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1. Getting Started

Thank you for your interest in becoming a Nevada Medicaid and Nevada Check Up provider. The Nevada Medicaid and Nevada Check Up Provider Flex tool allows providers and their delegates to submit all required provider enrollment information using an online application. Provider Flex allows users to create an account to submit and track enrollment applications.

1.1. System Requirements

To access Provider Flex, users must have internet access and a computer. It is recommended to use a current version of one of the following web browsers: Mozilla Firefox, Google Chrome, Edge, or Safari.

Accessing the Provider Flex Enrollment Tool

To access:

- 1. On the Nevada Medicaid and Nevada Check Up home page, <u>www.medicaid.nv.gov</u>, hover over the "Providers" tab.
- 2. Select the "Provider Enrollment" link. The Provider Enrollment page is displayed.



3. If enrolling as one of the provider types live in Provider Flex, click the left box for Provider Flex Enrollment resources.



4. Click the link at the top,

<u>https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx</u>, to access Provider Flex.



The Provider Flex sign in page opens as shown below. Users will Create an Account or Sign in with an existing User ID and password.



1.2. Registration/Login

Sign In

Existing Provider Web Portal (PWP) Users:

Existing PWP User ID and passwords can be used to sign into the Provider Flex Portal.

- 1. Enter the existing User ID and password.
- 2. Select "Sign In".



Create an Account

New Users:

If the user does not have an existing User ID, select "Create an Account" to register for Provider Flex Portal.

Sign in	below
User ID ()	
	Forgot User ID
Password (1)	
\odot	
	Forgot Password
	Sign In
	Create an Account

1. Enter provider information in the fields flagged with a red asterisk (*) and select "Continue".

Nevada Department of Healt Division of Health Care Financing	th and Human Services g and Policy	FAQs Contact Us
4	Back to Sign-in Page	
	2 3	
	Let's set up your account	
	Please provide the following information to get started!	
	First Name Last Name	
	Birth Date Phone Number	
	□ (_)	N
	Email Address Confirm Email	13
	Last 4 of DLN	
	—	
	Continue	
		Provider Flex Enrollment Portal Powered by Gainwell
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2. Create a User ID and Password.

Nevada Department of Health and Hu Division of Health Care Financing and Policy	man Services	FAQs	Contact Us
Wision of Health Care Financing and Policy	Back	FAQs	Contact.Us
	Collinio Provide O225 Gainwell Technologies Company. All rights reserved. Nevada Online Privacy Policy	Flex Enrolli Powered	ment Portal d by Gainwell

Check User ID availability.

• If available, you will see a window appear stating the User ID is available.

User ID Iunalovegood934	Check Availability		
The user ID	you selected is available.		
Password	* Confirm Password		
٢			
		Continue	
			Provider Flex Enrollment Port Powered by Gains
	© 2025 Gainwell Technologies Company. All rights reserved. Nevada Online Privacy Policy		

Create Password, Confirm Password and select "Continue".

The password must be 8 to 20 characters in length, cannot be the same as your User ID or contain the user's first or last name, and must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter and non-alphanumeric characters: : ~!@#\$%^&*_-+=`|\(){}[]:;"'<>,.?/.

3. Read the User Agreement and check the box to agree (1) with the terms and conditions shown and select "Submit" (2).

Nevada Department of Health and Human Services Division of Health Care Financing and Policy	FAQs Contact Us
<page-header><text><text><section-header><text><text><section-header><text><text><list-item><list-item></list-item></list-item></text></text></section-header></text></text></section-header></text></text></page-header>	۵ ۲
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A message will display to confirm the account has been successfully created. A confirmation email containing login information will be sent to the email address provided.

NOTE: Email notification is delivered within 30 minutes.

Revada Department of Health and Human Services Division of Health Care Financing and Policy	FAQs	Contact Us
You've successfully created an account!		
		$\sum_{i=1}^{n}$
Go to login		
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1.3. Forgot User ID

1. Select "Forgot User ID" to retrieve forgotten user ID.

NOTE: For Provider/Admin accounts created in the PWP Portal, the User ID can only be retrieved through the PWP Portal.

Sign in below	
User ID ①	
Password ①	1 Forgot User ID
©	
	Forgot Password
	Sign In
Create an Acc	ount

2. Enter the required information to retrieve the User ID. The information entered must match what is currently on file. If a match is found, an email is sent to the email address associated with the profile containing a temporary password that must be reset upon successful login.

Nevada Department of Health and He Division of Health Care Financing and Polic	uman Services γ	FAQs	Contact Us
÷	Back to Sign-In page		
	Find User ID		
	Please provide the following information to help locate your User ID • First Name ① • Last Name ①		
	Bith Date + Last 4 of DLN + Last 4 of DLN		
	Delegate Code ⊗		N
	If you need any assistance please contact the Enrollment Call Center at (877) 638-3472. When prompted, select the option for 'Provider Enrollment' for assistance.		43
	Call Center Working Hours: 6-00ail - 3-00pill + 1 Markay - Frikay		
	Continue		
	Provide	Flex Enroll Powere	ment Portal d by Gainwell

1.4. Forgot Password

1. Select the "Forgot Password" link to reset the password.

Sign	in below
User ID ()	(egood934
Password	Forgot User ID
۲	
	1 Forgot Password
	Sign In
	Create an Account

2. Enter User ID and select "Continue".

Nevada Department of Health 2 Division of Health Care Financing and	and Human Services d Policy	140s Contact Us
+	Back to Sign in page	
	Recover Password Please provide your User ID • User ID =	
	P you need any assistance planoe contact the Environment Cast Center at (877) 636–5472. When prompted, select the option for "Provider Garolinner for assistance. Cast Cardier working Heuris: 8:00en + 5:00en P7 Monday + Priday	4
	© 2028 Galnwell Technologies Company. All rights reserved. Theyada Online Privacy Pality	Provider Flex Enrolment Portal Prevent by Gamwar

NOTE: An email notification will be sent to the email account on file with a temporary password within 15 to 30 minutes.

- 3. Return to the sign-in page to log in with the temporary password provided.
 - Once logged in, the user will be prompted to update the password.

NOTE: The temporary password is the Current Password.

Nevada Department of Division of Health Care File	Health and Human Services ancing and Rokey
3	
	Expired Password
	Your password is explined and must be updated before you can continue. Please set a test password.
	Your parameter must be 8 to 20 characters to larger, not be the anity any user 20 or contain the user's first or last mans, and must contain at wait 1 character from these of the following categories: numeric digit, uppercass latter, lowercase latter and non approximation characters = 40/45/154 + + + (000) (* <>>.7)
	 The Password cannot be the same as your Oser ID. The Password must be between #-25 orbitacture. The Password must be between #-25 orbitacture. The Password must between stream cannot induce the password must be between the pa
	 Conservation Strateming Conservation Strateming Reservation Strateming Constrainting Strateming Reservation Strateming Strateming Reservation Strateming<
	 The Password cannot be the same as any of the previous 24 passwords. The Password cannot be changed more than once in a 24-troor pantod.
	Your your lat must be it to 20 characters in length and contain a minimum of 1 numeric digit, 1 letter, no spaces and none of the following special characters: + /* (<>++70.
	- Remote Assessed
	+ Deer Annuel
	- Judit Reference
	t 0
	Kana 1
	Provider First Encodiment Portal Pommare to Gameer
	actinuitogies Company, All rights reserved. Nevada Dates Privacy Policy

The User will receive a pop-up message confirming the password change and can proceed to log-in with the updated information.



1.5. Expired Password

Once registered, passwords will expire every 60 days. Users will see a Password Expiration notification. Updating the password in Provider Flex will also update login information for the PWP, if applicable.

1.6. Failed Log in

If an invalid User ID and/or password combination is entered, an error message will display. After three failed attempts, the account will be locked for 20 minutes.



1.7. My Account

Select the "My Account" hyperlink to view user demographic information.



The My Account page displays the Name, Delegate Code, Date of Birth, Email Address and Phone Number used to create the account. The Phone Number and Email Address may be updated by selecting "Edit Contact Info".

Nevada Departr Division of Health	ment of Health and Human Services Care Financing and Policy			FAQs Contact Us
+ Back to Dashb	oard			Í
My Account Change Password	Remus Lupin	Delegate Code	10522	
	Date of Birth 03/10/1960 Current Email Phone Number (675) 470-2357 Edit Contact Info			L.
	© 2025 Coloural Technol	alasias Campus All sinks account Number	- Online Drivery Dollary	Provider Flex Enrollment Portal Powered by Goinwell

Nevada Departn Division of Health C	nent of Health and Human Services Care Financing and Policy			FAQs Contact Us
Eack to Dashbo	pard			î
My Account Change Password	Remus Lupin	Delegate Code	10522	
	Date of Birth 03/10/1960			
	Current Email			
	New Email			Ν
	Confirm Email			hi
	Phone Number (675) 470-2357			
	Submit Cancel			
				Provider Flex Enrollment Portal Powered by Gainwell
	© 2025 Gainwell Tec	hnologies Company. All rights reserved. Nevad	a Online Privacy Policy	

NOTE: Updating contact information in the Provider Flex tool will not update the information currently on file with Nevada Medicaid and Nevada Check Up.

To update provider enrollment information, complete an Update or Demographic Update through the PWP.

To change the password, select "Change Password".

- 1. Enter Current Password.
- 2. Enter New Password.
- 3. Confirm New Password.

Nevada Departn Division of Health 0	nent of Health and Human Services are Financing and Policy		FAQs Contact Us
← Back to Dashb	oard		î
My Account Change Password	Remus Lupin Delega	te Code 10522	
	Your password must be 8 to 20 characters in length, not be the same as your user ID or contain the use following categories: numeric digit, uppercase letter, lowercase letter and non alphanumeric characters 1. The Password cannot be between 8-20 characters. 3. The Password must be between 8-20 characters. 4. The Password must be between 8-20 characters. 5. The Password must contain at least 1 character from three of the following categories below: 4. Overcase letters 6. Numeric digits (0 shrough 9) 6. Nonalphanumeric characters: ,27°→18#5%*8+_++* [001];**<5,77 4. The Password cannot be the same as any of the previous 24 passwords. 5. The Password cannot be changed more than once in a 24-hour period.	ar's first or last name, and must contain at least 1 character from three of the ${\tt c}$ –(@#\$%/*&+ += $ 0001;,^{\rm vs}c_{2n},7/$	
	Your user id must be 8 to 20 characters in length and contain a minimum of 1 numeric digit, 1 letter, no s	spaces and none of the following special characters: ,* /*: <>+=;? ()	6
	2 * New Password		
	3 * Confirm New Password		
	Submit		Provider Elev Enrollment Portal
	© 2025 Gainwell Technologies Company. All rights	reserved. Nevada Online Privacy Policy	Powered by Gainwell

Select "Submit".

Division of Health Car	e Financing and Policy			FAQs	Contact Us
← Back to Dashboa	ard				
y Account hange Password	Remus Lupin	Delegate Code	10522		
	Your password must be 8 to 20 characters in length, not be th following categories: numeric digit, uppercase letter, lowerca 1. The Password cannot be the same as your User ID. 2. The Password must be between 8-20 characters 3. The Password must be between 8-20 character from three • uppercase letters • uswercase letters • asserted cigits (0 through 9) • Insalphanametic characters: _7/>~ (@#\$%*&+*/001; • The Password cannot be changed more than once in a 24- Your user id must be 8 to 20 characters in length and contain • Current Password	the same as your user ID or contain the user's first or last name, and m se letter and non alphanumeric characters: -(@#\$%*&* +* (001);* n of the following categories below: 1;****,?/ 24 passwords. -hour period. n a minimum of 1 numeric digit, 1 letter, no spaces and none of the follo	ust contain at least 1 character from three of the "<->,?/. $wing \ special \ characters: ,*/n <+*;?@.$		Ş
	• New Password				
	Confirm New Password				
	Submit				
				Provider Flex Enrolln Powered	nent Portal I by Gainwell

Password successfully changed message.

0	er de Maadele aansel kan de ser d Le de ser de s		the inners
· Anteriorita	-		
Competences of	Tally down	Respiration 101	
		You Have Successfully Changed Your Password	
		We have sent an email with your new password to email address on record. Email notifications can take 15 to 30 minutes to be delivered.	
		Okay	

1.8. Dashboard Overview

Provider Enrollment Booklet

Provider Enrollment Booklet - Includes common enrollment questions and information for all providers.

Nevada Departme Division of Health Ca	ent of Health and Human Serv are Financing and Policy	ces				FAQs Contact Us	My Account Logout
Hello Remus Lup Friday, 4/11/2025	in				Provider Enrollment Booklet	Enrollment Checklist	Start Application
Applications List	t				Se	earch	Quick Filters All
ATN 🗘 NPI 🗘	Provider Type 🗘	Provider Name 🗘	Application Type 🗘	Status 🗘 Submitted Or	Updated On 🗘	Contact 🗘	
			No applications returned.				

Enrollment Checklist

Enrollment Checklist- Includes all required enrollment information specific to provider type/specialty.

Nevada Department of Health and Human Services Division of Health Care Financing and Policy			FAQs Contact Us My Account Logout
Hello Remus Lupin Friday, 4/11/2025		Provider Enrollment Bookle	Enrollment Checklist Start Application
Applications List			Search Quick Filters All
ATN 🗘 NPI 🗘 Provider Type 🗘 Provider N	Name 🗘 Application Type 🗘	Status 🗘 Submitted On 🇘 Updated On 🗘	Contact 🗘
	No applications ret	urned.	

FAQs

FAQs - Frequently Asked Questions for Provider Flex

Nevada Department of Health and Human Services Division of Health Care Financing and Policy			FAQs Contact Us My Account Logout
Hello Remus Lupin Friday, 4/1V2025		Provider Enrollment Bookle	t Enrollment Checklist Start Application
Applications List			Search Quek Filters All
ATN \$ NPI \$ Provider Type \$ Provider Name \$	Application Type 🗘	Status 🗘 Submitted On 🗘 Updated On 🗘	Contact 🗘
	No applications returned.		

Contact Us

Contact Us

Nevad Division	a Department of H n of Health Care Final	Health and Human Servi ncing and Policy	ces					FAQ	s Contact Us	My Account	<u>Logout</u>
Hello Ren Friday, 4/11/202	nus Lupin 5						Provider Enrollment Book	et Enro	lment Checklist	Start Appl	lication
Applicati	ons List							Search		Quick Filters All	~
ATN 🗘	NPI 🗘	Provider Type 🗘	Provider Name 🗘	Application Type 🗘	Status 🗘	Submitted On 🗘	Updated On 🗘		Contact 🗘		
				No applications return	ned.						

Logout

Log out of Provider Flex

Nevada Department of Health and Human Services Division of Health Care Financing and Policy		FAQs Contact Us My Account Logout
Hello Remus Lupin Fridey, 4/1/2025		Provider Enrollment Booklet Enrollment Checklist Start Application
Applications List		Search All V
ATN 🗘 NPI 🗘 Provider Type 🗘 Provider Name 🗘	Application Type 🗘 Status 🗘 Submitted On	≎ Updated On ≎ Contact ≎
	No applications returned.	

Applications list

The Applications List will display a list of all applications that are associated with the User ID. Completed applications will only appear if the finalization date is within the last 365 days.

Applic	ations List	Search Quick Filters All	~						
ATN 🗘	NPI 🗘	Provider Type 🗘	Provider Name 🗘	Application Type 🗘	Status 🗘	Submitted On 🗘	Updated On 🗘	Contact 🗘	1
112864	1972380921	20	1 EMILY WAY OPCO LLC	NEW	Incomplete		04/11/2025		
112338	1972380921	20	Family Orthopedics	NEW	Incomplete	J.	04/11/2025	Harper Leigh	

Applications can be sorted by any of the column headers.

Applicati	ions List					Searc	Quick Filters All
ATN ^	NPI 🗘	Provider Type 🗘	Provider Name 🗘	Application Type 🗘	Status 🗘 Submitted On 🗘	Updated On 🗘	Contact 🗘
103675	1144593815	24		NEW	Incomplete	03/03/2025	
103869	1225103229	36		NEW	Withdrawn	02/20/2025	
103918		22		NEW	Incomplete	12/24/2024	Misses Training
103938	1144593815	20		NEW	Incomplete	12/26/2024	
103947		22		NEW	Incomplete	12/26/2024	Ms. Nevada Training
104083	1740264852	20	MARY MILLER MARY MILLER	NEW	Incomplete	03/13/2025	Nevada Training
104200	1144593815	24	SIXTEEN STREET COMMUNITY HEALTH CENTER	NEW	Incomplete	02/25/2025	
104243	1184708521	20	TERRY ALLEN MD & SCOTT FORREST MD PLLC	NEW	Incomplete	03/13/2025	
104244	1225103229	20	SCOTT FORREST	NEW	Withdrawn	01/09/2025	Rosanne Arvizu
104245	1831220714	n	INOVA HEALTH CARE SERVICES	NEW	Incomplete	02/21/2025	
							Provider Flex Enrollment Portal Powered by Gainwell
			© 2025 Gainwell Tecl	hnologies Company. All rights reser	ved. Nevada Online Privacy Policy		

The Search box may be used to search for an application by ATN or by any of the header titles displayed.

Neva Divisio	da Department of He n of Health Care Finance	ealth and Human Servi cing and Policy	ices				FAQs Contact Us My Account Logou
ello Mis day, 4/11/202	sses Training					Provider Enrollment Booklet	Enrollment Checklist Start Application
pplicat	ions List					Sear Har	n pe i
tn ^	NPI 🗘	Provider Type 🗘	Provider Name 🗘	Application Type 🗘	Status 🗘 Subm	nitted On 🗘 Updated On 🗘	Contact 🗘
7480	1598708901	20	STEPHEN ANDRACKI	NEW	Incomplete	04/07/2025	Harper Leigh
2338	1972380921	20	Family Orthopedics	NEW	Incomplete	04/11/2025	Harper Leigh
							ß
							Provider Flex Enrollment Porta Powered by Gainwe

The Quick Filter menu will allow the user to filter by All, Active, or Finalized applications.

Applicatio	ons List						Search	Quick Filters
ATN ^	NPI 🗘	Provider Type 🗘	Provider Name 🗘	Application Type 🗘	Status 🗘 Submitted C	n 🗘 Updated On 🗘	Contact 🗘	All
103675	1144593815	24		NEW	Incomplete	03/03/2025		Active
103869	1225103229	36		NEW	Withdrawn	02/20/2025		

Resume Application

To resume an application, select the row from the application list. A pop-up window will appear. Select "Open" to resume the application.

9=		and and have been						-	
-	een Training							-	-
-	ana Lint								
-	*1	Annual I	Annual Inc.	-	and the l	1000 (1000000)	100000	terms (
-	-								
-	-		-	ATN Provider Name	ATN 112338 Provider Name Family Orthopedics	-	1000-000		
-				Status Application Type	Incomplete NEW				
-	-			Provider Type	20				
-	-		Taxas allows				-		ß
-	-			Cancel	Withdraw	Open			
-			-	_			-		
-	-		March 1997				-	100,000	
-									
-	-								
								-	

The employed and will employed	a a la ta ta a Dua utal a u	Information in	and fartha waart	a maay waa tha analisatian
The application will op	ben to the Provider	information p	lage for the user t	o resume the application.

Nevada Department of Health and Human Services Division of Health Care Financing	ATN 112338 Family Orthopedics (1972380921) New Application Group Enrollment PT 20 SP 064 Autosove Enabled
Sections	Provider Information
Enrollment Information	• Federal Tax ID 0
Provider Information	19-9999998
Associated Providers	Please upload Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
Addresses	CP575.pdf Documentation showing Taxpayer Identifica Remove
Ownership and Disclosure	
Other Information	Description of Freedbacents Felf callers Data (*)
Contact Information	• Requested Enrollment Errective Jate ϕ
Misc Attachments	
EFT Enrollment	* Are you enrolled in Medicare?
O Summary	● Yes ○ No
	Enter Provider Legal Name
	The provider name displayed has been populated based on the information currently on file with National Plan & Provider Enumeration System (NPPES) for the enrolling NPI. If the name shown is incorrect, place with NPI entered balows, Provider Legal Name must match the information on file with the IRS for the FIH entered in NPI over exciting in the exciting of the enrolling NPI. If the NPI is correct and provider name differs, place update balow. Provider Legal Name must match the information on file with the IRS for the enrolling NPI.
	Previous Save & Finish Later Next
	Provider Flex Enrollment Portal Powered by Colinvell
13 of 14 Completed	© 2025 Gainwell Technologies Company. All rights reserved. <u>Nevada Online Privacy Policy</u>

Withdraw

An application may only be withdrawn from an Incomplete status. Once an application has been withdrawn, it can no longer be used for enrollment with the Nevada Medicaid and Nevada Check programs. <u>This action is final and cannot be undone</u>.

To withdraw an incomplete application, select the row from the applications list. A pop-up window will appear, select "Withdraw".

Research Reparational of Research and Research Research								MR INSTEAM INTO A		
-	eases Training						Provide Stationer State		Ser agencies	
-	term Unit									
-	-	1000 (pc.)	Permittee (-	-	Anna 2 Annamed	i menti	see.1		
-	-						-			
-	-		-	ATN Provider Name	112338 Family Orthopedics		-	1000.000		
-				Status Application Type Provider Type	Incomplete NEW					
-	-				'pe 20					
	-		Terrary attents							
-	-			Cancel	Withdraw	Open	-			
-				-		-	-			
-	-		March 199	-						
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		CALCULAR DEC						-	
-	ees Training		-		-				
-	iono Lint								
-	-	1000 (pc.)	man 1	Approximation (- 100 C	-		see 1	
	-		Name of Concession						
-	-		Confirm Please c	Withdraw	aw your application :				
-			halt the p reversed	Plase commit that you wish to windraw your application and halt the processing. This action is inversible and can only be reversed by contacting our call center. If you are certain about this decision, please click Yes'. If you have any doubts, it may be best to review your application before proceeding. Are you sure you want to withdraw your application?					
-			decision, to review want to v						
-			**************************************						ß
			No			Yes			
-							-		
-	-		March 199	-				-	
-							-		
-									

The application will appear in the applications list with the status of Withdrawn.

ATN 🗘	NPI 🗘	Provider Type 🗘	Provider Name 🗘	Application Type 🗘	Status ^	Submitted On 🗘	Updated On 🗘	Contact 🗘
107582	1659387934	20	NEVADA HEART AND VASCULAR CENTER RESH LLP	NEW	Withdrawn		03/10/2025	