



May 13, 2021

Announcement 2501

Attention All Providers: Top 10 Enrollment Return Reasons and Resolutions for First Quarter 2021 Submissions

The Division of Health Care Financing and Policy and the Nevada Medicaid Fiscal Agent have reviewed all provider enrollment submissions for the first quarter of 2021 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.

Document Return Description	Resolution
<p>Provider did not list ownership information correctly or in its entirety.</p>	<p>The user (the provider or their delegate completing the enrollment request) must review the Online Provider Enrollment (OPE) User Manual Chapter 2 Addendum: Ownership & Relationships Example for details regarding the information that must be listed on the application.</p> <p>If a parent company is listed, Nevada Medicaid will require a breakdown of the parent company's ownership structure showing a 5% or more ownership or controlling interest.</p> <p>If no one individual owns more than 5% or more interest in the parent company, a letter of explanation must be included with the application.</p>
<p>Out-of-State or Out-of-Catchment provider did not provide a State Medicaid letter that authorizes their enrollment in their home state's Medicaid program.</p>	<p>If a provider is attempting to temporarily enroll with Nevada Medicaid, they must provide Nevada Medicaid with a letter from their home state indicating that they are enrolled in their home state's Medicaid program.</p> <p>This document must also cover the effective dates that the provider is requesting to be enrolled in Nevada Medicaid.</p> <p>For more information, please review the Provider Enrollment Information Booklet and the section titled: Out-of-State Providers.</p>
<p>Individual provider reported a group's Electronic Funds Transfer (EFT) bank information.</p>	<p>If the individual is linking to a group, the EFT is optional and does not need to be reported; do not report the group's EFT information. If an individual provider is enrolling and operating independently with Nevada Medicaid, the individual must provide Nevada Medicaid with their banking information.</p>
<p>Provider did not attach the Enrollment Checklist and/or required documents.</p>	<p>Depending on the provider type being selected, the Enrollment Checklist may be required to be uploaded.</p>

Document Return Description	Resolution
	<p>The user should review the Enrollment Checklist to determine if the checklist is a required document.</p> <p>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.</p>
<p>Proof of Electronic Funds Transfer (EFT) form is not attached to the application.</p>	<p>Proof of EFT needs to be attached to the application with an initial enrollment or when EFT is being changed.</p> <p>The proof of EFT can either be a Bank Letter or a Voided Check validating all the required banking information.</p> <p>The EFT authorization form must be attached and signed by an authorized individual.</p>
<p>Provider did not submit proof of appropriate credentials for the provider type and/or specialty code for which they are attempting to enroll.</p>	<p>The provider should re-review the Enrollment Checklists, the Billing Information webpage and their Medicaid Policy chapter to determine if they have the appropriate credentials to support the enrollment request.</p> <p>If their credentials are not associated with the current provider type being requested, the user will want to review the other provider types and related information to determine the best provider type with which to enroll.</p>
<p>Behavioral Health Provider Types 14 (Behavioral Health Outpatient Treatment) and 82 (Behavioral Health Rehabilitative Treatment) fail to submit updated checklist with a notary stamp and dated within the last 30 days.</p>	<p>The checklists for PTs 14 and 82 must be included and have a notary stamp and signature that is dated within the last 30 days of the requested enrollment.</p> <p>If the notary is outside of 30 days, the provider must complete a new checklist with a recent notary.</p> <p>See Web Announcement 2223 for further details.</p>
<p>Non-authorized users attempted to sign documents on behalf of a provider.</p>	<p>Only owners or authorized users can sign off on documentation on behalf of a provider.</p> <p>Documentation signed/submitted by persons other than an owner or authorized user will not be accepted.</p> <p>The provider must verify that the person listed in the Ownership & Disclosure section under the “Change Authorization Information” is correct.</p>
<p>The individual provider completed the ownership section of the application.</p>	<p>Individual providers enrolling with Nevada Medicaid do not report ownership. See the OPE User Manual Chapter 2: Initial Enrollment Application for more information.</p>
<p>Individual provider not linking to a group attempted to enroll with business information that is not their own or belongs to a group.</p>	<p>Individuals linking to a group should not enter the group’s business name or business license.</p> <p>Individual providers enrolling and not linking to a group are required to submit their individual Secretary of State information when registered as a sole proprietor.</p> <p>Individuals not linking to a group nor operating as a sole proprietor will provide their personal information only. See the OPE User Manual Chapter 2: Initial Enrollment Application for more information.</p>