

Chapter 1 Getting started

The Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal allows providers, or their delegates, to enter all pertinent provider enrollment information using an online application. The online application captures key provider data such as contact information, provider type, specialties, and provider demographics such as names and locations.

The Online Provider Enrollment application allows you to navigate through each page of enrollment, from the contact information in the first page, to the final print preview and tracking number on the last page.

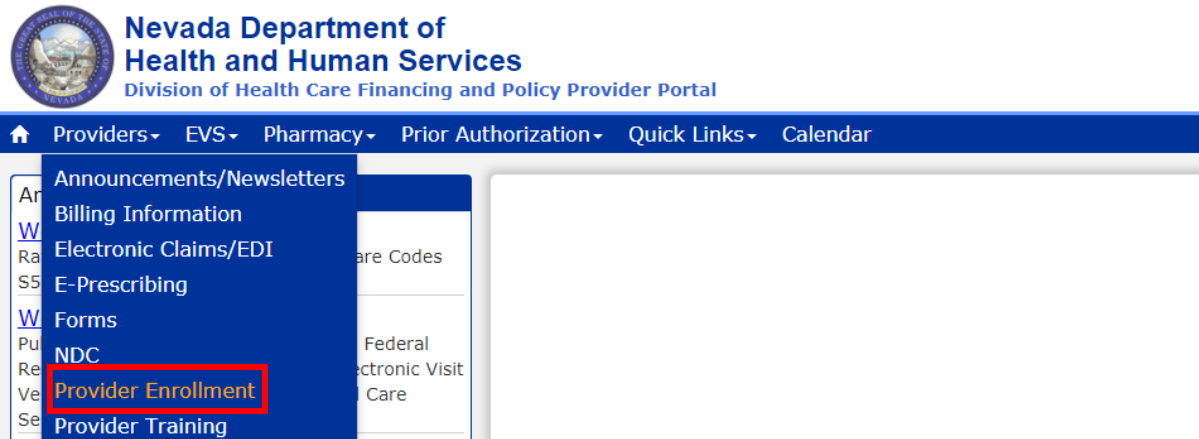
System requirements

To access the Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal, you must have internet access and a computer with a web browser (Internet Explorer 7.0 or higher or Firefox 3.0 or higher recommended).

1.1. Accessing the Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal

To access:

1. On the Nevada Medicaid and Nevada Check Up Health Care content website home page, www.medicaid.nv.gov, click the “Provider” tab, and select “Provider Enrollment.”



2. The Provider Enrollment page is displayed.
3. Click the “Online Provider Enrollment” link.
4. The Online Provider Enrollment Portal Home page opens as shown below.



- Click **“Provider Enrollment Application”** to initiate a new provider enrollment application.

Provider Enrollment

[Provider Enrollment Application](#)
Initiate a new provider enrollment application.

[Resume Enrollment](#)
Resume an existing enrollment application that has not been submitted.

[Enrollment Status](#)
Check the current status of an enrollment application.

Provider Enrollment: Welcome page is displayed.

Provider Enrollment: Welcome ?

Welcome	Welcome to the Online Provider Enrollment System
Request Information	
Specialties	Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll as a Nevada Medicaid Provider. DXC Technology is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program. Hereafter, DXC Technology is referred to as Nevada Medicaid.
Addresses	
Provider Identification	All of the materials within this document must be completed and submitted to Nevada Medicaid for your request to be processed. A checklist of required documentation has been provided for your convenience. Please review the Provider Information Enrollment Booklet for additional information.
Other Information	
Ownership & Disclosure	Submission of incomplete materials will delay your request. In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type on the Attachments page of this online application. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. Please retain copies of your materials for your records. You will receive written notification upon approval or denial of your request.
Agreement	
Attachments	
Summary	

Urgent/Emergency Enrollment

If you are requesting urgent/emergency enrollment as an individual provider and have a separate billing provider, they will need to enroll with Nevada Medicaid as a billing provider. Once they are enrolled, you will then need to be linked to the group for claims to process appropriately. The group can be a fully enrolled provider or an urgent/emergency provider.

If you are requesting urgent/emergency enrollment as a group provider, and have a separate servicing provider, they will need to enroll with Nevada Medicaid as individual provider and be linked to the group for claims to process. The individual can be a fully enrolled provider or an urgent/emergency provider.

You can verify if a provider is enrolled using the Provider Search tool
<https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx>

Once both the servicing and billing provider are enrolled you will need to submit the claim for payment. Billing instructions can be found on <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.

If you have questions concerning enrollment, contact Provider Enrollment at (877) 638-3472 (select options for "Provider Enrollment") between 8:00 a.m. and 5:00 p.m. PT Monday through Friday.

Please click the **"Continue"** to proceed.

Continue
Cancel

6. Click **“Resume Enrollment”** to resume an existing enrollment application that has not been submitted.

Provider Enrollment

[Provider Enrollment Application](#)
Initiate a new provider enrollment application.

[Resume Enrollment](#)
Resume an existing enrollment application that has not been submitted.

[Enrollment Status](#)
Check the current status of an enrollment application.

Provider Enrollment: Resume Enrollment page is displayed.

The screenshot shows the top header of the Nevada Department of Health and Human Services website. It includes the Nevada state seal, the department name, and the text "Division of Health Care Financing and Policy Provider Portal". On the right, there is a group of healthcare professionals and links for "Contact Us" and "Frequently Asked Questions". Below the header is a breadcrumb trail: "Provider Enrollment > Resume Enrollment". The main content area is titled "Provider Enrollment: Resume Enrollment" and contains instructions: "Enter your assigned Tracking Number, Tax ID Number, and Password in order to resume your existing request. For questions, contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday." A note states: "If forgotten, the password cannot be reset and your request is no longer available. You will need to begin a new request." Below this are three input fields: "*Tracking Number", "*Employer Identification Number (EIN) or Social Security Number (SSN)", and "*Password". A legend indicates that an asterisk denotes a required field. At the bottom right are "Submit" and "Cancel" buttons.

Enter your assigned Tracking Number, Federal Tax Identification Number (TIN or EIN) or Social Security Number (SSN), and Password in order to resume your existing request.

Note: If both a FEIN and SSN were entered on your application, use the FEIN to locate your application.

7. Click “**Enrollment Status**” to check on the status of an application.

Provider Enrollment

[Provider Enrollment Application](#)
Initiate a new provider enrollment application.

[Resume Enrollment](#)
Resume an existing enrollment application that has not been submitted.

[Enrollment Status](#)
Check the current status of an enrollment application.

Provider Enrollment: Status page is displayed.

Enter your assigned Tracking Number and Federal Tax Identification Number (TIN or EIN) or SSN that was used on the provider application to verify the current status.

Note: If both a FEIN and SSN were entered on your application, use the FEIN to locate your application.

The following table shows the potential enrollment statuses:

Enrollment Status as seen in OPE	Description of the Enrollment Status
Application Pending Review	Pending Review
Waiting for Approval	In Review
Denied	Denied
Enrollment Completed – Approved	Enrolled or Update Approved
Incomplete	Not Submitted or Corrections Required
Agency Review Required	In Review
Ready for Review	In Review
Under Review	In Review

Enrollment Status as seen in OPE	Description of the Enrollment Status
Submitted	Submitted and in Queue to be Reviewed
Rejected by Reviewer	Rejected Due to Duplicate Application or Update
Awaiting Additional Authorizations	In Review

1.2. Navigation

A table of contents appears at all times during the enrollment process to show your current location in the enrollment process.

As you navigate through each page of the enrollment application, all previous pages in the application are displayed in the table of contents as a link. You can navigate back to that link to apply changes, if needed. You cannot navigate forward within the table of contents, beyond the current page in which you are working. You can navigate back to a previous page, apply updates, and then return to the current page by using the table of contents.

You can enter a partial application and resume the enrollment process at a later time by clicking the **“Finish Later”** button on any page once you have entered the required information on the Request Information page.

You can cancel the provider enrollment process at any time by clicking the **“Cancel”** button; however, data that has been entered will be lost and you will be navigated out of the provider enrollment application.

1.3. Welcome

1. Gather the required information listed on the Welcome page.

Provider Enrollment: Welcome ?

Welcome	Welcome to the Online Provider Enrollment System
Request Information	Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll as a Nevada Medicaid Provider. DXC Technology is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program. Hereafter, DXC Technology is referred to as Nevada Medicaid.
Specialties	All of the materials within this document must be completed and submitted to Nevada Medicaid for your request to be processed. A checklist of required documentation has been provided for your convenience. Please review the Provider Information Enrollment Booklet for additional information.
Addresses	Submission of incomplete materials will delay your request. In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type on the Attachments page of this online application. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. Please retain copies of your materials for your records. You will receive written notification upon approval or denial of your request.
Provider Identification	Urgent/Emergency Enrollment
Other Information	If you are requesting urgent/emergency enrollment as an individual provider and have a separate billing provider, they will need to enroll with Nevada Medicaid as a billing provider. Once they are enrolled, you will then need to be linked to the group for claims to process appropriately. The group can be a fully enrolled provider or an urgent/emergency provider.
Ownership & Disclosure	If you are requesting urgent/emergency enrollment as a group provider, and have a separate servicing provider, they will need to enroll with Nevada Medicaid as individual provider and be linked to the group for claims to process. The individual can be a fully enrolled provider or an urgent/emergency provider.
Agreement	You can verify if a provider is enrolled using the Provider Search tool https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx
Attachments	Once both the servicing and billing provider are enrolled you will need to submit the claim for payment. Billing instructions can be found on https://www.medicaid.nv.gov/providers/BillingInfo.aspx .
Summary	If you have questions concerning enrollment, contact Provider Enrollment at (877) 638-3472 (select options for "Provider Enrollment") between 8:00 a.m. and 5:00 p.m. PT Monday through Friday.
	Please click the “Continue” to proceed.
	Continue Cancel

2. Click "Continue" or press the "Enter" key to begin the enrollment application. The Request Information page appears.

Provider Enrollment: Request Information ?

[Welcome](#)

Request Information

Addresses

Provider Identification

Other Information

Ownership & Disclosure

Agreement

Attachments

Summary

Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later". The contact person will potentially be contacted to answer any questions regarding the information provided in this request.

** Indicates a required field.*

Initial Enrollment Information

** Enrollment Type*

** Provider Type*

** Requested Enrollment Effective Date*

Specialties

The provider type is established on the Request Information screen. All subsequent specialties available for the selected provider type can be added on this screen. Only one specialty can be designated as the primary specialty. See the [Provider Enrollment Information Booklet](#) for the complete list of provider types and specialty codes. You can also enter an optional board certification for each specialty.

** Indicates a required field.*

Indicates a primary record.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click the **Remove** link to remove the entire row.

	Specialty	Action
<input type="checkbox"/>	Click to collapse.	
	<div style="padding: 5px;"> <p><i>Provider Type</i> <input type="text"/></p> <p><i>* Specialty</i> <input type="text"/></p> <p><i>Specialty Code</i> <input type="text"/> Primary <input checked="" type="checkbox"/></p> <p><i>Specialty Board</i> <input type="text"/></p> </div>	<input type="button" value="Add"/> <input type="button" value="Reset"/>

Provider Information

** Billing Type*

** Are you currently enrolled as a Provider?* Yes No

** Were you previously enrolled as a Provider?* Yes No

Contact Information

This contact information is required for correspondence regarding the associated application. Provide the appropriate contact person and information who can assist with the request.

** Last Name*

** First Name*

** Telephone Number* **Telephone Number Extension**

Fax Number

** Contact Email*

** Confirm Email Address*

** Preferred Method of Communication*

Click the Continue button after all of the required information has been entered on the Request Information page. After clicking the Continue button, the Credentials page will be displayed to create a password for this application. Make sure that you remember your password; if your password is forgotten it cannot be reset and your application information will be lost. You will need to begin a new application.

Provider Enrollment: Credentials ?

You will need to create a password to continue your application at a later date. Your password must be at least 8 and no more than 20 alphanumeric characters. Once submitted, your password must be kept for future reference. If forgotten, the password cannot be reset and your application information will be lost. You will need to begin a new application process.

Enter your password in the fields as indicated and click the Submit button. **A tracking number will be provided.** This tracking number and your accompanying password can be used to access your enrollment application.

* Indicates a required field.

Employer Identification Number (EIN) or Social Security Number (SSN) 123456789

*Password

*Confirm Password

Submit **Cancel**

3. Click "Submit."

Provider Enrollment: Credentials ?

You will need to create a password to continue your application at a later date. Your password must be at least 8 and no more than 20 alphanumeric characters. Once submitted, your password must be kept for future reference. If forgotten, the password cannot be reset and your application information will be lost. You will need to begin a new application process.

Enter your password in the fields as indicated and click the Submit button. **A tracking number will be provided.** This tracking number and your accompanying password can be used to access your enrollment application.

* Indicates a required field.

Employer Identification Number (EIN) or Social Security Number (SSN) 123456789

*Password

*Confirm Password

Submit **Cancel**

4. The Tracking Information page is displayed with your tracking number. A confirmation email is also sent to the contact person's email that was designated on the Request Information page.

Print Preview

Provider Enrollment: Tracking Information ?

Your enrollment application has been saved.

Your enrollment application has been assigned the following **tracking number: 3242.**

This tracking number must be kept for future reference. Your assigned tracking number, unique password, and tax identification number are all required for future access to your enrollment application. If any of these elements are lost or forgotten, you will be unable to access your enrollment application.

A confirmation email has also been sent to the following contact person's email, designated in the enrollment application:m@me.com.

Continue

Confirmation Email:

From: Division of Health Care Financing and Policy Provider Portal
 To: Test User
 Subject: Provider Enrollment Application

Thank you for your interest in Nevada Medicaid Program. Your Nevada Medicaid Program tracking number is 3243. This tracking number must be kept for future reference. The tracking number, unique password, and Federal Tax ID or SSN are all required for future access to your enrollment application. You will not be able to retrieve your enrollment application without all of the required information. Remember to return to the Provider Portal at <https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx> to complete your enrollment application.

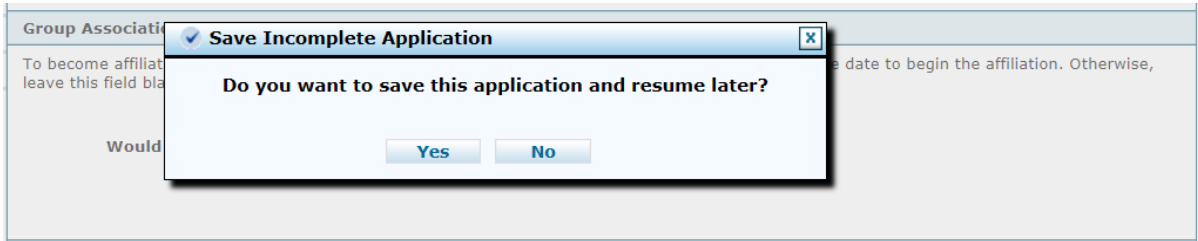
5. Click the Continue button to return to the application.

Provider Enrollment: Addresses																																														
Welcome	* Indicates a required field.																																													
Request Information	Provider Addresses																																													
Addresses																																														
Provider Identification	The service address is required. The service address is the physical location of the practice/business/facility where services will be rendered. This must be a street address and NOT a post office box.																																													
EFT Enrollment	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.																																													
Other Information	Nevada Medicaid will mail written correspondence, excluding remittance advices, to Mail-To address. If you do not supply a Mail-To address, written correspondence will be mailed to the service address.																																													
Ownership & Disclosure																																														
Agreement	Nevada Medicaid recommends using electronic instead of paper Remittance Advices (RAs) for faster account reconciliation. However, if you wish to receive paper RAs and have them mailed to an address different from the addresses listed above, please complete the Remittance Advice address.																																													
Attachments																																														
Summary	Enter each type of valid provider address including location(s) where a provider renders services, as well as location(s) used for billing and payment.																																													
	Click "+" to view or update the details in a row. Click "-" to collapse the row. Collapse the row and click the "Remove" link to remove the entire row or "Copy" link to copy the entire row.																																													
	<table border="1"> <thead> <tr> <th>Type</th> <th>Street</th> <th>City</th> <th>State</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="5"><input type="checkbox"/> Click to collapse.</td> </tr> <tr> <td>*Address Type </td> <td colspan="3"> <input type="text"/> *Street <input type="text"/> *City <input type="text"/> *Zip+4 <input type="text"/> Email Address <input type="text"/> </td> <td> *State <input type="text"/> *County <input type="text"/> Confirm Email Address <input type="text"/> </td> </tr> <tr> <td>Telephone Number Office</td> <td><input type="text"/></td> <td>Telephone Number Extension</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Telephone Number Fax</td> <td><input type="text"/></td> <td colspan="3"></td> </tr> <tr> <td>Telephone Number TDD</td> <td><input type="text"/></td> <td colspan="3"></td> </tr> <tr> <td>Contact Name</td> <td colspan="3"><input type="text"/></td> <td></td> </tr> <tr> <td>Telephone Number Contact</td> <td><input type="text"/></td> <td>Telephone Number Extension</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td colspan="5" style="text-align: center;"> <input type="button" value="Add"/> <input type="button" value="Reset"/> </td> </tr> </tbody> </table>	Type	Street	City	State	Action	<input type="checkbox"/> Click to collapse.					*Address Type	<input type="text"/> *Street <input type="text"/> *City <input type="text"/> *Zip+4 <input type="text"/> Email Address <input type="text"/>			*State <input type="text"/> *County <input type="text"/> Confirm Email Address <input type="text"/>	Telephone Number Office	<input type="text"/>	Telephone Number Extension	<input type="text"/>		Telephone Number Fax	<input type="text"/>				Telephone Number TDD	<input type="text"/>				Contact Name	<input type="text"/>				Telephone Number Contact	<input type="text"/>	Telephone Number Extension	<input type="text"/>		<input type="button" value="Add"/> <input type="button" value="Reset"/>				
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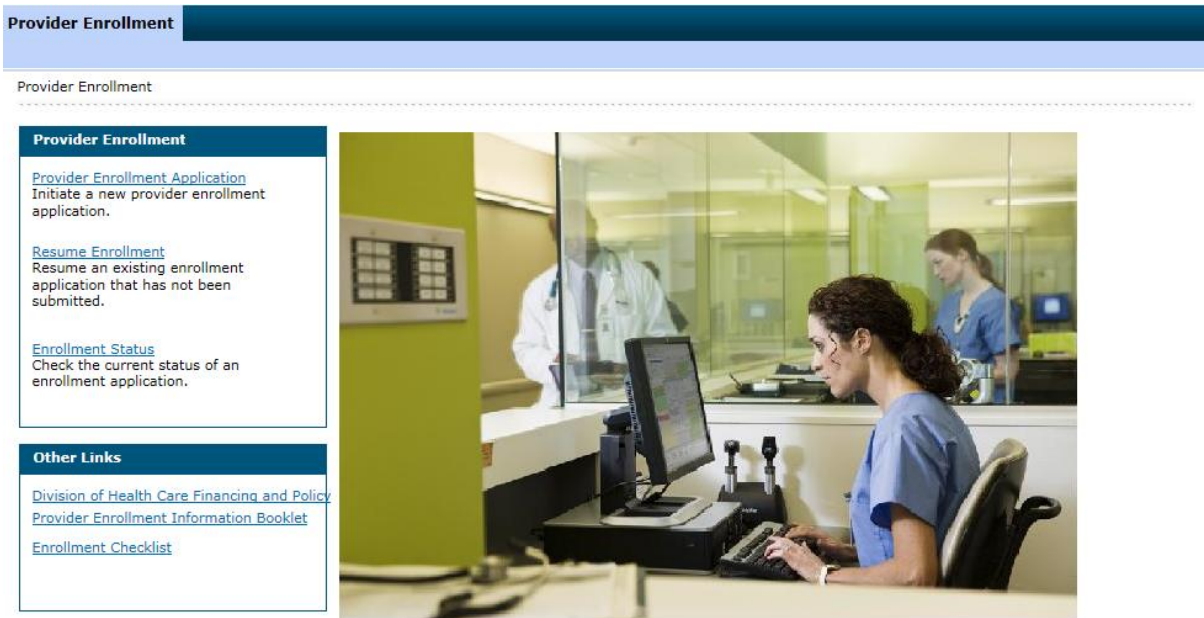
1.4. Finish Later

You can enter a partial application and resume the enrollment process at a later time by clicking the “**Finish Later**” button on any page once you have entered the required information on the Request Information page.

1. Click “Finish Later” and the Save Incomplete Application pop up message is displayed.



2. The application is saved and you are directed back to the Provider Enrollment home page.



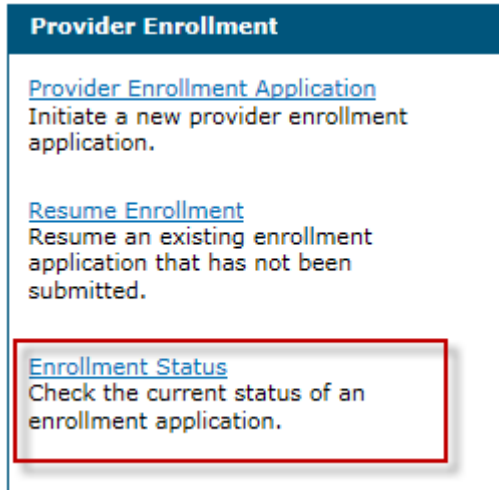
Provider enrollment applications that have been started and assigned an Application Tracking Number (ATN) will expire after 120 days of inactivity. ATNs are considered inactive when the last save date is greater than 120 days from the current date. Once an ATN is expired, a new provider enrollment application will be required to complete the provider enrollment process.

1.5. Resetting a “Submitted” application to make changes

Once an OPE application is submitted, changes can be made using the reset functionality as long as the application is still in **Submitted** status.

Steps to reset OPE application:

1. On the Online Provider Enrollment Portal Home page, click **“Enrollment Status.”**



2. Enter your assigned Tracking Number, Federal Tax Identification Number (TIN or EIN) or Social Security Number (SSN), and Password then click the **“Search”** button.
Note: If both a FEIN and SSN were entered on your application, use the FEIN to locate your application.
3. Click the **“Reset”** button.

The screenshot shows two pages from the Provider Enrollment portal. The top page is titled "Provider Enrollment - Status" and contains a search form. The form has four fields: "Tracking Number" (value: 1388), "Employer Identification Number (EIN) or Social Security Number (SSN)" (value: 556742), and "Password" (empty). There are "Search" and "Cancel" buttons at the bottom right. The bottom page is titled "Provider Enrollment - Summary" and displays the following information: Tracking Number: 1388, Date Submitted: 03/14/2018, Status: Submitted, Status Date: 03/14/2018. A "Reset" button is highlighted with a red box at the bottom right.

- This will reset the application and the status changes to Incomplete. A confirmation message will also appear indicating that the reset was successful and you can resume the application.

Provider Enrollment - Status

Enter your assigned Tracking number and Federal Tax Identification Number (TIN or EIN) or SSN that was used on the provider application to verify the current status. For any further inquiries, please contact the Provider Enrollment Unit at (877) 638-3472 from 8 a.m. to 5 p.m. PT Monday through Friday.

* Indicates a required field.

*Tracking Number

*Employer Identification Number (EIN) or Social Security Number (SSN)

*Password

[Search](#) [Cancel](#)

Provider Enrollment - Summary

Here is the most current information regarding your provider enrollment application. For any further inquiries, contact the Provider Enrollment Unit at (877) 638-3472 from 8 a.m. to 5 p.m. PT Monday through Friday.

Tracking Number	1388
Date Submitted	03/14/2018
Status	Incomplete
Status Date	03/14/2018

The Reset has been Successful. You can now go back and Resume your Application.

- Go back to the Online Provider Enrollment Portal Home page and click “**Resume Enrollment**” to resume the enrollment application and make the necessary changes.

Provider Enrollment

[Provider Enrollment Application](#)
Initiate a new provider enrollment application.

[Resume Enrollment](#)
Resume an existing enrollment application that has not been submitted.

[Enrollment Status](#)
Check the current status of an enrollment application.

- The Provider Enrollment: Resume Enrollment page is displayed.



[Provider Enrollment](#) > Resume Enrollment

Provider Enrollment: Resume Enrollment

Enter your assigned Tracking Number, Tax ID Number, and Password in order to resume your existing request. For questions, contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday.

If forgotten, the password cannot be reset and your request is no longer available. You will need to begin a new request.

* Indicates a required field.

*Tracking Number

*Employer Identification Number (EIN) or Social Security Number (SSN)

*Password

Submit

Cancel

7. Enter your assigned Tracking Number, Federal Tax Identification Number (TIN or EIN) or Social Security Number (SSN), and Password in order to resume your application.
Note: If both a FEIN and SSN were entered on your application, use the FEIN to locate your application.

1.6. Contact Us

The Online Provider Enrollment home page has a link to the Contact Us page.



Provider Enrollment

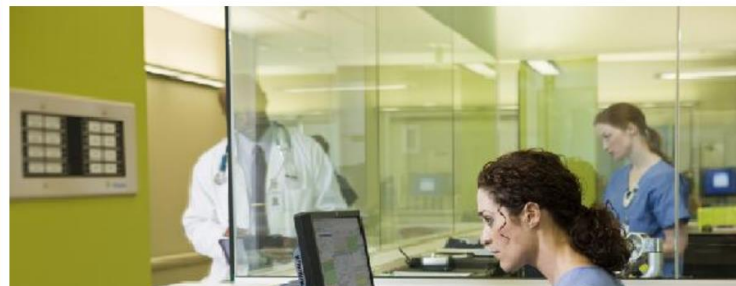
Provider Enrollment

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When you click on the link it will take you to the Contact Us page that contains the Provider Enrollment Mailing address, Phone Number and Fax Number.

Contact Us
<p>Before submitting a question, have you checked the Frequently Asked Questions?</p> <p>Use this directory to contact us by phone or mail.</p>
Mailing Address
<p>Nevada Medicaid Attn: Provider Enrollment PO Box 30042 Reno, NV 89520-3042</p>
Provider Enrollment
<p>Hours: 8:00 a.m. – 5:00 p.m. PT Monday – Friday Phone: (877) 638-3472 (select option for "Provider Enrollment") Fax: (775) 335-8593</p>


1.7. FAQs

The Online Provider Enrollment home page has a link to Frequently Asked Questions regarding the online provider enrollment application. You can click this link to see a list of frequently asked questions and answers.



Provider Enrollment

Provider Enrollment

Provider Enrollment	
<p>Provider Enrollment Application Initiate a new provider enrollment application.</p> <p>Resume Enrollment Resume an existing enrollment application that has not been submitted.</p> <p>Enrollment Status Check the current status of an enrollment application.</p>	

1.8. Other links

The Other links section contains links to:

- Division of Health Care Financing and Policy
- Provider Enrollment Information Booklet
- Enrollment Checklists

Provider Enrollment

Provider Enrollment

Provider Enrollment

[Provider Enrollment Application](#)

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Other Links

[Division of Health Care Financing and Policy](#)

[Provider Enrollment Information Booklet](#)

[Enrollment Checklist](#)

