



Nevada Medicaid and Nevada Check Up Re-Enrollment

Frequently Asked Questions *(updated April 11, 2012)*

Introduction

As directed by the Nevada Division of Health Care Financing and Policy (DHCFP), HP Enterprise Services (HPES) will perform provider re-enrollment for Nevada Medicaid and Nevada Check Up providers on a recurring basis to ensure that every provider is re-enrolled at least every 36 months. The frequency of re-enrollment is based upon requirements of the Patient Protection and Affordable Care Act (PPACA), also known as the Health Care Reform Act or H.R. 3590, and as a result of federal audits that mandate certain health care professionals re-enroll with state Medicaid programs.

The re-enrollment process will be performed in phases starting June 1, 2012, so that not all providers have to re-enroll at the same time. A re-enrollment notification letter will be sent to selected providers 60 days prior to the provider's enrollment end date. The letter will include the Provider Web Portal link directing them to the [Provider Enrollment Application and Contract](#) and instructions to complete the required verifications per the [Enrollment Checklist](#) for specific provider types. The re-enrollment packet must be submitted within the requested timeframes or the provider's contract will be terminated. Note: Information in the provider's re-enrollment packet will supersede any current information on file in the Medicaid Management Information System (MMIS).

Q: Who is going to be re-enrolled first?

A: Providers who have been enrolled the longest length of time will be notified and re-enrolled first. For example, providers who have recently completed re-enrollment activities, such as Durable Medical Equipment (DME) and Behavioral Health, will be notified to re-enroll toward the end of the 36-month period that starts June 1, 2012.

Q. How often will the re-enrollment notification letters be sent?

A. A new group of notification letters will be sent on the first of every month to providers, who will then have 60 days to submit a new Provider Enrollment Application and Contract.

NEW

Q. Can I submit my re-enrollment prior to receiving notification?

A. No. Please wait until you receive your notification. Once you receive your notification, submit your re-enrollment packet within 60 days.

Q. Will I be automatically enrolled once I submit an application?

A. No. The HPES provider enrollment unit will complete verification of enrollment requirements and providers will be notified upon completion of re-enrollment. Submission of a re-enrollment application does not guarantee the provider's current enrollment will continue. If it is found that providers/groups do not meet criteria for their provider type and/or specialty, their enrollment will be denied and their contract will be terminated.

NEW

Q. What happens if I am a provider working for more than one group?

A. Every provider must re-enroll and submit one application for each provider type, whether they are a group or an individual.

**Nevada Medicaid and Nevada Check Up Re-Enrollment****Q. Do I need to do a background check with this process?**

A. Please review the Provider Enrollment Checklist for your provider type. The checklist will indicate if you are required to obtain a background check.

NEW**Q. What do I include with my re-enrollment packet?**

A. The Provider Enrollment Checklist for your provider type lists the documents that must be sent with your re-enrollment packet.

Q. Once I submit my re-enrollment packet, how long until HPES processes it?

A. Processing time is dependent upon requirements for each provider type and volume of applications received each day.

Q. Do I need a new NPI? What do I do if I have an API?

A. You do not need a new NPI. If your provider type is 38, 48, 57 or 58 (waiver providers), use your API to re-enroll. If your provider type uses an API and it is not on this list, call (877) 638-3472 (select option 2 and then option 6 for provider enrollment) to discuss your specific question.

Q. How does this re-enrollment affect existing prior authorizations (PAs)?

A. PAs are not impacted unless you do not re-enroll and your enrollment is terminated as a result.

NEW**Q. Will this re-enrollment affect my Electronic Data Interchange (EDI) registration to submit claims electronically?**

A. EDI registration is not impacted unless you do not re-enroll and your enrollment is terminated as a result.

Q. Where do I get the re-enrollment materials?

A. Re-enrollment materials are online at www.medicaid.nv.gov. Select "Provider Enrollment" from the "Providers" tab. The Provider Enrollment Application and Contract and the Enrollment Checklists can be reviewed and downloaded from this site. Use the Provider Enrollment Application and Contract and the Enrollment Checklists that are online at the time you re-enroll. Re-enrollment materials cannot be submitted online, because original signatures are required.

Q. Who do I call with questions?

A. Please call the HPES Provider Enrollment Unit at (877) 638-3472 (select option 2 and then option 6 for provider enrollment) to discuss your specific questions.