

Community Paramedicine Provider Enrollment Training (Groups)

Provider Type 32 Specialty 249





Objectives

Objectives:

- Locate Medicaid Services Manual (Medicaid Policy)
- Review the Provider Enrollment webpage, including:
 - Required Enrollment Documents
 - Online Provider Enrollment User Manual
 - Revalidation Report
 - Training Documents
 - Hospital Presumptive Eligibility Documents
 - Recommended Enrollment Documents
 - Changes to Provider Information
 - Contact Information for Provider License Updates and Voluntary Terminations
- Review the qualifications to become a Community Paramedicine Provider
- Enroll with Nevada Medicaid as a Group Provider via the Online Provider Enrollment (OPE) Tool
- Locate Billing Information
- Learn about Covered and Non-Covered Services
- Utilize the Search Fee Schedule and DHCFP Rates Unit
- Navigate the Electronic Verification System (EVS) secure Provider Web Portal
- Cover Resources
- Contact Nevada Medicaid

Medicaid Services Manual (Nevada Medicaid Policy)

Medicaid Services Manual



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

A screenshot of the Nevada Medicaid Provider Portal website. The top navigation bar is blue and contains a home icon, "Providers", "EVS", "Pharmacy", "Prior Authorization", "Claims", and "Quick Links". The "Quick Links" dropdown menu is open, showing "Calendar", "AuthentiCare® Nevada PASRR", "Medicaid Services Manual", "Rates Unit", and "Get Adobe Reader". The "Medicaid Services Manual" link is highlighted in blue. Below the navigation bar, there are sections for "Announcements" and "Latest News" with links to "Web Announcement 2015" and "Web Announcement 2014". A "Welcome" message is partially visible on the right.

The Medicaid Services Manual Chapters are required to be read and understood by providers prior to enrolling in the Nevada Medicaid program. To locate the policy, users can navigate to one of the following web addresses: www.medicaid.nv.gov or dhcfp.nv.gov.

If using the Medicaid website, locate and hover over the Quick Links from the top blue tool bar and select Medicaid Services Manual.

Medicaid Services Manual, continued



If using the DHCFP website, locate and hover over the Resources tab from the top tool bar and select Manuals **or** scroll down to the bottom of the page and locate the Policy under Policy and Regulations.

Medicaid Services Manual, continued

MEDICAID SERVICES MANUAL

The Medicaid Services Manual is a compilation of regulations adopted under NRS 422.2368 and 422.2369. It sets guidelines and limitations regarding how the Division operates and what services are covered. Changes to the MSM are approved at public hearings.

The document works in concert with Billing Guidelines, which are procedural in nature and can be found on the [Nevada Medicaid's fiscal agent website](#). Reimbursement rates and fee schedules are on the DHCFP website

- [Public Hearing Schedule](#)
- [Nevada Medicaid's fiscal agent Billing Guidelines](#)
- [Rates and Fee Schedules](#)

The Medicaid Services Manual webpage contains information regarding Public Hearings, Billing Guidelines and links to the Rates Unit.

Medicaid Chapters containing policy are located on the same webpage below this information.

Medicaid Services Manual, continued

MSM Chapters

Each MSM chapter contains a link to both the current and historical versions of the specific chapter. The chapters are organized by most current year, and most current date within year.

To do a keyword search on any .PDF document, click *Cntrl F* to generate the search box. Enter the desired search word and click *Previous* or *Next*.

- [Medicaid Services Manual - Complete](#)
- [100 Medicaid Program](#)
- [200 Hospital Services](#)
- [300 Radiology Services](#)
- [400 Mental Health and Alcohol and Substance Abuse Services](#)
- [500 Nursing Facilities](#)
- [600 Physician Services](#)
- [700 Rates and Supplemental Reimbursement](#)
- [800 Laboratory Services](#)
- [900 Private Duty Nursing](#)
- [1000 Dental](#)
- [1100 Ocular Services](#)
- [1200 Prescribed Drugs](#)
- [1300 DME Disposable Supplies and Supplements](#)
- [1400 Home Health Agency](#)
- [1500 Healthy Kids Program](#)
- [1600 Intermediate Care for Individuals with Intellectual Disabilities](#)
- [1700 Therapy](#)
- [1800 Adult Day Health Care](#)
- [1900 Transportation Services](#)
- [2000 Audiology Services](#)
- [2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities](#)
- [2200 Home and Community Based Waiver for the Frail Elderly](#)
- [2300 Waiver for Persons with Physical Disabilities](#)
- [2400 Home Based Habilitation Services](#)
- [2500 Case Management](#)
- [2600 Intermediary Service Organization](#)
- [2700 Certified Community Behavioral Health Clinic](#)
- [2800 School Based Child Health Services](#)
- [2900 Federally Qualified Health Centers](#)
- [3000 Indian Health](#)
- [3100 Hearings](#)
- [3200 Hospice](#)
- [3300 Program Integrity](#)
- [3400 Telehealth Services](#)
- [3500 Personal Care Services Program](#)
- [3600 Managed Care Organization](#)
- [3900 Home and Community Based Waiver for Assisted Living](#)
- [Addendum](#)

Providers must read the following chapters:

Chapter 100: Medicaid Program

Chapter 600: Physician Services

Chapter 700: Rates and Supplemental Reimbursement

Chapter 3300: Program Integrity

Providers will need to review their Provider Type specific Billing Guideline from the Medicaid website in order to determine which additional chapters must be read. Users can also review the Enrollment Checklists to determine which chapters are required to be read.

Policy Chapters will review important information such as Coverage & Limitations, Prior Authorization Requirements and other pertinent information related to Nevada Medicaid.

Provider Enrollment Webpage

Provider Enrollment Webpage

Announcements Latest News

[Web Announcement 2015](#)

Attention All Providers: Claims for Nevada Medicaid Non-Covered Services

[Web Announcement 2014](#)

Attention Provider Types 14 (Behavioral Health Outpatient Treatment) and 26 (Psychologist): Psychological and Neuropsychological Testing Codes for Provider Type 14

[Web Announcement 2013](#)

Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies): Do Not Use NU Modifier on Prior Authorization Requests for L Codes

[Web Announcement 2012](#)

Attention Provider Type 12 (Hospital, Outpatient): Respiratory Therapy Codes

[Web Announcement 2011](#)

Professional Anesthesia Services Claims Billing Instruction

[View All Web Announcements](#)

Featured Links

[AuthentiCare@ Nevada](#)
[Authorization Criteria](#)
[DHCFP Home](#)
[EDI Information](#)
[EVS User Manual](#)
[Modernization Project](#)
[Online Provider Enrollment](#)
[Provider Login \(EVS\)](#)
[Prior Authorization](#)
[Search Fee Schedule](#)
[Search Providers](#)
[Claims](#)

Welcome



AuthentiCare® Nevada
Electronic Visit Verification (EVV) Solution

Nevada Medicaid has contracted with First Data to implement AuthentiCare®, to comply with the 21st Century Cures Act. All personal care providers must document specific services within the EVV solution.

- PROVIDER TYPES (PTs): 30, 48, 58, 83
- SERVICES: 55120 Chore
55125 Attendant Care
55130 Homemaker
55135 Companion Care
55150 Respite
T1019 Personal Care Services
T1019TF Self-Directed Skilled – ISO
- GO-LIVE: AUGUST 26 – DATA VALIDATION (ONLY)

[Click HERE to learn more about EVV.](#)

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

[Known Modernization System Issues-Click HERE](#)

Top 10 Claim Denial Reasons and Resolutions/Workarounds for August 2019 Claims. See [Web Announcement 1979](#).

Paper claims are no longer accepted by Nevada Medicaid. Please refer to [Web Announcement 1733](#) and [Web Announcement 1829](#) for additional information.

Attention Providers Using the Authorization Criteria Function: Results that return prior authorization (PA) requirements are accurate. For results that return "There are no records found based on the search criteria," there may be a PA requirement if limits have been exceeded. To verify PA requirements, please refer to the Medicaid Services Manual (MSM) Chapter for your service type at [dhcfp.nv.gov](#) and the Billing Guide for your provider type at [www.medicaid.nv.gov](#).

Provider Links

[AuthentiCare@ Nevada](#)
[Billing Information](#)
[E-Prescribing](#)
[Forms](#)
[Provider Enrollment](#)
[Provider Newsletters](#)
[Provider Training](#)

Scheduled Site Maintenance

The Nevada Medicaid website is designed to assist providers with understanding the Nevada Medicaid program and includes information regarding enrollment, billing, access to the Electronic Verification System (EVS) and additional resources to assist providers.

Link: www.medicaid.nv.gov

Provider Enrollment Webpage, continued

Providers - EVS - Pharmac - Prior Authorization - Claims - Quick Links - Calendar

Announcements/Newsletters
Billing Information
Electronic Claims/EDI
E-Prescribing
Forms
NDC
Provider Enrollment
Provider Training

Welcome

Modernization Known System Issues
Click here to review the Known System Issues, Resolutions and Workarounds for common issues.
Please refer to the Modernization Known Issues List prior to contacting Nevada Medicaid, as many common problems and their resolutions are listed.

Notifications
Known Modernization System Issues-Click HERE
Paper claims are no longer accepted by Nevada Medicaid. Please refer to [Web Announcement 1733](#) and [Web Announcement 1829](#) for additional information.
Attention Providers Using the Authorization Criteria Function: Results that return prior authorization (PA) requirements are accurate. For results that return "There are no records found based on the search criteria," there may be a PA requirement if limits have been exceeded. To verify PA requirements, please refer to the Medicaid Services Manual (MSM) Chapter for your service type at dhcftp.nv.gov and the Billing Guide for your provider type at www.medicaid.nv.gov.

Provider Links
Billing Information
E-Prescribing
Forms
Provider Enrollment
Provider Newsletters
Provider Training

Featured Links
Authorization Criteria
DHCFP Home
EDI Information
EVS User Manual
Modernization Project
Online Provider Enrollment
Provider Login (EVS)
Prior Authorization
Search Fee Schedule
Search Providers
Claims

Scheduled Site Maintenance
During the scheduled site maintenance window the Provider Web Portal will be unavailable. The table below shows the regularly scheduled maintenance window. All times will be in the Pacific time zone.
Monday - Friday

To begin the enrollment process with Nevada Medicaid, highlight Providers from the top tool bar and select Provider Enrollment from the drop-down menu or select Provider Enrollment from the Provider Links section on the right-hand side of the page.

Provider Enrollment Webpage, continued

Provider Enrollment

Effective January 12, 2019, all providers will be required to submit their Provider Enrollment Applications electronically via the Online Provider Enrollment (OPE) Tool at <https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx>, **A** er enrollment applications will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at <https://www.medicaid.nv.gov/providers/Modernization.aspx> for further details. **B**

Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. This page contains all of the information and forms you will need to become a Nevada Medicaid provider. If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday.

Effective 12/1/2015, access [Online Provider Enrollment](#) for individual, group or OPR enrollments. **C**

Provider Documentation Reminders: (See [Web Announcement 1125](#) for reminders that will assist providers in adhering to the documentation responsibilities required of each Nevada Medicaid/Nevada Check Up provider.)

All enrollment documents including attachments require an *original* signature from the provider or an authorized representative (use dark blue or black ink).

The Provider Enrollment webpage contains all necessary information in order to properly enroll in Nevada Medicaid, including:

- A. Access to the Online Provider Enrollment (OPE) tool
- B. Link to Modernization announcements
- C. Additional link to the OPE tool

Required Enrollment Documents – Provider Information Booklet

Required Enrollment Documents

- **Provider Enrollment Information Booklet:** UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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/Revalidation 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.
- **Medicaid Electronic Visit Verification (EVV) Provider System Selection Form:** This form must be completed and submitted with your enrollment/revalidation if it is listed on the Provider Enrollment checklist for your Provider Type.

The Provider Enrollment Information Booklet is an overview of the Medicaid Program and includes information such as: Welcome to Nevada Medicaid, Required Documents, Information for Trading Partners and Out of State Providers, Catchment Area Information, how to Report Business Information as well as a full list of all Provider Types and associated Specialty Codes.

Required Enrollment Documents – Enrollment Checklists

Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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 \(NMH-3826\)](#): This document must be signed and submitted with your Provider Enrollment/Revalidation 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.
- [Medicaid Electronic Visit Verification \(EVV\) Provider System Selection Form](#): This form must be completed and submitted with your enrollment/revalidation if it is listed on the Provider Enrollment checklist for your Provider Type.

Enrollment Checklists are listed by Provider Type. In order to determine the required documentation to accompany the application, select Enrollment Checklists. All Provider Types require the checklist to be followed.

Required Enrollment Documents – Enrollment Checklists, continued

Provider Enrollment Checklists

To see which documents must be submitted with your Provider Enrollment Packet, click the name of your provider type(s) in the list below. If your provider type is not in the list below, please contact the Provider Enrollment Unit at (877) 638-3472 for requirements.

Note: Out of state providers must also submit proof of Medicaid eligibility in the state that services are/were rendered.

Provider Type	Title	Updated Date
10	Outpatient Surgery, Hospital Based	04/20/16
11	Hospital, Inpatient	02/18/16
12	Hospital, Outpatient	02/18/16
13	Psychiatric Hospital, Inpatient	04/20/16
14	Behavioral Health Outpatient Treatment	n/a
15	Registered Dietitian	12/15/17
16	Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public	04/20/16
17	Special Clinics	n/a
19	Nursing Facility	04/20/16
20	Physician, M.D., Osteopath, D.O.	08/25/17
21	Podiatrist	08/25/17
22	Dentist	01/03/13
23	Hearing Aid Dispenser & Related Supplies	08/25/17
24	Advanced Practice Registered Nurse	08/30/17
25	Optometrist	08/25/17
26	Psychologist	07/19/16
27	Radiology and Non-invasive Diagnostic Centers	12/01/14
28	Pharmacy	04/28/17
29	Home Health Agency	07/05/17

Each Provider Type will have access to a Provider Type specific checklist.

Locate the appropriate Provider Type and select the Title of the Provider Type to open the checklist.

It is important to review each item listed on the checklist as the information will be different for each Provider Type.

Required Enrollment Documents – Business Associate Addendum (NMH-3820)

Required Enrollment Documents

- **Provider Enrollment Information Booklet:** UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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/Revalidation 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.
- **Medicaid Electronic Visit Verification (EVV) Provider System Selection Form:** This form must be completed and submitted with your enrollment/revalidation if it is listed on the Provider Enrollment checklist for your Provider Type.

The Business Addendum may be a requirement depending on the Provider Type selected. The Addendum is an additional contract with the Division of Health Care Financing and Policy (DHCFP) that is made between a Covered Entity and a Business Associate that outlines responsibilities of each party concerning Protected Health Information (PHI). If this form is required per the checklist, make sure to read and understand the content as well as complete the last page. All pages must be included when submitting an application. If there are any missing pages, the application may be returned, which will cause a delay in the processing of the application.

Required Enrollment Documents – Advance Directives Compliance (NMH-3827)

Required Enrollment Documents

- **Provider Enrollment Information Booklet:** UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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/Revalidation 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.
- **Medicaid Electronic Visit Verification (EVV) Provider System Selection Form:** This form must be completed and submitted with your enrollment/revalidation if it is listed on the Provider Enrollment checklist for your Provider Type.

The Advance Directive form may be a requirement depending on the Provider Type selected. This form will have a variety of questions that must be answered and, if the form is a requirement, the form should be sent to the Division of Health Care Financing and Policy to the following:

Email: civilrights@dhcfp.nv.gov or

Mailing Address: Recipient Civil Rights Officer

Division of Health Care Financing and Policy

1100 East William Street, Suite 101

Carson City, NV 89701

Required Enrollment Documents – Civil Rights Compliance (NMH-3828)

Required Enrollment Documents

- **Provider Enrollment Information Booklet:** UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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/Revalidation 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.
- **Medicaid Electronic Visit Verification (EVV) Provider System Selection Form:** This form must be completed and submitted with your enrollment/revalidation if it is listed on the Provider Enrollment checklist for your Provider Type.

The Civil Rights form may be a requirement depending on the Provider Type selected. This form will have a variety of questions that must be answered and, if the form is a requirement, the form should be sent to the Division of Health Care Financing and Policy to the following:

Email: civilrights@dhcfp.nv.gov or

Mailing Address: Recipient Civil Rights Officer

Division of Health Care Financing and Policy

1100 East William Street, Suite 101

Carson City, NV 89701

Required Enrollment Documents – Electronic Visit Verification (EVV) Form

Required Enrollment Documents

- **Provider Enrollment Information Booklet:** UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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/Revalidation 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.
- **Medicaid Electronic Visit Verification (EVV) Provider System Selection Form:** This form must be completed and submitted with your enrollment/revalidation if it is listed on the Provider Enrollment checklist for your Provider Type.

The EVV Form may be a requirement depending on the Provider Type selected. This form will have a variety of questions that must be answered and the form must be completed and submitted with a new application or a revalidation.

Online Provider Enrollment User Manual

Online Provider Enrollment User Manual

- [Chapter 1: Getting Started](#)
- [Chapter 2: Initial Enrollment Application](#)
- [Chapter 2 Addendum: Ownership & Relationships Example](#)
- [Chapter 3: Revalidation and Updates](#)

The Online Provider Enrollment User Manual will contain pertinent information for using the OPE tool and provide additional details regarding each question that is contained within the application.

Chapter 1: Getting Started – Overview of how to use the OPE tool

Chapter 2: Initial Enrollment Application – Provides step-by-step instructions on how to complete an initial application

Chapter 2 Addendum: Ownership & Relationships Example – Provides additional clarification for users when answering the Ownership Disclosure and Relationship questions

Chapter 3: Revalidation and Updates – Instructions on how to revalidate or make changes to a provider profile through the Electronic Verification System (EVS)

Revalidation Report

Revalidation Report

- **Provider Revalidation Report:** The Nevada Medicaid Provider Revalidation Report lists each provider and the date their next revalidation is due. To avoid contract termination, your revalidation application must be processed and approved prior to the revalidation due date.

The Provider Revalidation Report is a PDF document that allows any user to view a National Provider Identifier (NPI) to determine the date by which their contract will need to be revalidated. Providers are required to revalidate with Nevada Medicaid every five (5) years. The only exception is that Durable Medical Equipment (Provider Type 33) providers must revalidate every three (3) years.

Viewing the report will assist providers with making sure that their contract with Nevada Medicaid does not terminate. If a contract terminates due to a provider not submitting a revalidation, the provider will then need to complete and submit a brand new application. If a provider's contract terminates and the provider attempts to bill for dates of service that happen after their termination date, those particular claims will be denied.

Hospital Presumptive Eligibility Documents

Hospital Presumptive Eligibility Documents

- [Web Announcement 1846](#): Hospital Presumptive Eligibility Annual Training Calendar Dates and Sign-up Guidelines for 2019 (Posted February 22, 2019)
- [Web Announcement 1008](#): Attention ALL Hospital Presumptive Eligibility Providers: Guidance Policy Available
- [Web Announcement 861](#) with Training Schedule: Implementation of Hospital Presumptive Eligibility Option for Acute Care Hospitals (Provider Types 11 and 75)
- [Nevada Medicaid Hospital Presumptive Eligibility Provider Addendum](#): Qualified hospitals must complete and submit the Nevada Medicaid Hospital Presumptive Eligibility Provider Addendum.
- [Hospital Presumptive Eligibility Training Sign-Up Sheet](#): Complete this form listing the hospital employees that will be attending the mandatory training for Presumptive Eligibility. You will be notified by the DWSS in regards to the training dates and times. Keep in mind that each employee making PE determinations MUST be trained by DWSS and complete a competency examination prior to making ANY determinations.

Hospital Presumptive Eligibility Documents must be completed depending on the Provider Type being enrolled with. There is also information contained in this section regarding training that is conducted by the State of Nevada.

Recommended Enrollment Documents

Recommended Enrollment Documents

- Effective February 1, 2019, all providers will be required to submit their Electronic Data Interchange (EDI) enrollment application electronically via the Provider Web Portal [<https://portaluat.medicaid.nv.gov/hcp/provider/Home>], as paper EDI application submissions will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS).
- [Ordering, Prescribing and Referring Provider Enrollment Frequently Asked Questions \(FAQs\)](#)

Recommended Enrollment Documents contains information regarding the use of Electronic Data Interchange (EDI) claim submissions as well as a Frequently Asked Questions document for Ordering, Prescribing and Referring (OPR) providers who are interested in Nevada Medicaid.

Changes to Provider Information

Changes to Provider Information

Changes to any information presented on your enrollment documents must be reported to Nevada Medicaid within five business days.

- To complete changes online, please login to the [Secure Web Portal](#), and choose "Revalidate-Update Provider".
- To report a change in business ownership, resubmit a completed Provider Enrollment Application.
- Provider license updates and voluntary terminations can be mailed or e-mailed to Nevada Medicaid for processing

As of February 1, 2019, any provider that is already enrolled in Nevada Medicaid can make changes to their provider profiles via the EVS secure Provider Web Portal. For instructions, please review Chapter 3 (Revalidation and Updates) of the Online Provider Enrollment User Manual that was previously discussed and can be located on the Provider Enrollment webpage of the Medicaid website.

Contact Information for Provider License Updates & Voluntary Terminations

Contact Information for Provider License Updates and Voluntary Terminations Only

Mail completed provider license updates and/or voluntary terminations to Nevada Medicaid, Provider Enrollment Unit, P.O. Box 30042, Reno, NV 89520-3042 or E-mail: nv.providerapps@dxc.com for processing

Should a provider wish to submit their updated license information or if a provider will be terminating a contract, that information is to be emailed to: nv.providerapps@dxc.com or mailed to the P.O. Box. It is important to note that any documentation besides an updated license or a contract termination will not be reviewed and processed via this email address. Changes to a provider profile will **not** be accepted via email and those changes must be made via the EVS secure Provider Web Portal.

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 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

Enrolling as a Group Provider with Nevada Medicaid via the OPE Tool

Enrollment Checklists

Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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 \(NMH-3826\)](#): This document must be signed and submitted with your Provider Enrollment/Revalidation 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.
- [Medicaid Electronic Visit Verification \(EVV\) Provider System Selection Form](#): This form must be completed and submitted with your enrollment/revalidation if it is listed on the Provider Enrollment checklist for your Provider Type.

In order to access an Enrollment Checklist, navigate to the Provider Enrollment webpage. Under the heading of Required Enrollment Documents, locate and select “Enrollment Checklists.”

Enrollment Checklists, continued

Provider Enrollment Checklists

To see which documents must be submitted with your Provider Enrollment Packet, click the name of your provider type(s) in the list below. If your provider type is not in the list below, please contact the Provider Enrollment Unit at (877) 638-3472 for requirements.

Note: Out of state providers must also submit proof of Medicaid eligibility in the state that services are/were rendered.

Provider Type	Title	Updated Date
10	Outpatient Surgery, Hospital Based	07/25/19
11	Hospital, Inpatient	07/25/19
12	Hospital, Outpatient	07/25/19
13	Psychiatric Hospital, Inpatient	07/25/19
14	Behavioral Health Outpatient Treatment	n/a
15	Registered Dietitian	07/25/19
16	Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public	08/12/19
17	Special Clinics	n/a
19	Nursing Facility	08/12/19
20	Physician, M.D., Osteopath, D.O.	09/23/19
21	Podiatrist	07/25/19
22	Dentist	07/24/19
23	Hearing Aid Dispenser & Related Supplies	07/25/19
24	Advanced Practice Registered Nurse	07/24/19
25	Optometrist	07/25/19
26	Psychologist	n/a
27	Radiology and Non-invasive Diagnostic Centers	07/25/19
28	Pharmacy	08/12/19
29	Home Health Agency	07/25/19
30	Personal Care Services - Provider Agency	10/22/19
32 (Spec. 249)	Community Paramedicine	11/04/19
32 (Spec. 932)	Ambulance, Air or Ground	11/04/19
33	Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)	08/29/19
34	Therapy	n/a
36	Chiropractor	07/25/19
38	Home & Community Based Waiver - Individuals with Intellectual Disabilities and Related Conditions	n/a
39	Adult Day Health Center	08/29/19
41	Optician, Optical Business, Ocularist	08/01/19
43	Laboratory, Pathology Clinical	08/01/19

Users will then need to locate and select the Provider Type 32 (Spec 249) Enrollment Checklist

Enrollment Checklists, continued

Facility



Provider Enrollment Checklist for Provider Type 32 Specialty 249

Community Paramedicine

The following is a list of required enrollment documents for this provider type. Nevada permitted Emergency Medical Services (EMS) agencies and hospitals may enroll into this provider type to conduct Community Paramedicine services only. Please note, emergency services by an EMS agency is provider type 32 specialty 932. Community paramedicine is not an emergency service and requires enrollment into provider type 32 specialty 249. A copy of each document listed below must be included with your Provider Enrollment or Revalidation.

If you have any questions, please contact Provider Customer Service at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

Facility:

- Documentation showing provider's Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Business License
- Organization National Provider Identifier (NPI) Validation - New separate NPI for the EMS agency or hospital to be used for Community Paramedicine only. New NPI can be obtained online at: <https://nppes.cms.hhs.gov/#/>. Printed page from the NPPES NPI Registry displaying the new EMS agency or hospital NPI or a printed copy of the email confirmation showing the new 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 – Organization Level
 - EMS Agency Permit (Division of Public and Behavioral Health or Southern Nevada Health District)
 - Hospital (Endorsement Letter provided by the Division of Public and Behavioral Health)
- Payment Address/ Servicing Agency Address on your enrollment or revalidation application

- Documentation showing provider's Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Business License
- Organization National Provider Identifier (NPI) Validation – New separate NPI for the EMS agency or hospital to be used for Community Paramedicine only. New NPI can be obtain online at: <https://nppes.cms.hhs.gov/#/>. Printed page from the NPPES NPI Registry displaying the new EMS agency or hospital NPI or a printed copy of the email confirmation showing the new 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 – Organization Level
 - EMS Agency Permit (Division of Public and Behavioral Health or Southern Nevada District)
 - Hospital (Endorsement Letter provided by the Division of Public and Behavioral Health)
- Payment Address/ Servicing Agency Address on your enrollment or revalidation application

Enrollment Checklists, continued

Individual:

- Emergency Medical Technician (EMT) 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. If an EMT already has an NPI, this same number can be used. A new separate NPI is not needed. <https://nppes.cms.hhs.gov/#/>.
- Community Paramedicine Endorsement – Individual EMT (Division of Public and Behavioral Health or Southern Nevada Health District)

You do not need to submit this checklist with your enrollment or revalidation.

11/04/2019

Provider Enrollment Checklist
1 / 1

Individual

- Emergency Medical Technician (EMT) 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. If an EMT already has an NPI, this same number can be used. A new separate NPI is not needed. <https://nppes.cms.hhs.gov/#/>
- Community Paramedicine Endorsement – Individual EMT (Division of Public and Behavioral Health or Southern Nevada Health District)

Note: All individuals enrolling has a Provider Type 32 (Community Paramedicine) Specialty 249 must be linked to a Provider Type 32 Group.

Initial Application

Provider Enrollment

Effective January 12, 2019, all providers will be required to submit their Provider Enrollment Applications electronically via the Online Provider Enrollment (OPE) Tool at <https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx>. Paper enrollment applications will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at <https://www.medicaid.nv.gov/providers/Modernization.aspx> for further details.

Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. This page contains all of the information and forms you will need to become a Nevada Medicaid provider. If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday.

Effective 12/1/2015, access [Online Provider Enrollment](#) for individual, group or OPR enrollments.

Provider Documentation Reminders: (See [Web Announcement 1125](#) for reminders that will assist providers in adhering to the documentation responsibilities required of each Nevada Medicaid/Nevada Check Up provider.)

All enrollment documents including attachments require an *original* signature from the provider or an authorized representative (use dark blue or black ink).

Featured Links

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Information](#)
- [EVS User Manual](#)
- [Modernization Project](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)
- [Claims](#)
- [Trading Partner](#)

Provider Links

[Billing Information](#)

[E-Prescribing](#)

[Forms](#)

[Provider Enrollment](#)

[Provider Newsletters](#)

[Provider Training](#)

The OPE tool may be accessed from a variety of different locations, including: the Provider Enrollment webpage, Featured Links (left-hand side of every page) or Provider Links (right-hand side of every page).

Landing Page

Nevada 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

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](#)

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The OPE landing page will have several options that a user can select from:

- Provider Enrollment Application will begin a new application
- Resume Enrollment allows certain users to complete an application at a later time
- Enrollment Status allows users to check the status of their application online, which eliminates the requirement to call the Nevada Medicaid Customer Service Center

Landing Page, 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

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](#)



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In order to begin a new application, select Provider Enrollment Application.

For providers that are enrolling as two different provider types, two applications must be submitted - one for each provider type.

Frequently Viewed/Used Buttons

Continue

The Continue button is typically located at the end of each page of the application and will allow the user to continue with the application.

Finish Later

The Finish Later button is typically located at the end of each page of the application and will allow the user to complete the application at a later time. When the user is going to resume the application, the user must have the FEIN/SSN, Authorization Tracking Number and valid password.

Cancel

The Cancel button is typically located at the end of each page of the application and will allow the user to stop or cancel the application process.

Frequently Viewed/Used Buttons



The Question Mark or Help button is typically located toward the top right of each page. Selecting the Help button will provide the user with details of the currently viewed page as well as basic information regarding each question of the application.



The Add button is located throughout the application regarding specific questions. When a user is answering a question that has an Add button, the Add button must be selected after inputting all applicable information in order for the information to save to the application before submitting. If a user forgets to select Add, the OPE tool will not allow the user to continue until Add is selected.



The Reset button is located throughout the application regarding specific questions and will accompany the Add button. If the user inputs all applicable information and before selecting Add determines that the information is incorrect, select Reset to erase the information and input the correct information.

Welcome Page



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



Provider Enrollment

[Provider Enrollment](#) > Provider Enrollment Application

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	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.
Addresses	
Provider Identification	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.
Other Information	Urgent/Emergency Enrollment
Ownership & Disclosure	If you are requesting urgent/emergency enrollment as an individual provider and have a separate billing provider, they will need to enroll with Nevada Medicaid as a billing provider. Once they are enrolled, you will then need to be linked to the group for claims to process appropriately. The group can be a fully enrolled provider or an urgent/emergency provider.
Agreement	If you are requesting urgent/emergency enrollment as a group provider, and have a separate servicing provider, they will need to enroll with Nevada Medicaid as individual provider and be linked to the group for claims to process. The individual can be a fully enrolled provider or an urgent/emergency provider.
Attachments	You can verify if a provider is enrolled using the Provider Search tool https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx
Summary	Once both the servicing and billing provider are enrolled you will need to submit the claim for payment. Billing instructions can be found on https://www.medicaid.nv.gov/providers/BillingInfo.aspx .
	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.
	Please click the "Continue" to proceed.
	<input type="button" value="Continue"/> <input type="button" value="Cancel"/>

The Welcome page provides relevant information regarding enrolling in the Nevada Medicaid program, as well as: (A) Table of Contents. Table of Contents will always be available and, once a user has completed a section, the Table of Contents will hyperlink each completed section of the application in case a user needs to go back and update information. (B) Contact Us and FAQ links.

In order to continue with the application, select Continue.

Request Information

Provider Enrollment: Request Information ?	
Welcome	Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later". The contact person will potentially be contacted to answer any questions regarding the information provided in this request. * Indicates a required field.
▶ Request Information	
Specialties	Initial Enrollment Information
Addresses	
Provider Identification	
Other Information	
Ownership & Disclosure	
Agreement	
	*Enrollment Type <input type="text" value="Group"/>
	Ownership change <input type="checkbox"/>
	*Provider Type <input type="text" value="32-Ambulance, Air or Ground"/>
	*Requested Enrollment Effective Date <input type="text" value="11/06/2019"/> 

Enrollment Type: This will be selected from a drop-down menu. Select Group.

Ownership Change: If this option is selected, user will be prompted with a pop-up indicating that a copy of the purchase agreement **must** be attached.

Provider Type: Select the appropriate provider type from the drop-down menu (32-Ambulance, Air or Ground). Reminder: if the provider is enrolling as two different provider types, an application for each provider type must be submitted separately. Nevada Medicaid cannot advise a provider as to which provider type they should select. Providers should review the Billing Information and Policy Chapters to make an informed decision.

Requested Enrollment Effective Date: If an application is approved, this will be the start date of the provider's contract. The provider can back date an application up to 180 days depending on services previously rendered. If requesting an effective date of more than 180 days, a written explanation and any supporting documentation are required to be submitted along with the application.

Request Information, continued

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	<input type="text"/>
*Are you currently enrolled as a Provider?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Were you previously enrolled as a Provider?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Federal Tax ID: This information is issued by the IRS and should only be used for a Group Application as the FEIN is used to identify a business entity.

Indicate whether or not the provider is currently enrolled as a provider.

Indicate whether or not the provider was previously enrolled as a provider in Nevada Medicaid. If yes is selected, an additional field requiring the previous NPI be input will appear. If no is selected, no additional information will need to be provided for this question.

Request Information, continued

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**

The Contact Information section does not have to be filled out with the provider's information. This section is for a contact regarding the application, should Nevada Medicaid have any questions.

Last Name: Last name of the person of contact

First Name: First name of the person of contact

Telephone Number: Telephone number of the person of contact

Contact Email: Email address of the person of contact

Confirm Email Address: Confirm the email address of the person of contact

Preferred Method of Contact: Select from drop-down menu of email or phone

Once the Contact Information has been completed, select Continue.

Provider Enrollment Credentials

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 Thursday 06/06/2019 12:23 PM PST

Provider Enrollment: Credentials ?

You will need to create a password to continue your application at a later date. Your password must be at least 8 and no more than 20 alphanumeric characters. Once submitted, your password must be kept for future reference. If forgotten, the password cannot be reset and your application information will be lost. You will need to begin a new application process.

Enter your password in the fields as indicated and click the Submit button. **A tracking number will be provided.** This tracking number and your accompanying password can be used to access your enrollment application.

* Indicates a required field.

Employer Identification Number (EIN) or Social Security Number (SSN) 111111111

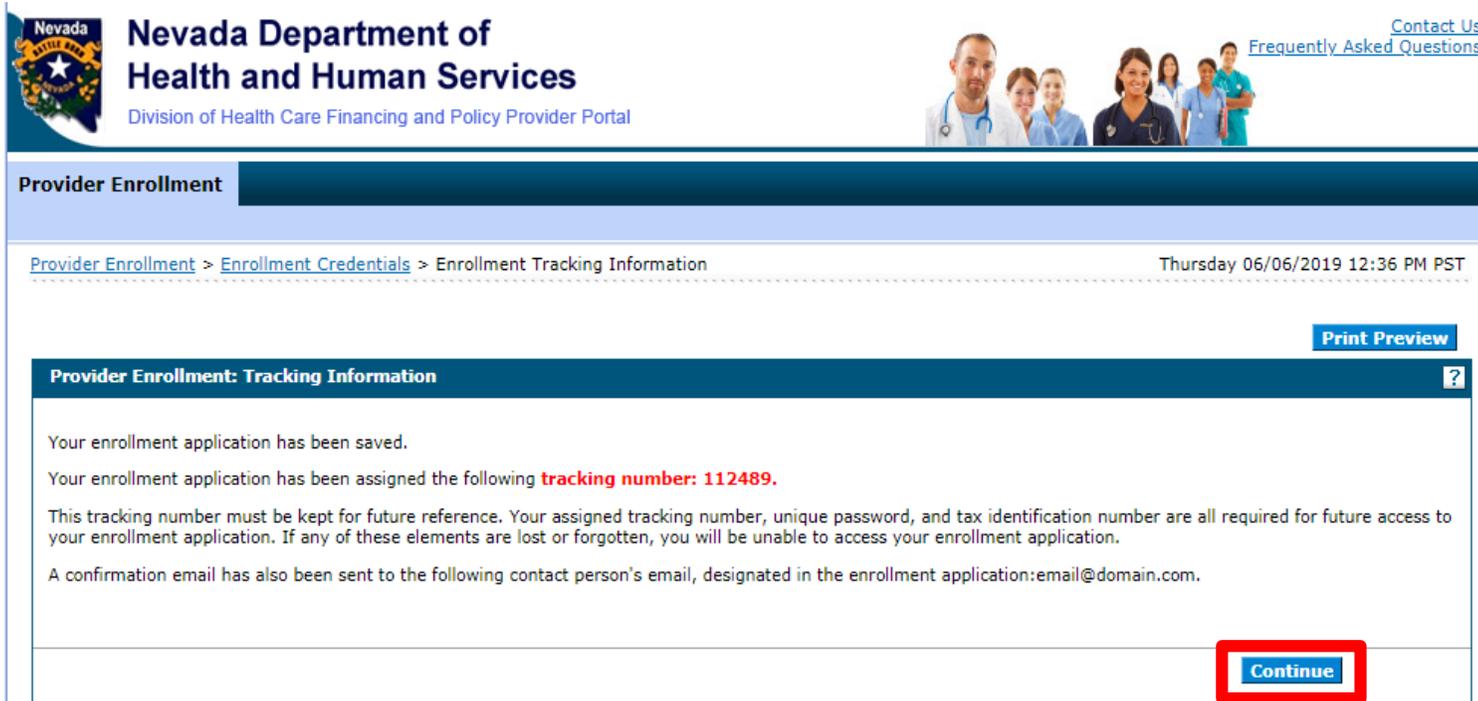
*Password

*Confirm Password

The user will then need to create and confirm a password for the application. If the user cannot remember the password that was created and needs to access the application at a later date, the user will need to complete an entirely brand new application as Nevada Medicaid is unable to reset passwords for the OPE tool.

Once the password is confirmed, select Submit.

Provider Enrollment Credentials, continued



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the Nevada state seal, the department name, and the text "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Frequently Asked Questions". The main content area is titled "Provider Enrollment" and shows a breadcrumb trail: "Provider Enrollment > Enrollment Credentials > Enrollment Tracking Information". The date and time are "Thursday 06/06/2019 12:36 PM PST". A "Print Preview" button is visible. The main heading is "Provider Enrollment: Tracking Information" with a help icon. The text reads: "Your enrollment application has been saved. Your enrollment application has been assigned the following **tracking number: 112489**. 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: email@domain.com." A "Continue" button is highlighted with a red box.

Once the password has been submitted, the Application Tracking Number (ATN) will be generated. Users should take note of the ATN as this will be used to verify status after the application has been submitted. In addition to the ATN, users will also be required to record the FEIN or SSN and password. Again, this is due to the fact that Nevada Medicaid is unable to reset a password for the OPE tool.

Select Continue.

Provider Enrollment Credentials, continued



Tue 6/11/2019 7:52 AM

Division of Health Care Financing and Policy Provider Portal <NVMMIS.edisupport@dxc.com>

Provider Enrollment Application

To

Thank you for your interest in Nevada Medicaid Program. Your Nevada Medicaid Program tracking number is 112780. This tracking number must be kept for future reference. The tracking number, unique password, and Federal Tax ID or SSN are all required for future access to your enrollment application. You will not be able to retrieve your enrollment application without all of the required information. Remember to return to the Provider Portal at <https://medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx> to complete your enrollment application.

A system-generated email will be sent to the contact email listed on the application.

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=""/></p> <p>Specialty Code _ Primary <input checked="" type="checkbox"/></p> <p>Specialty Board <input type="text" value=""/></p> <p>Add Reset</p>	

Continue **Finish Later** **Cancel**

All provider types are required to indicate a specialty. (See the Provider Enrollment Information Booklet for a list of Provider Types and associated Specialties.)

Select the appropriate specialty from the Specialty drop-down list (A). Indicate the Board, if applicable (B), that approved of the specialty and select Add (C). If Add is not selected, the system will not allow users to continue.

Note: In order for a Community Paramedicine Group to exist, it must have Individuals linked to it. Therefore, the Individual and the Group must select Community Paramedicine as the specialty in order for the Individuals to be linked to the Group.

Specialties, continued

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
+ ✔	Ambulance, Air or Ground	
+	Click to add specialty.	

Continue **Finish Later** **Cancel**

If the provider has more than one specialty, select the + symbol and follow previous steps.

If the user selects an incorrect specialty, select Remove from the Action column.

The first specialty selected will be the primary specialty.

Once all specialties are added, select Continue.

Provider Addresses

Provider Addresses

The service address is required. The service address is the physical location of the practice/business/facility where services will be rendered. **This must be a street address and NOT a post office box.**

Paper checks will be mailed to Pay-To address while Electronic Funds Transfer (EFT) testing is performed. If you do not supply a Pay-To address, paper checks will be mailed to the service address.

Nevada Medicaid will mail written correspondence, excluding remittance advices, to Mail-To address. If you do not supply a Mail-To address, written correspondence will be mailed to the service address.

Nevada Medicaid recommends using electronic instead of paper Remittance Advices (RAs) for faster account reconciliation. However, if you wish to receive paper RAs and have them mailed to an address different from the addresses listed above, please complete the Remittance Advice address.

Enter each type of valid provider address including location(s) where a provider renders services, as well as location(s) used for billing and payment.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Collapse the row and click the "Remove" link to remove the entire row or "Copy" link to copy the entire row.

	Type	Street	City	State	Action
	Click to add address.				

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

This section allows users to input address information for the provider.

Service Address must be a physical address and cannot be a P.O. Box.

Pay To Address is the address that Nevada Medicaid will send paper checks until bank information is approved for Electronic Funds Transfer.

Mail To Address is the address that Nevada Medicaid may send written correspondence.

Remittance Advice address is the address that Nevada Medicaid will send RA's that are older than six (6) months. All other RA's are available electronically.

When the user is ready to input and add address information to the application, select the + to add a new address.

Provider Addresses, continued

Type	Street	City	State	Action
☐ Click to collapse.				
*Address Type 	<input type="text"/>		<input type="text"/>	
*Street	<input type="text"/>			
	<input type="text"/>			
*City	<input type="text"/>		*State <input type="text"/>	
*Zip+4 	<input type="text"/>		*County <input type="text"/>	
Email Address 	<input type="text"/>		Confirm Email Address 	<input type="text"/>
Telephone Number Office	<input type="text"/>	Telephone Number Extension	<input type="text"/>	
Telephone Number Fax	<input type="text"/>			
Telephone Number TDD	<input type="text"/>			
Contact Name	<input type="text"/>			
Telephone Number Contact	<input type="text"/>	Telephone Number Extension	<input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>				

Address Type: Select from drop-down menu (Service, Mail-To, Pay-To, Remittance Advice)

Street: Street Address. For service address, this must be a physical address. All other addresses can either be a physical address or a P.O. Box.

City: City

Zip+4: Zip Code. User can locate the additional 4 digits by running a post office address search or inputting 4 zeroes.

State: Select the state the address is located in from the drop-down menu.

County: Select the county the address is located in from drop-down menu.

Provider Addresses, continued

Type	Street	City	State	Action
<input type="checkbox"/> Click to collapse.				
*Address Type	<input type="text" value="Service"/>			
*Street	<input type="text" value="9850 Double R Blvd"/>			
	<input type="text" value="Suite 102"/>			
*City	<input type="text" value="Reno"/>		*State	<input type="text" value="Nevada"/>
*Zip+4	<input type="text" value="895210000"/>		*County	<input type="text" value="Washoe"/>
<input type="button" value="Verify Address"/>				
Email Address	<input type="text"/>		Confirm Email Address	<input type="text"/>
Telephone Number Office	* <input type="text"/>	Telephone Number Extension	<input type="text"/>	
Telephone Number Fax	<input type="text"/>			
Telephone Number TDD	<input type="text"/>			
*Contact Name	<input type="text"/>			
Telephone Number Contact	* <input type="text"/>	Telephone Number Extension	<input type="text"/>	
<input type="button" value="Add"/>		<input type="button" value="Reset"/>		
		<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>		

Once the address information is completed, the user will need to select Verify Address. A pop up window will then appear asking to confirm information. User can click on Select or Use Original Address to complete the address information.

Address Verification: Results

To continue, select one of the options below.

Original Address

**Original address may be undeliverable.

Line 1 9850 Double R Blvd
 Line 2 Suite 102
 City Reno
 State Nevada Zip+4 89521-0000
 County Washoe

Recommended Address Formatted for Deliverability

Click on **SELECT** to choose the address.

Address	City, State	County	ZipCode	Action
9850 DOUBLE R BLVD STE 102	RENO, Nevada	Washoe	89521-2987	<input type="button" value="Select"/>

Provider Addresses, continued

Type	Street	City	State	Action
Click to collapse.				
*Address Type	Service			
*Street	9850 DOUBLE R BLVD STE 102			
*City	RENO		*State Nevada	
*Zip+4	895212987		*County Washoe	
Verify Address				
Email Address			Confirm Email Address	
Telephone Number Office	*		Telephone Number Extension	
Telephone Number Fax				
Telephone Number TDD				
*Contact Name				
Telephone Number Contact	*		Telephone Number Extension	
Add Reset				
Continue Finish Later Cancel				

Once the address information has been verified, the user will then be required to input an active telephone number and contact information.

All other fields are optional.

Once all fields have been populated, select the Add button.

Provider Addresses, continued

	Type	Street	City	State	Action
<input type="checkbox"/>	Service	9850 DOUBLE R BLVD STE 102	RENO	Nevada	Copy Remove
<input type="checkbox"/>	Click to add address.				

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

The user can then select the + or the Copy link to add any additional address information pertaining to the Mail-To, Pay-To and Remittance Advice addresses.

Select Remove in order to delete an address.

Once all addresses have been completed, select Continue.

Provider Identification

Provider Legal Name

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.

*Provider Legal Name

Doing Business As
Name

The Provider Legal Name **must** match their W-9 form.

Doing Business as Name: If the provider will be operating the practice with a different name, list the DBA.

Provider Identification, continued

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 type="radio"/> No</p>	
Special Ownership Type	<input type="text"/>

If the practice will be owned or operated by a different entity than listed, select Yes. If Yes is selected, the Special Ownership Type will become a required field and an appropriate selection must be made from the drop-down menu.

If No is selected, user can move to the next question.

Provider Identification, continued

NPI

The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.

*NPI

Enter the provider's National Provider Identifier (NPI). This information will be obtained from the National Plan & Provider Enumeration System (NPPES). Nevada Medicaid cannot assist in obtaining an NPI. For more information, please visit: nppes.cms.hhs.gov.

Provider Identification, continued

License			
*Name of Issuing Licensing Board, State or Entity	<input type="text"/>		
*License Number	<input type="text"/>	*License State	<input type="text"/>
*Effective Date	<input type="text"/>	*End Date	<input type="text"/>

Name of Issuing Licensing Board, State or Entity: This answer will be selected from the drop-down menu.

License Number: This information will come directly from the license that was issued by the appropriate Board, State or Entity.

License State: Select from a drop-down menu to indicate which State issued the license.

Effective and End Dates: This will be the dates the license is active. After the application is completed, if the provider is issued an updated license, provider must submit the new license to Nevada Medicaid.

Provider Identification, continued

Business Information	
*Nevada Secretary of State Issued Business ID	<input type="text"/>
*Nevada Secretary of State Registered Name	<input type="text"/>
*Choose the option that most closely describes the entity you are enrolling	<div style="border: 1px solid black; padding: 2px;"><div style="background-color: #e0e0e0; padding: 2px; margin-bottom: 2px;">▼</div><ul style="list-style-type: none">CorporationIndian Health Program (IHP)Indian Health ServicesLimited Liability CompanyLimited Liability PartnerNon-ProfitPartnershipProvider GroupSole Proprietorship</div>
CLIA Certification	
CLIA Number	
Drug Enforcement Admin	

Nevada Secretary of State Issued Business ID: This number will be issued from the Nevada Secretary of State. Nevada Medicaid cannot assist in obtaining the SOS number. For more information, please visit: www.nvsos.gov/sos.

Nevada Secretary of State Registered Name: This is the name used by the provider to create and obtain a valid business in the State of Nevada.

The last question in the section must be selected from the drop-down menu and match the type of entity that the provider is enrolling as. This will be determined from the provider's W9 Form that was filed with the IRS.

Provider Identification, continued

CLIA Certification	
CLIA Number	<input type="text"/>
Drug Enforcement Administration (DEA) Number	
DEA #	<input type="text"/>

CLIA (Clinical Laboratory Improvement Amendments) Number: If a provider will be completing laboratory tests in their office, the provider must have the appropriate certification. If not, the provider's claims may deny due to incomplete information.

DEA (Drug Enforcement Administration) Number: If a provider will be dispensing pharmaceuticals in the office, the provider must have a DEA number issued.

Note: If the provider does not have either one of these pieces of information because lab tests are not being completed in office nor are pharmaceuticals being dispensed, the user can input a bypass code of nine 9s (999999999) into each field.

Provider Identification, continued

Taxonomy Codes

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
+	Click to add new Taxonomy Code.	

Providers are required to have a Taxonomy Code. Taxonomy Codes are determined by the provider and not Nevada Medicaid. Providers should review NPPES for their registered taxonomy code. To add a Taxonomy Code, select the + symbol.

Taxonomy Codes

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
-	Click to add new Taxonomy Code.	

*Taxonomy Codes

The user will then need to select the appropriate Taxonomy Code from the drop-down menu and select Add. Nevada Medicaid cannot advise a provider as to which Taxonomy Code should be selected.

Provider Identification, continued

Taxonomy Codes

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
<input type="checkbox"/>	102X00000X - Poetry Therapist	Remove
<input type="checkbox"/>	Click to add new Taxonomy Code.	

Continue **Finish Later** **Cancel**

Once the user has input the Taxonomy Code, the user can add additional codes by selecting the + symbol.

If the Taxonomy Code is incorrect, select Remove from the Action column.

After all Taxonomy Codes have been entered, select Continue.

Associated Providers

Provider Enrollment: Associated Providers ?

[Welcome](#)
[Request Information](#)
[Specialties](#)
[Addresses](#)
[Provider Identification](#)
▶ Associated Providers
[EFT Enrollment](#)
[Other Information](#)
[Ownership & Disclosure](#)
[Agreement](#)
[Attachments](#)
[Summary](#)

Select Add to add one or more associated individual providers to the group.

Providers affiliated with the group must be individual provider enrolled in the Nevada Medicaid program or have an application in process. The following form must be completed, including signature(s) 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.

Associated Provider Signature Form [Download](#) 

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

NPI	Provider Name	Action
<input type="checkbox"/> Click to add Associated Provider.		
Associated Provider National Provider Identifier		
*NPI <input style="width: 150px;" type="text"/>		
Associated Provider Individual Name.		
If the associated provider is an individual, enter their last name, first name and middle initial.		
Last Name <input style="width: 150px;" type="text"/>		
First Name <input style="width: 150px;" type="text"/>		
Middle <input style="width: 50px;" type="text"/>		
Associated Provider Business Name		
If the associated provider is a business, enter the business name.		
Business Name <input style="width: 150px;" type="text"/>		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

Every provider that is enrolling as a Group with Nevada Medicaid must have Individual providers associated with the Group. For Community Paramedicine, the Individual provider must be enrolled as a Provider Type 32 / Specialty 249.

The Group must complete the available fields on behalf of the Individual providers being linked to the Group NPI. After all fields have been completed, select Add.

The Individual providers must also sign and date the Associated Provider Signature Form, which is located toward the top of the page.

Associated Providers, continued

Provider Enrollment: Associated Providers ?

[Welcome](#)

[Request Information](#)

[Specialties](#)

[Addresses](#)

[Provider Identification](#)

▶ Associated Providers

[EFT Enrollment](#)

[Other Information](#)

[Ownership & Disclosure](#)

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[Attachments](#)

[Summary](#)

Select [Add](#) to add one or more associated individual providers to the group.

Providers affiliated with the group must be individual provider enrolled in the Nevada Medicaid program or have an application in process. The following form must be completed, including signature(s) 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.

Associated Provider Signature Form [Download](#)

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

NPI	Provider Name	Action
+ 1234512345	Provider	Remove
+ Click to add Associated Provider.		

Continue
Finish Later
Cancel

After all associated provider fields are completed and Add has been selected, repeat steps for any additional associated providers. If any associated providers are not to be linked to the Group, select Remove from the Action column.

After completing, select Continue.

EFT Information

Provider Enrollment: EFT Information ?

[Welcome](#)

[Request Information](#)

[Specialties](#)

[Addresses](#)

[Provider Identification](#)

EFT Enrollment

[Other Information](#)

[Ownership & Disclosure](#)

[Agreement](#)

[Attachments](#)

[Summary](#)

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

*Provider's Account Number with Financial Institution

Reason For Submission

*Include with Enrollment Submission

Requested EFT Start/Change/Cancel date 06/06/2019

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

Providers will be asked to provide Electronic Funds Transfer (EFT) information for Nevada Medicaid to make payments to the provider after claims processing.

Download the EFT Authorization, input the bank's Routing Number (9 digits), your Account Number and indicate if a Bank Letter or Voided Check is being attached. The date will auto-populate based on the effective date of the application that was completed previously. Select Continue.

Note: EFT requests are not approved immediately. Nevada Medicaid is required to run "tests" to verify the bank information. EFT approvals can take up to 15 days.

EFT Information, continued

Nevada Medicaid and Nevada Check Up

If the provider has already enrolled in EFT, and the EFT information has remained the same, this form is not required. 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 (Nevada Medicaid refers to the fiscal agent for 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.

Business or personal bank account number: _____

Authorized signature: _____ Date: _____

The EFT form must be completed and uploaded later in the application as an attachment and must accompany either a Bank Letter or a Voided Check

TAPE AN ORIGINAL, VOIDED CHECK HERE

OR ATTACH A LETTER FROM YOUR BANK THAT CONTAINS YOUR BANK'S ROUTING NUMBER.

PHOTOCOPIED CHECKS AND BANK DEPOSIT SLIPS ARE NOT ACCEPTED.



Other Information

Additional Information	
*Are you enrolled in Medicare?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Days and Hours of Operation	<input type="text"/>
*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"/>
*Are you currently accepting new patients?	<input type="radio"/> Yes <input type="radio"/> No
*Can you accommodate recipients with special needs?	<input type="radio"/> Yes <input type="radio"/> No

Are you enrolled in Medicare: Select the appropriate answer. Later in the application there will be a similar question and both answers must match. If not, the application will be returned for corrections.

Days and Hours of Operation: Input days and time that the practice is open.

The next question will be selected from a drop-down menu and will indicate if the provider is seeing Fee For Service (FFS) recipients, Managed Care Organization (MCO) recipients or both FFS and MCO recipients. For more information regarding FFS and MCO recipients, please review the Billing Manual located on the Billing Information webpage of the Nevada Medicaid website.

Are you currently accepting new patients: Select the appropriate answer.

Can you accommodate recipients with special needs: Select the appropriate answer.

Other Information, continued

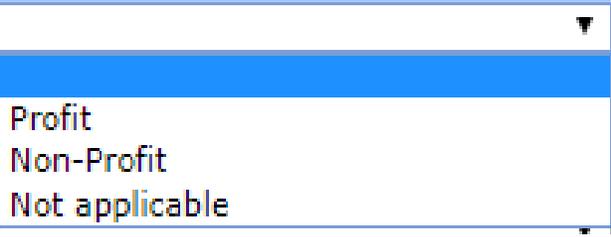
Subsidiary or Parent

Is the entity a subsidiary or parent of another entity? Yes No

If the Group is a subsidiary of another company or is the parent company to another entity, indicate yes. If not, select No.

Other Information, continued

Facility Rating	
	Facility Rating
Facility Control	
	Facility Control



The image shows a screenshot of a form with two sections: 'Facility Rating' and 'Facility Control'. The 'Facility Rating' section has a label 'Facility Rating' and a corresponding input field. The 'Facility Control' section has a label 'Facility Control' and a corresponding input field. A drop-down menu is open over the 'Facility Control' input field, showing three options: 'Profit', 'Non-Profit', and 'Not applicable'. The 'Profit' option is currently selected and highlighted in blue.

If there is a rating associated with the Group, indicate the facility rating from the drop-down menu. If the Group does not fall into one of the categories, select Not applicable or skip the question entirely.

Other Information, continued

Facility Control			
Facility Control			
Number of Beds			
Swing Bed	<input type="checkbox"/>	Acute	<input type="checkbox"/>
ICF	<input type="checkbox"/>	ISO	<input type="checkbox"/>
Mammography Certification Number (FDA-Certified m			

City

Charity

Not applicable

Private

Public

State

If there is another entity that will be controlling the business, indicate an answer from the drop-down menu. If the Group does not fall into one of the categories, select Not applicable or skip the question entirely.

Other Information, continued

Number of Beds											
Swing Bed	<input type="text"/>	Acute	<input type="text"/>	ICF	<input type="text"/>	SNF	<input type="text"/>	ICF/MR	<input type="text"/>	ISO	<input type="text"/>

If the facility will be issuing beds to patients, the amount of beds that are located in the facility must be indicated. If the facility has no beds, do not input any information into the fields.

Other Information, continued

Mammography Certification Number (FDA-Certified mammography providers only)	
Mammography Certification Number	<input type="text"/>
<p>Continue Finish Later Cancel</p>	

If the Group will be performing Mammograms, the Group must be FDA-Certified, the Certification Number must be listed and a copy of the certificate must be uploaded, which will be covered later in the training.

Ownership & Disclosure

Ownership Information

Completion of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42CFR ?455.100 ? 106. Click [here](#) to view the full regulation

Ownership is defined as all individuals and corporations having direct or indirect ownership interest, or controlling interest in the disclosing entity (this includes relatives) and for any subcontracting company in which the disclosing entity has direct or indirect ownership of 5 percent or more. Agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. Managing Employee is defined as a general manager, business manager, administrator, officer, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency. Board Member is defined as anyone who sits on a board of directors for any entity.

Information is required on the following:

- ▶ Group and Individual Enrollment applicants are required to enter all individuals or entities that:
 - ▶ have a direct or indirect ownership interest or controlling interest in the disclosing entity of 5 percent or more;
 - ▶ have a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
 - ▶ owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
 - ▶ is an officer or director of a disclosing entity that is organized as a corporation; or
 - ▶ is a partner in a disclosing entity that is organized as a partnership.
- ▶ Group and Individual Enrollment applications are required to indicate the chain of ownership between the direct and indirect owners. Use the Related Corporations, Owners, Agents or Managing Employees Information grid below to indicate the chain of ownership.
- ▶ Group and Individual Enrollment applications are required to enter all Agents and Managing Employees.
- ▶ Group applications are required to enter all board member(s) if they are formed as a corporation.
- ▶ Anyone listed in the above entities that own 5 percent or more of any other business (health care related or non-health care related) is required to disclose that information.

Note: Owners are generally the Corporation or Owner entity types, but can also be board members/trustees. The information on ownership, board member(s), managing employee(s), and agent(s) needs to be added in the Ownership (Direct & Indirect) / Managing Employee grid below. Ownership information sent as an attachment will not be accepted.

This is not required for:

- ▶ Individuals linking to group
- ▶ Provider Type 38
- ▶ Groups and individuals with a Special Ownership type value of Government or State Owned selected on the Provider Identification panel

Note: County owned organizations, Non-Profit organizations, and school districts are required to disclose all Board Members and Managing Employees/Agents.

All providers must read and understand the instructions that are listed on this page in order to properly complete the application. Users should also refer to Chapter 2 Addendum of the OPE User Manual for clarification regarding information and formatting that must be followed in order to properly complete the application. If any information is incorrect, Nevada Medicaid will return the application for review and corrections.

Examples are outlined on the next 3 slides.

Ownership & Disclosure, continued

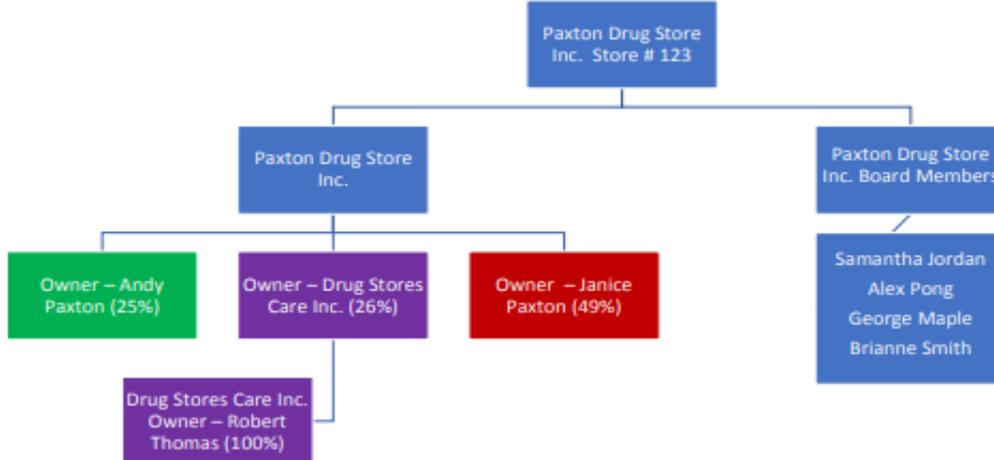
Chapter 2 Addendum. Ownership & Relationships Example

As part of the modernized Medicaid Management Information System (MMIS) update on February 1, 2019, providers are now required to identify all ownership in their company and outline the relationships that exist as outlined in Chapter 2 of the Online Provider Enrollment User Manual.

This process can be complex, so the purpose of this addendum is to provide an example.

2.1 Storyline

Paxton Drug Store #123 is completing their initial provider enrollment application. They are owned by Paxton Drug Store Inc. The parent company has four board members: Samantha, Alex, George and Brianne. Paxton Drug Store Inc. is owned by Andy Paxton, Janice Paxton and Drug Stores Care Inc. This company is owned by Robert Thomas.



2.2 Completing the Ownership Information Section

The provider must input all details regarding information:

- Paxton Drug Store owns 100% of Paxton Drug Store #123.
- Samantha Jordan, Alex Pong, George Maple and Brianne Smith are board members, but do not own any shares of the company.
- Andy Paxton owns 25% of Paxton Drug Store, Janice Paxton owns 49% and Drug Stores Care owns 26%.
- Robert Thomas owns 100% of Drug Stores Care.

Online Provider Enrollment User Manual, Chapter 2 Addendum
03/07/2019

1

Ownership & Disclosure, continued

Ownership Information

Completion of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42CFR 7455.100 ? 106. Click [here](#) to view the full regulation

Ownership is defined as all individuals and corporations having direct or indirect ownership interest, or controlling interest in the disclosing entity (this includes relatives) and for any subcontracting company in which the disclosing entity has direct or indirect ownership of 5 percent or more. Agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. Managing Employee is defined as a general manager, business manager, administrator, officer, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency. Board Member is defined as anyone who sits on a board of directors for any entity.

Information is required on the following:

- ▶ Group and Individual Enrollment applicants are required to enter all individuals or entities that:
 - ▶ have a direct or indirect ownership interest or controlling interest in the disclosing entity of 5 percent or more;
 - ▶ have a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
 - ▶ owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
 - ▶ is an officer or director of a disclosing entity that is organized as a corporation; or
 - ▶ is a partner in a disclosing entity that is organized as a partnership.
- ▶ Group and Individual Enrollment applications are required to indicate the chain of ownership between the direct and indirect owners. Use the Related Corporations, Owners, Agents or Managing Employees Information grid below to indicate the chain of ownership.
- ▶ Group and Individual Enrollment applications are required to enter all Agents and Managing Employees.
- ▶ Group applications are required to enter all board member(s) if they are formed as a corporation.
- ▶ Anyone listed in the above entities that own 5 percent or more of any other business (health care related or non-health care related) is required to disclose that information.

Note: Owners are generally the Corporation or Owner entity types, but can also be board members/trustees. The information on ownership, board member(s), managing employee(s), and agent(s) needs to be added in the Ownership (Direct & Indirect) / Managing Employee grid below. Ownership information sent as an attachment will not be accepted.

This is not required for:

- ▶ Individuals linking to group
- ▶ Provider Type 38
- ▶ Groups and individuals with a Special Ownership type value of Government or State Owned selected on the Provider Identification panel

Note: County owned organizations, Non-Profit organizations, and school districts are required to disclose all Board Members and Managing Employees/Agents.

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

Ownership (Direct & Indirect) / Managing Employee					
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
+ 1	Corporation	Paxton Drug Store	684864644	100	Remove
+ 2	Board Member/Trustee	Samantha Jordan	549227364	0	Remove
+ 3	Board Member/Trustee	Alex Pong	281228574	0	Remove
+ 4	Board Member/Trustee	George Maple	254681538	0	Remove
+ 5	Board Member/Trustee	Brianne Smith	425116842	0	Remove
+ 6	Owner	Andy Paxton	225683148	25	Remove
+ 7	Owner	Janice Paxton	254169841	49	Remove
+ 8	Corporation	Drug Stores Care	625479153	26	Remove
+ 9	Owner	Robert Thomas	259741258	100	Remove
+ Click to add Type of Entity.					

2.3 Completing the Ownership or Controls Relationship Section

Now that all corporations, board members and owners have been input, the provider must link the people and/or corporations. This section does not include board members.

- Andy, Janice & Drug Stores Care are owners of Paxton Drug Store
- Andy is the spouse of Janice Paxton
- Robert Thomas owns Drug Stores Care

Ownership & Disclosure, continued

2.4 Note about Completing the Ownership Information Section

There may be times when ownership total does not equal 100%, as it did in Section 2.2, because some owners own less than 5% and would not be listed. When that happens, put detailed notes in the *Explanation if total ownership is less than* field.

There may also be times when the parent company is publicly traded and cannot provide people's names who own 5% or more of the company. In this situation, it is suggested to attach a letter explaining the circumstances to aid in processing the application more quickly.

Ownership or Control Relationships

In the Related Corporations Owners, Agents or Managing Employees Information grid below, indicate if any person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.

Group and Individual Enrollment applications are required to use this grid to indicate the chain of ownership between the direct and indirect owners.

Is any person (individual or corporation) with an ownership or control interest in the disclosing entity related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or is any disclosed corporation an owner of any other disclosed corporation?

* Yes No

Related Corporations, Owners, Agents, or Managing Employees Information				
#	Corporation/Owner/Agent/Managing Employee Name	Relationship	Corporation/Owner/Agent/Managing Employee Name	Action
+ 1	Andy Paxton	Is The Owner Of	Paxton Drug Store	Remove
+ 2	Janice Paxton	Is The Owner Of	Paxton Drug Store	Remove
+ 3	Andy Paxton	Is The Spouse Of	Janice Paxton	Remove
+ 4	Drug Stores Care	Is The Owner Of	Paxton Drug Store	Remove
+ 5	Robert Thomas	Is The Owner Of	Drug Stores Care	Remove
+ 6	Click to add Relationship information.			

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	Mike Jones	123456789	92	Remove
+ 2	Managing Employee	Sandy Smith	123456789	N/A	Remove
+ 3	Click to add Type of Entity.				

*Explanation if total ownership less than 100%

There are two people who own 4% each.

Ownership & Disclosure, continued

Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicaid provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program, or health-related services under the social services program.

Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: If A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported.

Ownership & Disclosure, continued

Controlling interest is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.



Ownership & Disclosure, continued

Agent means any person who has been delegated the authority to obligate or act on behalf of a provider.

Disclosing entity means a Medicaid provider or a fiscal agent.

Fiscal agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Managing employee means a general manager, business manager, administrator, director or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

Ownership & Disclosure, continued

Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII or XX of the Act. This includes:

- a) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic or health maintenance organization that participates in Medicare (Title XVIII);
- b) Any Medicare intermediary or carrier; and
- c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX of the Act.

Ownership interest means the possession of equity in the capital, the stock or the profits of the disclosing entity.

Ownership & Disclosure, continued

Person with an ownership or control interest means a person or corporation that:

- a) Has an ownership interest totaling 5 percent or more in a disclosing entity.
- b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- e) Is an officer or director of a disclosing entity that is organized as a corporation; or
- f) Is a partner in a disclosing entity that is organized as a partnership.

Ownership & Disclosure, continued

Subcontractor means:

- a) An individual, agency or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- b) An individual, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment or services provided under the Medical agreement.

Supplier means an individual, agency or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds or a pharmaceutical firm).

Ownership & Disclosure, 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	Legal Name	Federal Tax ID	% of Ownership	Action
Click to add Type of Entity.					
Type of Entity <input type="text"/>					
Title <input type="text"/>					
Corporation Name <input type="text"/>					
Ownership Type <input type="text"/>					
Last Name <input type="text"/>					
First Name <input type="text"/>					
Middle <input type="text"/> Birth Date <input type="text"/>					
SSN <input type="text"/> Federal Tax ID <input type="text"/>					
Street <input type="text"/>					
<input type="text"/>					
City <input type="text"/>					
State <input type="text"/> Zip+4 <input type="text"/>					
% of Ownership <input type="text"/>					
Employee Indicator <input type="text"/>					
Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

Type of Entity: This will be selected from a drop-down menu (Board Members/Trustee, Corporation, Managing Employee and/or Agent, or Owners). Depending upon the selection that is made, the questions may vary.

The next four (4) slides cover the questions that must be answered depending on the Type of Entity selected.

Ownership & Disclosure, continued

Ownership (Direct & Indirect) / Managing Employee

#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
Click to add Type of Entity.					
*Type of Entity <input type="text" value="Board Member/Trustee"/>					
*Title <input type="text"/>					
*Last Name <input type="text"/>					
*First Name <input type="text"/>					
Middle <input type="text"/> *Birth Date <input type="text"/>					
*SSN <input type="text"/>					
*Street <input type="text"/>					
<input type="text"/>					
*City <input type="text"/>					
*State <input type="text"/>					
*Zip+4 <input type="text"/>					
% of Ownership <input type="text"/>					
Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?					
* <input type="radio"/> Yes <input checked="" type="radio"/> No					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

If Board Member/Trustee is selected as the Type of Entity, the questions will be different. User must complete each question that is listed. If the user indicates Yes, that the entity owns more than 5% of any other business, additional questions must be answered.

Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?

* Yes No

Other Business Interests

#	Business Name	Federal Tax ID	Action
Click to add Other Business Interests.			
*Business Name <input type="text"/>			
*Federal Tax ID <input type="text"/>			
*Street <input type="text"/>			
<input type="text"/>			
*City <input type="text"/>			
*State <input type="text"/>			
*Zip+4 <input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

Ownership & Disclosure, continued

Ownership (Direct & Indirect) / Managing Employee

#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
Click to add Type of Entity.					
	*Type of Entity Corporation				
	*Corporation Name				
	*Ownership Type				
	*Federal Tax ID				
	*Street				
	*City				
	*State		*Zip+4		
	*% of Ownership				
Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?					
* <input type="radio"/> Yes <input checked="" type="radio"/> No					
Add Cancel					

If Corporation is selected as the Type of Entity, the questions will be different. User must complete each question that is listed. If the user indicates Yes, that the entity owns more than 5% of any other business, additional questions must be answered.

Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?

* Yes No

Other Business Interests

#	Business Name	Federal Tax ID	Action
Click to add Other Business Interests.			
	*Business Name		
	*Federal Tax ID		
	*Street		
	*City		
	*State		
	*Zip+4		
Add Cancel			

Ownership & Disclosure, continued

Ownership (Direct & Indirect) / Managing Employee

#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
Click to add Type of Entity.					
*Type of Entity <input type="text" value="Managing Employees and/or Agent"/>					
*Title <input type="text"/>					
*Last Name <input type="text"/>					
*First Name <input type="text"/>					
Middle <input type="text"/> *Birth Date <input type="text"/>					
*SSN <input type="text"/>					
*Street <input type="text"/>					
*City <input type="text"/>					
*State <input type="text"/> *Zip+4 <input type="text"/>					
*Employee Indicator <input type="text"/>					
Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?					
* <input type="radio"/> Yes <input checked="" type="radio"/> No					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

If Managing Employees and/or Agent are selected as the Type of Entity, the questions will be different. User must complete each question that is listed. If the user indicates Yes, that the entity owns more than 5% of any other business, additional questions must be answered.

Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?

* Yes No

Other Business Interests

#	Business Name	Federal Tax ID	Action
Click to add Other Business Interests.			
*Business Name <input type="text"/>			
*Federal Tax ID <input type="text"/>			
*Street <input type="text"/>			
*City <input type="text"/>			
*State <input type="text"/>			
*Zip+4 <input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

Ownership & Disclosure, continued

Ownership (Direct & Indirect) / Managing Employee

#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
Click to add Type of Entity.					
	*Type of Entity: Owners				
	*Title				
	*Ownership Type				
	*Last Name				
	*First Name				
	Middle	*Birth Date			
	*SSN				
	*Street				
	*City				
	*State		*Zip+4		
	*% of Ownership				
Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?					
* <input type="radio"/> Yes <input checked="" type="radio"/> No					
Add		Cancel			

If Owners is selected as the Type of Entity, the questions will be different. User must complete each question that is listed. If the user indicates Yes, that the entity owns more than 5% of any other business, additional questions must be answered.

Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?

* Yes No

Other Business Interests

#	Business Name	Federal Tax ID	Action
Click to add Other Business Interests.			
	*Business Name		
	*Federal Tax ID		
	*Street		
	*City		
	*State		
	*Zip+4		
Add		Cancel	

Ownership & Disclosure, continued

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

Ownership (Direct & Indirect) / Managing Employee					
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
+ 1	Owner	First Last	111111111	90	Remove
+ 2	Managing Employee	First Last	123333333	N/A	Remove
+	Click to add Type of Entity.				

Explanation if total ownership less than 100%

The percentage of ownership must equal 100%. If there are any owners of the business that own **less** than 5% of the practice, that information must be disclosed in the free form text field.

Ownership & Disclosure, continued

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

Mortgage, deed of trust, note or other obligation information				
#	Name	SSN	Federal Tax ID	Action
Click to add Individual and/or Corporation.				
*Type of Entity <input type="text"/>				
Name <input type="text"/>				
Last Name <input type="text"/>				
First Name <input type="text"/>				
Middle <input type="text"/>				
Birth Date <input type="text"/>				
SSN <input type="text"/>				
Federal Tax ID <input type="text"/>				
Street <input type="text"/>				
<input type="text"/>				
City <input type="text"/>				
State <input type="text"/>				
Zip+4 <input type="text"/>				
% of Ownership <input type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

If any of the entities that were previously listed own more than 5% of a mortgage, deed, trust, note or other obligations, that information must be listed. The required fields will change depending on the Type of Entity selected.

If not, the fields will not populate and user can move to the next question.

The next slide will show the different questions that must be answered depending upon the Type of Entity selected.

Ownership & Disclosure, continued

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

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

Mortgage, deed of trust, note or other obligation information				
#	Name	SSN	Federal Tax ID	Action
Click to add Individual and/or Corporation.				
<p>*Type of Entity <input type="text" value="Corporation"/></p> <p>*Name <input type="text"/></p> <p>*Federal Tax ID <input type="text"/></p> <p>*Street <input type="text"/></p> <p><input type="text"/></p> <p>*City <input type="text"/></p> <p>*State <input type="text"/></p> <p>*Zip+4 <input type="text"/></p> <p>*% of Ownership <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p>				

Mortgage, deed of trust, note or other obligation information				
#	Name	SSN	Federal Tax ID	Action
Click to add Individual and/or Corporation.				
<p>*Type of Entity <input type="text" value="Owners"/></p> <p>*Last Name <input type="text"/></p> <p>*First Name <input type="text"/></p> <p>Middle <input type="text"/></p> <p>*Birth Date <input type="text"/></p> <p>*SSN <input type="text"/></p> <p>*Street <input type="text"/></p> <p><input type="text"/></p> <p>*City <input type="text"/></p> <p>*State <input type="text"/></p> <p>*Zip+4 <input type="text"/></p> <p>*% of Ownership <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p>				

Ownership & Disclosure, continued

Ownership or Control Relationships

In the Related Corporations Owners, Agents or Managing Employees Information grid below, indicate if any person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.

Group and Individual Enrollment applications are required to use this grid to indicate the chain of ownership between the direct and indirect owners.

Is any person (individual or corporation) with an ownership or control interest in the disclosing entity related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or is any disclosed corporation an owner of any other disclosed corporation?

Yes No

Related Corporations, Owners, Agents, or Managing Employees Information

#	Corporation/Owner/Agent/Managing Employee Name	Relationship	Corporation/Owner/Agent/Managing Employee Name	Action
Click to add Relationship information.				
	*Corporation/Owner/Agent/Managing Employee Name	Is The		
	*Relationship (including Business Ownership)	Of		
	*Corporation/Owner/Agent/Managing Employee Name			

If any of the owners are related to one another, that information must be disclosed. Complete the fields and select Add. If there are no relationships between owners, indicate No and the fields will not appear.

Ownership & Disclosure, 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"/>	Click to add Change Authorizations.	

*Last Name

*First Name

This question is regarding who in the practice is authorized to make changes on behalf of the provider. If information about a provider's profile must be changed and the user that is submitting the changes is not an authorized person, those changes cannot be made. Changes can only be accepted from the Owner or the Authorized Representative.

Input Authorized Representative's Last Name and First Name and select Add.

Ownership & Disclosure, continued

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

Currently Enrolled or Previously Enrolled Information				
#	Program	State	Effective Date	Action
Click to add Program.				
*Program <input type="text"/>				
*State <input type="text"/>				
*Effective Date <input type="text"/> 				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

If any owner, agent, managing employee or anyone else that has controlling interest in the practice has ever been enrolled in either Medicaid and/or Medicare, that information must be listed on the application and the answer to this question must match the similar question that was asked previously. Once fields are completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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

Negative Balance/Owed Money Information				
#	Provider/Entity/Employee Name	Amount Owed	To Whom Is The Money Owed	Action
Click to add Negative Balances.				
*Provider/Entity/Employee Name <input type="text"/>				
*Amount Owed <input type="text" value="0.00"/>				
*To Whom Is The Money Owed <input type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

If any owner, agent, managing employee or person with controlling interest owes monies to a state and/or federal program, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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

Conviction Information			
#	Name Used When Convicted	Date Of Conviction	Action
Click to add Convictions.			
	*Name Used When Convicted		
	*Date Of Conviction		
	*Charges		
	*Disposition		
	*Conditions Of Parole/Probation		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

If any owner, agent, managing employee or person with controlling interest has ever been convicted of a misdemeanor, gross misdemeanor or felony (see Chapter 100 of the Medicaid Services Manual for further clarification), all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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

Sanction Information						
#	Name Used When Sanctioned	Provider ID	Group ID	Sanction Effective Date	Reinstatement Date	Action
Click to add OIG/HHS Sanctions.						
If no NPI/API, use IPN for either provider ID or Group ID number. Either provider ID or Group ID is required						
*Name Used When Sanctioned <input type="text"/>						
Provider ID <input type="text"/>						
Group ID <input type="text"/>						
*Sanction Effective Date <input type="text"/> 						
*Reinstatement Date <input type="text"/> 						
<input type="button" value="Add"/> <input type="button" value="Cancel"/>						

If any owner, agent, managing employee or person with controlling interest has ever been placed on the Office of Inspector General's exclusion list, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, 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

*Please Provide Details

If any owner, agent, managing employee or person with controlling interest is currently under investigation, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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

*Please Provide Details
Including Court
Documentation

If any owner, agent, managing employee or person with controlling interest currently has an open or pending court case, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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

* Yes No

*Explain

If any owner, agent, managing employee or person with controlling interest has been denied malpractice insurance, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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

Denied, Suspended, Restricted or Revoked Professional License or Certificate Information			
#	Explanation	Denial/Suspension/Restriction/Revocation Dates	Action
Click to add Surrendered Licenses.			
*Explanation <input type="text"/>			
*From <input type="text"/> 			
*To <input type="text"/> 			
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

If any owner, agent, managing employee or person with controlling interest has had their license denied, suspended, restricted or revoked, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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

Voluntary Surrender of Professional License or Certificate Information			
#	Explanation	Voluntary Surrender Dates	Action
<input type="checkbox"/>	Click to add denied, suspended, restricted or revoked information.		
	<p>*Explanation</p> <input type="text"/>		
	<p>*From</p> <input type="text"/>	<input type="text"/>	
	<p>*To</p> <input type="text"/>	<input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

If any owner, agent, managing employee or person with controlling interest have voluntarily surrendered their license, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

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 means 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 is required with every request. A link to this document is provided below.

There are three (3) sections of the Provider Enrollment: Agreement page. The first section is the Instruction section which will provide instructions regarding the additional sections of the Agreement Page. Providers must read and understand before proceeding with the remainder of the application.

Agreement, continued

Terms of Agreement

Provider Name First Last
Street 9850 DOUBLE R BLVD STE 102
RENO
Nevada, 89521-2987

Employer Identification Number (EIN) or Social Security Number (SSN) 111111111

NPI 1234512345

Contact Name First Last
Contact Email email@domain.com

Please read and print for your records the Nevada Medicaid and Nevada Check Up Provider Contract. Please note that the Acceptance checkbox below will remain disabled until the provider contract document has been read.

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

 Get ADOBE® READER™ 

You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge as the Provider or legal representative of the provider, that you understand your electronic signature is binding to the same extent as your written signature.

A *I accept the terms and conditions of the application and contract. I understand that my electronic signature is equivalent to written signature.

*Provider or Authorized Representative Signature

*Title

Submission Date 06/10/2019

The second section of the Agreement Page is the Terms of Agreement. User must indicate that they accept the terms and conditions (A) and complete the remaining fields.

In order to complete the section, the user **must** download the Nevada Medicaid and Nevada Check Up Provider Contract in order to be able to complete the question regarding the acceptance of the terms.

For this example, the question has been greyed out until the user downloads contract. Once the contract has been downloaded, the question will then appear and can be answered.

Agreement, continued

Declaration
<p>I declare under penalty of perjury under the laws of the State of Nevada that the information in this document and any attachments are true, accurate and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider(s) listed on this Application. I understand that Nevada Medicaid will rely on this information in entering into or continuing a Nevada Medicaid Provider Contract and that this form will be incorporated into and become a part of my Nevada Medicaid Provider Contract. I understand that I am required to notify Nevada Medicaid within five days of changes to information on this Application. I understand that I am responsible for the presentation of true, accurate and complete information on all invoices/claims submitted to Nevada Medicaid. I further understand that payment and satisfaction of these claims will be from federal and state funds and that false claims, statements, documents or concealment of material facts may be prosecuted under applicable federal and state laws.</p>
<p>Continue Finish Later Cancel</p>

The last section covers the Declaration, which indicates that the user has answered all questions to the best of their ability.

Once the Declaration is read and understood, select Continue.

Attachments

Provider Enrollment: Attachments

[Welcome](#)

[Request Information](#)

[Specialties](#)

[Addresses](#)

[Provider Identification](#)

[EFT Enrollment](#)

[Other Information](#)

[Ownership & Disclosure](#)

[Agreement](#)

Attachments

Summary

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 Physician, M.D., Osteopath, D.O.
Provider Specialty Allergy

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	FT-File Transfer ▼	*Attachment Type	
			*Upload File	Choose File No file chosen
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

The next section is where users will need to upload all required documents. Users will need to review the Enrollment Checklist for the Provider Type to determine if all documents have been uploaded.

Transmission Method will always default to FT-File Transfer and this does not need to be changed. Select the Attachment Type from the drop-down menu. Select Choose File and locate the appropriate document for uploading. Once document is placed in the application, select Add.

Users will also need to make sure that the proper EFT documentation is also uploaded.

Once all applicable documents are uploaded, select Continue.

Summary

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](#)

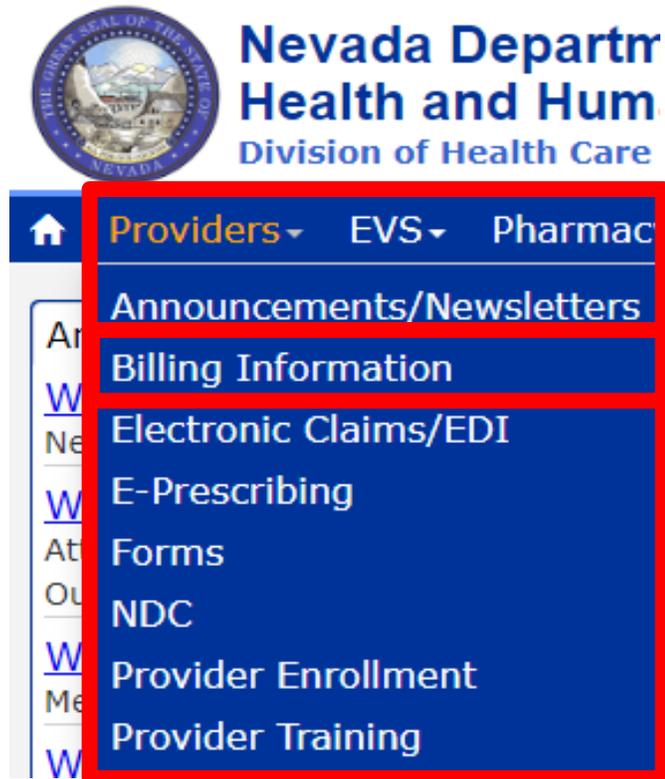
The Summary Page will allow users to view the information input into the application before submitting to Nevada Medicaid for approval.

Once the user reviews and determines that there are no changes necessary, select Confirm in order to submit to Nevada Medicaid for processing. After submitting, users can view the status of the application by logging into the OPE tool. Users will also receive mailed communication from Nevada Medicaid indicating whether or not the application has been accepted.

After submission, users should allow **at least a minimum of 2-3 weeks for processing**. There are some cases in which the processing can take more time.

Billing Information

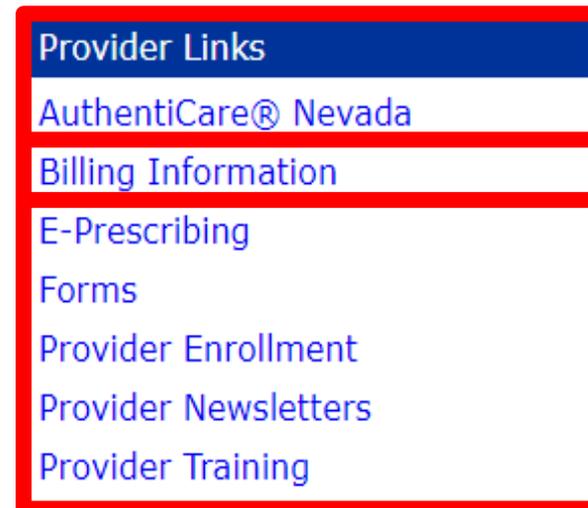
Billing Information



Users can access Billing Information by:

Hovering over “Providers” from the top blue tool bar and select “Billing Information” from the drop-down menu **or**

Selecting “Billing Information” from the Provider Links on the right side of the webpage



Billing Information

Billing Information

Effective February 1, 2019, all providers will be required to submit their claims electronically (using Trading Partners or Direct Data Entry [DDE]), as paper claims submission will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at <https://www.medicaid.nv.gov/providers/Modernization.aspx> for further details.

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 1711](#)]

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](#)]

Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
Billing Manual	2 MB	03/18/2019

Billing Guidelines (by Provider Type)

For Archives [Click here](#)

32 (Spec. 249)	Community Paramedicine	11/04/19
32 (Spec. 932)	Ambulance, Air or Ground	11/04/19

The Billing Information page will contain the Nevada Medicaid Billing Manual, which contains the following information:

- Introduction to Nevada Medicaid
- Contacts and Resources
- Recipient Eligibility
- Prior and Retrospective Authorizations
- Third Party Liability (TPL)
- Electronic Data Interchange
- FAQ's
- Claims Processing and Beyond

Below the Billing Manual are the Provider Type specific Billing Guidelines that contain Provider Type specific information including:

- Policy information
- Fee Schedule information
- Prior Authorization information
- Covered Services
- Billing Information
- Non-Covered Services

Covered and Non-Covered Services

Covered Services

The following services are considered Community Paramedicine services:

- Evaluation/Health Assessment;
- Chronic disease prevention, monitoring and education;
- Medication compliance;
- Vaccinations;
- 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; and
- Telehealth originating site.

Covered Services, continued

CPT / HCPCS Codes – The following are allowed Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) code to be billed under Community Paramedicine services:

Code	Description	Units
90460	IM Administration 1 st only/component	1 unit per claim
90471	Immunization Admin	1 unit per claim
90472	Immunization Admin each additional	1 unit per claim line
90473	Immune Admin oral/nasal	1 unit per claim
90474	Immune Admin oral/nasal additional	1 unit per claim line
99341	Home visit new patient- low severity 20 min	1 unit per claim line
99342	Home visit new patient – mod severity 30 min	1 unit per claim
99343	Home visit new patient – mod-hi severity 45 min	1 unit per claim
99344	Home visit new patient – 60 min	1 unit per claim
99345	Home visit new patient – 75 min	1 unit per claim
99347	Home visit established patient – self-limited/minor 15 min	1 unit per claim
99348	Home visit established patient – low-mod severity 25 min	1 unit per claim
99349	Home visit established patient – mod-hi severity 40 min	1 unit per claim
99350	Home visit established patient – 60 min	1 unit per claim
Q3014	Telehealth originating site facility fee	1 unit per claim



Non-Covered Services

The following are **not** billable under Community Paramedicine services:

- Travel time;
- Mileage;
- Services related to hospital-acquired conditions or 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; and
- Personal care services.

Search Fee Schedule and DHCFP Rates Unit

Fee Schedule

Featured Links

[AuthentiCare® Nevada](#)

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Information](#)

[EVS User Manual](#)

[Modernization Project](#)

[Online Provider Enrollment](#)

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

[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

[Claims](#)

[Trading Partner](#)

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

For more information, users should read Chapter 6: Search Fee Schedule of the EVS User Manual ([EVS User Manual](#)).

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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* 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



**Nevada Department of
Health and Human Services**

Division of Health Care Financing and Policy Provider Portal

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Home

[Resources](#) > Search Fee Schedule

Monday 11/04/2019 10:38 AM PST

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

*Service Category

Search

Reset

Step 1: Select Code Type from drop-down menu (Procedure or Revenue)

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

Step 3: Select appropriate Service Category from the drop-down menu

Step 4: Click “Search”

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

Monday 11/04/2019 10:41 AM PST

[Print Preview](#)

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 ▼

***Procedure Code or Description** 90460-Im admin 1st/only component

***Service Category** Transport-Ambulance ▼

[Search](#)

[Reset](#)

Search Results

Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
90460-Im admin 1st/only component	32-Ambulance, Air or Ground	All Specialty		\$18.82	REGULAR	7/1/2016 - 12/31/2299

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

DHCFP Rates Unit

Quick Links ▾ Calendar

AuthentiCare® Nevada

PASRR

Medicaid Services Manual

Rates Unit

Get Adobe Reader

Users can also utilize Rate Information via the Division of Health Care Financing and Policy website.

In order to access the Rates Unit, hover over “Quick Links” from the top blue tool bar and select “Rates Unit” from the drop-down menu.

DHCFP Rates Unit, continued



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

NV.gov Agencies Jobs

Google Custom Search

Search This Site Search All Sites

ADA Assistance PRINT

HOME ABOUT PROGRAMS PROVIDERS MEMBERS PUBLIC NOTICES RESOURCES BOARDS/COMMITTEES CONTACT

POINT AND CLICK LICENSE AGREEMENT FOR AMA/CPT AND ADA/CDT

LICENSE FOR USE OF "CURRENT PROCEDURAL TERMINOLOGY", FOURTH EDITION ("CPT®")

ACCEPT

DECLINE

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Users will then be directed to a new webpage that will open in a new tab.

Users must select "Accept" after the terms of agreement are read and understood.

DHCFP Rates Unit, continued

Programs

Applied Behavior Analysis

Balancing Incentive Program (BIP)

Behavioral Health

Community Paramedicine

Dental

Durable Medical Equipment

EHR Incentive

EPSDT Healthy Kids

Federally Qualified Health Centers (FQHC)

Health Care Guidance

HIPP

HIWA [↗](#)

Indian Health

Long Term Services & Support

NGA

Pharmacy

Program Research & Development

Quality Assurance

▶ RATE ANALYSIS & DEVELOPMENT

Nevada Medicaid

The Rate Analysis & Development Unit is responsible for: rate development; rate study/review; rate appeals; annual and quarterly updates; and nursing facility rates.

Nevada Medicaid administers the program with provisions of the [Nevada Medicaid State Plan](#), Titles XI and XIX for the Social Security Act, all applicable Federal regulations and other official issuance of the Department. Methods and standards used to determine rates for inpatient and outpatient services are located in the State Plan under Attachments 4.19 A through E.

- [How Medicaid Financing and Reimbursement Work](#)

New Codes for 2019

- [Annual New Code Update Process](#) [↗](#)

Fee Schedule Search

Nevada Medicaid has a new feature on the [Nevada Medicaid Provider Portal](#) website under the Provider "Home" page (EVS). The new feature will allow Providers to not only view fee schedules, but also the ability to verify member eligibility, search for claims, payment information and Remittance Advices. For modifier or anesthesia base units, see the appropriate links below. Please refer to the appropriate Medicaid policy to fully determine coverage as well as any coverage limitations. Medicaid policy takes precedence over any code and rate listed here for a particular provider type.

- [Fee Schedule Search](#)
- [Web Portal User Manual](#)
- [Anesthesiology Unit Values](#) [↗](#)
- [Nevada Medicaid Modifier Listing](#) [↗](#)

Fee Schedules

The fee schedules found here are updated on an annual basis, sometimes more frequently. Information regarding the [annual new code update](#) [↗](#) may be found on this website.

The information contained in these schedules 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.

- [Fee-for-Service PDF Fee Schedules](#)
- [CMS Managed Care Rate Development Guide](#) [↗](#)

Contact

rates@dncfp.nv.gov

Rate Recycles

Rate Recycle Reports will be posted here weekly. Please check this section regularly to stay informed.

[Pending Recycles](#) [↗](#)

After selecting Accept, users will then be directed to a new webpage that will open in a new tab.

Locate the heading of Fee Schedules and then select Fee-for-Service PDF Fee Schedules

DHCFP Rates Unit, continued

FEE SCHEDULES

The information contained in these schedules 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.

- [Hospital Rates and Revenue Codes](#) 
- [Provider Type 10 Outpatient Surgery-ASC Procedures and Payment Groups](#) 
- [Provider Type 12 Outpatient Hospital](#) 
- [Provider Type 14 Behavioral Health Outpatient Treatment](#) 
- [Provider Type 15 Registered Dietitian and Medical Nutrition Therapy](#) 
- [Provider Type 17](#)
 - [Specialty 166, Special Clinic, Family Planning](#) 
 - [Specialty 169, Special Clinic, Obstetrical Care Clinic, Birthing Centers](#) 
 - [Specialty 171, Special Clinic Methadone](#) 
 - [Specialty 174, Special Clinic, Public Health](#) 
 - [Specialty 179, School Based Health Centers](#) 
 - [Specialty 183, Comprehensive Outpatient Rehab Facilities](#) 
 - [Specialty 195, Special Clinic, Community Health](#) 
 - [Specialty 196, Special Clinic, Early Intervention](#) 
 - [Specialty 198, Special Clinic, HIV](#) 
 - [Specialty 215, Substance Abuse Agency Model \(SAAM\)](#) 
- [Provider Type 20 Physician, MD., Osteopath](#) 
- [Provider Type 21 Podiatrists](#) 
- [Provider Type 22 Dentists](#) 
- [Provider Type 23 Hearing Aid Dispenser & Supplies](#) 
- [Provider Type 24 Advanced Practice Registered Nurse](#) 
- [Provider Type 25 Optometrist](#) 
- [Provider Type 26 Psychologist](#) 
- [Provider Type 27 Radiology](#) 
- [Provider Type 29 Home Health Agency](#) 
- [Provider Type 30 and 83 Personal Care Services](#) 
- [Provider Type 32 Ambulance, Air or Ground](#) 
- [Provider Type 33 Durable Medical Equipment, Prosthetics, Orthotics & Supplies](#) 
- [Provider Type 34 Therapy](#) 
- [Provider Type 36 Chiropractor](#) 
- [Provider Type 38 Waiver for Individuals with Intellectual Disabilities and Related Conditions \(ID\)](#) 
- [Provider Type 39 Adult Day Health Center](#) 
- [Provider Type 41 Optician, Optical Business](#) 
- [Provider Type 43 Laboratory, Pathology Clinical](#) 

Locate and select “Provider Type 32 Ambulance, Air or Ground” to review the rates of reimbursement

- [Provider Type 32 Ambulance, Air or Ground](#) 

Electronic Verification System (EVS)

Registering for the EVS Portal

Registering for EVS



Nevada Department of
Health and Human Services

Division of Health Care Financing and Policy Provider Portal

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

Home

Home Tuesday 11/05/2019 10:50 AM PST

Login

*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Web Announcements

[Web Announcement 2018](#)

New Provider Specialty for Community Paramedicine

[Web Announcement 2017](#)

Attention All Hospital Providers: Inpatient Crossover and Outpatient Crossover Claims

[Web Announcement 2016](#)

Medicaid Services Manual Chapters Updated

[Web Announcement 2015](#)

Attention All Providers: Claims for Nevada Medicaid Non-Covered Services

[Web Announcement 2014](#)

Attention Provider Types 14 (Behavioral Health Outpatient Treatment) and 26 (Psychologist): Psychological and Neuropsychological Testing Codes for Provider Type 14

[View More Web Announcements](#)

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Information](#)

[EVS User Manual](#)

[Search Fee Schedule](#)

[Search Providers](#)

[Trading Partner Enrollment](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.



Website Requirements

Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

The EVS secure Provider Web Portal (PWP) is a web-based system that allows Medicaid providers and their delegates to manage profiles, review recipient eligibility, submit prior authorizations and claims.

The EVS Portal allows assigned delegates and trading partners to perform tasks, such as: uploading and downloading of files on behalf of a provider and is dependent upon the assigned permissions.

For best results, use Microsoft Internet Explorer 9.0 or higher, Mozilla Firefox or Google Chrome.

Registering for EVS, continued

Login ?

***User ID**

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

To register for the EVS Portal, the user must first be enrolled as a provider of services in the Nevada State Medicaid program and possess an active, enrolled National Provider Identifier (NPI).

To begin the registration process, the user will:

Click the **Register Now** link

Registering for EVS, continued

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

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

Home

[Home](#) > Registration Selector Thursday 07/05/2018 07:11 AM PST

Registration

Select one of the following options that best describes your role.


Provider

An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.


Delegate

An individual Designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.
Note that although there can only be one provider administrator (who registered as a provider), the administrator can register many delegates to utilize the website from different physical locations. These delegates must be identified and registered by the provider administrator.


Trading Partner

An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.


Managed Care Org

An entity, authorized by the state, to operate a prepaid healthcare delivery plan (as a health maintenance organization - HMO). This entity arranges, administers, and pays for the delivery of healthcare services to members, as designated by the state.

From the “Registration Selector” page, the user will:

Select the appropriate **Role**

Registering for EVS, continued



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

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

Home

[Home](#) > [Registration Selector](#) > Registration

Thursday 07/05/2018 07:15 AM PST

Registration Step 1 of 2 - Personal Information



* Indicates a required field.

Please provide the following information to get started!

Important: If you are registering as a provider, enter the provider's first and last name, or split the facility or organization name across the first and last names. If you have chosen to register as a delegate, you must have already provided your birth date and driver's license number (DLN) to a registered provider, who will add you as a delegate and obtain the delegate code for you.

If you have chosen to register as a Trading Partner, enter the Trading Partner ID.

If you have chosen to register as a Managed Care Org, enter the NPI/Provider ID and Zip Code.

*Provider First Name	<input type="text"/>
*Provider Last Name	<input type="text"/>
*NPI/API	<input type="text"/>
*Tax ID (FEIN or SSN)	<input type="text"/>
*Zip Code	<input type="text"/>

[Continue](#)

[Cancel](#)

From the "Registration" page, the user will complete all fields and select Continue.

Registering for EVS, continued

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

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

Home

[Home](#) > [Registration Selector](#) > Registration Thursday 07/05/2018 07:56 AM PST

Registration Step 2 of 2 - Security Information ?

* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

*User ID	<input type="text" value="hospizona1"/>	<input type="button" value="Check Availability"/>
*Password	<input type="password" value="....."/>	
*Confirm Password	<input type="password" value="....."/>	

Please provide your contact information below.

*Display Name	<input type="text" value="hosizona"/>
Phone Number 	<input type="text" value="1111111111"/>
*Email 	<input type="text" value="hospizona@provider.com"/>
*Confirm Email 	<input type="text" value="hospizona@provider.com"/>

The user will then need to complete all required fields by creating a unique User ID and Password.

Registering for EVS, continued

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

*** Site Key:**

Apple Balloon Balloons Baseball Billiards

***Passphrase**

Please select a unique challenge question and provide an answer for each of the question groups below.

***Challenge Question #1**
***Answer to #1**
In what city were you born?
What is your mother's maiden name?
What was the name of the first school you attended?
***Challenge Question #2**
Who was your first employer?
***Answer to #2**

***Challenge Question #3**
***Answer to #3**

The user will then need to continue to complete all required fields, including selecting a Site Key, Passphrase and answering a series of Challenge Questions.

Registering for EVS, continued

User Agreement

Access Policy

This application and computer system are the property of Nevada Medicaid. The use of this system is for authorized users only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Users consent via utilization of this application or system to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of Nevada Medicaid and the Nevada Division of Health Care Financing and Policy (DHCFP).

The information transmitted, received and access through this website may include confidential information whose disclosure is governed by federal and or state law.

- Unauthorized use is prohibited;
- Usage may be subject to security testing and monitoring;
- Misuse is subject to criminal prosecution;
- No expectation of privacy except as otherwise provided by applicable privacy laws.
- Improper use of this application or system may result in disciplinary action, termination of employment and/or civil and criminal penalties, and may be disclosed to law enforcement authorities.

< Unauthorized attempts to defeat or circumvent security features, to use the system for other than intended purposes, to deny service to authorized users, to

By checking this box, you acknowledge that you have read and understood the User Agreement, and agree to the terms and conditions as described about the role which you will perform.

The user will then need to read the User Agreement. Once read and understood, the user must select the checkbox acknowledging that the User Agreement has been read and understood and then select Submit.

Registering for EVS, continued

User Successfully Registered

You have successfully registered for the provider portal!

A confirmation email containing your login information has been sent to the email address provided. Email notifications can take 15 to 30 minutes to be delivered.

OK

Thu 7/5/2018 10:25 AM

Division of Health Care Financing and Policy Provider Portal

Registration Confirmation

To

Welcome hospizona! This email was sent to confirm that you have successfully registered with the DXC USHC Web Portal. Your login credentials are listed below. Please keep a copy of this email in a safe place for future reference.

User ID: hospizona1
Password: Password123

If you have any questions or concerns regarding this email, feel free to email NVMMIS.EDIsupport@dxc.com or call us at +1 (877) 638-3472. Do not attempt to reply to this automated email.

Sincerely,

DXC USHC Web Portal
New Accounts Division

After the user has completed all steps, the user will receive a message indicating that their registration is complete.

Users will also receive an email confirmation.

EVS Home Page

EVS Home Page

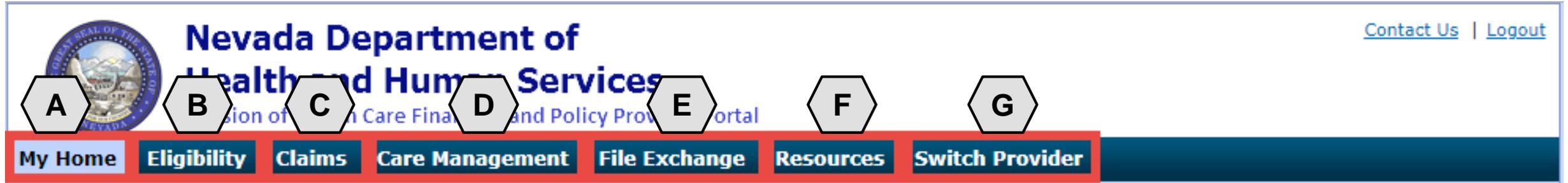
The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the Nevada state seal and the department name. To the right are links for 'Contact Us' and 'Logout'. Below this is a navigation bar with tabs: 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. A red box labeled 'A' highlights this navigation bar. Below the navigation bar, the page displays 'My Home' and the date 'Monday 05/07/2018 01:23 PM EST'. The main content area is divided into several sections. On the left, a 'Provider' profile for 'HOSPITALIST SERVICES OF NEVADA-MANDAVIA' is shown, with fields for Name, Provider ID, and Location ID. A red box labeled 'D' highlights links for 'My Profile' and 'Manage Accounts'. To the right of the profile is a 'Broadcast Messages' section with a red box labeled 'B' around it. Below the broadcast messages are links for 'Contact Us' and 'Secure Correspondence', with a red box labeled 'C' around them. Below these is a 'Welcome Health Care Professional!' message with a photo of healthcare workers. A red box labeled 'E' highlights the text below the photo: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.' At the bottom, there are two links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide', both with 'Review' links, and a red box labeled 'F' around them.

Once the provider information has been verified, the user may explore the features of the PWP, including:

- A. Additional tabs for users to research eligibility, submit claims and PAs, access additional resources, and more
- B. Important broadcast messages
- C. Links to contact customer support services
- D. Links to manage user account settings, such as passwords and delegate access
- E. Links to additional information regarding Medicaid programs and services
- F. Links to additional PWP resources

EVS Tool Bar

EVS Tool Bar



The tabs at the top of the page provide users quick access to helpful pages and information:

- A. My Home:** Confirm and update provider information and check messages
- B. Eligibility:** Search for recipient eligibility information
- C. Claims:** Submit claims, search claims, view claims and search payment history
- D. Care Management:** Request PAs, view PA statuses, and maintain favorite providers
- E. File Exchange:** Upload forms online
- F. Resources:** Download forms and documents
- G. Switch Providers:** Where **delegates** can switch between providers to whom they are assigned. The tab is only present when the user is logged in as a delegate.

Managing EVS Profiles

Managing Profile

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

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

My Home | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

My Home Monday 05/07/2018 01:23 PM EST

Provider

Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA
Provider ID 1831573690 (NPI)
Location ID 100543194

[▶ My Profile](#)
[▶ Manage Accounts](#)

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)
[Secure Correspondence](#)

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)
Provider Web Portal Quick Reference Guide [\[Review\]](#)

Provider Services

- [▶ Member Focused Viewing](#)
- [▶ Search Payment History](#)
- [▶ Revalidate-Update Provider](#)
- [▶ Pharmacy PA](#)
- [▶ PASRR](#)
- [▶ EHR Incentive Program](#)
- [▶ EPSDT](#)
- [▶ Presumptive Eligibility](#)

To manage a profile, the user will select the “My Profile” link located on the left-hand side of the page under the section titled “Provider.”

Managing Profile, continued

My Profile ?	
Contact Information	
Display Name	hosizona
Phone Number	1-111-111-1111
Current Email	aaron.barger@dxc.com
Edit	
Roles	
Current Roles	Providers
Preferences	
Primary Language	English (US)
Challenge Questions	
Challenge Question #1	What is your favorite sports team?
Answer to #1	
Challenge Question #2	In what city were you born?
Answer to #2	
Challenge Question #3	What is your mother's maiden name?
Answer to #3	
Edit	
Site Key Token	
Site Key:	
Passphrase	
Edit	
Password	
Change Password	

To update a profile, the user will select the “Edit” button from the section that is going to be updated.

Managing Profile, continued

Site Key Token

* Indicates a required field.

Select a Site Key and enter a Pass Phrase then click the **Save** button, or click **Cancel** to go back.

* Site Key:

 Apple
 Balloon
 Balloons
 Baseball
 Billiards

* Passphrase

Save **Cancel**

Once the user has chosen the profile information and section to be edited, the field(s) will activate. The user will then make any necessary changes and select “Save” when finished.

NOTE: In this example, the user has changed the **Site Key Token** section from an “Apple” to a “Baseball.”

Managing Profile, continued

Site Key Token

Update field labels are marked with a "🟡" icon.

Review your changes and click the **Confirm** button to save your information.

Site Key: 

Passphrase **Cubs**

Edit **Confirm** **Cancel**

Once the user clicks the **save** button, the user will need to confirm their change(s).

The user should review changes for accuracy and once all information is confirmed, select "Confirm" or select "Edit" to make additional changes or "Cancel" to not save any changes made.

Managing Profile, continued

My Profile ?	
Contact Information	
Display Name	hosizona
Phone Number	1-111-111-1111
Current Email	aaron.barger@dxcc.com
Edit	
Roles	
Current Roles	Providers
Preferences	
Primary Language	English (US)
Challenge Questions	
Challenge Question #1	What is your favorite sports team?
Answer to #1	
Challenge Question #2	In what city were you born?
Answer to #2	
Challenge Question #3	What is your mother's maiden name?
Answer to #3	
Edit	
Site Key Token	
Site Key:	
Passphrase	
Edit	
Password	
Change Password	

In addition to the other profile features, the user may wish to change their login password by selecting “Change Password” from the bottom of the page.

Managing Profile – Password

Change Password Assistance

1. The Password cannot be the same as your User ID.
2. The Password must be between 8-20 characters.
3. Passwords must contain at least 1 character from **three** of the following categories below:
 - Uppercase letters
 - Lowercase letters
 - Numeric digits (0 through 9)
 - Nonalphanumeric characters: ~!
@#%&*_+=' \()\{\}
[]:;'"<>,./
4. The password cannot be the same as any of the previous 24 passwords.
5. The password cannot be changed more than once in a 24-hour period.

Change Password

* Indicates a required field.

Enter your Current Password, New Password, New Password Confirm

*Current Password

*New Password

*Confirm New Password

Once the user clicks the **Change Password** button, the “Change Password” page will display.

NOTE: The **Change Password Assistance** section of the “Change Password” page provides helpful information about system rules and restrictions that users must follow when creating a new password.

Managing Profile – Password, continued

Change Password

* Indicates a required field.

Enter your Current Password, New Password, New Password Confirmation and click the **Submit** button.

*Current Password

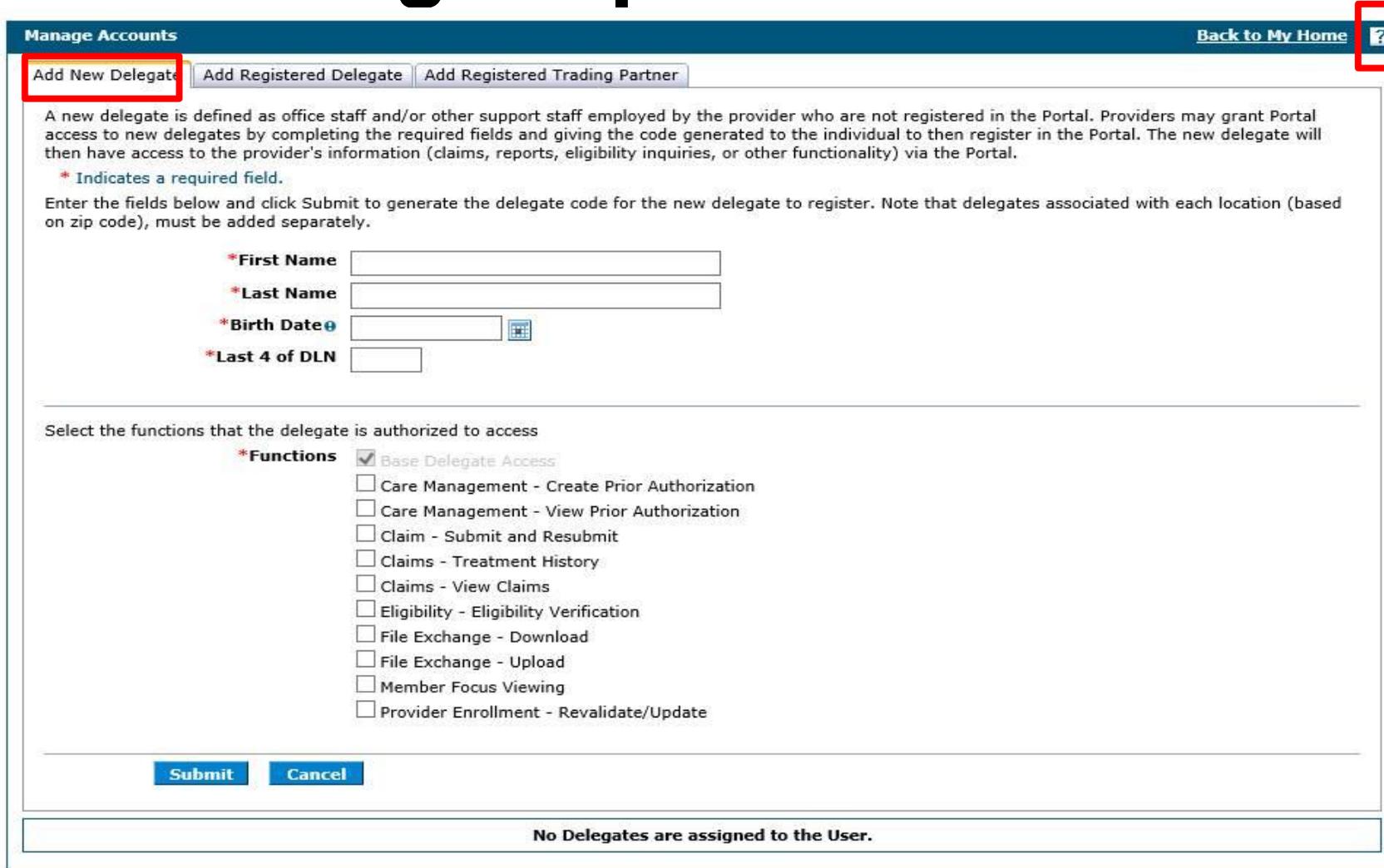
*New Password

*Confirm New Password

From the “Change Password” page, users can change their password by completing all required fields and then select “Submit.”

Accessing Help

Accessing Help



Manage Accounts [Back to My Home](#) ?

Add New Delegate Add Registered Delegate Add Registered Trading Partner

A new delegate is defined as office staff and/or other support staff employed by the provider who are not registered in the Portal. Providers may grant Portal access to new delegates by completing the required fields and giving the code generated to the individual to then register in the Portal. The new delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to register. Note that delegates associated with each location (based on zip code), must be added separately.

*First Name

*Last Name

*Birth Date 

*Last 4 of DLN

Select the functions that the delegate is authorized to access

*Functions Base Delegate Access

- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

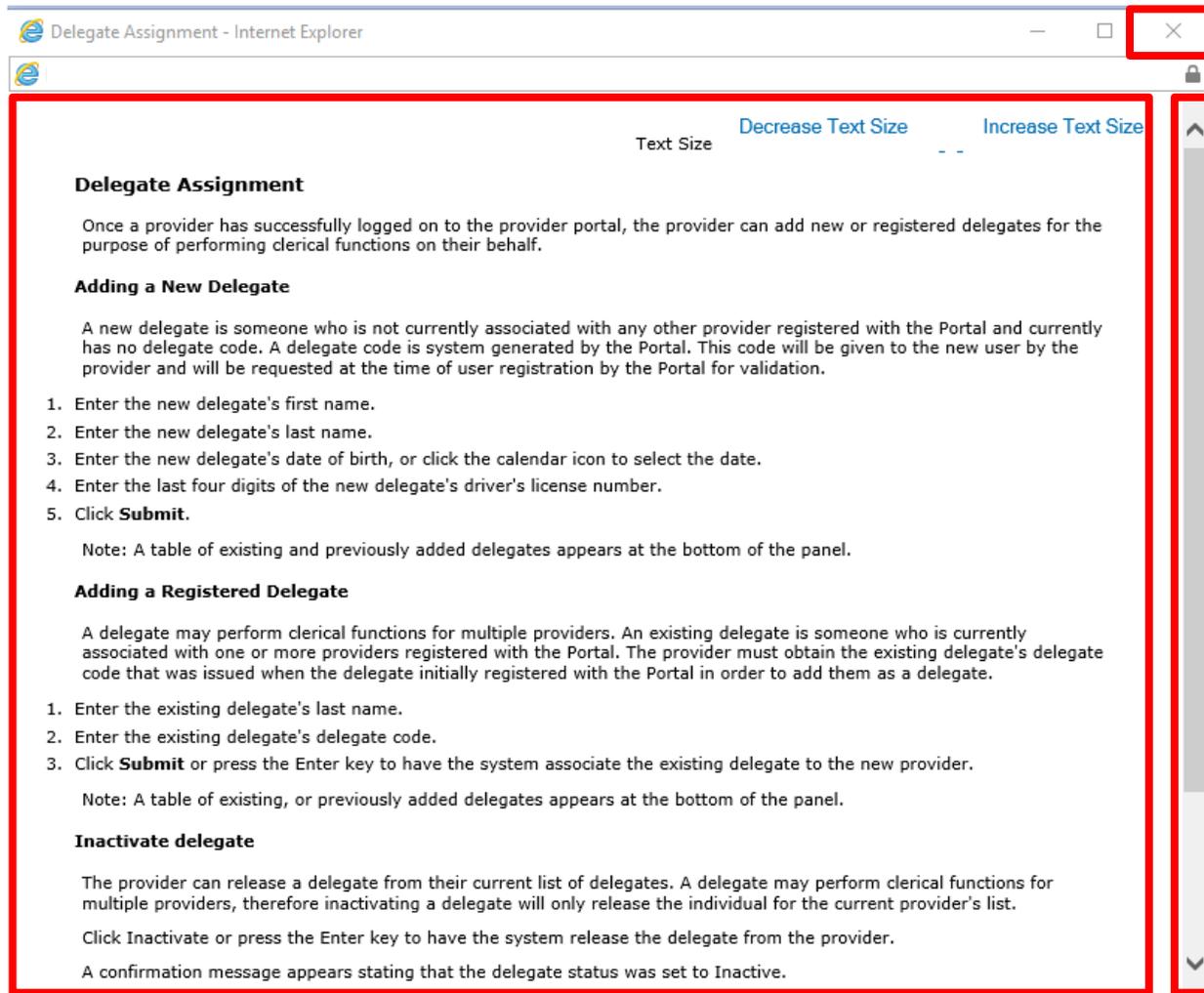
No Delegates are assigned to the User.

There are a variety of methods by which a user may get help for EVS.

First, on many pages throughout EVS, the user can select the question mark icon ?

NOTE: In this example, the user is accessing help for the **Add New Delegate** panel.

Accessing Help, continued



Once the user clicks the **help** icon, a new window will pop-up and display information on how to perform tasks using the panels or pages in question.

From here, the user is able to:

- Review the help file as needed
- Click the **slider bar** to scroll for more information
- Click the **X** button to close the window when finished

Accessing Help, continued

Text Size Decrease Text Size Increase Text Size

--

Delegate Assignment

Once a provider has successfully logged on to the provider portal, the provider can add new or registered delegates for the purpose of performing clerical functions on their behalf.

Adding a New Delegate

A new delegate is someone who is not currently associated with any other provider registered with the Portal and currently has no delegate code. A delegate code is system generated by the Portal. This code will be given to the new user by the provider and will be requested at the time of user registration by the Portal for validation.

1. Enter the new delegate's first name.
2. Enter the new delegate's last name.
3. Enter the new delegate's date of birth, or click the calendar icon to select the date.
4. Enter the last four digits of the new delegate's driver's license number.
5. Click **Submit**.

Note: A table of existing and previously added delegates appears at the bottom of the panel.

Each help file page includes step-by-step instructions on how to perform tasks.

This example lists the five specific steps for **Adding a New Delegate**.

Accessing Help – Guides

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

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

My Home | **Eligibility** | Claims | Care Management | File Exchange | Resources

My Home Friday 07/06/2018 12:33 PM PST

Provider

Name HOSPITALISTS OF ARIZONA
Provider ID 1578564860 (NPI)
Location ID 100535838

▶ [My Profile](#)
▶ [Manage Accounts](#)

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)
[Secure Correspondence](#)

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)

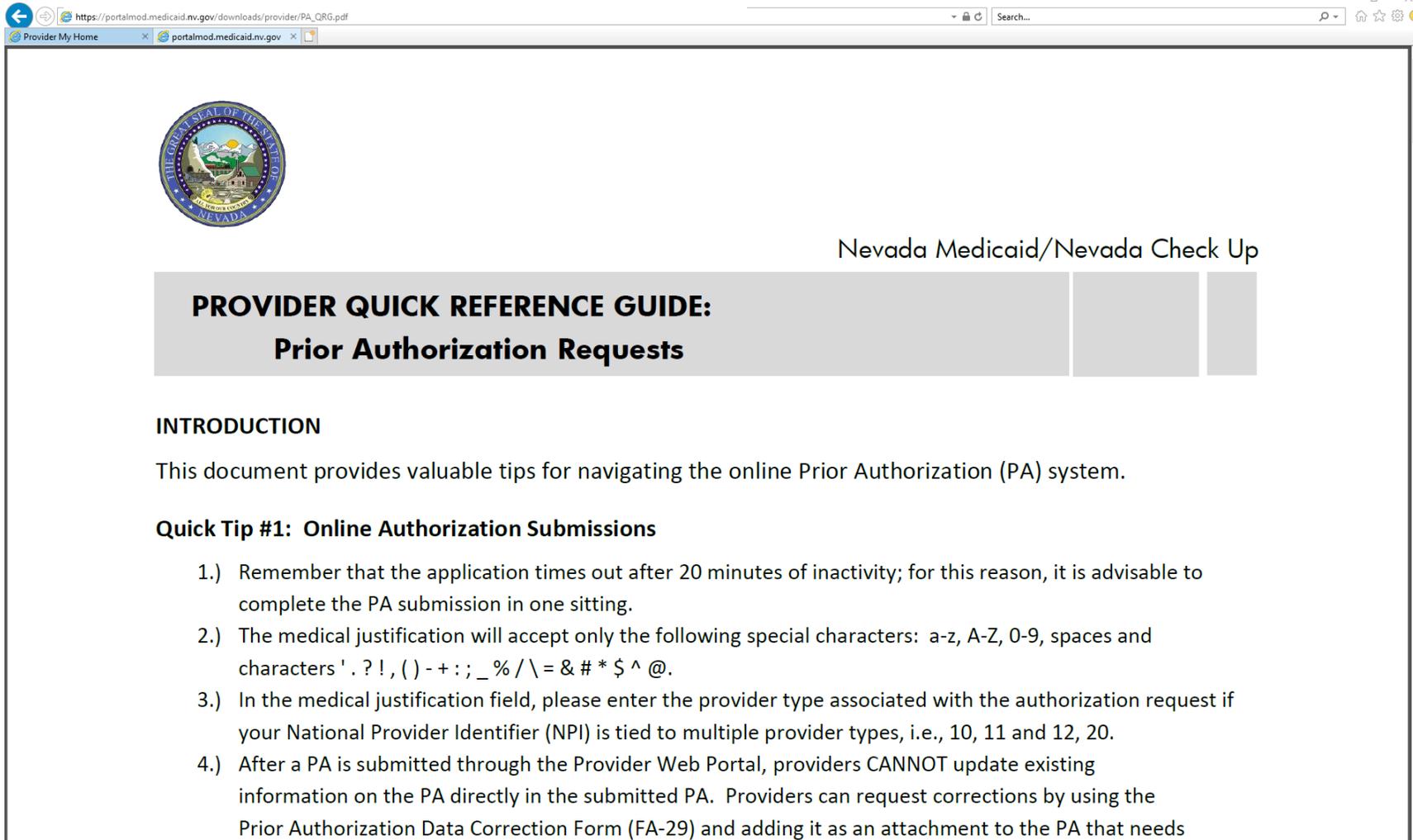
Provider Web Portal Quick Reference Guide [\[Review\]](#)

1

Toward the bottom of the PWP “Home” page, the user will find quick reference guides.

In order to access the reference materials, select the “Review” button next to the appropriate Quick Reference Guide.

Accessing Help – Guides, continued



The screenshot shows a web browser window with the URL https://portalmod.medicaid.nv.gov/downloads/provider/PA_QRG.pdf. The page features the Nevada State Seal on the left and the text "Nevada Medicaid/Nevada Check Up" on the right. A prominent grey box contains the title "PROVIDER QUICK REFERENCE GUIDE: Prior Authorization Requests". Below this, the section "INTRODUCTION" begins with the text: "This document provides valuable tips for navigating the online Prior Authorization (PA) system." A "Quick Tip #1: Online Authorization Submissions" section follows, containing a numbered list of four instructions for providers.

**PROVIDER QUICK REFERENCE GUIDE:
Prior Authorization Requests**

INTRODUCTION

This document provides valuable tips for navigating the online Prior Authorization (PA) system.

Quick Tip #1: Online Authorization Submissions

- 1.) Remember that the application times out after 20 minutes of inactivity; for this reason, it is advisable to complete the PA submission in one sitting.
- 2.) The medical justification will accept only the following special characters: a-z, A-Z, 0-9, spaces and characters ' . ? ! , () - + : ; _ % / \ = & # * \$ ^ @.
- 3.) In the medical justification field, please enter the provider type associated with the authorization request if your National Provider Identifier (NPI) is tied to multiple provider types, i.e., 10, 11 and 12, 20.
- 4.) After a PA is submitted through the Provider Web Portal, providers CANNOT update existing information on the PA directly in the submitted PA. Providers can request corrections by using the Prior Authorization Data Correction Form (FA-29) and adding it as an attachment to the PA that needs

Once the user clicks to open the desired guide, it will appear in a new browser window.

This example shows the quick reference guide for submitting PA requests.

Accessing Help – Resources



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

My Home | Eligibility | Claims | Care Management | File Exchange | **Resources**

Search Providers | Search Fee Schedule | **Downloads**

My Home

Provider

Name

Provider ID

Location ID

▶ [My Profile](#)

▶ [Manage Accounts](#)

Provider Services

▶ [Member Focused Viewing](#)

▶ [Search Payment History](#)

▶ [Revalidate-Update Provider](#)

▶ [Pharmacy PA](#)

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between AM PST Monday-Saturday and between 8 PM and 12:2

Welcome Health Care Professional!



Additional help resources like the quick reference guides will be available from the **Resources** tab. To access additional training materials, hover over “Resources” and select “Downloads.”

Accessing Help – Resources, continued



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains links for "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". Below this is a search bar with "Search Providers", "Search Fee Schedule", and "Downloads" options. The breadcrumb trail shows "Resources > Downloads". A dark blue box labeled "Prior Authorization Tutorials" contains a link "▶ [Prior Authorization Tutorial](#)" which is highlighted with a red rectangular box.

Once the user selects **Downloads**, the “Downloads” page will appear with a list of available downloads.

Users can select any available training material to review.

Accessing Help – Resources, continued



The resource will then open in a separate browser window. The document may be downloaded from there. Depending upon the user's chosen browser, the download process may vary.

Accessing Help – Help Desk

Department of
Health and Human Services

Provider Portal

[Contact Us](#) [Logout](#)

[Claims](#) [Care Management](#) [File Exchange](#) [Resources](#)

Friday 07/06/2018 12:33 PM PST

Broadcast Messages

Hours of Availability

The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

[Contact Us](#)

[Secure Correspondence](#)

If the user is unable to locate the information or resources needed, the user may contact the help desk by selecting “Contact Us” either from the users Home Page or located at the top of every page.

Accessing Help – Help Desk, continued



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

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

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > [Contact Us](#)

Friday 07/06/2018 04:07 PM EST

Contact Us

Use this directory to contact us by phone or mail.

General questions, comments or technical assistance may be [submitted online](#) by clicking the Online link at the bottom of the page:

- [Electronic Billing](#)
- [Electronic Health Records \(EHR\) Incentive Program](#)
- [General Information](#)
- [Mailing Address](#)
- [Managed Care](#)
- [PASRR/LOC](#)
- [Pharmacy](#)
- [Prior Authorization](#)
- [Provider Enrollment](#)
- [Provider Training](#)
- [Public Hearings](#)
- [TPL Identification and Recovery](#)
- [Web Sites](#)

General Information

Customer Service Center

Claim inquiries and general information

Phone: (877) 638-3472

Nevada Medicaid Central Office

State policy inquiries and Fair Hearing requests

Mailing Address:

1100 East William St.

Once the user selects **Contact Us**, the “Contact Us” page will appear.

Users can Scroll through the directory OR click the desired option from the list to navigate directly to the selected section.

Accessing Help – Secure Correspondence

the Nevada Department of
Health and Human Services

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

Provider Portal for Health Care Financing and Policy

[Claims](#) [Care Management](#) [File Exchange](#) [Resources](#)

Friday 07/06/2018 12:33 PM PST

Broadcast Messages

Hours of Availability

The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)

[Secure Correspondence](#)

Welcome Health Care Professional!

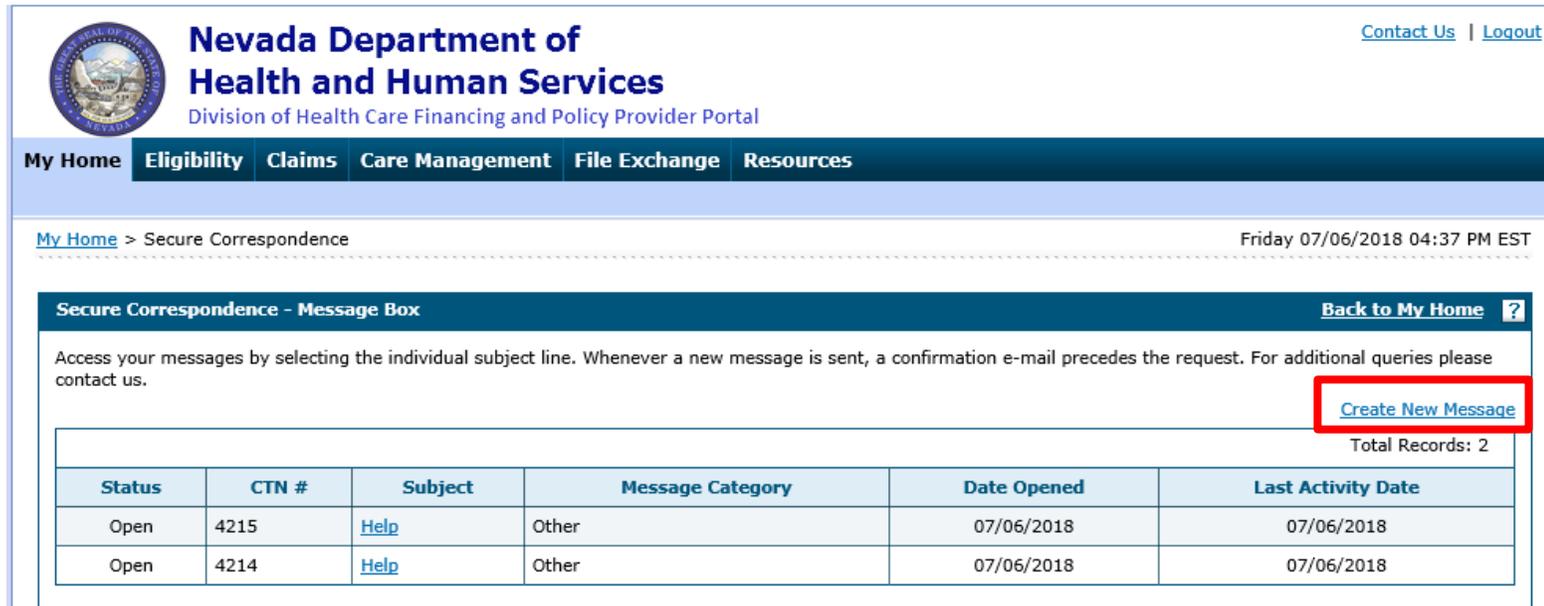


We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

The user may also communicate with the provider help desk via Secure Correspondence. This feature will allow the user to send a message securely without contacting the Customer Service Center.

Users will select “Secure Correspondence” from the homepage.

Accessing Help – Secure Correspondence, continued



The screenshot shows the Nevada Department of Health and Human Services portal. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". Navigation tabs include "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The main content area is titled "Secure Correspondence - Message Box" and contains a table of messages. A "Create New Message" button is highlighted with a red box.

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

[My Home](#) > [Secure Correspondence](#) Friday 07/06/2018 04:37 PM EST

Secure Correspondence - Message Box [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

Total Records: 2

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4215	Help	Other	07/06/2018	07/06/2018
Open	4214	Help	Other	07/06/2018	07/06/2018

Once the user selects **Secure Correspondence**, the “Secure Correspondence” page will appear.

On this page, users will be able to review any previously submitted correspondence and create new ones.

In order to create a new message, click on “Create New Message”

Accessing Help – Secure Correspondence, continued

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

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

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > [Secure Correspondence](#) > Create Message Friday 07/06/2018 04:32 PM EST

Secure Correspondence - Create Message [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call 855-455-3311. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to www.medicaid.nv.gov or call 1-877-638-3472.

* Indicates a required field.

***Subject**

***Message Category**

Email

Confirm Email

***Preferred Method of Communication**

***Message**

Once the user selects **Create New Message**, the “Create Message” page will appear.

Users will then be required to complete all fields. Once all fields are populated, select “Send.”

NOTE: The **Email** and **Confirm Email** fields are optional, but will be necessary if the user wishes to receive a response by email.

Accessing Help – Secure Correspondence, continued



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

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

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > Secure Correspondence Friday 07/06/2018 04:39 PM EST

Secure Correspondence - Message Box [Back to My Home](#) [?](#)

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

Total Records: 3

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4214	Help	Other	07/06/2018	07/06/2018
Open	4216	Help	Other	07/06/2018	07/06/2018
Open	4215	Help	Other	07/06/2018	07/06/2018

Once the user clicks **Send**, the message will be sent to the Help Desk to be reviewed and will also appear in the **Message Box** list.

Once the message is created, a Contact Tracking Number (CTN) is generated that uniquely identifies the correspondence.

Accessing Help – Secure Correspondence, continued



Fri 7/6/2018 3:40 PM

HCP Secure Correspondence
Secure Correspondence

To

A message was sent from Nevada Medicaid Provider Portal Secure Correspondence using this email address.

Message Category : Other



The following link has been provided for your convenience. Nevada Medicaid Provider Portal (<https://portalmod.medicaid.nv.gov/hcp/provider>)

Sincerely,

Division of Health Care Financing and Policy Provider Portal User Management

Additionally, once the correspondence has been submitted, the user will receive an email confirmation. The email will also contain a link to the correspondence for convenience.

NOTE: Once the user clicks the link in the email, they will need to log in to the Provider Web Portal to review the correspondence.

Accessing Help – Secure Correspondence, continued



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

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

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > Secure Correspondence

Friday 07/06/2018 02:19 PM PST

Secure Correspondence - Message Box [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

A [Create New Message](#) Total Records: 3

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Closed	4214	Help	Other	07/06/2018	07/06/2018
Open	4216	Help	Other	07/06/2018	07/06/2018
Open	4215	Help	Other	07/06/2018	07/06/2018

NOTE: The user will not receive an email when a response is provided. The user will need to monitor the correspondence by checking the “Secure Correspondence” page periodically.

To quickly determine if a response has been provided, the user will return to the “Secure Correspondence” page and note two columns:

- A. Status:** Shows whether the correspondence is “Open” or “Closed”
- B. Last Activity Date:** Shows the last date of activity on the correspondence. This will allow the user to identify when any new updates have been made.

Accessing Help – Secure Correspondence, continued



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

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

My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

[My Home](#) > Secure Correspondence Friday 07/06/2018 02:19 PM PST

Secure Correspondence - Message Box [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us. [Create New Message](#)

Total Records: 3

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Closed	4214	Help	Other	07/06/2018	07/06/2018
Open	4216	Help	Other	07/06/2018	07/06/2018
Open	4215	Help	Other	07/06/2018	07/06/2018

Once an interaction has been updated, the user may review the response by selecting the link from the column header “Subject.”

Accessing Help – Secure Correspondence, continued



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

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

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > [Secure Correspondence](#) > Secure Correspondence Detail

Secure Correspondence - Message Detail [Back to Message Box](#) ?

* Indicates a required field.

CTN #	4216	Status	Closed				
Subject	Not Specified	Date Opened	07/06/2018				
Message Category	Other	Date of Last Activity	07/06/2018				
Correspondence	<table><tr><td>Message Received</td><td>Date: 07/06/2018 02:55:20 PM Answer provided.</td></tr><tr><td>Message Sent</td><td>Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...</td></tr></table>			Message Received	Date: 07/06/2018 02:55:20 PM Answer provided.	Message Sent	Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...
Message Received	Date: 07/06/2018 02:55:20 PM Answer provided.						
Message Sent	Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...						

Once the user clicks the link, the correspondence will open, and the response message will appear in the **Message Received** field.

If the status is marked as “Closed,” then the issue is considered resolved and the user will not be able to respond to this correspondence.

Accessing Help – Secure Correspondence, continued

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

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

My Home | **Eligibility** | Claims | Care Management | File Exchange | Resources

[My Home](#) > [Secure Correspondence](#) > Secure Correspondence Detail Monday 07/09/2018 07:49 AM PST

Secure Correspondence - Message Detail [Back to Message Box](#) ?

* Indicates a required field.

CTN # 4216 **Status** Open
Subject Not Specified **Date Opened** 07/06/2018
Message Category Other **Date of Last Activity** 07/06/2018

*Reply

6

7

Correspondence

Message Received	Date: 07/06/2018 02:55:20 PM Answer provided.
Message Sent	Date: 07/06/2018 01:39:02 PM Subject: Help, Email: aaron.barger@dxc.com Message: Test message...

If the status remains “Open,” then the **Reply** field will be available.

To continue the correspondence, the user will include their response and select “Send.”

Resources

Resources

Page/Resource	Link
Medicaid Services Manual (Medicaid Policy)	http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/
Provider Enrollment Webpage	https://www.medicaid.nv.gov/providers/enroll.aspx
Provider Enrollment Checklists	https://www.medicaid.nv.gov/providers/checklist.aspx
Online Provider Enrollment Tool	https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx
Billing Information Webpage	https://www.medicaid.nv.gov/providers/BillingInfo.aspx
Search Fee Schedule	https://www.medicaid.nv.gov/hcp/provider/Resources/SearchFeeSchedule/tabid/528/Default.aspx
Division of Health Care Financing and Policy Rates Page	http://dhcfp.nv.gov/Resources/Rates/RatesDisclaimer/
Electronic Verification System (EVS) User Manual	https://www.medicaid.nv.gov/providers/evsusermanual.aspx
Electronic Verification System (EVS) Login	https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx
Provider Training Webpage and Materials	https://www.medicaid.nv.gov/providers/training/training.aspx

Contact Nevada Medicaid



Contact Us – Customer Service

- Customer Service Call Center:
877-638-3472 (Monday through Friday 8 a.m. to 5 p.m. Pacific Time)
- Provider Field Representative:
Email: NevadaProviderTraining@dxc.com



Thank You