

Provider Enrollment Checklist for Provider Type 74

Nurse Midwife

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.

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/Gro	oup
□ D	ocumentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
□ N	evada Secretary of State Business License
Individual	
	ocumentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9) if using a Tax ID issued eparately from the Social Security Number
· · · · · · · · · · · · · · · · · · ·	tate Board of Nursing License for Advanced Practice Registered Nurse (APRN) authorizing the practice in a role s Nurse Midwife
Out-of-Stat	te and Out-of-Catchment Urgent/Emergent Enrollment
	Medicaid enrollment is not required for out-of-state, out-of-catchment providers that render ergent services to recipients outside of Nevada borders.
-	nrolling to be reimbursed for urgent/emergent services provided to a Nevada Medicaid recipient, please n Urgent/Emergent enrollment.
The followi	ng documentation will need to be submitted along with the urgent/emergent enrollment.
Pro	oof of Medicaid Enrollment in Home State
	e proof must show the rendering provider's name and National Provider Identifier (NPI) and your State's edicaid name and be dated within 5 years from the date of service.
☐ Do	ocumentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
☐ Vo	oided Check or Bank Letter to Confirm Electronic Funds Transfer (EFT) Information
	tter of intent including information on recipient such as name, Nevada Medicaid ID number, dates of service, T/HCPCS/revenue codes, etc.
Resources:	
	ovider Enrollment webpage provides instruction materials that will assist providers with enrolling in Nevada

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You do not need to submit this checklist with your enrollment or revalidation.