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)
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.
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.
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.
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
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
To begin the enrollment process with Nevada Medicaid, highlight Providers from the top toolbar and select Provider Enrollment from the dropdown menu or select Provider Enrollment from the Provider Links section on the right-hand side of the page.
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
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 book, 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.
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.
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.
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
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
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.
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)
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

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

- 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.
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.
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 Agreement (NMH-3828)**: 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

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

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Title</th>
<th>Updated Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Outpatient Surgery, Hospital Based</td>
<td>07/25/19</td>
</tr>
<tr>
<td>11</td>
<td>Hospital, Inpatient</td>
<td>07/25/19</td>
</tr>
<tr>
<td>12</td>
<td>Hospital, Outpatient</td>
<td>07/25/19</td>
</tr>
<tr>
<td>13</td>
<td>Psychiatric Hospital, Inpatient</td>
<td>07/25/19</td>
</tr>
<tr>
<td>14</td>
<td>Behavioral Health Outpatient Treatment</td>
<td>n/a</td>
</tr>
<tr>
<td>15</td>
<td>Registered Dietitian</td>
<td>07/25/19</td>
</tr>
<tr>
<td>16</td>
<td>Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public</td>
<td>08/12/19</td>
</tr>
<tr>
<td>17</td>
<td>Special Clinics</td>
<td>n/a</td>
</tr>
<tr>
<td>19</td>
<td>Nursing Facility</td>
<td>08/12/19</td>
</tr>
<tr>
<td>20</td>
<td>Physician, M.D., Osteopath, D.O.</td>
<td>09/23/19</td>
</tr>
<tr>
<td>21</td>
<td>Podiatrist</td>
<td>07/25/19</td>
</tr>
<tr>
<td>22</td>
<td>Dentist</td>
<td>07/24/19</td>
</tr>
<tr>
<td>23</td>
<td>Hearing Aid Dispenser &amp; Related Supplies</td>
<td>07/25/19</td>
</tr>
<tr>
<td>24</td>
<td>Advanced Practice Registered Nurse</td>
<td>07/24/19</td>
</tr>
<tr>
<td>25</td>
<td>Optometrist</td>
<td>07/25/19</td>
</tr>
<tr>
<td>26</td>
<td>Psychologist</td>
<td>n/a</td>
</tr>
<tr>
<td>27</td>
<td>Radiology and Non-invasive Diagnostic Centers</td>
<td>07/25/19</td>
</tr>
<tr>
<td>28</td>
<td>Pharmacy</td>
<td>08/12/19</td>
</tr>
<tr>
<td>29</td>
<td>Home Health Agency</td>
<td>07/25/19</td>
</tr>
<tr>
<td>30</td>
<td>Personal Care Services - Provider Agency</td>
<td>10/02/18</td>
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<td>32 (Spec. 249)</td>
<td>Community Paramedicine</td>
<td>11/04/19</td>
</tr>
<tr>
<td>32 (Spec. 932)</td>
<td>Ambulance, Air or Ground</td>
<td>11/04/19</td>
</tr>
<tr>
<td>33</td>
<td>Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)</td>
<td>08/29/19</td>
</tr>
<tr>
<td>34</td>
<td>Therapy</td>
<td>n/a</td>
</tr>
<tr>
<td>36</td>
<td>Chiropractor</td>
<td>07/25/19</td>
</tr>
<tr>
<td>38</td>
<td>Home &amp; Community Based Waiver – Individuals with Intellectual Disabilities and Related Conditions</td>
<td>n/a</td>
</tr>
<tr>
<td>39</td>
<td>Adult Day Health Center</td>
<td>08/28/19</td>
</tr>
<tr>
<td>41</td>
<td>Optician, Optical Business, Oculist</td>
<td>08/01/19</td>
</tr>
<tr>
<td>43</td>
<td>Laboratory, Pathology Clinical</td>
<td>08/01/19</td>
</tr>
</tbody>
</table>
Enrollment Checklists, continued

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 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)

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 enroll via the Online Provider Enrollment (OPE) Tool. This change was made due to the elimination of the paper enrollment applications and the desire to align with the goals of the new 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 QIC enrollments.

Provider Documentation Reminders: (See Web Announcement 1123 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 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).
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
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

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.

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.

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.
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

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

Thank you for your interest in the 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.
Specialties

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

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

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.

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<thead>
<tr>
<th>Type</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td><img src="image" alt="Click to add address." /></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nevada Medicaid Community Paramedicine Enrollment Training (Groups)
Provider Addresses, continued

**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.
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.
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

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

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.
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

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

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

<table>
<thead>
<tr>
<th>Business Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nevada Secretary of State Issued Business ID</strong>: 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: <a href="http://www.nvsos.gov/sos">www.nvsos.gov/sos</a>.</td>
</tr>
<tr>
<td><strong>Nevada Secretary of State Registered Name</strong>: This is the name used by the provider to create and obtain a valid business in the State of Nevada.</td>
</tr>
<tr>
<td><strong>CLIA Certification</strong></td>
</tr>
<tr>
<td><strong>CLIA Number</strong></td>
</tr>
<tr>
<td><strong>Drug Enforcement Admin</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CLIA Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLIA Number</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Enforcement Administration (DEA) Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEA #</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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.
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.

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.
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.
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

Nevada Medicaid Provider Enrollment Application Group Information
Associated Providers List

List the individual names and NPIs of all providers to be affiliated with this group. All providers listed below must be enrolled with Nevada Medicaid or have already submitted their enrollment documents. Original signatures are required for each individual being linked to the group. Upload the completed document including all signatures using the attachments panel. This document must be included in the original submission in order for your application to be considered complete.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>NPI</th>
<th>Provider Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each Individual provider that will be linking to the Group must complete this form, including a signature and the signature cannot be rubber stamped and must be physically signed. If there will be more than one (1) individual provider linking to the Group, each Individual provider is able to sign the form. Once completed, upload the attachment which will be covered later in the training.
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.
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: __________________________ Date: __________________________

Authorized signature: __________________________

TAPE AN ORIGINAL, VOILED 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.

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.
Other Information

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

<table>
<thead>
<tr>
<th>Subsidiary or Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the entity a subsidiary or parent of another entity?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Facility Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Rating</td>
</tr>
<tr>
<td>Facility Control</td>
</tr>
<tr>
<td>Facility Control</td>
</tr>
</tbody>
</table>

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.
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

<table>
<thead>
<tr>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swing Bed</td>
</tr>
<tr>
<td>Acute</td>
</tr>
<tr>
<td>ICF</td>
</tr>
<tr>
<td>SNF</td>
</tr>
<tr>
<td>ICF/MR</td>
</tr>
<tr>
<td>ISO</td>
</tr>
</tbody>
</table>

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.
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

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
Ownership Information

Compilation of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42 CFR 445, 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 act or act on behalf of a provider. Managing Employee is defined as a general manager, business manager, administrative officer, director, or other individual who exercises operational or managerial control over, or who directly or indirectly controls 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.

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

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

---

<table>
<thead>
<tr>
<th>Corporation/Owner/Agent/Managing Employee Name</th>
<th>Relationship</th>
<th>Corporation/Owner/Agent/Managing Employee Name</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andy Paxton</td>
<td>Is The Owner Of</td>
<td>Paxton Drug Store</td>
<td>Remove</td>
</tr>
<tr>
<td>Janice Paxton</td>
<td>Is The Owner Of</td>
<td>Paxton Drug Store</td>
<td>Remove</td>
</tr>
<tr>
<td>Andy Paxton</td>
<td>Is The Spouse Of</td>
<td>Janice Paxton</td>
<td>Remove</td>
</tr>
<tr>
<td>Drug Stores Care</td>
<td>Is The Owner Of</td>
<td>Paxton Drug Store</td>
<td>Remove</td>
</tr>
<tr>
<td>Robert Thomas</td>
<td>Is The Owner Of</td>
<td>Drug Stores Care</td>
<td>Remove</td>
</tr>
</tbody>
</table>

*Explanation if total ownership less than 100%*

There are two people who own 4% each.

---

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

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.
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.
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.
Ownership & Disclosure, continued

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.
Ownership & Disclosure, continued

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.
Ownership & Disclosure, continued

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.

<table>
<thead>
<tr>
<th>#</th>
<th>Type of Entity</th>
<th>Legal Name</th>
<th>Federal Tax ID</th>
<th>% of Ownership</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Owner</td>
<td>First Last</td>
<td>1111111111</td>
<td>90</td>
<td>Remove</td>
</tr>
<tr>
<td>2</td>
<td>Managing Employee</td>
<td>First Last</td>
<td>1233333333</td>
<td>N/A</td>
<td>Remove</td>
</tr>
</tbody>
</table>

**Explanation if total ownership less than 100%**

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

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>SSN</th>
<th>Federal Tax ID</th>
<th>Action</th>
</tr>
</thead>
</table>

Click to add Individual and/or Corporation.

*Type of Entity*  
Name
Last Name
First Name
Middle
Birth Date
SSN
Street
City
State
Zip
%

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
Ownership & Disclosure, continued

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.
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

<table>
<thead>
<tr>
<th>#</th>
<th>Program</th>
<th>State</th>
<th>Effective Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click to add Program.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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.
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

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/IHS) 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.

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

If any owner, agent, managing employee or person with controlling interest is 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

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.

<table>
<thead>
<tr>
<th>#</th>
<th>Explanation</th>
<th>Denial/Suspension/Restriction/Revocation Dates</th>
<th>Action</th>
</tr>
</thead>
</table>

- **Explanation**

- **From**

- **To**
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

<table>
<thead>
<tr>
<th>#</th>
<th>Explanation</th>
<th>Voluntary Surrender Dates</th>
<th>Action</th>
</tr>
</thead>
</table>

Click to add denied, suspended, restricted or revoked information.

*Explanation

*From  

*To  

Add  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.
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.
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.
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.
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.
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

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

Billing Guidelines (by Provider Type)

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Paramedicine</td>
<td>11/04/19</td>
</tr>
<tr>
<td>Ambulance, Air or Ground</td>
<td>11/04/19</td>
</tr>
</tbody>
</table>

For Archives Click here
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:

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

Step 1: Click “I Accept”

Step 2: Click “Submit”
Fee Schedule, continued

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

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.
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.
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

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 190, Special Clinic, Community Health
  - Specialty 195, Special Clinic, Early Intervention
  - Specialty 196, Special Clinic, HIV
  - Specialty 215, Substance Abuse Agency Model (SAAM)

- Provider Type 20 Physician, MD, Osteopath
- Provider Type 21 Podiatrist
- Provider Type 22 Dentist
- 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 Dental 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.
Electronic Verification System (EVS)
Registering for the EVS Portal
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.
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
From the “Registration Selector” page, the user will:

Select the appropriate **Role**
Registering for EVS, continued

From the "Registration" page, the user will complete all fields and select Continue.
The user will then need to complete all required fields by creating a unique User ID and Password.
Registering for EVS, continued

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

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

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.
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
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
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

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

<table>
<thead>
<tr>
<th>My Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Information</strong></td>
</tr>
<tr>
<td>Display Name: Hosiona</td>
</tr>
<tr>
<td>Phone Number: 1-111-111-1111</td>
</tr>
<tr>
<td>Current Email: <a href="mailto:aaron.barger@dnc.com">aaron.barger@dnc.com</a></td>
</tr>
</tbody>
</table>

| **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 |

| **Site Key Tokens** |
| Site Key: |

| **Password** |
| Change Password: |
Managing Profile, continued

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 image in the Site Key Token section from an “Apple” to a “Baseball.”
Managing Profile, continued

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

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

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

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.
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

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

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.
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

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.”
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

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

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.
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.
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”
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

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

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

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.

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.
Accessing Help – Secure Correspondence, continued

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

<table>
<thead>
<tr>
<th>Page/Resource</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Enrollment Webpage</td>
<td><a href="https://www.medicaid.nv.gov/providers/enroll.aspx">https://www.medicaid.nv.gov/providers/enroll.aspx</a></td>
</tr>
<tr>
<td>Provider Enrollment Checklists</td>
<td><a href="https://www.medicaid.nv.gov/providers/checklist.aspx">https://www.medicaid.nv.gov/providers/checklist.aspx</a></td>
</tr>
<tr>
<td>Billing Information Webpage</td>
<td><a href="https://www.medicaid.nv.gov/providers/BillingInfo.aspx">https://www.medicaid.nv.gov/providers/BillingInfo.aspx</a></td>
</tr>
<tr>
<td>Division of Health Care Financing and Policy Rates Page</td>
<td><a href="http://dhcfp.nv.gov/Resources/Rates/RatesDisclaimer/">http://dhcfp.nv.gov/Resources/Rates/RatesDisclaimer/</a></td>
</tr>
<tr>
<td>Provider Training Webpage and Materials</td>
<td><a href="https://www.medicaid.nv.gov/providers/training/training.aspx">https://www.medicaid.nv.gov/providers/training/training.aspx</a></td>
</tr>
</tbody>
</table>
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