

Introduction to Becoming a Nevada Medicaid Provider



Agenda

- Introduction to Nevada Medicaid and Nevada Check Up
- Division of Health Care Financing and Policy (DHCFCP) – 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). During the 1997 legislative session, the DHCFP was created. The Division has 290 authorized positions with offices in Carson City, Las Vegas, Reno and Elko. The DHCFP administers two major federal health coverage programs (Medicaid and Children's Health Insurance Program (CHIP)), which provide medically necessary health care to eligible Nevadans. The largest program is Medicaid, which provides health care to low-income families, as well as aged, blind and disabled individuals. The CHIP program in Nevada is known as Nevada Check Up (NCU), and provides health care coverage to low-income, uninsured children who are not eligible for Medicaid.



About Nevada Medicaid and Nevada Check Up

- Nevada Medicaid is a program that provides quality health care services to low-income Nevadans who qualify based on federal and state law. 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 based on 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

- Nevada Medicaid
- Nevada Check Up (NCU)
- CHAP – Child Health Assurance Program
- TANF – Temporary Assistance for Needy Families
- Waiver programs
- Aging & Disability Services
- Medical Assistance for the Aged, Blind, Disabled
- For a complete list of all programs, go to the DHCFP website at: <https://dhcfp.nv.gov>



Medicaid Services – Mandatory

- Inpatient hospital services
- Outpatient hospital services
- Physician services, medical and surgical dental services
- Nursing Facility (NF) services for individuals aged 21 or older who would otherwise be receiving SSI
- Home health care for persons eligible for NF services, including medical supplies and appliances for use in the home
- Family planning services and supplies
- Rural health clinic services and any other ambulatory services offered by a rural health clinic that are otherwise covered under the State plan



Medicaid Services – Mandatory (Continued)

- Laboratory and x-ray services
- Pediatric and family nurse practitioner services
- Federally-qualified health center services and any other ambulatory services offered by a federally-qualified health center that are otherwise covered under the State plan
- Nurse-midwife services (to the extent authorized under State law)
- Transportation
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services, for individuals under age 21



Medicaid Services – Optional

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

- Pharmacy
- Dental
- Optometry
- Psychologist
- Physical, occupational and speech therapies
- Podiatry for those under 21 years of age and Qualified Medicare Beneficiaries (QMB) eligibles
- Chiropractic for those under 21 years of age and QMB eligibles
- Intermediate care facility services for those 65 years and older
- Skilled nursing facility services for those under 21 years of age



Medicaid Services – Optional (Continued)

- Inpatient psychiatric services for those under 21 years of age
- Personal care services
- Private duty nursing
- Adult day health care
- Nurse anesthetists
- Prosthetics and orthotics
- Hospice
- Intermediate Care Facility for the Mentally Retarded



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
- 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

HEALTH PLAN OF NEVADA
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Nevada - one state, endless opportunities. From multi-million-dollar resorts and desert landscapes to mountain vistas and quiet neighborhoods, Nevada has it all. New communities seem to spring up overnight as people from every state in the union relocate here to pursue the American dream.

As the state's oldest and most experienced health plan, we've provided Nevadans with quality health care since 1982. The reason for our success? We understand your unique goals and offer health plans to fit your individual lifestyle. After all, *good health takes a good plan.*

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(800) 962-8074
<http://www.healthplanofnevada.com>

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Provider
If you are a health care provider
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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.

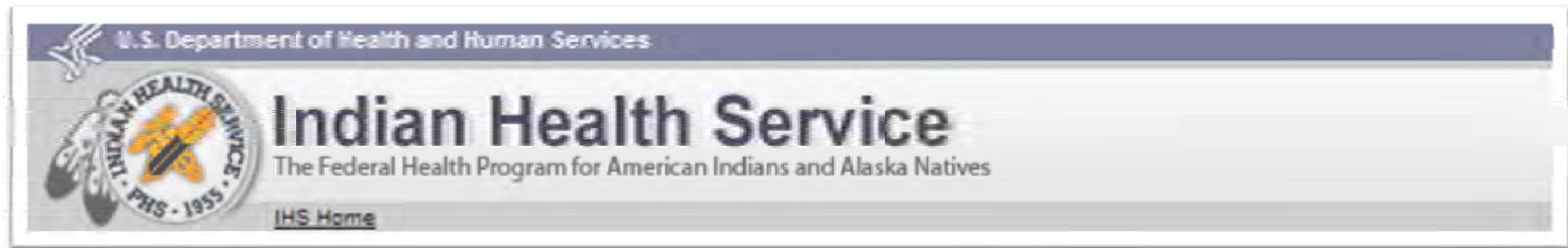


MCOs – The Provider's Responsibilities

- 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)





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



Nevada Department of Health and Human Services | DHCFP Home | Telephone Directory | Sitemap | About Us

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

Division of Health Care Financing and Policy (DHCFP)

The Division of Health Care Financing and Policy (DHCFP) works in partnership with the [Centers for Medicare & Medicaid Services](#) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. The medical programs are known as Medicaid and Nevada Check Up.

Medicaid

Provides health care coverage for many people including low income families with children whose family income is at or below 133% percent of poverty, Supplemental Security Income (SSI) recipients, certain Medicare beneficiaries, and recipients of adoption assistance, foster care and some children aging out of foster care. The DHCFP also operates five Home or Community-Based Services waivers offered to certain persons throughout the state. The Division of Welfare and Supportive Services (DWSS) determines eligibility for the Medicaid program. Information regarding eligibility is available on line at <https://dwss.nv.gov/> or by calling toll free at 1-800-992-0900.

Nevada Check Up

Provides health care benefits to uninsured children from low-income families who are not eligible for Medicaid but whose family income is at or below 200% of the Federal Poverty Level. Information regarding the Nevada Check Up program is available at www.nevadacheckup.nv.gov or by calling toll free at 1-877-543-7669.

Services for both Medicaid and Nevada Check Up are provided through a combination of traditional fee-for-service provider networks and managed care.

[Report Provider Identified Overpayment](#)

[Apply for Medical Assistance Programs](#)

[Report Medicaid Fraud!](#)

[Press Releases from the Office of the Attorney General](#)

[EHR Provider Incentive Payment Program](#)

Hours of operation:

Monday - Friday
8am - 5pm

Para asistencia de Elegibilidad de Medicaid, por favor contacte las oficinas de Welfare en Carson City al (775) 684-0800 o las Vegas al (702) 486-5000. Para asistencia de aseguramiento de salud para niños (Check Up), por favor contacte al 1 (877) 543-7669.

Thursday January 3rd 2013

The Web DHCFP

Search

WHAT'S NEW

IMPORTANT!

[Primary Care Physician Rate Increase Self Attestation](#)

[Provider Newsletter](#)

[1115 Waiver Application](#)

[Care Management Organization & 1115 Waiver](#)

[Letter from the Director RE: Behavioral Health](#)

[Provider Incentive Program for EHRs](#)

[DHHS - Office of Health Information Technology \(HIT\)](#)

[Nevada Compare Care - Transparency in Health Care](#)

Effective October 1, 2008 - Learn the latest news about tamper-resistant prescription pads. [click here...](#)



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 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	Rates Unit
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	▶



Rates Unit – DHCFP

Rates Unit

Inpatient Hospitals and RTC's

- Revenue Codes and Rates
 - [May 27, 2009](#)
 - [Sept 8, 2009](#)
 - [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	
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	▶

PUBLIC NOTICES

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

NOTICE OF PUBLIC WORKSHOP PERSONAL CARE SERVICES (PCS) - FLEXIBILITY OF SERVICE LANGUAGE REVISION

Date and Time of Meeting: January 8th , 2013 2:00 PM - 4:00 PM

Location: Northern Nevada Center for Independent Living (NNCIL)
999 Pyramid Way
Sparks, NV 89431

Video Conference to: Northern Nevada Center for Independent Living (NNCIL)
331 7th Street
Elko, NV 89801

Rebuilding All Goals Efficiently (RAGE)
2901 El Camino Avenue, Suite 102
Las Vegas, NV 89102

[Agenda](#)

[Attachment 1](#)



Enrollment Documents and Billing Information – www.medicaid.nv.gov





Diabetic Supply Program [[Details](#)]

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

Notification

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

Latest News

Attention Provider Type 34 (Therapy): Prior Authorization Required for Therapy Services [See [Web Announcement 544](#)]

2013 Provider Training Registration Form [[Review](#)]

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

Provider Exclusions, Sanctions and Press Releases [[Review](#)]

Web Announcements [View All](#)

WEB ANNOUNCEMENT 549

Medicaid Services Manual Updated Per December Hearing

The following Medicaid Services Manual (MSM) chapter changes were approved at a recent Division of Health Care Financing and Policy (DHCFP) Public Hearing. Changes were approved December 11, 2012. Please review the updated [MSM chapters](#) on the DHCFP website. The schedule and agendas for future hearings are on the DHCFP's [Public Notices](#) webpage.

- MSM Chapter 100 - Medicaid Program
- MSM Chapter 200 - Hospital Services
- MSM Chapter 1700 - Therapy
- MSM Chapter 3600 - Managed Care Organization



Provider Enrollment Documents



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



[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](#)

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

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](#).

[Provider Re-Enrollment Frequently Asked Questions \(FAQs\) \(Updated July 5, 2012\)](#)

 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 Instructions](#): You will need these instructions to complete Questions 1-4 in the Provider Enrollment Packet. The instructions include common enrollment questions and information about out-of-state providers and provider groups.
- [Provider Enrollment Packet](#): Complete and submit the forms in this packet to enroll as a Nevada Medicaid and Nevada Check Up provider. This Packet contains the Provider Enrollment Application (form FA-31) and the Division of Health Care Financing and Policy (DHCFP) Provider Contract.
- [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.

Recommended Enrollment Documents

- [Electronic Transaction Agreement for Service Centers \(FA-35\)](#): This form must be submitted if you wish to send electronic claims directly from your practice or if you are a Service Center (clearinghouse). [Click here](#) for further instructions.
- [Service Center Operational Information \(FA-36\)](#): This form must be submitted by all Service Centers (clearinghouses) and by all providers who wish to send electronic claims directly from their practice. [Click here](#) for further instructions.
- [Service Center Authorization Form for Providers \(FA-37\)](#): This form must be submitted by all providers who wish to send electronic claims. [Click here](#) for further instructions.
- [Payerpath Enrollment Form \(FA-39\)](#): This form must be submitted by all providers who wish to use Payerpath. Claim submission through Payerpath is free to all Nevada Medicaid providers. [Click here](#) for further instructions.



Enrollment Procedure

- Review the Provider Enrollment Instructions
- Choose your provider type and primary specialty (if applicable) from the instructions
- Review the Enrollment Checklist for your provider type
 - ❖ *Some providers are required to send their checklist with their application*
- Complete the Provider Enrollment Packet (FA-31) and attach all required documents to the FA-31
- Complete applicable Recommended Enrollment Documents
- Mail the completed Provider Enrollment Packet to HPES



Provider Enrollment Instructions



Nevada Medicaid and Nevada Check Up

Provider Enrollment Instructions

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" and then "Provider Enrollment."

Website

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

The Provider Enrollment web page contains *required* and *recommended* enrollment documents.

Required Documents

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

- Provider Enrollment Application (FA-31) and Provider Contract (the "Provider Enrollment Packet")
- 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" and then "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)

Providers not enrolled with Medicaid in their home state: Complete enrollment documents as described for in-state providers (see "Required Documents"). Submit these documents with your claim. Prior authorization is not required.

Non-emergency Care

When medical care within Nevada is unavailable for recipients residing near state borders, the contiguous out-of-state physician/clinic is considered the primary provider. All in-state benefits and/or limitations apply.

- Review the Provider Enrollment Instructions 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

Notification
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Provider Enrollment Checklists


 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-31

HP Enterprise Services

Provider Enrollment Application

All questions must be completed by all providers unless otherwise marked. Attach additional sheets if necessary to answer each question completely. Each additional sheet must display the relevant question number from the Application and must be signed by the provider or authorized representative. 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 Ownership change (attach copy of purchase agreement)
 Electronic Health Records (EHR)

Section 1: General Information

The [Provider Enrollment Instructions](#) provide guidance on the enrollment process and are essential for completing Questions 4-7 below.

1. Provider name: _____
2. Provider date of birth (for individual providers only): _____
3. Social Security Number (for individual providers only): _____
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: _____
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.
Primary Specialty: _____ Specialty Code: _____ Board Name: _____
Secondary Specialty: _____ Specialty Code: _____ Board Name: _____
Other 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. Enter your Drug Enforcement Agency (DEA) number (if applicable): _____
10. Enter your CLIA certification number (if applicable): _____
11. Enter your NCPDP/NABP number (for provider types 28 and 37 only): _____
Provider types 38, 48, 57, 58 and 59 may leave Questions 12-13 blank (HP Enterprise Services will assign an Atypical Provider Identifier (API) to these providers).
12. Applicant's National Provider Identifier (NPI) (as issued by NPPES): _____
13. Taxonomy Code(s) (A list of taxonomy codes is online at www.wpc-edi.com/reference): _____

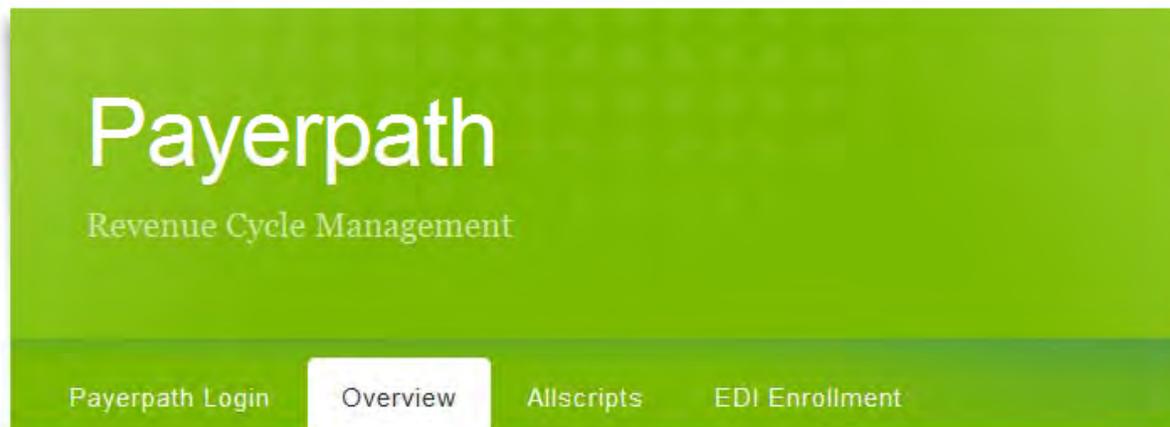
- Complete all fields of the application that apply to you. If the question does not apply, enter N/A on that line.
- Enrolling with the Medicaid Fee For Service program does not automatically enroll your provider with the MCOs. Contact the MCO directly for assistance with their enrollment process.



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:
Provider Enrollment Unit
PO Box 30042
Reno, NV 89520-3042
- Once received, the re-enrollment application will be logged internally and reviewed.
- If approved, you will receive a letter stating that you have been re-enrolled with a copy of your provider contract.
- If documentation is missing or errors are found, your re-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

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

Billing Information

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

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

 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 [837E](#).

Title	Last Update
ADA Claim Form Instructions	12/05/11
CMS-1500 Claim Form Instructions	12/05/11
UB Claim Form Instructions	12/05/11

Billing Manual

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

Billing Guidelines (by Provider Type)

Provider Type	Title	Last Update
10	Outpatient Surgery, Hospital Based	02/01/12
11	Hospital, Inpatient	06/21/12
12	Hospital, Outpatient	07/11/12



Electronic Verification System (EVS)

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the Nevada state seal, the department name, and the division name: "Division of Health Care Financing and Policy Provider Portal". A navigation menu contains links for Home, Providers, EVS (highlighted with a red box), Pharmacy, Prior Authorization, Quick Links, and Contact Us. Below the navigation menu, there are links for "User Manual" and "HPES Login" (both highlighted with red boxes). A notification banner states: "Enhancements were implemented in the online prior authorization and electronic verification systems on February 20, 2012. For more information, see Web Announcement 451." The main content area is titled "EVS User Manual" and features an Adobe Reader icon with the text: "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." Below this, it states: "The HP Enterprise Services HIPAA-compliant Electronic Verification System (EVS) provides Internet access to:" followed by a bulleted list: "Recipient eligibility", "The status of submitted claims", "Prior authorization requests and inquiries, including pharmacy prior authorizations", and "Provider payment amounts and remittance advice (RA) access". A table with a blue header "Title" lists five chapters: "Chapter 1: Getting Started", "Chapter 2: Eligibility Benefit Verification", "Chapter 3: Claim Status Verification", "Chapter 4: Prior Authorization", and "Chapter 5: Provider Payment History and RA Access". The first three chapters are highlighted with a red box. Below the table, a section titled "On this website and on documents posted herein:" contains a disclaimer about CPT and CDT codes, a copyright notice for R3.5 - © 2011 Hewlett-Packard Development Company, L.P., and a link to the Nevada Online Privacy Policy. A "Back to Top" link is also present.

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

Friday 01/04/2013 03:53 PM PST

Transition Info Site Map

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

User Manual **HPES Login**

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

EVS User Manual

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The HP Enterprise Services HIPAA-compliant Electronic Verification System (EVS) provides Internet access to:

- Recipient eligibility
- The status of submitted claims
- Prior authorization requests and inquiries, including pharmacy prior authorizations
- Provider payment amounts and remittance advice (RA) access

Title
Chapter 1: Getting Started
Chapter 2: Eligibility Benefit Verification
Chapter 3: Claim Status Verification
Chapter 4: Prior Authorization
Chapter 5: Provider Payment History and RA Access

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Provider Web Portal – EVS

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

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

Home

Home Friday 01/04/2013 03:54 PM PST

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 [\[Review\]](#)

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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
Phone: (877) 638-3472 (select option 2, then select option 0, then
select option 4 for "Provider Training")
Fax: (775) 624-5979
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.

