

Electronic Visit Verification (EVV) for Medicaid Services

Provider Responsibility:
Submitting True and Accurate Claims

May 6, 2021

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DEPT. OF HEALTH AND HUMAN SERVICES

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State EVV Panelists

- ▶ Provider Relations
- ▶ Developmental Disability Waiver Program
- ▶ Personal Assistance Services
- ▶ Aged and Disabled Waiver Services Program
- ▶ NFOCUS
- ▶ Resource Development
- ▶ Claims Processing
- ▶ Electronic Visit Verification Project Team

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Agenda

- Meeting Purpose and Guidelines
- Provider Responsibility: Submitting True and Accurate Claims
- Questions and Answers
- Helpful EVV Tools and Training Resources
- Upcoming Provider Meetings

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Meeting Purpose and Guidelines

Meeting Purpose:

- ✓ Provide instructions, training and best practices to providers on a specific topic of interest.
- ✓ Provide answers to questions relevant to the current meeting topic.

Meeting Guidelines:

- ✓ Please indicate if you are an Agency or Independent provider (PAS, AD).
- ✓ Submit questions regarding the current meeting topic in the question box.
- ✓ Questions regarding the current meeting topic will be addressed.
- ✓ Questions regarding other topics may not be addressed.
- ✓ If we don't get to your question, please send it to the EVV Mailbox at dhhs.medicaidfa-evv@Nebraska.gov

Electronic Visit Verification

Provider Responsibility: Submitting True and Accurate Claims



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21st Century Cures Act- Electronic Visit Verification

Per the 21st Century Cures Act, EVV systems must capture the following:

- ✓ Type of service performed;
- ✓ Individual receiving the service;
- ✓ Date of the service;
- ✓ Location of service delivery;
- ✓ Individual providing the service; and
- ✓ Time the service begins and ends

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471 Regulations

471 NAC 2-003.02B

003.02(B) SERVICE PROVIDER AGREEMENTS. Each provider must have an approved service provider agreement with the Department. By signing the service provider agreement, a provider agrees to comply with all provisions stated therein. A service provider agreement is not an employment agreement or contract, and enrollment as a Medicaid provider does not constitute employment by or with the Department and does not guarantee referrals. Service provider agreements cannot be transferred to any other person or entity.

005.01 REASONS FOR SANCTIONS. The Department may, in its discretion, deny enrollment or sanction a provider for any of the following reasons:

- (1) Improper billing and claims payment practices including, but not limited to:
 - (i) Presenting, or causing to be presented, any false or fraudulent claim for goods or services or merchandise for payment;
 - (ii) Submitting, or causing to be submitted, false information for the purpose of obtaining greater payment than that to which the provider is legally entitled;
 - (iii) Billing in excess of the usual and customary charges;
 - (iv) Presenting a claim, billing, or causing a claim to be presented for payment for services not rendered, including "no-shows";
 - (v) Submitting duplicate bills, including billing Medicaid twice for the same service, or billing both Medicaid and another insurer or government program;
 - (vi) Billing before the goods or services are provided or dispensed;
 - (vii) Billing for services provided by non-enrolled providers, certain sanctioned providers, or excluded persons;
 - (viii) Billing for services rendered by someone else as though the provider performed the services himself or herself;
 - (ix) Billing for services provided by an individual who is required to be licensed or certified and who did not meet that requirement when the service was provided;
 - (x) Billing for services provided outside the provider's scope of practice;
 - (xi) Upgrading services billed and rendered from those actually ordered; and
 - (xii) Upcoding services billed or billing a higher level of service than those actually provided;

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471 NAC 3-002

- 471 NAC 3-002 - when a claim is payable and 3-002.03- post payment review can happen

3-002 Approval and Payment

3-002.01 Approval: Payment for medical care and services through Medicaid funds must be approved by the Department. Claims will be approved for payment when all of the following conditions are met:

3-003.02 Claim Certification: The submission of the claim form by the provider, the provider's authorized representative, or the provider's billing agent on behalf of an approved provider certifies that:

3-002.03 Post-Payment Review: Payment for a service does not indicate compliance with NMAP policy. Monitoring may be accomplished by post-payment review to verify that NMAP policy has been followed. A refund will be requested if post-payment review finds that NMAP payment has been made for claims/services not in compliance with NMAP policy. During a post-payment review, claims submitted for payment may be subjected to further review or not processed pending the outcome of the review.

471 NAC 15 Personal Assistance Services

15-006.06F Authorization for Payment:

1. The Social Services Worker or designee must prior authorize payment for personal assistance services. Authorization to provide services and to receive payment for personal assistance services is effective on the date that Form MILTC-9 is signed and dated by the Social Services Worker or designee.
2. Retroactive payment is not allowed. EXCEPTION: Only in circumstances where emergency authorization of a provider is necessary, it is allowable to pay an alternative provider for services provided before approval and authorization is completed (see 471 NAC 15-004.03E).
3. If electronic prior authorization requests are submitted, the standard electronic Health Care Services Review – Request for Review and Response transaction (ASC X12N 278) must be used. If electronic claims are submitted, the appropriate standard electronic format (ASC X12 837) must be used.

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471 NAC 15 Personal Assistance Services cont.

15-006.01 Basic Provider Qualifications: To become an approved personal assistance provider, an applicant must:

- 2. Agree to all General Provider Standards listed on Form MC-19, “Service Provider Agreement,” (see 471 NAC 15-006.01A);

15-006.01A General Provider Standards: As listed on Form MC-19, an approved provider must agree to:

- 1. Follow all applicable regulations in Nebraska Administrative Code Titles 465, 471, 473, 474, and 480;
- a. Bill only for services which are authorized and actually provided.

DHHS Forms and Publication: <https://dhhs.ne.gov/Pages/Forms.aspx>

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PROVIDER BULLETINS 20-32 & 20-43

Provider Bulletin 20-32



To: AD Waiver and Personal Assistance Providers Participating in the Nebraska Medicaid Program
From: Jeremy Brunssen, Interim Director
Date: September 22, 2020
Re: Live-In Caregivers and the applicability of EVV requirements

The Department of Health and Human Services (DHHS), Division of Medicaid and Long-Term Care is providing this bulletin to clarify Electronic Visit Verification (EVV) requirements for Aged & Disabled Waiver and Personal Assistance Services program participants with live-in caregivers.

Nebraska Live-In Caregiver EVV Requirements

On August 8, 2019, CMS released an informational bulletin providing additional guidance on the applicability of EVV to Medicaid services provided by live-in caregivers. The CMS guidance permits states to include or exempt live-in caregivers from the EVV mandate. This guidance can be found here:

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib080819-2.pdf>

DHHS has decided to include all caregivers under the EVV mandate. This decision was made to ensure the safety of program participants, who often receive their services in secluded settings. The EVV system will verify the delivery of services to all program participants. Providers must submit claims that are true, accurate, and complete.

If you have any questions, please email us at: DHHS.MedicaidFA-EVV@nebraska.gov

For more information on the EVV project, and to subscribe for updates, please visit our dedicated webpage at <http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx>

Provider Bulletins, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/MedicaidProvider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.

Provider Bulletin 20-43



To: HCBS and PAS Providers Participating in the Nebraska Medicaid Program
From: Jeremy Brunssen, Interim Director
Date: November 3, 2020
Re: Electronic Visit Verification Update

This bulletin is being issued to give Medicaid providers an update on DHHS's new Electronic Visit Verification (EVV) system for certain Home and Community-Based Services (HCBS) waiver and Personal Assistance Service (PAS) providers, originally scheduled to start in the fall of 2020.

This update includes information on a new start date for the EVV system and details on training sessions.

Please visit <https://4tellus.com/ne-dhhs-registration/> beginning on **12/20/2020** to register and receive your username and temporary password. Your username and temporary password will be sent to your email. (Please check your Spam folder in case the username and temporary password was delivered there.)

The EVV system's **REVISED** start-date is planned for **January 01, 2021** for Developmental Disability (DD) waiver providers using Therap, and **January 03, 2021** for Aged and Disabled (AD) waiver and Personal Assistance Services (PAS).

Beginning **January 03, 2021**, the EVV system will be **required** for providers to use for time and attendance, and billing. Agency providers with third-party EVV vendors must be production-ready no later than **November 13, 2020**.

With this revised start date, the EVV project team will focus on outreach to providers who face technological challenges to help them transition from paper-based timesheets to EVV.

EVV Training Registration is Now Open

Online training registration is available at Tellus's website. The training sessions will be live and allow for questions. Providers must register for training and can attend training as many times as they wish. Providers will need to register each time they want to watch a live or recorded training. Tellus Training starts now.

To register for the online training webinar, please go to <https://4tellus.com/training/>.

- Independent Providers must sign up for the training labeled "Nebraska DHHS Independent Providers."
- DD waiver providers using Therap and agency providers who have third-party EVV vendors only need to attend the "Claims console" training.
- Agency Providers using Tellus please attend the (1) Admin console, (2) Mobile app, and (3) Claims console training.

If you have any questions, please email us at: DHHS.MedicaidFA-EVV@nebraska.gov

For more information on the EVV project, and to subscribe for updates, please visit our dedicated webpage at <http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx>

Provider Bulletins are posted on the DHHS website at <http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to stay up to date about new Provider Bulletins.

NEBRASKA EVV MANDATED SERVICE CODES

HCBS DEVELOPMENTAL DISABILITY WAIVER SERVICES (CDD AND DDAD)

SERVICES	SERVICE CODES	PROVIDER TYPE
Independent Living	2639	Agency and Independent
Supported Family Living	7494	Agency and Independent
Medical In-Home Habilitation	9220	Agency
Behavioral In-Home Habilitation	1796	Agency
Respite	2656	Agency
Respite (In-Home)	8148	Independent
Homemaker	9393	Independent
Homemaker	9769	Agency

HCBS AGED AND DISABLED WAIVER SERVICES

SERVICES	SERVICE CODES	PROVIDER TYPE
Chore	1619	Agency or Independent
Respite Care -- (In-Home)	1113	Agency or Independent
Disability related Child-Care -- In Home	2500	Agency or Independent

MEDICAID PERSONAL ASSISTANCE SERVICES

SERVICES	SERVICE CODES	PROVIDER TYPE
Personal Assistance	4475	Agency or Independent

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Same day visits for the same service are submitted together

TELLUS

English Provider Agency

Dashboard
Schedule
Visits
Work List
Claim Review
Service Authorizations
Reports
Users
Participants
Provider Agency
Settings
Training
Logout

Worklist

Worklist Archive New Claim

Payer NEBRASKA DHHS

Participants Add Participant Payer ICN(s) Add Payer ICN Status(es) Select Status

Procedure Codes Select Procedure Code Visit ID Enter Visit ID Authorization Enter Authorization

Actual Start Date From Actual End Date To

Search Clear New Claim

Rematch Export Release Archive

Search List

<input type="checkbox"/> Row	Participant Last Name	Participant First Name	Medicaid ID	Visit ID	Status	Procedure Codes/Mods	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)
<input type="checkbox"/> 1	BROWN	CHARLIE	000123456011234567890		MATCHED	1691 (H0)	NDHH	\$87.36	\$0.00	-
<input type="checkbox"/> 2	BROWN	CHARLIE	000123456011234567890		REJECTED	1691 (H0) 0000169 4/26/21, 4:06 PM 12345678	NDHH	\$112.32	\$199.68	\$103.73
<input type="checkbox"/> 3	BROWN	CHARLIE	000123456011234567890		MATCHED	1691 (H0) 0000169 4/26/21, 4:00 PM 12345678	NDHH	\$112.32	\$0.00	-
<input type="checkbox"/> 4	BROWN	CHARLIE	000123456011234567890		MATCHED	1691 (H0) 0000169 4/26/21, 1:00 AM 12345678	NDHH	\$87.36	\$0.00	-
<input type="checkbox"/> 5	BROWN	CHARLIE	000123456011234567890		MATCHED	1691 (H0) 0000169 4/26/21, 4:00 PM 12345678	NDHH	\$112.32	\$0.00	-
<input type="checkbox"/> 6	BROWN	CHARLIE	000123456011234567890		MATCHED	1691 (H0) 0000169 4/27/21, 1:00 AM 12345678	NDHH	\$87.36	\$0.00	-
<input type="checkbox"/> 7	BROWN	CHARLIE	000123456011234567890		MATCHED	1691 (H0) 0000169 4/27/21, 4:00 PM 12345678	NDHH	\$112.32	\$0.00	-
<input type="checkbox"/> 8	BROWN	CHARLIE	000123456011234567890		MATCHED	1691 (H0) 0000169 4/28/21, 1:00 AM 12345678	NDHH	\$87.36	\$0.00	-

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Release same day visits together.

REVIEW AUTHORIZATION FOR RATE CHANGES

- Dashboard
- Schedule
- Visits
- Work List
- Claim Review
- Service Authorizations**
- Reports
- Users
- Participants
- Provider Agency
- Settings
- Training
- Logout

Authorization

Payer: X Procedure Code: Authorization Number:

Participant: X Procedure Code Modifier: Authorization Status:

Make sure you review the most up-to-date service authorization.

Search List Service Authorizations

<input type="checkbox"/>	Participant First/Last Name	Medicaid ID	Member ID	Procedure Code	From Date	To Date	Authorization Number	Authorization Status	Payer	Program	Total Units Authorized	Units Used	Percent of Units Remaining	Limit Type	
<input checked="" type="checkbox"/>	CHARLIE BROWN	00012345601	12345671	1691 (H0)	10/4/20	8/31/21	12345678	UPDATED	NDHH	-	6000	1916.5	68.06%	N (None)	⋮
<input type="checkbox"/>	CHARLIE BROWN	00012345601	12345671	1691 (H0)	9/1/20	10/3/20	12345678	UPDATED	NDHH	-	6000	-	-	N (None)	⋮
<input type="checkbox"/>	CHARLIE BROWN	00012345601	12345671	1691 (H0)	9/1/17	8/31/18	12345678	UPDATED	NDHH	-	6000	-	-	N (None)	⋮
<input type="checkbox"/>	CHARLIE BROWN	00012345601	12345671	1691 (H0)	8/24/20	8/31/20	12345678	UPDATED	NDHH	-	6200	-	-	N (None)	⋮
<input type="checkbox"/>	CHARLIE BROWN	00012345601	12345671	1691 (H0)	9/1/19	8/23/20	12345678	UPDATED	NDHH	-	6200	-	-	N (None)	⋮

What should happen if rate changes?

EVV Best Practices:

Review Service Authorization and if rate changes – (this includes third party EVV vendor)

Step 1:

End any previously created re-occurring visits

Step 2:

Create new re-occurring visits

Select Participant

1 Select Participant *

Select Payer

Select Additional Recipients

Select Provider

2 Select Provider *

Select Service Authorizations

3 Select Participant

TELLUS

English

Provider Agency

Select Date And Time

5 Choose start date *
04/28/2021

Duration hours *
0

Duration minutes *
0

Select Visit Recurrence

6 Repeat

Repeat *
Every Monday, Wednesday

Occurrences

Enter occurrences *
4

On Date

Choose end date *
05/15/2021

Save Cancel

End your recurring visits and start a new one.

Explanation of Payment (EOP)

- Dashboard
- Schedule
- Visits
- Work List**
- Claim Review
- Service Authorizations
- Reports
- Users
- Participants
- Provider Agency
- Settings
- Training
- Logout

Worklist

Worklist Archive New Claim

Payer NEBRASKA DHHS

Participants Add Participant Payer ICN(s) Add Payer ICN Status(es) Select Status

Procedure Codes Select Procedure Code Visit ID Enter Visit ID Authorization Enter Authorization

Actual Start Date From

First validate that your claims are truly unprocessed. Review your Explanation of Payment (EOP).

Search List

Rematch Export Release Archive

<input type="checkbox"/>	Row	Participant Last Name	Participant First Name	Medicaid ID	Visit ID	Status	Procedure Code	Diagnosis Code	Service Date and Time	Authorization Number	Payer Name	Calculated Amount	Billable Amount	Paid Amount (\$)
<input type="checkbox"/>	1	BROWN	CHARLIE	000123456011234567890	1691 (H0)	MATCHED	0000169	0000169	3/17/21, 1:00 AM	12345678	NDHH	\$87.36	\$0.00	-
<input type="checkbox"/>	2	BROWN	CHARLIE	000123456011234567890	1691 (H0)	REJECTED	0000169	0000169	3/17/21, 4:06 PM	12345678	NDHH	\$112.32	\$199.68	\$103.73
<input type="checkbox"/>	3	BROWN	CHARLIE	000123456011234567890	1691 (H0)	MATCHED	0000169	0000169	3/29/21, 4:00 PM	12345678	NDHH	\$112.32	\$0.00	-
<input type="checkbox"/>	4	BROWN	CHARLIE	000123456011234567890	1691 (H0)	MATCHED	0000169	0000169	4/26/21, 1:00 AM	12345678	NDHH	\$87.36	\$0.00	-
<input type="checkbox"/>	5	BROWN	CHARLIE	000123456011234567890	1691 (H0)	MATCHED	0000169	0000169	4/26/21, 4:00 PM	12345678	NDHH	\$112.32	\$0.00	-
<input type="checkbox"/>	6	BROWN	CHARLIE	000123456011234567890	1691 (H0)	MATCHED	0000169	0000169	4/27/21, 1:00 AM	12345678	NDHH	\$87.36	\$0.00	-
<input type="checkbox"/>	7	BROWN	CHARLIE	000123456011234567890	1691 (H0)	MATCHED	0000169	0000169	4/27/21, 4:00 PM	12345678	NDHH	\$112.32	\$0.00	-
<input type="checkbox"/>	8	BROWN	CHARLIE	000123456011234567890	1691 (H0)	MATCHED	0000169	0000169	4/28/21, 1:00 AM	12345678	NDHH	\$87.36	\$0.00	-

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KEEP TRACK OF YOUR UNITS:

Units in Tellus do not currently reflect paper billed claims.

TELLUS English Provider Agency

Authorization

Payer: NEBRASKA DHHS
Participant: CHARLIE BROWN

Procedure Code: Select one or more Procedure Codes
Procedure Code Modifier: Select one or more Procedure Code ...

Search Clear

Track units used.
NOTE: Units used under paper billing will not be reflected in Tellus!

Search List Service Authorizations

Participant	First/Last Name	Medicaid ID	Member ID	Procedure Code	From Date	To Date	Authorization Number	Authorization Status	Payer	Program	Total Units Authorized	Units Used	Percent of Units Remaining	Limit Type
<input type="checkbox"/>	CHARLIE BROWN	00012345601	12345671	1691 (H0)	10/4/20	8/31/21	12345678	UPDATED	NDHH	-	6000	1916.5	68.06%	N (None)
<input type="checkbox"/>	CHARLIE BROWN	00012345601	12345671	1691 (H0)	9/1/20	10/3/20	12345678	UPDATED	NDHH	-	6000	-	-	N (None)
<input type="checkbox"/>	CHARLIE BROWN	00012345601	12345671	1691 (H0)	9/1/17	8/31/18	12345678	UPDATED	NDHH	-	6000	-	-	N (None)
<input type="checkbox"/>	CHARLIE BROWN	00012345601	12345671	1691 (H0)	8/24/20	8/31/20	12345678	UPDATED	NDHH	-	6200	-	-	N (None)
<input type="checkbox"/>	CHARLIE BROWN	00012345601	12345671	1691 (H0)	9/1/19	8/23/20	12345678	UPDATED	NDHH	-	6200	-	-	N (None)

Adjusting Billable Units and Billable Amount

DETAILS: CHARLIE BROWN

Print Close

Claim	Share Of Cost	Messaging	Technical
Status	Status REJECTED	Start Verification Method	Start Verification Method NON
Payer Approval Status	Payer Approval Status	End Verification Method	End Verification Method NON
Participant Name	Participant Name CHARLIE BROWN	Actual Check-In Phone	Actual Check-In Phone
Participant Date Of Birth	Participant Date Of Birth 09/02/1946	Actual Check-Out Phone	Actual Check-Out Phone
Participant Medicaid ID	Participant Medicaid ID 000221234	IVR Approved Start Phone Number	IVR Approved Start Phone Number
Participant Member ID	Participant Member ID 88551990	IVR Approved End Phone Number	IVR Approved End Phone Number
Payer	Payer NEBRASKA DHHS	Scheduled Start Time/Date	Scheduled Start Time/Date Nov 16, 2020, 8:25 PM
Payer ICN	Payer ICN	Actual Start Date	Actual Start Date Nov 16, 2020, 8:25 PM
Jurisdiction	Jurisdiction NE	Billable Service Start	Billable Service Start
Plan	Plan NONE	Scheduled End Time/Date	Scheduled End Time/Date Nov 16, 2020, 8:55 PM
Program	Program NONE	Actual End Date	Actual End Date Nov 16, 2020, 8:55 PM
Contract Number	Contract Number	Billable Service End	Billable Service End
Provider Agency Medicaid ID	Provider Agency Medicaid ID	Visit Duration	Visit Duration 00:00:00
Provider Agency TIN/EIN	Provider Agency TIN/EIN 796553232	Service Duration	Service Duration 00:30:00
Provider Agency NPI Number	Provider Agency NPI Number	Non-Billable Time	Non-Billable Time 00:00:00
		Scheduled Start Address	

Procedure Codes/Mods	Procedure Codes 1691 H0 ---
Calculated Units	Calculated Units 0.5
Calculated Amount (\$)	Calculated Amount 4.25
Billable Units	Billable Units
Billable Amount (\$)	Billable Amount (\$)
Paid Amount (\$)	Paid Amount (\$)
Third-Party Liability Paid (\$)	Third-Party Liability Paid (\$)
Last Modified	Last Modified 3/1/21
Last Modified By	Last Modified By LUCY BROWN
Source System	Source System EVVW

When adjusting billable units you must also adjust billable amount (\$).

Questions and Answers

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EVV Websites and Email Address

Use the latest versions of **Chrome**, **Edge**, **Safari**, or **Firefox** for the better viewing experience

DHHS EVV Website: dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx

Tellus Registration, Sign in and Support Tickets: 4tellus.com

Tellus Training Website: 4tellus.com

DHHS EVV Email: dhhs.medicaidfa-evv@nebraska.gov

DD Billing Email: dhhs.ddbillingdocs@nebraska.gov

Tellus Integration Email: evvintegrations@ntst.com

Tellus Customer Support Center: (833) 483-5587

NFOCUS Billing Unit: (402) 471-0667

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Helpful EVV Tools and Training Resources

Visit the Nebraska EVV Website:

<http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx>

- Provider Toolkit
- Quick Start Guide
- Step-by-Step Guide to User Upload
- Frequently Asked Questions
- Admin User Guide and Videos
- Claims User Guide
- Adjusting Claims
- Adjusting Duplicate Claims
- Mobile App User Guide and Videos
- Cancelling a Visit in the Tellus Admin Portal
- How to Create Repeat Visits
- Resolving Critical PNOT Errors
- Resetting Your Password
- Step-by-Step Guide to Resubmitting Unprocessed Claims in Rejected Status

Training resources can also be found in the Tellus Admin Portal under “Training”

Register for Training at <https://4tellus.com/training/>

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Weekly Provider Meetings

Provider Meetings (Thursdays)

Date	Time	Topic
April 15, 2021	1:00 pm – 2:30 pm CT	Rejected Claims
April 22, 2021	1:00 pm – 2:30 pm CT	Best Practices
May 6, 2021	1:00 pm – 2:30 pm CT	Provider Responsibility: Submitting True and Accurate claims
May 13, 2021	1:00 pm – 2:30 pm CT	Independent Providers Final Meeting
May 20, 2021	1:00 pm – 2:30 pm CT	Agency Providers Final Meeting

Watch your email for registration link to upcoming Provider Meetings

Visit the EVV Website to listen to a recording of this meeting or to sign up for future meetings.

<http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx>

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