



June 11, 2020

Announcement 2220

Attention All Providers: Top 10 Enrollment Return Reasons and Resolutions for May 2020 Submissions

The Division of Health Care Financing and Policy and the Nevada Medicaid Fiscal Agent have reviewed all Enrollment submissions for the month of May 2020 and have compiled a list of the top 10 reasons for which Enrollment documents have been returned to providers. The table below lists the top 10 reasons for the returns and instructions on how to resolve the returns.

Note: Several provider enrollment training resources are located on the [Provider Enrollment](#) webpage and on the [Provider Training](#) webpage under “Provider Enrollment and Revalidation Instruction Materials.”

Document Return Description	Resolution
Ownership information is not listed correctly or in its entirety	Users must review the Chapter 2 Addendum: Ownership & Relationships Example for more information regarding the information that must be listed on the application.
License information is being input into fields incorrectly	Information that is input into the documents must match the information from the physical license. Users must review the physical license and confirm the information that is populated matches the information on the physical license. User must verify that when inputting the updated Secretary of State information that the information populated in the License Number field must also match the information populated into the Nevada Business ID field, as well as input the correct License Effective and End Dates. A physical copy of the license must also be included.
Individual providers are listing tax information pertaining to a Group	When an Individual is enrolling with Nevada Medicaid and linking to a Group, Individuals cannot list a Group’s Federal Tax ID. Individuals should only list their own Social Security Number (SSN) and the Federal Tax ID field should be left blank.
Enrollment checklist is not being attached	Depending on the Provider Type being selected, the Enrollment Checklist may be required to be uploaded. Users should review the Enrollment Checklist to determine if the checklist is a required document. Example: The Provider Type 14, Specialty 305 checklist contains the following: “This checklist must be completed and submitted with the attachments listed below,” which indicates the checklist is required.

Document Return Description	Resolution
Documents that are required on the enrollment checklist are not being attached	Users should re-review their Enrollment Checklist to verify that all documents being requested are uploaded and attached to the application. Be sure to view the most current checklists at Enrollment Checklists .
Provider does not have the correct qualifications for the provider type and/or specialty code that they are enrolling for	Providers should re-review the Enrollment Checklists , the Billing Information webpage and their Medicaid Policy chapter to determine if the correct credentials are present. If their credentials are not associated with the current Provider Type being enrolled in, the user will want to review the other Provider Types and related information to determine the best Provider Type to be enrolled with.
Quality Assurance Policies for Behavioral Health Providers are insufficient	Providers must re-read their Medicaid Policy chapter to determine the guidelines for their Quality Assurance Policy.
Non-authorized users are attempting to sign documents on behalf of a provider	Only Owners or Authorized Users can sign off on documentation. Non-Authorized Users are unable to sign or make changes. Verify that the person listed in the Ownership & Disclosure section under the “Change Authorization Information” is correct.
Qualified Mental Health Associate (QMHA) and Qualified Behavioral Aid (QBA) does not provide adequate proof of completing 16-hour training program.	Qualified Mental Health Associate (QMHA) and Qualified Behavioral Aid (QBA) require 16-hour Core Competency and in-service training to be enrolled. The training must show 16 hours related to skills outlined in Chapter 400 Sections 403.6.A.1B and 403.6.A.1C of the Medicaid Services Manual . Proof of completing the training program must be signed by the Direct or Clinical Supervisor that provided the training.
Provider is attempting to enroll an already enrolled provider and the provider being enrolled is not up for revalidation.	A provider that is already enrolled with Nevada Medicaid cannot enroll under the same NPI and Provider Type twice. Verify on the Revalidation Report when the provider is due to revalidate their contract. If a provider needs to make changes to their profile, when in the Electronic Verification System (EVS) / Provider Web Portal, select Revalidate-Update and then select Update Provider.