



May 7, 2024

Re: Medical Claims Processing for NDOC Offenders

To whom it may concern:

With the adoption of the Affordable Care Act in January 2015, Medicaid eligibility has expanded relative to incarcerated individuals. Medical claims for health care services provided to individuals incarcerated with the Nevada Department of Corrections may be submitted as follows:

1. Inpatient Services - For inpatient stays in medical facilities over 24 hours, offenders are eligible for Medicaid. Claims for those stays should be submitted to Medicaid for reimbursement. Please do not submit Medicaid applications on behalf of NDOC offenders as this is done by an NDOC representative. For any questions related to Medicaid eligibility of NDOC offenders, please email: medicalbilling@doc.nv.gov
2. Observation Services - For observation stays in medical facilities lasting 72 hours or longer (ER > 24 hours + observation status > 48 additional hours = 72 hours), offenders are eligible for Medicaid. Claims for those stays should be submitted to Medicaid for reimbursement. Observation stays lasting under 72 hours should be submitted to Hometown Health following the procedure laid out in section 4. Please do not submit Medicaid applications on behalf of NDOC offenders as this is done by an NDOC representative. For any questions related to Medicaid eligibility of NDOC offenders, please email: medicalbilling@doc.nv.gov
3. If Medicaid denies a claim, NDOC will provide an authorization number for services. Please send payment requests for denied Medicaid claims to Hometown Health. For questions related to obtaining an authorization please email: medicalbilling@doc.nv.gov
4. Outpatient Services - For all outpatient services, send claims to:
Nevada Department of Corrections
c/o Hometown Health
PO Box 981703
El Paso, TX 79998-1703
EDI Payer ID: 88023
775-982-5887

All claims sent to Hometown Health for processing must include the offender's name, offender ID number, date of birth and NDOC authorization number. For further information or questions, please email: medicalbilling@doc.nv.gov

Name:

NDOC #:

Birthdate:

Authorization number: