

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

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.

HOW DO NEVADA MEDICAID AND NEVADA CHECK UP WORK?

When you or your family member is determined eligible for Nevada Medicaid or Nevada Check Up, a Nevada Medicaid/Nevada Check Up card is sent to you one time only for the program in which you are enrolled. The card for both benefit programs looks the same. 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, service or prescription. Some Nevada Medicaid or Nevada Check Up recipients are enrolled in a Managed Care Organization (MCO) and must receive services through their provider network. Recipients enrolled in the MCO will receive additional information about how to access services directly from the MCO. If you are not in an MCO, you must use Nevada Medicaid providers who accept Nevada Medicaid or Nevada Check Up patients.

MANAGED CARE ORGANIZATION (MCO)

Enrollment in an MCO is mandatory for some recipients found eligible for Medicaid or Nevada Check Up. Each recipient has two MCO choices. First time Nevada Check Up and Medicaid applicants will be given a chance to choose their managed care organization at the time of application, or any time prior to approval of that application. Returning recipients may be re-assigned to their former MCO. New recipients will have 90 days to change their mind; however returning recipients may be locked into their former MCO until the next open enrollment period. You will receive a letter telling you whether or not you have the right to change MCOs. All recipients who can show good cause for needing to change will be allowed to change MCOs.

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

- Make sure your health care provider accepts Nevada Medicaid or Nevada Check Up as a health coverage program;
- Tell your provider if you have any other type of health care coverage.
- 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 any change in income, other insurance coverage, assets, place of residence, death, recipient becomes resident or inmate of a public institution or ward of the state, recipient becomes married or child becomes emancipated, pregnancy or birth or anything else affecting eligibility for Nevada Medicaid coverage to your DWSS caseworker;
- Pay quarterly premiums for Nevada Check Up;
- Pay for your medical care if you get services:
 - from someone who is not an approved Nevada Medicaid or Nevada Check Up provider;
 - that are not covered by Nevada Medicaid or Nevada Check Up; or
 - which you request that are above the Nevada Medicaid or Nevada Check Up service 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 loss of coverage.

If you don't 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.

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. Although your provider is not allowed to bill you for your missed appointments, they also do not get paid by Medicaid.

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

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.

Important: When you apply for Nevada Medicaid or Nevada Check Up you **MUST** provide proof of any other type of health care insurance or benefits. Children with other health care coverage may not be eligible for Nevada Check Up. Your Division of Welfare and Supportive Services (DWSS) 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
- Veteran’s Administration (VA) benefits
- Medicare
- TRICARE (CHAMPUS)
- Worker’s compensation
- Long-term care insurance
- Medical support from absent parents
- Court judgment or liability settlements for accidents/injuries
- Access to or enrollment in the Public Employees Benefit Program

BENEFITS COVERED BY NEVADA MEDICAID AND NEVADA CHECK UP

- Ambulance/Emergency 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 and Community Based State Plan Services
- 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
- Preventive Screenings
- Private Duty Nursing
- Prescription Drugs
- Specialists
- Speech and Hearing Services
- Tobacco Cessation
- Transportation Services (Non-emergency transportation is not a Nevada Check Up benefit)Waiver Program Services (Not a Nevada Check Up or regular Medicaid benefit)

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

AMBULANCE/EMERGENCY TRANSPORTATION

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
- Shots (ex. 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

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: 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 may write a prescription for you to take to a medical supply company. The medical supplier must get prior approval from Nevada Medicaid and Nevada Check Up for some items.

DOCTOR VISITS

Nevada Medicaid and Nevada Check Up pay for you and/or your children 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

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-emergency situations, if your primary care provider is not available, use an urgent care clinic.

EYE EXAMS AND EYEGLASSES

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 provider will show you a selection of frames you may choose from that are covered in full. If you choose more expensive frames, you must pay the difference between what Nevada Medicaid and Nevada Check Up 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. Contact lenses are not covered except under certain circumstances in which they are considered 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. 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 covers regular medical checkups for children. “Well child” exams include vision and hearing screenings. EPSDT also covers dental checkups. Almost everyone from birth through age 20 who receives Nevada Medicaid/Nevada Check Up can receive EPSDT covered services. Regular checkups help keep your children healthy. EPSDT 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 (immunizations) to keep your child healthy;
- Dental checkups. A complete exam and cleaning twice a year, or more frequent dental care and follow-ups 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 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 are included in the newborn hospital stay. Childhood hearing screenings are included as part of a Healthy Kids/EPSTDT exam and other hearing tests are covered as medically necessary for both children and adults.

HOME AND COMMUNITY BASED STATE PLAN SERVICES

These services include Adult Day Health Care, Home-Based Habilitation and Partial Hospitalization. These services require an evaluation to ensure you meet both the program eligibility requirements and medical necessity.

HOME HEALTH CARE

Home Health Care is for persons who required skilled interventions, such as skilled nursing and therapeutic services, provided on an intermittent or episodic basis.. Some benefits you might receive in your home are:

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

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

HOSPICE CARE

Hospice services provide support and comfort for recipients who have a terminal illness and have decided to receive end of life care. Hospice services address the needs of the individual, their caregivers and their families while maintaining quality of life. The hospice philosophy provides for the physical needs of patients as well as their emotional and spiritual needs. This care can be provided in a specialized hospice facility, a nursing facility, an Intermediate Care Facility (ICF) or in the recipient's own home. Different kinds of specialists help with the patient's and family's needs during the final stages of illness, dying and bereavement.

HOSPITAL CARE

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

IMMUNIZATIONS

All medically recommended childhood and adult immunizations are covered.

LAB AND RADIOLOGY SERVICES

Lab and Radiology services are covered and 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. Some certified midwives can deliver babies in a birthing center or in the hospital, if there is an emergency

during delivery. Nevada Medicaid covers medically necessary c-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 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 DWSS caseworker as soon as possible to report the birth of your baby.

In order for an infant of a Nevada Check Up enrollee/family to be covered from their date of birth, the DWSS must be notified within 14 days of the delivery. 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. As long as the parent meets the requirement for income levels yearly, keeps current on premium payments, and the child meets other requirements for eligibility, Nevada Check Up provides ongoing access to health care for children.

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.

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES

Mental health services and substance abuse are those services provided to an individual to treat 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
- Inpatient alcohol/substance abuse detoxification services
- Individual and Group Therapy
- Emergency Care in a Hospital
- Crisis Intervention
- Case Management
- Outpatient alcohol/substance abuse detoxification services

NURSING HOME SERVICES

Nursing facilities provide health care and services on a 24-hour basis to people who have medical problems or injuries. They are also for people who have developmental disabilities, or cognitive impairments (problems with things like perception, judgment and reasoning) and behavioral impairments. Nursing facilities help people who need more than room and board with things like medical care, nursing care, rehabilitative services, and psychosocial management.

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

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

OCCUPATIONAL THERAPY

Occupational therapy services may be covered for some serious illnesses, injuries or disabilities. Occupational therapy may be ordered by your doctor if it will improve your medical condition or help you learn/relearn a task. The doctor's order must be 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 antacids, aspirin, acetaminophen, and those to assist with cough and colds and allergies. In order for Nevada Medicaid or Nevada Check Up to pay for these and other over-the-counter medicines, you need a prescription from your doctor to take to the pharmacy.

PERSONAL CARE SERVICES

The Personal Care Services (PCS) Program provides assistance and support to qualified recipients so that they can live independently in their own homes. A Personal Care Assistant (PCA) helps people with activities of daily living (ADLs) like bathing, dressing, and toileting. Instrumental activities of daily living (IADLs) like meal preparation, essential shopping, laundry and light housekeeping may be provided in addition to needed ADL services. The type of service and number of hours are based on medical necessity. A physical or occupational therapist will do an evaluation. These services are for people who do not have a legally responsible individual living in the home who is able and capable of providing their necessary care.

PCAs are hired through an agency or organization which has been approved by Nevada Medicaid or Nevada Check Up. If you think you have a medical need for personal care services, contact Nevada Medicaid's fiscal Agent, Hewlett Packard Enterprise Services (HPES) at: (800) 525-2395 for an assessment.

PHYSICAL THERAPY

Physical therapy may be covered for some serious illnesses, injuries or disabilities if it will improve your medical condition. It must be ordered by your doctor, who will then give it 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 items Medicare may not cover, including, some over-the-counter medications, vitamins and cold and cough medications.

PRIVATE DUTY NURSING

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 recipients who are not in institutions like nursing homes with complex direct skilled nursing care and to help recipients stay healthy and get better.

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
- 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. Examples of prescription and over-the-counter medication are patches, lozenges and inhalers. Tobacco cessation counseling as part of an office visit from your physician is also a covered benefit.

TRANSPORTATION SERVICES, NON-EMERGENCY

Non-Emergency Transportation (NET) for Nevada Medicaid is provided through a transportation management company, LogistiCare. LogistiCare provides non-emergency transportation to any Medicaid covered service. You should arrange for transportation no less than 5 days in advance whenever it is possible. For urgent care trips, LogistiCare 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 as well. The doctor's office will not cancel it for you.

To Schedule transportation please contact: **Reservation Line (888) 737-0833**

To check on the status of your transportation, please contact: 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 enabling them to live safely in their own homes or community. Waiver services may include:

- Emergency Response System
- Homemaker services
- Group home
- Day Treatment Center
- 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 serve a limited number of people who meet the program requirements, like those who are aged or with physical or intellectual disabilities. For information about how to apply for one of the waiver programs, call the Nevada Medicaid District Office in your area.

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 choose an individual 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/Nevada Check Up District Office or at our website: <http://dhcfp.nv.gov>

PRIVACY OF INFORMATION

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 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>

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 us. No payments are made 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 obtaining out-of-state services. If you receive emergency medical services out-of-state from a provider not enrolled in Nevada Medicaid or Nevada Check Up, instruct them to contact Nevada’s Fiscal Agent, HPES. 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, than the set rate, 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 one of these services or get certain medical supplies or equipment. Non-emergency 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 7 of this document. Nevada Medicaid and Nevada Check Up 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 which is not included on Nevada Medicaid's Preferred Drug List.

FAIR HEARINGS

You, or your Authorized Representative, have the right to appeal a denial, disenrollment, suspension, reduction, or termination in services made by Nevada Medicaid, Nevada Check Up or their contractors. This happens 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 saying a service/item was denied, reduced, suspended or terminated and you disagree, these steps may assist you:

- **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. Your provider and the Physician Reviewer will discuss why the service/item is being requested.
- **Fair Hearing:** If these steps do not resolve the issue, you may 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.

If you are enrolled in managed care you must go through the managed care organization's hearing process first, then you may request a hearing from the Nevada Medicaid/Nevada Check Up). The MCO will send you a notice of decision that explains how you contact them for a hearing. If you do not win this hearing, and want to continue with a Fair Hearing from Medicaid, use the steps noted above.

IMPORTANT PHONE NUMBERS AND LOCATIONS

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/Nevada Check Up Central Office (NMO)

1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone: (775) 684-3600
Fax: (775) 687-3893
Website: <http://dhcfp.nv.gov>

Las Vegas Medicaid/Nevada Check Up District Office

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

Reno Medicaid/Nevada Check Up District Office

560 Hammill Lane
 Reno, NV 89511
 Telephone: (775) 687-1900
 Fax: (775) 687-1901

Carson City Medicaid/Nevada Check Up District Office

1000 East William Street, Ste 118
 Carson City, NV 89701
 Telephone: (775) 684-3651
 Fax: (775) 684-3663

Elko Medicaid/Nevada Check Up 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

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 – 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	4055 South Virginia, 89502
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 for 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. You can access the website at: <http://nevada211.org>.