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Quick Reference Guide for the Electronic Visit Verification (EVV) Personal Care Services (PCS) Force Pay by State (FPS) Adjustment Request Process

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Version Control and Approval

No.	Date	Reference	Author(s)	Description of Change
1	01/16/2025	Version 1	Greg Shamblen, Jackie Phan, Zach Mirich	Initial Draft
2	02/12/2025	Version 2	Greg Shamblen, Jackie Phan, Zach Mirich	Update based on team feedback
3				
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Force Pay by State (FPS) Adjustment Request Process

Introduction

Nebraska DHHS incorporated provider feedback to ensure that the system aligns with provider's needs and enhances overall effectiveness:

- The Force Pay by State Adjustment Request process enables providers to request payment reconsideration for unmatched visits affected by critical errors— NOSL, VVER, VIVR, and VLOC— caused by unforeseen circumstances beyond the provider's control. This process ensures equitable resolution and supports providers in addressing issues outside their direct influence.
- This process also enables Nebraska DHHS to address these unmatched visits, without necessitating an appeal. Proper documentation is needed for a valid submission and approval is not guaranteed.

Objectives

The objectives of FPS include:

- The process will assist the Provider with submitting an Adjustment Request. During the Adjustment Request process, the State will review the visit and applicable documentation the Provider submits to determine if the visit should be matched and processed for payment.
- The process enables providers to request payment reconsideration for unmatched visits affected by only these critical errors— NOSL, VVER, VIVR, and VLOC. Providers are still required to match other types of errors within the visit to ensure timely payment.
- The Force Pay by State functionality is NOT intended as a way to submit manual claims.
- The State will carefully review and monitor provider usage patterns to ensure the process is used appropriately.

FPS – Adjustment Request Process

In order to address unmatched visits caused by NOSL, VVER, VIVR, or VLOC, providers gather the necessary documentation and submit an FPS Adjustment Request to Nebraska DHHS EVV Program During this process, the State carefully reviews the visit and submits required documentation to determine if the visit should be matched and processed for payment. If the Adjustment Request is approved, providers resolve any remaining errors and release the visit for payment.

The steps below outline how to submit an Adjustment Request for unmatched visits with the following critical errors: NOSL, VVER, VIVR, and VLOC.

Steps	Description	Assigned Responsibility
1	Agency or Independent Provider has a visit that is unmatched due to NOSL, VVER, VIVR, and or VLOC. Providers will be unable to match visits if a critical error above is triggered.	Provider
2	Agency or Independent Provider gathers the required documentation to validate why the visit should be matched and processed for payment.	Provider
3	Agency or Independent Provider submits an FPS Adjustment Request along with the required documentation.	Provider
4	Nebraska DHHS EVV Program Leads reviews the Adjustment Request and documentation the Agency or Independent Provider submitted	NE DHHS
5	Nebraska DHHS EVV Program Leads approves or denies the Adjustment Request	NE DHHS
6.	Agency or Independent Provider will then match any additional error code(S) and release the visit for payment.	Provider

Required Documentation

Agency or Independent Provider will gather all necessary documentation to prove the visit should be matched and paid. The Provider will document the specific situation per the critical error received. Using Monday.com: https://forms.monday.com/forms/15585fdef9687bbbe1e9585533ec9c61?r=use1, the provider will ensure the following information is fully captured:

- o Date of Adjustment Request Submitted
- o Provider Name
- o Provider Medicaid ID (Maximus of 8 Digits)
- o Provider Phone
- o Provider Email
- o EVV Vendor Support Ticket Number
- o EVV Vendor
- o Caregiver Name
- o Recipient Name
- o Recipient Medicaid ID (11 Digits)
- o Program Type
- o Authorization Number (Maximum of 8 Digits)
- o Visit ID (10 Digits)
- o Date of Service
- o Critical Error
- o Describe, in detail, the unforeseen circumstances beyond the provider's control that lead to the triggering of critical error.
- o Adjustment Request Reason Code
- o Valid Support Documentation
- o Do you Attest that you have properly vetted and provided truthful information

- Date of Signature

Please note that processing time can be negatively impacted if the required documentation is not available for DHHS to review, validate, and approve.

Critical Error

The table below includes the Critical Errors that will make a visit remain in unmatched status. An Adjustment Request can only be submitted for these Critical Errors: NOSL, VVER, VIVR, and or VLOC.

Critical Errors		
Critical Error	Adjustment Request Reason Code	Reason for Critical Error
NOSL	140 150	Any visit that does not have a scheduled start or end address with receive with Critical Error that CANNOT be cleared and WILL NOT be allowed to bill.
VVER	100 120 130 140 150	Any visit that DOES NOT have a start and end verification method of GPS or IVR WILL receive a Critical Error that CANNOT be cleared and WILL NOT be allowed to bill. Any visit that was manually edited after it was completed to increase the billable start time to before the actual start time or increase the billable end time to after the actual end time.
VIVR	140 150	Generated when the start or end IVR Phone number for an IVR visit does not match the IVR phone number on file in Mobile Caregiver+ for the Recipient.
VLOC	140 150	Generated when any of the following conditions are met • The Start Variance (Miles) is greater than the distance allowed for the Geofence of the scheduled visit start address. • The End Variance (Miles) is greater than the distance allowed for the Geofence of the scheduled visit end address.

Adjustment Request Reason Codes

The table below describes the required documentation for each Adjustment Request Reason Code.

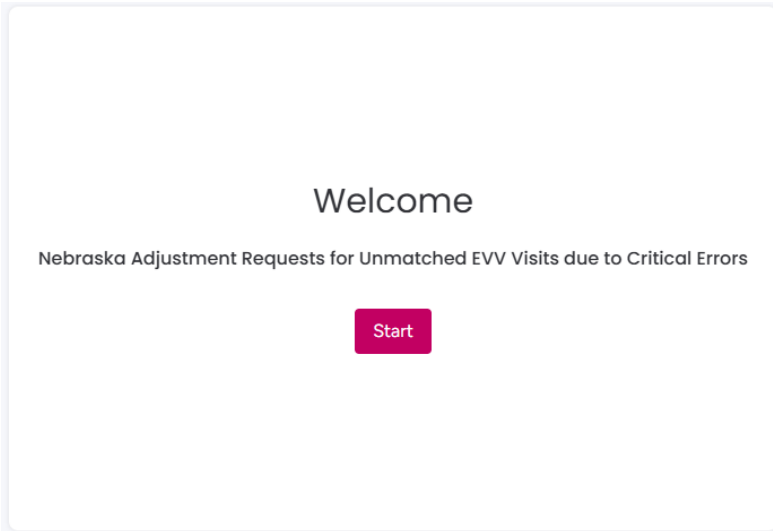| Reason Code Category	Adjustment Request Reason Code	Reason Code Description	Required Documentation
Overnight	100	This Reason Code is system-generated (cannot be selected by the user) to split overnight visits by automatically clocking out at 11:59 p.m. and creating a new visit by clocking in at 12:00 a.m.	Provide a detailed description as to why the Caregiver was unable to start and end the visit with GPS or IVR.
Service Delivery Exception	110	This Reason Code and appropriate Reason Code Description is used when the EVV hours (based on clock in and clock out) represent a service delivery exception: A. Service delivery differs from schedule B. Fill-in service provider C. Allowable overlapping visits	Provide a detailed description as to why service delivery had to be changed.
Eligibility or Service Authorization Exception	120	This Reason Code and appropriate Reason Code Description are used when services are required to comply with Recipient retro Medicaid eligibility or when an authorization has been approved but is not available in the EVV System yet: A. Services provided without eligibility; retro eligibility B. Services provided with authorization not in EVV system	Provide a detailed description as to why the Caregiver was unable to start and end the visit with GPS or IVR. **AND** Providers submit ISP to validate service authorizations.

Reason Code Category	Adjustment Request Reason Code	Reason Code Description	Required Documentation
Disaster	130	This Reason Code and appropriate Reason Code Description are used when service delivery is impacted by a natural disaster: A. Flood B. Hurricane C. Earthquake D. Ice/snowstorm E. Tornado F. House Fire G. Wildfire H. Power Outage I. Declared Public Health Disaster/Emergency	Provide a detailed description of the disaster/weather event. **AND** Include any documentation showing the disaster/weather event took place.
No Electronic Clock In or Clock Out	140	This Reason Code and the appropriate Reason Code Description is used when a State override is necessary to address critical errors:	Event A through G Require the following documentation: Provide a detailed description as to why the Caregiver was unable to start and end the visit with GPS or IVR. **AND** The below requires supporting documentation for the specific event.
		A: Failure to clock in, clock out or both	Provide a detailed description as to why the Caregiver was unable to start and end the visit with GPS or IVR.

Reason Code Category	Adjustment Request Reason Code	Reason Code Description	Required Documentation
		B: Mobile device not available	If the Caregiver's phone is broken or damaged while providing services, we need a bill of sale showing the purchase or a new phone in the Caregivers name or a bill of repair in the Caregivers name.
		C: GPS Location not available	If due to travel provide one of more of the following: • Tickets/boarding passes for travel by airline, bus, cruise ship, train, etc. • Itinerary showing travel destinations and schedule of events. • Invoice for hotel, motel, lodging accommodations.
		D: Physical address not available	If due to travel provide one of more of the following: • Tickets/boarding passes for travel by airline, bus, cruise ship, train, etc. • Itinerary showing travel destinations and schedule of events. • Invoice for hotel, motel, lodging accommodations.
		E: Landline phone not available or Phone number used for IVR is not available	Provide a detailed description of why the Recipient's phone number was unable for IVR.

Reason Code Category	Adjustment Request Reason Code	Reason Code Description	Required Documentation
		F: EVV system down	Screen capture of Netsmart or Alternate Vendor error messages that the Mobile Application is experiencing, and error and visits are unable to start or end. **OR** Proof that a customer support ticket was created for Netsmart or the Alternate EVV Vendor reporting the system being down.
		G: Emergency	Any supporting documentation showing the emergency took place.
Other	150	This Reason Code is allowable for any other reasons not listed above. There will also be a free text option to further describe the reason.	Any supporting documentation showing the reason that the Mobile EVV Application was not able to be used.

Welcome Page

Click "Start" to begin filling out you Adjustment Request via the Monday.com form:
https://forms.monday.com/forms/15585fdef9687bbbe1e9585533ec9c61?r=use1
 for the visit needing readjustment.

Welcome

Nebraska Adjustment Requests for Unmatched EVV Visits due to Critical Errors

Start

Date of Adjustment Request Submitted

Date of Adjustment Request will automatically populate to the day you start completing the form.

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Adjustment Requests for Unmatched EVV Visits due to Specific Critical Errors

The Force Pay by State Adjustment Request process enables providers to request payment reconsideration for unmatched visits affected by specific critical errors caused by unforeseen circumstances beyond the provider's control. This process ensures equitable resolution and supports providers in addressing issues outside their direct influence.

Date of Adjustment Request Submitted*

Submission Date

01/16/2025 05:08 PM	🗓

Provider Name

Enter the name of the Provider for the visit needing readjustment.

Provider Name*

Enter the Provider Name requesting the adjustment.

Provider Medicaid ID (Maximus of 8 Digits)

Enter the Provider Medicaid ID for the provider entered in "Provider Name." This should be at a maximum an 8-digit number.

Provider Medicaid ID (Maximum of 8 Digits)*

Enter the Agency or Independent 7 or 8 Digit Medicaid Provider ID.

Provider Phone

Enter the phone number for the Agency or Provider for the visit needing readjustment

Provider Phone*

Enter the Agency or Independent Provider Phone Number.

| --- ⌄ | (212) 123 4567 |

Provider Email

Enter the Provider Email for the Agency or Provider. This will be the email that Nebraska DHHS will send correspondence regarding the Readjustment Request.

Provider Email*

Enter the Agency or Independent Provider Email.

EVV Vendor Support Ticket Number

If you have submitted a support ticket for the visit needing readjustment to your EVV Vendor, enter that ticket number in this field.

EVV Vendor Support Ticket Number

Enter in the ticket number that was submitted to obtain EVV Vendor assistance.

EVV Vendor

Enter the EVV Vendor that was utilized for the visit needing readjustment.

EVV Vendor*

Enter in the name of the EVV Vendor.

[text input field]

Caregiver Name

Enter the name of the caregiver who provided service for the visit needing readjustment.

Caregiver Name*

Enter the Caregiver's Name that provided the visit.

[text input field]

Recipient Name

Enter the name of the recipient for the visit needing readjustment.

Recipient Name*

Enter the name of the Recipient that received the service.

[text input field]

Recipient Medicaid ID (11 Digits)

Enter the 11-digit Medicaid ID for the recipient that received service for the visit needing readjustment.

Recipient Medicaid ID (11 Digits)*

Enter the Recipient's Medicaid ID.

[text input field]

Program Type

PAS

If you are a PAS provider, select PAS in the Program Type dropdown menu. Next select the Personal Assistance – 4475 Service Code from the Medicaid PAS Service Code dropdown menu for the visit needing readjustment.

Program Type*

Enter the appropriate Program Type

PAS	× ∨

Medicaid PAS Service Code

	⟨

Personal Assistance - 4475

~~Authorization Number (Maximum of 8 Digits)~~

AD

If you are an AD provider, select AD in the Program Type dropdown menu. Next select the appropriate AD Service Code from the HCBS AD Waiver Services Code dropdown menu for the visit needing readjustment.

Program Type*

Enter the appropriate Program Type

AD	× ∨

HCBS AD Waiver Services Code

	∧

Personal Care -5761

Companion - 9510

Respite Care (In-Home) - 1113

Disability relate Child-Care (In Home) - 2500

TBI

If you are a TBI provider, select TBI in the Program Type dropdown menu. Next select the appropriate TBI Service Code from the HCBS TBI Waiver Services Code dropdown menu for the visit needing readjustment.

Program Type*

Enter the appropriate Program Type

TBI   ✕   ⌄

HCBS TBI Waiver Services Code

| ⌃

TBI Personal Care - 6222

TBI Companion - 7934

TBI Respite Care (In-Home) - 6688

FSW

If you are an FSW provider, select FSW in the Program Type dropdown menu.

Program Type*

Enter the appropriate Program Type

FSW   ✕   ⌄

DD

If you are a DD provider, select DD in the Program Type dropdown menu. Next select the appropriate DD Service Code from the HCBS DAD Waiver Services Code dropdown menu for the visit needing readjustment.

Program Type*

Enter the appropriate Program Type

| DD | × | ⌄ |

HCBS DD Waiver Services Code

| | ⌃ |

Independent Living - 2639

Supported Family Living - 7494

Medical In-Home Habilitation - 9220

Behavioral In-Home Habilitation - 1796

Respite - 2656

Respite (In-Home) - 8148

Homemaker - 9393

Homemaker - 9769

Service Authorization Number (May be alphanumeric)
Please enter the Authorization Number that was given for the visit needing readjustment.

Service Authorization Number (May be alphanumeric) *

Enter the Authorization ID associated with the visit.

| |

Visit ID (10 Digits)
Enter the 10-digit visit ID that was created for the visit needing readjustment.

Visit ID (10 Digits) *

Enter the visit ID that needs the adjustment.

| |

Date of Service
Enter the date on which service was provided for the visit needing readjustment.

Date of Service*

Enter the date when the service was provided.

| 01/16/2025 | 📅 |

Critical Error

Select the critical error code that was received for the visit needing readjustment.

Critical Error*

- ○ VVER
- ○ VIVR
- ○ VLOC
- ○ NOSL

Describe the unforeseen circumstances beyond the provider's control that lead to the triggering of the critical error.

Use the text box to thoroughly describe the circumstances that were beyond the provider's control that led to the critical error for the visit needing readjustment.

Describe the unforeseen circumstances beyond the provider's control that led to the triggering of the critical error. *

Enter a detailed description of the unforeseen circumstance that led to unmatched visits affected by specific critical error. Nebraska DHHS will review the visit and applicable documentation the Provider submits to determine if the visit should be matched and processed for payment.

Adjustment Request Reason Code

Select the Adjustment Request Reason Code that applies to visit needing readjustment. Descriptions of the reason codes are found in the screenshot below and in the Monday.com form.

Adjustment Request Reason Code*

Enter the reason code that applies:

Reason Code: 100
Reason: Overnight (if applicable)
Reason Code Description
This Reason Code is system-generated (cannot be selected by the user) to split overnight visits by automatically clocking out at 11:59 p.m. and creating a new visit by clocking in at 12:00 a.m.

Reason Code: 110
Reason: Service Delivery Exception
Reason description: This Reason Code and appropriate Reason Code Description is used when the EVV hours (based on clock in and clock out) represent a service delivery exception:
A.   Service delivery differs from schedule
B.   Fill-in service provider
C.   Allowable overlapping visits

Reason Code: 120
Reason: Eligibility or Service Authorization Exception
Reason Description: This Reason Code and appropriate Reason Code Description is used when services are required to comply with Recipient retro Medicaid eligibility or when an authorization has been approved but not available in the EVV System yet:
A.   Services provided without eligibility; retro eligibility
B.   Services provided with authorization not in EVV system

Reason Code: 130
Reason: Disaster
Reason Description: This Reason Code and appropriate Reason Code Description is used when service delivery is impacted by a natural disaster:
A.   Flood
B.   Hurricane
C.   Earthquake
D.   Ice/snowstorm
E.   Tornado
F.   House Fire
G.   Wildfire
H.   Power Outage
I.   Declared Public Health Disaster/Emergency

Reason Code: 140
Reason: No Electronic Clock In or Clock Out
Reason Description: This Reason Code and appropriate Reason Code Description is used when a State override is necessary to address critical errors:
A.   Failure to Clock In, Clock Out or Both
B.   Mobile device not available
C.   GPS Location not available
D.   Physical address not available
E.   Landline phone not available
F.   EVV system down
G.   Emergency (free text is required to document the nature of emergency when using this description)

Reason Code:150
Reason: Other
Reason Description: This Reason Code is allowable for any other reasons not listed above. There will also be a free text option to further describe the reason.

   ○ Reason Code 100 - Overnight (if applicable)

   ○ Reason Code 110 - Service Delivery Exception

   ○ Reason Code 120 - Eligibility or Service Authorization Exception

   ○ Reason Code 130 - Disaster

   ○ Reason Code 140 - Inability to Electronically Clock In or Clock Out

   ○ Reason Code 150 - Other

Adjust Request Reason Code: 100

○ Reason Code 100 - Overnight (if applicable)

○ Reason Code 110 - Service Delivery Exception

○ Reason Code 120 - Eligibility or Service Authorization Exception

○ Reason Code 130 - Disaster

○ Reason Code 140 - Inability to Electronically Clock In or Clock Out

○ Reason Code 150 - Other

Adjustment Request Reason Code: 110

○ Reason Code 100 - Overnight (if applicable)

● Reason Code 110 - Service Delivery Exception

○ Reason Code 120 - Eligibility or Service Authorization Exception

○ Reason Code 130 - Disaster

○ Reason Code 140 - Inability to Electronically Clock In or Clock Out

○ Reason Code 150 - Other

Reason Code 110 - Overnight (if applicable)

	^

Service delivery differs from schedule

Fill-in service provider

Allowable overlapping visits

Adjustment Request Reason Code: 120

○ Reason Code 100 - Overnight (if applicable)

○ Reason Code 110 - Service Delivery Exception

● Reason Code 120 - Eligibility or Service Authorization Exception

○ Reason Code 130 - Disaster

○ Reason Code 140 - Inability to Electronically Clock In or Clock Out

○ Reason Code 150 - Other

Reason Code 120 - Eligibility or Service Authorization Exception

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Services provided without eligibility; retro eligibility

Services provided with authorization not in EVV system

Adjustment Request Reason Code: 130

○ Reason Code 100 - Overnight (if applicable)

○ Reason Code 110 - Service Delivery Exception

○ Reason Code 120 - Eligibility or Service Authorization Exception

◉ Reason Code 130 - Disaster

○ Reason Code 140 - Inability to Electronically Clock In or Clock Out

○ Reason Code 150 - Other

Reason Code 130 - Diaster

| | ^ |

Flood

Hurricane

Earthquake

Ice/Snowstorm

Tornado

House Fire

Wildfire

Power Outage

Adjust Request Reason Code: 140

◯ Reason Code 100 - Overnight (if applicable)

◯ Reason Code 110 - Service Delivery Exception

◯ Reason Code 120 - Eligibility or Service Authorization Exception

◯ Reason Code 130 - Disaster

🔴 Reason Code 140 - Inability to Electronically Clock In or Clock Out

◯ Reason Code 150 - Other

Reason Code 140 - No Electronic Clock In or Clock Out

A. Failure to Clock In, Clock Out or Both

B. Mobile device not available

C. GPS Location not available

D. Physical address not available

E. Landline phone not available

F. EVV system down

G. Emergency (free text is required to document the nature of emergency when using this description)

Adjustment Request Reason Code: 150

○ Reason Code 100 - Overnight (if applicable)

○ Reason Code 110 - Service Delivery Exception

○ Reason Code 120 - Eligibility or Service Authorization Exception

○ Reason Code 130 - Disaster

○ Reason Code 140 - Inability to Electronically Clock In or Clock Out

● Reason Code 150 - Other

Reason Code 150 - Other

Valid Support Documentation

Upload the required documentation for the Adjustment Request Reason Code that was selected above for the visit needing readjustment.

Valid Supporting Documentation*

Attach supporting documentation that supports the case for an Adjustment Request Approval for the following Reason Codes:

Adjustment Request Reason Code: 100
Supporting Documentation Requirements: Screen shot of overnight visit with dates and times.

Adjustment Request Reason Code 110:
Supporting Documentation Requirements: Screen shot of visit with dates and times other than what was previously scheduled.

Adjustment Request Reason Code: 120
Supporting Documentation Requirement: Documentation showing the authorization is not in Netsmart.

Adjustment Request Reason Code: 130
Supporting Documentation Requirement: Documentation showing the disaster/weather event took place like weather report, news clipping, alerts and notifications.

Adjustment Request Reason Code: 140
Supporting Documentation Requirement:
A. Mobile device not available – If the Caregiver's phone is broken or damaged while providing services, we need a bill of sale showing the purchase or a new phone in the Caregivers name or a bill of repair in the Caregivers name.
B. GPS Location not available – If due to travel provide one of more of the following:
    1. Tickets/boarding passes for travel by airline, bus, cruise ship, train, etc.
    2. Itinerary showing travel destinations and schedule of events.
    3. Invoice for hotel, motel, lodging accommodations.
C. Physical address not available
    1. Tickets/boarding passes for travel by airline, bus, cruise ship, train, etc.
    2. Itinerary showing travel destinations and schedule of events.
    3. Invoice for hotel, motel, lodging accommodations.
D. Phone number used for IVR is not available – Detailed description of why the Recipient's phone number was unable for IVR.
E. EVV system down
    1. Screen capture of Netsmart or Alternate Vendor error messages that the Mobile Application is experiencing and error and visits are unable to be started or ended.
    2. Proof that a customer support ticket was created for Netsmart or the Alternate EVV Vendor reporting the system being down.
F. Emergency – If available any supporting documentation showing the emergency took place.

Adjustment Request Reason Code: 150
Supporting Documentation Requirement :Any supporting documentation that supports why an Adjustment request is needed.

Click to upload files, or drag & drop files here

Do you Attest that you have properly vetted and provided truthful information

Using your mouse, sign in the open text box area. Once you are satisfied with your signature, click "Done." If you need to redo your signature, click "Clear" and resign before you click "Done."

Do you Attest that you have propelry vetted and provide truthful information*

By signing, you attest that you have thoroughly vetted and provided accurate and truthful information.

Example

Done   Clear

Date of Signature

The Date of Signature is auto-generated.

Date of Signature*

Enter the date of signature.

01/17/2025

Submit

Click the box next to "I'm not a robot" so that is becomes a green check mark. You may have to complete a CAPTCHA first.

I'm not a robot
reCAPTCHA
Privacy · Terms

Once you have completed the CAPTCHA, you will be able to click the Submit button. All required fields must be completed in order to successfully submit the Monday.com Form.

✓ I'm not a robot
reCAPTCHA
Privacy · Terms

Save as draft   Submit

Automated Emails from the Adjustment Request Process

The Automated emails will come from a State of Nebraska email account. If you have any questions regarding the status of your Adjustment Request, please email dhhs.medicaidfa-evv@nebraska.gov

Automated Email Confirming your Adjustment Request was Submitted

DHHS has received your request (8355501742) to adjust a critical error for the following Visit ID: 0975592523.

You will be notified once the Adjustment Request is approved or denied.

Thank you,
DHHS EVV Program Management

Automated Email Confirming your Adjustment Request was Approved

DHHS has reviewed your request to adjust a critical error for the following Visit ID: 2028171307.

Your request has been approved.

Please release your claim for payment.

Thank you,
DHHS EVV Program Management

Additional Steps you may need to take once your Adjustment Request is Approved

The Agency or Independent Provider will be responsible for clearing all non-critical errors that may be on the visit. Once all errors are cleared the visit can be released for payment

Automated Email Confirming your Adjustment Request was Denied

DHHS has reviewed your request (8355343220) to adjust a critical error for the following Visit ID: 2679075244.

Your request has been denied.

In accordance with 471 NAC 2-007.01(A), you have the right to appeal this denial within 90 days of the date of this notice. If you want to appeal, you may submit a written request for a hearing to the MLTC Appeals Coordinator, P.O. Box 94967, Lincoln NE 68509-4967. The request must identify the basis of the appeal. At that time, you may submit documentation or written arguments against the denial. The appeal form can be found here: https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx.

Thank you,
DHHS EVV Program Management Team

What to do if your Adjustment Request is Denied

In accordance with 471 NAC 2-007.01(A), you have the right to appeal this denial within 90 days of the date of this notice. If you want to appeal, you may submit a written request for a hearing to the MLTC Appeals Coordinator, P.O. Box 94967, Lincoln NE 68509-4967. The request must identify the basis of the appeal. At that time, you may submit documentation or written arguments against the denial. The appeal form can be found here:
https://dhhs.ne.gov/Pages/Developmental-Disabilities.aspx

How to check on the status of you Adjustment Request

If you need to follow up on the status of an Adjustment Request, please email DHHS.MedicaidFA-EVV@nebraska.gov and include the applicable Adjustment Request ID Number and Visit ID with your inquiry.