

***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 statutes, regulations or policies, the statutes, regulations or policies would prevail.

NMO 1111-E 10/08

WELCOME

Welcome to Nevada Medicaid and Nevada Check Up. 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 District Office. The phone numbers are in the Division of Welfare and Supportive Services 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 www.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 IS 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; 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 for payment. Nevada Medicaid pays for Nevada Check Up health benefits. For some services, Nevada Medicaid

may require you to share the cost. Some Nevada Medicaid or Nevada Check Up recipients are enrolled in a Health Maintenance Organization (HMO) and must receive services through them. HMO members will receive additional information about how to access services. For enrollees not in an HMO, you will need to use Nevada Medicaid providers who accept Nevada Medicaid or Nevada Check Up patients.

HEALTH MAINTENANCE ORGANIZATION (HMO)

The State of Nevada Managed Care Program requires the mandatory enrollment in an HMO of some recipients found eligible for Medicaid or Nevada Check Up. Mandatory HMO enrollment occurs in urban Clark and Washoe Counties. Each county has two HMO choices. When you and your family reside in either of these areas, 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 HMOs.

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

If you knowingly break Nevada Medicaid or Nevada Check Up rules, or are untruthful about the information on your application, you could lose all 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 creditable health care coverage are not 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
- Birth Control
- Dental
- Comprehensive Rehabilitation
- Disposable Medical Supplies
- Durable Medical Equipment
- Doctor Visits
- Emergency Room

- EPSDT/Healthy Kids or Preventive /Wellness Care for Children (EPSDT is not a Nevada Check Up benefit, preventative wellness care is)
- Eye Exams and Eyeglasses (Routine eye exams and Eyeglasses are not a Nevada Check Up benefit)
- Family Planning
- Hearing Tests
- Home Health Care
- Hospice Care
- Hospital
- Lab and X-ray Services
- Maternity Care
- Mental Health
- Nursing Home Services
- Occupational Therapy Services
- Over-the-Counter Drugs with a prescription
- Personal Care Services
- Physical Therapy Services
- Private Duty Nursing
- Prescription Drugs
- Specialists
- Speech and Hearing Services
- Transportation Services
- Waiver Program Services (Not a Nevada Check Up benefit)

We want to help you to find out more about the benefits covered by Nevada Medicaid and Nevada Check Up. The next section gives you details about benefits.

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. 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:

- 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.

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

Healthy Kids or EPSDT is a special benefit for children on Nevada Medicaid. 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 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, 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;
- Free transportation to any medical appointments.

NEVADA CHECK UP PREVENTIVE HEALTH SERVICES

Preventive Health Services is a benefit for children on Nevada Check Up. The goal of this program is to keep children healthy. Regular checkups help keep you 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.

Preventive Health Services Include:

- Well child exams by your child’s doctor;
- Shots (immunizations) to keep your child healthy;
- Lead testing and other laboratory tests;

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. Shots (immunizations) are due at many of these visits.
- Toddlers – ages 3, 4, and 5 years old. More shots are due at some of these visits.
- Children – ages 6, 8, 10 and 12 years old.
- Teenagers and Young Adults – ages 14, 16, 18 and 20.

If you missed an appointment for one of these ages, take your child to the doctor as soon as possible. Make sure to ask for a well child exam and tell your doctor you have Nevada Medicaid or Nevada Check Up coverage. Remember to take your child's shot record with you.

DENTAL BENEFITS

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

- Adults: Emergency only; pregnant recipients who qualify for full Medicaid are eligible for certain periodontal benefits;
- Children on Medicaid: full coverage, limited orthodontia;
- Children on Nevada Check Up: Annual dental benefit limit of \$600.00 and no orthodontia.

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

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

Nevada Medicaid, for recipients under age 21, covers services to examine eyes and prescribe eyeglasses.

Your doctor will show you a selection of frames you may choose that Nevada Medicaid pays for in full.

You may choose more expensive frames; however, you must pay the difference between what Nevada Medicaid pays and the more expensive costs 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 if there is a medical necessity for them. Nevada Medicaid and Nevada Check Up cover medically necessary care for eye disease and eye surgery.

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

Hospice provides support and comfort for patients with a terminal illness who have decided to receive comfort rather than other types of medical care. Covered Hospice services address the needs of the individual, their caregivers, and families while maintaining quality of life. The Hospice philosophy provides for the physical needs of patients as well as their emotional and spiritual needs.

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.

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 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 6 week checkup after the baby is born

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 birth 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 pregnancy 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.

MEDICAL SUPPLIES/EQUIPMENT

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:

- Disposable diapers or pads for children three years or older
- 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 authorization 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.

MENTAL HEALTH

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
- 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 the hospital in case of an emergency during delivery.

NURSING FACILITY

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.

Prior authorization is required.

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.

OUT-OF-STATE NURSING FACILITY

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.

OVER-THE-COUNTER DRUG LIST

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

PERSONAL CARE SERVICES

Personal care services such as bathing, feeding, and dressing may be covered by Nevada Medicaid and Nevada Check Up. This benefit is for people who cannot perform these activities for themselves. Personal care is provided by a Personal Care Assistant (PCA) through a Personal Care Services Agency. Talk to the Medicaid District Office closest to you if you think you need these services. The Personal Care Services Agency must get prior approval from Nevada Medicaid or Nevada Check Up prior to providing services.

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. 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.

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

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.

TRANSPORTATION SERVICES

Non-Emergency Transportation (NET) for Nevada Medicaid and Nevada Check Up is provided through a transportation management company, LogistiCare. LogistiCare provides non-emergency transportation to medical services only. It is recommended that you arrange for transportation at least 48 hours in advance. For all NET services please contact:

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

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.

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: www.dhcfp.nv.gov.

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: www.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 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 HMO. If you are enrolled in an HMO, 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, First Health Services Corporation. Information is available on their website: <http://nevada.fhsc.com>.

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 status. 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;
- 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, Carson City, NV 89701.

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 receiving a service or obtaining 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. It is the provider’s responsibility to get authorization for your travel. If your request for services is denied and the provider has not been authorized, call the number on the back of your card.

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 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.



CLINIC IMMUNIZATION RECORD

NAME _____

BIRTHDATE _____

GENDER _____

Vaccine	Date	Date	Date	Date	Date	Date
Hepatitis B (e.g. HepB, Hib-HepB, DTaP-HepB-IPV)						
Diphtheria, Tetanus, Pertussis (e.g. DTP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, TD)						
Haemophilus influenzae type b (e.g. Hib, Hib-Hep, DTaP-Hib)						
Polio (e.g. IPV, DTaP-HepB-IPV)						
Pneumococcal (e.g. PCV, conjugate, PPV, polysaccharide)						
Rotavirus (e.g. Rv)						
Measles, Mumps, Rubella (e.g. MMR, MMRV)						
Varicella (e.g. Var, MMRV)						
Hepatitis A (e.g. HepA)						
Meningococcal (e.g. MCV4, MPSV4)						
Human Papilloma (e.g. HPV)						
Influenza (e.g. TIV, LAIV)						
Other						



IMPORTANT PHONE NUMBERS AND LOCATIONS FOR YOU TO KNOW

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
www.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
www.nevadacheckup.nv.gov

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

NEVADA MEDICAID DISTRICT OFFICES

Carson City	(775) 684-3651
Elko	(775) 753-1191
Las Vegas	(702) 668-4200
Reno	(775) 687-1900

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
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
Northern Nevada I & R	680 S Rock; Reno 89502
Pahrump Office	1840 Pahrump Valley Blvd., Unit A, 89048
Reno District Office	3697 Kings Row, 89503
Winnemucca Office	475 W. Haskell Street, #6, 89445
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.

