

Community Paramedicine Provider Training

2017



Nevada Medicaid Provider Training



Objectives



Objectives

- Navigate through the Provider Web Portal (www.medicaid.nv.gov)
 - Locate Billing Guidelines and Manuals
 - Search Fee Schedule
- Understand qualifications to become a Nevada Medicaid Provider
- Enroll in Nevada Medicaid
- Learn about covered and non-covered services
- Navigate Electronic Verification System (EVS) Web Portal
- Understand benefits of Electronic Data Interchange (EDI) claims submission



Provider Web Portal

Provider Web Portal: <http://www.medicaid.nv.gov>

The screenshot shows the homepage of the Nevada Department of Health and Human Services Provider Web Portal. At the top left is the Nevada state seal and the text "Nevada Department of Health and Human Services Division of Health Care Financing and Policy Provider Portal". On the top right are links for "Contact Us" and "DHCFP Home", and a search bar. A blue navigation bar contains links for "Providers", "EVS", "Pharmacy", "Prior Authorization", "Quick Links", and "Calendar".

The main content area is divided into three columns:

- Left Column:** "Announcements Latest News" with a list of recent web announcements (1435, 1434, 1433, 1432, 1431) and a "View All Web Announcements" link.
- Middle Column:** "Welcome" section featuring a large graphic for "Now Available ONLINE TRAINING COMPUTER BASED COURSES". The graphic includes a "REGISTER TODAY" button with a hand icon and a "Featured Course Prior Authorization" section with a computer monitor icon. Below the graphic is a welcome message and a "Thank you" note.
- Right Column:** "Notifications" section with two notices regarding the PWP upgrade and browser requirements, and links to frequently asked questions.

At the bottom left is a "Featured Links" section with links to "Authorization Criteria", "DHCFP Home", "EDI Enrollment Forms and Information", "EVS User Manual", "Online Provider Enrollment", "Provider Login (EVS)", "Prior Authorization", "Search Fee Schedule", and "Search Providers". At the bottom right is a "Provider Links" section.

System Requirements

To access the Electronic Verification System (EVS), you must have internet access and a computer with a web browser. (Microsoft Internet Explorer 9.0 or higher, Mozilla Firefox, or Google Chrome is recommended.)

Billing Manual

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

Contact Us DHCFP Home

Search

Home Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements/Newsletters
Billing Information
Electronic Claims/EDI
E-Prescribing
Forms
NDC
Provider Enrollment
Provider Training
Payerpath Claim Submission Training for September 2017
[Web Announcement 1432](#)
Attention Provider Type 17, Specialty 181 (FQHC): Notification Regarding Dental Services Claims for Medicaid Managed Care Recipients
[Web Announcement 1431](#)
Attention Provider Type 41 (Optician, Optical Business): Limitations for Prosthetic Eye Services
[View All Web Announcements](#)

Featured Links
[Authorization Criteria](#)
[DHCFP Home](#)
[EDI Enrollment Forms and Information](#)
[EVS User Manual](#)
[Online Provider Enrollment](#)

Welcome

New Provider Orientation

- Introduction to Nevada Medicaid
- Website Navigation
- Getting Started on EVS - Access to the Provider Portal — EDI System - Enrollment Training
- Overview of Claims Process

REGISTER TODAY

Nevada Medicaid

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

Thank you for your participation in Nevada Medicaid and Nevada Check Up.

Notifications

The Nevada Medicaid Provider Web Portal (PWP) Upgrade has been implemented. With this upgrade, Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers can generate a prior authorization request via the Provider Web Portal. [See [Web Announcement 1415](#)]

The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.

PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [\[Review\]](#)

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims

Step 1: Highlight “Providers” from top blue tool bar.

Step 2: Select “Billing Information” from drop-down menu.

Billing Manual (continued)

Billing Information

ICD-10 Codes Must Be Used on Claims with Dates of Service on or after October 1, 2015. Are You Ready?

Attention All Providers: Requirements on When to Use the National Provider Identifier (NPI) of an Ordering, Prescribing or Referring (OPR) Provider on Claims [[Web Announcement 850](#)]

ICD-10 Frequently Asked Questions [[Review Now](#)]

FAQs: National Correct Coding Initiative (NCCI) Claim Review Edits [[Review Now](#)]

Clinical Claim Editor FAQs Updated December 5, 2011 [[Review Now](#)]

Third Party Liability Frequently Asked Questions [[Review Now](#)]

Paper Claim Form Instructions

The following instructions are for paper claims. For *electronic* claim requirements, technical professionals can refer to Companion Guides for transactions [837D](#), [837I](#) and [837P](#).

For Archives [Click here](#)

Title	Last Update
ADA (Version 2012) Claim Form Instructions	01/28/16
CMS-1500 (02-12) Claim Form Instructions	05/18/15
UB Claim Form Instructions	05/30/17

Title	File Size	Last Update
Billing Manual	2 MB	07/24/2017

32	Ambulance, Air or Ground	10/25/16
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Claim Form Instructions

Billing Manual

Provider Type 32 Billing Guide

Fee Schedule

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

[Online Provider Enrollment](#)

[Provider Login \(EVS\)](#)

[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

Search Fee Schedule allows the provider to determine the rate of reimbursement for procedure codes

Fee Schedule (continued)



**Nevada Department of
Health and Human Services**

Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)

Home

[Resources](#) > Search Fee Schedule

Wednesday 07/26/2017 10:09 AM PST

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End User Point and Click Agreement

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AMA Disclaimer of Warranties and Liabilities

* I accept I have read and agree to the Terms of Agreement

Submit

Cancel

Step 1: Click "I Accept"

Step 2: Click "Submit"

Fee Schedule (continued)

Search Fee Schedule ?

* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

Step 1: Select Code Type from drop-down menu (Dental, Medical or Revenue)

Step 2: Input Procedure Code or Description (See Billing Guide for Codes)

Step 3: Input appropriate Provider Type

Step 4: Click "Search"

Fee Schedule (continued)

Search Fee Schedule

* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
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Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

***Code Type**

***Procedure Code or Description**

***Provider Type**

Modifier

Provider Specialty

Review the “Effective Date” for most current rates of reimbursement

Search Results

Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
90460-Im admin 1st/only component	032-Ambulance, Air or Ground	000-No Specialty		\$18.82	REGULAR	7/1/2016 - 12/31/9999



Qualifications to become a Nevada Medicaid Provider



Qualifications

- **Community Paramedicine Provider Qualifications**

- Licensed/Certified within the State of Nevada
 - Emergency Medical Technician (EMT)
 - Advanced Emergency Technician (AEMT)
 - Paramedic
 - Community Paramedic

- **Required Endorsement**

- Community paramedicine endorsement from the Nevada Division of Public and Behavioral Health (DPBH), Office of Emergency Medical Services; or
- Community paramedicine endorsement from the Southern Nevada Health District's Board of Health

Qualifications (continued)

- Must be enrolled as a Nevada Medicaid Provider and employed by a permitted Emergency Medical System (EMS) agency.
- Must possess a scope of service agreement, based upon the paramedic's skills, with the Medical Director of the ambulance service under which they are employed.
- The Medical Director of the ambulance service who holds a scope of service agreement with a community paramedic must be enrolled as a Nevada Medicaid Provider.
- The ambulance service needs to have a medical director that is a physician. The physician definition is in NAC 450B.205:
 - NAC 450B.205 "Physician" defined. (NRS 450B.120) "Physician" means a physician licensed pursuant to Chapter 630 or NRS or an osteopathic physician licensed pursuant to Chapter 633 of NRS

Enroll in Nevada Medicaid

Enroll with Nevada Medicaid through the Provider Web Portal

<http://www.medicaid.nv.gov>



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

A screenshot of the Nevada Medicaid Provider Web Portal. The top navigation bar is blue and contains a home icon, "Providers", "EVS", "Pharmacy", "Prior Authorization", and "Quick Link". A red arrow points from the text "Step 1: Highlight 'Providers' from top blue tool bar." to the "Providers" link. The "Providers" dropdown menu is open, showing options: "Announcements/Newsletters", "Billing Information", "Electronic Claims/EDI", "E-Prescribing", "Forms", "NDC", "Provider Enrollment" (highlighted in orange), and "Provider Training". A red arrow points from the text "Step 2: Select 'Provider Enrollment' from drop-down menu." to the "Provider Enrollment" option. The background of the portal shows a "Welcome" message and a large black downward-pointing triangle.

Step 1: Highlight "Providers" from top blue tool bar.

Step 2: Select "Provider Enrollment" from drop-down menu.

Enrolling with Nevada Medicaid (continued)

Provider Enrollment

Provider Enrollment Online Application

Effective December 1, 2015, the web-based [Online Provider Enrollment Portal](#) is available for providers to complete new enrollment in Nevada Medicaid, revalidation and provider changes.

Select “Online Provider Enrollment Portal” to begin Online Application

Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- [Enrollment Checklists](#): Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- [Business Associate Addendum \(NMH-3820\)](#): This document must be signed and submitted with your Provider Enrollment/Re-Enrollment Packet if it is listed on the Provider Enrollment Checklist for your Provider Type and when requested by the Division of Health Care Financing and Policy (DHCFP) or Nevada Medicaid.
- [Advance Directives Compliance Self-Evaluation & Certification \(NMH-3827\)](#): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

Review Provider Enrollment Information Booklet

Review Enrollment Checklists for Provider Type 32 – See Handout

Enrolling with Nevada Medicaid (continued)

When providing Community Paramedicine services, please also include:

- Community Paramedic NPI validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- Medical Director's NPI validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- Community Paramedicine Endorsement – Individual (Division of Public and Behavioral Health or Southern Nevada Health District)
- Community Paramedicine Endorsement – Agency (Division of Public and Behavioral Health or Southern Nevada Health District)
- Division of Public and Behavioral Health Community Paramedicine Compliance Agreement
- Payment Address/Servicing Agency Address on your enrollment/revalidation application

Enrolling in Nevada Medicaid (continued)



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal



[Contact Us](#)
[Frequently Asked Questions](#)

Provider Enrollment

Provider Enrollment

Friday 08/11/2017 09:10 AM PST

Provider Enrollment

[Provider Enrollment Application](#)

Initiate a new provider enrollment application.

[Resume Enrollment](#)

Resume an existing enrollment application that has not been submitted.

[Enrollment Status](#)

Check the current status of an enrollment application.

Other Links

[Division of Health Care Financing and Policy](#)

[Provider Enrollment Information Booklet Enrollment Checklist](#)



Enrolling in Nevada Medicaid (continued)



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal



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Provider Enrollment

[Provider Enrollment](#) > Provider Enrollment Application

Friday 08/11/2017 09:15 AM PST

Provider Enrollment: Welcome



Welcome	Welcome to the Online Provider Enrollment System
Request Information	Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll as a Nevada Medicaid Provider. DXC Technology is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program. Hereafter, DXC Technology is referred to as Nevada Medicaid.
Specialties	
Addresses	All of the materials within this document must be completed and submitted to Nevada Medicaid for your request to be processed. A checklist of required documentation has been provided for your convenience. Please review the Provider Information Enrollment Booklet for additional information.
Provider Identification	
Other Information	Submission of incomplete materials will delay your request. In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type on the Attachments page of this online application. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. Please retain copies of your materials for your records. You will receive written notification upon approval or denial of your request.
Ownership & Disclosure	
Agreement	
Attachments	If you have questions concerning enrollment, contact Provider Enrollment at (877) 638-3472 (select options for "Provider Enrollment") between 8:00 a.m. and 5:00 p.m. PT Monday through Friday.
Summary	Please click the " Continue " to proceed.
	Continue Cancel

Enrolling in Nevada Medicaid (continued)

* Indicates a required field.

Specialties	
Addresses	
Provider Identification	
Other Information	
Ownership & Disclosure	
Agreement	
Attachments	
Summary	

Initial Enrollment Information

*** Enrollment Type**

Ownership change

*** Provider Type**

*** Requested Enrollment Effective Date**

Provider Information

A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

*** Federal Tax ID**

*** Are you currently enrolled as a Provider?** Yes No

*** Were you previously enrolled as a Provider?** Yes No

Contact Information

This contact information is required for correspondence regarding the associated application. Provide the appropriate contact person and information who can assist with the request.

*** Last Name**

*** First Name**

*** Telephone Number** **Telephone Number Extension**

Fax Number

*** Contact Email**

*** Confirm Email Address**

*** Preferred Method of Communication**

[Continue](#) [Finish Later](#) [Cancel](#)

Enrolling in Nevada Medicaid (continued)



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal



[Contact Us](#)
[Frequently Asked Questions](#)

Provider Enrollment

[Provider Enrollment](#) > [Enrollment Credentials](#) > Enrollment Tracking Information

Friday 08/11/2017 11:53 AM PST

[Print Preview](#)

Provider Enrollment: Tracking Information



Your enrollment application has been saved.

Your enrollment application has been assigned the following **tracking number: 17999**.

This tracking number must be kept for future reference. Your assigned tracking number, unique password, and tax identification number are all required for future access to your enrollment application. If any of these elements are lost or forgotten, you will be unable to access your enrollment application.

A confirmation email has also been sent to the following contact person's email, designated in the enrollment application:youremailaddress@domain.com.

[Continue](#)

Enrolling in Nevada Medicaid (continued)

Specialties ?

Specialties

The provider type is established on the Request Information screen. All subsequent specialties available for the selected provider type can be added on this screen. Only one specialty can be designated as the primary specialty. See the [Provider Enrollment Information Booklet](#) for the complete list of provider types and specialty codes. If a provider does not have a specialty, please enter the specialty NO SPECIALTY. You can also enter an optional board certification for each specialty.

- * Indicates a required field.
- Indicates a primary record.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click the **Remove** link to remove the entire row.

	Specialty	Action
<input type="checkbox"/>	Click to collapse.	
	<p>Provider Type Ambulance, Air or Ground</p> <p>*Specialty <input type="text" value="No Specialty"/></p> <p>Specialty Code 000 Primary <input checked="" type="checkbox"/></p> <p>Specialty Board <input type="text"/></p>	
	<input type="button" value="Add"/> <input type="button" value="Reset"/>	

	Specialty	Action
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> No Specialty	
<input type="checkbox"/>	Click to add specialty.	

Enrolling in Nevada Medicaid (continued)

	Type	Street	City	State	Action
<input type="checkbox"/>	Service	123 Main Street	Anytown	Nevada	Copy Remove

Click to collapse.

***Address Type**
***Street**

***City**
***Zip+4**
Email Address

***State**
***County**
Confirm Email Address

Telephone Number Office **Telephone Number Extension**
Telephone Number Fax
Telephone Number TDD

Contact Name
Telephone Number Contact **Telephone Number Extension**

Enrolling in Nevada Medicaid (continued)

Provider Identification ?	
<p>* Indicates a required field.</p>	
Provider Legal Name	
<p>The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9, and is used by the Nevada Medicaid to generate the annual 1099 form for tax purposes.</p>	
* Provider Legal Name	<input type="text" value="Community Paramedicine"/>
Doing Business As Name	<input type="text"/>
Special Ownership Type	
<p>* Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g. state agency, county, entity or school district? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
Special Ownership Type	<input type="text"/>
NPI	
<p>The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.</p>	
* NPI	<input type="text" value="1111111111"/>
License	
* Name of Issuing Licensing Board, State or Entity	<input type="text" value="Other-Other"/>
* License Number	<input type="text" value="1"/>
* License State	<input type="text" value="Nevada"/>
* Effective Date	<input type="text" value="01/01/2017"/>
* End Date	<input type="text" value="01/01/2018"/>

Enrolling in Nevada Medicaid (continued)

Business Information		
*Nevada Secretary of State Issued Business ID	<input type="text" value="1"/>	*Nevada Secretary of State Registered Name <input type="text" value="Community Parame"/>
*Choose the option that most closely describes the entity you are enrolling	<input type="text" value="Sole Proprietorship"/>	
CLIA Certification		
CLIA Number	<input type="text"/>	
Drug Enforcement Administration (DEA) Number		
DEA #	<input type="text"/>	
Taxonomy Codes		
Choose your Taxonomy Codes		
<div style="border: 1px solid black; background-color: #004a7c; color: white; padding: 2px; text-align: right;">-</div>		
#	Taxonomy Codes	Action
<input type="checkbox"/>	261QA1903X - CLINIC/CENTER - AMBULATORY SURGICAL	Remove
<input type="checkbox"/>	Click to add new Taxonomy Code.	
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>		

Enrolling in Nevada Medicaid (continued)

EFT Information ?

All providers must accept Nevada Medicaid and Nevada Check Up payments via Electronic Funds Transfer (EFT). If a provider does not have an active EFT account enrolled with Nevada Medicaid, that provider's Nevada Medicaid enrollment may be terminated or denied.

Electronic Funds Transfer (EFT) Authorization: I hereby authorize Nevada Medicaid and its subsidiaries to transfer my Nevada Medicaid and Nevada Check Up payments to the personal or business bank account shown below. I also authorize any necessary debit entries to correct payment errors. I understand the payments made through electronic funds transfers will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws. This agreement will remain in effect until I notify Nevada Medicaid or the banking institution otherwise. I understand that Nevada Medicaid and/or my banking institution may also cancel this agreement at any time. All such cancellation notices must be made in writing and acted upon in a reasonable and timely manner.

If you have questions about completing the Electronic Funds Transfer Agreement, contact the Provider Enrollment Unit. If you have questions regarding your payment or the EFT program in general, contact the Customer Service Center. Both Nevada Medicaid departments may be contacted by phone at (877) 638-3472.

You will need to attach a voided check, or a letter from your bank that contains your bank's routing number.

Forms

The EFT Authorization form must be completed, including a signature and date, and uploaded to this application using the Attachments page before being submitted. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be processed and considered complete.

[EFT Authorization](#) [Download](#) 

Financial Institution Information

* Financial Institution Routing Number	<input type="text" value="111111111"/>
* Provider's Account Number with Financial Institution	<input type="text" value="Any Bank"/>
Reason For Submission	<input type="text" value="Voided Check"/>
* Include with Enrollment Submission	<input type="text" value="Bank Letter"/>
Requested EFT Start/Change/Cancel date	<input type="text" value="08/11/2017"/>

[Continue](#) [Finish Later](#) [Cancel](#)

Enrolling in Nevada Medicaid (continued)

Additional Information	
*Are you enrolled in Medicare?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Days and Hours of Operation	<input type="text" value="M-S 12am-12am"/>
*Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both?	<input type="text" value="Fee For Service and Managed Care"/> ▼
*Are you currently accepting new patients?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Can you accommodate recipients with special needs?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Subsidiary or Parent	
Is the entity a subsidiary or parent of another entity?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Facility Rating	
Facility Rating	<input type="text" value="Profit"/>
Facility Control	

Enrolling in Nevada Medicaid (continued)

Facility Control					
Facility Control					
Number of Beds					
Swing Bed	<input type="checkbox"/>	Acute	<input type="checkbox"/>	ICF	<input type="checkbox"/>
				Public	<input type="checkbox"/>
				State	<input type="checkbox"/>
				ISO	<input type="checkbox"/>

Number of Beds					
Swing Bed	<input type="checkbox"/>	Acute	<input type="checkbox"/>	ICF	<input type="checkbox"/>
				SNF	<input type="checkbox"/>
				ICF/MR	<input type="checkbox"/>
				ISO	<input type="checkbox"/>
Mammography Certification Number (FDA-Certified mammography providers only)					
Mammography Certification Number <input type="text"/>					
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>					

Enrolling in Nevada Medicaid (continued)

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "**Remove**" link to remove the entire row.

Type of Entity Information 					
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
 1	Owner	First Last	111111111	100	Remove
	Click to add Type of Entity.				

Does any individual and/or corporation have an interest of 5 percent or more in any mortgage, deed of trust, note or other obligation secured by the disclosing entity?

* Yes No

Are any Owners, Agents or Managing Employees related (includes spouses, children, siblings)?

* Yes No

Enrolling in Nevada Medicaid (continued)

Background and Disclosure of Disclosing Entity

These questions capture information regarding final adverse legal actions, such as convictions, exclusions, revocations and suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

Who is authorized to make changes to enrollment and billing information?

Change Authorization Information		
#	Legal Name	Action
<input type="checkbox"/> 1	First Last	Remove
<input type="checkbox"/>	Click to add Change Authorizations.	

Are you or any owner, agent, managing employee, or person with controlling interest currently enrolled, or have ever been enrolled, as a Medicare or Medicaid provider with another state (including Nevada)?

* Yes No

Do you or any owner, agent, managing employee or person with controlling interest currently have a negative balance or owe money to any state or federal program (including Medicare and Medicaid)?

* Yes No

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been convicted of a misdemeanor, gross misdemeanor or felony, including but not limited to, criminal offenses related to any program under Medicare, Title XVIII, Title XIX or any Medicaid program since the inception of these programs?

* Yes No

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been placed on the Federal Office of Inspector General, Health and Human Service (OIG/HHS) exclusion list or otherwise been suspended, terminated, denied or debarred from participation in any program established under Medicare, Medicaid, Title XVIII, Title XIX or any other Medicaid program since the inception of these programs? This includes termination from the Nevada Medicaid program or any other state Medicaid program.

* Yes No

Enrolling in Nevada Medicaid (continued)

Are you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest currently under investigation by any law enforcement, regulatory or state agency?

* Yes No

Do you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest have any open or pending court cases?

* Yes No

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been denied malpractice insurance?

* Yes No

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest had any professional, business or accreditation license/certificate denied, suspended, restricted or revoked?

* Yes No

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever voluntarily surrendered any professional license or certificate?

* Yes No

[Continue](#)

[Finish Later](#)

[Cancel](#)

Enrolling in Nevada Medicaid (continued)

Agreement

Instructions

The terms of the request are outlined below. You must accept these terms in order to submit the request. Failure to accept these terms mean that the request will not be submitted or saved.

Changes can be made to the existing request by going back to the appropriate screen using the links available on the left-hand side. Once changes are made, the request can be reviewed from the Summary Page after signing and continuing.

Once the request is submitted and confirmed, a tracking number will be assigned.

Note: The **Nevada Medicaid and Nevada Check Up Provider Contract** and **Provider Declaration Statement** are required with every request. A link to these documents is provided below.

Terms of Agreement

Provider Name	Community Paramedicine
Street	123 Main Street Anytown Nevada, 11111-1111
Employer Identification Number (EIN) or Social Security Number (SSN)	111111111
NPI	1234512345
Contact Name	First Last
Contact Email	youremailaddress@domain.com

Provider Binder

I certify, under penalty of perjury, that the information and statements on this request and on any accompanying documents are accurate and true. I understand that the filing of materially incomplete or false information with this request is sufficient cause for denial of enrollment or termination from the Nevada Medicaid and Nevada Check Up Programs.

I understand that should I be enrolled as a provider of services under Nevada Medicaid and Nevada Check Up Programs, it is my responsibility to notify the Nevada Medicaid and Nevada Check Up Programs fiscal agent of any change to the information on this application including but not limited to address, group affiliation, change of ownership, or tax identification number.

Enrolling in Nevada Medicaid (continued)

Forms

The following forms must be completed, including signature and date(s) and uploaded to this application using the Attachments page before being submitted. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be processed and considered complete.

Provider Declaration Statement [Download](#) 

Nevada Medicaid and Nevada Check Up Provider Contract [Download](#) 

 [Get ADOBE® READER™](#) 

[Continue](#) [Finish Later](#) [Cancel](#)

Enrolling in Nevada Medicaid (continued)

Supporting Documentation

Submit all of the required documentation and forms to continue the enrollment process.

- A checklist of required documentation can be found [here](#).

In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. To upload the appropriate documents, follow the instructions under **Attachments** below.

Note: There is a maximum of 15 MBs of information when uploading attachments by **File Transfer**.

* Indicates a required field.

Provider Type and Specialty

Provider Type Ambulance, Air or Ground
Provider Specialty No Specialty

Attachments

To add an attachment to be uploaded with the enrollment form, select the File Transfer transmission type, click Browse..., select the file and then click **Add**.
Only allowed attachment types are **.pdf** files.
Use the "Other" attachment type to upload attachments not in the list.

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Attachment Type	Action
<input type="checkbox"/> Click to collapse.	* Transmission Method		* Attachment Type	* Upload File

Transmission Method FT-File Transfer

Attachment Type

Upload File

Enrolling in Nevada Medicaid (continued)

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Note: There is a maximum of 15 MBs of information when uploading attachments by **File Transfer**.

Attachments			
#	Transmission Method	File	Attachment Type
1	FT-File Transfer	Web Announcement 1422.pdf (37K)	Voided Check or Bank letter for EFT, if applicable
2	FT-File Transfer	LMS_Tip_Sheet.pdf (246K)	National Provider Identifier (NPI) documentation

Instructions for Summary Page

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

Once you have reviewed the contents of this application, print a copy of this summary for your records, then select 'Confirm' to submit the enrollment for processing.

[Print Preview](#)

[Save As PDF](#)

[Confirm](#)

[Finish Later](#)

[Cancel](#)

Enrolling in Nevada Medicaid (continued)

EnrollmentSummary636238803051799299.pdf - Adobe Reader

File Edit View Window Help

Open | [Icons] | 1 / 5 | 77.9% | [Icons]

Provider Enrollment Summary
Reason for Submission: New Enrollment Request
Tracking # 3244

Request Information

Requested Enrollment Effective Date	02/28/2017
Enrollment Type	Group
Provider Type	Hospital, Inpatient



Covered and Non-Covered Services

Covered and Non-Covered Services

COVERED SERVICES

- Evaluation/Health Assessment
- Chronic disease prevention, monitoring and education
- Medication compliance
- Immunization and vaccination
- Laboratory specimen collection and point of care lab tests
- Hospital discharge follow up care
- Minor medical procedures and treatments within their scope of practice as approved by the Emergency Medical Services (EMS) agency's medical director
- A home safety assessment
- Telehealth originating site

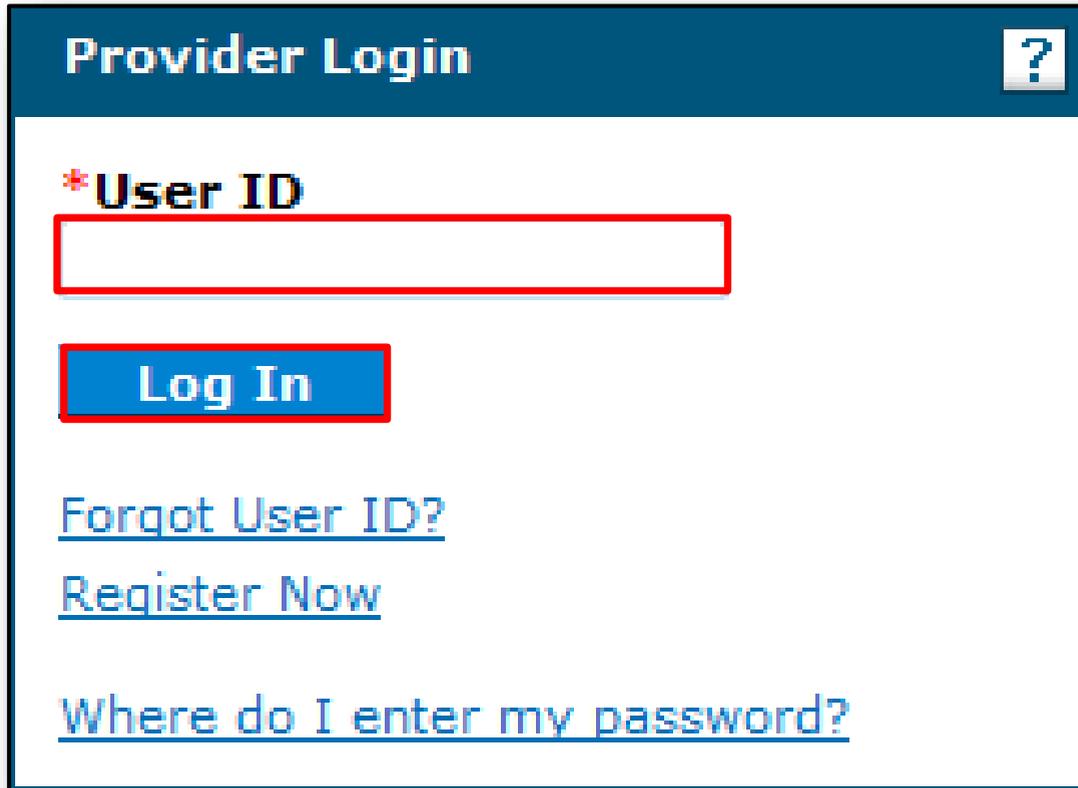
NON-COVERED SERVICES

- Travel time
- Mileage
- Services related to hospital-acquired conditions and treatment
- If the recipient has a medical emergency requiring an emergency response, the ambulance transport will be billed under the ambulance medical emergency code
- Duplicated services
- Personal care services



Navigating the Electronic Verification System (EVS)

Logging in to the Provider Web Portal



The screenshot shows a web portal titled "Provider Login" with a help icon (question mark) in the top right corner. Below the title, there is a red asterisk followed by the text "User ID". A red rectangular box highlights the input field for the User ID. Below the input field is a blue button with the text "Log In" in white, also highlighted with a red border. At the bottom of the form, there are three blue underlined links: "Forgot User ID?", "Register Now", and "Where do I enter my password?".

- Enter your User ID.
- Click **Log In**.

Logging in to the Provider Web Portal (continued)

Computer and Challenge Question

Site Key
The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

Answer the challenge question to verify your identity.

Challenge Question In what city were you born?

***Your Answer**

[Forgot answer to challenge question?](#)

Select This is a personal computer. Register it now.
 This is a public computer. Do not register it.

Continue

- Answer the **challenge question** to verify your identity the first time you log in from a personal computer or every time you use a public computer.
- Select **personal computer** or a **public computer**.
- Click **Continue**.

Logging in to the Provider Web Portal (continued)

Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password.
Call the [customer help desk](#) to report the incident.

Site Key: 

Passphrase: apple

Password

Sign In

[Forgot Password?](#)

- Confirm that your **site key token** and **passphrase** are correct. If you recognize your site key token and passphrase, you can be assured that you are at the valid Provider Web Portal website and it is safe to enter your password.
- Enter your **Password**.

Welcome Screen

Verify all provider information on left margin of screen.

It is important to verify all of the information to ensure that you are **logged** in correctly.

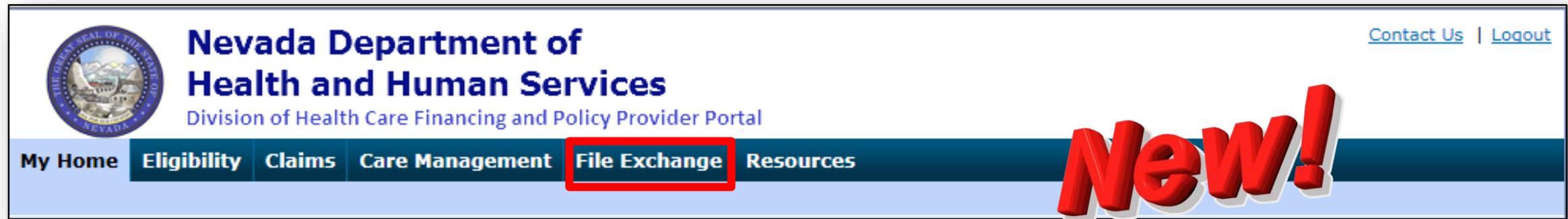
Provider Services information

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal and the department name. Below it is a navigation bar with links: My Home, Eligibility, Claims, Care Management, File Exchange, and Resources. The main content area is titled 'Welcome Health Care Professional!' and features a photo of healthcare professionals. On the left, there is a 'Provider' section with details for Plano Independent Hospital, including Provider ID and Location ID. Below this is a 'Provider Services' section with links for Member Focused Viewing, Search Payment History, Revalidate-Update Provider, PASRR, EHR Incentive Program, EPSDT, and Presumptive Eligibility. On the right, there are links for 'Contact Us' and 'Secure Correspondence', along with contact information for Nevada Medicaid Administration.

Links to contacts via telephone and secure email.

Navigation Bar

The navigation bar contains six tabs that allow you to move throughout the Provider Web Portal.



My Home

Confirm provider information and contact information and check messages.

Eligibility

Search recipient eligibility information.

Claims

Search claims and payment history.

Care Management

Create authorizations, view authorization status, and maintain favorite providers.

File Exchange

Upload forms online.

Resources

Download forms and documents.



Forms



Attach the Appropriate FA Form(s) for the Authorization Type Being Requested

- Refer to the Providers Forms webpage at <https://www.medicaid.nv.gov/providers/forms/forms.aspx> for the forms options.
- Verify that all fields are completed on the appropriate form(s) for the requested service.
- Type information into the form. Illegible forms will not be processed.
- The explanation of the reason that a request is being made and any special circumstances should be explicit and concise.
- All information including start dates and procedure codes must be consistent with information entered on the Provider Web Portal — Prior Authorization Request. If information is not consistent, it will cause delays.



Resources



Additional Resources

- For Forms: <https://www.medicaid.nv.gov/providers/forms/forms.aspx>
- For EVS General Information: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>
- For Secure EVS Web Portal:
<https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>
- Billing Manual and Guides: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>

DHCFP Contact Information

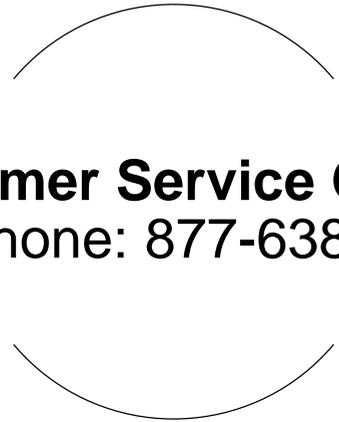
- Division of Health Care Financing and Policy: <http://dhcfp.nv.gov/>
- Medicaid Services Manuals, MSM Chapters:
<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>



Contact Us



Contact Us — Nevada Medicaid Customer Service



Customer Service Center
Telephone: 877-638-3472



**Provider Web
Portal Technical Assistance**
877-638-3472
Web Portal Option 6

Contact Us — Nevada Medicaid

Provider Training — Field Service Representatives

Contact the Provider
Training Unit
Team Territories

Upcoming Training Events
2017 Provider Training
Registration Website

Provider Services Email Us
NevadaProviderTraining
@dxc.com



Onsite
training



Virtual
instructor-led



Self-paced
Web-based course



Thank You