



Division of Health Care Financing & Policy

Welcome to Nevada Medicaid

<http://dhcfp.nv.gov>

Welcome to Nevada Medicaid (“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 Medicaid or NCU benefits.

The Division of Health Care Financing and Policy (DHCFP) runs these programs. The Division of Welfare and Supportive Services (DWSS) decides if you qualify to get benefits.

Your Medicaid Card

The first time you or your family member become qualified for Medicaid or NCU, a Medicaid/NCU card is sent to you. The card for Medicaid and NCU look the same. Each family member will receive their own card.

PLEASE DO NOT THROW THE CARD AWAY. You will only get it once. If you lose benefits and then get benefits again, you will use the same card and ID number. Keep this card in your wallet; always show your Medicaid/NCU card to your health care providers and pharmacist and ask if they will accept Medicaid each time you get medical treatment, services or a prescription.

Managed Care Organizations

Some Medicaid or NCU recipients must be enrolled in a Managed Care Organization (MCO) and get services through their provider network. Recipients enrolled in the MCO will get additional information about how to get services directly from the MCO. You must see a provider who accepts Medicaid or NCU patients.

If you are enrolled in managed care, you will have a choice of MCOs. If you are a first-time Medicaid/NCU recipient, you get to choose your MCO when you apply. You have 90 days to change your mind. If you are already enrolled in an MCO, you may be signed up with your original MCO. You can change from one MCO to another in the next open enrollment period. You will receive a letter telling you if you have the right to change MCOs. If you can show good cause, you will be allowed to change MCOs.



PREVENT FRAUD

Everyone in your family who is qualified will get their own Medicaid card with their name on it. It's against the law for anyone else to use the card. If you knowingly break rules, you can lose your coverage. You can also be prosecuted. If you think someone getting assistance from the state is abusing the programs, or if you think a provider is billing for services they did not provide, report this to Medicaid. You can call (775) 687-8405. You don't have to say who you are if you don't want to.

Your Rights

Your Information is Private

Your health information is personal and private. The DHCFP is required by law to protect the privacy of the information we have about you. We use your health information for treatment, to pay for treatment, to run the program 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/NCU card. You can get another copy of the NPP from our Medicaid offices or from our web site at: <http://dhcfp.nv.gov>

You Can Ask for a Fair Hearing

When Medicaid/NCU decides not to provide a service, ends your enrollment in a program, doesn't authorize a benefit, cuts or ends a benefit, you have the right to file an appeal. This is so you can formally ask that the decision be looked at by a hearings officer.

If you are enrolled in managed care, you must go through the MCO's appeal process first, then you may request a Hearing from Medicaid/NCU. The MCO will send you a notice of action, explaining how you contact them for your appeal. If you do not win this appeal and want to continue with a Fair Hearing from Medicaid, complete the Fair Hearing request form and send it to the DHCFP.

You Can Name a Personal Representative

You may choose an individual to represent you. This individual is known as your "Personal Representative." Your personal representative may be able to see your health information and make medical decisions for you. If you choose to make someone your "Personal Representative," you must do it in writing by filling out a form. Contact your caseworker or get this form from your Medicaid/NCU district office or at our website: <http://dhcfp.nv.gov>

You Can Tell Your Doctors What Care You Want Ahead of Time

What kind of medical care would you want if you were too sick or hurt to express your wishes? Advance directives are legal documents that tell your doctor, family and friends your wishes about your health care ahead of time. There are also documents which can be used to appoint someone to make decisions for you if you cannot do so yourself. You can say "yes" to treatment you want and "no" to treatment you don't want. For more information, visit <http://dhcfp.nv.gov> for information on Advance Directives, or call the Medicaid District Office nearest you.

You Have the Right to Non-discrimination

Under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Americans With Disabilities Act (ADA) of 1990, the DHCFP does not discriminate in admissions, provision of services, hiring and employment on the basis of race, color, national origin, sex, religion, age or disability (including AIDS and AIDS-related conditions). For more information or to file a complaint, please contact the Office of Civil Rights (OCR) or the DHCFP Recipient Civil Rights Officer at the Central Office.

Your Responsibilities

Tell Us When Something Changes

Tell your DWSS caseworker if any of these things happen:

- you have any change in income
- you get other insurance coverage
- you get additional assets
- you move
- a family member dies
- your status as a resident changes
- you become an inmate of a public institution or ward of the state
- you get married
- you get pregnant or have a baby
- a child is emancipated (legally becomes an independent adult)

Please answer all requests for additional information right away, so that you don't lose coverage.

If you don't follow Medicaid or NCU rules, or are not truthful on your application, you could lose your Medicaid/NCU coverage and may have to repay your medical costs.

Make Payments in Some Cases

You probably won't have to make any payments if you follow the rules. Here are some examples of when you do have to pay:

- ◇ Quarterly premiums (if your child is on NCU);
- ◇ If you get care from someone who is not an approved Medicaid or NCU provider;
- ◇ If you or a family member are not covered by Medicaid or NCU;
- ◇ If you ask for and get services that are above the Medicaid or NCU service limits.

Talk to your health care provider about any problems you have with your medical bills.

You must tell DWSS if you can qualify for other insurance. Other insurance will pay first, and Medicaid will pay all or part of the rest. Your DWSS caseworker will help find out if you have other types of coverage.

Show Up for Appointments

It is very important that you arrive at your appointment several minutes before the scheduled time. If you can't keep your appointment, call the doctor's office as soon as possible (at least 24 hours before your appointment) to cancel. Your provider has made time to treat you. Even though your provider is not allowed to bill you for missed appointments, they do not get paid by Medicaid if you don't show up. You can get a ride to your appointments; see Transportation Services on page 10 of this booklet.

What you should know about Provider Responsibilities

Your Medicaid or NCU health care provider is responsible for: verifying your eligibility at the time of service; getting payment from Medicaid/NCU and/or your health insurance company; accepting the Medicaid or NCU rates for services; not billing you for services covered by Medicaid nor for any "remaining balance," requesting prior authorization for certain services. Providers who knowingly charge Medicaid or NCU 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 think this has happened, call the DHCFP Central Office or click on "Report Medicaid Fraud" on the Medicaid website.

How to Get Health Care

- * When you schedule your appointment, make sure your health care provider accepts Medicaid or NCU.
- * If you need help getting to your appointment, call the non-emergency transportation company (see Transportation Services in the Benefits section). Make plans at least five days before your appointment.
- * Tell your provider if you have any other type of health care coverage.
- * Make sure the service you receive is covered by Medicaid or NCU. See the “What Is Prior Authorization?” below.
- * Show the health care provider your Medicaid/NCU Recipient Card each time you get medical treatment.

When to use the emergency room (ER) If you think that waiting for a regular doctor would result in permanent harm or death, call 911 or go to the emergency room. If you are not sure, you can call your doctor for advice. If your doctor’s office is closed, it’s okay to go to an urgent care facility. It is important to only use emergency services, like the ER and ambulance, when they are really needed. You can help keep Medicaid costs down by using the right kind of services.

Out-of-State Medical Coverage

Medicaid/NCU will cover emergency services if you or your family are temporarily outside of the state, if the care provider agrees to participate in Medicaid/NCU and to bill us. Medicaid does not make payments directly to recipients for any services. 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 for procedures before getting out-of-state services. If you get emergency medical services outside of Nevada from a provider who is not enrolled in Medicaid or NCU, tell them to contact Medicaid.

What is “Prior Authorization?”

Some Medicaid/NCU services, supplies and equipment must be “prior authorized.” This means your health care provider must get approval before they provide them. Non-emergency transportation must also be prior authorized. If your request for medical services is denied because the service was not preauthorized, call the number on the back of your Medicaid card. If your request for transportation is denied, contact the Non-Emergency Transportation broker directly at **1-844-879-7341**.



Medicaid and NCU require prior authorization for costly drugs. Your physician or pharmacist can tell you if the drugs you need must be prior authorized. Your physician must request prior authorization if he/she chooses to prescribe a drug not included on Medicaid’s Preferred Drug List.

What Benefits Are Covered?

Ambulance/Emergency Transportation	Nursing Home Services
Birth Control/Family Planning	Nutritionist
Dental (most adults - emergency care only; qualified pregnant women - some periodontal benefits; children - full coverage & limited orthodontia)	Occupational Therapy Services
Disposable Medical Supplies	Orthotics & Prosthetics
Durable Medical Equipment	Over-the-Counter Drugs with a Prescription
Doctor Visits	Personal Care Services
Emergency Room	Physical Therapy Services
Eye Exams and Eyeglasses	Podiatry
Healthy Kids (preventive health services for children to age 21)	Prescription Drugs
Hearing Tests	Preventive Screenings
Home Health Care	Private Duty Nursing
Hospice Care	Specialists
Hospital Care	Speech and Hearing Services
Lab and Radiology Services	Tobacco Cessation
Maternity Care	Transportation Services (Non-emergency transportation is not a NCU benefit.)
Mental Health/Substance Abuse Services	Vaccines
Midwife Services	Waiver Programs - help people with special needs (elderly/people with physical and intellectual disabilities, for example) stay in their communities. Eligibility requirements must be met and services are not an entitlement (not a regular benefit).

This section gives you more information about benefits.

Ambulance/Emergency Transportation

In you have a medical emergency, call 911 for an ambulance. Medicaid and NCU will cover air and ground ambulance services in an emergency.

Birth Control & Family Planning

Talk to your doctor or clinic about family planning. You can get family planning services from any provider who accepts Medicaid and NCU. You do not need a referral. You may get some types of birth control in your doctor's office. For others, your doctor will write a prescription. These forms of birth control are covered by Medicaid and NCU:

- Birth control pills
- Creams
- Foams
- Shots (ex. Depo-Provera)
- Condoms
- Diaphragms
- IUDs
- Sponges

What Benefits Are Covered? (continued)

Dental Benefits

Adults (Medicaid only): Emergency, palliative, some prosthetic care; qualified pregnant women—adult benefits and some expanded benefits. Children (under 21) get full coverage, with some (limited) orthodontia. Dentists need prior approval from Medicaid or NCU for some of the benefits.

Disposable Medical Supplies, Durable Medical Equipment, Orthotics & Prosthetics

Medicaid and NCU 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 (adult diapers)
- ◆ 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 may write a prescription for you to take to a medical supply company. The medical supplier must get prior approval from Medicaid and NCU for some items.

Doctor Visits

Medicaid and NCU pay for you to see a doctor or visit an Urgent Care Clinic when you are having health problems. It is important for you 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

Call 911 in an emergency, or go to the emergency room right away. You will need to call your doctor when the emergency is over. Your doctor must provide any follow up care you need after the emergency. If it is not an emergency and your primary care provider is not available, go to an urgent care clinic.

Eye Exams and Eyeglasses

Medicaid/NCU covers care for eye diseases, eye surgery that is medically necessary, eye exams and prescription eyeglasses. Medicaid pays for eye exams and eyeglasses only once every 12 months. Your provider will show you frames you may choose from that are covered in full. If you choose more expensive frames, you must pay the difference between what Medicaid and NCU pay and the 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. Medicaid/NCU does not cover contact lenses, except under certain cases when they are medically necessary.

Medicaid Estate Recovery

After you pass away, your money and property can be used to repay

Medicaid. For more information, call

Medicaid Estate Recovery at

(775) 687-8414 or email

mer@dncfp.nv.gov.

What Benefits Are Covered? (continued)

Healthy Kids or Early Periodic Screening Diagnosis and Treatment (EPSDT)

Healthy Kids, also known as EPSDT, is a special benefit for children on Medicaid/NCU. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems early, before they become serious, with regular “well-child” exams. Healthy Kids also covers dental check-ups. Almost everyone from birth through age 20 who gets Medicaid/NCU can get Healthy Kids-covered services. These services include:

- Well-child exams by your child’s doctor. This is a head-to-toe exam including health history, eating habits, vision and hearing exams, mental health evaluation and a growth and development check;
- Shots (vaccines) to keep your child healthy;
- Dental checkups. A complete exam and cleaning (covered through age 20) twice a year, or more often if your child’s dentist recommends it;
- Fluoride treatment and sealants;
- Follow-up treatment and care if a health problem is found during an exam;
- Lead testing and other laboratory tests; and
- If needed, free transportation to any Medicaid-approved medical appointments. (Does not apply to NCU recipients.)

When should your child have a well-child exam?

- ◇ Newborns – as soon as possible after birth
- ◇ Infants – at one, two, four, six, nine and 12, 15, 18, 24, and 30 months
- ◇ Toddlers to young adults (3-20 years old) every year

Hearing Tests

Newborn hearing tests are included in the newborn hospital stay. Childhood hearing tests are part of a Healthy Kids/EPSDT exam. Other hearing tests are covered for both children and adults, if they are medically necessary.

Home- and Community-based Services

These services help you receive the medical care you need so you can stay in your home. They include adult day health care, personal care services, home health care, private-duty nursing and partial hospitalization. These services are for people who need assistance because they have ongoing mental health illnesses. If you need these services, you will need to have an evaluation to make sure you or your loved one meets the eligibility requirements and that they are medically necessary.

Home Health Care

Home health care is for people who need special, in-home services like skilled nursing, physical therapy, occupational therapy or speech therapy. If you think you need home health care, talk to your doctor. Your doctor will submit an order to a home health agency of your choice who is enrolled with Medicaid. The home health agency will contact Medicaid or NCU for prior approval.

What Benefits Are Covered? (continued)

Hospice Care

Hospice services can give you or a family member support and comfort when someone is at the end of their life. The hospice takes care of your physical, emotional and spiritual needs in a specialized hospice facility, a nursing facility, an Intermediate Care Facility (ICF) or in your home. Different kinds of specialists can help your family deal with the final stages of illness, dying and grieving.

Hospital Care

Both inpatient and outpatient hospital care are covered. Before you use hospital services, get a referral from your doctor.

Lab and Radiology Services

Lab and radiology (X-ray) services are covered; they may be done in your doctor's office, or your doctor may refer you to another clinic, lab or hospital.

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. Medicaid covers medically necessary Caesarian-sections but does not pay for C-sections done for the convenience of the mother or the physician.

Covered services include:

- ◆ Prenatal visits, lab work and necessary tests (such as ultrasound)
- ◆ The second- and/or sixth-week checkup after the birth
- ◆ The hospital stay
- ◆ Anesthesia (pain treatment)
- ◆ Labor and delivery
- ◆ Birth control/family planning

You can stay in the hospital up to 72 hours after a normal birth and up to 96 hours after a C-section. You can choose a shorter stay if you and your doctor agree. Your baby may be covered by Medicaid for the first year of life if you are able to get Medicaid when your baby is born. Contact your DWSS caseworker as soon as possible to report the birth of your baby.

For your baby to be covered for NCU services from their birth, you must notify DWSS within 14 days of the delivery. If you have temporary coverage for the newborn and they are qualified for NCU, coverage will begin the first day of the next administrative month. For example, if your baby is born on September 15, and the mother has other insurance coverage for 30 days (until October 15), the newborn would not be enrolled in NCU until November 1. Your newborn cannot receive coverage which predates another family member's earliest current enrollment. Your child can stay covered by NCU if the parent meets the income requirement yearly, keeps premium payments current and the child meets other eligibility requirements.

Midwife Services

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

What Benefits Are Covered? (continued)

Mental Health/Substance Abuse Services

These are benefits you may receive to treat an acute (short-term) or chronic (continuing for a long time) behavioral health disorder. Some of these services include:

- Inpatient/Outpatient services
- Psychiatric evaluations
- Medication management
- Psychological testing
- Inpatient alcohol/substance abuse detoxification services
- Individual and group therapy
- Emergency hospital care
- Crisis intervention
- Outpatient alcohol/substance abuse detoxification services

Nursing Home Services

Nursing facilities provide health care services on a 24-hour basis to people who have medical problems or injuries that cannot be managed at home. If you or a family member has cognitive impairments (problems with things like memory, perception, judgment and reasoning) or behavioral impairments, a nursing facility can provide help. This assistance can help you with medical care, nursing care, rehabilitative services and psychosocial management or a combination of those services.

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

- ◇ You cannot be placed in a Nevada nursing facility;
- ◇ You live on or near a Nevada border and it is more practical for you to receive medical service from an out-of-state provider.

Occupational Therapy

Occupational therapy helps improve your medical condition or helps you learn or relearn a task after serious illnesses, injuries or disabilities. Your doctor's order must be submitted to an occupational therapist who accepts Medicaid or NCU.

Over-the-counter Drugs

If your doctor prescribes them, you can get over-the-counter medicines, like antacids, aspirin, acetaminophen, and medicine for coughs, colds and allergies. Take the prescription to the pharmacy and Nevada Medicaid will pay for the medicine.

Personal Care Services

The Personal Care Services program helps people with disabilities or long-lasting illnesses live independently in their home. These services are for people who do not have someone legally responsible to help them. A Personal Care Attendant (PCA) helps people with tasks like bathing, dressing and toileting, and may also help with making meals, shopping for essential things like food, laundry and light housekeeping. The type of service and number of hours allowed are based on medical need. A physical or occupational therapist will do an evaluation.

If you think you have a medical need for personal care services, contact Medicaid at (800) 525-2395 for an assessment.

What Benefits Are Covered? (continued)

Physical Therapy

You can get physical therapy for some serious illnesses, injuries or disabilities if it will improve your medical condition. It must be ordered by your doctor, who will authorize a physical therapist who accepts Medicaid or NCU.

Prescription Drugs

Medicaid and NCU cover many prescription drugs. Some prescriptions require prior authorization. There is a list of preferred drugs for your physician to choose from. Prescriptions for weight loss and drugs you use for cosmetic 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 items Medicare may not cover, including some over-the-counter medications.

Private Duty Nursing

Private duty nursing can help you get more individual and continuous care than you would from a visiting nurse. The program helps you stay safely at home rather than in a facility like a nursing home. You must have a doctor's order for private duty nursing.

Speech & 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 Medicaid or NCU are:

- * Hearing tests
- * Hearing aids
- * Hearing aid batteries
- * Speech therapy

Tobacco Cessation

Products to help you stop using tobacco are covered. You must get a prescription from your doctor and take it to a pharmacy. Prescription and over-the-counter medication like patches and lozenges are covered. So is tobacco-cessation counseling, as part of an office visit to your doctor.

Transportation Services (non-emergency)

Medicaid provides rides to medical appointments, called Non-Emergency Transportation (NET). This service is provided through a transportation company that Medicaid contracts with. Transportation is not covered for NCU recipients. You can get rides to be treated for a Medicaid-covered service. You should arrange for rides at least five days in advance. The company may help you get public transportation. For urgent care trips, the transportation company must provide you with a ride on the same day you call. If you have to cancel your doctor's appointment, please remember to cancel your transportation. The doctor's office will not cancel it for you.

Prior Authorization by the transportation company is required. See "What is Prior Authorization" on Page 4.

Vaccines

All medically recommended childhood and adult vaccines are covered.

*To schedule or check the status of your transportation, please contact:
1-844-879-7341.*

What Benefits Are Covered? (continued)

Waiver Programs

If you have special needs, you may qualify for more benefits through waiver programs. Waivers allow Medicaid to pay for support and services to help you, and as a result may enable you to live safely in your own home or community rather than in a nursing facility or other institution. Waiver services include:

- ◆ Emergency response systems
- ◆ Homemaker services
- ◆ Group homes
- ◆ Day treatment centers
- ◆ Adult day care
- ◆ Family support
- ◆ Home-delivered meals
- ◆ Respite care for family members who need a break from caring for disabled or elderly family members

These programs are for people who meet the program requirements, like those who are aged or who have physical or intellectual disabilities. There is a set number of people who can be on these programs. For information about how to apply for one of the waiver programs, call the Medicaid District Office in your area.

Contact Information

Online

The DHCFP website is at <http://dhcfp.nv.gov> Click on “Members.”

DHCFP Offices

If you need help getting an appointment or transportation, contact the nearest District Office, listed below, unless you are enrolled in an MCO. If you are enrolled in an MCO, contact them.

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

DHCFP Carson City District Office
1000 E. William Street, Suite 111
Carson City, NV 89701
Telephone: (775) 684-3651
Fax: (775) 684-3663

DHCFP Reno District Office
745 W. Moana Lane, Suite 200
Reno, NV 89509
Telephone: (775) 687-1900
Fax: (775) 687-1901

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

DHCFP Central Office
1100 E. William Street, Suite 101
Carson City, NV 89701
Telephone: (775) 684-3600
Fax: (775) 687-3893

TTY Number: 7-1-1

Contact Information (continued)

DWSS Offices

DWSS decides whether or not you qualify for benefits. You need to contact them when you change your address, have a change in income, if someone in your family is born or dies, if you get other insurance, if you get additional assets, if you get pregnant, or anything else that may change your eligibility for benefits.

Phone numbers: North (775) 684-7200 • South (702) 486-5000 & (702) 486-1646

Carson City District Office
2533 N. Carson St, Suite 200, 89701

Las Vegas – Henderson
520 Boulder Hwy, 89015

Elko District Office
1020 Ruby Vista Dr, #101, 89801

Las Vegas – Nellis
611 N. Nellis Blvd., 89110

Ely District Office
725 Avenue K, 89301

Las Vegas—Owens
1040 W. Owens Avenue, 89106

Fallon District Office
111 Industrial Way, 89406

Las Vegas – Spring Mountain
3101 Spring Mountain Rd, #3, 89102

Hawthorne District Office
1000 “C” Street, 89415

Las Vegas – Warm Springs
375 E. Warm Springs Rd, #103, 89119

Las Vegas – Belrose
700 Belrose Street, 89107

Pahrump Office
1840 Pahrump Valley Blvd., Unit A, 89048

Las Vegas – Cambridge
3900 Cambridge Street, #202, 89119

Reno District Office
4055 S. Virginia, 89502

Las Vegas – Decatur
6390 N. Decatur Blvd, 89130

Sparks District Office
630 Greenbrae Dr., 89431

Las Vegas – Durango
3965 S. Durango Drive, 89147

Yerington District Office
215 Bridge Street, #6, 89447

Las Vegas – Flamingo
3330 Flamingo Road, #55, 89121



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