



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
DIVISION OF HEALTH CARE PURCHASING AND COMPLIANCE
OFFICE OF THE MEDICAID INSPECTOR GENERAL

9850 Double R Blvd, Suite 200
 Reno, Nevada 89521
 NVHA.NV.GOV



Stacie Weeks, Director
 Cynthia Leech, Administrator

Enrollment Moratorium Exemption Request Form

Provider Type 33 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). This form must be completed, signed, and submitted with your enrollment application if you are subject to a moratorium and are requesting approval to provide services due to an access-to-care need.

1. APPLICANT INFORMATION

| | | | | |
|-----------------------------|-------------|-------------------------------|----------------------|------------|
| DMEPOS Facility Name | NPI | Phone Number | Email Address | |
| | | | | |
| Service Address | City | | State | Zip |
| | | | | |
| Contact Person | | Title and Phone Number | | |
| | | | | |

2. EXPLANATION FOR EXEMPTION REQUEST

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| Please describe the need for this exemption form request. Please include relevant information to substantiate your request, where you plan to provide these services (rural/ urban), and why you believe there is access to care issues within the areas listed. |
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3. REQUIRED DOCUMENTATION

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| All of the following must be submitted with the moratorium waiver application: |
| <ul style="list-style-type: none"> Complete Nevada Medicaid enrollment application Signed Enrollment Moratorium Exemption Request form |

4. NVHA TERMS AND CONDITIONS

By signing this moratorium Exemption request form, the applicant agrees to:

- Be provisionally enrolled with Nevada Medicaid for the duration of the moratorium period; and
- Be subject to a Fingerprint-Based Criminal Background Check (FCBC) and Site Visit.

5. APPLICANT ACKNOWLEDGMENT

I have read and agree with the NVHA Terms and Conditions for the moratorium exemption request form.

Owner/Managing Employee/Board Member Name _____
Title

Owner/Managing Employee/Board Member Signature _____
Date