



Provider Enrollment Checklist for Provider Type 20 Specialty 699

Physician, M.D., Osteopath, D.O.: Children's Cancer and Rare Diseases Clinic

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your provider enrollment or revalidation. All rendering providers including but not limited to Physicians, Physician Assistants (PA), and Advance Practice Registered Nurses (APRNs), will link under this provider type and specialty.

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.

Facility/ Group

- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Nevada Secretary of State Business License
- Clinical Laboratories Improvement Act (CLIA) certificate, if applicable
- Active board-issued license as a Physician (M.D., D.O.) for the individual serving as Medical Director

To meet the enrollment criteria for this group, 85% of the clinic's population must be children under the age of 21, diagnosed and/or treated with cancer, hemophilia, or another known rare disease. The State of Nevada reserves the right to request verification from the provider of this threshold. If the clinic no longer meets the population requirement, providers must report to the medical benefits coverage unit (medicalprograms@dncfp.nv.gov). If a clinic no longer meets the population for this specialty, then the clinic's enrollment under this specialty can be revoked.

Medical Director Attestation

I attest that 85% of this clinic's population are children under the age of 21, diagnosed and/or treated with cancer, hemophilia, or another known rare disease. I understand that the State of Nevada reserves the right to request verification from the provider of this threshold. I agree that this clinic will report ineligibility to Nevada Medicaid if eligibility requirements stated in this document are no longer met. I have read, understood, and agree to comply with all parts of this Provider Enrollment Checklist.

Medical Director Name: _____

Medical Director Signature: _____ Date: _____

Out-of-State and Out-of-Catchment Urgent/Emergent Enrollment

Full Nevada Medicaid enrollment is not required for out-of-state, out-of-catchment providers that render urgent/emergent services to recipients outside of Nevada borders.

If you are enrolling to be reimbursed for urgent/emergent services provided to a Nevada Medicaid recipient, please complete an Urgent/Emergent enrollment.

The following documentation will need to be submitted along with the urgent/emergent enrollment:



Provider Enrollment Checklist for Provider Type 20 Specialty 699

Physician, M.D., Osteopath, D.O.: Children’s Cancer and Rare Diseases Clinic

- Proof of Medicaid Enrollment in Home State

The proof must show the rendering provider's name and National Provider Identifier (NPI) and your State's Medicaid name and be dated within 5 years from the date of service.

- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Voided Check or Bank Letter to Confirm Electronic Funds Transfer (EFT) Information
- Letter of intent including information on recipient such as name, Nevada Medicaid ID number, dates of service, CPT/HCPCS/revenue codes, etc.

If you are seeking full enrollment with Nevada Medicaid to provide non-emergency services for Nevada Medicaid recipients living outside of Nevada, you must meet the requirements listed under Facility/Group and/or individual and complete the following Enrollment Questionnaire to be included with your enrollment packet.

**Enrollment Questionnaire
for Out-of-State Physician, M.D., Osteopath, D.O. Providers**

What is your primary reason for requesting full enrollment with Nevada Medicaid? Check all that apply:

- Nevada Medicaid has placed a recipient in an out-of-state facility (e.g., nursing home or residential treatment center)
- Recipient is eligible for both Medicare and Medicaid
- Recipient is a child in an out-of-state placement where Nevada pays for adoption assistance or foster care
- Number of Nevada Medicaid claims in the past two years: _____

List the specific services you can provide to Nevada Medicaid beneficiaries:

Do you offer Telehealth for beneficiaries? Yes No

If so, what services: _____

Resources:

The [Provider Enrollment](#) webpage provides instruction materials that will assist providers with enrolling in Nevada Medicaid.

Both facility/group and out-of-state and out-of-catchment urgent/emergent enrollments must submit this checklist with enrollment or revalidation to provide the necessary attestation signature.