Provider Enrollment/Program Integrity

- First step in preventing fraud, waste, and abuse
- Ensures quality people are providing services to vulnerable populations
- Ensures the right type and number of providers are available to serve the Medicaid population
- Improves the integrity of the program
Provider Enrollment Program Integrity Activities

- Provider enrollment
- Contract suspensions and terminations
- Affordable Care Act (ACA) Initiatives and Enhanced Screenings:
  - Ownership and disclosure
  - Ordering, prescribing, or referring (OPR)
  - Federal database checks and reporting
  - Assigned risk levels – Elevated risk level
  - On-site visits
  - Revalidation
  - Fingerprint criminal background check (FCBC)
  - Termination and denial of enrollment
Ownership and Disclosure

• Person or corporation having a 5 percent direct or indirect ownership or controlling interest in a disclosing entity.
• Officers or directors of a disclosing entity formed as a corporation or partner (if formed as a partnership)
• Need to disclose identifying information: SSN or Tax ID, DOB, Name and address, relationships, the same information for managing employees
• Criminal convictions
Ordering, Prescribing and Referring (OPR)

- OPR’s must be enrolled in Medicaid
- If submitting claims – fully enrolled
- If ordering, prescribing or referring only – OPR enrolled
- The OPR’s NPI is required on the servicing provider’s claims

- Consequences: If the OPR only provider doesn’t enroll then the billing provider’s claims won’t be paid
Federal Database Checks and Reporting

- Social Security Death Master File (SSDMF)
- National Plan & Provider Enumeration System (NPPES)
- List of Excluded Individuals/Entities (LEIE) through the Office of Inspector General (OIG)
- System Awards Management (SAM) aka Excluded Parties List System (EPLS)
- Any other state database to verify license information
Assigned Risk Levels

- **Limited Categorical Risk**
  - Requires provider to meet federal and state requirements for the provider type
  - License verification
  - Conduct data base checks to ensure the provider meets enrollment criteria for their provider type

- **Moderate Categorical Risk**
  - Perform “limited” screening requirements
  - Conduct on-site visit

- **High Categorical Risk**
  - Conduct “limited” and “moderate” screening requirements
  - Conduct fingerprint based criminal background check
Elevated Risk

• Under certain circumstances the provider’s screening category must be elevated to the “high” risk category.

• Payment suspension based on credible allegation of fraud, waste or abuse. Risk level remains “high” for 10 years beyond the date of payment suspension

• The provider has been excluded by the Office of Inspector General or another state’s Medicaid program

• The agency or CMS in the previous 6 months lifted a temporary moratorium for a provider type

• Provider has an existing overpayment of $1500* or greater
  o Is more than 30 days old
  o Has not been repaid
  o Is not currently being appealed
  o Is not part of an approved repayment plan for the entire overpayment
    o *The $1500 threshold is an aggregate of all outstanding debts and interest
On-site Visits

- Conducted for “moderate” and “high” categorical risk providers
- Conducted at initial enrollment, re-enrollment and revalidation
- Unannounced
- Must terminate or deny enrollment if the provider fails to permit access to a location
Provider Revalidation

- Mandated to verify information on file for all existing Medicaid providers
- All enrolled providers must revalidate or will be terminated for non-compliance
- DMEPOS suppliers must be revalidated every 3 years
- All other providers must be revalidated every 5 years
- Fiscal agent notifies providers of their revalidation timeframes
Fingerprint Criminal Background Check

• On July 1, 2017, the DHCFP implemented the fingerprinting requirement.

• High risk providers are required to be fingerprinted at initial enrollment, re-enrollment and revalidation of enrollment.

• Providers are notified during the time of enrollment whether they are required to complete a FCBC.
Termination and Denial of Enrollment

• States must terminate or deny provider enrollment if:
  o Non cooperation with screenings
  o Failed to submit requested information
  o Convicted of criminal offenses related to a federal or state health care program in the last 10 years.
  o Terminated or denied enrollment in another state
  o Failed to submit to a fingerprint background check

• States can terminate or deny enrollment if:
  o Doesn’t meet the conditions of participation in the Nevada Medicaid program
  o Falsified information on the enrollment application and documents
  o The state cannot verify the providers identity
Managed Care Final Rule

• Became effective May 6, 2016
• All Managed Care network providers must be enrolled in Fee for Service Medicaid
  o Ensures all applicable ACA screenings are completed prior to enrolling in an MCO network
  o Network providers are not required to see FFS recipients
QUESTIONS?
Online Provider Enrollment

Welcome

Welcome to the Online Provider Enrollment System. Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll as a Nevada Medicaid Provider. CIC Technology is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program. Therefore, CIC Technology is referred to as Nevada Medicaid.

All of the materials within this document must be completed and submitted to Nevada Medicaid for your request to be processed. A checklist of required documentation has been provided for your convenience. Please review the Provider Information Enrollment Checklist for additional information.

Submission of incomplete materials will delay your request. In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If you respond to any questions on this enrollment application did not fill into the field on the page, type the question and respond and upload the documentation using either as the attachment type in the Attachments page of this online application. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be considered complete. Please retain copies of all materials for your records. You will receive written notification upon approval or denial of your request.

Urgent/Emergency Enrollment

If you are requesting urgent/emergency enrollment as an individual provider and have a separate billing provider, they 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.

If you are requesting urgent/emergency enrollment as a group provider, and have a separate billing provider, they will need to enroll with Nevada Medicaid as individual provider and be linked to the group for claims to process. The individual can be a fully enrolled provider or an urgent/emergency provider.

You can verify if a provider is enrolled using the Provider Search tool.


Once both the servicing and billing provider are enrolled you will need to submit the claim for payment. Billing instructions can be found on

https://www.medicaid.nv.gov/ProviderResources/BillingInfo.aspx

If you have questions concerning enrollment, contact Provider Enrollment at (877) 838-3472 (select option for "Provider Enrollment") between 8:00 a.m. and 5:00 p.m. PT Monday through Friday.

Please click the "Continue" to proceed.
Provider Enrollment Page

**Provider Enrollment Online Application**

Effective December 1, 2015, the web-based **Online Provider Enrollment Portal** is available for providers to complete new enrollment in Nevada Medicaid, revalidation and provider changes.

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 ORP 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).

**Required Enrollment Documents**

- Provider Enrollment Information Booklet: 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, license) and checked off to show required documentation for each provider type.
- Business Associate Addendum (NMH-3820): This document must be signed and submitted with your Provider Enrollment/Re-Enrollment 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.

**Online Provider Enrollment User Manual**

- Chapter 1: Getting Started
- Chapter 2: Initial Enrollment Application
- Chapter 3: Revalidation and Updates

**Initial Enrollment Documents**
Online Provider Enrollment

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

Provider Enrollment

Provider Enrollment Application
Initiate a new provider enrollment application.

Resume Enrollment
Resume an existing enrollment application that has not been submitted.

Enrollment Status
Check the current status of an enrollment application.

Other Links
Division of Health Care Financing and Policy
Provider Enrollment Information Booklet
Enrollment Checklist

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Welcome to the Online Provider Enrollment System

Welcome
Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll as a Nevada Medicaid Provider. DXC Technology is the current fiscal agent for the Nevada Medicaid and Nevada Check Up Program. Hereafter, DXC Technology is referred to as Nevada Medicaid.

All of the materials within this document must be completed and submitted to Nevada Medicaid for your request to be processed. A Checklist of required documentation has been provided for your convenience. Please review the Provider Information Enrollment Checklist for additional information.

Submission of incomplete materials will delay your request. 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 on the Attachments page of this online application. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. Please retain copies of your materials for your records. You will receive written notification upon approval or denial of your request.

Urgent/Emergency Enrollment

If you are requesting urgent/emergency enrollment as an individual provider and have a separate billing provider, they 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.

If you are requesting urgent/emergency enrollment as a group provider, and have a separate servicing provider, you will need to enroll with Nevada Medicaid as individual provider and be linked to the group for claims to process. This individual can be a fully enrolled provider or an urgent/emergency provider.


Once both the servicing and billing provider are enrolled you will need to submit the claim for payment. Billing instructions can be found on https://www.medicaid.nv.gov/providers/Billinginfo.aspx.

If you have questions concerning enrollment, contact Provider Enrollment at (877) 648-5472 (select options for “Provider Enrollment”) between 8:00 a.m. and 5:00 p.m. PT Monday through Friday.

Please click the "Continue" to proceed.
# Online Provider Enrollment

## Provider Enrollment

**Request Information**

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**: Individual
- **Ownership change**: 
  - **Electronic Health Records (EHR)**: 
  - **Provider Type**: Physician, M.D., Osteopath, D.O.
- **Requested Enrollment Effective Date**: 08/18/2018

### 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 1A and 32.

- **Would You Like to be Linked to a Group?**: 
  - [ ] Yes
  - [ ] No

### 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**: 
- **SSN**: 
  - [ ] SSN is a required field.

- **Are you currently enrolled as a Provider?**: 
  - [ ] Yes
  - [ ] No
- **Were you previously enrolled as a Provider?**: 
  - [ ] Yes
  - [ ] No

### Contact Information

The 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**: 
  - [ ] Last Name is a required field.
- **First Name**: 
  - [ ] First Name is a required field.
- **Telephone Number**: 
  - [ ] Telephone Number is a required field.
Online Provider Enrollment

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

Provider Enrollment - Enrollment Credentials

You will need to create a password to continue your application at a later date. Your password must be at least 8 and no more than 20 alphanumeric characters. Once submitted, your password must be kept for future reference. If forgotten, the password cannot be reset and your application information will be lost. You will need to begin a new application process.

Enter your password in the fields as indicated and click the submit button. A tracking number will be provided. This tracking number and your accompanying password can be used to access your enrollment application.

* Indicates a required field.

Employer Identification Number (EIN) or Social Security Number (SSN)

Password

Confirm Password

Submit Cancel
Online Provider Enrollment

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

Provider Enrollment

Provider Enrollment: Tracking Information

Your enrollment application has been saved.

Your enrollment application has been assigned the following tracking number: 100178.

This tracking number must be kept for future reference. Your assigned tracking number, unique password, and tax identification number are all required for future access to your enrollment application. If any of these elements are lost or forgotten, you will be unable to access your enrollment application.

A confirmation email has also been sent to the following contact person’s email, designated in the enrollment application: shawnj@dxcc.com.

Continue

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## Online Provider Enrollment

**Terms of Agreement**

<table>
<thead>
<tr>
<th>Provider Name: Conference test</th>
<th>Conference test</th>
<th>Conference test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street: test</td>
<td>test</td>
<td>test</td>
</tr>
<tr>
<td>City: Reno</td>
<td>Nevada, 89505</td>
<td>Nevada, 89505</td>
</tr>
<tr>
<td>Employer Identification Number (EIN) or Social Security Number (SSN)</td>
<td>EIN</td>
<td>SSN</td>
</tr>
<tr>
<td>NPI</td>
<td>conference test</td>
<td>conference test</td>
</tr>
<tr>
<td>Contact Name</td>
<td>conference test</td>
<td>conference test</td>
</tr>
<tr>
<td>Contact Email</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provider Binder**

I certify, under penalty of perjury, that the information and statements on this request and any accompanying documents are accurate and true. I understand that the filing of materially incomplete or false information with this request is sufficient cause for denial of enrollment or termination from the Nevada Medicaid and Nevada Check Up Programs. I understand that should I be enrolled as a provider of services under Nevada Medicaid and Nevada Check Up Programs, it is my responsibility to notify the Nevada Medicaid and Nevada Check Up Programs of any changes to the information on this application including but not limited to address, group affiliation, change of ownership, or tax identification number.

**Supporting Documentation**

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

- A checklist of required documentation can be found [here](#).

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 fields on the page, type the question and response and upload the documentation using [EFT](#) 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.

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

<table>
<thead>
<tr>
<th>Attachments</th>
<th>#</th>
<th>Transmission Method</th>
<th>File</th>
<th>Attachment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FT-File Transfer</td>
<td>Test.pdf (27K)</td>
<td>Voided Check or Bank letter for EFT, if applicable</td>
<td></td>
</tr>
</tbody>
</table>

**Instructions for Summary Page**

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

Once you have reviewed the contents of this application, print a copy of this summary for your records, then select ‘Confirm’ to submit the enrollment for processing.
Online Provider Enrollment

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

Provider Enrollment: Tracking Information

Your enrollment application has been submitted.
Your enrollment application has been assigned the following tracking number: **100178**.

This tracking number must be kept for future reference. Your assigned tracking number, unique password, and tax identification number are all required for future access to your enrollment application. If any of these elements are lost or forgotten, you will be unable to access your enrollment application.

A confirmation email has also been sent to the following contact person’s email, designated in the enrollment application: shaunj@dxc.com.

Exit
Online Provider Enrollment

Provider Enrollment

Provider Enrollment Application
Initiate a new provider enrollment application.

Resume Enrollment
Resume an existing enrollment application that has not been submitted.

Enrollment Status
Check the current status of an enrollment application.

Other Links
Division of Health Care Financing and Policy
Provider Enrollment Information Booklet
Enrollment Checklist
Online Provider Enrollment

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

Provider Enrollment - Status

Enter your assigned Tracking number and Federal Tax Identification Number (TIN or EIN) or SSN that was used on the provider application to verify the current status. For any further inquiries, please contact the Provider Enrollment Unit at (877) 638-3472 from 8 a.m. to 5 p.m. PT Monday through Friday.

* Indicates a required field.

- Tracking Number: 100178
- Employer Identification Number (EIN) or Social Security Number (SSN)
- Password

Provider Enrollment - Summary

Here is the most current information regarding your provider enrollment application. For any further inquiries, contact the Provider Enrollment Unit at (877) 638-3472 from 8 a.m. to 5 p.m. PT Monday through Friday.

- Tracking Number: 100178
- Date Submitted: 08/18/2018
- Status: Submitted
- Status Date: 08/18/2018
Electronic Verification System (EVS)
Electronic Verification System (EVS)
Electronic Verification System (EVS)
# Electronic Verification System (EVS)

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

---

**My Home > Revalidate-Update Provider**

**Provider Locations**

Duplicate providers may appear in the results since a unique row is created for each specialty.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME, Disposable, Prosthetic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NEVADA</td>
<td></td>
</tr>
</tbody>
</table>

**Action**: Revalidate Provider OR Update Provider

---

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The Nevada Division of Health Care Financing adheres to all applicable privacy policies and standards, including HIPAA rules and regulations, regarding protected health information. Click here to see the State of Nevada Online Privacy Policy.
Online Provider Enrollment

Welcome to the Online Provider Enrollment System

Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll as a Nevada Medicaid Provider. DHHS Technology is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program. Therefore, DHHS Technology is referred to as Nevada Medicaid.

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You can verify if a provider is enrolled using the Provider Search tool


Once both the servicing and billing provider are enrolled you will need to submit the claim for payment. Billing instructions can be found on

https://www.medicaid.gov/program/administration/index.htm

If you have questions concerning enrollment, contact Provider Enrollment at (877) 638-3472 (select option for "Provider Enrollment") between 8:00 a.m. and 5:00 p.m. PT Monday through Friday.

Please click the "Continue" to proceed.
QUESTIONS?
DHCFP – PROGRAM INTEGRITY

Surveillance and Utilization Review (SUR) Unit
WE IDENTIFY, RECOVER AND PREVENT **FRAUD, WASTE, ABUSE, AND IMPROPER PAYMENTS** IN NEVADA MEDICAID SYSTEM.

- We refer all credible allegations of fraud to the Medicaid Fraud Control Unit (MFCU).
• **WASTE** - unnecessary or inefficient services, possibly including the following

  - Prescribing a wheelchair to a recipient who is ambulatory
  - Scheduling ongoing therapy sessions when progress is unattainable
  - Duplicating diagnostic testing unsupported by physician orders
• **ABUSE** - failure to bill according to policy guidelines, possibly including instances of
  
  - Submitting claims that do not accurately reflect the services provided
  
  - Submitting claims that do not adhere to policy, professional standards, or coding guidelines found in ICD-10, CPT, HCPCS Level II
In addition to looking for *fraud, waste and abuse*, we look for improper payments. *Improper payments* include overpayments due to errors in provider billing or payer claim processing.
EXAMPLES OF CASE REFERRAL SOURCES

- Complaints / Referrals (including provider self-referrals)
- Onsite Visits
- Verification of Service Letters
  - Fiscal Agent sends 500 per month to recipients, similar to EOB
  - SUR sends on an ad hoc basis to recipients and service providers
- Data Mining and Analysis of Paid Claims
- Information Shared by other States and CMS
EXAMPLES OF CORRESPONDING ACTIONS

- Educate on policy violations
- Request a provider conduct self-audit
- Recoup overpayments of paid claims
- Request suspension of payments
- Request termination of provider contract/exclusion
With so many insurance payers, it is easy for good providers to overlook or misunderstand billing details. This could lead to unintentional errors.

What can you do to minimize improper billing and overpayments?

Some things to focus on ....
SURVEILLANCE AND UTILIZATION REVIEW (SUR) UNIT

- Know Medicaid Services Manual Policy
  
  \[dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/\]

  ✓ All providers
    
    | Chapter 100 | Medicaid Program |
    |------------|-----------------|
    | Chapter 3100 | Hearings       |
    | Chapter 3300 | Program Integrity |
    | Addendum | Definitions |

  ✓ Specific Provider Types
    
    All other Chapters 200 - 3900
Access the Provider Portal – often! Resources include items below:

www.medicaid.nv.gov/home.aspx

- **Billing Information** Broken down by Provider Type
- **Web Announcements** Breaking news and important information
- **Application and Forms** Prior authorization, provider contract, appeals, provider information changes and much more
Understand and comply with:

- **Medical Coding Rules**
  - Including ICD-10, CPT, HCPCS Level II

- **Service Documentation Requirements**
  - Guidelines can vary by service, provider type

- **Prior Authorization Limits**
  - Guidelines will vary by service, provider type
Bring your billing questions to:

- Nevada Medicaid Fiscal Agent 877-638-3472, Option 2

If further clarification is needed:

- DHCFP Provider Type Policy Specialist 775-684-3676, Option 0
SURVEILLANCE AND UTILIZATION REVIEW (SUR) UNIT

- Report provider fraud, waste, abuse, and improper payments

  - **NPI (Nevada Program Integrity)** 775-687-8405
  - **Online Form**

  dhcfp.nv.gov/Resources/PI/ContactSURSUnit/
QUESTIONS?