Enrolling as an Ordering, Prescribing or Referring (OPR) Provider with Nevada Medicaid
Objectives
Objectives:

- Locate Medicaid Services Manual (Medicaid Policy)
- Review the Provider Enrollment Webpage, including:
  - Provider Enrollment Information Booklet
  - Enrollment Checklists
  - Business Associate Addendum
  - The Online Provider Enrollment User Manual
  - Provider Revalidation Report
  - Hospital Presumptive Eligibility Documents
  - Recommended Enrollment Documents
  - Changes to Provider Information
  - Contact Information for Provider License Updates and Voluntary Terminations
- Enroll with Nevada Medicaid as an Ordering, Prescribing or Referring (OPR) Provider via the Online Provider Enrollment (OPE) Tool
- Cover Resources
- Contact Nevada Medicaid
Medicaid Services Manual (Nevada Medicaid Policy)
The Medicaid Services Manual Chapters are required to be read and understood by providers prior to enrolling in the Nevada Medicaid program. To locate the policy, users can navigate to one of the following web addresses: www.medicaid.nv.gov or dhcfp.nv.gov.

If using the Medicaid website, locate and hover over the Quick Links from the top blue tool bar and select Medicaid Services Manual.
If using the DHCFP website, locate and hover over the Resources tab from the top tool bar and select Manuals or scroll down to the bottom of the page and locate the Policy under Policy and Regulations.
The Medicaid Services Manual webpage contains information regarding Public Hearings, Billing Guidelines and links to the Rates Unit.

Medicaid Chapters are located on the same page below this information.
All providers must read the following chapters:

Chapter 100: Medicaid Program
Chapter 700: Rates and Supplemental Reimbursement
Chapter 3300: Program Integrity

In addition to the above referenced chapters, providers will need to review their Provider Type specific Billing Guideline from the Medicaid website in order to determine which additional chapters must be read. Users can also review the Enrollment Checklists to determine which chapters are required to be read.

Policy chapters will review important information such as coverage and limitations, prior authorization requirements and other pertinent information related to 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 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 – Enrollment Checklists

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.

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- **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.

Enrollment Checklists are separated out by Provider Type. In order to determine the documentation that is required to accompany the application, select Enrollment Checklists. All Provider Types require the checklist to be followed.
Required Enrollment Documents – Enrollment Checklists, continued

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) 638-5472 for requirements.

Note: Out of state providers must also submit proof of Medicaid eligibility in the state that services are/were rendered.

### Provider Enrollment Checklists

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Title</th>
<th>Updated Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Outpatient Surgery, Hospital Based</td>
<td>04/30/16</td>
</tr>
<tr>
<td>11</td>
<td>Hospital, Inpatient</td>
<td>02/18/16</td>
</tr>
<tr>
<td>12</td>
<td>Hospital, Outpatient</td>
<td>02/18/16</td>
</tr>
<tr>
<td>13</td>
<td>Psychiatric Hospital, Inpatient</td>
<td>04/20/16</td>
</tr>
<tr>
<td>14</td>
<td>Behavioral Health Outpatient Treatment</td>
<td>n/a</td>
</tr>
<tr>
<td>15</td>
<td>Registered Dietitian</td>
<td>12/15/17</td>
</tr>
<tr>
<td>16</td>
<td>Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public</td>
<td>04/20/16</td>
</tr>
<tr>
<td>17</td>
<td>Special Clinics</td>
<td>n/a</td>
</tr>
<tr>
<td>18</td>
<td>Nursing Facility</td>
<td>04/20/16</td>
</tr>
<tr>
<td>19</td>
<td>Physician, M.D., Osteopath, D.O.</td>
<td>08/25/17</td>
</tr>
<tr>
<td>20</td>
<td>Podiatrist</td>
<td>08/25/17</td>
</tr>
<tr>
<td>21</td>
<td>Dentist</td>
<td>01/03/13</td>
</tr>
<tr>
<td>22</td>
<td>Hearing Aid Dispenser &amp; Related Supplies</td>
<td>08/25/17</td>
</tr>
<tr>
<td>23</td>
<td>Advanced Practice Registered Nurse</td>
<td>08/30/17</td>
</tr>
<tr>
<td>24</td>
<td>Optometrist</td>
<td>08/25/17</td>
</tr>
<tr>
<td>25</td>
<td>Psychologist</td>
<td>07/19/16</td>
</tr>
<tr>
<td>26</td>
<td>Radiology and Non-Invasive Diagnostic Centers</td>
<td>12/01/14</td>
</tr>
<tr>
<td>27</td>
<td>Pharmacy</td>
<td>04/28/17</td>
</tr>
<tr>
<td>28</td>
<td>Home Health Agency</td>
<td>07/05/17</td>
</tr>
</tbody>
</table>

Each Provider Type will have access to a Provider Type specific Checklist.

Locate the appropriate Provider Type and select the Title of the Provider Type to open the checklist.

It is important to review each item listed on the Checklist as the information will be different for each Provider Type.
Required Enrollment Documents – Business Associate Addendum (NMH-3820)

The Business Addendum may be a requirement depending on the Provider Type selected to enroll with. The Addendum is an additional contract with the Division of Health Care Financing and Policy (DHCFP) that is made between a Covered Entity and a Business Associate that outlines responsibilities of each party concerning Protected Health Information (PHI). If this form is required per the Checklist, make sure to read and understand the content as well as complete the last page. All pages must be included when submitting an application. If any pages are missing, the application may be returned, which will cause a delay in the processing of the application.
Required Enrollment Documents – Advance Directive Compliance (NMH-3827)

The Advance Directive form may be a requirement depending on the Provider Type selected to enroll with. This form will have a variety of questions that must be answered and if the form is a requirement, the form should be sent to the Division of Health Care Financing and Policy to the following:

Email: civilrights@dhcfp.nv.gov or
Mailing Address: Recipient Civil Rights Officer
Division of Health Care Financing & Policy
1100 East William Street, Suite 101
Carson City, NV 89701

- **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 Civil Rights form may be a requirement depending on the Provider Type selected to enroll with. This form will have a variety of questions that must be answered and if the form is a requirement, the form should be sent to the Division of Health Care Financing and Policy to the following:

Email: civilrights@dhcfp.nv.gov or
Mailing Address: Recipient Civil Rights Officer
Division of Health Care Financing & Policy
1100 East William Street, Suite 101
Carson City, NV 89701
The Online Provider Enrollment User Manual will contain pertinent information for using the OPE tool and provide 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)
The Provider Revalidation Report is a PDF document that allows any user to view a National Provider Identifier (NPI) to determine the date that their contract will need to be revalidated. Providers are required to revalidate with Nevada Medicaid every five (5) years. The only exception is that Durable Medical Equipment (Provider Type 33) providers must revalidate every three (3) years.

Viewing the report will assist providers with making sure that their contract with Nevada Medicaid does not terminate. If a contract terminates due to a provider not submitting a revalidation, the provider will then need to complete and submit a brand new application. If a provider’s contract terminates and the provider attempts to bill for dates of service that happen after their termination date, those particular claims will be denied.
Hospital Presumptive Eligibility Documents

- Web Announcement 1846: Hospital Presumptive Eligibility Annual Training Calendar Dates and Sign-up Guidelines for 2019 (Posted February 22, 2019)
- Web Announcement 1008: Attention ALL Hospital Presumptive Eligibility Providers: Guidance Policy Available
- Web Announcement 861 with Training Schedule: Implementation of Hospital Presumptive Eligibility Option for Acute Care Hospitals (Provider Types 11 and 75)
- Nevada Medicaid Hospital Presumptive Eligibility Provider Addendum: Qualified hospitals must complete and submit the Nevada Medicaid Hospital Presumptive Eligibility Provider Addendum.
- Hospital Presumptive Eligibility Training Sign-Up Sheet: Complete this form listing the hospital employees that will be attending the mandatory training for Presumptive Eligibility. You will be notified by the DWSS in regards to the training dates and times. Keep in mind that each employee making PE determinations MUST be trained by DWSS and complete a competency examination prior to making ANY determinations.

Hospital Presumptive Eligibility Documents must be completed depending on the Provider Type being enrolled with. There is also information contained in this section regarding training that is conducted by the State of Nevada.
Recommended Enrollment Documents

- Effective February 1, 2019, all providers will be required to submit their Electronic Data Interchange (EDI) enrollment application electronically via the Provider Web Portal [https://portaluat.medicaid.nv.gov/hcp/provider/Home], as paper EDI application submissions will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS).

- Ordering, Prescribing and Referring Provider Enrollment Frequently Asked Questions (FAQs)

Recommended Enrollment Documents contains information regarding the use of Electronic Data Interchange (EDI) claim submissions as well as a Frequently Asked Questions document for Ordering, Prescribing and Referring (OPR) providers who are interested in Nevada Medicaid.
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.
Contact Information for Provider License Updates & Voluntary Terminations

Should a provider wish to submit their updated license information or if a provider will be terminating a contract, that information is to be emailed to: nv.providerapps@dxc.com or mailed to the P.O. Box. It is important to note that any documentation besides an updated license or a contract termination will not be reviewed and processed via this email address. Changes to a provider profile will not be accepted via email and those changes must be made via the EVS secure Provider Web Portal.
Enrolling as an OPR Provider with Nevada Medicaid via the OPE Tool
Initial Application

The OPE tool may be accessed from a variety of different locations, including: the Provider Enrollment web[age, 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 from:

- 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 Ordering, Prescribing or Referring Application or Revalidation.

**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 which 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.
When enrolling with Nevada Medicaid as an OPR provider, users will be asked why they do not wish to be fully enrolled with Nevada Medicaid as OPR providers will not be reimbursed for services rendered. If a user determines that they would like to be reimbursed for services rendered, select a different Enrollment Type from the first section of the application.

If the user determines that the OPR application is correct, answer the question appropriately. If “other” is selected, the user will be prompted with an additional field asking for details as to why “other” was selected.
Request Information, continued

Provider Information

* SSN

Enter the OPR provider’s Social Security Number.
Request Information, continued

The Contact Information section does not have to be filled out with the provider’s 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  
**Fax Number:** Fax number of the person of contact  
**Contact Email:** Email address of the person of contact  
**Confirm Email Address:** Confirm the email address of the person of contact  
**Preferred Method of Contact:** Select from drop-down menu of Email or Phone

Once the Contact Information has been completed, select Continue.
After selecting Continue, the user will receive a pop-up advising that OPR providers cannot seek reimbursement. If a user determines that they would like to be reimbursed for services rendered, select Cancel and then select a different Enrollment Type from the first section of the application.

If the user would like to continue, select OK.
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.
A system-generated email will be sent to the contact email listed on the 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 OPR Provider 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

Once the Specialty is added, select Continue.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>🅿️ OPR Provider</td>
<td></td>
</tr>
<tr>
<td>🅾️ Click to add specialty.</td>
<td></td>
</tr>
</tbody>
</table>

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.
Provider Addresses

This section allows users to input address information for the provider. Mail To Address is the address that Nevada Medicaid may send written correspondence. Contact is the information for Nevada Medicaid to reach out to if any questions arise. For OPR Applications, both the Mail-To and Contact information are required. 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 (Mail-To or Contact).

**Street**: Street Address.

**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 drop-down menu.

**County**: Select the county the address is located in from drop-down menu.
Once the address information is completed, the user will need 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.
Provider Addresses, continued

<table>
<thead>
<tr>
<th>Type</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail-To</td>
<td>9850 DOUBLE R BLVD STE 102</td>
<td>RENO</td>
<td>Nevada</td>
<td>Remove</td>
</tr>
<tr>
<td>Contact</td>
<td>9850 DOUBLE R BLVD STE 102</td>
<td>RENO</td>
<td>Nevada</td>
<td>Remove</td>
</tr>
</tbody>
</table>

You have reached the maximum number of addresses allowed for this list.

The user can then select the + or the Copy link to add any additional address information pertaining to the Contact address.

Select Remove in order to delete an address.

Once all addresses have been completed, select Continue.
Provider Identification

The provider’s 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 the practice with a different name, list the DBA
Provider Identification, continued

Individual providers will select a gender from the drop-down menu, as well as their birth date. Please note that for OPR providers, Gender is not a required field.
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 the provider in obtaining an NPI. For more information, please visit: nppes.cms.hhs.gov.
Provider Identification, continued

Name of Issuing Licensing Board, State or Entity: This answer will be selected from the drop-down menu.

License Number: This information will come directly from the license that was issued by the appropriate Board, State or Entity.

License State: Select from a drop-down menu to indicate which state issued the license.

Effective and End Dates: This will be the dates the license is active. After the application is completed, if the provider is issued an updated license, the provider must submit the new license to Nevada Medicaid.
Provider Identification, continued

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 this information, the user can input a bypass code of nine 9s (999999999) into the field.
Providers are required to have a Taxonomy Code. Taxonomy Codes are determined by the provider and not by Nevada Medicaid. 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.
Ownership & Disclosure

<table>
<thead>
<tr>
<th>Background and Disclosure of Disclosing Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>These questions capture information regarding final adverse legal actions, such as convictions, exclusions, revocations and suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.</td>
</tr>
</tbody>
</table>

The Ownership and Disclosure questions are all required to be answered and information regarding the questions is listed at the top of the page and describes the purpose of the following questions.
If the OPR provider has ever been convicted of a misdemeanor, gross misdemeanor or felony (see Chapter 100 of the Medicaid Services Manual for further clarification), all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.
Ownership & Disclosure, continued

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been placed on the Federal Office of Inspector General, Health and Human Service (OIG/HHS) exclusion list or otherwise been suspended, terminated, denied or debarred from participation in any program established under Medicare, Medicaid, Title XVIII, Title XIX or any other Medicaid program since the inception of these programs? This includes termination from the Nevada Medicaid program or any other state Medicaid program.

If the OPR provider has ever been placed on the Office of Inspector General’s exclusion list, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.
Ownership & Disclosure, continued

If any owner, agent, managing employee or person with controlling interest is currently under investigation by any law enforcement, regulatory or state agency?

* Yes  No

* Please Provide Details

If any owner, agent, managing employee or person with controlling interest is currently under investigation, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.
Ownership & Disclosure, continued

Do you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest have any open or pending court cases?

* Yes  No

* Please Provide Details Including Court Documentation

If any owner, agent, managing employee or person with controlling interest currently has an open or pending court case, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.
Ownership & Disclosure, continued

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been denied malpractice insurance?

* [ ] Yes  [ ] No

*Explain

If any owner, agent, managing employee or person with controlling interest has been denied malpractice insurance, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.
If any owner, agent, managing employee or person with controlling interest has had their license denied, suspended, restricted or revoked, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.
Ownership & Disclosure, continued

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever voluntarily surrendered any professional license or certificate?

* Yes  No

Voluntary Surrender of Professional License or Certificate Information

<table>
<thead>
<tr>
<th>#</th>
<th>Explanation</th>
<th>Voluntary Surrender Dates</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click to add denied, suspended, restricted or revoked information.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Explanation

*From: [Field]

*To: [Field]

If any owner, agent, managing employee or person with controlling interest has voluntarily surrendered their license, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.
Ownership & Disclosure, continued

If any owner, agent, managing employee or person with controlling interest has previously or currently works for the State of Nevada, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

After this question has been completed, select Continue.
Agreement

There are three (3) sections of the Provider Enrollment: Agreement page. The first section is the Instructions section, which will provide instructions regarding the additional sections of the Agreement page. Providers must read and understand before proceeding with the remainder of the application.
Indicate that the OPR provider accepts the terms and conditions of the application and contract, and complete the remaining fields.

<table>
<thead>
<tr>
<th>Terms of Agreement</th>
</tr>
</thead>
<tbody>
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<td><strong>Provider Name</strong></td>
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<td><strong>Street</strong></td>
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<td><strong>Employer Identification Number (EIN) or Social Security Number (SSN)</strong></td>
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<td><strong>NPI</strong></td>
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<td><strong>Contact Name</strong></td>
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<td><strong>Contact Email</strong></td>
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You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge as the Provider or legal representative of the provider, that you understand your electronic signature is binding to the same extent as your written signature.

*I accept the terms and conditions of the application and contract. ☐ I understand that my electronic signature is equivalent to written signature.*

**Provider or Authorized Representative**

**Signature**

**Title**

**Submission Date** 06/17/2019
The last section covers the Declaration, which indicates that the user has answered all questions to the best of their ability.

Once the Declaration is read and understood, select Continue.
The next section is where users will need to upload all required documents. Users will need to review the Enrollment Checklist for the Provider Type to determine if all documents have been uploaded.

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.

Users will need to make sure that the proper EFT documentation is also uploaded.

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: https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx
- Provider Billing Information: https://www.medicaid.nv.gov/providers/BillingInfo.aspx
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