Revalidating as an Individual Provider or Updating an Individual Provider’s Profile 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 or Update a Provider’s Profile with Nevada Medicaid as an Individual 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 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.
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 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

Provider License Updates and Voluntary Terminations Only

- Please submit provider license updates via the secure Provider Web Portal or email to Nevada Medicaid at nv.providerapps@gainwellservices.com for processing.
- Please email voluntary termination forms (FA-34) to Nevada Medicaid at nv.providerapps@gainwellservices.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@gainwelltechnologies.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 an Individual Provider 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>
Electronic Verification System

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 webpage).
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 or Change

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.
Revalidation or Change, continued

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 or Change, 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.
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 available fields.
If the individual is already associated with a group, the group information may already be pre-populated. If the individual provider would like to be associated with additional groups, select the + under the pre-populated National Provider Identifier (NPI) and input the new group NPI and affiliation date. Once the information is properly filled out, select Add.

If there is a group NPI already pre-populated that the individual will no longer be associated with, select the Remove link from the Action column.

Linking to a group is required if a provider is enrolling as a Provider Type 14 (Behavioral Health) and/or a Provider Type 82 (Behavioral Health Rehabilitative Treatment) or Provider Type 85 (Applied Behavior Analysis).

If enrolling as Provider Type 14 with a Specialty of 305, 306 or 307, it is not required to link to a group.

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

SSN: Social Security Number of the individual provider. This information may already be pre-populated. Do not input both the FEIN and SSN. Please reference Web Announcement 1899 (Requirement for Completing an Application, Revalidation or Re-Enrollment Differ for Individual Providers and Group Providers).
The contact information 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 may be 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 of the specialty and select Add (C). If add is not selected, the system will not allow users to continue.
Specialties, continued

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

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>√ Allergy</td>
<td></td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Remove</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Indicates a required field.
☑ Indicates a primary record.
Provider Addresses

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 +.
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>Service</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.
The Provider Legal Name must match their W-9 form.

**Doing Business As Name:** If the individual provider will be operating the practice with a different name, list the DBA.
Individual providers will select a gender from the drop-down menu, as well as their birth date.
Provider Identification, continued

If the practice will be owned by a different entity than listed, indicate the Special Ownership Type from the drop-down menu. If there is no Special Ownership Type, user can select the blank option.
Provider Identification, continued

| NPI
<table>
<thead>
<tr>
<th></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.
Nevada Secretary of State Issued Business ID: This number will be issued from the Nevada Secretary of State. Nevada Medicaid cannot assist in obtaining the SOS number. For more information, please visit: www.nvsos.gov/sos.

Nevada Secretary of State Registered Name: This is the name used by the provider to create and obtain a valid business in the State of Nevada.

The last question in the section must be selected from the drop-down menu and match the type of entity that the provider is enrolling as. This will be determined from the provider's W9 Form that was filed with the IRS.
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.
Providers will be asked to provide EFT information for Nevada Medicaid to make payments to the provider after claims processing.

If the individual is already linked to a group, select Yes in order to continue to receive payments via the group.

If the individual is not linking to a group, 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.
## Other Information

<table>
<thead>
<tr>
<th>Additional Information</th>
</tr>
</thead>
</table>
| *Are you enrolled in Medicare?  
  - Yes  
  - No |
| *Days and Hours of Operation |
| *Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both? |
| *Are you currently accepting new patients?  
  - Yes  
  - No |
| *Can you accommodate recipients with special needs?  
  - Yes  
  - No |

- **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.
Other Information, continued

*Do you have hospital privileges?  Yes  No

*Please describe where?

If the provider will be associated with a hospital, the hospital information must be input into the free form text box. If the provider will not have hospital privileges, select No and the free form text field will not appear.

After the questions have been answered, select Continue.
Ownership & Disclosure

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 application for review and corrections.

For individual providers linking to a group, the Ownership Information is not required. Individuals linking will still be required to indicate Managing Employee/Agent.

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 Information

Completion of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42CFR 455.100 7 106. Click [here](#) to view the full regulation.

Ownership is defined as all individuals and corporations having direct or indirect ownership interest, or controlling interest in the disclosing entity (this includes relatives) and for any subcontracting company in which the disclosing entity has direct or indirect ownership of 5 percent or more. Agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. Managing Employee is defined as a general manager, business manager, administrator, officer, 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. Board Member is defined as anyone who sits on a board of directors for any entity.

Information is required on the following:

- Group and Individual Enrollment applicants are required to enter all individuals or entities that:
  - have a direct or indirect ownership interest or controlling interest in the disclosing entity of 5 percent or more;  
  - have a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;  
  - 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;  
  - is an officer or director of a disclosing entity that is organized as a corporation; or  
  - is a partner in a disclosing entity that is organized as a partnership.
- Group and Individual Enrollment applications are required to indicate the chain of ownership between the direct and indirect owners. Use the Related Corporations, Owners, Agents or Managing Employee Information grid below to indicate the chain of ownership.
- Group and Individual Enrollment applications are required to enter all Agents and Managing Employees.
- Group applications are required to enter all board member(s) if they are formed as a corporation.
- Anyone listed in the above entities that own 5 percent or more of any other business (health care related or non-health care related) is required to disclose that information.

Note: Owners are generally the Corporation or Owner entity types, but can also be board members/trustees.

The information on ownership, board member(s), managing employee(s), and agent(s) needs to be added in the Ownership (Direct & Indirect) / Managing Employee grid below. Ownership information sent as an attachment will not be accepted.

This is not required for:

- Individuals linking to group
- Provider Type 38
- Groups and individuals with a Special Ownership type value of Government or State Owned selected on the Provider Identification panel

Notes: County owned organizations, Non-Profit organizations, and school districts are required to disclose all Board Members and Managing Employees/Agents.

<table>
<thead>
<tr>
<th>#</th>
<th>Type of Entity</th>
<th>Legal Name</th>
<th>Federal Tax ID</th>
<th>% of Ownership</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Corporation</td>
<td>Paxton Drug Store</td>
<td>604864644</td>
<td>100</td>
<td>Remove</td>
</tr>
<tr>
<td>2</td>
<td>Board Member/Trustee</td>
<td>Samantha Jordan</td>
<td>549227364</td>
<td>0</td>
<td>Remove</td>
</tr>
<tr>
<td>3</td>
<td>Board Member/Trustee</td>
<td>Alex Pong</td>
<td>281228374</td>
<td>0</td>
<td>Remove</td>
</tr>
<tr>
<td>4</td>
<td>Board Member/Trustee</td>
<td>George Maple</td>
<td>25464138</td>
<td>0</td>
<td>Remove</td>
</tr>
<tr>
<td>5</td>
<td>Board Member/Trustee</td>
<td>Brinni Smith</td>
<td>425116842</td>
<td>0</td>
<td>Remove</td>
</tr>
<tr>
<td>6</td>
<td>Owner</td>
<td>Andy Paxton</td>
<td>225683148</td>
<td>25</td>
<td>Remove</td>
</tr>
<tr>
<td>7</td>
<td>Owner</td>
<td>Janice Paxton</td>
<td>254169481</td>
<td>49</td>
<td>Remove</td>
</tr>
<tr>
<td>8</td>
<td>Owner</td>
<td>Drug Stores Care</td>
<td>625479153</td>
<td>26</td>
<td>Remove</td>
</tr>
<tr>
<td>9</td>
<td>Owner</td>
<td>Robert Thomas</td>
<td>259741258</td>
<td>100</td>
<td>Remove</td>
</tr>
</tbody>
</table>

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

### 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.

### Ownership or Control Relationships

In the Related Corporations Owners, Agents or Managing Employees Information grid below, indicate if any person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.

Group and Individual Enrollment applications are required to use this grid to indicate the chain of ownership between the direct and indirect owners.

Is any person (individual or corporation) with an ownership or control interest in the disclosing entity related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or is any disclosed corporation an owner of any other disclosed corporation?

* Yes  No

### Related Corporations, Owners, Agents, or Managing Employees Information

<table>
<thead>
<tr>
<th>#</th>
<th>Corporation/Owner/Agent/Managing Employee Name</th>
<th>Relationship</th>
<th>Corporation/Owner/Agent/Managing Employee Name</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Andy Pastor</td>
<td>Is The Owner Of</td>
<td>Pastor Drug Store</td>
<td>Remove</td>
</tr>
<tr>
<td>2</td>
<td>Janice Pastor</td>
<td>Is The Owner Of</td>
<td>Pastor Drug Store</td>
<td>Remove</td>
</tr>
<tr>
<td>3</td>
<td>Andy Pastor</td>
<td>Is The Spouse Of</td>
<td>Janice Pastor</td>
<td>Remove</td>
</tr>
<tr>
<td>4</td>
<td>Drug Stores Care</td>
<td>Is The Owner Of</td>
<td>Pastor Drug Store</td>
<td>Remove</td>
</tr>
<tr>
<td>5</td>
<td>Robert Thomas</td>
<td>Is The Owner Of</td>
<td>Drug Stores Care</td>
<td>Remove</td>
</tr>
</tbody>
</table>

*Explanation if total ownership less than 100%*

There are two people who own 4% each.

Online Provider Enrollment User Manual, Chapter 2 Addendum
03/07/2019
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 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 (Corporation, Managing Employees and/or Agent, or Owners). Depending upon the selection that is made, the questions may vary.

The next three slides cover the questions that must be answered depending on the Type of Entity selected.
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.
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.
Ownership & Disclosure, continued

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

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

<table>
<thead>
<tr>
<th>#</th>
<th>Type of Entity</th>
<th>Legal Name</th>
<th>Federal Tax ID</th>
<th>% of Ownership</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Owner</td>
<td>First Last</td>
<td>1111111111</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Managing Employee</td>
<td>First Last</td>
<td>1233333333</td>
<td>N/A</td>
<td>Remove</td>
</tr>
</tbody>
</table>

**Explanation if total ownership less than 100%**

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.
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 ☐

Mortgage, deed of trust, note or other obligation information

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>SSN</th>
<th>Federal Tax ID</th>
<th>Action</th>
</tr>
</thead>
</table>

Click to add Individual and/or Corporation.

*Type of Entity*

Name
Last Name
First Name
Middle
Birth Date
SSN
Street
City
State
Zip+

% of Ownership

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?

- **Type of Entity:** Corporation
- **Name:**
- **Federal Tax ID:**
- **Street:**
- **City:**
- **State:**
- **Zip+4:**
- **% of Ownership:**

Add | Cancel
Ownership & Disclosure, continued

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 Managing Employee or Authorized Representative.

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

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

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?

* Yes  No

Conversion Information

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

Click to add Convictions.

- Name Used When Convicted
- Date Of Conviction
- Charges
- Disposition
- Conditions Of Parole Probation

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.
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

Are you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest 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

If 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

- #
- Explanation
- Voluntary Surrender Dates
- Action

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

Explanation

From

To

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.
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.
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.
Agreement, continued

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 if not linking to a group.

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@gainwelltechnologies.com
Thank You