Enrolling with Nevada Medicaid:

Out-of-State Urgent/Emergency Individual Application
Objectives
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- Review the Provider Enrollment Webpage, including:
  - Provider Enrollment Information Booklet
  - The Online Provider Enrollment User Manual Chapters
  - Changes to Provider Information
- Review Web Announcement 1831
- Enroll with Nevada Medicaid as an Individual for Urgent/Emergency Services via the Online Provider Enrollment (OPE) Tool
- Cover Resources
- Contact 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 tool bar and select Provider Enrollment from the drop-down 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**
Required Enrollment Documents – Provider Enrollment Information Booklet

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 Addendum (NMH-3820): 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.

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.
The Out of State Providers section covers information specifically for Out of State Providers.
The Online Provider Enrollment User Manual contains pertinent information for using the OPE tool and provides 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)
Changes to Provider Information

Changes to Provider Information

Changes to any information presented on your enrollment documents must be reported to Nevada Medicaid within five business days.

- To complete changes online, please login to the Secure Web Portal, and choose “Revalidate-Update Provider”.
- To report a change in business ownership, resubmit a completed Provider Enrollment Application.
- Provider license updates and voluntary terminations can be mailed or e-mailed to Nevada Medicaid for processing.

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.
Web Announcement 1831
Web Announcement 1831 dated January 31, 2019, covers information for Out of State Providers looking to temporarily enroll in Nevada Medicaid.

Modernization: Attention Out-of-State Providers: Use the Online Provider Enrollment Tool to Enroll in Nevada Medicaid

The Division of Health Care Financing and Policy (DHCFP) will implement a new, modernized Medicaid Management Information System (MMIS) on February 1, 2019. In preparation for the upcoming implementation, out-of-state providers are reminded to use the Online Provider Enrollment (OPE) tool to enroll in Nevada Medicaid.

Providers who have provided urgent/emergency services to Nevada Medicaid recipients and are enrolled with Medicaid in their home state can enroll with Nevada Medicaid. To receive payment for urgent/emergency services rendered to recipients outside of Nevada borders, an application for urgent/emergency enrollment will need to be submitted through the Online Provider Enrollment Portal. Proof of Medicaid enrollment in your home state will be required with this request.

Once urgent/emergency enrollment is approved, the billing provider will need to register and log into the secure web portal to submit a claim. If the service provider and billing provider are different, both are required to enroll and be listed on the claim. Once they are enrolled, you will then need to be linked to the group for claims to process appropriately.

Providers not enrolled with Medicaid in their home state must complete enrollment documents as described for in-state providers in the “Required Documents” section of the Provider Enrollment Information Booklet.

Claims must be submitted to Nevada Medicaid using Direct Data Entry (DDE) or via an approved Trading Partner. Instructions for DDE can be found in Chapter 3 Claims of the Electronic Verification System (EVS) User Manual, which is also available on the EVS User Manual webpage and from the Helpful Resources section on the Modernization Project webpage.

If there are any questions, please do not hesitate to contact Nevada Medicaid.
Enrolling as an Individual for Urgent/Emergency Services with Nevada Medicaid via the OPE Tool
The OPE tool may be accessed from a variety of 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:

- **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 Urgent/Emergency Individual.

**Provider Type:** Select the appropriate provider type from the drop-down menu. 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 what 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.
If an individual provider would like to be linked to a Group, select Yes. The affiliation date cannot pre-date the Requested Enrollment Effective Date. When an individual is linking to a Group, the Group must already be enrolled in order to complete the Group linkage. The user will then need to provide the NPI of the Group as well as the date that the individual would like to be linked to the group. Once the information is properly filled out, select Add. Linking to a Group is required if a provider is enrolling as a Provider Type 14 (Behavioral Health) and/or a Provider Type 82 (Behavioral Health Rehabilitative Treatment) or Provider Type 85 (Applied Behavior Analysis).

If enrolling as Provider Type 14 with a Specialty of 305, 306 or 307, it is not required for those specific providers to link to a Group.

If the individual will not be linking to a group, select No.
Federal Tax ID: This should only be used for a Group Application as the FEIN is used to identify a business entity.

SSN: Social Security Number of the individual provider. Do not input both the FEIN and SSN. Please reference Web Announcement 1899 (Requirement for Completing an Application, Revalidation or Re-Enrollment Differ for Individual Providers and Group Providers).
The Contact Information section does not have to be filled out with the providers 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 (Required field)  
**Confirm Email Address:** Confirm the email address of the person of contact (Required field)  
**Preferred Method of Contact:** Select from drop down menu of Email or Phone (Required field)

Once the Contact Information has been completed, select Continue.
Provider Enrollment Credentials

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.
Provider Enrollment Credentials, continued

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

Thank you for your interest in 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.nc.gov/BOP42/providers/Home/tabid/477/Default.aspx to complete your enrollment application.
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). If the provider type does not require a specialty, select No Specialty. 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.
Specialties, continued

If the provider has more than one specialty, select the + symbol and follow the 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.

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<thead>
<tr>
<th>Specialty</th>
<th>Action</th>
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<tbody>
<tr>
<td>Allergy</td>
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<tr>
<td>Anesthesiology</td>
<td>Remove</td>
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<tr>
<td>Click to add specialty</td>
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</table>
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.
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 is required to select Verify Address. A pop up window will then appear asking to confirm information. User can click on Select or User 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.
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.

**Last Name:** Input provider’s legal last name

**First Name:** Input provider’s legal first name

**Middle:** Provider’s legal middle initial, if applicable

**Doing Business as Name:** If the individual provider will be operating a separate business and using a Tax ID, input the other business name. This information must match what is on file with the IRS. If there is no other business, leave the field blank.
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 the obtaining of an NPI. For more information, please visit: nppes.cms.hhs.gov.
Provider Identification, continued

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

**CLIA (Clinical Laboratory Improvement Amendments):** 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, and the system will not allow the user to bypass these fields, 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.
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’sRouting Number (9 digits), 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

If the Individual provider previously indicated that they would be linking to a Group, the Group will then receive payments on behalf of the Individual. Therefore, the user will select Yes, they will be receiving payment from the Group and select Continue.
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, VOIED 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.
The next section is where users will need to upload all required documents. For Urgent/Emergency Services for Out of State Providers, the following documents are required to be attached:
- Proof of IRS Filing (W9)
- Proof of Medicaid Enrollment in home state
- Proof of NPI registry
- Voided Check or Bank Letter for EFT Information

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 the document is placed in the application, select Add.

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.
Resources
Resources

- Provider Enrollment Webpage: https://www.medicaid.nv.gov/providers/enroll.aspx

- Online Provider Enrollment Tool:

- Web Announcement 1831:
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