

Introduction to Becoming a Nevada Medicaid Provider

NEVADA MEDICAID AND NEVADA CHECK UP

Updated April 2014

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Agenda

- Introduction to Nevada Medicaid and Nevada Check Up
- Division of Health Care Financing and Policy (DHCFP) – Navigation of Website
 - Medicaid Services Manual
 - Rates Unit
 - Public Notices
- HP Enterprise Services (HPES) – Navigation of Website
 - Provider Enrollment Documents
 - Billing Information
- Contact Information



About Nevada Medicaid and Nevada Check Up

The mission of the Nevada Division of Health Care Financing and Policy (DHCFP) is to:

- Purchase and provide quality health care services to low-income Nevadans in the most efficient manner;
- Promote equal access to health care at an affordable cost to the taxpayers of Nevada;
- Restrain the growth of health care costs; and
- Review Medicaid and other state health care programs to maximize potential federal revenue.



Division of Health Care Financing and Policy

Nevada adopted the Medicaid program in 1967 with the passage of state legislation placing the Medicaid program in the Division of Welfare and Supportive Services (DWSS).

The Nevada Division of Health Care Financing and Policy (DHCFP) administers two major federal health coverage programs (Nevada Medicaid and Nevada Check Up), which provide medically necessary health care to eligible Nevadans.

- Medicaid provides health care to low-income families, as well as aged, blind and disabled individuals. As of January 1, 2014, Nevada expanded the program to include low-income childless adults as part of the Affordable Care Act.
- Check Up provides health care coverage to low-income, uninsured children who are not eligible for Medicaid.



About Nevada Medicaid and Nevada Check Up

- Nevada Medicaid does not reimburse an individual; rather, payments are sent directly to the health care providers for services provided to Medicaid recipients.
- Nevada Check Up is a program designed for children who do not qualify for Medicaid, but whose incomes are at or below 200% of the Federal Poverty Level (FPL). Participants in the Nevada Check Up program are charged a quarterly premium, which is a per family premium based on family size and income.



Medicare vs. Nevada Medicaid

- Medicare
 - Not based on financial need
 - Coverage for Part A is automatic for persons aged 65 and older and for certain persons with disabilities who have insured status under Social Security or Railroad Retirement
- Nevada Medicaid
 - Eligibility is based on financial need in accordance with federal and state law
 - Payments are sent directly to the health care providers for services provided to Medicaid recipients



Overview of Nevada Medical Assistance Programs

- Family Medical and new Adult Coverage
- Nevada Check Up
- Emergency Medical Coverage
- Breast & Cervical Cancer Program
- Medicaid for the Aged, Blind, Disabled (MAABD)
- Medicare Beneficiaries
- For a complete list of all programs, go to the DHCFP website at: <http://dhcfp.nv.gov>



Medicaid Services – Mandatory

- Inpatient hospital services
- Clinic services/Lab/X-ray
- Outpatient hospital services
- Physician services/FQHC/rural health clinic
- Nursing Facility (NF) services for individuals aged 21 or older
- Home health services/DME
- Family planning services
- Medically necessary transportation
- Pregnancy related services
- EPSDT for children under age 21

Note: This is not an all-inclusive list.



Medicaid Services – Optional

Nevada Medicaid has chosen to offer the following optional services and receives federal funding to do so:

- Pharmacy
- Personal Care Services
- Nursing facility care for individuals age 20 and under
- Preventive and restorative care for individuals age 21 and older
- Home and community based waiver programs
- Hospice

Note: This is not an all-inclusive list.



Waiver Programs

Under a federally approved waiver, states may provide home and community-based care services to certain individuals who are eligible for Medicaid.

- Nevada's four Waiver Programs are:
 - Home and Community-Based Services (HCBS) offered to certain persons with mental retardation and related conditions throughout the state
 - HCBS offered to certain frail elderly persons throughout the state
 - HCBS offered to certain physically disabled persons throughout the state
 - HCBS offered to certain elderly in assisted living facilities throughout the state



Who Is Eligible for Nevada Medicaid?



Who is eligible for Nevada Medicaid?

- Low-income eligibility
 - Children
 - Pregnant women
 - Families with dependent children
 - Disabled adults
 - Persons age 65 or older
 - Childless adults (expanded January 2014)
- Other
 - Caregivers (kinship, foster care)
 - Katie Beckett



Who is eligible for Nevada Check Up?

- Must be 18 years of age or younger
- Eligibility based on:
 - Total gross income of household members
 - Citizenship/legal residency status
 - Health insurance status
- Persons who are eligible for Nevada Medicaid cannot be eligible for Nevada Check Up



Nevada Medicaid and Nevada Check Up Cards

- Nevada Medicaid and Nevada Check Up recipients are issued a plastic identification card upon approval for benefits



Learning Check

1. True or False: Nevada Medicaid and Medicare are basically the same programs
2. True or False: HPES determines eligibility for Nevada Medicaid
3. True or False: Eligibility requirements are the same for Nevada Medicaid and Nevada Check Up



Managed Care Organizations



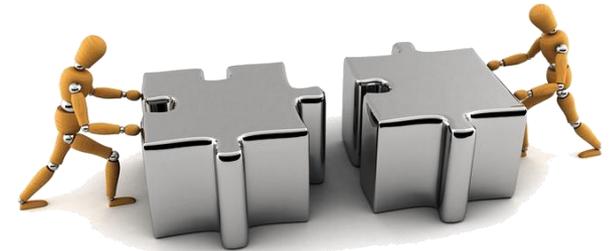
Managed Care Organizations (MCOs)

- The State of Nevada Managed Care Program requires the mandatory enrollment in an MCO of some recipients found eligible for Medicaid or Nevada Check Up.
- An MCO is responsible for reimbursing claims of eligible enrollees for services covered under the contract or for services the MCO has prior authorized for each month a capitated payment is made.



MCO enrollment

- Most urban Washoe and Clark county recipients
- In most cases, MCO enrollment begins the first of the month AFTER the date of assignment
- If the mother is in an MCO, the newborn is automatically enrolled in the same MCO as the mother
- Recipients have 30 days to choose an MCO before one is assigned to them
- There is open enrollment annually when managed care recipients can change MCOs



Contracted MCOs

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Get a flu shot. For more information click here.

Nevada - one state, endless opportunities. From multi-million-dollar resorts and desert landscapes to mountain vistas and quiet neighborhoods, Nevada has it all. New communities seem to spring up overnight as people from every state in the union relocate here to pursue the American dream.

As the state's oldest and most experienced health plan, we've provided Nevadans with quality health care since 1982. The reason for our success? We understand your unique goals and offer health plans to fit your individual lifestyle. After all, *good health takes a good plan.*

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Remember...



- If a recipient has an MCO plan and you are not contracted with that MCO, refer the recipient to the MCO and instruct them to ask for assistance in finding an in-network provider who is currently accepting new patients.

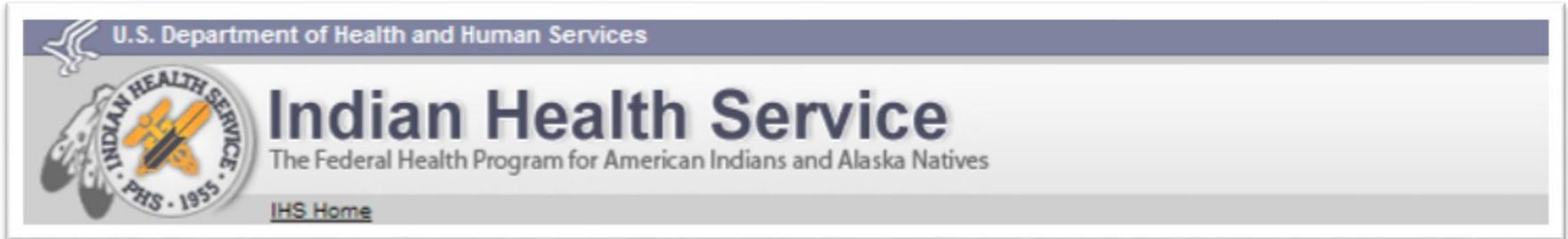
MCOs – The Provider's Responsibilities

- Follow MCO policy and procedure
- Submit claims to MCO
- Medicaid Services Manual (MSM) Chapter 3600
- Contract with MCO (terms determine payment)
- Contact DHCFP for MCO assistance for issues unresolved by MCO's grievance and appeals process



Medicaid is *usually* the payer of last resort.

The following programs are exceptions:



Learning Check

1. True or False: All Nevada Medicaid recipients are required to enroll with an MCO
2. What are the names of the two MCOs?



Division of Health Care Financing and Policy (DHCFP)



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

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HOME ABOUT PROGRAMS PROVIDER SUPPORT MEMBER SUPPORT PUBLIC INPUT RESOURCES CONTACT

THIS SITE IS UNDER CONSTRUCTION. WE APOLOGIZE FOR ANY INCONVENIENCE.

What's New

- > DHCFP Public Notices
- > NV 0152 Frail Elderly Renewal
- > HCBS New Rule Information
- > ICD-10 - IMPORTANT NOTE: New date for ICD-10 codes to go into effect is October 1, 2015
- > Ordering, Prescribing or Referring Providers (OPR)
- > Pharmacy Dispensing Fee Increase and Pricing Methodology Change

Name	Value	Status	Home
Temperature			
Blood pressure			
Weight			
Height			
BMI			
Eye			
Blood			
FEV1			

Electronic Health Record (EHR) Initiative
Electronic Health Record (EHR) Initiative

Quick Links

- 2-1-1
- Apply for Medicaid
- EHR INCENTIVE PROGRAM
- Find a Provider
- Managed Care Organizations
- Rates Fee Schedule

PROVIDERS | POLICY AND REGULATIONS | REPORT FRAUD | MEETINGS AND HEARINGS



Medicaid Services Manual (MSM)

- Before applying to become a Nevada Medicaid provider, check the specific chapter of the MSM for the provider type you will be enrolling to ensure you meet all the necessary criteria.
- <http://dhcftp.nv.gov/Resources/AdminSupport/Manuals/MSMDetail/>



MSM Chapters – DHCFP

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Division of Health Care Financing and Policy

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MEDICAID SERVICES MANUAL

The MSM is a compilation of regulations adopted under NRS 422.2368 and 422.2369. It sets guidelines and limitations regarding how the DHCFP operates and what services are covered. Changes to the MSM are approved at [public hearings](#).

The document works in concert with Billing Guidelines, which are procedural in nature and can be found on our fiscal agent's website, [Hewlett Packard Enterprise Services](#).

You can find reimbursement rates and fee schedules in our [Rates Unit](#).

Below you will find a searchable PDF of the entire MSM. It is also divided by chapters. When you click on a chapter you will see the current version at the top, followed by the chapter's history. They are arranged in the following format: YY/MM/DD.

- [Medicaid Services Manual - Complete](#)
 - [Medicaid Services Manual - Complete](#)
- [100 Medicaid Program](#)
 - [100 Medicaid Program](#)
- [200 Hospital Services](#)
 - [200 Hospital Services](#)
- [300 Radiology Services](#)
 - [300 Radiology Services](#)
- [400 Mental Health and Alcohol and Substance Abuse Services](#)
 - [400 Mental Health and Alcohol and Substance Abuse Services](#)
- [500 Nursing Facilities](#)
 - [500 Nursing Facilities](#)
- [600 Physician Services](#)

➤ As a provider, you should be familiar with your specific chapter, as well as Chapter 100 – Eligibility, Coverage and Limitations, Chapter 3100 – Hearings, and Chapter 3300 – Program Integrity.

Navigation to Rates Unit – DHCFP

- <http://dhcfp.nv.gov/Resources/Rates/RatesCostContainmentMain/>



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Division of Health Care Financing and Policy

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HOME ABOUT PROGRAMS PROVIDER SUPPORT MEMBER SUPPORT PUBLIC INPUT RESOURCES CONTACT

Provider Support

- Provider Support Information
- Electronic Health Record Incentive
- Rates & Cost Containment**
- Fair Hearings
- Provider Exclusions, Sanctions and Press Releases
- HPES (Provider Portal)
- Medicaid Provider Portal

RATES AND COST CONTAINMENT

The Rates and Cost Containment Unit provides expertise on medical rate setting and reimbursement policy. The primary functions of this unit include provider reimbursement rate setting, collection of Provider utilization and financial data, reporting on provider finances, and the management of supplemental payment programs. The Unit is divided into two teams:

- **The Rates Team** is responsible for provider rate setting. They provide expertise on federally allowable reimbursement methodologies and industry standards. They perform research into rate setting methodologies used in other states. They conduct reimbursement workshops with providers and draft State Plan amendments pertaining to rate methodologies.
- **The Cost Containment Team** manages supplemental payment programs and draft State Plan amendments related to the supplemental payment programs, coordinates the collection of provider data posted to the Nevada Compare Care Website and manages the collection of financial data from institutional providers. This includes collection of Medicare and Medicaid cost reports and the oversight of audit contractors.

- **Rates**
- Supplemental Payment Programs (Cost Containment)
- Nevada Compare Care

Last Edited: 8/20/2015



Rates Unit – DHCFP

- <http://dhcfp.nv.gov/Resources/Rates/RatesMain/>

The screenshot shows the website for the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy. The page is titled "RATES" and features a navigation menu with links for HOME, ABOUT, PROGRAMS, PROVIDER SUPPORT, MEMBER SUPPORT, PUBLIC INPUT, RESOURCES, and CONTACT. The main content area includes a "RATES" section with a play button icon. Below this, there is a "Rates Unit - Nevada Medicaid" section with a description of the unit's responsibilities and a "Contact" button with the email address rates@dhcfp.nv.gov. There are also buttons for "Reports" and "Rate Increases". A "Fee Schedules" section follows, with a description of the fee schedules and a "PDF Fee Schedules" link highlighted with a red box. Below this is a "Fee Schedule Search" section with a description of the new feature and a "Fee Schedule Search" link highlighted with a red box. At the bottom, there is a link for "Annual Physician Rate Reports (NRS 232.354)".

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

HOME ABOUT PROGRAMS PROVIDER SUPPORT MEMBER SUPPORT PUBLIC INPUT RESOURCES CONTACT

RATES

Rates Unit - Nevada Medicaid

The Rates Unit is responsible for: rate development; rate study/review; rate appeals; annual and quarterly updates; and nursing facility rates.

Nevada Medicaid administers the program with provisions of the Nevada Medicaid State Plan, Titles XI and XIX for the Social Security Act, all applicable Federal regulations and other official issuance of the Department. Methods and standards used to determine rates for inpatient and outpatient services are located in the State Plan under Attachments 4.19 A through E.

Fee Schedules

The fee schedules found here are updated on an annual basis, sometimes more frequently. Information regarding the annual new code update may be found on this website.

The information contained in these schedules is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein.

- [PDF Fee Schedules](#)

Fee Schedule Search

Nevada Medicaid has a new feature on the Medicaid.nv.gov website under the Provider "Home" page (EVS). The new feature will allow Providers to not only view fee schedules, but also the ability to verify member eligibility, search for claims, payment information and Remittance Advices. For modifier or anesthesia base units, see the appropriate links below. Please refer to the appropriate Medicaid policy to fully determine coverage as well as any coverage limitations. Medicaid policy takes precedence over any code and rate listed here for a particular provider type.

- [Fee Schedule Search](#)
- [Web Portal User Manual](#)
- [Anesthesiology Unit Values](#)
- [Nevada Medicaid Modifier Listing](#)

[Annual Physician Rate Reports \(NRS 232.354\)](#)

Contact
rates@dhcfp.nv.gov

Reports
Rate Increases

DHCFP Public Notices

- <http://dhcfp.nv.gov/Public/Home/>



The screenshot displays the website for the Nevada Department of Health and Human Services, specifically the Division of Health Care Financing and Policy. The page features a navigation menu with the following items: HOME, ABOUT, PROGRAMS, PROVIDER SUPPORT, MEMBER SUPPORT, PUBLIC INPUT (highlighted), RESOURCES, and CONTACT. The main content area is titled 'MEETINGS, WORKSHOPS, PUBLIC INPUT' and includes a sub-section for 'Public Input'. Under 'Public Input', there are links for 'Meetings / Public Notices', 'Meeting Archives', 'Public Hearings, MCAC Meeting & Tribal Consultation Schedules', and 'MEETINGS, WORKSHOPS, PUBLIC INPUT'. The 'MEETINGS, WORKSHOPS, PUBLIC INPUT' section is further divided into 'Meetings', 'Meeting Archives', and 'Meeting Schedules'. The 'Meetings' section lists 'DHC FP Public Notices'. The 'Meeting Archives' section lists 'Meeting Archives'. The 'Meeting Schedules' section lists 'Public Hearing Schedule 2015', 'MCAC Meeting Schedule 2015', 'MCAC Meeting Schedule 2015- 2016', and 'Tribal Consultation Schedule 2015'. The page also includes a search bar, a footer with contact information, and a copyright notice.

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Home Customer Service Feedback Form Phone, FAX, Hours & Location
Directory of State Agencies Home Divisions Programs
Public Notices

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Enrollment Documents and Billing Information





[Transition Info](#) [Site Map](#)

Preferred Drug List Announcements [[Review](#)]

Home **Providers** EVS Pharmacy Prior Authorization Quick Links Contact Us
Announcements/Newsletters Billing Information Electronic Claims/EDI E-Prescribing Forms NDC **Provider Enrollment** Provider Training

Latest News

- April, May and June 2014 Provider Training Reminder [[Web Announcement 714](#)]
- Product Recall from Abbott Diabetes Care: FreeStyle Flash® and FreeStyle® Blood Glucose Meters [[Pharmacy Announcement](#)]
- Attention Pharmacies: Claims adjudication process to validate ordering, prescribing and referring (OPR) practitioners [[Web Announcement 702](#)]
- Nevada Medicaid and Nevada Check Up News (Fourth Quarter 2013 Provider Newsletter) [[Read](#)]
- Provider Web Portal Quick Reference Guide (Updated April 16, 2012) [[Review](#)]

Web Announcements [View All](#)

WEB ANNOUNCEMENT 716

Attention Provider Types 20, 28, 32, 33 and 43 Regarding Claims with Modifiers

The following modifiers have been updated in the Medicaid Management Information System (MMIS): EA, EB, EC, ED, EE, FB, FC, GD, GR, J1, J2, J3, JA, JB, KG, KU, KV, KW, KY, M2, P2, P3, P4, P5, P6, Q0 and Q1.

Claims submitted by provider types 20, 28, 32, 33 and 43 with the modifiers listed above that incorrectly denied for edit code 0041 (invalid procedure modifier) have been reprocessed. The adjudication of the reprocessed claims appears on remittance advices dated March 28, 2014.

WEB ANNOUNCEMENT 715

Quantity Limit for Promethazine with Codeine Cough Syrup

Following the recommendation of the Nevada Medicaid Drug Utilization Review Board, effective May 8, 2014, Nevada Medicaid and Nevada Check Up will limit the amount of promethazine with codeine cough syrup to 120 ML per fill and no more than three (3) fills per year. For 30 days prior to the effective date, beginning April 8, 2014, the pharmacy will receive a claim response on the paid claim with a message for recipients who have claims exceeding the quantity limit. Beginning May 8, 2014, claims that exceed the quantity limit will deny.

WEB ANNOUNCEMENT 714

April, May and June 2014 Provider Training Reminder

The HP Enterprise Services (HPES) Provider Services Field Representatives will conduct several workshops for providers in the months of April, May and June.

- **Introduction to Becoming a Nevada Medicaid Provider** is offered for those interested in understanding what the Medicaid Program in Nevada entails and will focus on information, applications, public websites and general information. This course is for persons **not** already enrolled with Nevada Medicaid.
- **Foundations: Provider Program Basics** is designed for providers new to Nevada Medicaid and Nevada Check Up, and explains the tools available to easily find claim or payment status and



Provider Enrollment Documents

Provider Enrollment

New Requirements for Provider Re-enrollment

Beginning June 1, 2012, providers are required to re-enroll in Nevada Medicaid and Nevada Check Up once every 36 months. Providers who do not re-enroll within 60 days of the date on their notification will have their provider contract terminated. Please see [Web Announcement 510](#).



You will need Adobe® Reader to view any printable PDF document(s). Click the button to the left to download a free copy of Adobe® Reader.

Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. This page contains all of the information and forms you will need to become a Nevada Medicaid provider. If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday.

All enrollment documents including attachments require an *original* signature from the provider or an authorized representative (use dark blue or black ink).

Changes to Provider Information

Changes to any information presented on your enrollment documents must be reported to HP Enterprise Services within five business days.

- To report a change in business ownership, resubmit a completed Provider Enrollment Application.
- For all other changes, the [Provider Information Change Form \(FA-33\)](#) may be used.

Mailing Address

Mail completed enrollment forms and required documentation to HP Enterprise Services, Provider Enrollment Unit, P.O. Box 30042, Reno, NV 89520-3042

Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- [Enrollment Checklists](#): Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.

Initial Enrollment Documents

- [Provider Initial Enrollment Application Packet \(Individuals\) \(FA-31C\)](#): Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up individual provider. This packet contains instructions, application and contract.
- [Provider Initial Enrollment Application Packet \(Groups\) \(FA-31D\)](#): Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up group/facility provider. This packet contains instructions, application and contract.



Enrollment Procedure

- Review the Provider Enrollment Information Booklet
- Choose your provider type and primary specialty (if applicable) from the Provider Enrollment Information Booklet
- Review the Enrollment Checklist for your provider type
 - ❖ *Some providers are required to send their checklist with their application*
- Complete the appropriate Provider Enrollment Application Packet and attach all required documents
- Complete applicable Recommended Enrollment Documents
- Mail or email the completed Provider Enrollment Packet to HPES



Provider Enrollment Instructions



Nevada Medicaid and Nevada Check Up

Provider Enrollment Information Booklet

Welcome!

Thank you for your interest in the Nevada Medicaid and Nevada Check Up program (hereafter referred to as "Nevada Medicaid"). To bill for services rendered to Nevada Medicaid recipients (hereafter referred to as "recipients"), you must enroll with HP Enterprise Services (HPES) as a Nevada Medicaid provider.

If you have any questions about enrollment, please call HPES at (877) 638-3472. When calling, select the prompts for "Nevada Medicaid Provider," then 0 for all other calls, and then 5 for "Provider Enrollment."

Website

Enrollment forms are at <http://www.medicaid.nv.gov> (select "Provider Enrollment" from the "Providers" menu).

The Provider Enrollment webpage contains *required* and *recommended* enrollment documents.

Required Documents

The following documents are required for your enrollment in the Nevada Medicaid program:

- Provider Initial Enrollment Application (FA-31C for Individuals or FA-31D for Groups/Facilities) and the Provider Contract, which is attached to the Provider Initial Enrollment Packets
- A copy of all documentation listed on the Enrollment Checklist for your provider type

The following documents are required for your re-enrollment in the Nevada Medicaid program:

- Provider Re-Enrollment Application (FA-31A for Individuals or FA-31B for Groups/Facilities) and the Provider Contract, which is attached to the Provider Re-Enrollment Packets
- A copy of all documentation listed on the Enrollment Checklist for your provider type

Recommended Documents

The following documents are recommended enrollment documents. You may submit them when you enroll or you can submit them separately, later.

- EDI Enrollment Forms (FA-35, FA-36, FA-37 and FA-39) – To submit electronic claims, you must enroll in our EDI Program. EDI enrollment instructions are online at <http://www.medicaid.nv.gov> (select "Electronic Claims/EDI" from the "Providers" menu.) **If you have any questions**, please call our EDI Department at (877) 638-3472. When calling, select the prompts for "Nevada Medicaid Provider," then 0 for all other calls, and then 3 for "Electronic Billing."

Out of State Providers

Urgent/Emergency Services

Providers enrolled with Medicaid in their home state: Nevada Medicaid enrollment is not required. Prior authorization is not required. To receive payment for urgent/emergency services rendered to recipients outside of Nevada borders, submit a signed claim with:

- A copy of your W-9 form
- Proof of Medicaid enrollment in your home state
- Provider's National Provider Identifier (NPI)

➤ Review the Provider Enrollment Information Booklet prior to filling in the Provider Enrollment Application. This document contains important information such as, but not limited to, provider types and specialties.



Provider Enrollment Checklists



Notification

Enhancements were implemented in the online prior authorization and electronic verification systems on February 20, 2012. For more information, see [Web Announcement 451](#).

Provider Enrollment Checklists

 You will need Adobe® Reader to view any printable PDF document(s).
 Click the button to the left to download a free copy of Adobe® Reader.

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.

Provider Type	Title
10	Outpatient Surgery, Hospital Based
11	Hospital, Inpatient
12	Hospital, Outpatient
13	Psychiatric Hospital, Inpatient
14	Behavioral Health Outpatient Treatment
16	Intermediate Care Facilities for Mentally Retarded / Public
17	Special Clinics
19	Nursing Facility
20	Physician, M.D., Osteopath
21	Podiatrist
22	Dentist
23	Hearing Aid Dispenser & Related Supplies
24	Certified R.N. Practitioner
25	Optometrist
26	Psychologist
27	Radiology & Noninvasive Diagnostic Centers
28	Pharmacy
29	Home Health Agency
30	Personal Care Services - Provider Agency
32	Ambulance, Air or Ground
33	Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)
34	Therapy
36	Chiropractor
37	Intravenous Therapy
38	Home & Community Based Waiver - Mental Retardation Services
39	Adult Day Health Center
41	Optician, Optical Business, Ocularist
42	Outpatient Psychiatric Hosp., Private, and Community Health Center
43	Laboratory, Pathology Clinical



Provider Enrollment Checklist – Sample



Provider Enrollment Checklist for Provider Type 20

Physician, M.D., Osteopath

The following is a list of required enrollment documents for this provider type. Include with your Provider Enrollment Packet a copy of each document listed below.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- Documentation showing tax payer identification number (SS-4 or CP575 or W-9)
- State Board medical license
- Clinical Laboratories Improvement Act (CLIA) certificate, if applicable
- Bureau of Health Care Quality and Compliance (BHCQC) license (if applicable)

You do not need to mail this checklist with your enrollment documents.



Provider Enrollment Application – FA-31 C or FA-31 D

HP Enterprise Services

Provider Initial Enrollment Application (Individuals)

This Provider Enrollment Application is to be used by individual providers. All questions must be completed. Attach additional sheets if necessary to answer each question completely and each additional sheet must display the relevant question number from the Application. Changes to enrollment information presented herein (except changes in business ownership) must be updated via form FA-33 within five business days of the change. Business ownership changes must be reported within five business days by resubmitting a complete, new set of enrollment documents and a copy of the purchase agreement.

Enrollment Type (check one): Initial Electronic Health Records (EHR)
 Ownership change (attach a copy of the purchase agreement)

Section 1: General Information

1. Provider name: _____
2. Provider date of birth: _____
3. Social Security Number: _____
4. Enrollment effective date: _____
5. To become affiliated or remain with an existing Medicaid Provider Group, enter the Group's NPI and the date to begin the affiliation. Otherwise, leave this field blank. **This is required for provider types 14 and 82.**
Group NPI: _____ Affiliation begin date: _____
6. Enter the 2-digit number for the provider type you are enrolling: _____
See the Provider Enrollment Information Booklet for the list of provider types and corresponding 2-digit numbers.
7. Name your board certified specialties that pertain to the provider type you are enrolling. This is required for provider types 14, 17, 19, 20, 34, 38, 48, 57, 58 and 82. It is recommended for provider types 22, 26, 54 and 76 when applicable. All other provider types may leave this question blank. **For provider types 14, 17 and 82 only, enter one specialty code per Application. A Provider Enrollment Packet must be submitted for each specialty being enrolled. See the Provider Enrollment Information Booklet for the list of specialty codes.**
Primary Specialty: _____ Specialty Code: _____ Board Name: _____
8. Enter the following information for the licenses that pertain to the provider type you are enrolling.
License Number: _____
Name of Issuing Licensing Board, State or Entity: _____
9. Are you enrolled in Medicare? Yes No
10. Enter your Drug Enforcement Agency (DEA) number (if applicable): _____
11. Enter your CLIA certification number (if applicable): _____
12. Enter your NCPDP/NABP number (provider types 28 & 37 only): _____
13. Applicant's National Provider Identifier (NPI) as issued by NPPES: _____
14. List your taxonomy code (a list of taxonomy codes is online at www.wpc-edi.com): _____
15. Do you have hospital privileges? Yes No If yes, where: _____

Section 2: Tax and Business Information

16. Check the box that most closely describes the entity you are enrolling:
- | | | |
|----------------------------------------------|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Individual Provider | <input type="checkbox"/> Hospital-Based Physician | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation |

➤ Complete all fields of the application that apply to you. If the question does not apply, enter N/A on that line.

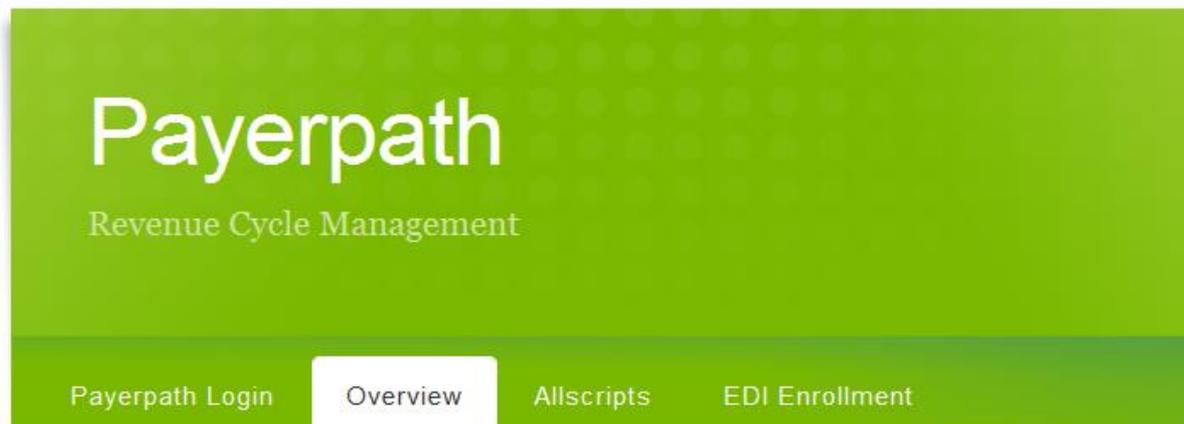
➤ Enrolling with the Medicaid Fee For Service program does not automatically enroll your provider with the MCOs. Contact the MCO directly for assistance with their enrollment process.



Recommended Enrollment Documents

Enrolled providers may submit electronic Nevada Medicaid and Nevada Check Up claims free of charge through Allscripts Payerpath.

Simply complete the **Service Center Authorization** form **(FA-37)** and the **Payerpath Enrollment** form **(FA-39)** located on the Provider Enrollment webpage and mail in with your completed Provider Enrollment Application.



Submission Process

- Mail completed enrollment application to:
HP Enterprise Services
Provider Enrollment Unit
PO Box 30042
Reno, NV 89520-3042

Or email to: nv.providerapps@hp.com

- Once received, the enrollment application will be logged internally and reviewed.
- If approved, you will receive a letter stating that you have been enrolled with a copy of your provider contract.
- If documentation is missing or errors are found, your enrollment packet may be returned to you with a letter indicating necessary corrections.



Billing Information



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



[Transition Info](#) [Site Map](#)

Home **Providers** EVS Pharmacy Prior Authorization Quick Links Contact Us

Announcements/Newsletters **Billing Information** Electronic Claims/EDI E-Prescribing Forms NDC Provider Enrollment Provider Training

Billing Information

FAQs: National Correct Coding Initiative (NCCI) Claim Review Edits [[Review Now](#)]

Clinical Claim Editor FAQs Updated December 5, 2011 [[Review Now](#)]

 You will need Adobe® Reader to view any printable PDF document(s). Click the button to the left to download a free copy of Adobe® Reader.

Paper Claim Form Instructions

The following instructions are for paper claims. For electronic claim requirements, technical professionals can refer to Companion Guides for transactions [837D](#), [837I](#) and [837P](#).

Title	Last Update
ADA (Version 2012) Claim Form Instructions	02/11/14
ADA (Version 2006) Claim Form Instructions	12/05/11
CMS-1500 (02-12) Claim Form Instructions	02/10/14
CMS-1500 (08/05) Claim Form Instructions	05/14/13
UB Claim Form Instructions	05/14/13

Billing Manual
For Archives [Click here](#)

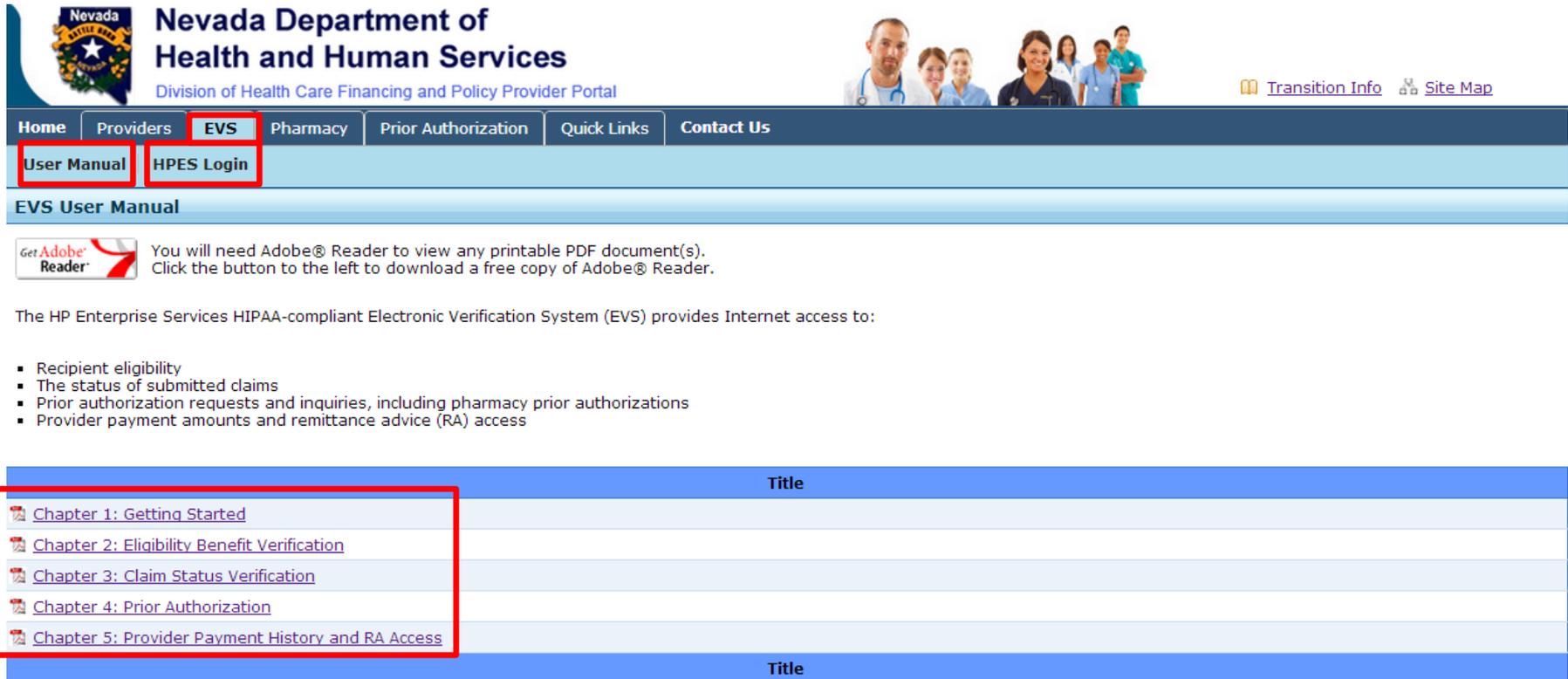
Title	Filesize	Last Update
Billing Manual	977 KB	12/05/11

Billing Guidelines (by Provider Type)
For Archives [Click here](#)

Provider Type	Title	Last Update
10	Outpatient Surgery, Hospital Based	02/01/12
11	Hospital, Inpatient	11/08/13
12	Hospital, Outpatient	07/11/12
13	Psychiatric Hospital, Inpatient	02/01/12
14	Behavioral Health Outpatient Treatment	07/09/13



Electronic Verification System (EVS)



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the Nevada state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A navigation menu contains links for Home, Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Contact Us. Below the menu, there are links for "User Manual" and "HPES Login". The main content area is titled "EVS User Manual" and features a "Get Adobe Reader" button with the text: "You will need Adobe® Reader to view any printable PDF document(s). Click the button to the left to download a free copy of Adobe® Reader." Below this, a paragraph states: "The HP Enterprise Services HIPAA-compliant Electronic Verification System (EVS) provides Internet access to:" followed by a bulleted list of services: Recipient eligibility, The status of submitted claims, Prior authorization requests and inquiries, including pharmacy prior authorizations, and Provider payment amounts and remittance advice (RA) access. At the bottom, a table with a blue header and footer labeled "Title" lists five chapters, each with a PDF icon and a link: Chapter 1: Getting Started, Chapter 2: Eligibility Benefit Verification, Chapter 3: Claim Status Verification, Chapter 4: Prior Authorization, and Chapter 5: Provider Payment History and RA Access. A red box highlights the first three chapters in the table.

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

[Home](#) [Providers](#) [EVS](#) [Pharmacy](#) [Prior Authorization](#) [Quick Links](#) [Contact Us](#)

[User Manual](#) [HPES Login](#)

EVS User Manual

 You will need Adobe® Reader to view any printable PDF document(s). Click the button to the left to download a free copy of Adobe® Reader.

The HP Enterprise Services HIPAA-compliant Electronic Verification System (EVS) provides Internet access to:

- Recipient eligibility
- The status of submitted claims
- Prior authorization requests and inquiries, including pharmacy prior authorizations
- Provider payment amounts and remittance advice (RA) access

Title
 Chapter 1: Getting Started
 Chapter 2: Eligibility Benefit Verification
 Chapter 3: Claim Status Verification
 Chapter 4: Prior Authorization
 Chapter 5: Provider Payment History and RA Access

Title

Provider Web Portal – EVS



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



[Contact Us](#) | [Login](#)

Home

Provider Login ?

***User ID**

[Log In](#)

[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.



[Website Requirements](#)

New! Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes, descriptions and data are copyrighted by the American Medical Association (AMA) and the American Dental Association (ADA), respectively, all rights reserved. AMA and ADA assume no liability for data contained or not contained on this website and on documents posted herein.

Contact Information



DHCFP Contact Information

DHCFP

Carson City Administration Office
1100 East William St.
Suite 101
Carson City, NV 89701
Main Number: (775) 684-3676



Contact Information

Nevada Medicaid Central Office
1100 East William St., Suite 101
Carson City, NV 89701
Recipients: (775) 684-3600
Providers: (775) 684-3700
Las Vegas area: (702) 668-4200
dhcfp.nv.gov

Nevada Check Up Central Office
1100 East William St., Suite 200
Carson City, NV 89701
(775) 684-3777
Toll free number: (877) 543-7669
www.nevadacheckup.nv.gov



HPES Contact Information

HPES

Customer Service Center

Claim inquiries and general information

P.O. Box 30042

Reno, NV 89520-3042

Phone: (877) 638-3472 (select option 2, then select option 0, then select option 2 for "Claim Status")

www.medicaid.nv.gov

Nevada Provider Training

P.O. Box 30042

Reno NV 89520-3042

Email: NevadaProviderTraining@hp.com



Automated Response System (ARS)

The ARS provides automated phone access to recipient eligibility, provider payments, claim status, prior authorization status, service limits and prescriber IDs.

- (800) 942-6511



Questions?



Thank you for attending!
Please complete the course evaluation.

