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Announcement 2411

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

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

Document Return Description	Resolution
Provider did not list ownership information correctly or in its entirety.	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.
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.	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. This document must also cover the effective dates that the provider is requesting to be enrolled in Nevada Medicaid. For more information, please review the Provider Enrollment Information Booklet and the section titled: Out-of-State Providers.
Individual provider reported a group’s Electronic Funds Transfer (EFT) bank information.	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.
Provider did not attach the Enrollment Checklist and/or required documents.	Depending on the provider type being selected, the Enrollment Checklist may be required to be uploaded. The user 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
<p>Provider attempted to submit a change or update information; however, the provider's contract was terminated for failure to revalidate.</p>	<p>If a provider's contract terminates due to the failure of the provider to revalidate in a timely manner, the provider must complete and submit their revalidation via the Electronic Verification System (EVS) or submit a new application via the Online Provider Enrollment (OPE) tool.</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>The Quality Assurance Policies for Behavioral Health for this provider are insufficient.</p>	<p>The provider must read and understand their Medicaid Policy chapter to determine the guidelines for their Quality Assurance Policy.</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>