

***Welcome  
to  
Nevada Medicaid  
and  
Nevada Check Up***



***“We want you and your family to receive the health care you need.”***

**Division of Health Care Financing and Policy  
1100 E. William Street, Suite 101  
Carson City, NV 89701**

We have taken reasonable steps to assure the information in this guide was accurate at the time it was written, but should it conflict with Nevada Medicaid's or Nevada Check Up's statutes, regulations or policies, the statutes, regulations or policies would prevail.

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## WELCOME

Welcome to Nevada Medicaid and Nevada Check Up (NCU). We want you and your family to receive the health care you need. This guide will help you understand and use your Nevada Medicaid or Nevada Check Up benefits.

It is important to learn how to use your health care benefits to be sure you receive the care you need.

You must submit an application to determine if you are eligible to receive Nevada Medicaid or Nevada Check Up benefits. To apply for Medicaid, contact your local Division of Welfare and Supportive Services (DWSS) District Office. The contact information is in the DWSS District Office section of this guide. To apply for Nevada Check Up, call the toll free number in the resource section at the end of this booklet and request an application or apply online at: <http://nevadacheckup.nv.gov>. Nevada Check Up offers applications in both English and Spanish.

Nevada Medicaid and Nevada Check Up can assist you in taking responsibility for your own health by reimbursing providers directly for a wide variety of services. To get the most benefit, you should follow the guidelines, use the services wisely, and most importantly, lead a healthy lifestyle.



## **WHAT ARE NEVADA MEDICAID AND NEVADA CHECK UP?**

Nevada Medicaid is a program which provides quality health care services to low-income Nevadans who qualify based on federal and state law. Nevada Medicaid does not reimburse an individual for medical services; rather, payments are sent directly to the health care providers for services provided to Medicaid recipients.

Nevada Check Up is a program designed for children who do not qualify for Medicaid but whose incomes are at or below 200% of the Federal Poverty Level (FPL). Participants in the Nevada Check Up program are charged a quarterly premium based on income.

**Nevada Medicaid** is often confused with **Medicare**. The basic difference is eligibility for Nevada Medicaid is based on financial need. Medicare is not based on financial need but is available to almost anyone who has been determined disabled by the federal Social Security Administration or who is 65 years of age or older. For more information on Medicare, please call the Social Security Administration Helpline toll free at 1-800-772-1213.

## **WHO IS ELIGIBLE FOR NEVADA MEDICAID AND NEVADA CHECK UP?**

To be eligible for Nevada Medicaid you must qualify for a low income eligibility category. Generally, the categories of eligibility are children, pregnant women, families with dependent children, disabled adults or persons age 65 or older.

You must be financially eligible for the Nevada Medicaid program. The rules for assessing your income and assets vary from category to category and are complex. A Division of Welfare and Supportive Services caseworker will work with you to evaluate financial eligibility and the programs for which you may be eligible. There are special rules for persons living in nursing homes and for disabled children living at home.

To be eligible for Nevada Check Up you must be 18 years of age or younger. Eligibility is based on the total gross income of household members, citizenship/legal residency status and health insurance status. If you are eligible for Nevada Medicaid, you cannot be eligible for Nevada Check Up.

### **HOW DO NEVADA MEDICAID AND NEVADA CHECK UP WORK?**

When Nevada Medicaid or Nevada Check Up eligibility is determined, a Nevada Medicaid/Nevada Check Up card is sent one time only for the program in which you are enrolled. The card used for both benefit programs looks the same, but each program has a unique member number. Each family member who is determined eligible will receive their own individual card. **DO NOT THROW THE CARD AWAY.** You must show your Nevada Medicaid/Nevada Check Up card to your doctor or other health care provider, and pharmacist each time you receive medical treatment or a service. Your provider will send the bill directly to Nevada Medicaid's/Nevada Check Up's Fiscal Agent for payment. For some services, Nevada Medicaid and Nevada Check Up may require you to share the cost. Some Nevada Medicaid or Nevada Check Up recipients are enrolled in a Managed Care Organization (MCO) and must receive services through them. MCO members will receive additional information about how to access services. For recipients not in an MCO, you will need to use Nevada Medicaid providers who accept Nevada Medicaid or Nevada Check Up patients.

### **MANAGED CARE ORGANIZATION (MCO)**

The State of Nevada Managed Care Program requires the mandatory enrollment in an MCO of some recipients found eligible for Medicaid or Nevada Check Up. Each recipient has two MCO choices.

Nevada Medicaid: If you are in a mandatory enrollment group, you will receive a letter shortly after eligibility is determined informing

you of the choices. Failure to complete and return the letter within the specified timeframe will result in automatic assignment to one of the MCOs.

Nevada Check Up: Applicants are required to choose an MCO on the Nevada Check Up Application.

**WHEN YOU NEED NEVADA MEDICAID OR NEVADA CHECK UP SERVICES, YOU SHOULD:**

- Tell your provider if you have any other type of health care coverage;
- Make sure your health care provider accepts Nevada Medicaid or Nevada Check Up as a health coverage program;
- Make sure the service you receive is covered by Nevada Medicaid or Nevada Check Up. See prior authorization section;
- Show the health care provider your Nevada Medicaid/Nevada Check Up Recipient Card each time you receive medical treatment;
- Report to your Medicaid caseworker any change in income, other insurance coverage, assets, place of residence, or anything else affecting eligibility for Nevada Medicaid coverage;
- Report the following changes to Nevada Check Up immediately:
  - Address and/or telephone number changes (to avoid disenrollment for loss of contact).
  - Pregnancy, births and household composition changes.
  - Child obtains other insurance, including Medicaid.
  - Child dies.
  - Child becomes a resident or inmate of a public institution or ward of the state.
  - Child gets married or becomes emancipated.
- Pay quarterly premiums for Nevada Check Up;

- Pay for your medical care if you get services:
  - from someone who is not approved by Nevada Medicaid or Nevada Check Up;
  - that are not covered by Nevada Medicaid or Nevada Check Up; or
  - you request that are above the Nevada Medicaid or Nevada Check Up limits;
- Talk to your health care provider about any problems you have with your medical bills; and
- Promptly respond to all requests for additional information to avoid potential loss of coverage.

If you fail to follow Nevada Medicaid or Nevada Check Up rules, or are untruthful about the information on your application, you could lose your Nevada Medicaid or Nevada Check Up coverage and may be required to repay your medical costs.

### **WHAT IF I HAVE MEDICAL INSURANCE OR OTHER HEALTH COVERAGE?**

Generally, Nevada Medicaid is the “payer of last resort.” This means if you have other health insurance or belong to other programs which can pay a portion of your medical bills, payment will be collected from them first. Nevada Medicaid may then pay all or part of the remaining amount. Children with other health care coverage may not be eligible for Nevada Check Up per Federal Regulations.

**Important:** When you apply for Nevada Medicaid or Nevada Check Up you **MUST** provide verification of any other type of health care insurance or benefits. Your Division of Welfare and Supportive Services caseworker will help determine if you have any other type of health care coverage. Other sources of health care coverage may include, but are not limited to:

- Private Health Insurance.
- Veterans Administration (VA) benefits.

- Medicare.
- TRICARE (CHAMPUS).
- Medical support from absent parents.
- Court judgments or liability settlements for accidents or injuries.
- Workers' compensation.
- Long-term care insurance.
- Access to or enrollment in the Public Employees Benefit Program.

**BENEFITS COVERED BY NEVADA MEDICAID  
AND NEVADA CHECK UP**

- Ambulance/Transportation
- Birth Control/Family Planning
- Dental
- Disposable Medical Supplies
- Durable Medical Equipment
- Orthotics & Prosthetics
- Doctor Visits
- Emergency Room
- Eye Exams and Eyeglasses
- Healthy Kids/Early Periodic Screening Diagnosis and Treatment (EPSDT) or Preventive Health Services for Children
- Hearing Tests
- Home Based Habilitation Services (HBHS)
- Home Health Care
- Hospice Care
- Hospital Care
- Immunizations
- Lab and Radiology Services
- Maternity Care
- Mental Health/Substance Abuse Services
- Midwife Services
- Nursing Home Services

- Occupational Therapy Services
- Over-the-Counter Drugs with a Prescription
- Personal Care Services
- Physical Therapy Services
- Preventative Screenings
- Early Periodic Screening and Diagnostic Treatment (EPSDT)/Healthy Kids
- Private Duty Nursing
- Prescription Drugs
- Smoking Cessation Products
- Specialists
- Speech and Hearing Services
- Transportation Services (Non-emergency transportation is not a Nevada Check Up benefit)
- Waiver Program Services (Not a Nevada Check Up benefit)

The following section gives you details about benefits covered by Nevada Medicaid and Nevada Check Up.

#### **AMBULANCE/TRANSPORTATION**

When seconds count in a medical emergency, call 911 for an ambulance. Nevada Medicaid and Nevada Check Up will cover air and ground ambulance services in an emergency by providers who have a contract with Nevada Medicaid.

#### **BIRTH CONTROL/FAMILY PLANNING**

Talk to your doctor or clinic about family planning. You may receive family planning services from any provider who accepts Nevada Medicaid and Nevada Check Up. You do not need a referral. You may receive some types of birth control in your doctor's office. For others, your doctor will write a prescription.

The following forms of birth control are covered by Nevada Medicaid and Nevada Check Up:

- Birth Control Pills.

- Condoms.
- Creams.
- Diaphragms.
- Foams.
- IUDs.
- Norplant.
- Shots (Depo-Provera).
- Sponges.

Under some circumstances, Nevada Medicaid will pay for a woman to get her tubes tied or for a man to have a vasectomy (sterilization). Nevada Medicaid does not pay to reverse these surgeries. You must be 21 years of age or older, and both you and your doctor must sign a “consent” form 30 days before the surgery.

### **DENTAL BENEFITS**

See a dentist who accepts Nevada Medicaid or Nevada Check Up. Dental benefits include:

- Adults (Nevada Medicaid Only): Emergency care only; pregnant recipients who qualify for full Medicaid are eligible for certain periodontal benefits; and
- Children on Medicaid: full coverage, limited orthodontia.

Dentists need prior approval from Nevada Medicaid or Nevada Check Up for some of the benefits.

### **DISPOSABLE MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT, AND ORTHOTICS & PROSTHETICS**

Nevada Medicaid and Nevada Check Up cover many medical supplies that are ordered by your doctor for a medical reason.

For example, some supplies which may be covered are:

- Incontinent supplies.
- Wheelchair, canes, crutches, and walkers.
- Prosthetic orthotic devices.

- Wound care supplies.
- Insulin pump.
- Oxygen.

Talk to your doctor if you need medical supplies. Your doctor will write a prescription and give the order to a medical supply company. The medical supplier must get prior approval from Nevada Medicaid and Nevada Check Up for some items. Nevada Medicaid or Nevada Check Up will reimburse the provider for the supplies and equipment.

### **DOCTOR VISITS**

Nevada Medicaid and Nevada Check Up pay for you and/or your children to see the doctor or visit an Urgent Care Clinic when you are having health problems. It is important to see your primary care physician whenever possible for regular treatment so he/she has an updated medical history. If needed, your doctor may refer you to a specialist.

### **EMERGENCY ROOM**

Use the emergency room when you have a serious medical problem that cannot wait for a regular medical appointment, because waiting could mean permanent harm or death. In an emergency, call 911 or go to the emergency room right away. You do not have to call your doctor first. You will need to call your doctor when the emergency is over. Your doctor must provide any follow up care needed after the emergency. In non-emergent situations, if your primary care provider is not available, use an urgent care clinic.

### **EYE EXAMS AND EYEGASSES**

Medically necessary care for eye disease, eye surgery, eye exams and prescription eyeglasses are covered services. Payment for eye exams and eyeglasses is only allowed once every 12 months.

Your doctor will show you a selection of frames you may choose from that are covered in full. If you choose more expensive frames however, you must pay the difference between what Nevada Medicaid and Nevada Check Up pay and the more expensive cost of the frames you've chosen. Make sure you sign an agreement in advance if you are going to pay for more expensive frames. Contact lenses are covered only under certain circumstances which are medically necessary.

### **HEALTHY KIDS OR EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)**

Healthy Kids or EPSDT is a special benefit for children on Nevada Medicaid and Nevada Check Up. The goal of this program is to keep children healthy. EPSDT covers medical checkups for children. Well child exams include vision and hearing screenings. EPSDT also covers dental checkups. Almost anyone from birth through age 20 who receives Nevada Medicaid/Nevada Check Up can receive EPSDT covered services.

Regular checkups help keep your children healthy. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems early, before they lead to a serious problem.

EPSDT Services include:

- Well child exams by your child's doctor. A head-to-toe exam including health history, eating habits, vision and hearing exams, mental health evaluation and a growth and development check;
- Shots (immunizations) to keep your child healthy;
- Dental checkups by your child's dentist. A complete exam and cleaning twice a year, or more frequent dental care and follow-ups as recommended by your child's dentist;
- Fluoride treatment and sealants are covered for children;
- Follow up treatment and care if a health problem is found during an exam;

- Lead testing and other laboratory tests; and
- Free transportation to any Medicaid approved medical appointments. (Does not apply to Nevada Check Up recipients)

### **WHEN SHOULD MY CHILD HAVE A WELL CHILD EXAM?**

- Newborns – as soon as possible after birth.
- Babies – ages 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months.
- Toddlers – ages 3 - 5 years old.
- Children – ages 6 - 12 years old.
- Teenagers and Young Adults – ages 13 – 20 years old.

### **HEARING TESTS**

Newborn hearing tests (federally required) are included in the newborn hospital stay. Childhood hearing screenings are included as part of a Healthy Kids exam and other hearing tests are covered as medically necessary for both children and adults.

### **HOME BASED HABILITATION SERVICES**

Home Based Habilitation Services (HBHS) are medically prescribed treatments for improving or restoring functions, which have been impaired by illness or injury or, where function has been permanently lost or reduced by illness or injury.

### **HOME HEALTH CARE**

Home Health Care is for persons who are homebound and/or for people who cannot go to the doctor's office for needed care but do not need to be in a nursing home. Home Health Care requires prior approval from Nevada Medicaid and Nevada Check Up. Some benefits you might receive in your home are:

- Occupational Therapy.
- Physical Therapy.
- Skilled Nursing Services.
- Home Health Care Aides.

If you need home health care, talk to your doctor. Your doctor must write an order. Give the order to a home health agency. The home health agency will ask Nevada Medicaid or Nevada Check Up for prior approval.

### **HOSPICE CARE**

The Nevada Medicaid Hospice Services program is designed to provide support and comfort for Medicaid eligible recipients who have a terminal illness and have decided to receive end of life care. Covered hospice services address the needs of the individual, their caregivers and their families while maintaining quality of life as a primary focus. The hospice philosophy provides for the physical needs of patients as well as their emotional and spiritual needs. This care is provided in the recipient's place of residence, which could be a specialized hospice facility, a nursing facility, an Intermediate Care Facility (ICF) or in his or her own home. Hospice care incorporates an interdisciplinary team approach which is sensitive to the patient and family's needs during the final stages of illness, dying and the bereavement period. Talk to your doctor about these services.

### **HOSPITAL CARE**

Nevada Medicaid and Nevada Check Up cover both inpatient and outpatient hospital care. Before you use hospital services get a referral from your doctor.

### **IMMUNIZATIONS**

All medically necessary childhood and adult immunizations are covered.

### **LAB AND RADIOLOGY SERVICES**

Lab and Radiology services are covered by Nevada Medicaid and Nevada Check Up. These services may be available in your doctor's office or your doctor may refer you to another clinic, lab, or hospital for the service.

## MATERNITY CARE

If you think you are pregnant, see a doctor as soon as possible. Early maternity care will help you give birth to a healthy baby.

You may choose to see a specialist such as an Obstetrical /Gynecological (OB/GYN) physician or a Certified Nurse Midwife.

Nevada Medicaid only covers medically necessary c-sections and does not pay for c-sections done for the convenience of the mother or the physician.

Nevada Medicaid and Nevada Check Up cover:

- Prenatal visits, lab work, and tests needed (such as an ultrasound).
- Labor and delivery.
- Anesthesia (pain treatment).
- The hospital stay.
- The 2 and/or 6 week checkup after the baby is born.
- Birth Control/Family Planning.

You are allowed to stay in the hospital up to 72 hours after a normal birth and up to 96 hours after a c-section. You can choose to have a shorter stay if you and your doctor agree.

Your baby may be covered by Nevada Medicaid for the first year of life if you are eligible for Medicaid at the time of your baby's birth. Contact your Division of Welfare and Supportive Services caseworker as soon as possible to report the birth of your baby.

Nevada Check Up requires notification of the birth of an infant within 14 days of the delivery in order to be eligible for coverage from the date of birth. If the mother has temporary coverage for the newborn and they are determined eligible for Nevada Check Up, coverage will begin the first day of the next administrative month.

The newborn cannot receive coverage which pre-dates other family member's earliest current enrollment.

Nevada Check Up provides ongoing access to health care for children as long as income levels are met at annual redeterminations, premium payments are current, and the child continues to meet other eligibility requirements.

### **MENTAL HEALTH/SUBSTANCE ABUSE SERVICES**

Mental health services are those techniques, therapies, or treatments provided to an individual who has an acute, clinically identifiable psychiatric disorder or chronic psychiatric disorder.

Some of the services provided include:

- Inpatient/Outpatient services.
- Inpatient alcohol/substance abuse detoxification services.
- Psychiatric Evaluations.
- Medication Management.
- Psychological Testing.
- Case Management.
- Individual and Group Therapy.
- Emergency care in a hospital.
- Crisis Intervention.

### **MIDWIFE SERVICES**

You may choose to use a midwife during your pregnancy. You must choose a certified and licensed midwife who is a Nevada Medicaid or Nevada Check Up provider. Some certified midwives can deliver babies in a birthing center or the hospital in case of an emergency during delivery.

### **NURSING HOME SERVICES**

Nursing facilities provide health related care and services on a 24 hour basis to individuals who, due to medical ailments, injuries, developmental disabilities, and/or related cognitive and behavioral

impairments, exhibit the need for medical, nursing, rehabilitative, and psychosocial management above room and board needs.

Out-of-State nursing facility services are offered to Nevada residents when:

- An individual is unable to find placement in a Nevada nursing facility;
- An individual's residence is located on or near a Nevada border and the residents of that community customarily seek medical service from out-of-state providers.

Prior authorization is required for both in-state and out-of-state services.

### **OCCUPATIONAL THERAPY**

Occupational therapy services may be covered for some serious illnesses or injuries. Occupational therapy may be ordered by your doctor if it will improve your medical condition or help you relearn a task. The order is then submitted to an occupational therapist who accepts Nevada Medicaid or Nevada Check Up.

### **OVER-THE-COUNTER DRUG LIST**

Nevada Medicaid and Nevada Check Up cover many over-the-counter medicines, such as antacid, aspirin, Tylenol, and those to assist with cough and cold, allergy and RID. You need a prescription from your physician to give to the pharmacy.

### **PERSONAL CARE SERVICES**

The Personal Care Services (PCS) Program is designed to provide assistance and support to qualified recipients, enabling them to live independently in their own homes. PCS services assist the individual with the performance of activities of daily living (ADLs) such as bathing, dressing, and toileting. Instrumental activities of daily living (IADLs) such as meal preparation, essential shopping, laundry and light housekeeping may be

provided to qualified recipients in addition to needed ADL services. Hours of service authorized are determined by a functional assessment performed by a physical or occupational therapist and based on medical necessity. Personal care services are intended for qualified recipients who do not have a legally responsible individual living in the home who is able and capable of providing their necessary care.

Personal care is provided by a Personal Care Assistant (PCA) through a Personal Care Services Agency or through a Self-Directed model using an Intermediary Service Organization. The Personal Care Services Agency or Intermediary Service Agency must get prior approval from Nevada Medicaid or Nevada Check Up prior to providing services. Recipients interested in personal care services should contact HPES at: (877) 638-3472 for an assessment.

### **PHYSICAL THERAPY**

Physical therapy may be covered after a serious illness or injury. Physical therapy may be ordered by your doctor if it will improve your medical condition. The order is then submitted to a physical therapist who accepts Nevada Medicaid or Nevada Check Up.

### **PRESCRIPTION DRUGS**

Many prescription drugs are covered by Nevada Medicaid and Nevada Check Up. Some prescriptions require prior authorization. There is a list of preferred drugs for your physician to choose from. Prescriptions for weight loss, cosmetic reasons, and experimental reasons are not covered.

If you are on Medicare and Medicaid, most of your prescriptions must be provided by Medicare. Medicaid will cover the excluded Medicare items including, over-the-counter medications, benzodiazepines, barbiturates, vitamins and cold and cough medications.

### **PRIVATE DUTY NURSING**

Private duty nursing (PDN) is an optional benefit offered under the Nevada Medicaid State Plan. Private duty nursing provides more individual and continuous care than is available from a visiting nurse. The intent of private duty nursing is to assist the non-institutionalized recipient with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize recipient health status and outcomes.

### **SMOKING CESSATION**

Products to help you stop smoking are covered under Nevada Medicaid and Nevada Check Up. You must get a prescription from your doctor and take it to a pharmacy to be dispensed. Examples of prescription and over-the-counter medications are patches, lozenges and inhalers.

Smoking cessation counseling from your physician is also a covered benefit for you if you are pregnant.

### **SPECIALISTS**

Medically necessary services by a physician specialist are covered as long as the specialist is enrolled as a Medicaid provider.

### **SPEECH AND HEARING SERVICES**

If you have serious speech or hearing problems, see your doctor. Your doctor may refer you to a speech therapist or an audiologist.

Some services covered by Nevada Medicaid or Nevada Check Up are:

- Hearing tests.
- Hearing aids.
- Batteries for your hearing aid.
- Speech therapy.

### **TRANSPORTATION SERVICES**

Non-Emergency Transportation (NET) for Nevada Medicaid is provided through a transportation management company, LogistiCare. LogistiCare provides non-emergency transportation to medical services only. It is required that you arrange for transportation no less than five (5) days in advance.

For all NET services please contact:

- Reservation Line (888) 737-0833
- Where's My Ride? (888) 737-0829

Prior authorization by the transportation vendor is required. Refer to the "What is Prior Authorization" section of this document for additional information.

### **WAIVER PROGRAMS**

Individuals with special needs may qualify for Nevada Medicaid through special waiver programs. Persons who qualify may receive enhanced benefits. Waivers allow Nevada Medicaid to pay for support and services to help people, who would otherwise be in a nursing facility or other institution, to live safely in their own homes or community.

The services may include:

- Emergency response service.
- Homemaker service.
- Group home.
- Day treatment center.
- Adult day care.
- Family support.
- Respite care for family members who need a break from caring for disabled or elderly family members.
- Home delivered meals.

These programs serve a limited number of persons who meet the program requirements. For information about how to apply for one of the waiver programs, call the Nevada Medicaid District Office in your area.

## **OTHER THINGS YOU SHOULD KNOW**

### **WHAT IS THE MEDICAID ESTATE RECOVERY (MER) PROGRAM?**

In 1993 Congress required states to have an estate recovery program. The purpose of the recovery program is to recover Medicaid dollars paid on behalf of those receiving medical benefits by Medicaid. Recovery is only completed after the death of the Medicaid recipient and only if there is no surviving spouse, children under 21 or disabled children of any age. The person receiving benefits must be over the age of 55 or a permanent resident of a care facility at the time benefits were received. Call the Nevada Medicaid Central Office number listed in the resource section of this guide if you have questions.

### **PERSONAL REPRESENTATIVE**

You may designate an individual of your choosing to represent you and your interests with the Division of Health Care Financing and Policy (DHCFP). This individual is known as your “Personal Representative.” Your personal representative may have access to your health information and make medical decisions for you relating to your care. If you choose to designate someone as your “Personal Representative” you must do so in writing by filling out a form. You can get this form from your Nevada Medicaid District Office or by calling the Nevada Check Up toll free number listed in the resource section of this guide, or at our website: <http://dhcfp.nv.gov>.

### **PRIVACY OF INFORMATION**

Your health information is personal and private. The Division of Health Care Financing and Policy (DHCFP) is required by law to

protect the privacy of the information we have about you. We receive this information when we determine your eligibility for benefits. We also receive medical information from your doctors (and other health care providers), clinics, labs, and hospitals in order to approve care and pay for your health services. We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care you receive. Federal privacy laws require that we provide you our Notice of Privacy Practices (NPP) which explains our legal duties and privacy practices when dealing with your personal health information. The NPP is provided to you when you receive your Medicaid/Nevada Check Up card. You may obtain another copy of the NPP from our Medicaid offices or from our web site at: <http://dhcfp.nv.gov>.

### **SHOWING UP FOR YOUR APPOINTMENTS WITH YOUR HEALTH CARE PROVIDERS**

It is very important to arrive at your appointment several minutes before the scheduled time. If you are unable to keep your appointment, call the doctor's office as soon as possible (at least 24 hours before your appointment) to cancel the appointment. Your provider has reserved time for you in order to treat you.

### **OUT-OF-STATE MEDICAL COVERAGE**

Nevada Medicaid and Nevada Check Up will cover emergency services if you, or your family, are temporarily outside of Nevada, if the provider of care agrees to participate in Nevada's Medicaid or Nevada Check Up Program and to bill Nevada Medicaid or Nevada Check Up. No payments are made directly to recipients for any service costs incurred, including services provided out of state. Rules for out-of-state care may be different if your coverage is through an MCO. If you are enrolled in an MCO, contact them before obtaining out of state services for their procedures regarding out-of-state treatment.

If you receive emergency medical services out of state from a provider not enrolled in Nevada Medicaid or Nevada Check Up, inform the out-of-state providers to contact Nevada's Fiscal Agent. A link to Nevada's Fiscal Agent and information can be found at: <http://dhcfp.nv.gov>.

### **WHAT YOU NEED TO KNOW ABOUT YOUR PROVIDERS' RESPONSIBILITIES**

YOUR NEVADA MEDICAID OR NEVADA CHECK UP HEALTH CARE PROVIDER IS RESPONSIBLE FOR:

- Getting payment from Nevada Medicaid or Nevada Check Up and/or your health insurance company;
- Accepting the Nevada Medicaid or Nevada Check Up rates for your health care service. Nevada Medicaid or Nevada Check Up will reimburse a specific amount for each health care service. Your provider cannot charge you, Nevada Medicaid or Nevada Check Up more for the service; and
- Requesting prior authorization for certain services.

Health care providers who knowingly charge Nevada Medicaid or Nevada Check Up for services that were not given, who neglect or abuse patients, and/or give poor quality care may be subject to legal action. If you believe this has happened, you may write the Division of Health Care Financing and Policy at: 1100 East William Street Ste. 101, Carson City, NV 89701 or you can submit your information electronically via the 'Report Medicaid Fraud' link on Nevada Medicaid website at <http://dhcfp.nv.gov>.

### **WHAT IS "PRIOR AUTHORIZATION"?**

Some services under Nevada Medicaid or Nevada Check Up must be "prior authorized". This means your health care provider must receive approval from Nevada Medicaid or Nevada Check Up before you receive a service or obtain certain medical supplies or equipment. Your health care provider is responsible for requesting prior authorization for services he/she will perform.

Transportation must also be prior authorized. If your request for medical services is denied and the provider has not been authorized, call the number on the back of your Medicaid card. If your request for transportation has been denied, contact the Non-Emergency Transportation broker directly at the telephone number listed on page 18 of this document.

Nevada Medicaid and Nevada Check Up, like most insurance companies in Nevada, require prior authorization for costly drugs. Your physician or pharmacist can tell you if the drugs you currently take are available with or without prior authorization. Your physician is required to request prior authorization if he/she chooses to prescribe a drug which is not included on Nevada Medicaid's Preferred Drug List.

### **FAIR HEARINGS**

You, or your Authorized Representative, have the right to appeal an adverse determination (denial or reduction) made by Nevada Medicaid, Nevada Check Up or their contractors. An adverse determination may occur for many reasons. A common reason is when information submitted with a Prior Authorization does not show why the service/item is medically necessary.

If you receive a Notice of Decision indicating a service/item was denied or reduced and you disagree, these steps may assist you:

- **Request a Fair Hearing:** Follow the instructions on the Notice of Decision to be sure you do not miss any deadlines for filing a Fair Hearing request. A Hearing Preparation Meeting (HPM) will be scheduled to discuss your circumstances.
- **Care Coordination:** Contact the local Medicaid District Office Care Coordination staff for assistance.
- **Provider/Requestor Contact:** Contact the provider who requested the service/item to be sure the provider sent all necessary documentation with the Prior Authorization and for

any questions regarding what was requested and/or reduced/denied.

- Reconsideration: Ask the provider if they will be sending the Prior Authorization in again with more medical documentation.
- Peer to Peer Review: Ask the provider to request a “Peer to Peer” review if the reason for denial/reduction was because the service/item was not medically necessary. A Peer to Peer review allows the ordering provider and the Physician reviewer to discuss why the service/item is being requested.
- Fair Hearing: If these steps do not resolve the issue, you may request to proceed to a Fair Hearing.





**IMPORTANT PHONE NUMBERS AND LOCATIONS  
FOR YOU TO KNOW**

**For more information or help with getting an appointment, including mental/behavioral health, dental and free transportation to health care appointments, contact your local Nevada Medicaid/Nevada Check Up office, unless you are enrolled in an MCO. If you are enrolled in an MCO you should call the MCO at the number on the back of your Medicaid card:**

Nevada Medicaid Central Office (NMO)  
1100 East William Street, Suite 101  
Carson City, Nevada 89701  
Telephone: (775) 684-3600  
Las Vegas area: (702) 668-4200  
Toll-free telephone number: 1-800-992-0900 ext 2  
Website: <http://dhcfp.nv.gov>

Nevada Check Up Central Office  
1000 East William Street, Suite 200  
Carson City, Nevada 89701  
Telephone: (775) 684-3777  
Toll-free telephone number: 1-877-543-7669  
Fax: (775) 684-8792  
Website: <http://nevadacheckup.nv.gov>

Las Vegas Medicaid District Office  
1210 S. Valley View, Suite 104  
Las Vegas, NV 89102  
Telephone: (702) 668-4200  
Fax: (702) 668-4280

Reno Medicaid District Office  
1030 Bible Way  
Reno, NV 89502  
Telephone: (775) 687-1900  
Fax: (775) 687-1901

Carson City Medicaid District Office  
1000 East William Street, Ste 202  
Carson City, NV 89701  
Telephone: (775) 684-3651  
Fax: (775) 684-3663

Elko Medicaid District Office  
1010 Ruby Vista Drive, Suite 103  
Elko, NV 89801  
Telephone: (775) 753-1191  
Fax: (775) 753-1101

Medicare Coverage: Social Security Administration Helpline  
1-800-772-1213 (toll free)

Aging and Disability Resource Center  
Website: <http://nvaging.net/adrc/home.htm>

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES**

**(DWSS) DISTRICT OFFICES**

**CALL CENTERS:**

**North - (775) 684-7200**

**South - (702) 486-5000 / 486-1646**

Carson City District Office	2533 N. Carson St, Suite 200 89701
Elko District Office	1020 Ruby Vista Dr, # 101, 89801
Ely District Office	725 Avenue K, 89301
Fallon District Office	111 Industrial Way, 89406
Hawthorne District Office	1000 "C" Street, 89415
Las Vegas – Belrose	700 Belrose Street, 89107
Las Vegas – Cambridge	3900 Cambridge Street, #202, 89119
Las Vegas – Cannon	3330 Flamingo, Suite 55, 89121
Las Vegas – Flamingo	3330 Flamingo Road, Suite 55, 89121
Las Vegas – Henderson	520 Boulder Hwy, 89015
Las Vegas – Nellis	611 N. Nellis Blvd., 89110
Las Vegas – Owens	1040 W. Owens Avenue, 89106
Pahrump Office	1840 Pahrump Valley Blvd., Unit A, 89048
Reno District Office	3697 Kings Row, 89503
Yerington Office	215 Bridge Street, #6, 89447

**TTY Phone Numbers:**

North - (775) 684-0760

South - (702) 486-8588

Website: <http://dwss.nv.gov>

**COMMUNITY AND VOLUNTEER SERVICES**

2-1-1 is an easy to remember telephone number that, where available, connects people with important community services and volunteer opportunities. Contact information on essential services ranging from finding an after-school program to securing adequate care for a child or an aging parent can be provided by the 2-1-1 operator.

Website: <http://nevada211.org>

