Enrolling with Nevada Medicaid:

Out-of-State Urgent/Emergency Individual Application

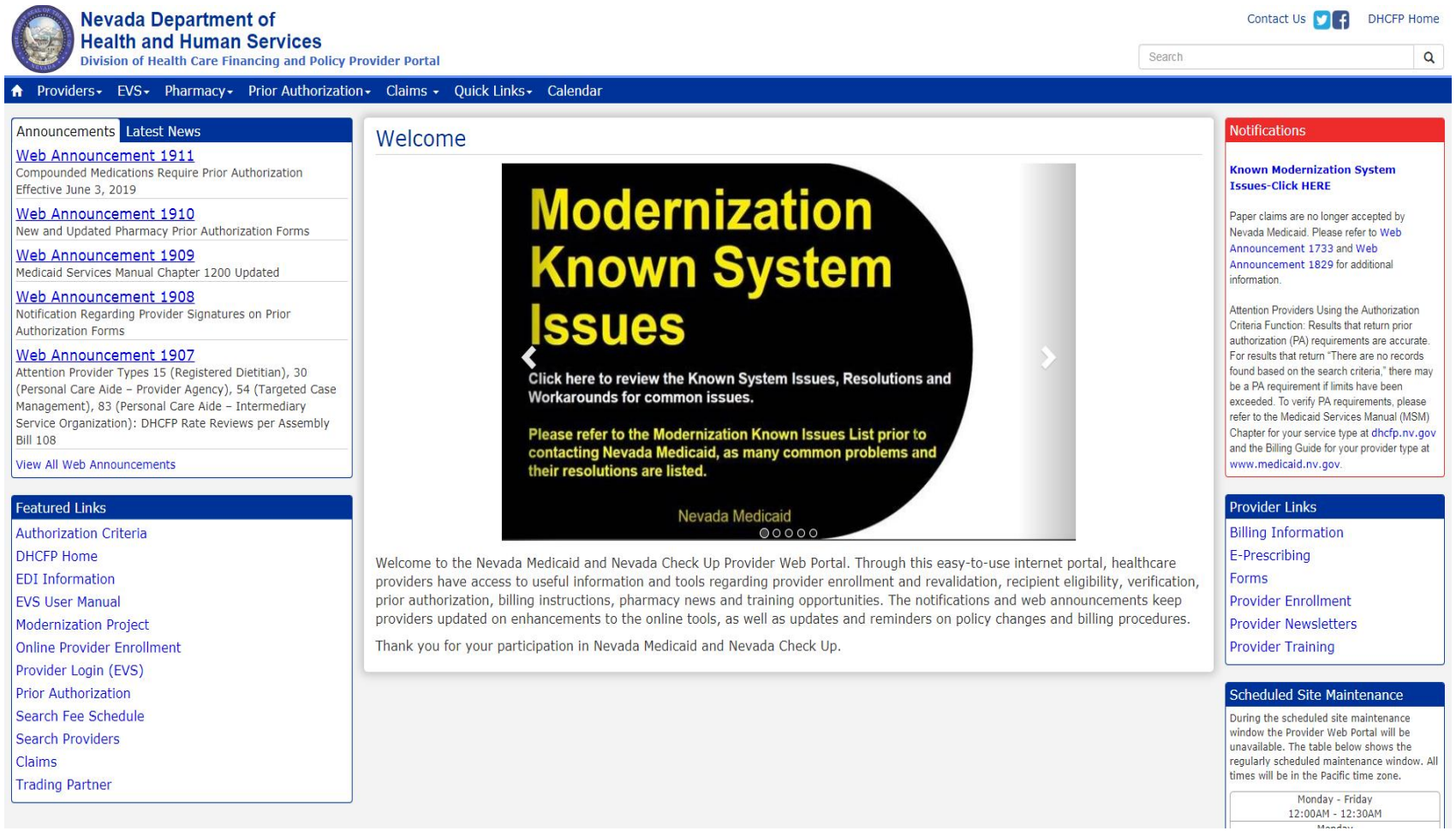
Objectives

Objectives:

- 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

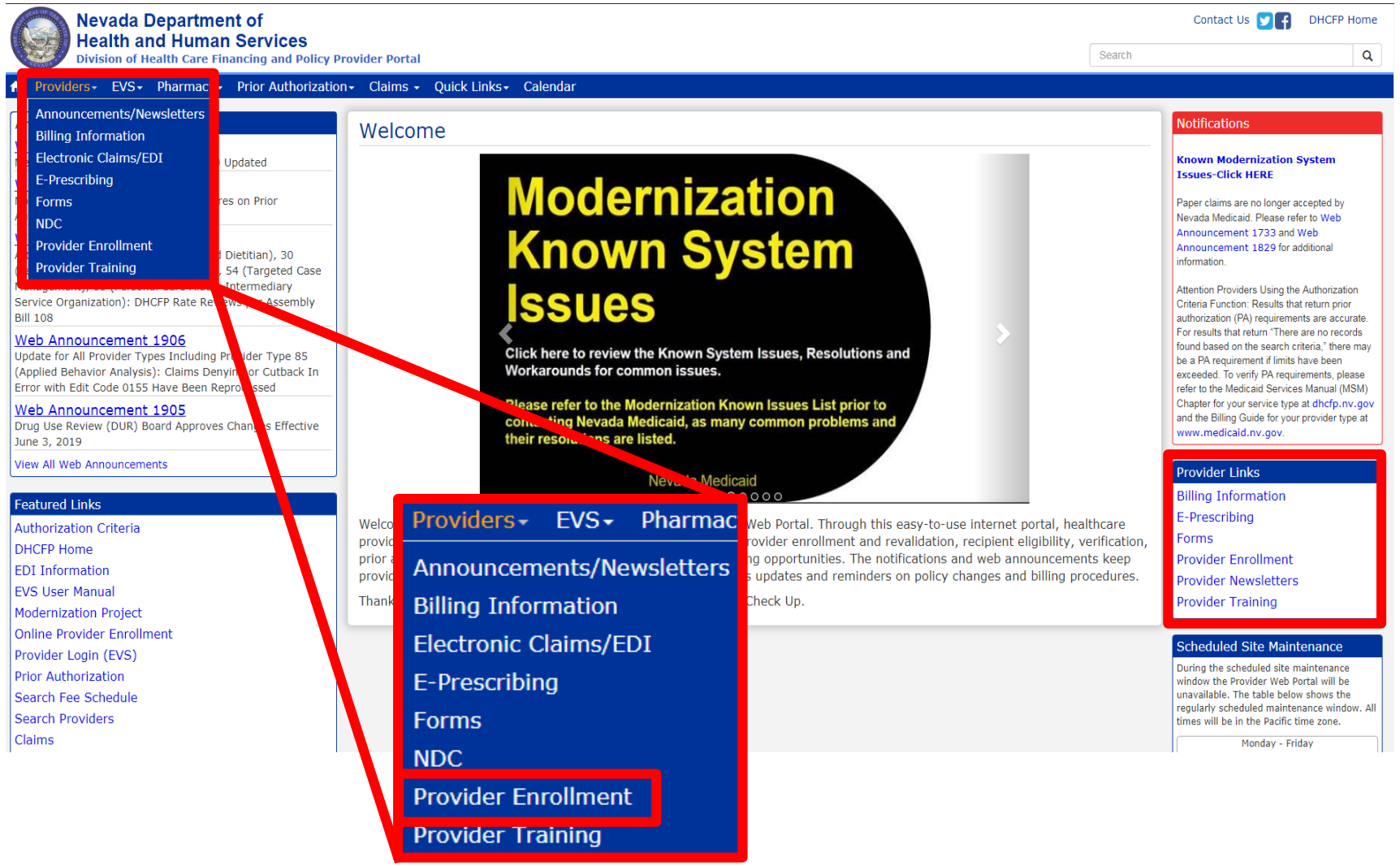
Provider Enrollment Webpage



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

Provider Enrollment Webpage, continued



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.

Provider Enrollment Webpage, continued

Provider Enrollment

Effective January 12, 2019, all providers will be required to submit their Provider Enrollment Applications electronically via the Online Provider Enrollment (OPE) Tool at https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx, A er enrollment applications will no longer be accepted with the go-live of the new modernized 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. B

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 OPR enrollments. C

Provider Documentation Reminders: (See Web Announcement 1125 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 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.

Required Enrollment Documents – Provider Enrollment Information Booklet, continued

Out of State Providers

Urgent/Emergency Services

Providers enrolled with Medicaid in their home state that have provided urgent/emergency services to Nevada Medicaid recipients: **Full** Nevada Medicaid enrollment is not required. To receive payment for urgent/emergency services rendered to recipients outside of Nevada borders an application for urgent/emergent enrollment will need to be submitted through the Online Provider Enrollment Portal as mentioned above. Proof of Medicaid enrollment in your home state will be required with this request. Providers *not* enrolled with Medicaid in their home state: Complete enrollment documents as described for in-state providers (see "Required Documents").

Once urgent/emergent enrollment is approved, the billing provider will need to register and log into the secure web portal to submit a claim. If you are requesting urgent/emergency enrollment as an individual provider and have a separate billing provider, the billing provider will need to enroll with Nevada Medicaid as a billing provider. Once they are enrolled, you will then need to be linked to the group for claims to process appropriately. The group can be a fully enrolled provider or an urgent/emergency provider.

Instructions on submitting a retro authorization for services that require prior authorization can be found in Chapter 4 of the Billing Manual.

The Out of State Providers section covers information specifically for Out of State Providers.

Online Provider Enrollment User Manual

Online Provider Enrollment User Manual

- Chapter 1: Getting Started
- Chapter 2: Initial Enrollment Application
- Chapter 2 Addendum: Ownership & Relationships Example
- Chapter 3: Revalidation and Updates

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

January 31, 2019
Announcement 1831

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/emergent 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/emergent 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.

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

Enrolling as an Individual for Urgent/Emergency Services with Nevada Medicaid via the OPE Tool

Application

Provider Enrollment

Effective January 12, 2019, all provider [illegible] ia the Online Provider Enrollment (OPE) Tool a https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx, [illegible]s paper enrollment applications will no longer be accepted with the go-live of the new modernized 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 OPR enrollments.

Provider Documentation Reminders: (See Web Announcement 1125 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).

Featured Links

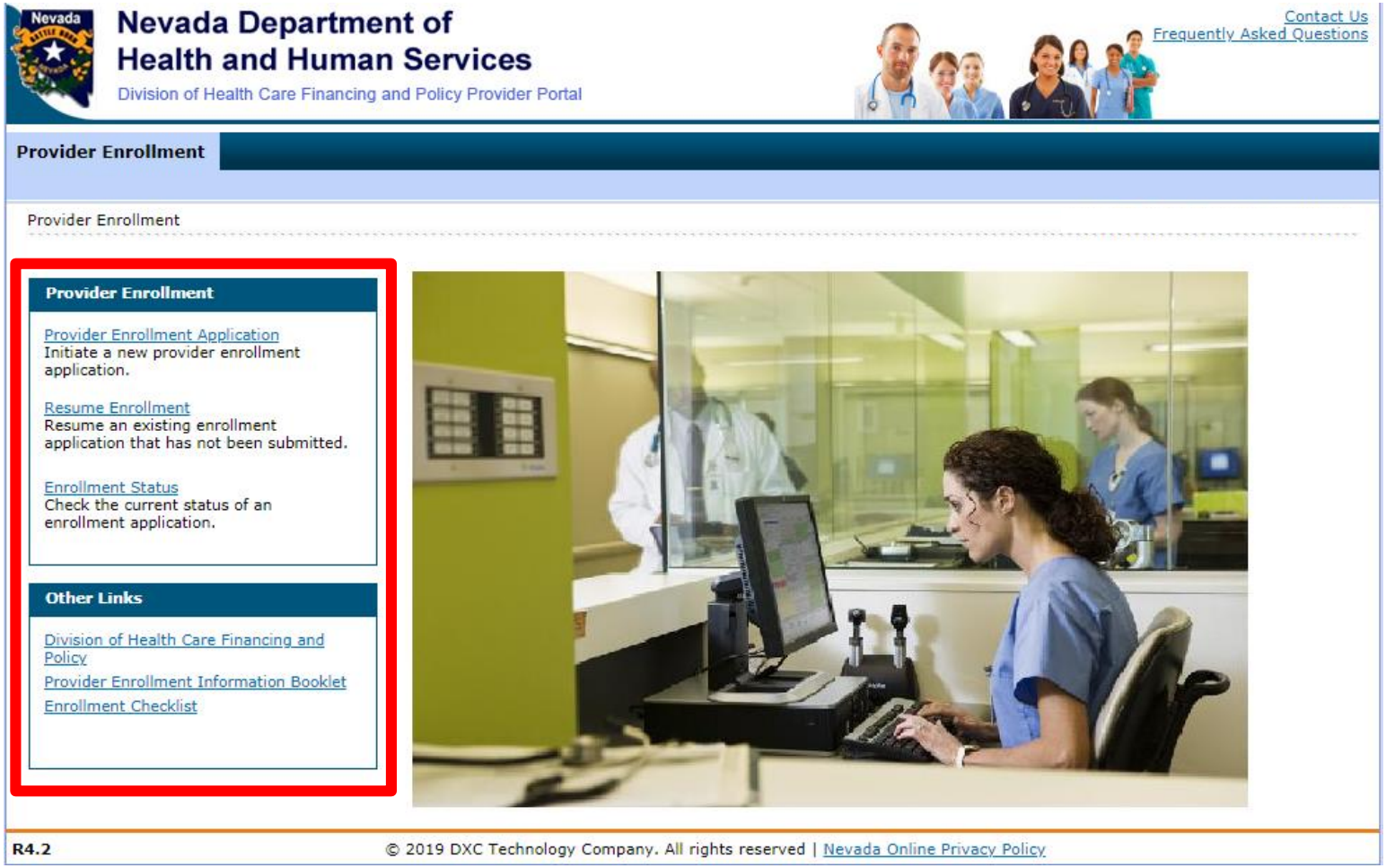
- Authorization Criteria
- DHCFP Home
- EDI Information
- EVS User Manual
- Modernization Project
- Online Provider Enrollment
- Provider Login (EVS)
- Prior Authorization
- Search Fee Schedule
- Search Providers
- Claims
- Trading Partner

Provider Links

- Billing Information
- E-Prescribing
- Forms
- Provider Enrollment
- Provider Newsletters
- Provider Training

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).

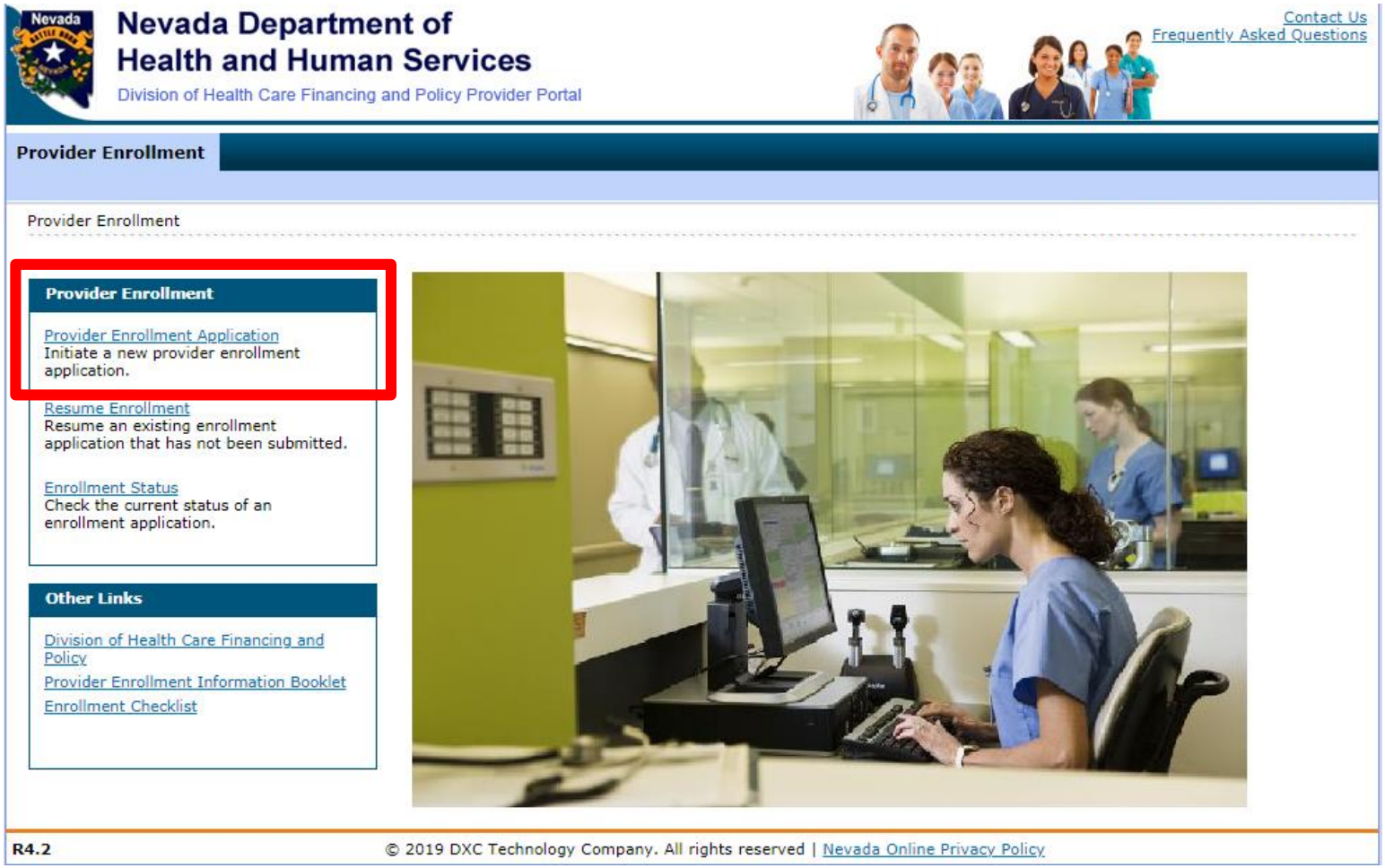
Landing Page



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

Landing Page, continued



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.

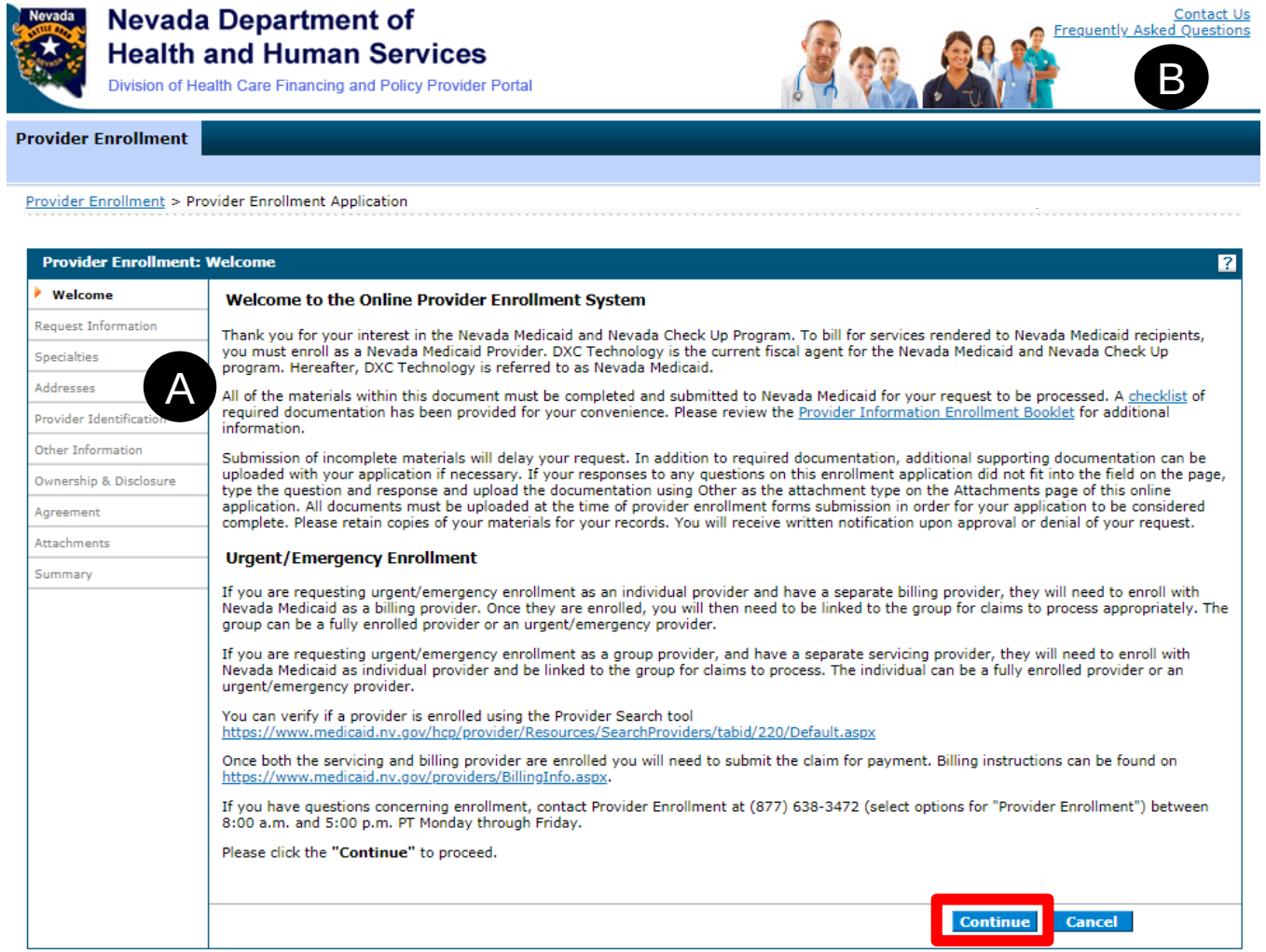
Frequently Viewed/Used Buttons

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.

Welcome Page



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

Provider Enrollment: Request Information

- Welcome
- **Request Information**
- Specialties
- Addresses
- Provider Identification
- Other Information
- Ownership & Disclosure

Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later". The contact person will potentially be contacted to answer any questions regarding the information provided in this request.

* Indicates a required field.

Initial Enrollment Information

***Enrollment Type**	Urgent/Emergency Individual
***Provider Type**	
***Requested Enrollment Effective Date**	06/18/2019

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.

Request Information, continued

Group Association

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.**

Would You Like to be Linked to a Group? Yes No

NPI	Affiliation Begin Date	Action

*NPI

*Affiliation Begin Date

Add Cancel

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.

Request Information, continued

Provider Information

A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

Federal Tax ID θ

***SSN** θ

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).

Request Information, continued

Contact Information

This contact information is required for correspondence regarding the associated application. Provide the appropriate contact person and information who can assist with the request.

Last Name

First Name

Telephone Number

Telephone Number Extension

Fax Number

***Contact Email**

***Confirm Email Address**

***Preferred Method of Communication** Email

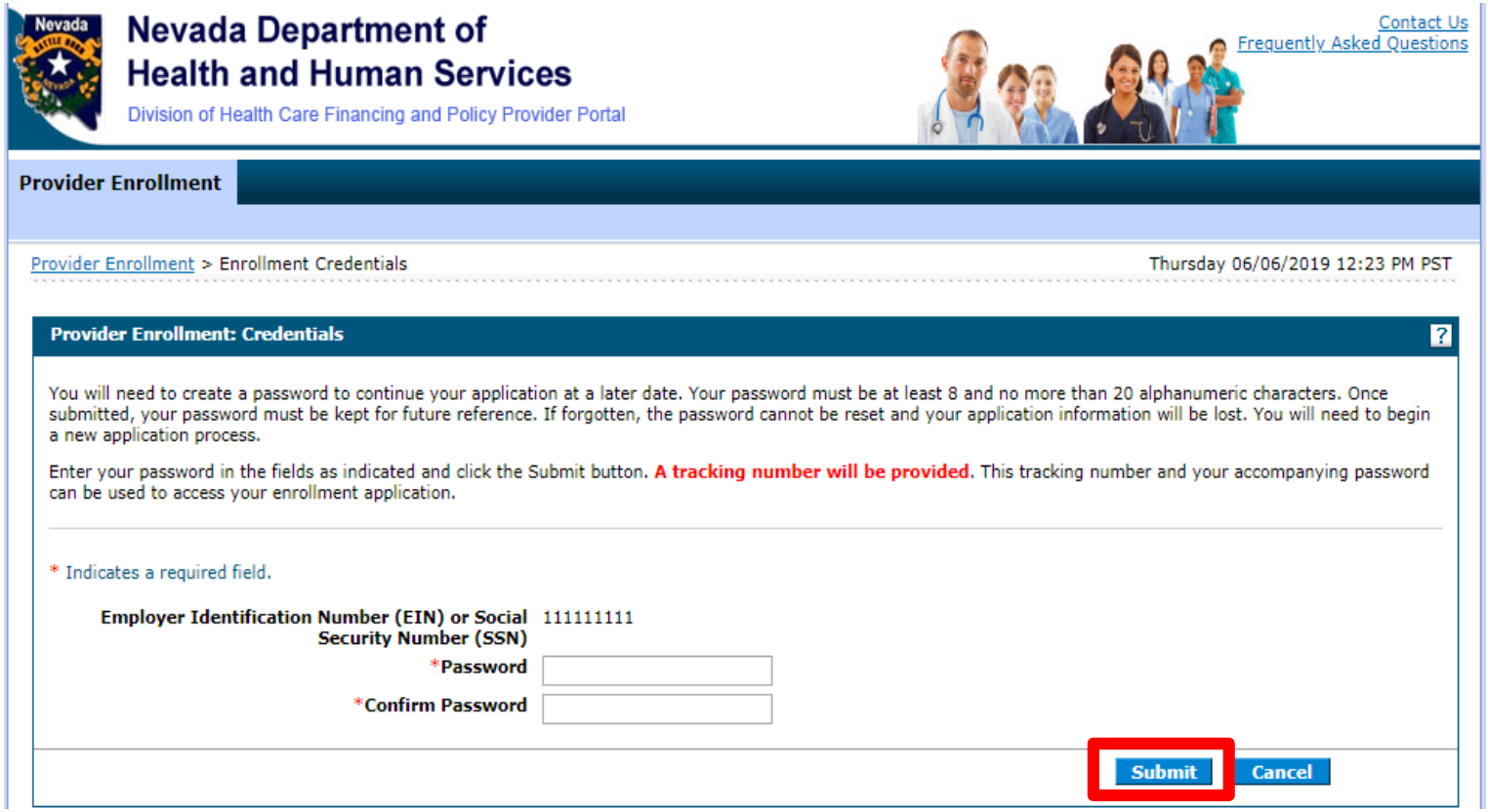
Continue | Finish Later | Cancel

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.

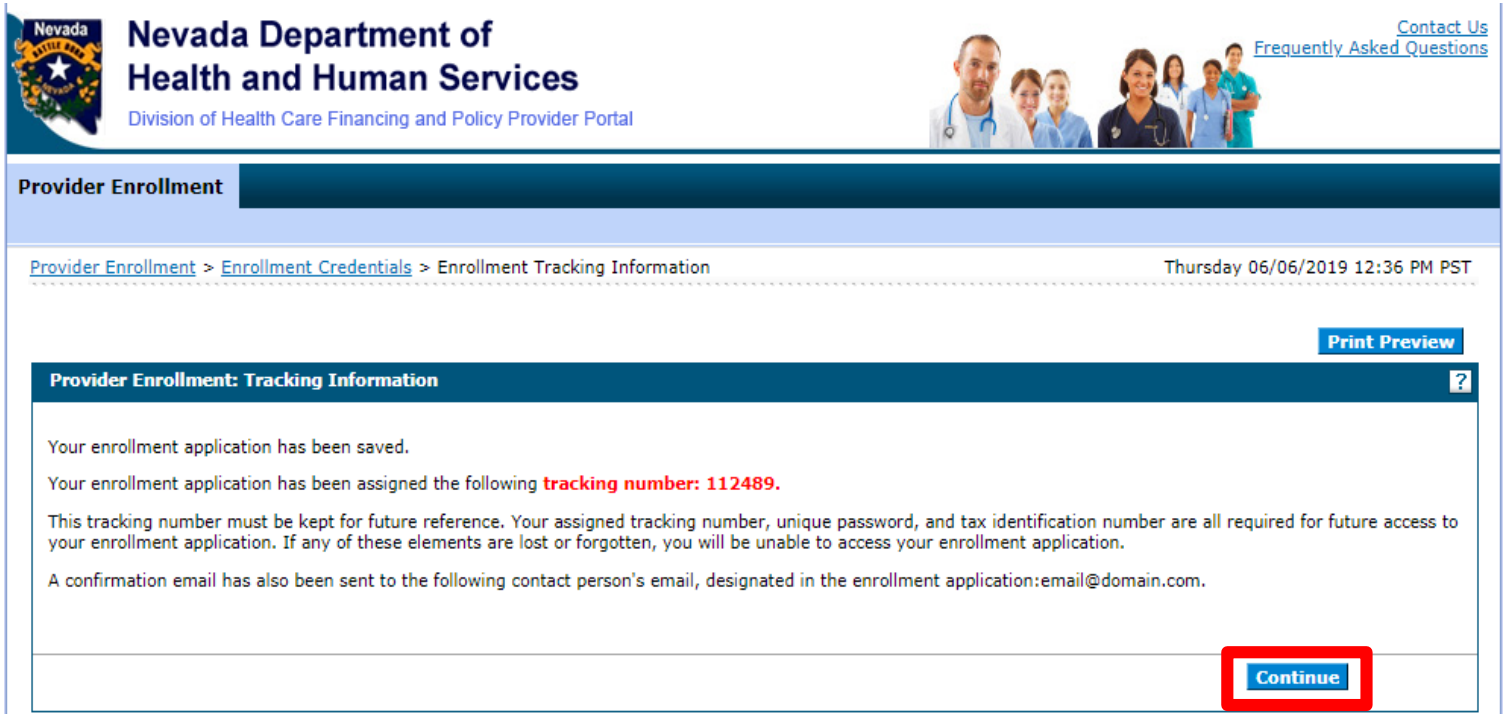
Provider Enrollment Credentials



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.

Provider Enrollment Credentials, continued



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

Tue 6/11/2019 7:52 AM

Division of Health Care Financing and Policy Provider Portal <NVMMIS.edisupport@dxc.com>

Provider Enrollment Application

To

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.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx to complete your enrollment application.

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

Specialties

Specialties

The provider type is established on the Request Information screen. All subsequent specialties available for the selected provider type can be added on this screen. Only one specialty can be designated as the primary specialty. See the Provider Enrollment Information Booklet for the complete list of provider types and specialty codes. If a provider does not have a specialty, please enter the specialty NO SPECIALTY. You can also enter an optional board certification for each specialty.

* Indicates a required field.

✔ Indicates a primary record.

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

	Specialty	Action

Click to collapse.

Provider Type Physician, M.D., Osteopath, D.O.

A ***Specialty**

Specialty Code _ **Primary**

B **Specialty Board**

Add Reset

C

Continue Finish Later Cancel

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

Specialties

The provider type is established on the Request Information screen. All subsequent specialties available for the selected provider type can be added on this screen. Only one specialty can be designated as the primary specialty. See the Provider Enrollment Information Booklet for the complete list of provider types and specialty codes. If a provider does not have a specialty, please enter the specialty NO SPECIALTY. You can also enter an optional board certification for each specialty.

* Indicates a required field.

✔ Indicates a primary record.

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

	Specialty	Action
+	✔ Allergy	
+	Anesthesiology	Remove
+	Click to add specialty.	

Continue | Finish Later | Cancel

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.

Provider Addresses

Provider Addresses

The service address is required. The service address is the physical location of the practice/business/facility where services will be rendered. **This must be a street address and NOT a post office box.**

Paper checks will be mailed to Pay-To address while Electronic Funds Transfer (EFT) testing is performed. If you do not supply a Pay-To address, paper checks will be mailed to the service address.

Nevada Medicaid will mail written correspondence, excluding remittance advices, to Mail-To address. If you do not supply a Mail-To address, written correspondence will be mailed to the service address.

Nevada Medicaid recommends using electronic instead of paper Remittance Advices (RAs) for faster account reconciliation. However, if you wish to receive paper RAs and have them mailed to an address different from the addresses listed above, please complete the Remittance Advice address.

Enter each type of valid provider address including location(s) where a provider renders services, as well as location(s) used for billing and payment.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Collapse the row and click the **"Remove"** link to remove the entire row or **"Copy"** link to copy the entire row.

	Type	Street	City	State	Action
+	Click to add address.				

Continue | Finish Later | Cancel

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.

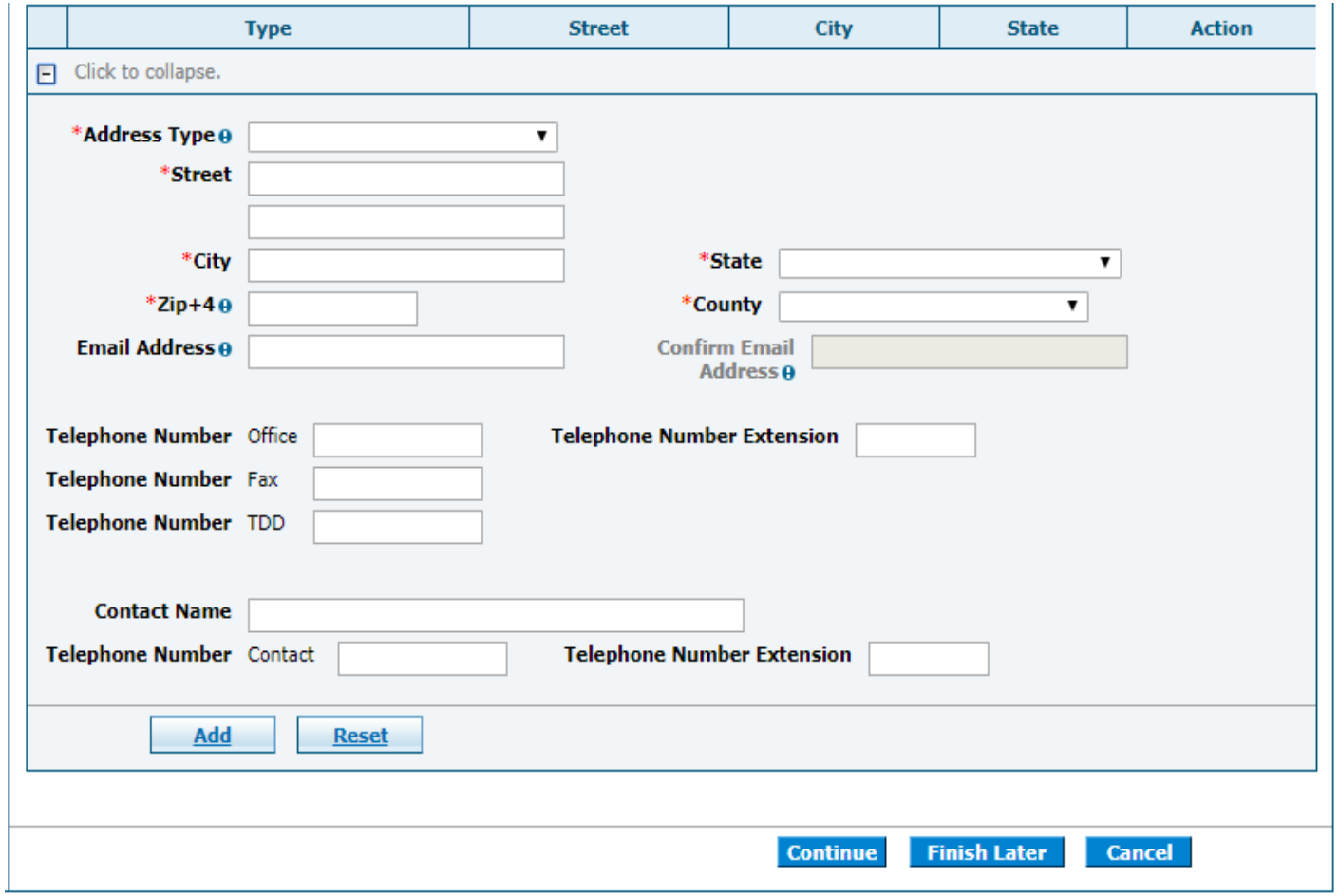
Pay To Address is the address that Nevada Medicaid will send paper checks until Bank Information is approved for Electronic Funds Transfer.

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.

Provider Addresses, continued

Type	Street	City	State	Action

Click to collapse.

*Address Type: Service
*Street: 9850 Double R Blvd
Suite 102
*City: Reno
*State: Nevada
*Zip+4: 895210000
*County: Washoe
Verify Address
Email Address
Confirm Email Address
Telephone Number Office *
Telephone Number Extension
Telephone Number Fax
Telephone Number TDD
*Contact Name
Telephone Number Contact *
Telephone Number Extension
Add Reset

Continue Finish Later Cancel

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.

Address Verification: Results

To continue, select one of the options below.

Original Address

**Original address may be undeliverable.

Line 1 9850 Double R Blvd
Line 2 Suite 102
City Reno
State Nevada
Zip+4 89521-0000
County Washoe

Use Original Address

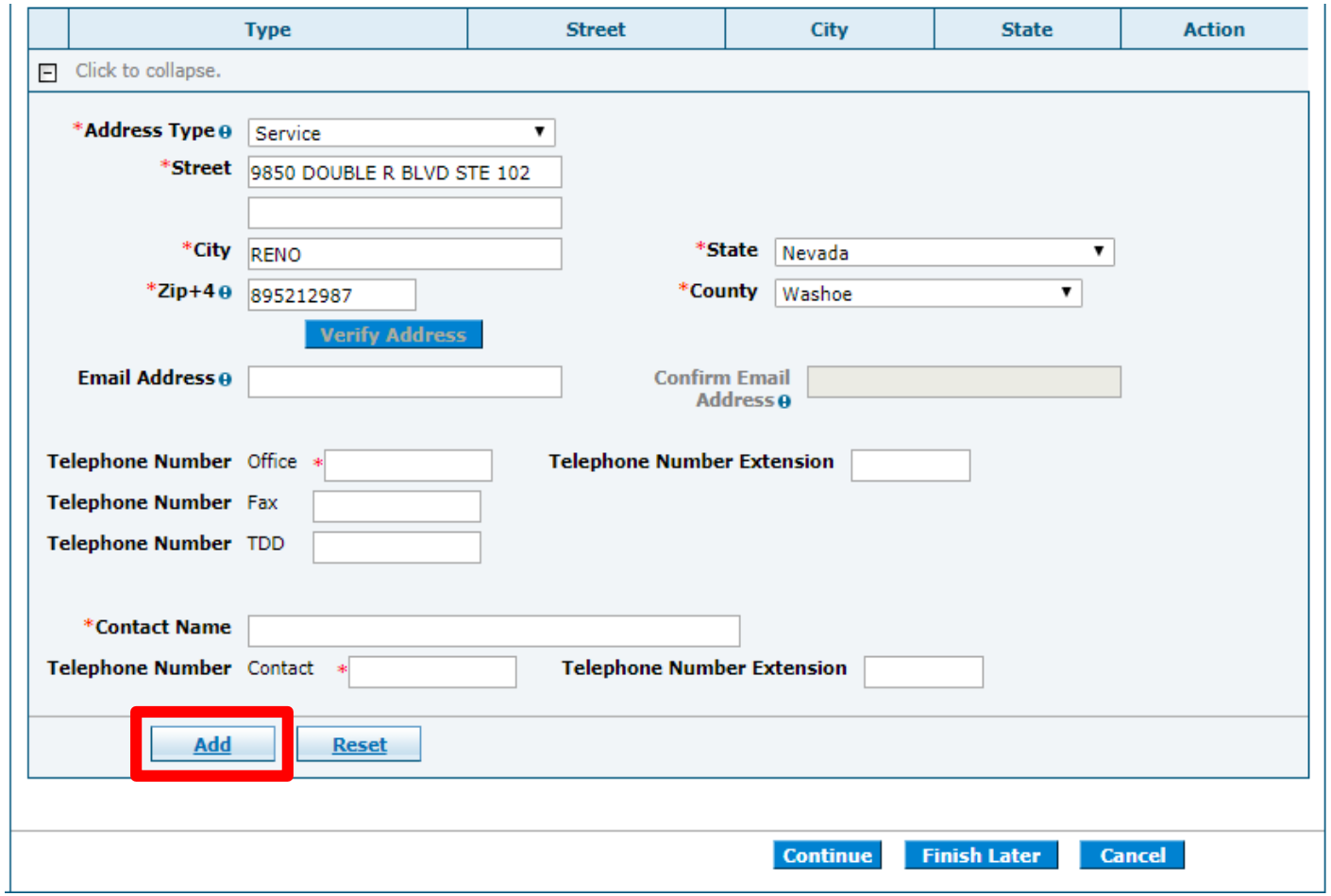
Recommended Address Formatted for Deliverability

Click on **SELECT** to choose the address.

Address	City, State	County	ZipCode	Action
9850 DOUBLE R BLVD STE 102	RENO, Nevada	Washoe	89521-2987	Select

Cancel

Provider Addresses, continued



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

	Type	Street	City	State	Action
+	Service	9850 DOUBLE R BLVD STE 102	RENO	Nevada	Copy Remove
+	Click to add address.				

Continue Finish Later Cancel

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

Provider Legal Name

The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9, and is used by the Nevada Medicaid to generate the annual 1099 form for tax purposes.

***Last Name**	
***First Name**	
Middle	
Doing Business As Name	

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.

Provider Identification, continued

NPI

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 the obtaining of an NPI. For more information, please visit: nppes.cms.hhs.gov.

Provider Identification, continued

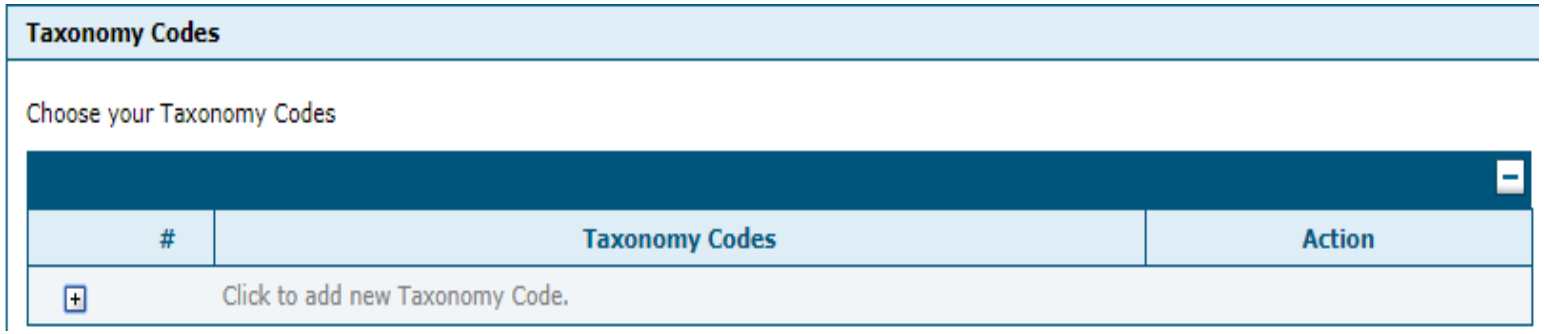
CLIA Certification	
CLIA Number	
Drug Enforcement Administration (DEA) Number	
DEA #	

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.

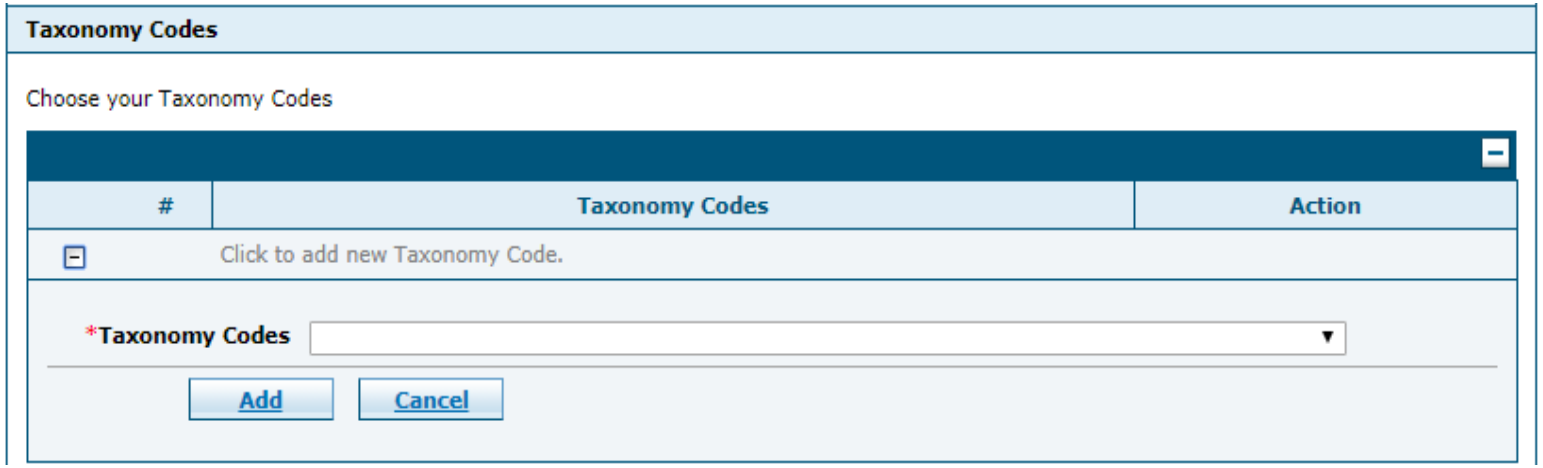
DEA (Drug Enforcement Administration) Number: If a provider will be dispensing pharmaceuticals in the office, the provider must have a DEA number issued.

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.

Provider Identification, continued



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.

Provider Identification, continued

Taxonomy Codes

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
+	102X00000X - Poetry Therapist	Remove
+	Click to add new Taxonomy Code.	

Continue | Finish Later | Cancel

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.

EFT Information

Provider Enrollment: EFT Information

- Welcome
- Request Information
- Specialties
- Addresses
- Provider Identification
- **EFT Enrollment**
- Other Information
- Ownership & Disclosure
- Agreement
- Attachments
- Summary

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 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.

If you have questions about completing the Electronic Funds Transfer Agreement, contact the Provider Enrollment Unit. If you have questions regarding your payment or the EFT program in general, contact the Customer Service Center. Both Nevada Medicaid departments may be contacted by phone at (877) 638-3472.

You will need to attach a voided check, or a letter from your bank that contains your bank's routing number.

Forms

The EFT Authorization form must be completed, including a signature and date, and uploaded to this application using the Attachments page before being submitted. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be processed and considered complete.

EFT Authorization Download

Financial Institution Information

*Financial Institution Routing Number

*Provider's Account Number with Financial Institution

Reason For Submission New Enrollment

*Include with Enrollment Submission

Requested EFT Start/Change/Cancel date 06/06/2019

Continue | Finish Later | Cancel

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

Contact Us
Frequently Asked Questions

Provider Enrollment

Provider Enrollment > EFT Enrollment

Provider Enrollment: EFT Information

- Welcome
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Electronic Funds Transfer (EFT) Authorization: I hereby authorize 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.

If you have questions about completing the Electronic Funds Transfer Agreement, contact the Provider Enrollment Unit. If you have questions regarding your payment or the EFT program in general, contact the Customer Service Center. Both Nevada Medicaid departments may be contacted by phone at (877) 638-3472.

You will need to attach a voided check, or a letter from your bank that contains your bank's routing number.

Forms

The EFT Authorization form must be completed, including a signature and date, and uploaded to this application using the Attachments page before being submitted. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be processed and considered complete.

EFT Authorization Download

Will you only be receiving payment through the Group NPI listed on the Request Information panel that is already enrolled in EFT, or is this application for a state agency? Yes No

Continue | Finish Later | Cancel

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: _____

Authorized signature: _____ Date: _____

TAPE AN ORIGINAL, VOIDED 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.

Attachments

Supporting Documentation

Submit all of the required documentation and forms to continue the enrollment process.

Required documents:

- Proof of IRS filing (W9)
- Proof of Medicaid Enrollment in your home state
- Proof of NPI registry
- If EFT information is entered provide a voided check or bank letter to confirm account information.

In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. To upload the appropriate documents, follow the instructions under **Attachments** below.

Note: There is a maximum of 15 MBs of information when uploading attachments by **File Transfer**.

* Indicates a required field.

Provider Type and Specialty

Provider Type Physician, M.D., Osteopath, D.O.
Provider Specialty Allergy

Attachments

To add an attachment to be uploaded with the enrollment form, select the File Transfer transmission type, click Browse..., select the file and then click **Add**.
Only allowed attachment types are **.pdf** files.
Use the "Other" attachment type to upload attachments not in the list.

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Attachment Type	Action

Click to collapse.

*Transmission Method FT-File Transfer
*Attachment Type
*Upload File Choose File No file chosen

Add Cancel

Continue Finish Later Cancel

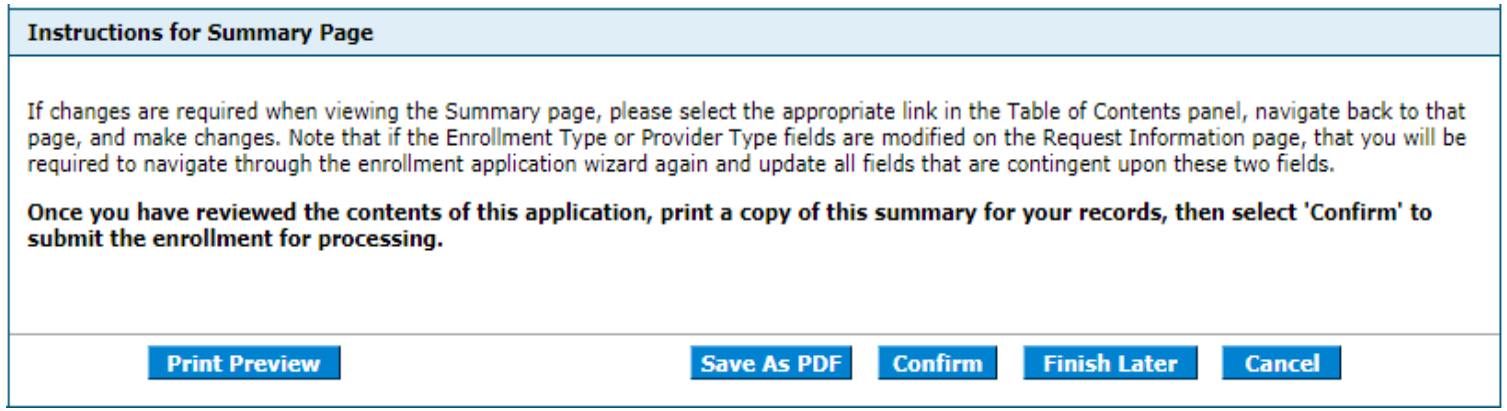
The next section is where users will need to upload all required documents. For Urgent/Emergency Services for Out of State Providers, the following documents are required to be attached:

- 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.

Summary



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: https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx
- Web Announcement 1831: https://www.medicaid.nv.gov/Downloads/provider/web_announcement_1831_20190131.pdf

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