Revalidating a Contract or Updating a Profile as a Group Provider with Nevada Medicaid
Objectives
Objectives:

- Review the Provider Enrollment Webpage, including:
  - Provider Enrollment Checklists
  - The Online Provider Enrollment User Manual
  - Provider Revalidation Report
  - Changes to Provider Information
  - Contact Information for Provider License Updates and Voluntary Terminations
- Revalidate with Nevada Medicaid as a Group Provider via the Electronic Verification System (EVS)
- Cover Resources
- Contact Nevada Medicaid
Provider Enrollment Webpage
The Nevada Medicaid website is designed to assist providers with understanding the Nevada Medicaid program and includes information regarding enrollment, billing, access to the Electronic Verification System (EVS) and additional resources to assist providers.

Link: www.medicaid.nv.gov
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 – 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.

- **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.

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

Provider Enrollment Checklists

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) 638-3472 for requirements.

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

<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>04/20/16</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>19</td>
<td>Nursing Facility</td>
<td>04/20/16</td>
</tr>
<tr>
<td>20</td>
<td>Physician, M.D., Osteopath, D.O.</td>
<td>08/25/17</td>
</tr>
<tr>
<td>21</td>
<td>Podiatrist</td>
<td>08/25/17</td>
</tr>
<tr>
<td>22</td>
<td>Dentist</td>
<td>01/03/13</td>
</tr>
<tr>
<td>23</td>
<td>Hearing Aid Dispenser &amp; Related Supplies</td>
<td>08/25/17</td>
</tr>
<tr>
<td>24</td>
<td>Advanced Practice Registered Nurse</td>
<td>08/30/17</td>
</tr>
<tr>
<td>25</td>
<td>Optometrist</td>
<td>08/25/17</td>
</tr>
<tr>
<td>26</td>
<td>Psychologist</td>
<td>07/19/16</td>
</tr>
<tr>
<td>27</td>
<td>Radiology and Non-Invasive Diagnostic Centers</td>
<td>12/01/14</td>
</tr>
<tr>
<td>28</td>
<td>Pharmacy</td>
<td>04/28/17</td>
</tr>
<tr>
<td>29</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.
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.
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.
Contact Information for Provider License Updates and Voluntary Terminations

Mail completed provider license updates and/or voluntary terminations to Nevada Medicaid, Provider Enrollment Unit, P.O. Box 30042, Reno, NV 89520-3042 or E-mail: nv.providerapps@dxc.com for processing.

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.
Revalidating a Contract or Updating a Provider Profile as a Group with Nevada Medicaid via the EVS Provider Web Portal
Revalidation Information

- Revalidations are required to be submitted every five (5) years. The exception is for Provider Type 33 (DME providers), who are required to revalidate every three (3) years.
- Providers cannot ask for retro prior authorizations if their contract terminates.
- Providers who miss the revalidation date deadline will be required to complete an Initial Application and submit to Nevada Medicaid.
- The matrix below lists resources available to providers should their contract expire without revalidating timely.

<table>
<thead>
<tr>
<th>MAIN MENU</th>
<th>SUB MENU / LINKS</th>
<th>DURATION OF TERMINATION ACCESS (1 YEAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>Eligibility Verification</td>
<td>No</td>
</tr>
<tr>
<td>Claims</td>
<td>Search Claims, Submit Claims, Search Payment History &amp; Treatment History</td>
<td>Yes</td>
</tr>
<tr>
<td>Care Management</td>
<td>Create Authorization, View Status, Maintain Favorite Providers, Authorization Criteria</td>
<td>No</td>
</tr>
<tr>
<td>File Exchange</td>
<td>Upload Files</td>
<td>Yes</td>
</tr>
<tr>
<td>Resources</td>
<td>Search Providers, Search Fee Schedule, Downloads, Report Download</td>
<td>Yes</td>
</tr>
<tr>
<td>My Home (* Connects to external links)</td>
<td>My Profile (Change Phone/Email), My Profile (Change Site Key Token/Password), Manage Accounts (Add/Remove Delegate), Manage Accounts (Add/Remove Trading Partner), Search Payment History, Contact Us, Secure Correspondence</td>
<td>Yes</td>
</tr>
<tr>
<td>My Home (* Connects to external links)</td>
<td>Member Focused Viewing, Revalidate-Update Provider, Pharmacy PA *, PASRR *, EHR Incentive Program *, EPSDT *, Presumptive Eligibility *</td>
<td>No</td>
</tr>
</tbody>
</table>
The EVS secure Provider Web Portal may be accessed from a variety of different locations, including the top blue tool bar > EVS > Provider Login (EVS) or the Featured Links (left-hand side of every page).
After the user selects EVS Login, they will then be required to Login.

Input the registered User ID and select Log In. If the user has forgotten their User ID, select the Forgot User ID? Link.
After the User ID has been entered, the user will then be prompted with a Challenge Question.

Answer the Challenge Question and indicate whether a personal or public computer is being used. If Personal is selected, the user will not have to answer a challenge question the next time they login.
After the Challenge Question is successfully answered, the user will then be able to view the Site Key and Passphrase. This information was created when their portal account was created.

Input the correct password and select Continue.

If the user has forgotten the correct password, select the Forgot Password reset link. This will allow users to reset their own password and eliminates the need to contact the Nevada Medicaid Customer Service Call Center.
Revalidation

After the user has successfully logged in, locate and select Revalidate-Update Provider from the Provider Services section on the left-hand side of the page.
Once the Revalidate-Update link is selected, the user will be brought to a page in which they can view all associated providers. The user will need to choose the correct provider and click on the Revalidate Provider link from the Action column.
Revalidation, continued

The user will be prompted with a pop up asking if they would like to leave the page they are on. Select Proceed in order to continue with the revalidation process.

The user will then be directed to the Online Provider Enrollment (OPE) tool to complete the revalidation.
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.
When revalidating a provider, if the provider's original application was completed online, there may be information that is already pre-populated for the revalidation process. If the provider originally submitted a paper application and did not complete an application online, the information will not be populated and the user will be required to complete all available fields.
Users will then need to verify that the Federal Tax ID is still correct and there is no response required for the question regarding already being enrolled as a Provider.
The contact information first and last name and telephone number will already be pre-populated. The Contact Email will be required as well as confirming the contact email address.

If there is any information missing, complete the fields as necessary.

Once this section has been completed, select Continue.
Specialties

All provider types are required to indicate a Specialty. (See the Provider Enrollment Information Booklet for a list of Provider Types and associated Specialties.)

The specialty is already pre-populated. If the specialty information is no longer correct, click on the + symbol to change the primary specialty.

If adding an additional specialty, select the + to Add Specialty. Select the specialty from the drop-down menu (A). If the provider type does not require a specialty, select No Specialty. Indicate the Board, if applicable (B), that approved the specialty and select Add (C). If add is not selected, the system will not allow users to continue.
Specialties, continued

If the provider has more than one specialty, select the + symbol and follow 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.
This section will allow the user to verify all 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 or edit address information to the application, select the +.

<table>
<thead>
<tr>
<th>Type</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>5560 KIEZKE LN</td>
<td>RENO</td>
<td>Nevada</td>
<td>Copy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Remove</td>
</tr>
<tr>
<td>Pay-To</td>
<td>BLDG A</td>
<td>RENO</td>
<td>Nevada</td>
<td>Copy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Remove</td>
</tr>
<tr>
<td>Click to add address.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 drop-down menu.

**County**: Select the county the address is located in from drop-down menu.
Once the address information is reviewed and updated as necessary, the user is required to select Verify Address. A pop up window will then appear asking to confirm the information. User can click on Select or User Original Address to complete the address information.
Once the address information has been verified, the active telephone number and contact information will have already populated.

All other fields are optional.

Once all fields have been populated, select the Save 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>+</td>
<td>9850 DOUBLE R BLVD STE 102</td>
<td>RENO</td>
<td>Nevada</td>
<td>Copy Remove</td>
</tr>
</tbody>
</table>

Click to add address.

The user can then select the + or the Copy link to add any additional address information pertaining to the Mail-To, Pay-To and Remittance Advice addresses.

Select Remove in order to delete an address.

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

The Provider Legal Name must match their W-9 form.

Doing Business As Name: If the provider will be operating the practice with a different name, list the DBA.
If the practice will be owned or operated by a different entity than listed, select Yes. If Yes is selected, the Special Ownership Type will become a required field and an appropriate selection must be made from the drop-down menu.

If No is selected, user can move to the next question.
Provider Identification, continued

<table>
<thead>
<tr>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.</td>
</tr>
<tr>
<td>NPI 13</td>
</tr>
</tbody>
</table>

The provider’s NPI will already be pre-populated.
License Information: This information should be pre-populated and the user should still verify that the information is correct.
**Business Information**: This information may be pre-populated. If there is any missing information, user will need to complete the fields that still require an answer.

<table>
<thead>
<tr>
<th>Business Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>^* Nevada Secretary of State Issued Business ID</td>
<td>^* Nevada Secretary of State Registered Name</td>
</tr>
<tr>
<td>Choose the option that most closely describes the entity you are enrolling</td>
<td></td>
</tr>
<tr>
<td>Corporation</td>
<td>Indian Health Program (IHP)</td>
</tr>
<tr>
<td>Indian Health Services</td>
<td>Limited Liability Company</td>
</tr>
<tr>
<td>Limited Liability Partner</td>
<td>Non-Profit</td>
</tr>
<tr>
<td>Partnership</td>
<td>Provider Group</td>
</tr>
<tr>
<td>Sole Proprietorship</td>
<td></td>
</tr>
</tbody>
</table>

**CLIA Certification**

| CLIA Number | |

**Drug Enforcement Admin**

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</table>
CLIA (Clinical Laboratory Improvement Amendments) and DEA (Drug Enforcement Administration) Number: This information should be pre-populated for the user. If this information is not populated, the user will need to complete each field, if applicable.

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, the user can input a bypass code of nine 9s (999999999) into each field.
Providers are required to have a Taxonomy Code. Taxonomy Codes are determined by the provider and not Nevada Medicaid. Providers should review NPPES for their registered Taxonomy Code. To add a Taxonomy Code, select the + symbol.

The Taxonomy Code should already be pre-populated. To add any additional Taxonomy Codes, select + to add.

Once all codes are input, select Continue.
The user will then need to verify each individual provider associated with the group (information removed for training purposes). If there are providers that are listed that are no longer associated with the group, select the Remove link from the Action column.

If there are any individual providers that are not listed, select the + Click to add Associated Providers as well as complete the Associated Provider Signature Form.
Each individual provider that will be linking to the group must complete this form, including a signature and the signature cannot be rubber stamped and must be physically signed. If there will be more than one (1) individual provider linking to the Group, each individual provider is able to sign the form. Once completed, upload the attachment which will be covered later in the training.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>NPI</th>
<th>Provider Signature</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Associated Providers, continued

<table>
<thead>
<tr>
<th>Associated Provider National Provider Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>*NPI</td>
</tr>
</tbody>
</table>

| Associated Provider Individual Name.             |
| If the associated provider is an individual, enter their last name, first name and middle initial. |
| Last Name                                        |
| First Name                                       |
| Middle                                           |

| Associated Provider Business Name                |
| If the associated provider is a business, enter the business name. |
| Business Name                                    |

If adding new associated providers, complete the available fields and select Add.
Associated Providers, continued

After all associated provider fields are completed and Add has been selected, repeat steps for any additional associated providers. After completing, select Continue.
Providers will be asked to provide 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 attaching a Bank Letter or Voided Check. The date will auto-populate based on the effective date of the application that was completed previously and 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 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, VOIED CHECK HERE
OR ATTACH A LETTER FROM YOUR BANK THAT CONTAINS YOUR BANK’S ROUTING NUMBER.
PHOTOCOPIED CHECKS AND BANK DEPOSIT SLIPS ARE NOT ACCEPTED.
## Other Information

<table>
<thead>
<tr>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Are you enrolled in Medicare?</td>
</tr>
<tr>
<td>*Days and Hours of Operation</td>
</tr>
<tr>
<td>*Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both?</td>
</tr>
<tr>
<td>*Are you currently accepting new patients?</td>
</tr>
<tr>
<td>*Can you accommodate recipients with special needs?</td>
</tr>
</tbody>
</table>

### Are you enrolled in Medicare:
Select the appropriate answer. Later in the application there will be a similar question and both answers must match. If not, the application will be returned for corrections.

### Days and Hours of Operation:
Input days and time that the practice is open.

The next question will be selected from a drop-down menu and will indicate if the provider is seeing Fee For Service (FFS) recipients, Managed Care Organization (MCO) recipients or both FFS and MCO recipients. For more information regarding FFS and MCO recipients, please review the Billing Manual located on the Billing Information webpage of the Nevada Medicaid website.

### Are you currently accepting new patients:
Select the appropriate answer.

### Can you accommodate recipients with special needs:
Select the appropriate answer.
If the Group is a subsidiary of another company or is the parent company to another entity, indicate Yes. If not, select No.
If there is a rating associated with the group, indicate the facility rating from the drop-down menu. If the group does not fall into one of the categories, select Not applicable or skip the question entirely.
If there is another entity that will be controlling the business, indicate an answer from the drop-down menu. If the group does not fall into one of the categories, select Not applicable or skip the question entirely.
Other Information, continued

<table>
<thead>
<tr>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swing Bed</td>
</tr>
<tr>
<td>Acute</td>
</tr>
<tr>
<td>ICF</td>
</tr>
<tr>
<td>SNF</td>
</tr>
<tr>
<td>ICF/MR</td>
</tr>
<tr>
<td>ISO</td>
</tr>
</tbody>
</table>

If the facility will be issuing beds to patients, the amount of beds that are located in the facility must be indicated. If the facility has no beds, do not input any information into the fields.
If the group will be performing Mammograms, the group must be FDA-Certified and the Certification Number must be listed. A copy of the certificate must be uploaded, which will be covered later in the training.
All providers must read and understand the instructions that are listed on this page in order to properly complete the application. Users should also refer to Chapter 2 Addendum of the OPE User Manual for clarification regarding information and formatting that must be followed in order to properly complete the application. If any information is incorrect, Nevada Medicaid will return the revalidation for review and corrections.

Users can also refer to Web Announcement 1899 at www.medicaid.nv.gov

Examples are outlined on the next three slides.
Ownership & Disclosure, continued

Chapter 2 Addendum. Ownership & Relationships Example

As part of the modernized Medicaid Management Information System (MMIS) update on February 1, 2019, providers are now required to identify all ownership in their company and outline the relationships that exist as outlined in Chapter 2 of the Online Provider Enrollment User Manual.

This process can be complex, so the purpose of this addendum is to provide an example.

2.1 Storyline

Paxton Drug Store #123 is completing their initial provider enrollment application. They are owned by Paxton Drug Store Inc. The parent company has four board members: Samantha, Alex, George and Brianne. Paxton Drug Store Inc. Is owned by Andy Paxton, Janice Paxton and Drug Stores Care Inc. This company is owned by Robert Thomas.

2.2 Completing the Ownership Information Section

The provider must input all details regarding information:

- Paxton Drug Store owns 100% of Paxton Drug Store #123.
- Samantha Jordan, Alex Pong, George Maple and Brianne Smith are board members, but do not own any shares of the company.
- Andy Paxton owns 25% of Paxton Drug Store, Janice Paxton owns 49% and Drug Stores Care owns 26%.
- Robert Thomas owns 100% of Drug Stores Care.
Ownership & Disclosure, continued

2.3 Completing the Ownership or Controls Relationship Section

Now that all corporations, board members and owners have been input, the provider must link the people and/or corporations. This section does not include board members.

- Andy, Janice & Drug Stores Care are owners of Paxton Drug Store
- Andy is the spouse of Janice Paxton
- Robert Thomas owns Drug Stores Care

Online Provider Enrollment User Manual, Chapter 2 Addendum
03/07/2019
Ownership & Disclosure, continued

2.4 Note about Completing the Ownership Information Section

There may be times when ownership total does not equal 100%, as it did in Section 2.2, because some owners own less than 5% and would not be listed. When that happens, put detailed notes in the Explanation if total ownership is less than field.

There may also be times when the parent company is publicly traded and cannot provide people’s names who own 5% or more of the company. In this situation, it is suggested to attach a letter explaining the circumstances to aid in processing the application more quickly.

Online Provider Enrollment User Manual, Chapter 2 Addendum
03/07/2019

Nevada Medicaid Provider Enrollment Training (Group Revalidation/Change)
Ownership & Disclosure, continued

**Direct ownership interest** is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicaid provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program, or health-related services under the social services program.

**Indirect ownership interest** is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership interest in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: If A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported.
Ownership & Disclosure, continued

**Controlling interest** is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.
Ownership & Disclosure, continued

Agent means any person who has been delegated the authority to obligate or act on behalf of a provider.

Disclosing entity means a Medicaid provider or a fiscal agent.

Fiscal agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.
Ownership & Disclosure, continued

Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII or XX of the Act. This includes:

a) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic or health maintenance organization that participates in Medicare (Title XVIII);
b) Any Medicare intermediary or carrier; and
c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX of the Act.

Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity.
Ownership & Disclosure, continued

**Person with an ownership or control interest** means a person or corporation that:

a) Has an ownership interest totaling 5 percent or more in a disclosing entity.
b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
e) Is an officer or director of a disclosing entity that is organized as a corporation; or
f) Is a partner in a disclosing entity that is organized as a partnership.
Ownership & Disclosure, continued

Subcontractor means:

a) An individual, agency or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or

b) An individual, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medical agreement.

Supplier means an individual, agency or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds or a pharmaceutical firm).
Ownership & Disclosure, continued

Type of Entity: This will be selected from a drop-down menu (Board Members/Trustee, Corporation, Managing Employee and/or Agent, or Owners). Depending upon the selection that is made, the questions may vary.

The next four slides cover the questions that must be answered depending on the Type of Entity selected.
If Board Member/Trustee is selected as the Type of Entity, the questions will be different. User must complete each question that is listed. If the user indicates Yes, that the entity owns more than 5% of any other business, additional questions must be answered.
Ownership & Disclosure, continued

If Corporation is selected as the Type of Entity, the questions will be different. User must complete each question that is listed. If the user indicates Yes, that the entity owns more than 5% of any other business, additional questions must be answered.
Ownership & Disclosure, continued

If Managing Employees and/or Agent is selected as the Type of Entity, the questions will be different. User must complete each question that is listed. If the user indicates Yes, that the entity owns more than 5% of any other business, additional questions must be answered.
If Owners is selected as the Type of Entity, the questions will be different. User must complete each question that is listed. If the user indicates Yes, that the entity owns more than 5% of any other business, additional questions must be answered.
Ownership & Disclosure, continued

The percentage of ownership must equal 100%. If there are any owners of the business that own less than 5% of the practice, that information must be disclosed in the free form text field.
Ownership & Disclosure, continued

Does any individual and/or corporation have an interest of 5 percent or more in any mortgage, deed of trust, note or other obligation secured by the disclosing entity?

- Yes
- No

If any of the entities that were previously listed own more than 5% of a mortgage, deed, trust, note or other obligations, that information must be listed. The required fields will change depending on the Type of Entity selected.

If the entities do not own more than 5% of a mortgage, deed, trust, note or other obligations, the fields will not populate and user can move to the next question.

The next slide will show the different questions that must be answered depending upon the Type of Entity selected.
Ownership & Disclosure, continued

Does any individual and/or corporation have an interest of 5 percent or more in any mortgage, deed of trust, note or other obligation secured by the disclosing entity?

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>SSN</th>
<th>Federal Tax ID</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Corporation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Federal Tax ID: Enter Federal Tax ID

*Street: Enter Street Address

*City: Enter City

*State: Enter State

*Zip+4: Enter Zip Code

*% of Ownership: Enter Percentage

Click to add Individual and/or Corporation.
If any of the owners are related to one another, that information must be disclosed. Complete the fields and select Add. If there are no relationships between owners, indicate No and the fields will not appear.
This question is regarding who in the practice is authorized to make changes on behalf of the provider. If information about a provider’s profile must be changed and the user that is submitting the changes is not an authorized person, those changes cannot be made.

Changes can only be accepted from the Owner or the Authorized Representative.

Input the Authorized Representative’s Last Name and First Name and select Add.
Ownership & Disclosure, continued

Are you or any owner, agent, managing employee, or person with controlling interest currently enrolled, or have ever been enrolled, as a Medicare or Medicaid provider with another state (including Nevada)?

* Yes  No

<table>
<thead>
<tr>
<th>#</th>
<th>Program</th>
<th>State</th>
<th>Effective Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click to add Program.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| *Program          | ▼ |
| *State            | ▼ |
| *Effective Date   | ▼ |

If any owner, agent, managing employee or anyone else that has controlling interest in the practice has ever been enrolled in either Medicaid and/or Medicare, that information must be listed on the application and the answer to this question must match the similar question that was asked previously. Once fields are completed, select Add.

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

Do you or any owner, agent, managing employee or person with controlling interest currently have a negative balance or owe money to any state or federal program (including Medicare and Medicaid)?

- Yes  
- No

If any owner, agent, managing employee or person with controlling interest owes monies to a state and/or federal program, 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 convicted of a misdemeanor, gross misdemeanor or felony, including but not limited to, criminal offenses related to any program under Medicare, Title XVIII, Title XIX or any Medicaid program since the inception of these programs?

If any owner, agent, managing employee or person with controlling interest 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.

<table>
<thead>
<tr>
<th>#</th>
<th>Name Used When Convicted</th>
<th>Date Of Conviction</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Name Used When Convicted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Date Of Conviction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Disposition</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Conditions Of Parole/Probation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click to add Convictions.

Add  Cancel
Ownership & Disclosure, continued

If any owner, agent, managing employee or person with controlling interest 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

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

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.
Ownership & Disclosure, continued

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest had any professional, business or accreditation license/certificate denied, suspended, restricted or revoked?

<table>
<thead>
<tr>
<th>#</th>
<th>Explanation</th>
<th>Denial/Suspension/Restriction/Revocation Dates</th>
<th>Action</th>
</tr>
</thead>
</table>

- Click to add surrendered licenses.

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>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click to add denied, suspended, restricted or revoked information.

*Explanation

*From θ

*To θ

Add Cancel

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.
Agreement

There are three (3) sections of the Provider Enrollment: Agreement page. The first section is the Instruction 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.
The second section of the Agreement page is the Terms of Agreement. The user must indicate that they accept the terms and condition (A) and complete the remaining fields.

In order to complete the section, the user must download the Nevada Medicaid and Nevada Check Up Provider Contract in order to be able to complete the question regarding the acceptance of the terms.

For this example, the question has been greyed out until the user downloads the contract. Once the contract has been downloaded, the question will then appear and can be answered.
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 also 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, revalidations will be worked in the order they are received.
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