



Provider Enrollment Checklist for Provider Type 20 Specialty 699

Physician, M.D., Osteopath, D.O.: Children's Cancer and Rare Diseases Clinic

Please refer to the Provider Enrollment Information Booklet for enrollment guidance and to the applicable Medicaid Services Manual (MSM) Chapter for your provider type and enrollment requirements. In addition, the following are required for your provider type and specialty.

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

All rendering providers including but not limited to Physicians, Physician Assistants (PA), and Advance Practice Registered Nurses (APRNs), will link under this provider type and specialty.

To meet the enrollment criteria for this group, 85% of the clinic's population must be children under the age of 21, diagnosed and/or treated with cancer, hemophilia, or another known rare disease. The State of Nevada reserves the right to request verification from the provider of this threshold. If the clinic no longer meets the population requirement, providers must report to the medical benefits coverage unit (medicalprograms@dhcfp.nv.gov). If a clinic no longer meets the population requirement for this specialty, then the clinic's enrollment under this specialty will be terminated.

If you are seeking full enrollment with Nevada Medicaid to provide non-emergency services for Nevada Medicaid recipients living outside of Nevada, you must also complete the following Enrollment Questionnaire to be included with your enrollment application.

Enrollment Questionnaire for Out-of-State Physician, M.D., Osteopath, D.O. Providers

What is your primary reason for requesting full enrollment with Nevada Medicaid? *Check all that apply:*

- ☐ Nevada Medicaid has placed a recipient in an out-of-state facility
(e.g., nursing home or residential treatment center)
- ☐ Recipient is eligible for both Medicare and Medicaid
- ☐ Recipient is a child in an out-of-state placement where Nevada pays for adoption assistance or foster care
- ☐ Number of Nevada Medicaid claims in the past two years: _____

List the specific services you can provide to Nevada Medicaid beneficiaries:

Do you offer Telehealth for beneficiaries? Yes ☐ No ☐

If so, what services: _____