

- **Purpose of recertification and start date**
  - Needs to be checked and date listed. If certification period requested does not correspond with Medicaid service history (recipient has already received hospice and new provider is asking for 1st 90 days), prior authorization will be pended for five business days requesting additional information.
- **Section I Patient Information**
  - If the request is missing information, such as hospice name and NPI, prior authorization will be pended for five business days requesting additional information.
- **Section II Physician Evaluation Results**
  - If FA-94 is not completed as required, and agency Certification of Terminal Illness (CTI) with detailed information NOT attached, prior authorization request will be pended for five business days requesting additional information.
- **Section III Physician Certification Statement**
  - One of two physicians (attending or hospice medical director) have to timely sign and date the FA-94 within two calendar days of initiation of care. If a signature cannot be obtained, a verbal order must be obtained within this two calendar day time frame and a written order obtained no later than eight calendar days after care is initiated. If not signed within eight calendar days, only the signature date forward will be considered allowable days.
  - If the agency CTI is signed/authenticated timely, but the provider did not sign FA-94 timely, the prior authorization will be pended for five business days requesting additional information.

Hospice Prior Authorization Request Form (FA-95)

Hospice Prior Authorization Request Form (FA-95)

If any information on the prior authorization request form is missing, the request will be pended back to the provider. The provider will need to update the information and resubmit within five business days.

Nevada Medicaid and Nevada Check Up

Hospice Prior Authorization Request

Purpose: To request prior authorization for Hospice services through the Nevada Medicaid program. This form must be submitted through the Provider Web Portal with Hospice forms FA-92 or FA-93, and FA-94.

Required Attachments: Please attach an Individualized Plan of Care and Measurable Treatment Goals. Nevada Medicaid will require that the other in-home service providers (Private Duty Nursing, Home Health, Personal Care Services) cooperate in the coordination efforts and understand that the hospice provider is the lead case coordinator. For recipients under age 21 who have elected Hospice services and curative interventions, the Hospice Plan of Care should include all necessary palliative interventions (all interventions provided for the purpose of symptom control, or to enable the recipient to maintain Activities of Daily Living (ADLs) and basic functional skills). Examples of these non-curative, non-life prolonging interventions include but are not limited to: bathing / dressing / diapering / transferring / nebulizer treatments / chest vest treatments / applying braces / performing range of motion exercises / stander use.

For questions regarding this form, call: (800) 525-2395

DATE OF REQUEST: _____ /_____ /_____

If this is an initial request, a Pre-Admission face-to-face visit by a medical professional must have been conducted within the previous 15 days. Date and time of visit:_____

Name of assessing medical professional:_____

REQUEST TYPE: ☐ Initial 90-Day Period ☐ Subsequent 90-Day Period ☐ Subsequent 60-Day Period

Current prior authorization (PA) number, if applicable: _____

NOTES:

SECTION I: RECIPIENT INFORMATION

Recipient Name:

Recipient ID: | Date of Birth:

Medicaid Eligibility: ☐ Healthy Kids (EPSDT) ☐ Katie Beckett ☐ Waiver Program ☐ Managed Care

Medicare Insurance Eligibility: ☐ Part A ☐ Part B | Medicare ID#:

Bypass Medicare: ☐ Yes ☐ No

Other Insurance Name: | Other Insurance ID#:

Bypass Other Insurance: ☐ Yes ☐ No

SECTION II: GUARDIAN INFORMATION *(if other than the recipient)*

Name: | Phone:

Address *(include city, state, zip code)*:

SECTION III: LONG-TERM CARE FACILITY *(if applicable)*

☐ Long-Term Care Facility | Facility Name:

Facility Address:

Facility NPI: | Contact Fax:

SECTION IV: ORDERING PROVIDER INFORMATION *(if applicable)*

Name: | NPI:

Phone: | Fax:

SECTION V: SERVICING PROVIDER INFORMATION

Name: | NPI

Phone: | Fax:

Contact Name: | Miles from Hospice Agency to Recipient's Home:

Where does this provider render services? ☐ In Nevada (includes catchment areas) ☐ Outside Nevada

FA-95 Page 1 of 2

Updated 01/29/2019 *(rv02/23/2017)*

SECTION VI: CLINICAL INFORMATION

Date of Registered Nurse Evaluation: | Date of Last Physician Visit:

Terminal Diagnoses ICD-10 Codes:

This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying attachments is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication is received in error, the reader shall notify sender immediately and destroy all information received.

Hospice Prior Authorization Request Form (FA-95)

Reminders:

- Sections I, II, IV, V, VI, date of request and request type must be fully completed
- **Section III should be completed only if the recipient is in a nursing facility**
- When requesting a PA for Room & Board, whether for initial or concurrent stays, only one FA-95 will need to be submitted

Required Attachments:

- Individualized Plan of Care and Measurable Treatment Goals
- FA-92 Hospice Program Election Notice (Adult) or FA-93 Hospice Program Election Notice (Pediatric)
- FA-94 Hospice Program Physician Certification of Terminal Illness
- For subsequent benefit periods:
  - Labs
  - Assessments
  - Documented decline (or improvement) of recipient health

Nevada Medicaid Hospice Extended Care Physician Review Form (FA-96)

Hospice Extended Care Physician Review Form (FA-96)

- When an adult recipient (21 years of age or older or for recipients under the age of 21 who are **not** receiving curative care) reaches 12 months in hospice care, an independent face-to-face physician review is required.

- If any information on the form is missing, the request will be pended back to the provider. The provider will need to update the information and resubmit within 5 business days.

Required Attachments:

- Hospice Prior Authorization Request Form (FA-95)

Nevada Medicaid and Nevada Check Up

Nevada Medicaid Hospice Extended Care Physician Review Form

Purpose: Medicaid hospice benefits are reserved for terminally ill patients who have a medical prognosis to live no more than six (6) months if the illness runs its normal course.

When an adult patient (21 years of age or older) reaches 12 months in hospice care, an independent face-to-face physician review is required. Independent reviews are subsequently required every 12 months thereafter if the patient continues to receive extended hospice care.

Hospice agencies should advise patients of this requirement and provide this form to take with them to each independent review. Prior authorization requests for extended hospice care will be denied if this form is not submitted along with the PA request or if this form indicates the patient does not continue to meet program eligibility requirements.

Instructions: Submit this form with the Hospice Prior Authorization Request (form FA-95).

SECTION I: RECIPIENT INFORMATION *(to be completed by Hospice provider)*

Recipient First Name:	Recipient Last Name:
Recipient Medicaid ID:	Recipient Date of Birth:
Hospice Provider Name:	
Hospice Provider NPI:	

SECTION II: INDEPENDENT PHYSICIAN EVALUATION RESULTS *(to be completed by the independent physician)*

Does this recipient have a terminal illness? ☐ Yes ☐ No ☐ Inconclusive

If you replied "Yes" please list the terminal diagnosis/es: (***Please note: principal diagnoses of "debility" or "adult failure to thrive" will not be accepted as meeting the eligibility criteria for Medicaid hospice.***)

Considering the normal course of the patient's diagnosis/es, does it appear the patient's life expectancy is six (6) months or less if the illness runs its normal course?

☐ Yes ☐ No ☐ Inconclusive

SECTION III: INDEPENDENT PHYSICIAN'S CERTIFICATION STATEMENT

I certify that I am a physician licensed in the state of Nevada and that I am not affiliated with the hospice agency listed in Section I above. I further certify that I (or my staff) entered the evaluation results listed above and that they are based on a face-to- face evaluation performed on (date). The conclusions listed are unbiased and free from influence.

Physician's Printed Name:	**License #:**
Physician's Signature:	**Date:**

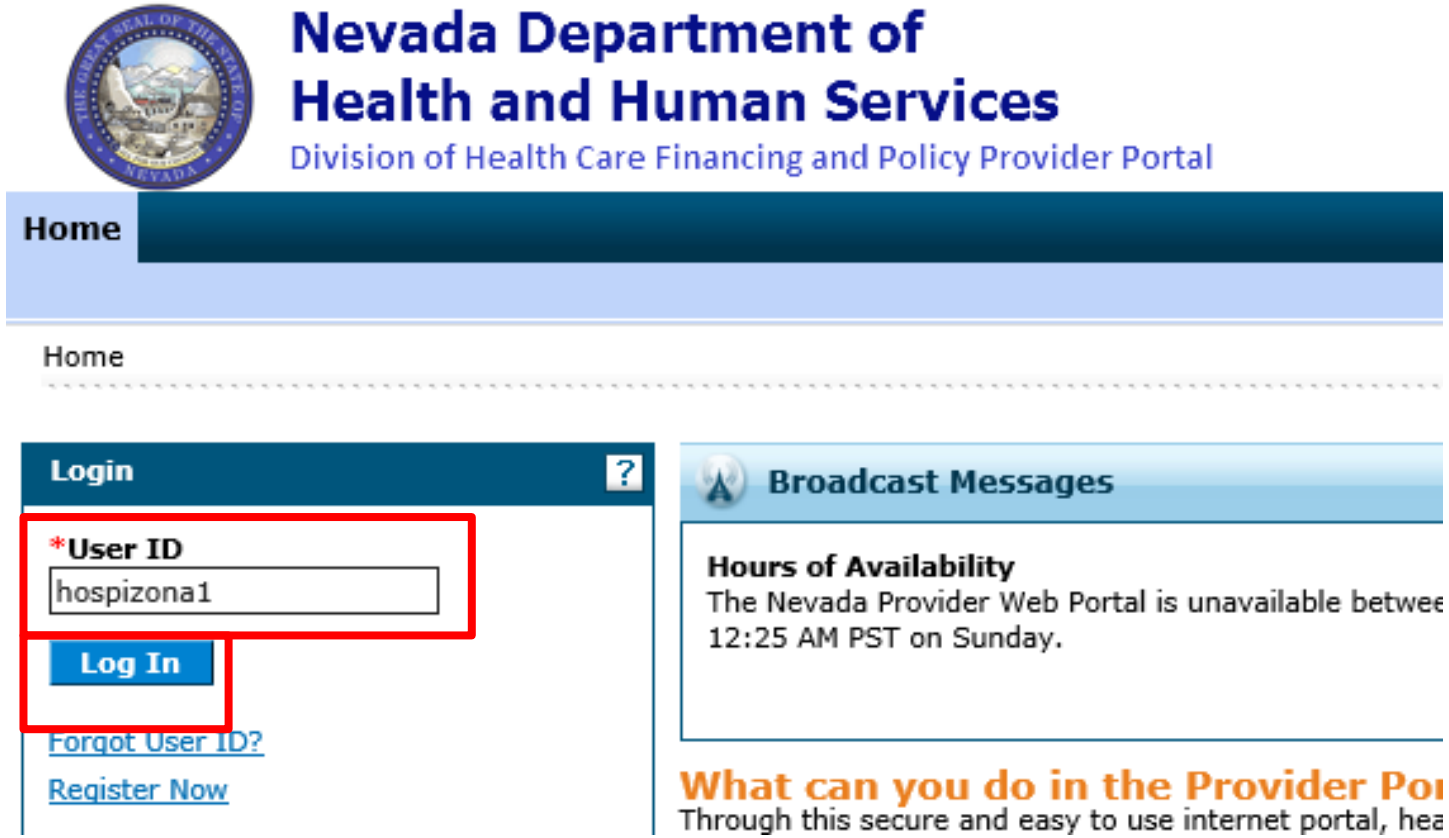
This review is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying attachments is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication is received in error, the reader shall notify sender immediately and destroy all information received.

FA-96
02/23/2017

Page 1 of 1

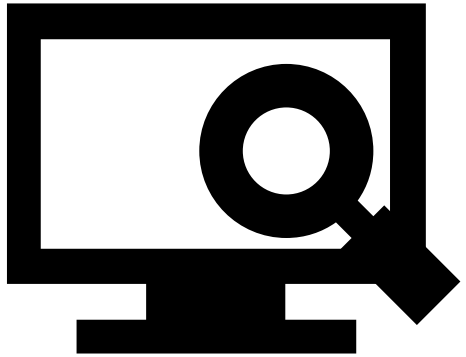
Submitting a Prior Authorization via the EVS Secure Provider Web Portal

Logging into the Provider Web Portal

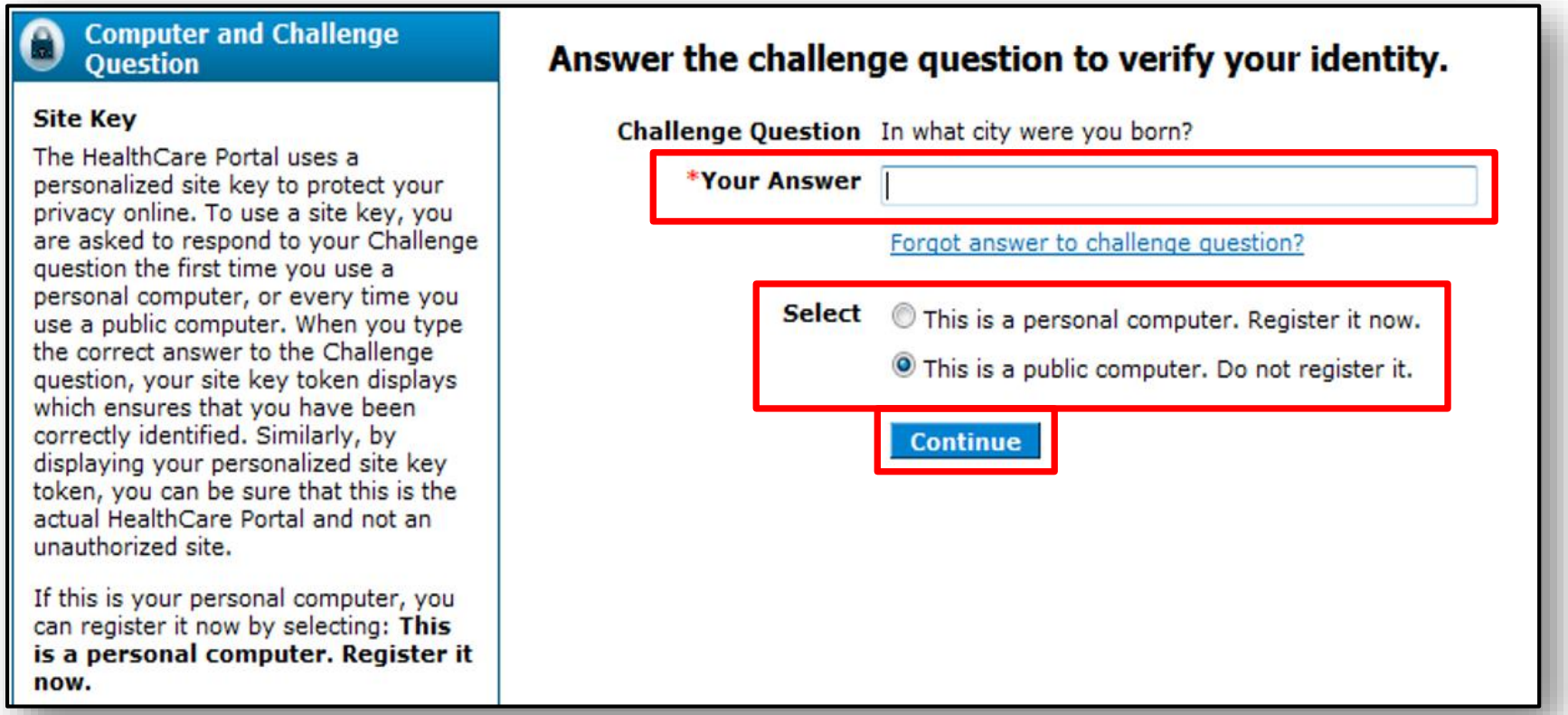


Once registered, users may access their accounts from the Provider Web Portal (PWP) “Home” page by:

- Entering the **User ID.**
- Clicking the **Log In** button.



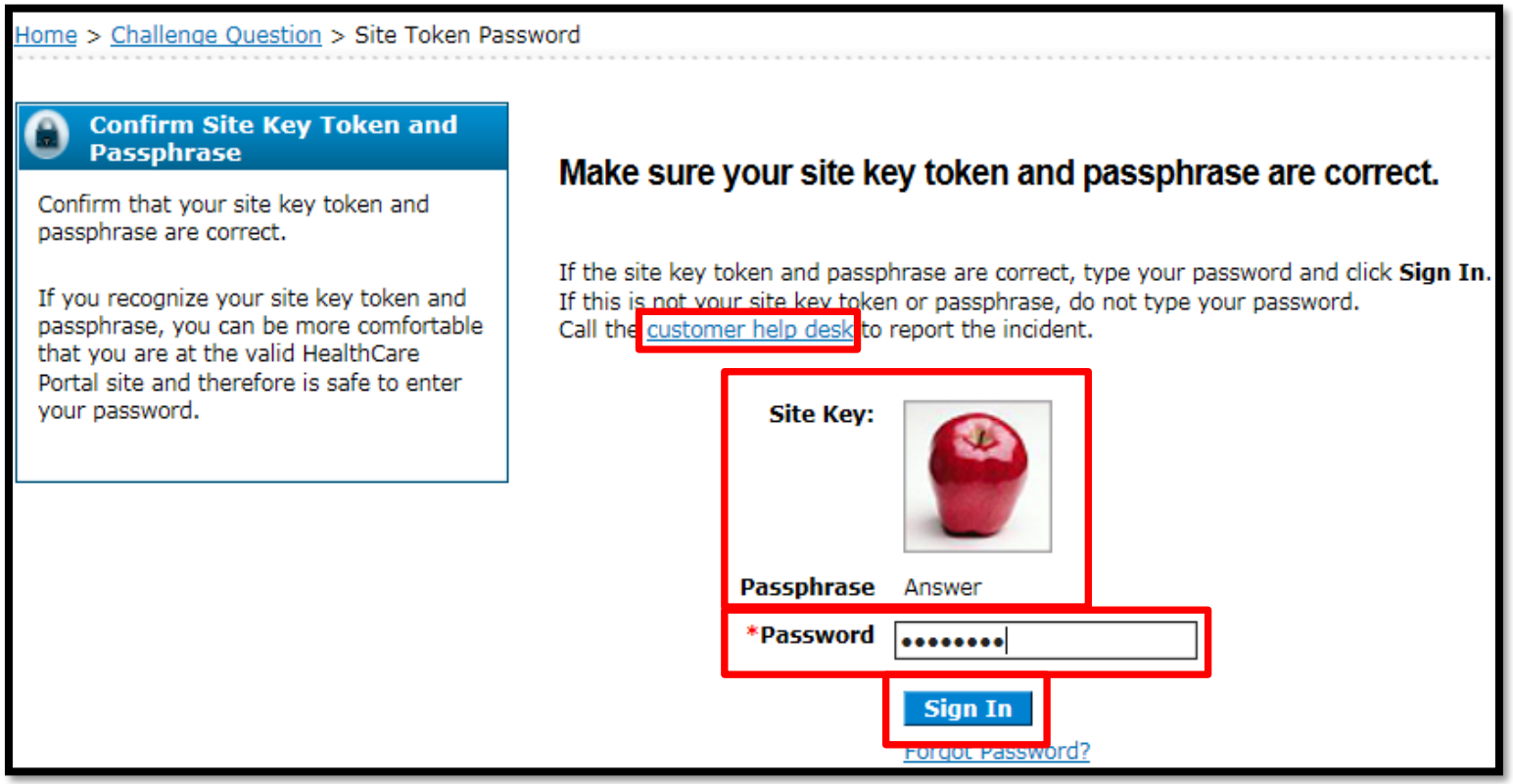
Logging in to the Provider Web Portal, continued



Once the user has clicked the **Log In** button, the user will need to provide identity verification as follows:

- Answer the **Challenge Question** to verify identity.
- Choose whether log in is on a **personal computer** or **public computer.**
- Click the **Continue** button.

Logging in to the Provider Web Portal, continued

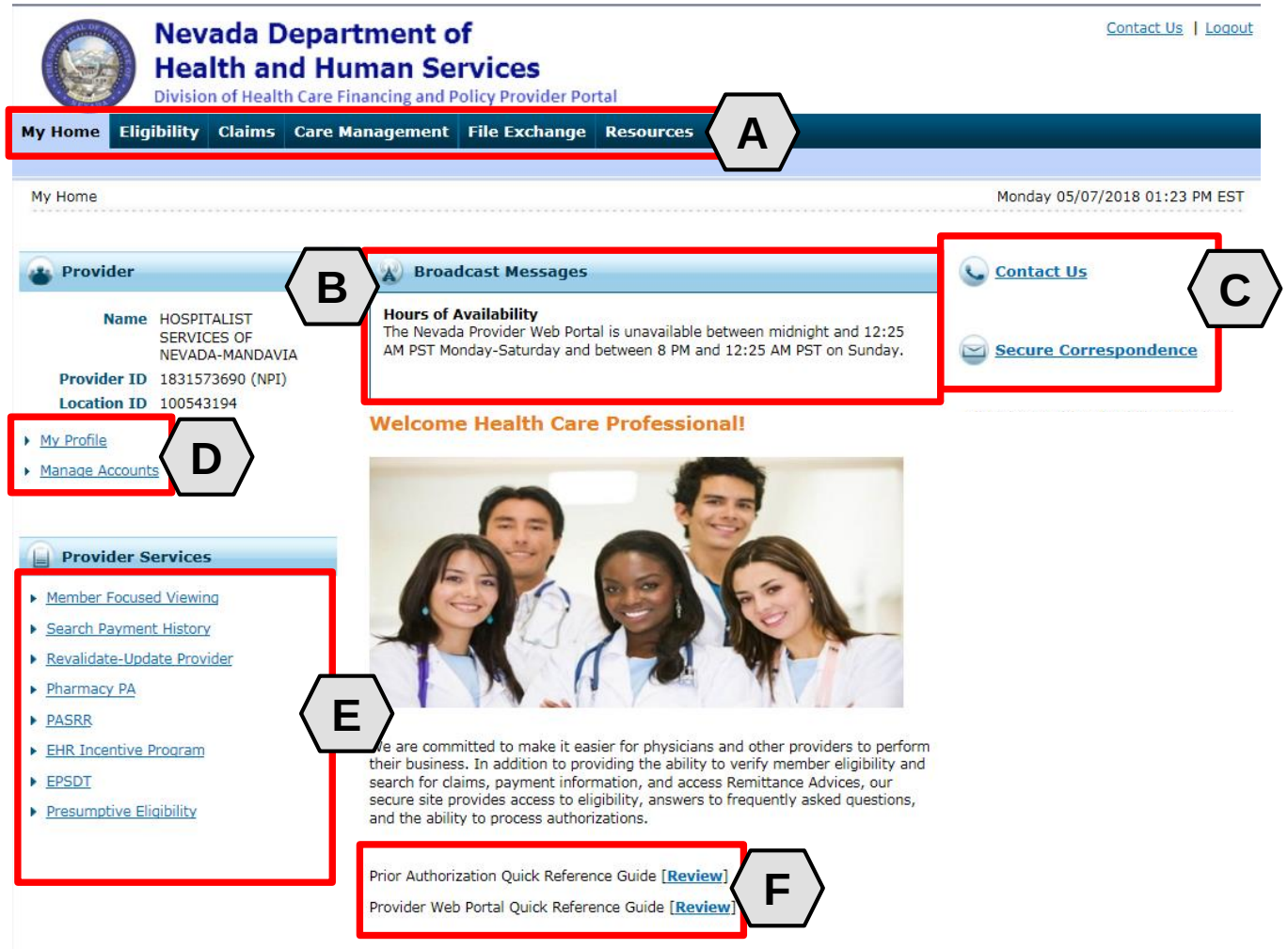


The user will continue providing identity verification as follows:

- Confirm that the **Site Key** and **Passphrase** are correct.
- Enter **Password.**
- Click 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.

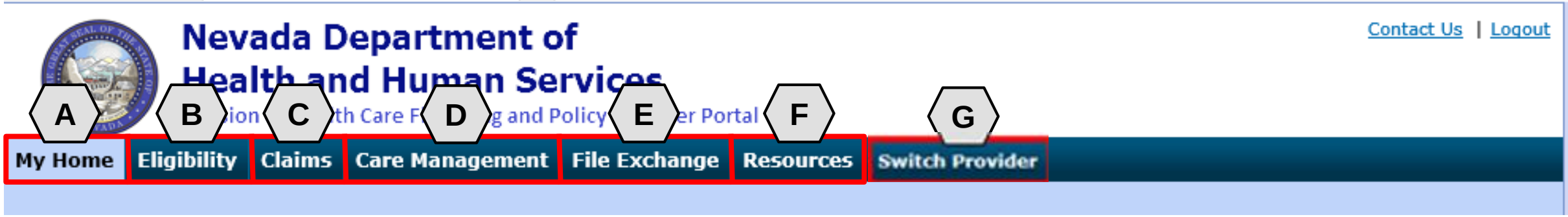
Welcome Screen



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.

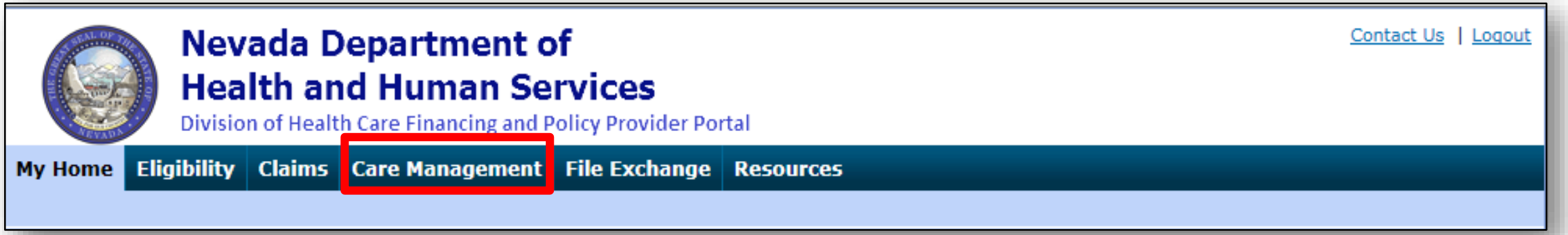
Navigating the Provider Web Portal



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**: **Delegates** can switch between providers to whom they are assigned. The tab is only present when the user is logged in as a delegate.

Care Management Tab



Create Authorization

- Create authorizations for eligible recipients

View Authorization Status

- Prospective authorizations that identify the requesting or servicing provider

Maintain Favorite Providers

- Create a list of frequently used providers
- Select the facility or servicing provider from the providers on the list when creating an authorization
- Maintain a favorites list of up to 20 providers

Before Creating an Authorization Request

Before Creating a Prior Authorization Request

Verify eligibility to ensure that the recipient is eligible on the date of service for the requested services.

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

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

Use the Provider Web Portal to check PAs in pending status for additional information.

Create a Prior Authorization Request

Key Information

Recipient Demographics

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

Diagnosis Codes

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

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

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

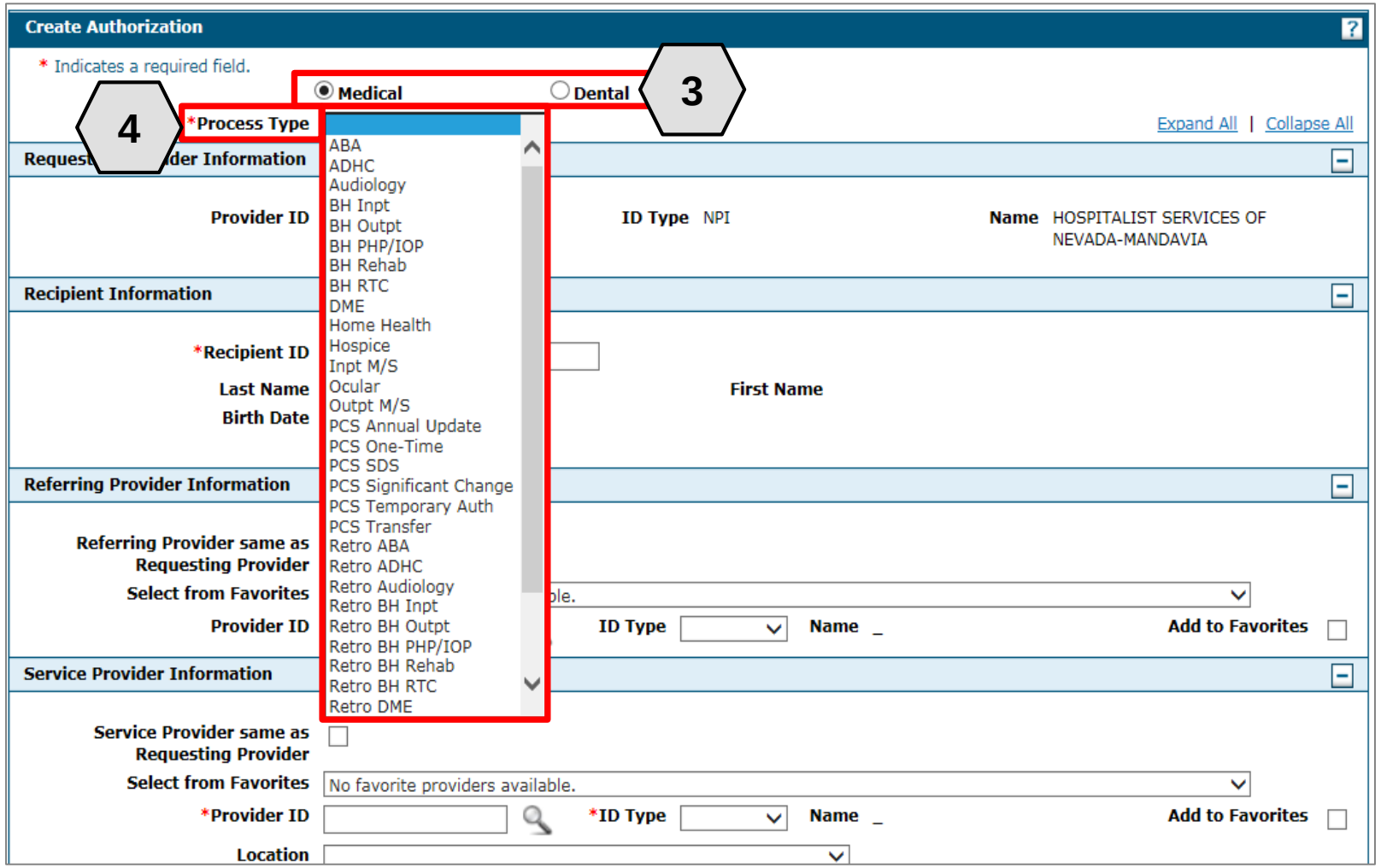
PA Attachments

— Attachments are required with all PA requests. Attachments can only be submitted electronically.
— PA requests received without an attachment will remain in pended status for 30 days.
— If no attachment is received within 30 days, the PA request will automatically be canceled.

Submitting a PA Request

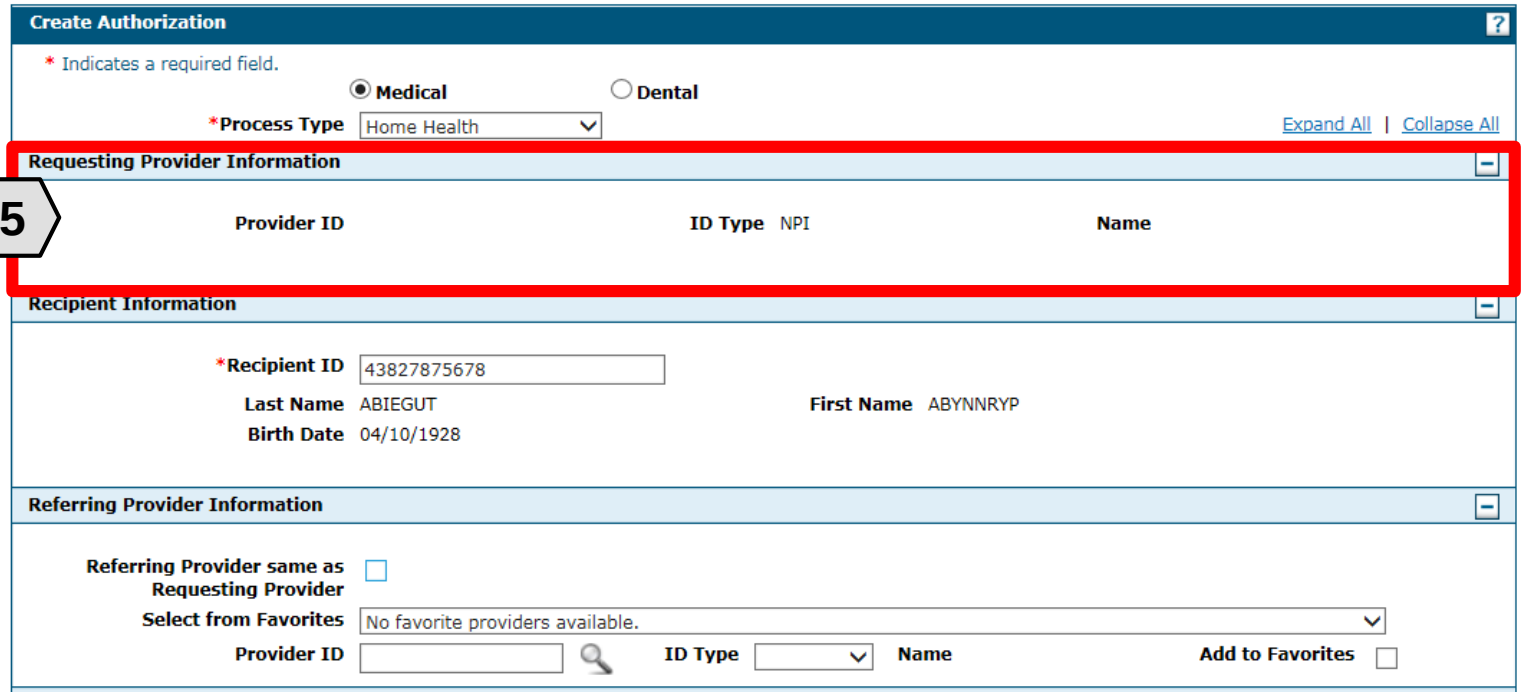
1. Hover over the **Care Management** tab.
2. Click **Create Authorization** from the sub-menu.

Submitting a PA Request, continued



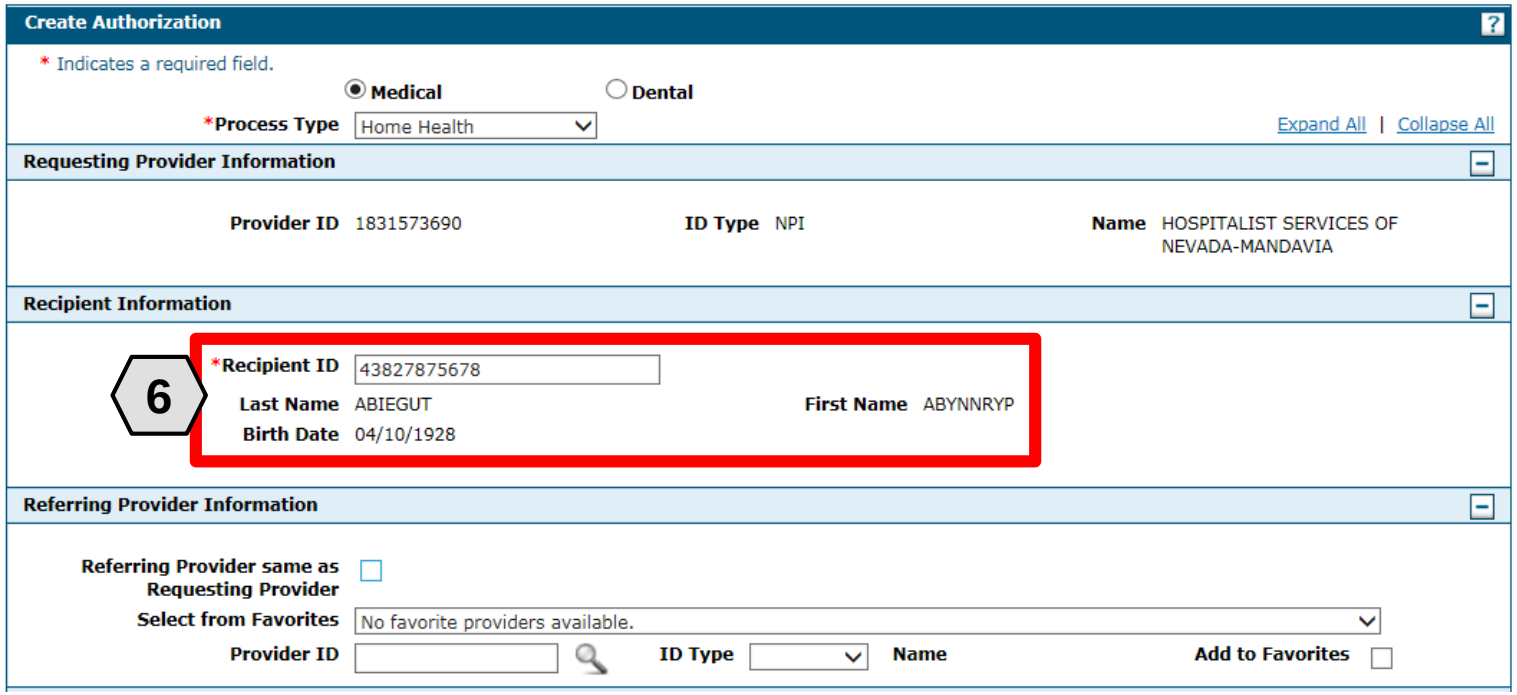
3. Select the authorization type (Medical).
4. Choose an appropriate **Process Type** from the drop-down list.

Submitting a PA Request, continued



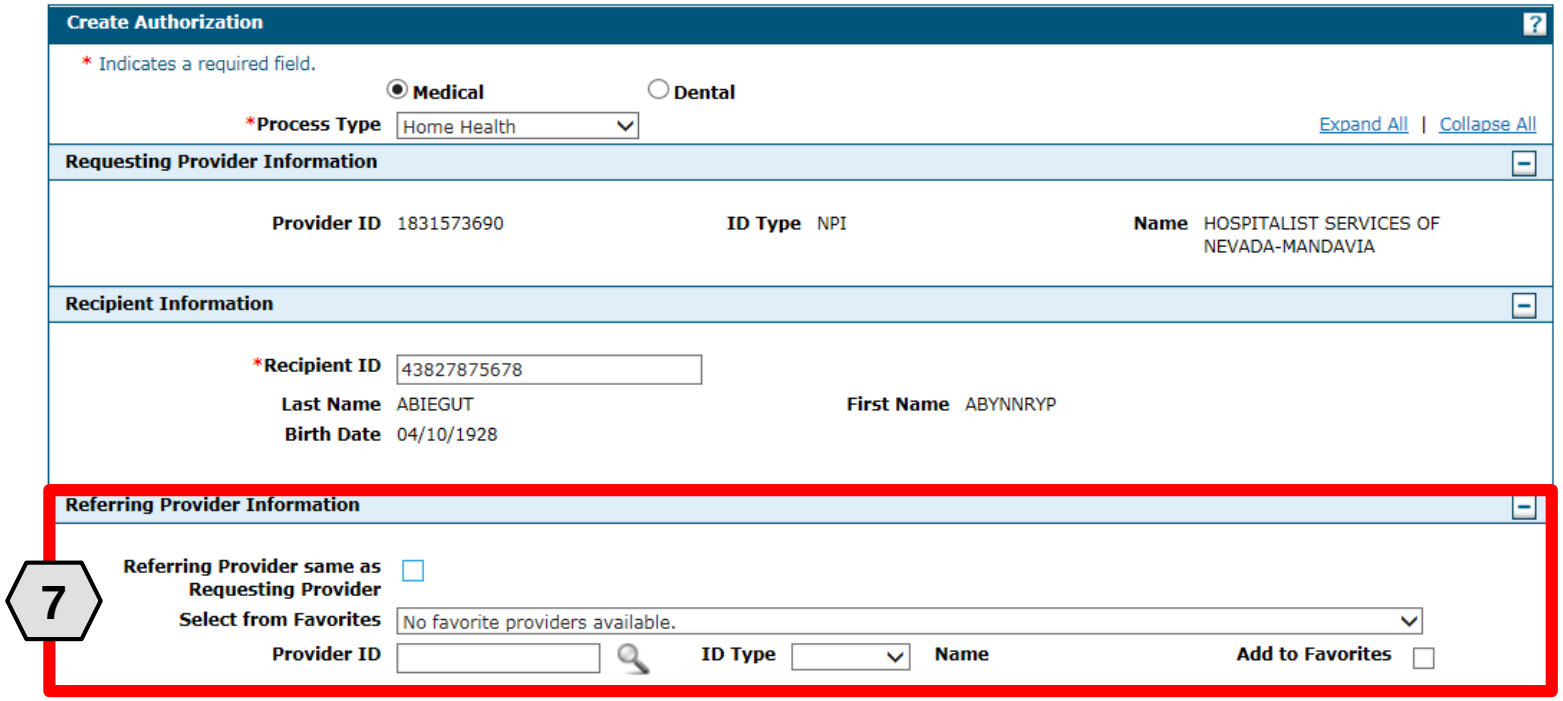
5. The **Requesting Provider Information** is automatically populated with the Provider ID and Name of the provider that the signed-in user is associated with.

Submitting a PA Request, continued



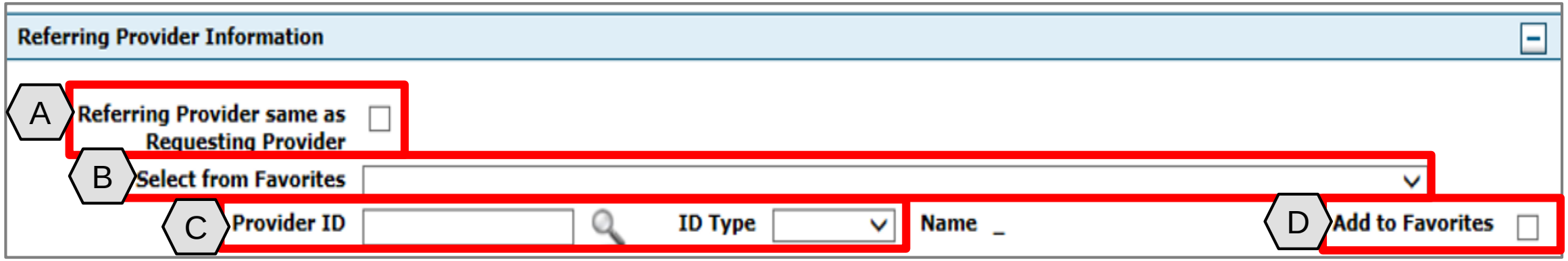
6. Enter the **Recipient ID.** The Last Name, First Name and Birth Date will populate automatically**.**

Submitting a PA Request, continued



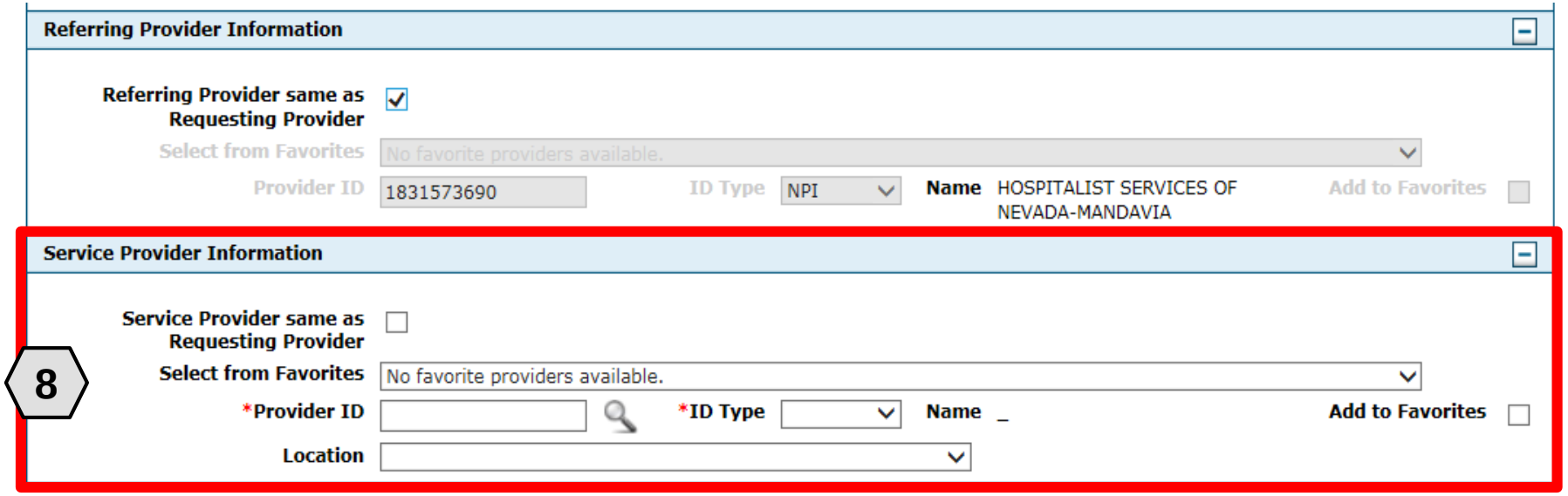
7. Enter **Referring Provider Information** using one of three ways.

Submitting a PA Request, continued



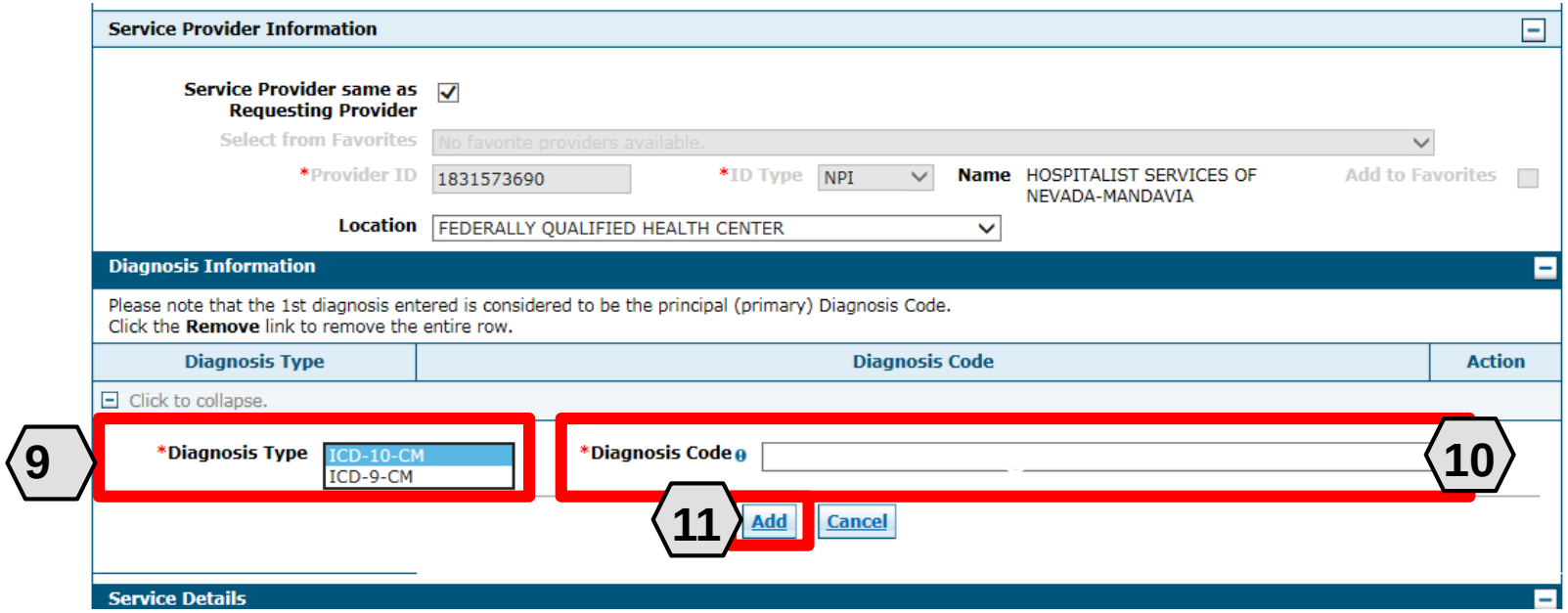
A. Check the **Referring Provider Same as Requesting Provider** box.
B. Choose an option from the **Select from Favorites** drop-down. This drop-down displays a list of providers that the user has indicated as favorites.
C. Enter the **Provider ID** and **ID Type**. Both fields must be completed when using this option.
D. 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



8. Enter **Service Provider Information.**

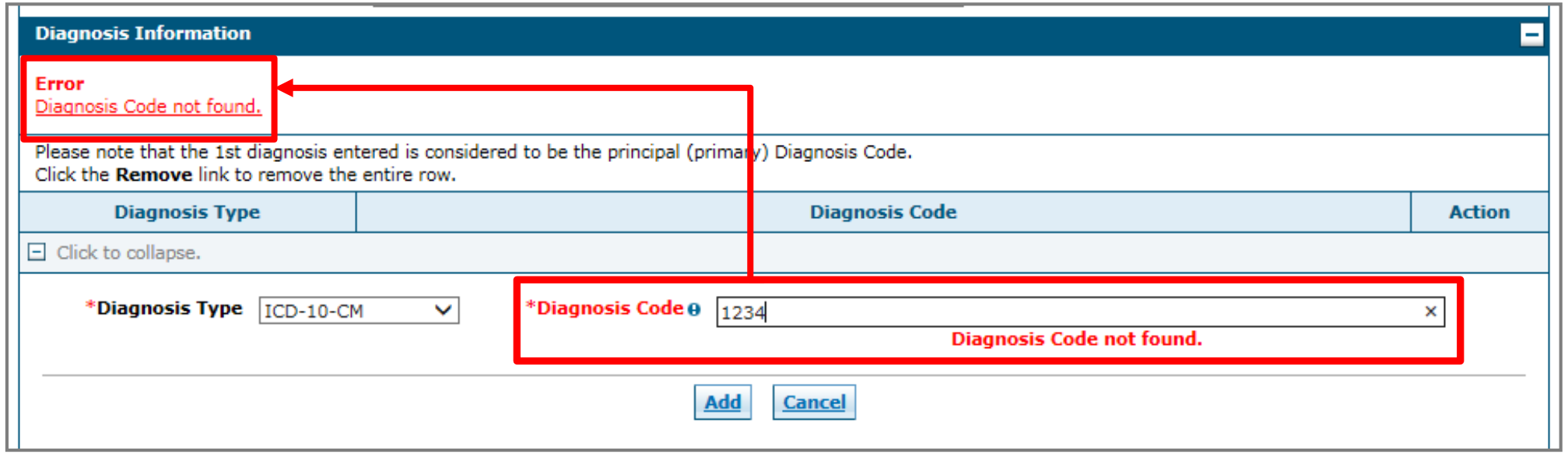
Submitting a PA Request, continued



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.

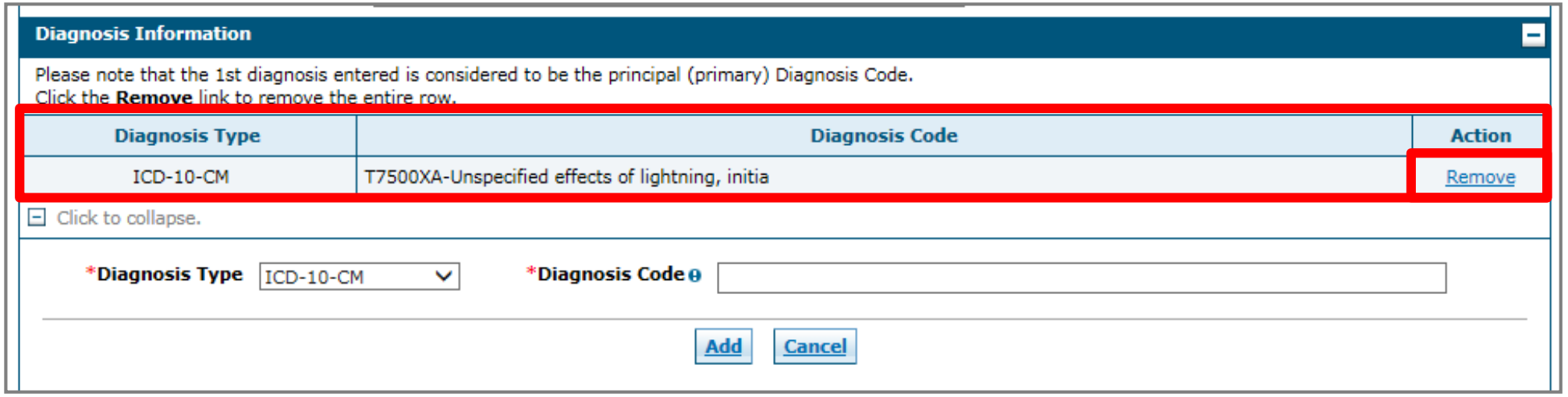
NOTE: Repeat steps 9-11 to enter up to nine codes. The first code entered will be considered the primary.

Submitting a PA Request, continued



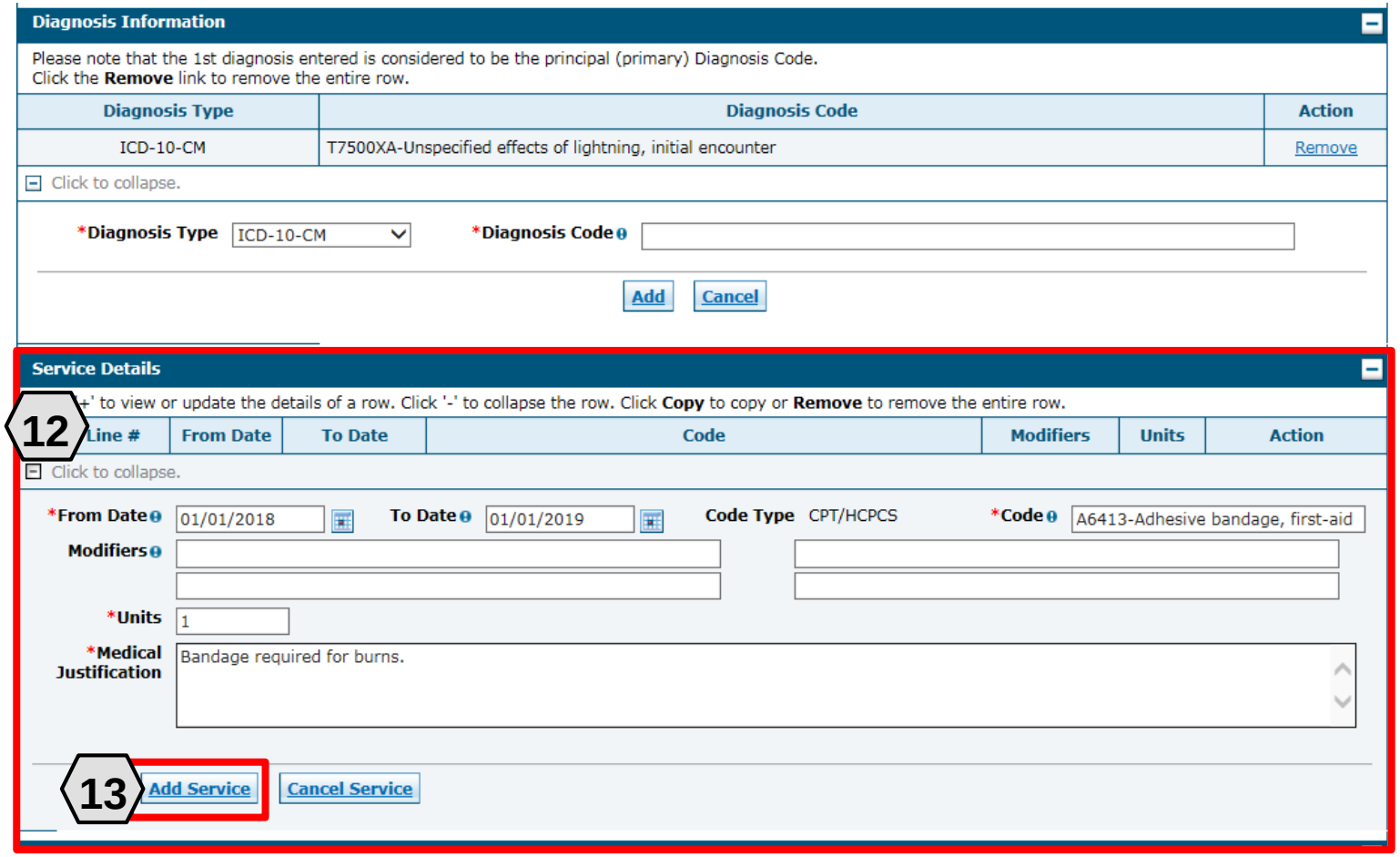
If you click the **Add** button with an invalid diagnosis code, an error will display. Ensure the diagnosis code is correct, up-to-date with the selected **Diagnosis Type**, and does not include decimals.

Submitting a PA Request, continued



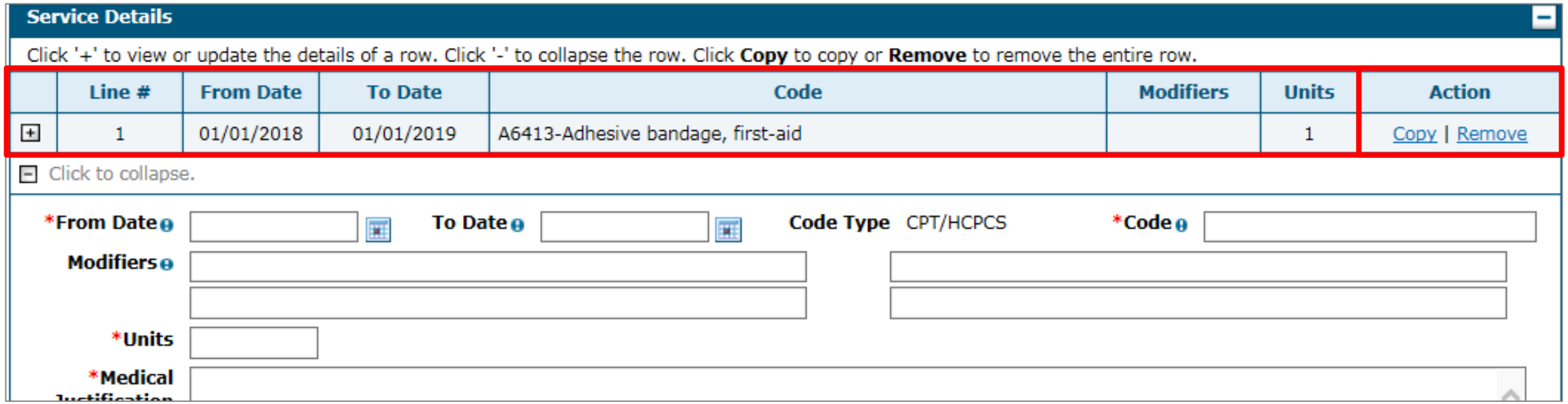
Once a diagnosis code has been entered accurately, and the **Add** button has been clicked, the diagnosis code will display under the **Diagnosis Information section**. If a code needs to be removed from the PA request, click **Remove** located in the **Action** column.

Submitting a PA Request, continued



12. Enter detail regarding the service(s) provided into the **Service Details** section.
13. Click the **Add Service** button.

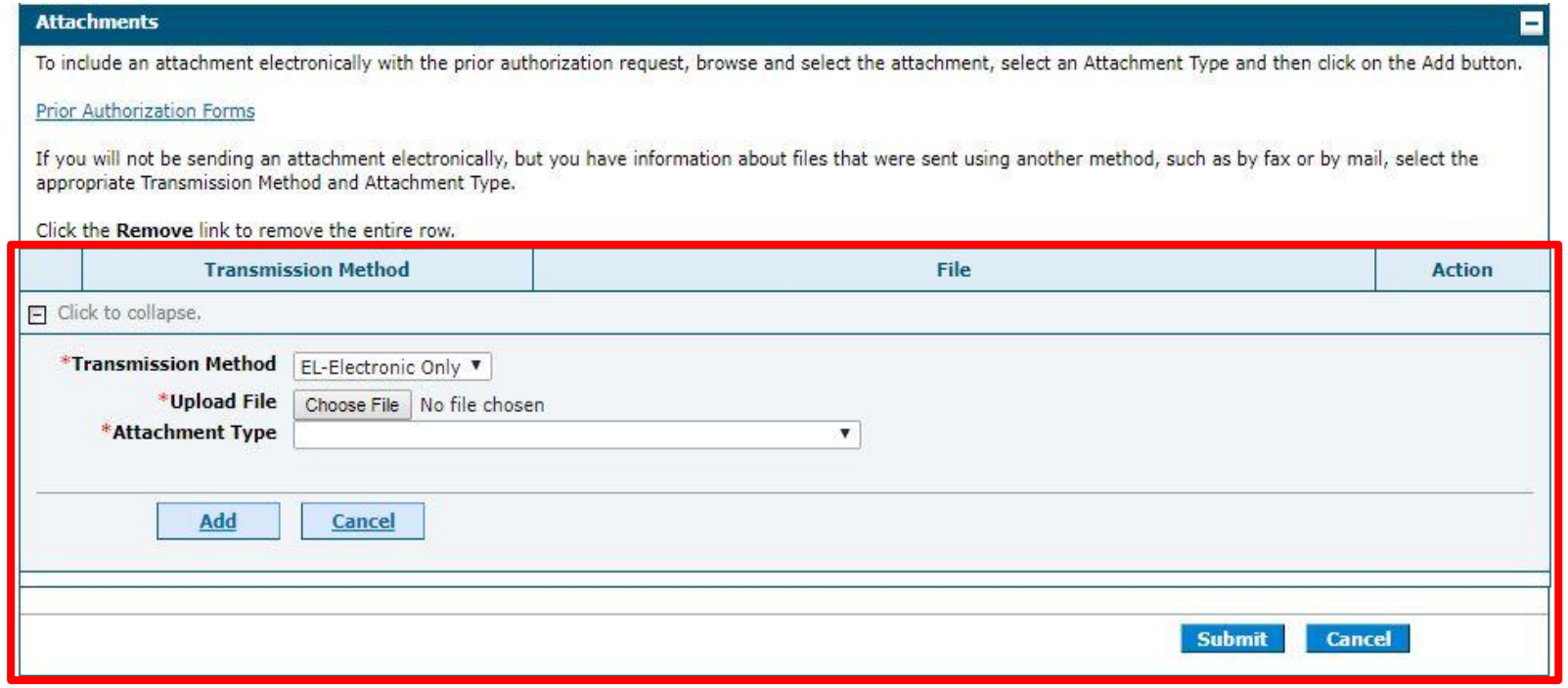
Submitting a PA Request, continued



After clicking the **Add Service** button, the service details will display in the list.

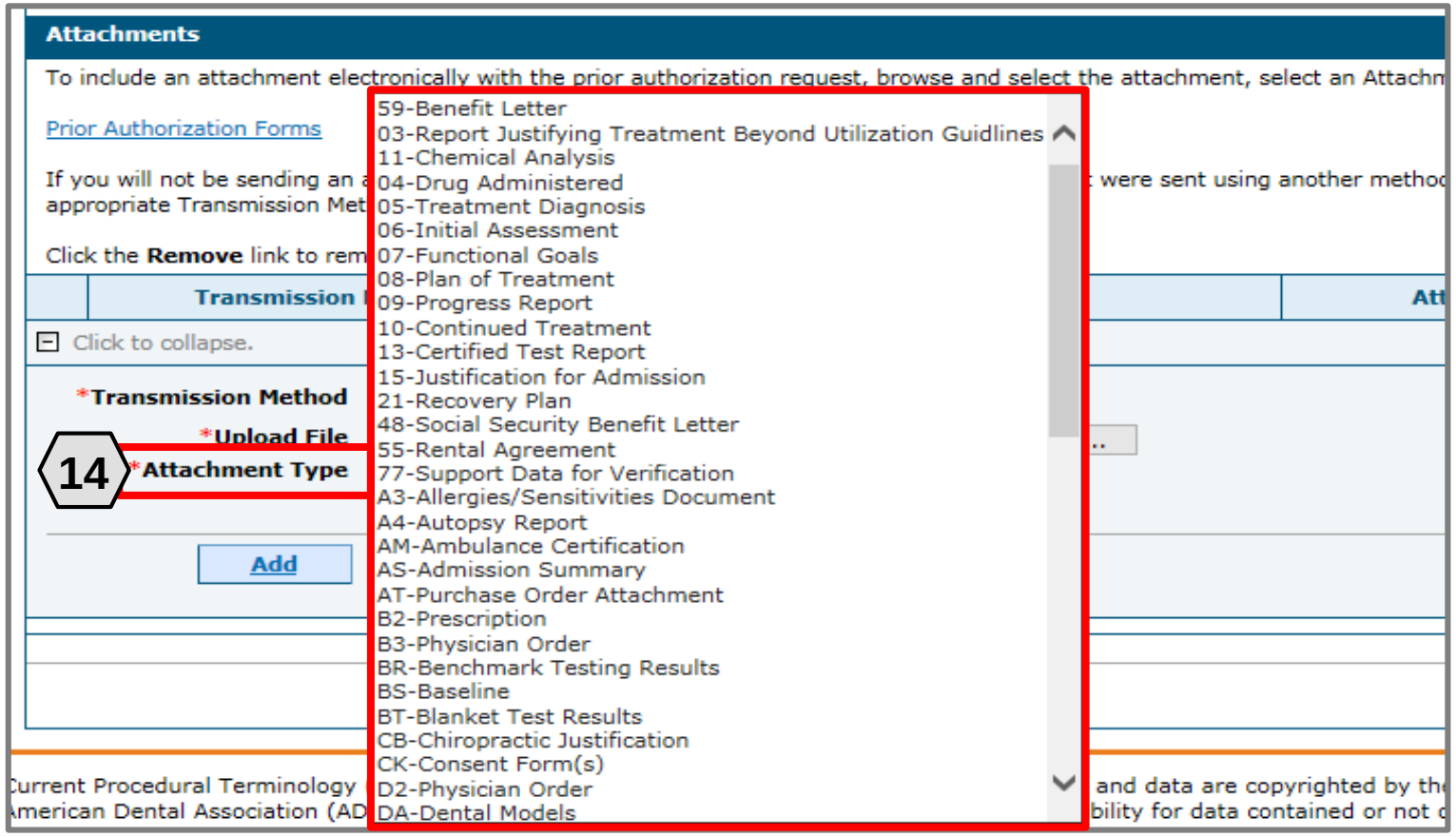
NOTE: Add additional details as needed. If a user wishes to copy a service detail, click **Copy** located in the **Action** column. To remove the detail, click **Remove**.

Submitting a PA Request, continued



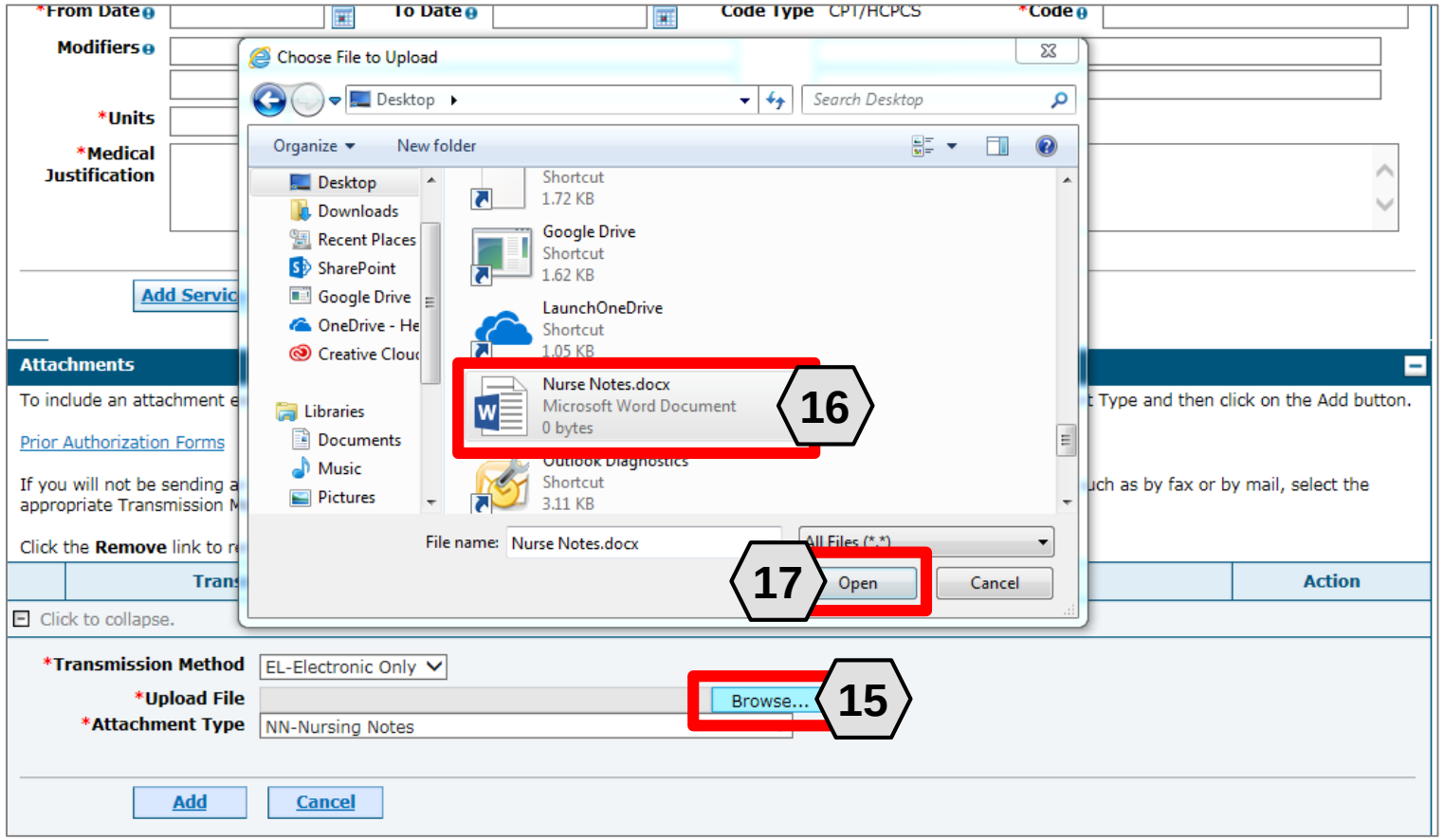
The **Transmission Method** will default to EL-Electronic Only as attachments must be sent via the portal.

Submitting a PA Request, continued



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

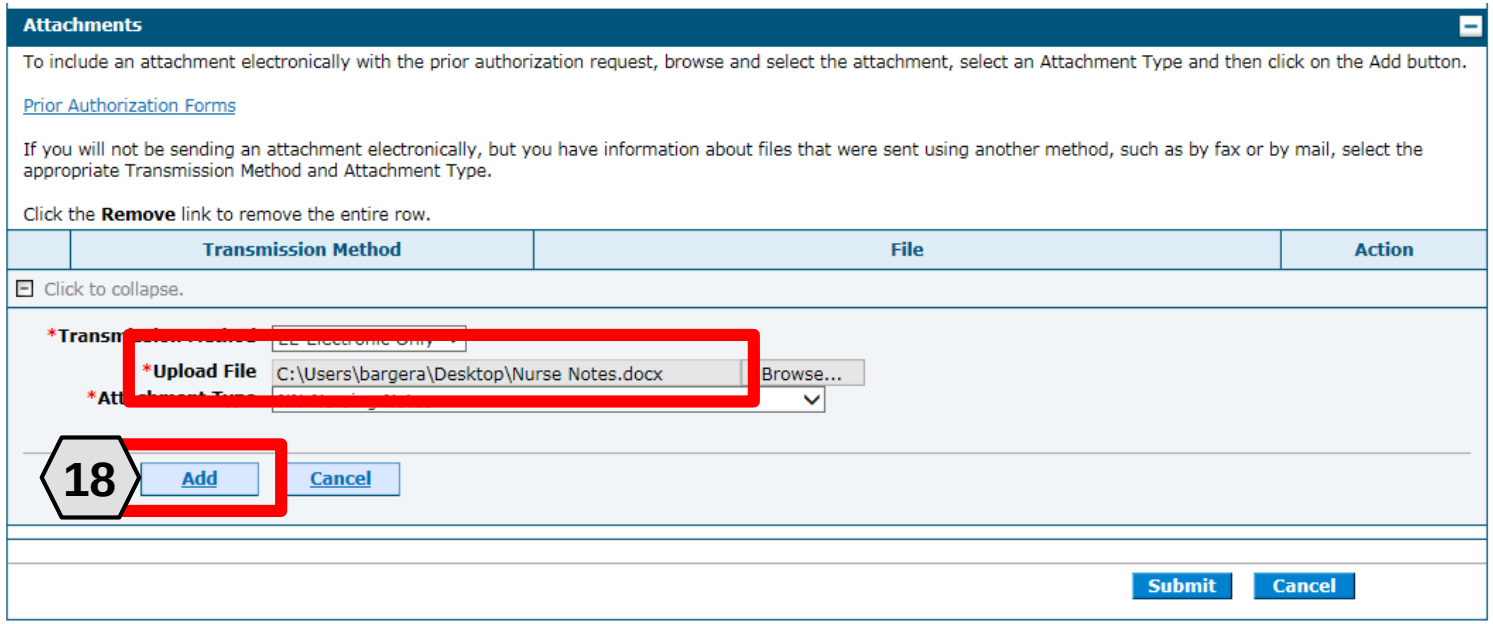
Submitting a PA Request, continued



15. Click the **Browse** button.
16. Select the desired attachment.
17. Click the **Open** button.

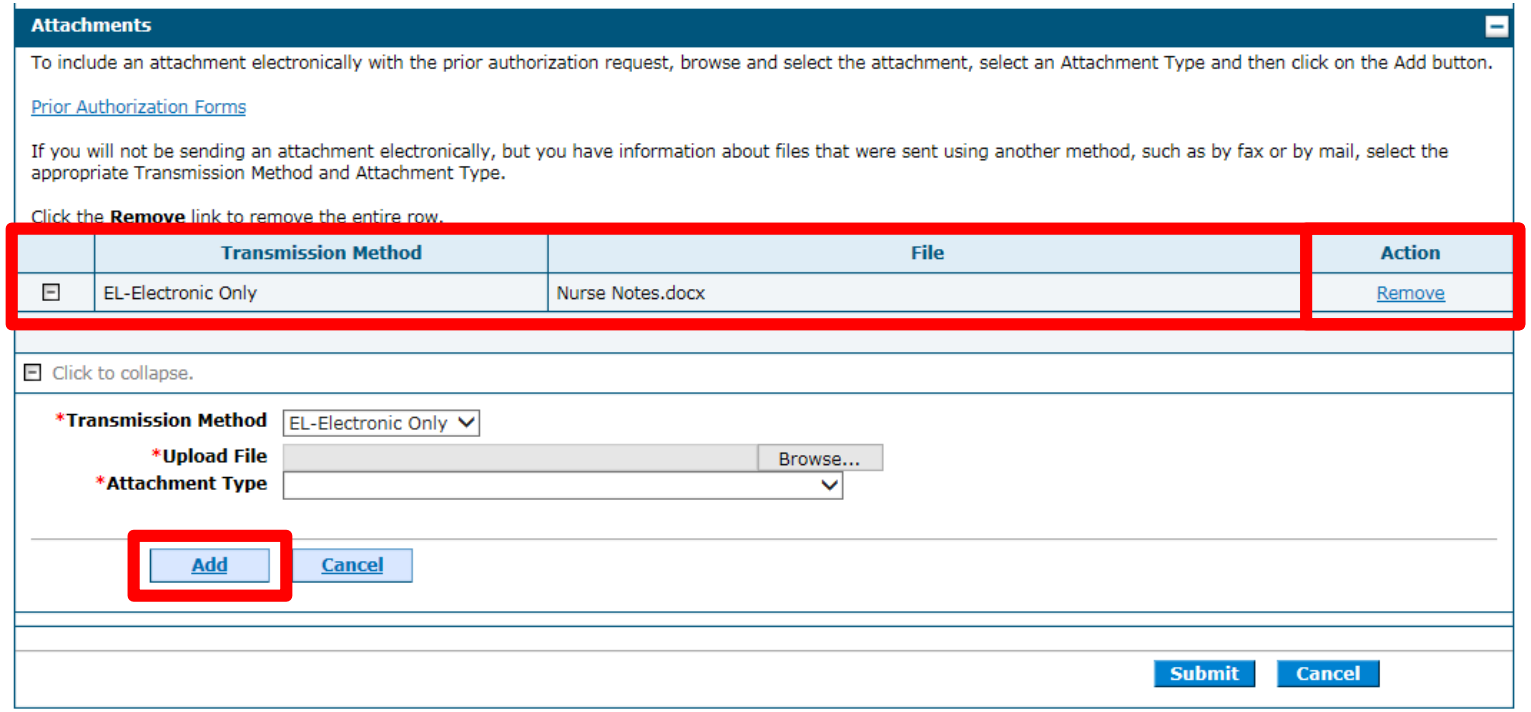
Allowable file types include:
.doc, .docx, .gif, .jpeg, .pdf, .txt, .xls, .xlsx, .bmp, .tif, and .tiff.

Submitting a PA Request, continued



18. Click the **Add** button.

Submitting a PA Request, continued



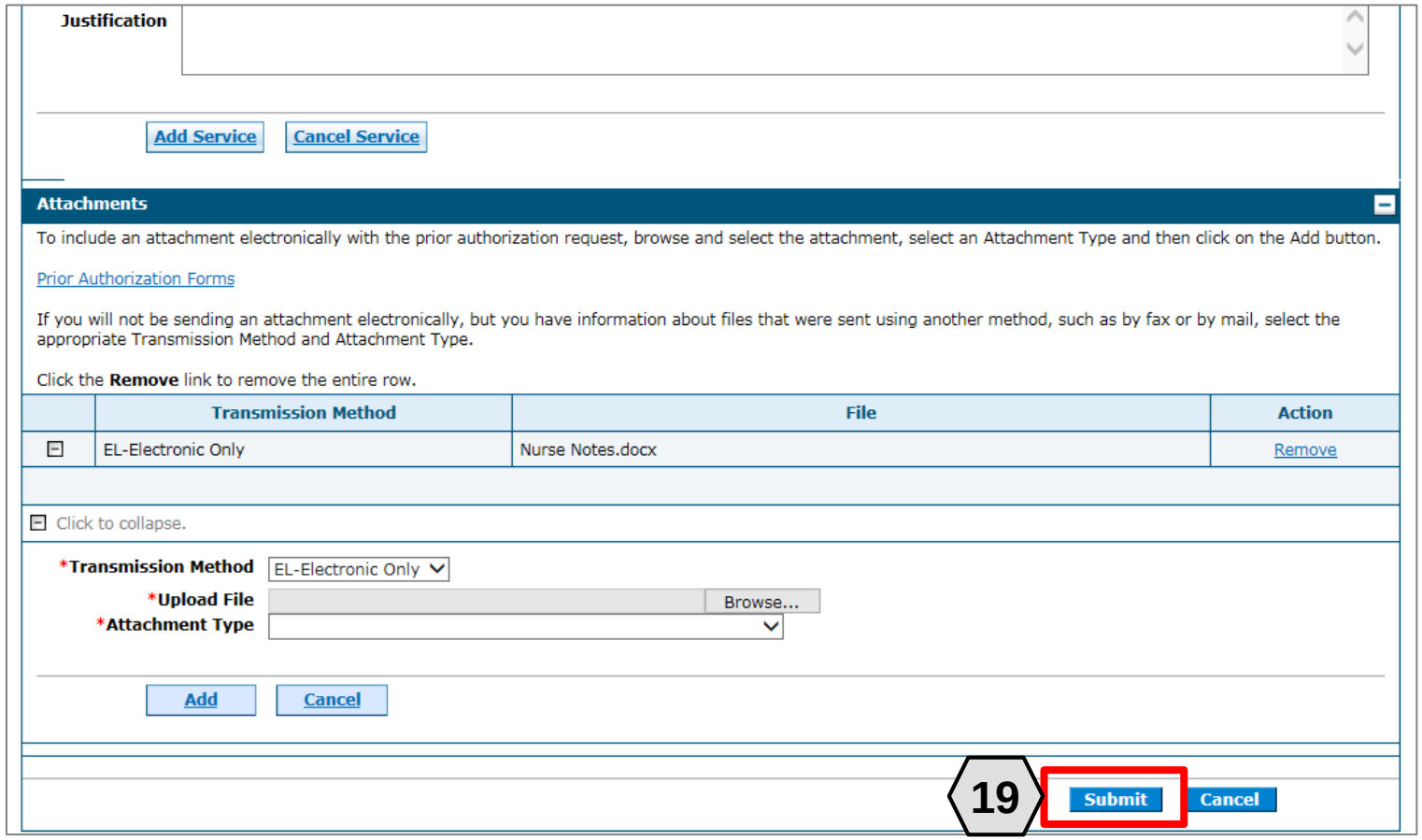
The added attachment displays in the list.

To remove the attachment, click **Remove** in the **Action** column.

Add additional attachments by repeating steps 14-18.

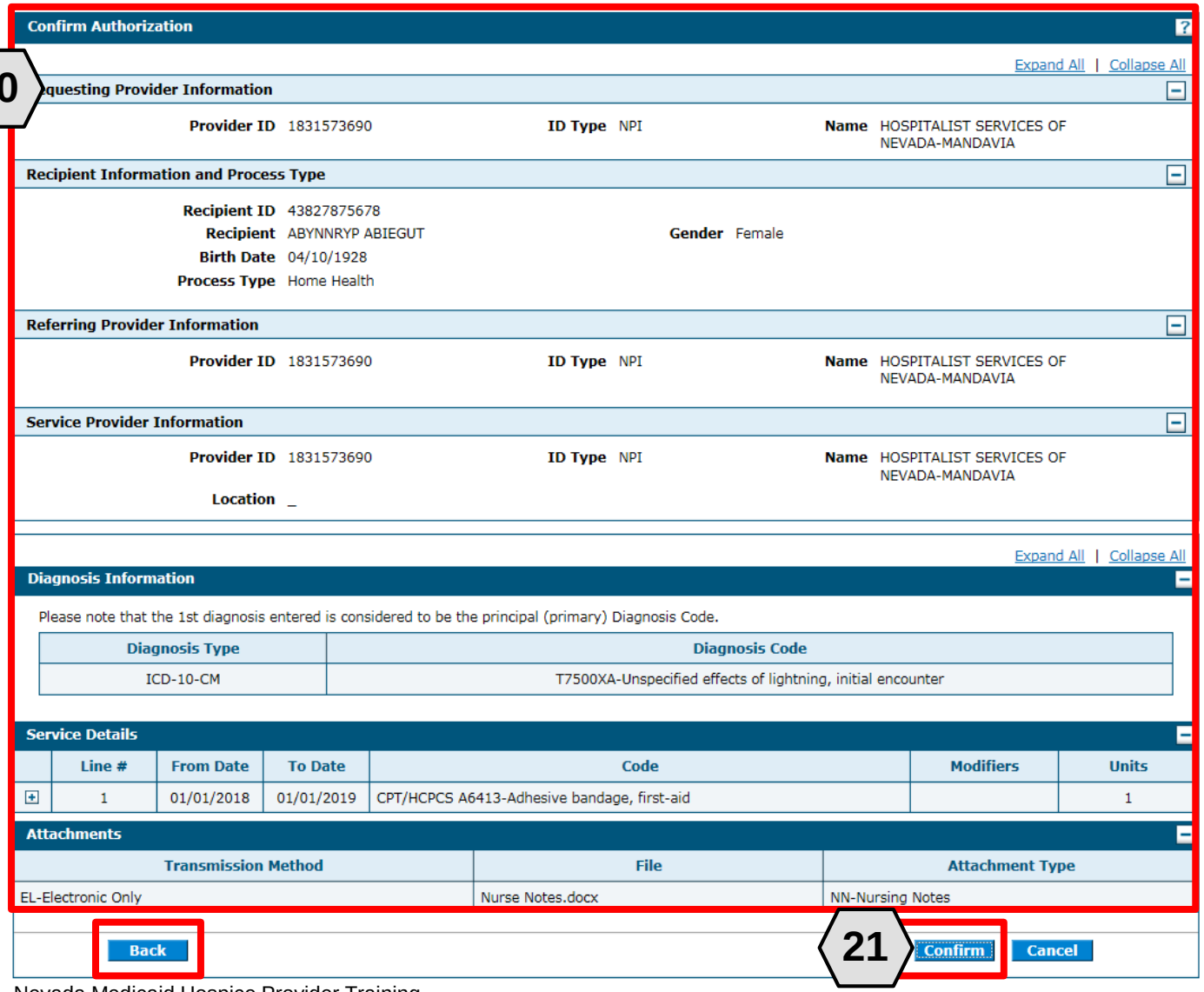
NOTE: The total attachment file size limit before submitting a PA is 4 MB. When more attachments are needed beyond this capacity, the user will first submit the PA. Afterwards, go back into the PA using the View Authorization Response page, click the edit button to open the PA and then add more attachments.

Submitting a PA Request, continued



19. Click the **Submit** button.

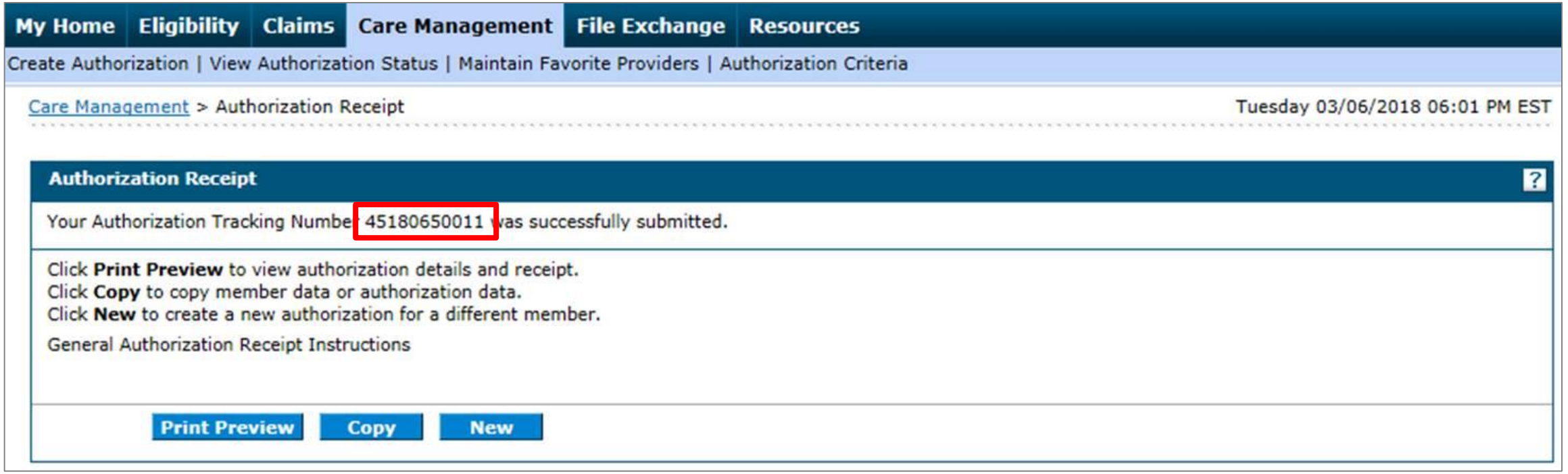
Submitting a PA Request, continued



20. Review the information on the PA request.
21. Click the **Confirm** button to submit the PA for processing. Only click the Confirm button once. If a user clicks Confirm multiple times, multiple PA requests will be submitted and denied due to multiple submissions.

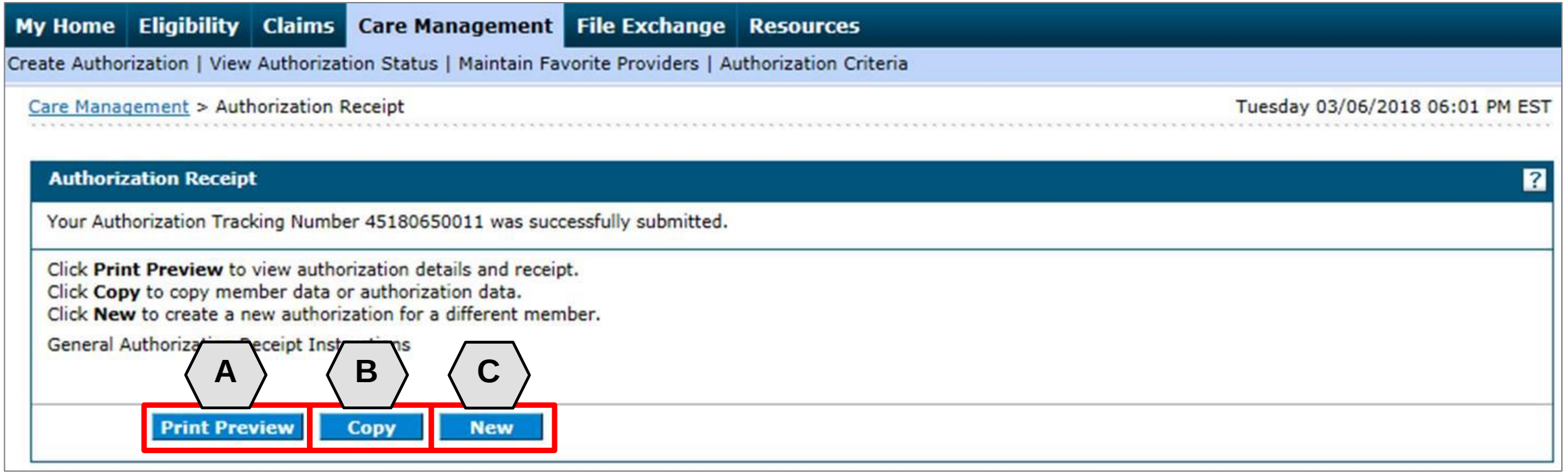
NOTE: If updates are needed prior to clicking the **Confirm** button, click the **Back** button to return to the "Create Authorization" page.

Submitting a PA Request, continued



After the **Confirm** button has been clicked, an “Authorization Tracking Number” will be created. This message signifies that the PA request has been successfully submitted.

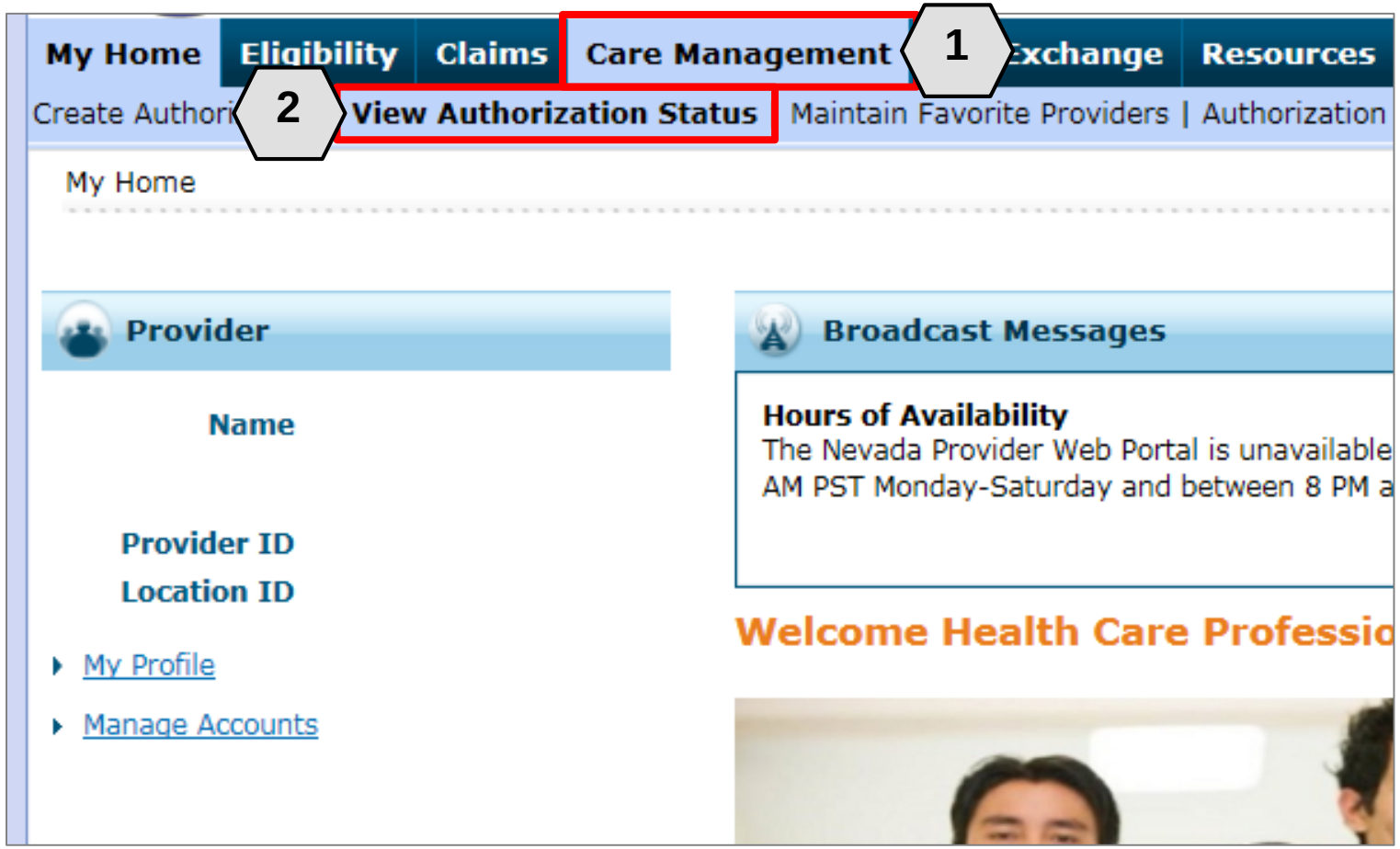
Submitting a PA Request, continued



A. **Print Preview:** Allows a user to view the PA details and receipt for printing.
B. **Copy:** Allows a user to copy member or authorization data for another authorization.
C. **New:** Allows a user to begin a new PA request for a different member.

Viewing Status

Viewing the Status of PAs

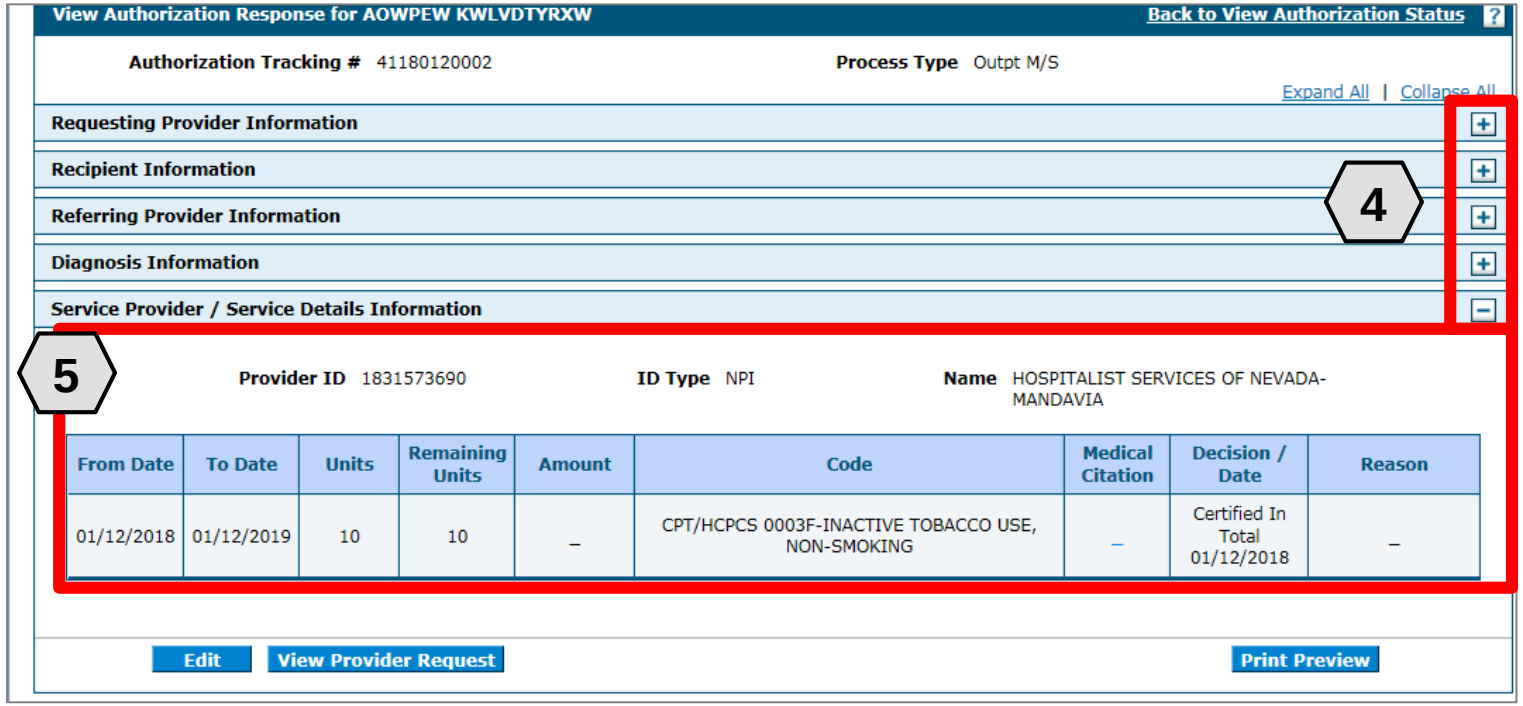


1. Hover over the **Care Management** tab.
2. Click **View Authorization Status.**

Viewing the Status of PAs, continued

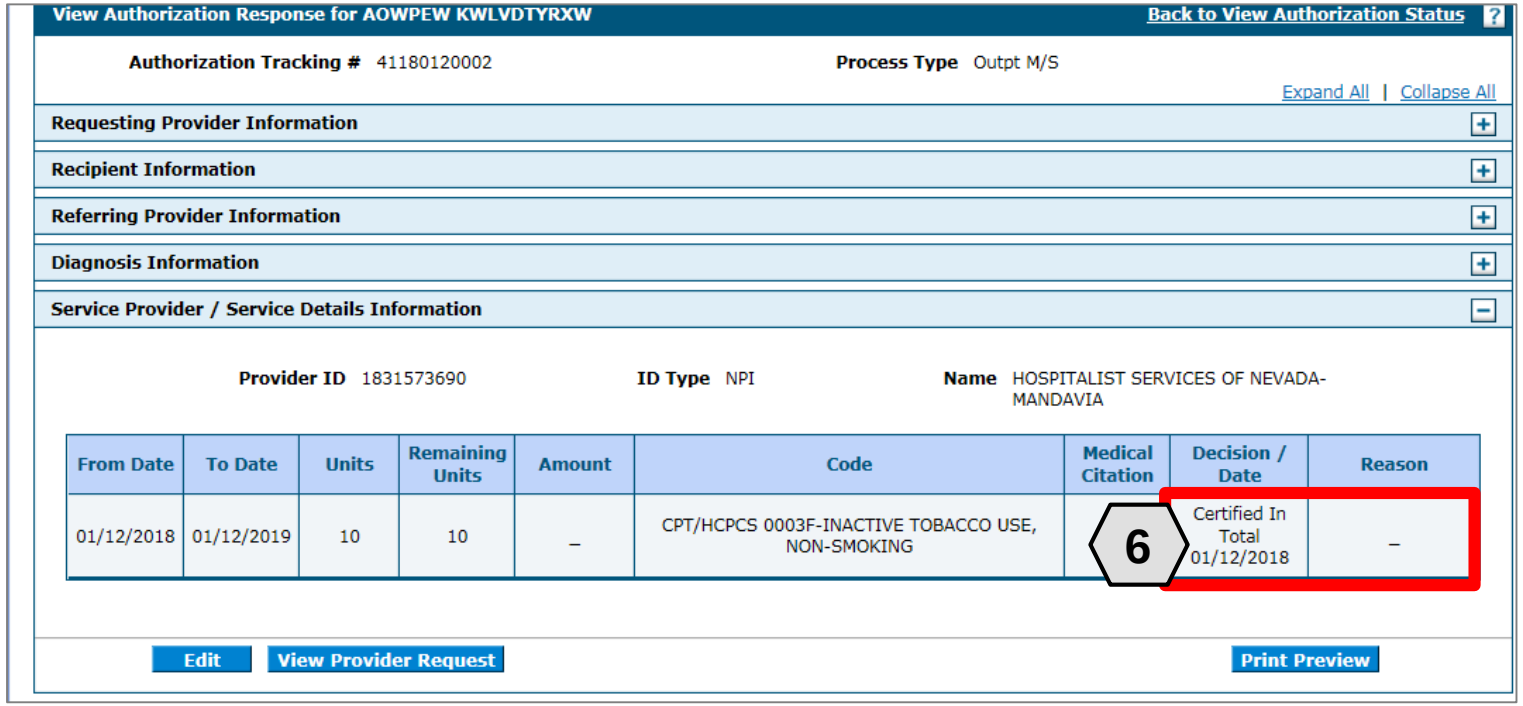
3. Click the **ATN** hyperlink of the PA to be viewed.

Viewing the Status of PAs, continued



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



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

Viewing the Status of PAs, continued

Service Provider / Service Details Information

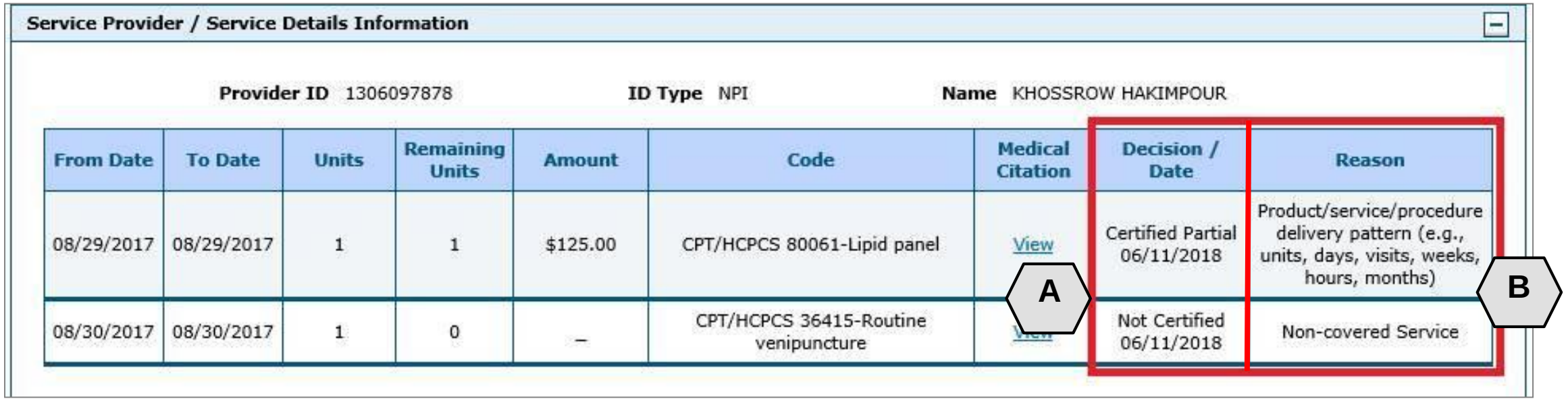
Provider ID 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

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	–

In the **Decision / Date** column, users 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 1306097878 **ID Type** NPI **Name** KHOSSROW HAKIMPOUR

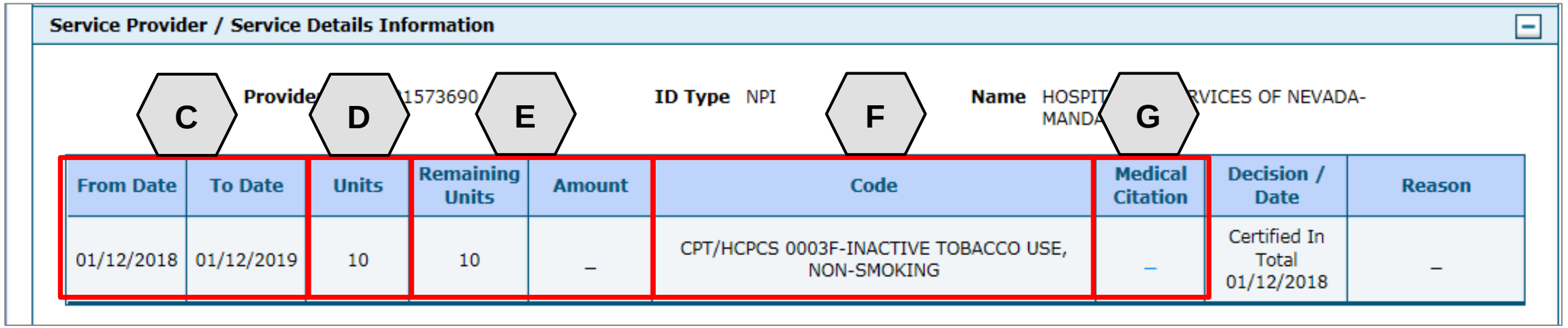
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
08/29/2017	08/29/2017	1	1	$125.00	CPT/HCPCS 80061-Lipid panel	View	Certified Partial 06/11/2018	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)
08/30/2017	08/30/2017	1	0	–	CPT/HCPCS 36415-Routine venipuncture	View	Not Certified 06/11/2018	Non-covered Service

A

B

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



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 procedure code on the PA.
G. **Medical Citation:** Indicates when additional information is needed for authorizations (including denied).

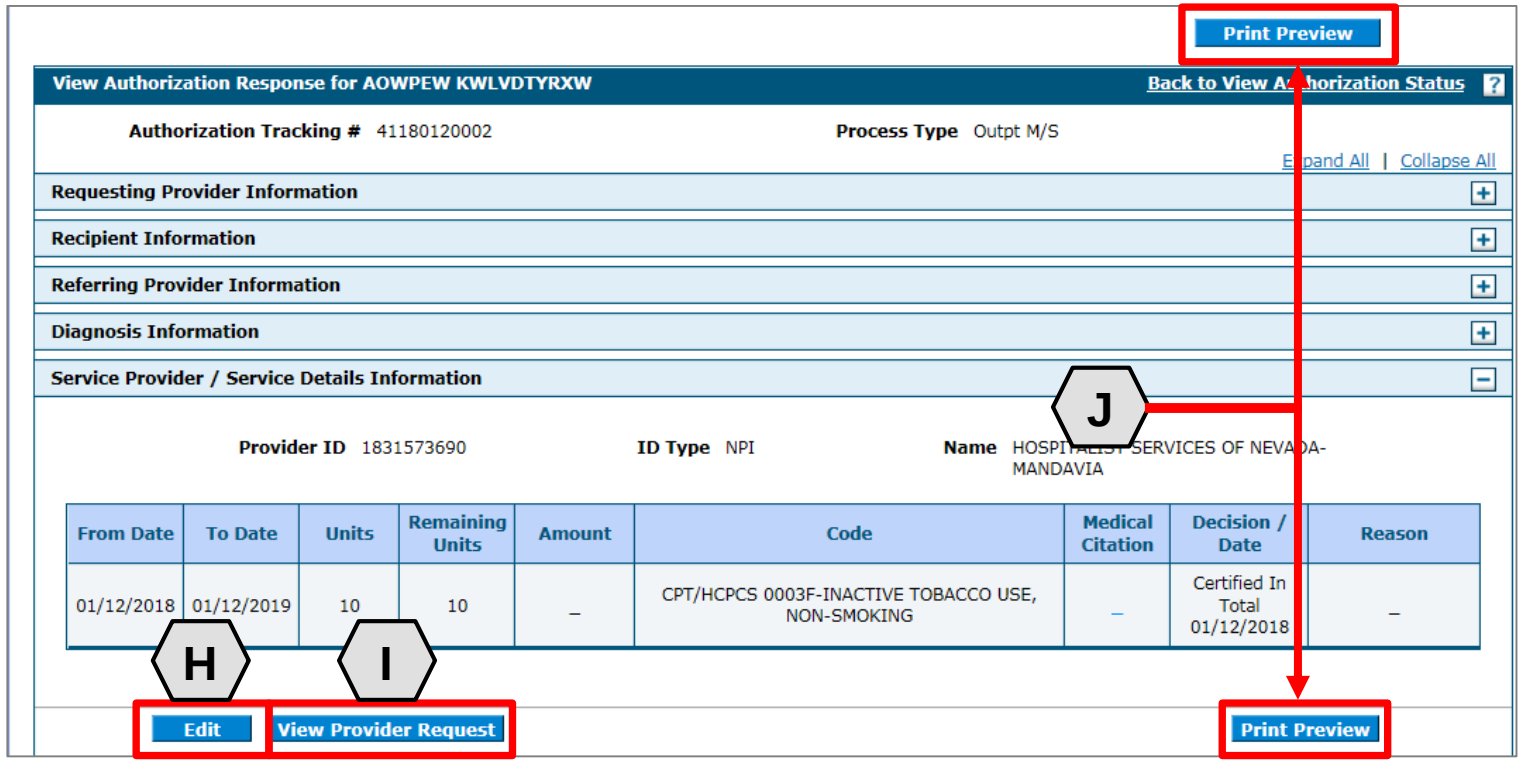
Viewing the Status of PAs, continued

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/17/2013	02/17/2013	3	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	Hide	Not Certified 02/21/2013	–
Medical Citation 7002 - Information provided does not support medical necessity as defined by Nevada Medicaid. **Notes To Provider** Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted.								
02/20/2031	02/20/2031	2	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	View	Not Certified 02/22/2013	–
02/17/2013	02/20/2013	3	3	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	–	Certified In Total 02/24/2013	–

Edit | View Provider Request | Print Preview

The Medical Citation field indicates if additional information is needed for all authorizations (including denied). Click “View” to see the details and clinical notes provided by Nevada Medicaid or click “Hide” to collapse the information panel.

Viewing the Status of PAs, continued



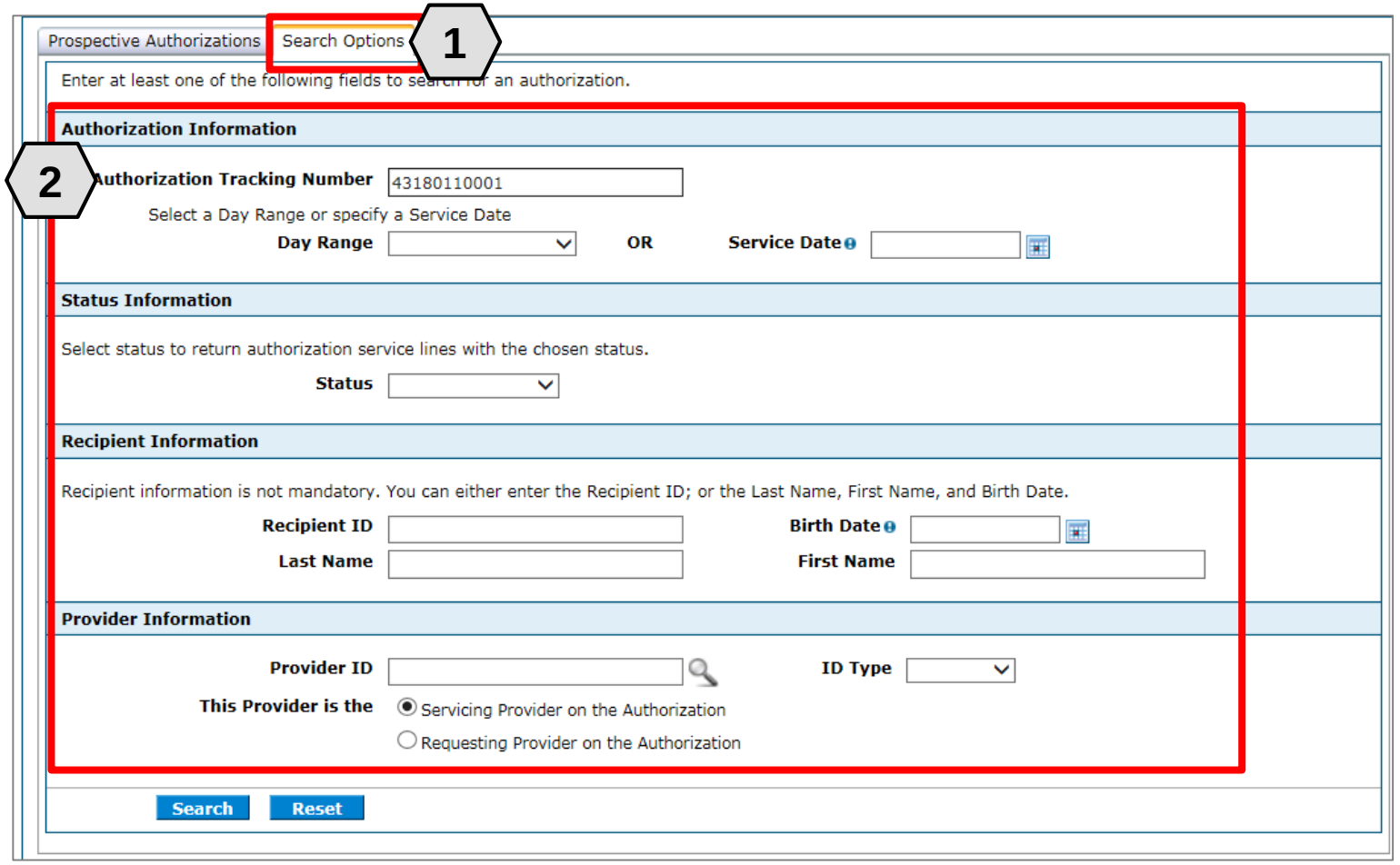
H. **Edit:** Edit the PA.

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.

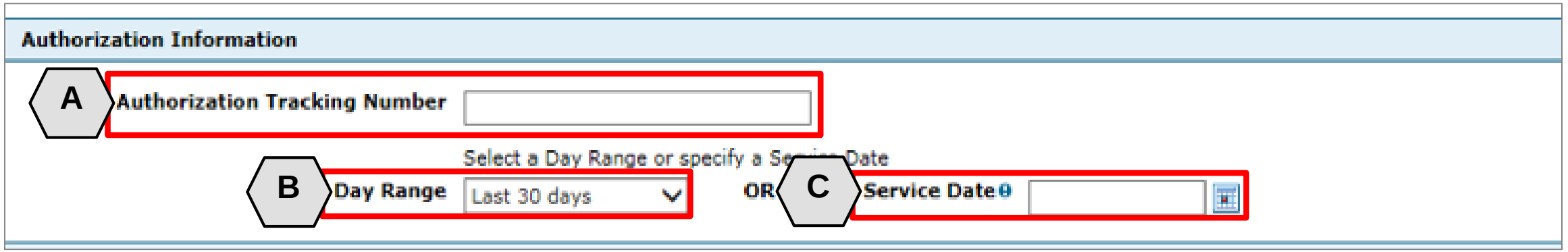
Searching for PAs

Searching for PAs



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

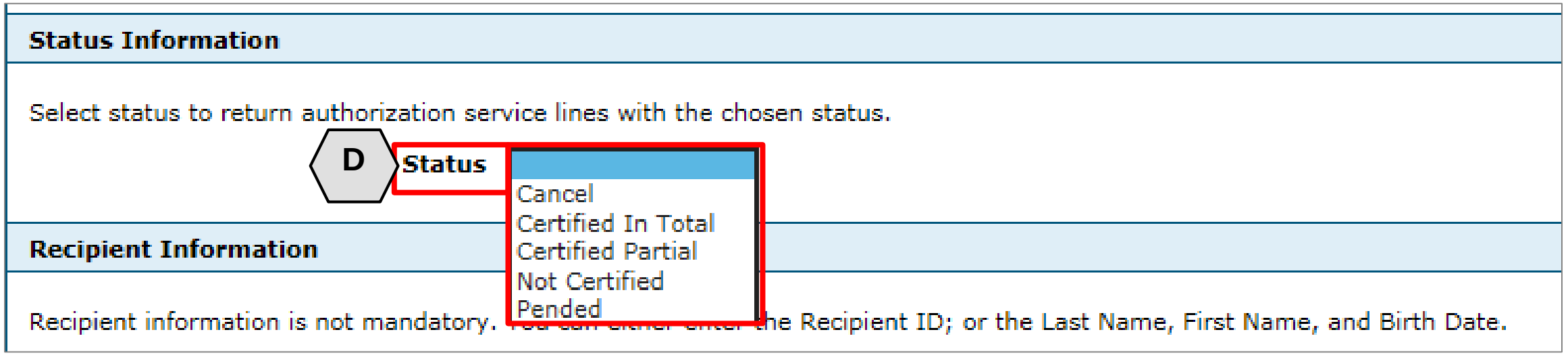
Searching for PAs, continued



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.

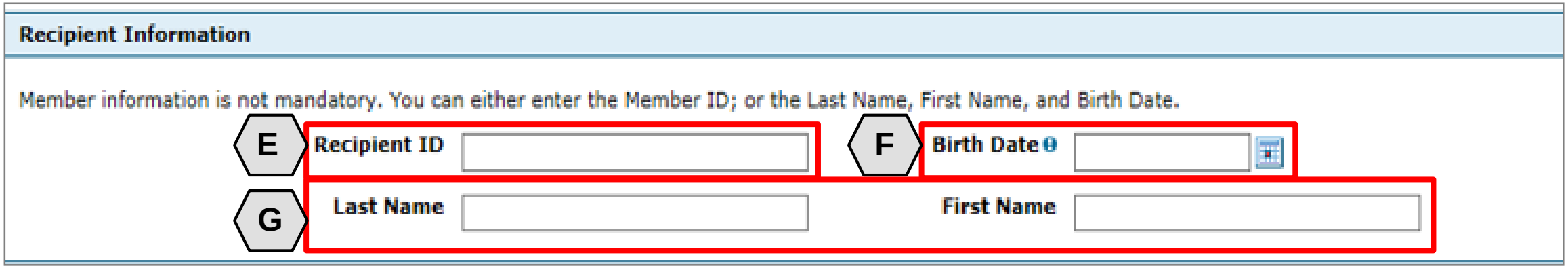
NOTE: Without an ATN, a **Day Range** or a **Service Date** must be entered. If the PA start date is more than 60 days ago, a **Service Date** must be entered.

Searching for PAs, continued



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

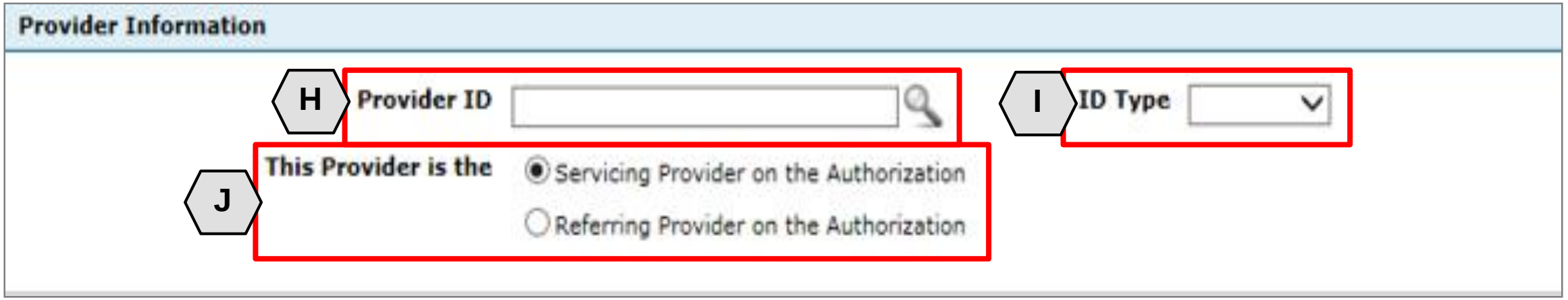
Searching for PAs, continued



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

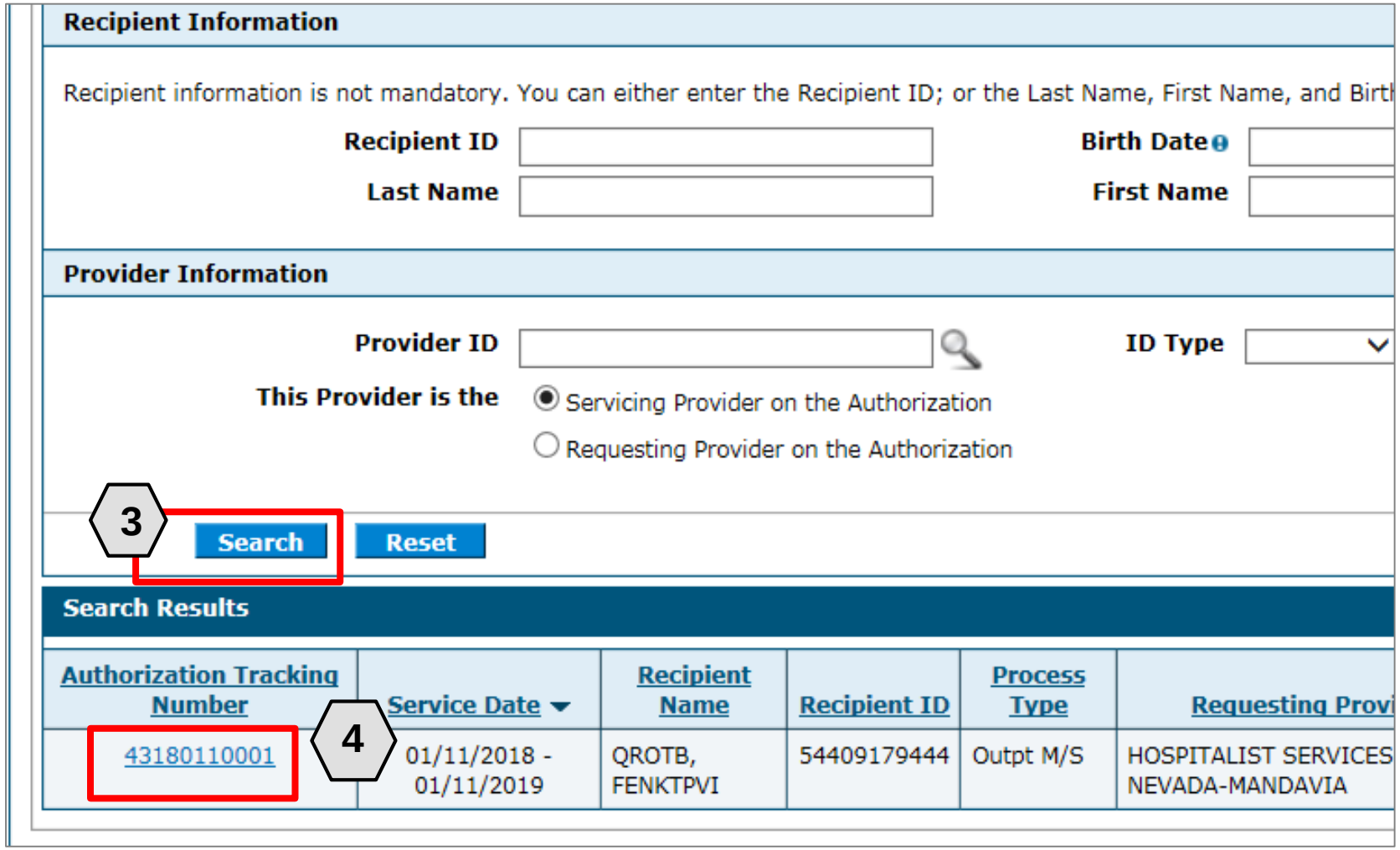


H. **Provider ID:** Enter the provider's unique NPI.

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.

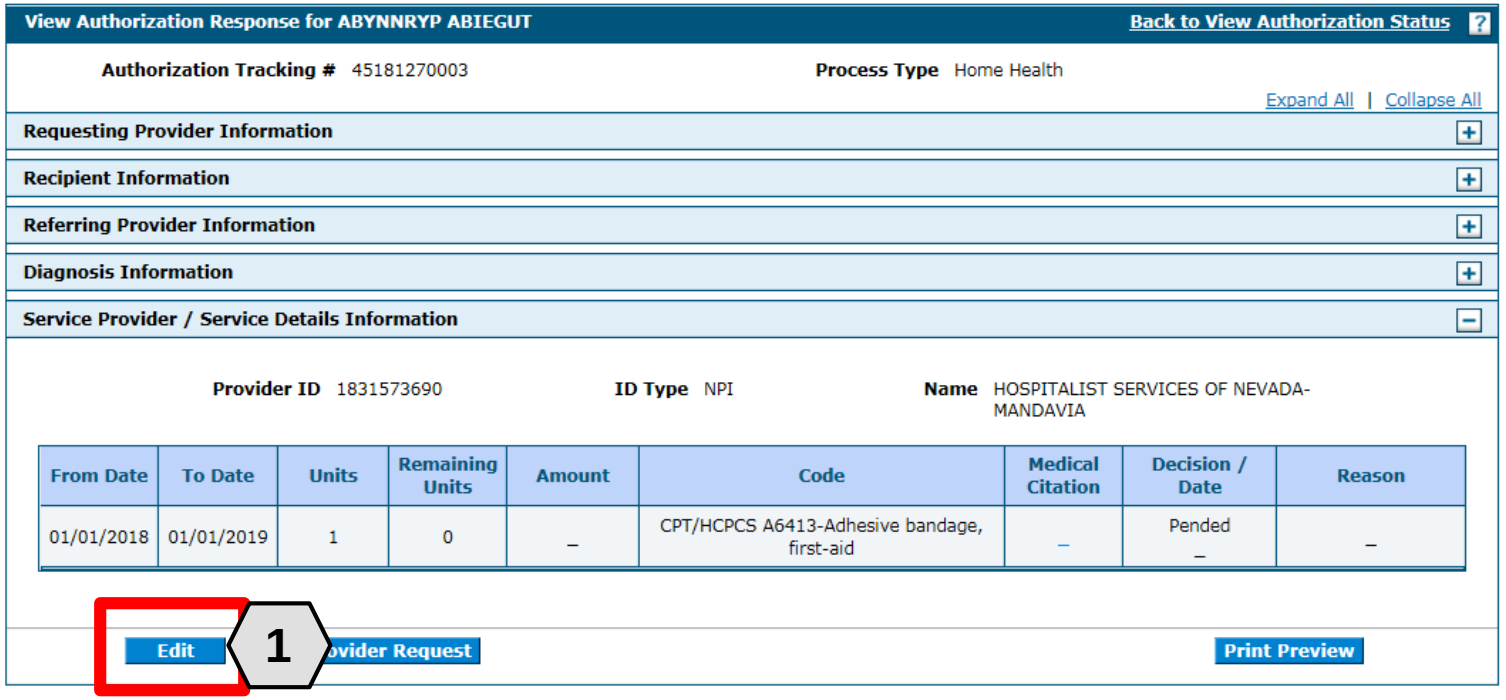
Searching for PAs, continued



3. Click the **Search** button.
4. Select an **ATN** hyperlink to review the PA.

Submitting Additional Information

Submitting Additional Information

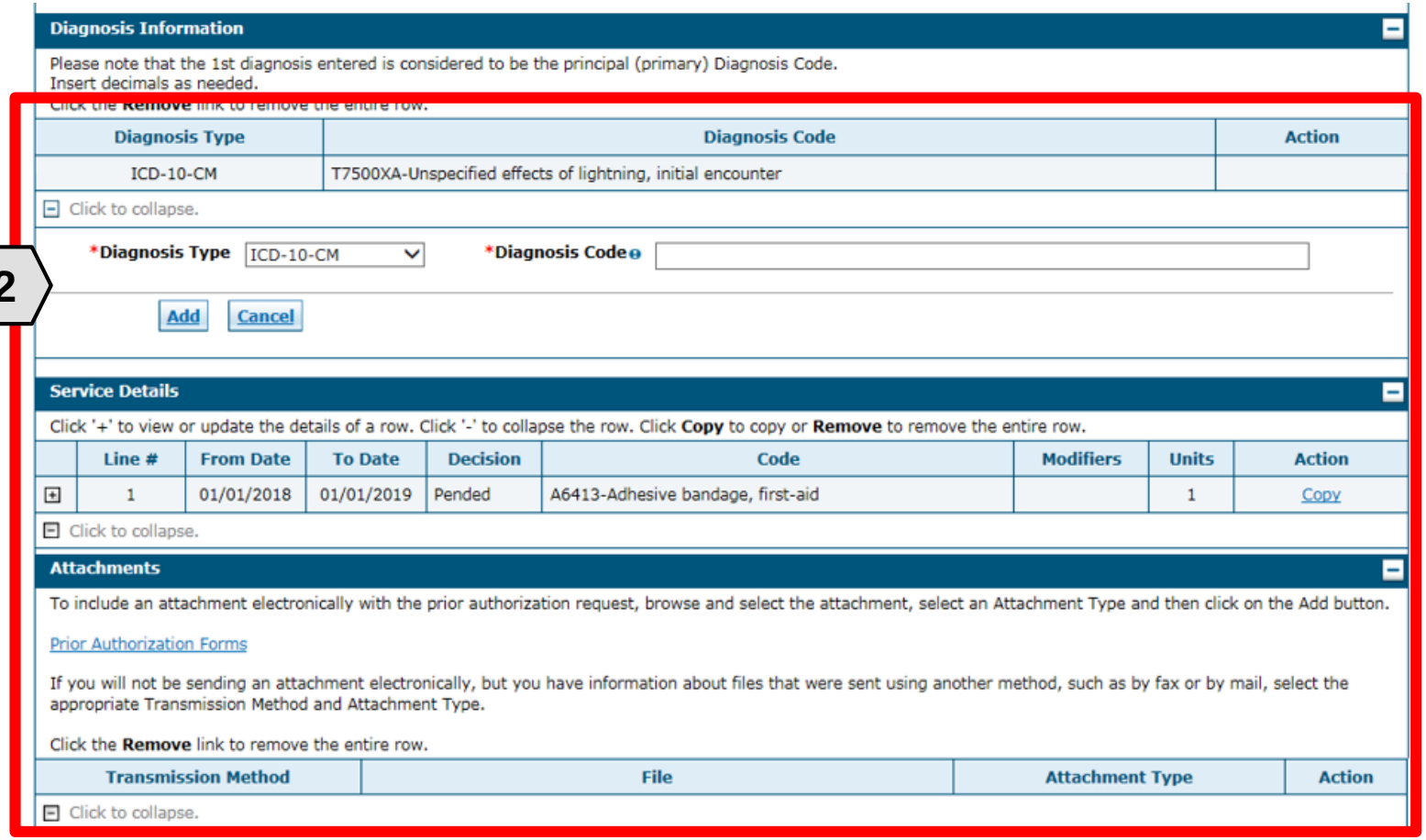


1. Click the **Edit** button to edit a submitted PA request.

Additional information may include:

- Requests for additional services
- Attachments
- “FA-29 Prior Authorization Data Correction” form
- “FA-91 Nevada Medicaid Hospice Program Action Form” for Termination of Service / Discharge requests

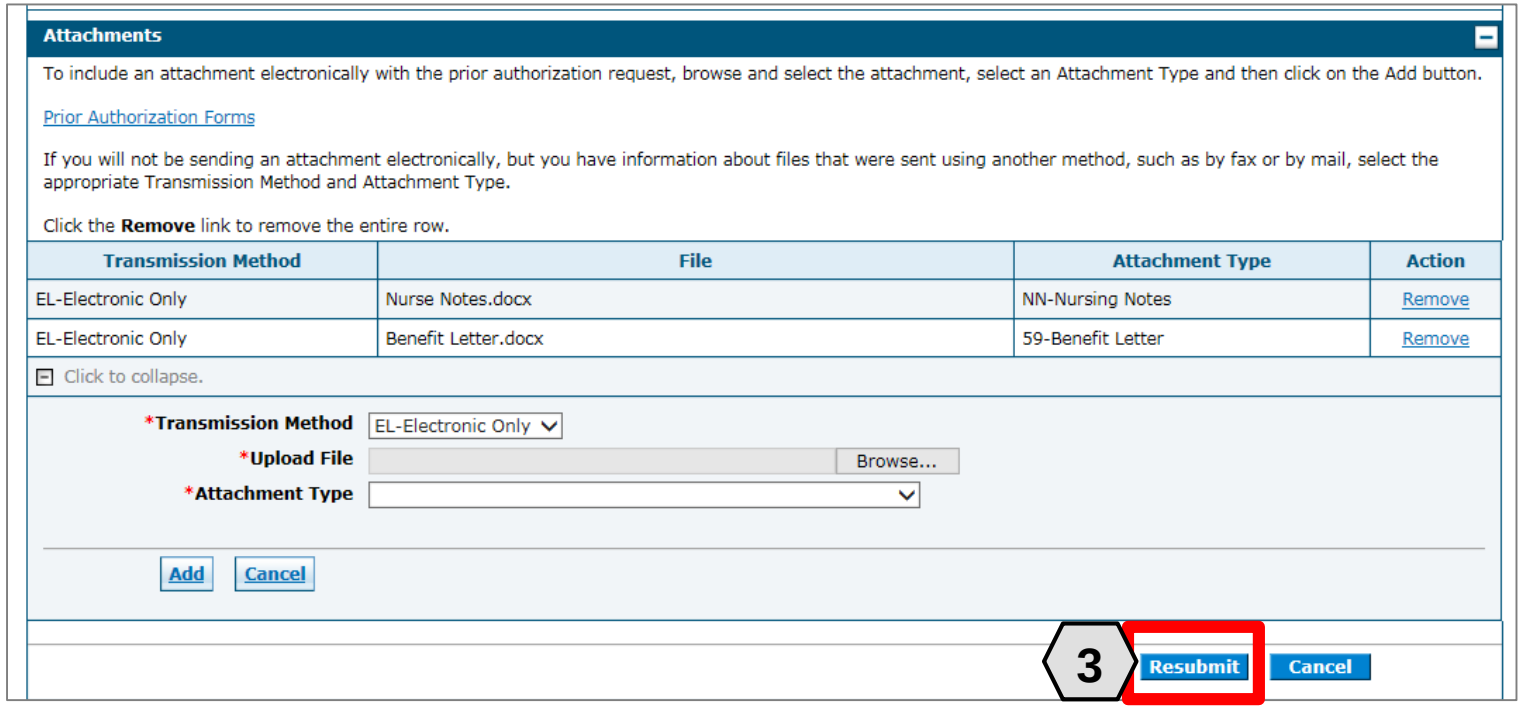
Submitting Additional Information, continued



2

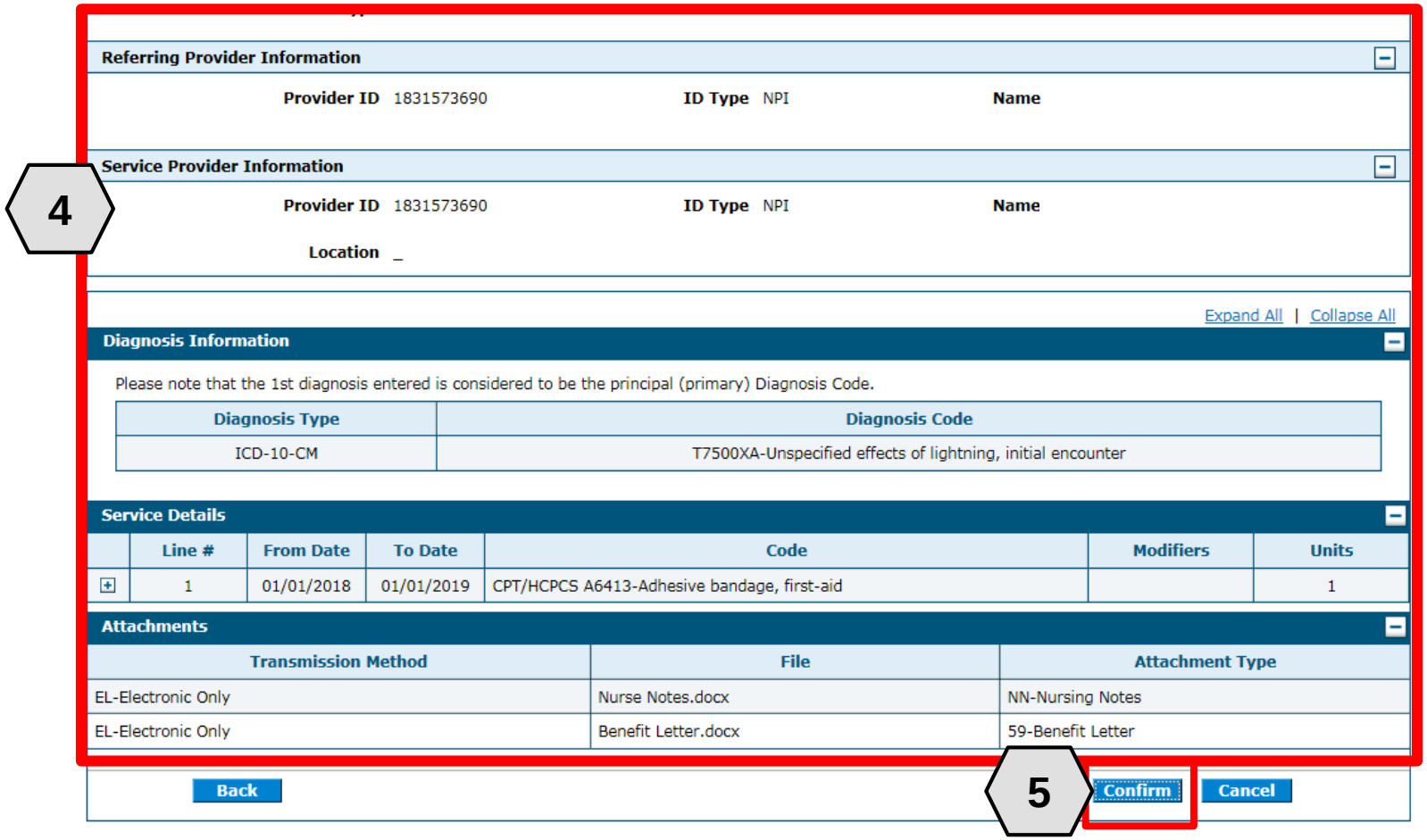
2. Add additional diagnosis codes, service details and/or attachments.

Submitting Additional Information, continued



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

Submitting Additional Information, continued



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.

Options if a PA is not approved

Denied Prior Authorization

If a prior authorization is denied by Nevada Medicaid, the provider has the following options:

- Request a Peer-to-Peer Review (avenue used in order to clarify why the request was denied or approved with modifications).
- Submit a Reconsideration Request (avenue used when the provider has additional information that was not included in the original request).
- Request a Medicaid Provider Hearing.

Peer-to-Peer Review

- The intent of a peer-to-peer review is to clarify the reason the PA request was denied or approved but modified.
- This is a verbal discussion between the requesting clinician and the clinician that reviewed the request for medical necessity.
- The provider is responsible for having a licensed clinician who is knowledgeable about the case participate in the peer-to-peer review.
- Additional information is not allowed to be presented because all medical information must be in writing and attached to the case.
- Must be requested within 10 business days of the denial.
- Peer-to-peer reviews can be requested by emailing nvpeer_to_peer@dxc.com.
- Only available for denials related to the medical necessity of the service.
- A peer-to-peer review is not required prior to a reconsideration, but once a reconsideration is requested, a peer-to-peer review is no longer an option.

Reconsideration Request

- Reconsiderations can be uploaded via the Provider Web Portal by completing an FA-29B form and uploading the form to the “File Exchange” on the Provider Web Portal.
- Additional medical documentation is reviewed to support the medical necessity.
- The information is reviewed by a different clinician than reviewed the original documentation.
- A peer-to-peer review is not required prior to a reconsideration, but once a reconsideration is requested, a peer-to-peer review is no longer an option.

Reconsideration Request, continued

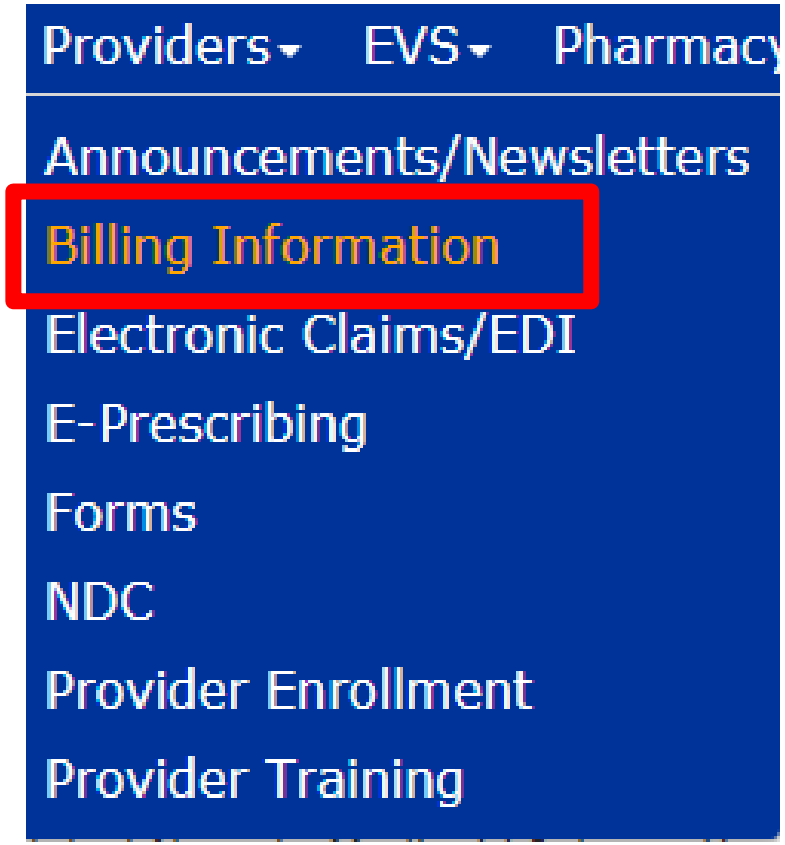
- A reconsideration must be requested within 30 calendar days from the date of the denial, except for Residential Treatment Center (RTC) services, which must be requested within 90 calendar days.
- The 30-day provider deadline for reconsideration is independent of the 10-day deadline for peer-to-peer review.
- Give a synopsis of the medical necessity not presented previously. Include only the medical records that support the issues identified in the synopsis. Voluminous documentation will not be reviewed. It is the provider's responsibility to identify the pertinent information in the synopsis.
- Only available for denials related to the medical necessity of the service.

Medicaid Provider Hearing

– Review Chapter 3100 (Hearings) of the Medicaid Services Manual located on the DHCFP website for further information regarding the Hearing Process.

Medicaid Billing Information

Locating Medicaid Billing Information



- Step 1: Highlight **Providers** from top blue tool bar.
- Step 2: Select **Billing Information** from the drop-down menu.

Locating Medicaid Billing Information, continued

Billing Information

Effective February 1, 2019, all providers will be required to submit their claims electronically (using Trading Partners or Direct Data Entry [DDE]), as paper claims submission will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at https://www.medicaid.nv.gov/providers/Modernization.aspx for further details.

Attention All Providers: Requirements on When to Use the National Provider Identifier (NPI) of an Ordering, Prescribing or Referring (OPR) Provider on Claims [Web Announcement 1711]

FAQs: National Correct Coding Initiative (NCCI) Claim Review Edits [Review Now]
Clinical Claim Editor FAQs Updated December 5, 2011 [Review Now]
Third Party Liability Frequently Asked Questions [Review Now]

Billing Manual

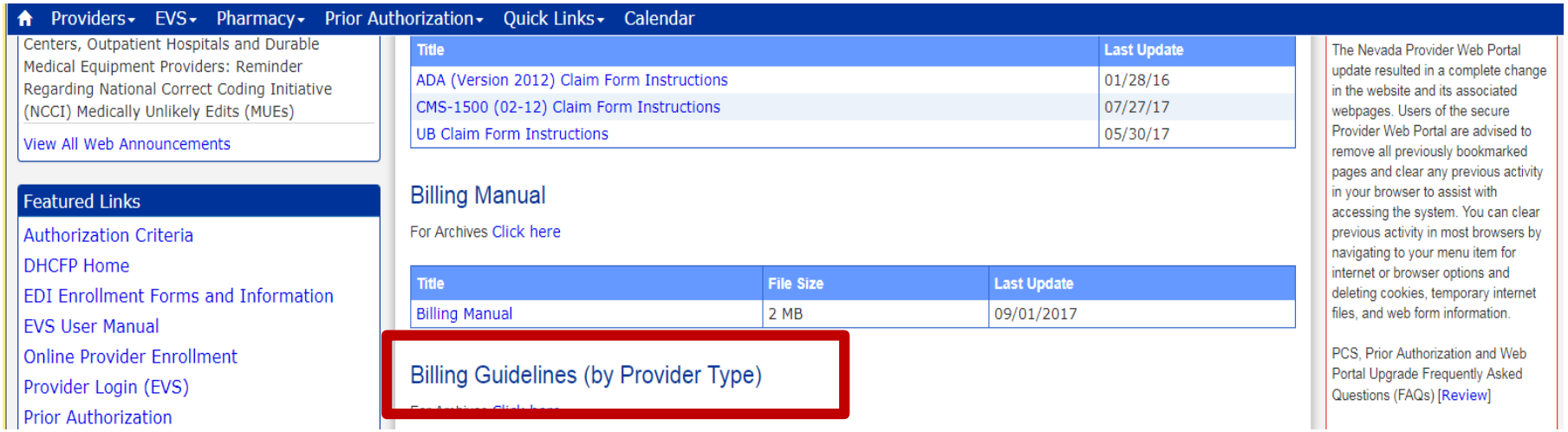
For Archives Click here

Title	File Size	Last Update
Billing Manual	1 MB	02/01/2019

Review the Billing Manual for more information regarding:

- Intro to Medicaid
- Contact Info
- Recipient Eligibility
- PA
- TPL
- EDI
- FAQ's
- Claims Processing and Beyond

Locating Medicaid Billing Information, continued



- Locate the section header “Billing Guidelines (by Provider Type)”
- Select appropriate Provider Type Guideline

64	Hospice	01/31/19
65	Hospice, Long Term Care	01/31/19

Medicaid Billing Information, continued

Provider Type 64

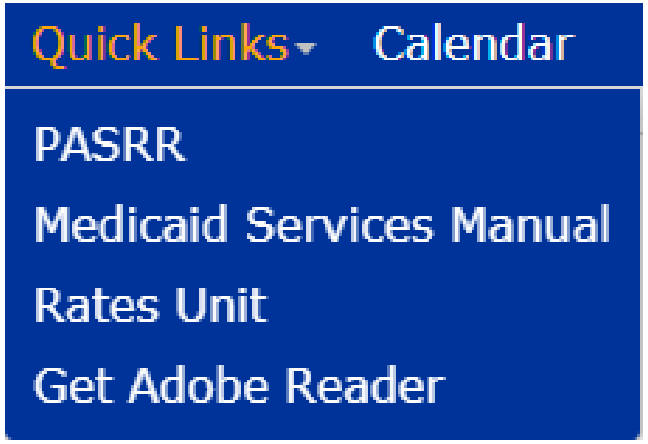
- Must bill **only** using Revenue Codes.
- As of October 2, 2017, do not bill with procedure codes.
- All claims are to be billed monthly.
- Claims should be submitted during the first week of the month following the month of service.
- Do not include a prior authorization number on the claim but retain the PA number.

Provider Type 65

- Use this provider type to receive Room and Board reimbursement.
- All claims are to be billed monthly.
- Claims should be submitted during the first week of the month following the month of service.
- The NPI of the Nursing Facility from which the recipient was transferred, if applicable, must be provided in Loop 2310B NM109 of the 837I electronic transaction.
- Do not include a prior authorization number on the claim but retain the PA number.
- All hospice-enrolled recipients must have a Pre-Admission Screening Resident Review (PASRR) and Level of Care (LOC) prior to admission.

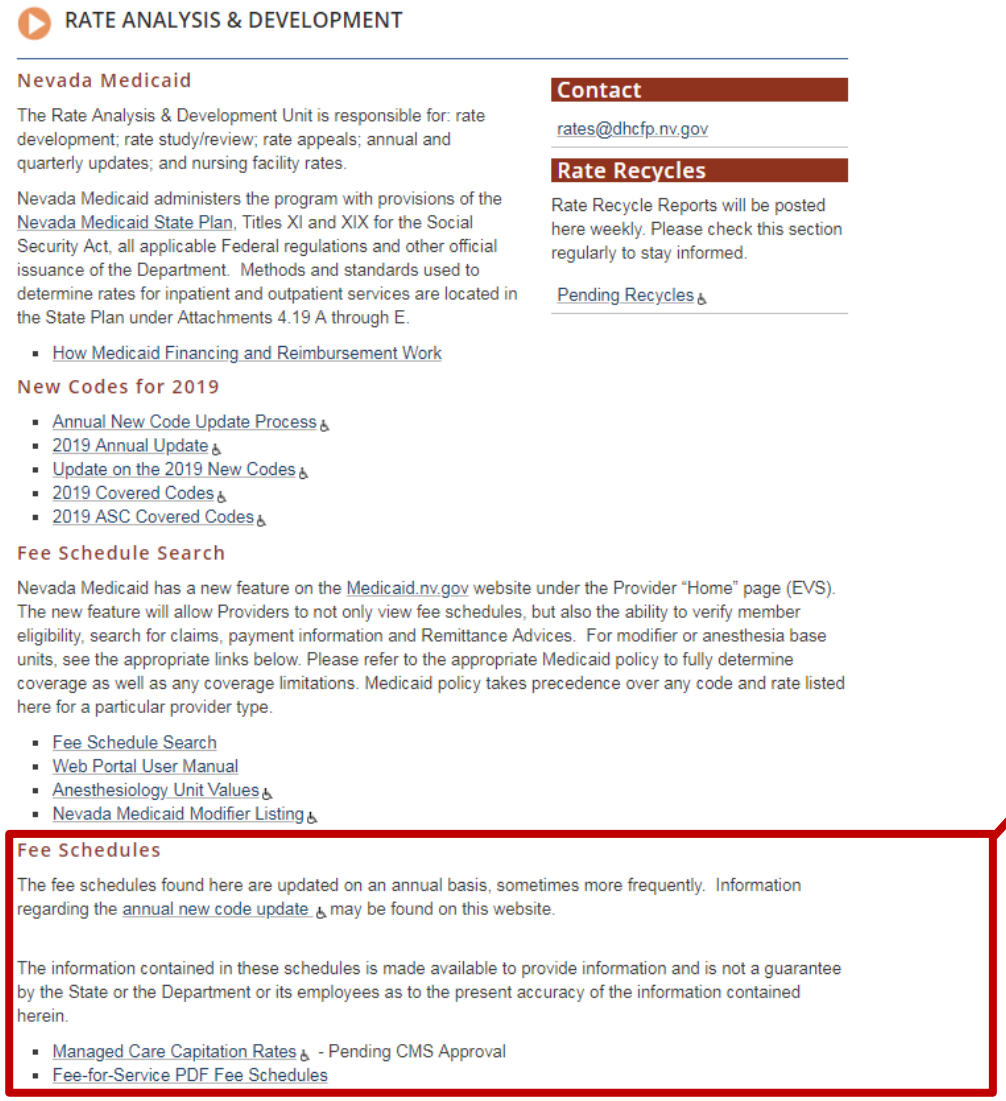
DHCFP Rates Unit

DHCFP Rates Unit



- Step 1: Highlight **Quick Links** from tool bar at www.medicaid.nv.gov.
- Step 2: Select **Rates Unit.**
- Step 3: From new window, select **Accept.**

DHCFP Rates Unit, continued



RATE ANALYSIS & DEVELOPMENT

Nevada Medicaid

The Rate Analysis & Development Unit is responsible for: rate development; rate study/review; rate appeals; annual and quarterly updates; and nursing facility rates.

Nevada Medicaid administers the program with provisions of the Nevada Medicaid State Plan, Titles XI and XIX for the Social Security Act, all applicable Federal regulations and other official issuance of the Department. Methods and standards used to determine rates for inpatient and outpatient services are located in the State Plan under Attachments 4.19 A through E.

- How Medicaid Financing and Reimbursement Work

Contact

rates@dhcfp.nv.gov

Rate Recycles

Rate Recycle Reports will be posted here weekly. Please check this section regularly to stay informed.

Pending Recycles

New Codes for 2019

- Annual New Code Update Process
- 2019 Annual Update
- Update on the 2019 New Codes
- 2019 Covered Codes
- 2019 ASC Covered Codes

Fee Schedule Search

Nevada Medicaid has a new feature on the Medicaid.nv.gov website under the Provider "Home" page (EVS). The new feature will allow Providers to not only view fee schedules, but also the ability to verify member eligibility, search for claims, payment information and Remittance Advices. For modifier or anesthesia base units, see the appropriate links below. Please refer to the appropriate Medicaid policy to fully determine coverage as well as any coverage limitations. Medicaid policy takes precedence over any code and rate listed here for a particular provider type.

- Fee Schedule Search
- Web Portal User Manual
- Anesthesiology Unit Values
- Nevada Medicaid Modifier Listing

Fee Schedules

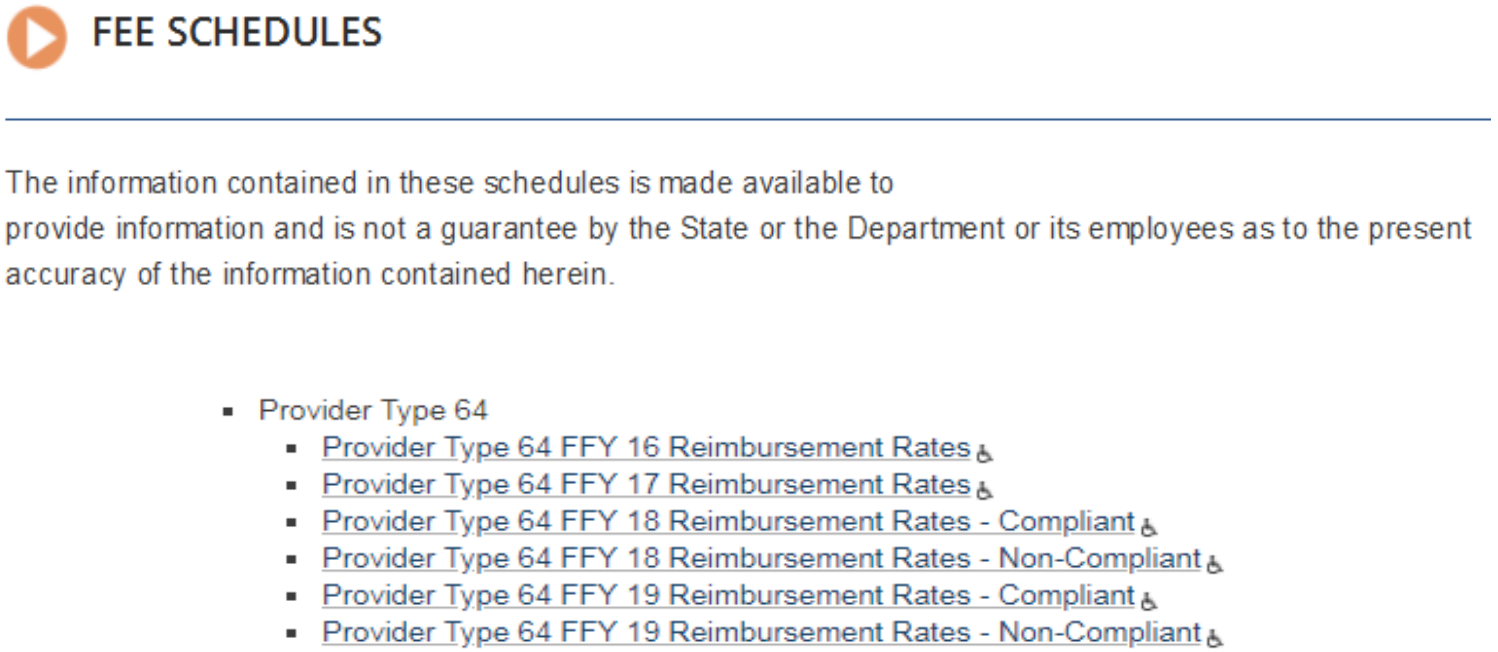
The fee schedules found here are updated on an annual basis, sometimes more frequently. Information regarding the annual new code update may be found on this website.

The information contained in these schedules is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein.

- Managed Care Capitation Rates - Pending CMS Approval
- Fee-for-Service PDF Fee Schedules

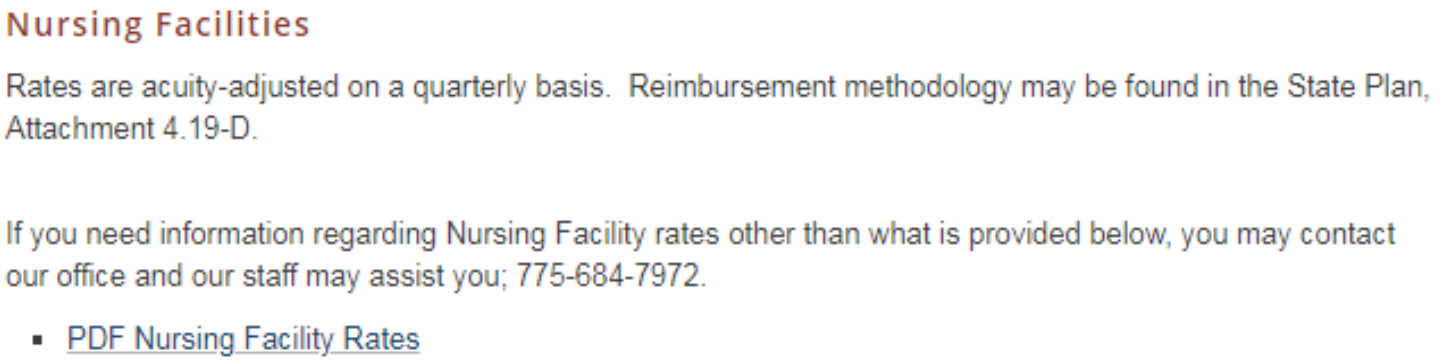
- Locate the "Fee-for-Service PDF Fee Schedules" from the Fee Schedules section.

DHCFP Rates Unit, continued



- Select Appropriate Title to open the PDF pertaining to the Reimbursement Schedule.
- Provider Type 65 rates are reimbursed at a rate of 95% of Nursing Facilities. For information regarding Nursing Facility Rates, see next slide.

DHCFP Rates Unit, continued



Nursing Facilities

Rates are acuity-adjusted on a quarterly basis. Reimbursement methodology may be found in the State Plan, Attachment 4.19-D.

If you need information regarding Nursing Facility rates other than what is provided below, you may contact our office and our staff may assist you; 775-684-7972.

- PDF Nursing Facility Rates

- While on the Rates Unit Page, locate the Nursing Facilities section and select PDF Nursing Facility Rates.

NURSING FACILITIES

2019 Nursing Facility Rates

- January 2019 Nursing Facility Rates
- October 2018 Nursing Facility Rates
- July 2018 Nursing Facility Rates

- From the next page, select the most recent Rate schedule. Please note that these rates are updated and posted each quarter.

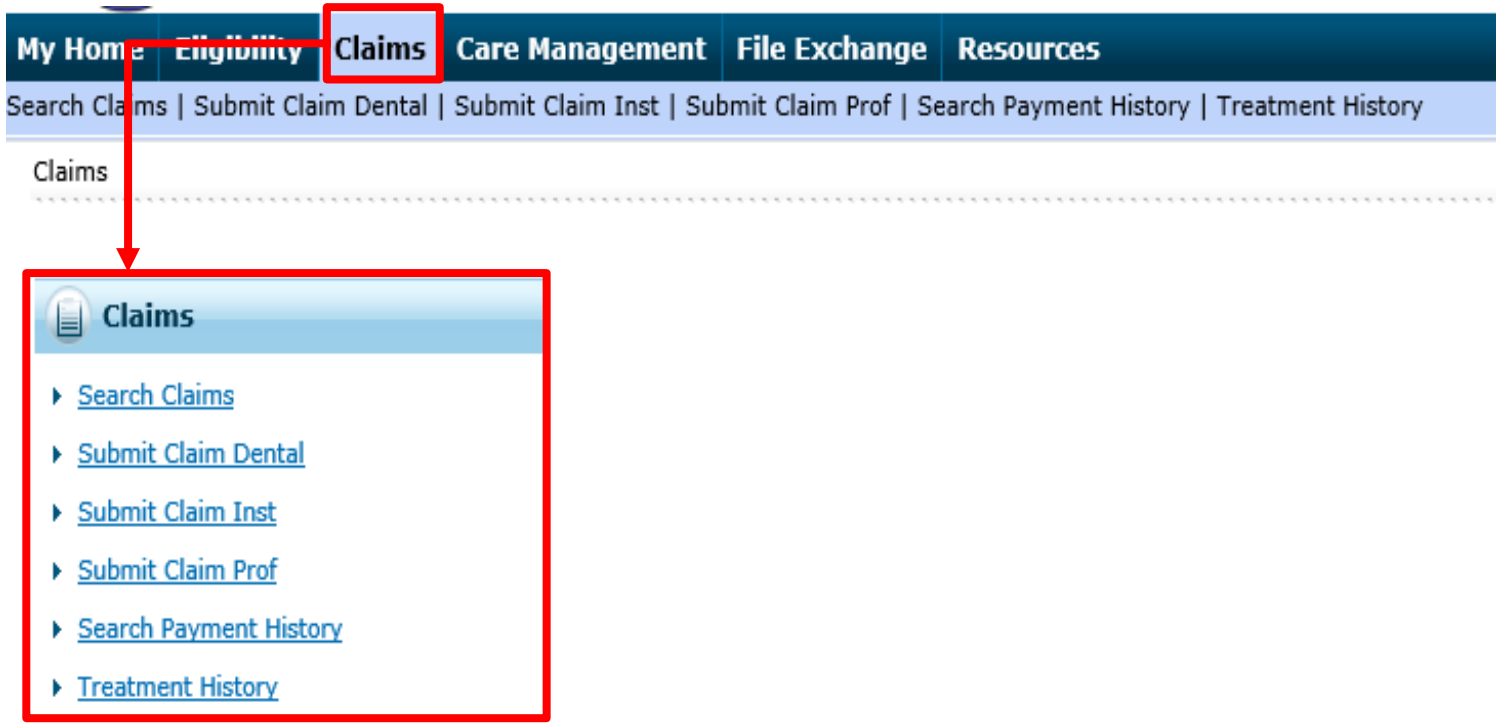
Submitting an Institutional Claim via the EVS Secure Provider Web Portal (Direct Data Entry / DDE)

Understanding Claims Sub Menus

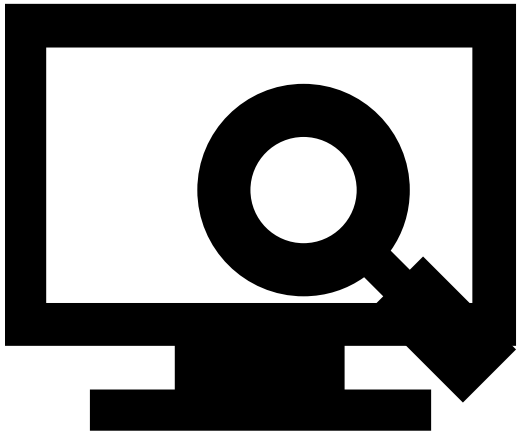
Understanding Claim Sub Menus

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

Understanding Claim Sub Menus, continued



The page displays a listing of Claim activities for the user to choose.



Submitting an Inpatient Claim for Provider Type 65

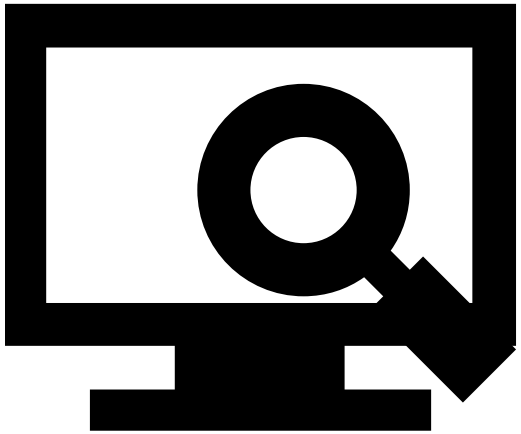
Submitting an Inpatient Claim

The Institutional 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 an Inpatient Claim, continued

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



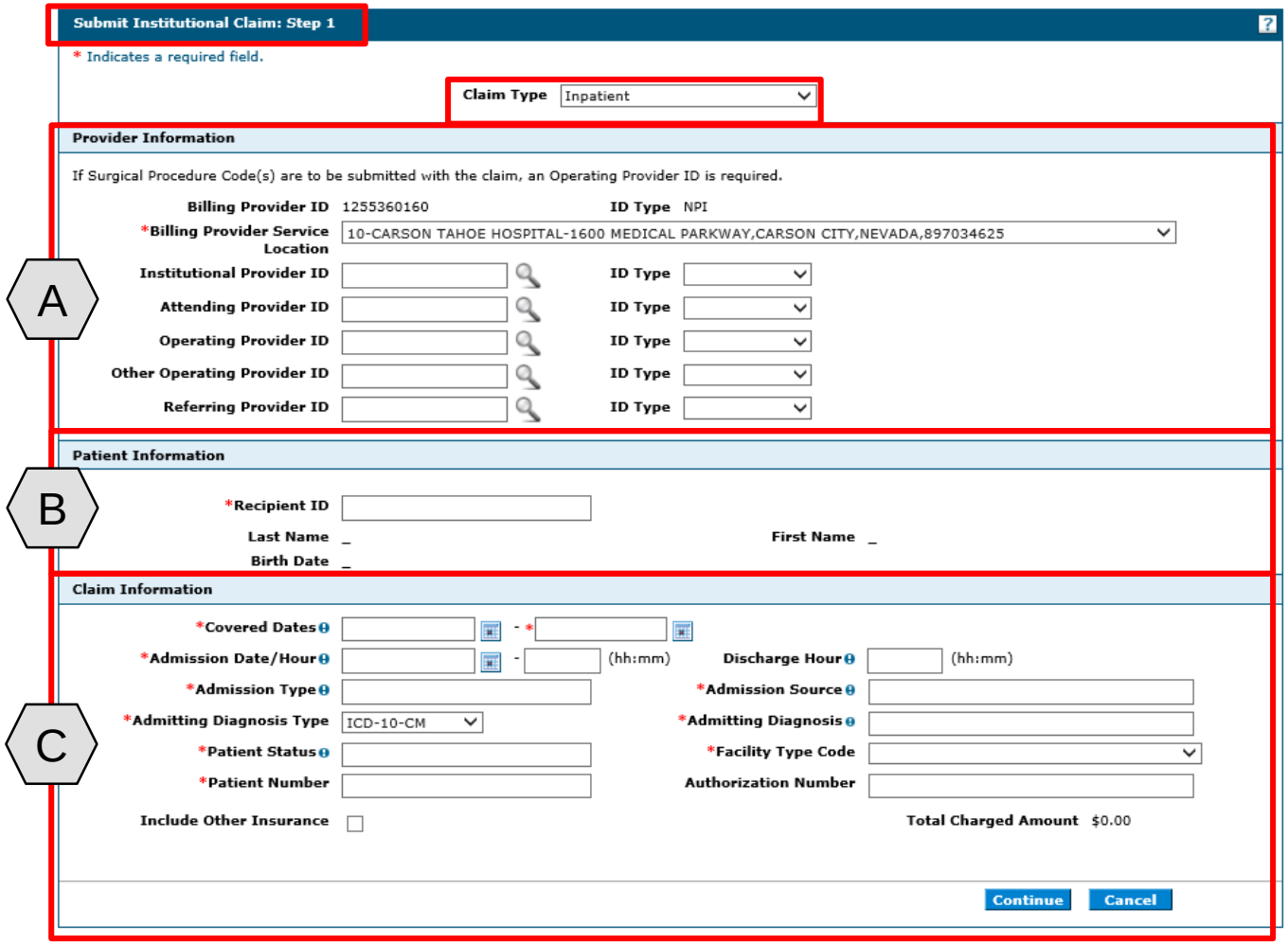
Submitting an Inpatient Claim, continued

When selecting the **Claim Type**, each claim form will vary. Each hospice provider will need to determine the correct type and some basic guidelines should be followed, which is outlined below:

Provider Type 65. Long Term Care should be selected.

The information above is not all inclusive and is based on a case-by-case basis.

Submitting an Inpatient Claim – Step 1



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

A. Provider Information

B. Patient Information

C. Claim Information

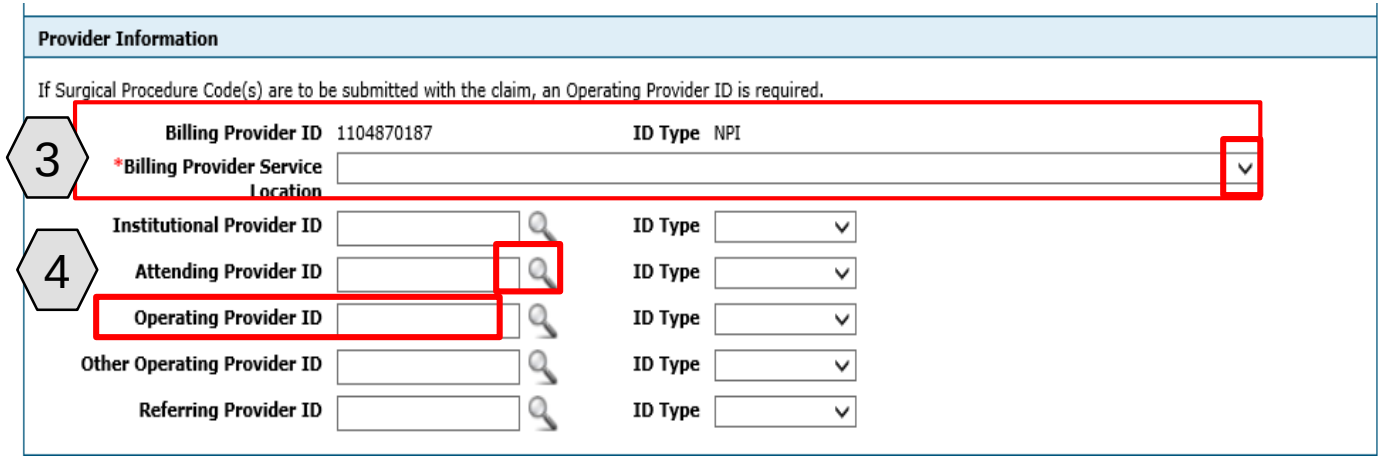
NOTE: All of the fields marked with a red asterisk (*) are required.

To begin Step 1, the user will:

- Select **Inpatient** from the **Claims Type** drop-down.

Submitting an Inpatient Claim – Step 1, continued

Provider Information



If the Billing Provider has multiple locations, as in this example of an Institutional Inpatient claim associated with a hospital, the **Billing Provider Service Location** field does not pre-populate.

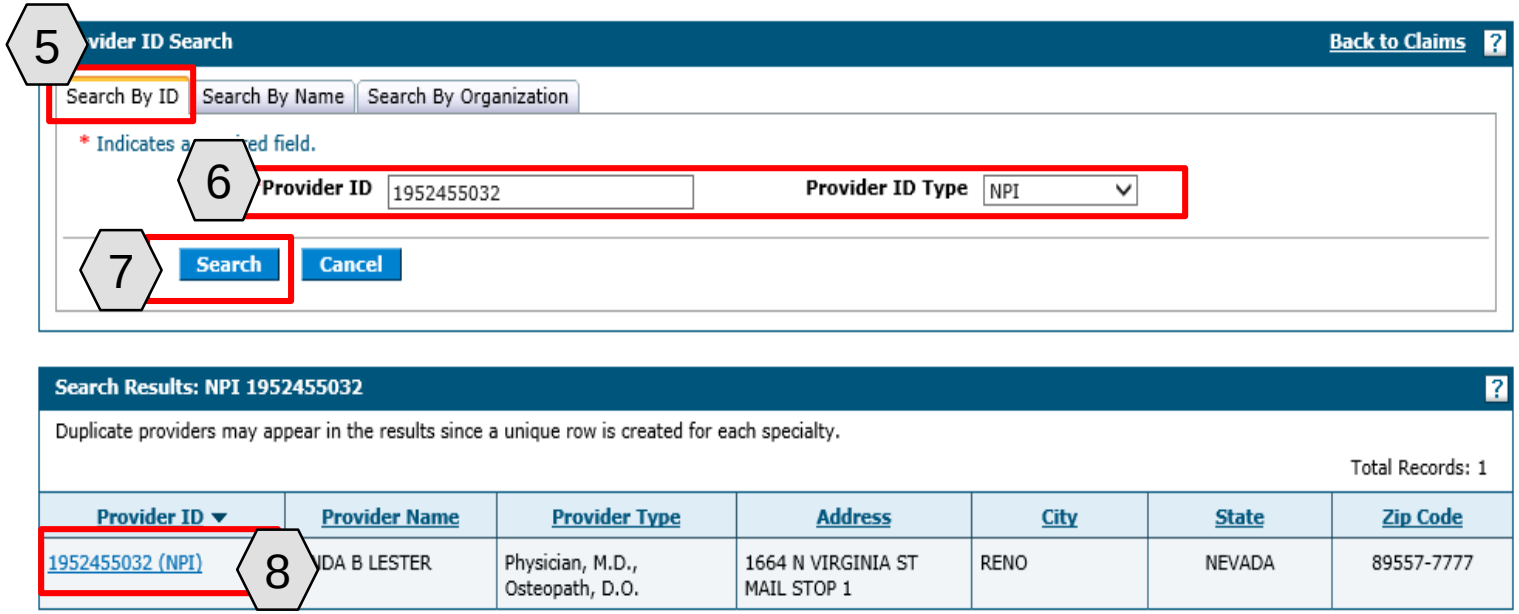
For this type of claim, the user will:

3. Select the appropriate **Billing Provider Service Location** from the drop-down option.
4. Enter the **Attending Provider ID.**

NOTE: For PT 65, the Nursing Facility NPI should be entered in the **Operating Provider ID** field.

Submitting an Inpatient Claim – Step 1, continued

Provider Information

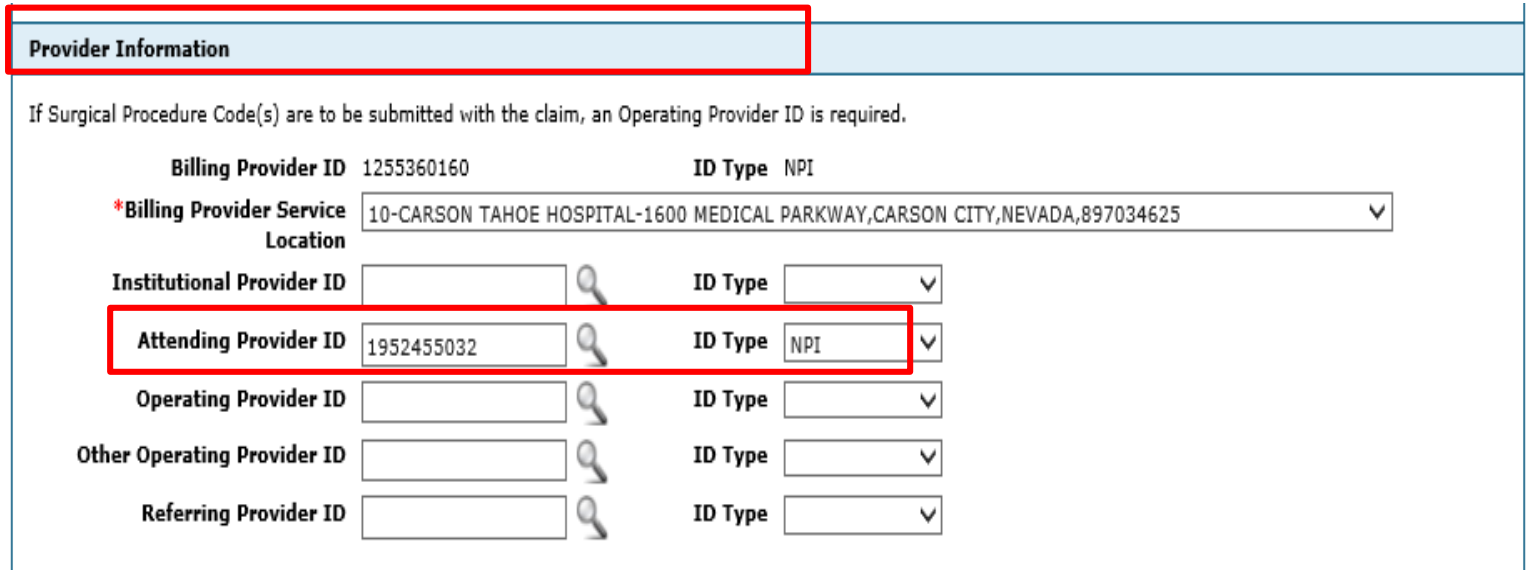


5. Select the desired search method.
6. Enter Provider ID and Provider ID Type.
7. Click the **Search** button**,** and the search results populate at the bottom.
8. Click the hyperlink in the **Provider ID** column with correct Provider ID.

NOTE: The user can also search by the **Search By Name** or **Search By Organization** tabs.

Submitting an Inpatient Claim – Step 1, continued

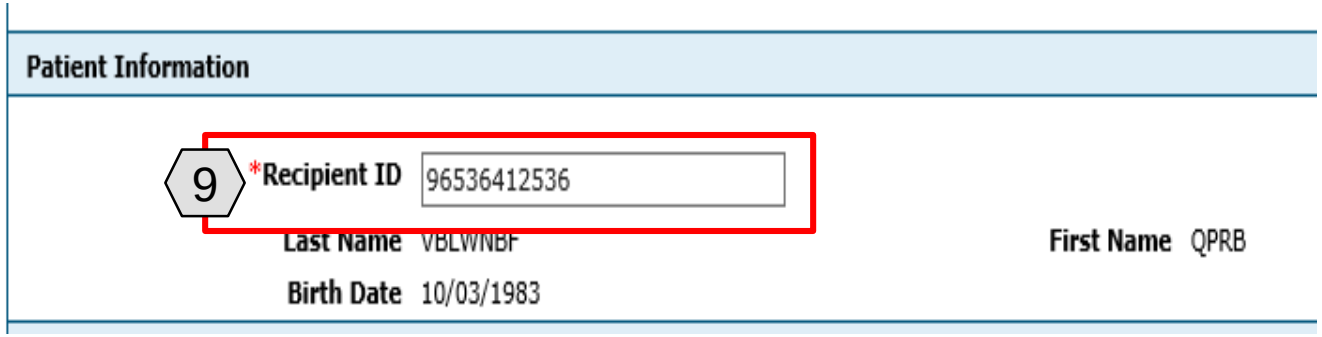
Provider Information



Once the user clicks the Provider ID, it will populate into the **Attending Provider ID** field.

Submitting an Inpatient Claim – Step 1, continued

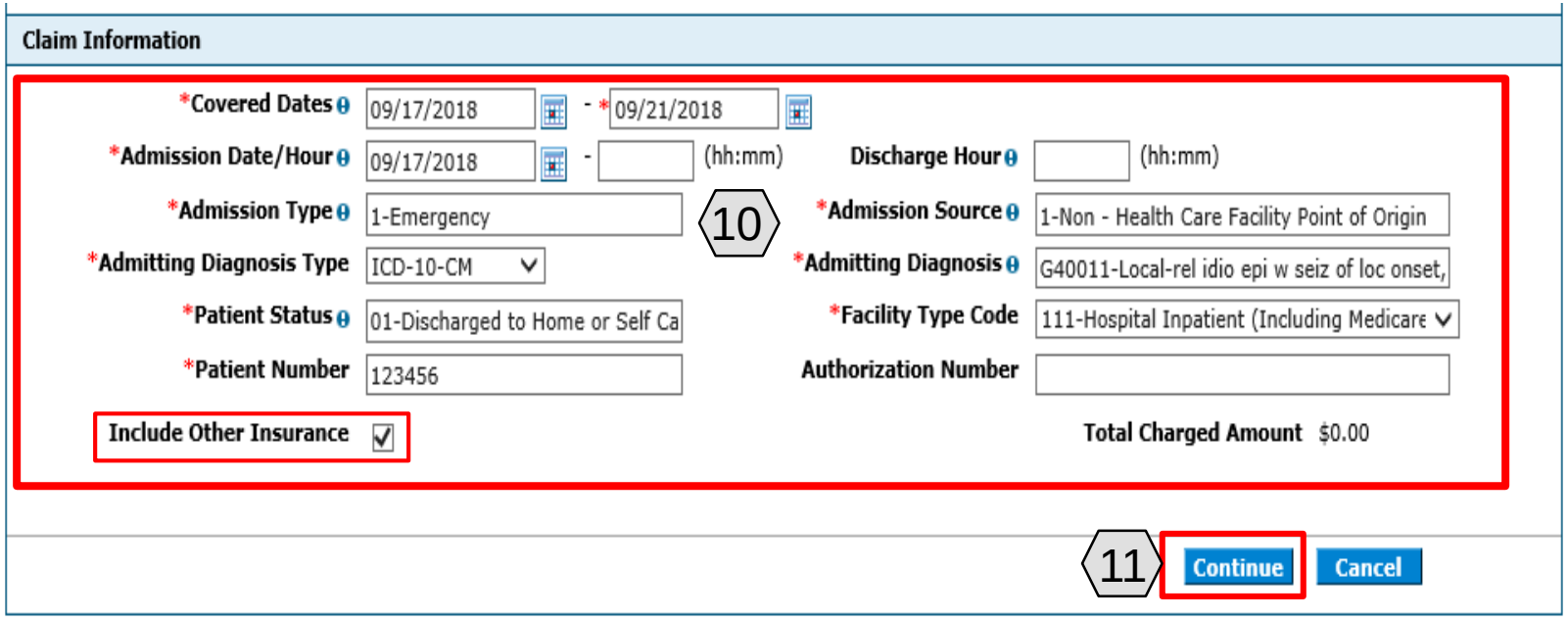
Patient Information



9. Enter the 11-digit recipient ID into the **Recipient ID** field and click outside the field to populate **Last Name**, **First Name** and **Birth Date.**

Submitting an Inpatient Claim – Step 1, continued

Claim Information



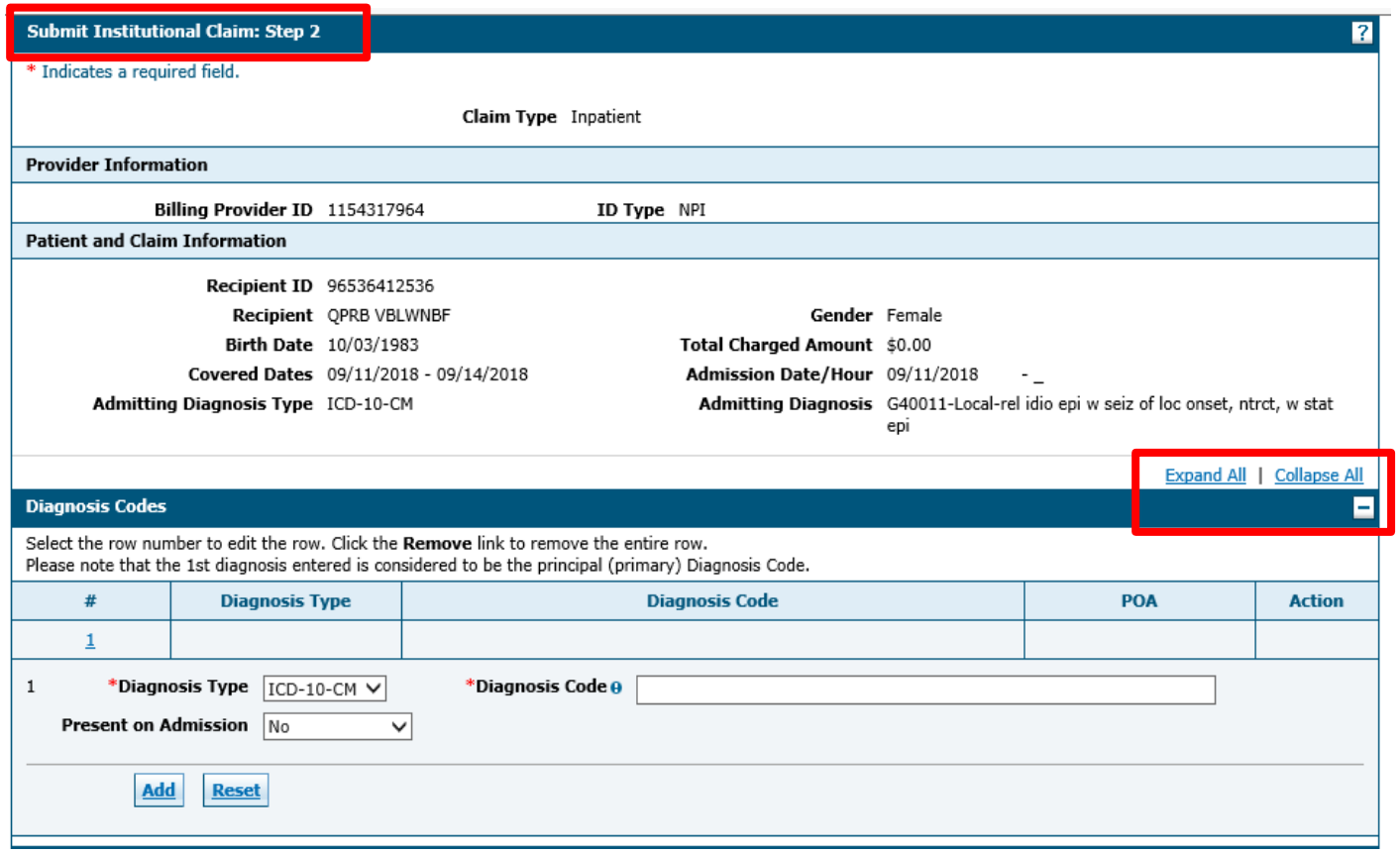
NOTE: For this example, the user has checked the **Include Other Insurance** field to indicate that additional insurance will be added in subsequent steps.

10. The following required fields (*) must be completed:
    - **Covered Dates**
    - **Admission Date/Hour**
    - **Admission Type**
    - **Admitting Diagnosis Type**
    - **Patient Status**
    - **Patient Number**
    - **Admission Source**
    - **Admitting Diagnosis**
    - **Facility Type Code**
        - When selecting a Facility Type Code, Hospice providers should select a code that begins with 66_

11. Click the **Continue** button

Submitting an Inpatient Claim – Step 2

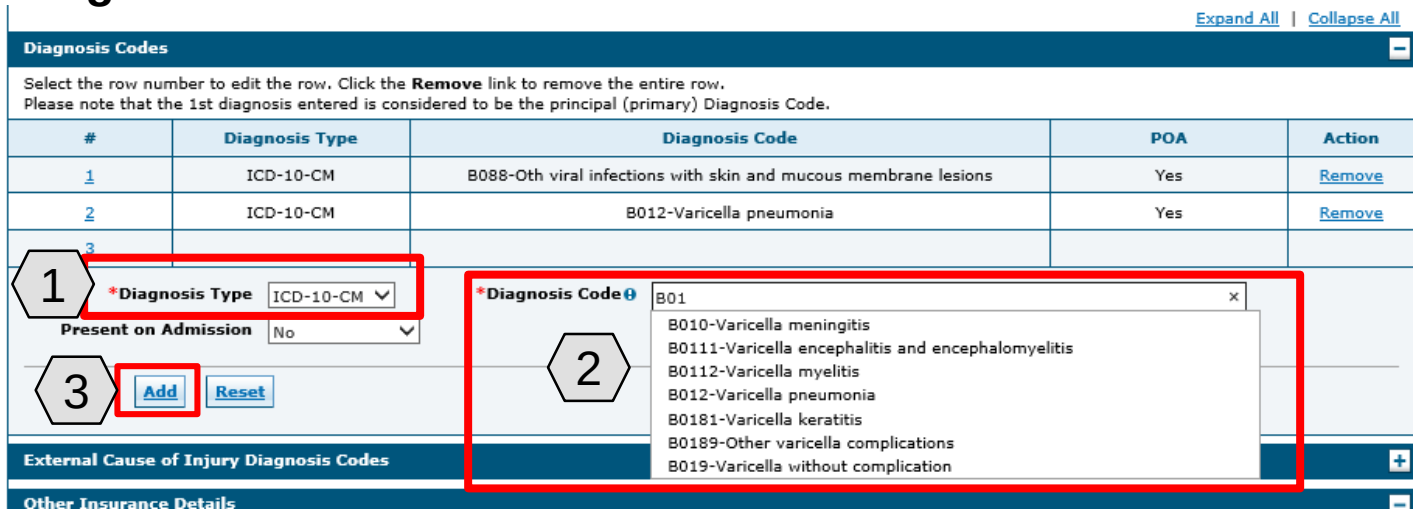
Diagnosis Codes



Once the user clicks the **Continue** button, the “Submit Institutional Claim: Step 2” page is displayed with all the panels expanded.

Submitting an Inpatient Claim – Step 2, continued

Diagnosis Codes



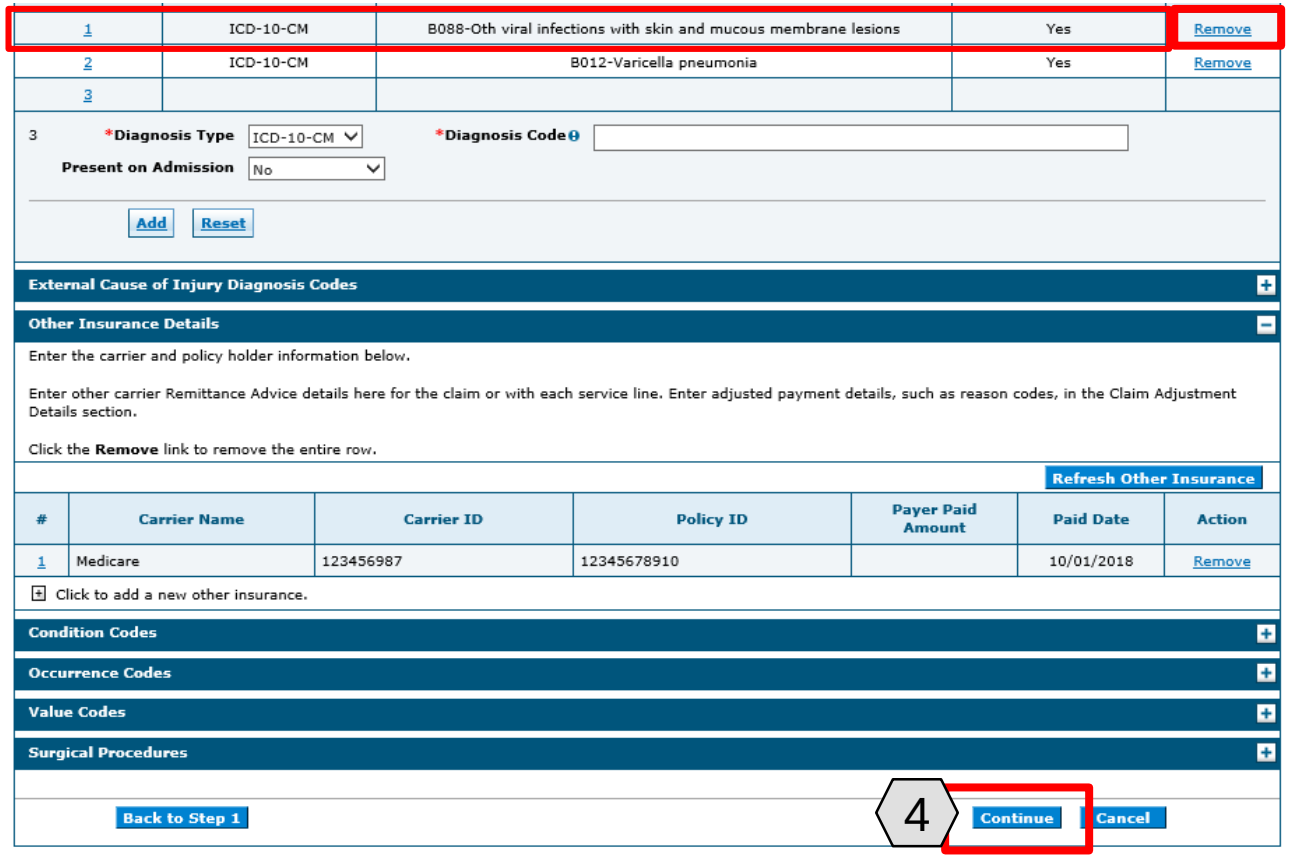
To add a code, the user will:

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 an Inpatient Claim – Step 2, continued

Diagnosis Codes



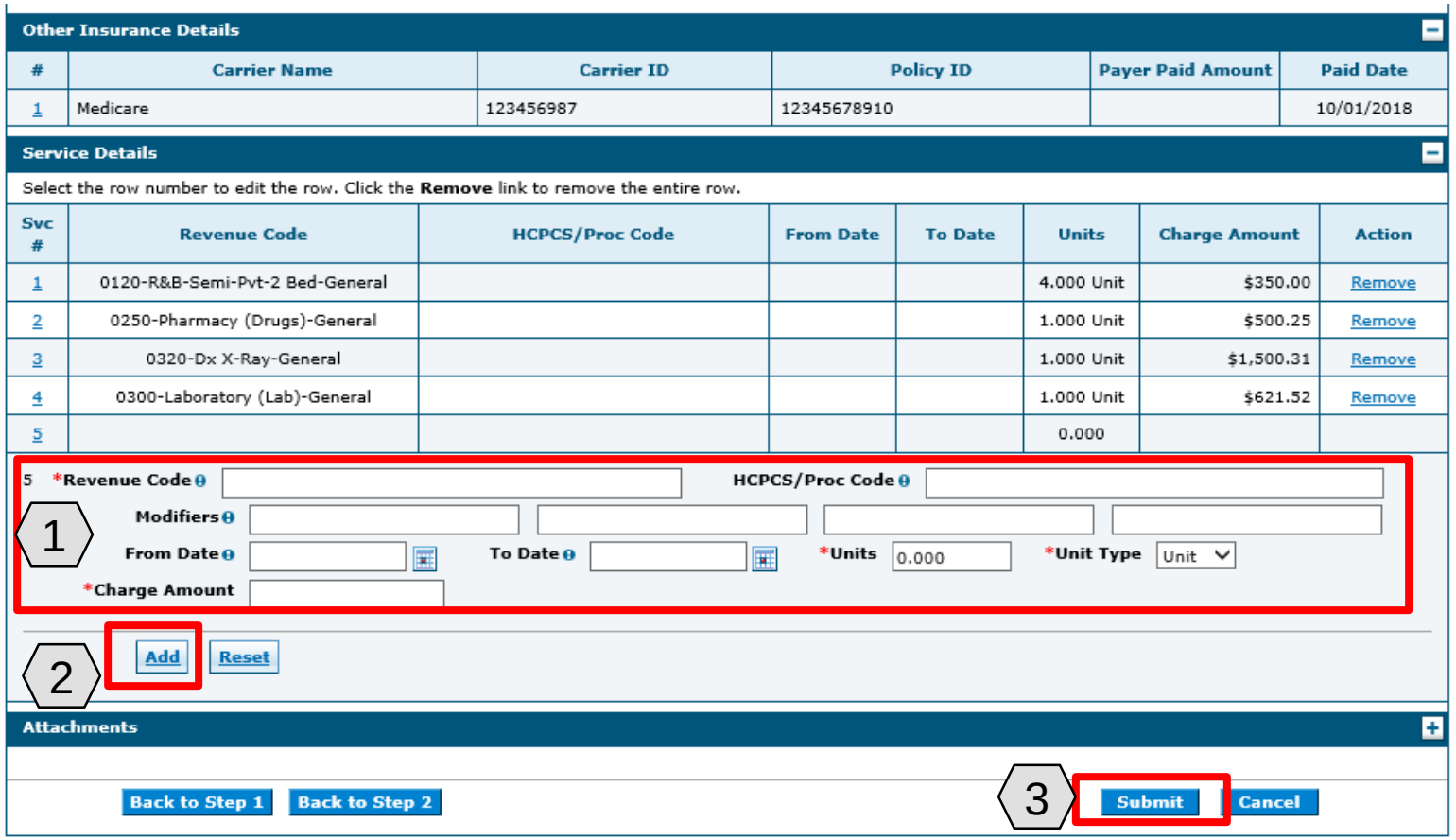
Click the **Remove** link to remove a diagnosis code from the claim.

Once all the diagnosis codes have been entered, the user will:

4. Click the **Continue** button to proceed to Step 3.

Submitting an Inpatient Claim – Step 3

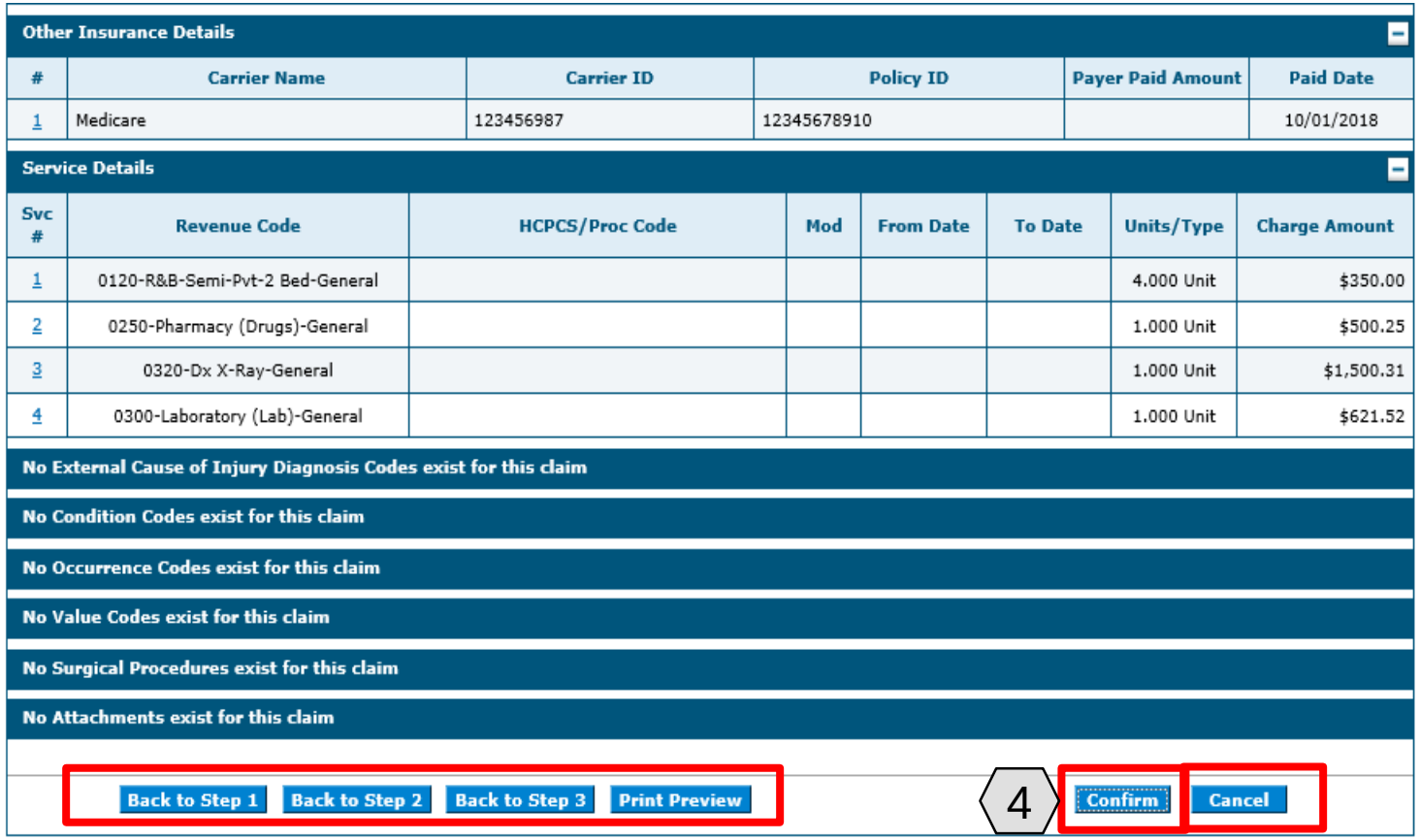
Service Details



The user will enter the Service Details using the same process below:

1. Enter the required fields.
2. Click the **Add** button.
3. Click the **Submit** button.

Submitting an Inpatient Claim, continued



Other Insurance Details

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date
1	Medicare	123456987	12345678910		10/01/2018

Service Details

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0120-R&B-Semi-Pvt-2 Bed-General					4.000 Unit	$350.00
2	0250-Pharmacy (Drugs)-General					1.000 Unit	$500.25
3	0320-Dx X-Ray-General					1.000 Unit	$1,500.31
4	0300-Laboratory (Lab)-General					1.000 Unit	$621.52

No External Cause of Injury Diagnosis Codes exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Back to Step 1 | Back to Step 2 | Back to Step 3 | Print Preview

4

Confirm | Cancel

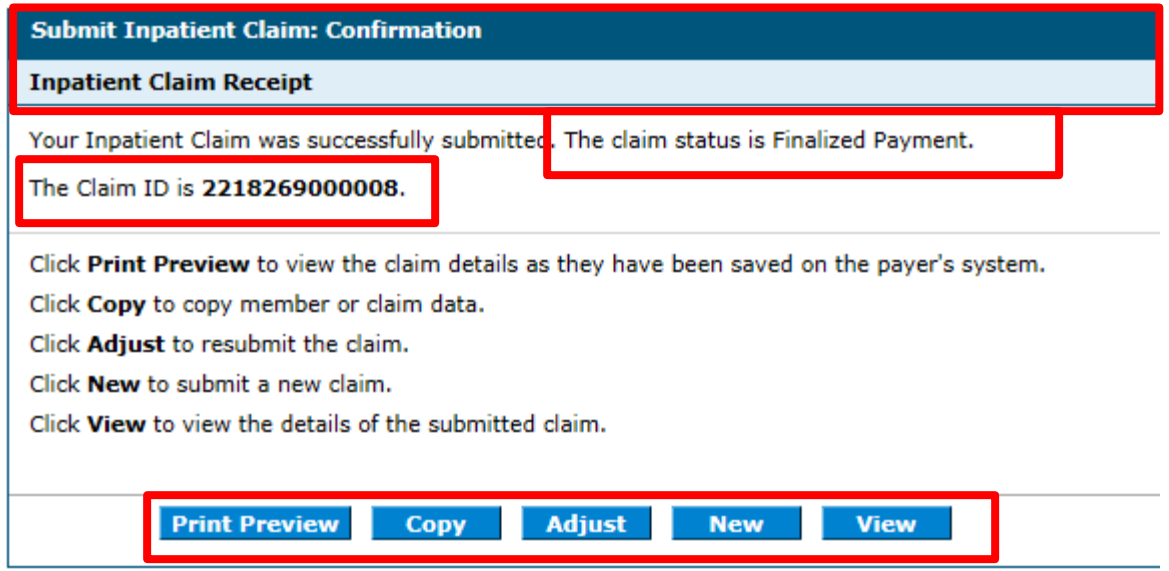
At this point, the user has the option to:

- 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, the user must:

4. Click the **Confirm** button.

Submitting an Inpatient Claim, continued



NOTE: The Claim ID is the same as ICN

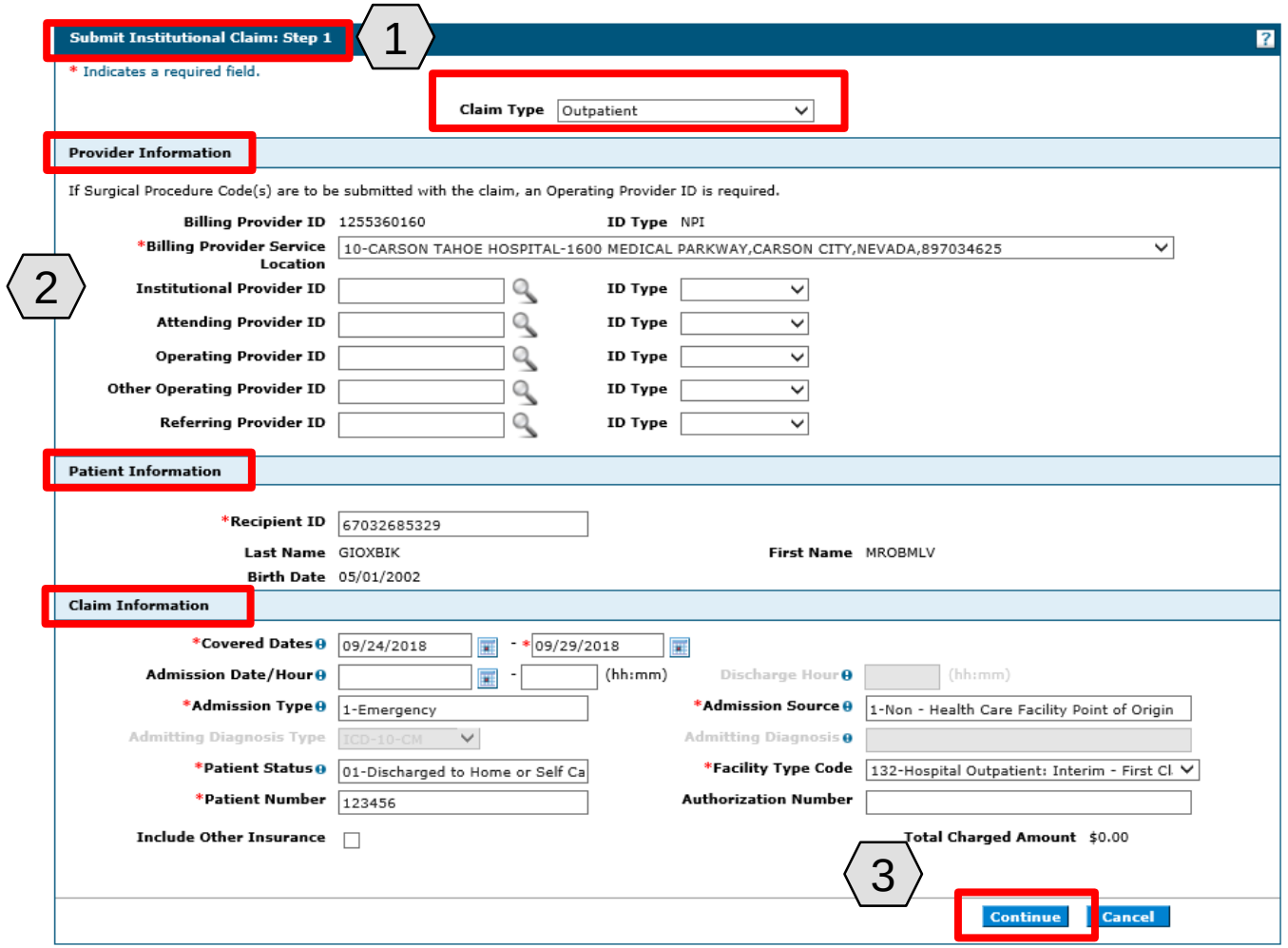
The **Submit Inpatient Claim: Confirmation** will appear after the claim has been submitted. It will display the claim status and Claim ID.

The user may then:

- Click the **Print Preview** button to view the claim details.
- Click the **Copy** button to copy claim data and start a new claim using identical details.
- Click the **Adjust** button to adjust a submitted claim.
- 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 an Outpatient Claim for Provider Type 64

Submitting an Outpatient Claim – Step 1

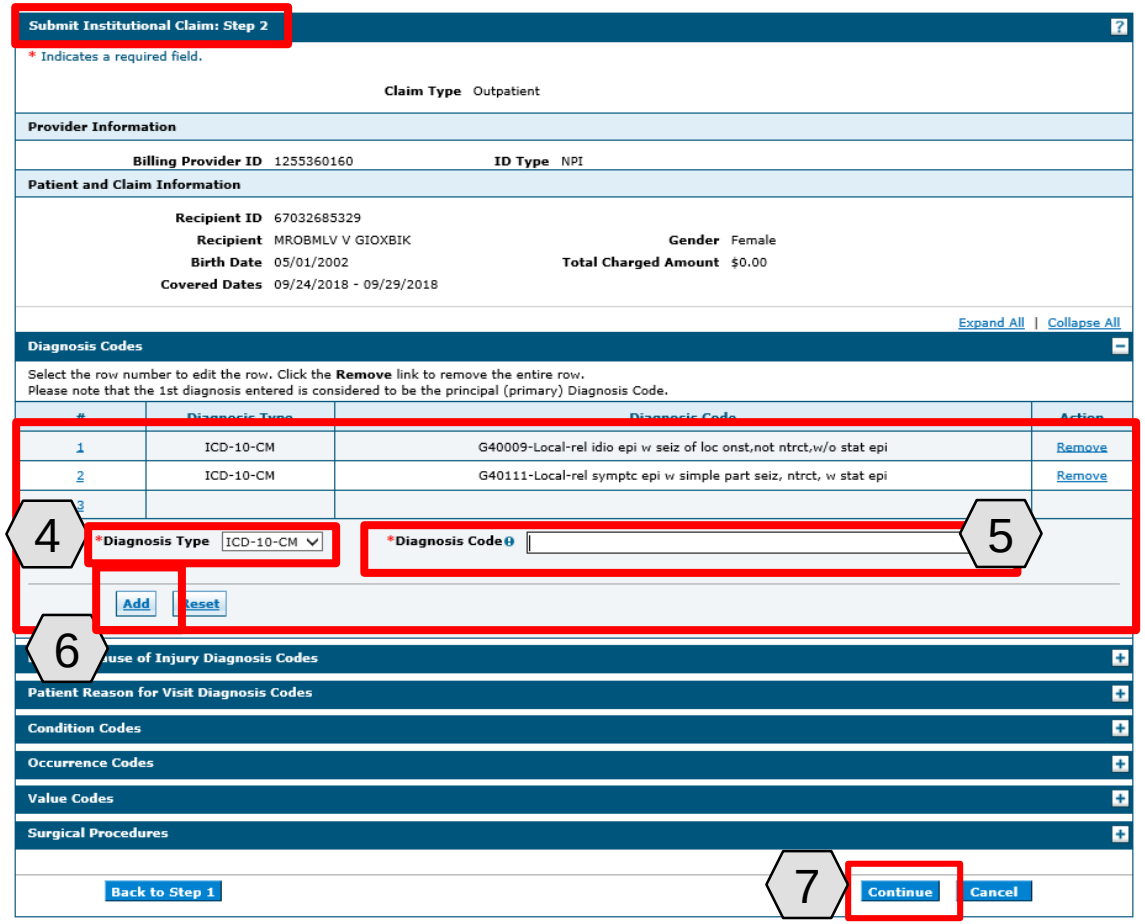


To submit an Outpatient Institutional Claim, the user will proceed with the same steps as shown on the previous slides.

To complete **Step 1**, the user will:

1. Select the Claim Type.
2. Complete all three sub-sections:
   A. Provider Information
   B. Patient Information
   C. Claim Information
3. Click the **Continue** button.

Submitting an Outpatient Claim – Step 2

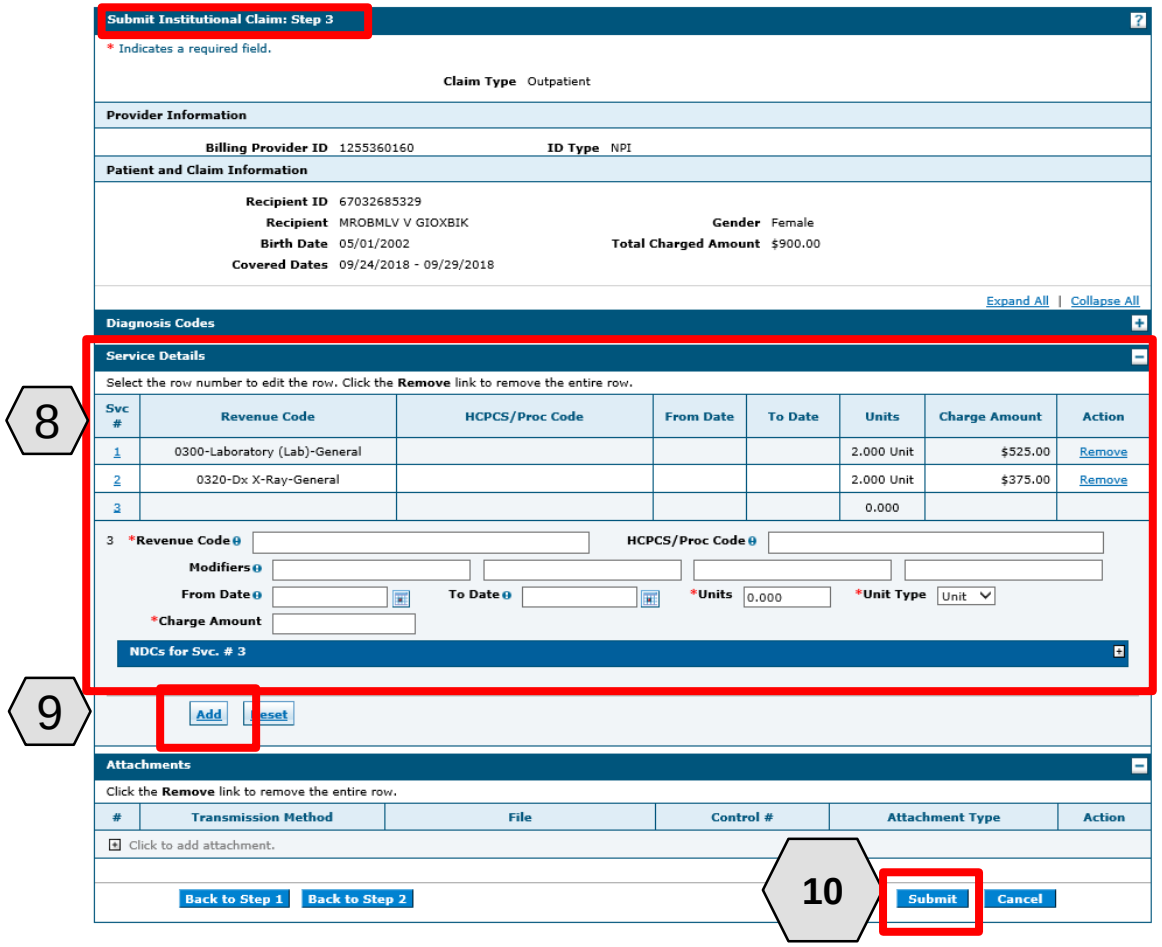


To complete Step 2, the user will need to enter diagnosis codes.

To add a code, the user will:

4. Choose a **Diagnosis Type** (Auto-populates as “ICD-10-CM”, but “ICD-9-CM” is also available).
5. Enter the **Diagnosis Code.**
6. Click the **Add** button.
7. Click the **Continue** button.

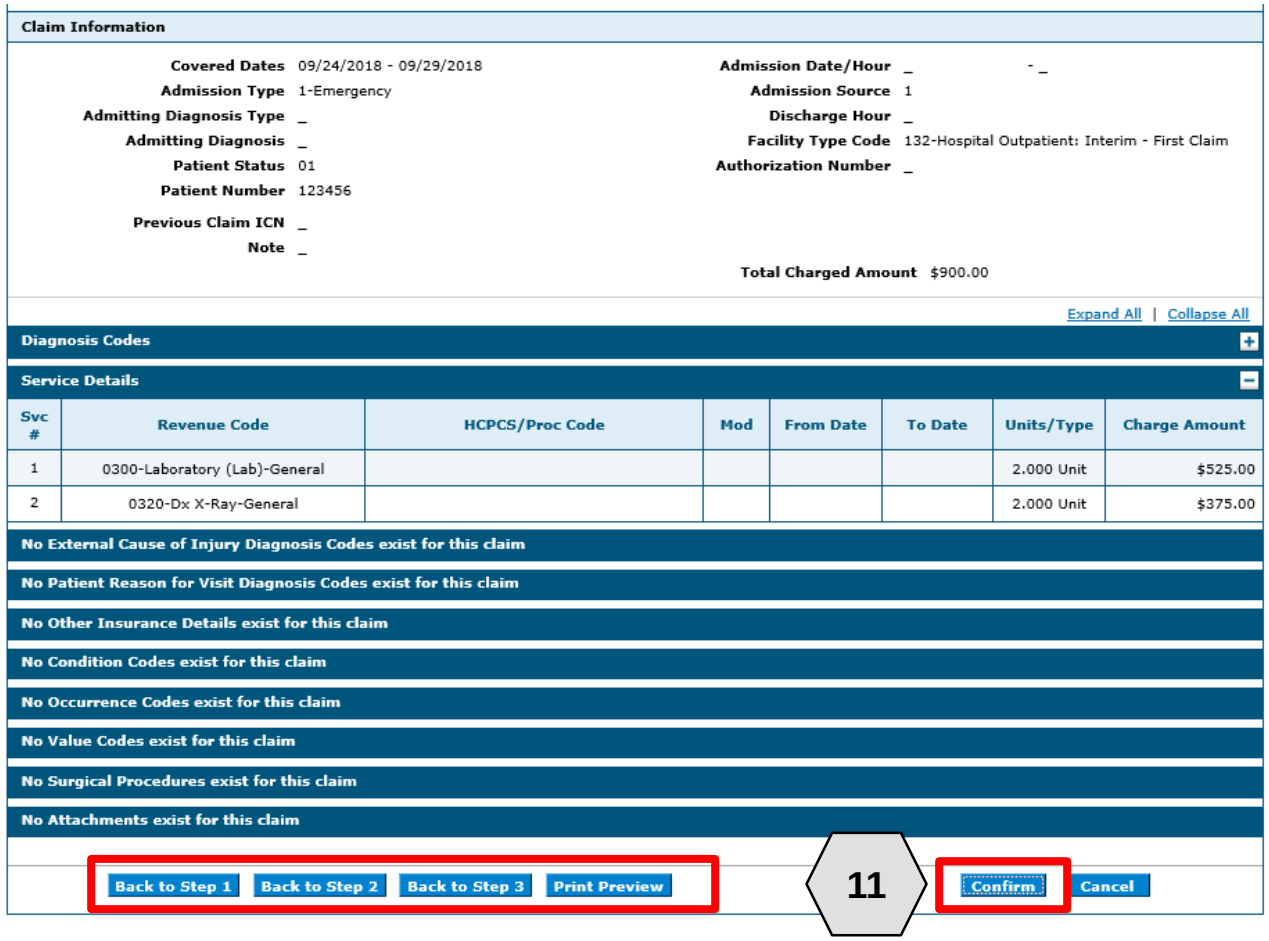
Submitting an Outpatient Claim – Step 3



To complete Step 3, the user will enter the Service Details, using the process below:

8. Enter the required fields.
9. Click the **Add** button.
10. Click the **Submit** button.

Submitting an Outpatient Claim, continued



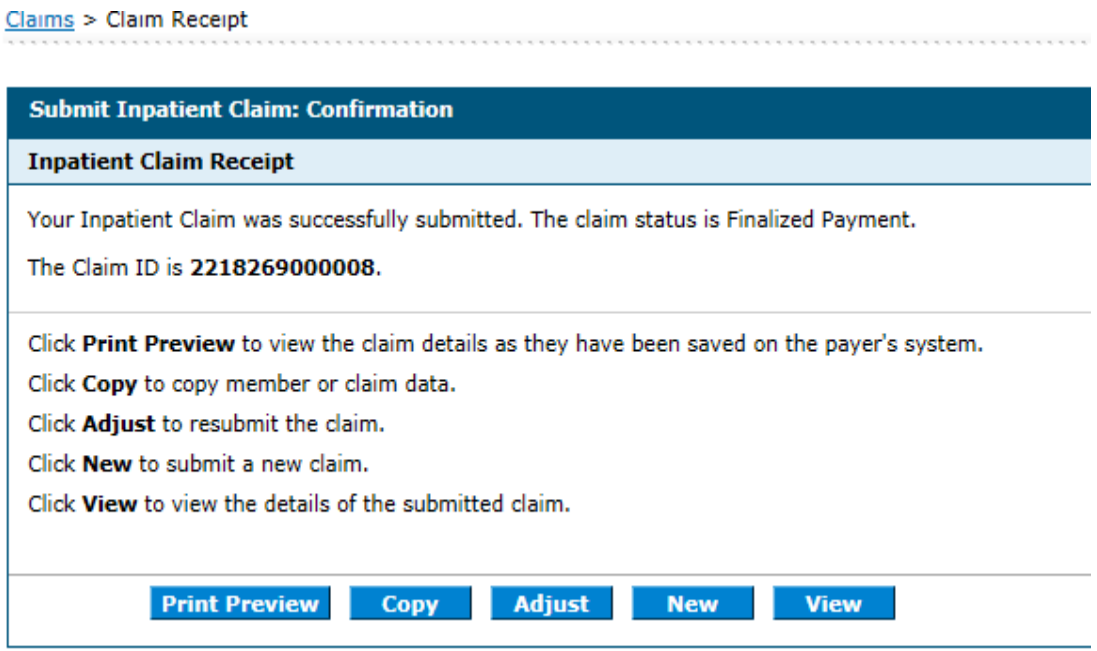
At this point the user has the option to:

- 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, the user must:

11. Click the **Confirm** button.

Submitting an Outpatient Claim, continued



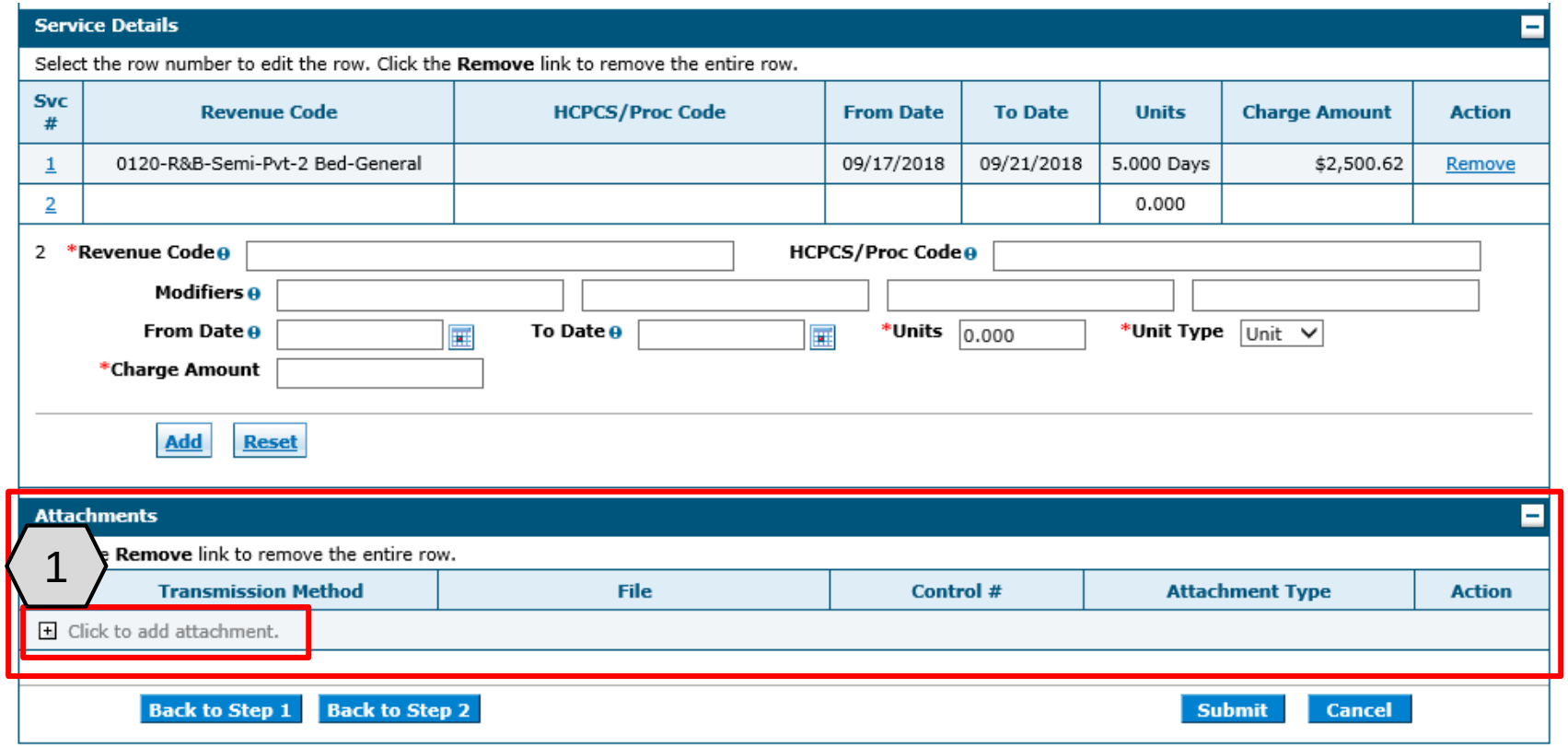
The **Submit Outpatient Claim: Confirmation** will appear after the claim has been submitted. It will display the claim status and Claim ID.

The user may then:

- Click the **Print Preview** button to view claim details.
- Click the **Copy** button to copy claim data and start a new claim using identical details.
- Click the **Adjust** button to adjust the claim.
- 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 Claim with Attachments

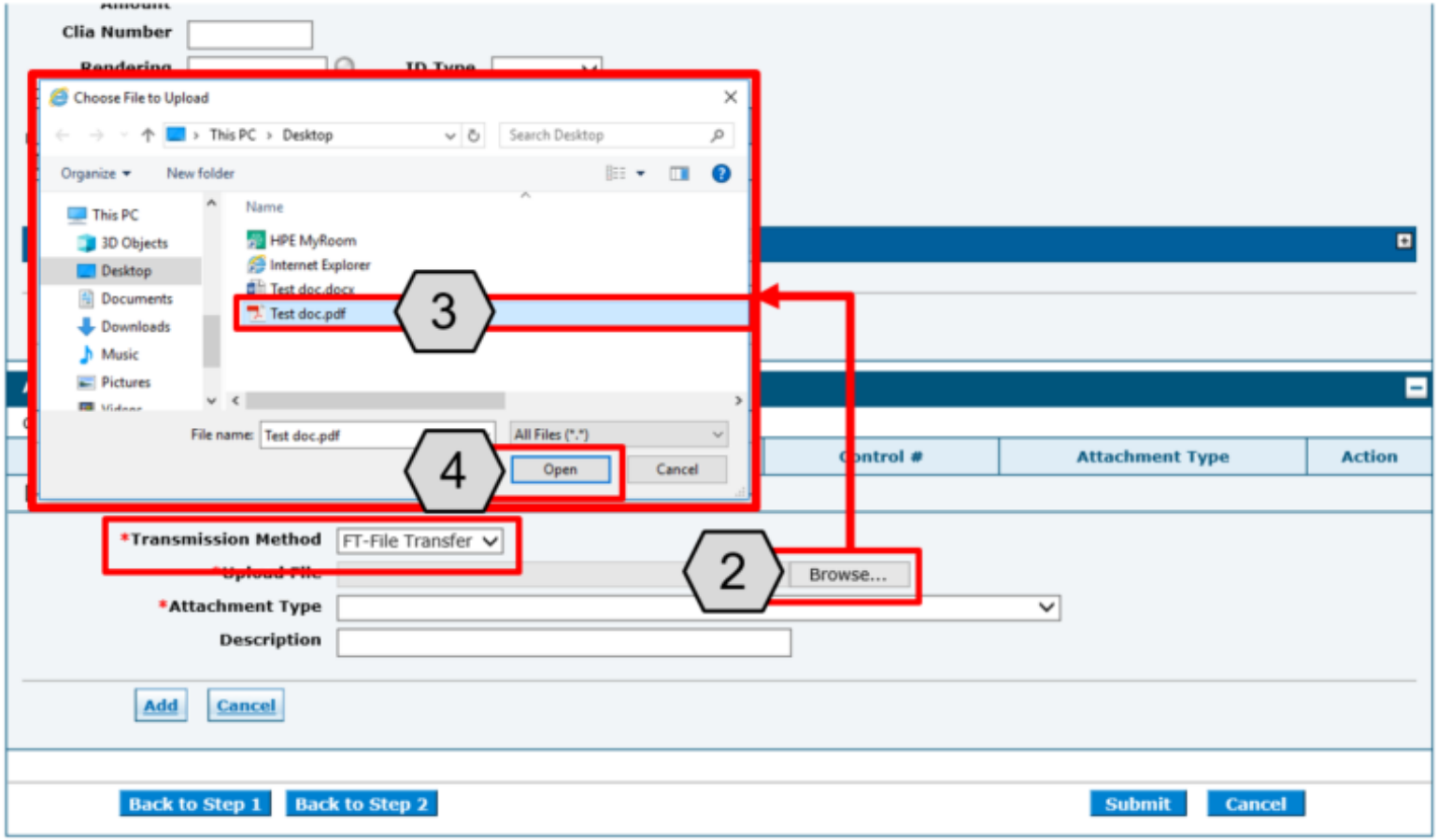
Submitting a Claim with Attachments



To upload attachments to an institutional claim:

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

Submitting a Claim with Attachments, continued



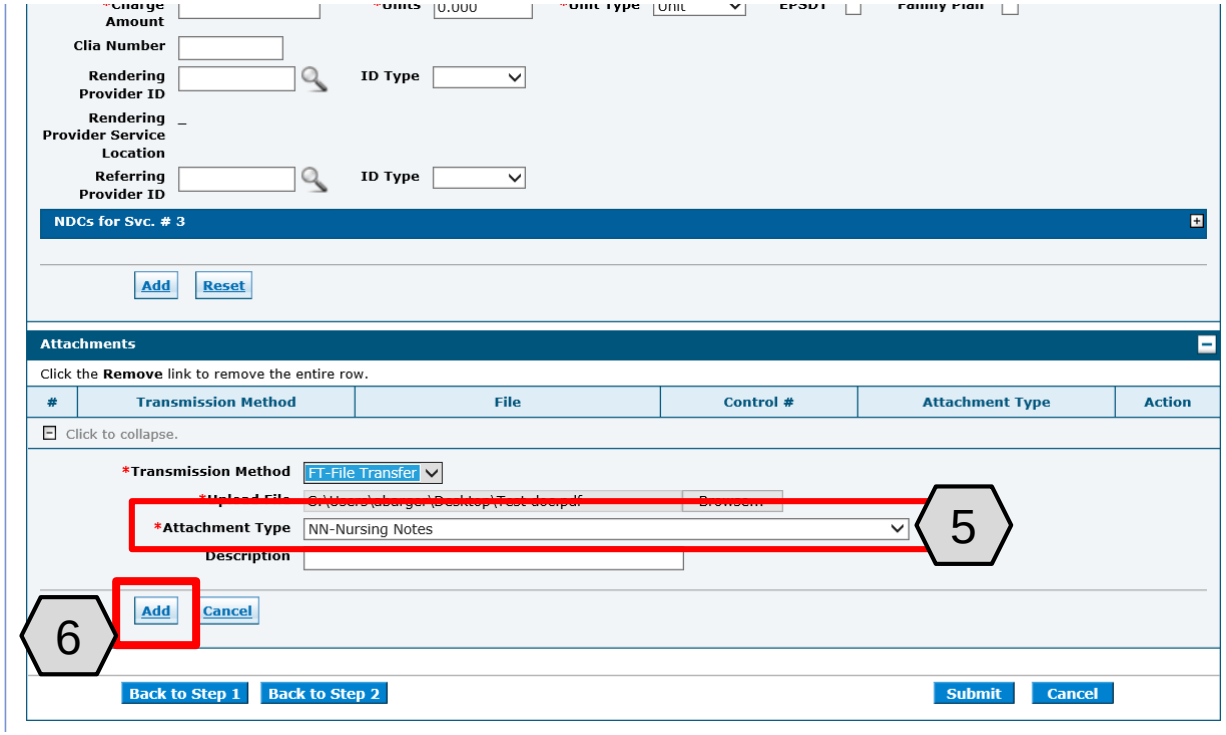
2. Click the **Browse** button and locate the file on the user's computer to attach.

A window will then pop up. From there, the user will:

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 Claim with Attachments, continued

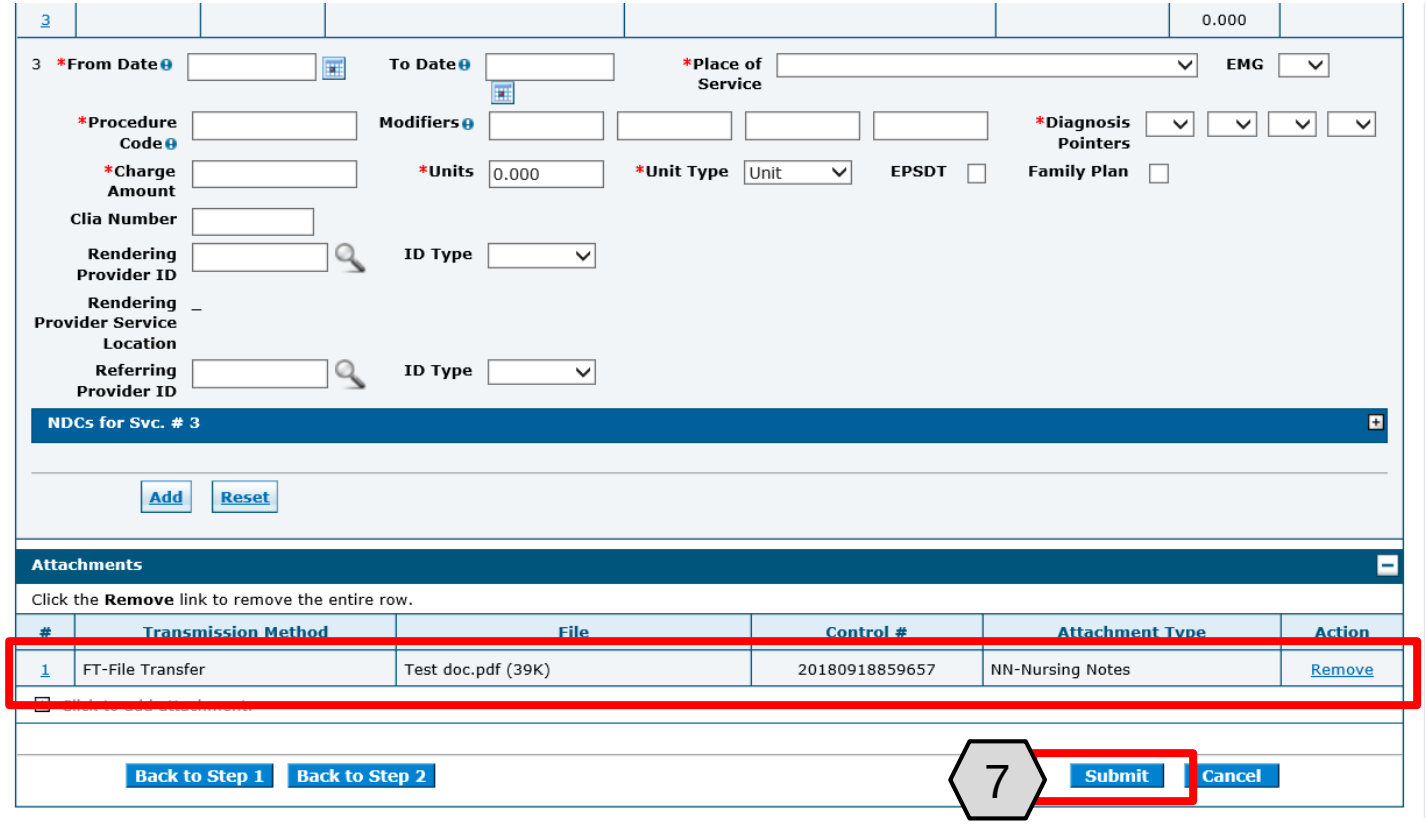


Once the Attachment has been uploaded, the user will:

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 Claim with Attachments, continued

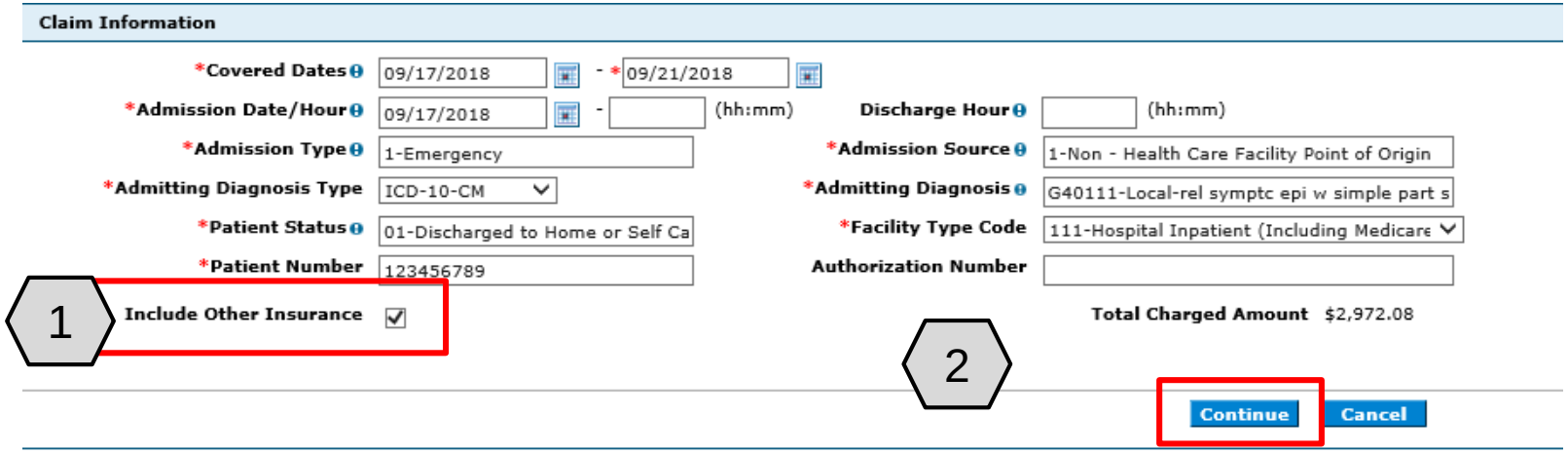


7. Click the **Submit** button to proceed.

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

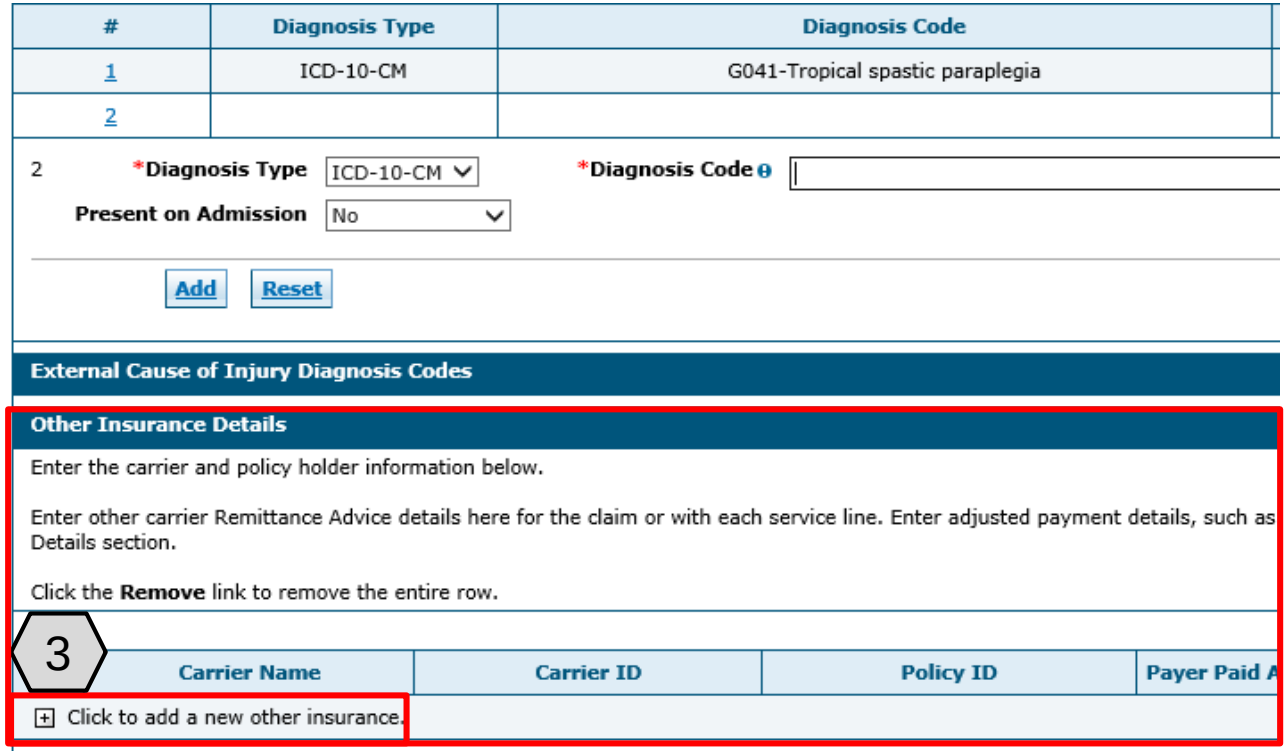
Submitting a Claim: Other Insurance Details

Submitting a Claim: Other Insurance Details



1. Check the **Include Other Insurance** checkbox located at the bottom of the page.
2. Click the **Continue** button.

Submitting a Claim: Other Insurance Details, continued

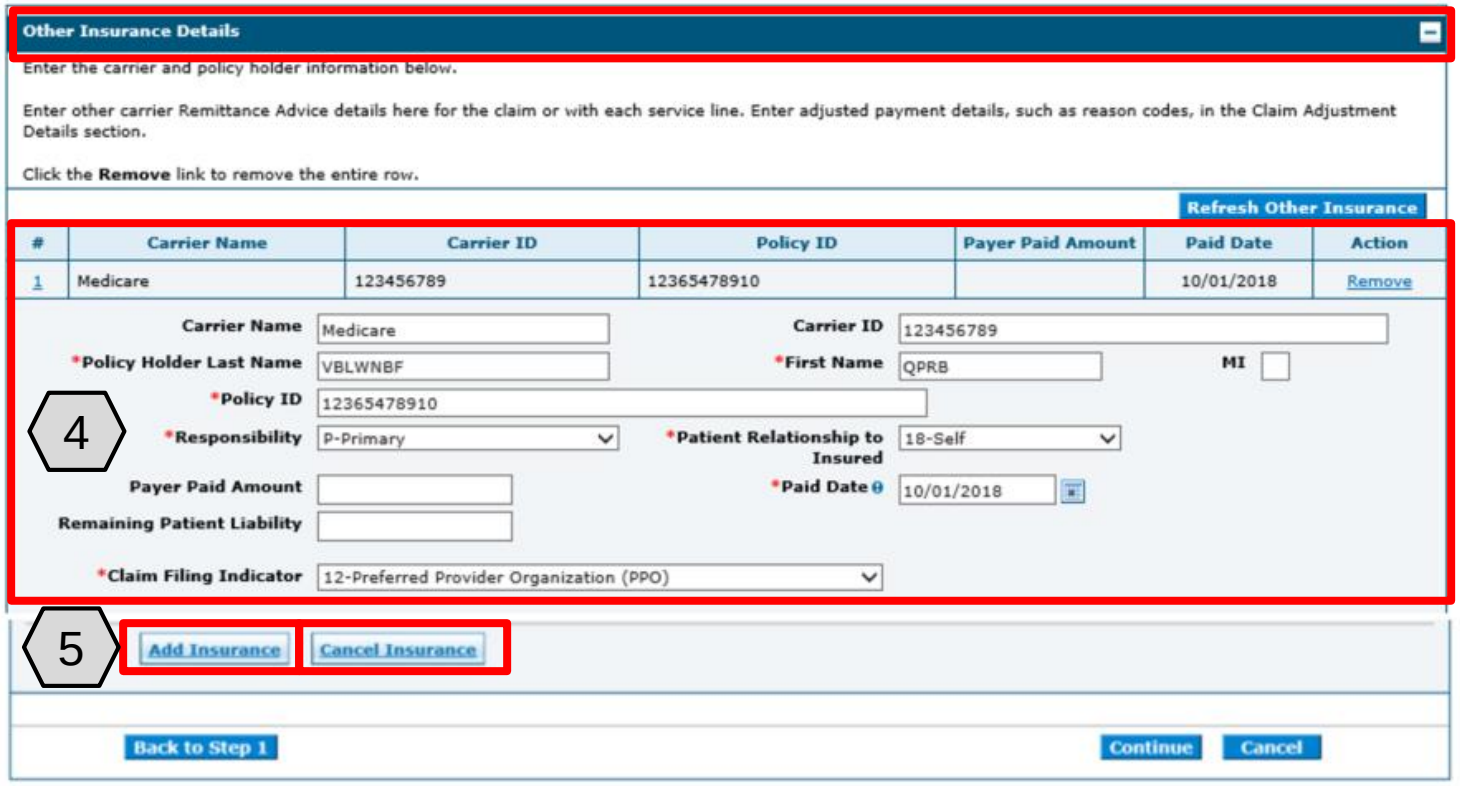


To add a policy or new other insurance, the user will:

3. Click the (+) in the **Other Insurance Details** panel at the bottom of the page.

NOTE: 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 not, no policy information will display.

Submitting a Claim: Other Insurance Details, continued

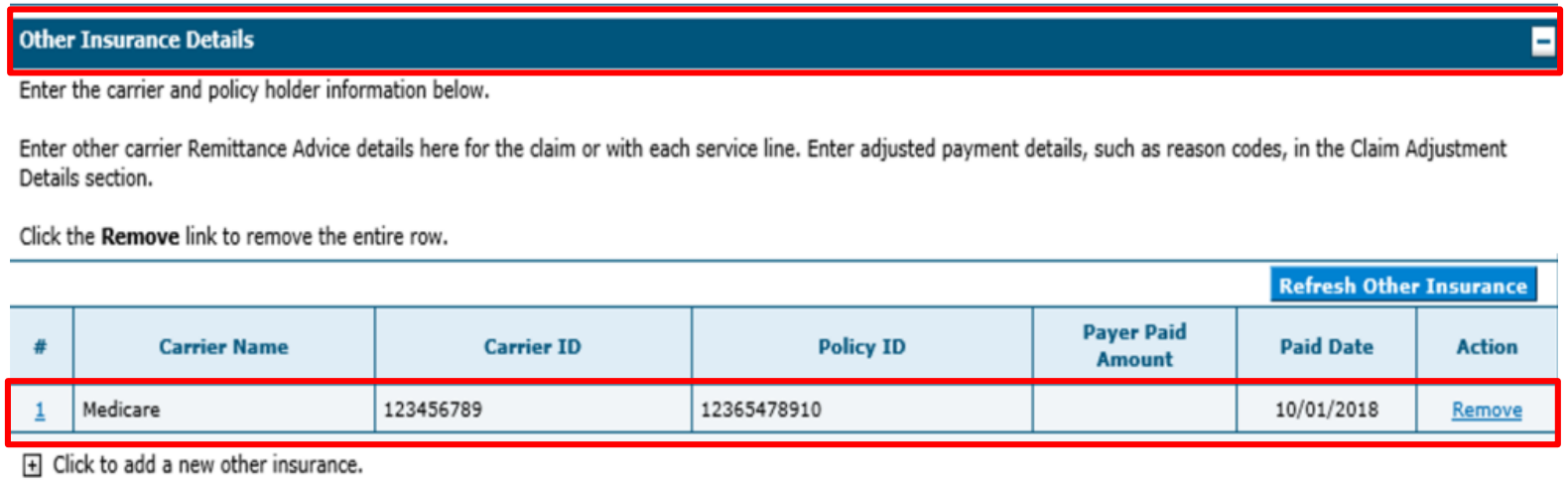


After clicking the (+), the user must:

4. Complete all required fields (*).
5. Click the **Add Insurance** button to add the Other Insurance details to the claim.

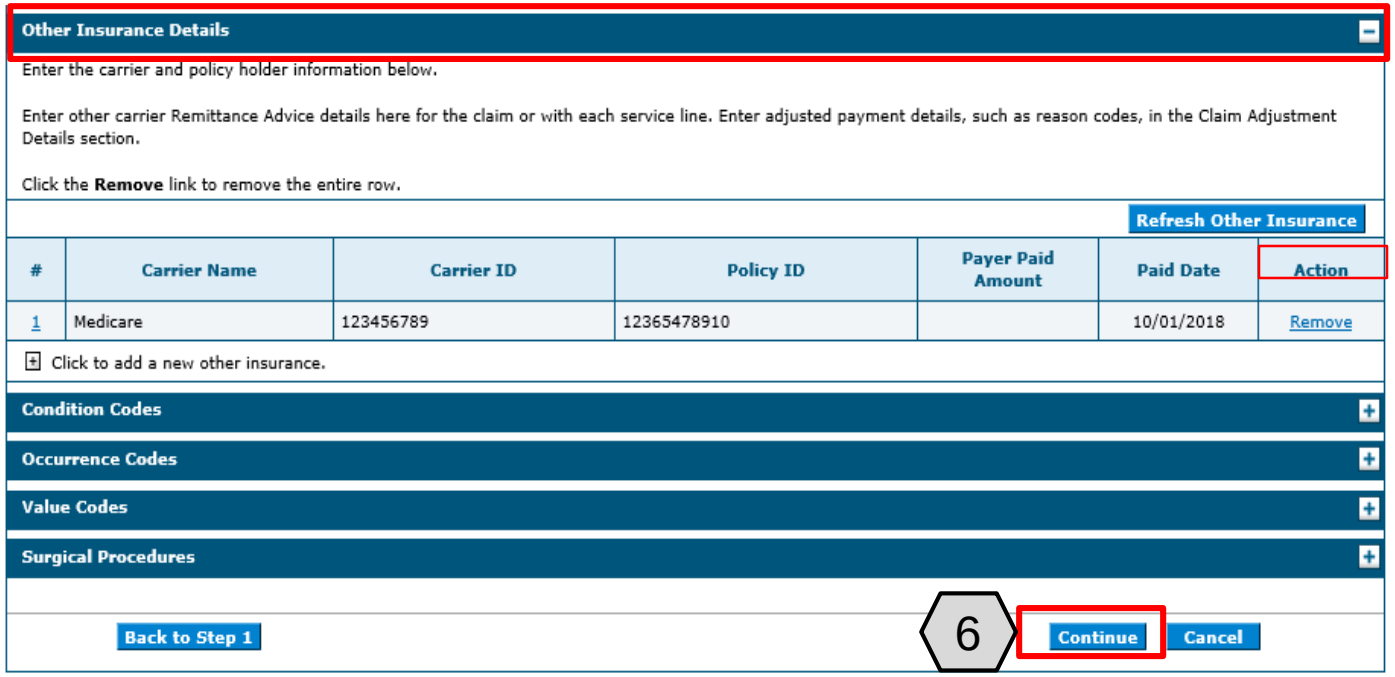
NOTE: Click the **Cancel Insurance** button to cancel addition of a new other health insurance detail.

Submitting a Claim: Other Insurance Details, continued



After the user clicks the **Add Insurance** button, the new insurance will populate.

Submitting a Claim: Other Insurance Details, continued

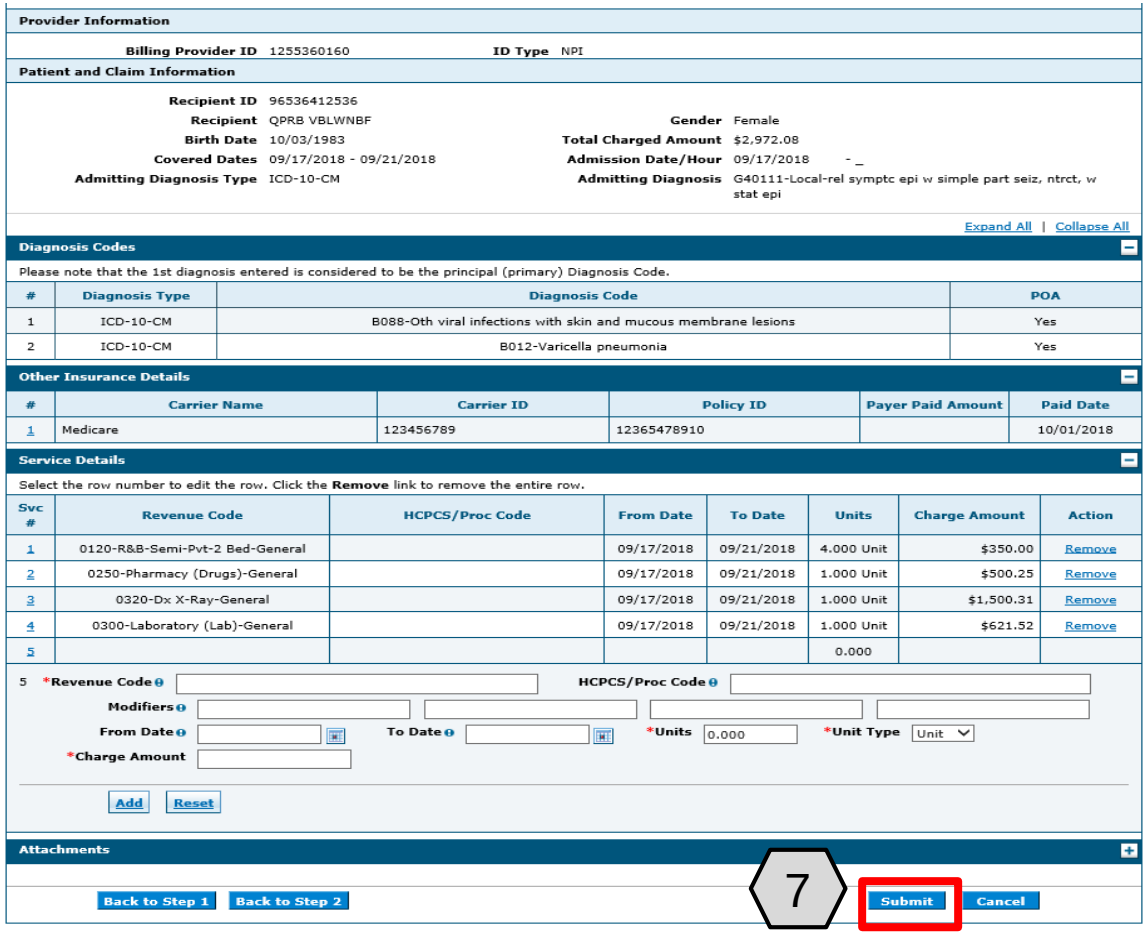


Click the **Remove** link to remove any other insurance details unrelated to the claim.

The user will:

6. Click the **Continue** button.

Submitting a Claim: Other Insurance Details, continued



Provider Information

Billing Provider ID 1255360160 **ID Type** NPI

Patient and Claim Information

Recipient ID 96536412536
Recipient QPRB VBLWNBF
Birth Date 10/03/1983
Covered Dates 09/17/2018 - 09/21/2018
Admitting Diagnosis Type ICD-10-CM
Gender Female
Total Charged Amount $2,972.08
Admission Date/Hour 09/17/2018 - _
Admitting Diagnosis G40111-Local-rel symptc epi w simple part seiz, ntrct, w stat epi

Expand All | Collapse All

Diagnosis Codes

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	POA
1	ICD-10-CM	B088-Oth viral infections with skin and mucous membrane lesions	Yes
2	ICD-10-CM	B012-Varicella pneumonia	Yes

Other Insurance Details

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date
1	Medicare	123456789	12365478910		10/01/2018

Service Details

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

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1	0120-R&B-Semi-Pvt-2 Bed-General		09/17/2018	09/21/2018	4.000 Unit	$350.00	Remove
2	0250-Pharmacy (Drugs)-General		09/17/2018	09/21/2018	1.000 Unit	$500.25	Remove
3	0320-Dx X-Ray-General		09/17/2018	09/21/2018	1.000 Unit	$1,500.31	Remove
4	0300-Laboratory (Lab)-General		09/17/2018	09/21/2018	1.000 Unit	$621.52	Remove
5					0.000		

5 *Revenue Code HCPCS/Proc Code
Modifiers
From Date To Date *Units 0.000 *Unit Type Unit
*Charge Amount

Add Reset

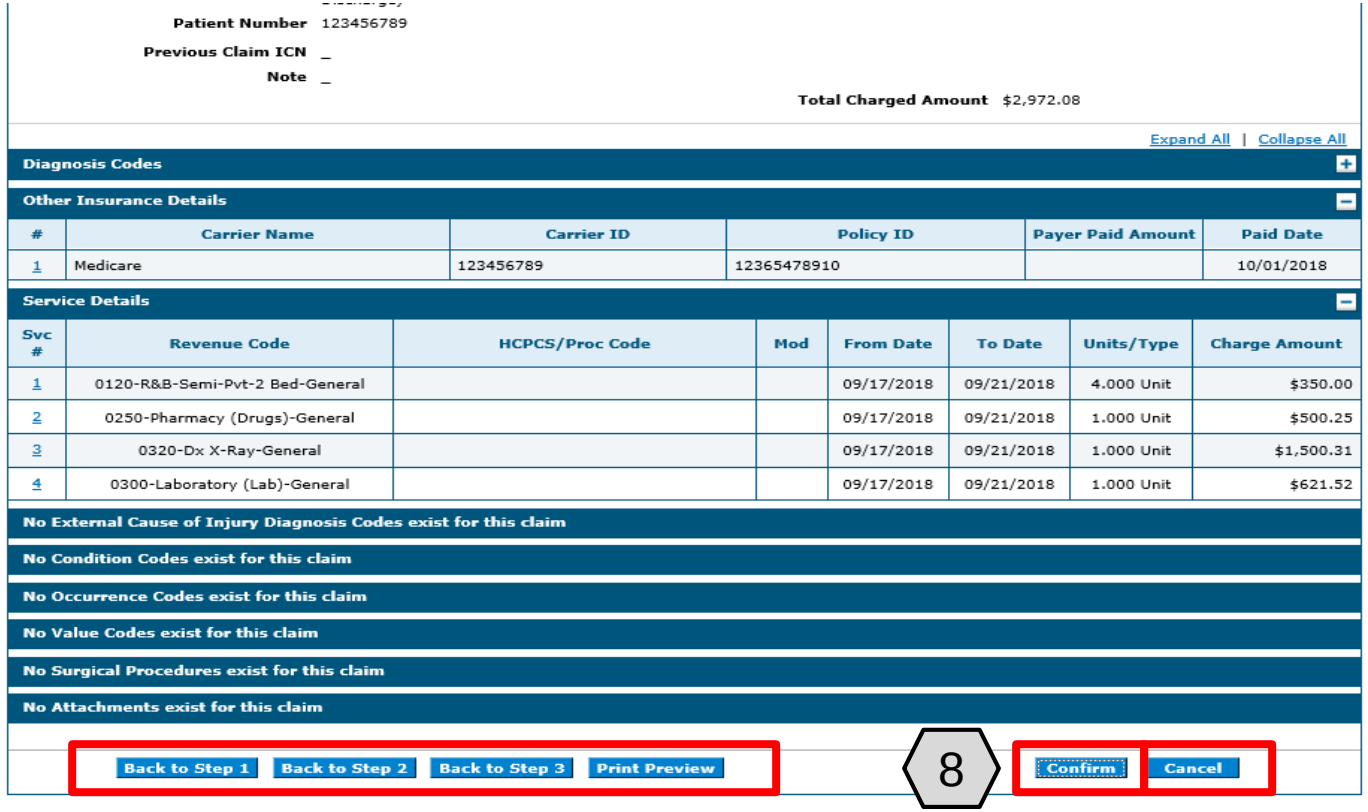
Attachments

Back to Step 1 Back to Step 2 7 Submit Cancel

After the user clicks the **Continue** button, the user will:

7. Click the **Submit** button.

Submitting a Claim: Other Insurance Details, continued



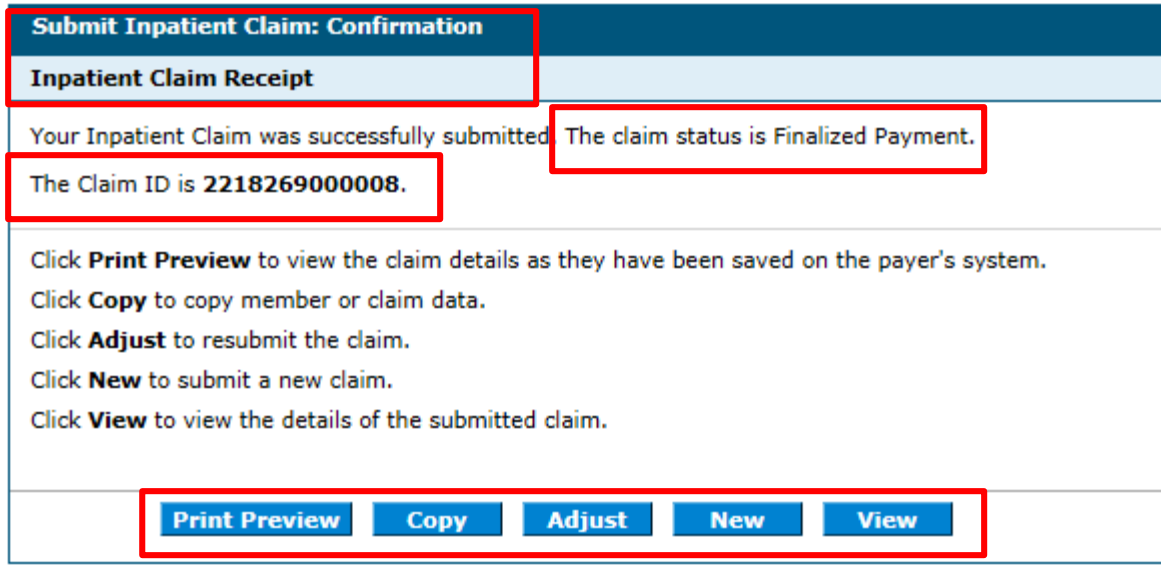
At this point, the user has the option to:

- 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, the user must:

8. Click the **Confirm** button.

Submitting a Claim: Other Insurance Details, continued



The **Submit Inpatient Claim: Confirmation** will appear after the claim has been submitted. It will display the claim status and adjusted Claim ID.

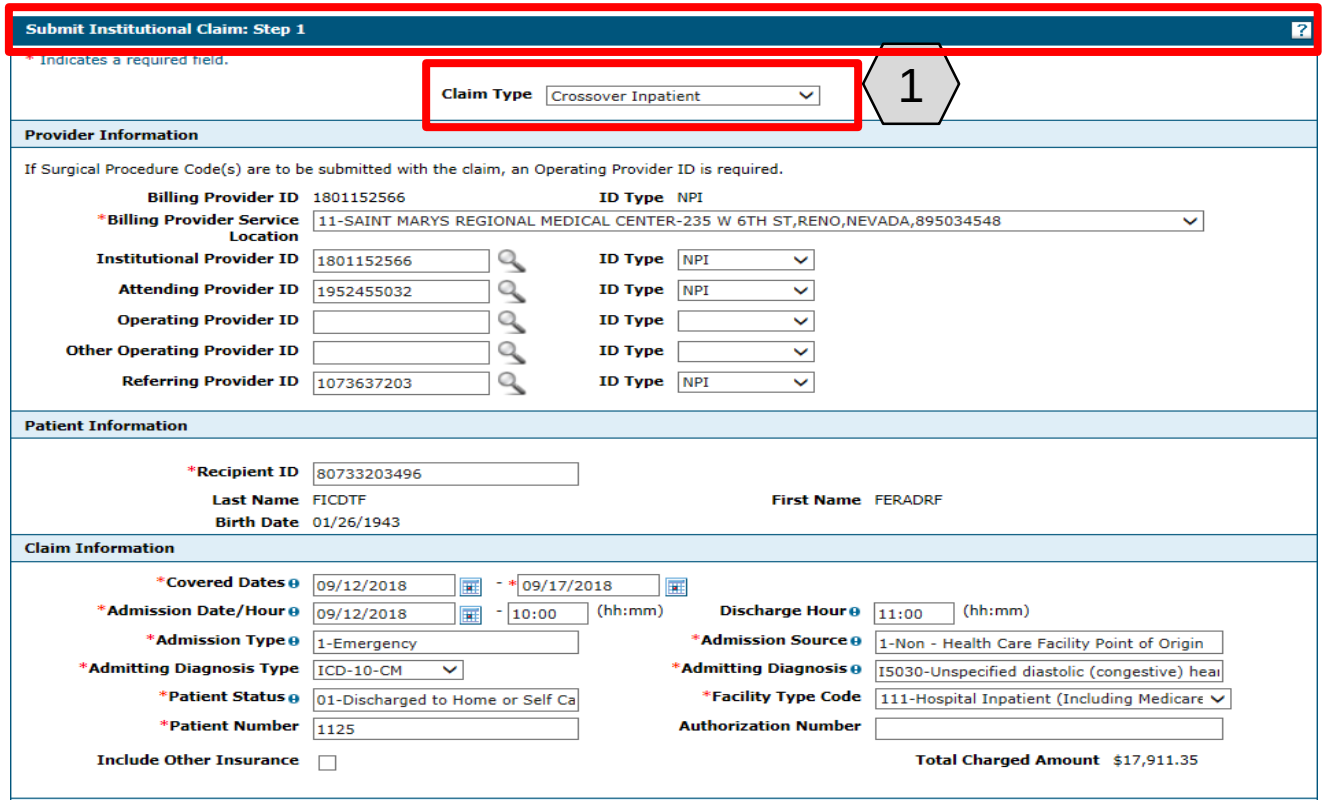
The user may then:

- Click the **Print Preview** button to view claim details.
- Click the **Copy** button to copy claim data.
- Click the **Adjust** button to adjust the claim.
- Click the **New** button to submit a new claim.
- Click the **View** button to view the details of the submitted claim.

Submitting an Institutional Crossover Claim

Submitting an Institutional Crossover Claim

Step 1



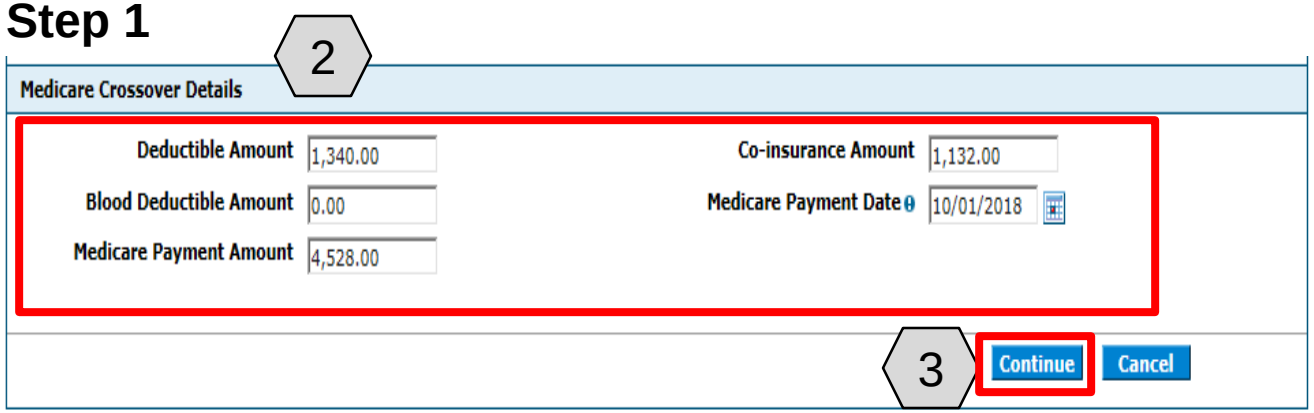
To start the process for a Crossover Institutional claim, the user will:

1. Select the **Claim Type.**

NOTE: The user will follow the same steps as previously shown in the Submitting an Institutional Inpatient Claim section.

Submitting an Institutional Crossover Claim, continued

Step 1



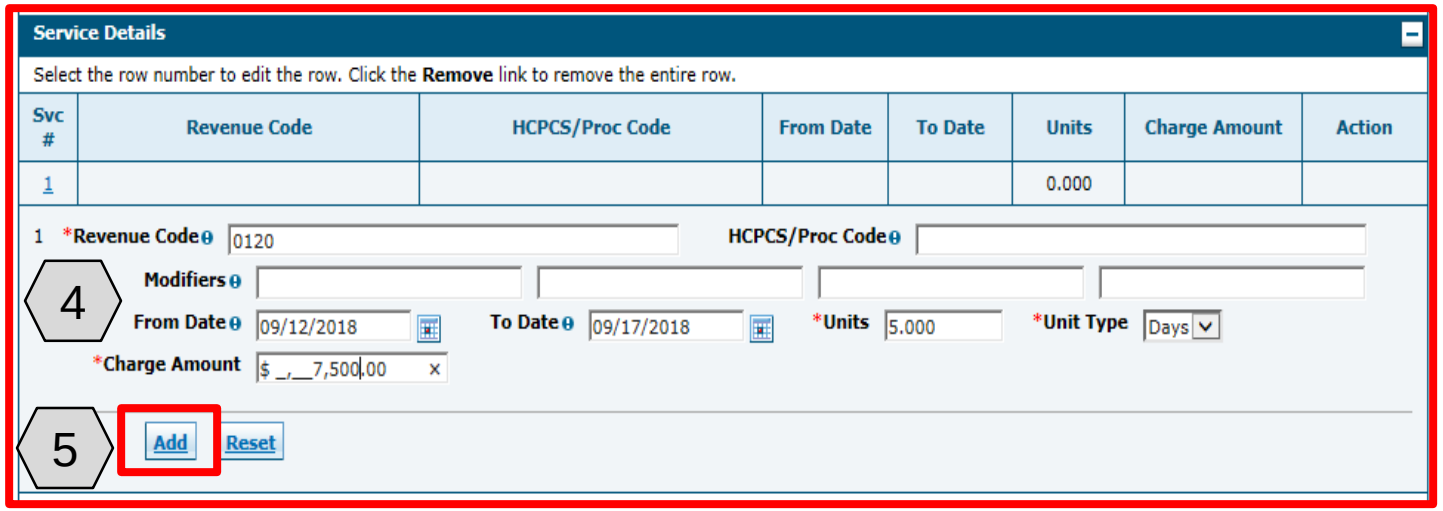
2. Enter the Medicare Crossover Details:
   - **Deductible Amount**
   - **Blood Deductible Amount**
   - **Medicare Payment Amount**
   - **Co-insurance Amount**
   - **Medicare Payment Date**

3. Click the **Continue** button.

NOTE: After adding the Medicare Crossover Details, the claims submission process is the same for Steps 2 and 3 as detailed in earlier sections.

Submitting an Institutional Crossover Claim, continued

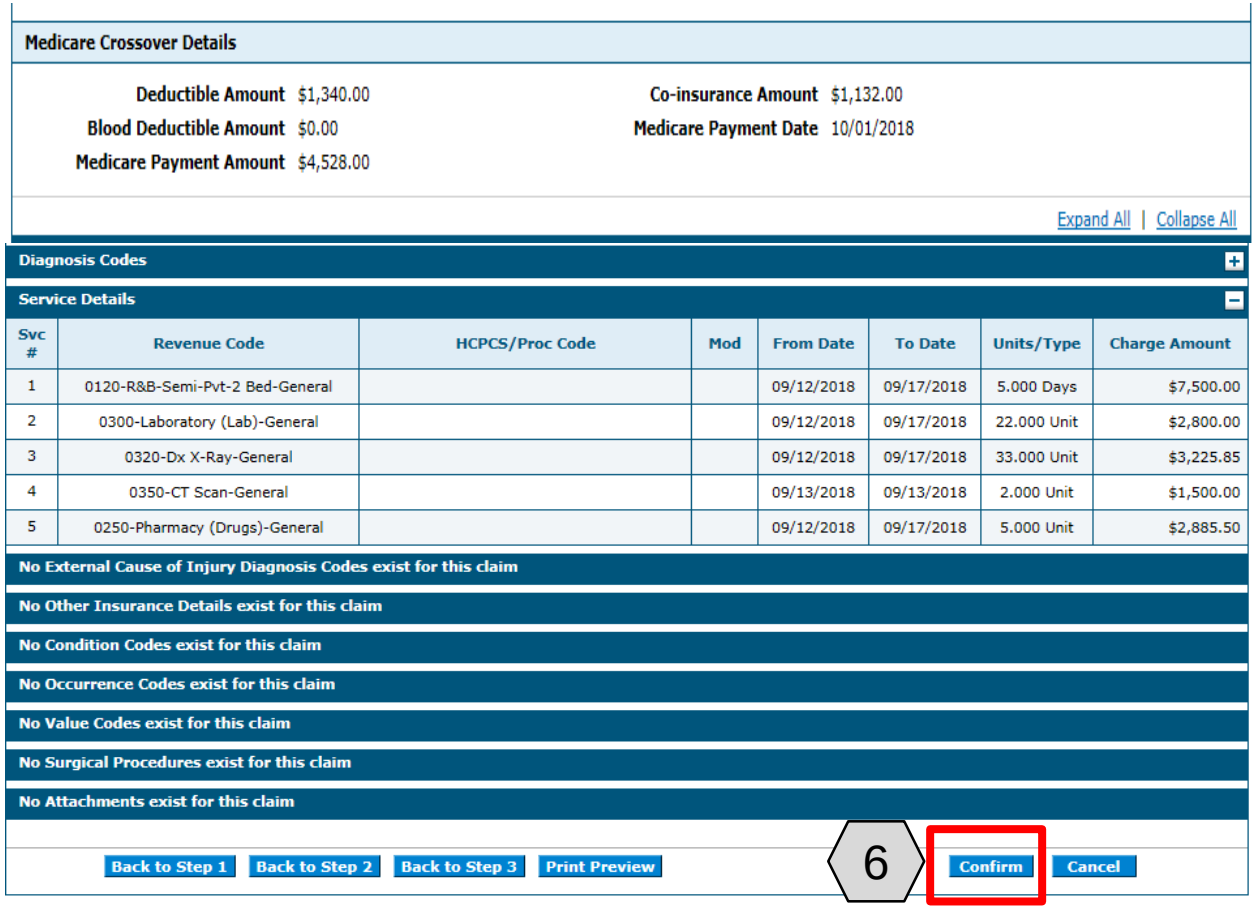
Step 3



The user will:

4. Enter information in all of the required fields (*).
5. Click the **Add** button.

Submitting an Institutional Crossover Claim, continued



Medicare Crossover Details

Deductible Amount	$1,340.00	Co-insurance Amount	$1,132.00
Blood Deductible Amount	$0.00	Medicare Payment Date	10/01/2018
Medicare Payment Amount	$4,528.00		

Expand All | Collapse All

Diagnosis Codes +

Service Details −

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/12/2018	09/17/2018	5.000 Days	$7,500.00
2	0300-Laboratory (Lab)-General			09/12/2018	09/17/2018	22.000 Unit	$2,800.00
3	0320-Dx X-Ray-General			09/12/2018	09/17/2018	33.000 Unit	$3,225.85
4	0350-CT Scan-General			09/13/2018	09/13/2018	2.000 Unit	$1,500.00
5	0250-Pharmacy (Drugs)-General			09/12/2018	09/17/2018	5.000 Unit	$2,885.50

No External Cause of Injury Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

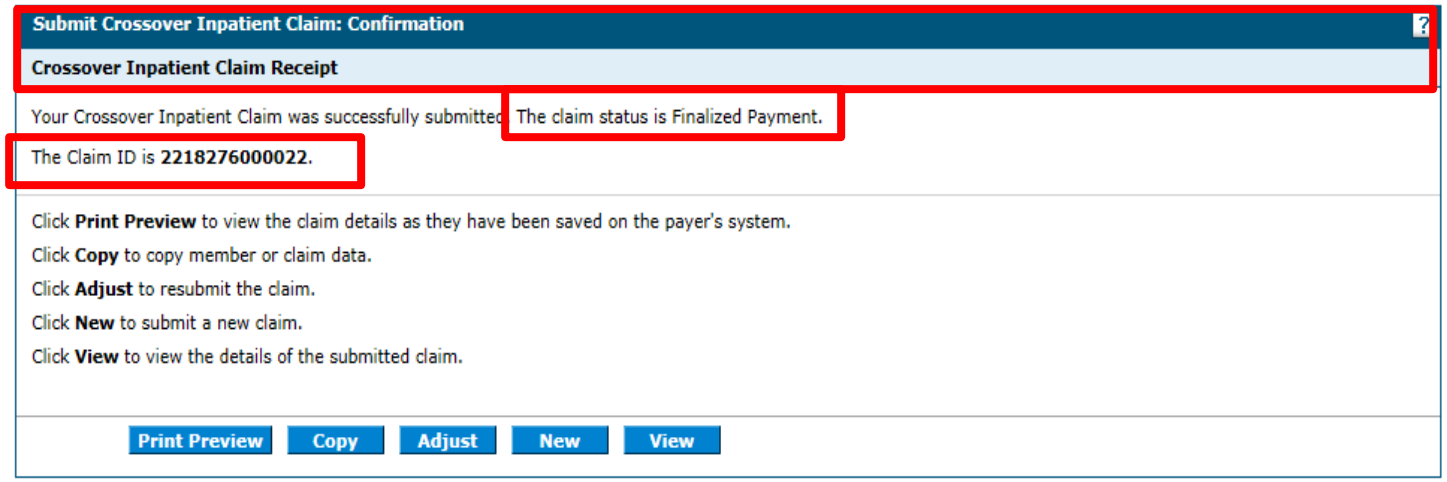
No Surgical Procedures exist for this claim

No Attachments exist for this claim

Back to Step 1 | Back to Step 2 | Back to Step 3 | Print Preview | 6 | Confirm | Cancel

Then the user will:
6. Click the **Confirm** button.

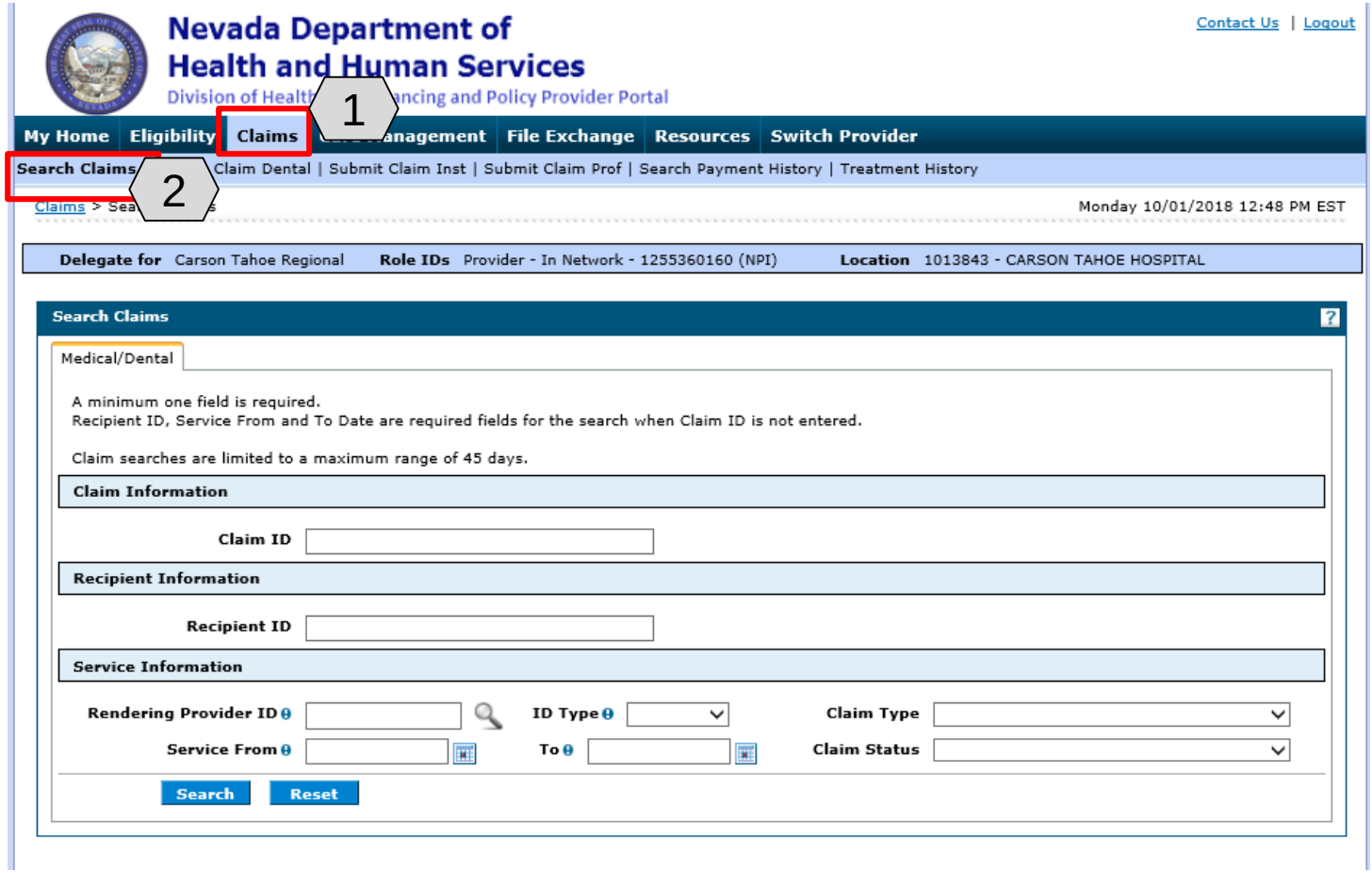
Submitting an Institutional Crossover Claim, continued



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

Searching for Claims

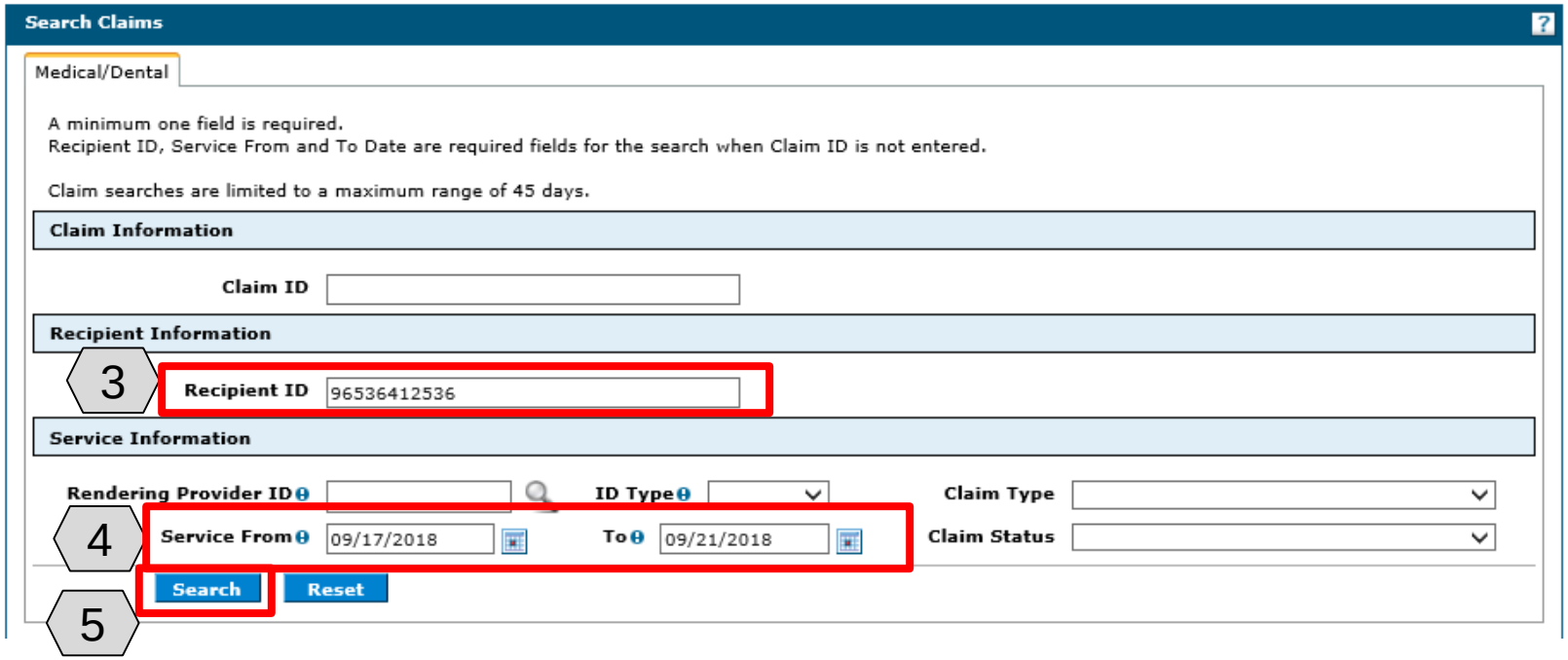
Searching for a Claim



To search for a claim, the user will need to:

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

Searching for a Claim, continued



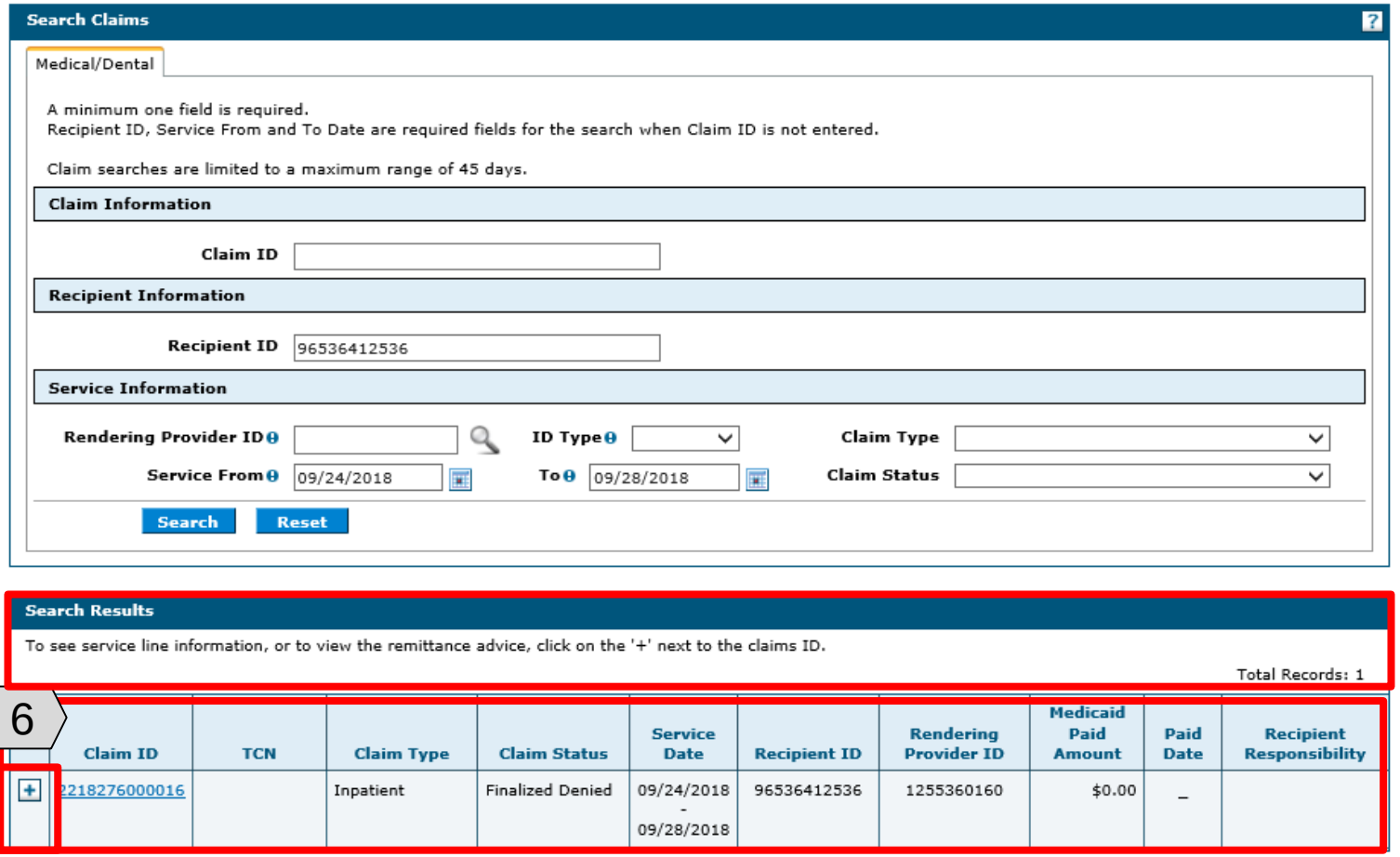
The fastest way to locate a claim is by entering the **Claim ID.**

To search without using the Claim ID:

3. Enter the **Recipient ID.**
4. Enter the **Service From** and **To.**
5. Click the **Search** button.

NOTE: To clear the screen and access claim status on another claim, click the **Reset** button found at the bottom of the “Search Claims” page.

Searching for a Claim, continued



Once the user has clicked the **Search** button, the results will display at the bottom of the page.

From there, the user may:

6. Click the **(+)** symbol to expand the claim details.

Searching for a 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
−	2218276000016		Inpatient	Finalized Denied	09/24/2018 - 09/28/2018	96536412536	1255360160	$0.00	_	

Inpatient Claim Information

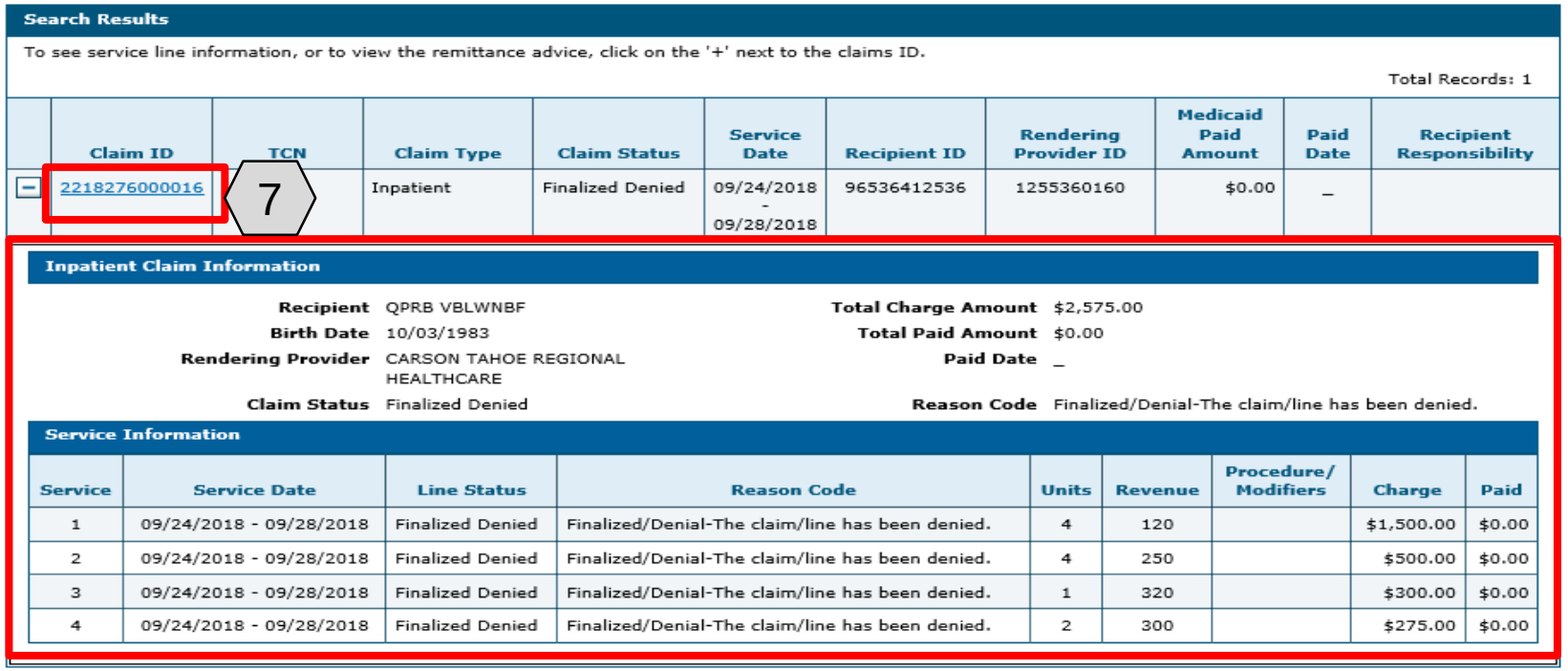
Recipient QPRB VBLWNBF
Birth Date 10/03/1983
Rendering Provider CARSON TAHOE REGIONAL HEALTHCARE
Claim Status Finalized Denied
Total Charge Amount $2,575.00
Total Paid Amount $0.00
Paid Date _
Reason Code Finalized/Denial-The claim/line has been denied.

Service Information

Service	Service Date	Line Status	Reason Code	Units	Revenue	Procedure/ Modifiers	Charge	Paid
1	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	120		$1,500.00	$0.00
2	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	250		$500.00	$0.00
3	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	320		$300.00	$0.00
4	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	2	300		$275.00	$0.00

Once the user has clicked the **+** symbol, the **Inpatient Claim Information** and **Service Information** panels will populate.

Searching for a 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
−	2218276000016	7	Inpatient	Finalized Denied	09/24/2018 - 09/28/2018	96536412536	1255360160	$0.00	_	

Inpatient Claim Information

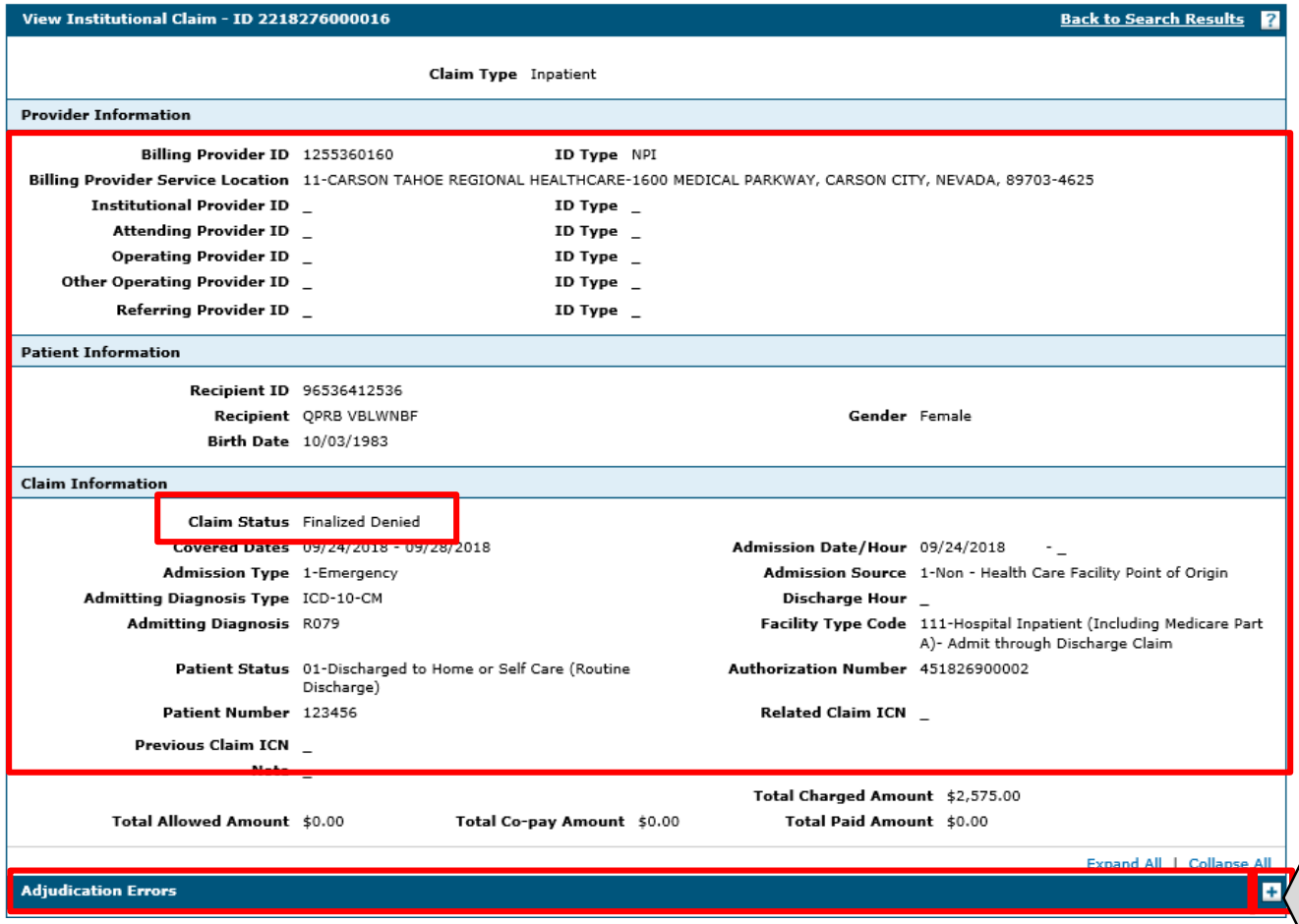
Recipient QPRB VBLWNBF
Birth Date 10/03/1983
Rendering Provider CARSON TAHOE REGIONAL HEALTHCARE
Claim Status Finalized Denied
Total Charge Amount $2,575.00
Total Paid Amount $0.00
Paid Date _
Reason Code Finalized/Denial-The claim/line has been denied.

Service Information

Service	Service Date	Line Status	Reason Code	Units	Revenue	Procedure/ Modifiers	Charge	Paid
1	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	120		$1,500.00	$0.00
2	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	4	250		$500.00	$0.00
3	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	320		$300.00	$0.00
4	09/24/2018 - 09/28/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	2	300		$275.00	$0.00

7. Click the **Claim ID** hyperlink to open the claim.

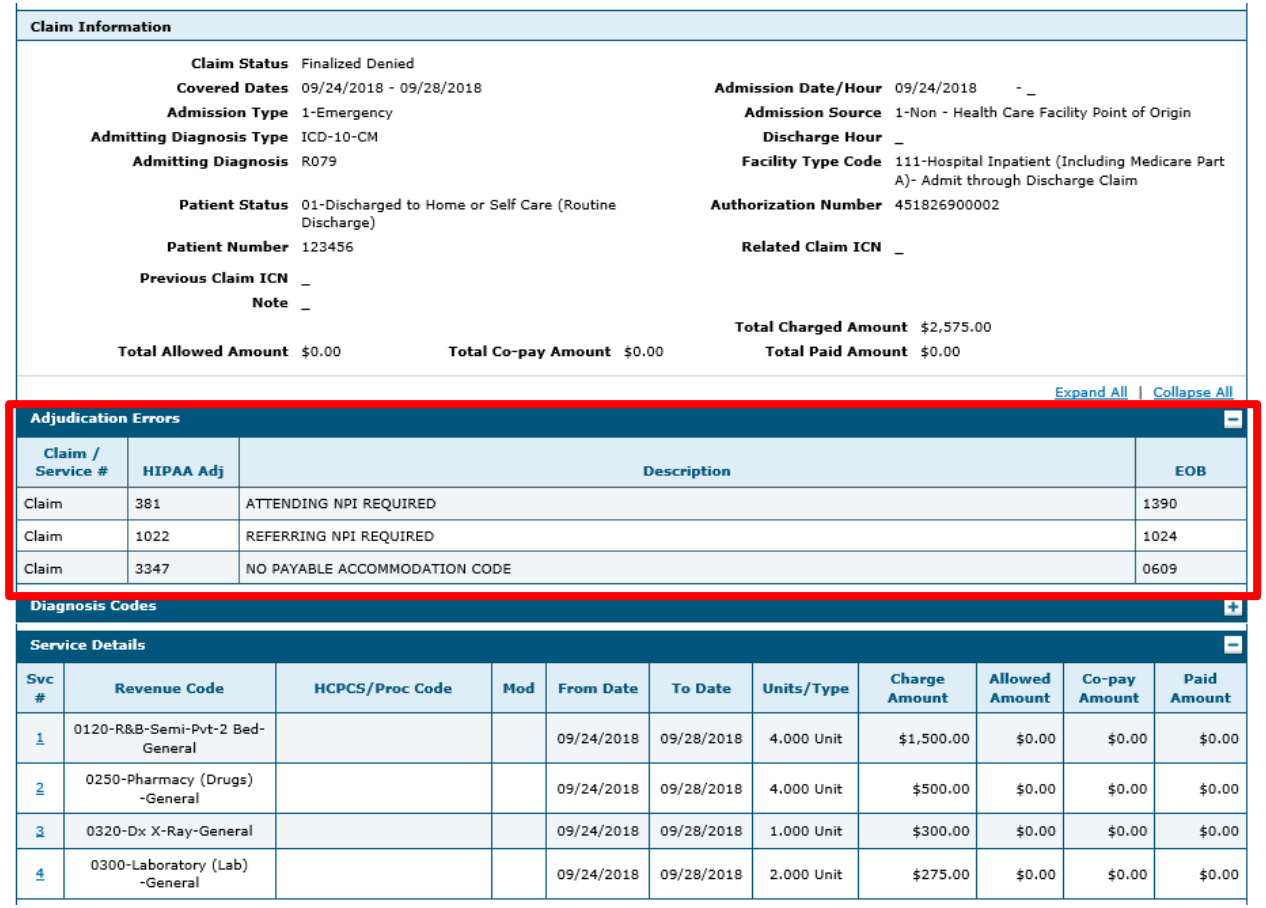
Searching for a Claim, continued



If the claim is denied, the user may review the errors as follows:

8. Click the **(+)** symbol adjacent to the **Adjudication Errors** panel.

Searching for a Claim, continued



Claim Information

Claim Status	Finalized Denied		
Covered Dates	09/24/2018 - 09/28/2018	**Admission Date/Hour**	09/24/2018 - _
Admission Type	1-Emergency	**Admission Source**	1-Non - Health Care Facility Point of Origin
Admitting Diagnosis Type	ICD-10-CM	**Discharge Hour**	_
Admitting Diagnosis	R079	**Facility Type Code**	111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)	**Authorization Number**	451826900002
Patient Number	123456	**Related Claim ICN**	_
Previous Claim ICN	_		
Note	_		
		Total Charged Amount	$2,575.00
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
Claim	381	ATTENDING NPI REQUIRED	1390
Claim	1022	REFERRING NPI REQUIRED	1024
Claim	3347	NO PAYABLE ACCOMMODATION CODE	0609

Diagnosis Codes

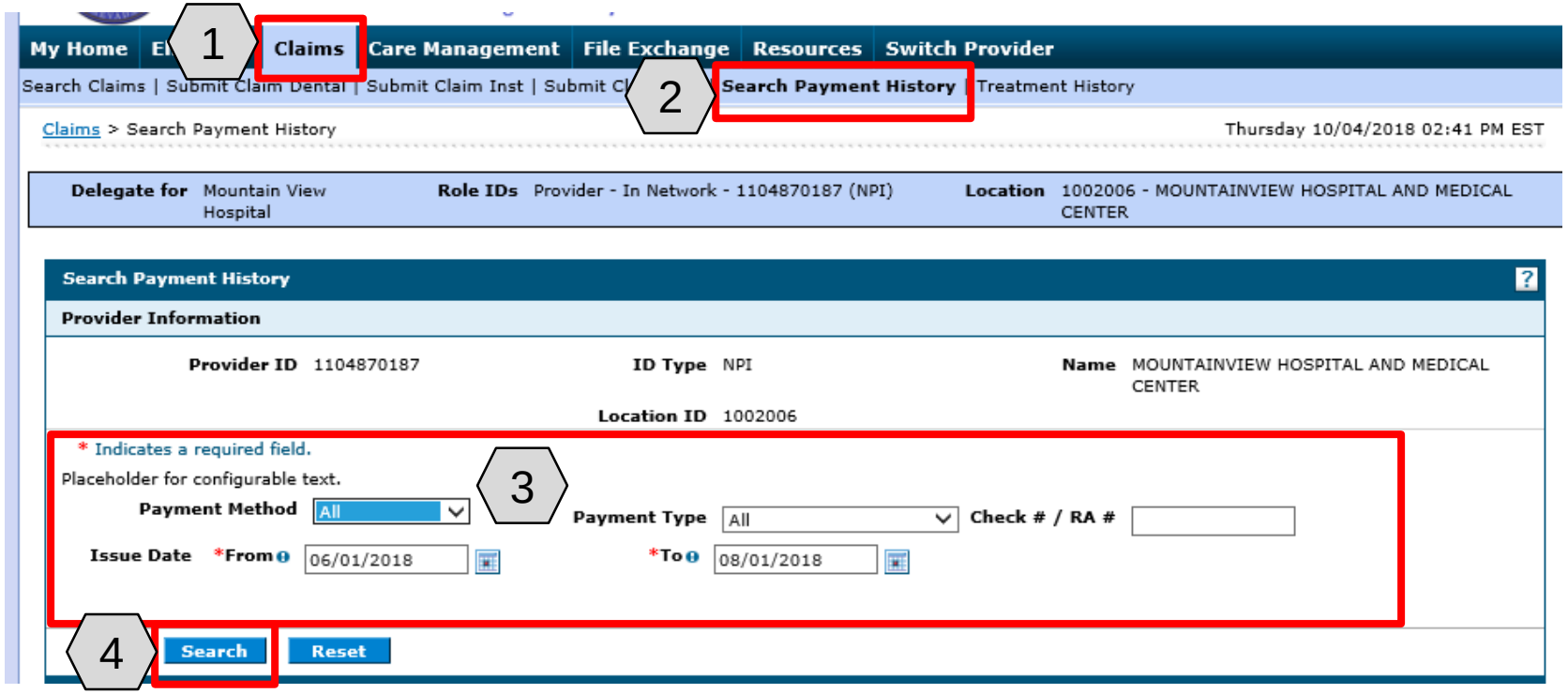
Service Details

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/24/2018	09/28/2018	4.000 Unit	$1,500.00	$0.00	$0.00	$0.00
2	0250-Pharmacy (Drugs) -General			09/24/2018	09/28/2018	4.000 Unit	$500.00	$0.00	$0.00	$0.00
3	0320-Dx X-Ray-General			09/24/2018	09/28/2018	1.000 Unit	$300.00	$0.00	$0.00	$0.00
4	0300-Laboratory (Lab) -General			09/24/2018	09/28/2018	2.000 Unit	$275.00	$0.00	$0.00	$0.00

With the **Adjudication Errors** panel expanded, the user may review the errors associated with the claim's denial.

Viewing a Remittance Advice (RA)

Viewing a RA

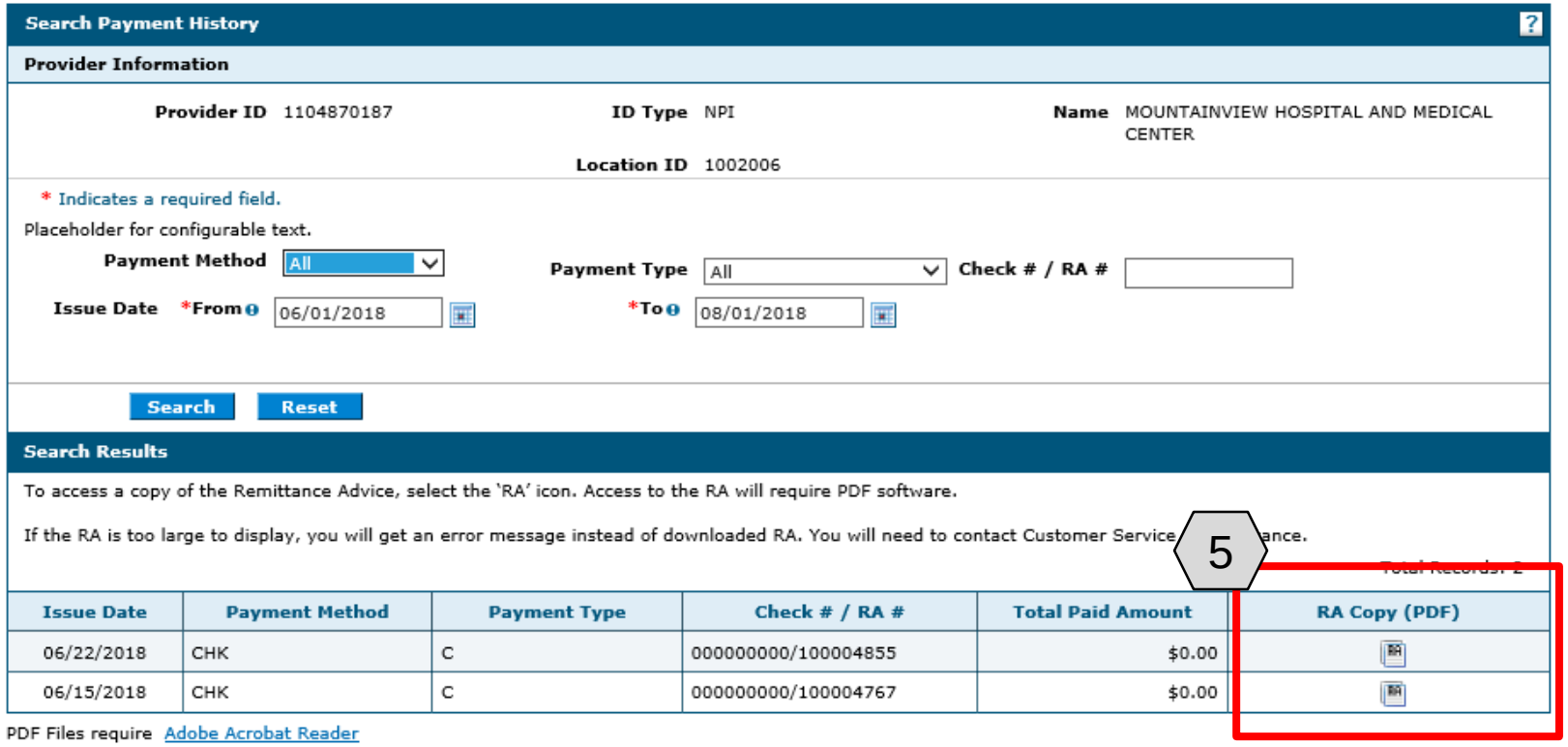


To begin locating an RA, the user will:

1. Hover over **Claims.**
2. Select **Search Payment History.**
3. Enter search criteria to refine the search results.
4. Click the **Search** button.

NOTE: RAs can only be searched in the Provider Web Portal. The default search range is for the past 90 days.

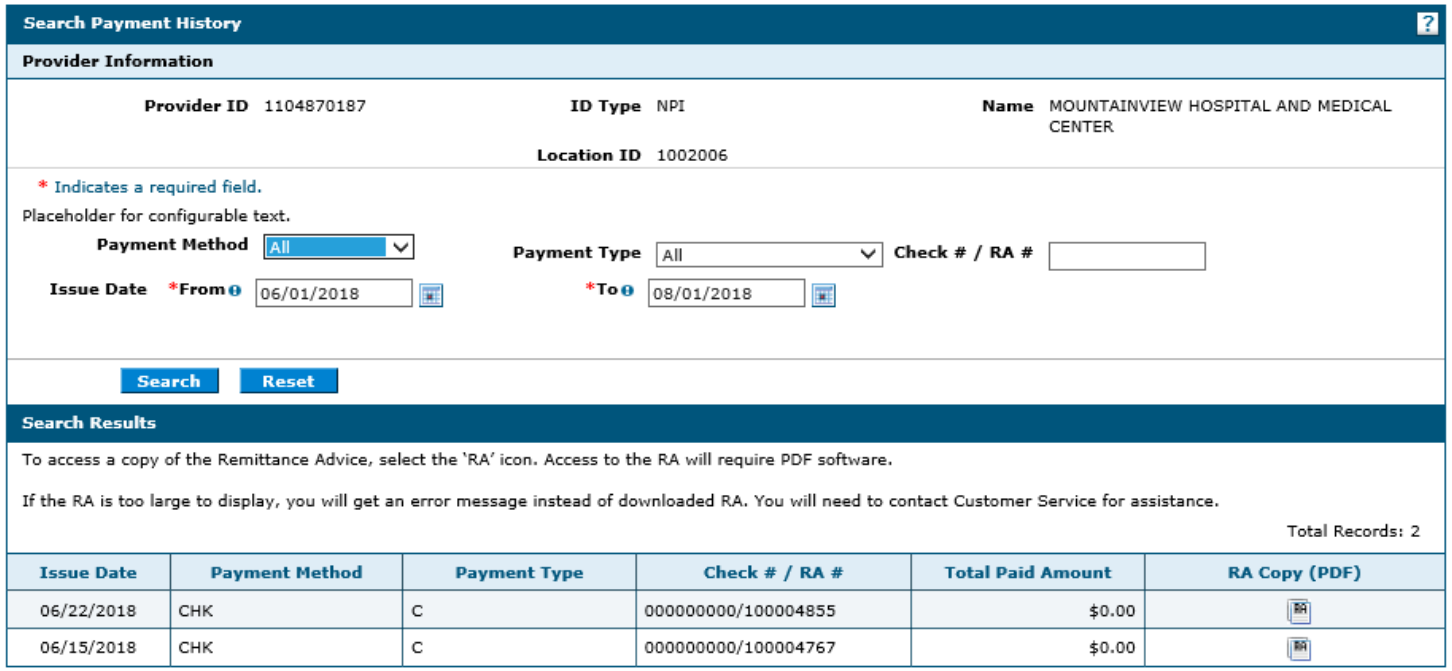
Viewing a RA, continued



The user will:

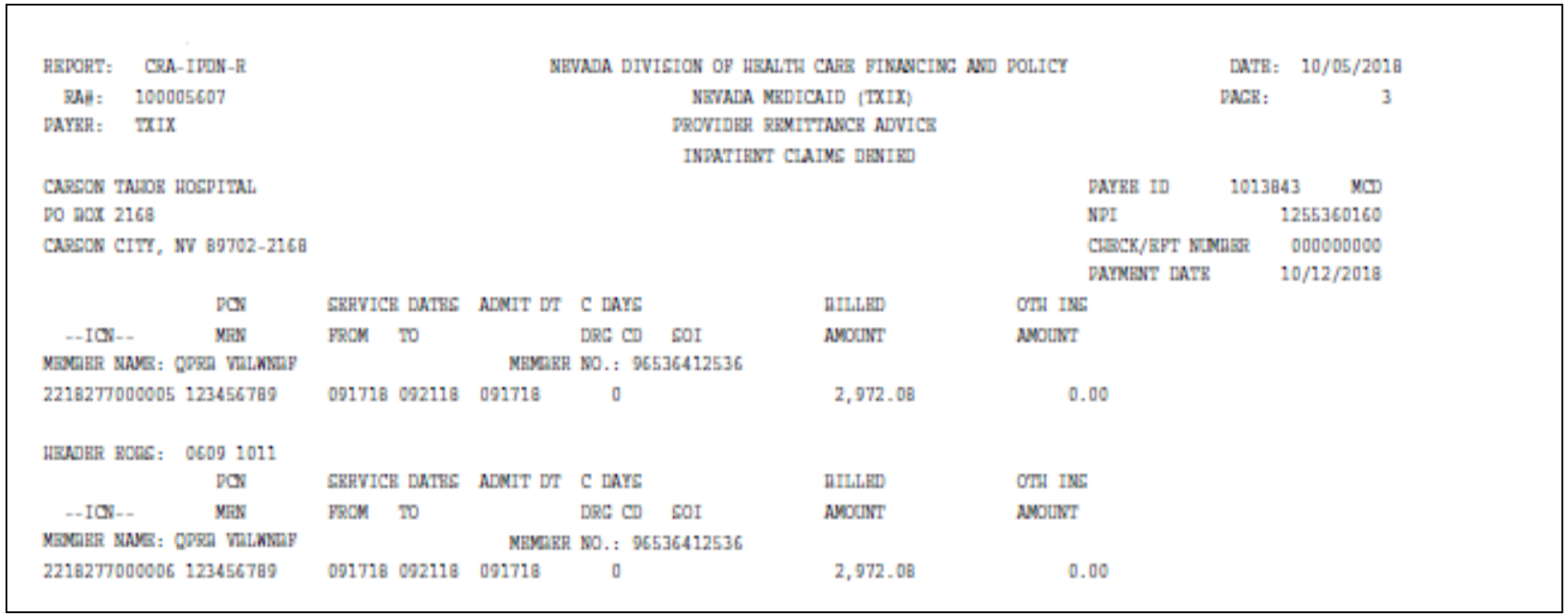
5. Click on the image in the **RA Copy** column to view the RA.

Viewing a RA, continued



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

Viewing a RA, continued

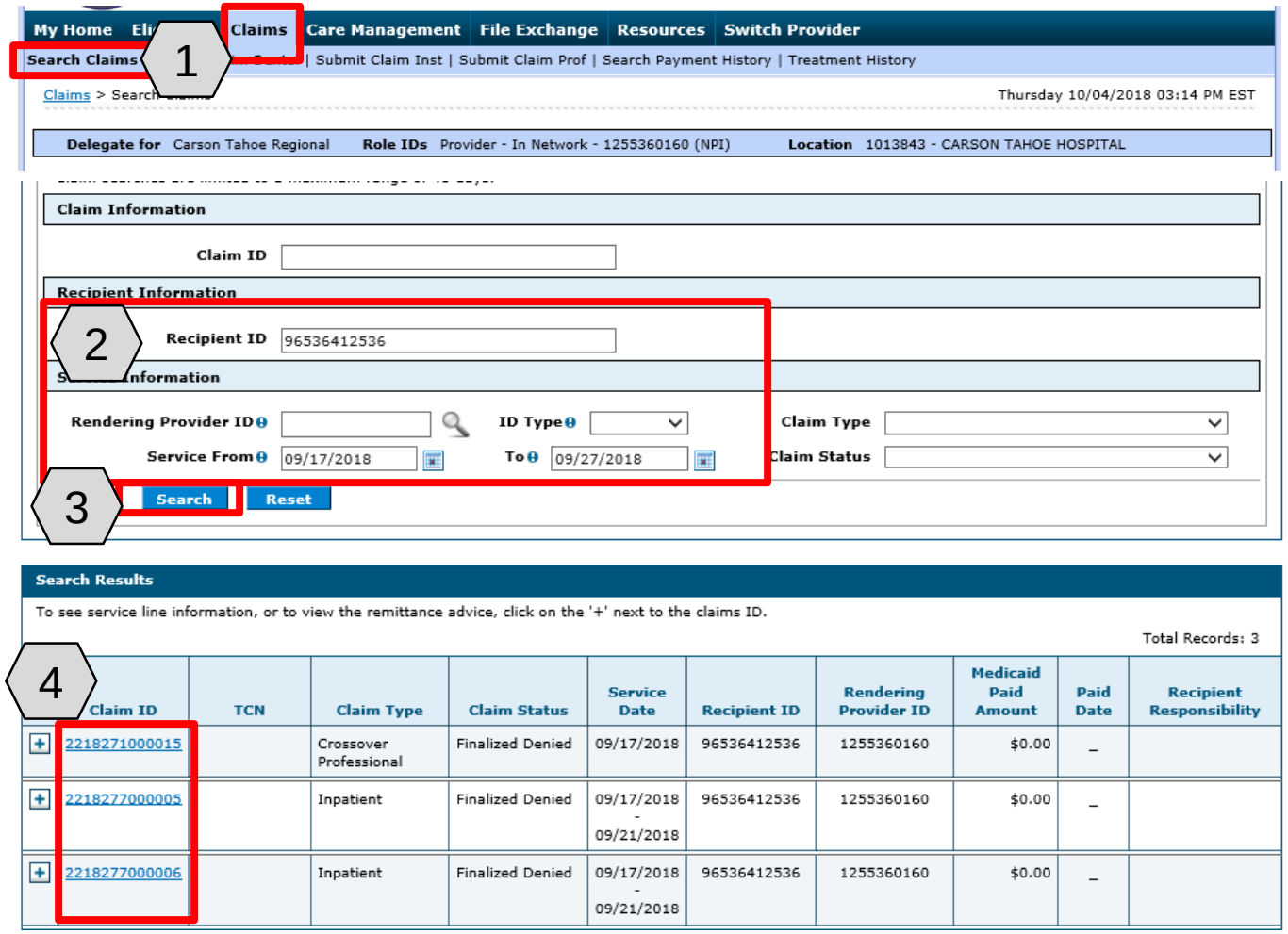


```
REPORT:   CRA-IPDN-R                    NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY          DATE:  10/05/2018
  RA#:   100005607                                NEVADA MEDICAID (TXIX)                             PAGE:          3
PAYER:   TXIX                                  PROVIDER REMITTANCE ADVICE
                                                INPATIENT CLAIMS DENIED

CARSON TAHOE HOSPITAL                                                          PAYER ID     1013843     MCD
PO BOX 2168                                                                    NPI              1255360160
CARSON CITY, NV 89702-2168                                                     CHECK/EFT NUMBER    000000000
                                                                               PAYMENT DATE      10/12/2018

               PCN       SERVICE DATES  ADMIT DT  C DAYS              BILLED          OTH INS
  --ICN--      MRN       FROM   TO              DRG CD   SOI          AMOUNT          AMOUNT
MEMBER NAME: QPRH VWLWNHF                  MEMBER NO.: 96536412536
2218277000005 123456789    091718 092118  091718       0               2,972.08          0.00

HEADER ECHO:  0609 1011
               PCN       SERVICE DATES  ADMIT DT  C DAYS              BILLED          OTH INS
  --ICN--      MRN       FROM   TO              DRG CD   SOI          AMOUNT          AMOUNT
MEMBER NAME: QPRH VWLWNHF                  MEMBER NO.: 96536412536
2218277000006 123456789    091718 092118  091718       0               2,972.08          0.00
```

After clicking the **Open** button, the user can review the RA.

Copying a Claim

Copying a Claim



To copy a claim, the user will need to:

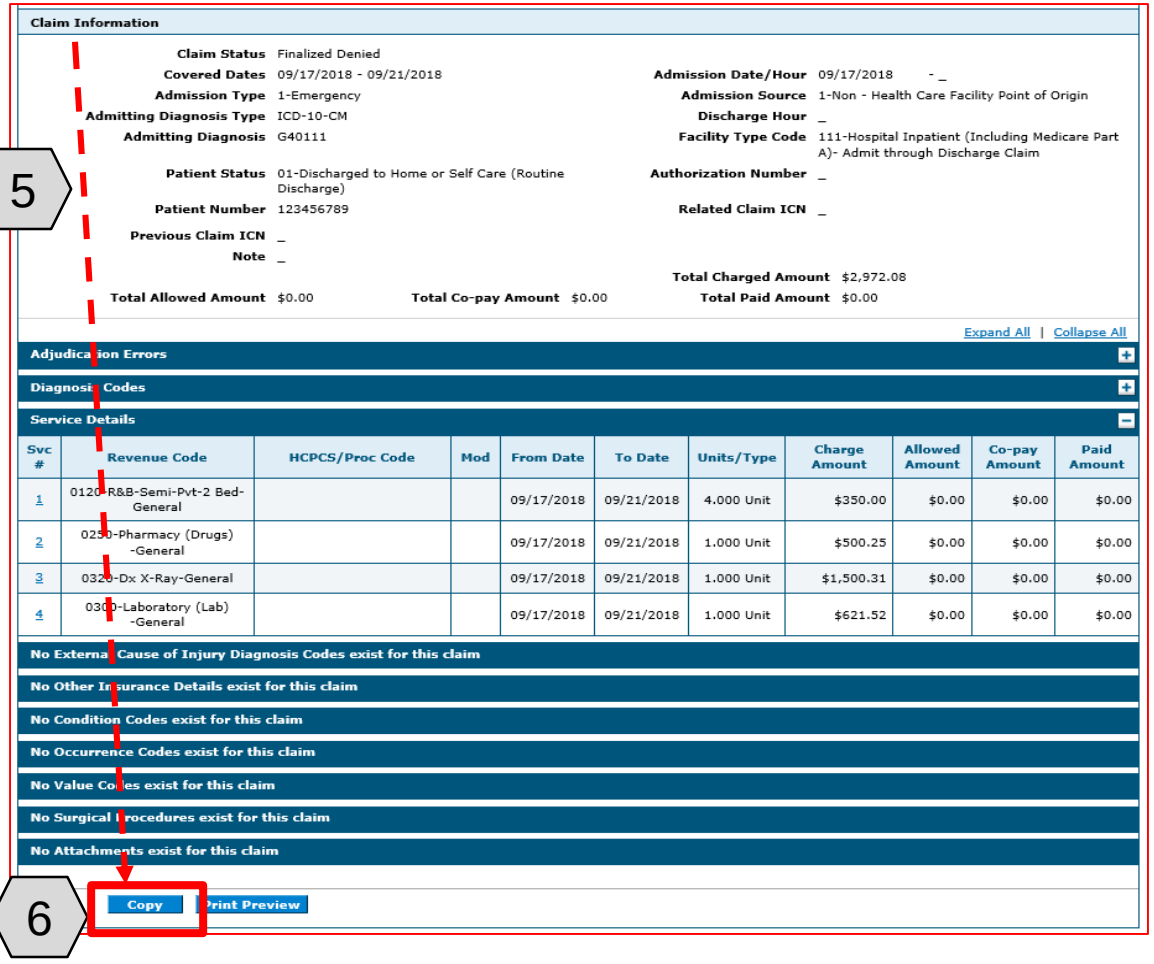
1. Return to the “Search Claims” page.
2. Enter the search criteria.
3. Click the **Search** button.

Search results will populate at the bottom of the screen.

From the search results:

4. Click the **Claim ID** link.

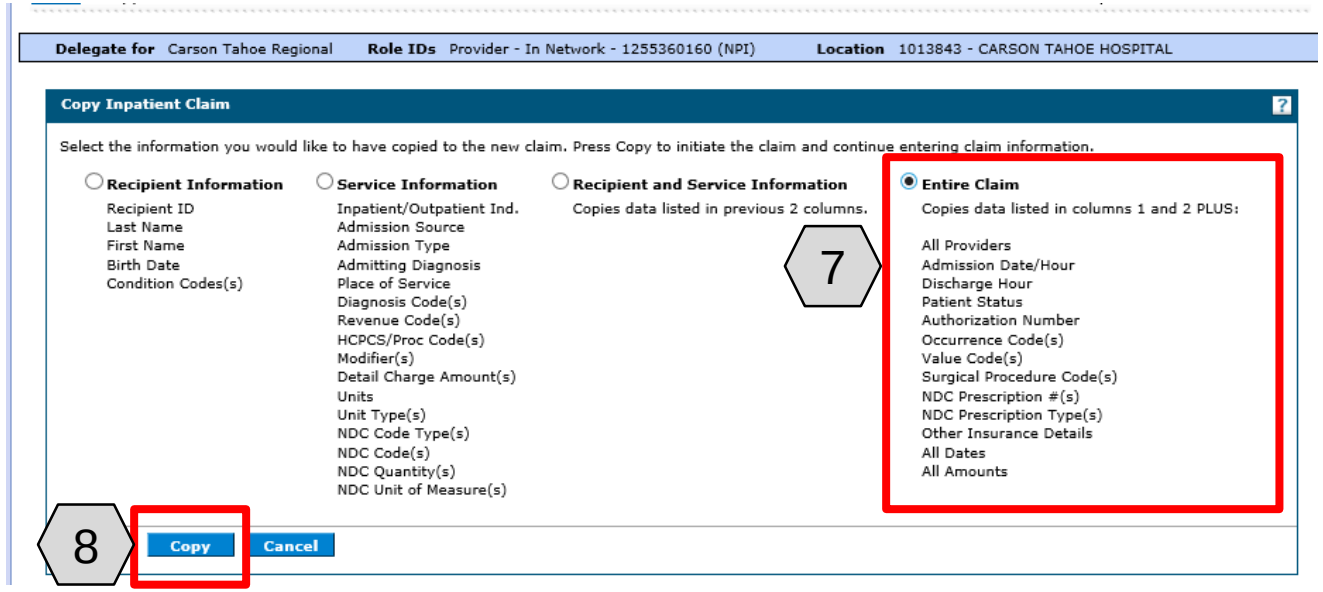
Copying a Claim, continued



After the user has viewed the claim, user will:

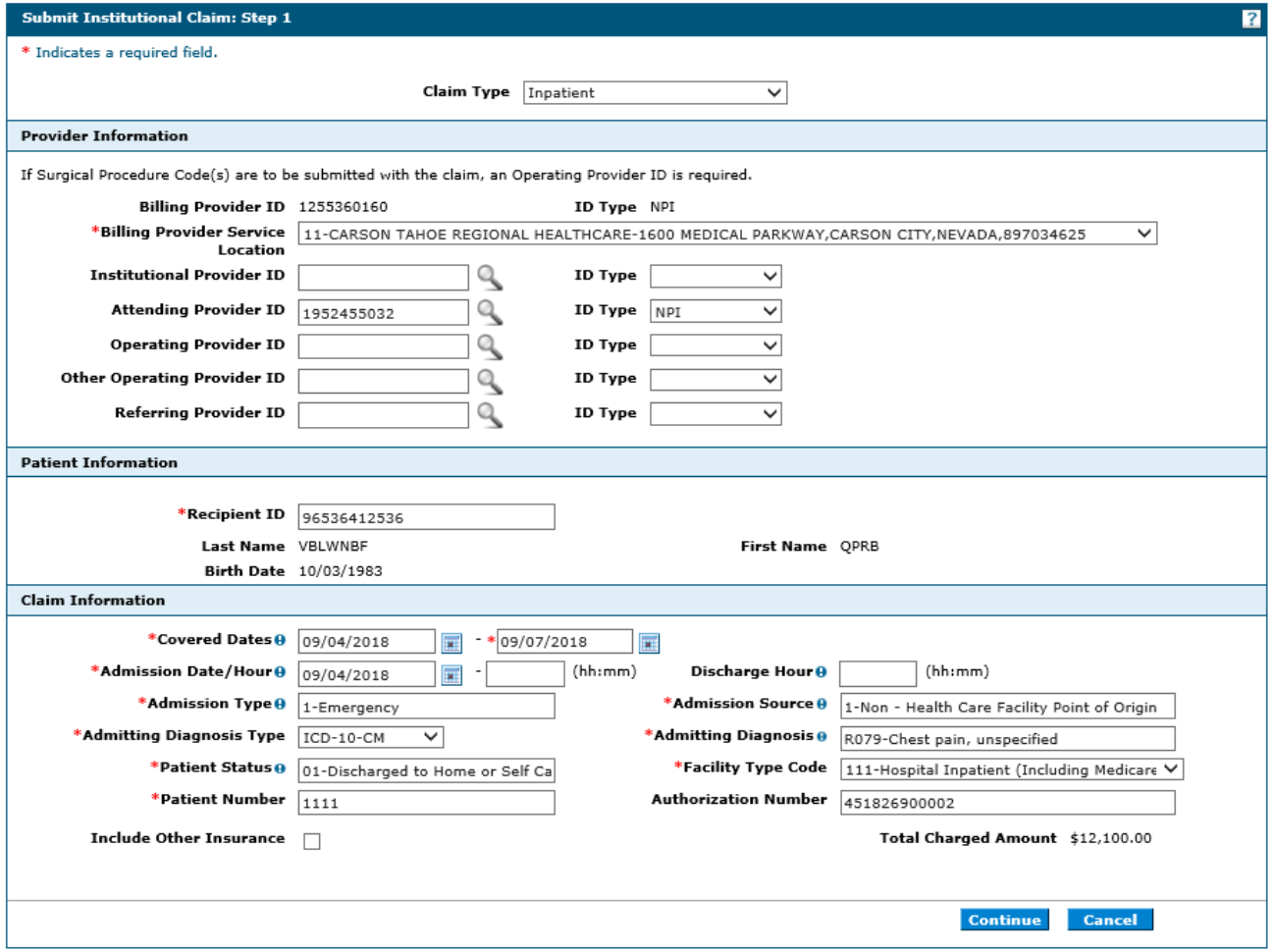
5. Scroll down to the bottom of the page.
6. Click the **Copy** button, that opens the copied claim.

Copying a Claim, continued



7. Select the portion of the claim to copy (for this example, the user has selected **Entire Claim**).
8. Click the **Copy** button.

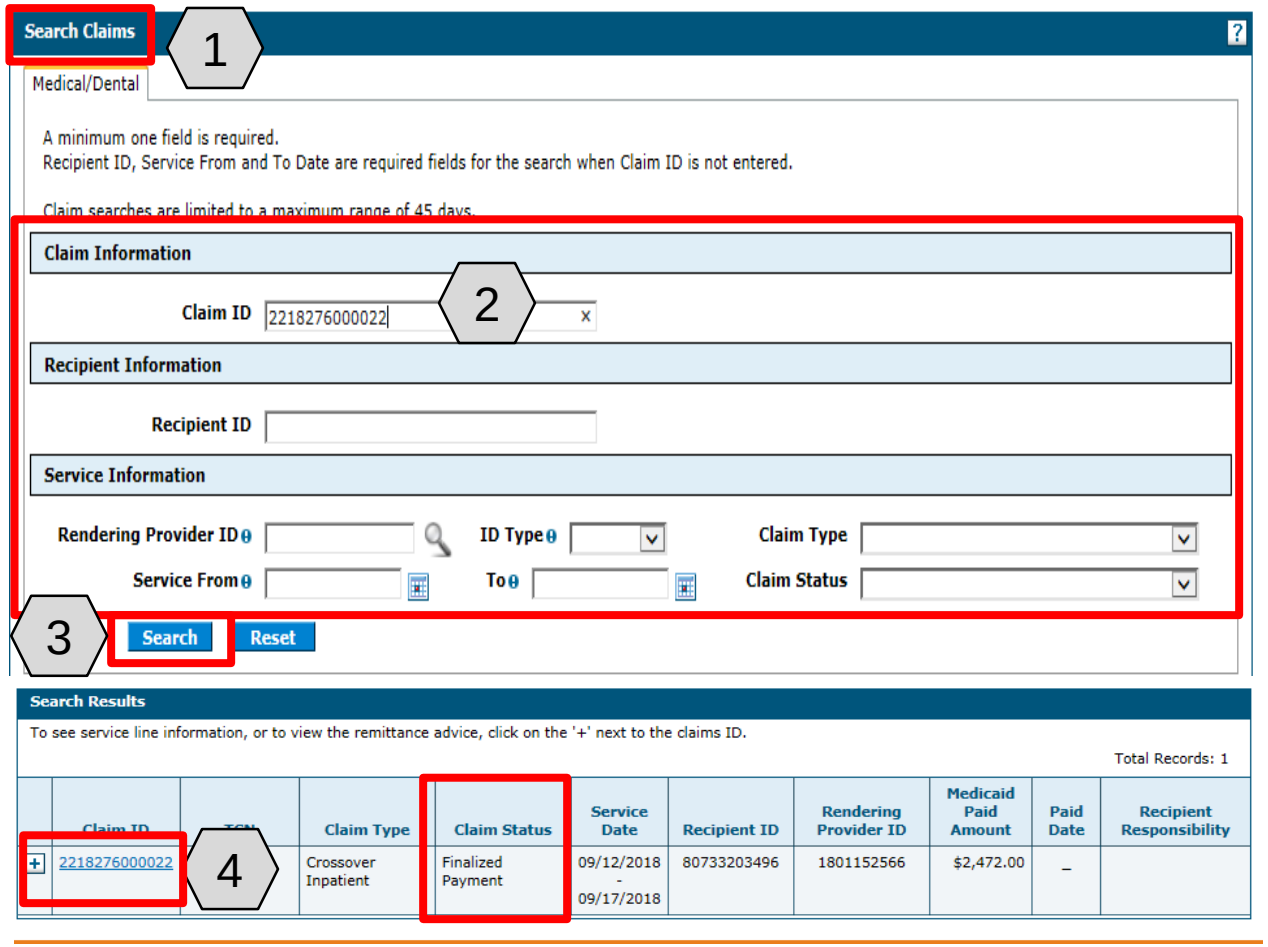
Copying a Claim, continued



The user may edit and submit the claim as covered in prior sections.

Adjusting a Claim

Adjusting a Claim



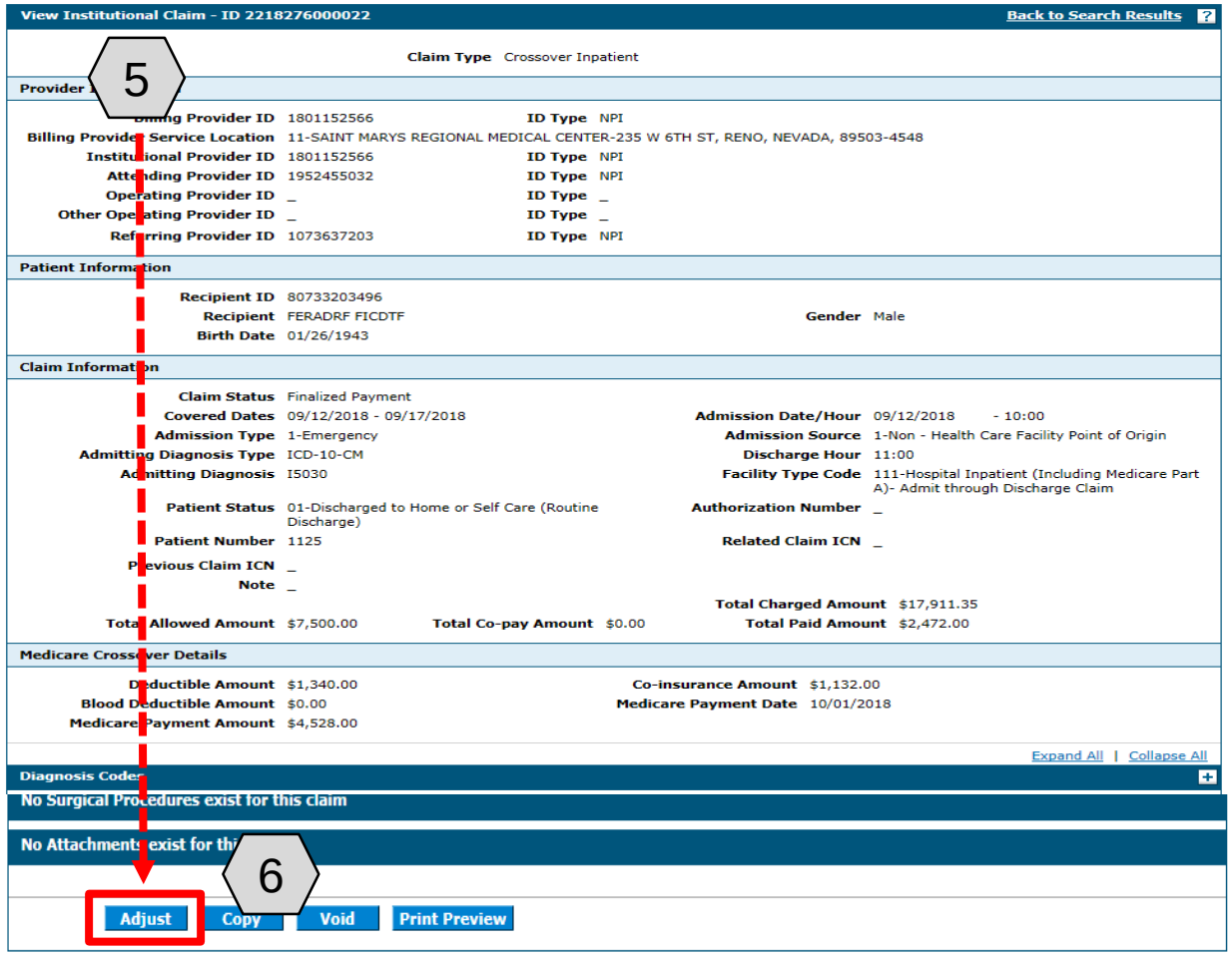
To begin the claim adjustment process:

1. Return to the “Search Claims ” page.
2. Enter the search criteria.
3. Click the **Search** button.
4. Click the **Claim ID** hyperlink.

NOTE: Denied claims cannot be adjusted. The **Claim Status** column will indicate Finalized Payment if a claim is paid.

Adjusting a Claim, continued

Step 1

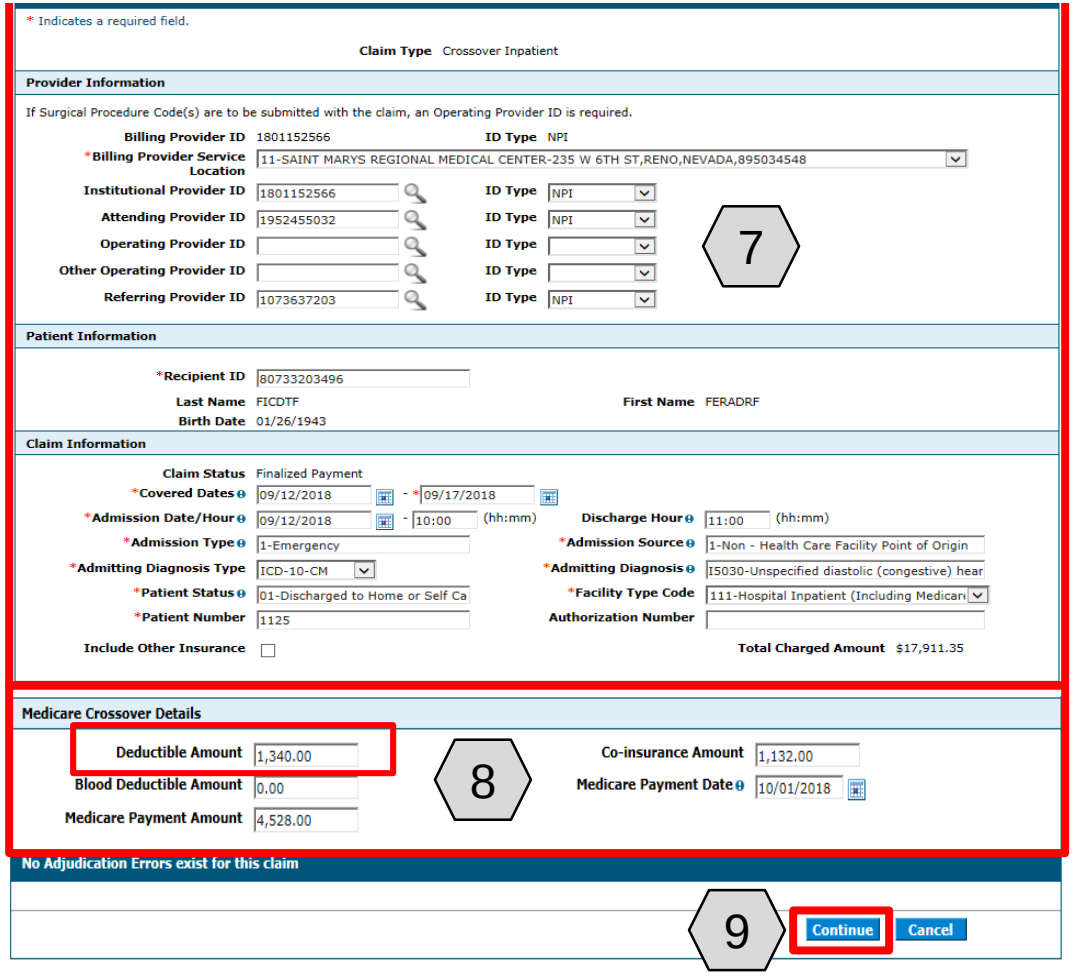


On the “View Institutional Claim: Step 1” page, the user will:

5. Scroll down to the bottom of the page.
6. Click the **Adjust** button.

Adjusting a Claim, continued

Step 1

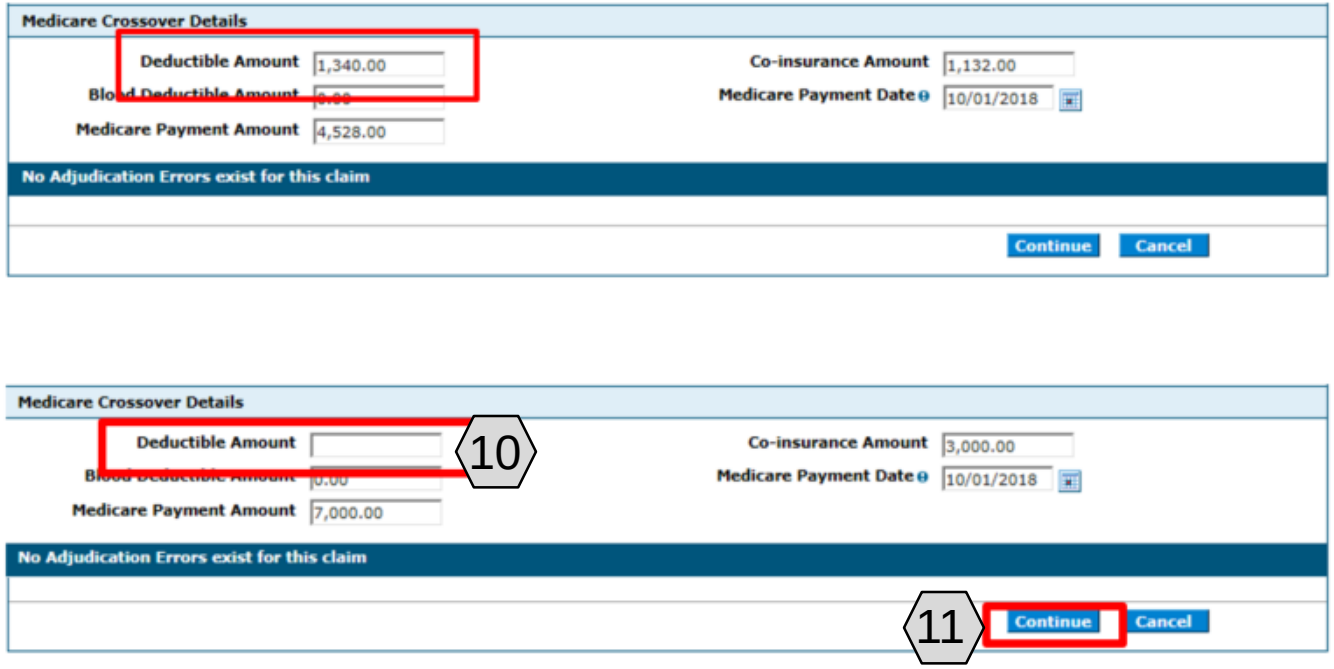


From here, the user may:

7. Review and make any necessary edits to the Step 1 Provider, Recipient or Claim information.
8. For this example, the user will change the Medicare **Deductible Amount** field.
9. Click on the **Continue** button at the bottom of the page to proceed to the next step.

Adjusting a Claim, continued

Step 1

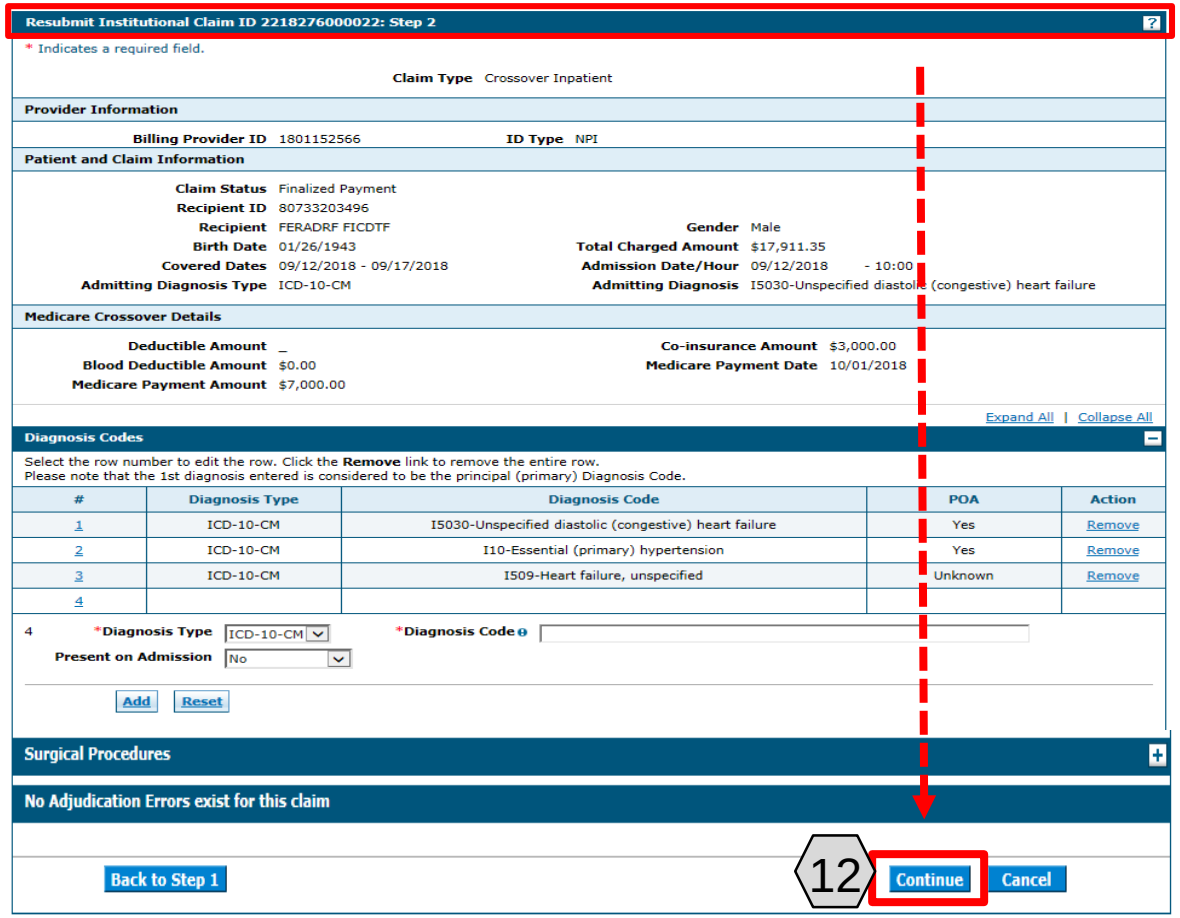


For this example, the user has removed the Medicare **Deductible Amount** (step 10) from the adjusted claim.

To continue, the user will:

11. Click the **Continue** button to proceed to Step 2.

Adjusting a Claim, continued

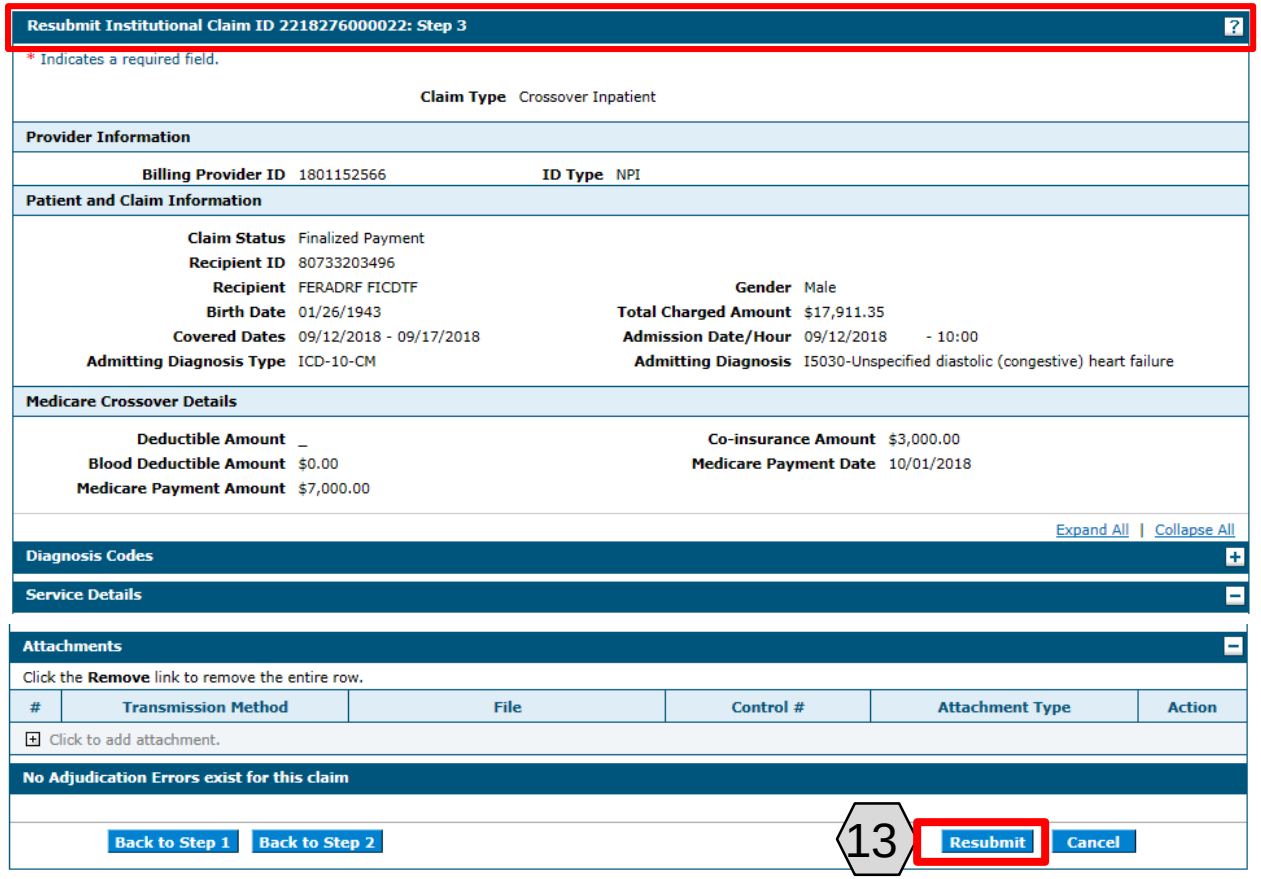


Once the user has clicked the **Continue** button, Step 2 will populate and the user will:

12. Click the **Continue** button again at the bottom of the page and Step 3 will populate.

NOTE: Click the **Cancel** button to cancel the adjustment.

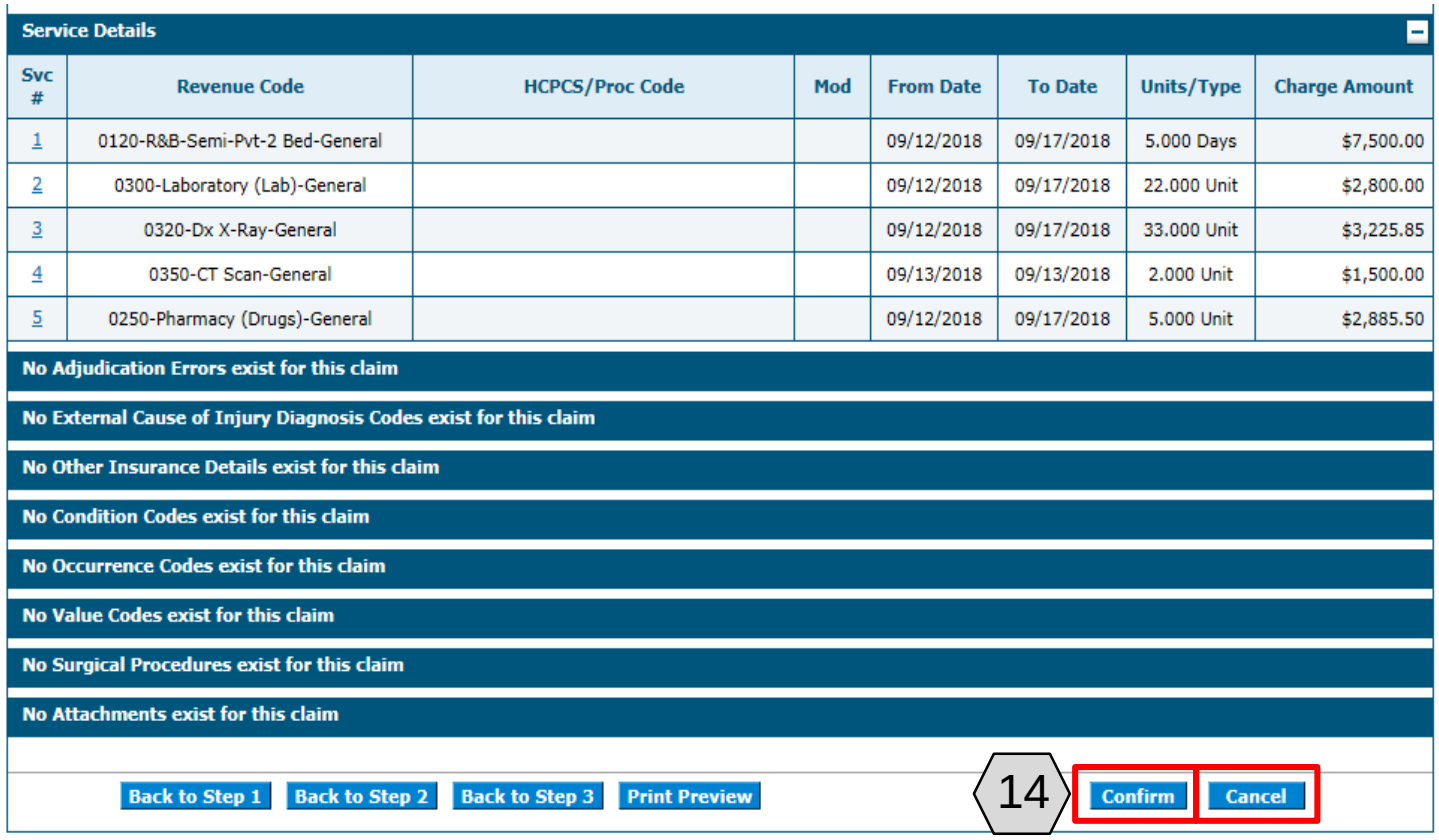
Adjusting a Claim, continued



13. Click the **Resubmit** button.

NOTE: Click the **Cancel** button to cancel the adjustment.

Adjusting a Claim, continued



Service Details

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0120-R&B-Semi-Pvt-2 Bed-General			09/12/2018	09/17/2018	5.000 Days	$7,500.00
2	0300-Laboratory (Lab)-General			09/12/2018	09/17/2018	22.000 Unit	$2,800.00
3	0320-Dx X-Ray-General			09/12/2018	09/17/2018	33.000 Unit	$3,225.85
4	0350-CT Scan-General			09/13/2018	09/13/2018	2.000 Unit	$1,500.00
5	0250-Pharmacy (Drugs)-General			09/12/2018	09/17/2018	5.000 Unit	$2,885.50

No Adjudication Errors exist for this claim

No External Cause of Injury Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

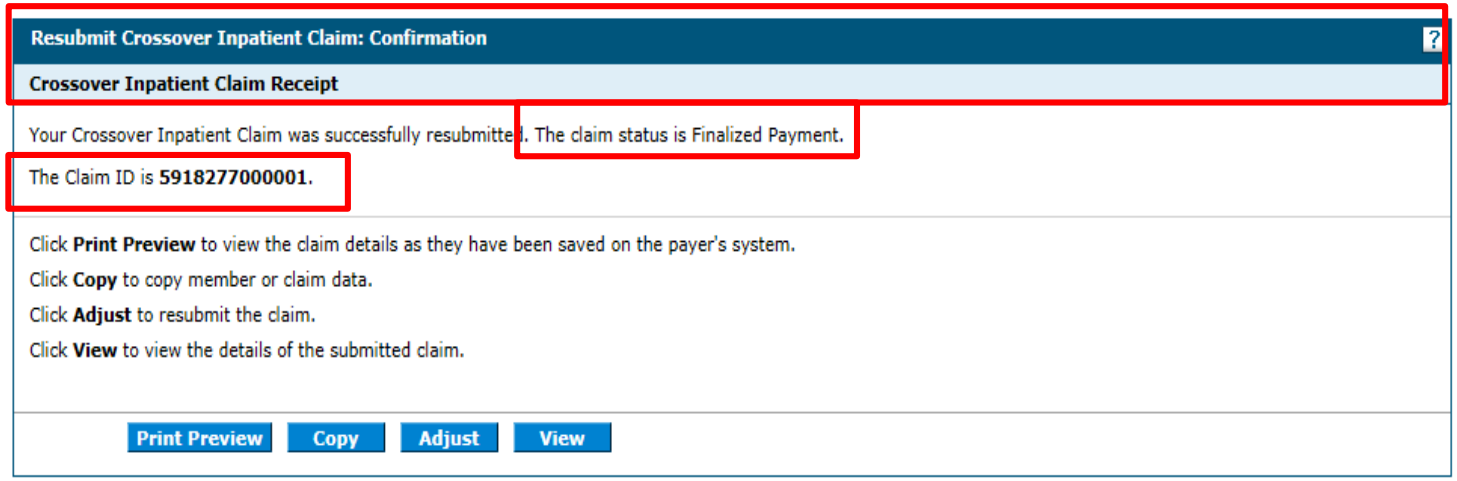
No Attachments exist for this claim

Back to Step 1 | Back to Step 2 | Back to Step 3 | Print Preview | 14 | Confirm | Cancel

14. Click the **Confirm** button.

NOTE: Click the **Cancel** button to cancel the adjustment.

Adjusting a Claim, continued



Once the user clicks the **Confirm** button, the “Resubmit Crossover Inpatient Claim: Confirmation” page will appear.

It will display the claim status and adjusted Claim ID.

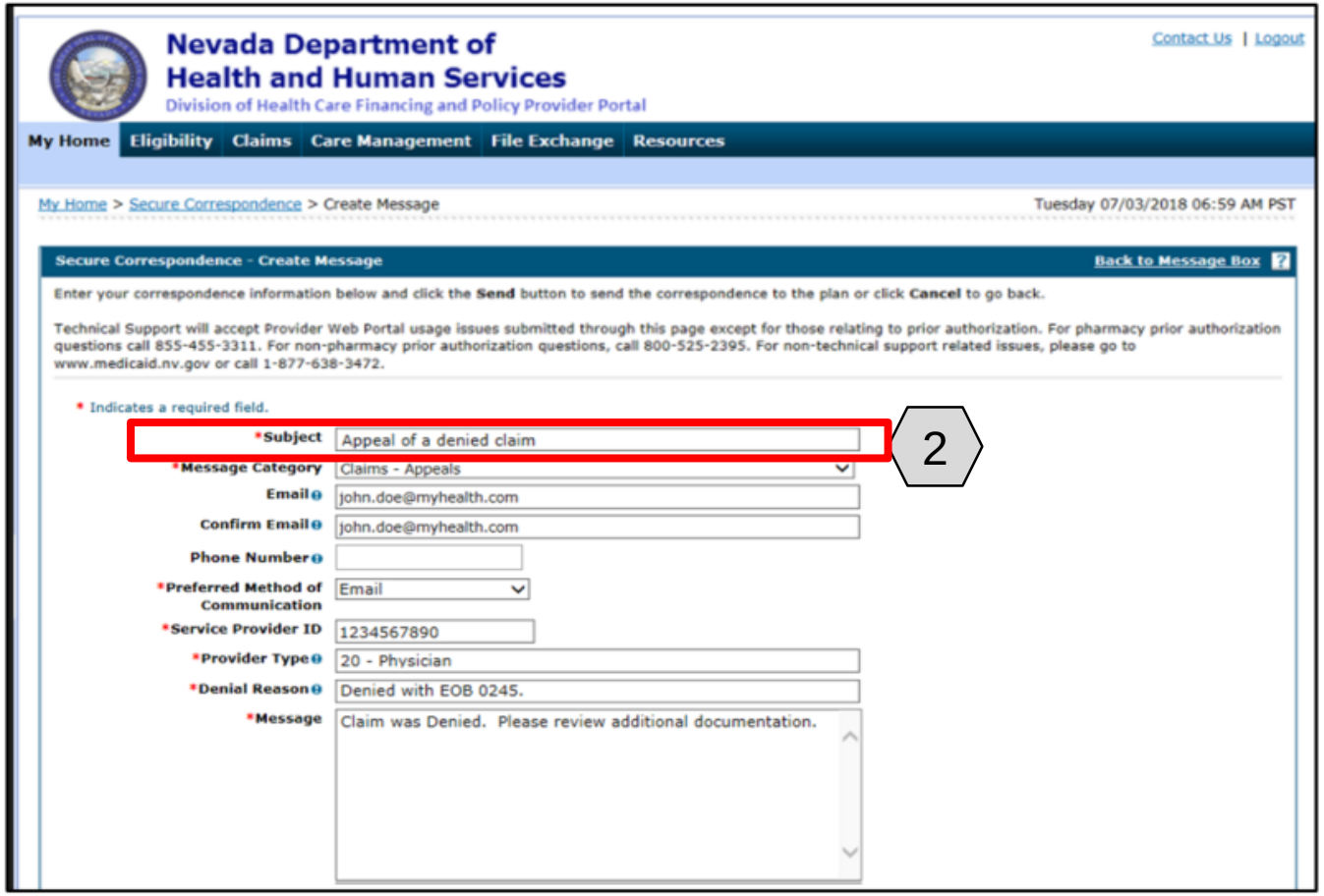
Submitting an Appeal for a Claim

Submitting an Appeal for a Claim

From the home page, the user will:

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

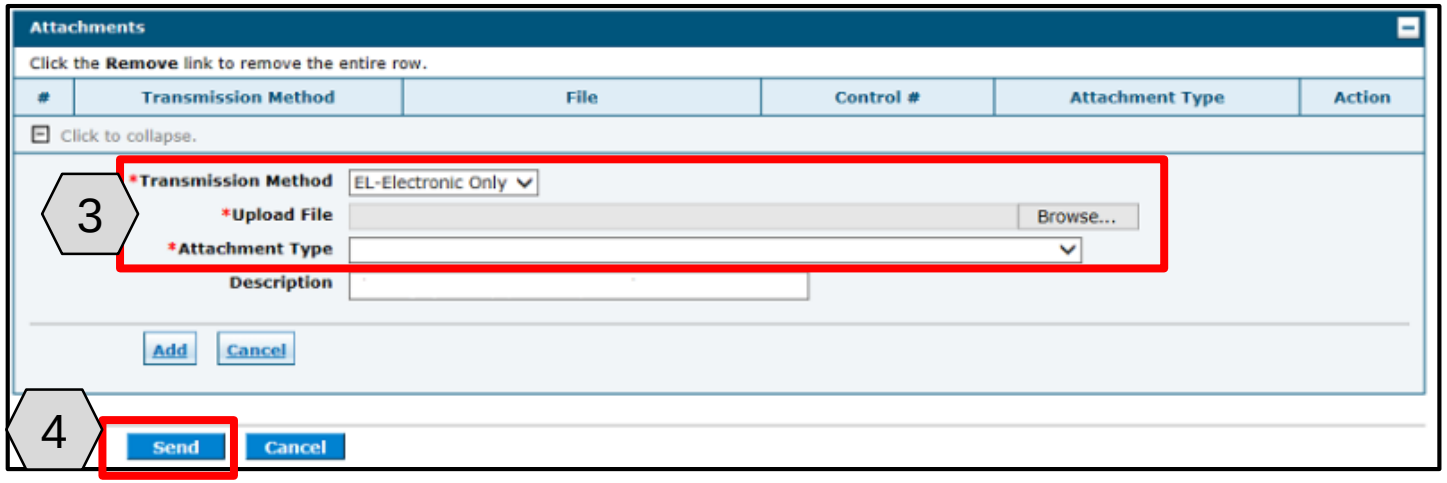
Submitting an Appeal for a Claim, continued



2. The user will select from the **Message Category** drop-down "Claims – Appeals" and fill out all of the required fields.

NOTE: If a different Message Category is selected, the Appeal will not be reviewed.

Submitting an Appeal for a Claim, continued



Next, the user will:

3. Click the **Browse** button and locate the file supporting the appeal request on their computer to attach.

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

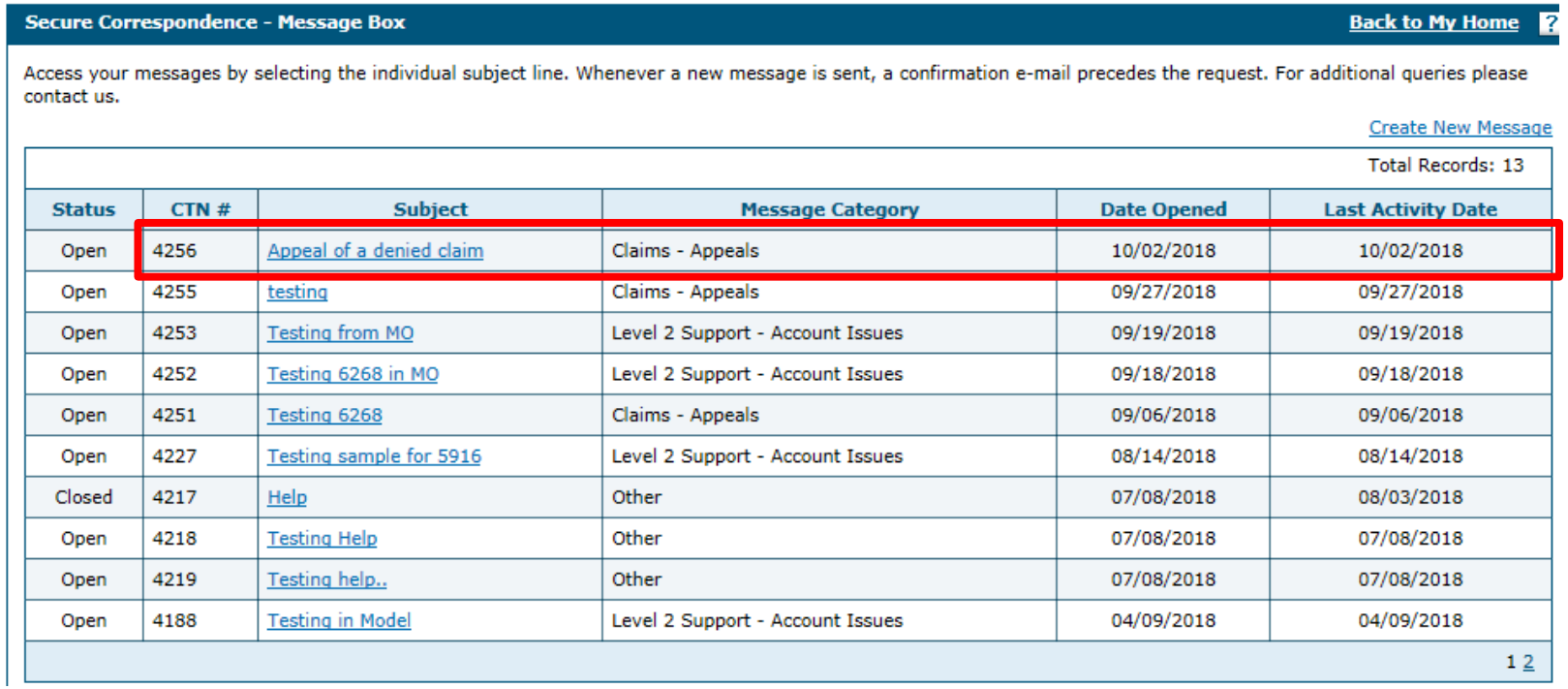
After clicking **Send**, a confirmation message will populate with “Your secure message was successfully sent”

User will then need to:

5. Click the **OK** button.

NOTE: A confirmation email will be sent preceding the request.

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	Appeal of a denied claim	Claims - Appeals	10/02/2018	10/02/2018
Open	4255	testing	Claims - Appeals	09/27/2018	09/27/2018
Open	4253	Testing from MO	Level 2 Support - Account Issues	09/19/2018	09/19/2018
Open	4252	Testing 6268 in MO	Level 2 Support - Account Issues	09/18/2018	09/18/2018
Open	4251	Testing 6268	Claims - Appeals	09/06/2018	09/06/2018
Open	4227	Testing sample for 5916	Level 2 Support - Account Issues	08/14/2018	08/14/2018
Closed	4217	Help	Other	07/08/2018	08/03/2018
Open	4218	Testing Help	Other	07/08/2018	07/08/2018
Open	4219	Testing help..	Other	07/08/2018	07/08/2018
Open	4188	Testing in Model	Level 2 Support - Account Issues	04/09/2018	04/09/2018

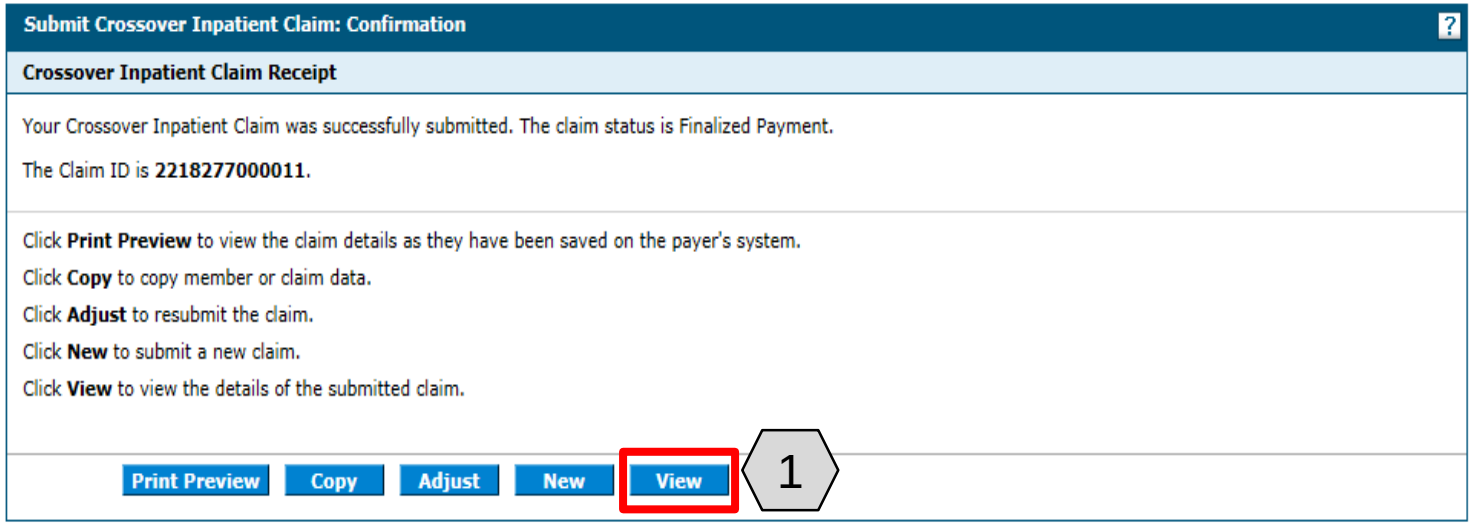
1 2

After the user clicks the **OK** button, they will be directed to the **Secure Correspondence - Message Box**, where the new CTN can be seen.

NOTE: After initial email confirmation, subsequent notifications of correspondence will not be sent.

Voiding a Claim

Voiding a Claim

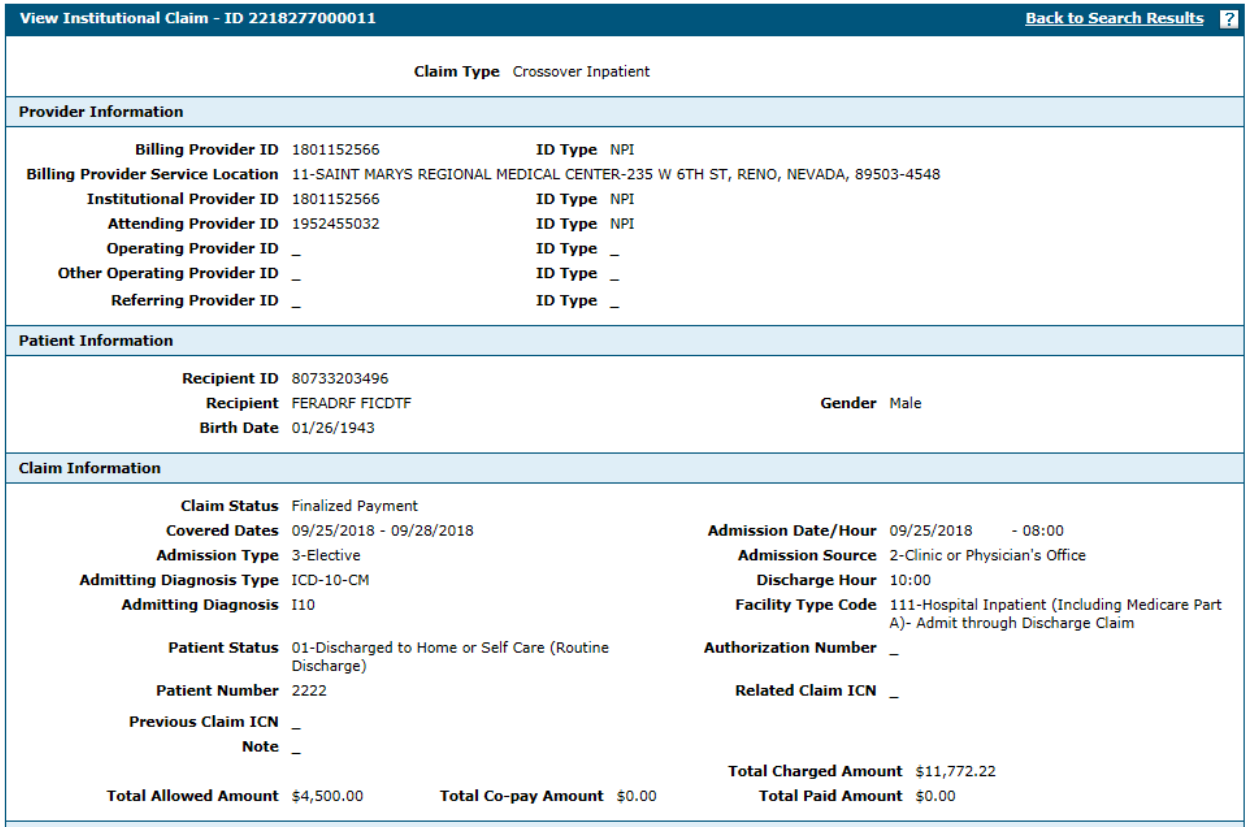


Should a claim need to be voided immediately after submitting for payment, the user will

1. Click the **View** button to begin the void process.

NOTE: Additionally, a claim can be voided by searching for a previously submitted claim, as shown in the Searching for an Institutional Claim section.

Voiding a Claim, continued



View Institutional Claim - ID 2218277000011 — Back to Search Results

Claim Type Crossover Inpatient

Provider Information

Billing Provider ID	1801152566	**ID Type**	NPI
Billing Provider Service Location	11-SAINT MARYS REGIONAL MEDICAL CENTER-235 W 6TH ST, RENO, NEVADA, 89503-4548		
Institutional Provider ID	1801152566	**ID Type**	NPI
Attending Provider ID	1952455032	**ID Type**	NPI
Operating Provider ID	_	**ID Type**	_
Other Operating Provider ID	_	**ID Type**	_
Referring Provider ID	_	**ID Type**	_

Patient Information

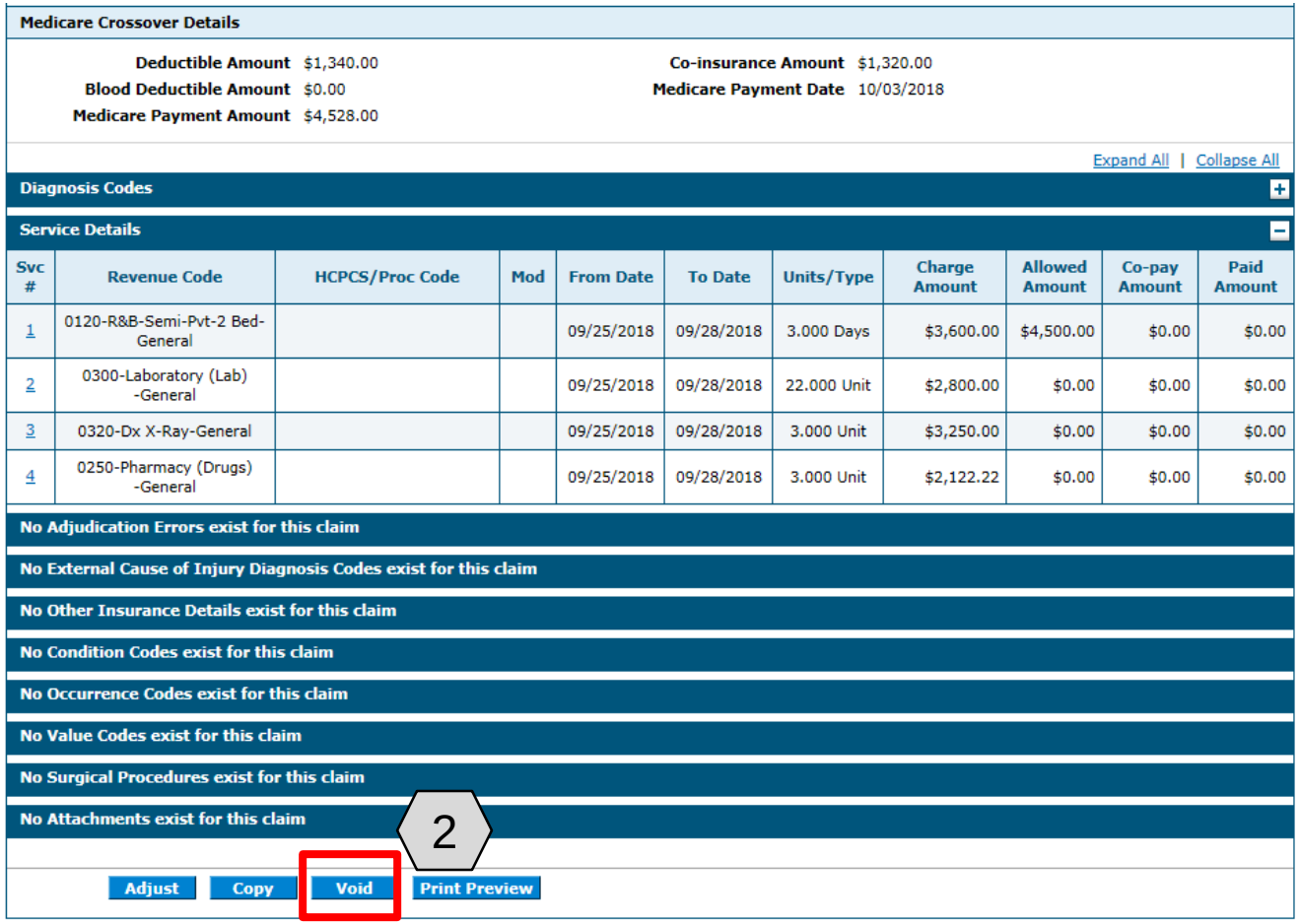
Recipient ID	80733203496		
Recipient	FERADRF FICDTF	**Gender**	Male
Birth Date	01/26/1943		

Claim Information

Claim Status	Finalized Payment		
Covered Dates	09/25/2018 - 09/28/2018	**Admission Date/Hour**	09/25/2018 - 08:00
Admission Type	3-Elective	**Admission Source**	2-Clinic or Physician's Office
Admitting Diagnosis Type	ICD-10-CM	**Discharge Hour**	10:00
Admitting Diagnosis	I10	**Facility Type Code**	111-Hospital Inpatient (Including Medicare Part A)- Admit through Discharge Claim
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)	**Authorization Number**	_
Patient Number	2222	**Related Claim ICN**	_
Previous Claim ICN	_		
Note	_		
		Total Charged Amount	$11,772.22
Total Allowed Amount	$4,500.00	**Total Co-pay Amount**	$0.00
		Total Paid Amount	$0.00

Once the user has clicked the **View** button, the claim will display.

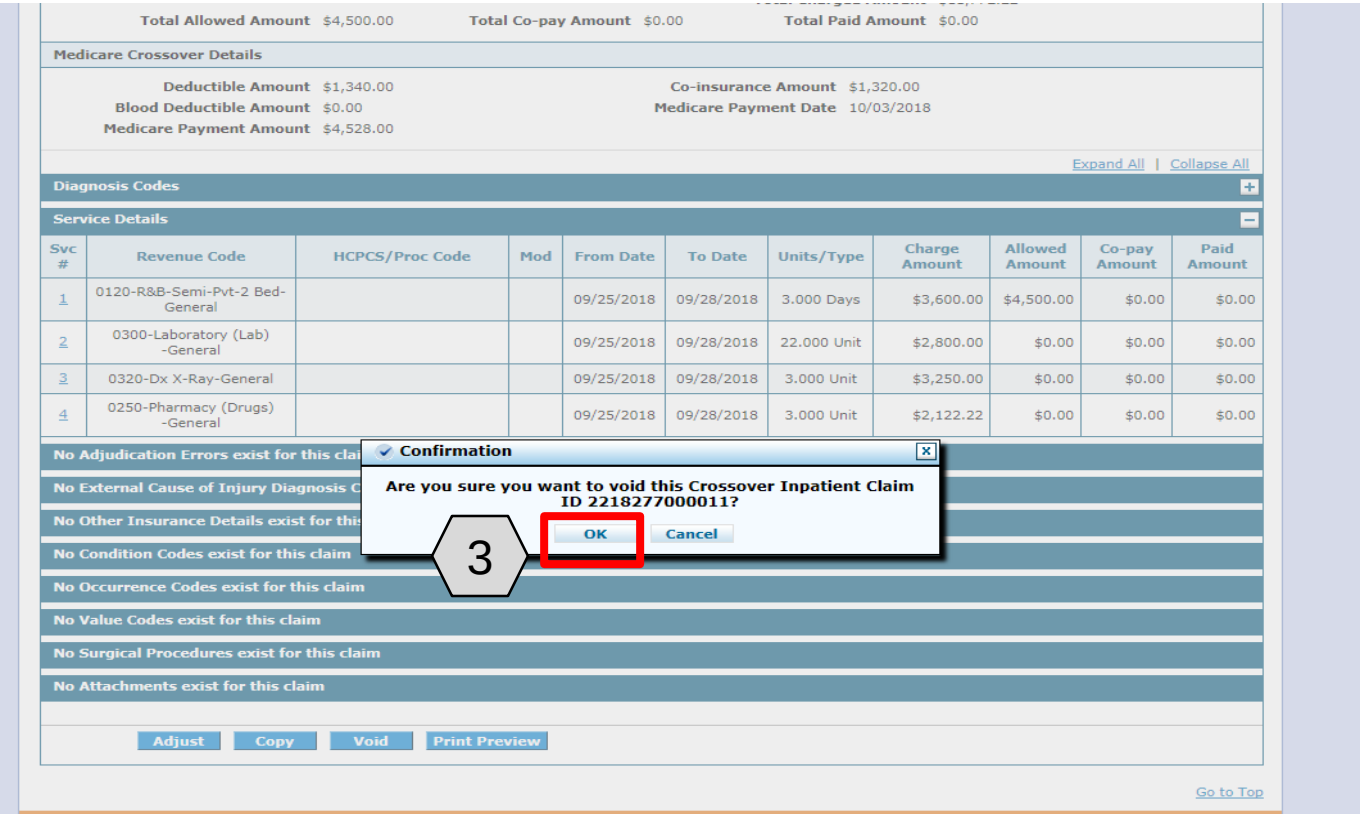
Voiding a Claim, continued



To void the claim, the user will:

2. Click the **Void** button at the bottom of the page.

Voiding a Claim, continued

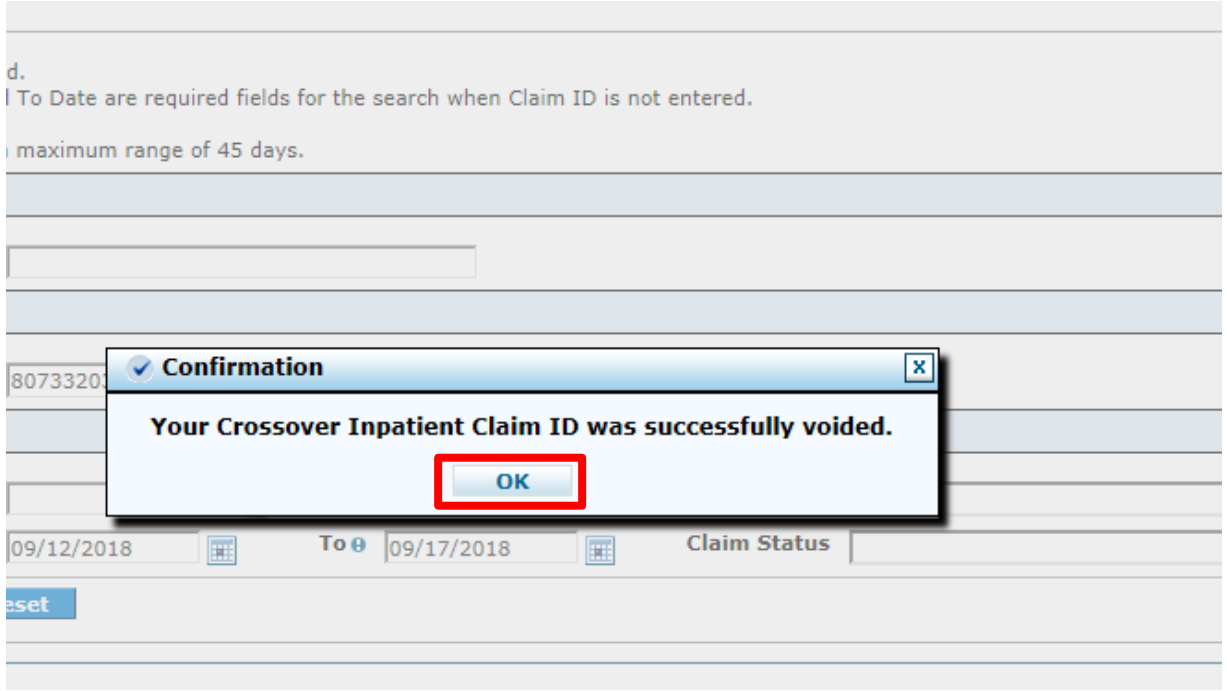


The system will ask if the user is sure and will list the Crossover Inpatient Claim ID that will be voided.

The user will then:

3. Click the **OK** button.

Voiding a Claim, continued



The system will send a confirmation message that the claim has been successfully voided.

The user will:

4. Click the **OK** button.

Resources

Resources

- For Forms: www.medicaid.nv.gov/providers/forms/forms.aspx
- For Electronic Verification System (EVS) General Information: www.medicaid.nv.gov/providers/evsusermanual.aspx
- For Secure EVS Web Portal: www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx
- Billing Information: www.medicaid.nv.gov/providers/BillingInfo.aspx
- Medicaid Services Manual: http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/

DHCFP Contact Information:

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy / Long Term Support Services (Facilities Unit)
E-Mail: LTSS@dhcfp.nv.gov / Telephone: (775) 684-3757

Contact Nevada Medicaid

Contact Nevada Medicaid

Prior Authorization Department: 800-525-2395

Customer Service Call Center: 877-638-3472 (Monday through Friday 8am-5pm Pacific Time)

Provider Relations Field Services Representatives:
E-mail: NevadaProviderTraining@dxc.com

Thank You