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1. Individual Application

1.1. Welcome and Enrollment Information

To begin an initial application for enrollment with the Nevada Medicaid and Nevada Check Up programs:

 Select the "Start Application" button from the Provider Flex dashboard, <u>https://flex.medicaid.nv.gov/a/3b8917dc-5086-49c9-8e1b-8c748320d7fd/t/0de061ea-dc68-4cb8-b6c3-e7fb7e8cb2c1/v</u>.

ello Mis hursday, 4/10	sses Training /2025	l			Provider Enrollment Bookle	Enrollment Checklist	Start Application
Applicat	ions List					Search	Quick Filters All
ATN 🗘	NPI 🗘	Provider Type 🗘	Provider Name 🗘	Application	🗘 Status 🗘 🛛 Submit	tted On 🗘 Updated On 🗘	Contact 🗘
112457	1972380921	20	1 EMILY WAY OPCO LLC	NEW	Incomplete	04/07/2025	
112338	1972380921	20	Family Orthopedics	NEW	Incomplete	04/07/2025	Harper Leigh
112450	1598708901	20	Thomas Jefferson	NEW	Incomplete	04/07/2025	

2. The welcome page is displayed. Select "Next" to continue.

Nevada Department of Health and Human Services	Nevada Department of Health and Human Services Division of Health Care Financing and Policy
and Policy Portal	
Sections	Welcome to the Online Provider Enrollment System
Welcome	To begin billing for Nevada Medicaid services, you must enroll as a provider by completing the required documentation, using the checklist provided for guidance. Submit all materials, including any supplementary documents, via Gainwell Technologies' online system, ensuring no delays from incomplete applications if extended responses are necessary, attach them as searate documents. Patient context for your
 Enrollment Information 	records, and await written confirmation of your application status.
	Urgent/Emergency EnrolIment For urgent/emergency enrollment, individual providers must link with their separate billing provider once both are enrolled with Nevada Medicaid. Similarly, groups enrolling urgent/emergency must link with individual servicing providers post-enrollment for claims processing.
	Use the Provider Search tool to check enrollment status.
	For claims submission, ensure both servicing and billing providers are enrolled, then follow billing instructions available on the Medicaid website.
	For enrollment questions, call Provider Enrollment at (877) 638-3472 (choose "Provider Enrollment") from 8 a.m. to 5 p.m. PT, Monday to
	Cancel & Return To Dashboard Next 2
	Provider Flex Enrollment Portal Powered by Gainwell
0 of 2 Completed	© 2025 Gainwell Technologies Company. All rights reserved. Nevada Online Privacy Policy

- 3. Select the application type.
 - a. Enroll a new provider or add a new service location to existing provider
 - b. Change of Ownership
 - c. Re-enroll a provider that was previously enrolled

4. Select the "Next" button to continue with the application.

Norda Department of Suth and Human Services Divide of Health Caree Financing and Policy Network Network <th></th> <th></th>		
Sections Change Ownership • Enrollment Information Re-Enroll a provider of service location • Enrollment Information Previous Previous Cancel & Return To Dashboard • Drovider Fiex Enrollment Portal Previous	Nevada Department of Health and Human Services Division of Health Care Financing and Policy Portal	Nevada Department of Health and Human Services Division of Health Care Financing and Policy What would you like to do today?
	Sections	○ Enroll a new provider or service location
		○ Change Ownership
	Welcome	O Re-Enroll a provider
Errollment Information Previous Cancel & Return To Dashboard Next Previous Lof 2 Completed		
Previous Cancel & Return To Dashboard Next Provider Fiex Enrollment Portal Powered by Gainwell	Enrollment Information	
Previous Cancel & Return To Dashboard Next Provider Fiex Enrollment Portal Powered by Gainwell		
Previous Cancel & Return To Dashboard Net Provider Fiex Enrollment Portal Powered by Gainwell		
Previous Cancel & Return To Dashboard Provider Flex Enrollment Portal Powered by Gainwell		
Previous Cancel & Return To Dashboard Next Provider Flex Enrollment Portal Powered by Gainwell		
Previous Cancel & Return To Dashboard Next Provider Flex Enrollment Portal Powered by Gainwell		
Previous Cancel & Return To Dashboard Net		
Previous Cancel & Return To Dashboard Provider Fiex Enrollment Portal Powered by Gainwell		
Previous Cancel & Return To Dashboard Next Cancel & Return To Dashboard Provider Fiex Enrollment Portal Powered by Gainwell		
Previous Cancel & Return To Dashboard Next Provider Flex Enrollment Portal Powered by Gainwell		
Previous Cancel & Return To Dashboard Provider Flex Enrollment Portal Powered by Gainwell		
Previous Cancel & Return To Dashboard Next Provider Flex Enrollment Portal Powered by Gainwell		
1 of 2 Completed		Previous Cancel & Return To Dashboard Next
1 of 2 Completed		
1 of 2 Completed		Provider Flex Enrollment Portal Powera by Gainwell
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5. Select "Search NPI" to enter the NPI of the enrolling provider.

Nevada Department of	Nevada Department of Health and Human Services
Health and Human Services	Set Division of Health Care Financing and Policy
Division of Health Care Financing and Policy Portal	
	What would you like to do today?
Sections	Enroll a new provider or service location
	O Change Ownership
Welcome	Re-Enroll a provider
Enrollment Information	
	Start Application
	To start a new application you must first enter a valid NPI. Click the Search NPI button, enter the NPI and hit search. Confirm the NPI is correct and then click Accept
	Search NPI
	·
	Previous Cancel & Return To Dashboard Next
	Provider Flex Enrollment Portal Powered by Gainwell
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6. Select "Accept" to confirm the NPI matches the provider enrolling.

The search will verify and return information for the NPI based on National Plan & Provider Enumeration System (NPPES) data.

NPI Search	
* Enter NPI ①	
1972380921	Search
Results	
Name	HEALTH LLC
Address	1301 BERTHA HOWE AVE, MESQUITE, NV, 8902777502
Cancel	Accept

7. The "Enrollment Type" drop-down menu will display the available enrollment options based on the NPI Type.

Nevada Department of Health and Human Services	Nevada Department of Health and Human Services Division of Health Care Financing and Policy	
and Policy Portal	Start Application	
Sections	To start a new application you must first enter a valid NPI. Click the Search NPI button, enter the NPI and hit search. Confirm the NPI is correct and then click Accept	
Welcome	NPI: 1972380921	
Enrollment Information	Search NPI	
	7	
	Select ®	
	Select	
	* Individual	
	Ordering, Prescribing or Referring Application or Revalidation Urgent/Emergency Individual	
	Previous Cancel & Return To Dashboard Next	
	Provider Flex Enrollment Portal Powered by Gainwell	
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8. The "Provider Type" drop-down menu will display the available provider types based on the enrollment type selected.

Nevada Department of Health and Human Services Division of Health Care Financing	Nevada Department of Health and Human Service Division of Health Care Financing and Policy	S	
and Policy Portal	Enrollment Type		
Sections	Individual	~	
Welcome	* Provider Type		
Enrollment Information		*	
	Select 14 - Behavioral Health Outpatient Treatment 15 - Registered Dietitian • 20 - Physician, M.D., Osteopath, D.O.	Î	
	21 - Podiatrist 22 - Dentist 23 - Hearing Aid Dispenser and Related Supplies 24 - Advanced Practice Registered Nurses 25 - Optometrist	Tary	Actions
	 26 - Psychologist 32 - Ambulance, Air or Ground 34 - Therapy 36 - Chiropractor 		Cancel & Return To Dashboard Next Provider Flex Enrollment Portal Powerd by Gainwell

9. Select "Click to Add a Specialty." A pop-up box will display the available specialties based on the provider type selected.

Add Your Spe	cialties				
Code	Description	Primary		Actions	
+ Click To Add A Spe	9 ecialty			,	
	× +	Select 053 - Family Practice	Î		- 0 X
		056 - General Practice			ᠿ ᠿ … ₪
A Residence of	0	057 - Anesthesiology 058 - Colon/Rectal Cancer			
Contraction to		059 - Dermatology			
A REAL PROPERTY.		060 - Internal Medicine			
		061 - Neurosurgery 062 - Obstetrics/Gynecology			
	- Name and	063 - Ophthalmology			
• means		064 - Orthopedic Surgery			
		Sc 065 - Otolaryngology 066 - Pathology			
		067 - Neonatology			
	And New York	060 Dhusies Medicine			
		Select	×		
	1000	Primary		And and a second se	
			_		
		Cancel	Save		
	Name of Street o			famour in Reservice Statistics	

A primary specialty is required. Use the "Primary" checkbox to indicate whether the selected specialty is the primary specialty for this provider.

NOTE: The first specialty selected will default to the primary specialty.

Specialties						
~						
Save						

10. Select the applicable "Billing Type" for the enrolling provider.

- Individuals selecting "Biller and Performer" will be required to supply their own EFT information, regardless of group affiliation.
- Individuals selecting "Performer" only will be required to link to a group.

NOTE: For individuals that require group affiliation or OPR providers, the "Billing Type" may default to the appropriate option.

	*	Billing Type ⁽)		0			
	ſ	8					- 1
	*	Select Biller and Performer Performer	25 the entity you are enrolling				ļ
		Previous				Cancel & Return To Dashboard	Next
1 of 2 Completed						Provider Flex Er Por	rollment Portal wered by Gainwell
For 2 completed		© 2025 Gainwell T	echnologies Company. All rights	reserved	l. <u>Nevada C</u>	Online Privacy Policy	

11. "Choose the option that most closely describes the entity you are enrolling"

	* Choose the option that most closely describes the entity you are enrolling	
	Select ~	ļ
	Previous Cancel & Return To Dash	board
	Provider F	ex Enrollment Portal Powered by Gainwell
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Individual Enrollment Types:

- Individual Provider
- Hospital-Based Physician
- Sole Proprietorship
 - i. If Sole Proprietorship is selected, the Secretary of State (SOS) Business License will be required and must match this entity type.
- 12. Once all required fields have been completed, select "Next".

Nevada Department of Health and Human Services Division of Health Care Financing and Policy Portal	Nevada Division o	Department of Health and Human Ser of Health Care Financing and Policy	vices	
	Code	Description	Primary	Actions
Sections	023	Advanced Pract Reg Nurse Aprn	Yes	Remove
Welcome	+ Click To Add	A Specialty		
Enrollment Information				
	 Billing Type © Biller and Pe Choose the op 3 - Individua Previous 	erformer v otion that most closely describes the e al Provider v	ntity you are enrolling Cano	tel & Return To Dashboard Next Provider Flex Enrollment Portal Powered by Gainwell
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- 13. A pop-up warning message will appear asking the user to verify all information is correct before proceeding with the application.
 - If changes need to be made, select "Continue Editing" to make the necessary changes.
 - If no changes are needed, select "Lock Answers & Proceed".

Once these answers have been locked, this information cannot be changed. The current application will need to be withdrawn and a new application will need to be started.

	0		ar farsten		
	1.1 11	IMPORTANT NOT The answers on this sector Lock Answers & Proceed, can select Continue Editin have to withdraw the appli	TICE on cannot be changed once you select if you want to make changes now, you g. Once the answers are locked, you will cation and start over. Re Editing Lock Answers & Proceed	- 1 3	
-	-			And the Control of Con	

1.2. Provider Information

The provider information page allows the user to enter provider information, such as Legal Name, Business Name and any identification numbers, such as Tax IDs, License Numbers, Certified Laboratory Improvement Amendments (CLIA) number and Drug Enforcement Administration (DEA) number.

Please answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions.

 Select "No" if the individual will not be linked to a group. Select "Yes" if the individual will be linked to a group.

Individual Provider Types have the option to link to a Group. Depending on the specialty selected, some Provider types 14, 26, 32, 38, 82, 85, 89, and 93 are required to link to a group.

- To add a group affiliation, select "Add Linked Group". Enter the group's NPI and the date the individual would like to be affiliated with the group.
- The group NPI listed must be actively enrolled with Nevada Medicaid as a provider type that the enrolling individual is allowed to link to.
- Affiliation date may be backdated. Please note that all timely filing limits apply. Affiliation begin date will not supersede the enrollment effective date.

Link To Group			
 Would you like to be linker ● Yes ○ No 	d to a group?		
* NPI List			
NPI	Affiliation Date	Actions	
+Add Linked Group			

		NAME (1893) 11 (1993)	
Annua Annua	Provider Infor	NPI Affiliation Begin Date	
	Enter Tax Informat	Cancel	

- 2. Enter Tax Information
 - Social Security Number (SSN) Enter the SSN.
 - If the enrolling individual has a Federal Tax-ID, select "Yes" and enter Federal Employer Identification Number (FEIN). Documentation showing Taxpayer Identification Number is required when a FEIN is entered.

NOTE: Federal Tax-ID information entered must belong to the individual and match IRS records.

Enter Tax Information	
* SSN	
* Does the enrolling individual have a Federal Tax ID on file w	vith the IRS for tax purposes?
Yes 🔿 No 🖲	
* Does the enrolling individual have a Federal Tax ID o	n file with the IKS for tax purposes? ()
Yes ● No ○ * Federal Tax ID ③	
Yes ● No () * Federal Tax ID ③ 98-7643222	
 Yes No () Federal Tax ID () 98-7643222 Please upload Documentation showing Taxpay 	er Identification Number (SS-4 or CP575 or W-9)

- 3. Enter the date you wish enrollment to begin.
 - The date in this field cannot be a future date.
 - The date can be backdated up to six months but may not be prior to all provider enrollment requirements being met. All timely filing guidelines apply.
 - If the Requested Enrollment Effective Date is greater than 180 days in the past, you will be required to answer, "Will you be submitting secondary claims to Nevada Medicaid?"
 - ii. If "No" is selected and the date exceeds the six-month back limitation, provide a written explanation and supporting documentation as an attachment to this application.
- 4. Indicate if the provider is enrolled in Medicare.

equested Enrollment Effective	Date ①		2
		×	
re you enrolled in Medicare?) Yes () No	8		

- 5. Enter the provider's legal name.
 - The provider's name listed must match the information on file with the Internal Revenue Service (IRS) for the SSN entered in the Provider Information section.

NOTE: The enrolling provider's email address entered must be accessible by the provider in order to provide the required electronic signatures.

The provider name displayed ha for the enrolling NPI. If the name name differs, please update belo section.	s been populated based o shown is incorrect, pleas ow. First Name and Last Na	n the information currently on file wit e verify the NPI entered belongs to th ame must match the information on fil	h National Plan & Provider Enumeration System (N e enrolling provider. If the NPI is correct and provi le with the IRS for the SSN entered in Provider Info	PPES) der rmatio
First Name ①	МІ	* Last Name ①		
thomas		jefferson		
Gender * Birth	Date ①			
Male ~ 01/01	/1980			
Doing Business As ①				

- 6. Enter Taxonomy Codes Select "Click to Add a Taxonomy" to add the appropriate taxonomy code from the drop-down list.
 - If the provider has multiple provider types enrolled using the same NPI, a unique taxonomy code is required for each provider type.

*	Enter Taxonomy Codes	des 6	
	Taxonomy Code	Description	Actions
	+Click to Add a Taxonomy	·	

	Michille Tease-advective/INCOME Recognizes antipactionizes if 2 \$100	_	
Notice and	Provider Information		
Contraction and	Taxonomies		
	Select ~ Cancel Save		
No. Machines	Terretoria de la Carlos	-	1

- 7. Enter the Secretary of State (SOS) issued business license information, if applicable, and upload a copy of the business license.
 - Business license must be active, and the Provider name or Doing Business As (DBA) on the enrollment must match the Registered Name. Additionally, the Formation Date must be on or before the application requested effective date.

When enrolling and selecting Sole Proprietor as the individual enrollment type, business license information is required and must match the business structure reported to the SOS and comply with the Nevada Revised Statutes (NRS) rules.

Provider Information	
Enter Provider Business Information	
Corporations, Limited Liability Companies (LLCs), Limited Liability Partners incorporated in another state or your business is located outside of Nevad	(LLPs), Partnerships, Provider Groups, or Sole Proprietorship, are required to provide their Secretary of State information. If your business is please provide the information on file with the state of incorporation.
Secretary of State Issued Business ID ®	
Secretary of State Registered Name (0)	
Formation Date (0) Renewal Date (0)	
Upload files here PDF ONLY, file size no more than 15MB Select files	

8. Select "Click to Add License" to add the appropriate license information and upload a copy of the license.

Enter Provider License Information				
Updating License Information – If you need to update any license information, please	se remove the existing license row, then cre	eate a new row with the updated license int	formation.	
* Licenses				
License/Certification Number State	Licensing Board, State or Entity	Start Date	End Date	Actions
+Click To Add License 2				

• Provider types 20 and 77 – Enter license number and select "Search". If an active license is found in the database, a copy of the licensure is not required.

State Board of Medical Examiners	
	~
icense/Certification Number	
00000	Search

• All other provider types - License information must be active and match documentation on file with licensing board for the enrolling provider. The original issue date of a license must be on or before the requested effective date of enrollment.

NOTE: If the license will expire within 30 calendar days, renewed license information should be entered into the application and both the current and renewed license should be attached.

License Search	
License/Certification (State)	
Select	~
Name of Issuing Board	
Select	~
License/Certification Number	
Close	Add



- 9. Enter Drug Enforcement Administration (DEA) information for the enrolling provider, if applicable.
 - If the user answers "Yes," a DEA Number and End Date will be required. The information supplied must belong to the enrolling provider. The system will validate the DEA number entered.

Drug Enforcement Administration (DEA) Number
* Do you have a DEA Number to prescribe, dispense, administer, or procure controlled substances?
* DEA Number ®
Search
* End Date

10. If applicable, enter the Clinical Laboratory Improvement Amendments (CLIA) Number.

- The CLIA number must belong to the enrolling provider/entity.
- The name on the CLIA certificate must match the provider legal name or DBA.
- If CLIA information is entered, a copy of the CLIA license is required to be uploaded.

CLIA Number ®		
	Search	
Effective Date (1)	End Date ®	

1.2.1. Ordering, Prescribing or Referring (OPR) Application or Revalidation Enrollment Type

PDF ONLY, file size no more than 15MB

Please Answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions.

1. Check the appropriate boxes explaining why you do not wish to be a fully enrolled Nevada Medicaid provider.

* Please check the appropriate boxes explaining why you do not wish to be fully enrolled Nevada Medicaid provider. 1
Reimbursement Rates
Medicaid Policy
Practice Capacity
□ Other

1.3. Addresses

Provider addresses identify the location where a provider performs services, as well as locations that are used for billing and payment. One address can be added for each address type.

A Service Address is required for Group and Urgent/Emergency Group enrollments. This is the location where services are rendered and must be a physical location of the practice/business/facility. This must be a street address and not a gated community, post office box or virtual office. Each service address for an organization requires a separate application.

Paper checks will be mailed to Pay To address while Electronic Funds Transfer (EFT) testing is performed. If you do not supply a Pay To address, paper checks will be mailed to the service address.

Nevada Medicaid will mail written correspondence to the Mail To address. If you do not supply a Mail To address, written correspondence will be mailed to the service address.

1. For each applicable address type, select "Click to Add..." and enter the required information.

Nevada Department of Health and Human Services Dinkism of Health Care Financing and Peticy Petial	ATN 112995 Thomas Jefferson (1598)	758286) New Application Individual Enr	ollment PT 20 SP 053			Autosave Enabled
Sections	Enter Your Addres	sses				
Welcome	Service					â
Enrollment Information	The service address is the physical The service address is required	location of the practice/business/facility	y where services will be rendered. This must be a	street address and NOT a post office box.		
O Provider Information	*					
Addresses	Street Address	City	State	Zip+4	Actions	
Ownership and Disclosure	+ Click to Add a Service Address					
Other Information						
Contact Information	Payr-To					
O Misc Attachments	Fay-10					
Summary	Street Address	City	State	Zip+4	Actions	
	+ Click to Add a Pay-To Address					
	Paper checks will be mailed to Pay-To ad	Idress while Electronic Funds Transfer (EFT) t	esting is performed. If you do not supply a Pay-To addre	ss, paper checks will be malled to the service address.		
	Mail-To					
	Street Address	City	State	Zip+4	Actions	
	+ Click to Add a Mail-To Address					-
	Previous				Save	& Finish Later Next
					Provi	der Flex Enrollment Portal Powered by Gainwell
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2. When an address is entered, select "Verify Address" to verify correct address information based on US Postal Service Information.

All addresses need to I	be verified		
Street Address		Street Address 2	
915 W Fifth St			
City		* State	
Reno		Nevada	~
Zip+4	* County		
89503	Wash	De	~

3. Select the Original or Verified Address.

Туре	Address	Clty/State	Zip	Actions
Original Address	915 W Fifth St	Reno,NV	89503	Select
Verified Address	915 W 5TH ST	RENO,NV	895034313	Select

- 4. After verification, complete the remaining required information for the address type and select "Add".
 - The email address associated with the Service Address and Mail To address are used for provider notifications and outreach related to the enrollment, billing, and prior authorizations.

89521-3103	Washoe	9	~
Verify Address			
Email Address	* (Confirm Email Address	
Office Phone Number	Ext	Phone TDD	
* Contact Name	* Co	ntact Phone Number	Ext
Cancel			4 Add

1.3.1. Ordering, Prescribing or Referring Application or Revalidation Enrollment Types

For Ordering, Prescribing or Referring Application or Revalidation enrollment types, the Mail To address is required. Nevada Medicaid will mail written correspondence to the Mail To address and attempt to make contact at the phone number provided.

1.4. Ownership and Disclosure

Please see the Ownership and Disclosure section of the <u>Medicaid Provider Enrollment Compendium</u> (<u>MPEC</u>) for additional instructions. Ownership information should match Medicare enrollment, if applicable.

Completion of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42CFR §455.100 – 106.

Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicare provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program, or health-related services under the social services program.

Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of five (5) percent or more in the disclosing entity. Example: If A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest_equates to an 8

percent indirect ownership and must be reported.

Controlling interest is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Other definitions:

Agent means any person who has been delegated the authority to obligate or act on behalf of a provider.

Disclosing entity means a Medicaid provider or a fiscal agent.

Fiscal agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII or XX of the Act. This includes:

- Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic or health maintenance organization that participates in Medicare (Title XVIII),
- Any Medicare intermediary or carrier; and
- Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX of the Act.

Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

Person with an ownership or control interest means a person or corporation that:

- Has an ownership interest totaling five (5) percent or more in a disclosing entity,
- Has an indirect ownership interest equal to five (5) percent or more in a disclosing entity,
- Has a combination of direct and indirect ownership interests equal to five (5) percent or more in a disclosing entity,
- Owns an interest of five (5) percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least five (5) percent of the value of the property or assets of the disclosing entity,
- Is an officer or director of a disclosing entity that is organized as a corporation; or
- Is a partner in a disclosing entity that is organized as a partnership.

Subcontractor means:

- An individual, agency or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- An individual, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Supplier means an individual, agency or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds or a pharmaceutical firm).

NOTE: Individual Enrollment applications are required to enter all Agents and Managing Employees.

Ownership information is not required for Individuals, with the exception of sole proprietors.

1. Select "Add a record" to add ownership information.

Provider Ownership and Control Structure					
List all person(s) / entities with an ownership of 5% or more or controlling interest in the provider (including managing employees)					
Thomas Jefferson					
*					
Type of Entity	Legal Name	SSN/FEIN	Ownership %	Authorized Repres	Actions
Add a record					

2. Select the "Type of Entity" – the values displayed in the dropdown list are dependent on the Enrollment Type. For an Individual enrollment, the enrolling individual should be listed as owner.

	Ownership	-
Sectors 1	Type Of Entity	0
# 100 cm	Select 😵	
 Contract (Research) 	Select	and the second se
The second se	Authorized Representative	
-	Managing Employee and/or Agent	And and Address of Address
· Tenerolity and Manhaom	Owner	
Recordson (
· Company Street of Street		
· the factor format		
Names and Address		
the second		
- Terrary Manager		
A March March 199		
and the second s		Reads for Southeast South
Ref Britsmann and	at 2010 Spread Technologies Company, Minghon and water	Contract Printer Parket

Ownership 3	Ownership 3
* Type Of Entity	* Type Of Entity
Owner 🗸	Managing Employee and/or Agent ~
% of Ownership	First Name ① Mi Last Name ③
First Name ① MI Last Name ①	* Title ①
Title ①	Street Address Street Address 2
Street Address ① Street Address 2 ③	City ① • State • Zip + 4 ① Select ·
City ① • State • Zip + 4 ① • Select • Select	• Email Address
Email Address	Does this entity own 5 percent or more of any other business (healthcare related or non- healthcare related)?
Does this entity own 5 percent or more of any other business (healthcare related or non- healthcare related)?	* Employee Indicator Select ~
Close	Close

3. Enter the required information for the type of Entity.

Ownership 3		
Type Of Entity		
Authorized Rep	presentative	*
* First Name ①	MI * Last Name ③	
■ SSN ④	* Birth Date	
Close		Add

4. If any owner or managing employee selected "Yes" to owning five (5) percent or more of any other business, the Other Business Interests page will display. Select "Click to Add Additional Businesses" to disclose individuals with five (5) percent or more ownership or controlling interest in another business/entity, if applicable. Please list all businesses/entities under the appropriate individual.

Below is a li ousiness/er	st of disclos ntity. Please	ed individua list all busin	ls with own esses/entit	ership or co ies under th	ontrolling in ne appropri	nterest in ar ate individu	other Ial.
Example: If John Doe is listed, you must disclose all additional ownership of entities.							
Atticus Finch	١						
	Federal Tax ID	Street Addr	Street Addr	City	State	Zip+4	Actions

	Additional Business	Interests	internal in another state individual.
-	* Business/Entity Name	Federal Tax ID	Î
	Use Previous Address * Street Address	Street Address 2	-
	* City	* State Select ✓	
Contraction	* Zip+4		
Torac Manager	Close	Ad	

1.4.1. Disclosure Questions

- 1. Answer the disclosure questions listed in Background and Disclosure of Disclosing Entity as required by State and Federal policy.
 - If "Yes" is selected, the user will be required to provide additional details.



1.5. Other Information

The Other Information page displays questions and fields based on enrollment type and provider type.

NOTE: This page will not display for OPR and Urgent/Emergency Individual Enrollment Types.

Provide other additional information, such as Days and Hours of Operation, Accepting New Patients, and hospital privileges.

Please answer all required questions that are marked with a (*) red asterisk.

Nevada Department of Health and Human Services	ATN 112401 Atticus Finch (1598708901) New Application Individual Enrollment PT 20 SP 064	Autosave Enabled
Division of Health Care Financing and Policy Portal		
Sections	Days and Hours of Operation	
Welcome	M-F, 8-5	
Enrollment Information	Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both?	
Provider Information	Fee For Service and Managed Care 🛛 👻	
Addresses		
Ownership and Disclosure	Are you currently accepting new patients? ◎ ● Yes ○ No	
Other Information		
Contact Information	Can you accommodate recipients with special needs r ⊕	
Misc Attachments	• Do you have hospital privileges? ()	
EFT Enrollment	● Yes ○ No	
Summary	Please describe where	
	* Are you a board approved supervisor for a provider type 93 intern?	
	○ Yes	Ļ
	Previous Save &	Finish Later Next

1.5.1. Supervisor for a Provider Type 93 Substance Use Treatment Intern

The following individual provider types will be required to indicate if they are a board approved supervisor for a provider type 93 Substance Use Treatment Intern:

- 14 Behavioral Health Outpatient Treatment specialites 305 Licensed Clincial Social Worker (LCSW), 306 Licensed Marriage and Family Therapist (LMFT), and 307 Clincial Professional Counselor (CPC).
- 20 Physician, MD, Osteopath, DO
- 24 Advances Practice Registered Nurses (APRN)
- 26 Psychologist
- 77 Physician Assistant (PA)
- 74 Nurse Midwife

- 93 Substance Use Treatment specialties 701 Certified Alcohol and Drug Counselor (CADC), 702 Licensed Alcohol and Drug Counselor (LADC) and 709 Licensed Clinical Alcohol and Drug Counselor (LCADC).
- 1. Select "Yes" or "No" to note if you are a board approved supervisor for a provider type 93 intern.
 - If the answer is Yes, select "Click to Add Interns" to provide intern information.
 - Interns reported in the enrollment application must be actively enrolled with Nevada Medicaid.

* Are you a board ap ◉ Yes ◯ No	 Are you a board approved supervisor for a provider type 93 intern? 						
Intern Informa If so, please enter the * Disclosures-Intern	ation ir information below. s						
First Name	МІ	Last Name	NPI	Agency	Phone Number	Ext	Actions
+ Click To Add Intern	<u>ns</u> 1						

Interns		
* NPI		
	Search	
Location		
Select		~
First Name	MI Lact Name	
Phone Number		Evt
()		
Agency Name		
Regin Date		
Close		Add

1.5.2. Supervisor Disclosure

The following individual provider types are required to disclose the agency supervisor information.

- 14 Behavioral Health Outpatient Treatment specialites 300 Qualified Mental Health Professional (QMHP), 301 Qualified Mental Health Associate (QMHA), and 302 Qualified Behavioral Aide (QBA)
- 82 Behavioral Health Rehabilitative Treatment specialties 300 Qualified Mental Health Professional (QMHP), 301 Qualified Mental Health Associate (QMHA), and 302 Qualified Behavioral Aide (QBA)
- 85 Applied Behavior Analysis specialties 312 Licensed and Board Certified Assistant Behavior Analyst (BCABA), and 314 Registered Behavior Technician (RBT)
- 93 Substance Use Treatment specialties 703 Certified Alcohol and Drug Counselor Intern (CADC-I), and 705 Licensed Clinical Alcohol and Drug Counselor Intern (LCADC-I)

• 26 – Psychologist specialties 246 Psychological Assistant, 247 Psychological Intern, and 248 Psychological Trainee.

Individuals enrolling as a provider type 89 – Community Health Worker are required to disclose their supervising provider information.

1. Select "Click to Add Supervisors" to add a supervisor.

Supervisor Dis	Supervisor Disclosure					
Please enter your	Please enter your Agency Supervisor information below.					
* First Name	Last Name	NDI	Supervisor Type	Primary	Agency	Actions
First Name		INF1	Supervisor Type	Fillinaly	Agency	Actions
+Click To Add S	upervisors					
Please upload supervi	sor credentials/licens	е.				
Upload/View Files						

2. Enter "NPI" and select "Search" to enable the remaining fields.

Supervisor			
NPI		- 2	
	Search		
Туре		Location	
Select	~	Select	\sim
First Name	MI	Last Name	
Email Address			
Agency Name		Professional Title	
Phone Number		Ext	
()			
Begin Date			
Primary Supervisor			
Close			Add

• The supervisor must be actively enrolled with Nevada Medicaid.

3. Select the supervisor type from the "Type" drop down.

ľ	NPI			
	1234567890			
*]	Гуре	3	Location	
	Select	>	Select V	
*	Select Clinical		MI 🔹 Last Name	
	Direct			
e E	Direct			
• E	Direct Email Address Agency Name		* Professional Title	
	Direct Email Address Agency Name		Professional Title	
• E	Email Address		Professional Title	

4. Complete the remaining required information and select "Add" to return to the application.

Supervisor		
NPI		
1234567890		
Туре	* Location	
Clinical 🗸	5061 N RAINBOW BLVD STE 180 (8838)	~
First Name	MI 🔹 Last Name	
Jessica	Bloom	
Email Address		
jbloom.abc@unknown.com		
Agency Name	* Professional Title	
ABC Behavioral Agency	Clinical Supervisor	
Phone Number	Ext	
(123)456-7890		
Begin Date		
04/14/2025	x	
Primary Supervisor		
Close		Add

5. Select "Upload/View Files" to upload supervisor credentials/license.

S P	upervisor Dis ease enter your	c losure Agency Superviso	r information below	I.			
*	First Name	Last Name	NPI	Supervisor Type	Primary	Agency	Actions
	Jessica	Bloom	123456789	Clinical	Yes	ABC Beha	Remove
PI	Jessica Bloom 123456789 Clinical Yes ABC Beha Remove +Click To Add Supervisors Please upload supervisors Upload/View Files Please upload supervisors Please upload supervisors						

1.6. Contact Information

If questions arise during application processing, Nevada Medicaid may attempt to contact the person listed on the Contact Information page regarding this application.

Contact Information	
Provide the appropriate contact person and infection the Contact Information page.	ormation for the enrollment application. If correspondence is needed during application processing, Gainwell Technologies will attempt to contact the person listed on
Contact Name	
* First name ① * Last name	0
Jean Finch	
* Phone Number ①	Evt ()
(123) 456-7890	
* Contact Email ①	Confirm Email Address
jlfinchOM@unknown.com	jlfinchOM@unknown.com
* Preferred Communication Method	
Email ~	
Previous	Save & Finish Later Next

1.7. Misc Attachments

Additional supporting documentation can be uploaded with the application if necessary. All documents must be uploaded at the time of submission for the application to be considered complete.

1. Select "Upload/View Files" button.

Sections	Upload Miscellaneous Attachments
Welcome	
Enrollment Information	Please upload any door water to be relevant in reviewing and approving your application.
 Provider Information 	
Addresses	Uplead/vaw +ale
 Ownership and Disclosure 	
Other Information	
Contact Information	
 Misc Attachments 	
 Summary 	

- 2. Click the "Select Files" button and choose a PDF to attach.
 - Attachments must be in PDF format and have a file size maximum of 15MB.

Miscellaneous File Uploads	
Select A File PDF ONLY, file size no more than 15MB	SELECT FILES
File Name	
* File Type	✓ Upload
No Files Currently Uploaded	
	Done

- 3. Select the "File Type" from the drop-down menu.
- 4. Click the "Upload" button

Select A File PDF ONLY, file size no more than 15MB	FILES
File Name	
* File Type Select V Upload	4

5. File is successfully uploaded. Select "**Done**" to return to application.

Viscellaneous File Uploads	
Select A File PDF ONLY, file size no more than 15MB	SELECT FILES
File Name	
* File Type	
Select ~	Upload
ExtraDocumentation.pdf	Remove
]
	Done

1.8. Electronic Funds Transfer (EFT) Enrollment

All providers who will be receiving payment from Nevada Medicaid and Nevada Check Up must accept payments via (EFT). If a provider does not have an active EFT account enrolled with Nevada Medicaid, that provider's Nevada Medicaid enrollment may be terminated.

EFT information entered must belong to the enrolling provider.

NOTE: The "EFT Enrollment" section will not display for individual provider types 32 (Ambulance, Air or Ground) and 89 (Community Health Worker) or for individuals with a billing type of Performer.

- 1. Enter Financial Institution Routing Number
- 2. Provider's Account Number with Financial Institution

* Financial Institution Routing Number 🖲 💶
* Provider's Account Number with Financial Institution ©

- 3. Upload Bank Letter or Voided check.
 - Voided checks must be pre-printed. Checks cannot be handwritten or temporary.
 - The printed name on the voided check or bank letter must match the legal name or the Doing Business As (DBA) name entered on the application.
 - The routing number on the voided check must match the routing number entered on the EFT page.
 - The bank account number listed on the voided check must match the bank account number entered on the EFT page.
 - Deposit slips and direct deposit slips are not acceptable.
 - If a bank letter is attached in lieu of a voided check:
 - i. It must be printed on the bank's letterhead.
 - ii. It cannot be handwritten.



4. Click the "Electronic 1099 Consent Document" link to download and save a copy for your records.

The Internal Revenue Service (IRS) requires a Payer to receive affirmative consent from providers to deliver 1099 Forms electronically. If you would like to receive your 1099 electronically, download and save a copy of the electronic 1099 consent document for your records.	Electronic 1099 Consent
	The Internal Revenue Service (IRS) requires a Payer to receive affirmative consent from providers to deliver 1099 Forms electronically. If you would like to receive your 1099 electronically, download and save a copy of the electronic 1099 consent document for your records.
Electronic 1099 Consent Document	Electronic 1099 Consent Document

- 5. Answer the question that appears: "Do you consent to electronic delivery?"
 - Select "Yes" to receive electronic 1099.
 - Select "No" to receive paper 1099.

* Do you want to receive your 1099 form electronically from Nevada Medicaid?
 Yes (Recommended)
 No

1.9. Application Review/Summary

The summary page provides a summary of the information that was included on the provider enrollment application. If changes are required when viewing the Summary page, select the appropriate "Go To Section" button or select the section from the "Sections" panel to navigate back to that page.



1.9.1. Error Identification

Once on the Summary page, a tab will appear with any validation errors in the application. This will check the application information to ensure all required fields are completed for the provider type entered, and the information entered meets field requirements. Any errors identified must be corrected prior to submission.

1. Select the red arrow to be directed to the page containing the error.

Sections	Errors (4)	
General You are missin files.	ng required	÷
Financial Inst Number Financial Insti Number is a re	itution Routing tution Routing equired field.	÷
Provider's Ac with Financia Provider's Ac with Financial required field.	count Number I count Number Institution is a	÷
Provider Own You are requir least one Man Employee and	e rship red to enter at agging I/or Agent.	÷

• If any required attachments are missing, navigate to the Summary page for a list of "Missing Files".

Missing Files	
Description	
Voided Check or Bank letter for EFT, if applicable	Go To Section
Documentation showing Taxpayer Identification Number: SS-4 or CP575 or W-9 or SS Card	Go To Section

• Once corrections are made to the field, the error count will update automatically. When all errors are resolved, the application may be submitted.

1.10. Application Submission

1. To begin the application submission process, select "E-Sign".



- 2. Select the signers from the drop-down list.
 - If no drop-down is available, the signer is the individual listed on the application.
- 3. Select "Submit" to submit the enrollment application.

📩 Nevada Medicaid Provider Enrollment	e-Sign		
NOTICE: Once you begin the e-signing pro update anything on the application. Please accurate. Only start the e-signing process.	cess the application will ensure all information p after you have reviewed	be locked and you will r rovided on the application everything entered is tr	not be able to on is true and ue and accurate.
he following documents are required to submit the provider of ompleting/signing the required documents. If no drop-down application.	nrolment application. Please is available that is because th	select from the drop-down's b e signer is defaulted to match	elow to assign who will be the information provided on
52-Provider Enrollment Agreement (Individual)			
Enrolling Provider	Atticus Finch	afinch87@unknown.com	
56-Nevada Medicaid and Nevada Check Up Provid	er Contract (Individual)		
Enrolling Provider	Atticus Finch	afinch87(punknown.com	
Administrator			6
			ashbaard Submit

1.11. After Submission

Once the application is ready for approval, the Dashboard shows Awaiting Signatures as the Status to indicate that the application is ready to begin the electronic signature process.

All documents must be signed electronically before the enrollment application will be finalized.

To view the signature status:

1. Click the application's row in the Dashboard to check the status of all signatures.

ello Mis	ses Training	1			Provider Enrollme	ent Booklet Enro	Iment Checklist	Start Application
pplicati	ons List					Search		Al V
ATN 🔶	NPI O	Provider Type 🗢	Provider Name O	Application	♦ Status ♦	Submitted On 💠	Updated On O	Contact 🔶
105914		14		NEW	Awaiting Signatures	02/20/2025	02/20/2025	Test Contact
105957		24		NEW	Submitted	02/23/2025	02/20/2025	Misses Training
105930		24		NEW	Submitted	02/20/2025	02/20/2025	Misses Training
105928		24		NEW	Withdraw		02/19/2025	
105875		20		NEW	Withdraw		02/19/2025	

2. Select the "Signing Status" button.

					Reader Standings	-	 -
-	ana Lint						
-		Personal Property 1	ATN Provider Name	105914		-	
			Status Application Type	Awaiting Signatures NEW			
			Provider Type	14			
-			Cancel		Signing Status		 -
		-		L_			
-					-		

The Signing Status page displays. Review the page to see the status of each signer.

The Providers List will show each signer, the status, and expiration date of each DocuSign envelope.

Note the following statuses:

- "Created" means the document/envelope has been created. Please allow 24 hours for the initial envelope to be sent. Subsequent envelopes will be sent within 24 hours when the previous is completed.
- "Sent" means the document/envelope has been sent for signature to the email address listed in the application. If the email address listed is not correct, the user may select "Edit Email" to update the DocuSign email address.

NOTE: This will not update the email address on file with the enrollment.

• "Completed" means the document/envelope has been signed.

Once an envelope is sent, an expiration date will appear next to the status icon.

The expiration date is 30 calendar days from the date the envelope was sent. If the date expires without all the signatures, the provider must re-submit the application.

If a provider cannot locate the email requesting signature, they can select the "Resend" button to have the email resent.

Nevada De Division of H	epartment of Health and Human Services lealth Care Financing and Policy	FAQs Contact Us My A	ccount Logout
App Last Cha	ange 2/20/2025 7:33:35 AM	Dashboard	
Recij NV Me	edicaid Enrollment Documents	Filter by:	v
1 Te	est Supervisor ictrainingquestions@gainwelltechnologies.com Sent Date: 2/26/2025 4:53:03 PM Et	dit Email Resend Sent	
2 Di	irect Supervisor ictrainingquestions@gainwelltechnologies.com	Edit Email Created	
3 Te	est Supervisor ictrainingquestions@gainwelltechnologies.com	Edit Email Created	
4 Di	irect Supervisor ictrainingquestions@gainwelltechnologies.com	Edit Email Created	
5 Er	nrolling Provider ictrainingquestions@gainwelltechnologies.com	Edit Email Created	
6 0	wner Lady ictrainingquestions@gainwelltechnologies.com	Edit Email Created	
7 61	taala Waaka - lotaininammetiaan@aninumillachanlanina aam	Edit Email Provider Flex Ei Power	• Follment Portal ed by Gainwell
	© 2025 Gainwell Technologies Company. All rights reserved. Nevada Online Privacy	Policy	

, chain chain care maneng and reney			
Application Status: Awaiting S	ignatures	Dashboard	2 Refresh
Recipients List			Filter by: V
NV Medicaid Associated Provider List Completed E	xpires: 6/20/2025 8:53:03 AM		
1 Cool Guy ictrainingquestions@gainwelltechnologies.com	Signed Date: 2/20/2025 7:54:56 AM		Completed
1 Cool Guy ictrainingquestions@gainwelltechnologies.com NV Medicaid Enrollment Documents Created	Signed Date: 2/20/2025 7:54:56 AM		Completed
1 Cool Guy ictrainingquestions@gainwelltechnologies.com NV Medicaid Enrollment Documents Created 1 Test Supervisor ictrainingquestions@gainwelltechnologies.com	Signed Date: 2/20/2025 7:54:56 AM	Edit Email	Completed
1 Cool Guy ictrainingquestions@gainwelltechnologies.com NV Medicaid Enrollment Documents Created 1 Test Supervisor ictrainingquestions@gainwelltechnologies.com 2 Direct Supervisor ictrainingquestions@gainwelltechnologies.com	Signed Date: 2/20/2025 7:54:56 AM	Edit.Email	Completed Created Created

Once documents are signed, the Signing Status page will change to reflect the updates.

When all required signatures have been obtained, the application will be finalized. The finalized contract will be sent to the signer(s), or the user may download enrollment documents in the Provider Web Portal by selecting <u>Report Download</u>.