Introduction to Becoming a Nevada Medicaid Provider

NEVADA MEDICAID AND NEVADA CHECK UP

Updated April 2014

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Agenda

- Introduction to Nevada Medicaid and Nevada Check Up
- Division of Health Care Financing and Policy (DHCFP) – Navigation of Website
  - Medicaid Services Manual
  - Rates Unit
  - Public Notices
- HP Enterprise Services (HPES) – Navigation of Website
  - Provider Enrollment Documents
  - Billing Information
- Contact Information

About Nevada Medicaid and Nevada Check Up

The mission of the Nevada Division of Health Care Financing and Policy (DHCFP) is to:

- Purchase and provide quality health care services to low-income Nevadans in the most efficient manner;
- Promote equal access to health care at an affordable cost to the taxpayers of Nevada;
- Restrain the growth of health care costs; and
- Review Medicaid and other state health care programs to maximize potential federal revenue.

Division of Health Care Financing and Policy

Nevada adopted the Medicaid program in 1967 with the passage of state legislation placing the Medicaid program in the Division of Welfare and Supportive Services (DWSS).

The Nevada Division of Health Care Financing and Policy (DHCFP) administers two major federal health coverage programs (Nevada Medicaid and Nevada Check Up), which provide medically necessary health care to eligible Nevadans.

- Medicaid provides health care to low-income families, as well as aged, blind and disabled individuals. As of January 1, 2014, Nevada expanded the program to include low-income childless adults as part of the Affordable Care Act.
- Check Up provides health care coverage to low-income, uninsured children who are not eligible for Medicaid.

About Nevada Medicaid and Nevada Check Up

- Nevada Medicaid does not reimburse an individual; rather, payments are sent directly to the health care providers for services provided to Medicaid recipients.

- Nevada Check Up is a program designed for children who do not qualify for Medicaid, but whose incomes are at or below 200% of the Federal Poverty Level (FPL). Participants in the Nevada Check Up program are charged a quarterly premium, which is a per family premium based on family size and income.

Medicare vs. Nevada Medicaid

- Medicare
  - Not based on financial need
  - Coverage for Part A is automatic for persons aged 65 and older and for certain persons with disabilities who have insured status under Social Security or Railroad Retirement
- Nevada Medicaid
  - Eligibility is based on financial need in accordance with federal and state law
  - Payments are sent directly to the health care providers for services provided to Medicaid recipients

Overview of Nevada Medical Assistance Programs

- Family Medical and new Adult Coverage
- Nevada Check Up
- Emergency Medical Coverage
- Breast & Cervical Cancer Program
- Medicaid for the Aged, Blind, Disabled (MAABD)
- Medicare Beneficiaries
- For a complete list of all programs, go to the DHCFP website at: https://dhcfp.nv.gov

Medicaid Services – Mandatory

- Inpatient hospital services
- Clinic services/Lab/X-ray
- Outpatient hospital services
- Physician services/FQHC/rural health clinic
- Nursing Facility (NF) services for individuals aged 21 or older
- Home health services/DME
- Family planning services
- Medically necessary transportation
- Pregnancy related services
- EPSDT for children under age 21

Note: This is not an all-inclusive list.

Medicaid Services – Optional

Nevada Medicaid has chosen to offer the following optional services and receives federal funding to do so:

- Pharmacy
- Personal Care Services
- Nursing facility care for individuals age 20 and under
- Preventive and restorative care for individuals age 21 and older
- Home and community based waiver programs
- Hospice

Note: This is not an all-inclusive list.

Waiver Programs

Under a federally approved waiver, states may provide home and community-based care services to certain individuals who are eligible for Medicaid.

- Nevada's four Waiver Programs are:
  - Home and Community-Based Services (HCBS) offered to certain persons with mental retardation and related conditions throughout the state
  - HCBS offered to certain frail elderly persons throughout the state
  - HCBS offered to certain physically disabled persons throughout the state
  - HCBS offered to certain elderly in assisted living facilities throughout the state

Who Is Eligible for Nevada Medicaid?

Who is eligible for Nevada Medicaid?

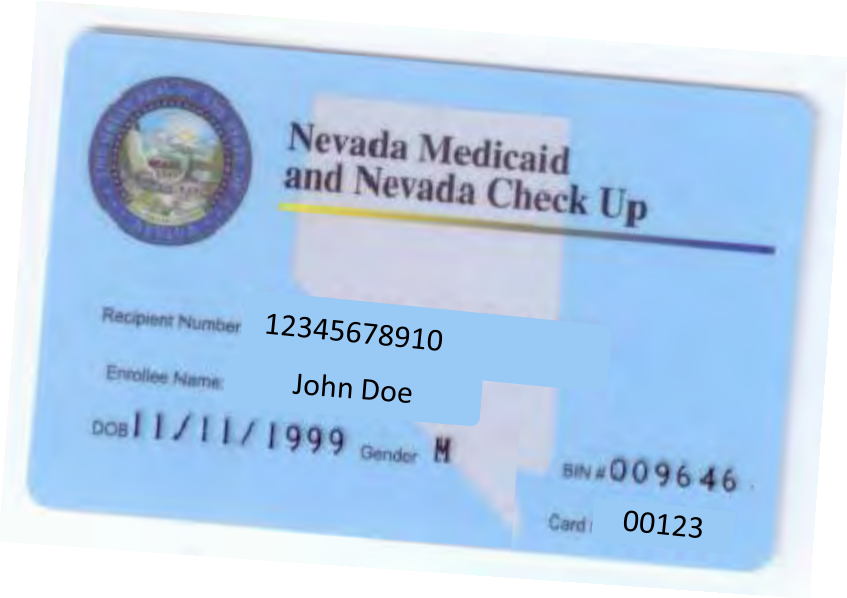
- Low-income eligibility
  - Children
  - Pregnant women
  - Families with dependent children
  - Disabled adults
  - Persons age 65 or older
  - Childless adults (expanded January 2014)
- Other
  - Caregivers (kinship, foster care)
  - Katie Beckett

Who is eligible for Nevada Check Up?

- Must be 18 years of age or younger
- Eligibility based on:
  - Total gross income of household members
  - Citizenship/legal residency status
  - Health insurance status
- Persons who are eligible for Nevada Medicaid cannot be eligible for Nevada Check Up

Nevada Medicaid and Nevada Check Up Cards

- Nevada Medicaid and Nevada Check Up recipients are issued a plastic identification card upon approval for benefits



Learning Check

1. True or False: Nevada Medicaid and Medicare are basically the same programs
2. True or False: HPES determines eligibility for Nevada Medicaid
3. True or False: Eligibility requirements are the same for Nevada Medicaid and Nevada Check Up

Managed Care Organizations

Managed Care Organizations (MCOs)

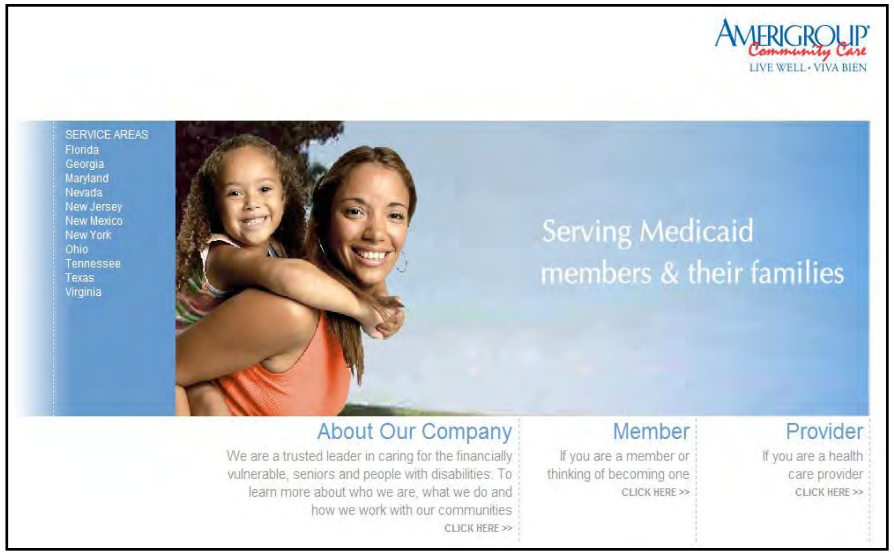
- The State of Nevada Managed Care Program requires the mandatory enrollment in an MCO of some recipients found eligible for Medicaid or Nevada Check Up.
- An MCO is responsible for reimbursing claims of eligible enrollees for services covered under the contract or for services the MCO has prior authorized for each month a capitated payment is made.

MCO enrollment

- Most urban Washoe and Clark county recipients
- In most cases, MCO enrollment begins the first of the month AFTER the date of assignment
- If the mother is in an MCO, the newborn is automatically enrolled in the same MCO as the mother
- Recipients have 30 days to choose an MCO before one is assigned to them
- There is open enrollment annually when managed care recipients can change MCOs

Contracted MCOs

HPN
P.O. Box 15645
Las Vegas, NV 89114-5645
(702) 242-7317 or
(800) 962-8074
http://www.healthplanofnevada.com



AMERIGROUP Community Care
P.O. Box 61010
Virginia Beach, VA 23466-1010
(800) 454-3730
http://www.myamerigroup.com

Remember…

- If a recipient has an MCO plan and you are not contracted with that MCO, refer the recipient to the MCO and instruct them to ask for assistance in finding an in-network provider who is currently accepting new patients.

MCOs – The Provider's Responsibilities

- Follow MCO policy and procedure
- Submit claims to MCO
- Medicaid Services Manual (MSM) Chapter 3600
- Contract with MCO (terms determine payment)
- Contact DHCFP for MCO assistance for issues unresolved by MCO's grievance and appeals process

Medicaid is *usually* the payer of last resort.

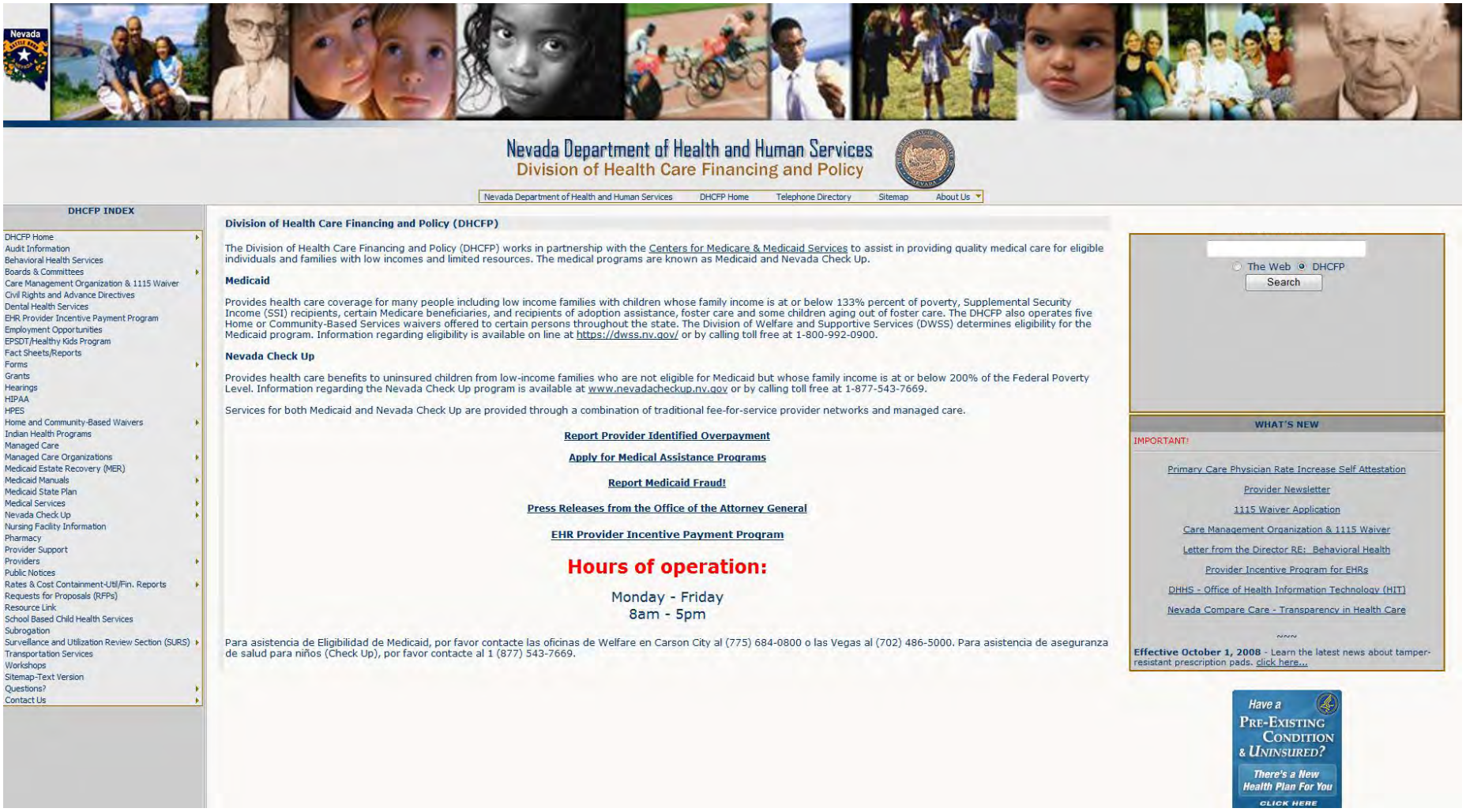
The following programs are exceptions:

Learning Check

1. True or False: All Nevada Medicaid recipients are required to enroll with an MCO
2. What are the names of the two MCOs?

Division of Health Care Financing and Policy (DHCFP)

www.dhcfp.nv.gov



Medicaid Services Manual (MSM)

DHCFP INDEX

- DHCFP Home
- Audit Information
- Behavioral Health Services
- Boards & Committees
- Care Management Organization & 1115 Waiver
- Civil Rights and Advance Directives
- Dental Health Services
- EHR Provider Incentive Payment Program
- Employment Opportunities
- EPSDT/Healthy Kids Program
- Fact Sheets/Reports
- Forms
- Grants
- Hearings
- HIPAA
- HPES
- Home and Community-Based Waivers
- Indian Health Programs
- Managed Care
- Managed Care Organizations
- Medicaid Estate Recovery (MER)
- Medicaid Manuals
- Medicaid State Plan
- Medical Services
- Nevada Check Up
- Nursing Facility Information
- Pharmacy
- Provider Support
- Providers
- Public Notices
- Rates & Cost Containment-Util/Fin. Reports
- Requests for Proposals (RFPs)
- Resource Link
- School Based Child Health Services
- Subrogation
- Surveillance and Utilization Review Section (SURS)
- Transportation Services
- Workshops
- Sitemap-Text Version
- Questions?
- Contact Us

- Before applying to become a Nevada Medicaid provider, check the specific chapter of the MSM for the provider type you will be enrolling to ensure you meet all the necessary criteria.

Nevada Check Up Manual
NV Medicaid Operations Manual
NV Medicaid Services Manual

MSM Chapters – DHCFP

100-Medicaid Program (ARCHIVES)

- Chapter (12-12-12)
- Table of Contents (12-12-12)
- MTL (12-12-12)

200-Hospital Services (ARCHIVES)

- Chapter (12-12-12)
- Table of Contents (12-12-12)
- MTL (12-12-12)

300-Radiology Services (ARCHIVES)

- Chapter (2-14-12)
- Table of Contents (2-14-12)
- MTL (2-14-12)

400-Mental Health and Alcohol/Substance Abuse Services (ARCHIVES)

- Chapter (4-10-12)
- Table of Contents (4-10-12)
- MTL (4-10-12)

500-Nursing Facilities (ARCHIVES)

- Chapter (11-08-11)
- Table of Contents (11-08-11)
- MTL (11-08-11)

600-Physician Services (ARCHIVES)

- Chapter (5-8-12)
- Table of Contents (5-8-12)
- MTL (5-8-12)

- As a provider, you should be familiar with your specific chapter, as well as Chapter 100 – Eligibility, Coverage and Limitations, Chapter 3100 – Hearings, and Chapter 3300 – Program Integrity.

Navigation to Rates Unit – DHCFP

DHCFP INDEX

- DHCFP Home
- Audit Information
- Behavioral Health Services
- Boards & Committees
- Care Management Organization & 1115 Waiver
- Civil Rights and Advance Directives
- Dental Health Services
- EHR Provider Incentive Payment Program
- Employment Opportunities
- EPSDT/Healthy Kids Program
- Fact Sheets/Reports
- Forms
- Grants
- Hearings
- HIPAA
- HPES
- Home and Community-Based Waivers
- Indian Health Programs
- Managed Care
- Managed Care Organizations
- Medicaid Estate Recovery (MER)
- Medicaid Manuals
- Medicaid State Plan
- Medical Services
- Nevada Check Up
- Nursing Facility Information
- Pharmacy
- Provider Support
- Providers
- Public Notices
- Rates & Cost Containment-Util/Fin. Reports
- Requests for Proposals (RFPs)
- Resource Link
- School Based Child Health Services
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Rates Unit
Cost Containment
Utilization and Financial Reports (NHQR)

Rates Unit – DHCFP

Rates Unit

Inpatient Hospitals and RTC's

- Revenue Codes and Rates
  - May 27, 2009
  - Sept 8, 2008
  - Jul 1, 2007

Outpatient Hospital -- For Modifiers, see "Nevada Medicaid Modifier Listing" under Professional Rates. Also, see Modifier "Link" at the top of the document. 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.

The information contained on the website 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.

- Provider Type 12 Outpatient Hospital

2013 New Codes Status Update

- 2013 New Codes status update

Outpatient Surgery

- ASC Payment Groups and Procedures Jan-Jul 2011

Important Information Regarding Increased Payment for Certain Primary Care Physicians for Calendar Year 2013 and 2014 as Part of the Affordable Care Act

- Provider Newsletter
- Primary Care Physician Rates for Eligible Providers
- Primary Care Physician Rate Increase Self Attestation Form

Professional Rates -- Please refer to the appropriate Medicaid policy to fully determine coverage as well as any coverage limitations. Also, see Modifier "Link" at the top of the document. Medicaid policy takes precedence over any code and rate listed here for a particular provider type. Generally, rates listed are the maximum allowable for a code.

The information contained on the website 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.

- Anesthesiology Unit Values
- Nevada Medicaid Modifier Listing
- Provider Type 14 Behavioral Health
- Provider Type 16 Intermediate Care Facility for the Mentally Retarded(Public)
- Provider Type 17
  - Specialty 166, Special Clinic, Family Planning
  - Specialty 171, Special Clinic, Methadone
  - Specialty 174, Special Clinic, Public Health
  - Specialty 180/181, Special Clinic, FQHC/RHC, Federally Qualified Health Centers and Rural Health Clinics
  - Specialty 183, Special Clinic, Comprehensive Outpatient Rehab Facilities
  - Specialty 195, Special Clinic, Community Health Clinics - State Health Division
  - Specialty 196, Special Clinic, Early Intervention
  - Specialty 198, Special Clinic, HIV
- Provider Type 20 Physician, MD., Osteopath
- Provider Type 21 Podiatrists
- Provider Type 22 Dental Jan-Jul, 2011
- Provider Type 22 Dental - Post Budget Red 11-8-11
- Provider Type 23 Hearing Aid Dispenser & Related Supplies
- Provider Type 24 Certified Nurse Practitioner
- Provider Type 25 Optometrist
- Provider Type 26 Psychologist
- Provider Type 27 Radiology & Noninvasive Diagnostic Centers
- Provider Type 29 Home Health Agency
- Provider Type 30 Personal Care Aide - Provider Agency
- Provider Type 32 Ambulance, Air or Ground
- Provider Type 33 Durable Medical Equipment, Prosthetics, Orthotics & Supplies
- Provider Type 34 Therapy, Physical, Occupational, Respiratory, Speech Pathologist

DHCFP Public Notices

DHCFP INDEX

- DHCFP Home
- Audit Information
- Behavioral Health Services
- Boards & Committees
- Care Management Organization & 1115 Waiver
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- Dental Health Services
- EHR Provider Incentive Payment Program
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- Forms
- Grants
- Hearings
- HIPAA
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- Provider Support
- Providers
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- School Based Child Health Services
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PUBLIC NOTICES

Nevada Department of Health and Human Services,
Division of Health Care Financing and Policy (DHCFP)

NOTICE OF TRIBAL CONSULTATION

Date and Time of Meeting:	April 8th, 2014 9:00 AM - 12:00 PM
Location:	Nevada State Health Division Conference Room 303 4150 Technology Way Carson City, Nevada 89706
Video Conference to:	Division of Health Care Financing and Policy 1010 Ruby Vista Dr., Suite 103 Elko, NV 89801
	Division of Health Care Financing and Policy 1210 S. Valley View Blvd., Suite 104 Las Vegas, NV 89102
Teleconference Number:	(888) 363-4735 - Access Code: 1846315

Agenda

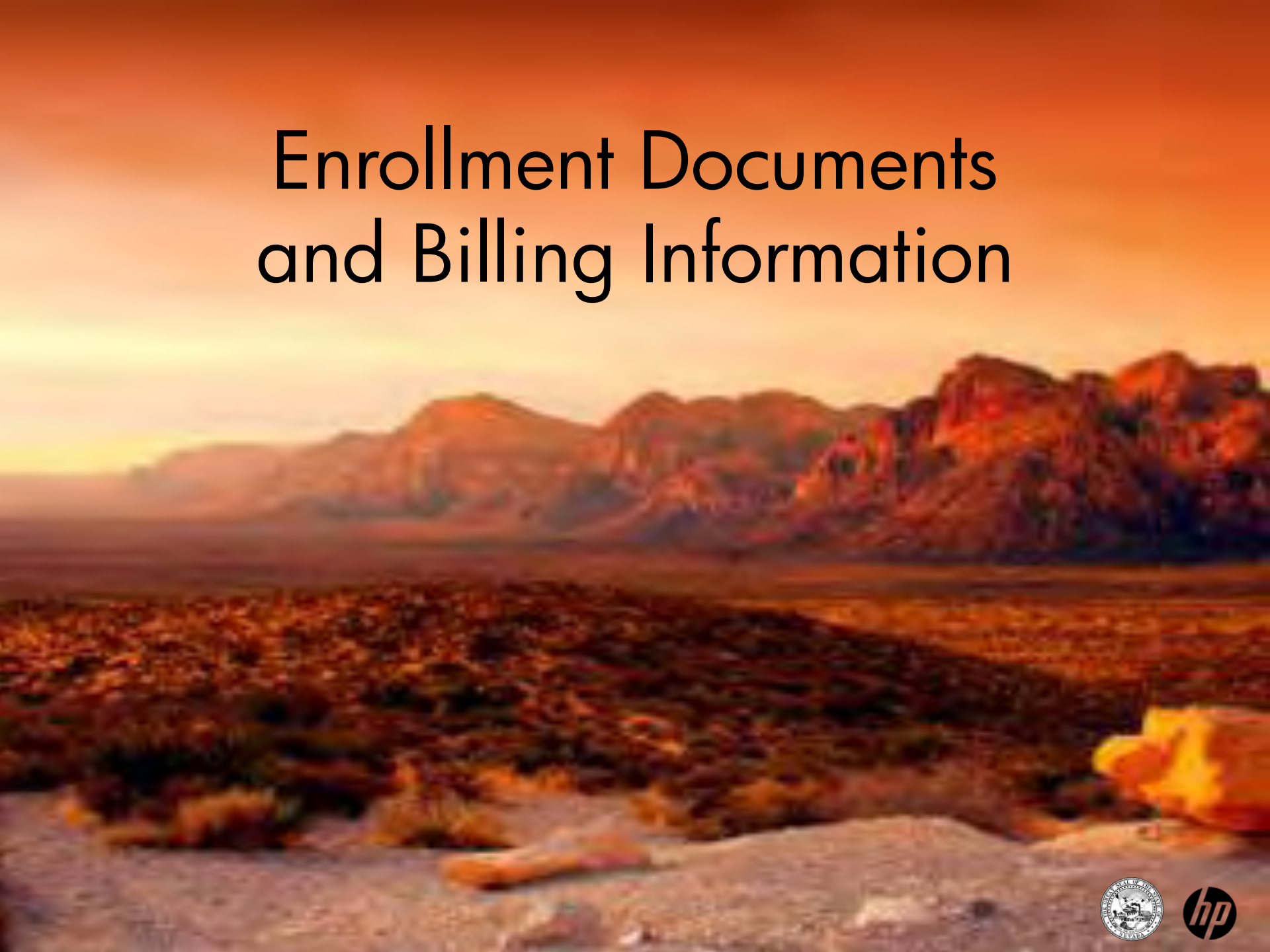
Nevada Department of Health and Human Services,
Division of Health Care Financing and Policy (DHCFP)

NOTICE OF OPEN PUBLIC MEETING TO SOLICIT PUBLIC COMMENTS AND INTENT TO ACT UPON AMENDMENTS TO THE MEDICAID SERVICES MANUAL (MSM) AND MEDICAID OPERATIONS MANUAL

Date and Time of Meeting:	April 10, 2014 9:00 AM
Location:	State of Nevada Legislative Building 401 S. Carson St., Room 2134 Carson City, Nevada 89701
Video Conference to:	Grant Sawyer Office Building 555 E. Washington Ave., Suite 4406 Las Vegas, NV 89101

Agenda

Enrollment Documents and Billing Information



www.medicaid.nv.gov

Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Transition Info | Site Map

Preferred Drug List Announcements [Review]

Home | Providers | EVS | Pharmacy | Prior Authorization | Quick Links | Contact Us

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

Latest News

April, May and June 2014 Provider Training Reminder [Web Announcement 714]

Product Recall from Abbott Diabetes Care: FreeStyle Flash® and FreeStyle® Blood Glucose Meters [Pharmacy Announcement]

Attention Pharmacies: Claims adjudication process to validate ordering, prescribing and referring (OPR) practitioners [Web Announcement 702]

Nevada Medicaid and Nevada Check Up News (Fourth Quarter 2013 Provider Newsletter [Read]

Provider Web Portal Quick Reference Guide (Updated April 16, 2012) [Review]

Web Announcements

WEB ANNOUNCEMENT 716

Attention Provider Types 20, 28, 32, 33 and 43 Regarding Claims with Modifiers

The following modifiers have been updated in the Medicaid Management Information System (MMIS): EA, EB, EC, ED, EE, FB, FC, GD, GR, J1, J2, J3, JA, JB, KG, KU, KV, KW, KY, M2, P2, P3, P4, P5, P6, Q0 and Q1.

Claims submitted by provider types 20, 28, 32, 33 and 43 with the modifiers listed above that incorrectly denied for edit code 0041 (invalid procedure modifier) have been reprocessed. The adjudication of the reprocessed claims appears on remittance advices dated March 28, 2014.

WEB ANNOUNCEMENT 715

Quantity Limit for Promethazine with Codeine Cough Syrup

Following the recommendation of the Nevada Medicaid Drug Utilization Review Board, effective May 8, 2014, Nevada Medicaid and Nevada Check Up will limit the amount of promethazine with codeine cough syrup to 120 ML per fill and no more than three (3) fills per year. For 30 days prior to the effective date, beginning April 8, 2014, the pharmacy will receive a claim response on the paid claim with a message for recipients who have claims exceeding the quantity limit. Beginning May 8, 2014, claims that exceed the quantity limit will deny.

WEB ANNOUNCEMENT 714

April, May and June 2014 Provider Training Reminder

The HP Enterprise Services (HPES) Provider Services Field Representatives will conduct several workshops for providers in the months of April, May and June.

- **Introduction to Becoming a Nevada Medicaid Provider** is offered for those interested in understanding what the Medicaid Program in Nevada entails and will focus on information, applications, public websites and general information. This course is for persons **not** already enrolled with Nevada Medicaid.
- **Foundations: Provider Program Basics** is designed for providers new to Nevada Medicaid and Nevada Check Up, and explains the tools available to easily find claim or payment status and

Provider Enrollment Documents

Provider Enrollment

New Requirements for Provider Re-enrollment

Beginning June 1, 2012, providers are required to re-enroll in Nevada Medicaid and Nevada Check Up once every 36 months. Providers who do not re-enroll within 60 days of the date on their notification will have their provider contract terminated. Please see Web Announcement 510.

Get Adobe Reader

You will need Adobe® Reader to view any printable PDF document(s).
Click the button to the left to download a free copy of Adobe® Reader.

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.

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

Changes to Provider Information

Changes to any information presented on your enrollment documents must be reported to HP Enterprise Services within five business days.

- To report a change in business ownership, resubmit a completed Provider Enrollment Application.
- For all other changes, the Provider Information Change Form (FA-33) may be used.

Mailing Address

Mail completed enrollment forms and required documentation to HP Enterprise Services, Provider Enrollment Unit, P.O. Box 30042, Reno, NV 89520-3042

Required Enrollment Documents

- Provider Enrollment Information Booklet: All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- Enrollment Checklists: Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.

Initial Enrollment Documents

- Provider Initial Enrollment Application Packet (Individuals) (FA-31C): Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up individual provider. This packet contains instructions, application and contract.
- Provider Initial Enrollment Application Packet (Groups) (FA-31D): Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up group/facility provider. This packet contains instructions, application and contract.

Enrollment Procedure

- Review the Provider Enrollment Information Booklet
- Choose your provider type and primary specialty (if applicable) from the Provider Enrollment Information Booklet
- Review the Enrollment Checklist for your provider type
  - *Some providers are required to send their checklist with their application*
- Complete the appropriate Provider Enrollment Application Packet and attach all required documents
- Complete applicable Recommended Enrollment Documents
- Mail or email the completed Provider Enrollment Packet to HPES

Provider Enrollment Instructions

Nevada Medicaid and Nevada Check Up

Provider Enrollment Information Booklet

Welcome!

Thank you for your interest in the Nevada Medicaid and Nevada Check Up program (hereafter referred to as "Nevada Medicaid"). To bill for services rendered to Nevada Medicaid recipients (hereafter referred to as "recipients"), you must enroll with HP Enterprise Services (HPES) as a Nevada Medicaid provider.

If you have any questions about enrollment, please call HPES at (877) 638-3472. When calling, select the prompts for "Nevada Medicaid Provider," then 0 for all other calls, and then 5 for "Provider Enrollment."

Website

Enrollment forms are at http://www.medicaid.nv.gov (select "Provider Enrollment" from the "Providers" menu).

The Provider Enrollment webpage contains *required* and *recommended* enrollment documents.

Required Documents

The following documents are required for your enrollment in the Nevada Medicaid program:

- Provider Initial Enrollment Application (FA-31C for Individuals or FA-31D for Groups/Facilities) and the Provider Contract, which is attached to the Provider Initial Enrollment Packets
- A copy of all documentation listed on the Enrollment Checklist for your provider type

The following documents are required for your re-enrollment in the Nevada Medicaid program:

- Provider Re-Enrollment Application (FA-31A for Individuals or FA-31B for Groups/Facilities) and the Provider Contract, which is attached to the Provider Re-Enrollment Packets
- A copy of all documentation listed on the Enrollment Checklist for your provider type

Recommended Documents

The following documents are recommended enrollment documents. You may submit them when you enroll or you can submit them separately, later.

- EDI Enrollment Forms (FA-35, FA-36, FA-37 and FA-39) – To submit electronic claims, you must enroll in our EDI Program. EDI enrollment instructions are online at http://www.medicaid.nv.gov (select "Electronic Claims/EDI" from the "Providers" menu.) **If you have any questions**, please call our EDI Department at (877) 638-3472. When calling, select the prompts for "Nevada Medicaid Provider," then 0 for all other calls, and then 3 for "Electronic Billing."

Out of State Providers

Urgent/Emergency Services

Providers enrolled with Medicaid in their home state: Nevada Medicaid enrollment is not required. Prior authorization is not required. To receive payment for urgent/emergency services rendered to recipients outside of Nevada borders, submit a signed claim with:

- A copy of your W-9 form
- Proof of Medicaid enrollment in your home state
- Provider's National Provider Identifier (NPI)

FA-31-Booklet: Provider Enrollment Information Booklet Page 1 of 9
04/12/2013

- Review the Provider Enrollment Information Booklet prior to filling in the Provider Enrollment Application. This document contains important information such as, but not limited to, provider types and specialties.

Provider Enrollment Checklists

Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Transition Info | Site Map

Home | Providers | EVS | Pharmacy | Prior Authorization | Quick Links | Contact Us

Notification

Enhancements were implemented in the online prior authorization and electronic verification systems on February 20, 2012. For more information, see Web Announcement 451.

Provider Enrollment Checklists

Get Adobe Reader

You will need Adobe® Reader to view any printable PDF document(s).
Click the button to the left to download a free copy of Adobe® Reader.

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
10	Outpatient Surgery, Hospital Based
11	Hospital, Inpatient
12	Hospital, Outpatient
13	Psychiatric Hospital, Inpatient
14	Behavioral Health Outpatient Treatment
16	Intermediate Care Facilities for Mentally Retarded / Public
17	Special Clinics
19	Nursing Facility
20	Physician, M.D., Osteopath
21	Podiatrist
22	Dentist
23	Hearing Aid Dispenser & Related Supplies
24	Certified R.N. Practitioner
25	Optometrist
26	Psychologist
27	Radiology & Noninvasive Diagnostic Centers
28	Pharmacy
29	Home Health Agency
30	Personal Care Services - Provider Agency
32	Ambulance, Air or Ground
33	Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)
34	Therapy
36	Chiropractor
37	Intravenous Therapy
38	Home & Community Based Waiver – Mental Retardation Services
39	Adult Day Health Center
41	Optician, Optical Business, Ocularist
42	Outpatient Psychiatric Hosp. Private, and Community Health Center
43	Laboratory, Pathology Clinical

Provider Enrollment Checklist – Sample

Provider Enrollment Checklist for Provider Type 20

Physician, M.D., Osteopath

The following is a list of required enrollment documents for this provider type. Include with your Provider Enrollment Packet a copy of each document listed below.

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

- ☐ Documentation showing tax payer identification number (SS-4 or CP575 or W-9)
- ☐ State Board medical license
- ☐ Clinical Laboratories Improvement Act (CLIA) certificate, if applicable
- ☐ Bureau of Health Care Quality and Compliance (BHCQC) license (if applicable)

You do not need to mail this checklist with your enrollment documents.

Provider Enrollment Application – FA-31C or FA-31D

HP Enterprise Services

Provider Initial Enrollment Application (Individuals)

This Provider Enrollment Application is to be used by individual providers. All questions must be completed. Attach additional sheets if necessary to answer each question completely and each additional sheet must display the relevant question number from the Application. Changes to enrollment information presented herein (except changes in business ownership) must be updated via form FA-33 **within five business days** of the change. **Business ownership changes** must be reported within five business days by resubmitting a complete, new set of enrollment documents and a copy of the purchase agreement.

Enrollment Type (check one): ☐ Initial ☐ Electronic Health Records (EHR)
☐ Ownership change (attach a copy of the purchase agreement)

Section 1: General Information

1. Provider name: _____
2. Provider date of birth: _____
3. Social Security Number: _____
4. Enrollment effective date: _____
5. To become affiliated or remain with an existing Medicaid Provider Group, enter the Group's NPI and the date to begin the affiliation. Otherwise, leave this field blank. **This is required for provider types 14 and 82.**
   Group NPI: _____ Affiliation begin date: _____
6. Enter the 2-digit number for the provider type you are enrolling: _____
   See the Provider Enrollment Information Booklet for the list of provider types and corresponding 2-digit numbers.
7. Name your board certified specialties that pertain to the provider type you are enrolling. This is required for provider types 14, 17, 19, 20, 34, 38, 48, 57, 58 and 82. It is recommended for provider types 22, 26, 54 and 76 when applicable. All other provider types may leave this question blank. **For provider types 14, 17 and 82 only, enter one specialty code per Application. A Provider Enrollment Packet must be submitted for each specialty being enrolled. See the Provider Enrollment Information Booklet for the list of specialty codes.**
   Primary Specialty: _____ Specialty Code: _____ Board Name: _____
8. Enter the following information for the licenses that pertain to the provider type you are enrolling.
   License Number: _____
   Name of Issuing Licensing Board, State or Entity: _____
9. Are you enrolled in Medicare? ☐ Yes ☐ No
10. Enter your Drug Enforcement Agency (DEA) number (*if applicable*): _____
11. Enter your CLIA certification number *(if applicable)*: _____
12. Enter your NCPDP/NABP number *(provider types 28 & 37 only)*: _____
13. Applicant's National Provider Identifier (NPI) *as issued by NPPES*: _____
14. List your taxonomy code (a list of taxonomy codes is online at www.wpc-edi.com): _____
15. Do you have hospital privileges? ☐ Yes ☐ No If yes, where: _____

Section 2: Tax and Business Information

16. Check the box that most closely describes the entity you are enrolling:
    ☐ Individual Provider ☐ Hospital-Based Physician ☐ Sole Proprietorship
    ☐ Non-Profit ☐ Limited Liability Company ☐ Corporation

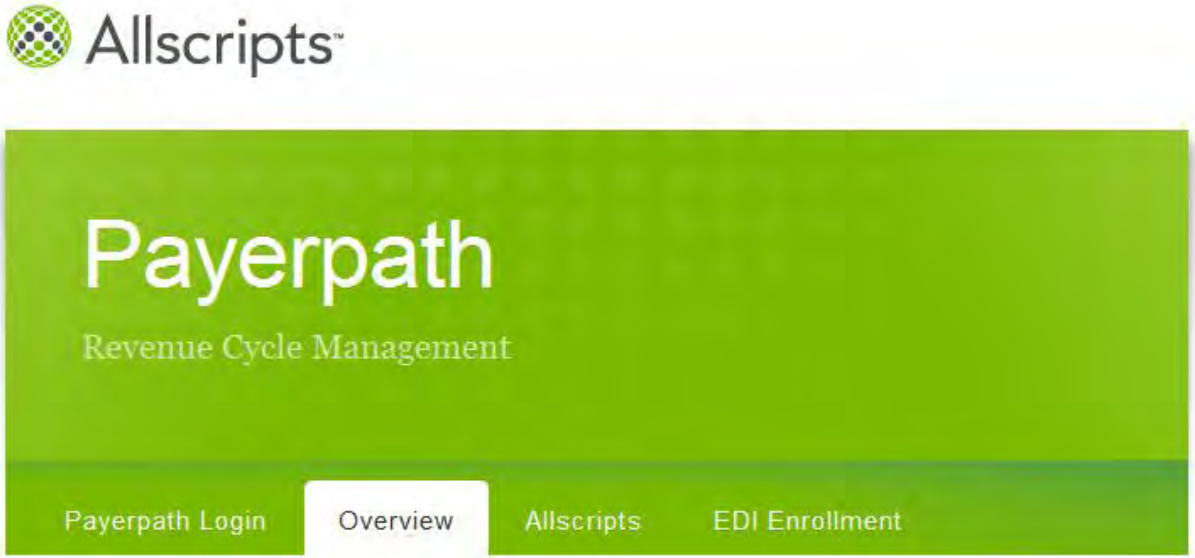
FA-31C: Provider Initial Enrollment Application (Individuals) Page 1 of 5
02/18/2014 *(pv04/12/2013)*

- Complete all fields of the application that apply to you. If the question does not apply, enter N/A on that line.
- Enrolling with the Medicaid Fee For Service program does not automatically enroll your provider with the MCOs. Contact the MCO directly for assistance with their enrollment process.

Recommended Enrollment Documents

Enrolled providers may submit electronic Nevada Medicaid and Nevada Check Up claims free of charge through Allscripts Payerpath.

Simply complete the **Service Center Authorization** form **(FA-37)** and the **Payerpath Enrollment** form **(FA-39)** located on the Provider Enrollment webpage and mail in with your completed Provider Enrollment Application.



Submission Process

- Mail completed enrollment application to:

  HP Enterprise Services
  Provider Enrollment Unit
  PO Box 30042
  Reno, NV 89520-3042

  Or email to: nv.providerapps@hp.com
- Once received, the enrollment application will be logged internally and reviewed.
- If approved, you will receive a letter stating that you have been enrolled with a copy of your provider contract.
- If documentation is missing or errors are found, your enrollment packet may be returned to you with a letter indicating necessary corrections.

Billing Information

Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Transition Info | Site Map

Home | Providers | EVS | Pharmacy | Prior Authorization | Quick Links | Contact Us

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

Billing Information

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

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

Get Adobe Reader — You will need Adobe® Reader to view any printable PDF document(s). Click the button to the left to download a free copy of Adobe® Reader.

Paper Claim Form Instructions

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

Title	Last Update
ADA (Version 2012) Claim Form Instructions	02/11/14
ADA (Version 2006) Claim Form Instructions	12/05/11
CMS-1500 (02-12) Claim Form Instructions	02/10/14
CMS-1500 (08/05) Claim Form Instructions	05/14/13
UB Claim Form Instructions	05/14/13
Title	Last Update

Billing Manual

For Archives Click here

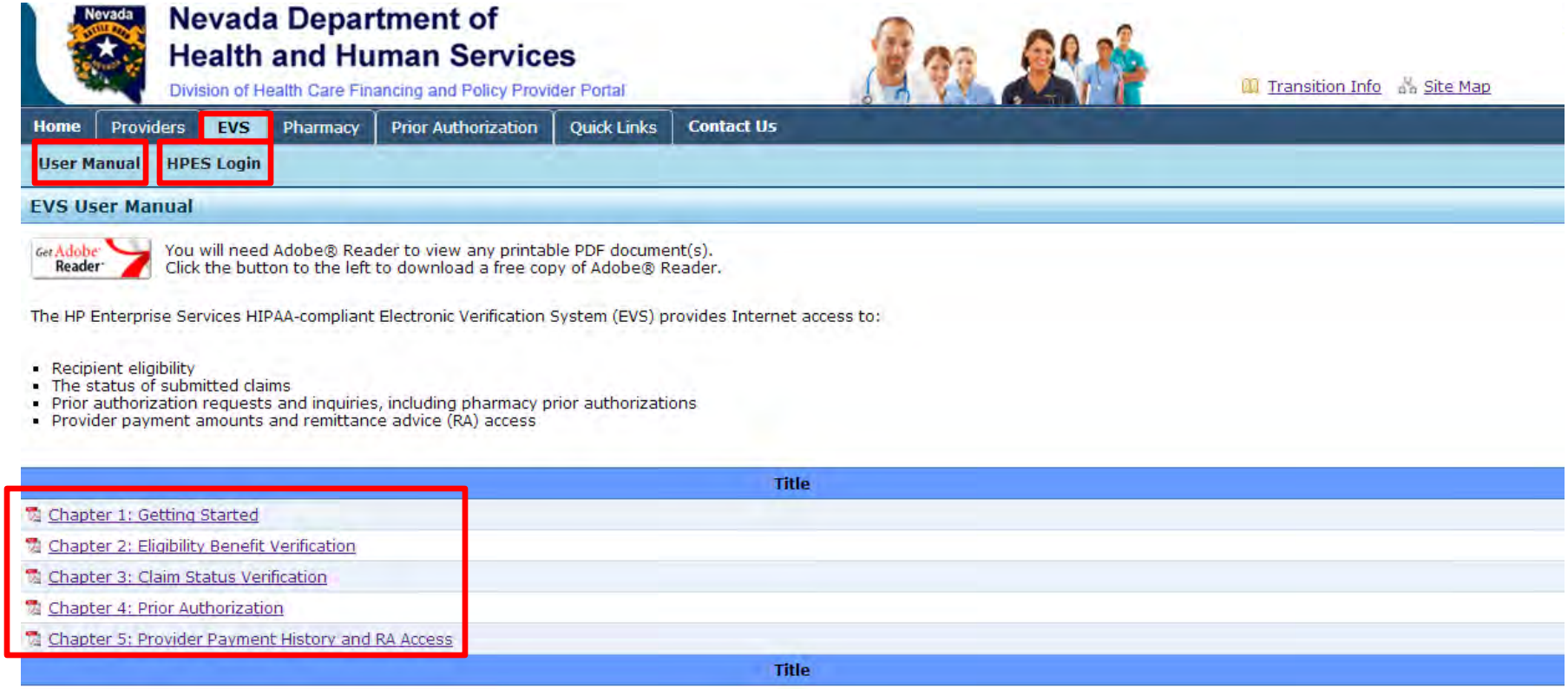
Title	Filesize	Last Update
Billing Manual	977 KB	12/05/11
Title	Filesize	Last Update

Billing Guidelines (by Provider Type)

For Archives Click here

Provider Type	Title	Last Update
10	Outpatient Surgery, Hospital Based	02/01/12
11	Hospital, Inpatient	11/08/13
12	Hospital, Outpatient	07/11/12
13	Psychiatric Hospital, Inpatient	02/01/12
14	Behavioral Health Outpatient Treatment	07/09/13

Electronic Verification System (EVS)



Provider Web Portal – EVS

Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Contact Us | Login

Home

Home

Provider Login

*User ID

Log In

Forgot User ID?

Register Now

Where do I enter my password?

Protect Your Privacy!
Always log off and close all of your browser windows

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

New! Prior Authorization Quick Reference Guide [**Review**]

Provider Web Portal Quick Reference Guide [**Review**]

Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes, descriptions and data are copyrighted by the American Medical Association (AMA) and the American Dental Association (ADA), respectively, all rights reserved. AMA and ADA assume no liability for data contained or not contained on this website and on documents posted herein.

Contact Information

DHCFP Contact Information

DHCFP

Carson City Administration Office
1100 East William St.
Suite 101
Carson City, NV 89701
Main Number: (775) 684-3676

Contact Information

Nevada Medicaid Central Office
1100 East William St., Suite 101
Carson City, NV 89701
Recipients: (775) 684-3600
Providers: (775) 684-3700
Las Vegas area: (702) 668-4200
www.dhcfp.nv.gov

Nevada Check Up Central Office
1100 East William St., Suite 200
Carson City, NV 89701
(775) 684-3777
Toll free number: (877) 543-7669
www.nevadacheckup.nv.gov

HPES Contact Information

HPES

Customer Service Center
Claim inquiries and general information
P.O. Box 30042
Reno, NV 89520-3042
Phone: (877) 638-3472 (select option 2, then select option 0, then select option 2 for "Claim Status")
www.medicaid.nv.gov

Nevada Provider Training
P.O. Box 30042
Reno NV 89520-3042
Email: NevadaProviderTraining@hp.com

Automated Response System (ARS)

The ARS provides automated phone access to recipient eligibility, provider payments, claim status, prior authorization status, service limits and prescriber IDs.

- (800) 942-6511

Questions?

Thank you for attending!

Please complete the course evaluation.